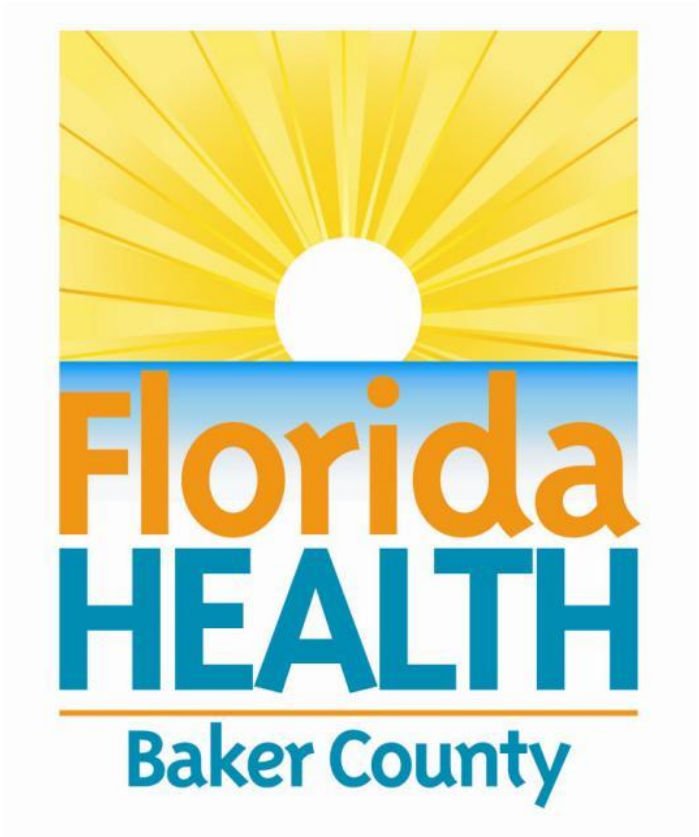

BAKER COUNTY

Community Health Assessment

2023

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

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Data Disclaimer

The information contained in this report reflects qualitative opinion data collected during the assessment process. Comments and discussions are summarized and accurately catalogued from the facilitated discussions. These cannot be attributed to one person; rather these are summaries of a group discussion in aggregate. Furthermore, the contents are the views of county residents gathered during the community engagement phase of the project and do not represent official views of, nor an endorsement by, the Florida Department of Health.

While Health Planning Council of Northeast Florida (HPCNEF) uses reasonable efforts to provide accurate and up-to-date data, some of the information provided in these assessments and herein is gathered from third-party secondary data sources. Although the information in this report has been produced and processed from sources believed to be reliable, no warranty, expressed or implied, is made regarding the accuracy, adequacy, completeness, legality, reliability, or usefulness of any information. This disclaimer applies to both isolated and aggregate uses of information. HPCNEF, is not in any way liable for the accuracy of any information printed and stored or in any way interpreted and used by a user. HPCNEF may make improvements and/or changes in the services and/or the content(s) described herein at any time.

This Community Health Assessment funded by the Florida Department of Health in Baker County and Ed Fraser Memorial Hospital has a publication date of February 29, 2024.

Executive Summary

The Florida Department of Health in Baker County, Ed Fraser Memorial Hospital, and the Health Planning Council of Northeast Florida, Inc. spearheaded an initiative to conduct a comprehensive, county-wide health needs assessment. This assessment aimed to provide primary and secondary data to educate and mobilize the Baker County community, develop priorities, garner resources, and plan actions to improve the public's health.

Healthy Baker, a group comprised of community leaders from local medical and behavioral health providers, social service agencies, civic organizations, and minority and faith-based groups, convened to (1) review the outcomes of the 2019 health needs assessment, and (2) launch the 2023 county-wide assessment of the overall health status and priority health issues facing Baker County residents.

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

Input from Baker County residents was obtained from six focus groups with diverse populations. Additionally, key stakeholder interviews provided insight into the health of Baker County residents and the availability of resources for subpopulations. Focus groups and key stakeholders identified several priority health issues. The focus groups identified key health issues: access to healthcare, mental health, transportation barriers, health education and knowledge, and community collaboration and engagement. The key stakeholder interviews identified the following as key health issues: access to

healthcare, mental health and substance use, socioeconomic factors and disparities, transportation barriers, and health education and knowledge. Secondary data indicators supported the key health issues identified in the qualitative analysis. The overall key themes from both primary and secondary data are as follows: access to healthcare, behavioral health, teen pregnancy/maternal and infant health, socioeconomic factors and disparities, and disease prevention and lifestyle behaviors.

To further narrow down these priorities to the top three focus areas, input was sought from the community through a preliminary release meeting on October 18, 2023. Invitations were sent to Healthy Baker attendees. During this preliminary results and release meeting, the current findings of the assessment were discussed. Then feedback was requested from the community: "On a scale of 1 to 5, 1 being top priority and 5 being lowest priority, please rank the 5 key health issues in order of importance to be included in the CHIP." Voting results showed that access to healthcare (health professional shortages, specialty care, transportation barriers) was the top priority, followed by disease prevention and lifestyle behaviors (health behaviors, health education and knowledge, chronic disease mortality), and behavioral health (mental health, substance use, domestic violence, child abuse/neglect).

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

Introduction

In May 2023, leaders from the Florida Department of Health in Baker County (DOH-Baker) and Ed Fraser Memorial Hospital came together to launch a countywide assessment of the overall health status and priority health issues facing Baker County residents. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) was subcontracted to guide and facilitate the process.

Several key health care and community stakeholders were invited to join the Steering Committee and to participate in the assessment by representing the needs of their clients, constituents, and communities. In all, ten community leaders contributed to the process by completing a key stakeholder interview, and 861 residents contributed to the assessment through participation in focus group discussions and completing a community survey.

The Steering Committee elected to utilize a modified ***"MAPP"*** community assessment model, as recommended by the Florida Department of Health as well as the National Association of County and City Health Officials (NACCHO). ***MAPP***, an acronym for "***M****obilizing for* ***A****ction through* ***P****lanning and* ***P****artnership*", is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county's most prevalent health concerns. This type of countywide health assessment was last completed in Baker in 2019, and it is recommended to re-occur every three to five years.

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

Baker County's population. Detailed information summarizing each of these components is included in this report.

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

This assessment is the product of a collective and collaborative effort from various dedicated health and social service providers and other invaluable community stakeholders from across all regions of Baker County. The findings from this community health assessment are recommended to guide health and social service providers in the county in their program development efforts over the next three to five years.

Methodology

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

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

EXHIBIT 1: THE MAPP MODEL

Baker County is fortunate to have long-standing, proactive leadership within its health care network who strongly value solid and collaborative relationships with other health and support service providers throughout the community. DOH-Baker and Ed Fraser Memorial Hospital maintain strong relationships with multiple local health and social services providers. DOH-Baker and Ed Fraser Memorial Hospital invited members from the ongoing Health Equity Taskforce group to act as a platform and Steering Committee for this Community Health Assessment (CHA) process.

On May 17, 2023, 23 stakeholders in Baker County gathered to kick off the CHA. In this meeting, HPCNEF staff introduced the project and highlighted the benefits and expected outcomes of the CHA process. Emphasis was placed on the *community-driven* nature of the health assessment process, meaning members of the Healthy Baker group would be charged with developing the county's health priorities and proposing strategies to address them. Members were also provided with a complete overview of the MAPP assessment process, a preliminary timeline of when each component should occur, and guidance on how they could most effectively contribute to the process.

The visioning phase of the MAPP process was started during the kickoff meeting. Stakeholders were given the following four questions, and their responses were synthesized and used to draft vision statements, which were then presented to and voted on by the Steering Committee.

- What does health mean to you?
- What characteristics, factors, and attributes are needed for a healthy Baker County?
- What does having a healthy community mean?
- What are the policies, environments, actions, and behaviors needed to support a healthy community?

The vision statement finalized by the Steering Committee was:

Empowering Baker County residents with transparent policies, strong partnerships, and accessible services, by prioritizing community engagement, accessibility, and prevention.

At the same CHA kickoff meeting, HPCNEF staff presented and discussed the proposed data obtained through the recommended ***Health Status Assessment***, the first of the four MAPP assessments. The discussion included an analysis of population demographics and socioeconomic

indicators, disease and death rates, health care utilization statistics, and access to health care indicators. The data was provided in two primary formats: (1) trend diagrams showing changes over time using 3-year rolling averages, and (2) diagrams comparing different populations. Furthermore, findings relevant to the Baker CHA were acquired from the county's most recent Behavioral Risk Factor Surveillance Survey (BRFSS) and County Health Rankings.

Wider community input was sought from May to September 2023 through the ***Community Strengths and Themes Assessment***, which included several key stakeholder interviews, community surveys, and targeted focus group discussions across the county. The key stakeholder interviews were conducted via Microsoft Teams and Zoom calls with organizations and individuals throughout Baker County chosen by DOH-Baker and Ed Fraser Memorial Hospital. Ten key stakeholder interviews were completed. A total of 822 community surveys were included in the analysis. There were six focus groups held in locations throughout the county, including Macclenny and Sanderson. Findings from the key stakeholder interviews, community surveys, and focus groups were compiled and analyzed by HPCNEF staff.

In August and September 2023, the CHIP group members completed a ***Local Public Health System Performance Assessment*** survey, utilizing guidance provided by the U.S. Centers for Disease Control and Prevention (CDC) under the National Public Health Performance Standards Program (NPHPSP). The Steering Committee members and DOH-Baker staff first reviewed the composition of the county's public health safety net to include all entities that serve the county's most vulnerable residents. HPCNEF staff then guided the Steering Committee members and DOH-Baker staff through a broad definition of each of the *10 Essential Public Health Services* from the CDC. Afterward, the members voted on the degree to which each essential service is effective throughout the county. In this way, strengths and gaps in the county's health care safety net and public health system were identified and considered throughout the remainder of the planning process.

In addition, a ***Forces of Change Assessment*** analyzed current and expected county patterns, such as recent and predicted economic conditions, changing and emerging community cultural characteristics, and policy changes or shifts affecting community and organizational capacity and resources. Several Steering Committee members participated in a group exercise to identify the *Forces of Change* at work in Baker County that could potentially impact the health of residents, both positively and negatively. The members categorized local, state, and national "forces" into three distinct categories:

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

After, the members were asked to consider trends, factors, and events in various contexts, including community, economic, educational, environmental, ethical/legal, government/political, science/technology, and social.

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

With the qualitative and quantitative data collected and analyzed from all four MAPP assessments, the next stage in the process was to identify strategic issues. During this process phase, the most important issues facing the community were ranked in an ordered list. This prioritization activity was completed using input from the community through a preliminary release meeting on October 18, 2023. In this meeting, the current findings of the four assessments were discussed. Then feedback was requested from the attendees: “On a scale of 1 to 5, 1 being top priority and 5 being lowest priority, please rank the 5 key health issues in order of importance to be included in the CHIP.” Voting narrowed down Baker County health priorities to the top three, which will be used as cornerstones for the health improvement plan.

Community Health Status Assessment

A core element of the MAPP model is the *Community Health Status Assessment*. This portion of the process comprises secondary data from a diverse array of sources. Data from this section of the report can be used to explore and understand the health needs of Baker County as a whole, as well as for specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

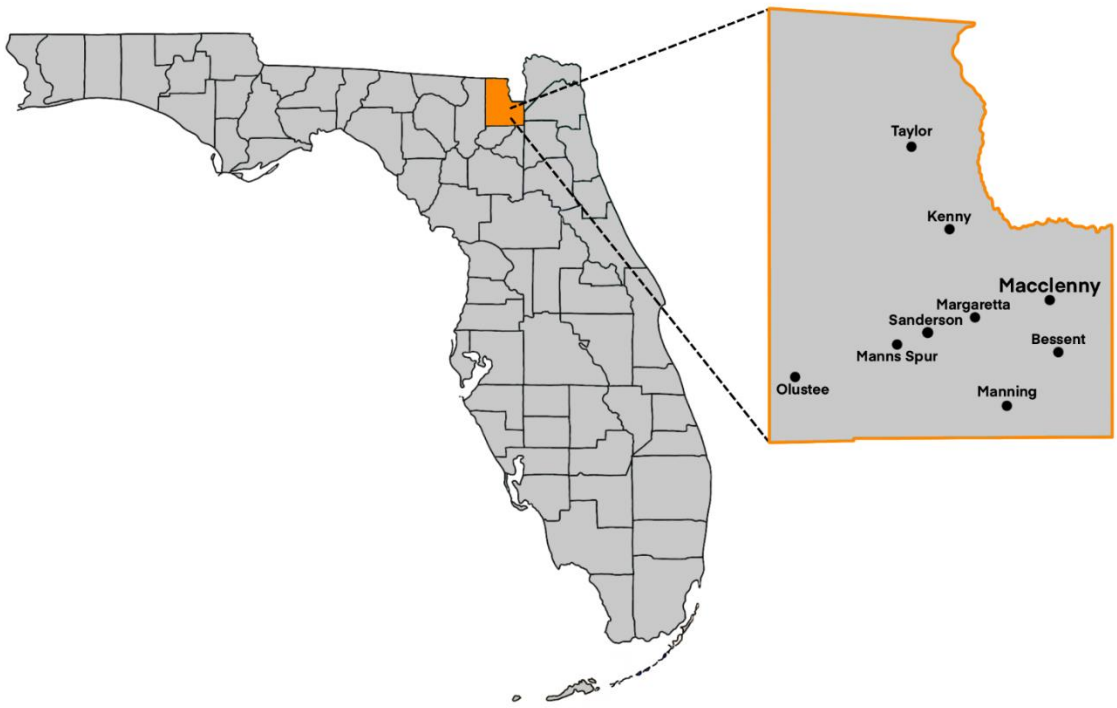
- Geography and Governance
- Population Characteristics
- Physical Environment
- Health Outcomes

Many of the data exhibits contain standardized rates for the purpose of comparing Baker County to the state of Florida as a whole. It is important to remember to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates.

Geography and Governance

Baker County was founded nearly 160 years ago. This county encompasses approximately 585 square miles of Northeast Florida immediately west of the metropolitan city of Jacksonville, 140 miles east of Florida's capital Tallahassee, and 45 miles north of the University of Florida in Gainesville. The county contains almost 4 square miles of water in its lakes and rivers and many miles of undeveloped woodlands. The Osceola National Forest covers roughly 220,000 acres of the northern part of Baker County. The five-member elected Board of County Commissioners represents the citizens of Baker County. Each elected member represents a district within the county but is elected county-wide.

EXHIBIT 2: MAP OF FLORIDA HIGHLIGHTING BAKER COUNTY

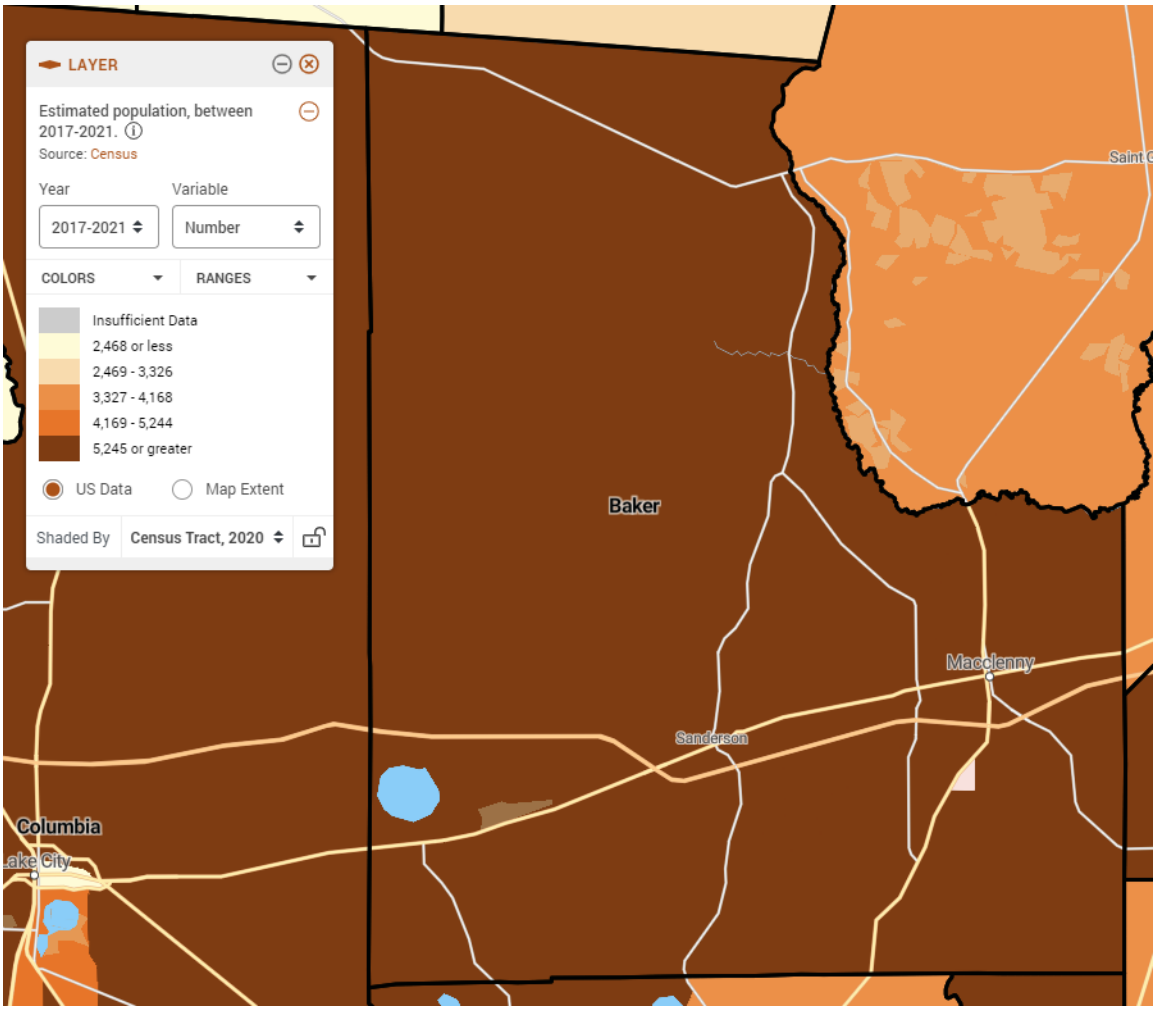


Population Characteristics

Total Population and Population Growth

Based on 2021 5-year estimates from the U.S. Census, Baker County and Florida had estimated populations of 28,003 and 21,339,762, respectively. Baker County is approximately 54% male and 46% female, while Florida is approximately 49% male and 51% female. Exhibit 3 shows the population in Baker County by census tracts.

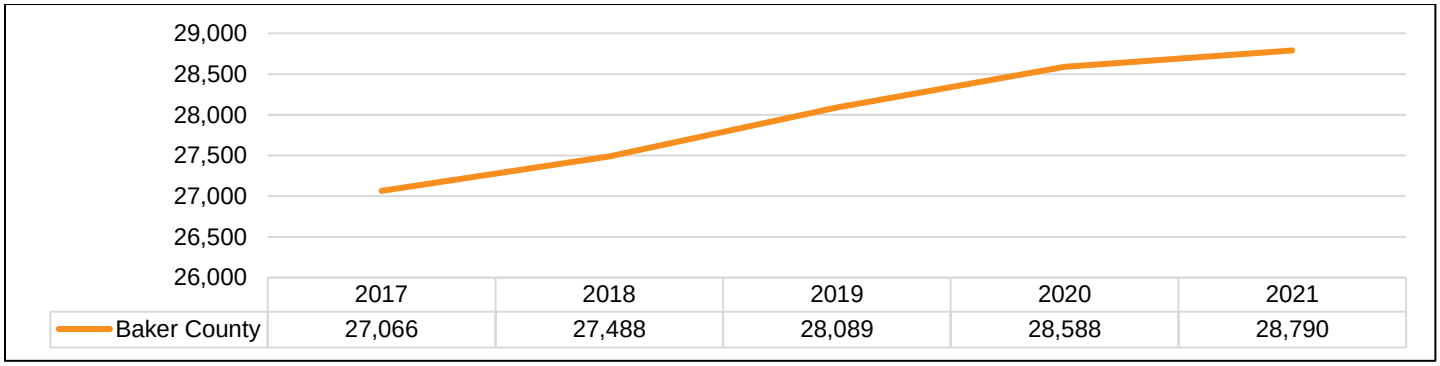
EXHIBIT 3: BAKER COUNTY TOTAL POPULATION BY CENSUS TRACTS, 2017–2021



Source: Map from Policy Map; Data from 2021 American Community Survey

Baker County's population steadily rose from 2017 to 2021 at an average annual growth rate of 1.56%. In recent years growth was seen at 1.78% from 2019 to 2020 and 0.71% from 2020 to 2021 (Exhibit 4). Exhibit 5 shows the projected population growth in Baker County up to 2027.

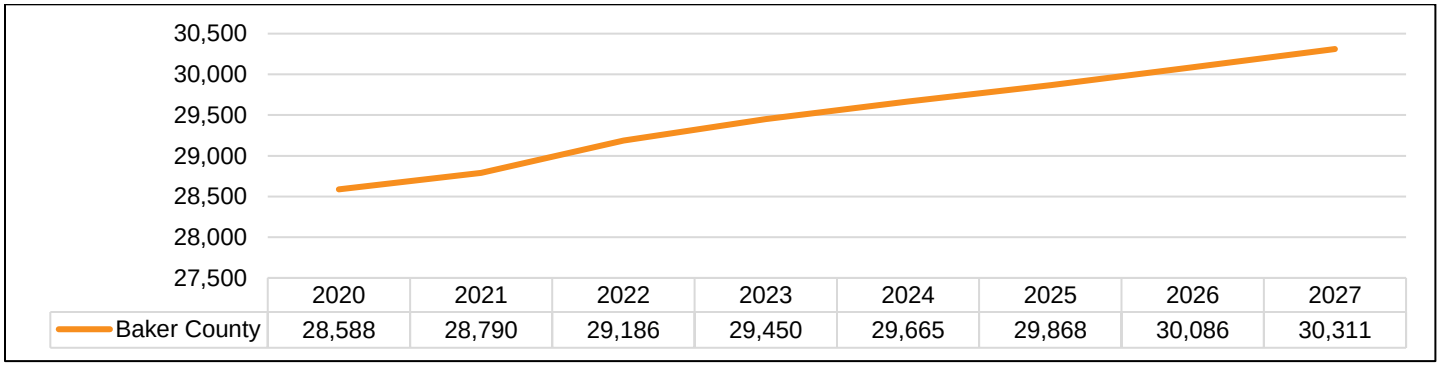
EXHIBIT 4: TOTAL POPULATION, BAKER COUNTY, 2017–2021



	2017	2018	2019	2020	2021
Baker County	27,066	27,488	28,089	28,588	28,790

Source: Florida Department of Health, FL Health Charts – Population Query System

EXHIBIT 5: PROJECTED POPULATION GROWTH IN BAKER COUNTY, 2020–2027



	2020	2021	2022	2023	2024	2025	2026	2027
Baker County	28,588	28,790	29,186	29,450	29,665	29,868	30,086	30,311

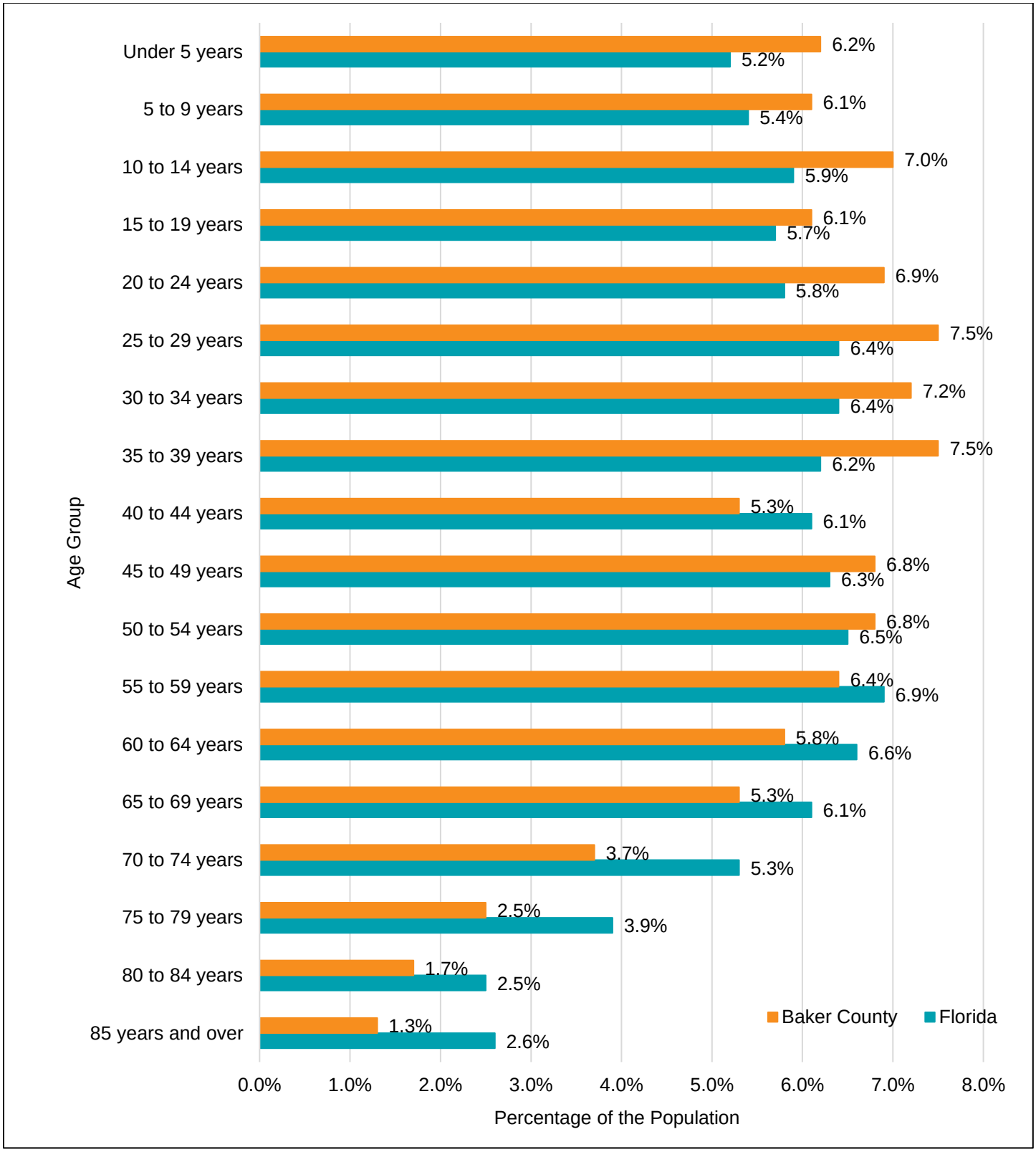
Source: Florida Department of Health, FL Health Charts – Population Query System

Age & Gender

The median age for Baker County in 2021 was 37.0 years. Florida had a slightly older median age of 42.3 years.

Exhibit 6 shows the population distributions of Baker County and Florida by age. In comparison to Florida, Baker County has a greater percentage of children and teens (age 19 and under) and a smaller percentage of older adults (age 70+). In 2021, Baker County's population was approximately 46% female and 54% male.

EXHIBIT 6: POPULATION BY AGE GROUP, BAKER COUNTY & FLORIDA, 2017–2021



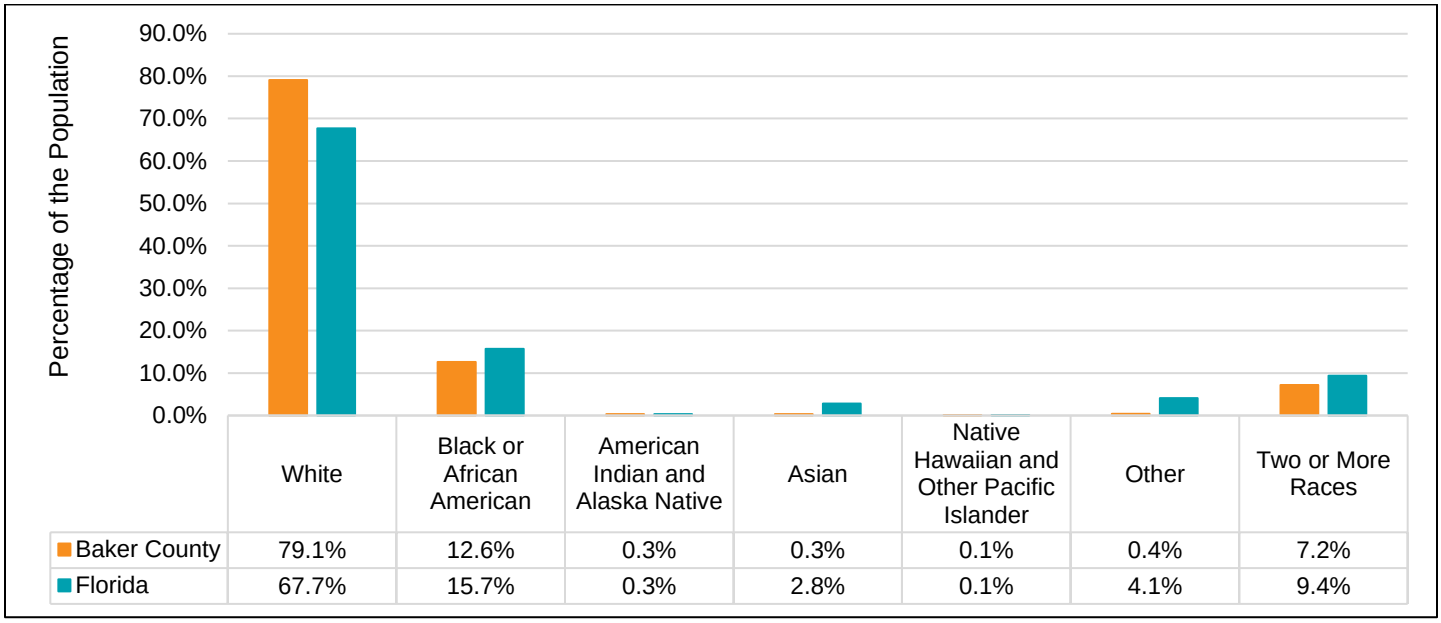
Source: 2021 American Community Survey 5-Year Estimates, Table S0101, Age and Sex

Race & Ethnicity

Baker County had a racial distribution similar to Florida's in 2021. At 79.1% the majority of the population in Baker County is White, like Florida's population. The second largest racial group is Black or African American, making up 12.6% of Baker County's population and 15.7% of Florida's population (Exhibit 7). About 7.2% of Baker County residents identify as two or more races (Exhibit

7). A much greater percentage of Florida's population (26.2%) is Hispanic or Latino compared to Baker County's population (2.9%) (Exhibit 8).

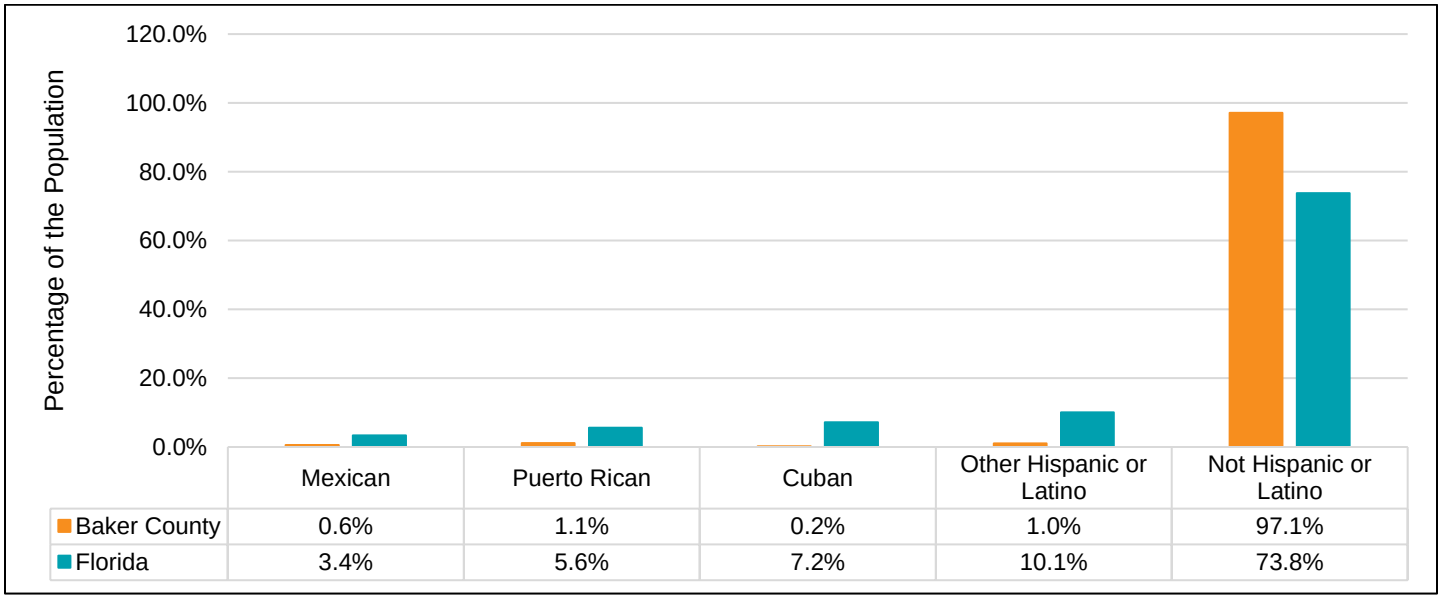
EXHIBIT 7: POPULATION BY RACE, BAKER COUNTY & FLORIDA, 2021



	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Other	Two or More Races
Baker County	79.1%	12.6%	0.3%	0.3%	0.1%	0.4%	7.2%
Florida	67.7%	15.7%	0.3%	2.8%	0.1%	4.1%	9.4%

Source: 2021 American Community Survey 5-Year Estimates, Table DP05, Demographic and Housing Estimates

EXHIBIT 8: POPULATION BY ETHNICITY, BAKER COUNTY & FLORIDA, 2017–2021

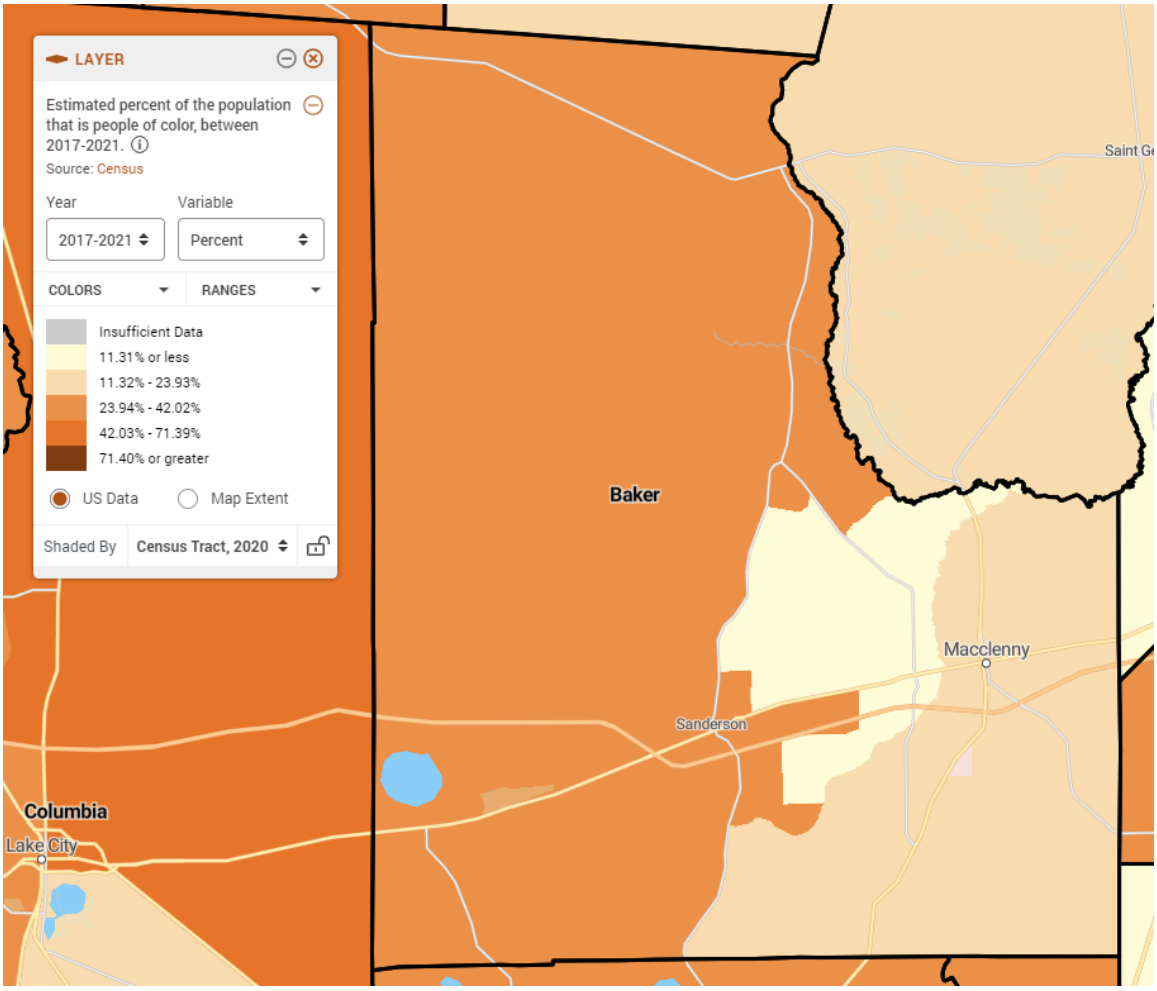


	Mexican	Puerto Rican	Cuban	Other Hispanic or Latino	Not Hispanic or Latino
Baker County	0.6%	1.1%	0.2%	1.0%	97.1%
Florida	3.4%	5.6%	7.2%	10.1%	73.8%

Source: 2021 American Community Survey 5-Year Estimates, Table DP05, Demographic and Housing Estimates

The minority population of Baker County is mostly concentrated on the west side of the county.

EXHIBIT 9: BAKER COUNTY MINORITY POPULATION (%) BY CENSUS TRACT, 2017–2021



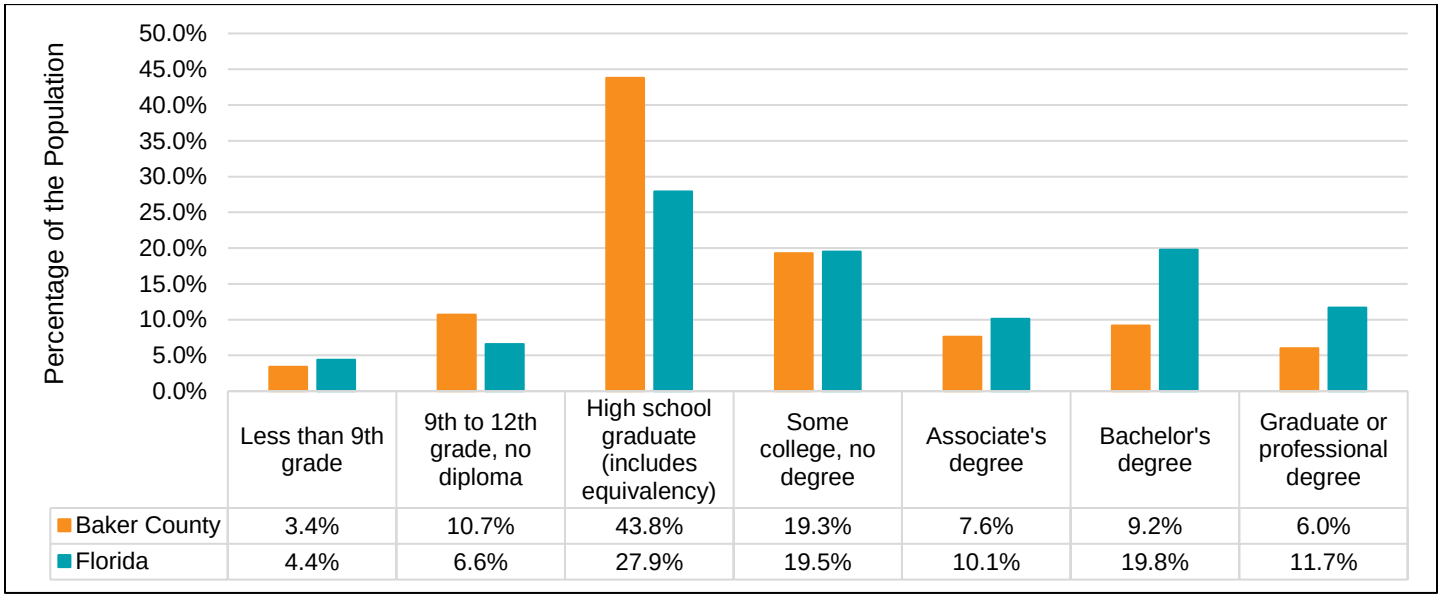
Source: Map from Policy Map; Data from 2021 American Community Survey

Educational Attainment

A higher percentage (70.7%) of Baker County's population had a high school diploma, some college, or an Associate's degree compared to Florida (57.5%) in 2021. However, a greater proportion of Florida residents (31.5%) had a Bachelor's degree or higher compared to Baker County (15.2%). A little over 14% of Baker County's population does not have a high school diploma or equivalent compared to 11% of Florida (

Exhibit 10).

EXHIBIT 10: REPORTED HIGHEST LEVEL OF EDUCATION ATTAINED, POPULATION 25 YEARS AND OVER, BAKER COUNTY & FLORIDA, 2017–2021



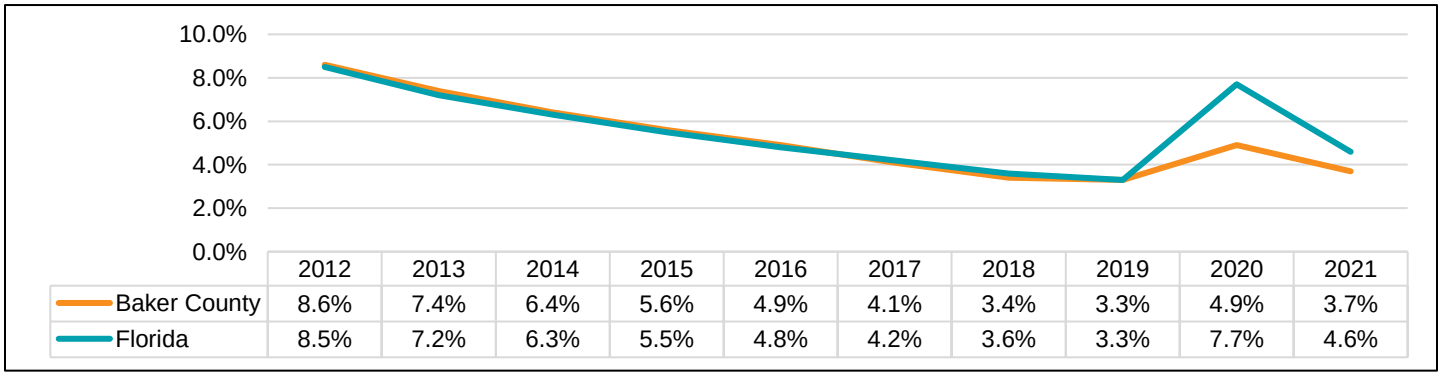
	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes equivalency)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Baker County	3.4%	10.7%	43.8%	19.3%	7.6%	9.2%	6.0%
Florida	4.4%	6.6%	27.9%	19.5%	10.1%	19.8%	11.7%

Source: 2021 American Community Survey 5-Year Estimates, Table DP02, Selected Social Characteristics in the United States

Employment

Baker County and Florida had similar unemployment rates from 2012 to 2019 for the population ages 16 years and over. However, in 2020 and 2021 Florida had a higher unemployment rate than Baker County (Exhibit 11).

EXHIBIT 11: UNEMPLOYMENT RATE, PERCENTAGE OF LABOR FORCE, BAKER COUNTY & FLORIDA, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	8.6%	7.4%	6.4%	5.6%	4.9%	4.1%	3.4%	3.3%	4.9%	3.7%
Florida	8.5%	7.2%	6.3%	5.5%	4.8%	4.2%	3.6%	3.3%	7.7%	4.6%

Source: United States Department of Labor, Bureau of Labor Statistics

In 2021, Baker County had an employed population aged 16 years and over of 12,008 people, and Florida had 10,448,290 people. Similar industries account for the majority of the employed populations in Baker County and Florida. The top industries in Baker County, accounting for 46.1% of the labor force, were:

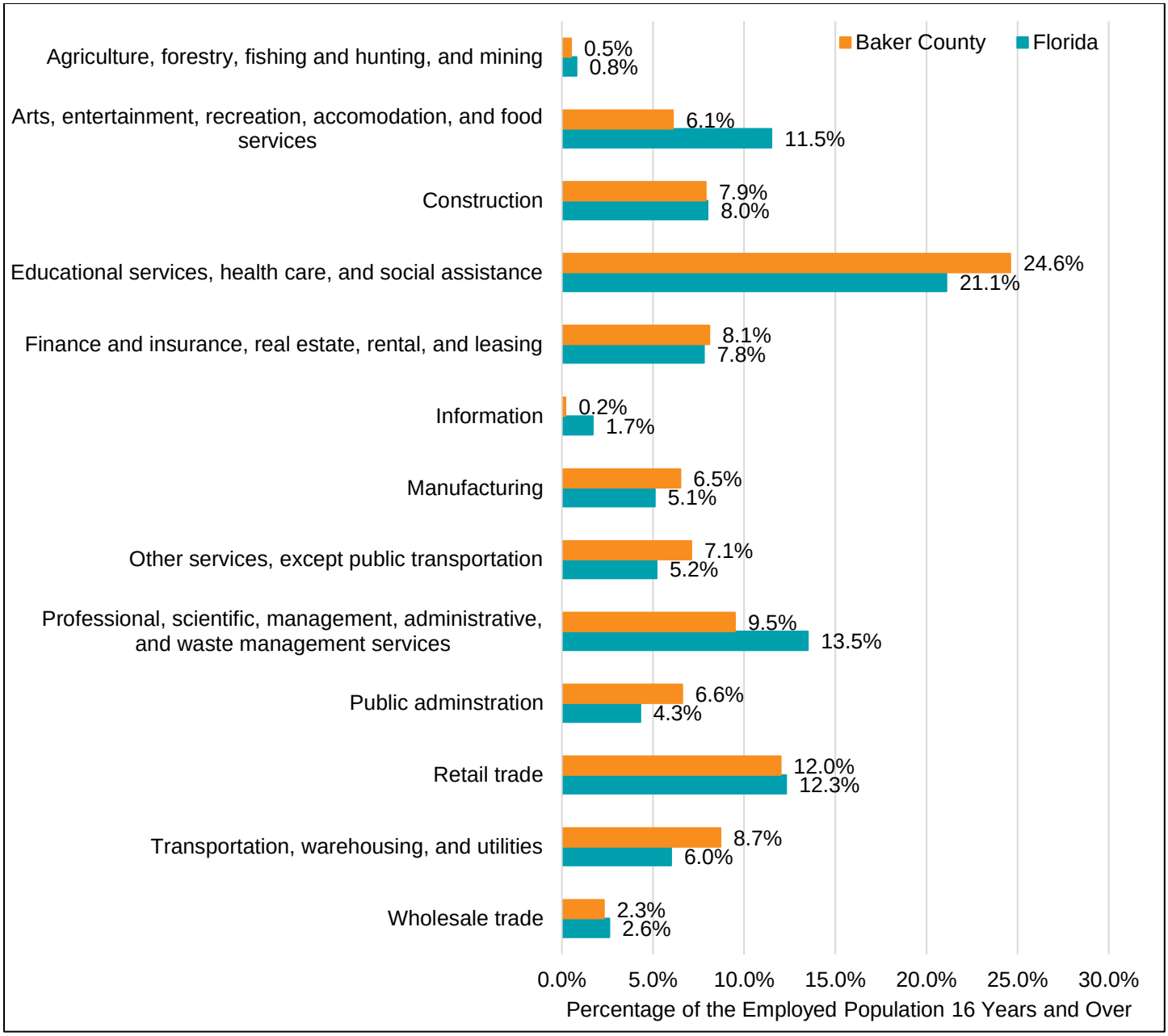
- Educational services, and health care and social assistance (24.6%)
- Retail trade (12.0%)
- Professional, scientific, management, administrative, and waste management services (9.5%)

Florida's top industry was also educational services, and health care and social assistance (21.1%) followed by:

- Professional, scientific, and management; and administrative and waste management services (13.5%)
- Retail trade (12.3%)

These three industries made up 46.9% of Florida's labor force. Exhibit 12 shows the industry breakdown for Baker County and Florida.

EXHIBIT 12: EMPLOYMENT BY INDUSTRY, BAKER COUNTY & FLORIDA, 2017–2021



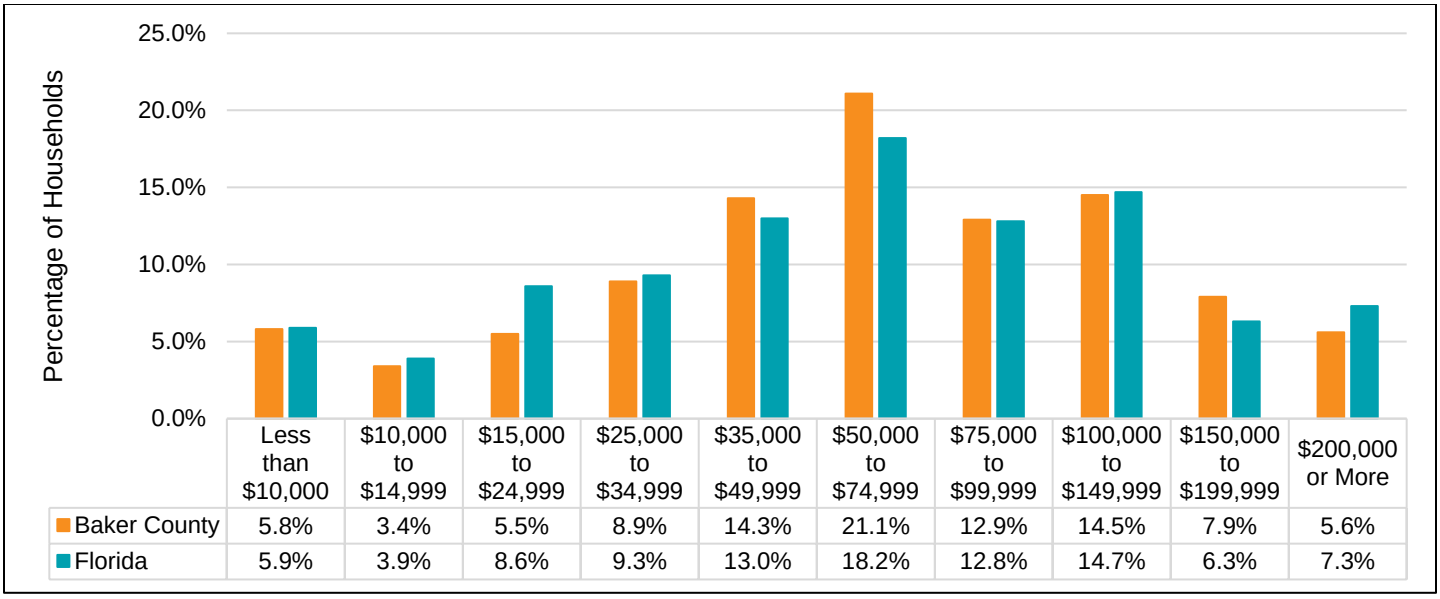
Source: 2021 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics

Income & Poverty

In 2021, the largest portion (21.1%) of Baker County households earned $50,000–$74,999 in income and benefits, and 40.9% of households earned $75,000 or more. In contrast, 18.2% of Florida households earned $50,000–$74,999 and 41.1% of households made $75,000 or more (Exhibit 13).

The median and mean household incomes in Baker County were $63,860 and $80,205, respectively, and per capita income was $25,689. The median and mean household incomes in Florida were $61,777 and $88,267. Florida's per capita income was $35,216, which was $9,527 greater than Baker County's. Exhibit 13 shows that Baker County is in the following two household median income brackets: $44,869 to $58,618 and $58,619 to $73,750. Exhibit 14 shows median household income by census tract.

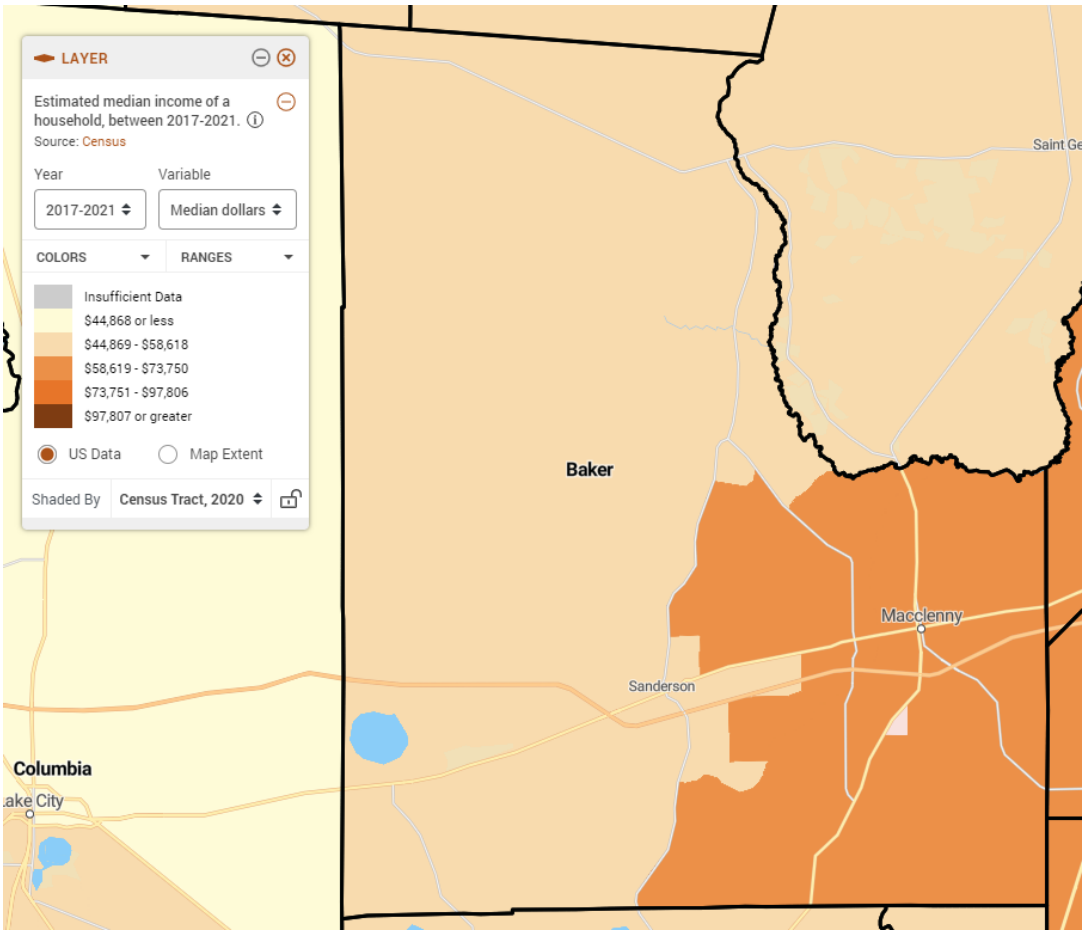
EXHIBIT 13: HOUSEHOLD INCOME/BENEFITS (2021 INFLATION-ADJUSTED DOLLARS), BAKER COUNTY & FLORIDA, 2017–2021



	Less than $10,000	$10,000 to $14,999	$15,000 to $24,999	$25,000 to $34,999	$35,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 to $199,999	$200,000 or More
Baker County	5.8%	3.4%	5.5%	8.9%	14.3%	21.1%	12.9%	14.5%	7.9%	5.6%
Florida	5.9%	3.9%	8.6%	9.3%	13.0%	18.2%	12.8%	14.7%	6.3%	7.3%

Source: 2021 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics

EXHIBIT 14: MEDIAN HOUSEHOLD INCOME BY CENSUS TRACTS, BAKER COUNTY, 2017–2021



Source: Map from Policy Map; Data from 2021 American Community Survey

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

exceeds the given threshold, then the family and all its members are not in poverty (U.S. Census Bureau, 2023). Exhibit 15 shows poverty thresholds for 2022.

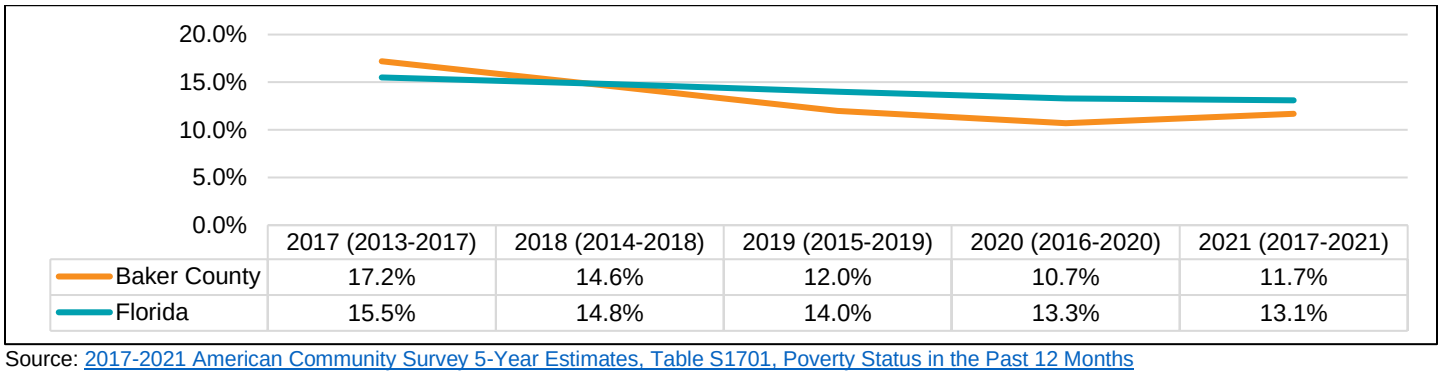
EXHIBIT 15: 2022 POVERTY THRESHOLD BY SIZE OF FAMILY AND NUMBER OF CHILDREN (IN DOLLARS)

Size of Family Unit	Weighted Average Threshold	Related Children Under 18 Years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)	14,880									
Under 65 years	15,230	15,225								
65 years and over	14,040	14,036								
Two people	18,900									
Householder under age 65	19,690	19,597	20,172							
Householder 65 and older	17,710	17,689	20,095							
Three people	23,280	22,892	23,556	23,578						
Four people	29,950	30,186	30,679	29,678	29,782					
Five people	35,510	36,402	36,932	35,801	34,926	34,391				
Six people	40,160	41,869	42,035	41,169	40,339	39,104	38,373			
Seven people	45,690	48,176	48,477	47,440	46,717	45,371	43,800	42,076		
Eight people	51,010	53,881	54,357	53,378	52,521	51,304	49,760	48,153	47,745	
Nine people or more	60,300	64,815	65,129	64,263	63,536	62,342	60,699	59,213	58,845	56,578

Source: U.S. Census Bureau Poverty Thresholds, 2022 Poverty Threshold

Because poverty status cannot be determined for people in institutional group quarters, such as prisons or nursing homes, college dormitories, military barracks, unconventional housing, or those who are not in shelters, the Bureau excludes these groups from poverty measurements. Additionally, those under the age of 15 who are not living with a family member are counted as unknown (U.S. Census Bureau, 2023). Thus, the total population from whom poverty status was determined in 2021 was 24,807 for Baker County and 20,928,219 for Florida. Of the 24,807 people analyzed in Baker County in 2021, 11.7% were in poverty, compared to 13.1% in Florida. For the population under age 18, 14.3% of Baker County youth were in poverty compared to 18.2% for Florida.

