Nurturing healthy people, healthy families and a healthy community!

Florida Department of Health-
Baker County Health Department

Community Health Assessment (CHA)
December 2015

Reviewed January 2019

Community Health Assessment (CHA) December 2015

…a collaborative process of collecting and analyzing data and information for use in educating and mobilizing communities, developing priorities, garnering resources, and launching actions to improve the population's health.

Introduction

Florida Department of Health in Baker County (FDOH-Baker) would like to take this opportunity to thank Ed Fraser Memorial Hospital, Healthy Baker Inc., the local service providers, ERCEGI and all of the individual community members who devoted time and resources to help make this Community Health Assessment (CHA) possible. Understanding the needs of our community and serving our residents is our primary purpose. The CHA is a critical process that we have been using since October 2014 which helps us understand your needs, harness the available assets in addressing those needs and realizing our goal of healthy individuals, families and a healthy community.

The report on the following pages outlines data that was collected and analyzed from secondary data sources at the state and national level along with primary source data that was collected from you - local residents throughout Baker County. The purpose of this process is to:

- Learn about the health status of our local population
- Identify factors that contribute to health issues
- Discover assets and resources to mobilize for health improvement
- Pinpoint areas for improvement

Lastly, and most importantly, we want to thank all of the service providers who participated in this process. Partnerships are critical for the development of a population health assessment. It involves the systematic collection and analysis of data and information to provide the health department and the population it serves with a sound basis for decision-making and action. Over 25 agencies/individuals solicited CHA participation from local residents, approximately 50 organizations have attended Healthy Baker, Inc. advisory/action team meetings to provide input, analyze data, and identify solutions, and the 1,033 stakeholders who have played a vital role in providing input for this strategic planning process.

The results from this CHA is only the beginning. Please join us as we continue to strive for improved customer care and as we develop goals, objectives and strategies for the next four years. All of us at the FDOH-Baker want to be there to help you and your family as you move to a healthier and happier lifestyle. A special thanks to all of the organizations/ individuals who contributed to the process. It has been a pleasure to serve you!

Thank You!

Kerry Dunlavey, RN, MSHA, MPH
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Table of Content

Community Participation Process

The purpose of the community participation process is to assess the FDOH-Baker ability to share and analyze data across three domains: 1) health status; 2) health issues; and 3) community resources. Report findings from the CHA result in an updated Community Health Improvement Plan (CHIP) and outlines strategic priorities for FDOH-Baker.

Each constituent brings a wealth of information and a variety of perspectives in the data analysis and action planning process. All constituents share a commitment for using the data to drive decisions and to identify and implement priorities that align to needs and resources.

This year long collaborative process has resulted in both quantitative and qualitative methods to systematically understand health within our community. It has informed staff and the community regarding forces of change, community strengths, and opportunities for improvements to affect the quality of life of Baker County residents. These tools provide a collection of facts and figures to inform the decision making process in the coming years and to establish the key priorities to maintain and improve the health of our community.

Throughout this strategic planning process, the team has participated in visioning, organizing and planning activities to not only develop documentation required by the Department of Health but more importantly, to understand the needs of our residents and the resources currently available to promote health and wellbeing of local residents. This team has compiled information from multiple sources to include both narrative and tables/figures with pertinent information regarding key health factors. It has compared the county health trends over time, as well as compared Baker County with the state of Florida. Lastly, it aligns the county goals with Healthy People 2020. The following summarizes key findings of this report:

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

Methodology

FDOH-Baker , Ed Fraser Memorial Hospital, and ERCEGI embarked on a journey to mobilize key stakeholders throughout the community in a data-driven decision making and strategic planning process to improve the health of Baker County residents. Baker County's 2015 Community Health Assessment (CHA) process utilized a hybrid planning model - Mobilizing for Action through Planning and Partnerships (**MAPP**) Framework from National Association of County & City Health Officials (NACCHO) and a grassroots mobilization campaign that was designed by ERCEGI, a nonprofit research and development organization, located in north Florida that specializes in wellbeing and resiliency to reform complex systems and to transform the health of local communities.

The Community Health Assessment (CHA) was launched in October 2014. Primary source data was collected through June 30, 2015. Secondary data analysis, focus groups, and key informant interviews were conducted July-August. Data was presented to Healthy Baker, Inc. in September. Final community feedback was obtained in October and all of the information synthesized into this final report completed in November 2015. The following pages outlines feedback and insights from 12 year olds and older. The data presented in the preceding pages were presented and reviewed at Healthy Baker, Inc. community meetings at midpoint and at the end of the data collection process. In addition, reminders, progress and various discussions were conducted at each monthly meeting to keep stakeholders engaged in the process. All of the processes and strategies were designed and monitored by a sub-committee that was formed from members of Healthy Baker, Inc. The analysis consisted of both **primary source**-individual surveys and focus groups, **secondary source**-local, state and federal databank analysis. Two focus groups, one key informant group interview and one Town Hall meeting facilitated in-depth discussions around healthcare issues, disparities and resources.

What is the Community Health Assessment (CHA)? A Community Health Assessment report results from a collaborative, systematic process to collect, analyze, interpret and use data to inform and mobilize communities, develop priorities, gather resources, and create a plan of action to improve the public's health. Because it provides essential information for discussion, prioritization and action, the CHA process is the foundation for improving and promoting the health of Baker County's residents. Subject matter experts from across a diverse group of partners conducted the four types of assessments provided below. Individually, each assessment yielded an in-depth analysis of factors and forces that impact population health. The information contained in this report collectively contribute to a comprehensive view of the health and quality of life in our community and constitute FDOH-Baker's CHA report.

This assessment identifies priority health and quality of life issues through extensive data reviews via both primary and secondary data collection and analysis. Questions answered by this assessment include: *How healthy are our residents?, What does the health status of our county look like?, What strengths and opportunities exist* to make Baker County a healthy community? And *What can we do to improve the resources in our community*?. The analysis and engagement is facilitated by Healthy Baker, Inc.

What is Partnerships for Community Resiliency? It is a three phase process to help reform complex systems and mobilize resources and partners to effect positive sustainable change:

I. **Getting to Know Your Community** (organizing & assessing, community canvassing and asset mapping)
II. **Connecting Resources and Building a Base** (visioning, advisory teams, current initiatives and capacity)
III. **Formalizing Partnerships and Developing Sustainability Plans** (strategic issues, goals and strategies, action planning, wellbeing and resiliency action teams, project and resource development plans, and partnerships)

What is MAPP? A six process system: 1) **organizing**; 2) **visioning**; 3) **assessments**; 4) **strategic issues**; 5) **goals and strategies**; and 6) **action planning**. A total of 80 individual stakeholders representing approximately 50 organizations along with 1,033 residents participated in the analysis and shared-decision making process. Advisory Team[1] meetings-facilitated by Healthy Baker, Inc. were held monthly. The organizations represented are provided in the attachments. Quarterly leadership meetings organized, lead discussions and managed the processes.

Organizing: is a planning process that builds commitment, engages participants as active partners, maximizes time management, and results in a plan that can be realistically implemented. A MAPP Committee (CHA Advisory Team) was formed by recruiting members from Health Baker, Inc. and includes the quality assurance team from FDOH-Baker, ERCEGI wellbeing and resiliency consultant, representatives from Ed Fraser Memorial Hospital, Humana, St. Johns River Rural Health Network and Baker County Family YMCA. This team was responsible for most of the work including recruitment and management of key partners and responsibility for overseeing the MAPP process. Broad Community Involvement was facilitated as Healthy Baker, Inc. stakeholders reached out into the community as trusted advisors to engage their constituents and partners and encourage involvement throughout the process.

[1] Group of people joined together on a regular basis for a specific purpose and armed with information to give advice and make recommendations to help people/organizations.

Visioning is done at the beginning of the MAPP process, it offers a useful mechanism for convening the community and building enthusiasm for the process, setting the stage for planning, and providing a common framework throughout subsequent phases. Visioning included participation in small leadership team discussions, community listening sessions, Town Hall meetings, key informant interviews and focus groups.

Assessment yield important information for improving community health, however the value of the four MAPP Assessments is multiplied by considering the findings as a whole. There are four different assessments: 1) Community Themes and Strengths; 2) Public Health System Assessment; 3) Community Health Status; and 4) Forces of Change.

Advisory Teams will assemble in the coming months to use this report and the findings to facilitate the last Partnerships for Community Resiliency *Mobilizing Phase*-Formalizing Partnerships and Sustainability Plans. Incidentally, this phase aligns with the last three steps in the MAPP process: 1) **Strategic Issues**; 2) **Goals and Strategies**; and 3) **Action Planning**. This healthcare reform model leverages shared-decision making, shared-expertise and shared-responsibility to build ownership between local partners who will address the needs and implements strategic goals and strategies through collective action. Plans from these Action/Advisory Teams-additional details provided on the following pages - will result in the Community Health Improvement Plan (CHIP).

Advisory Teams that are already launched-i.e. Healthiest Weight will use the information contained in this report to enhance the work currently underway to address needs around nutrition and exercise. Additionally, as new needs are identified in this CHA-i.e. Mental Wellness, FDOH-BAKER will reach out into the community via Healthy Baker, Inc. to recruit an existing Advisory Team or to launch a new one to address these needs.

Executive Summary and Key Findings

The CHA Advisory Team monitored participation by Population Demographics and Socioeconomic Indicators. Numbers and percentage of population by age, gender, race, socioeconomic status, and geographic distribution were matched with the 2010 Census Data by leveraging partners as trusted advisors who solicited survey participation from each of these demographic groups. Health insurance, health and mortality Indicators-health rankings and key needs paint a picture of the health and quality of life of Baker County. This CHA is organized into four (4) sections that align with the purpose and scope of this process: 1) Demographic profile and Population health status; 2) Factors that contribute to health issues; 3) Identifying assets and mobilizing resources; and 4) Areas of Improvement.

Demographic Profile

Of the 1,033 participants 38% came directly from FDOH-Baker whereas 52% of the population was engaged by key individual and organizational stakeholders throughout the county. Gender participation included 77% **female** and 23% **male**. Agewise, nearly 1% included the **under 14** population, slightly over 1% in the **14 to 18** age group, over 6% in the **19 to 24**, 66% in the **25 to 55**, 17% in the **56-65** and over 9% participation in the **66+** age group. Of the total population-27,115 nearly 4% participated. Of the 324 residents who live in the 32072 zip code, only 3 participated in the CHA. All other zip codes closely aligned or exceeded the percentage of residents who live in the zip code areas. Geographic distribution included:

Zip Code	% Population Live/Participate	Zip Code	% Population Live/Participate	Zip Code	% Population Live/Participate
32040	17%/31%	**32063**	50%/46%	**32087**	20%/15%

~Source: Census 2010 & Baker County CHA 2015-percentages are rounded, 8% participation in surrounding zip codes and less than 1% in the 32072 zip code

Population Health Status and Issues Organized by Wellbeing Areas[2]

- **Financial[1]: 1)** Of those surveyed-Disabled represented 4.25%, Retired 10.24%, Stay-at-Home Parent 4.64%, Unemployed Looking for Work 3%, Employed Full-time 65.51%, Employed Part-time 8.02%, Seasonal Worker 0.68%, and Other 3.67%; **2)** Household Income-of those surveyed, over 47% of the population has annual income of $50,000 or more however, 17% of all population groups are below 100% of poverty[3]; and **3)** Of those surveyed 11% indicated that they pay for medical services with cash/credit whereas only 65% of the adult population ages 18 to 64 are said to have medical coverage[4].
- **Physical[1]: 1)** Almost 28% of those surveyed rated the overall health of Baker County as unhealthy/very unhealthy and whereas only 8% rate their own health as unhealthy/very unhealthy; **2)** Only 3% of the population live within ½ mile of a healthy food source[5]; **3)** The age-adjusted death rate in Baker County-847.8 exceeded the state 683.5 with the top four conditions being Heart Disease, Cancer, Unintentional Injury and Stroke[6]. Of those surveyed, the top three conditions included high blood pressure/cholesterol, asthma and diabetes; and **4)** Almost 54% indicated some weeks/never participate in exercise three or

[2] Partnership for Community Resiliency grassroots mobilization model designed by ERCEGI
[3] Source: Florida Charts, 2013 Five Year Estimate, Percentage Below Poverty
[4] Florida Charts, County Health Rankings 2013
[5] Source: Florida Charts, County Health Rankings 2013
[6] Florida Charts 2014, County Age-Adjusted Death Rates – State and County Comparison

more times per week, along with almost 58% who indicated the same when asked about eating five to nine servings of fruits and vegetables per day. Whereas over 30% indicated most weeks/routinely eat fast food or vending one or more times a day.

- **Intellectual**[1]: **1)** Of those surveyed, 23% had a high school diploma, 5% GED, 26% some college, 5% Military/Vocational, 23% bachelors and 13% Master Degree or higher; and **2)** Overall school grade for the district was "C" and the 2014 Graduation Rate was 75.2%[7].
- **Mental**[1]: **1)** Of those surveyed almost 3% indicated issues with alcohol, over 1% with drugs, and over 16% who felt they had been diagnosed or had a serious problem with mental illness; **2)** When asked, do you feel you are in control of your emotions-anger, disappointment, fear almost 14% responded no; **3)** When asked if you have experienced mental or physical abuse in the past year child abuse-2% and spouse abuse-3%.
- **Social**[1]: **1)** Of the population surveyed, 84.28% have children; with approximately 38% of those households having three or more; **2)** Over 75% of the population surveyed have lived in the area over ten years; and **3)** Social and cultural makeup includes – White 84%, Black 14%, Hispanic 2%, Asian less than 1%, Native American less than 1% and Multi-Racial 2%[8].
- **Environmental**[1]: **1)** Nearly 17% of respondents cited issues with poor living environments-leaky roof, lead paint, mold, etc.; **2)** Over 19% say they do not recycle or dispose of waste
- **Spiritual**properly.[1]: **1)** Of those surveyed, almost 60% indicated some weeks/never participate in stress relieving activities once a day; **2)** While overall, only 5% indicated they felt so lonely or out of control to attempt suicide in the past year. When we disaggregate by age the percentage almost triples in the *age less than 14* at 12% and the *19 to 24 age group* at 14%; and **3)** When you think of your life in general are you overall satisfied-over 9% said no.

Factors that Contribute to Health Issues

The main factors that were identified as potential threats to quality of life and potential to contribute to health issues include a need to analyze and improve the quality of healthcare. Of the 1,033 respondents nearly 20% disagreed or strongly disagreed that they can get quality healthcare in Baker County. Likewise 14% disagreed/strongly disagreed that Baker County Healthcare providers understands/responds to their needs. The top three barriers to healthcare access, or issues that can potentially cause a gap in services include the following:

1. Did not accept my insurance-31.09%
2. Couldn't afford-23.84%

[7] Florida School Indicator Report 2014
[8] Source: Census 2010 Total Population

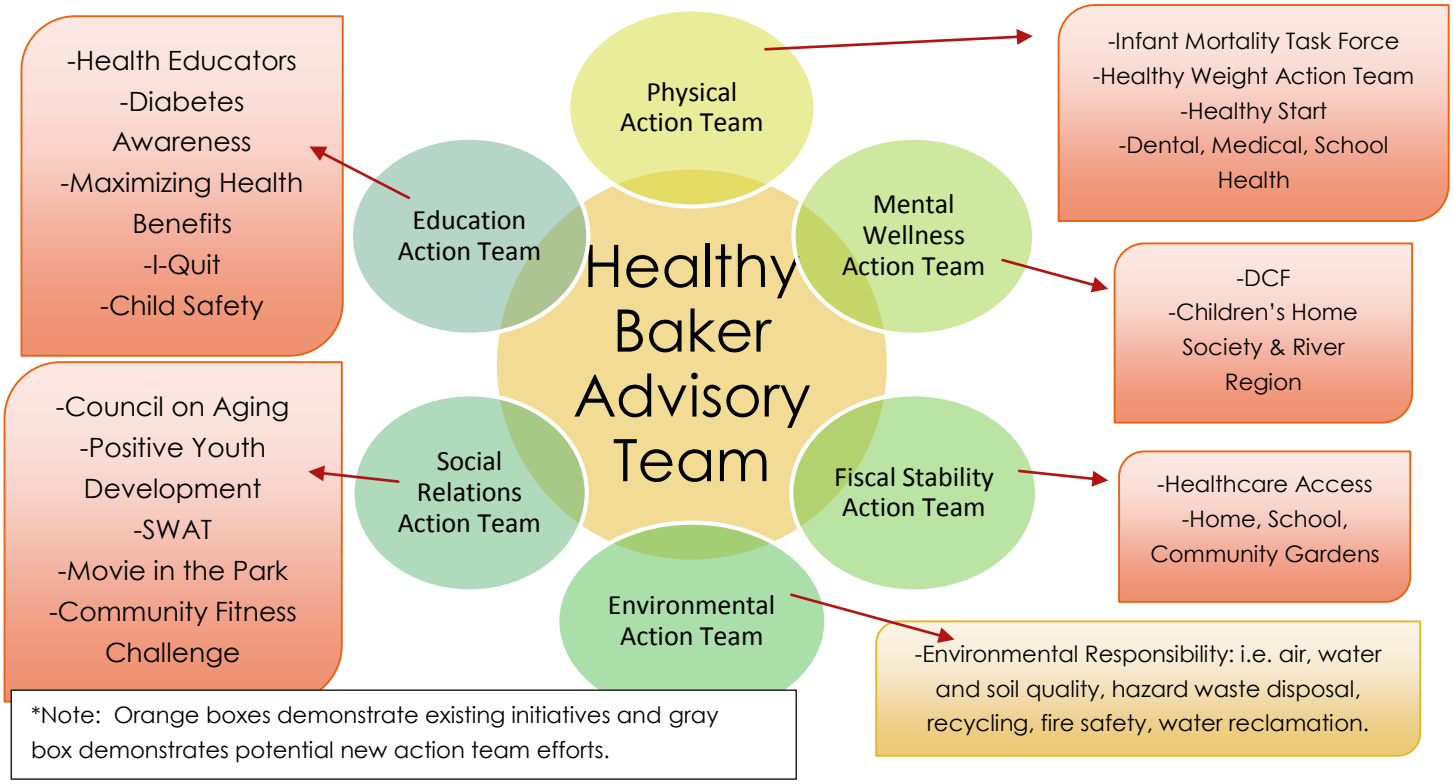
3. Waiting time at appointment-20.48%. Too long to schedule an appointment-19.43%

Identifying Assets and Mobilizing Resources

According to survey participants, the top three areas related to resource capacity revolved around **specialty care**, **hospital services** and **dental care** with **mental health** running close to third. The team launched an effort to utilize geospatial technology to clearly identify existing resources to make sure the lack of capacity does not relate to market awareness. Asset mapping will evolve via Action Team efforts over the coming months.

Areas of Improvement

The top three areas of improvement include a need to: 1) **improve customer service**; 2) **increase public relations** – including image and awareness; and 3) **increase service capacity** – including more providers and insurance acceptance with existing providers. The following pages provide details and supporting documentation for the conclusions provided in the executive summary. Each wellbeing area is analyzed and synthesized across multiple domains which highlight the current state of Baker County's healthcare and community service industry. Action Teams will gather in the coming months to analyze the data and determine a course of action to improve the availability of resources and to target strategies aligned to needs. Community goals and objectives will result from these efforts. Following is a visual[9]:



[9] Partnership for Community Resiliency Wellbeing Action Team model.

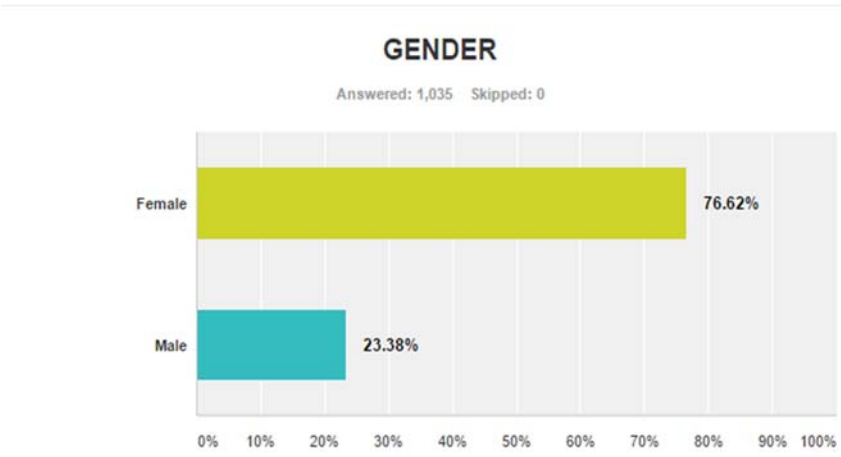
Table 1: Demographics & Participation Breakdown

Partners and media channels did a great job mobilizing the community to participate in the CHA. A total of 1,033 people participated. The next 4 pages summarizes service area demographics and participation breakdown.

Answer Options	Response %	Response #	Answer Options	Response %	Response #
Baker County Health Dept.	37.9%	391	Ag Center Health Fair	0.7%	7
School	29.0%	300	Baker Co. Sheriff Office	1.8%	19
Other-Fire, Baker Fair, City Council	25.9%	268	Tax Collector	1.2%	12
Ed Fraser Hospital	7.8%	81	Baker County Press	0.3%	3
Facebook	6.2%	64	Heritage Park	0.4%	4
Baker County Fair	5.5%	57	Employer	0.3%	3
Church	4.1%	42	Sanderson Focus Group	1.5%	15
eMail	3.0%	31	Senior Expo	0.8%	8
Business	2.2%	23	COA	0.9%	9
Newspaper Article	1.5%	15	Baker Corrections	0.6%	6
Accounting Firm	1.5%	16	BCHD Sign	0.1%	1
Person/friend	1.4%	14	Fire Department	0.6%	6
Community Organization	0.9%	9	Healthy Baker	0.1%	1
Glen City Council	0.7%	7	Mail	0.1%	1
Linked In	0.2%	2	Prevention Coalition	0.1%	1
Radio Ad	0.1%	1	Chamber	0.2%	2
Television Ad	0.1%	1	NE FL State Hospital	2.4%	25
Twitter	0.1%	1	Diabetes Class	0.5%	5
Newsletter*	0.0%	0	TV/Radio Ads*	0.0%	0

Source: FDOH-Baker County Community Health Assessment (CHA) 2015; *Strategy was not leveraged

Figure 2: Constituent Participation by Gender



This area is in the most need of improvement. Not only for future CHA representation but also to improve outcomes and impact of future health initiatives. Additional strategies and partnerships are needed to help reach the male population. Community agencies, Churches, the Fair and EFMH were best at reaching the male population.

Gender	Total Population	% of Population*	% CHA Participation
Male	14,160	52.22%	23.38%
Female	12,955	47.78%	76.62%

*Based on 2010 Census Data: Population by County by Gender-Baker County Florida

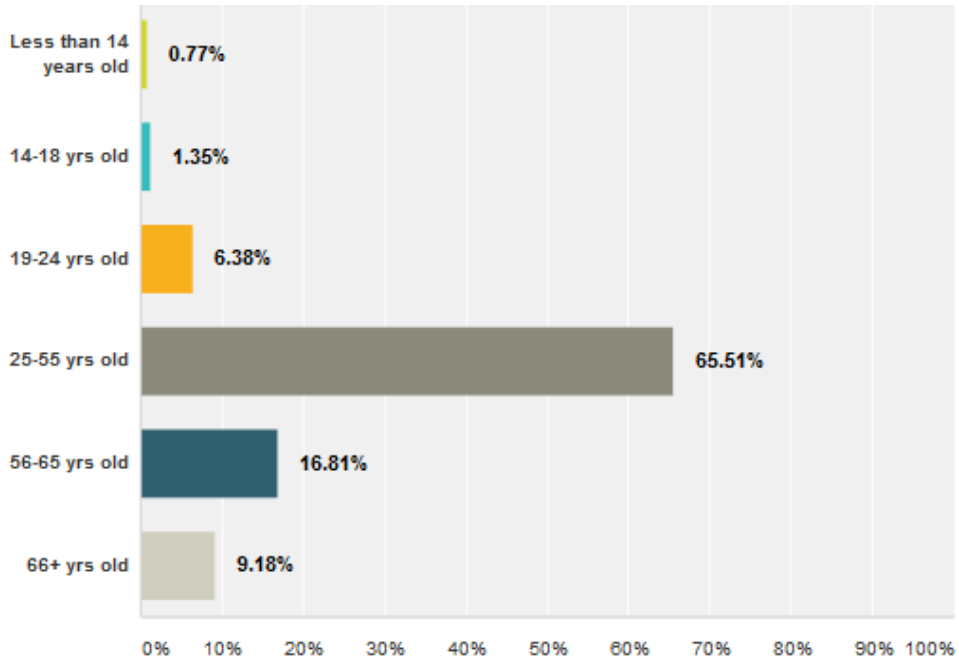
Figure 3: Constituent Participation by Geographic Distribution

Zip Code	Population by Zip*	% Population by Zip*	% CHA Participation~
32040	4604	17%	31%
32063	13429	50%	46%
32072	324	1%	0% (less than 1%)
32087	6618	20%	15%

*Based on 2010 Census Data: Population by Zip Code Baker County Florida.

