

County Health Assessment 2011

Assessing the Health of Baker County 2002-2011



2012

Communities navigating to a healthier future...

Community Health Assessment Table of Content

Executive Summary	Page 1
Health Trend Data & Healthy People 2020	Page 2-12
Key Findings	Page 13-18
Recommended Community Goals	Page 19-22
Community Participation Process	Page 23-38
Quality of Life	Page 32-33, 37
Appendix A: Sample Survey Questions	Page 39-40
Appendix B: Health Assets	Page 41-42
Acknowledgements	Page 43

People



Place



Prosperity



Executive Summary

Following a two-year long process of collecting and analyzing data, engaging and mobilizing key constituents, and developing multiple reports to depict the state of health in Baker County, the team is extremely satisfied in knowing that due diligence has been exercised for the production of this series of reports. During the process changes were made at the state level as to how the assessments and reports were to be compiled. The team extracted pages from multiple reports including one large comprehensive report that was compiled by the Health Planning Council of Northeast Florida. This report can be viewed in its entirety by contacting the Baker County Health Department.















This collaborative process has resulted in both quantitative and qualitative methods to systematically understand health within our community. This report is the third of five reports expected to be produced based on all of the information collected and the input gathered: 1) Community Health Status Profile Report; 2) Community Themes and Strengths Assessment; 3) Community Health Assessment; 4) Comprehensive Strategic Priorities; and 5) Community Health Improvement Plan. It has informed our staff and our community regarding forces of change, community strengths, and opportunities for improvements to affect the quality of life for Baker County residents. These tools will provide a collection of facts and figures to inform the decision making process in the coming years and establish the key priorities to maintain and improve the health of our community.
























Throughout this strategic planning process the team has adapted to changes in the planning documentation required by the Department of Health and has compiled information from multiple sources. This report includes both narrative and tables/figures with pertinent information regarding key health factors and compares the county health trends over time, as well as compares the county with the state. Lastly, it aligns the county with Healthy People 2020 goals. Following summarizes key findings of this report:

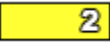





























- Health trend data, including state comparison and Healthy People 2020 Goals
- Population demographics
- Narrative descriptions of health issues based on health status, health systems, themes and forces of change
- Contributing causes—health disparities, equity, high-risk populations, behavioral etc
- Health assets and resources
- Collaborative process documentation
- Sample Survey


















Following this report, two additional documents will be developed to finalize the planning process: 1) Strategic Plan; and 2) Community Health Plan. A special thanks again goes out to all of the organizations and individuals who have contributed to the process.

Table 1: Health Trend Data

Health Status and Access to Care							
Indicator	Years	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B	Healthy People 2020 Goals ^C
Adults who rate their health status as "fair" or "poor" ¹	2010	Percent		20.8%	17.1%		
Adults with any type of health care insurance coverage ¹	2010	Percent		81.7%	83.0%		
Adults who could not see a dentist in the past year because of cost ¹	2007	Percent		23.2%	19.2%		
Adults who received a flu shot in the past year ¹	2010	Percent		32.3%	36.5%		
Total licensed family physicians ⁴	2008-10	Per 100,000		19.3	22.9		
Total licensed dentists ⁴	2008-10	Per 100,000		21.8	62.7		
Total hospital beds ⁵	2008-10	Per 100,000		96.3	318.9		
Chronic Diseases							
Coronary Heart Disease							
Coronary heart disease age-adjusted death rate ⁷	2008-10	Per 100,000		128.3	104.5	Better ↓	100.8
Coronary heart disease age-adjusted hospitalization rate ⁸	2008-10	Per 100,000		508.6	406.7	Better ↓	
Stroke							
Stroke age-adjusted death rate ⁷	2008-10	Per 100,000		55.6	30.5	No Trend ↔	33.8
Stroke age-adjusted hospitalization rate ⁸	2008-10	Per 100,000		383.0	265.5	No Trend ↔	
Heart Failure							
Heart failure age-adjusted death rate ⁷	2008-10	Per 100,000		10.4	7.6	No Trend ↔	
Congestive heart failure age-adjusted hospitalization rate ⁸	2008-10	Per 100,000		157.0	149.1	Better ↓	
Adults with diagnosed hypertension ¹	2010	Percent		39.8%	34.3%		

Indicator	Years	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B	Healthy People 2020 Goals ^C
Adults who have diagnosed high blood cholesterol ¹	2010	Percent		36.6%	38.6%		13.5%
Adults who had their cholesterol checked in the past five years ¹	2007	Percent		69.7%	73.3%		
Lung Cancer							
Lung cancer age-adjusted death rate ⁷	2008-10	Per 100,000		64.6	46.6	No Trend 	45.5
Lung cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000		93.0	65.9	No Trend 	
Colorectal Cancer							
Colorectal cancer age-adjusted death rate ⁷	2008-10	Per 100,000		11.2	14.3	No Trend 	14.5
Colorectal cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000		40.3	42.0	No Trend 	
Adults 50 and older who received a sigmoidoscopy or colonoscopy in the past five years ¹	2010	Percent		65.7%	56.4%		
Adults 50 years of age and older who received a blood stool test in the past year ¹	2010	Percent		15.2%	14.7%		
Breast Cancer							
Breast cancer age-adjusted death rate ⁷	2008-10	Per 100,000		14.3	20.8	Better 	20.6
Breast cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000		88.4	110.9	No Trend 	
Women 40 and older received a mammogram in the past year ¹	2010	Percent		47.8%	61.9%		
Chronic Diseases (continued)							
Prostate Cancer							
Prostate cancer age-adjusted death rate ⁷	2008-10	Per 100,000		20.4	17.5	No Trend 	21.2
Prostate cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000		107.0	130.8	No Trend 	
Cervical Cancer							
Cervical cancer age-	2008-	Per		0.0	2.7	No Trend 	2.2

adjusted death rate ⁷	10	100,000					
Indicator	Years	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B	Healthy People 2020 Goals ^C
Cervical cancer age-adjusted incidence rate ⁹	2006-08	Per 100,000		7.1	8.9	No Trend 	
Women 18 and older received a Pap test in the past year ¹	2010	Percent		68.2%	57.1%		93%
Melanoma							
Melanoma age-adjusted death rate ⁷	2008-10	Per 100,000		6.5	2.8	No Trend 	2.4
Melanoma age-adjusted incidence rate ⁹	2006-08	Per 100,000		6.1	17.6	No Trend 	
Chronic Lower Respiratory Diseases (CLRD)							
CLRD age-adjusted death rate ⁷	2008-10	Per 100,000		83.0	37.7	No Trend 	
CLRD age-adjusted hospitalization rate ⁸	2008-10	Per 100,000		435.0	361.4	No Trend 	50.1
Adults who currently have asthma ¹	2010	Percent		16.2%	8.3%		
Asthma age-adjusted hospitalization rate ⁸	2008-10	Per 100,000		675.8	755.1	Worse 	
Diabetes							
Diabetes age-adjusted death rate ⁷	2008-10	Per 100,000		38.5	19.6	No Trend 	65.8
Diabetes age-adjusted hospitalization rate ⁸	2008-10	Per 100,000		3364.6	2198.0	Worse 	
Amputation due to diabetes age-adjusted hospitalization rate ⁸	2008-10	Per 100,000		16.5	24.7	Better 	
Adults with diagnosed diabetes ¹	2010	Percent		10.5%	10.4%		
Communicable & Infectious Diseases							
Vaccine preventable diseases ¹⁰	2008-10	Per 100,000		1.3	3.9	No Trend 	
HIV cases reported ¹⁰	2008-10	Per 100,000		18.0	31.8		
AIDS cases reported ¹⁰	2008-10	Per 100,000		12.8	22.3	No Trend 	
HIV/AIDS age-adjusted death rate ⁷	2008-10	Per 100,000		2.2	6.5	No Trend 	3.7
TB cases reported ¹⁰	2008-	Per		0.0	4.6	No Trend 	1.0

	10	100,000					
			County Quartile^A 1=most favorable 4=least favorable				
Indicator	Years	Rate Type		County Rate	State Rate	County Trend^B	Healthy People 2020 Goals^C
Chlamydia cases reported ¹⁰	2008-10	Per 100,000		421.0	387.0	<u>Worse</u> ↑	
Gonorrhea cases reported ¹⁰	2008-10	Per 100,000		56.5	113.9	<u>Better</u> ↓	
Infectious syphilis cases reported ¹⁰	2008-10	Per 100,000		1.3	5.8	<u>No Trend</u> ↔	
Maternal, Infant & Young Child Health							
Early prenatal care (care began 1st trimester) ^{7, 13}	2008-10	Percent		74.7%	78.1%		77.9%
Low birth weight births (births < 2500 grams) ⁷	2008-10	Percent		9.0%	8.7%	<u>No Trend</u> ↔	
Premature births (births < 37 weeks gestation) ⁷	2008-10	Percent		14.4%	13.9%	<u>No Trend</u> ↔	11.4%
Multiple births ⁷	2008-10	Percent		2.8%	3.2%	<u>No Trend</u> ↔	
Births to teens 15-19 ⁷	2008-10	Rate per 1,000		70.7	37.0	<u>Better</u> ↓	
Repeat births to mothers 15-19 ⁷	2008-10	Percent		18.3%	18.4%	<u>No Trend</u> ↔	
Infant death rate ⁷	2008-10	Per 1,000 live births		10.6	6.9	<u>No Trend</u> ↔	6.0
Neonatal death rate ⁷	2008-10	Per 1,000 live births		5.3	4.5	<u>No Trend</u> ↔	4.1
Postneonatal death rate ⁷	2008-10	Per 1,000 live births		5.3	2.4	<u>No Trend</u> ↔	2.0
Fetal death ratio ⁷	2008-10	Per 1,000 deliveries		2.7	7.2	<u>No Trend</u> ↔	5.6
Kindergarten children fully immunized ¹¹	2008-10	Percent		98.2%	90.8%	<u>Worse</u>	
Unintentional Injuries							
Unintentional injuries age-adjusted death rate ⁷	2008-10	Per 100,000		51.8	42.7	<u>No Trend</u> ↔	36.0
Motor vehicle crash age-adjusted death rate ⁷	2008-10	Per 100,000		23.1	14.0	<u>No Trend</u> ↔	12.4
Social and Physical Environment							
Criminal homicide ¹²	2008-10	Per 100,000		2.6	5.6	<u>No Trend</u> ↔	

Indicator	Years	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B	Healthy People 2020 Goals ^C
Domestic violence offenses ¹²	2008-10	Per 100,000	1	187.4	608.0	Better ↓	
Adults who currently have asthma ¹	2010	Percent	4	16.2%	8.3%		
Suicide age-adjusted death rate ⁷	2008-10	Per 100,000	4	18.8	13.9	No Trend ↔	10.2

*Actual causes of death are the major external (nongenetic) factors that contribute to death in the US, first identified by McGinnis and Foege in 1993. These three sets of behaviors each contribute to over 100,000 deaths annually in addition to their impact on morbidity, quality of life, and public health burden.

Data Sources

¹Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey

²US Census Bureau

³US Department of Labor, Bureau of Labor Statistics

⁴Florida Department of Health, Division of Medical Quality Assurance

⁵Florida Agency for Health Care Administration, Certificate of Need Office

⁶Florida Department of Health, Office of Health Statistics and Assessment

⁷Florida Department of Health, Office of Vital Statistics

⁸Florida Agency for Health Care Administration (AHCA)

⁹University of Miami (FL) Medical School, Florida Cancer Data System

¹⁰Florida Department of Health, Division of Disease Control

¹¹Florida Department of Health, Bureau of Immunization

¹²Florida Department of Law Enforcement

*All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

^ACounty Quartiles




Most favorable situation 1 (25% of counties)	Average 2 or 3 (50% of counties)	Least favorable situation 4 (25% of counties)
---	-------------------------------------	--

Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.

^BCounty Trends

-As with rates, there is also random variation in the trend lines of these rates, so that a line that slopes upward may not represent a statistically significant increase, particularly if it is based on small numbers. For that reason, we test statistically to determine whether or not we can be at least 95 percent confident that what appears to be an increase or decrease is real, not just the result of random fluctuation.

-Trends only calculated for indicators with 12 or more years of data available.

-  Trend is getting better and is statistically significant;  Trend is getting worse and is statistically significant;  Trend is not statistically significant; Blank cell - Not enough data to compute a trend
¹³No trend available for entry into prenatal care due to a change in the measurement of this indicator in 2004. This renders data prior to 2004 incomparable to data from 2004 and forward.

^cHealthy People 2020 Goals

A national health promotion and disease prevention initiative. Its goals are to increase the quality and years of healthy life and eliminate health disparities <http://www.healthypeople.gov>. Goals are not available for every indicator.

