



CLAY COUNTY COMMUNITY HEALTH STATUS ASSESSMENT 2019

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

Prepared by the Health Planning Council of Northeast Florida, Inc.

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EXECUTIVE SUMMARY

The Florida Department of Health in Clay County and the Health Planning Council of Northeast Florida spearheaded an initiative to conduct a comprehensive, county-wide health needs assessment. The purpose of this assessment is 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 2015 health needs assessment; and (2) launch the 2019 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; 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. 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 the following as key health issues: mental health/substance abuse, homelessness/poverty, public transportation, affordable housing options, affordable dental services, and employment opportunities. The key stakeholder interviews identified the following as key health issues: mental health/substance abuse, chronic disease/lifestyle behavior, and access to health care. Secondary data from an online ranking tool then collapsed the key health issues identified in the qualitative analysis into broader health priorities and subsequently ranked the data based on comparisons to other counties in the region. The ranking of the topics is as follows: transportation, cancer, men's health, and other chronic diseases.

To further narrow down these priorities to the top three focus areas, input was sought from the community through a preliminary release meeting on April 11, 2019. Invitations were sent via e-mail to several community groups including the Mercy Support Network, CHIP group, Shaping Clay, and the Clay County Chamber of Commerce. The meeting notification was also posted in the local newspaper, *Clay Today*. During this preliminary results and release meeting, the current findings of the assessment were discussed. Then feedback was requested from the community: "Of all the issues discussed today, which do you think is the most important?" The poll results from the meeting showed that _____ was the top priority, followed by _____ and _____.

Using the information and priorities included in this assessment, areas where targeted interventions and policy changes may have the greatest impact can be identified. Once key strategies have been chosen based on level of impact, as well as 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 the summer of 2018, 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 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. Collectively, more than 30 community leaders contributed to the process by attending at least one Task Force meeting, and more than 1,000 residents contributed to the assessment through participation in focus group discussions and completion of the community survey.

The CHIP group elected to utilize the “**MAPP**” community assessment model, as recommended by the Florida Department of Health as well as the National Association of County and City Health Officials (NACCHO). **MAPP**, an acronym for “*Mobilization for Action through Planning and Partnership*,” is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county’s most prevalent health concerns. This type of county-wide health assessment was last completed in Clay during 2015, 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 (Figure 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 a variety of dedicated health and social service providers along with other invaluable community stakeholders from across all regions of Clay County. It is recommended that the findings from this community health assessment 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 the implementation of evidence-based and effective assessment models such as the National Association of County and City Health Officials’ (NACCHO’s) ***Mobilizing for Action through Planning and Partnerships (MAPP)*** model for community health planning. This model was developed to provide a strategic approach to community health improvement by helping communities to identify and use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.¹ The model includes six distinct phases (Figure 1):

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment

¹ National Association of City and County Health Officials, 2012

- 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)

FIGURE 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 strong ongoing relationships with multiple health and social services providers locally. DOH-Clay invited the ongoing CHIP group to act as a platform and steering committee for this Community Health Assessment (CHA) process.

The CHIP group came together for the 2019 assessment introduction meeting in November 2018. In this meeting, the Health Planning Council of Northeast Florida (HPCNEF) staff provided an introduction to the project and highlighted the expected outcomes and benefits 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 developing the county’s health priorities and proposing strategies to address them. Members were also provided with a complete overview of the MAPP assessment process, a preliminary timeline of when each component should occur, and guidance on how they could most effectively contribute to the process.

This introductory CHIP meeting also involved presenting and discussing the proposed data obtained through the recommended **Health Status Assessment**, the first of the four MAPP assessments. The discussion incorporated an analysis of population demographics and socio-economic indicators, disease and death rates, 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. The members also suggested that relevant findings from the county’s most recent Behavioral Risk Factor Surveillance Survey (BRFSS) and County Health Rankings be used in the CHA document. Some members requested some specific data to help support and/or disprove speculations.

Wider community input was sought during September to December 2018 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 with organizations and persons throughout Clay County chosen by DOH-Clay, and a total of 11 interviews were conducted. There were five focus groups held in locations throughout the county including Orange Park, Green Cove Springs, and Middleburg. Over 950 community surveys were completed. The key stakeholder interviews, community surveys, and focus group results were compiled and analyzed by Health Planning Council staff.

Utilizing guidance provided by the U.S. Centers for Disease Control and Prevention (CDC) under the National Public Health Performance Standards Program (NPHPSP), the Clay County Health Assessment CHIP group members completed a **Local Public Health System Performance Assessment** in February 2019. The members first reviewed the composition of the county's public health safety net to include all entities that serve the county's most vulnerable residents. Health Planning Council staff then guided the Task Force members through a broad discussion of each of the *10 Essential Public Health Services*, as outlined by the CDC. The members discussed each essential service until consensus was reached regarding the degree to which the service is present and effective throughout the county. Strengths and gaps in the county's health care safety net and public health system were identified in this way, and were subsequently considered throughout the remainder of the planning process.

Information was also considered regarding current and expected **Forces of Change** in the county, 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. The Task Force 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, whether it be in a positive or negative way. 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 government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

Additionally, the members were asked to consider trends, factors, and events related to a wide variety of perspectives including:

- Social
- Economic
- Government/Political
- Community
- Environmental
- Educational
- Science/Technology
- Ethical/Legal

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

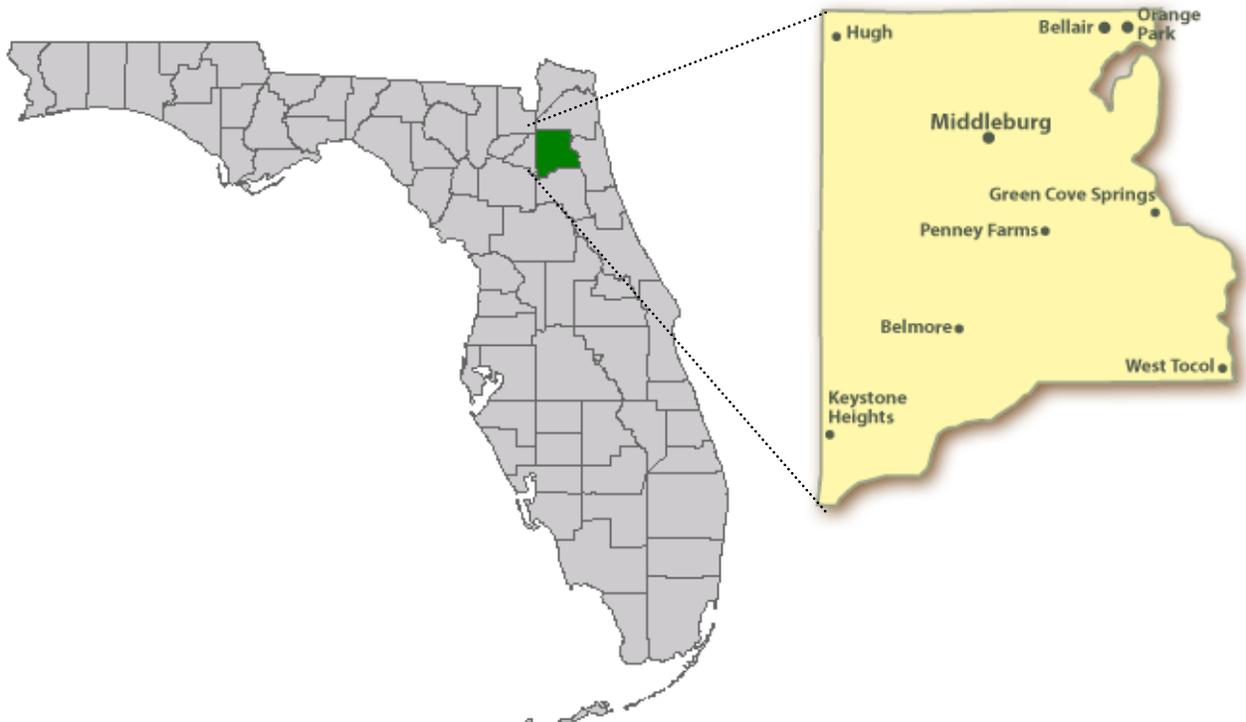
With the qualitative and quantitative data collected and analyzed from all four MAPP assessments, the next stage in the process is to identify strategic issues. During this phase of the process, an ordered list of the most important issues facing the community is compiled. This prioritization activity was completed through input from the community through a preliminary release meeting on April 11, 2019 and community surveys following the meeting. During this preliminary results and release meeting and survey, the current findings of the assessment were discussed. Then feedback was requested from the community: "Of all the issues discussed today, which do you think is the most important?" This narrowed down Clay County health priorities to three, which will be used as cornerstones for the health improvement plan.

GEOGRAPHY AND GOVERNANCE

Clay County encompasses approximately 604 square miles of Northeast Florida,² 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 among its many lakes and rivers, as well as many miles of undeveloped woodlands. Figure 2 shows Clay County's location within Florida.

The county was founded nearly 150 years ago and has evolved into a diverse culture of both suburban and rural areas. The five-member, elected Board of County Commissioners is the law-making body of the county, operating under the Home Rule charter since 1991. Each elected member represents a specific district within the county for a designated four-year term. Separately elected Constitutional Officers perform some specific government functions countywide. These two groups together are the elected officials who are responsible to the voters of Clay County.³

FIGURE 2: MAP OF FLORIDA HIGHLIGHTING CLAY COUNTY



² U.S. Census Bureau (2018, July). *State and County Quickfacts*. Retrieved from American FactFinder: factfinder.census.gov

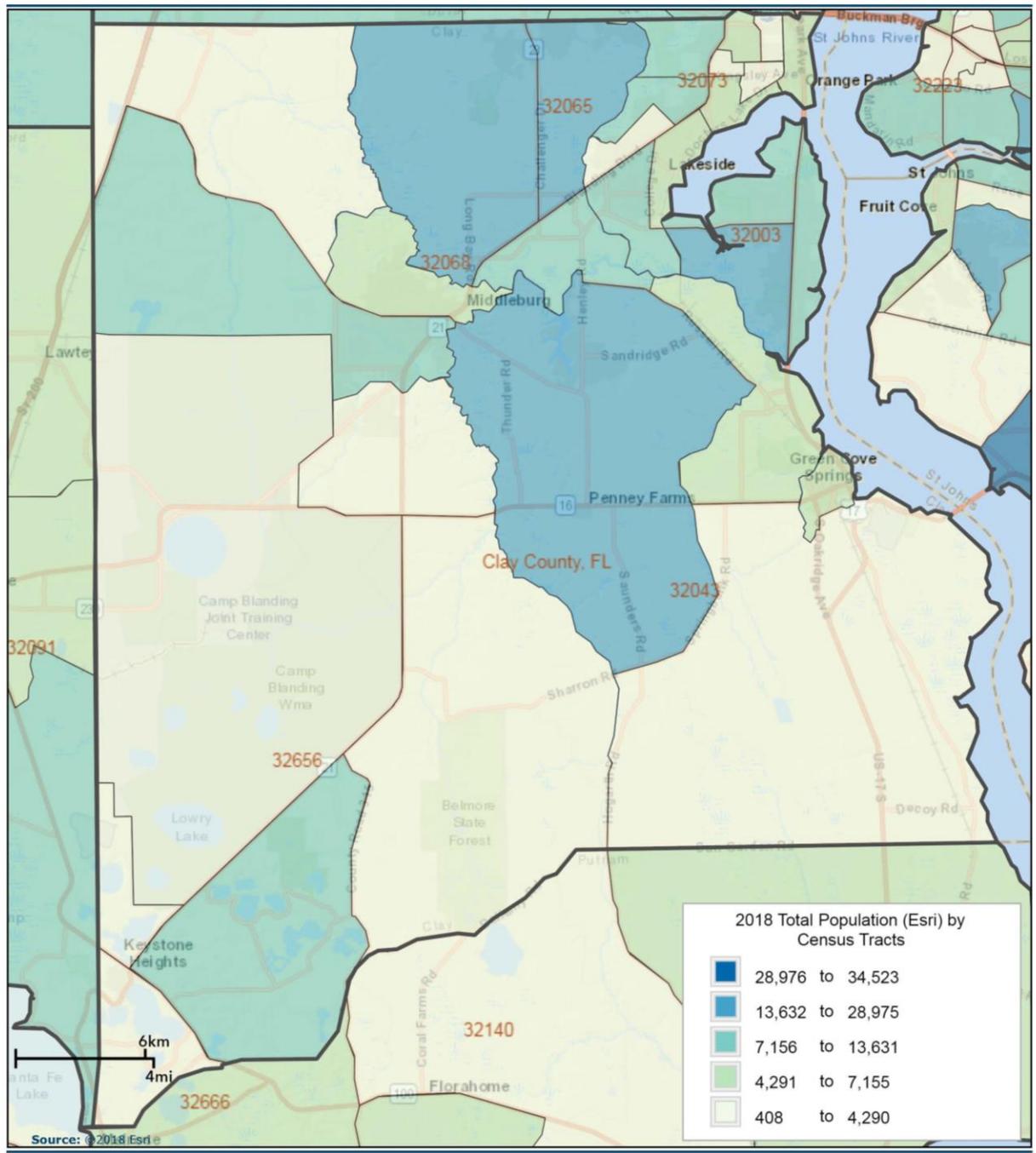
³ Clay County Government (website), Board of County Commissioners, 2018

POPULATION CHARACTERISTICS

Total Population and Population Growth

In 2017, Clay County and Florida had estimated populations of 212,230 and 20,984,400, respectively. 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 (Figure 3).

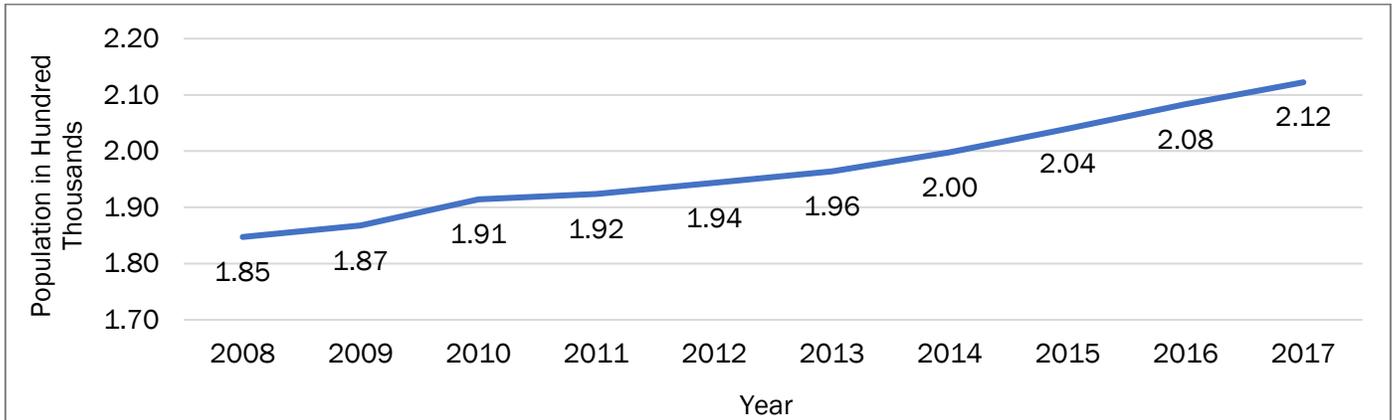
FIGURE 3. CLAY COUNTY TOTAL POPULATION BY CENSUS TRACTS, 2018



March 18, 2019

Clay County’s population steadily rose from 2008 to 2017 at an average annual growth rate of 1.62%. In recent years growth was seen at 1.96% from 2015 to 2016 and 1.92% from 2016-2017 (Figure 4).⁴

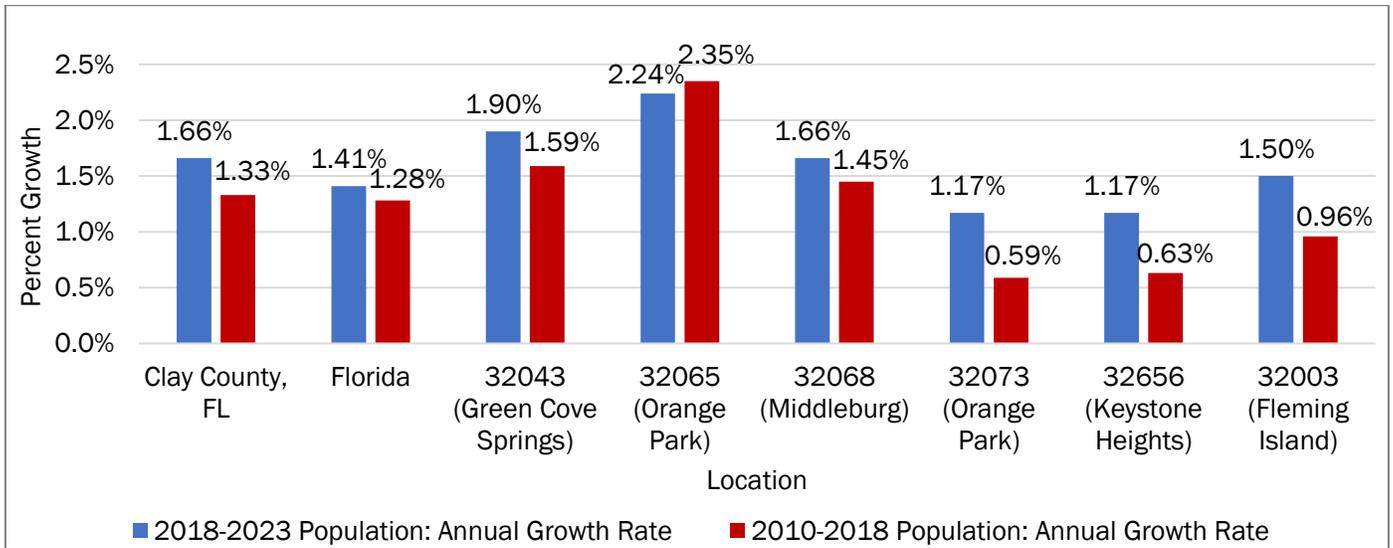
FIGURE 4. TOTAL POPULATION, CLAY COUNTY, 2008-2017



Data Source: 2008-2017 American Community Survey 1-Year Estimates, Table S0101, Age and Sex

Clay County is projected to have a growth rate 0.25 percentage points greater than Florida’s from 2018 to 2023. The top three projected growth areas in Clay County are Orange Park, Green Cove Springs, and Middleburg (Figure 5).⁵

FIGURE 5. POPULATION GROWTH RATE BY ZIP CODE, CLAY COUNTY, 2010-2023



Data Source: Esri, 2018 and 2023 Population Estimates

Age & Gender

The median age for Clay County was 40.5 years, with the median male and female ages at 39.4 and 41.2 years. Florida had a slightly older median age of 42 years with a median male and female age of 40.6 and 43.6 years.⁶

Figure 6 shows the population distributions of Clay County and Florida by age. In comparison to Florida, Clay County has a greater percentage of children and teens (age 19 and under) and a smaller percentage of older adults (age

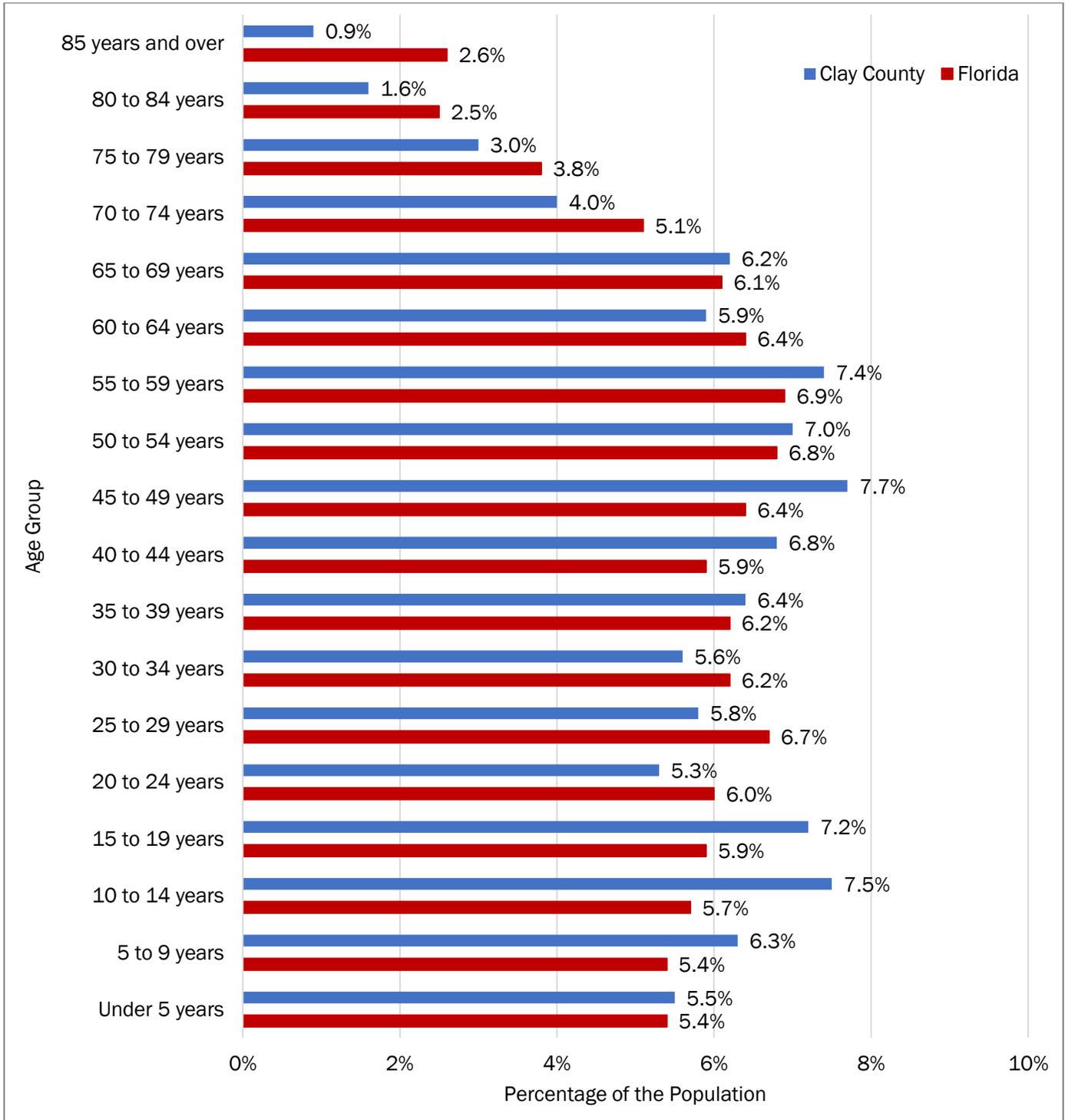
⁴ U.S. Census Bureau (2018). 2008-2017 American Community Survey 1-Year Estimates: Table S0101-Age and Sex. Retrieved from <https://factfinder.census.gov>

⁵ Esri, 2018 and 2023 Population Estimates

⁶ U.S. Census Bureau (2018). 2017 American Community Survey 1-Year Estimates: Table S0101-Age and Sex. Retrieved from <https://factfinder.census.gov>

70+). In 2016, 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.⁷

FIGURE 6. AGE DISTRIBUTION, CLAY COUNTY & FLORIDA, 2017



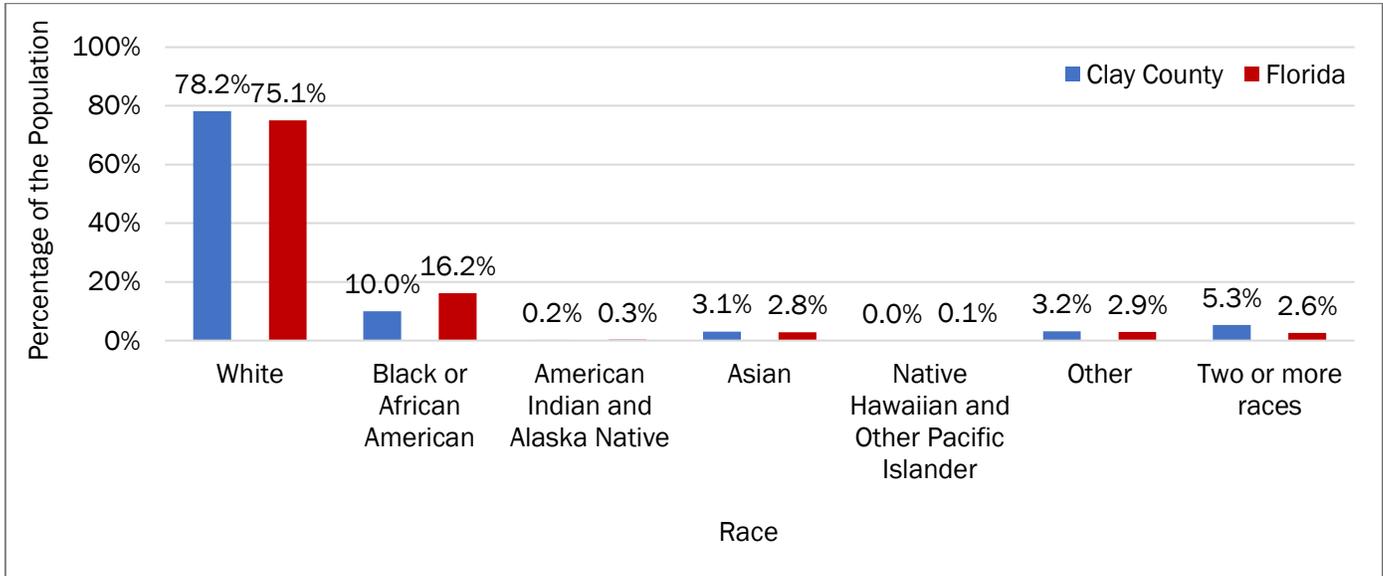
Data Source: 2017 American Community Survey 1-Year Estimates, Table S0101, Age and Sex

⁷ U.S. Census Bureau (2018). 2017 American Community Survey 1-Year Estimates: Table S0101 Age & Sex Estimates. Retrieved from <https://factfinder.census.gov>

Race & Ethnicity

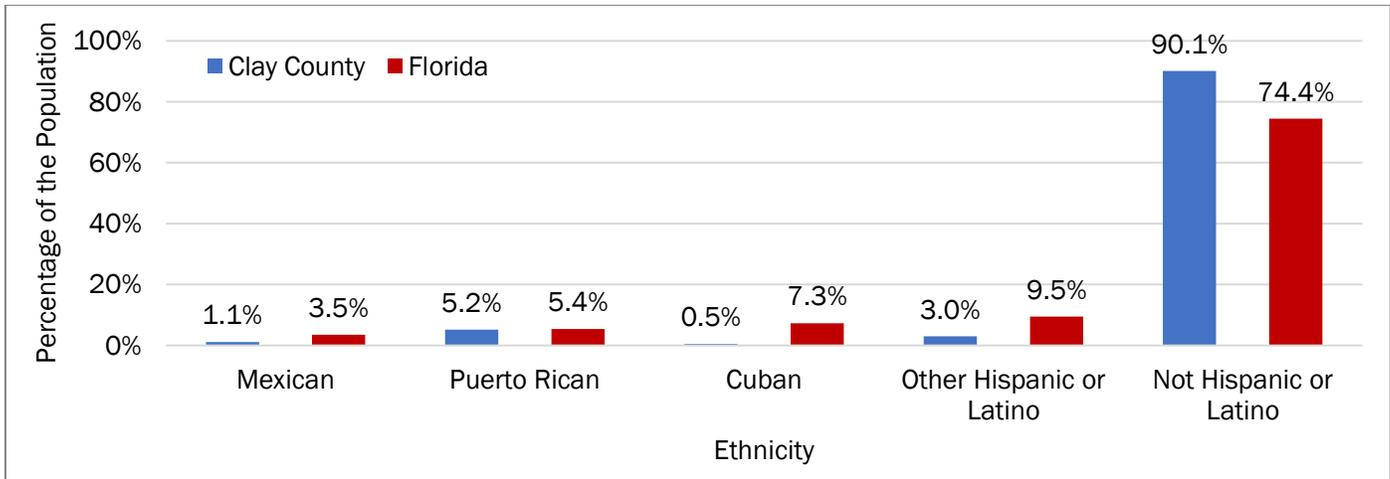
Clay County had a racial distribution similar to Florida’s in 2017. At 78.2% of the population, Clay County—like Florida—is majority White. The second largest racial group is Black or African American, making up 10% of Clay County’s population and 16.2% of Florida’s (Figure 7). A much greater percentage of Florida’s population (25.6%) is Hispanic or Latino compared to Clay County (9.9%) (Figure 8).⁸

