2010
HEALTH NEEDS ASSESSMENT
Clay County, Florida

Clay County,
FLORIDA

orangeparkmedical CENTER
MEMORIAL HEALTH

CLAY COUNTY HEALTH DEPARTMENT
ESTABLISHED 1941

HEALTH PLANNING
COUNCIL
OF NORTHEAST FLORIDA
www.hpcnef.org

aring for our community is a high priority at Orange Park Medical Center and the Clay County Health Department. It was our goal, along with the Health Planning Council of Northeast Florida to create a clear plan for the next several years to make Clay County a healthier place to live and grow. With that, we present to you the 2010 Clay County Health Assessment Report. At a time when our nation is facing critical health care issues, the people of Clay County are becoming increasingly aware of the impact of lifestyle, local physical and economic environments as well as affordable, accessible health care on the health of the community. These factors impact not only the individuals who live within the county, but the vitality and success of the county itself. This report is a call to action to encourage all health care providers, social service organizations, faith-based community and private citizens to join together and make Clay County a healthier and happier place to live and work.

Over the last nine months, community leaders came together to assess the health status and priority health issues facing the county. Along with meeting on a monthly basis, focus groups were held with members of the community and surveys were conducted. In the end, we received feedback from over 1500 members of the Clay County community. Armed with this information, the task force of community leaders worked through all of the information to pinpoint the key health issues we are faced with as a community. The Clay County Health Assessment Task Force identified key health issues which included high rate of lung cancer mortality, diabetes, heart disease, infant mortality, limited access to dental services – among lower-income and uninsured adults, Alzheimer's mortality, and substance abuse.

Please take the time to review this report. This assessment is the product of a collective and collaborative effort from a variety of dedicated health and social service providers along with other invaluable community stakeholders from across all regions of Clay County. It is hoped that the findings from this community health assessment will serve to guide Clay County leaders in their program development efforts over the next 3-5 years. We encourage individuals who would like to work with the Lead Entities cited for the 2010 Goals and Activities to contact the Clay County Health Department to see how they can become involved to reach this goal.

With best regards,

Thomas Pentz
CEO
Orange Park Medical Center

Nancy Mills
Administrator
Clay County Health Department

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MEMORIAL HEALTH

The Orange park Medical Center, the Clay County Health Department and the Health Planning Council of Northeast Florida spearheaded an initiative to conduct a comprehensive, county-wide health needs assessment.

The Clay County Health Assessment Task Force, comprised of community leaders from local medical and behavioral health providers, social service agencies, civic organizations and minority and faith-based groups came back together to: 1). Review the outcomes of the 2005 health needs assessment and 2). Launch the 2009-2010 county-wide assessment of the overall health status and priority health issues facing Clay County residents.

Information collected during the needs assessment process was presented to the Clay County Health Assessment Task Force during monthly community meetings held at various locations in Clay County from October 2009-June2010.

Components of Clay County's health needs assessment included an analysis of demographics, health statistics, and access to health care indicators for county residents. This data included chronic disease death rates, infectious disease rates, and maternal and child health indictors, In addition, hospital utilization data of Clay County residents was presented as well as the availability of health resources and services in the county

Input from Clay County residents was obtained from 4 focus group interviews from diverse populations. A community-wide survey that examined the community's opinion on health care services and quality of life issues was also distributed to gain additional feedback from Clay County residents. Over 1,500 surveys were collected from Clay County residents.

Key Issues and Recommendations

The Clay County Health Assessment Task Force identified key health issues which included high rate of lung cancer mortality, diabetes, heart disease, infant mortality, limited access to dental services – among lower-income and uninsured adults, Alzheimer's mortality, and substance abuse. Task Force members then collapsed these key health issues into broader health priorities and subsequently developed recommendations and actions steps. The Task Force believed these recommendations should be incorporated in the work of existing community groups and leaders and report on the progress of these recommendations through the Clay County Health Department Director on a quarterly basis.

GOAL 1:

Improve the overall <u>Health Literacy</u>, along with <u>awareness</u> and understanding of <u>healthy lifestyle</u> recommendations, among Clay County residents through <u>targeted health promotion</u> campaigns/initiatives.

HEALTH PRIORITIES:

Overweight/Obesity, Diabetes, Cardiovascular Disease, Stroke

ACTIVITY	TIMEFRAME	MEASURE OF SUCCESS	LEAD ENTITY
A. Coordinate with **parish health programs/ health ministries** to disseminate targeted health messages, education, and needed support services through local congregations.	**May 2014**	# of health ministries and/or faith leaders actively participating in coordinated health education initiatives	Mercy Network
B. Partner with **local businesses** to create and deploy effective health messaging at consumer and employee "points of contact" *(ie: messaging on consumer goods, worksite wellness programs, and training other service providers – such as barbers/beauticians - as health ambassadors, etc.)*	**May 2014**	# of business-based health promotion programs	Clay Chamber of Commerce
C. Work with **school leaders** to influence policy change that improves and integrates the provision of age-appropriate health education, prevention messaging, and physical activity for students within their core curriculum.	**May 2014**	Resulting policies *(Also, identify youth and adolescent S/A indicators available from providers for long term outcomes)*	Clay County School District

GOAL 2:

Increase/Improve <u>access</u> to goods and services needed to support a healthy lifestyle, especially among <u>underserved</u> populations, through improved interagency coordination and <u>multi-sector</u> partnerships.

HEALTH PRIORITIES:

Overweight/Obesity, Diabetes, Cardiovascular Disease, Stroke

ACTIVITY	TIMEFRAME	MEASURE OF SUCCESS	LEAD ENTITY
A. Organize and co-host the first **"Clay County Health Summit"** with key community leaders to explore options to improve primary care access for lower income and uninsured residents.	**October 2010**	• # of participants • Resulting plans/policies	Health Planning Council of Northeast Florida *(With sponsorship from the Blue Foundation)*
B. Strengthen existing collaborations with regional **mobile health units** to ensure access to needed primary and specialty care as well as appropriate screenings and education.	**May 2010**	• # or % of low-income and uninsured persons served • Reduced hospital utilization among underserved pops	St. Vincents Mobile Outreach and Clay County Health Department

GOAL 2: (continued)

ACTIVITY	TIMEFRAME	MEASURE OF SUCCESS	LEAD ENTITY
C. Partner with existing organizations and resources that supply healthy foods (such as agricultural organizations to coordinate community gardens and supermarkets that sell fresh produce and meats) to improve **access to healthy food** for all residents, especially those in underserved areas/populations.	May 2010	• Resulting policies related to the provision of/access to healthy produce and meats for underserved residents • Increase the proportion of the annual per capita food consumption that comes from fresh produce and meats	Universithy of Florida Clay County Expansion Services and Clay County Health Department

GOAL 3:

Continue coordination with both the <u>Clay Action Coalition and "Tobacco Free Clay"</u> to improve the <u>integration</u> of appropriate substance use/misuse prevention messaging, screening, and assessment into routine medical care, especially for youth.

HEALTH PRIORITIES:

Substance Abuse/Misuse *(Can include Alcohol, Tobacco, Illegal and Prescription Drugs)*

ACTIVITY	TIMEFRAME	MEASURE OF SUCCESS	LEAD ENTITY
A. Increase and improve the provision of **substance use prevention messages** within **primary care** and other routine healthcare settings.ess for lower income and uninsured residents.	May 2010	Deferred to existing outcomes already being measured by providers/ coalitions	Clay County Medical Society
B. Integrate **early risk assessment, screening, and education** regarding substance use/misuse into the **routine primary care** of **children and adolescents**.	May 2010	Deferred to existing outcomes already being measured by providers/ coalitions	Clay County Medical Society

In the Fall of 2009, leaders from Orange Park Medical Center and the Clay County Health Department came together to launch a county-wide assessment of the overall health status and priority health issues facing Clay County residents. The Health Planning Council of Northeast Florida was subcontracted to guide and facilitate the process.

More than 70 key healthcare and community stakeholders were invited to join the Clay County Health Assessment Task Force, and to participate in the assessment by representing the needs of their clients, constituents, and communities. Collectively, more than 40 community leaders contributed to the process by attending at least one Task Force meeting; with more than an additional 1,550 residents contributing to the assessment through their participation in surveys and group discussions.

The Task Force elected to utilize the *"MAPP"* community assessment model, as recommended by the Florida Department of Health as well as the National Association of City and County Health Officers (also known as "NACCHO"). *MAPP* is an acronym for "*Mobilization for Action through Planning and Partnership*;" and is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county's most prevalent health concerns. This type of county-wide health assessment was last completed in Clay during 2005; and it is recommended to re-occur every 3-5 years.

The Clay County Health Assessment Task Force is comprised of representatives from local medical and behavioral health providers, social service agencies, civic organizations, minority and faith-based groups, and other key community stakeholders. Information collected during the needs assessment process was presented to the

Task Force members at community meetings that were held in various locations in Clay County including the City of Green Cove Springs City Hall, The Fleming Island Library, Life Care Center or Orange Park, and Holly Cove Apartment Community during November 2009 – July 2010.

Components of Clay County's health assessment included an analysis of available demographic data, health statistics, and access to health care indicators for county residents. Community input was obtained from five focus group discussions among known key population groups such as: the elderly, faith community, minority residents, parents, and business professionals. A county-wide survey that solicited the community's opinions on health care services and quality of life issues was also distributed to gain additional feedback from Clay County residents. Detailed information summarizing each of these components is included in this report.

During the final three community meetings, members of the Task Force made recommendations regarding the key health issues utilizing a summary of the data and information obtained through the four integrated assessments outlined in the MAPP model (a diagram of the model is included on page 15 of this report). A summary of the Task Force members' recommendations on the County's priority health issues is included in the final section of this report, along with suggested goals and strategies to address them.

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

T   The previous Clay County Health Assessment Task Force developed a set of recommendations based on the findings that evolved from the 2005 assessment. Those recommendations and the suggested activity steps to achieve them were disseminated throughout the community through targeted discussions and presentations. The Task Force members then reconvened in both May of 2006 and December of 2007 to discuss progress toward each recommended goal. A final summary report of accomplishments related to these goals (through 2009) was also provided by the Clay County Health Department Administrator as a starting point to this assessment. Highlights from each of those reports are included below under each of the 2005 recommended goals.

2005 Recommendation 1:
Reduce teen drug and alcohol use

1) **Develop community awareness campaign in order to change community norms targeting both parents and teens.**
   - **Seek grant funding/ county assistance in the development of campaign.**
   - **Partner with the schools, law enforcement, churches, health professionals and community groups to disseminate awareness campaign.**

2) **Encourage police to strongly enforce teen drinking violations.**

3) **Develop teen/community center in Green Cove Springs (possibly partner with the YMCA).**

This recommendation was referred to the existing Clay Action Coalition, a group of community leaders working to address issues in Clay related substance abuse and behavioral health, especially among youth and adolescents. The Coalition and Clay County Behavioral Health Center applied for and were awarded a 5-year, $100,000 federal Drug Free Communities grant, along with an additional $75,000 for targeted substance abuse prevention. The Coalition also successfully bid for a $50,000 "Enforcing Underage Drinking Block Grant," with Clay Behavioral Health Center as the fiscal agent for the 2-year funding period.

The Clay Action Coalition continues to guide and encourage teen substance abuse prevention through ongoing compliance checks at convenience stores and restaurants to ensure that tobacco and alcohol retailers are properly checking identification. Individual member agencies have also implemented multiple programs to support substance abuse prevention.

For example, the local Police Activities League (PAL) began transporting youth to Orange Park so that they could participate in structured activities; and the Elk's Club and Clay School District provided drug prevention programs at an annual teen summit. Additionally, the Clay County Health Department and community partners implemented tobacco and substance use prevention campaigns and healthy lifestyle interventions through
   - Rick Bender presentations;
   - Establishing SWAT programs in Clay County schools;
   - "Tobacco Tales" Jungle Puppet Shows;
   - Breathe Easy Track Meet;
   - Founding of the Tobacco Free Clay partnership and associated newsletter;
   - Powering Up for Social Change event;
   - Teen Leadership Training (130 students); and
   - Movies on the Lawn (various sites)

Additional partners in Green Cove Springs performed additional targeted activities under leadership of Chief Musco, including:
   - Operation Safe Streets;
   - Green Cove Springs Ministerial Alliance (supports community policing and neighborhood revitalization); and
   - Community Center at Augusta Savage complex - includes YMCA (operating swimming pool, youth sports, summer day camp).

2005 Recommendation 2:
Reduce obesity and enhance chronic disease prevention

1) **Develop worksite wellness programs at businesses, schools and the hospital in conjunction with the "Healthy Clay" initiative.**

This activity was referred to the Clay County Chamber of Commerce and Orange Park Medical Center. The hospital implemented the Well Worksite Program, as recommended by the Wellness Council of America (more information about the program can be found at www.welcoa.org). Within six months, more than 6,400 employees from seven local employers had participated in the Well Worksite Program. Efforts were made to recruit an additional 13 employers to reach the initial goal. CCHD also established Employee wellness program and participation in First Coast Games; and the Chamber of Commerce continues to host an annual health fair.

2) **Provide safe recreational activities/parks for children in older, established neighborhoods.**
   • **Develop fact sheet of children's recreational and sport activities available in the county.**
   • **Distribute fact sheet thru Healthy Clay businesses, schools and community groups.**

This activity was referred to the Clay County Health Department, Clay County Schools, and Clay County government. The health department in collaboration with the Clay County Parks Department and the Florida Department of Health facilitated the installation of a LifeTrain® system at Fox Meadow Park, one of the county's nature/walking trails. The group also explored expanding the LifeTrain® system around baseball fields. The system is designed to accommodate the needs for persons of all types of physical abilities.

3) **Provide affordable fitness options as well as transportation to and from fitness centers.**

This activity was referred to the YMCA in Clay County. Leadership from the YMCA waw invited to attend subsequent Task Force and coalition meetings. The Health Department also compiled a list of county parks and recreation activities to share with the community.
   • Community Center at Augusta Savage complex includes the YMCA (operating a swimming pool, youth sports programs, and summer day camp);
   • With multiple partners, the Health Department hosts annual activities for *Step Up Florida (Green Cove Springs events: 2008 with ~1200 participants, and 2009 with ~1600 participants; also Gold Head State Park events: 2008 with ~35 and 2009 with ~80 participants.)*
   • CCHD is part of a new 10 county RWJF funded multi-county learning collaborative project to reduce childhood obesity – Charles E. Bennett is the pilot school in Clay County *(Power Panther Healthy Eating Contest)*
   • CCHD and School District activities: Run/Walk club events *(Hog Jog and Jingle Bell Run)*
   • WIC food packages have been upgraded to include fresh produce and low/no fat items.

2005 Recommendation 3:
Expand mental health services

1) **Form mental health task force to determine what services are available, the capacity of these programs, gaps in services and referral processes.**

2) **Educate providers and community of resources available.**

This activity was referred to Clay Behavioral Health Services, Orange Park Medical Center, and NAS Hospital (Jacksonville). Clay Behavioral Health Services subsequently began training law enforcement officers to identify individuals with mental health issues in order to properly deal with incidents in the community. The mental health task force has not yet been developed.

2005 Recommendation 4:
Improve access to health services in west and south Clay County.

1) **Expand mobile health services to rural areas of Clay County either through a partnership with St. Vincent's Mobile Health Ministry or the Clay County Health Dept.**

This activity was referred to St. Vincent's Health Systems' Mobile Health Ministries and the Clay County Health Department. Free services for the low income and uninsured are offered through dedicated *We Care Clinics* held at the Bear Run health department clinic in Orange Park (Saturday Clinic; The Way; and Clay County Smiles dental clinic). In addition, St. Vincent's Mobile Health Outreach Ministries provides school/athletic physicals and screenings for students at Clay County schools; as well as primary care services three days per month in Clay County. The Clay County Health Department facilitated a partnership with the Baker County Health Department to provide dental services thru a mobile dental van to Clay Schools at least 2 weeks per month. St. Vincent's is also looking into a mobile dental van. There is also a 5-county diabetes self-management program that includes Clay County, funded under the state's Medicaid program through a Low Income Pool (LIP). This comprehensive diabetes management program provides enhanced services to low-income and uninsured diabetics with a goal to reduce inappropriate hospital and emergency room utilization and improve the quality of life for patients.

2) **Explore opportunity with Family Medical and Dental Centers to open a satellite location of the existing Federally Qualified Health Center (FQHC) in the target areas.**

This activity was referred to the Clay County Health Department. Health Department leaders subsequently met with Family Medical and Dental Centers (FMDC) administration about expanding services at a location in Clay Hill. It was discovered that Clay Hill does not meet the federal designation for a Health Professional Shortage Area (HPSA) and therefore does not qualify an FQHC site. FMDC then submitted expansion grants for pediatric dental services in Keystone Heights and adult dental services in Palatka. These proposals were not approved for funding, however the FQHC plans to resubmit when more funding opportunities are offered. Other expansions of services to the low-income and uninsured include: The Way Clinic and the LIP Comprehensive Diabetes Management Program (as mentioned in activity 1 above).

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

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

Clay County is fortunate to have long-standing proactive leadership within its healthcare network who strongly value solid and collaborative relationships with other health and support service providers throughout the community. Clay County Health Department maintains strong ongoing relationships with multiple health and social services providers locally; and compiled the initial Task Force invitation list from this network. More than 70 key stakeholders were invited to join the Task Force.

At least fourteen Task Force members came together for the 2010 assessment kick-off meeting in November of 2009. Project staff provided an introduction to the project and highlighted the expected outcomes and benefits of the assessment. Emphasis was given that this is meant to be a community-driven process, meaning that the members of the Task Force would be charged with developing the county's health priorities and proposing strategies to address them. Members were also provided with a complete overview of the MAPP assessment mode, a preliminary timeline of when each component should occur, and guidance on how they could most effectively contribute to the process.

Participants also viewed a 25 minute segment from the acclaimed **Unnatural Causes** public television documentary, as graciously supplied by WJCT, the region's local public broadcasting station. The full documentary is a four-hour mini-series that was broadcast nationally during 2009; and that served as a powerful tool to empower and mobilize entire communities into action. The segment shown during the Clay meeting exemplified how the environment and surroundings in which people live can impact their overall health. Members were then guided through an exercise to identify and discuss how various physical attributes in Clay County may have either positive or negative impacts on population health. The kick-off closed with a review of key findings and recommendations from the most recent assessment conducted in 2005; and the Clay County Health Department Administrator lead a discussion recognizing examples of health-related community accomplishments since that time.

The number of Task Force members doubled for the second assessment meeting held during January, 2010. The meeting was dedicated to presenting and discussing the data obtained through the recommended *Health Status Assessment*, the first of the four MAPP assessments. The discussion incorporated an analysis of population demographics and socio-economic indicators, disease and death rates, healthcare utilization statistics, and access to healthcare indicators. The data was provided in two primary formats: (1) trend diagrams showing changes over time between 2003 and 2008 using 3-year rolling averages; and (2) the most current available 3-year average rates with a comparison between white and non-white (racial and ethnic minority) populations. The members were also provided with relevant findings from the county's most recent Behavioral Risk Factor Surveillance Survey (BRFSS), completed in 2007. Members subsequently discussed potential causes and other links between various conditions. Some members requested some specific additional data to help support and/or disprove speculations.

Wider community input was sought during February-April 2010 through the *Community Themes and Strengths Assessment* that included a county-wide paper survey that solicited residents' opinions on health and quality of life issues, as well as targeted focus group discussions across the county. The anonymous survey was administered by Task Force members at various locations throughout Clay County, including the annual county fair. In total. more than 1,500 completed surveys were provided by residents, with proportional representation from all segments of the community. The survey results were compile and analyzed by Health Planning Council staff, then presented to the consortium members for further discussion.

Utilizing guidance provided by the U.S. Centers for Disease Control and Prevention (CDC) under the National Public Health Performance Standards Program (NPHPSP), the Clay County Health Assessment Task Force members completed a *Local Public Health System Performance Assessment* in February, 2010. The members first reviewed the composition of the county's public health safety-net to include all entities that serve the county's most vulnerable residents. Health Planning Council staff then guided the Task Force members through a broad discussion of each of the 10 Essential Public Health Services, as outlined by the CDC; and the members discussed each until consensus was reached regarding the degree to which each service is present and effective throughout the county. Strengths and gaps in the county's healthcare safety net and public health system were identified in this way, and were subsequently considered throughout the remainder of the planning process.

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

Additionally, the members were asked to consider trends, factors, and events related to a wide variety of perspectives including:
- Social
- Economic
- Government/Political
- Community
- Environmental
- Educational
- Science/Technology
- Ethical/Legal

Significant key issues and themes were recorded and updated throughout the process based on empirical evidence and community discussion. Key issues were then consolidated and prioritized based on the scope and severity of need, as well as the availability of resources to address them. The Taskforce members participated in detailed discussions related to the root causes of each key health issue, such as poor nutrition and inadequate physical activity. The partnership then worked to develop appropriate and realistic goals and strategies pertaining to each priority issue. In order to ensure alignment with state and national strategies, the Task Force members first reviewed the current U.S and Florida strategic plans for each of the three highest priority health issues. These included recommended community strategies and measurements to prevent obesity in the United States[2], the Florida Diabetes Health System 2007-2013 Strategic Plan[3], the CDC's Public Health Action Plan to Prevent Heart Disease and Stroke[4], the Florida Heart Disease and Stroke Prevention State Plan for 2009-2012[5], the National Drug Control Strategy (2010)[6], and the Florida Drug Control Strategy (2009)[7]. This report presents a summary of the key health issues along with recommended goals and strategies developed through this process. The Clay County Health Assessment Task Force will continue to work in close partnership with Orange Park Medical Center, Clay County Health Department and other committed stakeholders, to ensure continued progress toward the goals listed in this report.

Image 1: The MAPP Model:

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[1]National Association of City and County Health Officers, 2009
[2]Morbidity and Mortality Weekly Report (MMWR), Volume 58/RR-7, July 24, 2009
[3]Florida Department of Health, Diabetes Prevention and Control Program and the Florida Alliance for Diabetes Prevention and Care, 2010
[4]U.S. Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, 2006
[5]Florida Department of Health, Heart Disease and Stroke Prevention Program, 2009
[6]U.S. Office of National Drug Control Policy, 2010
[7]Florida Department of Children and Families, Office of Drug Control, 2009

Introduction

The characteristics of a community, including the age, gender, ethnic background, and economic characteristics, influence the community's health care needs and the design of delivery of services to meet those needs. This section provides an overview of the demographics and socio-economic characteristics of Clay County in comparison to the state.

Geography and Governance

Clay County encompasses 601 square miles of Northeast Florida, immediately southwest of the metropolitan city of Jacksonville and directly west of historic St. Augustine. The county's entire eastern border is formed by the St. Johns River. The county contains 46 square miles of water among its many lakes and rivers; as well as many miles of undeveloped woodlands.

The county was founded nearly 150 years ago and has evolved into a diverse culture of both suburban and rural areas. The 5 member, elected Board of County Commissioners is the law-making body of the county, operating under the Home Rule charter since 1991. Each elected member represents a specific district within the county for a designated four year term. Some specific government functions are performed by separately elected Constitutional Officers who are elected county-wide. These two groups together comprise the elected officials who are responsible to the voters of Clay County.[1]

Image 2: Map of Florida Highlighting Clay County

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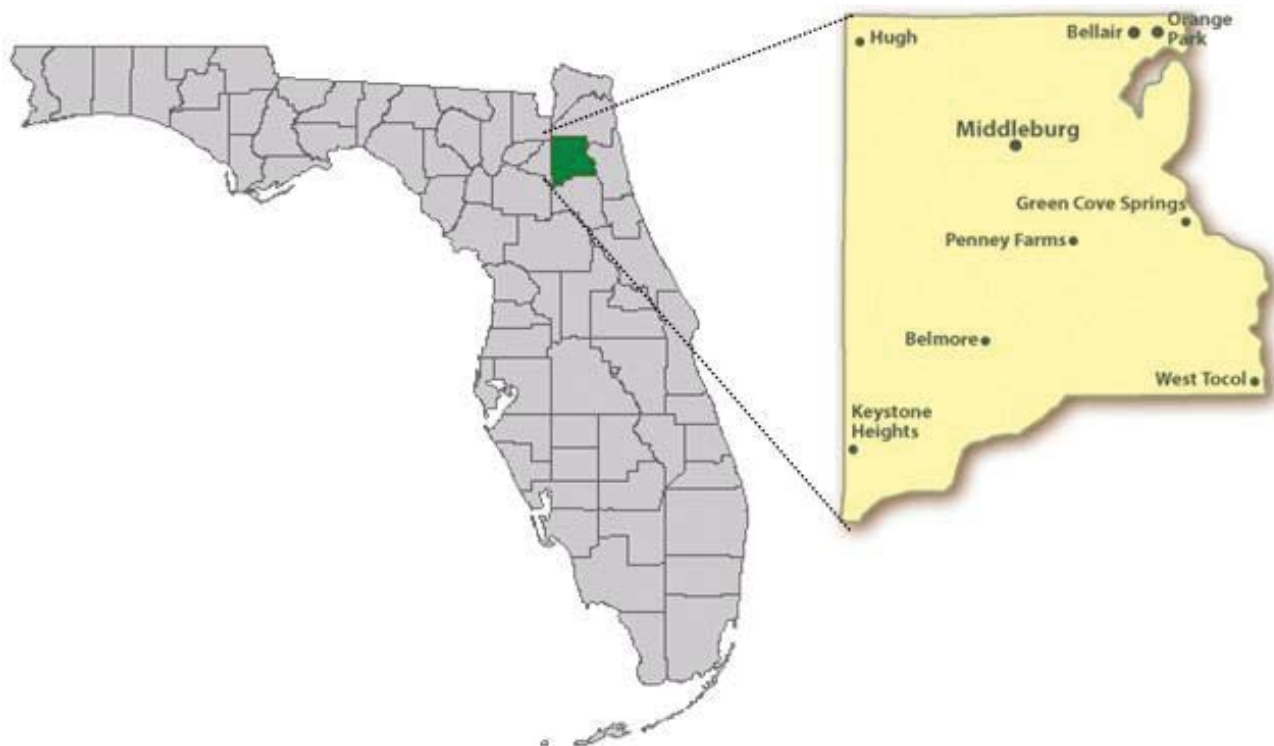
[1]All information obtained from the Clay County Government (website)

Population Characteristics

Table 1 below shows Clay's population trends and projections between 2000 and 2030. It is projected that Clay County will experience a 93% population growth during this time period, while Florida's population as a whole is projected to increase by only 50%.

Table 1: General Population Trends, 2000-2030

Area	Population						
	2000	**2005**	**2010**	**2015**	**2020**	**2025**	**2030**
Clay	140,814	169,623	186,947	206,450	229,204	251,182	271,775
Florida	15,982,824	17,918,227	18,881,443	20,055,865	21,417,450	22,738,233	23,979,032

Source: Florida Office of Economic and Demographic Research, 2010

Figure 1 summarizes the age groups of Clay County residents with comparison to Florida. Clay is comprised of a younger population with respect to many other counties in the state. The highest proportion of its residents are in both the 45-64 and 25-44 age groups, accounting for 27% and 26% respectively, and more than half of the county's population combined. Youth ages 14 and under make up 21%; and residents over the age of 65 make up 11% of the population.

Figure 1: Estimates of Population by Age Group, 2003
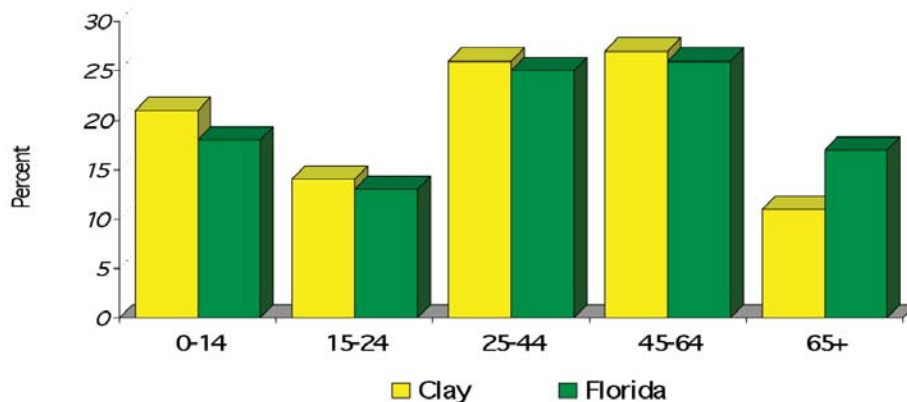
Source: Florida Office of Economic and Demographic Research, 2010

Race and Ethnicity

Table 2 shows the racial composition of Clay County with comparison to Florida. Only 10.4% of the population in Clay County is non-white. The "Other" race category includes American Indians, Asians, and Hawaiian/Pacific Islanders.

Table 2: Clay County and Florida Population by Race, 2008

Race	Clay		Florida	
	Population	**Percentage**	**Population**	**Percentage**
White	165,200	87.2%	15,211,730	80.4%
Black	17,260	9.1%	3,155,725	16.7%
Other	7,018	3.7%	548,000	2.9%
Total	189,667	100%	18,896,559	100%

Source: Florida Office of Economic and Demographic Research, 2010

Socio-Economic Profile

Income

Clay County had a per capita income of $33,375 in 2009, which was slightly lower than Florida's per capita income of $37,780. Respectively, the average weekly wage in Clay was $582 in 2009 compared to $760 across Florida as a whole (shown in Table 3 below). Clay County's median household income, however, was $61,057 in 2008, which is higher than the state's median household income of $44,857. The U.S. Census Bureau indicates that the average number of persons per household in Florida is 2.46, compared to 2.77 in Clay County. At least a portion of the difference in median household incomes between Clay and Florida may be attributed to there being (on average) more income earners living in each household in Clay County (i.e. that more persons in each household in Clay are working to support the household).

Table 3: Per Capita Income, Weekly Wage, and Median Household Income, 2009

Clay			Florida		
Per Capita Income	**Avg. Weekly Wage**	**Median Household Income**	**Per Capita Income**	**Avg. Weekly Wage**	**Median Household Income**
$33,375	$582	$61,057	$37,780	$760	$44,857

Source: Florida Research and Economic Database, Labor Mark Statistics, 2010

With regard to household income levels, the largest percentage of Clay County households (24.1%) had incomes between $50,000 - $74,999 during 2008 ; while an additional 19.2% of households reported incomes between $75,000 - $99,999. The distribution of household incomes for Clay County are shown in Figure 2 below.

Figure 2: Household Income Levels, Clay County, 2008
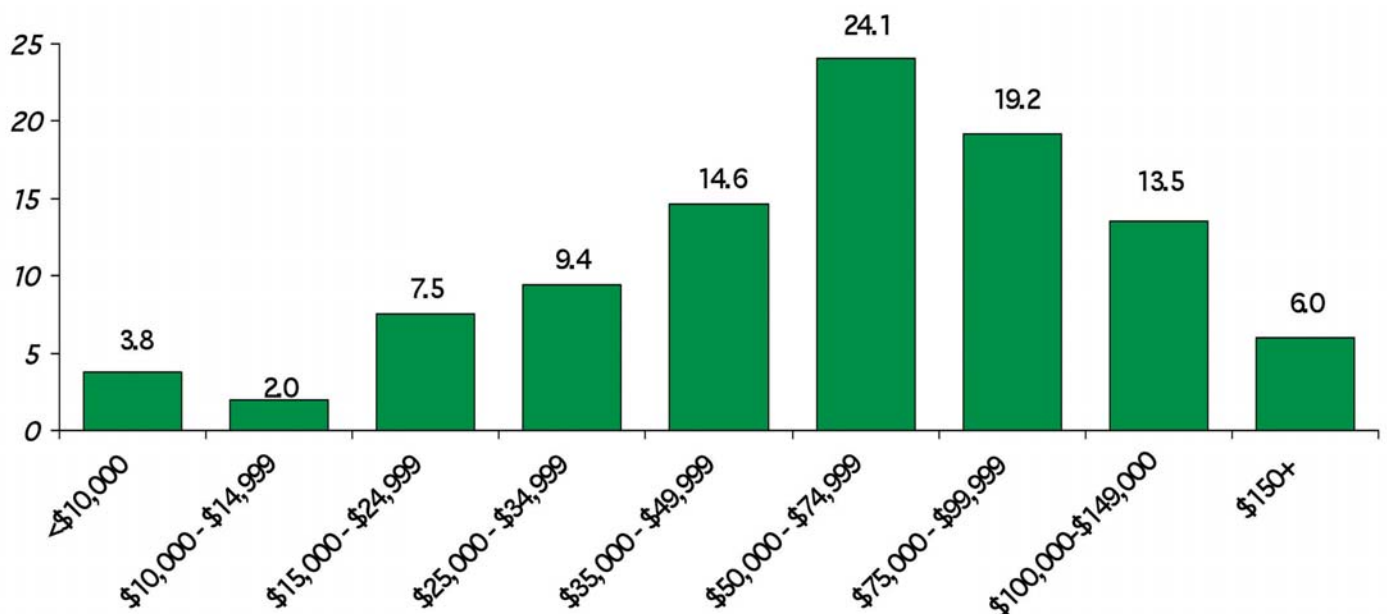
Source: U.S. Census Bureau, 2010

[2]U.S. Census Bureau, 2010

Poverty

The estimated percentage of all persons living in poverty in Clay County was 8.0% in 2008, compared to an average of 12.1% across all of Florida. It is assumed that these percentages increased during 2009 as a result of increases in unemployment and the overall economic downturn that impacted the entire nation during that year, although updated figures were not yet available in time to be included in this planning process and report.

Table 4: Estimates of Persons and Youth in Poverty, 2000 and 2008

Population	Clay County		Florida	
	2000	2008	2000	2008
Individuals living in Poverty	6.8%	7.7%	12.5%	12.6%
Youth <18 yrs living in Poverty	8.9%	10.4%	17.2%	17.6%

Source: U.S. Census Bureau, American Community Survey, 2009

Public Assistance

Figure 3 on the following page illustrates the number of clients and families receiving public assistance from year 2000 through 2008. There has been a slow but steady increase in the numbers of both individuals and families qualifying for assistance over the past 8 years. There was a marked increase of 23.8% in the number of individuals receiving assistance between 2008 and 2009. It is assumed by the Clay County Health Assessment Task Force members that this occurred as a direct result of increase unemployment in the area during the same time period.

Figure 3: Individuals and Families receiving Public Assistance, 2004-2008
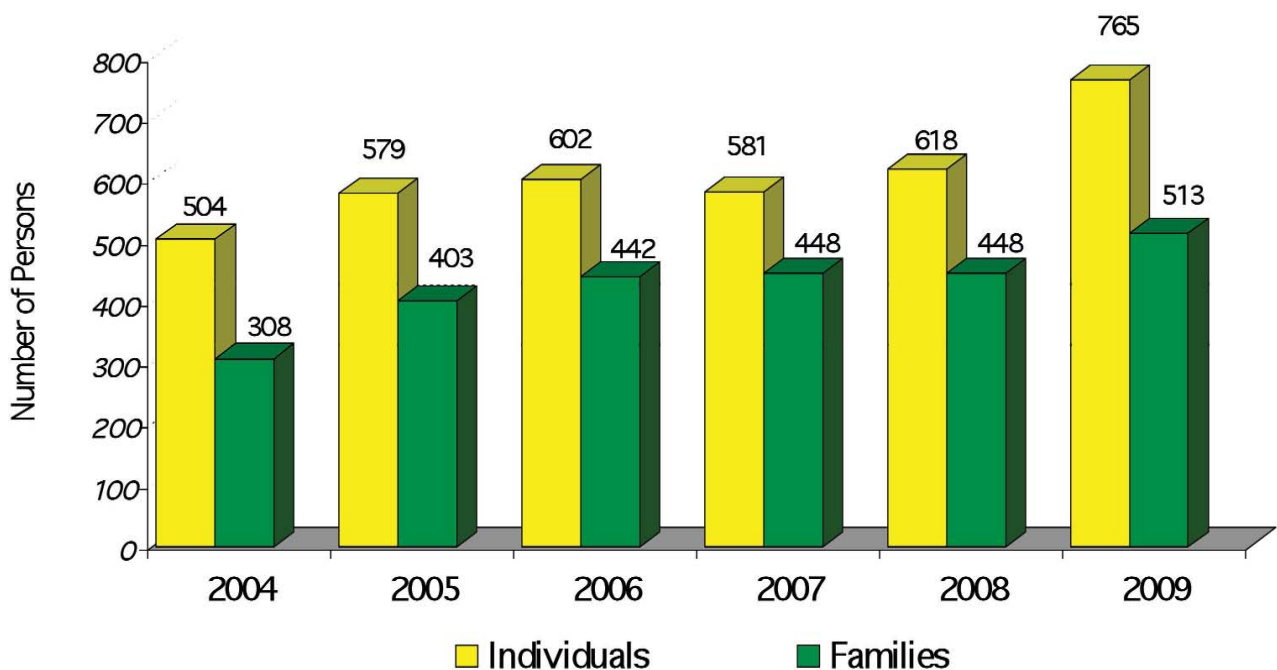
Source: Economic Self-Sufficiency Services, Florida Department of Children and Families, 2010

Labor Force, Employment, and Industry

According to the Florida Department of Labor and Employment Statistics, Clay County was home to a Civilian Labor Force of 96,322 as of June 2010. Of those, 10.3% were unemployed, compared to an average unemployment rate of 11.6% for all of Florida. Clay County's unemployment rate increased two and a half times (250%) between 2006 and 2009. Florida experienced a 238% increase during this same time period; however Clay County's unemployment rate is still below the state average.