~Source: FDOH-Baker County CHA 2015 percentages are rounded, 8% participation in surrounding zip codes and less than 1% in the 32072 zip code.

Figure 4: Constituent Participation by Age



Source: FDOH-Baker County Community Health Assessment (CHA) 2015

Figure 5: Constituent Participation & Population Comparison

Age	# Population by Age	% Population by Age*	% Participation by Age
Under 5 years to 14	5,886	22%	1%
15 to 19 years	1,877	7%	1.35%
20 to 24 years	1,766	7%	6.38%
25 to 54 years	11,477	45%	66.51%
55 to 64 years	3,153	12%	16.81%
65 to 74 years	2.956	11%	9.18%

*Based on 2010 Census Data: Population by County by Age-Baker County Florida

*Note: Percentages were used as a benchmark to ensure proper sampling by age, ethnicity, gender, etc. Age does not align exactly with Census grouping. For example, the team did not target under 12. Census groups 20 to 24 whereas this team grouped 19-24.

In looking at lessons learned and in identifying areas of improvement, Future CHA will align age groups more closely with Census and Department of Health. Likewise, additional attention needs to be made to reach the under 14 population(s), the 14 to 18-year-old population(s), the 20-to-24 age population(s) and the 66+.

CHA Purpose

Learn about the health status of our population.

Identify Community Themes & Strengths

Areas of Wellbeing[9]:

*Environmental: Physical Surroundings/Nature/Built Environment
#Financial: Economic Stability & Fiscal Responsibility
#Intellectual: Knowledge & Know How
#Mental: Emotions & Reasoning
#Physical: Fitness, Nutrition, & Disease
*Social: Interpersonal Relations and Community Connectedness
*Spiritual: Connectedness to a Higher Power

Notes areas of strengths and # notes areas of weakness.

Residents and Stakeholders Define:

Quality of Life

Doing your daily activities, free of pain, safety, support from family, church, community.

However, within each wellbeing area residents and stakeholders acknowledged weaknesses could still be found in each area and understand the need to look at things holistically. For example, although the natural environment is considered an asset it was also a liability because of the forest fires which effect air quality. Similarly, although it has a small town atmosphere and residents know each other and organizations host social and educational events, there was room for improvement through a more targeted approach.

[9] ERCEGI Research and Development to promote community and family wellbeing & resiliency which in turn advances quality of life for residents and communities that adopt it.

Table 1: Quality of Life Comments

Everything is on time. Baker County is a great place to raise a family
I think our quality of medical care in Baker County is very good.
I love my baker county home. Love my county. LOVE BAKER COUNTY
I love living in Baker county, it's a great place to raise my children = go Baker County Health Dept
Overall Baker County is a good place to live. I'm happy to see that we are trying to make it better!
In general Baker County is a great place to live and work if you can find work.
I feel this county is backward in its treatment of health care. It's a dirty county

Community Themes & Strengths

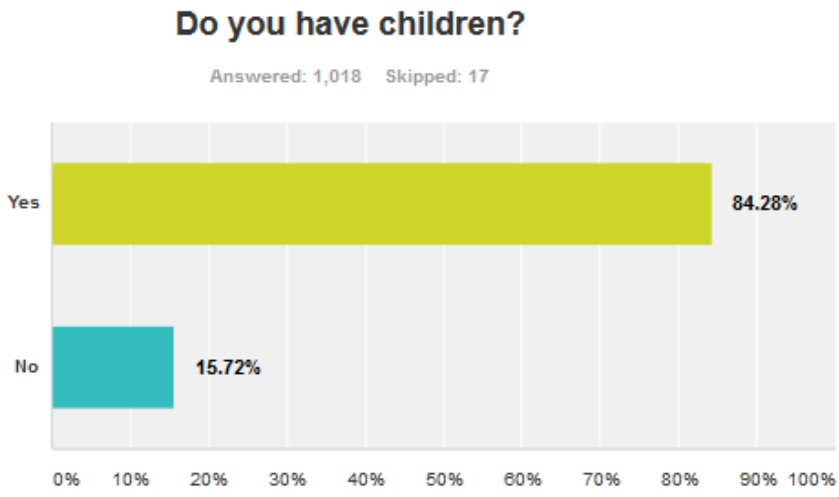
Beginning with the end in mind -Quality of Life- the team started by identifying the community themes and strengths. There was a consensus related to "hometown" feel and the **social connectedness** of community agencies, churches, schools, and government entities. However, everyone agreed that this area is in need of improvement. Rather than individual agencies conducting community outreach and family engagement opportunities, the team felt like making a collective effort and aligning these opportunities with the greatest needs could greatly enhance the quality of life for local residents. For example, quite often, there are large community events planned by different agencies, on the same day.

Similarly, multiple agencies realized a need to increase **access to healthcare** by conducting outreach for insurance education. While the needle has moved as far as individuals **covered by insurance**, there is a deficit related to the type of insurance accepted by local healthcare providers. Therefore, a deeper analysis and concerted effort is being given to align the insurance coverage with provider networks as well as identify areas of improvement to enhance and grow the provider network.

Although individual agencies are launching engagement opportunities for social interaction with youth and families, there was a consensus that this strength was in need of improvement. Individuals and agencies recognize that in order to move the needle towards long-term impact of Baker County Quality of Life, there is a need to establish ongoing activities for local youth and families year-round and in the different wellbeing areas. Likewise, instead of duplicating efforts or competing for involvement, collective engagement has increased impact.

Figure 6: Demographics Household: # of Children

Baker County has a relative younger population that must be considered when developing strategies and launching new services. Of the 1,033 people responding over 84% of the population has children. Likewise, when it comes to household size, of the 84% who have children, approximately 38% have three or more children. Therefore, from an economic and fiscal standpoint, families in Baker County need resources and services for multi-child family units. Similarly, when considering service barriers and supplemental service, taking into consideration the entire family unit will increase success and long-term impact.

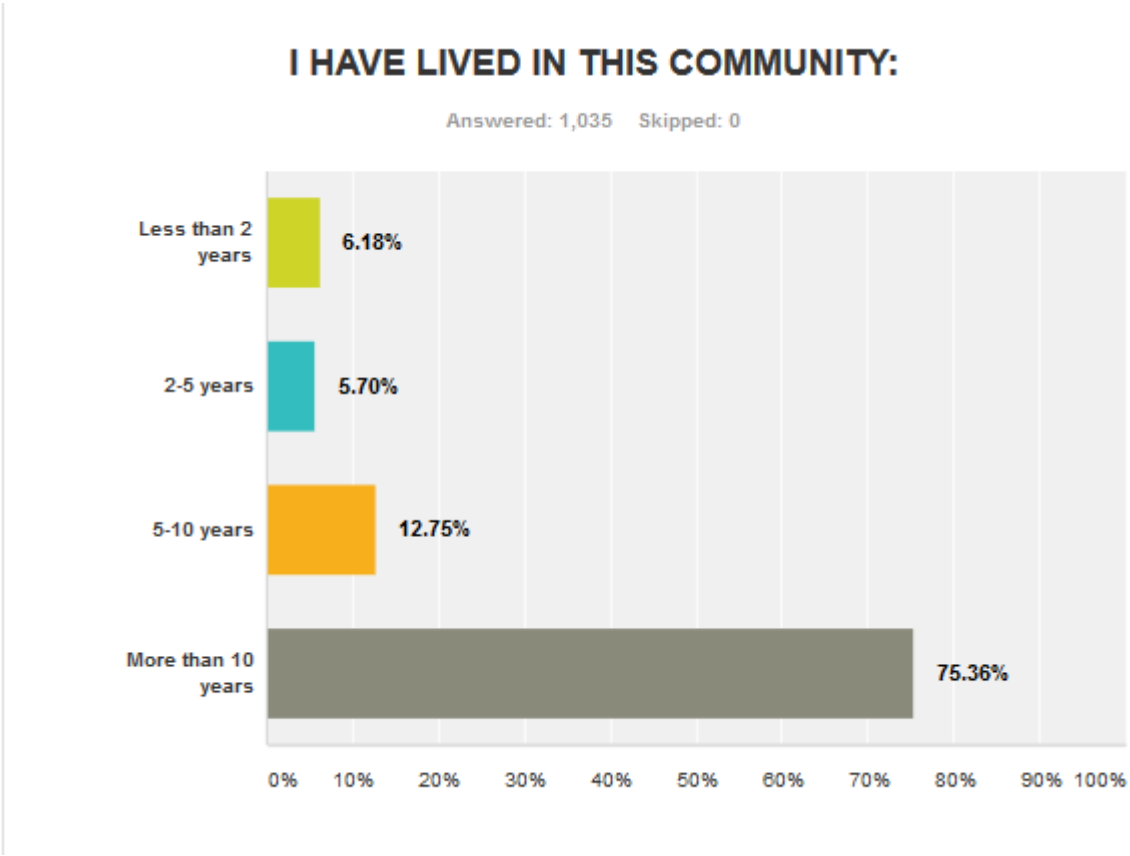


Total # of Children	Respondent's Affirm	% of Respondents
1	156	18%
2	375	44%
3	185	22%
4	87	10%
5	26	3%
6	17	2%
7	6	1%
8	2	0%

~Source: FDOH-Baker County Community Health Assessment (CHA) 2015

Figure 7: Demographics: Mobility

The mobility rate for Baker County is low. Almost 76% of the population has been in the area for over ten years with another 13% who has been in the area for five to ten years. With over 6% who have stayed less than two (2) years, it will be critical to look towards future growth when considering new and/or enhanced services. Building capacity and sustained services will be critical for long-term impact. The demographics of the newer generation that is relocating to Baker County indicates an increase in the male population as well as an increase in the 19 to 55 age bracket. Likewise, although additional responses would be required to reach a statistical significant indication, initial data shows an increase in the multi-ethnic, Hispanic and African American populations.



Source: FDOH-Baker County Community Health Assessment (CHA) 2015

Figure 8: Demographics: Social & Cultural Makeup

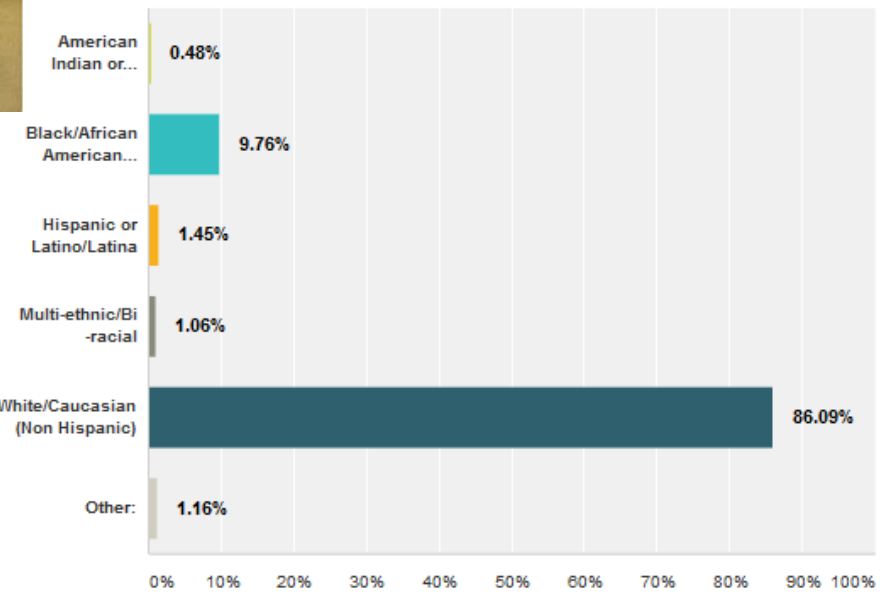
Current Population

White:	22,686 (83.67%)
Black:	3,680 (13.57%)
Hispanic:	520 (1.92%)
Asian:	132 (0.49%)
Native (American Indian, Alaska Native, Hawaiian Native, etc.):	81 (0.30%)
Multi-Racial:	425 (1.57%)

Source: Census 2010 Race/Ethnicity

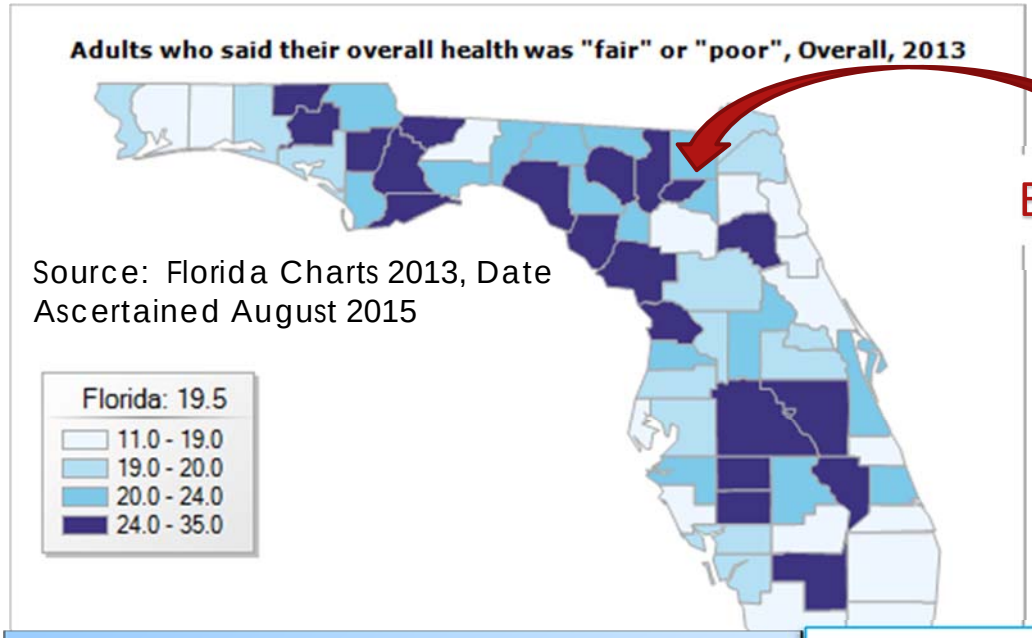
Engagement with stakeholders by race/ethnicity correlates very closely with the true makeup of the area. What is important to note is that the existing partnership network is doing an amazing job engaging the *hard-to-reach* population. According to the 2010 Census data on the left compared to the actual engagement data below, the American Indian population has increased slightly and this network is successfully engaging them in the effort to improve the health and quality of life of this community. Similarly, the Hispanic population is on target. Most significant in need of improvement is increased engagement and market share with the African American population.

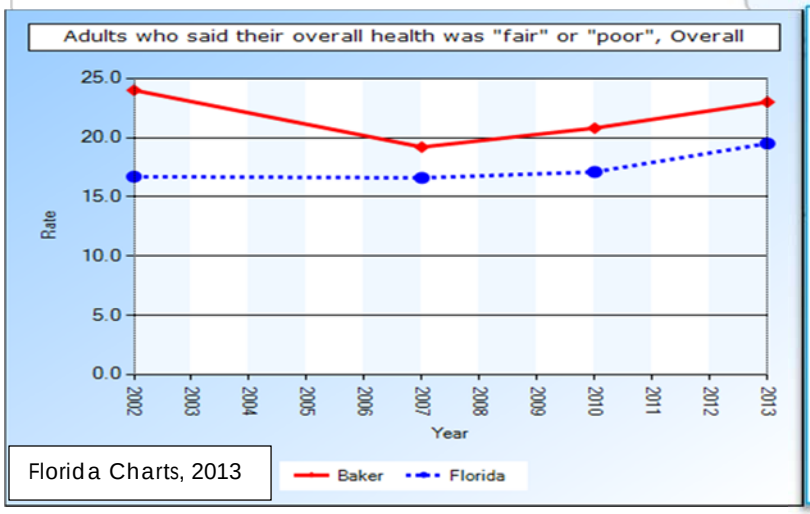
CHA Participation



Source: FDOH-Baker County CHA 2015

Figure 9: Overall Health Rate "Fair" or "Poor"





The most significant discrepancy between secondary and primary source data is overall rate for health. The CHA overall includes *non-adult* populations, and therefore it is important to look at this indicator by age. A total of 319 adults over 18 indicated unhealthy. The following page shows alignment between state and local findings.

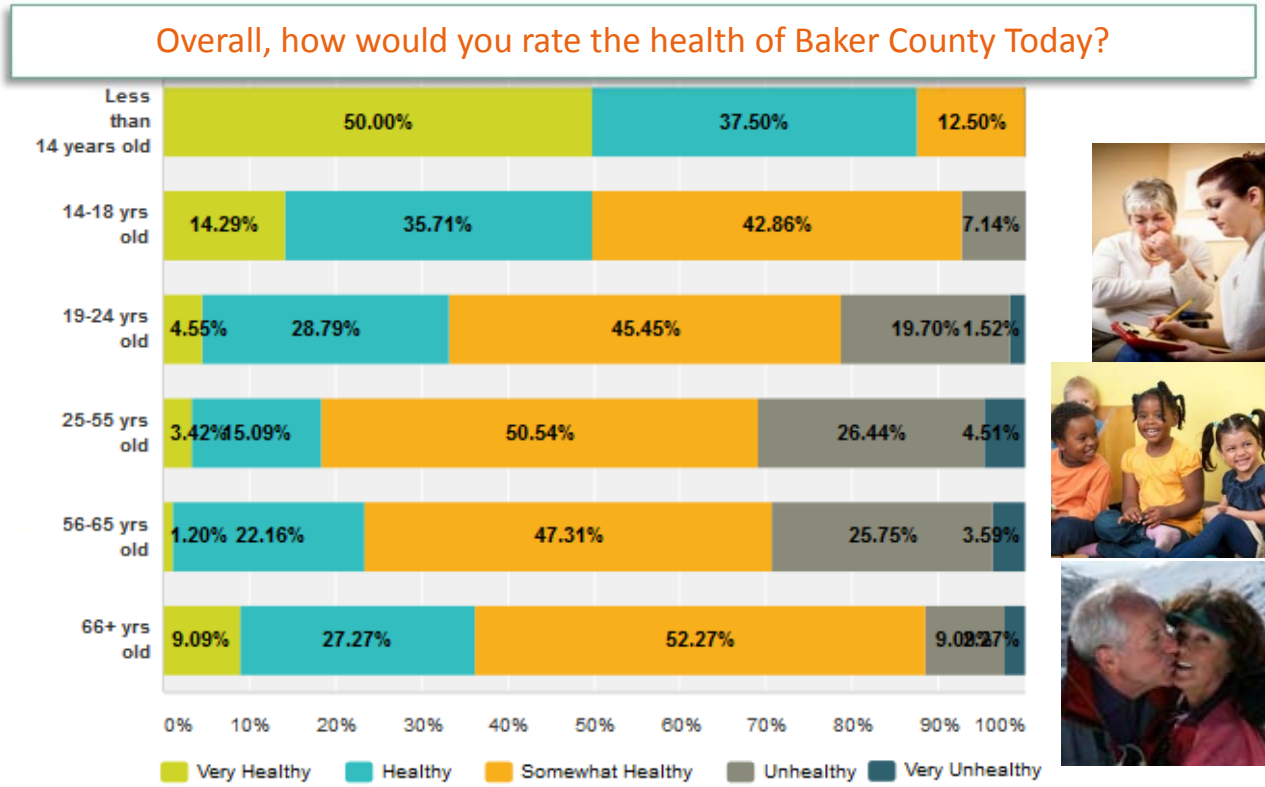
Table 2: Overall Health Rate How You Feel

Rate How You Feel About Health	Very Healthy –	Healthy –	Somewhat Healthy –	Unhealthy –	Very Unhealthy –	Total –
–Overall, how would you rate the health of Baker County today?	4.16% 41	18.76% 185	49.39% 487	23.83% 235	3.85% 38	986
–How would you rate your own health today?	11.56% 114	45.23% 446	34.99% 345	7.71% 76	0.51% 5	98

Source: FDOH-Baker County Community Health Assessment (CHA) 2015

Figure 10: Rate How You Feel

Overall, residents are pleased with Baker County, the community itself, and the quality of life. However, when it relates to the needs and services of the individual and families, over 14 to 20% either disagree or strongly disagree that the healthcare providers understand or respond to their needs or believe that they can get quality healthcare services. There is a statistically significant difference between the 25 through 66+ age groups that do not agree they can get quality healthcare. Whereas the 19 to 65 population **doesn't agree** that their needs are understood. Consequently, age 66+ **does feel** like their needs are understood.



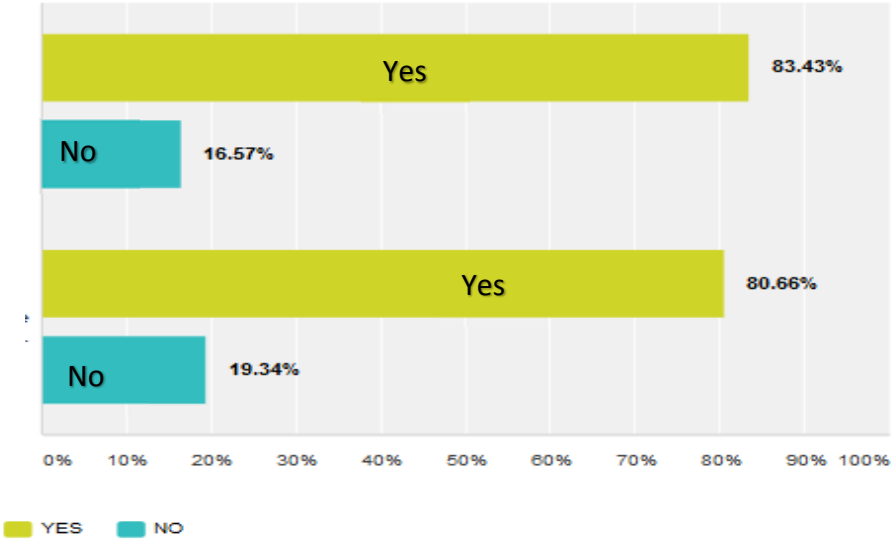
Indicator	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
I can get quality healthcare in Baker County	13.08% 129	36.92% 364	30.43% 300	12.78% 126	6.80% 67	986
Baker County Healthcare providers understand/ Respond to our needs.	12.88% 127	37.93% 374	35.09% 346	8.62% 85	5.48% 54	986
Baker is a good place to raise children.	39.00% 383	43.38% 426	14.36% 141	2.14% 21	1.12% 11	982
Baker is a good place to grow old.	38.43% 299	41.90% 326	16.32% 127	1.80% 14	1.54% 12	778
My quality of life in Baker County is good.	36.48% 359	45.93% 452	14.13% 139	2.44% 24	1.02% 10	984

Source: FDOH-Baker County Community Health Assessment (CHA) 2015

Figure 11: Environmental Wellbeing & Resiliency Habits

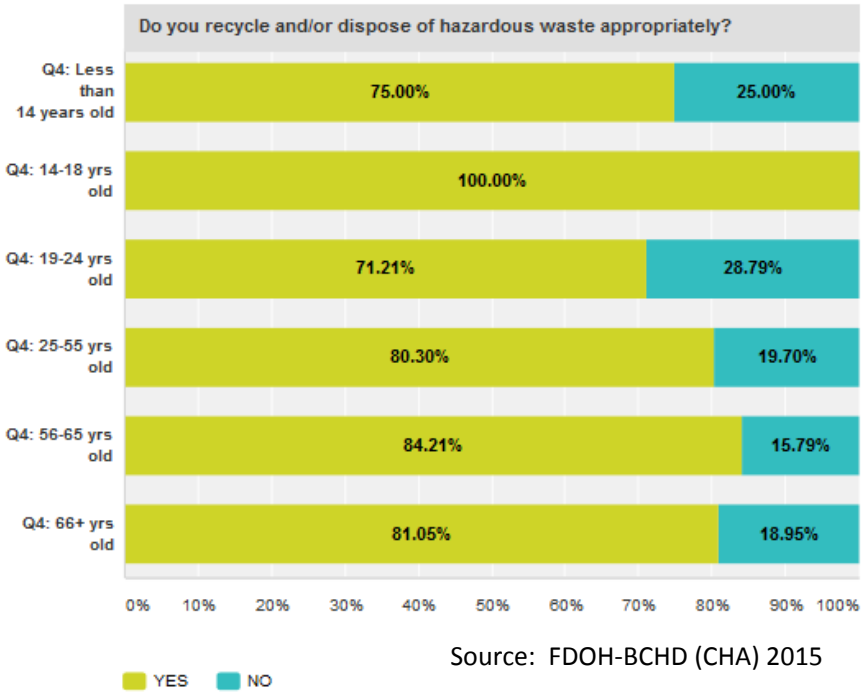
Is Your Home Structure Environmentally Safe (mold, leaky roof, led paint, etc.)?

