BAKER COUNTY
COMMUNITY HEALTH STATUS ASSESSMENT
November 2019-2023

Reviewed & Revised October 2020

A look at the health and well-being of Baker County residents.

Prepared by the Health Planning Council of Northeast Florida, Inc.

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EXECUTIVE SUMMARY

The Florida Department of Health in Baker County and the Health Planning Council of Northeast Florida (HPCNEF) spearheaded an initiative to conduct a comprehensive, county-wide health assessment. The purpose of this assessment is to provide primary and secondary data to educate and mobilize the Baker County community, develop priorities, garner resources, and plan actions to improve the public's health.

Healthy Baker, a group comprised of community leaders from local medical and behavioral health providers, social service agencies, and community and civic organizations and convened to: (1) review the outcomes of the 2015 health needs assessment; and (2) launch the 2019 county-wide assessment of the overall health status and priority health issues facing Baker County residents.

Data for Baker County's community health assessment was collected for several broad categories: socioeconomic conditions, characteristics of the physical environment, health outcomes, health behaviors, and access to health resources for county residents. The data included chronic disease death rates; infectious disease rates; housing, commuting, and food environment characteristics; prevalence of risky health behaviors; maternal and child health indicators; hospital utilization; and availability of physicians and health resources.

Input from Baker County residents was obtained from three focus groups with diverse populations. Key stakeholder interviews provided insight into the health of Baker County residents and the availability of resources for subpopulations. Focus groups and key stakeholders identified several priority health issues. The focus groups identified the following as key health issues: substance abuse/alcohol abuse, sexual activity (STD's, STI's, teen pregnancy, premarital sex), and access to health care. The key stakeholder interviews identified the following as key health issues: access to health care, unhealthy behaviors, chronic diseases, substance abuse/misuse, and broken family structure. Secondary data from an online ranking tool then collapsed the key health issues identified in the qualitative analysis into broader health priorities and subsequently ranked the data based on comparisons to other counties in the region. The ranking of the topics is as follows: respiratory diseases, diabetes, and mental health & mental disorders.

To further narrow down these priorities to the top priority areas, input was sought from the community through a preliminary release meeting on August 12, 2019. Invitations were sent via e-mail to numerous health care and social service providers, elected officials, and community and civic groups. The meeting notification was also posted in the two local newspapers, *The Baker County Press and Home Town Journal*. During this preliminary results and release meeting, the current findings of the assessment were discussed. Then feedback was requested from the community: "Of all the issues discussed today, which do you think is the most important?" The poll results from the meeting showed that behavioral health and substance abuse was the top priority, followed by chronic diseases/healthy lifestyle behaviors.

Using the information and priorities included in this assessment, areas where targeted interventions and policy changes may have the greatest impact can be identified. Once key strategies have been chosen based on level of impact, as well as the community's ability to implement, the health improvement process can begin. From there, steps will be taken to move toward a healthier Baker County.

INTRODUCTION

In the summer of 2018, leaders from the Florida Department of Health in Baker County (DOH-Baker) came together to launch a countywide assessment of the overall health status and priority health issues facing Baker County residents. The Health Planning Council of Northeast Florida (HPCNEF) was subcontracted to guide and facilitate the process.

Several key health care and community stakeholders were invited to join the Healthy Baker group and to participate in the assessment by representing the needs of their clients, constituents, and communities. Collectively, six community leaders contributed to the process by completing a Key Stakeholder Interview, and more than 300 residents contributed to the assessment through participation in focus group discussions and completion of the community survey.

The Healthy Baker group elected to utilize a modified ***"MAPP"*** community assessment model, as recommended by the Florida Department of Health as well as the National Association of County and City Health Officials (NACCHO). ***MAPP***, an acronym for "***M****obilization for* ***A****ction through* ***P****lanning and* ***P****artnership*," is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county's most prevalent health concerns. This type of countywide health assessment was last completed in Baker in December 2015, and it is recommended to re-occur every 3-5 years.

Components of Baker County's health assessment included an analysis of available demographic data, health statistics, and health care access indicators for county residents. Community input was obtained from three focus group discussions among key subpopulations such as the elderly, the faith community, minority residents, parents, and business professionals. Key stakeholder interviews solicited community leaders' opinions on health care services, quality of life issues, and the health status of Baker County's population. Detailed information summarizing each of these components is included in this report.

During the final community meeting, members of the Healthy Baker group, along with other community members, made recommendations regarding the key health issues utilizing a summary of the data and information obtained through the four integrated assessments outlined in the MAPP model (Figure 1). A summary of the Healthy Baker members' recommendations on Baker County's priority health issues is included in the final section of this report.

This assessment is the product of a collective and collaborative effort from a variety of dedicated health and social service providers along with other invaluable community stakeholders from across all regions of Baker County. It is recommended that the findings from this community health assessment guide health and social service providers in the county in their program development efforts over the next 3 to 5 years.

Methodology

The Florida Department of Health recommends the implementation of evidence-based and effective assessment models such as the National Association of County and City Health Officials' (NACCHO's) ***Mobilizing for Action through Planning and Partnerships (MAPP)*** model for community health planning. This model was developed to provide a strategic approach to community health improvement by helping communities to identify and use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.[1] The model includes six distinct phases (Figure 1):

1. Partnership development and organizing for success
2. Visioning

[1] National Association of City and County Health Officials, 2012

3. The Four MAPP assessments
    - Community Health Status Assessment
    - Community Strength and Themes Assessment
    - Local Public Health System Assessment
    - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

FIGURE 1: THE MAPP MODEL

Baker County is fortunate to have long-standing, proactive leadership within its health care network who strongly value solid and collaborative relationships with other health and support service providers throughout the community. DOH-Baker maintains strong ongoing relationships with multiple health and social services providers locally. DOH-Baker invited the ongoing Healthy Baker group to act as a platform and steering committee for this Community Health Assessment (CHA) process.

The Healthy Baker group came together for the 2019 assessment introduction meeting in April 2019. In this meeting, the Health Planning Council of Northeast Florida (HPCNEF) staff provided an introduction to the project and highlighted the expected outcomes and benefits of the CHA process. Emphasis was placed on the *community-driven* nature of the health assessment process, meaning members of the Healthy Baker group would be charged with developing the county's health priorities and proposing strategies to address them. Members were also provided with a complete overview of the MAPP assessment process, a preliminary timeline of when each component should occur, and guidance on how they could most effectively contribute to the process.

This introductory CHIP meeting also involved presenting and discussing the proposed data obtained through the recommended ***Health Status Assessment***, the first of the four MAPP assessments. The discussion incorporated an analysis of population demographics and socio-economic indicators, disease and death rates, health care utilization statistics, and access to health care indicators. The data was provided in two primary formats: (1) trend diagrams showing changes over time using 3-year rolling averages; and (2) diagrams comparing different populations. Furthermore, relevant findings for the Baker CHA were acquired from the county's most recent Behavioral Risk Factor Surveillance Survey (BRFSS) and County Health Rankings.

Wider community input was sought from March to May 2019 through the ***Community Strengths and Themes Assessment***, which included several key stakeholder interviews, community surveys, and targeted focus group discussions across the county. The key stakeholder interviews were conducted via survey with organizations and persons throughout Baker County chosen by DOH-Baker, and a total of six surveys were completed. There were three focus groups held in locations throughout the county including Macclenny and Glen St. Mary. Over 300 community surveys were completed. The key stakeholder interviews, community surveys, and focus group results were compiled and analyzed by Health Planning Council staff.

Utilizing guidance provided by the U.S. Centers for Disease Control and Prevention (CDC) under the National Public Health Performance Standards Program (NPHPSP), the Healthy Baker group members completed a ***Local Public Health System Performance Assessment*** survey in February 2019. The members first reviewed the composition of the county's public health safety net to include all entities that serve the county's most vulnerable residents. Health Planning Council staff then guided the Task Force members through a broad definition of each of the *10 Essential Public Health Services,* as outlined by the CDC. The members voted on each essential service regarding the degree to which the service is present and effective throughout the county. Strengths and gaps in the county's health care safety net and public health system were identified in this way, and were subsequently considered throughout the remainder of the planning process.

Information was also considered regarding current and expected ***Forces of Change*** in the county, such as recent and predicted economic conditions, changing and emerging community cultural characteristics, and policy changes or shifts affecting community and organizational capacity and resources. Several Healthy Baker members participated in a group exercise to identify the *Forces of Change* at work in Baker County that could potentially impact the health of residents, whether it be in a positive or negative way. The members categorized local, state, and national "forces" into three distinct categories:

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

Additionally, the members were asked to consider trends, factors, and events related to a wide variety of perspectives including:

- Social
- Economic
- Government/Political
- Community
- Environmental
- Educational
- Science/Technology
- Ethical/Legal

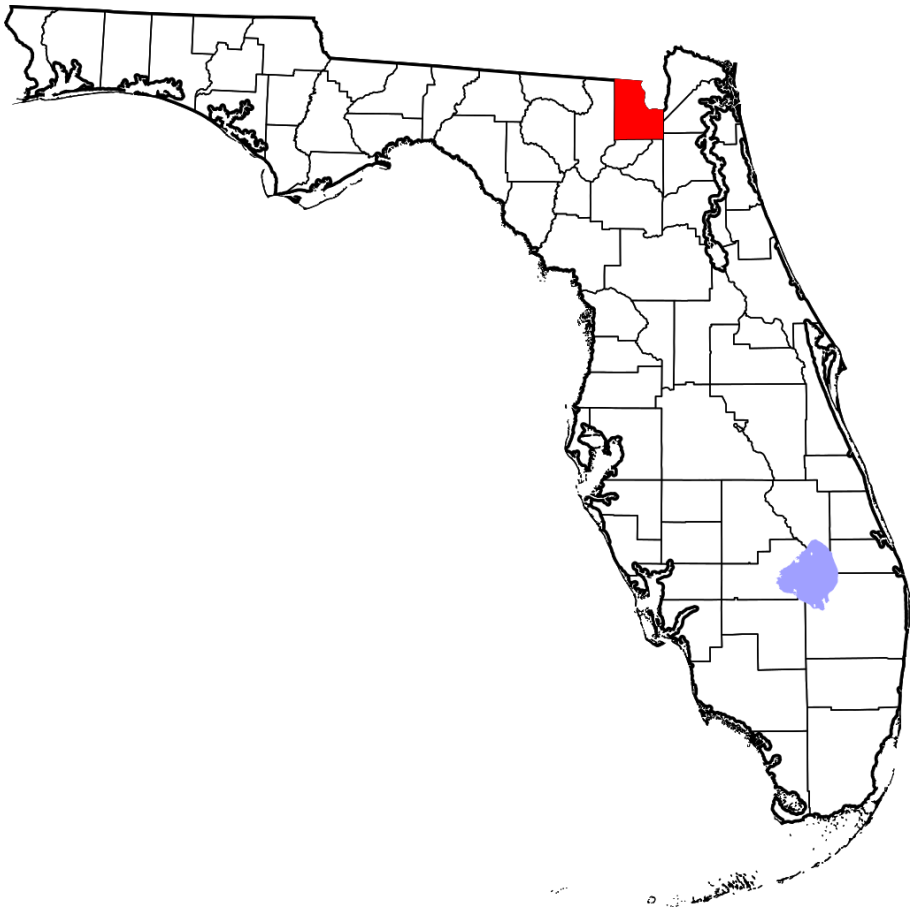
Key issues and themes were recorded and updated throughout the process based on empirical evidence and community discussion. Key issues were then consolidated and prioritized based on the scope and severity of need, as well as resource availability.

With the qualitative and quantitative data collected and analyzed from all four MAPP assessments, the next stage in the process is to identify strategic issues. During this phase of the process, an ordered list of the most important issues facing the community is compiled. This prioritization activity was completed through input from the community through a preliminary release meeting on August 12, 2019 and community surveys following the meeting. During this preliminary results and release meeting and survey, the current findings of the assessment were discussed. Then feedback was requested from the community: “Of all the issues discussed today, which do you think is the most important?” This narrowed down Baker County health priorities which will be used as cornerstones for the health improvement plan.

GEOGRAPHY AND GOVERNANCE

Baker County was founded nearly 160 years ago and encompasses approximately 585 square miles of Northeast Florida,[2] immediately west of the metropolitan city of Jacksonville, 140 miles from Florida's capital Tallahassee, and 45 miles from the University of Florida in Gainesville.[3] The county contains almost 4 square miles of water among its lakes and rivers, as well as many miles of undeveloped woodlands. The Osceola National Forest covers roughly 220,000 acres of Baker County's north.[4] Figure 2 shows Baker County's location within Florida. The five-member, elected Board of County Commissioners represent the citizens of Baker County. Each elected member represents a district within the county, but is elected countywide.[5]

FIGURE 2: MAP OF FLORIDA HIGHLIGHTING BAKER COUNTY



[2] U.S. Census Bureau (2018, July). State and County Quickfacts. Retrieved from American FactFinder: factfinder.census.gov

[3] Choose Baker (website), Retrieved from http://choosebakercountyfl.com/, 2019

[4] Visit Florida (website). Retrieved from https://www.visitflorida.com/

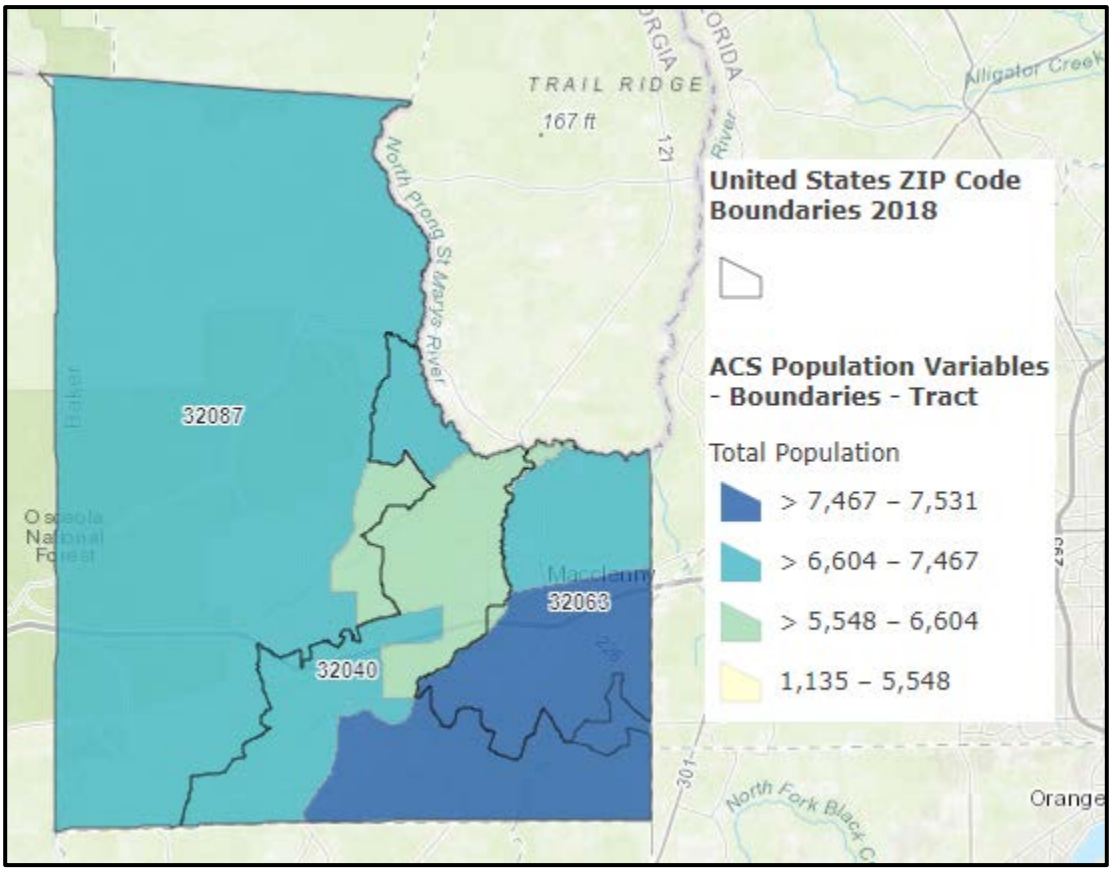
[5] Baker County Florida (website) Retrieved from http://www.bakercountyfl.org/commissioners.php, 2019

POPULATION CHARACTERISTICS

Total Population and Population Growth

In 2018, Baker County and Florida had estimated populations of 27,537 and 20,278,447, respectively.[6] The population of Baker County is more densely concentrated in the southeastern quadrant of the county. Specifically, the southern part of zip code 32063 (Macclenny) and the southeastern portion of the 32040 zip code (Glen St. Mary) are both more densely populated in comparison with the remainder of Baker County (Figure 3). **(See Appendix E for updated 2020 data)**

FIGURE 3. TOTAL POPULATION BY CENSUS TRACT, BAKER COUNTY, 2013-2018

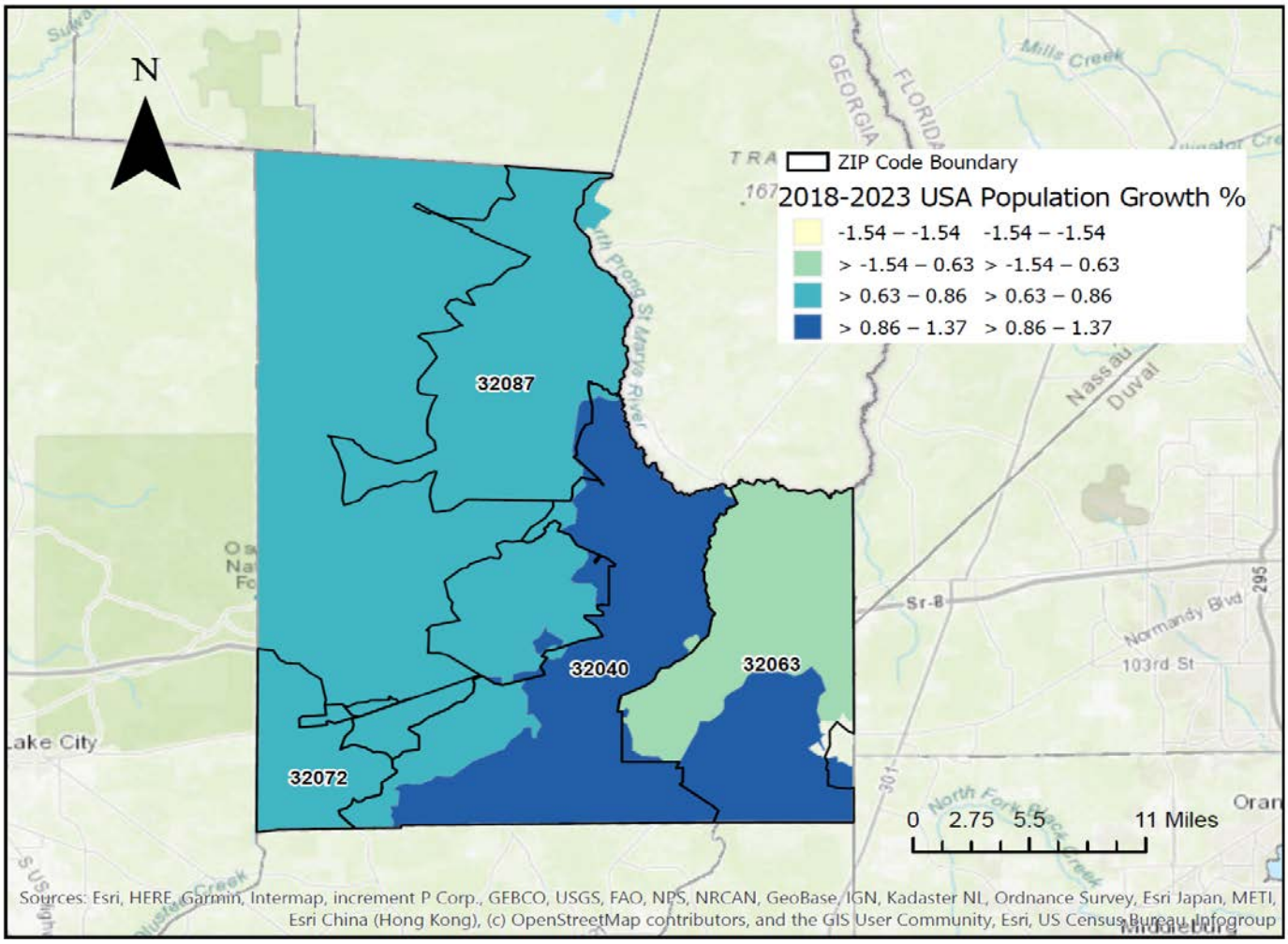


Data Source: Esri, 2013-2017 American Community Survey, 5-Year Estimates

[6] U.S. Census Bureau (2018). 2008-2017 American Community Survey 5-Year Estimated: Table S0101-Age and Sex. Retrieved from https://factfinder.census.gov

Baker County is projected to have a growth rate of 0.50 percentage points lower than Florida's from 2018 to 2023. Specifically, zip code area 32040 (Glen St. Mary) and southern zip code area 32063 (Macclenny) is expected to have a higher growth rate compared to other parts of Baker County. The areas of growth in Baker County are displayed by census tract in the map below (Figure 4).[7]

Figure 4. Projected Population Growth by Census Tract, Baker County, 2018-2023

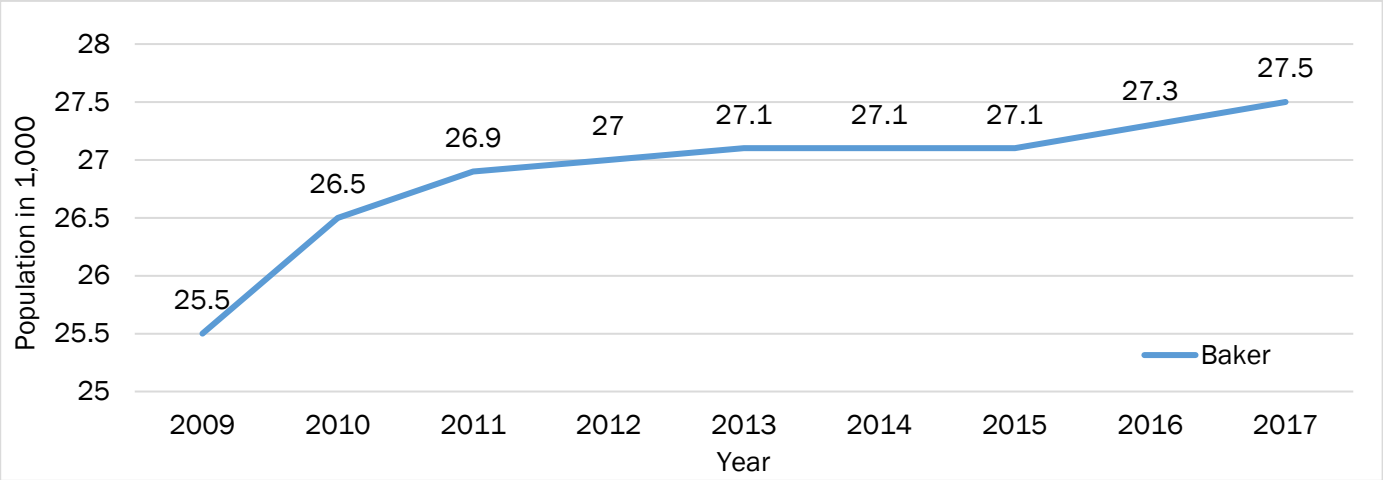


Data Source: Esri. 2018-2023 Population Estimates

[7] Esri, 2018 and 2023 Population Estimates

Baker County's population steadily rose from 2009 to 2017 and overall increased by 8% during this time period. In recent years, growth was seen at 0.7% from 2015 to 2016, and 0.8% from 2016-2017 (Figure 5).[8]

Figure 5. Total Population, Baker County, 2009-2017



Data Source: 2009-2017 American Community Survey 5-Year Estimates, Table S0101, Age and Sex

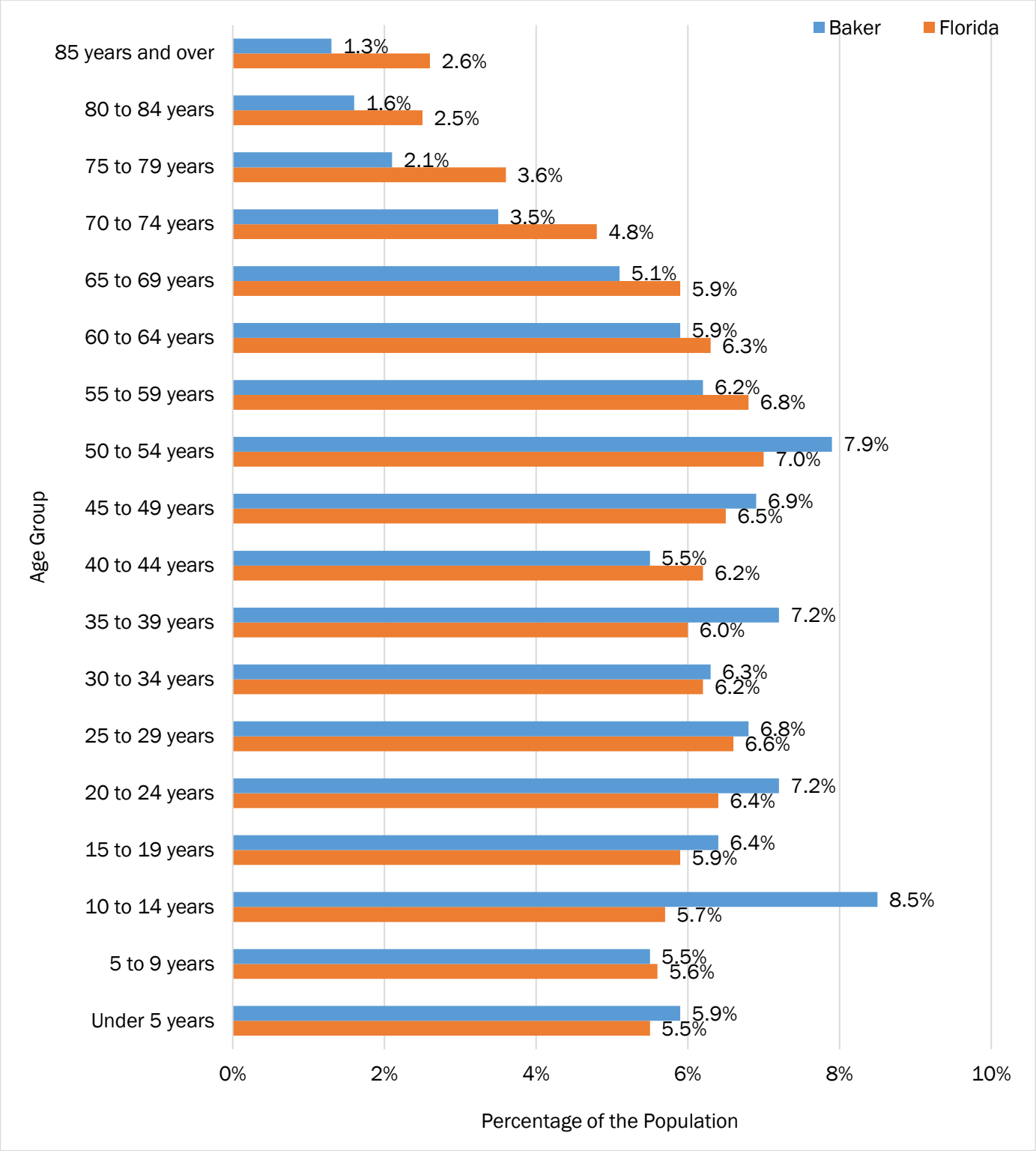
Age & Gender

The median age of Baker County's population is 37 years, younger than Florida's median age of almost 42 years. Figure 6 summarizes the age distribution of Baker County and Florida residents. Baker has a larger proportion of individuals between 10 to 19 years and a smaller proportion of those 75 years and older, when compared to Florida. The two largest age groups in Baker County are the 45-54 and 25-34 year age groups, accounting for 14.8% and 13.1% of the population, respectively. Baker County's gender distribution varies from Florida's distribution. In Baker County 52.4% are male and 47.6% are female compared to Florida where only 48.9% are male and 51.1% are female.[9] **(See Appendix E for updated 2020 data)**

[8] U.S. Census Bureau (2019). 2008-2017 *American Community Survey 5-Year Estimated: Table S0101-Age and Sex*. Retrieved from https://factfinder.census.gov

[9] U.S. Census Bureau (2019). 2017 *American Community Survey 5-Year Estimated: Table S0101-Age and Sex*. Retrieved from https://factfinder.census.gov

Figure 6. Population By Age Group, Baker County & Florida, 2017



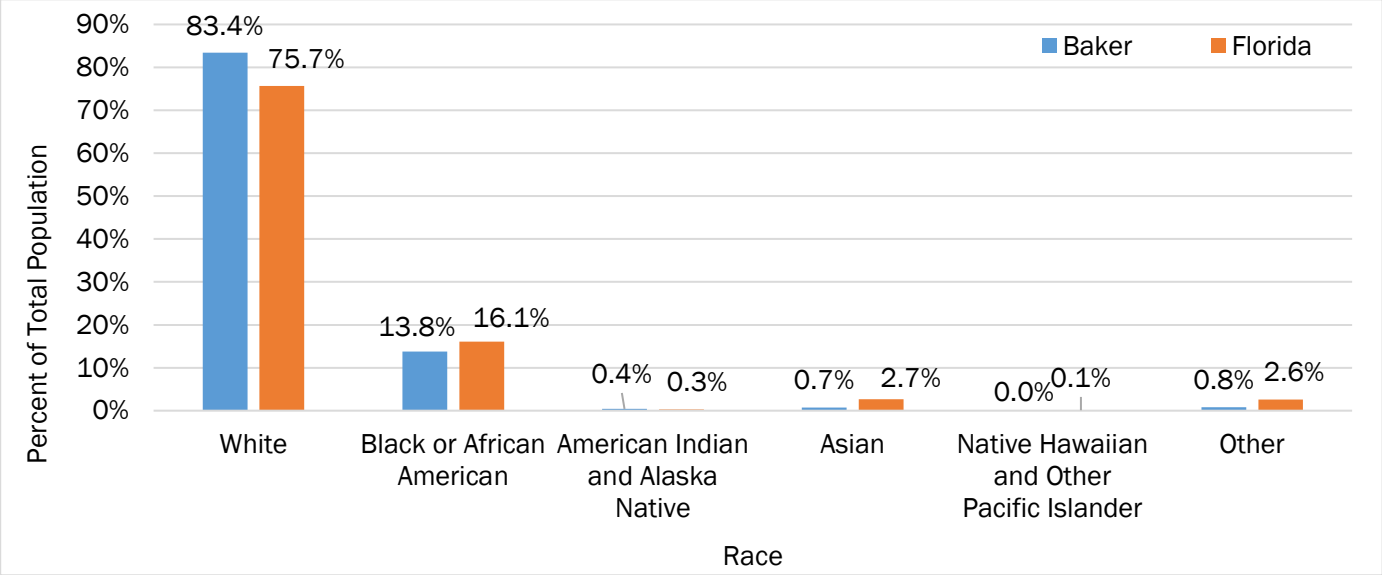
Data Source: 2017 American Community Survey 5-Year Estimates, Table S0101, Age and Sex

Race & Ethnicity

Figure 7 displays the racial and ethnic composition of Baker County in comparison to Florida using data from the American Community Survey 5-year estimates. At 83% of the population, Baker County – like Florida – is majority White. The second largest racial group is Black or African American, making up 14% of Baker County's and 16%

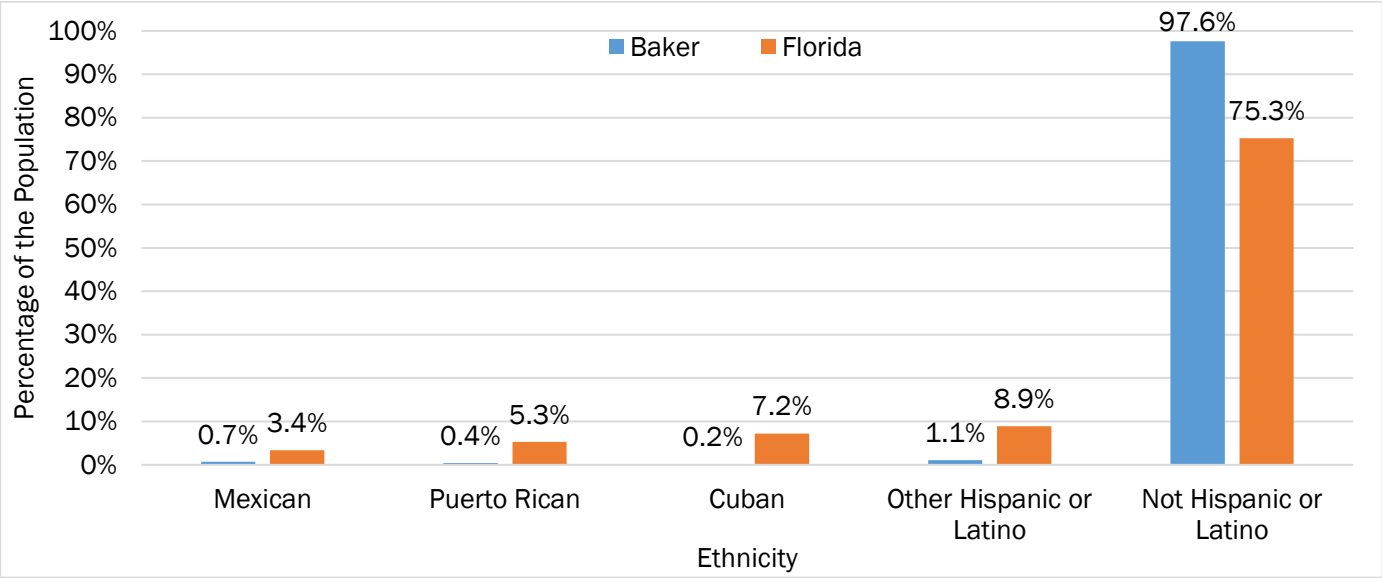
of Florida's population (Figure 7). A much greater percentage of Florida's population (25%) is Hispanic or Latino compared to Baker County (2%) (Figure 8).[10]

Figure 7. Race, Of Any Ethnicity In Baker County & Florida, 3-Year Rolling Rate, 2013-2017



Data Source: 2013-2017 American Community Survey 5-Year Estimates, Table DP05, Demographic and Housing Estimates

Figure 8. Population By Ethnicity, Baker County & Florida, 2017



Data Source: 2013-2017 American Community Survey 5-Year Estimates, Table DP05, Demographic and Housing Estimates

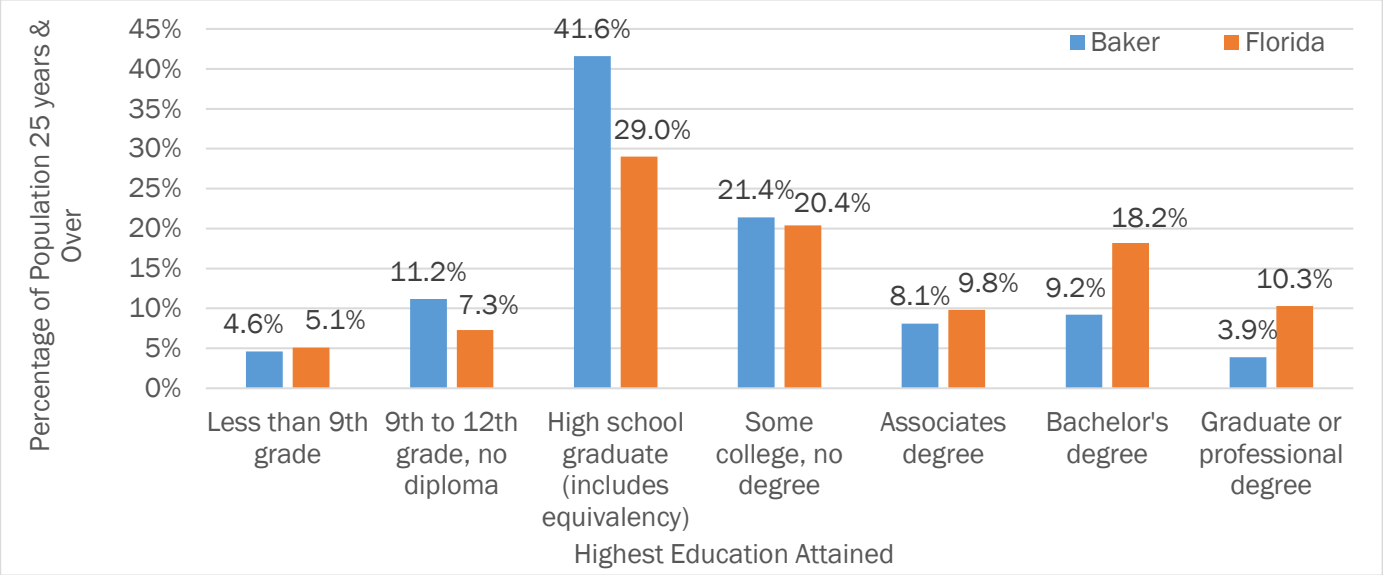
Educational Attainment

A slightly lower percentage (84.2%) of Baker County's population are high school graduates or higher compared to Florida (87.6%) in 2017. A greater portion of Florida residents (28.5%) had a Bachelor's degree or higher

[10]U.S. Census Bureau (2018). 2008-2017 American Community Survey 5-Year Estimated: Table DP05- Demographic and Housing Estimated. Retrieved from https://factfinder.census.gov

compared to Baker County (13.1%). Figure 9 displays the reported highest level of education attained (population 25 years & over) in Baker County in comparison to Florida.[11]

Figure 9. Reported Highest Level of Education Attained, Population 25 Years & Over, Baker County & Florida, 2017

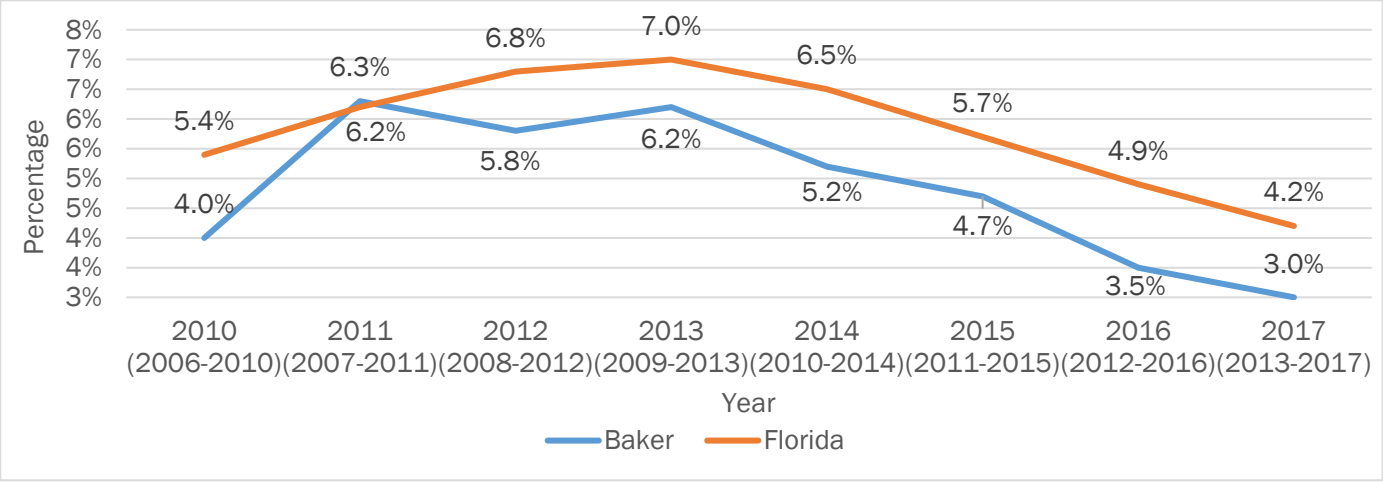


Data Source: American Community Survey 5-Year Estimates, 2013-2017, DP02, Selected Social Characteristics

Employment

Baker County and Florida had similar unemployment rate patterns from 2010 to 2017 for the population ages 16 years and over. After rising from 2010 to 2013 by 1.6% and 2.2%, respectively, unemployment rates fell from 2014 to 2016 to 3% in Baker County and to 4% in Florida. Overall, unemployment rates in Baker County are lower than Florida's, except for the year 2011 where Baker County exceed Florida's rate by 0.1% (Figure 10).[12]

Figure 10. Unemployment Rate, Population 16 Years and Over, Baker County & Florida, 2010-2017



Data Source: 2010-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

[11] U.S. Census Bureau (2019). 2013-2017 American Community Survey 5-Year Estimated: Table DP02-Selected Social Characteristics. Retrieved from https://factfinder.census.gov

[12] U.S. Census Bureau (2019). *2010-2017 American Community Survey 5-Year Estimates: Table DP03-Seleted Economic Characteristics*. Retrieved from https://factfinder.census.gov

In 2017, Baker County had an employed population ages 16 years and over of 10,567 people and Florida had 9,018,570 people. Many of the top employed industries differ between Baker County and Florida. Figure 11 shows the industry breakdown for Baker County and Florida. The top industries in Baker County, accounting for 50.3% of the labor force, were:

- Educational services, and health care and social assistance (26.8%)
- Retail trade (13.3%)
- Public administration (10.2%)

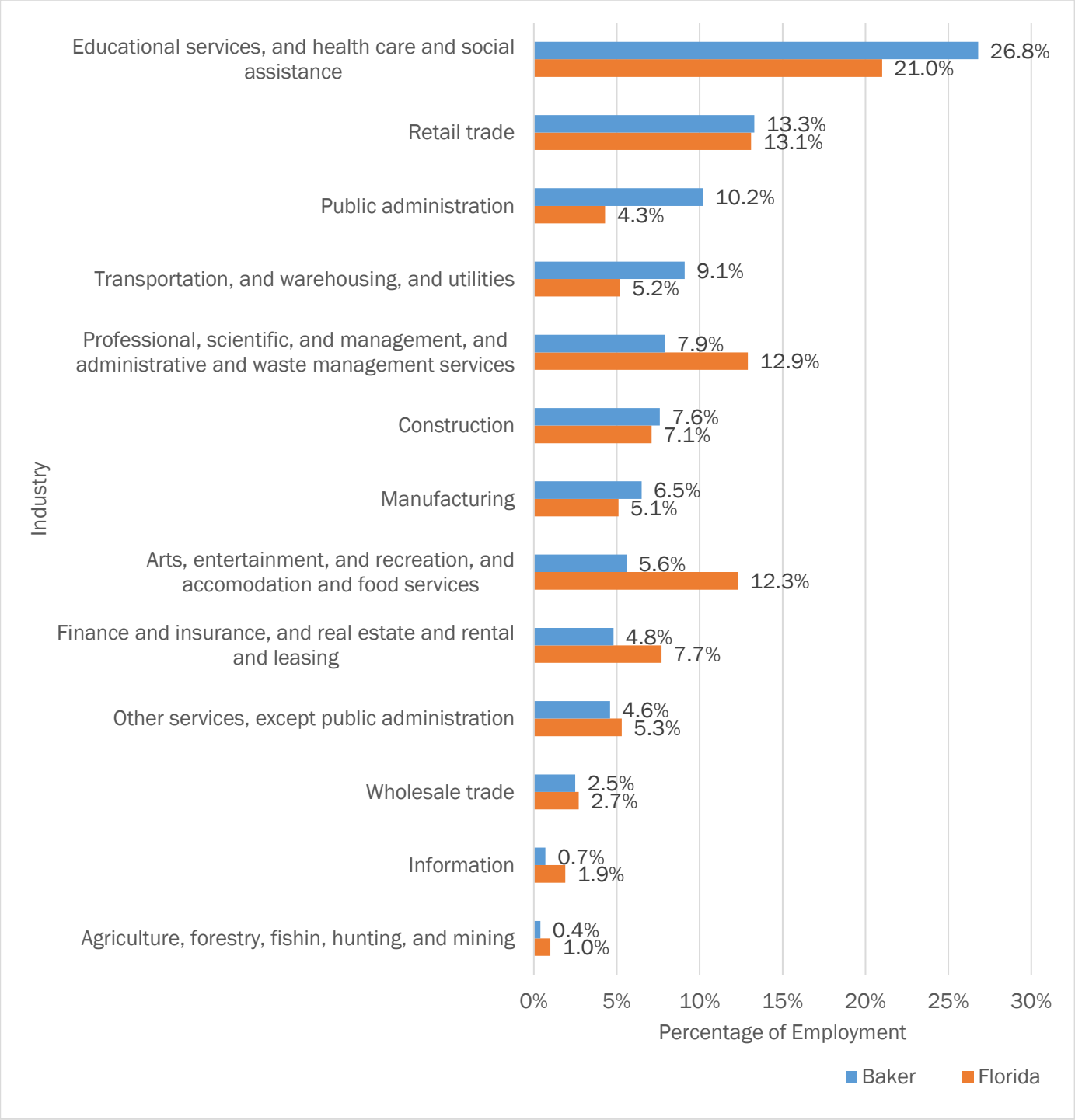
Florida's top industries also included educational services, and health care and social assistance (21.0%) as well as Retail trade (13.1%) followed by:

- Professional, scientific, and management, and administrative and waste management services (12.9%)

These three industries make up 47.0% of Florida's labor force.[13]

[13] U.S. Census Bureau (2019). *2017 American Community Survey 5-Year Estimates: Table DPO3-Seleted Economic Characteristics*. Retrieved from https://factfinder.census.gov

Figure 11. Employment By Industry, Baker County & Florida, 2013-2017



Data Source: 2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

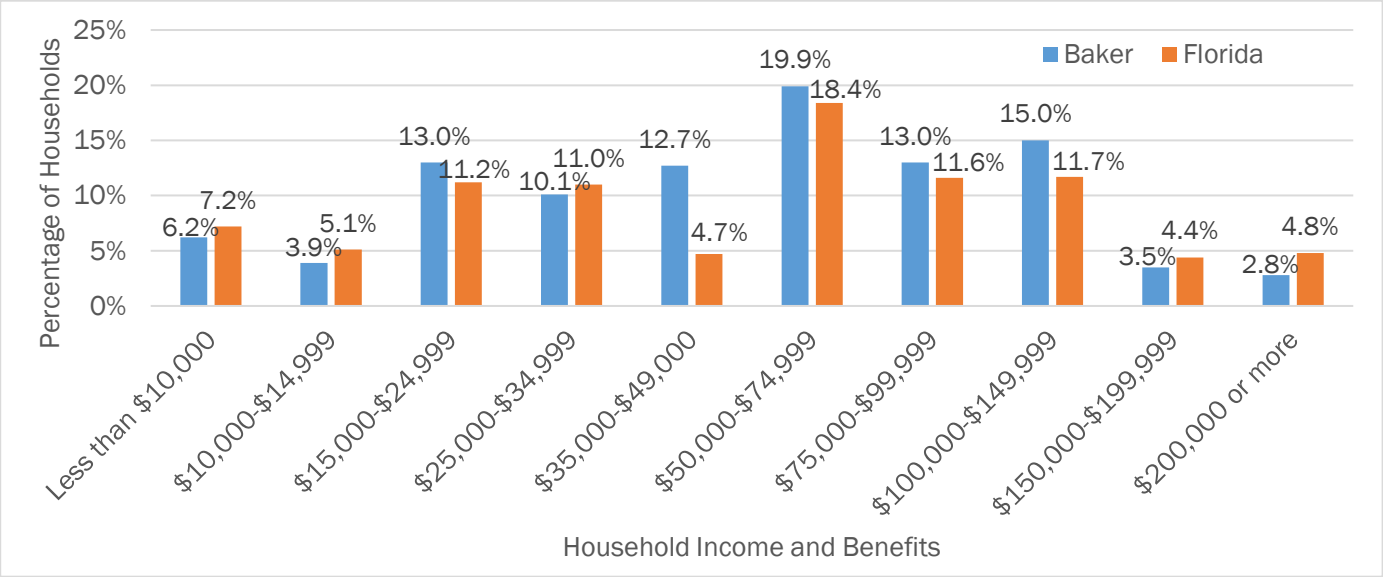
Income & Poverty

The largest portion (19.9%) of Baker County households earned $50,000-$74,999 in income and benefits, and 54.2% of households earned $50,000 or more annually. Similarly, 18.4% of Florida households earned $50,000-

$74,999 annually. A little over half (50.9%) of Florida households earned $50,000 or more, which was 3.3 percentage points less than Baker County (Figure 12).[14]

The median and mean household incomes in Baker County were $59,506 and $69,642, respectively. Florida's median and mean household incomes were $50,883 and $72,993, respectively. That means Florida's median household income is $8,623 less than Baker County's and the mean household income in Florida is $3,351 more than in Baker County. Baker County's estimated *per capita* income of $22,440 was slightly lower than Florida's *per capita* income of $29,838.[15]

Figure 12. Household Income/Benefits (2017 Inflation-Adjusted Dollars), Baker County & Florida, 2017



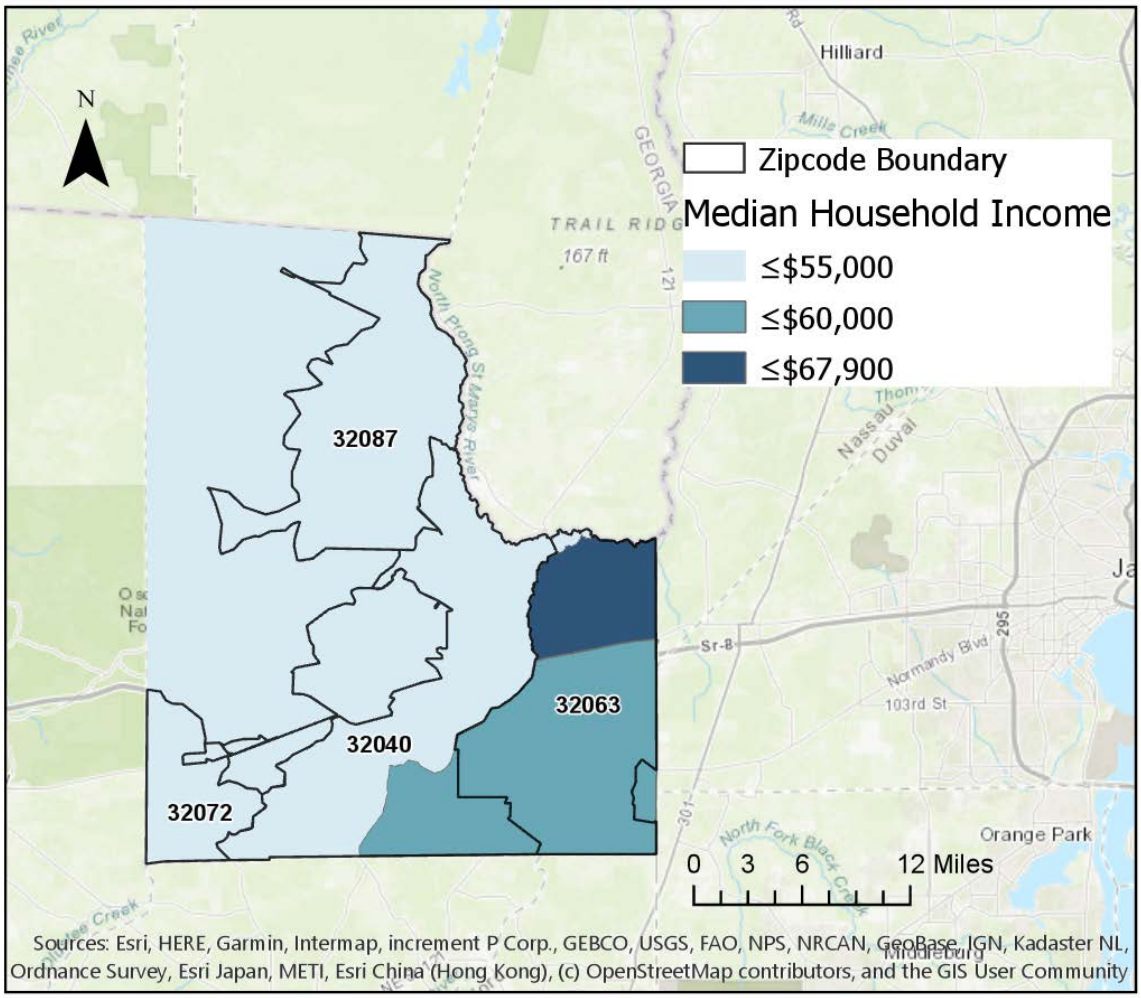
Data Source: 2013-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

Figure 13 shows the median household income distribution by area. The northern quadrant of zip code 32063 (Macclenny) has the highest median household income, followed by the mid and southern part of zip code 32063 (Macclenny) and the eastern part zip code 32040 (Glen St. Mary).

[14] U.S Census Bureau. 2013-2017 American Community Survey 5-year Estimates: Table DP03-Selected Economic Characteristics.

[15] U.S. Census Bureau. 2013-*2017 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

FIGURE 13. MEDIAN FAMILY INCOME, BAKER COUNTY BY CENSUS TRACT, 2013-2017



Source: American Community Survey 5-Year Estimates, 2013-2017

The U.S. Census Bureau determines poverty thresholds by family size and family members' ages, with 48 possible thresholds. Thresholds do not vary geographically, and the Bureau updates thresholds annually for inflation. The poverty status calculation sums the incomes of all related family members who live together. If the total family income falls below the poverty threshold, then that family and all of its members are considered to be in poverty. If the total family income equals or exceeds the given threshold, then the family and all its members are not in poverty.[16]

Figure 14 shows the percentage of the population in poverty from 2012 to 2017. During this timeframe Baker County showed a slight increase in poverty status, while Florida showed a small decrease. Florida's poverty status percentage has been decreasing since 2014, where it was at its highest. Baker County's percentage peaked in 2014 and again in 2016 and has been decreasing since then. Overall, Baker County has higher poverty rates than Florida, the average difference between Baker County and Florida was 1.62 percentage points. The maximum percentage point difference between Florida and Baker County was 2.4 percentage points in 2016, and the minimum difference was 1.0 percentage points in 2013.[17]

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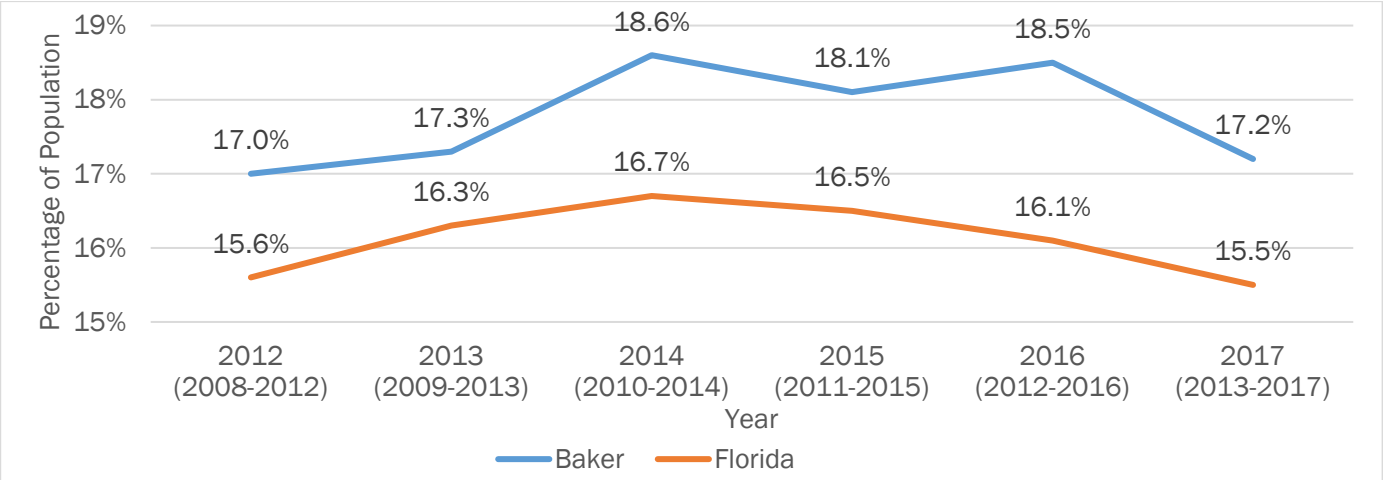
[16] U.S. Census Bureau (2017, August 11). *Poverty: How the Census Bureau Measures Poverty*. Retrieved from https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

[17] U.S. Census Bureau (2019). 2013-2017 *American Community Survey 5-Year Estimates: Table S1701-Poverty Status in the Past 12 Months*. Retrieved from https://factfinder.census.gov

Figure 14. Population For Whom Poverty Status Is Determined, Baker County & Florida, 2012-2017

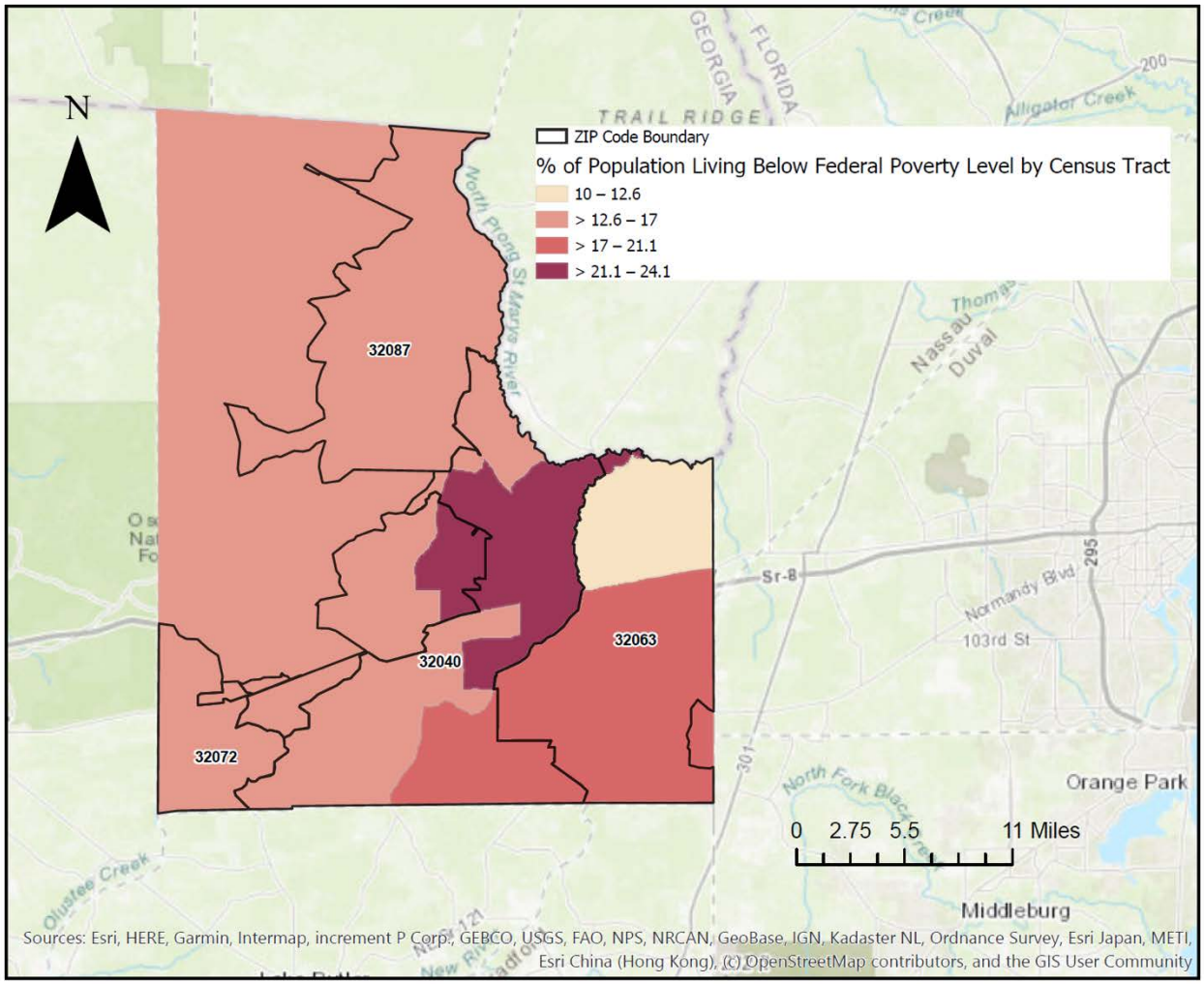


Data Source: 2012-2016 American Community Survey 5-Year Estimates, S1701, Poverty Status in the Past 12 Months

In Baker County, it is estimated that 17.2% of the population for whom poverty status is determined are living below the poverty level, compared to Florida where 15.5% are living below the poverty level. According to the United States Census Bureau the annual weighted average poverty threshold for 2017 was set at $12,488 for a single person and $24,858 for a family of four (two adults and two related children under 18 years).[18] Figure 15 shows the highest concentration of households below poverty level by zip code from 2013-2017. The northeastern quadrant of zip code 32040 (Glen St. Mary) showed the highest concentration of people living below the federal poverty level. Figure 16 shows the percentage of children, under 18 living below the federal poverty line in Baker County. Again zip code 32040 (Glen St. Mary) had the highest percentage.

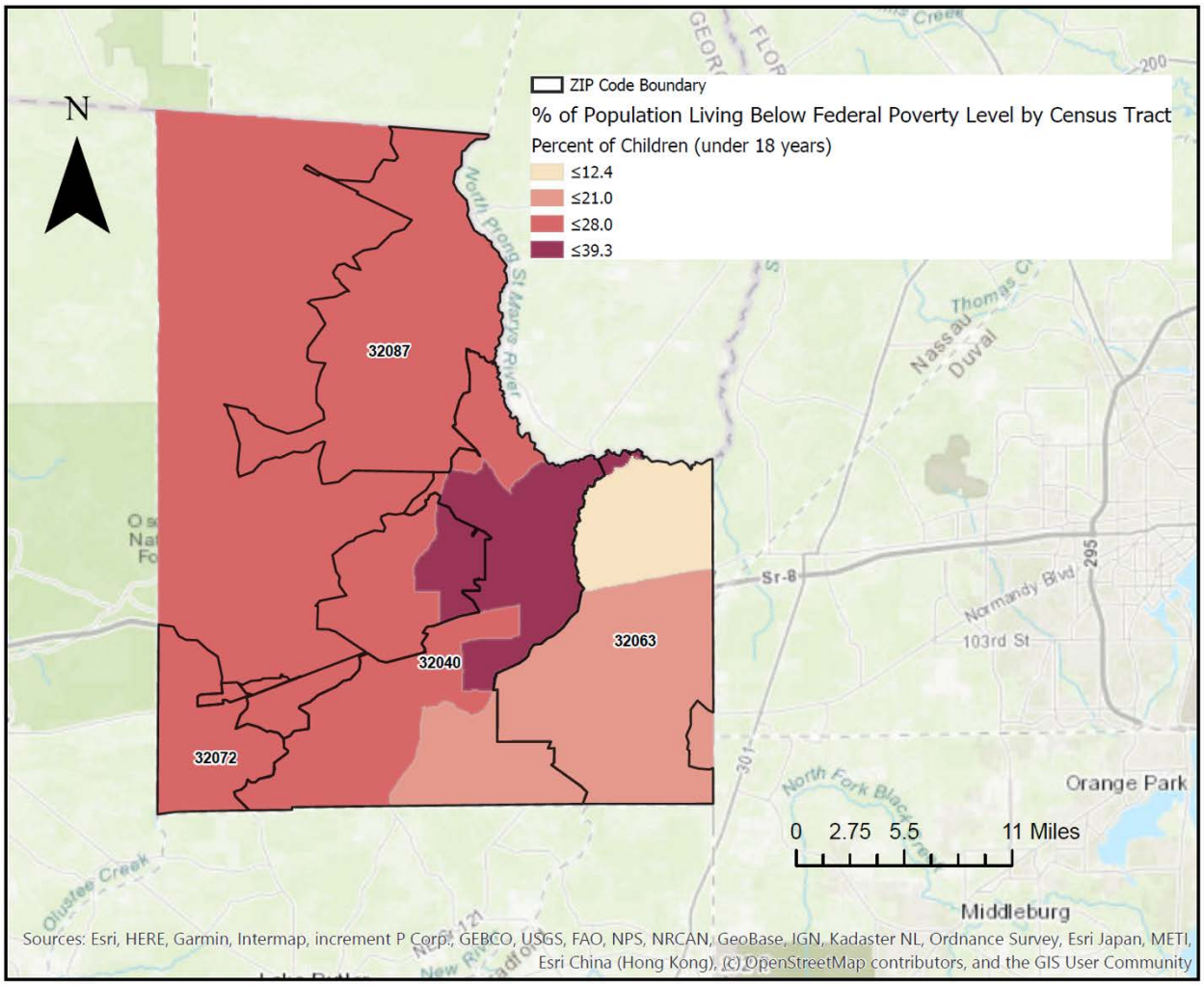
[18] U.S Census Bureau. Retrieved from: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

Figure 15. Percent of Population Living Below Federal Poverty Level, Baker County, 2013-2017



Data Source: American Community Survey 5-Year Estimates, 2013-2017

Figure 16. Percentage of Population (Under 18) Living Below Federal Poverty Level, Baker County, 2013-2017



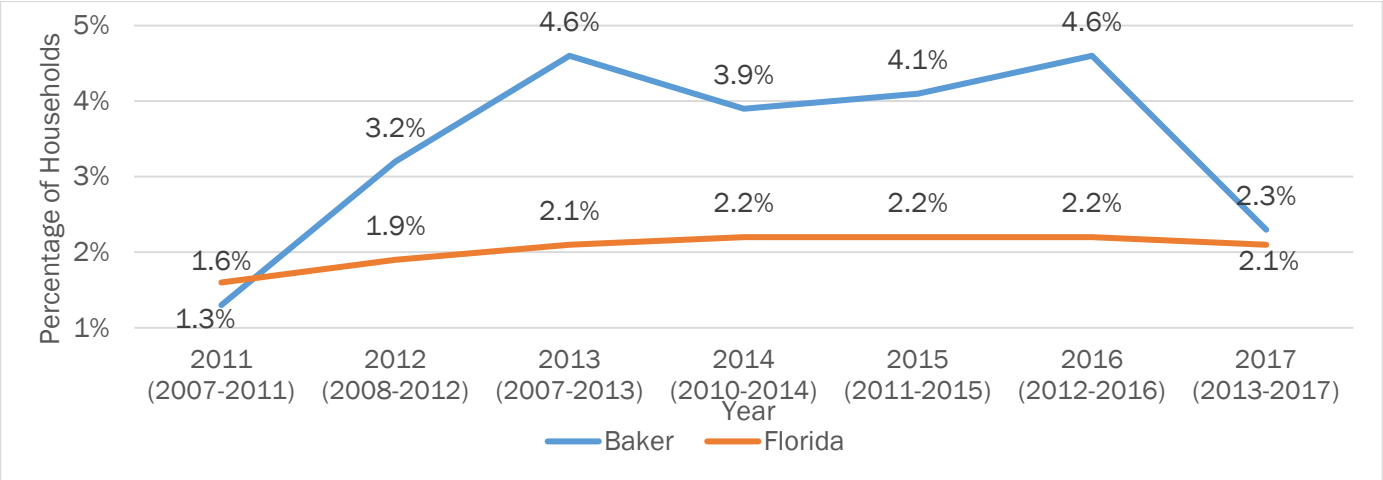
Data Source: American Community Survey 5-Year Estimates, 2013-2017

Public Assistance

From 2011 to 2017, a larger portion of Baker County's population received cash public assistance in comparison to Florida, with the exception of 2011. Overall, both Baker County and Florida saw a rise in the percentage of population receiving cash assistance. The average difference between Baker County and Florida was 1.4 percentage points. Baker County's percentage of households receiving cash public assistance income was lower than Florida's percentage in 2011 and since 2012 has been above the state percentage. Overall, percentages have been increasing in Baker County until 2016 and decreased in 2017. Florida's percentages have increased from 2011 to 2014, then stayed stagnant for 3 years and declined slightly in 2017 (Figure 17).[19]

[19] U.S. Census Bureau. 2011-2017 *American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

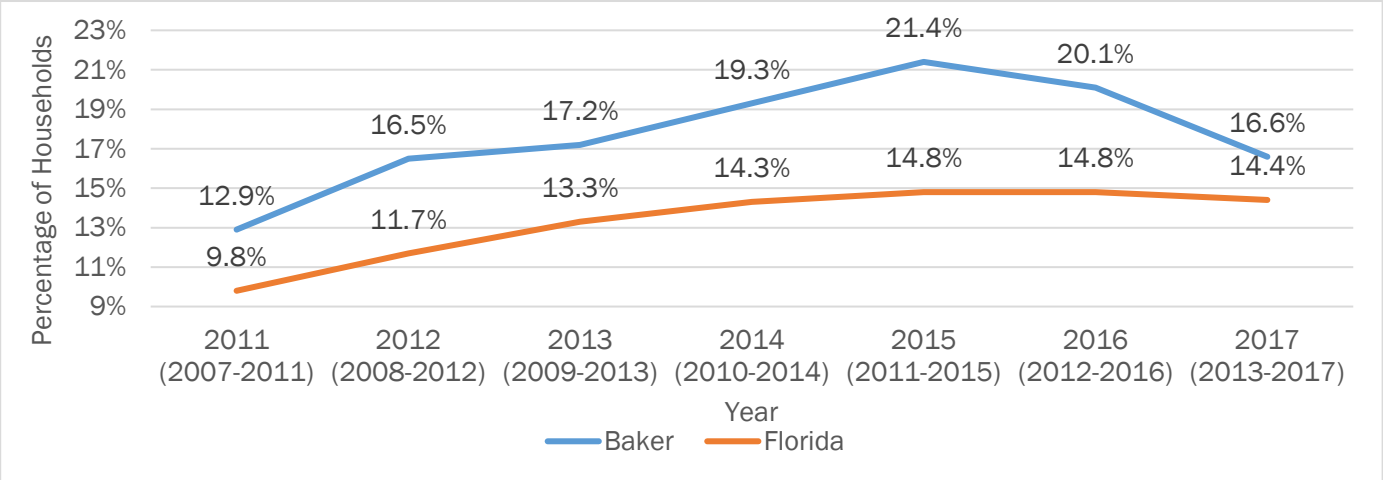
Figure 17. Households Receiving Cash Public Assistance Income, Baker County & Florida, 2010-2017



Data Source: 2011-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

From 2011 to 2017 a greater portion of Baker County's population received food assistance benefits in comparison to Florida. Both Baker County and Florida experienced an increase in the receipts of food assistance benefits from 2011 to 2015, followed by a decrease from 2015 to 2017 (Figure 18).[20]

Figure 18. Households Receiving Food Assistance Benefits* In The Past 12 Months, Baker County & Florida, 2011-2017



Data Source: 2011-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics
*Florida Charts references these as Food Stamp/SNAP benefits

Disability

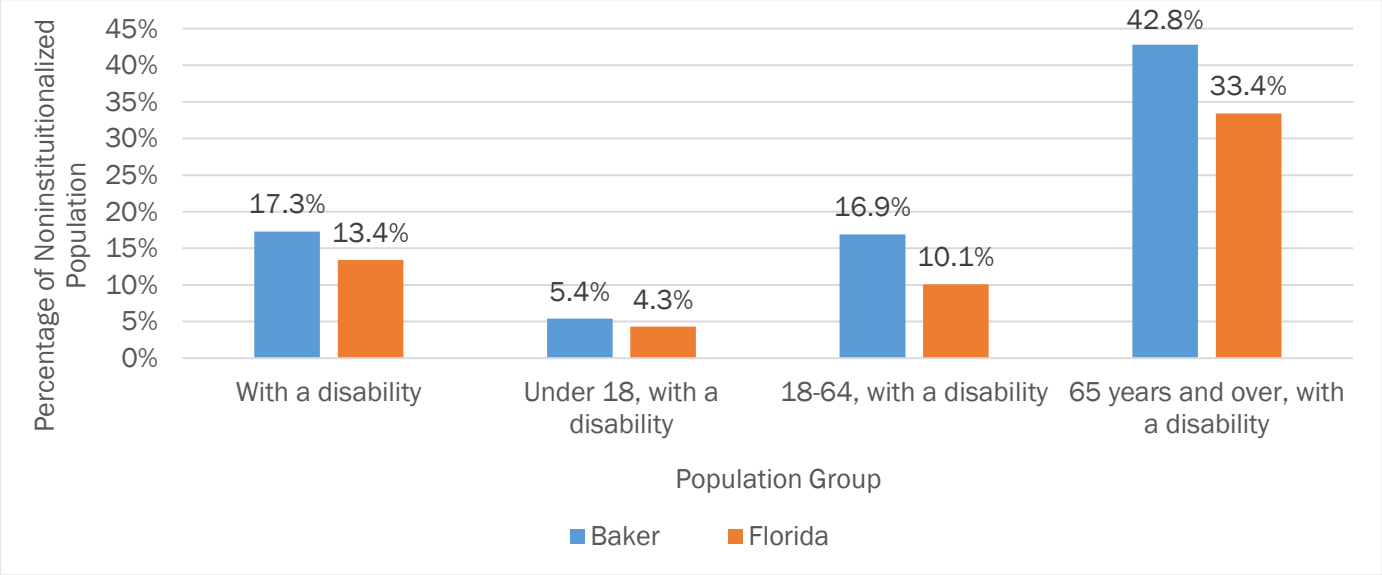
Disability status refers to the population of noninstitutionalized individuals living with one or more disabilities. The U.S. Census Bureau defines disability as "A long-lasting physical, mental or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business."[21] In comparison with Florida, Baker County has a higher percentages of people

[20] U.S. Census Bureau. 2011-2017 *American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

[21] U.S. Census Bureau (n.d). FactFinder Glossary. Retrieved from American FactFinder.

living with a disability among all age groups. Figure 19 displays the percentage of Baker County's population living with a disability stratified by age group.

Figure 19. Percentage of Population With A Disability, Baker County & Florida, 2013-2017

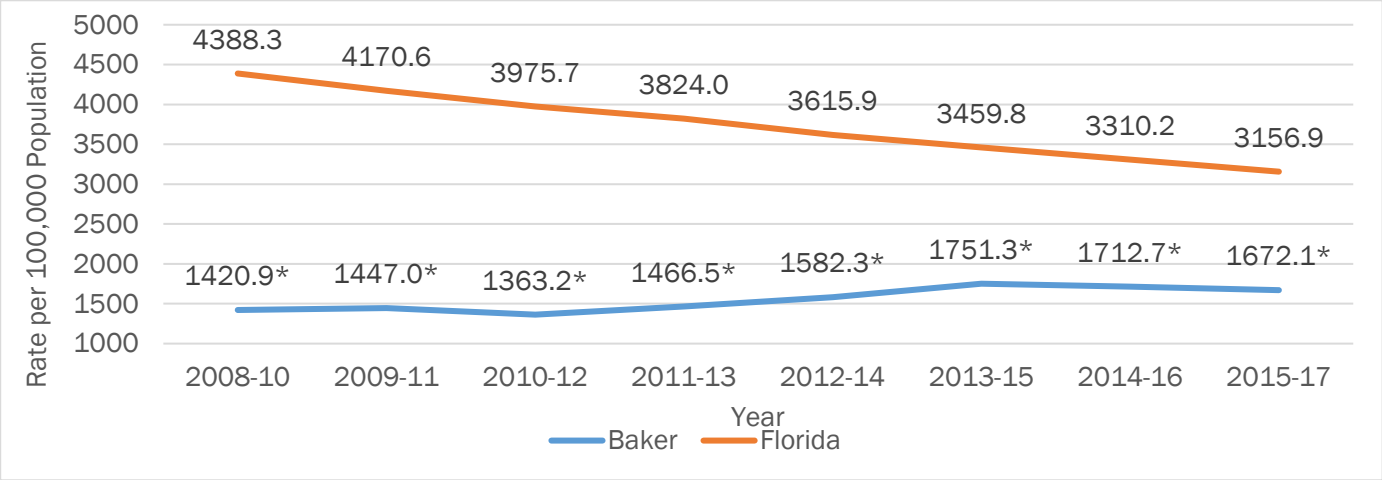


Data Source: 2013-2017 American Community Survey 5-Year Estimates, DP02, Selected Social Characteristics

Crime

Index crimes—comprising aggravated assault, burglary, larceny, motor vehicle theft, murder, robbery, and sexual offenses—track the number of offenses reported to law enforcement and not the arrests for the given crimes.[22] From 2008-2010 to 2015-2017 index crimes in Baker County increased by 17.7%, yet, are overall lower than Florida's rates. In Florida index crime rates decreased by 28.1% during 2008-2010 and 2015-2017 (Figure 20).[23]

Figure 20. Incidence of Index Crimes, Baker County & Florida, 3-Year Rolling Rate, 2008-2017



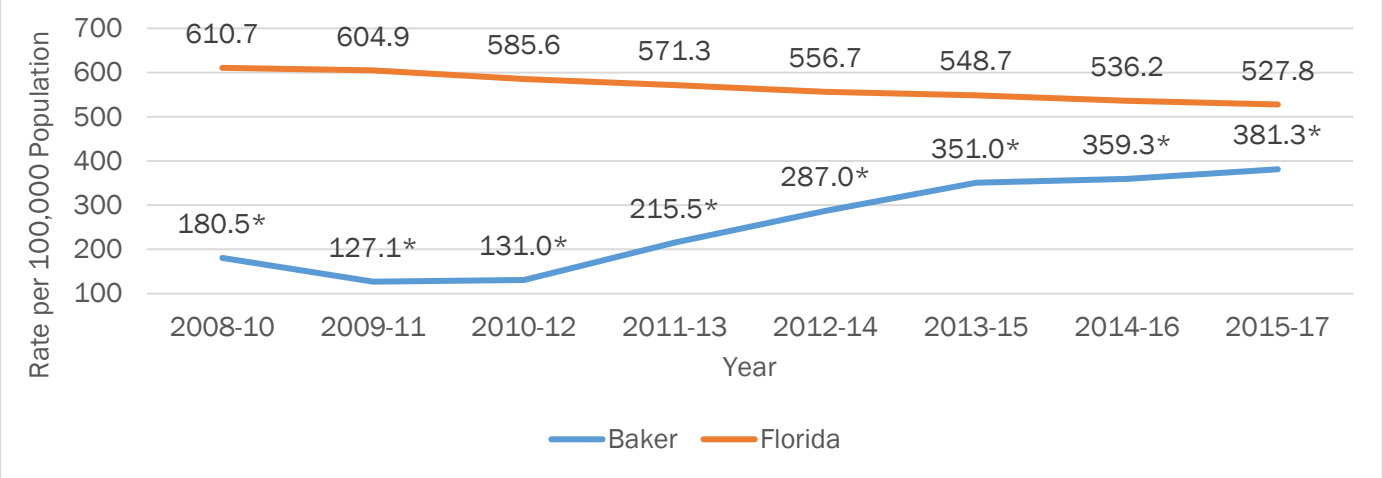
Data Source: Florida Health CHARTS, Index Crimes
* Indicates the county rate is statistically significantly different from the statewide rate.

[22] Florida Department of Law Enforcement (2016). *Crime in Florida—Baker County*. Retrieved from http://www.fdle.state.fl.us/FSAC/County-Profiles/Baker.aspx

[23] Florida Department of Health (2018). *Index Crimes*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

Overall, Baker County has a statistically significantly lower rate per the 100,000 population of incidence of domestic violence offenses than Florida. The incidence of domestic violence offenses in Baker County increased by 111.2% from 2008-2010 to 2015-2017, compared to a 13.6% decrease in Florida during the same period (Figure 21).[24]

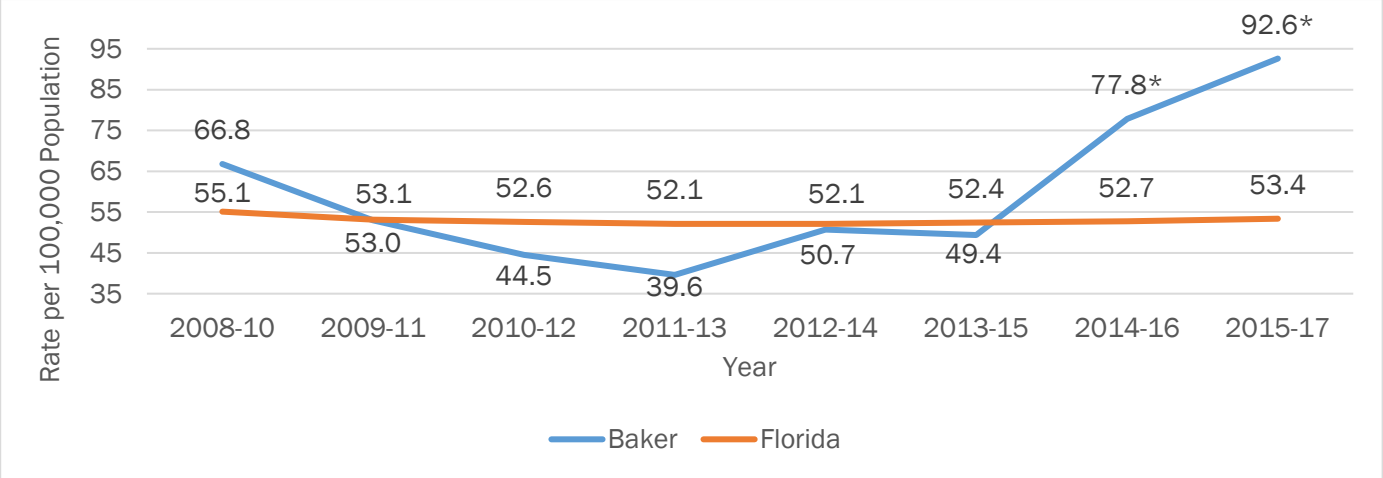
Figure 21. Incidence of Domestic Violence Offenses, Baker County & Florida, 3-Year Rolling Rate, 2008-2017



Data Source: Florida Health CHARTS, Total Domestic Violence Offenses
* Indicates the county rate is statistically significantly different from the statewide rate.

The incidence of forcible sex offenses in Baker County declined by 40.7% from 2008-2010 to 2011-2013, but rose by 133.8% from 2011-2013 to reach 92.6 offenses per 100,000 population by 2015-2017. Florida experienced a 5.4% decrease in forcible sex offenses from 2008-2010 to 2012-2014, before experiencing a 2.5% increase from 2012-2014 to 2015-2017. Baker County's rates were statistically significantly different from Florida State's rates in 2014-2016 and 2015-2017. From 2009-2011 to 2013-2015, Baker County's rate of incidence of forcible sex offenses were below Florida's. (Figure 22).[25]

Figure 22. Incidence of Forcible Sex Offenses, Baker County & Florida, 3-Year Rolling, 2008-2017

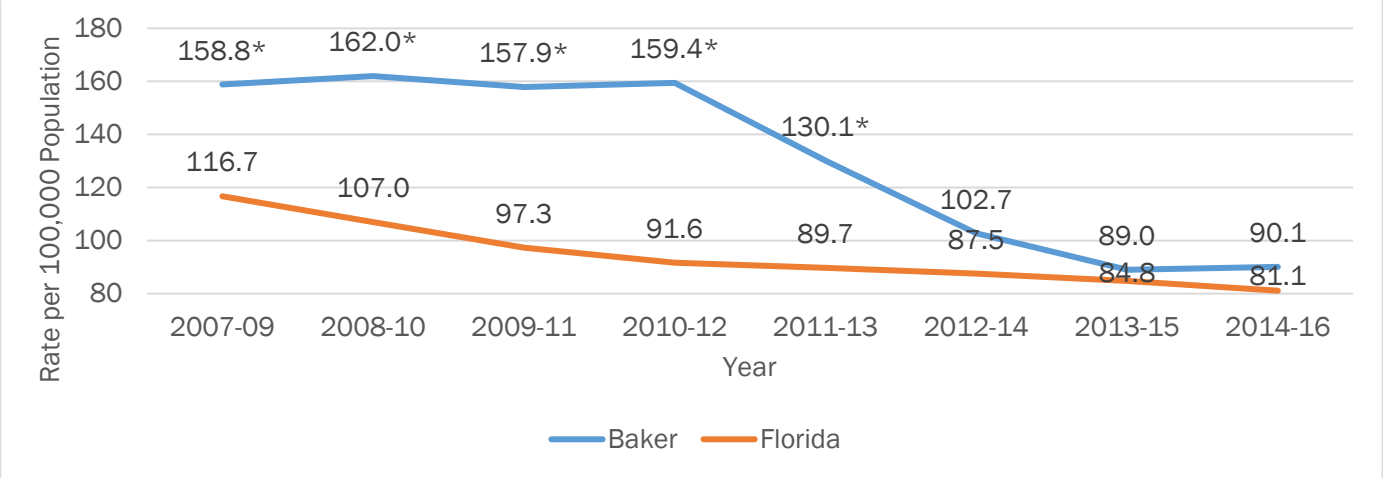


Data Source: Florida Health CHARTS, Forcible Sex Offenses
* Indicates the county rate is statistically significantly different from the statewide rate.

[24] Florida Department of Health (2018). *Total Domestic Violence Offenses*. Retrieved from http://www.flhealthcharts.com/
[25] Florida Department of Health (2018). *Forcible Sex Offenses*. Retrieved from http://www.flhealthcharts.com/

Alcohol-suspected motor vehicle traffic crashes in Baker County increased by 0.38% from 2007-2009 to 2010-2012 before declining by 44.2% from 2010-2012 to 2013-2015 and rising again by 1.2% in 2014-2016. Florida experienced a 30.5% decrease in incidence from 2007-2009 to 2014-2016. From 2007-2009 to 2011-2013 Baker County's incidence rate was statistically significantly higher than Florida's rate (Figure 23).[26]

Figure 23. Alcohol-Suspected Motor Vehicle Traffic Crashed Incidence, Baker County & Florida, 3-Year Rolling Rates, 2007-2016



Data Source: Florida Health CHARTS, Alcohol-Suspected Motor Vehicle Traffic Crashes
* Indicates the county rate is statistically significantly different from the statewide rate.

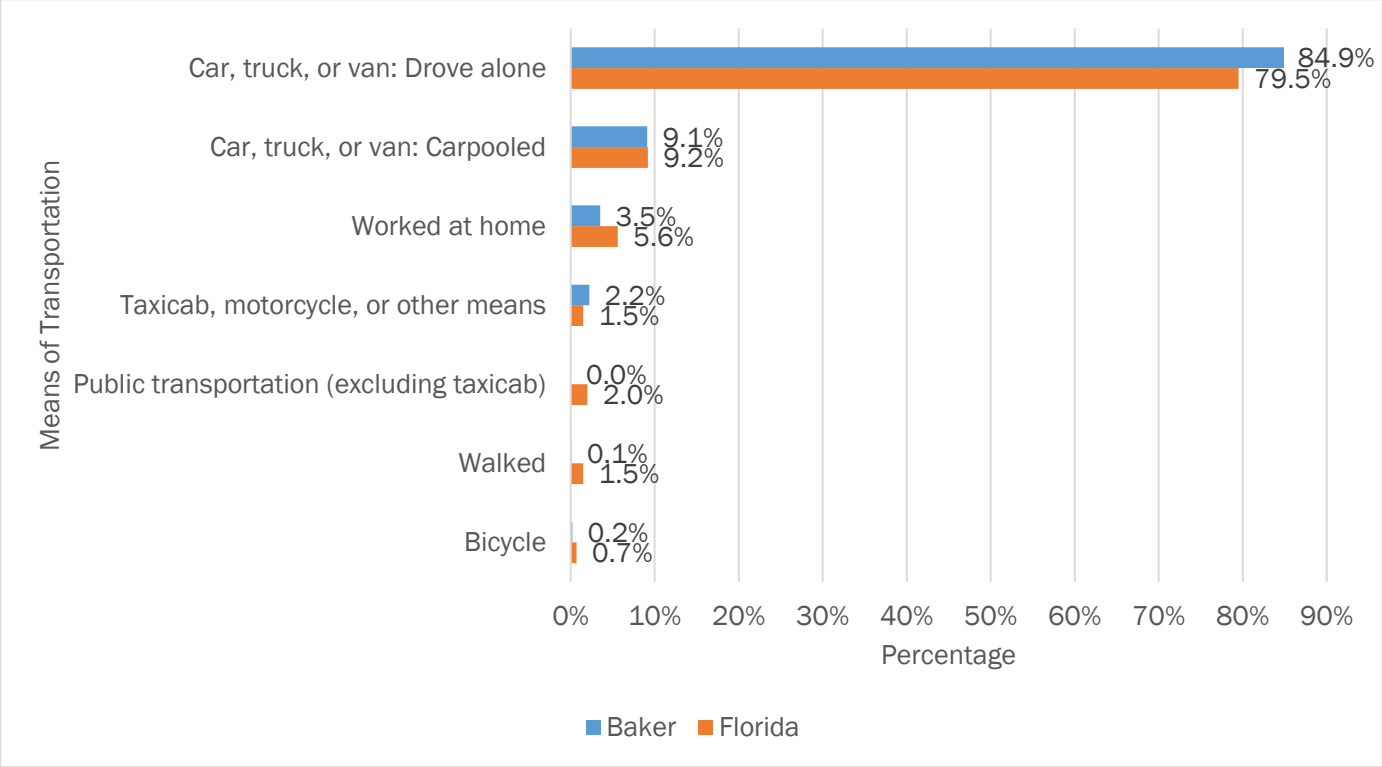
[26] Florida Department of Health (2018). *Alcohol-Suspected Motor Vehicle Traffic Crashes*. Retrieved from http://www.flhealthcharts.com/

PHYSICAL ENVIRONMENT

Transportation

Baker County and Florida residents used similar means of commuting to work from 2013-2017. The majority of residents traveled by car. Of the 10,222 workers in Baker County, almost 85% drove alone compared to almost 80% of the 8,907,171 workers in Florida. Less than 10% of workers carpooled in both Baker County and Florida. In Baker County, 0.1% walk and 0.2% bike during their commute, compared to 1.5% and 0.7% respectively across Florida. No Baker County residents used public transportation compared to 2% of Florida residents (Figure 24).[27]

FIGURE 24. MEANS OF TRANSPORTATION TO WORK, WORKERS 16 & OVER, BAKER COUNTY & FLORIDA, 2013-2017



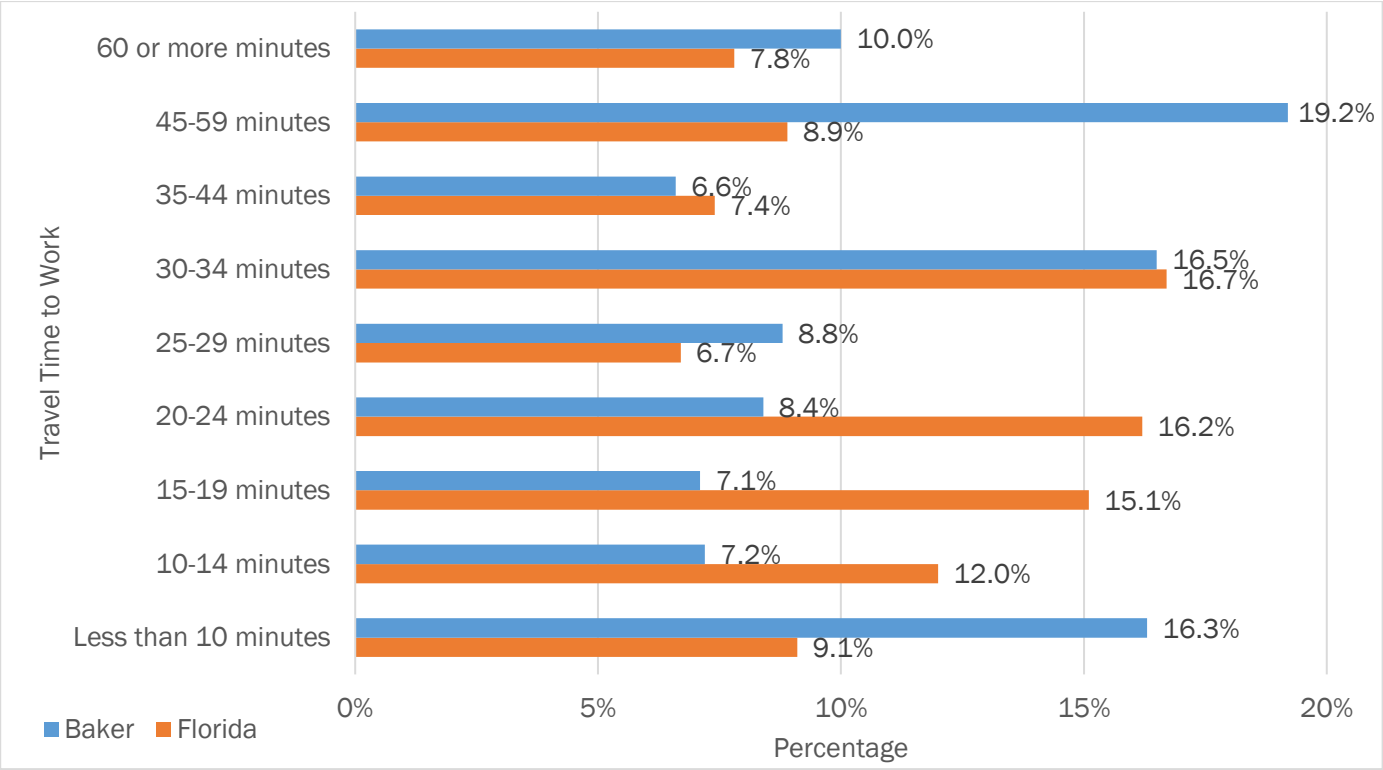
Data Source: 2013-2017 American Community Survey 5-Year Estimates, B08301, Means of Transportation to Work

Baker County workers tended to have longer travel times to work than Florida workers from 2013 to 2017. In Baker County, 30.6% of workers over the age of 16 spent less than 20 minutes commuting compared to 36% in Florida. Close to 36% of Baker County workers had commutes of over 35 minutes, in comparison to only 24% of Floridians (Figure 25).[28]

[27] U.S. Census Bureau (2019). *2013-2017 American Community Survey 5-Year Estimates: Table S0801: Means of Transportation to Work*. Retrieved from https://factfinder.census.gov

[28] U.S. Census Bureau (2019). *2013-2017 American Community Survey 5-Year Estimates: Table S0801: Travel Time to Work*. Retrieved from https://factfinder.census.gov

FIGURE 25. TRAVEL TIME TO WORK, WORKERS 16 YEARS & OVER WHO DID NOT WORK AT HOME, BAKER COUNTY & FLORIDA, 2013-2017



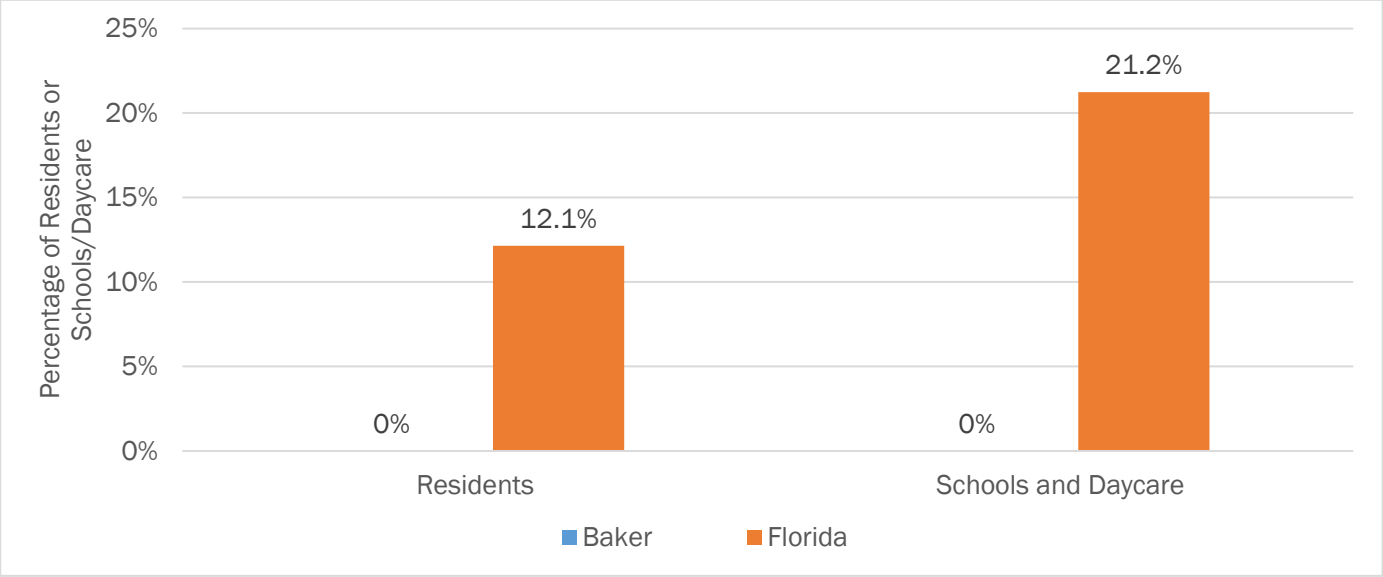
Data Source: 2013-2017 American Community Survey 5-Year Estimates, B08134, Travel Time to Work

Proximity to Hazards and Resources

Studies show that disadvantaged populations experience higher exposure to traffic-related air pollution than those with greater means.[29] In 2016, no Baker County residents lived within 500 feet of a busy road compared to 12.1% of Floridians. Baker County has a lower percentage of schools and daycare facilities within 500 feet of a busy road (0%) than the Florida average (21.2%) (Figure 26).