FIGURE 7. POPULATION BY RACE, CLAY COUNTY & FLORIDA, 2017



Data Source: 2017 American Community Survey 1-Year Estimates, Table DP05, Demographic and Housing Estimates

FIGURE 8. POPULATION BY ETHNICITY, CLAY COUNTY & FLORIDA, 2017

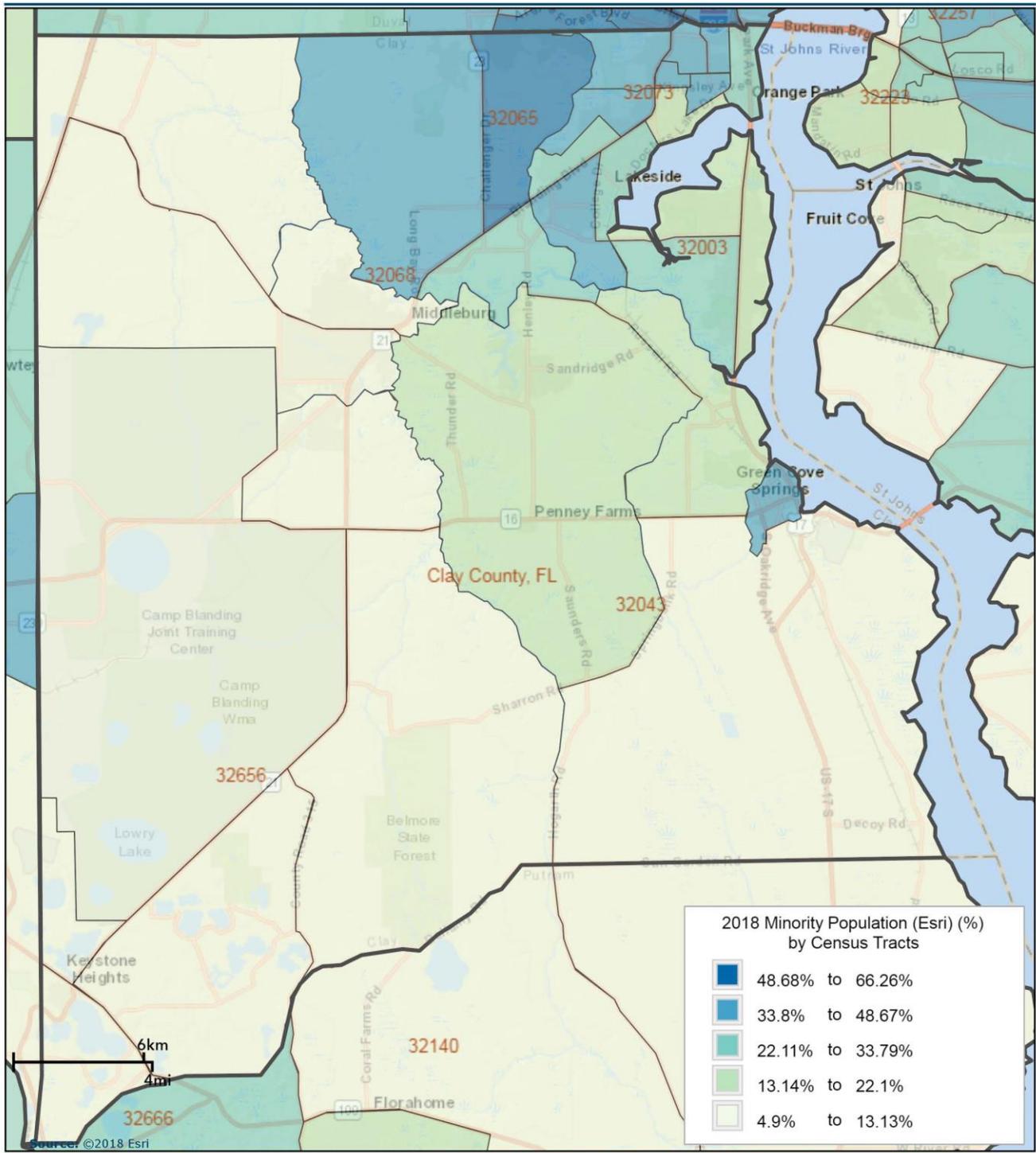


Data Source: 2017 American Community Survey 1-Year Estimates, Table DP05, Demographic and Housing Estimates

Almost 50% of the residents of Lakeside (zip code 32065), and 34% to 49% of residents of Middleburg (zip code 32068), are members of a racial minority (Figure 9).

⁸ U.S. Census Bureau (2018). 2017 American Community Survey 1-Year Estimates: Table DP05-Demographic and Housing Estimates. Retrieved from <https://factfinder.census.gov>

FIGURE 9. CLAY COUNTY MINORITY POPULATION (%) BY CENSUS TRACTS, 2018



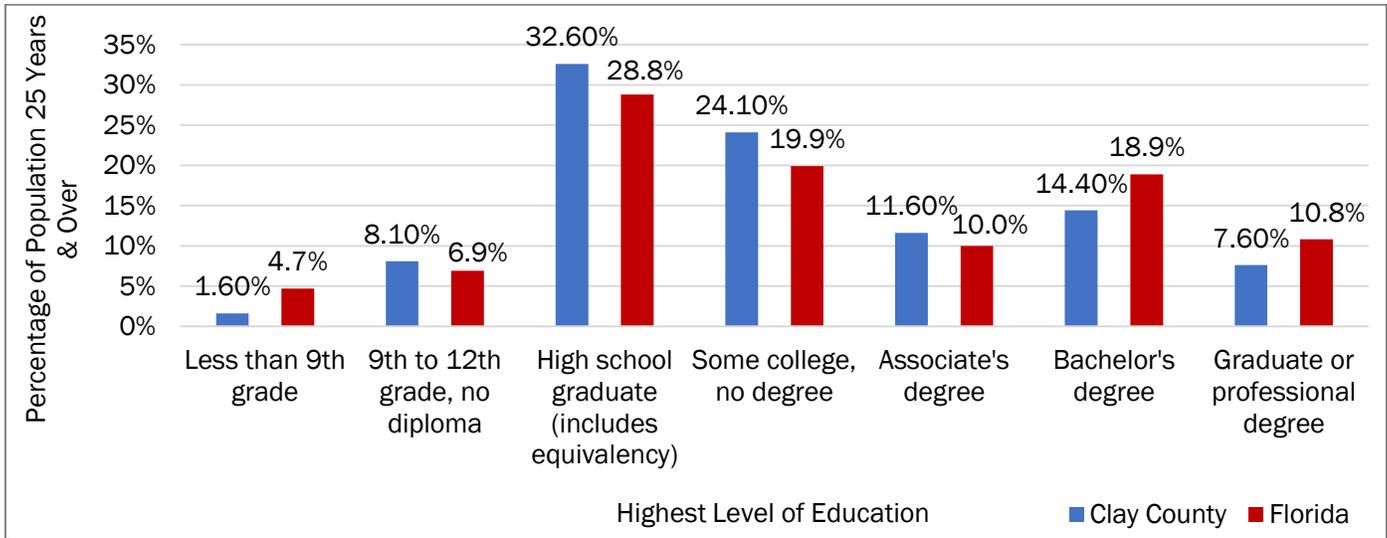
March 18, 2019

Educational Attainment

A higher percentage (68.3%) of Clay County’s population had a high school diploma, some college, or an associate’s degree compared to Florida (58.7%) in 2017. A greater proportion of Florida residents (29.7%) had a bachelor’s degree or higher compared to Clay County (22%). Almost 10% of Clay County’s population does not have a high school diploma (or equivalent) compared to 11.6% for Florida (Figure 10).⁹

⁹ U.S. Census Bureau (2018). *2017 American Community Survey 1-Year Estimates: Table DP02-Selected Social Characteristics*. Retrieved from <https://factfinder.census.gov>

FIGURE 10. REPORTED HIGHEST LEVEL OF EDUCATION ATTAINED, POPULATION 25 YEARS & OVER, CLAY COUNTY & FLORIDA, 2017

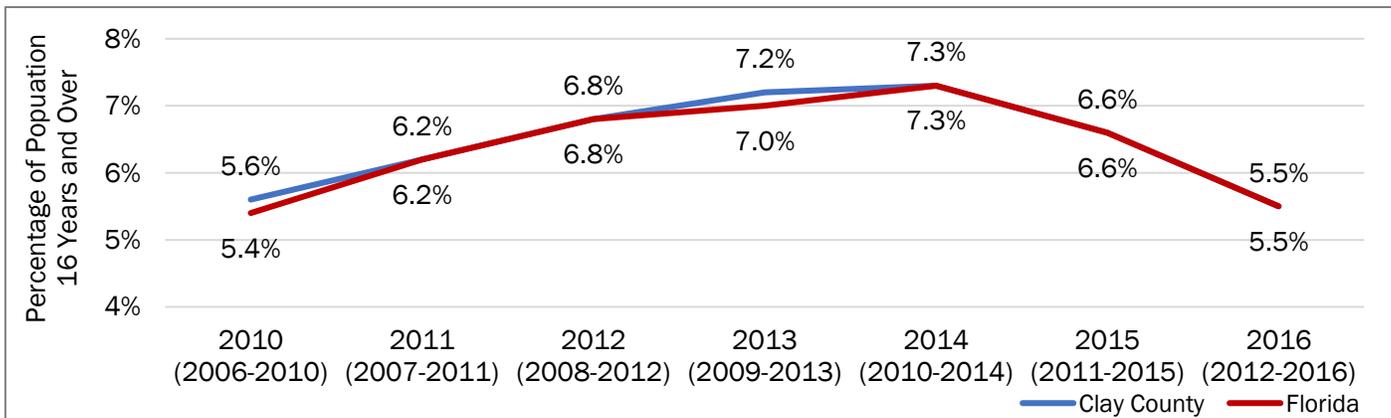


Data Source: 2017 American Community Survey 1-Year Estimates, DP02, Selected Social Characteristics

Employment

Clay County and Florida had similar unemployment rates from 2010 to 2016 for the population ages 16 years and over. After rising from 2010 to 2014 by 30.4% and 35.2%, respectively, unemployment rates fell by 24.7% from 2014 to 2016 (Figure 11).¹⁰

FIGURE 11. UNEMPLOYMENT RATE, POPULATION 16 YEARS AND OVER, CLAY COUNTY & FLORIDA, 2010-2016



Data Source: 2010-2016 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

In 2017, Clay County had an employed population ages 16 years and over of 97,327 people, and Florida had 9,488,742 people.¹¹ Similar industries account for the majority of the employed populations in Clay County and Florida. The top industries in Clay County, accounting for 46.1% of the labor force, were:

- Educational services, and health care and social assistance (20.7%)
- Retail trade (14.5%)
- Arts, entertainment, and recreation, and accommodation and food services (10.9%)

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 (13.1%)

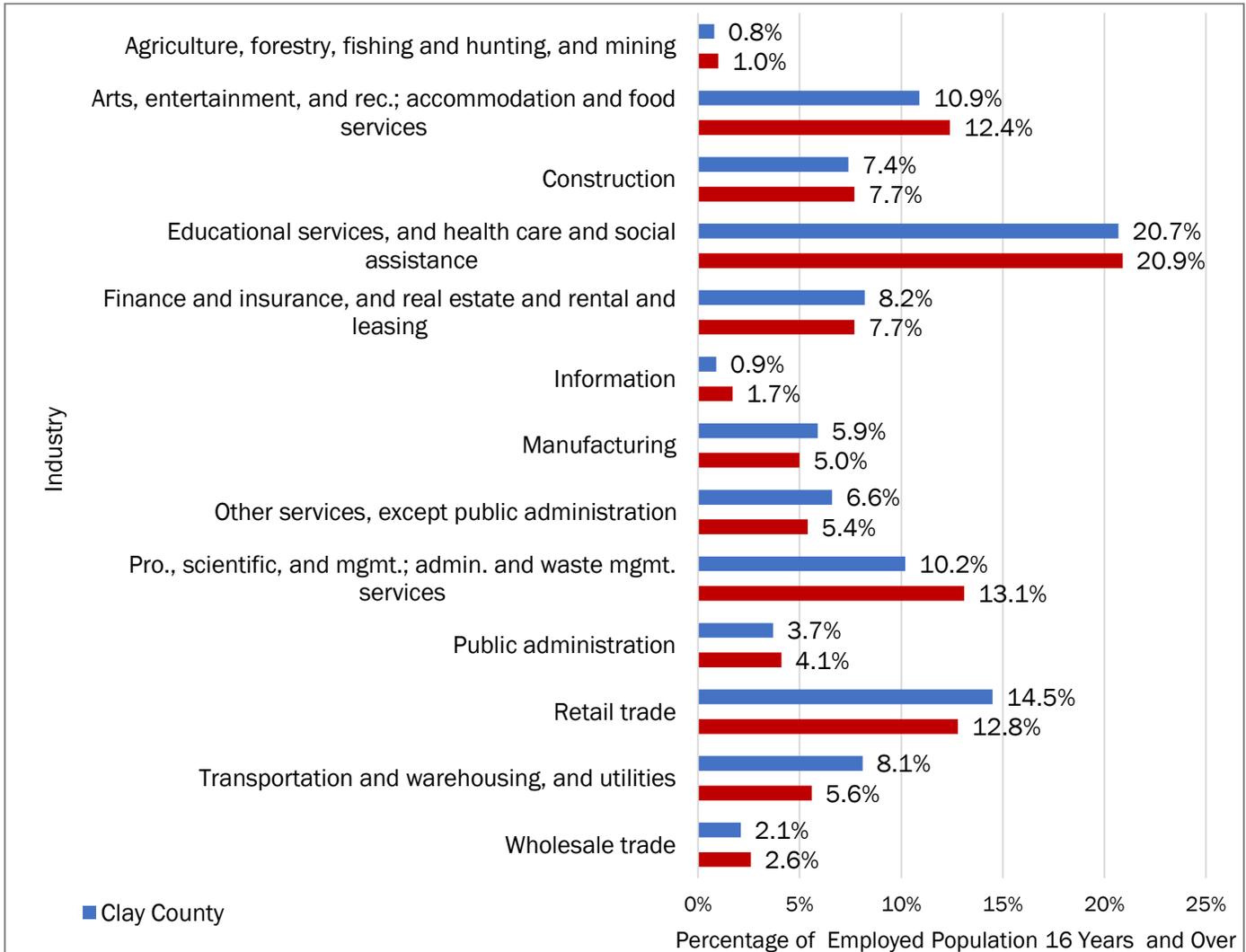
¹⁰ U.S. Census Bureau (2016). 2010-2016 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics. Retrieved from <https://factfinder.census.gov>

¹¹ U.S. Census Bureau (2017). 2017 American Community Survey 1-Year Estimate: Table DP03-Selected Economic Characteristics. Retrieved from <https://factfinder.census.gov>

- Retail trade (12.8%)

These three industries made up 46.8% of Florida’s labor force.¹² Figure 12 shows the industry breakdown for Clay County and Florida.

FIGURE 12. INDUSTRY OF EMPLOYED POPULATION 16 YEARS AND OVER, CLAY COUNTY & FLORIDA, 2017



Data Source: 2017 American Community Survey 1-Year Estimates, DP03, Selected Economic Characteristics

Income & Poverty

The largest portion (22.1%) of Clay County households earned \$50,000-\$74,999 in income and benefits, and 63.3% of households earned \$50,000 or more. Similarly, 18.4% of Florida households earned \$50,000-\$74,999. A little over half of Florida households made \$50,000 or more, which was 10.5 percentage points less than Clay County (Figure 13).¹³

The median and mean household incomes in Clay County were \$65,247 and \$82,306, respectively, and per capita income was \$29,465. The median and mean household incomes in Florida were \$52,594 and \$76,053, which were, respectively, \$12,653 and \$6,253 less than in Clay County. Florida’s per capita income was \$29,838, \$373 greater than Clay County.¹⁴ Based on 2017 third-quarter data, the annual per capita wages for Clay County and

¹² U.S. Census Bureau (2018). 2017 American Community Survey 1-Year Estimates: Table DP03-Selected Economic Characteristics. Retrieved from <https://factfinder.census.gov>

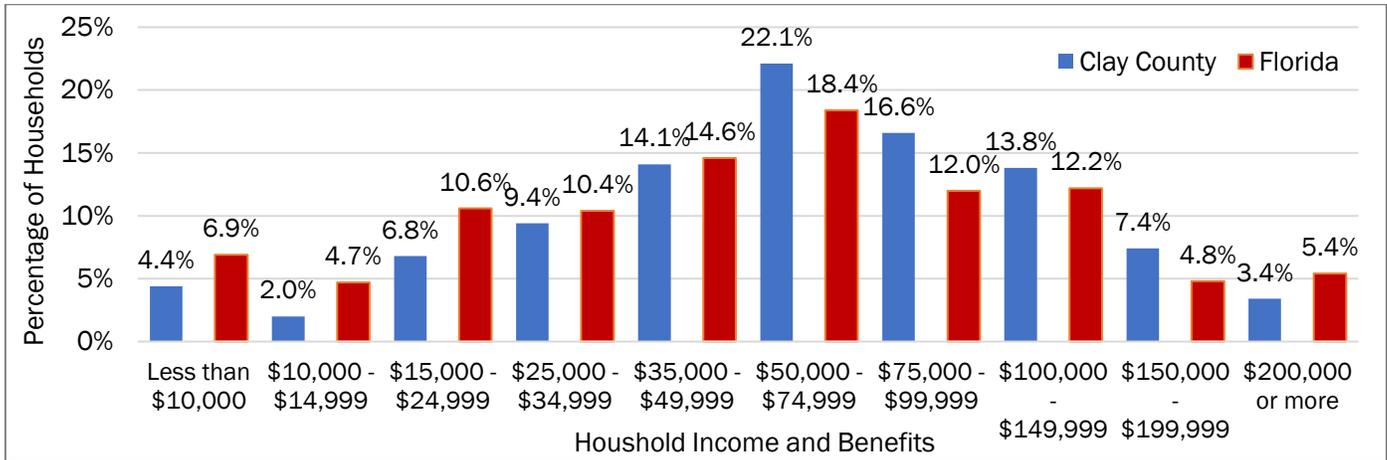
¹³ U.S. Census Bureau. 2017 American Community Survey 1-Year Estimates: Table DP03-Selected Economic Characteristics

¹⁴ U.S. Census Bureau. 2017 American Community Survey 1-Year Estimates: Table DP03-Selected Economic Characteristics

Florida were \$36,660 and \$46,592—a difference of \$9,932.¹⁵ Figure 13 shows that the majority of Clay County is in the following two household median income brackets: \$27,000 to \$51,000 and \$52,000 to \$74,000. Fleming Island’s zip code, 32003, has the highest household median income bracket of \$104,000 to \$173,000.

Figure 14 shows median household income by census tract.

FIGURE 13. HOUSEHOLD INCOME/BENEFITS (2016 INFLATION-ADJUSTED DOLLARS), CLAY CO. & FLORIDA, 2017

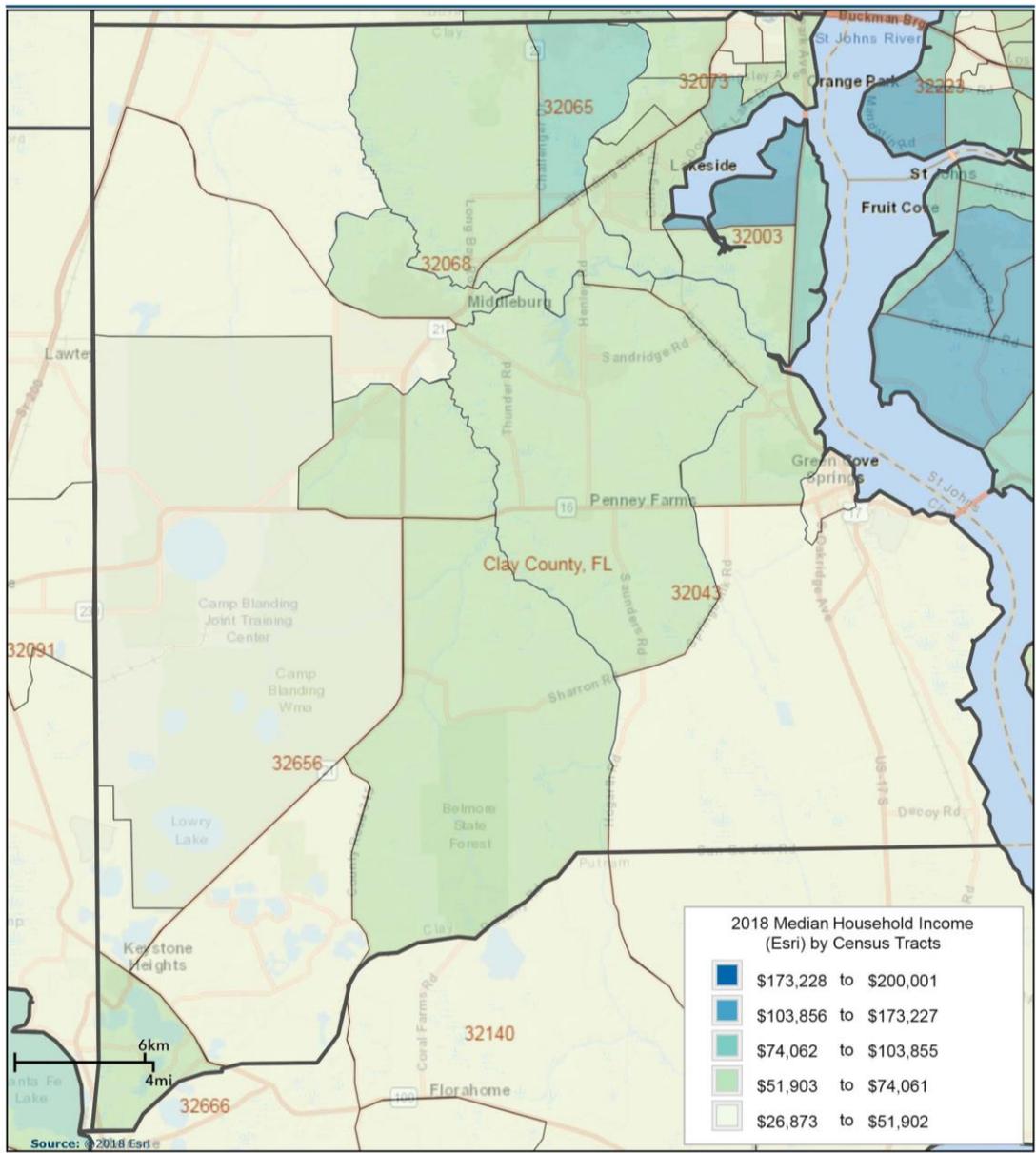


Data Source: 2017 American Community Survey 1-Year Estimates, DP03, Selected Economic Characteristics

Figure 14 shows that the majority of Clay County is in the following two household median income brackets: \$27,000 to \$51,000 and \$52,000 to \$74,000. Fleming Island’s zip code, 32003, has the highest household median income bracket of \$104,000 to \$173,000.

¹⁵ Bureau of Labor Statistics (2018 March 21). County Employment and Wages in Florida – Third Quarter 2017. Retrieved from https://www.bls.gov/regions/southeast/news-release/countyemploymentandwages_florida.htm#ro4qcew-florida.f.1

FIGURE 14. MEDIAN HOUSEHOLD INCOME BY CENSUS TRACTS, 2018



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The U.S. Census Bureau determines poverty thresholds by family size and family members' ages, with 48 possible thresholds. Thresholds do not vary geographically, and the Bureau updates thresholds annually for inflation. The poverty status calculation sums 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.¹⁶ Table 1 shows poverty thresholds for 2017.¹⁷

¹⁶ U.S. Census Bureau (2017, August 11). *Poverty: How the Census Bureau Measures Poverty*. Retrieved from <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

¹⁷ U.S. Census Bureau (2018, September 12). *Data: Poverty Thresholds 2017*. Retrieved from <https://www2.census.gov/programs-surveys/cps/tables/time-series/historical-poverty-thresholds/thresh17.xls>

TABLE 1. 2017 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):	12,488									
Under age 65	12,752	12,752								
Aged 65 & older	11,756	11,756								
Two people:										
Householder under age 65	16,493	16,414	16,895							
Householder 65 and older	14,828	14,816	16,831							
Three people	19,515	19,173	19,730	19,749						
Four people	25,094	25,283	25,696	24,858	24,944					
Five people	29,714	30,490	30,933	29,986	29,253	28,805				
Six people	33,618	35,069	35,208	34,482	33,787	32,753	32,140			
Seven people	38,173	40,351	40,603	39,734	39,129	38,001	36,685	35,242		
Eight people	42,684	45,129	45,528	44,708	43,990	42,971	41,678	40,332	39,990	
Nine people or more	50,681	54,287	54,550	53,825	53,216	52,216	50,840	49,595	49,287	47,389

Data Source: U.S. Census Bureau Poverty Thresholds, 2017 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.¹⁸ Thus, the total population for whom poverty status was determined in 2017 was 210,394 for Clay County and 20,569,920 for Florida. Of the 210,394 people analyzed in Clay County in 2017, 10.9% were in poverty, compared to 14% in Florida. For the under age 18 population, 13.1% of Clay County youth were in poverty compared to 20.3% for Florida.¹⁹

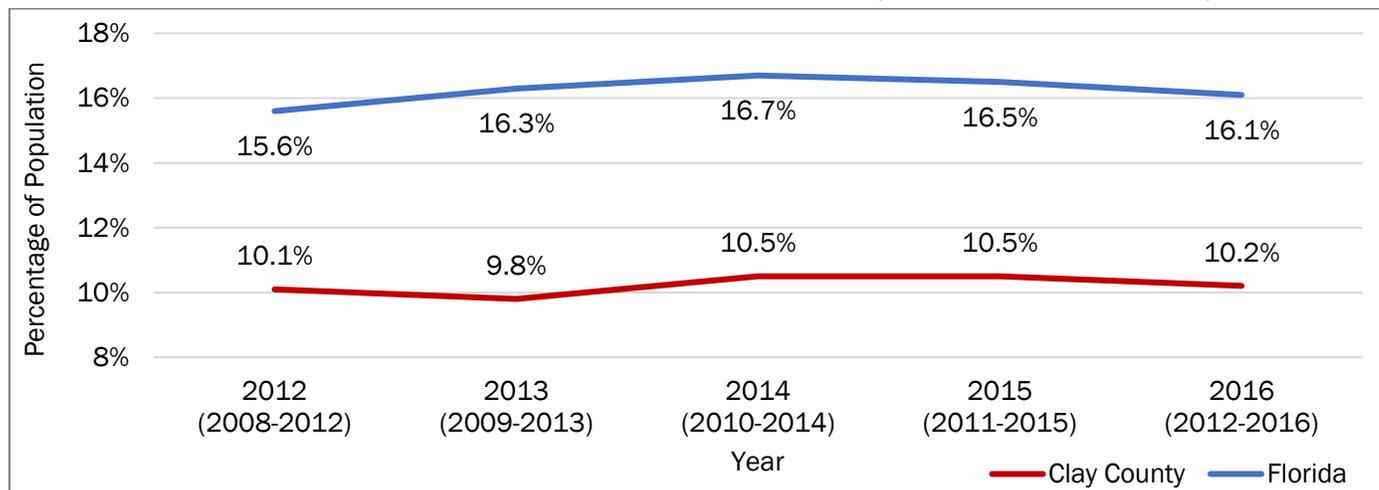
Figure 15 shows the percentage of the population in poverty from 2012 to 2016. Neither Clay County nor Florida showed much deviation in poverty status during this period. While Clay County has lower poverty rates than Florida, approximately 10% of Clay's population lived in poverty over the past 5 years. The average difference between Clay County and Florida was 6.02 percentage points. The maximum difference was 6.5 percentage points in 2013, and the minimum difference was 5.5 percentage points in 2012.²⁰

¹⁸ U.S. Census Bureau. *Poverty: How the Census Bureau Measures Poverty*.