Health Status Indicators	Measure	Baker County			Florida		
		2002-04	2005-07	2008-10	2002-04	2005-07	2008-10
Premature Death							
Age-Adjusted All Causes 3-Year Death Rate	Age-adjusted Death Rate	1,055.1	999.0	956.5	747.8	697.9	660.7
All Causes Years of Potential Life Lost Under 75	Rate per 100,000 Population < 75	9,657.2	11,999.5	11,023.2	8,103.3	7,966.6	7,658.2
Smoking Attributable Deaths Over Age 35	Rate per 100,000 Population > 35		199.0			212.4	
Chronic Diseases							
Age-Adjusted Coronary Heart Disease 3-Year Death Rate	Age-adjusted Death Rate	228.3	147.6	128.3	154.6	125.9	104.5
Age-Adjusted Stroke 3-Year Death Rate	Age-adjusted Death Rate	67.1	58.9	55.6	41.9	35.1	30.5
Age-Adjusted Diabetes 3-Year Death Rate	Age-adjusted Death Rate	62.2	36.5	38.5	20.8	21.1	19.6
Age-Adjusted 3-Year Hospitalization Rate From Amputation of a Lower Extremity Attributable to Diabetes	Age-adjusted Hospitalization Rate	34.3	39.8	16.5	24.8	23.8	24.7
Breast Cancer							
Age-Adjusted Breast Cancer 3-Year Incidence	Age-adjusted Incidence Rate	158.9	112.7		111.3	109.3	

Health Status Indicators	Measure	Baker County			Florida		
		2002-04	2005-07	2008-10	2002-04	2005-07	2008-10
Metastatic Breast Cancer at Diagnosis	Rate per 100,000 Females	51.1	28.8		44.1	45.4	
Cervical Cancer							
Age-Adjusted Cervical Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	3.2	2.2		9.2	9.1	
Metastatic Cervical Cancer at Diagnosis	Rate per 100,000 Females	3.0	2.9		4.2	4.5	
Colorectal Cancer							
Age-Adjusted Colorectal Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	53.3	42.7		48.1	43.0	
Injuries							
Age-Adjusted Unintentional Injury 3-Year Death Rate	Age-adjusted Death Rate	51.2	79.3	51.8	42.8	45.3	42.7
Age-Adjusted Unintentional Poisoning 3-Year Death Rate	Age-adjusted Death Rate	9.7	13.3	10.6	10.2	12.2	14.3
Communicable Diseases							
HIV/AIDS							
Age-Adjusted HIV/AIDS 3-Year Death Rate	Age-adjusted Death Rate	1.3	4.1	2.2	10.2	9.1	6.5

Health Status Indicators	Measure	Baker County			Florida		
		2002-04	2005-07	2008-10	2002-04	2005-07	2008-10
AIDS Cases	Rate Per 100,000 Population	7.1	10.7	12.8	27.3	24.0	22.3
Sexually Transmitted Diseases							
Chlamydia Cases	Rate Per 100,000 Population	318.5	351.2	421.0	246.4	271.8	387.0
Gonorrhea Cases	Rate Per 100,000 Population	80.7	118.8	56.5	114.3	122.4	113.9
Infectious Syphilis Cases	Rate Per 100,000 Population	0	2.7	1.3	3.9	4.3	5.8
Bacterial STDs (Women 15-34)	Rate Per 100,000 Females 15-34	2,179.4	2,792.5	2,690.0	1,980.7	2,096.5	2,634.6
Tuberculosis							
Tuberculosis Cases	Rate Per 100,000 Population	0	1.3	0	6.2	5.7	4.6
Enteric Diseases							
Enteric Disease Cases	Count of Cases	22.7	14.3	18.0	8,944.3	9,212.3	10,759.3
Enteric Disease Rate	Rate Per 100,000 Population	96.3	57.4	69.3	52.1	50.1	57.2

Health Status Indicators	Measure	Baker County			Florida		
		2002-04	2005-07	2008-10	2002-04	2005-07	2008-10
Access to Dental Care							
Percentage of Low Income Persons with Access to Dental Care	Percent of Persons Below Poverty	39.0	36.6	36.2	25.0	25.0	31.5
Maternal and Child Health							
Infant Mortality							
Total Infant Mortality Rate	Rate Per 1,000 Live Births	7.4	13.4	10.6	7.3	7.2	6.9
White Infant Mortality Rate	Rate Per 1,000 White Live Births	8.4	11.7	11.2	5.7	5.4	5.1
Nonwhite Infant Mortality Rate	Rate Per 1,000 Nonwhite Live Births	0	24.1	6.9	12.0	12.1	11.6
Prenatal Care							
Births With First Trimester Prenatal Care	Percent of Births With Known PNC Status	83.8	76.5	74.7	84.1	77.0	78.1
Low Birth Weight							
Live Births Under 2500 Grams	Percent of Live Births	7.9	9.5	9.0	8.5	8.7	8.7
White Live Births Under 2500 Grams	Percent of White Live Births	7.0	9.2	9.2	7.2	7.3	7.2
Nonwhite Live Births Under 2500 Grams	Percent of Nonwhite Live Births	14.0	11.4	7.6	12.4	12.6	12.7

Health Status Indicators	Measure	Baker County			Florida		
		2002-04	2005-07	2008-10	2002-04	2005-07	2008-10
Births to Teen Mothers							
Number of Births to Females Ages 10-14 (SE)	Count of Births	.7	0	.7	395.3	381.3	289.3
Number of Births Per 1,000 Females Ages 10-14	Rate Per 1,000 Females 10-14	.8	0	.7	.7	.7	.5
Number of Births Per 1,000 Females Ages 15-18	Rate Per 1,000 Females 15-18	63.8	60.4	52.9	32.2	32.1	26.7
Repeat Births to Mothers Ages 15-19	Percent of Births 15-19	23.4	25.1	18.3	19.6	18.6	18.4
Vaccine Preventable Diseases							
Vaccine Preventable Diseases Total	Rate Per 100,000 Population	4.2	1.3	1.3	3.6	3.2	3.9

All counts and rates are **three-year averages**.

All population-based rates are calculated using July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

(SE) - Sentinel Event

Blanks indicate that data is not available for the specified time period.

Data Sources

Births and Deaths - Florida Department of Health, Office of Vital Statistics

Hospitalizations - Florida Agency for Health Care Administration (AHCA)

Cancer Incidence - University of Miami (FL) Medical School, Florida Cancer Data System

AIDS - Florida Department of Health, Bureau of HIV/AIDS

STD - Florida Department of Health, Bureau of STD Prevention and Control

TB - Florida Department of Health, Bureau of TB and Refugee Health

Reportable Diseases - Florida Department of Health, Bureau of Epidemiology

Introduction

All of the data presented in the preceding pages of this document were presented and reviewed in detail with the members of Healthy Baker during their regularly scheduled monthly meetings, throughout the 6-month period of September 2008 - March 2009. Several observations were made by members at various stages within the process, which in-turn sparked insightful and productive conversations among the community participants. Some of the issues that were identified could be addressed immediately. For those, the members of Healthy Baker worked together to develop short-term action plans and have already begun taking needed steps. Other issues were determined to need a larger-scale community level approach and were documented for later consideration and strategy development. All of the county's dominant key health issues, as identified by the Healthy Baker community members, are briefly described in this section.

It should be noted that many of the assessment findings, when presented alone, show just the tip of an iceberg of larger and more complex community health issues. When these findings are considered however, in context with other findings and supporting data, they paint a much clearer picture of that iceberg. It is from this larger perspective that the subsequent strategic action plan was developed. The individual findings were then utilized as a guide to ensure the plan addresses specific issues and effectively targets the most affected communities. Through this process, the issues listed below ultimately forms the foundation for the recommended community health goals and strategies presented in the next section.

Population Demographics and Socioeconomic Indicators

Baker County is predominantly a young population

Baker's population tends to be younger than the average for Florida in that there is a higher proportion of persons aged 44 years and below in the county than the state as a whole; while there is a smaller proportion of persons over the age of 45 than the rest of the state. Persons aged 65 and above make up the smallest age group in Baker, comprising only 10% of the county's population. In comparison, this age group represents 17% of the state's total population. Additional federal data indicates that the average life expectancy for residents of Baker County is 70.2 years, compared to 76.5 for all U.S. Counties and within a range of 73.3-77.8 years among designated "peer" counties that the federal government considers similar in population and demographic composition.

Community discussion reveals additional anecdotal evidence that there may be a cultural paradigm shift within some communities in Baker County where typical lifetime milestones such as marriage, the birth of a child, and death are observed to occur more frequently at earlier ages than in other parts of the county or state. Young adults within child-bearing age make up the greatest segment of Baker's population, yet are historically known to access preventative and healthcare services less frequently than children and the elderly. This information is relevant when planning and developing targeted educational campaigns for these communities.

There are more men than women in Baker County

Baker's population is 54% male and 46% female. This gender differential increases among persons within child-bearing ages (15-44 years) to 58% male and 42% female. It is generally accepted that men in this age group traditionally do not access routine healthcare as readily as many women, and much less than children and the elderly. The BRFSS results

from Baker County indicate that 84.6% of women surveyed reported having a personal doctor, compared to only 76.1% of men. Similarly, 77.9% of women reported having had a medical checkup within the year prior to answering the survey, while only 68.7% of men had a routine wellness exam. Baker's men also reported being in "good to excellent health" at a lower rate than women (78.4% compared to 83.5%). Men, however, reported having personal health insurance more frequently than women (87% of men compared to 80.5% of women). The men also reported missing needed medical appointments or services due to cost less frequently than women (22.5% of women had skipped a needed service compared to only 10.8% of men).

These findings indicate that while men may have greater access to medical care and services from one perspective (i.e. healthcare coverage), they are less likely to utilize services on a routine basis. They are, however, more likely to get services when there is a significant need (such as an acute illness). Several factors may influence these trends, such as the availability of services during evening and weekend hours when the men are working less (not requiring them to take sick leave from their jobs); or whether health promotion and prevention messages that stress routine screenings and exams have been effectively targeted to this group.

Individual incomes are lower in Baker County than the state's average, even for the same jobs

Overall, the average per capita (individual) income of Baker County residents was 27% lower than the average for the state of Florida in 2008. Approximately 14.4% of the county's residents were reported living at or below the designated Federal Poverty Level, compared to an average of 12.1% across Florida. Various types of "government" funded jobs are the most common source of employment for individuals in Baker, accounting for more than 1 out of every 3 county jobs (36.4%). Persons working for the government in Baker County, however, earn (on average) 34% less than the average income for government-employed workers across Florida. Jobs in retail (trade), transportation, and utilities employ the second largest segment of Baker's working population, accounting for more than 1 out of every 4 jobs (26.3%). Persons working in these industries in Baker County, earn (on average) 3% less than the average of their counterparts across the state as a whole.

The U.S. Institute for Research on Poverty has sponsored research that illustrates how individual income and accumulated wealth can be strong influencers on health status. They report that the affects of wealth (or lack of wealth) on an individual's health may occur through a variety of channels. For example, personal savings may provide crucial resources when an individual is struck by an unexpected health problem; but for individuals with little disposable income, lack of wealth may limit the ability to purchase potentially effective care, lead to delays in seeking care, or place them in other situations with additional health risks. (Institute for Research on Poverty, 2004)

The majority of Baker County residents have health insurance

While the average income in Baker County is lower than the state; nearly 78% of Baker respondents who make \$25,000 or less per year reported having some type of health insurance, compared to only 64.5% of Florida residents in this income category. Additional findings from the community survey show that among the overall majority of individuals who reported having health insurance, at least 65.4% indicated that their health insurance is at least partially paid for by either their own or an immediate family member's employer. More than 16% of insured respondents reported that they pay for their health insurance independently. An additional 9% were covered by Medicare, 5% by Medicaid, and also 5% through military and/or veteran's benefits. As a result of greater coverage, more Baker residents have an established primary care provider than in other areas of the state, especially among 18-44 year olds and persons in lower income groups.

There is, however, a significantly lower percentage of white women in Baker County who have health insurance, when compared to the state. Only 80.7% of white women in Baker said they had a health insurance plan, compared to 88.1% of white women in Florida.

Health and Mortality Indicators

The reported death rate in Baker County is higher than the state as a whole

Baker County death rates exceed the average for Florida among all five leading causes of death in the county, including Cancer, Heart Disease, Respiratory Disease, Diabetes, and Stroke, by a total of 43%. It is well known that early detection and treatment significantly increase an individual's chance of survival and maintaining quality of life. The American Cancer Society advises that "if you can't prevent cancer, the next best thing you can do to protect your health is to detect it early."

The 2007 BRFSS findings indicate that residents of Baker County do not report receiving routine screening exams (such as cancer screenings and cholesterol checks) as frequently as the statewide average(s). For example, 55.2% of Baker women surveyed reported having a mammogram within the last year, while 64.9% of women across Florida had this exam. Similarly, 56.4% of Baker women had a routine PAP test in the previous year, compared to 64.8% of women in Florida. Among men, 45.9% of those in Baker reported having a sigmoidoscopy or colonoscopy in the previous year, compared to 55.7% of men in Florida. Baker residents died from cancer (all types) at a rate 1.32 times (or 32%) higher than the average for Florida during 2008.

There were also similar differences noted in the rate(s) of blood cholesterol screenings between Baker residents and their counterparts across the state, with the greatest difference noted among non-Hispanic white populations. Among Baker residents, only 74.2% of this group reported having their cholesterol checked by a healthcare professional within the past 5 years, compared to 84.4% of white respondents statewide. The American Medical Association has posted information on their website advising that elevated serum cholesterol level is well established as one of the most important risk factors for coronary heart disease. Among Baker men who responded to the 2007 BRFSS, 13.2% had reported ever having a heart attack, angina, or coronary heart disease, compared to a lower average of 10.3% of men in Florida as a whole. Baker residents died from heart disease or stroke at a rate that is approximately 13.6% higher than the state's average in 2008.

Local community survey findings indicate that Baker residents' health-related concerns are generally in line with the county's leading causes of death, with the single exception of an additional community-wide concern regarding substance abuse and addictions. Cancer ranked as the leading health concern among residents, followed by addictions, then by blood pressure, heart disease, tobacco use, diabetes, and obesity. These findings indicate that residents are at least minimally aware of the greatest health threats in their community. This is further supported by the fact that the leading diagnosed health conditions that were reported among these respondents were being overweight, having high blood pressure, high blood cholesterol, asthma, and diabetes. Furthermore, the respondent's ranking of unhealthy behaviors supplements these findings in that while drug and alcohol use are of greatest concern to residents; they are followed again by tobacco use, overweight/obesity, lack of physical activity, and poor nutrition. All of these behaviors are known risk factors for the five leading causes of death in the county.

Residents of Baker County die of complications from diabetes at a rate nearly twice the rest of Florida

The mortality rate from diabetes in Baker County has continually increased through the last decade to 55.2 during 2008, which was 2.6 times higher than the state's average rate of 21.2. There is a significant disproportionate impact of diabetes among non-white populations in both Baker County and Florida. In Baker, non-whites are nearly twice as likely to die from diabetes as their white counterparts.