[29] Boehmer, Foster, Henry, Woghiren-Akinnifesi, & Yip. (2013). *Morbidity and Mortality Weekly Report: Residential Proximity to Major Highways -- United States, 2010.* Centers For Disease Control and Prevention.

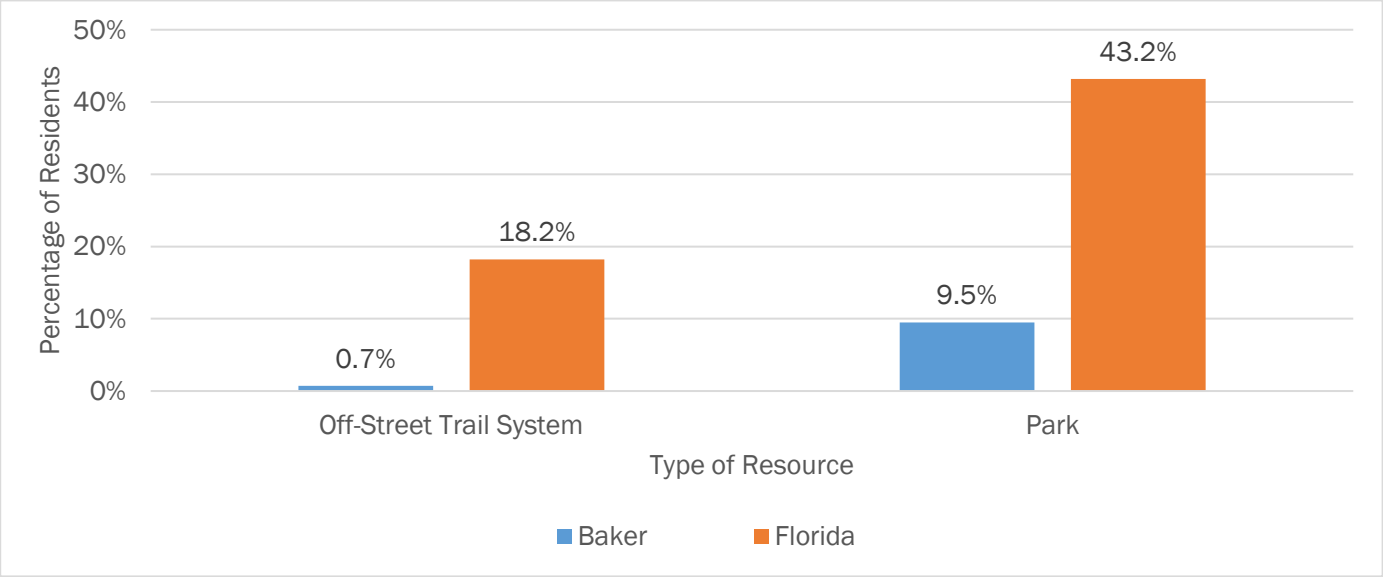
Figure 26. Residents and Schools within 500 feet of a Busy Road, Baker County & Florida, 2016



Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com

In 2016, 0.7% of Baker County residents lived within a half a mile of an off-street trail system, compared to 18.2% of Floridians. Only 9.5% of Baker residents lived within a half mile of a park, compared to 43.2% in Florida (Figure 27).

Figure 27. Residents Living Within a Ten-Minute Walk (1.2 Mile) of an Off-Street Trail or Park, Baker County & Florida 2016

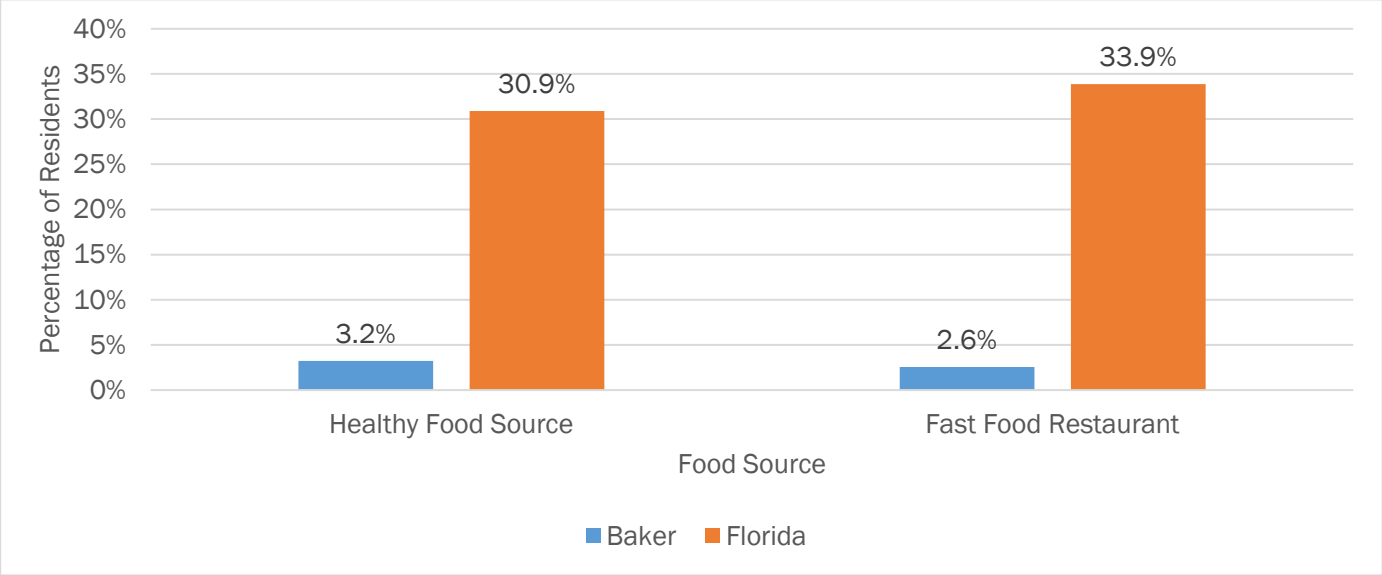


Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com

Figure 28 shows the percentage of residents living within a ten-minute walk of a healthy food source or a fast food restaurant. In 2016, only 3.2% of Baker County residents lived within a half-mile or a ten-minute walk – of a healthy food source as compared to almost 31% of Floridians. A healthy food source is defined as grocery stores, supermarkets, and registered produce stands where residents have access to a variety of foods including fresh

fruits and vegetables.[30] In 2016, 2.6% of Baker residents lived within a half mile of a fast food restaurant compared to 33.9% in Florida. Fast food restaurants are defined as inexpensive and convenient food options with high caloric content.[31]

Figure 28. Residents Living within a Ten Minute Walk (1/2 Mile) of a Healthy Food Source Or Fast Food Restaurant, Baker County & Florida, 2016



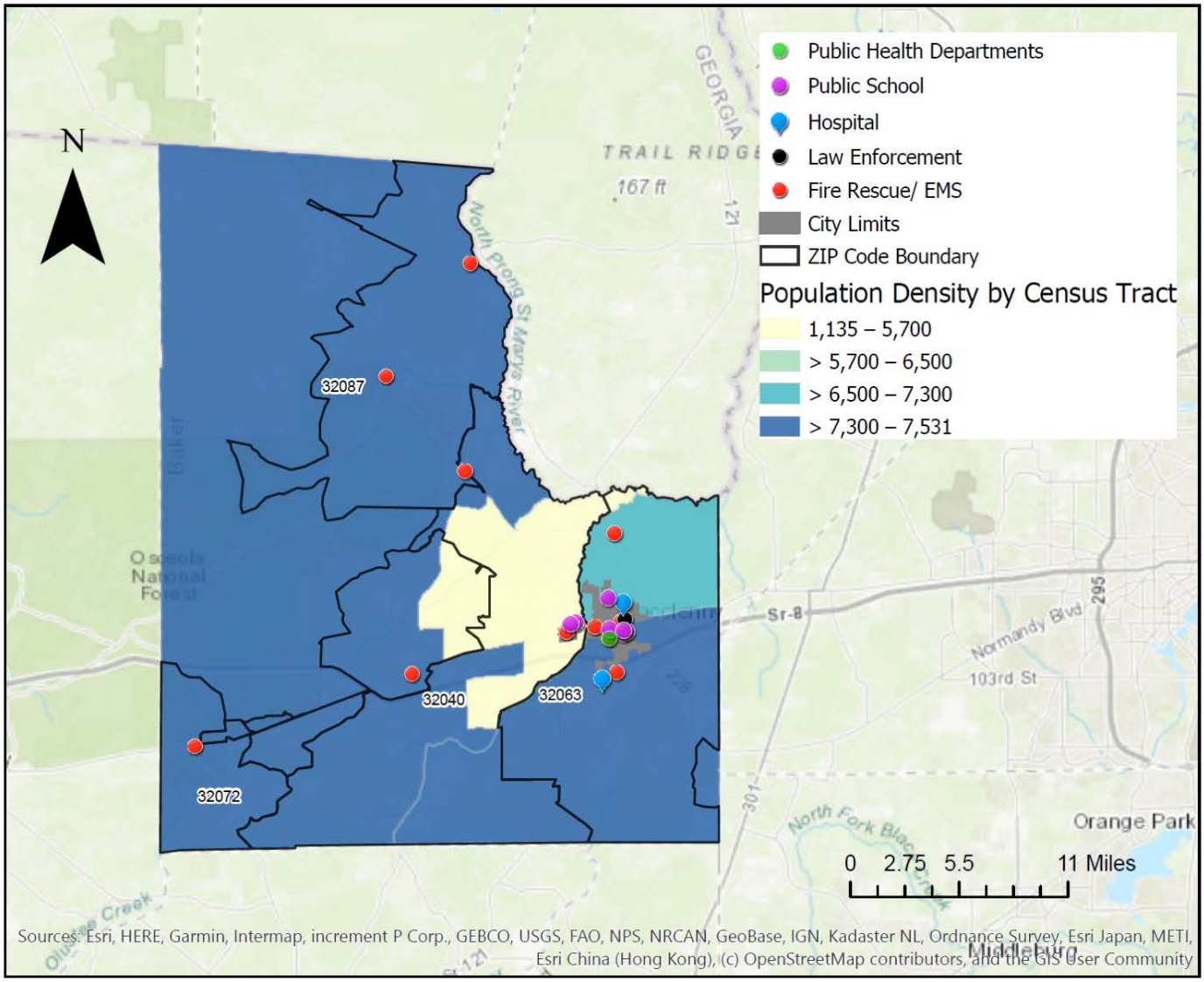
Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com

Figure 29 displays the municipal resources available in Baker County, including population density by census tract. Most municipal resources are found in the city limits of the 32063 zip code (Macclenny).

[30] Florida Environmental Public Health Tracking (2017). *Built Environment*. Retrieved from https://www.floridatracking.com/healthtracking/Topic.htm?i=14

[31] Florida Environmental Public Health Tracking (2017). *Built Environment*.

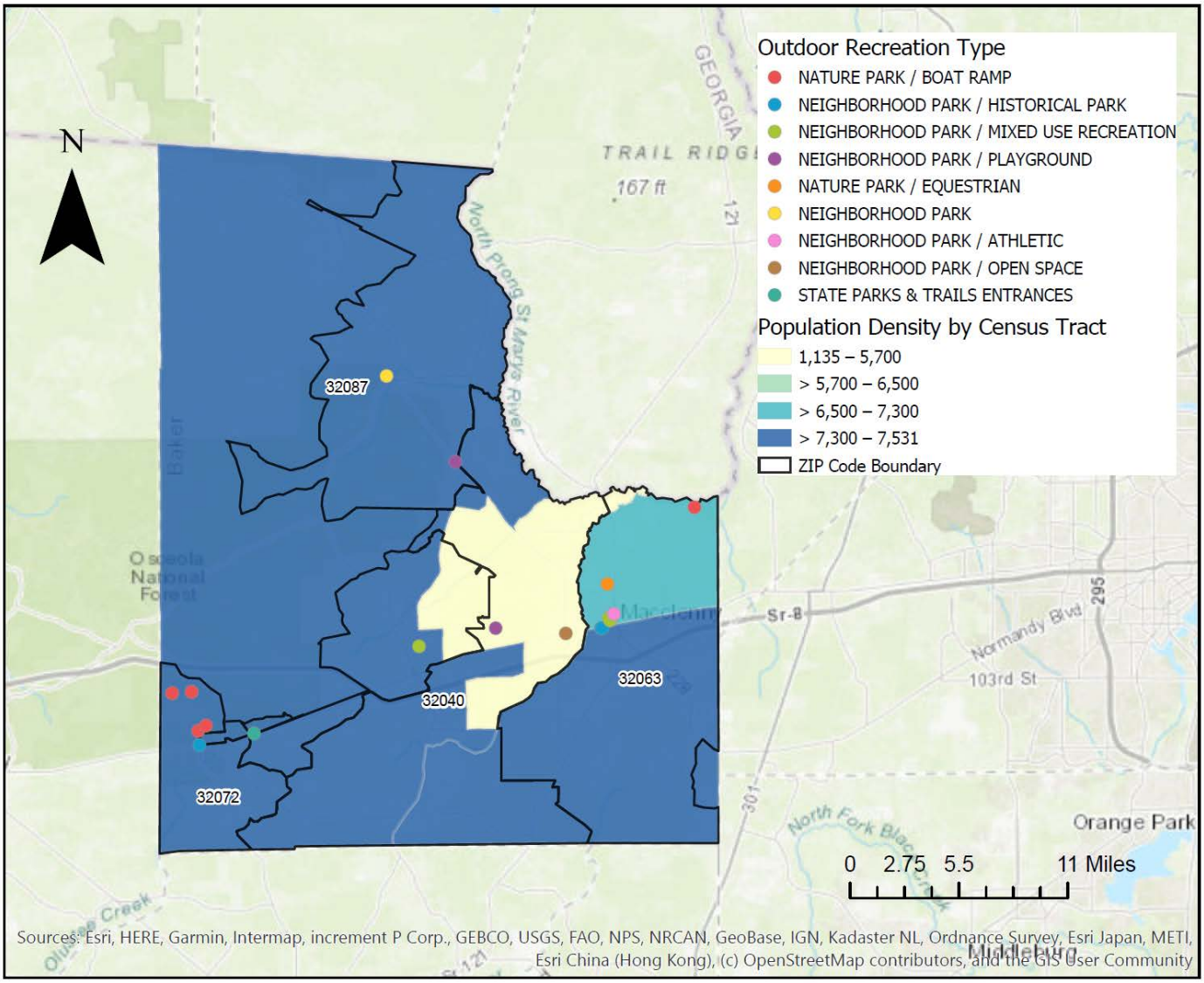
Figure 29. Baker County Municipal Resources And Population Density By Census Tract, 2017



Data Source: Esri ArcGIS, 2019

Figure 30 shows the recreational resources available to Baker County residents. Most recreational resources are located in zip code 32072 (Olustee) where a lot of nature parks and boat ramps can be found as well as a neighborhood park/historical park and state park & trail entrance. Another cluster of resources are located in the western part of zip code 32063 (Macclenny), where a nature park/equestrian resources, neighborhood park/athletic resources, neighborhood park/mixed use recreation resources, and neighborhood park/historical park can be found. The center of zip code 32040 (Glen St. Mary) shows a neighborhood park/playground and a neighborhood park/open space. The zip code 32087 (Olustee/Sanderson) shows a neighborhood park and a neighborhood park/playground.

Figure 30. Baker County Recreational Resources



Data Source: Esri ArcGIS 2019

Housing Conditions

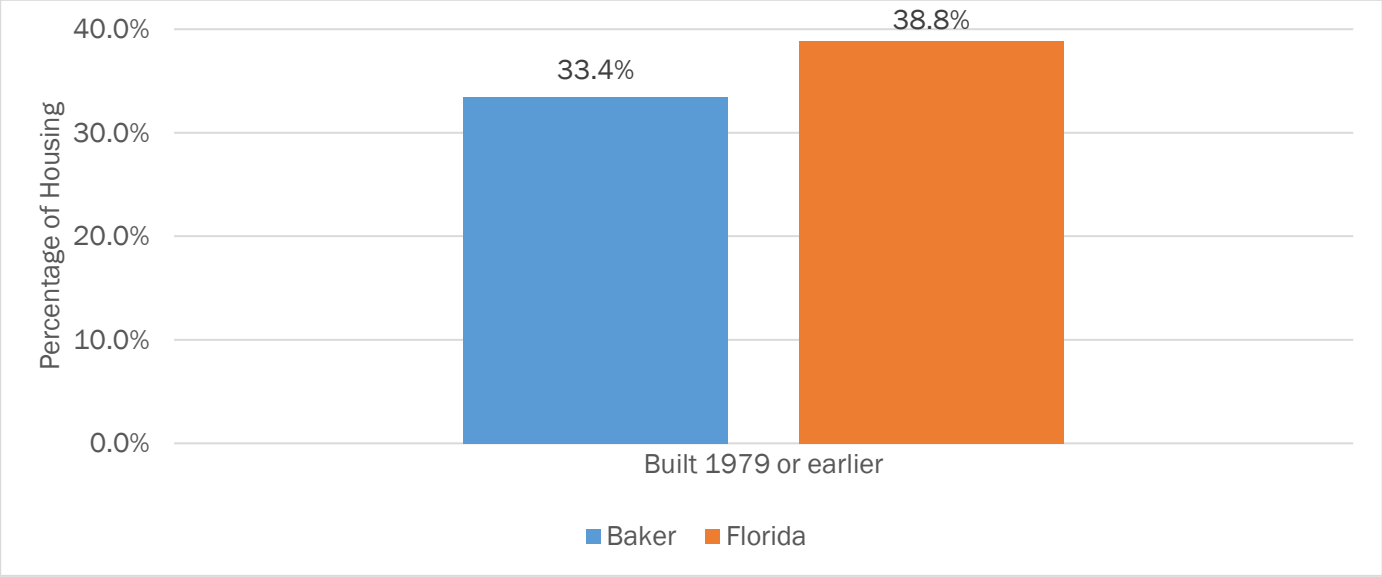
Housing is an important social determinant of health because people spend a large portion of time inside their homes. Homes built before 1978 are more likely to have issues such as lead, mold, and a lack of smoke and carbon monoxide detectors, all of which pose serious risks to health.[32] During 2013-2017, the estimated total housing units in Baker County and Florida were 9,838 and 9,259,684, respectively. Of these units, 33.4% and 38.8% were built before 1979 (Figure 31). Only 0.2% of Baker County's 8,299 occupied housing units and 0.3% of Florida's 7,510,882 occupied units lacked complete plumbing facilities.[33] The U.S. Census Bureau defines complete plumbing facilities as containing hot and cold running water, a flush toilet, and a bathtub or shower.[34]

[32] Florida Department of Health (2018). *Housing*. Retrieved from Florida Environmental Public Health Tracking: https://www.floridatracking.com/

[33] U.S. Census Bureau (2017). *2017 American Community Survey 5-Year Estimate: Table DP04, Selected Hosing Characteristics* [Data file]. Available from https://factfinder.census.gov

[34] United States Census Bureau (2015, May 29). *Plumbing and Kitchen Facilities in Housing Units*. Retrieved from Plumbing and Kitchen Facilities in Housing Units: https://www.census.gov/library/working-papers/2015/acs/2015_Raglin_01.html

Figure 31. Housing Units Built 1979 or Earlier, Baker County & Florida, 2012-2016

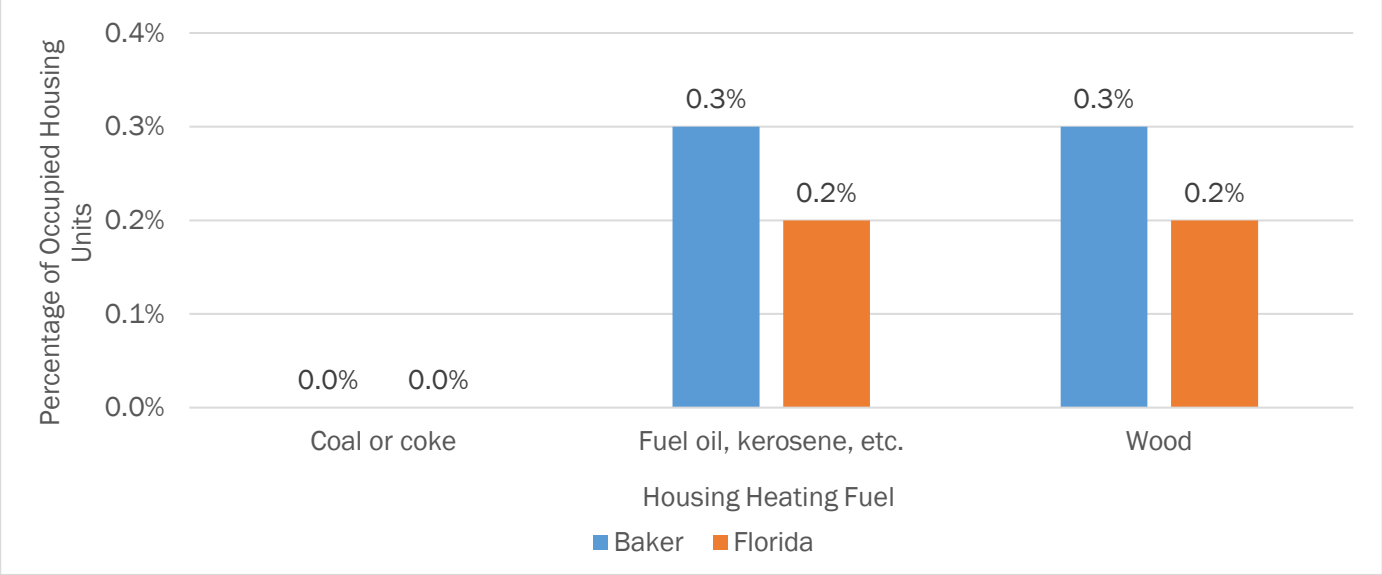


Data Source: 2012-2016 American Community Survey 5-Year Estimates, DP04, Selected Housing Characteristics

Heating Fuel

Few occupied homes use heating fuel other than electricity or gas in Baker County and Florida. In Baker County, 0% used coal or coke; 0.3% (27 households) used fuel oil, kerosene, etc.; and 0.3% (21 households) used wood. In Florida, by comparison, 0% of heating fuel was coal or coke; 0.2% fuel oil, kerosene, etc.; and 0.2% wood (Figure 32).[35]

Figure 32. Housing Heating Fuel, Baker County & Florida, 2012-2016



Data Source: 2013-2017 American Community Survey 5-Year Estimates, DP04, Selected Housing Characteristics

[35] U.S. Census Bureau. 2013-*2017 American Community Survey 5-Year Estimate: Table DP04, Selected Housing Characteristics*

HEALTH OUTCOMES

County Health Rankings

County Health Rankings & Roadmaps, produced by the University of Wisconsin and Robert Wood Johnson Foundation, are a collection of reports that illustrate the overall health of counties in every state across the country and provide a comparison of counties within the same state. Two major categories exist for County Health Rankings: health outcomes and health factors. Health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Health factors and their subsequent outcomes may be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.[36]

The report ranks Florida counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental.[37]

In 2019, Baker County ranked 50th out of 67 Florida counties in health outcomes, which reflect length of life and quality of life, and 39th out of 67 counties in health factors. There were significant differences when examining the individual rankings for each of the four topics considered for the health factors score. Health factors include health behaviors (ranked 55th out of 67 counties), clinical care (ranked 33rd), social and economic factors (ranked 29th), and physical environment (ranked 33rd). Table 1 lists the four topics, along with the types of indicators included within each and the corresponding ranking for Baker County. The table also shows whether Baker County's 2019 rank improved or worsened from 2018. **(See Appendix E for updated 2020 data)**

Table 1. Baker County Health Ranking, 2019

Health Outcomes (50th) ↓	**Length of Life:** 45th out of 67 ↓			
	Quality of Life: 54th out of 67 ↑			
Health Factors (39th) ↑	**Health Behaviors**	**Clinical Care**	**Socioeconomic**	**Physical Environment**
	Tobacco Use Diet & Exercise Alcohol & Drug Use Sexual Activity	Access to Care Quality of Care	Education Employment Income Family & Social Support Community Safety	Air & Water Quality Built Environment
	Baker Rank: 55th ↑	**Baker Rank: 33rd ↑**	**Baker Rank: 29th ↓**	**Baker Rank: 33rd ↑**

Data Source: County Healthy Rankings, 2019. Symbol meanings: ↑ means rank improved from previous year, ↓ rank worsened from previous year, and → rank stayed the same from previous year.

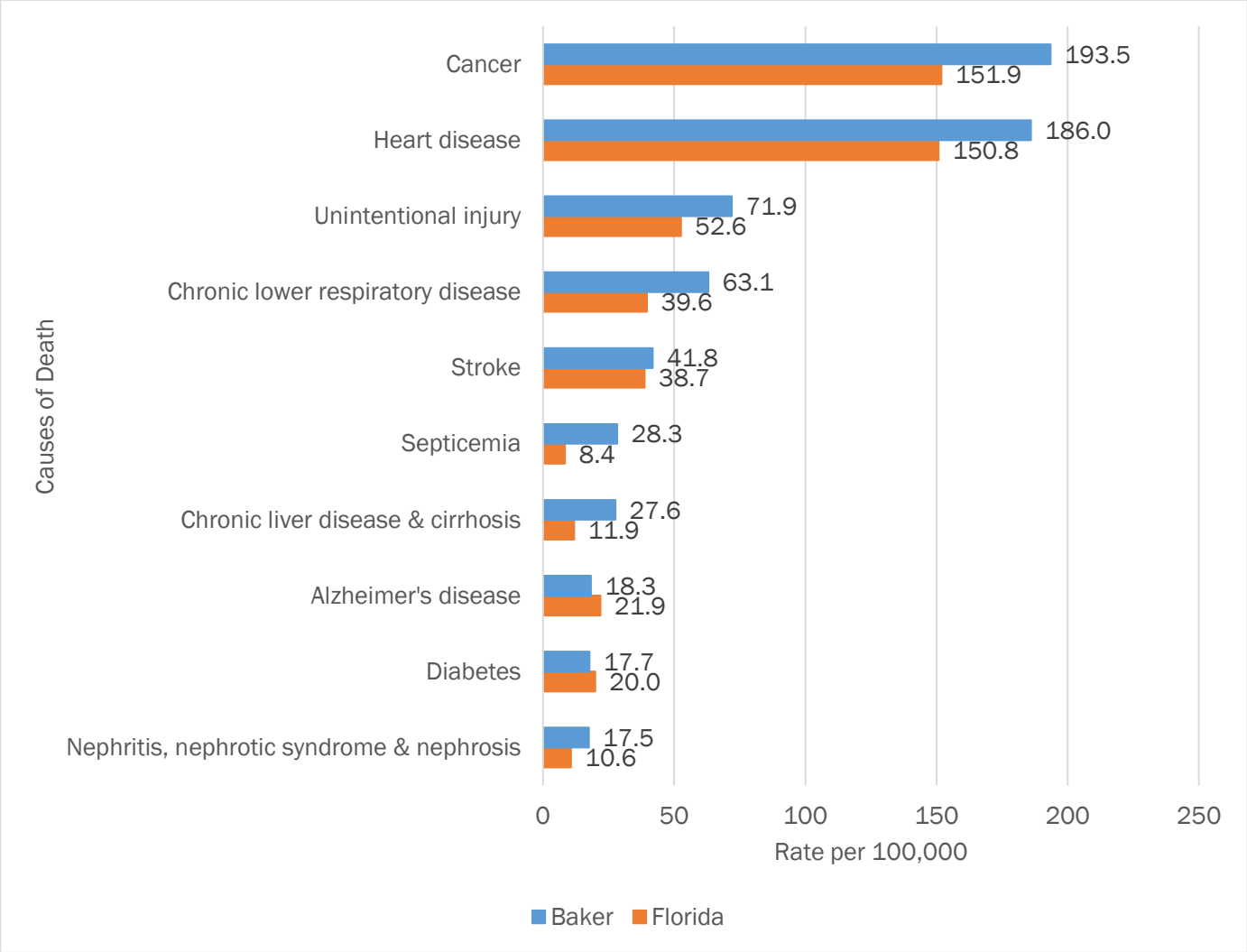
[36] Robert Wood Johnson Foundation (2016). *Ranking System*. Retrieved from County Health Rankings and Roadmaps: http://www.countyhealthrankings.org/ranking-methods/ranking-system

[37] Robert Wood Johnson Foundation (2016). *Ranking System*.

Leading Causes of Death

The top ten leading causes of death in Baker County are shown in Figure 33 with a comparison to Florida. The top three causes of death in both Baker County and Florida from 2015 to 2017 were cancer, heart disease, and unintentional injury. Compared to Florida, Baker County had a higher death rate per 100,000 for its top three causes of death. Baker County also had a higher mortality rate than Florida for stroke, septicemia, chronic liver disease and cirrhosis, nephritis, nephrotic syndrome & nephrosis.[38]

FIGURE 33. LEADING CAUSES OF DEATH, AGE-ADJUSTED 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2015-2017



Data Source: Florida Health CHARTS, Leading Causes of Death

Communicable Diseases

Sexually Transmitted Diseases

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

[38] Florida Department of Health (2019). *Leading Causes of Death*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

problems. These include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infection in infants born to infected mothers.[39]

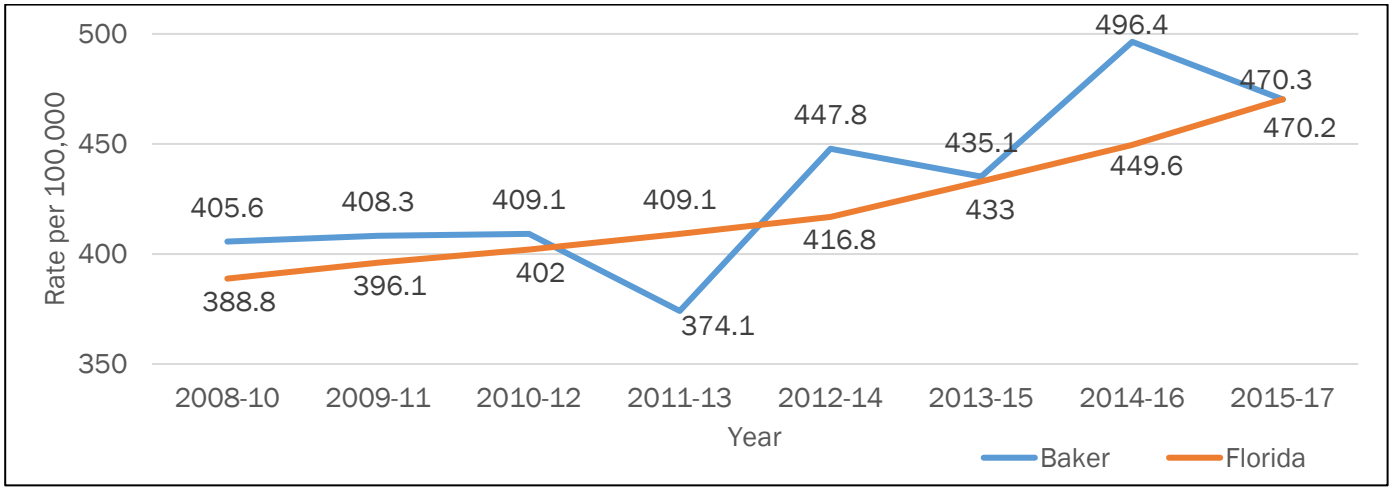
Chlamydia

Chlamydia is a common STD that is caused by transmission of the *Chlamydia trachomatis* bacterium through sexual contact with the penis, vagina, mouth, or anus of an infected partner without the need for ejaculation. Chlamydia can also spread from an untreated mother to her baby during childbirth, causing health problems for exposed infants. Any sexually active person can be infected with chlamydia, but at increased risk are men who have sex with men and young people due to a combination of behavioral, biological, and cultural reasons. Reinfection can also occur in those who received treatment for an earlier infection.[40]

Chlamydia is known as a "silent" infection because many infected people do not show symptoms. The bacteria may cause discharge, bleeding, inflammation of the urethra, painful or difficult urination, and urinary frequency. In women, the infection can spread from the cervix to the upper reproductive tract causing pelvic inflammatory disease (PID). PID can permanently damage the fallopian tubes and uterus, causing chronic pain, infertility, and potentially life-threatening complications during pregnancy.[41]

In Baker County and Florida, chlamydia incidence rates—the rate of new infections—increased from 2008-2010 to 2015-2017. Baker County's rate increased by 16.0% during this period compared to 20.9% for Florida (Figure 34). Baker County had higher incidence of chlamydia than Florida from 2008-2010 to 2015-2017 with the exception of 2011-2013, where Baker County had a rate of 374, compared to Florida at 409.

FIGURE 34. INCIDENCE OF CHLAMYDIA, AGE-ADJUSTED 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chlamydia Cases

Gonorrhea

Gonorrhea is a common STD, caused by *Neisseria gonorrhoeae* bacteria, transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected person without the need for ejaculation. An infected pregnant woman can also spread the bacteria to her baby during delivery, potentially causing blindness, joint infection, or a life-threatening blood infection in the baby. While anyone who is sexually active can be infected, the highest

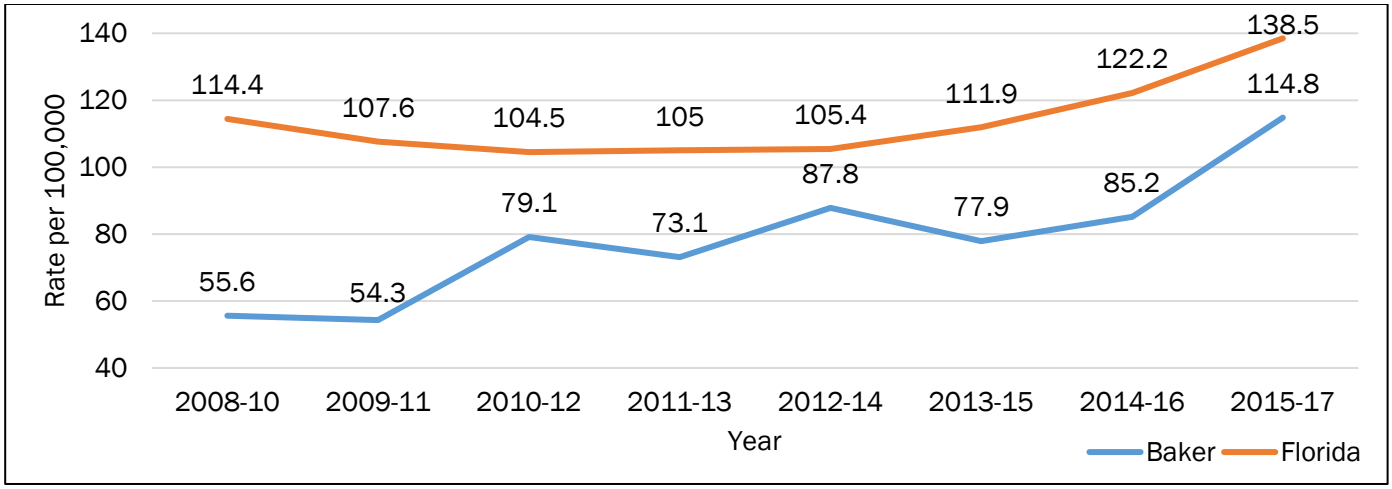
[39] National Institutes of Health: National Institute of Allergy and Infectious Diseases (2015, August 6). *Sexually Transmitted Diseases*. Retrieved from https://www.niaid.nih.gov/diseases-conditions/sexually-transmitted-diseases
[40] U.S. Centers for Disease Control and Prevention (2016, October 4). *Chlamydia—Detailed Fact Sheet*. Retrieved from https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm
[41] U.S. Centers for Disease Control and Prevention (2016, October 4). *Chlamydia—Detailed Fact Sheet*.

gonorrhea rates are among teens, young adults, and African Americans. Reinfection can also occur in those who received treatment for an earlier infection.[42]

Most infected people do not experience symptoms. Symptoms in women include painful or difficult urination, increased vaginal discharge, or vaginal bleeding between periods. Serious complications occur when gonorrhea spreads into the uterus or fallopian tubes and causes pelvic inflammatory disease, as seen in chlamydia. Men with urethral infection present with painful or difficult urination or a white, yellow, or green discharge.[43]

From 2010-2012 to 2015-2017, Baker County's gonorrhea incidence rate—the rate of new cases—has increased by 106.5% while Florida's rate increased by 21.1% (Figure 35).[44]

FIGURE 35. INCIDENCE OF GONORRHEA, 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Gonorrhea Cases

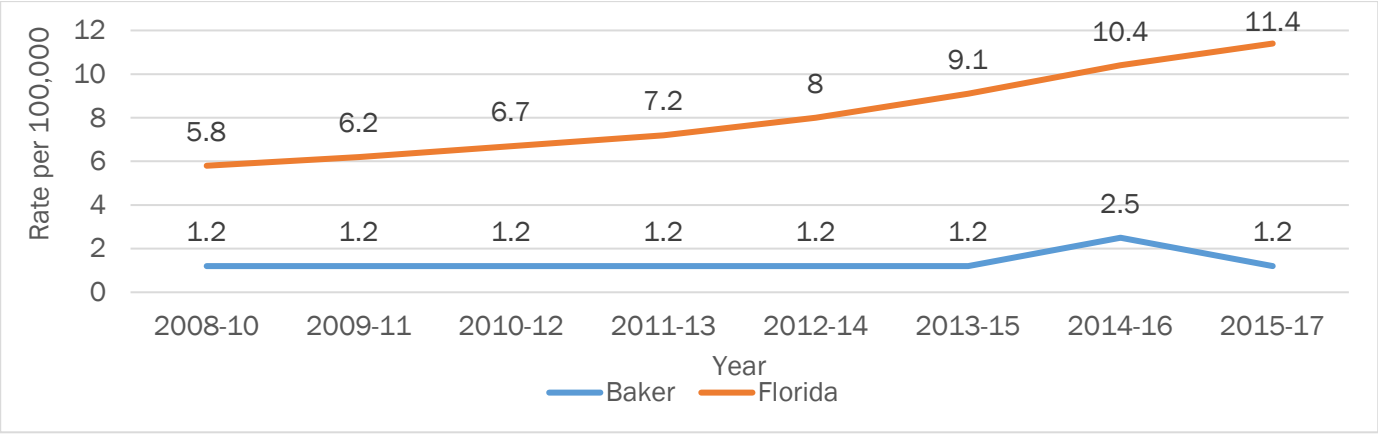
Infectious Syphilis

Syphilis, caused by the bacterium *Treponema pallidum,* can cause serious chronic health problems if not properly treated. Transmission can occur during vaginal, anal, or oral sex by direct contact with a syphilitic sore, known as a chancre. Chancres can occur on or around the external genitals, in the vagina, around the anus, in the rectum, or in or around the mouth. Infected pregnant women can spread syphilis to their unborn children. Symptoms can look like many other diseases and may last for weeks, months, or even years if untreated.[45]

Infectious syphilis rates increased 96.6% from 2008-2010 to 2015-2017 for Florida while Baker County's rates have been steady at a rate of 1.2 per 100,000 (Figure 36).[46] There was an increase in syphilis rates in 2014-2016 to 2.5 per 100,000, but rates decreased to 1.2 in 2015-2017.

[42] Centers for Disease Control and Prevention (2016, October 25). *Gonorrhea—Detailed Fact Sheet*. Retrieved from https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm
[43] Centers for Disease Control and Prevention (2016, October 25). *Gonorrhea—Detailed Fact Sheet*.
[44] Florida Department of Health (2019). *Gonorrhea Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[45] Centers for Disease Control and Prevention (2017, January 30). *Syphilis—Detailed Fact Sheet*. Retrieved from https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm
[46] Florida Department of Health (2019). *Infectious Syphilis Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

Figure 36. Incidence of Infectious Syphilis, 3-Year Rolling Rate, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Infectious Syphilis Cases

HIV/AIDS

Human immunodeficiency virus (HIV) is a virus that, if untreated, can lead to acquired immunodeficiency syndrome (AIDS). HIV attacks immune system cells, called CD4 or T cells, which help the body fight off infections. Over time, HIV can destroy enough immune cells that the body cannot defend against other infections and disease. Opportunistic infections and cancers take advantage of this state, signaling that the infected person has AIDS.[47]

There are three stages of HIV infection. Stage 1, acute infection, occurs within two to four weeks of infection. People with acute HIV infection are very contagious. Stage 2 is a period of HIV inactivity. People are still contagious in this stage, but taking medication and maintaining low viral levels decreases the chance of transmitting HIV to others. Medication may allow people to remain in this stage for several decades. AIDS, stage 3, is the most severe and final stage. The damaged immune system of those in stage 3 cannot defend against opportunistic infections, such as severe fungal and bacterial infections. AIDS life expectancy is around 3 years if untreated.[48]

HIV transmission occurs when certain body fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk) of an infected person contact a mucous membrane or damaged tissue or are directly injected into the bloodstream through specific activities, such as sex and needle or syringe use. Transmission cannot occur by air or water; saliva, sweat, tears, or closed-mouth kissing; insects or pets; or sharing toilets, food, or drinks.[49]

Overall, the incidence of HIV and AIDS has decreased from 2008-2010 to 2015-2017 for both Baker County and Florida. During this period, HIV rates decreased by 21.9% in Baker County and 16.2% in Florida (Figure 37). Baker County had a slight increase in HIV rates from 2013-2015 to 2015-2017.[50] AIDS rates decreased by 66.7% in Baker County and 47.7% in Florida (Figure 38).[51]

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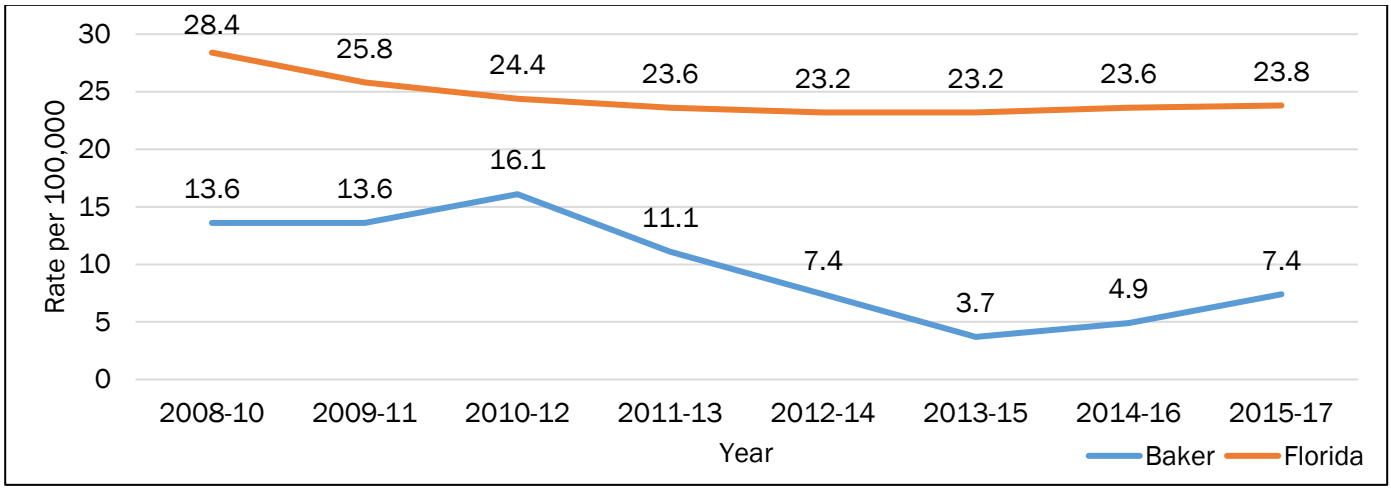
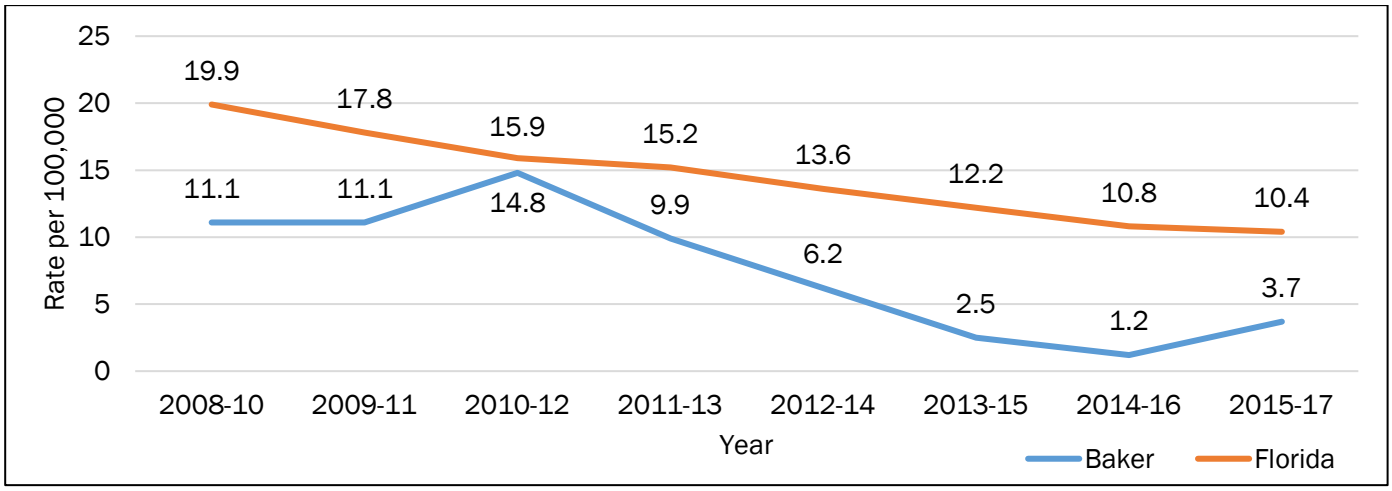
[47] U.S. Centers for Disease Control and Prevention (2019, March 1). *About HIV/AIDS*. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html
[48] U.S. Centers for Disease Control and Prevention (2019, March 1). *About HIV/AIDS*
[49] U.S. Centers for Disease Control and Prevention (2018, October 31). *HIV Transmission*. Retrieved https://www.cdc.gov/hiv/basics/transmission.html
[50] Florida Department of Health (2019). *HIV Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[51] Florida Department of Health (2019). *AIDS Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

Figure 37. Incidence of HIV, 3-Year Rolling Rate, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, HIV Cases

Figure 38. Incidence of AIDS, 3-Year Rolling Rate, Baker County & Florida, 2008-2017

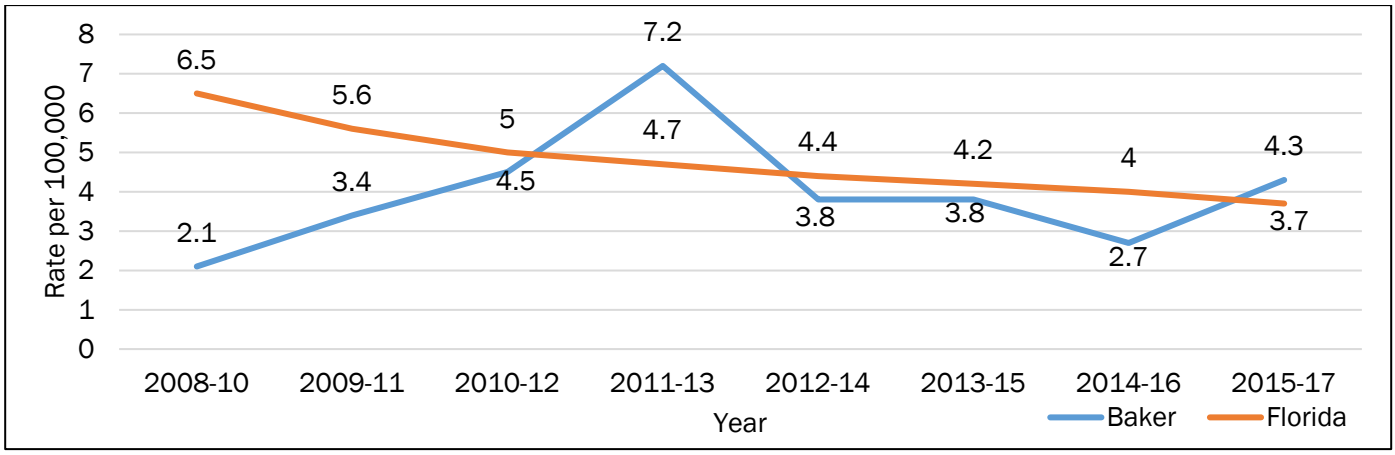


Data Source: Florida Health CHARTS, AIDS Cases

Overall HIV/AIDS mortality rate increased by 104.8% in Baker County during 2008-2010 to 2015-2017. Rates in Baker County peaked in 2011-2013 at 7.2 per 100,000 that is a 242.9% increase from 2008-2010, since then rates have been declining by 40.3% to 4.3 per 100,000 in 2015-2017. Florida's rate decreased by 43.1% during the same period (Figure 39).[52]

[52] Florida Department of Health (2019). *HIV/AIDS Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

FIGURE 39. HIV/AIDS MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, HIV/AIDS Deaths

Influenza and Pneumonia

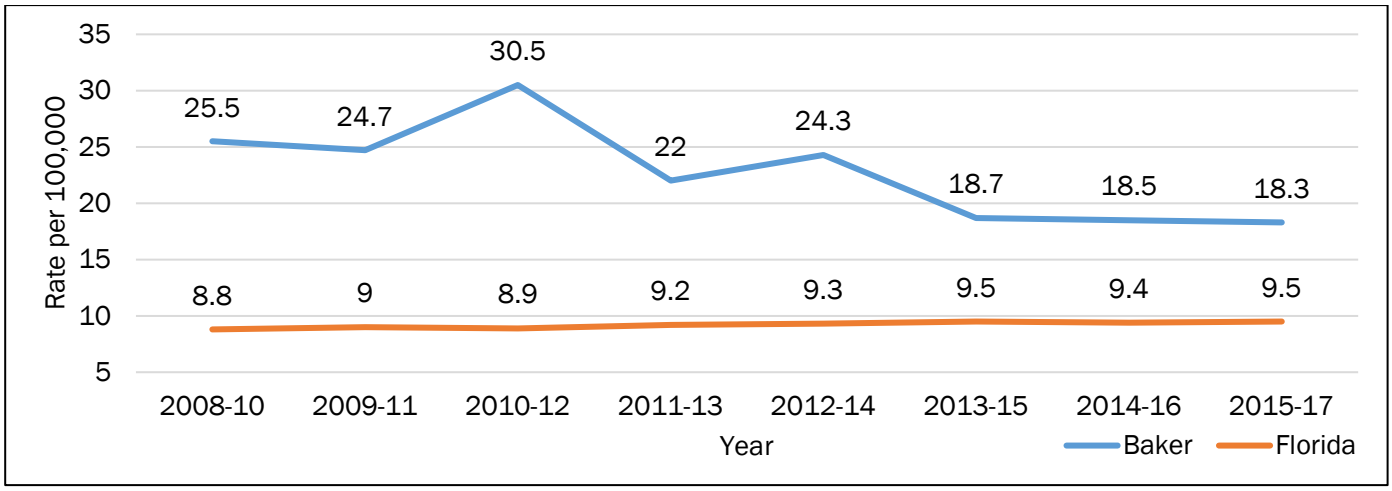
Influenza, or the flu, is a contagious respiratory illness caused by influenza virus. It can cause mild to severe symptoms and sometimes death. The young, elderly, pregnant women, and people with certain medical conditions, such as asthma, heart disease, and weakened immune system, have a higher risk for serious flu-related complications.[53]

Pneumonia is a lung infection caused by bacteria, viruses, or fungi. In the U.S. the leading causes are *Streptococcus pneumoniae* for bacterial infections and influenza and respiratory syncytial viruses for viral infections. While vaccinations can prevent several causes of pneumonia, such as whooping cough, chickenpox, and influenza, worldwide it is the leading infectious cause of death for children under 5 years of age.[54]

Influenza and pneumonia were the eighth leading cause of death in 2017 in the U.S.[55] Baker County has a higher influenza and pneumonia mortality rate compare to Florida. In Baker County, the mortality rate decreased by 28.2% from 2008-2010 to 2015-2017. Florida's rate increased by 8% during the same period (Figure 40).

[53] U.S. Centers for Disease Control and Prevention (2019, March 1). *Influenza (Flu)*. Retrieved from https://www.cdc.gov/flu/index.htm
[54] U.S. Centers for Disease Control and Prevention (2018, October 22). *Influenza (Flu)*. Retrieved from https://www.cdc.gov/pneumonia/index.html
[55] U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*. Retrieved from https://www.cdc.gov/nchs/products/databriefs/db328.htm

FIGURE 40. INFLUENZA AND PNEUMONIA MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Influenza and Pneumonia Deaths

Tuberculosis

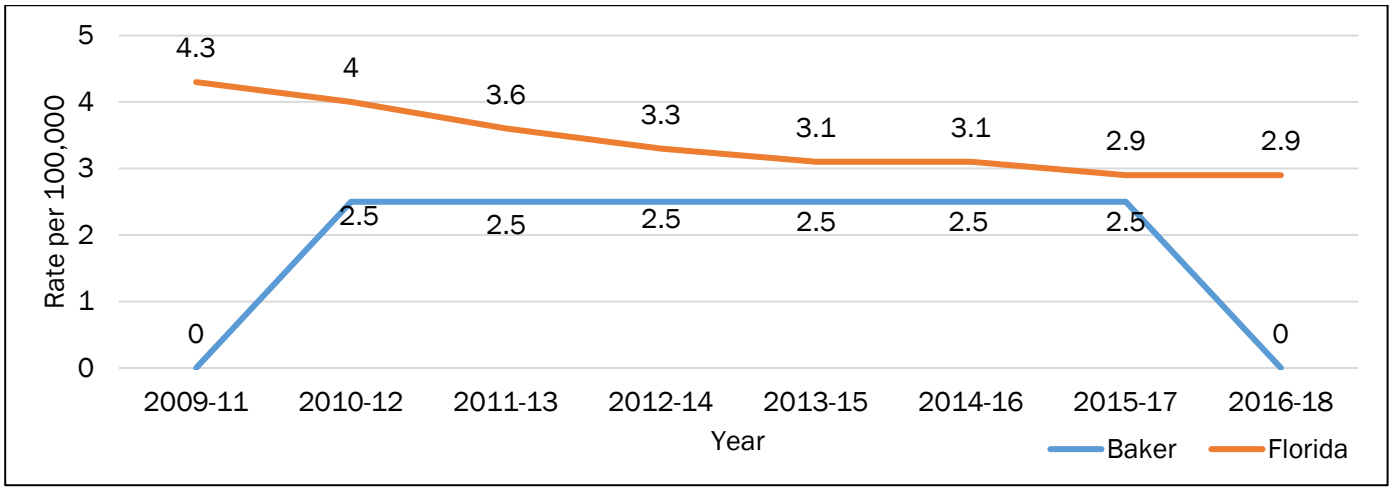
Tuberculosis (TB) is an airborne disease spread by the bacterium *Mycobacterium tuberculosis* that primarily attacks the lungs but can affect other parts of the body such as the kidneys, skin, and brain. Because not everyone infected with TB becomes sick, TB results in two conditions: latent TB infection (LTBI) and TB disease, which if untreated can be fatal.[56] Those who are at elevated risk of developing TB disease include people with HIV infection, people infected with TB bacteria in the last 2 years, babies and young children, people who inject illegal drugs, people who have other diseases that weaken their immune system, elderly people, and people who were not treated correctly for TB in the past.[57]

THE INCIDENCE OF TUBERCULOSIS WAS 0 IN 2009-2011 AND 2016-2018, HOWEVER INCIDENCE RATES INCREASED TO 2.5 PER 100,000 IN 2010-2012 AND STAYED STAGNANT UNTIL 2015-2017. FLORIDA'S TUBERCULOSIS INCIDENCE RATES HAS DECREASED BY 32.6% IN FLORIDA FROM 2009-2011 TO 2016-2018 BUT REMAINS ABOVE BAKER COUNTY'S RATES (

Figure 41).[58]

[56] U.S. Centers for Disease Control and Prevention (2016, March 20). *Tuberculosis (TB): Basic TB Facts*. Retrieved from https://www.cdc.gov/tb/topic/basics/default.htm
[57] U.S. Centers for Disease Control and Prevention (2016, March 15). *Tuberculosis (TB): TB Prevention*. Retrieved from https://www.cdc.gov/tb/topic/basics/tbprevention.htm
[58] Florida Department of Health (2019). *Tuberculosis Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

FIGURE 41. INCIDENCE OF TUBERCULOSIS, 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2009-2018



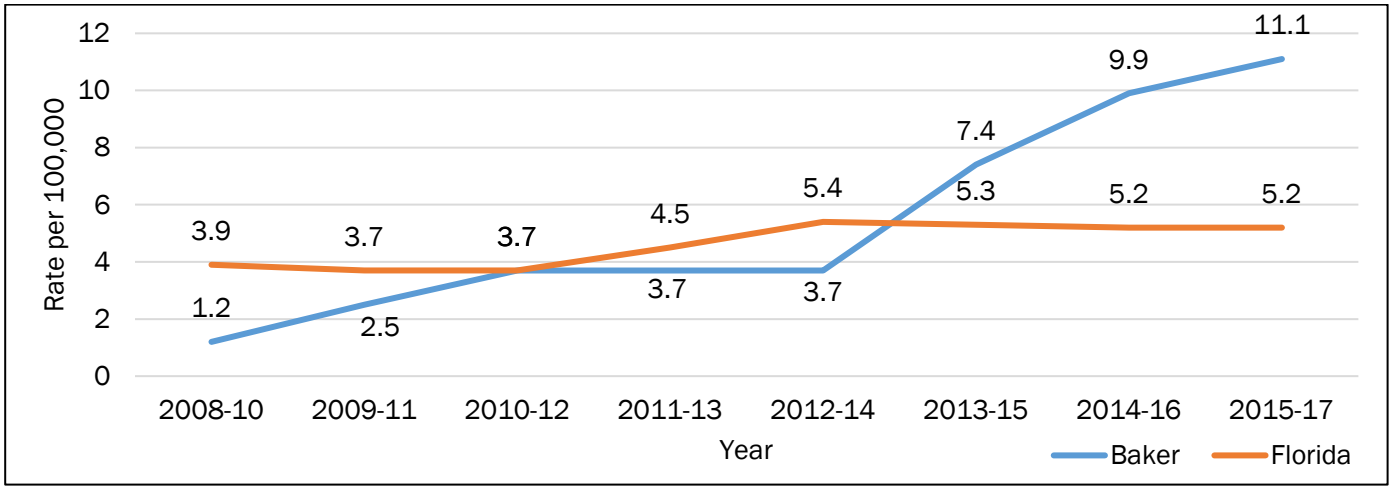
Data Source: Florida Health CHARTS, Tuberculosis Cases

Vaccine-Preventable Disease Rates

Vaccine-preventable diseases include diphtheria, Haemophilus influenza type b, hepatitis A and B, human papillomavirus (HPV), influenza, measles, mumps, meningococcal, pneumococcal, polio (poliomyelitis), pertussis (whooping cough), rotavirus, rubella, shingles (herpes zoster), tetanus, and varicella (chickenpox).

Figure 42 shows the rate of eight vaccine-preventable diseases—diphtheria, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and polio—for Baker County and Florida. From 2008-2010 to 2012-2014 Baker County's rates were at or below Florida's rates. In 2013-2015 rates in Baker County started to be higher than Florida's. Overall, rates of selected vaccine-preventable diseases increased in Baker County from 2008-2010 to 2015-2017 by 825%, compared to Florida where rates increased by 33.3%.

FIGURE 42. SELECTED VACCINE-PREVENTABLE DISEASE RATE FOR ALL AGES, BAKER CO. & FLORIDA, 2005-2014



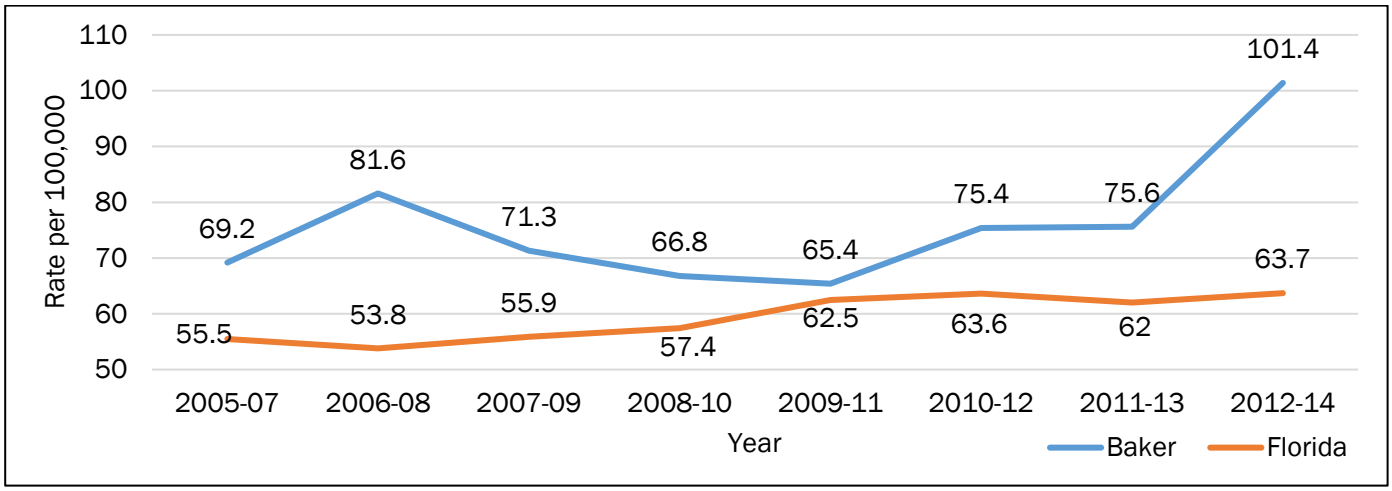
Data Source: Florida Health CHARTS, Selected Vaccine Preventable Disease Rate for All Ages

Enteric, Food, and Waterborne Diseases

Enteric infectious diseases are those that affect the gastrointestinal tract and are acquired by consuming food or water contaminated by bacteria, parasites, or viruses. While anyone can acquire these illnesses, infants and children, pregnant women and their fetuses, older adults, and people with weakened immune systems are more likely to develop severe symptoms or complications.[59]

Data for 2015-2017 are not currently available; thus data are shown through 2014. From 2005-2007 to 2012-2014, Baker County's incidence of enteric disease increased by 46.5% while Florida's rate increased by 14.8%, though Baker County remains above the state average (Figure 43).[60]

FIGURE 43. INCIDENCE OF ENTERIC DISEASES, 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2005-2014



Data Source: Florida Health CHARTS, Total Enteric Disease

[59] National Institute of Diabetes and Digestive and Kidney Diseases (2014, June). *Foodborne Illnesses*. Retrieved from https://www.niddk.nih.gov/health-information/digestive-diseases/foodborne-illnesses

[60] Florida Department of Health (2019). *Total Enteric Diseases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

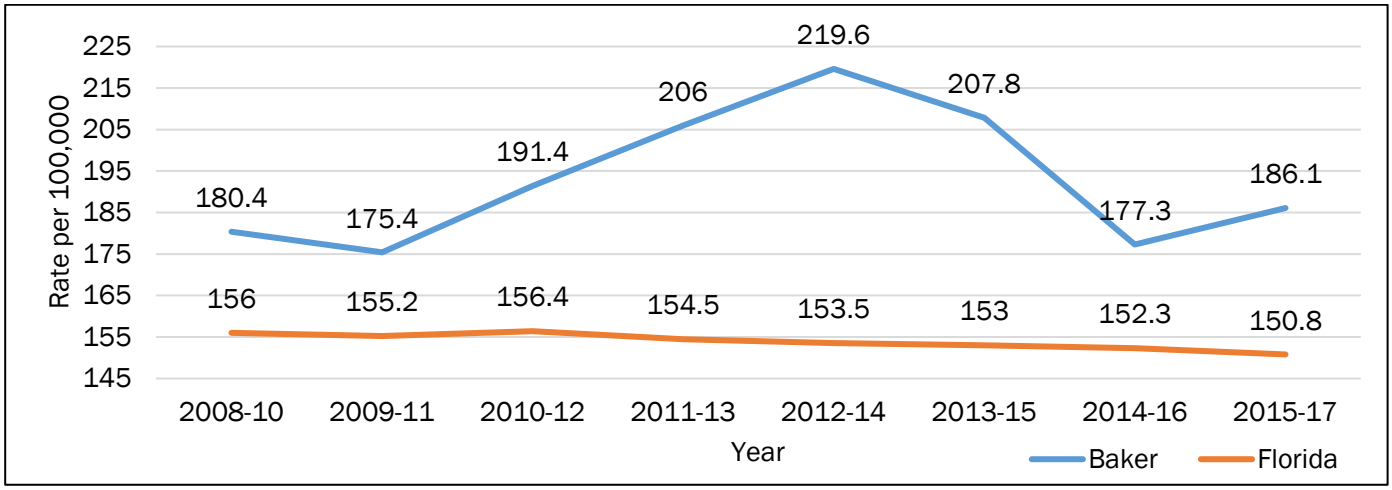
Chronic Diseases

Heart Disease

Heart disease remains the nation's leading cause of death, accounting for one in every four deaths in the United States. The most common type is coronary heart disease, which can lead to a heart attack. Key risk factors are high blood pressure, high cholesterol, and smoking, but other medical conditions and lifestyle choices such as diabetes, obesity, poor diet, physical inactivity, and excessive alcohol use can be a risk.[61]

During 2008-2010 to 2015-2017 the mortality rate from heart disease is higher in Baker County compared to Florida. During this period, heart disease mortality has increased by 3.1% in Baker County and decreased by 3.3% in Florida (Figure 44). [62]

Figure 44. Heart Disease Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017

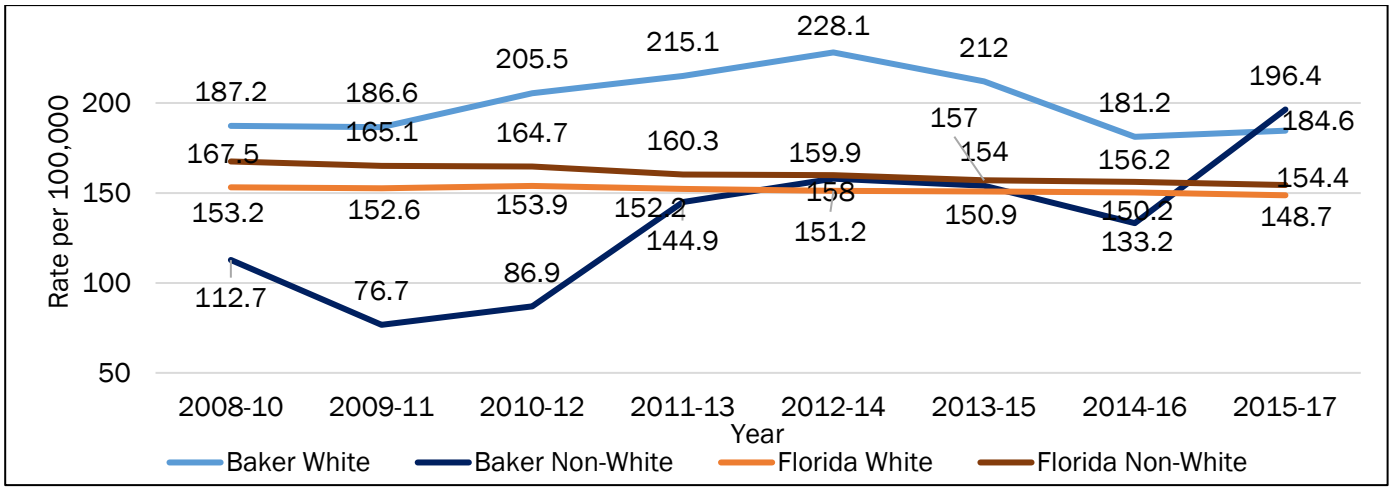


Data Source: Florida Health CHARTS, Heart Disease Deaths

In 2015-2017 Baker County's non-white residents have the highest heart disease mortality rate and are also the race with the highest percentage increase (74.3%) from 2008-2010 to 2015-2017. Baker County's white residents have the second highest mortality rate in 2015-2017. Their mortality decreased overall from 2008-2010 to 2015-2017 by 1.4%. Florida's mortality rates are lower for both white and non-white residents. Florida's non-white residents' rate decreased by 7.8% from 2008-2010 to 2015-2017. Florida's white residents' rate also decreased from 2008-2010 to 2015-2017 by 2.9% (Figure 45).[63]

[61] U.S. Centers for Disease Control and Prevention (2017, November 28). *Heart Disease.* Retrieved from http://www.cdc.gov/heartdisease/facts.htm
[62] Florida Department of Health (2019). *Heart Disease Deaths*.
[63] Florida Department of Health (2019). *Heart Disease Deaths*.

FIGURE 45. HEART DISEASE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Heart Disease Deaths

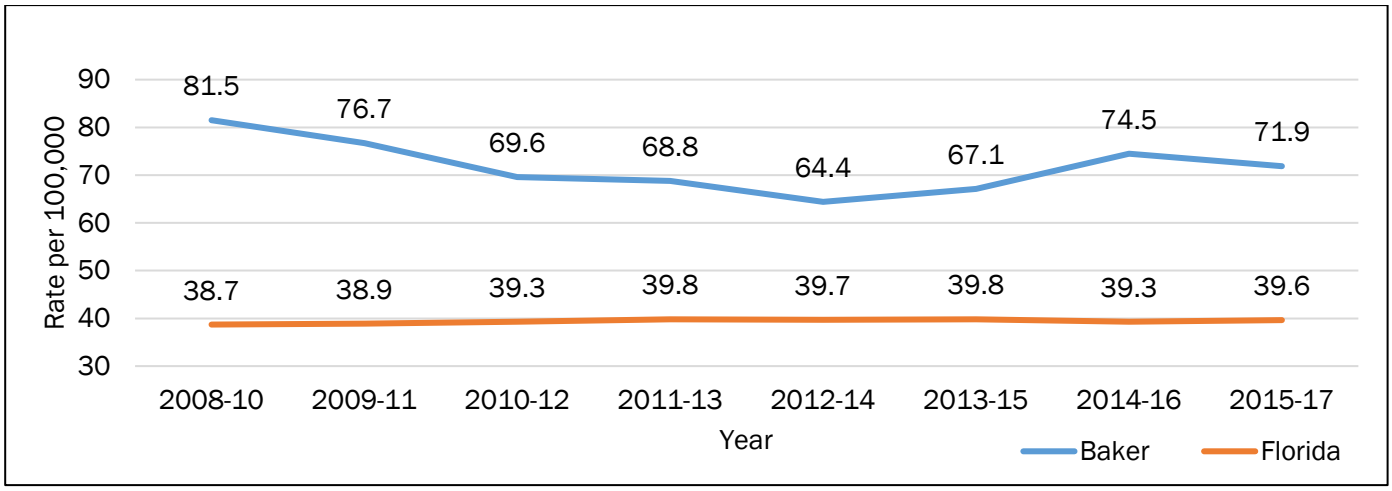
Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is a disease of the airways and other structures of the lungs and includes asthma, chronic obstructive pulmonary disease, occupational lung diseases, and pulmonary hypertension. Risk factors include first and secondhand tobacco smoke, exposure to indoor and outdoor air pollutants, genetic factors, and respiratory infections.[64] CLRD is currently the fourth leading cause of death in the U.S.[65]

Baker County had a higher CLRD mortality rate than Florida over the last decade. Baker County's CLRD mortality rate decreased by 11.8%, while Florida's mortality rate rose by 2.3%, from 2008-2010 to 2015-2017 (Figure 46).[66]

[64] U.S. Centers for Disease Control and Prevention (2017, September 15). *Chronic Respiratory Disease.* Retrieved from https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/ChronicRespiratoryDisease.html
[65] U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*. Retrieved from https://www.cdc.gov/nchs/products/databriefs/db328.htm
[66] Florida Department of Health (2019). *Chronic Lower Respiratory Disease (CLRD) Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

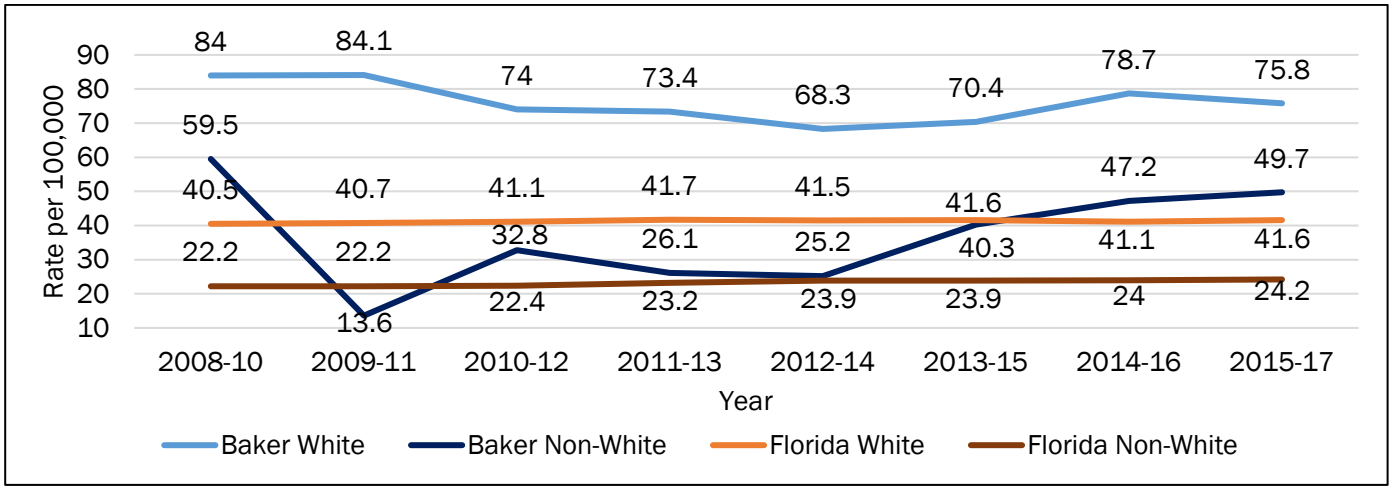
FIGURE 46. CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chronic Lower Respiratory Disease (CLRD) Deaths

The CLRD mortality rate among Baker County's non-white residents was lower than white residents from 2008-2010 to 2015-2017; non-white residents experienced a 16.5% decrease in the mortality rate during this time. The mortality rate for white Baker County residents has consistently been above the state average for white and non-white populations over the past decade (Figure 47).[67]

FIGURE 47. CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chronic Lower Respiratory Disease (CLRD) Deaths

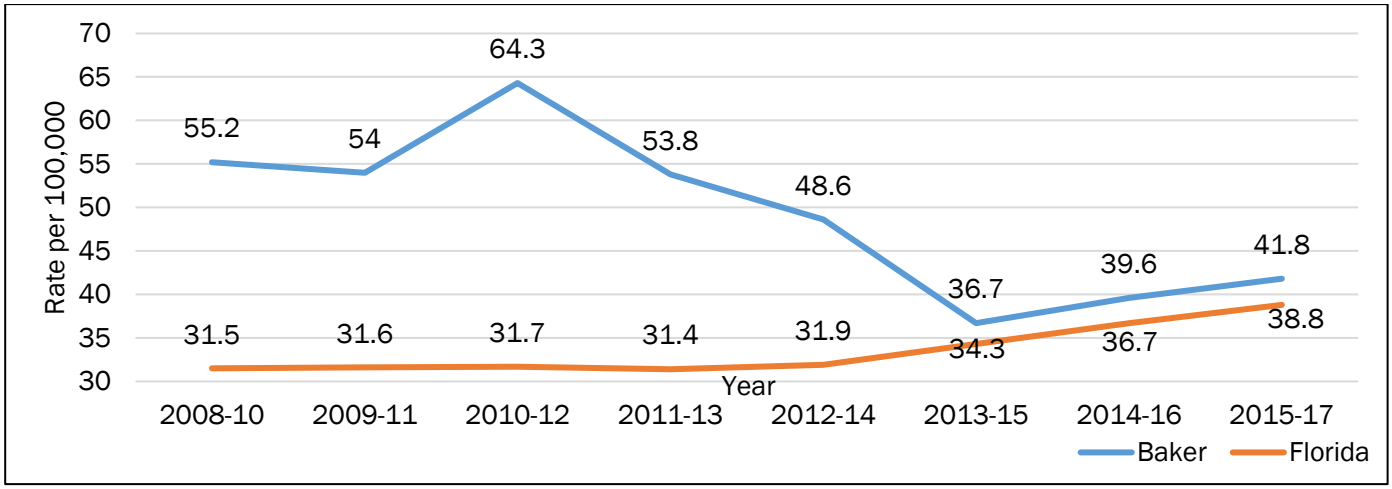
Stroke

A stroke occurs when the blood supply to the brain is interrupted or when sudden bleeding in the brain occurs. This results in either damage or death to brain tissue in the affected area. There are multiple risk factors including high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, physical inactivity, alcohol, age, and family history. Stroke is the fifth leading cause of death in the U.S. and an important cause of adult disability.[68]

[67] Florida Department of Health (2019). *Chronic Lower Respiratory Disease (CLRD) Deaths*.
[68] U.S. Centers for Disease Control and Prevention (2018, November 5). *Stroke*. Retrieved from https://www.cdc.gov/stroke/index.htm

Baker County's stroke mortality rate peaked at 64.3 per 100,000 population in 2010-2012 and then started to decline until 2013-2015 where rates were at their lowest. Since 2013-2015 stroke mortality rates have been increasing by 13.9%. Overall, Baker County's stroke mortality rate decreased by 24.3% from 2008-2010 to 2015-2017 but remain above Florida's rates. In comparison, Florida's stroke mortality was steady at around 31.6 deaths per 100,000 population from 2008-2010 to 2012-2014 before rising by 21.6% from 2012-2014 to 2015-2017 (Figure 48).[69]

Figure 48. Stroke Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017

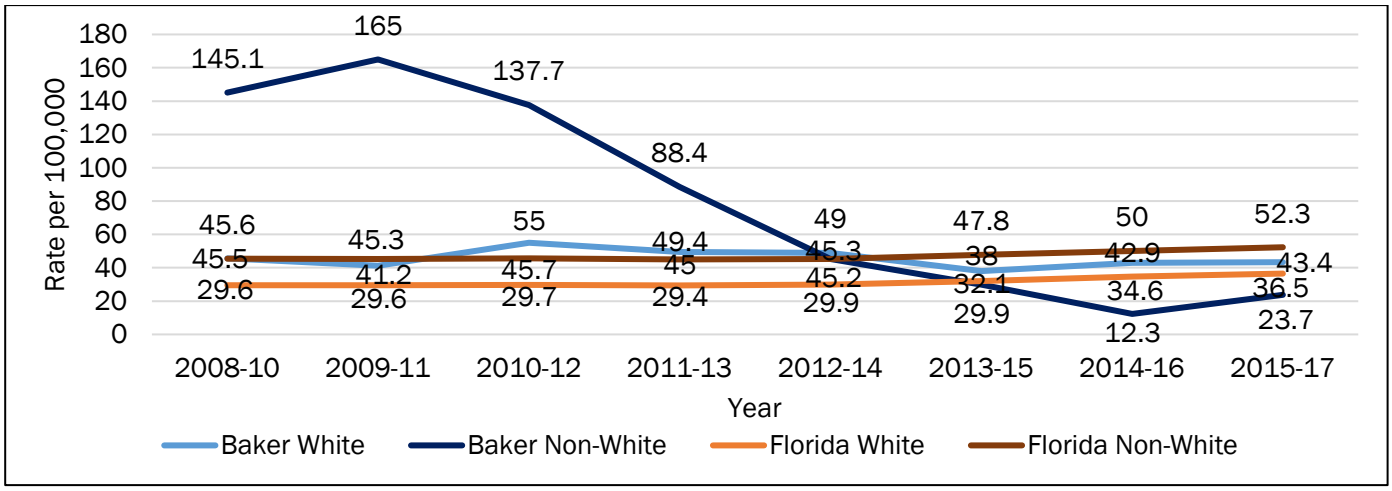


Data Source: Florida Health CHARTS, Stroke Deaths

The stroke mortality rate for white Baker County residents decreased by 4.8% from 2008-2010 to 2015-2017. The mortality rate for non-white residents also decreased by 83.7% during the same period. Baker County's non-white stroke mortality rates were the highest rates from 2008-2010 to 2011-2013 but fell below all rates in 2013-2015 and remained lowest until 2015-2017. In Florida, non-white residents have a higher stroke mortality rate than white residents. White residents in Baker County have a higher stroke mortality rate than non-white residents in Baker County (Figure 49).[70]

[69] Florida Department of Health (2019). *Stroke Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[70] Florida Department of Health (2019). *Stroke Deaths*.

FIGURE 49. STROKE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2006-2017



Data Source: Florida Health CHARTS, Stroke Deaths

Alzheimer's Disease

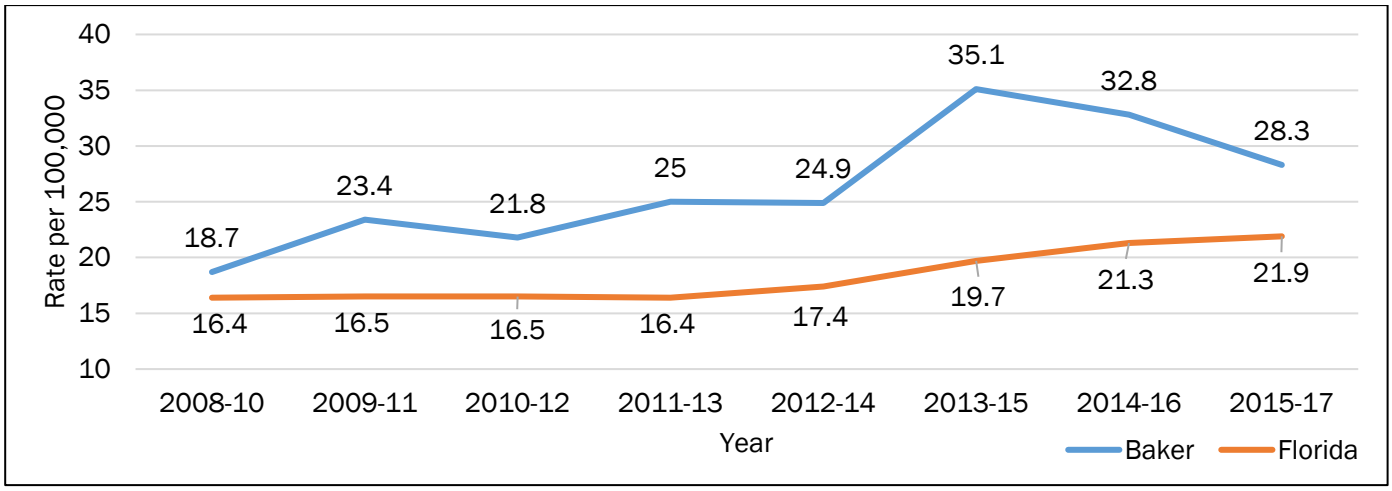
Alzheimer's disease is the most common form of dementia. While the cause of Alzheimer's is not clear, common signs include memory loss that interferes with daily life, poor judgment, misplacing items, and changes in mood, personality, or behavior. It is the sixth leading cause of death in the U.S. and the fifth leading cause of death among persons 65 and older. Dementia as a cause of death has been shown to be underreported. Thus, the mortality rate for Alzheimer's disease could be higher. There is no known cure, though medical management can help improve quality of life.[71]

The mortality rate of Alzheimer's disease in Baker County increased by 51.3% from 2008-2010 to 2015-2017 and remains higher than Florida's mortality rate. In comparison, Florida's rate increased by 33.5% during the same period. From 2013-2015 to 2015-2017, the Alzheimer's disease morality rate in Baker County decreased from 35.1 to 28.3 per 100,000. (Figure 50).[72]

[71] U.S. Centers for Disease Control and Prevention (2018, October 1). *Alzheimer's Disease*. Retrieved from https://www.cdc.gov/aging/aginginfo/alzheimers.htm

[72] Florida Department of Health (2019). *Alzheimer's Disease Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

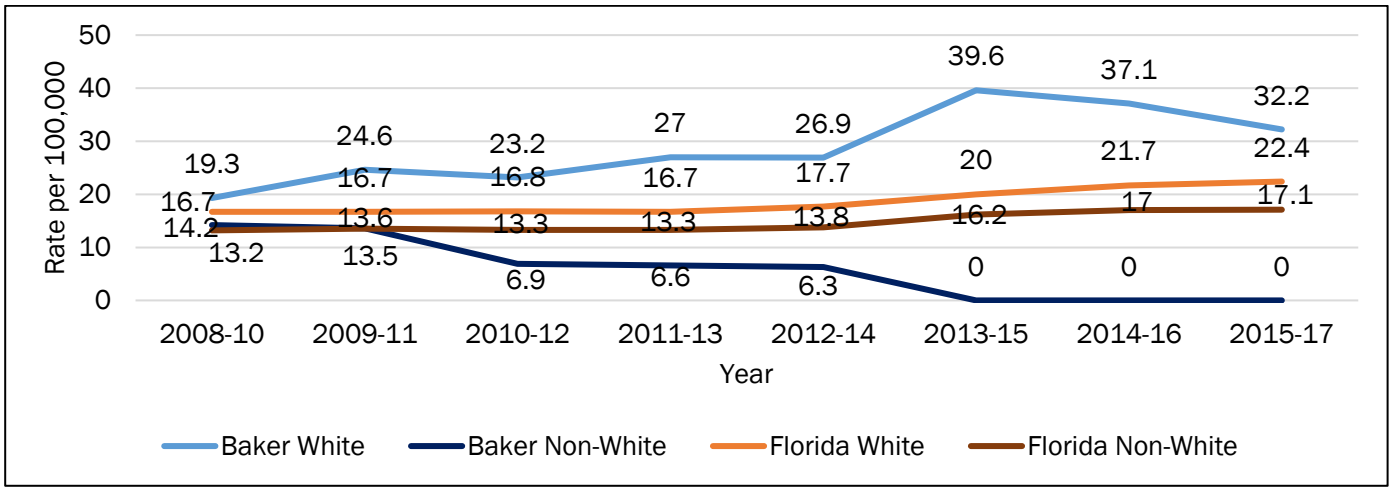
FIGURE 50. ALZHEIMER'S DISEASE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Alzheimer's Disease Deaths

During 2008-2010 to 2015-2017, the mortality rate for non-white Baker County residents fell by 100% with a zero mortality rate from 2013-2017. From 2008-2010 to 2015-2017, the mortality rate for white Baker County residents increased by 66.8%. The mortality rate for white Baker County residents was above both Florida rates, but the non-white Baker resident mortality rate was below both the Florida white and Florida non-white rates (Figure 51).[73]

FIGURE 51. ALZHEIMER'S DISEASE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Alzheimer's Disease Deaths

Diabetes

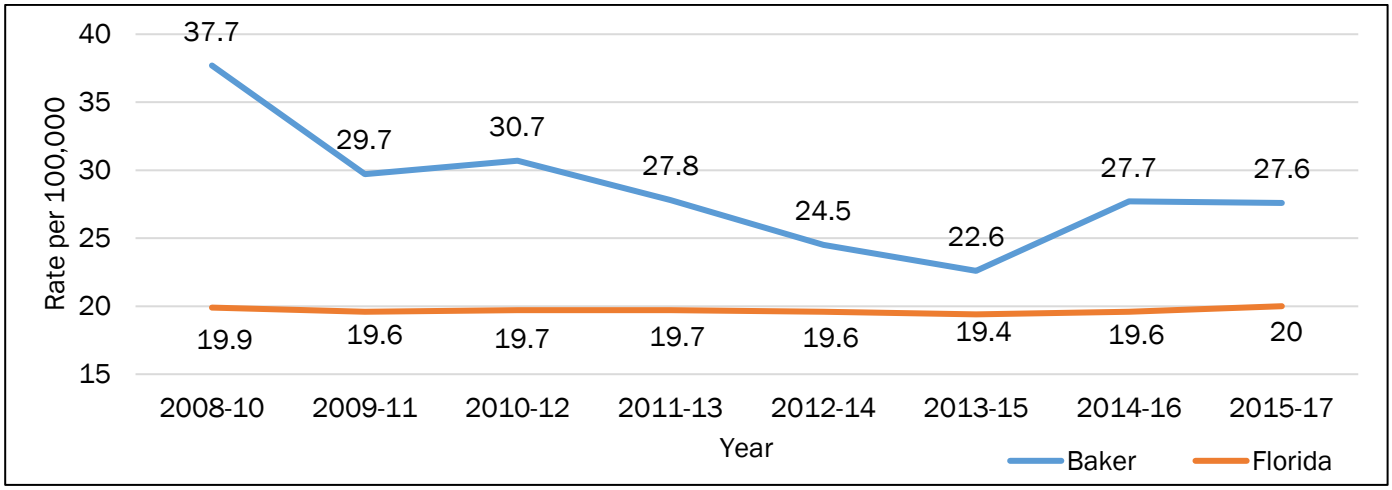
Diabetes, a disease that causes abnormally high blood glucose levels, is the seventh leading cause of death in the U.S. and can lead to major health problems, such as heart disease, vision loss, and kidney failure. Type 1 diabetes, which accounts for about 5% of all diagnosed cases, results from an autoimmune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

[73] Florida Department of Health (2019). *Alzheimer's Disease Deaths*.

can develop gestational diabetes due to insulin resistance and are at risk of developing type 2 diabetes in the future.[74]

Baker County's diabetes mortality rate decreased by 26.8% from 2008-2010 to 2015-2017. Florida in comparison remained around 19.7 deaths per 100,000 from 2008-2010 to 2015-2017, maintaining a lower rate than Baker County (Figure 52).[75]

Figure 52. Diabetes Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017

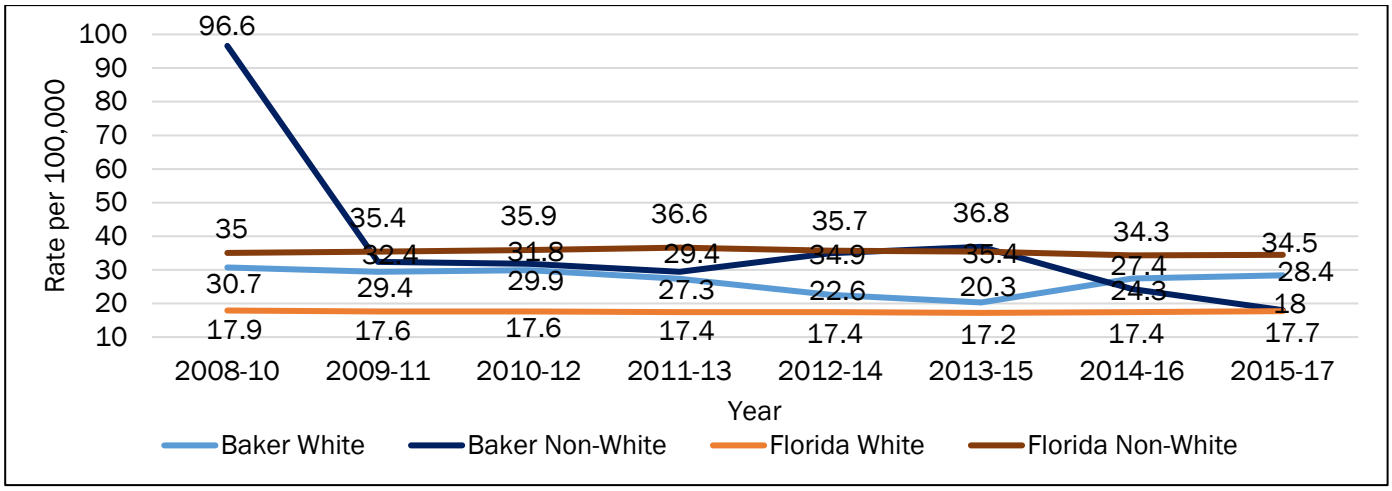


Data Source: Florida Health CHARTS, Diabetes Deaths

The white population's mortality rate in Baker County and Florida was below non-white rates from 2008-2010 to 2015-2017 with the exception of 2015-2016 and 2015-2017 where Baker County's non-white population had lower rates than Baker County's white population. White Baker County residents' mortality rate decreased by 7.5% from 2008-2010 to 2015-2017. In comparison, non-white residents' mortality rate also decreased by 81.4% from 2008-2010 to 2015-2017 (Figure 53).[76]

[74] U.S. Centers for Disease Control and Prevention (2017, June 1). *About Diabetes*. Retrieved from https://www.cdc.gov/diabetes/basics/diabetes.html
[75] Florida Department of Health (2019). *Diabetes Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[76] Florida Department of Health (2019). *Diabetes Deaths*.