Figure 4: Unemployment, Clay County and Florida, 2004-2009
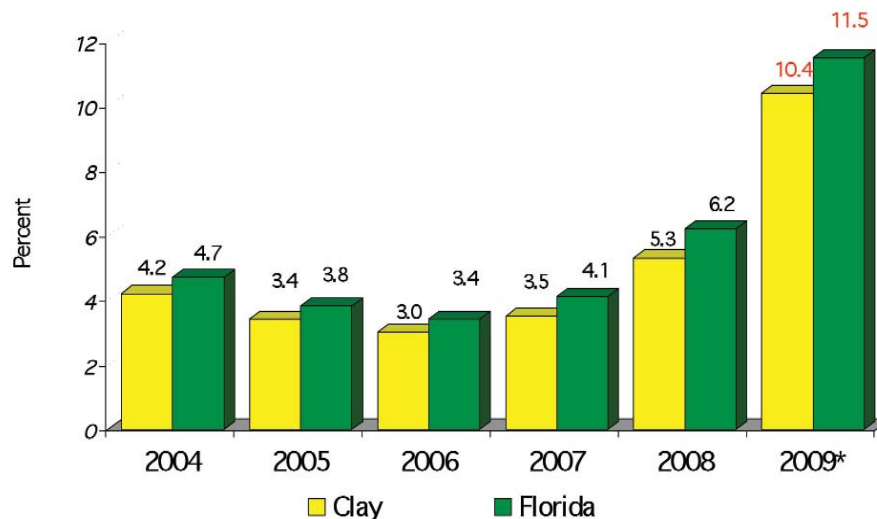
Source: Florida Agency for Workforce Innovation, Labor Market Statistics, 2010

Specific to industry type, manufacturing, management, construction, real estate, and retail sales suffered the most job losses during 2008-2009. Together these occupations accounted for a reported total of 2,430 lost jobs during the year in Clay; or nearly 8% of the county's total jobs. Healthcare, social services, arts, recreation, transportation, and warehousing all saw job increases during the same time period. Job losses and gains are shown by industry in Table 5.

Table 5: Job Losses by Industry, Clay County

Industry	2007	2008	2009	Difference 2008-2009	% Change 2008-2009
Manufacturing	1,753	1,811	1,253	558	30.81%
Management	291	331	185	146	44.11%
Healthcare/Social Svcs	5,986	6,308	6,483	(175)	-2.77%
Public Administration	2,355	2,403	2,333	70	2.91%
Agriculture/Fishing	156	167	160	7	4.19%
Construction	4,563	3,957	3,024	933	23.58%
Arts & Recreation	488	1,042	1,175	(133)	-12.76%
Accommodations/Food Svcs	5,151	5,383	5,291	92	1.71%
Utilities		460	456	4	0.87%
Retail	9,231	8,933	8,366	567	6.35%
Transportation/Warehouse	881	1,056	1,120	(64)	-6.06%
Real Estate/Rental	981	948	722	226	23.84%

Source: Florida Agency for Workforce Innovation, Labor Market Statistics, 2010

Education

There were a total of 35,998 students enrolled in Clay County Public Schools (Pre-Kindergarten through Grade 12) as of Fall 2009; which represents a 5.41% increase since the Fall of 2005. Clay County has been successful in improving the number and rate of high school students who graduate within 4 years of entering high school as well as reducing the rate of students who drop out before they graduate, over the past five school years. The most recent high school graduation drop-out rates are shown in Table 6 below, along with the figures from the 2002-03 school year. Clay County schools awarded 2,447 high school diplomas during 2008-2009 .

Table 6: High School Graduation and Drop-Out Rates, 2002-03 and 2007-08

Area	2002-03 School Year		2007-08 School Year	
	Graduation	Drop-Out	Graduation	Drop-Out
Clay County	75.4%	2.2%	77.6%	2.0%
Florida	69.0%	3.1%	75.4%	2.6%

Figure 5 below illustrates the percentage of enrolled students who are eligible to receive free or reduced-price breakfast and lunch at school. Clay County has seen an 11.5% increase in this eligibility category during the ten year period between the 2000-01 and 2009-10 school years. The state of Florida as a whole experienced a slightly smaller 9.6% increase during the same time; yet remains higher than the average for Clay.

Figure 5: Students Eligible to Receive Free and/or Reduced Price Meals
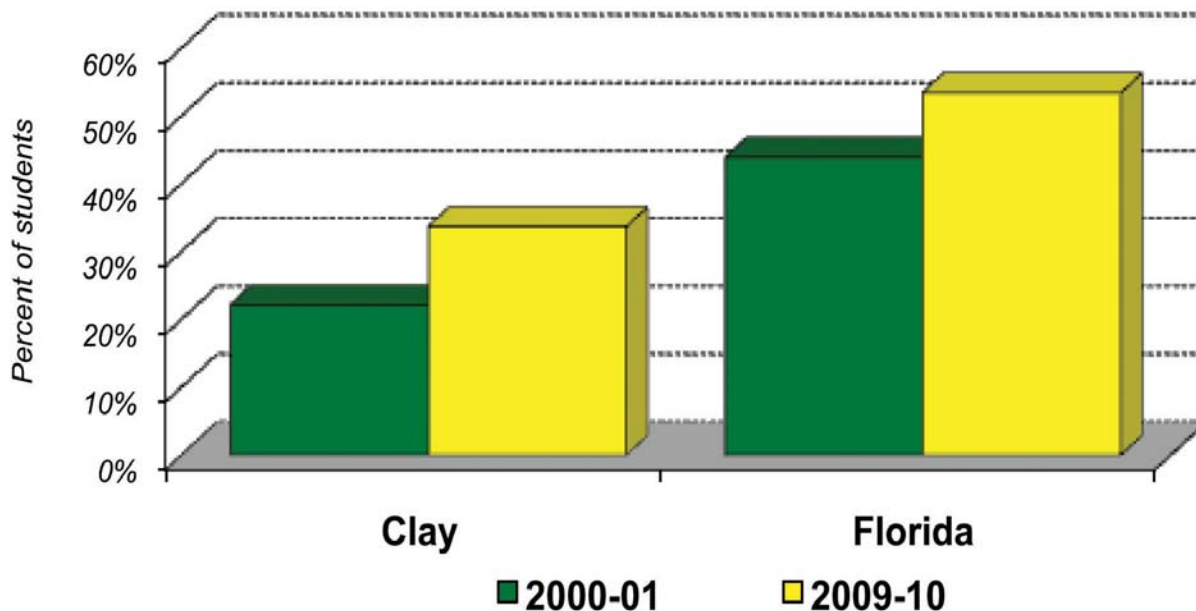
Source: Florida Department of Education, Student Demographic Information Report, 2010.
Note: Figures represent the total percentage of students in enrolled in public schools receiving free or reduced-price breakfast and lunch. Students whose family incomes are < 130% of the federal poverty guidelines are eligible for free breakfast/lunch; and students whose family incomes are between 131-185% are eligible for the reduced-price meal program.

[3]Florida Department of Education, 2010. Refers to all diplomas issued throughout the school year.

Food Environment

As mentioned earlier, the Task Force Members embarked on this assessment with a viewing of a specific episode of the acclaimed television series known as Unnatural Causes… is inequality making us sick? The series is a seven-part documentary produced by California Newsreel in 2008 that explores racial and socioeconomic inequalities in health. The full series was broadcast by Public Broadcasting Stations (PBS) nationwide at various times during 2008-2009; and served as a catalyst for thousands of organizations and communities to tackle the root causes of the nation's alarming health disparities. The program aims to highlight and raise awareness about the impacts of the environment in which individuals live and work on their health.

Evidence offered within the series suggests that more equitable social policies, secure living-wage jobs, affordable housing, racial justice, good schools, community empowerment, and family supports are health issues just as critical as diet, tobacco use, and exercise. Ultimately, Unnatural Causes works to answer the question: "How are the behavioral choices we make (such as diet and exercise) constrained by the choices we have?"

The members viewed the segment called "Place Matters," which examines three key themes:
1. Built space and the social environment have a direct impact on residents' health.
2. Neighborhood conditions can have an indirect impact on health by making healthy choices easy, difficult, or impossible.
3. Public policy choices and private investment decisions shape neighborhood conditions.

The 29-minute episode illustrates a neighborhood that experiences higher rates of poverty, lower income rates, and lower rates of educational attainment than surrounding areas. Additionally, tobacco, liquor and fast food were easily found everywhere, but fresh produce was very difficult to find or buy. Quality affordable housing was also hard to find, and so were safe places to play and exercise. As a result, residents suffered from significantly higher rates of obesity and diabetes, along with other chronic health problems.

In alignment with this theme, Health Planning Council staff compiled data related to the "food environment" within Clay County. Findings revealed that the county has 29 grocery stores with 3 additional "supercenters" or club-based stores. There are also 64 gas station/convenience stores in the county, along with 10 additional convenience stores that do not offer fuel. Among all stores, 25 are authorized to serve individuals under the state funded Women, Infants, and Children (WIC) program; and 61 stores are reported as "SNAP" authorized, meaning that they can accept food stamps. Data supplied by the U.S. Department of Agriculture (USDA) indicates that 1.83% of all Clay County residents must travel a distance greater than one mile to access a food store; compared to 11.43% of residents with incomes at or below the Federal Poverty Level (FPL) that must travel more than 1 mile to purchase food.

Additional findings included that the cost of healthy food and beverages in the region are higher than less nutritional foods and soft drinks. For example, the cost of 1 gallon of low-fat milk averages at least 1.25 times higher than an equal amount of soda; and the cost of starchy vegetables (high in carbohydrates) is nearly one and a half times higher than an equal weight of green leafy vegetables.

The figure below lists the average individual consumption of various types of foods annually throughout Northeast Florida. Taskforce members noted that nearly half of all foods consumed in the region are pre-packaged/processed foods; and that natural, whole foods make-up only 35% of the average diet.

Figure 6: Average Per-Capita Food Consumption, Northeast Florida Region, 2009
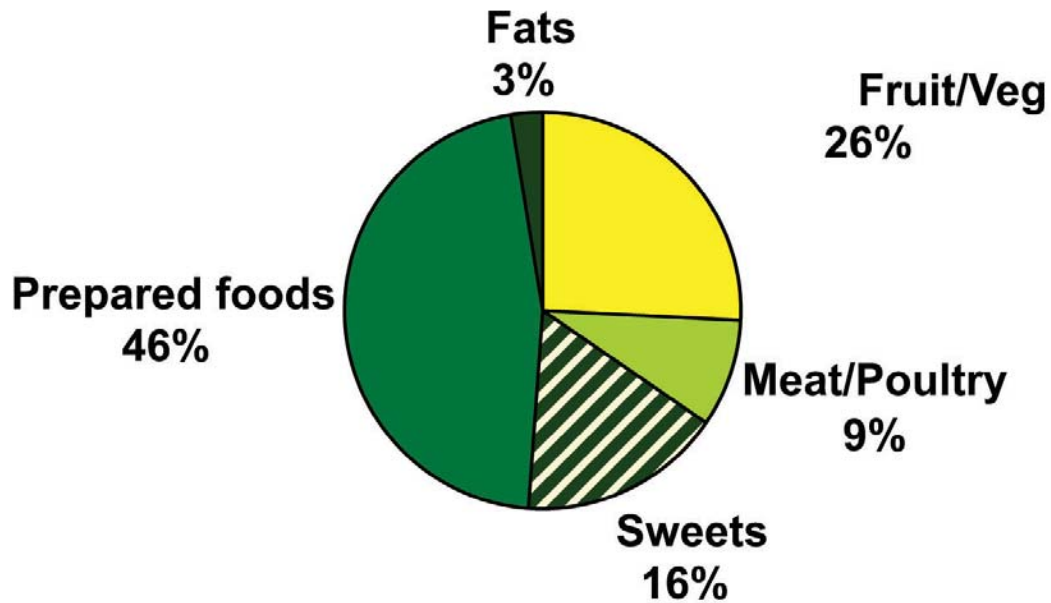
Source: U.S. Department of Agriculture

The first of the four MAPP assessments completed during the planning process was the Community Health Status Assessment. The Florida MAPP Field Guide states that this assessment is intended to answer the questions: *"How healthy are our residents?"* and "*What does the health status of our community look like?"* This portion of the assessment includes the activities of collecting, analyzing, and reviewing available data that describes the population's health; as well as comparing that data to other known time periods and/or geographies.

County Health Rankings

In February 2010, the University of Wisconsin, under funding from the Robert Wood Johnson Foundation, released the *2010 County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties were able to get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health, with other counties in their state.

The rankings were compiled utilizing a 3 tier model of population health improvement. In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their subsequent outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can then improve health outcomes by addressing all health factors with effective, evidence-based programs and policies. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

The report for Florida ranks the state's counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors are based upon a review of the literature and expert input.

Overall, Clay County ranked 7th among Florida's 67 counties for health outcomes, and 13th for health factors. There were significant differences, however, when examining the individual rankings for each of the four topics considered for the health factors score. The table below lists the 4 topics, along with the type(s) of indicators included within each, and the corresponding rank for Clay County.

Table 7: Clay County Health Factors Rankings, 2010

HEALTH BEHAVIORS	CLINICAL CARE	SOCIO-ECONOMIC	PHYSICAL ENVIRONMENT
Tobacco Diet and Exercise Alcohol Use High-Risk Sex	Access to Care Quality of Care	Education Employment Income Family/Social Support Community Safety	Air Quality Built Environment *Access to healthy food* *Liquor Stores*
Clay Rank: 50th	**Clay Rank: 8th**	**Clay Rank: 4th**	**Clay Rank: 16th**

Mortality Indicators

Mortality rates can be key indicators of the state of health of a community. This section will examine various mortality rates among Clay County residents, with comparison to Florida as a whole. Mortality rates provided in this section reflect *rolling 3-year averages* of the rate of deaths per every 100,000 persons in the named area's population. The rates are also proportionately age-adjusted to balance for variances in the age groups between different geographies. The majority of data for this section (unless otherwise noted) was obtained and compiled using the Florida Department of Health's dedicated online data system known as the *Florida Community Health Assessment Resource Tool Set*, or "CHARTS". Area-specific data queries and profiles can be obtained from: www.floridacharts.com

It is important for effective community planning to acknowledge that the rate of deaths from specific diseases tend to vary among different racial/ethnic groups and geographies; and that both biological and cultural norms may contribute to these differences. The presented data on the following pages will therefore show two separate aspects of every disease or condition reported:

1) Trends over time, presented as 3-year rolling averages of mortality rates for both the county and the state (for comparison); and

2) A separate breakdown between white and non-white populations for the most current time period available (to identify racial disparities)

All data included in this section represents the most current information available at the time that this report was compiled. Some figures have been updated for the report if new information became available after it was presented to the Task Force members during the planning meetings; in order to ensure that the final report includes the most current information available at the time of completion and publication to the community. Any significant differences from what was presented were shared with Task Force members prior to the development of the county's health priorities and goals.

Leading Causes of Death

The five leading causes of death in Clay County during the most recent period for which data is available (2006-2008) are shown below, along with their corresponding rank for both the state and the nation as a whole. The rankings show that Clay County has similar major health issues when considered in respect to both Florida and the U.S.

Clay County Rank	Disease/Condition	Florida Rank	U.S. Rank
1	Cancer (total of all types)	1	2
2	Heart Disease	2	1
3	Respiratory Disease	4	4
4	Accidental Injury	3	5
5	Stroke	5	3

Table 7 below lists the top ten leading causes of death in the county, with a 3-year average (age-adjusted) comparison to the state of Florida as a whole.

Table 8: Top 10 Leading Causes of Death, Clay County, 2008

Cause of Death	CLAY COUNTY			FLORIDA 3-YR AADR
	Number of Deaths in 2008	2008 AADR Per 100,000	3-Year AADR Per 100,000	
ALL CAUSES	1,347	761.7	775.1	679.8
CANCERS	358	196.6	190.4	162.3
HEART DISEASE	257	147.6	158.1	162.2
CHRONIC LOWER RESPIRATORY DISEASE	107	64.0	56.9	36.2
UNINTENTIONAL INJURIES	76	40.6	44.5	44.8
STROKE	65	38.0	37.2	33.0
DIABETES MELLITUS	44	23.3	25.3	20.6
ALZHEIMER'S DISEASE	37	22.3	32.8	16.5
SUICIDE	28	14.6	13.3	13.0
CHRONIC LIVER DISEASE AND CIRRHOSIS	25	12.8	10.6	10.1
PNEUMONIA/INFLUENZA	21	12.2	14.4	8.8

Source: Florida CHARTS, 2010

Each disease and condition listed above may impact specific population groups in Clay County more than others. The information presented in this section provides only a general snapshot of the impact of these diseases and conditions on the county as a whole; and does not account for the numerous and sometimes complex health issues faced by many residents. The Clay County Health Assessment Task Force members discussed each disease and condition in detail and provided invaluable insight into how each may have an amplified impact on some communities. The members were mindful to consider the figures shown in this section in combination with multiple other factors as discussed in the remaining three planning assessments that were completed as a part of the recommended model, prior to determining the county's priority health concerns.

Cancer

Cancer is a large group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the growth is left uncontrolled, it can result in death. Cancer ranks a close second only to heart disease as the leading cause of death in the United States.[4] In Clay County, cancers are the leading cause of death, accounting for more than 1 of every 4 deaths among residents in 2008.

Figure 7: Cancer Mortality, All Types, 2003-2008
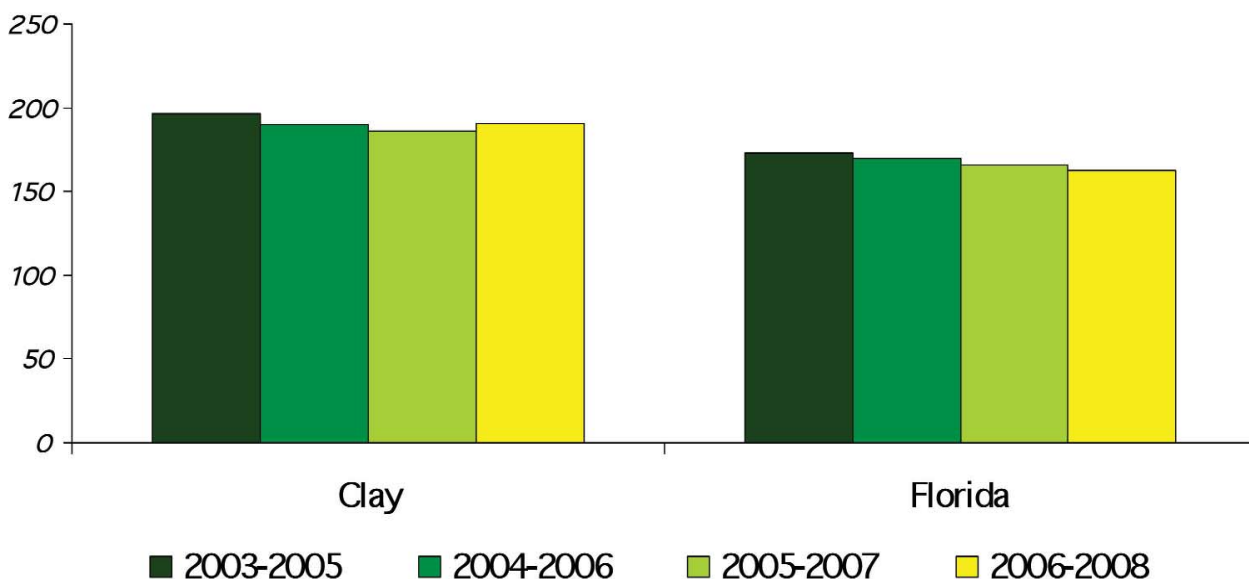
Figure 8: Cancer Mortality, by Race, 2006-2008

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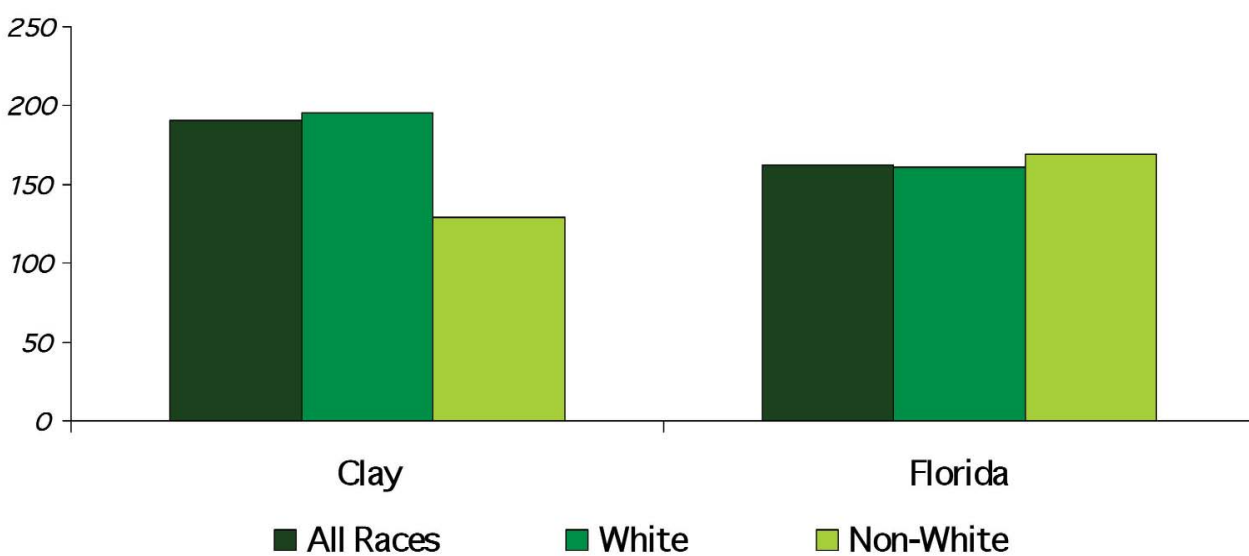
[4]U.S. Centers for Disease Control and Prevention (CDC),2010

Lung Cancer

Lung Cancer is the most common type of cancer among Clay County residents, resulting in death rates that are virtually double than either breast or prostate cancer (the next two most common types). Lung Cancer tends to impact Clay County residents more frequently than in other areas of the state; and affects white populations at a higher rate than non-white populations in Clay.

Figure 9: Lung Cancer Mortality, All Races, 2003-2008

■ 2003-2005   ■ 2004-2006   ■ 2005-2007   □ 2006-2008
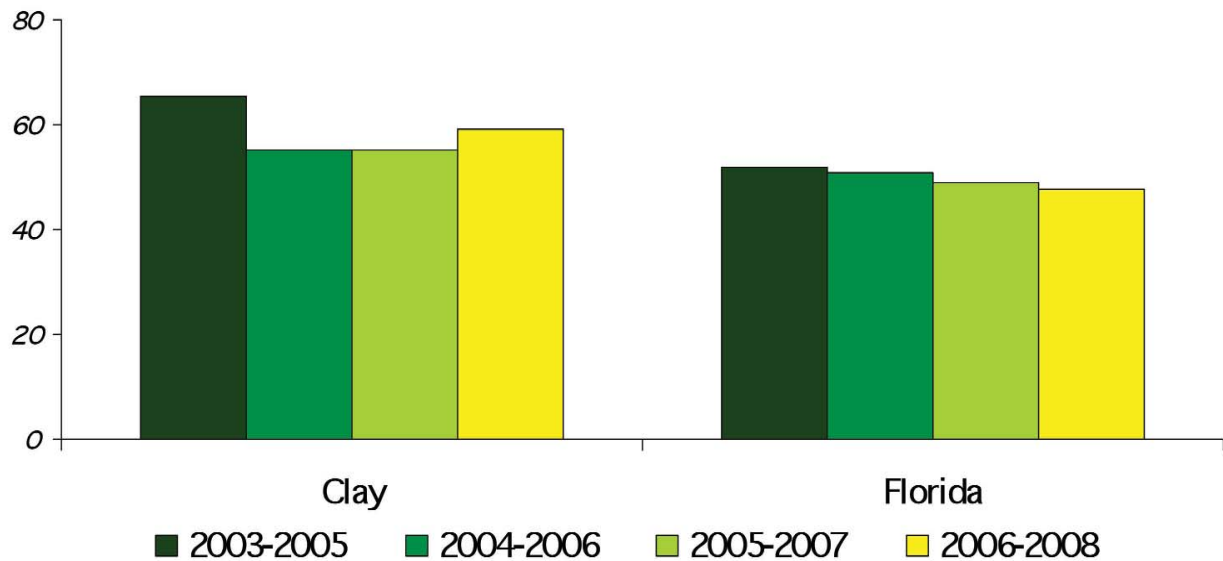
Figure 10: Lung Cancer Mortality, by Race, 2006-2008

■ All Races   ■ White   ■ Non-White
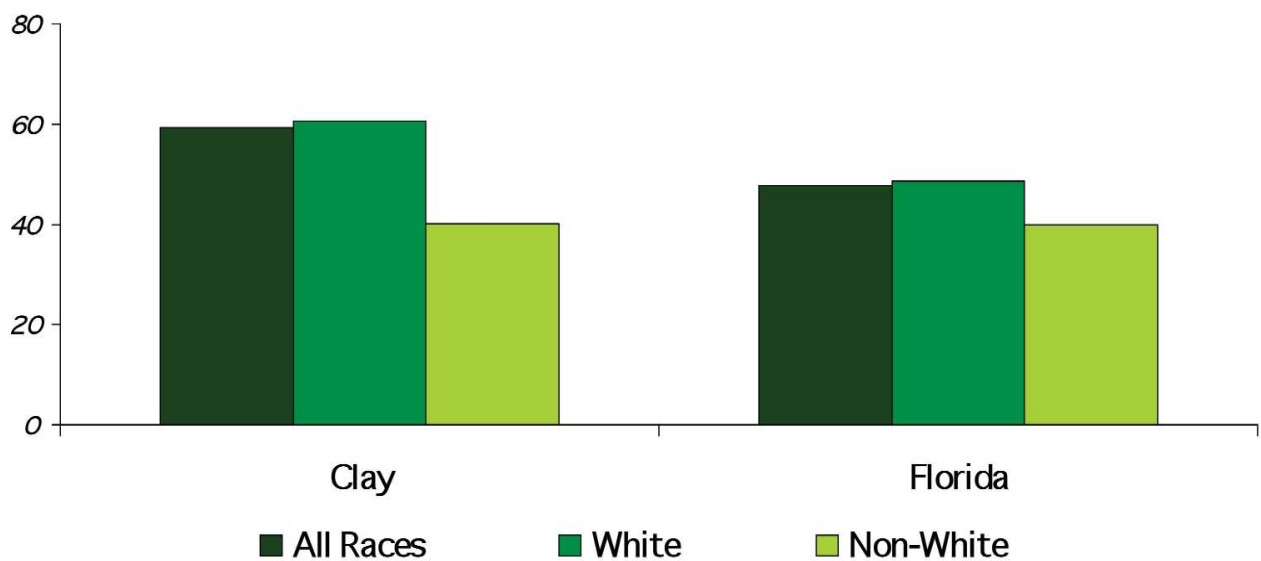
Breast Cancer

Except for skin cancer, breast cancer is the most common cancer among American women.[5] Doctors recommend that women have regular clinical breast exams and mammograms to find breast cancer early. Treatment is more likely to work well when breast cancer is detected early. Before they have symptoms, women should get regular screening mammograms to detect breast cancer early[6]:
- Women in their 40s and older should have mammograms every 1 or 2 years.
- Women who are younger than 40 and have risk factors for breast cancer should ask their health care provider whether to have mammograms and how often to have them.

Clay County's breast cancer mortality has fluctuated slightly over recent years, however has remained at or near the state's overall average rate.

Figure 11: Breast Cancer Mortality, 2003-2008
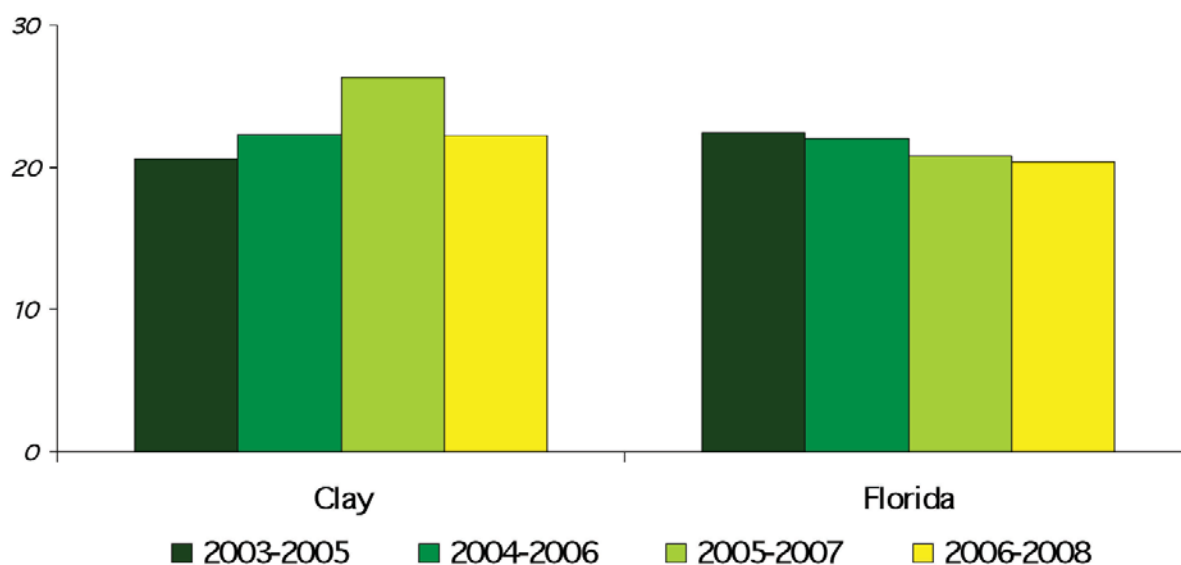
Figure 12: Breast Cancer Mortality, by Race, 2006-2008
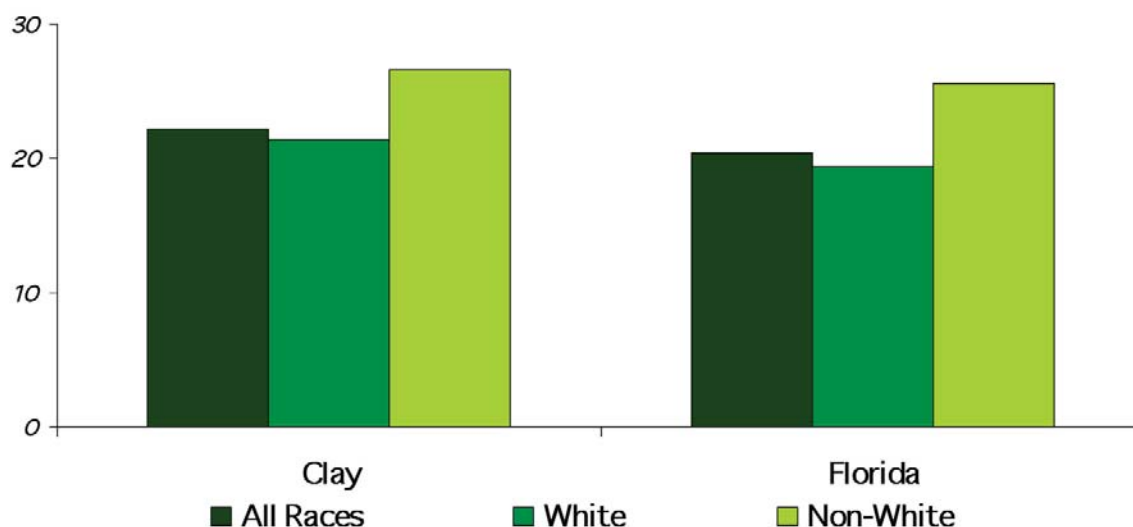
[5]U.S. Centers for Disease Control and Prevention (CDC),2010
[6]U.S. National Institutes of Health, National Cancer Institute, 2010

Prostate Cancer

Prostate cancer is the most commonly diagnosed cancer in men, and second only to lung cancer in the number of cancer deaths in the United States. Currently, there is no scientific consensus on effective strategies to reduce the risk of prostate cancer. Additionally, there is no agreement on the effectiveness of screening or that the potential benefits outweigh the risks. Therefore, public health agencies face significant challenges in determining what actions to take to address prostate cancer.[7]

Figure 13: Prostate Cancer Mortality, 2003-2008

Legend: 2003-2005, 2004-2006, 2005-2007, 2006-2008
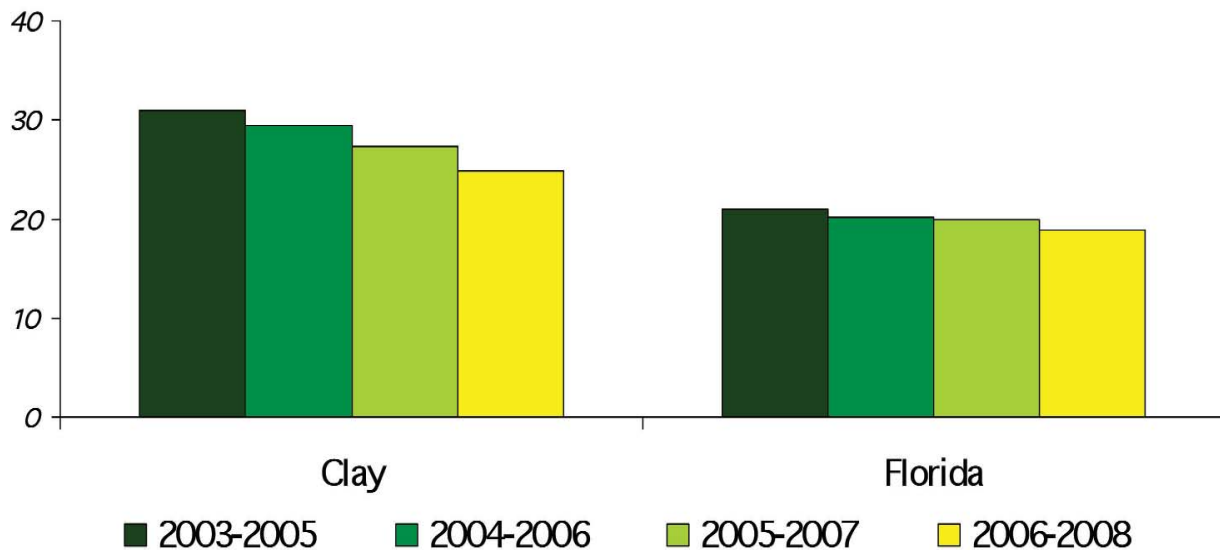
Figure 14: Prostate Cancer Mortality, by Race, 2006-2008

Legend: All, White, Non-White

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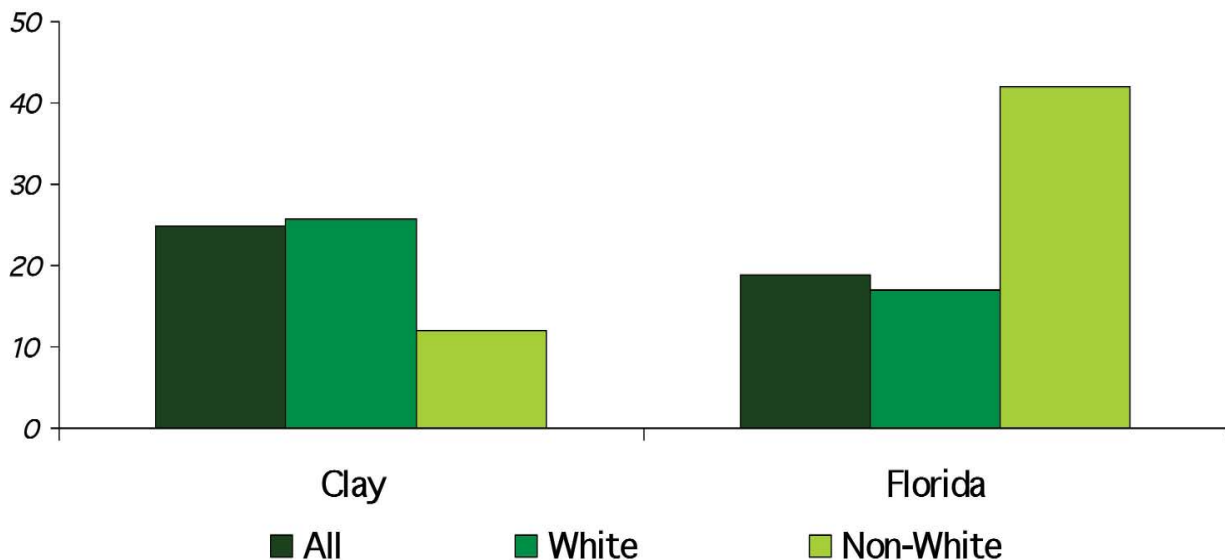
[7]U.S. Centers for Disease Control and Prevention (CDC),2010

Heart Disease

Heart disease remains the nation's leading cause of death for both men and women, resulting in 26% or more than 1 in every 4 deaths in the U.S. during 2006. Half of deaths due to heart disease are women. The most common type of heart disease is coronary artery disease (CAD), which can lead to heart attack. Individuals can greatly reduce their risk for CAD through lifestyle changes and, in some cases, medication. People who have had a heart attack can also reduce the risk of future heart attacks or strokes by making lifestyle changes and taking medication.[8]

Figure 15: Heart Disease Mortality, 2003-2008
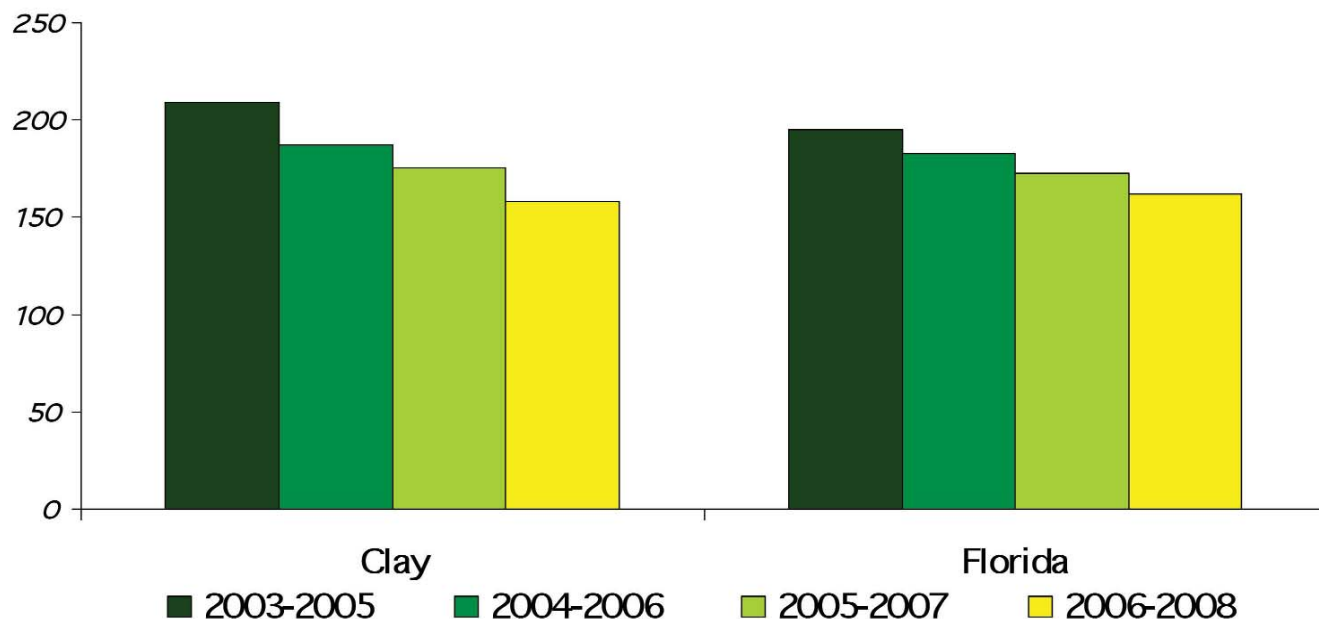
Figure 16: Heart Disease Mortality, by Race, 2006-2008
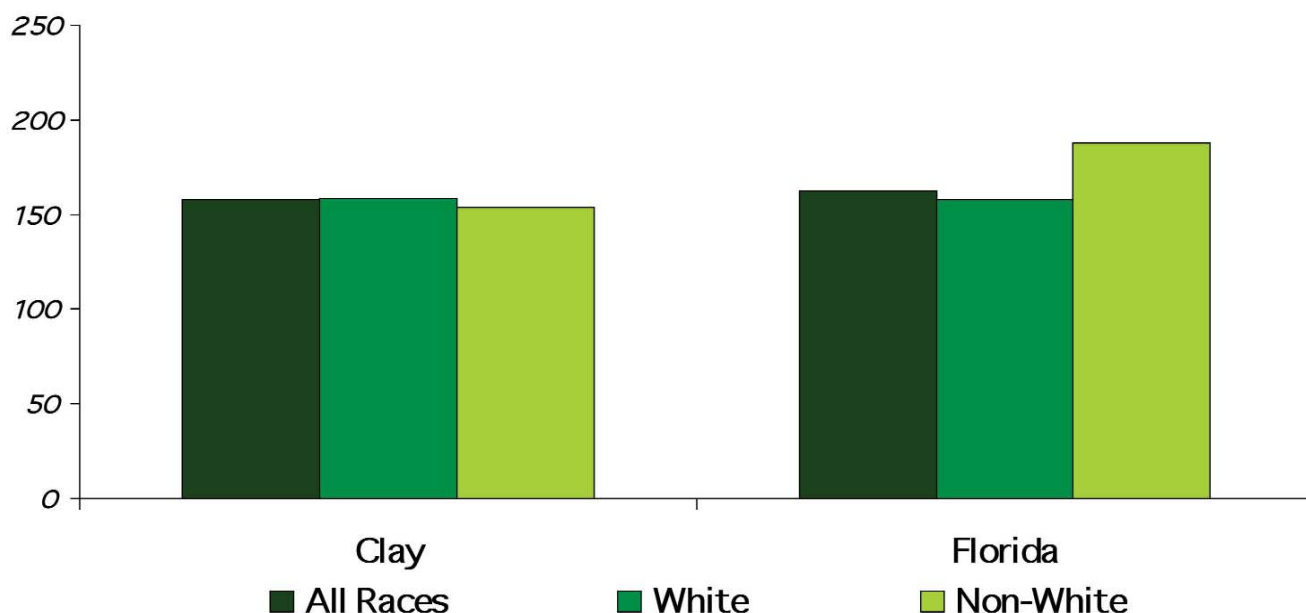
[8]U.S. Centers for Disease Control and Prevention (CDC),2010

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases, asthma. COPD is a leading cause of death, illness, and disability in the United States. Tobacco use is a key factor in the development and progression of COPD, but asthma, exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role. COPD mortality has remained fairly stable in Clay County; and tends to impact white residents at rates more than twice that of non-white residents.