There is also a disproportionate impact among lower income populations. In 2007, Nearly 25% of Baker County residents surveyed and who make \$25,000 or less per year reported having been diagnosed with diabetes. (This rate reduces to

less than 5% among persons who make more than \$50,000 per year.) State averages differ significantly in that only 13.3% of Florida residents who make \$25,000 or less per year have been diagnosed with diabetes.

The 2007 BRFSS findings show significant differences by age also. Among persons aged 45-64 years, 19.4% of Baker residents reported they had been diagnosed with diabetes, compared to an average of 10.9% among this age group across Florida. Additionally, the report indicates that the average age of diagnosis for diabetes among Baker residents was 45.6, while for Florida it was 50.9 (years).

BRFSS findings related to diabetes disease management show that overall, 60% of persons living with diabetes in Baker County report self-monitoring their blood glucose at least once a day, compared to 65.7% of diabetics in Florida. Among only white populations, only 62.1% of those living with diabetes in Baker had at least 2 separate hemoglobin A1C tests in the past year; compared to 74.7% across Florida. Additionally, only 52.8% of this group had received an annual eye exam in Baker County, compared to 75.9% across Florida. Baker residents did, however, receive annual foot exams more frequently than their counterparts across the state (80.8% in Baker compared to 75.6% in Florida).

Overall, Baker residents report receiving diabetes self-management education at a similar frequency with their peers statewide. There were, however, significant differences in the responses between men and women in Baker. Forty-two percent of Baker's men with diabetes report ever having disease management education, while 61% of women have received this service. The averages for Florida were 50.5% among men and 52.4% among women.

Diabetes ranked as the 8th most common health concern among Baker's local community survey respondents; and as the 5th most commonly diagnosed condition. Overweight and obesity, a leading risk factor for diabetes, was the 5th leading behavioral concern among residents.

Residents of Baker County die of respiratory illness at a rate 75% higher than the average for Florida

Although there has been a steady decline in the rate of deaths from respiratory disease in Baker County since 2000, the county's average rate during 2004-2006 was 67.4, compared to 36.6 across Florida. The county's rate is higher among whites (69.7%) when compared to non-whites (45.0).

Supplemental findings from the 2007 BRFSS show significant differences in reported air quality in Baker County when compared to other areas of Florida. Overall, 25.8% of Baker residents surveyed said that they had reduced or changed an outdoor activity due to poor air quality; compared to an average of 19.2% of respondents statewide. Women and the elderly were the most likely to be affected by the air quality, in that 31% of women in Baker had made a change as noted above, while only 21% of women in Florida were similarly impacted. Among the elderly, the difference was 29% in Baker compared to only 14.8% across Florida.

There is also a significantly higher proportion of adults who smoke cigarettes in Baker County (26%) than across Florida as a whole (19%). The greatest differences are seen among women (26% in Baker compared to 17.5% statewide); and also among white populations (28% in Baker compared to 21% statewide). The most significant difference, however, is among persons with less than a complete high school education. More than half (53%) of Baker residents in this education category identified as current smokers in 2007, compared to only 28.6% of respondents statewide.

Tobacco/smoking related illnesses ranked as the 7th leading health concern among Baker's local community survey respondents; and as the 4th leading behavior of greatest concern. Additional community discussion among Healthy Baker members highlights a specific issue of early tobacco use and addiction among adolescents and teens.

Baker County has a higher rate of death from motor vehicle accidents and unintentional injuries than the state as a whole.

Motor vehicle accidents (MVAs) rank very close to diabetes as a leading cause of death among Baker County residents. The mortality rate from auto accidents in Baker County was more than twice the state average (40.8 compared to 18.3 across Florida) as reported in 2008. Community discussion surrounding this finding highlighted higher driving speeds on open rural roads, longer distances for emergency responders to cover, and less likelihood of others being present to help immediately.

Similarly, Baker residents are (on average) 1.4 times more likely to die from an unintentional injury than residents of other areas of the state. Community discussion and anecdotal examples offered that distance may be a factor in these cases also. Due to the inherent rural nature of Baker County, it may take emergency responders longer to reach injured persons and also longer to transport them to medical facilities. Community members noted the tendency of rural residents to be more self-reliant in terms of home maintenance and repair, often opting to do the work themselves rather than hire outside help. Emergency Room utilization data from Baker's Ed Frasier hospital show that both lower back pain (Lumbago) and ankle sprains are among the top 10 reasons for residents to visit the ER.

A large proportion of Baker County residents are overweight and/or obese

Two of every 3 adult residents (or, 63.7%) in the county are either overweight or obese, according to the findings in the 2007 BRFSS report. The percentage of Baker respondents who's reported weight and height placed them in the overweight category (with a calculated BMI between 25 and 29) was 31.3; which was lower than the statewide average of 38.0. The percentage of Baker respondents who were obese (based on a calculated BMI of 30 or above), however, was significantly higher than the state. In Baker County, 32.4% of respondents would be considered obese, while the average for Florida was only 24.1% for this indicator.

The highest rates of obesity, as well as the greatest difference from the state, is among the lowest income group(s). More than 40% of Baker residents surveyed who made less than \$25,000 per year were obese; compared to 26.5% of respondents within this income group throughout the state.

Less than 1 out of every 5 Baker residents (18.7%) reports eating 5 or more fruits and vegetables per day, compared to a significantly higher 26.2% statewide. The lowest rate (13.2%) of persons who met this goal was again among the lowest income group. It is important to note that among persons who make at least \$50,000 per year, this figure increases to only 24%, or about 1 out of every 4 residents. Among persons between the ages of 45 and 64 years, there is a significant difference between Baker County and Florida as a whole. Only 16.6% of this age group report eating 5 or more fruits and vegetables per day, compared to 26.4% of their counterparts across Florida.

A significantly higher percentage of white men in Baker County reported that they engage in little or no leisure-time physical activity than the rest of Florida. At least 28.1% of Baker men who identify as white responded that they are generally sedentary during leisure time, compared to 18.3% statewide. In contrast, only 49.6% of Baker's white male respondents reported being physically inactive at work, compared to a larger 61.7% of white men across the state.

There is a high rate of reported recreational drug use and abuse in Baker County

At least 3 of the participating members of Healthy Baker were (or represented) behavioral health service providers who were innately familiar with issues surrounding mental illness and substance abuse among Baker County residents. Through multiple discussions that spanned across several regular meetings, these representatives collectively described increasing rates of prescription drug abuse, especially relating to narcotic-containing pain relievers, among Baker's teens and young adults. Unfortunately, neither the Florida Department of Children and Families, nor regional behavioral

health officials, provide accessible data to quantify these observations on a county level. Baker County data is lumped into larger regional data for Federal Court District 8 which includes Baker, Alachua, Bradford, Gilchrist, Levy, and Union Counties; and even then is not available for specific drug types or categories. For this reason, regional data for this region do not necessarily reflect actual trends occurring Baker County; and therefore are generally not considered as reliable indicators of Baker's mental health status.

Lacking direct data to support these ground level observations, the group looked to other supplementary findings. For example, Baker has consistently had higher rates of alcohol-related auto crashes than the state average for the past 10 years; and they have been increasing. By 2008, the rate of alcohol-related motor vehicle accidents (MVA's) in Baker was 43.5% higher than the average for Florida. Baker also ranked in the 2nd quartile (second 25%) of Florida's counties for the number of adults aged 18-44 years who admit to engaging in periodic binge drinking in the 2007 BRFSS survey; and among the top quartile for binge-drinkers between 45 and 64 years of age.

RECOMMENDED COMMUNITY GOALS AND STRATEGIES

Active Community Responses

As mentioned in the Key Findings section, there were some issues identified through the assessment process that community members felt they could and should address immediately. For those, the members of Healthy Baker worked to develop collaborative multi-organizational solutions and relationships. Individual representatives have already volunteered invaluable time and knowledge toward addressing these urgent community needs. Two examples of community driven solutions which evolved during the assessment process included:

Resource Inventory of Housing and Assistance Programs

With several social service providers reporting significant increases in the number and frequency of new clients seeking assistance with housing and other basic living expenses; a need was identified to better coordinate linkages and referrals among existing service providers who were simultaneously reaching capacity in various programs. Healthy Baker community members recognized that the National economic recession was heavily impacting some area residents, especially those who had lost employment. Area social service agencies reported multiple occurrences of “new” families seeking assistance, meaning individuals and families that had never had a need to access any type of financial assistance in the past. These new clients were often naive to the existing service system and tended to need more navigational assistance and guidance than more experienced clients. A solution was suggested to increase and improve information sharing between the existing service agencies in the County as well as increase the amount of useable information that was available to the community-at-large (i.e. potential clients in need). Additionally, it was noted that some needed services were not available in Baker County at all, and a related need was identified to learn more about the services that are available in neighboring metropolitan Jacksonville and provide that information to Baker County residents and service providers. The members of Healthy Baker, lead by the Community Action Agency, first compiled a detailed and current inventory of existing services and programs and used this information to create a directory of services for area providers and consumers. Additionally, the agency and other Healthy Baker members have reached out to the known service providers in Jacksonville in order to learn more about available services and also to invite presenters from those sites to visit Baker County and share the information directly with community members.

Summer Lunch Program for Youth/Adolescents in Sanderson

Wherever possible, the quantitative findings discussed in this report were presented to Healthy Baker members in formats that allowed them to differentiate between different groups of people (such as men and women), as well as different areas of the County. For example, responses to the local community health survey were divided to show differences in the findings among the county's three primary cities/towns of Macclenny, Glen St. Mary, and Sanderson. In this format, members identified consistently higher and compounding needs in the small community of Sanderson when compared to other areas of the county. This community experienced higher rates of poverty, lower education status, higher unemployment, and more severe impacts from numerous types of chronic diseases. Community members and school officials noted that many parents who live in Sanderson often must rely on local schools to provide healthy breakfast and lunch options for their children, because they cannot afford them. Consequently, during summer months when school is not in session, those children may not have access to regular healthy meals during the day. The Baker County Community Development Center, Kingdom Christian Fellowship, and the Baker County Health Department recognized this need during the spring of 2009, and subsequently teamed up with other local organizations with a mission to provide at least one healthy meal each day to the underserved youth of Sanderson. The community program has been met with enthusiasm and has been very successful to date.

Preservation/Relocation of DCF Field Staff

Statewide budget cuts during 2008 and 2009 resulted in a wide-scale reduction of Department of Children and Families field offices in many Florida Counties. The single office located in Baker County was included in the closures; potentially leaving a large service gap in the county for persons needing to access social services and support from the department. In response, the Baker County Health Department offered on-site office space to house a permanent DCF field worker to be available for all residents. The office is allocated to DCF at no charge in exchange for the Department to retain at least one full time staff at the site.

Long-Term Community Strategies

With a keen focus on the Key Issues described in the preceding section, the Healthy Baker members collectively worked to develop a set of specific goals and associated strategies for the county to strive toward over the next 3-5 years. The goals are intentionally broad in scope in recognition that community health issues are not the sole responsibility of healthcare providers. This is in response to a common theme that was voiced throughout all of the community discussions surrounding the innate fact that social conditions and overall quality of life are significant influencers of health; and that these factors cannot be directly addressed by healthcare providers alone. In other words, community-wide solutions are required to effectively address community health.

The members considered which additional community representatives should be invited to join Healthy Baker and participate in ongoing discussions and activities. They also considered what types and which specific organizations might otherwise serve to help promote and support planned activities. Members readily volunteered to conduct outreach with the county's Chamber of Commerce, large employers, and other local organizations. Some members also volunteered to take the lead in ensuring the completion of specific recommended activities, especially those that related to their ongoing and existing services.

The tables on the following pages briefly describe the group's recommended community health goals, as well as outline some of the specific strategies and related action steps proposed by the coalition for the next 3-5 years. It is hoped by all of the members of Healthy Baker, the Baker County Health Department, and the Health Planning Council of Northeast Florida that these recommendations will serve as a blueprint for future health-related activities and initiatives in Baker County in coming years.

The members of Healthy Baker will routinely review the community's progress and accomplishments toward these goals; and potentially revise their recommendations as needed. The full Healthy Baker membership will continue to meet monthly, and will serve as an established forum to foster and facilitate new programs as well as to share information among various community stakeholders.

For more updates about the status of these activities, or to contribute feedback and ideas, all Baker County residents, healthcare providers, and community-based organizations are invited and encouraged to attend Healthy Baker's regular monthly meetings. The meetings are scheduled on the second Monday of each month, at the Baker County Health Department, in the community conference room. Interested parties should contact the Health Department for times and more information.

GOAL 1: Increase community knowledge and awareness surrounding specific priority health topics; as well as awareness of available resources for information and services.

STRATEGY 1A: Develop an annual community education and outreach plan to increase coordination among proposed and existing activities and programs throughout the county.

ACTIVITY	LEAD	OUTCOME MEASURE
Compile an inventory of community partners that disseminate health information and provide health education in their communities.	BCHD Healthy Baker	List of agencies and organizations
Conduct a brief assessment to identify community partners' prime health interests, needs, and capacity.	BCHD Healthy Baker	Responses
Based on available community health indicators and feedback from community partners, develop an annual calendar of health topics along with related educational information and a list of local resources for each.	BCHD Healthy Baker	Annual Calendar
Create a distribution plan to get information out to community partners; along with recommendations for community education and action.	BCHD Healthy Baker	Distribution Plan
Invite community partners to share program updates, outcomes, and best practices with others at regular Healthy Baker meetings and other events.	BCHD Healthy Baker	Presentations

STRATEGY 1B: Increase communication and coordination with businesses that employ Baker County residents to encourage the promotion of healthy lifestyles and attentiveness to employee health needs.