¹⁹ U.S. Census Bureau (2017). *2016 American Community Survey 1-Year Estimates: Table S1701-Poverty Status in the Past 12 Months*..Retrieved from <https://factfinder.census.gov>

²⁰ U.S. Census Bureau (2017). *2016 American Community Survey 5-Year Estimates: Table S1701-Poverty Status in the Past 12 Months*..Retrieved from <https://factfinder.census.gov>

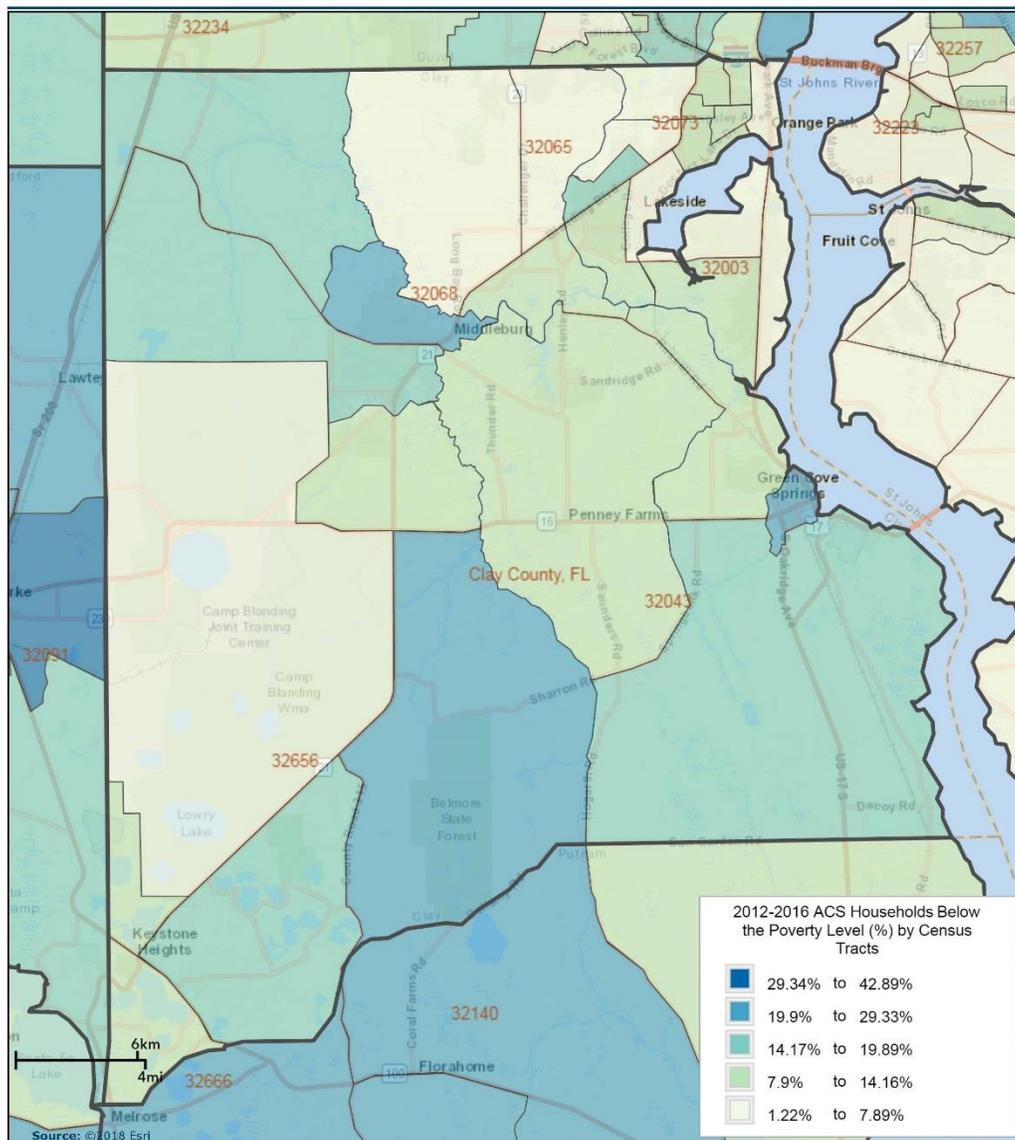
FIGURE 15. POPULATION FOR WHOM POVERTY STATUS IS DETERMINED, CLAY COUNTY & FLORIDA, 2012-2016



Data Source: 2012-2016 American Community Survey 5-Year Estimates, S1701, Poverty Status in the Past 12 Months

The highest concentration of households below poverty level from 2012-2016 are the census tracts between zip code 32656 and 32043, where 20% to 29% of these residents are living in poverty (Figure 16).

FIGURE 16. HOUSEHOLDS BELOW POVERTY LEVEL (%) BY CENSUS TRACT IN CLAY COUNTY, 2012-2016



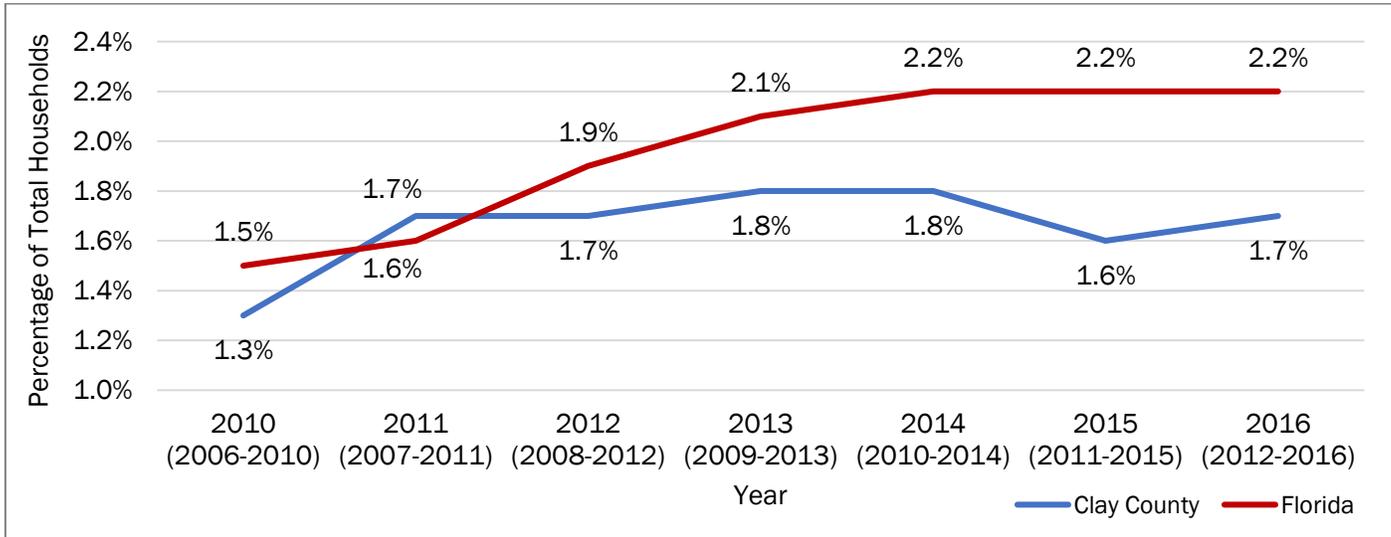
March 18, 2019

Public Assistance

From 2010 to 2016, a smaller portion of Clay County's population received cash public assistance in comparison to Florida, with the exception of 2011. Both areas saw a rise in the percentage of the population receiving cash assistance during the period (Figure 17).²¹

²¹ U.S. Census Bureau. 2016 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics

FIGURE 17. HOUSEHOLDS RECEIVING CASH PUBLIC ASSISTANCE INCOME, CLAY COUNTY & FLORIDA, 2010-2016

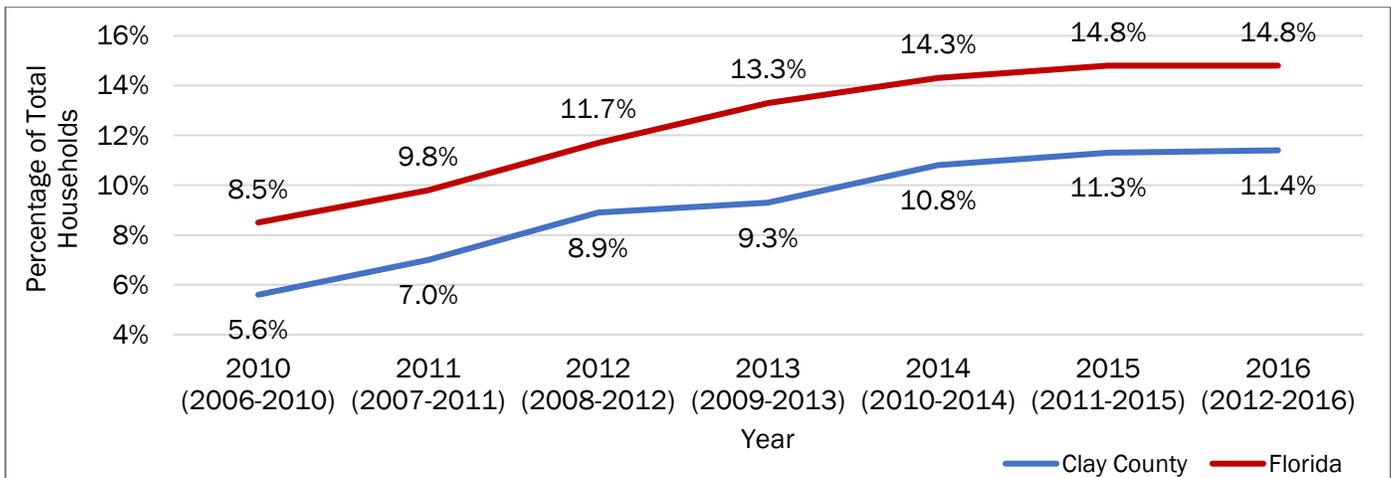


Data Source: 2010-2016 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

According to Feeding Northeast Florida, there were 25,900 food insecure individuals in Clay County in 2016. Approximately 8,930 of these food insecure individuals were children under the age of 18. Clay County has a food insecurity rate of 12.9% of its entire population in comparison to the state’s rate of 16.7%.²²

From 2010 to 2016, a smaller portion of Clay County’s population received food assistance benefits in comparison to Florida. Both Clay County and Florida experienced an increase in the receipt of food assistance benefits during this period (Figure 18). The median household income in Clay County was \$5,455 higher than the state median income, which may explain the lower level of cash public assistance and food assistance benefits.²³

FIGURE 18. HOUSEHOLDS RECEIVING FOOD ASSISTANCE BENEFITS* IN THE PAST 12 MONTHS, CLAY COUNTY & FLORIDA, 2010-2016



Data Source: 2010-2016 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics, *Florida Charts references these as Food Stamp/SNAP benefits

Disability

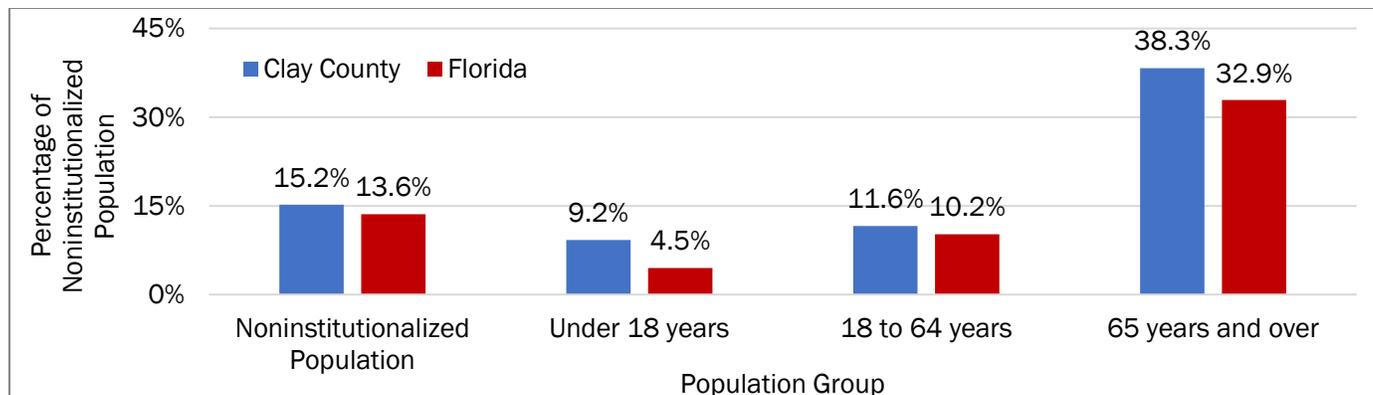
In Clay County, 15.2% of the noninstitutionalized population had a disability in 2017, which was 1.6 percentage points higher than in Florida. The U.S. Census Bureau defines disability as “A long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside

²² Feeding America (2018). *Map the Meal Gap*. Retrieved from <http://map.feedingamerica.org/>

²³ U.S. Census Bureau. *2016 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

the home alone or to work at a job or business.”²⁴ Across all age groups, a greater portion of Clay County’s population had a disability in comparison to Florida. The percentage of children under 18 with a disability in Clay County is more than twice that of Florida—9.2% compared to 4.5%. About 38% of Clay residents who are 65 or older have a disability, which is 5.4 percentage points higher than Florida (Figure 19).²⁵

FIGURE 19. DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION, CLAY COUNTY & FLORIDA, 2017

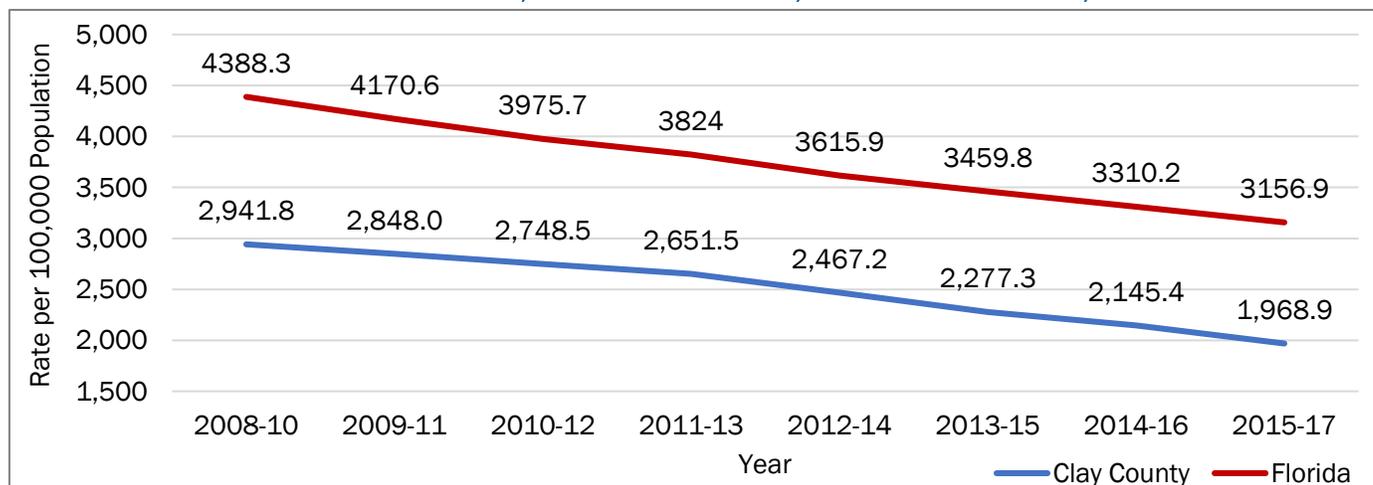


Data Source: 2017 American Community Survey 1-Year Estimates, DP02, Selected Social Characteristics

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.²⁶ From 2008-2010 to 2015-2017, Clay County index crimes decreased by 33.1%. By comparison, index crimes in Florida decreased by 28.1% during the same period (Figure 20).²⁷

FIGURE 20. INCIDENCE OF INDEX CRIMES, CLAY CO. & FLORIDA, 3-YEAR ROLLING RATE, 2008-2017



Data Source: Florida Health CHARTS, Index Crimes

Overall, Clay County has a lower incidence of domestic violence offenses than Florida. The incidence of domestic violence offenses in Clay County decreased 32.7% from 2008-2010 to 2015-2017, compared to a 13.6% decrease in Florida during the same period (Figure 21).²⁸

²⁴ U.S. Census Bureau (n.d.). *FactFinder Glossary*. Retrieved from American FactFinder: <https://factfinder.census.gov/help/en/index.htm#glossary.htm>

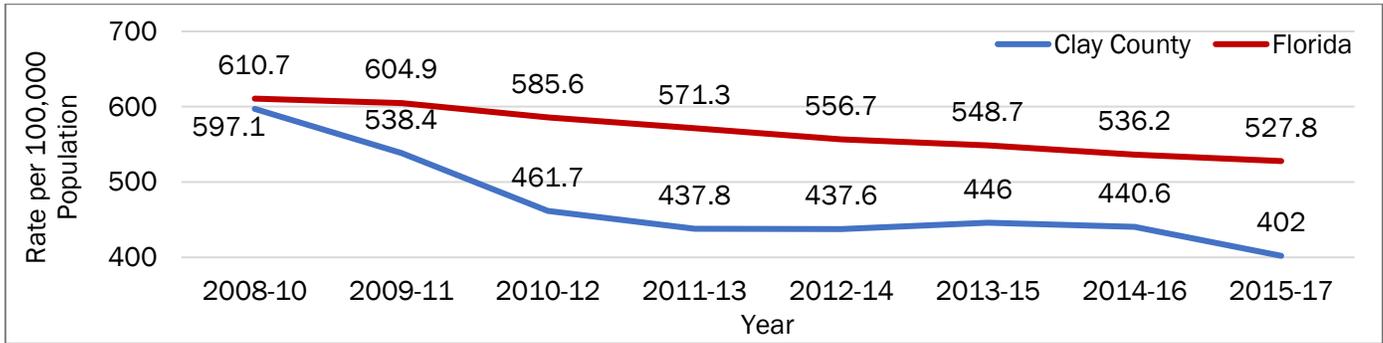
²⁵ U.S. Census Bureau. *2017 American Community Survey 1-Year Estimates: Table DP02-Selected Social Characteristics*

²⁶ Florida Department of Law Enforcement (2016). *Crime in Florida—Clay County*. Retrieved from <http://www.fdle.state.fl.us/FSAC/County-Profiles/Clay.aspx>

²⁷ Florida Department of Health (2018). *Index Crimes*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

²⁸ Florida Department of Health (2018). *Total Domestic Violence Offenses*. Retrieved from <http://www.flhealthcharts.com/>

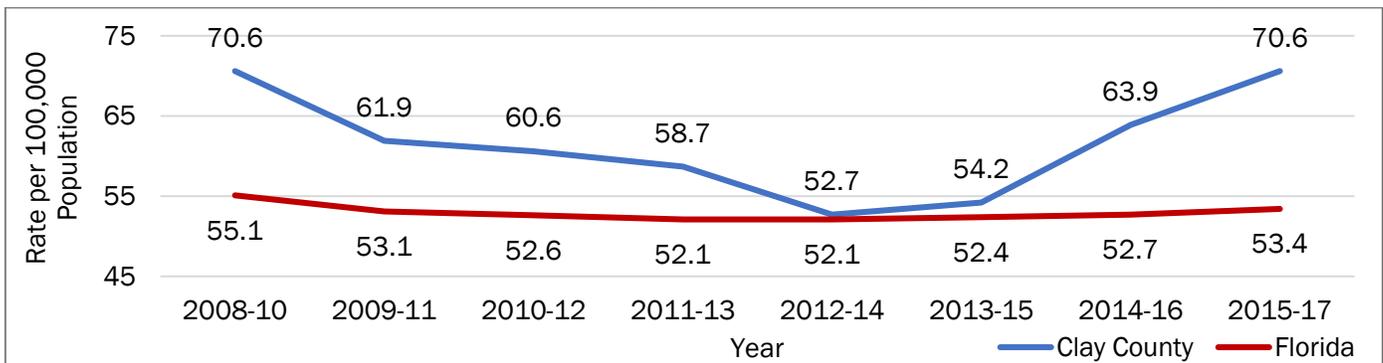
FIGURE 21. INCIDENCE OF DOMESTIC VIOLENCE OFFENSES, CLAY CO. & FLORIDA, 3-YEAR ROLLING RATE, 2008-2017



Data Source: Florida Health CHARTS, Total Domestic Violence Offenses

The incidence of forcible sex offenses in Clay County declined by 25% from 2008-2010 to 2012-2014, but rose by 34% from 2012-2014 to reach 70.6 offenses per 100,000 population by 2015-2017. Florida experienced a 5.4% decrease in forcible sex offenses from 2008-2010 to 2012-2014, before experiencing a 2.5% increase from 2012-2014 to 2015-2017 (Figure 22).²⁹

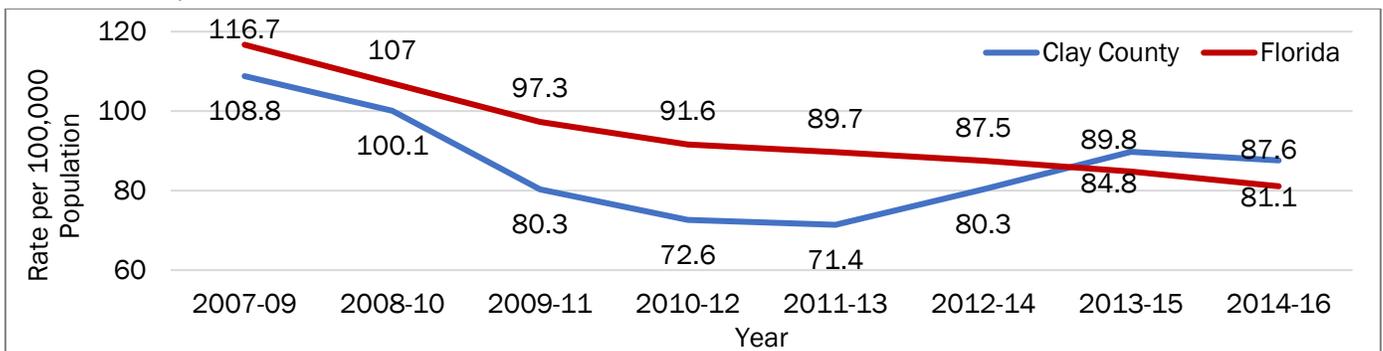
FIGURE 22. INCIDENCE OF FORCIBLE SEX OFFENSES, CLAY CO. & FLORIDA, 3-YEAR ROLLING RATE, 2008-2017



Data Source: Florida Health CHARTS, Forcible Sex Offenses

Alcohol-suspected motor vehicle traffic crashes in Clay County declined by 34.4% from 2007-2009 to 2011-2013 before rising by 22.7% from 2011-2013 to 2014-2016. Florida experienced a 30.5% decrease in incidence from 2007-2009 to 2014-2016. By 2013-2015, Clay County's incidence rate was above Florida's rate (Figure 23).³⁰

FIGURE 23. ALCOHOL-SUSPECTED MOTOR VEHICLE TRAFFIC CRASHES INCIDENCE, CLAY CO. & FLORIDA, 3-YEAR ROLLING RATE, 2007-2016



Data Source: Florida Health CHARTS, Alcohol-Suspected Motor Vehicle Traffic Crashes

²⁹ Florida Department of Health (2018). *Forcible Sex Offenses*. Retrieved from <http://www.flhealthcharts.com/>

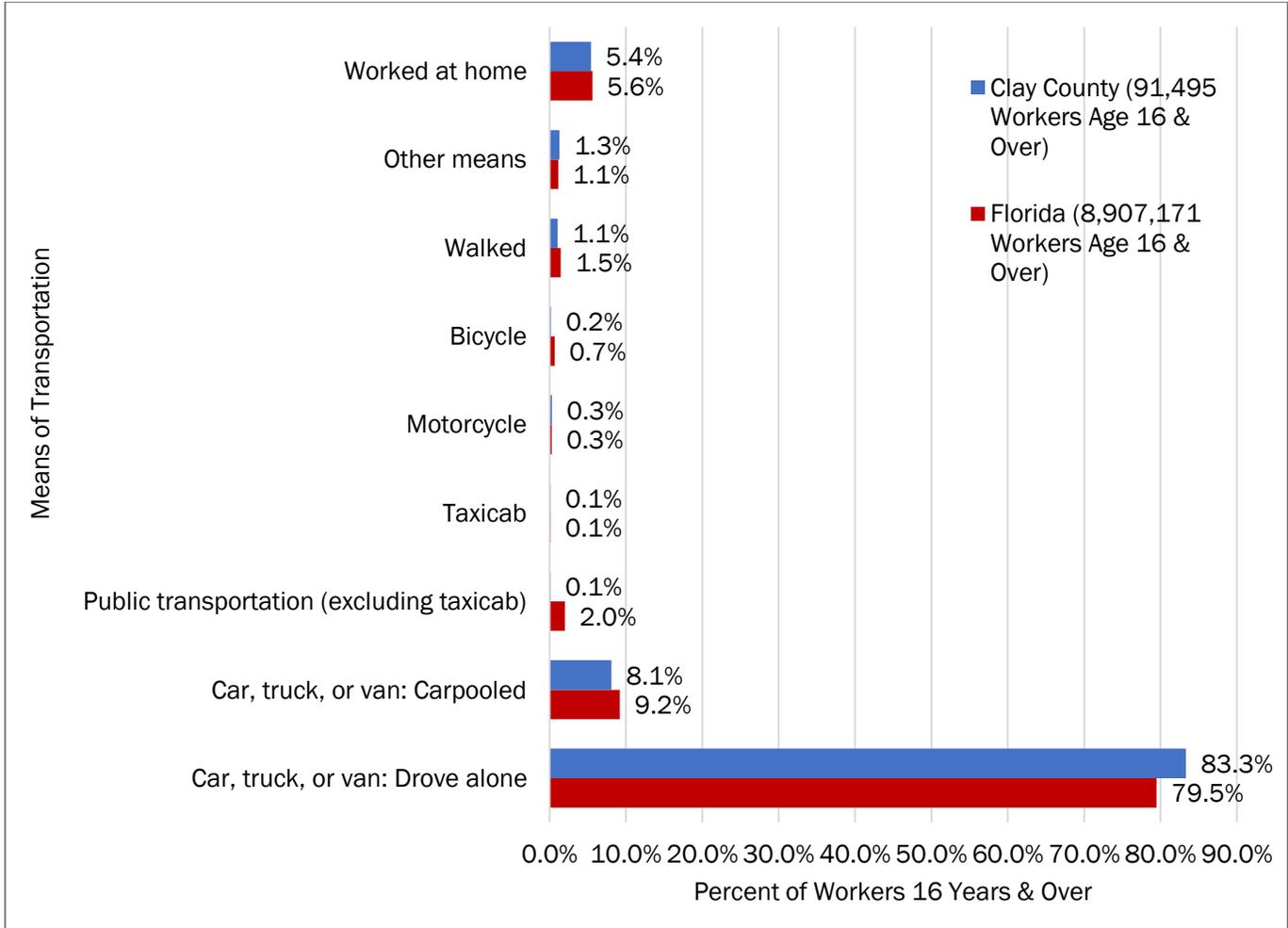
³⁰ Florida Department of Health (2018). *Alcohol-Suspected Motor Vehicle Traffic Crashes*. Retrieved from <http://www.flhealthcharts.com/>