EXHIBIT 16: POPULATION FOR WHOM POVERTY STATUS IS DETERMINED, BAKER COUNTY & FLORIDA, 2017–2021



	2017 (2013-2017)	2018 (2014-2018)	2019 (2015-2019)	2020 (2016-2020)	2021 (2017-2021)
Baker County	17.2%	14.6%	12.0%	10.7%	11.7%
Florida	15.5%	14.8%	14.0%	13.3%	13.1%

Source: 2017-2021 American Community Survey 5-Year Estimates, Table S1701, Poverty Status in the Past 12 Months

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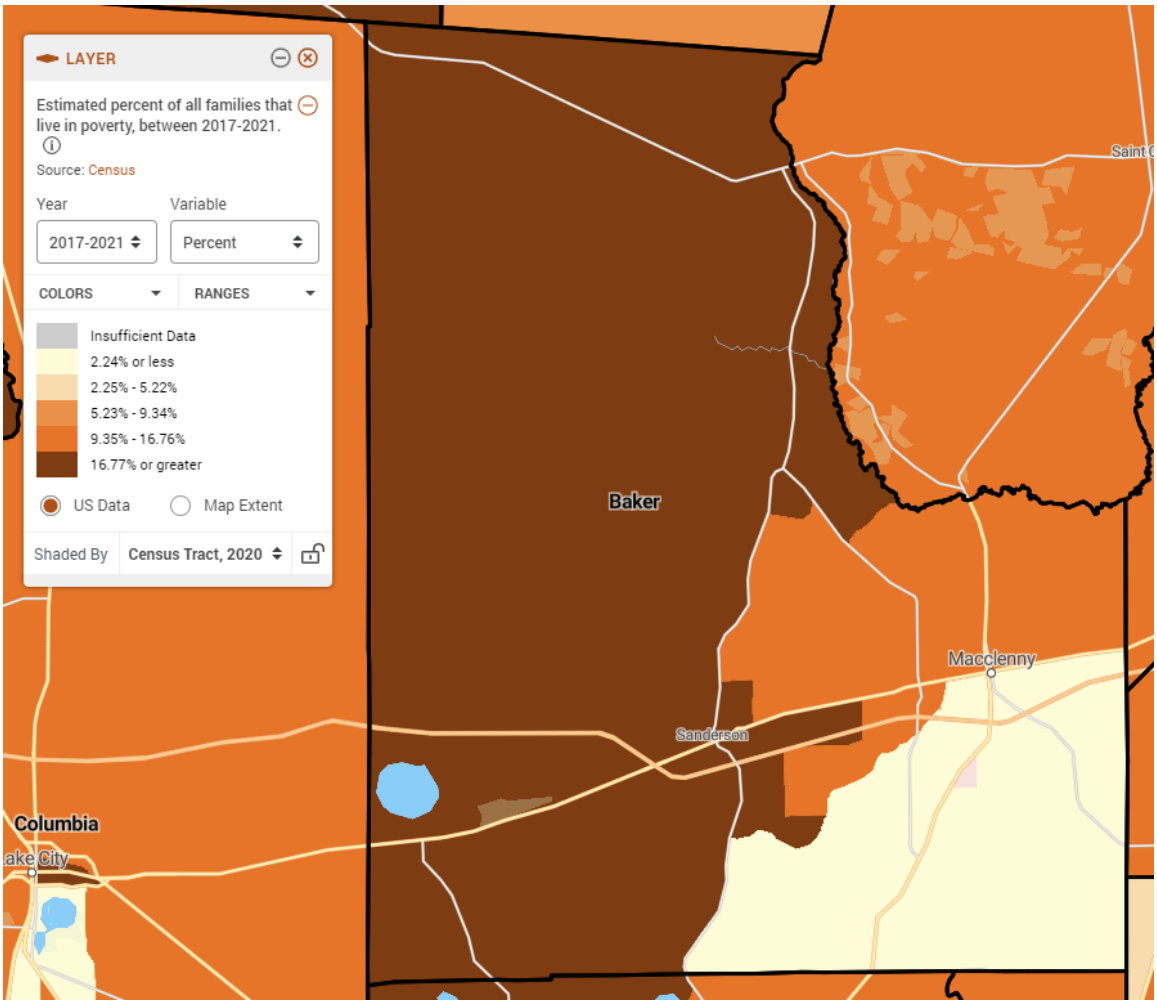
Exhibit 17 shows households below the poverty level by census tract in Baker County. The west side of the county has the highest percentage of families living in poverty.

EXHIBIT 17: HOUSEHOLDS BELOW POVERTY LEVEL (%) BY CENSUS TRACT IN BAKER COUNTY, 2017–2021



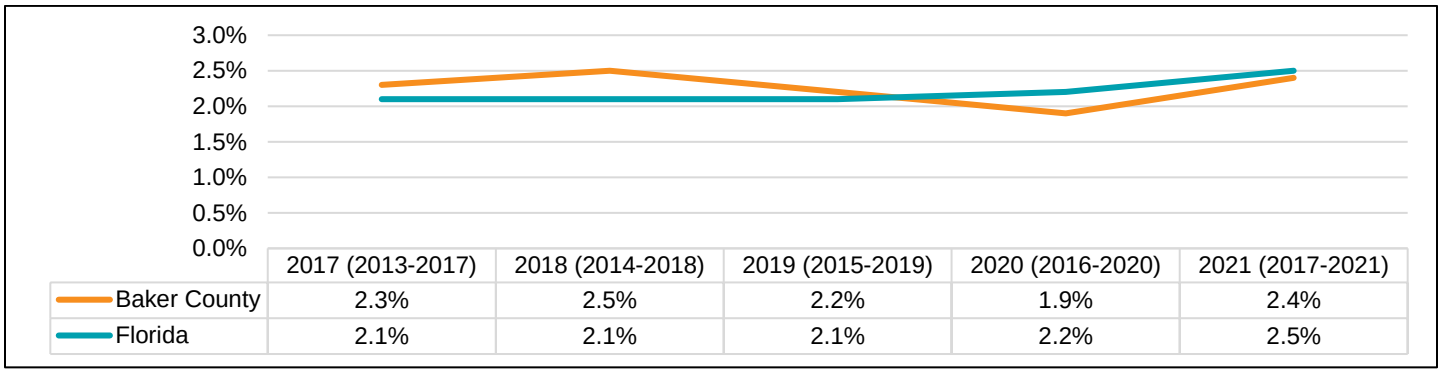
Source: Map from Policy Map; Data from 2021 American Community Survey

Public Assistance

From 2017 to 2021, about the same percentage of Baker County's population received cash public assistance in comparison to that of Florida. Both Baker County and Florida saw a slight rise in the percentage of the population receiving cash assistance during this period (

Exhibit 18).

EXHIBIT 18: HOUSEHOLDS RECEIVING CASH PUBLIC ASSISTANCE INCOME, BAKER COUNTY & FLORIDA, 2017–2021

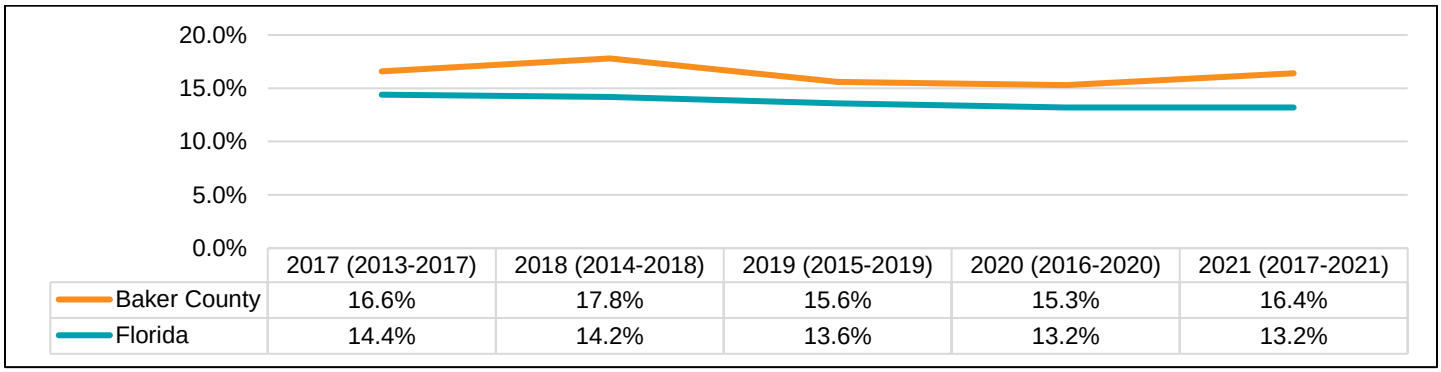


	2017 (2013-2017)	2018 (2014-2018)	2019 (2015-2019)	2020 (2016-2020)	2021 (2017-2021)
Baker County	2.3%	2.5%	2.2%	1.9%	2.4%
Florida	2.1%	2.1%	2.1%	2.2%	2.5%

Source: 2017-2021 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics

From 2017 to 2021, a larger portion of Baker County's population received food assistance benefits in comparison to Florida's population. Both Baker County and Florida experienced a slight decrease in the receipt of food assistance benefits during this period (Exhibit 19).

EXHIBIT 19: HOUSEHOLDS RECEIVING FOOD STAMP/SNAP BENEFITS IN THE PAST 12 MONTHS, BAKER COUNTY & FLORIDA, 2017–2021



	2017 (2013-2017)	2018 (2014-2018)	2019 (2015-2019)	2020 (2016-2020)	2021 (2017-2021)
Baker County	16.6%	17.8%	15.6%	15.3%	16.4%
Florida	14.4%	14.2%	13.6%	13.2%	13.2%

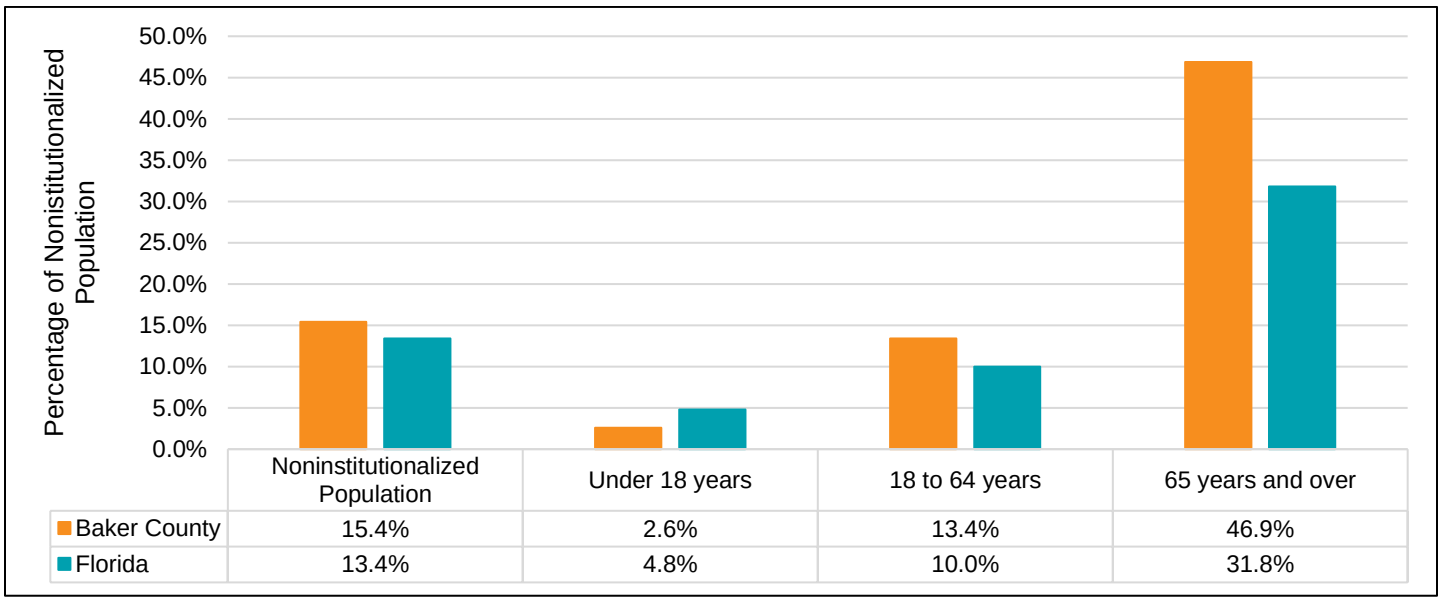
Source: 2017-2021 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics

Disability

Disabilities can be defined as "any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)" (CDC, 2020b). Disabilities can make it difficult for a person to do daily activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. Disabilities may also impede a person from being able to go outside the home alone or to work at a job or business. The percentage of children under 18 with a disability was lower in Baker County (2.6%) than in Florida (4.8%) in 2021. About 47% of Baker residents who are 65 or older have a disability, which is over 15 percentage points higher than Florida (

Exhibit 20).

EXHIBIT 20: DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION, BAKER COUNTY & FLORIDA, 2017–2021



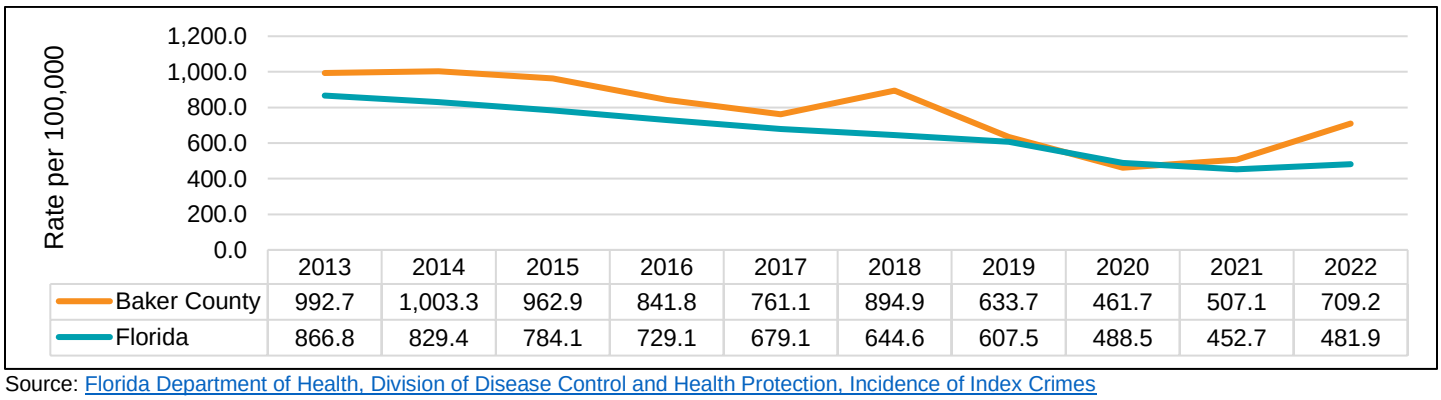
	Noninstitutionalized Population	Under 18 years	18 to 64 years	65 years and over
Baker County	15.4%	2.6%	13.4%	46.9%
Florida	13.4%	4.8%	10.0%	31.8%

Source: 2021 American Community Survey 5-Year Estimates, Table DP02, Selected Social Characteristics in the United States

Crime

Index crimes—comprising aggravated assault, burglary, larceny, motor vehicle theft, murder, robbery, and sexual offenses—track the number of offenses reported to law enforcement and not the arrests for the given crimes. From 2013 to 2022, Baker County index crimes decreased by 28.6%. By comparison, index crimes in Florida decreased by 44.4% during the same period (Exhibit 21).

EXHIBIT 21:INCIDENCE OF INDEX CRIMES, BAKER COUNTY AND FLORIDA, 2013–2022



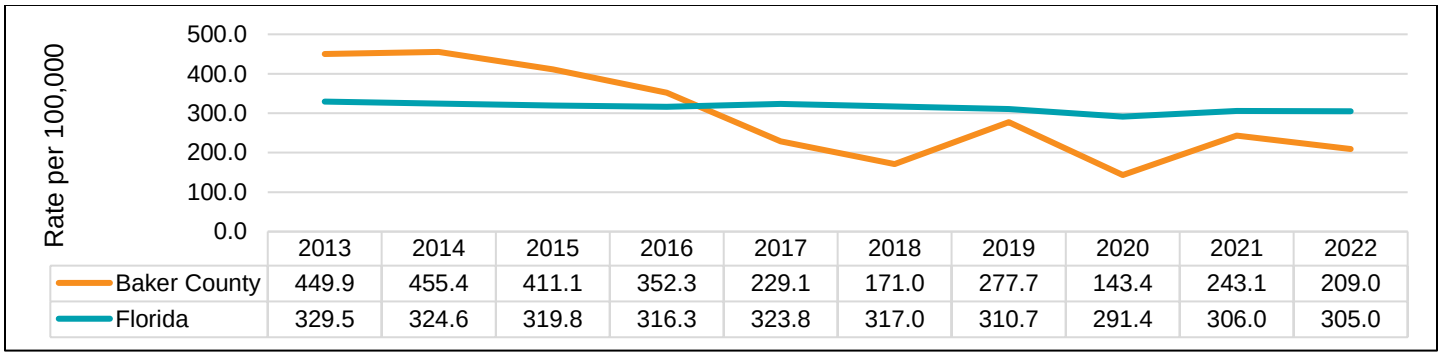
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	992.7	1,003.3	962.9	841.8	761.1	894.9	633.7	461.7	507.1	709.2
Florida	866.8	829.4	784.1	729.1	679.1	644.6	607.5	488.5	452.7	481.9

Source: Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Index Crimes

Baker County had a higher incidence of domestic violence offenses than Florida from 2013 to 2016, and a lower incidence of domestic violence offenses from 2017 to 2022. The incidence of domestic violence offenses in Baker County decreased by almost 54% from 2013 to 2022, compared to a 7.4% decrease in Florida during the same period (

Exhibit 22).

EXHIBIT 22: INCIDENCE OF DOMESTIC VIOLENCE OFFENSES, BAKER COUNTY AND FLORIDA, 2013–2022

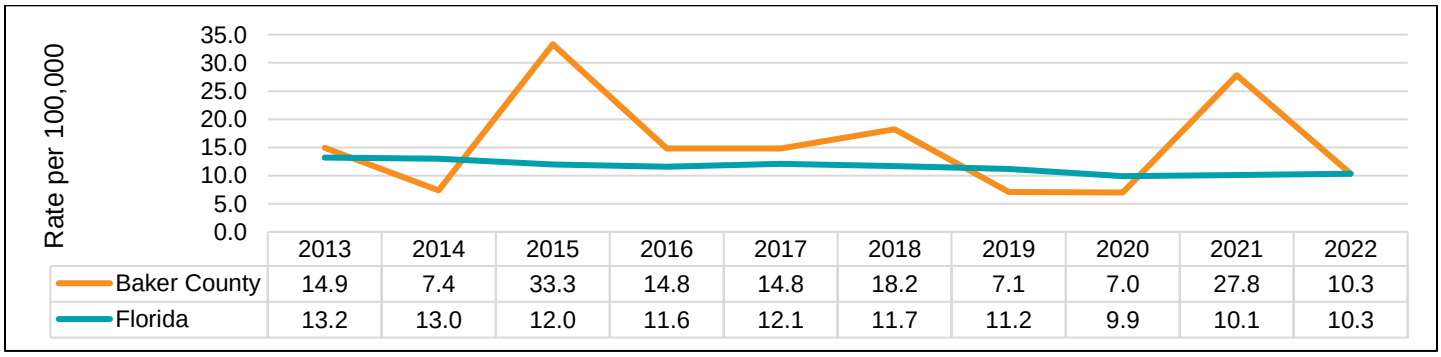


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	449.9	455.4	411.1	352.3	229.1	171.0	277.7	143.4	243.1	209.0
Florida	329.5	324.6	319.8	316.3	323.8	317.0	310.7	291.4	306.0	305.0

Source: Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Domestic Violence Offenses

Forcible sex offenses are any sexual act or attempt involving force, regardless of the age of the victim or the relationship of the victim to the offender. The incidence of forcible sex offenses in Baker County fluctuated from 2013 to 2022, but ultimately decreased by 30.9%. Florida experienced an overall decrease of about 22% from 2013 to 2022 (Exhibit 23).

EXHIBIT 23: INCIDENCE OF FORCIBLE SEX OFFENSES, BAKER COUNTY AND FLORIDA, 2013–2022

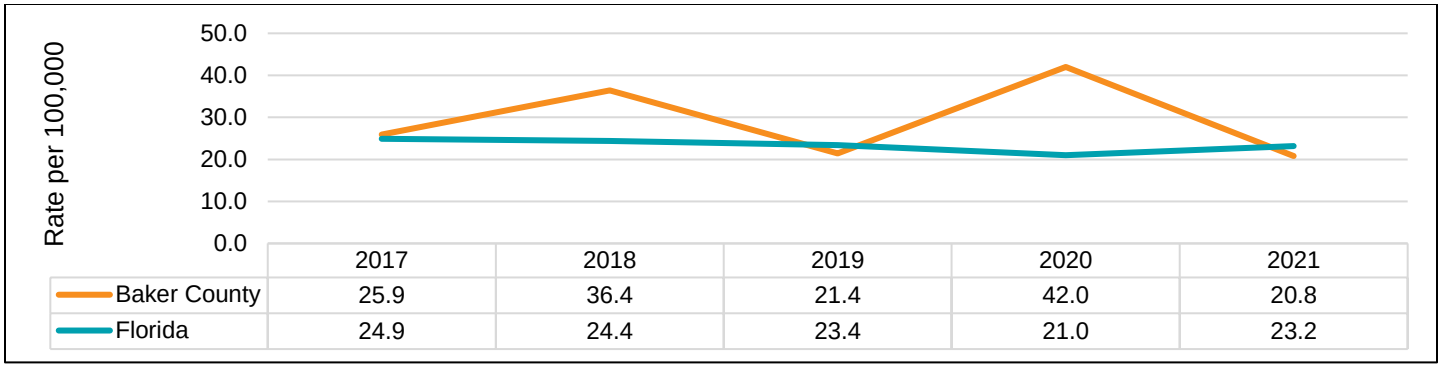


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	14.9	7.4	33.3	14.8	14.8	18.2	7.1	7.0	27.8	10.3
Florida	13.2	13.0	12.0	11.6	12.1	11.7	11.2	9.9	10.1	10.3

Source: Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Forcible Sex Offenses

Alcohol-suspected motor vehicle traffic crashes in Baker County fluctuated from 2017 to 2021, but ultimately decreased by 19.7%. Florida experienced a 6.8% decrease in incidence from 2017 to 2021 (Exhibit 24).

EXHIBIT 24: INCIDENCE OF ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, BAKER COUNTY AND FLORIDA, 2017–2021



	2017	2018	2019	2020	2021
Baker County	25.9	36.4	21.4	42.0	20.8
Florida	24.9	24.4	23.4	21.0	23.2

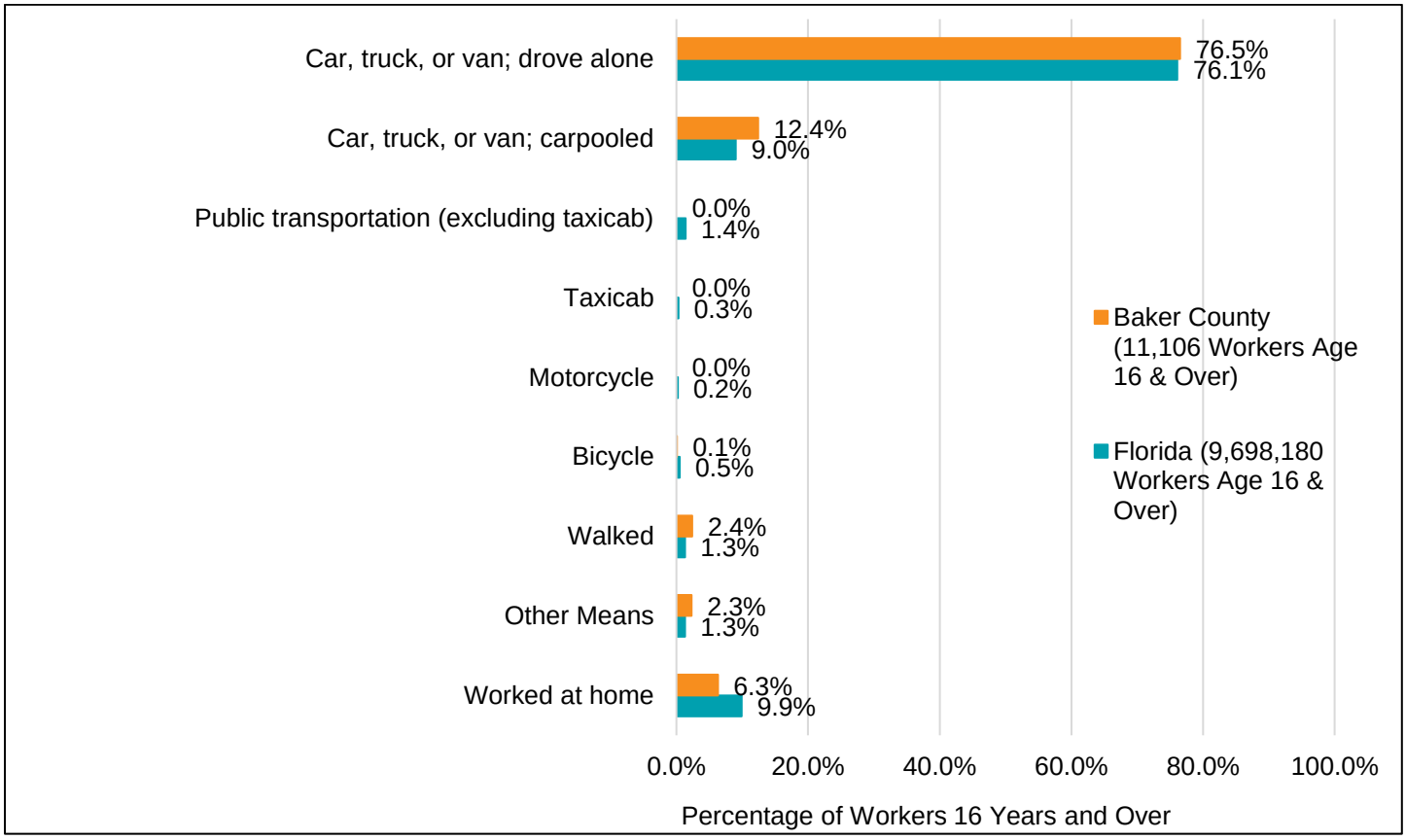
Source: Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Alcohol-Confirmed Motor Vehicle Traffic Crashes

Physical Environment

Transportation

Baker County and Florida residents used similar means of commuting to work from 2017 to 2021. The majority of residents traveled by car, truck, or van. Of the 11,106 workers in Baker County, 76.5% drove alone compared to 76.1% of the 9,698,180 workers in Florida. 12.4% of workers carpooled in Baker County, compared to 9.0% in Florida. In Baker County, 2.5% of workers walked or biked during their commute, compared to 1.9% of workers across Florida. Roughly 0% of Baker County residents used public transportation compared to 1.4% of Florida residents (Exhibit 25).

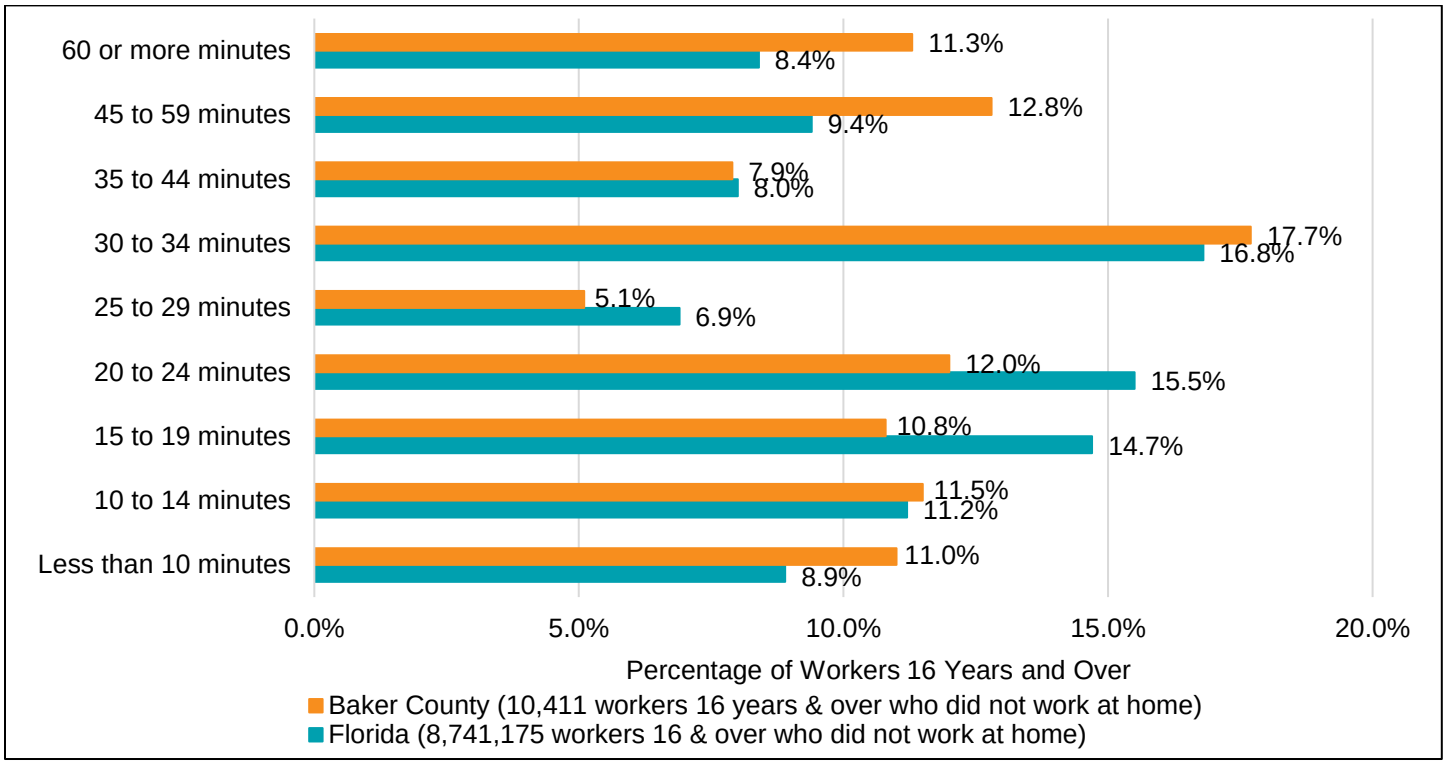
EXHIBIT 25: MEANS OF TRANSPORTATION TO WORK, WORKERS 16 AND OVER WHO DID NOT WORK AT HOME, BAKER COUNTY & FLORIDA, 2017–2021



Source: 2017-2021 American Community Survey 5-Year Estimates, Table B08301, Means of Transportation to Work

Baker County workers tended to have longer travel times to work than Florida workers from 2017 to 2021. In Baker County, 33.3% of workers over the age of 16 spent less than 20 minutes commuting, compared to 34.8% in Florida. About 32.0% of Baker workers had commutes of 35+ minutes, in comparison to only 25.8% of Floridians (Exhibit 26).

EXHIBIT 26: TRAVEL TIME TO WORK, WORKERS 16 AND OVER, BAKER COUNTY & FLORIDA, 2017–2021

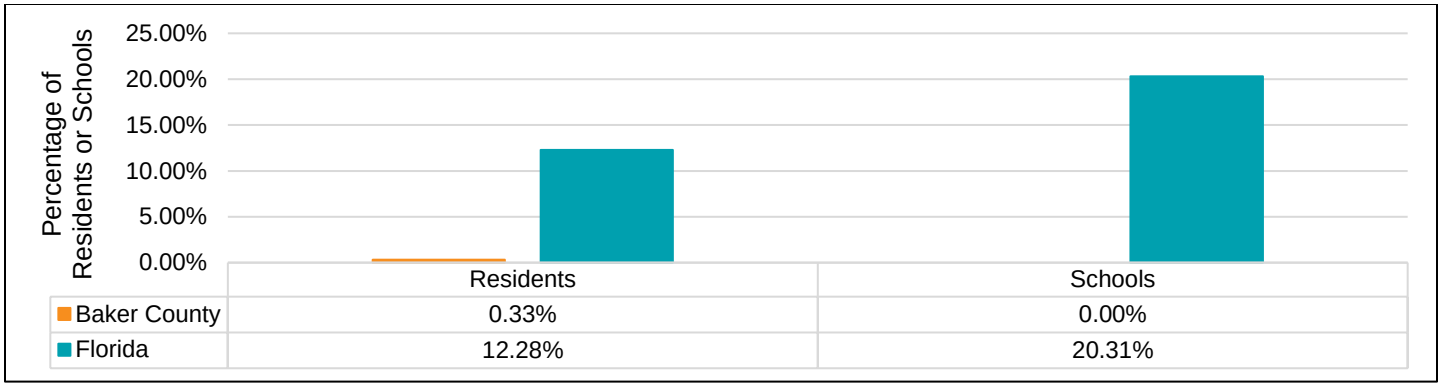


Source: 2017-2021 American Community Survey 5-Year Estimates, Table B08134, Means of Transportation to Work by Travel Time to Work

Proximity to Hazards and Resources

Studies show that disadvantaged populations experience higher exposure to traffic-related air pollution than those with greater means (Boehmer et al., 2013). In 2021, 0.33% of Baker County residents lived within 500 feet of a busy road compared to 12.28% of Floridians. Baker County has zero schools within 500 feet of a busy road while Florida has 20.31% (Exhibit 27).

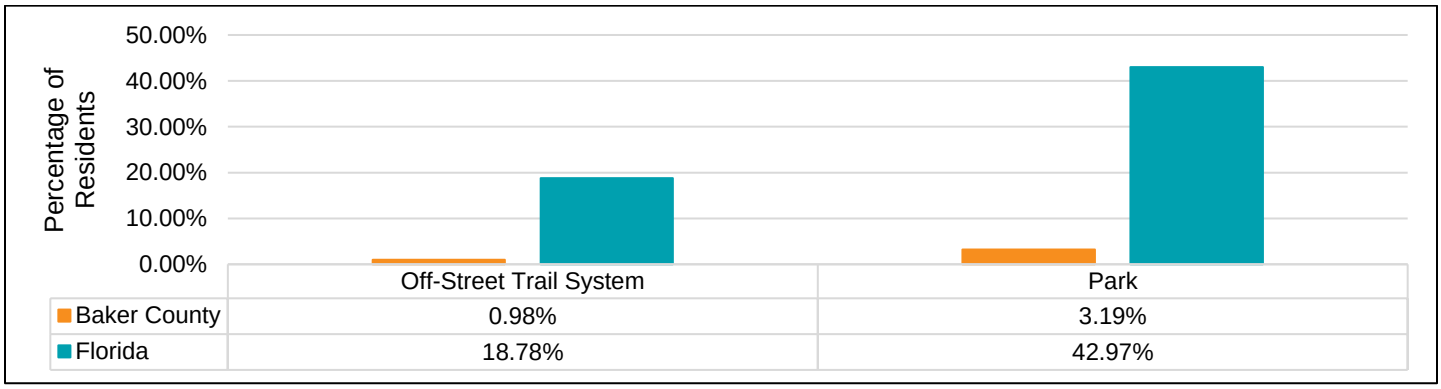
EXHIBIT 27: RESIDENTS AND SCHOOLS WITHIN 500 FEET OF A BUSY ROAD, BAKER COUNTY & FLORIDA, 2021



Source: FDOH Environmental Public Health Tracking

In 2022, 0.98% of Baker County residents lived within a half mile of an off-street trail system, compared to 18.78% of Floridians. Only 3.19% of Baker residents lived within a half mile of a park, compared to 42.97% in Florida (Exhibit 28).

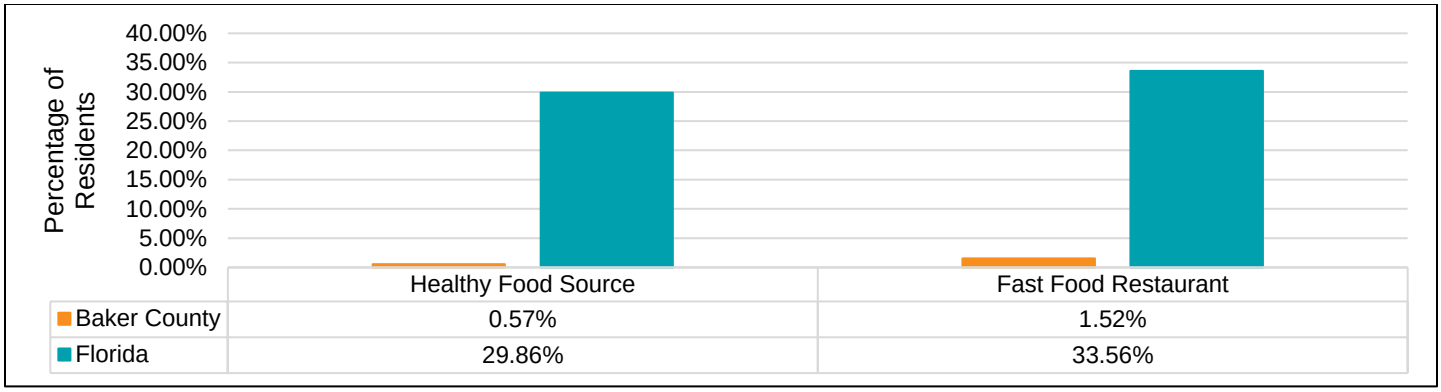
EXHIBIT 28: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF AN OFF-STREET TRAIL OR PARK, BAKER COUNTY & FLORIDA, 2022



Source: FDOH Environmental Public Health Tracking

Exhibit 29 shows the percentage of residents living within a ten-minute walk of a healthy food source or a fast-food restaurant. In 2022, only 0.57% of Baker County residents lived within a half-mile, or a ten-minute walk, of a healthy food source compared to 29.86% of Floridians. A healthy food source is defined as grocery stores, supermarkets, and registered produce stands where residents have access to a variety of foods including fresh fruits and vegetables. In 2022, 1.52% of Baker residents lived within a half mile of a fast-food restaurant compared to 33.56% in Florida. Fast food restaurants are defined as inexpensive and convenient food options with high caloric content.

EXHIBIT 29: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF A HEALTHY FOOD SOURCE OR FAST-FOOD RESTAURANT, BAKER COUNTY & FLORIDA, 2022

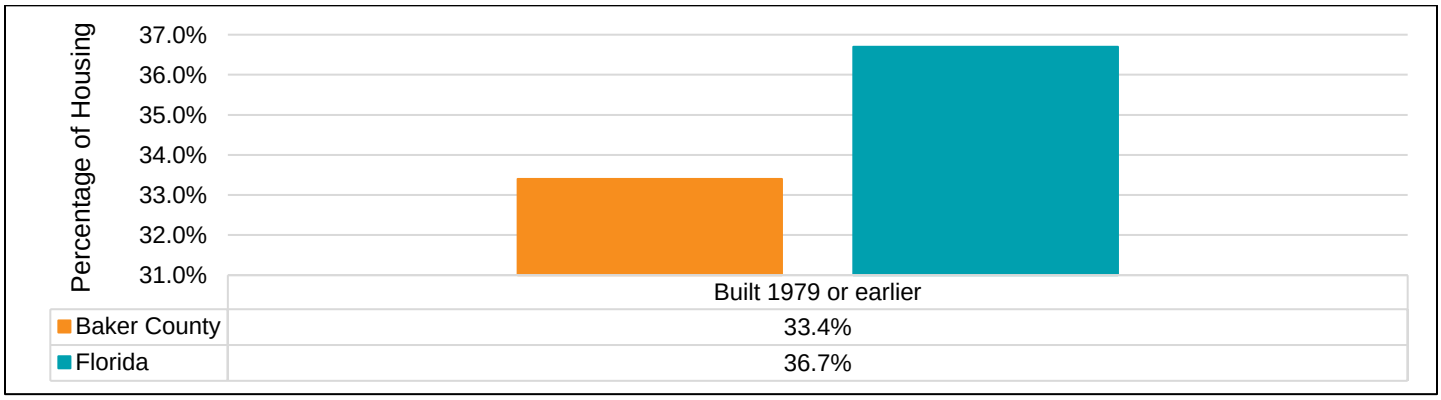


Source: FDOH Environmental Public Health Tracking

Housing Conditions

Housing is an important social determinant of health because people spend a great portion of time inside their homes. Homes built before 1978 are more likely to have issues such as lead, mold, and a lack of smoke and carbon monoxide detectors, all of which pose serious risks to health. During 2017–2021, the estimated total housing units in Baker County and Florida were 9,772 and 9,764,897, respectively. Of these units, 33.4% (Baker) and 36.7% (Florida) were built in 1979 or earlier (Exhibit 30).

EXHIBIT 30: HOUSING UNITS BUILT 1979 OR EARLIER, BAKER COUNTY & FLORIDA, 2017–2021

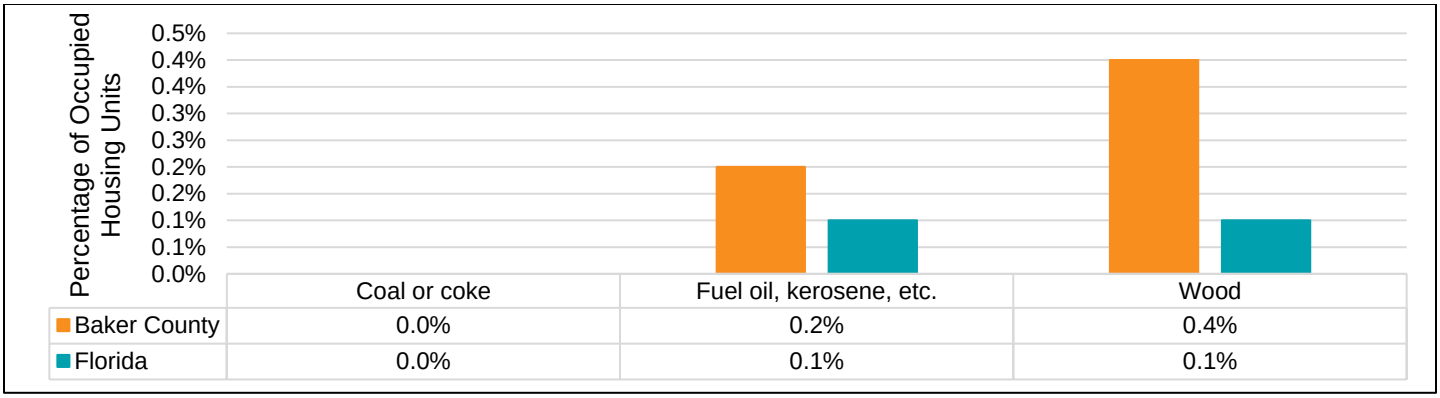


Source: 2021 American Community Survey 5-Year Estimates, Table DP04, Selected Housing Characteristics

Heating Fuel

Few occupied homes use heating fuel other than electricity or gas in Baker County and Florida. In Baker County, 0% used coal or coke (0 households); 0.2% (20 households) used fuel oil, kerosene, etc.; and 0.4% (36 households) used wood. In Florida, by comparison, 0% of heating fuel was coal or coke; 0.1% fuel oil, kerosene, etc.; and 0.1% wood (Exhibit 31).

EXHIBIT 31: HOUSING HEATING FUEL, BAKER COUNTY & FLORIDA, 2017–2021



	Coal or coke	Fuel oil, kerosene, etc.	Wood
Baker County	0.0%	0.2%	0.4%
Florida	0.0%	0.1%	0.1%

Source: 2021 American Community Survey 5-Year Estimates, Table DP04, Selected Housing Characteristics

Health Outcomes

County Health Rankings

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

The report ranks Florida counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental (County Health Rankings & Roadmaps, n.d.-b).

In 2023, Baker County ranked 45th out of 67 Florida counties in health outcomes, which reflects length of life and quality of life, and 37th out of 67 counties in health factors. There were significant differences when examining the individual rankings for each of the four topics considered for the health factors score. Health factors include health behaviors (ranked 53rd out of 67 counties), clinical care (ranked 36th), social and economic factors (ranked 24th), and physical environment (ranked 8th). Exhibit 32 lists the four topics, along with the types of indicators included within each and the corresponding ranking for Baker County. The table also shows whether Baker County's 2023 rank improved or worsened from 2022.

EXHIBIT 32: BAKER COUNTY HEALTH RANKINGS, 2023

Health Outcomes (45th) ↑	**Length of Life: 42nd out of 67 →**			
	Quality of Life: 48th out of 67 →			
Health Factors (37th) ↓	**Health Behaviors**	**Clinical Care**	**Socioeconomic**	**Physical Environment**
	Tobacco Use Diet & Exercise	Access to Care Quality of Care	Education Employment	Air & Water Quality Built Environment

	Alcohol & Drug Use Sexual Activity		Income Family & Social Support Community Safety	
	Baker Rank: 53rd ↓	**Baker Rank: 36th ↑**	**Baker Rank: 24th ↓**	**Baker Rank: 8th ↑**

Source: County Health Rankings, 2023, Robert Wood Johnson Foundation
Note: ↑ means rank improved from previous year; ↓ means rank declined from previous year; → means rank stayed the same from previous year

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections by bacteria, viruses, or parasites transmitted through sexual contact. They have a devastating impact on women and infants, especially due to their inter-relationship with HIV/AIDS. Besides increasing the risk of getting and transmitting HIV, STDs can also produce long-term health problems. These include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infection in infants born to infected mothers (NAID, 2015).

Chlamydia

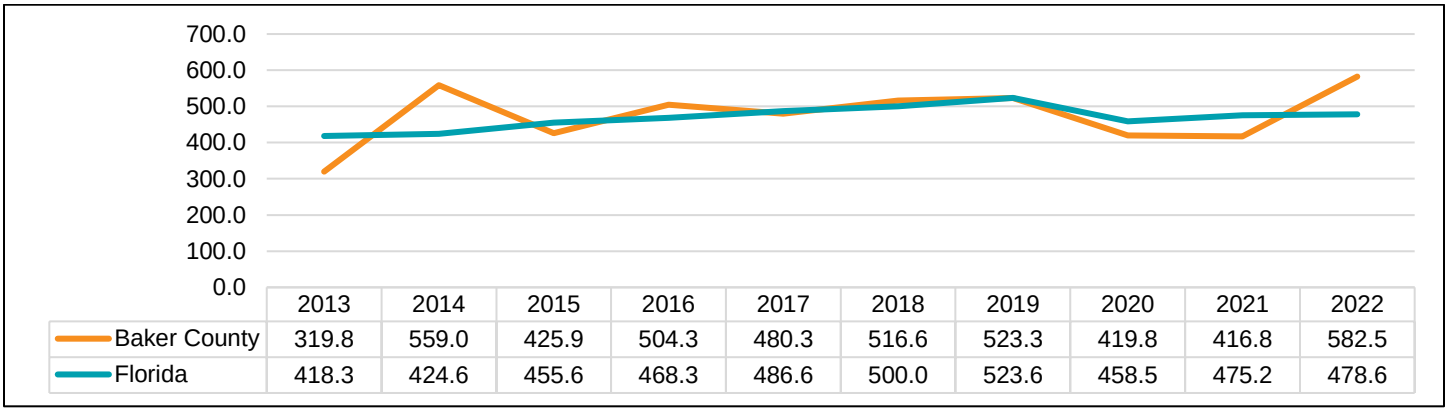
Chlamydia is a common STD that is caused by transmission of the *Chlamydia trachomatis* bacterium through sexual contact with the penis, vagina, mouth, or anus of an infected partner without the need for ejaculation. Chlamydia can also spread from an untreated mother to her baby during childbirth, causing health problems for exposed infants. Any sexually active person can be infected with chlamydia, but at increased risk are men who have sex with men and young people due to a combination of behavioral, biological, and cultural reasons. Reinfection can also occur in those who received treatment for an earlier infection (CDC, 2022a).

Chlamydia is known as a “silent” infection because many infected people do not show symptoms. The bacteria may cause discharge, bleeding, inflammation of the urethra, painful or difficult urination, and urinary frequency. In women, the infection can spread from the cervix to the upper reproductive tract causing pelvic inflammatory disease (PID). PID can permanently damage the fallopian tubes and

uterus, causing chronic pain, infertility, and potentially life-threatening complications during pregnancy (CDC, 2022a).

In Baker County and Florida, chlamydia incidence rates, the rate of new infections, increased from 2013 to 2022. Baker County's rate was 1.8 times higher in 2022 from 2013 and Florida's rate was 1.1 times higher in 2022 from 2013 (Exhibit 33).

EXHIBIT 33: INCIDENCE OF CHLAMYDIA, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	319.8	559.0	425.9	504.3	480.3	516.6	523.3	419.8	416.8	582.5
Florida	418.3	424.6	455.6	468.3	486.6	500.0	523.6	458.5	475.2	478.6

Source: Florida Department of Health, Bureau of Communicable Diseases, Cases of Chlamydia

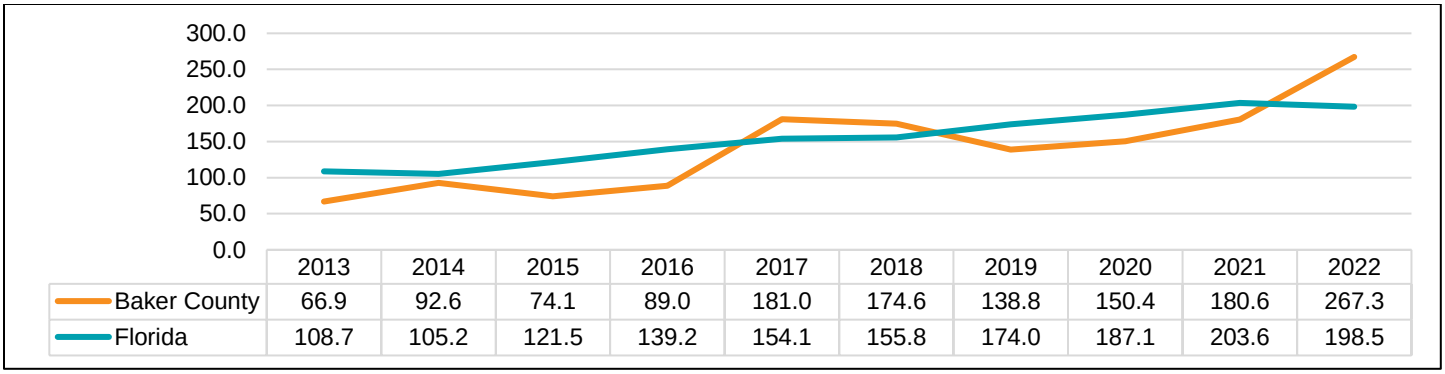
Gonorrhea

Gonorrhea is a common STD, caused by *Neisseria gonorrhoeae* bacteria, transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected person without the need for ejaculation. An infected pregnant woman can also spread the bacteria to her baby during delivery, potentially causing blindness, joint infection, or a life-threatening blood infection in the baby. While anyone who is sexually active can be infected, the highest gonorrhea rates are among teens, young adults, and African Americans. Reinfection can also occur in those who received treatment for an earlier infection (CDC, 2023e).

Most infected people do not experience symptoms. Symptoms in women include painful or difficult urination, increased vaginal discharge, or vaginal bleeding between periods. Serious complications occur when gonorrhea spreads into the uterus or fallopian tubes and causes PID, as seen in chlamydia. Men with urethral infection present with painful or difficult urination or a white, yellow, or green discharge (CDC, 2023e).

From 2013 to 2022, Baker County's gonorrhea incidence rate, the rate of new cases, quadrupled while Florida's rate nearly doubled (Exhibit 34).

EXHIBIT 34: INCIDENCE OF GONORRHEA, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	66.9	92.6	74.1	89.0	181.0	174.6	138.8	150.4	180.6	267.3
Florida	108.7	105.2	121.5	139.2	154.1	155.8	174.0	187.1	203.6	198.5

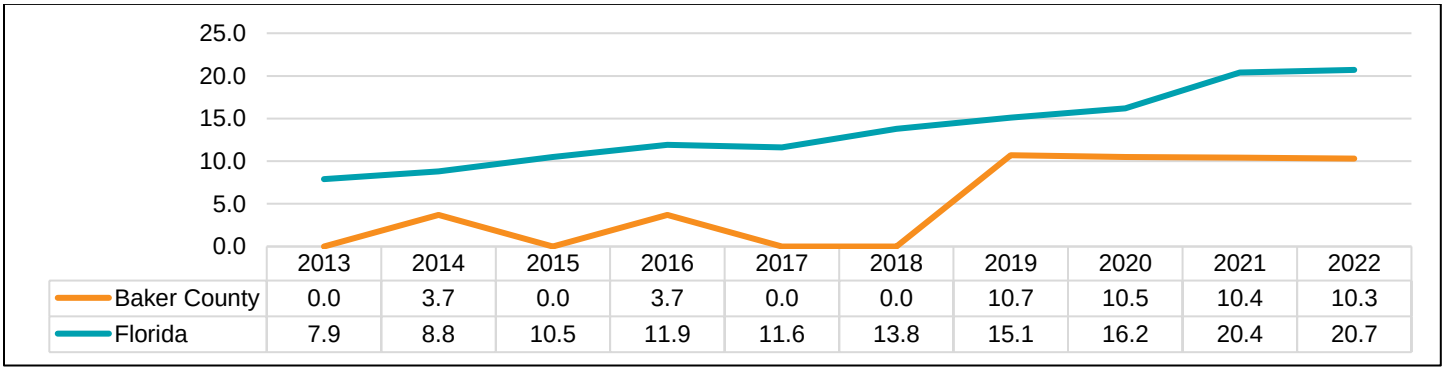
Source: Florida Department of Health, Bureau of Communicable Diseases, Cases of Gonorrhea

Infectious Syphilis

Syphilis, caused by the bacterium *Treponema pallidum*, can cause serious chronic health problems if not properly treated. Transmission can occur during vaginal, anal, or oral sex by direct contact with a syphilitic sore, known as a chancre. Chancres can occur on or around the external genitals, in the vagina, around the anus, in the rectum, or in or around the mouth. Infected pregnant women can spread syphilis to their unborn children. Symptoms can look like many other diseases and may last for weeks, months, or even years if untreated (CDC, 2023f).

Infectious syphilis rates drastically increased from 2013 to 2022 in Baker County and Florida (Exhibit 35).

EXHIBIT 35: INCIDENCE OF INFECTIOUS SYPHILIS, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	0.0	3.7	0.0	3.7	0.0	0.0	10.7	10.5	10.4	10.3
Florida	7.9	8.8	10.5	11.9	11.6	13.8	15.1	16.2	20.4	20.7

Source: Florida Department of Health, Bureau of Communicable Diseases, Cases of Infectious Syphilis

HIV/AIDS

Human immunodeficiency virus (HIV) is a virus that, if untreated, can lead to acquired immunodeficiency syndrome (AIDS). HIV attacks immune system cells, called CD4 or T cells, which help the body fight off infections. Over time, HIV can destroy enough immune cells that the body cannot defend against other infections and diseases. Opportunistic infections and cancers take advantage of this state, signaling that the infected person has AIDS (CDC, 2022b).

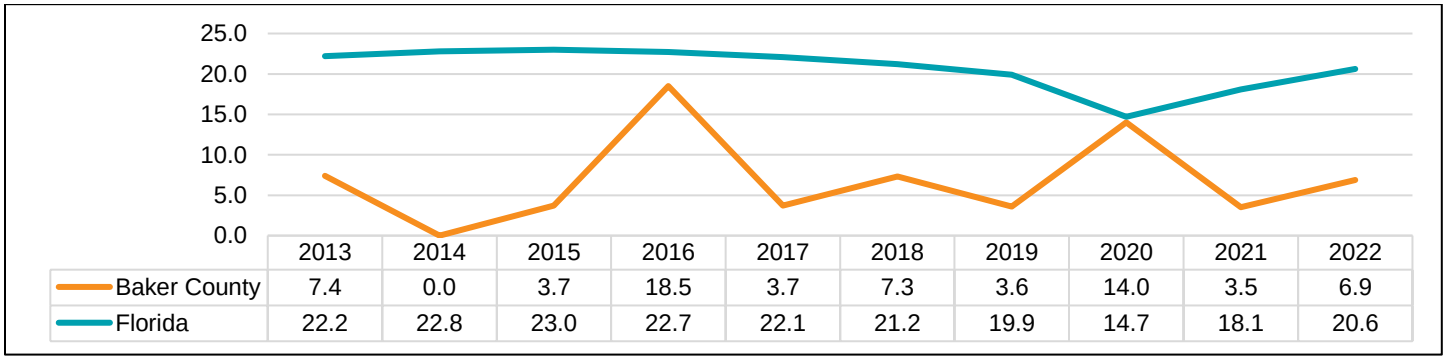
There are three stages of HIV infection. Stage 1, acute infection, occurs within two to four weeks of infection. People with acute HIV infection are very contagious. Stage 2 is a period of HIV inactivity. People are still contagious in this stage, but taking medication and maintaining low viral levels decreases the chance of transmitting HIV to others. Medication may allow people to remain in this stage for several decades. AIDS, Stage 3, is the most severe and final stage. The damaged immune

system of those in Stage 3 cannot defend against opportunistic infections, such as severe fungal and bacterial infections. AIDS life expectancy is around three years if untreated (CDC, 2022b).

