CLAY COUNTY

COMMUNITY HEALTH ASSESSMENT

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

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Executive Summary

The Florida Department of Health in Clay County 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 Clay County community, develop priorities, garner resources, and plan actions to improve the public's health.

The Clay County Health Improvement Planning (CHIP) group, comprising 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 Clay County residents.

Data for Clay 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 Clay County residents was obtained from five focus groups with diverse populations. Additionally, key stakeholder interviews provided insight into the health of Clay 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 health care, health education and knowledge, mental health, public transportation, and access to healthy food options. The key stakeholder interviews identified the following as key health issues: mental health, access to health care, substance use/abuse, health education and knowledge, and affordable housing. 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: mental health, substance use/abuse, communicable diseases, chronic diseases, and access to housing and transportation.

To further narrow down these priorities to the top three focus areas, input was sought from the community through a preliminary release meeting on August 21, 2023. Invitations were sent to Steering Committee members. During this preliminary results and priorities meeting, the current findings of the assessment were discussed. Then feedback was requested from the community: "On a scale of 1 to 4, 1 being top priority and 4 being lowest priority, please rank the 4 key health issues in order of importance to be included in the CHIP." Voting results showed that behavioral health (mental health, substance use/abuse, smoking/vaping, domestic violence and child abuse) was the top priority, followed by lifestyle behaviors (obesity/overweight, smoking/vaping, chronic diseases, communicable diseases, access to healthy foods, health education and knowledge), and health care access (primary care, specialty care, and transportation).

Using 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, the health improvement process can begin. From there, steps will be taken to move toward a healthier Clay County.

Introduction

In March of 2023, leaders from the Florida Department of Health in Clay County (DOH-Clay) came together to launch a county-wide assessment of the overall health status and priority health issues facing Clay County residents. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) was subcontracted to guide and facilitate the process.

Several key health care and community stakeholders were invited to join the Clay County Health Improvement Planning (CHIP) group 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 970 residents contributed to the assessment through participation in focus group discussions and completing a community survey.

The CHIP group elected to utilize a modified ***"MAPP"*** community assessment model, as recommended by the Florida Department of Health and 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 Clay in 2019, and it is recommended to re-occur every 3-5 years.

Components of Clay 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 five focus group discussions among key subpopulations such as the elderly, the faith community, minority residents, parents, and business professionals. Key stakeholder interviews solicited community leaders' opinions on health care services, quality of life issues, and the health status of Clay County's population. Detailed information summarizing each of these components is included in this report.

During the final community meeting, members of the CHIP 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 CHIP group members' recommendations on Clay 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 Clay 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 3 to 5 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 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 Strengths 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

Clay 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-Clay maintains vital ongoing relationships with multiple health and social services providers locally. DOH-Clay invited members from the ongoing CHIP group to act as a platform and Steering Committee for this Community Health Assessment (CHA) process.

On March 23, 2023, 29 stakeholders in Clay 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 CHIP group would be charged with determining 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 Clay 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:

Clay County: Empowering Health and Wellness for All by Creating Accessible Resources and Strong Community Partnerships

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 socio-economic indicators, disease and death rates, health care utilization statistics, and access to health care indicators. The data was provided in two primary formats: (1) trend diagrams showing changes over time using 3-year rolling averages, and (2) diagrams comparing different populations. Furthermore, findings relevant to the Clay CHA were acquired from the county's most recent Behavioral Risk Factor Surveillance Survey (BRFSS) and County Health Rankings. Of note with mortality data indicators broken down by race, "Non-White" refers to the Black population in Clay County.

While 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 and has not been independently verified by HPCNEF. While the information is considered to be true and correct at the date of publication, changes in circumstances after the time of publication may impact the accuracy of the information. The information contained in this Clay County CHA is subject to change at any time without notice. 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, working on behalf of the Florida Department of Health in Clay County, 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. Changes are periodically made to the information herein. HPCNEF may make improvements and/or changes in the services and/or the content(s) described herein at any time.

From March to June 2023, wider community input was sought 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 persons throughout Clay County chosen by DOH-Clay. Ten key stakeholder interviews were completed. A total of 931 community surveys were included in the analysis. There were five focus groups held in locations throughout the county, including Orange Park and Middleburg. Findings from the key stakeholder interviews, community surveys, and focus groups were compiled and analyzed by HPCNEF staff.

In July and August 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 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 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 Clay 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 August 21, 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 4, 1 being top priority and 4 being lowest priority, please rank the 4 key health issues in order of importance to be included in the CHIP." Voting narrowed down Clay 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 Clay County as a whole, as well as for specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

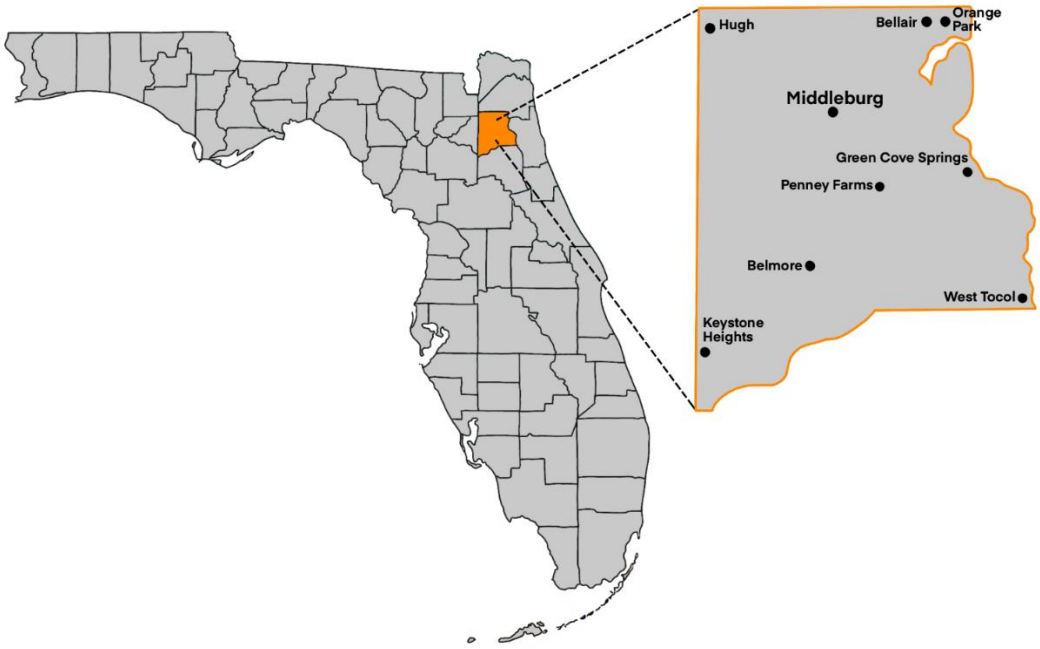
- Geography and Governance
- Population Characteristics
- Physical Environment
- Health Outcomes

Many of the data exhibits contain standardized rates for the purpose of comparing Clay 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

Clay County encompasses approximately 604 square miles of Northeast Florida immediately southwest of the metropolitan city of Jacksonville and directly west of historic St. Augustine. The St. Johns River forms the county's entire eastern border. The county contains 46 square miles of water in its several lakes and rivers and many square miles of undeveloped woodlands. Clay County was founded nearly 150 years ago and has since evolved into a diverse mixture of suburban and rural areas. The elected five-member Board of County Commissioners is the law-making body of the county, operating under the Home Rule charter since 1991. Each elected member represents a specific district within the county for a four-year term. Separately elected Constitutional Officers perform specific government functions countywide. These two groups are the government officials responsible to the voters of Clay County.

EXHIBIT 2: MAP OF FLORIDA HIGHLIGHTING CLAY COUNTY

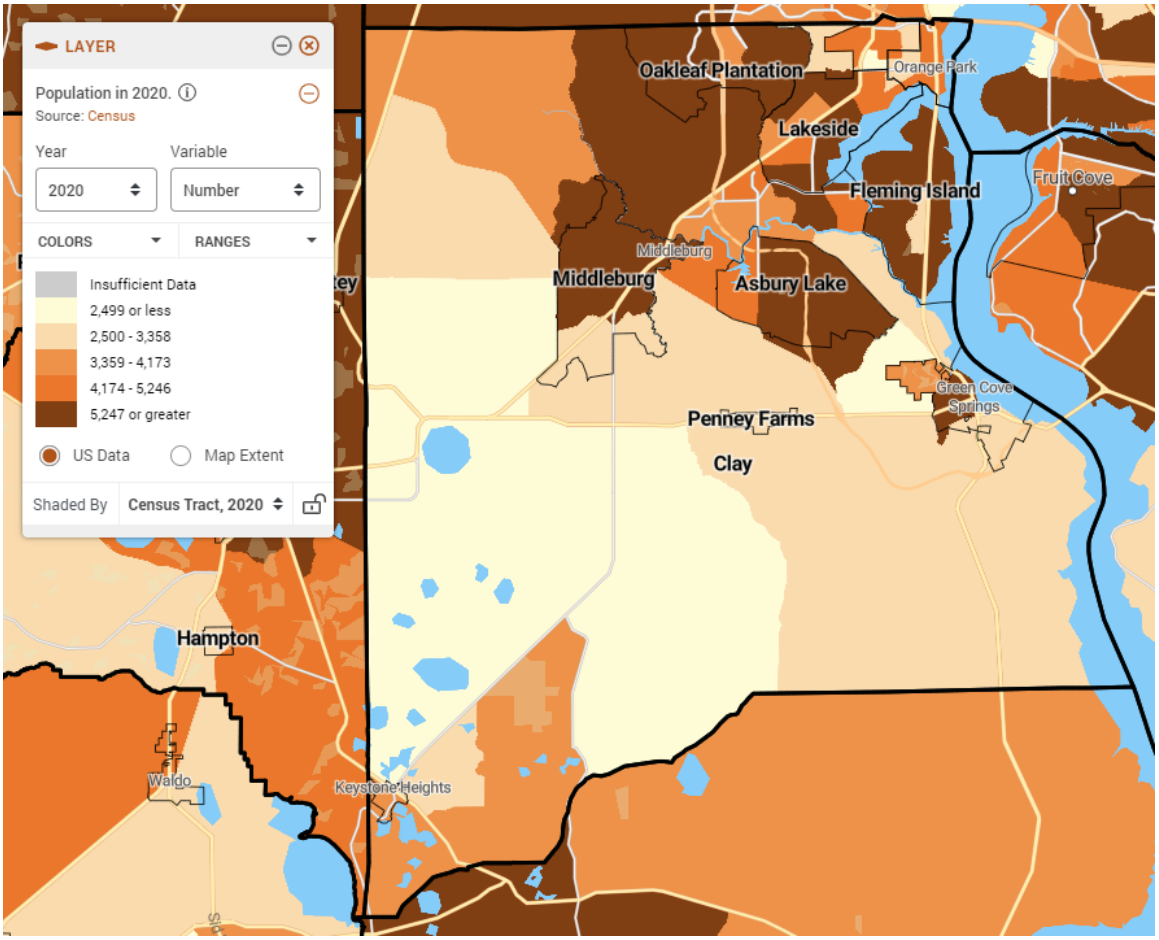


Population Characteristics

Total Population and Population Growth

In 2021, Clay County and Florida had estimated populations of 222,361 and 21,781,128, respectively. Both, the state and county are approximately 49% male and 51% female. The population of Clay County is more densely concentrated in the northern half of the county, with the highest-density areas in the northeastern quadrant. The southern quadrant and west central portion of the county surrounding Kingsley Lake are much less densely populated, with the exception of the census tracts containing Keystone Heights. The low population density surrounding Kingsley Lake is due to the location of the National Guard's Camp Blanding Training Center (Exhibit 3).

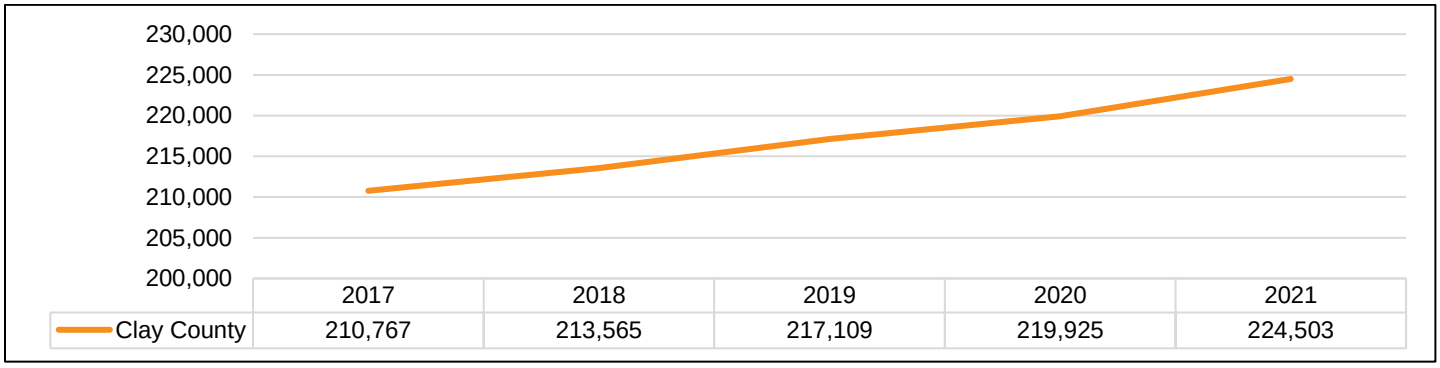
EXHIBIT 3: CLAY COUNTY TOTAL POPULATION BY CENSUS TRACTS, 2017-2021



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

Clay County's population steadily rose from 2017 to 2021 at an average annual growth rate of 1.59%. In recent years growth rose by 1.30% from 2019 to 2020 and 2.08% from 2020 to 2021 (Exhibit 4). Exhibit 5 shows the projected population growth in Clay County up to 2027.

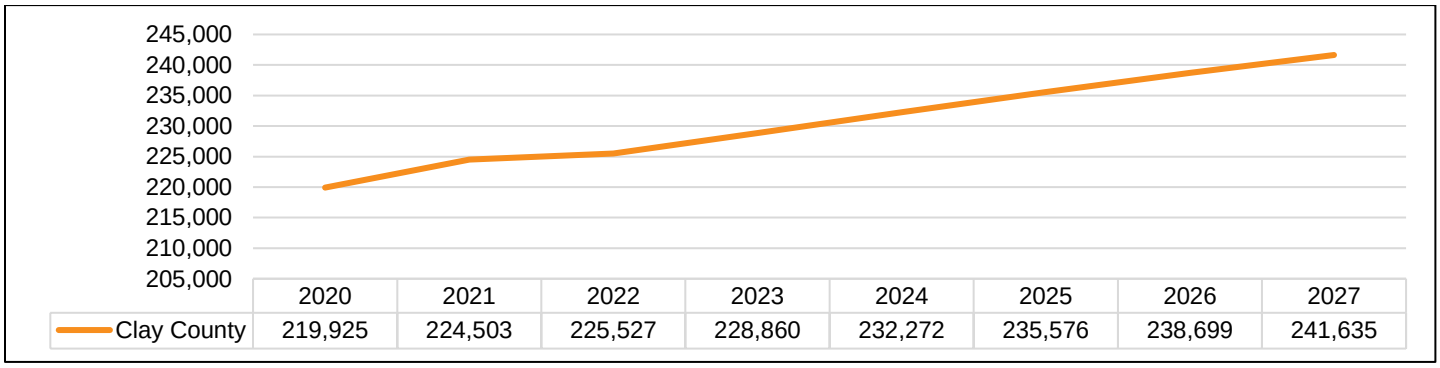
EXHIBIT 4: TOTAL POPULATION, CLAY COUNTY, 2017-2021



	2017	2018	2019	2020	2021
Clay County	210,767	213,565	217,109	219,925	224,503

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

EXHIBIT 5: PROJECTED POPULATION GROWTH IN CLAY COUNTY, 2020-2027



	2020	2021	2022	2023	2024	2025	2026	2027
Clay County	219,925	224,503	225,527	228,860	232,272	235,576	238,699	241,635

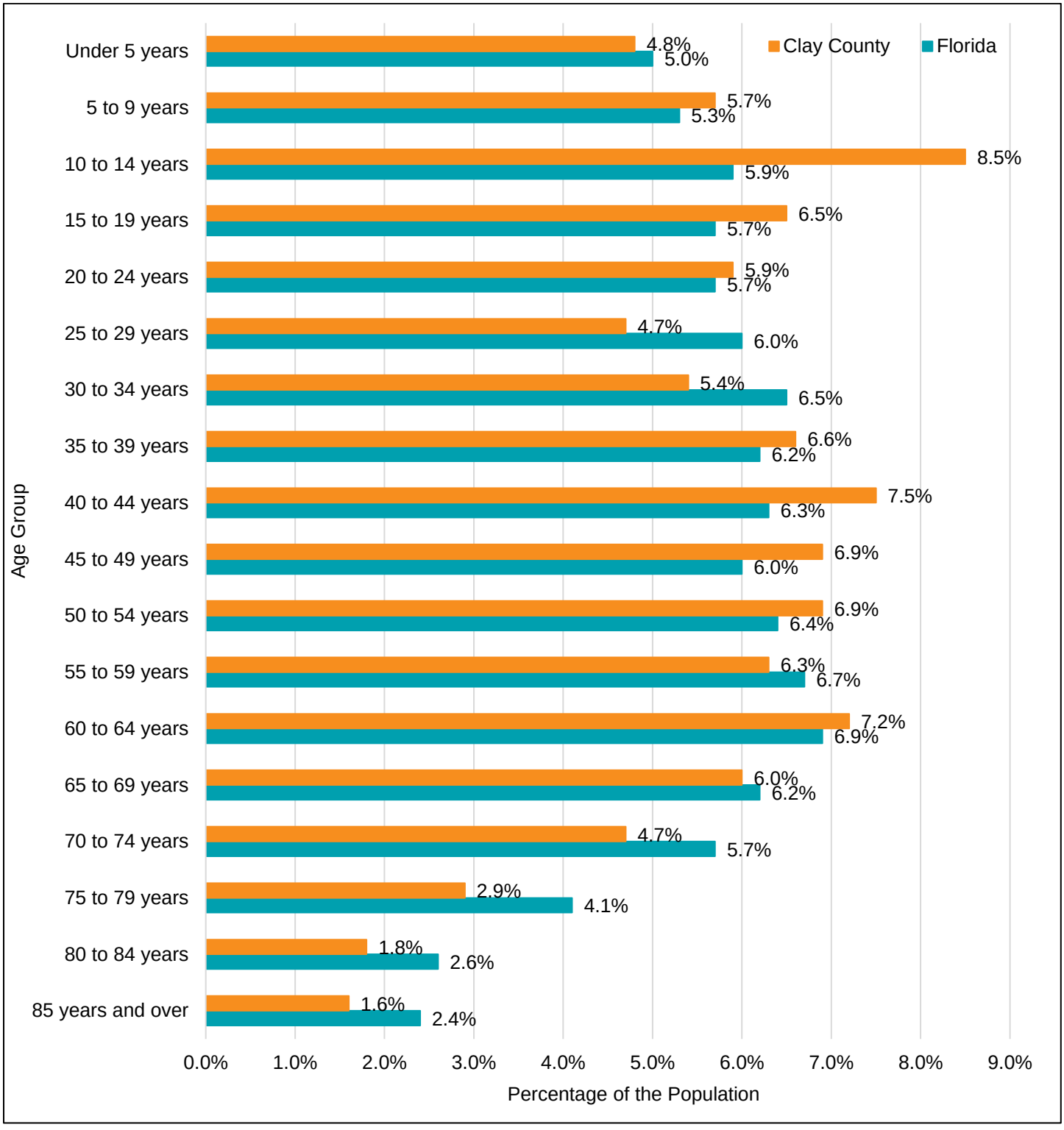
Source: Florida Department of Health, FL Health Charts – Population Query System

Age & Gender

The median age for Clay County in 2021 was 40.9 years. Florida had a slightly older median age of 42.8 years.

Exhibit 6 shows the population distributions of Clay County and Florida by age. Compared to Florida, Clay County has a greater percentage of children and teens (age 19 and under) and a smaller percentage of older adults (age 70+). In 2021, Clay County's population was 51% female and 49% male, which is the same as the state of Florida's distribution for the same year.

EXHIBIT 6: POPULATION BY AGE GROUP, CLAY COUNTY & FLORIDA, 2021



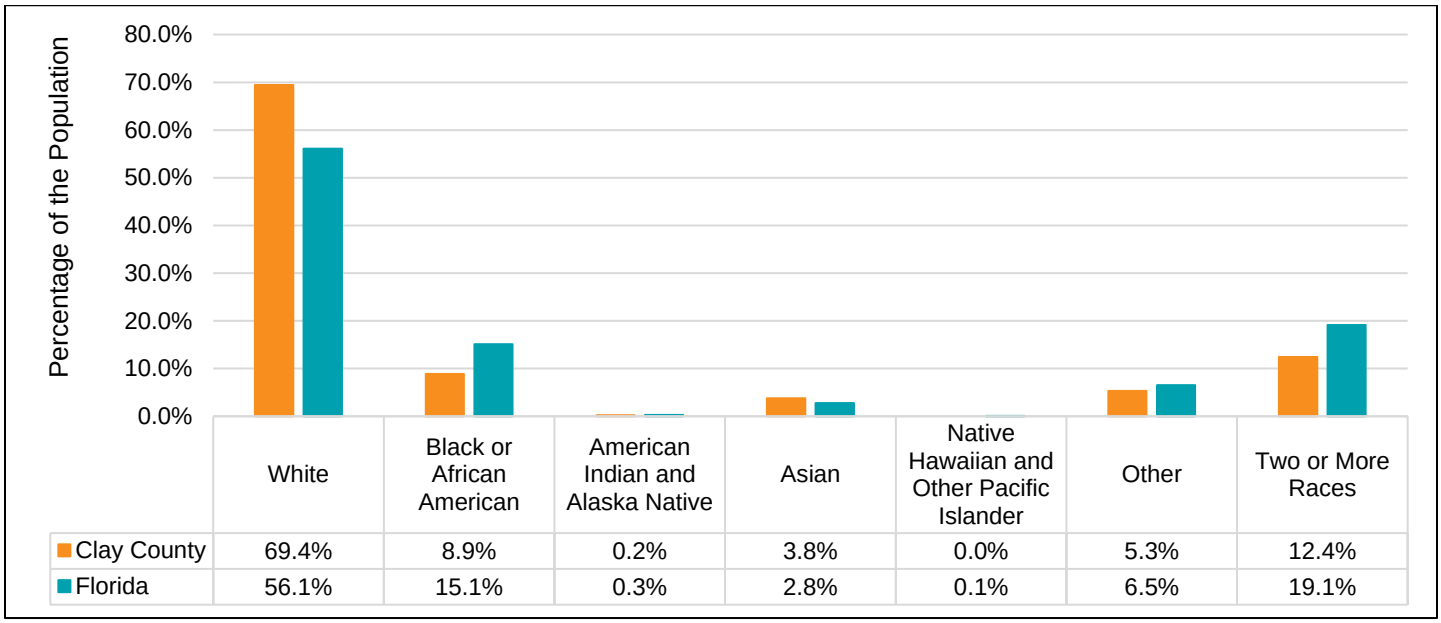
Source: 2021 American Community Survey 1-Year Estimates, Table S0101, Age and Sex

Race & Ethnicity

Clay County had a racial distribution similar to that of Florida in 2021. Like Florida, the majority of the population in Clay County is White, about 69.4%. The second largest racial group is Black or African American, making up 8.9% of Clay County's population and 15.1% of Florida's population (Exhibit 7). Additionally, 12.4% of Clay County residents identify as two or more races (Exhibit 7). A much greater

percentage of Florida's population (26.8%) is Hispanic or Latino compared to that of Clay County (11.1%) (Exhibit 8).

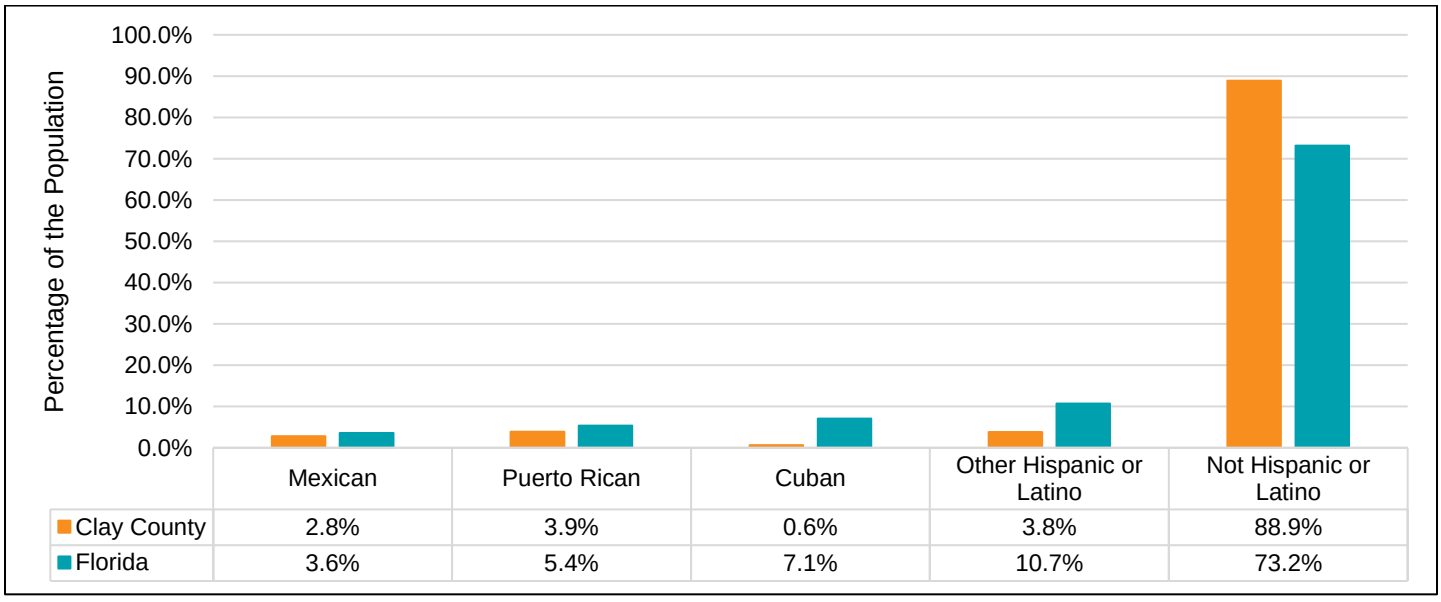
EXHIBIT 7: POPULATION BY RACE, CLAY COUNTY & FLORIDA, 2021



	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Other	Two or More Races
Clay County	69.4%	8.9%	0.2%	3.8%	0.0%	5.3%	12.4%
Florida	56.1%	15.1%	0.3%	2.8%	0.1%	6.5%	19.1%

Source: 2021 American Community Survey 1-Year Estimates, Table DP05, Demographic and Housing Estimates

EXHIBIT 8: POPULATION BY ETHNICITY, CLAY COUNTY & FLORIDA, 2021



	Mexican	Puerto Rican	Cuban	Other Hispanic or Latino	Not Hispanic or Latino
Clay County	2.8%	3.9%	0.6%	3.8%	88.9%
Florida	3.6%	5.4%	7.1%	10.7%	73.2%

Source: 2021 American Community Survey 1-Year Estimates, Table DP05, Demographic and Housing Estimates

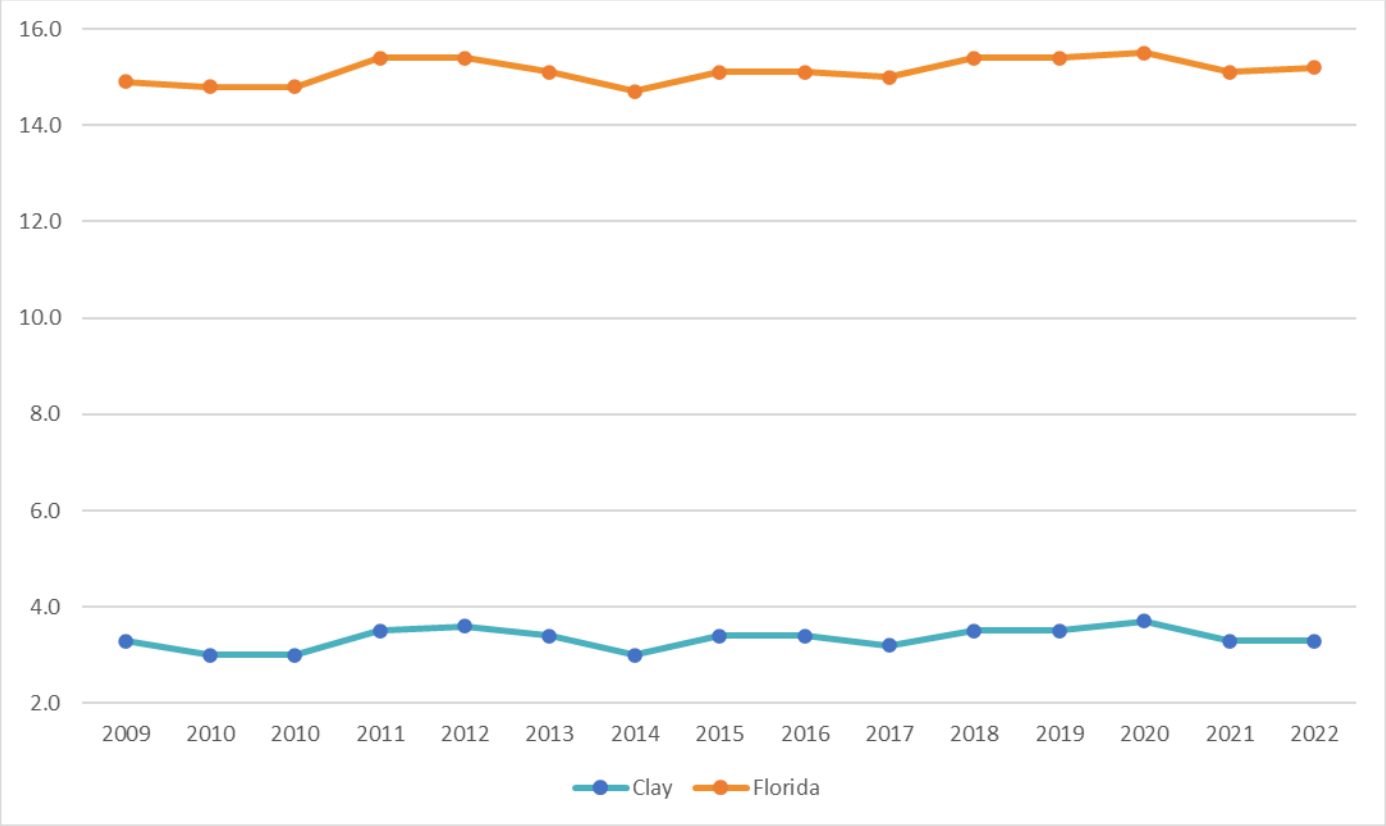
The minority population of Clay County is most densely concentrated in the northeastern quadrant.

Language Spoken

Despite the increasing diversity of the population, lacking proficiency in English can still pose a significant obstacle in Clay County, Florida, hindering access to healthcare services and comprehension of health-related information.

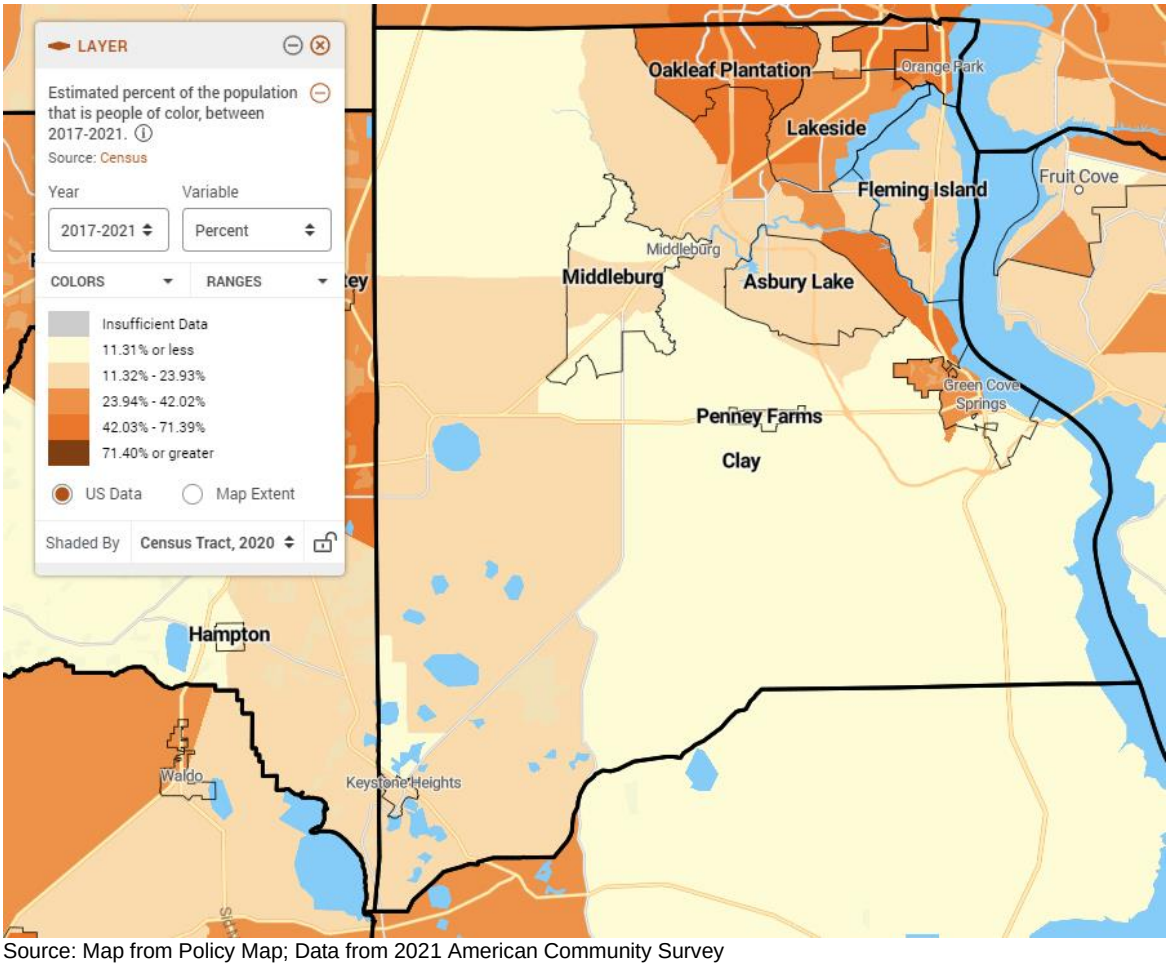
The U.S. Census Bureau's American Community Survey (ACS) reveals that between 2018 and 2022, 10.9% of individuals aged five and older in Clay County, Florida, spoke a language other than English at home.
In 2022, the proportion of individuals aged 5 years and older with limited English proficiency (as reported by the Census ACS) in Clay County stood at 3.3%, whereas in Florida, it was notably higher at 11.9%. The line graph depicts trends over time, provided there are at least three years of data available (Exhibit 9).

EXHIBIT 9: POPULATION THAT SPEAK ENGLISH LESS THAN VERY WELL (AGED 5 YEARS AND OLDER) CLAY COUNTY & FLORIDA, 2022



Source: United States Bureau of the Census, American Community Survey, Table B06007

EXHIBIT 10: CLAY COUNTY MINORITY POPULATION (%) BY CENSUS TRACT, 2017-2021

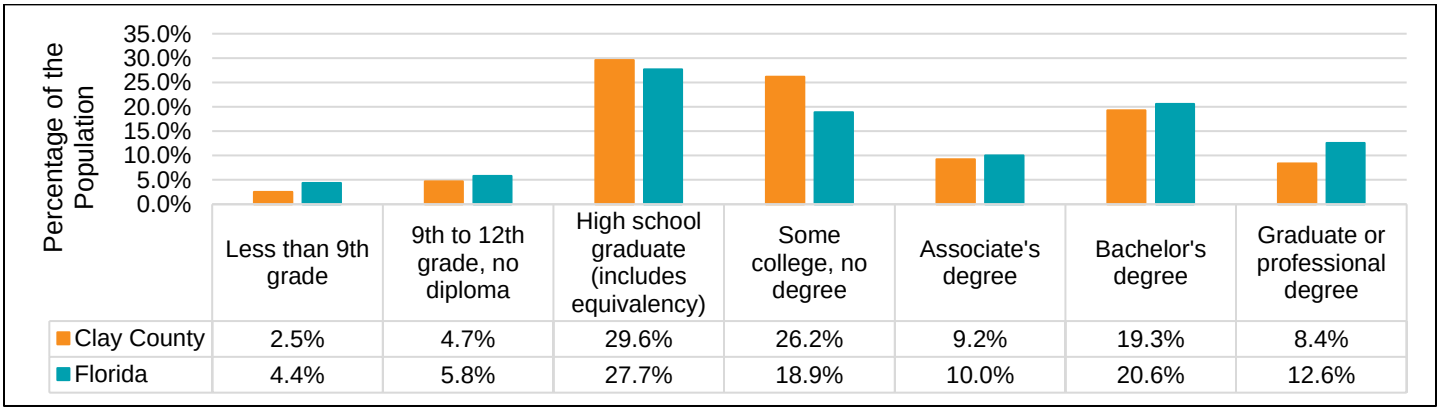


Source: Map from Policy Map; Data from 2021 American Community Survey

Educational Attainment

A higher percentage (65.0%) of Clay County's population had a high school diploma, some college, or an associate's degree compared to that of Florida (56.6%) in 2021. Furthermore, a greater proportion of Florida residents (33.2%) had a bachelor's degree or higher compared to Clay County residents (27.7%). A little over 7% of Clay County's population does not have a high school diploma or equivalent compared to 10.2% of Florida's population (Exhibit 11).

EXHIBIT 11: REPORTED HIGHEST LEVEL OF EDUCATION ATTAINED, POPULATION 25 YEARS AND OVER, CLAY COUNTY & FLORIDA, 2021



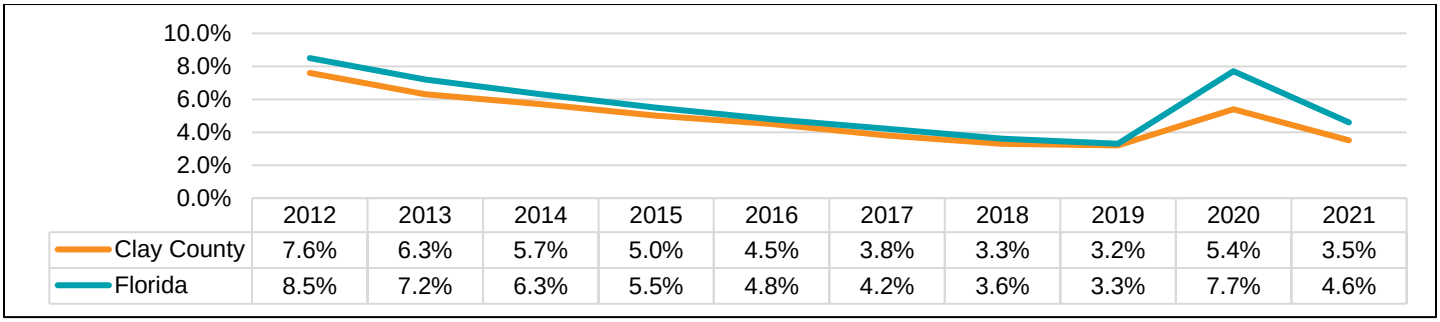
	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes equivalency)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Clay County	2.5%	4.7%	29.6%	26.2%	9.2%	19.3%	8.4%
Florida	4.4%	5.8%	27.7%	18.9%	10.0%	20.6%	12.6%

Source: 2021 American Community Survey 1-Year Estimates, Table DP02, Selected Social Characteristics in the United States

Employment

Clay County and Florida had similar unemployment rates from 2012 to 2019 for the population ages 16 years and over. However, Florida had a higher unemployment rate than Clay County in 2020 and 2021 (Exhibit 12).

EXHIBIT 12: UNEMPLOYMENT RATE, PERCENTAGE OF LABOR FORCE, CLAY COUNTY & FLORIDA, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	7.6%	6.3%	5.7%	5.0%	4.5%	3.8%	3.3%	3.2%	5.4%	3.5%
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, Clay County had an employed population of 109,195 people aged 16 years and older, and Florida had 10,652,489. Similar industries account for the majority of the employed populations in Clay County and Florida. The top industries in Clay County, accounting for 52.0% of the labor force, were:

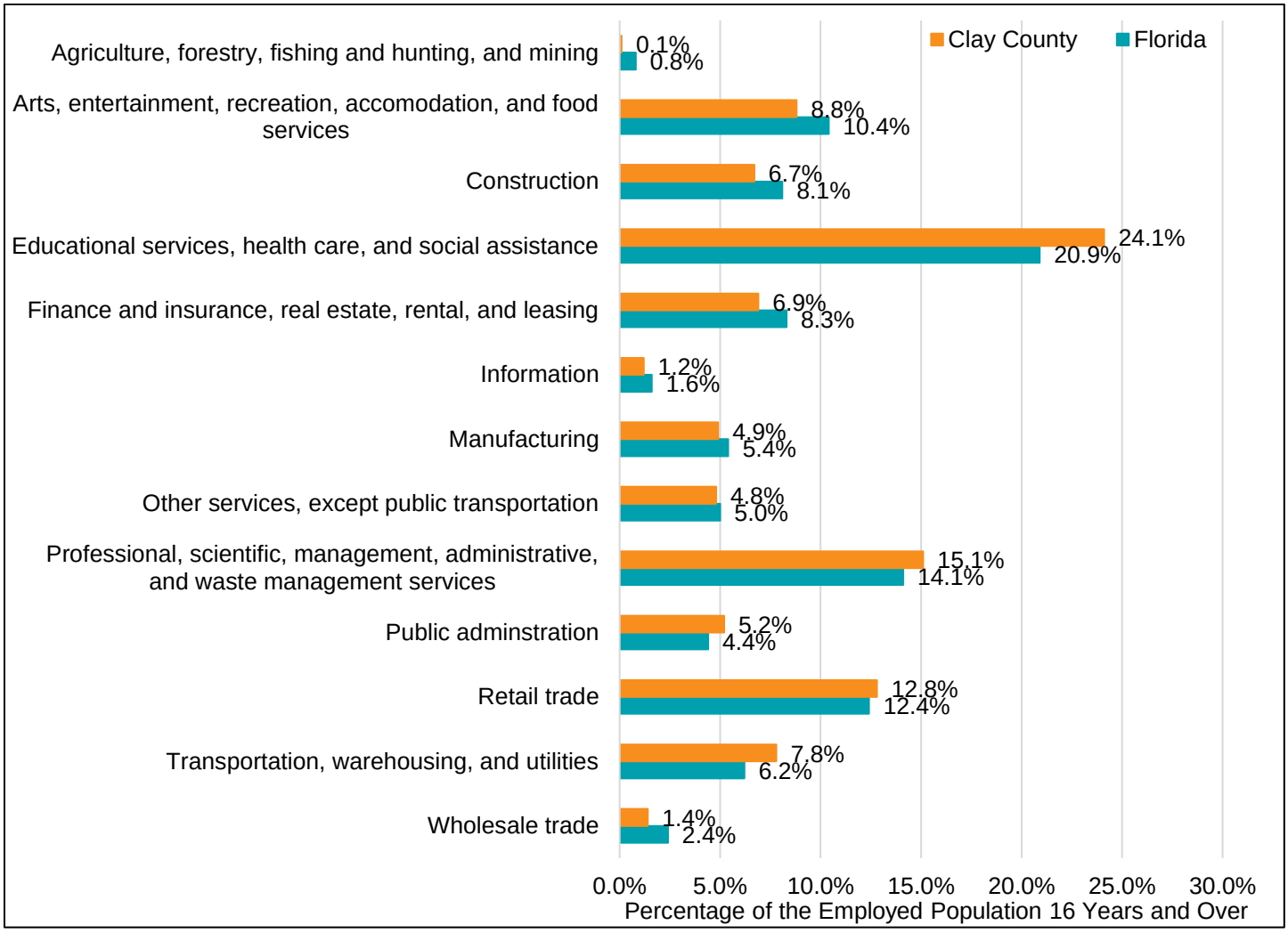
- Educational services, and health care and social assistance (24.1%)
- Professional, scientific, and management; and administrative and waste management services (15.1%)
- Retail trade (12.8%)

Florida's top industry was also educational services, and health care and social assistance (20.9%), followed by:

- Professional, scientific, and management; and administrative and waste management services (14.1%)
- Retail trade (12.4%)

These three industries made up 47.4% of Florida's labor force. Exhibit 13 shows the industry breakdown for Clay County and Florida.

EXHIBIT 13: EMPLOYMENT BY INDUSTRY, CLAY COUNTY & FLORIDA, 2021



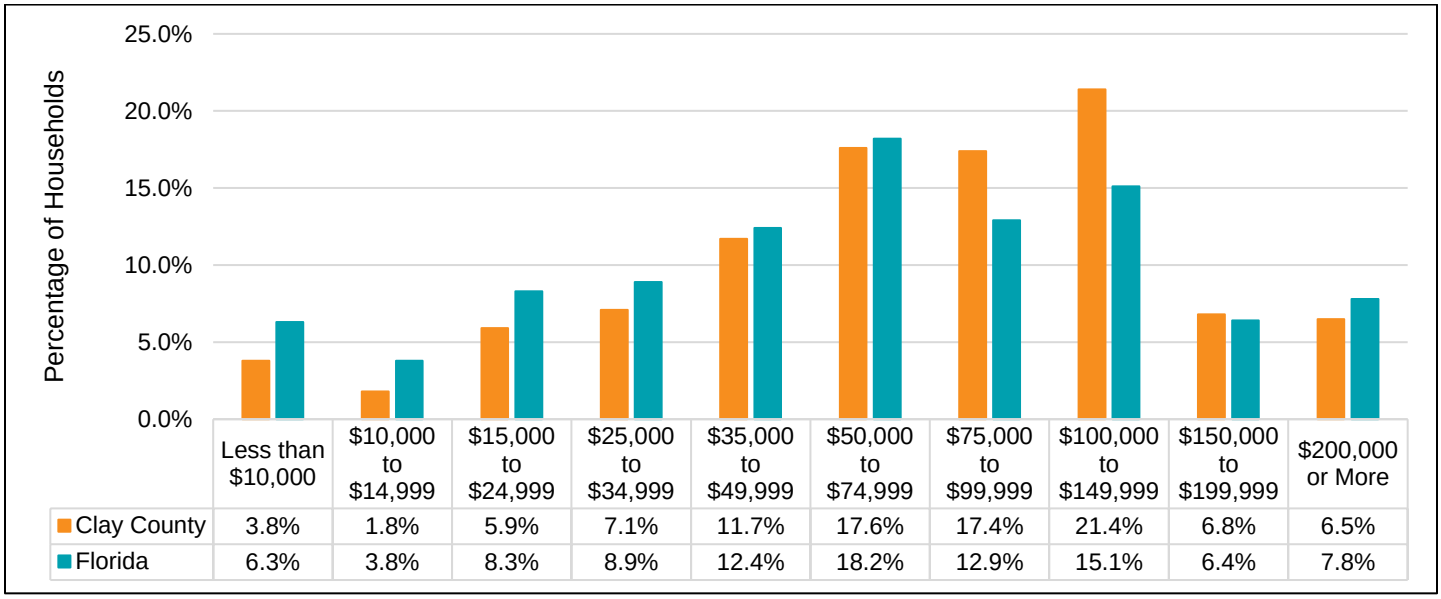
Source: 2021 American Community Survey 1-Year Estimates, Table DP03, Selected Economic Characteristics

Income & Poverty

In 2021, the largest portion (21.4%) of Clay County households earned $100,000 - $149,999 in income and benefits. Overall, 69.7% of households earned $50,000 or more. In contrast, 18.2% of Florida households earned $50,000 - $74,999. Statewide, only 60.4% of households made $50,000 or more, almost 10 percentage points less than in Clay County (Exhibit 14).

The median and mean household incomes in Clay County were $76,679 and $89,972, respectively, and per capita income was $33,364. Florida's median and mean household incomes were $76,199 and $104,500, respectively. The state per capita income was $36,196, which is $2,832 greater than Clay County's. Exhibit 14 shows that the majority of Clay County is in the following two household median income brackets: $58,619 to $73,750 and $73,751 to $97,806. Exhibit 15 shows median household incomes by census tract.

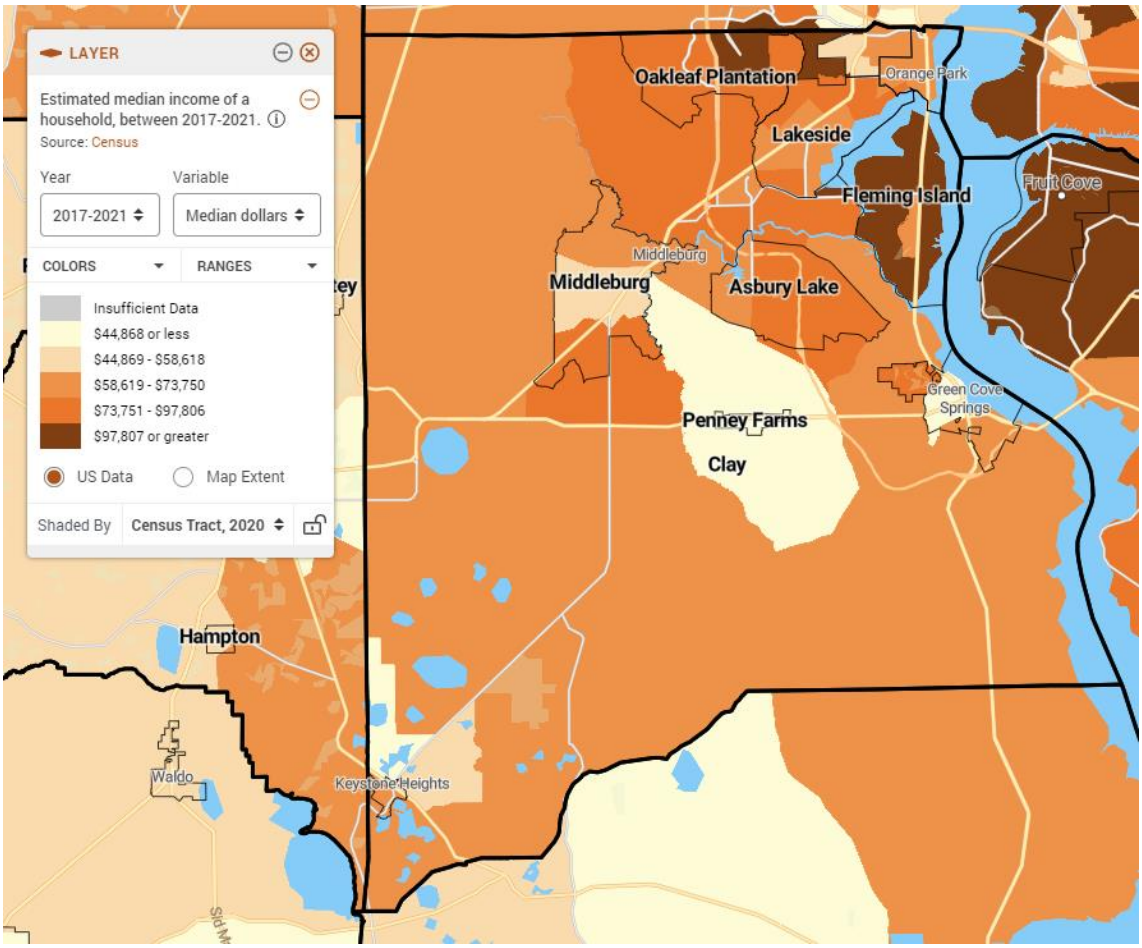
EXHIBIT 14: HOUSEHOLD INCOME/BENEFITS (2021 INFLATION-ADJUSTED DOLLARS), CLAY COUNTY & FLORIDA, 2021



	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
Clay County	3.8%	1.8%	5.9%	7.1%	11.7%	17.6%	17.4%	21.4%	6.8%	6.5%
Florida	6.3%	3.8%	8.3%	8.9%	12.4%	18.2%	12.9%	15.1%	6.4%	7.8%

Source: 2021 American Community Survey 1-Year Estimates, Table DP03, Selected Economic Characteristics

EXHIBIT 15: MEDIAN HOUSEHOLD INCOME BY CENSUS TRACTS, CLAY 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. These thresholds do not vary geographically. The Bureau updates thresholds annually to account 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 16 shows poverty thresholds for 2022.

EXHIBIT 16: 2022 POVERTY THRESHOLD BY SIZE OF FAMILY AND NUMBER OF CHILDREN (IN DOLLARS)

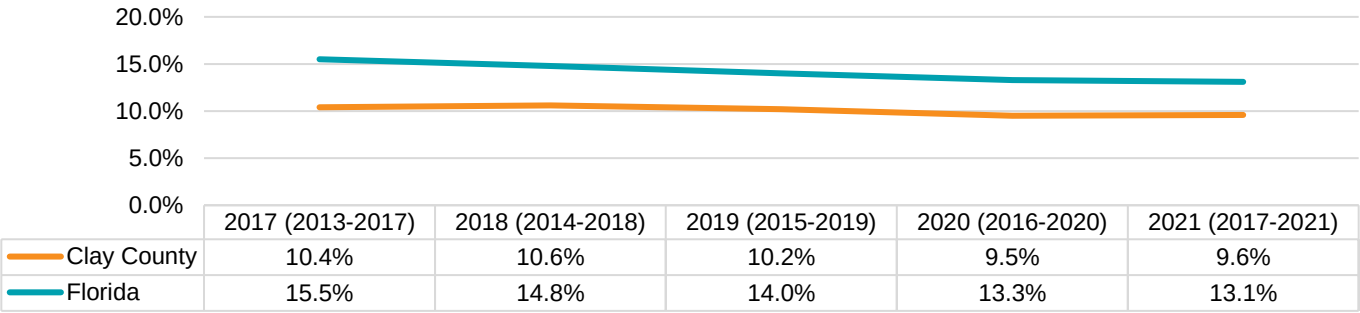
Size of Family Unit	Weighted Average Threshold	Related Children Under 18 Years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)	14,891									
Under 65 years	15,225	15,225								
65 years and over	14,036	14,036								
Two people	18,932									
Householder under age 65	19,690	19,597	20,172							
Householder 65 and older	17,712	17,689	20,095							
Three people	23,284	22,892	23,556	23,578						
Four people	29,960	30,186	30,679	29,678	29,782					
Five people	35,495	36,402	36,932	35,801	34,926	34,391				
Six people	40,135	41,869	42,035	41,169	40,339	39,104	38,373			
Seven people	45,530	48,176	48,477	47,440	46,717	45,371	43,800	42,076		
Eight people	50,862	53,881	54,357	53,378	52,521	51,304	49,760	48,153	47,745	
Nine people or more	60,833	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 219,230 for Clay County and 20,928,219 for Florida. Of the 219,230 people analyzed in Clay County that year, 17.1% were in poverty. In comparison, 13.1% of those analyzed in Florida's population were in poverty. For the population under 18, 10.2% of Clay County youth were in poverty compared to 17.8% in Florida.

Exhibit 17 shows the percentage of the population in poverty from 2017 to 2021. Neither Clay County nor Florida showed much deviation in poverty status during this period. While Clay County has lower poverty rates than Florida, 9 - 11% of Clay's population lived in poverty over the past five years.