PHYSICAL ENVIRONMENT

Transportation

Clay County and Florida residents used similar means of commuting to work from 2013 to 2017. The majority of residents traveled by car. Of the 91,495 workers in Clay County, 84% drove alone compared to 80% of the 8,907,171 workers in Florida. Less than 10% of workers carpooled in both Clay County and Florida. In Clay County, 1.3% of workers walk or bike during their commute, compared to 2.2% of workers across Florida. Only 0.1% of Clay County residents used public transportation compared to 2.0% of Florida residents (Figure 24).³¹

FIGURE 24. MEANS OF TRANSPORTATION TO WORK, WORKERS 16 & OVER, CLAY COUNTY & FLORIDA, 2013-2017



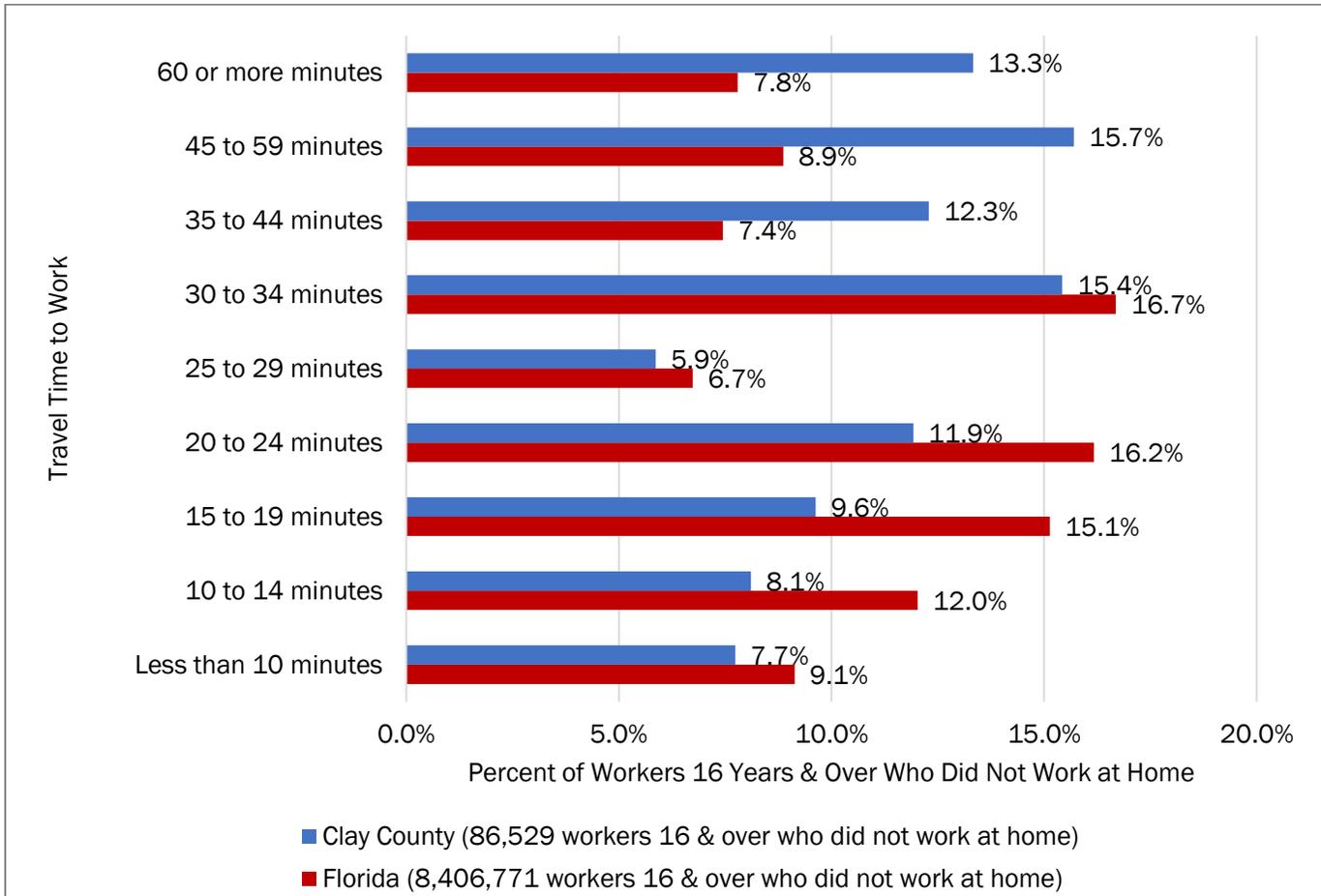
Data Source: 2013-2017 American Community Survey 5-Year Estimates, B08301, Means of Transportation to Work

Clay County workers tended to have longer travel times to work than Florida workers from 2013 to 2017. In Clay County, 25% of workers over the age of 16 spent less than 20 minutes commuting compared to 36% in Florida. About 41% of Clay workers had commutes of 35+ minutes, in comparison to only 24% of Floridians (Figure 25).³²

³¹ U.S. Census Bureau (2016). 2011-2015 American Community Survey 5-Year Estimates: Table B08301: Means of Transportation to Work. Retrieved from <https://factfinder.census.gov>

³² U.S. Census Bureau (2016). 2011-2015 American Community Survey 5-Year Estimates: Table B08303: Travel Time to Work. Retrieved from <https://factfinder.census.gov>

FIGURE 25. TRAVEL TIME TO WORK, WORKERS 16 YEARS & OVER WHO DID NOT WORK AT HOME, CLAY COUNTY & FLORIDA, 2013-2017

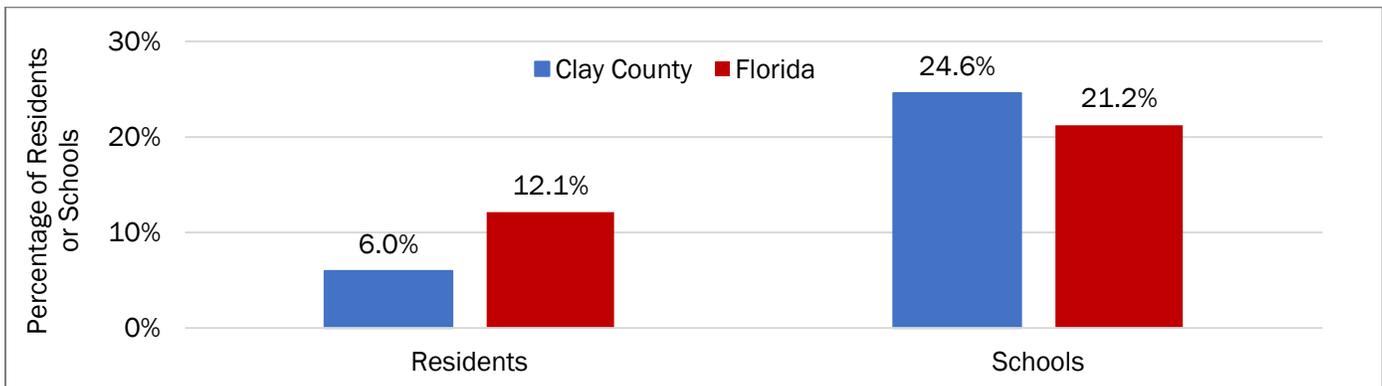


Data Source: 2013-2017 American Community Survey 5-Year Estimates, B08134, Travel Time to Work

Proximity to Hazards and Resources

Studies show that disadvantaged populations experience higher exposure to traffic-related air pollution than those with greater means.³³ In 2016, 6% of Clay County residents lived within 500 feet of a busy road compared to 12% of Floridians. Clay County has a higher percentage of schools within 500 feet of a busy road (25%) than the Florida average (21%) (Figure 26).

FIGURE 26. RESIDENTS AND SCHOOLS WITHIN 500 FEET OF A BUSY ROAD, CLAY COUNTY & FLORIDA, 2016

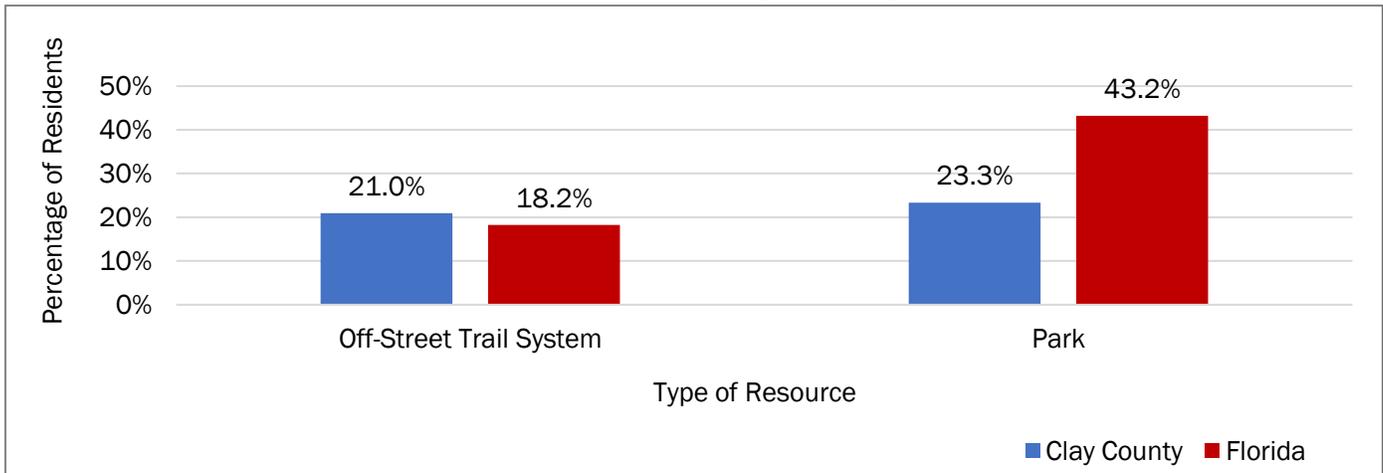


Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com | Prepared by Health Planning Council of Northeast Florida

³³ Boehmer, Foster, Henry, Woghiren-Akinnifesi, & Yip. (2013). *Morbidity and Mortality Weekly Report: Residential Proximity to Major Highways – United States, 2010*. Centers For Disease Control and Prevention.

In 2016, 21% of Clay County residents lived within a half mile of an off-street trail system, compared to 18% of Floridians. Only 23% of Clay residents lived within a half mile of a park, compared to 43% in Florida (Figure 27).

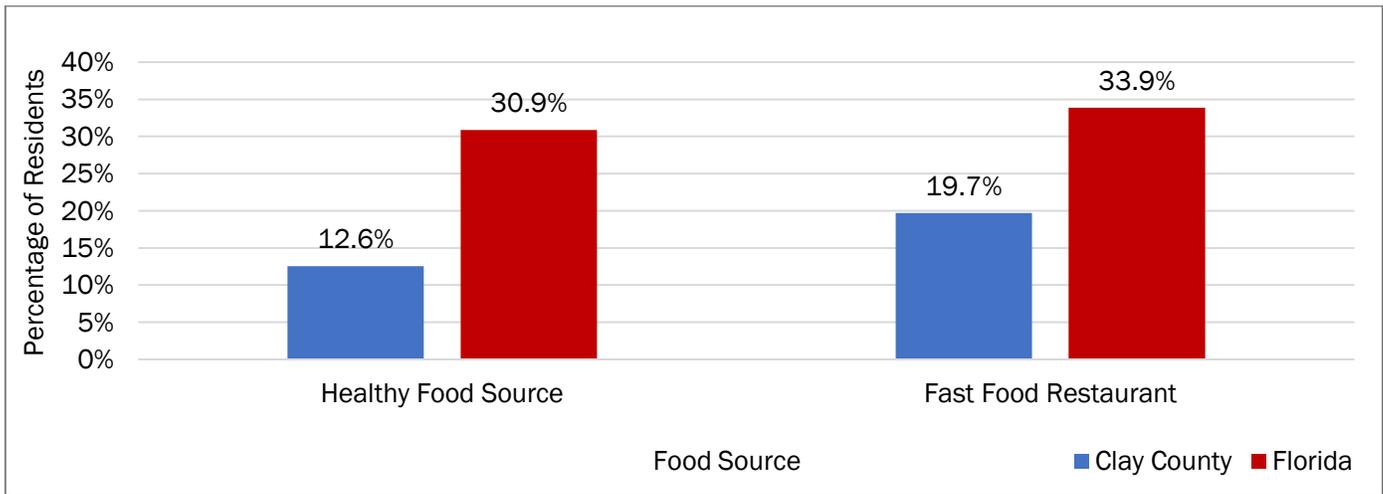
FIGURE 27. RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1.2 MILE) OF AN OFF-STREET TRAIL OR PARK, 2016



Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com Prepared by Health Planning Council of Northeast Florida

Figure 28 shows the percentage of residents living within a ten-minute walk of a healthy food source or a fast food restaurant. In 2016, only 12.6% of Clay County residents lived within a half-mile—or a ten-minute walk—of a healthy food source compared to almost 31% 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.³⁴ In 2016, nearly 20% of Clay residents lived within a half mile of a fast food restaurant compared to 33.9% in Florida. Fast food restaurants are defined as inexpensive and convenient food options with high caloric content.³⁵

FIGURE 28. RESIDENTS LIVING WITHIN A TEN MINUTE WALK (1/2 MILE) OF A HEALTHY FOOD SOURCE OR FAST FOOD RESTAURANT, CLAY COUNTY & FLORIDA, 2016



Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com Prepared by Health Planning Council of Northeast Florida

Housing Conditions

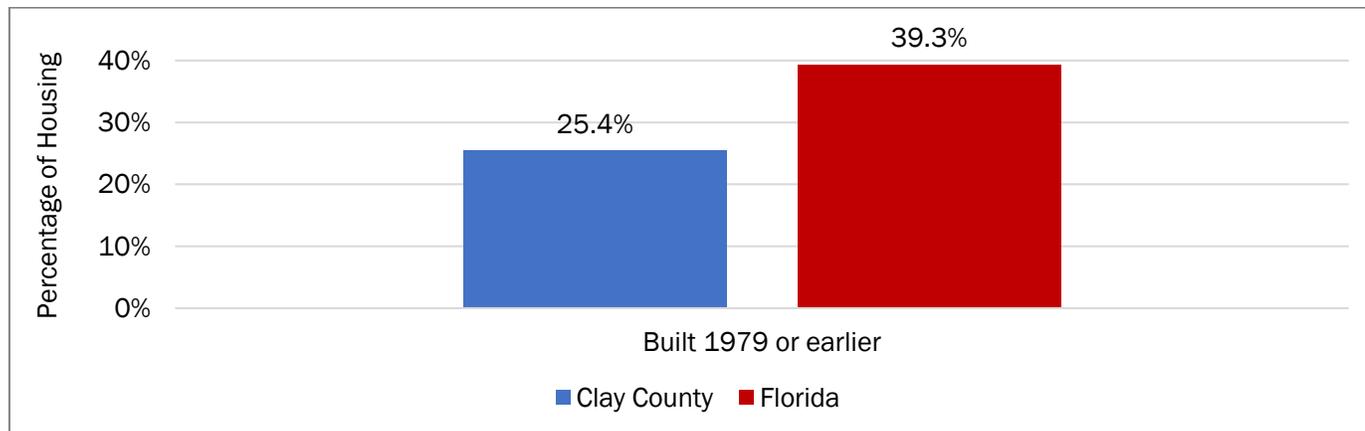
Housing is an important social determinant of health because people spend a great portion of time inside their homes. Homes built before 1978 are more likely to have issues such as lead, mold, and a lack of smoke and

³⁴ Florida Environmental Public Health Tracking (2017). *Built Environment*. Retrieved from <https://www.floridatracking.com/healthtracking/Topic.htm?i=14>

³⁵ Florida Environmental Public Health Tracking (2017). *Built Environment*.

carbon monoxide detectors, all of which pose serious risks to health.³⁶ During 2012-2016, the estimated total housing units in Clay County and Florida were 77,490 and 9,152,815, respectively. Of these units, 25.4% and 39.3% were built before 1979 (Figure 29). Only 0.2% of Clay County's 70,527 occupied housing units and 0.3% of Florida's 7,393,262 occupied units lacked complete plumbing facilities.³⁷ The U.S. Census Bureau defines complete plumbing facilities as containing hot and cold running water, a flush toilet, and a bathtub or shower.³⁸

FIGURE 29. HOUSING UNITS BUILT 1979 OR EARLIER, CLAY COUNTY & FLORIDA, 2012-2016

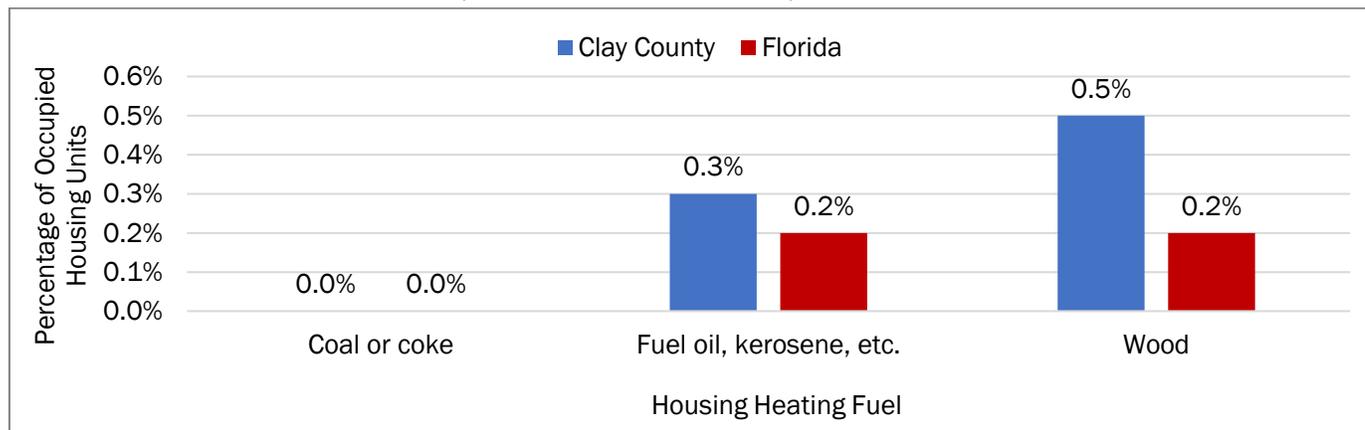


Data Source: 2012-2016 American Community Survey 5-Year Estimates, DP04, Selected Housing Characteristics

Heating Fuel

Few occupied homes use heating fuel other than electricity or gas in Clay County and Florida. In Clay County, 0% used coal or coke; 0.3% (229 households) used fuel oil, kerosene, etc.; and 0.5% (387 households) used wood (5 Year Estimates, 2012-2016). In Florida, by comparison, 0% of heating fuel was coal or coke; 0.2% fuel oil, kerosene, etc.; and 0.2% wood (Figure 30).³⁹

FIGURE 30. HOUSING HEATING FUEL, CLAY COUNTY & FLORIDA, 2012-2016



Data Source: 2012-2016 American Community Survey 5-Year Estimates, DP04, Selected Housing Characteristics

³⁶ Florida Department of Health (2018). *Housing*. Retrieved from Florida Environmental Public Health Tracking: <https://www.floridatracking.com/>
³⁷ U.S. Census Bureau (2016). *2016 American Community Survey 5-Year Estimate: Table DP04, Selected Housing Characteristics* [Data file]. Available from <https://factfinder.census.gov>
³⁸ United States Census Bureau (2015, May 29). *Plumbing and Kitchen Facilities in Housing Units*. Retrieved from Plumbing and Kitchen Facilities in Housing Units: https://www.census.gov/library/working-papers/2015/acs/2015_Raglin_01.html
³⁹ U.S. Census Bureau. *2016 American Community Survey 5-Year Estimate: 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.⁴⁰

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.⁴¹

In 2019, Clay County ranked 16th out of 67 Florida counties in health outcomes, which reflect length of life and quality of life, and 13th out of 67 counties in health factors. There were significant differences when examining the individual rankings for each of the four topics considered for the health factors score. Health factors include health behaviors (ranked 35th out of 67 counties), clinical care (ranked 20th), social and economic factors (ranked 6th), and physical environment (ranked 34th). Table 2 lists the four topics, along with the types of indicators included within each and the corresponding ranking for Clay County. The table also shows whether Clay County's 2019 rank improved or worsened from 2018.

TABLE 2. CLAY COUNTY HEALTH RANKINGS, 2019

Health Outcomes (16 th) ↓	Length of Life: 21st out of 67 ↓			
	Quality of Life: 13th out of 67 ↓			
Health Factors (13 th) ↑	Health Behaviors	Clinical Care	Socioeconomic	Physical Environment
	Tobacco Use	Access to Care	Education	Air & Water Quality Built Environment
	Diet & Exercise		Employment	
	Alcohol & Drug Use	Quality of Care	Income	
	Sexual Activity		Family & Social Support	
			Community Safety	
	Clay Rank: 35th ↓	Clay Rank: 20th ↑	Clay Rank: 6th →	Clay Rank: 34th ↑

⁴⁰ Robert Wood Johnson Foundation (2016). *Ranking System*. Retrieved from County Health Rankings and Roadmaps: <http://www.countyhealthrankings.org/ranking-methods/ranking-system>

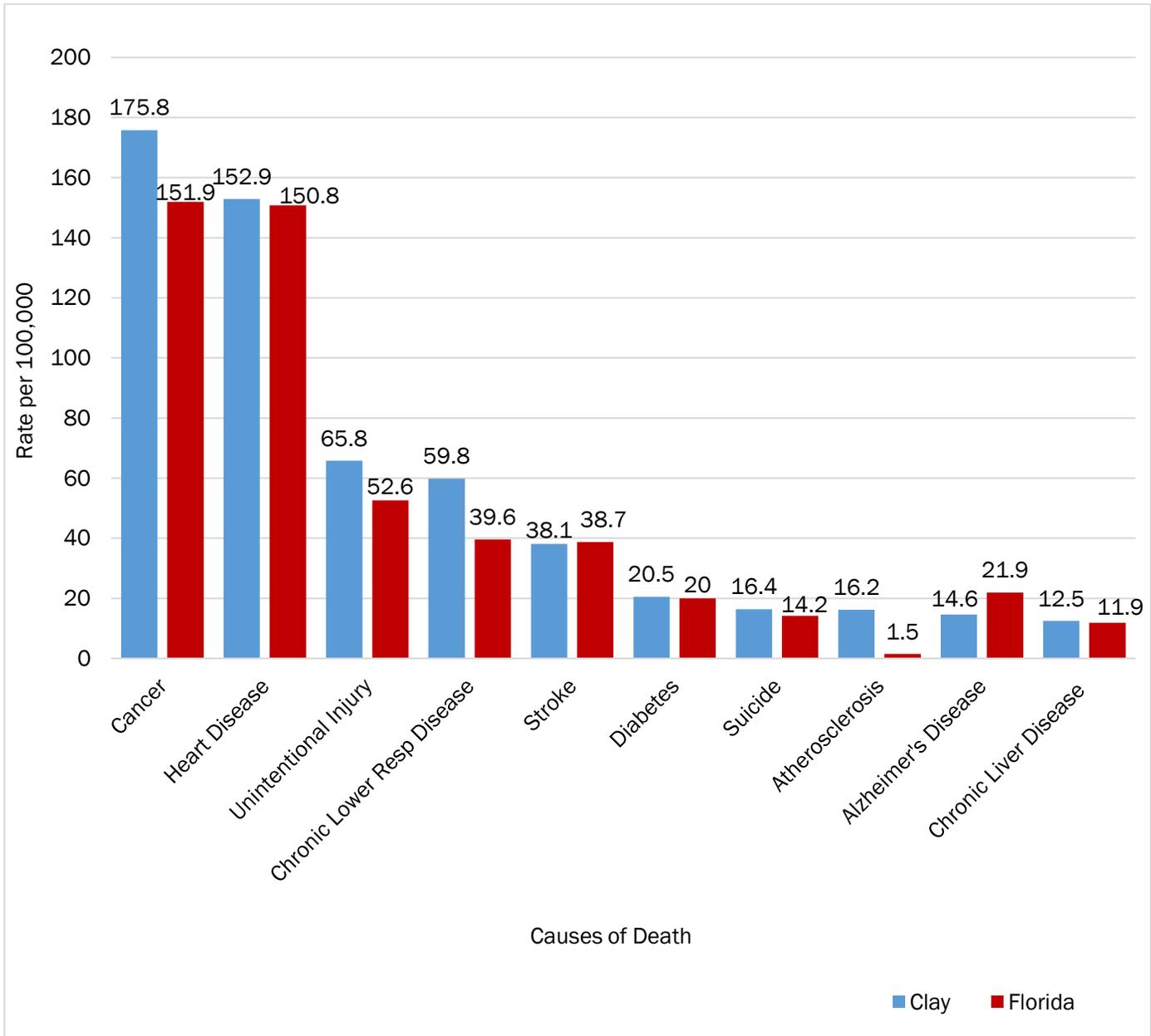
⁴¹ Robert Wood Johnson Foundation (2016). *Ranking System*.

Data Source: County Healthy Rankings, 2019. Symbol meanings: ↑ means rank improved from previous year, ↓ rank worsened from previous year, and → rank stayed the same from previous year.