ACTIVITY	LEAD	OUTCOME MEASURE
Assess and identify the top 5 employers of Baker County residents.	Baker County Chamber of Commerce	List of Top 5
Assess the demographics of employees at each of the top 5 (above), and relate this to existing data in order to identify priority health topics for each employer population group.	Healthy Baker	List of health topic priorities
Conduct a literature review to identify best practices for employers to address employee health based on the priorities identified for each above.	BCHD/ Healthy Baker	Sample programs and/or Best Practices
Meet with decision makers from each of the top 5 employers to educate them about the recommended priority health topics for their own employee pool; and to offer information and support that will help them develop appropriate internal programs and referral patterns.	Healthy Baker Members and/or BCHD Staff	Employer Awareness
Assist employers in the development of internal activities, programs, and policies as needed (or as requested).	BCHD and Healthy Baker	Information/ Materials Provided
Recognize and promote successful efforts by inviting the employers to present positive results at Healthy Baker as well as other community events; and include information about positive outcomes in community outreach materials (newsletters, etc).	Healthy Baker	Presentations and/or Articles

STRATEGY 1C: Increase communication and coordination with local Churches and Faith-Based organizations to encourage and promote the provision of health-related education, activities, services, and support.

ACTIVITY	LEAD	OUTCOME MEASURE
Coordinate with the St Johns River Rural Health Network to assess community capacity and interest relating to Congregational Health Ministries across Baker County.	SJRRHN	Inventory of Health Ministries And Services
Provide information and guidance on the establishment of Health Ministries to interested churches/faith leaders through direct outreach.	SJRRHN	Information Packets Shared
Increase communication and information sharing with existing Health Ministries, and offer training and informational support as needed and available (i.e. RHN grant).	SJRRHN Healthy Baker BCHD	Pages/occurrence of information shared
Assess interest among health ministry leaders regarding the formation of a Baker County Health Ministry Network that would facilitate information sharing and exchange between churches and programs to encourage and promote best practices throughout the County.	SJRRHN	Network Plan

GOAL 2: Monitor and assess the impact of the current economic recession on resident health in terms of increased stress, increased risk of illness, and decreased access to services.

STRATEGY 2A: Conduct a baseline assessment to establish historic and current stress levels as well as the overall health status of residents throughout Baker County.

ACTIVITY	LEAD	OUTCOME MEASURE
Identify and compile existing data related to stress and health levels among Baker County residents.	Healthy Baker	Data
Determine whether additional data is needed to determine a baseline.	Healthy Baker	(N/A)
Develop and conduct a community survey (only if needed) to supplement existing data and fill information gaps.	Healthy Baker	Survey
Assess all available data and determine key indicators of stress and health status that can be monitored over time.	Healthy Baker	Report
Share results with community partners; and encourage action as needed.	Healthy Baker	Announcement(s)

COMMUNITY PARTICIPATION

A second core element 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 is intended to generate direct feedback from community residents regarding their perceptions of their own health, access to healthcare services, and the healthiness of their community overall. 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.

Community feedback was solicited through a paper survey of residents through a wide variety of venues across the county during September – December of 2008. The Baker County Health Department and the members of Healthy Baker first reviewed the survey instrument that had been utilized for the previous health needs assessment in 2004; then members made several recommendations to update the survey tool for 2008. The members were cautious, however, not to change specific questions so that results could be compared over time from the previous 2004 survey response data. A copy of the full survey questionnaire is included as an Appendix to this document.

The Baker County Health Department staff, as well as several community-based health and social service providers, distributed surveys to residents at clinical/service sites, local schools, the County's annual Fair, area churches, and other locations throughout the county in an attempt to gather responses from a representative cross-section of the community. In total, 186 surveys were completed by residents during this round.

Demographics of Survey Respondents

Overall, the survey responses include representation from all areas of the county (determined through self-reported zip code of residence). Approximately 60% of respondents reported living in zip code 32063, which covers the city of Macclenny. According to the population counts referenced on page 9 of this report, the city of Macclenny is home to approximately 49% of the county's total population. An additional 29% of responses came from residents of zip code 32040, which contains the town of Glen St. Mary. Population data indicates that this is nearly equal to the proportion of Baker County's population who live in Glen St. Mary. Another 8% of responses were provided by residents of zip code 32087, which includes the town of Sanderson. This proportion of responses is lower than the reported population of approximately 22% of Baker County residents who reside in Sanderson.

A large majority (84%) of the survey respondents were female. There was a significant under-representation of men among the survey respondents. The largest age group of respondents were persons between 25 and 44 years old, comprising a total of 37.7% of responses. This age group makes up 28% of the county's total population. Additionally, persons over the age of 45 completed nearly half (48.2%) of the surveys. In contrast, this group comprises approximately 36% of the county's population.

With regard to race/ethnicity, 89.7% of the survey respondents were white, an additional 7.3% were Black/African-American, and 2.4% Hispanic. (Comparatively, the county's general population is 86% white, 13% Black, and 1% Hispanic and other races.) The greatest proportion of non-white residents who responded reported living in zip codes 32087 (Sanderson) and 32072 (Olustee).

Nearly three of every four respondents (74%) had lived in Baker County for more than 10 years. An additional 7% had been county residents for between 5 and 10 years; and another 12% had lived in the county between 2 and 5 years. 7% of survey respondents have lived in Baker County for less than 2 years. Other demographic information revealed that 60% of participants had greater than a high school education (at least some college, college graduates, and post-graduate). An additional 31% had at least a high school diploma. Only 7.7% of survey respondents had less than a high school education. A total of 69% of respondents reported being employed full time, an additional 8.7% stated they were employed part time, and 8.1% were retired. Of the remaining respondents, 3.5% identified as students, 5.7% as homemakers, 5.2% were unemployed, and 1.2% stated they were disabled. More than 3 of every 4 respondents (78.1%) reported having children; and of those, 66.4% stated that their children attend school in Baker County.

Survey Analysis

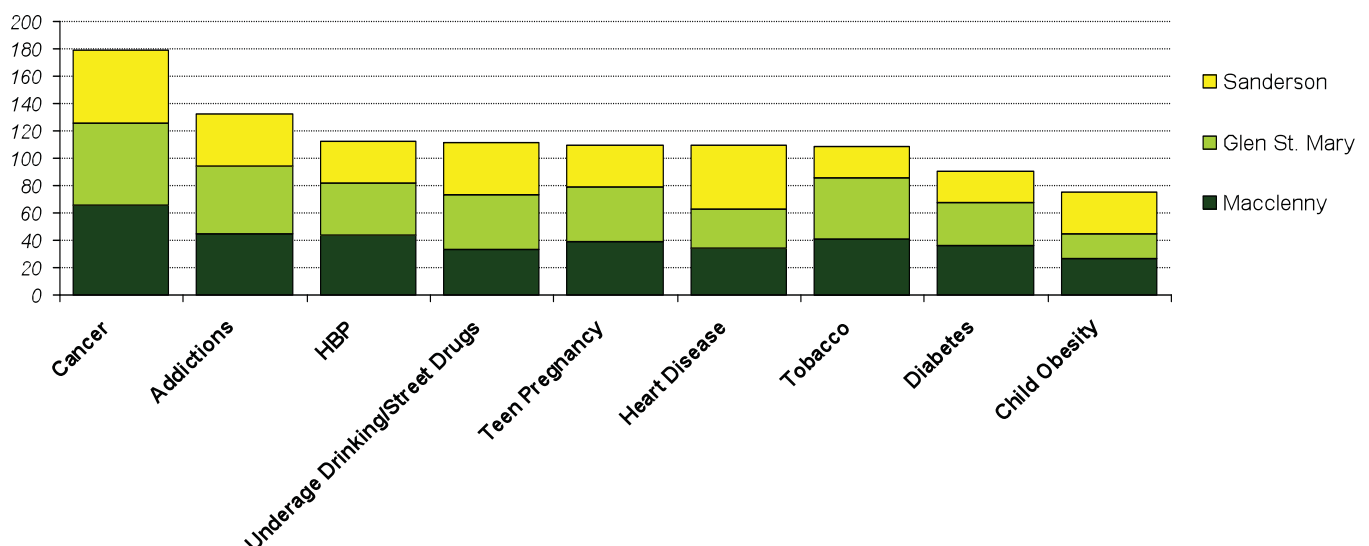
The survey responses were entered manually into an online database hosted by *SurveyMonkey*. The organized data was then exported into an Excel workbook for mathematical analysis. Primarily descriptive statistics were used to interpret the data and present the findings to committee members. Cross tabulations were applied in cases where community reports indicated that specific health disparities exist. Highlights from the survey questions are shown on the following pages.

Health Issues of highest concern to residents

A priority question on the survey asked respondents, "What do you think are the 5 most significant health problems in Baker County?" There were a total of 25 known health issues to choose from. The top 9 issues chosen by residents are shown, in order, in the graph below. (The distinct numbers of responses from each of the three primary towns in Baker County are indicated by color/shade.)

Figure 58: Top 10 Health Concerns of Baker County Residents, 2008

As shown, cancers (all types) are of greatest concern to residents across the county. There were, however, subtle

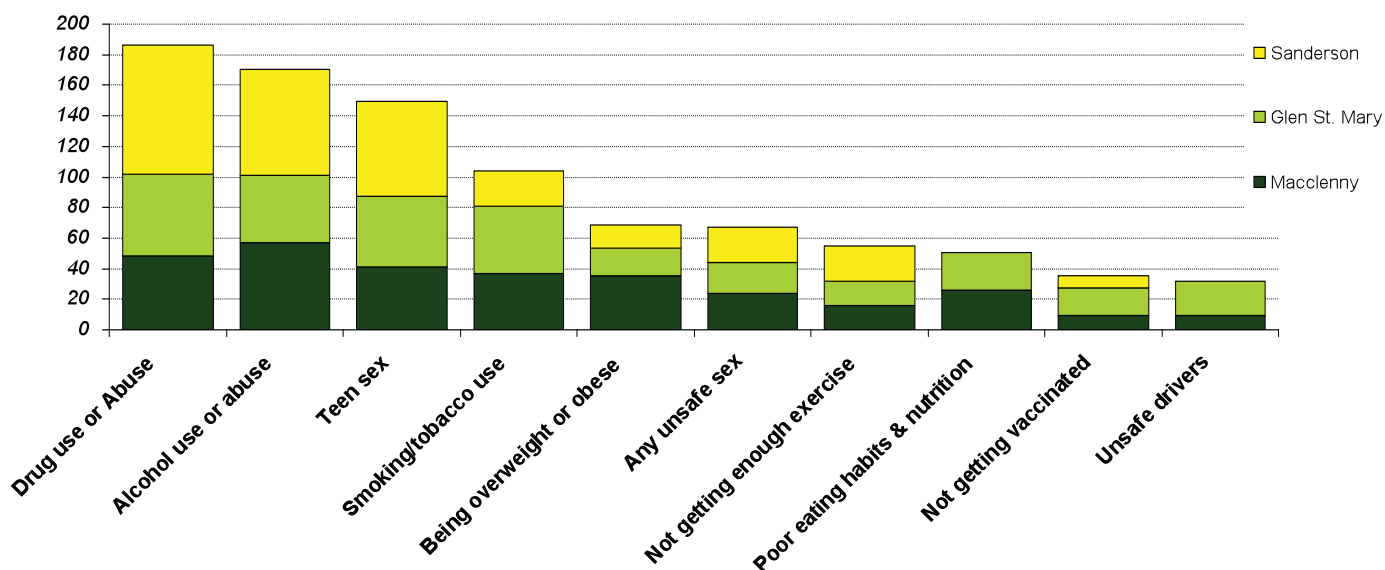


differences in the issues of greatest importance between residents of different areas. For example, more respondents from Sanderson marked Heart Disease as a concern than tobacco use, while the opposite was true among residents of Glen St. Mary.

Unhealthy Behaviors of concern to residents

Another primary question on the survey asked residents, “Which 3 of the following unhealthy behaviors are of most concern to you in Baker County?” There were a total of 10 answer choices. The order that the choices were selected by respondents is shown in the graph below; along with the number of responses from individual towns within the county.

Figure 59: Unhealthy behaviors of greatest concern to Baker County residents, 2008



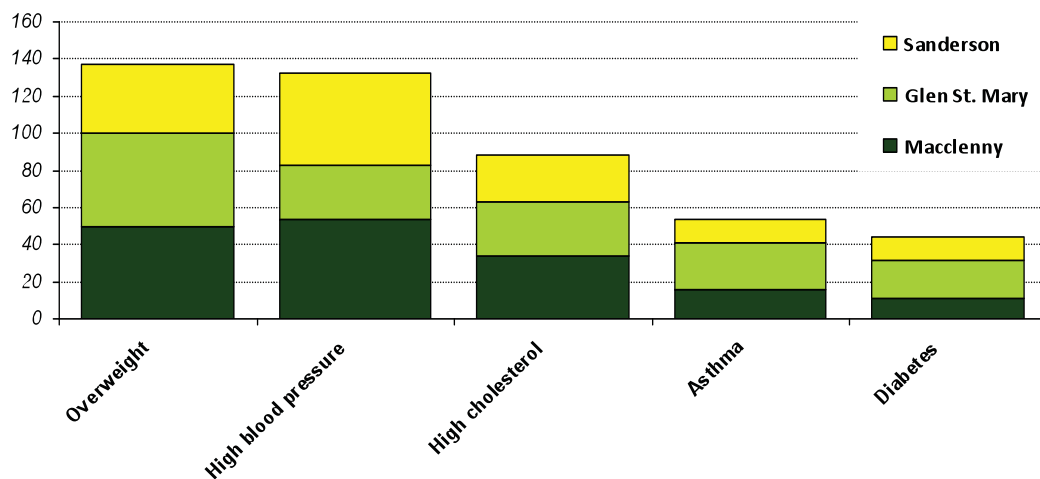
The use of illegal drugs, as well as the recreational use and abuse of prescription medications was of greatest concern to residents from all areas of the county. Alcohol use and abuse were a close second. Sexual activity among minors ranked third, and was also indicated from all areas of the county. Tobacco use and being overweight/obese complete the top 5 concerns among residents.