FIGURE 53. DIABETES MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



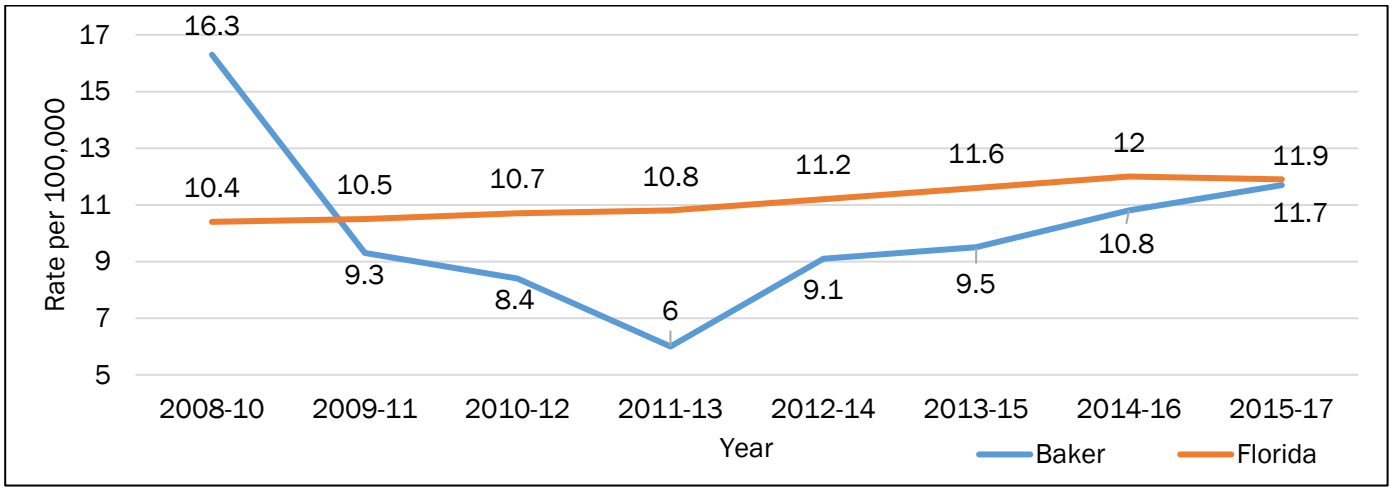
Data Source: Florida Health CHARTS, Diabetes Deaths

Chronic Liver Disease and Cirrhosis

The liver is an essential organ that aids in digestion and removes toxic substances. Liver disease can result from inherited conditions or damage due to factors such as viruses, alcohol use, or cancer. Over time, this damage causes scarring, or cirrhosis, which can lead to liver failure.[77]

The mortality rate from liver disease and cirrhosis in Baker County decreased by 28.2% from 2008-2010 to 2015-2017 and fell below Florida's mortality rate in 2009-2011. In comparison, Florida's mortality rate increased by 14.4% from 2008-2010 to 2015-2017 (Figure 54).[78]

FIGURE 54. CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



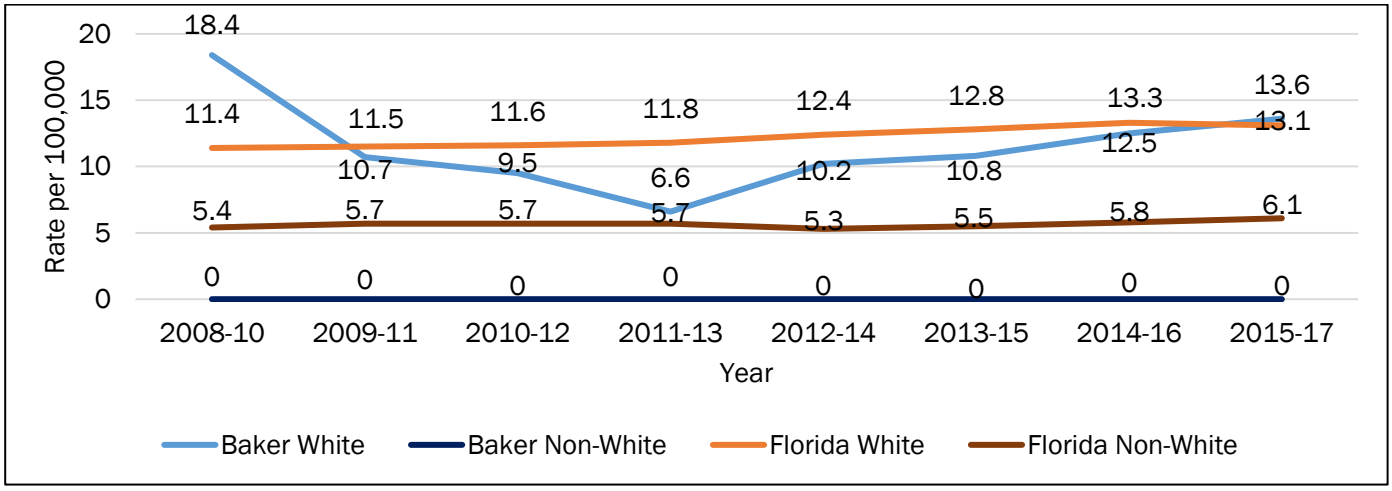
Data Source: Florida Health CHARTS, Chronic Liver Disease and Cirrhosis Deaths

There were no deaths due to chronic liver disease and cirrhosis in the non-white Baker County population from 2008-2010 to 2015-2017. The white population's mortality rate in Baker County decreased by 26.1% from

[77] Mayo Clinic (2018, March 13). *Liver disease: Overview*. Retrieved from https://www.mayoclinic.org/diseases-conditions/liver-problems/symptoms-causes/syc-20374502
[78] Florida Department of Health (2019). *Chronic Liver Disease and Cirrhosis Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

2008-2010 to 2015-2017. The non-white population's mortality rate for both Baker County and Florida was below the white populations from 2008-2010 to 2015-2017 (Figure 55).[79]

FIGURE 55. CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chronic Liver Disease and Cirrhosis Deaths

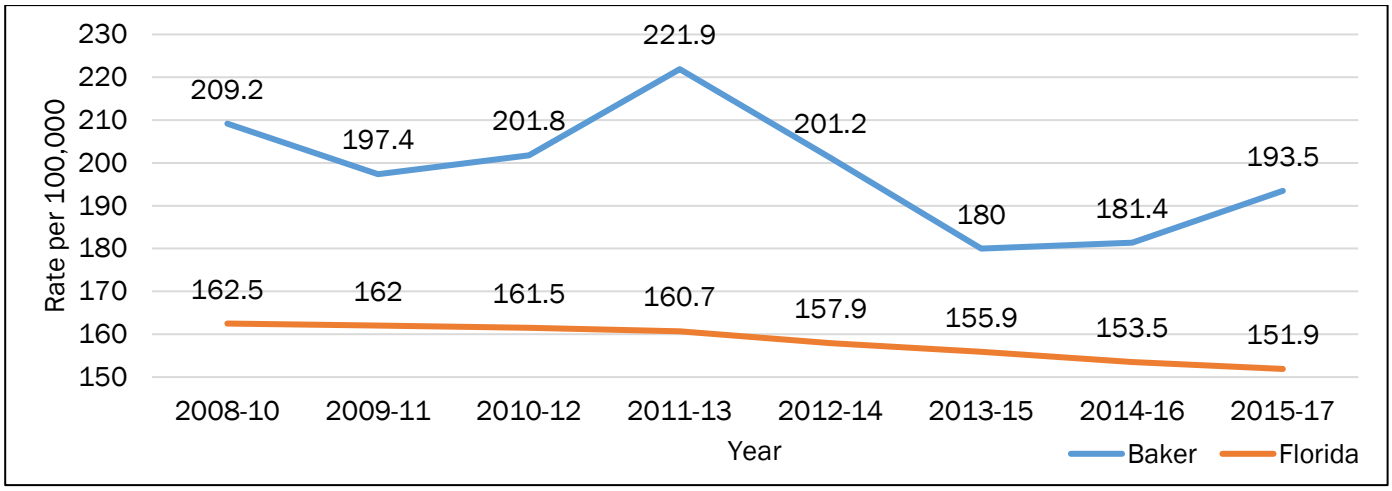
Cancer

Cancer is a large group of diseases characterized by the invasive and uncontrolled growth of abnormal cells. These cells can form growths called tumors that are either benign or malignant. Unlike malignant tumors, benign tumors do not invade into nearby tissues.[80] Cancer is currently the second leading cause of death in the U.S.[81]

The cancer mortality rate has been on the decline for both Baker County and Florida from 2008-2010 to 2015-2017. During this time, Baker County's rate decreased by 7.5% compared to 6.5% for Florida, yet, Baker County's cancer mortality rates remain above Florida's rates (Figure 56).[82]

[79] Florida Department of Health (2019). *Chronic Liver Disease and Cirrhosis Deaths.*
[80] National Cancer Institute at the National Institutes of Health (2015, February 9). *What Is Cancer?* Retrieved from http://www.cancer.gov/about-cancer/what-is-cancer
[81] U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*
[82] Florida Department of Health (2019). *Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

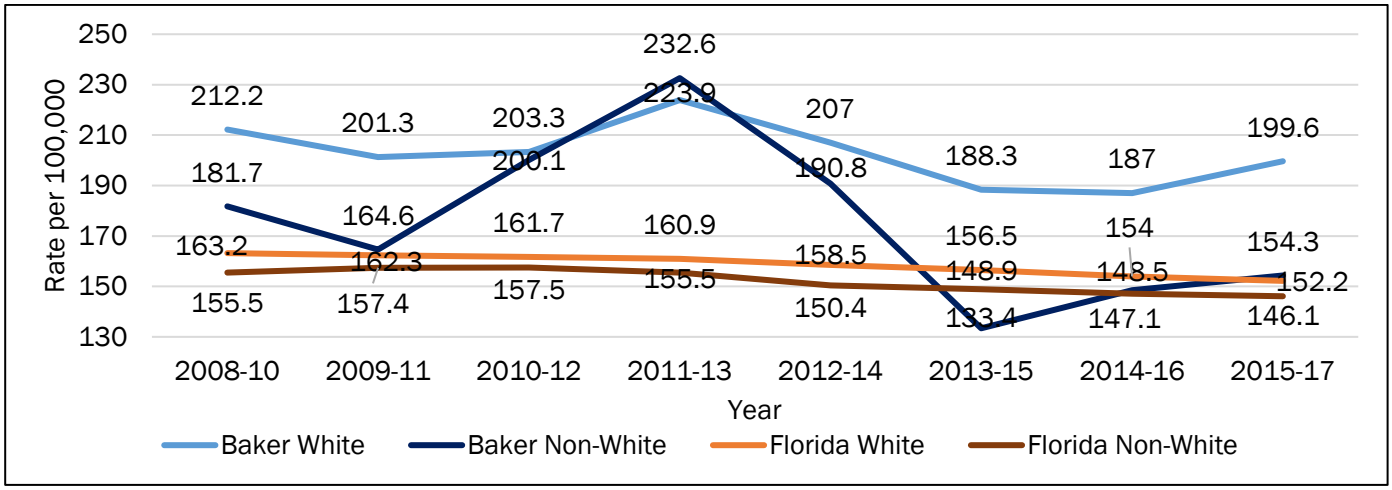
Figure 56. Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Cancer Deaths

The mortality rate for Baker County's white population is generally higher than the mortality rate for non-white Baker residents, white Florida residents, and non-white Florida residents. However, the mortality rate for Baker's white population decreased by 5.9% from 2008-2010 to 2015-2017. The county's mortality rate for non-white individuals decreased by 15.1% from 2008-2010 to 2015-2017 with its lowest rate in 2013-2015 (Figure 57).[83]

Figure 57. Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Cancer Deaths

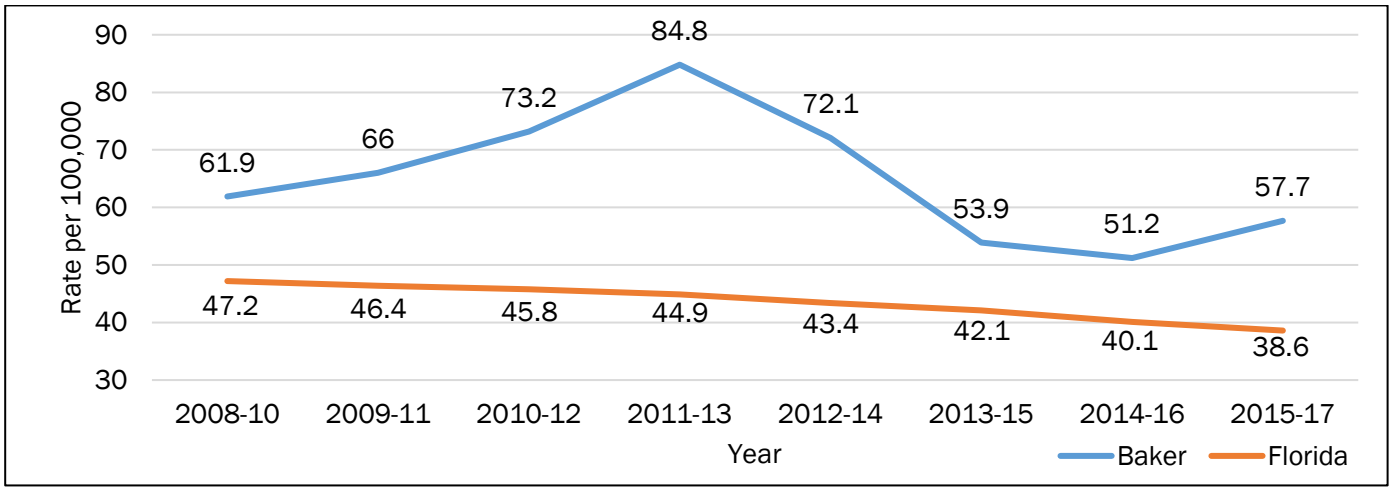
[83] Florida Department of Health (2019). *Cancer Deaths*.

Lung Cancer

Lung cancer is the leading cause of death by cancer, but rates have been decreasing nationally for decades. The number one risk factor is cigarette smoking with others including secondhand smoke, exposure to environmental hazards such as asbestos or radon, and family history.[84]

The mortality rate has decreased for both Baker County and Florida from 2008-2010 to 2015-2017. Baker County's rate decreased by 6.8% compared to 18.2% for Florida. Baker County's lung cancer mortality rate remains above the state average, peaking in 2011-2013 at 84.8 deaths per 100,000 (Figure 58).[85]

FIGURE 58. LUNG CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017

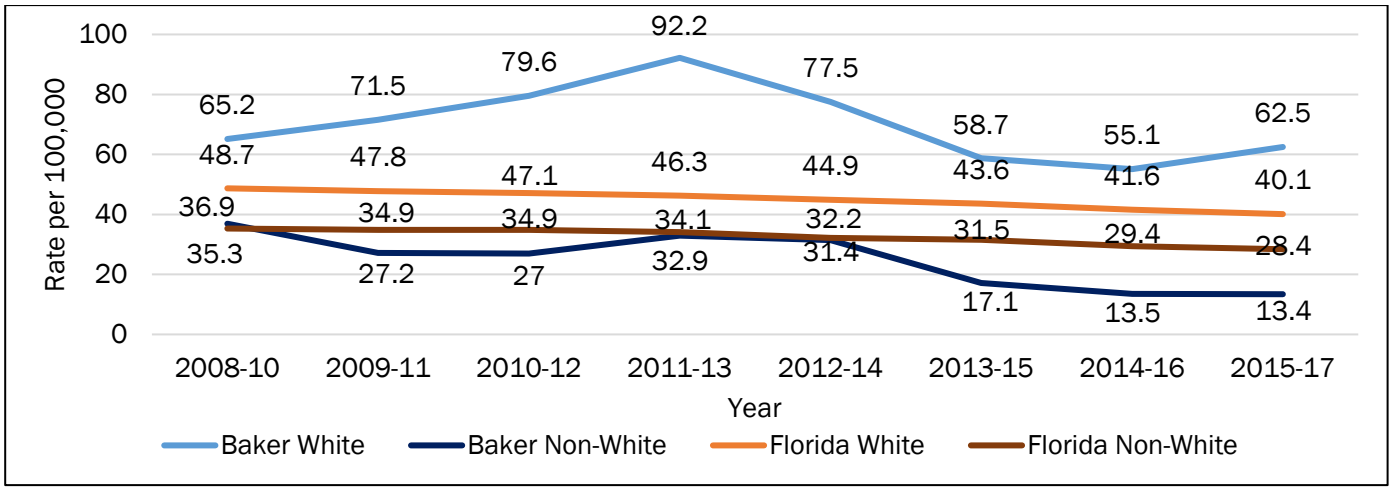


Data Source: Florida Health CHARTS, Lung Cancer Deaths

White Floridians and white Baker County residents have a higher lung cancer mortality rate than non-white populations. Despite decreasing by 32.2% from 2011-2013 to 2015-2017, the mortality rate for Baker County's white population was higher than the Florida average over the past decade. There was a 63.7% decrease in lung cancer mortality among Baker's non-white population during 2008-2010 to 2015-2017 (Figure 59).[86]

[84] U.S. Centers for Disease Control and Prevention (2018, July 19). *Lung Cancer*. Retrieved from https://www.cdc.gov/cancer/lung/basic_info/
[85] Florida Department of Health (2019). *Lung Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[86] Florida Department of Health (2019). *Lung Cancer Deaths*.

Figure 59. Lung Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



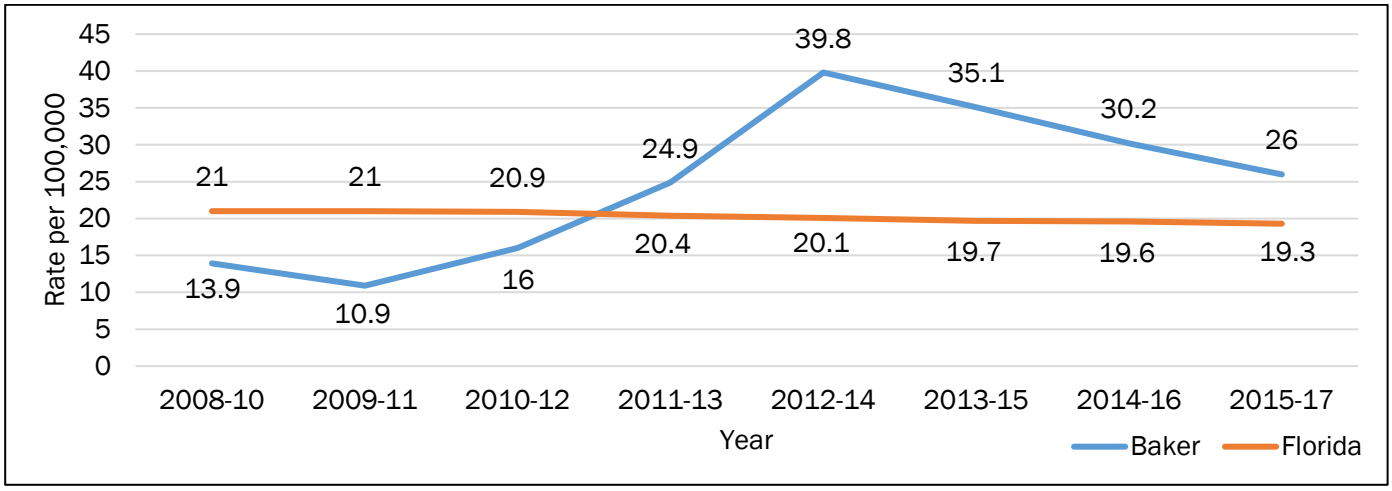
Data Source: Florida Health CHARTS, Lung Cancer Deaths

Female Breast Cancer

While mortality rates for breast cancer have decreased over time, it remains the second leading cause of death by cancer among women. Cancer can occur in different parts of the breast—including lobules, ducts, and connective tissue—but the most common types of breast cancer are invasive ductal carcinoma and invasive lobular carcinoma. Multiple risk factors exist such as age, genetic mutations, reproductive history, family history, previous radiation therapy, taking hormones, being overweight or obese after menopause, and being physically inactive.[87]

Female breast cancer mortality rates in Baker County have increased by 87.1% from 2008-2010 to 2015-2017. Rates in Baker County residents peaked in 2012-2014 at 39.8 female breast cancer deaths per 100,000 population and have since then declined by 34.7%. In contrast, Florida mortality rates decreased by 8.1% from 2008-2010 to 2015-2017 (Figure 60).[88]

Figure 60. Female Breast Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



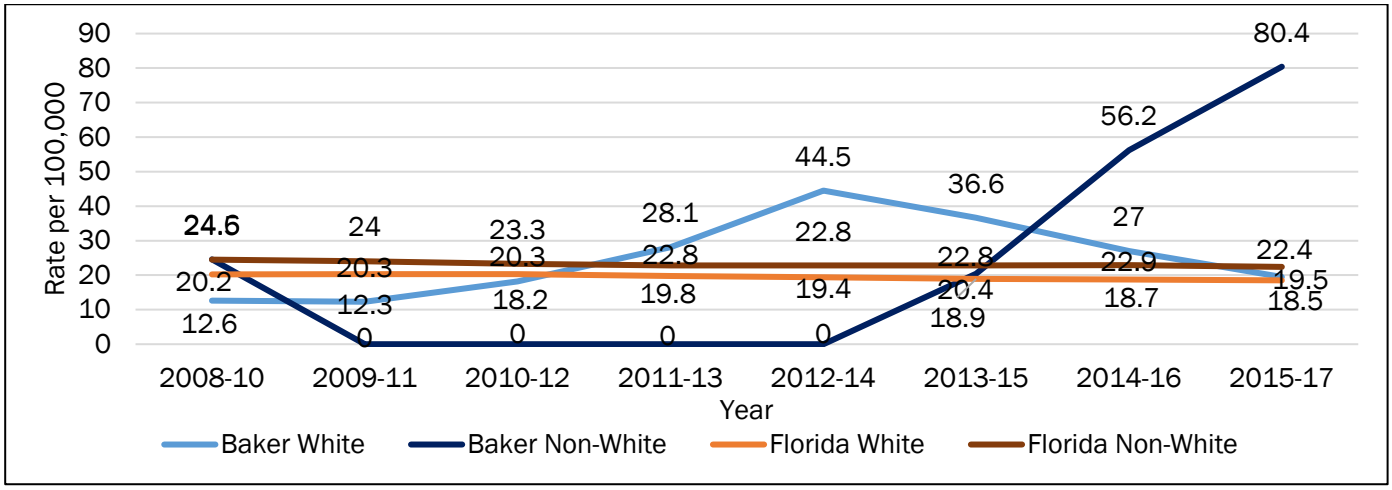
Data Source: Florida Health CHARTS, Female Breast Cancer Deaths

[87] U.S. Centers for Disease Control and Prevention (2018, November 5). *Breast Cancer*. Retrieved from https://www.cdc.gov/cancer/breast/index.htm

[88] Florida Department of Health (2019). *Female Breast Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

The breast cancer mortality rate has fluctuated for both Baker County's white and non-white populations over the past decade. The non-white population had a mortality rate of zero from 2009-2011 to 2012-2014 before increasing to a rate of 80.4 in 2015-2017. Death counts for breast cancer are relatively small, explaining some of the variations. Mortality among Florida's white and non-white populations slowly decreased from 2008-2010 to 2015-2017 (Figure 61).[89]

Figure 61. Female Breast Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Female Breast Cancer Deaths

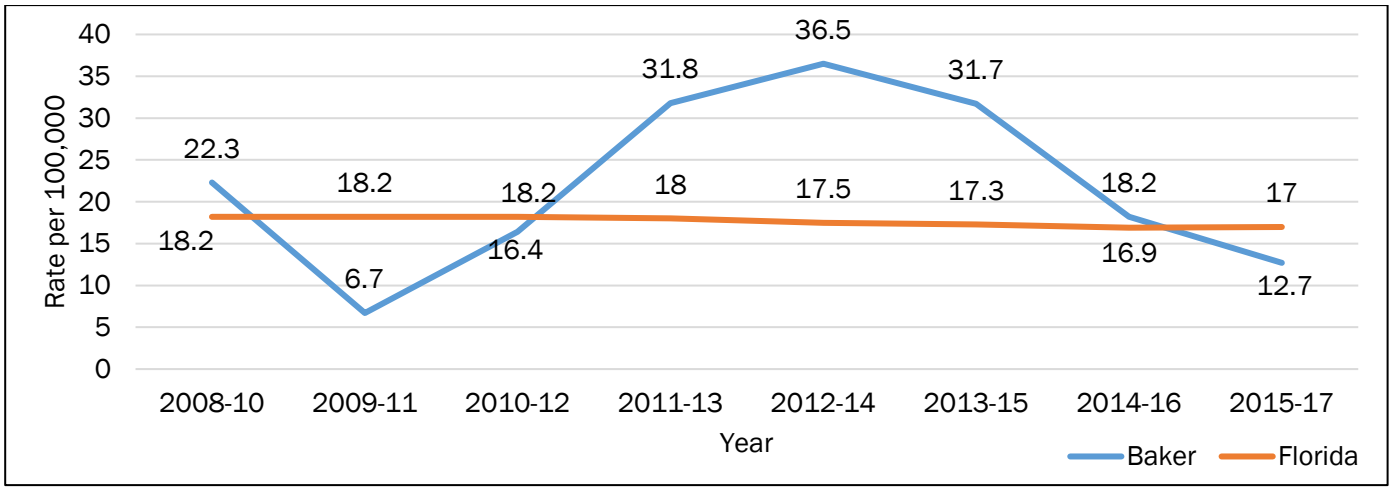
Prostate Cancer

Prostate cancer is the most commonly diagnosed non-skin cancer among men and the second leading cause of death by cancer for men. Risk factors include being African-American, family history, and age, which is the most common factor.[90]

The prostate cancer mortality rate in Baker County decreased by 43.0% from 2008-2010 through 2015-2017. Baker County's prostate cancer mortality rate was higher than Florida from 2011-2013 to 2014-2016, but dropped below Florida in 2015-2017. Florida had a 6.6% decrease from 2008-2010 to 2015-2017 (Figure 62).[91]

[89] Florida Department of Health (2019). *Female Breast Cancer Deaths*.
[90] U.S. Centers for Disease Control and Prevention (2018, November 7). *Prostate Cancer*. Retrieved from https://www.cdc.gov/cancer/breast/index
[91] Florida Department of Health (2019). *Prostate Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

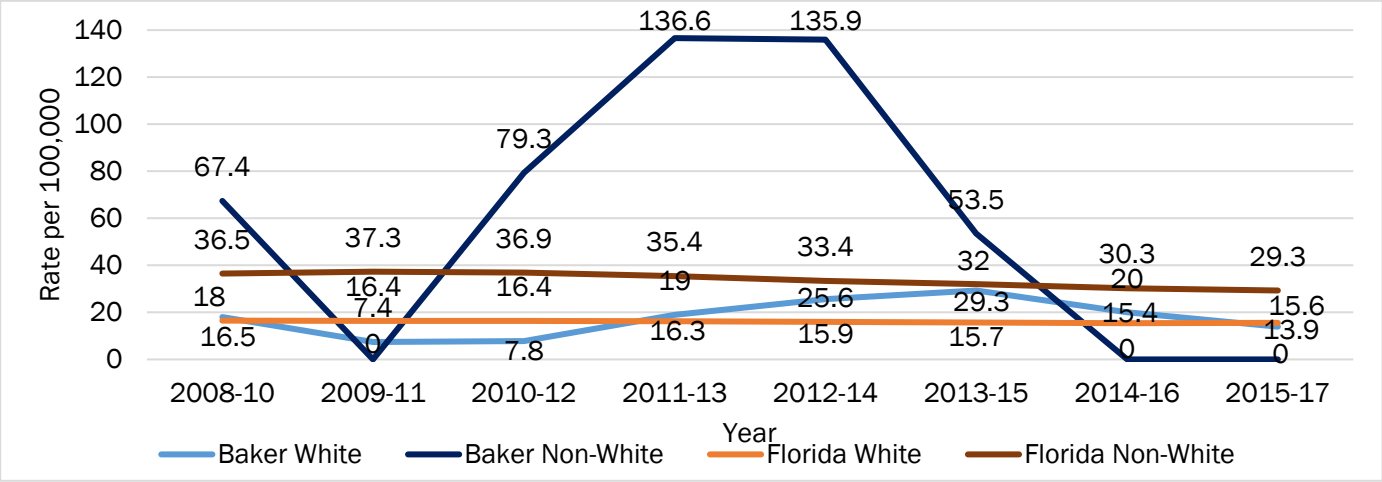
Figure 62. Prostate Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Prostate Cancer Deaths

The non-white Baker County population's prostate cancer mortality rate was zero in 2008-2010 before rising to a peak of 136.6 prostate cancer deaths per 100,000 in 2011-2013. In 2014-2016, the rate lowered back to zero through 2015-2017. The single digit counts (fewer than five deaths) may account for these large fluctuations. The mortality rate for Baker's white population decreased by 22.8% during 2008-2010 through 2015-2017 (Figure 63).[92]

Figure 63. Prostate Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Prostate Cancer Deaths

Colorectal Cancer

Colorectal cancer, cancer of the colon or rectum, is the second leading cause of death by cancer. People 50 years and older account for more than 90% of all cases, but other risk factors include inflammatory bowel disease, family history, genetic syndromes, and lifestyle factors such as a lack of physical activity, a low fiber and high-fat diet, and low fruit and vegetable consumption.[93]

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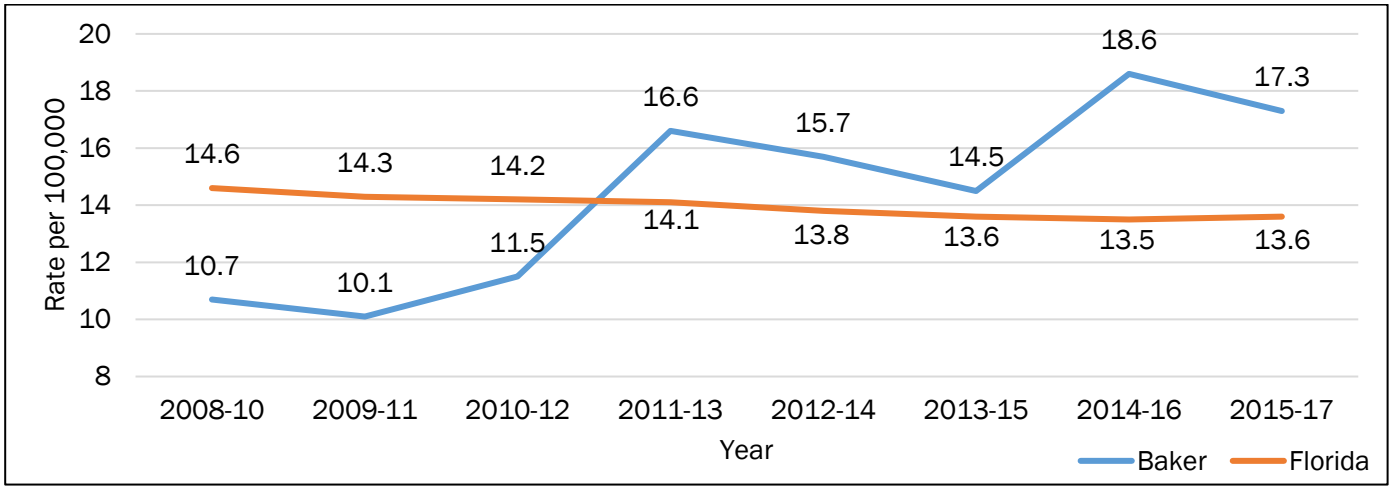
[92] Florida Department of Health (2019). *Prostate Cancer Deaths*.
[93] U.S. Centers for Disease Control and Prevention (2019, February 1). *Colorectal (Colon) Cancer*. Retrieved from https://www.cdc.gov/cancer/colorectal/index.htm

Baker County's colorectal cancer mortality rate increased by 61.7% from 2008-2010 to 2015-2017, surpassing Florida's rate in 2011-2013. During the same period, Florida's rate decreased by 6.8% (Figure 64).[94]

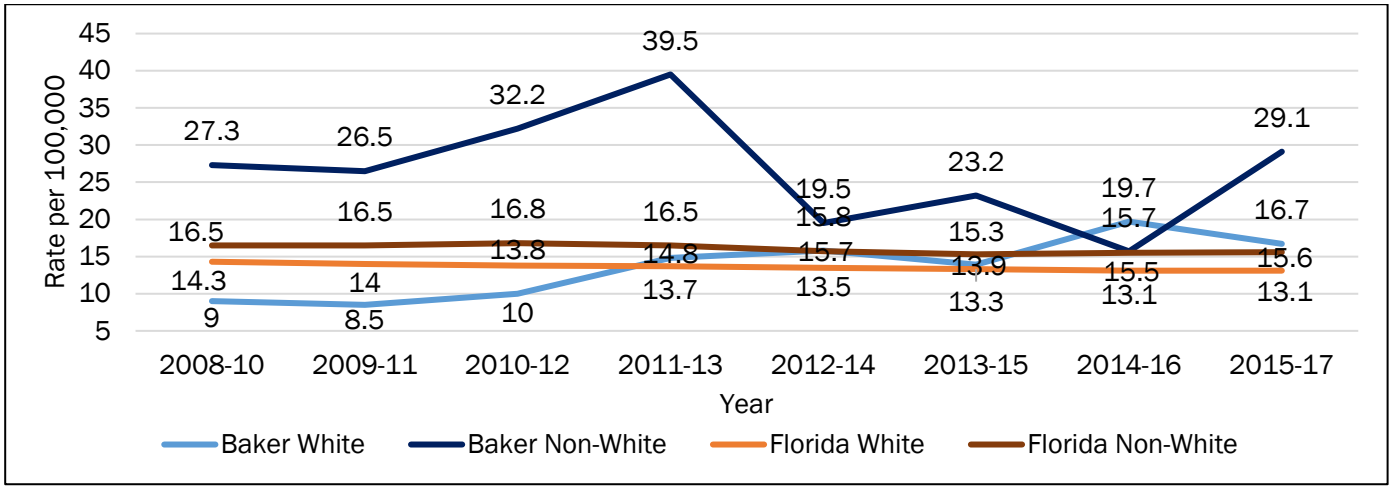
Figure 64. Colorectal Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Colorectal Cancer Deaths

The Baker County white population's colorectal cancer mortality rate increased by 85.6% from 2008-2010 to 2015-2017 compared to the 6.6% increase for the Baker County non-white population during the same period (Figure 65). Baker County's non-white population has a higher colorectal cancer mortality rate than both Florida's white and non-white populations. The Baker County rates may show more significant variations due to single digit counts.[95]

Figure 65. Colorectal Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Baker County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Colorectal Cancer Deaths

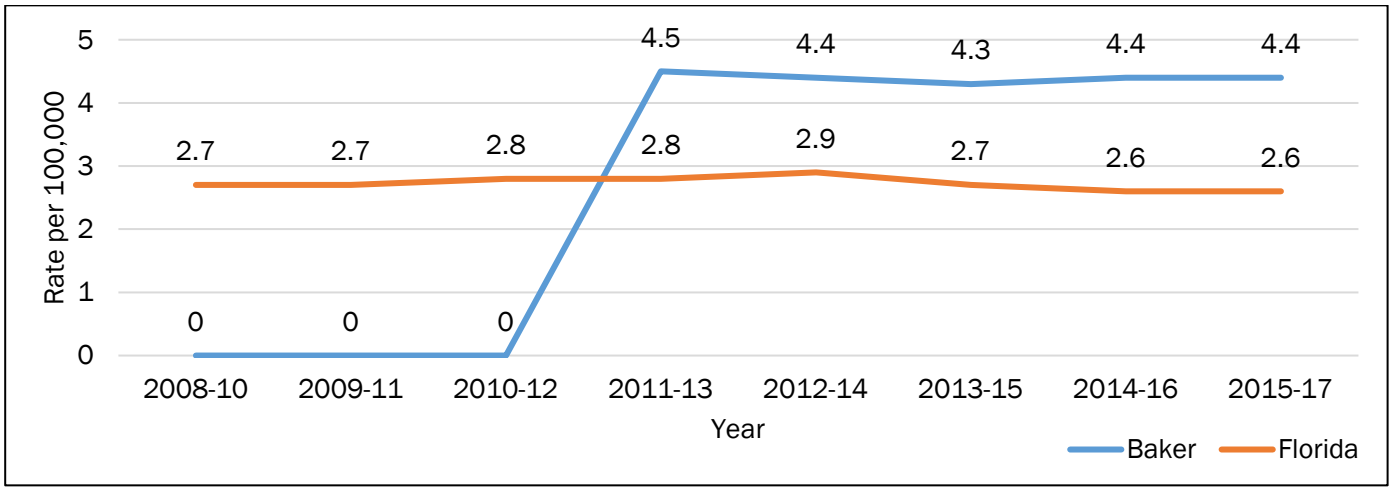
[94] Florida Department of Health (2019). *Colorectal Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[95] Florida Department of Health (2019). *Colorectal Cancer Deaths*.

Cervical Cancer

Cervical cancer, cancer of the cervix, occurs most often in women over age 30. Human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. Cervical cancer is highly preventable in most Western countries because screening tests and a vaccine to prevent HPV infections are available. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.[96]

Baker County's cervical cancer mortality rate was at zero from 2008-2010 to 2010-2012. However, in 2011-2013, the rate went to 4.5 per 100,000 and surpassed Florida's rate. From 2008-2010 to 2015-2017, Florida's rate decreased by 3.7%. The single digit counts (fewer than five deaths) may account for these large fluctuations (Figure 66).[97]

FIGURE 66. CERVICAL CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017

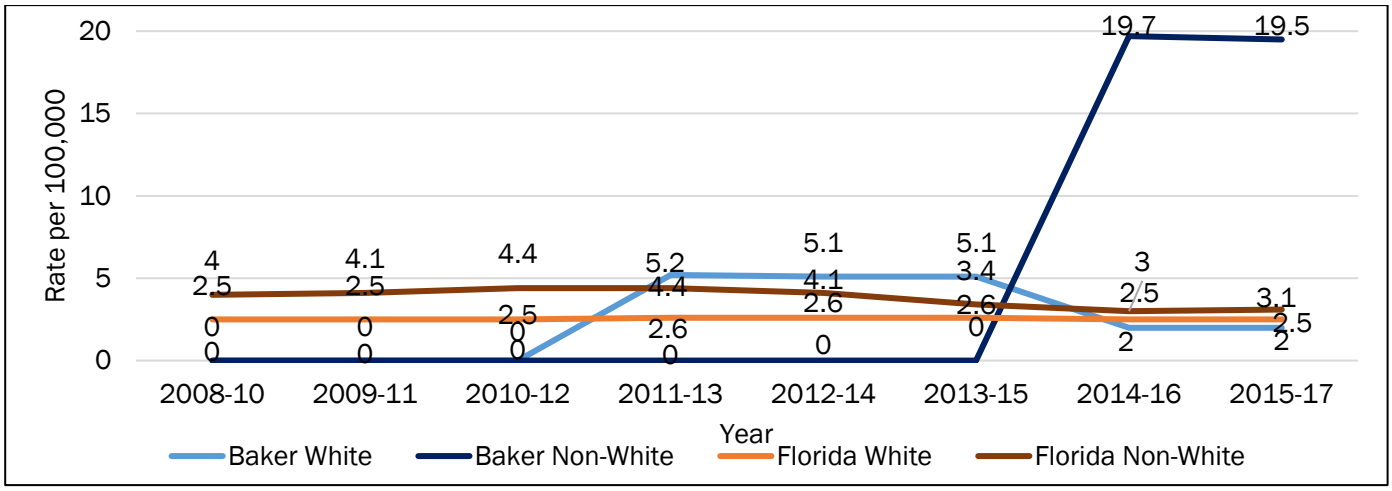


Data Source: Florida Health CHARTS, Cervical Cancer Deaths

The cervical cancer mortality rate for Baker County's non-white population was zero from 2008-2010 through 2013-2015 and increased to 19.7 per 100,000 in 2014-2016, surpassing Florida's rates. The Baker County white population's cervical cancer mortality rate decreased by 61.5% from 2011-2013 to 2015-2017 (Figure 67). Baker County rates may show more significant variations due to single digit counts.[98]

[96] U.S. Centers for Disease Control and Prevention (2019, February 1). *Colorectal (Colon) Cancer*. Retrieved from https://www.cdc.gov/cancer/cervical/basic_info/index.htm
[97] Florida Department of Health (2019). *Cervical Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[98] Florida Department of Health (2019). *Cervical Cancer Deaths*.

FIGURE 67. CERVICAL CANCER MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2017



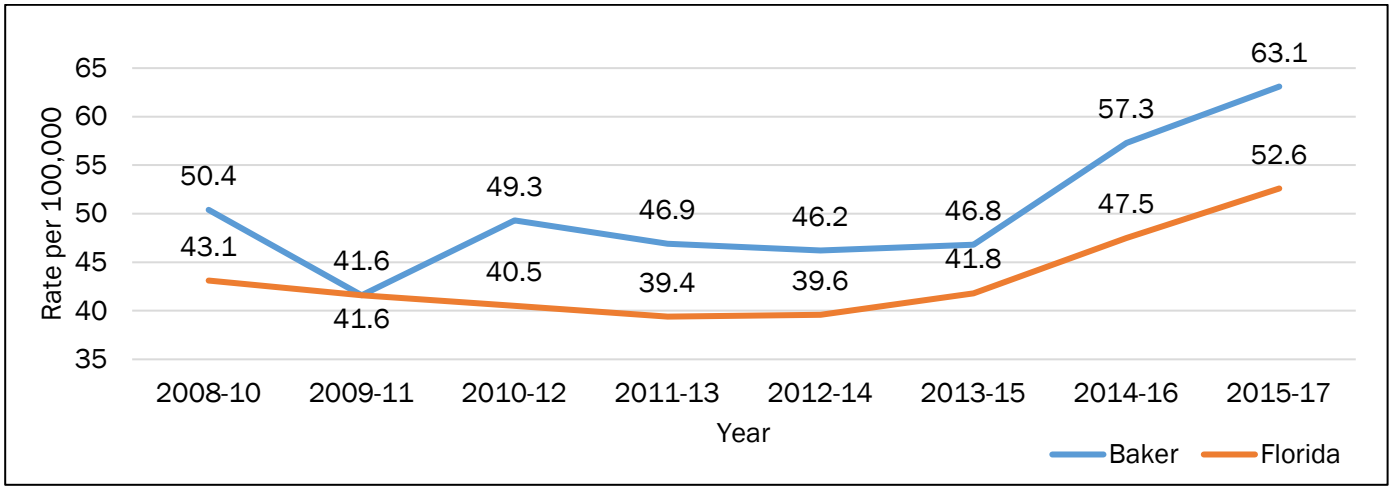
Data Source: Florida Health CHARTS, Cervical Cancer Deaths

Unintentional Injury

Unintentional injuries are accidental or unplanned. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning.[99] Unintentional injuries are the leading cause of death for people ages 1-44 in the U.S.[100]

Baker County has a higher unintentional injury death rate than the state of Florida with 63.1 injury deaths per 100,000 population compared to 52.6 deaths per 100,000 in Florida in 2015-2017. Baker County's unintentional injury death rate increased by 25.2% from 2008-2010 to 2015-2017 (Figure 68). Florida's rate has increased by 22.0% during the same time period.

FIGURE 68. UNINTENTIONAL INJURY DEATH RATE, AGE-ADJUSTED 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2008-2017



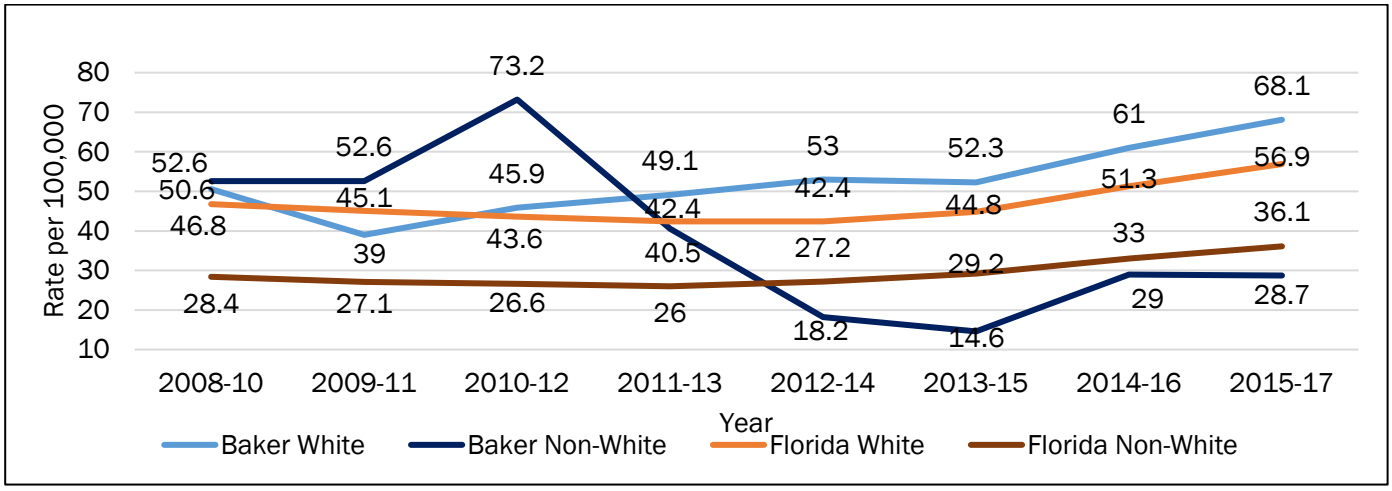
Data Source: FL Health Charts, www.flhealthcharts.com

From 2011-2013 to 2015-2017, Baker County's white population had a higher mortality rate due to unintentional injuries than the non-white population. From 2008-2010 through 2015-2017, Baker County's white

[99] Maine Center for Disease Control and Prevention (2017). *Maine injury prevention program*. Retrieved from http://www.maine.gov/dhhs/mecdc/population-health/inj/unintentional.html
[100] Centers for Disease Control and Prevention (2017, May 2). *Ten leading causes of death and injury*. Retrieved from www.cdc.gov/injury/wisqars/leadingcauses.html

population rate due to unintentional injuries increased by 34.6% whereas the Baker non-white population rate decreased by 45.4% (Figure 69).

Figure 69. Unintentional Injury Death Rate By Race, Age-Adjusted 3-year rolling rate, Baker County & Florida, 2008-2017

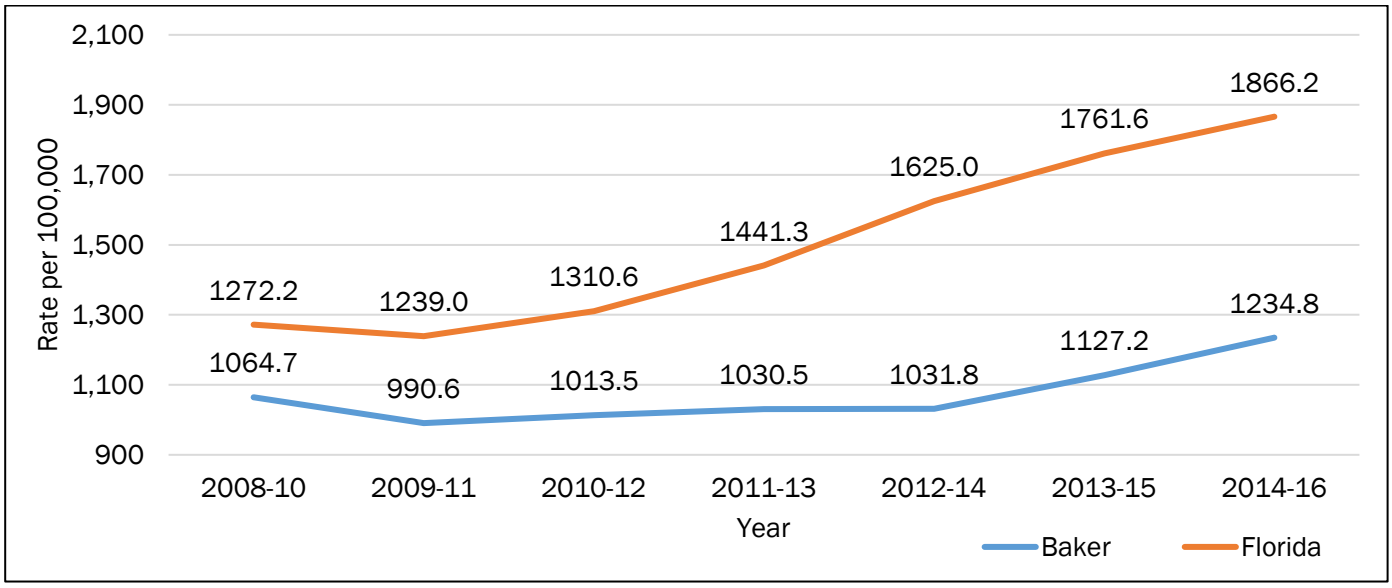


Data Source: FL Health Charts, www.flhealthcharts.com

Traffic Crashes

A motor vehicle crash involves at least one motor vehicle on a roadway that is open to the public. The rate of Motor vehicle traffic crashes in Baker County are lower than the Florida rate. Baker County's motor vehicle traffic crash rates increased 16.0% from 2008-2010 to 2015-2017, compared to a 46.7% increase in Florida (Figure 70).[101]

Figure 70. Incidence of Motor Vehicle Traffic Crashes, Age-Adjusted 3-year rolling rate, Baker County & Florida, 2008-2016

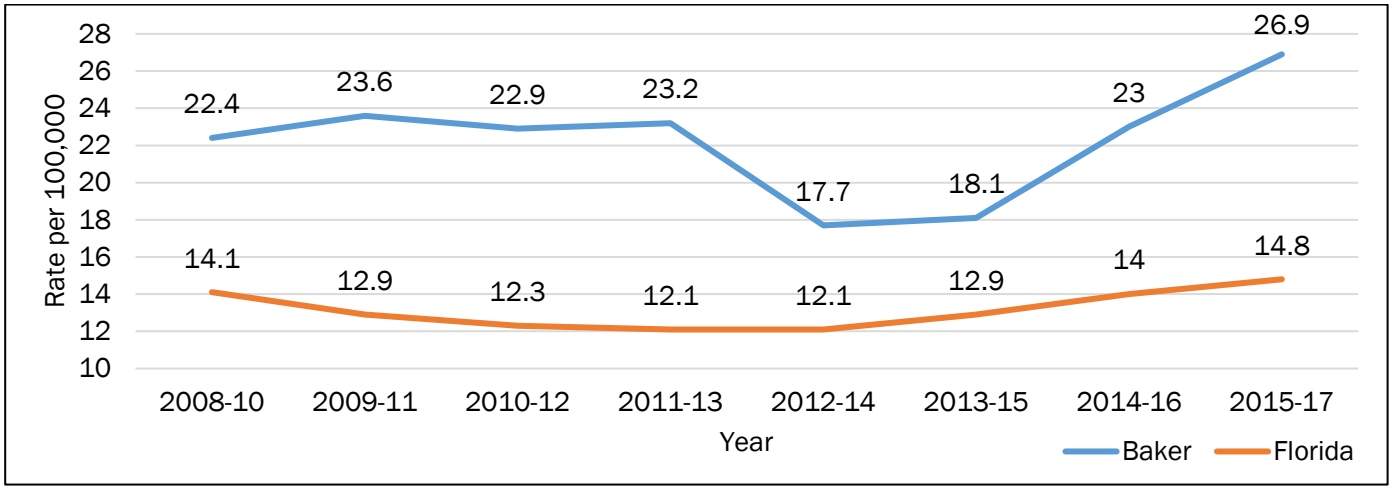


Data Source: Florida Health Community Health Assessment Resource Tool Set, 2008-2016

[101] Florida Department of Health (2017). *Total Motor Vehicle Traffic Crashes* [Data file]. Available from http://www.flhealthcharts.com

Baker County has a higher rate of motor vehicle traffic deaths than Florida. Motor traffic fatalities increased by 20.1% from 2008-2010 to 2015-2017 in Baker County and by 5.0% in Florida (Figure 71).

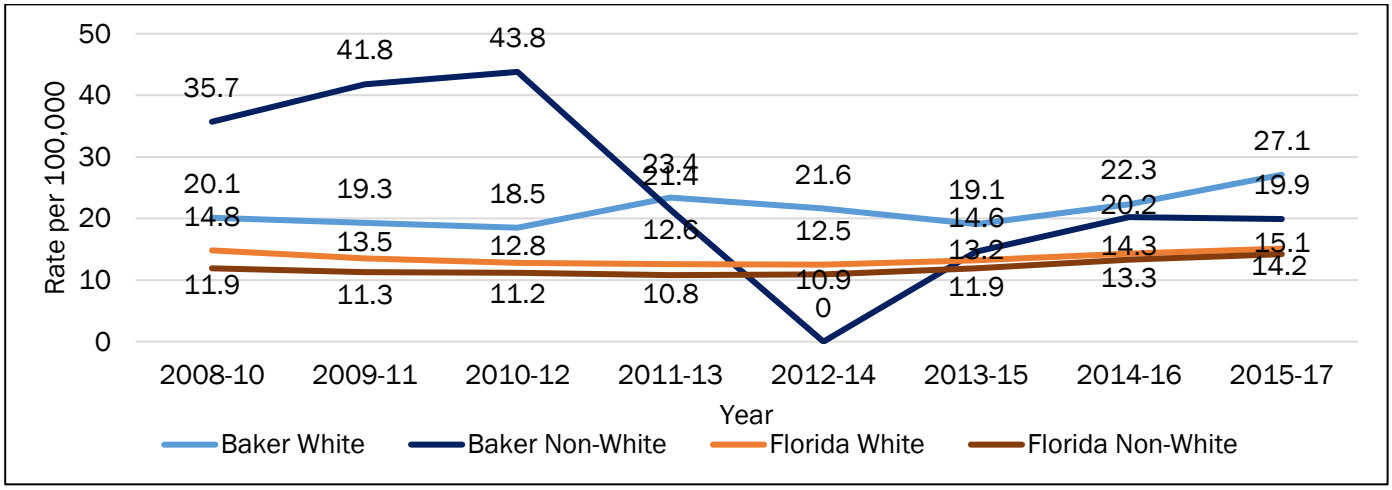
FIGURE 71. INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS, AGE-ADJUSTED 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health Community Health Assessment Resource Tool Set, 2008-2017

The motor vehicle traffic death rates for Baker County's non-white population has significantly decreased by 44.3% from 2008-2010 through 2015-2017. The Baker County white population experienced an increase in traffic deaths by 34.8% during the same time period (Figure 72). The rates of motor vehicle traffic deaths for the Baker County non-white and white populations are higher than the Florida rates.

FIGURE 72. INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATE, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health Community Health Assessment Resource Tool Set, 2008-2017

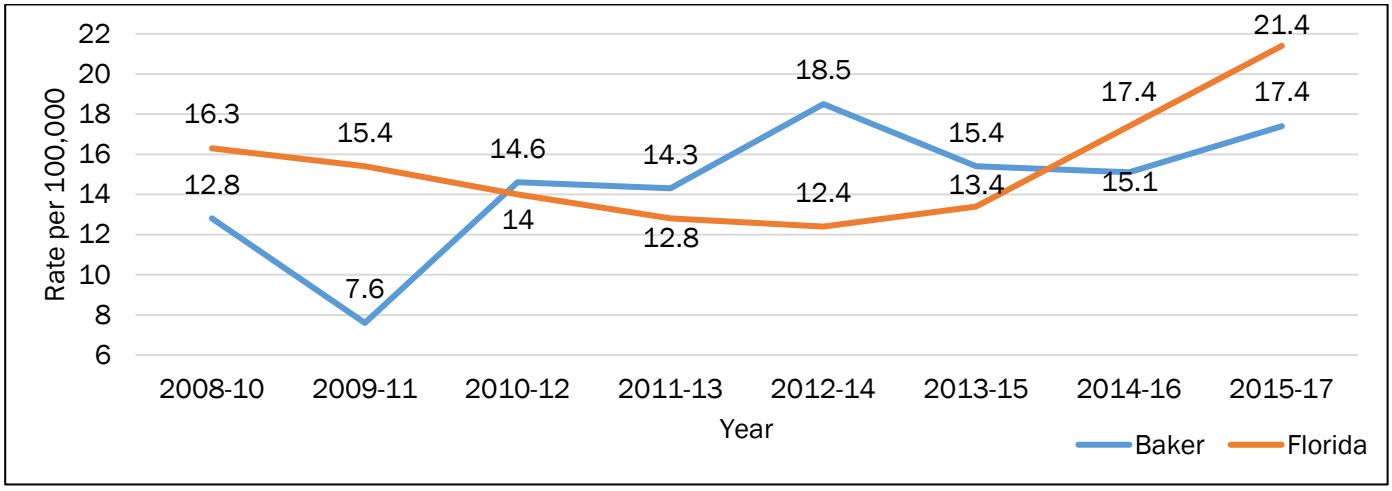
Drug Poisoning Deaths

Drug poisoning deaths result from unintentional or intentional overdose of a drug, receiving the wrong drug, taking a drug in error, or taking a drug inadvertently.[102]

[102] Centers for Disease Control and Prevention (2017). Drug Overdose Deaths in the United States, 1999-2016. Available from https://www.cdc.gov/nchs/products/databriefs/db294.htm

Baker County's rate of drug poisoning deaths were lower than the Florida rate from 2014-2016 through 2015-2017. Drug poisoning deaths in Baker County increased by 35.9% from 2008-2010 to 2015-2017 and by 31.3% in Florida during the same period (Figure 73).

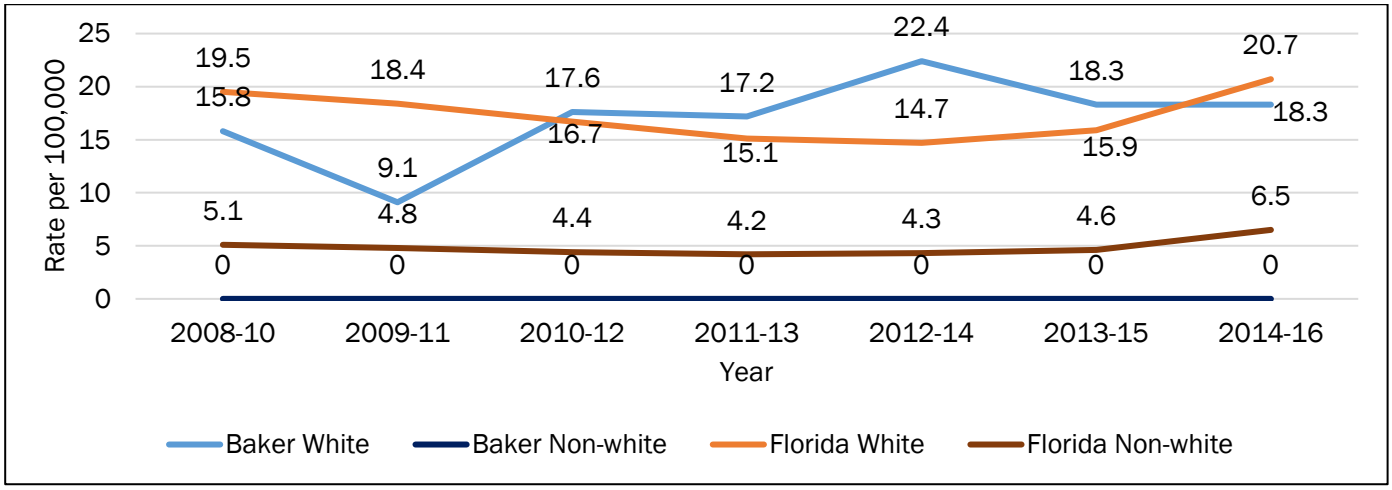
Figure 73. Incidence of Drug Poisoning, Age-Adjusted 3-Year Rolling Rate, Baker County & Florida, 2008-2017



Data Source: Florida Health Community Health Assessment Resource Tool Set, 2005-2017

Baker County's non-white population drug poisoning death rate remained at zero from 2008-2010 to 2014-2016. During the same period, Baker County's white population increased by 15.8%. (Figure 74). The drug poisoning death rates for the white population in both Baker County and Florida are higher than the non-white rates.

Figure 74. Incidence of Drug Poisoning Deaths By Race, Age-Adjusted 3-Year Rolling Rate, Baker County & Florida, 2008-2017



Data Source: Florida Health Community Health Assessment Resource Tool Set, 2005-2017

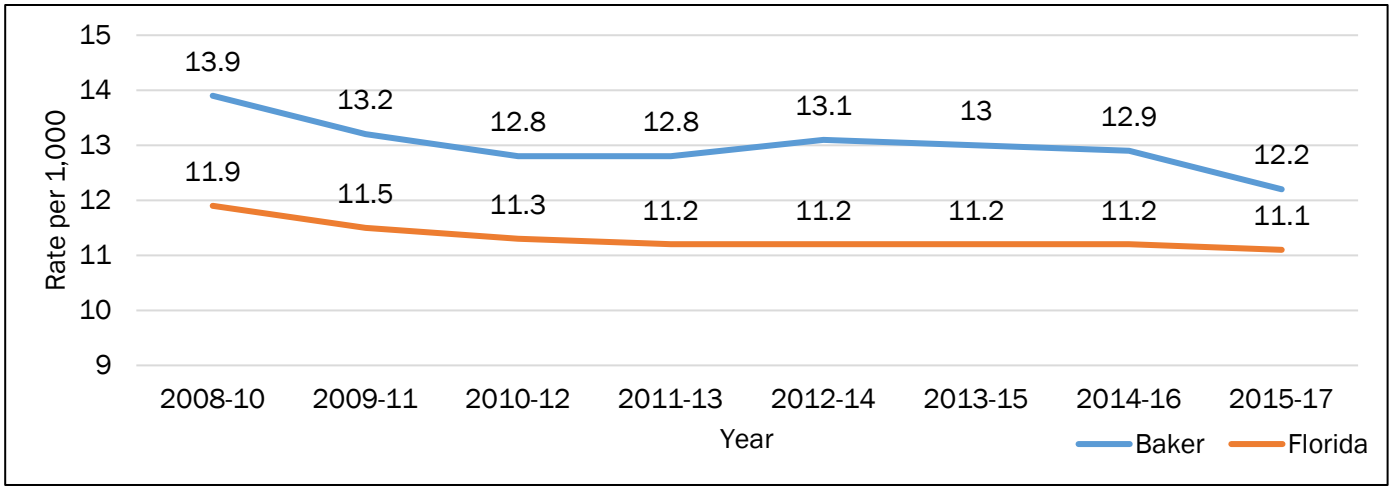
Maternal & Child Health

Total Births

Birth outcomes differ across regions due to many factors, including access to care, quality of care, environmental factors, and the mothers' health behaviors.[103]

Baker County's total resident live birth rate is higher than Florida's rate for all races with a rate of 12.2 live births per 1,000 compared to Florida's rate of 11.1 per 1,000 in 2015-2017. Baker County's live birth rate decreased by 12.2% compared to Florida's decrease of 6.7% from 2008-2010 through 2015-2017 (Figure 75).

FIGURE 75. TOTAL RESIDENT LIVE BIRTH RATES, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, BAKER COUNTY & FLORIDA, 2008-2017

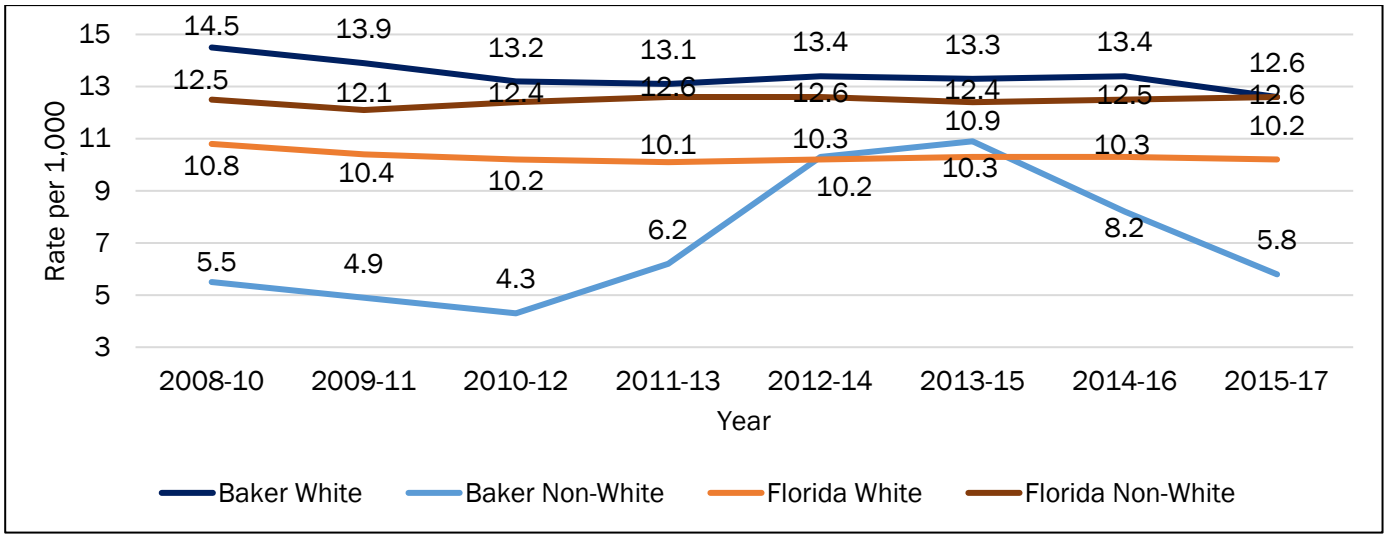


Data Source: FL Health Charts | Prepared by Health Planning Council of Northeast Florida

In 2015-2017, birth rates for Baker County's non-white and the white populations were the same with a rate of 12.6 live births per 1,000. Baker County's non-white population's live birth rates slightly increased by 0.8% from 2008-2010 to 2015-2017. In the same time period, the total live birth rate in Baker County's white population decreased by 13.1%, but still remains higher than Florida. (Figure 76).

[103] Centers for Disease Control and Prevention. (2017). *Reproductive and Birth Outcomes*. Retrieved from https://ephtracking.cdc.gov/showRbIndicators

FIGURE 76. TOTAL RESIDENT LIVE BIRTH RATES BY RACE, 3-YEAR ROLLING, BAKER COUNTY & FLORIDA, 2008-2017



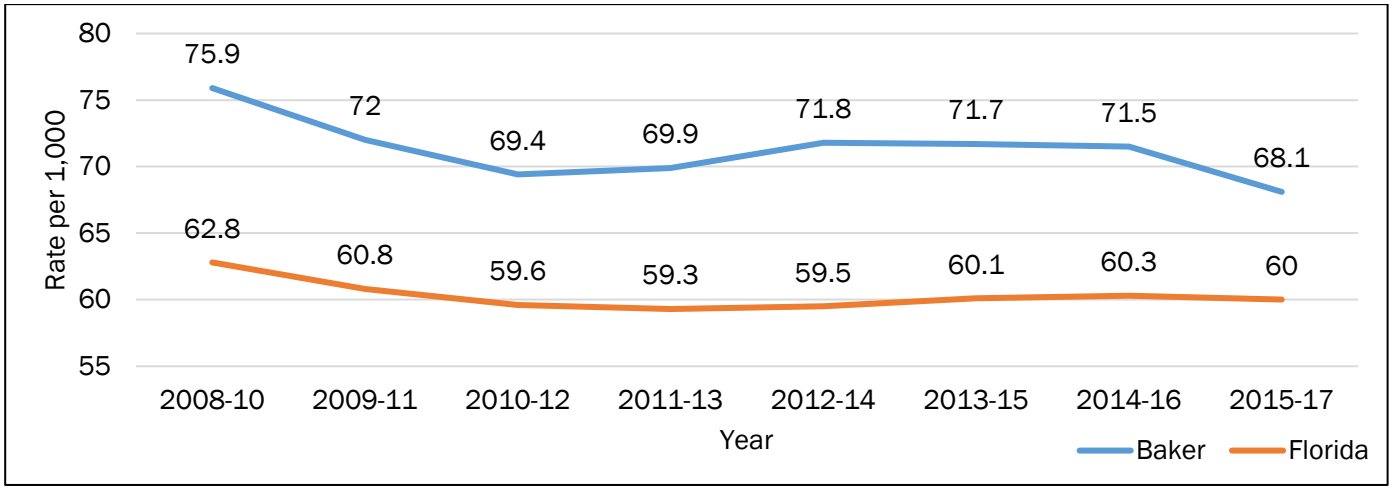
Data Source: FL Health Charts

Births to Mothers Age 15-44

Among U.S. women aged 15-44 in 2013-2015, 50% expected to have a child in the future. Women's expectations about having children in the future are related to sexual activity, contraceptive use, and fertility.[104]

In 2015-2017, Baker County's birth rate to women aged 15-44 was 68.1 births per 1,000 females ages 15-44 compared to the Florida rate of 60.0 for the same time period. Baker's birth rate decreased by 10.3% from 2008-2010 through 2015-2017 while Florida's rate decreased by 4.5% (Figure 77). **(See Appendix E for updated 2020 data)**

FIGURE 77. BIRTH RATES BY MOTHER'S AGE, AGES 15-44, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, BAKER COUNTY & FLORIDA, 2008-2017



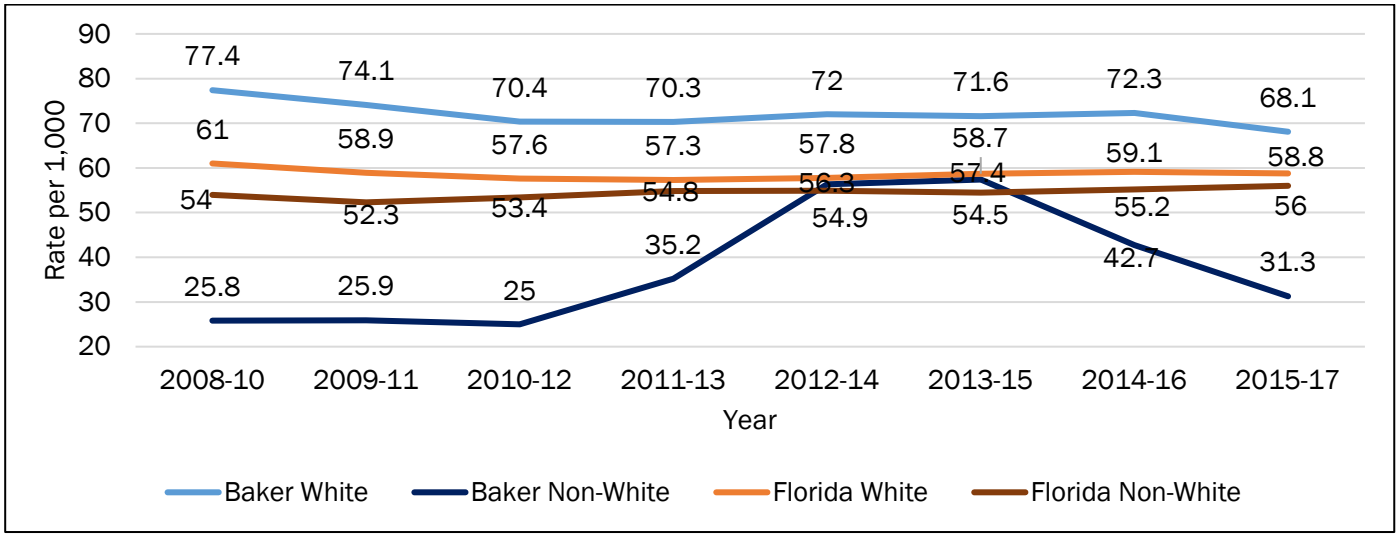
Data Source: FL Health Charts

The Baker County white population had higher birth rates to mother ages 15-44 than the Baker County non-white population. Baker County's birth rates to non-white mothers ages 15-44 increased by 21.3% during 2008-2010 through 2015-2017 with a peak in 2012-2014 and 2013-2015. In comparison Baker County's birth rates to

[104] Centers for Disease Control and Prevention (2016). *Birth Expectations of U.S. Women Aged 15–44*. Retrieved from https://www.cdc.gov/nchs/products/databriefs/db260.htm

white mothers of the same age experienced a decrease by 12.0% during 2008-2010 and 2015-2017 (Figure 78).

Figure 78. Birth Rates by Mother's Age, Ages 15-44, by Race, 3-Year Rolling, Baker County & Florida, 2008-2017



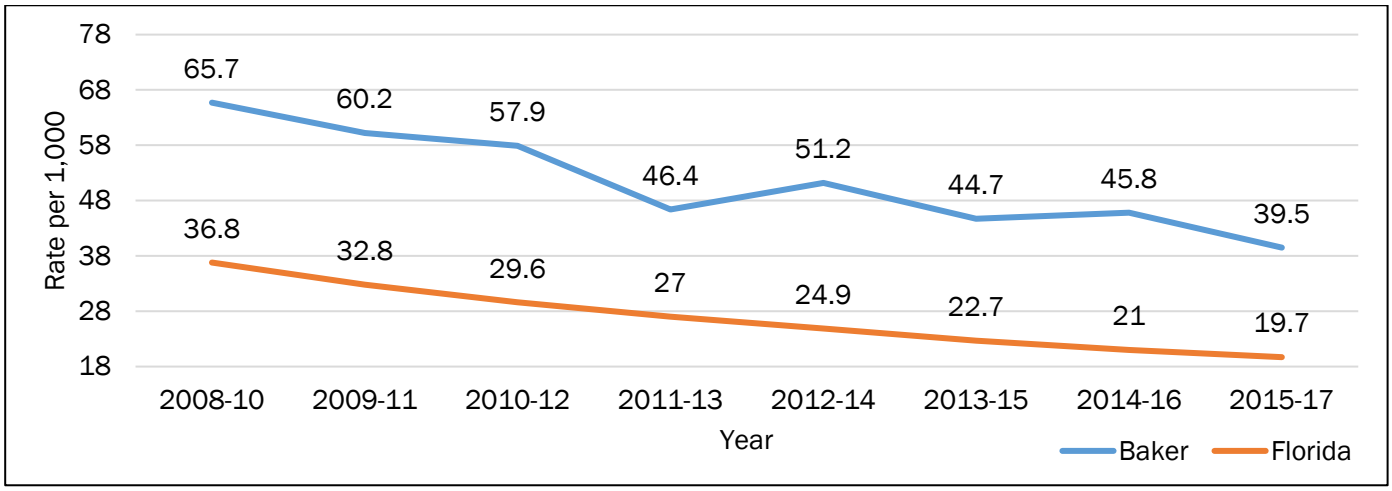
Data Source: FL Health Charts

Teen Births

Teen births are defined by mothers whose ages are between 15-19 years old. Babies born to teens may be at greater risk for preterm delivery, low birth weight and neonatal mortality. [105]

Teen birth rates decreased over the past decade for all races and ethnicities in both Baker County and Florida. In 2015-2017, Baker County teen birth rates were 39.5 per 1,000 females and was higher than the Florida rate of 19.7 births. Baker County teen birth rates decreased by 39.9% compared to the Florida decrease of 46.5% from 2008-2010 through 2015-2017 (Figure 79). **(See Appendix E for updated 2020 data)**

Figure 79. Birth Rates by Mother's Age, Ages 15-19, All Races/Ethnicities, 3-Year Rolling, Baker County & Florida, 2008-2017

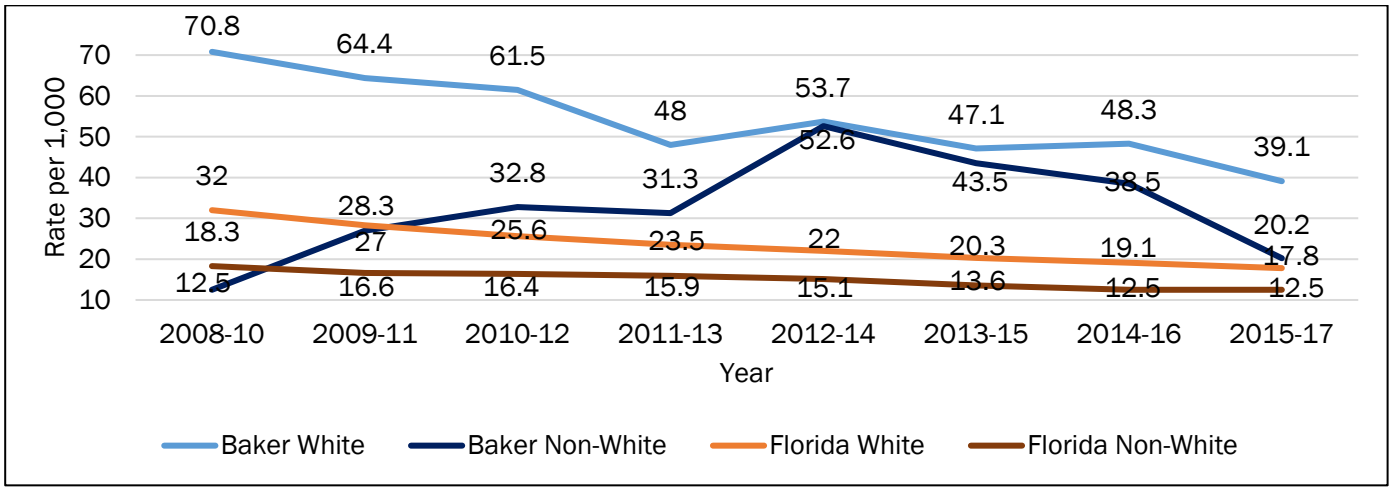


Data Source: FL Health Charts

[105] Florida Health Charts (2017). Retrieved from http://www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0025

Baker County's white population experienced more teen births than the Baker County non- white population from 2008-2010 through 2015-2017. In 2015-2017, Baker County's white population teen birth rate was 39.1 per 1,000 females compared to the Baker non-white population's 20.2 births per 1,000 females. From 2008-2010 through 2015-2017, Baker white teen birth rate decreased by 44.8% whereas Baker non-white teen births increased by 61.6% (Figure 80). Evidence suggests that the decline in teen pregnancy may be due to increased use of birth control and decreased sexual activity. However, United States teen pregnancy rates remain substantially higher than other industrialized countries with large disparities between races and ethnicities.[106]

FIGURE 80. BIRTH RATES BY MOTHER'S AGE, AGES 15-19 BY RACE, 3-YEAR ROLLING, BAKER COUNTY & FLORIDA, 2008-2017



Data Source: FL Health Charts

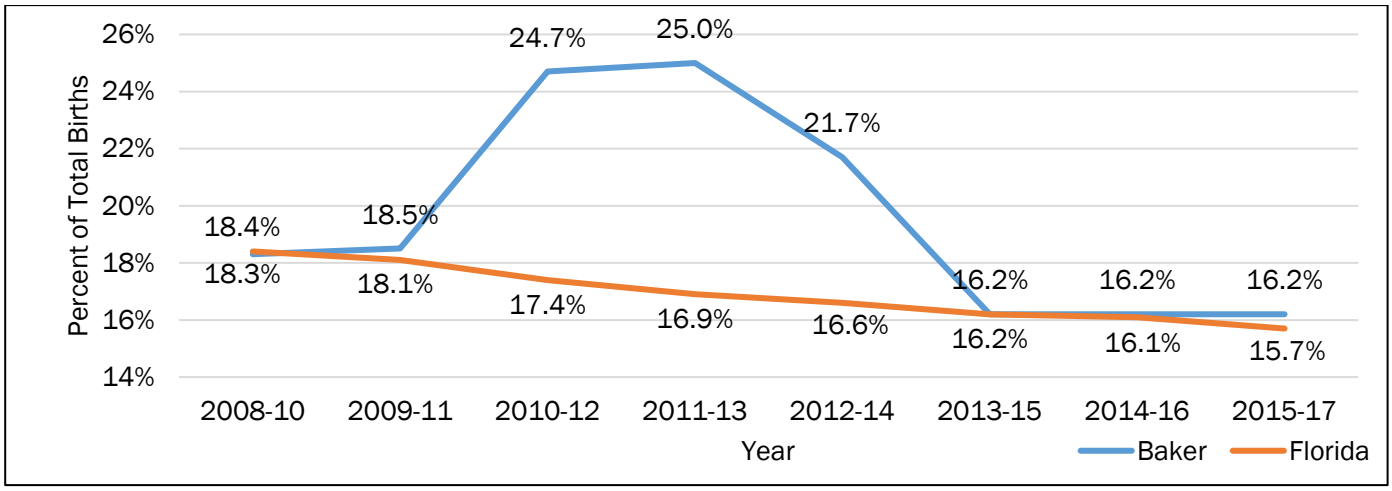
Repeat Teen Births

According to the Centers for Disease Control & Prevention (CDC), nearly 1 in 5 births to mothers aged 15 to 19 is a repeat birth. Repeat teen births can affect young mothers by limiting their ability to pursue education.[107]

In 2015-2017, Baker County had a higher percentage of repeat teen births than the state of Florida with 16.2% births compared to 15.7%, respectively. From 2010-2012 to 2012-2014, Baker County had over 20% repeat teen births. From 2008-2010 to 2015-2017, Baker County's repeat teen births decreased by 11.5% while Florida's rate also decreased by 14.7% (Figure 81).

[106] Centers for Disease Control and Prevention. (2017). *About Teen Pregnancy*. Retrieved from https://www.cdc.gov/teenpregnancy/about/index.htm
[107] Centers for Disease Control and Prevention (2013). *Preventing Repeat Teen Births*. Retrieved from https://www.cdc.gov/vitalsigns/teenpregnancy/index.html

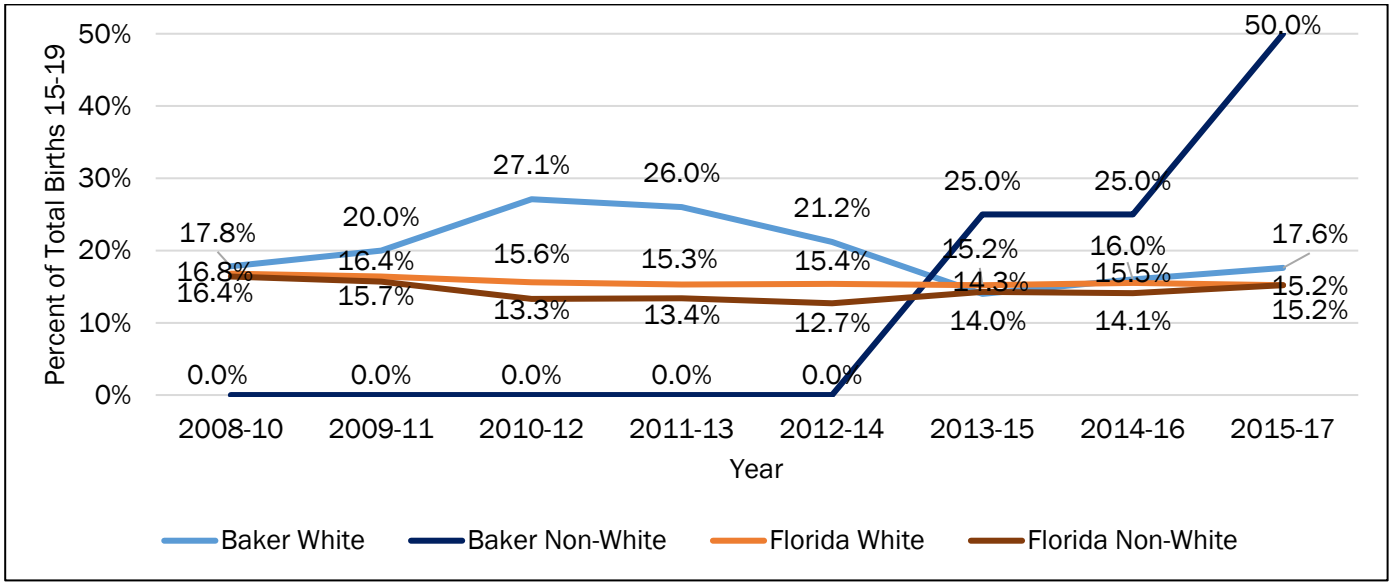
Figure 81. Repeat Births to Mothers Ages 15-19, All Races/Ethnicities, 3-Year Rolling, Baker County & Florida, 2008-2017



Data Source: FL Health Charts

Baker County non-white population had the highest percentage of repeat teen births at 50% compared to 15.2% in Florida's non-white population in 2015-2017. The percentage of Baker County non-white repeat teen births went from 0% in 2008-2010 to 2012-2014 to 50% in 2015-2017. Baker County's white population repeat teen birth percentage decreased slightly by 1.1% from 2008-2010 to 2015-2017. The single digit counts (fewer than five births) may account for these large fluctuations (Figure 82).

Figure 82. Repeat Birth to Mothers Ages 15-19 by Race, 3-Year Rolling, Baker County & Florida, 2008-2017



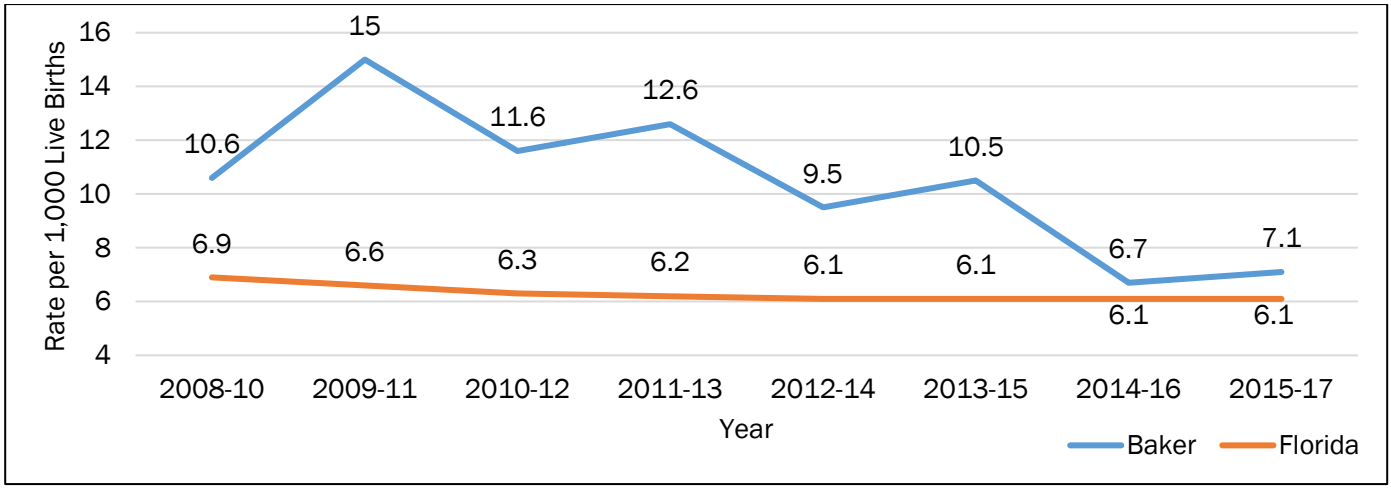
Data Source: FL Health Charts

Infant Mortality Rate

Infant mortality is the death of a live-born baby within the first year of life. The infant mortality rate is the number of infant deaths for every 1,000 live births. This rate is an important marker of the overall health of a society.[108]

Baker County has a higher infant mortality rate than the state of Florida with 7.1 deaths per 1,000 live births compared to 6.1 deaths per 1,000 live births in Florida. Baker County's infant mortality rate decreased by 33.0% from 2008-2010 to 2015-2017 (Figure 83). Florida's rate also decreased by 11.6% during the same time period.

Figure 83. Infant Mortality Rates, All Races/Ethnicities, 3-Year Rolling, Baker County & Florida, 2008-2017

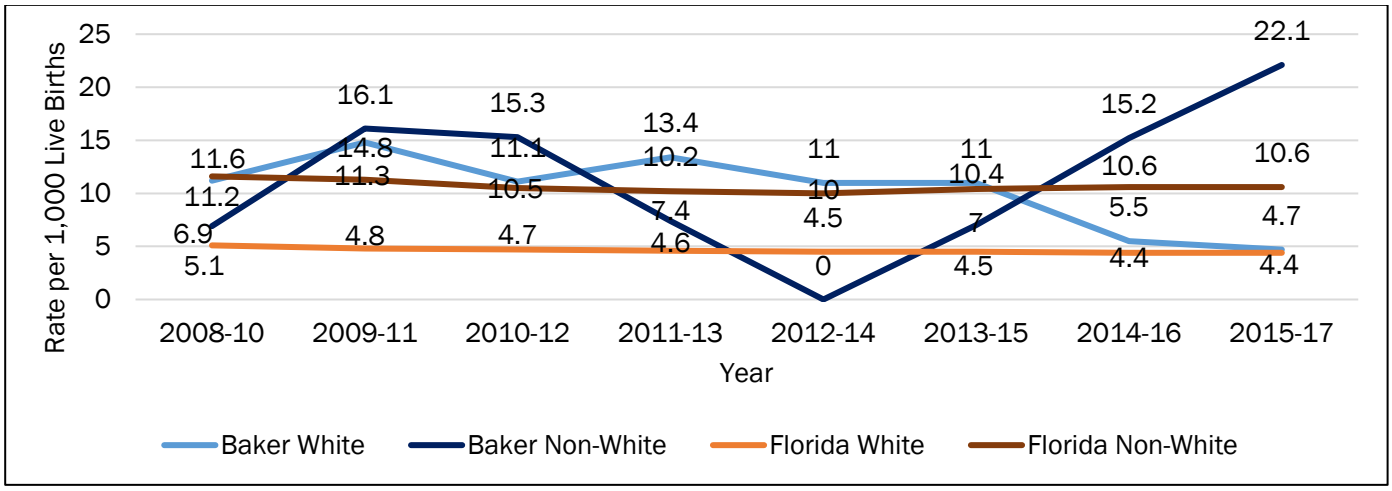


Data Source: FL Health Charts

In 2015-2017, Baker County's non-white population had a higher infant mortality rate with 22.1 deaths per 1,000 live births compared to 10.6 deaths per 1,000 in Florida's non-white population. Baker County's white population infant mortality rate decreased by 58.0% from 2008-2010 to 2015-2017 (Figure 84). Baker County's non-white population infant mortality rate increased by 220.3% during the same time period. In 2012-2014, the infant mortality rate for Baker County's non-white population was zero and increased to 22 in 2015-2017. The single digit counts (fewer than five deaths) may account for these large fluctuations.

[108] Centers for Disease Control and Prevention (2018). *Infant Mortality*. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

FIGURE 84. INFANT MORTALITY RATES BY RACE, 3-YEAR ROLLING, BAKER COUNTY & FLORIDA, 2008-2017



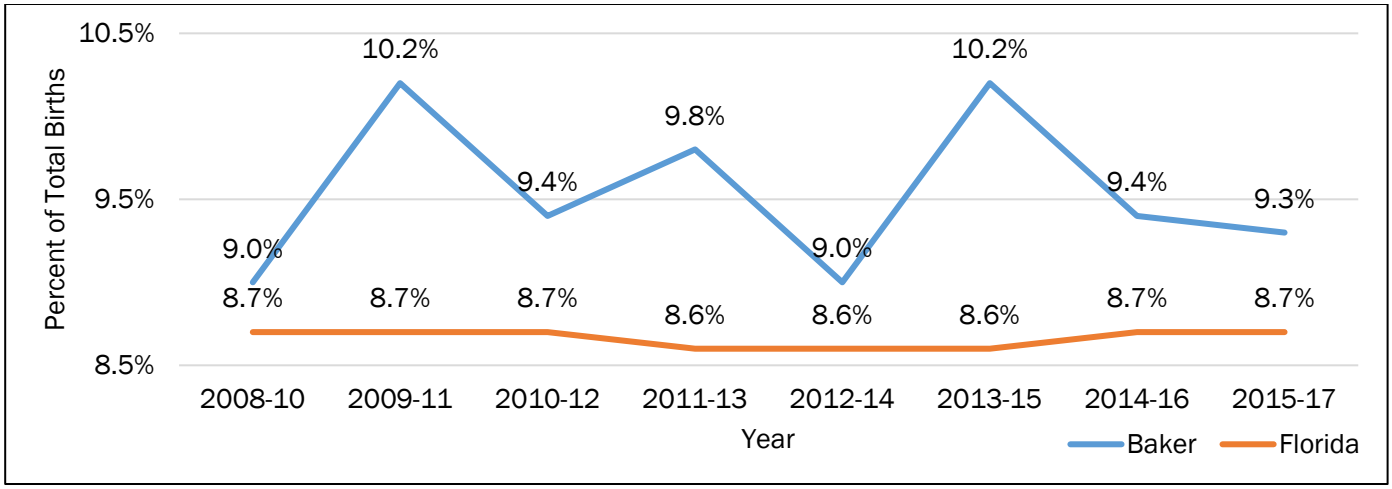
Data Source: FL Health Charts

Low Birth Weight

Birth weight of fewer than 5.5 pounds (2,500 grams) is considered a low birth weight. Infants with low birth weight may be at a higher risk for many health problems in comparison to infants born at a normal weight.[109]

Baker County had a higher percentage of total births with low birth weight than the state of Florida from 2008-2010 to 2015-2017. Baker County's percentage of total births with low birth weight increased by 0.3% from 2008-2010 to 2015-2017 (Figure 85). Florida's rate has stayed at about 8.7% during the same time period.

FIGURE 85. PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, BAKER COUNTY & FLORIDA, 2008-2017

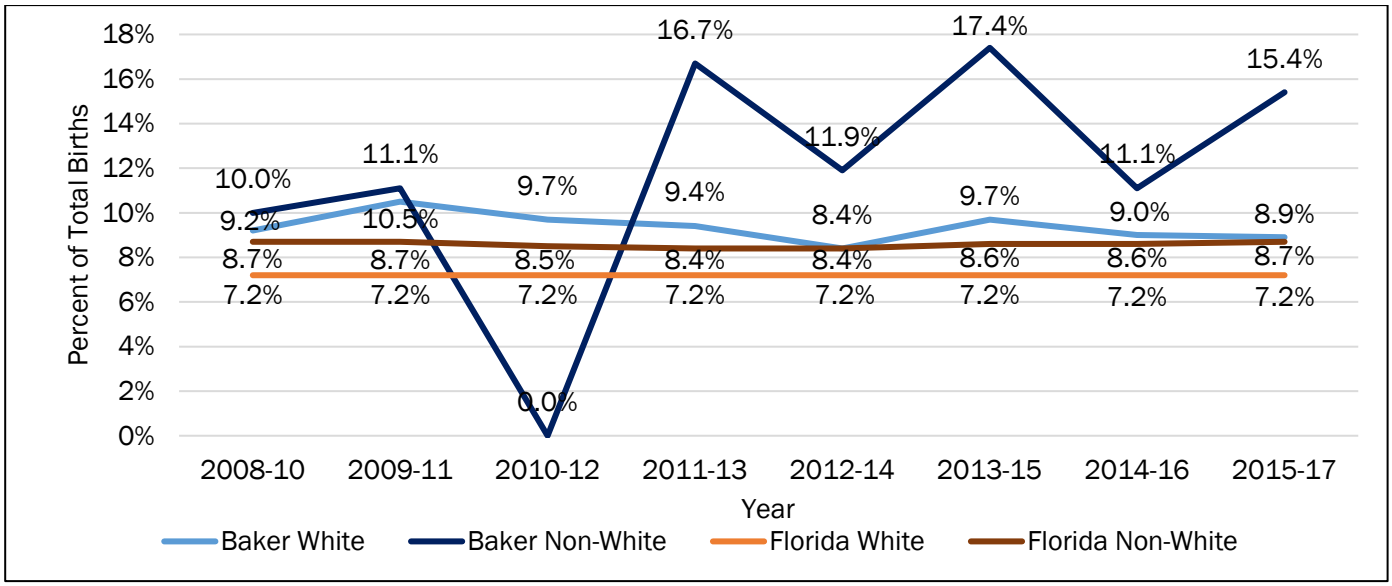


Data Source: FL Health Charts

Baker County non-white population had a higher percentage of total births with low birth weight compared to Florida's non-white population from 2011-2013 to 2015-2017. The percentage of total births with low birth weight in Baker County's white population decreased by 3.3% from 2008-2010 to 2015-2017 (Figure 86). The percentage of total births with low birth weight in Baker County's non-white population increased by 54.0% during the same time period. The single digit counts (fewer than five births) may account for these large fluctuations.