Leading Causes of Death

The top ten leading causes of death in Clay County are shown in Figure 31 with a comparison to Florida. The top three causes of death in both Clay County and Florida from 2015 to 2017 were cancer, heart disease, and unintentional injury. Compared to Florida, Clay County had a higher death rate per 100,000 for its top three causes of death. Clay County also had a higher mortality rate than Florida for chronic lower respiratory disease, diabetes, suicide, atherosclerosis, and chronic liver disease.⁴²

FIGURE 31. LEADING CAUSES OF DEATH, CLAY COUNTY & FLORIDA, AGE-ADJUSTED, 3-YEAR ROLLING, 2015-2017



Data Source: Florida Health CHARTS, Leading Causes of Death

⁴² Florida Department of Health (2019). *Leading Causes of Death*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

Communicable Diseases

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections by bacteria, viruses, or parasites transmitted through sexual contact. They have a devastating impact on women and infants, especially due to their inter-relationship with HIV/AIDS. Besides increasing the risk of getting and transmitting HIV, STDs can also produce long-term health problems. These include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infection in infants born to infected mothers.⁴³

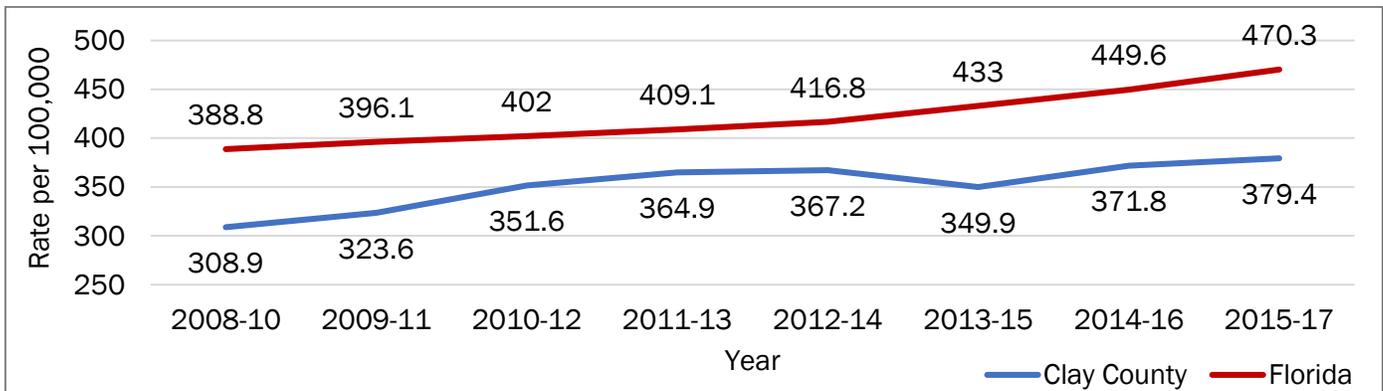
Chlamydia

Chlamydia is a common STD that is caused by transmission of the *Chlamydia trachomatis* bacterium through sexual contact with the penis, vagina, mouth, or anus of an infected partner without the need for ejaculation. Chlamydia can also spread from an untreated mother to her baby during childbirth, causing health problems for exposed infants. Any sexually active person can be infected with chlamydia, but at increased risk are men who have sex with men and young people due to a combination of behavioral, biological, and cultural reasons. Reinfection can also occur in those who received treatment for an earlier infection.⁴⁴

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.⁴⁵

In Clay County and Florida, chlamydia incidence rates—the rate of new infections—increased from 2008-2010 to 2015-2017. Clay County’s rate increased by 22.8% during this period compared to 21% for Florida (Figure 32).

FIGURE 32. INCIDENCE OF CHLAMYDIA, AGE-ADJUSTED 3-YEAR ROLLING RATE, CLAY Co. & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chlamydia Cases

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.⁴⁶

⁴³ National Institutes of Health: National Institute of Allergy and Infectious Diseases (2015, August 6). *Sexually Transmitted Diseases*. Retrieved from <https://www.niaid.nih.gov/diseases-conditions/sexually-transmitted-diseases>

⁴⁴ U.S. Centers for Disease Control and Prevention (2016, October 4). *Chlamydia—Detailed Fact Sheet*. Retrieved from <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>

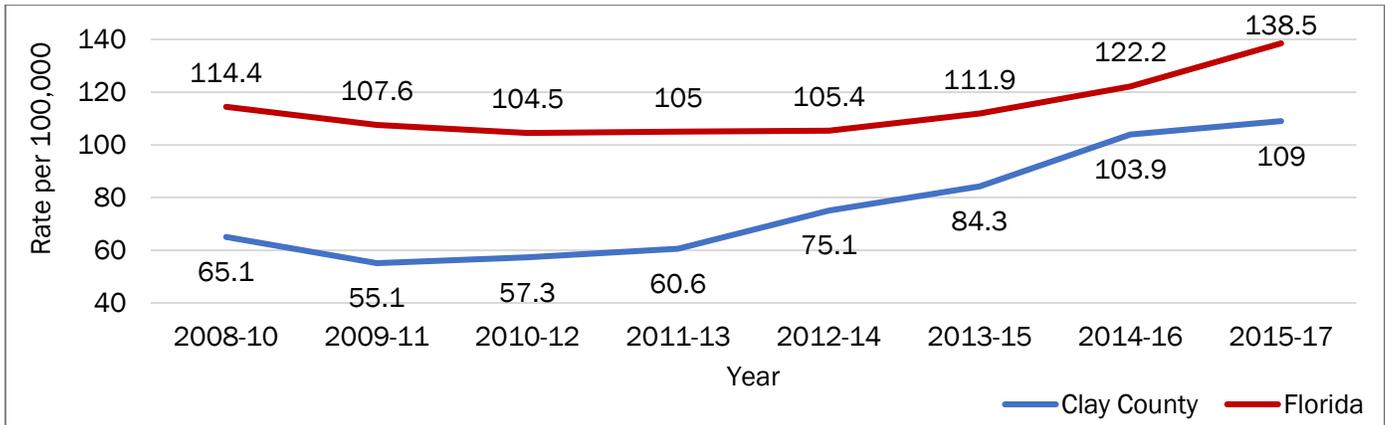
⁴⁵ U.S. Centers for Disease Control and Prevention (2016, October 4). *Chlamydia—Detailed Fact Sheet*.

⁴⁶ Centers for Disease Control and Prevention (2016, October 25). *Gonorrhea—Detailed Fact Sheet*. Retrieved from <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm>

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 pelvic inflammatory disease, as seen in chlamydia. Men with urethral infection present with painful or difficult urination or a white, yellow, or green discharge.⁴⁷

From 2010-2012 to 2015-2017, Clay County’s gonorrhea incidence rate—the rate of new cases—almost doubled while Florida’s rate increased by 32.5% (Figure 33).⁴⁸

FIGURE 33. INCIDENCE OF GONORRHEA, 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2008-2017



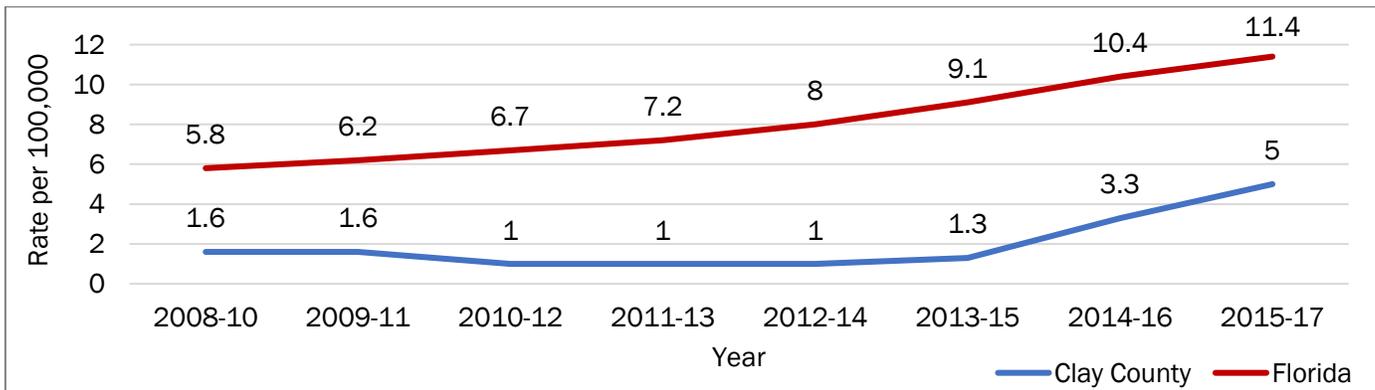
Data Source: Florida Health CHARTS, Gonorrhea Cases

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.⁴⁹

Infectious syphilis rates doubled from 2008-2010 to 2015-2017 for Florida while Clay County’s rates tripled during the same period. The single digit counts in Clay County from 2008-2010 to 2013-2015 account for the drastic increase shown in 2014-2016 to 2015-2017 (Figure 34).⁵⁰

FIGURE 34. INCIDENCE OF INFECTIOUS SYPHILIS, 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Infectious Syphilis Cases

⁴⁷ Centers for Disease Control and Prevention (2016, October 25). *Gonorrhea—Detailed Fact Sheet*.

⁴⁸ Florida Department of Health (2019). *Gonorrhea Cases*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

⁴⁹ Centers for Disease Control and Prevention (2017, January 30). *Syphilis—Detailed Fact Sheet*. Retrieved from <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>

⁵⁰ Florida Department of Health (2019). *Infectious Syphilis Cases*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

HIV/AIDS

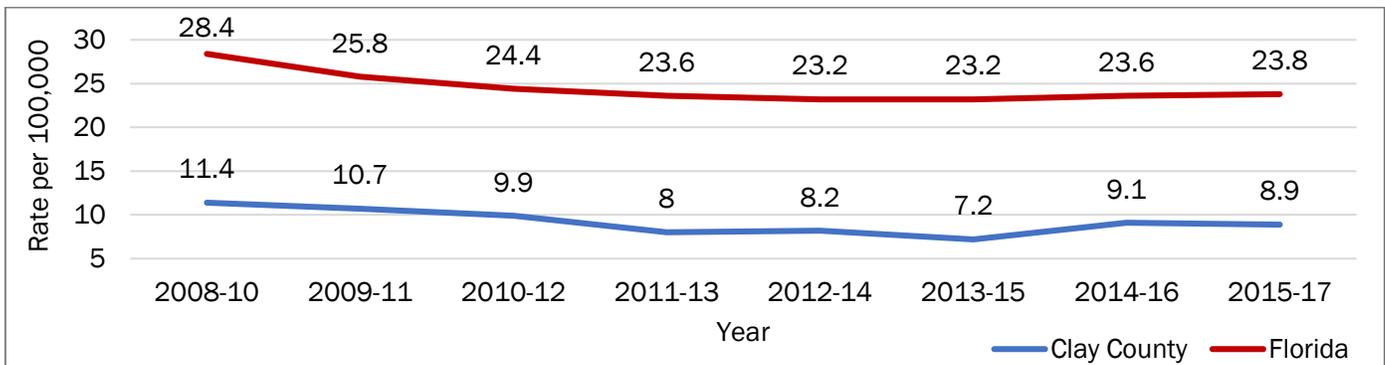
Human immunodeficiency virus (HIV) is a virus that, if untreated, can lead to acquired immunodeficiency syndrome (AIDS). HIV attacks immune system cells, called CD4 or T cells, which help the body fight off infections. Over time, HIV can destroy enough immune cells that the body cannot defend against other infections and disease. Opportunistic infections and cancers take advantage of this state, signaling that the infected person has AIDS.⁵¹

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.⁵²

HIV transmission occurs when certain body fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk) of an infected person contact a mucous membrane or damaged tissue or are directly injected into the bloodstream through specific activities, such as sex and needle or syringe use. Transmission cannot occur by air or water; saliva, sweat, tears, or closed-mouth kissing; insects or pets; or sharing toilets, food, or drinks.⁵³

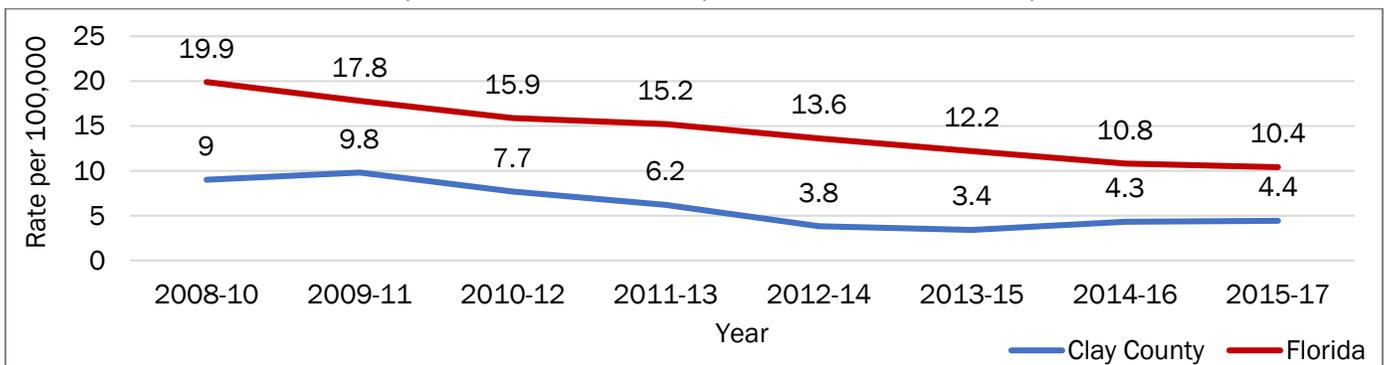
The incidence of HIV and AIDS has decreased from 2008-2010 to 2015-2017 for both Clay County and Florida. During this period, HIV rates decreased by 21.9% in Clay County and 16.2% in Florida (Figure 35).⁵⁴ AIDS rates decreased by 51.1% in Clay County and 47.7% in Florida (Figure 36).⁵⁵

FIGURE 35. INCIDENCE OF HIV, 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, HIV Cases

FIGURE 36. INCIDENCE OF AIDS, 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, AIDS Cases

⁵¹ U.S. Centers for Disease Control and Prevention (2019, March 1). *About HIV/AIDS*. Retrieved from <https://www.cdc.gov/hiv/basics/whatishiv.html>

⁵² U.S. Centers for Disease Control and Prevention (2019, March 1). *About HIV/AIDS*

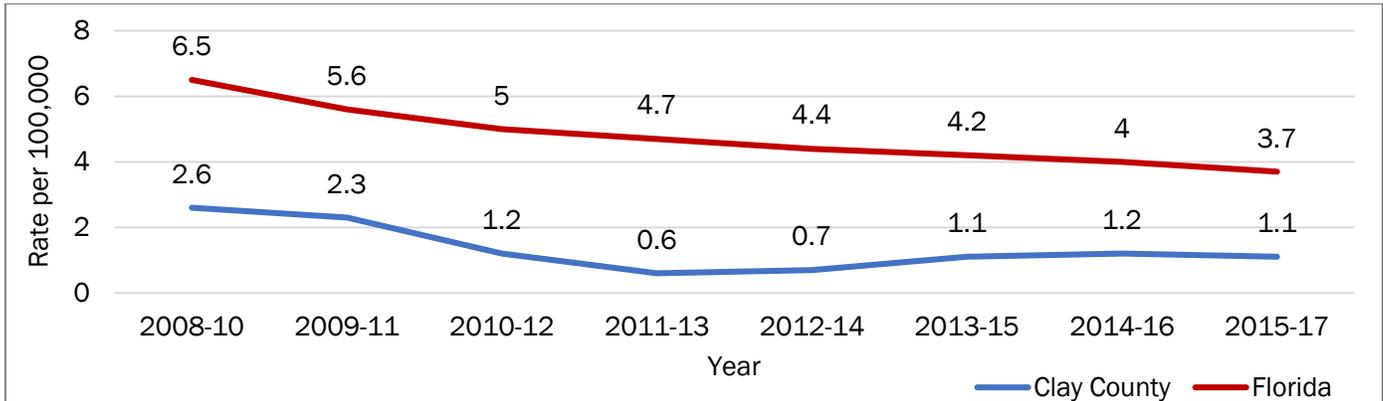
⁵³ U.S. Centers for Disease Control and Prevention (2018, October 31). *HIV Transmission*. Retrieved from <https://www.cdc.gov/hiv/basics/transmission.html>

⁵⁴ Florida Department of Health (2019). *HIV Cases*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

⁵⁵ Florida Department of Health (2019). *AIDS Cases*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

The HIV/AIDS mortality rate decreased in Clay County and Florida during the same period as well. Rates decreased by 57.7% in Clay County and by 43.1% in Florida (Figure 37).⁵⁶

FIGURE 37. HIV/AIDS MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, HIV/AIDS Deaths

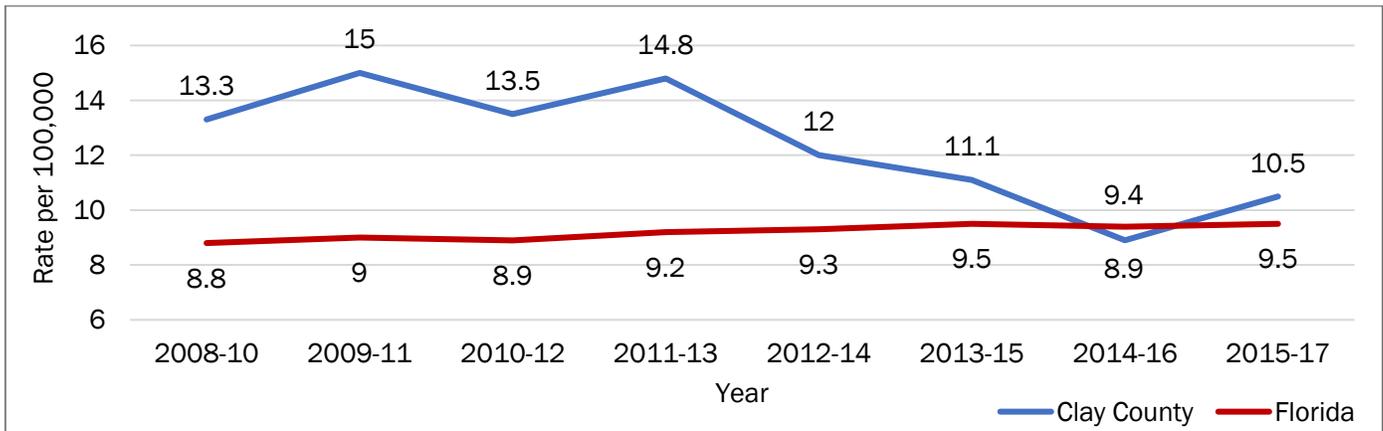
Influenza and Pneumonia

Influenza, or the flu, is a contagious respiratory illness caused by influenza virus. It can cause mild to severe symptoms and sometimes death. The young, elderly, pregnant women, and people with certain medical conditions, such as asthma, heart disease, and weakened immune system, have a higher risk for serious flu-related complications.⁵⁷

Pneumonia is a lung infection caused by bacteria, viruses, or fungi. In the U.S. the leading causes are *Streptococcus pneumoniae* for bacterial infections and influenza and respiratory syncytial viruses for viral infections. While vaccinations can prevent several causes of pneumonia, such as whooping cough, chickenpox, and influenza, worldwide it is the leading infectious cause of death for children under 5 years of age.⁵⁸

Influenza and pneumonia were the eighth leading cause of death in 2017 in the U.S.⁵⁹ In Clay County, the mortality rate decreased by 21.1% from 2008-2010 to 2015-2017. Florida's rate increased by 8% during the same period (Figure 38).

FIGURE 38. INFLUENZA AND PNEUMONIA MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2008-2017



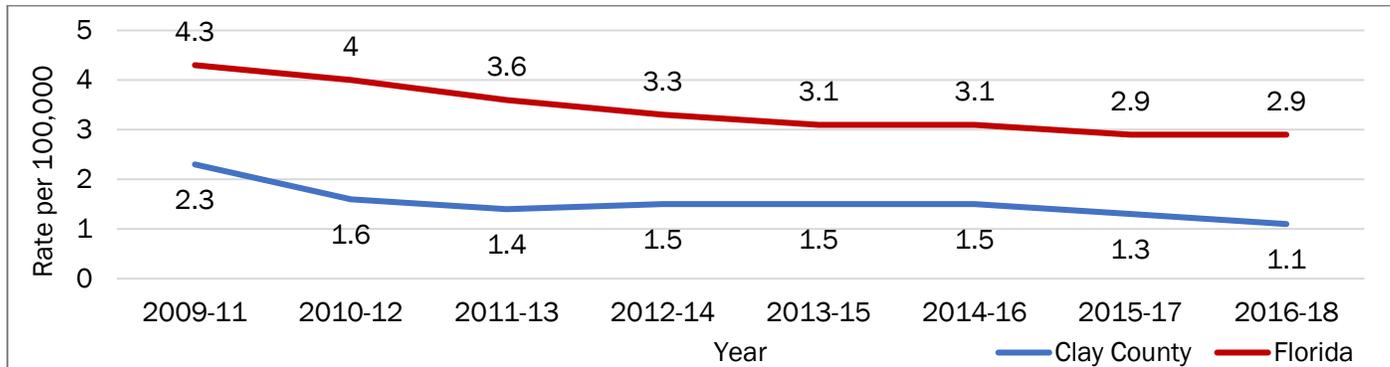
Data Source: Florida Health CHARTS, Influenza and Pneumonia Deaths

⁵⁶ Florida Department of Health (2019). *HIV/AIDS Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>
⁵⁷ U.S. Centers for Disease Control and Prevention (2019, March 1). *Influenza (Flu)*. Retrieved from <https://www.cdc.gov/flu/index.htm>
⁵⁸ U.S. Centers for Disease Control and Prevention (2018, October 22). *Influenza (Flu)*. Retrieved from <https://www.cdc.gov/pneumonia/index.html>
⁵⁹ U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db328.htm>

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.⁶⁰ Those who are at elevated risk of developing TB disease include people with HIV infection, 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.⁶¹ The incidence of tuberculosis decreased by 52.2% in Clay County and by 32.6% in Florida from 2009-2011 to 2016-2018 (Figure 39).⁶²

FIGURE 39. INCIDENCE OF TUBERCULOSIS, 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2009-2018

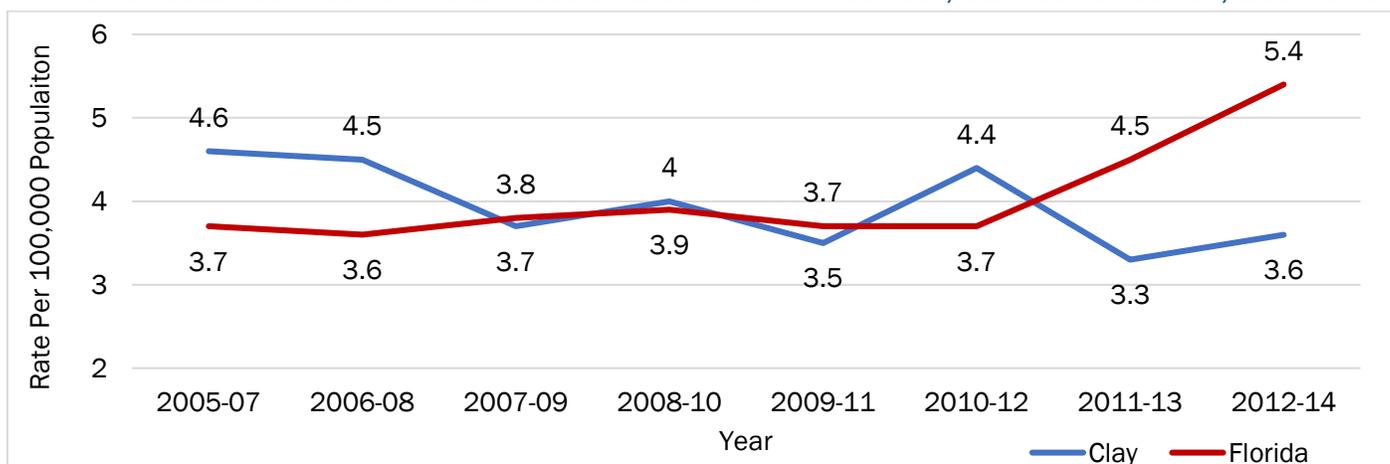


Data Source: Florida Health CHARTS, Tuberculosis Cases

Vaccine-Preventable Disease Rates

Vaccine-preventable diseases include diphtheria, Haemophilus influenza type b, hepatitis A and B, human papillomavirus (HPV), influenza, measles, mumps, meningococcal, pneumococcal, polio (poliomyelitis), pertussis (whooping cough), rotavirus, rubella, shingles (herpes zoster), tetanus, and varicella (chickenpox). Figure 40 shows the rate of eight vaccine-preventable diseases—diphtheria, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and polio—for Clay County and Florida. Data for 2015-2017 are not currently available; thus data are shown through 2014. In the most recent years for which data are available, Clay County had a lower rate of the selected vaccine-preventable disease than Florida.