Figure 17: Chronic Obstructive Pulmonary Disease Mortality, All Races, 2003-2008
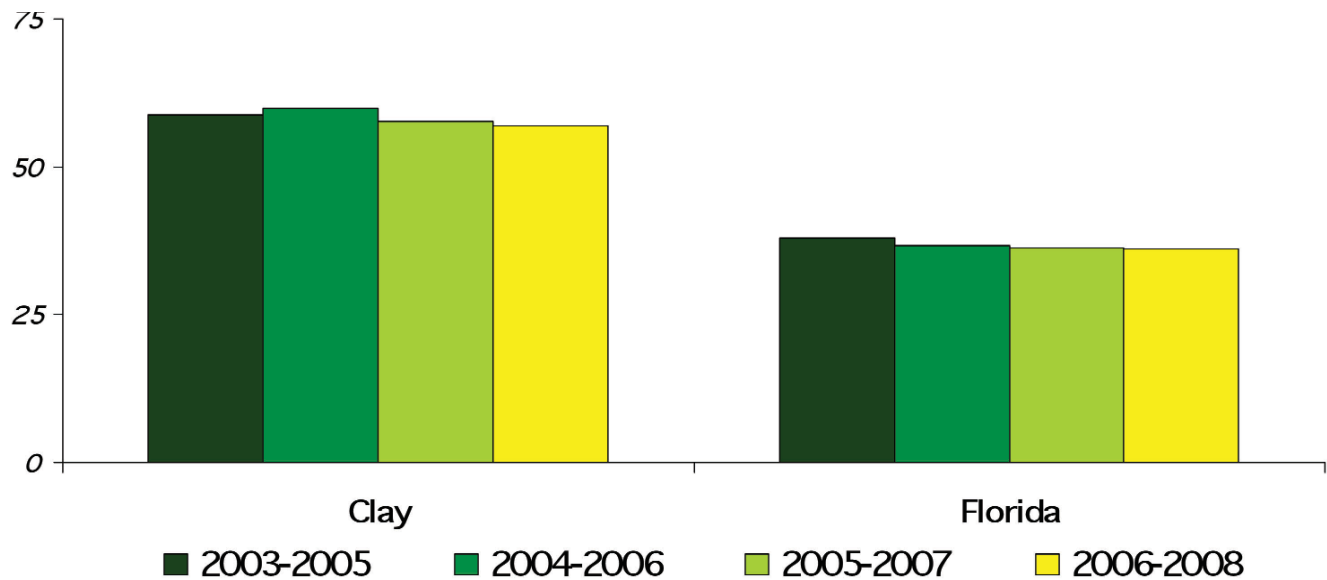
Figure 18: Chronic Obstructive Pulmonary Disease Mortality, by Race, 2006-2008

[8]U.S. Centers for Disease Control and Prevention (CDC),2010
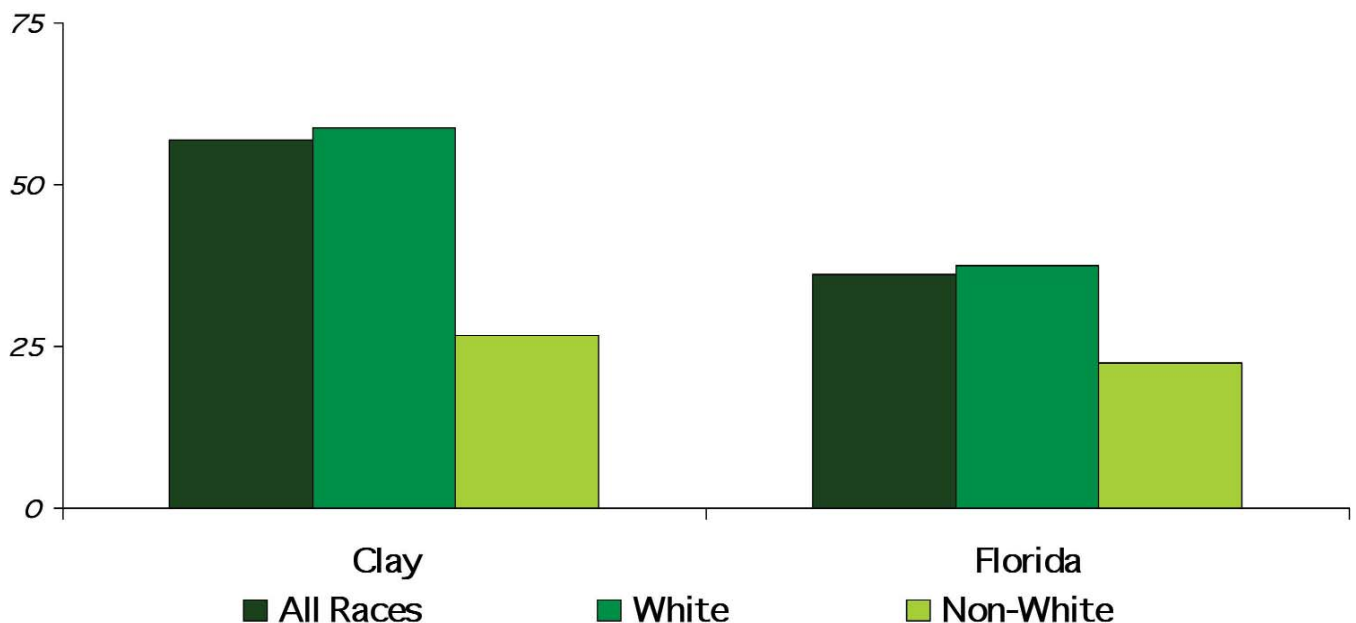
Unintentional Injuries

Unintentional injuries include those that result from motor vehicle crashes, drowning, fire, falls, poisoning, and other home/recreational/workplace injuries. They are the 5th leading cause of death in the U.S.[10] The rate of unintentional injury deaths has remained fairly stable in Clay over the past 5 years. The white population in Clay County is impacted by unintentional injuries more frequently than non-white populations in Clay.

Figure 19: Unintentional Injury Mortality, All Races, 2003-2008

Legend: ■ 2003-2005 ■ 2004-2006 ■ 2005-2007 □ 2006-2008
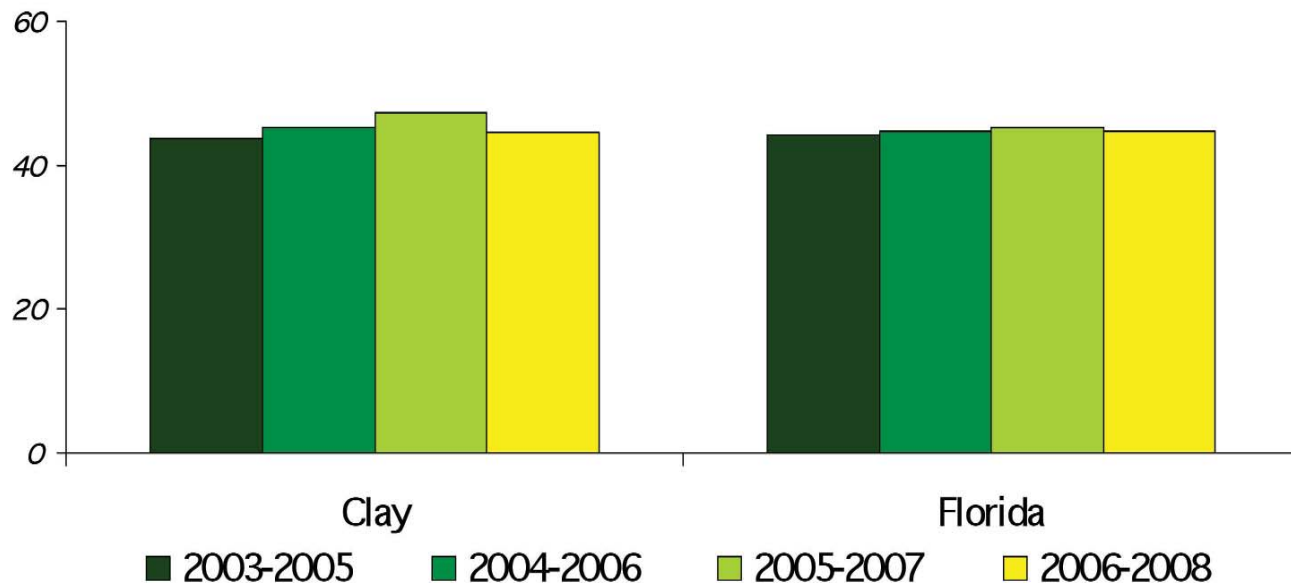
Figure 20: Unintentional Injuries Mortality, by Race, 2006-2008

Legend: ■ All Races ■ White ■ Non-White
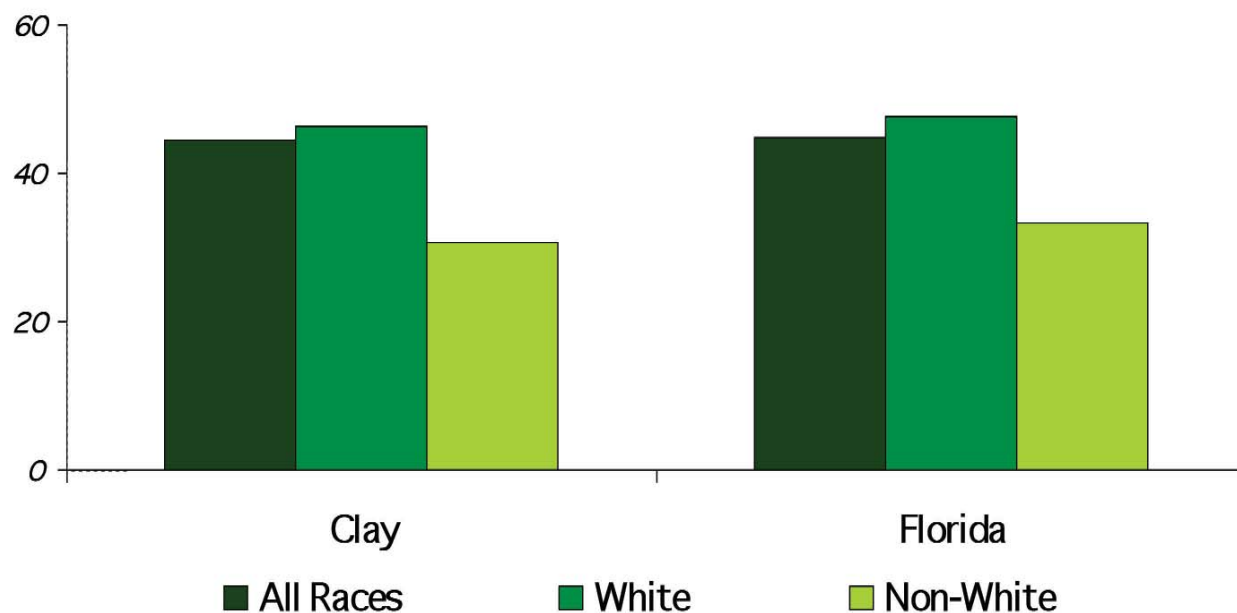
[10]U.S. Centers for Disease Control and Prevention (CDC),2010

Motor Vehicle Accidents

In the United States, motor vehicle–related injuries are the leading cause of death for people ages 1–34, and nearly 5 million people sustain injuries that require an emergency department visit each year. National prevention strategies include a focus on improving seat belt use and reducing impaired driving; and target groups known to be at risk: child passengers, teen drivers, and older adult drivers. National strategies also include efforts to prevent pedestrian and bicycle injuries.[11] The age-adjusted death rate from motor vehicle accidents in Clay County had shown a slight increase between 2003 and 2007, however decreased again during 2006-2008.

Figure 21: Motor Vehicle Accident Mortality, All Races, 2003-2008

Legend: 2003-2005, 2004-2006, 2005-2007, 2006-2008
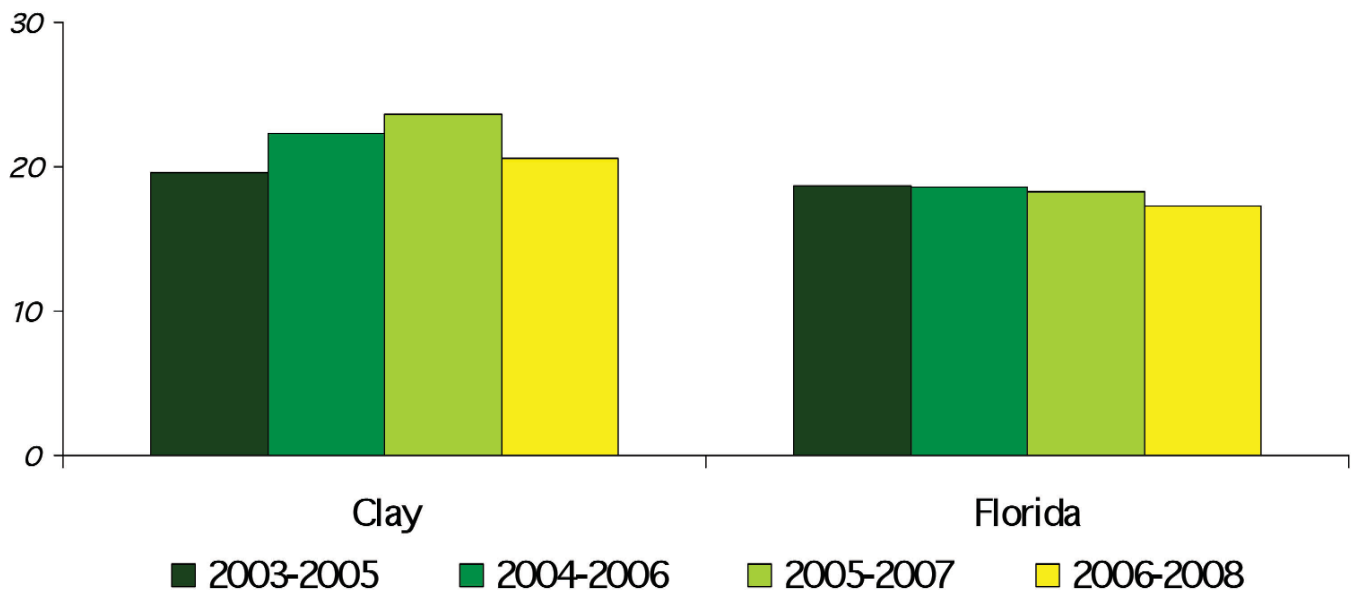
Figure 22: Motor Vehicle Accident Mortality, by Race, 2006-2008

Legend: All Races, White, Non-White
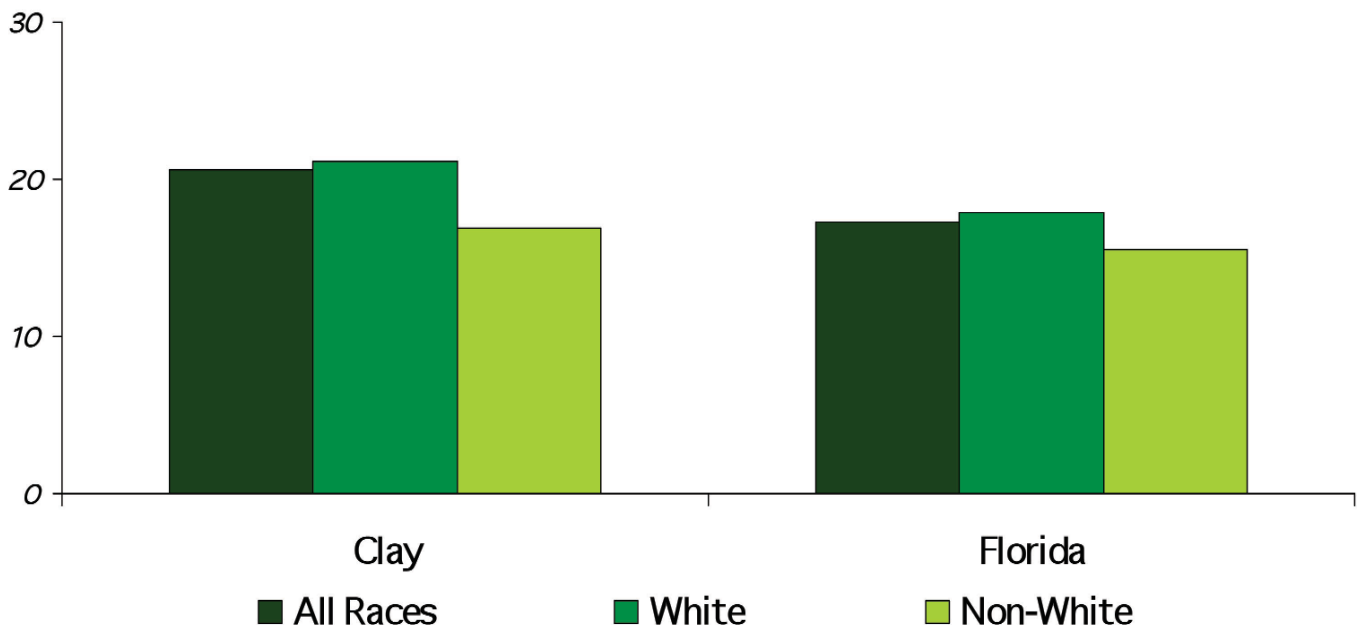
[11]U.S. Centers for Disease Control and Prevention (CDC),2010

Alcohol Related Motor Vehicle Accidents

Alcohol-impaired driving endangers the health and lives of drinking drivers, their passengers, and others on the road. Every day, 32 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver - this amounts to one death every 45 minutes. Alcohol-impaired driving takes an especially high toll on young people. One of every three drivers ages 21-24 who was killed in a motor vehicle crash in 2008 had a blood-alcohol concentration (BAC) of 0.08 (the legal limit) or above.[12]

Figure 23: Alcohol Related Motor Vehicle Accidents, All Populations, 2006-2008
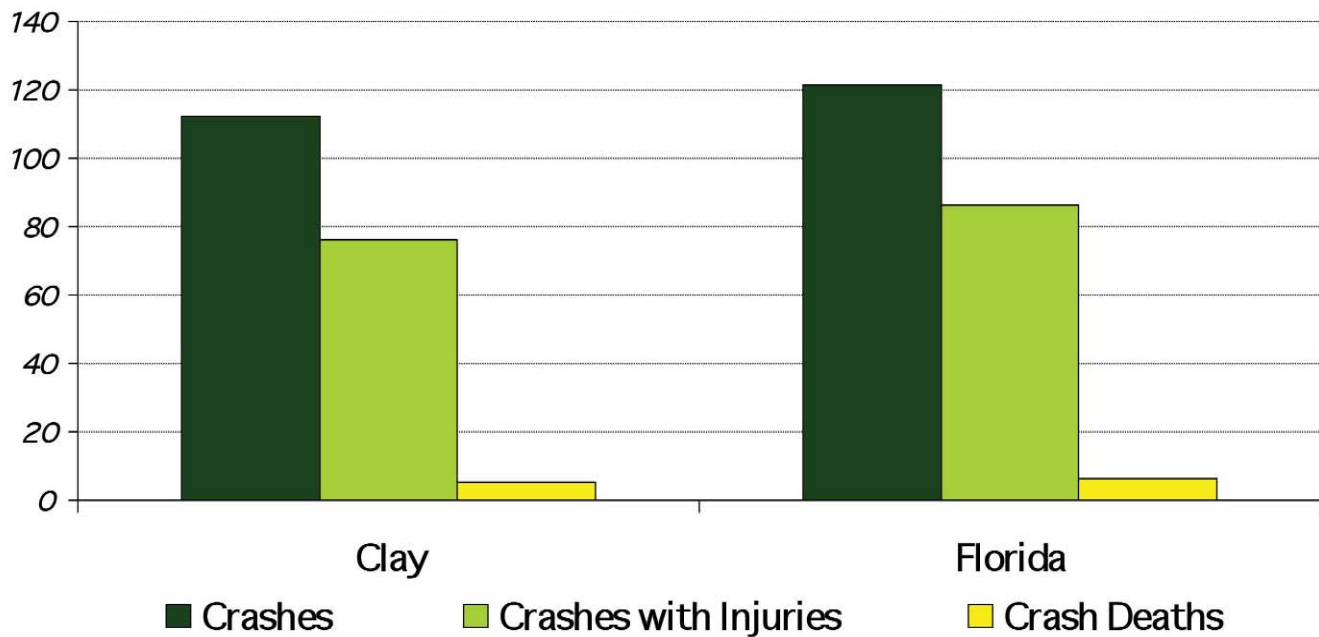
Source: Florida Department of Highway Safety and Motor Vehicles, 2010

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[12]U.S. Centers for Disease Control and Prevention (CDC),2010

Stroke

A stroke, sometimes called a brain attack, occurs when a clot blocks the blood supply to the brain or when a blood vessel in the brain bursts. Stroke is the third leading cause of death in the United States. Stroke can also cause significant disability, such as paralysis, speech difficulties, and emotional problems. Some new treatments can reduce stroke damage if patients get medical care soon after symptoms begin. When a stroke happens, it is important to recognize the symptoms, call 9-1-1 right away, and get to a hospital quickly. Individuals can greatly reduce their risk for stroke through lifestyle changes and, in some cases, medication.[13] Clay County's stroke mortality has seen a steady decline since 2003, especially among non-white populations. Successful strategies leading to this decline should be examined for possible replication among other disease states and conditions.

Figure 24: Stroke Mortality, All Races, 2003-2008
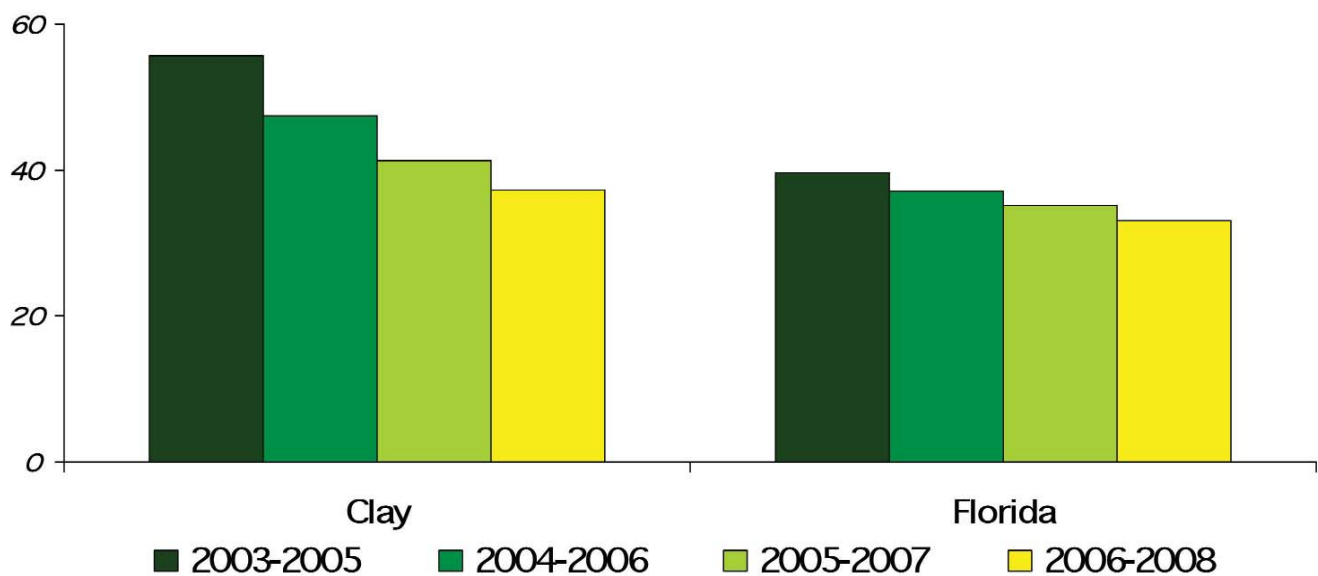
Figure 25: Stroke Mortality, by Race, 2006-2008
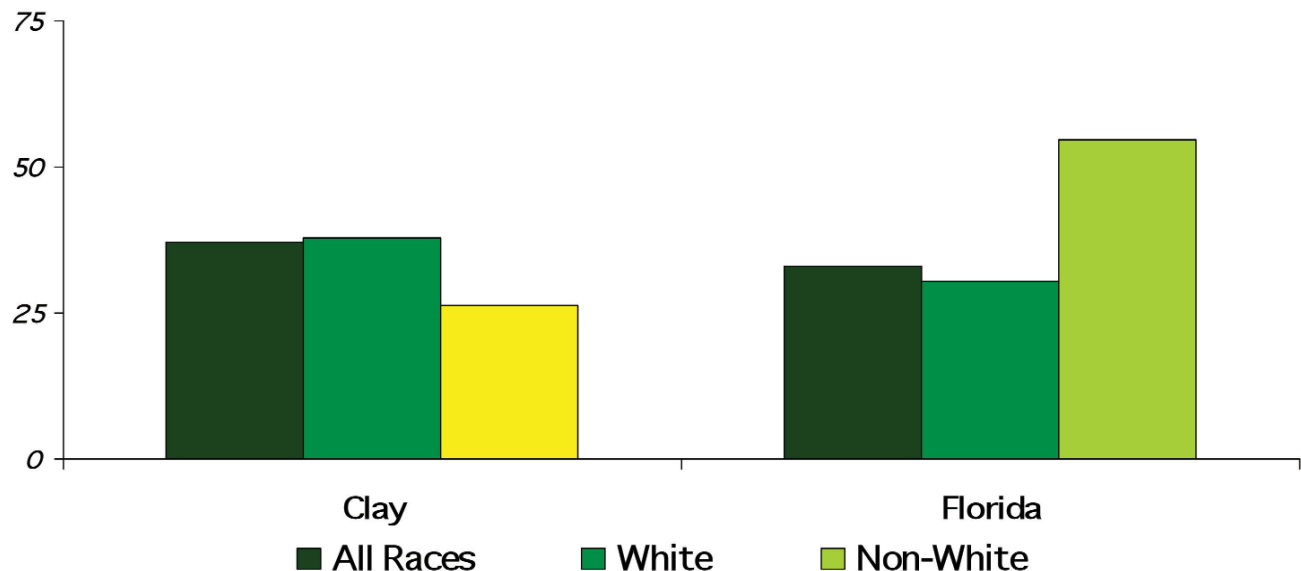
[13]U.S. Centers for Disease Control and Prevention (CDC),2010

Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Diabetes is the sixth leading cause of death in the United States. **Type 1 diabetes**, which was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes, may account for 5% to 10% of all diagnosed cases of diabetes. **Type 2 diabetes**, which was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes, may account for about 90% to 95% of all diagnosed cases. Risk factors for type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity.[14] Research studies have found that moderate weight loss and exercise can prevent or delay type 2 diabetes among adults at high-risk of diabetes. The rate of deaths from diabetes had remained fairly stable in Clay County during the period from 1997–2003; but have shown a steady decline since 2004. Non-white populations are disproportionately impacted by diabetes, with mortality rates nearly twice those among white residents in Clay County.

Figure 26: Diabetes Mortality, All Races, 2003-2008

■ 2003-2005 ■ 2004-2006 ■ 2005-2007 □ 2006-2008
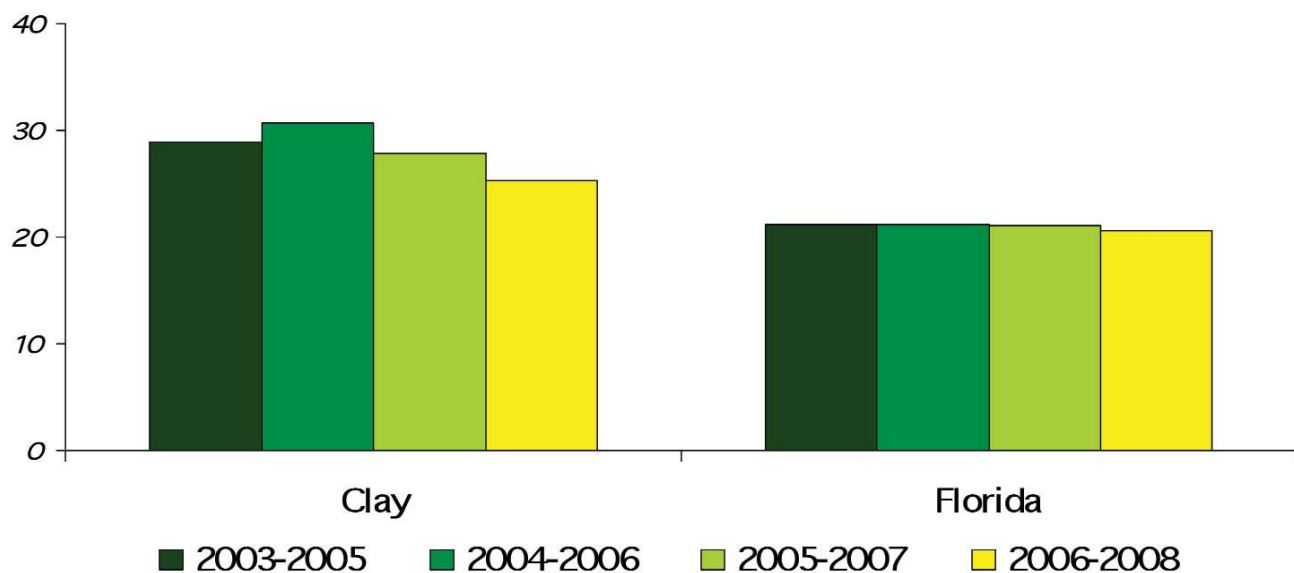
Figure 27: Diabetes Mortality, by Race, 2006-2008

■ All Races ■ White □ Non-White
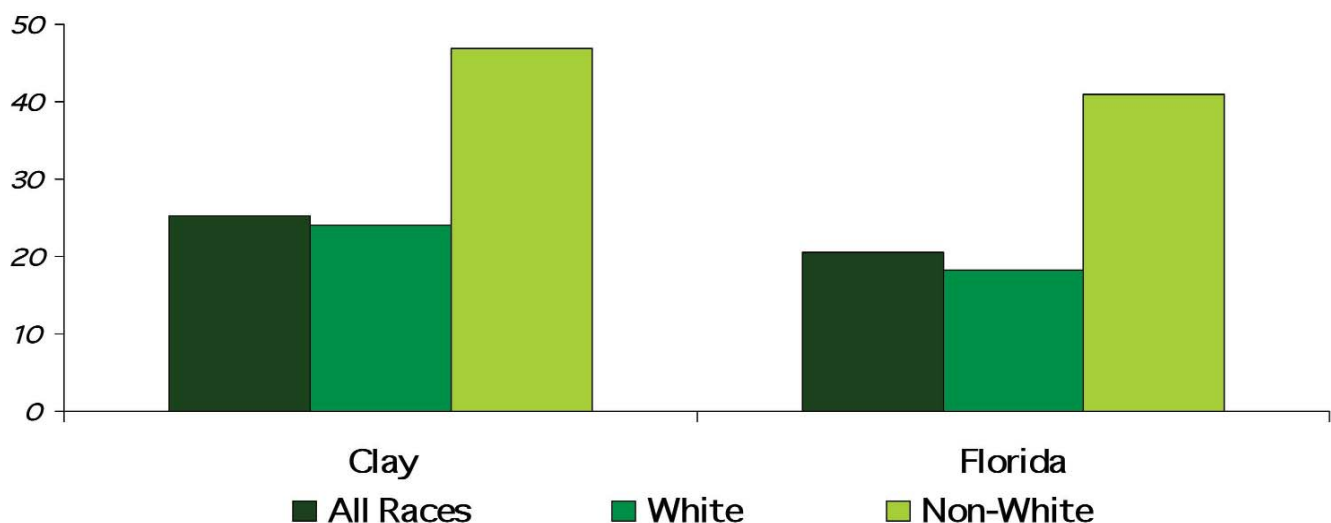
[14]U.S. Centers for Disease Control and Prevention (CDC),2010

Diabetes (continued)

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. People with diabetes must take responsibility for their day-to-day care, and keep blood glucose levels from going too low or too high.

Cardiovascular disease is the leading cause of early death among people with diabetes. Adults with diabetes are two to four times more likely than people without diabetes to have heart disease or experience a stroke. At least 65% of people with diabetes die from heart disease or stroke. About 70% of people with diabetes also have high blood pressure.

A combination of high blood glucose and high blood pressure can also cause small blood vessels to swell and leak liquid into the retina of the eye; blurring the vision and sometimes leading to blindness. People with diabetes are also more likely to develop cataracts (a clouding of the eye's lens), as well as glaucoma (optic nerve damage).

Diabetes is the most common cause of kidney failure, accounting for nearly 44% of new cases annually in the U.S. In diabetic kidney disease (also called diabetic nephropathy), cells and blood vessels in the kidneys are damaged, affecting the organs' ability to filter out waste. Waste builds up in the blood instead of being excreted. In some cases this can lead to kidney failure.