EXHIBIT 17: POPULATION FOR WHOM POVERTY STATUS IS DETERMINED, CLAY COUNTY & FLORIDA, 2017-2021

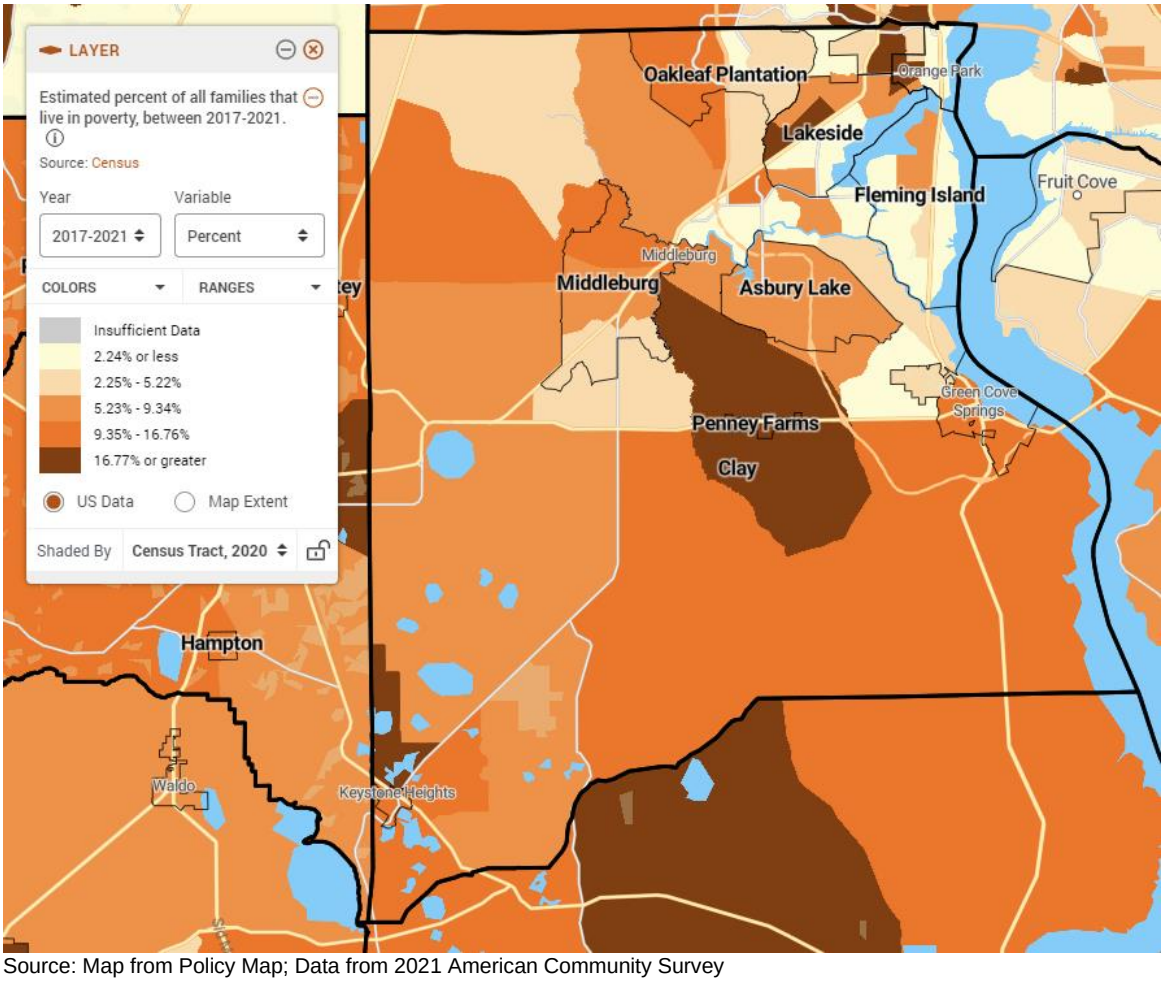


	2017 (2013-2017)	2018 (2014-2018)	2019 (2015-2019)	2020 (2016-2020)	2021 (2017-2021)
Clay County	10.4%	10.6%	10.2%	9.5%	9.6%
Florida	15.5%	14.8%	14.0%	13.3%	13.1%

Source: 2017-2021 American Community Survey 5-Year Estimates, Table S1701, Poverty Status in the Past 12 Months
Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

Exhibit shows households below poverty level by census tract in Clay County. The middle of the county has the highest percentage of families living in poverty.

EXHIBIT 18: HOUSEHOLDS BELOW POVERTY LEVEL (%) BY CENSUS TRACT IN CLAY COUNTY, 2017-2021

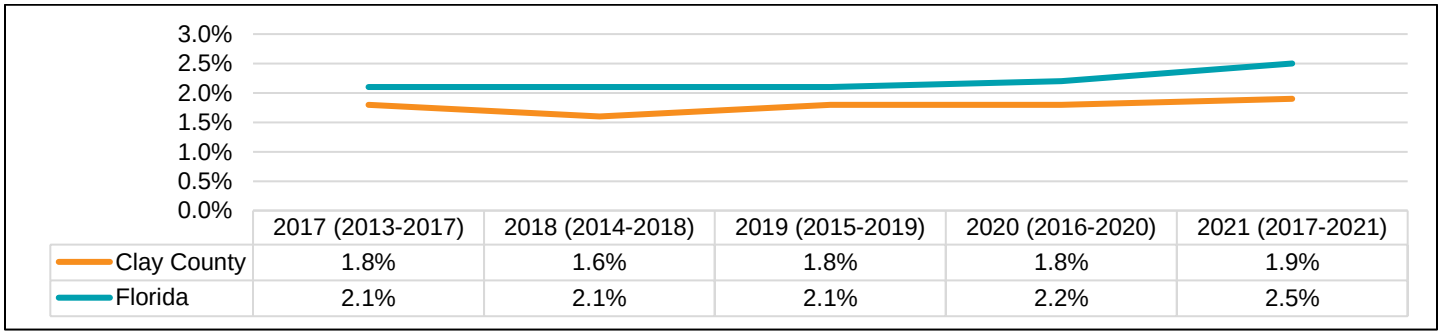


Source: Map from Policy Map; Data from 2021 American Community Survey

Public Assistance

From 2017 to 2021, a smaller portion of Clay County's population received cash public assistance in comparison to that of Florida. Nevertheless, both Clay County and Florida saw a slight rise in the percentage of the population receiving cash assistance during this period (Exhibit 19).

EXHIBIT 19: HOUSEHOLDS RECEIVING CASH PUBLIC ASSISTANCE INCOME, CLAY COUNTY & FLORIDA, 2017-2021

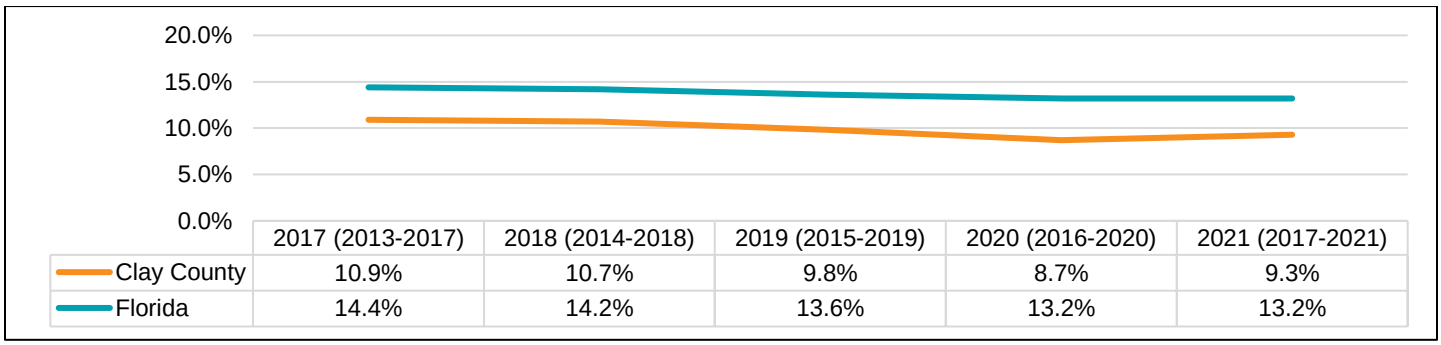


	2017 (2013-2017)	2018 (2014-2018)	2019 (2015-2019)	2020 (2016-2020)	2021 (2017-2021)
Clay County	1.8%	1.6%	1.8%	1.8%	1.9%
Florida	2.1%	2.1%	2.1%	2.2%	2.5%

Source: 2017-2021 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics
Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

From 2017 to 2021, a smaller portion of Clay County's population received food assistance benefits in comparison to that of Florida. Both Clay County and Florida experienced a slight decrease in the receipt of food assistance benefits during this period (Exhibit 20).

EXHIBIT 20: HOUSEHOLDS RECEIVING FOOD STAMP/SNAP BENEFITS IN THE PAST 12 MONTHS, CLAY COUNTY & FLORIDA, 2017-2021



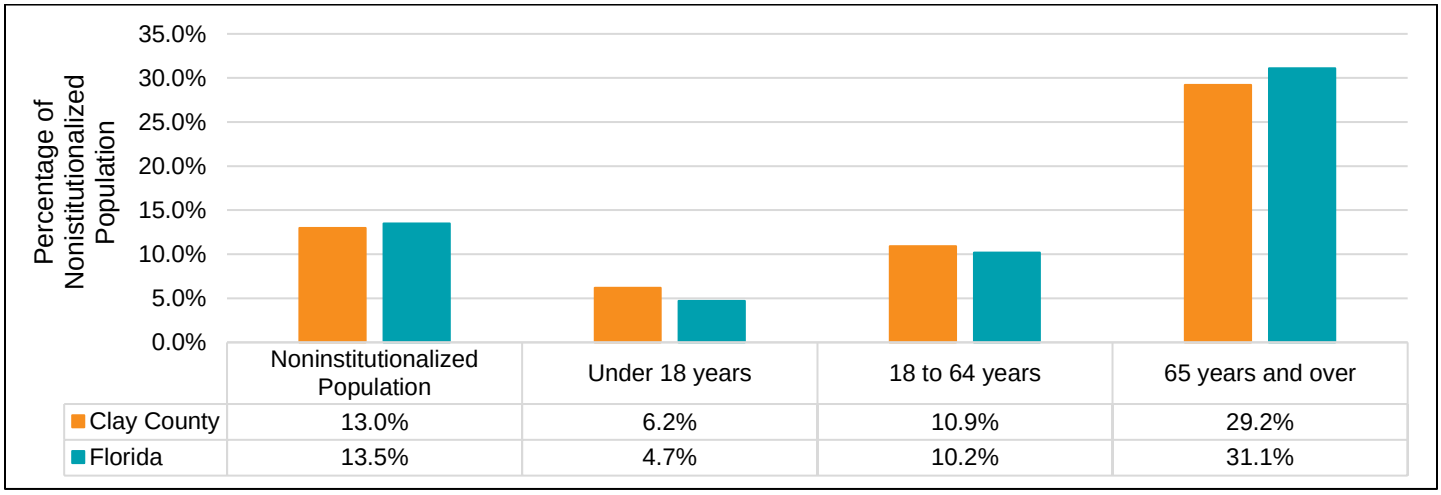
	2017 (2013-2017)	2018 (2014-2018)	2019 (2015-2019)	2020 (2016-2020)	2021 (2017-2021)
Clay County	10.9%	10.7%	9.8%	8.7%	9.3%
Florida	14.4%	14.2%	13.6%	13.2%	13.2%

Source: 2017-2021 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics
Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

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. In Clay County, 13.0% of the noninstitutionalized population had a disability in 2021, which was 0.5 percentage points lower than in Florida. The percentage of children under 18 with a disability was higher in Clay County (6.2%) than in Florida (4.7%) in the same year. About 29% of Clay residents who are 65 or older have a disability, about two percentage points lower than those in Florida (Exhibit 21).

EXHIBIT 21: DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION, CLAY COUNTY & FLORIDA, 2021



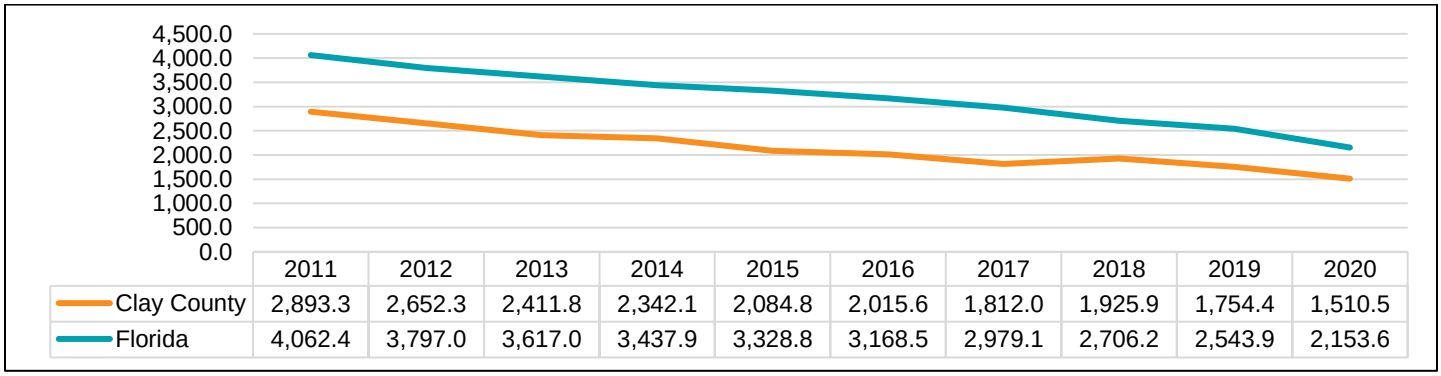
	Noninstitutionalized Population	Under 18 years	18 to 64 years	65 years and over
Clay County	13.0%	6.2%	10.9%	29.2%
Florida	13.5%	4.7%	10.2%	31.1%

Source: 2021 American Community Survey 1-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 2011 to 2020, Clay County index crimes decreased by 47.8%. By comparison, index crimes in Florida decreased by 47.0% during the same period (Exhibit 22).

EXHIBIT 22: INCIDENCE OF INDEX CRIMES, CLAY COUNTY AND FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2011-2020

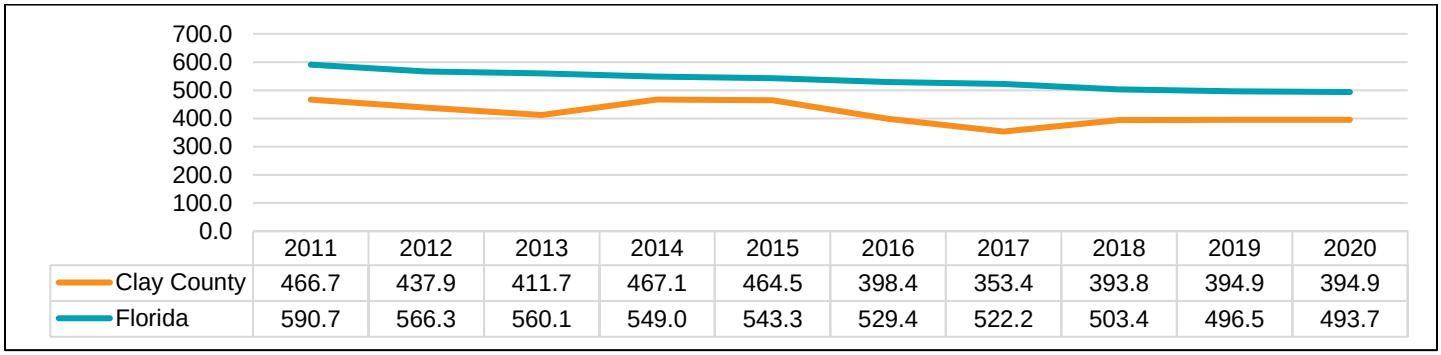


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Clay County	2,893.3	2,652.3	2,411.8	2,342.1	2,084.8	2,015.6	1,812.0	1,925.9	1,754.4	1,510.5
Florida	4,062.4	3,797.0	3,617.0	3,437.9	3,328.8	3,168.5	2,979.1	2,706.2	2,543.9	2,153.6

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

Overall, Clay County has a lower incidence of domestic violence offenses than in the state. The incidence of domestic violence offenses in Clay County decreased 15.4% from 2011 to 2020, compared to a 16.4% decrease in Florida during the same period (Exhibit 23).

EXHIBIT 23: INCIDENCE OF DOMESTIC VIOLENCE OFFENCES, CLAY COUNTY AND FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2011-2020

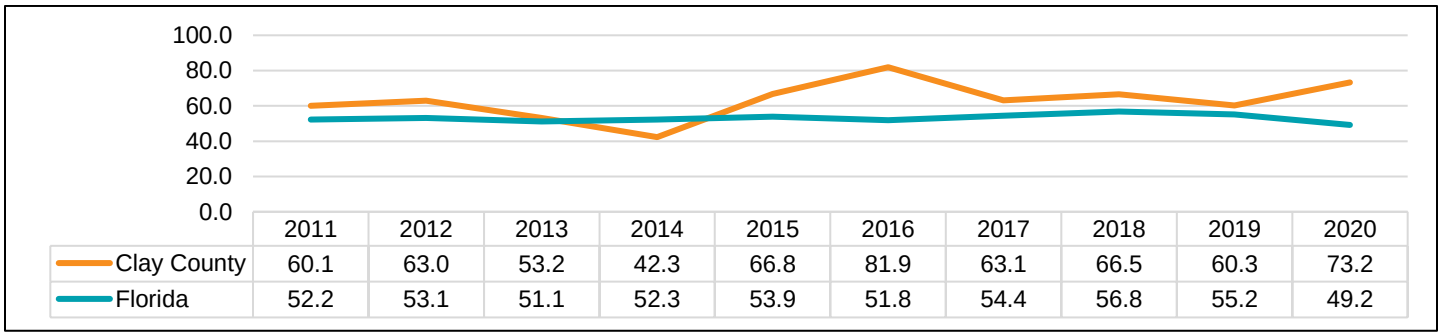


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Clay County	466.7	437.9	411.7	467.1	464.5	398.4	353.4	393.8	394.9	394.9
Florida	590.7	566.3	560.1	549.0	543.3	529.4	522.2	503.4	496.5	493.7

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 Clay County fluctuated from 2011 to 2020 but ultimately increased by 21.8%. Florida experienced an overall decrease of 5.7% from 2011 to 2020 (Exhibit 24).

EXHIBIT 24: INCIDENCE OF FORCIBLE SEX OFFENSES, CLAY COUNTY AND FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2011-2020

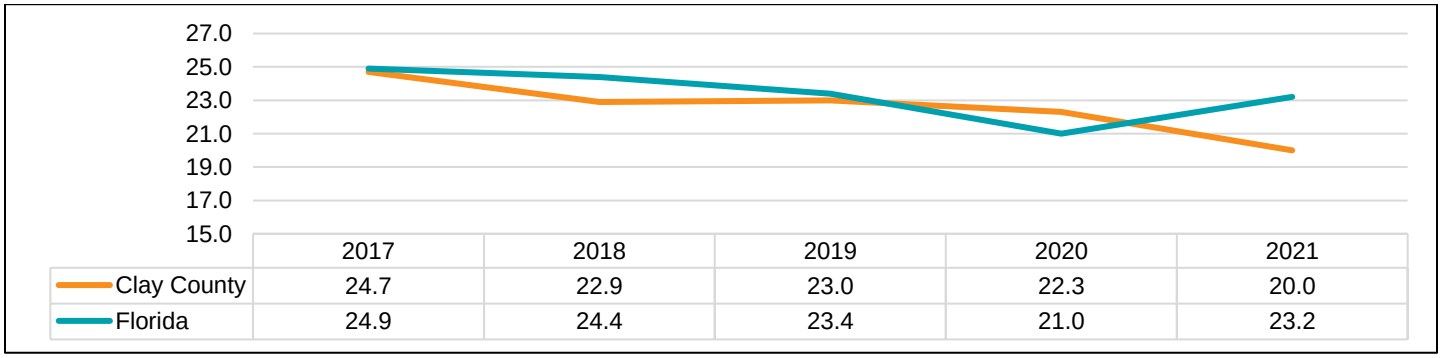


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Clay County	60.1	63.0	53.2	42.3	66.8	81.9	63.1	66.5	60.3	73.2
Florida	52.2	53.1	51.1	52.3	53.9	51.8	54.4	56.8	55.2	49.2

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

Alcohol-suspected motor vehicle traffic crashes in Clay County fluctuated from 2017 to 2021 but decreased overall by 19.0%. Florida experienced a 6.8% decrease in incidence in the same period (Exhibit 25).

EXHIBIT 25: INCIDENCE OF ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, CLAY COUNTY AND FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2017-2021



	2017	2018	2019	2020	2021
Clay County	24.7	22.9	23.0	22.3	20.0
Florida	24.9	24.4	23.4	21.0	23.2

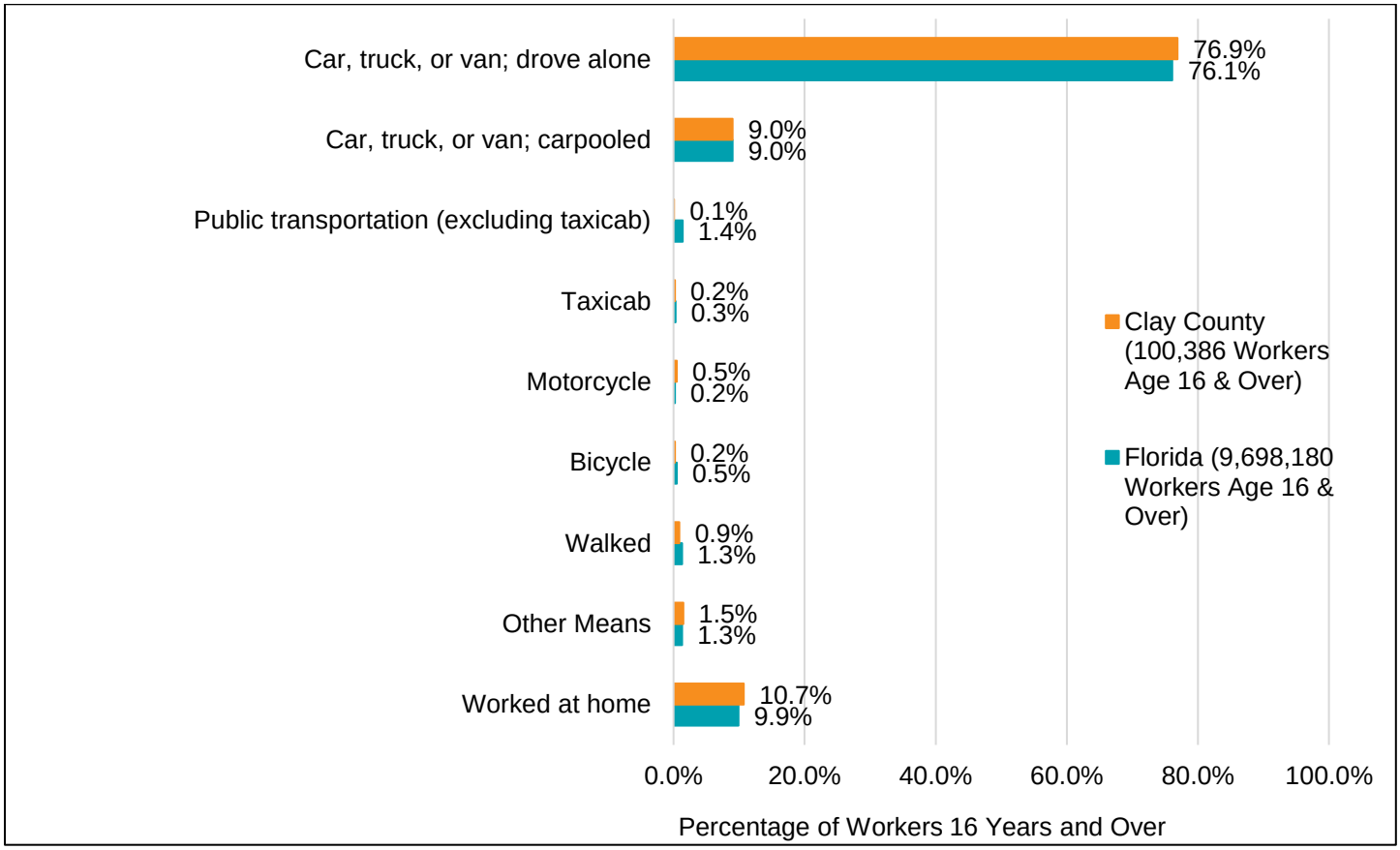
Source: Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Alcohol-Confirmed Motor Vehicle Traffic Crashes

Physical Environment

Transportation

Clay County and Florida residents used similar means of commuting to work from 2017 to 2021 with the majority of residents traveling by car, truck, or van. Of the 100,386 workers in Clay County, 76.9% drove alone compared to 76.1% of the 9,698,180 workers in Florida. About 9% of workers carpooled in both Clay County and Florida. In Clay County, 1.1% of workers walked or biked during their commute, compared to 1.7% of workers across Florida. Only 0.1% of Clay County residents used public transportation, compared to 1.4% of Florida residents (Exhibit 26).

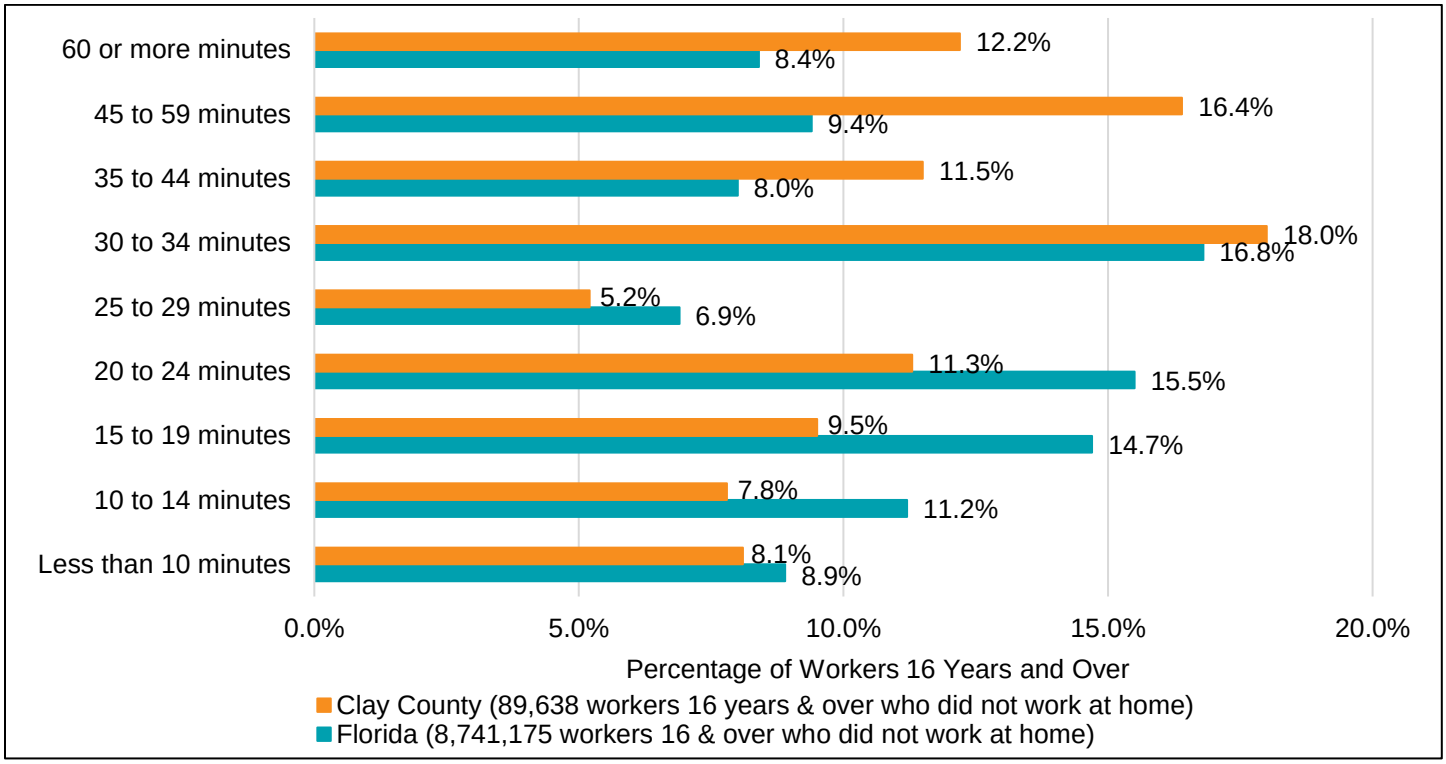
EXHIBIT 26: MEANS OF TRANSPORTATION TO WORK, WORKERS 16 AND OVER WHO DID NOT WORK AT HOME, CLAY COUNTY & FLORIDA, 2017-2021



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

Clay County workers tended to have longer travel times to work than Florida workers from 2017 to 2021. In Clay County, 25.4% of workers over the age of 16 spent less than 20 minutes commuting compared to 34.8% in Florida. About 40.1% of Clay workers had commutes of 35+ minutes, compared to only 25.8% of Floridian workers (Exhibit).

EXHIBIT 27: TRAVEL TIME TO WORK, WORKERS 16 AND OVER, CLAY COUNTY & FLORIDA, 2017-2021

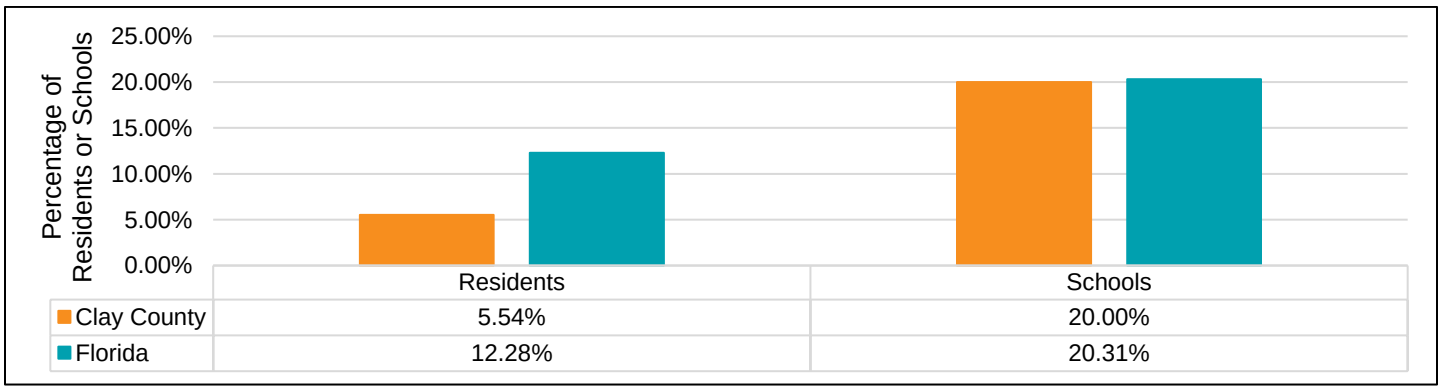


Source: 2017-2021 American Community Survey 5-Year Estimates, Table B08134, Means of Transportation to Work by Travel Time to Work

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, 5.54% of Clay County residents lived within 500 feet of a busy road, compared to 12.28% of Floridians. Clay County has a slightly lower percentage of schools within 500 feet of a busy road (20.00%) than the Florida average (20.31%) (Exhibit).

EXHIBIT 28: RESIDENTS AND SCHOOLS WITHIN 500 FEET OF A BUSY ROAD, CLAY COUNTY & FLORIDA, 2021

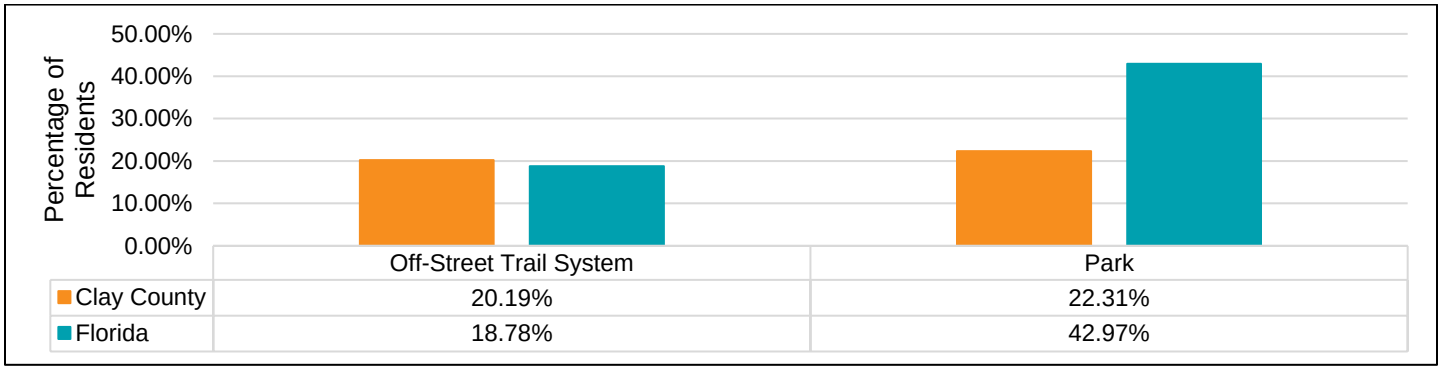


	Residents	Schools
Clay County	5.54%	20.00%
Florida	12.28%	20.31%

Source: FDOH Environmental Public Health Tracking

In 2022, 20.19% of Clay County residents lived within a half mile of an off-street trail system, compared to 18.78% of Floridians. Only 22.31% of Clay residents lived within a half mile of a park, compared to 42.97% of Florida residents (Exhibit).

EXHIBIT 29: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF AN OFF-STREET TRAIL OR PARK, CLAY COUNTY & FLORIDA, 2022

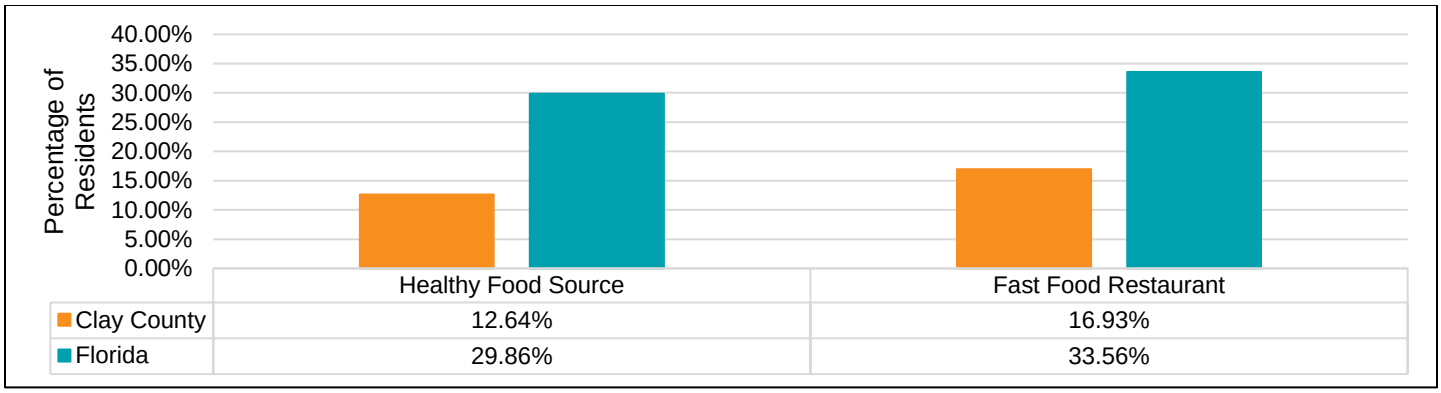


	Off-Street Trail System	Park
Clay County	20.19%	22.31%
Florida	18.78%	42.97%

Source: FDOH Environmental Public Health Tracking

Exhibit shows the percentage of residents living within a ten-minute walk of a healthy food source or a fast-food restaurant. In 2022, only 12.64% of Clay 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, 16.93% of Clay residents lived within a half-mile of a fast-food restaurant, compared to 33.56% of Florida residents. Fast food restaurants are defined as inexpensive and convenient food options with high caloric content.

EXHIBIT 30: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF A HEALTHY FOOD SOURCE OR FAST-FOOD RESTAURANT, CLAY COUNTY & FLORIDA, 2022



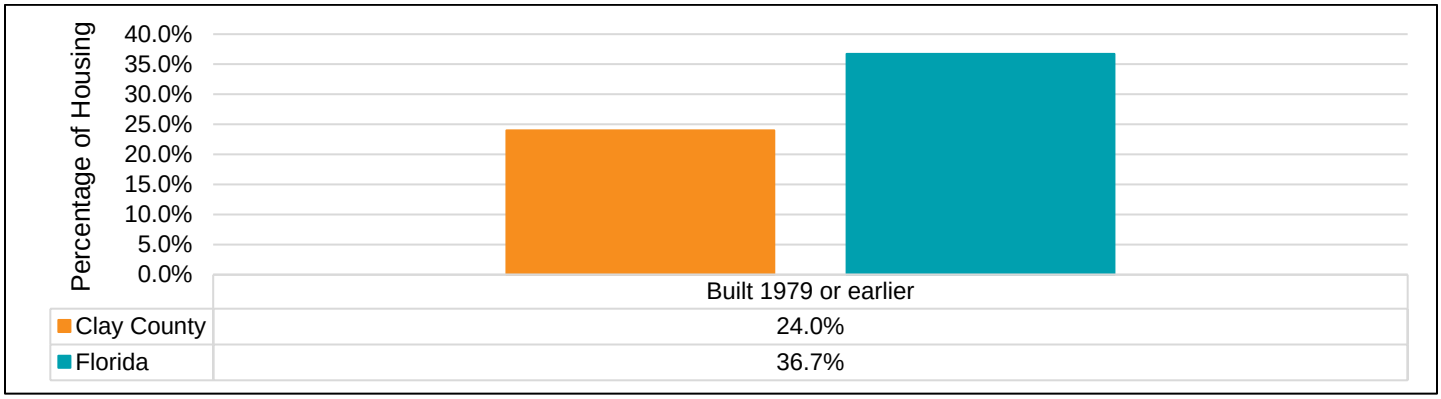
	Healthy Food Source	Fast Food Restaurant
Clay County	12.64%	16.93%
Florida	29.86%	33.56%

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 Clay County and Florida were 84,159 and 9,764,897, respectively. Of these units, 24.0% in Clay and 36.7% in Florida were built before 1979 (Exhibit).

EXHIBIT 31: HOUSING UNITS BUILT 1979 OR EARLIER, CLAY COUNTY & FLORIDA, 2017-2021



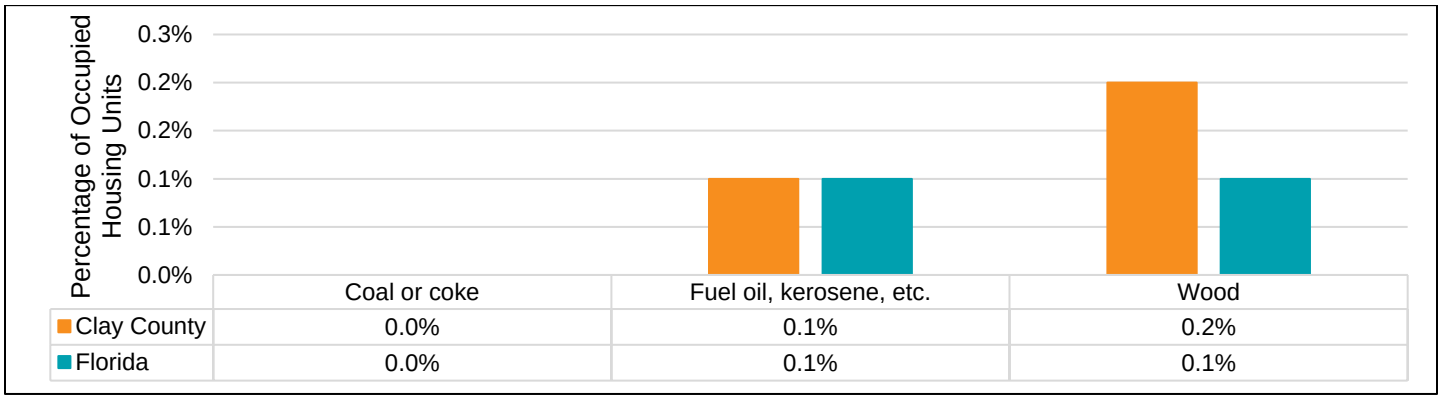
	Built 1979 or earlier
Clay County	24.0%
Florida	36.7%

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 both Clay County and Florida. In Clay County, less than 0.1% used coal or coke (8 households); 0.1% (56 households) used fuel oil, kerosene, etc.; and 0.2% (146 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).

EXHIBIT 32: HOUSING HEATING FUEL, CLAY COUNTY & FLORIDA, 2017-2021



	Coal or coke	Fuel oil, kerosene, etc.	Wood
Clay County	0.0%	0.1%	0.2%
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, Clay County ranked 21st out of 67 Florida counties in health outcomes, which reflects length of life and quality of life, and 12th out of 67 counties in health factors. There were significant differences when examining the individual rankings for each of the four topics that influenced the health factors score. Health factors include health behaviors (ranked 27th out of 67 counties), clinical care (ranked 20th), social and economic factors (ranked 5th), and physical environment (ranked 34th). Exhibit lists the four topics, the types of indicators included within each, and the corresponding ranking for Clay County. Also, the table indicates whether Clay County's 2023 rank improved, worsened, or stayed the same from the 2022 rankings.

EXHIBIT 33: CLAY COUNTY HEALTH RANKINGS, 2023

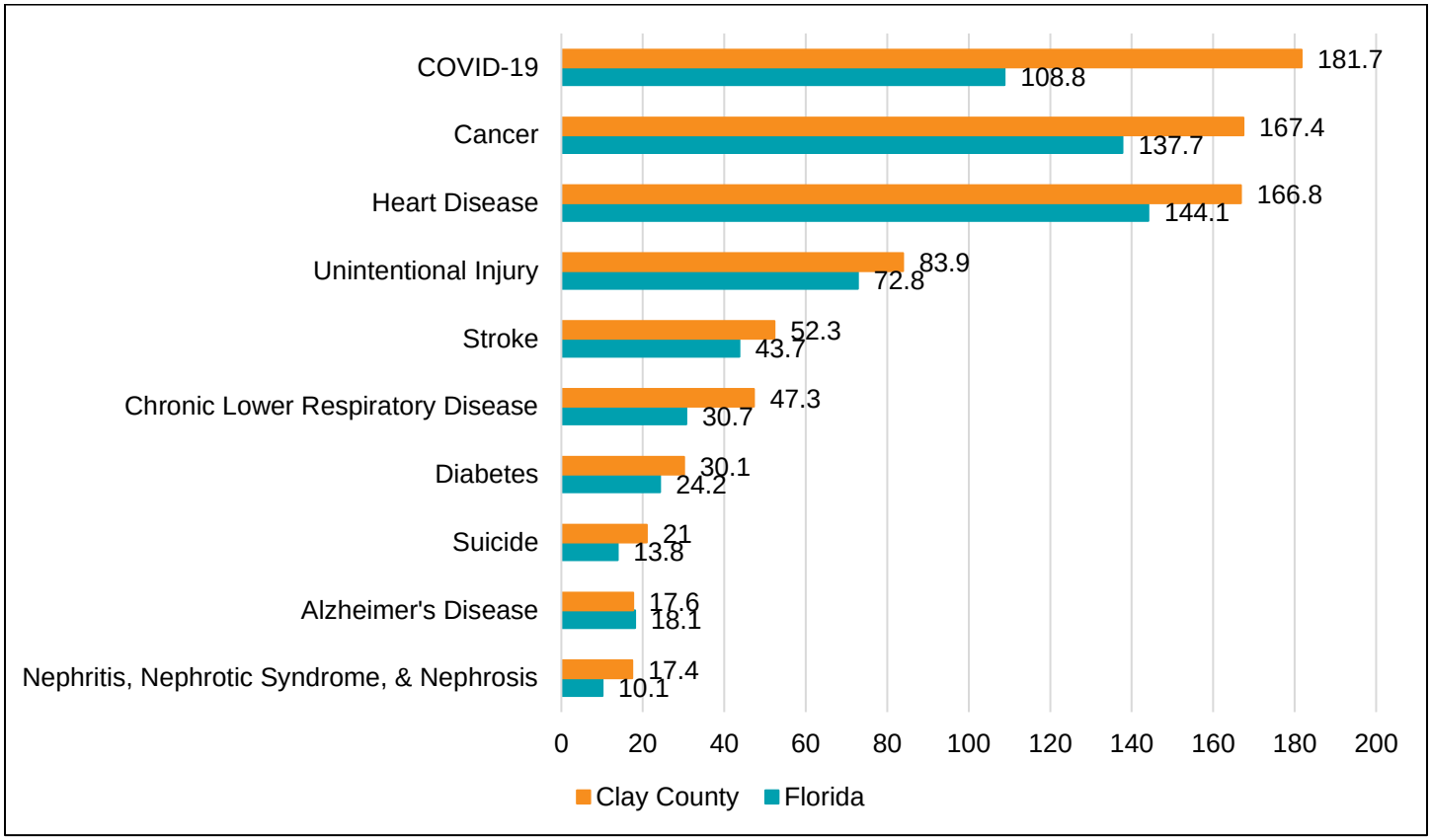
Health Outcomes (21st) ↓	**Length of Life: 21st out of 67 →**			
	Quality of Life: 27th out of 67 ↓			
Health Factors (12th) ↓	**Health Behaviors**	**Clinical Care**	**Socioeconomic**	**Physical Environment**
	Tobacco Use Diet & Exercise Alcohol & Drug Use Sexual Activity	Access to Care Quality of Care	Education Employment Income Family & Social Support Community Safety	Air & Water Quality Built Environment
	Clay Rank: 27th ↑	**Clay Rank: 20th ↓**	**Clay Rank: 5th ↓**	**Clay Rank: 34th ↑**

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

Leading Causes of Death

The top ten leading causes of death in Clay County are shown in Exhibit in comparison to Florida. In 2021, the top three causes of death in both Clay County and Florida were COVID-19, cancer, and heart disease. While COVID-19 was the leading cause of death in Clay County, heart disease was the leading cause of death in Florida. Compared to Florida, Clay County had a higher death rate per 100,000 population for its top three causes of death. Clay County also had a higher mortality rate than Florida for unintentional injury; stroke; chronic lower respiratory disease; diabetes; suicide; and nephritis, nephrotic syndrome, and nephrosis.

EXHIBIT 34: LEADING CAUSES OF DEATH, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2021



Source: Florida Department of Health, Bureau of Vital Statistics

Communicable Diseases

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections by bacteria, viruses, or parasites transmitted through sexual contact. They can 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 other 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 (NIAID, 2015).

Chlamydia

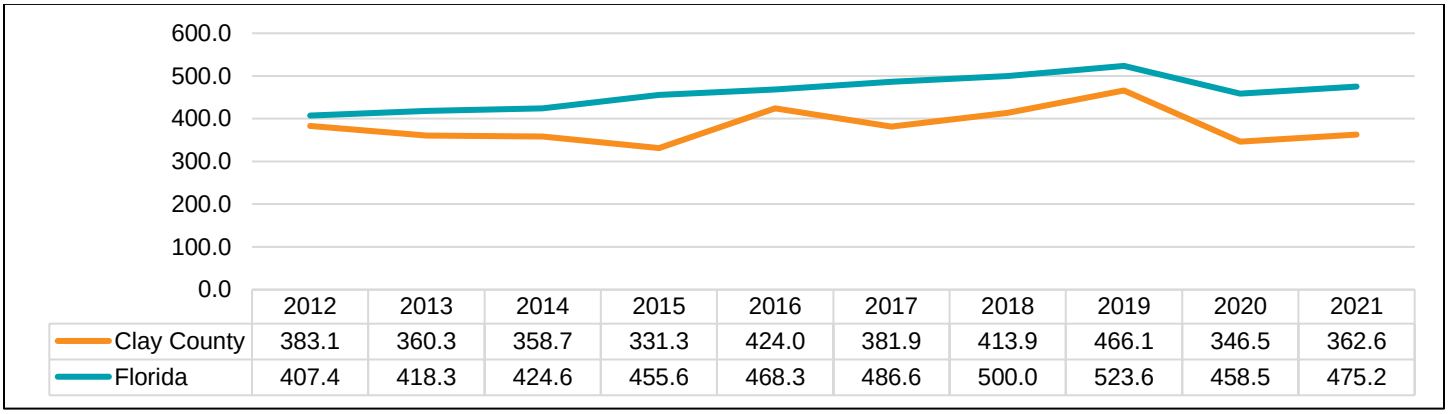
Chlamydia is a common STD caused by transmission of the *Chlamydia trachomatis* bacterium through sexual contact with the penis, vagina, mouth, or anus of an infected partner and without the need for ejaculation. Chlamydia can also spread from an untreated mother to her baby during childbirth, causing health problems in exposed infants. Any sexually active person can be infected with chlamydia, but men who have sex with men and young people are at an increased risk 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 Clay County, chlamydia incidence rates (rate of new infections) decreased from 2012 to 2021, while they increased in Florida. Clay County's rate decreased by 5.6% during this period, compared to a 16% increase in that of Florida (Exhibit).

EXHIBIT 35: INCIDENCE OF CHLAMYDIA, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	383.1	360.3	358.7	331.3	424.0	381.9	413.9	466.1	346.5	362.6
Florida	407.4	418.3	424.6	455.6	468.3	486.6	500.0	523.6	458.5	475.2

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

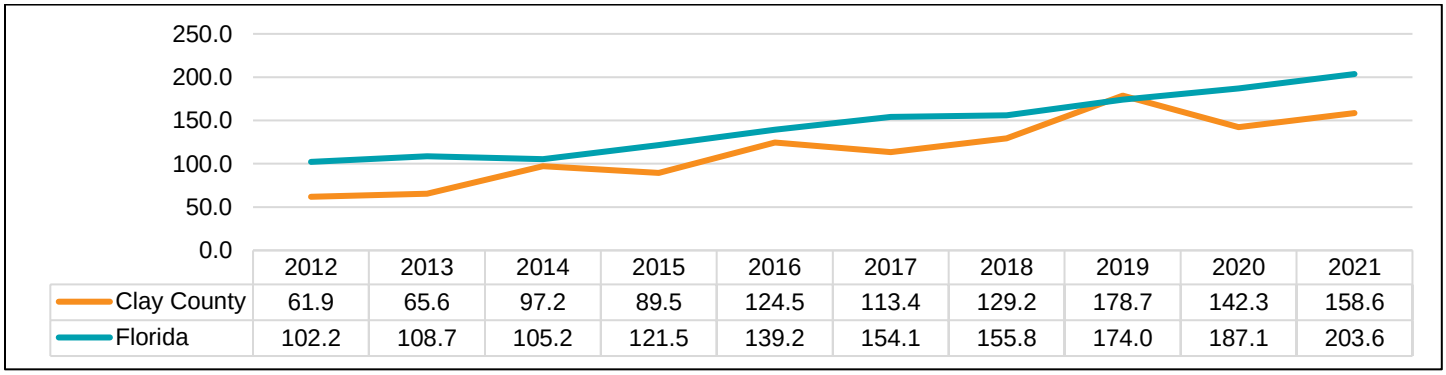
Gonorrhea

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 infections present with painful or difficult urination and/or white, yellow, or green discharge (CDC, 2023e).

From 2012 to 2021, Clay County's gonorrhea incidence rate (rate of new cases) increased by 156.2% while Florida's rate increased by 99.2% (Exhibit).

EXHIBIT 36: INCIDENCE OF GONORRHEA, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	61.9	65.6	97.2	89.5	124.5	113.4	129.2	178.7	142.3	158.6
Florida	102.2	108.7	105.2	121.5	139.2	154.1	155.8	174.0	187.1	203.6

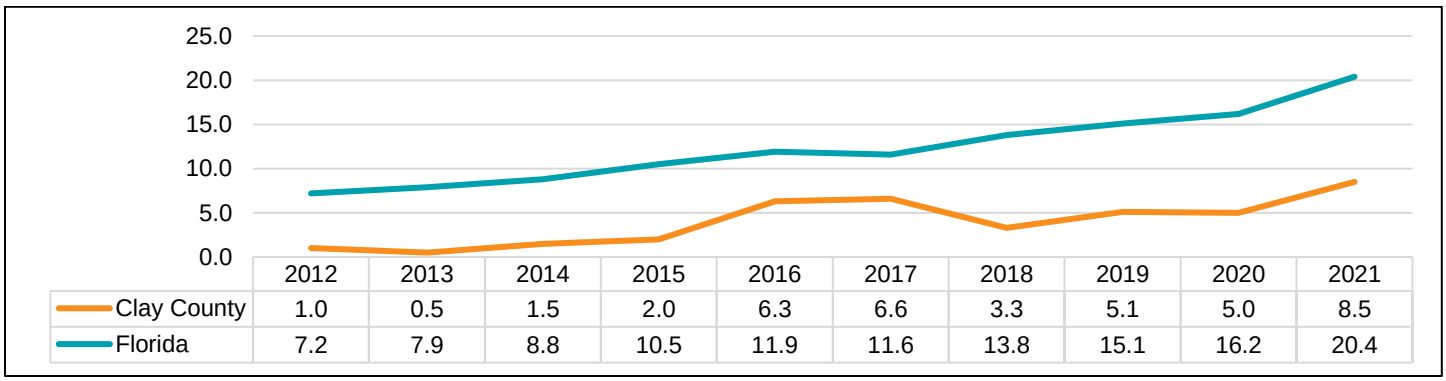
Source: Florida Department of Health, Bureau of Communicable Diseases, Cases of Gonorrhea

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 almost tripled from 2012 to 2021 for Florida while Clay County's rates increased 750% (Exhibit).

EXHIBIT 37: INCIDENCE OF INFECTIOUS SYPHILIS, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	1.0	0.5	1.5	2.0	6.3	6.6	3.3	5.1	5.0	8.5
Florida	7.2	7.9	8.8	10.5	11.9	11.6	13.8	15.1	16.2	20.4

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. When opportunistic infections and cancers take advantage of this state of decreased immunity, the infected person has AIDS (CDC, 2022b).

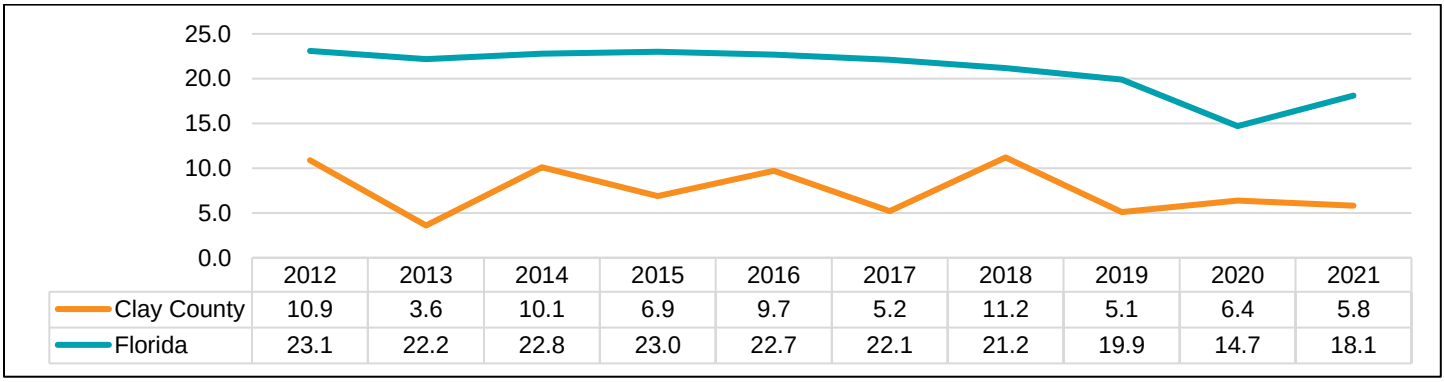
There are three stages of HIV infection. Stage 1, acute infection, occurs within two to four weeks of infection. People with acute HIV infection are very contagious. Stage 2 is a period of HIV inactivity.

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 3 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 come into contact with a mucous membrane or damaged tissue or when they are directly introduced 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 2012 to 2021 in both Clay County and Florida. During this period, HIV rates decreased by 46.8% in Clay County and 21.6% in Florida (Exhibit). AIDS rates decreased by 34.0% in Clay County and 43.6% in Florida (Exhibit).

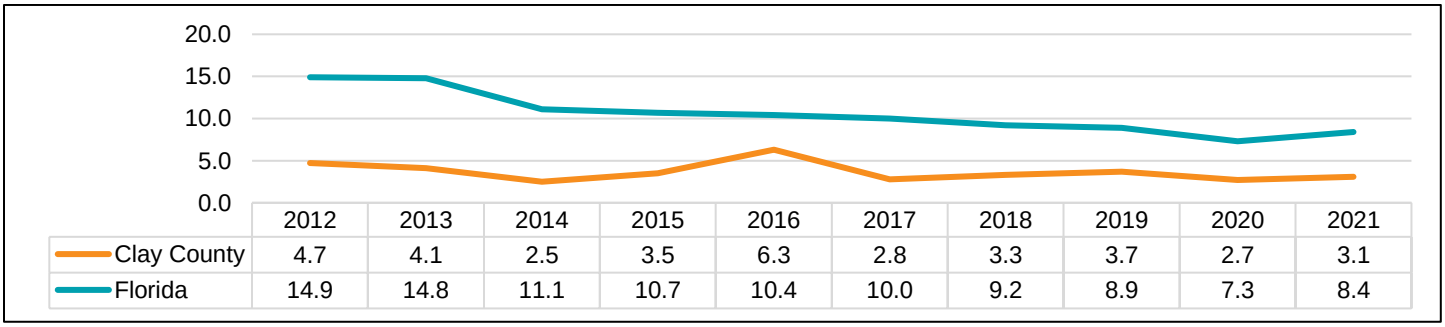
EXHIBIT 38: INCIDENCE OF HIV, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	10.9	3.6	10.1	6.9	9.7	5.2	11.2	5.1	6.4	5.8
Florida	23.1	22.2	22.8	23.0	22.7	22.1	21.2	19.9	14.7	18.1

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

EXHIBIT 39: INCIDENCE OF AIDS, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

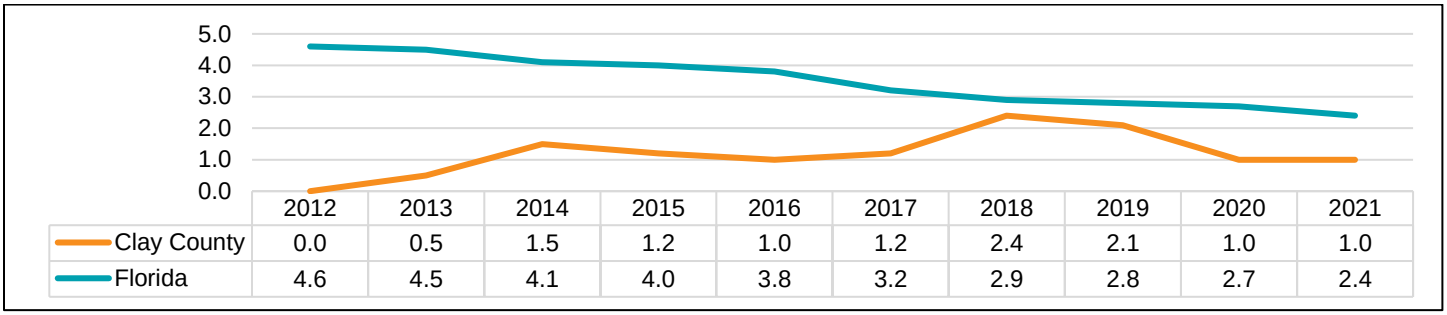


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	4.7	4.1	2.5	3.5	6.3	2.8	3.3	3.7	2.7	3.1
Florida	14.9	14.8	11.1	10.7	10.4	10.0	9.2	8.9	7.3	8.4

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

The HIV/AIDS mortality rate increased in Clay County and decreased in Florida during the same period (Exhibit).