FIGURE 40. SELECTED VACCINE-PREVENTABLE DISEASE RATE FOR ALL AGES, CLAY Co. & FLORIDA, 2005-2014



Data Source: Florida Health CHARTS, Selected Vaccine Preventable Disease Rate for All Ages

⁶⁰ U.S. Centers for Disease Control and Prevention (2016, March 20). *Tuberculosis (TB): Basic TB Facts*. Retrieved from <https://www.cdc.gov/tb/topic/basics/default.htm>

⁶¹ U.S. Centers for Disease Control and Prevention (2016, March 15). *Tuberculosis (TB): TB Prevention*. Retrieved from <https://www.cdc.gov/tb/topic/basics/tbprevention.htm>

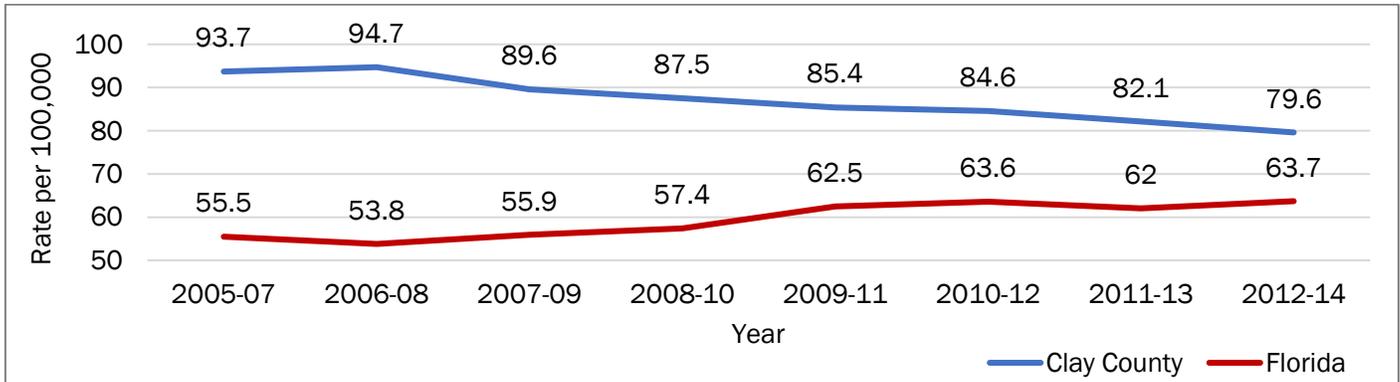
⁶² Florida Department of Health (2019). *Tuberculosis Cases*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

Enteric, Food, and Waterborne Diseases

Enteric infectious diseases are those that affect the gastrointestinal tract and are acquired by consuming food or water contaminated by bacteria, parasites, or viruses. While anyone can acquire these illnesses, infants and children, pregnant women and their fetuses, older adults, and people with weakened immune systems are more likely to develop severe symptoms or complications.⁶³

Data for 2015-2017 are not currently available; thus data are shown through 2014. From 2005-2007 to 2012-2014, Clay County's incidence of enteric disease declined by 15.2% while Florida's rate increased by 14.8%, though Clay County remains above the state average (Figure 41).⁶⁴

FIGURE 41. INCIDENCE OF ENTERIC DISEASES, 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2005-2014



Data Source: Florida Health CHARTS, Total Enteric Disease

⁶³ National Institute of Diabetes and Digestive and Kidney Diseases (2014, June). *Foodborne Illnesses*. Retrieved from <https://www.niddk.nih.gov/health-information/digestive-diseases/foodborne-illnesses>

⁶⁴ Florida Department of Health (2019). *Total Enteric Diseases*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

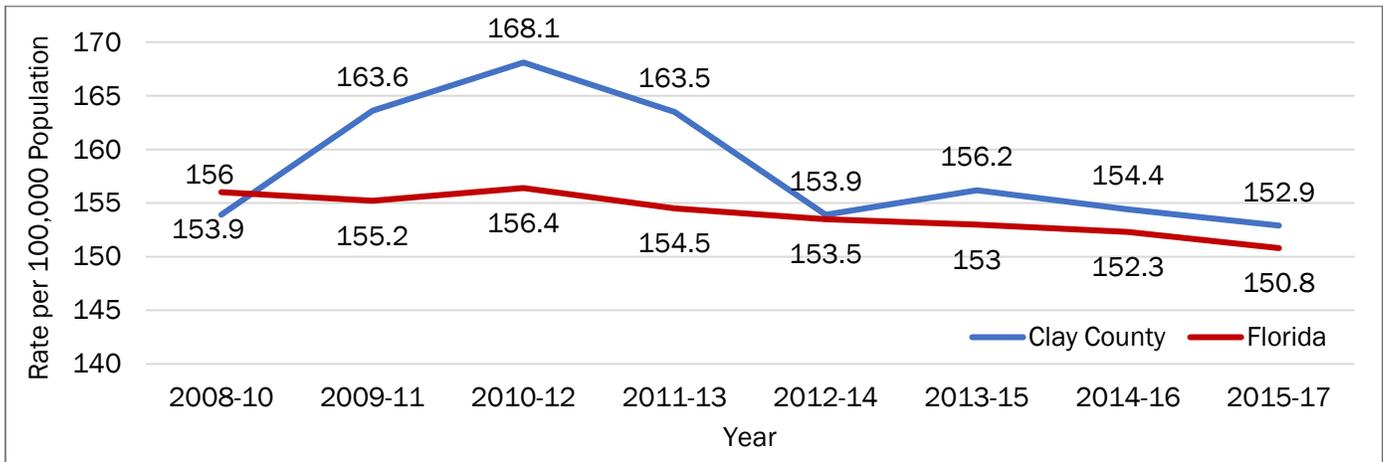
Chronic Diseases

Heart Disease

Heart disease remains the nation’s leading cause of death, accounting for one in every four deaths in the United States. The most common type is coronary heart disease, which can lead to heart attack. Key risk factors are high blood pressure, high cholesterol, and smoking, but other medical conditions and lifestyle choices such as diabetes, obesity, poor diet, physical inactivity, and excessive alcohol use can be a risk.⁶⁵

From 2008-2010 to 2010-2012, the mortality rate from heart disease in Clay County rose by 9.2% before falling by 9% from 2010-2012 to 2015-2017. Florida’s mortality rate has remained below Clay County’s from 2009-2011 to 2015-2017, decreasing by 2.8% during this time (Figure 42).⁶⁶

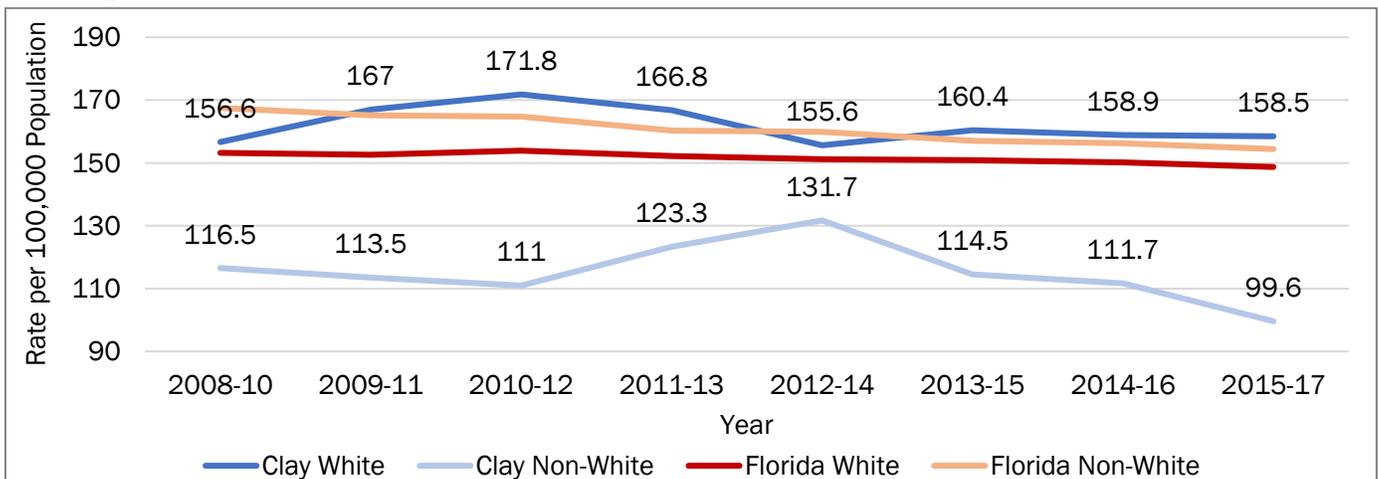
FIGURE 42. HEART DISEASE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Heart Disease Deaths

Clay County’s non-white residents have a lower heart disease mortality rate than white residents, and the mortality rate for non-white residents fell by 14.5% from 2008-2010 to 2015-2017. The mortality rate among Clay County’s white residents increased by 1.2% during the same time, eventually rising above the mortality rate for Florida’s white and non-white populations (Figure 43).⁶⁷

FIGURE 43. HEART DISEASE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Heart Disease Deaths

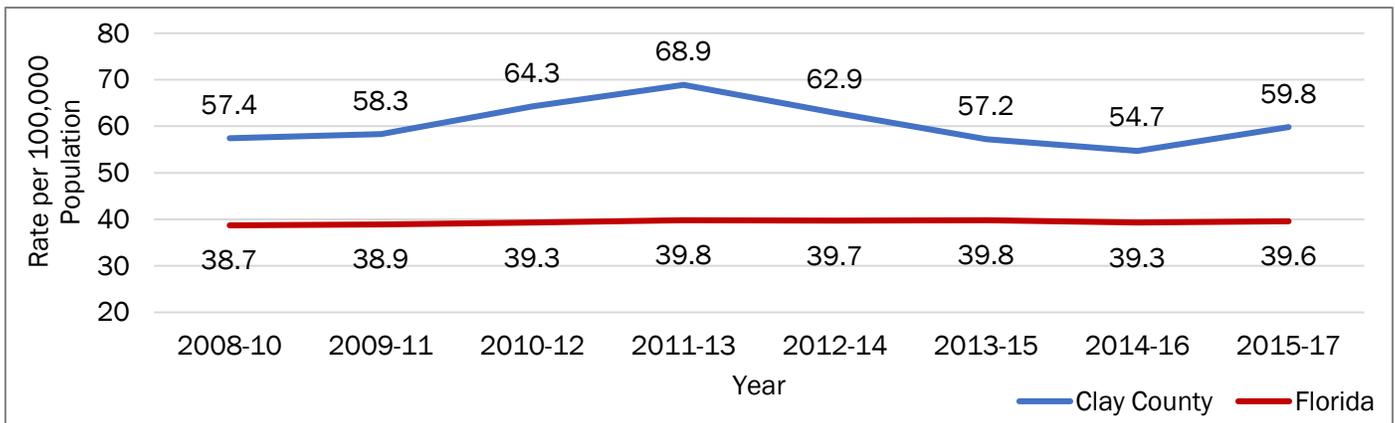
⁶⁵ U.S. Centers for Disease Control and Prevention (2017, November 28). *Heart Disease*. Retrieved from <http://www.cdc.gov/heartdisease/facts.htm>
⁶⁶ Florida Department of Health (2019). *Heart Disease Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>
⁶⁷ Florida Department of Health (2019). *Heart Disease Deaths*.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is a disease of the airways and other structures of the lungs and includes asthma, chronic obstructive pulmonary disease, 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.⁶⁸ CLRD is currently the fourth leading cause of death in the U.S.,⁶⁹ as well as Florida and Clay County.

Clay County had a higher CLRD mortality rate than Florida over the last decade. The county’s CLRD mortality rate rose by 4.2%, while Florida’s mortality rate rose by 2.3%, from 2008-2010 to 2015-2017 (Figure 44).⁷⁰

FIGURE 44. CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chronic Lower Respiratory Disease (CLRD) Deaths

The CLRD mortality rate among Clay County’s non-white residents was lower than white residents from 2008-2010 to 2015-2017, though non-white residents experienced a 24.1% increase in the mortality rate during this time. 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 increased by 5.1% during this period (Figure 45).⁷¹

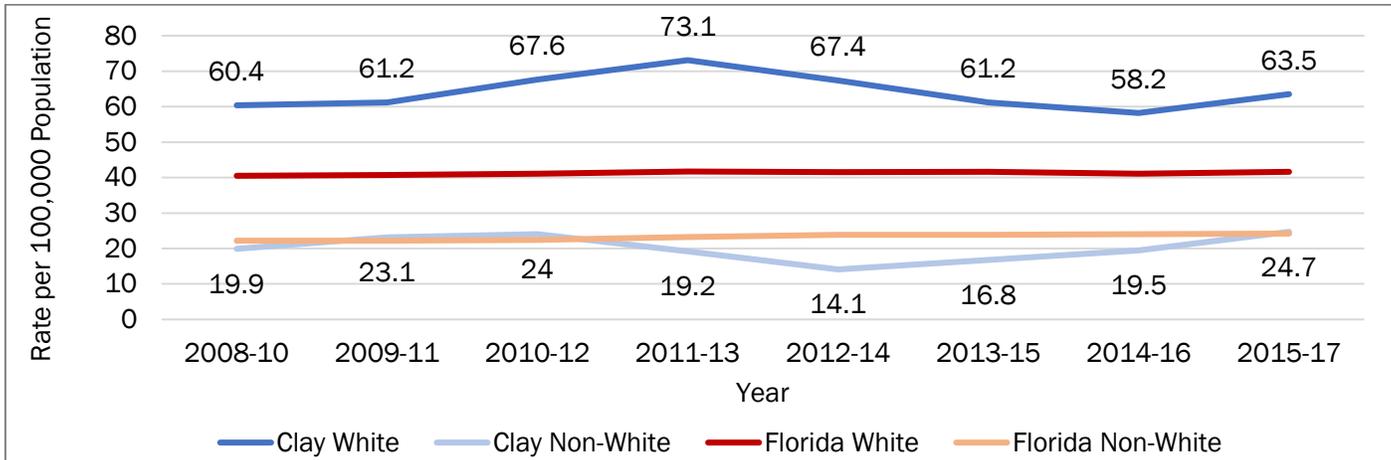
⁶⁸ U.S. Centers for Disease Control and Prevention (2017, September 15). *Chronic Respiratory Disease*. Retrieved from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/ChronicRespiratoryDisease.html>

⁶⁹ U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db328.htm>

⁷⁰ Florida Department of Health (2019). *Chronic Lower Respiratory Disease (CLRD) Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

⁷¹ Florida Department of Health (2019). *Chronic Lower Respiratory Disease (CLRD) Deaths*.

FIGURE 45. CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



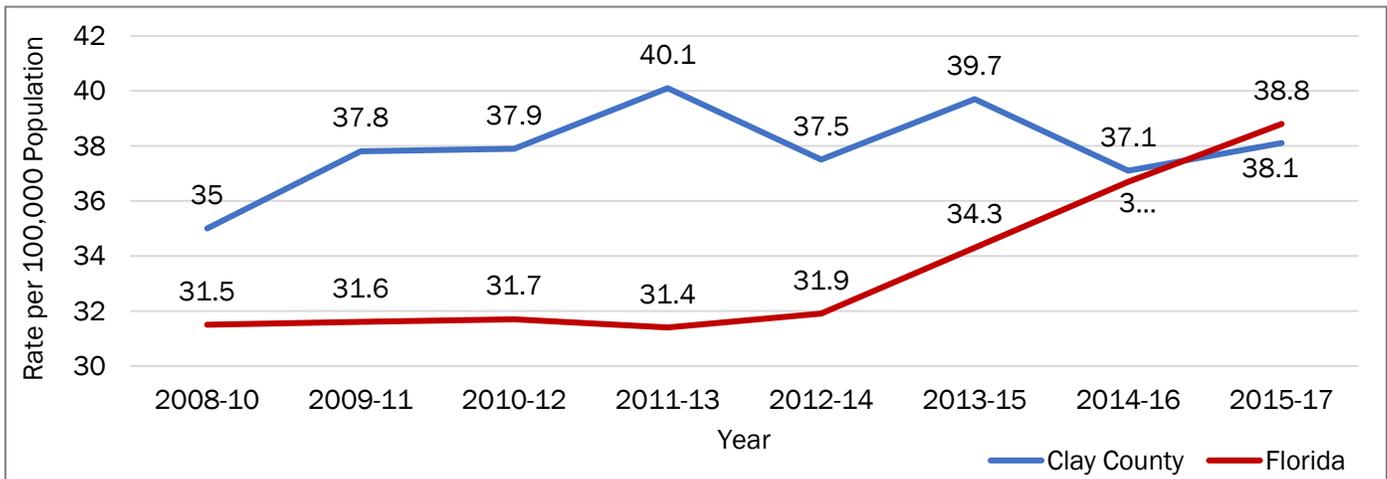
Data Source: Florida Health CHARTS, Chronic Lower Respiratory Disease (CLRD) Deaths

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 an important cause of adult disability.⁷²

Clay County’s stroke mortality rate rose by 10.9% from 2008-2010 to 2015-2017. In comparison, Florida’s stroke mortality was steady around 31.6 deaths per 100,000 population from 2008-2010 to 2012-2014 before rising by 21.6% from 2012-2014 to 2015-2017 (Figure 46).⁷³

FIGURE 46. STROKE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Stroke Deaths

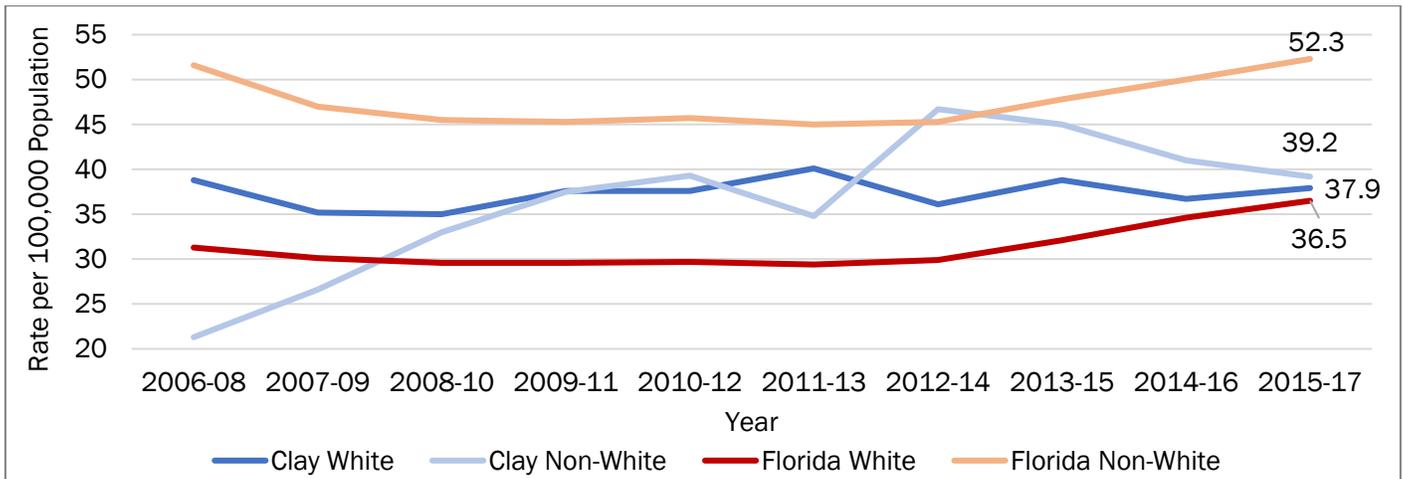
The stroke mortality rate for white Clay County residents decreased by 2.3% from 2006-2008 to 2015-2017. The mortality rate for non-white residents increased by 84% during the same period. In both Clay County and Florida,

⁷² U.S. Centers for Disease Control and Prevention (2018, November 5). *Stroke*. Retrieved from <https://www.cdc.gov/stroke/index.htm>

⁷³ Florida Department of Health (2019). *Stroke Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

non-white residents have a higher stroke mortality rate than white residents, though the gap between white and non-white residents is smaller in Clay County than in Florida as a whole (Figure 47).⁷⁴

FIGURE 47. STROKE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2006-2017



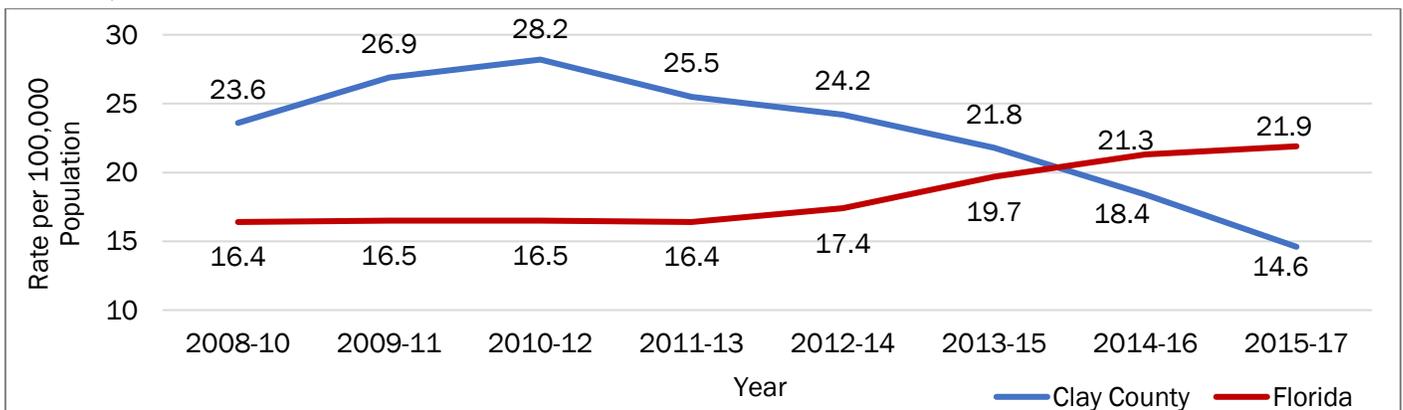
Data Source: Florida Health CHARTS, Stroke Deaths

Alzheimer’s Disease

Alzheimer’s disease is the most common form of dementia. While the cause of Alzheimer’s is not clear, common signs include memory loss that interferes with daily life, poor judgement, misplacing items, and changes in mood, personality, or behavior. It is the sixth leading cause of death in the U.S. and the fifth leading cause of death among persons 65 and older. Dementia as a cause of death has been shown to be underreported. Thus, the mortality rate for Alzheimer’s disease could be higher. There is no known cure, though medical management can help improve quality of life.⁷⁵

The mortality rate of Alzheimer’s disease in Clay County decreased by 48.2% from 2010-2012 to 2015-2017. In comparison, Florida’s rate increased by 32.7% during the same period, rising above Clay County by 2014-2016 (Figure 48).⁷⁶

FIGURE 48. ALZHEIMER’S DISEASE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Alzheimer’s Disease Deaths

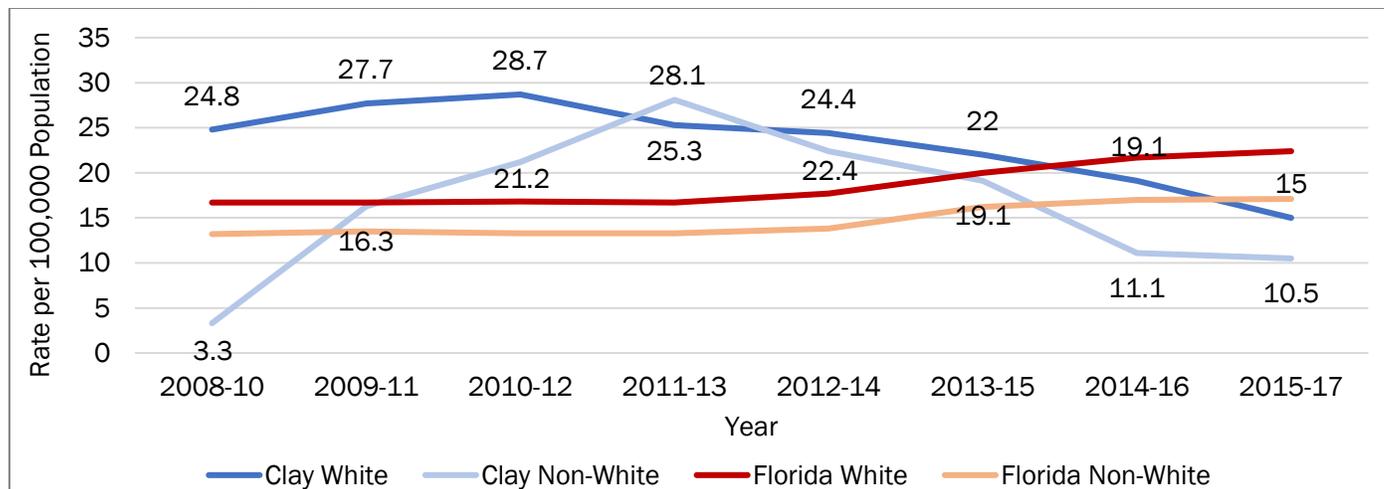
⁷⁴ Florida Department of Health (2019). *Stroke Deaths*.

⁷⁵ U.S. Centers for Disease Control and Prevention (2018, October 1). *Alzheimer’s Disease*. Retrieved from <https://www.cdc.gov/aging/aginginfo/alzheimers.htm>

⁷⁶ Florida Department of Health (2019). *Alzheimer’s Disease Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

After a sharp increase from 2008-2010 to 2011-2013, the mortality rate for non-white Clay County residents fell by 62.6% from 2011-2013 to 2015-2017. Single digit counts may account for these variations. From 2010-2012 to 2015-2017, the mortality rate for white Clay County residents decreased by 47.7%. The mortality rate for both white and non-white Clay County residents was below Florida by 2015-17 (Figure 49).⁷⁷

FIGURE 49. ALZHEIMER’S DISEASE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Alzheimer’s Disease Deaths

Diabetes

Diabetes, a disease that causes abnormally high blood glucose levels, is the seventh leading cause of death in the U.S. and can lead to major health problems, such as heart disease, vision loss, and kidney failure. Type 1 diabetes, which accounts for about 5% of all diagnosed cases, results from an autoimmune reaction that prevents the body from producing insulin. Type 2 diabetes, which accounts for about 90% of all cases, is due to the body ineffectively using insulin and developing insulin resistance over time. Type 2 often develops in people over age 45 but has become more common among children, teens, and young adults. Pregnant women can develop gestational diabetes due to insulin resistance and are at risk of developing type 2 diabetes in the future.⁷⁸

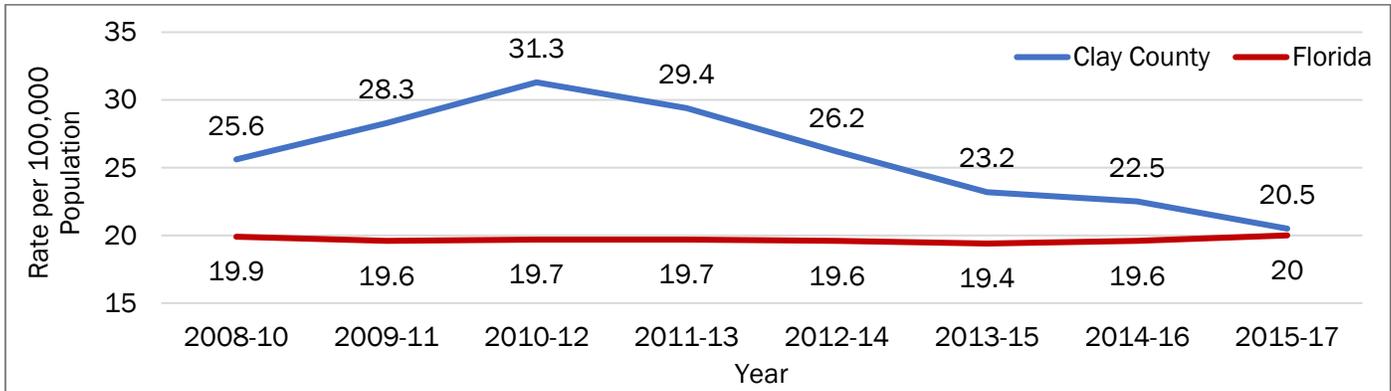
Clay County’s diabetes mortality rate increased by 22.3% from 2008-2010 to 2010-2012 before decreasing by 34.5% from 2010-2012 to 2015-2017. Florida in comparison remained around 19.7 deaths per 100,000 from 2008-2010 to 2015-2017, falling just below Clay County in 2015-2017 (Figure 50).⁷⁹

⁷⁷ Florida Department of Health (2019). *Alzheimer’s Disease Deaths*.