HIV transmission occurs when certain body fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk) of an infected person contact a mucous membrane or damaged tissue or are directly injected into the bloodstream through specific activities, such as sex and needle or syringe use. Transmission cannot occur by air or water; saliva, sweat, tears, or closed-mouth kissing; insects or pets; or sharing toilets, food, or drinks (CDC, 2020c).

The incidence of HIV and AIDS has decreased from 2013 to 2022 for both Baker County and Florida, despite fluctuations. During this period, HIV rates decreased by 6.8% in Baker County and 7.2% in Florida (Exhibit 36). AIDS rates decreased by 100% in Baker County and 39.9% in Florida (Exhibit 37).

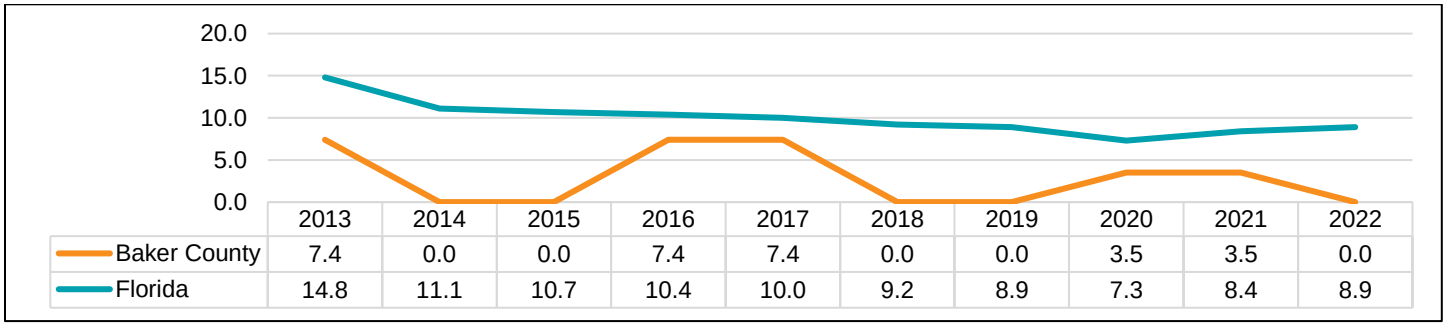
EXHIBIT 36: INCIDENCE OF HIV, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	7.4	0.0	3.7	18.5	3.7	7.3	3.6	14.0	3.5	6.9
Florida	22.2	22.8	23.0	22.7	22.1	21.2	19.9	14.7	18.1	20.6

Source: Florida Department of Health, Bureau of Communicable Diseases, Cases of HIV

EXHIBIT 37: INCIDENCE OF AIDS, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

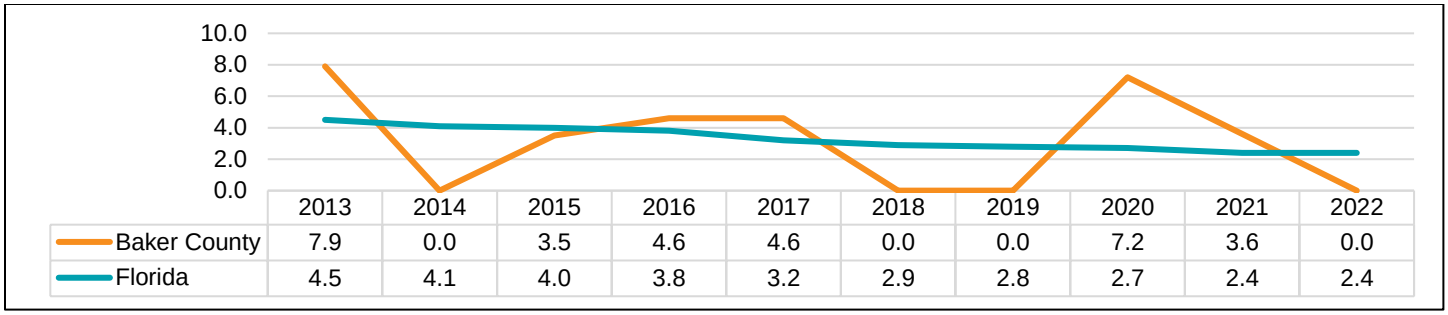


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	7.4	0.0	0.0	7.4	7.4	0.0	0.0	3.5	3.5	0.0
Florida	14.8	11.1	10.7	10.4	10.0	9.2	8.9	7.3	8.4	8.9

Source: Florida Department of Health, Bureau of Communicable Diseases, Cases of AIDS

The HIV/AIDS mortality rate decreased in Baker County and Florida from 2013 to 2022 (Exhibit 38). Though Baker County rates fluctuated during this period the HIV/AIDS mortality rate peaked in 2013 at 7.9.

EXHIBIT 38: HIV/AIDS MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	7.9	0.0	3.5	4.6	4.6	0.0	0.0	7.2	3.6	0.0
Florida	4.5	4.1	4.0	3.8	3.2	2.9	2.8	2.7	2.4	2.4

Source: Florida Department of Health, Bureau of Communicable Diseases, Deaths from HIV/AIDS

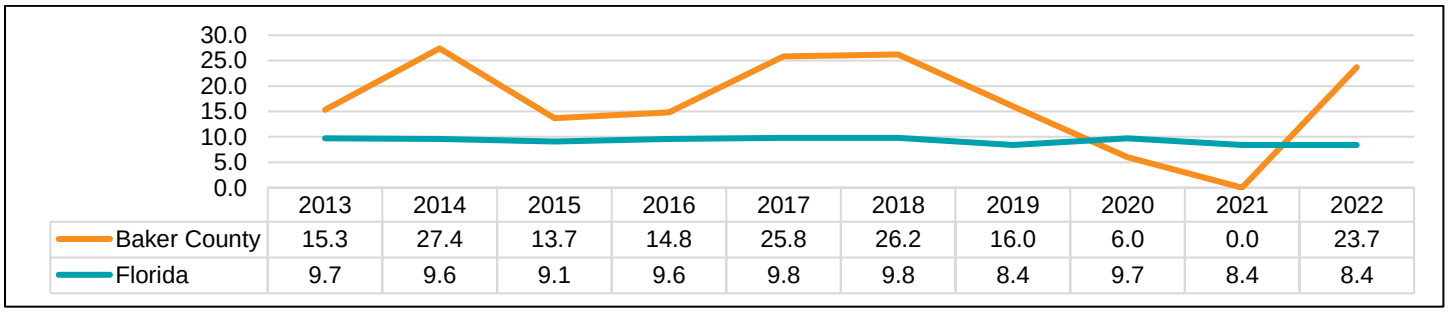
Influenza and Pneumonia

Influenza, or the flu, is a contagious respiratory illness caused by influenza virus. It can cause mild to severe symptoms and sometimes death. The young, elderly, pregnant women, and people with certain medical conditions, such as asthma, heart disease, and weakened immune system, have a higher risk for serious flu-related complications (CDC, 2022j).

Pneumonia is a lung infection caused by bacteria, viruses, or fungi. In the U.S. the leading causes are *Streptococcus pneumoniae* for bacterial infections and influenza and respiratory syncytial viruses for viral infections. While vaccinations can prevent several causes of pneumonia, such as whooping cough, chickenpox, and influenza, worldwide it is the leading infectious cause of death for children under 5 years of age (CDC, 2022g).

In Baker County, the mortality rate increased by 54.9% from 2013 to 2022, despite some fluctuations. Florida's rate decreased by 13.4% during the same period (Exhibit 39).

EXHIBIT 39: INFLUENZA AND PNEUMONIA MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



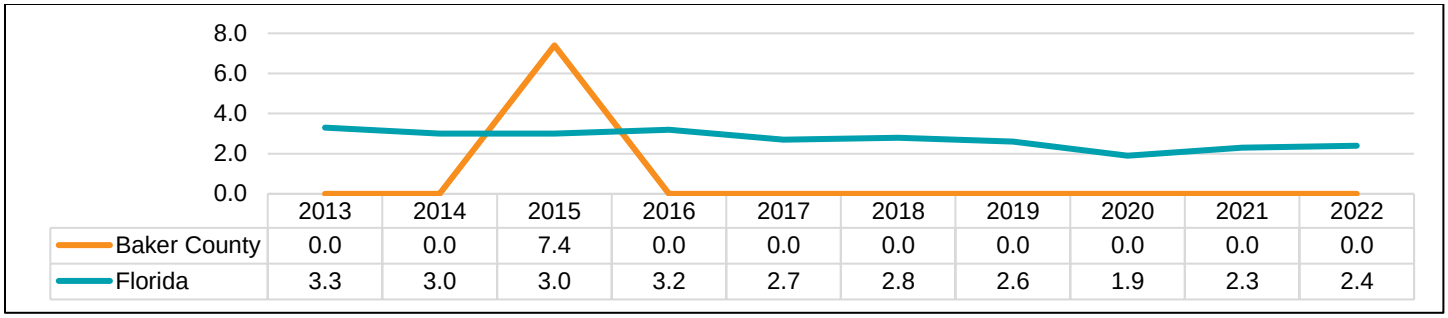
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	15.3	27.4	13.7	14.8	25.8	26.2	16.0	6.0	0.0	23.7
Florida	9.7	9.6	9.1	9.6	9.8	9.8	8.4	9.7	8.4	8.4

Source: Florida Department of Health, Bureau of Communicable Diseases, Deaths from Influenza and Pneumonia

Tuberculosis

Tuberculosis (TB) is an airborne disease spread by the bacterium *Mycobacterium tuberculosis* that primarily attacks the lungs but can affect other parts of the body such as the kidneys, skin, and brain. Because not everyone infected with TB becomes sick, TB results in two conditions: latent TB infection (LTBI) and TB disease, which, if untreated, can be fatal (CDC, 2016b). Those who are at elevated risk of developing TB disease include people with HIV infection, people infected with TB bacteria in the last two years, babies and young children, people who inject illegal drugs, people who have other diseases that weaken their immune system, elderly people, and people who were not treated correctly for TB in the past (CDC, 2016a). The incidence of tuberculosis fluctuated in Baker County from 2013 to 2022 but was most often at zero. The incidence of tuberculosis decreased by 27.3% in Florida during the same time period (Exhibit 40).

EXHIBIT 40: INCIDENCE OF TUBERCULOSIS, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	0.0	0.0	7.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Florida	3.3	3.0	3.0	3.2	2.7	2.8	2.6	1.9	2.3	2.4

Source: Florida Department of Health, Division of Disease Control and Health Protection, Cases of Tuberculosis

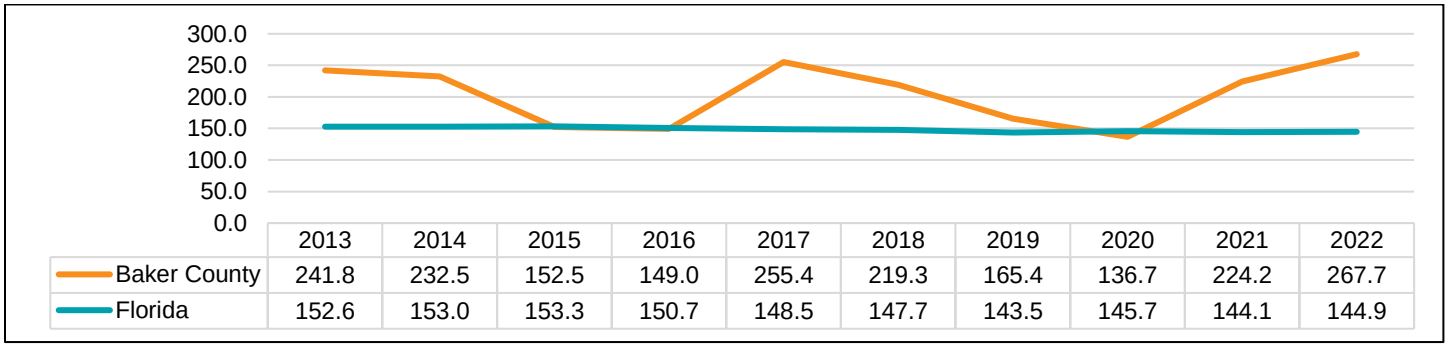
Chronic Diseases

Heart Disease

Heart disease remains the nation's leading cause of death, accounting for one in every four deaths in the U.S. The most common type is coronary heart disease, which can lead to heart attack. Key risk factors are high blood pressure, high cholesterol, and smoking, but other medical conditions and lifestyle choices such as diabetes, obesity, poor diet, physical inactivity, and excessive alcohol use can be a risk (CDC, 2022h).

From 2013 to 2022, the mortality rate from heart disease in Baker County has fluctuated throughout the years, with the biggest spikes in 2017 and 2022. Florida's mortality rate has steadily decreased by 5.1% from 2013 to 2022 (Exhibit 41).

EXHIBIT 41: HEART DISEASE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

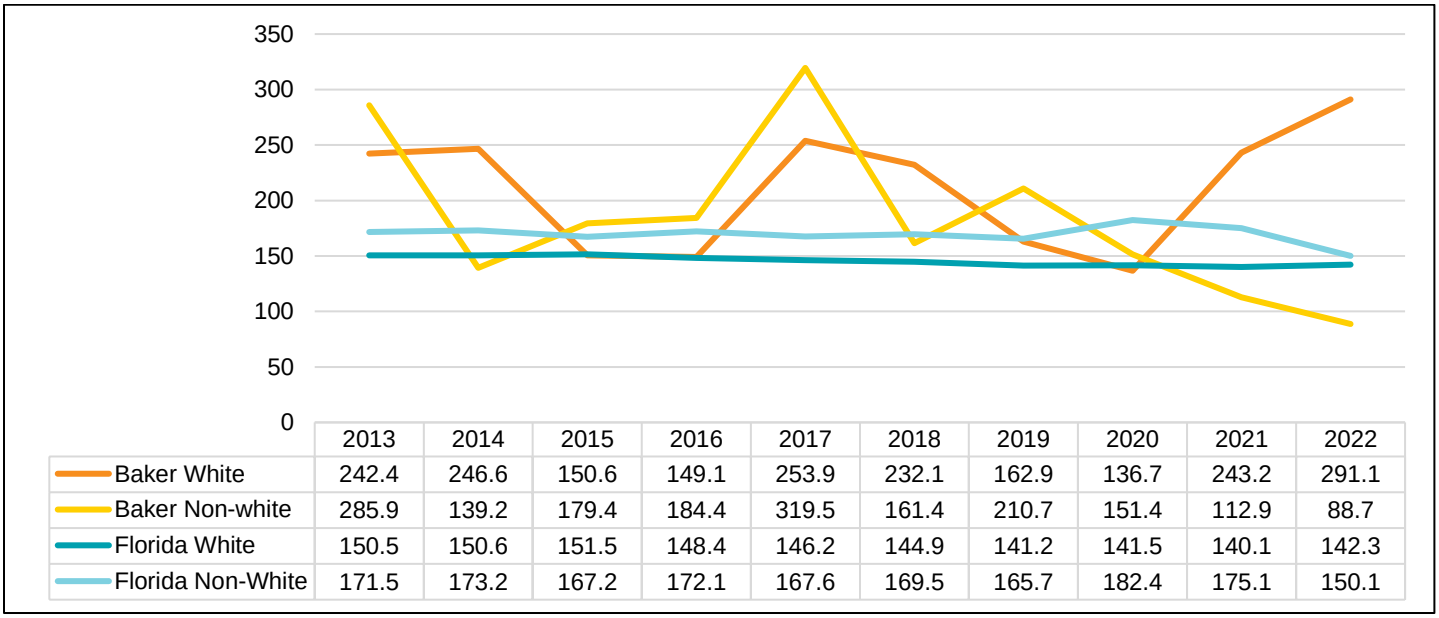


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	241.8	232.5	152.5	149.0	255.4	219.3	165.4	136.7	224.2	267.7
Florida	152.6	153.0	153.3	150.7	148.5	147.7	143.5	145.7	144.1	144.9

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease

Baker County's non-White residents had a lower heart disease mortality rate than White residents in 2022. The mortality rate for non-White residents fell by 69.0% from 2013 to 2022, while the mortality rate for White residents increased by 20.1% during the same period (Exhibit 42).

EXHIBIT 42: HEART DISEASE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker White	242.4	246.6	150.6	149.1	253.9	232.1	162.9	136.7	243.2	291.1
Baker Non-white	285.9	139.2	179.4	184.4	319.5	161.4	210.7	151.4	112.9	88.7
Florida White	150.5	150.6	151.5	148.4	146.2	144.9	141.2	141.5	140.1	142.3
Florida Non-White	171.5	173.2	167.2	172.1	167.6	169.5	165.7	182.4	175.1	150.1

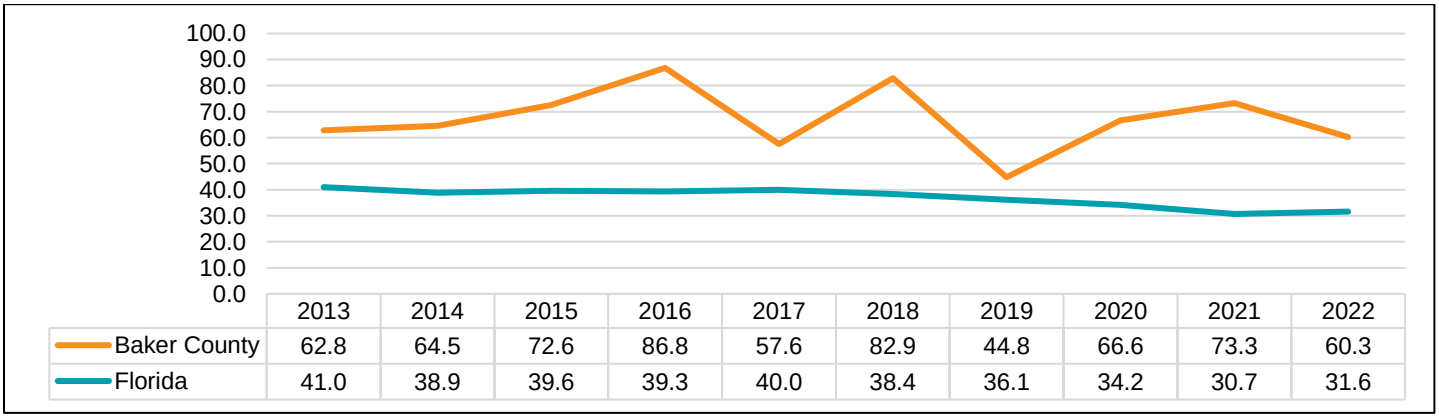
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is a disease of the airways and other structures of the lungs and includes asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases, and pulmonary hypertension. Risk factors include first and secondhand tobacco smoke, exposure to indoor and outdoor air pollutants, genetic factors, and respiratory infections (WHO, n.d.). In 2021, CLRD was the fifth leading cause of death in Florida and Baker County (**Error! Reference source not found.**).

Baker County had a higher CLRD mortality rate than Florida over the last decade. The county's CLRD mortality rate had an overall decrease of 4.0%, while Florida's mortality rate decreased by 22.9%, from 2013 to 2022 (Exhibit 43).

EXHIBIT 43: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

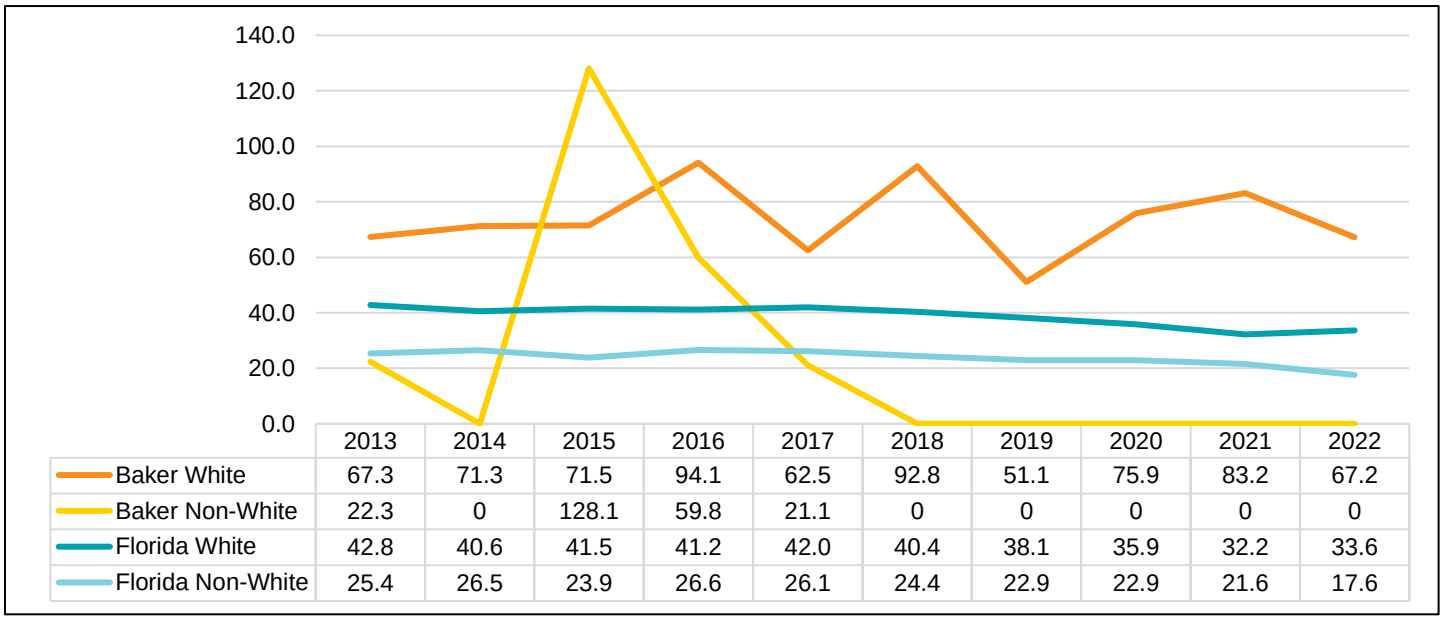


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	62.8	64.5	72.6	86.8	57.6	82.9	44.8	66.6	73.3	60.3
Florida	41.0	38.9	39.6	39.3	40.0	38.4	36.1	34.2	30.7	31.6

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Lower Respiratory Disease

The CLRD mortality rate among Baker County's non-White residents was lower than among White residents from 2013 to 2022, except for 2015, when the rate was higher. The mortality rate for White Baker County residents has consistently been above the state average for White and non-White populations over the past decade (Exhibit 44).

EXHIBIT 44: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



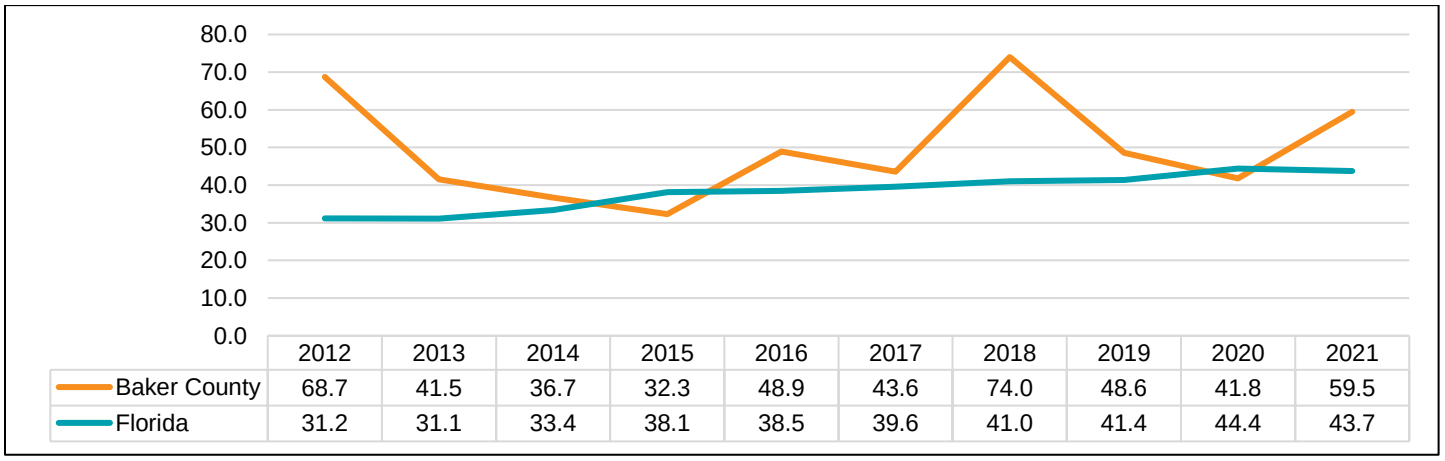
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker White	67.3	71.3	71.5	94.1	62.5	92.8	51.1	75.9	83.2	67.2
Baker Non-White	22.3	0	128.1	59.8	21.1	0	0	0	0	0
Florida White	42.8	40.6	41.5	41.2	42.0	40.4	38.1	35.9	32.2	33.6
Florida Non-White	25.4	26.5	23.9	26.6	26.1	24.4	22.9	22.9	21.6	17.6

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Lower Respiratory Disease

Stroke

A stroke occurs when the blood supply to the brain is interrupted or when sudden bleeding in the brain occurs. This results in either damage or death to brain tissue in the affected area. There are multiple risk factors, including high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, physical inactivity, alcohol, age, and family history. Stroke is the fifth leading cause of death in the U.S. and a notable cause of adult disability (CDC, 2022l).
Baker County's stroke mortality rate decreased by 13.4% from 2012 to 2021. Florida's stroke mortality rate also increased from 2012 to 2021 by 40.1% (Exhibit 45).

EXHIBIT 45: STROKE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

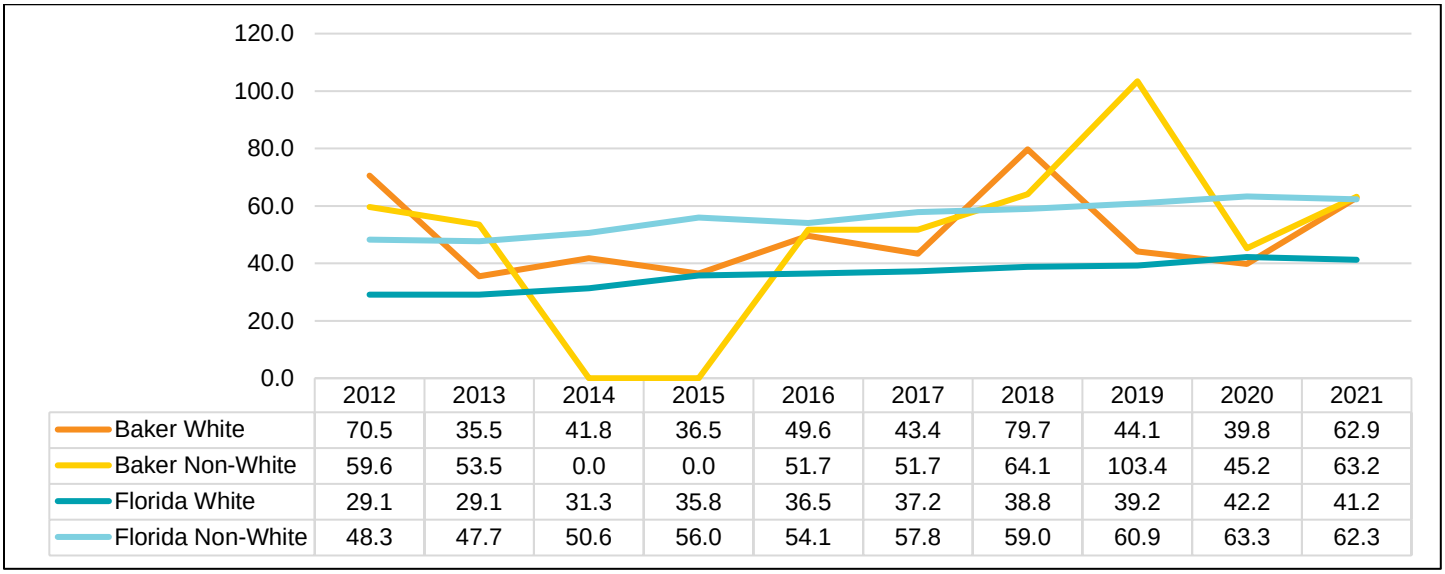


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	68.7	41.5	36.7	32.3	48.9	43.6	74.0	48.6	41.8	59.5
Florida	31.2	31.1	33.4	38.1	38.5	39.6	41.0	41.4	44.4	43.7

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke

The stroke mortality rate for White Baker County residents decreased by 10.8% from 2012 to 2021. The mortality rate for non-White residents slightly increased during the same period (Exhibit 46). Stroke mortality rates by race in Baker County have fluctuated over the past decade.

EXHIBIT 46: STROKE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	70.5	35.5	41.8	36.5	49.6	43.4	79.7	44.1	39.8	62.9
Baker Non-White	59.6	53.5	0.0	0.0	51.7	51.7	64.1	103.4	45.2	63.2
Florida White	29.1	29.1	31.3	35.8	36.5	37.2	38.8	39.2	42.2	41.2
Florida Non-White	48.3	47.7	50.6	56.0	54.1	57.8	59.0	60.9	63.3	62.3

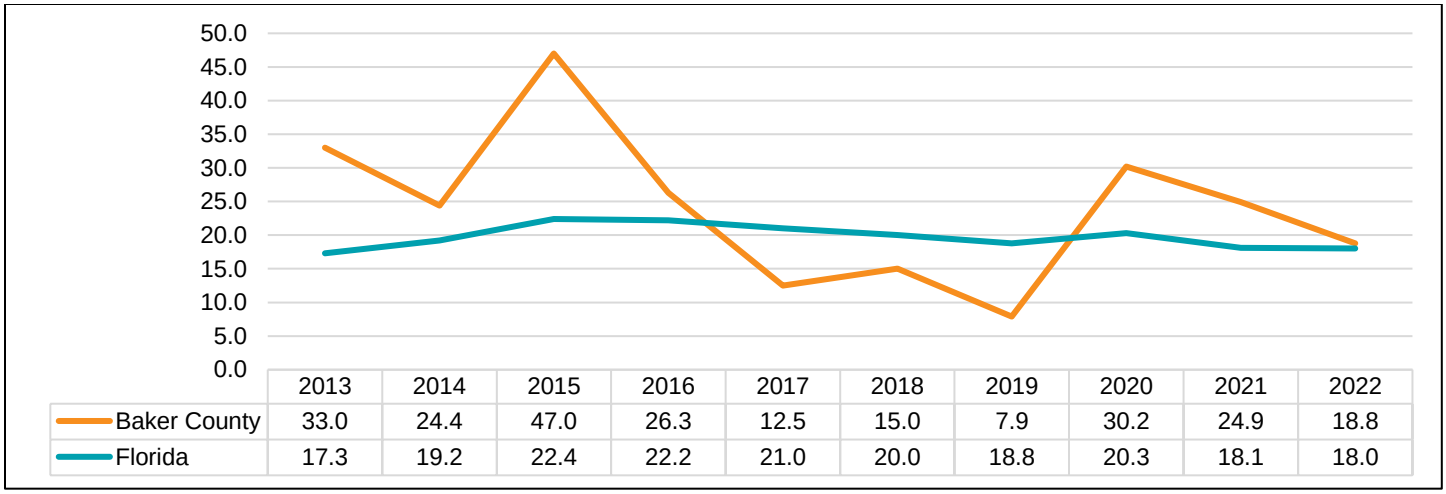
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia. While the cause of Alzheimer's is not clear, common signs include memory loss that interferes with daily life; poor judgement; misplacing items; and changes in mood, personality, or behavior. It is the sixth leading cause of death in the U.S. and the fifth leading cause of death among persons 65 and older. Dementia as a cause of death has been shown to be underreported. Thus, the mortality rate for Alzheimer's disease could be higher (CDC, 2020d). There is no known cure, though medical management can help improve quality of life (CDC, 2020d).

The mortality rate of Alzheimer's disease in Baker County fluctuated drastically from 2013 to 2022, seeing the biggest spike in 2015. In comparison, Florida's rate increased 4.1% during the same period (Exhibit 47).

EXHIBIT 47: ALZHEIMER'S DISEASE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

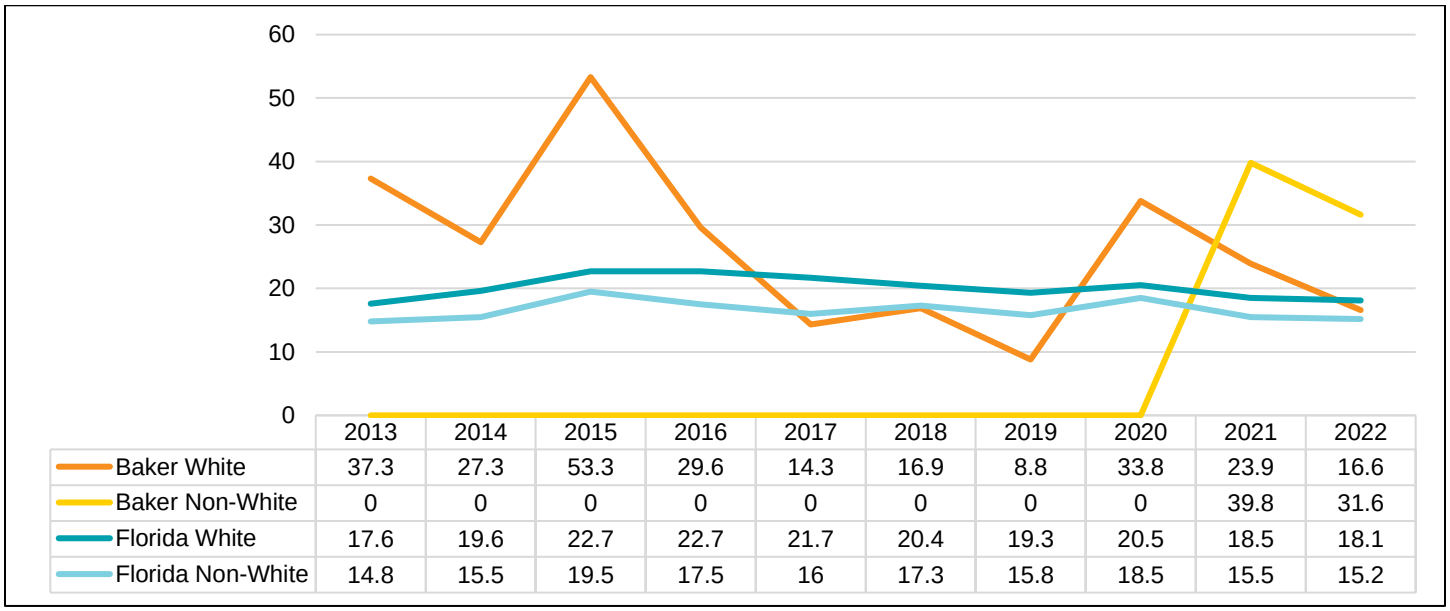


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	33.0	24.4	47.0	26.3	12.5	15.0	7.9	30.2	24.9	18.8
Florida	17.3	19.2	22.4	22.2	21.0	20.0	18.8	20.3	18.1	18.0

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Alzheimer's Disease

From 2013 to 2022, the mortality rate for White Baker County residents decreased by 55.5%. The mortality rate for White Baker County residents (16.6) was lower than the rate for non-White residents (31.6) in 2022 (Exhibit 48).

EXHIBIT 48: ALZHEIMER'S DISEASE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker White	37.3	27.3	53.3	29.6	14.3	16.9	8.8	33.8	23.9	16.6
Baker Non-White	0	0	0	0	0	0	0	0	39.8	31.6
Florida White	17.6	19.6	22.7	22.7	21.7	20.4	19.3	20.5	18.5	18.1
Florida Non-White	14.8	15.5	19.5	17.5	16	17.3	15.8	18.5	15.5	15.2

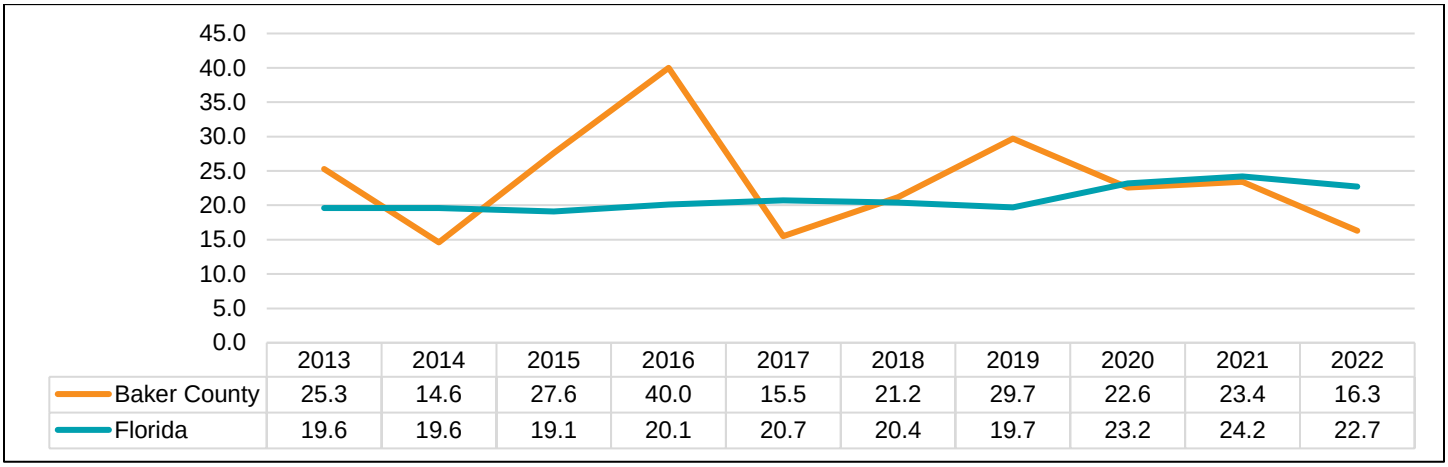
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Alzheimer's Disease

Diabetes

Diabetes, a disease that causes abnormally high blood glucose levels, is the seventh leading cause of death in the U.S. and can lead to major health problems, such as heart disease, vision loss, and kidney failure. Type 1 diabetes, which accounts for about 5% of all diagnosed cases, results from an autoimmune reaction that prevents the body from producing insulin. Type 2 diabetes, which accounts for about 90% of all cases, is due to the body ineffectively using insulin and developing insulin resistance over time. Type 2 often develops in people over age 45 but has become more common among children, teens, and young adults. Pregnant women can develop gestational diabetes due to insulin resistance and are at risk of developing Type 2 diabetes in the future (CDC, 2023g).

Baker County's diabetes mortality rate fluctuated from 2013 to 2022 but had an overall decrease by 35.6. Florida, in comparison, increased by 15.8% in the same time period (Exhibit 49).

EXHIBIT 49: DIABETES MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

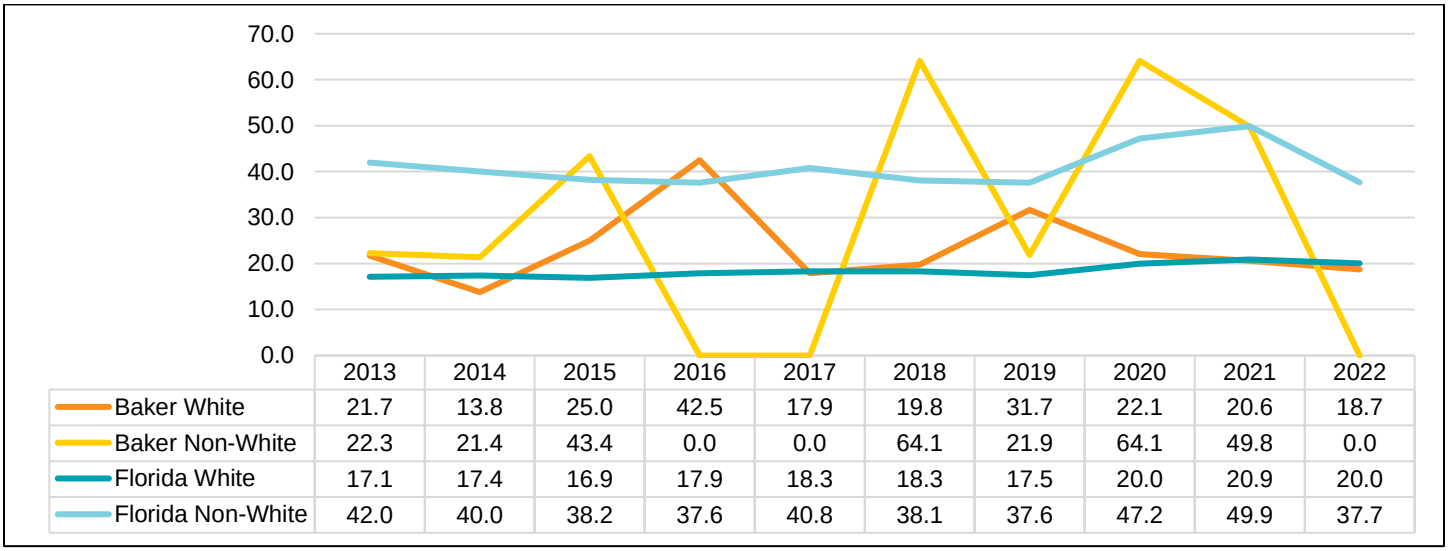


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	25.3	14.6	27.6	40.0	15.5	21.2	29.7	22.6	23.4	16.3
Florida	19.6	19.6	19.1	20.1	20.7	20.4	19.7	23.2	24.2	22.7

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes

Diabetes mortality rates for White and non-White populations in Baker County have fluctuated from 2013 to 2022, with an overall decrease by 13.8% and 100%, respectively. In 2022, Baker County rates were lower than state rates.

EXHIBIT 50: DIABETES MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker White	21.7	13.8	25.0	42.5	17.9	19.8	31.7	22.1	20.6	18.7
Baker Non-White	22.3	21.4	43.4	0.0	0.0	64.1	21.9	64.1	49.8	0.0
Florida White	17.1	17.4	16.9	17.9	18.3	18.3	17.5	20.0	20.9	20.0
Florida Non-White	42.0	40.0	38.2	37.6	40.8	38.1	37.6	47.2	49.9	37.7

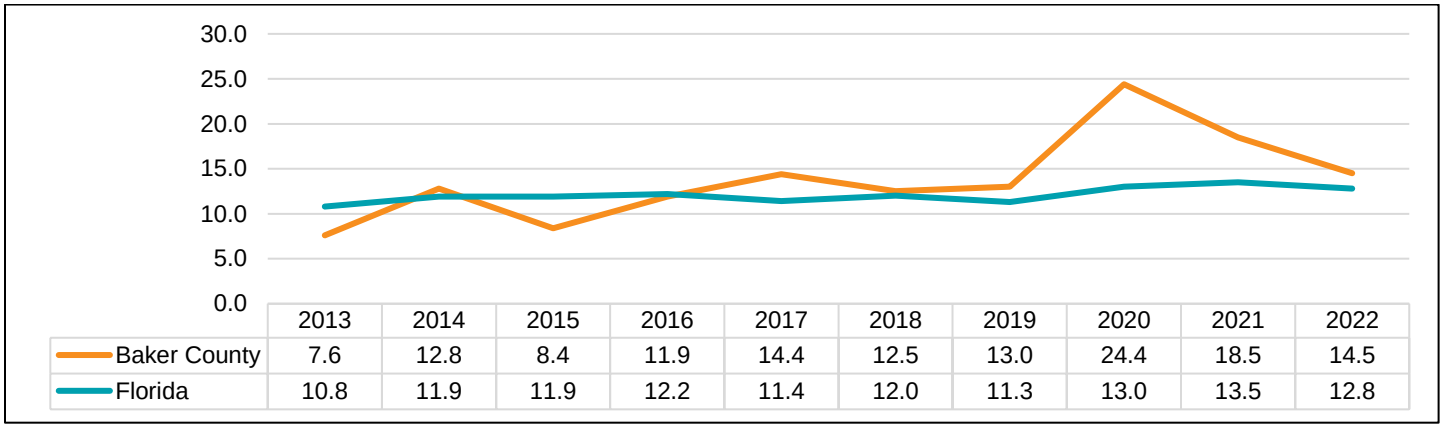
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes

Chronic Liver Disease and Cirrhosis

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

The mortality rate from liver disease and cirrhosis in Baker County increased by 90.8% from 2013 to 2022. Florida's mortality rate also increased from 2013 to 2022 by 18.5% (Exhibit 51).

EXHIBIT 51: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

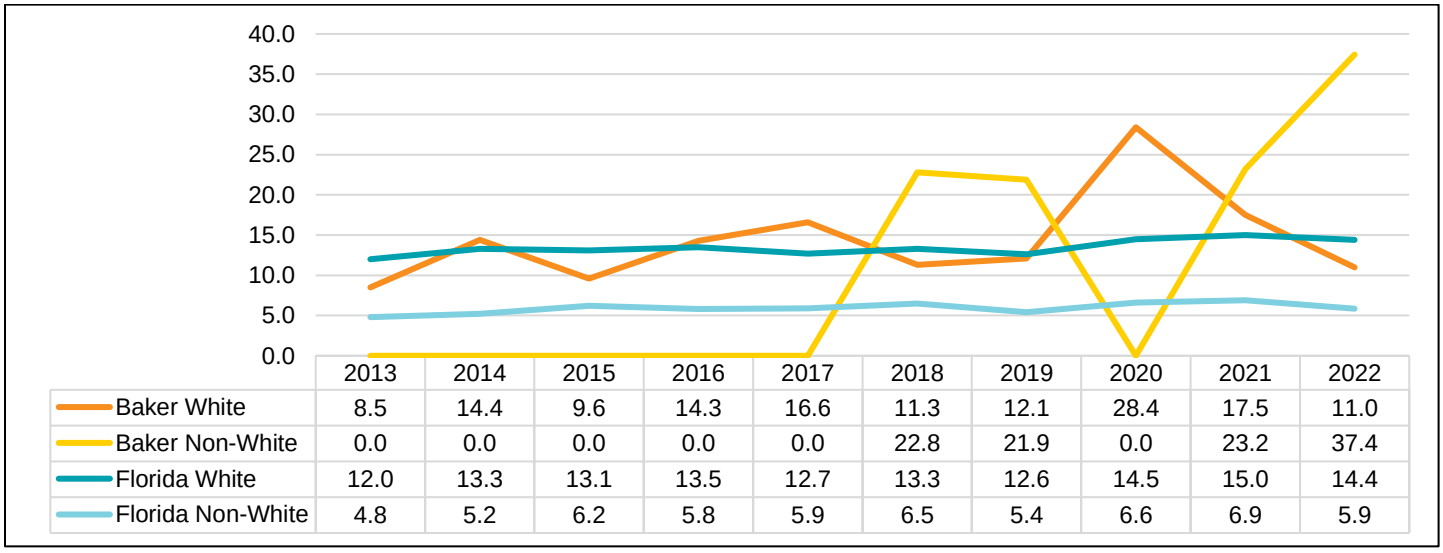


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	7.6	12.8	8.4	11.9	14.4	12.5	13.0	24.4	18.5	14.5
Florida	10.8	11.9	11.9	12.2	11.4	12.0	11.3	13.0	13.5	12.8

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis

The non-White population's mortality rate in Baker County has recently seen an increase from 2020 to 2022. Death counts were in the single digits, which explains the erratic variation in rates over the past decade. The White population's mortality rate increased by 29.4% from 2013 to 2022 (Exhibit 52).

EXHIBIT 52: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker White	8.5	14.4	9.6	14.3	16.6	11.3	12.1	28.4	17.5	11.0
Baker Non-White	0.0	0.0	0.0	0.0	0.0	22.8	21.9	0.0	23.2	37.4
Florida White	12.0	13.3	13.1	13.5	12.7	13.3	12.6	14.5	15.0	14.4
Florida Non-White	4.8	5.2	6.2	5.8	5.9	6.5	5.4	6.6	6.9	5.9

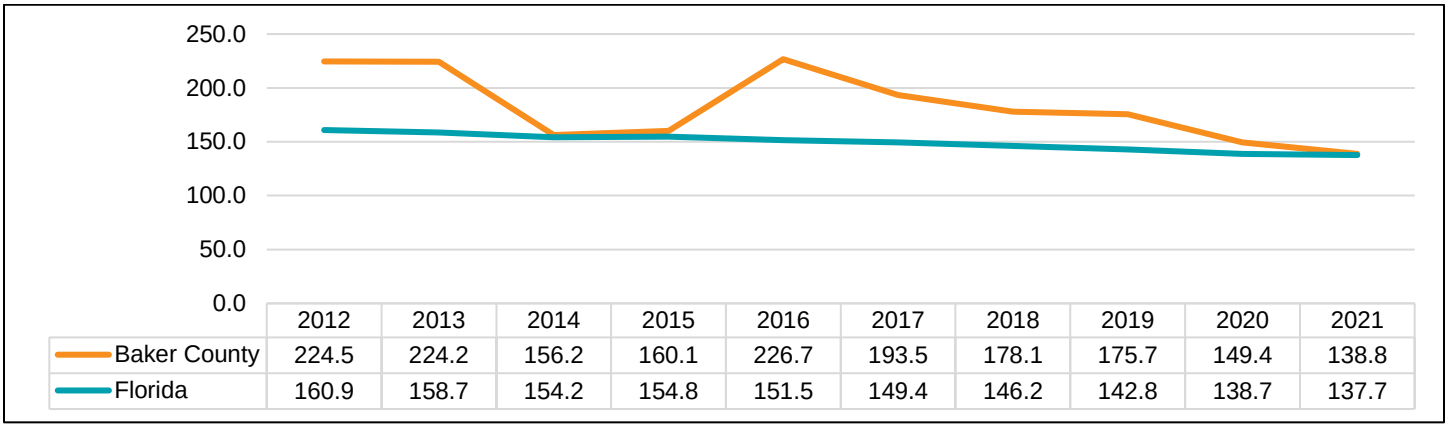
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis

Cancer

Cancer is a large group of diseases characterized by the invasive and uncontrolled growth of abnormal cells. These cells can form growths called tumors that are either benign or malignant. Unlike malignant tumors, benign tumors do not invade into nearby tissues (NCI, 2021). Cancer was the third leading cause of death in Baker County and second in Florida in 2021 (**Error! Reference source not found.**).

The cancer mortality rate has been on the decline for both Baker County and Florida from 2012 to 2021. During this time, Baker County's rate decreased by 38.2% compared to 14.4% for Florida (Exhibit 53).

EXHIBIT 53: CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

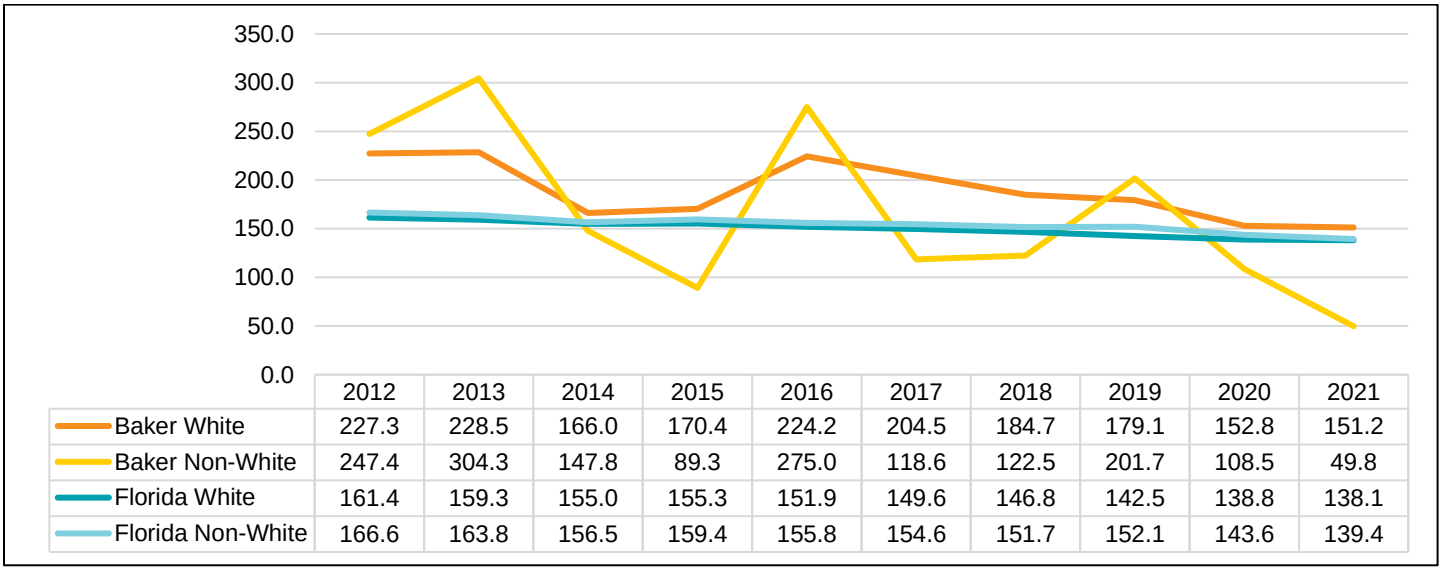


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	224.5	224.2	156.2	160.1	226.7	193.5	178.1	175.7	149.4	138.8
Florida	160.9	158.7	154.2	154.8	151.5	149.4	146.2	142.8	138.7	137.7

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer

The mortality rate for Baker County's White population has mostly been higher than the mortality rate for non-White Baker residents, White Florida residents, and non-White Florida residents over the past decade. However, the mortality rate for Baker's White population decreased by 33.5% from 2012 to 2021. The county's non-White population's rate has also decreased by 79.9% from 2012 to 2021 (Exhibit 54).

EXHIBIT 54: CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	227.3	228.5	166.0	170.4	224.2	204.5	184.7	179.1	152.8	151.2
Baker Non-White	247.4	304.3	147.8	89.3	275.0	118.6	122.5	201.7	108.5	49.8
Florida White	161.4	159.3	155.0	155.3	151.9	149.6	146.8	142.5	138.8	138.1
Florida Non-White	166.6	163.8	156.5	159.4	155.8	154.6	151.7	152.1	143.6	139.4

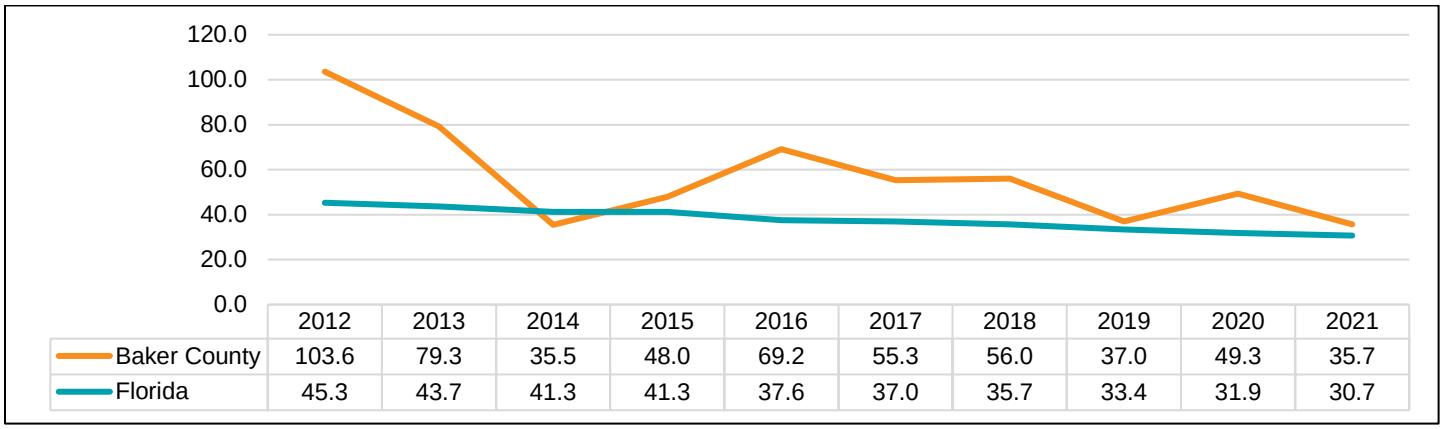
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer

Lung Cancer

Lung cancer is the leading cause of cancer deaths in the U.S., but rates have been steadily declining for decades. The number one cause of lung cancer is cigarette smoking while other causes include secondhand smoke, environmental exposures to asbestos and radon, and family history (CDC, 2022k).

The mortality rate has decreased for both Baker County and Florida from 2012 to 2021. Baker County's rate decreased by 65.5% compared to 32.2% for Florida. However, Baker County's lung cancer mortality rate remains above the state average (Exhibit 55).