Having high blood glucose for many years can damage the blood vessels that bring oxygen to some nerves, as well as the nerve coverings. Damaged nerves may stop sending messages, or send messages too slowly or at the wrong times. Numbness, pain, and weakness in the hands, arms, feet, and legs may develop. Problems may also occur in various organs, including the digestive tract, heart, and sex organs. Diabetic neuropathy is the medical term for damage to the nervous system from diabetes. The most common type is peripheral neuropathy, which affects the arms and legs. Nerve damage, circulation problems, and infections can cause serious foot problems for people with diabetes. Poor circulation can sometimes lead to amputation of a toe, foot, or leg.[15]

Figure 28: Rate of Resident Hospitalizations with a Primary Diagnosis of Diabetes, All Races
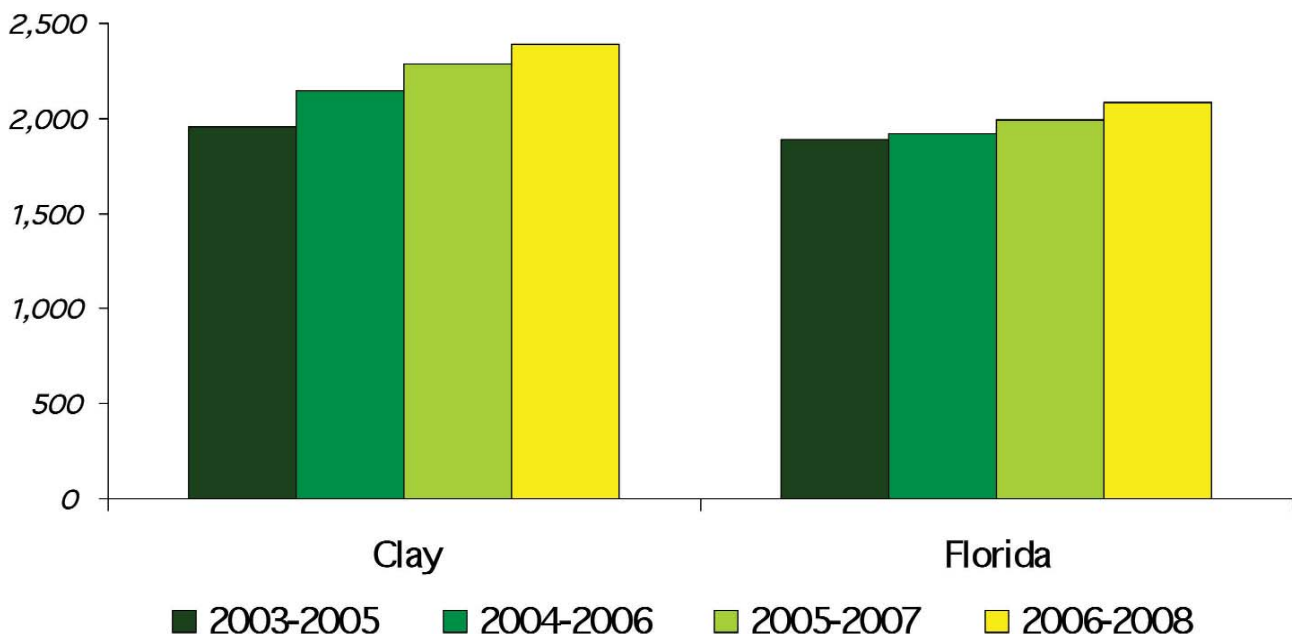
[15]All information obtained from U.S. Centers for Disease Control and Prevention (CDC),2010

Alzheimer's Disease

Alzheimer's disease has recently surpassed diabetes as the 6th leading cause of death among American adults. Notably, mortality rates for Alzheimer's disease are on the rise, unlike heart disease and cancer death rates which are continuing to decline. The number of Americans with Alzheimer's disease has doubled since 1980. Individuals with Alzheimer's disease still make up less than 13 percent of the Medicare population; yet they account for 34 percent of Medicare spending.[16]

Mortality from Alzheimer's has shown a decline in Clay County since 2006; however remained at twice the state rate as of 2006-2008. There is a slight disproportionate impact among non-white residents.

Figure 29: Alzheimer's Mortality, All Races, 2003-2008
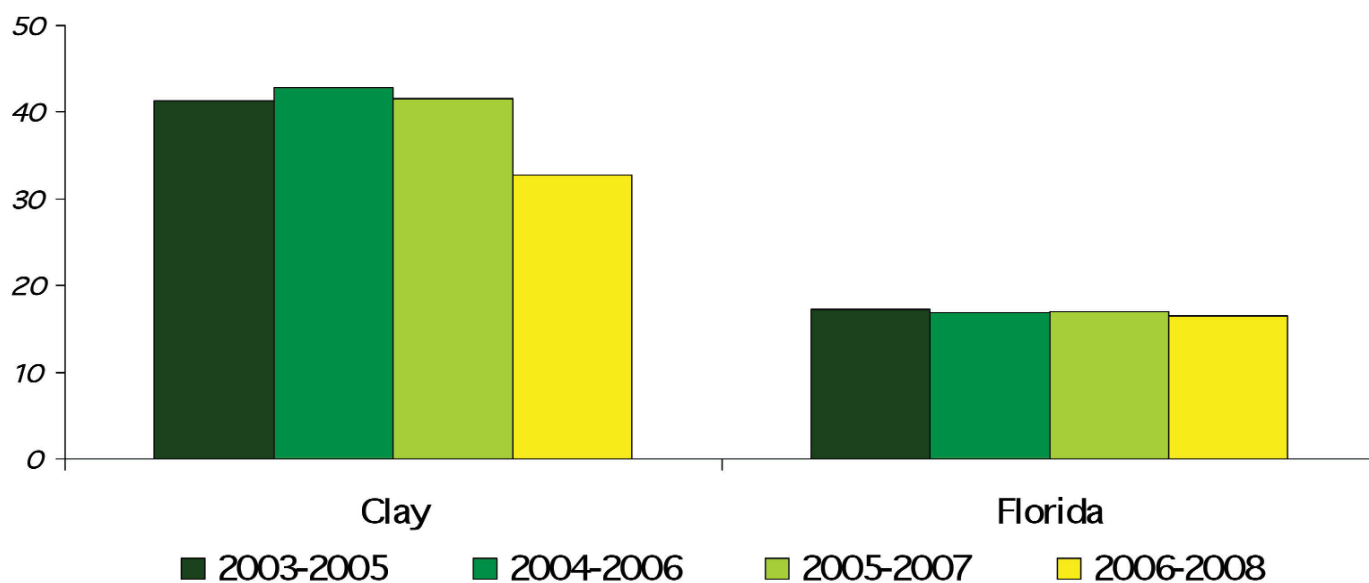
Figure 30: Alzheimer's Mortality, by Race, 2006-2008
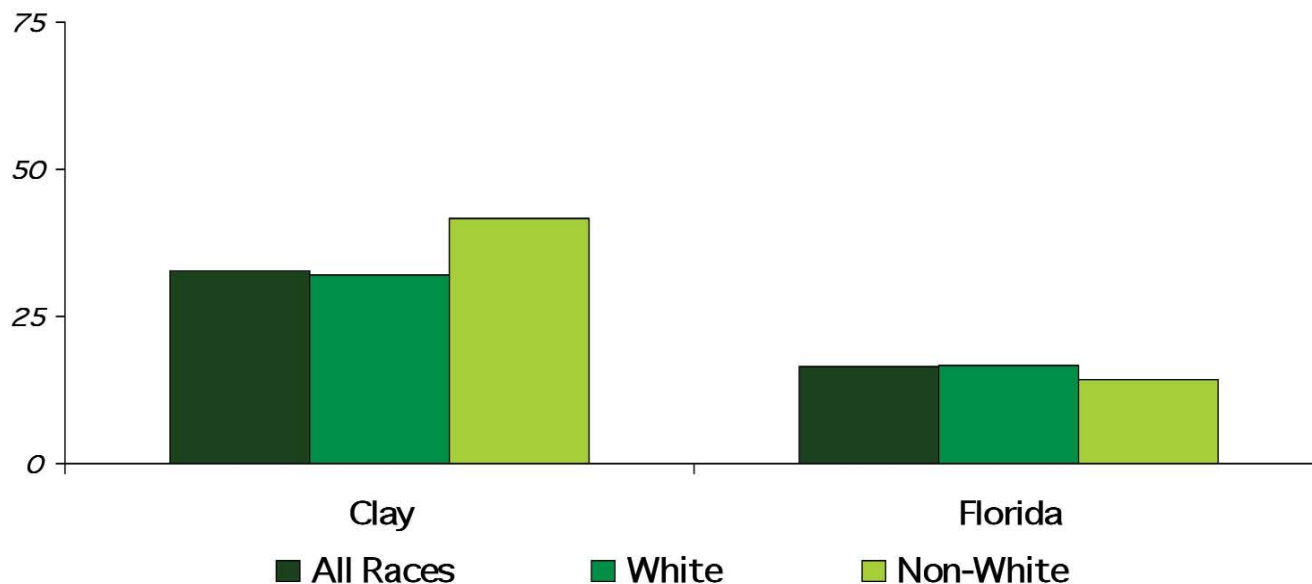
[16]U.S. Centers for Disease Control and Prevention (CDC),2010

Liver Disease and Cirrhosis

The liver is the 2nd largest and one of the most important organs in the human body. Almost all of the blood in the body passes through the liver. The liver performs hundreds of functions including storing nutrients, removing waste, and worn-out cells from the blood, filtering, and processing chemicals from food, alcohol, and medications. Among the numerous diseases that affect the liver, cirrhosis accounts for most of the cases of liver disease and death associated with liver failure. Chronic alcoholism is the leading cause of cirrhosis in the United States.

The rate of deaths associated with liver disease has increased slightly during recent years in Clay County, however remain at or near the state average. Liver disease impacts white population groups in Clay County at rates more than double those in non-white populations.

Figure 31: Liver Disease And Cirrhosis Mortality, All Races, 2003-2008
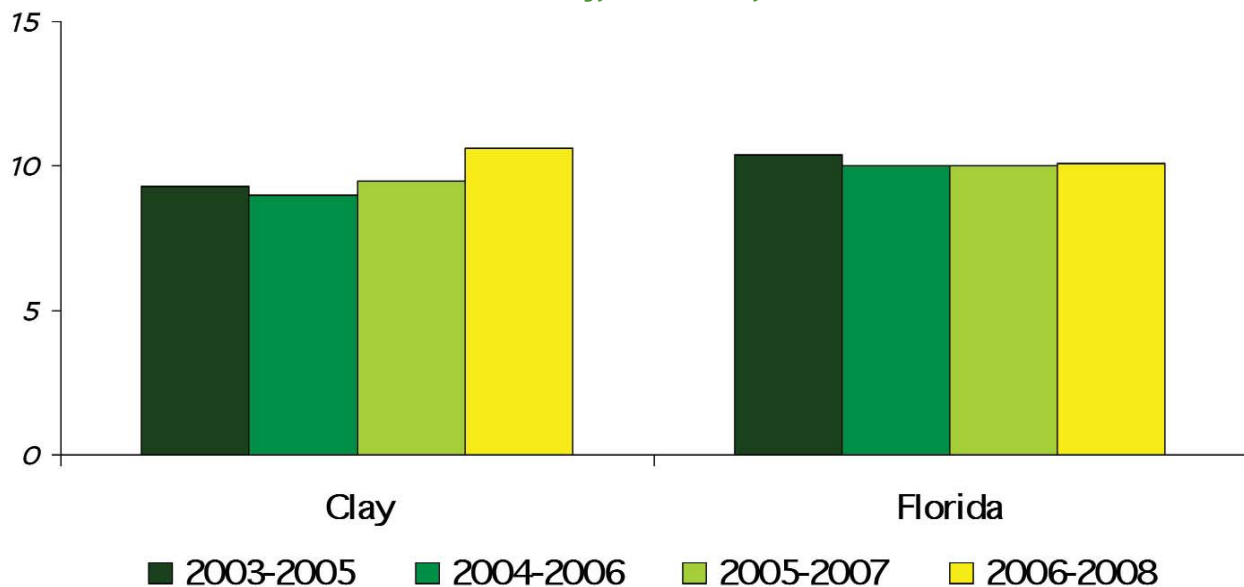
Figure 32: Liver Disease And Cirrhosis Mortality, by Race, 2006-2008
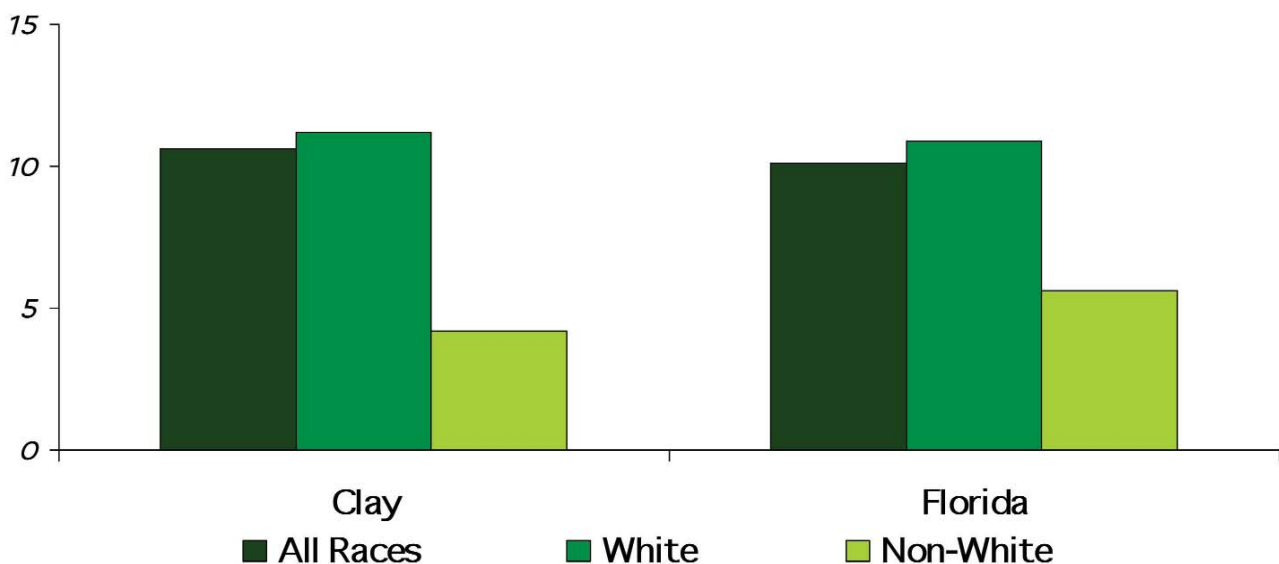
Influenza and Pneumonia

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. The flu can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that is usually caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease; however, it can often be prevented with vaccines and can usually be treated with antibiotics or antiviral drugs.

Influenza and pneumonia together constitute the 8th leading cause of death in the United States. Deaths from flu and pneumonia have steadily decreased in Clay County since 2004; but remain at least twice as high among white populations when compared to non-white population groups in the county.

Figure 33: Influenza & Pneumonia Mortality, All Races, 2003-2008
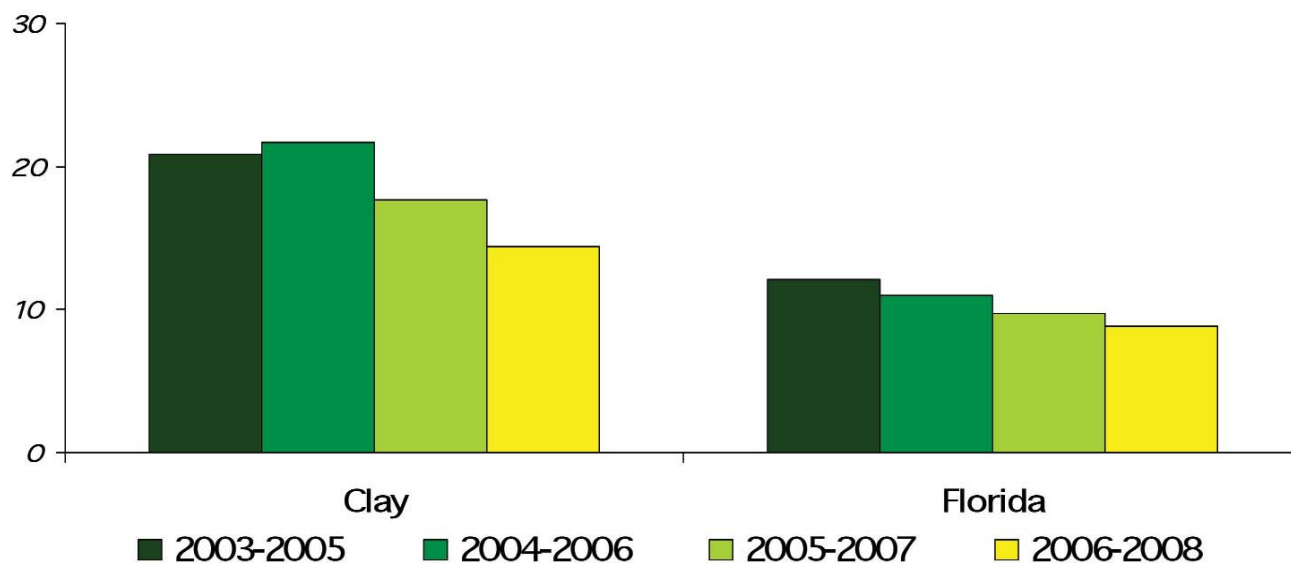
Figure 34: Influenza & Pneumonia Mortality, by Race, 2006-2008
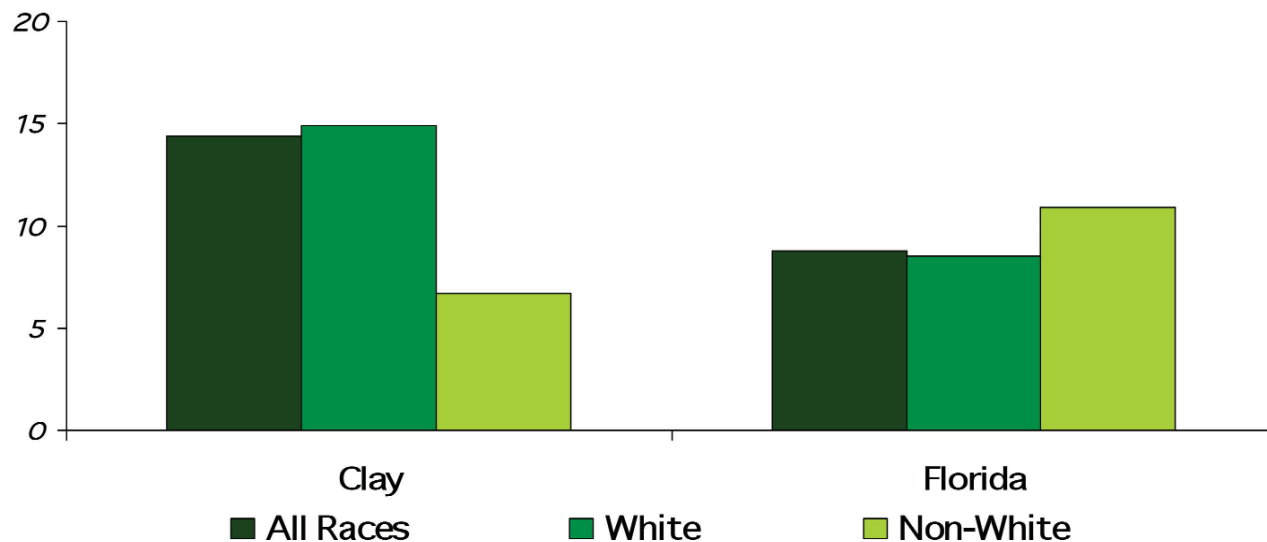
Communicable Diseases

Enteric Diseases

Bacterial and viral infections of the gastrointestinal tract can lead to diarrheal disease. Many of these pathogens are transmitted through contaminated food or water. In the United States, diarrhea is the second most common infectious illness, accounting for one out of every six of all infectious diseases.[17] The overall incidence of enteric disease has steadily increased in both Clay and Florida since 2004.

Vaccine Preventable Diseases

Vaccine-preventable diseases, not long ago, disabled and killed thousands of Americans annually. Thanks to our country's high childhood immunization coverage levels, these diseases are now very uncommon. Vaccine-preventable diseases include: Diptheria, Haemophilus Influenzae B (Hib), Hepatitis A and B, Measles, Mumps, Meningococcal, Pneumococcal, Polio, Pertussis (whooping cough), Rotavirus, Rubella, Tetanus, and Varicella (chickenpox). The rate of incidence of these diseases (combined) increased from 3.1 in Clay County during 2004-2006 to 4.5 by 2006-2008; while remaining virtually stable across Florida as a whole.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs), are among the most common infectious diseases in the United States today. More than 20 STDs have now been identified, and they affect more than 13 million men and women in this country each year. 14 Clay County has seen a 33% increase in the incidence of STD's since 2004, compared to a 21% increase statewide; but remains well below the state incidence rate.

Hepatitis

The word "hepatitis" means inflammation of the liver and also refers to a group of viral infections that affect the liver. The most common types are Hepatitis A, Hepatitis B, and Hepatitis C. Viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation.

HIV and AIDS

The rate of HIV/AIDS deaths in Florida is equal to that of Homicides; and they share a rank as the eleventh leading cause of death among Floridians. Clay County has a significantly lower average rate of HIV and AIDS cases than Florida as a whole; ranking 26th among the state's 67 counties in the number of HIV cases and 23rd in the number of AIDS cases reported.

Table 8: Communicable Disease Mortality Rate(s), All Races, 2006-2008

Communicable Diseases	Clay	Florida
Enteric Disease Incidence Rate	84.2	51.1
Vaccine Preventable Diseases (all) – Incidence Rate	4.5	3.3
Gonorrhea, Chlamydia and Infectious Syphilis Incidence Rate	340.9	447.7
Viral Hepatitis Mortality Rate	3.5	2.5
HIV/AIDS Mortality Rate	3.1	8.4

[17]National Institutes of Health, National Institute of Allergy and Infectious Diseases, 2010

Maternal and Child Health

Female Population of Childbearing Age

The Florida Department of Health defines childbearing age for women to be between 15 and 44 years. Overall, despite having a generally younger population than the state average, Clay County has a slightly lower proportion of the population that are women of child-bearing age. The greatest differences are among Hispanics (Clay County has a lower rate than Florida) and, to a lesser degree, black residents.

Figure 35: Female Population, Ages 15-44, by Race, 2004-2008 (rate per 1,000 population)
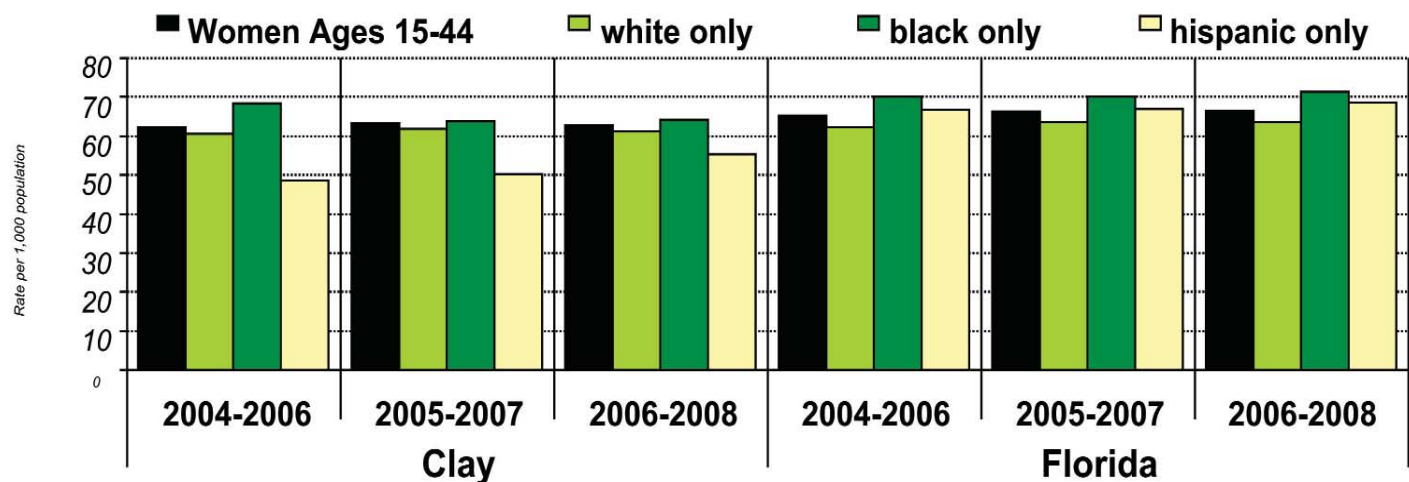
Birth Rate

The rate of live births (per 1,000 population) in Clay are comparable to the average(s) for Florida, among all races/ethnicities. The figure below illustrates the rates of live births among all women, white only, black only, and Hispanic women in both Clay County and Florida.

Figure 36: Live Birth Rate, by Race, 2004-2008
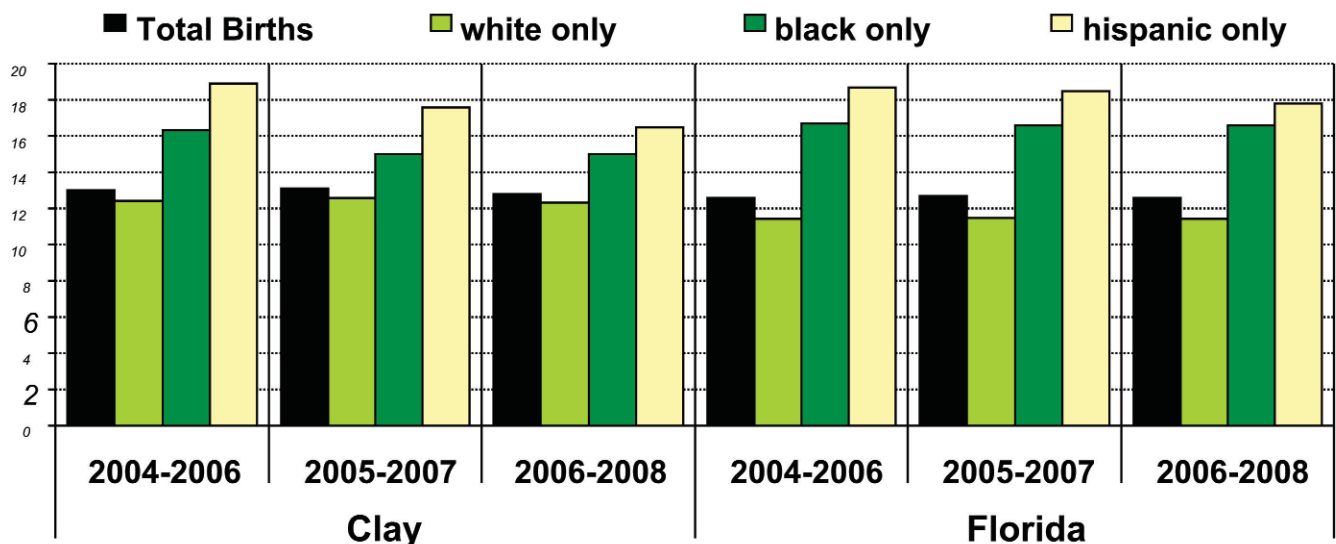
Infant Mortality

The infant mortality rate refers to those babies who die before their 1st birthday (0-364 days). Infant mortality is one of the most important indicators of the health of a nation, as it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices. The recent stagnation (since 2000) in the U.S. infant mortality rate has generated concern among researchers and policy makers.[18] Though great strides have been made in reducing the State's infant mortality rate, Florida's rate is still above most states and other industrialized countries. The nonwhite fetal and infant mortality rate is twice the white rate in Florida.[19] Clay County has seen an overall decline in infant deaths between 2003 and 2007, although there was a slight increase again during 2006-2008.

It is important to note that while the rate of infant mortality among non-white mothers in Clay County is significantly higher (2.9 times higher) than among white mothers; the actual number of infant deaths among minority populations was much lower than among whites. During 2006-2008, a total of 14 infants died in Clay County. Of those, 9 were white, 3 were black, and 2 were Hispanic.

Figure 37: Infant Mortality Rates, All Races, 2003-2008
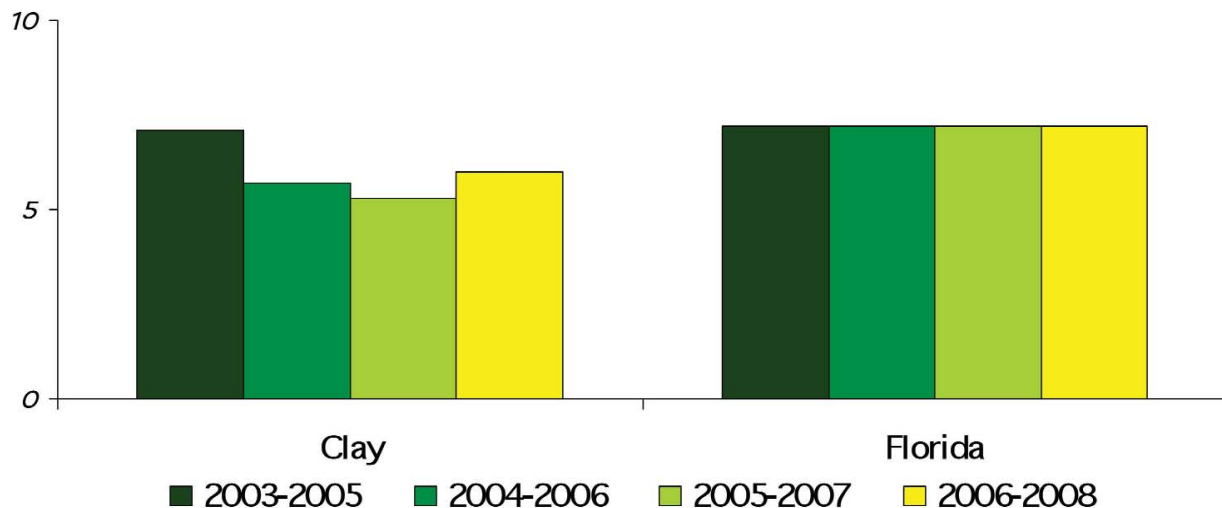
Figure 38: Infant Mortality Rates, by Race, 2006-2008
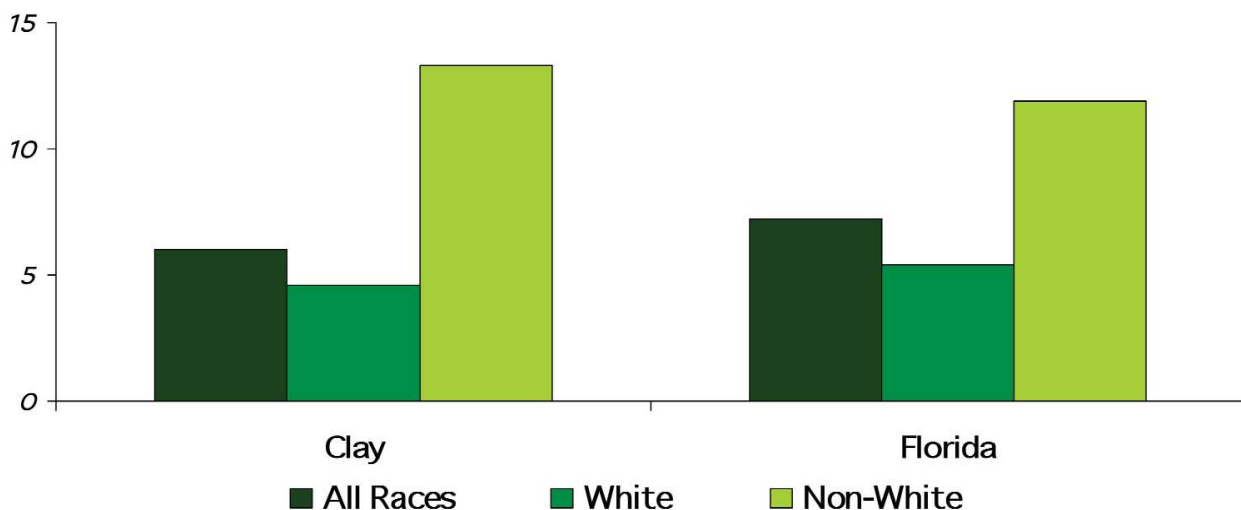
[18]U.S. Centers for Disease Control and Prevention (CDC),2010
[19]Florida Healthy Start Program, 2010

Poor Birth Outcomes

Maternal behaviors known to be related to poor birth outcomes include tobacco use, alcohol use, and failure to consume adequate folic acid through multivitamins or diet. Evidence suggests that successful interventions targeting these behaviors prior to pregnancy are associated with improved health of the woman and her infant. For example, tobacco use during pregnancy is associated with preterm birth, small size for gestational age, and low birth weight. Tobacco use also contributes to the occurrence of spontaneous abortion, stillbirth, fetal death, and sudden infant death syndrome.

National studies indicate that as many as one in 10 women have had a poor birth outcome, and are candidates for interventions to improve maternal health during the interconception period (the period of time between pregnancies). Certain subgroups of women (i.e., black women, women whose most recent pregnancy was unintended, and those who had Medicaid coverage before pregnancy or at delivery) displayed higher rates of previous low birth weight and preterm deliveries. This finding underscores the need for preconception clinical and public health services and programs targeted towards subpopulations of women who are identified to be at risk for poor birth outcomes.

Pre-Term Delivery

Preterm birth (births at less than 37 completed weeks of gestation) is a key risk factor for infant death. The percentage of preterm births has increased rapidly in the United States in recent years.

Low Birth Weight

The most important predictor for infant survival is birthweight. A baby's chance for survival increases exponentially as birthweight increases to its optimal level. The incidence of low birth weight (LBW), defined as less than 2,500 g (less than 5 lb, 8 oz), remains a major public health concern in the United States. Because two-thirds of all infants who die in the U.S. begin their lives with LBW; the 1990 health objectives for the nation state that *"low birthweight babies should constitute no more than five percent of all live births"*. Evidence clearly supports the negative effects of cigarette smoking during pregnancy on birth weight, and shows a dose-response relationship between number of cigarettes smoked during pregnancy and a corresponding decline in birth weight.[20]

[20]All information obtained from the U.S. Centers for Disease Control and Prevention (CDC),2010

Adolescent Births

Babies born to young mothers under the age of 18 are more likely to experience poor birth outcomes than those born to mothers between the ages of 18 and 45. Birth outcomes are also closely tied to the education, economic outlook, and family relationships of the mother. Births to teenage mothers in Clay County showed a steady decrease from 2005-2008 (Figure 38). There was a higher rate of births to non-white teenage mothers than white mothers in Clay County as shown in Figure 39.

Figure 39: Births to Mothers Ages 15-19yrs, All Races, 2003-2008
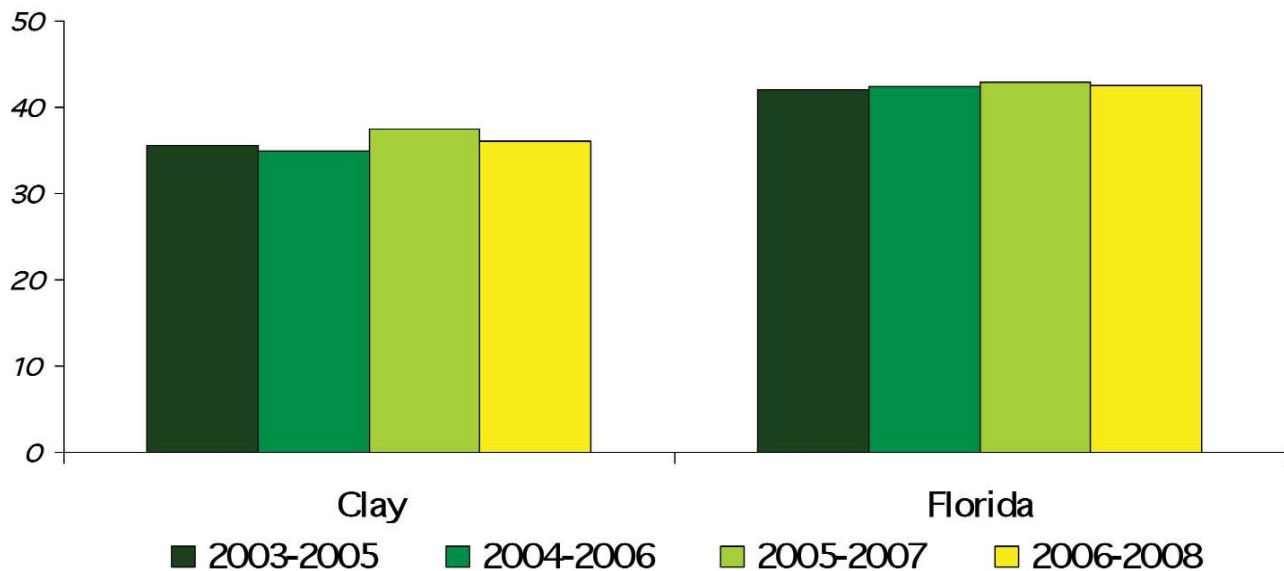
Figure 40: Births To Mothers Ages 15-19, by Race, 2006-2008
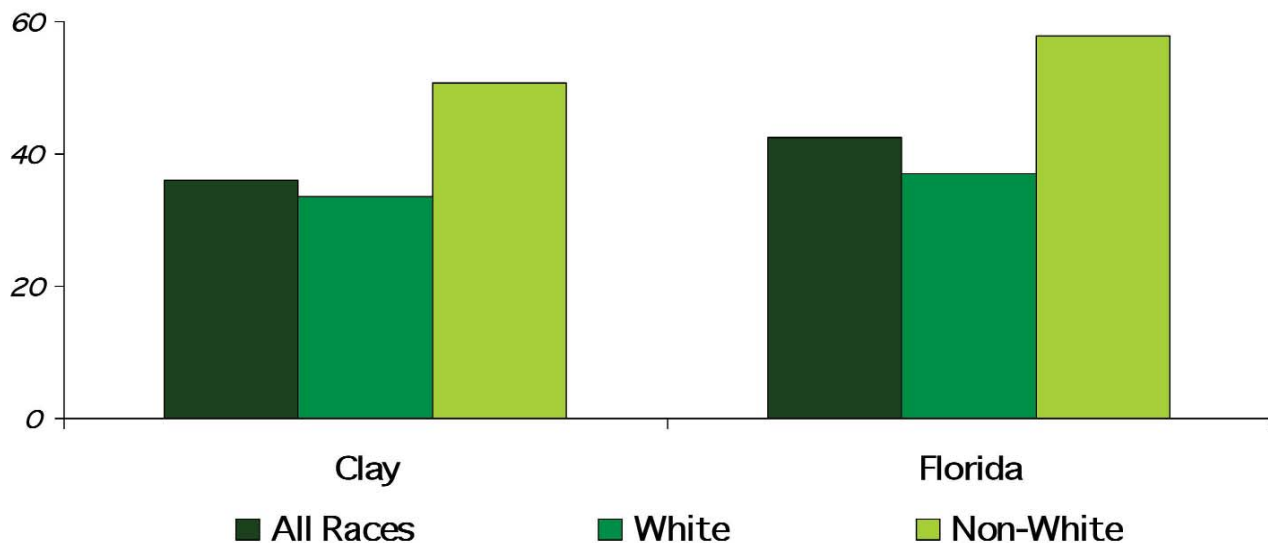
Social and Mental Health

Domestic Violence

Domestic violence is a widespread social problem that affects families on all socio-economic and demographic levels. Clay County showed an increase in domestic violence from 2008- 2009, as shown in Table 14.