EXHIBIT 40: HIV/AIDS MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	0.0	0.5	1.5	1.2	1.0	1.2	2.4	2.1	1.0	1.0
Florida	4.6	4.5	4.1	4.0	3.8	3.2	2.9	2.8	2.7	2.4

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

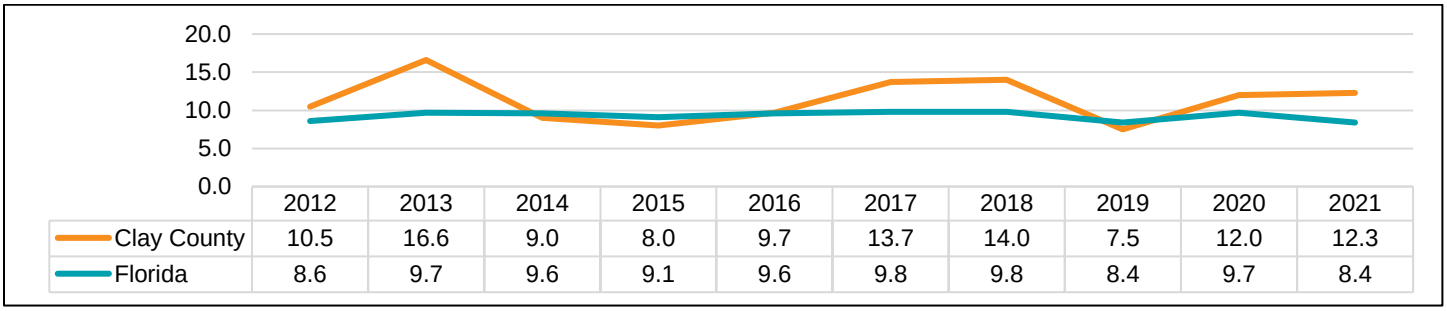
Influenza and Pneumonia

Influenza, or the flu, is a contagious respiratory illness caused by the 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 several causes of pneumonia can be prevented through vaccinations, such as whooping cough, chickenpox, and influenza, pneumonia is the leading infectious cause of death for children under 5 years of age worldwide (CDC, 2022g).

In Clay County, the influenza and pneumonia mortality rate increased by 17.1% from 2012 to 2021. Florida's rate decreased by 2.3% during the same period (Exhibit).

EXHIBIT 41: INFLUENZA AND PNEUMONIA MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



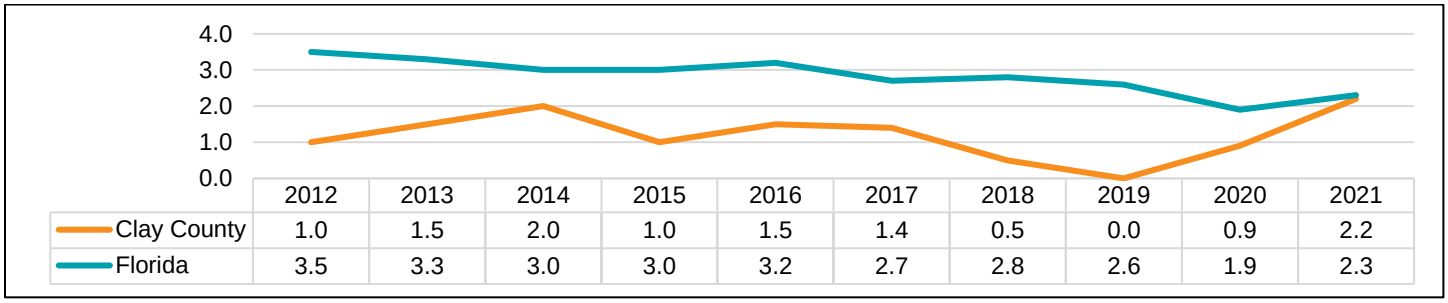
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	10.5	16.6	9.0	8.0	9.7	13.7	14.0	7.5	12.0	12.3
Florida	8.6	9.7	9.6	9.1	9.6	9.8	9.8	8.4	9.7	8.4

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 infections, people infected with TB bacteria in the last 2 years, babies and young children, people who inject illegal drugs, people who have other diseases that weaken their immune system, elderly people, and people who were not treated correctly for TB in the past (CDC, 2016a). The incidence of tuberculosis doubled in Clay County and decreased by 34.3% in Florida from 2012 to 2021 (Exhibit).

EXHIBIT 42: INCIDENCE OF TUBERCULOSIS, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	1.0	1.5	2.0	1.0	1.5	1.4	0.5	0.0	0.9	2.2
Florida	3.5	3.3	3.0	3.0	3.2	2.7	2.8	2.6	1.9	2.3

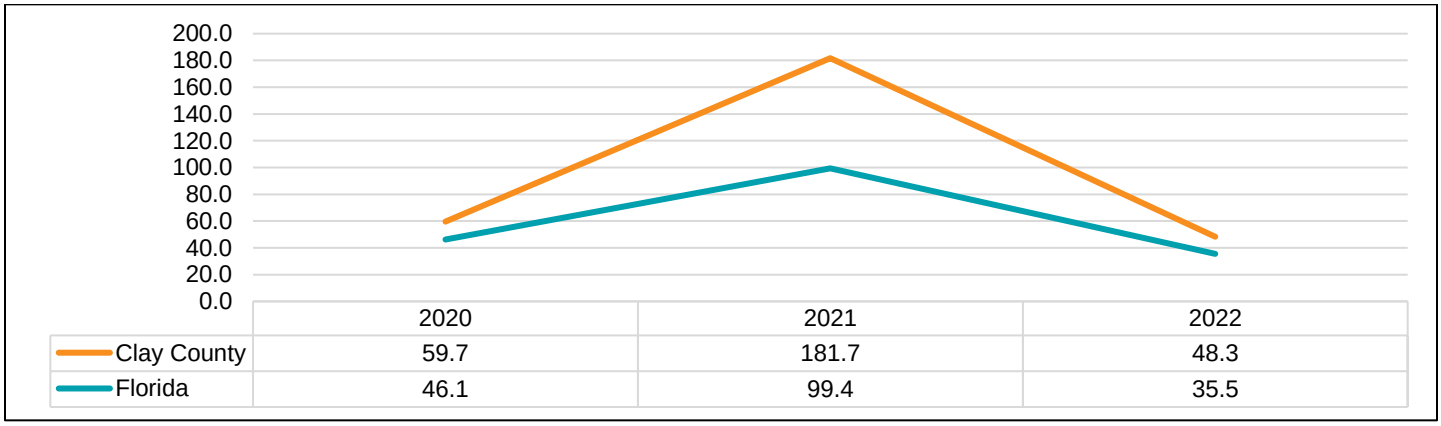
Source: Florida Department of Health, Division of Disease Control and Health Protection, Cases of Tuberculosis

COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. It is very contagious and spreads quickly. Over one million people have died from COVID-19 in the U.S. since the pandemic began in 2020 (CDC, 2020a). COVID-19 typically induces respiratory symptoms that can resemble those of a common cold, influenza, or pneumonia. However, it's important to note that COVID-19 can impact not only the lungs and respiratory system but also other parts of the body. While many individuals experience mild symptoms, there is a subset of people who may develop severe illnesses as a result of the disease (CDC, 2020a).

Clay County and Florida both experienced more deaths from COVID-19 in 2021 compared to 2020 and 2022 (Exhibit).

EXHIBIT 43: COVID-19 MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2020-2022



	2020	2021	2022
Clay County	59.7	181.7	48.3
Florida	46.1	99.4	35.5

Source: Florida Health Charts, Deaths from Covid-19

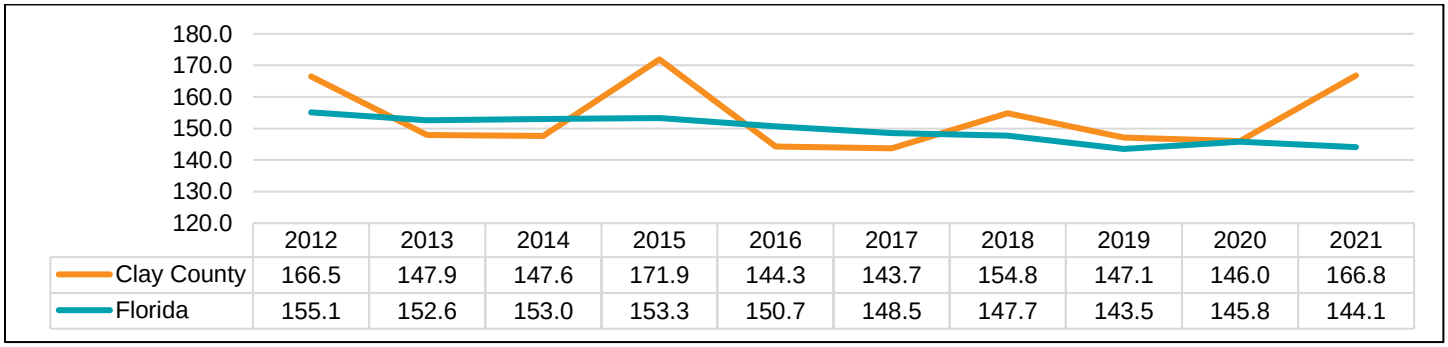
Chronic Diseases

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 pose risks (CDC, 2022h).

From 2012 to 2021, the mortality rate from heart disease in Clay County has stayed about the same with some increases and decreases. The biggest spike of deaths occurred in 2015. In contrast, Florida's mortality rate has steadily decreased by 7.1% from 2012 to 2021 (Exhibit).

EXHIBIT 44: HEART DISEASE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

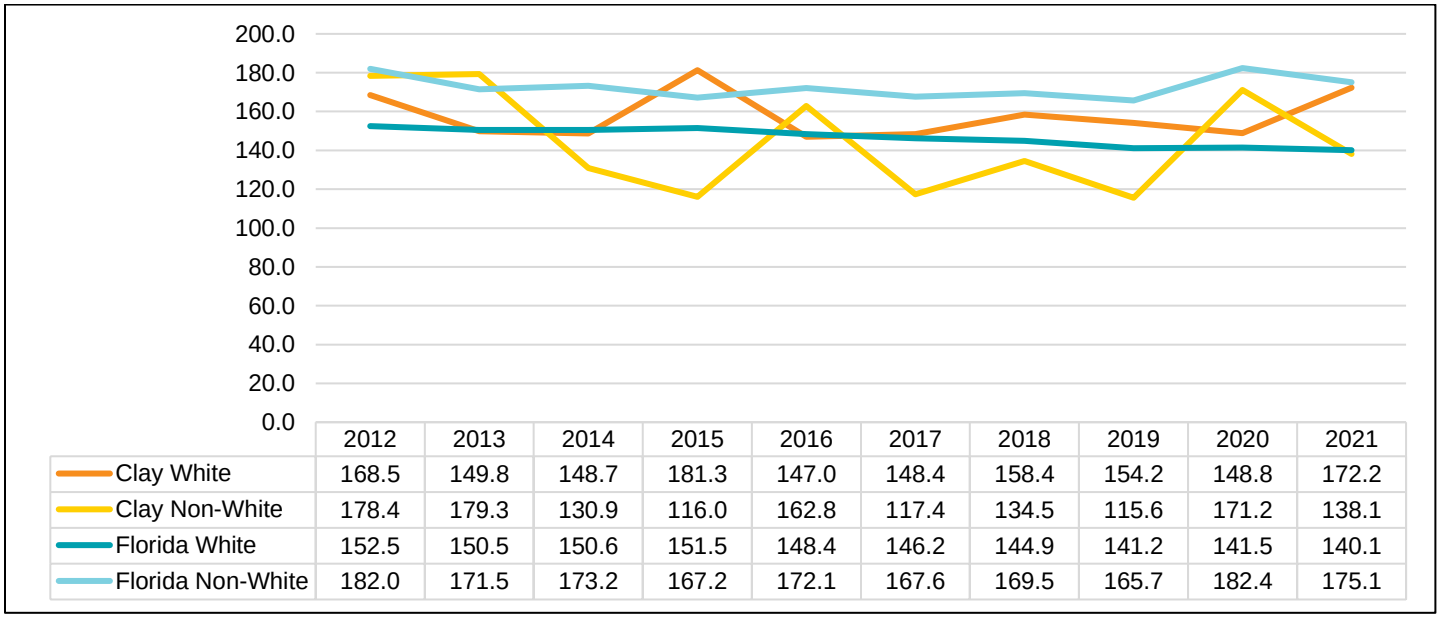


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	166.5	147.9	147.6	171.9	144.3	143.7	154.8	147.1	146.0	166.8
Florida	155.1	152.6	153.0	153.3	150.7	148.5	147.7	143.5	145.8	144.1

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

Clay County's non-White residents have had a lower heart disease mortality rate than White residents for most of the last decade, and the mortality rate for non-White residents fell by 22.6% from 2012 to 2021. The mortality rate among Clay County's White residents increased by 2.2% during the same time (Exhibit).

EXHIBIT 45: HEART DISEASE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	168.5	149.8	148.7	181.3	147.0	148.4	158.4	154.2	148.8	172.2
Clay Non-White	178.4	179.3	130.9	116.0	162.8	117.4	134.5	115.6	171.2	138.1
Florida White	152.5	150.5	150.6	151.5	148.4	146.2	144.9	141.2	141.5	140.1
Florida Non-White	182.0	171.5	173.2	167.2	172.1	167.6	169.5	165.7	182.4	175.1

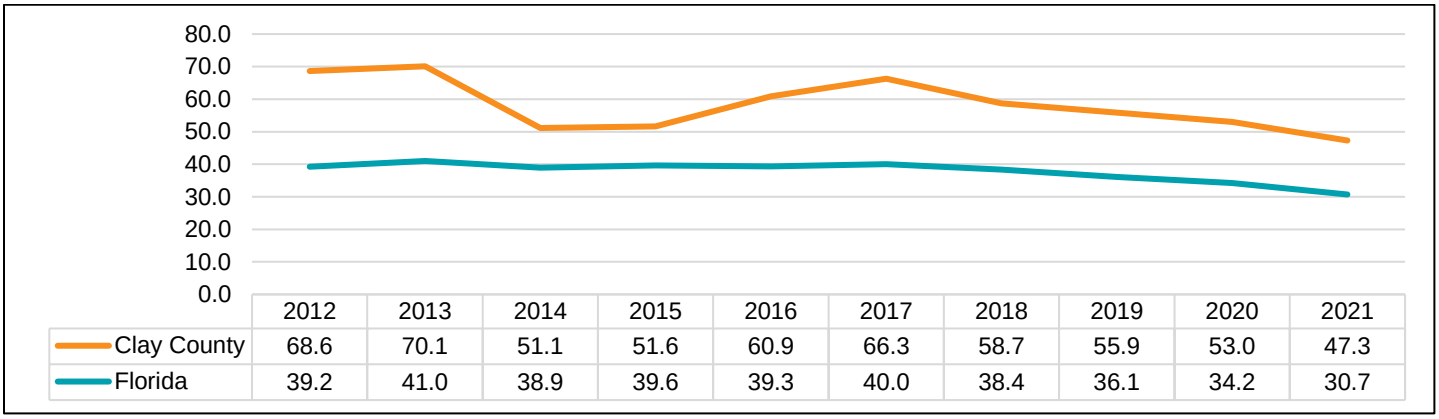
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD), a disease of the airways and other structures of the lungs 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 sixth leading cause of death in Florida and Clay County (Exhibit 34).

Clay County had a higher CLRD mortality rate than Florida over the last decade. The county's CLRD mortality rate decreased by 31.0%, while Florida's mortality rate decreased by 21.7% from 2012 to 2021 (Exhibit).

EXHIBIT 46: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

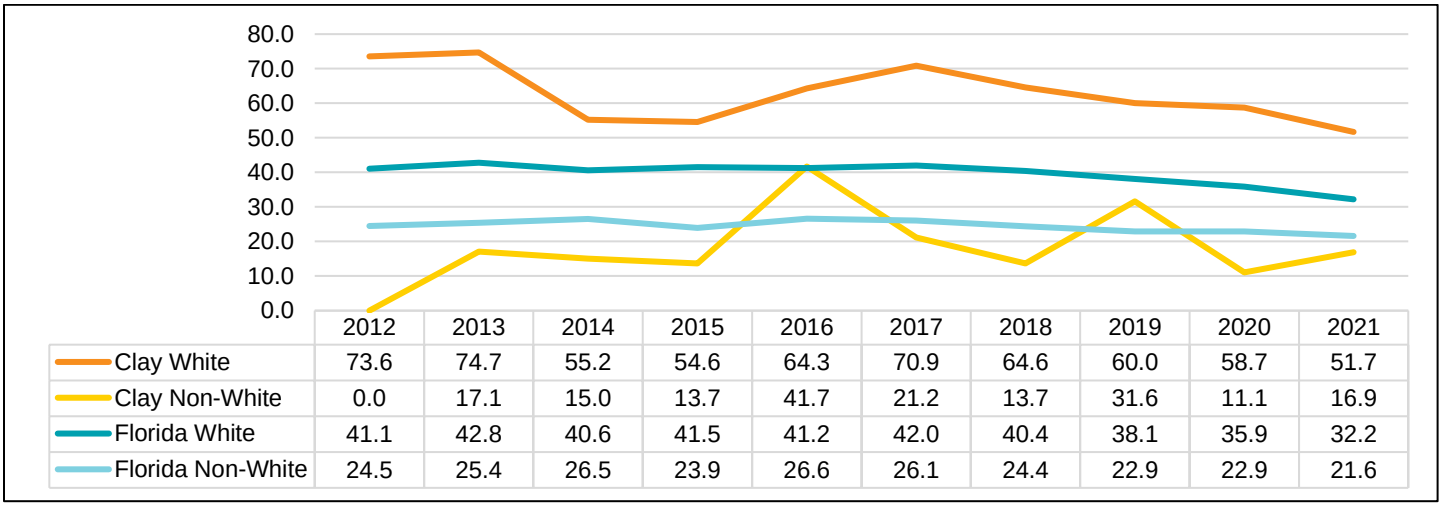


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	68.6	70.1	51.1	51.6	60.9	66.3	58.7	55.9	53.0	47.3
Florida	39.2	41.0	38.9	39.6	39.3	40.0	38.4	36.1	34.2	30.7

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

The CLRD mortality rate among Clay County's non-White residents was lower than among White residents from 2012 to 2021. The mortality rate for White Clay County residents has consistently been above the state average for White and non-White populations over the past decade and decreased by 29.8% during this period (Exhibit).

EXHIBIT 47: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	73.6	74.7	55.2	54.6	64.3	70.9	64.6	60.0	58.7	51.7
Clay Non-White	0.0	17.1	15.0	13.7	41.7	21.2	13.7	31.6	11.1	16.9
Florida White	41.1	42.8	40.6	41.5	41.2	42.0	40.4	38.1	35.9	32.2
Florida Non-White	24.5	25.4	26.5	23.9	26.6	26.1	24.4	22.9	22.9	21.6

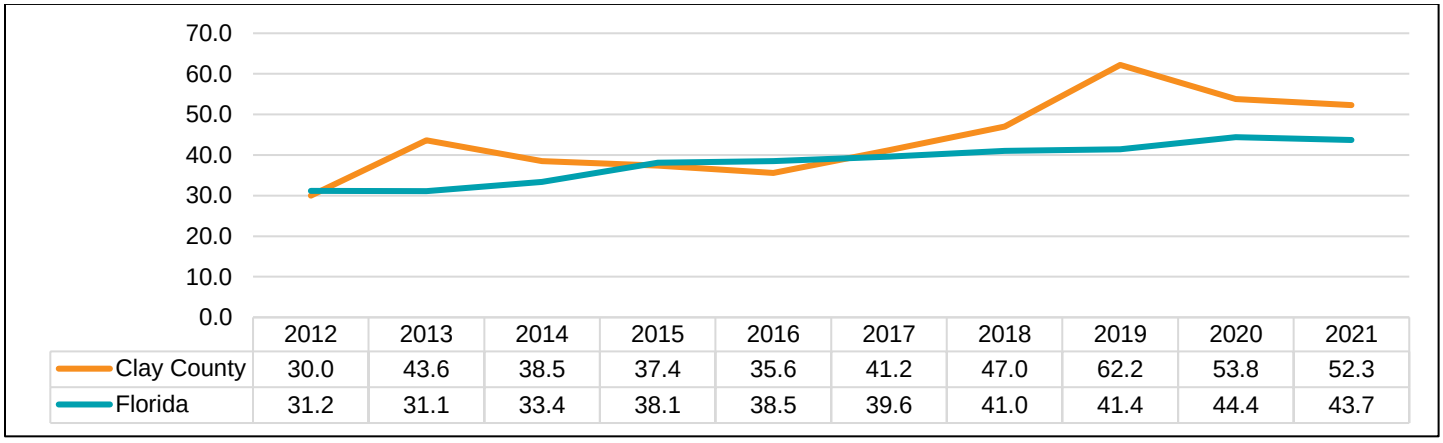
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Lower Respiratory Disease

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).

Clay County's stroke mortality rate rose by 74.3% from 2012 to 2021. Florida's stroke mortality rate also increased from 2012 to 2021 by 40.1% (Exhibit).

EXHIBIT 48: STROKE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

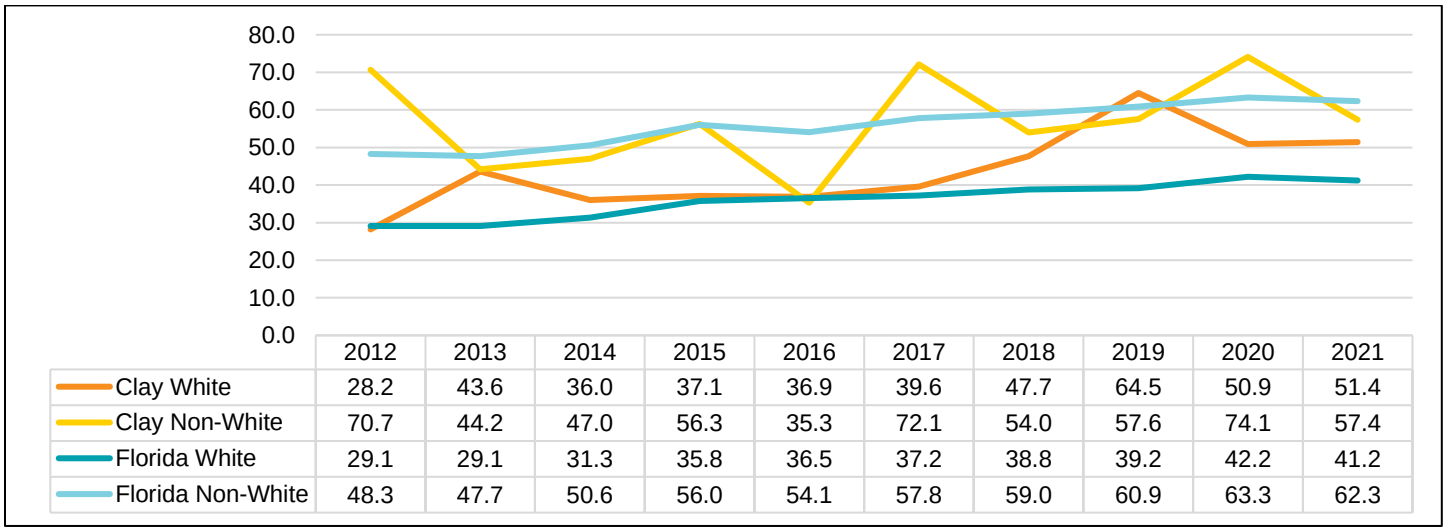


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	30.0	43.6	38.5	37.4	35.6	41.2	47.0	62.2	53.8	52.3
Florida	31.2	31.1	33.4	38.1	38.5	39.6	41.0	41.4	44.4	43.7

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

The stroke mortality rate for White Clay County residents increased by 82.3% from 2012 to 2021. The mortality rate for non-White residents decreased by 18.8% during the same period (Exhibit).

EXHIBIT 49: STROKE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	28.2	43.6	36.0	37.1	36.9	39.6	47.7	64.5	50.9	51.4
Clay Non-White	70.7	44.2	47.0	56.3	35.3	72.1	54.0	57.6	74.1	57.4
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

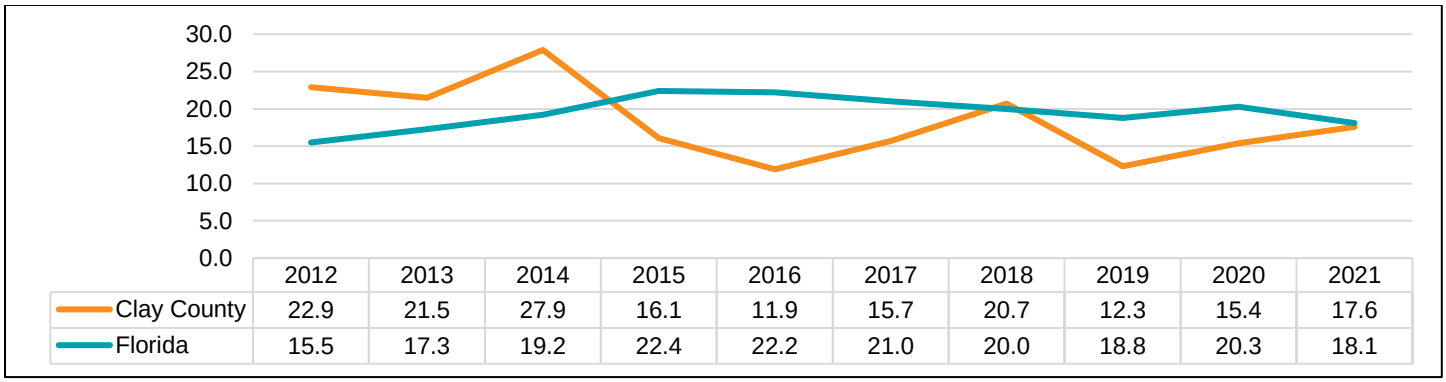
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia. While the cause of Alzheimer's is not clear, common signs of the disease 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 known 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 Clay County decreased by 23.1% from 2012 to 2021. In comparison, Florida's rate increased 16.8% during the same period (Exhibit).

EXHIBIT 50: ALZHEIMER'S DISEASE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

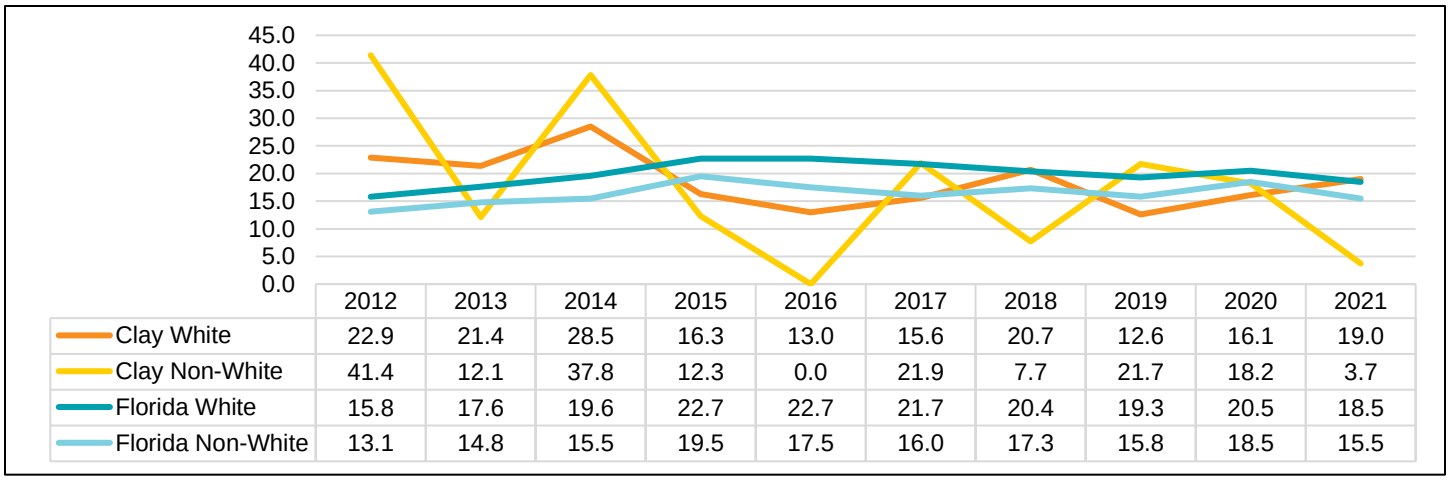


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	22.9	21.5	27.9	16.1	11.9	15.7	20.7	12.3	15.4	17.6
Florida	15.5	17.3	19.2	22.4	22.2	21.0	20.0	18.8	20.3	18.1

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

The mortality rate for non-White Clay County residents fluctuated from 2012 to 2021, with an overall decrease by 91.1%. From 2012 to 2021, the mortality rate for White Clay County residents decreased by 17.0%. The mortality rate for White Clay County residents was slightly higher than in Florida in 2021 (Exhibit).

EXHIBIT 51: ALZHEIMER'S DISEASE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	22.9	21.4	28.5	16.3	13.0	15.6	20.7	12.6	16.1	19.0
Clay Non-White	41.4	12.1	37.8	12.3	0.0	21.9	7.7	21.7	18.2	3.7
Florida White	15.8	17.6	19.6	22.7	22.7	21.7	20.4	19.3	20.5	18.5
Florida Non-White	13.1	14.8	15.5	19.5	17.5	16.0	17.3	15.8	18.5	15.5

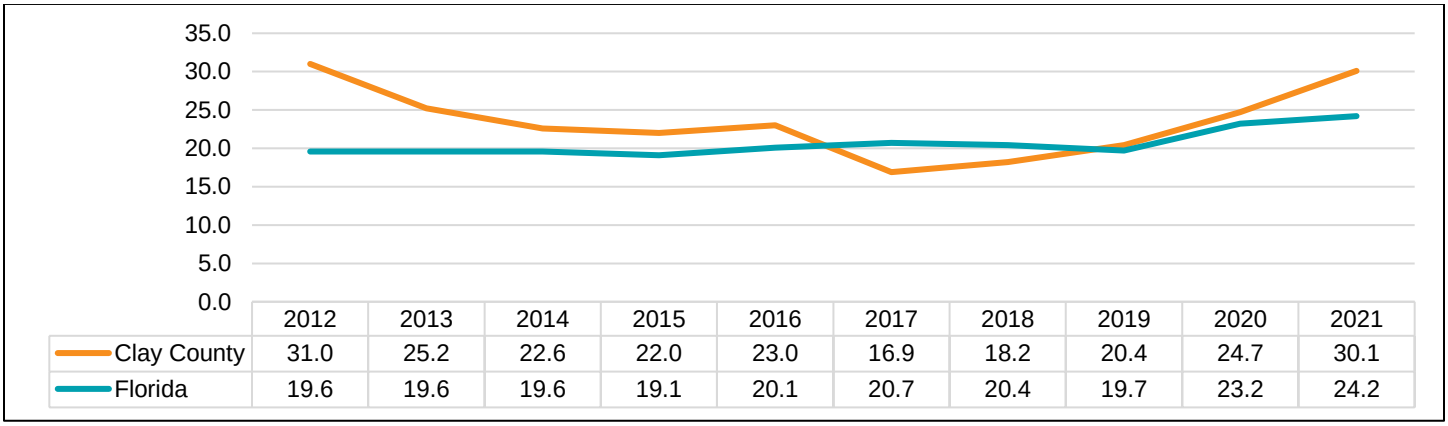
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Alzheimer's Disease

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, vison 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).

Clay County's diabetes mortality rate had a slight decrease from 2012 to 2021, seeing the lowest rate in 2017. Florida, in comparison, increased by 23.5% in the same time period (Exhibit).

EXHIBIT 52: DIABETES MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

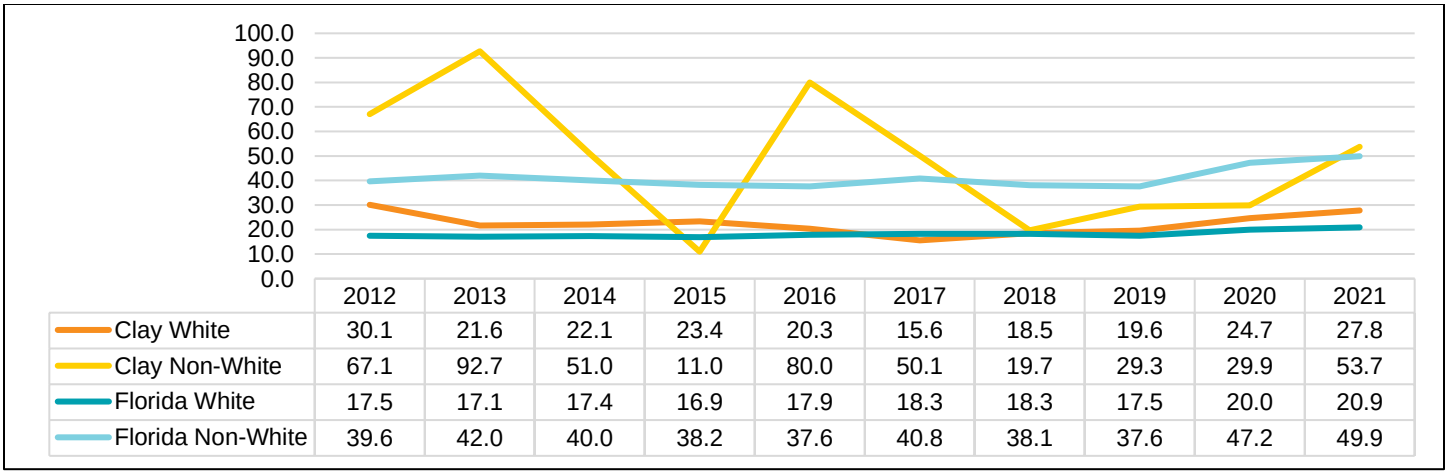


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	31.0	25.2	22.6	22.0	23.0	16.9	18.2	20.4	24.7	30.1
Florida	19.6	19.6	19.6	19.1	20.1	20.7	20.4	19.7	23.2	24.2

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

The White population's mortality rate in Clay County and Florida was below non-White rates from 2012 to 2021, with the exception of 2015. White Clay County residents' mortality rate decreased by 7.6% from 2012 to 2021. In comparison, non-White residents' mortality rate increased and decreased multiple times during the same time period, seeing the highest rates in 2013 and 2016 (Exhibit).

EXHIBIT 53: DIABETES MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	30.1	21.6	22.1	23.4	20.3	15.6	18.5	19.6	24.7	27.8
Clay Non-White	67.1	92.7	51.0	11.0	80.0	50.1	19.7	29.3	29.9	53.7
Florida White	17.5	17.1	17.4	16.9	17.9	18.3	18.3	17.5	20.0	20.9
Florida Non-White	39.6	42.0	40.0	38.2	37.6	40.8	38.1	37.6	47.2	49.9

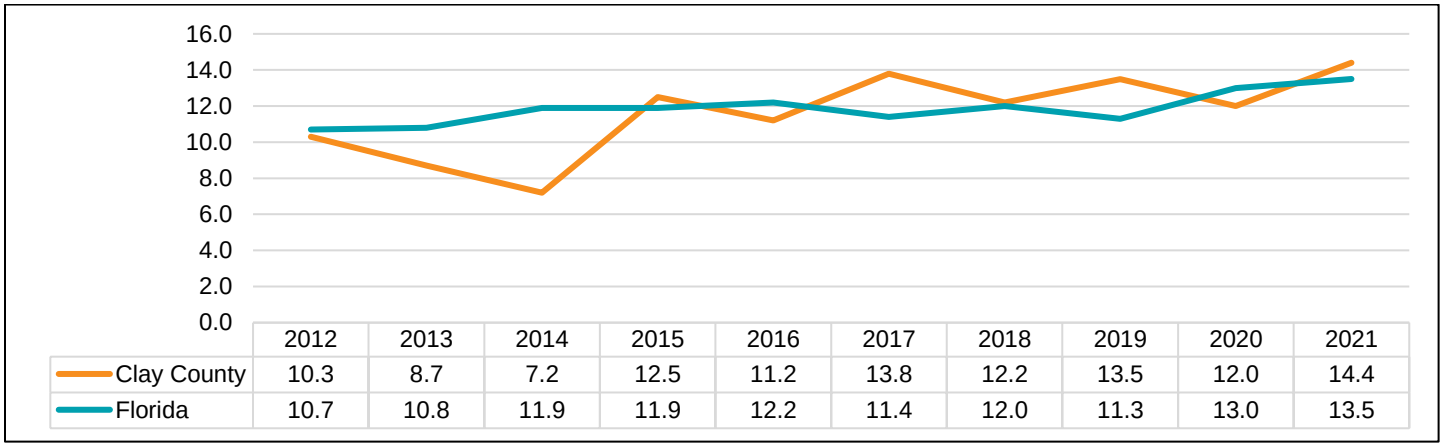
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes

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 Clay County increased by 39.8% from 2012 to 2021. Florida's mortality rate also increased from 2012 to 2021 by 26.2% (Exhibit).

EXHIBIT 54: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

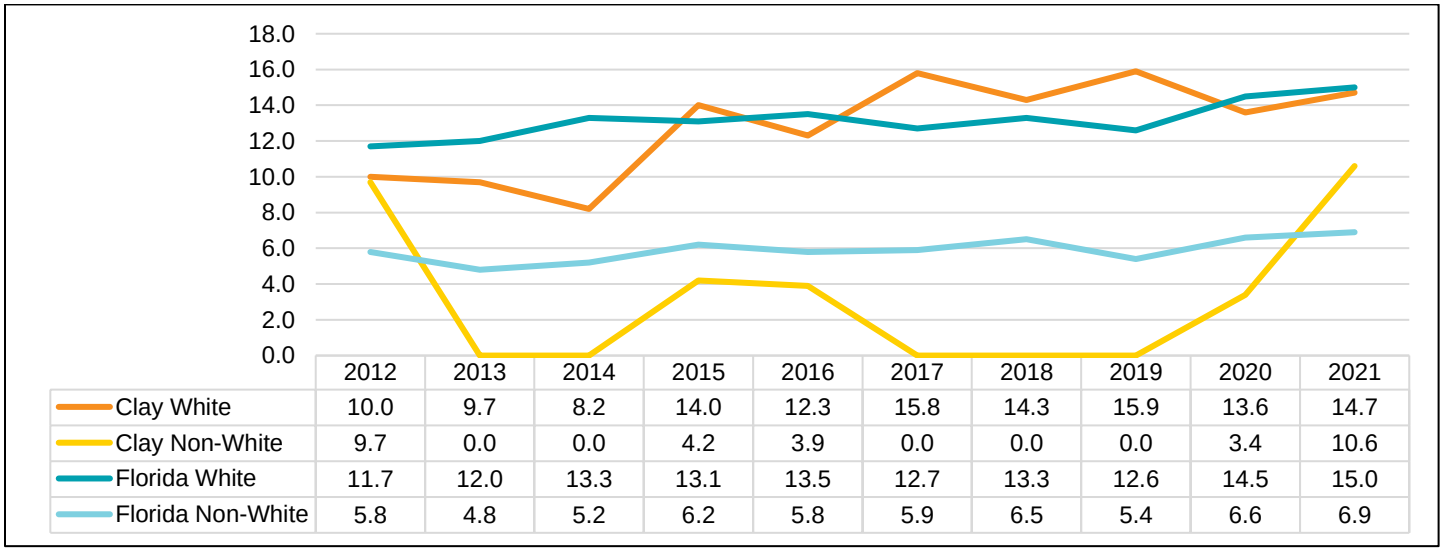


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	10.3	8.7	7.2	12.5	11.2	13.8	12.2	13.5	12.0	14.4
Florida	10.7	10.8	11.9	11.9	12.2	11.4	12.0	11.3	13.0	13.5

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

The non-White population's mortality rate in Clay County decreased from 2012 to 2013 and stayed low until increasing from 2019 to 2021. Death counts were in the single digits, which explains the erratic variation. The White population's mortality rate increased by 55.8% from 2012 to 2021. The non-White population's mortality rate for both Clay County and Florida fell below that of the White populations from 2012 to 2021 (Exhibit).

EXHIBIT 55: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	10.0	9.7	8.2	14.0	12.3	15.8	14.3	15.9	13.6	14.7
Clay Non-White	9.7	0.0	0.0	4.2	3.9	0.0	0.0	0.0	3.4	10.6
Florida White	11.7	12.0	13.3	13.1	13.5	12.7	13.3	12.6	14.5	15.0
Florida Non-White	5.8	4.8	5.2	6.2	5.8	5.9	6.5	5.4	6.6	6.9

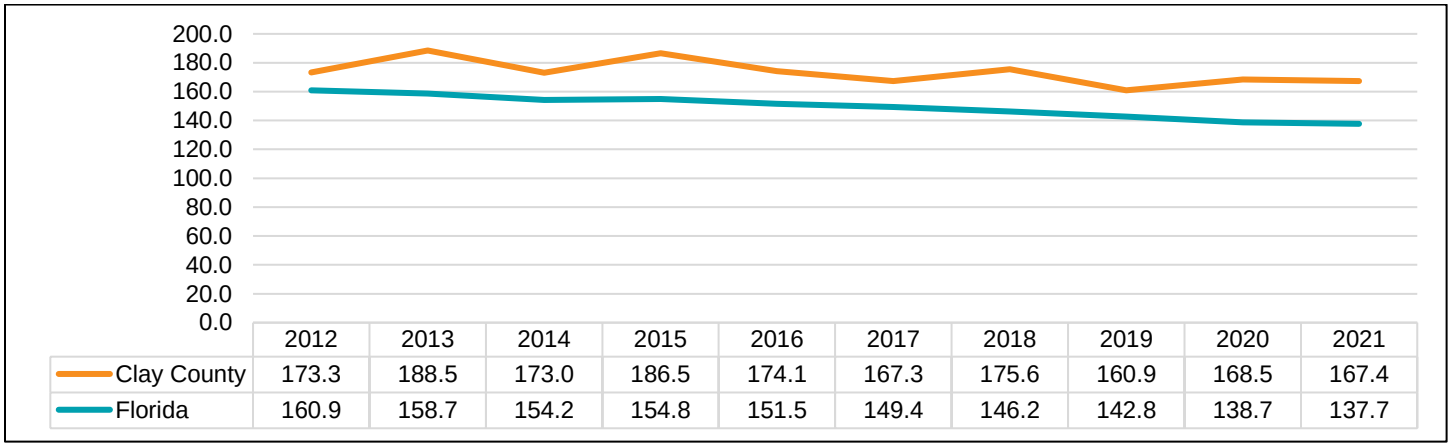
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis

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 second leading cause of death in both Clay County and Florida in 2021 (Exhibit 34).

The cancer mortality rate has been on the decline for both Clay County and Florida from 2012 to 2021. During this time, Clay County's rate decreased by 3.4% compared to 14.4% for Florida (Exhibit).

EXHIBIT 56: CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

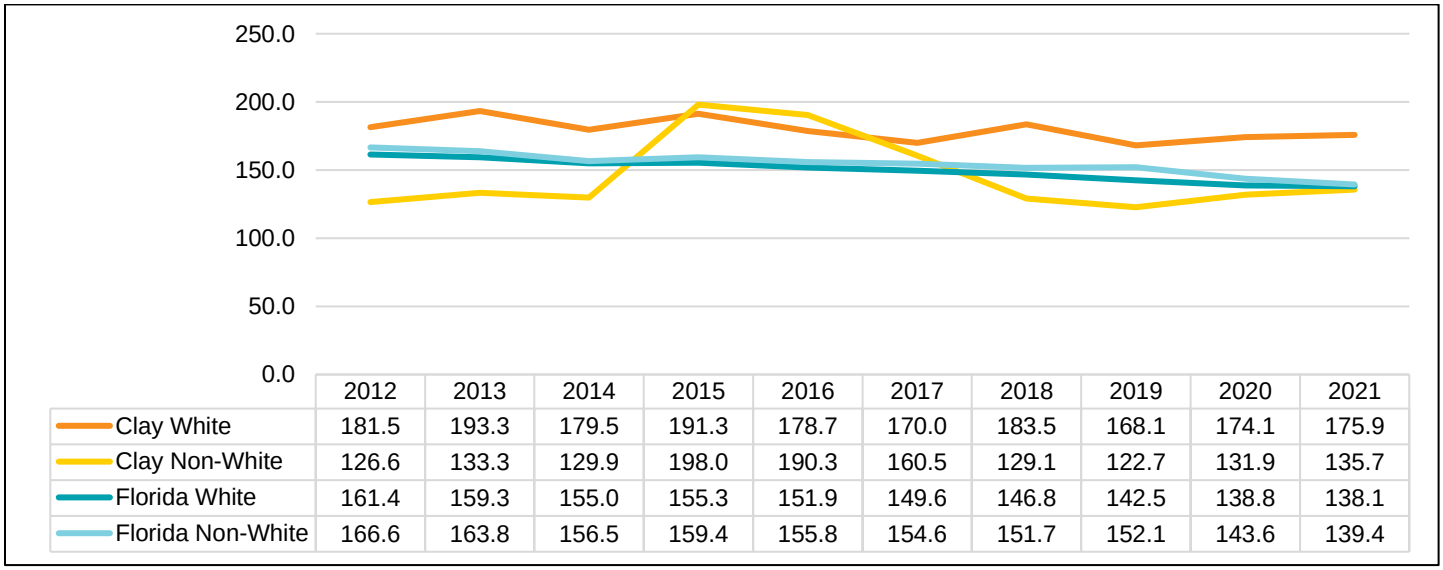


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	173.3	188.5	173.0	186.5	174.1	167.3	175.6	160.9	168.5	167.4
Florida	160.9	158.7	154.2	154.8	151.5	149.4	146.2	142.8	138.7	137.7

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

The mortality rate for Clay County's White population was higher than the mortality rate for non-White Clay residents, White Florida residents, and non-White Florida residents, except in 2015 and 2016. However, the mortality rate for Clay's White population decreased by 3.1% from 2012 to 2021. The county's non-White population's rate was mostly lower than the rates for other groups but experienced an increase of 7.2% from 2012 to 2021 (Exhibit).

EXHIBIT 57: CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	181.5	193.3	179.5	191.3	178.7	170.0	183.5	168.1	174.1	175.9
Clay Non-White	126.6	133.3	129.9	198.0	190.3	160.5	129.1	122.7	131.9	135.7
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

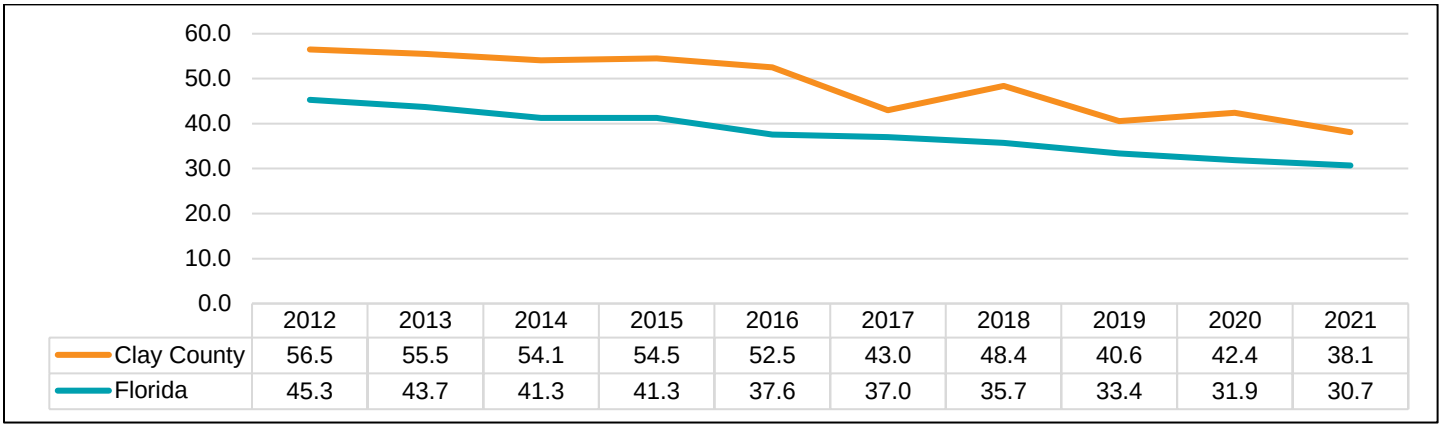
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer

Lung Cancer

Lung cancer is the leading cause of cancer deaths in the United States, 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 Clay County and Florida from 2012 to 2021. Clay County's rate decreased by 32.6% compared to 32.2% for Florida. However, Clay County's lung cancer mortality rate remains above the state average (Exhibit).

EXHIBIT 58: LUNG CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

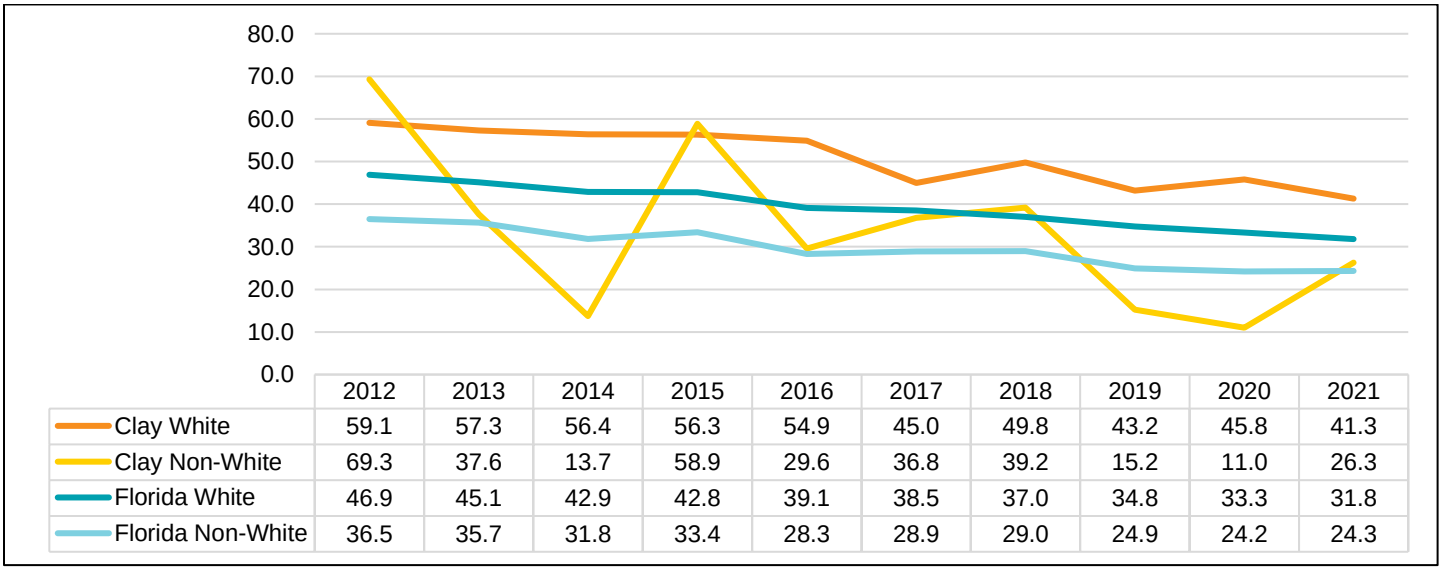


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	56.5	55.5	54.1	54.5	52.5	43.0	48.4	40.6	42.4	38.1
Florida	45.3	43.7	41.3	41.3	37.6	37.0	35.7	33.4	31.9	30.7

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

White Floridians and Clay County residents have a higher lung cancer mortality rate than non-White populations. Despite decreasing by 30.1% from 2012 to 2021, the mortality rate for Clay County's White population was higher than the state average over the past decade. There was a 62.0% decrease in lung cancer mortality among Clay's non-White population during this time (Exhibit).

EXHIBIT 59: LUNG CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	59.1	57.3	56.4	56.3	54.9	45.0	49.8	43.2	45.8	41.3
Clay Non-White	69.3	37.6	13.7	58.9	29.6	36.8	39.2	15.2	11.0	26.3
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

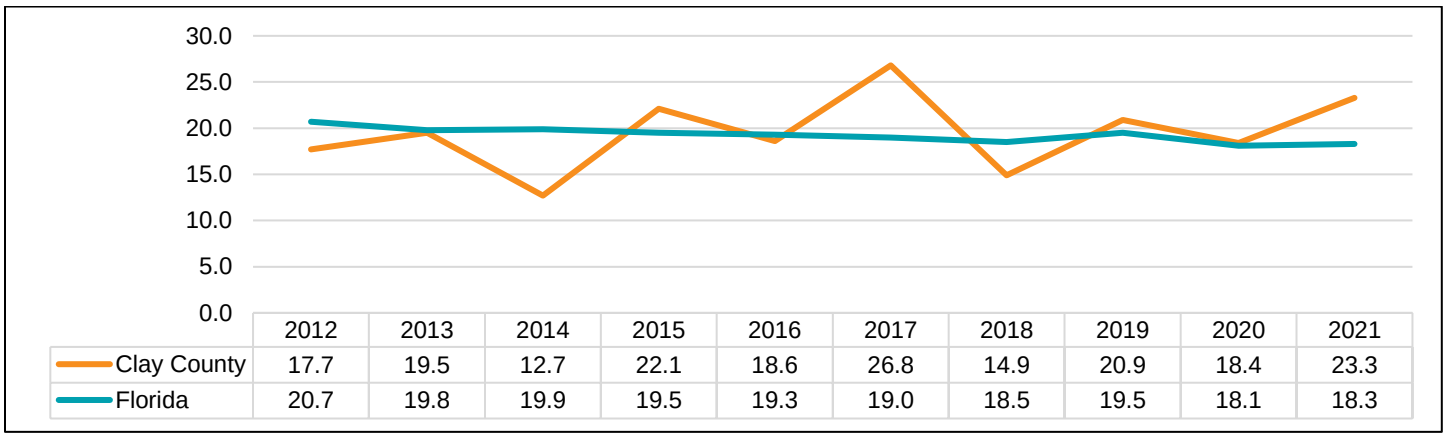
Female Breast Cancer

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 deaths from breast cancer than White women. Breast cancer is due to a combination of risk factors, with the main factors being gender and aging.

Receiving regular breast cancer screenings, called mammograms, can help find breast cancer at an early stage which can lead to a better outcome from treatment (CDC, 2022f).

Female breast cancer mortality rates in Clay County have increased by 31.6% from 2012 to 2021. In contrast, Florida mortality rates have slightly decreased by 11.6% during the same time period (Exhibit).