EXHIBIT 55: LUNG CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

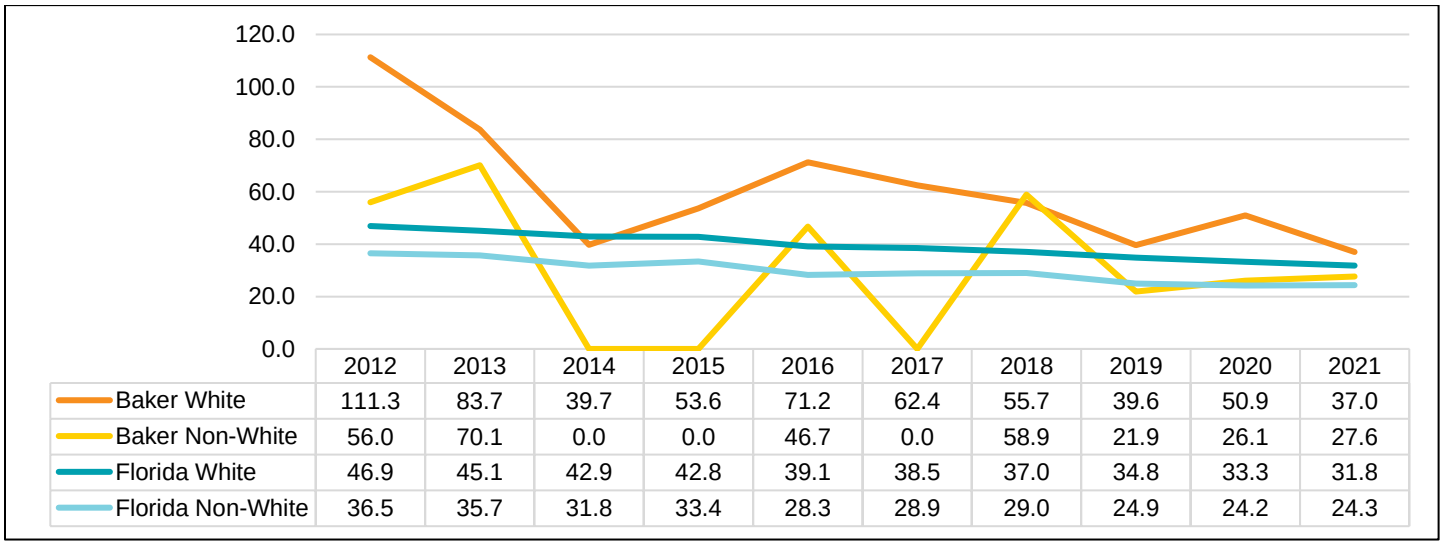


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	103.6	79.3	35.5	48.0	69.2	55.3	56.0	37.0	49.3	35.7
Florida	45.3	43.7	41.3	41.3	37.6	37.0	35.7	33.4	31.9	30.7

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Lung Cancer

On average, White Floridians and Baker County residents have a higher lung cancer mortality rate than non-White populations. Despite decreasing by 66.7% from 2012 to 2021, the mortality rate for Baker County's White population was higher than the state average over the past decade. There was a 50.7% decrease in lung cancer mortality among Baker's non-White population during this time (Exhibit 56). The non-White Baker County population might show more significant variations due to single-digit counts.

EXHIBIT 56: LUNG CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	111.3	83.7	39.7	53.6	71.2	62.4	55.7	39.6	50.9	37.0
Baker Non-White	56.0	70.1	0.0	0.0	46.7	0.0	58.9	21.9	26.1	27.6
Florida White	46.9	45.1	42.9	42.8	39.1	38.5	37.0	34.8	33.3	31.8
Florida Non-White	36.5	35.7	31.8	33.4	28.3	28.9	29.0	24.9	24.2	24.3

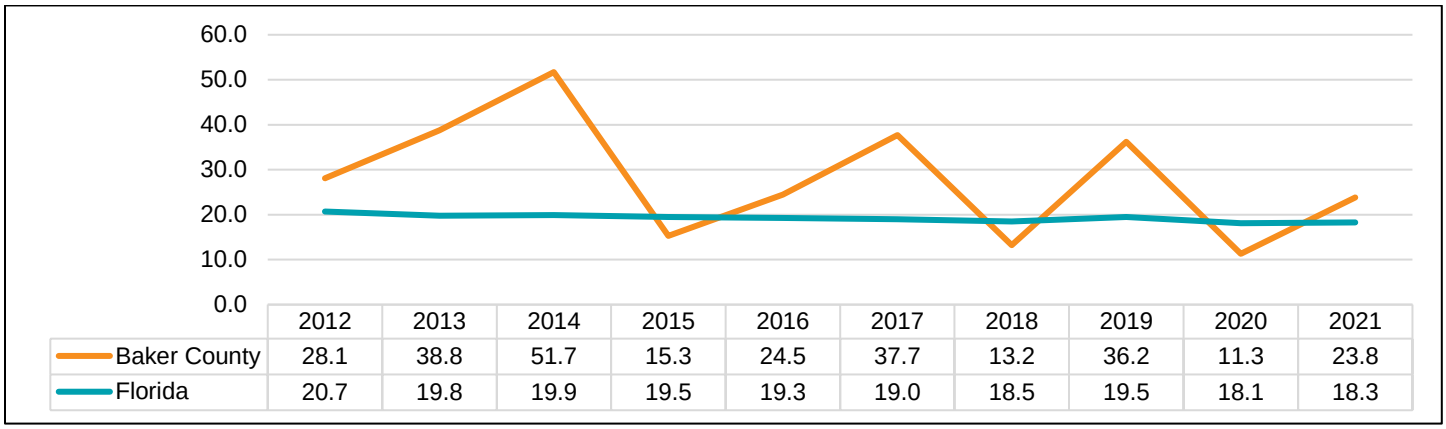
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Lung Cancer

Female Breast Cancer

Breast cancer is the second leading cause of cancer death among women, but deaths have declined over time. Black women have a higher rate of death from breast cancer than White women. Breast cancer is due to a combination of risk factors, with the main factors of being a woman and getting older. Receiving regular breast cancer screenings, mammograms, can help find breast cancer at an earlier stage which can lead to a better outcome from treatment (CDC, 2022f).

Female breast cancer mortality rates in Baker County have decreased by 15.3% from 2012 to 2021. In contrast, Florida mortality rates have slightly decreased by 11.6% during the same time period (Exhibit 57).

EXHIBIT 57: FEMALE BREAST CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

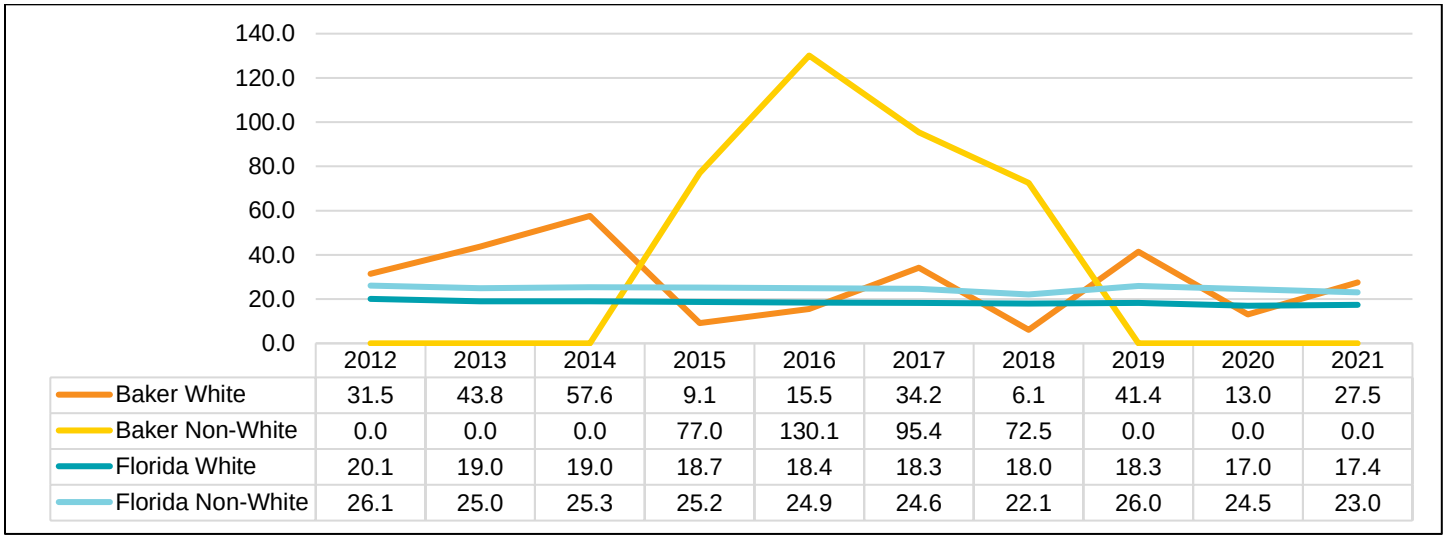


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	28.1	38.8	51.7	15.3	24.5	37.7	13.2	36.2	11.3	23.8
Florida	20.7	19.8	19.9	19.5	19.3	19.0	18.5	19.5	18.1	18.3

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer

The breast cancer mortality rate has fluctuated significantly for both Baker County's White and non-White populations over the past decade. Death counts for breast cancer are relatively small, explaining some of the variation. The non-White Baker County population might show more significant variations due to single-digit and zero counts. Mortality among Florida's White and non-White populations slowly decreased from 2012 to 2021 (Exhibit 58).

EXHIBIT 58: FEMALE BREAST CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	31.5	43.8	57.6	9.1	15.5	34.2	6.1	41.4	13.0	27.5
Baker Non-White	0.0	0.0	0.0	77.0	130.1	95.4	72.5	0.0	0.0	0.0
Florida White	20.1	19.0	19.0	18.7	18.4	18.3	18.0	18.3	17.0	17.4
Florida Non-White	26.1	25.0	25.3	25.2	24.9	24.6	22.1	26.0	24.5	23.0

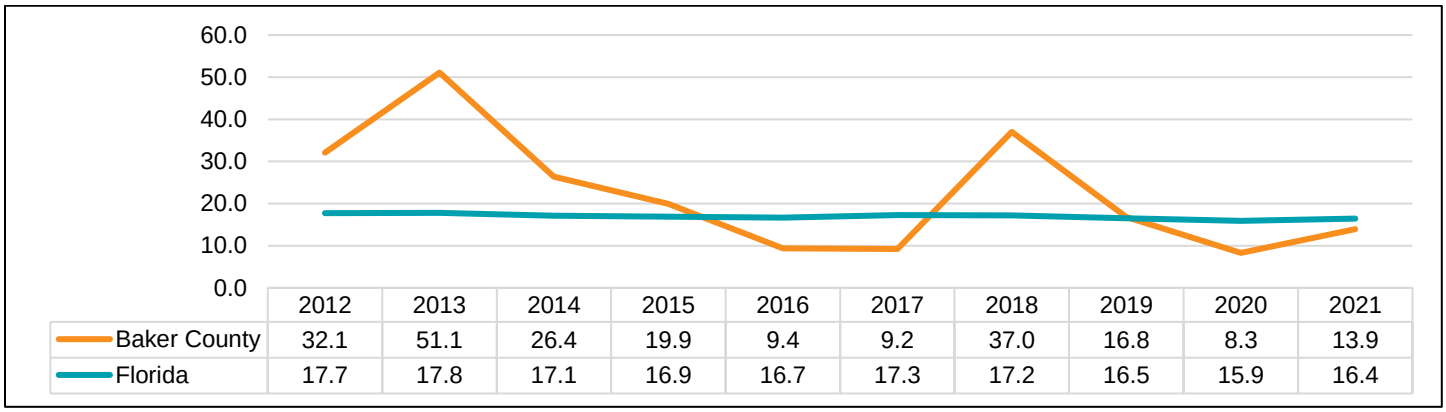
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer

Prostate Cancer

Prostate cancer is the most common cancer among men. The prostate is a part of the male reproductive system, and all men are at risk for the disease. The most common risk factor is age, but other risk factors include family history and being African American (CDC, 2022c).

The prostate cancer mortality rate in Baker County has fluctuated from 2012 to 2021 but had an overall decrease by 55.7%. Florida had a 7.3% decrease during the same time period (Exhibit 59).

EXHIBIT 59: PROSTATE CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

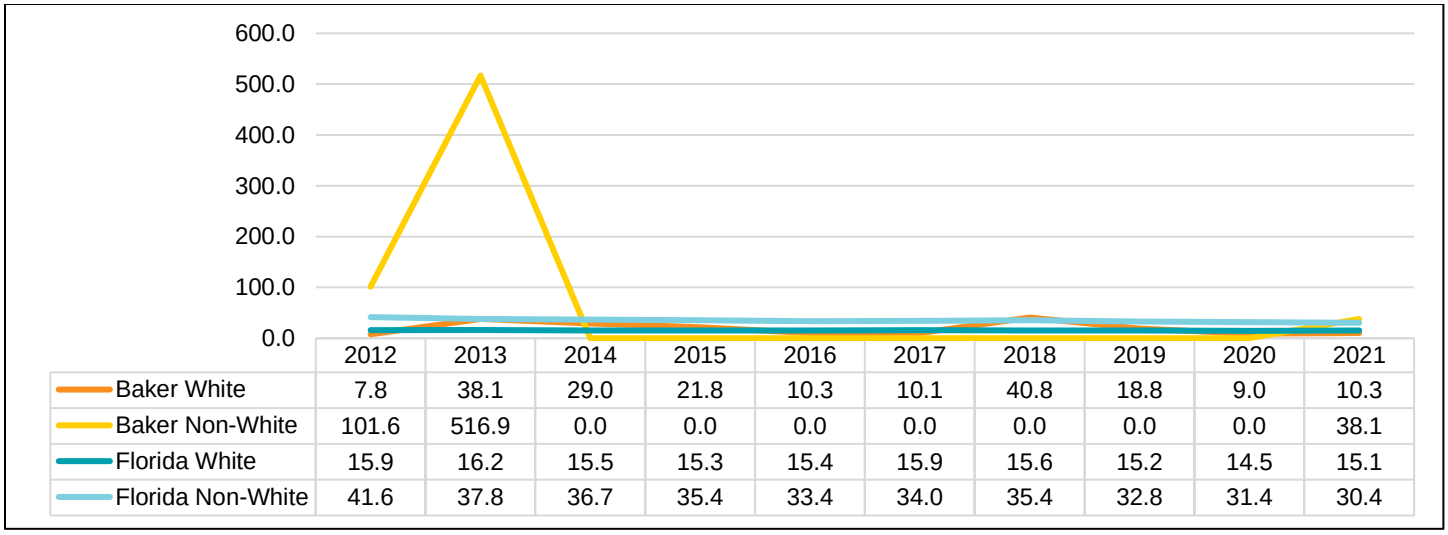


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	32.1	51.1	26.4	19.9	9.4	9.2	37.0	16.8	8.3	13.9
Florida	17.7	17.8	17.1	16.9	16.7	17.3	17.2	16.5	15.9	16.4

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Prostate Cancer

The White Baker County population's mortality had an overall increase by 32.1% from 2012 to 2021 (Exhibit 60). The non-White Baker County population might show more significant variations due to single-digit counts.

EXHIBIT 60: PROSTATE CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	7.8	38.1	29.0	21.8	10.3	10.1	40.8	18.8	9.0	10.3
Baker Non-White	101.6	516.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	38.1
Florida White	15.9	16.2	15.5	15.3	15.4	15.9	15.6	15.2	14.5	15.1
Florida Non-White	41.6	37.8	36.7	35.4	33.4	34.0	35.4	32.8	31.4	30.4

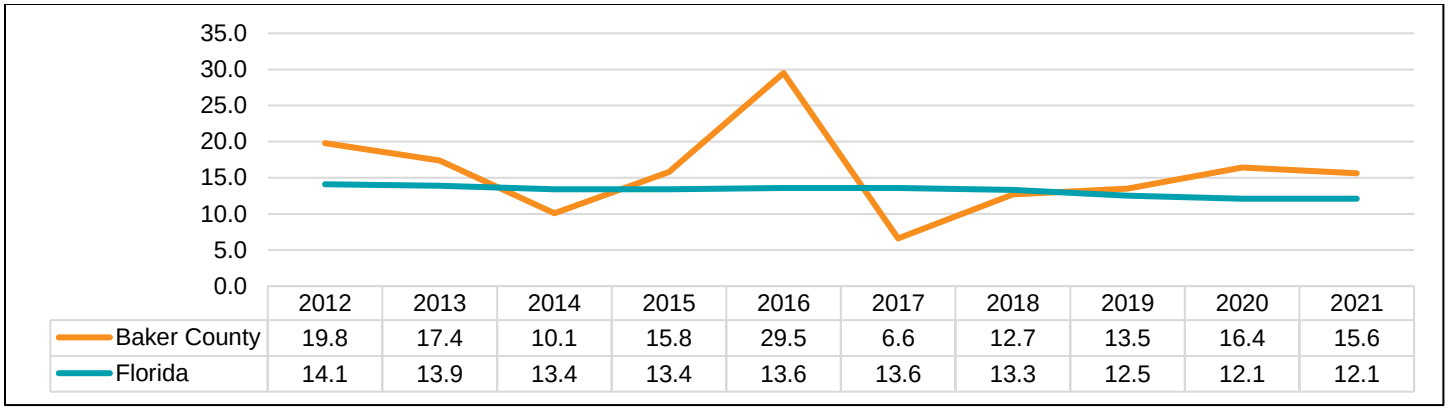
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Prostate Cancer

Colorectal Cancer

Colorectal cancer is cancer of the colon or rectum and is a leading cause of cancer death in the U.S. Risk increases as you get older, but other risk factors include inflammatory bowel disease, family history, genetic syndromes, and lifestyle factors such as a lack of physical activity, a low fiber and high fat diet, and low fruit and vegetable consumption. Regular screenings are recommended starting at age 45 to reduce the risk of colorectal cancer (CDC, 2023b).

Baker County's colorectal cancer mortality rate fluctuated from 2012 to 2021 but had an overall decrease by 21.2%. During the same period, Florida's rate decreased by 14.2% (Exhibit 61).

EXHIBIT 61: COLORECTAL CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

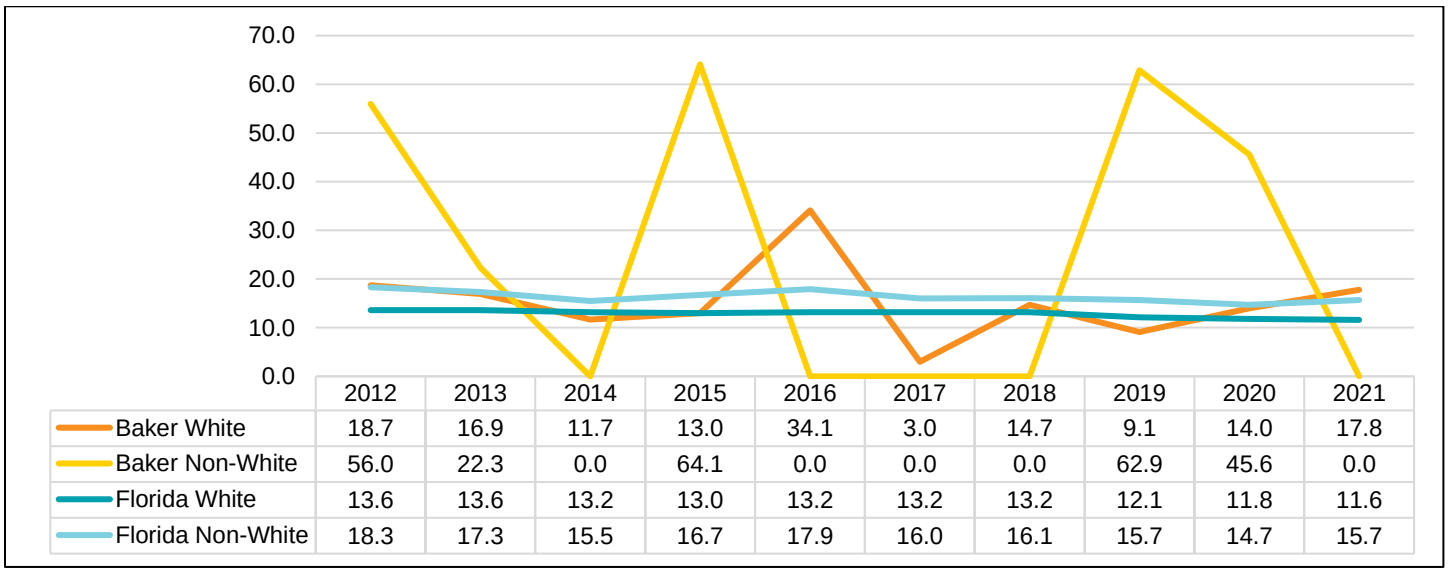


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	19.8	17.4	10.1	15.8	29.5	6.6	12.7	13.5	16.4	15.6
Florida	14.1	13.9	13.4	13.4	13.6	13.6	13.3	12.5	12.1	12.1

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer

The Baker County White population's mortality rate decreased by 4.8% from 2012 to 2021 (Exhibit 62). Non-White Baker County residents may show more significant variations due to single-digit counts.

EXHIBIT 62: COLORECTAL CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	18.7	16.9	11.7	13.0	34.1	3.0	14.7	9.1	14.0	17.8
Baker Non-White	56.0	22.3	0.0	64.1	0.0	0.0	0.0	62.9	45.6	0.0
Florida White	13.6	13.6	13.2	13.0	13.2	13.2	13.2	12.1	11.8	11.6
Florida Non-White	18.3	17.3	15.5	16.7	17.9	16.0	16.1	15.7	14.7	15.7

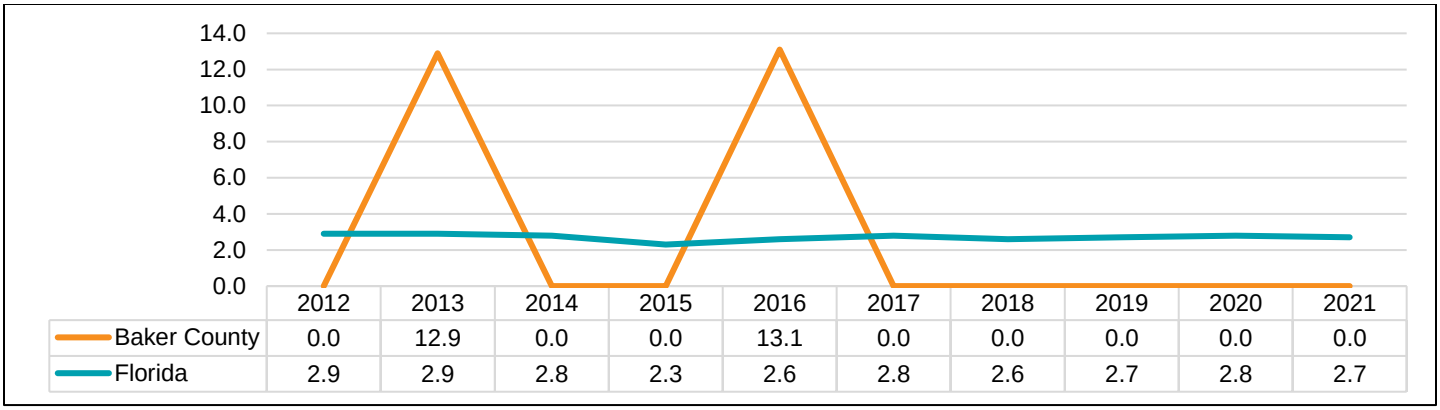
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer

Cervical Cancer

Almost all cervical cancers are caused by human papillomavirus (HPV) which is passed from person to person during sex, but other risk factors include HIV and tobacco smoking. Screening tests and the HPV vaccine can help prevent cervical cancer in anyone with a cervix (CDC, 2022m).

Baker County's cervical cancer mortality rate was at zero for most of the past decade, besides 2013 and 2016, when rates were higher than in the state. During the same period, Florida's rate slightly decreased by 6.9% (Exhibit 63).

EXHIBIT 63: CERVICAL CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

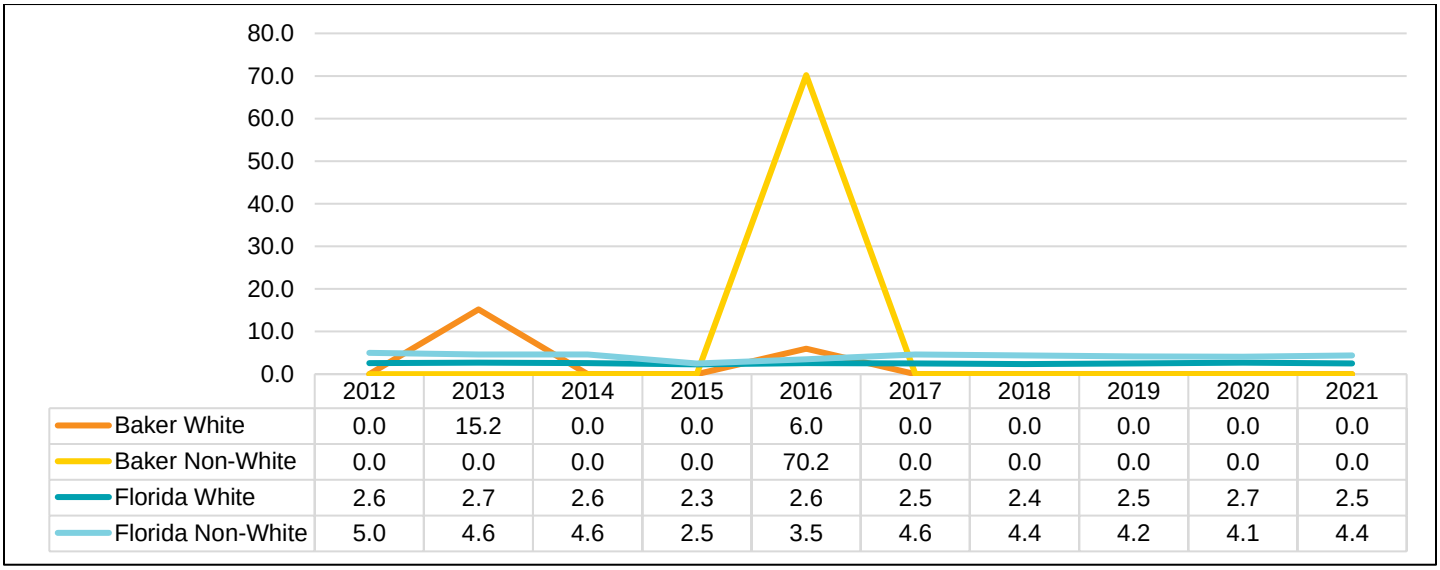


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	0.0	12.9	0.0	0.0	13.1	0.0	0.0	0.0	0.0	0.0
Florida	2.9	2.9	2.8	2.3	2.6	2.8	2.6	2.7	2.8	2.7

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer

The Baker County White and non-White population's mortality rates were at zero for most of the past decade except in 2013 and 2016, when rates were higher than those of the state. White and non-White Baker County populations may show more significant variations due to single digit counts (Exhibit 64).

EXHIBIT 64: CERVICAL CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



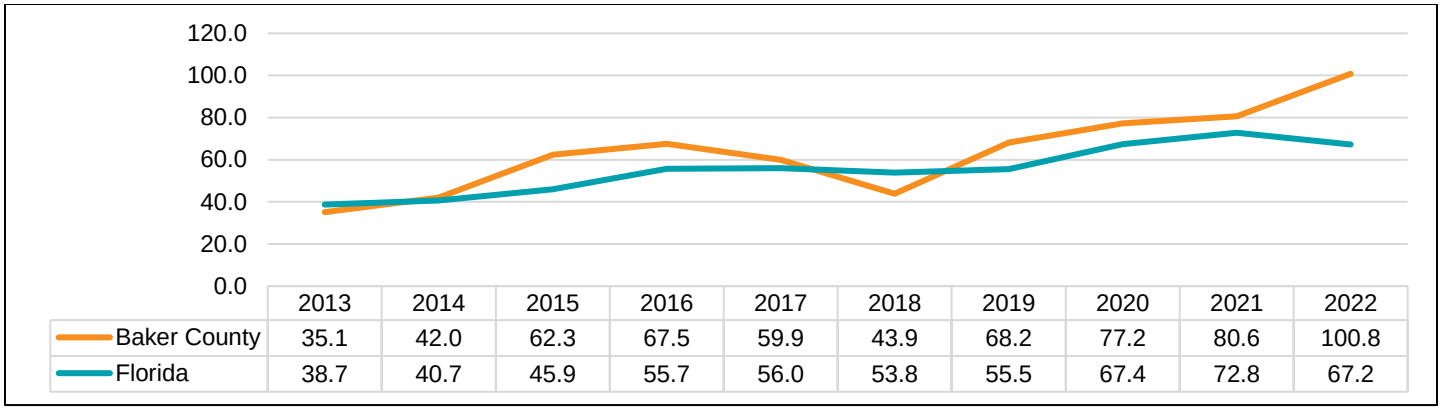
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	0.0	15.2	0.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0
Baker Non-White	0.0	0.0	0.0	0.0	70.2	0.0	0.0	0.0	0.0	0.0
Florida White	2.6	2.7	2.6	2.3	2.6	2.5	2.4	2.5	2.7	2.5
Florida Non-White	5.0	4.6	4.6	2.5	3.5	4.6	4.4	4.2	4.1	4.4

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer

Unintentional Injury

Unintentional injuries are accidental or unplanned. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning (HHS, n.d.-a). In the U.S., unintentional injuries are the leading cause of death for children, adolescents, and adults younger than 45 (HHS, n.d.-a). In 2022, Baker County had a higher unintentional injury mortality rate than the state of Florida with 100.8 injury deaths per 100,000 population compared to 67.2 deaths per 100,000 in Florida. Baker County's unintentional injury mortality rate saw a nearly threefold increase from 2013 to 2022 (Exhibit 65). Baker County's White population has a higher mortality rate due to unintentional injuries than the non-White population, except for 2020 (Exhibit 66).

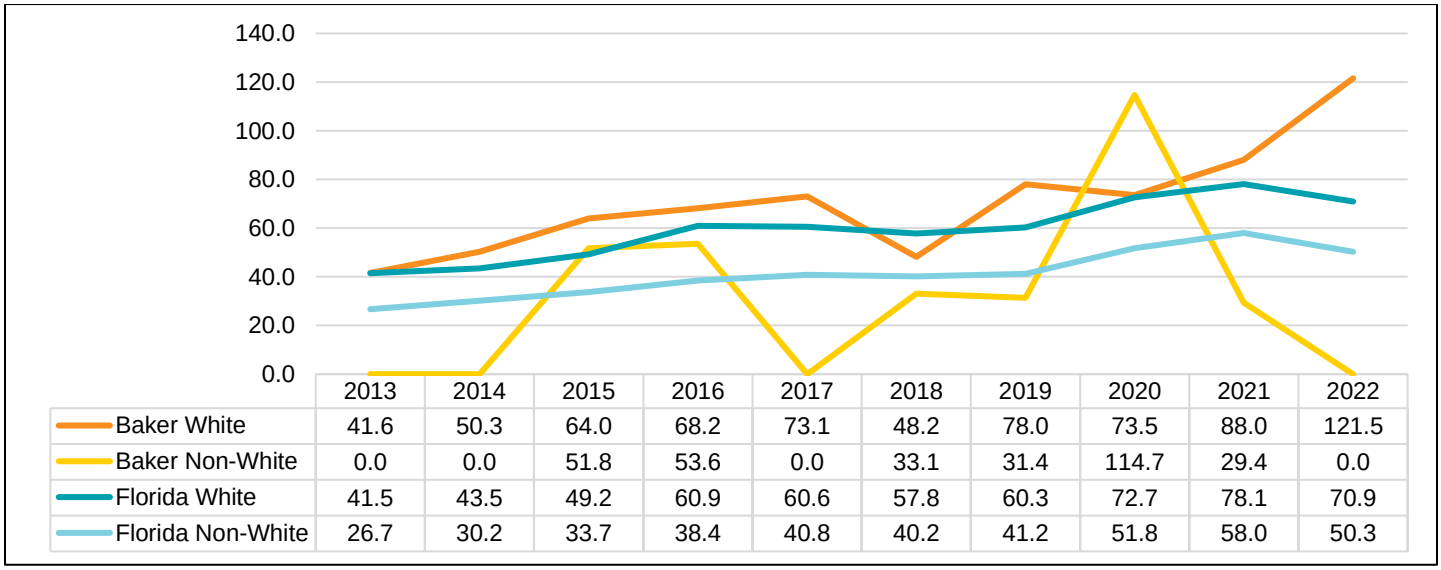
EXHIBIT 65: UNINTENTIONAL INJURY MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	35.1	42.0	62.3	67.5	59.9	43.9	68.2	77.2	80.6	100.8
Florida	38.7	40.7	45.9	55.7	56.0	53.8	55.5	67.4	72.8	67.2

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Unintentional Injuries

EXHIBIT 66: UNINTENTIONAL INJURY MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



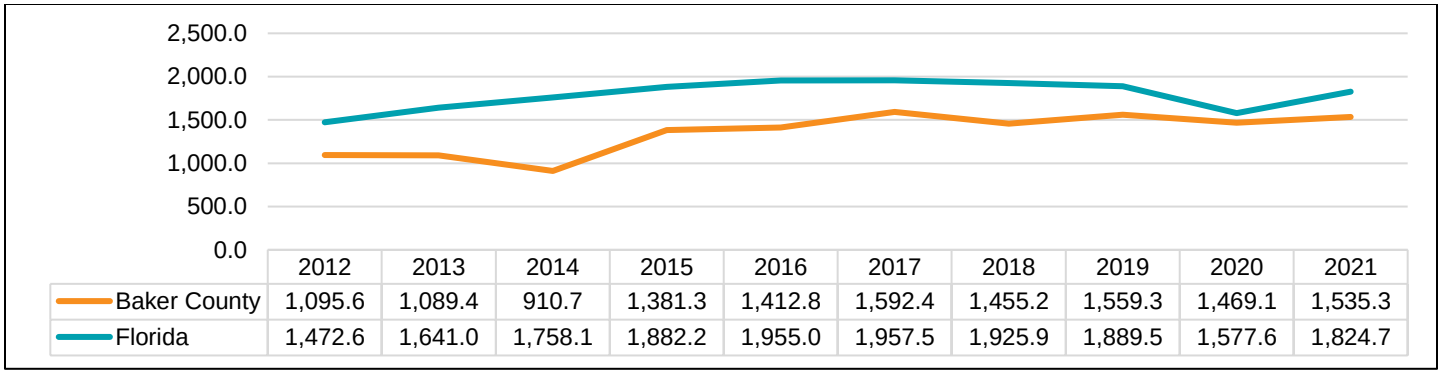
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker White	41.6	50.3	64.0	68.2	73.1	48.2	78.0	73.5	88.0	121.5
Baker Non-White	0.0	0.0	51.8	53.6	0.0	33.1	31.4	114.7	29.4	0.0
Florida White	41.5	43.5	49.2	60.9	60.6	57.8	60.3	72.7	78.1	70.9
Florida Non-White	26.7	30.2	33.7	38.4	40.8	40.2	41.2	51.8	58.0	50.3

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Unintentional Injuries

Traffic Crashes

Motor vehicle traffic crash rates in Baker County have had an overall increase of 40.1% from 2012 to 2021. Baker County's crash rate remained below Florida's over the past decade (Exhibit 67).

EXHIBIT 67: INCIDENCE OF MOTOR VEHICLE TRAFFIC CRASHES, BAKER COUNTY & FLORIDA, 2012–2021

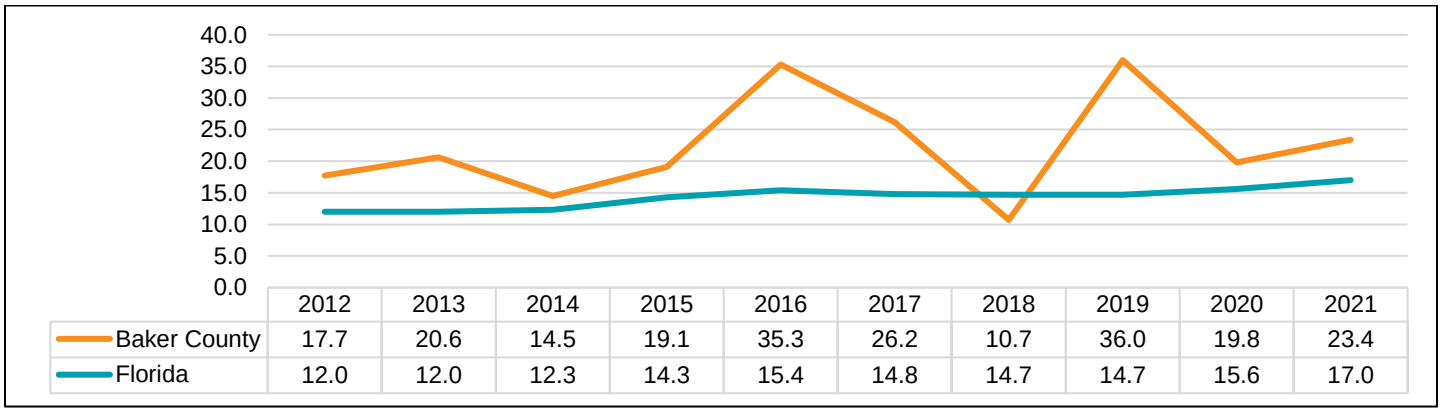


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	1,095.6	1,089.4	910.7	1,381.3	1,412.8	1,592.4	1,455.2	1,559.3	1,469.1	1,535.3
Florida	1,472.6	1,641.0	1,758.1	1,882.2	1,955.0	1,957.5	1,925.9	1,889.5	1,577.6	1,824.7

Source: Florida Department of Highway Safety and Motor Vehicles

Motor traffic fatalities fluctuated from 2012 to 2021 in Baker County but ultimately increased by 32.2%. The incidence of motor vehicle traffic deaths also increased in Florida by 41.7% (Exhibit 68).

EXHIBIT 68: INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

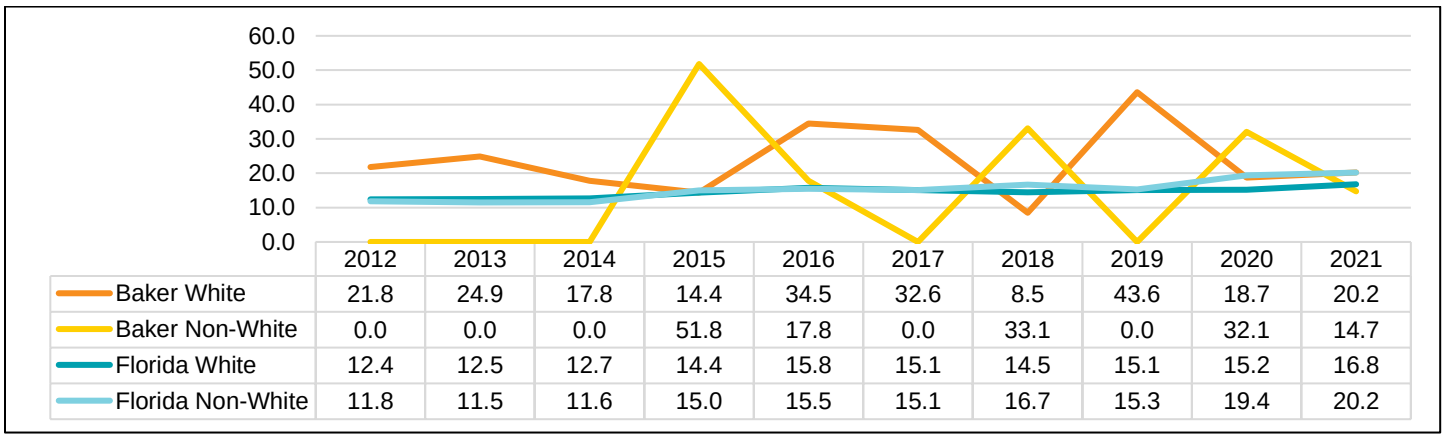


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	17.7	20.6	14.5	19.1	35.3	26.2	10.7	36.0	19.8	23.4
Florida	12.0	12.0	12.3	14.3	15.4	14.8	14.7	14.7	15.6	17.0

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Motor Vehicle Crashes

The motor vehicle mortality rate for Baker County's non-White population has fluctuated from 2012 to 2021, with a rate of 14.7 deaths per 100,000 population in 2021. The White population has also experienced some fluctuations in motor vehicle traffic deaths in Baker County, with a rate of 20.2 deaths per 100,000 population in 2021 (Exhibit 69).

EXHIBIT 69: INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



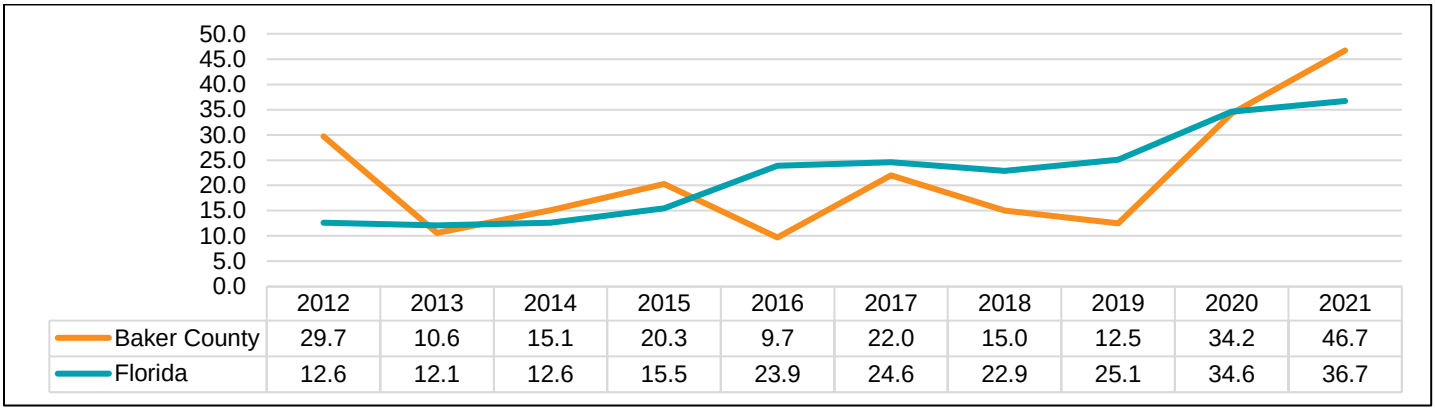
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	21.8	24.9	17.8	14.4	34.5	32.6	8.5	43.6	18.7	20.2
Baker Non-White	0.0	0.0	0.0	51.8	17.8	0.0	33.1	0.0	32.1	14.7
Florida White	12.4	12.5	12.7	14.4	15.8	15.1	14.5	15.1	15.2	16.8
Florida Non-White	11.8	11.5	11.6	15.0	15.5	15.1	16.7	15.3	19.4	20.2

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Motor Vehicle Crashes

Drug Poisoning Deaths

Drug poisoning deaths result from unintentional or intentional overdose of a drug, receiving the wrong drug, taking a drug in error, or taking a drug inadvertently (CDC, 2022i). Baker County's rate of drug poisoning deaths increased from 29.7 in 2012 to 46.7 in 2021 and almost tripled in Florida during the same period (Exhibit 70).

EXHIBIT 70: INCIDENCE OF DRUG POISONING DEATHS, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	29.7	10.6	15.1	20.3	9.7	22.0	15.0	12.5	34.2	46.7
Florida	12.6	12.1	12.6	15.5	23.9	24.6	22.9	25.1	34.6	36.7

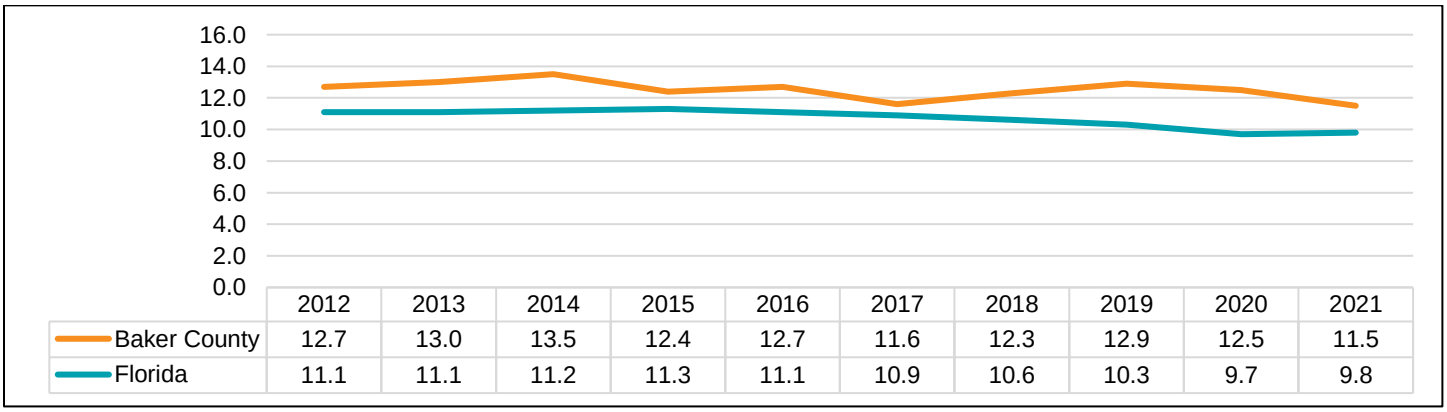
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Drug Poisoning

Maternal and Child Health

Total Births

Birth outcomes differ across regions due to many factors, including access to care, quality of care, environmental factors, and the mothers' health behaviors (CDC, 2020e). Baker County's total resident live birth rate remained slightly higher than Florida's rate for all races from 2012 to 2021. In 2021, there were 11.5 births per 1,000 total population for all races in Baker County compared to 9.8 births per 1,000 in Florida (Exhibit 71).

EXHIBIT 71: TOTAL RESIDENT LIVE BIRTHS, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2012–2021

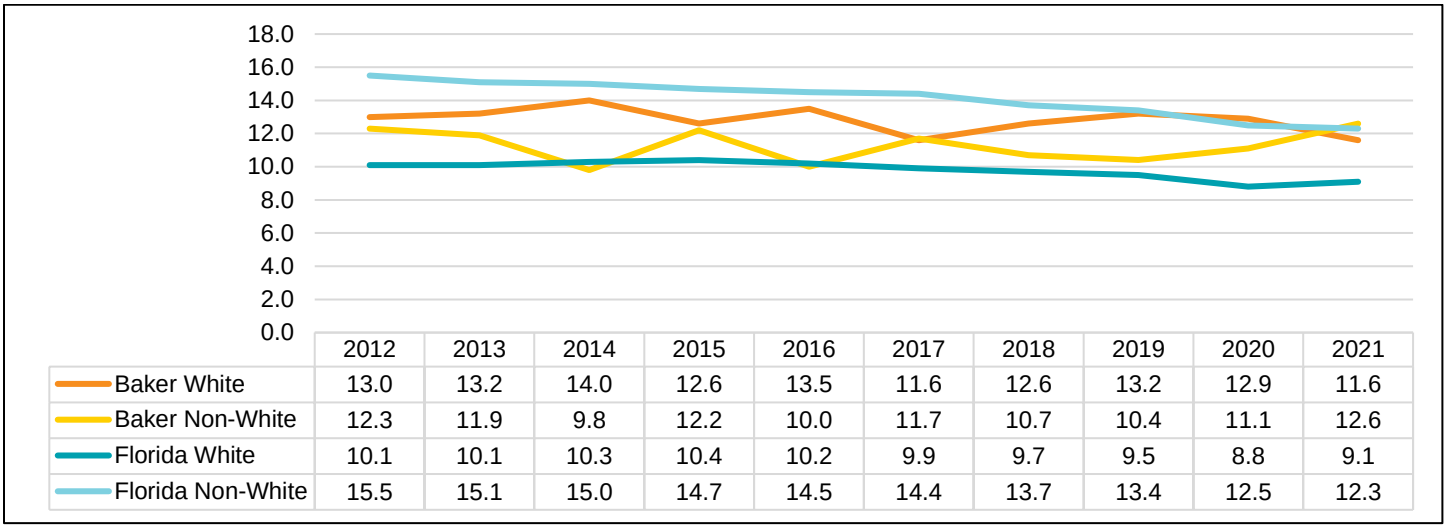


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	12.7	13.0	13.5	12.4	12.7	11.6	12.3	12.9	12.5	11.5
Florida	11.1	11.1	11.2	11.3	11.1	10.9	10.6	10.3	9.7	9.8

Source: Florida Department of Health, Bureau of Vital Statistics, Resident Live Births

Birth rates are higher for the White population than for non-White races in Baker County, while birth rates for non-White races were higher in Florida. Baker County's non-White population had a birth rate of 12.6 per 1,000 in comparison to 11.6 per 1,000 in the White population from 2021. Overall, births slightly decreased from 2012 to 2021 across both the county and state (Exhibit 72).

EXHIBIT 72: TOTAL RESIDENT LIVE BIRTHS BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2012–2021



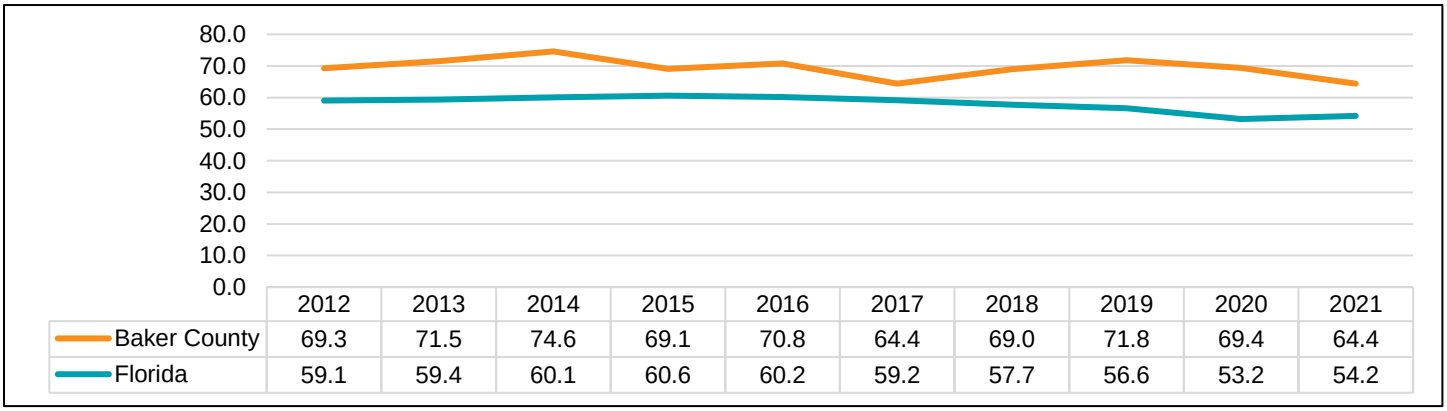
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	13.0	13.2	14.0	12.6	13.5	11.6	12.6	13.2	12.9	11.6
Baker Non-White	12.3	11.9	9.8	12.2	10.0	11.7	10.7	10.4	11.1	12.6
Florida White	10.1	10.1	10.3	10.4	10.2	9.9	9.7	9.5	8.8	9.1
Florida Non-White	15.5	15.1	15.0	14.7	14.5	14.4	13.7	13.4	12.5	12.3

Source: Florida Department of Health, Bureau of Vital Statistics, Resident Live Births

Births to Mothers Aged 15–44

Among U.S. women aged 15–44 in 2013–2015, 50% expected to have a child in the future. Women's expectations about having children in the future are related to sexual activity, contraceptive use, and fertility (Daughtery & Martinez, 2016). Baker County's birth rate to women aged 15–44 has experienced an overall decrease from 2012 to 2021 and has been higher than Florida's rates (Exhibit 73). Births to non-White mothers increased from 76.8 births per 1,000 females aged 15-44 in 2012 to 85.4 births per 1,000 in 2021 in Baker County, despite fluctuations (Exhibit 74).

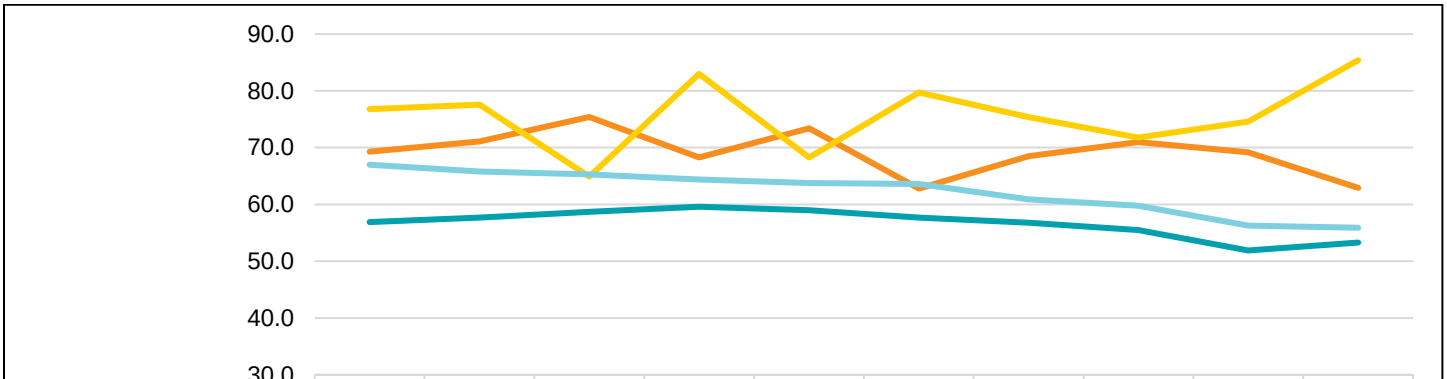
EXHIBIT 73: BIRTHS BY MOTHER'S AGE, AGES 15–44, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	69.3	71.5	74.6	69.1	70.8	64.4	69.0	71.8	69.4	64.4
Florida	59.1	59.4	60.1	60.6	60.2	59.2	57.7	56.6	53.2	54.2

Source: Florida Department of Health, Bureau of Vital Statistics, Births by Mothers' Age 15-44

EXHIBIT 74: BIRTHS BY MOTHER'S AGE, AGES 15–44, BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2012–2021



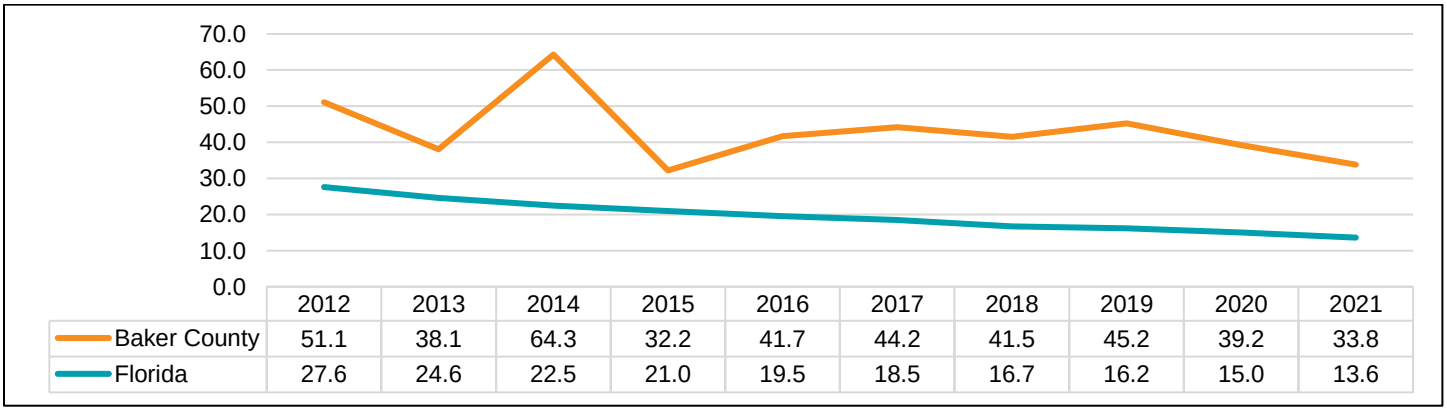
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	69.3	71.1	75.4	68.3	73.4	62.8	68.5	71.0	69.2	62.9
Baker Non-White	76.8	77.6	64.9	83.0	68.3	79.7	75.4	71.8	74.6	85.4
Florida White	56.9	57.7	58.7	59.6	59.0	57.7	56.8	55.5	51.9	53.3
Florida Non-White	67.0	65.8	65.3	64.4	63.8	63.6	60.9	59.8	56.3	55.9

Source: Florida Department of Health, Bureau of Vital Statistics, Births by Mothers' Age 15-44

Teen Births

Teen birth rates had an overall decrease over the past decade for all races and ethnicities in both Baker County and Florida. Baker County teen birth rates dropped significantly from 51.1 births per 1,000 females aged 15–19 in 2012 to 33.8 per 1,000 females aged 15–19 in 2021 (Exhibit 75). Baker County's White and non-White population rates of teen births fluctuated over the past decade but White teen births decreased and non-White teen births increased (Exhibit 76). Evidence suggests that the declines in teen pregnancy may be due to increased use of birth control and decreased sexual activity. However, U.S. teen pregnancy rates remain substantially higher than other industrialized countries with large disparities between races and ethnicities (CDC, 2021).