Do You Recycle or Dispose of Waste Properly?



Source: FDOH-Baker County Community Health Assessment (CHA) 2015

The 14 to 18-year-old population is most environmentally conscious. Therefore, when looking at services that are designed to improve the physical environment, this stakeholder has the potential to become community champions for that cause.



Source: FDOH-BCHD (CHA) 2015

Additionally, of the entire area as a whole even without proper recycling services-81%, claim to dispose of/recycle waste properly. Similarly, since the environment can potentially result in health hazards, developing services in this area not only helps with public relations but also the health and quality of life for the community. With almost 17% noting home structures as a potential environmental hazard, it is worth a look for a potential service project to bring families and community together to improve environmental wellbeing.

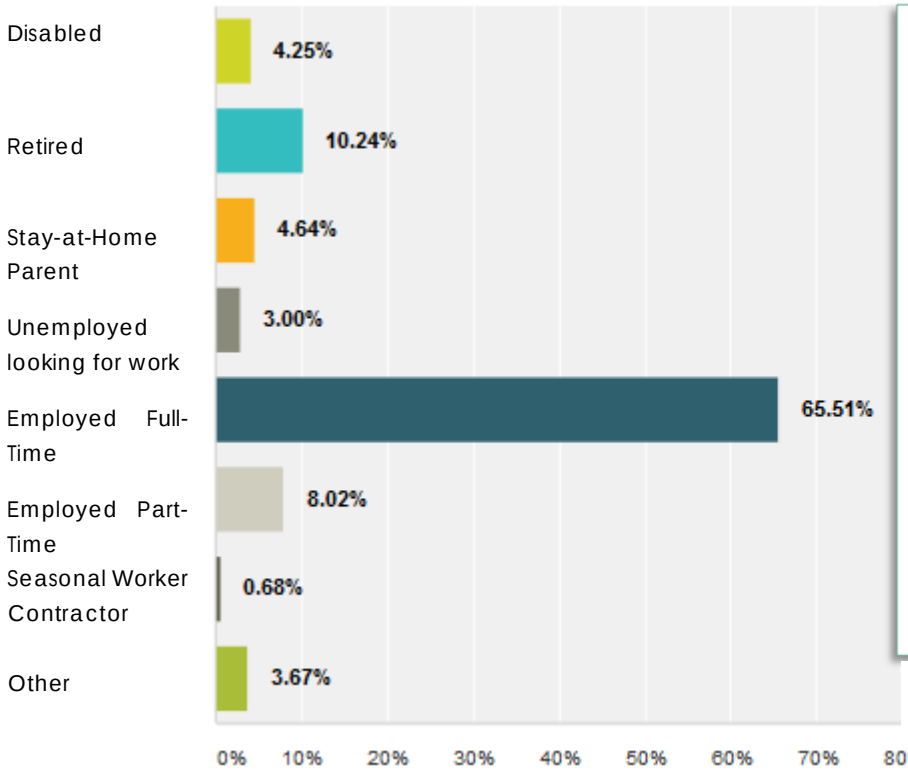
Table 3: Environmental Wellbeing – Built Environment

Rural communities are challenged with resolving issues around the built environment literally due to the geographic distribution of resources. Additional details are covered in the physical fitness and nutrition section. Other potential strategies could revolve around infrastructure investments to add bike and walking trails in an effort to increase physical fitness and improve the county's ranking for bicycling and walking to work. However, these strategies are costly and time consuming and would require significant engagement at the city and county level via county redevelopment strategies. Therefore, short and midterm strategies would be more attainable by focusing on moving the needle via access to healthy food sources. Throughout the CHA process the topic of health and fitness remains at the top of mind awareness for Baker County. For example, constituents talked about needing to expand the farmer's market concept, access to healthy foods, campaigns to encourage minimizing fast-food solutions and to maximize opportunities to come together as a family and a community via health engagement opportunities. It is highly recommended to continue to nurture and expand the efforts currently underway with the Healthiest Weight campaign and to increase market awareness of activities that are available to nurture physical resiliency habits.

Built Environment	Year(s)	Type	County Rate	Quartile	State Rate
Population that live within a 1/2 mile of healthy food source[7]	2013	Percent	4.50%	4	31.80%
Population that live within a 1/2 mile of a fast food restaurant[7]	2013	Percent	2.80%	1	33.50%
Population that live within a ten minute walk (1/2 mile) of an off-street trail system[8]	2013	Percent	3.40%	3	10.60%
Workers who drive alone to work[9]	2012 5-yr est	Percent	83.40%	4	79.50%
Workers who ride a bicycle to work[9]	2012 5-yr est	Percent	0.00%	4	0.60%
Workers who walk to work[9]	2012 5-yr est	Percent	1.30%	3	1.60%

Source: Florida CHARTS-7 The Florida Department of Agriculture and Consumer Services, U.S. Census Bureau, Florida Department of Health, Environmental Public Health Tracking. 8 The Florida Geographic Data Library, U.S. Census Bureau, Florida Department of Health, Environmental Public Health Tracking. 9 U.S. Census Bureau, American Community Survey. 1=Most 4=Least

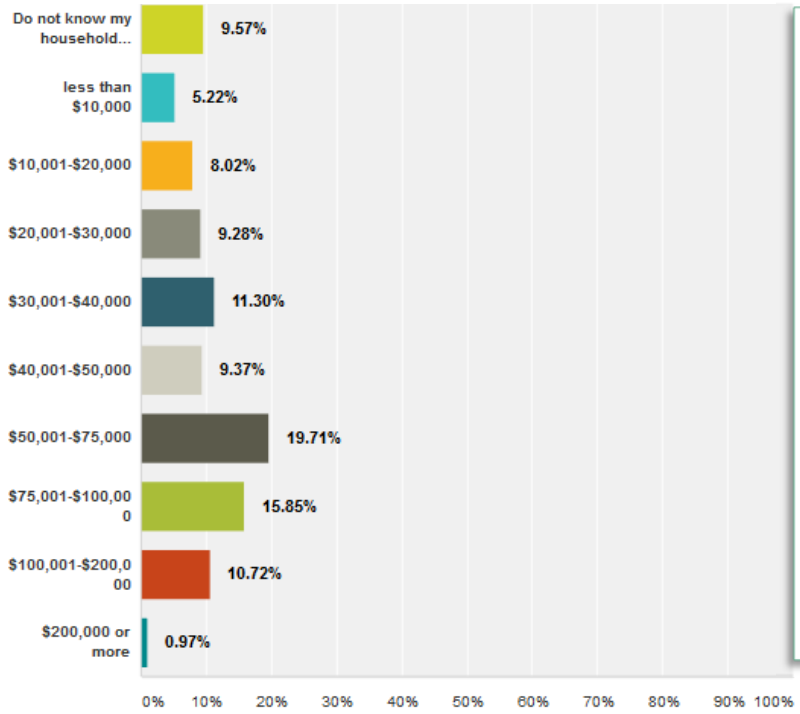
Figure 12: Financial & Economic Stability (FES) - Employment Status



Overall Baker has a fairly stable workforce. However, in determining FES, unemployment is not the only consideration. Challenged population actually represent 22.13% or roughly 6,000 residents who need service and support in this area of wellbeing. This partnership network has the potential to effect FES through: 1) healthcare access; 2) Insurance coverage; 3) workforce development and 4) supplemental services.

Source: FDOH-BCHD; CHA 2015

Figure 13: Financial & Economic Stability (FES) - Income



Overall related to income, more than 50% make adequate wages. However, over 43%-roughly 12,000 residents do not. Helping this demographic learn how to leverage resources and services is worth considering in the future. Likewise, the 28% of the demographic in higher wage brackets should be leveraged as community champions, board and action team members as well as potential planned giving partners.

Source: FDOH-BCHD; CHA 2015

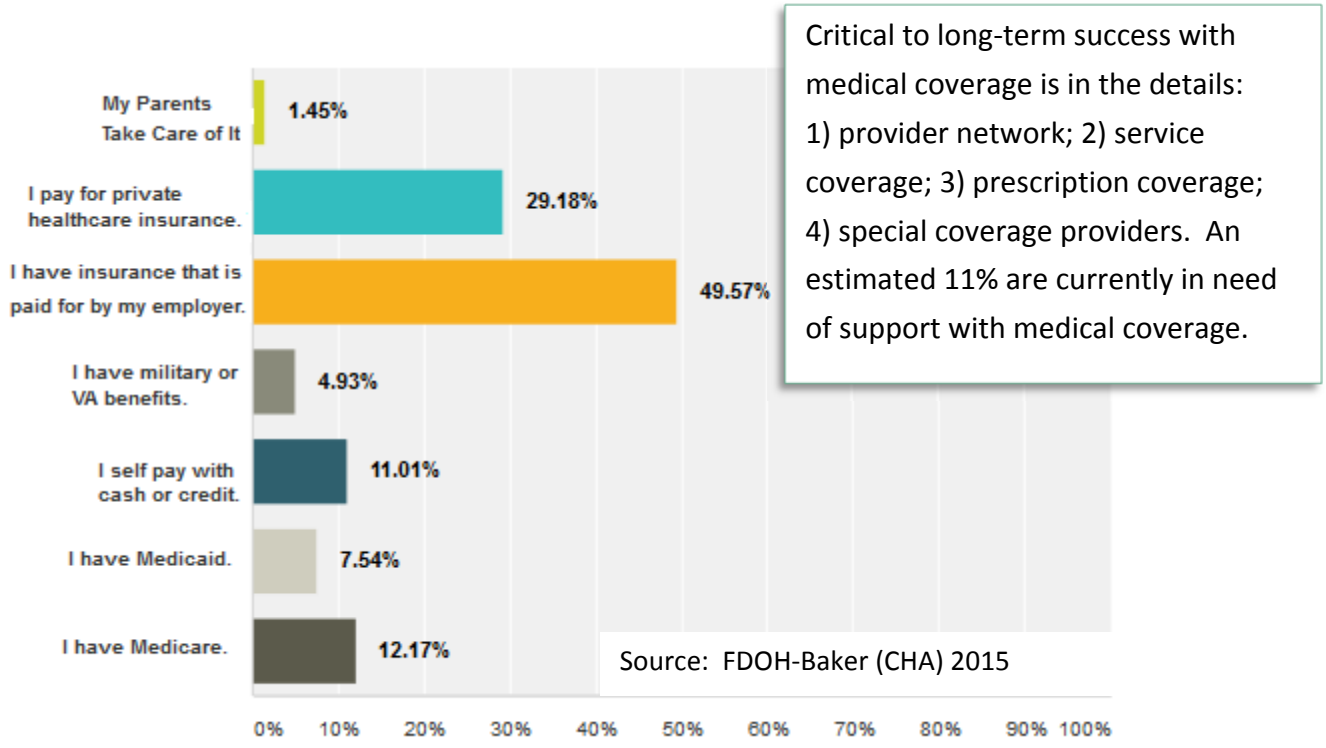
Table 4: FES - Percentage Below Poverty

Indicator	Baker # below poverty	Baker % below poverty	Florida # below poverty	Florida % below poverty
Population below 100% poverty	4,252	17.30%	3,052,807	16.30%

Source: Florida CHARTS, 2013 Five Year Estimate

Figure 14: Financial & Economic Stability - Medical Coverage

Out of the data that was analyzed around health care coverage, several significant indicators sparked extensive chatter via comments on the assessment survey and also during focus groups and informant interviews. There are strategies currently underway to help increase the percentage of all ages covered by insurance. However, additional planning and discussion is needed around the types of plans that are being offered to local residents and the provider network that is currently serving the area. Much discussion was around having insurance but services not being covered by their plan. Likewise, additional discussions were held around individuals and families that have insurance for the first time yet do not fully understanding how to leverage benefits to align with individual health needs.



Critical to long-term success with medical coverage is in the details: 1) provider network; 2) service coverage; 3) prescription coverage; 4) special coverage providers. An estimated 11% are currently in need of support with medical coverage.

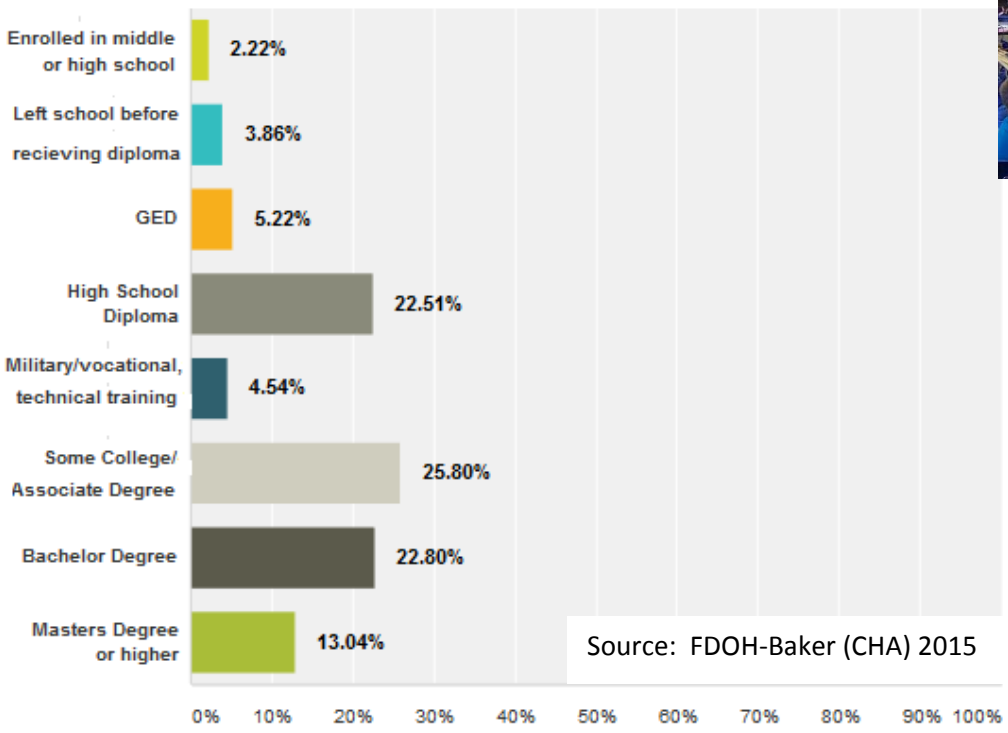
Table 5: Adult Health Coverage

Adults 18-64 with any health care coverage	Percent		65.20%			

Source: County Health Rankings Florida CHARTS, 2013

The main areas to focus resources and service to effect Fiscal Resiliency Habits is savings, retirement, medical coverage, workforce development and credit reduction.

Figure 15: Intellectual Wellbeing & Educational Resiliency



Source: FDOH-Baker (CHA) 2015

With almost 5,000 students, Baker County is home to six public schools, a virtual school and two private schools. Approximate 330 teachers are employed in the PK-12 education sector. According to the Florida School Indicator report the 2014 School Grades ranged from an "A" at the elementary school and a "D" at the intermediate school resulting in an overall district ranking at "C" the 2014 Graduation Rate-75.2%. The 2014 School Public Accountability Report from the Florida Department of Education indicates that Baker County's Early Learning-*success for school readiness* is 95% compared to sister counties that rank between 38%-100% in Bradford, 92% to 100%; Nassau and Union County at 97%.

Another interesting factor that surfaced during the assessments related to intellectual wellbeing was *if the respondent had children,* do they *attend Baker County Public School*. The chart at the right depicts by age whether they answered *yes or no.*

Realizing for those over 56, more than likely it is due to not having school-aged children. Young adults indicating their child does not go to public school lends itself to unique challenges in reaching this demographic. Additional in depth focus groups would be required as this topic is outside of the scope of the CHA. With only two private schools it points to homeschool, virtual school or out-of-county for services that nurture intellectual wellbeing for secondary, postsecondary and continuing education opportunities.

Child Attends Public School	Yes –	No –	Total –
Less than 14 years	100.00%	0.00%	0.23%
14-18 yrs old	50.00%	50.00%	0.47%
19-24 yrs old	46.88%	53.13%	3.75%
25-55 yrs old	65.88%	34.12%	69.32%
56-65 yrs old	25.35%	74.65%	16.63%
66+ yrs old	9.76%	90.24%	9.60%

Source: FDOH-BCHD (CHA) 2015

Table 6: Physical Wellbeing: Age-Adjusted Resident Death Rates

According to Florida Charts, the three highest Age-Adjusted Death Rates for Baker County are: 1) Heart Disease; 2) Cancer; and 3) Chronic Lower Respiratory Disease (CLRD) all of which exceed the state average.

County Death Data Comparison for 2014

Socio-Demographic Indicators	Measure	Baker	State
Total population	Count	27,250	19,548,031
Population Under 18	Count	6,726	4,098,223
Population 18-64 Years Old	Count	17,231	11,858,052
Population 65 and Older	Count	3,293	3,591,756
Population - White	Count	22,722	15,286,521
Population - Black	Count	3,883	3,263,817
Population - Other	Count	645	997,693
Population - Hispanic	Count	628	4,686,032
Population - Non-Hispanic	Count	26,622	14,861,999
Deaths from All Causes	Count	213	185,038
Age Adjusted Death Rate Per 100,000	Per 100,000 Total Population	847.8	683.5
Infant Mortality Rate Per 1,000 live Births	Per 1,000 Live Births	5.5	6
Pneumonia/Influenza Age Adjusted Death Rate	Per 100,000 Total Deaths	28.2	9.7
Cancer Age Adjusted Death Rate	Per 100,000 Total Deaths	157.5	155.5
Chronic Liver Disease and Cirrhosis Age Adjusted Death Rate	Per 100,000 Total Deaths	12.7	12
Chronic Lower Respiratory Disease Age Adjusted Death Rate	Per 100,000 Total Deaths	64.3	39.3
Diabetes Age Adjusted Death Rate	Per 100,000 Total Deaths	14.6	19.8
Heart Disease Age Adjusted Death Rate	Per 100,000 Total Deaths	238.4	154.7
Stroke Age Adjusted Death Rate	Per 100,000 Total Deaths	37.5	33.8
Homicide Age Adjusted Death Rate	Per 100,000 Total Deaths	3.5	6.2
Suicide Age Adjusted Death Rate	Per 100,000 Total Deaths	19.1	13.9
Unintentional Injuries Age Adjusted Death Rate	Per 100,000 Total Deaths	41.1	41.1
Motor Vehicle Crash Age Adjusted Death Rate	Per 100,000 Total Deaths	14.2	12.3
Alzheimer's Age-Adjusted Death Rate	Per 100,000 Total Deaths	25.2	19.5

Source: Florida Charts; County Age-Adjusted Death Rate – State and County Comparison

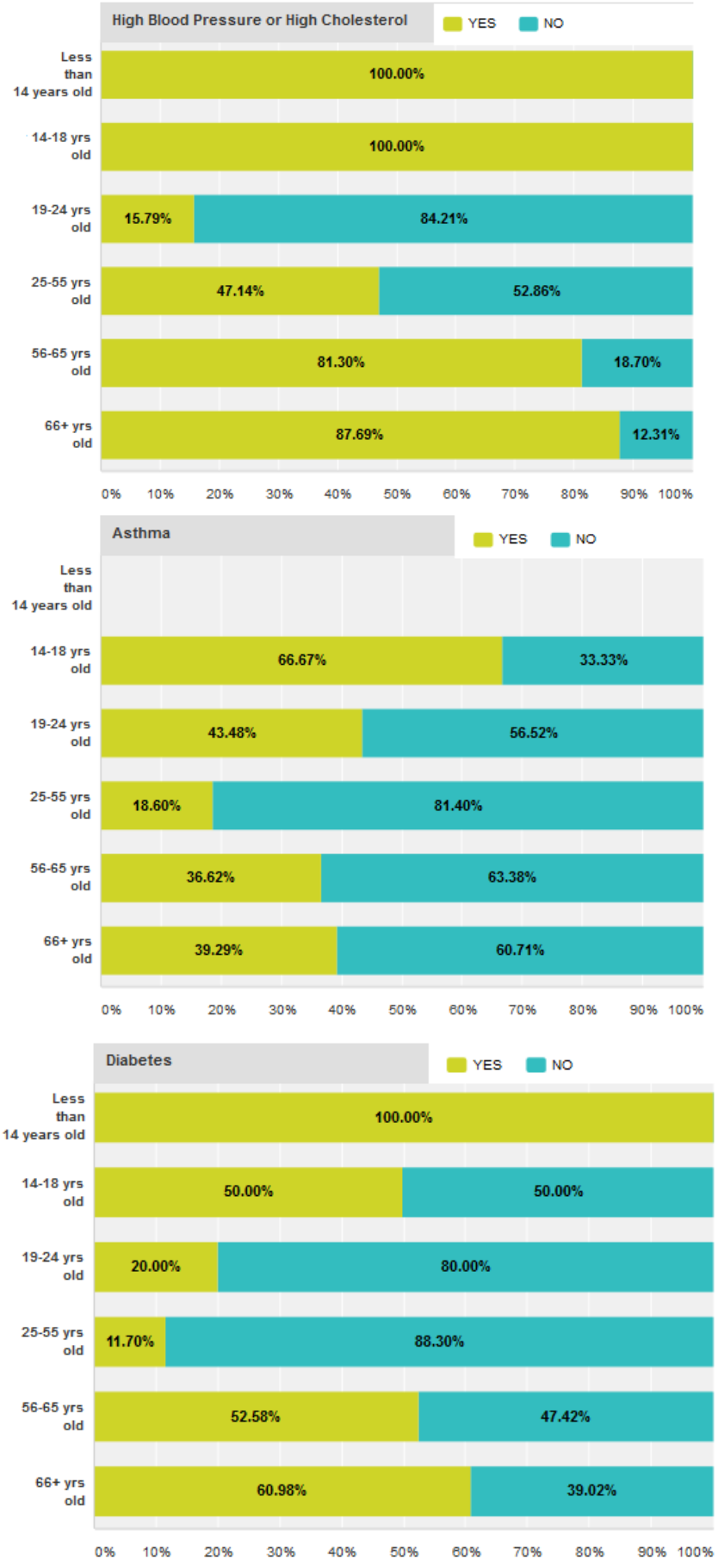
Table 8: Physical Wellbeing

Another factor that should be considered in relation to the high rate of deaths from cancer is according to the CHA, the low rate of self-awareness of being diagnosed or understanding the symptoms and risk factors. When considering goals, objectives and strategies moving forward, awareness campaigns could potentially affect this particular health indicator. Additionally, when broken down by age, those who self-selected being diagnosed or have a problem with high blood pressure and high cholesterol for teens and young adults warrants additional research and discovery. At first glance it is easy to think that the younger respondents - *under 14* and the *14 to 18* age bracket did not take the questions seriously. However, as we move along to the other two conditions Asthma and Diabetes, the trend does not continue. It is recommended to facilitate additional engagement with youth to gain insight into data represented below as well as specifics around potential youth activities. It is likely that the high percentage is a result of the participation of youth coming from the hospital and health department, therefore consisting of clients. Although additional responses would be required to establish a statistical significance, preliminary data that indicate these conditions at such a high rate with such a young demographic point to a need to focus on environmental wellbeing and physical fitness and nutrition. In all of the categories below, related to gender, males consistently responded yes for each condition compared to females. Heart Attack/Stroke 6% more males, Diabetes 12% more, Cancer and Asthma 4%. Hearing and Vision only 2% whereas Dental over 8%. With engagement for the male population lower yet diagnosis/serious problem with all conditions higher, serious consideration regarding how to reach and serve the male population should be strongly considered when aligning future goals, objectives and strategies.