EXHIBIT 60: FEMALE BREAST CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

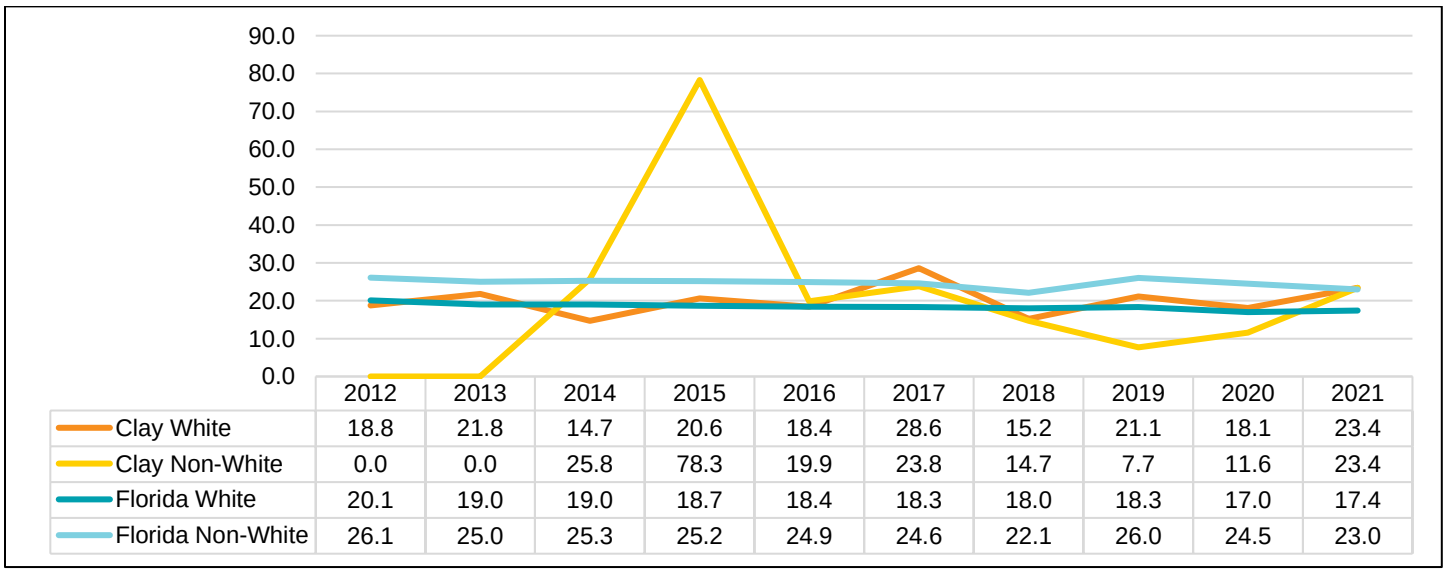


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	17.7	19.5	12.7	22.1	18.6	26.8	14.9	20.9	18.4	23.3
Florida	20.7	19.8	19.9	19.5	19.3	19.0	18.5	19.5	18.1	18.3

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

The breast cancer mortality rate has fluctuated significantly for both Clay County's White and non-White populations over the past decade. The non-White population had an increase from 2013 to 2015, before decreasing in 2018. Death counts for breast cancer are relatively small, explaining some of the variation. Mortality among Florida's White and non-White populations slowly decreased from 2012 to 2021 (Exhibit).

EXHIBIT 61: FEMALE BREAST CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	18.8	21.8	14.7	20.6	18.4	28.6	15.2	21.1	18.1	23.4
Clay Non-White	0.0	0.0	25.8	78.3	19.9	23.8	14.7	7.7	11.6	23.4
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

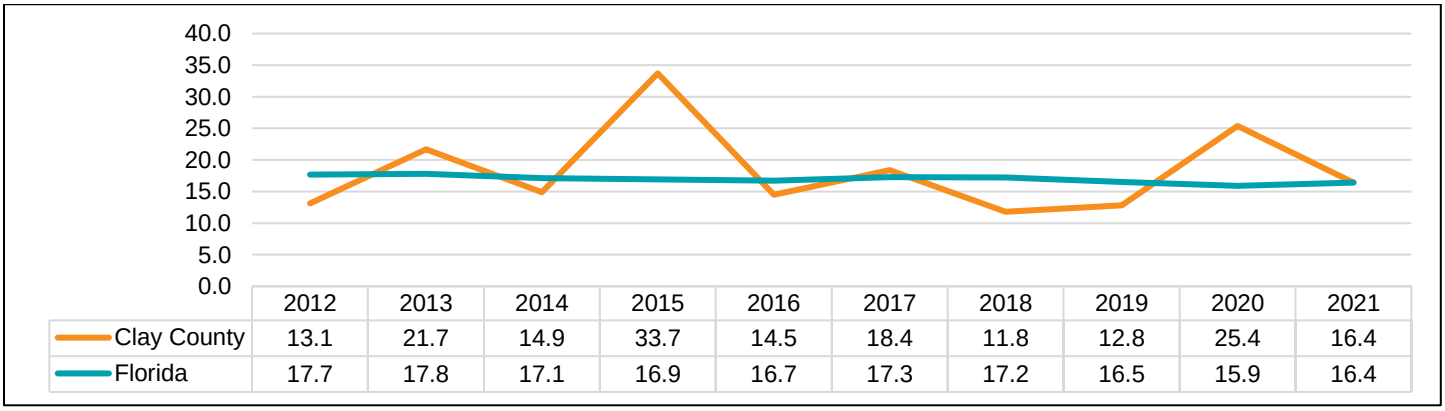
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer

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 Clay County has fluctuated from 2012 to 2021. The Florida rate had a 7.3% decrease during the same time period (Exhibit).

EXHIBIT 62: PROSTATE CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

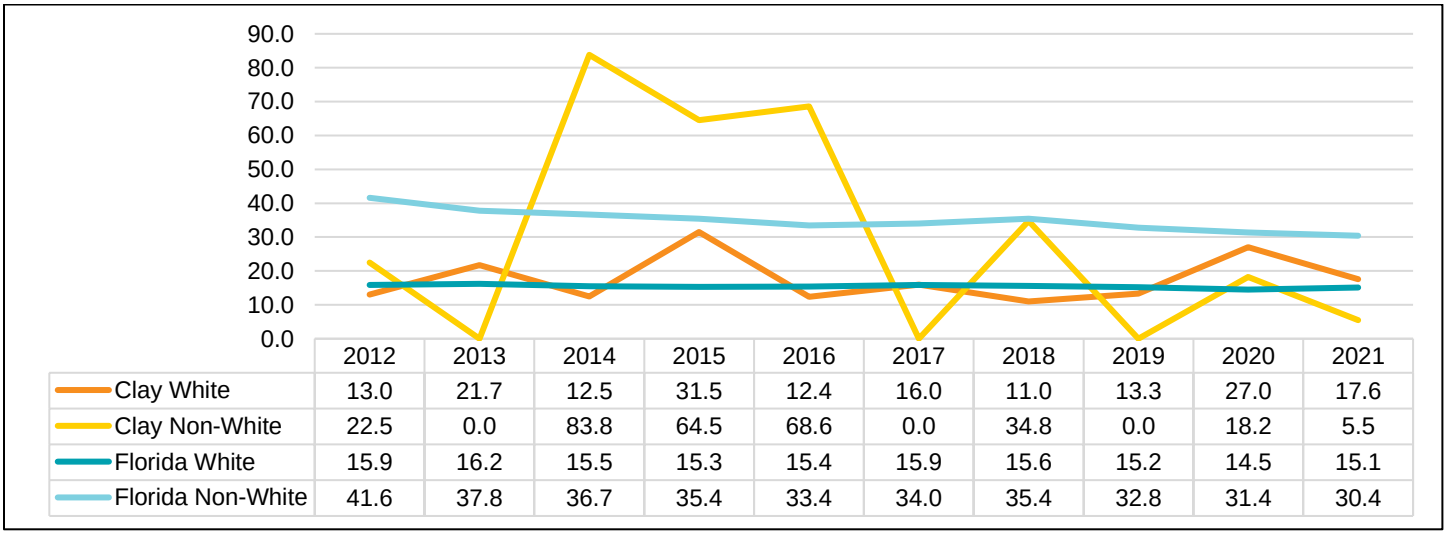


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	13.1	21.7	14.9	33.7	14.5	18.4	11.8	12.8	25.4	16.4
Florida	17.7	17.8	17.1	16.9	16.7	17.3	17.2	16.5	15.9	16.4

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

The non-White Clay County population's mortality rate has fluctuated significantly over the past decade. The mortality rate for Clay's White population has also fluctuated over the past decade and had an overall increase by 35.4% (Exhibit).

EXHIBIT 63: PROSTATE CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	13.0	21.7	12.5	31.5	12.4	16.0	11.0	13.3	27.0	17.6
Clay Non-White	22.5	0.0	83.8	64.5	68.6	0.0	34.8	0.0	18.2	5.5
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

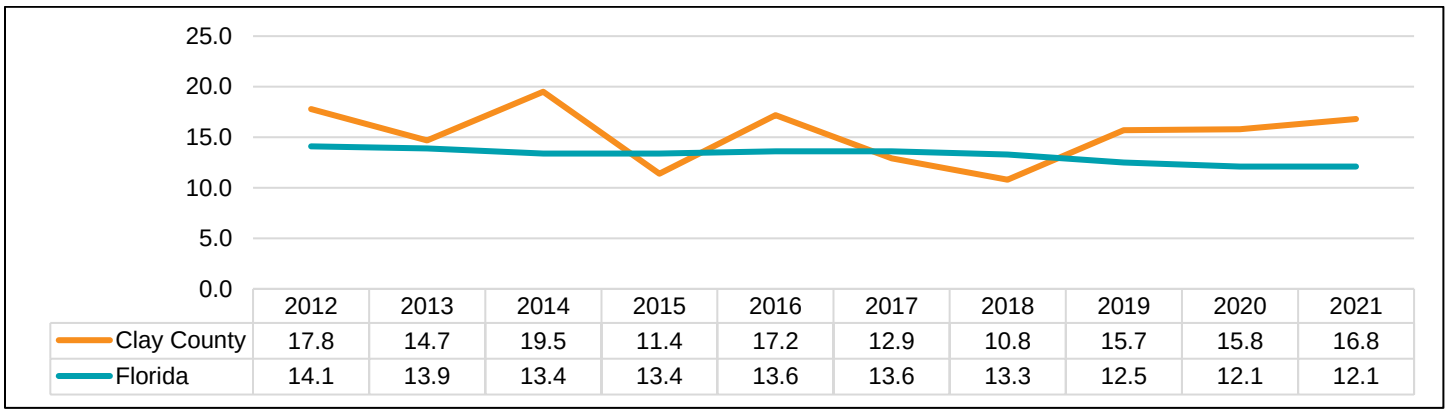
Colorectal Cancer

Colorectal cancer is cancer of the colon or rectum and is a leading cause of cancer death in the U.S. Risk increases as a person ages, 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).

Clay County's colorectal cancer mortality rate fluctuated from 2012 to 2021 but had an overall decrease of 5.6%. During the same period, Florida's rate decreased by 14.2% (Exhibit).

EXHIBIT 64: COLORECTAL CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

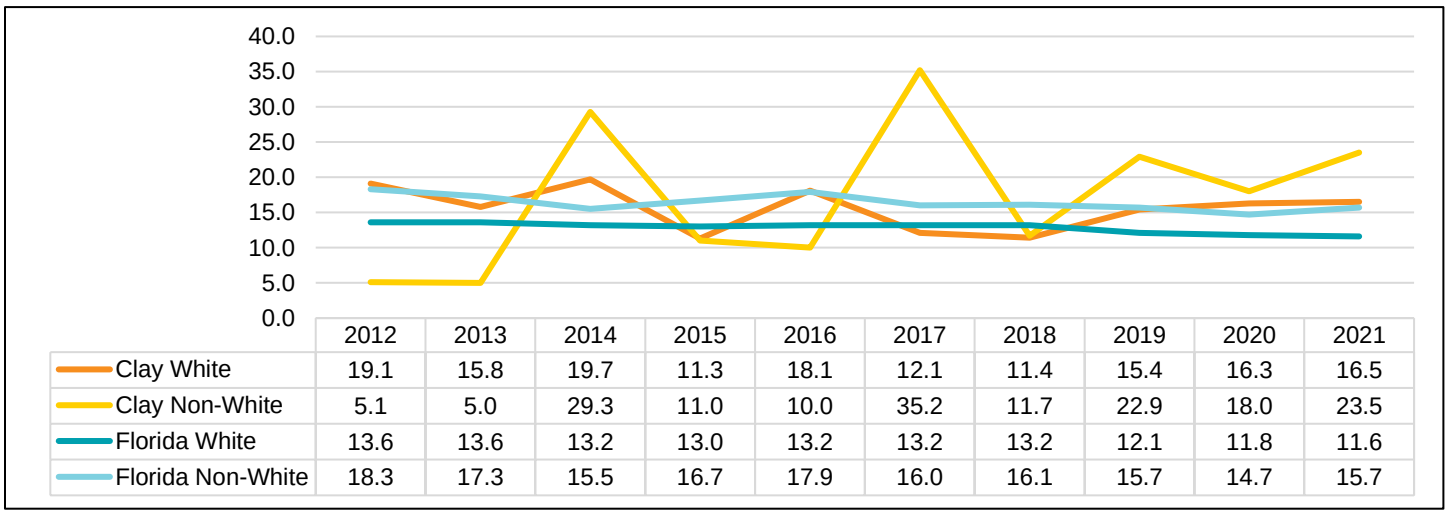


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	17.8	14.7	19.5	11.4	17.2	12.9	10.8	15.7	15.8	16.8
Florida	14.1	13.9	13.4	13.4	13.6	13.6	13.3	12.5	12.1	12.1

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

The Clay County White population's mortality rate decreased by 13.6% from 2012 to 2021 compared to the 361% increase for the non-White population during the same period (Exhibit). Non-White Clay County residents may show more significant variations due to single-digit counts.

EXHIBIT 65: COLORECTAL CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	19.1	15.8	19.7	11.3	18.1	12.1	11.4	15.4	16.3	16.5
Clay Non-White	5.1	5.0	29.3	11.0	10.0	35.2	11.7	22.9	18.0	23.5
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

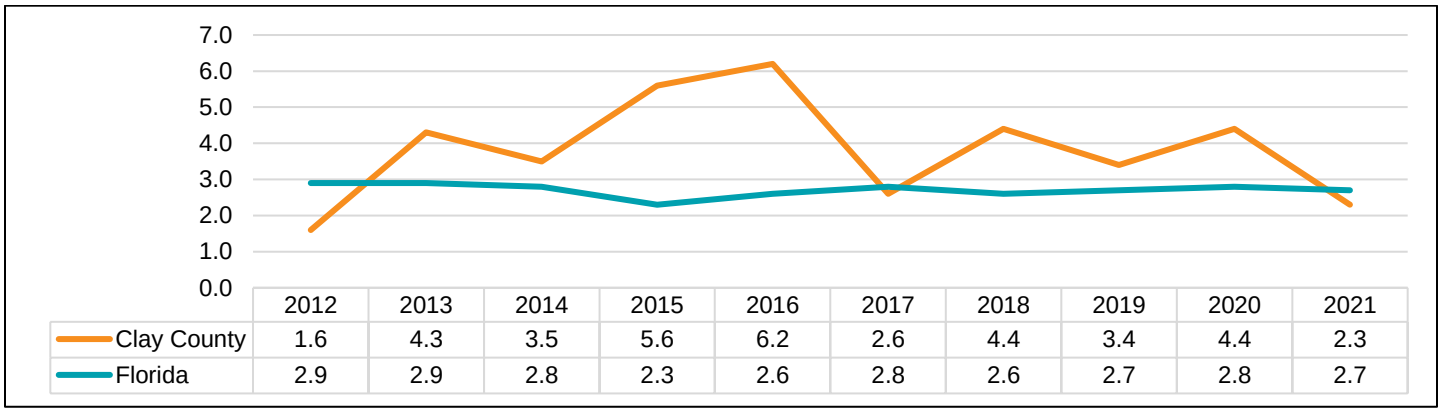
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer

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).

Clay County's cervical cancer mortality rate fluctuated from 2012 to 2021 but increased overall by 43.8%. During the same period, Florida's rate slightly decreased by 6.9% (Exhibit).

EXHIBIT 66: CERVICAL CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

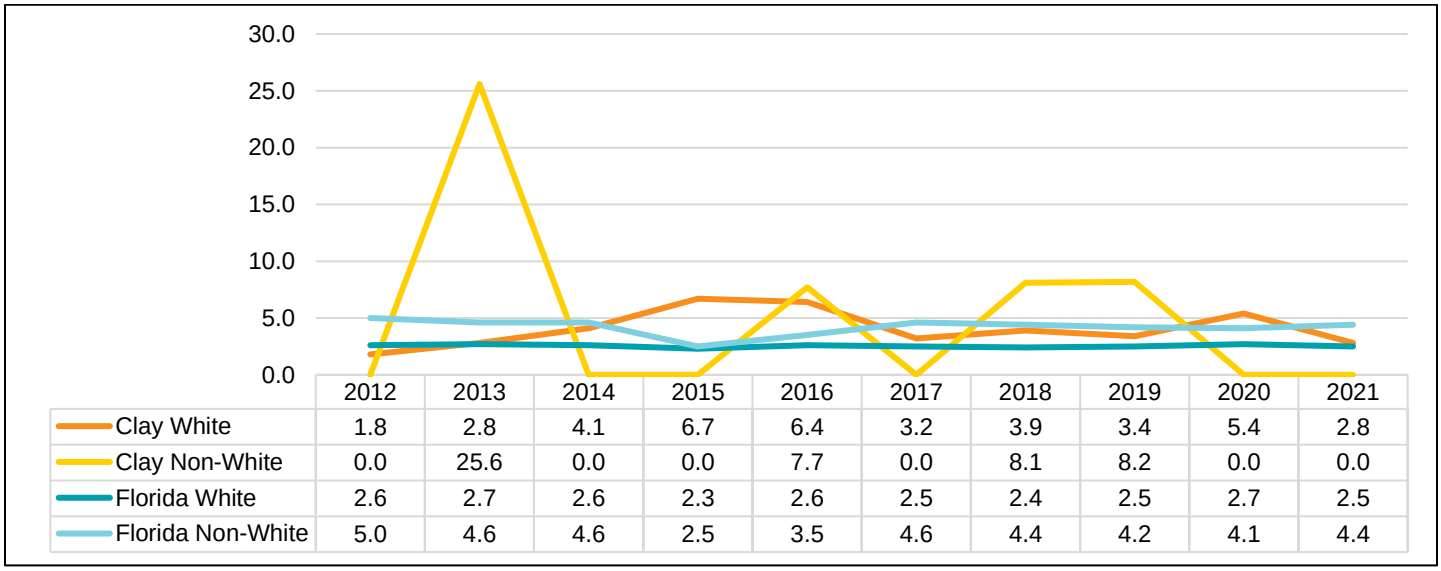


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	1.6	4.3	3.5	5.6	6.2	2.6	4.4	3.4	4.4	2.3
Florida	2.9	2.9	2.8	2.3	2.6	2.8	2.6	2.7	2.8	2.7

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

The Clay County White population's mortality rate increased by 55.6% from 2012 to 2021. Clay County non-White residents saw a big spike in cervical cancer mortality rates in 2013, but rates have been much lower ever since, dropping down to zero in 2020 and 2021. Rates in non-White Clay County residents may show more significant variations due to single-digit counts (Exhibit).

EXHIBIT 67: CERVICAL CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	1.8	2.8	4.1	6.7	6.4	3.2	3.9	3.4	5.4	2.8
Clay Non-White	0.0	25.6	0.0	0.0	7.7	0.0	8.1	8.2	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

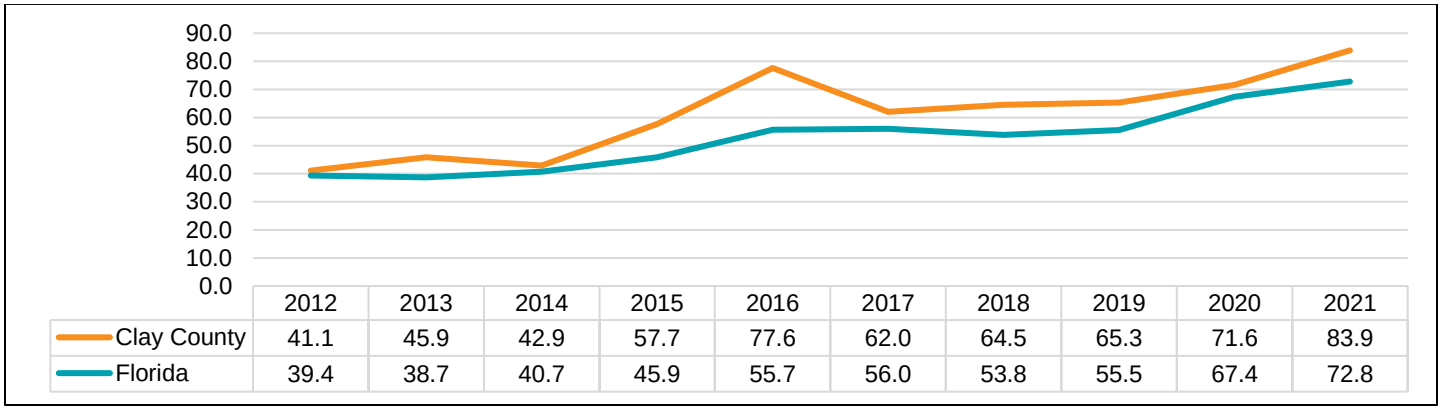
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer

Unintentional Injury

Unintentional injuries are accidental or unplanned. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning (HHS, n.d.). In the U.S., unintentional injuries are the leading cause of death for children, adolescents, and adults younger than 45 (HHS, n.d.). In 2021, Clay County had a higher unintentional injury mortality rate than the state with 83.9 injury deaths per 100,000 population compared to 72.8 deaths per 100,000 in Florida. Clay County's unintentional

injury mortality rate decreased by 51.0% from 2012 to 2021 (Exhibit). Clay County's White population has a higher mortality rate due to unintentional injuries than the non-White population (Exhibit).

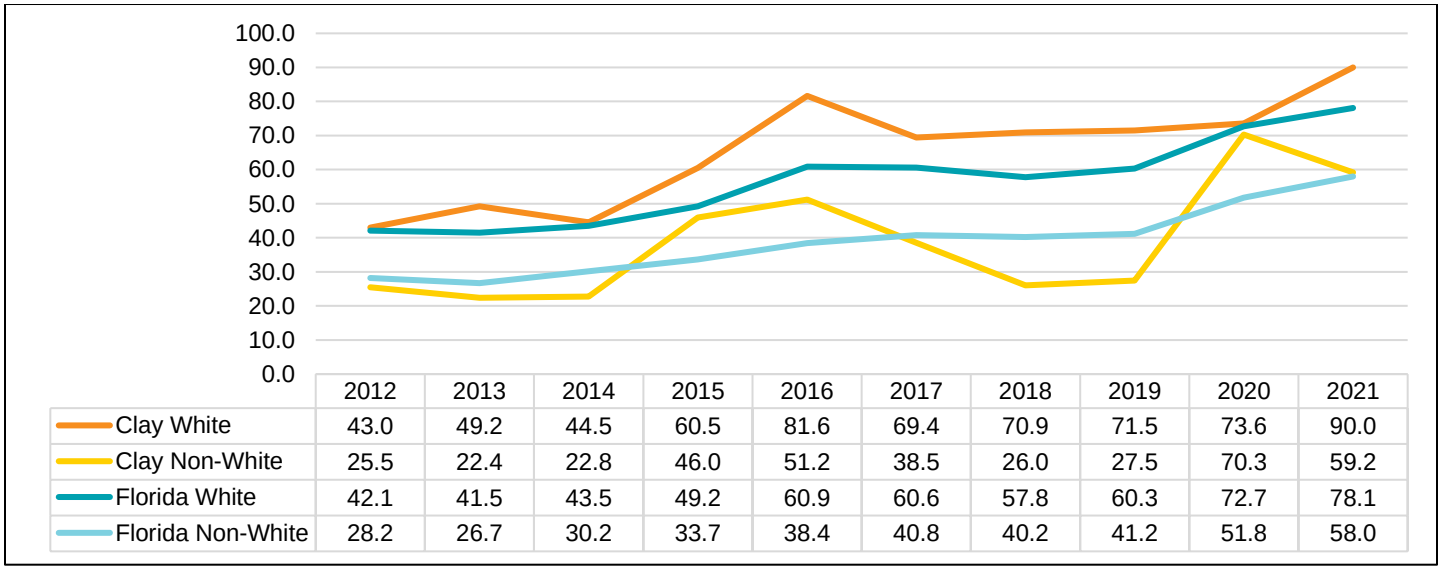
EXHIBIT 68: UNINTENTIONAL INJURY MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	41.1	45.9	42.9	57.7	77.6	62.0	64.5	65.3	71.6	83.9
Florida	39.4	38.7	40.7	45.9	55.7	56.0	53.8	55.5	67.4	72.8

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

EXHIBIT 69: UNINTENTIONAL INJURY MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



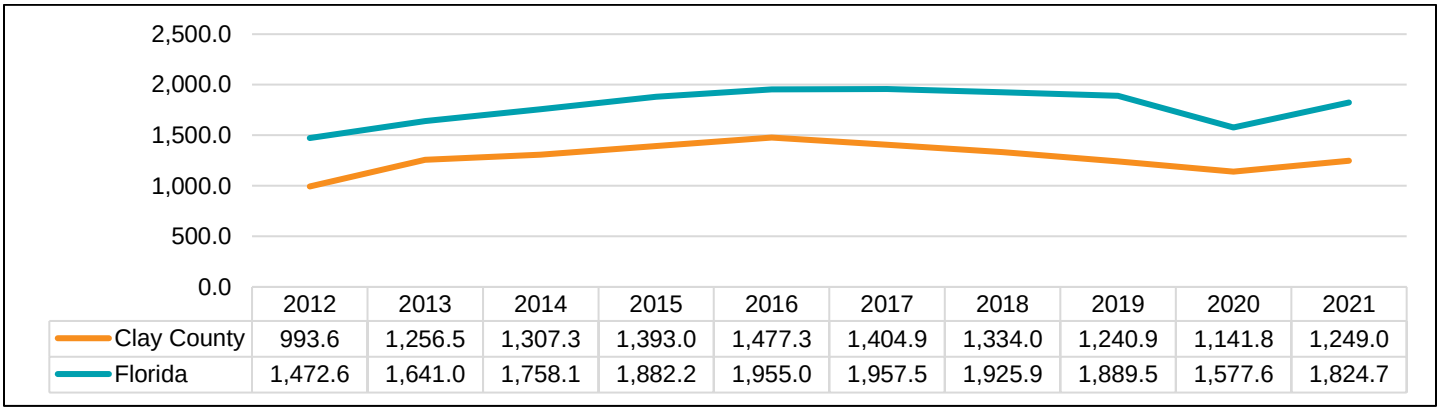
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	43.0	49.2	44.5	60.5	81.6	69.4	70.9	71.5	73.6	90.0
Clay Non-White	25.5	22.4	22.8	46.0	51.2	38.5	26.0	27.5	70.3	59.2
Florida White	42.1	41.5	43.5	49.2	60.9	60.6	57.8	60.3	72.7	78.1
Florida Non-White	28.2	26.7	30.2	33.7	38.4	40.8	40.2	41.2	51.8	58.0

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

Traffic Crashes

Motor vehicle traffic crash rates in Clay County increased from 2012 to 2016, then decreased by 15.5% from 2016 to 2021. Clay County's crash rate remained below Florida's from 2012 to 2021 (Exhibit).

EXHIBIT 70: INCIDENCE OF MOTOR VEHICLE TRAFFIC CRASHES, CLAY COUNTY & FLORIDA, 2012-2021

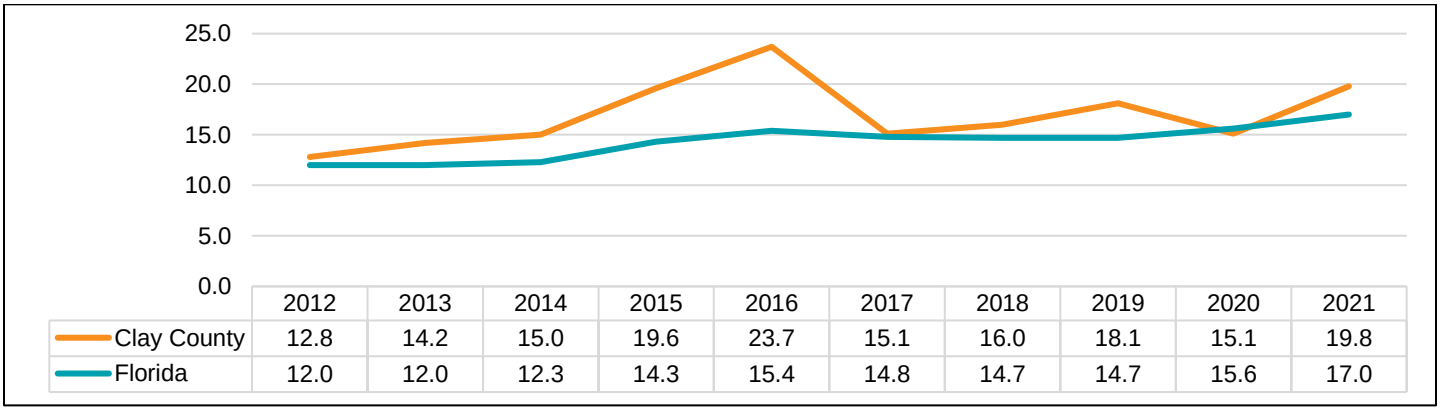


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	993.6	1,256.5	1,307.3	1,393.0	1,477.3	1,404.9	1,334.0	1,240.9	1,141.8	1,249.0
Florida	1,472.6	1,641.0	1,758.1	1,882.2	1,955.0	1,957.5	1,925.9	1,889.5	1,577.6	1,824.7

Source: Florida Department of Highway Safety and Motor Vehicles

Motor traffic fatalities fluctuated from 2012 to 2021 in Clay County but ultimately increased by 54.7%. The incidence of motor vehicle traffic deaths also increased in Florida by 41.7% (Exhibit).

EXHIBIT 71: INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

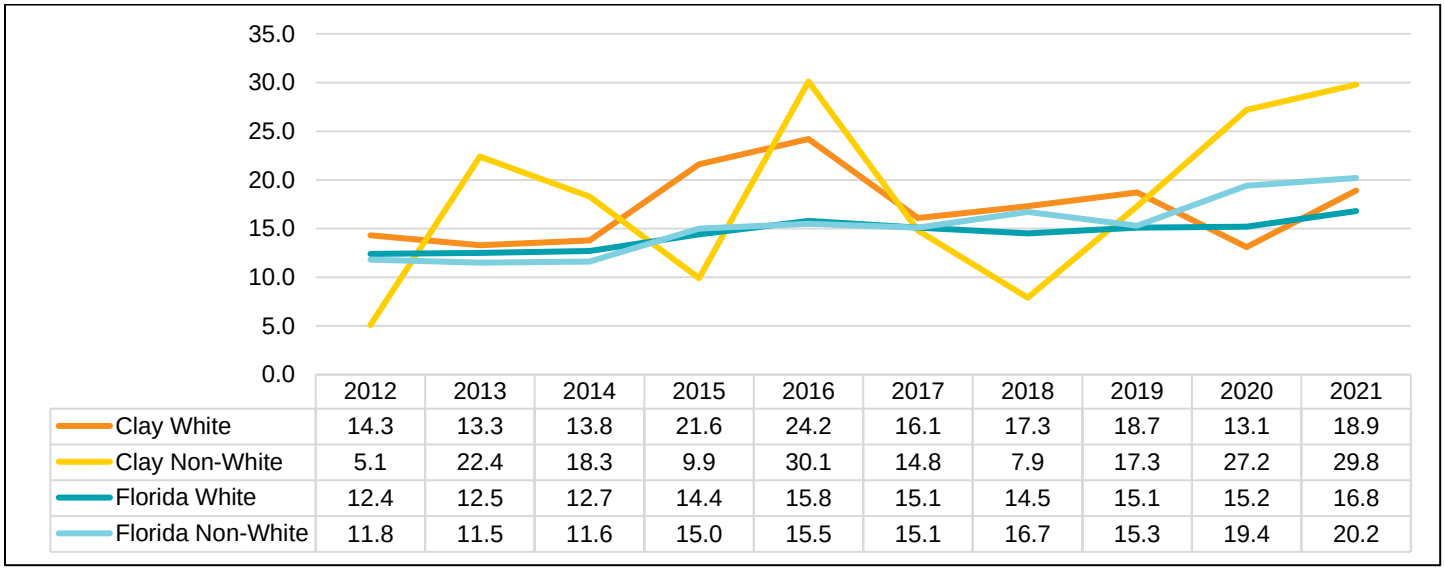


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	12.8	14.2	15.0	19.6	23.7	15.1	16.0	18.1	15.1	19.8
Florida	12.0	12.0	12.3	14.3	15.4	14.8	14.7	14.7	15.6	17.0

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

The motor vehicle mortality rate for Clay County's non-White population has fluctuated from 2012 to 2021, ending with a rate of 29.8 deaths per 100,000 population in 2021. The White population has also experienced some fluctuations in traffic deaths in Clay County, though not as large as the non-White population (Exhibit).

EXHIBIT 72: INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



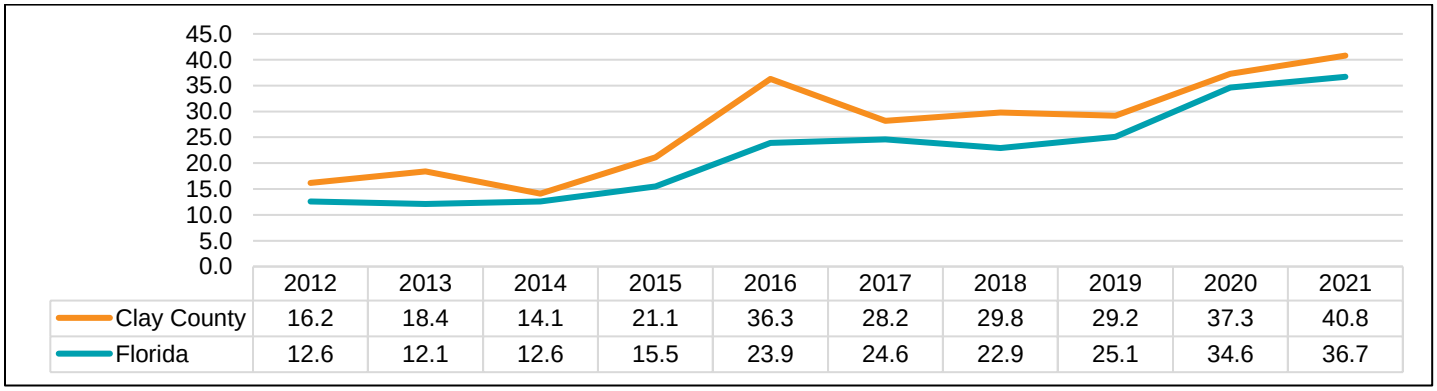
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	14.3	13.3	13.8	21.6	24.2	16.1	17.3	18.7	13.1	18.9
Clay Non-White	5.1	22.4	18.3	9.9	30.1	14.8	7.9	17.3	27.2	29.8
Florida White	12.4	12.5	12.7	14.4	15.8	15.1	14.5	15.1	15.2	16.8
Florida Non-White	11.8	11.5	11.6	15.0	15.5	15.1	16.7	15.3	19.4	20.2

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). From 2012 to 2021, Clay County's rate of drug poisoning deaths increased by 151.9% and almost tripled in Florida during the same period (Exhibit).

EXHIBIT 73: INCIDENCE OF DRUG POISONING DEATHS, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	16.2	18.4	14.1	21.1	36.3	28.2	29.8	29.2	37.3	40.8
Florida	12.6	12.1	12.6	15.5	23.9	24.6	22.9	25.1	34.6	36.7

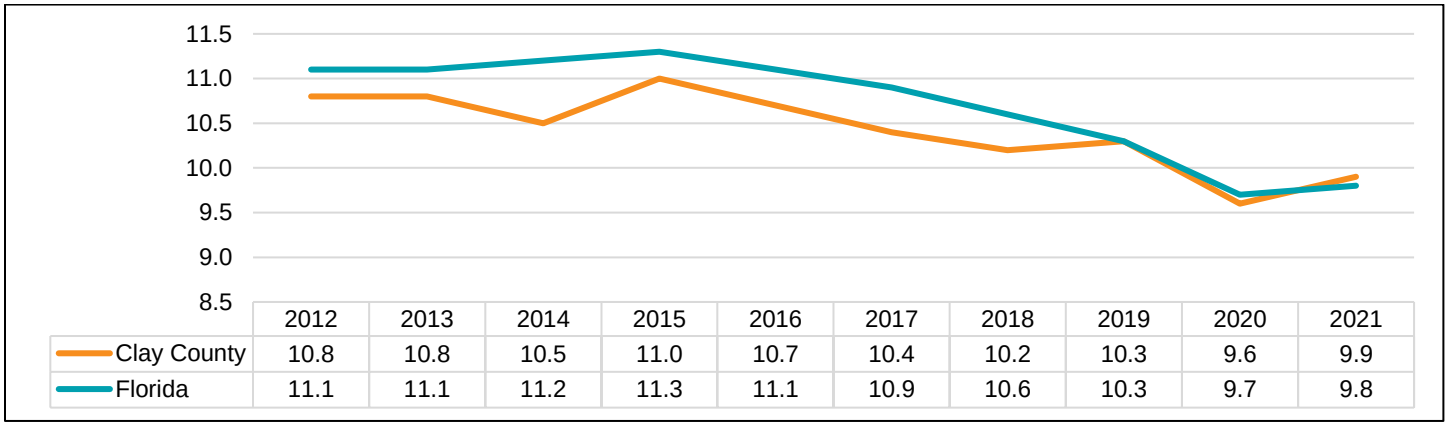
Source: Florida Department of Health, Bureau of Vital Statistics, Deaths from Drug Poisoning

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). Clay County's total resident live birth rate remained slightly lower than Florida's rate for all races from 2012 to 2020 but surpassed Florida's rate in 2021. In 2021, there were 9.9 births per 1,000 total population for all races in Clay County compared to 9.8 births per 1,000 in Florida (Exhibit).

EXHIBIT 74: TOTAL RESIDENT LIVE BIRTHS, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021

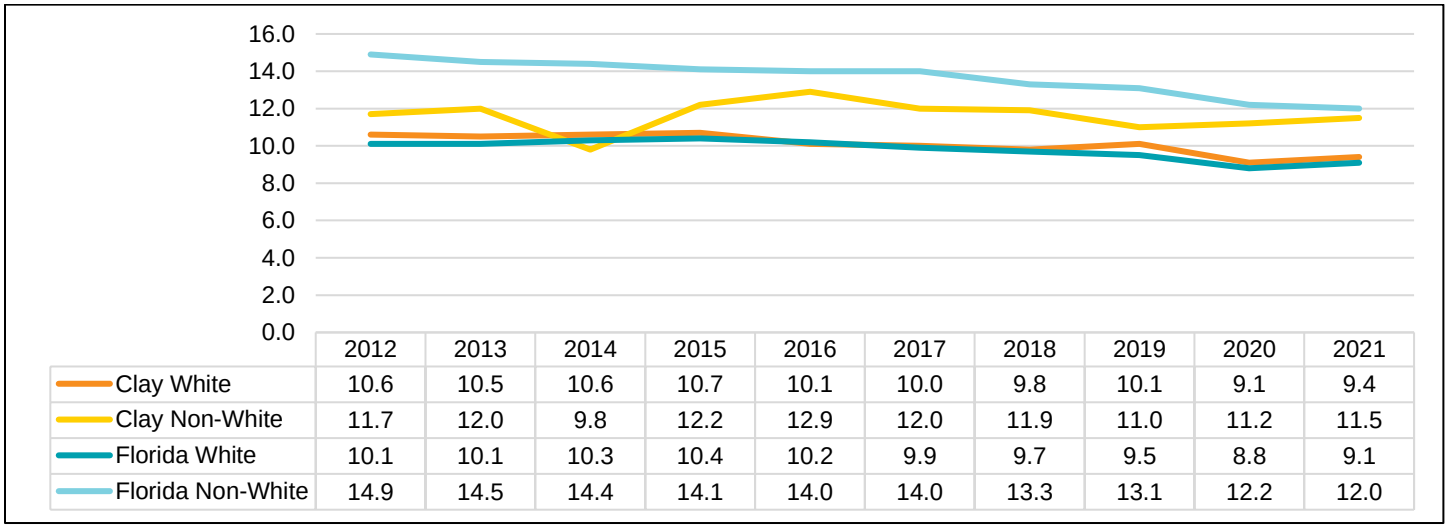


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	10.8	10.8	10.5	11.0	10.7	10.4	10.2	10.3	9.6	9.9
Florida	11.1	11.1	11.2	11.3	11.1	10.9	10.6	10.3	9.7	9.8

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

Birth rates are higher for non-White races than for the White population in both Clay County and Florida. Clay County's non-White population had a birth rate of 11.5 per 1,000 in comparison to 9.4 per 1,000 in the White population from 2021. Overall, births slightly decreased from 2012 to 2021 across both the county and state (Exhibit).

EXHIBIT 75: TOTAL RESIDENT LIVE BIRTHS BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



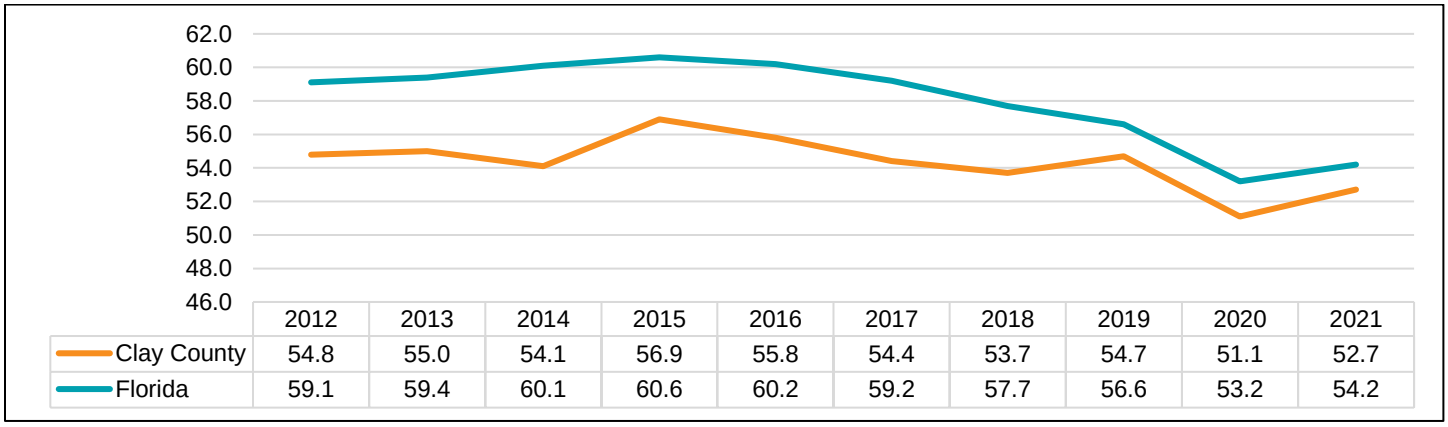
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	10.6	10.5	10.6	10.7	10.1	10.0	9.8	10.1	9.1	9.4
Clay Non-White	11.7	12.0	9.8	12.2	12.9	12.0	11.9	11.0	11.2	11.5
Florida White	10.1	10.1	10.3	10.4	10.2	9.9	9.7	9.5	8.8	9.1
Florida Non-White	14.9	14.5	14.4	14.1	14.0	14.0	13.3	13.1	12.2	12.0

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

Births to Mothers Age 15-44

Among U.S. women aged 15-44 from 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). Clay County's birth rate in women aged 15-44 was at its highest at 56.9 births per 1,000 females in 2015 and at its lowest at 51.1 in 2020 (Exhibit). Births to non-White mothers in Clay County increased from 50.5 births per 1,000 in females aged 15-44 in 2012 to 52.5 births in 2021 (Exhibit).

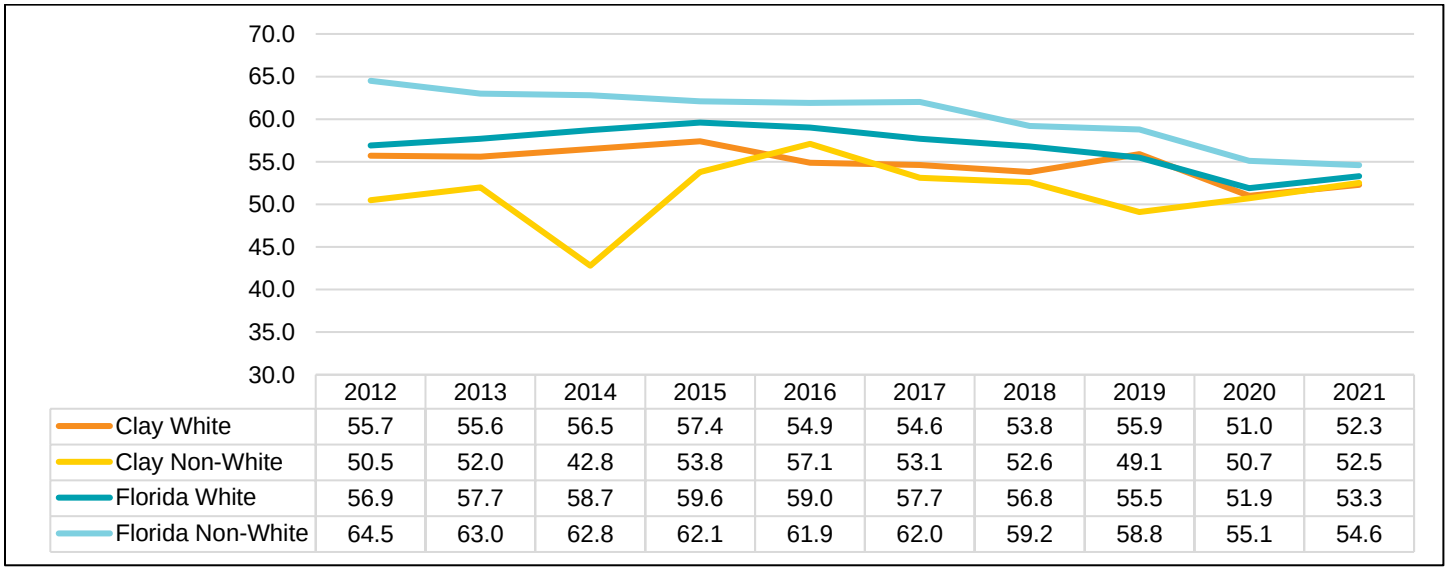
EXHIBIT 76: BIRTHS BY MOTHER'S AGE, AGES 15-44, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	54.8	55.0	54.1	56.9	55.8	54.4	53.7	54.7	51.1	52.7
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 77: BIRTHS BY MOTHER'S AGE, AGES 15-44, BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



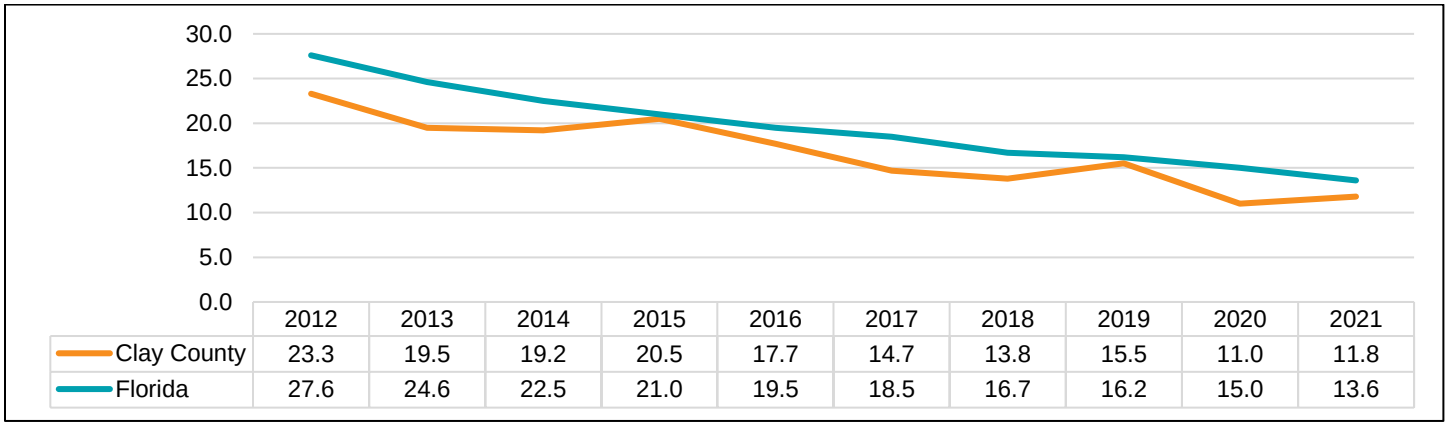
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	55.7	55.6	56.5	57.4	54.9	54.6	53.8	55.9	51.0	52.3
Clay Non-White	50.5	52.0	42.8	53.8	57.1	53.1	52.6	49.1	50.7	52.5
Florida White	56.9	57.7	58.7	59.6	59.0	57.7	56.8	55.5	51.9	53.3
Florida Non-White	64.5	63.0	62.8	62.1	61.9	62.0	59.2	58.8	55.1	54.6

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

Teen Births

Teen birth rates decreased over the past decade for all races and ethnicities in both Clay County and Florida. Clay County teen birth rates dropped significantly from 23.3 births per 1,000 in females aged 15-19 in 2012 to 11.8 per 1,000 in females aged 15-19 in 2021 (Exhibit). Clay County's White and non-White populations experienced an overall decrease in teen births from 2012 to 2021 (Exhibit). 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).

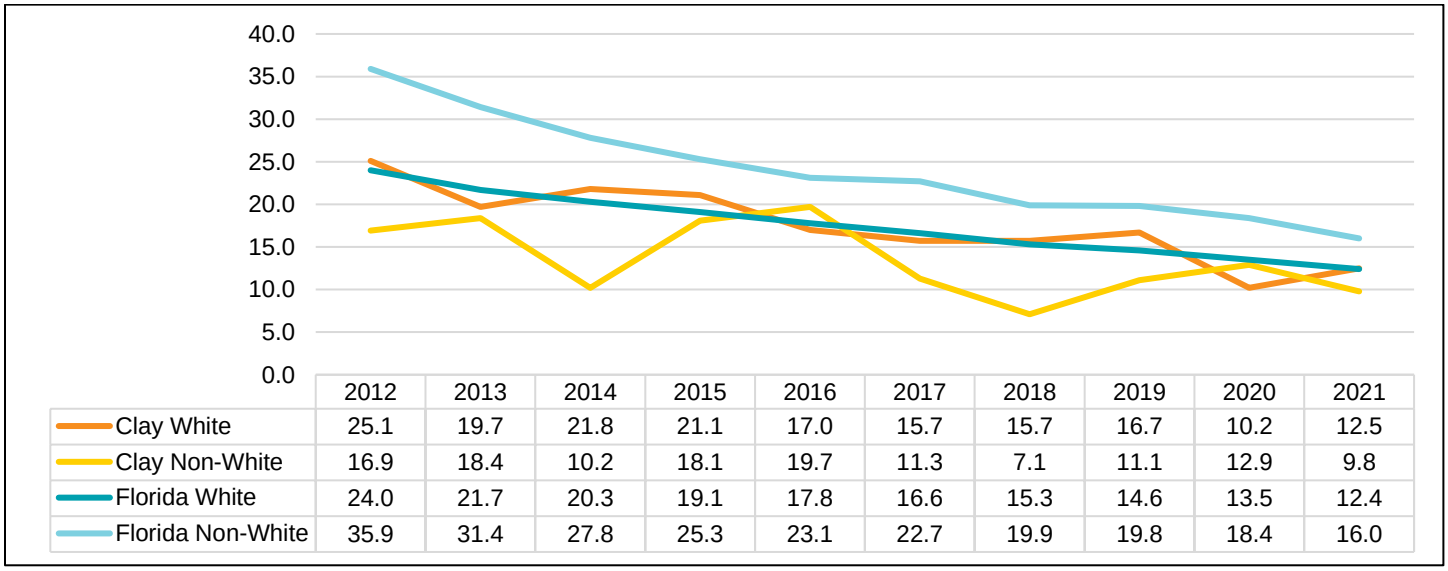
EXHIBIT 78: BIRTHS BY MOTHER'S AGE, AGES 15-19, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	23.3	19.5	19.2	20.5	17.7	14.7	13.8	15.5	11.0	11.8
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 79: BIRTHS BY MOTHER'S AGE, AGES 15-19, BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



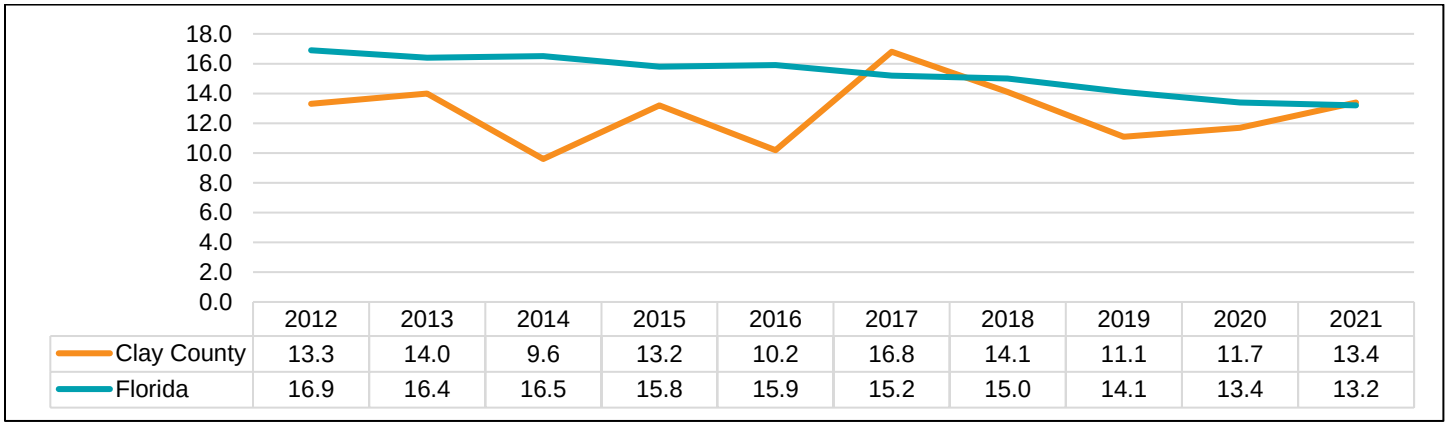
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	25.1	19.7	21.8	21.1	17.0	15.7	15.7	16.7	10.2	12.5
Clay Non-White	16.9	18.4	10.2	18.1	19.7	11.3	7.1	11.1	12.9	9.8
Florida White	24.0	21.7	20.3	19.1	17.8	16.6	15.3	14.6	13.5	12.4
Florida Non-White	35.9	31.4	27.8	25.3	23.1	22.7	19.9	19.8	18.4	16.0

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.). Exhibit and Exhibit show repeat births to teen mothers (ages 15-19) as a percentage of total births. Clay County remained below Florida's repeat teen birth rates for all races/ethnicities except for 2017 and 2021. In 2021, non-White repeat teen birth rates in Clay County surpassed White repeat teen birth rates and Florida rates (White and non-White).