Most common health conditions

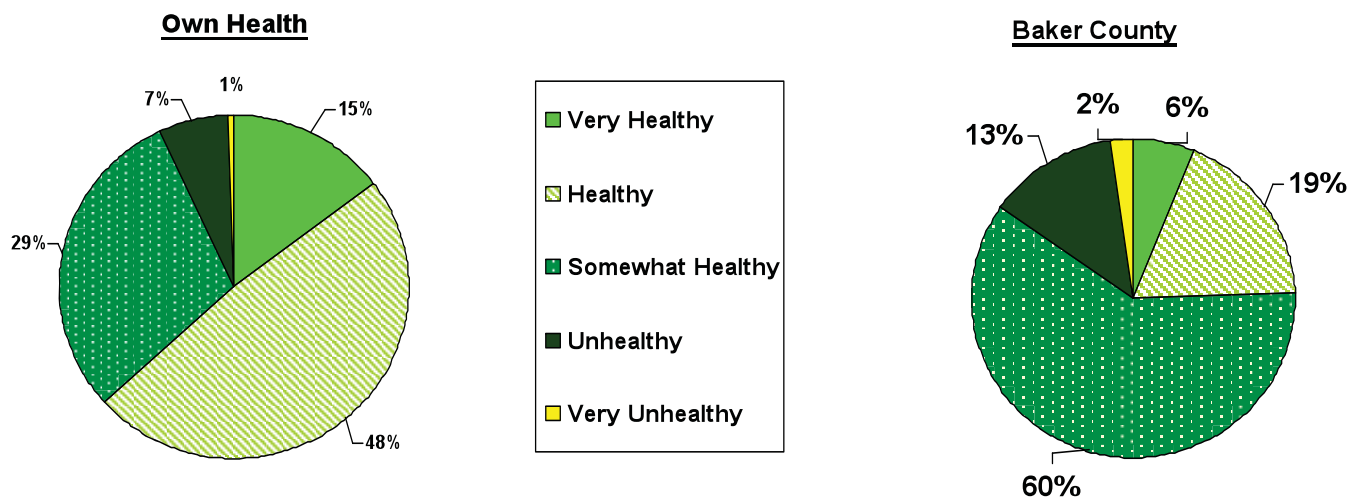
A separate question asked respondents to indicate specifically whether they had ever been diagnosed by a healthcare professional with any of nine listed common health conditions. It is important to note that 68 of the respondents, or just over one out of every 3 persons surveyed, did not mark any responses to this question; indicating that they have not been diagnosed with any of the conditions listed. Of the 118 residents who did mark at least one answer, the top five diagnoses received by residents are shown in the chart on the next page.

It is also important to note that while listed as top concerns among residents, virtually none of the individuals surveyed indicated that they had been identified as having an alcohol addiction, and only two persons indicated current or previous drug addiction.

In contrast, nearly half (49%) of respondents had been told by a health professional that they were either overweight or obese. Additionally, more than 44% had been told that they have high blood pressure and more than 30% had high cholesterol. Nearly 1 out of every 5 respondents (20%) had been diagnosed with Asthma. At least 13% of residents surveyed had been diagnosed with diabetes.

Figure 60: Top 5 health conditions among Baker County residents surveyed, 2008**Health Status**

Overall, nearly 2 out of 3 residents (63%) ranked their own health status as “healthy” or “very healthy;” followed by an additional 30% who indicated that they felt “somewhat healthy.” A total of 7% of respondents indicated that they were “unhealthy” or “very unhealthy” at the time of the survey.

Figures 61 and 62: Health Status reported by Baker County residents, 2008

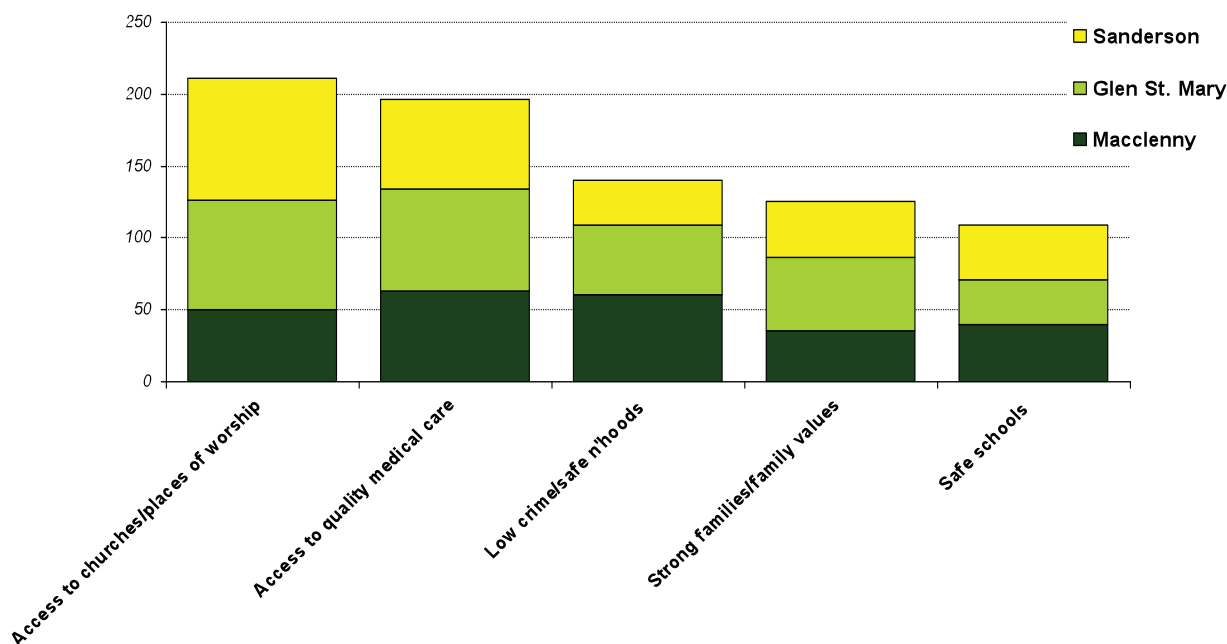
When asked about their county as a whole, only about a quarter (25%) of respondents ranked the county as “healthy” or “very healthy;” while an additional 60% said the county is “somewhat healthy.” A total of 13% of residents surveyed indicated that they felt Baker County is “unhealthy,” and 2% said the county was “very unhealthy.”

Features of a Healthy Community

The survey also asked respondents what they felt were the primary attributes of a health community. The question was stated as: “Mark up to 5 choices that you feel are the most important features of a healthy community.” There were a total of 20 options to choose from, including an option for “other” that allowed respondents to write in a response if it wasn’t already listed.

Overall, residents indicated that access to churches and other places of worship were of primary importance to the general health of a community. Access to quality medical care ranked a close second among respondents. Low crime/safe neighborhoods, safe schools, and strong family values make up the remaining top 5 attributes identified by Baker residents. The graph on the following page shows the full top 5, with a breakdown by town.

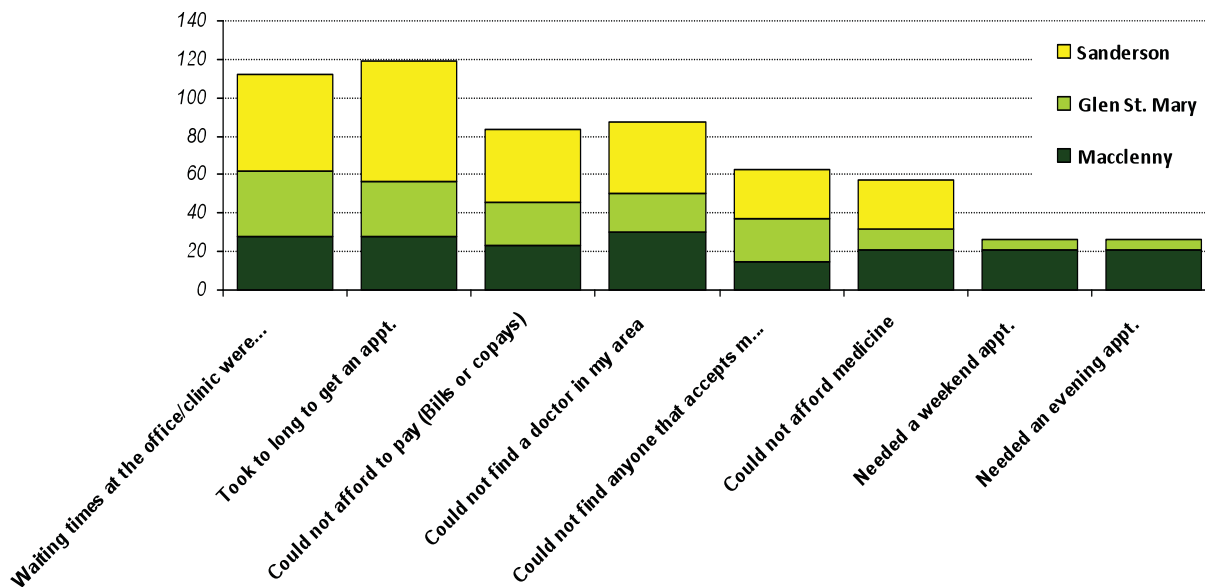
Figure 63: Top 5 Features of a Healthy Community among Baker Residents, 2008



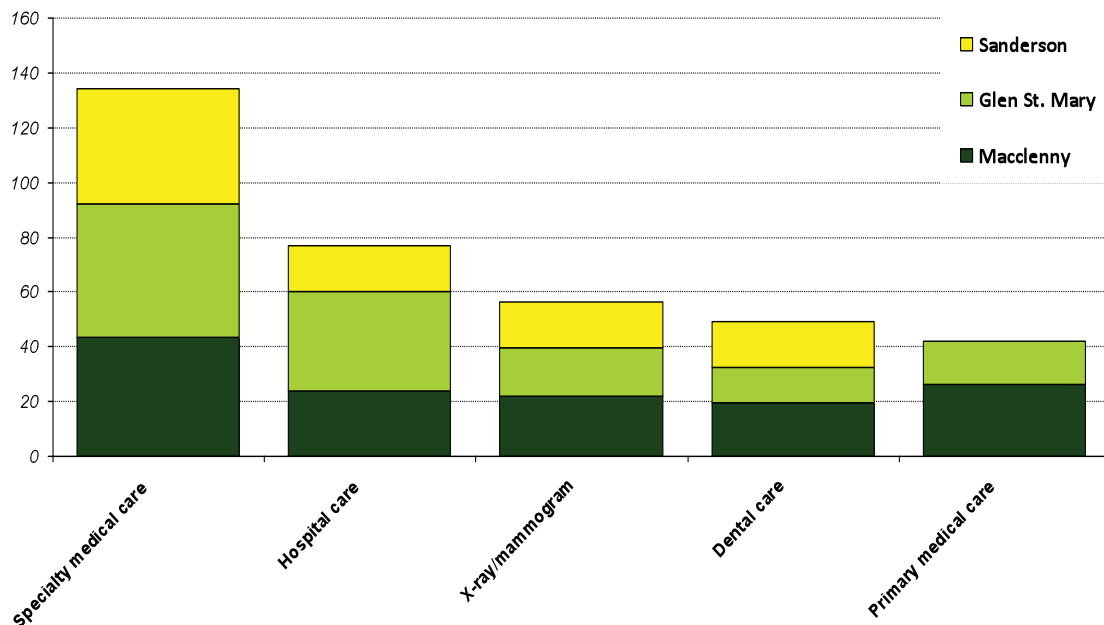
Barriers to Care

Another question on the survey asked residents, “Have you experienced any of the following problems when trying to get medical care?” Respondents were allowed to check all answers that they had experienced, out of a total of 18 possible choices, including an option for “other” where they could write in an answer if it was not already listed. It is important to note that approximately 1 out of every 5 respondents (20/1%) reported that they have not had any problems getting medical care. The top 5 issues encountered among the remaining residents surveyed (and the percent who marked it) were:

1. Waiting times at the office/clinic were too long (29.5%)
2. It took too long to get an appointment scheduled (28.9%)
3. I could not afford to pay my medical bills and/or co-pays (26.2%) tie
3. I could not find a doctor in my area (26.2%) tie
4. I could not find anyone that accepts my insurance. (18.1%)
5. I could not afford my medicine (16.8%)

Figure 64: Most common barriers to care of Baker County residents, by Town, 2008

Additionally, respondents were asked to report which specific health services they believe to be difficult to access in their community. A total of 15 medical service types were listed as options, as well as a choice for “other” where respondents could write in a service if it wasn’t already listed. Overall, the most difficult to access services were *specialist physicians* (42% of respondents), *hospital care* (26%), and *outpatient radiology services* (21%). The least difficult to access, of the 15 service types listed in the survey, were *family planning services* and *prescriptions/pharmacy services*.