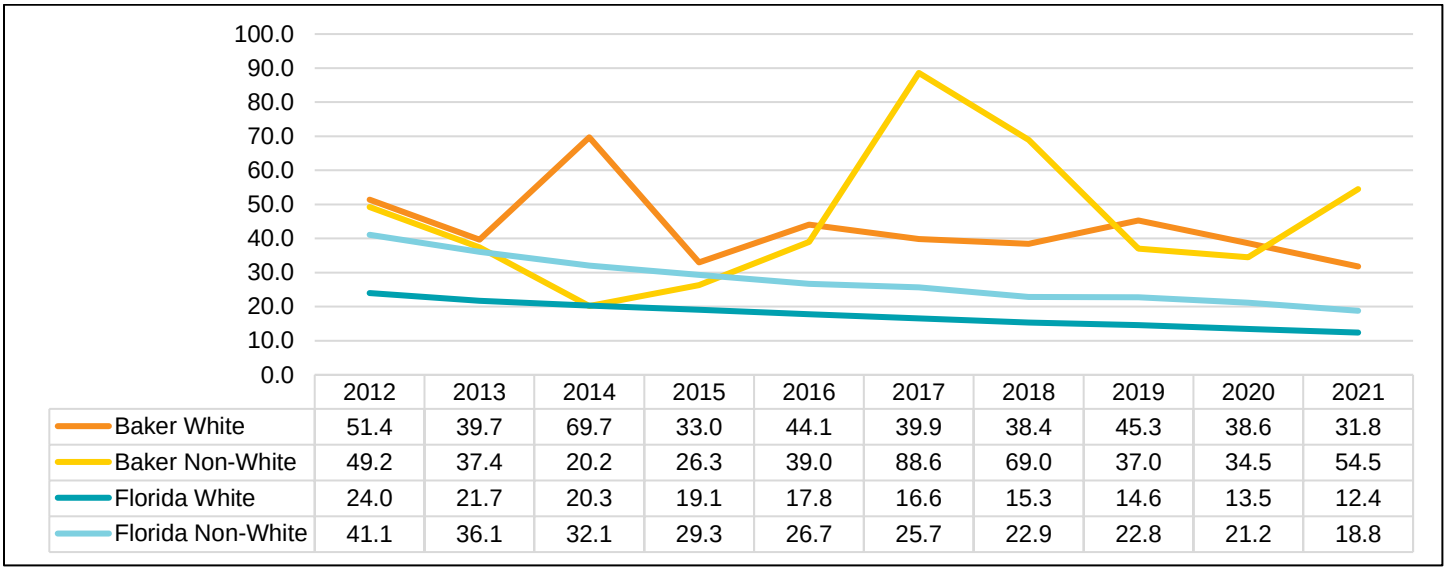
EXHIBIT 75: BIRTHS BY MOTHER'S AGE, AGES 15–19, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	51.1	38.1	64.3	32.2	41.7	44.2	41.5	45.2	39.2	33.8
Florida	27.6	24.6	22.5	21.0	19.5	18.5	16.7	16.2	15.0	13.6

Source: Florida Department of Health, Bureau of Vital Statistics, Births by Mothers' Age 15-19

EXHIBIT 76: BIRTHS BY MOTHER'S AGE, AGES 15–19, BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2012–2021



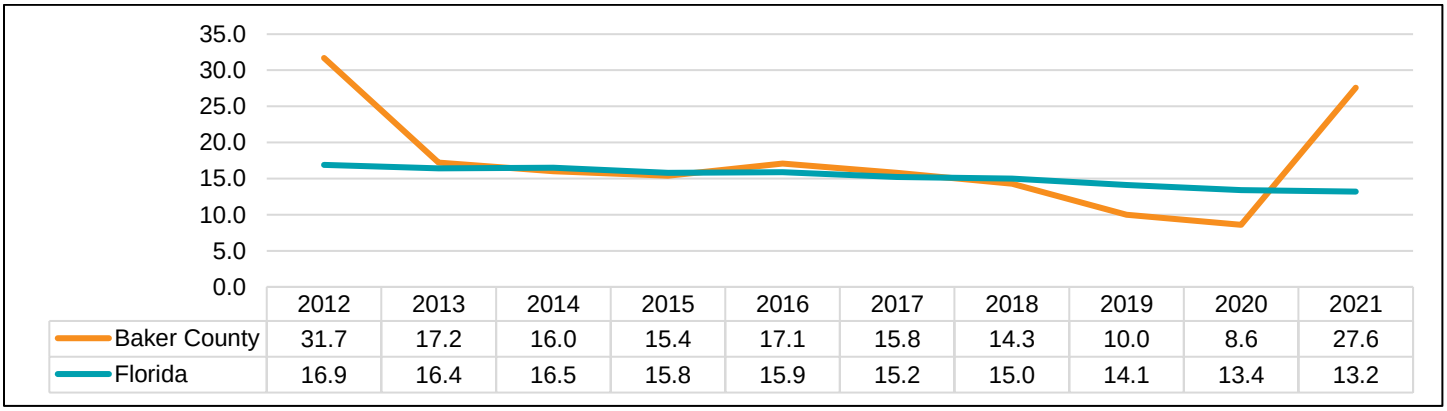
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	51.4	39.7	69.7	33.0	44.1	39.9	38.4	45.3	38.6	31.8
Baker Non-White	49.2	37.4	20.2	26.3	39.0	88.6	69.0	37.0	34.5	54.5
Florida White	24.0	21.7	20.3	19.1	17.8	16.6	15.3	14.6	13.5	12.4
Florida Non-White	41.1	36.1	32.1	29.3	26.7	25.7	22.9	22.8	21.2	18.8

Source: Florida Department of Health, Bureau of Vital Statistics, Births by Mothers' Age 15-19

Repeat Teen Births

According to the Office of Population Affairs at the U.S. Department of Health and Human Services, nearly 1 in 6 births to mothers aged 15 to 19 are repeat births. Repeat teen births can affect young mothers by limiting their ability to pursue education (HHS, n.d.-b). Exhibit 77 and Exhibit 78 show repeat births to teen mothers (ages 15–19) as a percentage of total births. Baker County and Florida had about the same rates for repeat teen births for all races/ethnicities except for 2012 and 2021 when Baker County's rate was higher. Non-White repeat teen birth rates in Baker County were higher than White repeat teen births rates from 2018 to 2021.

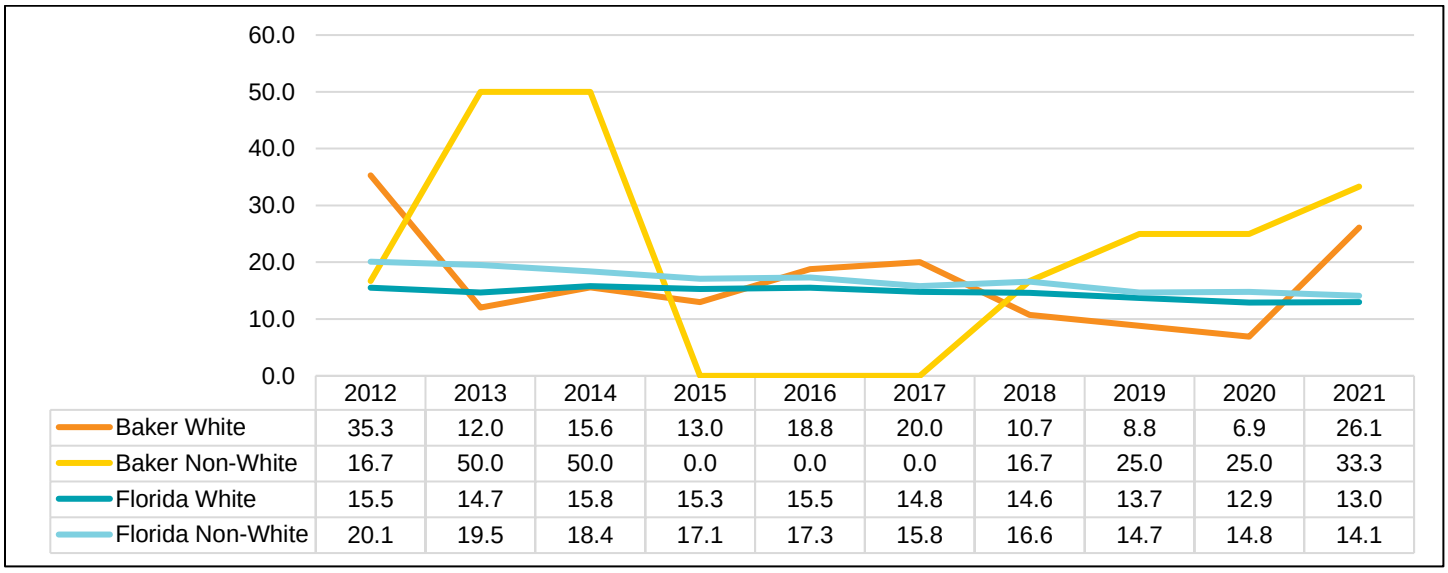
EXHIBIT 77: REPEAT BIRTHS TO MOTHERS AGED 15–19, BAKER COUNTY & FLORIDA, PERCENTAGE OF TOTAL BIRTHS 15–19, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	31.7	17.2	16.0	15.4	17.1	15.8	14.3	10.0	8.6	27.6
Florida	16.9	16.4	16.5	15.8	15.9	15.2	15.0	14.1	13.4	13.2

Source: Florida Department of Health, Bureau of Vital Statistics, Repeat Births to Mothers Ages 15-19

EXHIBIT 78: REPEAT BIRTHS TO MOTHERS AGED 15–19 BY RACE, BAKER COUNTY & FLORIDA, PERCENTAGE OF TOTAL BIRTHS 15–19, 2012–2021



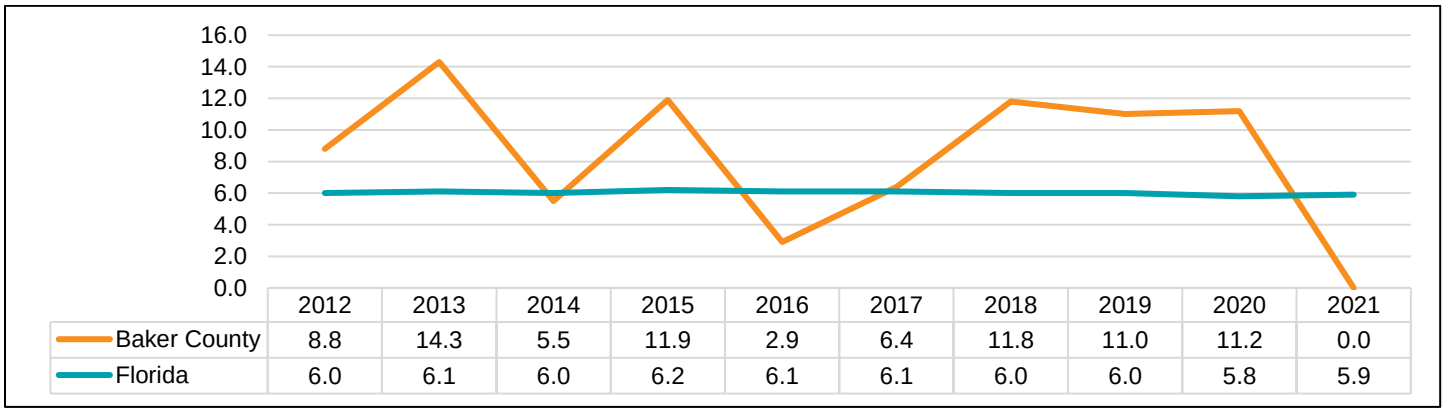
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	35.3	12.0	15.6	13.0	18.8	20.0	10.7	8.8	6.9	26.1
Baker Non-White	16.7	50.0	50.0	0.0	0.0	0.0	16.7	25.0	25.0	33.3
Florida White	15.5	14.7	15.8	15.3	15.5	14.8	14.6	13.7	12.9	13.0
Florida Non-White	20.1	19.5	18.4	17.1	17.3	15.8	16.6	14.7	14.8	14.1

Source: Florida Department of Health, Bureau of Vital Statistics, Repeat Births to Mothers Ages 15-19

Infant Mortality Rate

Infant mortality is the death of a live-born baby within the first year of life. The infant mortality rate is the number of infant deaths for every 1,000 live births. This rate is an important marker of the overall health of a society (CDC, 2022d). Baker County's infant mortality rate for all races fluctuated from 2012 to 2021 and was higher than the Florida rate, except for in 2014, 2016, and 2021 (Exhibit 79). White infant mortality rates are usually lower than non-White rates in Baker County. It is important to note that there were no infant mortalities in 2021 in Baker County. Overall, Baker's non-White population showed an overall decline in infant mortality rates from 2012 to 2021 (Exhibit 80).

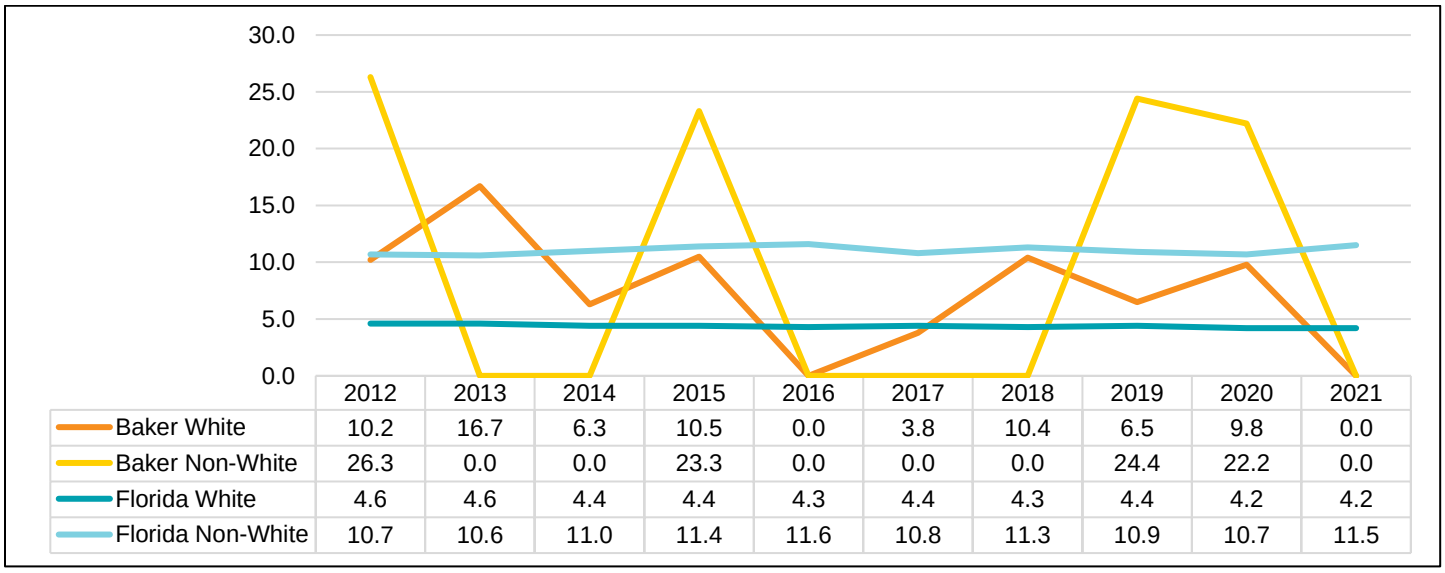
EXHIBIT 79: INFANT MORTALITY RATE, BAKER COUNTY & FLORIDA, RATE PER 1,000 LIVE BIRTHS, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	8.8	14.3	5.5	11.9	2.9	6.4	11.8	11.0	11.2	0.0
Florida	6.0	6.1	6.0	6.2	6.1	6.1	6.0	6.0	5.8	5.9

Source: Florida Department of Health, Bureau of Vital Statistics, Infant Mortality

EXHIBIT 80: INFANT MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, RATE PER 1,000 LIVE BIRTHS, 2012–2021



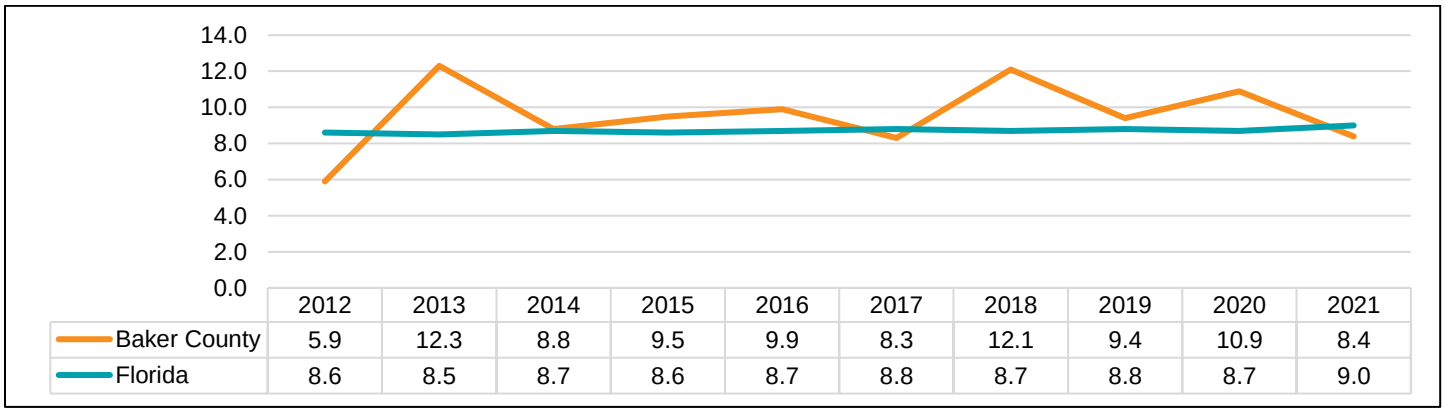
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	10.2	16.7	6.3	10.5	0.0	3.8	10.4	6.5	9.8	0.0
Baker Non-White	26.3	0.0	0.0	23.3	0.0	0.0	0.0	24.4	22.2	0.0
Florida White	4.6	4.6	4.4	4.4	4.3	4.4	4.3	4.4	4.2	4.2
Florida Non-White	10.7	10.6	11.0	11.4	11.6	10.8	11.3	10.9	10.7	11.5

Source: Florida Department of Health, Bureau of Vital Statistics, Infant Mortality

Low Birth Weight

A birth weight less than 5.5 pounds (2,500 grams) is considered a low birth weight. Infants with low birth weight may be at a higher risk for many health problems in comparison to infants born at a normal weight (CDC, 2020e). Over the past decade, the percentage of births in Baker County with low birth weight was higher than those of Florida for all races, except for 2012, 2017, and 2021, when the county rate was lower than the state rate (Exhibit 81). Non-White births are more likely to have low birth weight in both Baker County and Florida. In Baker County, 15.4% of non-White births were low birth weight in 2021 compared to 6.9% of White births (Exhibit 82).

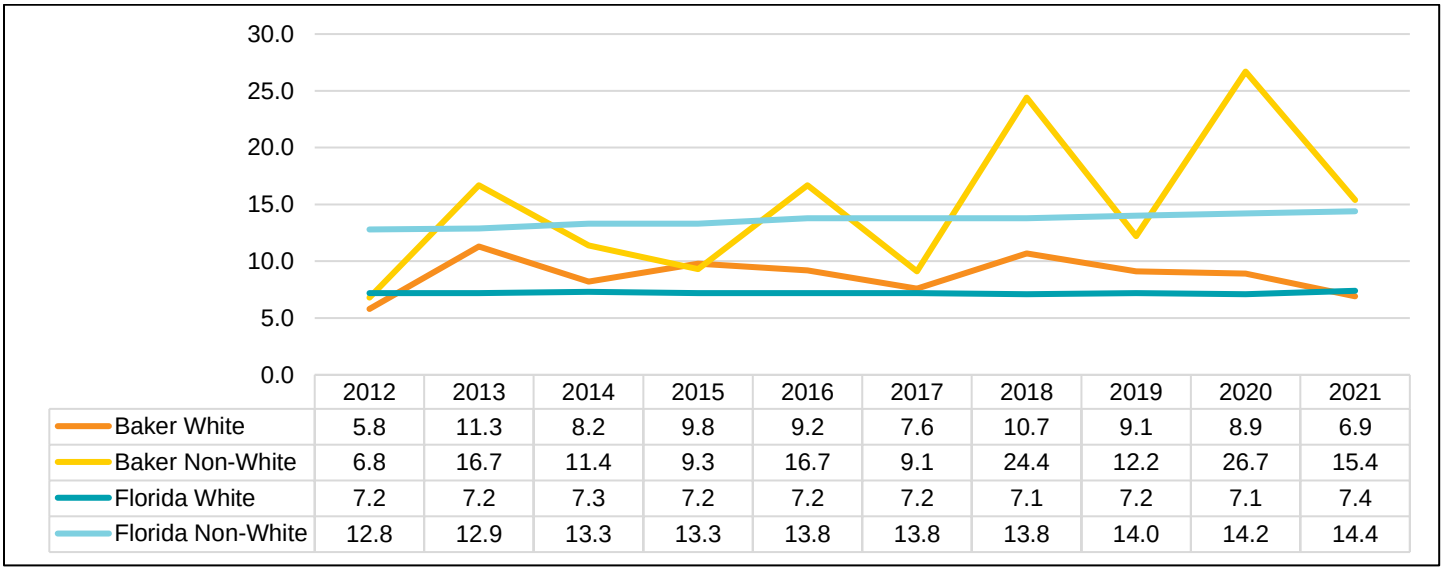
EXHIBIT 81: PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT, BAKER COUNTY & FLORIDA, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	5.9	12.3	8.8	9.5	9.9	8.3	12.1	9.4	10.9	8.4
Florida	8.6	8.5	8.7	8.6	8.7	8.8	8.7	8.8	8.7	9.0

Source: Florida Department of Health, Bureau of Vital Statistics, Births with Low Birth Weight

EXHIBIT 82: PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT BY RACE, BAKER COUNTY & FLORIDA, 2012–2021



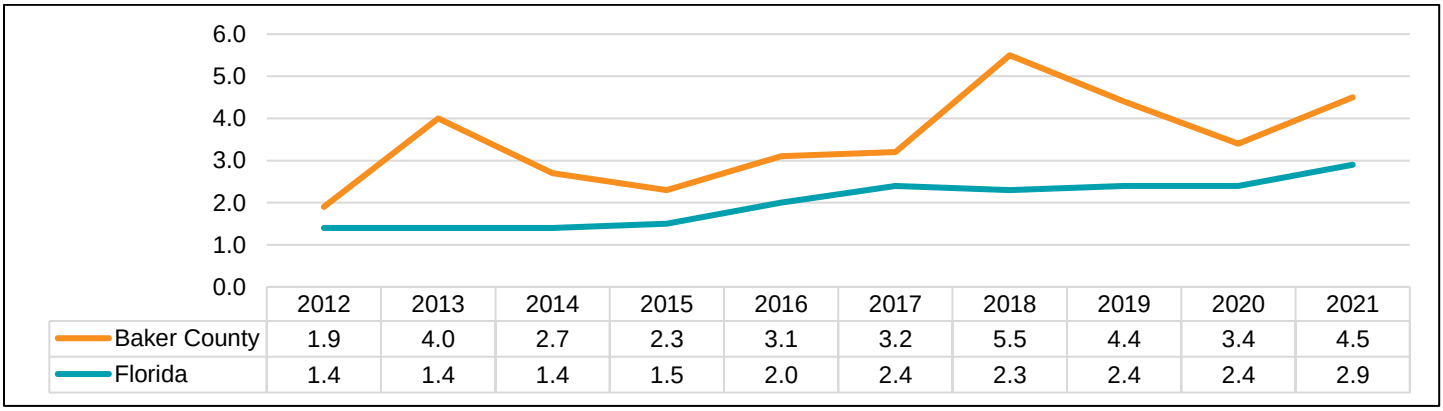
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	5.8	11.3	8.2	9.8	9.2	7.6	10.7	9.1	8.9	6.9
Baker Non-White	6.8	16.7	11.4	9.3	16.7	9.1	24.4	12.2	26.7	15.4
Florida White	7.2	7.2	7.3	7.2	7.2	7.2	7.1	7.2	7.1	7.4
Florida Non-White	12.8	12.9	13.3	13.3	13.8	13.8	13.8	14.0	14.2	14.4

Source: Florida Department of Health, Bureau of Vital Statistics, Births with Low Birth Weight

Prenatal Care

In order to have the best possible outcome for mother and child, early prenatal care is essential. Prenatal care is the health care a woman receives when she is pregnant, and prenatal visits to a health care provider are important to monitor the health of the mother and fetus (CDC, 2022e). Of births with known prenatal care status, only 4.5% of mothers had no prenatal care in Baker County compared to 2.9% of mothers in Florida in 2021 (Exhibit 83).The non-White population consistently has higher rates of births to mothers with no prenatal care than the White population in both Baker County and Florida (Exhibit 84).

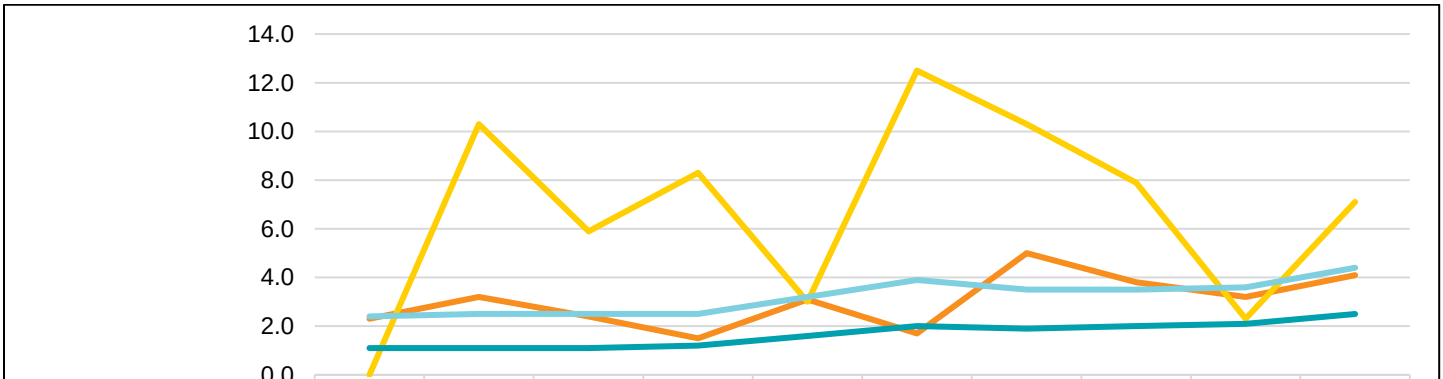
EXHIBIT 83: PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE, BAKER COUNTY & FLORIDA, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker County	1.9	4.0	2.7	2.3	3.1	3.2	5.5	4.4	3.4	4.5
Florida	1.4	1.4	1.4	1.5	2.0	2.4	2.3	2.4	2.4	2.9

Source: Florida Department of Health, Bureau of Vital Statistics, Births to Mothers with No Prenatal Care

EXHIBIT 84: PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE BY RACE, BAKER COUNTY & FLORIDA, 2012–2021



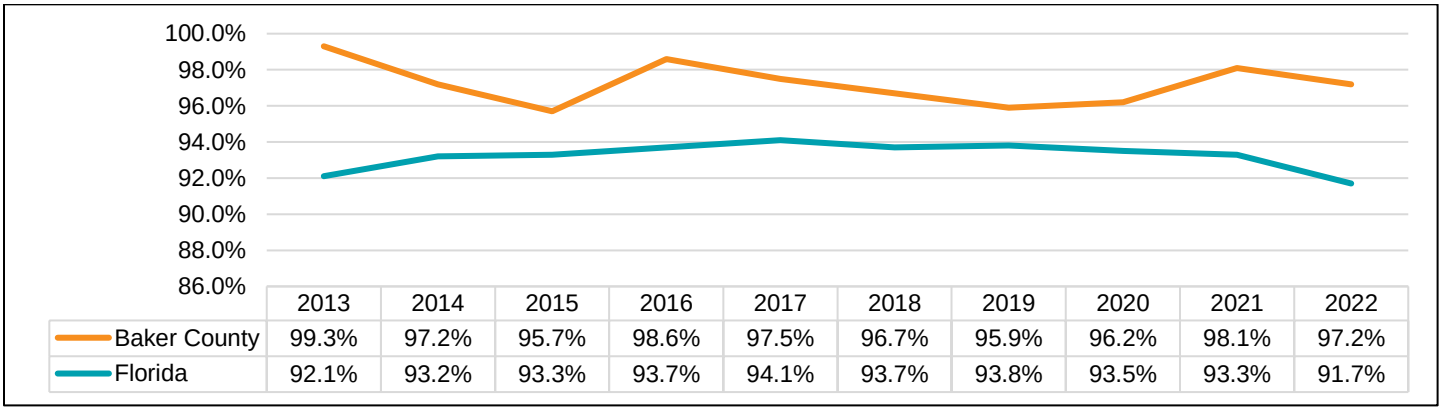
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Baker White	2.3	3.2	2.4	1.5	3.1	1.7	5.0	3.8	3.2	4.1
Baker Non-White	0.0	10.3	5.9	8.3	3.0	12.5	10.3	7.9	2.3	7.1
Florida White	1.1	1.1	1.1	1.2	1.6	2.0	1.9	2.0	2.1	2.5
Florida Non-White	2.4	2.5	2.5	2.5	3.2	3.9	3.5	3.5	3.6	4.4

Source: Florida Department of Health, Bureau of Vital Statistics, Births to Mothers with No Prenatal Care

Immunizations

According to the Centers for Disease Control and Prevention (CDC), immunization is the process by which a person becomes protected against a disease through vaccination. Immunization is a primary defense against some of the most deadly and debilitating diseases known (CDC, 2023a). It is particularly important to vaccinate children to prevent them from contracting or spreading serious diseases (CDC, 2023a). Baker County's percentage of immunized kindergartners is higher than Florida's, with 97.2% of children immunized compared to 91.7% in Florida in 2022 (Exhibit 85).

EXHIBIT 85: PERCENTAGE OF IMMUNIZED KINDERGARTNERS, BAKER COUNTY & FLORIDA, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	99.3%	97.2%	95.7%	98.6%	97.5%	96.7%	95.9%	96.2%	98.1%	97.2%
Florida	92.1%	93.2%	93.3%	93.7%	94.1%	93.7%	93.8%	93.5%	93.3%	91.7%

Source: Florida Department of Health, Bureau of Immunization, Immunization Levels in Kindergarten

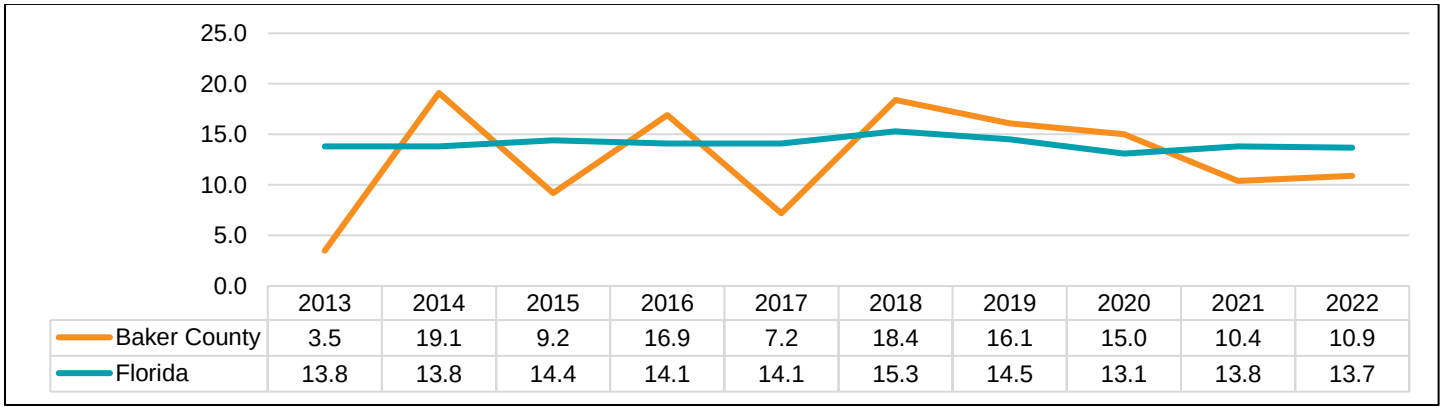
Behavioral and Mental Health

Suicide

Suicide occurs when a person ends their own life and is a leading cause of death in the U.S. (CDC, 2023i). Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure (CDC, 2023i). People who have attempted suicide may have experienced violence, including child abuse, bullying, or sexual violence, and may even have depression and other mental health problems (CDC, 2023i). Baker County's suicide death rate has fluctuated over the past decade and

most notably had a 40.8% decrease from 2018 to 2022 (Exhibit 86). In both Baker County and Florida, suicide tends to occur much more frequently among White populations than non-White groups, as shown in Exhibit 87.

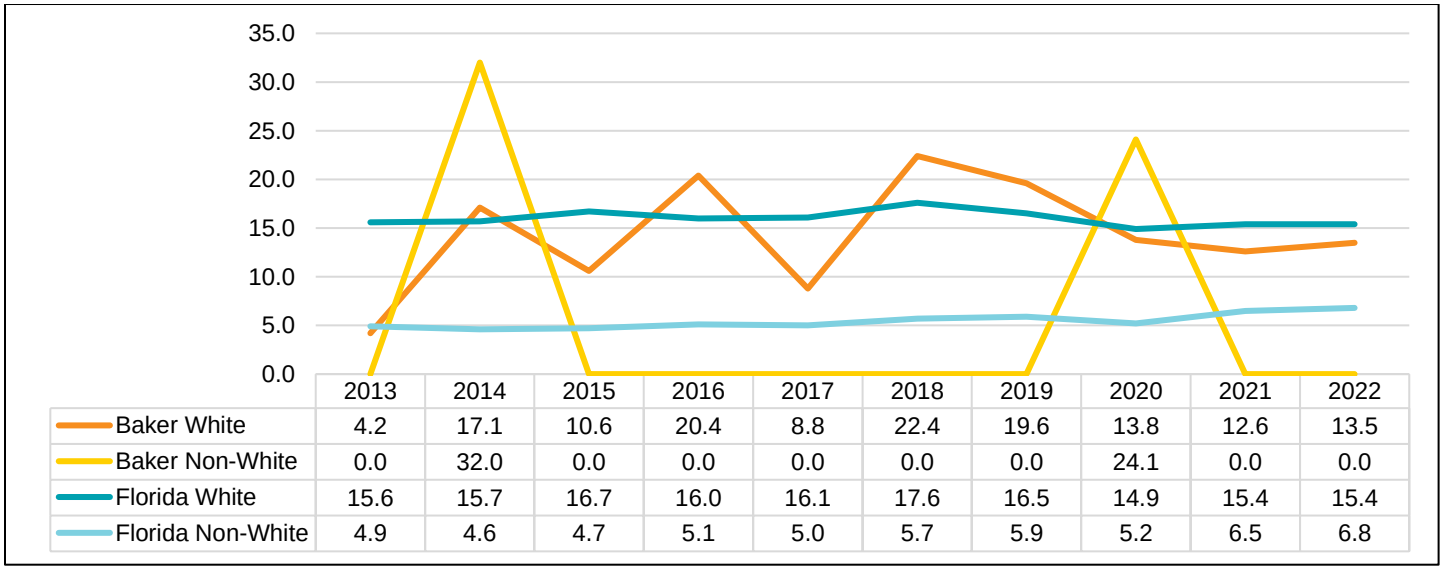
EXHIBIT 86: SUICIDE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker County	3.5	19.1	9.2	16.9	7.2	18.4	16.1	15.0	10.4	10.9
Florida	13.8	13.8	14.4	14.1	14.1	15.3	14.5	13.1	13.8	13.7

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide

EXHIBIT 87: SUICIDE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Baker White	4.2	17.1	10.6	20.4	8.8	22.4	19.6	13.8	12.6	13.5
Baker Non-White	0.0	32.0	0.0	0.0	0.0	0.0	0.0	24.1	0.0	0.0
Florida White	15.6	15.7	16.7	16.0	16.1	17.6	16.5	14.9	15.4	15.4
Florida Non-White	4.9	4.6	4.7	5.1	5.0	5.7	5.9	5.2	6.5	6.8

Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide

Baker Act Referrals/Examinations

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

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

Exhibit 88 below illustrates the total number of reported involuntary exam initiations (i.e., Baker Act) for Baker County residents by fiscal year from 2017 to 2022.

EXHIBIT 88: INVOLUNTARY EXAMINATIONS OF BAKER COUNTY RESIDENTS, 2017–2022

Fiscal Year	All Ages	% of Total				
		<18	18–24	25–64	65+	Change to 2021–2022
2017–2018	243	13.99%	10.70%	64.20%	8.64%	17.70%
2018–2019	203	18.72%	7.39%	61.58%	5.42%	1.48%
2019–2020	218	15.14%	10.09%	65.60%	6.88%	8.26%
2020–2021	279	35.84%	7.89%	48.75%	6.09%	28.32%
2021–2022	200	31.50%	9.50%	48.00%	8.00%	N/A

Source: Baker Act Reporting Center Fiscal Year 2021-22, University of South Florida

Exhibit 89 summarizes the number of involuntary examinations for Baker County residents by initiator type. Of the total number of involuntary examinations in Baker County, 40.50% were initiated by health professionals, 59.00% by law enforcement, and 0.50% by judges. In comparison, Florida had 44.60% of involuntary exams initiated by health professionals, 52.96% by law enforcement, and 2.44% by judges. Of the involuntary examinations in Baker County initiated by health professionals, 41.86% were initiated by a physician who was not a psychiatrist, in comparison to 63.83% in Florida.

EXHIBIT 89: INVOLUNTARY EXAMINATIONS BY INITIATOR TYPE, BAKER COUNTY & FLORIDA, FY 2021–2022

	Baker	Florida	Baker	Florida	Baker	Florida
	Health Professional		Law Enforcement		Ex-Parte Order of Judge	
Total	**40.50%**	**44.60%**	**59.00%**	**52.96%**	**0.50%**	**2.44%**
Physician (not a psychiatrist)	41.86%	63.83%	These percentages are out of the total for involuntary examinations initiated by health professionals (not out of the total number of involuntary examinations).			
Physician (psychiatrist)	5.81%	8.78%				
Licensed Clinical Social Worker	22.09%	7.06%				
Licensed Mental Health Counselor	27.91%	12.16%				
Clinical Psychologist	<1%	1.02%				
Psychiatric Nurse	<1%	2.45%				
Licensed Marriage and Family Therapist	<1%	<1%				
Physician's Assistant	1.16%	2.06%				
Professional type not reported	1.16%	1.79%				

Source: Baker Act Reporting Center Fiscal Year 2021-22, University of South Florida

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) "is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year making it the largest continuously conducted health survey system in the world" (CDC, 2023h).

The Florida BRFSS began reporting health behavior data in 1986 on residents 18 years old and over. The 2019 BRFSS is the latest and sixth county-level survey conducted in Florida, estimating the

county prevalence of personal health behaviors that contribute to morbidity and mortality. That year, 415 Baker County adults responded to the county-level survey (FDOH, 2019). Exhibit 90 shows some of the key findings for Baker County.

EXHIBIT 90: SELECTED BRFSS DATA, BAKER COUNTY & FLORIDA, 2019

Alcohol Consumption	Baker County	Florida
Adults who engage in heavy or binge drinking	15.2%	18.0%
Cancer Screening	**Baker County**	**Florida**
Women 40 years of age and older who received a mammogram in the past year	N/A	56.2%
Women aged 50 to 74 who had a mammogram in the past 2 years	N/A	78.4%
Women 18 years of age and older who received a Pap test in the past year	N/A	40.0%
Women aged 21 to 65 who had a Pap test in the past 3 years	N/A	77.1%
Adults ages 50 years and older who have ever had a blood stool test	N/A	45.7%
Adults ages 50 years and older who received a blood stool test in the past year	N/A	19.8%
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	N/A	73.1%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	N/A	53.1%
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	N/A	75.7%
Men 50 years of age and older who received a PSA test in the past two years	N/A	44.4%
Dental Care	**Baker County**	**Florida**
Adults who visited a dentist or a dental clinic in the past year	N/A	61.2%
Adults who had a permanent tooth removed because of tooth decay or gum disease	N/A	47.2%
Diabetes	**Baker County**	**Florida**
Adults who have ever been told they had pre-diabetes	9.2%	9.1%
Adults who have ever been told they had diabetes	13.8%	11.7%
Average age at which diabetes was diagnosed	49	50
Health Care Access and Coverage	**Baker County**	**Florida**
Adults who could not see a doctor at least once in the past year due to cost	21.8%	16.0%
Adults with any type of health care insurance coverage	78.8%	84.2%
Adults who have a personal doctor	76.8%	72.0%
Adults who had a medical checkup in the past year	78.4%	78.8%
Health Status and Quality of Life	**Baker County**	**Florida**
Adults who said their overall health was "fair" or "poor"	25.5%	19.7%
Adults who said their overall health was "good" to "excellent"	74.5%	80.3%
Adults with good physical health for the past 30 days	78.0%	86.2%
Adults with good mental health for the past 30 days	83.9%	86.2%
Average number of unhealthy mental days in the past 30 days	5.0	4.4
Average number of unhealthy physical days in the past 30 days	5.9	4.4
Adults who had poor mental health on 14 or more of the past 30 days	16.1%	13.8%
Adults who had poor physical health on 14 or more of the past 30 days	22.0%	13.8%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	21.3%	18.3%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	5.7	5.6
Adults who have ever been told they had a depressive disorder	17.5%	17.7%
HIV/AIDS	**Baker County**	**Florida**
Adults less than 65 years of age who have ever been tested for HIV	53.4%	60.7%
Adults who have ever been tested for HIV	47.3%	50.7%
Obesity and Overweight	**Baker County**	**Florida**
Adults who are overweight	34.3%	37.6%
Adults who are obese	36.4%	27.0%
Adults who have a healthy weight	26.6%	32.8%
Adults who are underweight	2.7%	2.6%
Tobacco Usage	**Baker County**	**Florida**
Adults who are current smokers	29.7%	14.8%

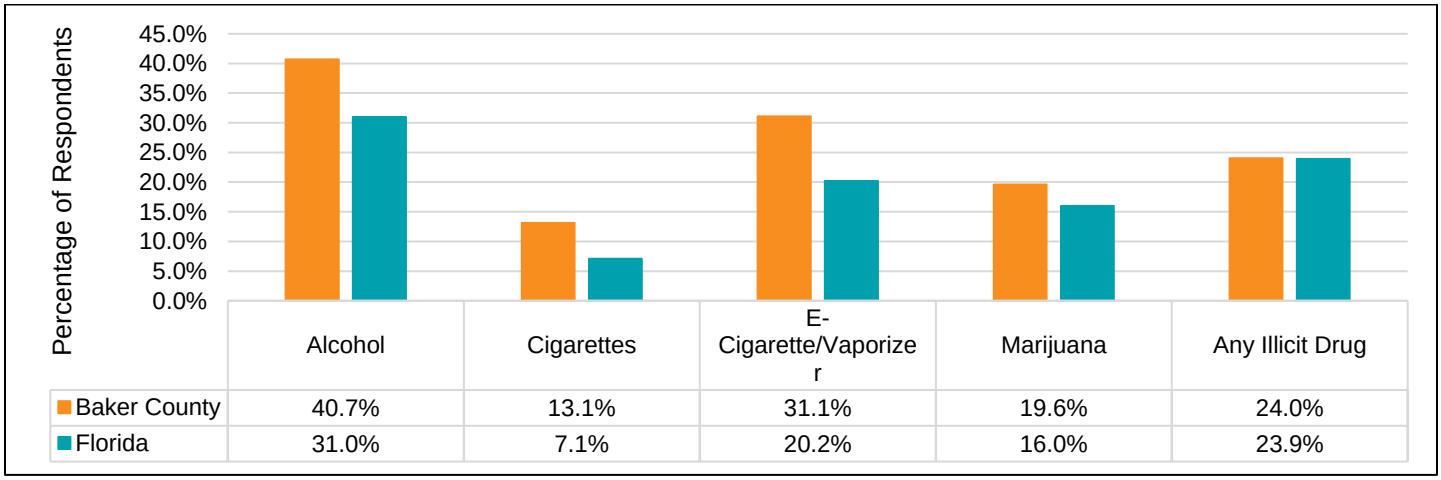
Adult current smokers who tried to quit smoking at least once in the past year	44.8%	59.0%
Adults who are former smokers (currently quit smoking)	26.0%	26.3%
Adults who have never smoked	44.3%	58.9%
Adults who are current e-cigarette users	2.2%	7.5%
Adults who are former e-cigarette users	22.8%	18.4%
Adults who have never used e-cigarettes	75.0%	74.1%

Source: 2019 Behavioral Risk Factor Surveillance System
Note: The cancer screening indicators included in this table did not have data available at the county level in 2019.

Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco, and other drug use; delinquent behaviors; and the risk and protective factors related to these behaviors (FDCF, n.d.-b). The 2022 FYSAS was answered by 751 Baker County students in grades 6–12 (FDOH, 2022). Alcohol was the most commonly used substance among students with a prevalence rate of 40.7% for lifetime use and a prevalence rate of 17.3% for past 30–day use. E-cigarettes/vaporizers were the other most used substances among students, with a 31.1% rate for lifetime use and 18.2% prevalence rate for past-30-day use (Exhibit 91 and Exhibit 92). Any illicit drugs include LSD, cocaine, amphetamines, or other illegal drugs.

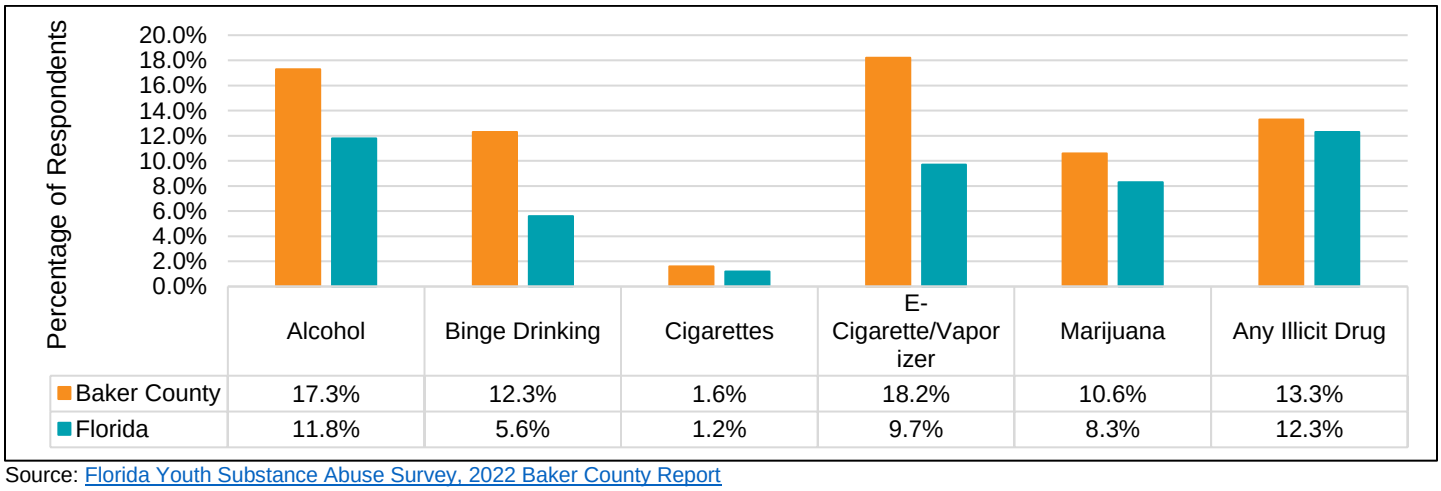
EXHIBIT 91: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THEIR LIFETIME, 2022



	Alcohol	Cigarettes	E-Cigarette/Vaporizer	Marijuana	Any Illicit Drug
Baker County	40.7%	13.1%	31.1%	19.6%	24.0%
Florida	31.0%	7.1%	20.2%	16.0%	23.9%

Source: Florida Youth Substance Abuse Survey, 2022 Baker County Report

EXHIBIT 92: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THE PAST 30 DAYS, 2022

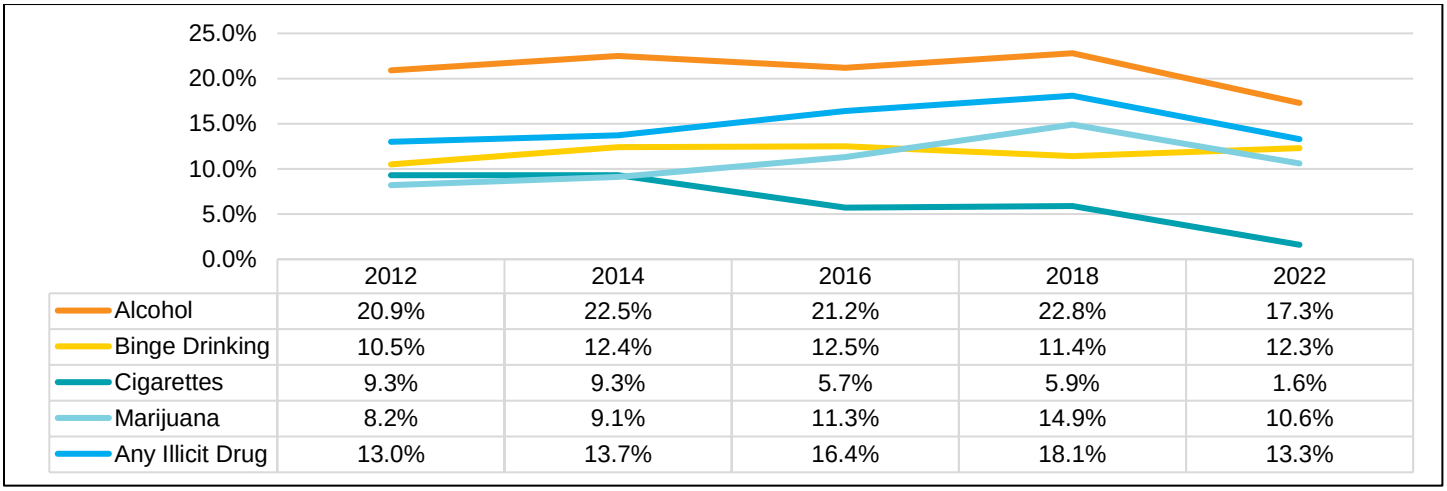


	Alcohol	Binge Drinking	Cigarettes	E-Cigarette/Vapor izer	Marijuana	Any Illicit Drug
Baker County	17.3%	12.3%	1.6%	18.2%	10.6%	13.3%
Florida	11.8%	5.6%	1.2%	9.7%	8.3%	12.3%

Source: Florida Youth Substance Abuse Survey, 2022 Baker County Report

Baker County has seen a decline in past-30-day youth substance use from 2012 to 2022 for alcohol and cigarettes. There has been an increase in binge drinking, marijuana, and any illicit drug during the same time period. Alcohol past-30-day substance use went from 20.9% in 2012 to 17.3% in 2022 (Exhibit 93).

EXHIBIT 93: YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR BAKER COUNTY, 2012–2022



	2012	2014	2016	2018	2022
Alcohol	20.9%	22.5%	21.2%	22.8%	17.3%
Binge Drinking	10.5%	12.4%	12.5%	11.4%	12.3%
Cigarettes	9.3%	9.3%	5.7%	5.9%	1.6%
Marijuana	8.2%	9.1%	11.3%	14.9%	10.6%
Any Illicit Drug	13.0%	13.7%	16.4%	18.1%	13.3%

Source: Florida Youth Substance Abuse Survey, 2022 Baker County Report
Note: 2020 data is not available for Baker County

Health Resources, Providers, and Facilities

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance is obtained privately through an employer (the individual's own or an immediate family member), purchased independently, or available to certain individuals through government subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits (CDC, 2023c).

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

Baker County has a higher rate of insured persons compared to Florida, but a lower rate than the U.S. About 89% of Baker's total civilian noninstitutionalized population has insurance compared to 87% of Floridians and 91% of all Americans (Exhibit 94).

EXHIBIT 94: INSURANCE COVERAGE IN BAKER COUNTY, FLORIDA, AND THE UNITED STATES, 2017–2021

	Baker County	Florida	United States
Total civilian noninstitutionalized	24,848	21,027,201	324,818,565
With health insurance coverage	22,089	18,369,975	296,329,423
With private health insurance	16,450	13,263,169	220,227,921
With public coverage	8,639	7,709,520	115,056,151
No health insurance coverage	2,759	2,657,226	28,489,142
Civilian noninstitutionalized population 19 to 64 years	14,464	12,237,417	194,499,875
In labor force	11,214	9,467,982	152,468,197
Employed	10,652	8,982,421	144,422,403
With health insurance coverage	9,398	7,482,475	128,856,540
With private health insurance	8,650	7,030,900	117,443,342
With public coverage	1,061	694,290	15,356,389
No health insurance coverage	1,254	1,499,946	15,565,863
Unemployed	562	485,561	8,045,794
With health insurance coverage	354	297,366	5,934,080
With private health insurance	160	206,576	3,378,545
With public coverage	194	105,037	2,819,784
No health insurance coverage	208	188,195	2,111,714
Not in labor force	3,250	2,769,435	42,031,678
With health insurance coverage	2,701	2,187,440	35,803,351
With private health insurance	1,355	1,419,461	21,514,471
With public coverage	1,626	953,925	17,223,378
No health insurance coverage	549	581,995	6,228,327

Source: 2021 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics

Federal Health Professional Shortage Designation

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

Healthcare providers

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

Exhibit 95 shows the number of total licensed physicians, various primary care providers, and dentists in Baker County. In the 2021–22 FY, Baker County had 11 licensed medical doctors while Florida had

a total of 57,478. Baker County had two licensed family practice physicians, zero licensed pediatricians, zero licensed OB/GYNs, one licensed internist, and five licensed dentists.

EXHIBIT 95: TOTAL LICENSED PROVIDERS, BAKER COUNTY & FLORIDA, FY 2021–2022

Type of Provider	Baker County	Florida
Licensed Medical Doctors	11	57,478
Licensed Family Practice Physician	2	4,204
Licensed Pediatrician	0	4,779
Licensed OB/GYN	0	1,973
Licensed Internist	1	9,912
Licensed Dentist	5	13,182

Source: Florida Department of Health, Division of Medical Quality Assurance

Overall, Baker County has seen a decrease in the number of practicing physicians from 2017 to 2022. Exhibit 96 summarizes the change in the number of practicing physicians in the county in comparison to Florida during this time. Exhibit 97 shows the total number of physicians in Baker County by specialty groups. Baker County has one medical specialist for the areas of internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology, and pathology.

EXHIBIT 96: CHANGE IN NUMBER OF PRACTICING PHYSICIANS IN BAKER COUNTY, FYS 2017-2022

	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Baker County	46	40	37	36	37
Florida	50,561	51,370	53,002	54,315	56,082

Source: Florida Department of Health, Physician Workforce Annual Report, 2022

EXHIBIT 97: PHYSICIAN SPECIALTY GROUP COUNT IN BAKER COUNTY, FY 2021-2022

Type of Specialty Group	Baker County
Anesthesiology	0
Dermatology	1
Emergency Medicine	5
Family Medicine	10
Internal Medicine	4
Medical Specialist*	1
OB/GYN	0
Pediatrics	1
Psychiatry	14
Radiology	0
Surgeons	0
Total	37

Source: Florida Department of Health, Physician Workforce Annual Report, 2022
*Medical specialist includes Neurology, Nuclear Medicine, Ophthalmology, Orthopedic Medicine, Otolaryngology, and Pathology.

Mental health is an important part of overall health and well-being. It is important at every stage of life from childhood and adolescence through adulthood. Baker County has a total of five licensed clinical social workers, zero licensed marriage and family therapists, 15 mental health counselors, and zero licensed psychologist as shown in Exhibit 98.

EXHIBIT 98: TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, BAKER COUNTY & FLORIDA, FY 2021-2022

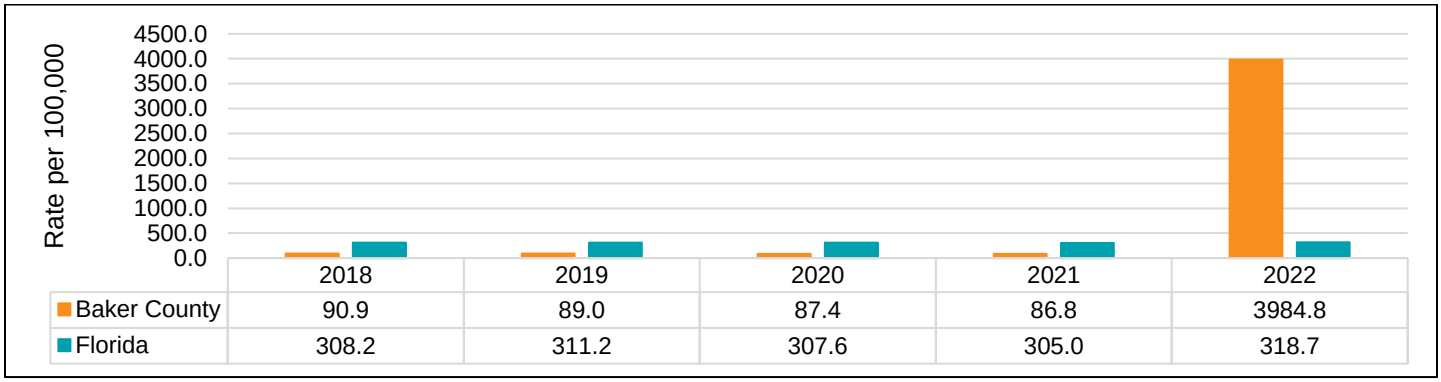
Type of Mental Health Professional	Baker County	Florida
Licensed Clinical Social Workers	5	12,326
Licensed Marriage & Family Therapists	0	2,501
Mental Health Counselors	15	14,294
Licensed Psychologists	0	5,133

Source: FL Charts, Licensed Psychologists, FL Charts, Licensed Mental Health Counselors, FL Charts, Licensed Marriage & Family Therapists, FL Charts, Licensed Clinical Social Workers

Health Care Facilities

Acute care hospitals play a key role in the delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. Baker County had a significantly lower rate of total hospital beds (Exhibit 99) and specialty care beds (Exhibit 101) than did Florida until 2022. However, Baker County's rate of acute care beds is much lower than the state rate (Exhibit 100). Acute care beds provide short-term medical treatment for patients with an acute illness/injury or recovering from surgery or childbirth. Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.