Have you ever been diagnosed with/feel you have a serious problem with...	YES –	NO –
–High Blood Pressure or High Cholesterol	57.03%	42.97%
–Asthma	23.63%	76.37%
–Diabetes	23.46%	76.54%
–Serious Hearing or Vision Problems	16.57%	83.43%
–Serious Dental Problems	15.54%	84.46%
–Cancer	10.46%	89.54%
–Heart Attack or Stroke	9.92%	90.08%

Source: FDOH-BCHD (CHA) 2015

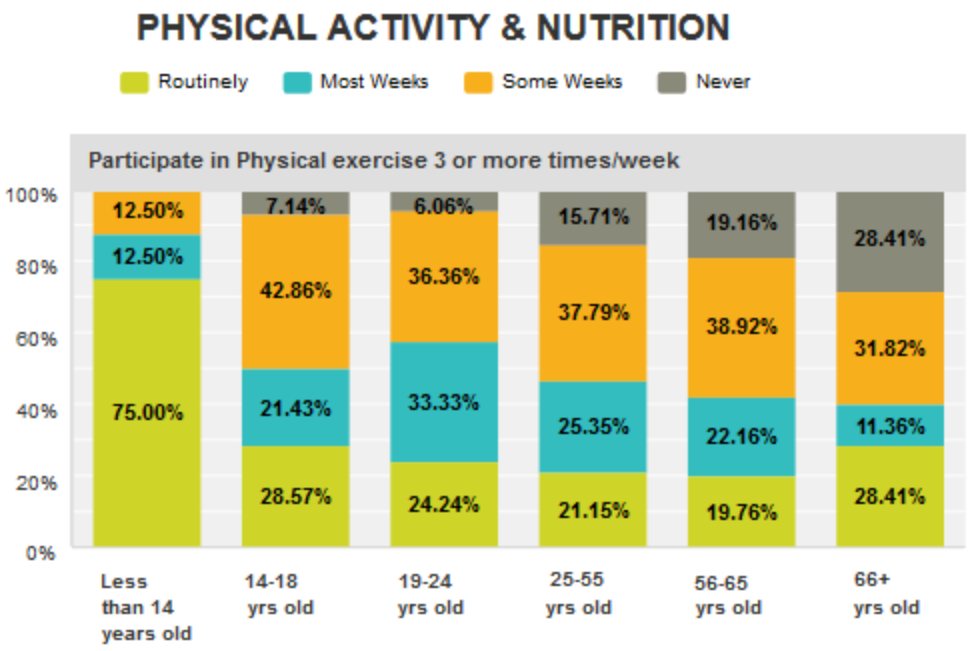
Figure 16: Physical Wellbeing Continued



One of the most significant lessons learned throughout the CHA process is the importance of looking across age, gender, and/or race when getting down to the strategic goals and objectives to improve the health and quality of life of Baker County. The data shows one picture to depict three quarters of the population with high blood pressure, or a third of the population with asthma or diabetes. However, when the data shows that 100% or over 50% of a particular demographic is struggling with those conditions the picture becomes more serious and the strategies become more targeted. Likewise, in determining the strategies and activities the team needs to be mindful of correlations between cause and effect. Asthma can be genetic but it can also be triggered by environmental issues, so designing solutions to address both can leverage more positive results with the same efforts. Similarly, with diabetes and/or high blood pressure and cholesterol, diet and exercise can have a correlation/cause and effect with these two conditions as well. Therefore, additional healthiest weight strategies and chronic disease education and prevention should be considered.

Source: FDOH-Baker County Community Health Assessment (CHA)

Figure 17: Physical Resiliency Habits (PRH)



Participate in Physical exercise 3 or more times/week

	Routinely (1)	Most Weeks (2)	Some Weeks (3)	Never (4)
Q4: Less than 14 years old (A)	75.00% 6	12.50% 1	12.50% 1	0.00% 0
Q4: 14-18 yrs old (B)	28.57% 4	21.43% 3	42.86% 6	7.14% 1
Q4: 19-24 yrs old (C)	24.24% 16	33.33% 22 F	36.36% 24	6.06% 4 DEF
Q4: 25-55 yrs old (D)	21.15% 136	25.35% 163 F	37.79% 243	15.71% 101 CF
Q4: 56-65 yrs old (E)	19.76% 33	22.16% 37 F	38.92% 65	19.16% 32 C
Q4: 66+ yrs old (F)	28.41% 25	11.36% 10 CDE	31.82% 28	28.41% 25 CD

Source: FDOH-Baker County Community Health Assessment (CHA)

The most significant indicator with PRH is ***never*** as it relates to exercise 17%, nutrition 13%, and stress relieving activities 25%. On the flip side, ***routinely*** eating junk food at 9% is most damaging.

With the cause and effect that fitness and nutrition play on physical and mental wellbeing the team felt it warranted a deeper dive with the data. The following pages explore needs across sub-populations and demographics.

Table 9: Adult Physical Resiliency Habits

For the sake of space, the CHA will not continue to breakdown each indicator by demographic. Instead, a brief narrative will be given with detailed charts and graphs provided to action teams that will assemble over the coming months as stakeholders design community goals and objectives to identify the strategies and activities for the Community Health Improvement Plan (CHIP) to address the needs identified by the CHA.

Physical fitness[1] *three or more times a week* are needed across the board for 14 to 66+ age groups. The demographic with the most need is the 56 to 66+ bracket and the 14 to 18.
Nutrition[9] is most needed for teens under 18 and adults 25 to 65.
Stress Relieving[9] activities are most needed for teens age 14 to 18 and the 25 to 65 age group.

Weight, Activity, and Eating Habits among Adults	%	Quartile
Adults who are at a healthy weight[4]	29.40%	3
Adults who are underweight[4]	1.20%	2
Adults who are overweight or obese[4]	69.40%	3
Adults who are overweight[4]	34.00%	2
Adults who are obese[4]	35.40%	3
Adults who participated in 150 minutes or more (or vigorous equivalent minutes) of aerobic physical activity per week[4]	34.20%	4
Adults who participated in muscle strengthening exercises two or more times per week[4]	22.00%	4
Adults who participated in enough aerobic and muscle strengthening exercises to meet guidelines[4]	12.70%	4
Adults who are sedentary[4]	44.60%	4
Adults who consume at least 5 servings of fruits and vegetables a day[4]	19.30%	1

Source: County Health Rankings Florida Charts, 2013; State Data not available

1=Most 4=Least

[1] Source: Baker County Health Department Community Health Assessment 2015
[4] Florida Department of Health, Bureau of Epidemiology, Florida County Level Behavioral Risk Factor Surveillance System (BRFSS)

Table 10: Teen Physical Resiliency Habits

Weight, Activity, and Eating Habits among Children and Teens[1]	Baker	Quartile	Florida
Middle and high school students who are at a healthy weight[11]	62.90%	3	67.60%
Middle and high school students who are underweight[11]	3.90%	2	4.20%
Middle and high school students who are overweight/ obese[11]	33.20%	3	28.20%
Middle and high school students who are overweight[11]	16.80%	3	15.80%
Middle and high school students who are obese[11]	16.40%	3	12.40%
Middle and high school students who were physically active for at least 60 minutes per day on all 7 of the past days[11]	25.80%	2	22.90%

Source: County Health Rankings Florida Charts, 2013; 1=Most 4=Least

In looking at resiliency habits of middle school and high school students, Baker County exceeds Florida when looking at the percentage of students who are overweight and/or obese. Obese student in Baker are over 16%, whereas Florida, just over 12%. Contrarily it exceeds the state when it relates to being physically active. Therefore, consideration should be given to goals and objectives that focus on nutrition, diabetes and hypertension-in particular with the self-identification of high blood pressure in the under 14 to 18 age range as priority.

In examining both adult and teens via the CHA there seems to be the biggest need to build awareness and launch social engagement opportunities around not only physical fitness strategies but also consider stress relieving activities for the 25 to 66+ age group.

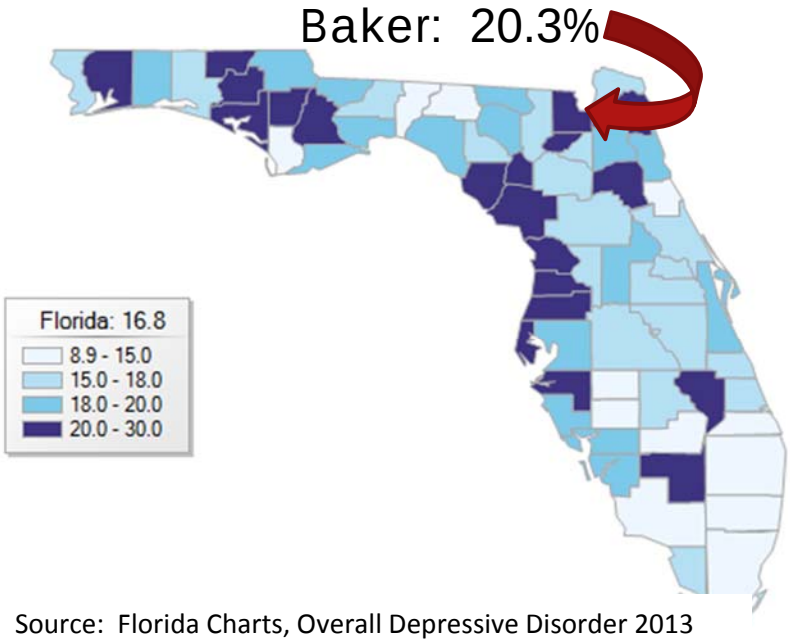


[1]1 Florida Department of Health, Bureau of Epidemiology, Florida Youth Tobacco Survey (FYTS)

Figure 18: Mental Wellbeing

Have you ever been diagnosed with/feel you have a serious problem with...	YES –	NO –	Total Respondents
–Alcohol Abuse (beer, wine, or liquor)	2.63% 12	97.37% 445	457
–Drug Abuse (illegal drugs or abuse of prescription drugs)	1.32% 6	98.68% 449	455
–Mental illness (example: clinical depression)	16.08% 77	83.92% 402	479

Source: Baker County Community Health Assessment (CHA) 2015



Source: Florida Charts, Overall Depressive Disorder 2013

Both Focus Group discussions and Key Informant interviews revolved around a belief that these three indicators were actually the least honest. Residents believe that respondents are afraid of confidentiality and therefore answer no when the answer is really yes.

According to the primary source data, following outlines by age group the highest need related to mental wellbeing: 1) **Alcohol:** the 56 to 65 age group; 2) **Drugs:** ages 66+; 3) **Mental wellness:** ages 19 to 24 at 16.13% of the population and 25 to 55 at 15.63%.

Additionally, when looking at the ability to control emotions-anger, disappointment-the most alarming statistic was the less than 14 years old in that 25% of these respondents answered that they did not feel they were in control. Likewise, when looking across all ages it doesn't appear that there are issues with suicide-5% overall, however when we dive deeper, age less than 14 all the way up to the 19 to 24 age group 12% to 14% indicated that they have felt so lonely or out of control that they thought about or attempted suicide along with 8% indicating spouse abuse-either mental or physical. Additional analysis/strategies are needed in this area.

Figure 19: Social, Spiritual & Mental Wellbeing and Resiliency Habits

–Social & Emotional Support	YES –	NO –
–Have you experienced child abuse (mental or physical) in the past year?	1.83% 18	98.17% 968
–Have you experienced spouse abuse (mental or physical) in the past year?	3.14% 31	96.86% 955
–Do you feel you are in control of your emotions to handle anger, disappointment, fear in a positive manner?	87.02% 858	13.79% 136
–Have you felt so lonely or out of control that you thought about or even attempted suicide in the past year?	4.97% 49	95.23% 939
–When you think of your life in general, are you overall satisfied?	90.97% 897	9.03% 89

Out of Scope but potential for future improvement in the CHA process is consideration for spiritual wellbeing. It offers the opportunity to engage with new stakeholder groups in more meaningful ways plus a deeper understanding of quality of life and wholistic wellbeing and resiliency.

Source: FDOH-Baker County Community Health Assessment (CHA) 2015

Mental wellbeing was the topic of discussion in the informant interviews with service providers and other stakeholders that collectively believe this area was a sensitive topic for local residents. Comments were provided on the survey and in person around issues of privacy. Therefore, the group firmly believed that residents were afraid to admit struggles with alcohol, drugs and mental wellness. For example, although few admitted struggling with these conditions, it was one of the most popular named for *hard to reach* and a *need for additional services*. Additionally, Florida CHARTS sites the 2013 overall rate for depressive disorder at 20.3% whereas primary source data notes 16.08%-which is more than likely again related to the CHA including non-adult populations and Florida CHARTS does not. Additional efforts are needed for challenged populations which would more than likely result in higher percentages.

Mental wellness in general is one of the most misunderstood and underserved conditions. Further, issues with mental and spiritual wellbeing can have a cause and effect relationship on physical wellbeing. Strategies in this area must consider public awareness and a focus on removing stigma associated with this wellbeing area. Females have a higher rate of diagnosis in this area than men. Ages 19 to 24 were statistically significantly higher than other age groups.

CHA Purpose

Factors that contribute to health issues.

Table 11: Market Awareness Services

One of the most critical components to consider when designing strategic plans is market awareness; having services that align to needs. However, if the public is not aware that the services exist the health of Baker County will not improve and the strategies will not be sustainable. The following depicts the percentage of all respondents who were aware of key existing services in Baker County.

Answer Choices	Responses	
Ed Fraser Hospital	80.24%	788
Council on Aging	78.21%	768
Dental	67.31%	661
WIC	65.78%	646
CPR	63.54%	624
Healthy Start	62.02%	609
Medical	58.25%	572
DCF	57.23%	562
Tobacco Cessation	55.40%	544
Baker County Medical Services	51.32%	504
School Health	46.23%	454
Baker Rural Health Clinic	44.30%	435
Abstinence	43.08%	423
Child Safety	42.16%	414
SWAT	35.34%	347
Diabetes Self-management	33.91%	333
Healthy Baker	33.81%	332
Environmental Health	26.48%	260
Baker Prevention	18.94%	186
Positive Youth Development	18.33%	180

*Note: Although the female population was more aware of Ed Fraser Hospital, the male population was more aware of Baker County Medical Services.

*Note: Baker County Health Department chose to test market awareness of core lines of business rather than the organization as a whole. Additional efforts should be placed on: **1)** Positive Youth Development; **2)** Baker Prevention; **3)** Environmental Health; and **4)** Healthy Baker.

Table 12: Market Awareness by Demographics

*Note: Although the 25 to 55 population has a wider spread, there is still a statistically significant number of people in that age demographics who are aware of local services compared to the younger and most mature population. If additional services are added for these two demographics, it is highly recommended to use a targeted campaign approach with considerable time on age specific public relations. Likewise, the female population was not only more engaged, but also more aware of available services. Therefore, additional attention on the male population is recommended.

Indicator	Less than 14	14-18 yrs old	19-24 yrs old	25-55 yrs old	56-65 yrs old	66+ yrs old	Total
Healthy Start	0.66%	1.15%	5.91%	70.44%	15.93%	5.91%	62.02%
Abstinence	0.24%	1.42%	7.33%	67.38%	17.97%	5.67%	43.08%
CPR	0.32%	1.60%	6.41%	67.79%	17.79%	6.09%	63.54%
Child Safety	0.72%	1.21%	7.00%	70.05%	14.01%	7.00%	42.16%
Environmental Health	0.00%	0.77%	7.69%	63.85%	20.77%	6.92%	26.48%
SWAT	0.29%	1.73%	7.20%	74.06%	13.26%	3.46%	35.34%
Dental	0.30%	1.51%	6.35%	69.14%	17.10%	5.60%	67.31%
Medical	0.17%	1.57%	5.94%	66.08%	18.18%	8.04%	58.25%
Tobacco Cessation	0.37%	0.55%	4.78%	69.85%	18.38%	6.07%	55.40%
School Health	0.00%	0.66%	4.19%	70.93%	16.96%	7.27%	46.23%
Healthy Baker, Inc.	0.00%	0.90%	6.02%	68.98%	17.77%	6.33%	33.81%
Diabetes Self-management	0.60%	0.30%	4.50%	59.76%	24.62%	10.21%	33.91%
Positive Youth Development	0.56%	2.78%	7.22%	67.22%	15.56%	6.67%	18.33%
Ed Fraser Hospital	0.51%	1.52%	5.33%	66.75%	17.13%	8.76%	80.24%
Baker Rural Health Clinic	0.46%	0.69%	5.29%	65.52%	19.31%	8.74%	44.30%
WIC	0.62%	0.77%	5.88%	71.05%	16.41%	5.26%	65.78%
Baker Prevention	0.00%	1.61%	8.06%	66.13%	18.82%	5.38%	18.94%
Council on Aging	0.26%	0.91%	5.34%	66.15%	18.23%	9.11%	78.21%
DCF	0.18%	0.36%	5.87%	71.71%	17.08%	4.80%	57.23%
BCMS	0.40%	1.59%	6.15%	63.29%	18.85%	9.72%	51.32%

Source: FDOH-Baker County Community Health Assessment (CHA) 2015

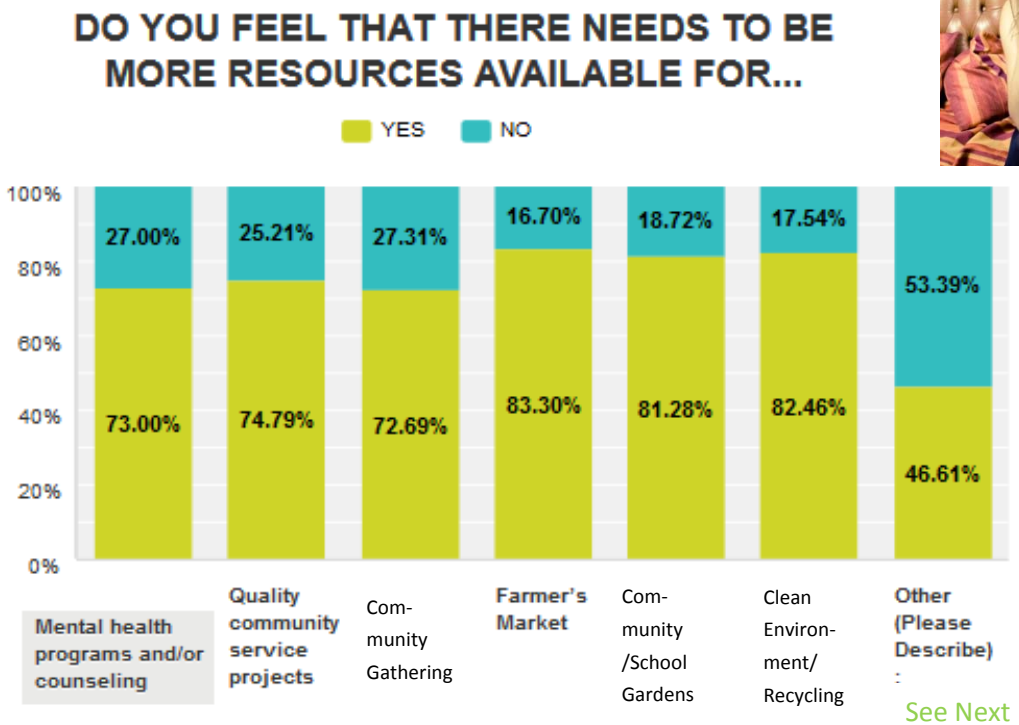
Table 13: Barriers to Healthcare & Gap Causes

Answer Choices –	Responses %	Responses #
–Did not accept my insurance	31.09%	296
–Couldn't afford	23.84%	227
–Waiting time at appointment too long	20.48%	195
–Took too long to get appointment	19.43%	185
–Needed weekend appointment	15.55%	148
–Needed evening appointment	15.13%	144
–Could not find a doctor	13.87%	132
–Other	11.66%	111
–I was too busy taking care of family	10.92%	104
–Worried about privacy	10.71%	102
–I don't understand insurance coverage	6.09%	58
–I don't like doctors	5.99%	57
–Didn't know where to get help I needed	5.46%	52
–I was afraid of what the doctor would find	4.73%	45
–Did not have a babysitter/childcare	4.62%	44

Source: FDOH-Baker County Community Health Assessment (CHA) 2015

As discussed previously, there is a huge need to establish an advisory/action team to further develop and refine strategies currently underway around access to healthcare and insurance. Out of the top three concerns, *did not accept insurance and couldn't afford* are interrelated and both include over 20% of the respondents. *Could not find a doctor* was in the top seven which can go back to provider network issues and/or understanding how to leverage benefits. Issues around appointment challenges should be analyzed to be certain that there is an awareness of additional services. An informant interview with local service providers can help determine if it is a capacity issue or an awareness issue. It is highly recommended to assemble an action team to further explore and develop strategic plans for this area of wellbeing.

Figure 20: More Services Needed



See Next Page for Details.

Source: FDOH-BCHD (CHA) 2015

As discussed previously about concerns with privacy and a lower representation of issues with mental wellness. Although less than 16% indicated a problem with mental health, an overwhelming 73% feels there needs to be additional services for it. Although it could be related to loved ones who are more aware that someone in their circle is struggling with this condition, either way it is certainly an area that needs to be addressed since mental conditions can manifest into physical problems. The most popular indicator is around the healthy foods initiative whether through the Farmer's Market or community and school gardens. However, focus groups and informant interview revealed that this partnership network is currently working on these strategies so there is a need to increase participation and awareness. Clean environment/recycling was the second most popular service. With the right partners and an affective public awareness campaign, this strategy has the potential to improve quality of life as well as provide a meaningful engagement tool through environmental passions and interest.

Table 14: Hard to Get Health Services

Answer Choices –	Responses %
–Specialty care	32.14%
–Hospital	31.51%
–Dental care	26.05%
–Alternative therapy (accupuncture, herbals, etc.)	24.37%
–Mental health	23.95%
–Laboratory services	21.53%
–Xrays or mammograms	18.07%
–Emergency care	17.54%
–Primary care	16.81%
–Other (additional details provided on next page)	16.39%
–Vision care	15.97%
–Substance abuse treatment	14.92%
–Preventive healthcare (annual check-ups, etc.)	12.50%
–Physical Therapy/rehabilitation	12.39%
–Prescription/pharmacy services	5.67%
–Family planning	5.25%

*Note: When Respondents were asked to select from a predetermined list for the types of healthcare services that are *hard to get*, the above organized the *Hard to Get Services* from the most popular to least popular services.

Table 15: More Services Needed: Other

Category	Description	Percentage	#
Youth Activities	After School and After Hours elementary to young adults	28.70%	31
Environmental	Recycling	13.89%	15
Social	Family fun, activities, parks, things to do	12.96%	14
Nutrition	Farmers market, healthy cooking classes	9.26%	10
Quality Healthcare	Doctors, hospital, insurance accepted	9.26%	10
Uncategorized	Too specific-council members and sex education class	8.33%	9
Physical	Exercise, recreation, bike and walking trails, walk/run	4.63%	5
Mental Health	Mental wellbeing, ability to reason, make decisions	3.70%	4
SA Counseling	Substance abuse and drug	3.70%	4
Economic Stability	Jobs	1.85%	2
Flea Market	Discounted shopping opportunities	1.85%	2
Transportation	Methods of moving people from locations	1.85%	2
Utilities & Infrastructure	Roads, computer access, internet	1.85%	2
Education	K-12 and continuing education	0.93%	1

*108 respondents selected “other” instead of or in addition to the predetermined categories. Responses were grouped into categories and are listed from most popular to least popular.