⁷⁸ U.S. Centers for Disease Control and Prevention (2017, June 1). *About Diabetes*. Retrieved from <https://www.cdc.gov/diabetes/basics/diabetes.html>

⁷⁹ Florida Department of Health (2019). *Diabetes Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

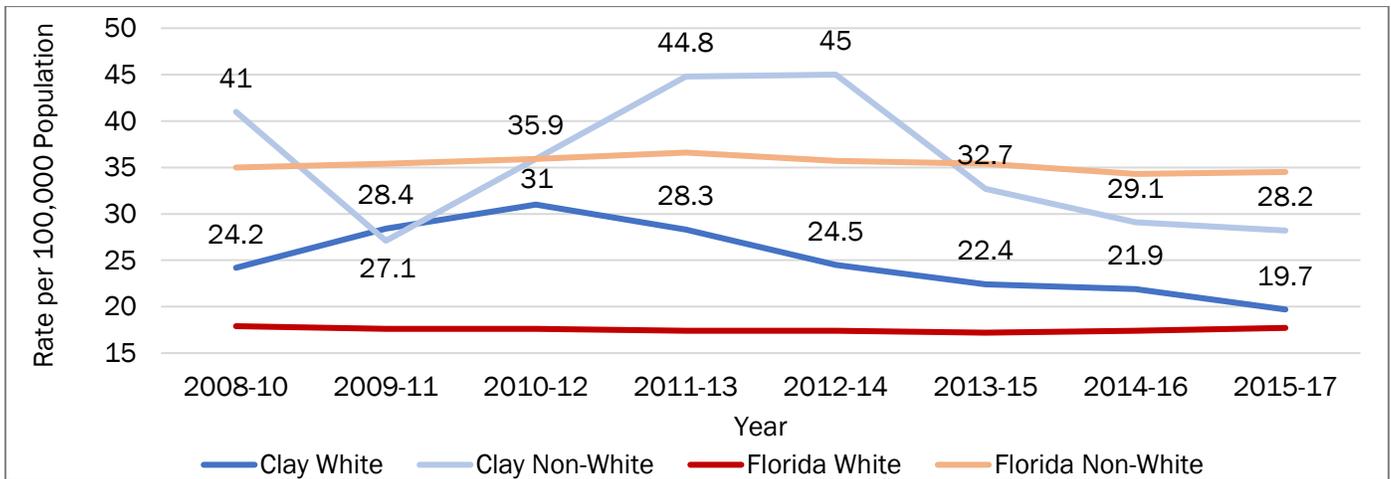
FIGURE 50. DIABETES MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Diabetes Deaths

The white population’s mortality rate in Clay County and Florida was below non-white rates from 2010-2012 to 2015-2017. White Clay County residents’ mortality rate decreased by 36.5% from 2010-2012 to 2015-2017. In comparison, non-white residents’ mortality rate rose by 58.4% from 2009-2011 to 2012-2014 before decreasing by 37.3% from 2012-2014 to 2015-2017 (Figure 51).⁸⁰

FIGURE 51. DIABETES MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Diabetes Deaths

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.⁸¹

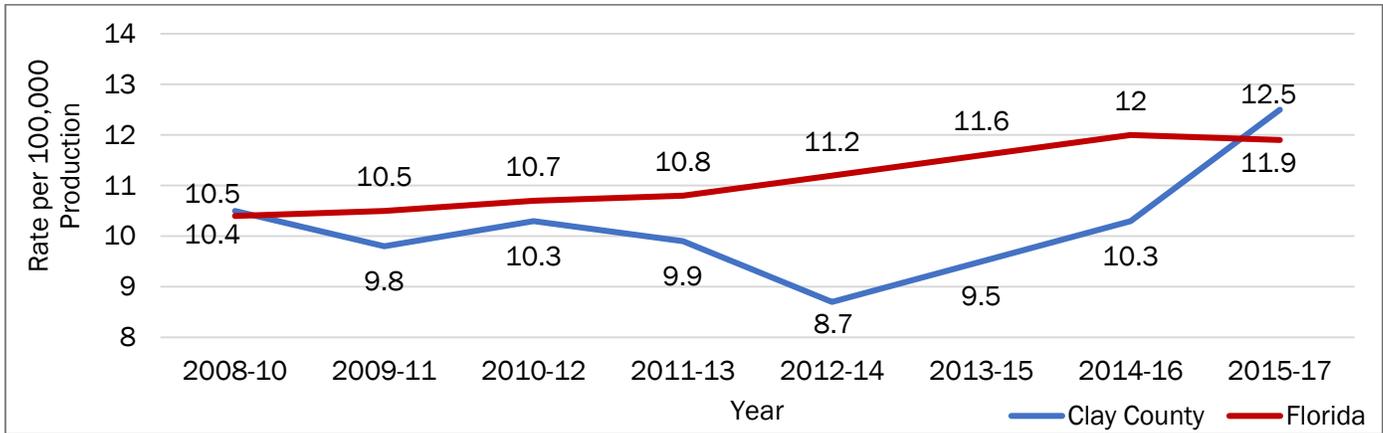
The mortality rate from liver disease and cirrhosis in Clay County decreased by 17.1% from 2008-2010 to 2012-2014 before increasing by 43.7% from 2012-2014 to 2015-2017 and surpassing Florida’s mortality rate. In comparison, Florida’s mortality rate increased by 14.4% from 2008-2010 to 2015-2017 (Figure 52).⁸²

⁸⁰ Florida Department of Health (2019). *Diabetes Deaths*.

⁸¹ Mayo Clinic (2018, March 13). *Liver disease: Overview*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/liver-problems/symptoms-causes/syc-20374502>

⁸² Florida Department of Health (2019). *Chronic Liver Disease and Cirrhosis Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

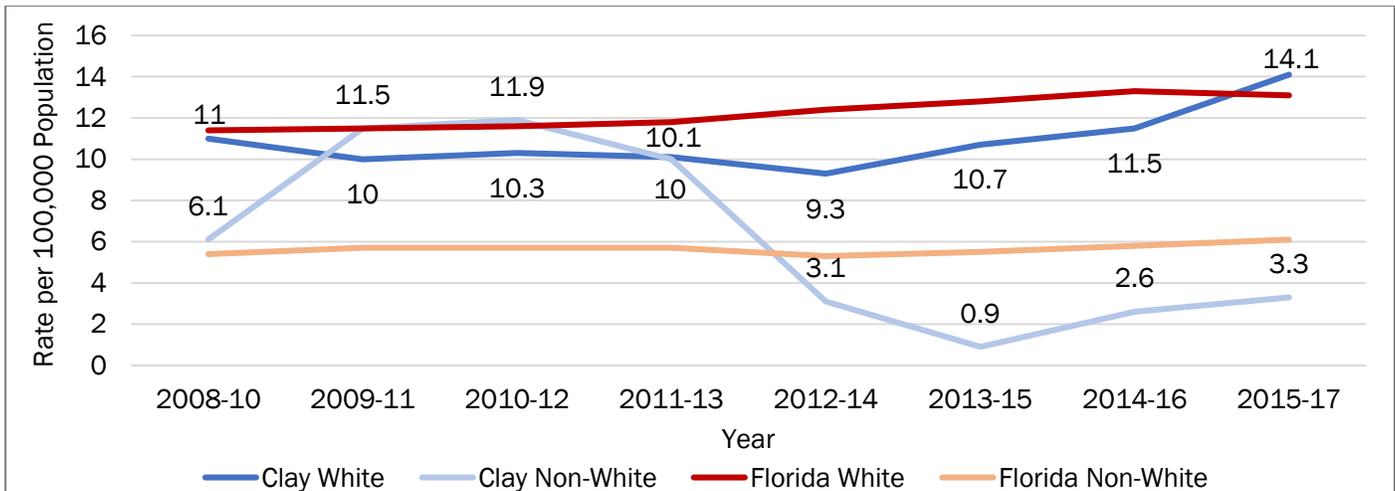
FIGURE 52. CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chronic Liver Disease and Cirrhosis Deaths

The non-white population’s mortality rate in Clay County increased by 95.1% from 2008-2010 to 2010-2012 before decreasing by 72.3% from 2010-2012 to 2015-2017. Death counts were in the single digits, which explains the erratic variation. The white population’s mortality rate increased by 28.2% from 2008-2010 to 2015-2017. The non-white population’s mortality rate for both Clay County and Florida generally fell below the white population’s from 2008-2010 to 2015-2017 (Figure 53).⁸³

FIGURE 53. CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chronic Liver Disease and Cirrhosis Deaths

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.⁸⁴ Cancer is currently the second leading cause of death in the U.S.⁸⁵

The cancer mortality rate has been on the decline for both Clay County and Florida from 2008-2010 to 2015-2017. During this time, Clay County’s rate decreased by 8% compared to 6.5% for Florida (Figure 54).⁸⁶

⁸³ Florida Department of Health (2019). *Chronic Liver Disease and Cirrhosis Deaths*.

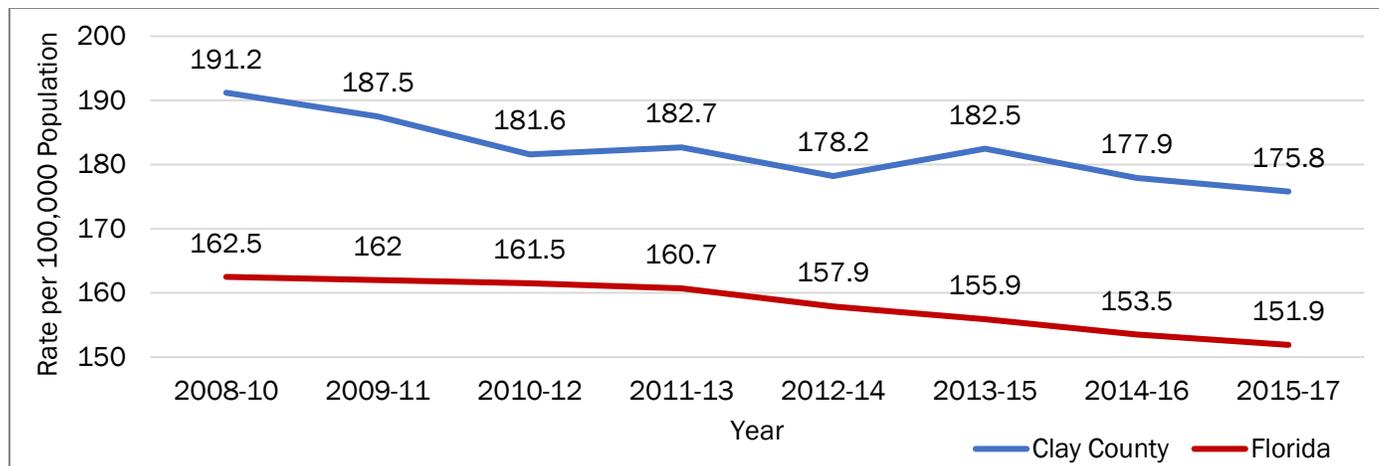
⁸⁴ National Cancer Institute at the National Institutes of Health (2015, February 9). *What Is Cancer?* Retrieved from <http://www.cancer.gov/about-cancer/what-is-cancer>

⁸⁵ U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*

⁸⁶ Florida Department of Health (2019). *Cancer Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

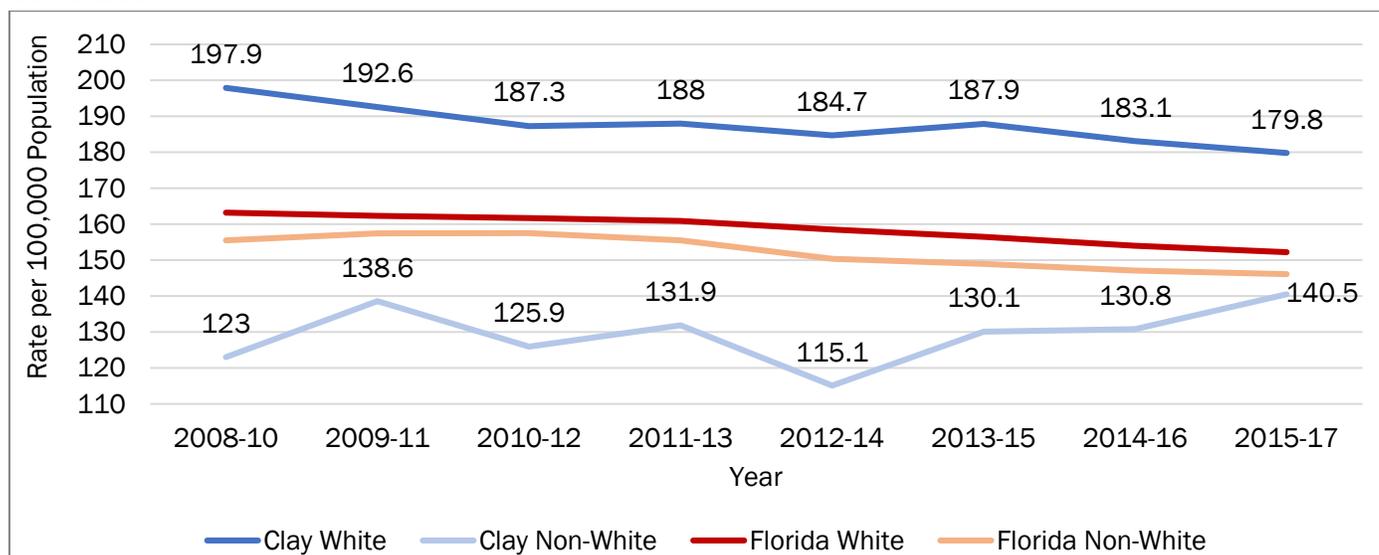
The mortality rate for Clay County's white population was higher than the mortality rate for non-white Clay residents, white Florida residents, and non-white Florida residents. However, the mortality rate for Clay's white population decreased by 9.1% from 2008-2010 to 2015-2017. The county's non-white population's rate was lower than the rates for other groups, but experienced a recent increase of 22.1% from 2012-2014 to 2015-2017 (Figure 55).⁸⁷

FIGURE 54. CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Cancer Deaths

FIGURE 55. CANCER MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Cancer Deaths

Lung Cancer

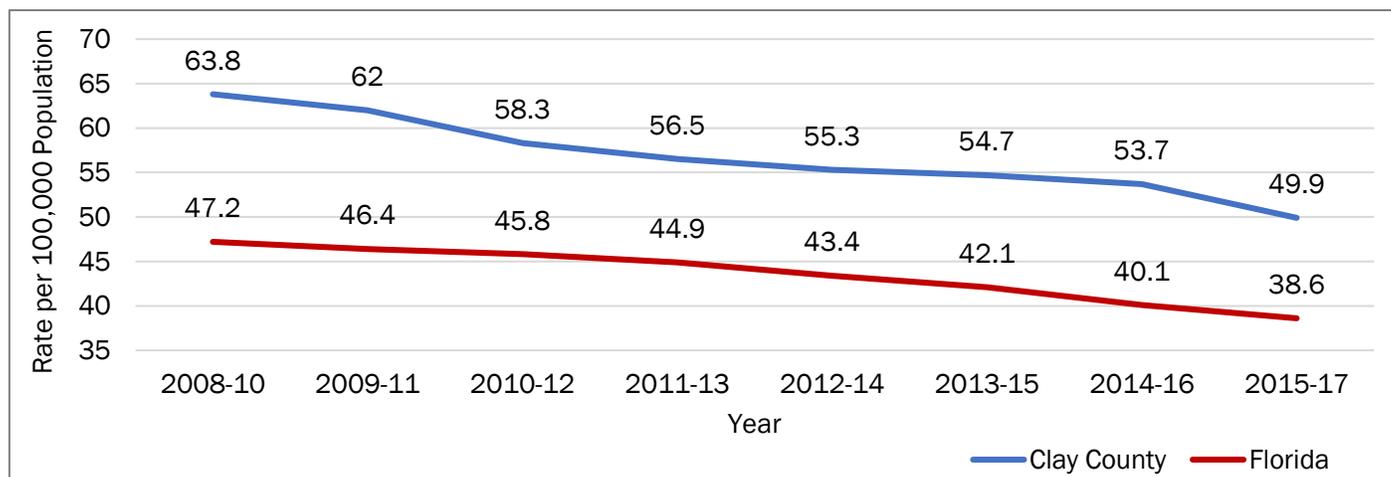
Lung cancer is the leading cause of death by cancer, but rates have been decreasing nationally for decades. The number one risk factor is cigarette smoking with others including secondhand smoke, exposure to environmental hazards such as asbestos or radon, and family history.⁸⁸

⁸⁷ Florida Department of Health (2019). *Cancer Deaths*.

⁸⁸ U.S. Centers for Disease Control and Prevention (2018, July 19). *Lung Cancer*. Retrieved from https://www.cdc.gov/cancer/lung/basic_info/

The mortality rate has decreased for both Clay County and Florida from 2008-2010 to 2015-2017. Clay County's rate decreased by 21.8% compared to 18.2% for Florida. However, Clay County's lung cancer mortality rate remains above the state average (Figure 56).⁸⁹

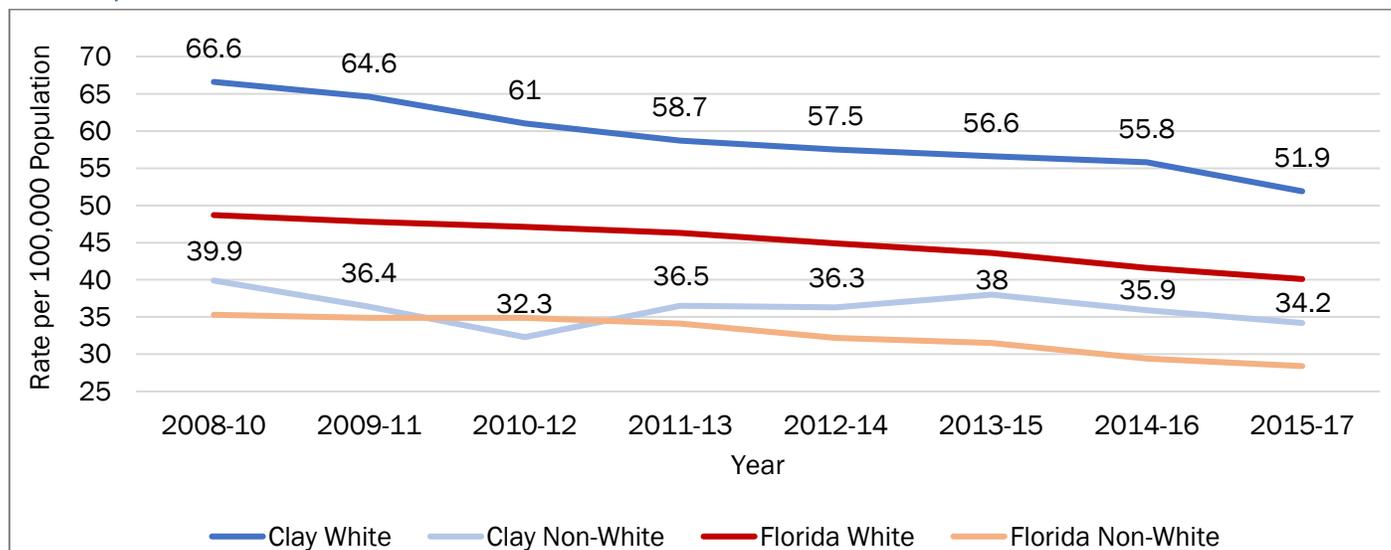
FIGURE 56. LUNG CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Lung Cancer Deaths

White Floridians and Clay County residents have a higher lung cancer mortality rate than non-white populations. Despite decreasing by 22.1% from 2008-2012 to 2015-2017, the mortality rate for Clay County's white population was higher than the state average over the past decade. There was a 14.3% decrease in lung cancer mortality among Clay's non-white population during this time (Figure 57).⁹⁰

FIGURE 57. LUNG CANCER MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Lung Cancer Deaths

Female Breast Cancer

While mortality rates for breast cancer have decreased over time, it remains the second leading cause of death by cancer among women. Cancer can occur in different parts of the breast—including lobules, ducts, and connective tissue—but the most common types of breast cancer are invasive ductal carcinoma and invasive lobular carcinoma.

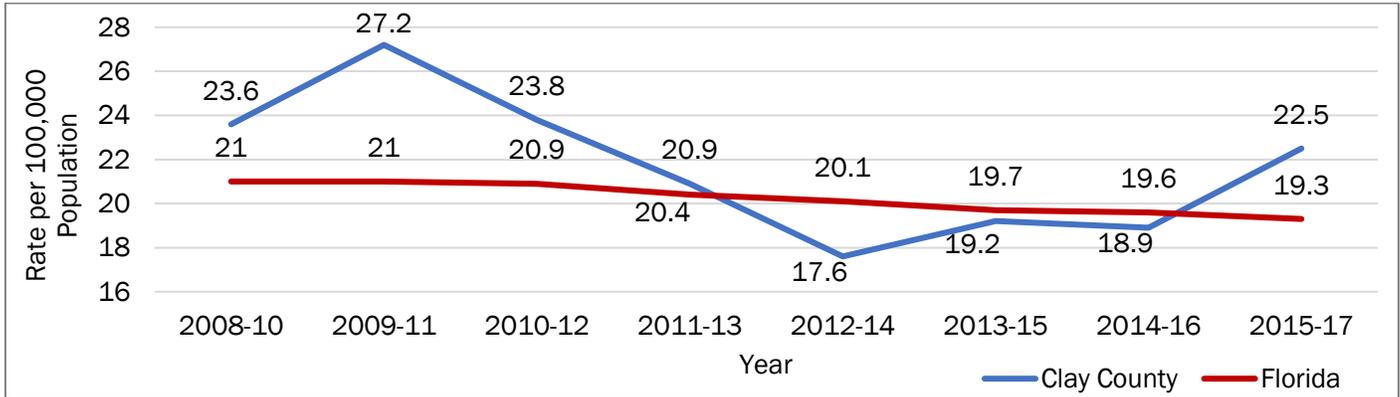
⁸⁹ Florida Department of Health (2019). *Lung Cancer Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

⁹⁰ Florida Department of Health (2019). *Lung Cancer Deaths*.

Multiple risk factors exist such as age, genetic mutations, reproductive history, family history, previous radiation therapy, taking hormones, being overweight or obese after menopause, and being physically inactive.⁹¹

Female breast cancer mortality rates in Clay County have increased by 27.8% from 2012-2014 to 2015-2017 after decreasing by 25.4% from 2008-2010 to 2012-2014. In contrast, Florida mortality rates decreased by 8.1% from 2008-2010 to 2015-2017 (Figure 58).⁹²

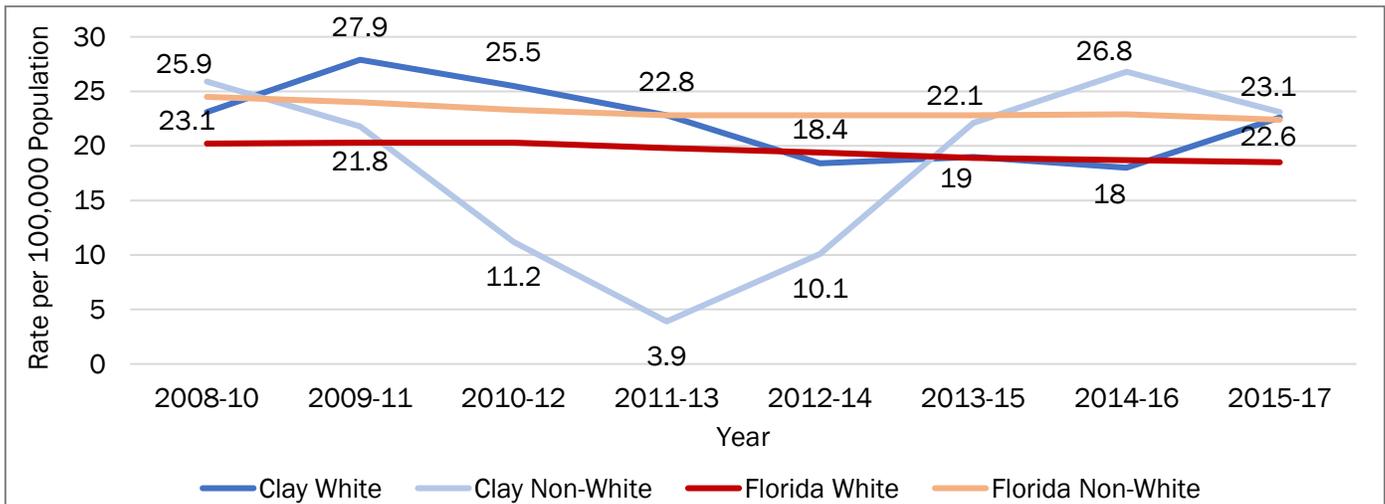
FIGURE 58. FEMALE BREAST CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Female Breast Cancer Deaths

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 84.9% decrease in mortality from 2008-2010 to 2011-2013 before increasing 492% from 2011-2013 to 2015-2017. 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 2008-2010 to 2015-2017 (Figure 59).⁹³

FIGURE 59. FEMALE BREAST CANCER MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Female Breast Cancer Deaths

⁹¹ U.S. Centers for Disease Control and Prevention (2018, November 5). *Breast Cancer*. Retrieved from <https://www.cdc.gov/cancer/breast/index.htm>

⁹² Florida Department of Health (2019). *Female Breast Cancer Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

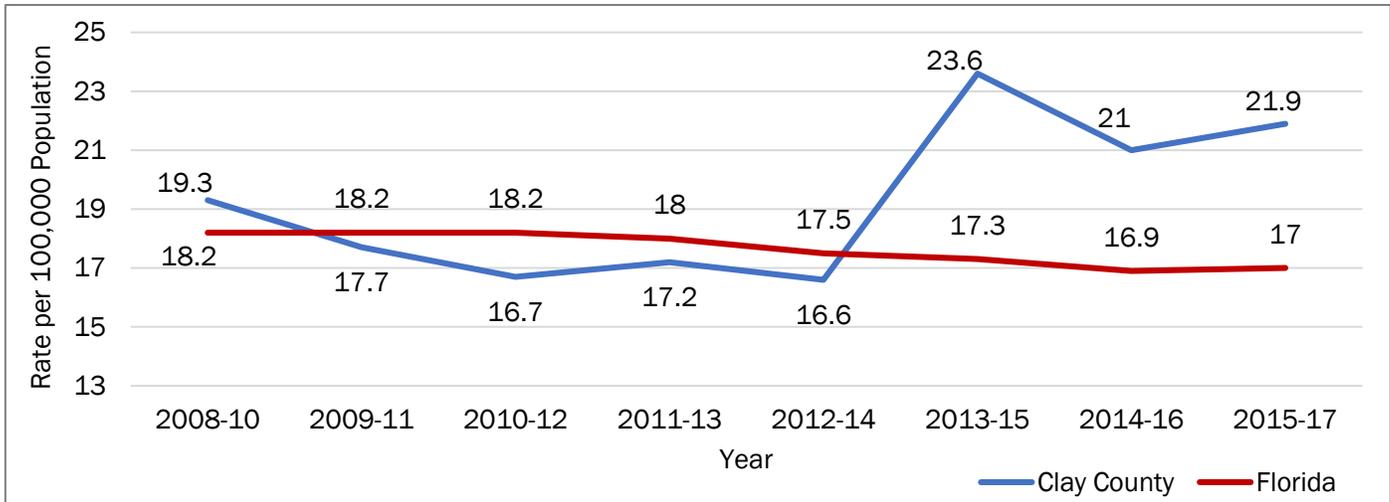
⁹³ Florida Department of Health (2019). *Female Breast Cancer Deaths*.

Prostate Cancer

Prostate cancer is the most commonly diagnosed non-skin cancer among men and the second leading cause of death by cancer for men. Risk factors include being African-American, family history, and age, which is the most common factor.⁹⁴

The mortality rate in Clay County was on the decline before a sharp increase of 42.2% from 2012-2014 to 2013-2015. Clay County’s mortality rate remained above Florida through 2015-2017. Florida had a 6.6% decrease from 2008-2010 to 2015-2017 (Figure 60).⁹⁵

FIGURE 60. PROSTATE CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017

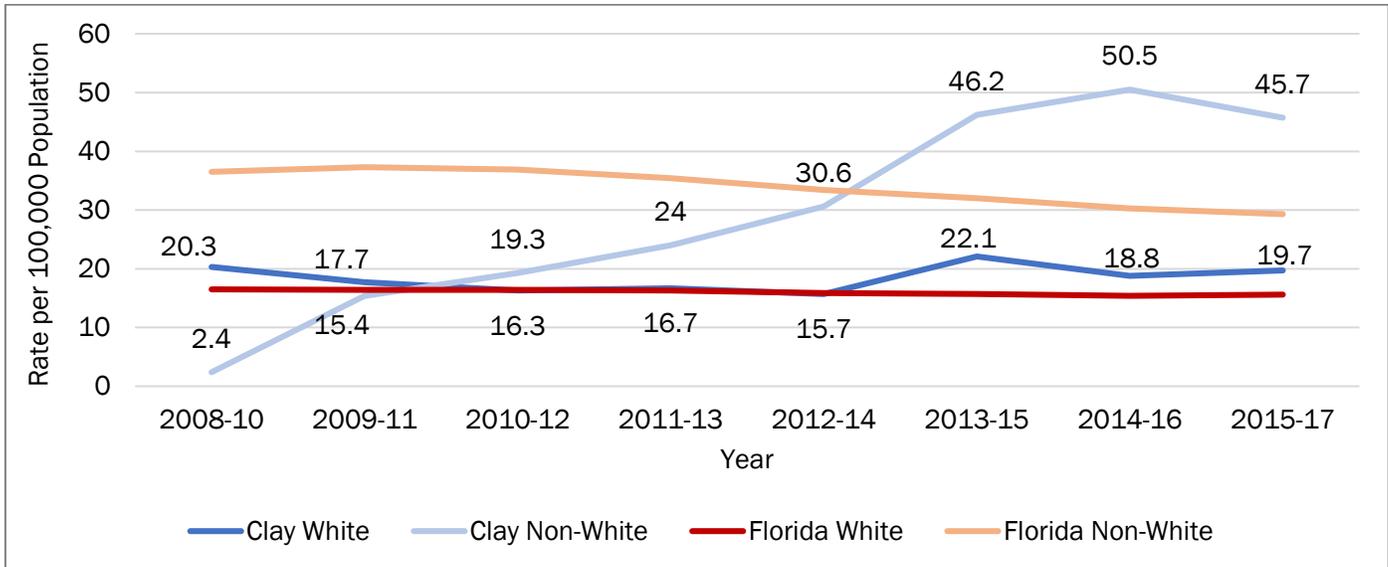


Data Source: Florida Health CHARTS, Prostate Cancer Deaths

The non-white Clay County population’s mortality rate increased by nineteen times from 2008-2010 to 2015-2017. The single digit counts (fewer than five deaths before 2013-2015) may account for these large fluctuations. The mortality rate for Clay’s white population decreased by 3% during the same period (Figure 61).⁹⁶

⁹⁴ U.S. Centers for Disease Control and Prevention (2018, November 7). *Prostate Cancer*. Retrieved from <https://www.cdc.gov/cancer/breast/index>
⁹⁵ Florida Department of Health (2019). *Prostate Cancer Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>
⁹⁶ Florida Department of Health (2019). *Prostate Cancer Deaths*.