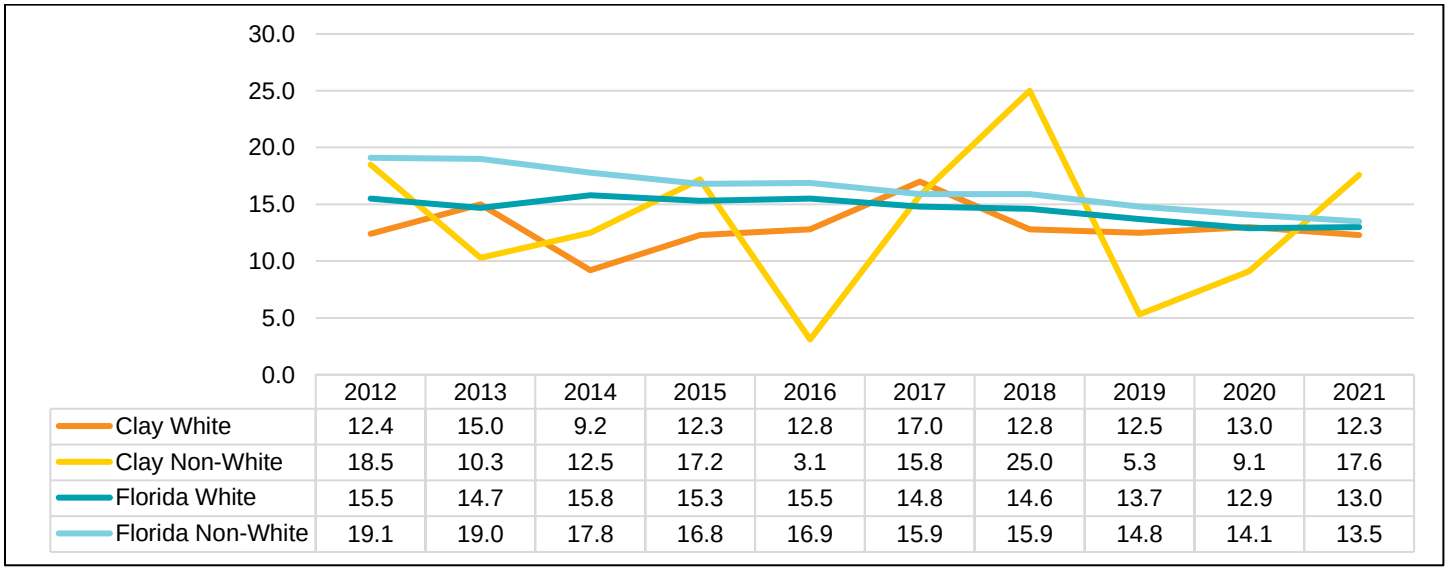
EXHIBIT 80: REPEAT BIRTHS TO MOTHERS AGED 15-19, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	13.3	14.0	9.6	13.2	10.2	16.8	14.1	11.1	11.7	13.4
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 81: REPEAT BIRTHS TO MOTHERS AGED 15-19 BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



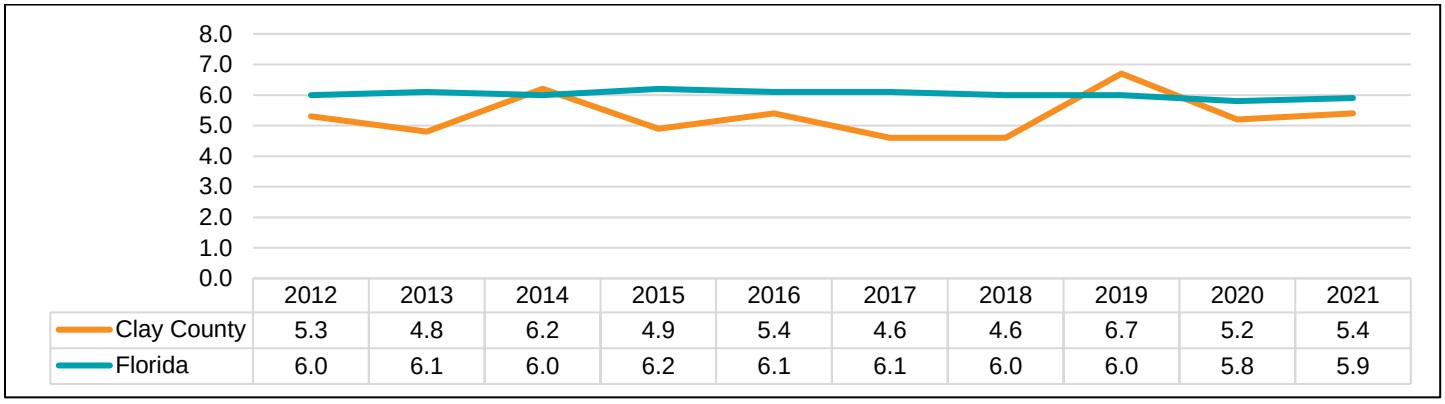
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	12.4	15.0	9.2	12.3	12.8	17.0	12.8	12.5	13.0	12.3
Clay Non-White	18.5	10.3	12.5	17.2	3.1	15.8	25.0	5.3	9.1	17.6
Florida White	15.5	14.7	15.8	15.3	15.5	14.8	14.6	13.7	12.9	13.0
Florida Non-White	19.1	19.0	17.8	16.8	16.9	15.9	15.9	14.8	14.1	13.5

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). From 2012 to 2021, Clay County experienced a slight increase in infant mortality rates for all races yet remained below the Florida rate except in 2014 and 2019 (Exhibit). White infant mortality rates are consistently lower than non-White rates in Clay County and only surpassed non-White rates in 2015, 2017, and 2020. In 2021, Clay's White population had an infant mortality rate of 5.4 deaths per 1,000 live births compared to 5.7 deaths per 1,000 live births in the non-White population (Exhibit). Overall, Clay's non-White population showed a decline in infant mortality rates from 13.4 in 2012 to 5.7 in 2021 (Exhibit).

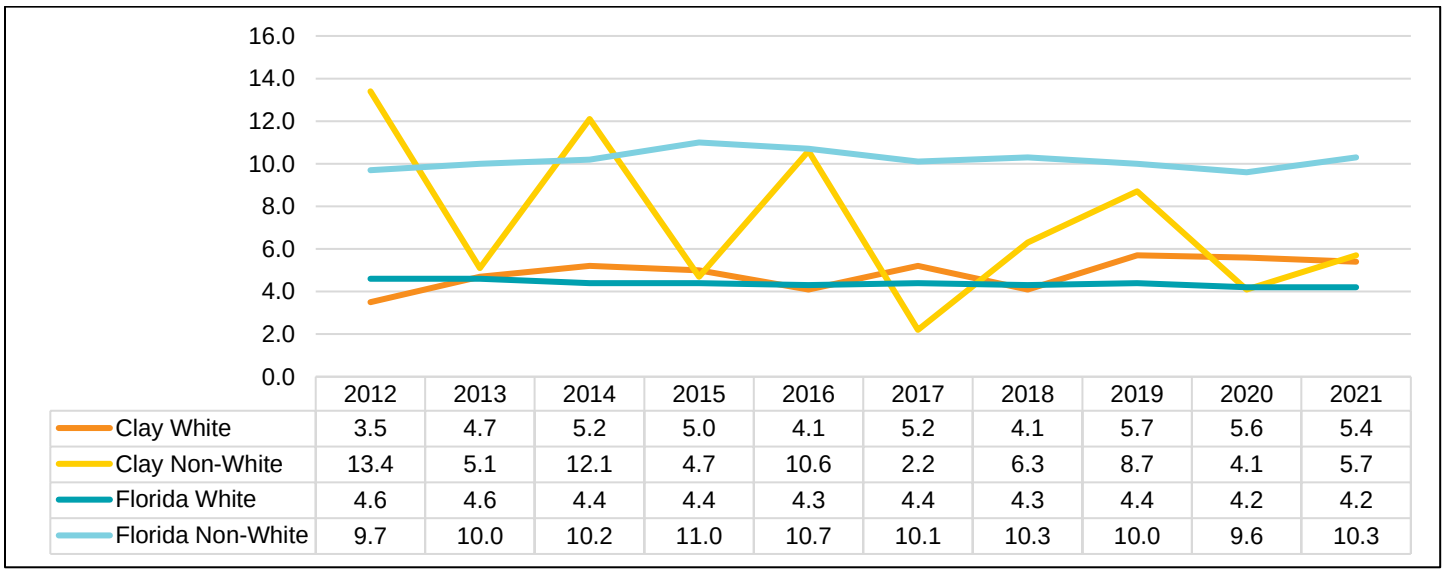
EXHIBIT 82: INFANT MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	5.3	4.8	6.2	4.9	5.4	4.6	4.6	6.7	5.2	5.4
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 83: INFANT MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



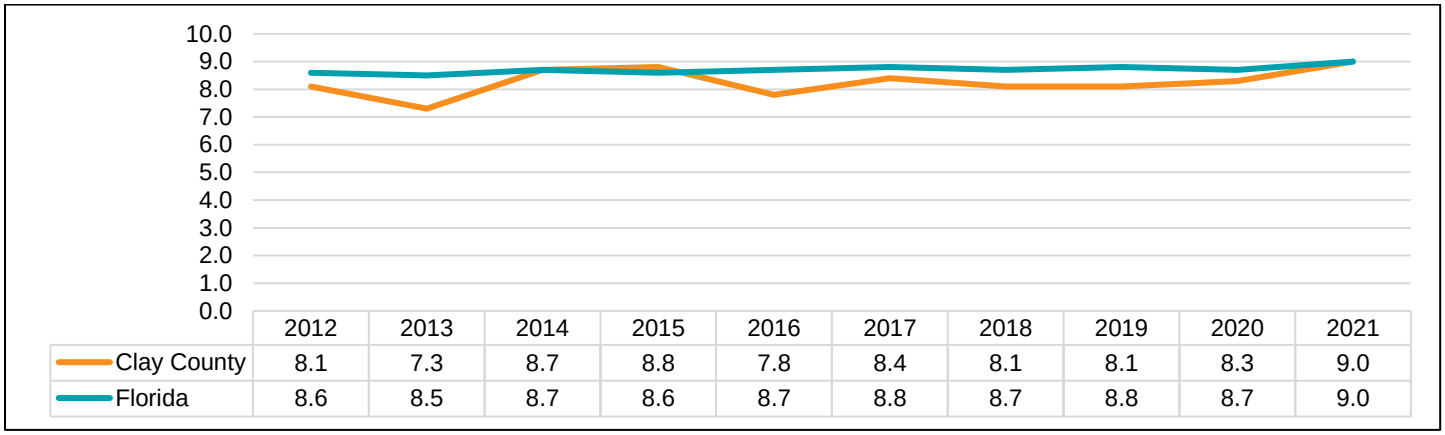
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	3.5	4.7	5.2	5.0	4.1	5.2	4.1	5.7	5.6	5.4
Clay Non-White	13.4	5.1	12.1	4.7	10.6	2.2	6.3	8.7	4.1	5.7
Florida White	4.6	4.6	4.4	4.4	4.3	4.4	4.3	4.4	4.2	4.2
Florida Non-White	9.7	10.0	10.2	11.0	10.7	10.1	10.3	10.0	9.6	10.3

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 Clay County with low birth weight remained lower than in Florida for all races, except for 2014, 2015, and 2021 (Exhibit). Non-White births are more likely to have low birth weight in both Clay County and Florida. In Clay County, 13.7% of non-White births were low birth weight in 2021 compared to 7.6% of White births (Exhibit).

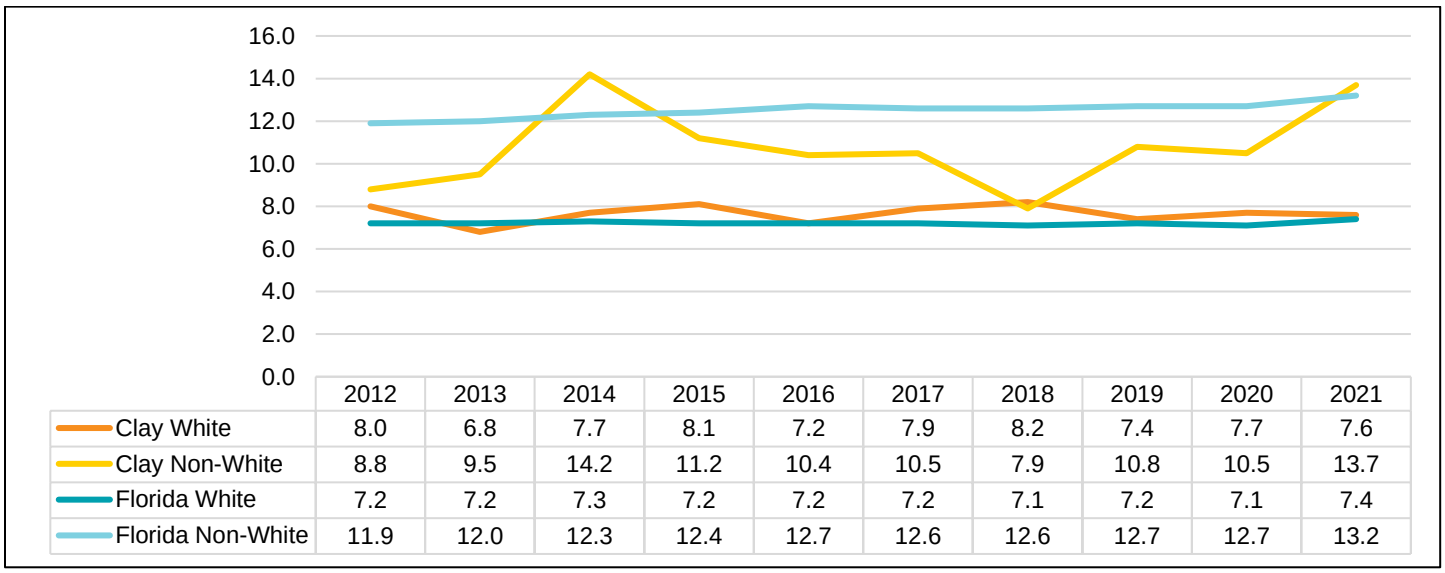
EXHIBIT 84: PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT, CLAY COUNTY & FLORIDA, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	8.1	7.3	8.7	8.8	7.8	8.4	8.1	8.1	8.3	9.0
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 85: PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT BY RACE, CLAY COUNTY & FLORIDA, 2012-2021



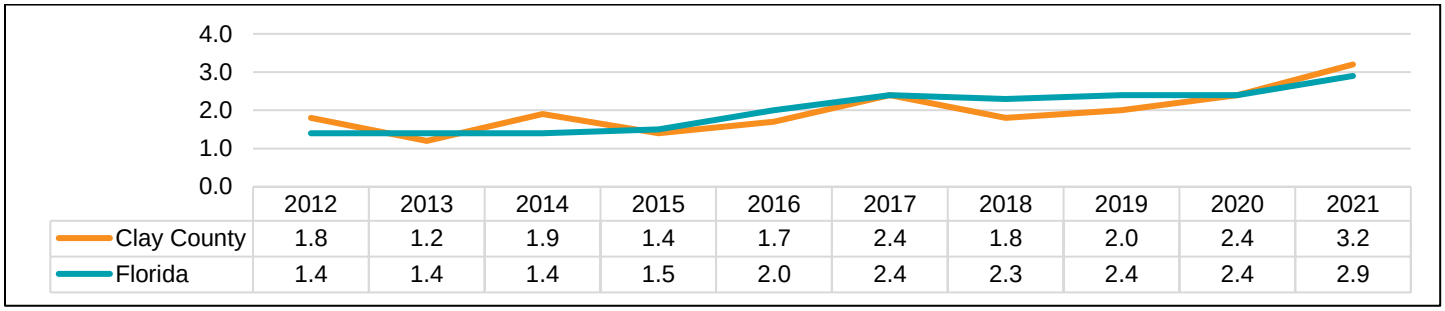
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	8.0	6.8	7.7	8.1	7.2	7.9	8.2	7.4	7.7	7.6
Clay Non-White	8.8	9.5	14.2	11.2	10.4	10.5	7.9	10.8	10.5	13.7
Florida White	7.2	7.2	7.3	7.2	7.2	7.2	7.1	7.2	7.1	7.4
Florida Non-White	11.9	12.0	12.3	12.4	12.7	12.6	12.6	12.7	12.7	13.2

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 3.2% of mothers had no prenatal care in Clay County compared to 2.9% of mothers in Florida in 2021 (Exhibit). The non-White population consistently has higher rates of births to mothers with no prenatal care than the White population in both Clay County and Florida (Exhibit).

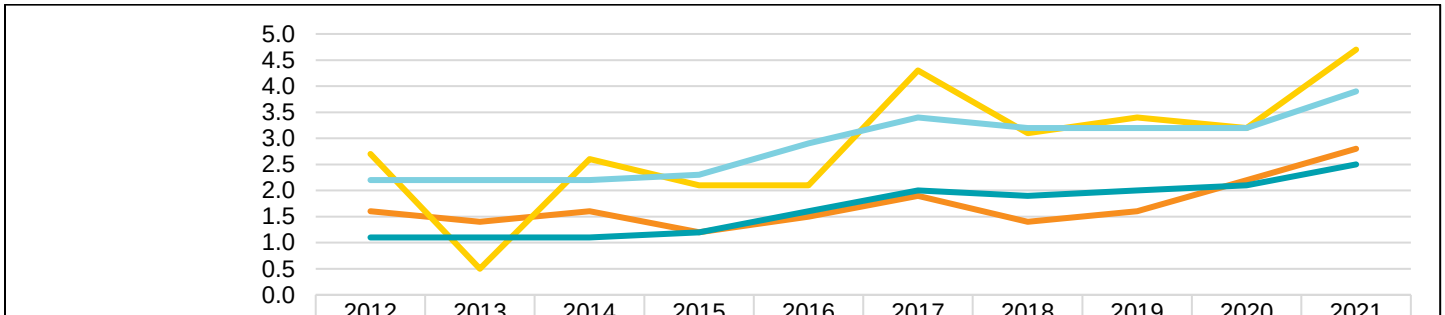
EXHIBIT 86: PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE, CLAY COUNTY & FLORIDA, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	1.8	1.2	1.9	1.4	1.7	2.4	1.8	2.0	2.4	3.2
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 87: PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE BY RACE, CLAY COUNTY & FLORIDA, 2012-2021



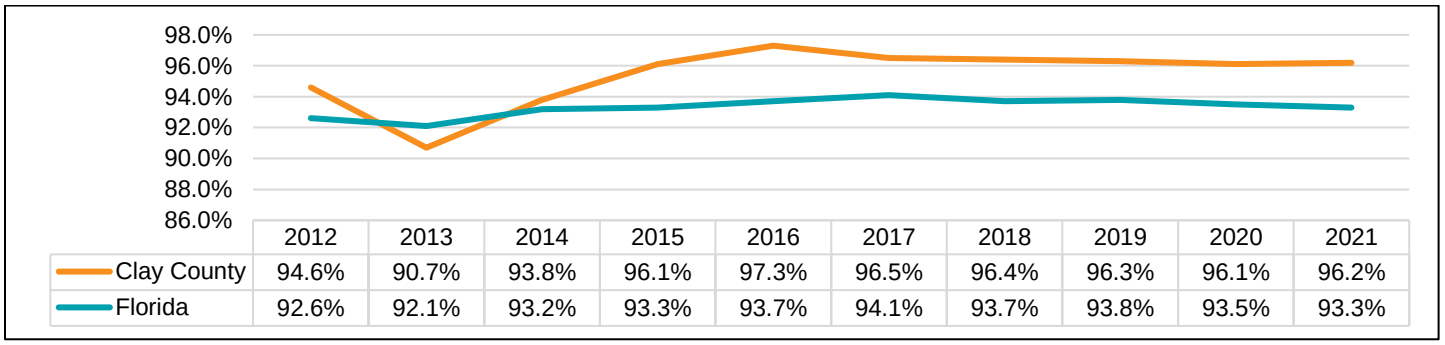
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	1.6	1.4	1.6	1.2	1.5	1.9	1.4	1.6	2.2	2.8
Clay Non-White	2.7	0.5	2.6	2.1	2.1	4.3	3.1	3.4	3.2	4.7
Florida White	1.1	1.1	1.1	1.2	1.6	2.0	1.9	2.0	2.1	2.5
Florida Non-White	2.2	2.2	2.2	2.3	2.9	3.4	3.2	3.2	3.2	3.9

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). Clay County's percentage of immunized kindergarteners is higher than Florida's with 96.2% of children immunized compared to 93.3% in Florida in 2021 (Exhibit).

EXHIBIT 88: PERCENTAGE OF IMMUNIZED KINDERGARTNERS, CLAY COUNTY & FLORIDA, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	94.6%	90.7%	93.8%	96.1%	97.3%	96.5%	96.4%	96.3%	96.1%	96.2%
Florida	92.6%	92.1%	93.2%	93.3%	93.7%	94.1%	93.7%	93.8%	93.5%	93.3%

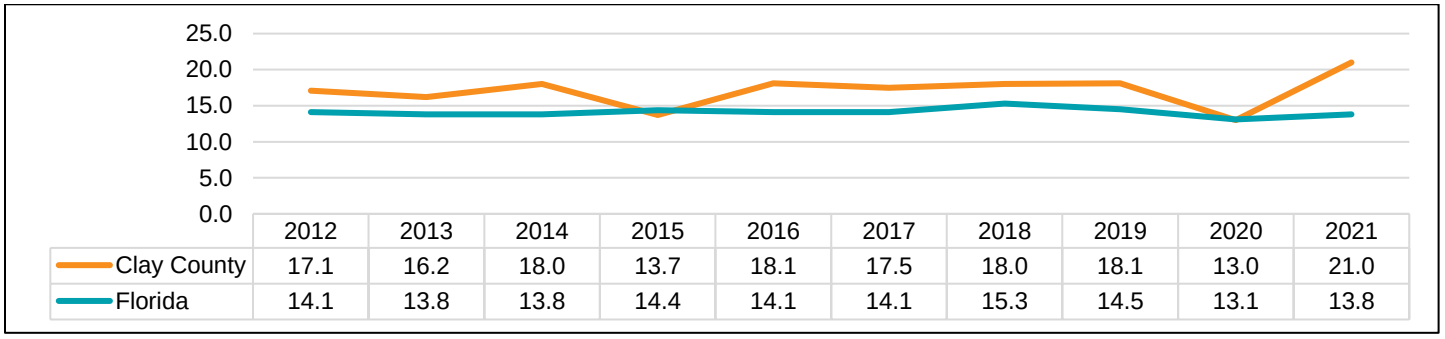
Source: Florida Department of Health, Bureau of Immunization, Immunization Levels in Kindergarten

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). Clay County's suicide death rate has slightly fluctuated over the past decade and most notably had a 61.5% increase from 2020 to 2021 (Exhibit). In both Clay County and Florida, suicide tends to occur much more frequently among White populations than non-White populations, as shown in Exhibit .

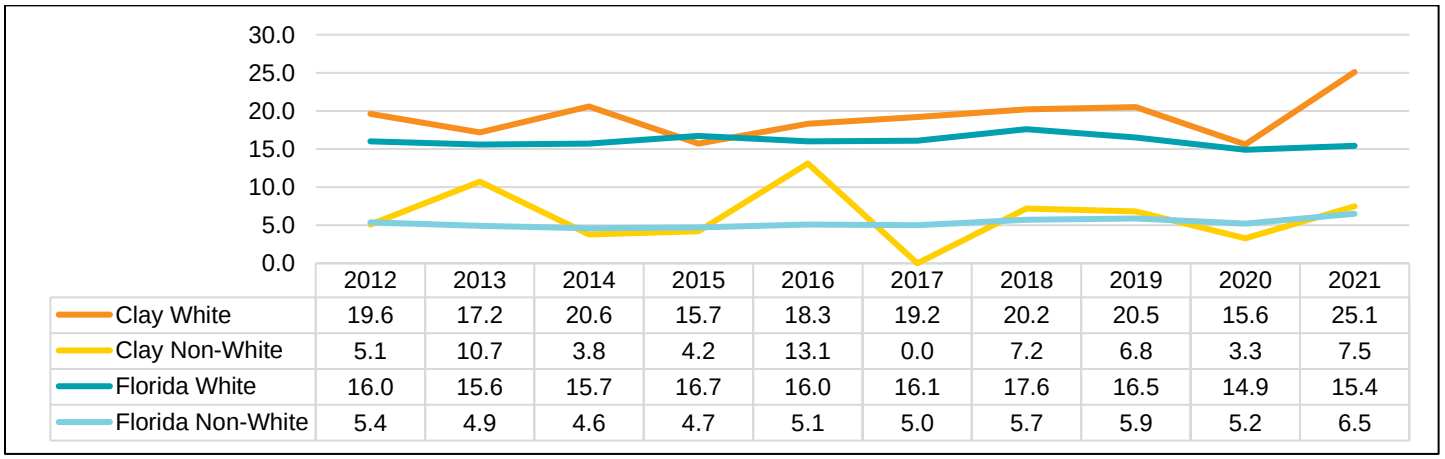
EXHIBIT 89: SUICIDE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay County	17.1	16.2	18.0	13.7	18.1	17.5	18.0	18.1	13.0	21.0
Florida	14.1	13.8	13.8	14.4	14.1	14.1	15.3	14.5	13.1	13.8

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

EXHIBIT 90: SUICIDE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clay White	19.6	17.2	20.6	15.7	18.3	19.2	20.2	20.5	15.6	25.1
Clay Non-White	5.1	10.7	3.8	4.2	13.1	0.0	7.2	6.8	3.3	7.5
Florida White	16.0	15.6	15.7	16.7	16.0	16.1	17.6	16.5	14.9	15.4
Florida Non-White	5.4	4.9	4.6	4.7	5.1	5.0	5.7	5.9	5.2	6.5

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 known 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 the over one hundred Florida Department of Children and Families designated receiving facilities statewide (FDCF, n.d.).

It is important to note that some individuals for whom Baker Act forms were received were never actually admitted to the receiving facility because an examination by a physician or psychologist determined they did not meet criteria for admission. 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 below illustrates the total number of reported involuntary exam initiations (i.e., Baker Acts) for Clay County residents from fiscal year (FY) 2016 to 2021. It is important to note that there are at least eight designated Baker Act-receiving facilities in neighboring Duval County, and Clay residents who were not received at a Clay County facility were likely transported into Jacksonville (Duval).

EXHIBIT 91: INVOLUNTARY EXAMINATIONS OF CLAY COUNTY RESIDENTS, FYS 2016-2021

Fiscal Year	All Ages	% of Total				
		<18	18-24	25-64	65+	% Change to 2020-2021
2016-2017	1,514	26.95%	15.85%	52.91%	3.76%	0.59%
2017-2018	1,752	24.37%	14.84%	57.48%	3.08%	-13.07%
2018-2019	1,905	26.82%	14.70%	54.02%	3.99%	-20.05%
2019-2020	1,604	22.82%	15.96%	56.48%	4.18%	-5.04%
2020-2021	1,523	24.23%	17.40%	52.33%	5.19%	N/A

Source: Baker Act Reporting Center Fiscal Year 2020-21, University of South Florida

Exhibit summarizes the number of involuntary examinations for Clay County residents by initiator type. Of the total number of involuntary examinations in Clay County, 53.64% were initiated by health professionals, 44.85% by law enforcement, and 1.51% by judges. In comparison, Florida had 45.02% of involuntary exams initiated by health professionals, 52.93% by law enforcement, and 2.05% by judges. Of the involuntary examinations in Clay County initiated by health professionals, 82.01% were initiated by a physician who was not a psychiatrist in comparison to 64.89% in Florida.

EXHIBIT 92: INVOLUNTARY EXAMINATIONS BY INITIATOR TYPE, CLAY COUNTY & FLORIDA, FY 2020-21

	Clay	Florida	Clay	Florida	Clay	Florida
	Health Professional		Law Enforcement		Ex-Parte Order of Judge	
Total	**53.64%**	**45.02%**	**44.85%**	**52.93%**	**1.51%**	**2.05%**
Physician (not a psychiatrist)	82.01%	64.89%	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)	1.71%	8.99%				
Licensed Clinical Social Worker	2.57%	6.25%				
Licensed Mental Health Counselor	8.45%	12.85%				
Clinical Psychologist	<1%	<1%				
Psychiatric Nurse	1.71%	1.97%				
Licensed Marriage and Family Therapist	<1%	<1%				
Physician's Assistant	1.59%	1.54%				
Professional type not reported	1.22%	1.66%				

Source: Baker Act Reporting Center Fiscal Year 2020-21, 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, 860 Clay County adults responded to the county-level survey (FDOH, 2019). Exhibit shows some of the key findings for Clay County.

EXHIBIT 93: SELECTED BRFSS DATA, CLAY COUNTY & FLORIDA, 2019 AND 2020

Alcohol Consumption	Clay County	Florida
Adults who engage in heavy or binge drinking	18.9%	18.0%
Cancer Screening	**Clay 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	**Clay 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	**Clay County**	**Florida**
Adults who have ever been told they had pre-diabetes	10.8%	9.1%
Adults who have ever been told they had diabetes	13.6%	11.7%
Average age at which diabetes was diagnosed	50	50
Health Care Access and Coverage	**Clay County**	**Florida**
Adults who could not see a doctor at least once in the past year due to cost	13.6%	16.0%
Adults with any type of health care insurance coverage	86.4%	84.2%
Adults who have a personal doctor	75.9%	72.0%
Adults who had a medical checkup in the past year	76.1%	78.8%
Health Status and Quality of Life	**Clay County**	**Florida**
Adults who said their overall health was "fair" or "poor"	21.7%	19.7%
Adults who said their overall health was "good" to "excellent"	78.3%	80.3%

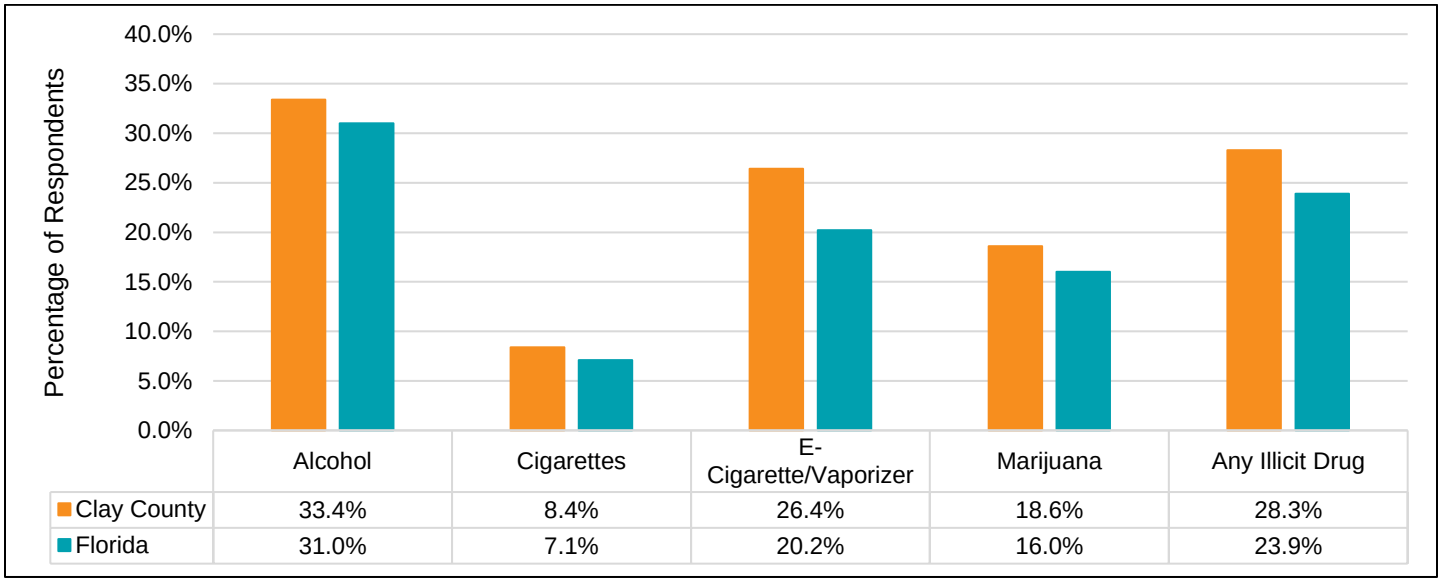
Adults with good physical health	81.1%	86.2%
Adults with good mental health	85.3%	86.2%
Average number of unhealthy mental days in the past 30 days	4.8	4.4
Average number of unhealthy physical days in the past 30 days	5.3	4.4
Adults who had poor mental health on 14 or more of the past 30 days	14.7%	13.8%
Adults who had poor physical health on 14 or more of the past 30 days	18.9%	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)	20.4%	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)	6.4%	5.6%
Adults who have ever been told they had a depressive disorder	19.1%	17.7%
HIV/AIDS	**Clay County**	**Florida**
Adults less than 65 years of age who have ever been tested for HIV	60.7%	60.7%
Adults who had ever been tested for HIV	52.2%	50.7%
Obesity and Overweight	**Clay County**	**Florida**
Adults who are overweight	34.3%	37.6%
Adults who are obese	34.6%	27.0%
Adults who have a healthy weight	29.2%	32.8%
Adults who are underweight	1.8%	2.6%
Tobacco Usage	**Clay County**	**Florida**
Adults who are current smokers	22.2%	14.8%
Adult current smokers who tried to quit smoking at least once in the past year	53.5%	59.0%
Adults who are former smokers (currently quit smoking)	25.9%	26.3%
Adults who have never smoked	51.9%	58.9%
Adults who are current e-cigarette users	6.3%	7.5%
Adults who are former e-cigarette users	18.9%	18.4%
Adults who have never used e-cigarettes	74.6%	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.). The 2022 FYSAS was answered by 1,033 Clay County students in grades 6-12 (FDOH, 2022). Alcohol was the most commonly used substance among students with a prevalence rate of 33.4% for lifetime use and a prevalence rate of 12.5% for past 30-day use. Illicit drugs (LSD, cocaine, amphetamines, or another illegal drug) and e-cigarettes/vaporizers were the other most used substances among students, with a 28.3% and 26.4% rate for lifetime use and 12.7% and 13.1% prevalence rate for past 30-day use, respectively (Exhibit and Exhibit).

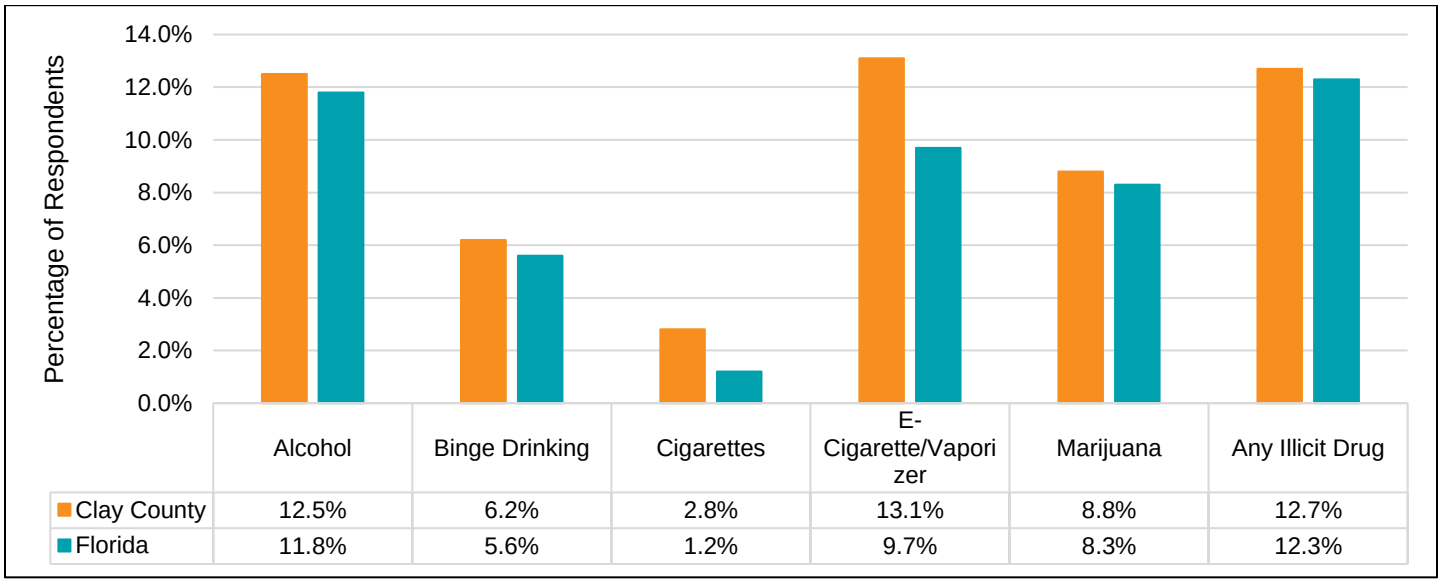
EXHIBIT 94: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THEIR LIFETIME, 2022



	Alcohol	Cigarettes	E-Cigarette/Vaporizer	Marijuana	Any Illicit Drug
Clay County	33.4%	8.4%	26.4%	18.6%	28.3%
Florida	31.0%	7.1%	20.2%	16.0%	23.9%

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

EXHIBIT 95: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THE PAST 30 DAYS, 2022

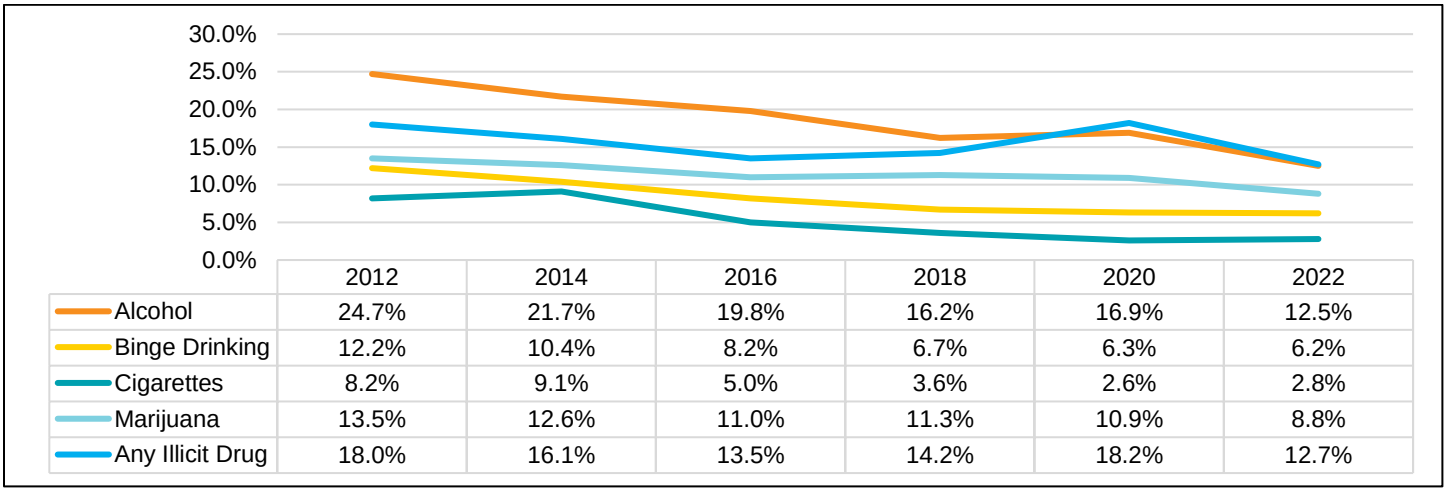


	Alcohol	Binge Drinking	Cigarettes	E-Cigarette/Vaporizer	Marijuana	Any Illicit Drug
Clay County	12.5%	6.2%	2.8%	13.1%	8.8%	12.7%
Florida	11.8%	5.6%	1.2%	9.7%	8.3%	12.3%

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

Clay County has seen a decline of past 30-day youth substance use from 2012 to 2022 for all substances. Alcohol past 30-day substance use went from 24.7% in 2012 to 12.5% in 2022 (Exhibit).

EXHIBIT 96: YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR CLAY COUNTY, 2012-2022



	2012	2014	2016	2018	2020	2022
Alcohol	24.7%	21.7%	19.8%	16.2%	16.9%	12.5%
Binge Drinking	12.2%	10.4%	8.2%	6.7%	6.3%	6.2%
Cigarettes	8.2%	9.1%	5.0%	3.6%	2.6%	2.8%
Marijuana	13.5%	12.6%	11.0%	11.3%	10.9%	8.8%
Any Illicit Drug	18.0%	16.1%	13.5%	14.2%	18.2%	12.7%

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

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 can be obtained privately through an employer (the individual's own or that of 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 that uninsured persons experience less positive medical outcomes than their insured counterparts do. The uninsured are also less likely to have a regular source of primary care or to seek preventive health services (ITUP, n.d.).

Clay County's rate of insured persons is higher than Florida's and is nearly identical to the U.S. rate. About 91% of Clay's total civilian noninstitutionalized population has insurance compared to 88% of Floridians and 92% of all Americans (Exhibit).

EXHIBIT 97: INSURANCE COVERAGE IN CLAY COUNTY, FLORIDA, AND THE UNITED STATES, 2021

	Clay County	Florida	United States
Total civilian noninstitutionalized	**213,172**	**21,465,883**	**326,912,547**
With health insurance coverage	193,631 (90.8%)	18,867,416 (87.9%)	298,685,665 (91.4%)
With private health insurance	156,684 (73.5%)	13,554,801 (63.1%)	219,074,507 (67.0%)
With public coverage	70,941 (33.3%)	8,027,891 (37.4%)	120,198,470 (36.8%)
No health insurance coverage	19,541 (9.2%)	2,598,467 (12.1%)	28,226,882 (8.6%)
Civilian noninstitutionalized population 18 to 64 years	**125,747**	**12,395,282**	**194,340,102**
In labor force	97,080 (77.2%)	9,593,190 (77.4%)	152,120,273 (78.3%)
Employed	92,733 (95.5%)	9,063,558 (94.5%)	142,779,946 (93.9%)
With health insurance coverage	82,305 (84.8%)	7,633,551 (79.6%)	127,829,928 (84.0%)
With private health insurance	77,534 (79.9%)	7,156,951 (74.6%)	116,136,040 (76.3%)
With public coverage	9,750 (10.0%)	744,586 (7.8%)	16,087,515 (10.6%)
No health insurance coverage	10,428 (10.7%)	1,430,007 (14.9%)	14,950,018 (9.8%)
Unemployed	4,347 (4.5%)	529,632 (5.5%)	9,340,327 (6.1%)
With health insurance coverage	2,972 (3.1%)	341,715 (3.6%)	7,048,775 (4.6%)
With private health insurance	2,247 (2.3%)	237,621 (2.5%)	3,867,469 (2.5%)
With public coverage	1,029 (1.1%)	122,407 (3.1%)	3,523,835 (2.3%)
No health insurance coverage	1,375 (1.4%)	187,917 (2.0%)	2,291,552 (1.5%)
Not in labor force	28,667 (22.8%)	2,802,092 (22.6%)	42,219,829 (27.8%)
With health insurance coverage	24,493 (85.4%)	2,202,578 (78.6%)	35,844,186 (18.4%)
With private health insurance	18,650 (65.1%)	1,435,981 (51.2%)	21,241,038 (59.3%)
With public coverage	9,502 (33.1%)	952,894 (34.0%)	17,509,893 (48.9%)
No health insurance coverage	4,174 (14.6%)	599,514 (21.4%)	6,375,643 (17.8%)

Source: 2021 American Community Survey 1-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 criterion to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be designated for primary medical care, dental, or mental health providers and may be geographic (a county or service area), population (e.g., low-income or Medicaid eligible), or facilities (e.g., federally qualified health centers or state or federal prisons). Keystone Heights is designated as a geographic HPSA and the low-income population of Green Cove Springs is designated as a low-income population HPSA due to a lack of primary care services in both of these areas of Clay County (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; they focus on patient care, rather than disease treatment (AAFP, n.d.). 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 shows the number of total licensed physicians, various primary care providers, and dentists in Clay County. In the 2020-21 FY, Clay County had 400 licensed physicians while Florida had 67,958. Clay County had 42 licensed family practice physicians, 33 licensed pediatricians, 11 licensed OB/GYNs, 49 licensed internists, and 96 licensed dentists.

EXHIBIT 98: TOTAL LICENSED PROVIDERS, CLAY COUNTY & FLORIDA, FY 2020-21

Type of Provider	Clay County	Florida
Licensed Physician	400	67,958
Licensed Family Practice Physician	42	4,156
Licensed Pediatrician	33	4,743
Licensed OB/GYN	11	2,000
Licensed Internist	49	10,229
Licensed Dentist	96	12,264

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

Overall, Clay County has seen an increase in the number of practicing physicians from 2017 to 2022. Exhibit summarizes the change in the number of practicing physicians in the county in comparison to Florida during this time. Exhibit shows the total number of physicians in Clay County by specialty groups. Clay County has 38 medical specialists including internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology, and pathology.

EXHIBIT 99: CHANGE IN NUMBER OF PRACTICING PHYSICIANS IN CLAY COUNTY, FYS 2017-2022

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Clay County	349	368	340	340	356
Florida	50,561	51,370	53,002	54,315	56,082

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

EXHIBIT 100: PHYSICIAN SPECIALTY GROUP COUNT IN CLAY COUNTY, FY 2021-22

Type of Specialty Group	Clay County
Anesthesiology	26
Dermatology	6
Emergency Medicine	18
Family Medicine	74
Internal Medicine	113
*Medical Specialist	38
OB/GYN	15
Pediatrics	24
Psychiatry	8
Radiology	5
Surgeons	27
Total	354

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. Clay County has a total of 79 licensed clinical social workers, 11 licensed marriage and family therapists, 127 mental health counselors, and 24 licensed psychologists, as shown in Exhibit .

EXHIBIT 101: TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, CLAY COUNTY & FLORIDA, FY 2020-21

Type of Mental Health Professional	Clay County	Florida

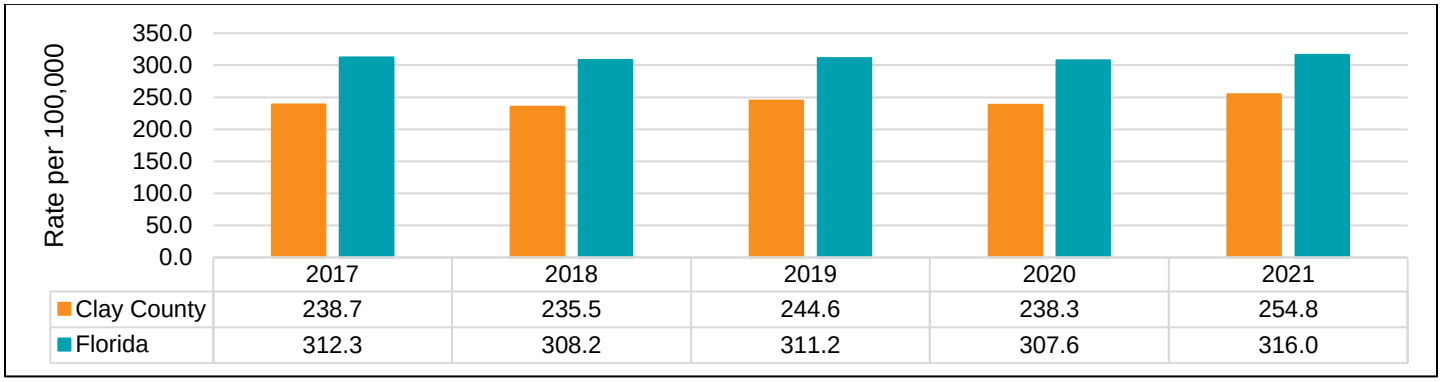
Licensed Clinical Social Workers	79	10,762
Licensed Marriage & Family Therapists	11	2,181
Mental Health Counselors	127	12,397
Licensed Psychologists	24	5,056

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

Health Care Facilities

Acute care hospitals play a key role in delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. In 2021, Clay County had a significantly lower rate of total hospital beds (Exhibit) and acute care beds (Exhibit) than Florida. Clay County has both acute care and specialty hospital beds. Acute care beds are used to provide short-term medical treatment for patients with 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.

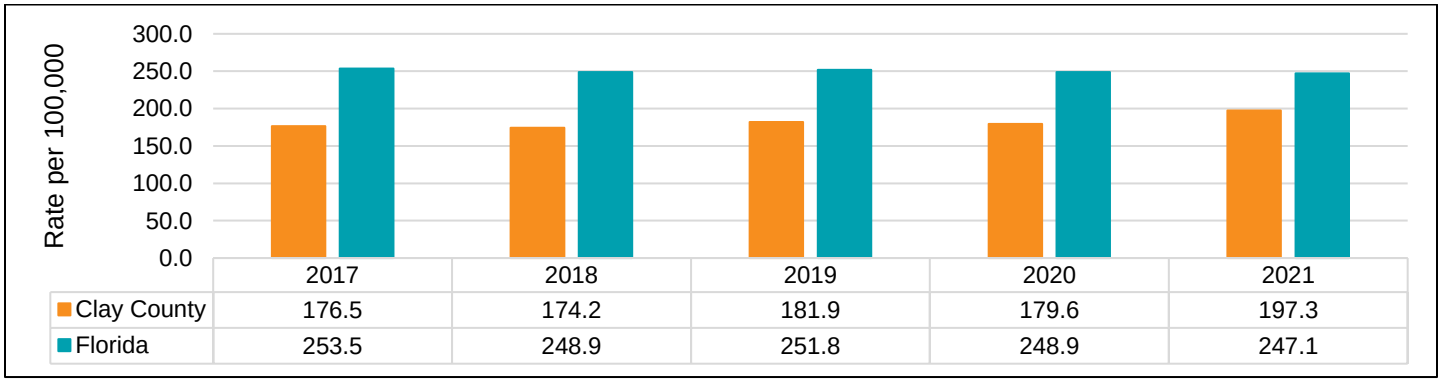
EXHIBIT 102: TOTAL HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2017-2021



	2017	2018	2019	2020	2021
Clay County	238.7	235.5	244.6	238.3	254.8
Florida	312.3	308.2	311.2	307.6	316.0

Source: Florida Agency for Health Care Administration (AHCA)

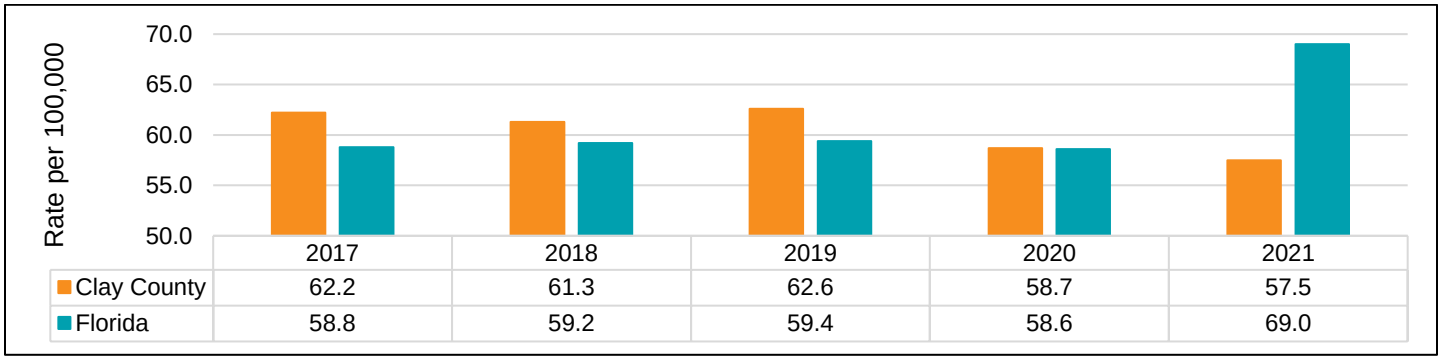
EXHIBIT 103: ACUTE CARE HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2017-2021



	2017	2018	2019	2020	2021
Clay County	176.5	174.2	181.9	179.6	197.3
Florida	253.5	248.9	251.8	248.9	247.1

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 104: SPECIALTY CARE HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2017-2021

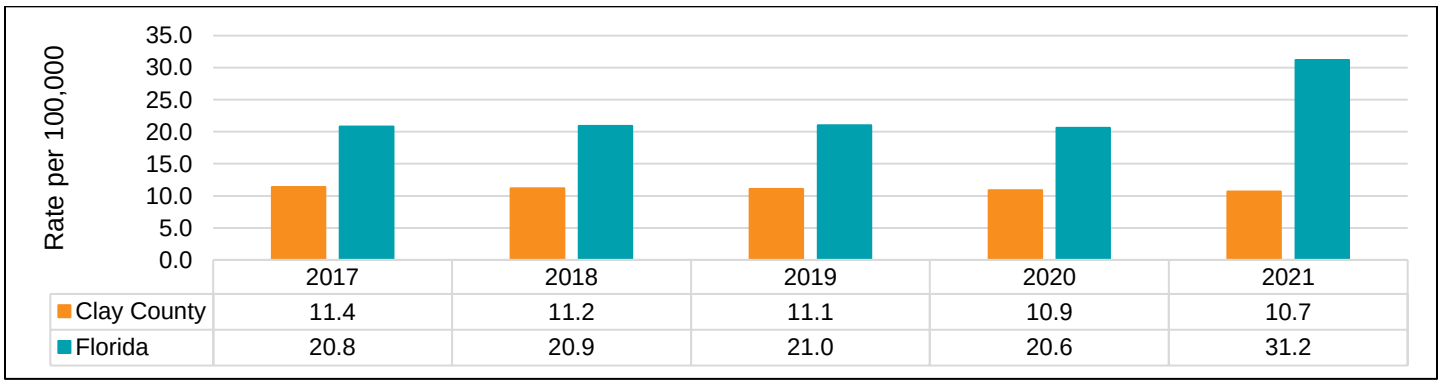


	2017	2018	2019	2020	2021
Clay County	62.2	61.3	62.6	58.7	57.5
Florida	58.8	59.2	59.4	58.6	69.0

Source: Florida Agency for Health Care Administration (AHCA)

Clay County has fewer adult psychiatric beds than the Florida rate. There were 10.7 adult psychiatric beds per 100,000 population in Clay compared to 31.2 beds in Florida in 2021 (Exhibit). There are zero child/adolescent psychiatric beds in Clay County.

EXHIBIT 105: ADULT PSYCHIATRIC BEDS, CLAY COUNTY & FLORIDA, 2017-2021

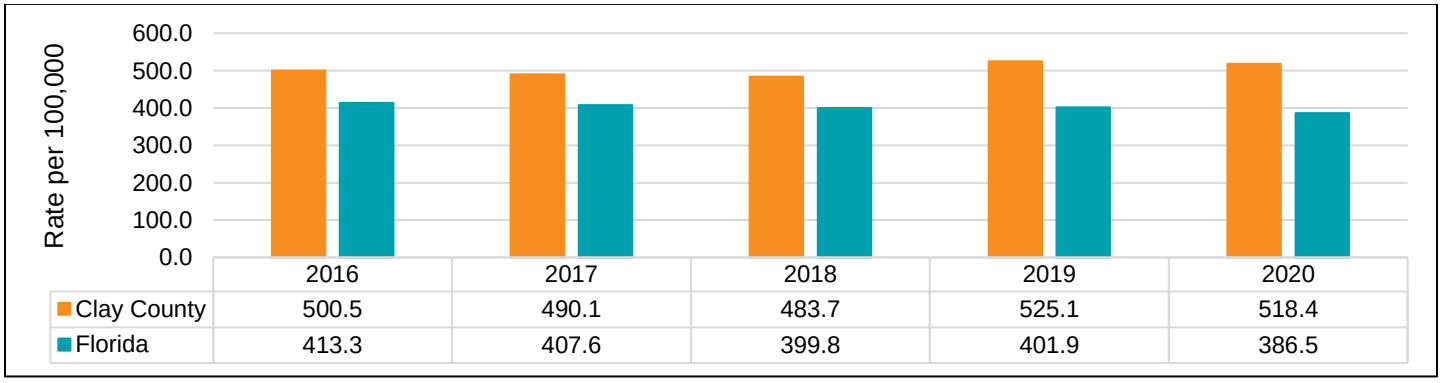


	2017	2018	2019	2020	2021
Clay County	11.4	11.2	11.1	10.9	10.7
Florida	20.8	20.9	21.0	20.6	31.2

Source: Florida Agency for Health Care Administration (AHCA)

Exhibit summarizes the number of community nursing home beds in Clay County. Clay County has a higher rate of nursing home beds per 100,000 population than Florida, with 518.4 nursing home beds per 100,000 people in 2020.

EXHIBIT 106: NURSING HOME BEDS, CLAY COUNTY & FLORIDA, 2016-2020



	2016	2017	2018	2019	2020
Clay County	500.5	490.1	483.7	525.1	518.4
Florida	413.3	407.6	399.8	401.9	386.5

Source: Florida Agency for Health Care Administration (AHCA)

Clay County has 11 free-standing community nursing homes with a total of 1,260 licensed beds, as shown in Exhibit . There is an average occupancy rate of 73.38% for these nursing homes.

EXHIBIT 107: FREE-STANDING COMMUNITY NURSING HOMES IN CLAY COUNTY, 2021

2021		Total		Medicaid		Medicare	
Facility Name	Licensed Beds	Pt Days	Occup Rate.	Pt Days	Occup Rate.	Pt Days	Occup Rate.
Green Cove Springs Rehabilitation and Care Center	120	34,830	79.52%	23,539	79.52%	4,820	11.00%
Isle Healthcare & Rehabilitation Center	108	33,558	85.13%	17,689	85.13%	9,899	25.11%
Life Care Center at Wells Crossing	120	36,210	82.67%	21,563	82.67%	9,619	21.96%
Life Care Center of Orange Park	180	56,680	86.27%	35,942	86.27%	11,195	17.04%
Middleburg Rehabilitation and Nursing Center	120	12,479	28.49%	3,131	28.49%	8,998	20.54%
Orange Park Rehabilitation and Nursing Center	105	37,661	98.27%	25,602	98.27%	7,311	19.08%
The Palms Nursing and Rehab at Orange Park	120	39,357	89.86%	18,702	89.86%	7,593	17.34%
The Pavilion for Health Care	50	13,804	75.64%	5,752	75.64%	1,706	9.35%
Pruitt Health – Fleming Island	97	30,447	86.00%	15,057	86.00%	11,470	32.40%
Raydiant Health Care of Orange Park	120	24,096	55.01%	14,448	55.01%	5,790	13.22%
Vivo Healthcare Orange Park	120	18,340	41.87%	11,609	41.87%	3,144	7.18%
Clay County Total	**1260**	**337,462**	**73.38%**	**193,034**	**73.38%**	**81,545**	**17.73%**

Source: HPCNEF Calendar Year Nursing Home Reports, 2021

Other Facilities

Clay County has 14 assisted living facilities, one adult day care center, and 13 home health agencies (Exhibit).

EXHIBIT 108: TOTAL NUMBER OF LICENSED FACILITIES IN CLAY COUNTY, 2021

Facility Type	Total Number of Licensed Facilities in Clay County
Assisted Living Facilities	14
Adult Day Care Centers	1
Home Health Agencies	13

Source: Agency for Healthcare Administration

Health Care Utilization

Exhibit shows the number of inpatient discharges per hospital in Clay County in 2019, with additional information about length of stay (LOS) and charges.

EXHIBIT 109: HOSPITALS IN CLAY COUNTY BY NUMBER OF INPATIENT DISCHARGES, 2019

Hospital Name	Discharges	LOS	Avg. LOS	Charges	Avg. Charges
Orange Park Medical Center	21987 (72.5%)	99.635 (70.9%)	4.5	2,562,946,113 (86.1%)	116,566.43
St. Vincent's Medical Center Clay County	7834 (25.8%)	25.61 (18.2%)	3.3	305,333,691 (10.3%)	38,975.45
Kindred Hospital – North Florida	488 (1.6%)	15.338 (10.9%)	31.4	107,153,306 (3.6%)	219,576.45
Total	**30309**	**140,583**	**4.6**	**2,975,433,110**	**98,169.95**

Source: Florida Health Finder, AHCA

Exhibit shows the top 15 diagnoses for inpatient visits for Clay County residents to any hospital in Florida by the number of discharges in 2019. Diagnoses are shown as Medicare Severity Diagnosis Related Groups (DRGs). Exhibit also lists cost and length of stay (LOS) each MS DRG. The most frequent DRG recorded for Clay County residents (at any hospital) was septicemia (blood poisoning by bacteria). Other leading causes for inpatient visits included psychoses, normal newborn births, vaginal deliveries, and newborns without complicating diagnoses.