Figure 65: Healthcare services most difficult to access among Baker County residents, 2008

Access to Prescription Medication

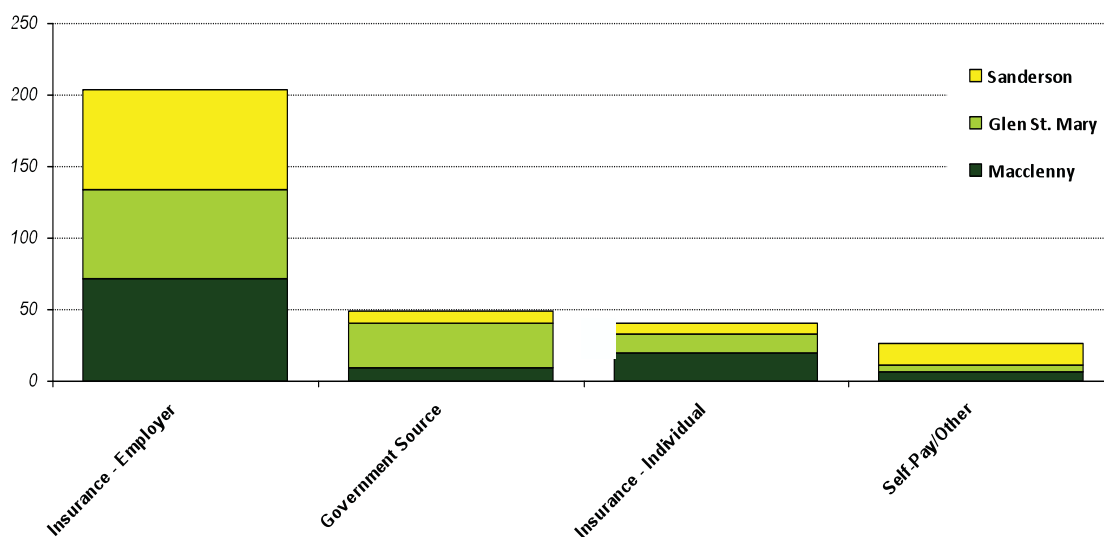
Residents were asked, “If you get a prescription from a doctor, what do you do?” in an attempt to learn more about residents’ access to medications when they are needed. The vast majority of persons surveyed (178 out of the 186 individuals who answered this question) stated that they “get the medication from a pharmacy.” An additional 5 respondents indicated that they would use herbal remedies instead; and an equal number indicated they would simply go without the medication. Another 4 residents said they would use leftover medications they had at home. The remaining 3 respondents said they would purchase an over the counter medication instead of getting their prescription filled.

Due to the very low numbers of persons responding that they would do anything other than get the medication filled at a pharmacy, a breakdown of these responses by town is not feasible.

Healthcare Coverage

Residents were also asked who pays for the majority of their medical care. Overall, 65.4% of respondents reported having private health insurance through an employer or a family member’s employer. An additional 16.2% reported having health insurance that they pay for themselves. Government sponsored programs covered nearly 1 out of every 5 respondents (19%); and included Medicaid (9.2%), Medicare (4.9%), and Military or V/A benefits (4.9%). A total of 5.4% of respondents stated that they pay out of pocket for their medical care (cash or credit payments); and the remaining 2.2% indicated that their care is paid by an “other” source. It is important to note that residents may be covered by more than one health plan or type of coverage – so the sum of these responses will not equal 100%

Figure 66: Reported Healthcare Coverage among Baker County residents, 2008



There were some differences in the types of coverage most frequently reported from different areas of the county. For example (as shown above), residents of Glen St. Mary had the highest rates of Medicare (8.9), Medicaid (11.1), and military benefit plan enrollment (11.1); but the lowest rate of self-pays (2.2). Conversely, Sanderson residents reported the highest rate of self-pay (15.4), and virtually no Medicare or military benefit plan enrollment. Sanderson ranked second of the three towns in Medicaid enrollment (7.7). The highest rates of health insurance coverage (both employer-sponsored and individual plans) were reported from residents who indicated they live in the town of Macclenny.

Community Discussions

As the members of Healthy Baker reviewed and discussed data and findings from the various stages of the assessment, several questions arose that prompted a call for more in-depth conversations with residents. The Health Planning Council of Northeast Florida was asked to conduct a series of community discussions (i.e. focus groups) and key informant interviews that would be incorporated into the overall assessment. These community conversations intended to gain a better understanding of the views and opinions of Baker County residents about the quality of life in their community, their health, and the healthcare services system in Baker County. Two separate formats were employed to gather community responses.

Community Discussion Groups

The Healthy Baker members opted to utilize the same set of questions that had been developed for focus groups as a part of the 2004 assessment, to allow for direct comparisons over time. A copy of the questions is included as Appendix B to this report.

The group discussion sessions were coordinated by Health Planning Council staff and a dedicated Health Education Intern from the University of North Florida's Community Health program in Jacksonville; and with considerable assistance from the members of Healthy Baker. A total of five community discussion groups were held during June through October of 2010 in various locations around the county. The groups ranged in size from 8-41 participants, for a cumulative total of 83 residents who contributed comments. The locations and general information about the groups are shown in the table below.

Table 18: Community Discussion Groups

Group	Location	Total People	Male	Female	White	Non-White	Ages	Insurance Status	Employment Status
Baker County Council on Aging	Macclenny	41	14	27	36	5	Seniors	Medicare	Retired
Adult GED Class	Macclenny	8	5	3	6	2	17-45	Mixed	7 Students 1 Teacher
Community Action Agency	Macclenny	11	3	8	5	6	18-64	5 Insured 6 Uninsured	4 Employed 7 Unemployed
Baker Rotary Club	Macclenny	11	8	3	10	1	30-55	Insured	Employed
First Baptist Senior's Group	Glen St. Mary	12	6	6	12	0	Seniors	Medicare	Retired

As shown, 43% of the participants were male and 57% were female. Based on self-reported race/ethnicity, 83% were white and 17% were from minority populations, most predominantly Black/African-American. Participants were from various age groups and employment categories. Some were insured, some uninsured, and several receiving government-sponsored benefits such as Medicare and/or Medicaid.

The conversations were moderated by the UNF Intern or a staff member from the Health Planning Council. Handwritten notes were taken during each of the groups by a separate scribe, or the groups were digitally recorded to ensure that no comments were missed. A sampling of comments and summaries of common responses follow below.

Community Comments

1. In general, are residents satisfied with the quality of life in Baker County?

A) Is this a good place to raise children?

- The school system is a definite benefit of living in the county. *There are better options for children with disabilities within the schools. Duval and Clay cannot compete with the special education in Baker County. The schools are not as crowded. Daycares and aftercare are also good.*
- Some participants felt there are numerous opportunities for kids to participate in community sports and other activities... *The local YMCA has great programs/activities for kids of all ages, for example.*
- Many participants felt that recreation for youth is lacking in Baker County: *Would like to see a movie theatre or skating rink. More activities are needed for teens and pre-teens. A youth center, skate park and movie theatre are needed. The YMCA charges \$7 per day to use the pool. There is nothing for children and teens to do for recreation. Only thing to do is "get drunk", and the Moose Lodge which is a club at night. Skate Park was a big disappointment could have been better. There used to be a free teen center with games and pool tables. Would like to see it back with a variety of things to do or the kids will get bored and stop going eventually. Suggestions to invite Adventure Landing, a bowling alley, skating rinks, basketball court, a mall, an arcade, a public pool, kid pool and movie theatre into Baker County.*
- *There needs to be better pediatric care in the county. Most people have to travel in to Jacksonville to go to the hospital because they don't feel they get quality care from the doctors in Baker County or at Ed Fraser Hospital.*
- Clean environment, but some parks are dirty. *The local parks need additions could be more baby friendly and add basketball courts.*

B) Is this community a good place to grow old?

- The Council on Aging is a great asset to the elderly community... *They provide transportation to medical appointments and even pick you up and bring you in for lunch at the Council. An elderly daycare is needed but the Council on aging does a great job.*
- Some participants felt that there are numerous opportunities to get transportation. *Transportation for older population is good.*
- Other participants felt that transportation is a huge problem because there is no city bus or shuttle. *Public Transportation is limited and more is needed. Residents are limited in where they can go if they don't have their own vehicle. The options that are available are not advertised that well and the hours aren't flexible.*
- *Shopping is not so good and more of a variety is needed.*
- Not many social activities to participate in within the county. *Moose lodge has Bingo for elderly.*
- The local YMCA offers good benefits for the elderly community. *Some insurance will even cover the cost of membership to make it easier for them to utilize the services.*
- There needs to be better healthcare options within the county. *It's difficult for the elderly to make the trip to Jacksonville to go to the doctor. It is the general consensus that Ed Fraser Hospital is not a good place to go for any type of service.*
- No elderly friendly housing available. *Really need an assisted living facility.*
- There are plenty of churches in the community. *Most churches in the area have senior groups that meet on a weekly basis. These help get them out of the house and socialize within the community.*

C) Do you feel there is economic opportunity in the community?

- Economic opportunity is limited, especially for people who do not have reliable transportation. *Several businesses aren't hiring right now. More shopping areas are needed - this would be a source of jobs for residents. Not many jobs in the community that will allow u to grow with the company. Most people commute to Jacksonville for work. It would be nice to see more businesses develop in Baker County; however, the community doesn't necessarily want to deal with the increase in traffic that development would bring.*
- Secondary education is lacking, as the county only has a branch of Lake City Community College. *More educational opportunities are needed. Jacksonville is too far for many to travel.*
- *Large businesses and chains are coming in and taking all of the market, causing smaller family and locally owned businesses to close.*
- More affordable housing in Baker County is needed.

D) Do you feel your community is a safe place to live?

- In comparison to Jacksonville, Baker County is an extremely safe place to live. People feel safe walking down the street. There isn't the fear of violent crime happening in the streets. Homes are safe and neighbors look out for one another. Most people know one another. A lot of the elderly community looks out for one another and checks up on one another.
- The concern is the amount of non-violent crimes. In certain areas you will get robbed. Big litter problem, dirty ponds.
- There is a significant amount of drug use within the youth population in the county. There needs to be something done to work on getting drugs out of the schools. All there is to do in the county is drugs and alcohol. Underage drinking and smoking is a big problem. Taking vodka and moonshine to school in water bottles. There is easy access to alcohol as several gas stations don't check I.D.'s, and parents give alcohol to their children.

2. Are you satisfied with the health care system in your community?

- Healthcare in the county is poor. *Poor quality, availability, and access – not many options. Depending on the type of insurance you have you can go to Jacksonville – however because Jacksonville doesn't include Baker county our residents can't get a clinic card for Duval county. The quality of care within Baker County is sub par and people feel like they receive better service when they commute. The only time they feel like they get quality care within Baker County is when doctors from Jacksonville come in to the county to provide services.*
- The Baker county health dept does a great job *but they are always swamped. Maybe a mobile clinic can come to Baker County 2-3 times per week. Health Department is great! Dr. Offices are great.*
- The local hospital does not accept most insurance, and patients end up with large hospital bills that they cannot pay. *Hospital not good if no one is in the ER you will still have to wait a really long time. Hospital needs more physicians and a bigger facility. Hospital in the county is not great. Misdiagnosis of patients' problems take place too often at Fraser. "Ed Fraser Hospital is avoided by a good portion of the community." Service at the hospital is poor and people do not feel safe or comforted when they go to that hospital. "People choose not to call an ambulance in a time of need because it will take them to Ed Fraser. They in turn, call someone to drive them in to Jacksonville to get care." Residents complain that local rescue crews will only take them to Fraser during emergencies, but the hospital either cannot or will not treat them so they get transferred via ambulance to a hospital in Jacksonville – then they get hit with 2 ambulance bills instead of one.*
- Need more pediatricians. Dr. Scarborough needs a bigger facility and more doctors. Most people also have primary care physicians in Jacksonville.

A) Do you believe there is a network of support for individuals and families during times of stress and need?

- There are great services for children/adults with special needs. *There are a lot of support groups through the different churches in the area. Episcopal Children's services assist with daycare services. More information is needed on services provided to family members with special needs. Special needs support system are really good for kids in schools but it is unknown if the support is continued once they've become an adult with special needs. Services are available, most people just don't know where to go or what the services are.*
- Not enough help is provided for rent and electric.
- More affordable child care is needed in Baker County.
- People will come together to help one another. In times like these most people are amongst their friends and family instead of interacting with the community as a whole.

3. What do you see as the school's role in health?

- The schools could do a better job in teaching health if they didn't have to stay focused on FCAT.
- Right now the schools play a predominate role in children's health but it should ultimately be the parent's responsibility to educate themselves and make sure the children are healthy and taken care of properly. *Parents need to teach their children good eating habits and the benefits of exercise. The school should reinforce what the parents have taught. The schools should merely act as support as needed to help the parents out. They shouldn't provide information to the students but to the parents who can then share information with the children.*
- Not satisfied with meal options at schools - *even if you send your child with lunch they can buy the unhealthy foods. Changes in lunch menu and a healthier variety are needed.*
- More sex education classes, more exposure to information. *School nurses are not on campus when the students need them. Most are happy with policy on sex education and want it to continue to teach about abstinence and pregnancy.*

4. Do you feel your community is responsive to your needs?

- Yes, overall the community is responsive to needs. *Everyone is treated equally and the community has made progress in this area. The disabled and elderly are treated fairly.*
- The amount of services is equal across the board as far as demographics but overall they are lacking (especially in relation to health care). *The lack of adequate healthcare never seems to be addressed by community leaders.*
- *Something needs to be done about the hospital. It isn't serving the needs of the community but no one ever seems to do anything about it. This has been a longstanding issue within the county.*

5. Do you believe that all individuals and groups have the opportunity to participate in the community or get involved in community issues/activities?

- For the most part, there are opportunities to get involved. *City council meetings are open to the public; they just aren't well publicized so most people don't know when they are taking place.*
- Everyone has the opportunity to participate or get involved in government and community issues, and public events. *Residents are given equal rights to participate in community activities.* Most said they are not aware of activities going on in the community and more advertisements are needed. Many are not even sure where City Hall is.
- Some believe that the county's decision makers are not open to change. *Youth can't get on boards and councils. Not enough advertisements about community issues.* They would like to attend hospital board meetings so the hospital can hear the complaints from the community.