[109] Centers for Disease Control and Prevention. (2017). *Reproductive and Birth Outcomes*. https://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action

FIGURE 86. PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT BY RACE, 3-YEAR ROLLING, BAKER COUNTY & FLORIDA, 2008-2017



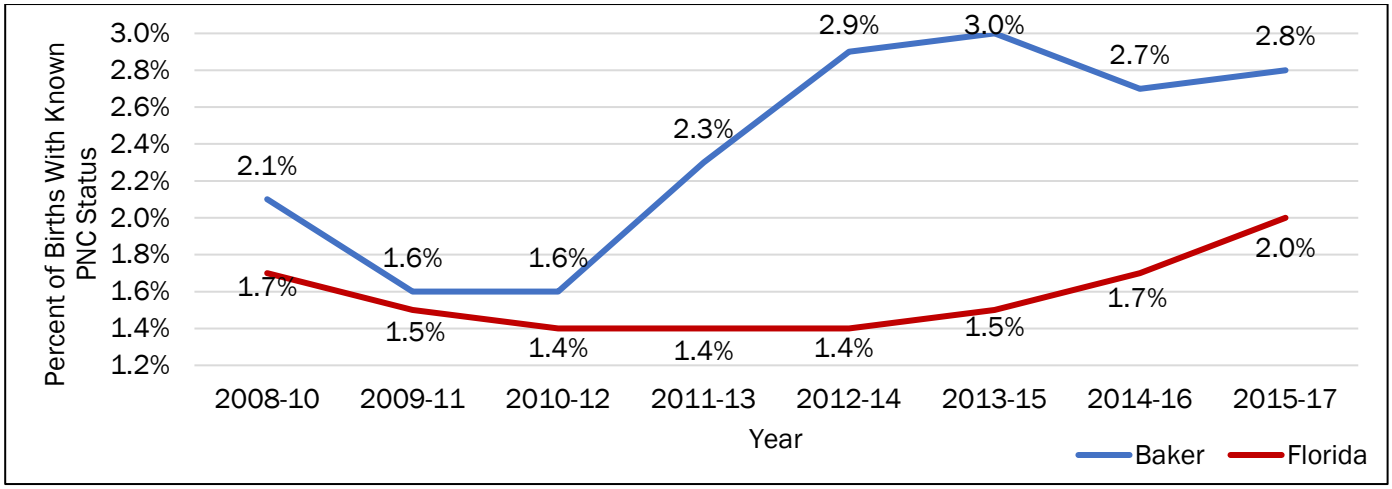
Data Source: FL Health Charts

Prenatal Care

In order to have the best possible outcome for mother and child, early prenatal care is essential. Prenatal care is the health care a woman receives when she is pregnant, and prenatal visits to a health care provider are important to monitor the health of the mother and fetus.[110]

Baker County had a higher percentage of births to mothers with no prenatal care than the state of Florida with 2.8% compared to 2.0%, respectively. Baker County's percentage of mothers with no prenatal care rate increased by 0.7% from 2008-2010 to 2015-2017 (Figure 87). Florida's rate has increased by 0.3% during the same period.

FIGURE 87. PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, BAKER COUNTY & FLORIDA, 2008-2017

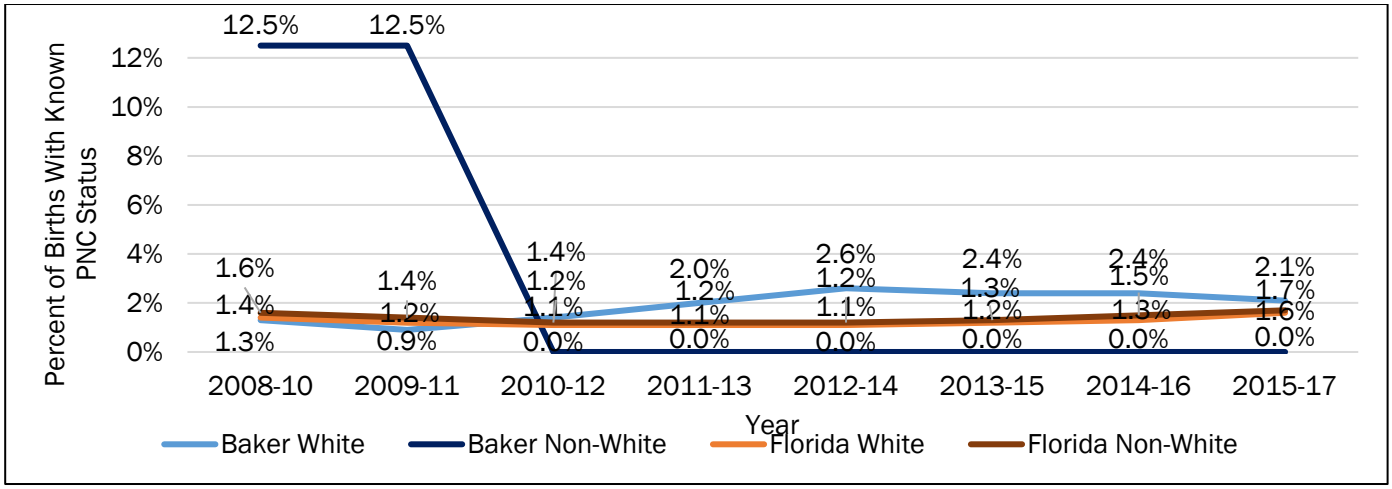


Data Source: FL Health

[110] Centers for Disease Control and Prevention. (2017). *Pregnancy and Prenatal Care*. Retrieved from https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PregnancyPrenatalCare.html

In 2015-2017, Baker County non-white mothers had the lowest percentage of births to mothers with no prenatal care rate with 0.0% compared to 1.7% in Florida's non-white population. The percentage of mothers with no prenatal care in the Baker County non-white population decreased from 12.5% in 2009-2011 to 0% in 2010-2012. The percentage of Baker County's white mothers with no prenatal care increased by 0.8% from 2008-2010 to 2015-2017 (Figure 88). The percentage of Baker County's non-white mothers with no prenatal care decreased by 12.5% during the same time. The single digit counts (fewer than five mothers) may account for these large fluctuations.

FIGURE 88. PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE BY RACE, BAKER COUNTY & FLORIDA, 2008-2017



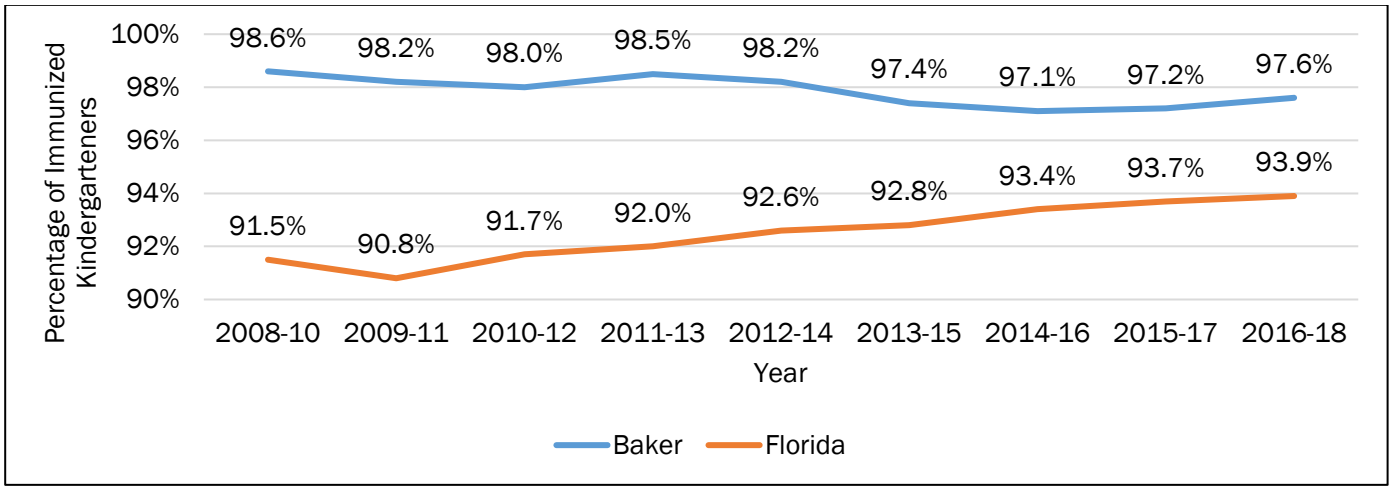
Data Source: FL Health Charts

Immunizations

According to the Centers for Disease Control and Prevention (CDC), immunization is the process by which a person becomes protected against a disease through vaccination. Immunization is a primary defense against some of the most deadly and debilitating diseases known. It is particularly important to vaccinate children to prevent them from contracting or spreading serious diseases.

Baker County has a higher percentage of immunized kindergarteners than the state of Florida with 97.6% compared to 93.9%, respectively. Baker County's rate decreased by 1.0% from 2008-2010 to 2015-2017 (Figure 89). Florida's rate increased by 2.4% during the same period.

FIGURE 89. PERCENTAGE OF IMMUNIZED KINDERGARTENERS, BAKER COUNTY & FLORIDA, 2008-2018



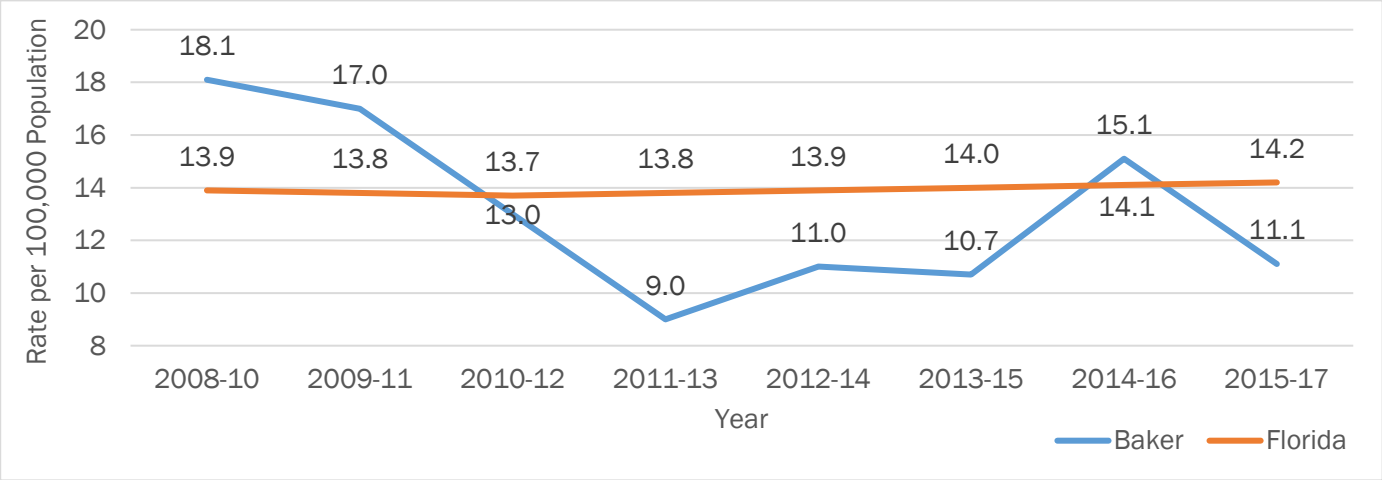
Data Source: FL Health Charts

Behavioral and Mental Health

Suicide

Suicide occurs when a person ends his or her own life, and it is the 10th leading cause of death among Americans in 2015.[111] Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure.[112] People who survive suicide attempts can also have depression and other mental health problems.[113] Baker County's suicide death rate decreased from 18.1 deaths per 100,000 population in 2008-2010 to 11.1 deaths per 100,000 in 2015-2017 (Figure 90). In both Baker County and Florida, suicide tends to occur much more frequently among white populations than non-white groups as shown in Figure 91.

FIGURE 90. SUICIDE AGE-ADJUSTED DEATH RATE, ALL RACES/ETHNICITIES, BAKER COUNTY & FLORIDA, 2006-2017



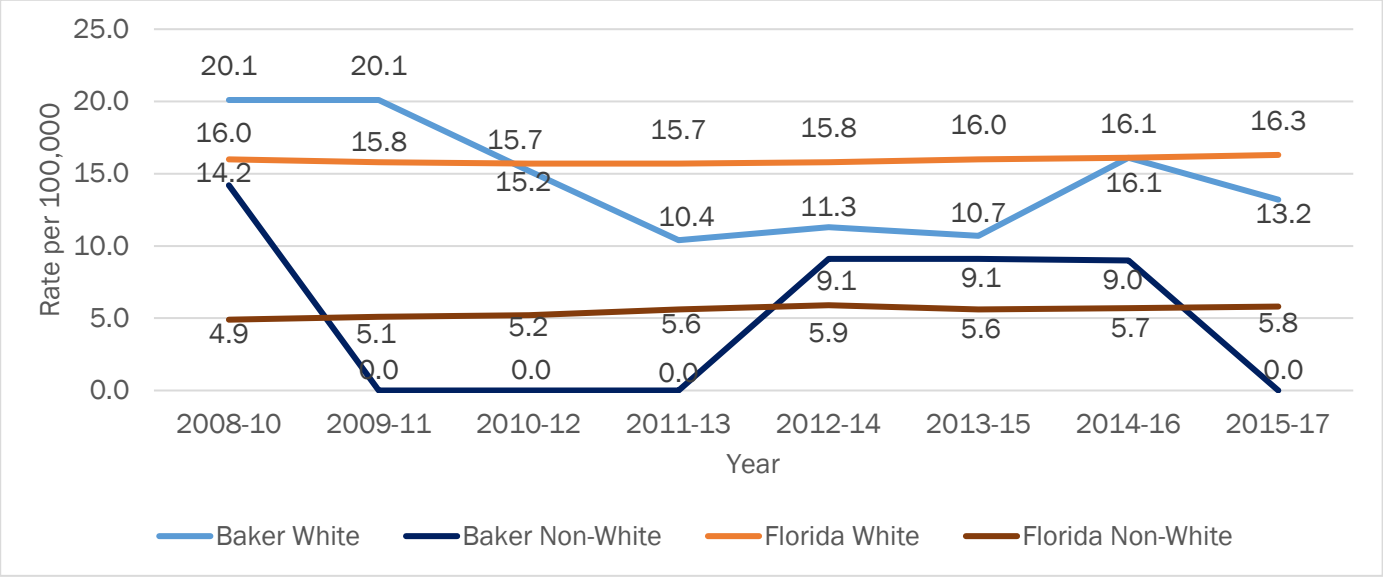
Data Source: FL Health Charts, www.flhealthcharts.com

[111] U.S. Centers for Disease Control and Prevention. (2015, May). *Deaths. Final Data for 2013.* Retrieved from CDC.gov: http://www.cdc.gov/leadingcausesofdeath

[112] U.S. Centers for Disease Control and Prevention. (2014, September). *Preventing Suicide*. Retrieved from CDC.gov: http://www.cdc.gov/Features/PreventingSuicide/

[113] Chapman AL, Dixon-Gordon KL. (2007) Emotional antecedents and consequences of deliberate self-harm and suicide attempts. Suicide & Life Threatening Behavior; 3(see 7(5):543-552.

FIGURE 91. SUICIDE AGE-ADJUSTED DEATH RATE BY RACE, BAKER COUNTY & FLORIDA, 2006-2017



Data Source: FL Health Charts

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the *Florida Mental Health Act*, a comprehensive revision of the state's mental health commitment laws. The law is widely referred to as the "Baker Act" in honor of Maxine Baker, the former state representative who sponsored the Act. The Baker Act allows for involuntary exam initiation (also referred to as emergency or involuntary commitment). Initiations can be made by judges, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and can occur in any of over 100 Florida Department of Children and Families designated receiving facilities statewide.[114]

It is important to note that some individuals for whom forms were received were never actually admitted to the receiving facility because an examination by a physician or psychologist performed prior to admission determined they did not meet criteria. The data also does not include information on what occurred after the initial examination, such as how long individuals stayed at the facility or whether they remained on an involuntary or voluntary basis.[115]

Table 2 below illustrates the total number of reported involuntary exam initiations (i.e., Baker Act) for Baker County residents from fiscal year 2007-2017. It is important to note that Baker County does not have a receiving facility in its borders so residents must utilize services in facilities in neighboring counties which include Duval, Columbia and Alachua.

[114] Florida Department of Children and Families, 2010
[115] The Florida Mental Health Act (The Baker Act) Report, 2007 *(prepared by the University of South Florida)*

Table 2. Involuntary Examinations of Baker County Residents 2007-2017

Fiscal Year	All Ages	Children % <18	Older Adults % 65+	Change to 2016/2017	Total County Population	% Change in Population
2007-2008	143	18.2%	3.5%	30.1%	25,623	5.2%
2008-2009	148	22.3%	1.4%	25.7%	25,890	4.2%
2009-2010	175	21.1%	6.9%	6.3%	25,899	4.1%
2010-2011	178	15.2%	2.8%	4.5%	27,115	-0.6%
2011-2012	181	16.0%	2.8%	2.8%	26,927	0.1%
2012-2013	142	20.4%	5.6%	31.0%	26,938	0.1%
2013-2014	139	20.9%	4.3%	33.8%	26,881	0.3%
2014-2015	240	19.6%	5.4%	-22.5%	26,991	-0.2%
2015-2016	183	15.6%	3.8%	1.6%	27,017	-0.2%
2016-2017	186	16.1%	4.8%	N/A	26,965	N/A

Data Source: Baker Act Reporting Center Fiscal Year 2016-17. University of South Florida. Population estimates are available by calendar year only.

Table 3 summarizes the number of involuntary examinations for Baker County residents by initiator type. Of the total number of involuntary examinations in Baker County, 32.8% were initiated by health professionals, 66.1% by law enforcement and 1.1% by judges. In comparison, Florida had 47.7% of involuntary exams initiated by health professionals, 50.3% by law enforcement, and 2% by judges. Of the involuntary examinations in Baker County initiated by health professionals, 67% were initiated by a physician who was not a psychiatrist, in comparison to 69% in Florida. The majority of Baker County residents had their involuntary examinations at Meridian Behavioral Health Center in Lake City (CSU/CCSU) (60.2%), Baptist Medical Center in Jacksonville (Baptist Health Center) (5.9%) and North Florida Regional Medical Center in Gainesville (5.4%). As previously noted, Baker County does not have a receiving facility within its borders.

Table 3. Involuntary Exams by Initiator Type, Baker County & Florida, Fiscal Year 2016-2017

	Baker	Florida	Baker	Florida	Baker	Florida
	Health Professional		Law Enforcement		Ex Parte Order of Judge	
Total	**32.8%**	**47.7%**	**66.1%**	**50.3%**	**1.1%**	**2.0%**
Physician (not a psychiatrist)	67.2%	68.5%	These percentages are out of the total for involuntary examinations *initiated by health professionals* (not out of the total number of involuntary examinations).			
Physician (psychiatrist)	8.2%	9.3%				
Licensed Clinical Social Worker	0.0%	5.2%				
Licensed Mental Health Counselor	18.0%	8.9%				
Clinical Psychologist	0.0%	1.4%				
Psychiatric Nurse	3.3%	2.0%				
Licensed Marriage and Family Therapist	0.0%	0.1%				
Physician's Assistant	1.6%	0.6%				
Professional type not reported	1.6%	3.9%				

Data Source: Baker Act Reporting Center, University of South Florida. The Baker Act Fiscal Year 2016/2017 Annual Report.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) "is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year making it the largest continuously conducted health survey system in the world."[116]

The Florida BRFSS began reporting health behavior data in 1986 on residents 18 years old and over. The 2016 BRFSS is the latest and fifth county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. Of Baker County's 20,448 adult residents, 376 responded to the 2016 county-level survey.[117] Table 4 shows some of the key findings for Baker County.

County indicators that are statistically significantly different than the state rate are indicated by an asterisk (*).

Table 4. Selected BRFSS Data, Baker County & Florida, 2016

Alcohol Consumption	Baker County	Florida	County compared to state
Adults who engage in heavy or binge drinking	12.0%*	17.5%	-5.5%
Cancer Screening	**Baker County**	**Florida**	**County compared to state**
Women 40 years of age and older who received a mammogram in the past year	56.6%	60.8%	-4.2%
Women aged 50 to 74 who had a mammogram in the past 2 years	71.8%	81.7%	-9.9%
Women who have had a hysterectomy	38.8%*	22.7%	16.1%
Women 18 years of age and older who received a Pap test in the past year	37.7%	48.4%	-10.7%
Women aged 21 to 65 who had a Pap test in the past 3 years	70.4%	78.8%	-8.4%
Adults ages 50 years and older who have ever had a blood stool test	33.7%	36.0%	-2.3%
Adults ages 50 years and older who received a blood stool test in the past year	11.3%	16.0%	-4.7%
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	69.6%	69.2%	0.4%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	56.6%	53.9%	2.7%
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	67.6%	67.3%	0.3%
Men 50 years of age and older who received a PSA test in the past two years	51.3%	54.9%	-3.6%

[116] Centers for Disease Control and Prevention (2014, May 16). *About BRFSS*. Retrieved from https://www.cdc.gov/brfss/about/index.htm

[117] Florida Department of Health (2016). *2016 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report—Baker* Data file. Retrieved from http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/2016%20Reports/Baker.pdf

Dental Care	Baker County	Florida	County compared to state
Adults who visited a dentist or a dental clinic in the past year	56.9%	63.0%	6.1%
Adults who had a permanent tooth removed because of tooth decay or gum disease	64.4%*	47.3%	17.1%
Diabetes	**Baker County**	**Florida**	**County compared to state**
Adults who have ever been told they had pre-diabetes	11.8%	9.4%	2.4%
Adults who have ever been told they had diabetes	22.3%	11.8%	10.5%
Average age at which diabetes was diagnosed	49.6	48.2	1.4
Health Care Access & Coverage	**Baker County**	**Florida**	**County compared to state**
Adults who could not see a doctor at least once in the past year due to cost	13.2%	16.6%	-3.4%
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	44.2%	37.9%	6.3%
Adults with any type of health care insurance coverage	86.7%	83.7%	3.0%
Adults who have a personal doctor	83.8%*	72.0%	11.8%
Adults who had a medical checkup in the past year	80.8%	76.5%	4.3%
Health Status and Quality of Life	**Baker County**	**Florida**	**County compared to state**
Adults who said their overall health was "fair" or "poor"	28.4%*	19.5%	8.9%
Adults who said their overall health was "good" to "excellent"	71.6%*	80.5%	-8.9%
Adults with good physical health for the past 30 days	81.7%*	87.1%	-5.4%
Adults with good mental health for the past 30 days	85.5%	88.6%	-3.1%
Average number of unhealthy mental days in the past 30 days	4.8	3.6	1.2
Average number of unhealthy physical days in the past 30 days	5.6*	4.0	1.6
Adults who had poor mental health on 14 or more of the past 30 days	14.5%	11.4%	3.1%
Adults who had poor physical health on 14 or more of the past 30 days	18.3%*	12.9%	5.4%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	26.5%	18.6%	7.9%

Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	7.3	5.7	1.6
Adults who have ever been told they had a depressive disorder	20.6%*	14.2%	6.4%
HIV/AIDS	**Baker County**	**Florida**	**County compared to state**
Adults less than 65 years of age who have ever been tested for HIV	45.2%*	55.3%	-10.1%
Adults less than 65 years of age who had an HIV test in the past 12 months	7.3%*	19.7%	-12.4%
Adults who had ever been tested for HIV	36.5%*	46.9%	-10.4%
Obesity and Overweight	**Baker County**	**Florida**	**County compared to state**
Adults who are overweight	32.3%	35.8%	-3.5%
Adults who are obese	40.2%*	27.4%	12.8%
Adults who are overweight or obese	72.5%*	63.2%	9.3%
Adults who have a healthy weight	26.1%*	34.5%	-8.4%
Tobacco Usage	**Baker County**	**Florida**	**County compared to state**
Adults who are current smokers	18.8%	15.5%	3.3%
Adult current smokers who tried to quit smoking at least once in the past year	49.3%	62.1%	12.8%
Adults who are former smokers (currently quit smoking)	27.9%	26.5%	1.4%
Adults who have never smoked	53.2%	58.0%	-4.8%
Adults who are current e-cigarette users	3.2%	4.7%	-1.5%
Adults who are former e-cigarette users	13.8%	15.5%	-1.7%
Adults who have never used e-cigarettes	83.0%	79.8%	3.2%

Data Source: Florida Health Community Health Assessment Resource Tool Set

*** Indicates that the difference between Baker County and Florida is statistically significant.**

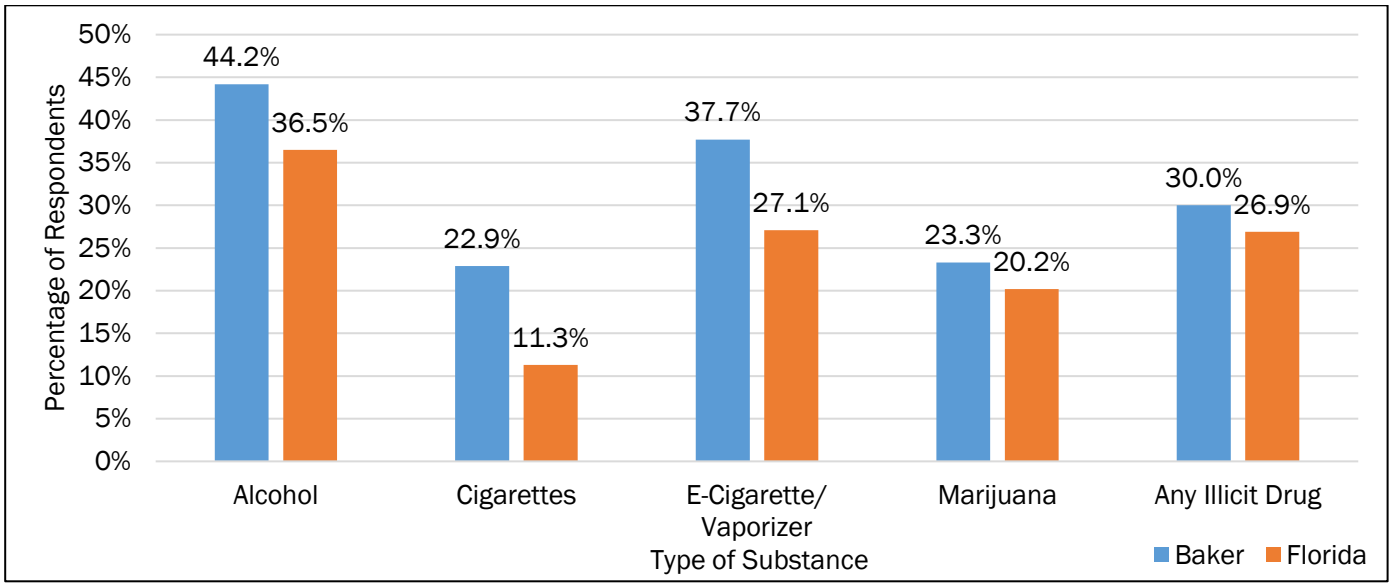
Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco, and other drug use; delinquent behaviors; and the risk and protective factors related to these behaviors.

The 2018 FYSAS was answered by 786 Baker County students in grades 6 - 12. Alcohol was the most commonly used substance among students in Baker County with a prevalence of 44.2% for lifetime use compared to the Florida prevalence of 36.5% use during student lifetime. Vaporizers and e-cigarettes were the other most

commonly used substances among Baker County students, with a 37.7% prevalence for lifetime use compared to the Florida prevalence of 27.1% for student lifetime use (Figure 92).

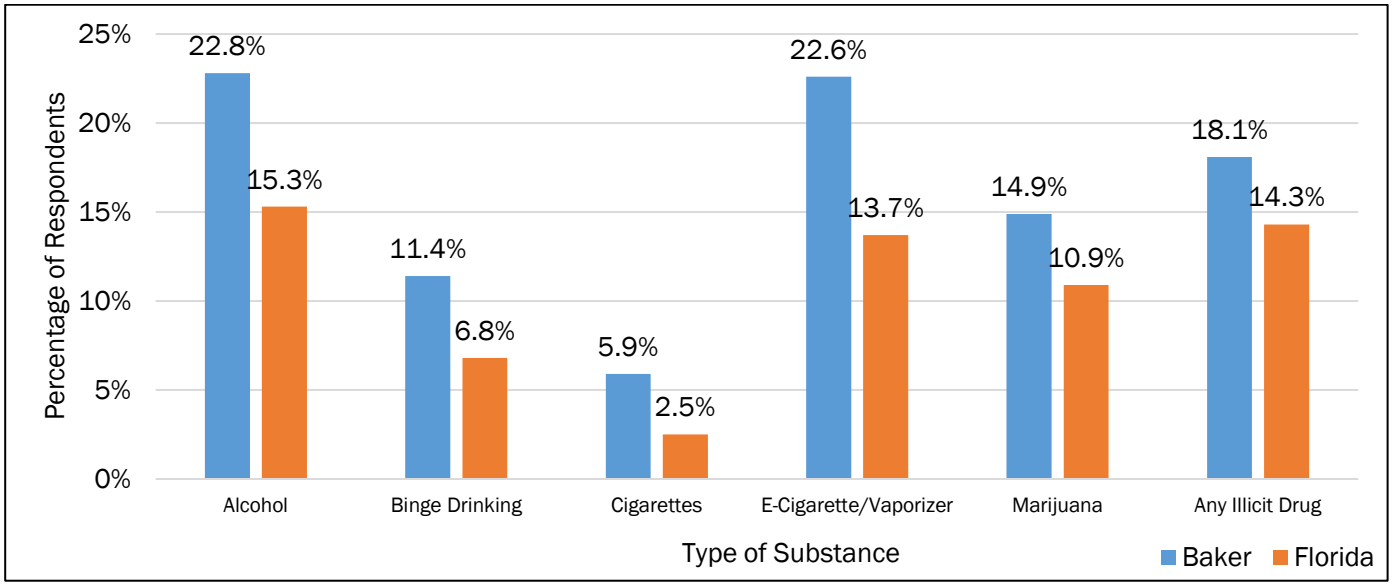
Figure 92. Youth Who Reported Using Various Substances in their lifetimes, 2018



Data Source: Florida Youth Substance Abuse Survey-Baker Report, 2018

The percentages of Baker County youth reporting having used various substances in the past 30 days is similar to reported lifetime use. Alcohol was the most commonly used substance among Baker County students in the past 30 days with a prevalence of 22.8% compared to the Florida prevalence of 15.3%. Vaporizers and e-cigarettes were the other most commonly used substances among Baker County students in the past 30 days, with a 22.6% prevalence compared to the Florida prevalence of 13.7% (Figure 93).

Figure 93. Youth Who Reported Using Various Substances in the Past 30 Days, 2018

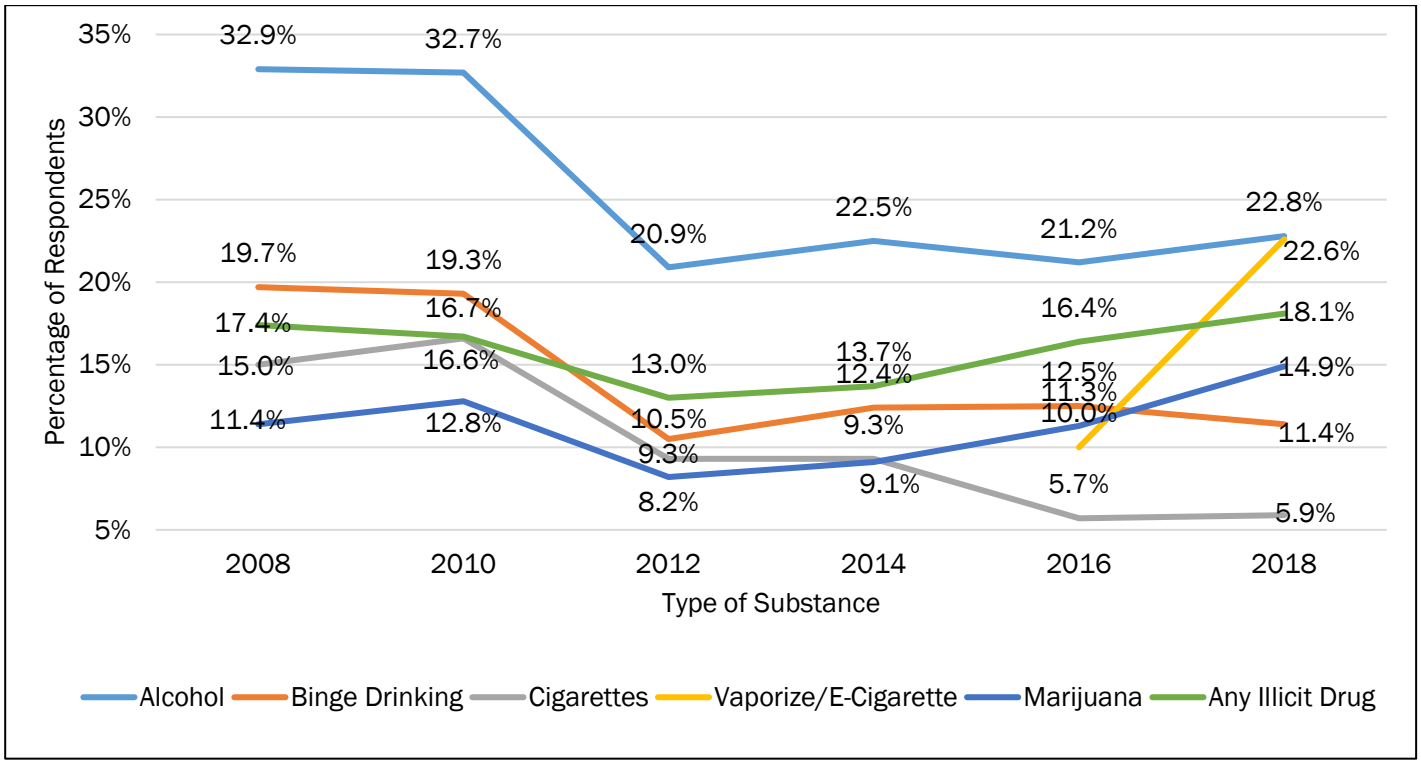


Data Source: Florida Youth Substance Abuse Survey-Baker Report, 2018

Baker County has seen a decline of past 30-day youth substance use from 2008 to 2018 for alcohol, binge drinking and cigarettes from 2008-2018. Baker County alcohol use decreased by 10.1%, binge drinking decreased by 8.3%, and cigarettes decreased by 9.1%. Baker County has seen an increase of past 30-day youth substance use from 2008 to 2018 for vaporizers/e-cigarettes, marijuana, and any illicit drug from 2008-2018.

Marijuana use increased by 3.5% and any illicit drug increased by 0.7%. Vaporizers/e-cigarettes were first reported in 2016 with 10% of Baker County youth reported using compared to 23% in 2018. In two years of reporting, the use of vaporizers/e-cigarettes increased by 12.6% (Figure 94).

FIGURE 94. YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR BAKER, 2008-2018



Data Source: Florida Youth Substance Abuse Survey-Baker Report, 2018

Health Resources, Providers, and Facilities

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance is obtained privately through an employer (the individual's own or an immediate family member), purchased independently, or available to certain individuals through government subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits.[118]

The uninsured population includes both full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford costly premiums. Evidence shows uninsured persons experience less positive medical outcomes than their insured counterparts do. The uninsured are also less likely to have a regular source of primary care or seek preventive health services.[119]

Baker County has a lower percentage of civilian noninstitutionalized insured persons compared to the U.S. and higher compared to Florida. About 88% of Baker's total civilian noninstitutionalized population has insurance compared to 85% of Floridians and 90% of all Americans. Among the civilian noninstitutionalized unemployed

[118] Center for Disease Control and Prevention (2017, September). Retrieved from National Center for Health Statistics Health Insurance Data: https://www.cdc.gov/nchs/data/factsheets/factsheet_health_insurance.htm

[119] *Cover the Uninsured*, a National project of the Robert Wood Johnson Foundation, 2010.

population ages 18 to 64 years, only 45% of Baker County residents and 55% of Florida residents have health insurance compared to 66% in the U.S. (Table 5).

TABLE 5. INSURANCE COVERAGE IN BAKER COUNTY, FLORIDA, AND THE UNITED STATES, 2013-2017

	Baker County	Florida	United States
Total civilian noninstitutionalized	25,058	19,967,931	316,027,641
With health insurance coverage	87.90%	85.10%	89.50%
With private health insurance	66.80%	60.80%	67.20%
With public coverage	32.50%	36.50%	33.80%
No health insurance coverage	12.10%	14.90%	10.50%
Civilian noninstitutionalized population 18 to 64 years	14,781	11,758,619	191,718,106
In labor force:	10,654	8,953,241	148,782,703
Employed:	10,013	8,329,953	139,450,616
With health insurance coverage	90.20%	80.50%	87.10%
With private health insurance	85.70%	75.40%	80.20%
With public coverage	8.30%	7.40%	9.20%
No health insurance coverage	9.80%	19.50%	12.90%
Unemployed:	641	623,288	9,332,087
With health insurance coverage	45.20%	54.50%	66.10%
With private health insurance	29.50%	34.70%	38.40%
With public coverage	15.80%	22.20%	30.40%
No health insurance coverage	54.80%	45.50%	33.90%
Not in labor force:	4,127	2,805,378	42,935,403
With health insurance coverage	77.60%	76.80%	83.30%
With private health insurance	48.30%	48.40%	51.30%
With public coverage	37.70%	35.00%	38.90%
No health insurance coverage	16.70%	23.20%	22.40%

Data Source: U.S. 2013-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

Federal Health Professional Shortage Designation

The Human Health Resources and Services (HRSA) develops a shortage designation criteria to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be for primary medical care, dental, or mental health providers and may be geographic (a county or service area), population (low-income or Medicaid eligible), or facilities (e.g. federally qualified health centers or state or federal prisons). Baker County is designated as a geographic rural HPSA due to a lack of primary care, dental and mental health services. The low income population of Baker County is also identified as HPSA due to the lack of services they can acquire.[120]

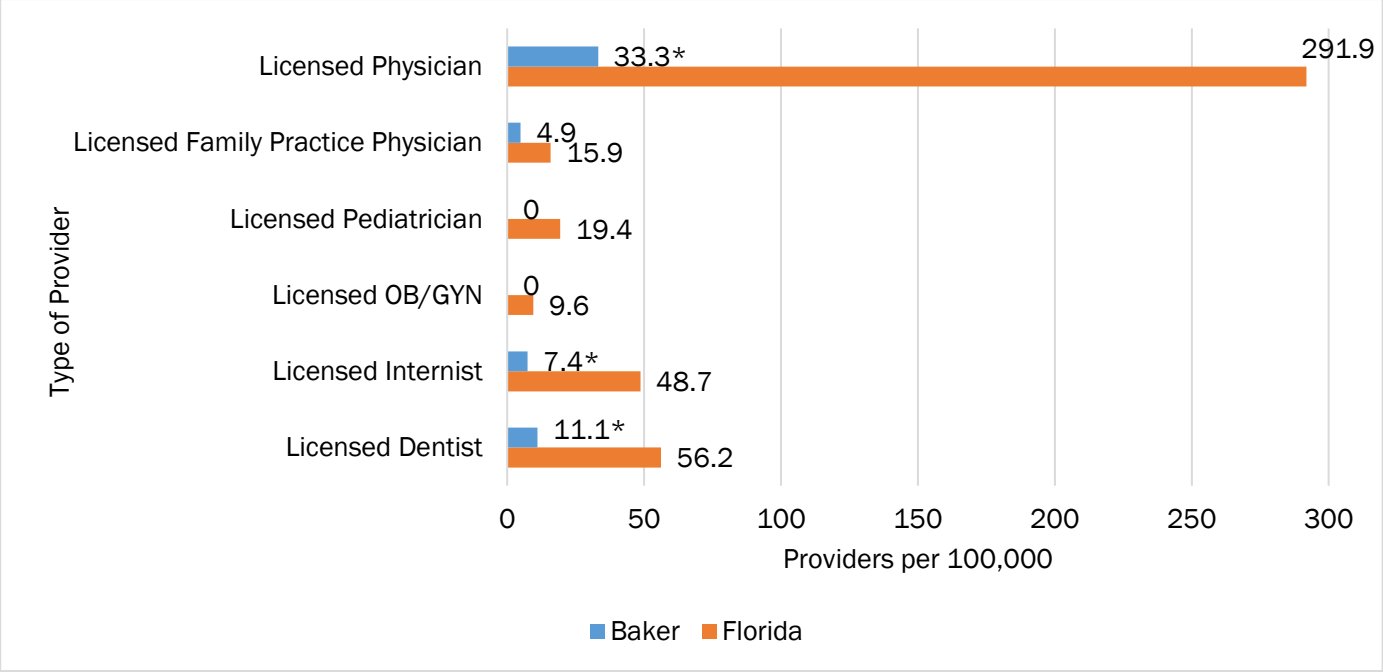
[120] Health Resources and Services Administration (2017, 03 30). HRSA Data Warehouse. Retrieved from https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx

Health Care Providers

A Primary Care Provider (PCP) is a physician, nurse practitioner, clinical nurse specialist, or physician assistant "who provides, coordinates or helps a patient access a range of health care services."[121] Primary care providers serve as a patient's first point of entry for health care services and focus on patient care, rather than disease treatment.[122] The U.S. Health Resources and Services Administration (HRSA) considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners as primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.[123]

Figure 95 shows the rate per 100,000 population of total licensed physicians, family practice physicians, pediatricians, OB/GYNs, internists and dentists in Baker County. Overall, Baker County has a significantly lower number of licensed physicians per 100,000 (33) than the state (292). Baker County also has fewer licensed dentists, internists, and family practice physicians per 100,000 than Florida. Baker County has no licensed pediatricians and OB/GYNs compared to 19 and 10 in Florida, respectively.

Figure 95. Total Licensed Providers, Baker County & Florida, Fiscal Year 2015-16 and 2017-18



* Indicates that the difference between Baker County and Florida is statistically significant.
Data Source: FL Dept. of Health, Division of Medical Quality Assurance

Overall, Baker County has seen an increase in the number of practicing physicians from 2012 to 2018.

Table 6 summarizes the change in the number of practicing physicians in the county with comparison to Florida during this time. Table 7 shows the total number of physicians in Baker County by specialty groups. Baker County has medical specialists including psychiatry, emergency medicine, internal medicine, and family medicine.

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[121] U.S. Centers for Medicare & Medicaid Services (n.d.). Glossary: Primary Care Provider. Retrieved from HealthCare.gov: https://www.healthcare.gov/glossary/primary-care-provider/

[122] American Academy of Family Physicians (2018). *Primary Care*. Retrieved from AAFP: https://www.aafp.org/about/policies/all/primary-care.html

[123] United States Health Resources and Services Administration (n.d.). Health Center Program. Retrieved from HRSA.GOV: https://www.hrsa.gov/sites/default/files/grants/apply/assistance/Buckets/definitions.pdf

Table 6. Change in Number of Practicing Physicians in Baker County (2012-2018)

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Baker	43	42	38	37	39	46
Florida	43,406	43,957	44,685	45,746	45,995	50,561

Data Source: Florida Department of Health, Physician Workforce Annual Report, 2018

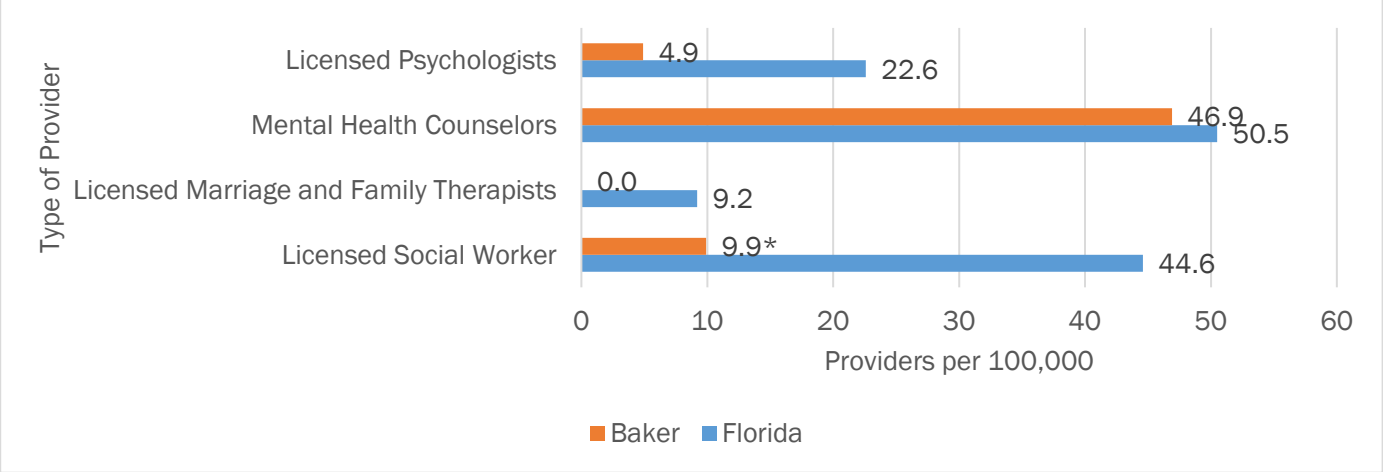
Table 7. Physician Specialty Group Count in Baker County, 2017-18

Type of Specialty Group	Baker County
Anesthesiology	1
Dermatology	1
Emergency Medicine	3
Family Medicine	13
Internal Medicine	6
*Medical Specialist	4
OB/GYN	0
Pediatrics	1
Psychiatry	14
Radiology	1
Surgeons	1
Total	45

Data Source: Florida Department of Health, Physician Workforce Annual Report, 2018
*Medical specialist includes Internal Medicine, Neurology, Nuclear Medicine, Ophthalmology, Orthopedic Medicine, Otolaryngology, and Pathology.

Mental health is an important part of overall health and well-being. It is important at every stage of life from childhood and adolescence through adulthood.[124] Baker County has a lower provider rate of licensed psychologists, mental health counselors, licensed clinical social workers and licensed marriage and family therapists in comparison to the state as shown in Figure 96.

Figure 96. Total Licensed Mental Health Professionals, Baker County and Florida, Fiscal Year 2017-18



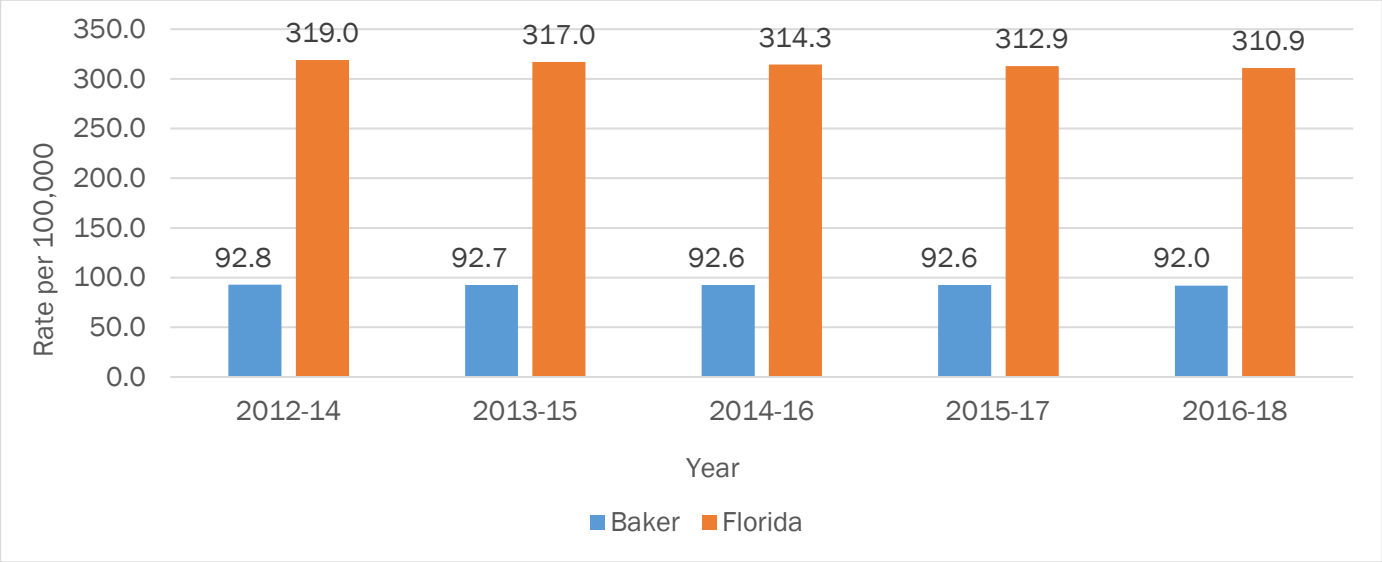
Data Source: FL Dept. of Health, Division of Medical Quality Assurance

[124] U.S. Centers for Disease Control and Prevention (2018). Mental Health. Retrieved from CDC: https://www.cdc.gov/mentalhealth/learn/index.htm

Health Care Facilities

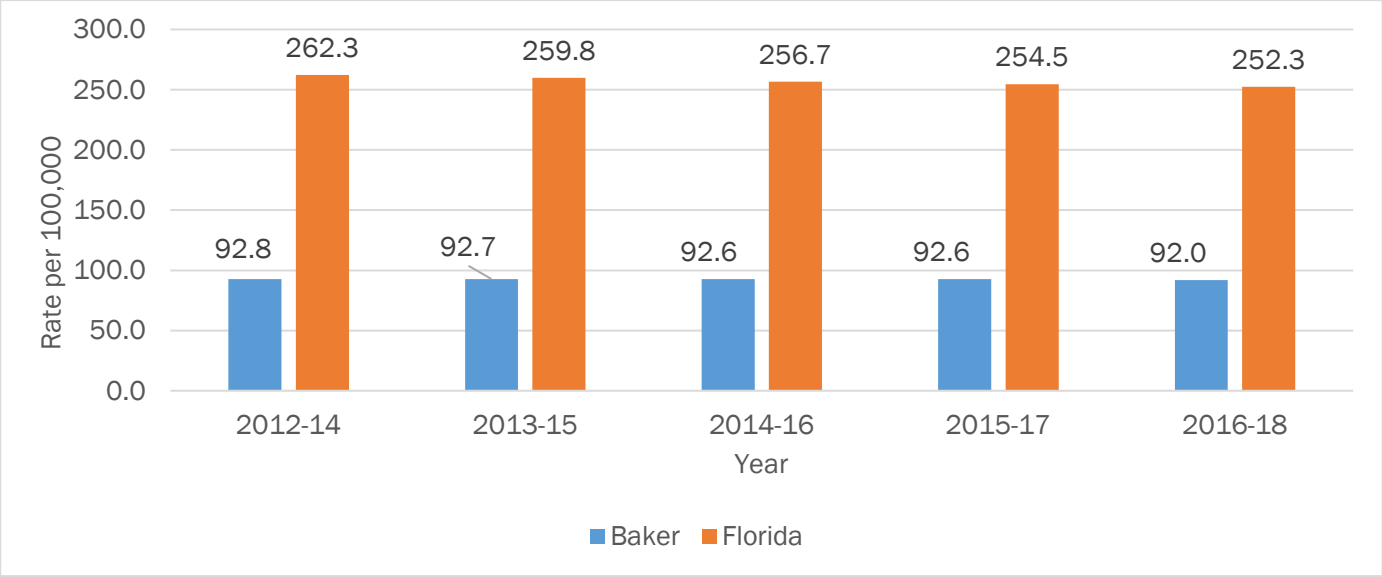
Acute care hospitals play a key role in delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. Baker County has a significantly lower rate of total hospital beds (Figure 97) and acute care beds (Figure 98) than Florida. Acute care beds are "used to provide short-term medical treatment for patients having an acute illness or injury or recovering from surgery or childbirth." Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.[125] Baker County has a lower rate of total hospital beds and acute care beds than Florida, and no specialty hospital beds per 100,000 (Figure 99).

Figure 97. Total Hospital Beds, Baker County & Florida, 2012-2018



Data Source: Florida Agency for Health Care Administration (AHCA)

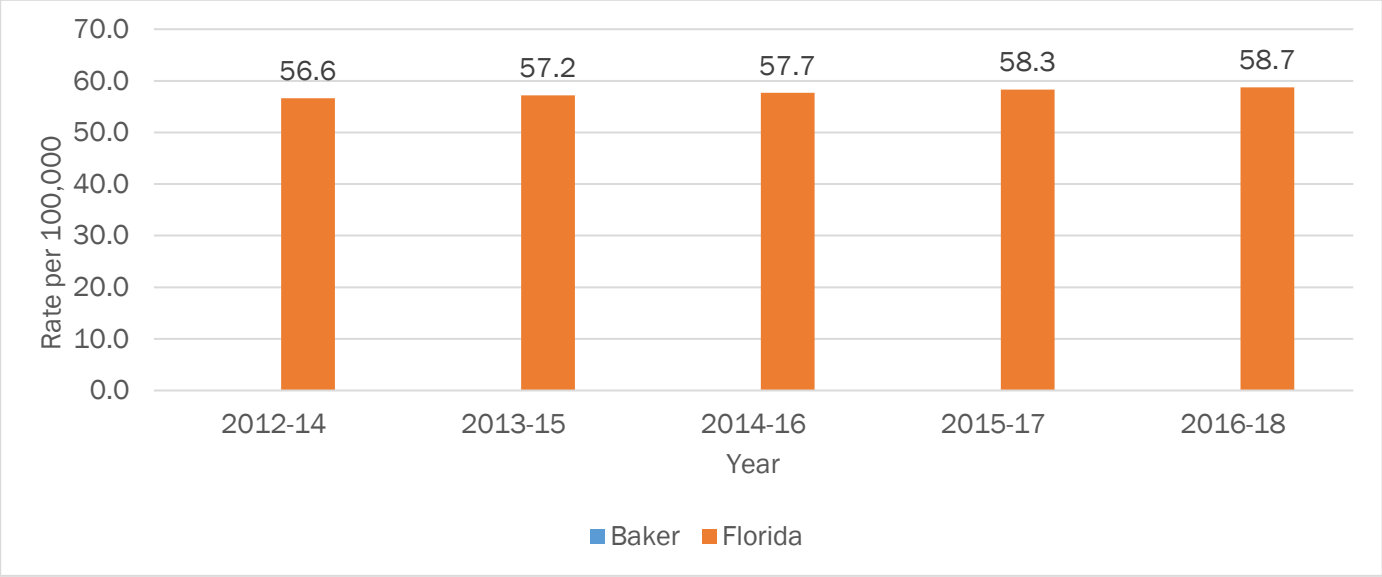
Figure 98. Acute Care Hospital Beds, Baker County & Florida, 2012-2018



Data Source: Florida Agency for Health Care Administration (AHCA)

[125] Florida Agency for Health Care Administration (2017). *Facility/Provider Definitions*. Retrieved from FloridaHealthFinder: http://www.floridahealthfinder.gov/about-ahca/facility-locator-glossary.aspx

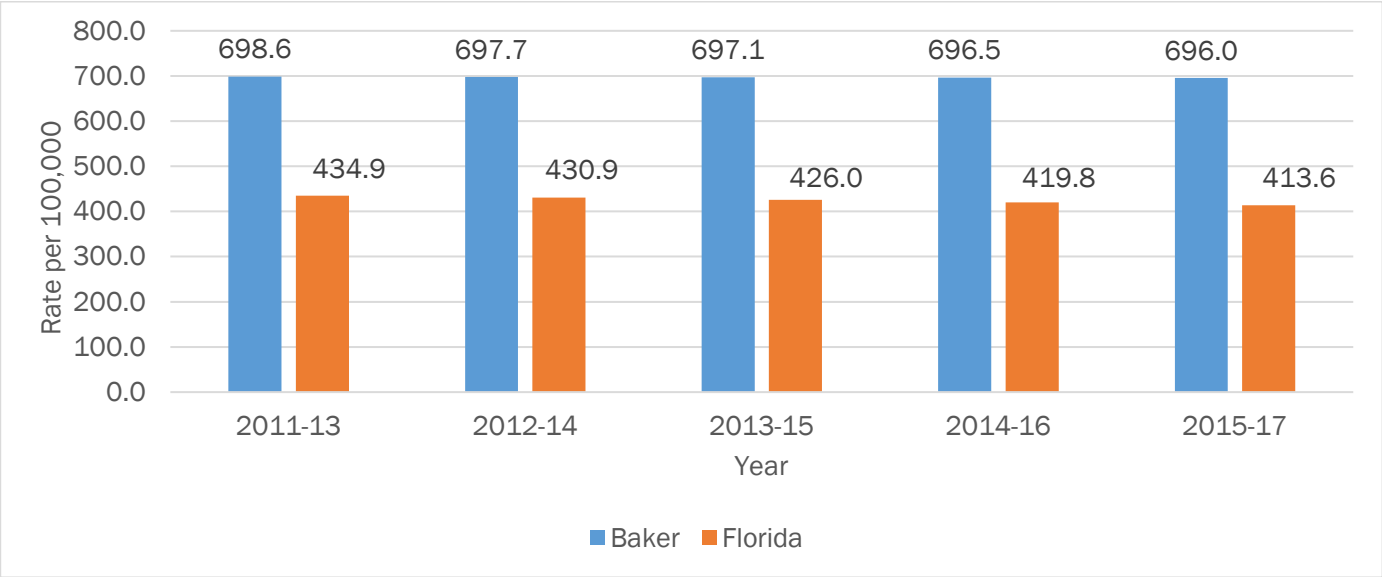
Figure 99. Specialty Care Hospital Beds, Baker County & Florida, 2012-2018



Data Source: Florida Agency for Health Care Administration (AHCA)

Figure 100 summarizes the number of community nursing home beds in Baker County. Baker County has a higher rate of nursing homes beds per 100,000 population than Florida, with 696 nursing home beds per 100,000 people in 2015-2017.

Figure 100. Nursing Home Beds, Baker County & Florida, 2011-2017



Data Source: Florida Agency for Health Care Administration (AHCA)

Other Facilities

Baker County has one assisted living facility with 5 licensed beds and one home health agency with 0 licensed beds (Table 8).

Table 8. Total Number of Licensed Facilities in Baker County, 2019

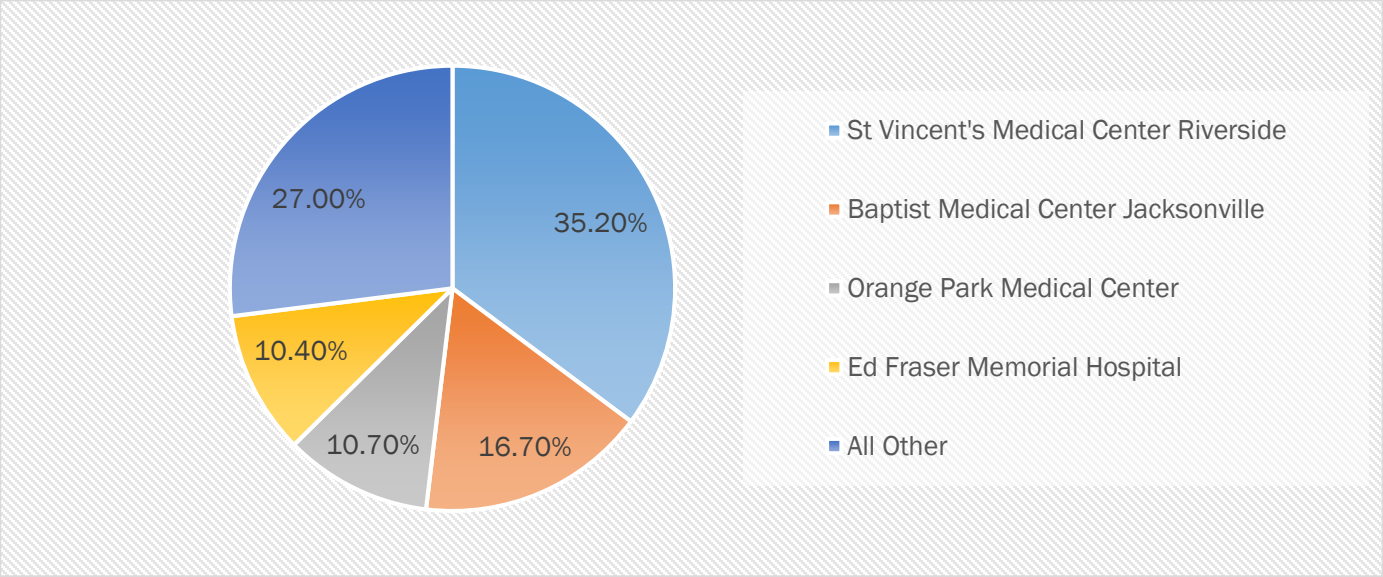
Facility Type	Total Number of Licensed Facilities in Baker County
Assisted Living Facilities	1
Home Health Agencies	1

Data Source: Agency for Health Care Administration (AHCA http://www.floridahealthfinder.gov/index.html, 2019)

Health Care Utilization

Figure 101 shows the hospitals most used by Baker County residents for inpatient services by the number of inpatient discharges in 2018. St. Vincent's Medical Center Riverside (35.2%) saw the greatest number of Baker County residents as inpatients, followed by Baptist Medical Center Jacksonville (16.7%) and Orange Park Medical Center (10.7%).

Figure 101. Most Used Hospitals of Baker County Residents By Number Of Inpatient Discharges, 2018



Data Source: AHCA Inpatient Data File

Top Reasons for Inpatient Hospital and Emergency Department Visits

The purpose or reason for a hospital admission can be determined by the primary diagnosis code documented at the time of the patient's discharge. Hospitals code within Diagnosis Related Groups (DRGs) as a standard for documentation and billing purposes.

Table 9 shows the top 15 diagnoses for inpatient visits by residents of Baker County to any hospital in Florida by the number of discharges in 2018. Diagnoses are shown as Medicare Severity Diagnosis Related Groups (DRGs). Table 10 also shows cost, patient age, and payment type for each MS DRG. The most frequent DRG recorded for Baker County residents (at any hospital) was vaginal deliveries, which accounted for almost 15% of the top 15 DRGs during 2018. Other leading causes of inpatient visits included normal newborn births, psychoses (psychoses represent a variety of unspecified mental health conditions), sepsis and joint replacement. **(See Appendix E for updated 2020 data)**

Table 9. Top 15 Hospital Discharges by DRG, Baker County Residents, All Ages, 2017

Utilization				Cost			Patient Age			Payment Type		
Medicare Severity DRG (MS DRG) Description	Discharges	% of Tot.	Avg. LOS	Total Charges	% of Tot.	Avg. Charge	0-17	18-64	65+	Gov. Ins.	Com. Ins	Non Pay/Self Pay/Other
Vaginal delivery w/o complicating diagnoses	81	14.90%	2.4	$1,799,144	10.50%	$22,212	1	80	0	42	38	1
Normal newborn	80	14.80%	2	$331,469	1.90%	$4,143	80	0	0	39	38	3
Psychoses	46	8.50%	10.9	$1,361,649	7.90%	$29,601	8	31	7	27	14	5
Septicemia w/o MV 96+ hours w MCC	46	8.50%	6.1	$2,782,035	16.20%	$60,479	1	22	23	32	9	5
Major joint replacement or reattachment of lower extremity w/o MCC	39	7.20%	2.4	$3,055,222	17.80%	$78,339	0	20	19	24	14	1
Neonate w other significant problems	38	7.00%	2.4	$325,374	1.90%	$8,562	38	0	0	24	12	2
Simple pneumonia & pleurisy w CC	34	6.30%	4.1	$1,016,507	5.90%	$29,897	0	13	21	27	4	3
Esophagitis, gastroent & misc digest disorders w/o MCC	28	5.20%	3.3	$859,371	5.00%	$30,692	0	15	13	22	3	3
Kidney & urinary tract infections w/o MCC	25	4.60%	2.4	$451,623	2.60%	$18,065	2	10	13	19	6	0
Simple pneumonia & pleurisy w MCC	25	4.60%	6.2	$1,101,897	6.40%	$44,076	1	8	16	23	0	2
Cesarean section w/o CC/MCC	23	4.20%	2.7	$913,637	5.30%	$39,723	0	23	0	12	11	0
Red blood cell disorders w/o MCC	21	3.90%	4.2	$830,707	4.80%	$39,557	0	15	6	16	3	2
Cesarean section w CC/MCC	19	3.50%	4.6	$1,171,185	6.80%	$61,641	0	19	0	11	8	0
Pulmonary edema & respiratory failure	19	3.50%	6.1	$833,277	4.80%	$43,857	0	6	13	13	4	2
Nutritional & misc metabolic disorders w/o MCC	18	3.30%	3.2	$371,265	2.20%	$20,626	0	7	11	13	4	1
Grand Total(15)		**542**	**4**	**$17,204,362**		**$31,742**	**131**	**269**	**142**	**344**	**168**	**30**

Data Source: AHCA Inpatient Data File

Table 10 shows the top 15 emergency room diagnoses of Baker County residents at any emergency department in 2018. Upper respiratory infections were the top diagnoses, accounting for almost 14% of visits for the top 15 diagnoses. Other top emergency department diagnoses were abdominal pain, urinary tract infection, chest pain, flu, fever and viral infections. (See Appendix E for updated 2020 data)

Table 10. Top 15 Emergency Department Diagnoses of Baker County Residents, All Ages, 2018

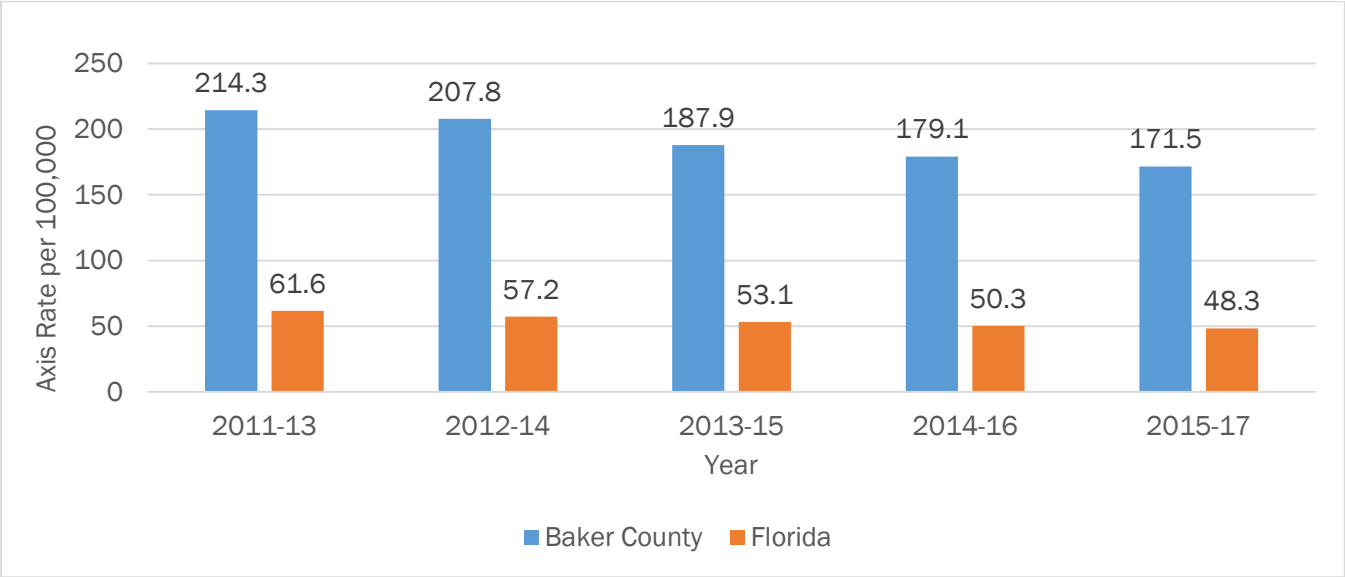
Utilization				Cost			Patient Age			Payment Type		
Principal Diagnosis Description	**Visits**	**% of Tot.**	**Avg. Hours**	**Total Charges**	**% of Tot.**	**Avg. Charge**	**0-17**	**18-64**	**65+**	**Gov. Ins.**	**Com. Ins**	**Non Pay/ Self Pay/Other**
Acute upper respiratory infection, unspecified	246	13.90%	2.87	$404,363	6.30%	$1,644	96	108	42	120	85	41
Unspecified abdominal pain	172	9.70%	3.63	$958,873	14.90%	$5,575	37	110	25	58	87	S
Urinary tract infection, site not specified	171	9.70%	2.91	$800,147	12.40%	$4,679	22	115	34	81	55	35
Chest pain, unspecified	170	9.60%	3.46	$936,258	14.60%	$5,507	6	128	36	67	76	27
Flu due to unidentified influenza virus w oth resp manifest	155	8.80%	2.24	$248,124	3.90%	$1,601	68	73	14	50	83	22
Fever, unspecified	108	6.10%	2.6	$201,713	3.10%	$1,868	55	23	30	55	44	9
Viral infection, unspecified	104	5.90%	2.79	$189,015	2.90%	$1,817	61	35	8	55	34	15
Other chest pain	101	5.70%	4.27	$805,180	12.50%	$7,972	1	90	10	33	48	20
Noninfective gastroenteritis and colitis, unspecified	93	5.30%	3.31	$465,433	7.20%	$5,005	19	64	10	34	37	22
Acute pharyngitis, unspecified	83	4.70%	2.08	$146,455	2.30%	$1,765	32	48	3	31	36	16
Essential (primary) hypertension	81	4.60%	3.11	$285,896	4.40%	$3,530	0	59	22	28	36	17
Headache	76	4.30%	2.91	$333,432	5.20%	$4,387	18	55	3	26	36	14
Nausea with vomiting, unspecified	76	4.30%	3.21	$331,777	5.20%	$4,365	11	56	9	32	32	12
Low back pain	71	4.00%	2.79	$242,646	3.80%	$3,418	5	56	10	22	26	23
Acute sinusitis, unspecified	64	3.60%	1.78	$83,992	1.30%	$1,312	11	48	5	15	33	16
Grand Total(15)		**1,771**	**2.98**		**$6,433,304**	**$3,633**	**442**	**1,068**	**261**	**707**	**748**	**316**

Data Source: AHCA Emergency Department Data File

County Health Department Personnel & Expenditures

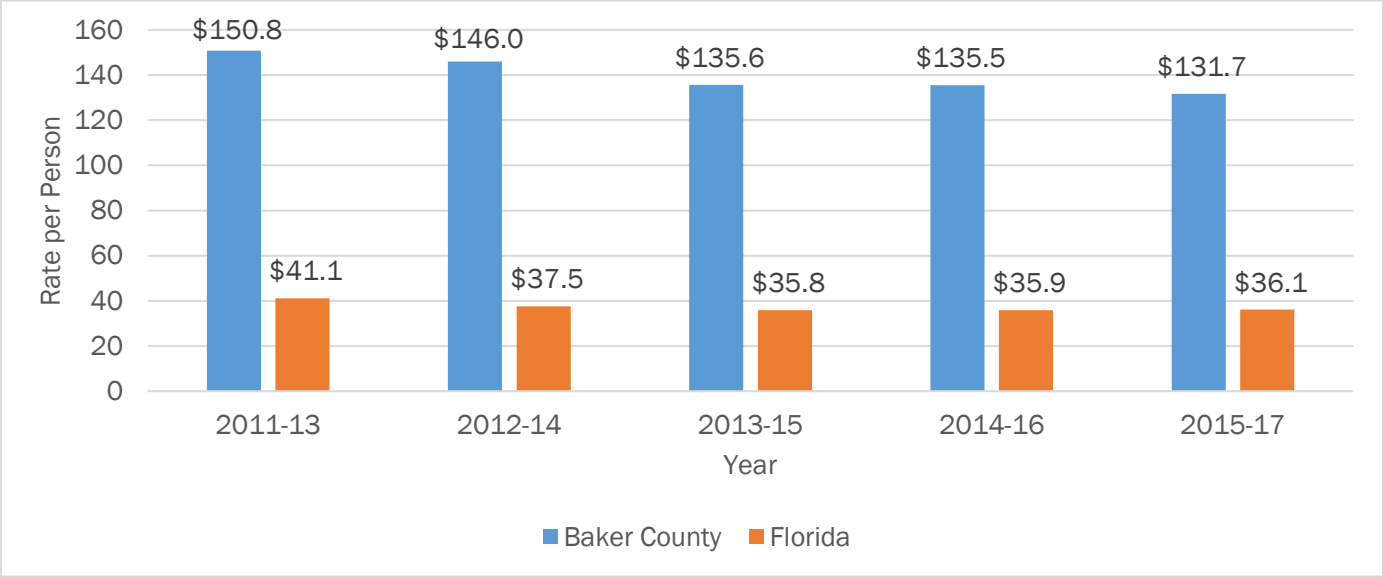
Baker County had a higher rate of full-time employment for their health department per 100,000 population than Florida for the past 5 years (Figure 102). In 2015-2017, Baker County spent $131.7 per county resident compared to the state average of $36.1 per county resident (Figure 103). DOH-Baker provides public health, clinical, and field services to the residents of Baker County.[126]

Figure 102. Department of Health Full-Time Employees, Baker & Florida, 2011-2017



Data Source: FL Health Charts, www.flhealthcharts.com

Figure 103. Department of Health Expenditures, Baker County & Florida, 2011-2017



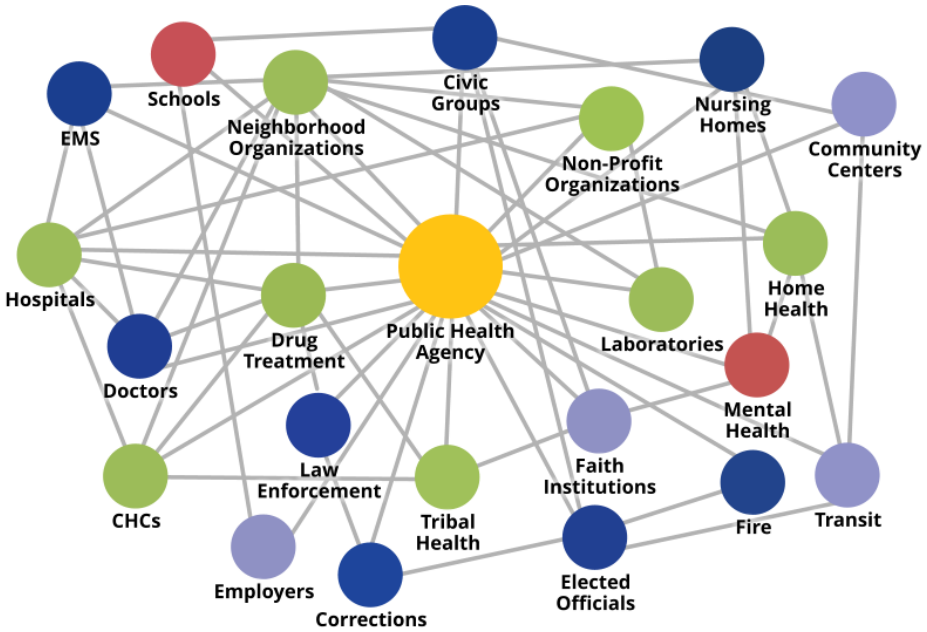
Data Source: FL Health Charts, www.flhealthcharts.com

[126] The Florida Department of Health in Baker County (2019). Programs and Services. Retrieved from: http://www.baker.floridahealth.gov/ programs-and-services/index.html

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The National Public Health Performance Standards Program (NPHPSP) (Figure 104) was developed by the U.S. Department of Health and Human Services (DHHS) to provide measurable performance standards public health systems can use to ensure delivery of public health services. The Local Public Health System Assessment (LPHSA) is a tool from the NPHPSP used to examine competency, capacity, and provision of health services at the local level. The DHHS defines the public health systems as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."[127]

FIGURE 104. THE PUBLIC HEALTH SYSTEM FROM THE CDC'S NPHPSP



The *10 Essential Public Health Services* outline the public health activities that all communities should undertake, providing the fundamental framework for the LPHSA.[128] The LPHSA instrument is divided into ten sections, assessing the local public health system's ability to provide each essential service. The 10 Essential Public Health Services are:

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

[127] U.S. Centers for Disease Control and Prevention (2015). *National Public Health Performance Standards (NPHPS)*. Retrieved from CDC.gov: http://www.cdc.gov/nphpsp/

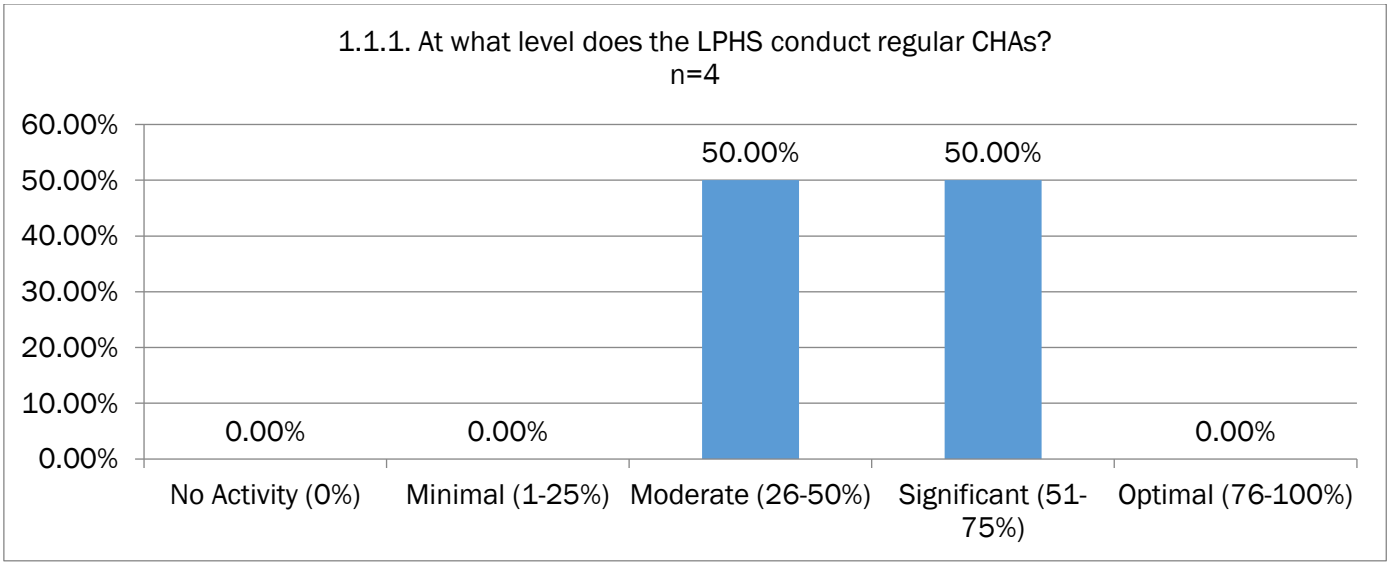
[128] U.S. Centers for Disease Control and Prevention (2015). *National Public Health Performance Standards (NPHPS)*.

Some Baker County stakeholders were sent a survey to review and score each of the ten essential public health services. The four surveys were broken up by essential public health service (ES) and distributed to subject matter experts in each of the key areas. The first survey covered ES 1 and 2, the second survey covered ES 3,4, and 5, the third survey covered ES 6 and 7 and the final survey covered ES 8, 9 and 10. Participants were asked questions about each essential service and scored each service, using recommended scoring levels provided in the assessment instrument. The scoring levels are as follows:

- Optimal Activity (76-100%): Greater than 75% of the activity described within the question is met.
- Significant Activity (51-75%): Greater than 50% but no more than 75% of the activity described within the question is met.
- Moderate Activity (26-50%): Greater than 25% but no more than 50% of the activity described within the question is met.
- Minimal Activity (1-25%): Greater than zero but no more than 25% of the activity described within the question is met.
- No Activity (0%): 0% or absolutely no activity.

The following figures (Figure 105-Figure 212) show the scores of each of the ten essential public health services including their subcategories.

FIGURE 105.



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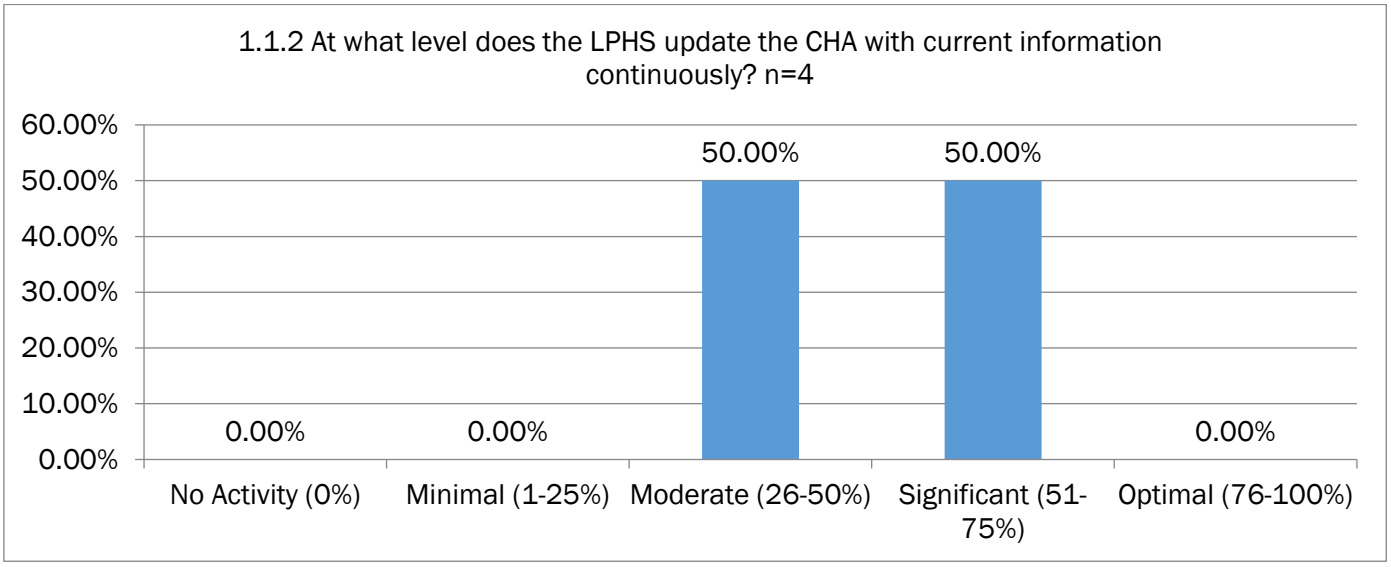

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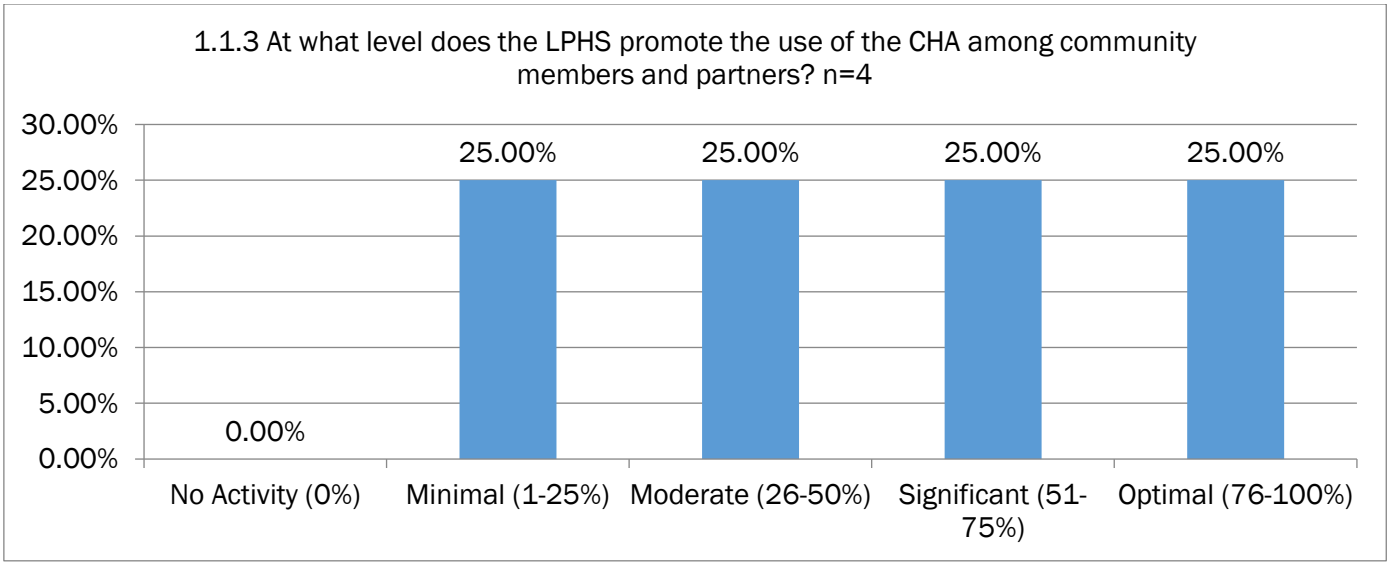

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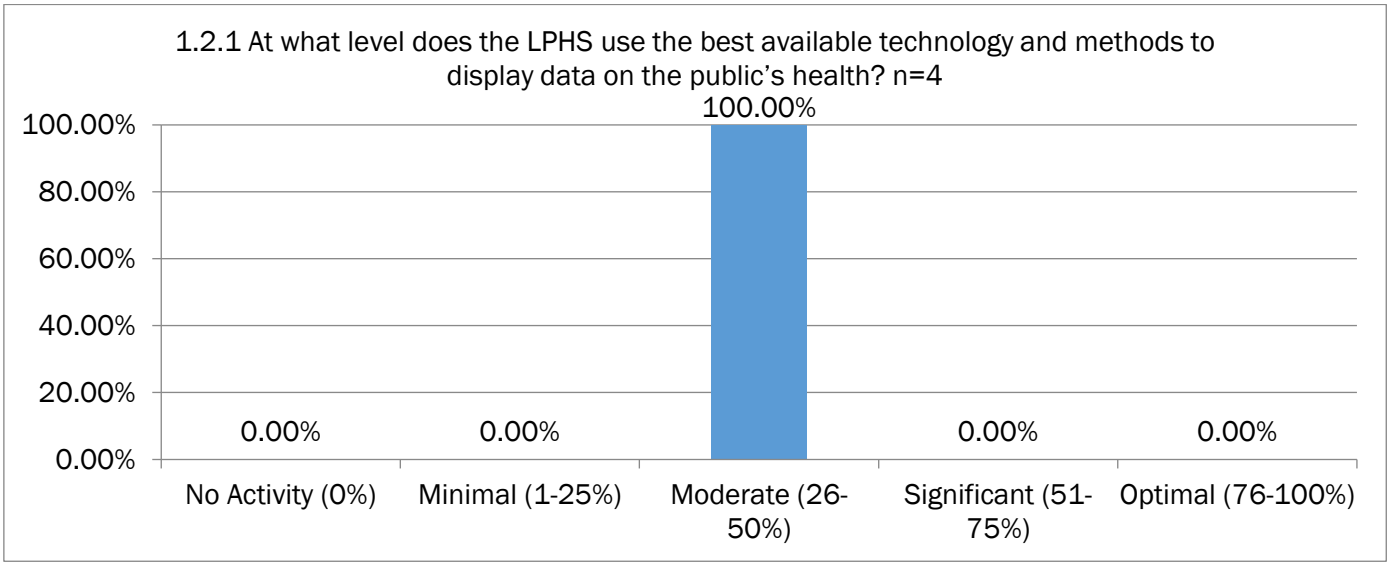

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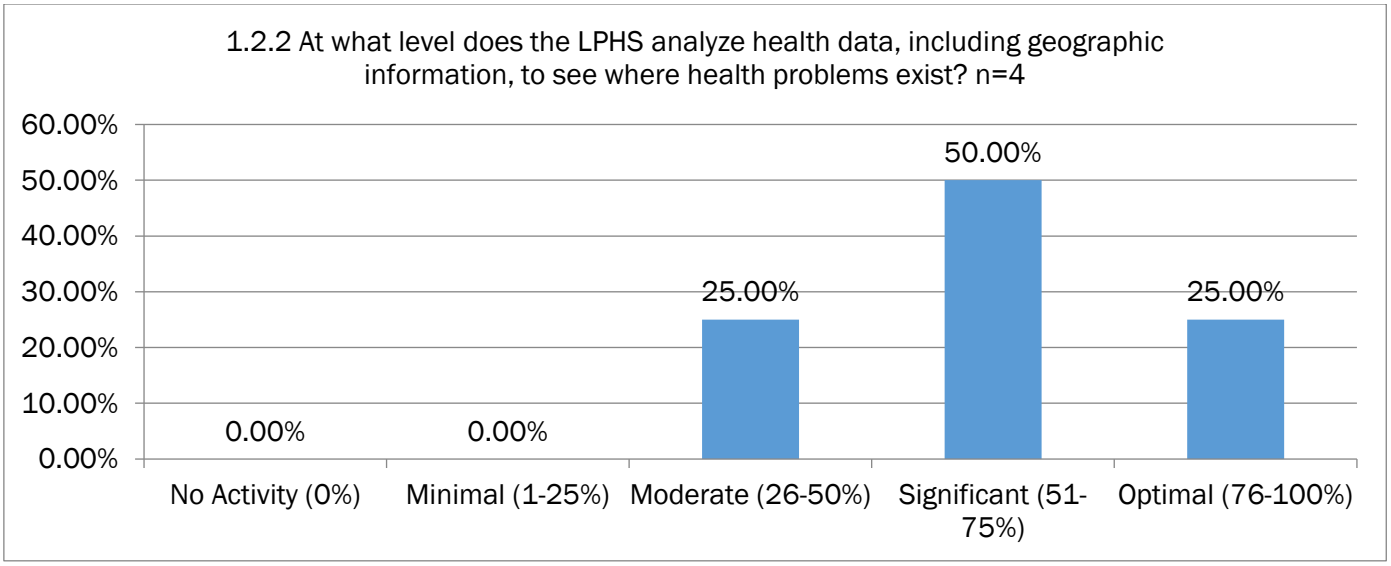

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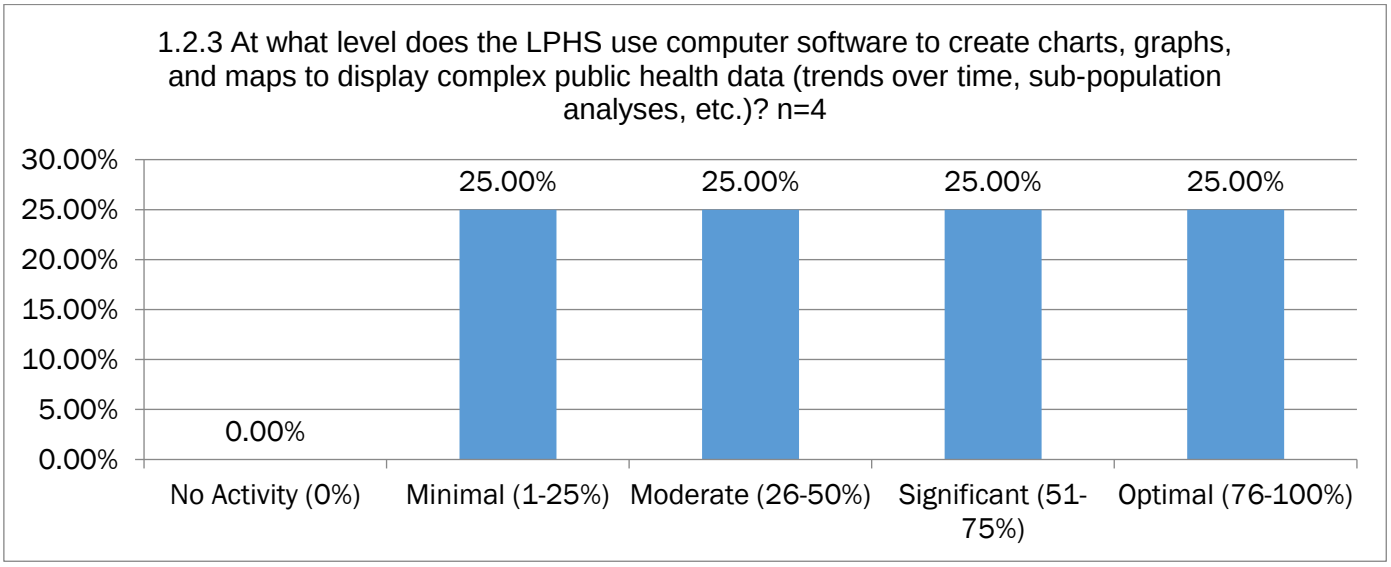

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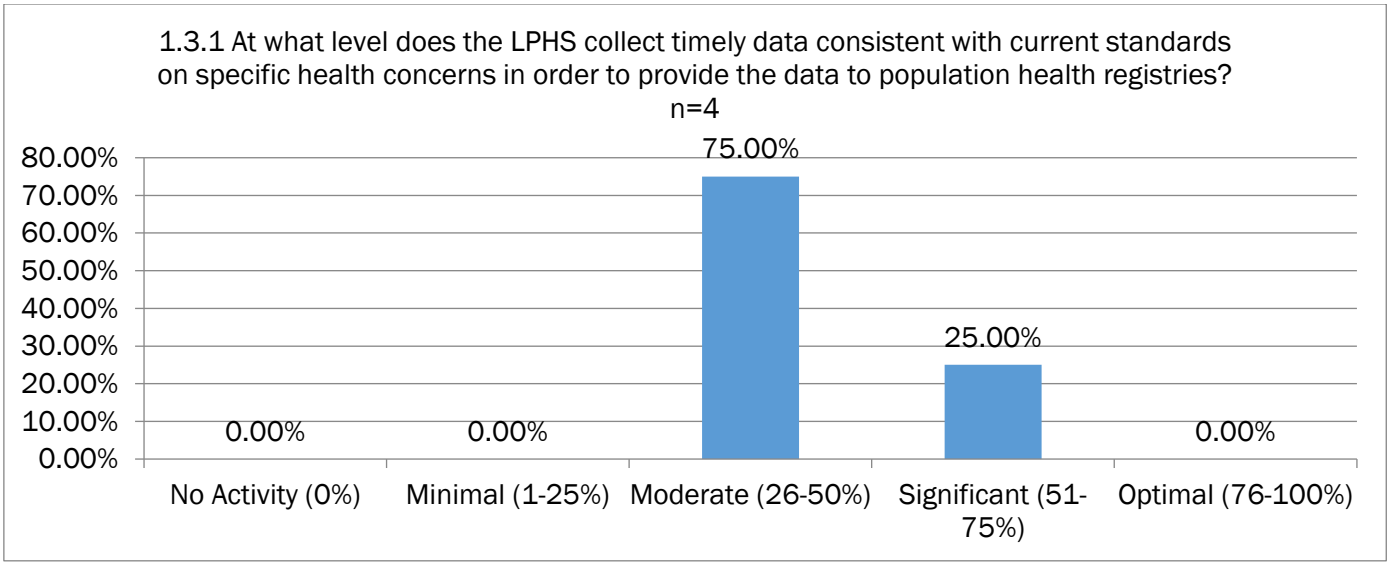