EXHIBIT 110: TOP 15 HOSPITAL INPATIENT DISCHARGES BY DRG, CLAY COUNTY HOSPITALS, ALL AGES, 2019

MS DRG Description	Discharges	LOS	Avg. LOS	Charges	Avg. Charges
SEPTICEMIA W/O MV 96+ HOURS W MCC	1460 (6.0%)	8,602 (7.7%)	5.89	169,863,011 (8.5%)	116,345
PSYCHOSES	1302 (5.3%)	8,104 (7.2%)	6.22	64,869,243 (3.2%)	49,823
NORMAL NEWBORN	1147 (4.7%)	2,101 (1.9%)	1.83	4,061,372 (0.2%)	3,541
VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1083 (4.4%)	2,456 (2.2%)	2.27	23,240,953 (1.2%)	21,460
NEONATE W OTHER SIGNIFICANT PROBLEMS	760 (3.1%)	1,586 (1.4%)	2.09	4,559,836 (0.2%)	6,000
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	587 (2.4%)	1,178 (1.0%)	2.01	62,679,191 (3.1%)	106,779
SEPTICEMIA W/O MV 96+ HOURS W/O MCC	583 (2.4%)	2,206 (2.0%)	3.78	41,324,428 (2.1%)	70,882
HEART FAILURE & SHOCK W MCC	550 (2.3%)	2,933 (2.6%)	5.33	43,336,342 (2.2%)	78,793
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	508 (2.1%)	1,318 (1.2%)	2.59	24,075,429 (1.2%)	47,393
PULMONARY EDEMA & RESPIRATORY FAILURE	491 (2.0%)	4,537 (4.0%)	9.24	37,152,757 (1.9%)	75,668
CELLULITIS W/O MCC	326 (1.3%)	1,005 (0.9%)	3.08	15,142,701 (0.8%)	46,450
RENAL FAILURE W CC	324 (1.3%)	987 (0.9%)	3.05	18,273,150 (0.9%)	56,399
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	321 (1.3%)	717 (0.6%)	2.23	7,116,418 (0.4%)	22,170
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	310 (1.3%)	4,396 (0.9%)	14.18	97,811,639 (4.9%)	315,521
RENAL FAILURE W MCC	303 (1.2%)	1,577 (1.4%)	5.2	24,546,323 (1.2%)	81,011

Source: AHCA Hospital Inpatient Query Result

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

EXHIBIT 111: TOP 15 EMERGENCY DEPARTMENT DIAGNOSES OF CLAY COUNTY HOSPITALS, ALL AGES, 2019

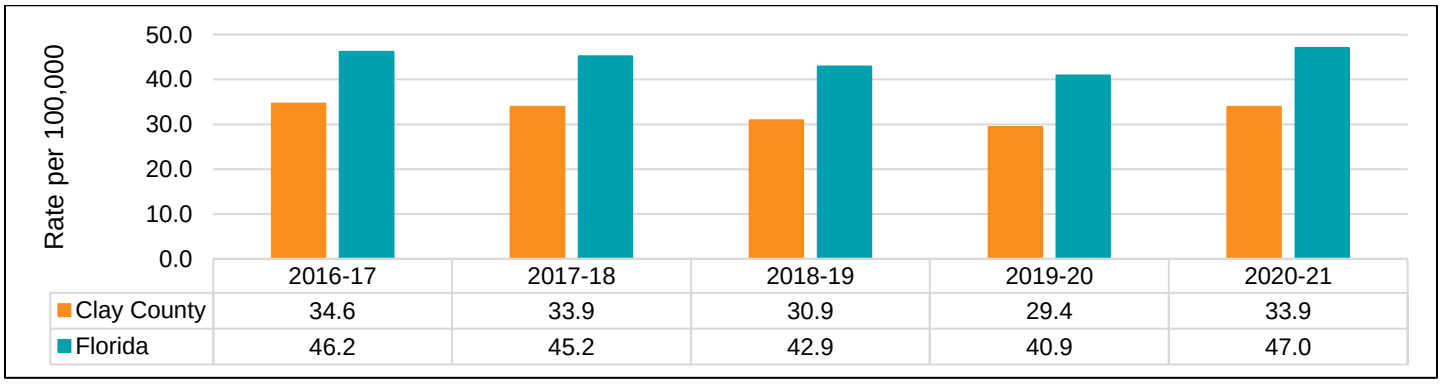
Principal Diagnostic Group	Visits	Charges	Avg. Charges
Symptoms, Signs, and Ill-Defined Conditions	2,004,386 (21.7%)	19,947,828,614 (29.5%)	9,952
Injury and Poisoning	1,817,032 (19.7%)	11,806,605,926 (17.5%)	6,498
Diseases of the Respiratory System	1,082,160 (11.7%)	4,932,218,986 (7.3%)	4,558
Musculoskeletal System & Connective Tissue	744,263 (8.1%)	4,325,444,495 (6.4%)	5,812
Diseases of the Digestive System	589,503 (6.4%)	6,120,036,022 (9.1%)	10,382
Diseases of the Genitourinary System	571,467 (6.2%)	5,363,869,761 (7.9%)	9,386
Diseases Of The Skin & Subcutaneous Tissue	356,698 (3.9%)	1,275,057,262 (1.9%)	3,575
Pregnancy, Childbirth, Puerperium	342,222 (3.7%)	2,097,877,696 (3.1%)	6,130
Diseases of the Circulatory System	279,217 (3.0%)	3,606,136,904 (5.3%)	12,915
Infectious & Parasitic Diseases	248,436 (2.7%)	1,020,164,061 (1.5%)	4,106
Mental, Behavioral & Neurodevelopmental Disorders	248,386 (2.7%)	1,714,741,775 (2.5%)	6,904
Disease of the Ear and Mastoid Process	212,861 (2.3%)	591,848,462 (0.9%)	2,780
V-Codes: Supplementary Classification of Factors Influencing Health Status & Contact with Health Services	200,064 (2.2%)	513,988,284 (0.8%)	2,569
Diseases of the Nervous System	187,605 (2.0%)	1,884,658,873 (2.8%)	10,046
Endocrine, Nutritional & Metabolic Diseases, & Immunity Disorders	132,482 (1.4%)	1,185,877,288 (1.8%)	8,951

Source: AHCA Emergency Department Query Results

County Health Department Personnel and Expenditures

Clay County had a lower rate of full-time employment for their health department per 100,000 population than Florida for the past 5 years (Exhibit). In the 2020-2021 FY, Clay County spent $21.60 per county resident compared to the state average of $32.80 per county resident (Exhibit). DOH-Clay provides public health, clinical, and field services to the residents of Clay County.

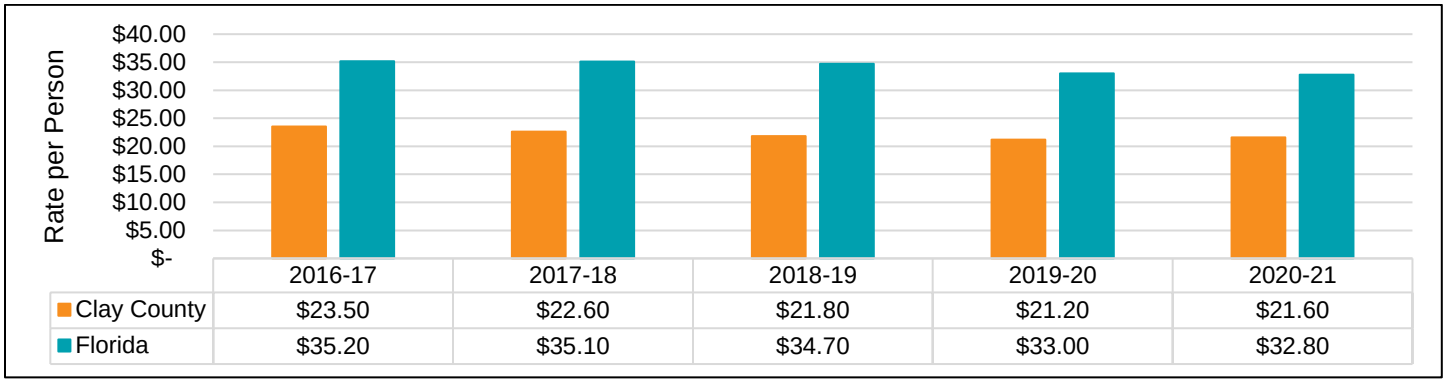
EXHIBIT 112: DEPARTMENT OF HEALTH FULL-TIME EMPLOYEES, CLAY COUNTY & FLORIDA, FYS 2017-2021



	2016-17	2017-18	2018-19	2019-20	2020-21
Clay County	34.6	33.9	30.9	29.4	33.9
Florida	46.2	45.2	42.9	40.9	47.0

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

EXHIBIT 113: DEPARTMENT OF HEALTH EXPENDITURES, CLAY COUNTY & FLORIDA, FYS 2017-2021



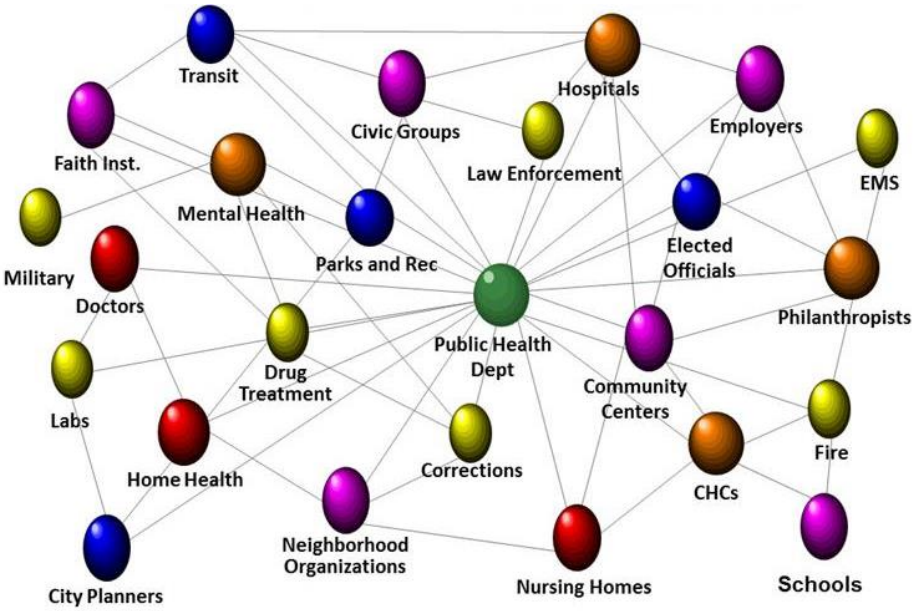
	2016-17	2017-18	2018-19	2019-20	2020-21
Clay County	$23.50	$22.60	$21.80	$21.20	$21.60
Florida	$35.20	$35.10	$34.70	$33.00	$32.80

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

Local Public Health System Assessment

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

EXHIBIT 114: THE PUBLIC HEALTH SYSTEM FROM THE DHHS'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

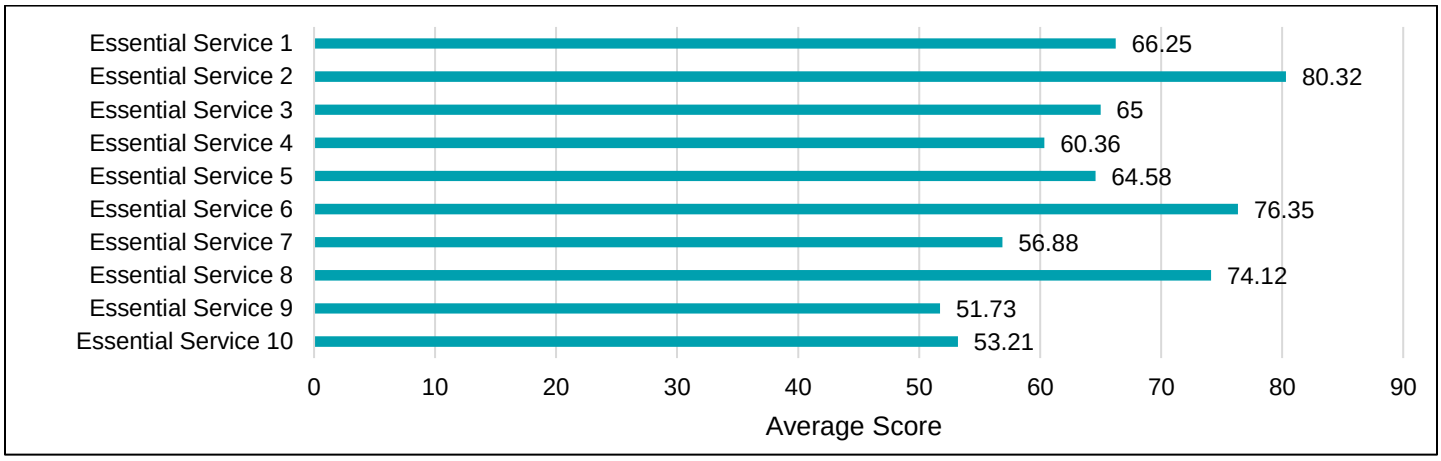
Two workgroups were held in Clay County to review and discuss each of the 10 Essential Public Health Services. The first workgroup consisted of community leaders identified from community sectors. These individuals reviewed Essential Services 1, 3, 4, 5, 7, and 9 since these services typically involve and require the participation of the broader community. The second workgroup

consisted of DOH-Clay 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 provides the overall score for each of the 10 Essential Services, as determined by the LPHSA workgroup members in July and August 2023. It is important to remember that these scores consider 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 Clay County local public health system achieved an average overall score of 67.21 (out of a potential 100), which reflects significant activity. All Essential Service scores reflected either significant activity or optimal performance toward the specified Essential Service. Clay County performs best in Essential Services 2, 6, and 8, and scores lowest in Essential Services 7, 9, and 10. The full breakdown of all performance scores for the 10 Essential Services can be found in Appendix D.

EXHIBIT 115: ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORE SUMMARY, 2023



Summary of Notes from Clay County LPHSA Discussions

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

EXHIBIT 116: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 1

Essential Service 1: Monitor Health Status to Identify Community Health Problems Average Score: 66.25 (Significant Activity) Relative Rank: 4th		
Strengths	Weaknesses	Opportunities for Improvement
• Community health assessments are conducted regularly using the MAPP process • Data is widely available online through Florida Health CHARTS • CHA is regularly updated with new data and trends • MySidewalk is used for the local community CHIP • Good promotion of the CHA to residents and stakeholders	• Hard to keep data up to date since FL Health CHARTS is only updated yearly, but CHIP workgroups meet quarterly • Need to improve processes of analyzing the health data, especially geographically in the county • MySidewalk is not promoted as much as it should be for use of the CHIP and keeping data up to date	• Promotion of how to use the CHAs • Promotion of what the CHA is and how it can benefit the community • Take advantage of different resources to get information about the CHA out to the public • Research a better way to present the data for the CHA to the community in a literacy friendly way

EXHIBIT 117: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 2

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards Average Score: 80.32 (Optimal Activity) Relative Rank: 1st		
Strengths	Weaknesses	Opportunities for Improvement
• Good augmentation of a comprehensive surveillance system • Comprehensive surveillance system with involvement from hospitals • Robust system for diagnosing and investigating health issues • Centralized health system does a good job of health surveillance and reporting • Integrated lab reporting system • Schools have strong notification system for potential disease outbreaks • Rely on EPI for information and guidance when needed	• Timely reporting is an ongoing struggle • There are not always the means for implementing change/interventions • Community-based surveillance systems • New standards/policies from the state can slow progress and cause confusion for community partners	• Continuously identifying opportunities for improvement regarding surveillance and reporting • Improve communication with community partners about the importance of surveillance and reporting • Dissemination of written state rules to community partners

EXHIBIT 118: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 3

Essential Service 3: Inform, Educate, and Empower People about Health Issues Average Score: 65 (Significant Activity) Relative Rank: 5th		
Strengths	Weaknesses	Opportunities for Improvement
• Good risk communication through the EOC (Emergency Operations Center) and JIC (Joint Information Center) • High engagement with multiple organizations in the process of setting priorities, developing plans, and implementing	• Need more coordination with setting priorities • Non-English-speaking residents are left out as materials are not created in a language for them to understand	• Achieve optimal coordination in activities and performance • Translation services for non-English speaking populations • Better coordination of health promotion activities and events • Match the public health message with the target

health education and health promotion • Public health entities do a good job connecting with the media and utilizing all media providers to get health information out to the public • Collaboration with community resources builds a strong foundation through the Care Connect Portal • Policymakers and stakeholders have been essential and impactful helping the county with the strategic plan • Nonprofit sectors provide wrap around resources and connects partners together to target health needs and issues; fosters collaboration	• No unified public health message from all entities and no spokesperson representing public health • Not a lot of safety and educational classes about important health issues that support the pamphlets/flyers (e.g., safe sleep for babies, child safety around pools)	audience and make adjustments as needed • Community prevention and education efforts should reflect the current data • Adjust to the diverse population through education about health issues and best health practices • Identify individuals to talk about areas of health and educate community members

EXHIBIT 119: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 4

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems Average Score: 60.36 (Significant Activity) Relative Rank: 7th		
Strengths	Weaknesses	Opportunities for Improvement
• Standing broad based community health improvement committee • Strong partnerships among community organizations • Some organizations do a good job with engaging community members in activities to improve overall community health	• Community is growing, so it is hard to keep consistency and current directory of community organizations • No community collaboration with keeping the directory of community organizations up to date; need to get community leaders to buy in and participate • No established process for identifying key constituents • Forums are not well-established • No great network for public communication about health issues • Broad based community health improvement committee is very selective and often loses sight of focusing on the needs of community members • Difficulties in keeping a community resource list up to date	• CHIP needs a yearly assessment to bring new players to the table • Focus on building up the collaboration efforts to reach more community members • Work on the actions to address the community concerns that are raised • Have better awareness of where community organizations are at and help them get the funding they need • Offer trainings and awards to know what the community organization is working on and assisting with • Tap in additional organizations to encourage community members to participate in activities to improve community health

EXHIBIT 120: 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: 64.58 (Significant Activity) Relative Rank: 6th		
Strengths	Weaknesses	Opportunities for Improvement
• Strong CHIP process and a broad participation from community members and leaders • DOH-Clay does a good job leading strategies and planning for the CHIP • Workplan aligns with the general CHIP • Strong process and response with managing emergencies and public health emergencies • Community supports the local health department	• County ordinances get left off the table and aren't reviewed every three to five years • Struggles with state funding • A lot of turnovers in community organizations, so new faces make it difficult to know who is who and what they do • Not alerting the community of the possible public health impacts from current and proposed policies • Broad based participation for the community health improvement process is lacking	• Stronger engagement from county government – increasing their awareness of the priorities • Broader focus on the community, rather than specific geographical pockets • Stronger community partners during activation of emergency response • Provide additional support to the health department to assure they have the resources they need • Health department could provide additional support to community health efforts in addition to community partners providing support to the health department

EXHIBIT 121: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 6

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety Average Score: 76.35 (Optimal Activity) Relative Rank: 2nd		
Strengths	Weaknesses	Opportunities for Improvement
• Strong legal counsel that is extremely helpful with understanding laws, regulations, and ordinances • Excellent job notifying programs what the new laws, regulations, and ordinances are • Useful resources to assist with guidance on new laws and regulations	• Local community partners don't stay up to date with the new laws since they keep changing • Rules and regulations change on a daily basis • Ordinances are not reviewed every five years • Not involved with technical assistance in drafting the language of laws, ordinances, and regulations	• Better communication among community partners regarding new laws, regulations, and ordinances • Participate in changing existing laws, regulations, and ordinances • Improvement on evaluation of how well local organizations comply with public health laws

EXHIBIT 122: 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: 56.88 (Significant Activity) Relative Rank: 8th		
Strengths	Weaknesses	Opportunities for Improvement
• Strong resource connection meetings and agencies for community members (e.g., Clay Safety Net Alliance, Mercy Support Services) • Clay Transit bus system is helpful for transportation to health services • Clay residents are very outspoken about the resources they need and could benefit from • Strong efforts to assist people signing up for the public benefits they qualify for • St. Vincent's has a mobile health unit to get health care services to individuals who have difficulties	• Priorities may not be there for individuals' barriers to health care • Hard to get the full picture of the barriers individuals face when accessing health care • Some essential services are not available • Technically challenged individuals or people who do not have internet access face issues accessing health care • Community does not know the resources that are available to them • Lack of personal health services • Not enough resources to meet the needs of county residents • Cultural element is missing	• Continue to and improve the coordination of the delivery of personal health care and social services • Improve the operation of the Clay Transit bus system • Community organizations need additional support from the health department to assure the needs are met • Mobile health unit needs to go to the areas of Clay County that are usually missed and met the people where they are (e.g., Keystone Heights) • Getting the support from county government to extend services • Assist individuals in the more rural areas of the county with access to transportation and internet access • Identify population demographic changes and adjust to reach individuals

EXHIBIT 123: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 8

Essential Service 8: Assure a Competent Public and Personal Health Care Workforce Average Score: 74.12 (Significant Activity) Relative Rank: 3rd		
Strengths	Weaknesses	Opportunities for Improvement
• Identification of everyone's licensure requirements and copies are obtained • Core curriculum trainings • Tuition waivers for workforce trainings and merit-increases for higher education • Leadership development through leadership academy and leadership book club • Workforce assessment • A lot of different trainings and educations • Shared vision with community partners • Basic level of education that the workforce group added to	• Improve public health system hiring process to ensure they are culturally competent and trained to do their jobs • Figuring out staffing/covering positions for going into training • Compensation for job offerings/opportunities may not be enticing enough	• More diverse trainings and education to the public health workforce (offer more of a variety of the types and times they are offered) • Funding for training and education • Training available more than just the annual compliance so that employees can stay up to date

ensure they have a good basis of public health knowledge • PH WINS assessment informs DOH workforce		

EXHIBIT 124: 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: 51.73 (Significant Activity) Relative Rank: 10th		
Strengths	Weaknesses	Opportunities for Improvement
• Individual organizations within the public health system are internally evaluating their services and programs • Telehealth has skyrocketed and in-hospital technology use has greatly improved quality of care • Gaps are constantly identified	• No overall evaluations, only internally within organizations • Moving target of a list of all public, private, and voluntary organizations that provide essential services • Organizations are not fully communicating, connecting, and coordinating services • Not great at evaluating and assessing the gaps identified • Need additional community organizations that focus on niche health topics/issues	• Organizations can share information about their internal evaluations • Use the internal organization evaluations to implement needed changes • Implement using the data into the community

EXHIBIT 125: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 10

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems Average Score: 53.21 (Significant Activity) Relative Rank: 9th		
Strengths	Weaknesses	Opportunities for Improvement
• Quality improvement is strong in the local public health department • Resources and best practices are shared with the public, colleagues, and partners • Good relationships with universities in Florida for internship programs	• Not a lot of research at the local level – hard with the IRB (Institutional Review Board) process • Evaluation of public health systems research is not done throughout all stages of work • Research at community level can be difficult to do	• Identify more of what the local public health department does and share that with community partners (e.g., quality improvement work)

Forces of Change Assessment

The Forces of Change Assessment is designed 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 Steering Committee 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 July 21, 2023, the Clay County Steering Committee team 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 community health outcomes. The forces of change that were identified, along with the potential impacts (both positive and negative) are included in Exhibit through Exhibit .

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

Social		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Increased population growth • Non-violent crimes have decreased, but violent crimes have increased • Increase in homelessness	• Having sufficient resources and services for increased population • Needed resources to deal with increase in violent crimes • Safety in the community	• Providing additional resources and support to survivors of violent crimes • Increasing awareness of violent crimes and ways to stay safe

• Cultural norms are changing because the population is becoming more diverse • Violence in online games • Increased use of video games and virtual reality among youth • Increased in non-English speaking populations • COVID-19 pandemic led to increase in more outdoor spaces for activities	• Children have a more sedentary lifestyle due to video games and virtual reality • Less face-to-face interactions and isolation due to video games and virtual reality	• Improving the process of collecting current data and interpreting it

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

Economic		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Increase in economic opportunities (new industries and jobs) • Job infrastructure is lacking • Labor shortage • Pay increases to public service personnel • New and bigger employers entering the county • Low property tax rates • High interest rates • Increase in property values • Low availability of affordable housing • High debt from postgraduates • Clay Economic Council works to bring projects into the county • High impact fees for new housing to offset infrastructure to build new community resources • COVID-19 funding is waning • New opioid crisis funding • New town centers • Creation of a strategic plan that will help bring in additional grant funding opportunities	• Individuals cannot afford proper housing, leading to homelessness • Not enough employees to sustain organizations and their work • Salaries do not always match the affordability for new houses • Student debt causes issues with affordability • Increase in population strains the public health system and resources • Sustaining programs after COVID-19 funding ends	• Education and trainings required for new jobs • Professional development • Job readiness courses • Increase in job opportunities through the new town centers • Growing population leads to more workers to fill jobs

EXHIBIT 128: GOVERNMENT/POLITICAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Government/Political		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Public policies were set back due to COVID-19 • County has a lot of projects approved in the state budget • Land development codes are being written • Live Local Act – will help people build multi-family homes/structures • Connection of survey highway east and west (First Coast Expressway) • New fire stations being built • Salary cap issues for public services jobs are being addressed • County strategic plan will help better allocate funding • Development initiatives being created for needs in the county • New school legislations • Political challenges from state government	• Maintaining balance of what community members want while not changing the county too much • New legislation regarding schools will affect how people school their children and what parents have a say on • Less public health resources and credibility	• Zoning code changes makes the development process easier • New county development initiatives can help the infrastructure and programs by investing in the community • Discuss how to navigate political changes with the public health system

EXHIBIT 129: COMMUNITY FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Community		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Gateway to Clay, College Drive, and Blanding Corner initiatives • Advocating for mental health and behavioral health • New hospital – Baptist Clay • COVID-19 caused a movement of distrust in the public health system	• Community partners are not wanting to collaborate • Diversity of the growing population might affect the connections made • Community distrust in public health system	• Gateway to Clay, College Drive, and Blanding Corner initiatives are making a positive impact on the community and strengthening public health services in those areas • Identifying the gaps and resources that community partners can assist with • Have community partners collaborate on projects that benefit the community as a whole

EXHIBIT 130: ENVIRONMENTAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Environmental		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Transportation system is not optimal • Legislation passed related to affordable housing by the state government • Large expressway coming into the community • Laws currently being passed related to septic tanks with the goal of getting people off them • Buying conservation land to protect wetlands and wildlife areas • Regional Sports Park (250 acres, 8 multi-purpose fields) • Black Creek Pipeline to get proper water to Keystone Heights • Increased flooding • Hurricanes	• Increased traffic • Community members not listening to public health messaging about actions to take during a disaster (e.g., hurricanes) • Some parts of the community are not walkable or bikeable (e.g., lack of sidewalks, bike lanes) • Hurricane damage causes an increase in resources that are needed	• Improving and adding additional sidewalks • Community members can take advantage of the green spaces • FEMA training for environmental disasters • Outside organizations can participate and understand what it takes to work during a disaster • Black Creek Pipeline will mitigate flooding during disasters and bring water to areas that need it

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

Educational		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Challenges providing public health education in schools • Teachers don't need to be certified to provide public health education • Schools cannot provide education about unhealthy behaviors (e.g., safe dating, consent) • High graduation rates (4th in the state) • Teacher shortage • Schools are more flexible and adaptive due to COVID-19 • Facing political fallout due to COVID-19 in parents' rights and what can and cannot be taught • Political challenges create new policies and curriculum changes	• Schools are not being built in the more rural areas of the county • Not enough teachers to meet the student demand • Schools pass some responsibility to other resources, so they won't be held accountable • Students are not receiving the education they need on healthy behaviors and living healthy lifestyles • Homeless children only get their nutrition and hygiene in the schools • Adults are not able to afford the additional education they might need • Non-English-speaking students have difficulties in the classroom	• Providing resources and support to the non-English speaking student population • Schools could have resources to address behavioral concerns • Trainings for teachers to identify the signs of mental health issues • Continue to promote employment opportunities to students once they graduate • New internships to high school students will expand the public service workforce

• Changes to the Step Up program (increased funding) • St. Johns River State College does not have a student health education program for the student body (no gym, no clinic, no educational opportunities) • Robust adult education program • Adult education scholarships are not accessible • Internships for students to enter the public service workforce (e.g., firefighters) • New elementary school – Spring Park • New high school and middle school being built – Saratoga Springs	• Political changes influence the future of educational opportunities and curriculum	

EXHIBIT 132: SCIENCE/TECHNOLOGY FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Science/Technology		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• More telehealth services due to the pandemic • More virtual and hybrid meetings to ensure wider participation from community partners in health initiatives • Clay Connect – effective way to spread word about health issues and concerns • Increase in video games, VR technology, and social media • Increase in aviation and space • Florida Broadband Opportunity Program • LTE on Gateway to Clay to assist with safety • Including AI service in online platforms to answer questions from the public	• People may not have the telehealth education or broadband internet to access online services • Less face-to-face communication and lack of communication skills • Increase in technology use for health services affects non-English speaking individuals	• Virtual health education services • Online counseling for mental health • Work on expanding into the areas that are harder to reach via telehealth services • Increase in technology creates more capability • Expanding insurance coverage for telehealth services • Florida Broadband Opportunity Program increases internet access • Partnership with Cecil Field for increasing space and aviation programs • Use technology to grade infrastructure and look into more green products/services • Drone technology for paramedicine and fire rescue

EXHIBIT 133: ETHICAL/LEGAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Ethical/Legal		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Increased distrust between community leaders, organizations, and residents • Laws and regulations surrounding immunizations • SWEAT program to help students get the care they need • Pendulum changes due to COVID-19 and governmental leaders • Providing anonymity for telehealth services • Abortion ban • Per- and polyfluoroalkyl substances (PFAS) and clean up to address cancer to public safety personnel • Insufficient security in the courthouse	• Abortion ban may affect mortality and morbidity rates for mothers and children • New laws and regulations surrounding immunizations may lead to an increase in communicable disease rates	• More privacy for telehealth services • Updating security in the courthouse • New legislation around PFAS should help improve public safety and public health

EXHIBIT 134: HEALTH FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Health		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Post-pandemic rise in communicable diseases (e.g., tuberculosis, STDs) • Increase in substance abuse disorders and vaping • Mosquito-borne illnesses are on the rise • New outbreaks of old diseases and viruses • Individuals who cannot afford health care are overutilizers of emergency departments • Health professional shortage • Health professional burnout • New hospital – Baptist Clay • New paramedicine program • New mental health in-patient facility • New emergency center in Middleburg • Additional free-standing clinics are being built • New cancer treatment center	• Increase in spread of disease, mortality and morbidity rates • Children vaping affects their overall health • Health resources are not allocated to the harder to reach areas of the county (e.g., Keystone Heights) • Health misinformation • Overall health system suffers from the labor shortage	• Increasing education about communicable diseases • Create inpatient care for substance abuse patients • Improve access to health services with the new health facilities opening • The new health facilities may address the super utilizers of the ED

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-Clay decided to gather community input through focus groups, key stakeholder interviews, and community surveys.

From March to June 2023, 10 key stakeholder interviews and five focus groups were conducted, and 974 surveys were collected with the cooperation of DOH-Clay County. The purpose of conducting the interviews and focus groups and collecting the surveys was to better understand the perspectives of community stakeholders on the health perceptions and health care needs of Clay County residents. These interviews, focus groups and surveys were intended to ascertain the opinions of community stakeholders who have knowledge of the community or influence in the county. The findings provide qualitative information, revealing community sentiments regarding health care services in Clay County. A summary of community opinions was reported without assessing the veracity of participant comments.

Community Focus Groups

In May and June 2023, community input was solicited through five focus groups held throughout Clay County. Meetings were held at several locations to capture opinions from a diverse citizen base. Meeting locations included:

- Orange Park High School
- BASCA, Inc.
- Clay Behavioral Health Center
- Mission of the Dirt Road
- Baptist Medical Center Clay

At the beginning of each focus group, the HPCNEF facilitator explained the purpose of the assessment and then asked the participants 15 discussion questions. In addition to the discussion questions, HPCNEF staff 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 five focus groups. Focus group participants completed a nine-question form, which asked about their demographic, socioeconomic, and health characteristics. Some participants did not answer every question on the form.

Of the 39 focus group participants, 87.2% were female and 12.8% were male. Most participants were aged 26-54 years old (Exhibit). Many participants identified as White/Caucasian (84.6%) (Exhibit). Over half of the participants had a technical degree/community college or higher education level (

Exhibit). Most participants had an annual household income higher than $50,000 (51.3%), but it is important to note that 10 participants have an annual household income lower than $10,000 (Exhibit). Many participants were covered by healthcare insurance through their job or a family member’s job (51.3%) (

Exhibit). Of the 39 participants, 61.5% were employed full-time or part-time, 12.8% were retired, 7.7% were unemployed, and 18.0% were disabled (Exhibit). Overall self-reported health was good or excellent for 74.3% of participants, and 25.7% said they were in fair health (Exhibit).

EXHIBIT 135: AGE DISTRIBUTION OF FOCUS GROUP PARTICIPANTS

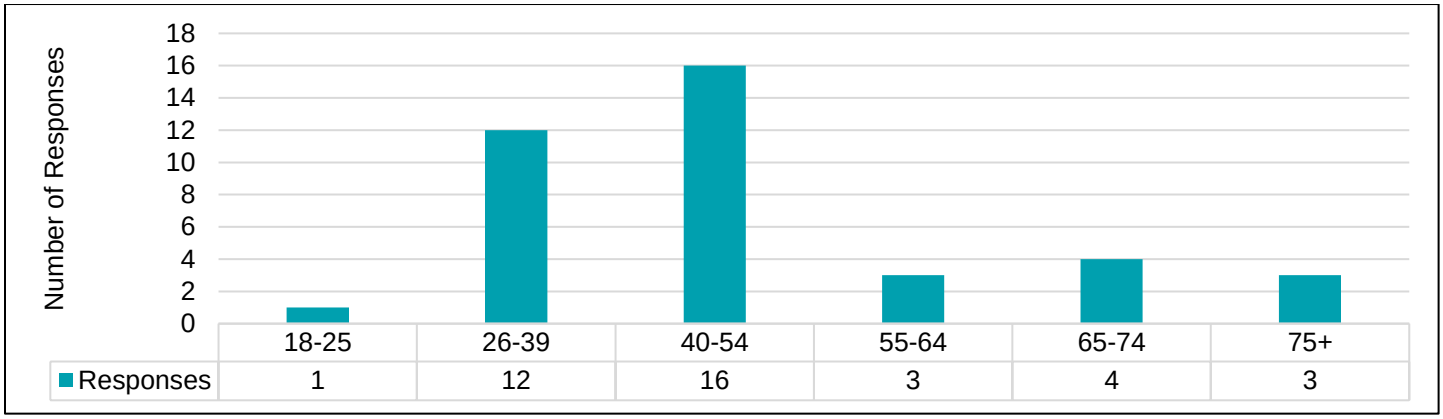


EXHIBIT 136: GENDER OF FOCUS GROUP PARTICIPANTS

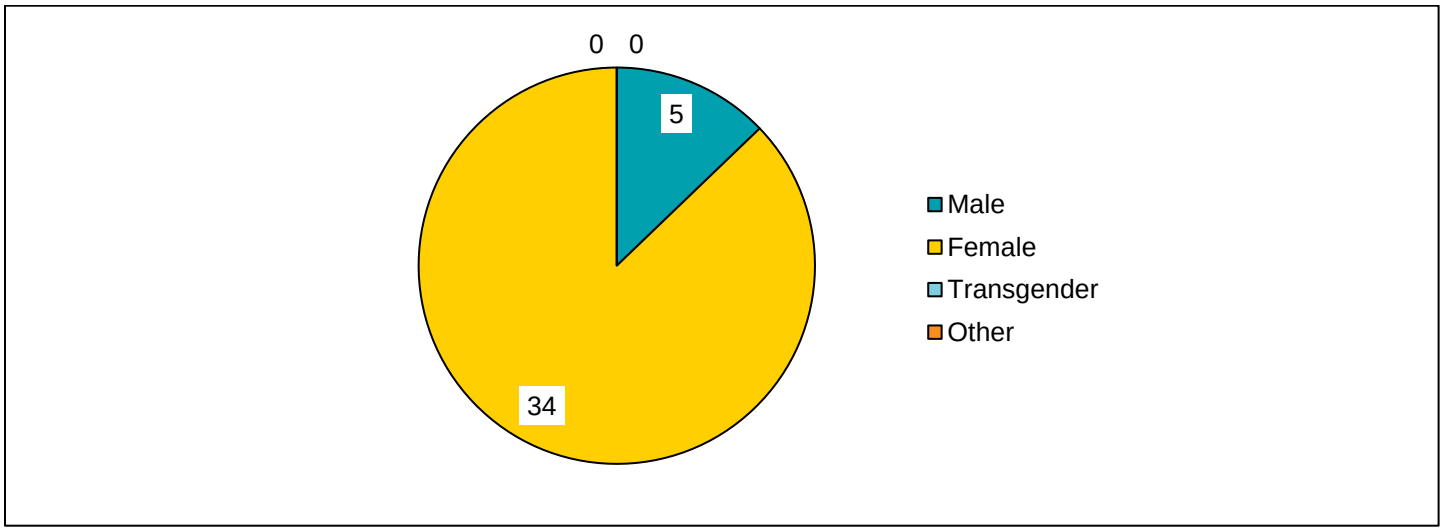


EXHIBIT 137: RACE/ETHNICITY OF FOCUS GROUP PARTICIPANTS

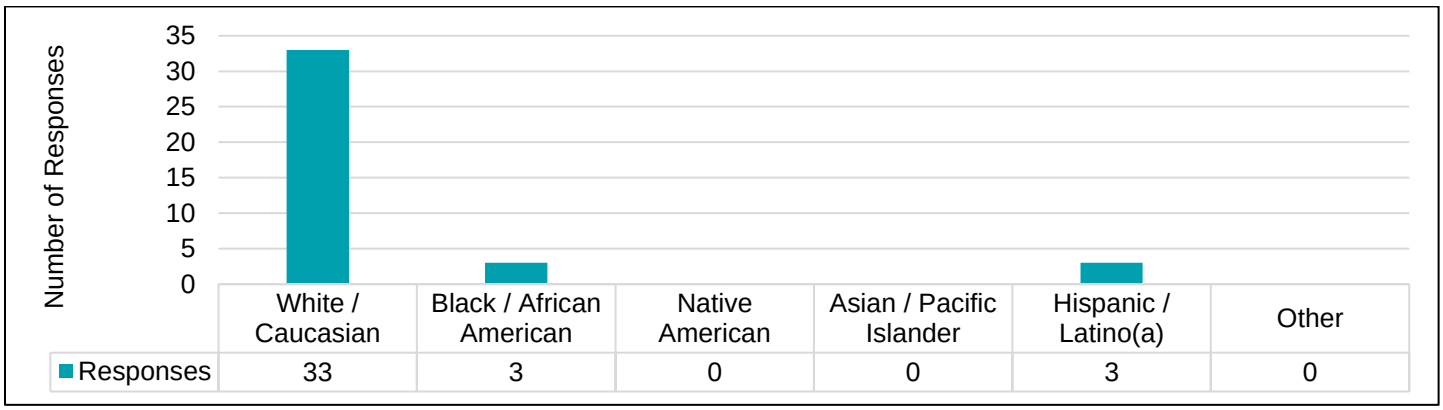


EXHIBIT 138: HIGHEST LEVEL OF EDUCATION COMPLETED BY FOCUS GROUP PARTICIPANTS

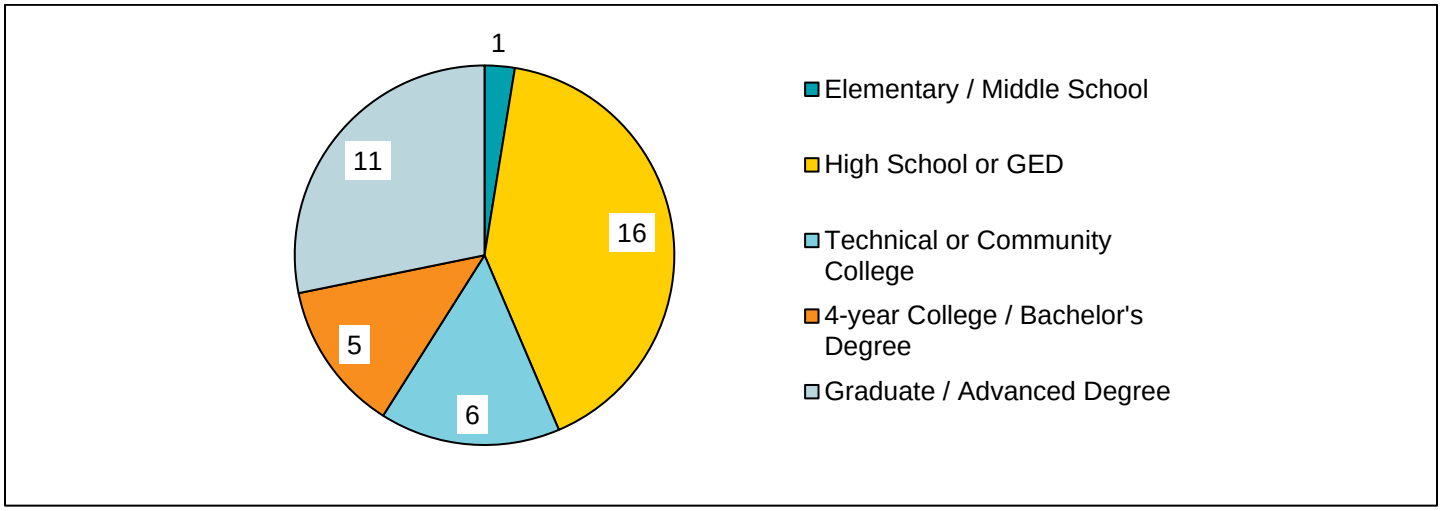


EXHIBIT 139: WHAT ZIP CODE DO YOU LIVE IN?

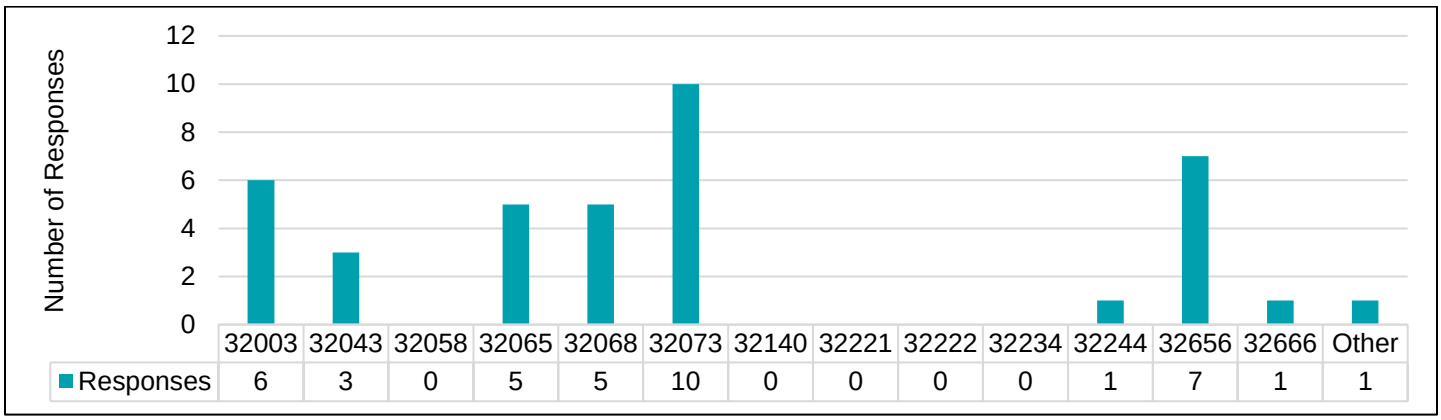


EXHIBIT 140: CURRENT EMPLOYMENT STATUS OF FOCUS GROUP PARTICIPANTS

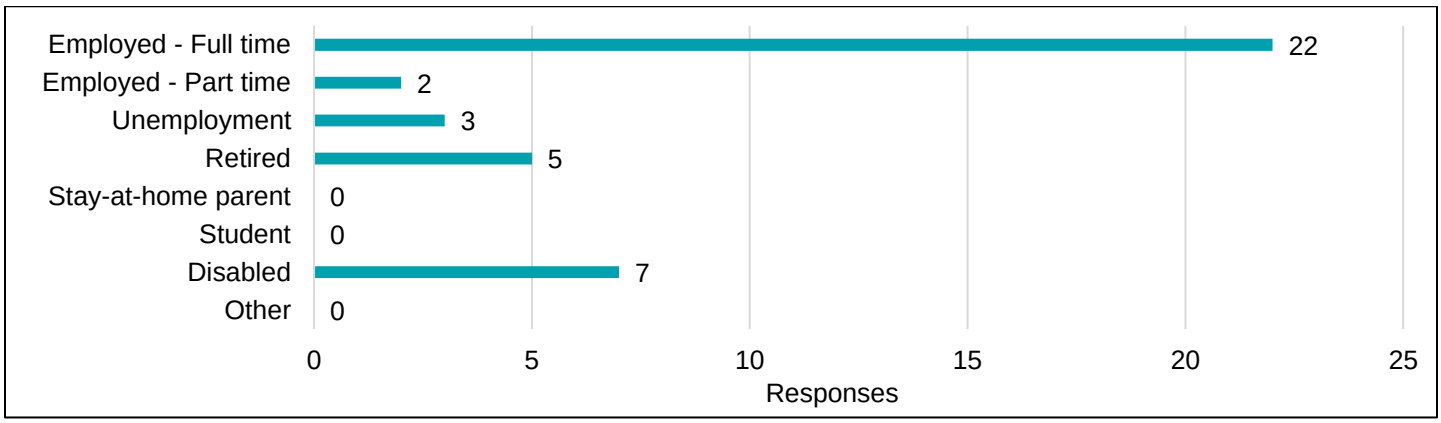


EXHIBIT 141: HOW IS YOUR HEALTH INSURANCE COVERED?

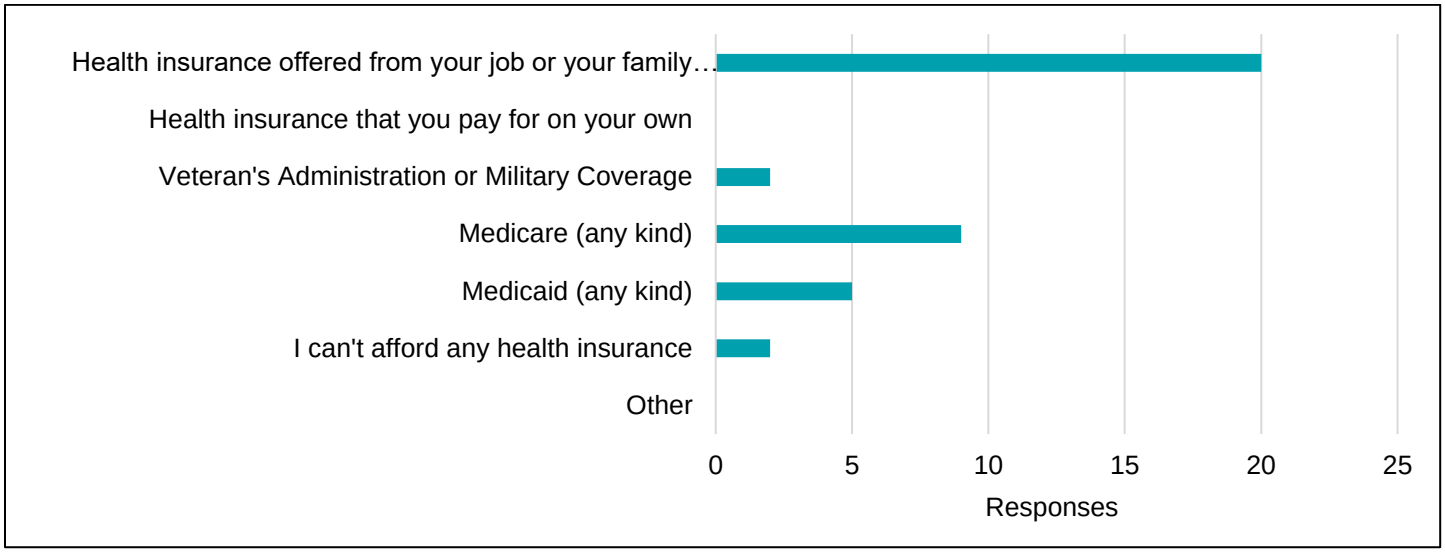


EXHIBIT 142: APPROXIMATE TOTAL HOUSEHOLD INCOME OF FOCUS GROUP PARTICIPANTS

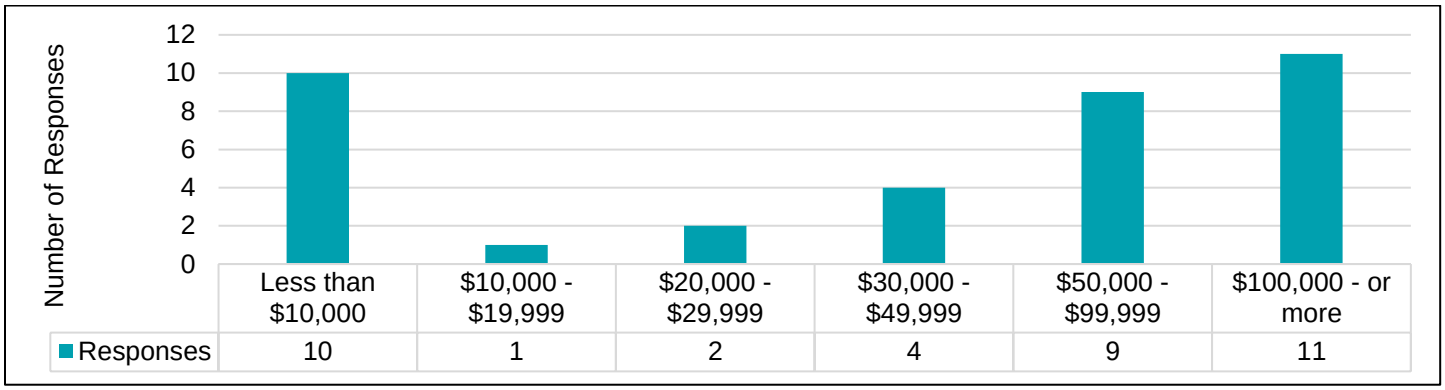
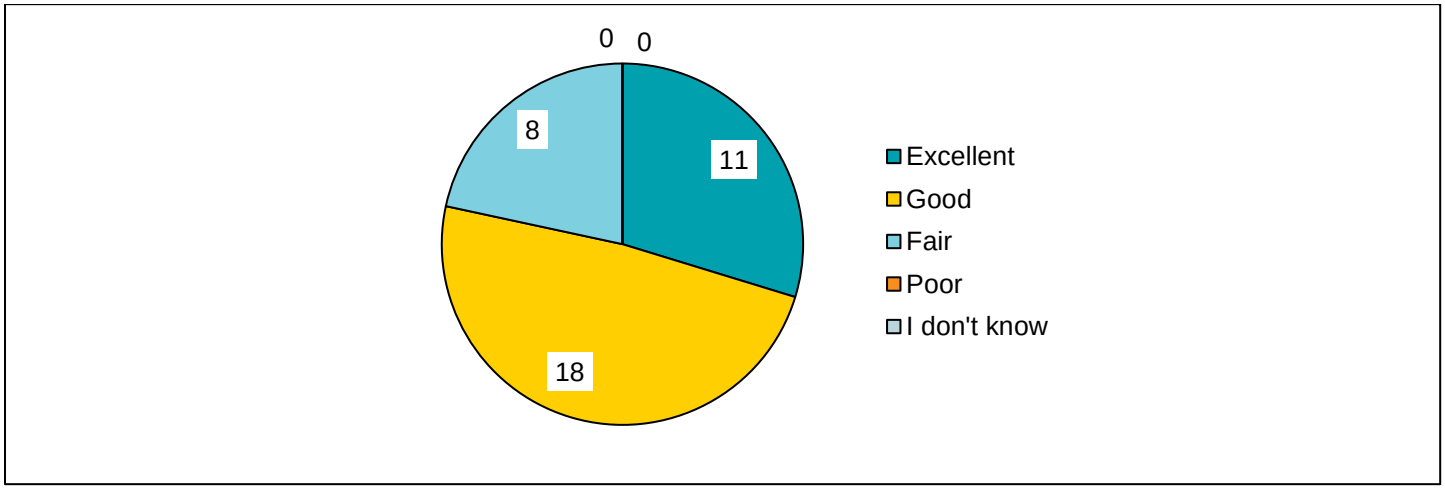


EXHIBIT 143: HOW DO YOU RATE YOUR OVERALL HEALTH? (CHOOSE ONE)



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.

Question 1 – What do you think prevents people in the county from being healthy (or from having optimal health and wellness)?
Participants in the focus groups identified several key barriers to health and wellness in the county. The most commonly mentioned obstacles were the limited availability and affordability of healthy food options, with unhealthy alternatives being more prevalent and cheaper. This lack of access to nutritious food was a significant concern. Participants also highlighted a lack of providers and specialists who accept a variety of insurance options as a barrier, particularly for individuals on Medicare and Medicaid plans. The overall low number of healthcare professionals, coupled with a limited acceptance of different types of insurance, poses challenges for accessing necessary care.

Transportation emerged as another prominent barrier. Many participants expressed difficulties accessing health care services due to a lack of personal transportation. The high cost of alternative transportation options further compounded this issue. Lack of awareness of resources available as well as health education were also highlighted as other barriers that prevent people from having optional health. Participants mentioned limited knowledge about health habits and available services in their community. This included a lack of awareness regarding free food distribution sites, their operating hours, and a general absence of education on healthy behaviors.

Living in rural areas presented additional challenges. Participants mentioned limited internet access and digital literacy difficulties, which include issues finding, evaluating, and communicating information on online platforms. The scarcity of parks and trails, particularly ones designed for adults, and the difficulties accessing them were also mentioned. The high cost of health care and insurance, as well as a lack of availability of services in rural areas of the county were also identified as significant barriers, impacting individuals' ability to seek necessary care.

Other comments discussed by participants related to the stigma and discomfort of discussing personal health issues, income disparities, and the departure of doctors in Keystone Heights. While these issues were mentioned, they were not emphasized as often as the aforementioned factors.

In summary, the focus group responses highlighted barriers related to the availability and affordability of healthy food options, limited access to healthcare providers and specialists, transportation difficulties, lack of awareness and education, geographic constraints, and the cost of health care and insurance. These findings provide valuable insights for addressing these obstacles and developing strategies to improve health and wellness outcomes in the county.

Question 2 – What do you love about your neighborhood?
Participants in the focus groups expressed genuine appreciation for various aspects of their neighborhood. One commonly mentioned feature was the quietness, which contributed to a peaceful and tranquil atmosphere. The walkability of the neighborhood was also highlighted, indicating that residents found it convenient and enjoyable to navigate on foot. Safety and comfort were emphasized, with participants expressing a strong sense of security and comfort in their neighborhood.

Another positive aspect of the neighborhood was the presence of good neighbors and a close-knit community. Participants valued the friendly and supportive relationships within their neighborhood, which fostered a strong sense of community. The abundance of opportunities to engage with nature was also appreciated, with participants enjoying the availability of parks and natural spaces. State parks were specifically praised for being well maintained.

Participants noted the diversity of geographic areas within their neighborhood, providing a variety of housing options to choose from. The mixed-use of space, including a combination of residential, commercial, and recreational areas, was seen as a positive feature that enhanced the neighborhood's appeal. Participants also emphasized the promotion of inclusivity and a sense of unity in their rural communities.

Access to community amenities was highlighted, particularly the presence of the Keystone Heights library, which was considered a valuable resource for children. Additionally, participants noticed improvements in their neighborhood upkeep and maintenance.

In summary, the focus group responses revealed a genuine fondness for the quietness, walkability, safety, and comfort of the neighborhood. The strong sense of community and good neighbors, as well as the opportunities for outdoor and nature activities, were highly valued. The diversity of geographic areas, mixed-use spaces, inclusivity, access to community amenities, and improvements in neighborhood maintenance were also regarded as positive aspects. Together, these features contribute to a community environment that residents genuinely love and appreciate.

Question 3 – What things are missing in your neighborhood that you would like to have to stay healthy?