Table 9: Domestic Violence Offenses, 2009

Area	Total Population	Total Domestic Violence Offenses	% Change 2008-2009^	Rate Per 100,000 Population	Rate Change 2008-2009^
Baker	25,899	42	-41.7	162.2	-41.7
Bradford	29,085	165	-17.5	567.3	-17.6
Clay	185,208	1,267	5.0	684.1	4.9
Duval	900,518	7,879	9.9	874.9	10.4
Nassau	72,588	449	19.4	618.6	18.3
Florida	18,750,483	116,547	3.0	621.6	3.3

Note:^ Percent changes in the number and should be interpreted with caution, due the fact that in small counties, a small increase in crime can produce a large percent change. Source: FDLE. Crime in Florida, Florida Uniform Crime Report, Florida Statistical Analysis Center, 2009

Figure 41: Total Domestic Violence Offenses, All Races, 2003-2008
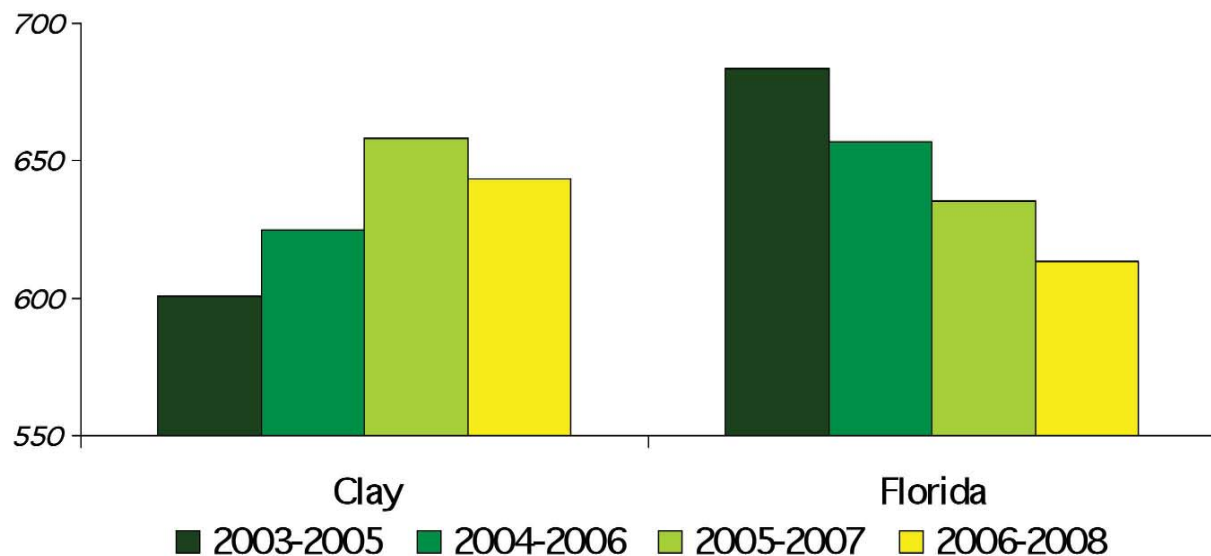
Suicide

Suicide occurs when a person ends their own life; and is the 11th leading cause of death among Americans. But suicide deaths are only part of the problem. More people survive suicide attempts than actually die. Those who attempt suicide and survive may have serious injuries like broken bones, brain damage, or organ failure. Also, people who survive often have depression and other mental health problems.[21] Clay County has shown a slow but steady decrease in total suicides (by rate per 100,000 population) since 2003, while the rate across all of Florida has remained relatively stable. Suicide tends to occur more frequently among white populations than non-white groups. In Clay County, there were a total of 24 suicides among white residents during 2008, compared to only 1 among all non-white population groups combined.

Figure 42: Suicide Mortality, All Races, 2003-2008
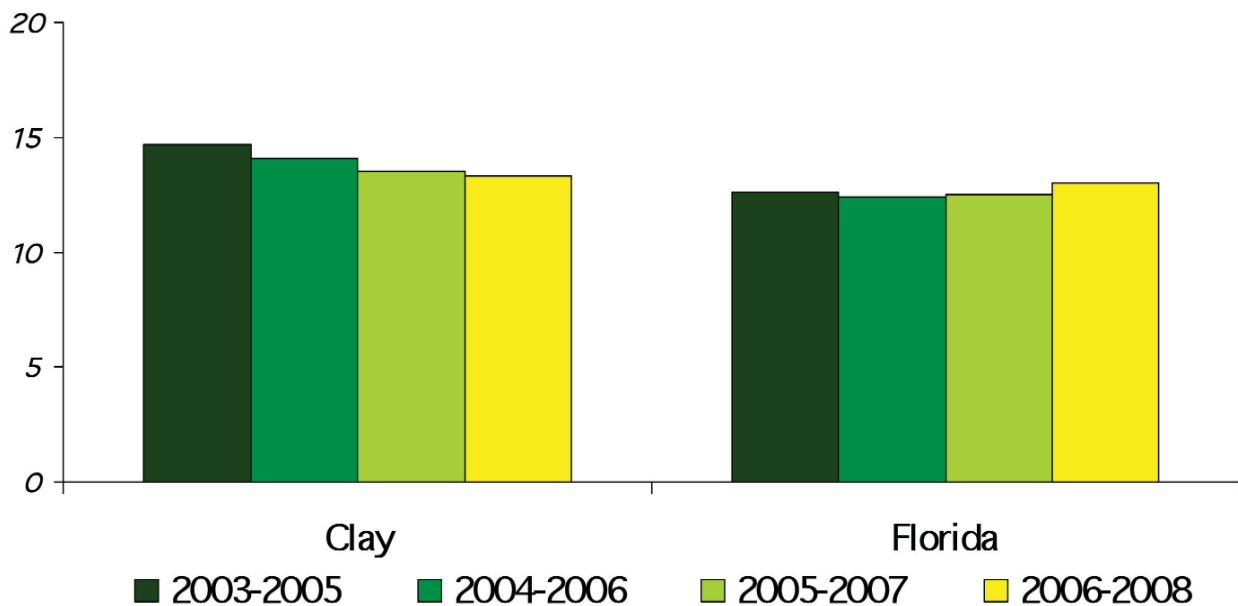
Figure 43: Suicide Mortality, by Race, 2006-2008
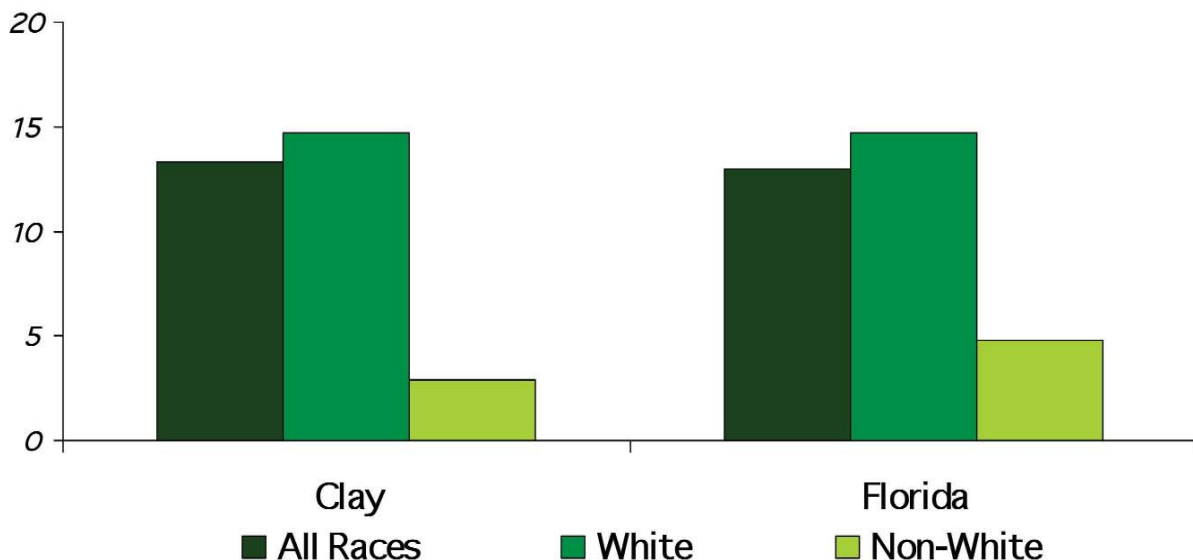
[21]U.S. Centers for Disease Control and Prevention (CDC),2010

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the Florida Mental Health Act, a comprehensive revision of the state's mental health commitment laws. The law is widely referred to as the "Baker Act" in honor of Maxine Baker, the former state representative who sponsored the Act. The Baker Act allows for involuntary examination (also sometimes referred to as emergency or involuntary commitment). It can be initiated by judges, law enforcement officials, physicians or mental health professionals only when there is evidence that the person has a mental illness and is a harm to self, harm to others, or self neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and can occur in any of over 100 Florida Department of Children and Families-designated receiving facilities statewide.[22]

It is important to note that some individuals for whom forms were received were never actually admitted to the receiving facility because an examination by a physician or psychologist performed prior to admission determined they did not meet criteria. The data also do not include information on what occurred after the initial examination. The data does not reveal how long individuals stayed at the facility and whether they remained on an involuntary or voluntary basis.[23]

In Clay County, Orange Park Medical Center is the only reported receiving facility for clients referred under the Baker Act. The chart below illustrates the total number of reported Involuntary (i.e. Baker Act) referrals for Clay County residents, as well as the number and percent of those that were received at Orange Park Medical Center. It is important to note that there are at least 8 designated Baker Act receiving facilities in neighboring Duval County, and that those Clay Residents who were not received at OPMC were likely transported into Jacksonville (Duval).

Figure 44: Total Involuntary Examinations for Clay County Residents, 2002-2007
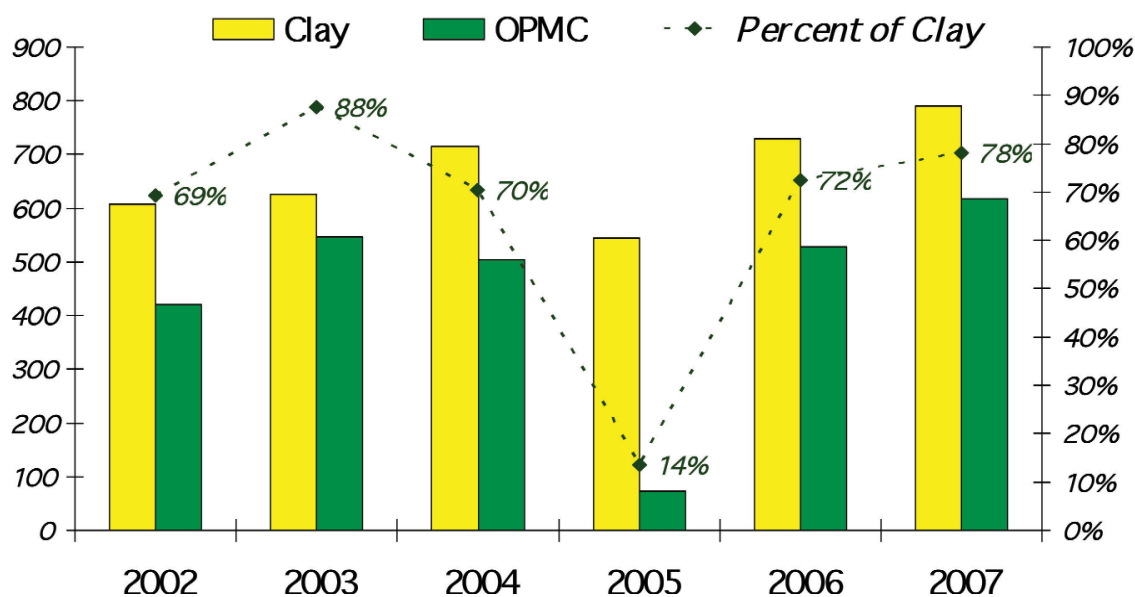
Substance Abuse

Data reported from the Florida Department of Children and Families (DCF), who administrate mental health and substance abuse programs for the state, is available on a regional level and therefore may not identify specific issues and trends within single county. Clay County is included in DCF Region 4, along with neighboring Duval and also Nassau County. Regional data indicate that at least 17,288 adults received substance abuse treatment between July 1, 2008 and June 30, 2009. An additional 6,235 children received treatment during the same time period. Annual reports also show that at least 26,188 adults were served with mental health services, along with 12,635 children during 2008-2009.

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

Substance Abuse continued)

The Department reports that approximately 33% of adults and 30% of children with needs related to substance misuse and abuse ever seek treatment. Of those, only 31% of adults and 56% of children actually receive the needed services. There was an average of 1,300 adults and 200 children (statewide) on monthly waiting lists during the 2008-2009 fiscal year in Florida. Despite Florida's status as the 4th larges state in population, Florida's per-capita funding for mental health and substance abuse services is ranked 49th and 37th respectively in the nation.[24]

The Florida Department of Law Enforcement (FDLE) also publishes a report annually of *"Drugs Identified in Deceased Persons by Florida Medical Examiners."* The 2009 report shows that the most common drugs identified in Region 4 in deceased persons included (excluding ethyl alcohol): Alprazolam (more commonly known by the namebrand Xanax) (n=127), Cocaine (n=125), Hydrocodone (n=115), and Oxycodone (n=94).[25]

Teen-age drinking and drug use is a growing concern in many counties throughout Florida, as well as the nation. In 2004, 20% of all arrests in Clay County from drug offenses were among juveniles with comparison to 9% statewide. In addition, Clay County had a higher percentage of youth liquor law violations than Florida, with 22% of total arrests from juveniles compared to only 4% in the state. Table 15 summarizes the total arrests from drug and alcohol related offenses in Clay County and Florida for juveniles and adults.

Table 10: Arrests by Offenses, 2004

Offenses	Total Arrested	Juvenile Arrests		Adult Arrests	
		Number	Percent	Number	Percent
Clay County Offenses					
Drug Arrests	577	113	20%	464	80%
Driving Under Influence (DUI)	295	3	1%	292	99%
Liquor Law Violations	65	14	22%	51	78%
Florida Offenses					
Drug Arrests	150,334	14,134	9%	136,200	91%
Driving Under Influence (DUI)	55,805	480	0.1%	55,325	99%
Liquor Law Violations	35,692	1,419	4%	34,273	96%

Source: Office of the Sheriff, Clay County, Annual Arrests Report, 2004
Florida Department of Law Enforcement, Crime in Florida, 2004 Florida Uniform Crime Report

The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco and other drug use and delinquent behaviors as well as the risk and protective factors related to these behaviors. The 2008 FYSAS was administered to 3,935 Clay County students in grades 6 – 12 in the spring of 2008.

Key findings revealed that alcohol continues to be the most commonly used drug among Clay County students. After alcohol, students reported cigarettes and marijuana as the most commonly used drugs. Prevalence rates for other drugs are substantially lower.

While some of the findings compare favorably to the national findings, Clay County youth are still reporting drug use and delinquent behavior that will negatively affect their lives and our society. The FYSAS data will enable Clay County's planners to learn which risk and protective factors to target for their prevention, intervention and treatment programs. A full copy of Clay's report can be found at: http://www.hpcnef.org/files/health-needs-assesments/ClayCounty.pdf

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[24]All information obtained from the Florida Department of Children and Families, 2010
[25]Drugs Identified in Deceased Persons by Florida Medical Examiners, 2009 Report, FDLE, 2010

Behavioral Risk Factor Surveillance Survey

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance System Survey (BRFSS) in the early 1980's in a handful of states and today, all states participate in the survey. BRFSS data have been widely used to monitor health behavior and health status at the state and national levels, however, due to small sample sizes, statewide BRFSS results cannot provide accurate and reliable data at the county level for public health program planning and evaluation. Therefore, with support from county health departments and other health agencies, the Florida Bureau of Epidemiology designed and implemented the county-level BRFSS in 2002 to provide data on behavioral risk factors and chronic disease conditions for each of Florida's 67 counties.

The 2007 county-level BRFSS is the first since the initial county-level effort in 2002. Over 39,000 interviews were completed in the 2007 calendar year, with a target sample size of 500 completed surveys in each county. Five counties also requested additional questions, including Clay, Collier, Duval, Monroe, and Orange. In addition, 2007 county-level questionnaires included all of the questions asked on a state level, unlike 2002 in which an abbreviated questionnaire was administered.

The 2007 BRFSS provides counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to morbidity and mortality among adults in Florida. This report presents the survey data on a variety of issues related to health status, health care access, lifestyle, chronic illnesses, and disease prevention practice. Findings can also be used to: (1) prioritize health issues and identify populations at highest risk for illness, disability, and death; (2) plan and evaluate prevention programs; (3) educate the community and policy makers about disease prevention; (4) support community policies that promote health and prevent disease.

A total of 530 surveys were completed from Clay County during 2007. A summary of the county's BRFSS Report can be found on the Bureau of Epidemiology's website at: www.doh.state.fl.us/Disease_ctrl/epi/BRFSS_Reports/BRFSS_Index_2007.htm The report compares Clay County to statewide findings, as well as provides a comparison to the county-level findings obtained in 2002.

Some of the key findings identified from the BRFSS report include that 68.8% of all adults surveyed self-reported that they are either overweight or obese; which was found to be significantly higher (statistically) than the state average of 62.1% of adults reporting the same condition(s). Findings also revealed that 10.6% of Clay County residents reported having a diagnosis from a medical professional of Diabetes, compared to 8.7% of residents statewide. The rate of diabetes diagnoses in Clay decreased significantly as reported income increased, with 15.5% of residents making under $25,000 per year indicating a diabetes diagnosis compared to 12.8% of those making between $25,000 and $50,000; and an even smaller 9.2% of persons making more than $50,000 per year.

The survey also revealed key findings related to smoking and tobacco use, binge drinking, consumption of fruits and vegetables, physical activity levels, and health insurance coverage status. The Task Force members reviewed all of the relevant findings from the survey; and key findings were highlighted again during the prioritization of health issues for the county.

The general term "Access to Care" is ambiguous in that it does not clearly define what type of treatment (i.e. care) is needed; nor does it specify how access is determined or measured. The U.S. Health Resources and Services Administration (HRSA) states that *"access to health care is generally related to the ability of individuals in a population group to obtain appropriate services to diagnose and treat health problems and symptoms."* The Administration further adds that a variety of factors can influence access to health care for an individual or family, including: availability of health insurance or means of paying for needed services, sufficient numbers of appropriate health professionals to serve all those needing services, and availability of appropriate health care organizations within reasonable travel times.[1] For the purposes of this assessment, the term's applied definition may be best summarized by the U.S. Army's Medical Department, which defines Access to Care (ATC) as: *"encompassing all of the necessary activities that will ensure our beneficiaries get to the right provider, at the right time, at the right place."*[2] This section will review some of the commonly examined indicators for access to care, as well as the available local data related to them.

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance coverage may be obtained privately through an employer (the individual's own or an immediate family member); or purchased independently. Many individuals also qualify for government subsidized or other publicly funded health coverage programs such as Medicare, Medicaid, Military and/or VA benefits, and others. These programs usually have specific eligibility requirements and are not available to everyone. Persons who are uninsured often include both full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and numerous others who simply cannot afford the costly premiums of adequate coverage. Numerous studies have shown evidence that uninsured persons experience less positive medical outcomes than their insured counterparts; and are also less likely to have a regular source of primary care or seek preventive health services.[3]

The 2004 *Florida Health Insurance Study* was funded by the State Planning Grant program of the U.S. Health Resources and Services Administration, with management at the state level from Florida's Agency for Health Care Administration (AHCA). A research team at the University of Florida served as the prime contractor. Telephone interviews were conducted with 17,435 Florida households, collecting data for about 46,876 individuals, in the spring/summer of 2004. Unfortunately, funding has not been available for such an in-depth study since that time; and the data in the 2004 edition does not reflect new trends that have emerged as a result of the national economic downturn and associated job losses. For this reason, more current data was sought from additional sources.

Responses from Clay County residents in the 2007 county-level BRFSS indicate that 88.7% of residents overall reported having some type of health insurance coverage at the time of the survey; compared to 81.4% statewide. This was considered to be a statistically significant difference from the state average. There were some specific differences in coverage noted among specific groups. For example, 91.2% of men reported having health insurance, compared to 86.4% of women. Additionally, 91.5% of persons who had attended four or more years of college reported having coverage, compared to only 71.2% of persons with no formal education beyond high school. Similarly, 97.6% of persons making $50,000 or more per year had insurance, compared to only 70.8% among persons making less than $25,000.

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[1]U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), 2010
[2]U.S. Army Medical Department, 2010
[3]*Cover the Uninsured*, a National project of the Robert Wood Johnson Foundation, 2010

Data reported by the U.S. Census Bureau from the 2007 Small Area Health Insurance Estimates indicate that as many as 22% of Clay County residents were uninsured at that time among all races, age groups, and genders. Additional data obtained and reported by the Florida Hospital Association (FHA) indicates that during 2006, at least 21.9% of Clay County residents between ages 18 and 64 were uninsured; with an additional 17.2% of minors under the age of 18 also being uninsured. Among seniors, the FHA reports at least 20.6% of Clay residents over the age of 65 were without health insurance during 2006.

Florida's Agency for Health Care Administration (AHCA) administers the Medicaid program for the state. The agency records and tracks various types of enrollment data, and many of these figures are available on their website at: http://ahca.myflorida.com/Medicaid/index.shtml.

The table below shows the reported enrollments in Medicare, Medicare HMO, Medicaid, Medicaid HMO, and Commercial HMO insurance programs. Please note that significant numbers of insured residents are not reported because commercial insurance enrollment figures are not available and the number of employees covered by self insurance is unknown.

Table 11: Health Insurance Coverage, Clay County and Florida, 2009

Program	Clay County	Florida
Medicare	25,332 (13.2%)	3,247,677 (17.1%)
Medicare HMO	791 (0.4%)	750,336 (3.9%)
Medicaid	19,740 (10.3%)	2,727,362 (14.3%)
Medicaid HMO	3,314 (1.7%)	946,066 (5.0%)
Commercial HMO	16,296 (8.5%)	1,573,347 (8.3%)

Sources: Florida Medical Quality Assurance (FMQAI), AHCA, CMS, and ESRI population estimates, 2009

As shown, Clay County has a lower percentage of residents enrolled in Medicare with comparison to the state, which is not surprising considering that persons over the age of 65 make up a smaller age group proportionally in the county when compared to the state as a whole. Clay County also has a lower Medicaid enrollment rate than the state overall. Commercial HMO enrollment typically reflects employer-sponsored coverage, and Clay County's rate of coverage at 8.5% is nearly equal the state's overall rate of 8.3%.

The median monthly Medicaid enrollment has increased in Clay County during recent years, while the rate across Florida as a whole has remained relatively stable. This trend is shown in figure 44 on the following page.

Figure 45: Median Monthly Medicaid Enrollment, Clay County and Florida, 2004-2008
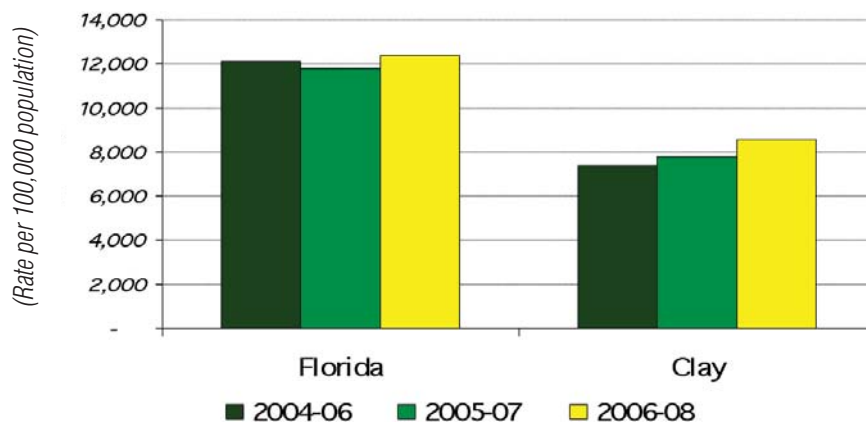
Source: Florida Agency for Healthcare Administration (AHCA), 3/31/2010

Coverage for Children

Federal government provisions for children's health coverage include Medicaid and Title XXI of the Social Security Act. In Florida, the KidCare Act of 1997 established eligibility requirements for coverage as well as created the Healthy Kids Program and the MediKids program for children ages 0-5. There are four general categories of children's coverage in Florida:
1. Medicaid covers children birth though 18 years, and eligibility is based on the age of child and household income. For example, children under age 1 are covered if the household income is below 200% of FPL; children aged 1-5 are covered if household income is less than 133% of FPL; and children aged 6 through 18 are covered if household income is below 100% of FPL.
2. MediKids covers children age 1 –5 whose income is between 133-200% of the federal poverty level.
3. The Healthy Kids program provides medical coverage for children ages 5 up to 19 in households whose income is between 100 – 200% of the federal poverty level (FPL).
4. Children's Medical Services covers children from birth through 18 who have special behavioral or physical health needs or chronic medical conditions.

The rate of KidCare enrollment per 100,000 children for each year between 2006 and 2008 are shown in the figure below, for both Clay County and Florida.[4]

Figure 46: KidCare Enrollment (MediKids + Medicaid), Clay County and Florida, 2006-2008
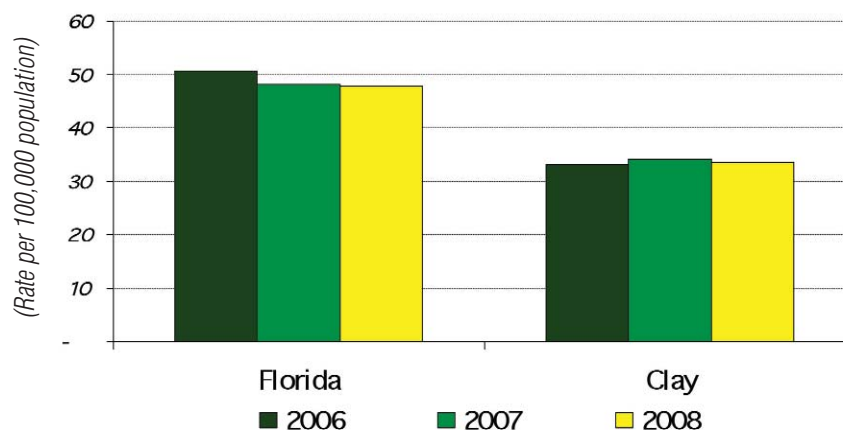
Source: Florida Agency for Healthcare Administration (AHCA), 3/31/10

[4]Florida Agency for Healthcare Administration (AHCA), Florida KidCare program, 2010

Primary Care

Primary Care Providers (PCP's) give routine medical care for the prevention, diagnosis, and treatment of common medical conditions. Primary care is intended to be the entry point into the health care system for non-emergent services. PCP's then refer patients requiring additional care to specialists for treatment. In this way, primary care providers often serve as "gatekeepers" for the health care system and play an important role in the coordination of care in today's managed care environment. The U.S. Health Resources and Services Administration (HRSA) considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners all as primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.

Due to their central role in the health services system, a shortage of primary care providers can negatively impact the health of a community. For this reason, the Federal government has established specific criteria to determine whether an area has a shortage of providers; and also criteria to help determine whether a specific area is underserved. The HRSA Shortage Designation Branch is responsible for setting the criteria and ultimately deciding whether or not a geographic area, population group or facility is a **Health Professional Shortage Area (HPSA) or a Medically Underserved Area or Population (MUA/MUP)**. Health Professional Shortage Areas (HPSA's) may be designated as having a shortage of primary medical care, dental, or mental health providers. They may be urban or rural areas, population groups or specific medical or other public facilities.

HRSA considers a primary care physician-to-population ratio of 1:3,500 persons adequate for most communities; except in areas where more than 20% of the population lives in poverty, where the ratio is increased to 3,000 persons per primary care physician. The primary care HPSA designation is also based on the availability of care in nearby areas, documented infant mortality rates, birth rates, and poverty level. The current Primary Care HPSA designations for Clay County include the town of Keystone Heights as well as low-income persons who live within the City of Green Cove Springs.

Additionally, the federal administration defines *Medically Underserved Areas (MUA's)* as a whole county or a group of contiguous counties in which residents have a shortage of personal health services; and *Medically Underserved Populations (MUP's)* as groups of persons who face economic, cultural or linguistic barriers to health care. The current MUA/MUP designations for Clay County include only the Penney Farms Service Area (as defined by HRSA). Overall, Clay County has a significantly lower rate of licensed physicians when compared to the state as a whole (Figure 46). Among only Family Practice physicians there is a much smaller difference between the county and state rates (Figure 47); but when considering Internists only, Clay County has less than half the number of physicians per 100,000 population than the state s a whole (Figure 48).

Figure 47: Total Licensed Physicians, Clay County and Florida, 2006-2009
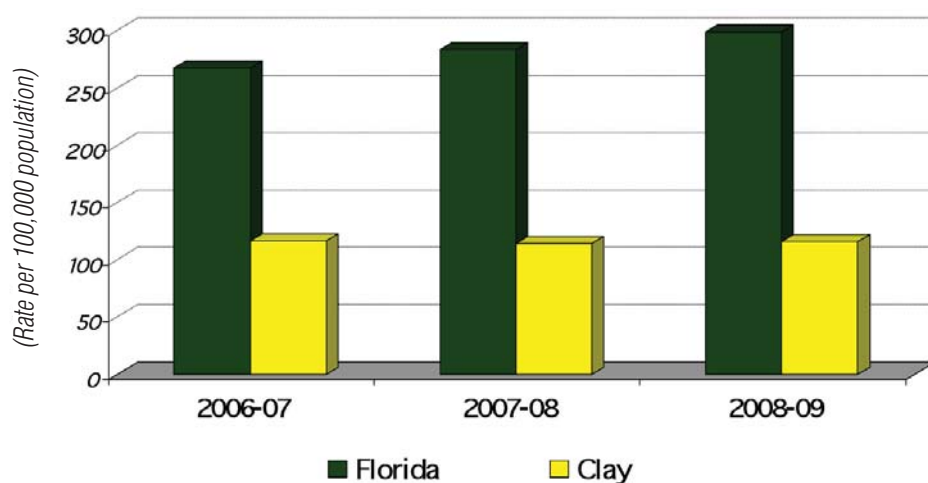
Figure 48: Licensed Family Practice Physicians, Clay County and Florida, 2006-2009
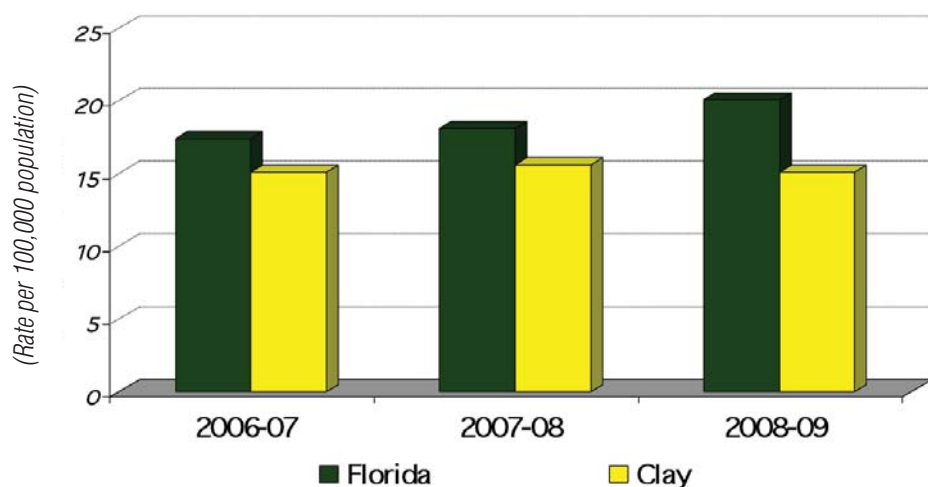
Figure 49: Licensed Internist Physicians, Clay County and Florida, 2006-2009
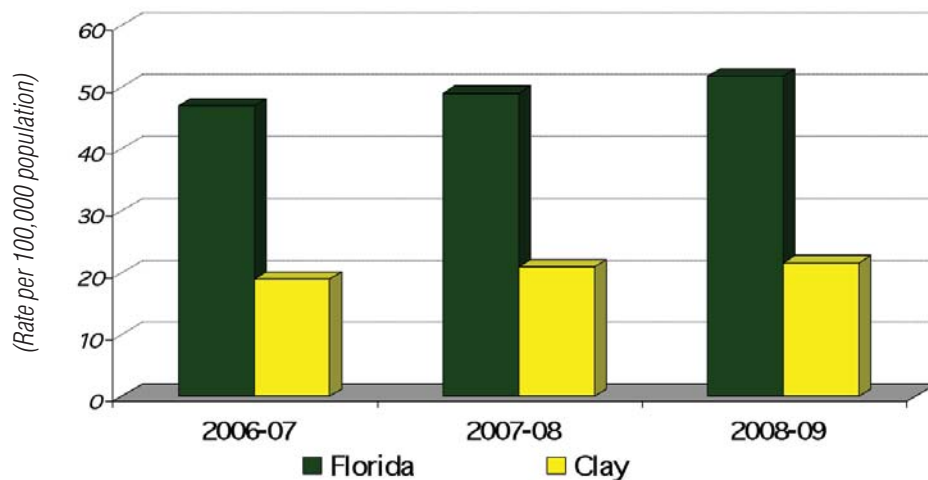
The differences between the state and the county for the rates of OB/GYN physicians and Pediatricians are also shown in the figures below.

It is important to note when looking at physician coverage rates in Clay County that the data reflects those physicians who list a Clay County address for their licensure, and does not account for many physicians who have a primary office location in neighboring metropolitan Jacksonville (with a corresponding Duval County address on file for their license) but who have satellite offices or otherwise provide services in Clay County.