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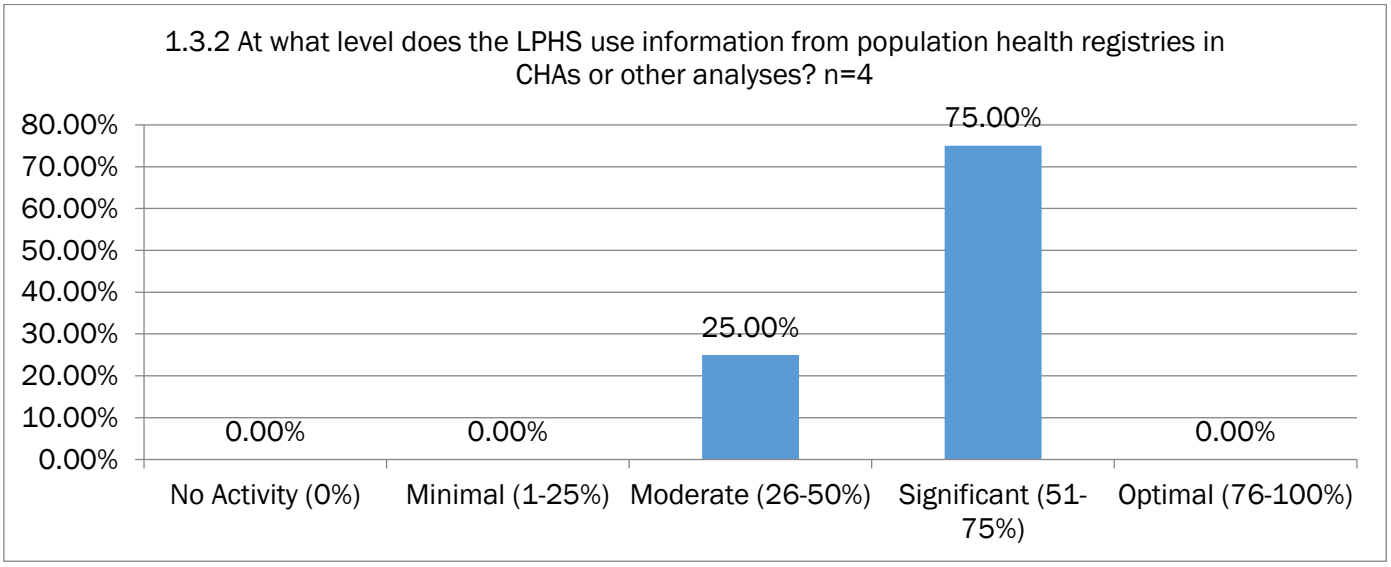

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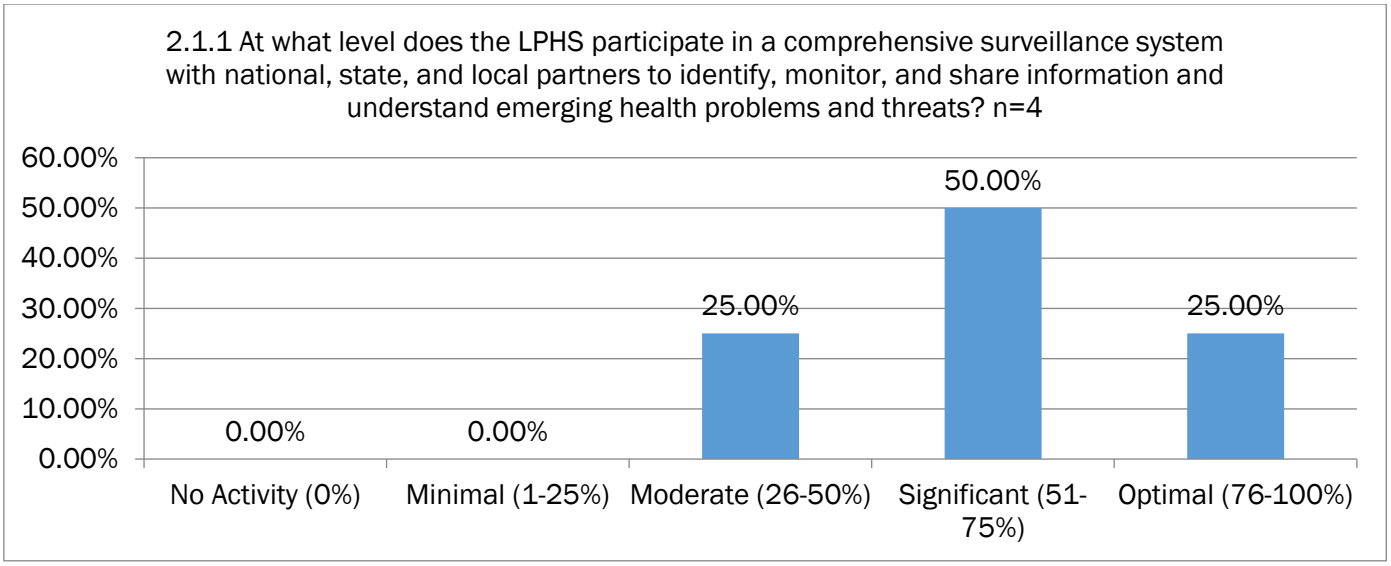

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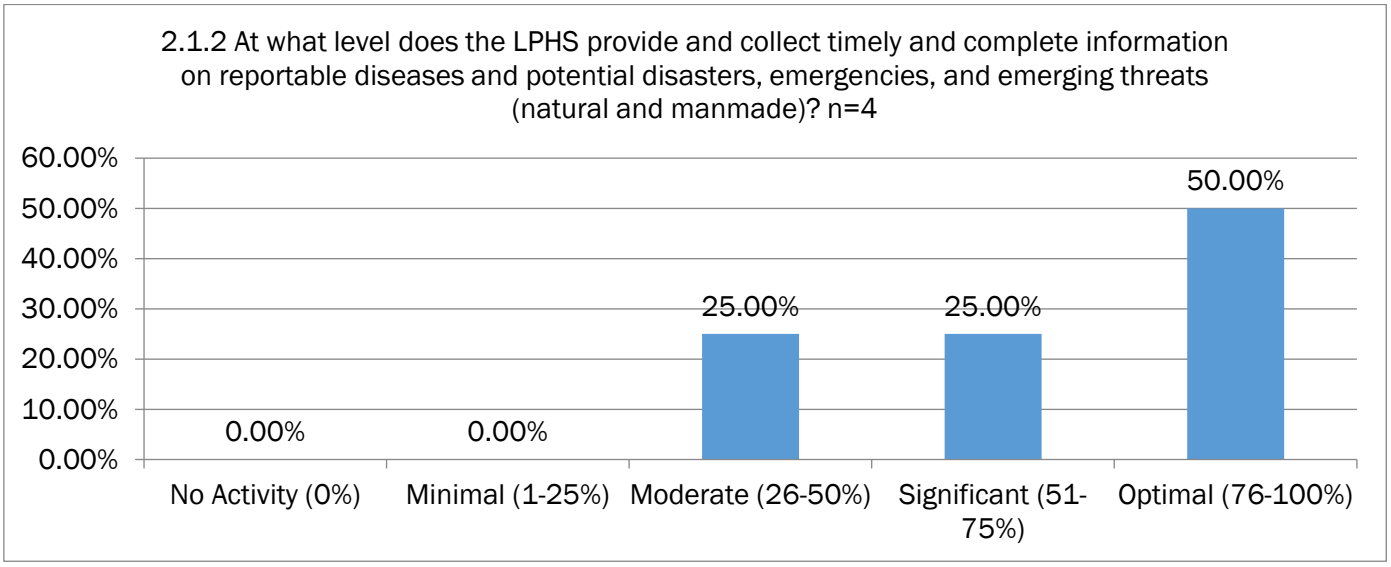

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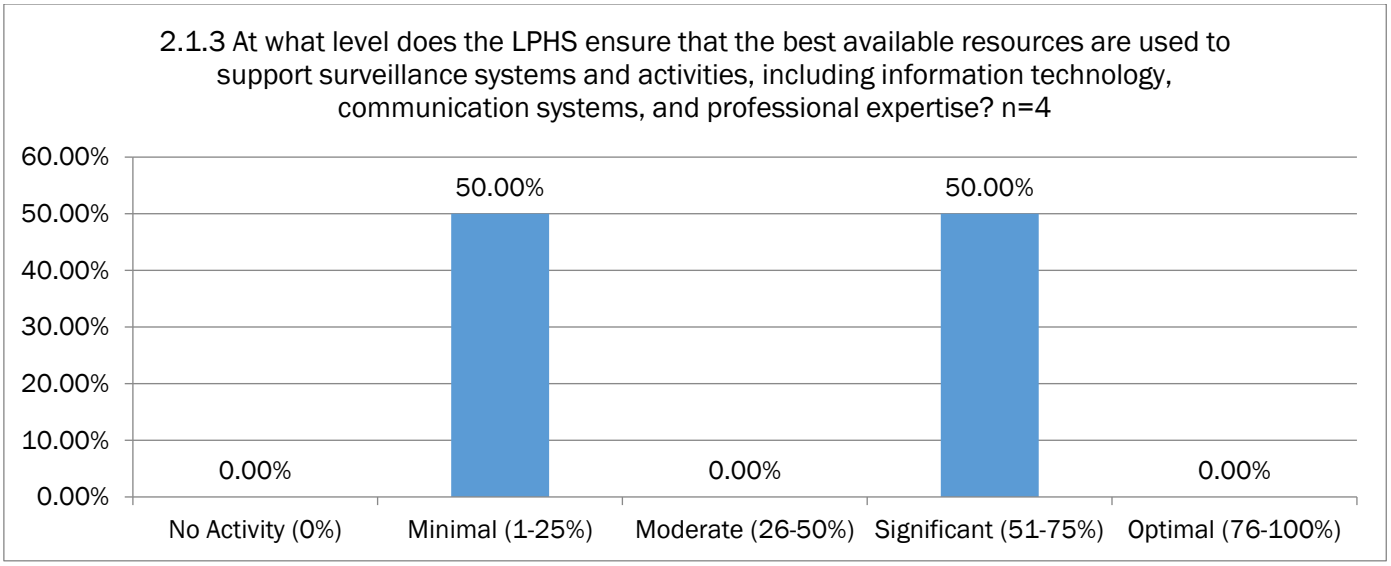

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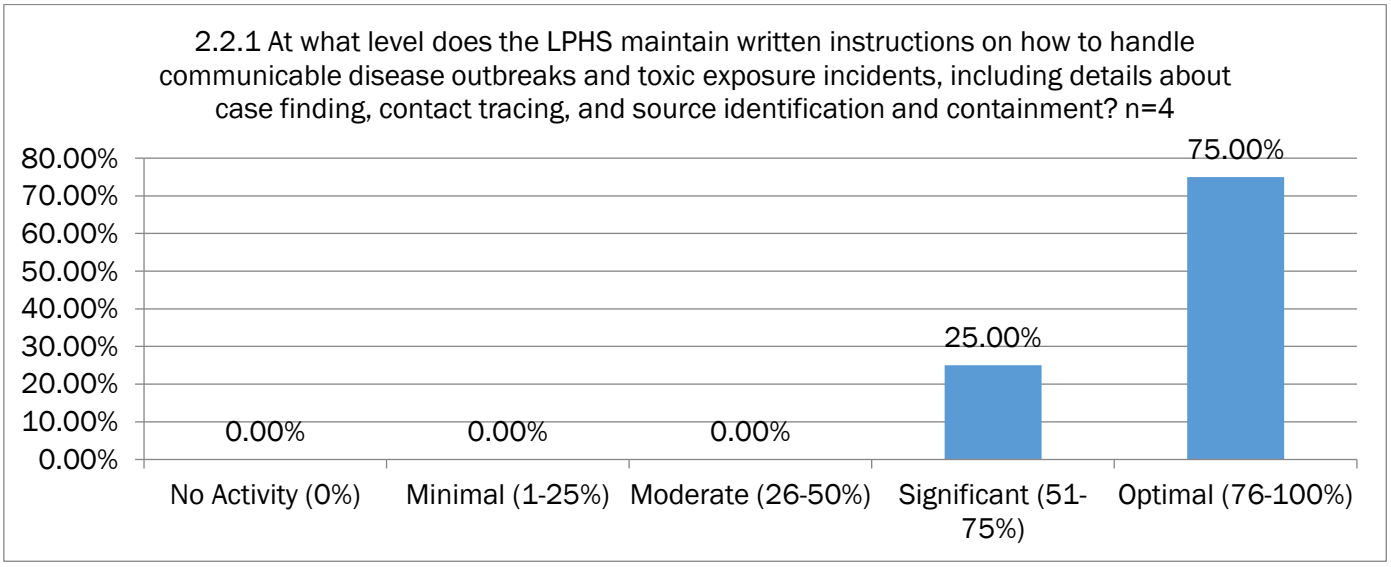

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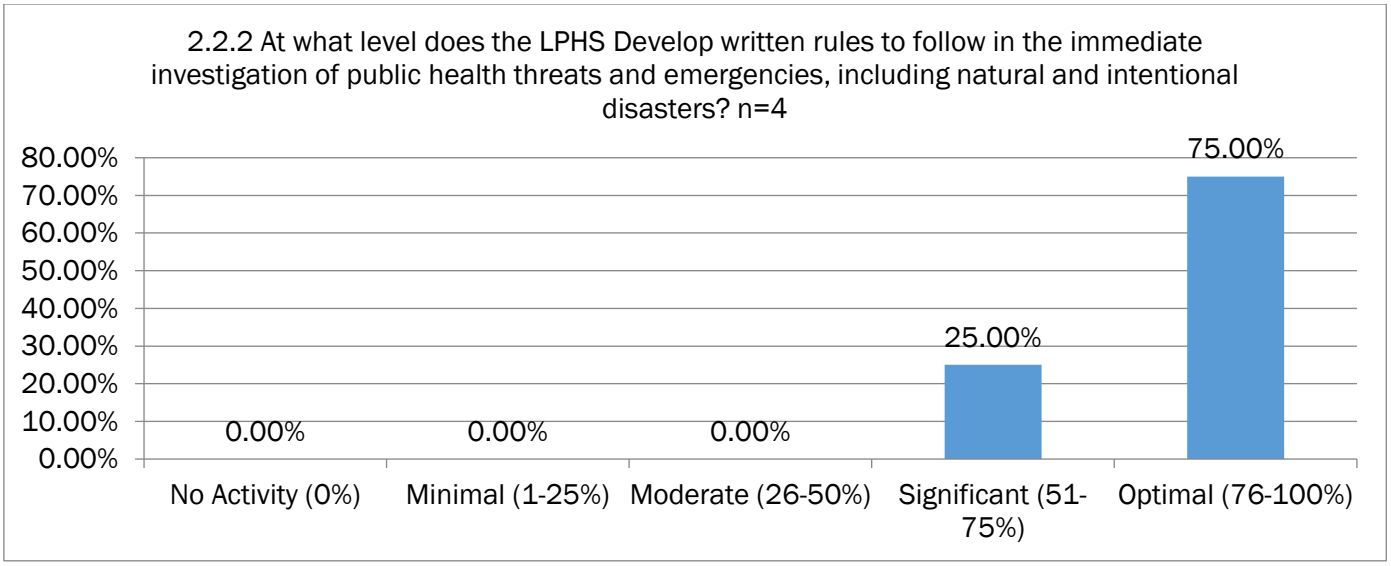

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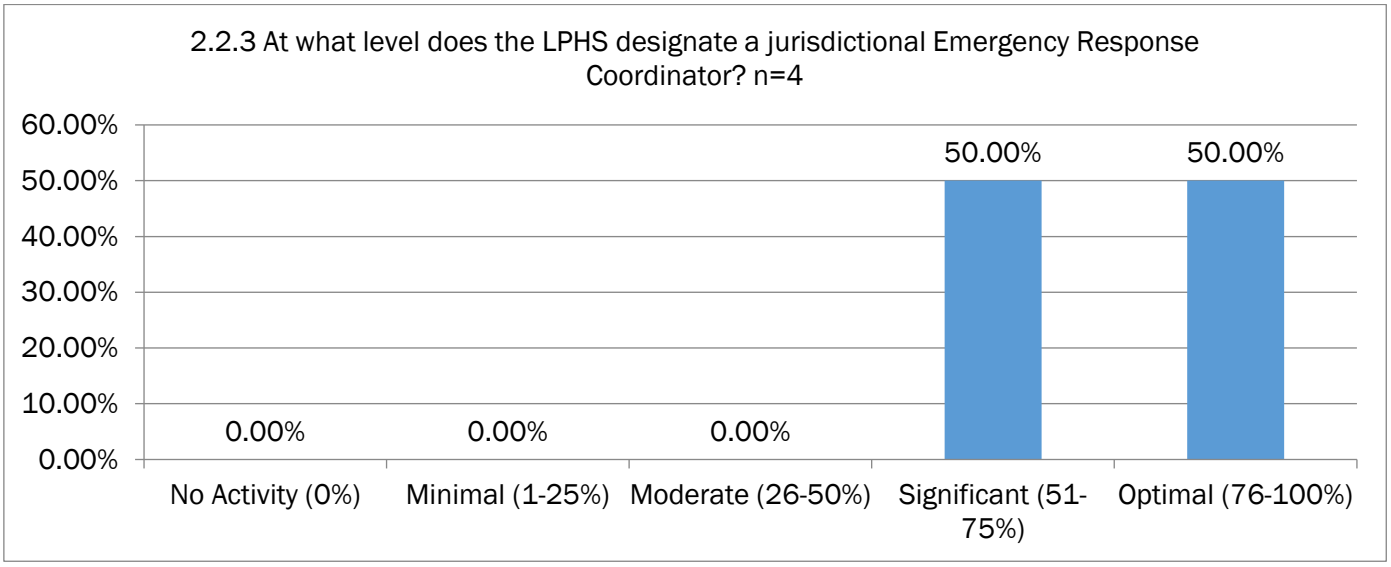

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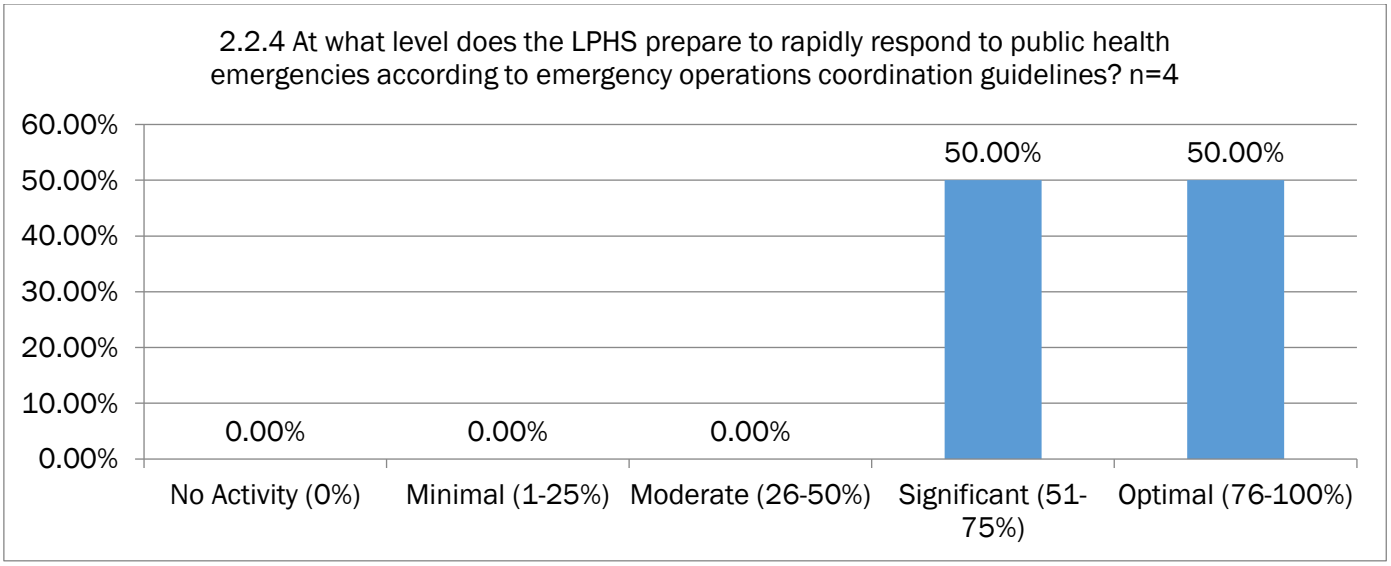

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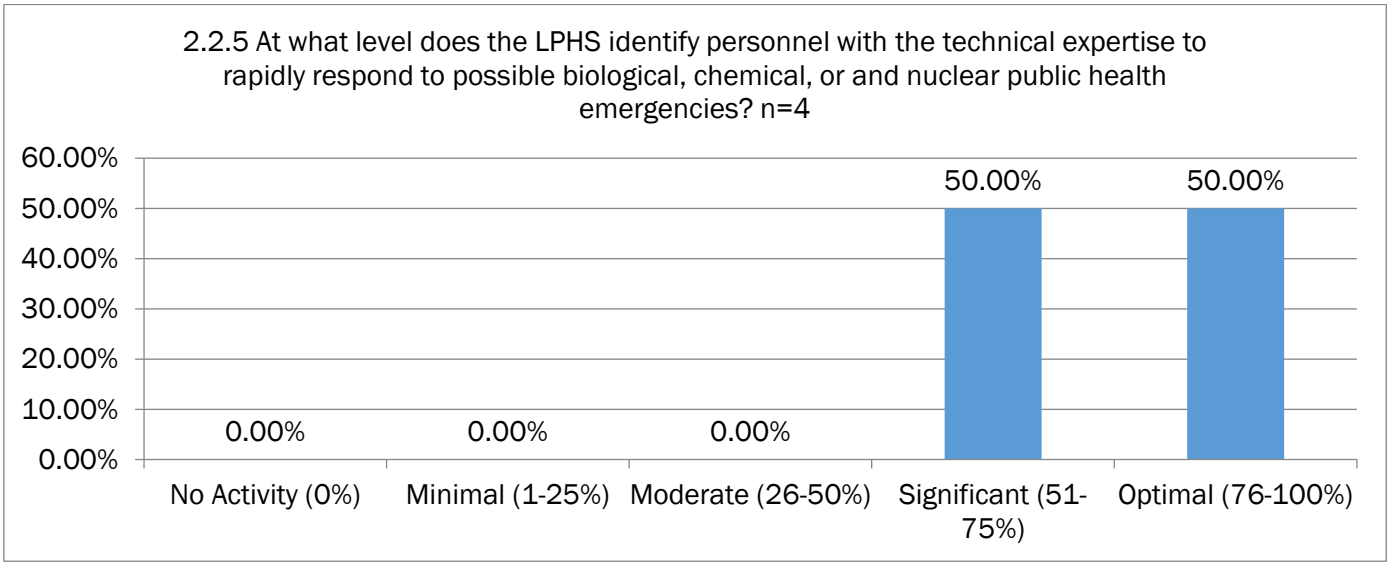

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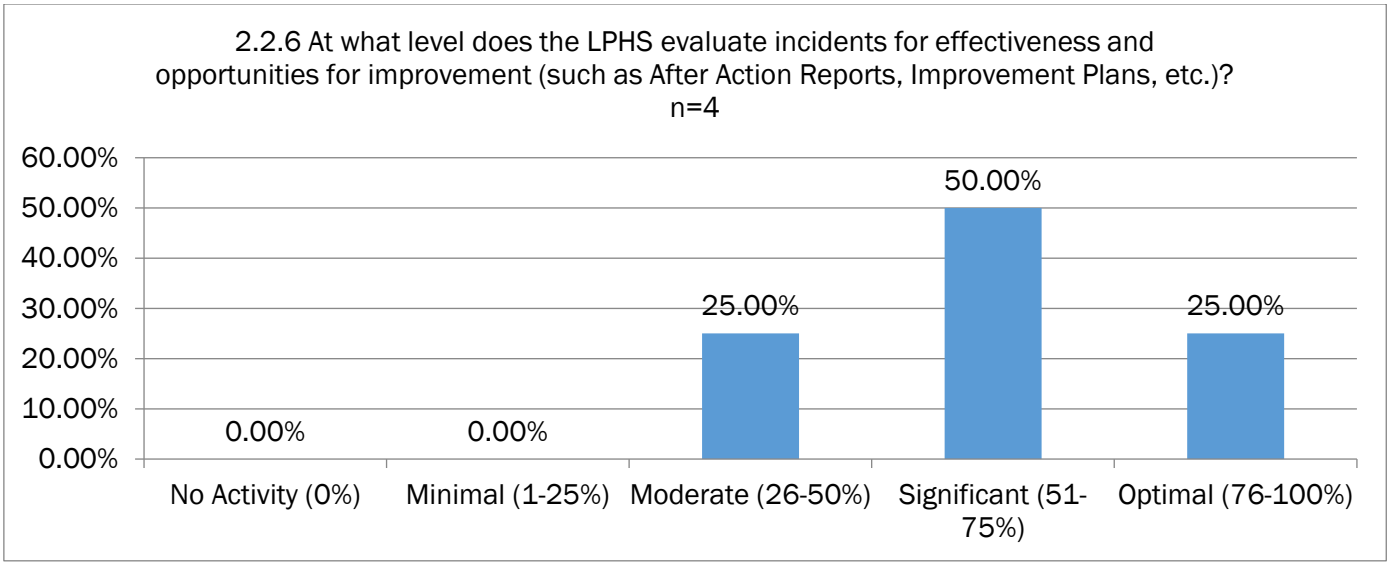

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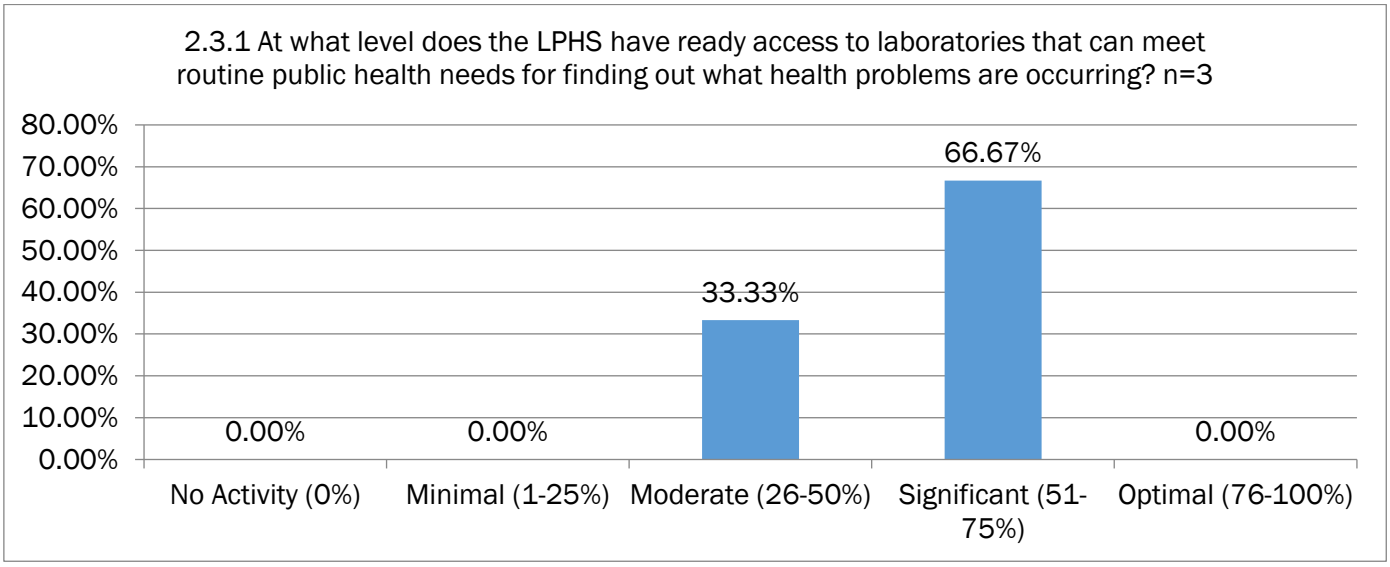

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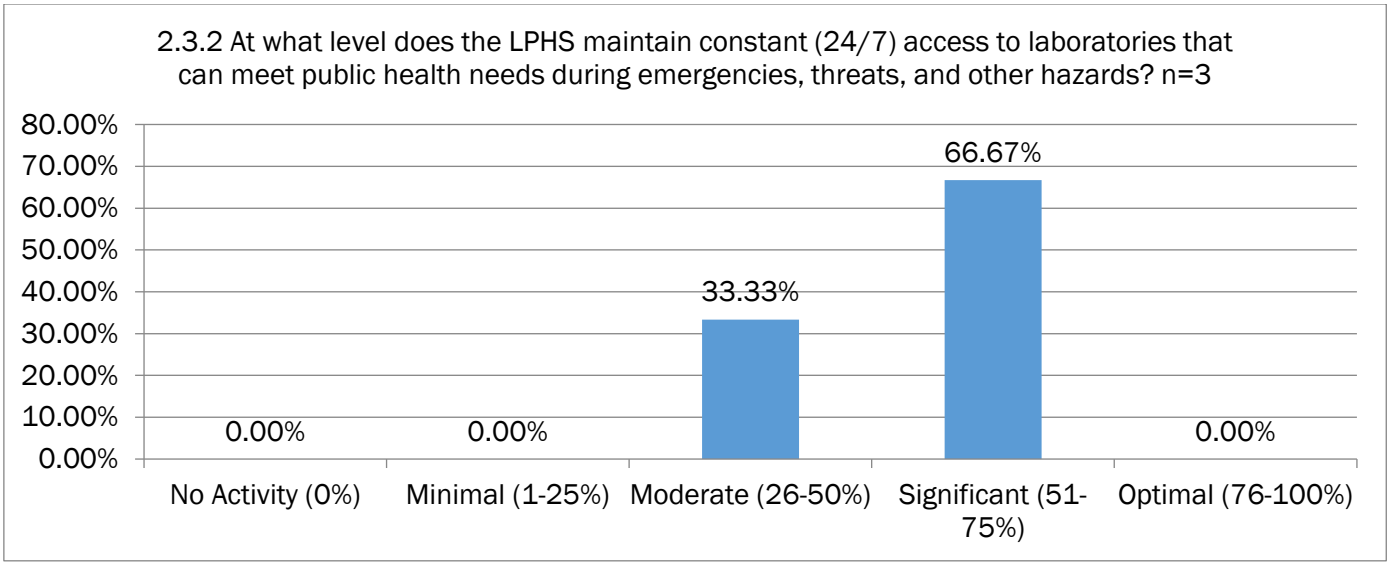

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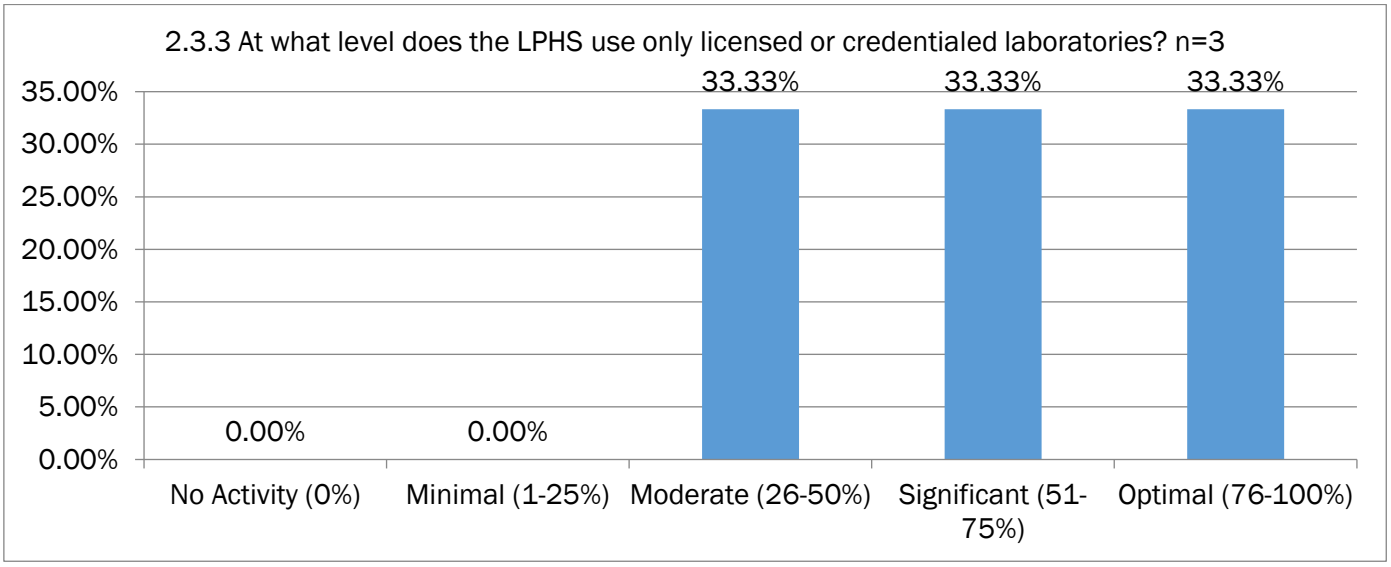

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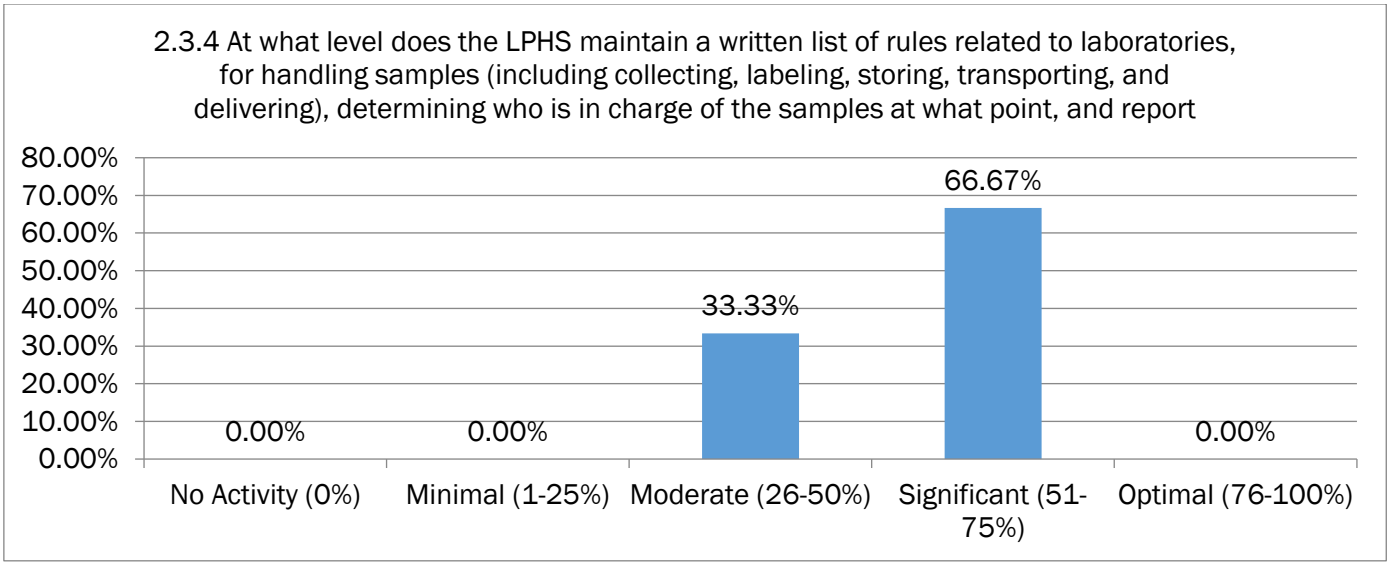

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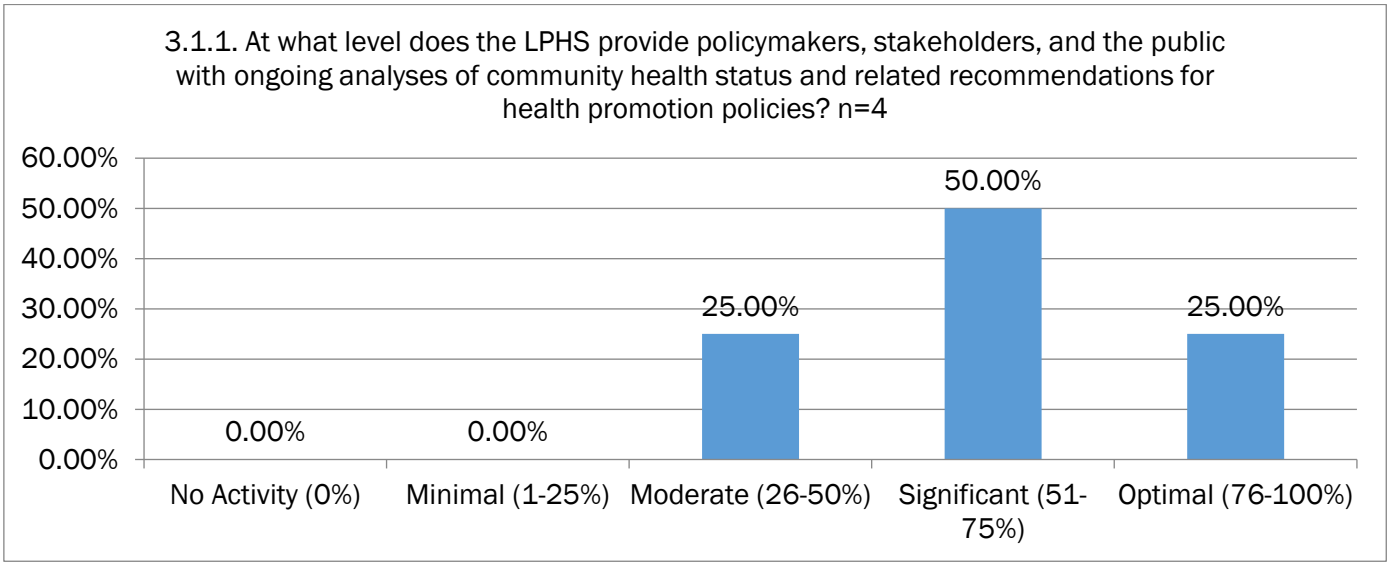

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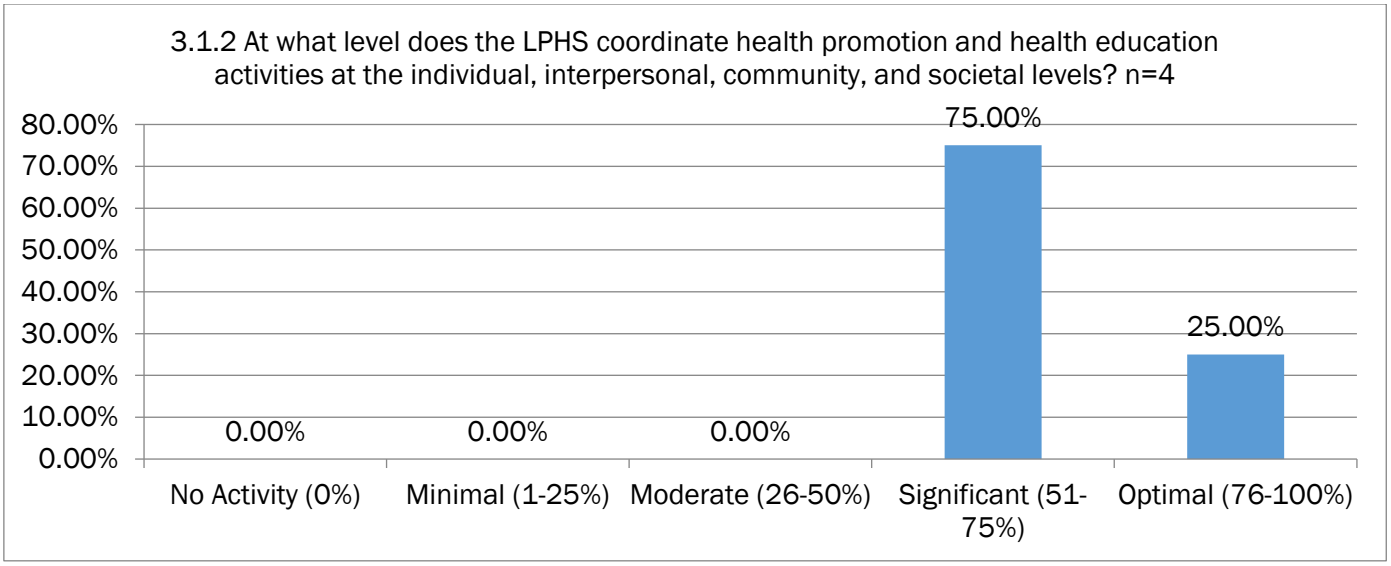

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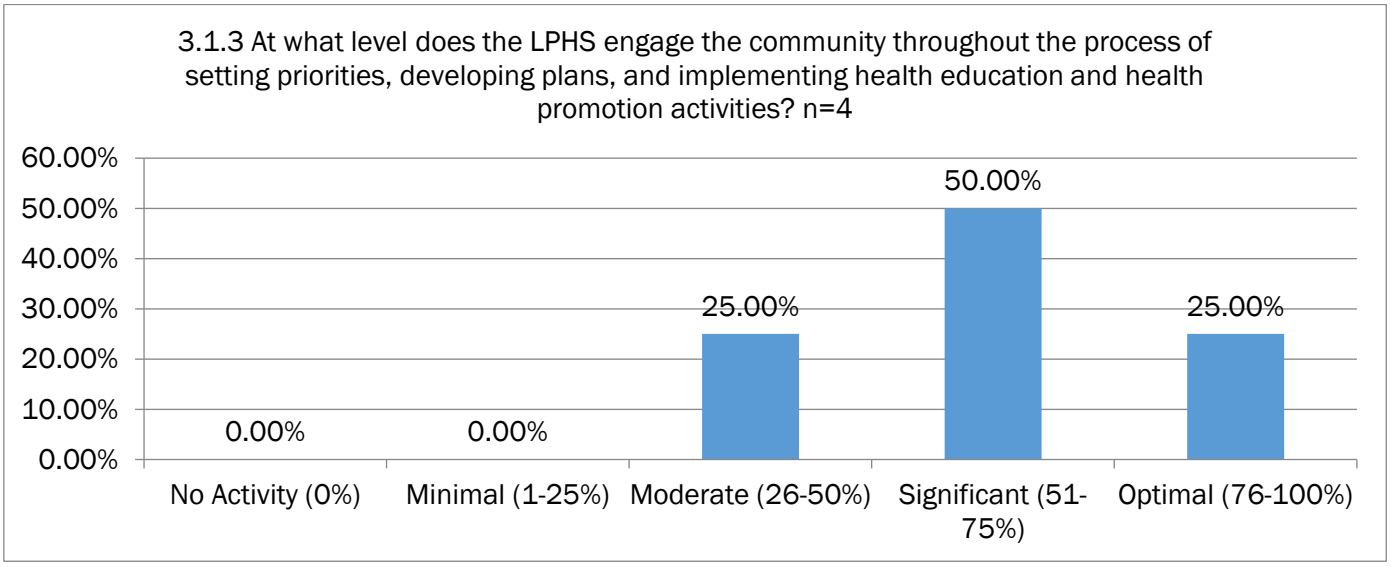
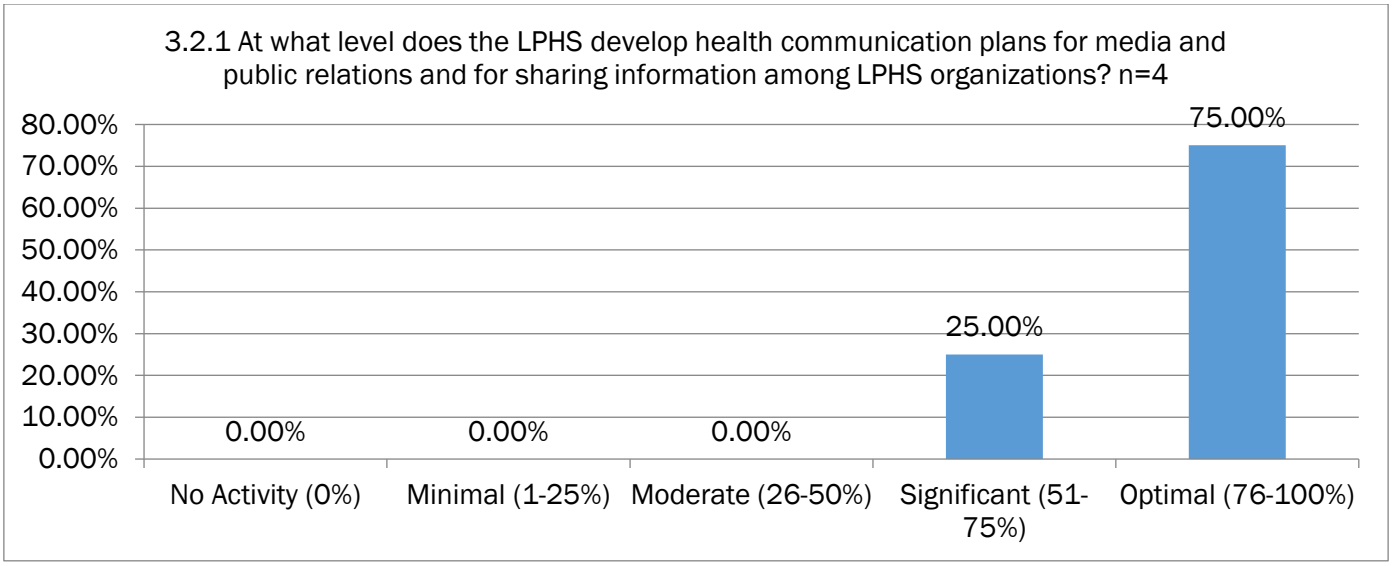


FIGURE 129.



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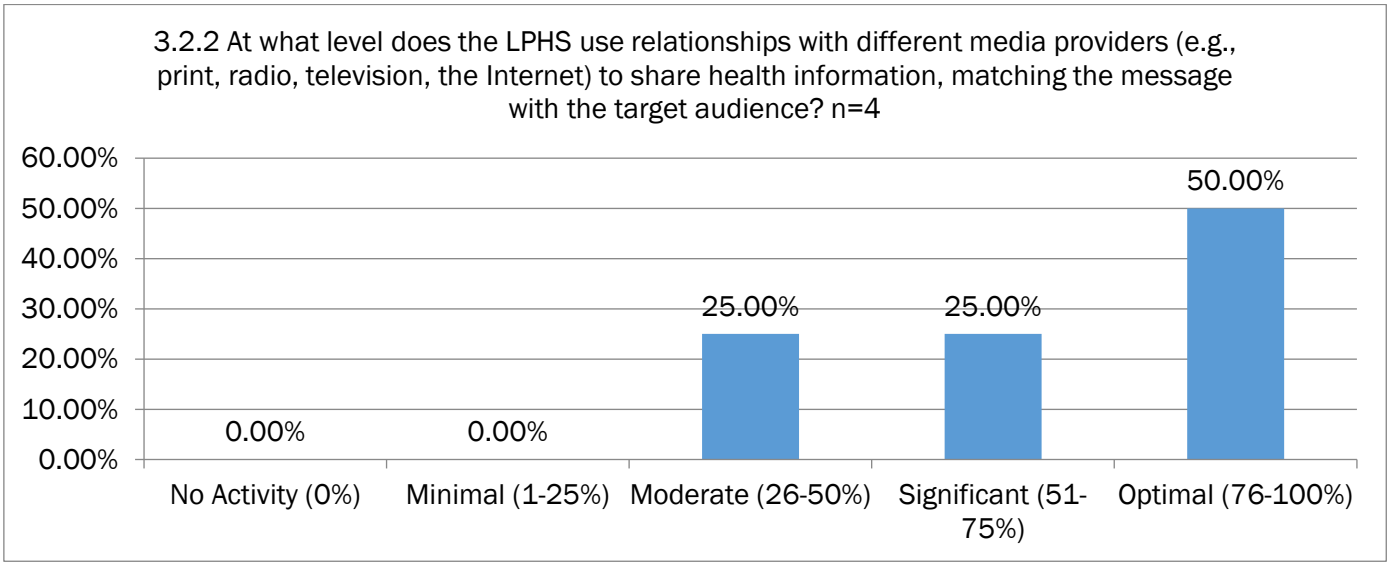
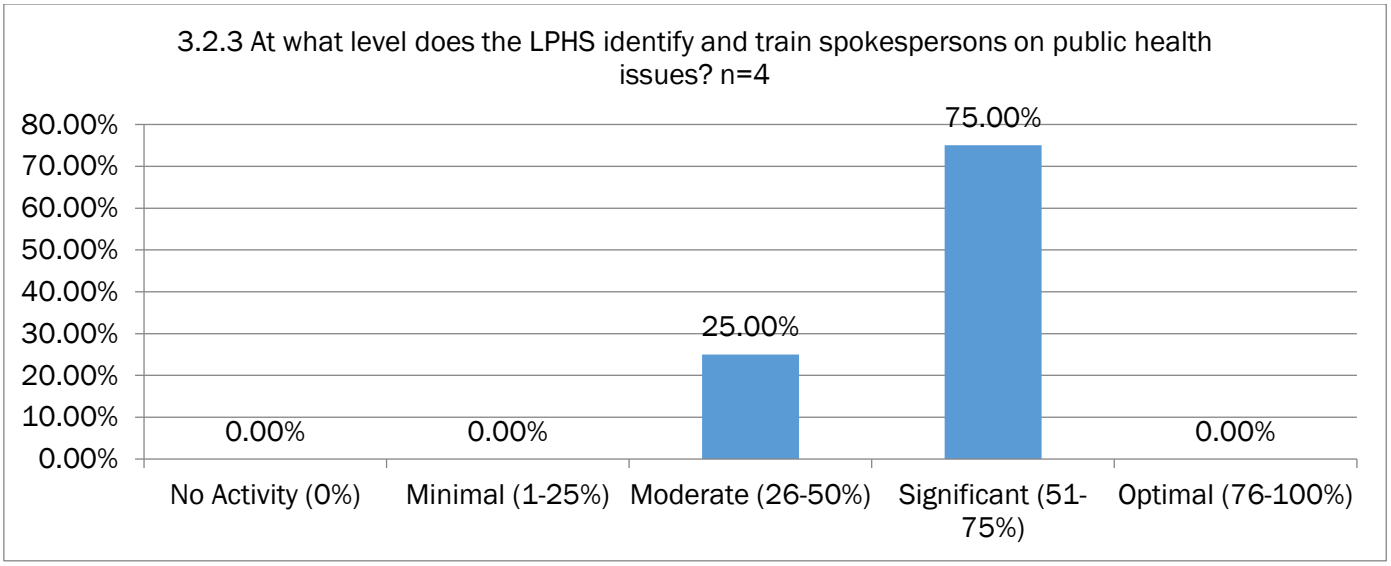


FIGURE 131.



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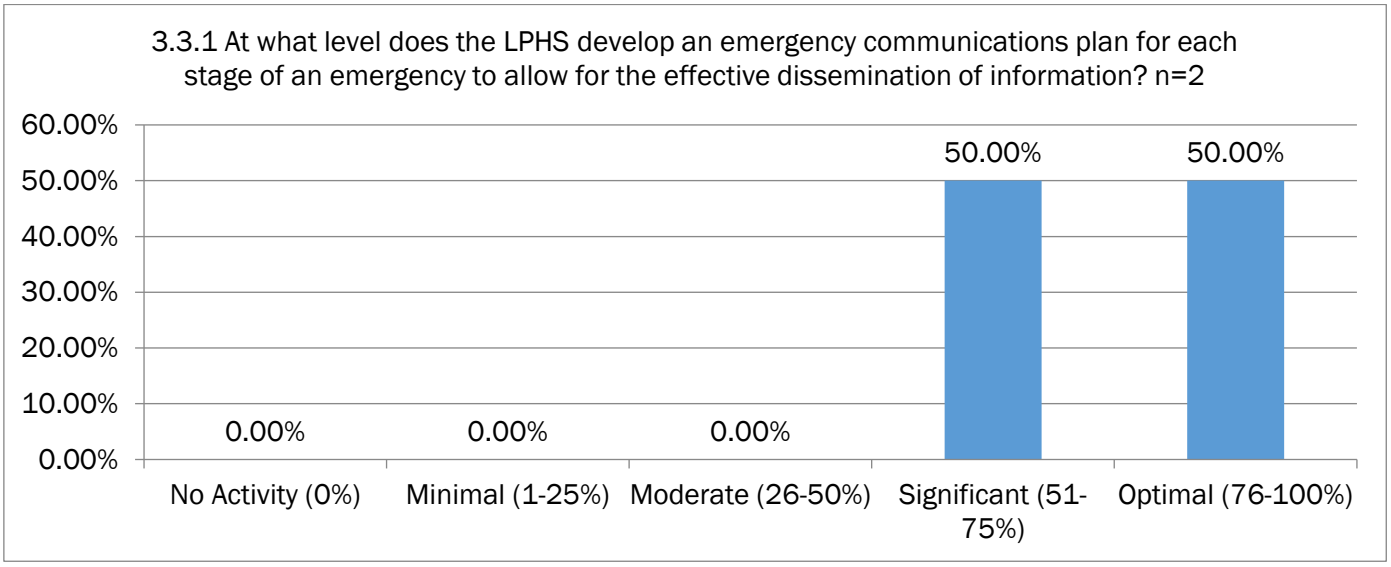
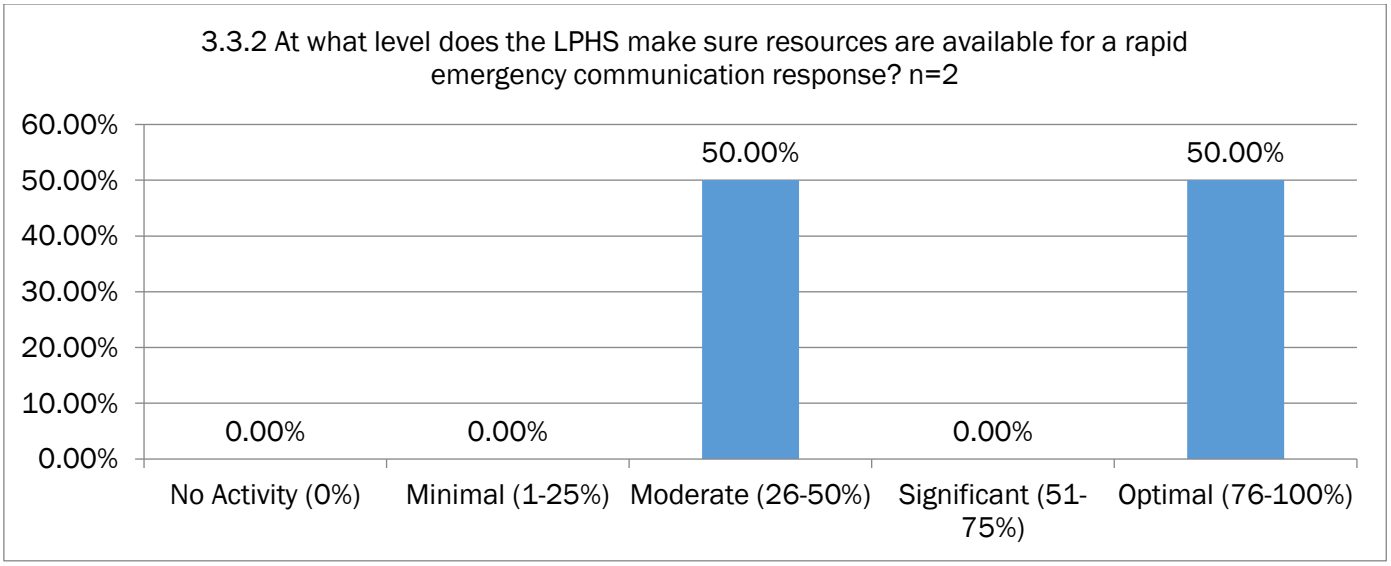


FIGURE 133.



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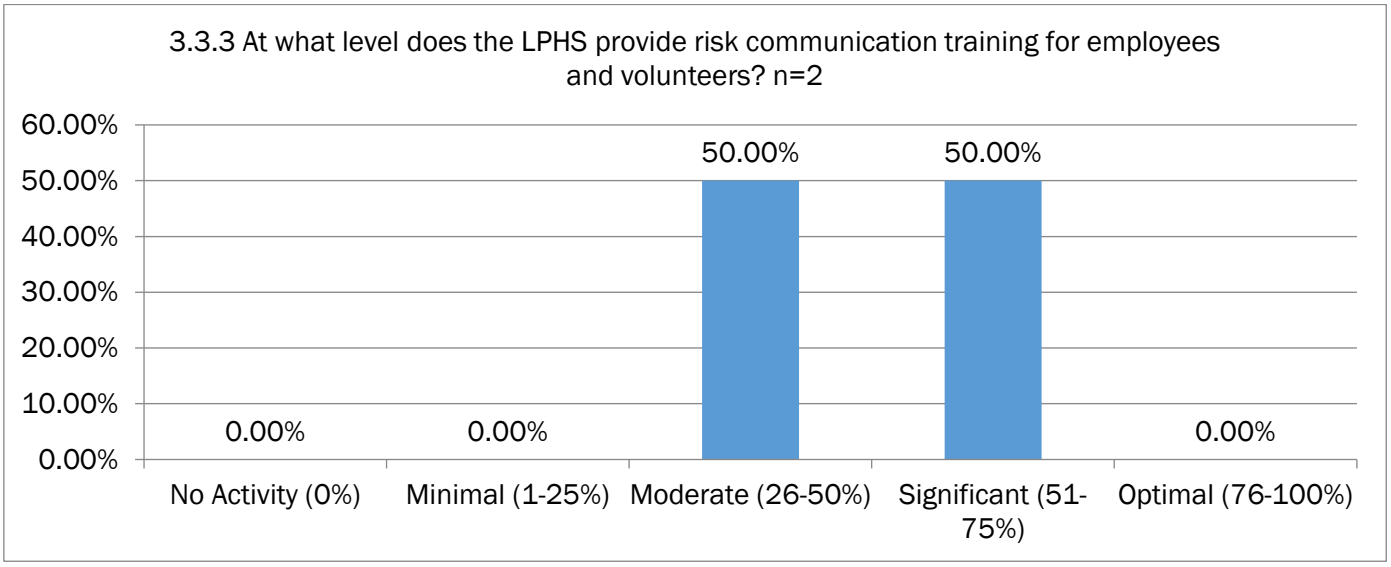

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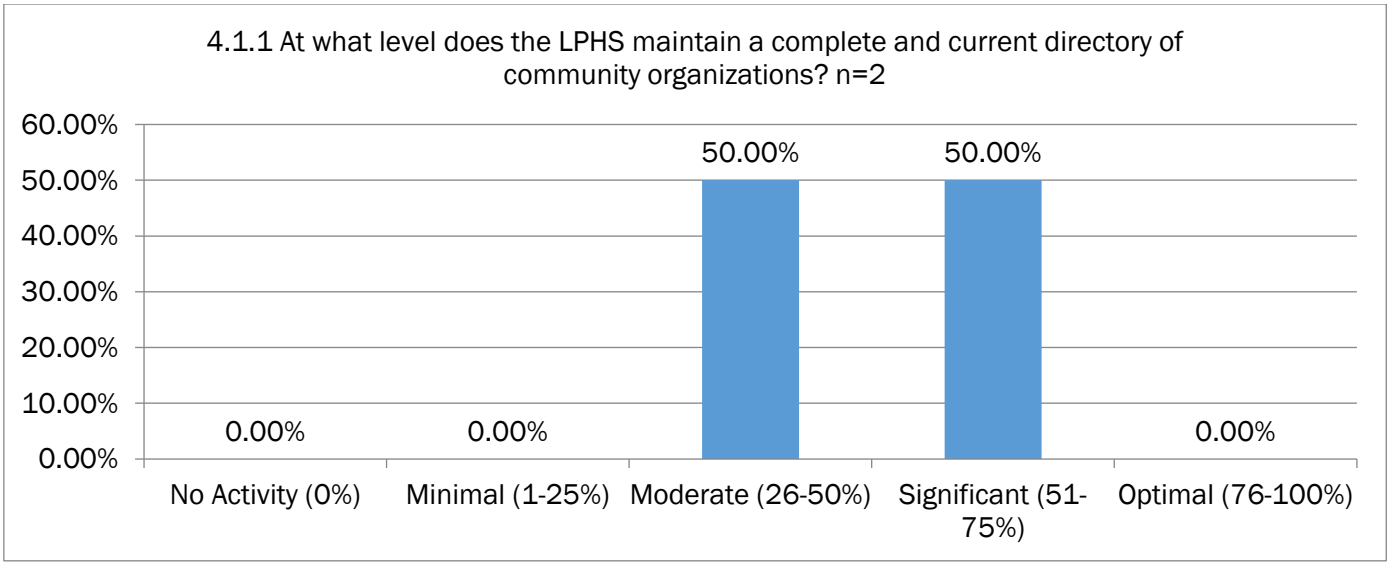


FIGURE 136.

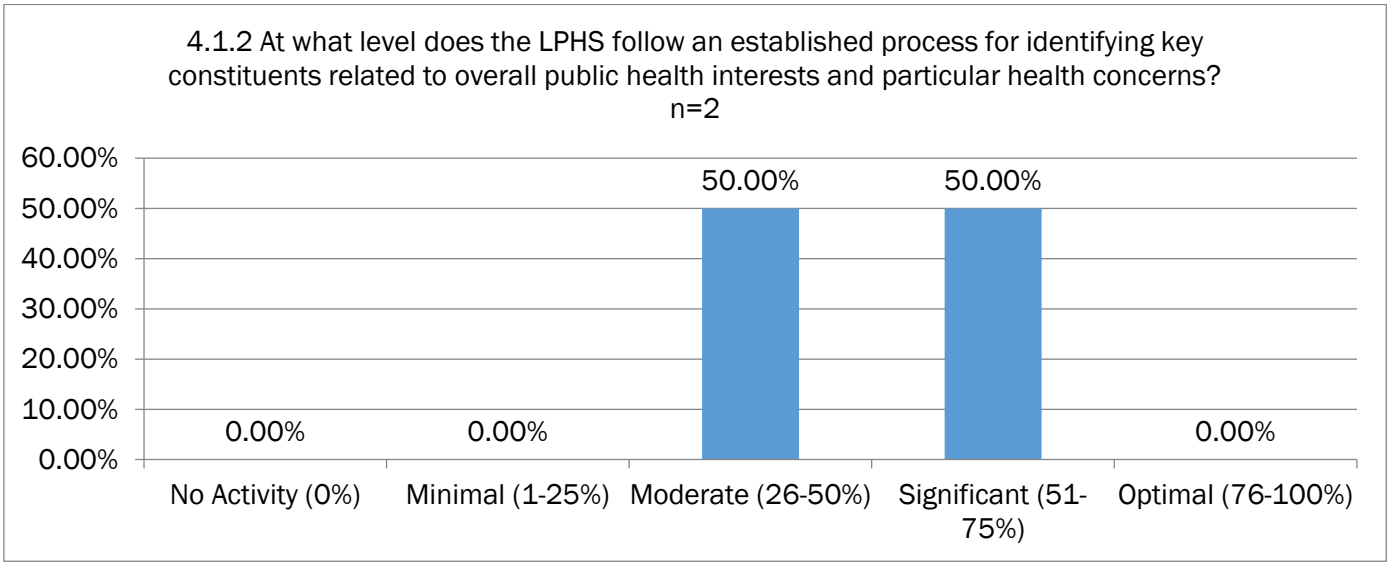


FIGURE 137.

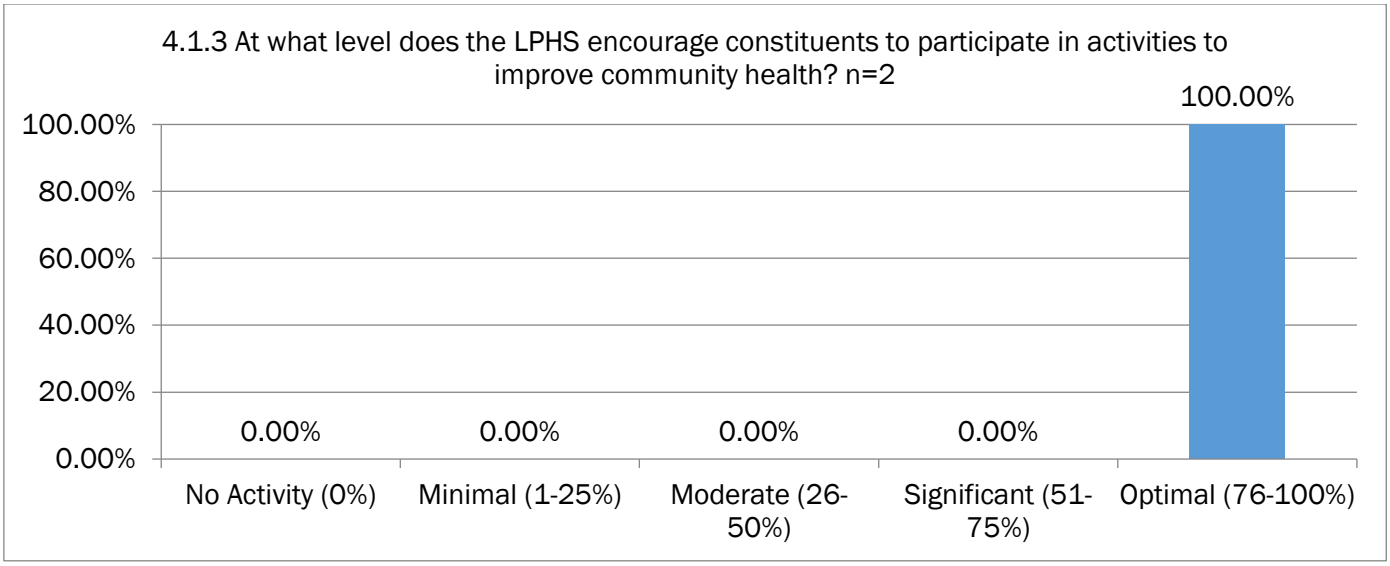
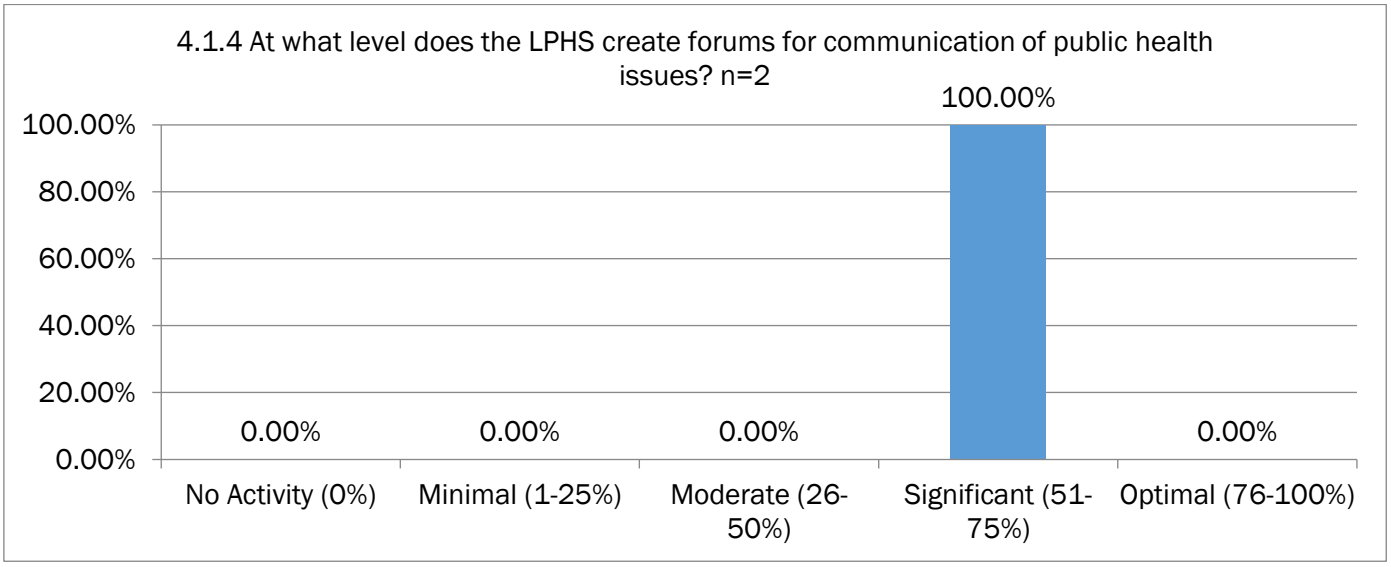


FIGURE 138.



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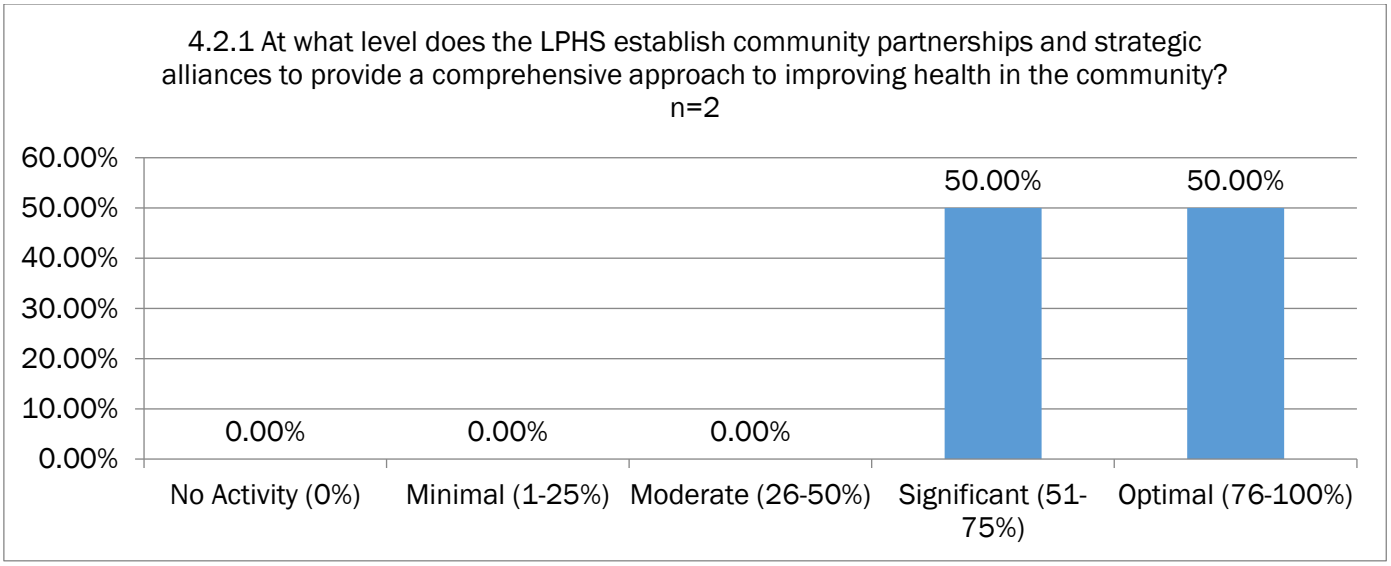

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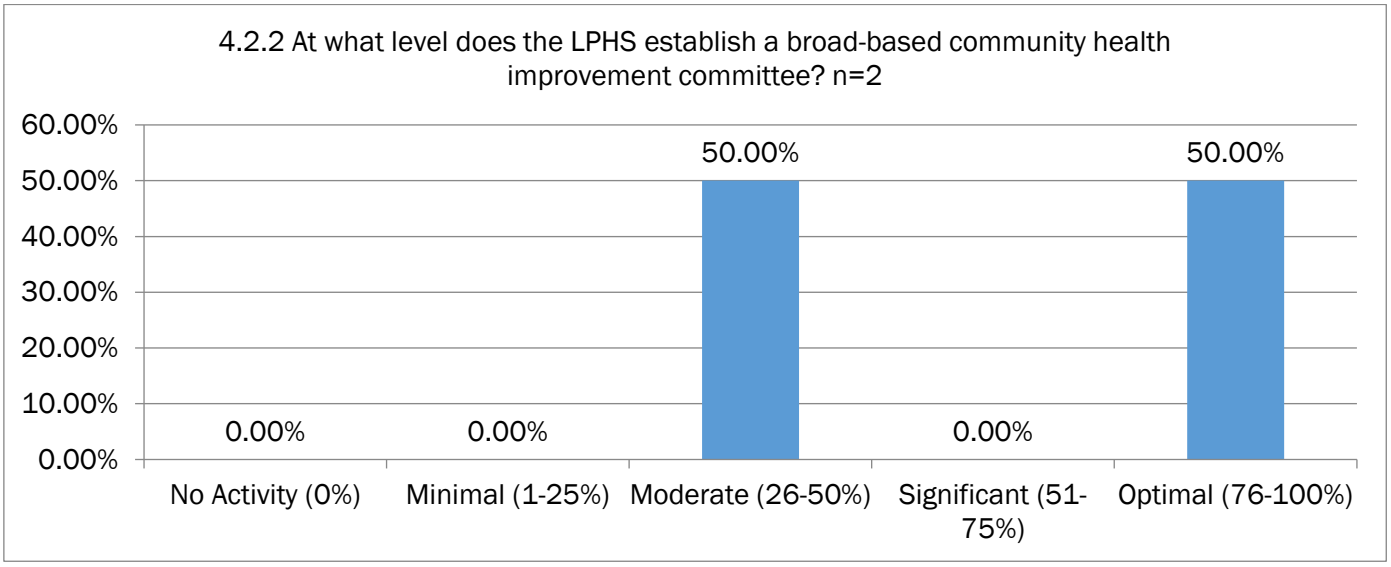

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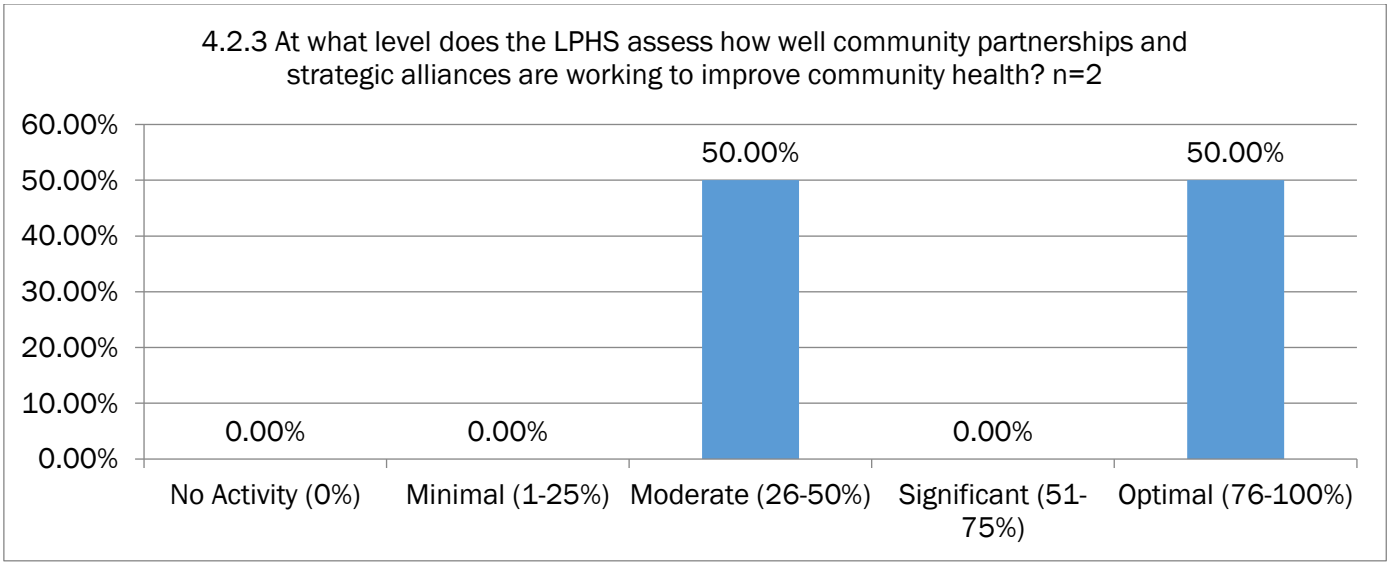

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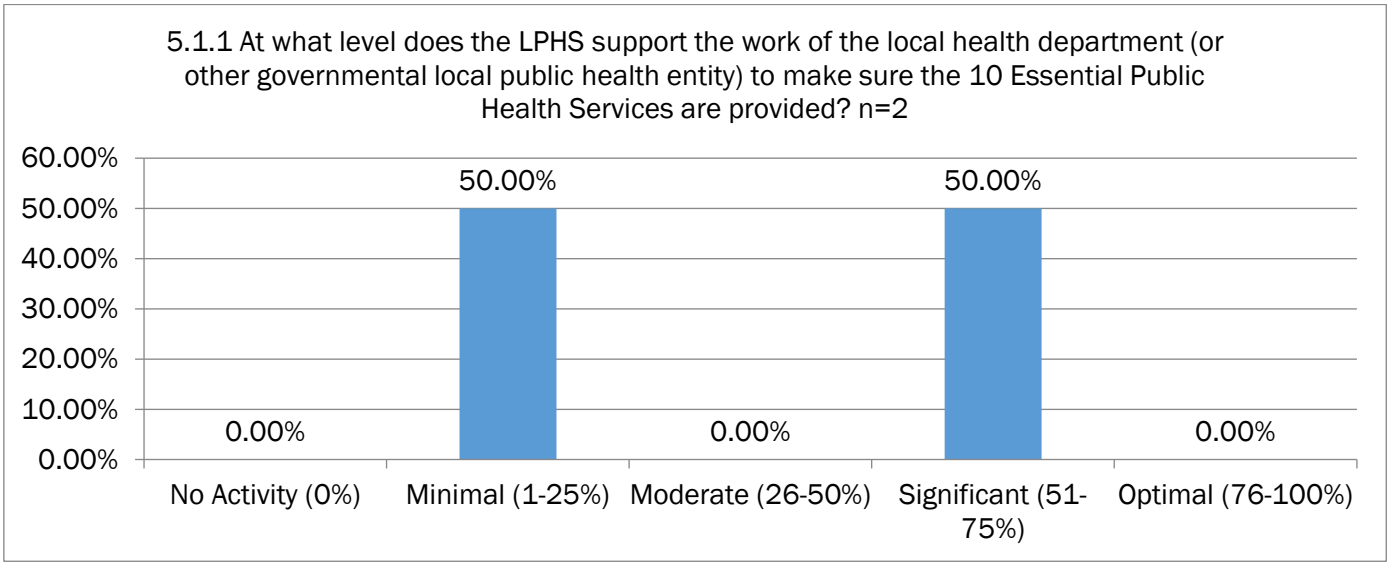

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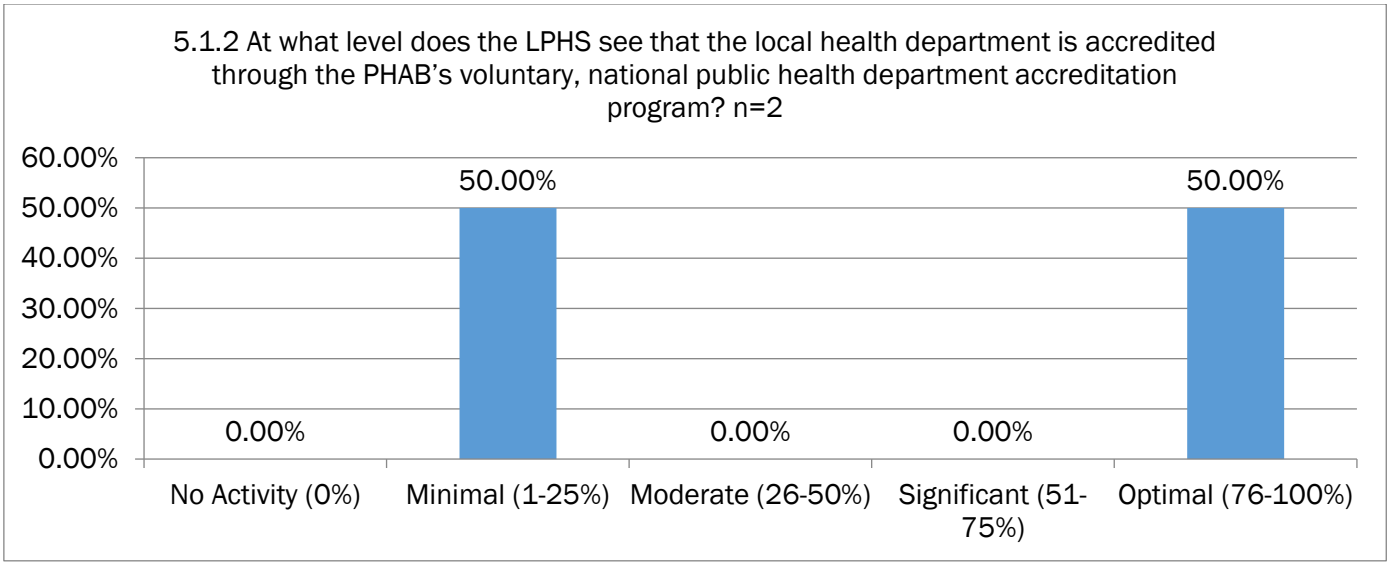

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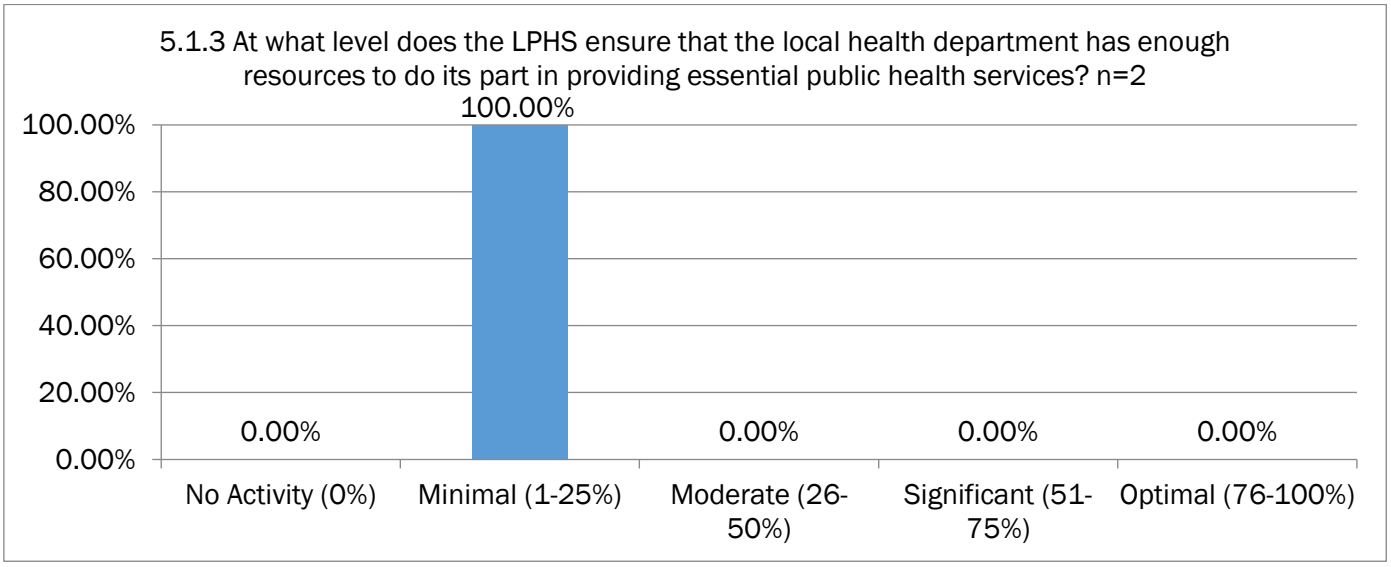


FIGURE 145.

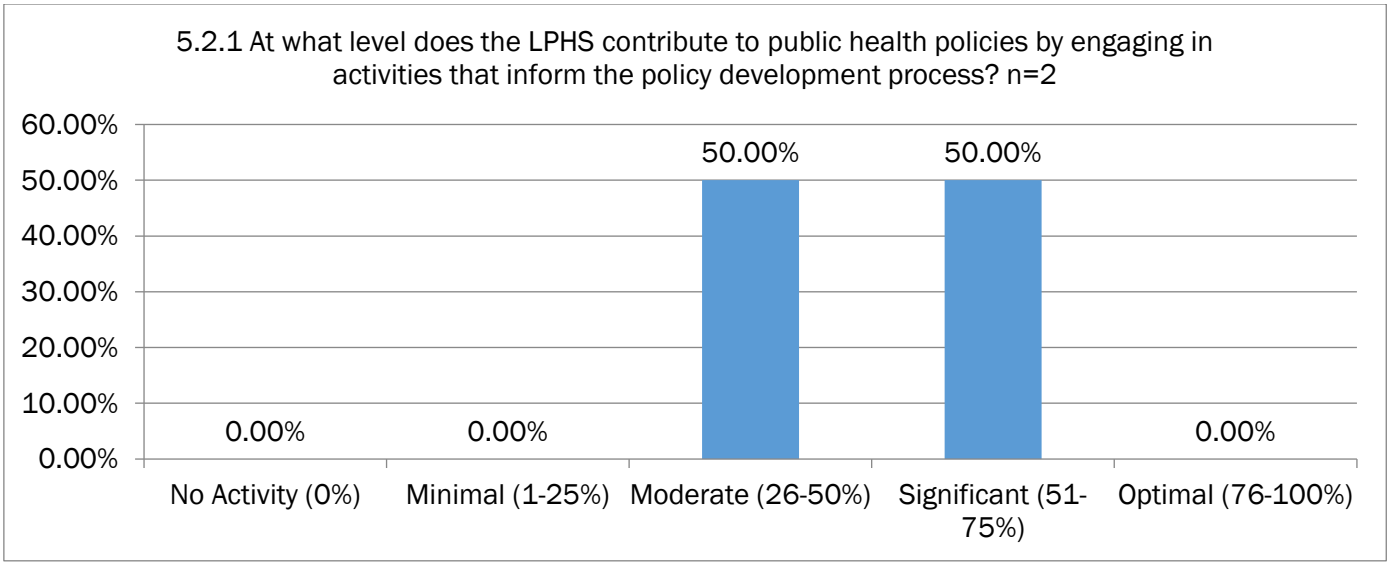


FIGURE 146.

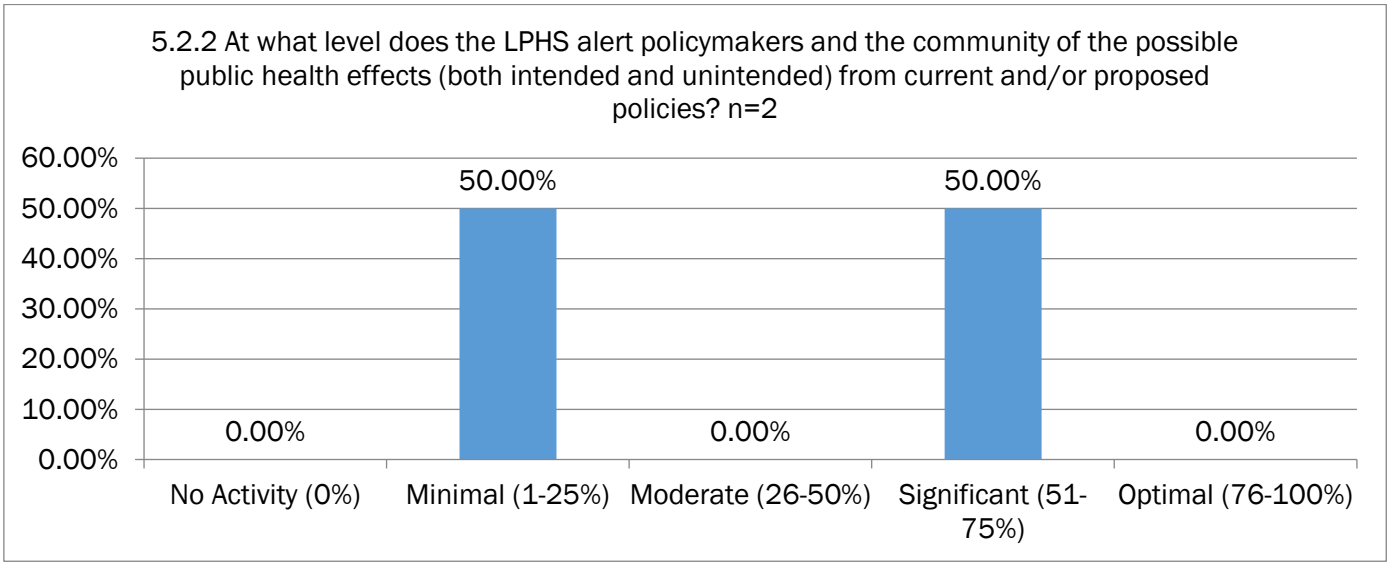


FIGURE 147.

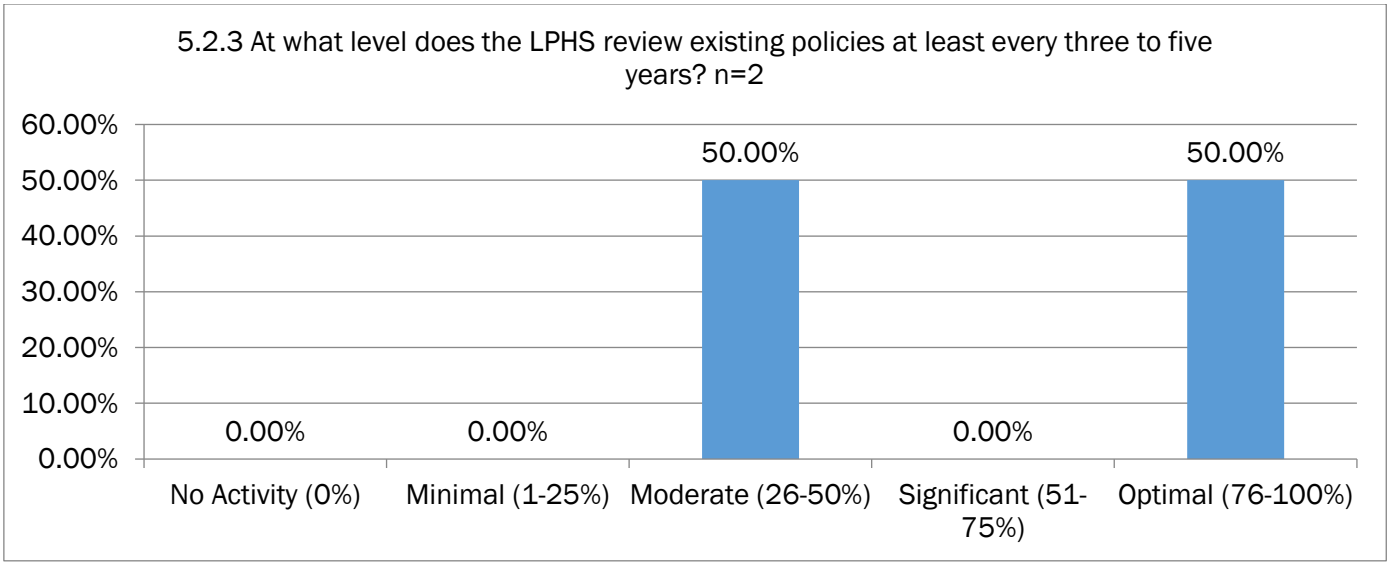


FIGURE 148.

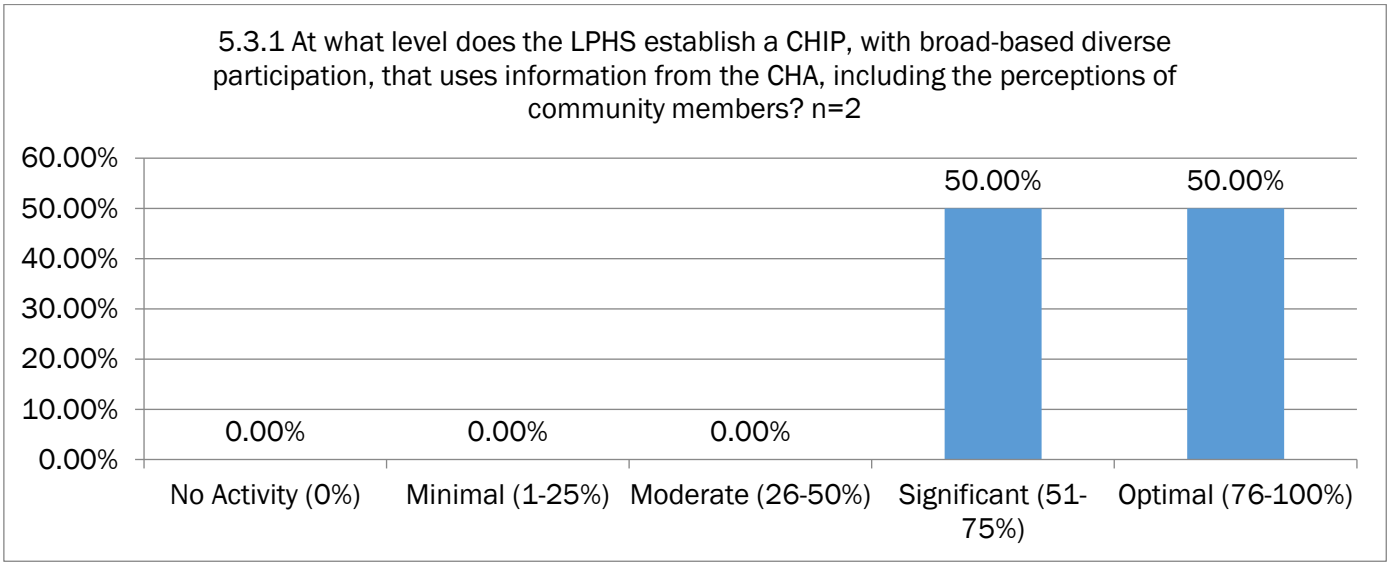


FIGURE 149.

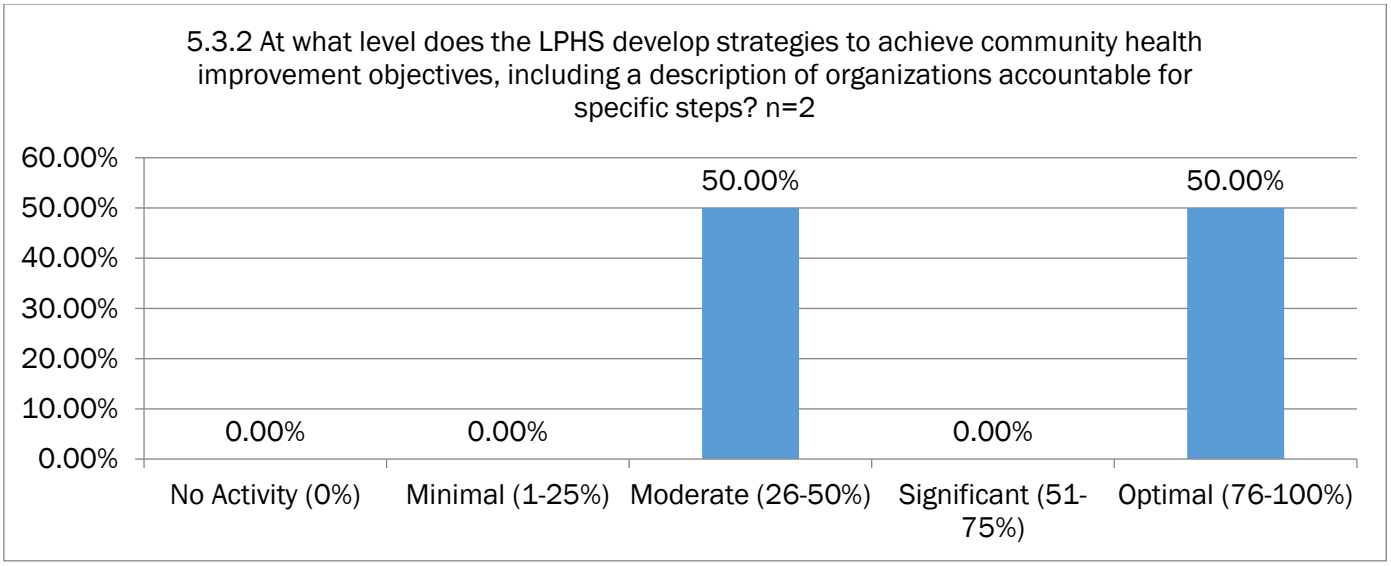


FIGURE 150.