When discussing the things that were missing in their neighborhood to maintain good health, participants in the focus groups expressed several key desires. Participants identified a need for improved access to healthy foods within their neighborhood and expressed a desire for better availability and affordability of nutritious options. Some participants love the walkability, cleanliness, and safety within their neighborhoods whereas others discussed those things are lacking in their own communities. The addition of amusement parks was also suggested, which would offer recreational opportunities for both children and adults. Participants highlighted the need for a variety of social and recreational opportunities to promote an active lifestyle.

The focus group participants also expressed a desire for accessible and affordable transportation options to facilitate participation in community activities and access to health care services. In terms of health care, participants indicated a need for doctors who accept Medicaid and Medicare, as well as assistance with navigating the healthcare system and care coordination. They mentioned a desire for resources like the United Way’s 211 helpline to provide assistance.

The lack of healthcare providers in the Keystone Heights area was also voiced, emphasizing the need for more available services. Participants expressed a desire for health fairs, back-to-school fairs, and nearby facilities that offer health screenings and preventative care services. They specifically mentioned a need for diabetes workshops, education, and self-management support. In addition, participants emphasized the importance of having healthcare providers who reflect the demographics of the area, enabling patients to feel more comfortable seeking medical care. Education was also identified as a missing component for maintaining good health. Participants expressed a desire for more health education initiatives that provide information and resources to promote healthy behaviors and lifestyles.

In summary, the focus group responses highlighted the desire for improved access to healthy foods, the presence of sidewalks for safe walking, a cleaner neighborhood, and the availability of amusement parks and diverse social and recreational opportunities. Participants also indicated the need for affordable and accessible transportation options, healthcare providers accepting Medicaid and Medicare, assistance with navigating the healthcare system, care coordination, and resources like the 211 helpline. Additionally, there was a desire for health fairs, preventative care services, diabetes workshops, education, and self-management support. The importance of having healthcare providers who mirror the population as well as increased health education initiatives were also emphasized.

Question 4 – What things are you worried about in your neighborhood that prevent you from being safe and healthy?

Participants in the focus groups expressed various concerns about factors in their neighborhood that hindered their safety and overall health. The lack of accessibility for people with disabilities was a worry expressed by participants, indicating the need for improved infrastructure and accommodation. Pavement damage was identified as an issue that limited the ease of use for individuals relying on adaptive equipment.

Traffic congestion was mentioned as a challenge that caused transportation difficulties, leading to longer travel times for appointments or accessing essential services. Participants highlighted that local roads often had higher traffic volume and longer travel times compared to using highways to reach farther destinations.

Another prevalent concern was the presence of trash and litter, which was perceived as a barrier to maintaining a clean and healthy environment. Participants also mentioned a lack of streetlights, which contributed to feelings of insecurity and diminished safety. Crime-related activities and general concerns for personal safety were also voiced by participants. The presence of needles in parking lots and drug use within the neighborhood were specifically mentioned as alarming and distressing factors.

Affordable housing was a significant concern, as participants expressed worries about the availability and accessibility of affordable housing options within their neighborhood. The strain on community resources resulting from rapid growth and development in the area was also identified as a potential barrier to safety and health.

Participants voiced concerns about the lack of specific health care services within their neighborhood. The absence of pediatric inpatient care and a detox center for substance use recovery were noted as gaps in the available resources. Limited funding and transportation options were cited as contributing factors to the lack of services. Furthermore, participants emphasized the need for more behavioral health clinics and additional housing options tailored to individuals with mental health issues and drug abuse.

In summary, the focus group responses highlighted concerns regarding trash and litter, inadequate street lighting, pavement damage affecting accessibility, crime-related activities, safety concerns, drug use, lack of affordable housing, resource strain from growth and development, transportation challenges, lack of specific health care services, funding limitations, and the need for behavioral health clinics and specialized housing options. These worries reflect the potential barriers that individuals in the neighborhood face in maintaining their safety and overall health.

Question 5 – What barriers or difficulties do you or others face gaining access to care for chronic disease?

Participants in the focus groups identified several barriers and difficulties faced when accessing care for chronic diseases. One common barrier mentioned by participants was the limited acceptance of all insurance types in Clay County. They expressed frustration that some medical services might be available but only for specific insurance options, which restricts access for individuals with different insurance coverage. Transportation emerged as a significant challenge, with participants highlighting the lack of available transportation within the county. Long transportation times and distances were mentioned as barriers to accessing necessary health care services.

Long waiting lists to see specialists and a scarcity of providers specializing in chronic diseases were also identified as barriers. Participants expressed frustration with the limited number of providers, particularly for chronic diseases, leading to delays in receiving specialized care. The shortage of mental health providers and limited availability of behavioral health care options were significant barriers mentioned by participants. The absence of care for autism spectrum disorder and the need for more pediatric options were also highlighted as gaps in available services. Participants also indicated a need for more respite care programs, particularly for caregivers, and highlighted the importance of elderly and childcare options. The lack of maternal care choices was identified as another barrier, impacting access to comprehensive care for expectant mothers. Accessibility for individuals using adaptive or assistive equipment was highlighted as yet another important concern. Participants emphasized the need for improved accessibility and accommodations to ensure equitable health care access for people with disabilities.

Availability of medication was another concern. Participants noted that certain medications might not be readily available within the county, causing difficulties for individuals in obtaining necessary prescriptions. Lastly, participants stressed the need for more chronic disease education programs and self-management workshops, specifically mentioning the need for programs like a diabetes workshop. They highlighted a lack of education and resources to effectively manage chronic conditions.

In summary, the focus group responses highlighted barriers such as limited acceptance of insurance types, transportation challenges, medication availability, long waiting lists for specialists, lack of accessibility for people with disabilities, shortage of experienced specialists, limited mental health and behavioral health care options, absence of care for specific behavioral health disorders, need for more pediatric and maternal care options, insurance-related obstacles, desire for respite care programs, elderly and child care options, access to alternative care choices, and a lack of chronic disease education and self-management programs. These barriers and difficulties contribute to the challenges individuals face when seeking care for chronic diseases in the community.

Question 6 – What barriers or difficulties do you or others face gaining treatment for acute illnesses?

Participants in the focus groups shared their experiences and highlighted various barriers and difficulties faced when seeking treatment for acute illnesses. Participants expressed frustration with the inability to secure same-day appointments at doctor's offices, which led to the alternative of going to the hospital emergency room for immediate treatment. This highlighted the lack of timely access to primary care services for acute illnesses. A lack of knowledge about the location of urgent care facilities and when to use them, as well as understanding the appropriate use of the emergency room (ER), was mentioned as a barrier. Participants indicated a need for better education and awareness regarding these health care options. The absence of minute clinics and urgent care facilities near Keystone Heights was identified as a barrier to receiving prompt treatment for acute illnesses.

Participants expressed a desire for more accessible and convenient options closer to their community.

One significant barrier mentioned was the difficulty experienced by the elderly and disabled population in accessing telehealth visits. Participants emphasized that this population often faces challenges with technology and may require additional support to engage in virtual health care consultations. With telehealth being utilized more in health care settings, participants discussed the need for education and training on how to access and use these services.

The lack of pediatric inpatient care was identified as a notable barrier, particularly for acute illnesses. Participants expressed concerns about the limited availability of specialized care for children, particularly when it comes to behavioral health issues.

Insurance coverage and high out-of-pocket costs were mentioned as obstacles to receiving timely treatment for acute illnesses. Participants shared concerns about the financial burden associated with accessing necessary health care services. Lastly, the long distance required to travel to healthcare facilities was identified as another barrier resulting in delays in receiving timely treatment for acute illnesses.

In summary, the focus group responses highlighted barriers such as difficulty with telehealth visits for the elderly and disabled population, lack of pediatric inpatient care, lack of acceptability of all insurance coverage plans, high out-of-pocket costs, decreased options for COVID-19 vaccines and tests, absence of nearby minute clinics and urgent care facilities, lack of knowledge about health care options, challenges with securing same-day appointments at doctor's offices, and long distances to healthcare facilities. These barriers and difficulties contribute to the challenges individuals face when seeking treatment for acute illnesses in the community.

Question 7 – What barriers or difficulties do you or others face gaining access to primary and preventative healthcare?

Participants in the focus groups identified several barriers and difficulties faced when accessing primary and preventative healthcare. Long wait times for appointments were identified as a significant challenge. Participants expressed frustration with the delays in accessing primary and preventative care due to extended waiting periods. Obtaining same-day appointments for urgent care issues was described as very difficult or almost impossible, resulting in individuals being unable to receive prompt medical attention. Receiving correct medication in a timely manner was mentioned as another common difficulty, highlighting the challenges in medication management and prescription fulfillment.

The absence of healthcare screening facilities in the immediate vicinity was mentioned. This limited availability of screening services posed a challenge for individuals seeking preventative care. The process of diagnosing complex diseases that require numerous appointments and follow-up visits, such as cancer, was mentioned which can pose logistical challenges for individuals accessing primary and preventative care. Transportation issues and the distance to healthcare facilities were also highlighted as barriers to accessing primary and preventative care. Participants noted that the distance to healthcare facilities, including those for laboratory and diagnostic appointments, deterred individuals from seeking necessary services.

Certain physicians not accepting specific types of health insurance was identified as another barrier to health care access. The lack of free dental clinics and limited availability of medical clinics for the uninsured or underinsured were noted as challenges, particularly for individuals who face financial barriers to health care access. Technology issues, including limited internet access and the inability to utilize telehealth services, were identified as barriers to accessing primary and preventative care.

Participants highlighted the importance of equitable access to technology for health care services for all residents of the county.

In summary, the focus group responses highlighted barriers such as difficulties in receiving accurate medications for prescriptions, long wait times for appointments, challenges in obtaining same-day appointments for urgent care, limited availability of healthcare screening facilities, transportation issues and distance to healthcare facilities. In addition, other barriers discussed included delays in accessing care due to falling behind on basic needs, complexity in diagnosing chronic diseases, limitations in accepting certain types of health insurance plans, lack of free dental and medical clinics for the uninsured or underinsured, as well as technology issues utilizing telehealth services for certain populations. These barriers and difficulties contribute to challenges faced by individuals seeking primary and preventative health care in the community.

Question 8 – What health services do you need in your neighborhood that are not available?
Participants in the focus groups mentioned several health services that they felt were lacking in their neighborhood. Health services most needed in the community that were identified by participants are dental care, maternal and infant care, behavioral health services for adults and children, and additional primary care providers. Participants emphasized the need for additional healthcare facilities for preventative care and screenings, which included more primary care providers, mobile clinics, and pop-up preventative education and wellness checkups. These services would provide outreach and education to community members on various health topics and offer on-site wellness checkups.

The presence of a community health clinic, similar to The Way Free Medical Clinic in Green Cove Springs, was suggested as a valuable addition to the neighborhood. Participants highlighted the need for a healthcare facility that offers comprehensive services to the community. More healthcare facilities for preventative care and screenings were mentioned as a necessity. Participants expressed a desire for increased availability of resources that focus on preventive health measures and regular screenings.

Lastly, the need for physical therapy services was mentioned, indicating a desire for accessible and available options for individuals requiring physical rehabilitation and therapy.

In summary, the focus group responses highlighted the need for dental services, maternal and infant care, pediatric health care, support services and resources, mental health services for adults and children, childcare services, a community health clinic, vision care services, more healthcare facilities for preventative care and screenings, additional primary care providers, mobile clinics, pop-up preventative education and wellness checkups, and physical therapy services. These health services were identified as necessary additions to the neighborhood to address the health care needs of the community.

Question 9 – Why or why not? (Do you have a primary care doctor?)
Most focus group participants stated that they have a primary care doctor. Those participants without a primary care doctor said the reason was due to not enough provider options in the area they live in, which ultimately results in longer wait times. They also noted that current providers do not accept all types of healthcare insurance.

The health services identified in Question 8 that are not available in the community and are needed include: dental care, maternal and infant care, pediatric health care, support services and resources, behavioral health services for adults and children, childcare services, a community health clinic, vision care services, more healthcare facilities for preventative care and screenings, additional primary care providers, mobile clinics, pop-up preventative education and wellness checkups, and

physical therapy services. Participants discussed that these services are not currently available where they live, and access barriers (e.g., transportation and cost) make it difficult to receive these services.

Question 10 – Where do you get information about health?
When seeking information about health, participants in the focus groups mentioned a range of sources they relied upon, including local organizations that provide support services, family members, neighbors, doctors, and healthcare professionals. They emphasized the importance of getting guidance from sources by medical experts and professionals, such as healthcare employment sites. Guardians and caregivers were also identified as sources of health information, highlighting their role in providing guidance and support.

The internet was mentioned as a significant source of health information. Participants referred to specific websites such as the Mayo Clinic website and the Centers for Disease Control & Prevention (CDC) website for accessing reliable and trusted health information. However, some participants expressed concerns about the potential for misinformation and disinformation on the internet. Social media platforms, such as the Keystone Word of Mouth group on Facebook, were also mentioned as sources of health-related information. However, participants acknowledged the need to be cautious about the accuracy and reliability of information shared on social media.

It was noted there is currently no accessible and reliable list of resources available to residents, indicating a lack of centralized health information sources that residents can readily access.

In summary, the focus group responses highlighted various sources for obtaining health information, including BASCA, Inc. (Building Abilities of Special Children & Adults); family members; neighbors; doctors and healthcare professionals; internet sources like the Mayo Clinic and CDC websites; social media platforms; community members who provide assistance; and local organizations. Participants expressed concerns about misinformation on the internet and acknowledged the need for accessible and reliable resources for residents seeking health information.

Question 11 – Think back to your last visit with your doctor. What should they do to improve communication with you?
When reflecting on their last visit with their doctor, participants in the focus groups provided valuable insights on how communication could be improved. Participants emphasized the importance of better engagement and conversation during doctor visits. They expressed a desire for healthcare providers to take the time to listen to their concerns and actively engage in meaningful dialogue. Using basic language instead of complex medical terminology was one of the ways suggested to improve communication. Participants appreciated when doctors explained medical concepts in simple terms that were easier to understand. The limited time allocated for appointments (e.g., 15 minutes) was seen as a barrier to effective communication. Participants felt that more time should be allotted to discussing concerns thoroughly.

Clear communication regarding the objectives and expectations of the appointment would enhance the overall experience. Participants also emphasized the need for better understanding of care. They mentioned that providers should avoid having tunnel vision and consider the broader context of a patient's health and well-being. Understanding a patient's overall care needs and ensuring comprehension before the end of the appointment were seen as important aspects of effective communication. Cultural needs and personal preferences for alternative care, such as holistic approaches, should be considered by providers. Participants stressed that providers should pay attention to these important factors and adapt their communication and treatment options accordingly.

Explaining treatment options and providing detailed explanations for each option were mentioned as improvements that could enhance communication. Participants desired a clearer understanding of the available choices and the rationale behind them. The explanation of charges and billing for appointments was highlighted as an area where improved communication is needed. Participants expressed a desire for transparency in billing, particularly when charges are incurred for discussions at their appointments rather than medical treatment. Addressing and treating multiple health concerns within a single appointment, rather than focusing solely on one issue, was mentioned as a way of improving communication and ensuring comprehensive care.

The use of technology for health care forms and documents was identified as a barrier for older adults and individuals with disabilities. Participants expressed the need for alternative methods to accommodate those who face challenges with online communications and patient portals due to lack of internet access or technological proficiency.

In summary, the focus group responses emphasized the need for better engagement and active listening by healthcare providers, the use of basic language instead of complex medical terminology, improved understanding of reason for certain appointments and care, consideration of cultural needs and personal preferences, clear explanations of treatment options and charges, longer amounts of time allocated for appointments, comprehensive care for multiple health concerns, and accommodations for individuals who face barriers with technology. Implementing these improvements can enhance communication between doctors and patients, leading to more effective and patient-centered care.

Question 12 – If yes, why do you think you were mistreated? (Have you ever experienced discrimination while accessing healthcare services?)

When discussing experiences of discrimination while accessing healthcare services, participants in the focus groups shared various factors that contributed to their mistreatment. Miscommunication and misunderstandings were identified as potential causes of mistreatment. Participants described instances when information was not effectively conveyed or understood, leading to a breakdown in communication between the provider and the patient. Participants also discussed instances in which providers may have had tunnel vision, focusing on a specific condition or aspect of care without considering the individual as a whole.

Participants mentioned instances of mistreatment in maternal and pediatric treatment appointments. They expressed concerns about not being listened to properly, feeling dismissed when their concerns differed from what the provider deemed normal, and lacking validation for their feelings and experiences. Participants also shared examples when they were told by a doctor that they did not have an issue, only to later require hospitalization for an illness that was initially dismissed. This lack of accurate assessment and diagnosis was seen as mistreatment and a failure to provide appropriate care.

Ageism was identified as a form of discrimination, with participants noting that providers may overlook certain health issues in older adults due to their outward appearance of good health or a youthful appearance. Also, ethnic discrimination was mentioned as a concern, particularly when the demographics of healthcare providers did not reflect the diversity of the community. Participants felt that this disparity in representation led to specific issues in their healthcare experiences. Language barriers or accent barriers posed challenges to effective communication and comprehension. Participants expressed the need for further explanation when they did not fully understand their doctors, especially when complex medical terminology was used. They also highlighted the limited

availability of translation services, particularly when information was provided in written form instead of through interactive devices.

In summary, the focus group responses highlighted factors such as lack of proper listening and validation, miscommunication and misunderstanding, insufficient employer compensation and job insecurity, lack of consistency and continuity in care, ageism, ethnic discrimination, language and accent barriers, inadequate translation services, and miscommunication between doctors and patients as potential causes of mistreatment and discrimination experienced while accessing healthcare services. Addressing these issues can help improve the overall quality and equity of healthcare experiences for patients.

Question 13 – What do you feel was the reason for the mistreatment?
Participants discussed the reasons why they experienced mistreatment while accessing healthcare services. The reasons include their age, ethnicity, and demographic background.

Question 14 – How has your community been most impacted by COVID-19?
The COVID-19 pandemic has had a significant impact on the community. Participants in the focus groups highlighted several positive and negative effects.

Positive Effects

- The increased availability of telehealth services was mentioned as one of the impacts of COVID-19. Participants noted that telehealth options expanded during the pandemic as a way to provide healthcare remotely.
- Mental health promotion received increased attention during the pandemic. Participants appreciated the emphasis on mental well-being and the availability of resources to support mental health needs.
- Participants expressed a positive outlook on how their community recovered from the impacts of COVID-19. They appreciated the sense of community that emerged, with people watching out for each other and coming together to support one another.
- COVID-19 testing and immunizations created new health connections within the community that have continued beyond the pandemic.

Negative Effects

- COVID-19 restrictions and precautions limited the ability to have interpreters or advocates present during appointments, thus impacting communication between healthcare providers and patients who required additional support.
- Isolation and social distancing measures had a profound impact on the community. Participants mentioned the challenges of being physically separated from loved ones and the resulting mental health implications.
- The economy of the community was significantly affected by COVID-19. Participants noted effects such as the closure of businesses due to safety reasons and the lack of financial resources, resulting in economic hardships for individuals and the community.
- There was a mention of a significant increase in pediatric mental health issues and an uptick in pediatric Baker Acts, indicating the impact of the pandemic on the mental well-being of young individuals.
- Participants also noted the increased prevalence of opioid use and vaping during the pandemic, which reflected the challenges and consequences of coping mechanisms adopted during this difficult time.

Question 15 – You may have heard about place matters, how where you live can affect your health. Let's say you are in charge for a day and have $1 million to spend to help the community, what would you do?

If given the opportunity to allocate $1 million to help the community, participants in the focus groups described a wide range of actions they would prioritize.

- Increase cancer prevention, screenings, and awareness programs
- Increase healthy food options
- Increase children's mental health services
- Build more schools
- Add additional public transportation and make it available to everyone
- Expand food drives, soup kitchens, food pantries
- Increase housing options and make them affordable
- Add additional resources and assistance for accessing healthcare
- Develop roadways
- Create a community center for events, children, and health services
- Increase health and safety education for children
- Build a mental health facility
- Close vape shops
- Build free healthcare facilities (medical, dental, vision, hearing, etc.)

Key Findings of Focus Groups

Barriers to healthcare access: Various barriers were identified that prevent people in the county from accessing healthcare services. These include low-income levels, transportation challenges, limited access to healthy foods, lack of access to healthcare resources, mental health issues, limited education and awareness, difficulty securing timely appointments, lack of specialty care, a limited number of providers and services, and insurance coverage issues.

Reasons for healthcare access difficulties: The reasons for healthcare access difficulties highlighted by the focus group participants include low socioeconomic status, transportation challenges, lack of awareness and education, lack of knowledge about available services, a limited number of providers for primary and specialty care, lack of healthcare facilities for specialty care and preventative care, long waitlists and inability to secure same-day appointments, high cost of healthcare services, and issues finding providers and services that accept Medicaid and Medicare insurances.

Specific health care services facing access challenges: Specific health care services that face access challenges include community health clinics, dental care, mental health care, maternal and pediatric care, general healthcare and preventive screenings, chronic disease care and education, specialty providers and facilities for higher levels of care (e.g., detox center, pediatric inpatient unit), obtaining prescriptions, and education about available services.

Actions to address healthcare access: The focus group participants suggested various actions to improve healthcare access. These include enhancing education and awareness, implementing chronic disease education and self-management programs, expanding the reach of community health clinics, utilizing mobile clinics, providing community education classes, improving internet access for telehealth services, increasing access to specialty care and preventative services, improving transportation options, increasing the number of behavioral health providers and dentists, and increasing the number of providers and services available to different insurance types, especially Medicaid and Medicare.

Notable Key Themes

- Access to health care services and resources:
    - Limited access to healthcare facilities and services
    - Lack of transportation to healthcare facilities
    - Long wait times for appointments and care
    - Limited availability of primary and preventive health care services
    - Lack of awareness about available resources and services
    - Lack of specialty care providers and facilities
    - Individuals on Medicaid or Medicare face difficulties in accessing providers and services

- Social determinants of health:
    - Transportation issues
    - Low-income levels
    - Affordability of healthcare services, cost of living, and inflation
    - Limited access to healthy food options
    - Limited internet access

- Health education and knowledge:
    - Lack of knowledge, awareness, and availability of health education programs
    - Lack of access to healthcare resources
    - Lack of awareness of food distribution sites (food pantries)
    - Lack of knowledge of health habits
    - Lack of knowledge of proper utilization of health care services
        - When to go to the ER, urgent care, or primary care for an issue

These themes reflect the key health-related issues and needs identified by the focus group participants from 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. It must also be considered that due to the geography of the county and the diversity of the focus group participants, there are different responses due to the different needs of various populations in the community.

Key Stakeholder Interviews

DOH-Clay County 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 ten interviews through Zoom and Microsoft Teams meetings during the months of May and June 2023. On average, each interview lasted approximately 20 minutes. The instrument used to conduct the interviews is included in Appendix B-2. Interviewees were asked questions on the following issues:

- Overall perspective on most important health care needs and issues in Clay County
- Opinions of important health issues that affect county residents
- Impressions of specific health services available in the county and the accessibility of these services
- Impact of COVID-19 on Clay County

Interview Analysis

Key stakeholders who participated in these interviews include representatives from Baptist Medical Center Clay, Clay Behavioral Health Center, Clay County Fire and Rescue, Clay County Government, Clay County Sheriff's Office, HCA Florida Orange Park Hospital, Kids First of Florida, Mission of the Dirt Road, Quigley House, and UF/IFAS Extension Clay County. All the key stakeholders have lived and/or worked in Clay County for at least three years. The interview questions for each KSI are identical. Some key stakeholders did not provide an answer to every question asked. There is some duplication of subject matter and feedback among categories. A summary of their responses to each question follows. This section of the report summarizes what the community stakeholders reported without assessing the credibility of their comments.

Question 1 – How many years have you worked in the county?

The responses from the key stakeholders varied in terms of their tenure in the county, with a range of experience from 3 years to 29 years. The average tenure among the respondents was approximately 13 years, with three individuals having worked in the county for over 20 years. 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.

Question 2 – What do you think prevents people in the county from being healthy, or from having optimal health and wellness?

The stakeholders identified various factors that they believe prevent people in the county from being healthy or achieving optimal health and wellness. The most mentioned barriers included low-income levels, transportation challenges, limited access to healthy foods, and a lack of access to health care services and resources. These factors were seen as significant contributors to the health disparities within the county.

Additionally, the stakeholders highlighted the impact of substance use and addiction, mental health issues, and generational family culture on people's health outcomes. They also recognized that limited education and awareness about the adverse effects of unhealthy behaviors, such as smoking, alcohol consumption, and drug use, play a role in hindering optimal health.

Furthermore, the stakeholders noted that some areas of the county offer easily accessible recreational spaces, while the majority of the county lacks such amenities. This disparity in recreational spaces can have implications for physical activity and overall well-being. The stakeholders also mentioned that some populations, particularly those with low socioeconomic status and demanding work hours, face additional challenges in prioritizing their health because of time constraints and other responsibilities.

Overall, these identified barriers reflect how socioeconomic, environmental, and cultural factors impact the health of individuals in the county. Addressing these barriers and promoting equitable access to healthcare, education, and resources can help to improve the overall health and well-being of the county's population.

Question 3 – Are there populations in the county that face barriers or difficulties gaining access to healthcare related to chronic diseases? If yes, which populations?

The stakeholders identified specific populations within the county that face barriers or difficulties in accessing healthcare related to chronic diseases. These populations include minorities and immigrants, especially those with low income, as well as fixed-income groups relying on social security or disability benefits. In addition, low-income populations, elderly, individuals with diabetes, the uninsured and underinsured, and those with mental health issues were identified as populations

facing challenges in accessing healthcare for chronic diseases. Furthermore, populations living in pockets of the county characterized as food deserts, where access to fresh and healthy food options is limited, were also mentioned.

Recognizing these populations that face barriers to healthcare access for chronic diseases is crucial for developing targeted interventions and strategies. The stakeholders emphasized that these populations often require more demand for public services, but due to the barriers they face, they end up repeatedly seeking help for the same health problems. Addressing the unique needs and challenges faced by these populations, such as through improving access to healthcare services, addressing socioeconomic disparities, and enhancing support systems, can contribute to reducing health disparities and promoting equitable healthcare outcomes within the county.

Question 4 – Why do you think the populations you mentioned face difficulties getting or accessing healthcare for chronic diseases (such as asthma, heart disease, cancer, diabetes, or mental illness)?

The stakeholders identified several reasons why the previously mentioned populations face difficulties in obtaining or accessing health care services for chronic diseases. Limited preventative care and a lack of social support, especially for the elderly, were recognized as contributing factors. Limited transportation options were identified as a significant obstacle, making it challenging for individuals to reach healthcare facilities. Financial constraints in low-income and uninsured populations emerged as barriers that prevent access to necessary healthcare services. Language barriers and a lack of awareness regarding available services also hindered access for certain populations.

The high cost of living within the county was highlighted as a reason why healthcare may not be prioritized or affordable for some individuals. Delayed healthcare-seeking behavior, where individuals wait until their conditions reach a critical state, was noted among certain populations. Insufficient education about the adverse effects of unhealthy behaviors, such as smoking, alcohol, and drug use, was identified as a factor that may impact a person's decision to seek out healthcare services. Lack of knowledge about available services and a preference for in-person care rather than telehealth were also mentioned as barriers.

Moreover, the stakeholders emphasized that for some populations, health and wellness are not given sufficient priority, which further contributes to difficulties in accessing healthcare for chronic diseases. Recognizing these reasons is essential for developing targeted interventions and strategies to address the identified barriers and promote equitable healthcare access for all individuals facing chronic diseases within the county.

Question 5 – Are there populations in the county that face barriers or difficulties accessing immediate treatment for acute illnesses? If yes, which populations?

The stakeholders identified various populations within the county that encounter barriers or difficulties when accessing immediate treatment for acute illnesses. Among these groups are low income and elderly populations who face challenges in accessing timely care for acute illnesses. Additionally, the uninsured and underinsured individuals experience difficulties in accessing immediate care for acute illnesses due to limited or inadequate insurance coverage. Undocumented individuals, with no legal immigration status, were also recognized as a population that faces barriers to accessing immediate treatment.

Furthermore, the limited or no availability of maintenance care services and education after a diagnosis was identified as a barrier to effective management of care and health for those with complex medical conditions or chronic diseases. Foster children were also mentioned as a population that may face difficulties in accessing immediate treatment for acute illnesses. Lastly, populations

residing in areas of the county considered to be food deserts, where access to fresh and healthy food options is limited, may also encounter obstacles in accessing immediate care.

Acknowledging that these specific populations face barriers to accessing immediate treatment for acute illnesses is vital for developing targeted interventions and strategies. The county can work towards ensuring equitable and timely access to acute care for all residents by addressing the unique challenges faced by these populations, such as improving access to healthcare services, enhancing insurance coverage options, and providing education and support.

Question 6 – Why do you think the populations you mentioned face difficulties accessing services or immediate treatment for acute illness?
According to the stakeholders, there are a range of reasons why the previously mentioned populations face difficulties in accessing services or immediate treatment for acute illnesses. One prominent factor is low socioeconomic status, particularly low-income level. It was noted that populations with higher incomes tend to have more access to services and are more likely to seek help promptly. Conversely, populations with lower incomes may delay seeking help due to financial constraints or lack of resources.

Another contributing factor identified by the stakeholders is the perceived lack of alternatives. Some populations, particularly those with limited resources, may resort to utilizing emergency services even when immediate medical attention is not required. Lack of knowledge, awareness, and education about available healthcare resources and services emerged in key stakeholder interviews as a significant barrier. Additionally, as in the case of foster children, legal guardianship issues may hinder their access to necessary services, such as dental care. In these situations, guardians may not have the authority to sign off on health care for their foster children.

Transportation challenges and limited-service options were also mentioned as barriers. Some individuals may have to travel long distances to access necessary care due to a lack of nearby healthcare facilities or limited transportation options. Moreover, the absence of after-hours care further restricts their access to immediate treatment.

Lastly, the stakeholders highlighted that health and wellness may not be a priority for some individuals, which can result in delayed or limited access to services for acute illnesses. Addressing these underlying reasons is crucial for designing interventions that enhance access to immediate treatment and services for all populations, irrespective of socioeconomic status or other barriers they may face.

Question 7 – Are there populations in the county that face barriers or challenges in gaining access to primary and preventive healthcare? If yes, which populations?
The stakeholders identified several populations within the county that face barriers or challenges in accessing primary and preventive healthcare. These populations include low-income individuals, the elderly, and those with fixed incomes. Furthermore, populations residing in areas that are food deserts and individuals struggling with housing insecurity were also recognized as groups that may encounter barriers in gaining access to primary and preventive healthcare. The stakeholders also noted that uninsured and underinsured individuals may encounter the same difficulties.

Additionally, the stakeholders mentioned that youth, veterans, and foster care children are among the populations facing barriers to accessing primary and preventive healthcare.

Understanding the barriers to accessing primary and preventive health care these populations face is essential for developing targeted interventions and strategies. By addressing the specific challenges

faced by the populations mentioned above, such as through improving healthcare affordability, enhancing insurance coverage options, expanding healthcare services, and providing education and support, the county can work towards ensuring equitable access to primary and preventive healthcare for all residents.

Question 8 – What primary or preventive health care services do the populations you mentioned have difficulty accessing?
The stakeholders highlighted several primary and preventive health care services that the populations mentioned have difficulty accessing. One primary healthcare service mentioned was the community health clinic or Federally Qualified Health Center (FQHC), specifically Aza Health. It was noted that these clinics often have long wait lists, resulting in delayed care for the populations in need.

General healthcare and preventive screenings were emphasized as services these populations may struggle to access. Geographic location of healthcare facilities may play a role in accessibility. If healthcare facilities are not located where they are needed most, it can create barriers for populations to access primary and preventive healthcare services. Dental care and mental health care were identified as significant services with access issues. Furthermore, the limited availability of dental care and mental health resources can compound difficulties in obtaining these essential healthcare services.

Reproductive health care, including services related to family planning and sexual health, was also mentioned as an area in which certain populations face obstacles to access. Another such service mentioned was prenatal care, which is crucial for ensuring the health of expectant mothers and their babies.

Education was identified as a factor contributing to difficulties in accessing these services. Some individuals may lack awareness of how to access health care services or may not realize that certain locations offer services suitable for them.

Addressing these barriers to accessing primary and preventive health care services is crucial. Improving availability and reducing wait times for community health clinics, expanding dental and mental health care resources, ensuring adequate reproductive and prenatal care services, and increasing awareness and education about available health care services can help mitigate these challenges and enhance access to essential care for the populations in need.

Question 9 – Why do you think the populations you mentioned face difficulties accessing primary or preventive care?
The stakeholders provided insights into the reasons why the populations mentioned face difficulties accessing primary or preventive care. One primary factor identified was the long wait lists or wait times for appointments that contribute to delayed access to care. Limited transportation options emerged as another significant barrier, preventing individuals from reaching healthcare facilities for necessary services. Furthermore, the lack of internet access or unreliable internet connectivity poses challenges for utilizing telehealth services, particularly for low-income populations who may not have access to the necessary technology. Moreover, individuals may not feel comfortable using telehealth services, potentially due to unfamiliarity or discomfort with virtual visits. The availability of resources in certain geographic areas was also noted as a challenge, as some locations may have limited or no availability of primary or preventative healthcare services.

The stakeholders also noted that being uninsured or underinsured affects individuals' ability to access primary or preventive care. Education was identified as another key component in accessing available healthcare services. Limited awareness or knowledge of how to access primary or

preventive care, as well as understanding which healthcare facilities are suitable for specific populations, contribute to the difficulties faced. The stakeholders also highlighted that lack of specific services, such as elder adult care or adult day care, may further limit access to appropriate care. Lastly, financial, food, and housing insecurity were identified as additional factors that affect the populations' ability to access primary or preventive care. Individuals facing these insecurities may prioritize other immediate needs over healthcare.

Addressing these barriers requires comprehensive strategies, including reducing wait times, improving transportation options, expanding internet access for telehealth services, enhancing insurance coverage options, strategically locating clinics throughout geographic areas of the county, increasing education and awareness about available services, and addressing the specific care needs of vulnerable populations. By addressing these underlying reasons, the county can work towards removing obstacles and ensuring equitable access to primary and preventive care for all populations.

Question 10 – What actions can be taken, or do you see as necessary, to address access to primary healthcare?

The stakeholders provided valuable insights into the actions and measures they believe are necessary to address access to primary healthcare. Education and awareness emerged as a crucial aspect, with a need to enhance community understanding of health services, available resources, and healthy living practices. It was noted there is a lack of health education in the public school system, indicating the importance of incorporating health education into the curriculum.

Several specific actions were suggested to improve access to primary healthcare. The stakeholders highlighted the value of paramedicine programs, which involve trained paramedics providing health care services in the community. Connecting patients to healthcare providers and services was emphasized, highlighting the need for efficient referral systems and navigation support.

Expanding community health clinics, such as the Emmanuel Project and The Way Free Medical Clinic, was considered an essential step in enhancing primary healthcare access. Also, utilizing mobile clinics to target harder-to-reach areas was identified as an effective method to overcome geographic barriers. Limited technology and inadequate internet connectivity were also mentioned as challenges many populations face when accessing services. Improving internet access and speed for telehealth services were identified as crucial actions steps in addressing these barriers. Other key actions suggested include increasing access to adolescent and adult reproductive care, regular preventative healthcare screenings, prenatal care, and vaccination and outpatient services.

A comprehensive approach that encompasses education, basic services, and promotion of the benefits of a healthy lifestyle was recommended. This includes community education classes that bring health and essential life skills education directly to the community. Collaboration among local partners, such as emergency departments, clinics, and hospitals, was highlighted as a means to achieve coordinated care and to streamline services. Increasing transportation options to improve access and ensuring an adequate number of primary care resources were also recognized as important steps.

Addressing guardianship issues for foster children and allowing them to receive the care they need was also emphasized. Finally, normalizing routine doctor visits and preventive healthcare was seen as essential steps in encouraging individuals to prioritize their health.

Implementing these actions requires collaboration among various stakeholders, including healthcare providers, educational institutions, community organizations, and policymakers. By taking these

steps, the county can work towards improving access to primary healthcare, promoting health equity, and ensuring that all individuals have the opportunity to receive necessary care and services.

Question 11 – If you could change one thing in the county to improve the health and quality of life for county residents, what would it be?
When asked about the one thing they would change in the county to improve the health and quality of life for county residents, the stakeholders provided a range of insightful suggestions. Better education in schools was highlighted as an ideal improvement, emphasizing the importance of incorporating health knowledge across all age groups and populations. Involving parents in the educational process was also seen as crucial to ensure comprehensive health education.

Coordination and partnership within the community were identified as vital to effectively address health challenges. This involves fostering collaboration among various stakeholders, including healthcare providers, community organizations, and educational institutions.

Improved transportation options and infrastructure, particularly for healthcare needs and appointments, were emphasized as essential to facilitate access to healthcare services. Affordable housing was also mentioned as a critical factor in improving health and quality of life for county residents, as stable housing plays a fundamental role in overall well-being.

Increasing access to health insurance was recognized as a significant step in ensuring that individuals have the financial means to obtain necessary healthcare services. The stakeholders also highlighted the value of a media campaign to communicate and raise awareness about health improvement efforts, promoting positive health behaviors and resources available within the community. Enhancing access to mental health resources and education emerged as an important aspect of improving overall well-being. Community education efforts, including public campaigns, social media engagement, and community events, were suggested as effective ways to raise awareness and inform residents about available resources and opportunities for healthy living.

The stakeholders also emphasized the need for increased walking trails to promote physical activity and encourage active lifestyles. They suggested placing information about the availability of health care services and important health-related messages strategically throughout the county, including signage in medical offices, social media platforms, and community gathering places, to ensure widespread awareness.

Addressing tobacco use through increased education on the health risks and long-term effects was identified as another priority area. Additionally, education on the use and misuse of prescription drugs was seen as crucial to promote safe medication practices and prevent substance abuse.

Lastly, some stakeholders expressed the desire to remove the influence of money from politics and healthcare, advocating for a neutral and equitable healthcare system.

Implementing these changes would require collective efforts from policymakers, educational institutions, healthcare providers, community organizations, and residents. By focusing on these priority areas, the county can strive towards enhancing the health and quality of life for its residents, creating a supportive environment that promotes well-being and ensuring equitable access to resources and services.

Question 12 – How has your county been most impacted by COVID-19?
The stakeholders highlighted various ways in which their county has been significantly impacted by the COVID-19 pandemic. One notable impact was the devastating effect of the virus itself, leading to

loss of life and severe illness within the community. However, lessons were learned from this experience, and efforts were made to improve health and wellness in response to the challenges faced.

COVID-19 created a greater demand for support services, leading to barriers and longer wait times for appointments and resources. Some individuals postponed seeking care until their conditions became urgent, leading them to rely on emergency departments for treatment. This highlighted the need for improved access to timely and preventive care. The pandemic also had significant impacts on mental health. Pediatric mental health emerged as a prominent concern, with increased rates of depression, anxiety, and substance abuse disorders among both adults and children. Behavioral problems among children were also observed, and there were concerns about potential educational setbacks and learning gaps due to the challenges of virtual online learning.

Financial difficulties and the economic impact of the pandemic were also mentioned as major consequences. Job losses and difficulties in finding workers, with some individuals relying on unemployment benefits, resulted in a loss of productivity and economic strain. Inflation affected the cost of living, making it more challenging for residents to afford healthy foods and healthcare services.

Reluctance and uncertainty regarding preventative measures, such as mask-wearing and vaccinations, posed additional challenges. However, the pandemic also brought about positive changes, as access to services improved through the increased use of virtual healthcare options.

Despite the challenges, the stakeholders noted COVID-19 also fostered strengthened community connections and partnerships. Efforts were made to utilize grant funding effectively and address healthcare issues and needs within the community. Furthermore, food distribution processes were implemented to assist low-income residents, emphasizing the importance of supporting vulnerable populations during times of crisis.

Overall, the COVID-19 pandemic had wide-ranging impacts on the county, affecting health, economy, education, and mental well-being. While it brought forth significant challenges, it also prompted the community to adapt, learn, and strive for improvements in healthcare, wellness, and community resilience.

Question 13 – Based on our discussion today, what do you feel are the top health issues or needs in the county that should be addressed?

Based on the discussion, several key health issues and needs in the county have emerged. Socioeconomic divisions and inequities are a pressing concern, leading to disparities in access to care, education, and job opportunities. Access to health care services was identified as a critical need, along with the importance of education on how to obtain needed services and maintain one's health.

Substance abuse, including overdose and misuse of prescription drugs, was highlighted as a significant health issue, particularly among middle-aged adults. Access and availability of behavioral healthcare services, especially in rural areas with limited providers, were recognized as areas requiring attention. Dental care, prenatal care, reproductive care, and tobacco cessation were also identified as important areas for improvement.

The need for affordable housing and transportation was also emphasized, especially in rural areas like Keystone Heights. Suicide rates among youth and veterans, homelessness, and high cancer rates due to delayed diagnosis during COVID-19 were noted as other specific challenges to address.

Child and adolescent mental health services, healthcare prevention efforts among children, and promoting healthy lifestyles and prevention were also identified as crucial priorities.

To address these health issues and needs, stakeholders highlighted the importance of free and accessible community programs that promote wellness and encourage healthy behaviors. They emphasized the necessity of providing more access points for lower socioeconomic groups and income-adjusted resources for ongoing health care needs, rather than seeking care in times of crisis and emergencies.

Overall, addressing socioeconomic disparities, improving access to care and education, targeting substance abuse and mental health issues, and prioritizing preventive care emerged as the top health issues and needs in the county that require attention and intervention.

Key Findings of Key Stakeholder Interviews

Barriers to healthcare access: Various barriers were identified that prevent people in the county from accessing healthcare services. These barriers include low-income levels, transportation challenges, limited access to healthy foods, lack of access to healthcare resources, substance use and addiction, mental health issues, cultural differences, limited education and awareness, and disparities in recreational spaces.

Populations facing healthcare access challenges: Several populations within the county face difficulties in accessing healthcare services. These populations include minorities, immigrants, low-income individuals, elderly, individuals with chronic diseases, uninsured and underinsured, individuals with mental health issues, individuals residing in food deserts, undocumented individuals, foster children, and populations struggling with housing insecurity.

Reasons for healthcare access difficulties: The reasons for healthcare access difficulties among the identified populations include socioeconomic status, limited alternatives for care, transportation challenges, lack of awareness and education, high cost of living, delayed healthcare-seeking behavior, insufficient education about unhealthy behaviors, lack of knowledge about available services, and limited priority given to health and wellness.

Specific health care services facing access challenges: Specific health care services that face access challenges include community health clinics, dental care, mental health care, reproductive health care, prenatal care, primary healthcare and preventive screenings, and education about available services.

Actions to address healthcare access: The stakeholders suggested various actions to improve healthcare access, including enhancing education and awareness, implementing paramedicine programs, expanding community health clinics, utilizing mobile clinics, providing community education classes, improving internet access for telehealth services, increasing access to reproductive care and other essential services, promoting collaboration among local partners, improving transportation options, addressing guardianship issues for foster children, and normalizing primary care doctor visits and preventive healthcare.

Notable Key Themes

- Access to health care services and resources:
    - Limited access to healthcare facilities and services
    - Lack of transportation to healthcare facilities
    - Long wait times for appointments and care
    - Limited availability of primary and preventive health care services

    - Lack of awareness about available resources and services
    - Difficulty accessing telehealth services
    - Uninsured and underinsured populations

- Socioeconomic factors and disparities:
    - Low-income levels as a barrier to healthcare
    - Income inequalities and socioeconomic divisions
    - Financial difficulties and economic impact, including job loss
    - Affordability of healthcare services, cost of living, and inflation
    - Limited resources and education for low-income populations

- Mental health and substance use:
    - Mental health issues, including depression, anxiety, and behavioral problems
    - Substance use and addiction, especially among middle-aged adults
    - Overdose cases and misuse of prescription drugs
    - Lack of mental healthcare providers and limited services in rural areas
    - Suicidal tendencies among youth and veterans

- Health education and knowledge:
    - Limited health education in schools and the public school system
    - Lack of knowledge and awareness about health conditions and preventive measures
    - Need for community education and awareness campaigns
    - Lack of understanding about maintaining health and wellness

- Demographic-specific challenges:
    - Challenges faced by low-income populations, minorities, immigrants, and elderly individuals
    - Difficulties accessing healthcare for chronic diseases among specific populations (e.g., individuals with diabetes, those with mental health issues)
    - Barriers faced by populations in pockets of the county with food deserts

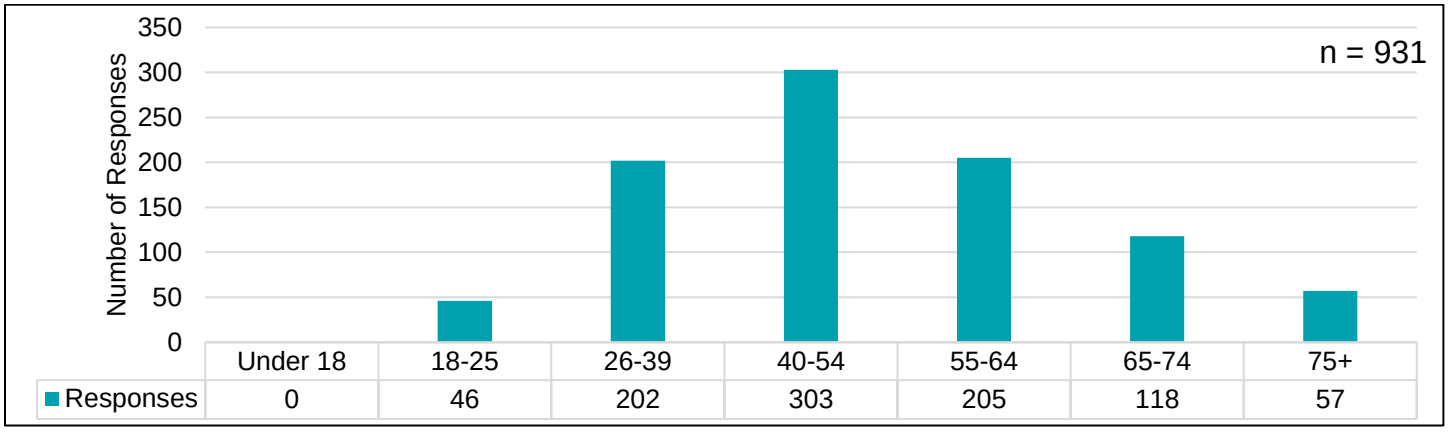
Clay County Community Survey

In order to better understand the health status of the Clay County community, DOH-Clay asked community members and stakeholders to participate in a survey on community health, health care services, and quality of life in Clay County. A total of 973 people completed the survey. Responses for participants were included if they completed 90% of the survey and had a ZIP Code in Clay County. Responses from 931 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 media, partner physical sites, websites, social media (Facebook, Instagram, and LinkedIn), and by email to all partners of DOH-Clay with the link to Microsoft Forms and printable electronic copies. Additionally, surveys were disseminated through paper copies throughout public and private businesses within the community as well as at community meetings. Appendix C contains a full copy of the community survey.

Demographics & Characteristics of Participants

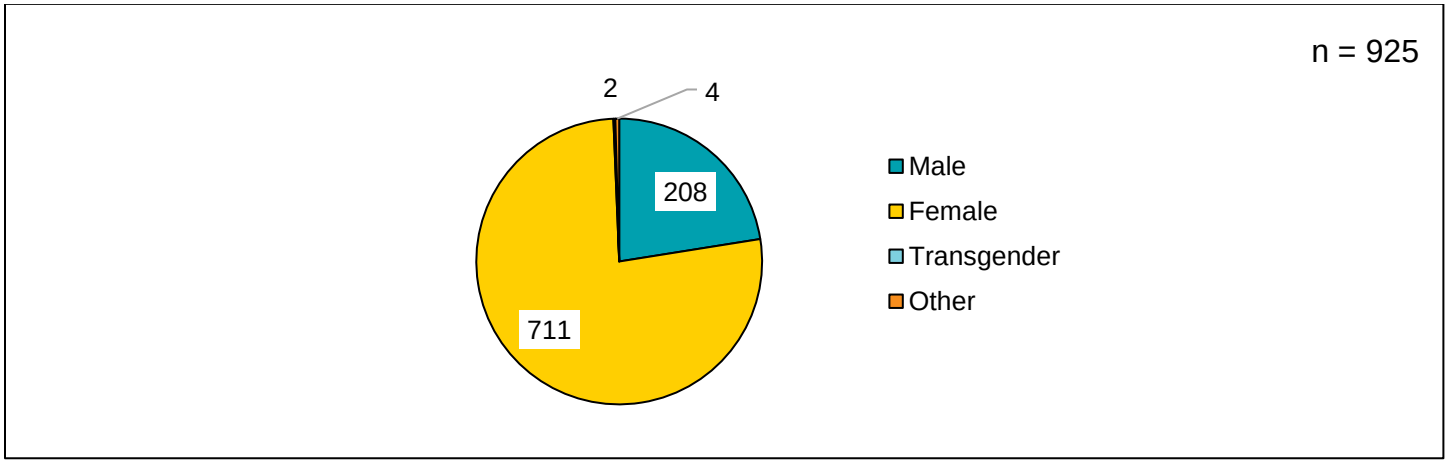
About 33% of survey participants were between the ages of 40 and 54. There were 46 participants between the ages of 18 and 25, making up the smallest percentage of the sample. No survey participants were under the age of 18.

EXHIBIT 144: AGE DISTRIBUTION OF SURVEY RESPONDENTS



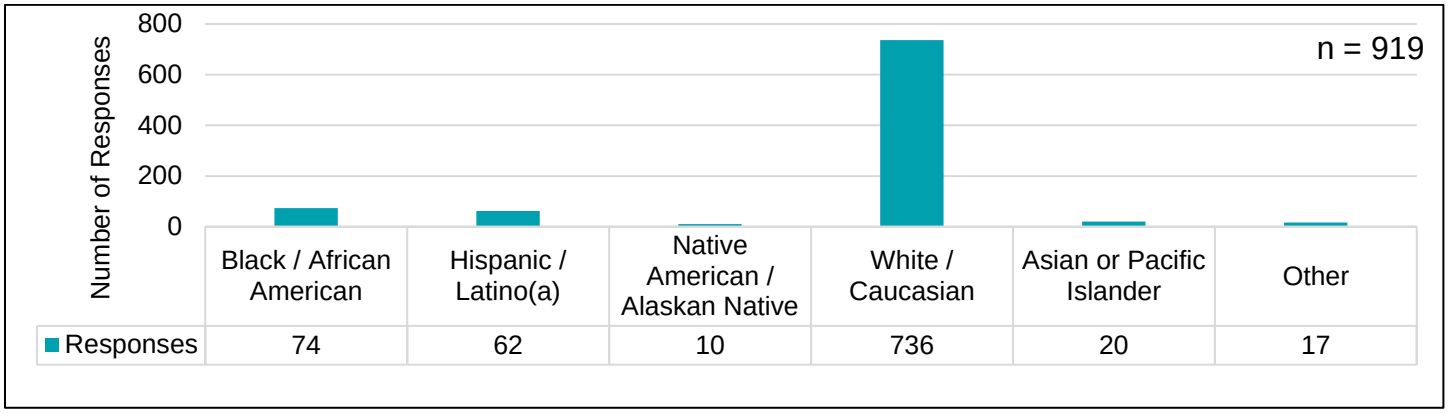
Survey participants were predominantly female, making up about 77% of the sample.

EXHIBIT 145: GENDER OF SURVEY RESPONDENTS



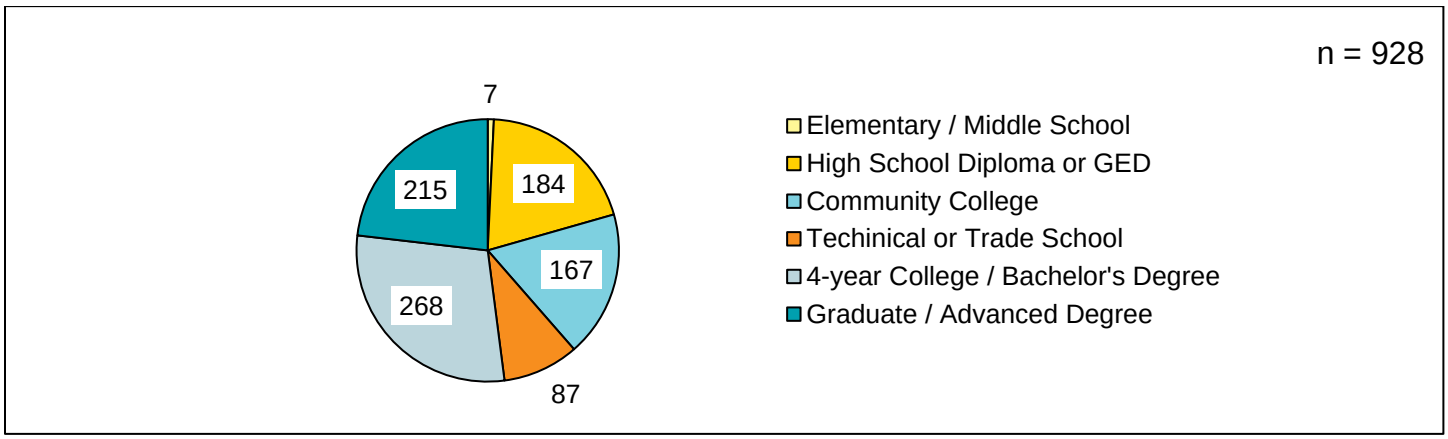
The majority of survey participants identified as White/Caucasian, making up about 80% of the sample. Participants who identified with a minority race included 8.0% Black/African American, 6.7% Hispanic/Latino(a), 2.2% Asian or Pacific Islander, 1.1% Native American/Alaskan Native, and 1.8% Other. Survey participants who selected “Other” identified mostly as multi-racial.

EXHIBIT 146: RACE/ETHNICITY OF SURVEY RESPONDENTS



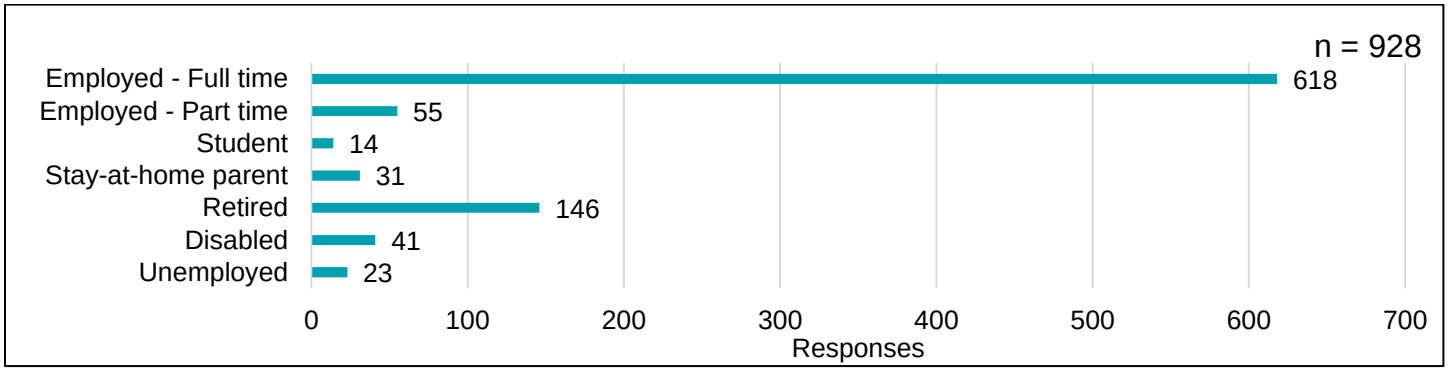
Nearly all survey participants received a formal education beyond the elementary/middle school grade levels. Of the survey participants, 19.8% earned a high school diploma or GED, 27.4% completed community college or technical or trade school, 28.9% completed a 4-year college/Bachelor's degree, and 23.2% obtained a graduate or advanced degree.

EXHIBIT 147: HIGHEST LEVEL OF EDUCATION COMPLETED BY SURVEY RESPONDENTS



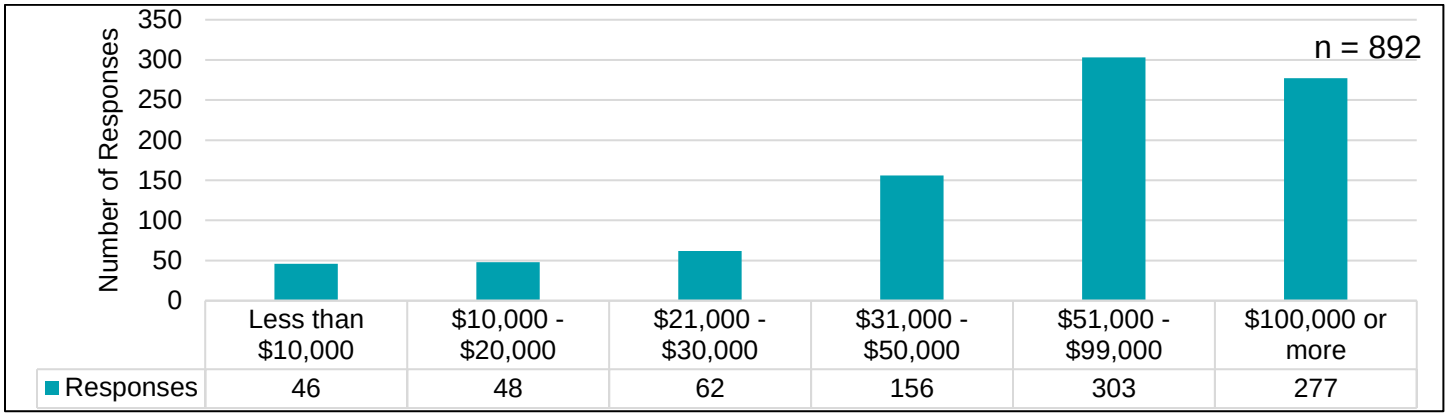
Over 66% of survey participants are currently employed full-time. Of the participants, 5.9% are employed part-time and 15.7% are retired.