Figure 50: Licensed Pediatricians, Clay County and Florida, 2006-2009
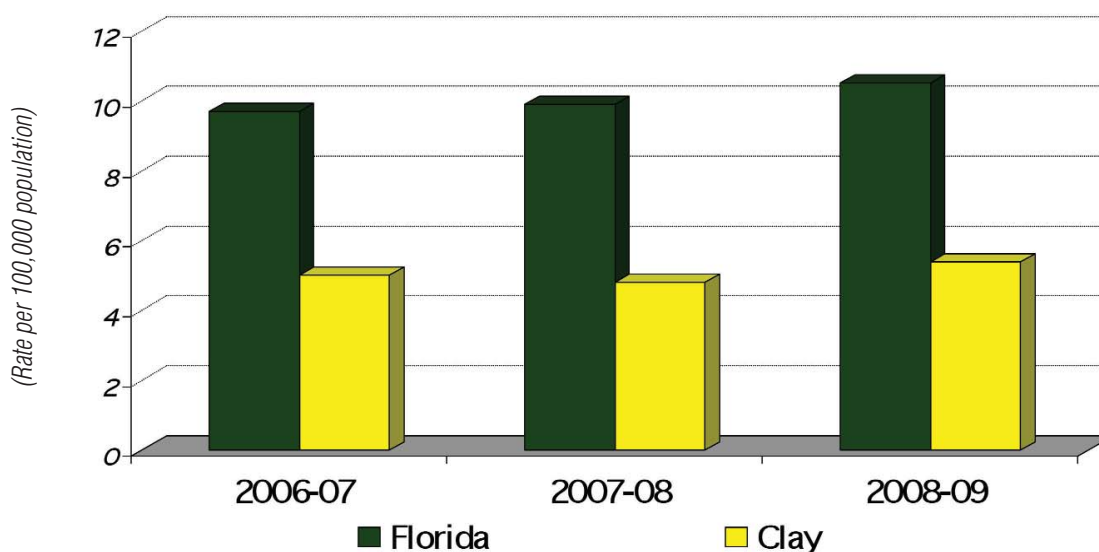
Figure 51: Licensed Obstetric/Gynecology Physicians, Clay County and Florida, 2006-2009
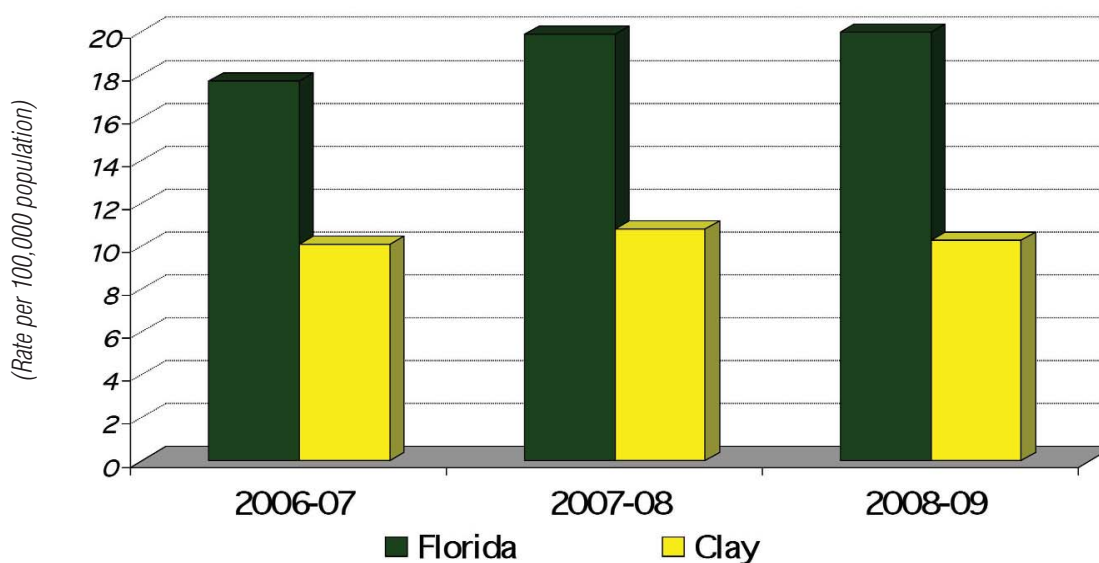
Health Care Facilities

Acute Care

Acute care hospitals play a key role in the delivery of health care services, especially in more rural communities where primary and specialist outpatient care shortages may exist. In addition to providing traditional inpatient services, hospitals may also provide extensive diagnostic and treatment services on an outpatient basis.

Overall, Clay County has a lower rate of available hospital beds when compared to Florida as a whole (Figure 51). This is especially true for acute care beds (Figure 52). The county does, however, have a higher rate of specialty hospital beds when compared to the rest of the state (Figure 53).

Figure 52: Total Hospital Beds (All Facilities), Clay County and Florida, 2006-2008
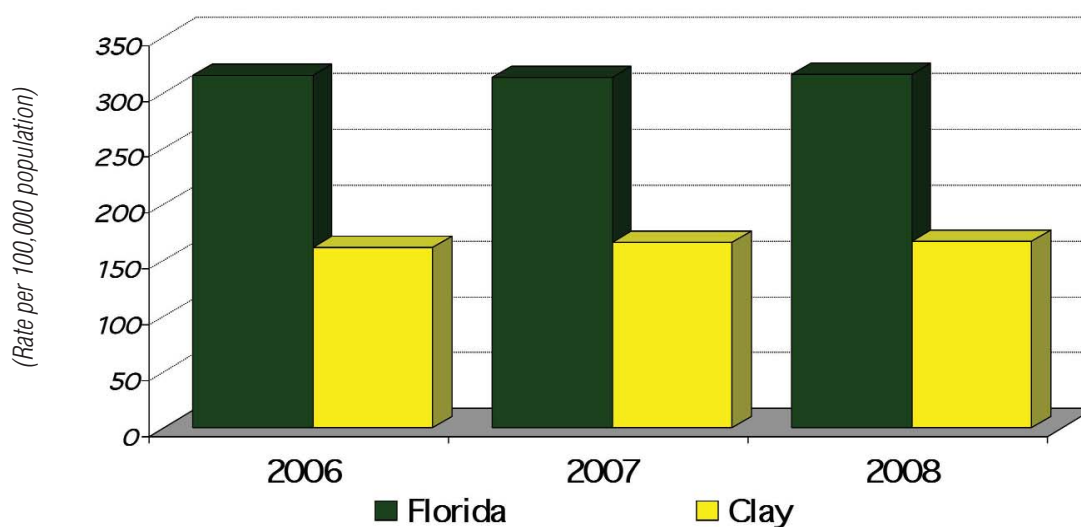
Figure 53: Acute Care Hospital Beds (All Facilities), Clay County and Florida, 2006-2008
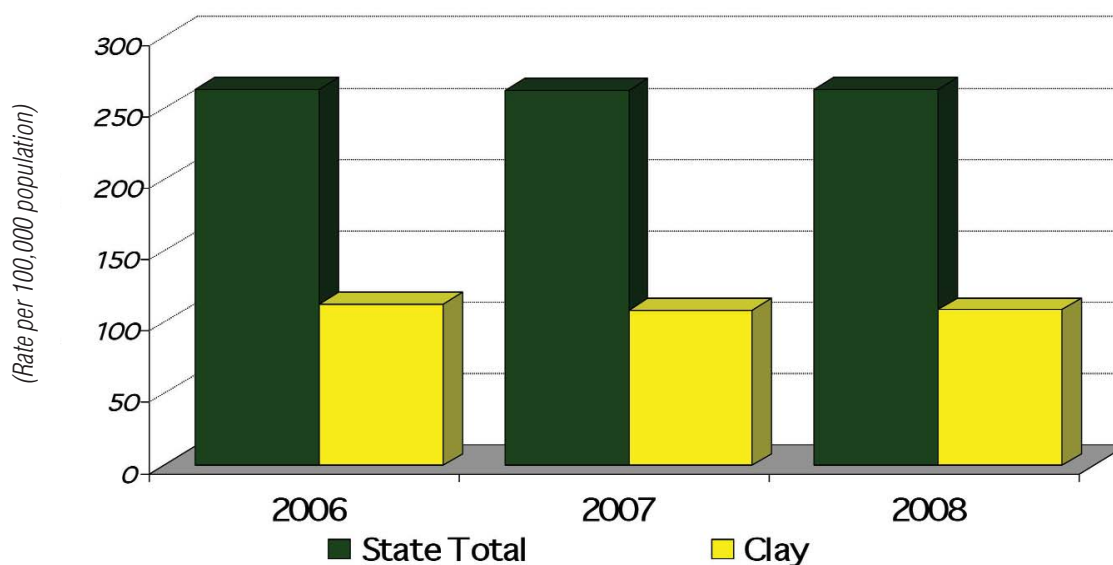
Figure 54: Specialty Hospital Beds (All Facilities), Clay County and Florida, 2006-2008
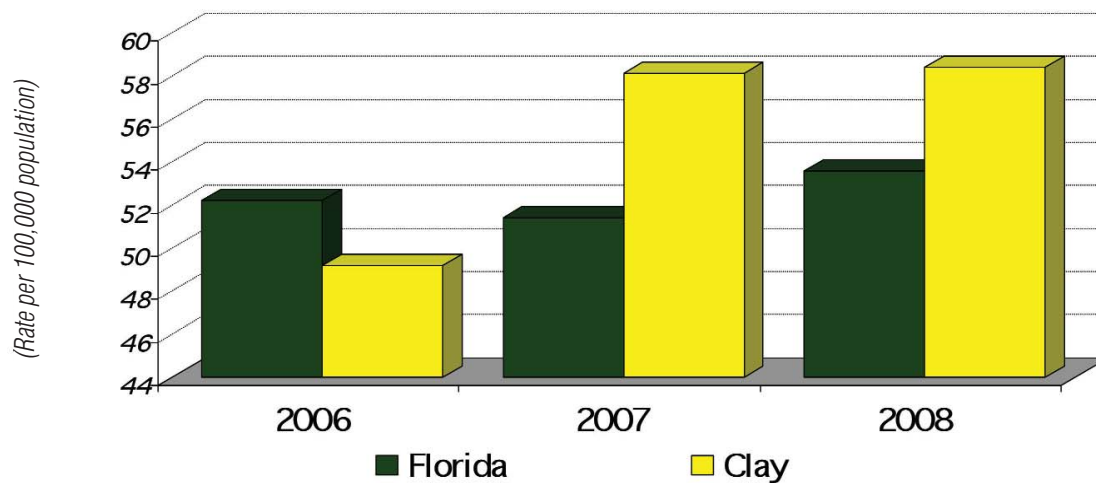
Orange Park Medical Center is the primary hospital for Clay County, and provides a full range of medical, surgical, diagnostic, and emergency room services to residents. The hospital currently has 255 licensed beds including 224 acute care beds, 24 adult psychiatric beds, and 7 neonatal intensive care unit (NICU – Level 2) beds. The facility currently provides Level 1 adult cardiovascular services and hosts a primary stroke center. Construction is also underway for multiple planned expansions at the time of publication of this report, including a full cardiac surgery suite and additional Emergency Department rooms. More information about the hospital, available services, and planned expansions can be found on the company's website at: www.OPMedical.com

The table below provides a general inventory of available services within Orange Park Medical Center (OPMC) along with the hospitals in neighboring Baker and Duval Counties.

Table 12: Acute Care Hospital Inventory of Services, 2009

Area/Name of Hospital	Total Licensed Beds	Acute Care Beds	Inventory of Medical Services					
			Peds	OB	Level II NICU	Level III NICU	Psych	HBSNU
BAKER								
Ed Fraser Memorial	25	25						
CLAY								
Orange Park Medical Center	252	224		✓	✓		✓	
DUVAL								
Baptist Medical Center - Beaches	146	146		✓				
Baptist Medical Center - Downtown	619	521	✓	✓	✓	✓	✓	
Memorial Hospital Jacksonville	353	343		✓	✓			
Shands Jacksonville Medical Center	695	548	✓	✓	✓	✓	✓	✓
St. Vincent's Medical Center	528	518	✓	✓	✓			

*Note: *HBSNU = Hospital Based Skilled Nursing Unit*

Source: Health Planning Council of Northeast Florida, Inc. monthly hospital data report.

The figure below shows at which hospitals residents of Clay County sought care during the 2009 calendar year. The numbers were obtained from the reported zip code of residence when patients were admitted to each hospital; and are reflected as a percent of the total number of persons from Clay County who were admitted as inpatients (at any hospital) during the same time period. As shown, just over half of Clay Residents who entered a hospital utilized OPMC. An additional 20% of residents traveled to either St. Vincent's Medical Center or Baptist Medical Center, both located in downtown Jacksonville. A total of 9% of Clay residents utilized hospitals outside of the immediate service area, which may occur while residents are traveling and/or working out of town.

Figure 55: Hospital Admissions of Clay County residents, January-December 2009

ALL OTHERS
9%

NORTH FLORIDA REGIONAL
MEDICAL CENTER
2%

MAYO CLINIC
2%

BAPTIST MEDICAL
CENTER SOUTH
3%

SHANDS HOSPITAL AT
THE UNIV. OF FLORIDA
3%

SHANDS JACKSONVILLE
MEDICAL CENTER
4%

MEMORIAL HOSPITAL
JACKSONVILLE
4%

BAPTIST MEDICAL CENTER
9%

SAINT VINCENT'S
MEDICAL CENTER
11%

ORANGE PARK
MEDICAL CENTER
53%
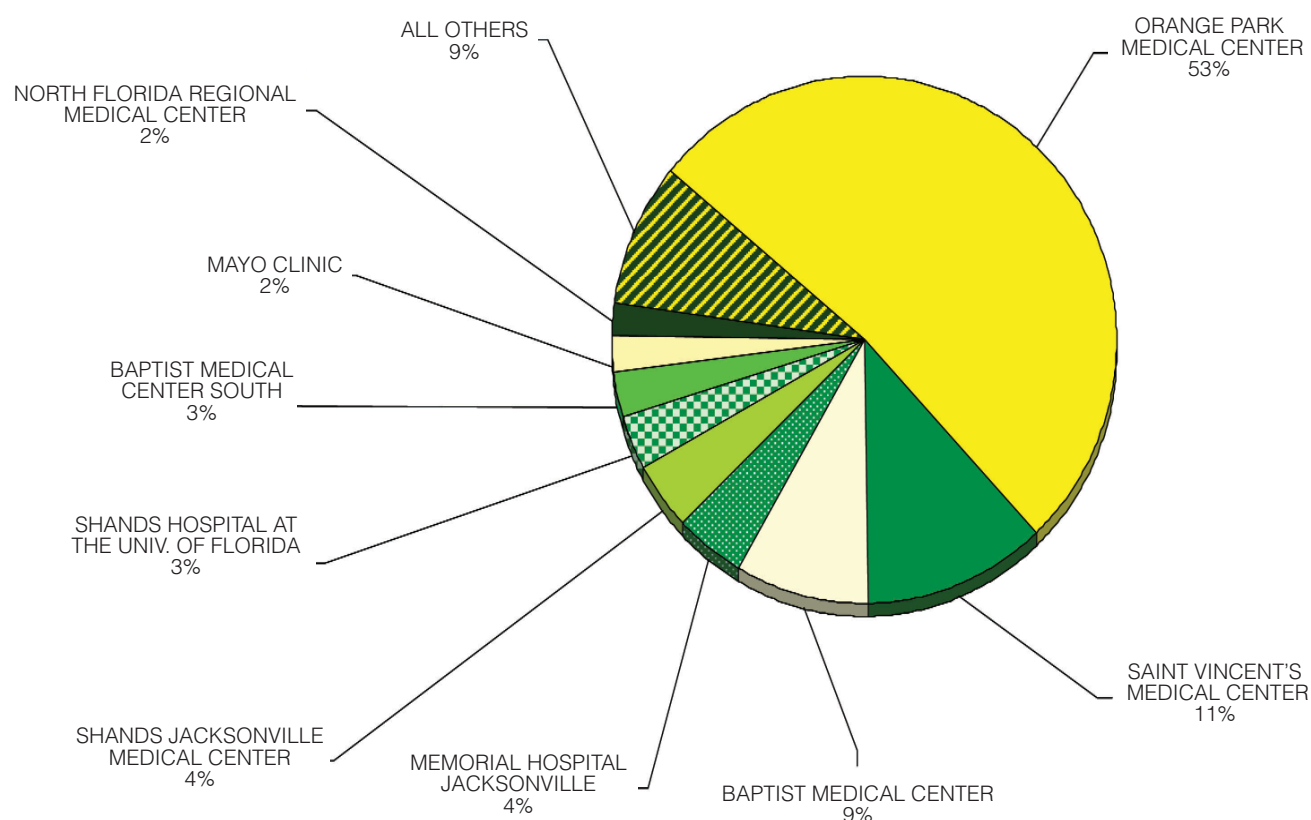
Source: HPCNEF Patient Origin Study, 2009

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

The most frequent DRG recorded for Clay County Adults (at any hospital) was normal births/deliveries, accounting for nearly 20% of the top twelve DRG's during 2009. Psychoses, which may represent a variety of unspecified mental health conditions, were the second most common reason for hospital admissions, accounting for 18% of the top twelve. Other leading causes for admission included joint replacements, Cesarean deliveries, digestive disorders, urinary system disorders, cardiovascular problems, infections, and pneumonia. The twelve most common DRG's reported on discharge for Clay residents are listed in Table 13 on the following page.

Table 13: Top 12 Hospital Discharges, by DRG, Clay County Adults, 2009

DRG	Definition	Discharges	% of Top 12
775	Vaginal delivery without complications	1,055	19.5%
885	Psychoses	974	18.0%
470	Major joint replacement or reattachment of lower extremity	521	9.6%
766	Cesarean section without complications	480	8.9%
392	Esophagitis, gastroenteritis & misc digest disorders	437	8.1%
743	Uterine & adnexa procedure for non-malignancy	377	7.0%
313	Chest pain	310	5.7%
871	Septicemia (i.e. blood infections)	287	5.3%
287	Circulatory disorders (except AMI), w cardiac catheterization	269	5.0%
194	Simple pneumonia & pleurisy	239	4.4%
690	Kidney & urinary tract infections	233	4.3%
310	Cardiac arrhythmia & conduction disorders	220	4.1%
	Total Top 12 DRGs	**5,402**	**100.0%**

Source: AHCA Hospital Discharge Data Files, 2009

Among Clay's youth (ages 0-17 years), birth is the leading cause for hospitalization, with most (60.6% of the top 12 DRG's) births being documented as normal newborns. Many newborn infants, however, are retained in the hospital with significant problems. Other reasons for admission among youth included phychoses and neuroses, bronchitis and asthma, and for chemotherapy. The 12 most frequent DRG's reported for Clay's youth are shown in the table below.

Table 14: Top 12 Hospital Discharges, by DRG, Clay County Pediatric Patients, 2009

DRG	Definition	Discharges	% of Top 12
795	Normal newborn	1,390	60.6%
794	Neonate with other significant problems	384	16.7%
792	Prematurity without major problems	101	4.4%
793	Full term neonate with major problems	93	4.1%
885	Psychoses	54	2.4%
775	Vaginal delivery without complications	48	2.1%
882	Neuroses, except depressive	44	1.9%
791	Prematurity with major problems	42	1.8%
789	Neonates, died or transferred to another acute care facility	38	1.7%
847	Chemotherapy (without acute leukemia as secondary diagnosis)	36	1.6%
790	Extreme immaturity or respiratory distress syndrome, neonate	35	1.5%
203	Bronchitis & asthma	29	1.3%
	Total Top 12 DRGs	**2,294**	**100.0%**

Source: AHCA Hospital Discharge Data Files, 2009

Emergency Room Care

Local hospital Emergency Room (ER) utilization rates can be an indicator of the availability and accessibility of health care services within an area. Many ER visits are preventable, or involve conditions that may be more appropriately cared for in a primary care setting. Many ER visits are appropriate, however, and some of those do not necessarily result in hospital admissions.

Figure 55 below illustrates the growing number of emergency room visits to Orange Park Medical Center during 2000-2009. The number of ER visits has increased by at least 75% during the past 9 years.

Figure 56: Orange Park Medical Center Emergency Room Visits, 2000-2009
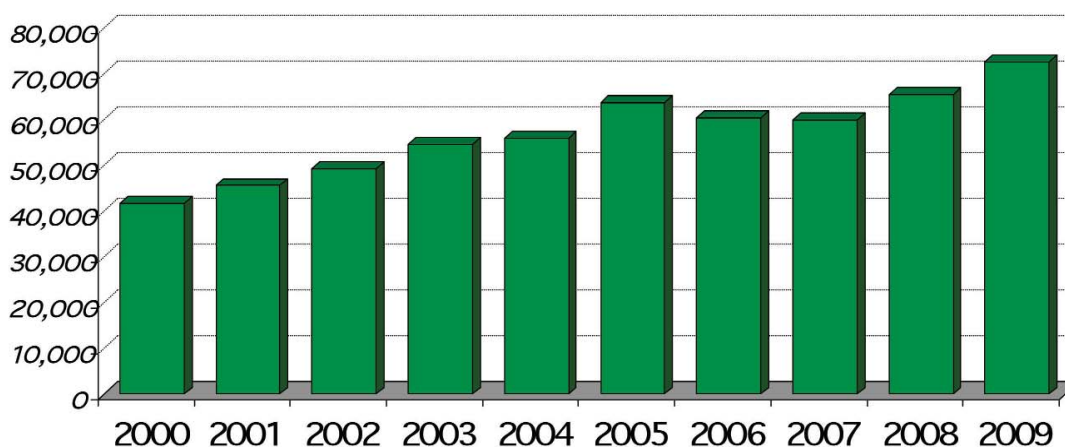
Source: AHCA Discharge Hospital Data, 2009

During 2000-2009, an average of 73% of Emergency Room visits at OPMC resulted in an inpatient admission. During only 2009, a total of 75% if persons treated in the ER were admitted. The figure below shows the total number of ER visits during each year, along with the corresponding number of inpatient admissions from the ER.

Figure 57: Orange Park Medical Center ER Visits Resulting in Inpatient Admissions, 2000-2009
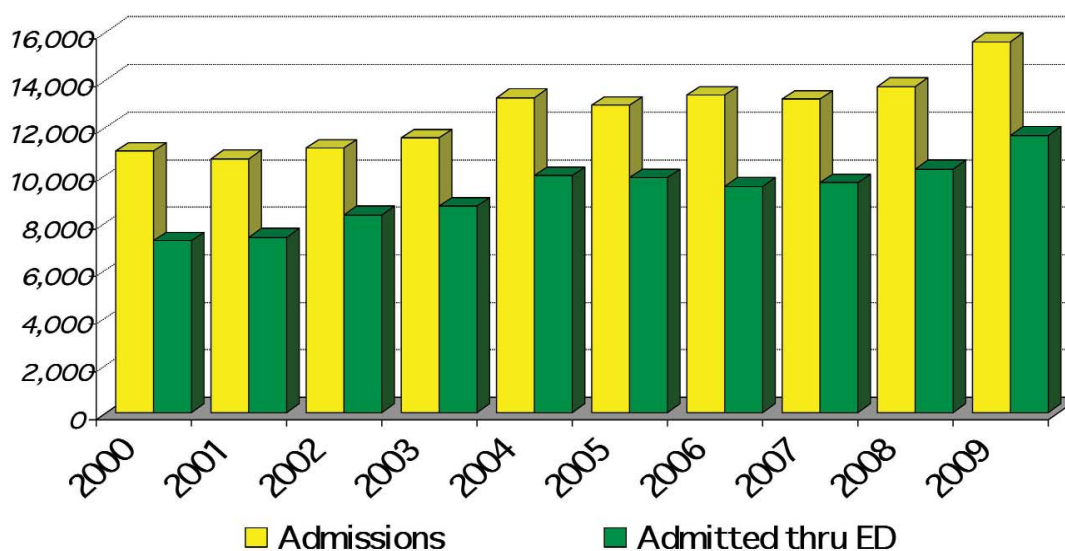
Source: AHCA Discharge Hospital Data, Calendar Year 2009

Hospital data submitted to AHCA regarding the primary diagnosis at discharge from the ER (regardless of whether released or admitted as inpatient) provides the top ten reasons for emergency room visits among Clay County residents. The table below displays the top ten diagnoses among Clay adults by which hospital they visited, with the corresponding number of visits associated with each during July 2008-June 2009.

Table 15: Top Emergency Room Diagnoses (regardless of admission status), Clay County Adults

PRIMARY DIAGNOSIS CODE	DEFINITION	PATIENTS	ORANGE PARK MEDICAL CENTER	BAPTIST MEDICAL CENTER	BAPTIST MEDICAL CENTER SOUTH	ST. VINCENT'S MEDICAL CENTER	SHANDS AT STARKE	ALL OTHER HOPSITALS
786.59	Other chest pain	1,072	750	79	94	40	21	88
784.0	Headache	787	487	47	37	53	67	96
599.0	Urinary tract infection	750	541	11	21	29	45	103
847.0	Neck sprain	720	512	26	42	37	29	74
789.09	Abdominal pain	681	489	21	75	20	15	61
724.2	Lumbago	619	360	31	16	39	91	82
786.50	Unspecified chest pain	603	328	47	9	45	62	112
644.03	Threatened premature labor antepartum	538	507					31
466.0	Acute bronchitis	525	410	12	10	18	33	42
789.00	Abdominal pain -unspecified site	521	278	42	5	42	86	68
646.83	Other specified antepartum complications	506	445	13	1	8	18	21
682.6	Cellulitis and abscess of leg (except foot)	469	307	9	13	20	66	54
	TOP 25 TOTAL	**7,791**	**5,414**	**338**	**323**	**20**	**533**	**832**

Long-Term Care

Long-term care is defined by HRSA as *"those services designed to provide diagnostic, preventive, therapeutic, rehabilitative, supportive, and maintenance services for individuals who have chronic physical and/or mental impairments, in a variety of settings ranging from home to institutional settings, to ensure the quality of life."*

Kindred Hospital North Florida is a long term care hospital located in Green Cove Springs that offers a full range of services for catastrophically ill patients. As a regional referral center, the hospital specializes in managing medically complex, resource-intensive patients who require extended lengths of stay, Kindred Hospital delivers nearly all levels of care including intensive care. Specialized services offered include pulmonary services, critical care, renal dialysis, cardiac telemetry, blood bank, laboratory, pharmacy, EKG, radiology, nutritional support, surgery, would care, rehabilitative therapies, outpatient GI services, and comprehensive ultrasound. The facility houses 80 long term care beds. More information about Kindred Hospital North Florida can be found on their website: www.khnorthflorida.com The number of admissions to Kindred Hospital has increased steadily since 2000, as shown in Figure 57.

Figure 58: Total Admissions, Kindred Hospital – North Florida, 2000-2009
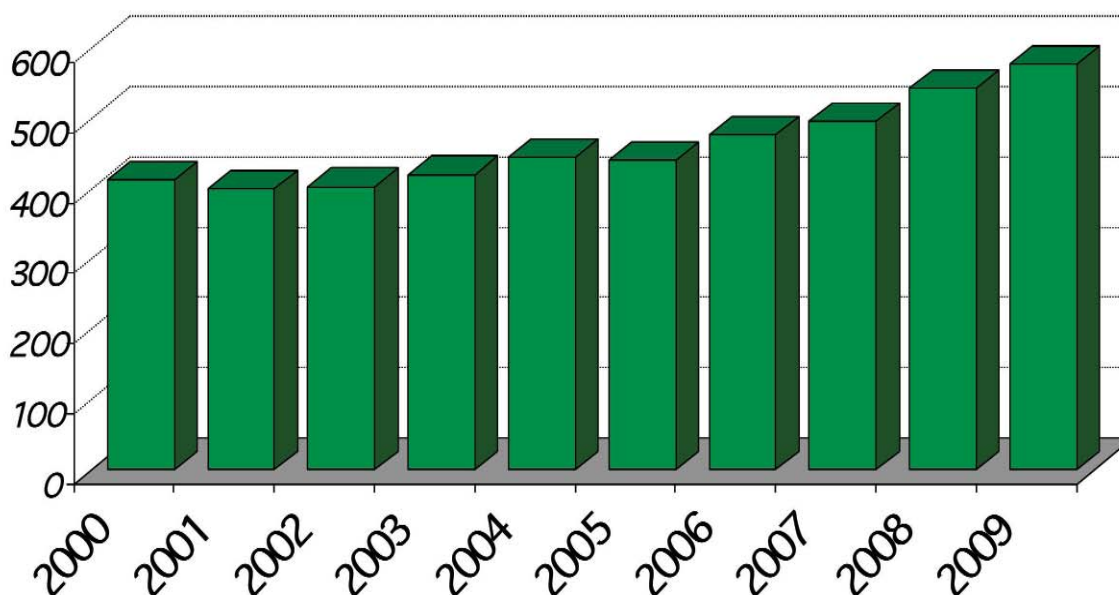
Long-term care also includes nursing home care. Medicaid is the primary funding source of nursing home care, paying for more than half (57.7%) of all nursing home days in Clay County. Medicaid typically pays for long-term care; while Medicare covers short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

There are nine free standing nursing homes in Clay County. The rate of available nursing home beds (per 100,000 population) is higher than the state average, as shown in the figure below.

Figure 59: Total Nursing Home Beds, Clay County and Florida, 2006-2008

The table below summarizes the number of nursing home beds, average occupancy rates, and percent of days covered by both Medicaid and Medicare for Clay County's free standing nursing homes.
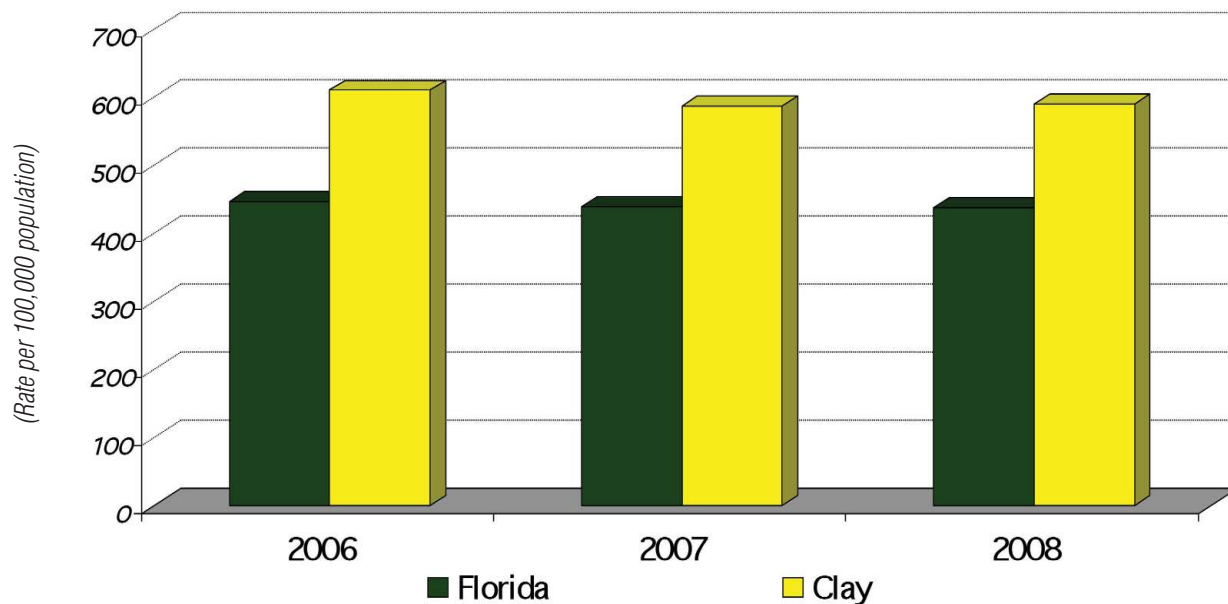
Table 16: Free Standing Community Nursing Homes, 2009

Facility Name	Total Beds	2009 Total	2005 Total	Occupancy Rate 2009	Medicaid % 2009	Medicare % 2009
Consulate Health Care of Orange Park	120	38,211	40,044	87.2%	63.2%	17.7%
Doctors Lake of Orange Park	120	39,759	37,719	90.8%	74.7%	9.3%
Governor's Creek Health and Rehabilitation	120	41,375	42,345	94.5%	80.5%	9.7%
Heartland Health Care Center - Orange Park	120	39,108	36,780	89.3%	54.8%	18.2%
Life Care Center at Wells Crossing	120	38,489	40,088	87.9%	38.6%	41.3%
Life Care Center of Orange Park	180	61,589	63,122	93.7%	47.5%	33.0%
The Pavilion For Health Care	40	12,482	13,081	85.5%	0.0%	0.0%
Signature Healthcare of Orange Park	105	35,765	34,102	93.3%	72.0%	18.9%
The Terrace at Fleming Island	108	38,697	25,645	98.2%	54.3%	17.8%
Clay County Total	**1,033**	**345,475**	**332,926**	**91.6%**	**57.7%**	**20.7%**

Source: HPCNEF Calendar Year Nursing Home Reports, 2009

Mental Health and Substance Abuse

Clay County has a slightly lower rate of available adult psychiatric beds when compared to the state as a whole. Orange Park Medical Center has 24 licensed adult psychiatric beds within its facility, and is a receiving center for involuntary referrals initiated under the Florida Mental Health Act, more commonly referred to as the Baker Act.

Figure 60: Adult Psychiatric Beds, Clay County and Florida, 2006-2008
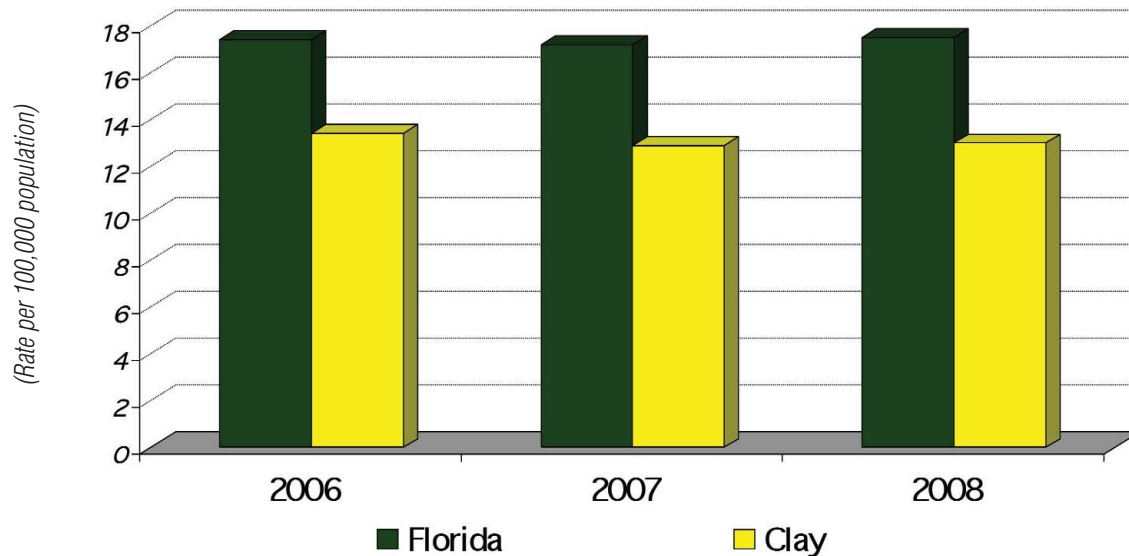
Clay Behavioral Health Center offers outpatient services for both adults and children dealing with mental health and/or substance misuse/abuse problems. The center is located in Middleburg and offers a full range of services including individual and group counseling, dual diagnosis services, case management, prevention services, intervention groups, emergency services and skills groups, family support, in-home and school-based counseling, a student assistance program (SAP), supported housing, a drop-in center, and referral services for detoxification as well as short and long term residential treatment.

The National Public Health Performance Standards Program (NPHPSP) was developed by the U.S. Department of Health and Human Services (DHHS) to provide measurable performance standards that public health systems can use to ensure the delivery of public health services. The DHHS defines the Local Public Health System to include all public, private, and voluntary entities, as well as individuals and informal associations that contribute to the delivery of public health services within a jurisdiction.

The Local Public Health System Performance Assessment Instrument was principally developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The *10 Essential Public Health Services* provide the fundamental framework for the NPHPSP instruments, by describing the public health activities that should be undertaken in all communities. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. The Local Assessment Instrument is divided into ten sections – one for each Essential Service. The 10 Essential Public Health Services are:

1. **Monitor** health status to identify community health problems.

2. **Diagnose and investigate** health problems and health hazards in the community.

3. **Inform, educate, and empower** people about health issues.

4. **Mobilize** community partnerships to identify and solve health problems.

5. **Develop policies and plans** that support individual and community health efforts.

6. **Enforce** laws and regulations that protect health and ensure safety.

7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. **Assure** a competent public and personal health care workforce.

9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.

10. **Research** for new insights and innovative solutions to health problems.

Local public health agencies (i.e. county health departments) are the natural leaders in the development of a cohesive local public health system. Local public health agencies have unique responsibilities to enable, assure, and enforce the provision of these essential services by entities within the local public health system. They assure an adequate statutory base for local public health activities, advocate with system partners for local policy changes to improve health, and assure that funding for public services meet the critical health needs of their populations. In addition, local public health agencies provide important leadership in maintaining and improving the performance and capacity of local public health systems to provide appropriate public health services.[1]

The Clay County Health Assessment Task Force members reviewed and discussed each of the ten essential services and activities related to each occurring in Clay County. The members scored each service category by consensus, utilizing the recommended scoring levels provided by DHHS in the assessment instrument. The scoring methodology reflects a quartile scoring system in that activities that occur 0-25% of the time are considered with a "no" response; those that occur 26-50% of the time receive a "low partial" response; those that occur 51-75% of the time are considered as "high partial"; and those that occur 76-100% of the time are given a "yes" response.

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[1]U.S. Department of Health and Human Services, National Public Health Performance Standards Program

The table below provides the overall score for each of the ten essential services, as determined by the Taskforce members during a face-to-face meeting in February 2010. It is important to remember that these scores consider the county's complete public health/safety-net services system and are not limited to only those activities performed directly by the county health department.

Table 17: Local Public Health System Performance Assessment Summary, 2010

Essential Public Health Service	Community Response
1. Monitor Community Health Status	Yes
2. Diagnose and Investigate Health Problems/Hazards	Yes
3. Inform, Educate, and Empower Communities	Low Partial
4. Mobilize Community Partnerships	High Partial
5. Develop Policies/Plans to Support Health Initiatives	Low Partial
6. Enforce Health Laws and Regulations	Yes
7. Link to Needed Health Services and Assure the Provision of Healthcare When Otherwise Unavailable	No
8. Assure a Competent Healthcare Workforce	High Partial
9. Evaluate Effectiveness, Accessibility, and Quality of Services	High Partial
10. Conduct Research / Identify Innovative Solutions	High Partial

FORCES OF CHANGE
ASSESSMENT

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

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

The Clay County Health Assessment Task Force members considered and discussed forces by three major types:

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

The members were encouraged to consider a variety of perspectives when identifying potential forces. Specific types of forces discussed by the taskforce included:

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

The anticipated forces of change identified by the Task Force members, along with the potential impacts (both positive and negative) are included in the tables on the following pages.