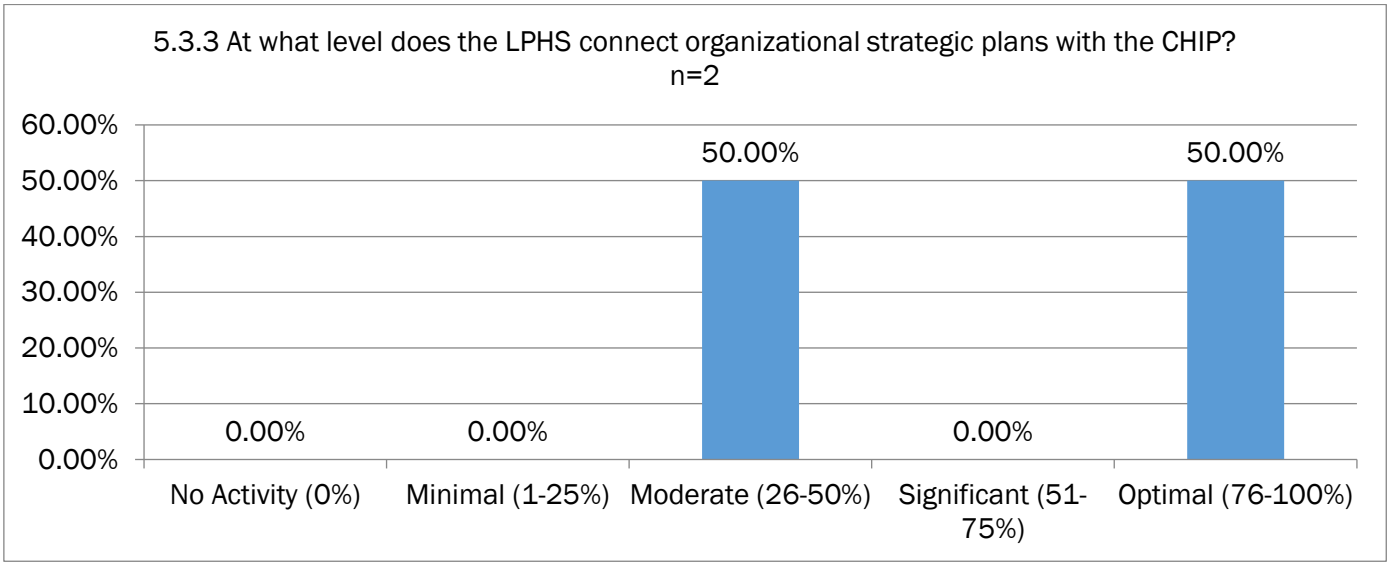
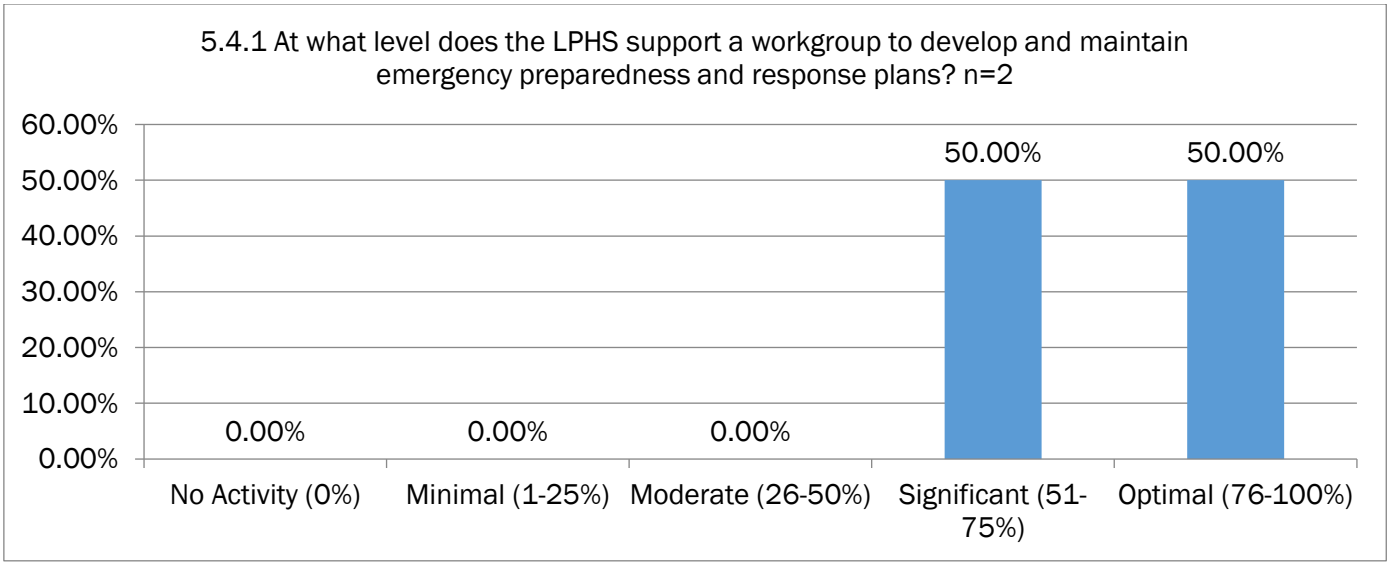


FIGURE 151.



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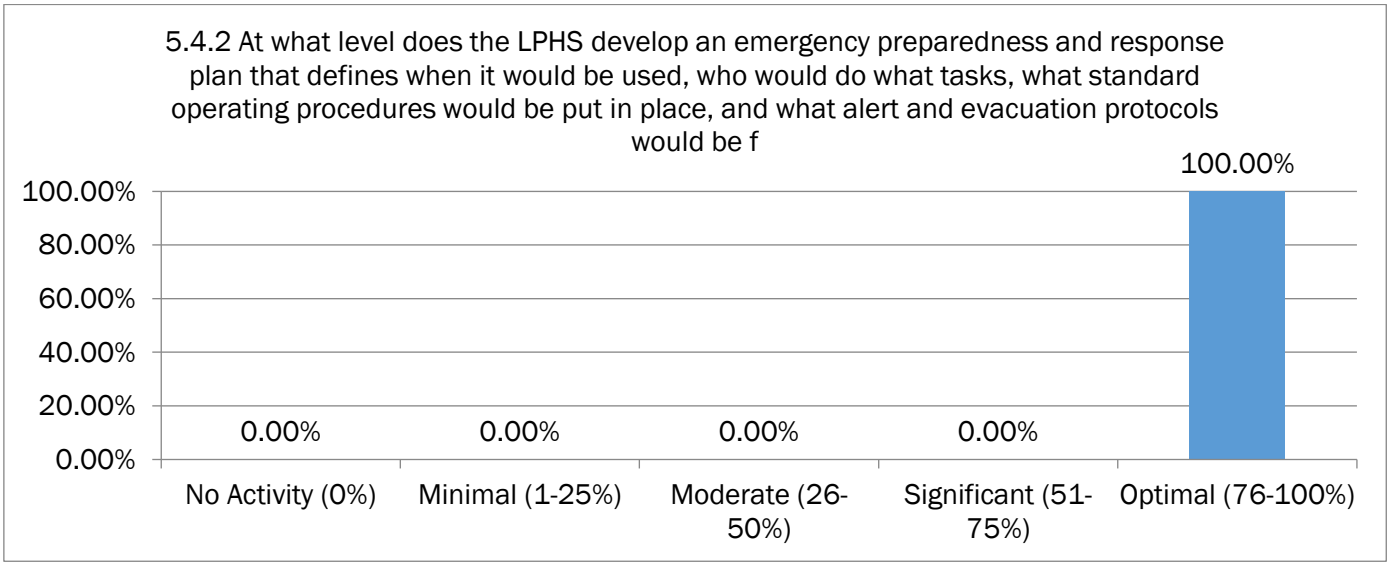

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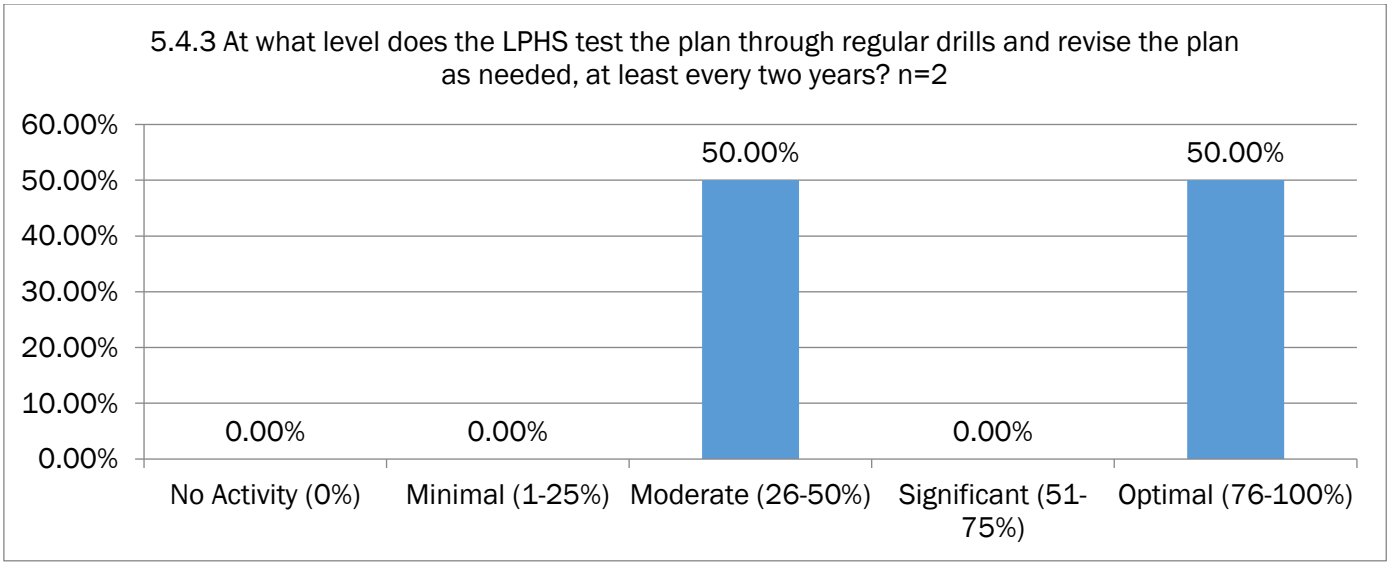

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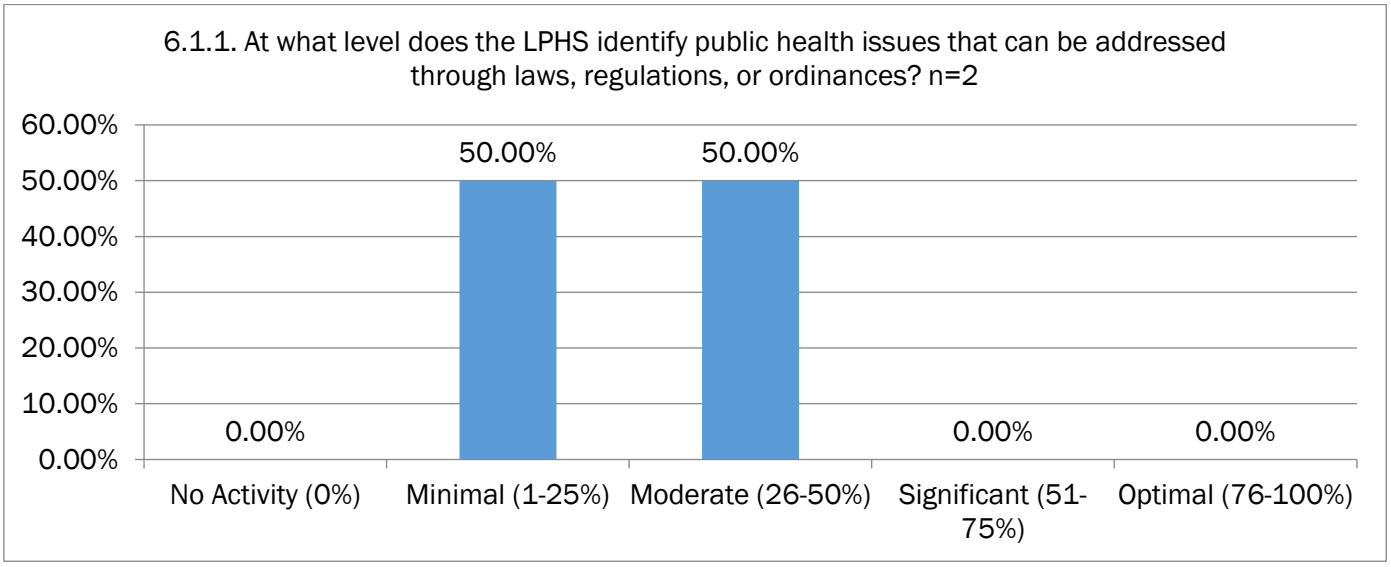

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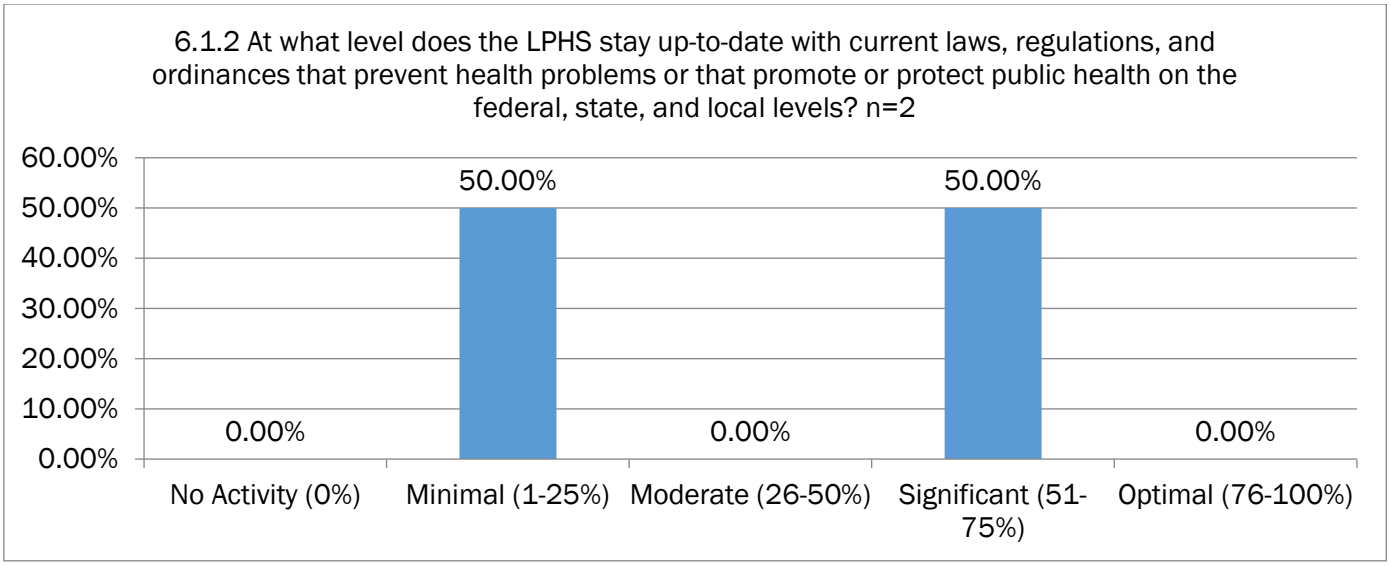


FIGURE 156.

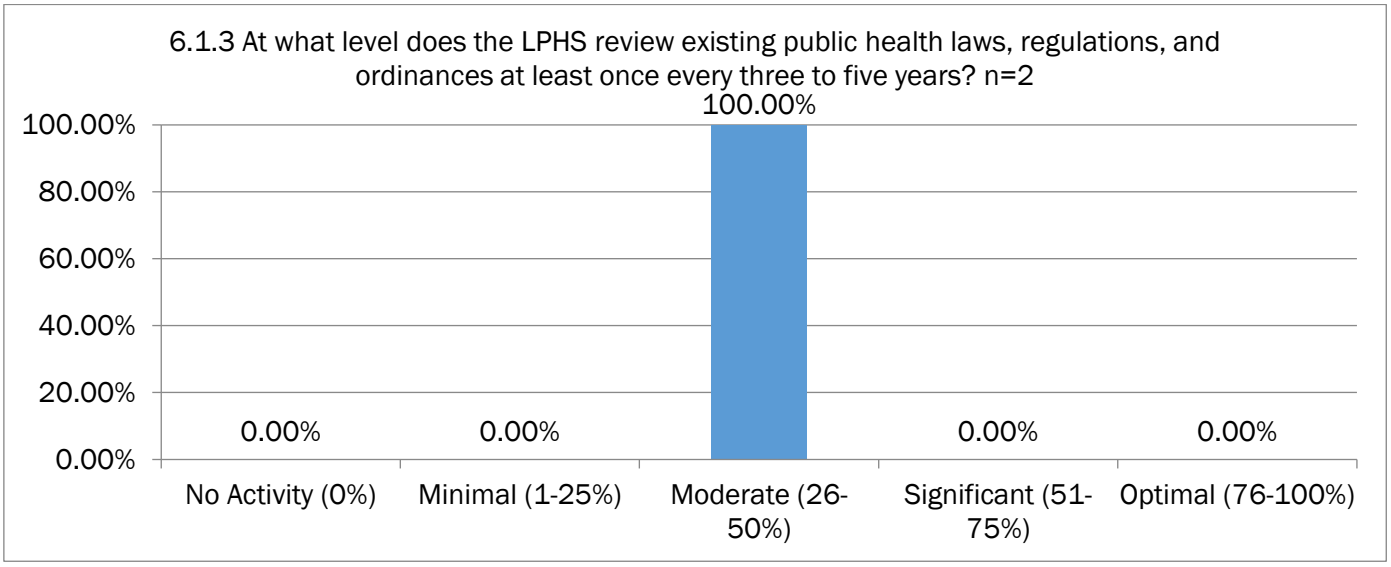


FIGURE 157.

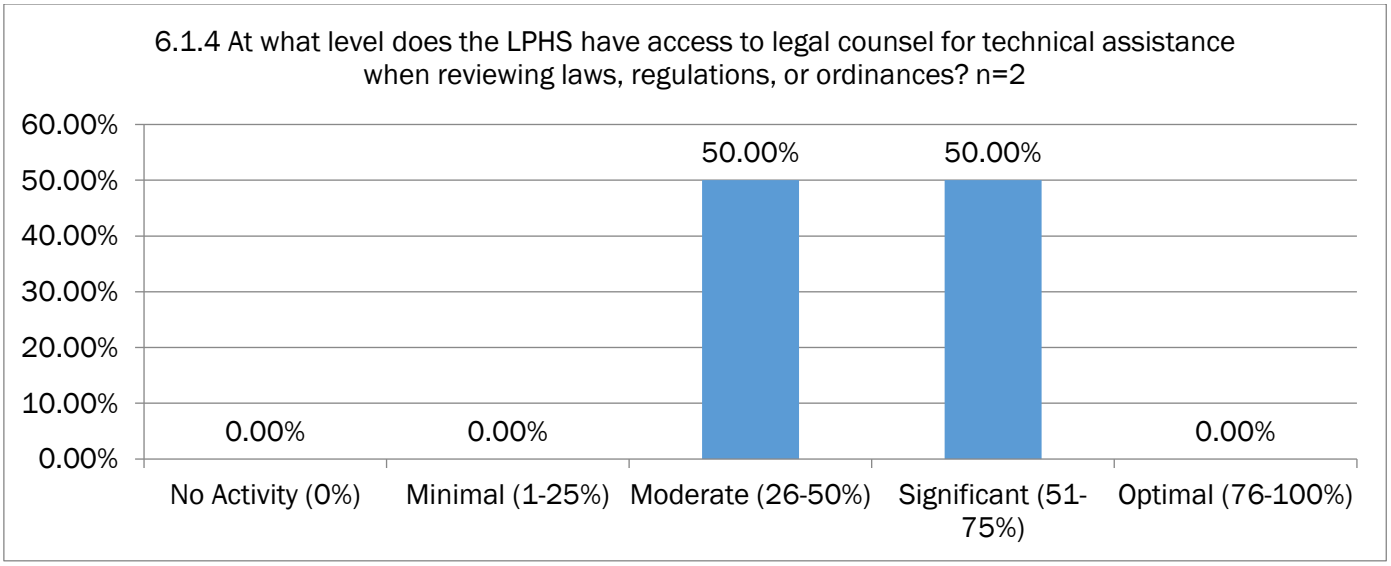


FIGURE 158.

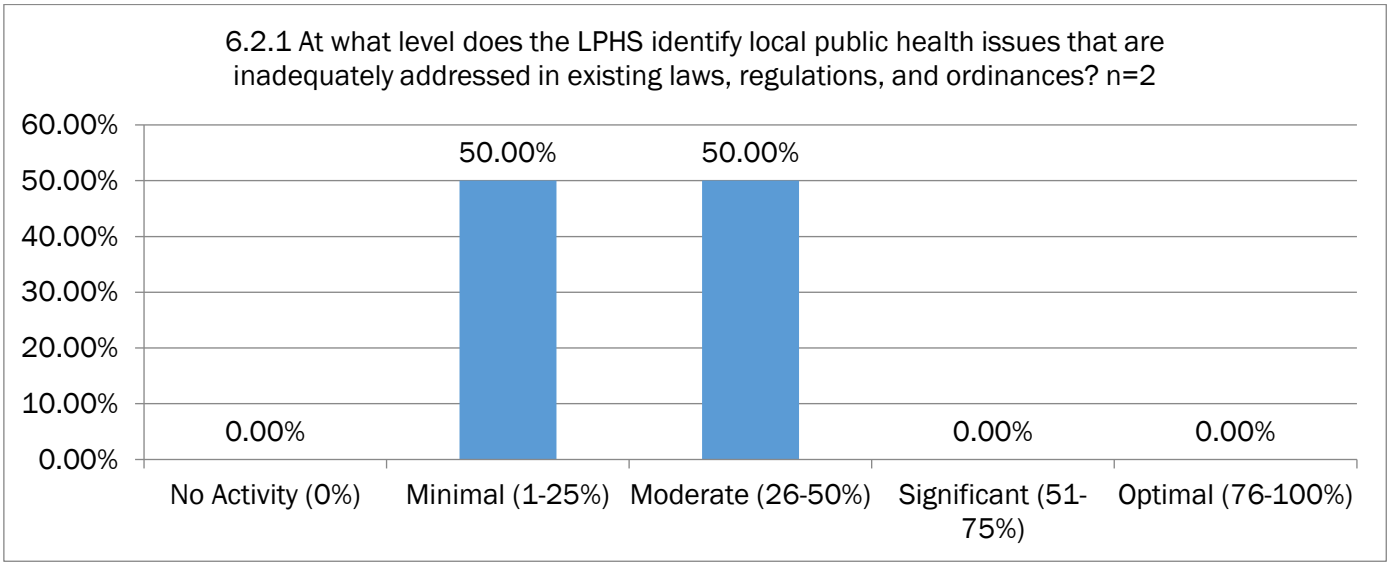


FIGURE 159.

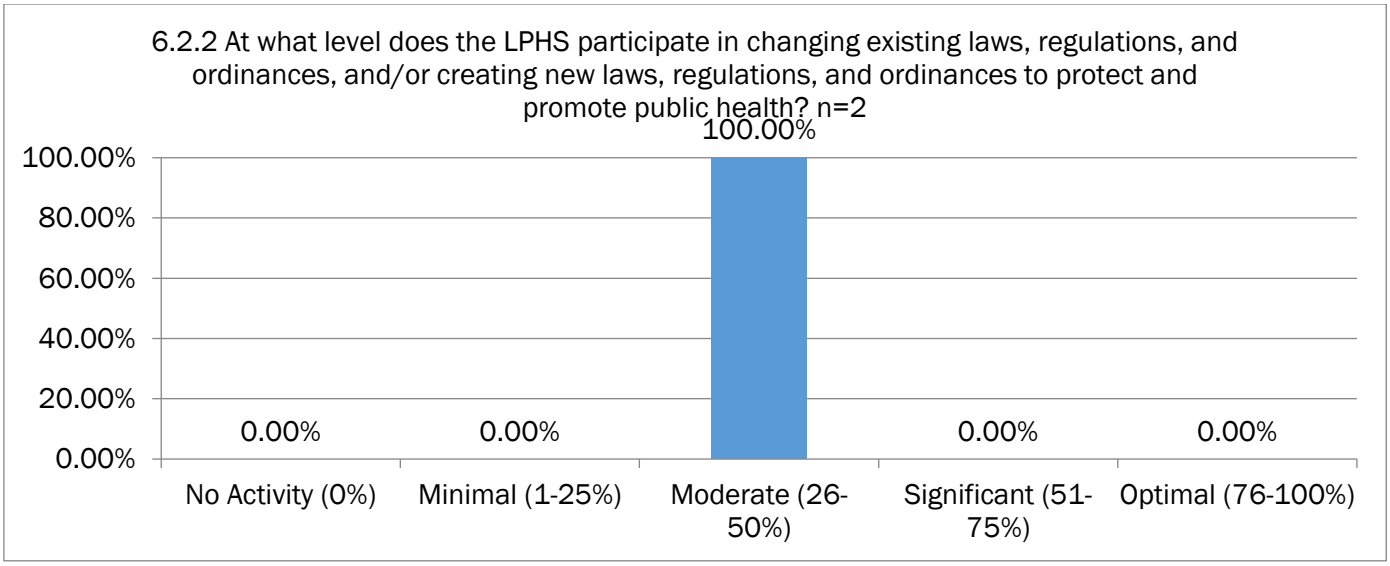


FIGURE 160.

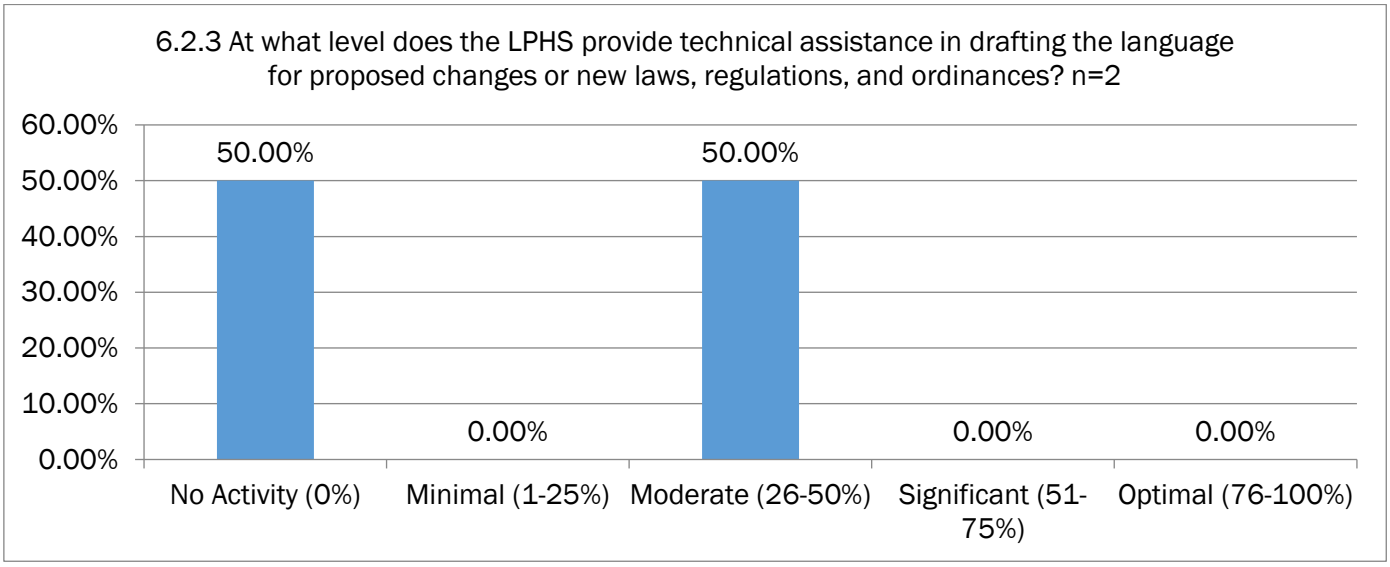


FIGURE 161.

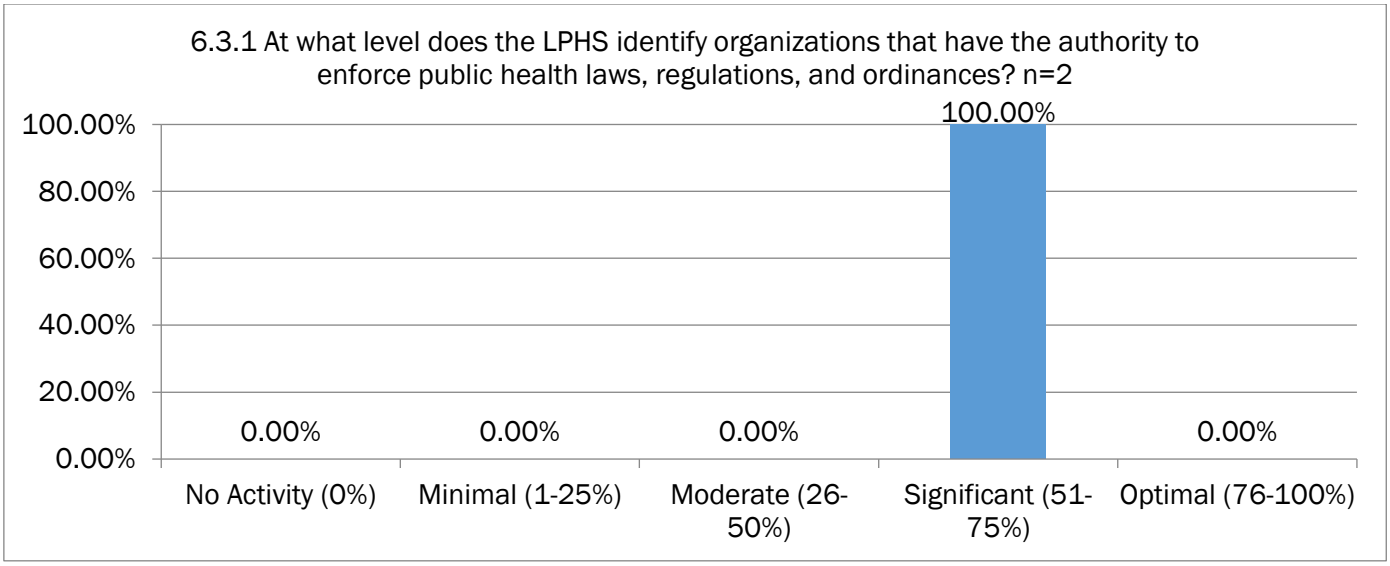


FIGURE 162.

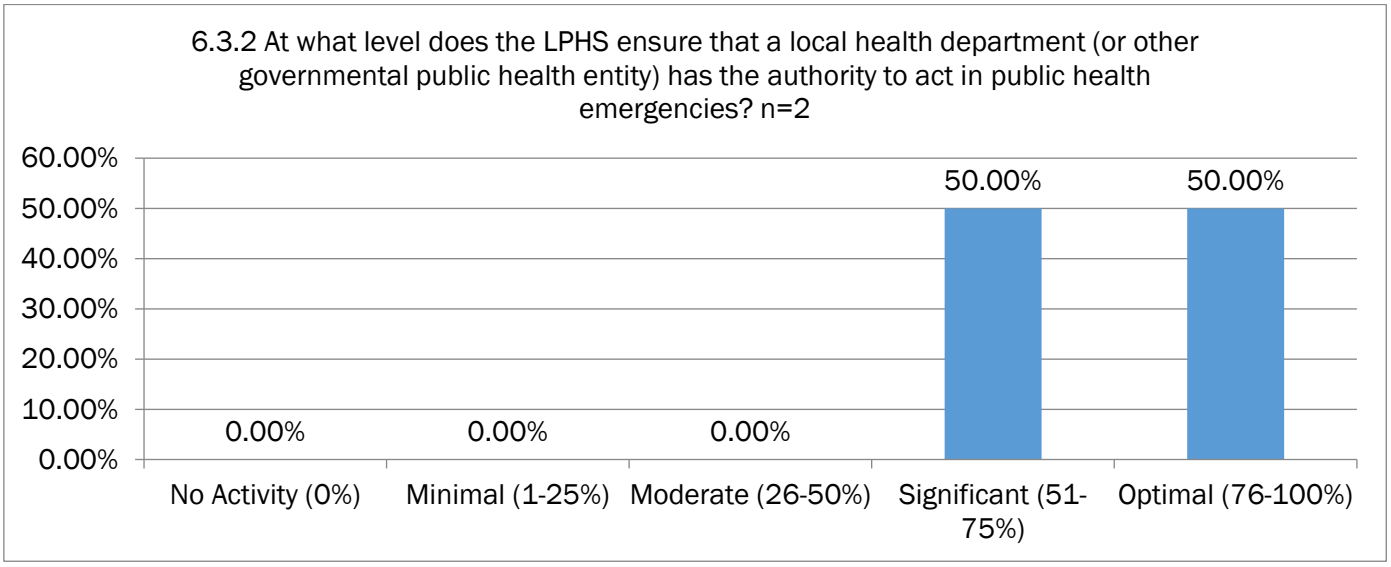


FIGURE 163.

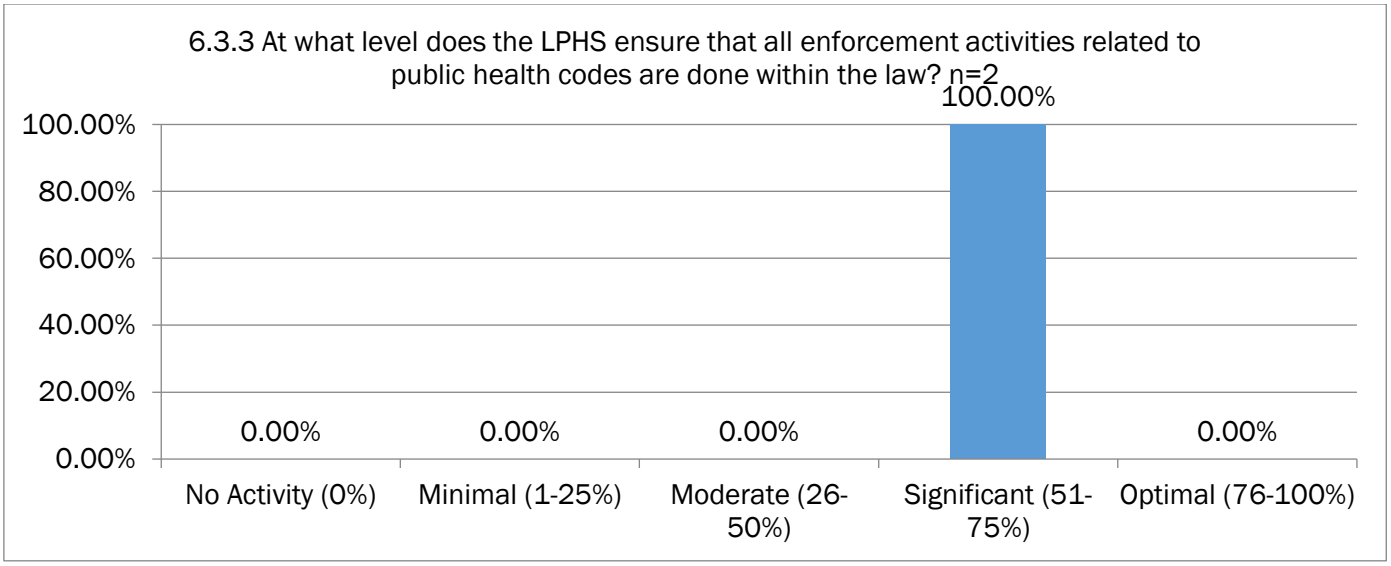


FIGURE 164.

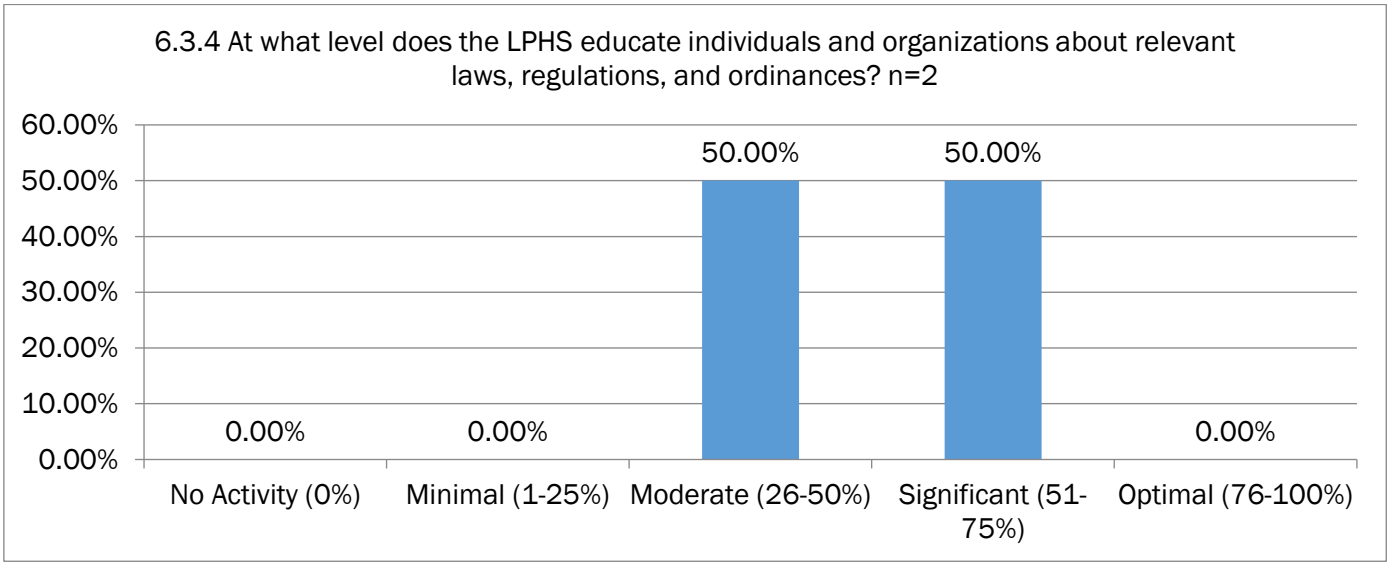


FIGURE 165.

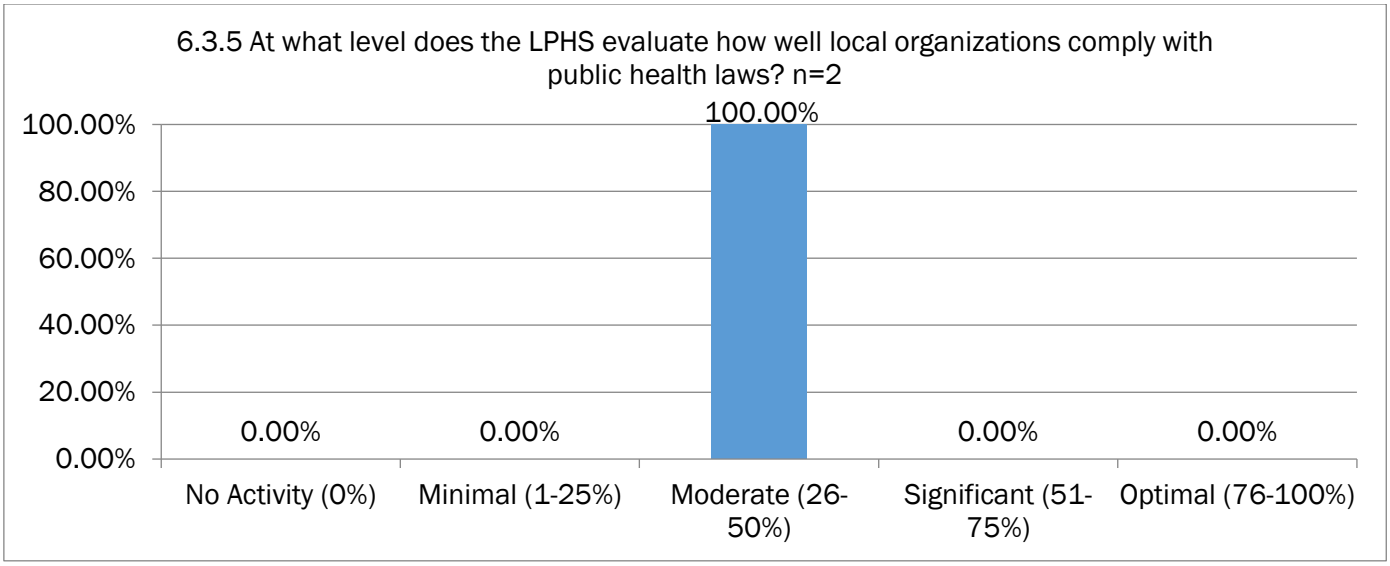


FIGURE 166.

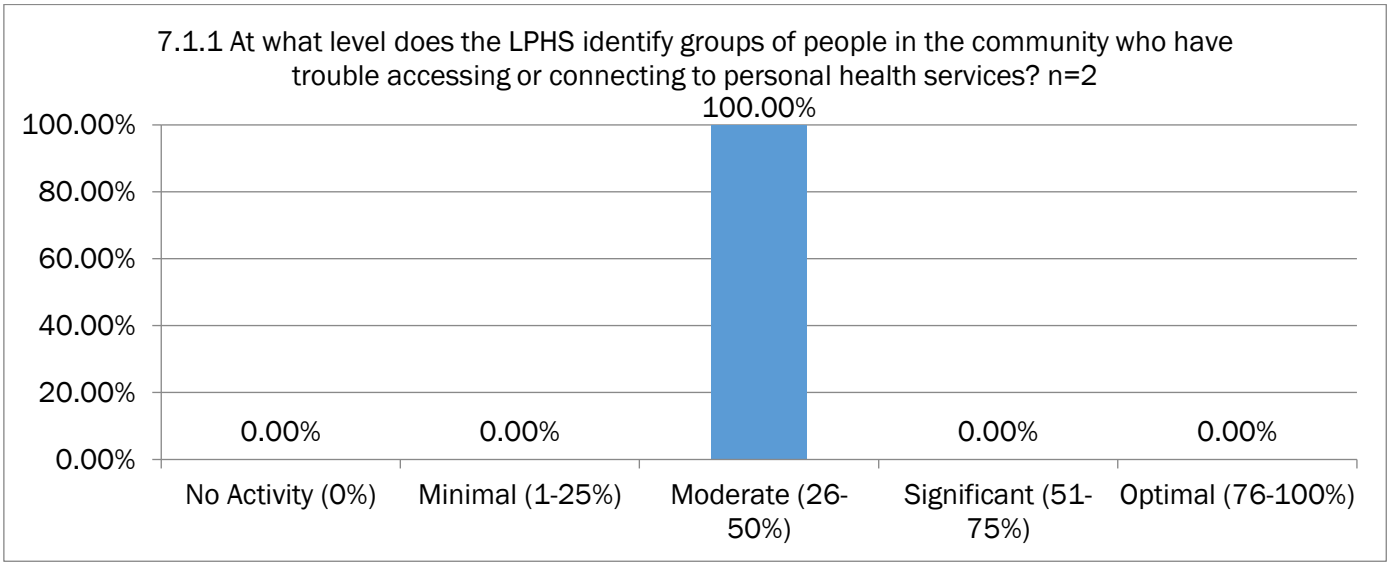


FIGURE 167.

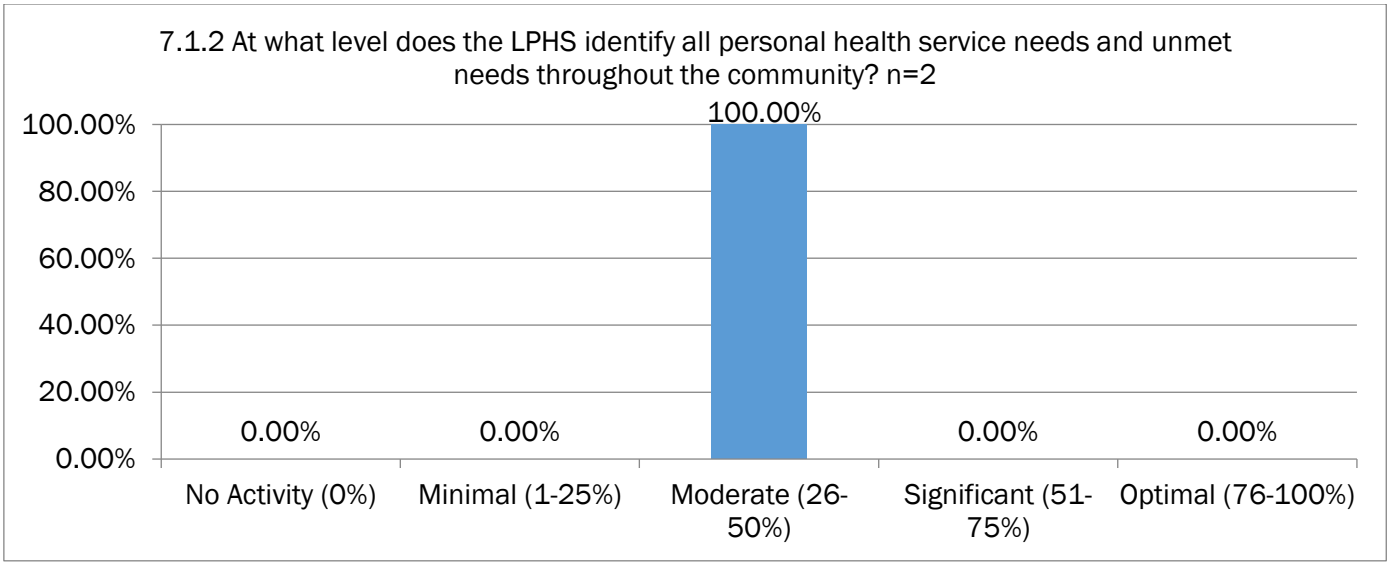


FIGURE 168.

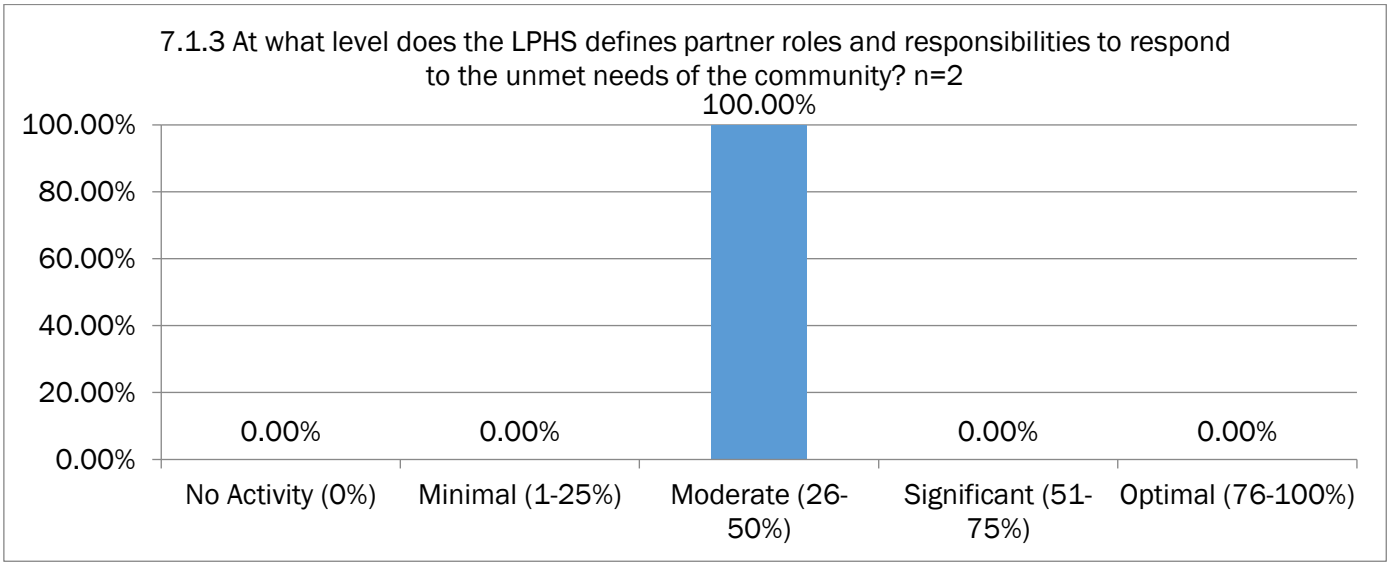
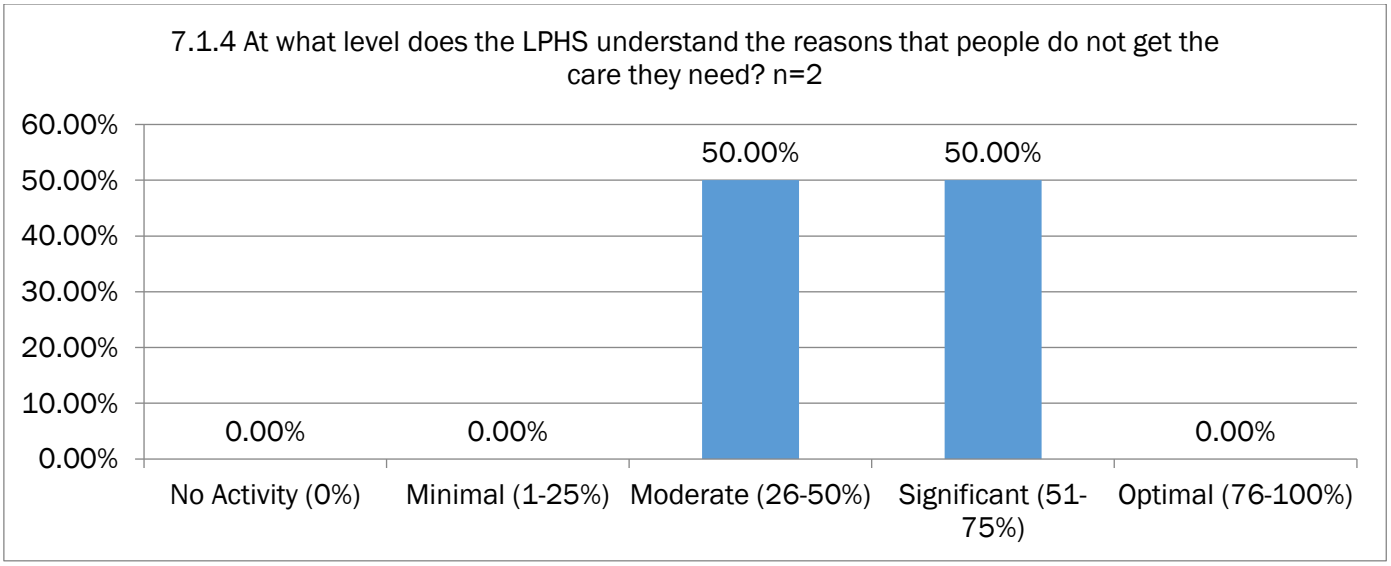


FIGURE 169.



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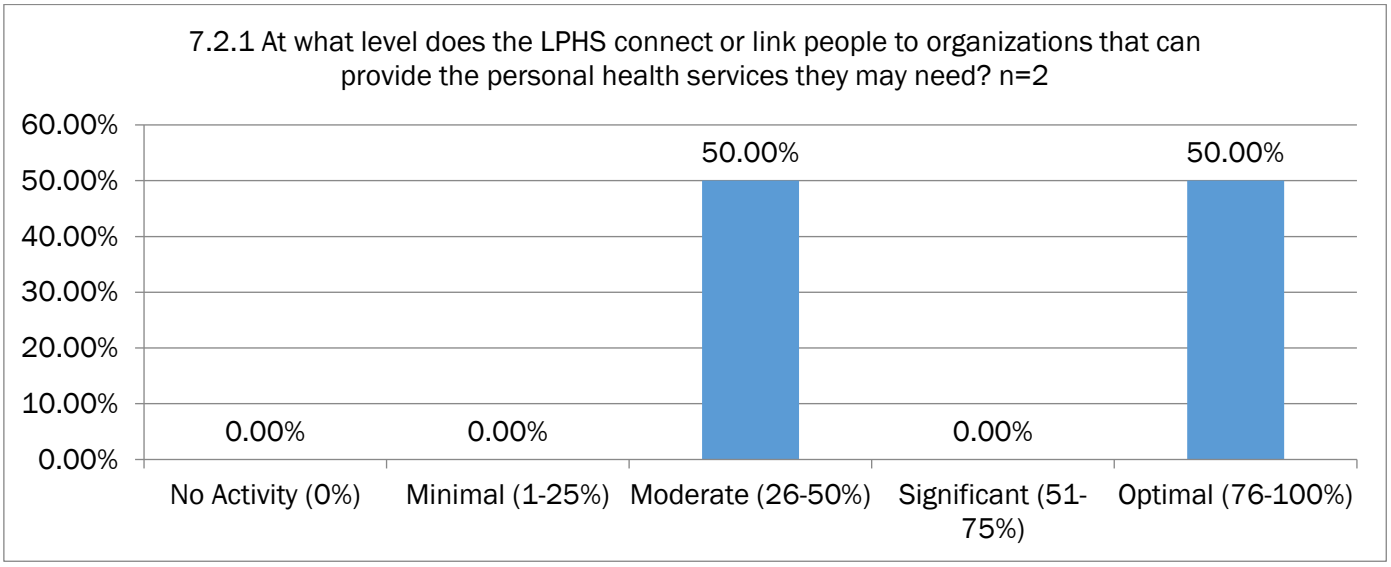


FIGURE 171.

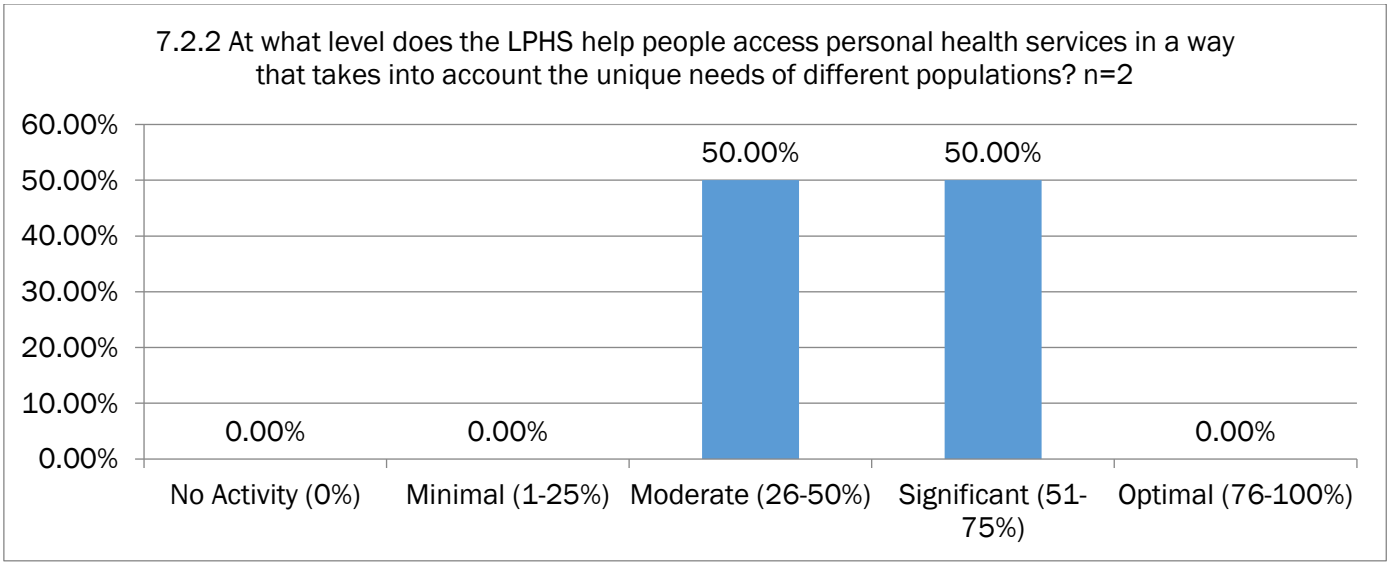


FIGURE 172.

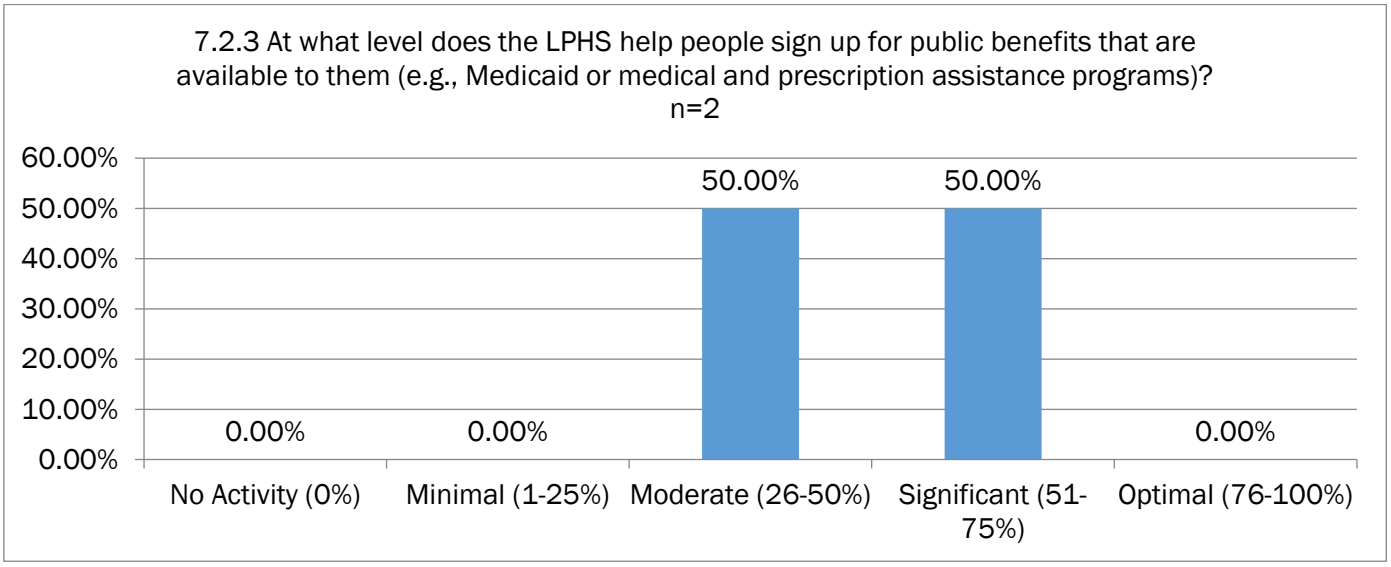


FIGURE 173.

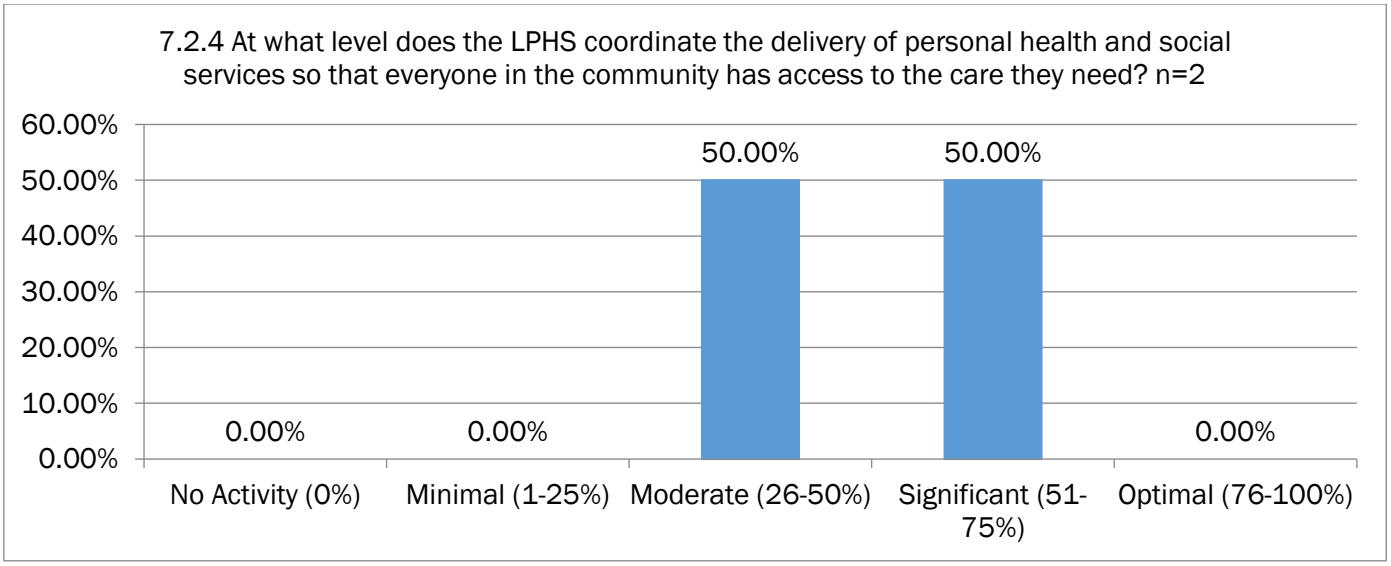
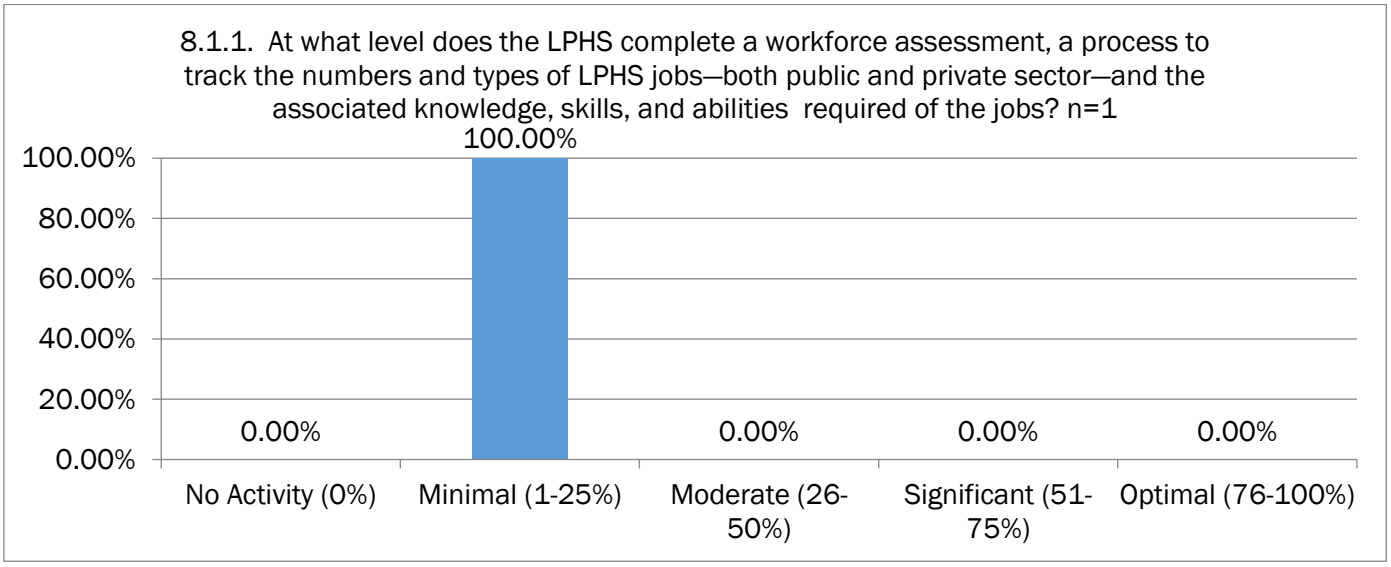


FIGURE 174.



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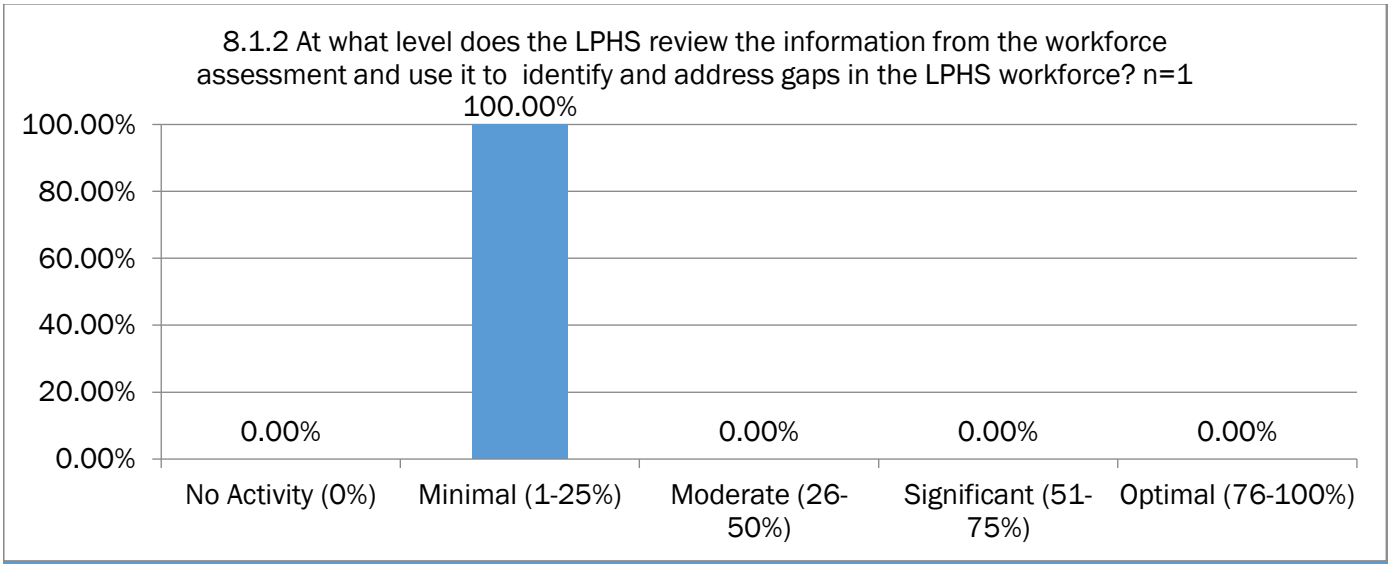


FIGURE 176.

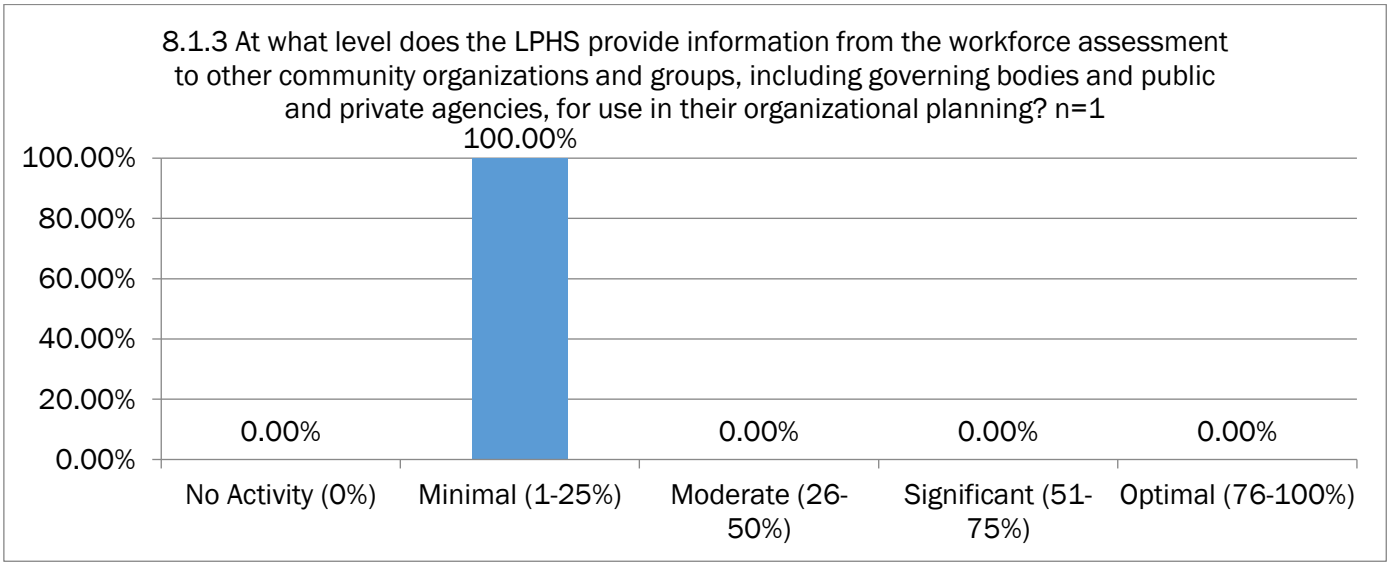


FIGURE 177.

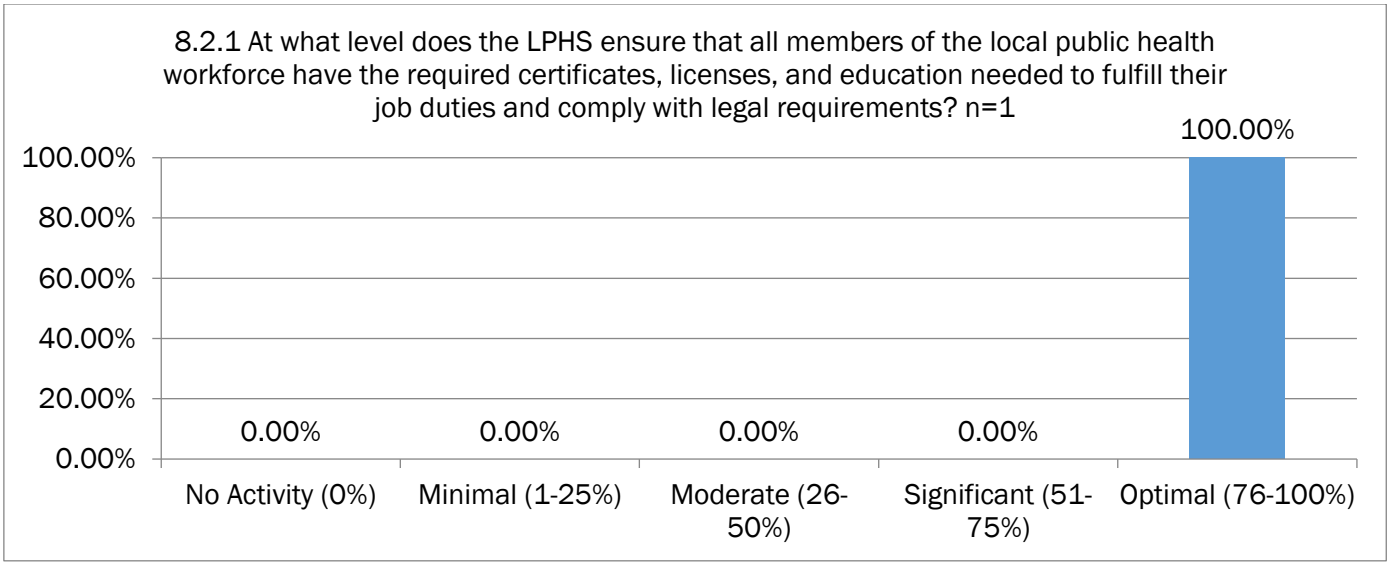


FIGURE 178.

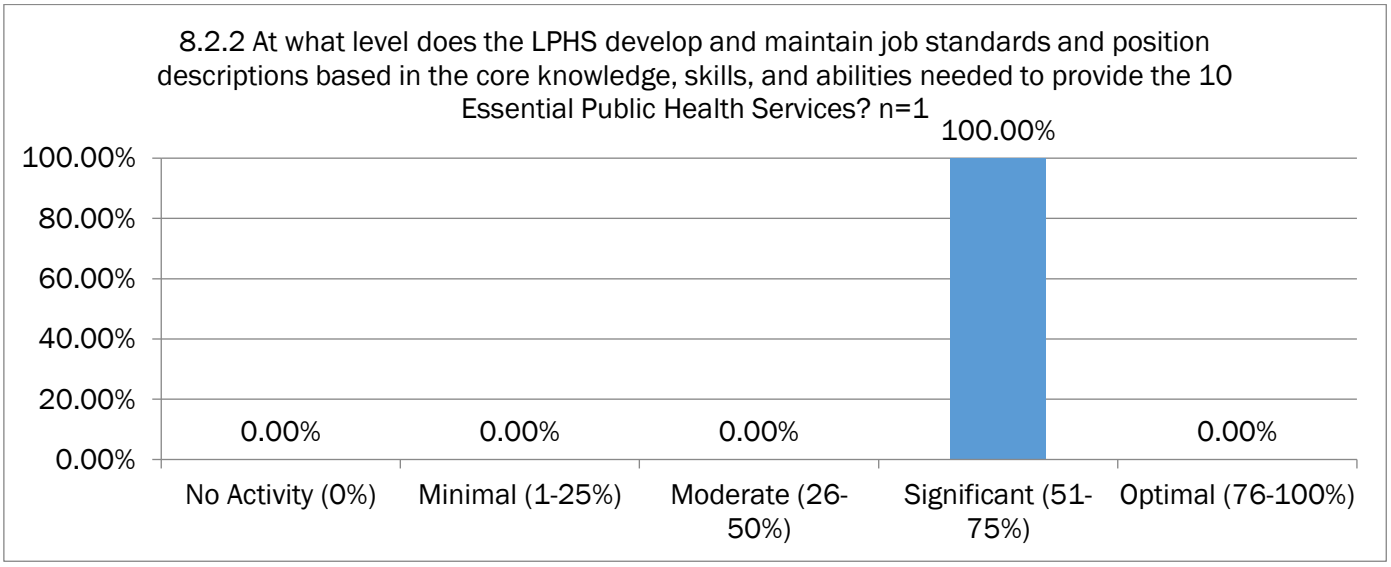
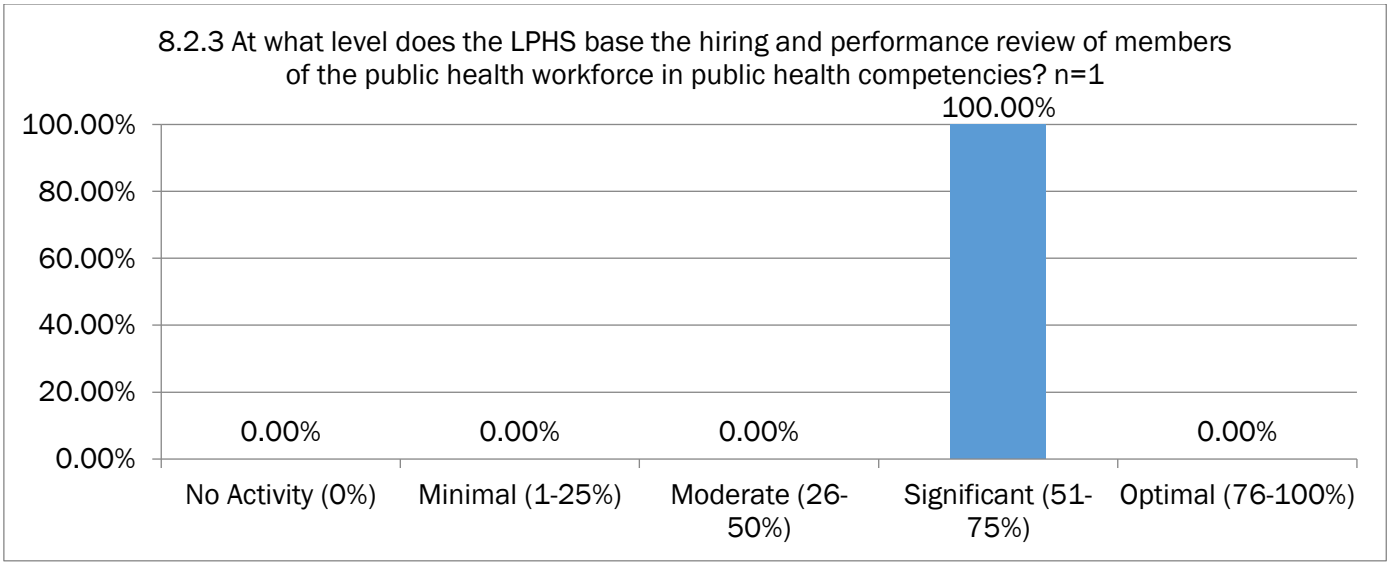


FIGURE 179.



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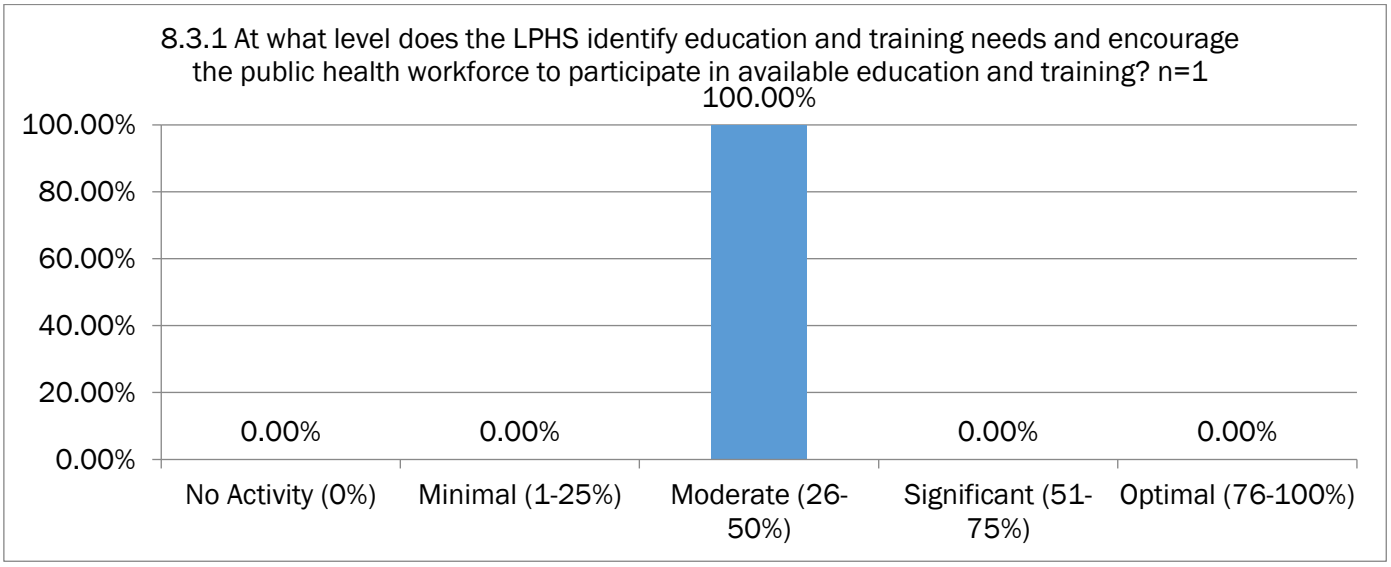

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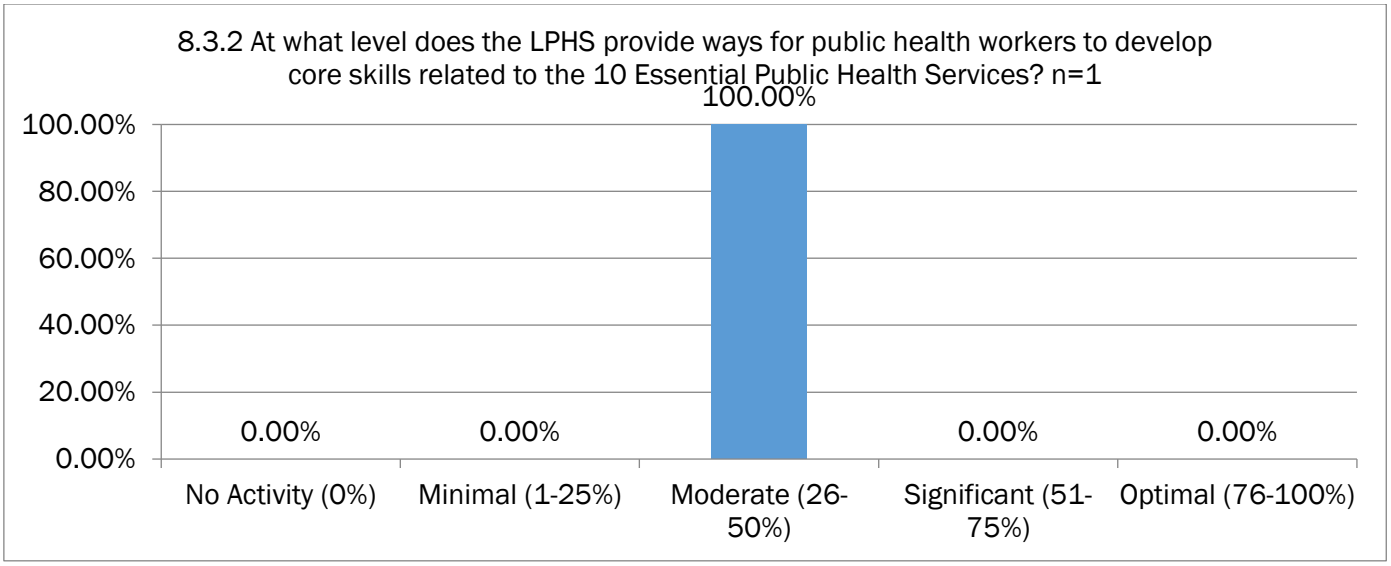

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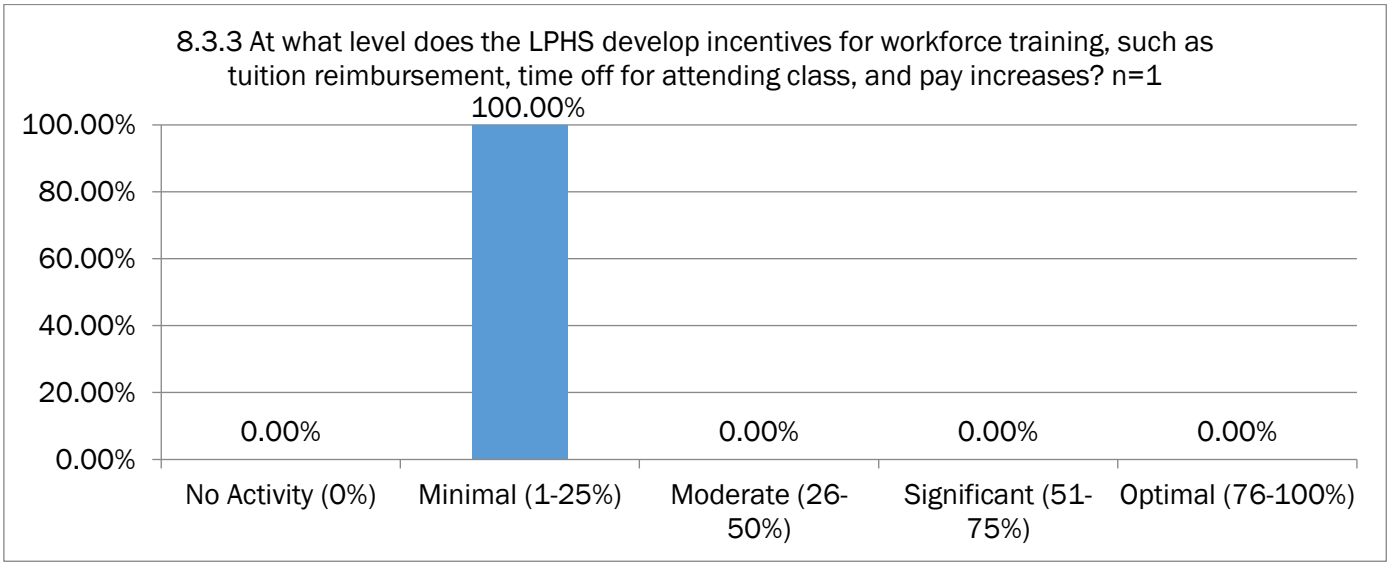
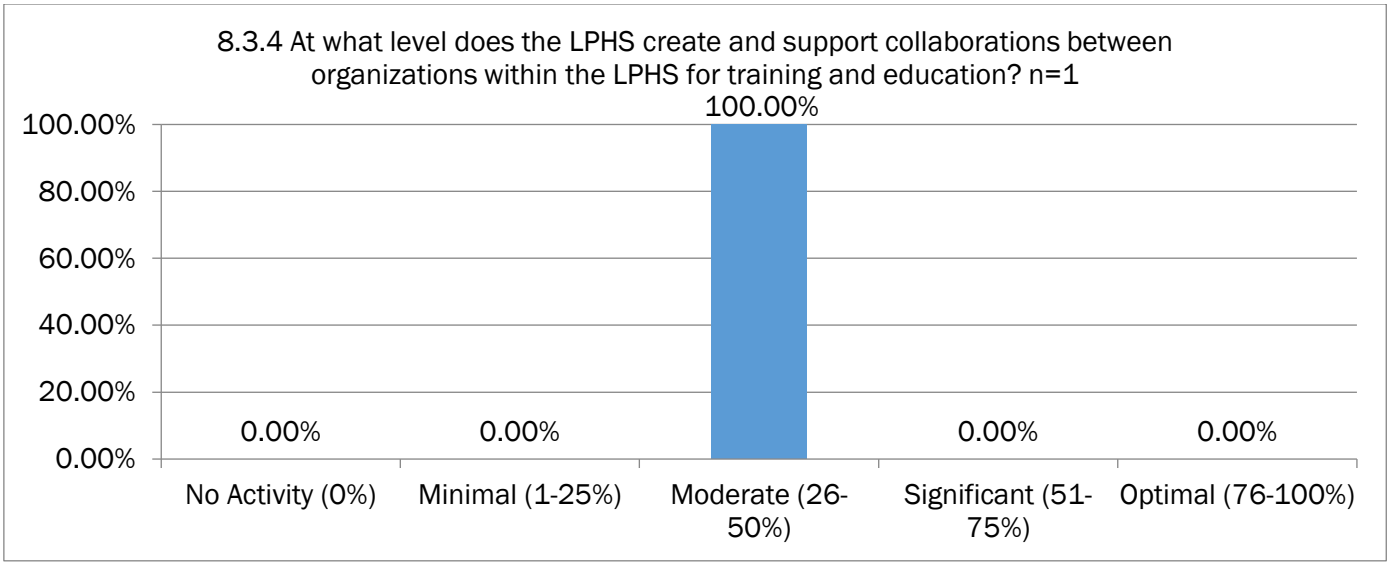


FIGURE 183.