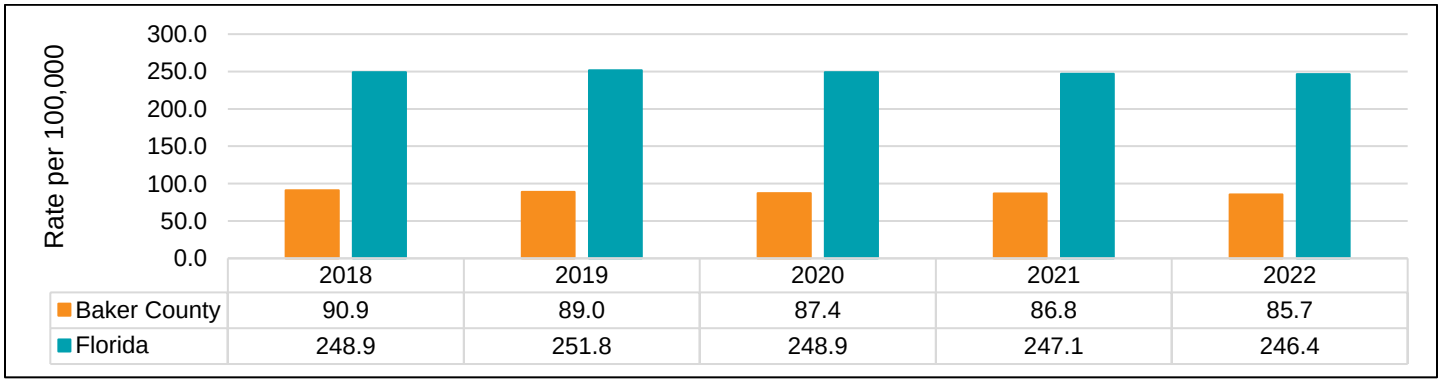
EXHIBIT 99: TOTAL HOSPITAL BEDS, BAKER COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
Baker County	90.9	89.0	87.4	86.8	3984.8
Florida	308.2	311.2	307.6	305.0	318.7

Source: Florida Agency for Health Care Administration (AHCA)

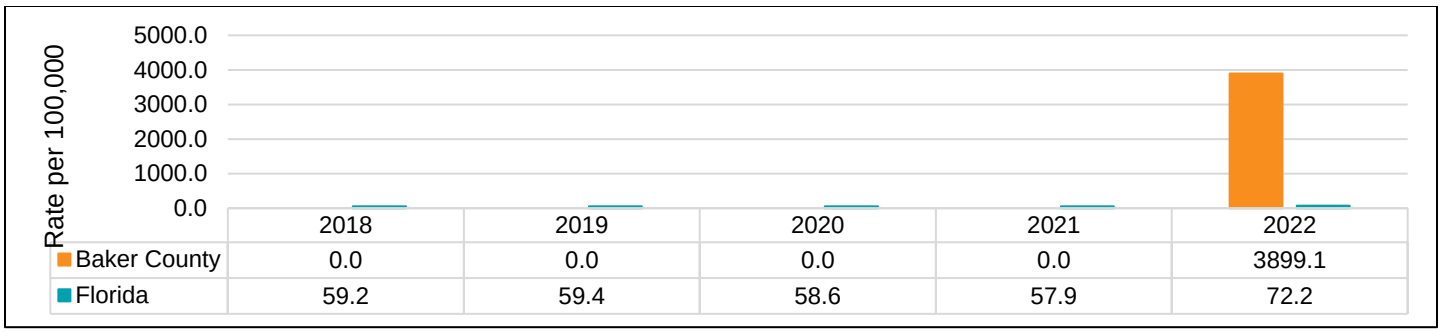
EXHIBIT 100: ACUTE CARE HOSPITAL BEDS, BAKER COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
Baker County	90.9	89.0	87.4	86.8	85.7
Florida	248.9	251.8	248.9	247.1	246.4

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 101: SPECIALTY CARE HOSPITAL BEDS, BAKER COUNTY & FLORIDA, 2018–2022

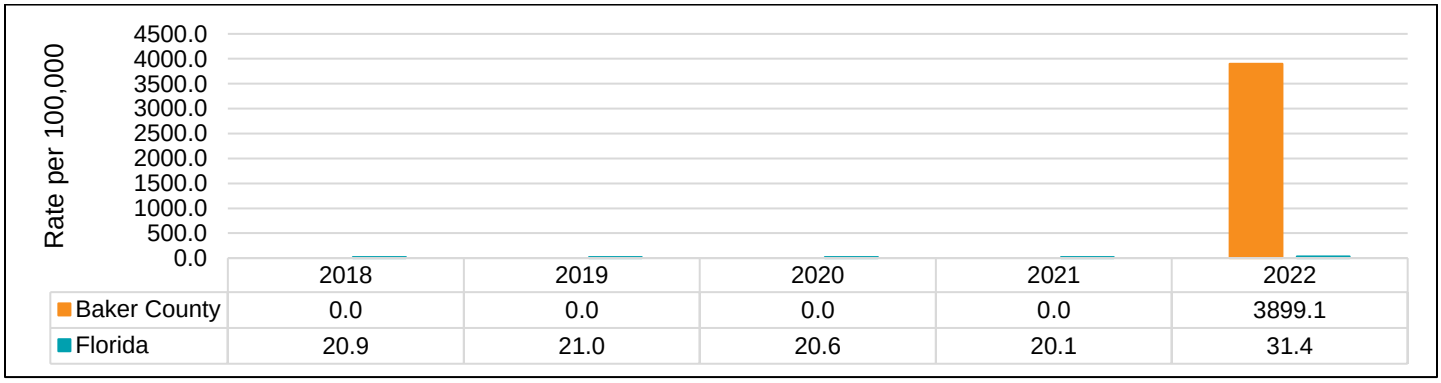


	2018	2019	2020	2021	2022
Baker County	0.0	0.0	0.0	0.0	3899.1
Florida	59.2	59.4	58.6	57.9	72.2

Source: Florida Agency for Health Care Administration (AHCA)

Baker County had no adult psychiatric beds until 2022, when the county had 1,138. Baker County's rate is significantly higher than the state's due to the high number of beds for a smaller population (Exhibit 102). There are zero child/adolescent psychiatric beds in Baker County.

EXHIBIT 102: ADULT PSYCHIATRIC BEDS, BAKER COUNTY & FLORIDA, 2018–2022

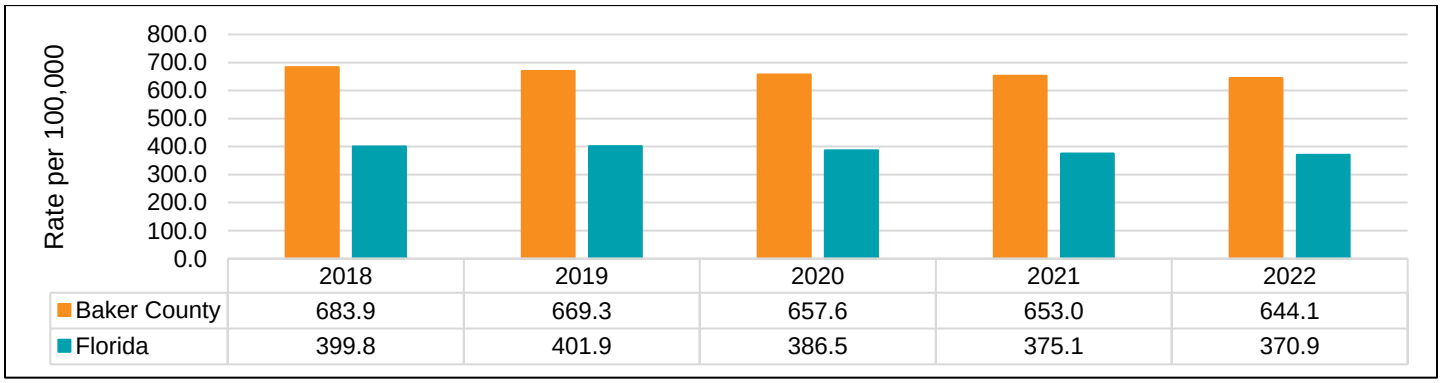


	2018	2019	2020	2021	2022
Baker County	0.0	0.0	0.0	0.0	3899.1
Florida	20.9	21.0	20.6	20.1	31.4

Source: Florida Agency for Health Care Administration (AHCA)

Exhibit 103 summarizes the number of community nursing home beds in Baker County. Baker County has a higher rate of nursing home beds per 100,000 population than Florida's rate, with 644.1 nursing home beds per 100,000 people in 2022.

EXHIBIT 103: NURSING HOME BEDS, BAKER COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
Baker County	683.9	669.3	657.6	653.0	644.1
Florida	399.8	401.9	386.5	375.1	370.9

Source: Florida Agency for Health Care Administration (AHCA)

Baker County has two free-standing community nursing homes with a total of 188 licensed beds, as shown in Exhibit 104. There is an average occupancy rate of 67.86% for these nursing homes.

EXHIBIT 104: FREE-STANDING COMMUNITY NURSING HOMES IN BAKER COUNTY, 2021

2021		Total		Medicaid		Medicare	
Facility Name	Licensed Beds	Pt Days	Occup Rate.	Pt Days	Occup Rate.	Pt Days	Occup Rate.
Macclenny Nursing and Rehab Center	120	35,746	81.61%	27,178	62.05%	6,467	14.76%
W Frank Wells Nursing Home	68	10,819	43.59%	8,143	32.81%	1,085	4.37%
Baker County Total	**188**	**46,565**	**67.86%**	**35,321**	**51.47%**	**7,552**	**11.01%**

Source: HPCNEF Calendar Year Nursing Home Reports, 2021

Other Facilities

Baker County has one assisted living facility, zero adult day care centers, and one home health agency (Exhibit 105).

EXHIBIT 105: TOTAL NUMBER OF LICENSED FACILITIES IN BAKER COUNTY, 2021

Facility Type	Total Number of Licensed Facilities in Baker County
Assisted Living Facilities	1
Adult Day Care Centers	0
Home Health Agencies	1

Source: Agency for Healthcare Administration

Health Care Utilization

Exhibit 106 shows the number of inpatient discharges per hospital in Baker County in 2019, with some additional information about length of stay (LOS) and charges. The only hospital in Baker County is Ed Fraser Memorial Hospital.

EXHIBIT 106: HOSPITALS IN BAKER COUNTY BY NUMBER OF INPATIENT DISCHARGES, 2019

Hospital Name	Discharges	LOS	Avg. LOS	Charges	Avg Charges
Ed Fraser Memorial Hospital	275	960	3.5	5,996.903	21,807
Total	**275**	**960**	**3.5**	**5,996.903**	**21,807**

Source: AHCA Hospital Inpatient Query Result

Exhibit 107 shows the top 15 diagnoses for inpatient visits by residents of Baker County to any hospital in Florida by the number of discharges in 2019. Diagnoses are shown as Medicare Severity (MS) Diagnosis Related Groups (DRGs). Exhibit 107 also shows cost, patient age, and payment type for each MS DRG. The only DRG recorded for Baker County residents was kidney and urinary tract infections.

EXHIBIT 107: TOP 15 HOSPITAL INPATIENT DISCHARGES BY DRG, BAKER COUNTY HOSPITALS, ALL AGES, 2019

MS DRG Description	Discharges	LOS	Avg. LOS	Charges	Avg Charges
PSYCHOSES	160,343 (5.5%)	1,015,291 (7.2%)	6.3	3,558,448,813 (1.7%)	22,192.73
NORMAL NEWBORN	119,349 (4.1%)	244,229 (1.7%)	2.0	574,166,841 (0.3%)	4,810.82
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	101,224 (3.5%)	234,586 (1.7%)	2.3	2,130,082,120 (1.0%)	21,043.25
SEPTICEMIA W/O MV 96+ HOURS W MCC	94,755 (3.3%)	625,622 (4.4%)	6.6	8,343,868,269 (4.1%)	88,057.29

MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	68,856 (2.4%)	158,545 (1.1%)	2.3	6,497,142,166 (3.2%)	94,358.40
HEART FAILURE & SHOCK W MCC	62,056 (2.1%)	325,436 (2.3%)	5.2	3,705,656,053 (1.8%)	59,714.71
NEONATE W OTHER SIGNIFICANT PROBLEMS	62,012 (2.1%)	152,112 (1.1%)	2.5	548,060,730 (0.3%)	8,837.98
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	55,656 (1.9%)	153,767 (1.1%)	2.8	2,221,664,054 (1.1%)	39,917.78
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	43,824 (1.5%)	133,201 (0.9%0	3.0	1,624,531,105 (0.8%)	37,069.44
SEPTICEMIA W/O MV 96+ HOURS W/O MCC	38,666 (1.3%)	156,186 (1.1%)	4.0	1,891,953,198 (0.9%)	48,930.67
CELLULITIS W/O MCC	33,422 (1.2%)	110,680 (0.8%)	3.3	1,105,462,541 (0.5%)	33,075.89
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	31,144 (1.1%)	98,931 (0.7%)	3.2	1,127,082,596 (0.6%)	36,189.40
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	31,044 (1.1%)	129,480 (0.9%)	4.2	749,871,843 (0.4%)	24,155.13
PULMONARY EDEMA & RESPIRATORY FAILURE	28,516 (1.0%)	189,843 (1.3%)	6.7	1,832,840,020 (0.9%)	64,274.09
RENAL FAILURE W CC	24,907 (0.9%)	90,759 (0.6%)	3.6	1,030,127,130 (0.5%)	41,358.94
Total	**955,774 (33.0%)**	**3,818,668 (26.0%)**	**3.9**	**36,940,957,479 (18.10%)**	**623,986.52**

Source: AHCA Hospital Inpatient Query Result

Exhibit 108 shows the top 15 emergency room diagnoses of Baker County residents at any emergency department in 2019. Injury and poisoning were the top diagnoses. Other top emergency department diagnoses were symptoms, signs, and ill-defined conditions; respiratory system diseases; digestive system diseases; and musculoskeletal system and connective tissue issues.

EXHIBIT 108: TOP 15 EMERGENCY DEPARTMENT DIAGNOSES OF BAKER COUNTY HOSPITALS, ALL AGES, 2019

Principal Diagnostic Group	Visits	Charges	Avg Charges
Injury and Poisoning	2,996 (27.6%)	7,198.149 (20.6%)	2,403
Symptoms, Signs, and Ill-Defined Conditions	2,274 (20.9%)	11,127,340 (31.9%)	4,893
Diseases of the Respiratory System	1,419 (13.1%)	3,742.689 (10.7%)	2,638
Diseases of the Digestive System	605 (5.6%)	2,542,657 (7.3%)	4,203
Musculoskeletal System & Connective Tissue	601 (5.5%)	1,386,655 (4.0%)	2,307
Diseases of the Genitourinary System	527 (4.9%)	2,169,421 (6.2%)	4,117
Diseases Of the Skin & Subcutaneous Tissue	499 (4.6%)	735,866 (2.1%)	1,475
Diseases of the Circulatory System	404 (3.7%)	2,210,504 (6.3%)	5,472
V-Codes: Supplementary Classification of Factors Influencing Health Status & Contact with Health Services	311 (2.9%)	211,298 (0.6%)	679
Disease of the Ear and Mastoid Process	200 (1.8%)	226,085 (0.6%)	1,130
Pregnancy, Childbirth, Puerperium	197 (1.8%)	504,599 (1.4%)	2,561
Diseases of the Nervous System	190 (1.7%)	798,182 (2.3%)	4,201

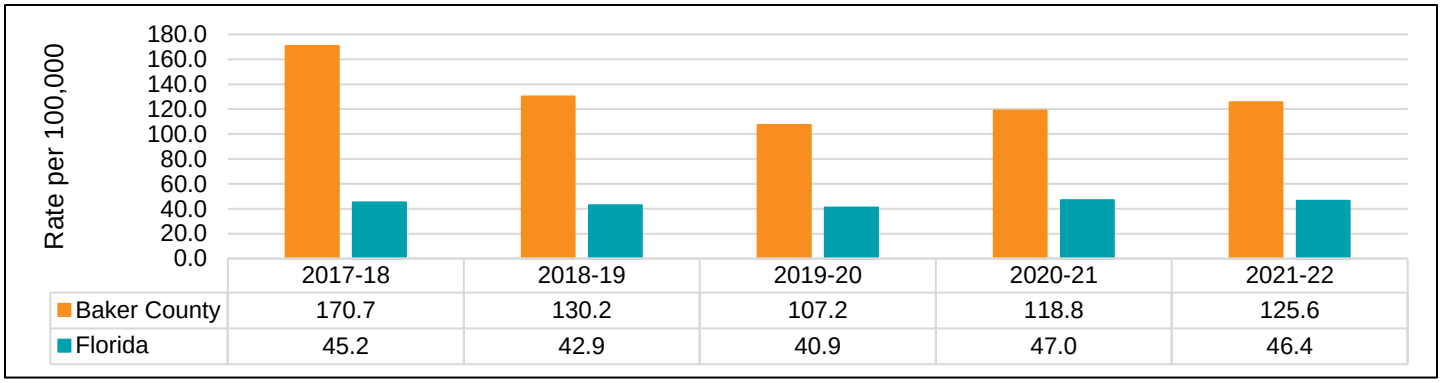
Infectious & Parasitic Diseases	183 (1.7%)	360,753 (1.0%)	1,971
Endocrine, Nutritional & Metabolic Diseases, & Immunity Disorders	171 (1.6%)	843,772 (2.4%)	4,934
Mental, Behavioral & Neurodevelopmental Disorders	158 (1.5%)	683,240 (2.0%)	4,324

Source: AHCA Emergency Department Query Results

County Health Department Personnel and Expenditures

Baker County had a higher rate of full-time employment for their health department per 100,000 population than did Florida for the past five years (Exhibit 109). In the 2021–2022 fiscal year, Baker County spent $125.00 per county resident compared to the state average of $39.30 per county resident (Exhibit 110). DOH-Baker provides public health, clinical, and field services to the residents of Baker County.

EXHIBIT 109: DEPARTMENT OF HEALTH FULL-TIME EMPLOYEES BY FISCAL YEAR, BAKER COUNTY & FLORIDA, 2018–2022



	2017-18	2018-19	2019-20	2020-21	2021-22
Baker County	170.7	130.2	107.2	118.8	125.6
Florida	45.2	42.9	40.9	47.0	46.4

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 110: DEPARTMENT OF HEALTH EXPENDITURES BY FISCAL YEAR, BAKER COUNTY & FLORIDA, 2018–2022

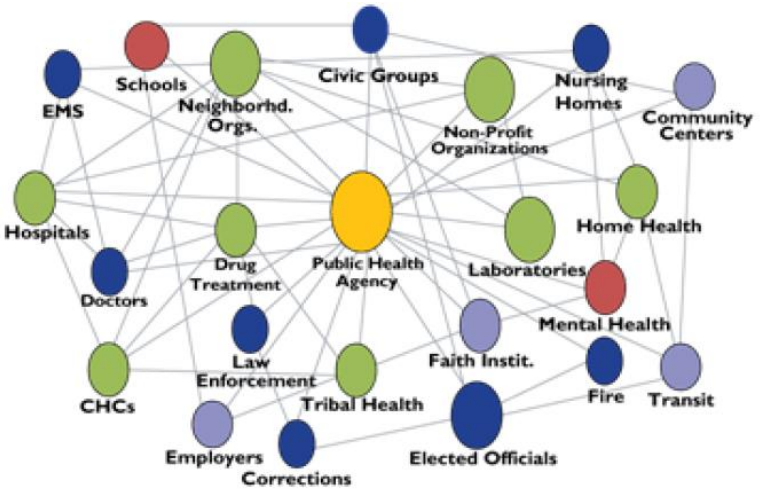
	2017-18	2018-19	2019-20	2020-21	2021-22
Baker County	$123.50	$107.90	$92.40	$100.40	$125.00
Florida	$35.20	$33.60	$33.40	$40.20	$39.30

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

Local Public Health System Assessment (LPHSA)

The National Public Health Performance Standards Program (NPHPSP) (Exhibit 111) was developed by the U.S. Department of Health and Human Services (DHHS) to provide measurable performance standards public health systems can use to ensure delivery of public health services. The Local Public Health System Assessment (LPHSA) is a tool from the NPHPSP used to examine competency, capacity, and provision of health services at the local level. The DHHS defines the public health system as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction" (CDC, 2023d).

EXHIBIT 111: THE PUBLIC HEALTH SYSTEM FROM THE CDC'S NPHPSP



The *10 Essential Public Health Services* outline the public health activities that all communities should undertake, providing the fundamental framework for the LPHSA (CDC, 2023d). The LPHSA instrument is divided into ten sections, assessing the local public health system's ability to provide each essential service. The 10 Essential Public Health Services are:

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

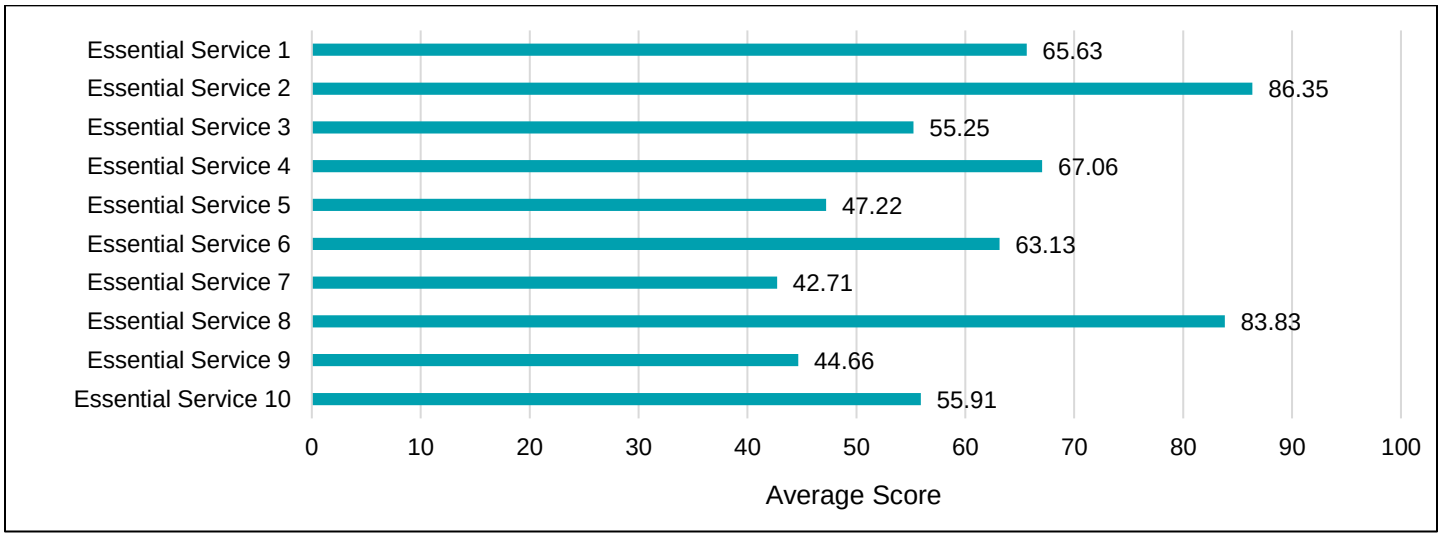
Two workgroups were held in Baker County to review and discuss each of the 10 Essential Public Health Services. The first workgroup consisted of community leaders chosen from community sectors. These individuals reviewed Essential Services 1, 3, 4, 5, 7, and 9 since these services typically involve and require the participation of the broader community. The second workgroup consisted of DOH-Baker staff. These individuals reviewed Essential Services 2, 6, 8, and 10 since these services typically fall under the purview of the local health department. Workgroup participants were asked questions about each Essential Service and scored each service by consensus, using

recommended scoring levels provided in the assessment instrument. The scoring levels are as follows:

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

Exhibit 112 provides the overall score for each of the 10 Essential Services, as determined by the LPHSA workgroup members in August and September 2023. It is important to remember that these scores rate the county's complete public health/safety-net services system and are not limited to activities performed directly by the county health department. Based on this cross-sectional self-assessment of a group of local public health system partners, the Baker County local public health system achieved an average overall score of 62.90 (out of a potential 100), which indicates significant activity. All Essential Service scores reflected either significant activity or optimal performance toward the specified Essential Service. Baker County performs best in Essential Services 2, 4, and 8, and scores lowest in Essential Services 5, 7, and 9. The full breakdown of all performance scores for the 10 Essential Services can be found in Appendix D.

EXHIBIT 112: ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORE SUMMARY, 2023



Summary of Notes from Baker County LPHSA Discussion

Optimal Activity	76-100%
Significant Activity	51-75%
Moderate Activity	26-50%
Minimal Activity	1-25%
No Activity	0%

EXHIBIT 113: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 1

Essential Service 1: Monitor Health Status to Identify Community Health Problems Average Score: 65.63 (Significant Activity) Relative Rank: 4th		
Strengths	Weaknesses	Opportunities for Improvement
• Community partners help fill the gap of spreading health information through social media • Conducts regular community health assessments with a variety of data • Utilizing that data from community health assessment to use for projects and to apply for grants • Community members working on the CHA and CHIP have doubled and are actively working through the assessments and improvement plans • Community organizations share their assessments and data collection • Doing the CHA, holding meetings, using the CHA, has increased community activity and partnerships	• Inability of DOH to access Facebook through the health department and must rely on community partners to distribute and share information • Hard to collect some data relevant to younger populations that could be received from social media platforms	• Work with SWOT club to put out some messaging for children and teens through social media • Take advantage of organizations that work on certain health issues to spread information • Collaboration among community partners for data sharing and health promotion • Leveraging partnerships to share information on social media

EXHIBIT 114: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 2

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards Average Score: 86.35 (Optimal Activity) Relative Rank: 1st		
Strengths	Weaknesses	Opportunities for Improvement
• Data from Ed Fraser Hospital helps with surveillance, especially for communicable diseases • Laboratory services available within the county • Quick turnaround for testing services and results	• Not as much access to GIS mapping, Baker doesn't participate much in new technologies • Not everyone knows who the personnel are to refer to for responding to public health emergencies and threats • Not aware of Emergency Operation Plan (EOP) • Comprehensive Emergency Management Plan (CEMP) not reviewed annually with all the partners • No standardized practice for evaluating incidents for effectiveness and opportunities for improvement; sustaining	• Comprehensive surveillance does better with keeping track of the system in general • Systems are in place for biological but not as aware of resources available; County Emergency Management Plans could put out information to staff members • CEMP could be reviewed annually with everyone • Sending EOP in small portions once a month • More staff members can be trained on emergency management protocols • Standardize implementing opportunities for improvement,

	and monitoring the implementation • Consistent communication of the information needed to properly diagnose and investigate health problems and health hazards • Only talk about hurricanes, during hurricane season; other topics should be addressed	make sure they are followed up, and look at suggestions • Focus on issues besides hurricanes/storms

EXHIBIT 115: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 3

Essential Service 3: Inform, Educate, and Empower People about Health Issues Average Score: 55.25 (Significant Activity) Relative Rank: 7th		
Strengths	Weaknesses	Opportunities for Improvement
• Variety of health promotion and health education activities that reach individual, interpersonal, community, and societal levels	• Lack of social media through the health department • Not a lot of variety of media partners and channels in the county (e.g., no local TV channels) • No identifiable person in the community as a whole who speaks on public health issues • Resources/services may be lacking for certain health concerns; If a service, resource is not in place, education only helps so much with health concerns (i.e., substance use treatment)	• Utilize relationships with existing media providers to share health information • Gaps in risk communication for the county • Develop an emergency communications plan • Different trainings to get the community partners exercised and understand how to handle/respond certain public health or environmental issues

EXHIBIT 116: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 4

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems Average Score: 67.06 (Significant Activity) Relative Rank: 3rd		
Strengths	Weaknesses	Opportunities for Improvement
• Healthy Baker as a forum to talk about health issues and include partners in discussions • Lots of community participation in the planning community activities • A broad-based and active community health improvement committee	• Involving the community members in planning health improvement • Getting community members to health improvement events, meetings, activities	• Healthy Baker is one of the only forums that the county has and could benefit from additional forums/meetings • Encourage community partners to attend Healthy Baker meetings and participate in the planning of community health events • Continue to promote the Healthy Baker meeting to additional community partners and residents

EXHIBIT 117: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 5

Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts Average Score: 47.22 (Moderate Activity) Relative Rank: 8th		
Strengths	Weaknesses	Opportunities for Improvement
• Existing public health policies are reviewed every three to five years • Organizational strategic plans are connected with the Community Health Improvement Plan when possible • Community Health Improvement process to strong, with broad-base diverse participation, utilizing information from the CHA • SMART strategies and goals are developed to work toward achieving community health improvement objectives • Local health department is accredited	• Contribute to public health policy by engaging in activities • Limited number of community stakeholders/partners and local government that are involved in public health policy process • Public health policy process needs improving so that there are ordinances (and related enforcement) attached to policy • Communication with leaders about public health policy	• Talking with government officials to get them to public health meetings such as Healthy Baker

EXHIBIT 118: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 6

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety Average Score: 63.13 (Significant Activity) Relative Rank: 5th		
Strengths	Weaknesses	Opportunities for Improvement
• Very accessible legal team • Aware of all resources in community and who to contact for what specific issue • Identifies organizations and stakeholders that have the authority to enforce public health laws, regulations, and ordinances	• No mechanism for making legal changes for talking to the people who can change statutes • No top-down or bottom-up communication • Cannot participate in changing laws • Not aware of chain of command to contact lobbying group the Office of Program Policy Analysis and Government Accountability (OPPAGA) • Don't talk about public health law and don't get briefings from legal about different public health laws, statues, and amendments • Fear surrounding legal policies and statutes because no lobbying can be done	• Put a system in place to move information from the bottom up • Regulations passed without consulting DOH or health authorities • Getting information from the boots on the ground regarding laws, regulations, and policies and the effects they are having on the community • Asking boots on the ground for feedback on new policies, laws, or regulations that are being considered to be put into place

EXHIBIT 119: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 7

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable Average Score: 42.71 (Moderate Activity) Relative Rank: 10th		
Strengths	Weaknesses	Opportunities for Improvement
• Great job identifying organizations that can provide personal health services to individuals who need it	• Since losing in-person services with Florida Department of Children and Families (DCF), helping people sign up for public benefits is difficult (technology barriers occur for people) • Limited resources in place to connect people to • No follow up once care or information is provided	• Identify the root causes that people are not getting the care they need; actively working on this through the new paramedicine program • Unmet needs should be continuously identified throughout the community • Assess personal health services needs in more of a non-clinical setting • Need to improve the process of connecting people to the organizations that can provide personal health services they may need • Collaboration with community organizations with providing health services, training, education, resources, etc. • Assessment of community members health situation outside of the hospital or health department

EXHIBIT 120: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 8

Essential Service 8: Assure a Competent Public and Personal Health Care Workforce Average Score: 83.83 (Optimal Activity) Relative Rank: 2nd		
Strengths	Weaknesses	Opportunities for Improvement
• Ability to know what positions open and what skills are needed–held more at a state level than a local level • Strong public health workforce that will do the work efficiently and effectively • Good at keeping people's licenses up to date • Health department collaborates with local organizations to offer different types of educational trainings • Health department brings in other local organizations to provide them trainings	• Not collaborative efforts to provide information from workforce assessments to other community organizations and groups for use in their organizational planning • Not enough participation in leadership opportunities	• Continue to offer and market trainings and additional education opportunities • Leadership by example instead of title • Still work to be done with improving collaboration amongst community organizations and stakeholders to ensure everyone is working towards the same common goal

• Work diligently to provide leadership development opportunities for employees • Major improvements in ensuring that organizations and community stakeholders share a community vision • More collaboration amongst public health organizations and stakeholders in identifying and addressing public health issues		

EXHIBIT 121: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 9

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Health Services Average Score: 44.66 (Moderate Activity) Relative Rank: 9th		
Strengths	Weaknesses	Opportunities for Improvement
• Good job in evaluating the population-based health services especially through the CHA to identify gaps • Evaluation of LPHS is completed on a regular basis	• Evaluating personal health services, community organizations, and local public health system activities, communication, processes, etc. • Using results of evaluation to improve LPHS • Contacting people for follow up or evaluation of services (don't want to answer the phone or do a survey)	• Evaluation of accessibility, quality, and effectiveness of personal health services is done but has a lot of room for improvement • Improve the use/capabilities of technology to improve sharing health information, accessing and evaluating • Assess to evaluate the social determinants of health in the community more frequently and consistently • Need collective data of what all community partners are seeing in the community

EXHIBIT 122: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 10

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems Average Score: 55.91 (Significant Activity) Relative Rank: 6th		
Strengths	Weaknesses	Opportunities for Improvement
• Good job with getting community involvement and developing relationships with community organizations • A lot of relationships with hospitals and colleges • Always stay up to date with the information about current best practices in public health • Good strategies with updating real time information during the pandemic, but need to	• Research opportunities are limited • IRB process for any sort of research with any sort of DOH data – slows down the research process • Information is not distributed to rest of the community • No one knows who is getting what information	• Use those relationships with hospitals and colleges to help share their information with the community • Communicate and disseminate the information about current best practices in public health to community partners and stakeholders to improve public health practices/standards • Structed system for sharing health information

translate that into day-to-day public health issues	• Almost impossible to get approval to do clinical research in the county • No structured system to disseminate information about current best practices in public health	• Sharing health information that can be understandable to the public • Process for sharing important health information, that is relevant • How to look at all emails and filter relevant information to the appropriate resources

Forces of Change Assessment

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

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

The community members considered and discussed forces from three major categories:

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

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

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

On September 19, 2023, the Baker County Steering Committee convened a group of community leaders to participate in the Forces of Change Assessment. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in improving health outcomes. The anticipated forces of change identified, along with the potential impacts (both positive and negative) are included in Exhibit 123 through Exhibit 131.

EXHIBIT 123: SOCIAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Social		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Over 600 houses added into the county over the last five years • Population growth (~31,000 residents in 2023) • Growth in community needs	• Do not have the infrastructure (not enough schools and primary care) • Strained resources • Don't have the resources to translate materials into their languages	• Place emphasis in the community to gather resources to help individuals with language barriers and those who need connections to get services

• Increase in homeless population and there are no homeless shelters in the county • More immigration into the country (more students in the schools with shot records from other countries) • LGBTQ+ population growing in the county • New RV park in the county • More grandparents are raising their grandchildren	• Increase in crime • Urban sprawl • Small town mindset in the county is changing; especially with those moving to the county from bigger towns • Rent has increased tremendously due to the need and land being at a premium now • Have to depend on outside counties to help provide places of shelter to those discharged from the hospital	• Increase interpretation services • Increasing service workers who are fluent in other languages to further help those in the community • Working group to focus on the increasing demographics moving into the county • Community to provide wrap around services to new demographics • Provide more resources and support to LGBTQ+ group

EXHIBIT 124: ECONOMIC FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Economic		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Increasing gap in income levels of families (30% poverty level) • Inflation of goods and services • Jobs within the county don't necessarily pay what the cost of living is • Those with varying education levels have similar income levels • Increase in people who are living paycheck to paycheck • New agricultural farm will add 900+ jobs	• People have to go outside the county to a get a job that will help them afford housing • Competition for jobs • Individuals who can't afford private healthcare but over-qualify for Medicaid fall through the gap • Since jobs aren't paying more for higher education, it decreases young adults drive to receive a higher education and graduate degrees • No protection in housing for the vulnerable populations • Wages do not support inflation increases	• Growth in trade jobs in the county • Churches could offer support surrounding service care (e.g., soup kitchens, clothing drive, resource events, free dinners, etc.) • Get stakeholders involved with helping the more vulnerable populations in the community • Meet people where they are at when offering support and assistance

EXHIBIT 125: GOVERNMENT/POLITICAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Government/Political		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Election season • New state laws passed regarding mask mandates and vaccinations • School health statutes regarding parental permission to receive health care at schools • New statute that allows	• State laws passed regarding mask mandates and vaccinations will lead to an increase in infectious diseases rates • Children who bring medicine to school might lead to more overdoses and drug use/abuse • New statutes and laws enable	• New ED discharge data will help get the correct data regarding overdoses and drug use • Increased access to Narcan will help with substance abuse outcomes

students to bring their own medications to schools • Overdoses who come into the ED via car and discharged home will now be reported to the state • Lack of local governmental participation and acknowledgement of local public health issues	individuals who spread misinformation and distrust health providers, which may lead to some individuals not receiving the care they need • Limited stakeholder involvement in local public health issues might cause issues in the long term	

EXHIBIT 126: COMMUNITY FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Community		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Increased education and information in the community about opioids • Crisis mobilization unit at Meridian Behavioral Healthcare • More farmers markets with healthy food • The community events have had more participation recently • Overall community desire to be healthier • New paramedicine program is in the process of being mobilized • A lot of engagement and participation in the Healthy Baker Meeting & CHA/CHIP process	• Lack of knowledge about the available mental health resources in the community (e.g., Meridian) • Mental health providers have difficulty retaining patients • Lack of transportation causes difficulty for individuals to access certain needs	• Build off the community's overall desire to be healthier for additional community events • New paramedicine program will identify the healthcare overutilizers and get them the help they need

EXHIBIT 127: ENVIRONMENTAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Environmental		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Lack of transportation that does not require scheduling or qualifications • Non emergent medical transportation is available via Access Medical • Increase disaster planning with real-life scenario training • More houses are being built in the county • No homeless shelters	• Lack of transportation leads to a lot of individuals not receiving the care and information they need • Government needs to be more involved in disaster planning process within the county	• Community organizations could brainstorm ways to assist community members with transportation • Improve communication system for real time disasters • Develop mass communication plan for disasters, public health information, community events, etc.

EXHIBIT 128: EDUCATIONAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Educational		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Transitioned from first to third grade system into a first to fifth grade system • More funding for private and homeschooling options • New elementary school opened in August (Legacy) • Co-Op is adding a new building with additional classrooms • Teacher shortage • Some teachers do not have the proper education background • Acuity of children health wise has changed a lot over the last few years • Increase in children with autism in the schools • Keller administration is doing afterschool care	• Since 2020, there have been truancy issues within the schools • Parents aren't being held accountable to keeping their kids in school • Current educational facilities are getting old and almost at their breaking point with number of students • Three elementary schools are funneled into one middle school and one high school • Level of education students are receiving could be lower because teachers without proper education don't know how to properly manage and run a classroom • Burden on the schools to ensure they can provide the assistance, therapies, and medical help to children with certain medical conditions	• School system is now able to support more students and is continuing to grow • More state funding provides additional educational opportunities for children

EXHIBIT 129: SCIENCE/TECHNOLOGY FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Science/Technology		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Electronic medical records have improved • Quality measure CMS reporting added in the additional collection of social determinants of health data and now requires information on how that data is used in the community • Communication between EMS and local hospital should be improving with new technologies • Ability to share data between entities has improved • Telehealth has increased • Use of patient portals to access real-time health	• Baker County has a lack of cellular communication • Some people are relying solely on telehealth and their face-to-face interaction with providers is nonexistent • Some people only use telehealth for mental health services, but interpersonal communication is needed for certain treatment and therapies • Different platforms don't always communicate well together • People need to have a general knowledge to use technology • AI technology could cause	• Improved communication between EMS and local hospital should improve patient care • Increased telehealth can decrease unnecessary emergency room visits • AI technology can help with health advancements and improvements • The additional collection of social determinants of health data via quality measure CMS reporting will help improve community health outcomes

information • The ability to use technology is not always there while the desire might be • Emerging changes in technology	issues long term	

EXHIBIT 130: ETHICAL/LEGAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Ethical/Legal		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Individuals in the county do not have designated health surrogates • Lack of advanced directives • Increased criminal convictions in the healthcare field • Healthcare workers are worried about the repercussions of patient care • Everyone knows everyone in the county which leads to a lack of privacy • Health issues with healthcare among underage populations are a gray area • ER utilization of DCF	• Issues with individuals not having designated health surrogates • Lack of privacy in the county leads to distrust and people not receiving the health care they need • Due to criminal convictions in healthcare, a lot of people are deterred from the field	• Increase education and knowledge about the importance of advanced directives and designated health surrogates

EXHIBIT 131: HEALTH FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Health		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Increase in LGBTQ+ suicide rate • Rise in vape use among school aged kids and young adults • STIs have risen astronomically in the county • Marijuana and medical marijuana use has increased • Increase in cancer rates • Increase in use of dab pens (synthetic THC) • Ed Fraser is trying to remain local and not have a bigger corporation come in and buy them out	• Do not know the long-term respiratory effects of vape use • Health complications surrounding marijuana and medical marijuana use • Health repercussions surrounding the use of synthetic THCs	• Health education regarding behaviors related to STIs • Ed Fraser can expand services and use funding to do that

Community Strengths & Themes Assessment

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

From June to August 2023, 10 key stakeholder interviews and six focus groups were conducted, and 850 surveys were collected with the cooperation of DOH-Baker and Ed Fraser Memorial Hospital. The purpose of conducting the interviews and focus groups and collecting the surveys was to better understand the perspectives of community stakeholders on the health perceptions and health care needs of Baker County residents. These interviews, focus groups, and surveys were intended to ascertain the opinions of local stakeholders with knowledge of the community or influence in the county. The findings provide qualitative information, revealing community sentiments regarding health care services in Baker County. A summary of community opinions was reported without assessing the veracity of participant comments.

Community Focus Groups

Community input was solicited through six focus groups held throughout Baker County during the months of July, August, and September 2023. Meetings were held at several locations to capture opinions from a diverse citizen base. Meeting locations included:

- Baker Prevention Coalition
- Sanderson Community Center
- Title One Office/School Board Meeting Room
- Baker County Health Department
- Ed Fraser Memorial Hospital
- Calendar's Pizzeria & Sports Bar

At the beginning of each group, the HPCNEF facilitator explained the purpose of the assessment and then asked the participants 13 discussion questions. In addition to the discussion questions, HPCNEF asked focus group participants to fill out a brief demographic survey. Appendix A-1 and Appendix A-2 include the demographic survey and discussion questions.

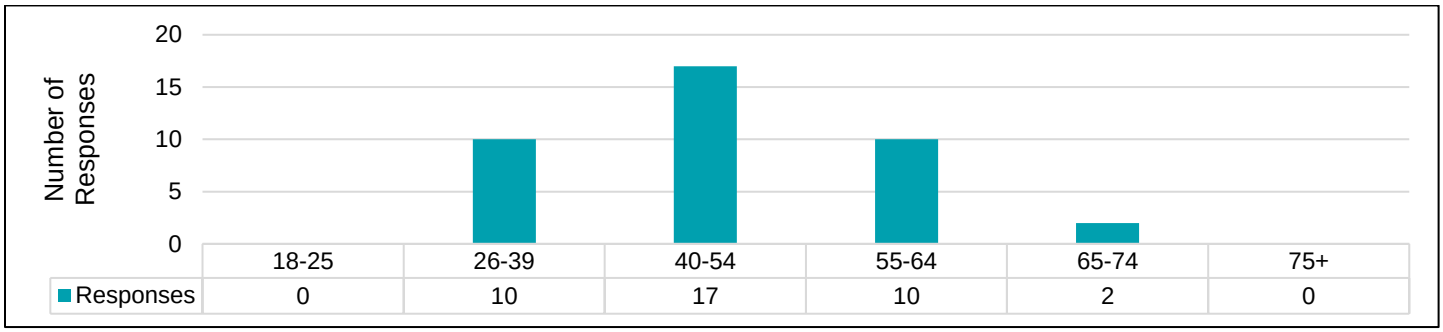
Demographics of Focus Group Participants

A total of 39 people participated in the six focus groups. Focus group participants completed a nine-question form, which asked about their demographic, socioeconomic, and health characteristics.

Of the 39 focus group participants, 71.8% were female and 28.2% were male. Most participants were aged 40-54 years old (Exhibit 132). Many participants identified as White/Caucasian (79.5%) (Exhibit 134). About 87% of participants had a technical degree/community college or higher education level (Exhibit 135). Most participants had an annual household income higher than $50,000 (89.7%), but it is important to note that four participants have an annual household income lower than $50,000 (Exhibit 139). Many participants were covered by healthcare insurance through their job or a family member's job (92.3%) (Exhibit 138). Of the 39 participants, 87.2% were employed full-time or part-time, 7.7% were retired, and 2.6% were disabled (Exhibit 137). Overall self-reported health was good or excellent for 92.3% of participants, and 7.7% said they were in fair health (

Exhibit 140).

EXHIBIT 132: PARTICIPANTS' AGE



	18-25	26-39	40-54	55-64	65-74	75+
Responses	0	10	17	10	2	0

EXHIBIT 133: PARTICIPANTS' GENDER

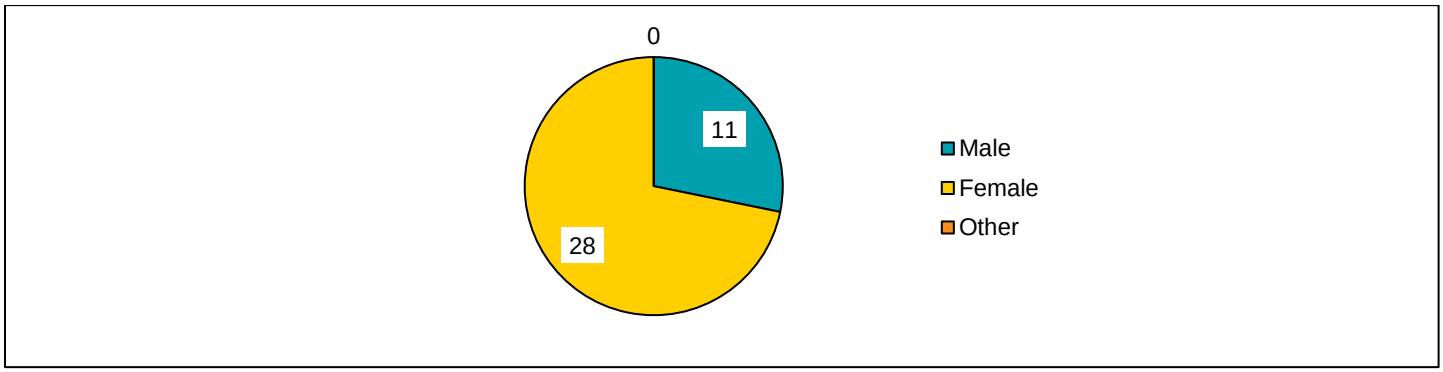
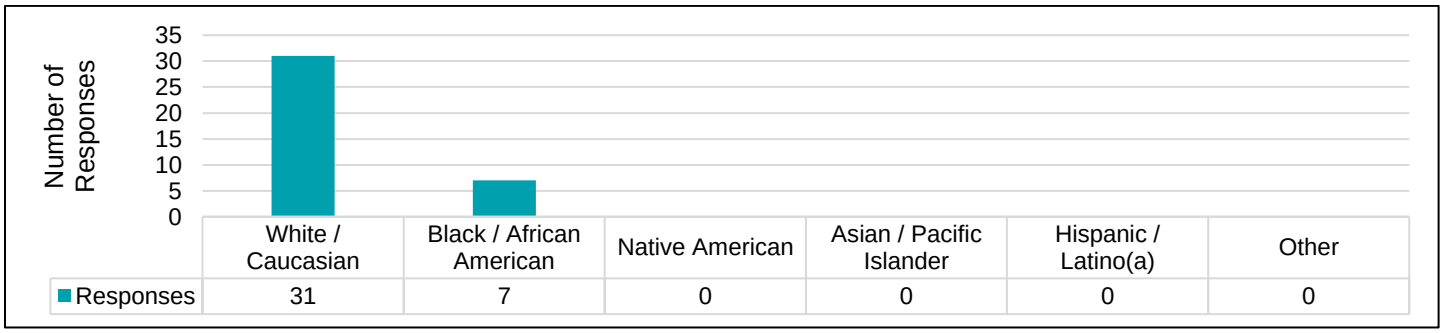


EXHIBIT 134: PARTICIPANTS' RACE/ETHNICITY



	White / Caucasian	Black / African American	Native American	Asian / Pacific Islander	Hispanic / Latino(a)	Other
Responses	31	7	0	0	0	0

EXHIBIT 135: PARTICIPANTS' HIGHEST LEVEL OF EDUCATION COMPLETED

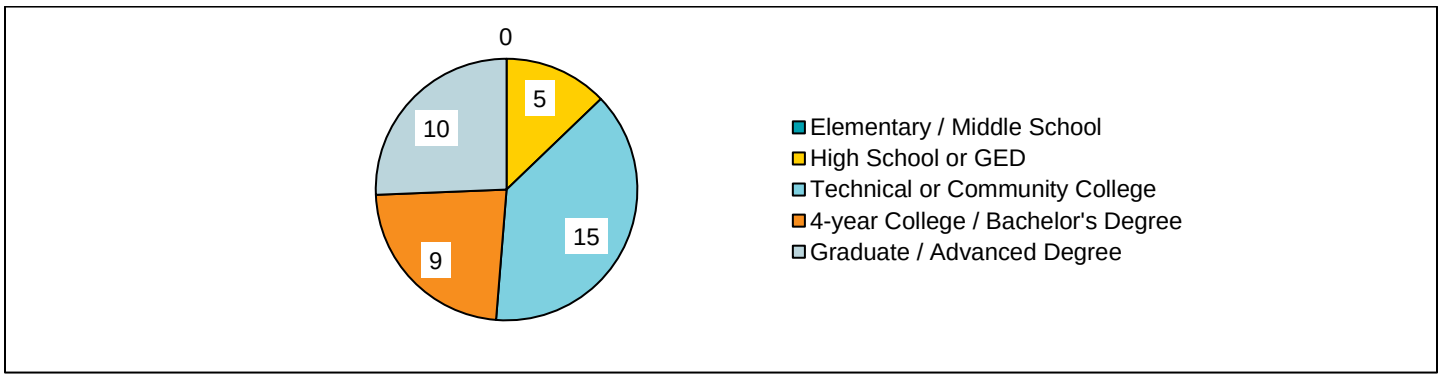


EXHIBIT 136: PARTICIPANTS' ZIP CODE

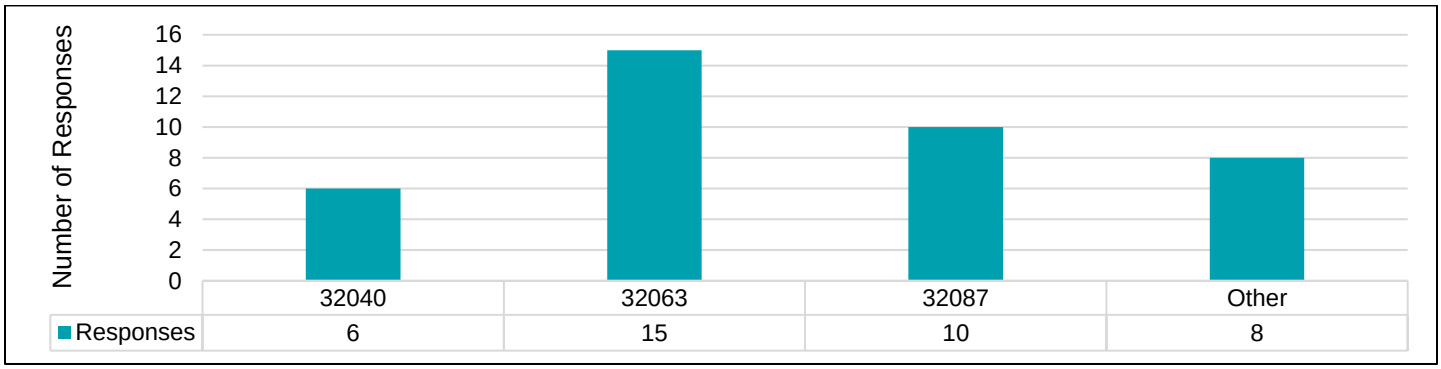


EXHIBIT 137: PARTICIPANTS' EMPLOYMENT STATUS

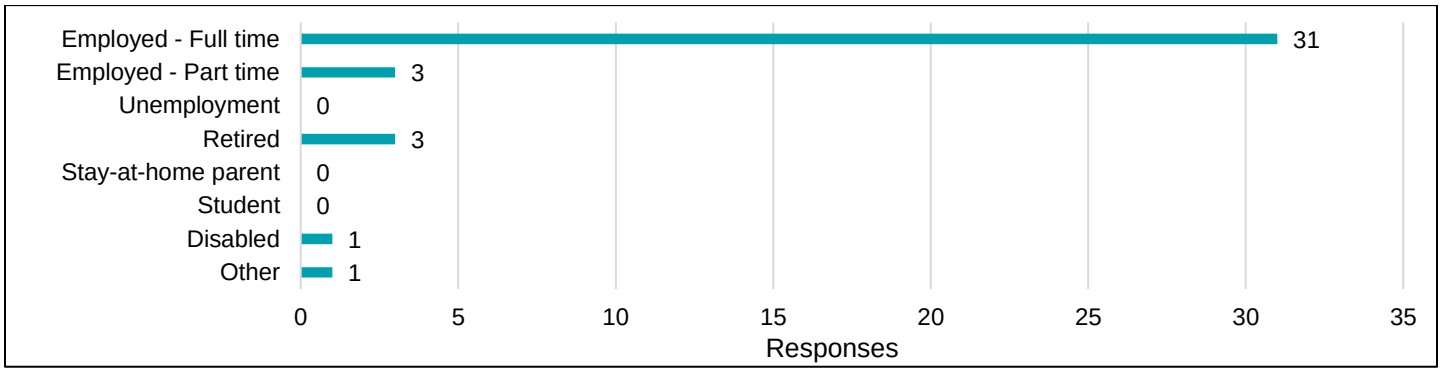


EXHIBIT 138: PARTICIPANTS' HEALTH INSURANCE COVERAGE

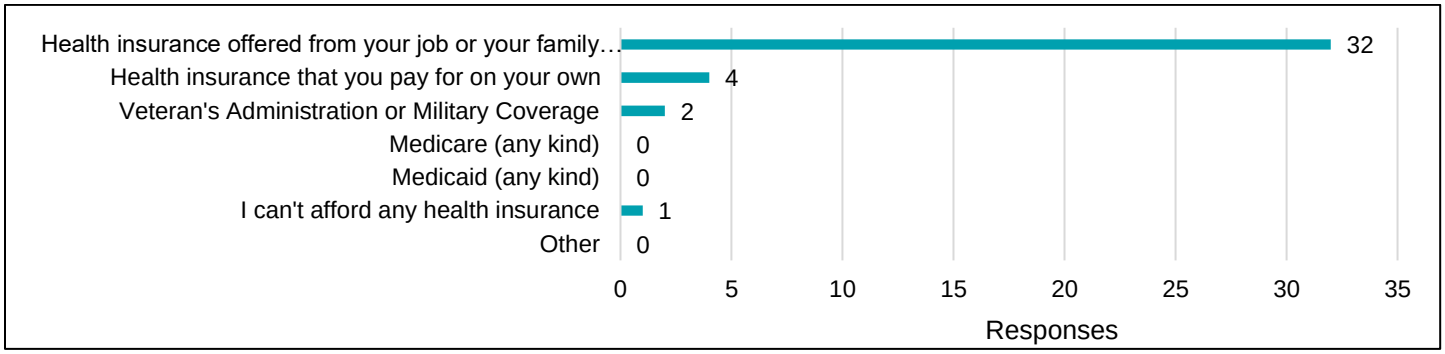


EXHIBIT 139: PARTICIPANTS' TOTAL ANNUAL INCOME AMONG ALL EARNERS IN THEIR HOUSEHOLD

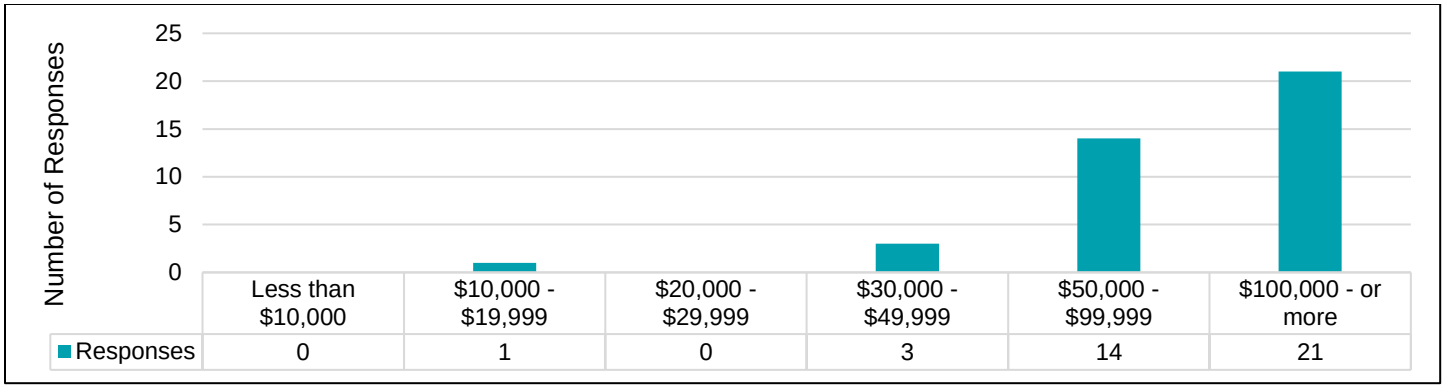
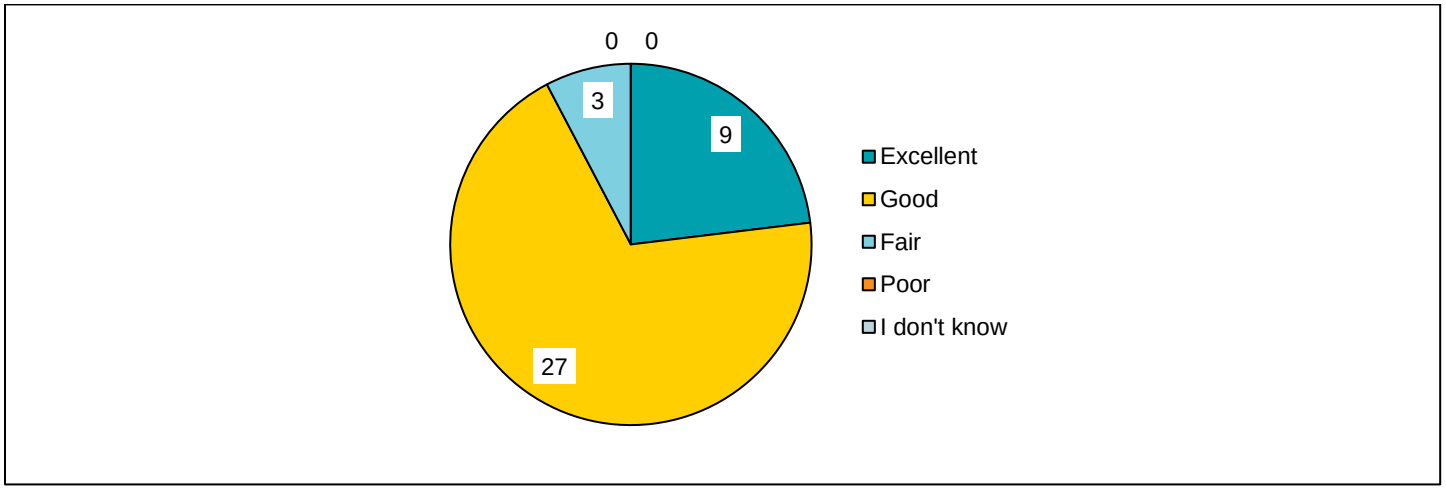


EXHIBIT 140: PARTICIPANTS' OVERALL HEALTH RATING



Discussion Question Analysis & Focus Group Results

Detailed notes were taken during each focus group discussion. The meeting facilitator explained the purpose of the assessment and then asked each discussion question aloud to the group. Discussion questions covered topics such as access and barriers to care and health needs and concerns. Responses taken from notes were analyzed to determine top health issues and concerns, barriers to care, etc. Responses were weighted by frequency at two or more focus group discussions to identify common themes. A summary of responses to each question follows. This section of the report summarizes what the focus group participants reported without assessing the credibility of their comments.

What community means to participants:

The idea of "community" emerged as a central and multifaceted concept during the six focus groups, reflecting a profound and shared understanding among participants. Friends and family stood out as a particularly strong and cherished aspect in defining the essence of community. Many participants emphasized that community begins with the close bonds forged with friends and family members, as these relationships form a foundation of trust, support, and connection.

One of the most prevalent and overarching themes from the discussions was the importance of shared values, ideas, principles, and goals within a community. Participants consistently highlighted how these shared aspects not only bind individuals together but also serve as a powerful force for

unity. This commonality of values was seen as a key factor in fostering a sense of belonging and identity within a community.