Table 16: What is Most Important? Please Provide Additional Feedback

Insurance	21	21%
Hospital	13	13%
Customer Care	11	11%
Quality of Life	11	11%
Healthcare Access	10	10%
Social Relations	5	5%
Specialty	5	5%
BCHD	3	3%
Mental	3	3%
Nutrition	3	3%
Recycle	3	3%
Youth	3	3%
Sex Education	2	2%
Fiscal Responsibility	1	1%
Intellectual/Education	1	1%
Prescriptions	1	1%
Privacy	1	1%
Safety	1	1%

*Not in relation to specific categories or questions. Responses were addressing *anything else* the constituent would like to share. In order to assess trends and identify common concerns across all demographics, the commenters were grouped together according to content. Sample actual comments are provided in the Appendices, similar feedback was combined to minimize space.

Table 17: Focus Group Summary

Interviewee:	Baker County Focus Groups	Mentioned	Doing Well (0) Low Severity (1) Medium-Low (2) Medium-High (3) High Severity (4)	Notes
Interviewer:	FDOH-Duval			
Category	**Issue**			
Access Variables	Lack of Affordable Care	5	4	
	Lack of Access to and Affordability of Insurance	4	2	
	Insufficient Case/Care Management for Seniors	1	3	
	Lack of Collaboration Among Providers	2	2	
	Lack of Convenient Appointment Times	1	1	
	Lack of Funding for Providers			
	Lack of Knowledge About Available Services	2	3	
	Lack of Physicians and Specialists	9	4	Rehab Services
	Lack of Transportation	8	4	
Behavioral Factors	Prevalence of Alcohol Use			
	Poor Diet and Exercise	3	4	
	Prevalence of Drug Use	5	4	Youth
	Prevalence of Smoking	1	3	
	Prevalence of Unsafe Sex			
Environmental Factors	Poor Air Quality			
	Poor Built Environment	2	3	
	Poor Community Safety/Homicides			
Health Status	High Rates of Cancer			
	High Rates of Cardiovascular Disease	3	3	
	High Rates of CLRD			
	High Rates of Diabetes	4	3	
	High Rates of High Blood Pressure	1	2	
	High Rates of Obesity/Overweight	4	3	
	High Rates of Stroke			
	High Rates of Unintentional Injuries			
Maternal and Child Health	High Rates of Infant Mortality	1	3	
	High Rates of Low Birth Weight Infants			
	High Rates of Single Mothers			
	High Rates of Teen Pregnancy	2	3	
Mental and Behavioral Health	Lack of Mental Health Services	2	3	
	Lack of Substance Abuse Services			
	Poor Mental Health	2	3	

Oral Health	Lack of Affordable and Accessible Dental Care	4	4	
	Poor Dental Health			
Prevention Variables	Lack of Access to Preventive Care Services	1	3	
	Low Usage of Preventive Care Services			
Social and Economic Factors	Basic Needs Insecurity: Food, Housing, Utilities	4	3	
	Poor Educational Achievement	2	3	
	Lack of Family and Social Support	1	4	
	Prevalence of Financial Hardship/Unemployment	5	3	
	Insufficient Health Education			
	Inability to differentiate between health needs and emergencies			
	Health Literacy			
Barriers to Care	Social Stigmas			
	Cultural barriers	2	3	
	Impaired hearing			
	Un-sympathetic or impatient healthcare staff	1	2	
Other	Deficit in the number of Ambulatory Care Facilities			
	Those with physical disabilities	1	3	
	Lack of support groups	3	2	
	Lack of Ancillary services	5	3	
	Lack of rehab services	2	4	Codes as lack of access to specialists

Healthy Baker, Inc. Informant Interview with local service providers (Interviewer FDOH-Baker & ERCEGI)

- **What could we improve?** Business groups need to be brought into rural areas to offer healthy foods, health education, recreation, and medical services to improve quality of life.
- **What is the best way to get people involved?** Our responsibility as a community is to partner with our churches and other community based organizations to encourage resources that are available.
- **How can we address barriers for access to resources?** A few ways the focus group feels getting individuals access to needed resources could be additional transportation such as the Meals On Wheels uses, and a needed liaison for the community.

- **Is everyone in the community a stakeholder?** Yes, most feel they have opportunity to participate and influence services.
- **Are we capable of addressing the issues in our area?** The focus group realizes that there are many factors that stop our community from doing what needs to be done, such as, funding and lack of knowledge which are two predominant setbacks in getting our county where it needs to be. However, together it is possible.

Source: FDOH-Duval County Health Department, Healthy Baker, ERCEGI, Sanderson Faith-based Community, and other stakeholders came together to sponsor and facilitate one Town Hall Meeting, one Focus Group and one Informant Interview with a broad spectrum of service providers. All notes and feedback were synthesized above and additional details are provided in the Appendix.

Future consideration for a deeper analysis via focus groups, informant interviews, and community canvassing:

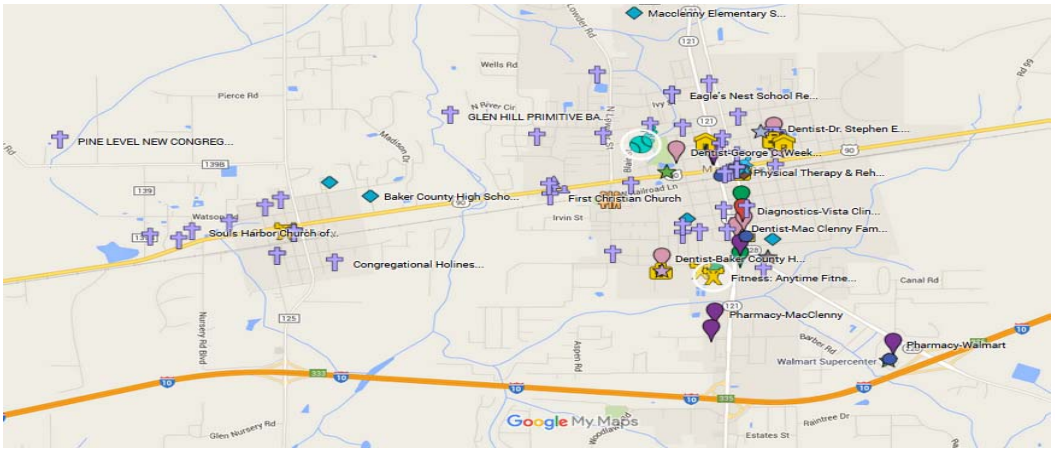
- Spiritual Wellbeing via Faith-Based Engagement
- Insurance Coverage and concern by demographic and age group
- Provider Network informant interviews to identify existing assets, capacity and services
- Geospatial Asset Mapping to mobilize resources and promote community awareness
- Specialty service focus groups to clearly identify areas for increased services based on individual and family needs
- Youth services and increased participation with under 18 age group

CHA Purpose

Identify assets and mobilize resources for health improvement.

Figure 21: Health Assets & Resources to Mobilize

Dentist; Hospitals; Physicians; Clinics; Counseling; Pharmacy; Fitness; Vitamins; Herbs; Nutrition; Physical Therapy; Chiropractic; Orthopedic; Rehab; Assisted Living; Diagnostics; Vision; School; Church; Nonprofit; Recreation



Google Maps in development by Action Teams to identify assets by area of wellbeing.

Total Licensed Florida Physicians, FY 11-12 - FY 13-14 Source: Florida Charts

County	Count	Rate
Florida	153,115	267.24
Baker	54	66.40

Total Specialty Beds, 2012-14; Source: Florida Charts

County	Count	Rate
Florida	32,846	56.72
Baker	0	0.0

Total Emergency Medical Services (EMS) Personnel, 2000-02; Source: Florida Charts

County	Count	Rate
Florida	95,888	194.98
Baker	122	178.56

Total Hospital Beds, 2012-14; Source: Florida Charts

County	Count	Rate
Florida	185,040	319.53
Baker	75	91.85

Notes: Assets Identified to Date (not verified-for example, assets could have closed down or merged with other companies. Likewise, data provided by Florida Charts above needs to be updated-does not reflect accurate resources.

Category	#	Notes	Category	#	Notes
Dentist	5		Vitamins, Nutrition and Herbs	4	
Hospitals and Clinics	8	Includes Baker and Union County	Specialty Care	13	Includes Dialysis, Diagnostics, Rehab, Physical Therapy, Chiropractic, Ortho and Assisted
Physicians	7		Vision and Hearing	4	
Mental Health & Counseling	5	Includes Baker and Union County	Pharmacy	6	Includes multiple locations for single organization i.e. CVS
Churches	84		Community Recreation	7	Parks and entertainment
Fitness	3				

Next Steps: Recommended Community Goals & Strategies

- Organization and/or formation of Action Teams
- Additional Focus Groups/Informant
- GIS Asset Mapping and Community Canvassing
- Identify *Community Goals & Objectives*
- Develop Community *Health Improvement Plan (CHIP)* that outlines performance indicators, strategies and activities

Assessment and Appendix Summary

Community Health Status Assessment Findings: This assessment focuses on data from a variety of secondary sources that compares Baker County with the State and neighboring counties and the Community Assessment Survey which collects primary source data from local residents through various questions organized by seven areas of wellbeing: 1) environmental; 2) intellectual; 3) social; 4) mental; 5) spiritual; 6) financial; and 7) physical. Data is provided throughout this document including additional details below.

Public Health System Assessment Findings: This assessment focuses on organizations and entities that contribute to the public's health. The public health system assessment answers the questions, "What are the components, activities, competencies and capacities of our public health system?" and "How are the Essential Public Health Services being provided in our community?". Details are provided in the informant interview summary, the asset mapping activities and via questions answered in the community assessment surveys. Additional probing and analysis of provider network are recommended.

Forces of Change Assessment (FCA): This process determines forces that impact the way the system operates, including things like legislation, funding shifts, technology or other impending changes that may affect residents or local health system. Threats or opportunities generated by these occurrences should be considered. It answers the questions, "What is occurring or might occur that affects the health of our community?" and "What specific threats or opportunities are generated by these occurrences?" The first Action Team meeting will look at the data provided in this report and collectively participate in a FCA analysis to identify key issues that need to be considered. One of the most significant change agents is the Public Health Accreditation which is in progress. The CHA and other future analysis and planning tools must continue to align to those standards.

Themes and Strengths (commonly known as SWOT-Strengths, Weaknesses, Opportunities and Threats.): This process identifies the important health issues as perceived by local residents. The CHA answers the questions: “What is important to this community?”, “How is quality of life perceived in the county?” and “What assets exist that can be used to improve health in our community? The data contained in this report provides details throughout however, these details will be used to facilitate a formal SWOT analysis.

Healthy People 2020 Framework: Utilizing the framework and goals and objectives established at the national level, this team of community stakeholders will participate in the next three phases of the MAPP process: 1) **strategic priorities**; 2) **goals and objectives**; and 3) **action planning** over the coming months. This strategic plan will guide local constituents through various constant improvement strategies that will result in a Strategic Plan for Health and a Community Health Improvement Plan (CHIP) that outlines indicators that will be monitored. The remainder of the CHA includes the following Appendices:

- Appendix A: Focus Group Questions and Answers
- Appendix B: Areas of Improvement - Additional Comments
- Appendix C: Health Rankings

Appendix A: Focus Group Questions & Answers

1. What is most important to this community? Family, Church, Safety, local jobs, good schools, community support

2. What assets does this community have that can be used to improve the community's health? Health department, pharmacies, land, farm land, strategically located near highway, dedicated EMS and Sherriff's Office, ownership, great sense of community

3. What are the most significant health status concerns or unhealthy behaviors in this community? Smoking, tobacco, dietary (unhealthy), lack of physical activity, diabetes, childhood obesity, teen pregnancy, substance abuse all ages/adults, youth mental health in the schools, poverty, transportation.

4. What are the main reasons why these concerns or behaviors are present? Unhealthy eating, transportation, lack of education, lack of opportunities, fast food restaurants, lack of sidewalks and places that are safe for people to exercise, Transportation to get to these areas to exercise, lack of nutritionist, lack of parental guidance, kids raised by grandparents, only one site has food during summer to children, parent's work out of town-stop for quick meals.

5. Which health care services are most difficult to access? Specialty care, example: Dermatologist, Mental health, Obstetrics, Dental care for adults, one physical therapist for county to use, imaging difficult to access, no orthopedic care, Hard to get people connected with services, especially the ones that do not have money for services, providers coming from out of town and setting up for a day or week and then are gone. Mental health, Dental, Specialty care, Pediatrics, Pharmaceuticals, lab, x-ray, Rehabilitative care, Primary care.

6. What are the principal access barriers for these services? Lack of transportation, cost, money, maxed out providers, Susan Komen funds give free screenings but no money for people with issues, if indigent people need services

they are not available in Baker County, they cannot go to surrounding counties due to them living in Baker County, need community liaison to facilitate public engagement.

7. Is there a population or subgroup of the community that is affected more by these health status issues or is confronted with more difficulties when trying to access care? The elderly, outlying skirt of the county (ex: Sanderson, Olustee, Taylor), Specialty services for disabled people, transportation for elderly costs too high without reimbursement from Medicaid, limited affordable housing.

8. What are the most significant health conditions/issues children in this community are facing? Obesity, ADD/ADHD and no provider that can provide this type of medicine, lack of providers.

9. How would you describe the need for rehabilitative services in the community?

- Only 1 dialysis location. Only 1 Rehab Center.
- Stroke – no services for outpatient, Macclenny Nursing and Rehab for inpatient but very limited
- Orthopedics and Spinal Cord Injury- No services
- Pediatrics Rehabilitation, Brain Injury, Pain Rehabilitation. No pain clinics
- Speech therapy –only in schools

10. Which community health needs comes to mind as the most significant? Elderly transportation, cancer, diabetes, surgeries, orthopedic, rehab for strokes/neuro, one home health care provider.

11. If you could create any type of health program(s) for this community, what would it/they be? Nice hospital, in/out process, one-stop place. A place where you trusted the diagnosis and group to follow you through the treatment and work to heal patients, health care facility, mental health facilities and support.

12. What resources/barriers are available to fix ongoing health issues: funding and lack of knowledge which are two predominant setbacks in getting our county where it needs to be.

13. What could we improve? Rally business groups to offer healthy foods, health education, recreation and medical services that improve quality of life.

Focus Group Findings

After the summarization and identifying the key themes and barriers the following issues are considered to be most concerning:

Access Variables

LACK OF CONVENIENT APPOINTMENT TIMES, LACK OF PHYSICIANS AND SPECIALISTS, LACK OF TRANSPORTATION, LACK OF COLLABORATION BETWEEN PROVIDERS, LACK OF KNOWLEDGE OF SERVICES, LACK OF ANCILLARY SERVICES, LACK OF MENTAL HEALTH SERVICES, LACK OF DENTAL SERVICES, LACK OF PREVENTATIVE SERVICES.

Behavioral Factors: Poor Diet and Exercise and Prevalence of Drug Use

Health Status: Rates of Cardiovascular Disease

Question One: What are the most significant health status concerns or unhealthy behaviors in this community?

- Diabetes
- Heart Disease
- Food security/ food access
- Safety
- Respiratory issues
- Drug abuse in the youth
- Health education
- Limited knowledge of resources
- Transportation
- Mental health
- Lack of support groups for specific conditions
- Lack of social activities
- Pediatric care
- Affordable care

Question Two: What are the main reasons why these concerns or behaviors are present?

- Money
- Transportation
- Lack of affordable care
- Uninsured / underinsured

Question There: Which particular health care services are most difficult to access?

- Specialist
- Ancillary services
- Quality emergency care

Question Four: What are the principle access barriers for these services?

- Lack of trustworthy care facilities/providers
- Lack of providers
- Transportation

Question Five: Is there a population or subgroup of the community that is affected more by these health status issues or is confronted with more difficulties when trying to access care?

- Rural
- Financially burdened
- Minorities
    - African Americans

Question Six: Which community health need comes to mind as the most significant?

- Drug use in the youth
- Transportation

Question Seven: If you could create any type of health program(s) for this community, what would it/they be?

- Centralized healthcare - ancillary services, specialty care, and primary care
    - Trustworthy providers
- Pediatric provider
- Drug avoidance programs for the youth of the community

Question Eight: Are you satisfied with the quality of life in your community?

- Yes and no
- Pockets of socially closeness in the community

CHA Purpose

Identify areas for improvement.

Appendix B: Areas for Improvement

Table 18: Social & Interpersonal Relations

Love it here need more parks w/recreational activities besides horseback riding and 4 wheelers. Water Park!
We need more open accessed areas for walking, dog training classes, bike paths, etc in Macclenny.
The need for family friendly places for entertainment such as putt putt, bowling, fun zone, movies
I think we have a great problem with recreation for adults and youth. We have no river access or public pool for swimming. Kids are getting into trouble without free public recreation.

Table 19: Specialty Care

Need Cancer Treatment Services.
Need More Alternative Doctors in the area!
Obesity and diabetes occur too frequently within the Baker community
Would like to have a dermatologist located in Baker

Table 20: Youth Services

More activities for the younger group movie theater, skate rink, arcade
The teens in this county need something to do. Give them a movie theater or something. We have the highest teen pregnancy rate in the state.
Children in the community need more alternative activities that are family friendly and don't cost too much for working families

Table 21: Environmental Responsibility

Too many smokers in Baker, Try to recycle, plastic no longer accepted
Baker County's recycling is horrible. It is sad that more people don't know to recycle and the County doesn't seem to even promote recycling. The dumps in Baker only take cardboard boxes and won't recycle anything else, like plastic or glass!! I also seen the prisoners cleaning up around Baker, which is good, but they don't do it enough or cover other places. They need to work on that program to better benefit the county! If we are feeding and housing criminals we can at least put them to work to better our county!
Would love to see expanded recycling program @ county sites accept more types of items. Have the once a year caustic items offered more than once.

Table 22: Hospital

Ed Fraser Hospital is a great little hospital. As good as any I have found. Dr. Hardin is great none better!
Thank you Ed Fraser staff.
The ER needs to improve on who they accept medical insurance from
Fraser Hospital has been wonderful every time I've needed them. Friendly, helpful, considerate, and fast when necessary.

Table 23: Financial Stability - Insurance

More insurance plans should be accepted at BCHD. My kids and I cannot be seen there with Cigna
Can’t go to hospital or nursing home. Also insurance won't cover things I need done
I have been fortunate with my ability to access healthcare, however there are many low income persons in Baker that are not as fortunate and need access to dental, medical and mental health
Does not accept our employees insurance
I am a Baker County government employee and my insurance is not accepted at most of the doctors in our county.
The ER doctors are "out of network" for many of the major medical insurance plans. The hospital is for many of the plans as well.
Some places in Baker do not take our insurance.
Medicaid is for children only.
Places in town do not take all insurance like Jax's
Doctors won't accept the medical insurance we have.
My insurance only covers certain doctors and rarely are there participating physicians in Baker County OR the doctors do not take insurance (such is the case with the Dentist). I have not checked in a while so maybe things are better now.
Hoping Humana Gold will be accepted in the hospital in Baker County
Many services are available but not covered by the county's own insurance program for employees. Hospital doesn't accept United Healthcare and only Walmart takes our vision insurance

Table 24: Customer Care

We love administration RNS Receptionist at EF Hospital, always nice and helpful
Demographics of staff at local MH/SA do not reflect Baker population nor does most of the staff reside in local area, Urban MH/SA provider is a mismatch for Baker County, Prevention services are extremely limited or nonexistent by contracted MH/SA provider that receives hundreds of dollars for Prevention Services from LSF (Lutheran Health Services), Baker Co citizens would more likely seek non-court ordered MH/SA if they were offered through BCHD or a local provider
I do not like to have to change primary doctors so often. Do not like change.
Baker County Dental Office is the best care facility and hospitable polite medical office I have ever been too in my life. I am extremely pleased that I discovered this office and the staff!
Get the word out about what is here and where
There is a true concern of good, quality care and privacy for those NOT on government assistance.
Primary care physicians refer several pts to ER with no reason other than unable to schedule them into be seen in an appropriate time frame based on symptoms. PCP getting labs and telling pt to go to ER with no contact with ER physician on regards to findings and concerns.

Table 24: Customer Care Continued

Find most treatments outside of Baker County. Get all healthcare in Jacksonville.
Available options for routine healthcare are OK. Major issues not so much.
We would obtain our care in Baker County if: 1.) the dental providers were in network for dental Insurances. 2.) If there were more physician specialists who could provide care in the event of hospitalization. 3.) The hospital is in need of experienced hospitalists to provide inpatient care.
Would like Baker to offer dental services to all not just children. Dentist are very expensive. People cannot afford to get to Jax or means to pay for it. This is an excellent clinic it should be available for all ages.
I had to drive to Jax. for bloodwork. Would be nice to do that here in Macclenny but do not know what facility provides that. Shands near SavALot only works with their current patients.
Primary care doctors are overwhelmed with the number of patients needing them.
90% of my medical stuff done out of county. I do not feel my stuff will be held confidentially. the few times I needed something local, was disappointed with the service. Closing of the YMCA makes affordable gym/workout situations difficult.
Though there may be available services, I don't always believe they are as good as those provided in Jax
If you get sick and need an antibiotic, it is virtually impossible to be seen. Most offices have at least a week before they can fit you in. By that time you will either be better or hospitalized. We need someone who can quickly see patients with common illnesses. Things such as strep throat cannot be scheduled a week in advance.