- Not many public events. *Not many family oriented events available. Most people participate in some sort of community activity (volunteer, attend outings, support groups, etc.)*

6. If you could create any type of health program(s) for Baker County residents, what would it/they be?

- *A program that would pay for a resident's college tuition if they come back and practice medicine in the county.*
- *Education on diseases such as diabetes and cancer. Parents need to be educated on the dangers of chewing tobacco; participant had 2 patients with cancer that started chewing at the age of 4.*
- *An affordable gym. Water aerobics, public pool, parenting classes. A weight loss program that could work with different demographics, perhaps something through the YMCA or the COA.*
- *They would also like something more cost effective. They would like to have community meetings to discuss the current health care reform. It needs to be presented in a way that everyone can understand. Most of the time the information is presented in a confusing manner that the general public doesn't understand.*

7. If a health/fitness program(s) were to take place at your place of employment, would you participate?

- *Some of the participants were retired, but stated that when they were working they would've liked to participate in fitness programs at the workplace.*
- *Generally, people would participate to get in shape and incentives would be the motivation. A Health Program at the job would be very beneficial. I would participate for the desire to live a long healthy life and the fear of death. Incentive's given to employees to participate would be a good idea such as extra days off. Partner with the YMCA for company and employees. Community workers would support the program.*
- *If it is free.*
- *Timing only barrier*

8. Other General Comments from the Community Conversations:

- *The police department should screen the new hires better. They mistreat residents based on their own prejudices and are corrupt because most officers are within the same family unit. If you do call the police your business would be in the paper the next day which was called a "gossip column".*
- *No new liquor licensing available in the county. Only 3 places in the county have one and they are rundown. Because of this no new restaurants can come to county like Olive Garden, Fridays or Applebee's. Because of it's a dry county it keeps county from growth.*

Electronic Community Comments

In addition to the face-to-face discussion groups, the same community questions were posted through an online survey tool for individual residents to respond via the web. The survey link was advertised in the Baker County Press along with a related story about the assessment and community discussion groups. A total of **61** residents provided comments through the online survey tool, although only **40** of those electronic surveys were fully completed. *It is important to note that these responses were from individuals in private settings; and did not evolve from interaction with other residents in a conversational setting as in the previous set of responses.*

Overall, at least 85% of these internet users live in Baker County more than 3 months out of the year. 74% were female, and 26% were male. Most (a total of 79%) were between the ages of 35 and 55 years. 92% of respondents were white, and 5.3% were black/African-American. While the vast majority of responses mirrored those from the face-to-face groups, a sample of unique findings from the individual responses is shown below.

1. In general, are residents satisfied with the quality of life in Baker County?

A) Is this a good place to raise children?

- *The class sizes are way to large and there is no discipline. Parents need to be held accountable for their child's behavior while they are at school and for their homework being done. Daycare and after school care are fine but if you are not involved in sports, there is nothing in Baker County for children to do except run the streets and get in trouble.*
- *It's not the county's job to provide recreation or after school care for kids.*
- *Baker County primary grade schools are exemplary. The higher grade schools need some work. Daycare needs to be a bit more flexible in it's hours, most of our working adults work out of county.*
- *Yes. Good schools and before and after school care. Daycare is lacking. I have tried 3 daycares in Baker and I would recommend only 1 to others. There is a serious lack of recreation for our youth. YMCA lacks a qualified athletic/sports director and qualified counselors. Our parks are a joke. Trash litter the ponds, equipment broken, not installed correctly.*
- *My oldest probably would be in school if it were not for the high school being rated a "D" school for two years and a "C" school last year. Also the middle school has a bad reputation as far as discipline goes. Recreation for youth - My younger son has been playing for a baseball team in Jacksonville because there have not been enough players for his age group here. Also one fall there was no fall ball at all.*
- *It would be nice to have more public parks. The new one north of Glen is a good start, but needs attention. When we were there hiking in Jan., there were weeds taller than the picnic tables up underneath the (unpaved) shelters. The trails were not in the best shape - it had just rained. We are looking forward to the park having more amenities, like a canoe launch.*

B) Is this community a good place to grow old?

- *Somewhat. Health care is not as good as it could be, serious matters you have to go to Jacksonville. No alternative care to nursing homes like assisted living facility. Home health care limited.*
- *From my interaction with senior citizens it seems as if the support for the elderly is lacking. A large portion of them depend on family for all care and that puts a strain on children that work.*
- *In one sense yes it is a good place to grow old but I imagine like most every other city, there are areas that could use improvements. I have dealt first hand with the transportation of the elderly and it stinks. I for one pray that my children will be able to handle my travel needs if I get that old. They need more supportive transportation and care services for the elderly and those that are middle aged but not yet an elderly.*

C) Do you feel there is economic opportunity in the community?

- *Jobs here pay much less, for the most part, than ones in Jacksonville, BUT the commute is much less also, so I save a new car payment and all that money for gas by working here. The jobs that pay a decent amount of money are the warehouse, the schools, the prison, and the mental hospital. That seems to be a pretty good mix for a small county.*
- *College and higher ed opportunities are not many. There are a few classes available here, but my sons will have to commute/live somewhere else to go to college. Housing is affordable here if you're comparing to the rest of Florida. If you're looking at the cost as a percentage of income, it is not. Travel distances to work, shopping (except for basics), and other activities are pretty far.*
- *Not really. Only if you have the right name or know the right family. We need major improvement in this area.*
- *I do not feel that there is enough opportunity to work in our county. It seems that you have to be health or education oriented to work here. A lot of family politics are involved in this county. You must "know" someone already in a position within our county and school systems to get in "the door". I think our evening college courses and our satellite college are no longer in the county. It seems that businesses that come here don't last long.*

D) Do you feel your community is a safe place to live?

- *Crime is slowly increasing due to lack of jobs and because of increased drug abuse. Baker is still a safe town to live in and would be even safer if each community had neighborhood watches.*
- *I do feel safe at home, work and even at the local shopping centers. I do have some questionable activity next door to my home, but nothing has happened to our home or to our children. I do feel that we have a lot of traffic on our road. There are officers who patrol daily, but I've never seen anyone stopped for speeding which is also daily.*
- *I do feel that it is fairly safe. It's not like it used to be, that's for sure.*
- *I would love to see the BCSO enforce the laws concerning ATV's and golf carts running the streets.*

2. Are you satisfied with the health care system in your community?

- *Baker County desperately needs to figure out a way to attract more physicians. General and specialists.*
- *I don't have health care coverage that's accepted by most of the physicians out here - and I see no benefit to keeping the local hospital open as it is. It would be more useful as a clinic.*
- *Growing up as a child I remember going to the health department only to get shots. As I became a teenager, I learned more about the local health department through school health fairs and awareness classes in the schools. I do take my child to a local pediatrician and have been happy from the start. Cost has not been an issue for my family because we have been fortunate to have quality health insurance. I know of 3 pediatrician offices in the community as well as the health department and numerous primary care physician offices. Only one hospital which can't seem to escape its past is available but has served my family well the few times we have needed to visit.*
- *I personally do not utilize the healthcare system in Baker. It seems BCHD has a lot to offer but our hospital has a lot of catching up to do before they reach what I would consider suitable standards.*
- *The hospital is bad because is not a participating provider for many insurance. Must travel for testing to be done.*
- *It would be nice to have a hospital that accepted more insurances instead of just a few.*

A) Do you believe there is a network of support for individuals and families during times of stress and need?

- *If the schools offered only healthy selections in the cafeteria, the children would learn to eat better.*
- *None- it's not the school system's responsibility; it's the parent's job.*
- *I think the school system should concentrate on education, not health care. Sure, educate our children about healthy lifestyles and nutrition, but, I think a well-educated person can decide about health and wellness on their own.*
- *Proper education on science and math. As to health and wellness - offer healthy meals and train the kids on the same.*
- *I feel the school system is trying to be too many things to too many people. It is strained trying to teach academics, much less trying to teach kids how to brush their teeth, etc. This is the responsibility of the parents.*
- *I think we need to encourage more outdoor play and less inside video games and TV. Also children should be taught the value of healthy eating at an early age. Not the bland gross food that is mostly served at school. You can eat healthy and still have fun/good things to eat.*
- *There needs to be more emphasis on our fitness programs in schools. What ever happened to PE every day? Kids need at least 30 min to an hour of fitness each day.*

4. Do you feel your community is responsive to your needs?

- *Absolutely. I have a great group of friends and a support system from within that group. I have always been there for my friends and vice versa.*
- *Wow..my sister was just sick in the hospital and many in the community rallied and began a huge prayer chain, calls to check on her, food brigades, etc. Where else except in a small community like ours can you see that much support in a time of need.*
- *I do feel our community comes together in great times of need. Local churches and our fire and sheriff's offices really pull together at times like for school supplies, Thanksgiving baskets, and Christmas presents for needy families.*

5. Do you believe that all individuals and groups have the opportunity to participate in the community or get involved in community issues/activities?

- *Not unless you're related to one of the 4-6 families that run this county there aren't. IF you are related to the people in power, you can become involved.*
- *All you have to do is get involved and you can be a part of the decision making. If you just sit back and do nothing, then you should not complain. I am glad to see the "good old boy system" crumbling in Baker County.*
- ***This is a great example of opportunity to participate in a community based discussion.*** *City and county commissioner meetings are open to the public for verbalizing concerns about issues.*
- *They only listen to a few people. You have to be of importance, they don't listen and never have listen to the average everyday person that sometime (and most often) know more than the local leaders.*
- *Yes. I know the county commission meetings are open to the public and they have a podium that you could ask questions. Our local health department has committees for different programs. We have a women's center in the county that councils pregnant women and it's a volunteer service.*

6. If you could create any type of health program(s) for Baker County residents, what would it/they be?

- *I would love to see walking groups formed for anyone who would like to participate. Perhaps the folks at the Extension Office could coordinate it.*
- *I know it's a sticky subject, but, I hate to see our young people burdened with parenthood before they've even had a chance to enjoy being young adults. I think our schools and churches should work harder at educating young people about the physical and mental realities of being responsible for a child. It would be wonderful if all our young people waited to have sex until they were adults and married, but, that isn't happening. I think they need to be told they should wait, but, if they don't they need to use reliable birth control.*
- *More and better sidewalks, community tennis courts and basket ball courts that are well maintained, clean and safe. Better landscaping and cleanliness.*
- *I would work through the Churches, if you could get them on board you would have a very healthy county. It is not just about health but emotional and spiritual as well. Work with the whole person.*
- *I would like to see more exercise programs become more affordable. I do realize that businesses have to make money to operate, but to have some kind of community classes that would be low cost. I would also like to see maybe a bowling alley, or skating rink. These are activities that can be done indoors, but not in our county. Our pool isn't as accessible as I thought it would be.*

7. If a health/fitness program(s) were to take place at your place of employment, would you participate?

- *I would enjoy a fitness program, it would be easier than doing it on my own. However, cost would be an issue. I don't think your employer owes you a gym membership or a fitness room, but, it would be a nice perc if they offered it.*
- *My workplace has a fitness center for \$50.00 annual fee. I do not participate however because it is in Jacksonville and too long of a drive to just go work out and come back home. I work twelve hour shifts and am too tired to go after work. If I worked local I definately would participate as long as the rate was reasonable.*
- *I might would participate. It would depend on my parents. In addition to my job of teaching, I go and visit my mother about 3-4 times a week. I do her laundry and feed her several times in the evenings. This could prohibit me from participating.*

1. What do you think are the 5 most significant health problems in Baker County?

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV and AIDS |
| <input type="checkbox"/> Accidents (<i>Vehicle crashes, accidental injuries</i>) | <input type="checkbox"/> Infant and fetal deaths |
| <input type="checkbox"/> Addictions (<i>Alcohol or Drugs</i>) | <input type="checkbox"/> Infectious diseases (<i>Hepatitis, TB, Flu, etc</i>) |
| <input type="checkbox"/> Cancer(s) | <input type="checkbox"/> Low and very low birth weights |
| <input type="checkbox"/> Child abuse or neglect | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Child Obesity | <input type="checkbox"/> Murder / Violent crime (<i>Rape, sexual assault</i>) |
| <input type="checkbox"/> Chronic respiratory disease (<i>COPD, Emphysema</i>) | <input type="checkbox"/> Sexually Transmitted Diseases (STD's) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Smoking / Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Environmental health (<i>Sewage, septic, etc.</i>) | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Underage drinking and street drugs |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Other: _____ |

2. Which 3 of the following unhealthy behaviors are of most concern to you in Baker County?

- | | |
|--|--|
| <input type="checkbox"/> Alcohol use or abuse | <input type="checkbox"/> Not getting "shots" to prevent disease |
| <input type="checkbox"/> Drug use (<i>which drugs?</i>): _____ | <input type="checkbox"/> Smoking and tobacco use |
| <input type="checkbox"/> Being overweight or obese | <input type="checkbox"/> Teens having sex |
| <input type="checkbox"/> Not getting enough exercise | <input type="checkbox"/> Any unsafe sex (<i>STD's, unwanted pregnancy</i>) |
| <input type="checkbox"/> Poor eating habits and nutrition | <input type="checkbox"/> Unsafe drivers |

3. Mark up to 5 choices that you feel are the most important features of a healthy community:

- | | |
|---|---|
| <input type="checkbox"/> Access to churches and places of worship | <input type="checkbox"/> Good parks and recreational activities |
| <input type="checkbox"/> Access to quality medical care | <input type="checkbox"/> Local government support for health programs |
| <input type="checkbox"/> Access to preventative health care | <input type="checkbox"/> Low crime / Safe neighborhoods |
| <input type="checkbox"/> Access to social services and support | <input type="checkbox"/> Safe places to work |
| <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Safe places to eat and shop |
| <input type="checkbox"/> Active social culture and access to activities | <input type="checkbox"/> Safe schools |
| <input type="checkbox"/> Affordable and available housing options | <input type="checkbox"/> Strong families and family values |
| <input type="checkbox"/> Availability of good jobs | <input type="checkbox"/> Strong spiritual / religious values |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Strong local economy / industry |
| <input type="checkbox"/> Cultural diversity and harmony | <input type="checkbox"/> Other: _____ |

4. Overall, how would you rate the health of Baker County today?

- ☐ Very Healthy
 ☐ Healthy
 ☐ Somewhat Healthy
 ☐ Unhealthy
 ☐ Very Unhealthy

5. How would you rate your own health today?

- ☐ Very Healthy
 ☐ Healthy
 ☐ Somewhat Healthy
 ☐ Unhealthy
 ☐ Very Unhealthy

6. Have you ever been told by a health professional that you have any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Overweight | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Mental Illness or disorder | <input type="checkbox"/> Drug addiction | <input type="checkbox"/> Alcohol addiction |