ANTICIPATED FORCES OF CHANGE

	TRENDS	FACTORS	EVENTS
Social	Increasing number of un-insured needing care Increasing aged/elderly population Increasing adult OP mental health needs - related to increased stress Increasing number of homeless - both new and migrating from Duval due to increase violence Decreasing number of migrant farm workers	Very limited services for homeless Rural families may independently care for elders in home, sometimes not recognizing escalating health issues - and not accessing needed care Rural residents tend to be more self-reliant and potentially less likely to access needed services	Florida Medicaid Reform - shifting populations into a managed care environment
Economic	Increasing number of unemployed and low-income Decreasing funding and resources	Florida was one of the hardest hit states by the National recession, and will likely take longer than other states to recover Florida still has among the highest unemployment and foreclosure rates in the country	Passage of the Federal "ARRA" stimulus act - ultimately bringing HIT/HIE funds to Florida (among other programs)
Government/ Political	Decreasing funding/resources Increasing reporting/data requirements	Limited or no funding for prevention and/or health promotion programs Low reimbursement to primary care providers among federal programs (Medicare/Medicaid)	Pending legislation regarding reorganization of FL DOH and limitation to core services Pending expansion of the FL Medicaid Reform pilot project and impacts on CHD CBR and services. Passage of US Healthcare Reform bill and unknown potential impacts on residents and providers Potential changes in reimbursement to hospitals and nursing homes / skilled nursing facilities Potential ending of FL Medicaid disease mgmt services contract and a change in those services

ANTICIPATED FORCES OF CHANGE

	TRENDS	FACTORS	EVENTS
Community	Decreasing number of primary care providers Increasing need for service coordination/linkage Increasing focus on crime and safety issues	Reduction of DCF offices and field staff Strong desire/will among residents and agencies to help and/or serve in the community A relatively large number of community coalitions	Potential budget shortfall at both State and County level forcing agencies to prioritize services Opening of new dental clinic in GCS Noro-virus event at elementary school
Environmental	Increased focus on disaster/emergency planning Increasing number of empty structures - places where various "bad" things occur (i.e. drugs/sex) Increasing awareness among urban planners relating physical environment to health outcomes	County is large and cities/town are spread out More rural counties, by nature, do not have the population base to justify independent programs Large areas of green space, waterways and rich natural resources Limited transportation options among residents	New hospital in west Duval in next 2-5 yrs Development of Brannan Field corridor
Educational	Increasing reliance among families on school meals as a primary source of nutrition for kids Increasing emphasis on standardized testing and decreased emphasis on physical education	School meals (low nutritional value) Limited time for physical activity for K-12	New national campaign to battle child obesity Potential change in teacher pay structure to rely on standardized test scores
Science/ Technology	Increasing efforts to exchange critical health info. Increasing resources for resident to access important health information (web, PHR's, etc.)	OPMC is working to increase HIE with nursing homes and other facilities	Open heart surgery suite opening 12/10 2 new cardiac cath. Labs coming to OPMC OPMC applied for L2 Trauma Center and plans to double size of ER during summer 2010 Passage of ARRA bill and significant funding to FL to support HIT/HIE development statewide
Ethical/Legal	Increasing aging population facing end of life issues Increasing monitoring and identification of fraud/abuse among payers of health services	County is well supported with nursing homes, ALF's, and planned adult/retirement communities	Potential coverage for end of life counseling in federal health reform package

FORCES	POTENTIAL IMPACTS	
	THREATS	OPPORTUNITIES
TRENDS		
Increasing numbers of unemployed / uninsured / low-income	Increased demand on an already strained safety-net	
Increasing older/aged population	Increase utilization/cost to the healthcare system; Increase strain on families to provide adequate care	Potential to better address end of life issues
Increasing adult mental health needs - related to stress	Potential to exceed the capacity of existing services	
Increasing numbers of homeless, both new and migrating	Potential to exceed the capacity of existing services	
Decreasing number of migrant/seasonal farm workers	More difficulty accessing this tight-knit population	Potential to shift resources to other areas of need
Decreasing funding and resources from all levels	Decreased/eliminated ability to provide needed services	Emphasis on prioritization and collaboration
Increasing data collection/reporting and admin. requirements	Shifting resources from direct services to admin needs	
Decreasing numbers of primary care providers	Decreased resident access to medical homes	
Increasing community focus on crime and safety issues		Increased focus on safe environments to exercise
Increased focus on disaster/emergency planning		Increased opportunities to engage a wider scope of stakeholders and community partners
Increasing number of empty structures/buildings	Hidden spaces suitable for drug and sex activities	
Increasing awareness among urban planners relating physician environment to health outcomes		Potential for increased coordination between developers and community health
Increasing reliance among families on school meals for the majority of children's' nutrition		
Increasing emphasis on standardized testing in schools, especially related to teacher pay	Potential loss of good teachers in areas where needed	
Decreasing emphasis on physical education in schools	Increased impact of child obesity	
Increasing national/regional/local efforts to capture and exchange client-level health information and records	High costs and potential for lack of coordination	Potential for increased care coordination and quality
Changing reimbursement methodologies for hospitals and other healthcare facilities	Reduced revenues resulting in reduces services	Potential for higher quality services to prevent loss
Increasing monitoring and identification of healthcare provider fraud and abuse	Potential reduction in number(s) of providers	Decreased costs

FORCES	POTENTIAL IMPACTS	
	THREATS	**OPPORTUNITIES**
FACTORS		
Rural populations tend to be more self-reliant and often do not access needed healthcare services for selves/family	Potential for unidentified and untreated health conditions that become severe before care is sought	Potential target audience for structured health promotion, screening, and wellness education
Florida particularly hard hit by economic recession	Longer and slower recovery period	
Limited/non-existent funding and resources focused on healthy lifestyles and illness prevention		
Large budget shortfalls and state and local level	Reduced revenues for all services	Increased need and willingness for collaboration, coordination, and prioritization among agencies
Low reimbursement rates to primary care providers	Decreased number of providers	
County is large and cities/towns are spread out	Transportation hardships for residents	More emphasis on localized community services
	Difficult to fund/implement individual community programs due to small population base	
Large green spaces, natural waterways, and rich resources	Potential for development and revision of land-uses	Large recreational areas for physical activity
EVENTS		
Florida Medicaid Reform pilot began in Clay in 2007 - and has potential to expand to 19-27 addt'l counties during 2010-11. - Potential impact on health dept. reimbursement - Potential hardship on vulnerable clients shifting into managed care structures	Decreased or eliminated ability among health departments to care for uninsured clients and/or provide needed wrap-around services in their communities	Potential for public health to work more closely with managed care companies, and to advocate for increased emphasis and services where needed.
Potential DOH reorganization bill	Significant reduction in community health activities among county health departments and DOH overall	Increased need for community-based support
Passage of US Healthcare Reform legislation	Increased demand for services for newly insured	Improved access to health services for many
Passage of US "ARRA" stimulus package - including $42.5 Billion in funding to promote health IT and exchange	Still limited financial resources to assist individual providers, and EMR systems are VERY expensive	Increased regional collaborative efforts to promote EMR adoption, support, and information exchange
Changing FL Medicaid chronic disease management contract	Potential for break in services for some beneficiaries	DOH may shift chronic disease management to CHD's
Opening of new dental clinic in Green Cove Springs	Sustainability	Increased provision of needed services to adults
New cardiac catheterization labs at OPMC		Increased capacity to provide this service locally
New open heart surgery suite at OPMC (coming)		Increased capacity to provide this service locally
Potential upgrade to Level II Trauma center and increased capacity of OPMC Emergency Department (this summer)		Significantly increased ability to provide critical care
New west Duval hospital opening in 2-5 yrs		
National campaign against child obesity		Increase awareness among communities

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 Survey

Community feedback was solicited through a paper survey of residents through a wide variety of venues across the county during the months of February – April of 2010. The Clay County Health Department and the members of Clay County Health Assessment Task Force first reviewed the survey instrument that had been utilized for the previous health needs assessment in 2005; then members made recommendations to update the survey tool for the 2010 assessment. The members were cautious, however, not to change specific questions so that results could be compared over time from the previous 2005 survey response data. The Task Force did decide, however, to add a question about stress and the economy given the recent economic downturn nationally, statewide and at the local level. A copy of the full survey questionnaire is included as Appendix B to this document.

The Clay County Health Department staff, as well as several community-based health and social service providers, distributed surveys to residents at the Clay County Fair, Clay County Health Department clinics and WIC, Orange Park Medical Center, St. Vincent's mobile unit, The Way clinic, Clay Behavioral Health Center, Clay Council on Aging, Life Care Center of Orange Park, Amedisys Home Health, and Clay County Schools (faculty and staff only). In total, 1,518 surveys were completed by residents.

Demographics of Survey Respondents
Overall, the survey responses include representation from all areas of the county (determined through self-reported zip code of residence).
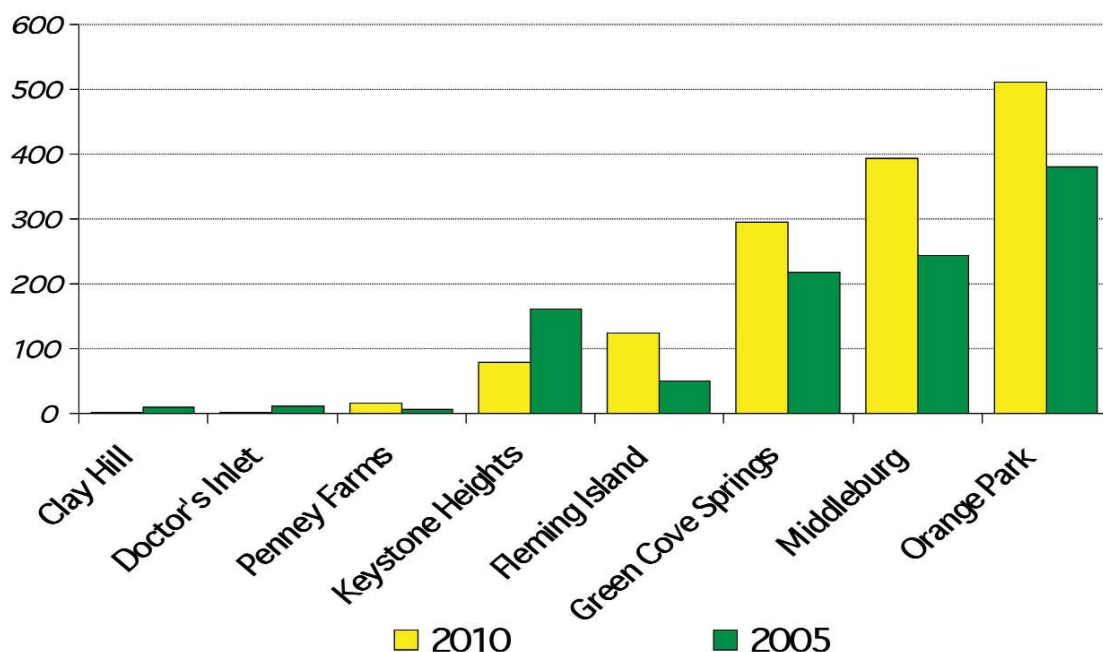
A large majority (79%) of the survey respondents were female. There was a significant under-representation of men among the survey respondents. However, the 2010 survey efforts did see a slight increase in the number of men completing the survey compared to the 2005 survey. The largest age group of respondents were persons between 40-54 years old, comprising a total of 32% of responses. This age group makes up 15% of the county's total population. Approximately 13% of survey respondents were over the age of 65, which is slightly over (10%) Clay County's elderly population. 80% of s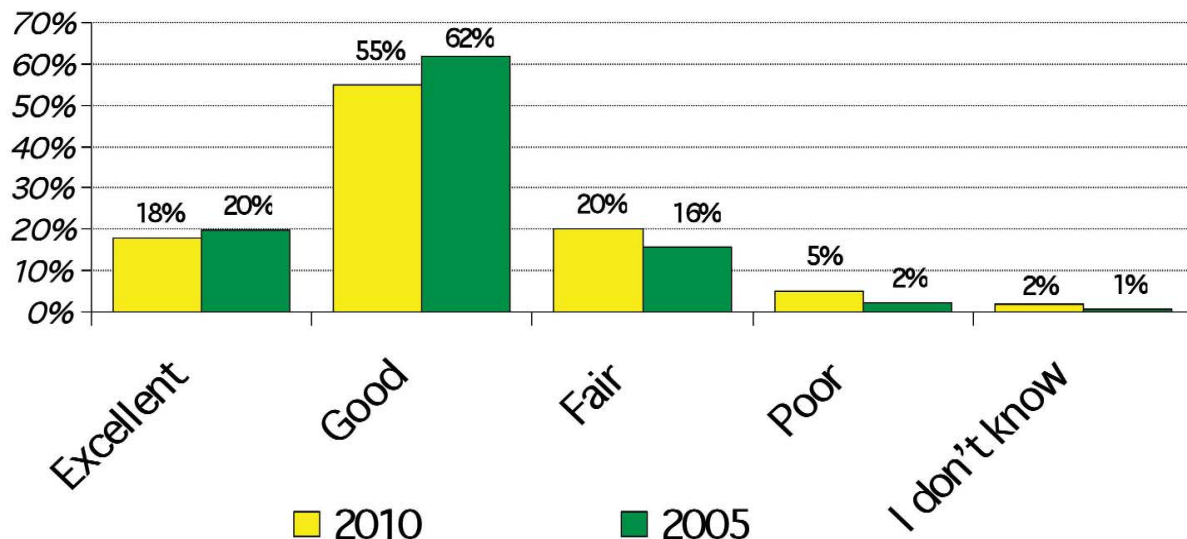urvey respondents were white and 20% were non-white, which closely matched Clay County's population demographics of race (83% white, 17% non-white). With regard to ethnicity, 5.8% of survey respondents were Hispanic, which closely matched the county's Hispanic population of 6.8%. Geographically, there was a wide range of participants living throughout Clay County, including good representation from Orange Park, Middleburg, Green Cove Springs and Keystone Heights. Approximately 39% of participants were employed full-time (67%, 2005) and 18% (4.4%, 2005) reported being unemployed, which is more than twice the county's unemployment rate of 6.9% in 2008. 40% (34%, 2005) of the survey respondents reported having a high school diploma or GED as their highest level of education completed and 17% (23%, 2005) reported having a 4 year college. Compared to the 2005 report, Clay County survey respondents experienced a huge increase in reported household incomes under $20,000. 37% of survey respondents reported household incomes under $20,000 compared to 19% in 2005. Compared to the 2005 report, Clay County survey respondents reported a 9% drop in reported household incomes between $50,000 - $99,000. A detailed summary of information obtained from the demographic section of the survey is included in this report.

Survey Analysis

A total of 1,518 (1,116 surveys, 2005) surveys were entered manually into an online database using SurveyMonkey; then the organized data was 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. The following section summarizes the results of the 2010 survey responses compared to the 2005 survey responses

How do you rate your overall health?

Check up to 5 selections you feel are the most important features of a healthy community

Access to healthcare — 2005: 69%, 2010: 72%
Clean and healthy environment — 2005: 59%, 2010: 55%
Good jobs, healthy economy — 2005: 43%, 2010: 47%
Low crime rates/safe neighborhoods — 2005: 52%, 2010: 46%
Good education — 2005: 52%, 2010: 43%
Access to churches or other places of worship — 2005: 45%, 2010: 42%
Good place to raise kids — 2005: 46%, 2010: 41%
Access to parks and recreation — 2005: 32%, 2010: 31%
Affordable and/or available housing options — 2005: 26%, 2010: 25%
Preventative health care (annual check ups) — 2005: 23%, 2010: 18%
Access to public transportation — 2005: 15%, 2010: 17%

☐ 2010 ☐ 2005

Check up to 5 of the health problems that you feel are the most important in Clay County:

Obesity — 2005: 50%, 2010: 47%
Cancers — 2005: 41%, 2010: 40%
Additiction - alcohol or drug — 2005: 40%, 2010: 39%
Diabetes — 2005: 26%, 2010: 34%
Smoking/tobacco use — 2005: 33%, 2010: 32%
Heart disease and stroke — 2005: 34%, 2010: 32%
Child abuse/neglect — 2005: 28%, 2010: 28%
High blood pressure — 2005: 27%, 2010: 27%
Dental problems — 2005: 15%, 2010: 21%
Mental health problems — 2005: 21%, 2010: 20%

☐ 2010 ☐ 2005

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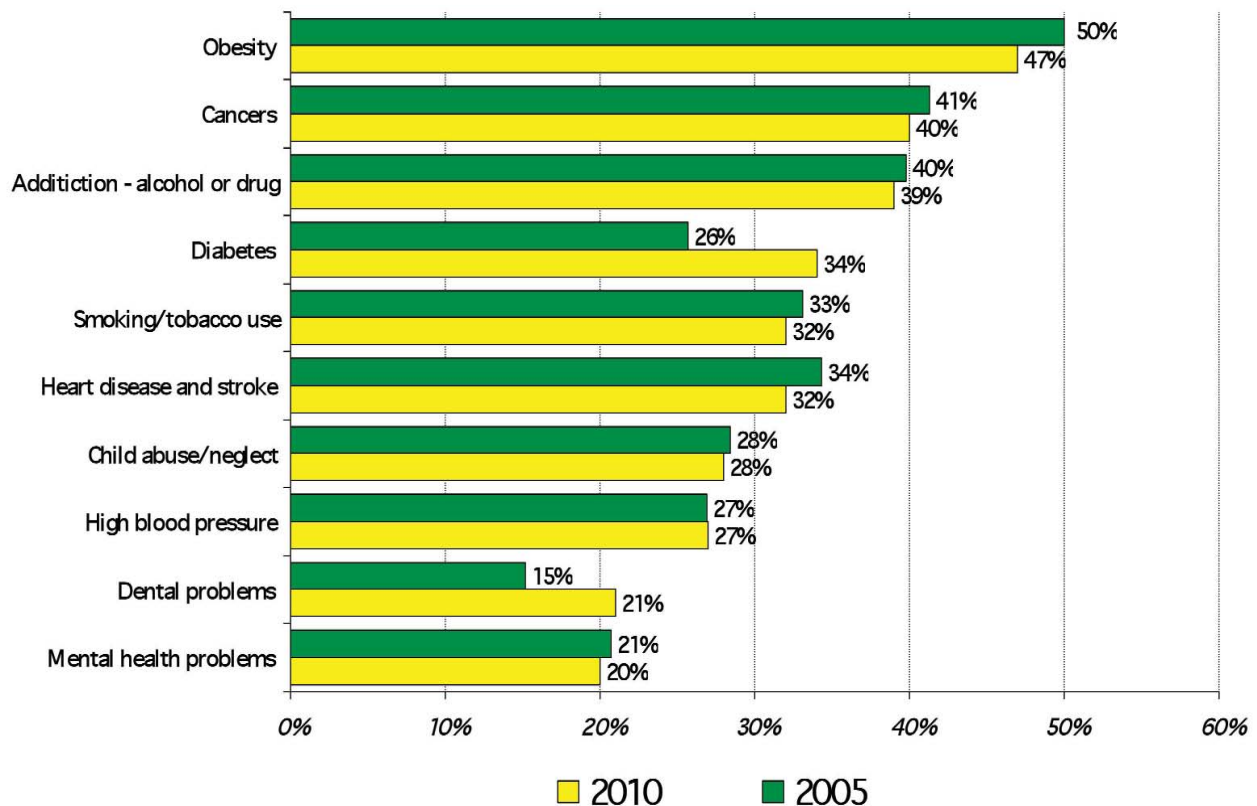
Check up to 3 behaviors you are most concerned about in Clay County:

Behavior	2005	2010
Drug abuse	37%	58%
Alcohol abuse	40%	44%
Being overweight	43%	33%
Dropping out of school	28%	30%
Poor eating habits and nutrition	21%	25%
Tobacco use (any kind)	30%	23%
Not getting enough exercise	30%	20%
Teen sexual activity	24%	17%
Unlicensed and/or unsafe drivers	22%	15%
Unsafe sex (any)	13%	12%

■ 2010   ■ 2005

What health care services are difficult to obtain in your community?

Service	2005	2010
Dental/oral care	27%	35%
Emergency room care	40%	28%
Alternative therapy (herbals, acupuncture)	24%	23%
Specialty M.D. (example: heart doctor)	27%	22%
Mental health/counseling	26%	20%
Substance abuse services - drug and alcohol	24%	19%
Vision care	15%	17%
Other, please write in	8%	16%
Primary care (family doctor, walk-in clinic)	18%	15%
Preventive care (example: annual check-ups)	14%	15%
X-rays/mammograms	22%	13%
Prescriptions/medications/medical supplies	15%	13%
Inpatient hospital	19%	13%

■ 2010   ■ 2005

How do you rate the quality of health services in Clay County?

What do feel are barriers for you in getting healthcare?
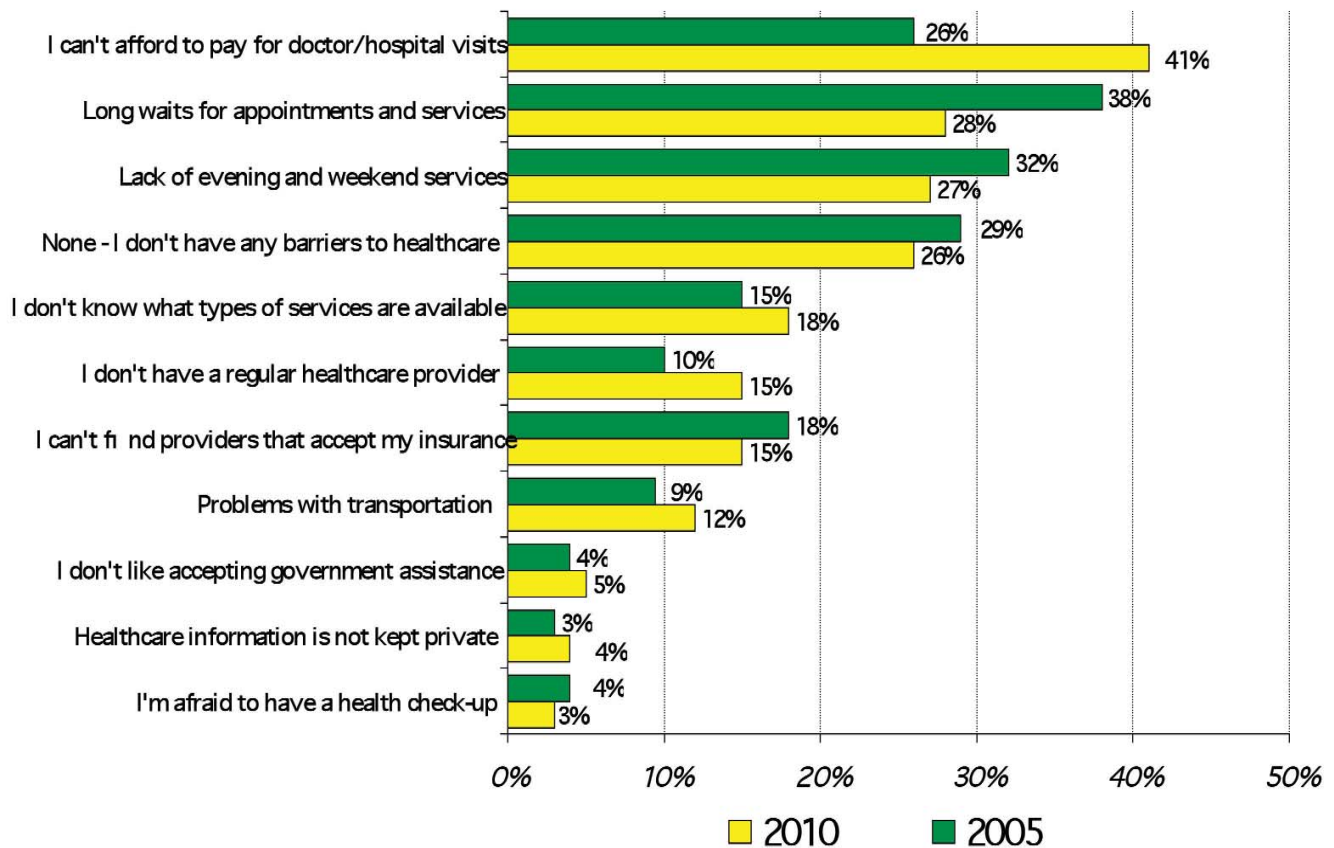
When you need to use prescription medications for an illness, do you

Category	2005	2010
Get the prescription filled at a pharmacy	89%	88%
Go without medicine	13%	18%
Buy an over the counter medicine instead	17%	14%
Use leftover medication from a previous illness	6%	11%
Use medicine from a family member or friend	5%	6%
Use herbal remedies instead	7%	5%
Go to a hospital emergency room	5%	4%
Get medicine from outside the United States	6%	1%

How is your health care covered?

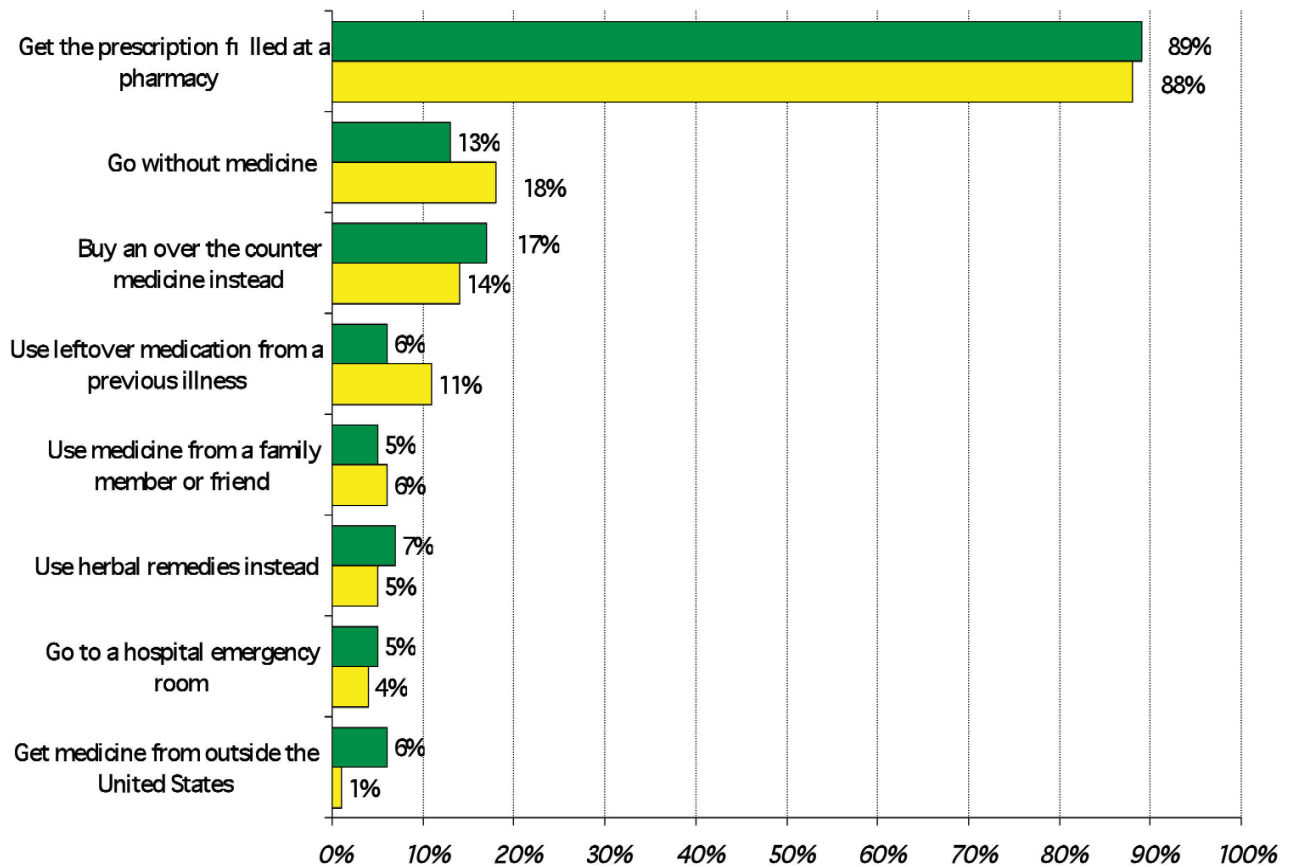| Category	2005	2010
Health insurance from my job	66%	42%
I can't afford any health insurance	13%	26%
Medicaid (any kind)	7%	15%
Medicare (any kind)	10%	15%
Military insurance or VA benefits	12%	10%
Health insurance that I pay for on my own	10%	8%
Other, please write in	2%	5%
I do not need health insurance	0%	1%

☐ 2010 ■ 2005

Where would you go if you are sick?
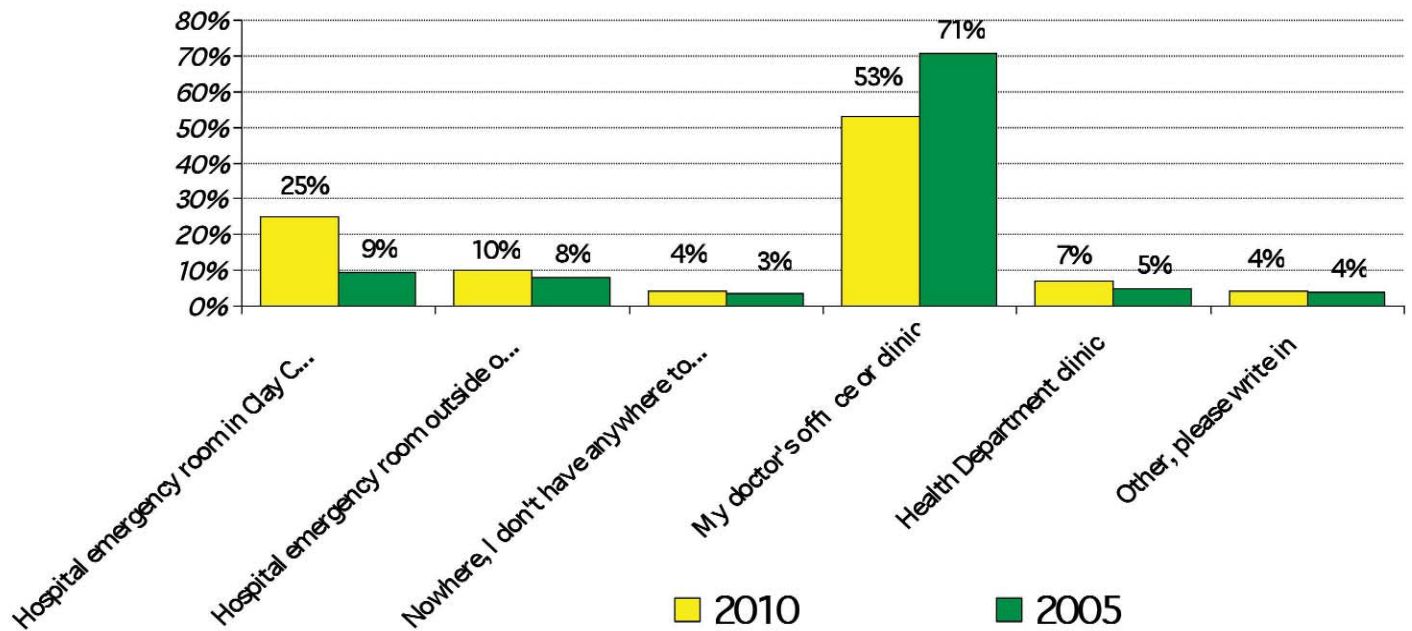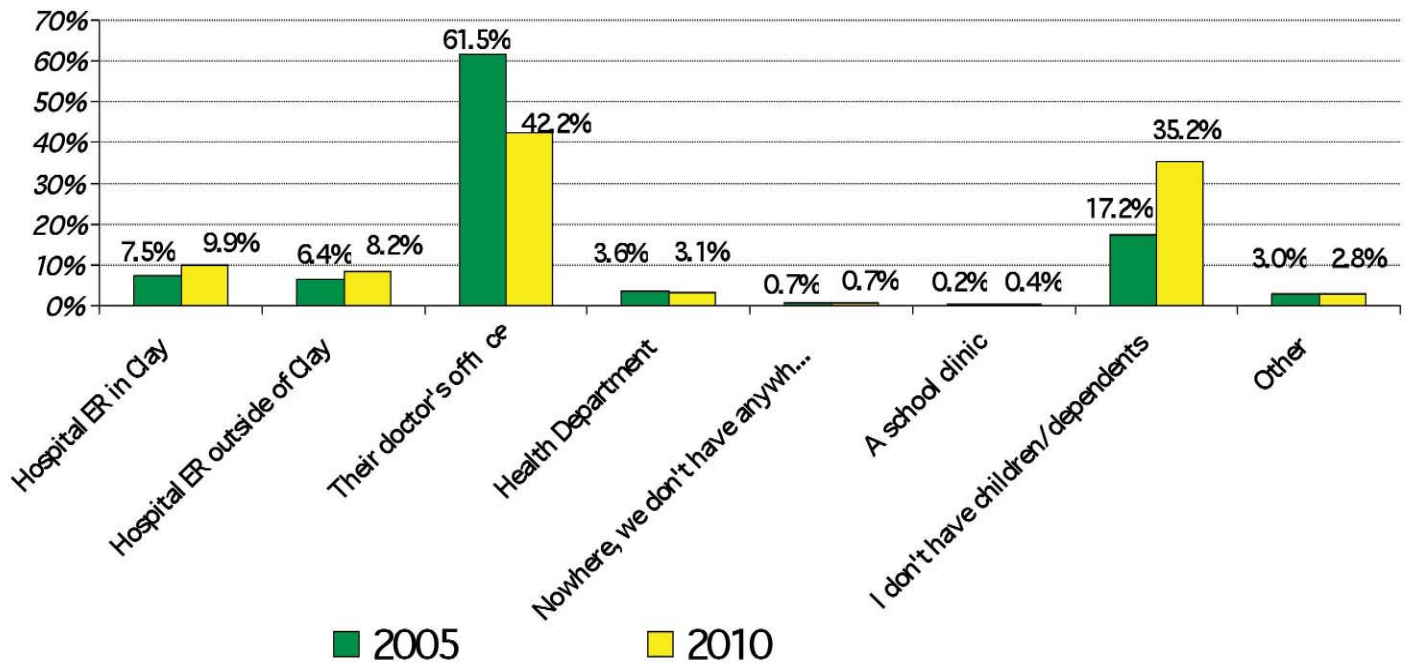
	2010	2005
Hospital emergency room in Clay C...	25%	9%
Hospital emergency room outside o...	10%	8%
Nowhere, I don't have anywhere to...	4%	3%
My doctor's office or clinic	53%	71%
Health Department clinic	7%	5%
Other, please write in	4%	4%

Where would you go if your children/dependents are sick?

	2005	2010
Hospital ER in Clay	7.5%	9.9%
Hospital ER outside of Clay	6.4%	8.2%
Their doctor's office	61.5%	42.2%
Health Department	3.6%	3.1%
Nowhere, we don't have anywh...	0.7%	0.7%
A school clinic	0.2%	0.4%
I don't have children/dependents	17.2%	35.2%
Other	3.0%	2.8%

Have you had added stress related to the economy in the last year that negatively impacted your health?
NEW QUESTION FOR 2010 SURVEY

A little bit
32%

No, not at all
20%

YES, definitely
40%

I don't know
8%
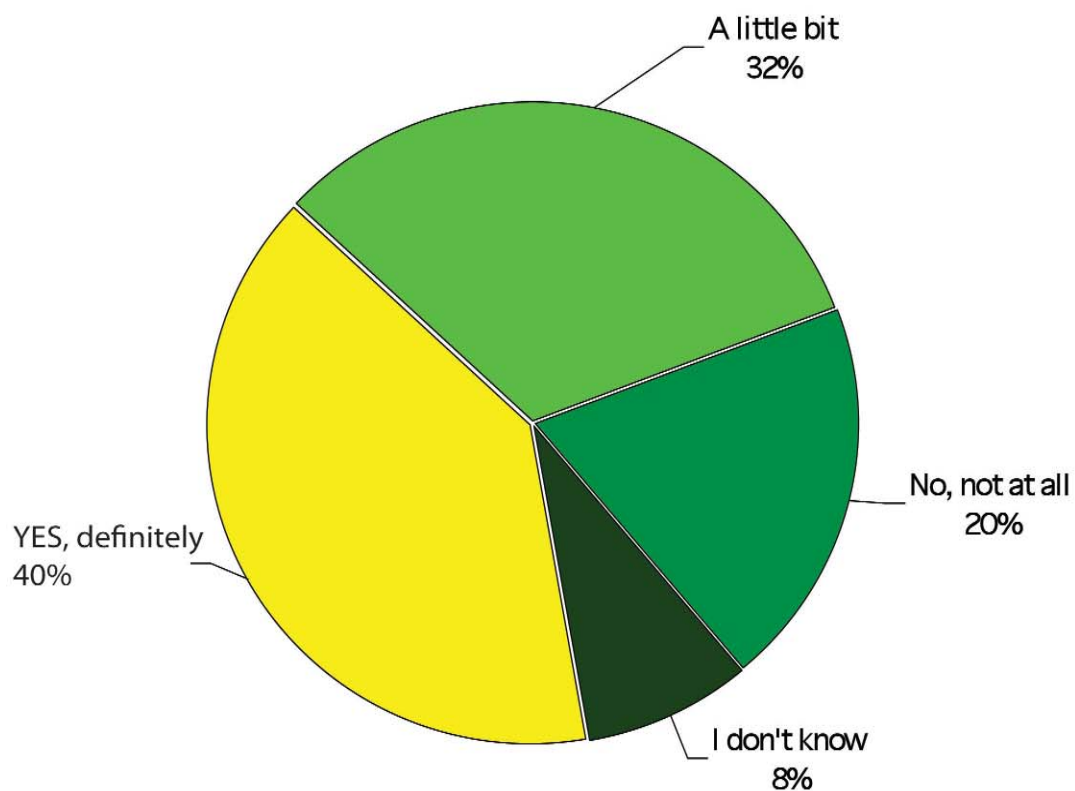
Focus Groups

Introduction

In the Spring of 2010, the Health Planning Council of Northeast Florida conducted six focus groups for the Clay County health needs assessment. The purpose of these focus groups was to better understand the views and opinions of Clay County residents about the quality of life in their community. This report will outline the focus group methodology and summary of key themes identified in the focus group discussions.