Table 25: Health Rankings

Indicator	Baker County	Trend	Error Margin	Top U.S. Performers*	Florida	Rank (of 67)
Health Outcomes						62
Length of Life						58
Premature death	9,702		8,363-11,040	5,200	6,893	
Quality of Life						65
Poor or fair health	29%		23-36%	10%	16%	
Poor physical health days	7.5		5.8-9.2	2.5	3.7	
Poor mental health days	4.7		3.9-5.6	2.3	3.8	
Low birthweight	9.00%		7.9-10.1%	5.90%	8.70%	
Health Factors						41
Health Behaviors						52
Adult smoking	20%		15-27%	14%	18%	
Adult obesity	37%		33-41%	25%	26%	
Food environment index	6.4			8.4	7	
Physical inactivity	33%		29-36%	20%	23%	
Access to exercise opportunities	54%			92%	93%	
Excessive drinking	12%		8-18%	10%	16%	
Alcohol-impaired driving deaths	39%			14%	29%	
Sexually transmitted infections	462			138	402	
Teen births	65		59-72	20	36	

Clinical Care						41
Uninsured	17%		15-19%	11%	24%	
Primary care physicians	3,010:1			1,045:1	1,423:1	
Dentists	2,456:1			1,377:1	1,874:1	
Mental health providers	1,000:1			386:01:00	744:01:00	
Preventable hospital stays	80		68-92	41	59	
Diabetic monitoring	77%		68-85%	90%	85%	
Mammography screening	63.70%		53.3-74.1%	70.70%	67.70%	
Social & Economic Factors						24
High school graduation	73%				75%	
Some college	36.30%		30.6-42.1%	71.00%	60.10%	
Unemployment	6.70%			4.00%	7.20%	
Children in poverty	26%		19-32%	13%	25%	
Income inequality	4.2		3.5-5.0	3.7	4.6	
Children in single-parent households	30%		22-38%	20%	38%	
Social associations	9.2			22	7.3	
Violent crime	205			59	514	
Injury deaths	77		62-92	50	69	
Physical Environment						55
Air pollution - particulate matter	12			9.5	11.4	
Drinking water violations	0%			0%	6%	

Severe housing problems	16%		12-21%	9%	22%	
Driving alone to work	85%		82-89%	71%	80%	
Long commute - driving alone	51%		44-58%	15%	38%	

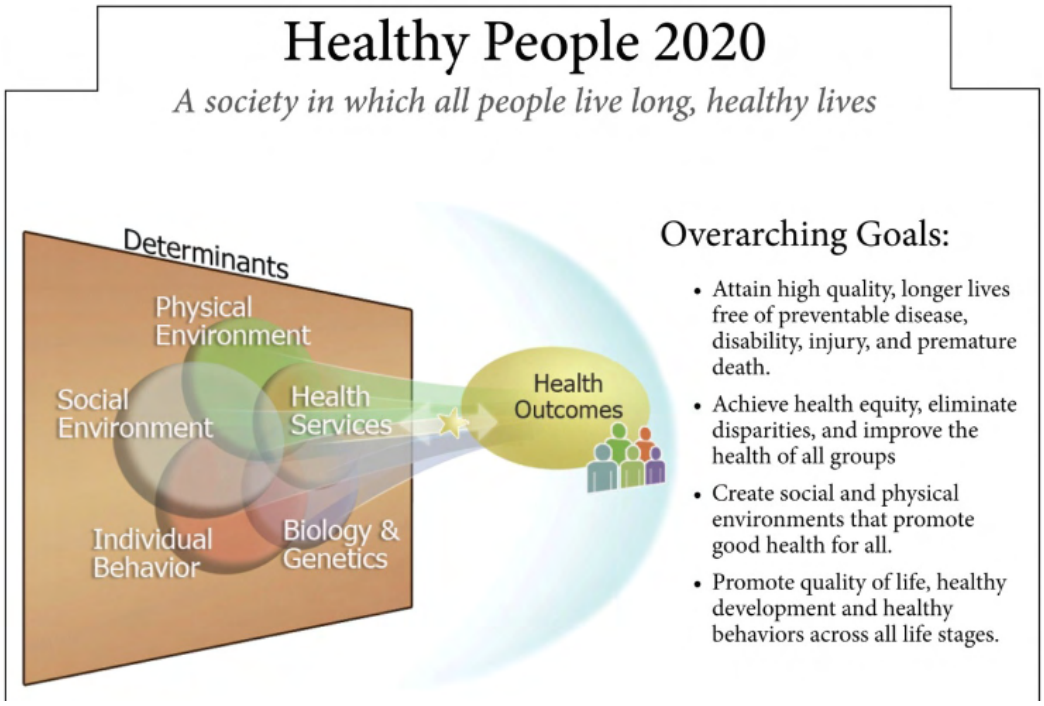
Source: http://www.countyhealthrankings.org/ ; 2015; * 90th percentile, i.e., only 10% are better; Note: Blank values reflect unreliable or missing data

Table 26: Health Outcomes

Indicator	Baker	Florida
Diabetes	14%	11%
HIV prevalence	380	593
Premature age-adjusted mortality	456.7	329.4
Infant mortality^	10.1	7
Child mortality	92.8	55.5
Health Behaviors		
Food insecurity	16%	18%
Limited access to healthy foods	13%	7%
Motor vehicle crash deaths	29	15
Drug poisoning deaths	20	15
Health Care		
Uninsured adults	21%	29%
Uninsured children	8%	11%
Health care costs	$13,241	$11,163
Could not see doctor due to cost	17%	17%
Other primary care providers	2,078:1	1,491:1
Social & Economic Factors		
Median household income	$46,505	$46,021
Children eligible for free lunch	47%	50%
Homicides	6	7

*Source: County Health Rankings 2015 County Snapshot; Data supplied on behalf of state via County Health Rankings; Note: Blank values reflect unreliable or missing data
^If the infant Mortality rate in one year is zero and the following year there is one death, the number above increases significantly as it is based on rate per 10,000.

Figure 22: Alignment with National Indicators - Healthy People 2020



12 Topic Areas	26 Leading Health Indicators
Access to Health Services	• Persons with medical insurance • Persons with a usual primary care provider
Clinical Preventive Services	• Adults who receive a colorectal cancer screening based on the most recent guidelines • Adults with hypertension whose blood pressure is under control • Adult diabetic population with an A1c value greater than 9 percent • Children aged 19 to 35 months who receive the recommended doses of diphtheria, tetanus, and pertussis (DTaP); polio; measles, mumps, and rubella (MMR); Haemophilus influenza type b (Hib); hepatitis B; varicella; and pneumococcal conjugate (PCV) vaccines
Environmental Quality	• Air Quality Index (AQI) exceeding 100 • Children aged 3 to 11 years exposed to secondhand smoke
Injury and Violence	• Fatal injuries • Homicides
Maternal, Infant, and Child Health	• Infant deaths • Preterm births
Mental Health	• Suicides • Adolescents who experience major depressive episodes (MDEs)
Nutrition, Physical Activity, and Obesity	• Adults who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity • Adults who are obese • Children and adolescents who are considered obese • Total vegetable intake for persons aged 2 years and older

Alignment with National Indicators: Healthy People 2020 Continued

Overarching Goals of *Healthy People 2020*	Foundation Measures Category	Measures of Progress
Attain high quality, longer lives free of preventable disease, disability, injury, and premature death	General Health Status	• Life expectancy • Healthy life expectancy • Physical and mental unhealthy days • Self-assessed health status • Limitation of activity • Chronic disease prevalence • International comparisons *(where available)*
Achieve health equity, eliminate disparities, and improve the health of all groups	Disparities and Inequity	Disparities/inequity to be assessed by: • Race/ethnicity • Gender • Socioeconomic status • Disability status • Lesbian, gay, bisexual, and transgender status • Geography
Create social and physical environments that promote good health for all	Social Determinants of Health	Determinants can include: • Social and economic factors • Natural and built environments • Policies and programs
Promote quality of life, healthy development, and healthy behaviors across all life stages	Health-Related Quality of Life and Well-Being	• Well-being/satisfaction • Physical, mental, and social health-related quality of life • Participation in common activities

Oral Health	• Persons aged 2 years and older who used the oral health care system in the past 12 months
Reproductive and Sexual Health	• Sexually active females aged 15–44 years who received reproductive health services in the past 12 months • Persons living with HIV who know their serostatus
Social Determinants	• Students who graduate with a regular diploma 4 years after starting ninth grade
Substance Abuse	• Adolescents using alcohol or any illicit drugs during the past 30 days • Adults engaging in binge drinking during the past 30 days
Tobacco	• Adults who are current cigarette smokers • Adolescents who smoked cigarettes in the past 30 days

Table 27: Payor Mix

Indicator: Insurance Coverage	FDOH-Baker –
– Q13: My Parents Take Care of It	26.67%
– Q13: I pay for private healthcare insurance.	33.22%
– Q13: I have insurance that is paid for by my employer.	34.38%
– Q13: I have military or VA benefits.	35.29%
– Q13: I self-pay with cash or credit.	17.54%
– Q13: I have Medicaid.	28.21%
– Q13: I have Medicare.	32.54%

Demographics by Age	I pay for private healthcare insurance.	I have insurance that is paid for by my employer.	I have military or VA benefits.	I self-pay with cash or credit.	I have Medicaid.	I have Medicare.
Less than 14 years old	25.00%	0.00%	0.00%	0.00%	25.00%	12.50%
14-18 yrs old	35.71%	0.00%	0.00%	14.29%	28.57%	21.43%
19-24 yrs old	30.30%	30.30%	1.52%	18.18%	18.18%	1.52%
25-55 yrs old	27.43%	59.44%	2.80%	11.65%	6.49%	3.24%
56-65 yrs old	36.78%	47.13%	12.64%	8.05%	4.02%	10.34%
66+ yrs old	26.32%	8.42%	9.47%	7.37%	9.47%	85.26%

Previous Goals, Objectives and Strategies

In preparation for the next phase in the process, the following outlines previous goals, objectives and strategies from the Strategic Plan 2011 – 2015. A total of three goals were established. The description below provides a high-level view of the actions that were identified. It is highly recommended to include the outcomes and accomplishments outlined in the strategic plan dashboard along with the data contained in this report to facilitate future planning.

Any goals that were exceeded should be removed from the strategic priority, however, continue to monitor progress to ensure that the numbers, percentages, and/or rates do not begin to slip. Those goals/objectives that are in the yellow or red should be strongly considered as priorities that could potentially need additional strategies or consider enhancing action currently underway. On task to meet/exceed the goals should remain in the plan as designed.

Goal 1: Prevent Chronic Diseases through prevention and intervention strategies

- Objective 1.1: Prevent and control infectious disease.
  - ***Strategies:*** diabetes self-management education, breast cancer awareness, lung cancer awareness, healthy weight initiative, smoking cessation
- Objective 1.2: Improve maternal and child health
  - ***Strategies:*** Teen pregnancy prevention, family planning, abstinence, car seat safety

Goal 2: Protect our people and our place

- Objective 2.1: Protect population health threats.
  - ***Strategies:*** driver safety outreach, environmental health-gardens, wildfire awareness, land-use, water quality, drug and alcohol awareness

Goal 3: Promote Health and Prosperity.

- Objective 3.1: Maximize funding to accomplish public health
  - ***Strategies:*** Increase Medicare and Medicaid access, increased healthcare access for underserved population
- Objective 3.2: Promote an integrated public health system
  - ***Strategies:*** Increase Healthy Baker, Inc. partnerships and participation, new public awareness and communications campaign, attract and recruit quality workforce

The following table provides a recommended process for aligning past goals and objectives with future goals and objectives as well as helps BCHD align local strategies with requirements from the state and federal entities and health accreditations.

2014 Goal	Recommendation	2016 Goal	Healthy People 2020	Accreditation	Notes
G3.3.1	Enhance existing strategies	Equitable access to healthcare	+ people with insurance & + people with primary physician		
G1.1.2	Discontinue strategies-Family Planning	Increase pregnancy prevention	+female reproductive health services		

Figures and Tables Glossary

1.	GENDER		
A	Female	B	Male

2.	Zip Code at Home
A	32040
B	32087
B	32063
C	32072

3.	AGE GROUP		
A	Less than 14 years old	D	25-55 yrs old
B	14-18 yrs old	E	56-65 yrs old
C	19-24 yrs old	F	66+ yrs old

4.	I HAVE LIVED IN THIS COMMUNITY		
A	Less than 2 years	C	5—10 years
B	2—5 years	D	More than 10 years

5.	Do you have children?	YES	NO
6.	If Yes, do they attend Baker County Schools?	YES	NO
7.	If Yes, how many?		

7.	RACE/ETHNICITY...		
A	American Indian or Alaskan Native	D	Multi-ethnic/Bi-racial
B	Black/African American (non-Hispanic)	E	White/Caucasian (non-Hispanic)
C	Hispanic or Latino/Latina	F	Other: _____

8.	EDUCATION LEVEL COMPLETED...		
A	Enrolled in middle or high school	E	Military/vocational/technical training
B	Left school before receiving diploma	F	some college/associate degree
C	GED	G	bachelor degree
D	High school diploma	H	master's degree or higher

9.	MY EMPLOYMENT STATUS...		
A	Disabled	F	Employed Full Time
B	Retired	G	Employed Part Time
C	Stay-At-Home Parent	H	Seasonal Worker/Contract Labor
D	Unemployed (looking for work)	I	Other

10.	MY HOUSEHOLD INCOME...		
A	Do not know my household income	F	$40,001—$50,000
B	less than $10,000	G	$50,001—$75,000
C	$10,001—$20,000	H	$75,001—$100,000
D	$20,001—$30,000	I	$101,000—$200,000
E	$30,001—$40,000	J	$200,000 or more

11. Who Pays for Your Medical Care? (SELECT All That Apply)		Select
A.	I pay for private healthcare insurance .	
B.	I have insurance that is paid for by my employer.	
C.	I have military or VA benefits.	
D.	I self pay with cash or credit .	
E.	I have Medicaid.	
F.	I have Medicare.	

Have you ever been diagnosed with/feel you have a problem with...		Y	N
12.	Heart Attack or Stroke	YES	NO
13.	High Blood Pressure or High Cholesterol	YES	NO
14.	Diabetes	YES	NO
15.	Cancer	YES	NO
16.	Asthma	YES	NO
17.	Serious Hearing or Vision problems	YES	NO
18.	Serious Dental problems	YES	NO
19.	Alcohol abuse (beer, wine, or liquor)	YES	NO
20.	Drug abuse (illegal drugs or abuse of prescription drugs)	YES	NO
21.	Mental illness (example: clinical depression)	YES	NO

PHYSICAL ACTIVITY & NUTRITION		A	B	C	D
22.	Participate in physical exercise 3 or more times/week	Routinely	Most weeks	Some weeks	Never
23.	Eat five-nine servings of fruits and vegetables/day	Routinely	Most days	Some days	Never
24.	Eat fast food, convenience store, or vending machine snacks one or more times/ day	Routinely	Most days	Some days	Never
25.	Participate in a stress relieving activity at least once/day	Routinely	Most days	Some days	Never

26. Please mark below all of the programs and services that you have heard of being offered in Baker County (choose all that apply).

☐ Healthy start ☐ Abstinence ☐ CPR ☐ Child Safety ☐ Environmental Health ☐ SWAT

☐ Dental ☐ Medical ☐ Tobacco Cessation ☐ School Health ☐ Healthy Baker

☐ Diabetes Self-management ☐ Positive Youth Development ☐ Ed Fraser Hospital

☐ Baker Rural Health Clinic ☐ WIC ☐ Baker Prevention ☐ Council on Aging ☐ DCF

Rate How You Feel		Very Healthy	Healthy	Somewhat Healthy	Un-healthy	Very Un-healthy
27.	Overall, how would you rate the health of Baker County today?					
28.	How would you rate your own health today?					

Rate How You Feel		Strongly Agree	Agree	Neutral	Disa-gree	Strongly Disagree
29.	I can get quality healthcare in Baker County.					
30.	Healthcare providers in Baker County un-derstand and respond to our needs.					

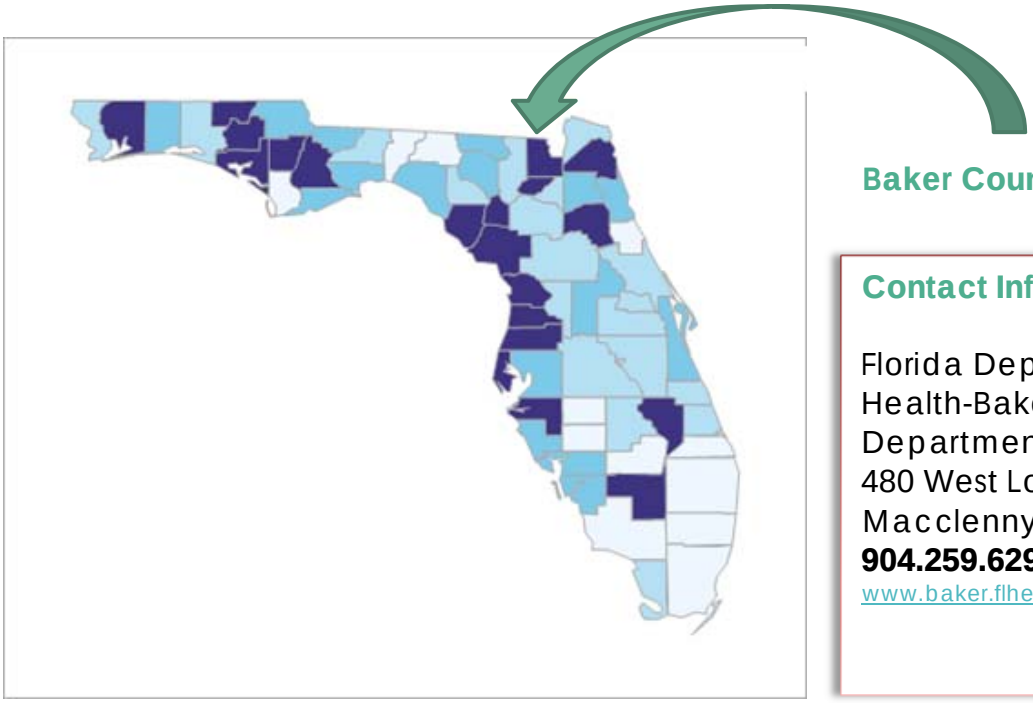
ACTIVITY/EMOTIONS/SUPPORT/OUTLOOK		YES	NO
31.	Have you experienced child abuse (mental or physical) in the past year?	YES	NO
32.	Have you experienced spouse abuse (mental or physical) in the past year?	YES	NO
33.	Do you feel you are in control of your emotions to handle anger, disappoint-ment, fear in a positive manner?	YES	NO
34.	Have you felt so lonely or out of control that you thought about or even attempted suicide in the past year?	YES	NO
35.	When you think of your life in general, are you overall satisfied?	YES	NO

DO YOU FEEL THAT THERE NEEDS TO BE MORE RESOURCES AVAILABLE FOR...		YES	NO
36.	Mental health programs and/or counseling	YES	NO
37.	Quality community service projects	YES	NO
38.	Community gatherings and networking for neighbors	YES	NO
39.	Farmer's Market	YES	NO
40.	Community/school gardens as community projects and source of vegetables, fruits, herbs, flowers	YES	NO
41.	Clean Environment and recycling	YES	NO

ENVIRONMENT: THOSE THINGS WHICH SURROUND YOU		YES	NO
42.	Is your home structure maintained (sanitary nuisances-leaky roof, broken porch, etc.) and healthy (no signs of mold, overly dusty, etc.)?	YES	NO
43.	Do you recycle and/or dispose of hazardous waste appropriately?	YES	NO

END OF SURVEY…THANK YOU

Acknowledgements



Baker County, Florida

Contact Information

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Macclenny, FL 32063
904.259.6291
www.baker.flhealth.gov

Community Assessment Survey 2015

...a collaborative process of collecting and analyzing data and information for use in educating and mobilizing communities, developing priorities, garnering resources, and launching actions to improve the population's health.

Partners and Collaborators

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

If you need an accommodation in order to participate in our programs, please notify the FDOH-Baker in advance.

Revisions and Updates, January 2019

The Florida Department of Health in Baker County in partnership with the Healthy Baker group reviewed the Community Health Assessment and provided updated data during the CHIP Annual Review. See the next pages for updated socioeconomic and health data profiles for Baker County where health equity and social determinants of health where included to provide a deeper look at what factors could cause negative health outcomes in the community.

Department of Health State of Florida
Bureau of Community Health Assessment
Division of Public Health Statistics and Performance Management

County-State Profile Baker County, Florida - 2017

Indicator	Measure	COUNTY			STATE		
		2009 - 2011	2012 - 2014	2015 - 2017	2009 - 2011	2012 - 2014	2015 - 2017
Socio-Demographics							
Total county population	3 year average	27,021	26,944	27,012	18,824,622	19,337,735	20,228,194
Population under 18 Years Old	3 year average	6,991	6,800	6,551	4,067,831	4,018,366	4,094,389
Population 18-64 Years Old	3 year average	17,022	16,930	16,895	11,474,350	11,809,293	12,200,066
Population 65+ Years Old	3 year average	3,008	3,215	3,566	3,282,441	3,510,076	3,933,739
Population - White	3 year average	22,724	22,710	22,630	14,829,151	15,127,623	15,720,023
Population - Black	3 year average	3,690	3,555	3,630	3,079,778	3,220,992	3,407,924
Population - Other	3 year average	607	679	752	915,693	989,120	1,100,246
Population - Hispanic	3 year average	554	604	643	4,223,831	4,500,834	4,963,347
Population - Non-Hispanic	3 year average	26,467	26,340	26,369	14,600,791	14,836,901	15,264,847
Individuals below poverty level	Percent, 5 year estimate	16.5	18.6		14.7	16.7	
Civilian labor force which is unemployed	Percent, 5 year estimate	11.0	9.8		10.3	10.9	
Deaths							
Age-Adjusted All Causes 3-Year Death Rate	Age-adjusted Death Rate	916.6	921.6	922.8	679.8	677.8	685.2
All Causes Years of Potential Life Lost Under 75	Rate per 100,000 Population < 75	10,764.4	8,522.1	9,842.2	7,466.9	7,238.2	7,815.5
Total Tobacco-Related Cancer Deaths to Persons 35 and Over	Rate per 100,000 Population > 35	209.3	193.0	189.8	174.8	171.7	167.4
Chronic Diseases							
Age-Adjusted Coronary Heart Disease 3-Year Death Rate	Age-adjusted Death Rate	108.2	129.1	118.5	106.4	100.3	95.2
Age-Adjusted Stroke 3-Year Death Rate	Age-adjusted Death Rate	54.0	48.6	41.8	31.6	31.9	38.7
Age-Adjusted Diabetes 3-Year Death Rate	Age-adjusted Death Rate	29.7	24.5	27.6	19.6	19.6	20.0
Age-Adjusted 3-Year Hospitalization Rate From Amputation of a Lower Extremity Attributable to Diabetes	Age-adjusted Hospitalization Rate	15.6	14.6		25.0	28.2	
Cancer							
Age-Adjusted Breast Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	112.1	98.1		113.7	117.3	
Advanced Stage Breast Cancer at Diagnosis	Percent	38.3	46.5		34.1	33.5	
Age-Adjusted Cervical Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	8.8	6.0		8.9	8.5	

Indicator	Measure	2009 - 2011	2012 - 2014	2015 - 2017	2009 - 2011	2012 - 2014	2015 - 2017
Advanced Stage Cervical Cancer at Diagnosis	Percent		0.0		51.7	54.3	
Age-Adjusted Colorectal Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	31.5	37.8		38.0	36.9	
Injuries							
Age-Adjusted Unintentional Injury 3-Year Death Rate	Age-adjusted Death Rate	41.6	46.2	63.1	41.6	39.6	52.6
Age-Adjusted Unintentional Poisoning 3-Year Death Rate	Age-adjusted Death Rate	6.4	14.2	17.2	13.6	11.0	20.2
Reportable and Infectious Diseases							
HIV/AIDS							
Age-Adjusted HIV/AIDS 3-Year Death Rate	Age-adjusted Death Rate	3.4	3.8	4.3	5.6	4.4	3.7
AIDS Cases	Rate Per 100,000 Population	11.1	6.2	3.7	17.8	13.6	10.4
Sexually Transmitted Diseases							
Chlamydia Cases	Rate Per 100,000 Population	408.3	447.8	470.2	396.1	416.8	470.3
Gonorrhea Cases	Rate Per 100,000 Population	54.3	87.8	114.8	107.6	105.4	138.5
Infectious Syphilis Cases	Rate Per 100,000 Population	1.2	1.2		6.2	8.0	
Bacterial STDs (Women 15-34)	Rate Per 100,000 Females 15-34	2,413.6	2,906.1	2,859.5	2,598.0	2,598.0	2,819.1
Congenital Syphilis Cases (SE)	Count of Cases						
Tuberculosis							
Tuberculosis Cases	Rate Per 100,000 Population		2.5	2.5	4.3	3.3	2.9
Enteric, Food, and Waterborne Diseases							
Campylobacteriosis	Count of Cases	19	8	7	4,370	6,186	10,931
Cryptosporidiosis	Count of Cases	1	27	3	1,342	2,784	1,994
Cyclosporiasis	Count of Cases		0	0	161	105	182
Giardiasis, acute	Count of Cases	7	9	5	5,375	3,374	3,163
Hepatitis A	Count of Cases		2	1	479	358	520
Legionellosis	Count of Cases	1	0	1	550	743	1,069
Listeriosis	Count of Cases		0	1	117	123	139
Salmonellosis	Count of Cases	19	33	25	18,946	18,675	18,102
Shiga toxin-producing Escherichia coli (STEC) infection	Count of Cases		1	0	282	331	421
Shigellosis	Count of Cases	7	2	4	4,308	5,116	3,797
Vibriosis (excluding cholera)	Count of Cases		1	0	397	504	657
Access to Dental Care							
Percentage of Low Income Persons with Access to Dental Care	Percent of Persons Below Poverty	39.1			27.4		
Maternal and Child Health							
Infant Mortality							
Total Infant Mortality Rate	Rate Per 1,000 Live Births	15.0	9.5	7.1	6.6	6.1	6.1

Indicator	Measure	2009 - 2011	2012 - 2014	2015 - 2017	2009 - 2011	2012 - 2014	2015 - 2017
White Infant Mortality Rate	Rate Per 1,000 White Live Births	14.8	11.0	4.7	4.8	4.5	4.4
Black and Other Infant Mortality Rate	Rate Per 1,000 Black and Other Live Births	16.1	0.0	22.1	11.3	10.0	10.6
Prenatal Care							
Births With First Trimester Prenatal Care	Percent of Births With Known PNC Status	75.2	74.8	70.9	79.3	79.8	78.3
Low Birth Weight							
Live Births Under 2500 Grams	Percent of Live Births	10.2	9.0	9.3	8.7	8.6	8.7
White Live Births Under 2500 Grams	Percent of White Live Births	10.5	8.4	8.9	7.2	7.2	7.2
Black and Other Live Births Under 2500 Grams	Percent of Black and Other Live Births	8.1	12.7	11.8	12.6	12.1	12.6
Preterm with Low Birth Weight	Percent	7.8	6.8	6.1	6.1	6.0	6.0
Births to Teen Mothers							
Number of Births to Females Ages 10-14 (SE)	Count of Births	1	0	1	706	498	352
Number of Births Per 1,000 Females Ages 10-14	Rate Per 1,000 Females 10-14	0.3	0.0	0.3	0.4	0.3	0.2
Number of Births Per 1,000 Females Ages 15-18	Rate Per 1,000 Females 15-18	45.9	42.0	28.2	23.2	16.7	13.0
Repeat Births to Mothers Ages 15-19	Percent of Births 15-19	18.5	21.7	16.2	18.1	16.6	15.7
Vaccine Preventable Diseases							
Diphtheria	Count of Cases		0	0	0	0	0
Haemophilus influenzae in people <5	Count of Cases		0		84	78	
Hepatitis B, acute	Count of Cases		1	6	868	1,075	1,973
Hepatitis B, acute in people <19	Count of Cases		0		5	3	
Hepatitis B, chronic	Count of Cases	12	16	22	12,812	13,365	14,726
Measles (rubeola)	Count of Cases		0	0	14	7	13
Measles in people <5	Count of Cases		0		6	1	
Meningococcal disease	Count of Cases		0	0	163	153	62
Meningococcal disease in people <24	Count of Cases		0		62	52	
Mumps	Count of Cases		0	0	39	7	100
Pertussis	Count of Cases	2	2	3	1,137	2,026	1,031
Poliomyelitis	Count of Cases		0	0	0	0	0
Rubella	Count of Cases		0	0	0	0	1
Streptococcus pneumoniae in people <6	Count of Cases		0	0	608	289	224
Tetanus	Count of Cases		0	0	8	11	11
Varicella	Count of Cases	9	5	6	2,963	2,044	2,129

Data Note(s):

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

Census Civilian labor force which is unemployed is the American Communities 5-year estimate. For this indicator, the column labeled with a three year range displays estimates for a five year period (ex. 2013-15 is actually 2011-2015).