Community, as discussed in the focus groups, was not limited to a mere geographic location; instead, it encompassed a broader sense of attachment and commitment. Participants articulated the idea that being a part of a community meant being invested in that community, both personally and emotionally. This investment could take various forms, such as actively participating in community activities or caring deeply about the well-being of the community as a whole.

Furthermore, the concept of community extended beyond just people to encompass the physical environment and infrastructure. Participants pointed out that community is inherently linked to one's surroundings and the people who inhabit them. It’s not just about the individuals but also the places, spaces, and shared experiences that contribute to a sense of community.

The roles played by government personnel, community leaders, and the services they provide were also acknowledged as vital components of a thriving community. Participants recognized the importance of effective governance and leadership in addressing the needs and concerns of the community, underlining the interplay between community members and community leaders.

In summary, the participants in the focus groups painted a rich and multifaceted portrait of community, emphasizing the foundational role of friends and family, shared values, and personal investment, while also promoting the importance of leadership and governance in nurturing a vibrant sense of togetherness and unity.

What participants are most proud of in their community:
The focus groups delved into what aspects of their community made participants most proud. A resounding theme that emerged was the strong partnerships between various agencies and groups, all united by a common vision and perspective. Participants expressed a profound appreciation for these collaborative efforts, recognizing the potential they hold for the community’s future. This sense of unity was further underscored by the community’s ability to come together swiftly, without bureaucratic hurdles, emphasizing a collective willingness to support one another.

The idea of self-reliance was another source of pride, as participants noted that their community had successfully carved out its unique identity, even while situated between larger neighboring communities. Many took pride in the fact that they had grown up in the community, which was a testament to their deep roots and commitment to its well-being.

A strong sense of caring and mutual support within the community was also a point of pride. Participants spoke of their comfort in reaching out to others, highlighting the close-knit bonds that existed among residents. A strong faith-based community was recognized as a significant pillar of support, contributing to the overall sense of belonging and unity.

Furthermore, the community’s ability to provide ample opportunities for children's success was a source of pride. This included not only a robust educational system but also a range of opportunities for youth to thrive. Additionally, the community’s resilience and ability to come together as a county, particularly during challenging times, were highlighted as representative of their collective strength and determination.

In summary, the focus groups illuminated a sense of pride deeply rooted in a united vision, strong partnerships, self-reliance, and shared values. Participants celebrated their community's ability to

connect swiftly and its commitment to caring for one another. Education, faith, and opportunities for youth were also integral aspects of what made them most proud of their community.

What participants view as benefits of living in Baker County:
Living in Baker County comes with a multitude of benefits, as highlighted by participants in the focus groups. An important benefit discussed was the existence of a close-knit community, where individuals forge strong bonds and connections with their neighbors. This sense of interconnectedness fosters a supportive environment that extends to various aspects of life.

Financial considerations play a significant role, with the low cost of living being a key attraction. Baker County offers a more affordable lifestyle compared to other areas, contributing to financial stability and well-being for its residents. Furthermore, the county's geographic location is considered advantageous. It provides proximity to larger cities like Gainesville and Jacksonville while retaining a distinct rural feel. This balance allows residents to enjoy the benefits of urban centers without sacrificing the tranquility of smaller communities.

The professional landscape in Baker County was also highlighted, where everyone knows each other. This familiarity accelerates the flow of resources and support within the community. Whether it's reaching out for assistance or collaboration, having a network of acquaintances facilitates swift and effective communication.

Participants lauded the sense of safety in Baker County, emphasizing the low crime rate, which contributes to residents feeling secure and at ease. Additionally, the strong community relationships and the ease of reaching out to neighbors and even government officials were seen as valuable assets. The community's unity was reflected in its willingness to provide various forms of support, including financial, social, and emotional assistance.

Education was identified as a significant benefit, with the school system receiving praise for its smaller size, enabling children to build robust social networks and fostering a sense of belonging. This education system also allows parents and educators to make a meaningful impact on their children's development and interact with them actively in their academic journey.

The presence of a strong faith-based system was seen as another positive aspect, offering a source of guidance and shared values. Residents appreciated the opportunity for greater autonomy in shaping their family's values and controlling their exposure to external influences.

Moreover, Baker County was acknowledged for its healthcare resources, including rural health services with sliding fee scales for low-income populations. This ensured that medical services were accessible to all residents, further enhancing their quality of life.

In summary, living in Baker County offers a unique blend of advantages, including a tight-knit community, affordability, favorable geographic location, professional networking opportunities, a strong sense of safety, and robust support systems in education, faith, and healthcare. The interconnectedness among residents fosters an environment where individuals can easily access resources, build relationships, and contribute to the well-being of their community.

What participants believe are the 2-3 most important features of a healthy community:
A healthy community, as envisioned by the participants in the focus groups, is characterized by several key features that contribute to the well-being and quality of life for its residents. Access to healthcare emerged as the foremost and essential feature. Ensuring that healthcare is readily available and affordable was a top priority for a healthy community, highlighting the importance of

accessible medical services, affordable housing, and resources for creating a secure and thriving environment.

Participants also emphasized the significance of fostering a healthy mindset, particularly through education, especially for children. A strong emphasis on preventative care and mental health support was seen as critical in promoting overall well-being. Education was identified as a foundational element that sets the tone for many other aspects of community health.

Furthermore, an essential feature of a healthy community is open-mindedness. Residents highlighted the importance of being realistic and emphasized the need for resources to address unhealthy behaviors and encourage diverse perspectives. A lack of discrimination and a focus on empathy, where individuals consider how their actions impact others, were also identified as crucial elements in promoting community health.

Other responses included having adequate transportation options, access to healthy foods, and a clean environment. Also discussed were social features such as a supportive network or community organizations, community members who invest back into the community, and utilizing faith-based institutions as gathering places for health programs and information.

In summary, the two to three most important features of a healthy community, according to the focus group participants, are access to healthcare, which includes affordable medical services and safety; a healthy mindset, with a strong emphasis on education and preventative care; and open-mindedness, fostering a sense of inclusivity, resources to combat unhealthy behaviors, and empathy for others in the community. These features together create an environment where residents can lead fulfilling and healthy lives.

Participants' views on the most important health concerns or unhealthy behaviors in Baker County:

Understanding the most pressing health concerns and unhealthy behaviors in Baker County is crucial for addressing the community's well-being effectively. According to the participants in the focus groups, several key issues stand out as priorities.

Substance abuse and drugs ranked as the most significant health concern. Participants identified this as a pressing issue that affects individuals and families, necessitating comprehensive strategies for prevention and treatment. Substance abuse prevention should also target vaping, tobacco use, and alcohol overuse/abuse to reduce the impact of these behaviors on community health.

Mental health emerged as another critical concern, emphasizing the importance of addressing mental well-being within the community. This includes raising awareness, reducing stigma, and increasing access to mental health services.

Diabetes was noted as a prominent health issue, highlighting the need for education and resources to manage and prevent this chronic condition. Heart disease and hypertension were also identified as important health concerns that warrant targeted efforts for prevention and management. Unhealthy lifestyle behaviors were also mentioned, including poor nutrition, unhealthy eating habits, and lack of exercise. These behaviors are intertwined with obesity, and addressing them requires comprehensive initiatives promoting healthy living.

Access and availability to quality healthcare services, including prenatal care, women's health, and maternal health services, was raised as concerns. The lack of public transportation and affordable transportation options were seen as a barrier to accessing essential services and opportunities for

healthy living. Also mentioned in the focus groups were the need for specialty care services, home health services, and veterans' healthcare.

Financial difficulties were noted as a root cause of various health concerns, including the inability to afford healthy foods. Participants also identified Baker County as having food deserts and little access to healthy foods, therefore community members have limited options and individuals with low income are more likely to buy unhealthy foods.

Additionally, participants expressed concerns about safe sex and risky behaviors, teen pregnancy, and the prevalence of STIs, STDs, and HIV in the community, highlighting the need for sexual health education and resources.

In summary, the most important health concerns and unhealthy behaviors in Baker County include substance abuse, mental health, chronic conditions like diabetes and heart disease, unhealthy lifestyle behaviors, financial difficulties, limited access to quality healthcare services, and transportation challenges. Addressing these issues requires a multi-faceted approach involving education, prevention, and access to resources and services.

The main reasons participants believe these concerns of behaviors are present:
Understanding the root causes of health concerns and unhealthy behaviors in Baker County is vital for developing effective strategies to address these issues. The focus groups identified several key factors contributing to these challenges. First, there is a notable absence of community meetings open to the public, which hinders communication and collaboration on critical community matters. Historical distrust, stemming from past discrimination and issues, has engendered skepticism towards certain organizations and services. Baker County's close-knit community, while a strength in many ways, can sometimes enable unhealthy behaviors for those with personal connections to stakeholders and county leaders. The county's location between larger cities influences the accessibility of drugs and alcohol, exacerbating substance abuse issues. Strong religious and cultural values can stigmatize seeking help for problems like substance abuse and mental health. Participants observed a noticeable disconnect between church and community initiatives in addressing issues like substance abuse and sexual education.

Furthermore, despite the availability of grants and resources, these resources often remain underutilized within the community due to poor communication and implementation. Stigma surrounding mental health, especially for parents with children facing addiction, can deter help-seeking behaviors. Limited transportation options, long commutes, and a lack of local employers create barriers to accessing services, healthy foods, and after-school programs. The absence of engaging activities for youth can lead to unhealthy behaviors, including substance use. Difficulties in accessing prenatal care and check-ups contribute to poor birth outcomes and untreated health issues. Economic challenges, such as the inability to afford medications and treatment, exacerbate health concerns like diabetes and hypertension. Finally, family dynamics and generational issues play a role in perpetuating health concerns and unhealthy behaviors. In order to effectively address these challenges, a comprehensive approach is needed, encompassing community engagement, education, stigma reduction, improved access to resources, and efforts to tackle the root causes of these issues.

Participants' top three health concerns in Baker County:
Among the various health concerns identified in Baker County, the top three in terms of significance and impact, as indicated by the focus group participants, are:

- Substance Abuse: Substance abuse emerged as the most pressing health concern in Baker County. Participants highlighted its pervasive influence on individuals and families, making it a top priority for intervention and support.
- Mental Health: Mental health concerns were identified as another critical issue affecting the community. The stigma surrounding mental health and the need for greater awareness and access to mental health services were emphasized.
- Teen Pregnancy and Sexual Health Education: Teen pregnancy and the lack of comprehensive sex education in the community were also seen as significant concerns. Participants underscored the importance of addressing these issues to promote sexual health and well-being among young residents.

These top three health concerns reflect the complex and interconnected nature of community health in Baker County and underscore the need for targeted efforts to address substance abuse, improve mental health support, and enhance sex education and reproductive health resources for teenagers.

Participants' views on which health services are most difficult to get:
Access to healthcare services in Baker County presents several challenges, as indicated by focus group participants. Among the most difficult services to obtain are OB/GYN services, impacting women's reproductive health and care. Mental health services also presented significant challenges, driven in part by the lingering stigma surrounding mental health issues and the limited availability of mental health resources within the community. Dental services were noted as challenging to access, which can have implications for oral health and overall well-being. Additionally, access to specialty care services, such as specialized medical consultations and treatments, was identified as a difficulty. This could potentially limit the availability of advanced medical care and specialized treatments for residents with complex medical issues.

Accessing general primary care services was also seen as challenging, which can hinder routine medical check-ups and preventive care. Focus group participants also expressed concerns about the availability of cancer screenings and treatment, emphasizing the importance of early detection and intervention. Furthermore, access to vision care services, including eye examinations and corrective eyewear, was mentioned as a challenge, which could impact visual health and overall quality of life. The difficulty in accessing support services and therapies for children with special needs underscores potential gaps in care for vulnerable populations. For older adults, access to healthcare services, including geriatric care and long-term care options, were identified as additional challenges, reflecting the importance of comprehensive care for this demographic.

Pain management services were also acknowledged as difficult to access, potentially affecting individuals dealing with chronic pain. Home health services, vital for individuals requiring care in their own homes, were noted as challenging to obtain. Additionally, access to healthcare services for veterans in the community was perceived as a challenge, potentially impacting the well-being of another vulnerable population. These findings underscore the diverse range of healthcare services that face accessibility challenges in Baker County, highlighting the need for comprehensive strategies to improve access across many populations.

Participants' views on what the greatest barriers to getting services are:
Accessing healthcare services in Baker County is impeded by a multitude of barriers, as outlined by focus group participants. The reliability and consistency of services were noted concerns, with a recognition that services can change unpredictably. Transportation emerged as a major challenge, especially for those needing to travel outside the county to access care. Stigma surrounding mental health posed a significant hurdle, with adults often hesitant to acknowledge mental health issues.

Insufficient awareness about available services and resources was cited as a barrier, potentially leading to underutilization of healthcare options.

High turnover rates among healthcare providers and poor management of services were identified as systemic issues that affect the availability and continuity of care. Gaps in care are also created when services do not align with community health needs. Insurance-related barriers, such as certain providers not accepting specific insurance plans and limited healthcare choices for residents were also identified. Geographic accessibility challenges, including long travel distances to access services, were also highlighted as barriers to care. The limited availability of appointments and long wait times further hindered timely healthcare access.

Financial constraints were a prominent barrier, with the cost of healthcare limiting access to essential services, particularly for those with limited financial resources. Additionally, resource scarcity for children with disabilities necessitated some families to seek care outside the county. Cellular service issues in certain areas of the county hindered communication and access to healthcare information. Patient adherence to recommended care was cited as a challenge, influenced by lifestyle factors and drug use. Finally, a lack of knowledge about available resources, including medication discounts and insurance options, hampered healthcare access, as well as providers not accepting patients without insurance.

To address these multifaceted barriers effectively, a comprehensive strategy is required, encompassing improved transportation options, stigma reduction for mental health, heightened awareness of available healthcare resources, enhanced provider retention and efficient service management, and solutions for financial and geographic accessibility. Furthermore, expanding local resources and therapies for children with disabilities can promote healthcare access within the community.

Participants' view on if there is a group of people in Baker County affected more by these health issues or who have more difficulty getting these services:
In Baker County, certain groups of people are disproportionately affected by health issues and face greater difficulty accessing healthcare services, as noted by focus group participants. Low-income individuals stand out as one of the most affected groups, facing financial constraints that limit their ability to afford necessary healthcare services. People living outside of Macclenny, particularly in surrounding areas such as Sanderson, Taylor, and Baxter, may encounter greater challenges in accessing healthcare due to geographical remoteness and limited healthcare infrastructure in these regions. Persons of color in Baker County often experience disparities in health care access and may face issues related to discrimination. Additionally, individuals with substance abuse issues also face stigma when talking about their health or when receiving care.

It is important to acknowledge that while these groups may face distinct challenges, the healthcare issues and access difficulties in Baker County impact a wide spectrum of residents. This includes older populations who may encounter barriers related to age-related health concerns, individuals with lower education levels, teenagers, and middle-aged individuals in their 40s who grapple with high deductibles and the prohibitive cost of medications like insulin, making them unable to afford necessary treatments. In essence, the healthcare challenges in Baker County are pervasive, affecting individuals across the whole county. However, certain groups, such as those with low income and people living in rural areas, may bear a disproportionate burden of these challenges due to their unique circumstances.

Participants' experience when they, a family member, or friend had a positive experience in a healthcare setting:

Baker County residents have shared a multitude of positive healthcare experiences, each contributing to a sense of trust and well-being within the community. In dental care settings, healthcare providers were lauded for their kindness and patience, particularly when treating children. This compassionate approach creates a welcoming and reassuring atmosphere for patients, especially the younger ones. Moreover, local laboratories and hospitals were commended for their convenience, ensuring easy access to essential diagnostics and tests. This accessibility is crucial in facilitating timely healthcare and reducing unnecessary delays.

The strong relationships that residents have formed with their primary care providers were a recurring theme in their positive experiences. These connections reflect a deep level of trust and satisfaction in the care received. Baker County residents value having access to quality healthcare services within their community, with specific mention of areas like Sanderson where good-quality care is readily available. The elimination of long commutes to larger healthcare facilities when care is available nearby is seen as a significant advantage, contributing to residents' well-being.

Residents also appreciated the efficiency of healthcare services, noting shorter waiting times and the ability to secure same-day appointments. The promptness of care delivery is essential in ensuring that individuals receive timely attention for their health concerns. Furthermore, healthcare providers and staff were recognized for their personable approach and dedication to patient understanding during appointments. Some providers went above and beyond in delivering comprehensive and thorough care, exceeding expectations compared to other services.

In nursing home facilities, healthcare staff's kindness and commitment to maintaining high care standards were acknowledged. Their flexibility in adapting to changing circumstances, when necessary, further demonstrated their dedication to providing quality care. The community benefits from a range of initiatives aimed at improving healthcare access and support. These include dental transportation programs, free athletic care services for students, and community-driven food events that provide residents with healthy options and assistance during holidays. The healthcare system's rapid and efficient response to community traumas underscored its effectiveness during critical moments.

Lastly, the opening of a rural clinic catering to uninsured individuals represents a positive step in addressing healthcare disparities and improving access for underserved populations. Eye doctors were also celebrated for their wealth of knowledge, extensive experience, and long-term commitment to delivering quality eye care. These positive healthcare experiences collectively emphasize the importance of compassionate, accessible healthcare services in fostering trust and enhancing the overall well-being of individuals and the community.

Participants' views on what factors made their experience positive:
The positive healthcare experiences shared by residents of Baker County can be attributed to a combination of factors that reflect both the community's strengths and the healthcare infrastructure in place. First and foremost, the close-knit nature of the community plays a pivotal role in creating positive healthcare experiences. The strong sense of community fosters trust and familiarity between residents and healthcare providers, contributing to a comfortable and reassuring healthcare atmosphere.

Additionally, the residents' familiarity with everyone in the community, including the resources they provide, enhances the healthcare experience. This knowledge allows for swift access to support when needed, reinforcing the sense of unity within the community. Timeliness in healthcare services is another critical factor in creating positive experiences. The ability to secure same-day appointments

and receive care promptly reduces waiting times, leading to efficient care delivery and increased patient satisfaction.

The convenience of having multiple healthcare services available in one location was noted as a significant advantage. This consolidation streamlines the healthcare process for patients, eliminating the need for extensive travel to access various services. Furthermore, the presence of local healthcare services, such as urgent care facilities, minute clinics, and rural health services, plays a vital role in enhancing the healthcare experience. These services offer same-day care, reducing the necessity for residents to travel to larger cities like Jacksonville for immediate medical attention.

Efficiency extends to emergency situations, with residents acknowledging the extremely good response times of the 911 system. Quick access to emergency services is crucial in ensuring the well-being of the community in critical situations. While the county's healthcare facilities were praised for their quality, it was also noted that the low number of healthcare providers can struggle to meet the high demand for services, indicating an area for potential improvement.

Collectively, these factors contribute to the positive healthcare experiences within Baker County, highlighting the resilience and commitment of the community to provide accessible, efficient, and high-quality healthcare services to its residents.

These are the health services or health initiatives that the participants would like to see in Baker County:

Baker County residents have expressed their desires for various health services and initiatives to enhance the overall well-being of the community. One recurring theme is the need for specialty services, indicating a desire for more specialized medical care within the county. Mental health services are also a top priority, emphasizing the importance of accessible mental health support for residents. Additionally, there is a strong desire for improved OB/GYN services and maternal health resources to ensure the well-being of expectant mothers and infants.

Residents have expressed the need for improved dental care for children, reflecting a concern for the dental health of young community members. The desire for a walking trail and accessible places to exercise in town underscores the importance of physical activity and outdoor spaces for health promotion. Substance use treatment and prevention programs are seen as crucial in addressing addiction issues within the community.

Financial education programs are considered valuable, reflecting the need for financial literacy to support individuals and families in making sound financial decisions. Additionally, there is a call for better sidewalks and transportation options, including affordable or free public transportation, to improve mobility and access to essential services.

Residents also expressed the need for holistic care options and more activities to engage children and young adults. The desire for recreational spaces, theaters, bowling alleys, trampoline parks, skating centers, and parks reflects the importance of cultural and recreational activities in promoting a healthy and vibrant community.

Another significant aspect highlighted is the role of community leaders and families in promoting good health practices and values among children and young adults. The need for unity among faith-based communities and collaborative outreach events is seen as a means to foster positive influences and relationships within the community.

Additional healthcare facilities and services are desired, including endocrinology for diabetes care, comprehensive geriatric care, home health services, sitter services, services to help older adults with legal and financial matters, and hospice services to ensure quality end-of-life care.

Lastly, residents are eager for more nutrition programs and education, including initiatives within schools, to promote healthy eating habits and overall wellness. Annual wellness checkups are also sought after, emphasizing the importance of regular health assessments in maintaining a healthy community.

Participants' views on how the health service or health initiative would benefit the community: The desired health services and initiatives in Baker County have the potential to bring numerous benefits to the community, addressing critical needs and improving overall well-being.

Improved OB/GYN services and maternal health resources would significantly benefit the community by providing convenient access to essential healthcare for expectant mothers. Currently, the lack of accessible services requires residents to travel long distances for OB/GYN care, creating barriers to timely and necessary care. Closer access to these services would help pregnant women receive the care they need, leading to healthier pregnancies and better outcomes.

Enhancing children’s dental services would promote a sense of comfort among young patients, encouraging regular dental visits and better oral health. This initiative would not only improve the oral health of children but also contribute to their overall well-being.

Addressing transportation issues is a priority for Baker County residents, as it plays a vital role in ensuring access to healthcare services. More accessible public transportation and transportation options would overcome mobility challenges, allowing residents to reach healthcare facilities and other essential services more easily.

The desire for more exercise and better nutrition reflects a commitment to improving overall health and wellness. These initiatives would encourage physical activity and healthy eating habits, leading to better health outcomes and a stronger sense of community.

Expanding cultural and recreational activities would not only provide community members with more things to do but also foster a sense of togetherness and unity. These activities would contribute to an overall sense of well-being and happiness among residents.

The availability of annual wellness checkups and holistic care options would enable individuals to take charge of their health and well-being, ultimately reducing the reliance on emergency care settings and hospital readmissions.

Lastly, having specialized services like endocrinology for diabetes care would improve disease control, prevent complications like heart disease, and reduce trauma for patients. Moreover, initiatives aimed at improving the health and wellness of children and young adults would set the stage for a healthier future generation.

In summary, these proposed health services and initiatives have the potential to create a healthier, more connected, and resilient Baker County community, with improved access to essential healthcare, enhanced preventive care, and increased opportunities for overall well-being.

Participants’ final thoughts:

As we concluded the focus groups, it became clear that Baker County residents are deeply invested in the well-being of their community and have valuable insights to share. The willingness of Faith Bible Church and other community organizations to offer their spaces for hosting events and programs is a testament to the community's collaborative spirit. This demonstrates the potential for partnerships between various organizations, including the health department, to leverage community resources for the benefit of all residents.

While Baker County has made significant progress in recent years, there is recognition of the need to focus on specialty care and preventative healthcare. Addressing the high cancer rate is a critical concern, and exploring potential causes such as lack of testing, difficulties accessing specialty care, environmental factors, and water quality are important steps toward finding solutions.

The observation that city water is only available in certain areas and that well water use predominates in most of Baker County highlights the influence of infrastructure on community development and access to resources. Ensuring equitable access to essential services, including healthcare, is vital to fostering a healthier and more inclusive community.

Increasing access to health information and education, along with improving community communication about health concerns, are vital steps in building a healthier Baker County. Word-of-mouth health information, especially from reliable sources, can play a significant role in disseminating important health knowledge within the community.

In summary, the feedback and insights shared by Baker County residents highlight the community's strengths, challenges, and aspirations. The collective commitment to improving healthcare access, addressing health concerns, and fostering inclusivity are commendable efforts that will contribute to a brighter and healthier future for Baker County.

Key Findings of Focus Groups

Access to Healthcare Services: A recurring theme was the need for improved access to healthcare services. Residents expressed concerns about the availability of specialty care, maternal health services, mental health support, and dental care. Barriers to access, including transportation challenges, were highlighted. Participants noted that improving access to specialized healthcare services is crucial for enhancing health outcomes, especially in the fields of endocrinology for diabetes care and cancer screening and treatment.

Preventative Care: The importance of preventative healthcare was emphasized. Residents stressed the need for wellness checkups, annual screenings, and better education on preventive measures to promote overall health and reduce the reliance on emergency care.

Community Collaboration and Engagement: Collaboration and partnerships within the community were seen as critical to addressing health challenges. Residents acknowledged the value of community spaces, churches, and faith-based organizations in hosting health programs and events. The sense of community and unity played a significant role. Residents wanted to see more community engagement, recreational activities, and a sense of togetherness to promote overall well-being.

Mental Health: Mental health services were a top priority. Residents expressed a strong desire for improved mental health resources and services, recognizing the impact of mental well-being on overall health.

Lifestyle Behaviors: The importance of nutrition and physical activity in promoting a healthy lifestyle was highlighted. Residents desired more opportunities for exercise, better nutrition programs, and access to healthier food options.

Transportation Barriers: Transportation challenges, including long commutes and limited public transportation options, were identified as barriers to accessing healthcare services and other resources. These barriers hinder the ability of individuals to access healthcare services and may delay necessary medical care.

Health Education and Knowledge: Residents stressed the importance of health education and awareness programs, particularly related to financial literacy, preventive care, and mental health.

Notable Key Themes

- Access to healthcare services and resources:
    - Limited access to healthcare facilities and services
    - Transportation challenges, including long commutes and limited public transportation
    - Difficulty accessing specialty care, mental health services, and dental care
    - Need for same-day appointments and reduced wait times
    - Lack of awareness about available healthcare resources and services
    - Desire for access to specialized healthcare services, including endocrinology and cancer care
    - Recognition of the importance of early disease detection and specialized treatments

- Community collaboration and engagement:
    - Recognition of the importance of community collaboration
    - Willingness of community spaces, churches, and faith-based organizations to support health programs
    - Desire for more community engagement, recreational activities, and a sense of togetherness

- Mental health:
    - Strong desire for improved mental health resources and services
    - Recognition of the impact of mental health on overall well-being
    - Need for accessible mental health support and awareness programs

- Transportation challenges:
    - Transportation challenges as a significant barrier to accessing healthcare services and resources
    - Long commutes and limited public transportation options affecting healthcare access

- Health education and knowledge:
    - Emphasis on health education and awareness programs
    - Desire for education on financial literacy, preventive care, and mental health
    - Need for community-wide health education and awareness campaigns
    - Emphasis on the importance of preventative care and wellness
    - Desire for wellness checkups, annual screenings, and preventive education
    - Recognition of the value of early testing and preventive measures
    - Need for nutrition programs, exercise options, and healthier food choices

These themes reflect the key health-related issues and needs identified by community members. It is important to note that these themes are derived from the specific responses provided and may not encompass all possible perspectives or issues related to health in the county.

Key Stakeholder Interviews

The Florida Department of Health in Baker County and Ed Fraser Memorial Hospital compiled a list of possible key stakeholders in the community and made initial contact with the interviewees. The list included governmental representatives, healthcare providers, health care consumers, and representatives of local community organizations. HPCNEF staff conducted 10 interviews through Zoom and Microsoft Teams meetings during the months of June through August 2023. The average interview lasted approximately 20 minutes. The instrument used to conduct the interviews is included in Appendix B-2. Interviewees were asked questions on some of the following issues:

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

Interview Analysis

Key stakeholders who participated in these interviews include representatives from Ed Fraser Memorial Hospital, the Baker County Chamber of Commerce, Meridian Behavioral Healthcare, Baker County School District, Baker County Board of County Commissioners and Baker County Emergency Management. Most of the key stakeholders have lived and/or worked in Baker County for over four years. The interview questions for each Key Stakeholder Interview (KSI) are identical. Some key stakeholders did not provide an answer for every question asked. There is some duplication of subject matter and feedback between categories. A summary of their responses follows. This section of the report summarizes what the community stakeholders reported without assessing the credibility of their comments.

The Key Stakeholders position:

The key stakeholders interviewed worked for the Baker County Administration, Baker County Board of Commissions, Baker County Fire and Rescue, Baker County Health Department, Baker County Medical Services, Baker Prevention Coalition, Baker County School District, Baker County Sheriff's Office, Faith Bible Church, and Meridian Behavioral Healthcare. Each stakeholder has aspects of their job that require them to be hands-on in the community.

How long the Key Stakeholder has lived and/or worked in Baker County:

The responses from the key stakeholders varied in terms of their tenure in the county, with a range from 4 years to 34 years. Only one stakeholder has been working in the county for less than a year. These varying levels of experience are valuable for capturing distinct perspectives and insights based on their accumulated knowledge and understanding of the county's operations and dynamics. Eight of the 10 interviewed key stakeholders live in the county, while the other two only work in Baker County.

What the Key Stakeholder thinks are the most pressing healthcare needs or concerns in Baker County:

A complex interplay of challenges marks Baker County's healthcare landscape and needs that demand thoughtful attention. Among the top concerns identified by stakeholders, transportation issues emerged as a major barrier. Due to most essential healthcare services being concentrated in Macclenny, those residing in the county's outskirts find it increasingly difficult to access the care they require. This issue intertwines with communication challenges, as stakeholders noted that numerous

vital services often go unnoticed by the population. The pressing need to link individuals to services is evident, calling for innovative outreach strategies to bridge this information gap.

A glaring gap in the healthcare infrastructure is the lack of specialty care within the county. Notably, the absence of OB/GYN services has prompted residents to seek specialized care at distant facilities, including the Mayo Clinic in Jacksonville. Stakeholders proposed a potential solution by advocating for specialists to periodically visit Baker County, potentially mitigating the need for lengthy travel. A related program, the Community Paramedicine Program, seeks to address chronic care issues, particularly concerning the older population's increased risk of falls. This program underscores the crucial importance of fall protection and tailored elder care initiatives.

Substance use emerges as a focal point of concern, echoing a nationwide trend that demands urgent attention. It intersects with socioeconomic factors such as homelessness, poverty, and unemployment, forming a complex web that must be untangled. These issues are deeply intertwined, necessitating a holistic approach that addresses both the immediate healthcare needs and the broader socioeconomic context in which they arise.

Additionally, stakeholders underscore the imperative demand for strengthened mental health and general medical services. The shortage of PCPs/General Practitioners translates to extended wait times, forcing residents to seek routine care outside the county. Alongside this, challenges like teen pregnancy, suicide, and dental care must be grappled with, requiring comprehensive strategies that consider the unique dynamics of a rural community.

The county’s rural nature presents unique hurdles, including limited access to up-to-date technology and advanced medical resources. Overcoming these barriers requires innovative solutions that harness technology to bridge gaps in healthcare access. Furthermore, addressing lifestyle-related issues such as sedentary habits and food choices is essential in promoting a healthier community.

In conclusion, Baker County’s healthcare needs and concerns are multi-faceted and interconnected, demanding a comprehensive approach that accounts for the challenges posed by rural geography, while also addressing critical issues like transportation, specialty care, substance use, mental health, and socioeconomic factors. The path forward necessitates collaboration among stakeholders, the integration of technology, and a commitment to improving the overall well-being of the community.

Key Stakeholder's view on if there are any particular populations in Baker County with specific health issues or if they have difficulty accessing health services:
Within Baker County, specific population groups face distinct health challenges and encounter barriers when seeking access to healthcare services. The elderly population (65 and older) emerges as a primary focus, given their unique healthcare needs and vulnerabilities. Ensuring their well-being necessitates targeted strategies, especially as this age group faces numerous health conditions and complications related to the aging process.

Another critical group is children (12 years old and younger), whose health is of paramount concern. The challenges they may encounter require tailored healthcare provisions to foster a healthy foundation for their future. Similarly, teens/adolescents (13–17 years old) form a group that requires specialized attention, with both physical and mental health concerns to be addressed during this crucial developmental phase.

Adults (18–64 years), representing a significant portion of the total population, also face distinct health issues. The percentage of uninsured or underinsured individuals within this group demonstrates the necessity for improved accessibility and affordability of healthcare services.

Moreover, concerns surrounding vulnerable groups, particularly African Americans, demand targeted efforts to eliminate healthcare disparities and ensure equitable access.

Additionally, the homeless population confronts a myriad of health challenges compounded by their living situation, illustrating the intricacies of the homelessness issue. Accessing appropriate healthcare for these individuals becomes even more difficult, warranting specialized outreach initiatives. Likewise, individuals in need of Medicaid enrollment must be assisted in navigating the complexities of the healthcare system, ensuring they receive the support they require.

The specific needs of mothers, particularly concerning maternal health and prenatal care, require dedicated attention. There are many challenges faced by the young adult population in their mid-20's–30's, particularly opioid users. Substance use concerns and transitional health care needs of this population underscore the importance of tailored interventions.

It is important to acknowledge the distinct health risks for mid-age adult males and encouraging their engagement with healthcare services. Additionally, the intertwined challenges of low income and low education levels present a formidable barrier to accessing healthcare services, necessitating holistic approaches that address socioeconomic determinants.

In conclusion, Baker County's diverse population calls for a nuanced and targeted approach to healthcare provision. Identifying specific groups, including the elderly, children, teens, adults, uninsured individuals, minority communities, the people experiencing homelessness, mothers, people who use opioids, young adults, mid-age adult males, and people with lower income or education levels, allows for tailored strategies that encompass both medical and socioeconomic considerations. Achieving equitable healthcare access requires collaborative efforts and initiatives that address the unique needs of each population segment.

Key Stakeholder's believe on why these group(s) have more difficulties with healthcare:
The challenges faced by specific population groups accessing healthcare services in Baker County are rooted in a complex interplay of factors that influence their healthcare experiences. Transportation emerges as a prominent and recurring theme, affecting various groups. Lack of reliable transportation disproportionately impacts these groups, making it difficult to physically reach healthcare facilities, thereby hindering timely access to necessary care.

The absence of health insurance is a significant barrier across these populations. This lack of coverage exacerbates their difficulties in seeking medical attention, underscoring the pressing need for expanded insurance accessibility to bridge this gap. The cost of services further compounds these issues, preventing many from accessing vital care due to financial constraints.

Technological hurdles also contribute to healthcare disparities. Limited cell phone service and technology barriers impede communication and information sharing, hindering individuals' awareness of available resources and services. Lack of education and lower education levels play a role, as insufficient knowledge about health matters, particularly concerning substance use/abuse, further diminishes the ability to make informed healthcare decisions.

Stigma surrounding certain health issues can deter individuals from seeking care, perpetuating health disparities. Additionally, the absence of strong family support systems and community connection impacts individuals' motivation to prioritize their health.

For certain groups, such as females who are pregnant or have small children, the proximity to health services is more pronounced due to their specific life circumstances. Income issues are a common denominator, with limited financial resources preventing many from accessing care. This issue

particularly impacts children, as they rely on caregivers' resources and decisions to receive necessary medical attention.

In summary, the difficulties these population groups face in accessing healthcare in Baker County are deeply entrenched in a combination of structural, socioeconomic, and cultural factors. Addressing these disparities requires multifaceted approaches that encompass transportation solutions, expanded insurance coverage, reduced cost barriers, improved technology access, education initiatives, stigma reduction efforts, and community engagement strategies. By recognizing and addressing these barriers, Baker County can take significant strides toward achieving more equitable healthcare for all its residents.

Key Stakeholders view on if there are any health services that individuals in Baker County have difficulty accessing:
In Baker County, accessing certain health services proves challenging for residents, contributing to disparities in healthcare accessibility. Primary care is a standout issue, with insufficient availability impacting residents' ability to receive regular medical attention and preventive care. Similarly, specialty care remains limited, necessitating travel outside the county for specialized medical procedures, particularly for many types of surgeries.

Preventative care is another area where difficulties arise, hindering proactive health maintenance. The dearth of accessible mental health care services presents a pressing concern, greatly affecting the well-being of the community. Notably, even inpatient mental health services provided by Meridian for Baker Acts are not comprehensive, underscoring the need for improved mental health resources within the county. Organizations like The Hope Center address a critical gap through efforts to provide support groups and education on substance abuse, especially considering the prevalent substance abuse issues in the community.

The healthcare challenges faced by vulnerable populations extend to those who are incarcerated and those experiencing homelessness. These individuals encounter hurdles in accessing necessary care due to their circumstances.

Substance abuse treatment services remain in high demand, further accentuating the significance of addressing the substance abuse epidemic within the county. While emergency care and urgent care services are available, ensuring their accessibility during critical times is crucial. However, hospital care availability appears to be an ongoing concern that impacts the overall healthcare infrastructure.

In addition to these challenges, specialty services such as OB/GYNs remain scarce within Baker County, necessitating travel for comprehensive women's health services. Similarly, the limited presence of dermatologists and inadequate access to dental care underline the broader gaps in specialized care services. Sexual health services also present difficulties in access, emphasizing the need for comprehensive and inclusive healthcare provisions.

In conclusion, Baker County's residents struggle with a variety of challenges in accessing essential health services. The shortages and limitations in primary care, specialty care, mental health services, substance abuse treatment, and other crucial areas underscore the pressing need for concerted efforts to improve healthcare accessibility and quality for all members of the community. Addressing these gaps requires collaborative initiatives, resource allocation, and unwavering commitment to provide comprehensive healthcare services.

Key Stakeholder's views on areas/neighborhoods in Baker County whose residents have a particularly difficult time accessing services:

In Baker County, certain areas and neighborhoods encounter distinct challenges in accessing healthcare services, contributing to disparities within the community. The outlying parts of the county, including Taylor, Olustee, Sanderson, Cuyler, and Baxter, stand out as regions where residents face particularly difficult circumstances in accessing essential healthcare services. The geographical distance from these areas to the central hub of Macclenny exacerbates challenges related to transportation and healthcare resource availability.

The challenges are not necessarily confined to a single specific area in the county; rather, the difficulty accessing services is pervasive throughout Baker. A prevailing issue is faced by individuals who lack the resources necessary to access care; transportation emerges as a primary concern. This limitation is especially pronounced for those residing outside the 10-mile radius of Macclenny. Strategies to bring healthcare services closer to these remote areas have been proposed, such as implementing mobile health services at centers like Sanderson to bridge the gap for residents who are geographically distant from healthcare facilities.

In essence, the disparities in accessing healthcare services are often more prevalent in outlying parts of Baker County, beyond the central Macclenny area. The overarching issue of limited resources, particularly transportation, compounds these challenges and require creative solutions such as mobile health services to ensure that residents in remote areas have the necessary access to healthcare resources and services.

We often hear that transportation is an issue that affects accessing needed healthcare. Here are the ways Key Stakeholders have seen this in the community:
The impact of transportation challenges on essential healthcare services access in the Baker County community is profound and far-reaching. The repercussions of these difficulties manifest in various aspects of residents' lives, creating a complex web of obstacles that hinder healthcare accessibility.

One of the most critical areas affected is the healthcare system itself. The issue of transportation comes to the forefront at the hospital, where patients often face hurdles in being transported to other hospitals for specialized care. In instances where ambulances and county services are engaged, the frequent use of private companies from Jacksonville for hospital transports underscores the dire need for enhanced local transportation options. A concerning trend arises wherein individuals without viable transportation options resort to calling 911 for non-emergency situations, merely to secure a means of reaching the hospital. This reveals a critical gap in accessibility that leads to suboptimal utilization of emergency services.

The impact resonates beyond medical care, as evidenced by the challenges faced by the Baker Prevention Coalition in ensuring transportation for youth to events focused on education and health prevention. While the Council on Aging (COA) provides transportation for seniors, the service requires them to schedule use with advanced notice.

Regarding the general population, the absence of sufficient bus services further limits options for individuals who rely on public transportation. This lack of control over their transportation choices impacts their ability to access vital services, rendering them at the mercy of limited availability. Families with only one car must prioritize work, school, or healthcare needs, often leaving health on the backburner. Students' access to after-school programs and even their school attendance can be affected by the inability to easily access appointments that might be located farther away.

In conclusion, the community of Baker County faces profound challenges when it comes to healthcare access due to transportation constraints. The consequences ripple across the healthcare system, individuals' daily lives, education, and even emergency services. Addressing these

transportation challenges is pivotal for ensuring equitable healthcare access and fostering a healthier and more connected community.

What Key Stakeholders are most proud of in this community:
The pride that swells within the Baker County community is resounding, reflected in a tapestry of attributes and values that define its collective spirit. The phrase, “Better in Baker”, encapsulates the community’s commitment to progress. The collaborative efforts fostered through Healthy Baker meetings further magnify this resolve, as residents join hands to comprehend the wealth of resources available and work harmoniously towards a shared goal. The remarkable unity within the community extends to their shared vision. Numerous agencies and partnerships are aligned, painting the same picture of a thriving community. This unanimous striving for a common goal lends a harmonious rhythm to the community’s endeavors and showcases their unique collective spirit.

The most significant source of pride is the tightly woven fabric binding the community. Residents ardently support one another, fostering camaraderie through strong traditional, moral, religious, and family values that create close-knit relationships.

The prevalence of numerous churches in the area signifies not just a religious diversity but also a dedication to shared beliefs and a grounding spiritual connection. This faith-based unity fosters a collective commitment to creating a nurturing environment for all.
Baker County's family and community-oriented nature is a testament to its deep-rooted sense of togetherness. This essence is further nurtured through the strength of local schools and education, which provide a solid foundation for future generations.

Notably, Baker County prides itself on maintaining a low crime rate, which provides more evidence of the community’s dedication to creating a safe and secure environment. The community’s collective will to combat substance abuse illustrates their proactive approach to addressing critical issues head-on.

Furthermore, the community’s commitment to its veterans stands out. With organizations like Fire Watch ensuring veteran care, Baker County boasts some of the most robust care and services in the region. Heritage Park's role as a gathering place for veterans reflects the community’s deep respect for those who have served.

A final point of pride is the community’s remarkable response to emergencies: the fire department, EMTs, and police rally together efficiently. This underscores their untiring devotion to each other’s well-being and the broader safety of the community.

In essence, Baker County's tapestry is interwoven with a profound sense of unity, shared values, and a commitment to progress and well-being. This community stands as a shining example of what can be achieved when individuals come together with a collective purpose.

Key Stakeholder's view on what strengths can Baker County build off of to improve health moving forward:
Baker County boasts several formidable strengths that form a foundation for future health improvements, nurturing a vision of a healthier and thriving community. A pivotal area ripe for enhancement is community engagement, particularly concerning youth. By increasing investment in the community through organizations like the YMCA, opportunities for physical activity and engagement can flourish. Augmenting existing facilities like the pool and advocating for the creation of a gym can amplify these efforts.

Baker County's healthcare landscape is poised for transformation in the coming years with the hospital's involvement with community partners expected to deepen. By identifying patient populations and addressing Social Determinants of Health (SDOH) needs, the community can focus its shared resources for maximum impact. Capitalizing on the effective systems already in place can yield exceptional benefits with just a bit of added support. Addressing redundancy in services by consolidating efforts under solid leadership can unlock new avenues for resource allocation and innovation.

In-county partnerships play a crucial role in bridging the gap between service providers and community leaders. Engaging community leaders in these partnerships can foster a more complete understanding of the services available and initiatives underway in the community. Strengthening connections with faith-based communities holds immense potential, leveraging their strong presence to drive community education and awareness initiatives.

To amplify their presence, the local health department can increase its involvement in the healthcare system, particularly for those without insurance, ensuring equitable access to essential services. Expanding funding across the board would broaden healthcare access and offerings while simultaneously addressing mental health issues among incarcerated individuals and the homeless population.

Collaboration with organizations like Career Source can link healthcare with employment opportunities, promoting holistic well-being. Similarly, leveraging library services and hosting events that cater to both children and the older adults can foster community health initiatives.

By enhancing marketing strategies to increase awareness about available resources, Baker County can maximize community engagement. Educational efforts, particularly on how to navigate and utilize resources effectively, are equally important. The community's existing parks serve as potential hubs for community health services, providing spaces for physical activities, health education, and wellness programs. Extending free school lunches year-round and raising awareness about existing drug programs would further exemplify the community's commitment to holistic health improvement.

Ultimately, Baker County's journey towards improved health rests on the bedrock of existing strengths. By harnessing these foundations, embracing innovation, and fostering collaboration, the community can embark on a transformative path towards a healthier and more vibrant future.

Any additional comments that the Key Stakeholders shared about health or healthcare needs in Baker County:

The landscape of health and healthcare needs in Baker County is rich and complex, requiring a holistic approach to address its diverse challenges and opportunities. Several key themes emerge from the valuable insights shared by stakeholders.

Substance use/abuse, particularly of methamphetamine, remains a critical concern. Although many individuals acknowledge the issue, reluctance to seek help prevails, leading to frequent Baker Acts and pressing challenges for intervention efforts. The county also faces a notably high rate of cancer, with limited local resources for cancer treatment. The absence of neurologists and the need for patients to travel to Jacksonville for treatment underscores the gaps in specialized care.

Low-income dynamics demand a careful balancing act of resources to ensure that healthcare is affordable and accessible for all. The lack of sidewalks, outdoor activities, and healthy food choices exemplify the need to prioritize community health infrastructure. Addressing these aspects can potentially mitigate the high obesity rates prevalent in the county.

Stigma proves to be a formidable barrier across various fronts, particularly in issues surrounding sexual behaviors, substance use, and teen pregnancy. The county's efforts to break this stigma are commendable, with initiatives like the "Friday Night Done Right" event that provides alternative activities for youth.

Limited access to mental health resources, including psychiatrists, remains a challenge. Telehealth appointments might offer a solution, but their effectiveness needs ongoing evaluation. The lack of in-county specialists in cardiology, dental care, and inpatient behavioral health underscores the need for more comprehensive healthcare infrastructure.

Collaboration is a cornerstone of progress. Initiatives like Healthy Baker facilitate networking among providers and resource pooling. However, there's room for improvement in disseminating information to targeted populations. Traditional methods, such as the distribution of flyers, are less successful. Meeting residents where they are and utilizing community leaders to champion healthcare initiatives can bridge this communication gap.

Population dynamics and growth are inextricably tied to the availability of resources and funding. Accurate data collection, including participation in the census, is crucial to secure the resources needed to serve the growing community.

In summary, Baker County's healthcare needs are multifaceted, touching on substance abuse, cancer care, specialized medical services, mental health resources, stigma, physical activity, nutrition, and comprehensive community engagement. The community's strengths, collaborations, and initiatives hold promise for building a healthier future, but continued efforts are essential to overcome challenges and create a thriving, inclusive healthcare landscape.

Key Findings of Key Stakeholder Interviews

Transportation Barriers: The lack of reliable transportation emerged as a central and recurring theme, affecting residents' access to healthcare services. This barrier hinders individuals' ability to reach hospitals, clinics, and other healthcare facilities, thus leading to the inappropriate use of emergency services and delaying necessary medical care.

Access to Services: Various segments of the population, including older adults, children, adolescents, and low-income individuals, face difficulties accessing a range of healthcare services. These include primary care, specialty care, mental health care, substance abuse treatment, and preventive care. Insufficient availability of healthcare resources in certain areas of the county contributes to these challenges.

Mental Health and Substance Abuse: Mental health issues, especially related to substance use and abuse (e.g., opioids and methamphetamine), pose significant health concerns in Baker County. The prevalence of Baker Acts, the lack of access to mental health care, and the stigma surrounding these issues are key subthemes within this category.

Community Engagement and Support: The community's close-knit nature and its commitment to supporting residents were highlighted as strong points. Local partnerships, collaboration between organizations, and faith-based communities contribute to a sense of unity and shared values that can be leveraged for health improvement.

Social and Economic Factors: The issue of health disparities was a recurring concern, particularly in terms of vulnerable populations, people with lower incomes, and those without health insurance. Addressing these disparities and ensuring equitable access to care emerged as an important focus.

Education and Awareness: The need for increased education and awareness on various health topics was evident. Examples of strategies include promoting health education in schools and community programs, addressing substance use misconceptions, and providing information about available healthcare resources.

Healthcare Infrastructure and Specialist Shortages: The county's healthcare infrastructure was found to be lacking in certain aspects. Specialist shortages, the absence of certain medical services (neurologists, inpatient behavioral health, cardiologists, dermatologists, OB/GYNs, dentists), and the need for more comprehensive care services were highlighted as areas requiring improvement.

Stigma and Attitudes: Stigma surrounding health issues, such as mental health, substance use, and teen pregnancy, was noted as a barrier to seeking care. Addressing these stigmas and promoting open dialogue were considered to be important steps toward improving healthcare utilization.

Community Empowerment and Leadership: Engaging community leaders, fostering community engagement, and advocating for active participation in data collection (e.g., census) emerged as key strategies to improve healthcare outcomes and resource allocation.

Resource Allocation and Funding: The availability of resources and funding to support healthcare initiatives, infrastructure development, and community programs were emphasized as crucial for sustained progress.

Notable Key Themes

- Access to healthcare services and resources:
    - Challenges accessing primary care, specialty care, and mental health services
    - Limited healthcare facilities and resources, particularly in outlying areas
    - Challenges accessing services due to transportation issues
    - Difficulties making the population aware of available services
    - Lack of specialty care and specialists in the county
    - Transportation emerges as a significant barrier to healthcare access
    - Lack of health insurance poses a barrier to care
    - Cost of services hinders access to necessary healthcare
    - Technology barriers and lack of awareness impact access to services

- Socioeconomic factors and disparities:
    - Lower - income levels impact healthcare access and affordability
    - Homelessness, poverty, and unemployment contribute to health concerns
    - Economic barriers affect access to care, especially for low-income individuals
    - Disparities in access to care among vulnerable groups

- Mental health and substance use:
    - Mental health issues, including the need for education and resources
    - Substance use and opioid overdoses are prevalent issues
    - Concerns about mental health challenges among children and teens
    - Lack of mental health and addiction services, particularly for youth

- Health education and knowledge:
    - Lack of information distribution by the health department
    - Need for education on substance use/abuse, mental health, and other topics
    - Limited awareness of available health services and resources
    - Necessity for more up-to-date technology in healthcare

- Demographic-specific challenges:
    - Specific challenges faced by the elderly, children, teens, adults, uninsured/underinsured, minority groups, and individuals experiencing homelessness
    - Lack of healthcare access for specific populations, such as mothers and those needing Medicaid enrollment
    - Difficulty accessing healthcare for populations in outlying parts of the county

These themes reflect the key health-related issues and needs identified by the stakeholders in the county. It is important to note that these themes are derived from the specific responses provided and may not encompass all possible perspectives or issues related to health in the county.

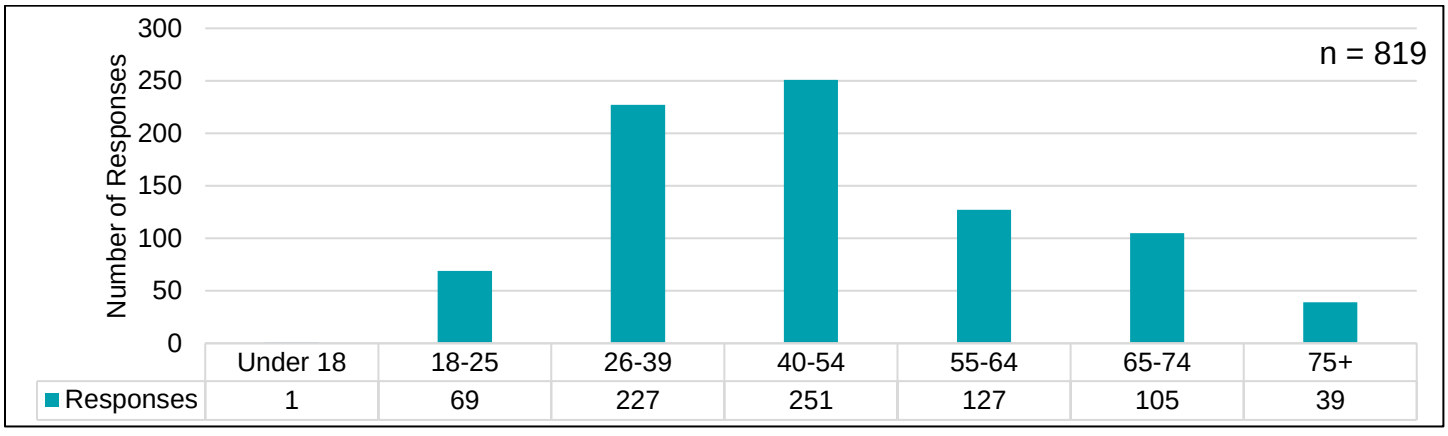
Baker County Community Survey

To better understand the health status of the Baker County community, DOH-Baker and Ed Fraser Memorial Hospital asked community members and stakeholders to participate in a survey on community health, health care services, and quality of life in Baker County. A total of 850 people completed the survey. Responses for participants were included if they completed 90% of the survey and had a ZIP Code in Baker County. Responses from 822 surveys were included in the analysis. Percentages in the charts and the narrative that follow are calculated based on the number of respondents per question, rather than the total number of respondents for the survey as a whole. Surveys were distributed through the local paper, physical partner sites, websites, social media (Facebook, Instagram, LinkedIn), and by email to all partners of DOH-Baker with the link to Microsoft Forms and printable electronic copies. Additionally, paper copies of surveys were disseminated throughout public and private businesses within the community. Appendix C contains a full copy of the community survey.

Demographics & Characteristics of Participants

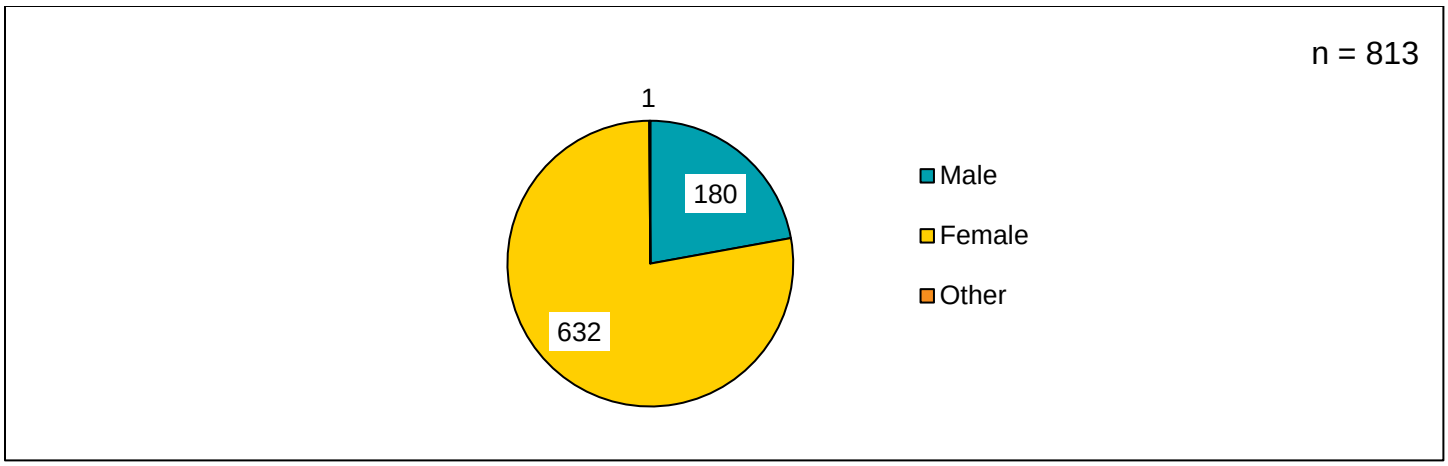
About 58% of survey participants were between the ages of 26 and 54. There were 39 participants aged 75 or older, making up the smallest percentage of the sample. Only one survey participant was under the age of 18.

EXHIBIT 141: AGE DISTRIBUTION OF SURVEY RESPONDENTS



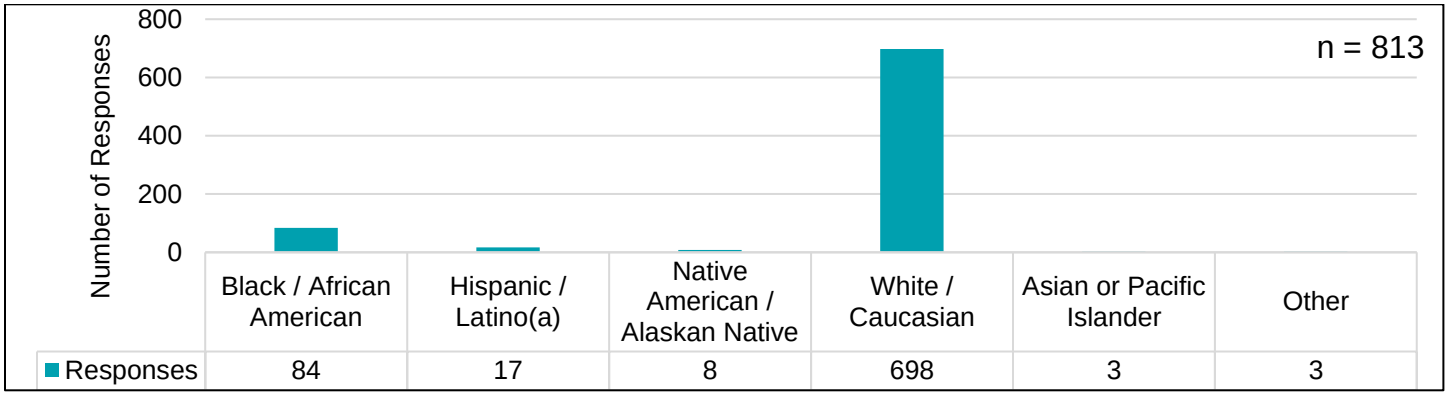
Survey participants were predominantly female, making up about 78% of the sample.