EXHIBIT 148: CURRENT EMPLOYMENT STATUS OF SURVEY RESPONDENTS



Over half (65%) of survey participants have a total household income of $51,000 or more. About 10% of the participants have a total household income of less than $20,000.

EXHIBIT 149: APPROXIMATE TOTAL HOUSEHOLD INCOME OF SURVEY RESPONDENTS



Results of the Community Survey

About 25% of the survey participants reported a home ZIP Code of 32068, corresponding to Middleburg Florida. About 27% of participants reported a home ZIP Code of 32065 and 32073, corresponding to Orange Park, Florida. Surveys that reported a home ZIP Code not included in the list approved by the Florida Department of Health in Clay County were removed before analysis began.

EXHIBIT 150: WHAT IS YOUR ZIP CODE AT HOME?

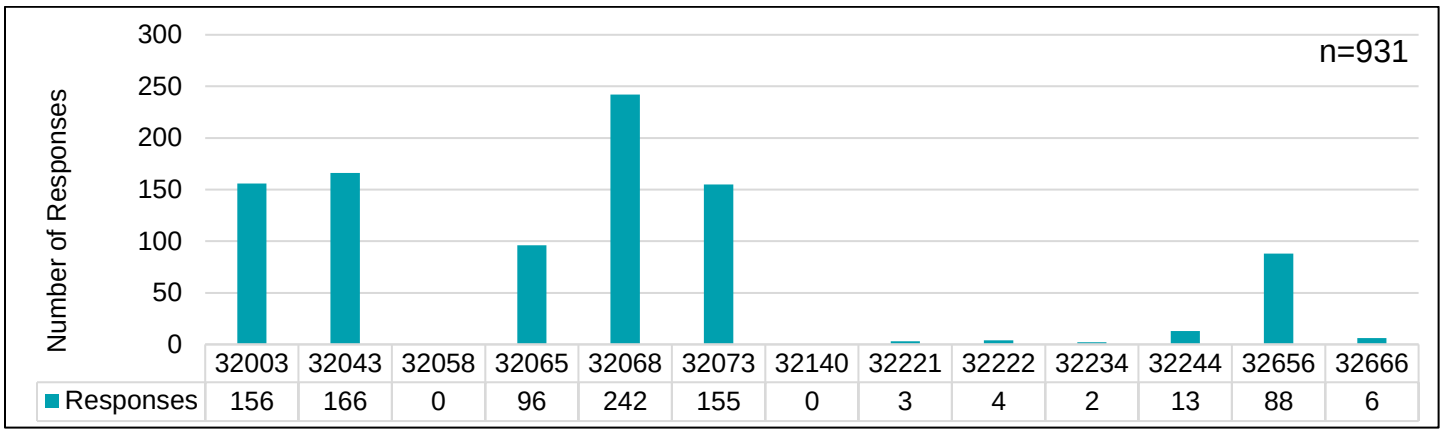
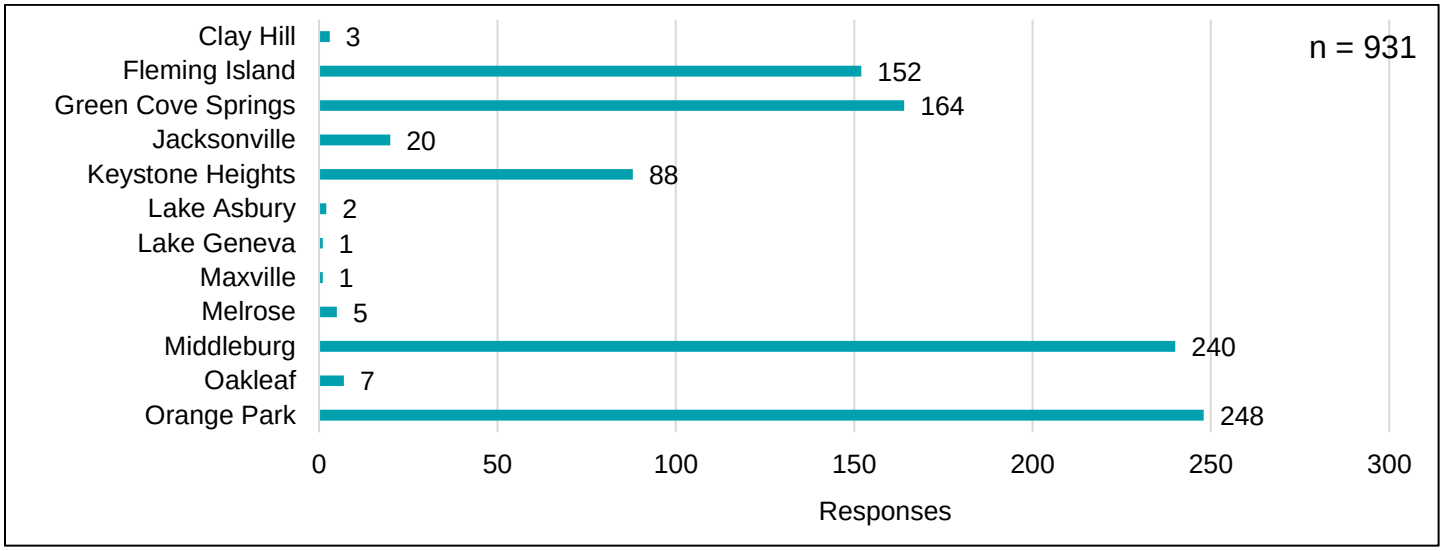
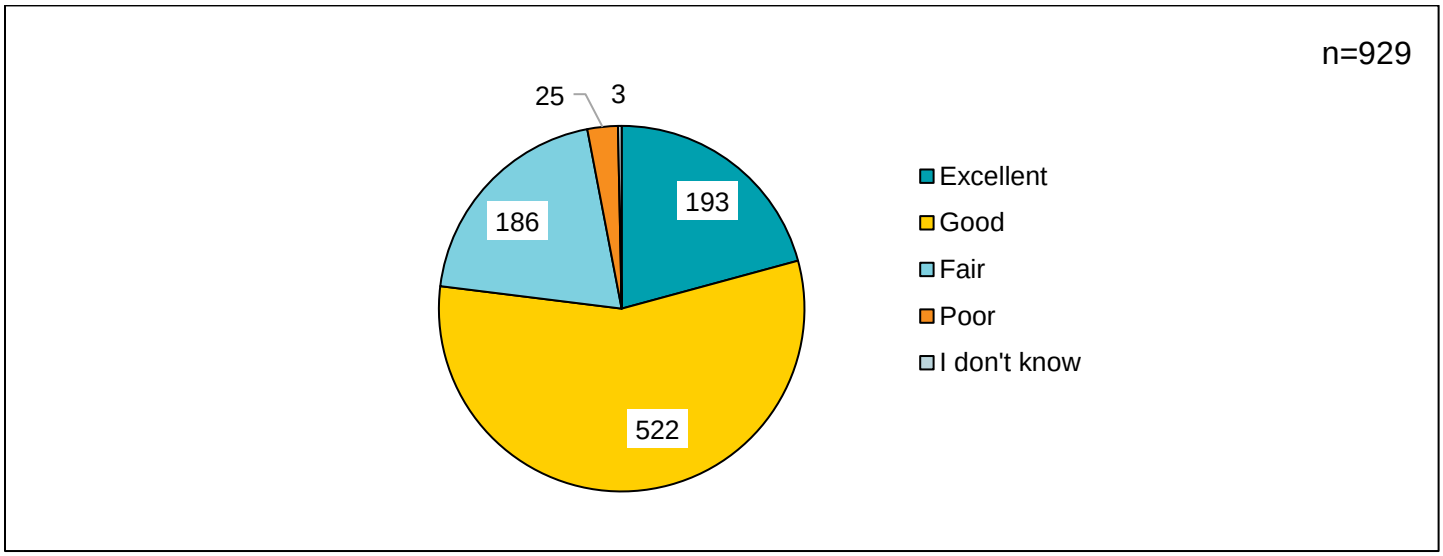


EXHIBIT 151: WHAT IS YOUR CITY/TOWN NAME?



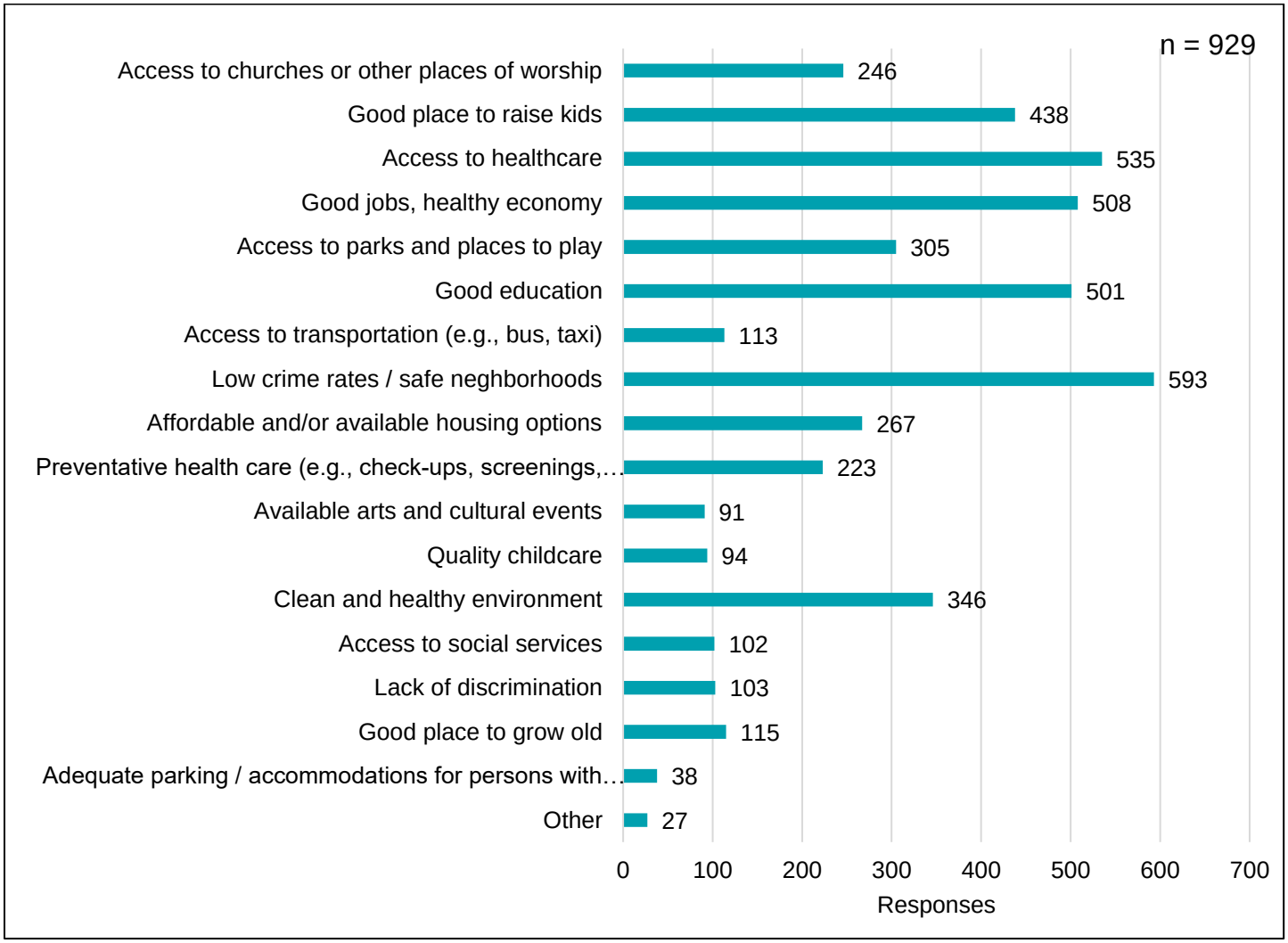
Survey participants were asked to rate their overall health on a four-point scale ranging from “Poor” to “Excellent.” Out of the 929 participants who responded to this question, 522 (56.2%) rated their overall health as “Good,” followed by 193 (20.8%) who rated their overall health as “Excellent.”

EXHIBIT 152: HOW DO YOU RATE YOUR OVERALL HEALTH? (CHOOSE ONE)



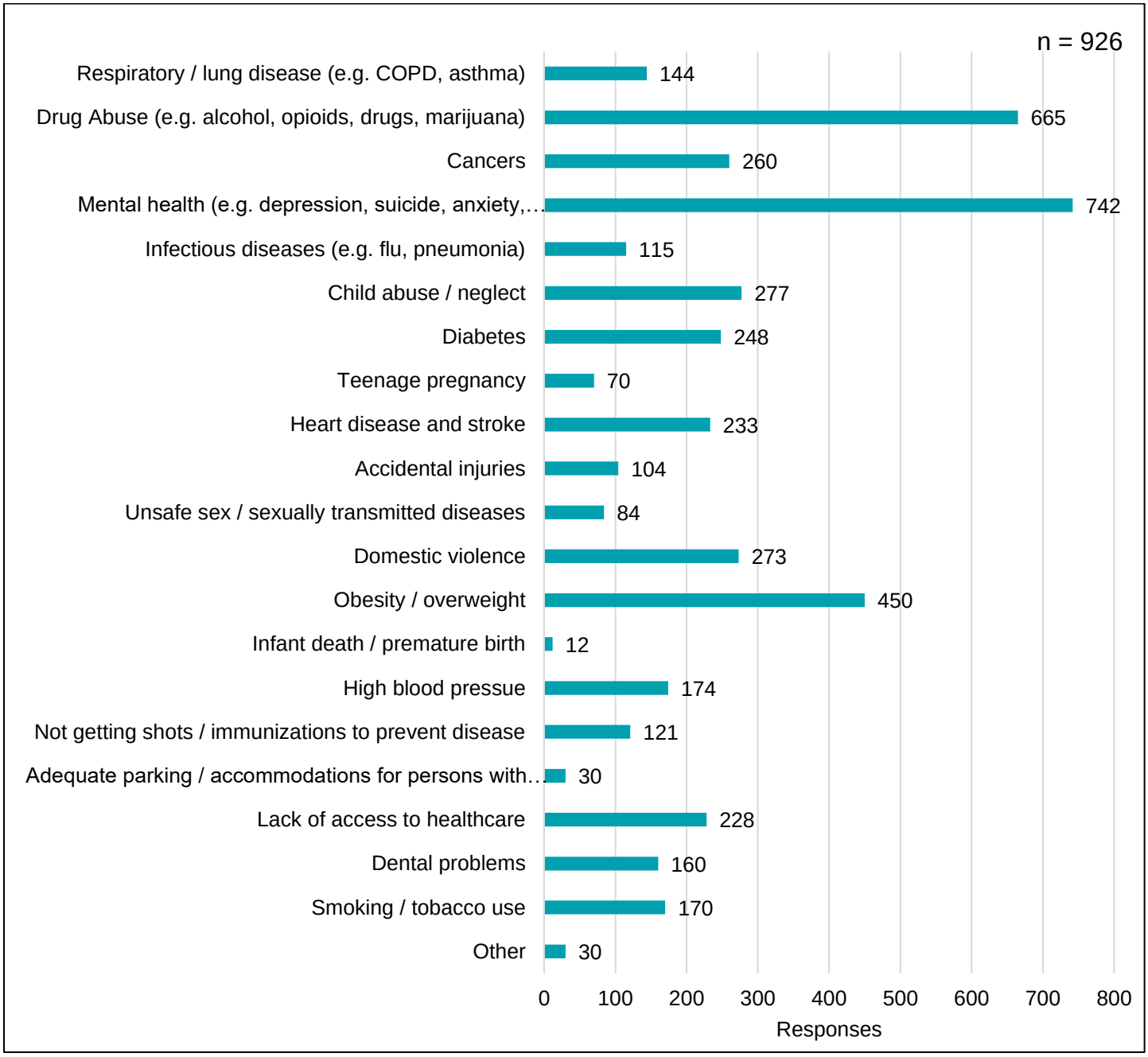
The top five most important features of a healthy community identified by survey participants were low crime rates/safe neighborhoods (593), access to healthcare (535), good jobs, healthy economy (508), good education (501), and good place to raise kids (438). In the “Other” category, write-in answers included access to healthy food options, good roads, and walkable sidewalks and bike lanes.

EXHIBIT 153: CHOOSE UP TO 5 OF THE ITEMS BELOW THAT YOU FEEL ARE THE MOST IMPORTANT FEATURES OF A HEALTHY COMMUNITY.



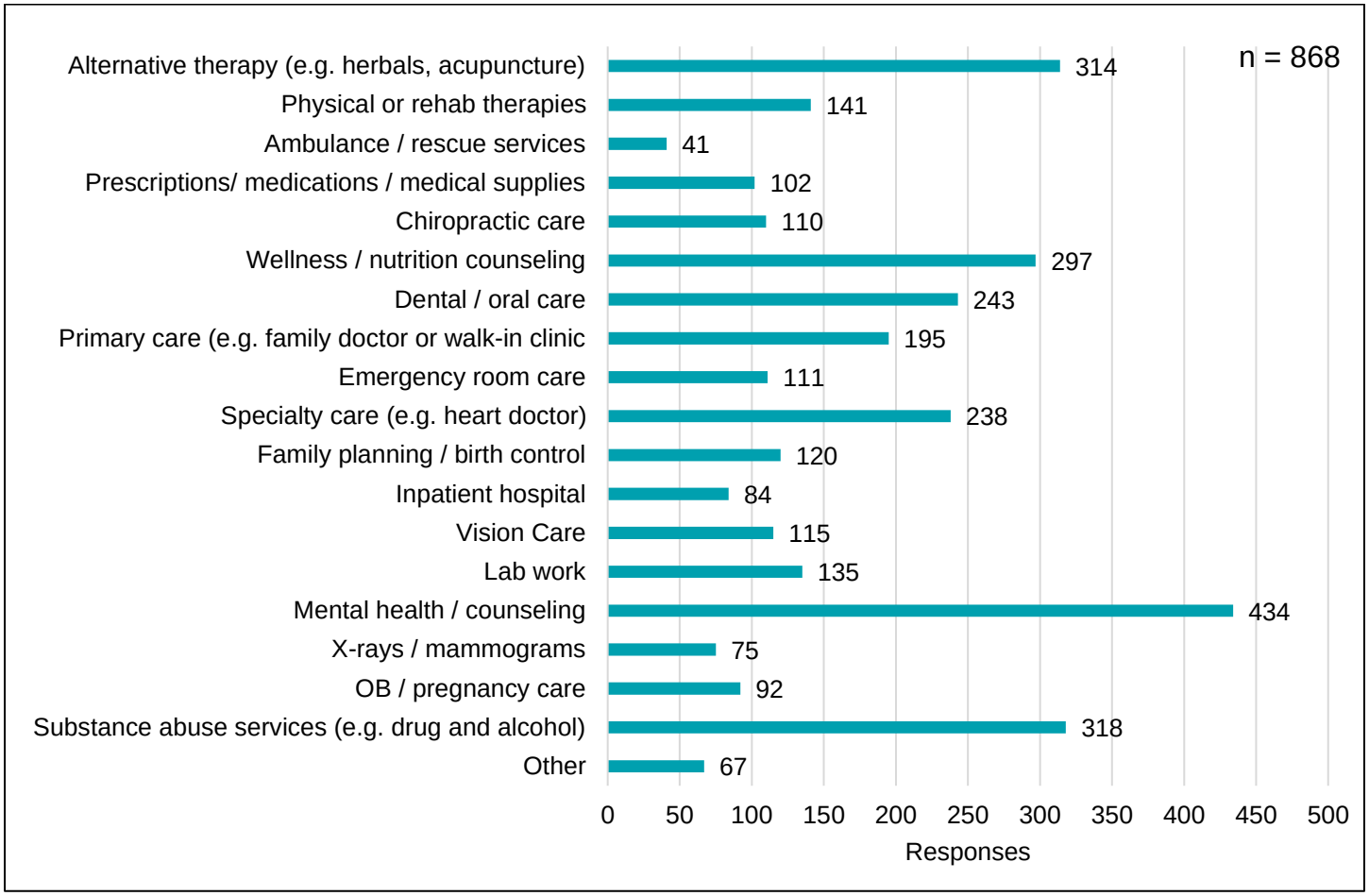
The top five most important health problems in Clay County identified by survey participants were mental health (742), drug abuse (665), obesity/overweight (450), child abuse/neglect (277), and domestic violence (273). In the "Other" category, write-in answers included homelessness and traffic-related deaths/accidents.

EXHIBIT 154: CHOOSE UP TO 5 OF THE HEALTH PROBLEMS THAT YOU FEEL ARE THE MOST IMPORTANT IN CLAY COUNTY.



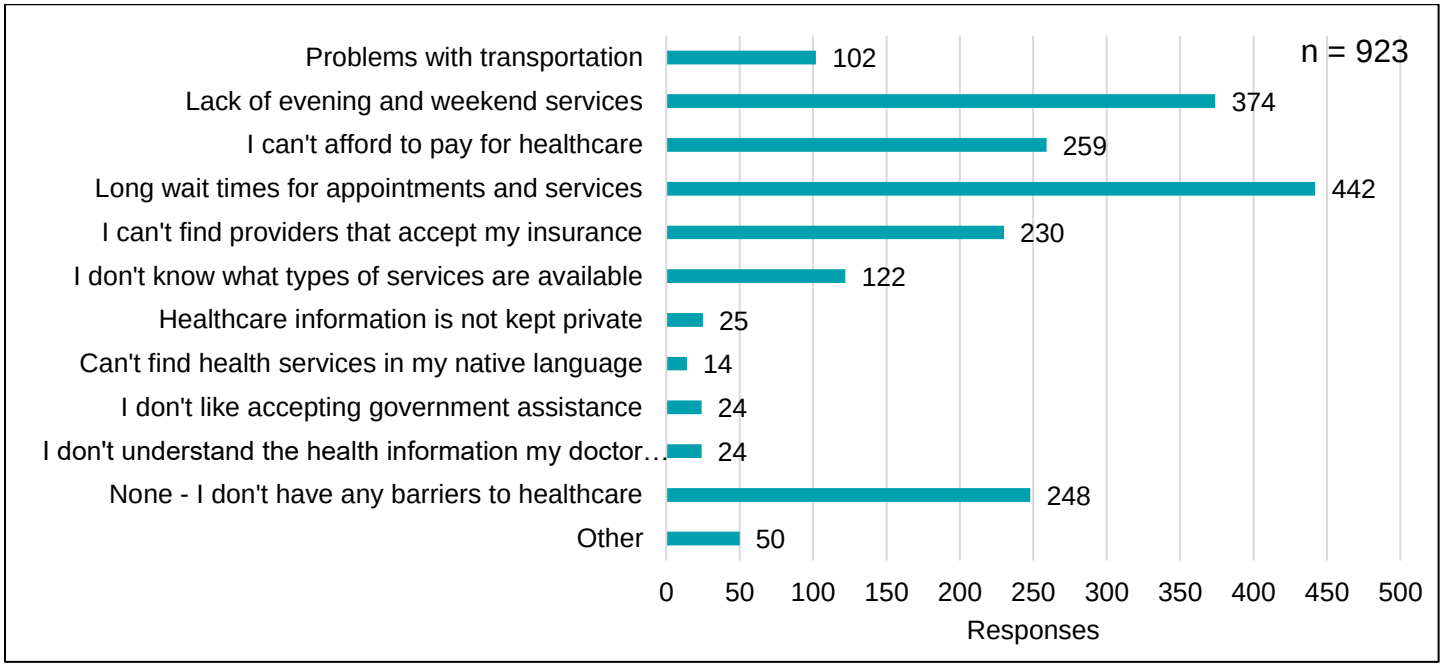
The top five most difficult health care services to obtain in Clay County identified by survey participants were mental health/counseling (434), substance abuse services (318), alternative therapies (314), wellness/nutrition counseling (297), and dental/oral care (243). In the “Other” category, write-in answers included specific types of specialty care (e.g., endocrinologist, neurologist, dermatologist, allergist), elderly care, and disability care for adults and children.

EXHIBIT 155: WHAT HEALTH CARE SERVICES ARE DIFFICULT TO OBTAIN IN YOUR COMMUNITY? (CHECK ALL THAT APPLY)



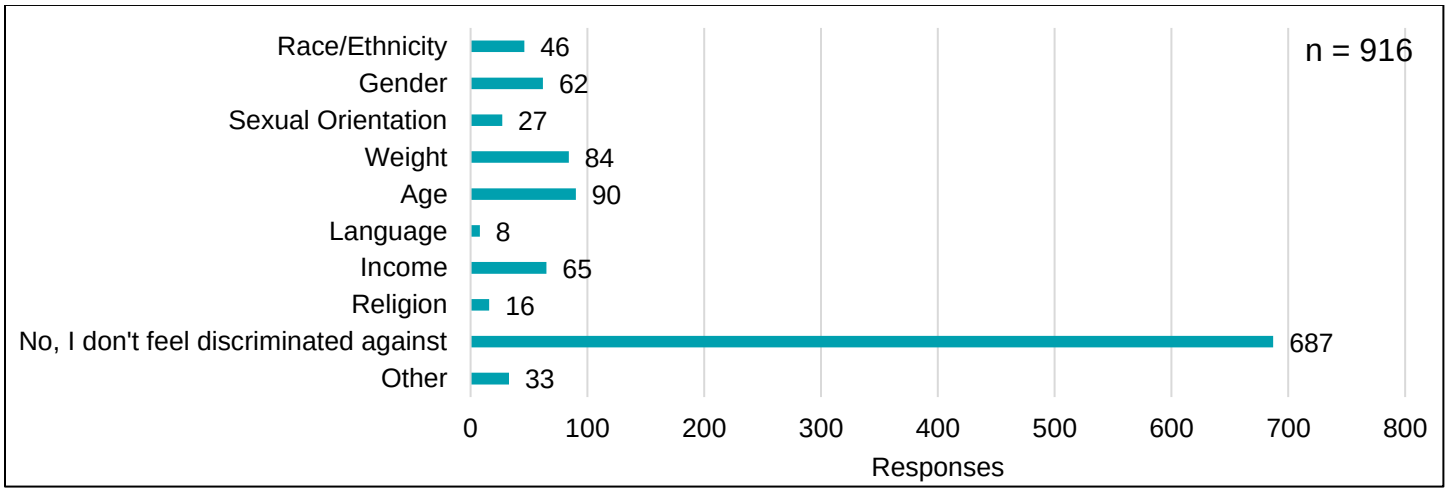
Survey participants most frequently indicated that long wait times for appointments and a lack of evening and weekend services are barriers they face when trying to receive medical, dental, or mental health services. Of all the participants, 28.1% cannot afford to pay for healthcare and 24.9% cannot find providers that accept their insurance. A little over one-quarter (26.9%) of survey participants reported that they do not have any barriers to accessing healthcare. In the “Other” category, write-in answers included lack of provider availability, high insurance premiums and copays, and lack of health services options that don’t require long travel times.

EXHIBIT 156: IN THE PAST 5 YEARS, WHICH OF THE FOLLOWING ISSUES HAVE MADE IT DIFFICULT OR PREVENTED YOU FROM GETTING MEDICAL, DENTAL, OR MENTAL HEALTH SERVICES FOR YOU OR YOUR 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, age was the most commonly selected reason (9.8%), followed by weight (9.2%), and income (7.1%). In the "Other" category, write-in answers included discrimination due to marital status, disability, political beliefs, mental health history, and tobacco use history.

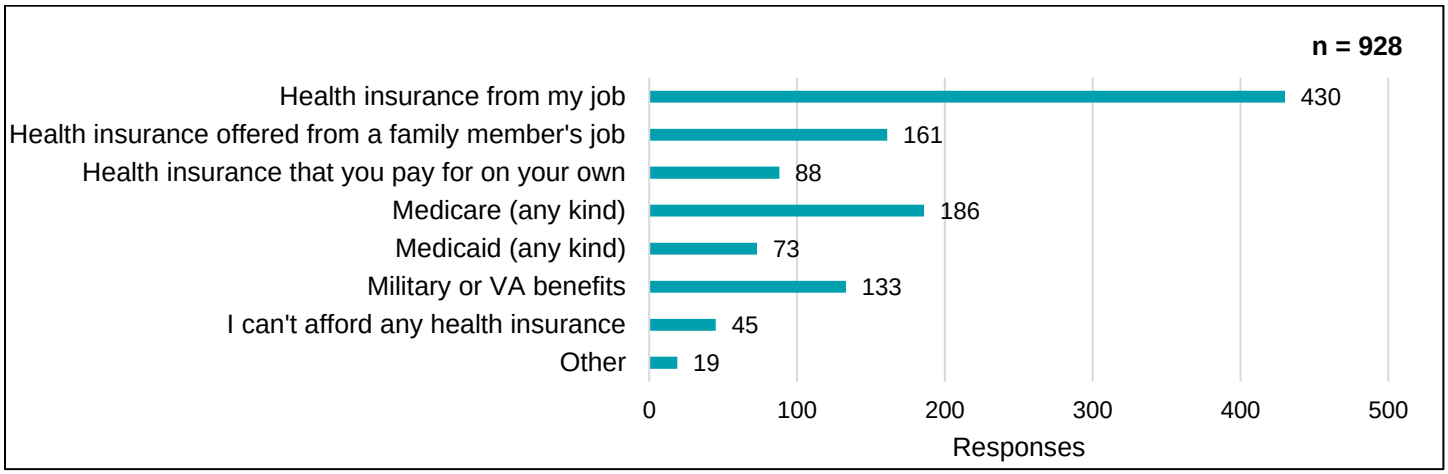
EXHIBIT 157: DO YOU FEEL DISCRIMINATED AGAINST BY HEALTHCARE PROVIDERS DUE TO ANY OF THE FOLLOWING REASONS? (CHECK ALL THAT APPLY)



In many instances, healthcare coverage was facilitated through employers, from either personal coverage (46.3%) or through a family member (17.3%). Of the survey participants, 9.5% indicated that they pay for health insurance on their own. In contrast, other participants indicated that their health insurance is covered through Medicare (20.0%), Medicaid (7.9%), and Military or VA benefits

(14.3%). A little less than 5% of participants responded that they could not afford any health insurance. In the “Other” category, write-in answers included marketplace health insurance, supplemental insurance, and retirement pensions.

EXHIBIT 158: HOW IS YOUR HEALTH INSURANCE COVERED? (CHECK ALL THAT APPLY)



Finally, 224 survey participants provided additional comments about health issues in Clay County. Many of the comments were either unrelated to the question or indicated the participant had no additional concerns about Clay County health issues. Counts for the most popular health issues raised are provided below (Exhibit).

EXHIBIT 159: PLEASE LIST ANY OTHER COMMENTS YOU HAVE ABOUT THE HEALTH ISSUES IN CLAY COUNTY.

	Number of Responses
Access to Healthcare Services - Need better access to primary care services - Lack of dental providers - Need more affordable healthcare options - High insurance costs	61
Mental Health and Substance Abuse - Need more mental health services (especially children and adolescents) - Lack of programs for drug abuse and recovery - Lack of mental health providers	24
Infrastructure and Development Issues - Concerns about roadways and traffic - Need for better road infrastructure to accommodate growth - Safer pedestrian and bicycle crossings - Lack of walking and bike trails - Unplanned development	39
Need for More Doctors and Specialists - Services that are available are understaffed - Lack of dental and vision services - Lack of specialty care providers - Medical providers do not accept all types of health insurance	15
Other - More places for the community to gather - Lack of education about health and resources - More resources for homeless population - Lack of access to healthy fruits and vegetables in certain ZIP Codes	85

Key Health Issues

Top Health Issues Identified by Community Surveys

DOH-Clay gave community members a chance to voice their opinions on the health status and health needs of Clay County residents by distributing a survey throughout the county. A total of 973 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 Clay County. In the end, 931 surveys were included in the analysis. The community survey respondents identified the following as the top health issues in Clay County:

- Mental Health
- Substance Use/Abuse
- Access to Healthcare
- Obesity/Overweight
- Domestic Violence and Child Abuse

Top Health Issues Identified by Focus Groups

A total of 39 community members and stakeholders attended five 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 Clay County:

- Access to Healthcare
- Health Education and Knowledge
- Mental Health
- Public Transportation
- Access to Healthy Food Options

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 Clay County:

- Mental Health
- Access to Healthcare
- Substance Use/Abuse
- Health Education and Knowledge
- Affordable Housing

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 Clay County:

- Mental Health
- Substance Use/Abuse
- Communicable Diseases
- Chronic Diseases
- Access to Housing and Transportation

Identification of Priority Areas

On August 21, 2023, Steering Committee members gathered at the Clay County Health Department to discuss the preliminary results of the Clay County Community Health Assessment (CHA). A total of 11 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 4 overall key themes.

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

- Behavioral Health (mental health, substance use/abuse, smoking/vaping, domestic violence and child abuse)
- Lifestyle Behaviors (obesity/overweight, smoking/vaping, chronic diseases, communicable diseases, access to healthy foods, health education and knowledge)
- Healthcare Access (primary care, specialty care, and transportation options)
- Housing (access to affordable, safe housing)

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

The Steering Committee 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):

- Behavioral Health (mental health, substance use/abuse, smoking/vaping, domestic violence and child abuse)
- Lifestyle Behaviors (obesity/overweight, smoking/vaping, chronic diseases, communicable diseases, access to healthy foods, health education and knowledge)
- Healthcare Access (primary care, specialty care, and transportation options)

Dissemination Plan & Next Steps

This report will only be beneficial to the residents of Clay 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 Clay County, 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 Clay County Health Improvement Planning (CHIP) workgroup considered a wide variety of dissemination methods that would best lead to a plan of action within the community. With utilization as the goal, the CHIP group presents the following plan to begin 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 Clay County's website: https://clay.floridahealth.gov
- Document will be presented to the Clay County Commissioners
- Document will be distributed to the Clay County Chamber of Commerce
- A press release will be submitted to the *Clay Today* newspaper, and other local and regional news organizations
- Data will be presented and/or distributed to the Clay SafetyNet Alliance and other local community groups
- Document will be posted on established local community social media sites and 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 Clay 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-Clay 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 Clay County.

EXHIBIT 160: 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 issue. Other toolkits cover various topics such as health literacy, health equity, 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 behavioral health, lifestyle behaviors, and healthcare access. It is important to consider previous data and effectiveness before adapting any practices or interventions to improve community health in Clay County. Exhibit presents the results of a query of some best practices for the three key health issues in Clay County that may be effective as community interventions. This is not a comprehensive list. Clay County community stakeholders should do additional research when developing the Community Health Improvement Plan (CHIP).

EXHIBIT 161: PRACTICES AND INTERVENTIONS FOR BEHAVIORAL HEALTH, LIFESTYLE BEHAVIORS, AND HEALTHCARE ACCESS

Health Issue	Practice or Intervention	Effectiveness	Source
Health Behaviors	Community fitness programs can be offered in a variety of public settings including community centers, senior centers, and parks. Offering these can improve physical activity, physical health, and mental health.	Scientifically Supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-fitness-programs
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	Community-based exercise interventions provide individual or group exercise classes focusing on strength, endurance, and functional training for older adults to reduce depression.	Some Evidence Supporting	https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults.html
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-	Sufficient Evidence Supported	https://www.thecommunityguide.org/findings/health-information-technology-text-messaging-

	way communication. Increasing medication adherence may improve chronic disease outcomes.		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

References

American Academy of Family Physicians. (n.d.). *Primary Care*. American Academy of Family Physicians. Retrieved May 9, 2023, from https://www.aafp.org/about/policies/all/primary-care.html

Boehmer, T., Foster, S., Henry, J., Woghiren-Akinnifesi, E., & Yip, F. (2013, November 22). *Residential Proximity to Major Highways—United States, 2010*. Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a8.htm

Centers for Disease Control and Prevention. (2016a, March 15). *Tuberculosis (TB)—TB Prevention*. U.S. Department of Health and Human Services. https://www.cdc.gov/tb/topic/basics/tbprevention.htm

Centers for Disease Control and Prevention. (2016b, March 20). *Tuberculosis (TB)- Basic TB Facts*. U.S. Department of Health and Human Services. https://www.cdc.gov/tb/topic/basics/default.htm

Centers for Disease Control and Prevention. (2020a, February 11). *About COVID-19*. U.S. Department of Health and Human Services. https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html

Centers for Disease Control and Prevention. (2020b, September 15). *Disability and Health Overview*. U.S. Department of Health and Human Services. https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html

Centers for Disease Control and Prevention. (2020c, October 8). *HIV Transmission | HIV Basics | HIV/AIDS*. U.S. Department of Health and Human Services. https://www.cdc.gov/hiv/basics/transmission.html

Centers for Disease Control and Prevention. (2020d, October 26). *What is Alzheimer's Disease?* U.S. Department of Health and Human Services. https://www.cdc.gov/aging/aginginfo/alzheimers.htm

Centers for Disease Control and Prevention. (2020e, December 15). *Reproductive and Birth Outcomes | Tracking | NCEH*. U.S. Department of Health and Human Services. https://www.cdc.gov/nceh/tracking/topics/ReproductiveandBirthOutcomes.htm

Centers for Disease Control and Prevention. (2021, November 15). *About Teen Pregnancy*. U.S. Department of Health and Human Services. https://www.cdc.gov/teenpregnancy/about/index.htm

Centers for Disease Control and Prevention. (2022a, April 12). *STD Facts—Chlamydia*. U.S. Department of Health and Human Services. https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm

Centers for Disease Control and Prevention. (2022b, June 30). *About HIV/AIDS | HIV Basics | HIV/AIDS | CDC*. U.S. Department of Health and Human Services. https://www.cdc.gov/hiv/basics/whatishiv.html

Centers for Disease Control and Prevention. (2022c, August 25). *Prostate Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/prostate/basic_info/index.htm

Centers for Disease Control and Prevention. (2022d, September 8). *Infant Mortality*. U.S. Department of Health and Human Services. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Centers for Disease Control and Prevention. (2022e, September 20). *During Pregnancy*. U.S. Department of Health and Human Services. https://www.cdc.gov/pregnancy/during.html

Centers for Disease Control and Prevention. (2022f, September 26). *Breast Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/breast/basic_info/index.htm

Centers for Disease Control and Prevention. (2022g, September 30). *Pneumonia*. U.S. Department of Health and Human Services. https://www.cdc.gov/pneumonia/index.html

Centers for Disease Control and Prevention. (2022h, October 14). *Heart Disease Facts*. U.S. Department of Health and Human Services. https://www.cdc.gov/heartdisease/facts.htm

Centers for Disease Control and Prevention. (2022i, October 19). *Understanding Drug Overdoses and Deaths*. U.S. Department of Health and Human Services. https://www.cdc.gov/drugoverdose/epidemic/index.html

Centers for Disease Control and Prevention. (2022j, October 24). *Key Facts About Influenza (Flu)*. U.S. Department of Health and Human Services. https://www.cdc.gov/flu/about/keyfacts.htm

Centers for Disease Control and Prevention. (2022k, October 25). *Lung Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/lung/basic_info/index.htm

Centers for Disease Control and Prevention. (2022l, November 2). *About Stroke*. U.S. Department of Health and Human Services. https://www.cdc.gov/stroke/about.htm

Centers for Disease Control and Prevention. (2022m, December 14). *Cervical Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/cervical/basic_info/index.htm

Centers for Disease Control and Prevention. (2023a, February 10). *Vaccines and Immunizations*. U.S. Department of Health and Human Services. https://www.cdc.gov/vaccines/index.html

Centers for Disease Control and Prevention. (2023b, February 23). *Colorectal Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/colorectal/basic_info/index.htm

Centers for Disease Control and Prevention. (2023c, February 23). *Health Insurance Coverage Fact Sheet*. U.S. Department of Health and Human Services. https://www.cdc.gov/nchs/fastats/health-insurance.htm

Centers for Disease Control and Prevention. (2023d, March 6). *National Public Health Performance Standards*. U.S. Department of Health and Human Services. https://www.cdc.gov/publichealthgateway/nphps/index.html

Centers for Disease Control and Prevention. (2023e, April 11). *Detailed STD Facts—Gonorrhea*. U.S. Department of Health and Human Services. https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm

Centers for Disease Control and Prevention. (2023f, April 11). *Detailed STD Facts—Syphilis*. U.S. Department of Health and Human Services. https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm

Centers for Disease Control and Prevention. (2023g, April 24). *What is Diabetes?* U.S. Department of Health and Human Services. https://www.cdc.gov/diabetes/basics/diabetes.html

Centers for Disease Control and Prevention. (2023h, April 25). *BRFSS*. U.S. Department of Health and Human Services. https://www.cdc.gov/brfss/index.html

Centers for Disease Control and Prevention. (2023i, May 8). *Facts About Suicide*. U.S. Department of Health and Human Services. https://www.cdc.gov/suicide/facts/index.html

County Health Rankings & Roadmaps. (n.d.-a). *Explore Health Rankings | County Health Rankings Model*. University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation. Retrieved April 26, 2023, from https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model

County Health Rankings & Roadmaps. (n.d.-b). *Explore Health Rankings | Methods*. University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation. Retrieved April 26, 2023, from https://www.countyhealthrankings.org/explore-health-rankings/methods

Daugherty, J., & Martinez, G. (2016). Birth Expectations of U.S. Women Aged 15-44. *NCHS Data Brief*, *260*, 1–8.

Florida Department of Children and Families. (n.d.-a). *Baker Act*. Florida Department of Children and Families. Retrieved May 9, 2023, from https://www.myflfamilies.com/crisis-services/baker-act

Florida Department of Children and Families. (n.d.-b). *Florida Youth Substance Abuse Survey (FYSAS)*. Florida Department of Children and Families. Retrieved May 3, 2023, from https://www.myflfamilies.com/services/substance-abuse-and-mental-health/substance-abuse-mental-health-prevention-services-1-1

Florida Department of Health. (2019). *2019 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report—Clay County, FL*. https://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/2019county/ClayCombinedReport.pdf

Florida Department of Health. (2022). *2022 Florida Youth Substance Abuse Survey—Clay County Data Tables*. https://www.myflfamilies.com/sites/default/files/2022-12/Clay.pdf

Health Resources and Services Administration. (n.d.). *HPSA Find*. Health Professional Shortage Area. Retrieved May 9, 2023, from https://data.hrsa.gov/tools/shortage-area/hpsa-find

Insure the Uninsured Project. (n.d.). *ITUP Information*. Insure the Uninsured Project. Retrieved May 9, 2023, from https://www.itup.org/

Mayo Clinic. (n.d.). *Liver Disease*. Mayo Clinic. Retrieved May 3, 2023, from https://www.mayoclinic.org/diseases-conditions/liver-problems/symptoms-causes/syc-20374502

National Association of County and City Health Officials. (n.d.). *Mobilizing for Action through Planning and Partnerships (MAPP)*. National Association of County and City Health Officials. Retrieved April 26, 2023, from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

National Cancer Institute. (2021, October 11). *What Is Cancer?* (nciglobal,ncienterprise) [CgvArticle]. National Institutes of Health. https://www.cancer.gov/about-cancer/understanding/what-is-cancer

National Institute of Allergy and Infectious Diseases. (2015, August 6). *Sexually Transmitted Diseases*. National Institutes of Health. https://www.niaid.nih.gov/diseases-conditions/sexually-transmitted-diseases

Primary care provider. (n.d.). HealthCare.Gov. Retrieved May 9, 2023, from https://www.healthcare.gov/glossary/primary-care-provider

U.S. Census Bureau. (2023, January 30). *How the Census Bureau Measures Poverty*. U.S. Census Bureau. https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

U.S. Department of Health and Human Services. (n.d.-a). *Injury Prevention—Healthy People 2030*. Healthy People 2030. Retrieved May 10, 2023, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention

U.S. Department of Health and Human Services. (n.d.-b). *Reproductive Health and Teen Pregnancy*. HHS Office of Population Affairs. Retrieved May 10, 2023, from https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy

World Health Organization. (n.d.). *Chronic respiratory diseases*. World Health Organization. Retrieved May 3, 2023, from https://www.who.int/health-topics/chronic-respiratory-diseases

Appendix A-1. Focus Group Demographic Survey

1. What is your age?
    - 18 – 25
    - 26 – 39
    - 40 – 54
    - 55 – 64
    - 65 – 74
    - 75+

2. What is your gender?
    - Male
    - Female
    - Transgender
    - Other: _____

3. What race/ethnicity do you most identify with? (select one)
    - White / Caucasian
    - Black / African American
    - Native American
    - Asian / Pacific Islander
    - Hispanic / Latino(a)
    - Other: _____

4. Please select the highest level or education you have completed.
    - Elementary / Middle School
    - High School or GED
    - Technical or Community College
    - 4-year College / Bachelor's Degree
    - Graduate / Advanced Degree

5. What ZIP Code do you live in?
    - 32003
    - 32043
    - 32058
    - 32065
    - 32068
    - 32073
    - 32140
    - 32221
    - 32222
    - 32234
    - 32244
    - 32656
    - 32666
    - Other: _____

6. What is your employment status? (choose one)
    - Employed – Full-time
    - Employed – Part-time
    - Unemployment
    - Retired
    - Stay-at-home parent
    - Student
    - Disabled
    - Other: _____

7. How is your health insurance covered?
    - Health insurance offered from your job or a family member's job
    - Health insurance that you pay for on your own
    - Veterans' Administration or Military Coverage
    - Medicare (any kind)
    - Medicaid (any kind)
    - I can't afford any health insurance
    - Other: _____

8. What is the total annual income among all earners in your household before taxes?
    - Less than $10,000
    - $10,000 – $20,000
    - $21,000 – $30,000
    - $31,000 – $50,000
    - $51,000 – $99,000
    - $100,000 or more

9. How do you rate your overall health? (choose one)
    - Excellent
    - Good
    - Fair
    - Poor
    - I don’t know

Appendix A-2. Focus Group Discussion Questions

Facilitator Introduction for Focus Groups

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

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

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

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

Focus Group Questions

1. What do you think prevents people in the county from being healthy (or from having optimal health and wellness)?

2. What do you love about your neighborhood?

3. What things are missing in your neighborhood that you would like to have to stay healthy?

4. What things are you worried about in your neighborhood that prevent you from being safe and healthy?

5. What barriers or difficulties do you or others face gaining access to care for chronic disease?

6. What barriers or difficulties do you or others face gaining treatment for acute illnesses?

7. What barriers or difficulties do you or others face gaining access to primary and preventative healthcare?

8. What health services do you need in your neighborhood that are not available?

9. Why or why not? (Do you have a primary care doctor?)

10. Where do you get information about health?

11. Think back to your last visit with your doctor. What should they do to improve communication with you?

12. If yes, why do you think you were mistreated? (Have you ever experienced discrimination while accessing healthcare services?)

13. What do you feel was the reason for the mistreatment?

14. How has your community been most impacted by COVID-19?

15. You may have heard about place matters, how where you live can affect your health. Let's say you are in charge for a day and have $1 million to spend to help the community, what would you do?

Appendix B-1. Key Stakeholders Interviewed

Michelle Cook
Sheriff, Clay County Sheriff's Office

Elizabeth Franco
CEO, Kids First of Florida

Lorin Mock
Fire Chief, Clay County Fire and Rescue

Carey Morford
Pastor, Mission of the Dirt Road

Darin Roark
Hospital President, Baptist Medical Center Clay

Jennifer Rodriguez
CEO, Quigley House

Irene Toto
CEO, Clay Behavioral Health Center

Lisa Valentine
CEO, HCA Florida Orange Park Hospital

Annie Wallau
County Extension Director, UF/IFAS Extension Clay County

Howard Wanamaker
County Manager, Clay County Government

Appendix B-2. Key Stakeholder Interview Questions

Introduction for Stakeholder Interview

The Florida Department of Health in Clay County has contracted with The Health Planning Council of Northeast Florida to conduct the next community health assessment. The goal of this assessment is to identify the most pressing health needs of Clay County.

We are gathering input from key stakeholders through one-on-one interviews. You have been identified as one of our key stakeholders in the local public health system. We value your expertise and knowledge of our community. Your participation will help us identify areas where we can make improvements to the health and well-being of Clay County residents.

If it is okay with you, I will be recording this interview. The recording will only be used by the project team and then will be deleted. In the final report, the information you share will not be attributed to you by name. Your name will be listed as a key stakeholder in the report, but your specific thoughts and comments will remain anonymous.

We will be discussing the interview questions previously shared with you. Some of these questions may be duplicative of material we have already discussed in earlier questions, but they may prompt you to think of additional issues.

Please let me know if you have any questions.

We will now begin the recording.

Stakeholder Interview Questions

1. How many years have you worked in the county?

2. What do you think prevents people in the county from being healthy, or from having optimal health and wellness?

3. Are there populations in the county that face barriers or difficulties gaining access to healthcare related to chronic diseases? If yes, which populations?

4. Why do you think the populations you mentioned face difficulties getting or accessing healthcare for chronic disease (such as asthma, heart disease, cancer, diabetes, or mental illness)?

5. Are there populations in the county that face barriers or difficulties accessing immediate treatment for acute illnesses? If yes, which populations?

6. Why do you think the populations you mentioned face difficulties accessing services or immediate treatment for acute illness?

7. Are there populations in the county that face barriers or challenges in gaining access to primary and preventive healthcare? If yes, which populations?

8. What primary or preventive health care services do the populations you mentioned have difficulty accessing?

9. Why do you think the populations you mentioned face difficulties accessing primary or preventive care?

10. What actions can be taken, or do you see as necessary, to address access to primary healthcare?

11. If you could change one thing in the county to improve the health and quality of life for county residents, what would it be?

12. How has your county been most impacted by COVID-19?

13. Based on our discussion today, what do you feel are the top health issues or needs in the county that should be addressed?

Appendix C. Clay County Community Survey

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

1. What is your ZIP Code at home? _____

2. What is your city/town name? _____

3. How do you rate your overall health? (choose one)
   - Excellent
   - Good
   - Fair
   - Poor
   - I don't know

4. Choose up to 5 of the items below that you feel are the most important features of a healthy community.
   - Access to churches or other places of worship
   - Good place to raise kids
   - Access to healthcare
   - Good jobs, healthy economy
   - Access to parks and places to play
   - Good education
   - Access to transportation (e.g., bus, taxi)
   - Low crime rates/safe neighborhoods
   - Affordable and/or available housing options
   - Preventative health care (e.g., annual check-ups, screenings, mammograms, vaccinations
   - Available arts and cultural events
   - Quality childcare
   - Clean and healthy environment
   - Access to social services
   - Lack of discrimination
   - Good place to grow old
   - Adequate parking/accommodations for persons with disabilities
   - Other: _____

5. Choose up to 5 of the health problems that you feel are most important in Clay County:
   - Respiratory/lung disease (e.g., COPD, asthma)
   - Drug abuse (e.g., alcohol, opioids, drugs, marijuana)
   - Cancers
   - Mental health (e.g., depression, suicide, anxiety, stress, etc.)
   - Infectious diseases (e.g., flu, pneumonia)
   - Child abuse/neglect
   - Diabetes
   - Teenage pregnancy
   - Heart disease and stroke
   - Accidental injuries
   - Unsafe sex/sexually transmitted diseases
   - Domestic violence
   - Obesity/overweight
   - Infant death/premature birth
   - High blood pressure
   - Not getting shots/immunizations to prevent disease
   - Adequate parking/accommodations for persons with disabilities
   - Lack of access to healthcare
   - Dental problems
   - Smoking/tobacco use
   - Other: _____

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

7. In the past 5 years, which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family? (check all that apply)
    - Problems with transportation (e.g., bus, taxi, etc.)
    - Lack of evening and weekend services
    - I can't afford to pay for healthcare
    - Long wait times for appointments and services
    - I can't find providers that accept my insurance
    - I don't know what types of services are available
    - Healthcare information is not kept private
    - Can't find health services in my native language
    - I don't like accepting government assistance
    - I don't understand the health information my doctor gives me
    - None – I don't have any barriers to healthcare
    - Other: _____

8. Do you feel discriminated against by healthcare providers due to any of the following reasons? (check all that apply)
    - Race/ethnicity
    - Gender
    - Sexual orientation
    - Weight
    - Age
    - Language
    - Income
    - Religion
    - No, I do not feel discriminated against
    - Other: _____

9. How is your health care covered? (check all that apply)
    - Health insurance from my job
    - Health insurance from a family member's job
    - health insurance that I pay for on my own
    - Medicare (any kind)
    - Medicaid (any kind)
    - Military or VA benefits
    - I can't afford any health insurance
    - Other: _____

10. Your age
    - Under 18
    - 18 – 25
    - 26 – 39
    - 40 – 54
    - 55 – 64
    - 65 – 74
    - 75+

11. Are you…
    - Male
    - Female
    - Transgender
    - Other: _____

12. Which race/ethnicity do you most identify with? (choose one)
    - Black / African American
    - Hispanic or Latino(a)
    - Native American / Alaskan Native
    - White / Caucasian
    - Asian or Pacific Islander
    - Other: _____

13. What is the highest level of education you have completed? (choose one)
    - Elementary / Middle School
    - High School Diploma or GED
    - Community College
    - Technical or Trade School
    - 4-year College / Bachelor's Degree
    - Graduate / Advanced Degree

14. What is your current employment status? (choose one)
    - Employed – Full time
    - Employed – Part-time
    - Student
    - Stay-at-home parent
    - Retired
    - Disabled
    - Unemployed

15. What is the approximate total income among all earners in your household? (choose one)
    - Less than $10,000
    - $10,000 – $20,000
    - $21,000 – $30,000
    - $31,000 – $50,000
    - $51,000 – $99,000
    - $100,000 or more

16. Please list any other comments you have about the health issues in Clay County.

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_____
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Appendix D. 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?	75
1.1.2 Continuously update the community health assessment with current information?	62.5
1.1.3 Promote the use of the community health assessment among community members and partners?	75
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
1.2.2 Analyze health data, including geographic information, to see where health problems exist?	62.5
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.)?	65
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?	67.5
1.3.2 Use information from population health registries in community health assessments or other analyses?	67.5

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?	80.9
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	82.4
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?	73.5
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?	80.9
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	79.4
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	86.8
2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	89.7
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	79.4
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement?	75.0
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?	75.0
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	73.5

2.3.3 Use only licensed or credentialed laboratories?	91.2
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?	76.5

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?	70
3.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	72.5
3.1.3 Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	62.5
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?	55
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?	55
3.2.3 Identify and train spokespersons on public health issues?	50
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?	80
3.3.2 Make sure resources are available for a rapid emergency communication response?	77.5
3.3.3 Provide risk communication training for employees and volunteers?	62.5

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?	60
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	52.5
4.1.3 Encourage constituents to participate in activities to improve community health?	65
4.1.4 Create forums for communication of public health issues?	47.5
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?	72.5
4.2.2 Establish a broad-based community health improvement committee?	70
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?	55

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?	67.5

5.1.2 See that the local health department is accredited through the national voluntary accreditation program?	67.5
5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services?	55
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?	50
5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	57.5
5.2.3 Review existing policies at least every three to five years?	52.5
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?	70
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	67.5
5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?	67.5
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?	67.5
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?	77.5
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	75

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?	80.9
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?	82.4
6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years?	75.0
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	92.6
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?	70.6
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?	57.4
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	55.9
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?	77.9

6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	91.2
6.3.3 Assure that all enforcement activities related to public health codes are done within the law?	85.3
6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?	72.1
6.3.5 Evaluate how well local organizations comply with public health laws?	75.0

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?	70
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	57.5
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?	57.5
7.1.4 Understand the reasons that people do not get the care they need?	57.5
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?	55
7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations?	55
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	52.5
7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

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?	67.6
8.1.2 Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	63.2
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?	58.8
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?	92.6
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?	88.2
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	86.8
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?	83.8
8.3.2 Provide ways for workers to develop core skills related to essential public health services?	75.0

8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	66.2
8.3.4 Create and support collaborations between organizations within the public health system for training and education?	67.6
8.3.5 Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	75.0
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?	69.1
8.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	76.5
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	67.6
8.4.4 Provide opportunities for the development of leaders representative of the diversity within the community?	73.5

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?	50
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?	45
9.1.3 Identify gaps in the provision of population-based health services?	52.5
9.1.4 Use evaluation findings to improve plans and services?	45
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?	52.5
9.2.2 Compare the quality of personal health services to established guidelines?	52.5
9.2.3 Measure satisfaction with personal health services?	52.5
9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?	60
9.2.5 Use evaluation findings to improve services and program delivery?	42.5
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?	62.5
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?	65
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	45
9.3.4 Use results from the evaluation process to improve the LPHS?	47.5

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?	48.5

10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research?	50.0
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?	70.6
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	52.9
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?	57.4
10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	42.6
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?	54.4
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?	45.6
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	44.1
10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	64.7
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	54.4