Census Population Below Poverty Level is the American Communities 5-year estimate. For this indicator, the column labeled with a three year range displays estimates for a five year period (ex. 2013-15 is actually 2011-2015).

(SE) - Sentinel Event

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

Data Sources

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

Hospitalizations - Florida Agency for Health Care Administration (AHCA)

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

Reportable and Infectious Diseases - Florida Department of Health, Bureau of Communicable Diseases

Reportable Diseases - Florida Department of Health, Bureau of Epidemiology

2016 Profile of Older Floridians

Baker

Population by Age Category		
All Ages	26,965	100.0%
Under 18	6,578	24.4%
Under 60	21,907	81.2%
18-59	15,330	56.8%
60+	5,058	18.8%
65+	3,470	12.9%
70+	2,195	8.1%
75+	1,290	4.8%
80+	679	2.5%
85+	301	1.1%

Source: Office of Economic and Demographic Research, 2016

Population by Race and Ethnicity		
White	4,584	90.6%
Black	461	9.1%
Other Minorities	55	1.1%
Total Hispanic	66	1.3%
White	64	1.3%
Non-White	2	0.0%
Total Non-Hispanic	4,992	98.7%
Total Racial and Hispanic Minorities[2]	538	10.6%

Source: EDR, 2016

Population by Gender		
Male	2,373	46.9%
Female	2,685	53.1%

Source: EDR, 2016

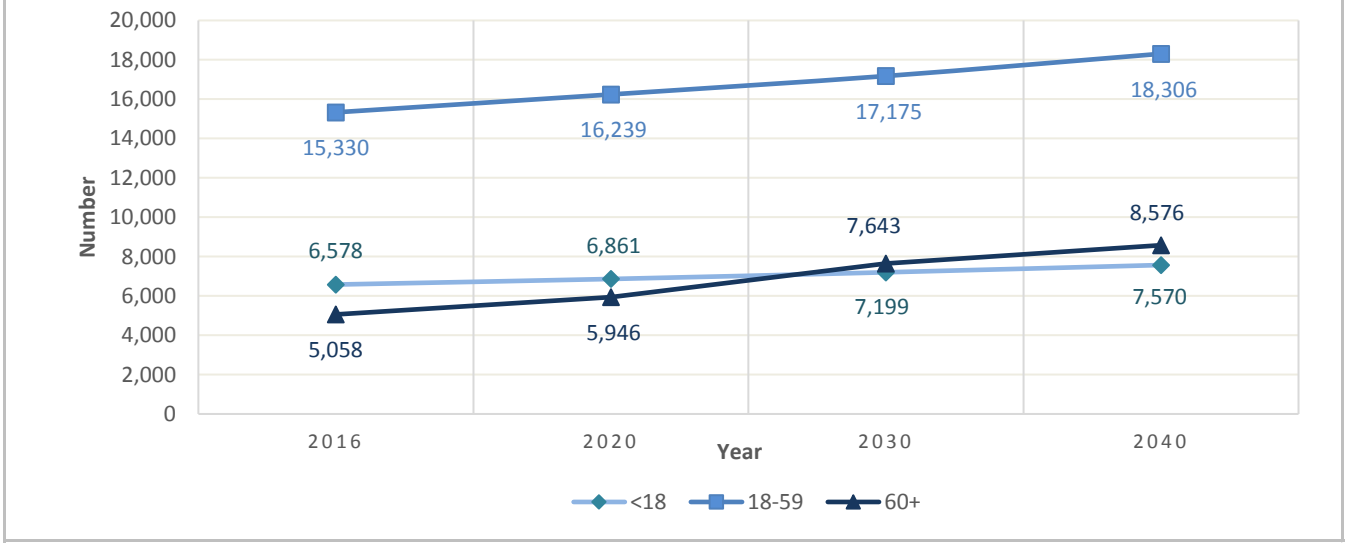
English Proficiency	
With Limited English Proficiency[1]	15

Source: DOEA calculations based on EDR and 2010-14 ACS data

Financial Status		%
Below Poverty Guideline	516	10.2%
Below 125% of Poverty Guideline	748	14.8%
Minority Below Poverty Guideline	66	1.3%
Minority Below 125% of Poverty Guideline	87	1.7%

Source: DOEA calculations based on EDR and 2010-14 ACS data

Population Projections



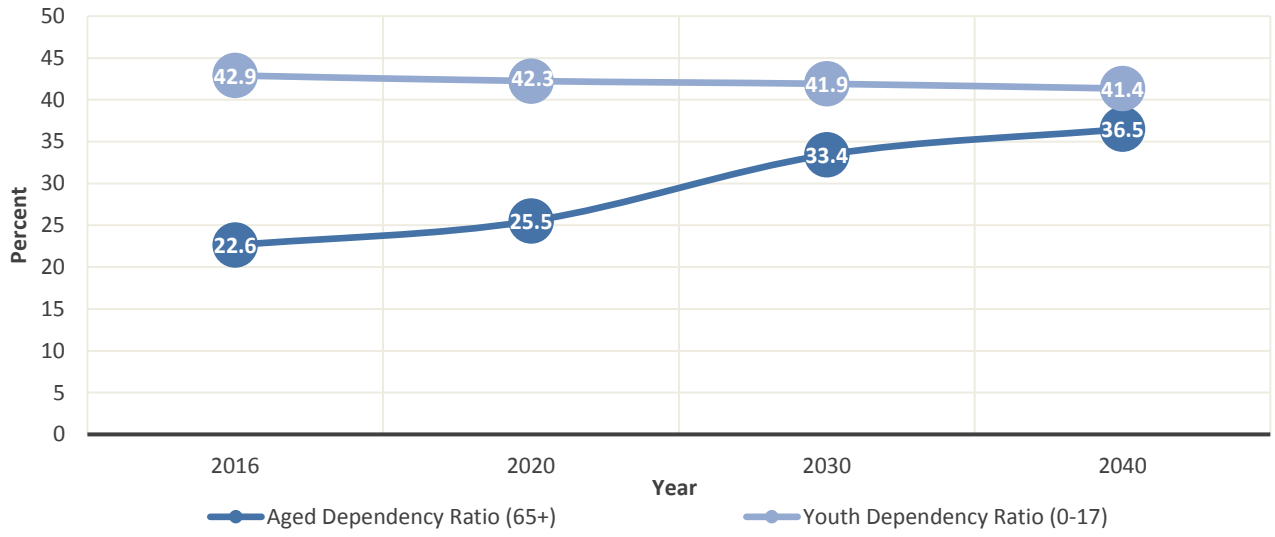
Source: Office of Economic and Demographic Research, 2016

Unless otherwise noted, the data presented in this *Profile* refers to elder populations in Florida age 60 and older.

2016 Profile of Older Floridians

Baker

Dependency Ratios of Minors and Elders[3]



Source: Office of Economic and Demographic Research, 2016

Grandparents	
Living With Own Grandchildren*	436
Grandparent Responsible for Own Grandchildren*	289
Grandparent Not Responsible for Own Grandchildren*	153
Not Living With Own Grandchildren*	4,622

*Grandchildren Under Age 18

Source: DOEA calculations based on EDR and 2010-14 ACS data

Medically Underserved (65+)	
Total Medically Underserved[4]	2,595
Living in Areas Defined as Having Medically Underserved Populations	-
Living in Medically Underserved Areas	2,595

Source: DOH and U.S. HHS, Data as of 8/25/2017

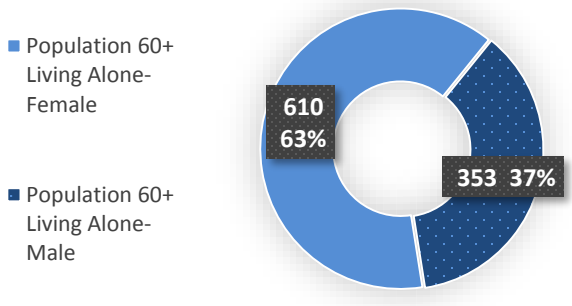
SNAP or Food Stamps	
Participants	422
Potentially Eligible	748
Participation Rate	56.4%

Source: Florida Department of Children and Families, 2016

Rural Designation	
Rural (Yes/No)	YES

Source: Rural Economic Development Initiative

Living Alone



Source: DOEA calculations based on EDR and 2010-14 ACS data

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2016 Profile of Older Floridians

Baker

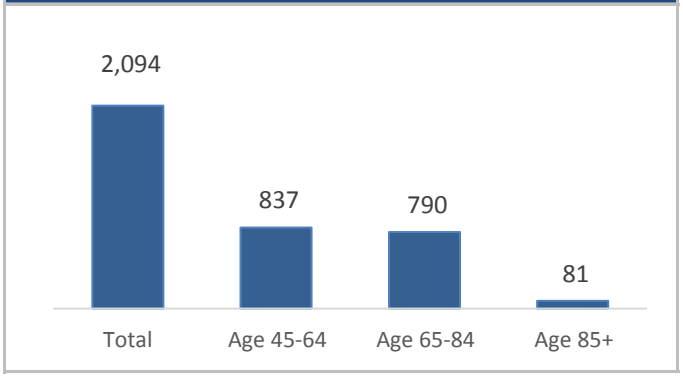
Florida Registered Voters	
Elder Voters	4,218
Percent of All Voters	27.2%

Source: FL Department of State, 2016

Florida Driver's License	
Elder Drivers	4,724
Percent of All Drivers	24.2%

Source: FL Department of Highway Safety & Motor Vehicles, 2016

Veterans



Source: FL Department of Veterans' Affairs

Households With Cost Burden Above 30% and Income Below 50% Area Median Income (65+)[5]	
Elder Households	2,150
Percent of All Households	14.8%

Source: The Shimberg Center for Housing Studies, 2016

Cost of Living, Annual Expenses(65+)[6]	
Single Elders	
Owner without Mortgage	$17,040
Renter, one bedroom	$20,508
Owner with Mortgage	$27,792
Elder Couple	
Owner without Mortgage	$26,868
Renter, one bedroom	$30,336
Owner with Mortgage	$37,620

Source: Wider Opportunities for Women Elder Economic Security Standard™ Index (Elder Index), Data as of 8/16/2017

Retirement (65+)	
Disability Insurance (OASDI) Beneficiaries	2,143
Percent OASDI Beneficiaries	61.8%

Source: DOEA calculations based on EDR and the U.S. Social Security Administration data, 2016

Median Household Income for All Ages	
2011-2015	$47,121

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Disability Status	
With One Type of Disability[7]	1,088
With Two or More Disabilities	917
Total With Any Disability	
Hearing	706
Vision	400
Cognitive	488
Ambulatory	1,294
Self-Care	276
Independent Living	600
With No Disabilities	3,058
Probable Alzheimer's Cases (65+) [8]	383

Source: DOEA calculations based on EDR, 2010-14 ACS data, and Alzheimer's Disease Facts and Figures Report, 2017

Medical Professionals	
Medical Doctors	
Licensed	8
Limited License	0
Critical Need Area License	0
Restricted	0
Medical Faculty Certification	0
Public Health Certificate	0
Specialties	
Licensed Podiatric Physicians	1
Licensed Osteopathic Physicians	2
Licensed Chiropractic Physicians	1
Licensed Registered Nurses	416

Source: Florida Department of Health, 2016

Unless otherwise noted, the data presented in this *Profile* refers to elder populations in Florida age 60 and older.

2016 Profile of Older Floridians

Baker

Skilled Nursing Facility (SNF) Utilization	
SNF Beds	188
Community Beds	188
Sheltered Beds	-
Veterans' Affairs Administration Beds	-
Other Beds	-
SNFs With Beds	2
Community Beds	2
Sheltered Beds	-
Veterans' Affairs Administration Beds	-
Other Beds	-
SNFs With Community Beds	2
Community Bed Days	68,808
Community Patient Days	58,884
Medicaid Patient Days	44,875
Occupancy Rate	85.6%
Percent Medicaid	76.2%

Assisted Living Facility	
Total Beds	5
OSS Beds[9]	0
Non-OSS Beds	5
Total Facilities	1
Facilities with ECC License[10]	0
Facilities with LMH License[11]	0
Facilities with LNS License[12]	0

Adult Family Care Homes	
Homes	-
Beds	-

Ambulatory Surgical Centers	
Facilities	-
Operating Rooms	-
Recovery Beds	-

Home Health Agencies	
Agencies	1
Medicaid Certified Agencies	-
Medicare Certified Agencies	1

Hospitals	
Hospitals	2
Hospitals with Skilled Nursing Units	0
Hospital Beds	1,163
Skilled Nursing Unit Beds	0

Homemaker & Companion Service Companies	
Companies	2

Adult Day Care	
Facilities	-
Capacity	-

Medicaid & Medicare Eligibility	
Medicaid Eligible - All Ages	6,206
60+ Medicaid Eligible	632
Dual Eligible - All Ages	883
60+ Dual Eligible	562

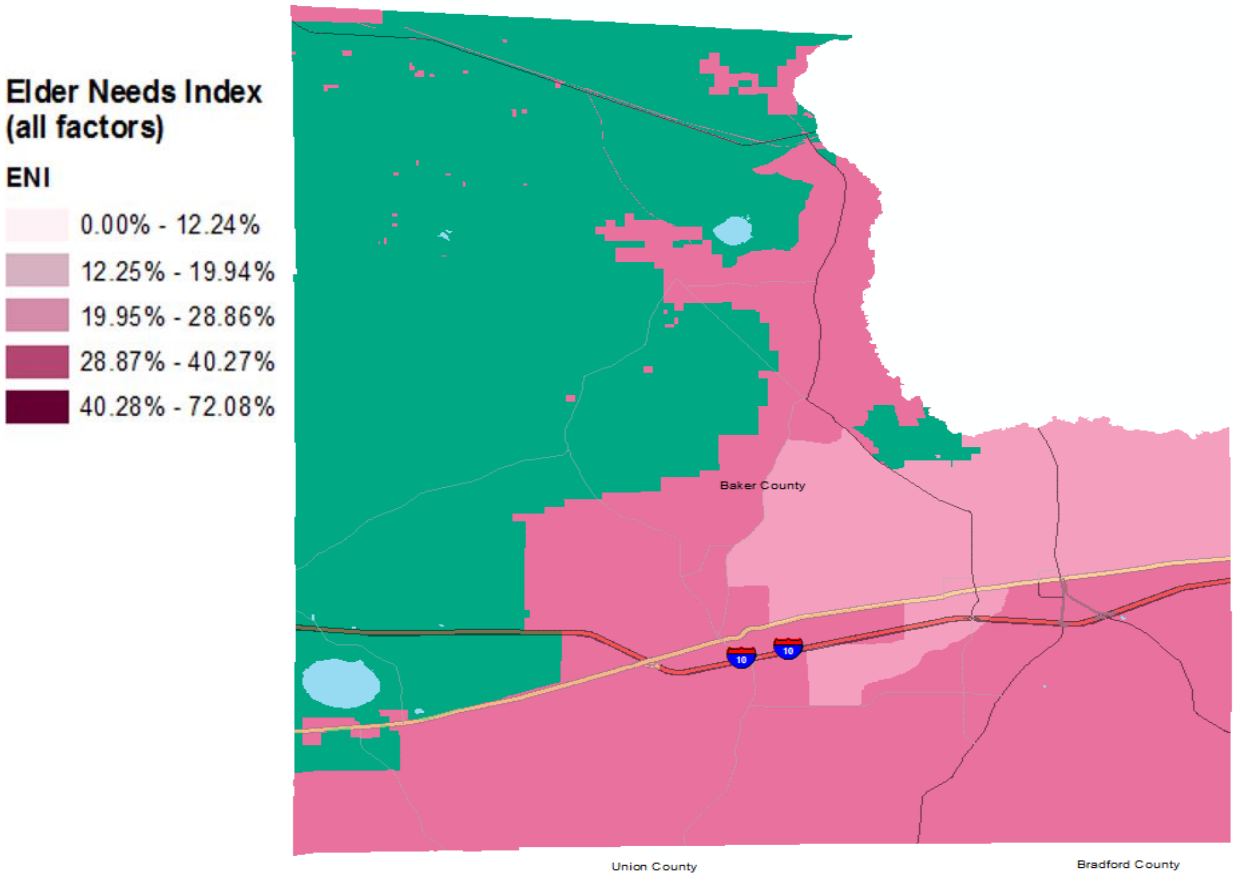
Source for Page: AHCA, 2016

Unless otherwise noted, the data presented in this *Profile* refers to elder populations in Florida age 60 and older.

2016 Profile of Older Floridians

Baker

Elder Needs Index



The Elder Needs Index (ENI) is a composite measure that includes: (1) the percentage of the 60 and older population that is age 85 and older; (2) the percentage of the 55 and older population who are members of racial or ethnic minority groups; (3) the percentage of the 65 and older population with one or more disability; and (4) the percentage of the 55 and older population living below 125% of the Federal Poverty Level. The Index is an averaged score that indicates senior citizens' overall level of risk for a probable need of social services within a geographic area. It is not a percentage of the area's population. The green areas of the map represent current conservation land such as national parks, state forests, wildlife management areas, local and private preserves. The blue areas of the map represent current water features such as lakes, streams, rivers, and coastlines. Complete maps available at *http://elderaffairs.state.fl.us/doea/eni_home.php*

Source: Florida Department of Elder Affairs using U.S. Census Bureau, 2008-12 ACS data

Useful Websites

Office of Economic & Demographic Research (EDR)
U.S. Census Bureau, American Community Survey
U.S. Census Bureau, Quick Facts
Agency for Health Care Administration (AHCA)
FL Division of Emergency Management (Shelters)
Florida Housing Data Clearinghouse
County Chronic Disease Profile

Unless otherwise noted, the data presented in this *Profile* refers to elder populations in Florida age 60 and older.

[1] Those who report speaking English "Not well" or "Not at all" are defined as having Limited English Proficiency (LEP) in this profile.

[2] Total Minorities = (60+ Population) - (White Non-Hispanic 60+)

[3] A "dependency ratio" is commonly depicted as a ratio of workers to non-workers. Rather than using labor-force participation rates, which fluctuate, a stable dependency ratio can be estimated by using the number of individuals in the population who fall into age groups generally aligned with school-aged kids, working age adults, and retired seniors. For this graphic, working age adults (defined as 18-59) were compared to minors (age 0-17)(youth dependency ratio) and seniors (age 65+)(aged dependency ratio).

[4] Medically Underserved Areas/Populations are areas or populations designated by Health Resources & Services Administration(HRSA) as having too few primary care providers, high infant mortality, high poverty or a high elderly population.

[5] Households age 65 and older paying more than 30 percent of income for housing costs (including utilities) and have an income below 50 percent of the area median income.

[6] Wider Opportunities for Women Elder Economic Security Standard™ Index (Elder Index) measures how much income retired older adults require to meet their basic needs without public or private assistance. The Elder Index measures basic expenses for elders age 65+ living in the community, not in institutions. Annual expenses include: housing, including utilities, taxes, insurance; food; transportation; health care, based on good health; and miscellaneous. Data found at http://www.basiceconomicsecurity.org/EI/

[7] With One Type of Disability: 60+ people who have only one type of disability

[8] Probable Alzheimer's Cases = (65-74 Population x 0.036592) + (75-84 Population x 0.174333) + (85+ Population x 0.433872) Alzheimer's by Age in 2017 Alzheimer's Disease Facts and Figures Report used to develop calculation can be found at: http://www.alz.org/documents_custom/facts_2017/statesheet_florida.pdf?type=interior_map&facts=undefined&facts=facts

[9] OSS Beds: Optional State Supplementation Beds. Optional State Supplementation (OSS) is a cash assistance program. Its purpose is to supplement a person's income to help pay for costs in an assisted living facility, mental health residential treatment facility, and adult family care home. It is NOT a Medicaid program.

[10] ECC License: Extended Congregate Care License. The ECC license is a specialty license that enables a facility to provide, directly or through contract, services beyond those permissible under the standard license, including acts performed by licensed nurses, and supportive services defined by rule to persons who otherwise would be disqualified from continued residence in a facility licensed under this part.

[11] LMH License: Limited Mental Health License. Any facility intending to admit three or more mental health residents must apply for and obtain a limited mental health license from AHCA's Assisted Living Unit before accepting the third mental health resident.

[12] LNS License: Limited Nursing Services License. The LNS license is a specialty license that enables a facility to provide a select number of nursing services.

COUNTY HEALTH PROFILE

2018

OUR VISION

Northeast Florida will become the healthiest region in the state through evidence-based assessment, data, and planning.

HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA

Health Planning Council of Northeast Florida

Serving the counties of Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia.