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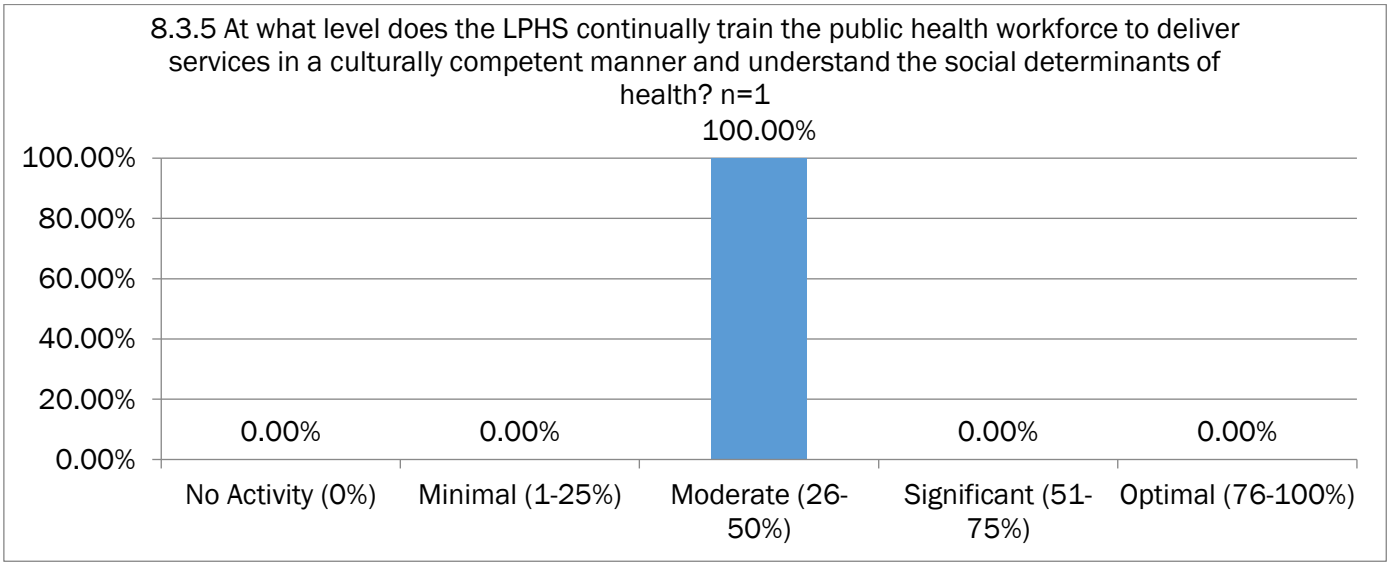

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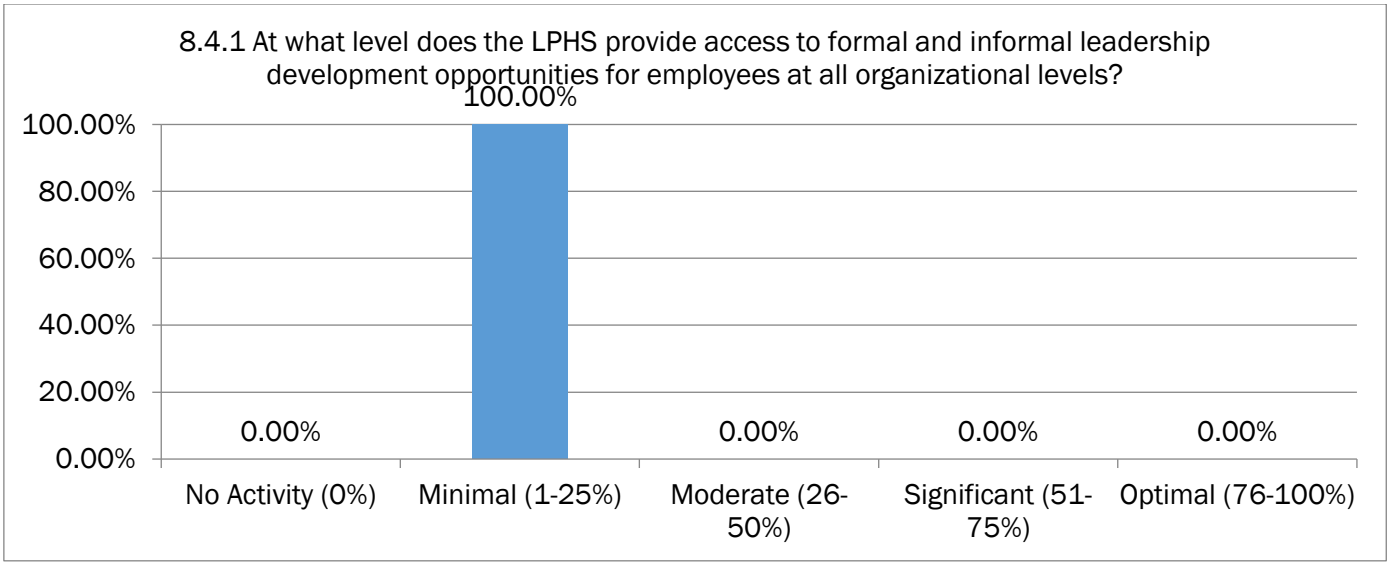

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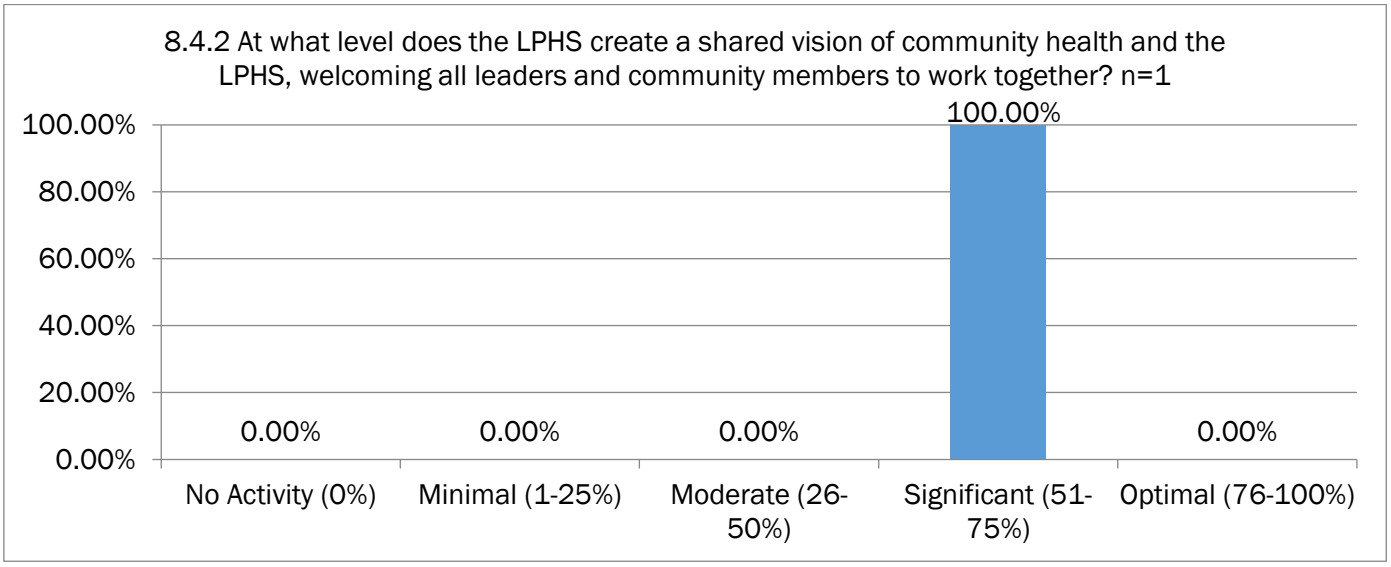

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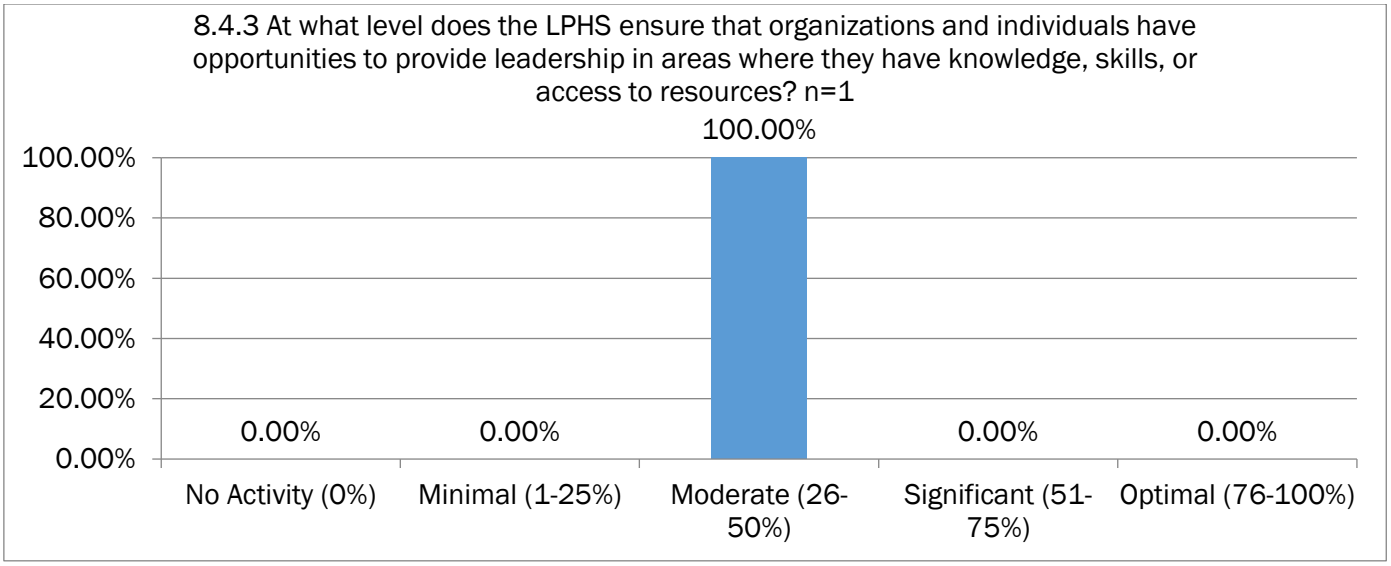

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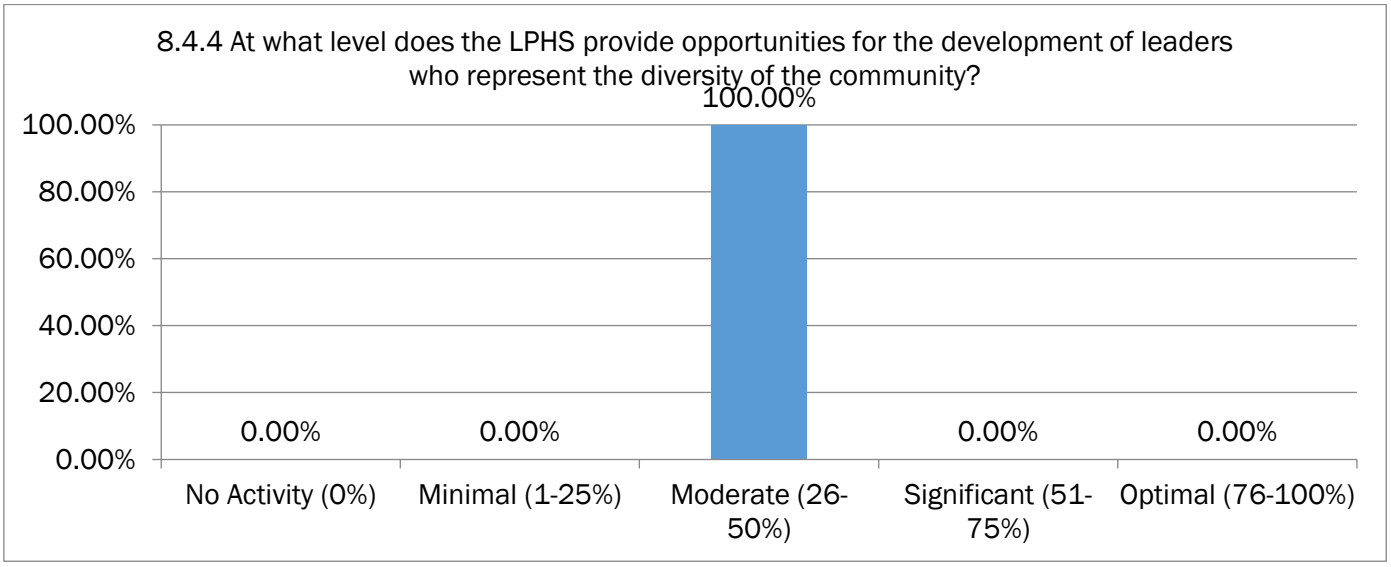

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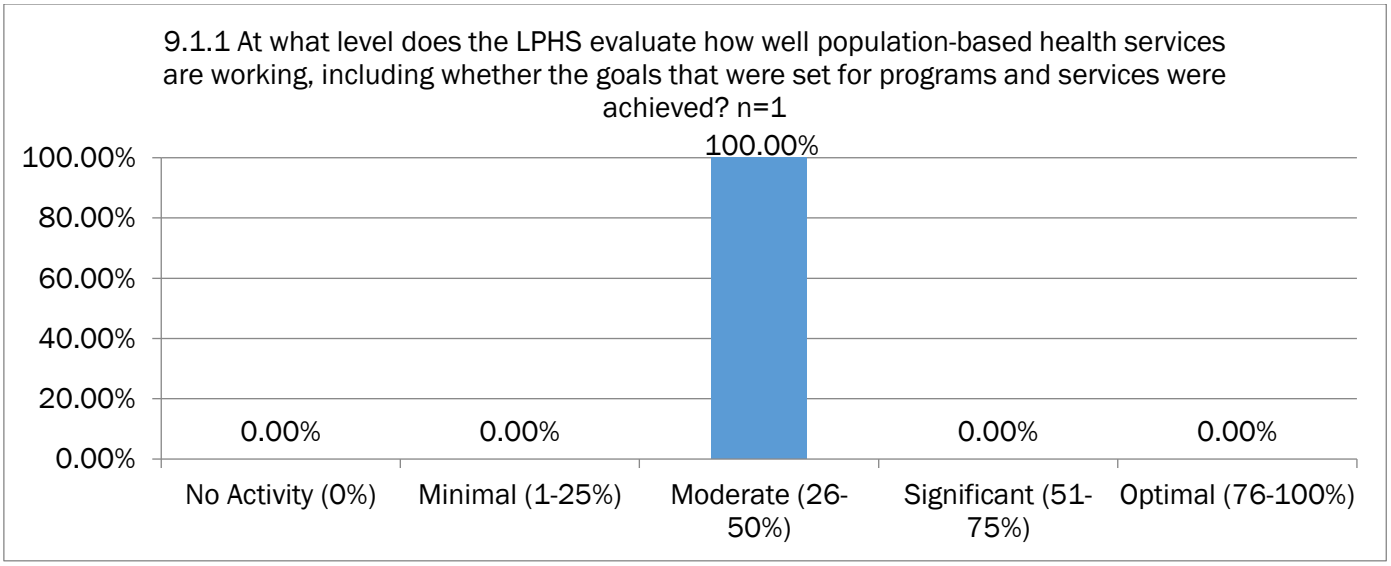

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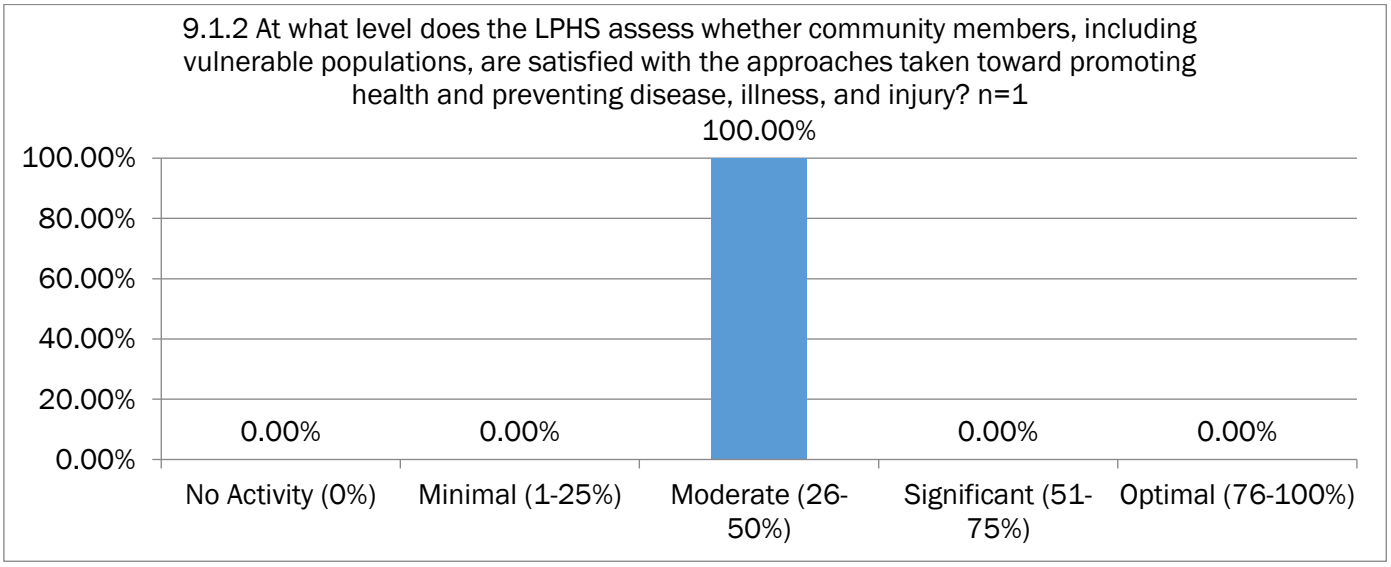

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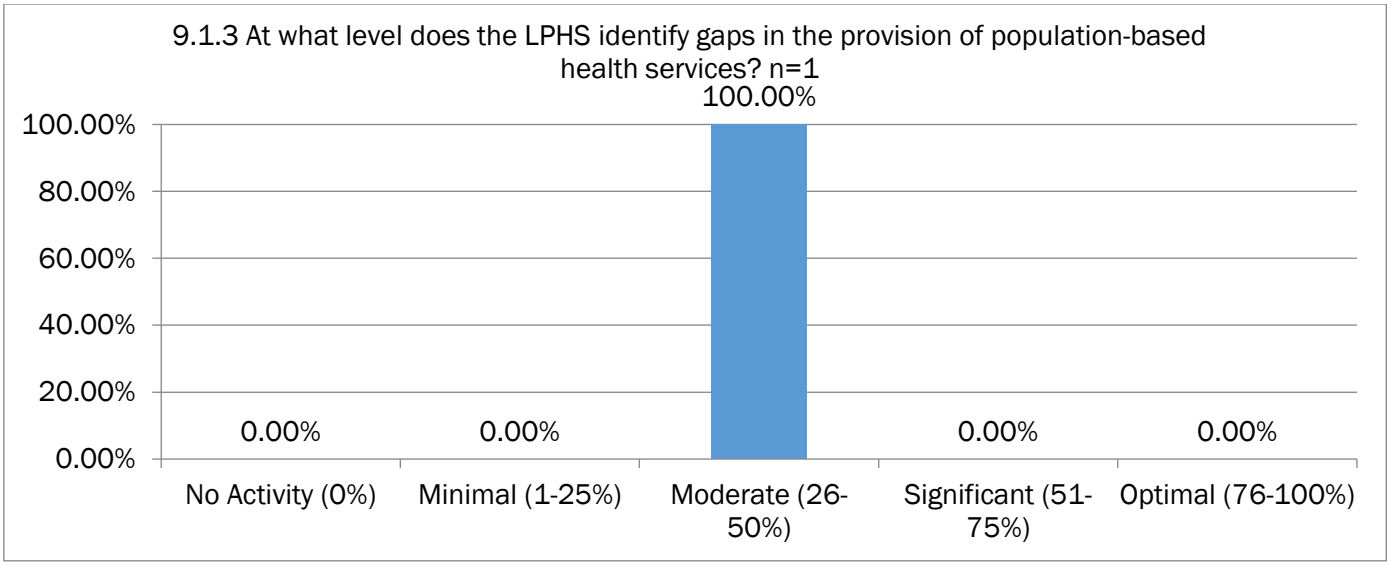

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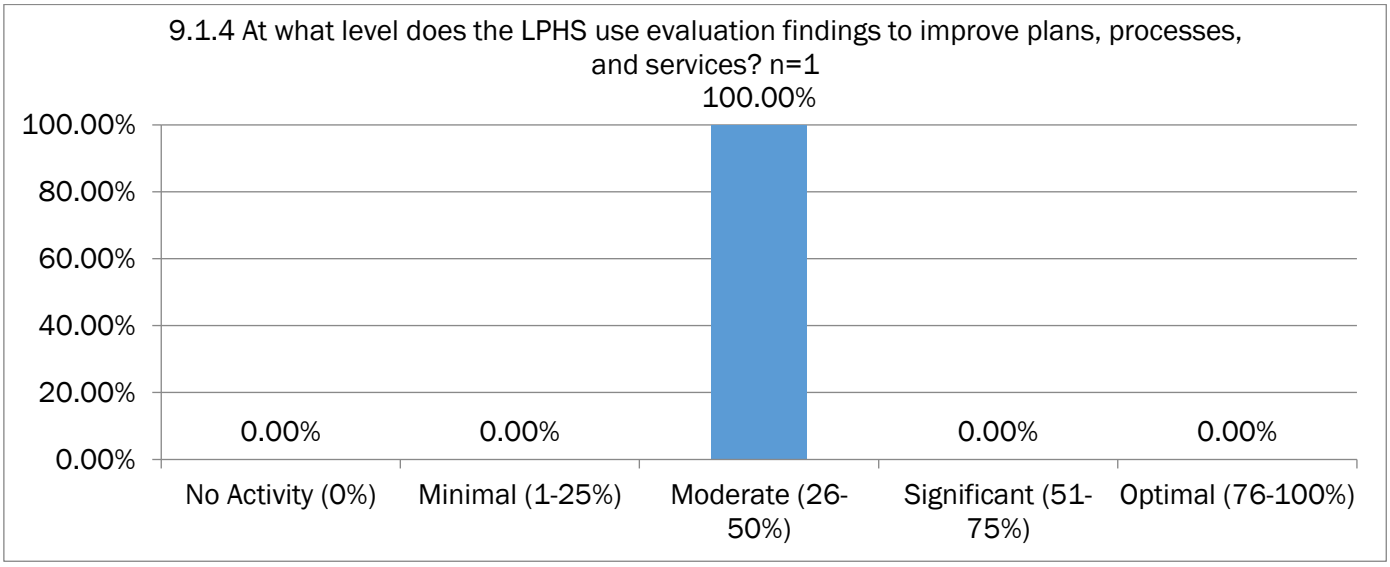

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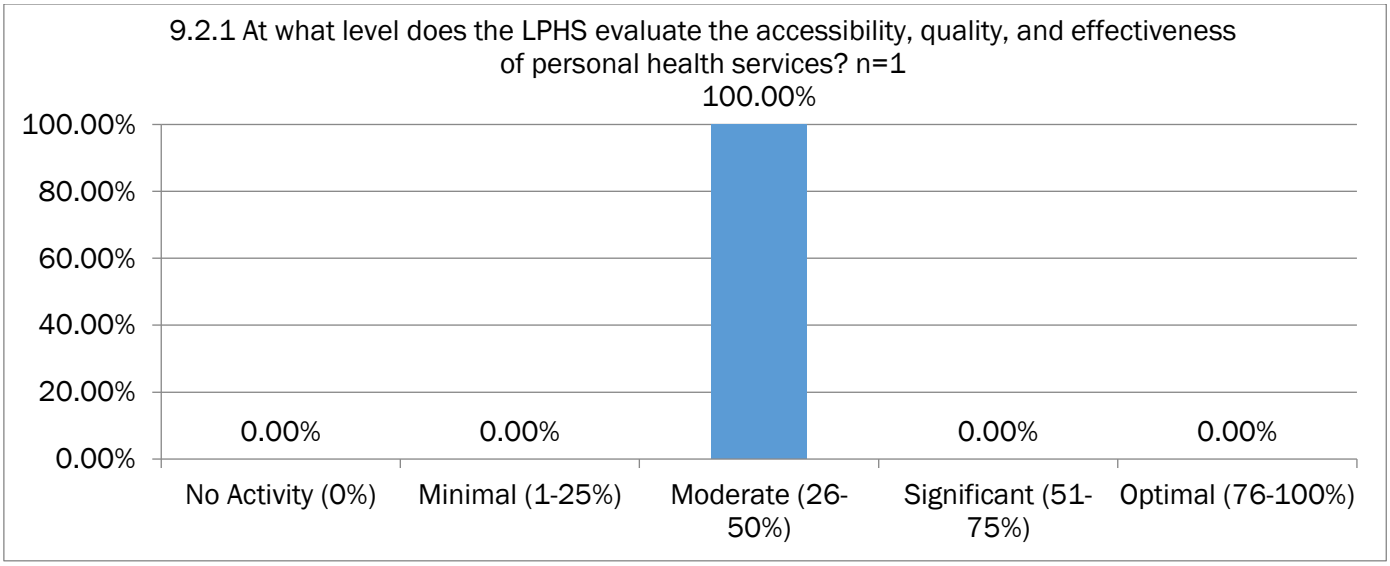

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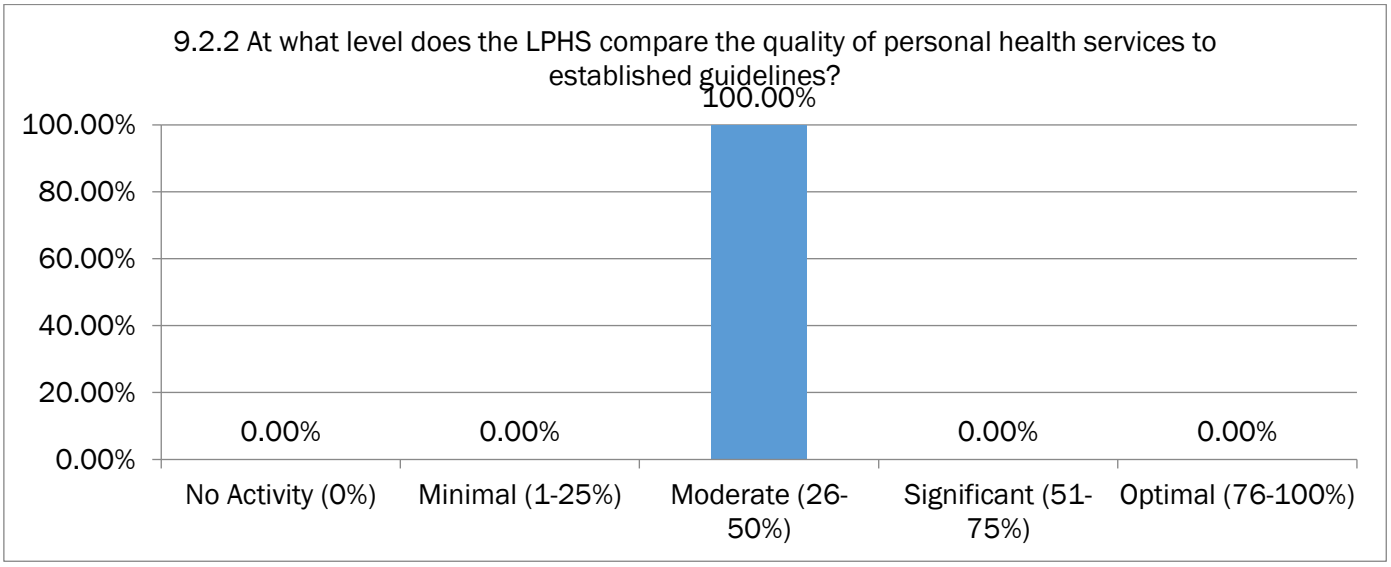

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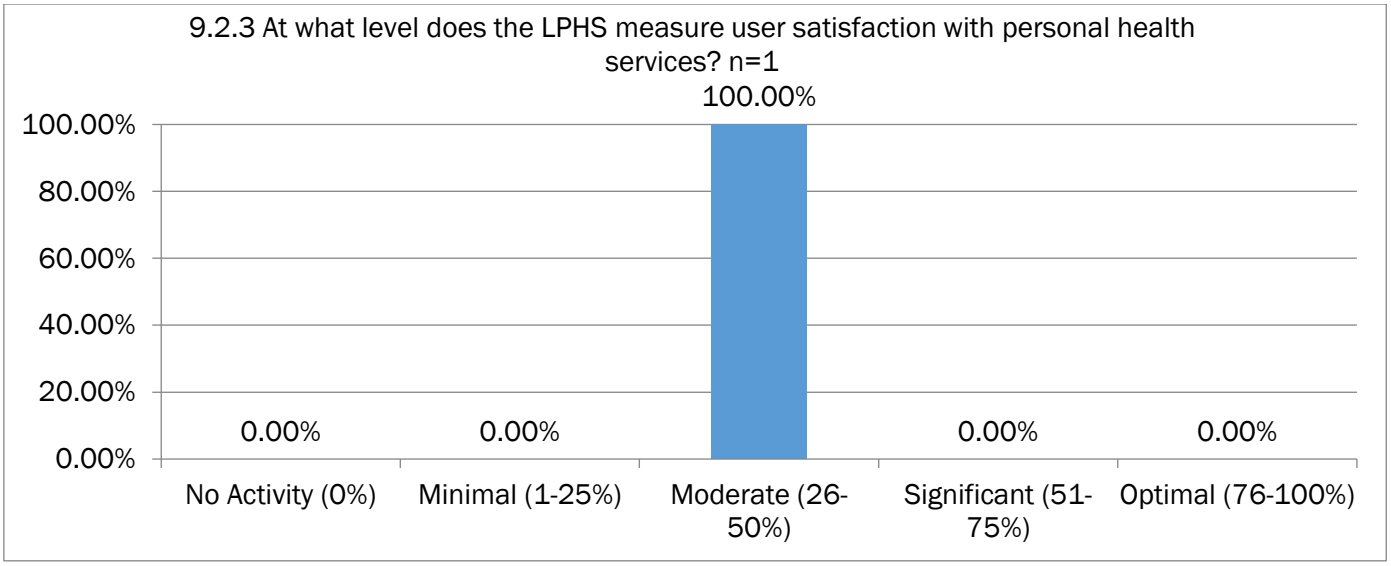

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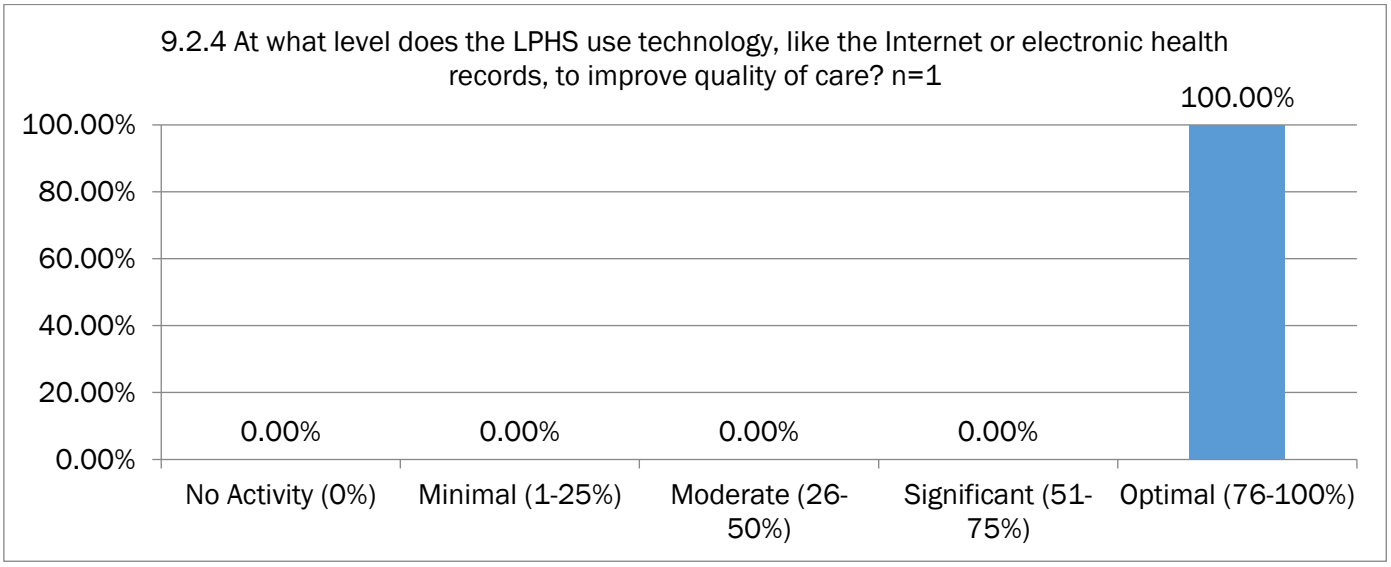

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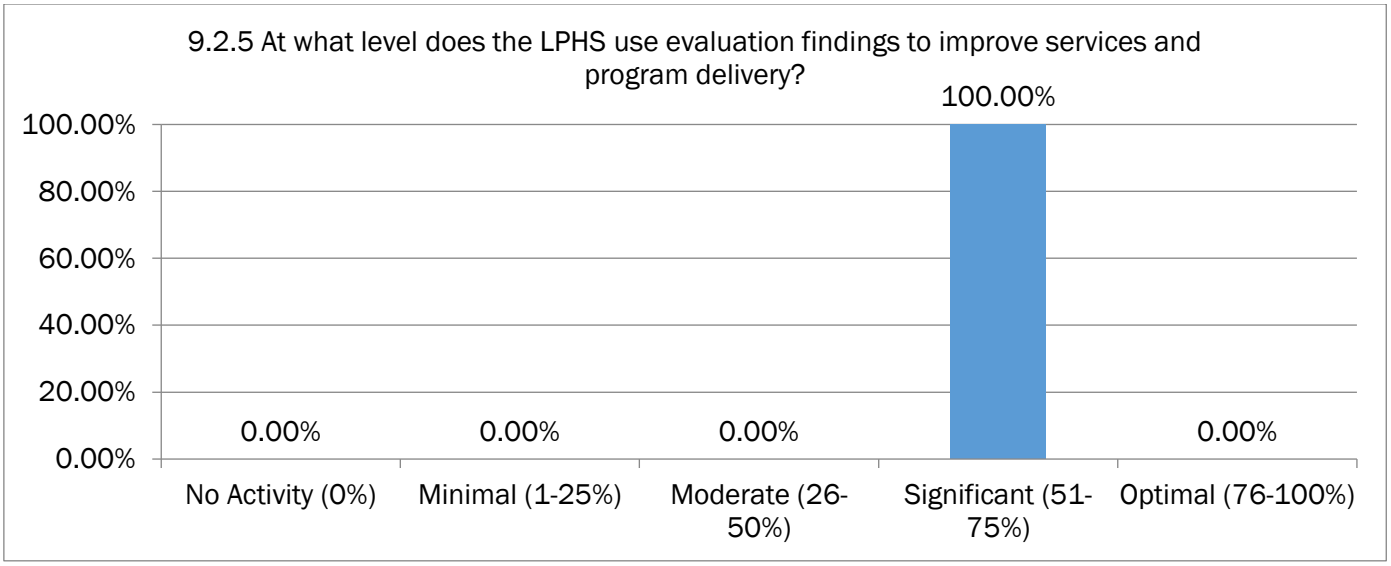

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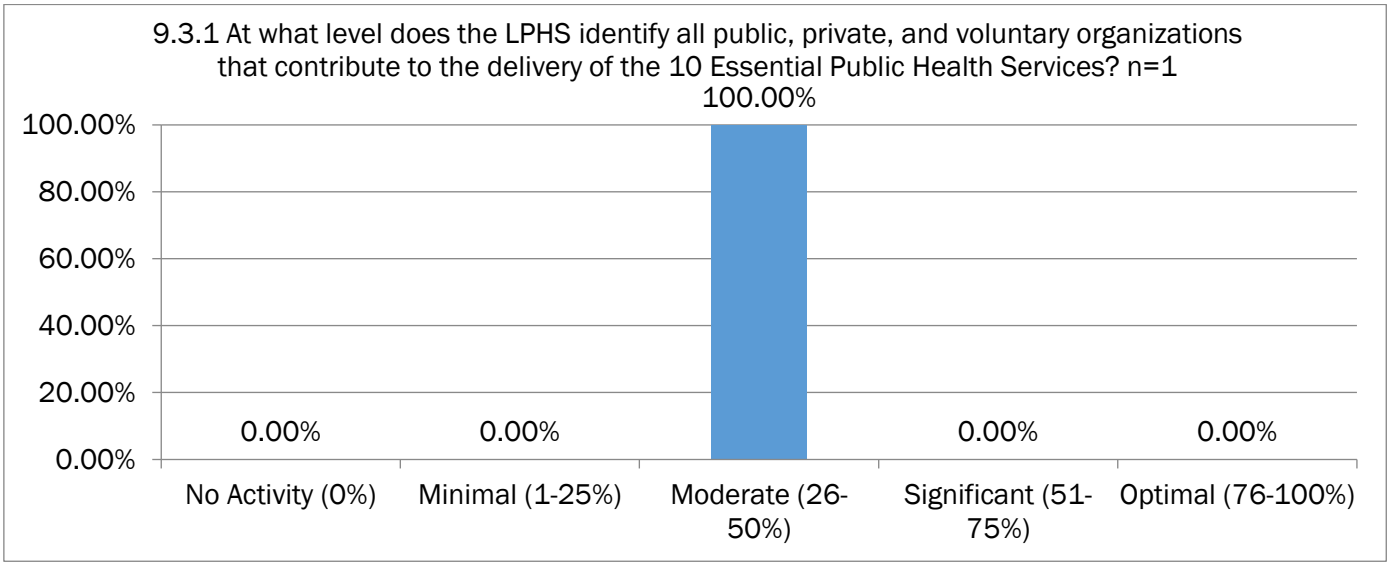

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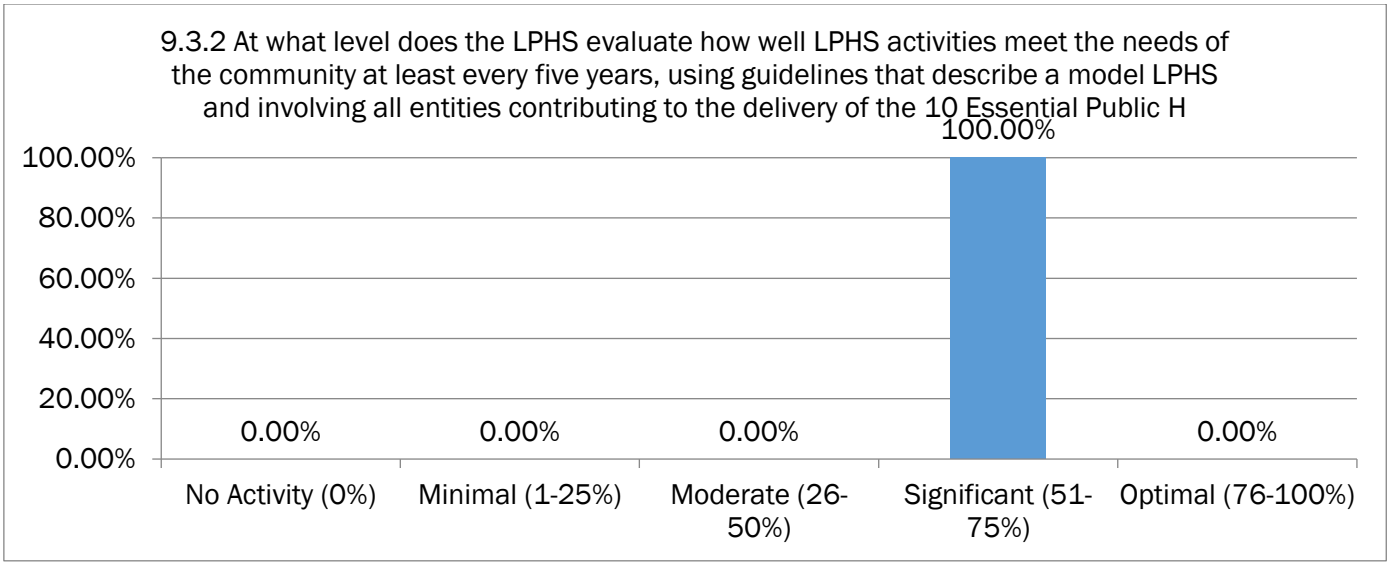

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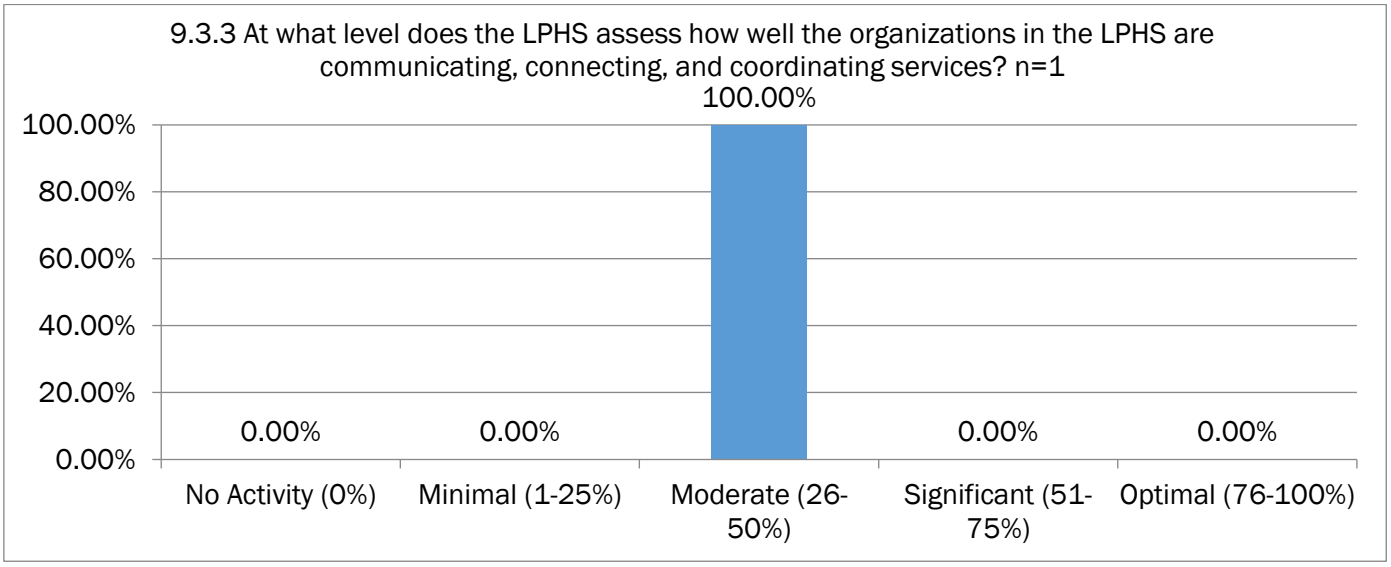

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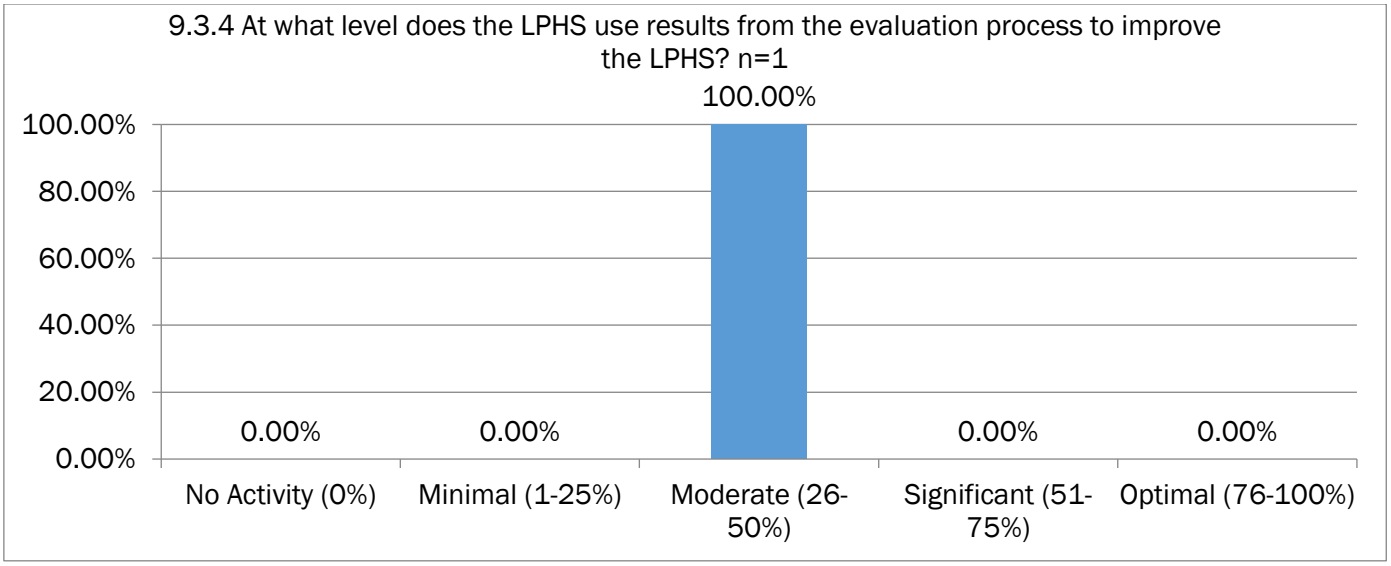

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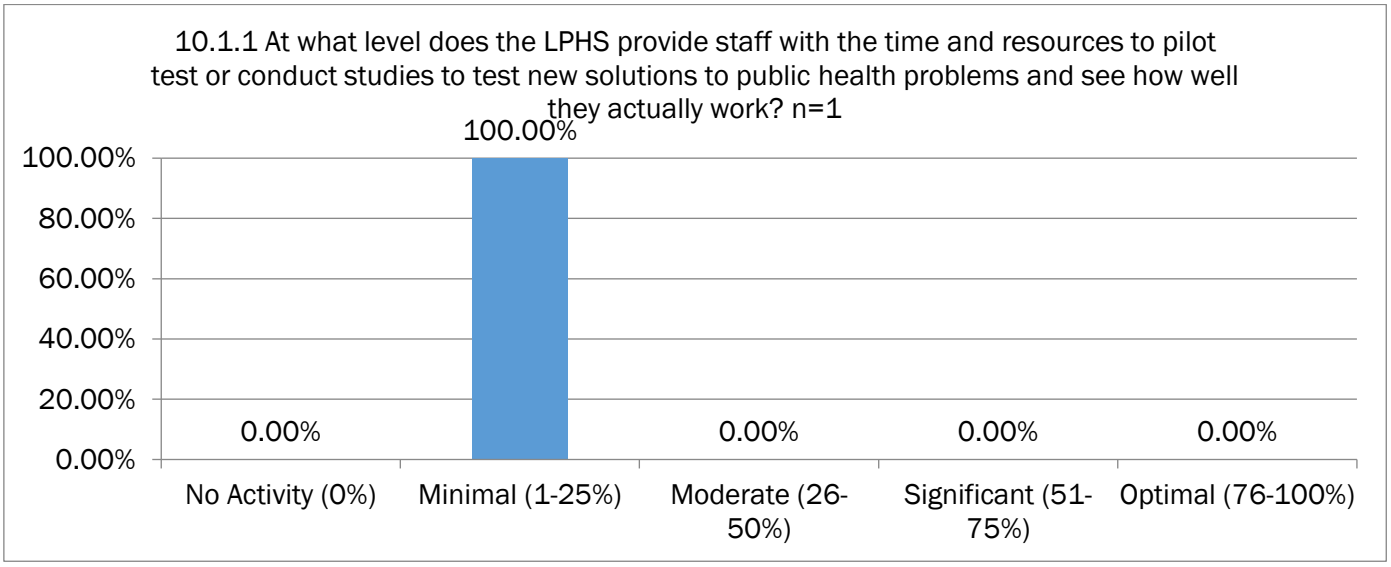

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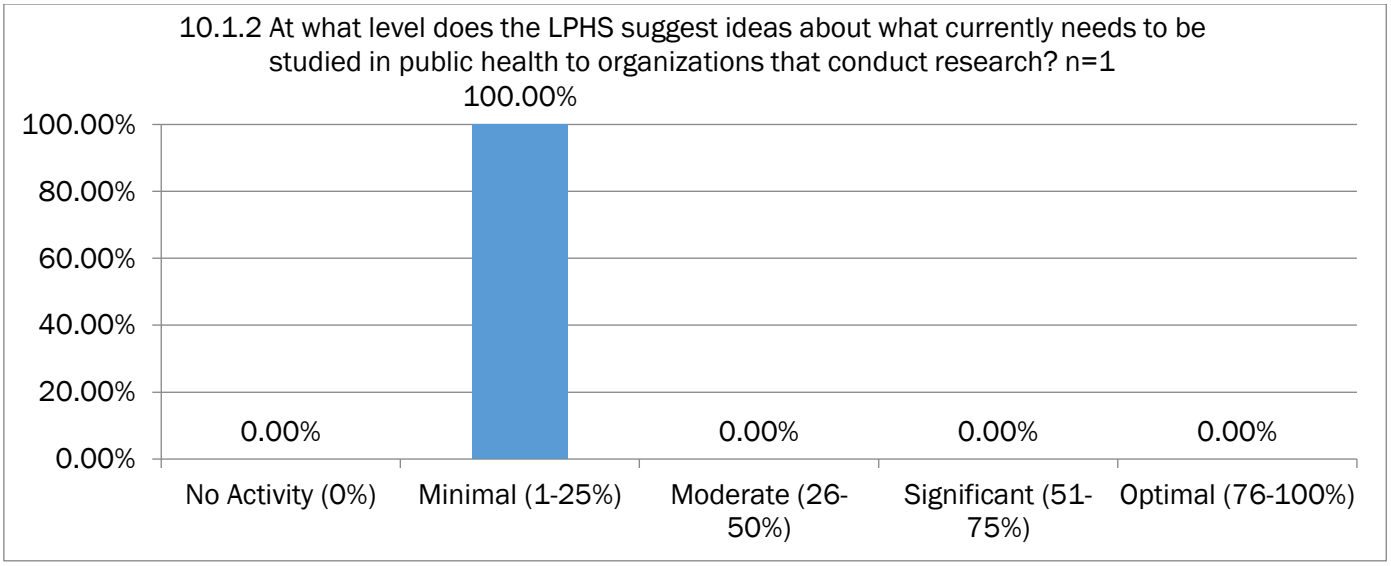

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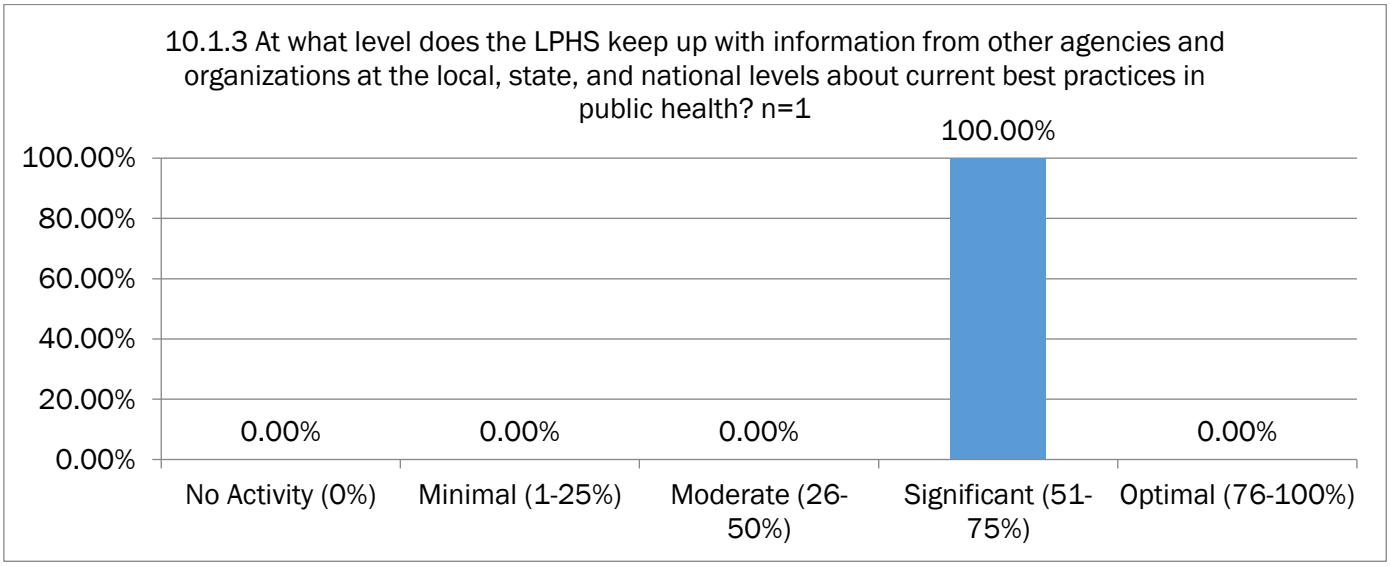

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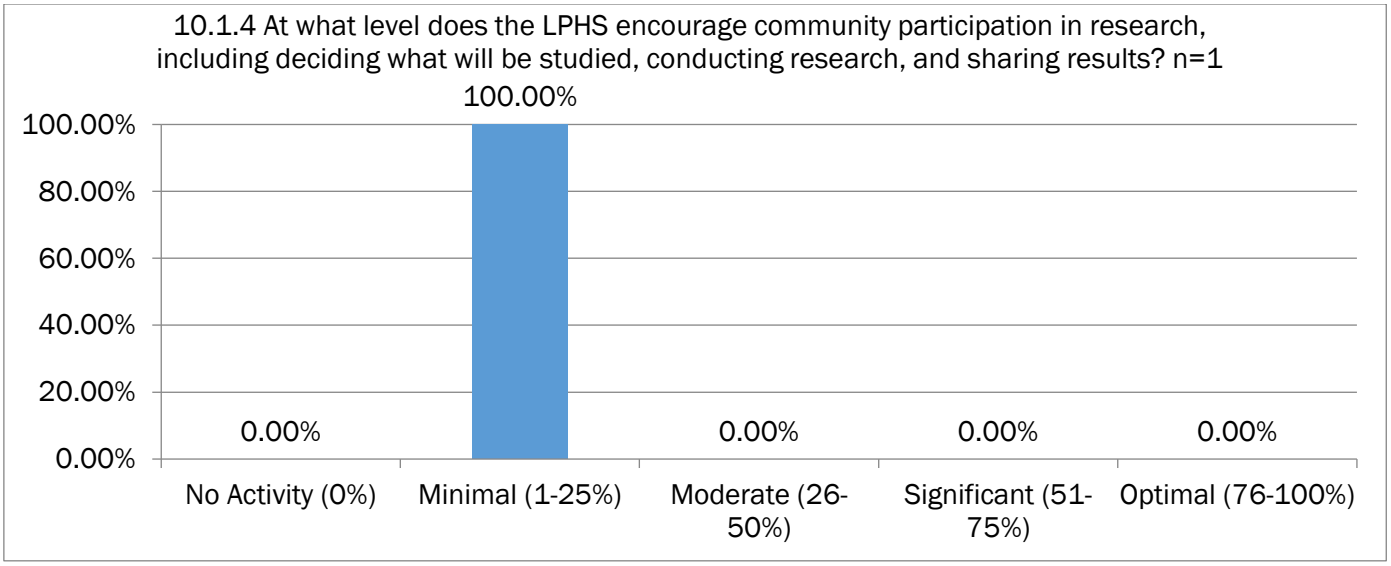

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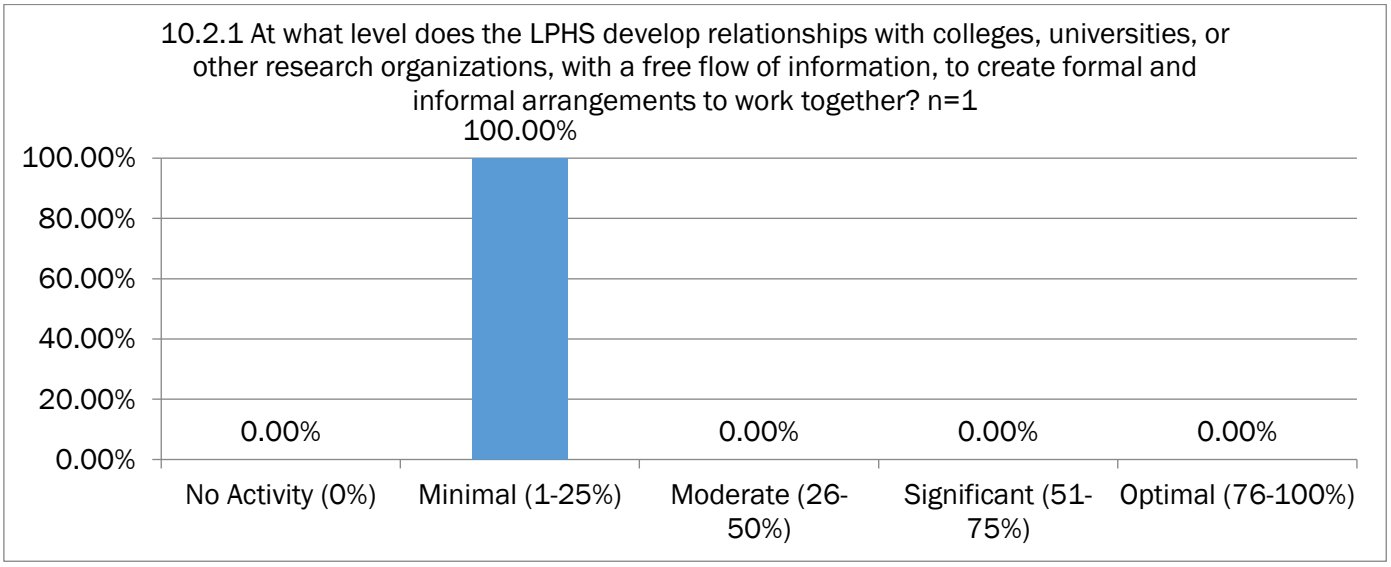

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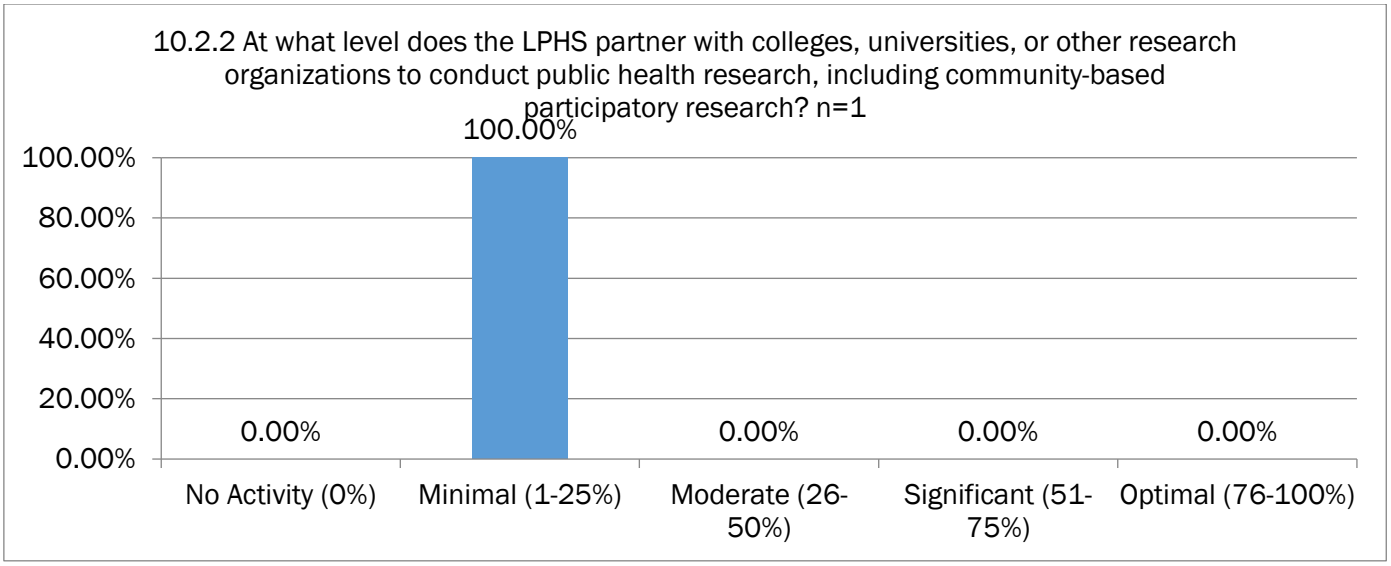
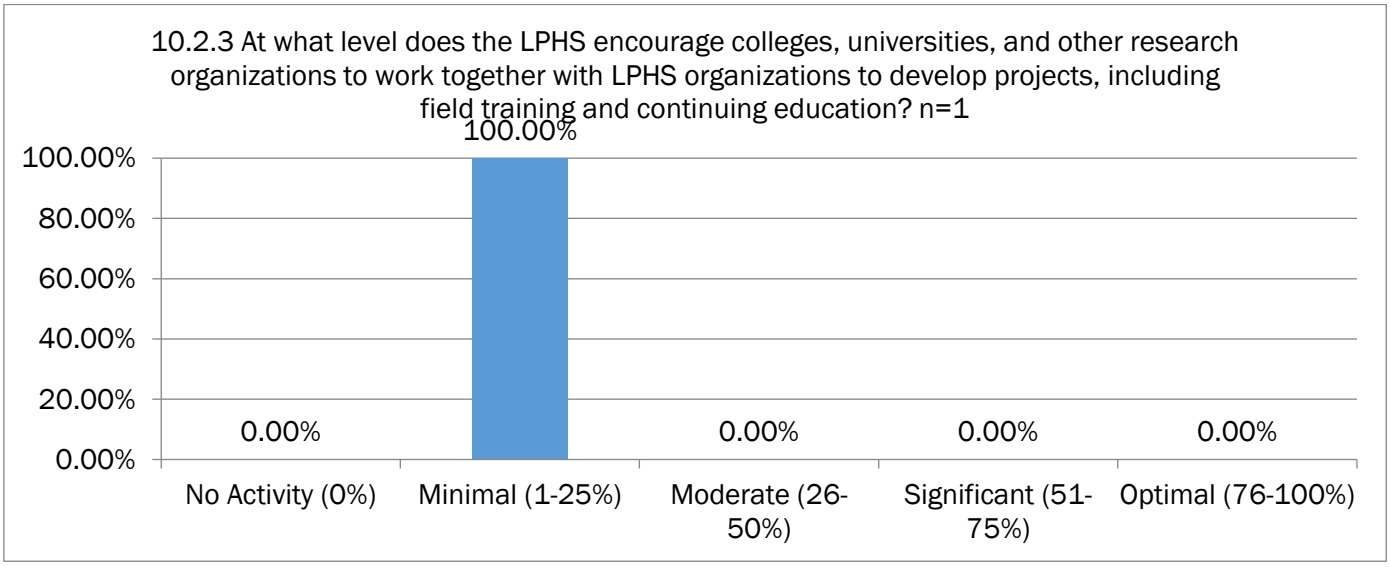


FIGURE 208.



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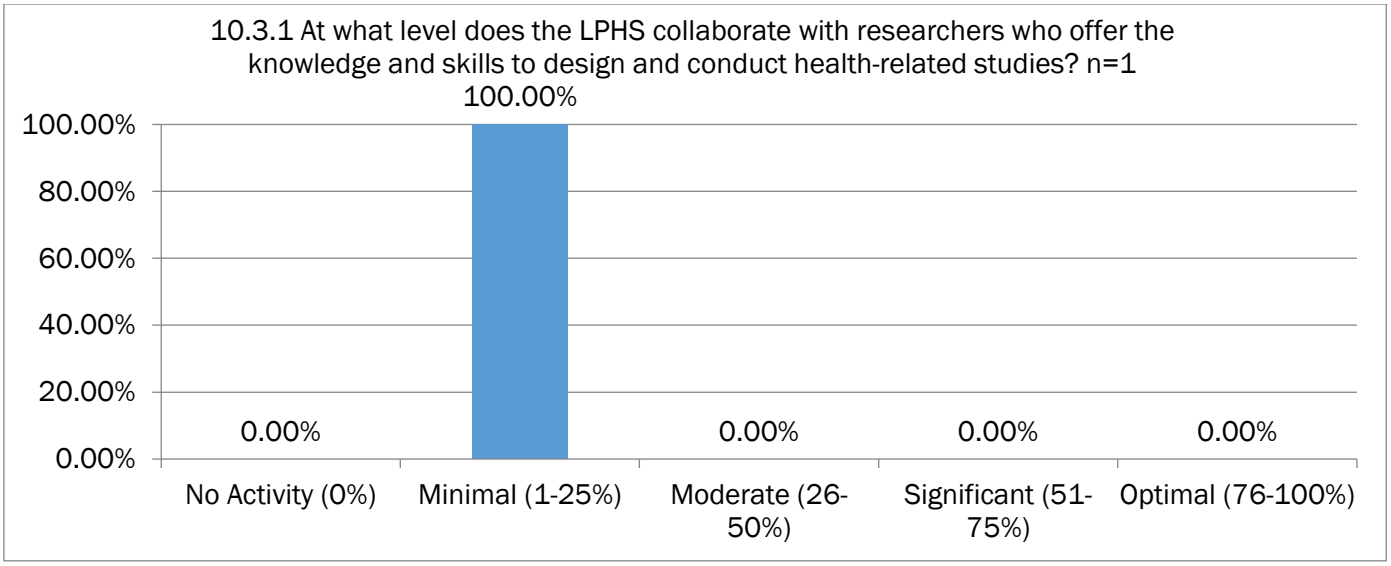

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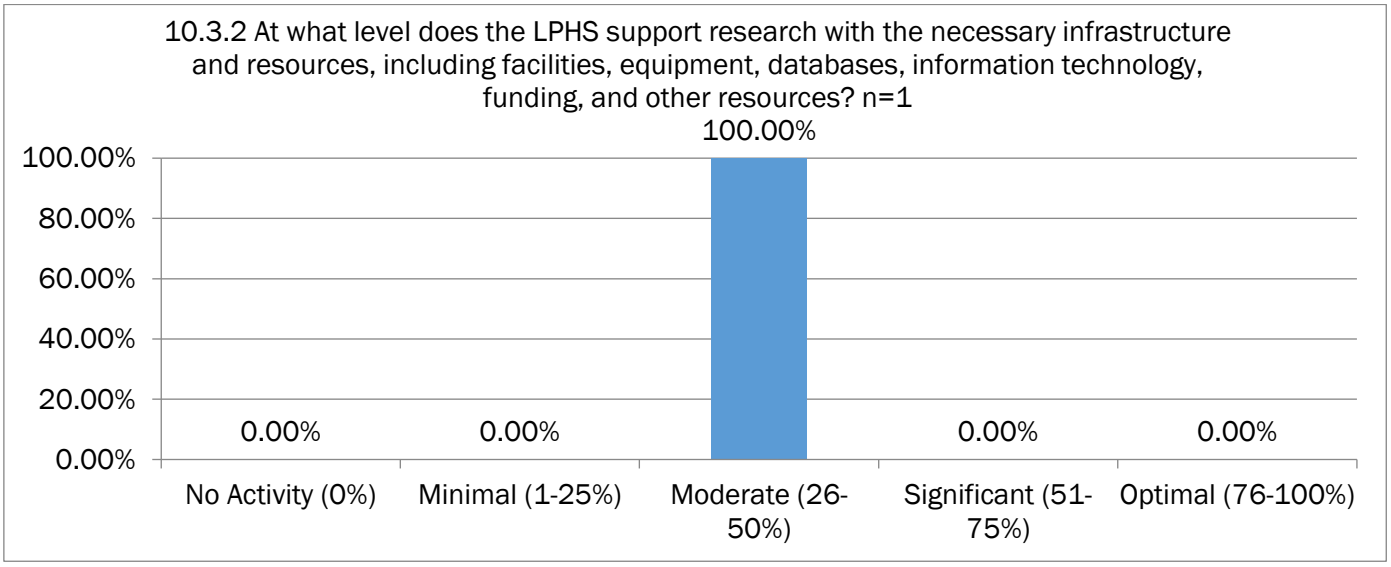


FIGURE 211.

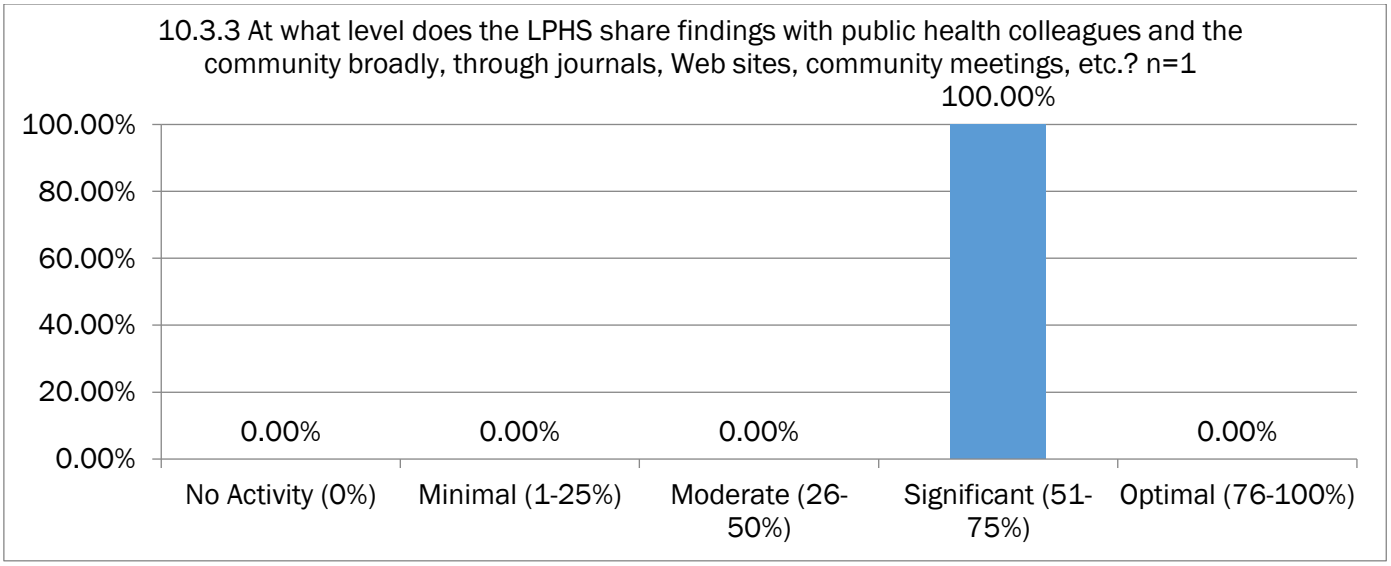
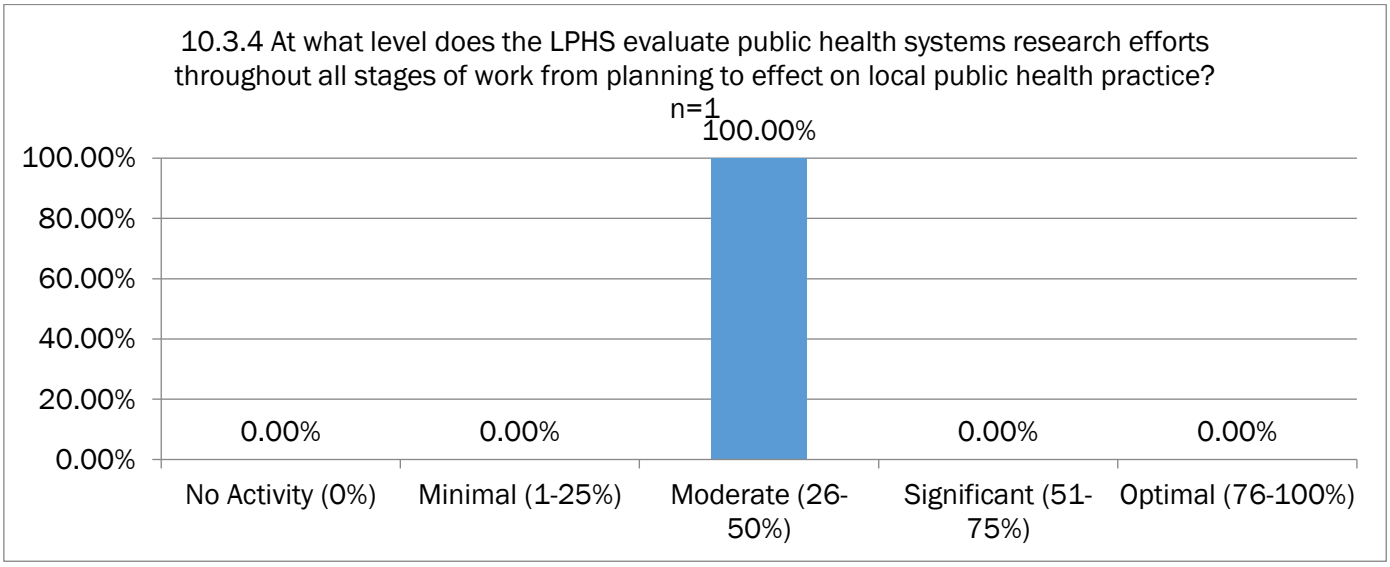


FIGURE 212.


10.3.4 At what level does the LPHS evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?
n=1
100.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
0.00%
0.00%
0.00%
0.00%
No Activity (0%)
Minimal (1-25%)
Moderate (26-50%)
Significant (51-75%)
Optimal (76-100%)

FORCES OF CHANGE

The Forces of Change assessment is intended to gain information and feedback from community representatives regarding current and anticipated trends, factors, and events that may influence the health of the community. The assessment generates answers to two primary questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?

The community members considered forces from three major categories:

- **Trends** are patterns over time, such as disease/mortality rates, patient migration patterns, or cultural changes that influence consumers attitudes, behaviors, and beliefs related to health
- **Factors** are discrete elements of information, such as demographic data, geographic features within the community, existing policies, or capacity of available resources
- **Events** are single occurrences, such as the opening or closure of a clinic or hospital, a natural disaster, pandemic, or the passage of new legislation

The community members were encouraged to consider a variety of perspectives when identifying potential forces. Specific types of forces included:

- **Social** forces such as population demographics, cultural norms, and violence/crime/safety
- **Economic** forces such as changes in employment/income, program funding levels, and the stability of industry and trade within the region
- **Government/Political** forces such as policy/legislation, budgeting, and advocacy
- **Community** generated forces such as community initiatives and mobilization efforts
- **Environmental** forces such as development, zoning and land use, transportation, and disaster planning
- **Educational** forces occurring within public schools, colleges/universities, and adult education programs
- **Science/Technology** forces such as health care advances, information technology, and communications
- **Ethical/Legal** forces such as privacy and end of life issues

The anticipated forces of change identified, along with the potential impacts (both positive and negative) are included in Table 11 through Table 14.

TABLE 11: SOCIAL TRENDS, FACTORS AND EVENTS

	Trends	Factors	Events
Social and Community	Population growth	Mandated mental health screenings (FUTURE)	Duck pond turned into a community soccer field
	Change in parental attitudes	Abstinence only education	YMCA resurgence
	Increase in burglary/theft rates	Characteristics of Baker County: -Largely faith based community -Mostly Caucasian; not diverse population	New soccer team

Social and Community		-Poor/low income -Lower education rates -Multi-generational homes -conservative county -pro-gun -Sunday Dry County (not always enforced)	
	Increase in mental health issues and awareness	Lack of parental supervision	New hospital CEO
	Use of e-cigarettes, vaping, Juuling in adults and youth (decrease in cigarettes in youth; increase in marijuana use)	More aging	New Admin at state mental health hospital
	Increase in community resources	More children/youth	Opening of Celebrate Recovery
	Increase in teen pregnancy and repeat teen births (inaccurate school counting?)	Small town county feel, false perception of safety	
	Increase in elder abuse	Meth/heroin use increasing in adults	
	Duval crime rate affects Baker	Domestic violence (especially repeat offenders)	
	Increase in active shooter training	One of 3 state mental hospitals here	
		Lots of state prisons- there is one located in Baker County and there are several in the adjacent counties	
		Limited senior resources (wait list for Council on Aging)	
		YMCA Silver Sneakers	
		Georgia residents access health services and hospitals in Baker County	
	Lack of social skills, communication		
	Lack of health care literacy		
	Lack of homeless shelters		
	Need to increase access to birth control (FUTURE)		
	Need more partnerships with school resources (FUTURE)		
	No teen outlets/options		
	NEFL HIV Network—many resources, HIV prevention		
	Lack of parental support/marriage support		

Table 12. Economic and Governmental/Political Trends, Factors and Events

	Trends	Factors	Events
Economic		Objection to commercial growth	Opening of new subdivision (Woodlawn Road on June 1st)
		Walmart, Prison and schools are biggest employers	New Dollar General Store
			New hotel (FUTURE)
			New apartment buildings
			New AT&T tower
		Lack of senior home health resources	Opening of Palms Medical Group
			Inpatient pediatric services and surgery
Government/Political	Change in national marijuana legislation	Tobacco 21 (FUTURE); will include prevention	Smokable medical marijuana legislation passed
	Change in county leadership		National/local elections
			New Sheriff
			New County Health Department Leadership
			New Tax Collector
			New CFO at Baker Corrections

Table 13. Environmental, Educational and Science/Technology Trends, Factors and Events

	Trends	Factors	Events
Environmental		City of Macclenny uses a water tower supply which has no fluoride	Opening of new solar farm
		Limited transportation	Potential Bio sludge (for human/cow waste)
		Most commute outside of Baker County to work	
Educational	Change in school legislation Arming school (FUTURE) Youth MHFA	Lack of Sex education	New school superintendent (FUTURE)
	Increase in wait list for early Head Start		New K-5 school (FUTURE)
Science/ Technology		Limited tech use (no cell service)	

Table 14. Forces, Potential Threats and Opportunities

Force (Trend/Factor/Event)	Potential Threats	Potential Opportunities
Change in leadership	Staff/organization can lose jobs	New people/fresh ideas improve organization overall
	Policy change/organization change	Policy change/organizational change
	Resistance to change	
New school	Resistance	Transitioning to K-5 model will potentially help with school grades
	Careful where it's built	
Population growth	Don't have adequate infrastructure, need more resources	Increase job opportunities
	Increase crime, theft	Increase diversity
	Lack of housing	
Opening of hotel	Increase in traffic	Increase jobs
	Potential to be drug hotel if rates don't stay higher	Increase economic growth
	Need good management	More meeting spaces
Increase in substance abuse	Potentially increase health threats and unknown health effects	Increase community awareness and conversation about the substance abuse topic
	Unknown health effects	Opportunities for educators (diversion programs)
		Potential policy change
Increase in mental health issues	Potential to continue with trend, more school shootings ,increase in suicide	MHFA (youth)
		Increase potential for preventions, seek treatment/services because of decrease stigma, increase in resources

COMMUNITY STRENGTHS & THEMES ASSESSMENT

One of the core elements of the MAPP model is the ***Community Strengths and Themes Assessment***. As noted in the Florida MAPP Field Guide, this portion of the planning process generates direct feedback from community residents regarding perceptions of their own health, community health, and access to health care services. This assessment attempts to generate a better understanding of community health issues and concerns as well as residents' quality of life. The themes and issues identified during this phase often offer insight into the information discovered through the other assessments. DOH-Baker decided to gather community input through focus groups, key stakeholder interviews, and community surveys.

From March to May 2019, six key stakeholder interviews and three focus groups were conducted and 321 surveys were collected with the cooperation of DOH-Baker County. The purpose of conducting the interviews and focus groups and collecting the surveys was to better understand the perspectives of community stakeholders on the health perceptions and health care needs of Baker County residents. These interviews, focus groups and surveys were intended to ascertain opinions of community stakeholders with knowledge of the community or influence in the county. The findings provide qualitative information, revealing community sentiments regarding health care services in Baker County. A summary of community opinions was reported without assessing the veracity of participant comments.

Community Focus Groups

Community input was solicited through three focus group held throughout Baker County during the months of April and May of 2019. Meetings were held at several locations in an attempt to capture opinions from a diverse citizen base. Meeting locations included:

- DOH-Baker
- Glen Baptist Church
- Raiford Road Church

At the beginning of each group, the HPCNEF facilitator explained the purpose of the assessment and then asked the participants twelve discussion questions. In addition to the discussion questions, HPCNEF asked focus group participants to fill out a brief demographic survey. Appendix B-1 and Appendix B-2 include the demographic survey and discussion questions.

Demographics of Focus Group Participants

In April and May of 2019, 10 people participated in three focus groups. Focus group participants completed a nine-question form, which asked about their demographic, socioeconomic, and health characteristics. Some participants did not answer every question on the form. Chart titles specify the number of participants that answered a particular question using n = X, with X representing the number of participants.

Of the 10 focus group participants, 40.0% were female and 60.0% were male. Almost half of the participants were in the 26-39 (40.0%) and 40-54 (10.0%) age groups and the other half was in the 55-64 (20.0%) and 65-74 (30.0%) age groups (Figure 213). The majority of participants identified as white (80.0%) (Figure 214). Half of the participants had a graduate or advanced degree (Figure 215). Annual household income for 44.4% of participants fell below $50,000 (Figure 218). Forty percent (40%) of participants selected that they have health insurance paid on their own and 40% selected that they have health insurance coverage from their job or through a family member (Figure 217). Of the participants, most were employed (60%) either full (40%) or part-time (20%), 30% were retired and 10% were a stay-at-home parent (Figure 216). Overall self-reported health was good or better for all focus group participants, and 40% said they were in excellent health (Figure 219). The majority of participants (80%) lived in Macclenny (Figure 220).

Figure 213. Age Distribution of Focus Group Participants

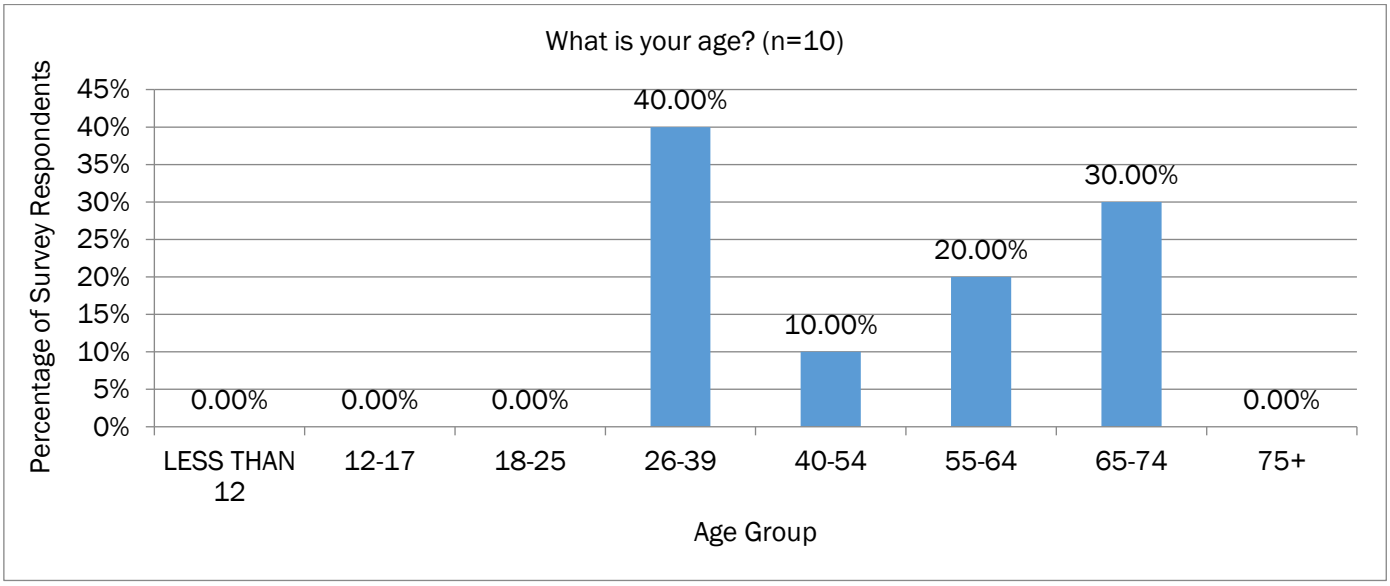


Figure 214. Racial and Ethnic Distribution of Focus Group Participants

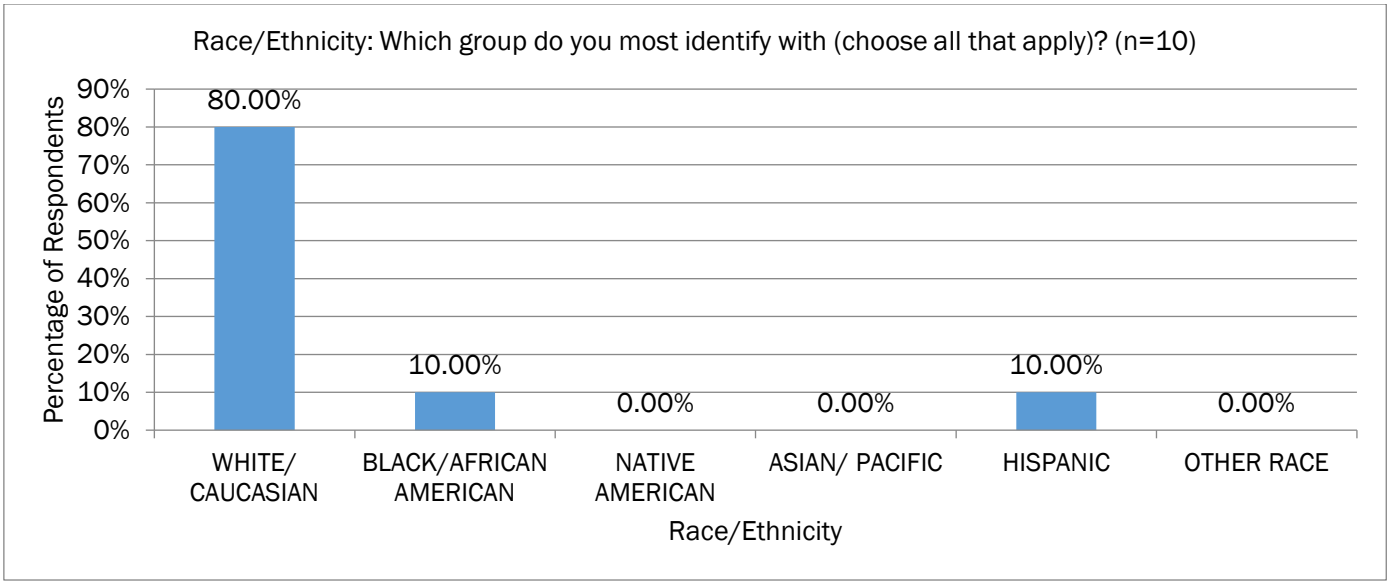


Figure 215. Highest Level of Education of Focus Group Participants

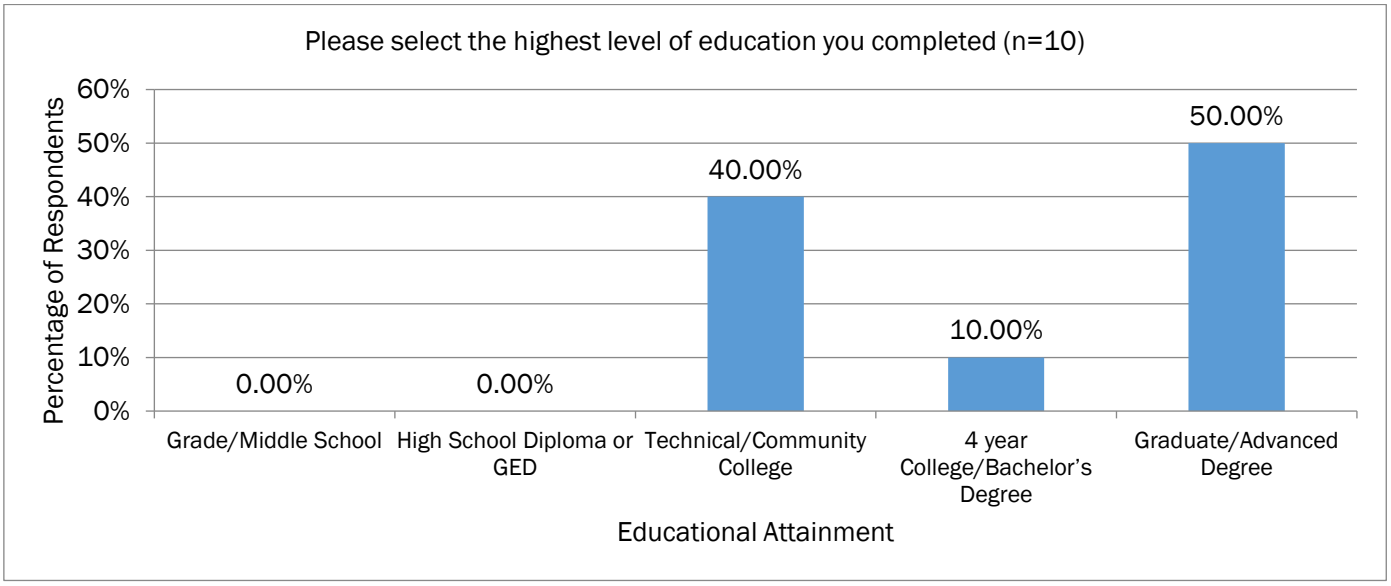


Figure 216. Employment Status of Focus Group Participants

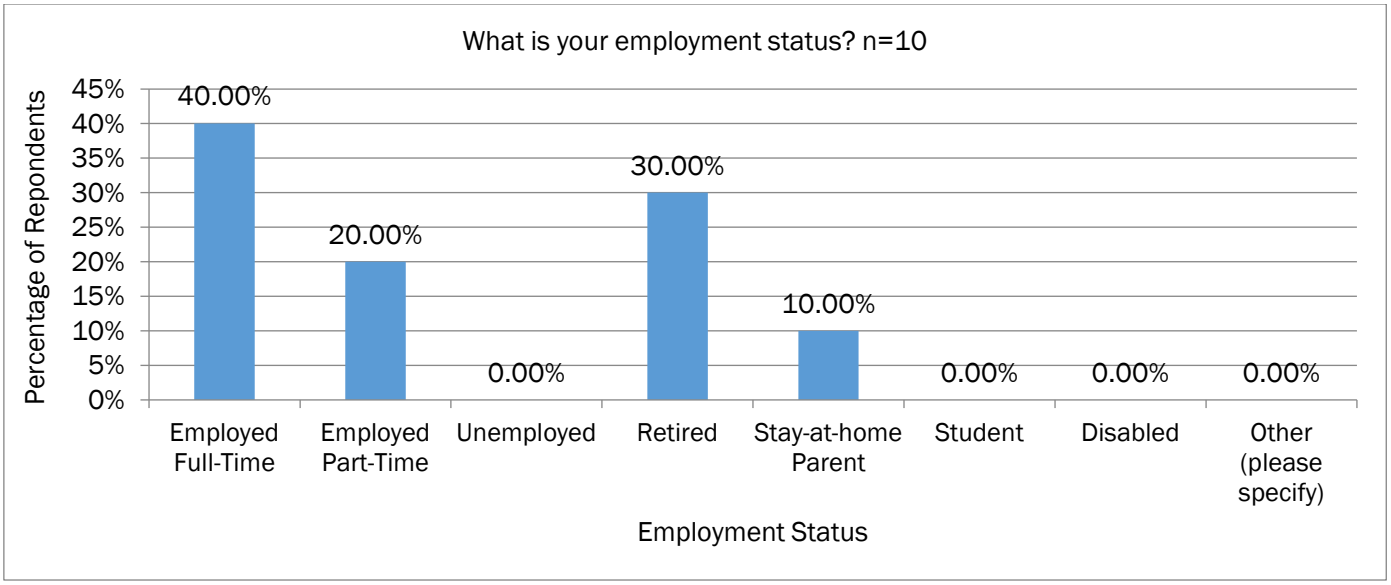


Figure 217. Health Insurance Coverage of Focus Group Participants

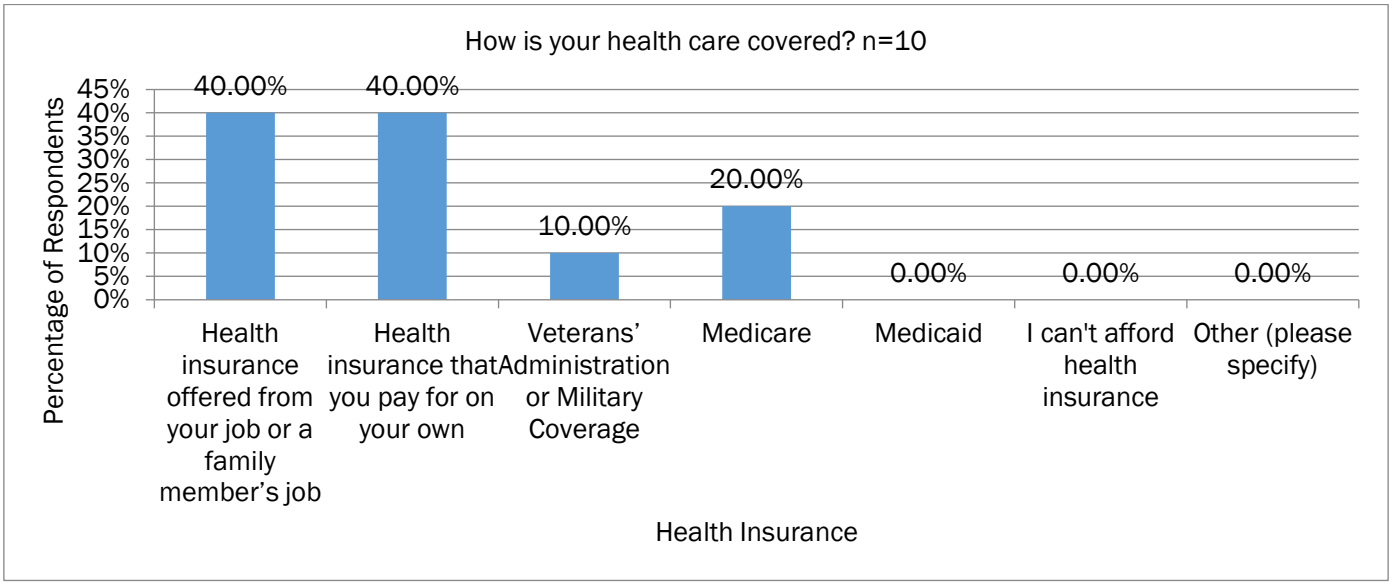


Figure 218. Household Income Before Taxes of Focus Group Participants

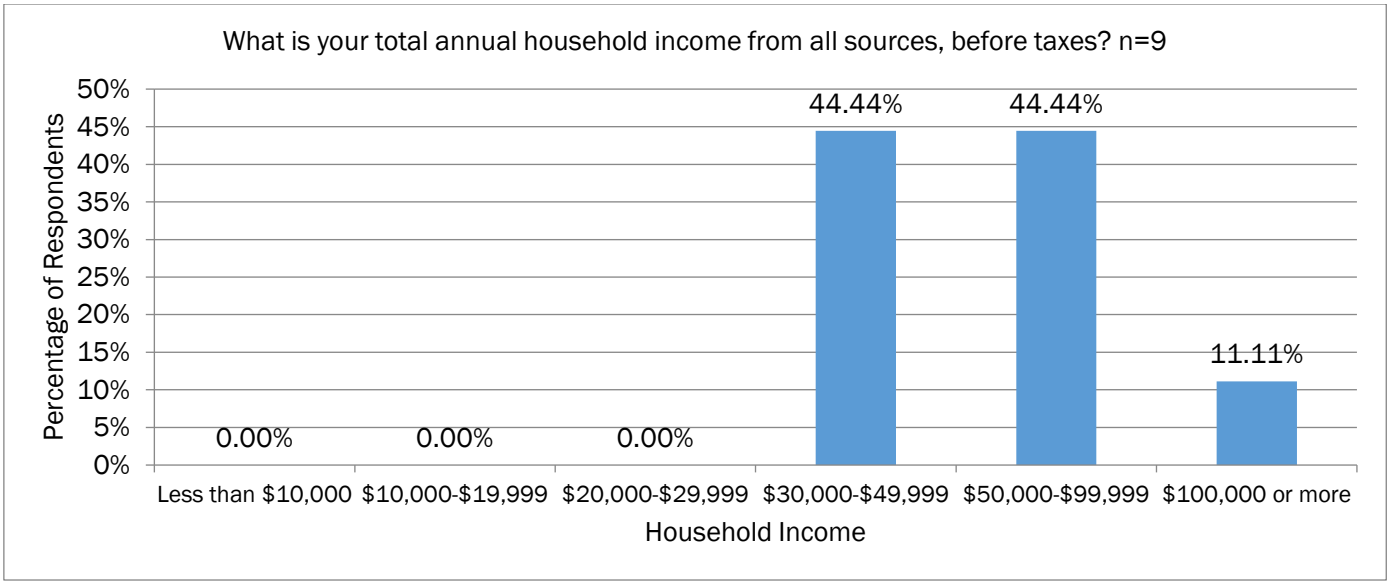


Figure 219. Self-Reported Overall Health Of Focus Group Participants

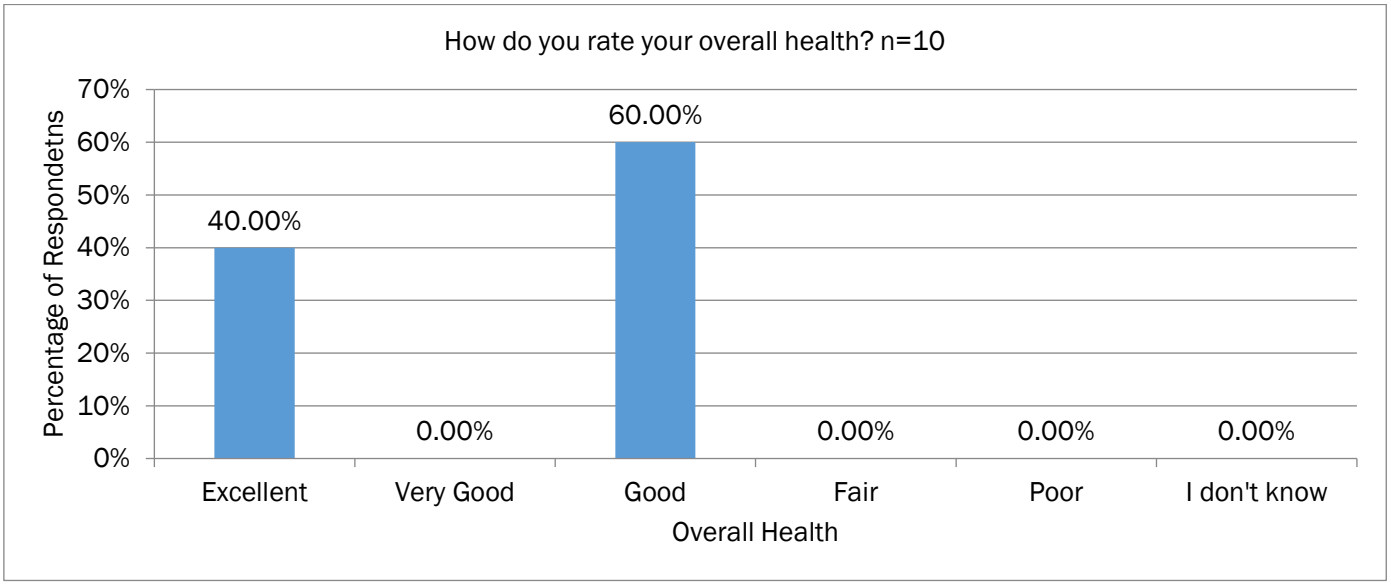
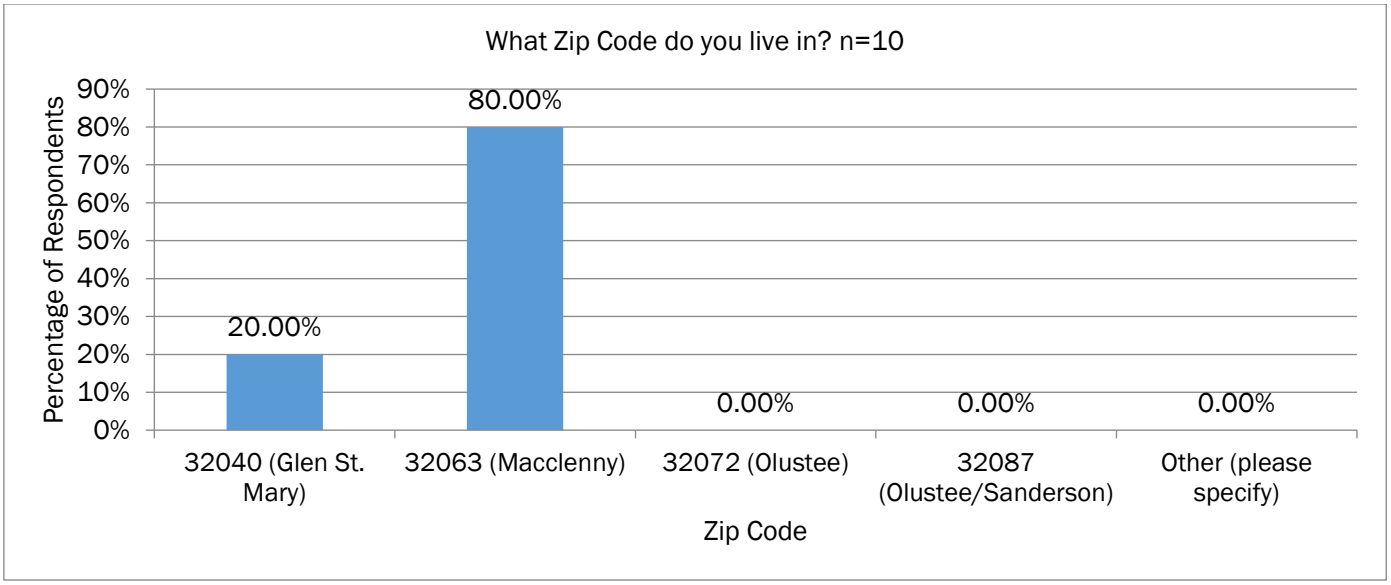


Figure 220. Zip Code of Focus Group Participants



Discussion Question Analysis & Focus Group Results

Detailed notes were taken during each focus group discussion. The meeting facilitator explained the purpose of the assessment and then asked each discussion question aloud to the group. Discussion questions covered topics such as access and barriers to care and health needs and concerns. Responses taken from notes were entered into an Excel spreadsheet to determine top health issues and concerns, barriers to care, etc. Responses were weighted with those heard by participants at two or more focus group discussions to identify common themes.