Focus Group Methodology

A set of questions was developed for the focus groups to explore how residents felt about the quality of life in Clay County. The focus group instrument was used in similar health needs assessments in surrounding counties. A copy of the focus group questions that were used are included as Appendix C-1.

Focus groups were scheduled by staff at the Clay County Health Department and Health Planning Council through the assistance of members from the Clay County Community Health Assessment Task Force. Efforts were made to target existing groups that were already meeting throughout the county.

Six focus groups were conducted. The size of the focus groups ranged from 6 – 26 participants, with a total of 60 participants. A list of the focus group locations is summarized below:

Penny Farms: Located in Penny Farms

Orange Park Senior Center: Located in Orange Park

Soul Winning Temple: Located in Green Cove Springs

Rotary Club: Keystone Heights

Life Care Center of Orange Park: Orange Park

Amedisys Home Health Care: Orange Park

Focus groups were moderated by a Health Planning Council staff member or consultant and handwritten notes were taken during each of the groups to ensure that no comments were missed. Notes were carefully reviewed to explore participants' comments and discover whether similar concerns and opinions were voiced by Clay County residents. A summary of common themes each of the focus groups discussions is included in this section.

FOCUS GROUP QUESTIONS	SUMMARY RESPONSES
1. In general, are you satisfied with the quality of life in your community? *(open to interpretation of community – neighborhood, town, or county)* a. Is this a good place to raise children? b. Is this community a good place to grow old? c. Do you feel there is economic opportunity in the community?	**General quality of life** Clay County has good fresh air and is a great place to live and raise a family. In general the community is safe and there are plenty of places to shop. This is also a community where you have to make some tradeoffs; commuting to work in Duval County, growth that threatens the environment (clean air), and not much economic opportunity. **School and youths** • Many of the schools have excellent teachers and principals. Students begin having problems in middle and high school, but the elementary schools are fine. • Some schools have more resources than others. The nice schools have all the latest equipment, while the urban schools look like prisons creating a poor learning environment. *[**Note:** It is not clear what constitutes an urban school in Clay County.]* • Teens do not have many options to keep them busy unless they get involved in school activities or their parents provide (pay for) activities for them. Likewise, once young people graduate from high school there is nothing for them in Clay. • Clay County has not focused on the high drop out rate. • Students come to school, but are not ready to learn. This is a family issue. • Students start the school day too early in the morning. Many are still asleep. • There is a lot of new infrastructure going on especially in areas like Middleburg. • We need more schools. • There are not a lot of after hours daycare options for working parents who have odd shifts. • There is not a lot of recreation for kids other than the Slough that opened, and hanging out at the mall which can be dangerous. • Good place. Lots of Churches, good schools, • Kids must make up their own entertainment (some residents liked that idea, others did not). • Lots of recreational opportunities, especially for the poor who want to participate. **Affordable child care** The County needs more affordable day care and after-school programs to accommodate working parents. The community has many options for day care, but the costs are very high. It is the same with children's activities, the options are many, but not affordable. **Elderly** Clay County is a good place for older people especially when the community is compared to other areas of Florida. Many live in communities with other older people and know their neighbors. The Clay County Area Office on Aging also provides many services for seniors. *[**Note:** Two of the groups took place in senior settings.]* While the community is elderly friendly, there is a need for more affordable assisted living. Clay County also has a lot of hidden senior poverty and many seniors do not know how to access the services they need.

FOCUS GROUP QUESTIONS	SUMMARY RESPONSES
	• There is no elder housing other than Skilled Nursing Facilities (SNF's).
	• Transportation is not good as compared to Duval County public transportation.
	• Churches are plentiful except of Jewish faith.
	• Adult day care is very lacking.
	• Social service support is not readily accessible or available.
	• Mental health support is available.
	• Is there a food pantry for low income families like in Duval County?
	• If you can't drive, it's not [a good place to grow old].
	• Not [a good place to grow old] if you need medical care close by.
	• Limited assisted living options.
	• They closed the Health Dept. in Keystone Heights! (discussion)
	• "Now, Penny Farms…down the road is a good place to live if you're elderly!"
	• Churches support seniors.
	• Senior Center has activities, meals & transportation to Gainesville & O.P.

Housing
Clay County is known for having very affordable housing as compared to the rest of the region, however renting a home or apartment can be very expensive. The rents are comparable to Duval County.

Transportation
- Commuting to Jacksonville can be very long, for some up to an hour to work and back on a daily basis, which takes away personal and family time. Many hope the new beltway, under construction, will eliminate some of the commute time.
- Transportation for the elderly is very good; the service provides seniors with the means to get around for minimal cost. Still, many of the community's elders do not know how to access the transportation services that are available.
- Most of the participants agreed that Clay County does not have a real public transportation system. Clay Transit and JTA do not provide viable options for residents.

Economic development
- Clay County does not have many jobs. This is due in part to the current economic crisis, but there have never been many jobs here. The jobs are lower paying. Most people go somewhere else, like Jacksonville, for their job. Young people move away because there are few opportunities for work and the SJRCC is the only higher educational institution.
- Clay County is situated like the boroughs around Manhattan or the counties around Atlanta – Duval is the center and the other counties revolve around it. Just like people drive into Manhattan for work, people drive into Jacksonville for work.
- Many local businesses have closed; not much growth is happening right now. It is a good thing that growth has slowed. The time has come for proper community planning in Penny Farms (not another "Orange Park").

FOCUS GROUP QUESTIONS	SUMMARY RESPONSES
	• There is increased retail growth in Middleburg. However, they are building new 'malls' without totally filling up the others first. • County in "pretty bad shape": lack of jobs, underemployed, people can't support a family while making $8 to $12 an hour (all that's offered in KH). • Educational opportunities to learn new trade, some in KH, most in Gainesville. • More affordable housing every day (especially with bad economy). • One participant had read that Clay & Seminole County have highest migration out of community for employment. **Food and nutrition** • Food is expensive in Clay County. Not much food is locally grown and there is little fresh produce.
2. Do you feel your community is a safe place to live? *(Consider perceptions of)* a. Safety in the home b. Workplace c. Schools and playgrounds d. Parks e. Do the neighbors know each other and look out for one another?…	**Safety** Participants felt safe in their community, but expressed concerns about other areas. The "overwhelming" number of pedophiles came up in all focus groups; likely as a result of the heavy media attention and focus on the recent Somer Thompson case. • Penny Farms is a safe community. • The Sheriff's office does a good job of policing the community. • The people who live in the community look out for each other: *"(We) try to protect each other from hard times and desperate people."* • Some expressed concerns that the parks are beautiful, but seem unsafe and might be used by pedophiles. The number of pedophiles in Middleburg and Green Cove Springs was of particular concern. • There was also the perception that Green Cove was a high poverty and high crime community. • Green Cove Springs is a safe community for children and adults. • Green Cove Springs and all of Clay County are very spiritual communities. • Compared to other communities, Clay County is very safe. • One participant stated he *"moved here from Daytona where people will take from you and not even think about it. In Clay you can leave your doors unlocked."* • The view of the police and Sherriff's Office were less positive than Penny Farms, *"The police presence can be overwhelming, it's like they are waiting for us to do something wrong."* • Clay County is safer than Duval County, but there are too many child molesters. [Note: The group used Sommer Thompson as an example]. Participants felt safe in their homes, but were not sure about the safety of schools and other areas. • For the most part the sheriffs' office is visible and readily available. • The mall is a scary place and not very safe in the evenings. "Being a woman, I do not go out alone after dark." • More established neighborhoods look after each other. For instance, they really came together after Somer disappeared. • People don't want to get involved.

FOCUS GROUP QUESTIONS	SUMMARY RESPONSES
	• Relatively safe- hardly any violent crime; only property crime. • Convenience stores are not safe. • "2 drug store hold ups last year-whole area shut down to go see what happened" • Lady was assaulted on scooter on walking trail… Assailant just wanted her prescription drugs. • Schools, businesses & playgrounds safe here. • Neighbors look out for each other.
3. Do you believe there is a network of support for individuals and families during times of stress and need? a. Medical crisis b. Mental health and substance abuse c. Pregnancy d. Financial e. Death f. services for children with special needs	• Most people rely of their church, family, or friends when they have personal or financial problems. Otherwise Clay County does not have a lot of agencies to help people. Many of the agencies are small and when they run out of money they have to stop helping people. Mental health and substance abuse services are available in some areas of the county, but services are very limited. • Service providers include Catholic Charities, the Salvation Army, and United Way's 2-1-1. Clay Behavioral Health provides mental health services and SHINE (Serving Health Insurance Needs of Elders) offers 2-1-1 assistance through 2-1-1. [**Note:** *Could not verify SHINE's 211 service*] • Men and women released from Clay County Jail and the homeless are sent out the county because those in charge think it would make the county look bad to have these people out on the streets. • Illegal drug use does not seem to be a problem; there may be more prescribed medication abuse.
4. Are you satisfied with the health care system in your community? (Consider) a. Cost b. Quality c. Options d. Prescription drugs	The quality of health care is generally perceived to be of good quality, the community has good physicians, and pharmacies are easy to find; however care is costly, many people lack insurance, the elderly find it difficult to find doctors who accept Medicare, and the poor find it difficult to find doctors who accept Medicaid. Other issues are as follows: • There is "illness" care; but not "real" healthcare or preventative care. • Physicians are over-prescribing medicines instead of offering holistic medical advice. • Orange Park Medical Center is viewed as a good hospital, but satisfaction with hospital services is mixed. More than one participant agreed that the hospital's goal is to make money by conducting needless tests and admitting elderly patients unnecessarily. • It is particularly difficult to find specialists that accept government sponsored health plans – Medicare & Medicaid. • Because Medicare does not cover dentist visits, the elderly have to find private insurance or cover cost out of pocket, which may be expensive. The transportation service provided by the Clay Transit Authority is an appreciated service that allows the elderly to make doctors appointments in Clay County and Duval County for a small fee.

FOCUS GROUP QUESTIONS	SUMMARY RESPONSES
5. Are there health services you need that are not available to you?	Clay County has an abundance of health care services, but there are challenges: • Green Cove Springs does not have a hospital and there are no urgent care centers. • The community's health care providers do not have a holistic, preventative-approach to care. • Clay County is full of doctors, but not enough accept Medicare or Medicaid. • The insurance companies make access to care very difficult, which causes frustration for many. A participant stated, "Most services are available, but the insurance companies run everything."
6. Are you aware of the public health services that are available in Clay County? (i.e. Clay County Health Department)	Most participants were not well informed about the public health services offered in Clay County. The Green Cove Springs group did know that some health services are provided by the Clay County Health Department via the mobile unit at Harvey's grocery store on SR 17 and children could get free shots. There is some uncertainty, depending on the speaker, about the location of the health department. A participant stated that there was a Beau Hill location, but no medical services were offered there. In another group participants stated that the Green Cove location had been closed and there was only an Orange Park location. This was important because the group began discussing the lack of public transportation and not having access to a personal vehicle being an obstacle to receiving services at the health department. There was some disagreement from group to group on whether or not the Clay County Health Department offered dental services.
7. What do you see as the school's role in health?	Participants were aware that schools currently screen children for vision and hearing problem, and obesity. "Teachers may be over-burdened and lack the time to teach this subject, but health education could be incorporated into a standard curriculum." Home economics would be another way to introduce healthy living within the schools. Nutrition and exercise could be improved in the schools. • School lunches are very expensive, but the quality of the food is poor. • Students need more access to physical education. • Schools should rethink what they serve in the cafeterias and what is sold in the vending machines. • High school students who need free or reduced lunch have to go to the school board to get the proper paperwork, which could be an obstacle to applying. • One young woman (a high school student) stated that she does not eat during the school day. She buys a big breakfast at McDonald's and that sustains her during school. She does this because it is cheaper. One participant was adamant that the schools should not have a role in health, stating that, "It is better when the government does not get involved."

FOCUS GROUP QUESTIONS	SUMMARY RESPONSES
8. If you could create any type(s) of "health program(s)" for Clay County residents what would it/they be?	Each focus group mentioned the need for more wellness and prevention programs with the idea that health education is an overlooked preventative. However, even the best programs are not guarantee of a healthier community. As one participant offered, "you can't force people to take care of themselves." Healthy communities also make a place for all of its residents. Clay County would benefit from creating solutions for those residents who are isolated and need assistance. This includes the elderly, school-age kids, college students, etc. Efforts to bridge the generation gap through intergeneration programs and opportunities (beyond the church) were also mentioned.

Introduction

The Clay County Health Assessment Task Force meetings were held from October 2009-June 2010 as part of the Clay County health needs assessment. Information provided in the previous chapters of this report was presented to members of the Clay County Health Assessment Task Force, including chronic disease death rates, infectious disease rates, and maternal and child health indicators. In addition, hospital utilization data of Clay County residents was presented as well as the availability of health resources and services in the county. Community input from Clay County residents was obtained through focus groups and surveys.

Key Health Issues and Recommencation

The Clay County Health Assessment Task Force identified key health issues which included high rate of lung cancer mortality, diabetes, heart disease, infant mortality, limited access to dental services – among lower-income and uninsured adults, Alzheimer's mortality, and substance abuse. Task Force members then collapsed these key health issues into broader health priorities and subsequently developed recommendations and actions steps. The Task Force believed these recommendations should be incorporated in the work of existing community groups and leaders and report on the progress of these recommendations through the Clay County Health Department Administrator on a quarterly basis.

High rate of Lung Cancer Mortality

Community Health Status Assessment

- Cancers (all cancers combined) are the Top leading cause of death among Clay residents.
- Lung Cancer has the highest mortality rate among all reported cancers.
- The rate (per 100,000 population) of Lung CA deaths among Clay residents was 60 during 2006-2008, compared to a statewide rate in Florida of 48.
- BRFSS indicates that 22% of Clay residents smoke, compared to 19% across FL.
- BRFSS also shows that 19% of Clay residents are exposed to 2nd hand smoke, compared to 15% across Florida as a whole.
- Similarly, Chronic Lower Respiratory Disease (CLRD) is the 3rd leading cause of death in Clay County – with a rate of 57 deaths per 100,000 during 2006-2008, compared to a statewide rate of 36 in FL. CLRD is most common among white residents, at a rate nearly twice that of non-white residents.
- Conversely, Clay County residents are hospitalized for CLRD at a rate of 278 per 100,000; while across FL this rate is 321.

Community Strengths and Themes Assessment

- Cancers (all cancers combined) are the 2nd leading health concern among Clay residents.

- Smoking/Tobacco use is the 6th leading health concern among residents surveyed.

- Tobacco use (of any kind) is also the 6th leading behavioral concern.

- Residents report difficulties accessing specialty care due to lack of providers (including pulmonologists and oncologists), especially providers who will accept government sponsored health insurance plans such as Medicaid and Medicare.

- Residents report that the system of care in Clay does not emphasize preventative care or healthy lifestyles.

Forces of Change Assessment

- There is little or no funding available to support preventive services or health promotion.

- Many employers and public places are adopting a "smoke free" policy at their sites.

Local Public Health System Assessment

- The Area Health Education Centers (AHEC's) in Florida have a large grant to provide smoking cessation and tobacco prevention services.

- Medicaid (the primary source of health coverage among lower income populations) covers only a limited number and type of services for tobacco cessation/prevention.

- While services are available, the system could do more to make the community aware of the services as well as promoting healthy lifestyles.

Diabetes

Community Health Status Assessment

- Diabetes is the 6th leading cause of death in Clay County:
  - Rate (per 100,000 pop) in Clay is 25.3 compared to 20.6 across FL as a whole.

- There has, however, been a slow but steady decrease in diabetes-related deaths in the county over the past 5-6 years, bringing the rate closer to the statewide average.

- The rate of hospitalizations in Clay related to diabetes has increased over 5 years.

- There is a significant disparity among non-white populations:
  - Rate among white: 24.1 compared to rate for non-white: 46.9

- BRFSS – Adults with a diabetes diagnosis in Clay: 10.6% compared to FL: 8.7%

- Percent of diabetes diagnoses decreases as income increases:
  - <$25K: 15.5% | $25K-$50K: 12.8% | $50K+: 9.2%

- More common among men (12.1%) than women (9.3%)

- BRFSS – Percent of Clay diabetics who had at least 2 HbA1c tests in the past year: 53.5% (FL: 71.2%)
  - Percent of Clay diabetics with DSME: 44.8% compared to FL: 51.4%
  - Percent of Clay residents classified as overweight/obese: 68.8% compared to FL: 62.1%
    - Overweight percent decreases as education increases
    - Overweight increases as income increases
    - Overweight is higher among married couples (45% vs. 31% in single persons)
    - Obesity percentage decrease among older populations

- Clay County has a low rate of Internist physicians (per 100,000 pop) compared to FL as a whole

Community Strengths and Themes Assessment

- Diabetes is the 4th leading health concern among Clay residents surveyed
    - 34% of residents marked this choice – compared to 26% of respondents in 2005
- Obesity is the top health concern among residents - 47% of persons surveyed
- Poor eating/nutrition was the 5th leading behavioral concern among residents surveyed
- Being overweight was the 3rd leading behavioral concern
- Cost was reported as the largest barrier to obtaining healthcare services – including medications
- Limited or no access to primary care was reported among residents – especially low-income
- Residents report that healthy food is expensive – request more locally grown and healthy food
- Residents report concern over poor nutrition in school meals

Forces of Change Assessment

- There is little or no funding available to support preventive services or health promotion.
- There is an increasing number of unemployed/low-income/uninsured residents
- Decreasing number/rate of primary care physicians nationwide and across FL, including Clay
- Access to DCF/Medicaid services – and worsening as a result of budget cuts across the state
- Clay has many natural lands for recreation and good agriculture

Local Public Health System Assessment

- Clay has strength in mobilizing community partnerships
- System could do better in informing residents of available services and health promotion
- System could do more for policy change and planning.

Heart Disease

Community Health Status Assessment

- Heart Disease is the 2nd leading cause of death in Clay County:
    - Rate (per 100,000 pop) in Clay is 158 compared to 162 across FL as a whole.
- There has, however, been a slow but steady decrease in the county over the past 5-6 years, bringing the rate closer to the statewide average.
- "Other chest pain" is the leading cause of Emergency Room visits among Clay adults
    - "Unspecified chest pain is #7
    - 7th leading DRG among adults discharged from a hospital stay
    - 3rd leading outpatient surgical procedure is cardiac catheterization among adults
- Clay County has a low rate of Internist physicians (per 100,000 pop) compared to FL as a whole
- BRFSS – Percent of adults with CVD diagnosis 8.8% compared to FL: 9.3%
- CVD incidence decreases as income increases: <$25K: 17.2% $25K-$50K: 11.6% $50K+: 3.5%
- Slightly higher than the state average have had cholesterol checks in the past year
- Slightly higher than state average have been diagnosed with HTN

Community Strengths and Themes Assessment

- Heart disease/Stroke was the 6th leading health concern among Clay residents surveyed
    - 34% of residents marked this choice – compared to 32% of respondents in 2005
    - Obesity is the top health concern among residents - 47% of persons surveyed
    - Being overweight was the 3rd leading behavioral concern
    - Poor eating/nutrition was the 5th leading behavioral concern
    - Lack of exercise was the 7th leading behavioral concern

- Cost was reported as the largest barrier to obtaining healthcare services – including medications

- Limited or no access to primary care was reported among residents – especially low-income

- Specialty care (including cardiology) was the 4th most difficult service to obtain in Clay (22%)

- 72% of residents report being impacted by stress related to the economy – especially low income

- Residents report that healthy food is expensive – request more locally grown and healthy food

Forces of Change Assessment

- There is little or no funding available to support preventive services or health promotion.

- There is an increasing number of unemployed/low-income/uninsured residents

- Decreasing number/rate of primary care physicians nationwide and across FL, including Clay

- Access to DCF/Medicaid services – and worsening as a result of budget cuts across the state

- Clay has many natural lands for recreation and good agriculture

Local Public Health System Assessment

- Clay has strength in mobilizing community partnerships

- System could do better in informing residents of available services and health promotion

- System could do more for policy change and planning.

Infant Mortality

Community Health Status Assessment

- Overall, rate is lower than the state average: Clay 5.7 (per 100,000) vs. FL 7.2

- There is, however, a disproportionate impact among non-white populations:
    - White rate (per 100,000 pop): 4.6 vs. Non-White rate: 13.3
    - It is important to note that this reflects a total of 9 non-white infant deaths during 2008, compared to a total of 11 infant deaths among whites.

- The rate of OB/GYN's in Clay is half the state rate: Clay 5.4 (per 100,000 pop) vs. FL 10.5

- Few of the OB/GYN's in Clay will accept Medicaid

- The rate of births to teenage moms (ages 15-19) is higher among non-white (50.8) than white (33.6)

- BRFSS – 18% of Clay women self-reported as current smokers (39.2% among incomes <$25K)

- BRFSS – 15% of Clay women reported skipping a medical visit due to cost (33.5% among <$25K)

- 88% of Clay women reported having some type of health insurance coverage
    - 85.6% among ages 18-44
    - 70% among incomes <$25K

- 88% of Clay women reported having a primary care provider
    - 79% among incomes <$25K
    - 75% among women ages 18-44yrs

Community Strengths and Themes Assessment

- Survey results show increasing numbers of persons in Clay relying on Medicaid/Medicare; and decreasing numbers/rate of persons with private health insurance.
- A self-report of "fair" or "poor" health status was most common among low-income and uninsured
- Low-income and uninsured report difficulty accessing primary care and preventative services
- OB/GYN services was reported as the 17th most difficult service to obtain in Clay (approximately 10% of female respondents marked this choice)
- Teen pregnancy was the 13th highest health concern among residents surveyed
- Infant Mortality was the 22nd most common health concern
- Drugs and alcohol was the top behavioral concern among residents

Forces of Change Assessment

- Limited and decreasing funding for preventative programs and health promotion
- Increased rate of unemployed, low-income, and uninsured
- Migration out of Duval and other urban areas into more rural areas of Clay – contributing to challenges with transportation and access to services
- Limited and decreasing access to vital DCF services
- Limited options for affordable housing – creating competing priorities for many families
- Family members cohabitating to reduce costs (may be a benefit for young families)

Local Public Health System Assessment

- Significant reduction in access to DCF and other vital social services as a result of budget cuts
- Significant cuts to the county's Healthy Families programming
- Strong coalition building in the county and opportunities for partnership

Limited Access to Dental Services – Among Lower-Income and Uninsured Adults

Community Health Status Assessment

- Clay has a slightly lower rate of dental providers than FL as a whole: Clay 48.4 vs. FL 60.9
- Access to dental services among low-income groups showed a slight but steady increase between 2002 and 2006 (most recent data available)
- BRFSS – 19% of Clay residents reported not accessing dental services in the past year due to cost
  - Among men only: 16% | Among women only: 22%
  - Lack of dental access decreases and education and income increases

Community Strengths and Themes Assessment

- Dental care was rated the #1 most difficult service to obtain in Clay County among those surveyed:
  - 35% of survey respondents reported this compared to 27% in 2005
- Dental problems was the 9th leading health concern among residents surveyed
  - 20% of respondents compared to 15% in 2005
- Persons with incomes of less than $20K/yr – approx. 55% reported difficulty accessing dental
- Top reported barriers among low-income and uninsured were inability to afford care, not knowing how/where to access services, and limited or no transportation.
- Focus group participants asking for more healthy food options, such as locally grown

Forces of Change Assessment

- Increased rate of unemployed, low-income, and uninsured
- Poor reimbursement for dental services by the state's Medicaid program – causing a decrease in the number of providers to will accept it.
- New dental clinic in Green Cove!

Local Public Health System Assessment

- Excellent partnership among CHD and others in the county to establish new clinic
- Strong volunteer base among providers – to provide limited services
- Client difficulty in accessing DCF and other needed support services
- Strong WeCare program – and improving

Alzheimer's Mortality

Community Health Status Assessment

- Clay's rate (per 100,000): 32.8 compared to Florida's rate: 16.5
- Clay has a lower 65+ population when compared to the rest of Florida (possibly skewing rates)
- Alzheimer's (related) is reported as the 7th leading cause of death among Clay residents
- Data shows a lower per-capita income in Clay County, however a higher Median Household Income when compared to the rest of Florida – indicating a potentially higher rate of extended families residing in the same household – including elders residing with adult children for care/support.
- Clay County has a higher rate of nursing home beds available compared to the rest of Florida, however has a lower rate of adult psychiatric beds available than the average across the state.

Community Strengths and Themes Assessment

- End of life issues were ranked 18th of 24 possible choices for health concerns
    - (11% of persons surveyed)
- Mental health issues were ranked 10th – by 20% of persons surveyed
- Older survey respondents were less likely to be impacted by stress from the economy
- Older respondents reported more consistent access to primary care services
- The most common barriers to health services reported by respondents aged 75+ were:
    - Transportation
    - Wait times for and inconvenient hours of services
    - Not knowing about services and/or how to access them

Forces of Change Assessment

- Increasing elder population – "Baby Boomers" coming of age
- Declining availability of primary care providers and decreasing funding for preventative care and health promotion activities
- Anecdotal feedback that an increasing number of elders are moving in with adult children as their support needs increase.
- "Tricky Marketing" by Medicare supplement/replacement insurance plans.
- OPMC working to improve electronic information sharing among nursing homes in Clay – to improve quality/continuity of care for elders.

Local Public Health System Assessment

- Improvement needed for linkage and referral services among entities
- Clay Council on Aging provides good transportation and other needed services
- Potential to improve on informing/engaging the public on available resources and services

Substance Abuse

Community Health Status Assessment

- [Need local data]
- Clay BRFSS – 18% of adults surveyed self-reported engaging in binge drinking (4-5+ drinks during a single occasion) during the past year. Among men only: 22.2% vs. among women only: 14.2%
- DCF State/Regional (Northeast region) Data:
  - 17,288 adults served with substance abuse treatment during 2008-2009
  - 6,235 children served with substance abuse treatment during same time period
  - 26,188 adults served with mental health treatment/counseling
  - 12,635 children served with mental health treatment/counseling
- DCF reports that approximately 33% of adults and 30% of children with needs related to substance abuse seek treatment services. Of those, approximately 31% of adults and 56% of children actually receive the needed services.
- There was an average of 1,300 adults and 200 children on waiting lists for treatment services – MONTHLY (statewide) – during 2008-2009.
- SAMHSA and DCF estimate that 5.4% of Florida's adult population, and 7.9% of youth suffer from serious mental illness and/or serious emotional disturbance. In clay county, this would equate to an estimated 7,644 adults and 3,570 youth (under 18) suffering from significant mental illness. *(Calculated estimates based on 2009 census population estimates)*
- "Despite Florida's status as the 4th largest state in population, Florida's per-capita funding for mental health and substance abuse services is ranked 49th and 37th respectively in the nation.
- DCF reported "Drug Use and Perception Trends":
  - In recent year, FL has see a marked upsurge in prescription drug misuse/abuse… which has created an added demand for medication-assisted treatment and more acute services.
  - Alcohol accounts for the highest percentage of adult treatment admissions (35%), followed by marijuana (23.5%) and cocaine/crack (19.9%).
  - Marijuana accounts for the highest percentage of adolescent admissions (77.9%), followed by alcohol (14%).
  - Most drug-related deaths in FL involve the use of 2 or more substances.

Community Strengths and Themes Assessment

- Alcohol/Drug addiction was the 3rd leading health concern among residents surveyed.
- Mental health problems were ranked as the 10th leading health concern among residents.
- Both were cross-cutting among gender, race, and income levels.
- Drug abuse was the TOP leading behavioral concern reported among residents. (Increased from 37% of respondents in 2005 to 58% of respondents in 2010)
- Alcohol abuse was the 2nd leading behavioral concern reported. (Increased from 40% of respondents in 2005 to 44% in 2010)
- Mental health services were reported as the 5th most difficult service to obtain among residents.
- Substance abuse services (drug and alcohol) were reported as the 6th most difficult service to get.

- The highest rate of difficulty in obtaining both services (mental health and substance abuse) was among persons with incomes between $31,000 - $50,000.
- 72% of residents report being impacted by stress related to the economy – especially low income.
- Focus group comment: *"Illegal drug use does not seem to be a problem; there may be more prescribed medication abuse."*

Forces of Change Assessment

- Increasing numbers/rate of low-income and uninsured requiring services.
- Increasing adult outpatient mental health needs related to increased stress.
- Business closings and foreclosures as a result of the poor economy create an increased number of vacant structures = an increasing number of available spaces to foster homeless and also a variety of deviant activities including drug use.
- Migration of homeless populations out of Duval into Clay.

Local Public Health System Assessment

- Strength in coalition building and support – such as the Clay Action Coalition.
- Weaknesses identified in community education and health promotion activities.
- Limited and decreasing access to DCF and other needed support services.
- Decreasing funding and resources.

APPENDICIES

1. **In general, are you satisfied with the quality of life in your community for yourself?**
   A. Is this a good place to raise children?
   - a. School quality
   - b. Day care
   - c. After school care
   - d. Recreation
   - e. Environment

   B. Is this community a good place to grow old?
   - a. Elder friendly housing
   - b. Transportation
   - c. Churches
   - d. Shopping
   - e. Elder day care
   - f. Social support organizations and agencies
   - g. Services and activities

   C. Do you feel there is economic opportunity in the community?
   - a. Locally owned and operated businesses
   - b. Jobs with career growth and job training
   - c. Higher education opportunities
   - d. Affordable housing options
   - e. Reasonable commute

2. **Do you feel your community is a safe place to live?**
   - a. Safety in the home
   - b. Workplace
   - c. Schools and playgrounds
   - d. Parks
   - e. Do the neighbors know each other and look out for one another…

3. **Do you believe there is a network of support for individuals and families during times of stress and need?**
   - a. Medical crisis
   - b. Mental health and substance abuse
   - c. Pregnancy
   - d. Financial
   - e. Death
   - f. Services for children with special needs

4. **Are you satisfied with the health care system in your community?**
   - a. Cost
   - b. Quality
   - c. Options
   - d. Prescription drugs

5. **Are there health services you need that are not available to you?**

6. **Are you aware of the public health services that are available in Clay County?**
   (i.e. Clay County Health Department)

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

8. **If you could create any type(s) of "health program(s)" for Clay County residents what would it/they be?**

The *Clay County Health Assessment TaskForce* needs your help to better understand the health of our community. Please fill out this survey to share your opinions about healthcare services and the quality of life in Clay County.   A report of the survey results will be presented to the community, and made available to the public.   The responses that you give in this survey will help to make Clay County a healthier and better place to live!

1. How do you rate your overall health? *(check <u>one</u> selection)*

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

2. *Choose up to 5* of the items below that *you* feel are the <u>most important</u> features of a healthy community:

❑ Access to churches or other places of worship
❑ Access to healthcare
❑ Access to parks and recreation
❑ Access to public transportation
❑ Affordable and/or available housing options
❑ Available arts and cultural events
❑ Clean and healthy environment
❑ Absence of discrimination
❑ Adequate handicapped parking/accommodations

❑ Good place to raise kids
❑ Good jobs, healthy economy
❑ Good education
❑ Low crime rates/safe neighborhoods
❑ Preventative health care (annual check-ups)
❑ Quality child care
❑ Access to social services
❑ Good place to grow old
❑ Other: _____

3. *Choose up to 5* of the health problems below that *you* feel are the <u>most important</u> in Clay County:

❑ Asthma
❑ Respiratory/ lung disease (COPD, emphysema)
❑ Cancers
❑ Contagious diseases (i.e. flu, pneumonia)
❑ Diabetes
❑ Heart disease & stroke
❑ HIV/ AIDS/Sexually Transmitted Diseases
❑ Obesity
❑ High blood pressure
❑ Smoking/tobacco use
❑ Dental problems
❑ Rape/sexual assault

❑ Addiction – alcohol or drug
❑ Mental health problems
❑ Child abuse/neglect
❑ Teenage pregnancy
❑ Firearm-related injuries
❑ Domestic violence
❑ Infant death/ premature birth
❑ End of life care (nursing homes, hospice)
❑ Environmental health, sewers, septic tanks
❑ Motor vehicle crash injuries
❑ Suicide
❑ Other: _____

4. *Choose up to 3* unhealthy behaviors *you* are <u>most concerned about</u> in Clay County:

❑ Alcohol abuse
❑ Drug abuse
❑ Tobacco use *(any kind)*
❑ Dropping out of school
❑ Discrimination

❑ Being overweight
❑ Poor eating habits and nutrition
❑ Not getting enough exercise
❑ Not getting "shots" to prevent disease
❑ Unlicensed and/or unsafe drivers

❑ Not using birth control
❑ Teen sexual activity
❑ Unsafe sex *(any)*
❑ Other: _____

5. What health care services are difficult to obtain in your community? (c*heck <u>all that apply</u>*):

❑ Alternative therapy (herbals, acupuncture)
❑ Ambulance services
❑ Chiropractic care
❑ Dental/oral care
❑ Emergency room care
❑ Family planning/birth control
❑ Inpatient hospital
❑ Lab work
❑ Mental health/counseling
❑ OB/pregnancy care

❑ Physical therapy, rehab therapy
❑ Prescriptions/medications/medical supplies
❑ Preventive care (ex. annual check-ups)
❑ Primary care (family doctor or walk-in clinic)
❑ Specialty M. D. care (ex. heart doctor)
❑ Substance abuse services-drug and alcohol
❑ Vision care
❑ X-rays/mammograms
❑ Other: _____

6. How do you rate the quality of health services in Clay County?

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

CONTINUED ON NEXT PAGE

7. What types of "barriers" or difficulties impact you in getting healthcare? *(Please check all that apply)*:

❑ Problems with transportation
❑ I can't afford to pay for doctor/hospital visits
❑ I can't find providers that accept my insurance
❑ I don't know what types of services are available
❑ I don't like accepting government assistance
❑ I do not have a regular healthcare provider

❑ Lack of evening and weekend services
❑ Long waits for appointments and services
❑ I'm afraid to have a health check-up
❑ Healthcare information is not kept private
❑ Other: _____
❑ **NONE** – I don't have any barriers to healthcare

8. When you get a prescription for medications to treat an illness, what do you do? *(Please check all that apply*

❑ Get the prescription filled at a pharmacy
❑ Buy an over the counter medicine instead
❑ Use leftover medication from a previous illness
❑ Get medicine from outside of the United States
❑ Go to a hospital emergency room

❑ Go without medicine
❑ Use medicine from a family member or friend
❑ Use herbal remedies instead
❑ Use pet medicines instead
❑ Other: _____

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

❑ Health insurance from my job
❑ Health insurance from a family member's job
❑ Health insurance that I pay for on my own
❑ I do not need health insurance
❑ I can't afford any health insurance

❑ Medicare (any kind)
❑ Medicaid (any kind)
❑ Military insurance or VA benefits
❑ Other: _____

10. Where would you go if you were sick and needed medical help? *(Please choose only one)*

❑ Hospital emergency room in Clay County
❑ Hospital emergency room outside of Clay County
❑ Nowhere, I don't have anywhere to go when I get sick

❑ My doctor's office or clinic
❑ Health Department clinic
❑ Other: _____

11. Where would you go if your children/dependents are sick? *(Please choose only one)*

❑ I don't have children or dependents
❑ Hospital emergency room in Clay County
❑ Hospital emergency room outside of Clay County
❑ Nowhere, We don't have anywhere to go if we get sick

❑ Their doctor or pediatrician's office/clinic
❑ Health Department clinic
❑ School clinic or nurse
❑ Other: _____

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

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

14. Are you: ❑ Male   ❑ Female   ❑ Transgender

15. What Race/Ethnicity do you most identify as? *(Please choose only one)*

❑ Black / African-American
❑ White / Caucasian

❑ Hispanic or Latino(a)
❑ Asian or Pacific Islander

❑ Native American / Alaskan Native
❑ Other: _____

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

❑ Elementary/Middle School
❑ High School Diploma or GED

❑ Community College
❑ Technical or Trade School

❑ 4-Year College/Bachelor's Degree
❑ Graduate / Advanced Degree

17. Current Employment Status *(Please choose only one)*

❑ Employed – Full time
❑ Employed – Part time

❑ Student
❑ Home Maker

❑ Retired
❑ Disabled

❑ Unemployed – *Less than 1 year*
❑ Unemployed – *More than 1 year*

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

❑ Less than $10,000
❑ $31,000 - $50,000

❑ $10,000 - $20,000
❑ $50,000 - $99,000

❑ $21,000 - $30,000
❑ $100,000 or more

19. Have you had added stress related to the economy in the last year that negatively impacted your health?

❑ YES, definitely   ❑ A little bit   ❑ No, not at all   ❑ I don't know

THANK YOU FOR COMPLETING THIS SUREVEY

CODERED™
Emergency Communication Made Easy.

The CodeRED Emergency Notification System is an ultra, high-speed telephone communication service used for emergency notifications and the distribution of information considered to be important. This system allows the citizens of Clay County to be notified via telephone in case of an emergency situation that requires immediate action, such as an evacuation, contaminated water event, hazardous chemical spill, etc. CodeRed is capable of dialing the entire County within minutes. When calling, it delivers a pre-recorded message describing the situation to a live person, answering machine or voicemail in the affected area, possibly including instructions regarding immediate action on the part of the recipient.

This system is a free service provided through Clay County Public Safety. Numbers registered on the system are confidential and are not shared with another entity.

If you reside or own property in Clay County and would like to receive CodeRED emergency messages, you may sign-up by clicking on the CodeRED link found on the County's website at www.claycountygov.com or by calling Clay County Emergency Management at 1-877-252-9362.

YOUR HEALTH AND SAFETY DEPENDS ON KNOWING WHAT'S HAPPENING IN AN EMERGENCY! STAY INFORMED – SUBSCRIBE TO CODE RED, A FREE SERVICE PROVIDED BY CLAY COUNTY EMERGENCY MANAGEMENT.