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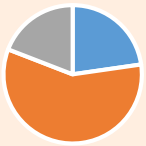
HEALTH PROFILE

BAKER County

Demographics, 2012-16

Age Groups

	Baker County Estimate	Baker County Percent	Florida Estimate	Florida Percent
19 & under	7,412	27.1%	4,542,114	22.7%
20-64	16,374	59.9%	11,594,712	58.1%
65+	3,526	13.0%	3,797,625	19.1%



Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, DP05

Race / Ethnicity & Gender	Baker County Estimate	Baker County Percent	Florida Estimate	Florida Percent
Total population	27,312	-	19,934,451	-
Male	14,280	52.3%	9,741,262	48.9%
Female	13,032	47.7%	10,193,189	51.1%
One race	27,098	99.2%	19,439,083	97.5%
White	22,833	83.6%	15,130,748	75.9%
Black or African American	3,798	13.9%	3,216,994	16.1%
American Indian & Alaska Native	95	0.3%	52,904	0.3%
Asian	178	0.7%	521,272	2.6%
Native Hawaiian & Other Pacific Islander	0	0.0%	11,288	0.1%
Some other race	194	0.7%	505,877	2.5%
Two or more races	214	0.8%	495,368	2.5%
Hispanic or Latino (of any race)	633	2.3%	4,806,854	24.1%

Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, DP05

Socioeconomics, 2012-16

	Baker	Florida
Per capita income (dollars)	$21,222	$27,598
Median household income (dollars)	$53,327	$48,900
People with income below poverty level in past year	18.5%	16.1%
Unemployment Rate	6.8%	8.4%
Percent high school graduate or higher	82.1%	87.2%
Percent bachelor's degree or higher	12.8%	27.9%

Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, DP03, S1501.

Maternal and Child Health, 2015-2017

	Baker	Florida
Total live births (Per 1,000 Total Population)	12.2	11.1
Teen birth rate (Per 1,000 Females 15-19)	39.5	19.7
Repeat teen birth rate (% of births to mothers 15-19)	16.2%	15.7%
% of births with late or no prenatal care	7.4%	6.1%
Low birth weight (% of Total Live Births)	9.3%	8.7%
Infant death rate (Per 1,000 Live Births)	7.1	6.1
White infant death rate (Per 1,000 White Live Births)	4.7	4.4
Black infant death rate (Per 1,000 Black Live Births)	8.1	11.3
Immunization levels in Kindergarten, 2018	96.7%	93.7%

Data Source: Florida Department of Health, Bureau of Vital Statistics

Leading Causes of Death, 2015-17

Causes of Death	Baker County		Florida
	# of Deaths	3-Year Age-Adjusted Death Rate	3-Year Age-Adjusted Death Rate
All Causes	270	922.8	685.2
Heart Disease	72	186.0	150.8
Cancer	57	193.5	151.9
Chronic Lower Respiratory Disease	18	71.9	39.6
Unintentional Injury	15	63.1	52.6
Stroke	11	41.8	38.7

Data Source: Florida Department of Health, Bureau of Vital Statistics. **Note:** # of Deaths is for 2017 only. 3-year Age-Adjusted Death Rates per 100,000 population total are for 2015-17.

Infectious Diseases

Cause	Baker County		Florida
	# of cases*	3-Year rate per 100,000 People	3-Year rate per 100,000 People
Gonorrhea[1]	93	114.8	138.5
Chlamydia[1]	381	470.2	470.3
Infectious Syphilis[1]	1	1.2	11.4
Hepatitis B (Chronic)[2]	17	21.0	24.6
HIV cases[3]	6	7.4	23.8
AIDS cases[3]	3	3.7	10.4

Note: *Number of cases is the sum over 3 years

Data Sources: [1]Florida Department of Health (FDOH), Bureau of Communicable Diseases 2015-2017; [2]Merlin, FL's reportable disease surveillance system, 2014-2016; [3]FDOH, HIV/AIDS Section 2015-2017

County Health Rankings, Baker County, 2018

Overall Rankings	**Health Outcomes: 48th out of 67 counties**			
	Health Factors: 44th out of 67 counties			
Breakdown of Health Factors Rankings	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
	Baker rank: 58th	**Baker rank: 47th**	**Baker rank: 27th**	**Baker rank: 42nd**

Data Source: Robert Wood Johnson Foundation. (2018). Retrieved from County Health Rankings and Roadmaps: http://www.countyhealthrankings.org

■ Baker Residents' Healthcare Utilization

Leading Emergency Department Visits, 2017

Utilization			Cost	Patient Age			Payment Type		
Principal Diagnosis Description	Visits	Avg. Hours	Avg. Charge	0-17	18-64	65+	Gov. Ins.	Com. Ins.	Non- or Self-Pay/ Other
Unspecified abdominal pain	375	4.11	$6,178	55	288	32	124	164	87
Acute upper respiratory infection, unspecified	368	2.15	$1,543	214	137	17	161	153	54
Chest pain, unspecified	333	4.26	$5,718	14	245	74	132	144	57
Urinary tract infection, site not specified	324	3.02	$3,994	49	210	65	151	120	53
Other chest pain	238	5.11	$6,953	27	181	30	82	112	44

Data Source: AHCA Emergency Department Data Files, Jan. 1, 2017 – Dec. 31, 2017

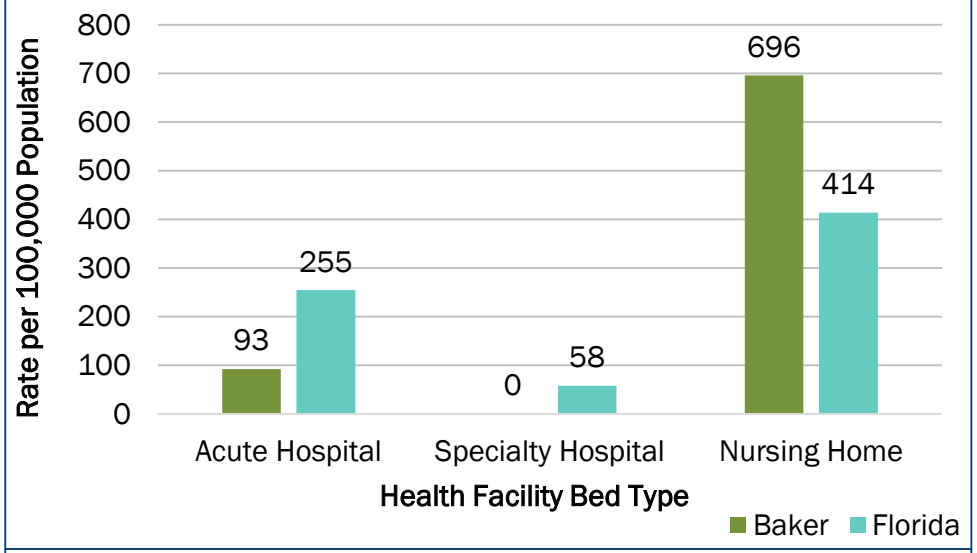
Leading Inpatient Hospital Visits, 2017

Utilization			Cost	Patient Age			Payment Type		
Medicare Severity DRG Description	Dis-charges	Avg. LOS	Avg. Charge	0-17	18-64	65 +	Gov. Ins.	Com. Ins.	Non- or Self-Pay/ Other
Normal newborn	173	2	$3,901	173	0	0	94	72	7
Vaginal delivery w/o complicating diagnoses	170	2.4	$19,812	4	166	0	89	77	4
Septicemia w/o MV 96+ hours w MCC	101	8	$78,135	1	51	49	83	13	5
Psychoses	95	7.5	$27,849	7	73	15	65	15	15
Major joint replacement or reattachment of lower extremity w/o MCC	87	2.5	$77,636	0	40	47	60	25	2

Data Source: AHCA Hospital Inpatient Data Files, January 1, 2017 – December 31, 2017; Definitions: CC = complication or comorbidity, MCC = major complication or comorbidity, LOS = Length of Stay

Healthcare Access in Baker County

Healthcare Facilities Beds, 2015-17

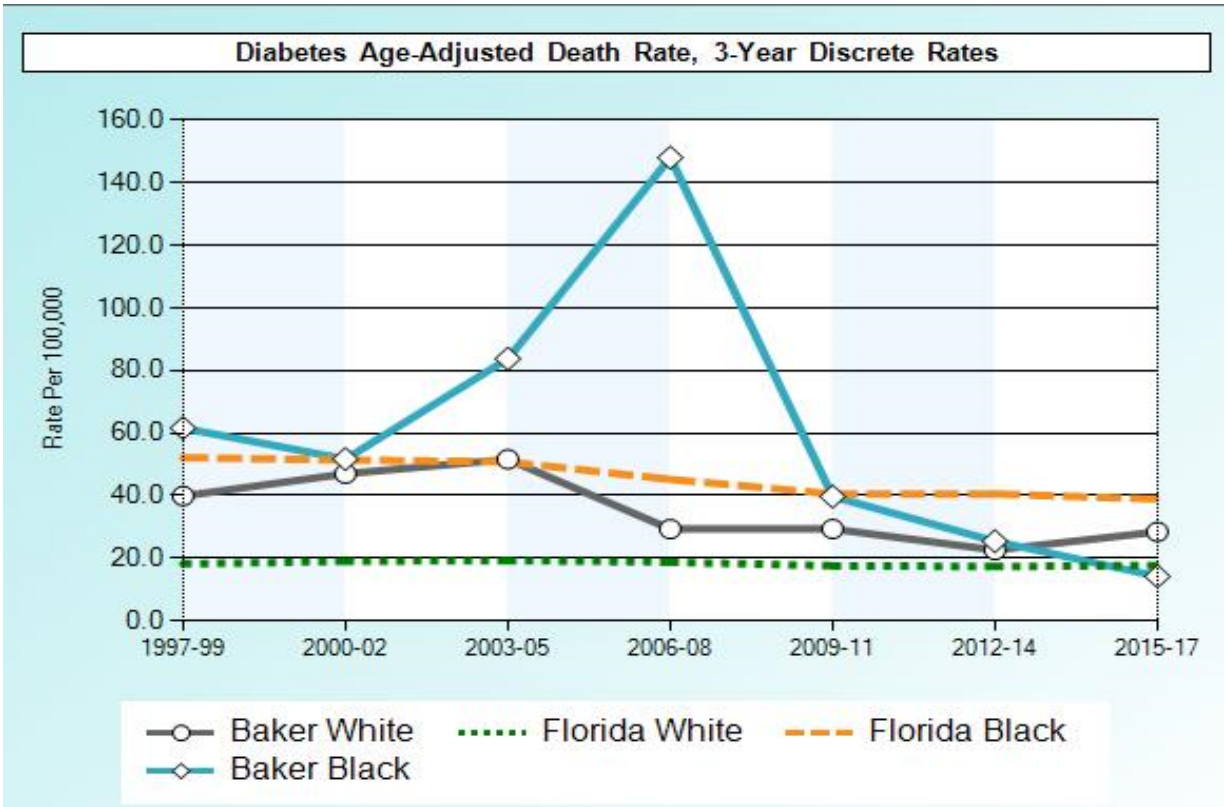


Data Source: Florida Agency for Health Care Administration (AHCA), Rates per 100,00 total population, 2015-2017

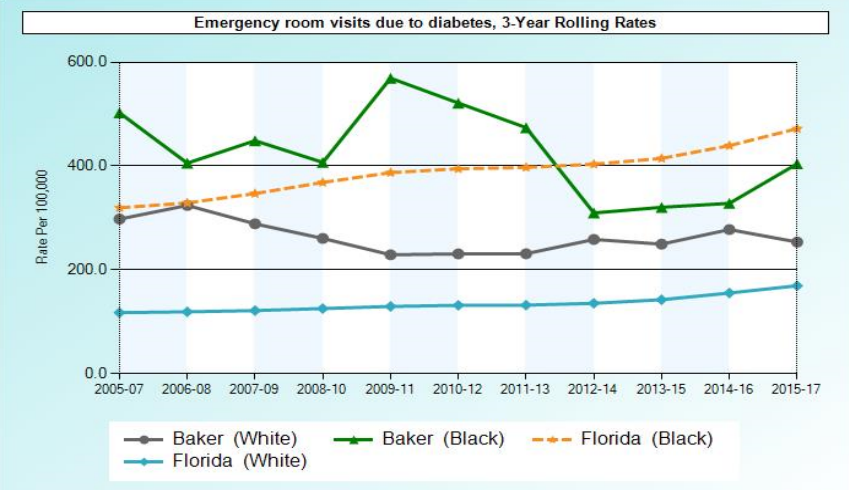
Health Insurance Coverage 2012-2016	Baker County		Florida	
	Estimate	Percent	Estimate	Percent
Civilian noninstitutionalized population	24,749	-	19,621,207	-
With health insurance coverage	21,661	87.5%	16,409,867	83.6%
With private health insurance	16,021	64.7%	11,728,520	59.8%
With public coverage	8,351	33.7%	7,067,477	36.0%
No health insurance coverage	3,088	12.5%	3,211,340	16.4%

Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, DP03, S1501

Diabetes Age-Adjusted Death Rate,								
	Baker White	Baker White	Baker Black	Baker Black	State White	State White	State Black	State Black
Years	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015-17	21	28.4	2	14.2	13,405	17.7	3,397	38.9
2012-14	16	22.6	3	25.4	12,172	17.4	3,054	40.6
2009-11	18	29.4	3	39.7	11,883	17.6	2,753	40.6
2006-08	18	29.3	9	148	12,341	18.8	2,775	45.2
2003-05	28	51.6	6	83.8	11,883	19.3	2,679	50.8
2000-02	21	47	2	51.7	11,109	19.1	2,400	51.4
1997-99	14	39.9	3	61.6	9,976	18.2	2,202	52.1



Emergency room visits due to diabetes, 3-Year Rolling Rates																
	Baker	Baker	Baker	Baker	Baker	Baker	Baker	Baker	Florida	Florida	Florida	Florida	Florida	Florida	Florida	Florida
	White	White	White	White	Black	Black	Black	Black	White	White	White	White	Black	Black	Black	Black
Year	Count	Denom	Rate	MOV (+/-)	Count	Denom	Rate	MOV (+/-)	Count	Denom	Rate	MOV (+/-)	Count	Denom	Rate	MOV (+/-)
2015-17	172	67,891	253.3	37.8	44	10,889	404.1	119.2	79,757	47,160,070	169.1	1.2	48,240	10,223,773	471.8	4.2
2014-16	189	68,121	277.4	39.5	35	10,674	327.9	108.5	72,131	46,494,287	155.1	1.1	44,056	10,032,200	439.1	4.1
2013-15	170	68,190	249.3	37.4	34	10,614	320.3	107.5	65,246	45,878,512	142.2	1.1	40,802	9,842,852	414.5	4
2012-14	176	68,129	258.3	38.1	33	10,666	309.4	105.4	61,372	45,382,869	135.2	1.1	38,971	9,662,975	403.3	4
2011-13	157	68,027	230.8	36.1	51	10,765	473.8	129.7	59,350	45,014,266	131.8	1.1	37,698	9,490,813	397.2	4
2010-12	157	68,122	230.5	36	57	10,936	521.2	135	58,749	44,722,697	131.4	1.1	36,907	9,354,581	394.5	4
2009-11	156	68,173	228.8	35.9	63	11,069	569.2	140.1	57,467	44,487,453	129.2	1.1	35,765	9,239,333	387.1	4
2008-10	177	67,988	260.3	38.3	45	11,061	406.8	118.6	55,440	44,324,768	125.1	1	33,696	9,152,729	368.2	3.9
2007-09	194	67,275	288.4	40.5	49	10,922	448.6	125.3	53,608	44,204,921	121.3	1	31,349	9,040,324	346.8	3.8
2006-08	214	66,060	323.9	43.3	43	10,606	405.4	120.9	52,261	43,982,393	118.8	1	29,239	8,895,055	328.7	3.8
2005-07	192	64,509	297.6	42	52	10,350	502.4	136.2	51,098	43,548,881	117.3	1	27,761	8,693,350	319.3	3.8



Cervical cancer is cancer of the cervix (the lower part of the uterus that connects to the vagina). Cervical cancer usually forms slowly over many years, but occasionally it happens faster. The purpose of the Pap test is to detect abnormal cells in the cervix. When abnormal cells are found and treated early, cervical cancer can be prevented or cured. Pap test screening as recommended by your health care provider can prevent the majority of cervical cancers.

Prevention and Early Detection

Most cervical cancer is caused by a virus called the human papillomavirus, or HPV, which is spread through sexual contact. Abnormal cervical cells rarely cause symptoms, but detection of the earliest changes leading to cancer development is possible through the use of Pap tests.

Those who are vaccinated against HPV prior to becoming sexually active can significantly lower their risk of cervical cancer. HPV is a group of more than 100 related viruses. HPV is passed from one person to another during skin-to-skin contact. HPV can be spread during sex. To learn more, visit the Advisory Committee on Immunization Practices (ACIP) recommendations and guidelines.

Screening and Detection

The American College of Obstetrics and Gynecologists (ACOG) recommends that women ages 21 to 30 be screened every two years using the standard Pap test or liquid-based cytology. Women age 30 or older who have had three consecutive negative test results may be screened once every three years. Women with certain risk factors may need more frequent screening. Talk with your doctor to see when you should begin cervical cancer screening and how often you should be screened.

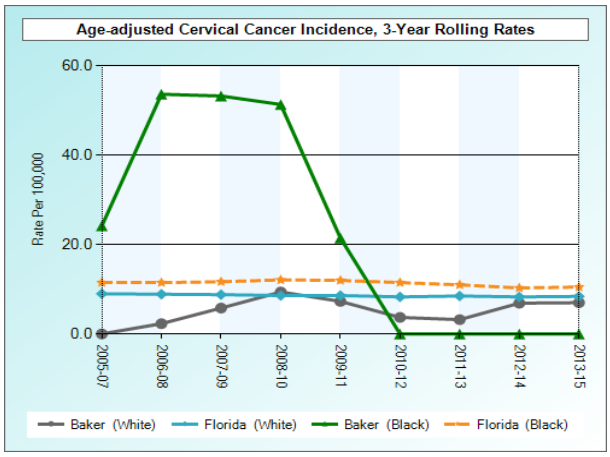
Those at Risk

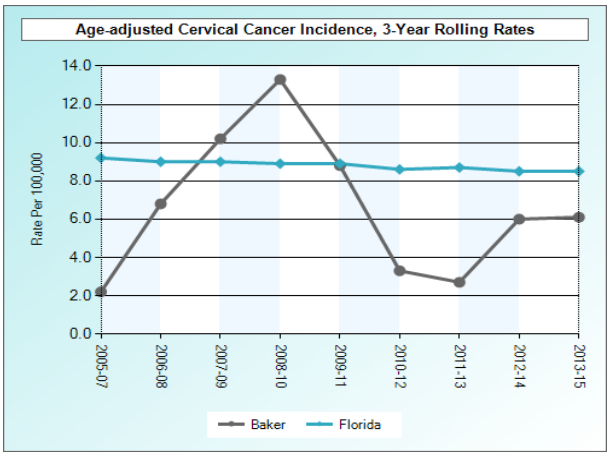
Infection with HPV may cause cells in the cervix to grow out of control and become cancerous. However, it is important to note that not every HPV infection is destined to become cervical cancer. Many HPV infections resolve without treatment.
Smoking increases the risk of cervical cancer as well as advancing age since cervical cancer grows very slowly over time.
Poverty is a risk factor for cervical cancer. Many women with low incomes do not have readily available access to adequate healthcare services, including Pap tests. This means they might not get screened or treated for pre-cancerous cervical diseases.
If a mother or sister has cervical cancer, a woman's chances of developing the disease increases by two to three times.

Cancer Burden

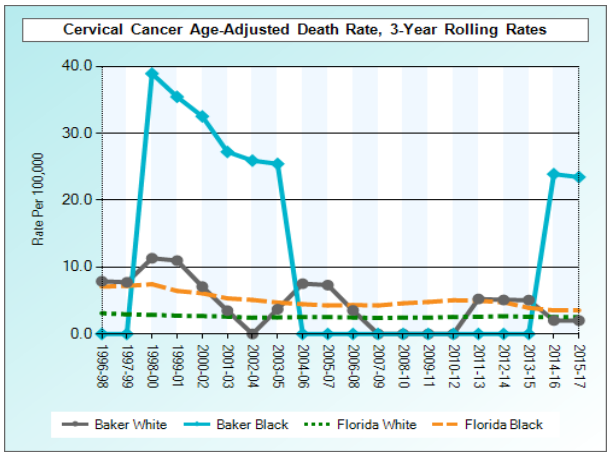
While the disease is almost totally treatable or preventable with routine screening, almost 300 women die each year in Florida from cervical cancer. Florida's 2008 mortality rate for cervical cancer of 2.7 deaths per 100,000.

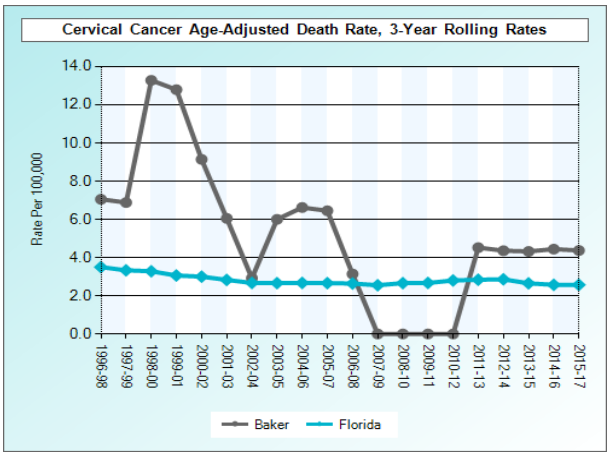
Age-adjusted Cervical Cancer Incidence, 3-Year Rolling Rates								
	Baker				Florida			
	White		Black		White		Black	
Year	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2013-15		7	0	0	2,152	8.4	504	10.5
2012-14		6.9	0	0	2,116	8.3	487	10.3
2011-13		3.2	0	0	2,143	8.5	502	11
2010-12		3.7	0	0	2,086	8.3	517	11.5
2009-11		7.3		21.5	2,123	8.6	527	12
2008-10		9.4		51.4	2,073	8.6	527	12.1
2007-09		5.8		53.3	2,120	8.8	498	11.7





Cervical Cancer Age-Adjusted Death Rate, 3-Year Rolling Rates								
	Baker				Florida			
	White		Black		White		Black	
Years	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015-17	1	2	1	23.5	757	2.5	185	3.5
2014-16	1	2	1	23.9	752	2.5	177	3.5
2013-15	2	5.1	0	0	752	2.6	189	3.9
2012-14	2	5.1	0	0	770	2.6	218	4.7
2011-13	2	5.2	0	0	752	2.6	220	5
2010-12	0	0	0	0	724	2.5	220	5
2009-11	0	0	0	0	684	2.5	206	4.8
2008-10	0	0	0	0	667	2.5	195	4.6
2007-09	0	0	0	0	634	2.4	176	4.3
2006-08	1	3.5	0	0	664	2.5	173	4.3





Women 18 years of age and older who received a HPV test in the past five years, By female		
Year	Baker	Florida
2016	23.50% (16.1 - 30.8)	36.70% (34.9 - 38.4)

Women 18 years of age and older who received a HPV test in the past five years, By Annual Income

	Baker			Florida		
Year	<$25,000	$25,000 - $49,999	$50,000 or More	<$25,000	$25,000 - $49,999	$50,000 or More
2016	21.80% (7.2 - 36.3)	27.50% (12.7 - 42.3)	33.60% (17.2 - 50.1)	34.80% (31.8 - 37.9)	37.00% (33.5 - 40.6)	45.20% (41.9 - 48.4)

Women 18 years of age and older who received a HPV test in the past five years, By Age Group						
	Baker			Florida		
Year	18-44	45-64	65 & Older	18-44	45-64	65 & Older
2016	44.50% (25.2 - 63.7)	18.40% (9.1 - 27.8)	15.60% (4.2 - 27.0)	50.70% (47.8 - 53.7)	36.50% (33.5 - 39.5)	13.20% (11.1 - 15.3)

Women 18 years of age and older who received a HPV test in the past five years, By Race/Ethnicity						
	Baker			Florida		
Year	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2016	23.10% (15.2 - 31.1)	% (-)	% (-)	32.80% (30.9 - 34.7)	43.90% (38.2 - 49.6)	41.10% (36.9 - 45.2)

Women 18 years of age and older who received a HPV test in the past five years, By Education Level						
	Baker			Florida		
Year	Less Than High School	High School/GED	More Than High School	Less Than High School	High School/GED	More Than High School
2016	% (-)	26.00% (13.0 - 39.0)	24.60% (13.9 - 35.2)	31.80% (25.8 - 37.8)	29.10% (26.1 - 32.2)	41.40% (39.2 - 43.6)