EXHIBIT 142: SEX ASSIGNED AT BIRTH OF SURVEY RESPONDENTS



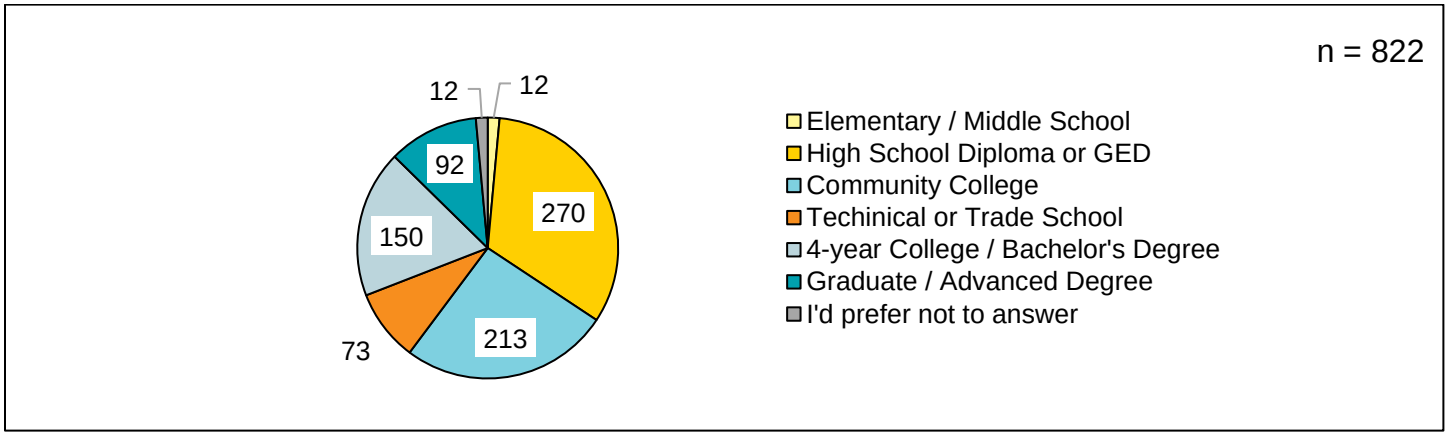
The majority of survey participants identified as White/Caucasian, making up about 86% of the sample. Participants who identified with a minority race included 10.3% Black/African American, 2.1% Hispanic/Latino(a), 1.0% Native American/Alaskan Native, 0.4% Asian or Pacific Islander, and 0.4% Other. Survey participants who selected “Other” identified as multi-racial or European American.

EXHIBIT 143: RACE/ETHNICITY OF SURVEY RESPONDENTS



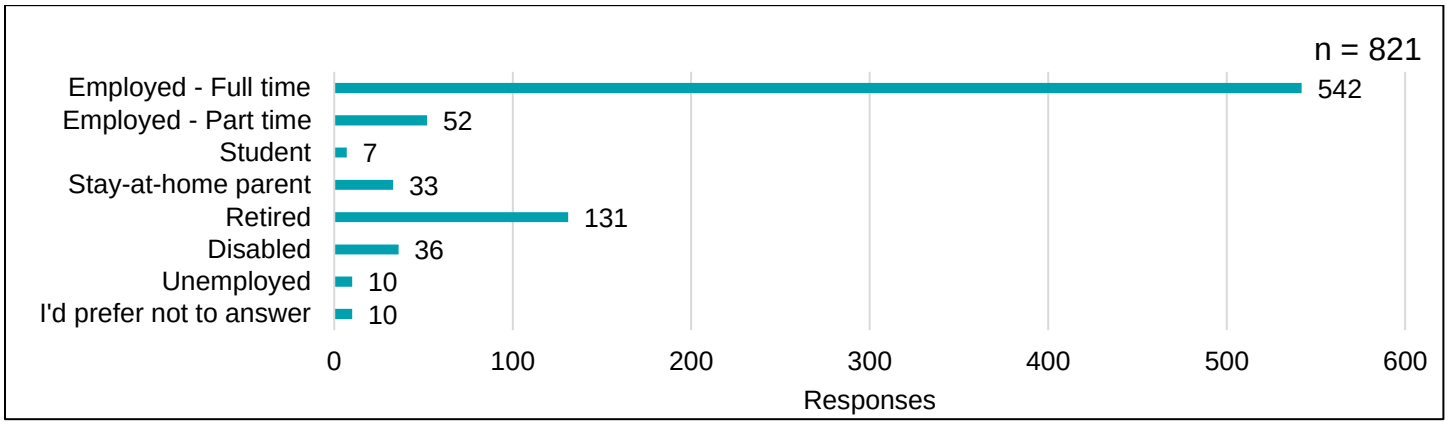
Nearly all survey participants received a formal education beyond the elementary/middle school grade levels. Of the survey participants, 32.8% earned a high school diploma or GED, 34.8% completed community college or technical or trade school, 18.2% completed a 4-year college/Bachelor’s degree, and 11.2% obtained a graduate or advanced degree.

EXHIBIT 144: HIGHEST LEVEL OF EDUCATION COMPLETED BY SURVEY RESPONDENTS



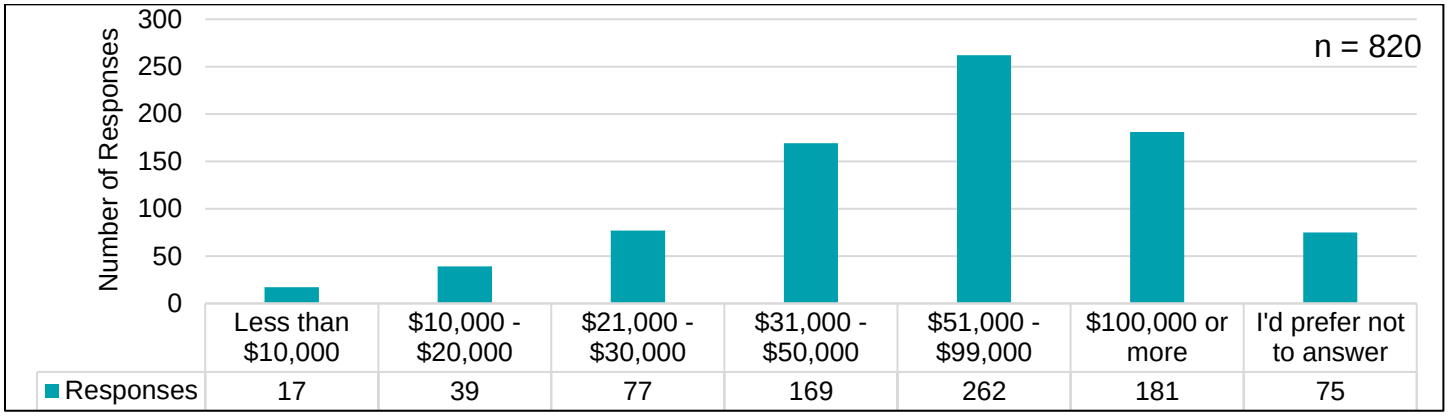
Over 66% of survey participants are currently employed full-time. Of the participants, 6.3% are employed part-time and 16.0% are retired.

EXHIBIT 145: CURRENT EMPLOYMENT STATUS OF SURVEY RESPONDENTS



Over half (54.0%) of survey participants have a total household income of $51,000 or more. About 7% of the participants have a total household income of less than $20,000.

EXHIBIT 146: APPROXIMATE TOTAL HOUSEHOLD INCOME OF SURVEY RESPONDENTS



Results of the Community Survey

About 56% of the survey participants reported a home ZIP Code of 32063, corresponding to Macclenny, Florida. About 33% of participants reported a ZIP Code of 32040 (Glen St. Mary), and about 11% of participants reported a ZIP Code of 32087 (Sanderson and Olustee). Surveys that reported a home ZIP Code not included in the list approved by the Florida Department of Health in Baker County and Ed Fraser Memorial Hospital were removed before analysis began.

EXHIBIT 147: YOUR ZIP CODE AT HOME

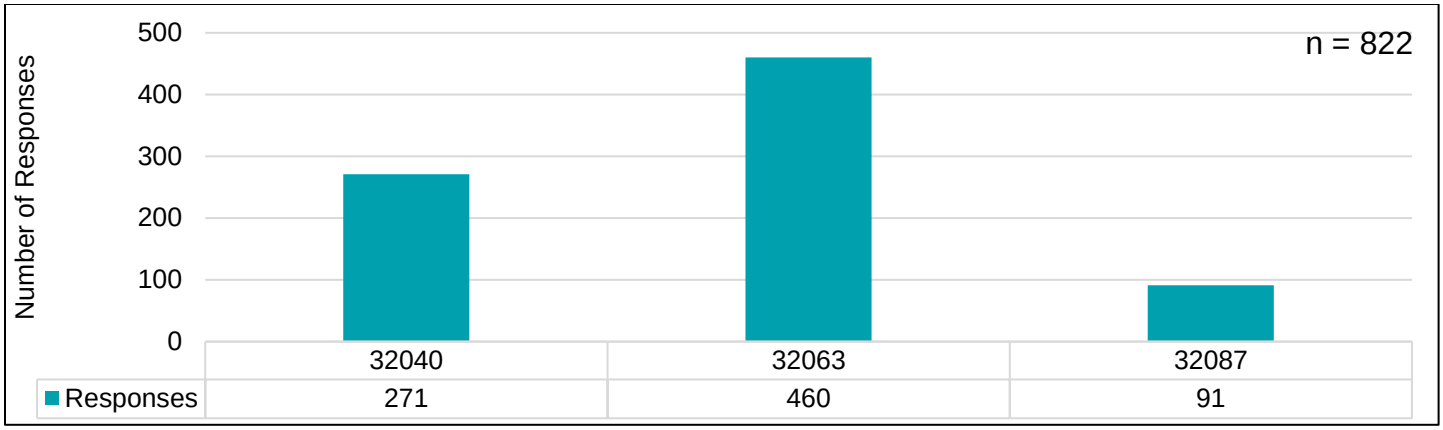
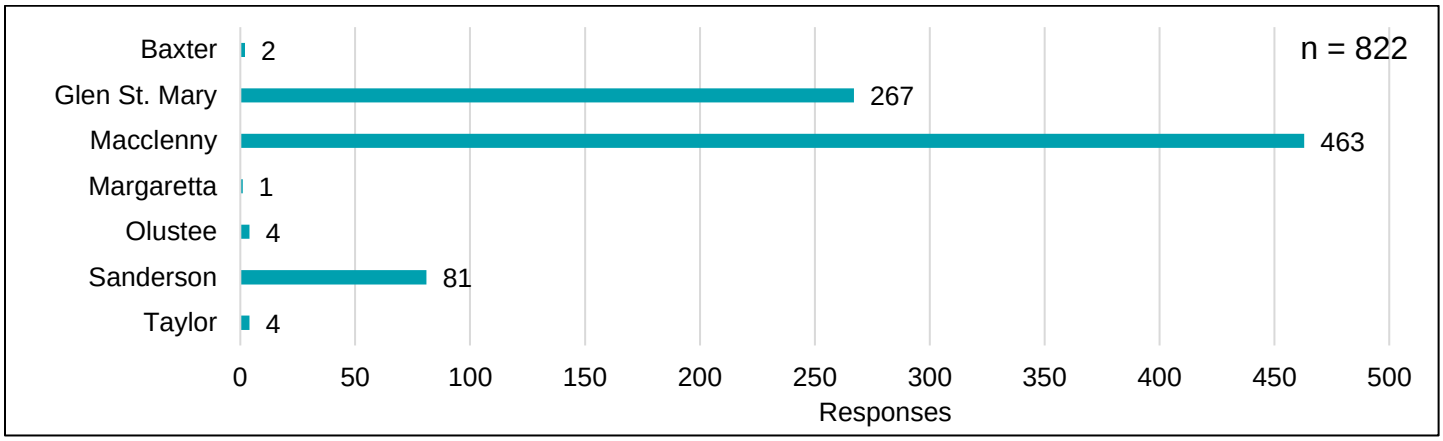
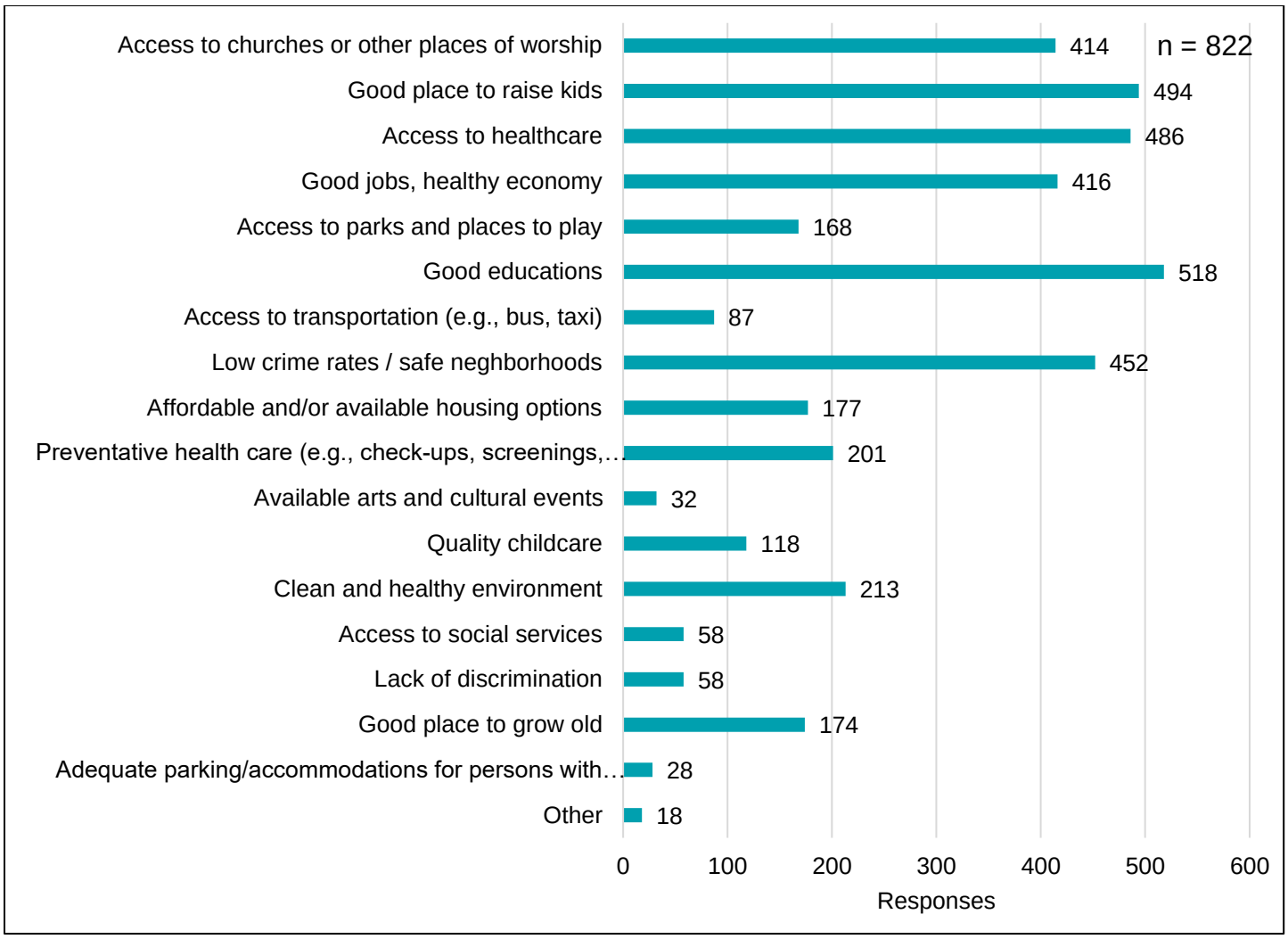


EXHIBIT 148: THE NAME OF YOUR CITY/TOWN.



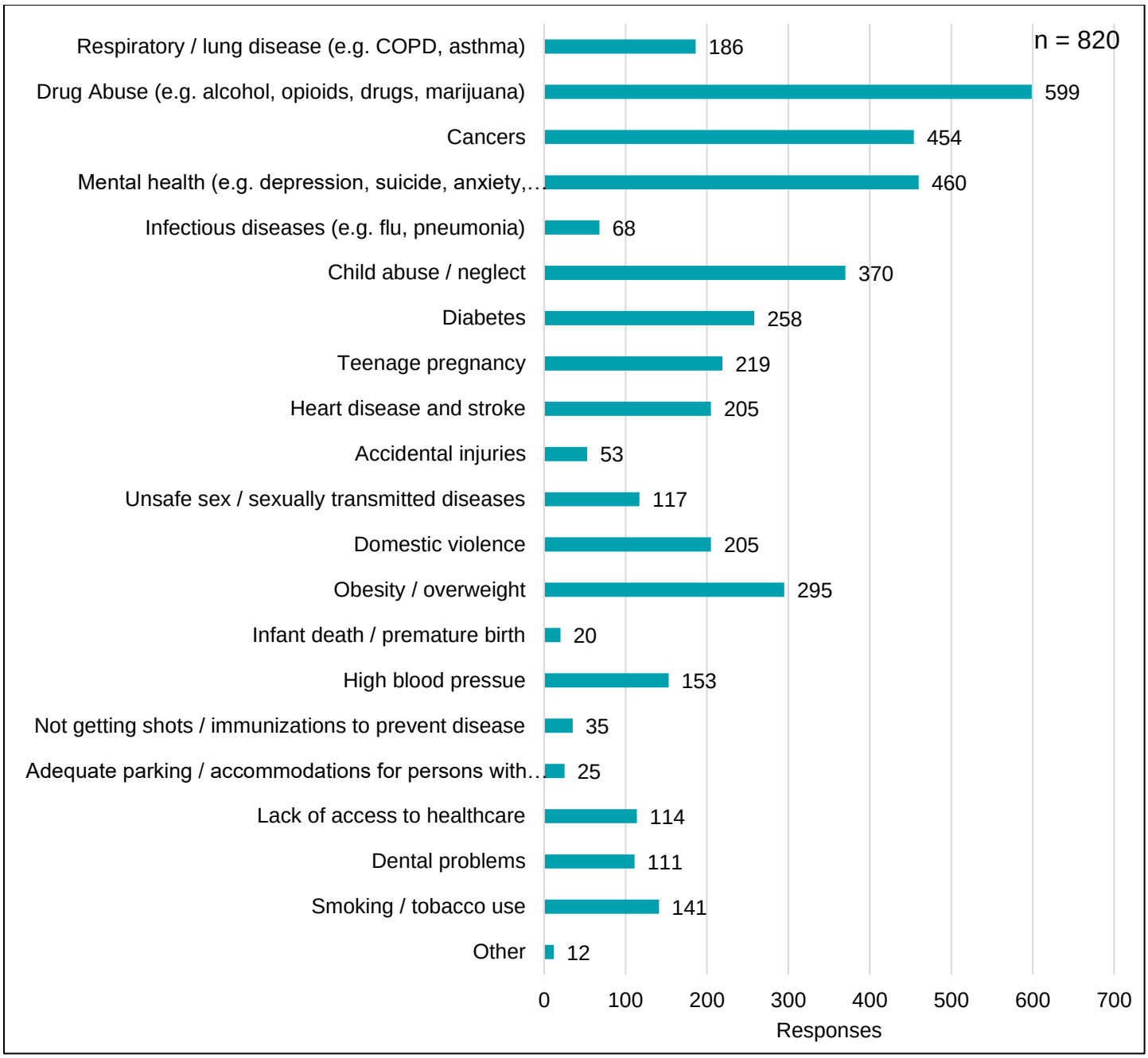
The top five most important features of a healthy community identified by survey participants were good education (518), good place to raise kids (494), access to healthcare (486), low crime rates/safe neighborhoods (452), and good jobs, healthy economy (416). In the “Other” category, write-in answers included community events, family entertainment, and locally grown food options.

EXHIBIT 149: CHOOSE UP TO 5 OF THE ITEMS BELOW THAT YOU FEEL ARE THE MOST IMPORTANT FEATURES OF A HEALTHY COMMUNITY:



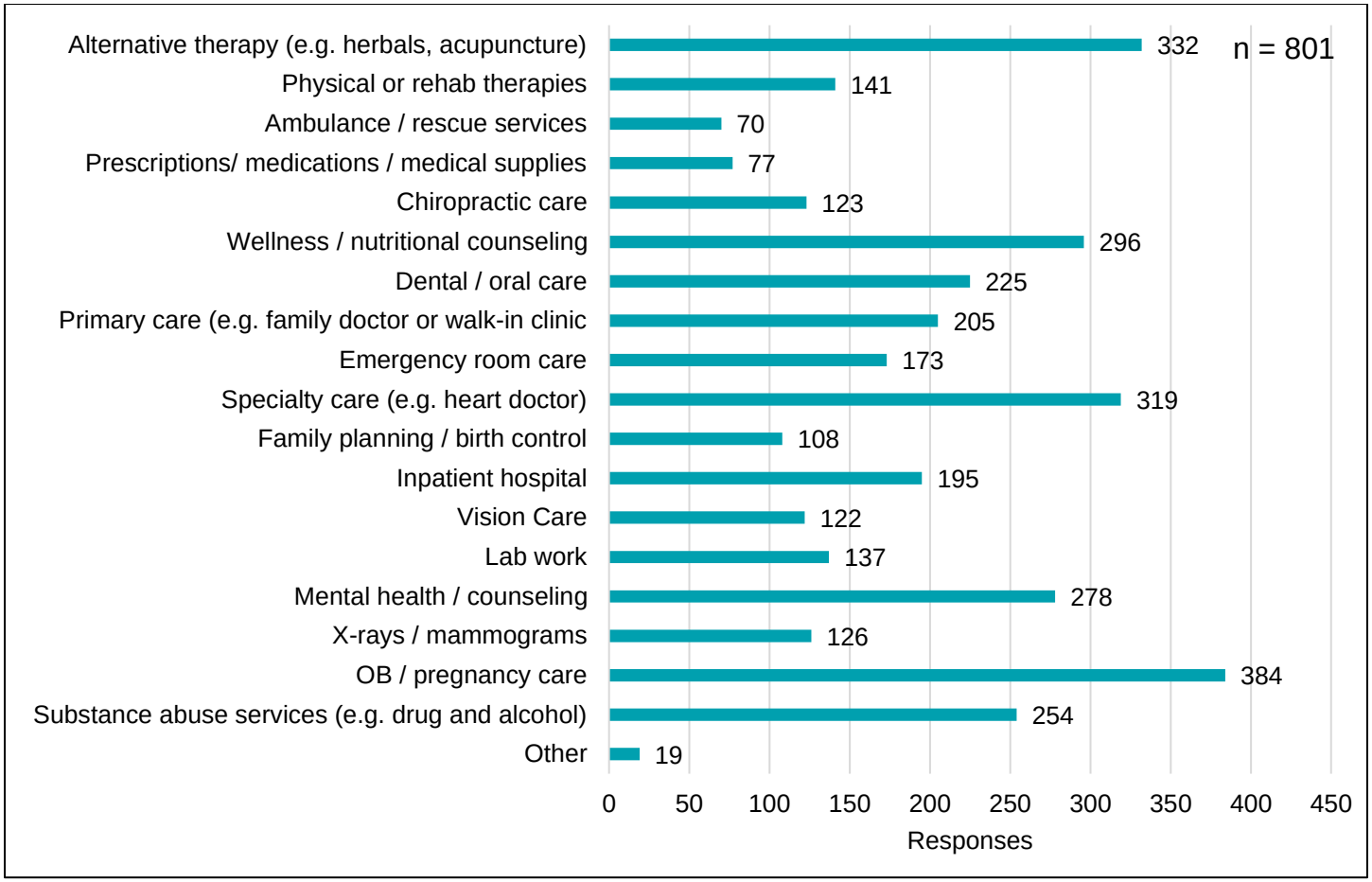
The top five most important health problems in Baker County identified by survey participants were drug abuse (599), mental health (460), cancer (454), child abuse/neglect (370), and obesity/overweight (295). In the “Other” category, write-in answers included public transportation, vaping, and services for individuals with special needs.

EXHIBIT 150: CHOOSE UP TO 5 OF THE HEALTH PROBLEMS THAT YOU FEEL ARE THE MOST IMPORTANT IN BAKER COUNTY:



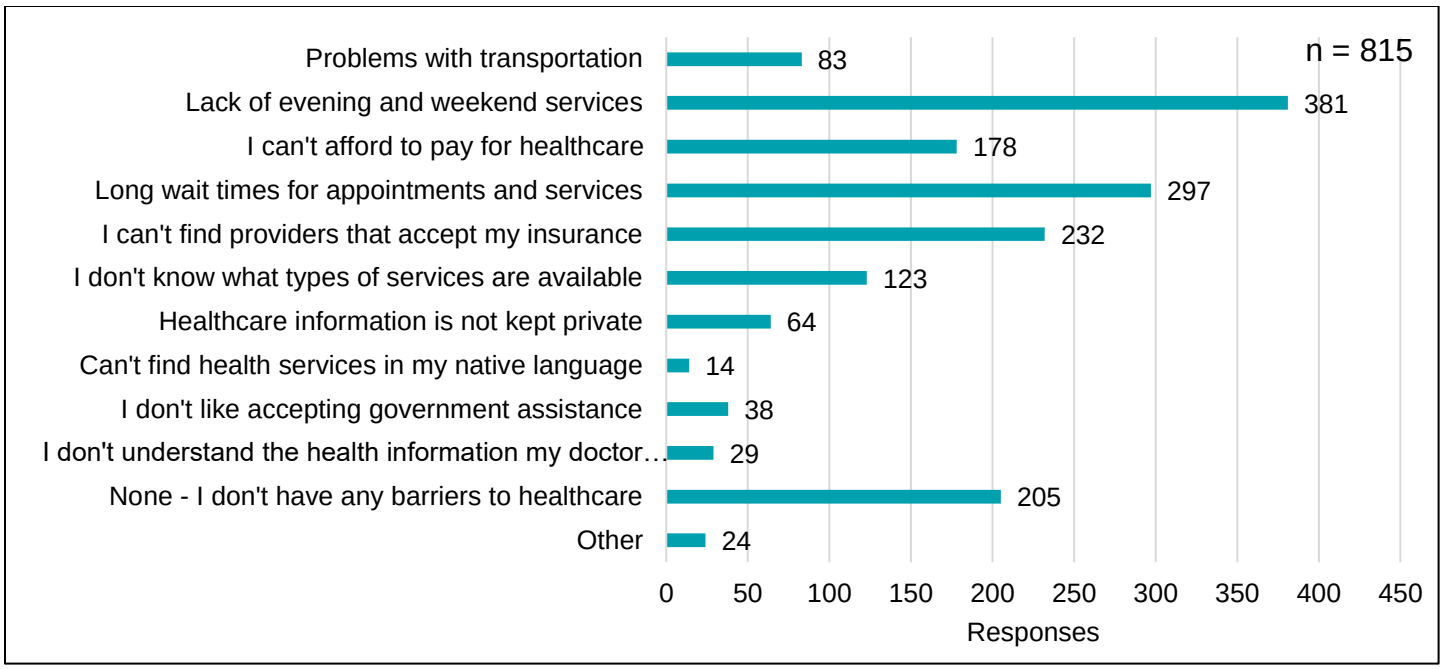
The top five most difficult health care services to obtain in Baker County identified by survey participants were OB/pregnancy care (384), alternative therapies (332), specialty care (319), wellness/nutritional counseling (296), and mental health/counseling (278). In the “Other” category, write-in answers included specific types of specialty care (e.g., dermatologist), veteran care, advanced imaging, and infusion therapy.

EXHIBIT 151: HEALTH CARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN YOUR COMMUNITY. (CHECK ALL THAT APPLY)



Survey participants most frequently indicated that a lack of evening and weekend services and long wait times for appointments and services are barriers they face when trying to receive medical, dental, or mental health services. Of all the participants, 21.8% cannot afford to pay for healthcare and 28.5% cannot find providers that accept their insurance. A little over one-quarter (25.2%) of survey participants reported that they do not have any barriers to accessing healthcare. In the “Other” category, write-in answers included a lack of provider availability, high costs of insurance, and a lack of specialty care available locally.

EXHIBIT 152: IN THE PAST 5 YEARS, THE FOLLOWING ISSUES HAVE MADE IT DIFFICULT OR PREVENTED ME FROM GETTING MEDICAL, DENTAL, OR MENTAL HEALTH SERVICES FOR ME OR MY FAMILY. (CHECK ALL THAT APPLY)



Survey participants mostly indicated that they do not experience discrimination from healthcare providers. Among those that reported discrimination from healthcare providers, income was the most commonly selected reason (6.4%), followed by weight (6.3%) and race/ethnicity (4.6%). In the "Other" category, write-in answers included discrimination due to mental health history, health insurance, familial relations, pre-existing conditions, and disabilities.

EXHIBIT 153: I HAVE FELT DISCRIMINATED AGAINST BY HEALTHCARE PROVIDERS DUE TO THE FOLLOWING REASONS. (CHECK ALL THAT APPLY)

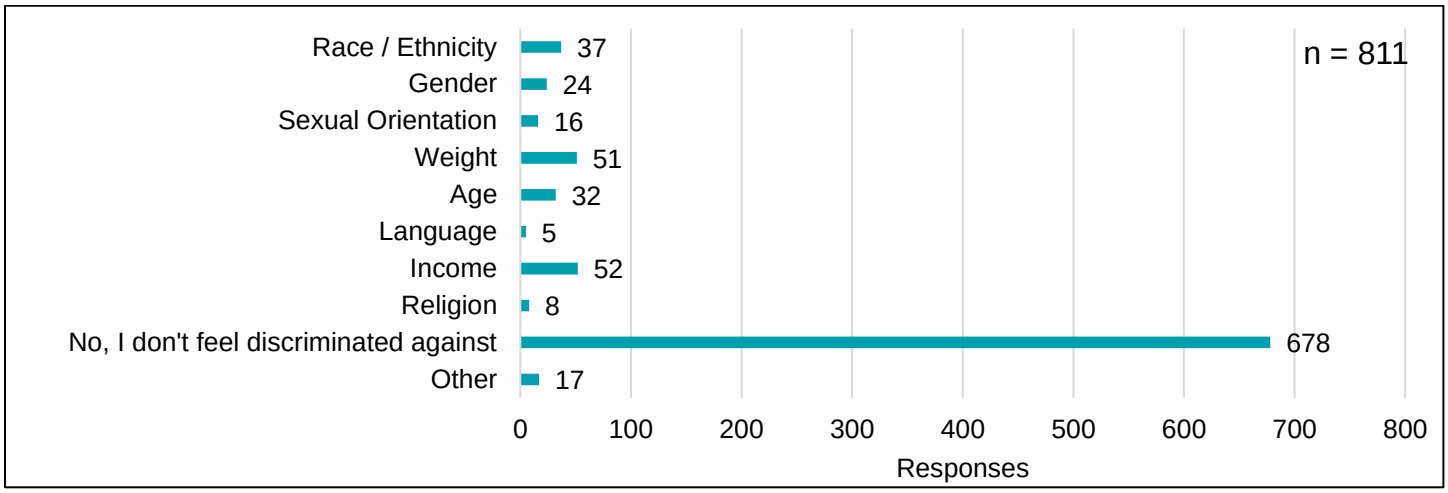
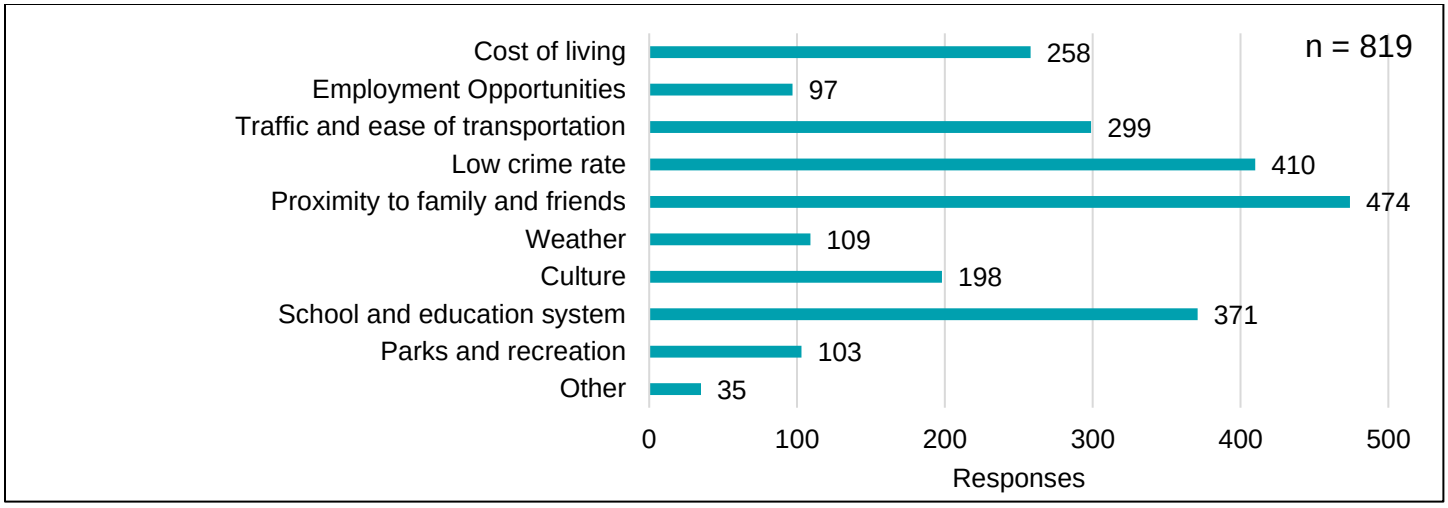
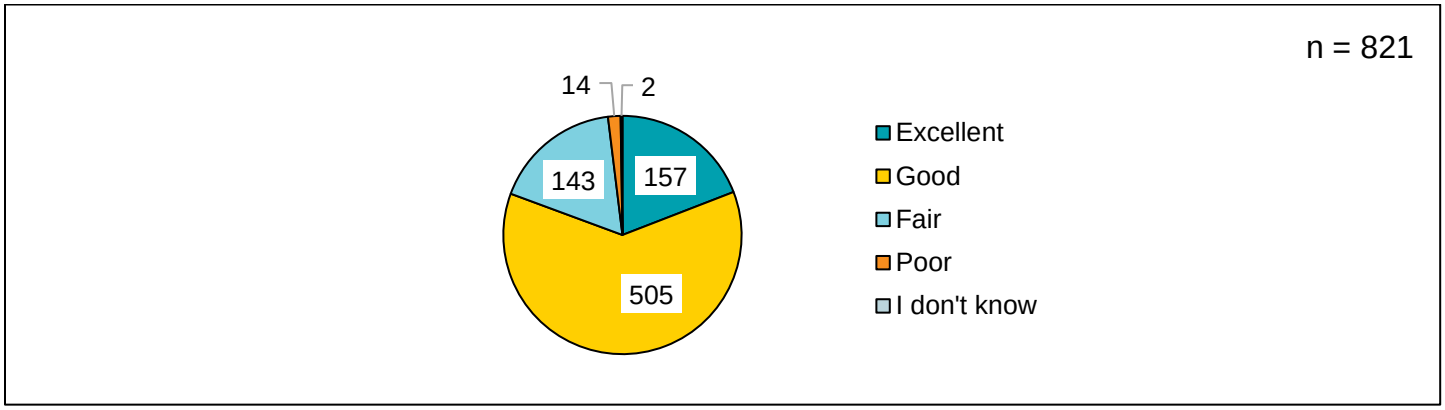


EXHIBIT 154: I LIKE THE FOLLOWING THE MOST ABOUT LIVING IN BAKER COUNTY. (CHECK ALL THAT APPLY)



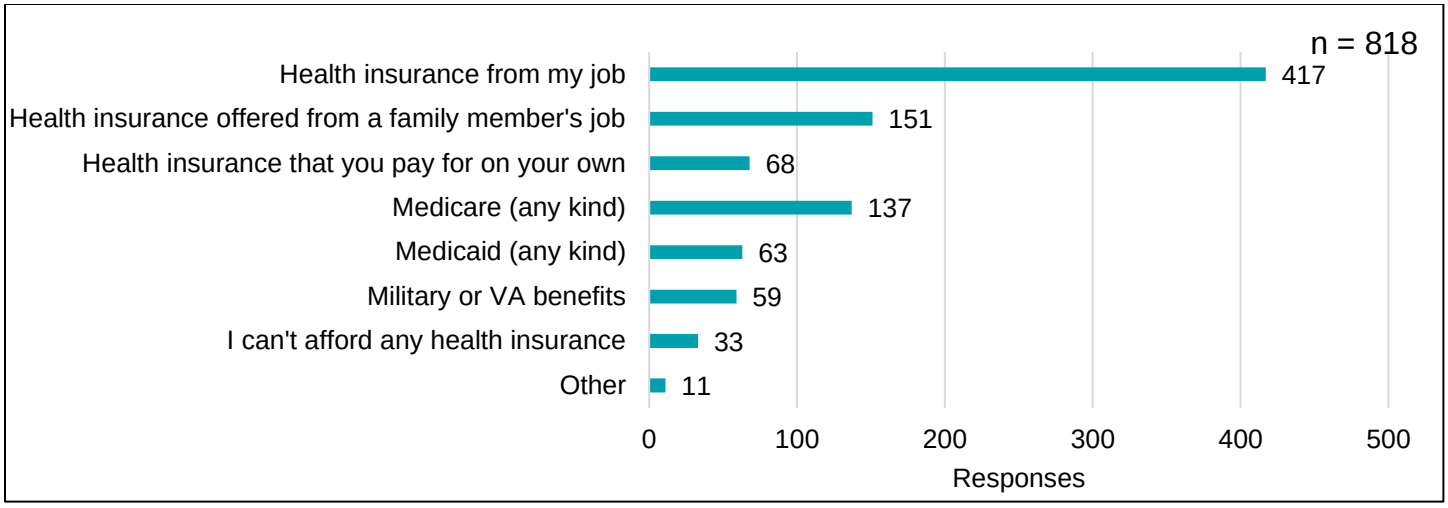
Survey participants were asked to rate their overall health on a four-point scale ranging from “Poor” to “Excellent”. Out of the 821 participants who responded to this question, 505 (61.5%) rated their overall health as “Good”, followed by 157 (19.1%) who rated their overall health as “Excellent”.

EXHIBIT 155: I RATE MY OVERALL HEALTH AS THE FOLLOWING. (CHOOSE ONE)



In many instances, healthcare coverage was facilitated through employers from either personal coverage (51.0%) or through a family member (18.5%). Of the survey participants, 8.3% indicated that they pay for health insurance on their own. In contrast, other participants indicated that their health insurance is covered through Medicare (16.7%), Medicaid (7.7%), and Military or VA benefits (7.2%). About 4% of participants responded that they could not afford any health insurance. In the “Other” category, write-in answers included supplemental insurance and insurance from retirement.

EXHIBIT 156: MY HEALTH INSURANCE IS COVERED BY THE FOLLOWING. (CHECK ALL THAT APPLY)



Finally, 145 survey participants provided additional comments about health issues in Baker County. Many of the comments were either unrelated to the question or indicated the participant had no additional concerns about Baker County health issues. Counts for the most popular health issues raised are provided below (Exhibit 157).

EXHIBIT 157: PLEASE LIST ANY OTHER COMMENTS YOU HAVE ABOUT THE HEALTH ISSUES IN BAKER COUNTY.

	Number of Responses
Healthcare Access - Access to healthcare services and specialists, lack of OB/GYN care, long wait times for appointments, insurance acceptance	5
Mental Health and Substance Abuse - Access to mental health services, access to substance abuse and rehabilitation services, stigma with PCP assisting with mental health	4
Community Improvement/Engagement - Need more walkable areas and better-maintained parks, concerns about cleanliness and litter, need for recreational and education services in the community	4
Transportation - Access to transportation, lack of transportation options	4
Youth and Education - Need better education programs for youth, sex education, drug abuse education, need after-school programs and recreation activities for youth	3
Healthcare Facility and Staff Concerns - Concerns about potential hospital closure, privacy and HIPAA compliance concerns, positive and negative experiences from healthcare providers and staff, need healthcare facilities to be upgraded or modernized	4

Key Health Issues

Top Health Issues Identified by Community Surveys

DOH-Baker and Ed Fraser Memorial Hospital gave community members a chance to voice their opinions on the health status and health needs of Baker County residents by distributing a survey throughout the county. A total of 850 people completed the survey. Survey responses qualified for analysis if the participant completed at least 90% of the survey and had a ZIP Code in Baker County. In the end, 822 surveys were included in the analysis. The community survey respondents identified the following as the top health issues in Baker County:

- Access to Healthcare
- Mental Health & Substance Use
- Specialty Care
- Child Abuse/Neglect
- Chronic Diseases

Top Health Issues Identified by Focus Groups

A total of 39 community members and stakeholders attended six community focus groups. Through a discussion of community health and health needs, focus group participants identified the following as the top health issues or key themes in Baker County:

- Access to Healthcare
- Mental Health
- Transportation Barriers
- Health Education & Knowledge
- Community Collaboration & Engagement

Top Health Issues Identified by Key Stakeholder Interviews

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

- Access to Healthcare
- Mental Health & Substance Use
- Socioeconomic Factors and Disparities
- Transportation Barriers
- Health Education & Knowledge

Top Health Issues Identified by Quantitative Data

Over 100 secondary data indicators were analyzed in the Community Health Status Assessment. The following were determined as the top health issues or key themes in Baker County:

- Chronic Diseases
- Communicable Diseases
- Teen Pregnancy/Maternal & Infant Health
- Mental Health & Substance Use
- Health Professional/Service Shortages

Identification of Priority Areas

On October 18, 2023, Healthy Baker members gathered at the Baker County Health Department to discuss the preliminary results of the Baker County Community Health Assessment (CHA). A total of 24 individuals attended the meeting. A team from the Health Planning Council of Northeast Florida, Inc. (HPCNEF) presented the CHA preliminary findings, which consisted of primary (community survey, focus groups, key stakeholder interviews) and secondary data that supported the top five overall themes.

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

- Access to Healthcare (health professional shortages, lack of specialty care, long distances to care, insurance coverage issues, healthcare affordability, transportation barriers, long wait times)
- Behavioral Health (mental health status, mental health services, youth substance use, overdoses, domestic violence, child abuse/neglect)
- Teen Pregnancy/Maternal & Infant Health (teen pregnancies, infant mortality rate, percentage of mothers/infants with no prenatal care, access to birth control methods)
- Socioeconomic Factors & Disparities (income, poverty level, demographic-specific challenges, disability for adults 65+)
- Disease Prevention & Lifestyle Behaviors (health behaviors, overweight/obesity, high chronic disease mortality rates, health education and knowledge)

Participants wrote their rankings down on slips of paper to vote. Through voting, participants selected health issues as the top three priorities for Baker County residents and the CHIP group for the next three to five years.

The Healthy Baker attendees who attended the preliminary results meeting selected the following as the top three priority health issues of focus for the Community Health Improvement Plan (CHIP):

- Access to Healthcare
- Disease Prevention & Lifestyle Behaviors
- Behavioral Health

Dissemination Plan & Next Steps

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

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

- Document will be available on the Health Planning Council of Northeast Florida's website: www.hpcnef.org
- Document will be available on the Florida Department of Health in Baker County's website: https://baker.floridahealth.gov
- Document will be presented to the Baker County Commissioners
- Document will be distributed to the Baker County Chamber of Commerce
- A press release will be submitted to the *Baker County Press* newspaper and other local and regional news organizations
- Data will be presented and/or distributed to Healthy Baker and other local community groups
- Document will be posted on established local community social media sites and sent to distribution lists

The CHIP workgroup will continue to meet to develop an implementation plan, also known as the CHIP (Community Health Improvement Plan). Using the information and priorities included in this assessment, these community members can identify areas where targeted interventions and policy changes may have the greatest impact. Once key strategies have been chosen based on the level of potential impact as well as the community's ability to implement them, then the health improvement process can begin. From there, steps will be taken to move toward a healthier Baker County.

Recommendations

HPCNEF recommends using evidence-based practices, models, frameworks, and theories to address health issues and needs in the community. Based on the data collected and the top three key themes that emerged at the prioritization meeting, HPCNEF recommends that DOH-Baker and Ed Fraser Memorial Hospital use the following sources to find evidence-based practices for developing interventions. These practice databases are some of the most frequently and widely used for improving community health. These sources provide comprehensive, regularly updated lists of evidence-based and promising practices that will allow community stakeholders to identify best practices based on issues, type of intervention, and target population. Community stakeholders should review these existing databases prior to implementing interventions and activities that will address the three priority health issues in Baker County.

EXHIBIT 158: DATABASES FOR COMMUNITY HEALTH EVIDENCE-BASED PRACTICES

Database	Link
Community Health Improvement Navigator *Centers for Disease Control and Prevention*	https://www.cdc.gov/chinav/index.html
The CDC Community Health Improvement Navigator is a resource for organizations that address public and community health improvement. The CHI Navigator provides step-by-step tools for successful health improvement efforts, infographics and fact sheets to share with partners, and examples of interventions that work. The tools for successful efforts tab lists helpful tips and recommendations for collaboration and partnerships, community engagement, communication, assessing needs, as well as program planning, implementation, and evaluation.	
The Community Guide *U.S. Department of Health and Human Services, Community Prevention Services Task Force*	https://www.thecommunityguide.org/
The Community Guide is a collection of evidence-based recommendations and findings from the Community Preventative Services Task Force (CPSTF). CPSTF makes evidence-based recommendations about the overall effectiveness and economic impact of public health programs, services, and interventions that are used in real-world settings. These recommendations help communities know how to protect and serve their population's overall health. Users can search the Community Guide for recommendations focused on a variety of health areas and issues.	
Community Toolbox *The University of Kansas KU Work Group for Community Health and Development*	http://ctb.ku.edu/en/databases-best-practices
Community Toolbox developed by the University of Kansas, is a comprehensive resource for public and community health professionals. Community Toolbox provides information for knowledge and skill building, toolkits related to each topic, and guidance for successful community improvement efforts. There are databases for evidence-based practices as well as evidence-supported community change processes. Toolkits provide an outline for a skill, component, or task needed for community health improvement followed by related examples.	
County Health Rankings Policy Database *University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation*	https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/policies-programs

The County Health Rankings Policy Database holds more than 400 evidence-based policies and programs to improve community health, as well as an Action Center that has guidance and tools for selecting and implementing health improvement strategies that meet the unique needs and resources of a community. Evidence-based strategies can be found for a variety of topics under health behaviors, clinical care, social and economic factors, and physical environment. The website even offers a curated strategy list that is carefully selected by expert evidence analysts to include evidence-informed programs, policies, and systems changes that can support community health improvement efforts around specific topics and themes.	
Evidence-Based Practices (EBP) Web Guide *Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services*	https://www.samhsa.gov/ebp-web-guide
The Evidence-Based Practices Resource Center run by SAMHSA provides community stakeholders with the information and tools to incorporate evidence-based practices into their communities or clinical settings. Resource topics include substance use treatment, mental disorders, substance use prevention, educational resources, substance use recovery, and telehealth.	
Evidence-Based Toolkits for Rural Community Health *Rural Health Information Hub*	https://www.ruralhealthinfo.org/toolkits
The Rural Health Information Hub has step-by-step guides to help build effective community health. The resources and examples are drawn from evidence-based and promising programs. There is an overall Rural Community Health Toolkit that is a guide to building community health programs to address any type of health issues. Other toolkits cover various topics such as health literacy, health promotion and disease, mental health, tobacco control and prevention, transportation, etc.	
Healthy People 2030 Evidence-Based Resources *U.S. Department of Health and Human Services*	https://health.gov/healthypeople/tools-action/browse-evidence-based-resources
Healthy People 2030 has organized evidence-based resources (EBRs) into intuitive topics so users can easily explore relevant resources that can help them work to achieve the Healthy People 2030 Objectives. The topics include health conditions, health behaviors, populations, settings and systems, and social determinants of health, which all have various sub-topics to choose from.	

Each resource assesses the quality of the evidence provided for recommended interventions, ensuring that they are best practices. Many promising interventions from these sources can be implemented to target the health issues of access to healthcare, disease prevention and lifestyle behaviors, and behavioral health. It is important to consider previous data and effectiveness before adapting any practices or interventions to improve community health in Baker County. Exhibit 159 presents the results of a query of some best practices for the three key health issues in Baker County that may be effective as community interventions. This is not a comprehensive list. Baker County community stakeholders should do additional research when developing the Community Health Improvement Plan (CHIP).

EXHIBIT 159: PRACTICES AND INTERVENTIONS FOR BEHAVIORAL HEALTH, LIFESTYLE BEHAVIORS, AND HEALTHCARE ACCESS

Health Issue	Practice or Intervention	Effectiveness	Source
Disease Prevention; Access to Care	Community paramedicine programs can be beneficial for rural communities by expanding the skills and services provided by EMS. These programs can increase access to preventative care, reduce ER visits, and connect individuals to needed resources.	Scientifically Supported	https://www.ruralhealthinfo.org/toolkits/community-paramedicine
Health Education; Health Behaviors; Access to Care	Community health workers can provide health education, follow-ups, case management, and home visiting services. CHWs can work in multiple settings and provide culturally appropriate care.	Some Evidence Supporting	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-health-workers
Mental Health	Targeted school-based cognitive behavioral therapy programs to reduce mental illness symptoms can be delivered to students who are assessed to be at-risk for mental illness. Trained school staff or health professionals use individual, or group therapeutic approaches designed to reduce depression or anxiety and promote well-being.	Strong Evidence Supported	https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms.html
Mental Health; Substance Use	Utilizing Peer Support Worker programs and Mental Health First Aid training can be supplemental for mental health and substance use treatment. These nontraditional behavioral health workforce members can provide support to community members when it is difficult to access necessary services.	Some Evidence Supporting	https://www.ruralhealthinfo.org/toolkits/mental-health/2/emerging-professions
Health Behaviors	Youth development focused behavioral interventions coordinated with community service as these combined approaches are effective in reducing sexual risk behaviors in participating adolescents.	Strong Evidence Supported	https://www.thecommunityguide.org/findings/hivaids-other-stis-and-teen-pregnancy-youth-development-behavioral-interventions-reduce-sexual-risk-behaviors-adolescents-community-service.html

Chronic Disease	Text messaging interventions for patients with chronic diseases can increase medication adherence. These personal reminders can vary in frequency and may involve two-way communication. Increasing medication adherence may improve chronic disease outcomes.	Sufficient Evidence Supported	https://www.thecommunityguide.org/findings/health-information-technology-text-messaging-medication-adherence-chronic-disease.html
Health Behaviors	Electronic screening and brief intervention (e-SBI) to reduce self-reported heavy drinking and any alcohol-related problems. E-SBI involves the use of electronic devices (such as computers or phones) to screen people for heavy drinking and provide them with personalized feedback on the risks of heavy drinking.	Some Evidence Supporting	https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi
Chronic Disease	Patient navigation services to help increase screening rates for breast, cervical, and colorectal cancer among racial and ethnic populations that have been historically disadvantaged, as well as low-income individuals. Patient navigation services could include reduced out-of-pocket costs, assistance with appointment scheduling, translation services, transportation, and childcare assistance.	Some Evidence Supporting	https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/patient-navigation-services-increase-cancer-screening-and-advance-health-equity
Substance Abuse (Rural)	Substance abuse and overdoses can be addressed using emergency opioid reversal devices and providing training to health professionals and community members.	Evidence Supported	https://www.ruralhealthinfo.org/toolkits/substance-abuse/3/granville-vance
Access to Care; Behavioral Health; Substance Use	Introducing mental health benefits legislation that includes parity requirements has been shown to increase access and use of mental health and substance use services. This legislation requires health insurance plans to not restrict mental health coverage.	Scientifically Supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mental-health-benefits-legislation

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Appendix A. Key Stakeholders Interviewed

Stephanie Bechtel
Community Programs Director, Florida Department of Health – Baker County

Shira Callahan
Executive Director, Baker Prevention Coalition

Jeffrey Cox
Finance Director, Baker County Sheriff's Office

Mike Griffis
City Manager, City of Macclenny

Sara Little
County Manager, Baker County Government

Ivey Mitchell, PsyD
Clinical Director – Outpatient Macclenny, Meridian Behavioral Healthcare

Allen Murphy
Executive Director of Teaching and Learning, Baker County School District

Trevor Nelson
Fire Chief, Baker County Fire Department

Jackie Ruise
Health Ministry Coordinator, Faith Bible Church

Lori Tanner
RN Case Manager, Baker County Medical Services

Appendix B. LPHSA Performance Measure Scores

Essential Service 1. Monitor Health Status to Identify Community Health Problems

1.1 Model Standard: Population-Based Community Health Assessment (CHA) ***At what level does the local public health system:***	
1.1.1 Conduct regular community health assessments?	83.3
1.1.2 Continuously update the community health assessment with current information?	72.2
1.1.3 Promote the use of the community health assessment among community members and partners?	77.8
1.2 Model Standard: Current Technology to Manage and Communicate Population Health Data ***At what level does the local public health system:***	
1.2.1 Use the best available technology and methods to display data on the public's health?	55.6
1.2.2 Analyze health data, including geographic information, to see where health problems exist?	55.6
1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	47.2
1.3 Model Standard: Maintenance of Population Health Registries ***At what level does the local public health system:***	
1.3.1 Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	63.9
1.3.2 Use information from population health registries in community health assessments or other analyses?	69.4

Essential Service 2. Diagnose and Investigate Health Problems and Health Hazards

2.1 Model Standard: Identification and Surveillance of Health Threats ***At what level does the local public health system:***	
2.1.1 Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	87.5
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	95.0
2.1.3 Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75.0
2.2 Model Standard: Investigation and Response to Public Health Threats and Emergencies ***At what level does the local public health system:***	
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	95.0
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	80.0
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	87.5
2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	87.5
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	70.0
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement?	82.5
2.3 Model Standard: Laboratory Support for Investigation of Health Threats ***At what level does the local public health system:***	
2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	92.5
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	85.0
2.3.3 Use only licensed or credentialed laboratories?	97.5
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	87.5

Essential Service 3. Inform, Educate, and Empower People about Health Issues

3.1 Model Standard: Inform, Educate, and Empower People about Health Issues ***At what level does the local public health system:***	
3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	58.2
3.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	72.2

3.1.3 Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	58.3
3.2 Model Standard: Health Communication ***At what level does the local public health system:***	
3.2.1 Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	52.8
3.2.2 Use relationships with different media providers (e.g., print, radio, television, and the internet) to share health information, matching the message with the target audience?	50.0
3.2.3 Identify and train spokespersons on public health issues?	47.1
3.3 Model Standard: Risk Communication ***At what level does the local public health system:***	
3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	58.3
3.3.2 Make sure resources are available for a rapid emergency communication response?	58.3
3.3.3 Provide risk communication training for employees and volunteers?	47.2

Essential Service 4. Mobilize Community Partnerships to Identify and Solve Health Problems

4.1 Model Standard: Constituency Development ***At what level does the local public health system:***	
4.1.1 Maintain a complete and current directory of community organizations?	69.4
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	52.8
4.1.3 Encourage constituents to participate in activities to improve community health?	69.4
4.1.4 Create forums for communication of public health issues?	47.2
4.2 Model Standard: Community Partnerships ***At what level does the local public health system:***	
4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	77.8
4.2.2 Establish a broad-based community health improvement committee?	83.3
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?	69.4

Essential Service 5. Develop Policies and Plans that Support Individual and Community Health Efforts

5.1 Model Standard: Governmental Presence at the Local Level ***At what level does the local public health system:***	
5.1.1 Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	47.2
5.1.2 See that the local health department is accredited through the national voluntary accreditation program?	38.9
5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services?	41.7
5.2 Model Standard: Public Health Policy Development ***At what level does the local public health system:***	
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?	41.7
5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	41.7
5.2.3 Review existing policies at least every three to five years?	63.9
5.3 Model Standard: Risk Communication ***At what level does the local public health system:***	
5.3.1 Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	58.3
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	66.7
5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?	61.1
5.4 Model Standard: Plan for Public Health Emergencies ***At what level does the local public health system:***	
5.4.1 Support a workgroup to develop and maintain preparedness and response plans?	36.1

5.4.2 Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	38.9
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	30.6

Essential Service 6. Enforce Laws and Regulations that Protect Health and Ensure Safety

6.1 Model Standard: Enforce Laws and Regulations that Protect Health and Ensure Safety ***At what level does the local public health system:***	
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?	57.5
6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	70.0
6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years?	67.5
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	95.0
6.2 Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances ***At what level does the local public health system:***	
6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	47.5
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	37.5
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	30.0
6.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances ***At what level does the local public health system:***	
6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	67.5
6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	82.5
6.3.3 Assure that all enforcement activities related to public health codes are done within the law?	82.5
6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?	60.0
6.3.5 Evaluate how well local organizations comply with public health laws?	60.0

Essential Service 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

7.1 Model Standard: Identification of Personal Health Service Needs of Populations ***At what level does the local public health system:***	
7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50.0
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	50.0
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?	47.2
7.1.4 Understand the reasons that people do not get the care they need?	44.4
7.2 Model Standard: Assuring the Linkage of People to Personal Health Services ***At what level does the local public health system:***	
7.2.1 Connect (or link) people to organizations that can provide the personal health services they may need?	38.9
7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations?	41.7
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	27.8
7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	41.7

Essential Service 8. Assure a Competent Public and Personal Health Care Workforce

8.1 Model Standard: Workforce Assessment, Planning, and Development ***At what level does the local public health system:***	
8.1.1 Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	60.0
8.1.2 Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	77.5

8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	62.5
8.2 Model Standard: Public Health Workforce Standards ***At what level does the local public health system:***	
8.2.1 Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	95.0
8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	100
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	90.0
8.3 Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring ***At what level does the local public health system:***	
8.3.1 Identify education and training needs and encourage the workforce to participate in available education and training?	92.5
8.3.2 Provide ways for workers to develop core skills related to essential public health services?	87.5
8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	80.0
8.3.4 Create and support collaborations between organizations within the public health system for training and education?	90.0
8.3.5 Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	82.5
8.4 Model Standard: Public Health Leadership Development ***At what level does the local public health system:***	
8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	80.0
8.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	92.5
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	82.5
8.4.4 Provide opportunities for the development of leaders representative of the diversity within the community?	85.0

Essential Service 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1 Model Standard: Evaluation of Population-Based Services ***At what level does the local public health system:***	
9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	38.9
9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	36.1
9.1.3 Identify gaps in the provision of population-based health services?	47.2
9.1.4 Use evaluation findings to improve plans and services?	44.4
9.2 Model Standard: Evaluation of Personal Health Services ***At what level does the local public health system:***	
9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?	41.7
9.2.2 Compare the quality of personal health services to established guidelines?	36.1
9.2.3 Measure satisfaction with personal health services?	44.4
9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?	41.7
9.2.5 Use evaluation findings to improve services and program delivery?	41.7
9.3 Model Standard: Evaluation of the Local Public Health System ***At what level does the local public health system:***	
9.3.1 Identify all public, private, and voluntary organizations that provide essential public health services?	55.6
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	52.8
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50.0
9.3.4 Use results from the evaluation process to improve the LPHS?	50.0

Essential Service 10. Research for New Insights and Innovative Solutions to Health Problems

10.1 Model Standard: Fostering Innovation ***At what level does the local public health system:***	
10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	47.5
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research?	52.5
10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	70.0
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	60.0
10.2 Model Standard: Linkage with Institutions of Higher Learning and/or Research ***At what level does the local public health system:***	
10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	67.5
10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	50.0
10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	72.5
10.3 Model Standard: Capacity to Initiate or Participate in Research ***At what level does the local public health system:***	
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50.0
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	47.5
10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	52.
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	45.0