7. Who pays for your medical care?

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Insurance from an employer | <input type="checkbox"/> Medicare | <input type="checkbox"/> Military or VA benefits |
| <input type="checkbox"/> Insurance that I pay for myself | <input type="checkbox"/> Medicaid | <input type="checkbox"/> I pay cash or credit (payments) |
| <input type="checkbox"/> Other: _____ | | |

8. If you get a prescription from a doctor, what do you do?

- | | | |
|--|---|---|
| <input type="checkbox"/> Get the medicine from a pharmacy | <input type="checkbox"/> Buy an over the counter medicine | <input type="checkbox"/> Use herbal therapies instead |
| <input type="checkbox"/> Use leftover medicine already at home | <input type="checkbox"/> Use someone else's medicine | <input type="checkbox"/> Go without medicine |

SURVEY QUESTIONS

APPENDIX A

9. What healthcare services are difficult to get in your community?

- | | |
|---|--|
| <input type="checkbox"/> Alternative therapies (acupuncture, herbals, etc.) | <input type="checkbox"/> Prescriptions / Pharmacy services |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Preventative healthcare (annual check-ups, etc) |
| <input type="checkbox"/> Emergency care | <input type="checkbox"/> Primary medical care (a primary doctor/clinic) |
| <input type="checkbox"/> Family Planning (including birth control) | <input type="checkbox"/> Specialty medical care (specialist doctors) |
| <input type="checkbox"/> Hospital care | <input type="checkbox"/> Substance Abuse treatment (drugs/alcohol) |
| <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Vision care (eye exams and glasses) |
| <input type="checkbox"/> Mental Health services | <input type="checkbox"/> X-Rays or Mammograms |
| <input type="checkbox"/> Physical Therapy / Rehabilitation | <input type="checkbox"/> Other: _____ |

10. Have you experienced any of the following problems when trying to get medical care?

- | | |
|--|---|
| <input type="checkbox"/> Could not afford to pay (<i>bills and/or co-pays</i>) | <input type="checkbox"/> I didn't understand my insurance coverage |
| <input type="checkbox"/> Could not afford medicine(s) | <input type="checkbox"/> Needed a weekend appointment |
| <input type="checkbox"/> Could not find a doctor in my area | <input type="checkbox"/> Needed an evening appointment |
| <input type="checkbox"/> Could not find anyone that accepts my insurance | <input type="checkbox"/> Took too long to get an appointment |
| <input type="checkbox"/> Did not have a babysitter or child care | <input type="checkbox"/> Waiting times at the office/clinic were too long |
| <input type="checkbox"/> Did not have transportation | <input type="checkbox"/> I was worried about my privacy (confidentiality) |
| <input type="checkbox"/> I don't like doctors | <input type="checkbox"/> I didn't know where to go to get the help I needed |
| <input type="checkbox"/> I was afraid of what the doctor would say or find | <input type="checkbox"/> I have not had any problems getting medical care |
| <input type="checkbox"/> I was too busy taking care of my family | <input type="checkbox"/> Other: _____ |

11. Please rate how strongly you agree or disagree with the following statements:

TOPIC	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Baker County is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baker County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My quality of life is good in Baker County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get quality healthcare in Baker County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare providers in Baker County understand and respond to the needs of people who live here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What is your zip code at home? _____

13. Gender: ☐ Male ☐ Female

14. Race/Ethnicity: ☐ Black/African-American ☐ Hispanic/Latino ☐ White/Caucasian ☐ Other

15. Age: ☐ Less than 18 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-74 ☐ 75+

16. How long have you lived in Baker County?

- | | |
|--|---|
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 2-5 years |
| <input type="checkbox"/> 5-10 years | <input type="checkbox"/> More than 10 years |

17. Education Completed: ☐ Less than 9th grade ☐ Vocational/Tech School ☐ 4-year college degree

- | | |
|--|--|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school diploma/GED |
| <input type="checkbox"/> Some college | <input type="checkbox"/> 2-year college degree |
| <input type="checkbox"/> Graduate/Professional | <input type="checkbox"/> Other: _____ |

18. Employment Status: ☐ Employed full-time ☐ Home-maker ☐ Seasonal worker

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other: _____ |

19. Household Income: ☐ Less than \$10,000/yr ☐ \$30,001 - \$40,000/yr ☐ \$75,001 - \$100,000/yr

- | | |
|---|---|
| <input type="checkbox"/> \$10,001 - \$20,000/yr | <input type="checkbox"/> \$20,001 - \$30,000/yr |
| <input type="checkbox"/> \$40,001 - \$50,000/yr | <input type="checkbox"/> \$50,001 - \$75,000/yr |
| <input type="checkbox"/> \$100,001 - \$200,000/yr | <input type="checkbox"/> \$200,001 or more/yr |

20. Do you have children? ☐ Yes ☐ No *If yes, Do they attend Baker County schools?* ☐ Yes ☐ No

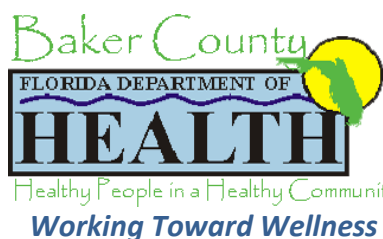
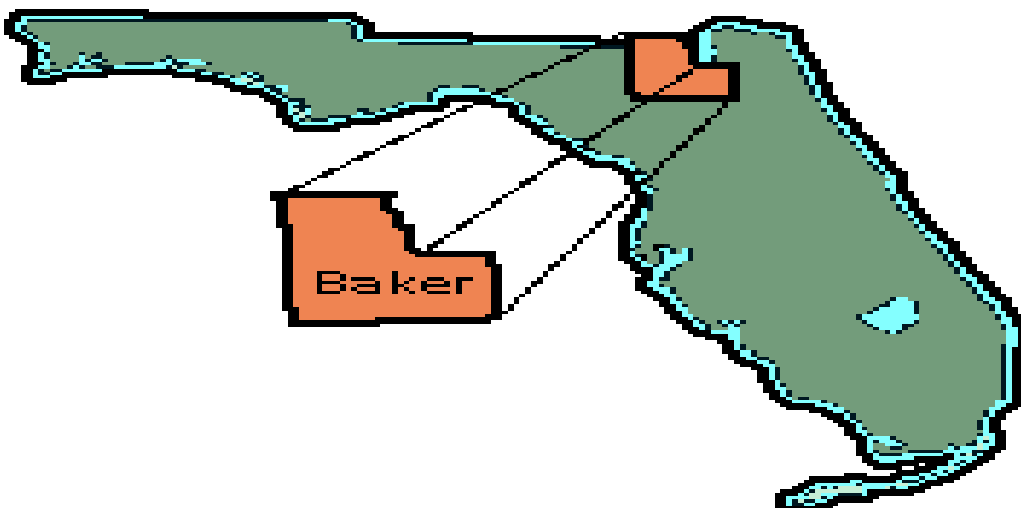
21. Is there anything else you think we should know? (Please comment): _____

CHA, Appendix B: Baker County Health Department's Health Assets 2012 Insert into PDF page 42-43

Health Issue	BCHD Asset	Partners
Obesity Prevention	Obesity Program	Healthy Baker, The American Cancer Society, FL Academy of Preventative Medicine, Academy of Pediatrics, the FL Statewide School Health Services, the Early Childhood Advisory Council, and the FL Association of Local Health Officials, FL Public Health Association, Creating Healthy Places to Live, Work and Play communities and worksites, Baker County School Board, Kiwanis, YMCA, Anytime fitness, Baker Correctional Institution, Baker Rotary Club, Chamber of Commerce, City of Macclenny, Baker County Parks & Recreation, Full Service School Center, Community Action Agency, Farmers Market.
Food borne diseases	Environmental Health and Food Protection	Healthy Baker, Industry and academic stakeholders, food safety professional organizations and governmental agencies, including the FL Department of Agriculture, Markets, Education, CDC, FDA, USDA, and Community Action Agency.
Public water supply	Bureau of Water Supply Protection	Healthy Baker, Federal government agencies, including EPA and CDC, the FL Department of Environmental Conservation, the FL Environmental Facilities Corporation, and non-governmental organizations, City of Macclenny, City of Glen St. Mary, Baker County Commission
Adolescent pregnancy	Teen Pregnancy Prevention Work Group	Healthy Baker, Outspokn', leaders from FL Department of Health, education, and human service agencies, not-for-profit organizations, and universities, Baker County School Board, Kiwanis, Family Service Center, Northeast Florida Healthy Start Coalition, Inc., Baker Rotary Club, NE FL Health Planning Council, NE Florida Counts.
Birth outcomes	Medicaid; Comprehensive Prenatal-Perinatal Services Networks; Community Health Worker Program; The Healthy Moms, Healthy Start, FIMR Fetal Infant Mortality Review	Healthy Baker, Obstetricians and Gynecologists, American Academy of Pediatrics, Family Planning Advocates, Hospital Authority, Health Care Association of FL, Maternal and Child Health Advisory Council, March of Dimes, Baker County School Board, Kiwanis, Family Service Center, Northeast Florida Healthy Start Coalition, Inc., Healthy Start Parenting Classes, Hospitals, OB Providers.
Dental health for children	Mobile Dental Van, Dental Clinics – Macclenny/Green Cove Springs	Healthy Baker, Preventive Dentistry Programs, the FL Dental Association, the Dental Hygienists Association of FL, FL Association of County Health Officials, the FL Rural Health Association, and Area Health Education Centers, Baker County School Board, Family Service Center, Northeast Florida Healthy Start Coalition, Inc.
HIV/AIDS and sexually transmitted infections	Integrated HIV and STD Field Services Program	Healthy Baker, Persons infected and affected by HIV/AIDS, community-based organizations, advocacy groups, research entities, federal, state and local government agencies, Ryan White Part A and United Way, FL Prevention Planning Group, FL AIDS Advisory Council NE FL Cares, Baker County School Board, City of Macclenny, City of Glen St. Mary, Baker County Commission, Faith Based Organizations, Shands-Rainbow Clinic, AIDS Program Office, Jacksonville CARES
Vaccine-preventable diseases	Vaccine Program Hepatitis B Hospital Birth Dose Program	Healthy Baker, FL Department of Education, the Florida Board of Pharmacy, community organizations, the American Academy of Pediatrics, the FL Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the FL Association of County Health Officials, Baker County School Board, Kiwanis, Family Service Center, Northeast Florida Healthy Start Coalition, Inc., local Pediatricians.

Health Issue	BCHD Asset	Partners
Tobacco use prevention and control	SWAT	Healthy Baker, State and local partner organizations engaged in tobacco control efforts, including the American Lung Association, the American Cancer Society, the American Heart Association, the Campaign for Tobacco-free Kids, and local tobacco control coalitions, SWAT and Outspokn', Baker County School Board, Baker County Chamber of Commerce, Kiwanis, Baker Tobacco Prevention Coalition, Baker Prevention Coalition, IQuit-Tobacco Free Partnership.
Asthma	Asthma Control Program	Healthy Baker, The Asthma Partnership of Florida, including the Florida City Department of Health and Mental Hygiene, the FLC Asthma Partnership, the FL Department of Education, the Business Council of Florida State, Medical Societies, Baker County School Board, Northeast Florida AHEC, American Health Association, American Cancer Society, American Lung Association, I-Quit Tobacco Free Partnership.
Cancer	Cancer Services Program	Healthy Baker, The American Cancer Society, the American College of Obstetricians and Gynecologists, the Susan G. Komen for the Cure Foundation, the American College of Radiology, and the FL Cancer Consortium, Faith Based Organizations, Northeast Florida AHEC, American Health Association, American Cancer Society, American Lung Association, Relay for Life.
Diabetes	Diabetes Prevention and Control Program FL Office of Health Insurance Programs	Healthy Baker, The FL Health Foundation, FL Diabetes Coalition, YMCAs, Healthcare Association of FL, Community Health Care Association of FL, Center for Excellence in Aging and Community Wellness, FL Academy of Medicine, YMCA, Anytime fitness, Faith Based Organizations, Council on Aging.
Heart disease and stroke	Healthy Heart Program	Healthy Baker, American Heart Association, IPRO, FL Academy of Medicine, FL Association of County Health Officials, Community Health Care Association of FL, FL Office for the Aging, FLC Department of Health and Mental Hygiene, YMCA, Creating Healthy Places to Live, Work and Play worksite contractors, and other professional associations, YMCA, Anytime Fitness, Faith Based Organizations, Northeast Florida AHEC, American Health Association, American Cancer Society, American Lung Association.
Mental Health	Behavioral services	River Region, Inc., Lutheran Services of Florida (ME), Council on Aging.
Accidental Injury and Car Accidents		Baker County Sheriff's Department, City of Macclenny, City of Glen St. Mary, Baker County Commission, Kiwanis, Rotary, Ed Fraser Hospital.
Healthcare Reform	Strategic Planning and Healthcare reform Community Assessments	St. Johns Rural River Network, Health Planning Council of Northeast Florida, ERCEGI.

Acknowledgments



Baker County Health Department
480 West Lowder Street
MacClenny, Florida 32063

904.259.6291 www.doh.state.fl.us/chdbaker

 www.healthybaker.org	 www.ercegi.org	 www.bakercountyfl.org
 Public Health <small>Prevent. Promote. Protect.</small>	Health Planning Council of Northeast Florida www.nefloridacounts.org	St. Johns River Rural Health Network www.stjohnsriverrh.org

The DOH Baker County Health Department is an EEO/AA employer and service provider.

If you need an accommodation in order to participate in our programs, please notify the Baker County Health Department in advance. Telephone (904) 259-6291 Fax (904) 259-4761 and www.doh.state.fl.us/chdbaker