Best Features of Baker County/Most Important Features of a Healthy Community

The facilitator asked participants what is best about living in Baker County and what made them most proud of this community. They were also asked to describe the most important features of a healthy community. Participants frequently mentioned Baker County having a strong sense of community and great deal of friendliness among its residents compared to other surrounding counties. The majority of participants reported having access to resources such as good schools, churches, health care and social service resources, as well as parks and other places to be

physically active as the best features of a healthy community. Feeling safe and a sense of security were other important features of Baker County, as well as a healthy community in general.

Most Important Health Concerns or Unhealthy Behaviors in Baker County

Participants were asked what they felt were the most important health concerns or unhealthy behaviors in Baker County. The top health concerns/unhealthy behaviors are listed in Table 15. The most common theme heard in focus groups are related to drugs and substance abuse, followed by mental health, lack of supportive family units, sexual activity, lack of health education, and chronic diseases/lifestyle behaviors. Table 16 shows the top health concerns and the correlating main reasons of why this health concern or behavior is present in Baker County.

TABLE 15. TOP HEALTH CONCERNS AND UNHEALTHY BEHAVIORS FROM FOCUS GROUP RESPONDENTS

Top Health Concern
Drugs/substance abuse: all illegal substances; marijuana as gateway drug; vaping among youth; drunk driving; tobacco use
Mental health: domestic violence and child abuse; depression and anxiety across all ages; people with specials needs and/or disabilities
Lack of supportive family unit: single family homes; lack of father figure; dysfunctional family unit
Sexual activity: premarital sex; unprotected sex; teen pregnancy; STD's/STI's/HIV
Lack of health education, lack of knowledge of resources
Chronic diseases/lifestyle behaviors: obesity; cancers; diabetes

TABLE 16. REASONS FOR TOP HEALTH CONCERNS/UNHEALTHY BEHAVIORS FROM FOCUS GROUP RESPONDENTS

Top Health Concern/ Unhealthy Behavior	Main reasons why these concerns or behaviors are present
Drugs/substance abuse: all illegal substances; marijuana as gateway drug; vaping among youth; drunk driving; tobacco use	Poverty
	Lack of education
	Easy accessibility to drugs is biggest issue facing youth
	Depression and anxiety
	Youth misunderstood the promotion of legal medical marijuana; sends mixed message
Mental health: domestic violence and child abuse; depression and anxiety across all ages; people with specials needs and/or disabilities	Lack of entertainment and recreational opportunities for youth; too much free time
	Poverty
	Lack of mental health services and resources
	Lack of resources and services for people with special needs and disabilities
Lack of supportive family unit	Single parent homes, lack of father figure, dysfunctional family unit
	Lack of education, lack of value of education/lack of family values
	Poverty
	Lack of jobs, low skilled jobs

Sexual activity: premarital sex; unprotected sex; teen pregnancy; STD's/STI's/HIV	Lack of education Lack of entertainment and recreational opportunities for youth; too much free time Lack of education
Lack of health education, lack of knowledge of resources	Poverty
Chronic diseases/lifestyle behaviors: obesity; cancers; diabetes	Lack of access to healthy foods Lack of education

Health Care Services Most Difficult to Access/Greatest Barriers to These Services

When asked to list the health services most difficult to access. Participants reported specialty care, mental health/behavioral health, and services for persons with special needs and disabilities as the services most difficult to access in Baker County. Some specific services for children with special needs that were reported as most difficult to obtain included physical therapy, occupational therapy, and speech therapy as well as psychology and psychiatric resources.

Participants were then asked what the greatest barriers to getting these services were. The barriers most commonly reported were financial barriers, transportation barriers and lack of knowledge of the services and resources available. Participants also mentioned there is a stigma associated with asking for assistance that contributes to some residents feeling comfortable seeking out services. It was also discussed that because Baker County is rural, many specialty care and behavioral health providers won't offer their services locally and require residents to commute to their practices in bigger cities.

Groups of People with Most Difficulty Accessing Services

Participants were asked if they felt there were groups of people in Baker County who were affected more by the top health issues discussed or had more difficulty accessing these services. Participants reported that lower income populations had the most health issues accessing services. Participants also mentioned residents living in especially rural areas of Baker County as well as those with special needs as other groups having more health concerns and access issues.

Creation of Health Programs in Baker County

When asked about what type of program(s) they would create to improve the health of residents in Baker County, the majority of focus group participants talked about creating a comprehensive, all-inclusive health clinic or mobile care unit that offered free or low-cost services, including medical, dental, vision, mental health, disease prevention, and nutrition education. It was also emphasized there is a need for parenting classes and healthy life skills education. The majority of focus group participants also mentioned the need for more recreational programs and activities for the youth in Baker County.

Key Findings of Focus Groups

Participants of the focus groups had distinct concerns related to their own personal socioeconomic and demographic groups. For example, some participants had children with special needs and therefore expressed specific concerns related to their own personal barriers accessing these services within Baker County. Participants in other groups who were living in lower-income households faced more barriers related to their own personal finances. While the demographic makeup of the focus groups led to varying responses for many of the questions, there were several common themes heard across the discussions as summarized below:

- The majority of participants felt Baker County was a good place to live and there was stronger sense of community compared to other surrounding counties.

- Many participants agreed that access to resources such as health care and social services, good schools, churches, and parks are important features of a healthy community.
- Lack of specialty care is an important issue in Baker County heard across all demographic groups.
- Many residents of Baker County are not aware of the services and resources available.
- Some residents of Baker County feel uncomfortable seeking assistance due to a perceived stigma which creates barriers to getting help when needed.
- Lack of public transportation is a common theme heard by many residents of Baker County, especially for those living in the more rural parts of the county.
- Issues related to mental health/behavioral health and substance abuse are common health concerns shared across all demographic groups in Baker County.
- Need for teaching more health education, disease prevention, and healthy lifestyle skills to youth in Baker County.
- Lack of resources for children with disabilities and special needs is an issue in Baker County
- There are many issues related to sexual activity among youth in Baker County, including teenage pregnancies, STD's and STI's, as well as premarital sex.

Top health concerns gleaned from focus groups in Baker County:

- Substance abuse
- Mental Health
- Sexual activity (teenagers, STD's and STI's, premarital sex)
- Lack of health education

Interviews with Key Stakeholders

The Florida Department of Health in Baker County compiled a list of possible key stakeholders in the community and made initial contact with the interviewees. The list included governmental representatives, health care providers, health care consumers, and representatives of local community organizations. HPCNEF staff conducted 6 interviews through an online survey as well as over the phone during the months of March through May 2019. The average interview lasted approximately 20 minutes.

The majority of key stakeholder interviewers were conducted online through a web-based survey tool. One key stakeholder interviews (KSI) was conducted by phone used a standard questionnaire. The instrument used to conduct the interviews is included in Appendix C. Interviewees were asked questions on some of the following issues:

- Overall perspective on most important health care needs and issues in Baker County
- Opinions of important health issues that affect county residents
- Impressions of specific health services available in the county and the accessibility of these services

Interview Analysis

Key stakeholders who participated in these interviews include representatives from Ed Frasier Memorial Hospital, Baker Chamber of Commerce, Meridian Behavioral Healthcare, Baker County School District, Baker County Board of County Commissioners and Baker County Emergency Management. All of the key stakeholders have lived and/or worked in Baker County for over 10 years.

The interview questions for each KSI are identical. Some key stakeholders did not provide an answer for every question asked. There is some duplication of subject matter and feedback between categories. A summary of their responses follow. This section of the report summarizes what the community stakeholders reported without assessing the credibility of their comments.

Most Important Health Care Needs and Concerns in Baker County

The interviewer asked key stakeholders what they felt were the most pressing healthcare needs or concerns in Baker County. The majority of key stakeholders mentioned issues related to substance abuse and smoking as one of the most important concerns in the county. Many key stakeholders also discussed senior and pediatric care as an area of concern. Others mentioned risky behaviors and poor decision making as well as lack of family support/poor parental control and domestic violence as an important part of many existing health problems.

Table 17 summarizes the top health concerns or unhealthy behaviors as discussed by key stakeholders.

TABLE 17. TOP HEALTHCARE NEEDS FROM KEY LEADER INTERVIEWS

Top Health Concern/Unhealthy Behavior	
Access to care	Affordable pediatric and senior care
	Holistic physical and behavioral health
	Transportation to/from physicians' offices
Unhealthy behaviors	Risky behaviors
	Poor decisions
	Nutrition
	Tobacco use
Chronic diseases	Increased risk for chronic diseases (heart disease, cancer, diabetes, respiratory health)
Substance Abuse/Misuse	Illegal Drugs
	Illegal acquisition
Broken Family Structure	Lack of family unit/support
	Poverty
	Domestic Violence
	Incarceration

Health Care Access Issues in Baker County

When asked about specific populations in Baker County with health issues or populations with more difficulty accessing health care services than others, the majority of key stakeholders reported the uninsured/underinsured population as having the most difficulty accessing health services as well as low income populations and elderly age 65 and older. Key stakeholders were asked why these specific groups may have more difficulties with healthcare. They reported the cost of health care, lack of transportation, lack of health care options and lack of health insurance as the biggest barriers for these specific populations.

Key stakeholders were also asked about transportation as a specific barrier to health care access. They emphasized that residents living outside of Macclenny and Glenn, in more rural areas of Baker County have the most difficult time accessing services. Limited public transportation in Baker County, lack of personal transportation, and personal financial barriers were all cited as barriers for health care access.

When asked if there were any specific health care services that individuals in Baker County have difficulty accessing, specialty care was reported as the top health service. Mental health care, substance abuse treatment, dental care, and pediatric/neonatal care services were also reported as the services most difficult to access.

Summary of Key Findings of Key Stakeholder Interviews

- Access to health care: Social determinants of health and geography of where residents live in the county are important factors affecting access to health care. Low-income populations, elderly, and uninsured have more issues accessing health care services. In addition, residents of rural areas of Baker County have increased difficulties accessing health care services.

- Unhealthy behaviors: Key stakeholders felt that risky behaviors and poor decisions including tobacco use contribute to many healthcare issues in Baker County.
- Chronic diseases: Key stakeholders also mentioned the increased risk of chronic diseases, specifically for heart disease, cancer, diabetes, and respiratory health, in Baker County.
- Substance abuse/misuse: The illegal acquisition and consumption of illegal drugs is another healthcare issue in Baker County that has been pointed out by multiple key stakeholders
- Broken Family Structure: The lack of a functioning family unit and family support as well as poverty, domestic violence, and incarceration have been identified by key stakeholders to be contributing factors to Baker County's healthcare needs and issues.

Baker County Community Survey

In order to better understand the health status of the Baker County community, DOH-Baker asked community members and stakeholders to participate in a survey on community health, health care services, and quality of life in Baker County. A total of 320 people completed the survey. Not all respondents answered every question on the survey. Percentages in the charts and the narrative that follow are calculated based on the number of respondents per question, rather than the total number of respondents for the survey as a whole. Surveys were distributed through the local paper, partner physical sites and websites (website and their social media sites (Facebook)), and by email to all partners of DOH-Baker with the link to survey monkey and printable electronic copies. Additionally, surveys were disseminated through paper copies throughout the community public and private businesses. Appendix D contains a full copy of the community survey.

Demographics & Characteristics of Participants

About 59% of participants were between the ages of 26 and 54. Less than 1 percent of participants under the age of 18, making up the smallest percentage of the sample. About 2 percent respondents were 75 and older. (Figure 221). Participants were predominantly female (Figure 222) and white. (Figure 223).

FIGURE 221. AGE DISTRIBUTION OF SURVEY RESPONDENTS

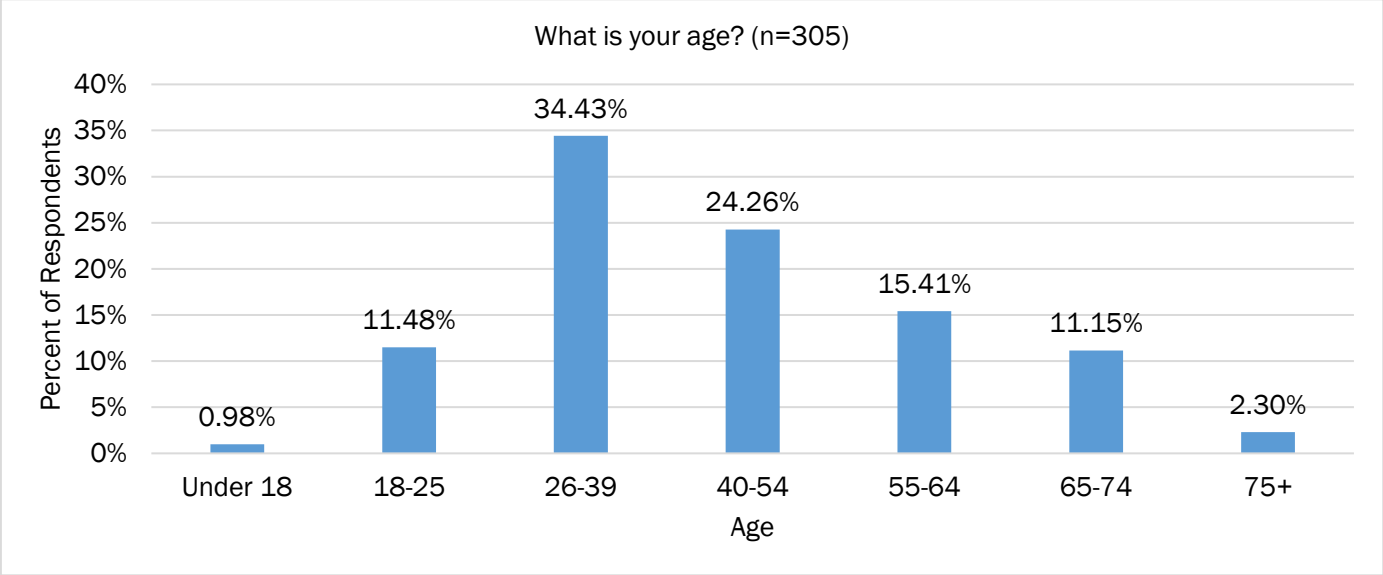


Figure 222. Gender Of Survey Respondents

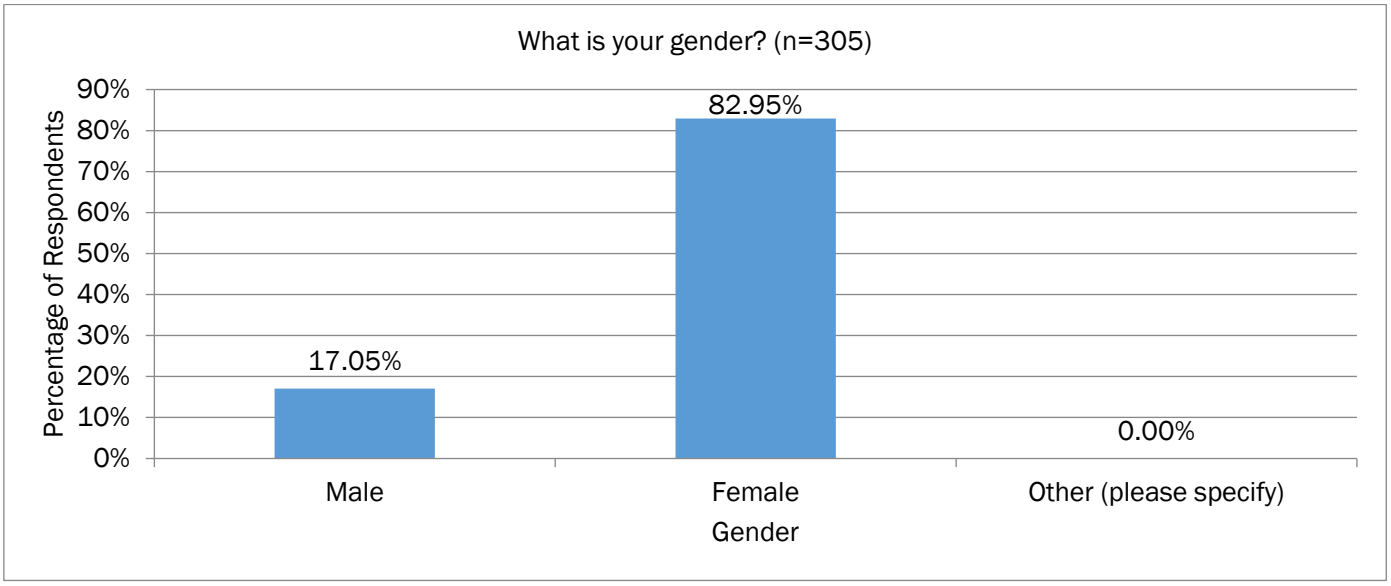
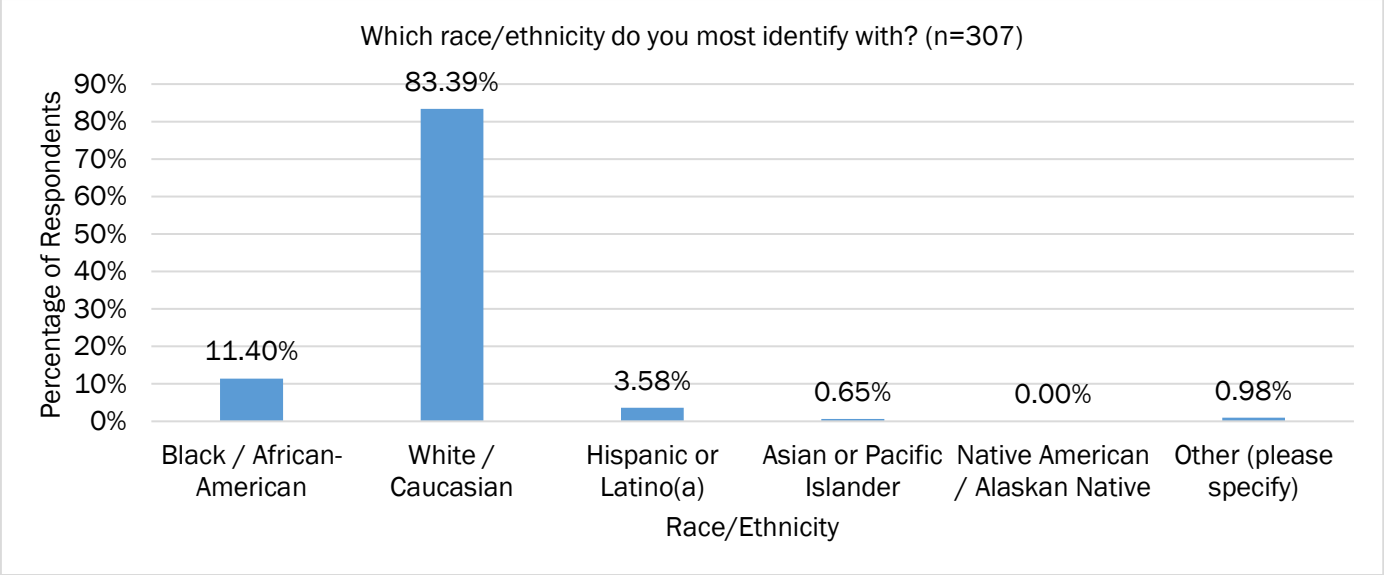


Figure 223. Racial and Ethnic Distribution of Survey Respondents



Education and Income

Nearly all survey participants received formal education beyond the elementary/middle school grade levels. Over 40% earned a high school diploma or GED, and 11% completed a 4-year college degree (Figure 224). More than half the respondents were employed full-time, followed by 14% retired and 7% employed part-time (Figure 224). Over half (64%) of the survey participants made more than $31,000 per year. About 10% of the participants made less than $10,000 (Figure 225).

Figure 224. Highest Level of Education of Survey Respondents

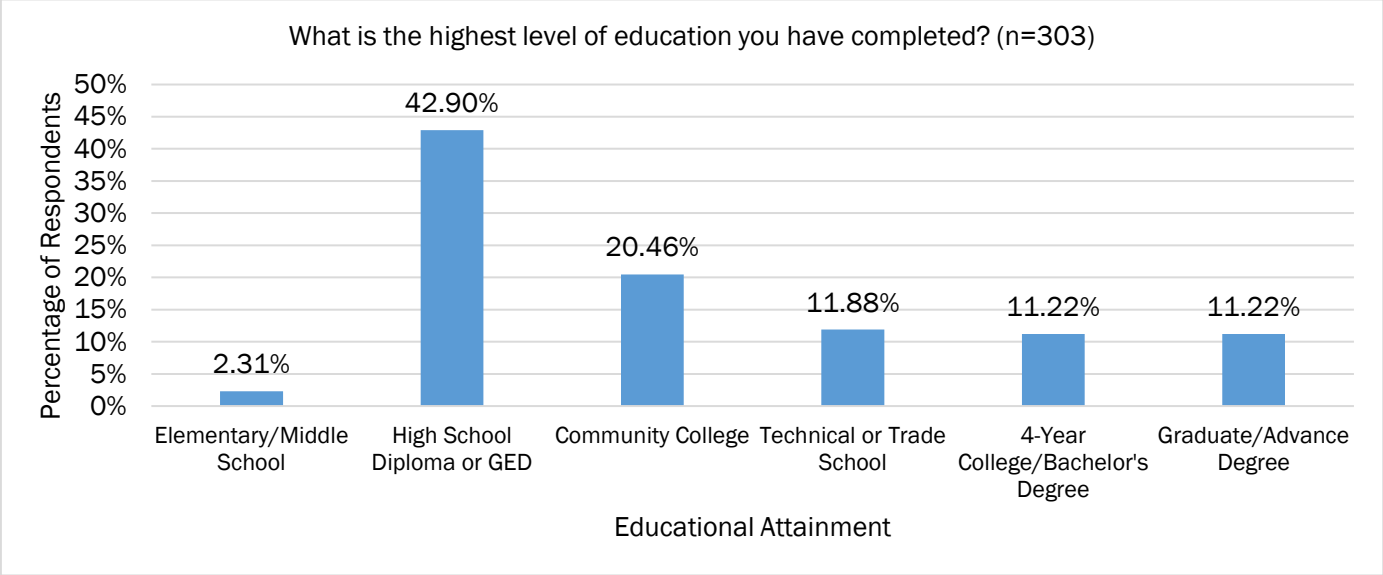


Figure 225. Employment Status of Survey Respondents

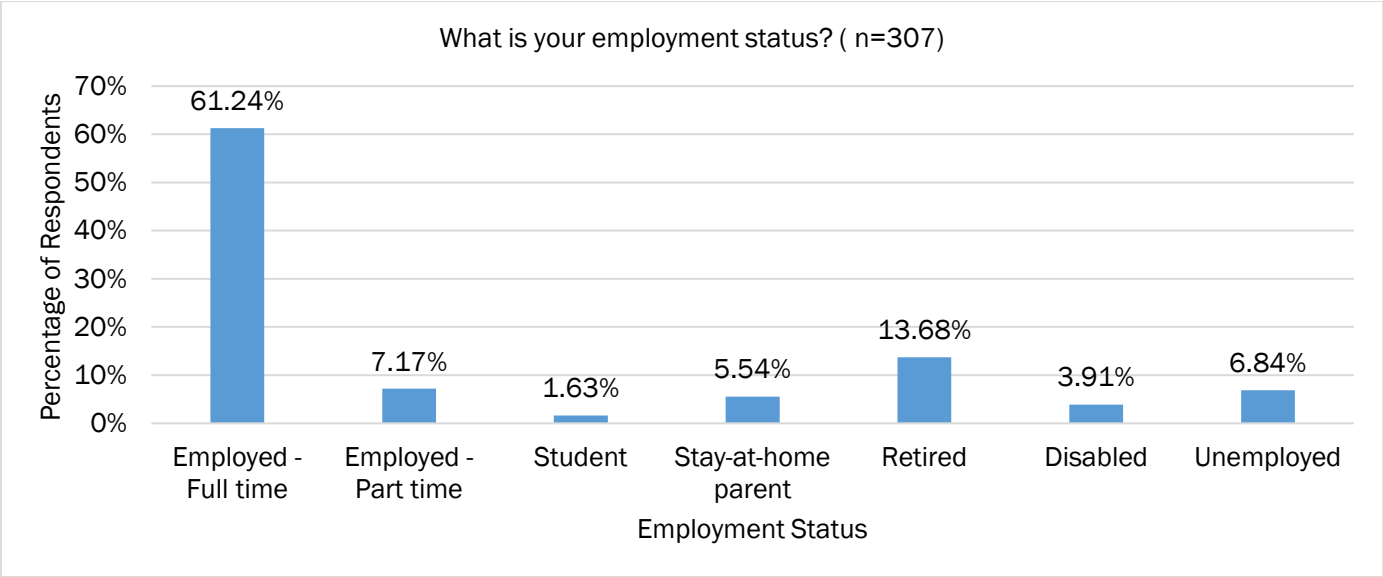
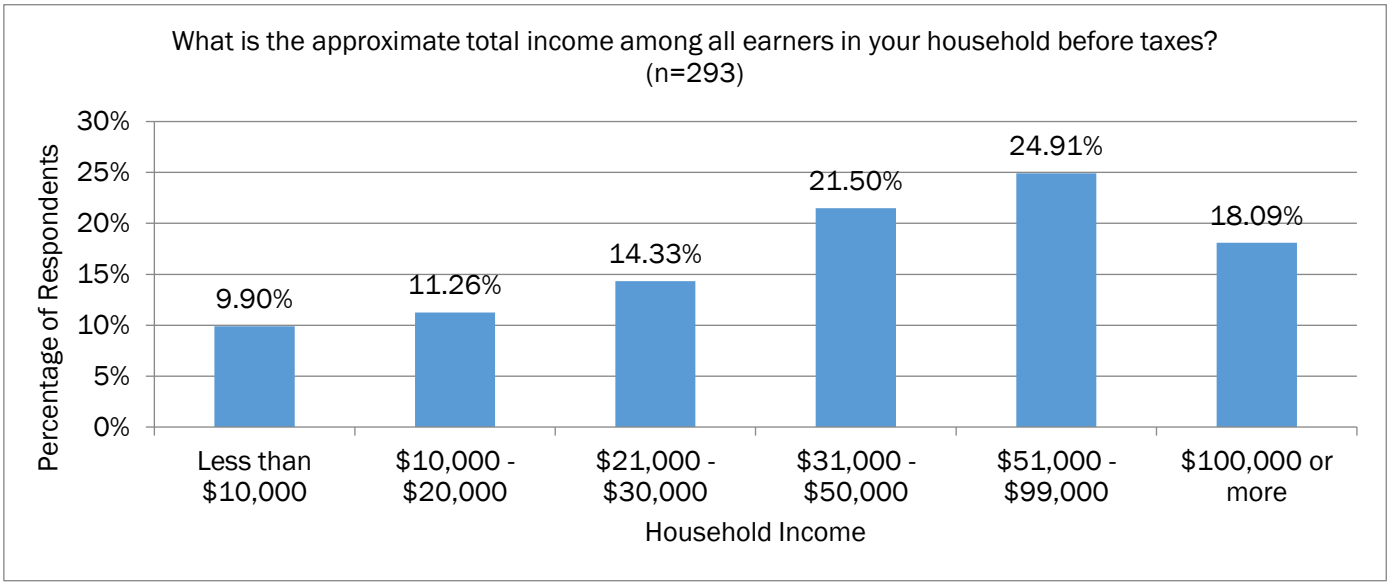


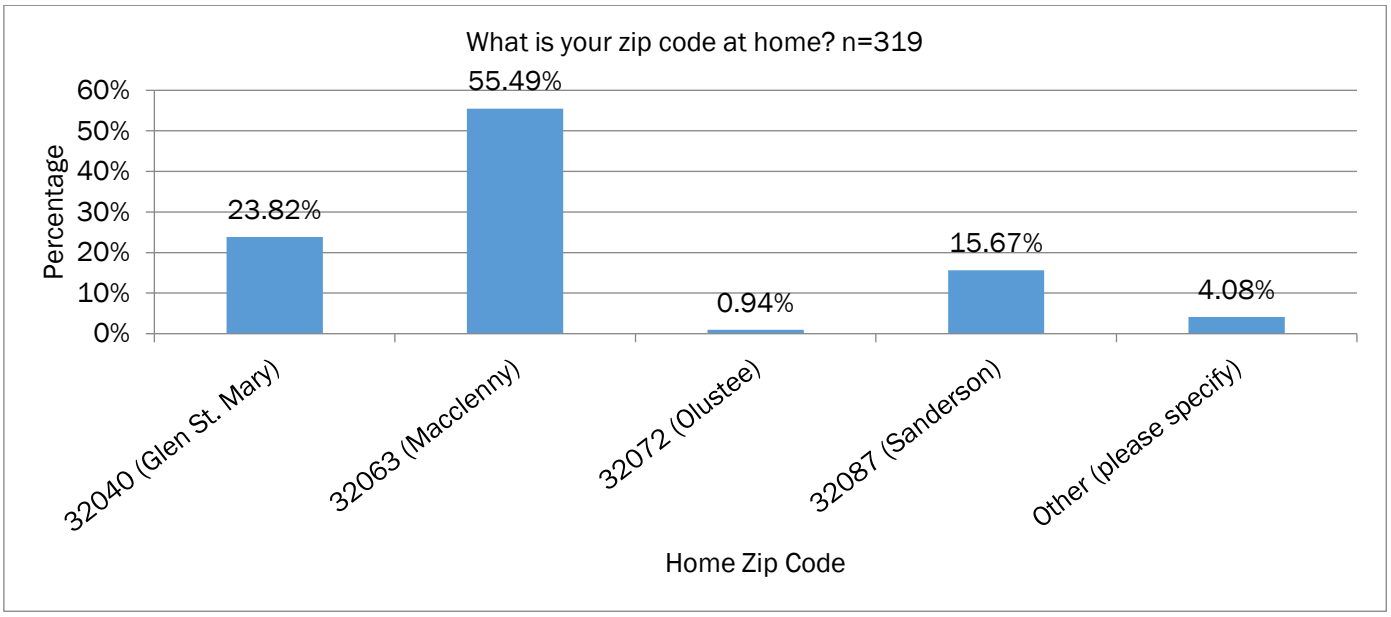
Figure 226. Household Income Before Taxes of Survey Respondents



Zip Code

Figure 227 shows the zip code where survey participants live. More than half of respondents (55%) reported a home zip code of 32063, which corresponds to Macclenny. The most common zip codes reported in the "Other (please specify)" response field included Jacksonville (5) and St. George (2).

Figure 227. Zip Code of Survey Respondents

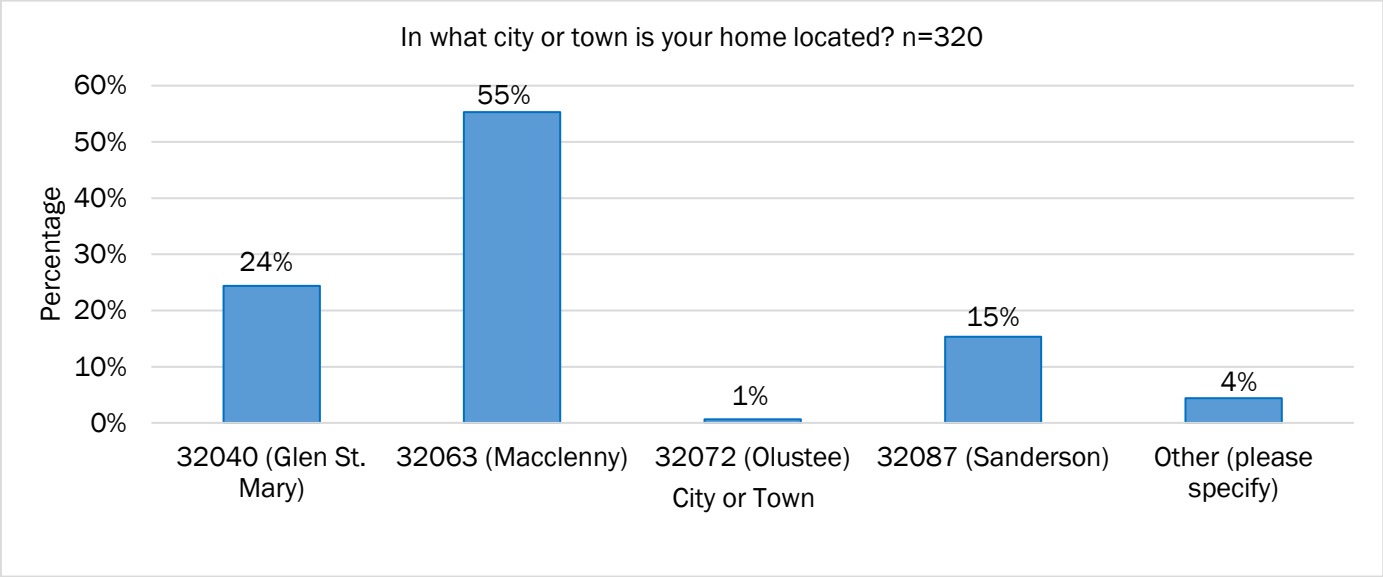


Cities

The majority of respondents (55%) lived in MacClenny, followed by Glen St. Mary (24%) and Sanderson (15%). Olustee was the least represented town, with only 1% reported living there. Thirteen of the responses for the "Other (please specify)" answer choice indicated residence in Jacksonville (Figure 228

Figure 228).

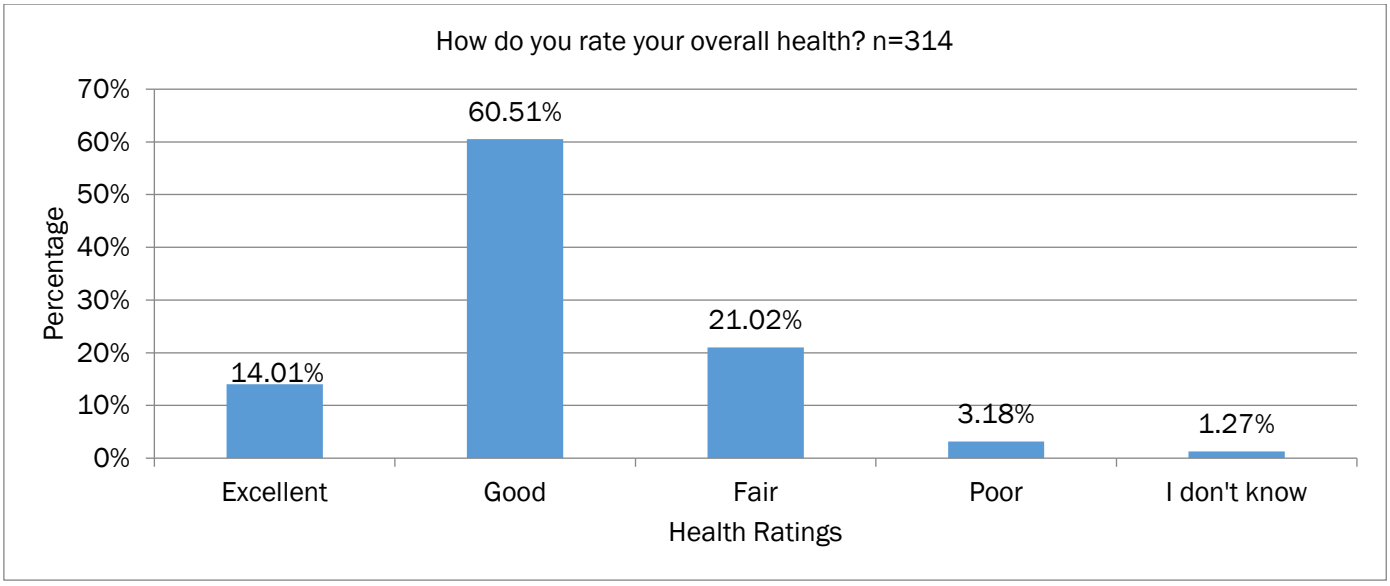
Figure 228. City or Town of Survey Respondents



Overall Health

Survey participants were asked to rate their overall health on a four-point scale ranging from "Poor" to "Excellent." Out of 314 participants who responded to this question, 190 (61%) rated their overall health as "Good," followed by 44 (14%) rating their health as "Excellent" (Figure 229).

Figure 229. Self-Reported Rating of Overall Health of Survey Respondents

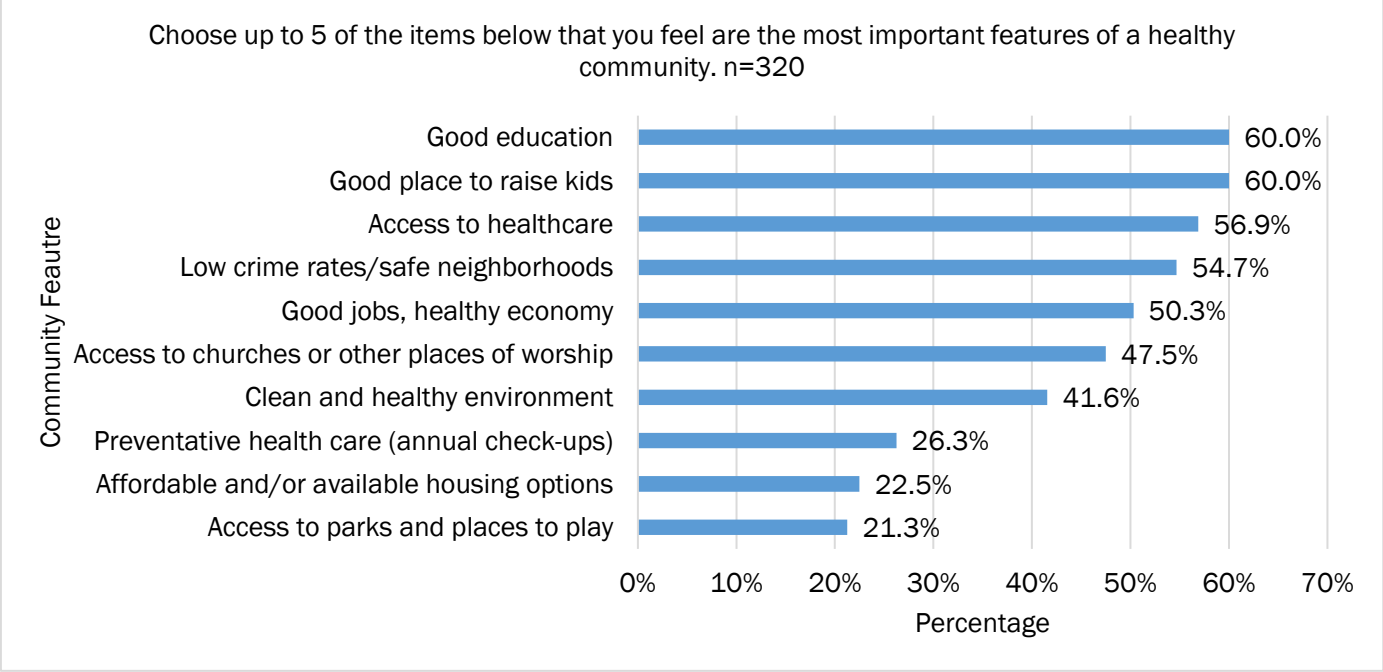


Results of the Community Survey

Healthy Community

Figure 230 lists the top 10 items that were selected as important features of a healthy community. Good education and a good place to raise kids were the prevailing elements identified by respondents. Overall, adequate parking/accommodations for persons with disabilities and lack of discrimination was the least popular feature, selected by only 20 participants (6.3%).

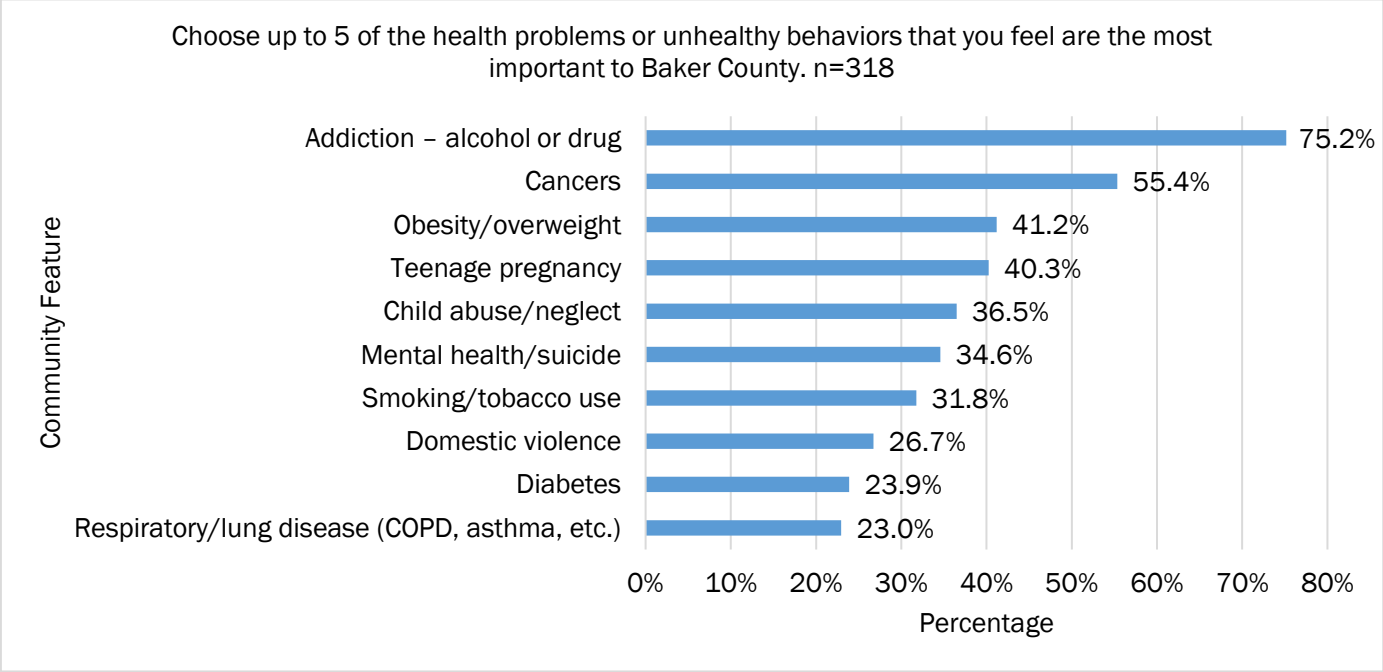
FIGURE 230. IMPORTANT FEATURES OF A HEALTHY COMMUNITY FROM SURVEY RESPONSES



Unhealthy Behaviors

Figure 231 lists the top 10 items that were selected as the important health problems or unhealthy behaviors affecting Baker County. The top answer, alcohol or drug addiction, was selected 239 times (75%) by the 318 survey respondents that answered the question. The second most chosen answer was cancer, selected by 55% of the respondents. The least selected health problem was infant death/premature birth, which was only chosen 11 times (4%).

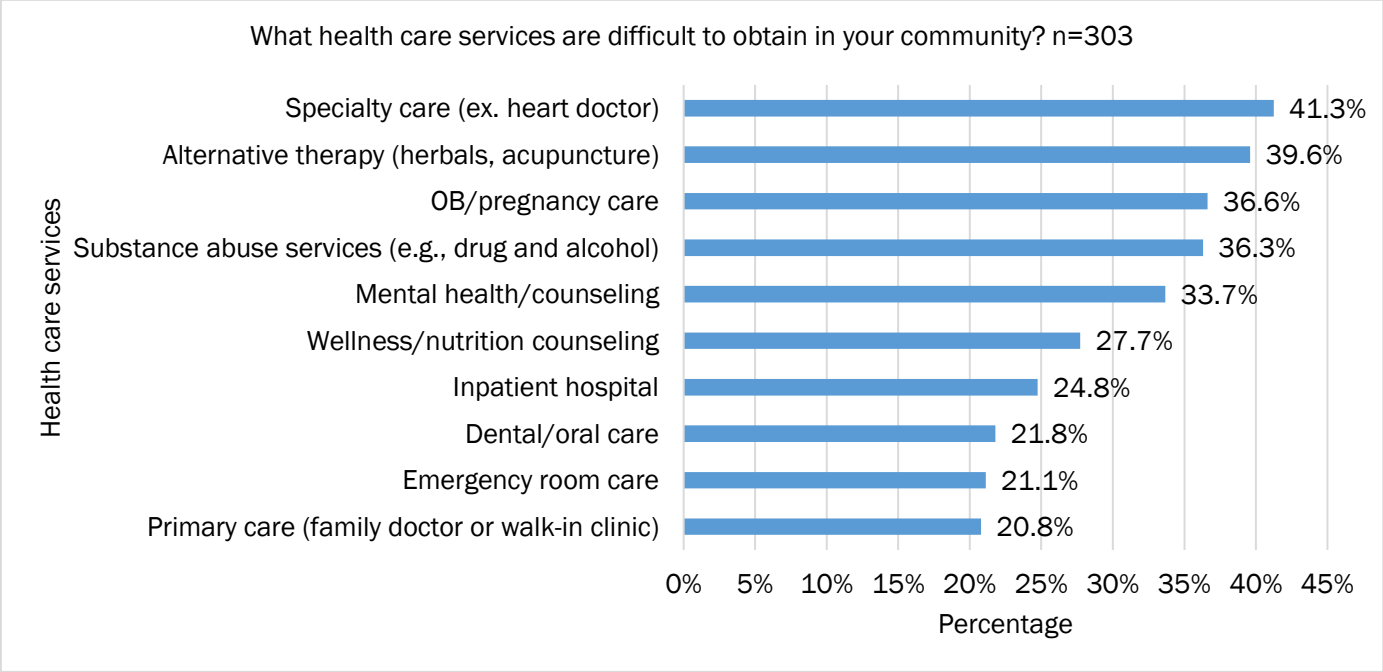
Figure 231. Health Problems/Unhealthy Behaviors from Survey Responses



Health Care Access

Specialty care services were identified as the most difficult services to obtain in Baker County, followed by alternative therapy, and OB/pregnancy care (Figure 232). Respondents provided 36 write-in answers for the "other" category. Some of the answers that were mentioned repeatedly included autistic services for children, specialty care services, and mental health care services.

Figure 232. Health care Access Gaps from Survey Responses

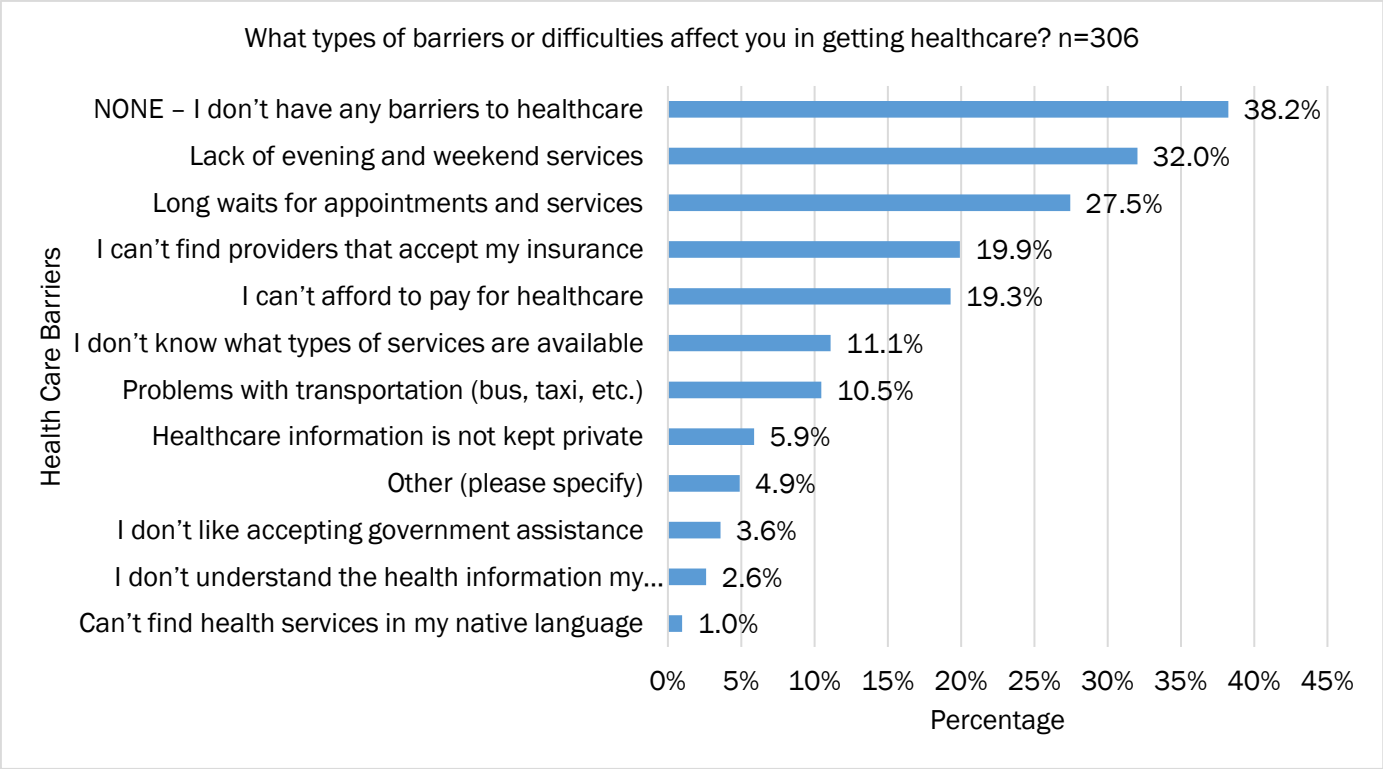


Barriers to Health Care

From the survey responses, it was most frequently indicated that there were no barriers to health care services in the community (Figure 233). Limited service hours, long waits, and cost were among the top ten health care

barriers. Other barriers identified by participants through write-in answers included lack of providers/specialists and distance to providers.

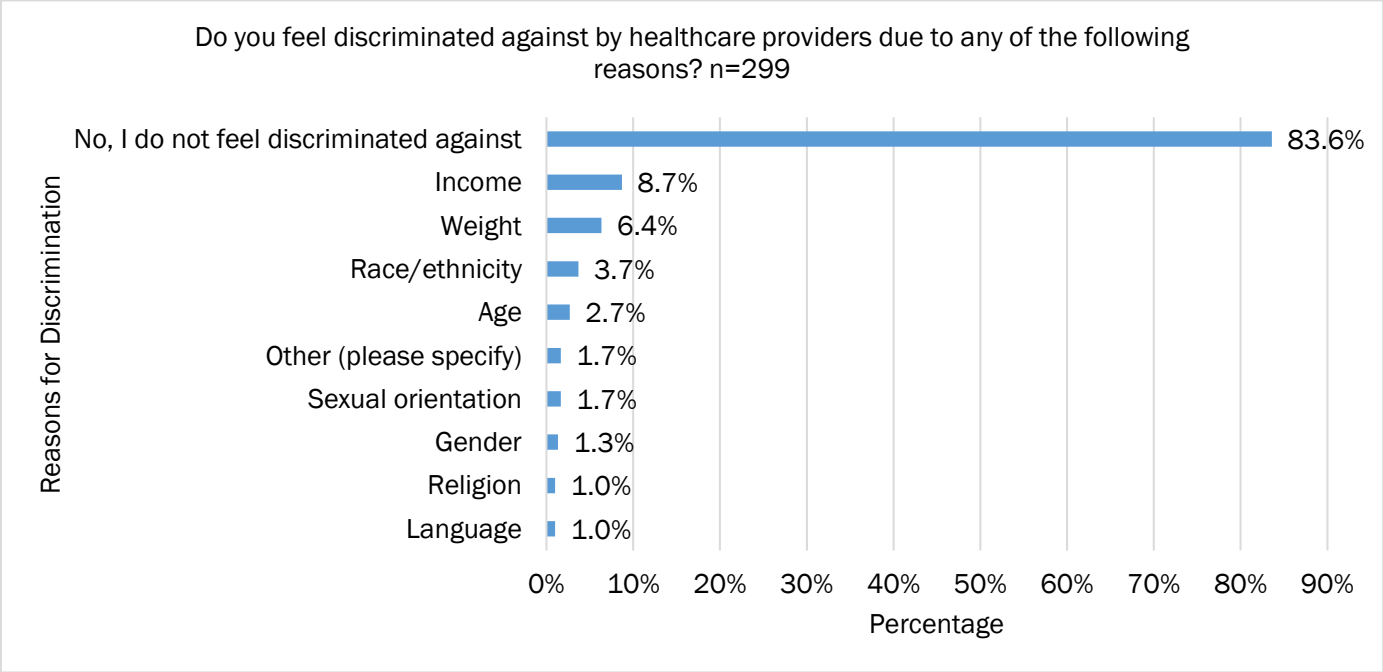
Figure 233. Health care barriers from survey responses



Discrimination

Responses indicate majority of Baker County residents do not experience discrimination from health care providers (Figure 234). Among those that reported discrimination from providers, income was the most commonly selected reason (9%) followed by weight (6%).

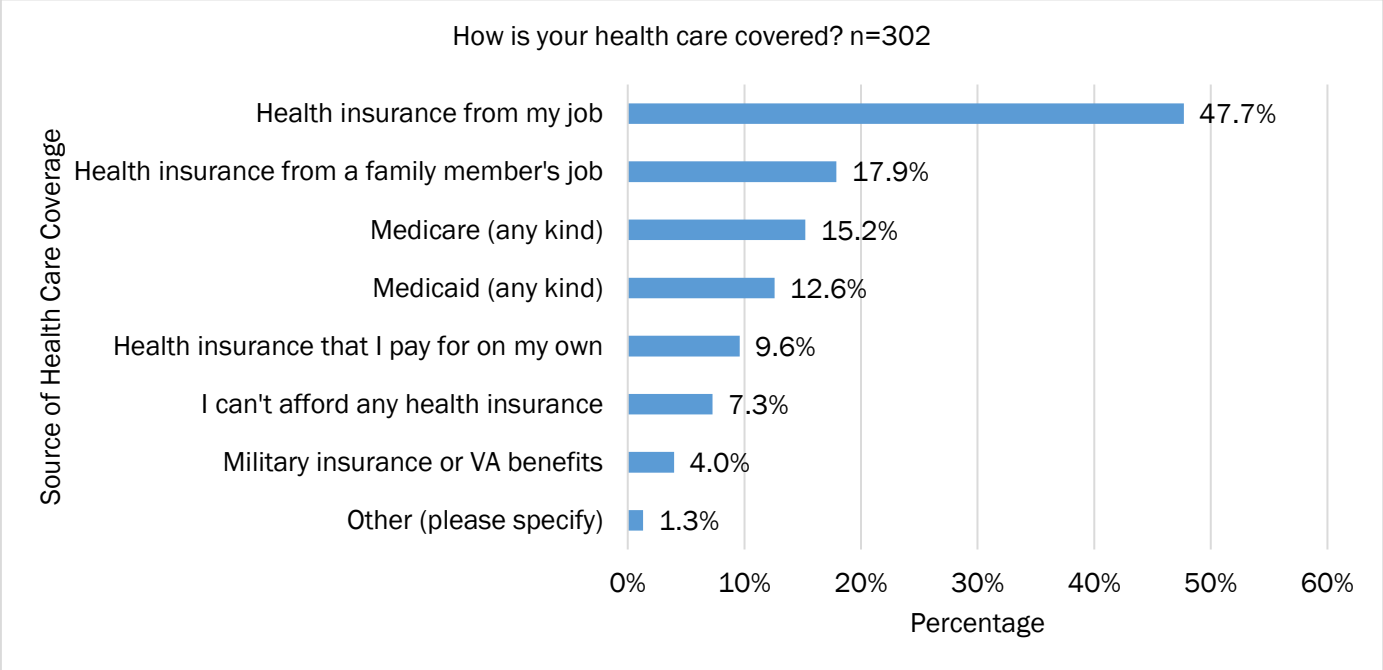
Figure 234. Discrimination of Health care Providers from Survey Responses



Health Care Coverage

Health care coverage was facilitated through employers in many instances, from either personal coverage or through a family member (Figure 235). A significant percentage of respondents indicated that they had health insurance through their employers (47.7%).

FIGURE 235. HEALTH CARE COVERAGE FROM SURVEY RESPONSES



Other Comments about Health Issues in Baker County

Survey participants provided 61 answers to this question. Many of the comments were either unrelated to the question or comments indicating the participant had no additional concerns about Baker County health issues. Counts for the most popular health issues raised are provided below (Table 18).

TABLE 18. ADDITIONAL HEALTH ISSUES FROM SURVEY RESPONDENTS TYPED IN OTHER COMMENTS

Health Issue	Percent
Limited health care access for un/underinsured	29.5
Child services/youth activities	14.7
Health care prevention services	8.1
Substance abuse (alcohol/drug)	6.5
Environmental health concerns	6.5

Summary of Key Findings of Community Surveys

Some of the key findings and top health issues and behaviors that were identified by the community survey participants include:

- Alcohol and Drug addiction: Survey participants feel that alcohol and drug addiction are one of the most important health issues and unhealthy behaviors in Baker County. 75.2% of community survey participants

elected alcohol and drug addiction making it the number one health issue or unhealthy behavior identified by the community.

- Chronic diseases: Chronic diseases including cancer, obesity, diabetes, and respiratory diseases are another priority area that community survey participants have identified. Multiple diseases were elected into the top 10 most important health issues or unhealthy behaviors by the community. For example 55.4% identified cancer and 41.2% identified obesity, making it the second and third most important health issue or unhealthy behavior.
- Teen pregnancies: 40.3% of community survey participants elected teen pregnancies as most important health issue or unhealthy behaviors, making it the fourth most important category among the most important health issues or unhealthy behaviors within the community survey.
- Access to Health Care: The lack of health care access is another important take away from the community survey. Participants have identified services such as specialty care, alternative therapy, and OB/GYN services that are hard to obtain. Other indicators adding to the lack of health care access are the lack of evening and weekend hours, long wait times for appointments as well as providers who are not excepting ones insurance or not being able to pay for healthcare at all.

KEY HEALTH ISSUES

Top Health Issues Identified by Community Surveys

DOH-Baker distributed a survey throughout Baker County giving community members and stakeholders a chance to voice their opinions on the health status and health needs of Baker County residents. 320 community surveys were collected. The community survey respondents identified the following as the top health issues in Baker County:

- Alcohol and Drug addiction
- Chronic diseases (Cancer/Obesity)
- Teen pregnancies
- Access to Health Care

Top Health Issues Identified by Focus Groups

Approximately 10 community members and stakeholders attended three community focus groups. Through a discussion of community health and health needs, focus group participants identified the following as the top health issues or key themes in Baker County:

- Substance abuse/alcohol abuse
- Sexual Activity (STD's/STI's/teen pregnancy/premarital sex)
- Access to Health Care

Top Health Issues Identified by Key Stakeholders

Six representatives from governmental offices, health care providers, and local community organizations participated in key stakeholder interviews to gain their perspectives on the most pressing local health care issues and needs. Key stakeholders identified the following as the top health issues or key themes in Baker County:

- Access to Health Care
- Unhealthy Behaviors
- Chronic diseases
- Substance abuse/misuse
- Broken Family Structure

Top Health Issues Identified by Quantitative Data

The Northeast Florida Counts platform was used to identify health priorities based on quantitative, secondary data. The data scoring tool enabled the quantitative health data to be ranked by significance. The topics were scored by comparing all of the indicators in each topic for Baker County with other counties in the Northeast Florida region. A higher score indicates a poorer performance as indicated by Figure 236.

Figure 236. Score Comparison

Comparison	Score
At least 10% better	0
Somewhat better	1
Somewhat worse	2
At least 10% worse	3

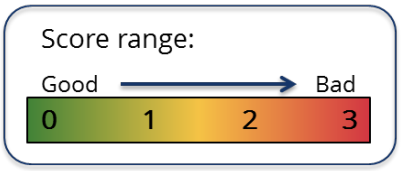


Figure 237 lists the Top 15 Topic Scores for Baker County. For example, Diabetes has a score of 2.22 in Baker County in 2017, which means that is somewhat worse than comparison counties. The scores are also color coded, with green indicating a better score and red indicating a worse score.

Figure 237. Topic Scores for Baker County

Topic	Indicators	Score
Environmental & Occupational Health	4	2.25
Respiratory Diseases	10	2.25
Diabetes	3	2.22
Men's Health	3	2.22
Transportation	6	2.18
Mental Health & Mental Disorders	4	1.97
Mortality Data	18	1.93
Maternal, Fetal & Infant Health	7	1.89
Cancer	17	1.88
Exercise, Nutrition, & Weight	17	1.88
Prevention & Safety	7	1.88
Wellness & Lifestyle	6	1.85
Other Chronic Diseases	3	1.80
Public Safety	10	1.80
Older Adults & Aging	19	1.76

Data Source: Healthy Communities Institute (2017). Data Scoring Tool. Kansas Health Matters. Retrieved Aug 30, 2017.

Many of the topics from Figure 237, such as Chronic Diseases (Respiratory Disease, Diabetes, Cancer, and Other Chronic Diseases), Wellness & Lifestyle, and Exercise, Nutrition, & Weight and Mental Health & Mental Disorders align with those mentioned in community conversations and include several different indicators. The indicators for each topic are below:

Chronic Diseases, such as Diabetes and Respiratory Disease and Other Chronic Diseases: Adults with Diabetes, Diabetes Hospital Admission Rate, Diabetes in the Medicare Population, Percent of Adults with Diagnosed Diabetes, Adults with COPD, Adults with Current Asthma, Asthma Hospital Admission Rate, Asthma in the Medicare Population, Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate, COPD in the Medicare

Population, Pneumonia (Bacterial) Hospital Admission Rate, Adults with Cancer, Cancer: Medicare Population, Colon Cancer Screening, Colorectal Cancer Rate, Female Breast Cancer Rate, Lung & Bronchus Cancer Rate, Male Prostate Cancer Rate, Mammogram in Past 2 Years: 50-74, Pap Test in Past 3 Years: 21-65, Adults with Kidney Disease, Chronic Kidney Disease: Medicare Population, Osteoporosis: Medicare population, Percent of Adults Who Were Ever Diagnosed with a Depressive Disorder, Percent of Adults with Doctor Diagnosed Arthritis, Rheumatoid Arthritis or Osteoarthritis: Medicare Population

Wellness & Lifestyle: Insufficient Sleep, Life Expectancy, Percent of Adults Who Reported That They Always Wear a Seatbelt When They Drive or Ride in a Car, Percent of Adults with Fair or Poor Self-Perceived Health Status, Poor Physical Health: 14+ Days

Exercise, Nutrition, & Weight: Adults Who Are Obese, Adults Who Are Sedentary, Child Food Insecurity Rate, Food Insecurity Rate, Percent of Adults Doing Enough Physical Activity To Meet Both The Aerobic AND Strengthening Exercise Recommendations, Percent of Adults Who Are Obese, Percent of Adults Who Are Overweight, Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day, Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day.

Mental Health & Mental Disorders: Depression: Medicare population, Mental Behavior Hospital Admission Rate and Poor Mental Health: 14+ Days

HEALTH DISPARITY AND HEALTH EQUITY

In this report, some health data is represented to reflect different subpopulations such as racial groups in Baker County. While analyzing Baker County's secondary health data, racial differences and disparities were reviewed and identified. Even though the prevalence of disease, protective factors, and risks vary, Baker County's non-white community members often experience unequal and less desirable health outcomes among many of the analyzed health categories. In many cases, this leads back to health disparities and the lack of health equity. According to the CDC, the cause of health disparities are a variety of factors such as poverty, environmental threats, inadequate access to health care, individual and behavioral factors as well as educational inequalities.[129] Overall, health disparities can be defined as, "health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."[130] While trying to overcome health disparities, health equity is among one of the primary goals of the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).[131] The CDC explains health equity as, "health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances.""[132]

[129] U.S. Centers for Disease Control and Prevention (2019, August 06). Health Disparities. Received from: https://www.cdc.gov/healthyyouth/disparities/index.htm
[130] U.S. Centers for Disease Control and Prevention, Community Health and Program Services (CHAPS): Health Disparities Among Racial/Ethnic Populations. Atlanta: U.S. Department of Health and Human Services; 2008
[131] U.S. Centers for Disease Control and Prevention (2019, August 06). Health Equity. Received from: https://www.cdc.gov/chronicdisease/healthequity/index.htm
[132] U.S. Centers for Disease Control and Prevention (2019, August 06). Health Equity. Received from: https://www.cdc.gov/chronicdisease/healthequity/index.htm

PUBLIC INPUT ON DRAFT COMMUNITY HEALTH ASSESSMENT

On August 12, 2019, stakeholders gathered at the Florida Department of Health in Baker County to discuss the preliminary results of the Baker County Community Health Assessment (CHA). A total of 22 people attended the meeting, including health and social service professionals, and community members. A team from the Health Planning Council of Northeast Florida and the Florida Department of Health in Baker County presented the CHA preliminary findings, which consisted of health, demographic, and environmental data; Local Public Health System Assessment and Forces of Change Assessment findings; focus group and community survey feedback; and stakeholder interviews.

After the CHA findings were presented, participants were asked to rank their top health issues from the following:

- Chronic disease related to lifestyle & behavior (including obesity)
- Alcohol/drug abuse
- Behavioral health/mental health
- Unsafe sexual activities/behaviors (including STD's/STI's/teen pregnancy/premarital sex)
- Access to health care
- Broken family structure (including parenting values/stable home life)

Participants voted using sticky notes which staff tallied at the meeting. Through the poll, meeting participants selected the health issues to be the top priorities for Baker County residents and the CHIP group for the next three to five years.

Baker residents, health professionals, elected officials, and others in attendance at the preliminary results meeting selected the following as priority health issues:

- Alcohol/drug abuse combined with behavioral health/mental health. The behavioral health and substance abuse categories were combined due to the potential of similar actionable goals and objectives in the community health improvement plan phase of the process.
- Chronic disease related to lifestyle and behavior (including obesity)

Stakeholders and interested parties were also asked to take a survey, giving feedback on the contents of the draft Baker County CHA. The survey was made available on the websites of the Florida Department of Health in Baker County and the Health Planning Council of Northeast Florida, as well as in hard copy at the preliminary results meeting. In the survey, respondents rated the overall usefulness of the community health assessment, rated the amount of information provided in the assessment, and selected the health issue they believe to be most important in Baker County. Additionally, participants were asked to write in comments about how to improve the assessment, what they liked about the assessment, and what they disliked.

A total of 23 participants completed the survey. Approximately 65% of respondents rated the CHA as very useful. The majority of respondents (77%) felt the CHA contained just enough information while approximately 18% felt it contained too much information and approximately 5% felt it contained too little. Survey respondents rated alcohol/drug use as the most important health issue in Baker County with nearly 41% of the vote, followed by chronic disease related to lifestyle and behavior (27%) and behavioral health/mental health (approximately 14%).

DISSEMINATION PLAN & NEXT STEPS

This report will only be beneficial to the residents of Baker County if the information it contains—including demographic, socioeconomic, and health status information as well as input from the community that can be used to identify health priorities and available resources—is utilized by the Florida Department of Health in Baker County, community leaders, and other community partners. From there, the community can move forward to implement action steps for improvement.

The ultimate impact of this needs assessment rests in the effectiveness of the dissemination strategy. The Baker County Health Improvement Planning (CHIP) workgroup considered a wide variety of dissemination methods that would best lead to a plan of action within the community. With utilization as the goal, the CHIP group presents the following plan to begin dissemination of this report.

- Document is available on the Health Planning Council's website: www.hpcnef.org
- Document is available on the Florida Department of Health in Baker County's website: clay.floridahealth.gov
- Document will be presented to the Baker County Commissioners, and other local elected officials.
- Document will be distributed to the Baker County Chamber of Commerce
- A press release will be submitted to local and regional newspapers, including the Baker County Press, the Home Town Journal and the Florida Times Union as well as local television and radio stations
- Data will be presented and/or distributed to many local/regional stakeholders, community groups, civic organizations and faith-based groups including Council on Aging, Healthy Baker, Ed Frasier Memorial Hospital, Baker Prevention Coalition, and the Baker County Opioid Task Force.
- Document will be posted on established local community social media sites and distribution lists

The CHIP group will continue to meet to develop an implementation plan. The plan will also be known as CHIP, for **C**ommunity **H**ealth **I**mprovement **P**lan. Using the information and priorities included in this assessment, areas where targeted interventions and policy changes may have the greatest impact can be identified. Once key strategies have been chosen based on level of impact as well as the community's ability to implement, the health improvement process can begin. From there, steps will be taken to move toward a healthier Baker County.

APPENDIX B-1. FOCUS GROUP DEMOGRAPHIC SURVEY

1. What is your age?

LESS THAN 12	12-17	18-25	26-39	40-54	55-64	65-74	75+
○	○	○	○	○	○	○	○

2. What is your gender?

FEMALE	MALE	OTHER
○	○	○

3. Race/Ethnicity: Which group do you most identify with (choose all that apply)?

WHITE/ CAUCASIAN	BLACK/AFRICAN AMERICAN	NATIVE AMERICAN	ASIAN/ PACIFIC	HISPANIC	OTHER RACE
○	○	○	○	○	○

4. Please select the highest level of education you completed.

	Elementary/Middle School
	High School Diploma or GED
	Technical/Community College

	4 year College/Bachelor's Degree
	Graduate/Advanced Degree

5. What Zip Code do you live in?

	32040
	32063

	32072
	32087

	Other, please specify:

6. What is your employment status? Choose only one.

	Employed Full-Time
	Employed Part-Time
	Unemployed
	Retired

	Stay-at-home Parent
	Student
	Disabled
	Other- Please List:

7. How is your health care covered?

	Health insurance offered from your job or a family member's job
	Health insurance that you pay for on your own
	Veterans' Administration or Military Coverage
	Medicare (any kind)

	Medicaid (any kind)
	I can't afford any health insurance
	Other- Please List:

8. What is the total annual income among all earners in your household before taxes?

	Less than $10,000
	$10,000-$19,999
	$20,000-$29,999
	$30,000-$49,999
	$50,000-$99,999
	$100,000 or more

9. How do you rate your overall health?

	Excellent
	Good
	Fair
	Poor
	I don't know

APPENDIX B-2. FOCUS GROUP DISCUSSION QUESTIONS

Facilitator Introduction for Focus Groups

Hi, my name is [ ] and I work for the Health Planning Council of Northeast Florida. I will lead this focus group discussion but first I would like to give you some background on this project.

The Florida Department of Health in Baker County will hold 3 focus groups to gather community feedback about how to improve the health of Baker County residents. These focus groups are intended only for people who live or work in Baker County. Through these focus groups, we will discuss local health issues, the causes of these issues, and possible solutions to address them. The results of these discussions will give us a better understanding of local issues and concerns as well as opinions about the quality of life in Baker County.

Today, I have a set of questions that I would like to discuss with you. As we go through these questions, please answer them in relation to your own neighborhood and Baker County as a whole.

There are a few things I would like you to keep in mind.

- Participation in the focus group is voluntary.
- Try to stay on topic- we may need to interrupt so that we can cover all the questions.
- Avoid revealing very detailed information about your personal health.
- What is said in this room, stays in this room. Please respect others' privacy by not discussing details outside the group.
- Please be respectful of your fellow participants and their answers.
- Please put your phone on silent and if you need to answer it during the conversation, please step outside.
- There are no right or wrong answers so please speak freely.
- We will be recording the meeting. We will summarize themes without identifying individuals by name.
- Lastly, we would like you all (the participants) to do the talking. We are here to help guide the conversation, but your opinions and thoughts on health in Baker County are important and needed to help improve community health.

Focus Group Questions

1. In your opinion, what is best about living in Baker County? What makes you the most proud of this community?

2. What do you believe are the 2-3 most important features of a healthy community?

3. What are the most important health concerns or unhealthy behaviors in Baker County?

   Moderator: Write these concerns from Question #5 on Post-It Easel Pad sheets

4. What are the main reasons why these concerns or behaviors are present?

5. Of the health concerns you mentioned, what are the top 3 in Baker County?

Dot exercise: Moderator will give participants 3 stickers and ask them to place next to their top 3 health concerns discussed in Question #5

6. Which health care services are most difficult to get?

7. What are the greatest barriers to getting these services?

8. Is there a group of people in Baker County that is affected more by these health issues or that has more difficulty getting these services?

9. If you could create any type of health program in Baker County, what would it be?

10. In the last few minutes we have left---is there anything else you would like to discuss?

APPENDIX C. KEY STAKEHOLDER INTERVIEW QUESTIONS

Baker County Community Health Assessment
Key Stakeholder Interviews

On behalf of the Florida Department of Health in Baker County, the Health Planning Council of Northeast Florida is conducting a countywide health assessment. The goal of this assessment is to identify the most pressing health needs of Baker County residents including issues such as access to healthcare, barriers to receiving healthcare, unhealthy behaviors, and the most pressing health outcomes. As a part of this study, we are conducting a series of interviews with key individuals throughout the county who have knowledge of the health needs of residents. You have been identified by the project team as a key informant based on your knowledge and expertise. This survey will take approximately 15-20 minutes.

Interview Questions

1) Could you briefly describe your position?

2) How long have you lived and/or worked in Baker County?

3) What do you think are the most pressing healthcare needs or concerns in Baker County?

4) Are there particular populations in Baker County that have specific health issues affecting them or difficulty accessing health services?

5) Why do you believe these group(s) have more difficulties with healthcare?

6) Are there any health services that individuals in Baker County have difficulty accessing?

7) Are there areas/neighborhoods in Baker County whose residents have a particularly difficult time accessing services?

8) We often hear that transportation is an issue that affects accessing needed healthcare. In what way have you seen this in the community?

9) Do you have any additional comments you would like to share about health or healthcare needs in Baker County?

APPENDIX D. BAKER COUNTY SURVEY

The Florida Department of Health in Baker County needs your help. Please fill out this survey to share your opinions about healthcare and the quality of life in Baker County. Your feedback will help make Baker County a healthier place to live!

1. What is your zip code at home? _____ City/Town Name: _____

2. How do you rate your overall health? *(check one selection)*

❑ **Excellent** ❑ **Good** ❑ **Fair** ❑ **Poor** ❑ **I don't know**

3. ***Choose up to 5*** **of the items below that *you* feel are the most important features of a healthy community:**

❑ Access to churches or other places of worship

❑ Good place to raise kids

❑ Access to healthcare

❑ Good jobs, healthy economy

❑ Access to parks and places to play

❑ Good education

❑ Access to transportation (bus, taxi, etc.)

❑ Low crime rates/safe neighborhoods

❑ Affordable and/or available housing options

❑ Preventative health care (annual check-ups)

❑ Available arts and cultural events

❑ Quality childcare

❑ Clean and healthy environment

❑ Access to social services

❑ Lack of discrimination

❑ Good place to grow old

❑ Adequate parking/accommodations for persons with disabilities

❑ Other:_____

4. ***Choose up to 5*** **of the health problems or unhealthy behaviors that *you* feel are the most important in Baker County:**

❑ Respiratory/lung disease (COPD, asthma, etc.)

❑ Addiction – alcohol or drug

❑ Cancers

❑ Mental health / Suicide

❑ Contagious diseases (i.e. flu, pneumonia)

❑ Child abuse/neglect

❑ Diabetes

❑ Teenage pregnancy

❑ Heart disease & stroke

❑ Accidental injuries

❑ Unsafe sex/Sexually Transmitted Diseases

❑ Domestic violence

❑ Obesity/overweight

❑ Infant death/ premature birth

❑ High blood pressure

❑ Not getting shots/immunizations to prevent disease

❑ Lack of access to healthcare

❑ Smoking/tobacco use

❑ Dental problems

❑ Other: _____

5. What health care services are difficult to obtain in your community? (*check all that apply*):

- ❑ Alternative therapy (herbals, acupuncture)
- ❑ Physical or rehab therapies
- ❑ Ambulance/rescue services
- ❑ Prescriptions/medications/medical supplies
- ❑ Chiropractic care
- ❑ Wellness/nutrition counseling
- ❑ Dental/oral care
- ❑ Primary care (family doctor or walk-in clinic)
- ❑ Emergency room care
- ❑ Specialty care (ex. heart doctor)
- ❑ Family planning/birth control
- ❑ Inpatient hospital
- ❑ Vision care
- ❑ Lab work
- ❑ Mental health/counseling
- ❑ X-rays/mammograms
- ❑ OB/pregnancy care
- ❑ Substance abuse services (e.g., drug and alcohol)
- ❑ Other:_____

6. What types of barriers or difficulties affect you in getting healthcare? *(check all that apply)*:

- ❑ Problems with transportation (bus, taxi, etc.)
- ❑ Lack of evening and weekend services
- ❑ I can't afford to pay for healthcare
- ❑ Long waits for appointments and services
- ❑ I can't find providers that accept my insurance
- ❑ I don't know what types of services are available
- ❑ Healthcare information is not kept private
- ❑ Can't find health services in my native language
- ❑ I don't like accepting government assistance
- ❑ I don't understand the health information my doctor gives me
- ❑ Other: _____
- ❑ NONE – I don't have any barriers to healthcare

7. Do you feel discriminated against by healthcare providers due to any of the following reasons? *(check all that apply)*

- ❑ Race/ethnicity
- ❑ Gender
- ❑ Sexual orientation
- ❑ Weight
- ❑ Age
- ❑ Language
- ❑ Income
- ❑ Religion
- ❑ Other_____
- ❑ No, I do not feel discriminated against

8. How is your health care covered? (check all that apply)

❑ **Health insurance from my job**	❑ **Medicare (any kind)**
❑ **Health insurance from a family member's job**	❑ **Medicaid (any kind)**
❑ **Health insurance that I pay for on my own**	❑ **Military insurance or VA benefits**
❑ **I can't afford any health insurance**	❑ **Other: _____**

9. Your Age: ❑ under 18 ❑ 18-25 ❑ 26-39 ❑ 40-54 ❑ 55-64 ❑ 65-74 ❑ 75+

10. Are you: ❑ Male ❑ Female ❑ Other: _____

11. Which Race/Ethnicity do you most identify with? *(Please choose only one)*

❑ **Black / African-American**	❑ **Hispanic or Latino(a)**	❑ **Native American/Alaskan Native**
❑ **White / Caucasian**	❑ **Asian or Pacific Islander**	❑ **Other: _____**

12. What is the highest level of Education you have completed? (Please choose only one)

☐ Elementary/Middle School	☐ Community College	☐ 4-Year College/Bachelor's Degree
☐ High School Diploma or GED	☐ Technical or Trade School	☐ Graduate/Advanced Degree

13. Current Employment Status (Please choose only one)

❑ **Employed – Full time**	❑ **Student**	❑ **Retired**	❑ **Unemployed**
❑ **Employed – Part time**	❑ **Stay-at-home parent**	❑ **Disabled**	

14. What is the approximate total income among all earners in your household? (Please choose only one)

❑ **Less than $10,000**	❑ **$10,000 - $20,000**	❑ **$21,000 - $30,000**
❑ **$31,000 - $50,000**	❑ **$51,000 - $99,000**	❑ **$100,000 or more**

15. Please list any other comments you have about the health issues in Baker County:

_____

_____

_____

***THANK YOU FOR COMPLETING THIS SURVEY*!**

APPENDIX E. BAKER COUNTY 2020 DATA UPDATES

In September 2020, the Florida Department of Health in Baker County, in partnership with members of the Community Health Improvement Planning group, reviewed and revised the Community Health Assessment (CHA) data that was updated by the data sources such as FL CHARTS and County Health Rankings. This section is not inclusive of all the data sets previously released. Data sets within this document will continue to be monitored and updated on an annual basis to ensure this document remains relevant to the trending needs and issues of the community.

Total Population and Population Growth

In 2019, Baker County and Florida had estimated populations of 27,785 compared to 27,537 in 2018. Florida also saw an increase from 20,278,447 in 2018 to 20,598,139 in 2019. The population of Baker County is more densely concentrated in the southeastern quadrant of the county.

Race/Ethnicity&Gender	Baker County		Florida	
	Estimate	Percent	Estimat	Percent
Total population	27,785	-	20,598,1	--
Male	14.753	53.10%	10.071.9	48.90%
Female	13,032	46.90%	10,526,2	51.10%
One race	27,387	98.60%	20,055,7	97.40%
White	23,033	82.90%	15,529,0	75.40%
Black or African American	3,810	13.70%	3,316,3	16.10%
American Indian & Alaska Native	67	0.20%	58,11	0.30%
Asian	206	0.70%	559,16	2.70%
Native Hawaiian & Other Pacific	9	0.00%	12,88	0.10%
Some other race	262	0.90%	580,15	2.80%
Two or more races	398	1.40%	542,34	2.60%
Hispanic or Latino (of any race)	674	2.40%	5,184,7	25.20%

Data Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, DP05.

The median age of Baker County's population remained at 37 years, younger than Florida's median age of 42 years. Below figure summarizes the age distribution of Baker County and Florida residents. Baker has a larger proportion of individuals between 20 to 64 years and a smaller proportion of those 65 years and older, when compared to Florida. The two largest age groups in Baker County are the 19 and under and 20-64-year age groups, accounting for 25.8% and 60.5% of the population, respectively. Baker County's gender distribution increased from 52.4% to 53.1% in males and decreased from 47.6% to 46.9 in females compared to Florida where the gender distribution remained unchanged at 48.9% are male and 51.1% are female.

Demographics, 2014-18

Age Groups	Baker County Estimate	Baker County Percent
19 & under	7,157	25.80%
20-64	16,801	60.50%
65+	3,827	13.80%

Age Groups	Florida Estimate		Florida Percent
19 & under	4,6	244	22.50%
20-64	11,9	519	57.80%
65+	4,0	376	19.70%

Data Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, DP05.

County Health Rankings, Baker, 2020

Health Rankings was updated in 2020. In 2020, Baker County ranked 49th out of 67 (improvement from 50th in 2019) Florida counties in health outcomes, which reflect length of life and quality of life, and 41st out of 67 (a negative increase from 39th in 2019) counties in health factors. There were significant differences when examining the individual rankings for each of the four topics considered for the health factors score. Health factors include health behaviors (ranked 63rd out of 67 counties), clinical care (ranked 28th), social and economic factors (ranked 31st), and physical environment (ranked 26th). Table 1 lists the four topics, along with the types of indicators included within each and the corresponding ranking for Baker County. The table below reflects a snapshot of the ranking changes and also shows whether Baker County's 2020 rank improved or worsened from 2019.

County Health Rankings, Baker, 2020

Health Outcomes (49th) ↓	**Length of Life:** 55th out of 67 ↑			
	Quality of Life: 50th out of 67 ↑			
Health Factors (41st) ↑	**Health Behaviors**	**Clinical Care**	**Socioeconomic**	**Physical Environment**
	Tobacco Use Diet & Exercise Alcohol & Drug Use High-Risk Sex	Access to Care Quality of Care	Education Employment Income Family & Social Support Community Safety	Air & Water Quality Built Environment Access to Healthy Food Liquor Stores
	Baker Rank: 63rd ↓	**Baker Rank: 28th ↓**	**Baker Rank: 31st ↑**	**Baker Rank: 26th ↓**

Data Source: Robert Wood Johnson Foundation (2020). Retrieved from County Health Rankings and Roadmaps: http://www.countyhealthrankings.org

Top Reasons for Inpatient Hospital and Emergency Department Visits

Below table shows the top 5 diagnoses for inpatient visits by residents of Baker County to any hospital in Florida by the number of discharges in 2019. Diagnoses are shown as Medicare Severity Diagnosis Related Groups (DRGs). The table also shows cost, patient age, and payment type for each MS DRG. The most frequent DRG recorded for Baker County residents was Normal Newborn, which accounted for almost 28% of the top 5 DRGs during 2019.

■Leading Inpatient Hospital Visits, 2019

Utilization			Cost	Patient Age			Payment Type		
Medicare Severity DRG Description	Dis-charges	Avg. LOS	Avg. Charge	0-17	18-64	65+	Gov. Ins.	Com. Ins.	Non- or Self-Pay/ Other
Normal newborn	147	1.9	$4,263	147	0	0	74	61	12
Vaginal delivery w/o sterilization/d&c w/o cc/mcc	133	2.3	$21,230	3	130	0	62	70	1
Septicemia or severe sepsis w/o mv >96 hours w mcc	84	6.4	$86,837	1	29	54	64	18	2
Major hip and knee joint replacement or reattachment of lower extremity w/o mcc	68	2.4	$96,792	0	25	43	51	15	2
Neonate w other significant problems	61	2.4	$6,775	61	0	0	36	23	2

Data Source: AHCA Hospital Inpatient Data Files, January 1, 2019 – December 31, 2019, Retrieved as of July 14, 2020;
Definitions: CC = complication or comorbidity, MCC = major complication or comorbidity, LOS = Length of Stay

Below table shows the top 5 emergency room diagnoses of Baker County residents at any emergency department in 2019. Upper respiratory infections were the top diagnoses, accounting for almost 27% of visits for the top 5 diagnoses. Other top emergency department diagnoses were urinary tract infection, chest pain, abdominal pain, and headache.

■Baker Residents' Healthcare Utilization

■Leading Emergency Department Visits, 2019

Utilization			Cost	Patient Age			Payment Type		
Principal Diagnosis Description	Visits	Avg. Hours	Avg. Charge	0-17	18-64	65+	Gov. Ins.	Com. Ins.	Non- or Self-Pay/ Other
Acute upper respiratory infection, unspecified	338	2.23	$1,723	118	144	76	184	97	57
Urinary tract infection, site not specified	295	2.87	$4,811	33	196	66	154	97	44
Chest pain, unspecified	259	3.93	$5,706	12	194	53	123	96	40
Unspecified abdominal pain	210	3.86	$6,540	31	159	20	79	91	40
Headache	156	3.9	$4,968	25	119	12	56	73	27

Data Source: AHCA Emergency Department Data Files, Jan. 1, 2019 – Dec. 31, 2019, Retrieved as of July 14, 2020;

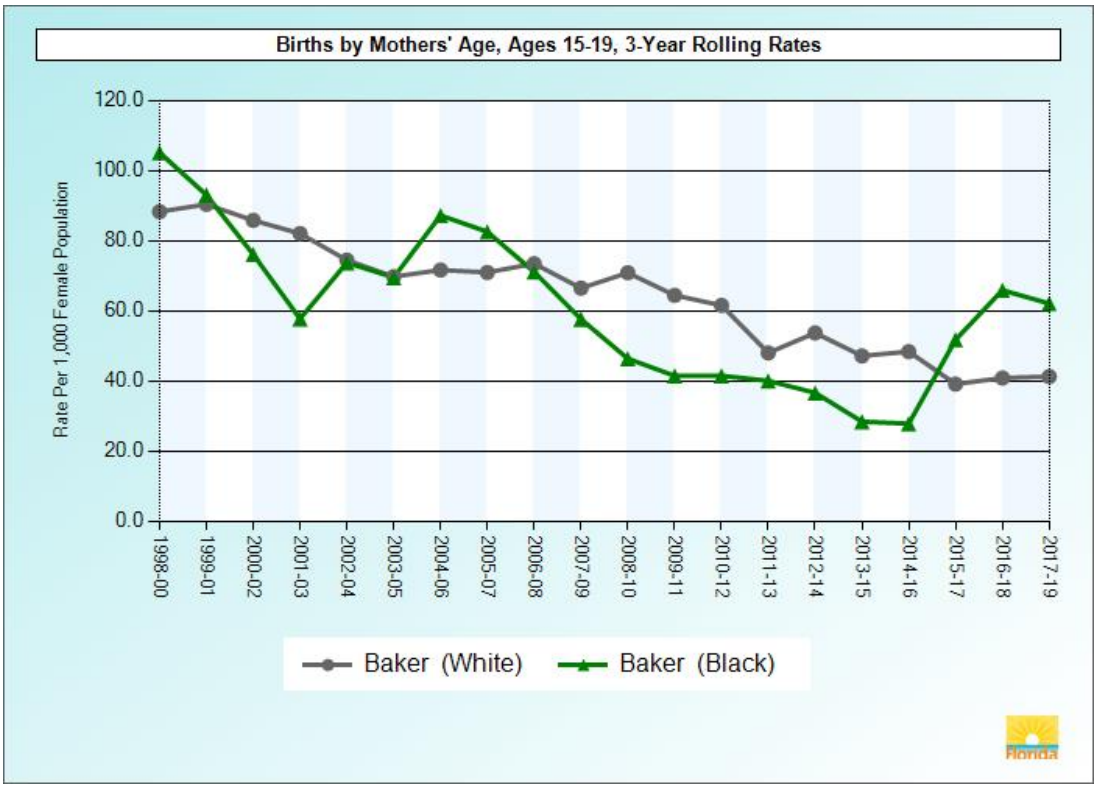
Teen Births

Teen birth three year rolling rates increased from 42.5 in 2016-18 to 43.7 in 2017-2019 per 1,000 population while Florida rates decreased from 18.2 to 17.1 per 1,000 population. Baker County's white population experienced more teen birth count than the Baker County Black population (1086 vs. 133 births) from 2008-2010 through 2017-2019. In 2017-2019, Baker County's white population teen birth rate was 41.2 per 1,000 females compared to the Baker Black population's rate of 62 births per 1,000 females. From 2008-2010 through 2017-2019, Baker white teen birth rate decreased by 58.2% whereas Baker Black teen births increased by 75%. These statistics reveal a clear disparity of teen births to Black mothers versus teen White mothers.

■ Maternal and Child Health, 2017-19

	Baker	Florida
Total live births rate (Per 1,000 Total Population)	12.3*	10.6
Teen birth rate (Per 1,000 Females 15-19)	43.7*	17.1
Repeat teen births (% of births to mothers 15-19)	13.3%	14.8%
% of births with late or no prenatal care	10.6%*	7.2%
Low birth weight (% of Total Live Births)	10.0%	8.8%
Infant death rate (Per 1,000 Live Births)	9.9	6.0
White infant death rate (Per 1,000 White Live Births)	7.0	4.4
Black infant death rate (Per 1,000 Black Live Births)	7.9	11.0
Immunization levels in Kindergarten	96.7%*	93.9%

Data Source: Florida Health CHARTS, 3-Year Rolling Rates, 2017-19.

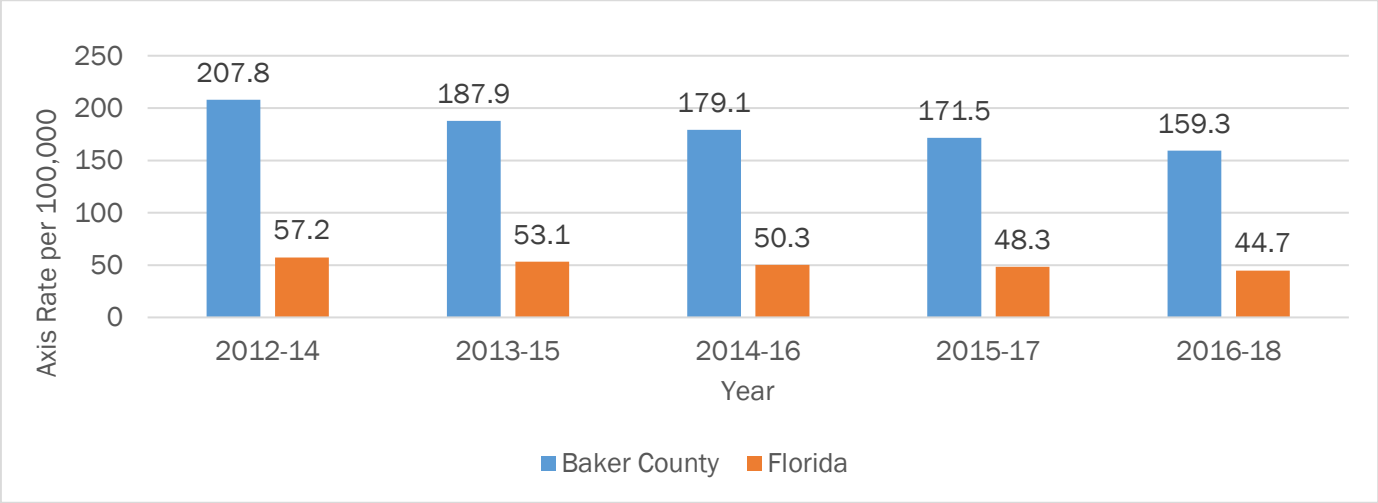


Data source: Florida Health CHARTS, 3-year Rolling Rates, 2017-2019, http://www.flhealthcharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0001

County Health Department Personnel & Expenditures

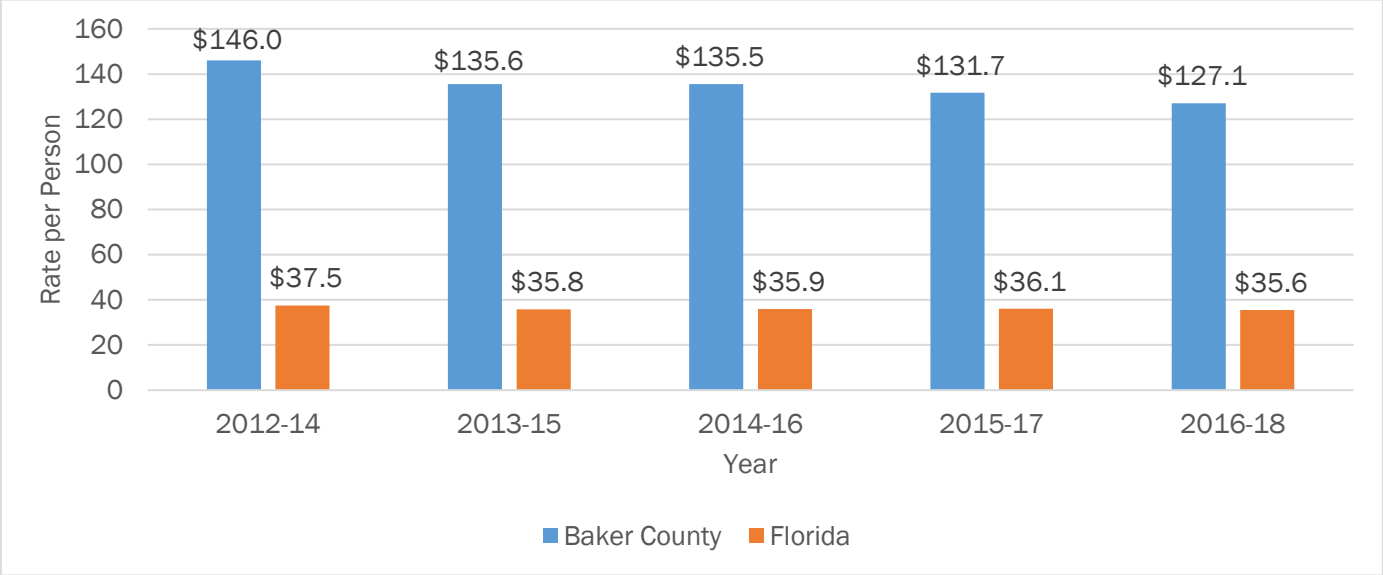
Baker County had a higher rate of full-time employment for their health department per 100,000 population than Florida for the past 5 years. In 2015-2017, Baker County spent $131.7 per county resident compared to the state average of $36.1 per county resident. DOH-Baker provides public health, clinical, and field services to the residents of Baker County.

Department of Health Full-Time Employees, Baker & Florida, 2012-2019



Data Source: FL Health Charts, www.flhealthcharts.com

Department of Health Expenditures, Baker County & Florida, 2012-2018



Data Source: FL Health Charts, www.flhealthcharts.com