FIGURE 61. PROSTATE CANCER MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



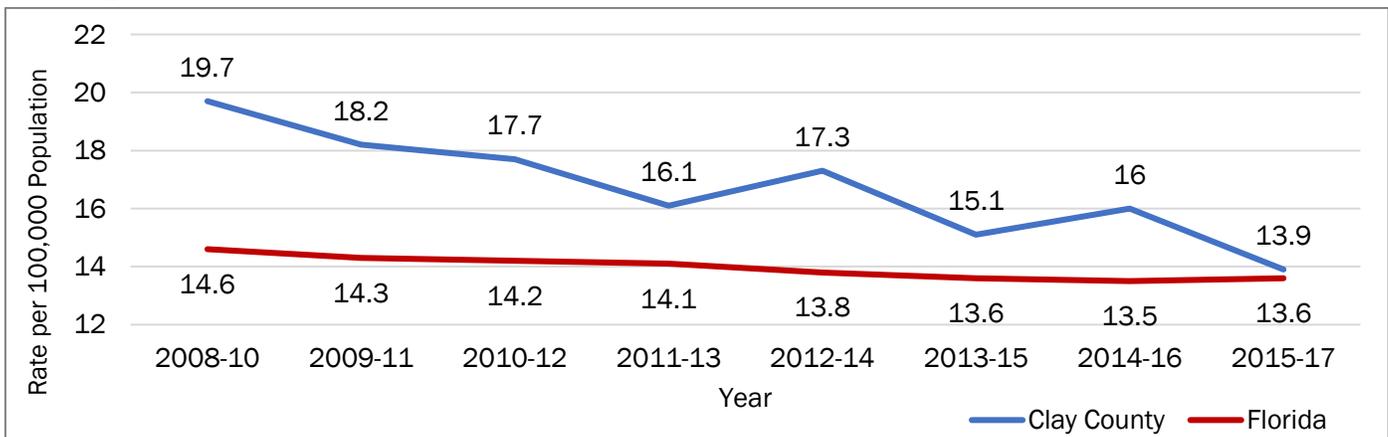
Data Source: Florida Health CHARTS, Prostate Cancer Deaths

Colorectal Cancer

Colorectal cancer, cancer of the colon or rectum, is the second leading cause of death by cancer. People 50 years and older account for more than 90% of all cases, 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.⁹⁷

Clay County’s colorectal cancer mortality rate decreased by 29.4% from 2008-2010 to 2015-2017, coming close to Florida’s rate by 2015-2017. During the same period, Florida’s rate decreased by 6.8% (Figure 62).⁹⁸

FIGURE 62. COLORECTAL CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Colorectal Cancer Deaths

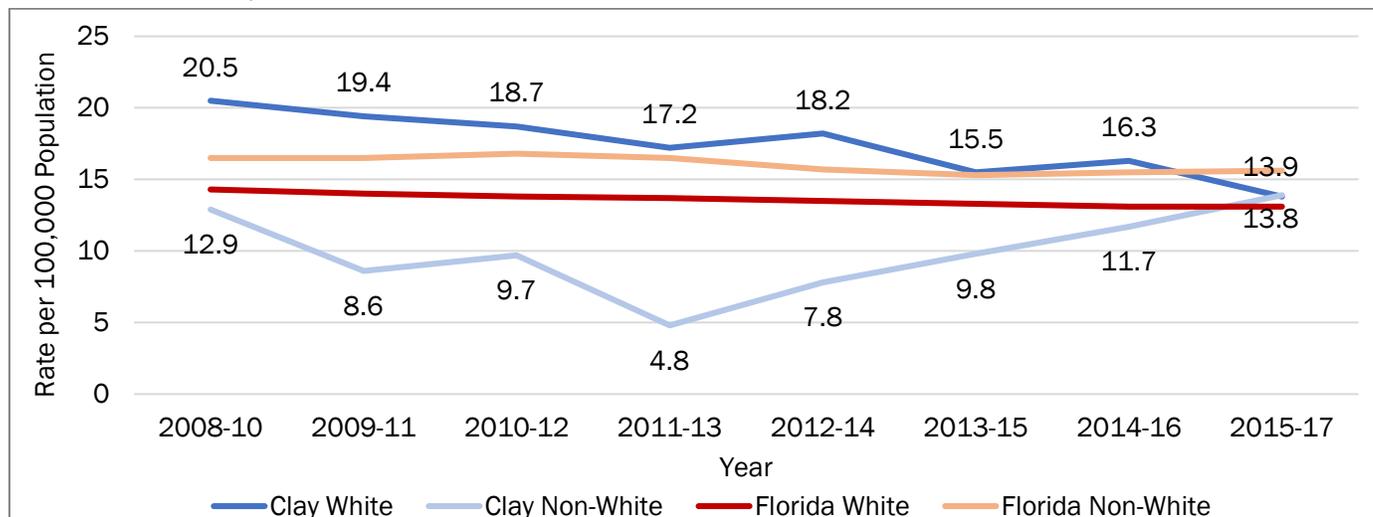
The Clay County white population’s mortality rate decreased by 32.7% from 2008-2010 to 2015-2017 compared to the 7.8% increase for the non-white population during the same period (Figure 63). Non-white Clay County residents may show more significant variations due to single digit counts.⁹⁹

⁹⁷ U.S. Centers for Disease Control and Prevention (2019, February 1). *Colorectal (Colon) Cancer*. Retrieved from <https://www.cdc.gov/cancer/colorectal/index.htm>

⁹⁸ Florida Department of Health (2019). *Colorectal Cancer Deaths*. Retrieved from <http://www.flhealthcharts.com/charts/Default.aspx>

⁹⁹ Florida Department of Health (2019). *Colorectal Cancer Deaths*.

FIGURE 63. COLORECTAL CANCER MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Colorectal Cancer Deaths

Unintentional Injury

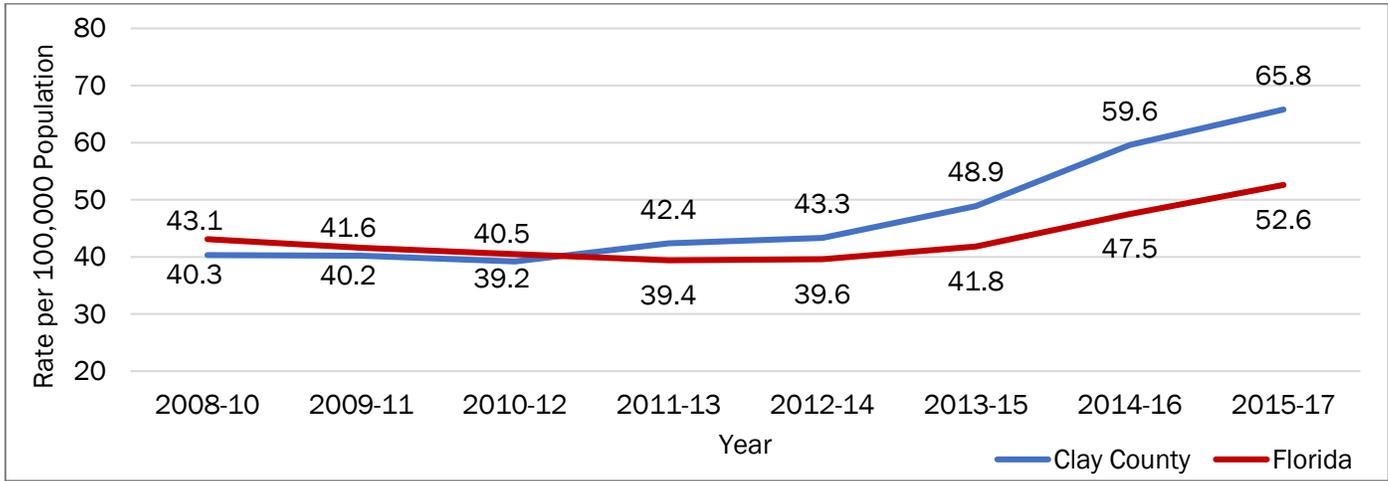
Unintentional injuries are accidental or unplanned. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning.¹⁰⁰ Unintentional injuries are the leading cause of death for people ages 1-44 in the U.S.¹⁰¹ Clay County has a higher unintentional injury death rate than the state of Florida with 65.8 injury deaths per 100,000 population compared to 52.6 deaths per 100,000 in Florida. Clay County's unintentional injury death rate increased by nearly 68% from 2010-2012 to 2015-2017 (Figure 64). Clay County's white population has a higher mortality rate due to unintentional injuries than the non-white population. The non-white population in Clay County experiences greater variation in unintentional injury mortality rates from year to year (

Figure 65).

¹⁰⁰ Maine Center for Disease Control and Prevention (2017). *Maine injury prevention program*. Retrieved from <http://www.maine.gov/dhhs/mecdc/population-health/inj/unintentional.html>

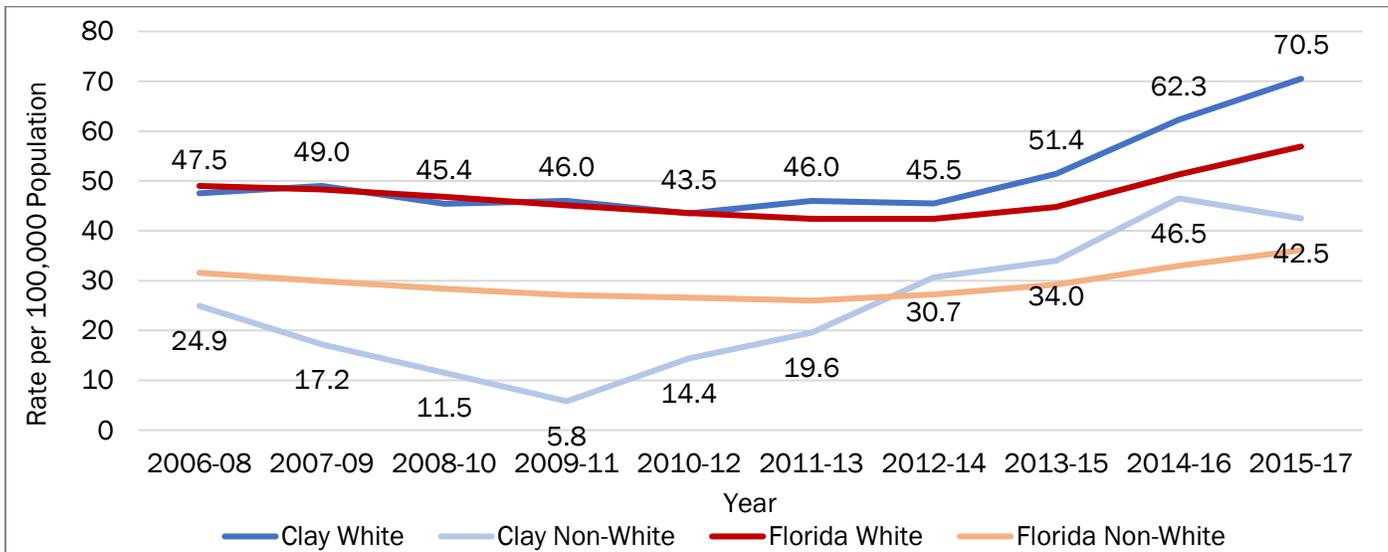
¹⁰¹ Centers for Disease Control and Prevention (2017, May 2). *Ten leading causes of death and injury*. Retrieved from www.cdc.gov/injury/wisqars/leadingcauses.html

FIGURE 64. UNINTENTIONAL INJURY DEATH RATE, AGE-ADJUSTED, CLAY COUNTY & FLORIDA, 2008-2017



Data Source: FL Health Charts, www.flhealthcharts.com | Prepared by Health Planning Council of Northeast Florida

FIGURE 65. UNINTENTIONAL INJURY DEATH RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATE, CLAY COUNTY & FLORIDA, 2006-2017



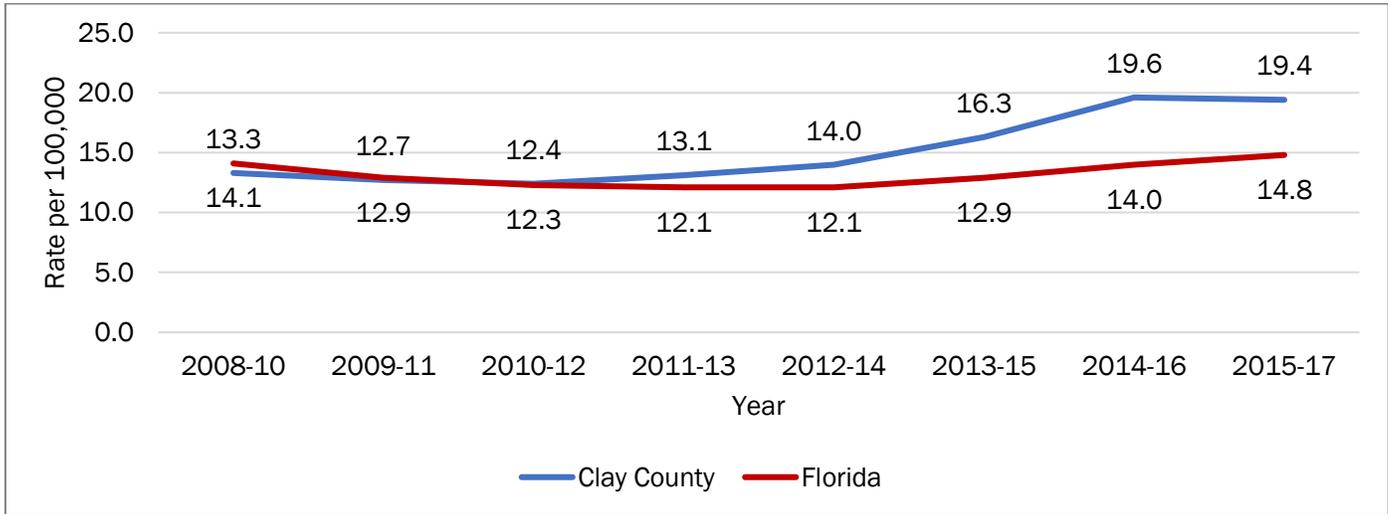
Data Source: FL Health Charts, www.flhealthcharts.com | Prepared by Health Planning Council of Northeast Florida

Traffic Crashes

Motor vehicle traffic crash rates in Clay County increased 70% from 2007-2009 to 2014-2016, compared to a 42% increase in Florida. Clay County, however, remained below Florida’s crash rate during the same period (Figure 66).¹⁰²

¹⁰² Florida Department of Health (2017). *Total Motor Vehicle Traffic Crashes* [Data file]. Available from <http://www.flhealthcharts.com>

FIGURE 66. INCIDENCE OF MOTOR VEHICLE TRAFFIC CRASHES, CLAY COUNTY & FLORIDA, 2008-2016

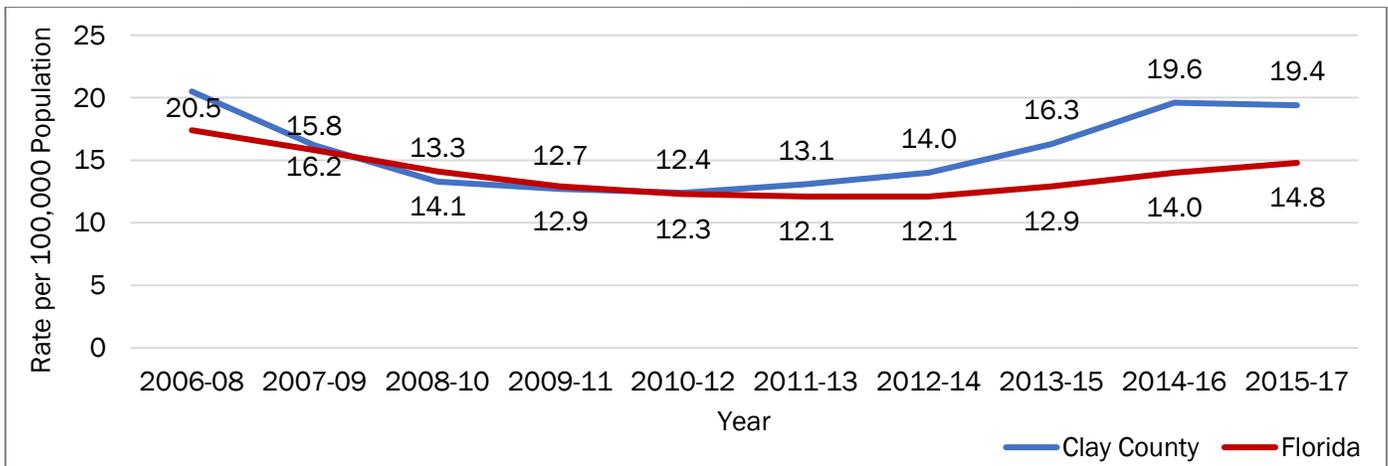


Data Source: Florida Health Community Health Assessment Resource Tool Set, 2005-2016

MOTOR TRAFFIC FATALITIES FELL BY 6.8% FROM 2008-2010 TO 2010-2012 IN CLAY COUNTY AND BY 12.8% IN FLORIDA. HOWEVER, THE DEATH RATE IN CLAY COUNTY INCREASED BY 56.5% FROM 12.4 TO 19.4 DEATHS PER 100,000 POPULATION FROM 2010-2012 TO 2015-2017 (

).

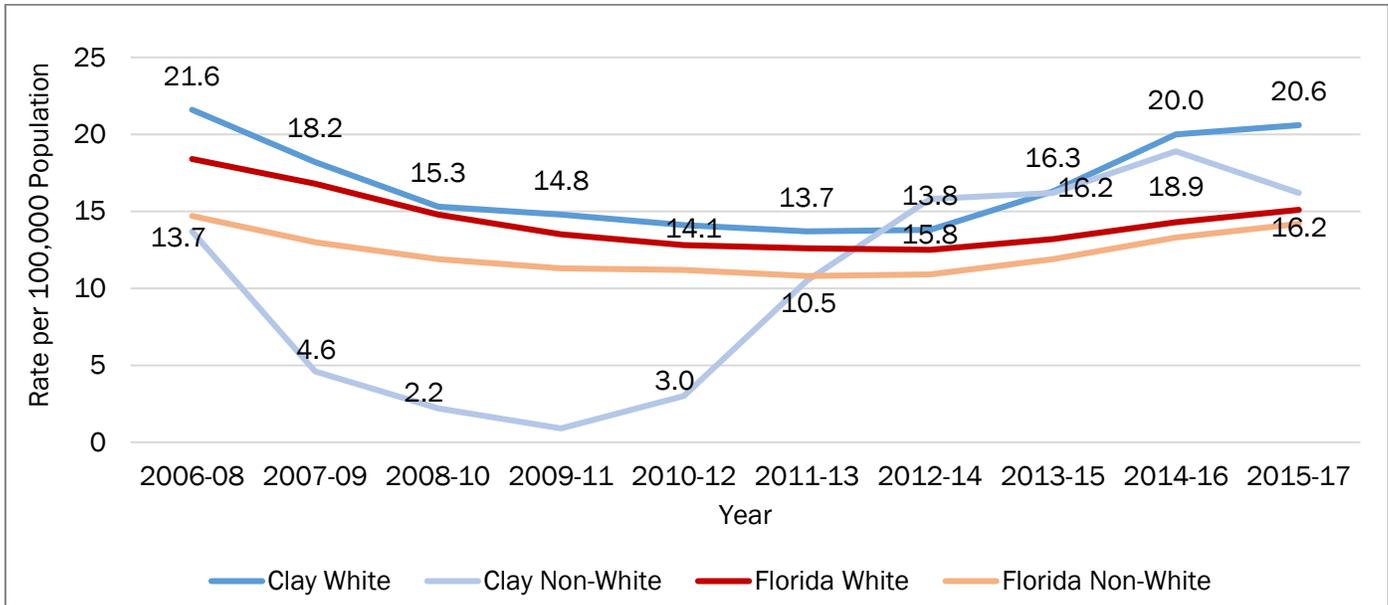
FIGURE 67. INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS, CLAY COUNTY & FLORIDA, 2006-2017



Data Source: Florida Health Community Health Assessment Resource Tool Set, 2005-2017

The motor vehicle mortality rate for Clay County’s non-white population has significantly increased since 2009-11. The white population has also experienced an increase in traffic deaths in Clay County, though not as large as the non-white population (Figure 68).

FIGURE 68. INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS, CLAY COUNTY & FLORIDA, 2006-2017

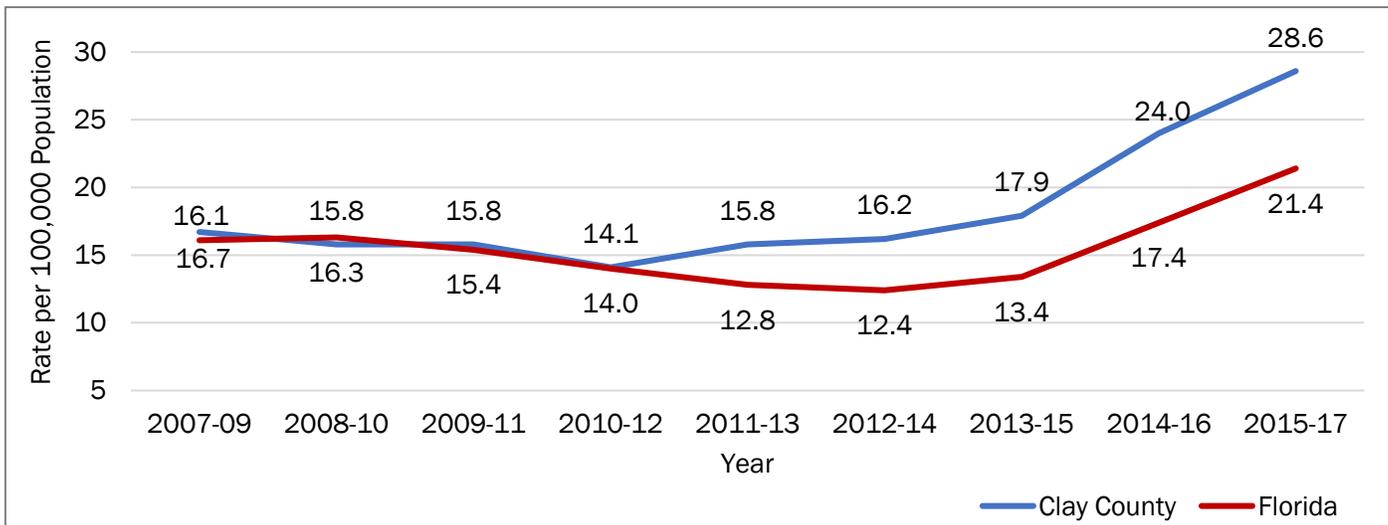


Data Source: Florida Health Community Health Assessment Resource Tool Set, 2005-2017

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.¹⁰³ Clay County’s rate of drug poisoning deaths increased by 81% from 2008-2010 to 2015-2017 and by 31.3% in Florida during the same period (Figure 69).

FIGURE 69. INCIDENCE OF DRUG POISONING DEATHS, CLAY COUNTY & FLORIDA, 2007-2017



Data Source: Florida Health Community Health Assessment Resource Tool Set, 2005-2017

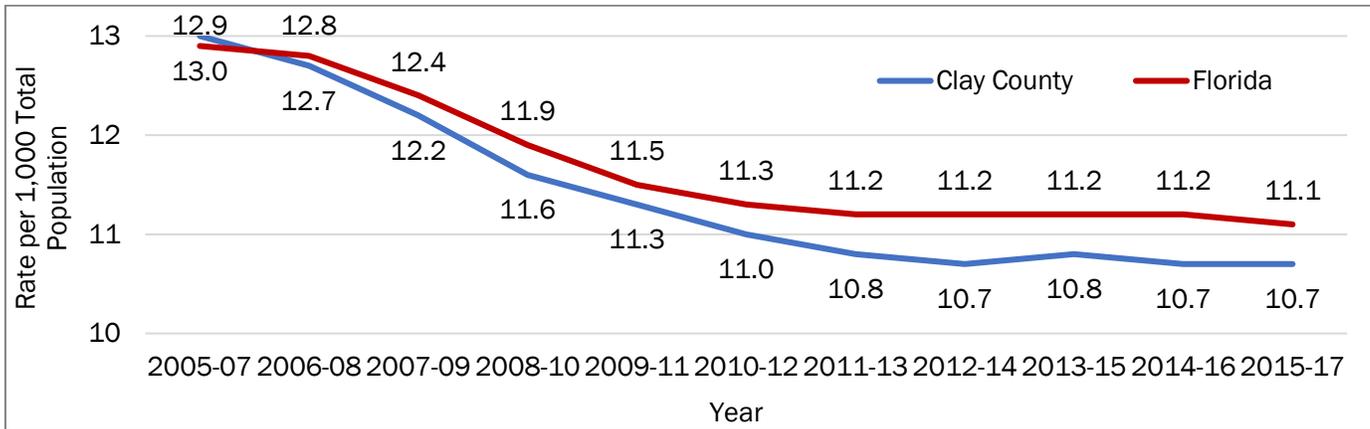
¹⁰³ Centers for Disease Control and Prevention (2017). Drug Overdose Deaths in the United States, 1999-2016. Available from <https://www.cdc.gov/nchs/products/databriefs/db294.htm>

Maternal & 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.¹⁰⁴ Clay County's total resident live birth rate is slightly lower than Florida's rate for all races. In 2015-2017, there were 10.7 births per 1,000 total population for all races in Clay County compared to 11.1 births per 1,000 in Florida (Figure 70). 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 12.4 per 1,000 in comparison to 10.3 per 1,000 in the white population from 2015-2017. Overall, births decreased from 2008-2017 across both the county and state (Figure 71).

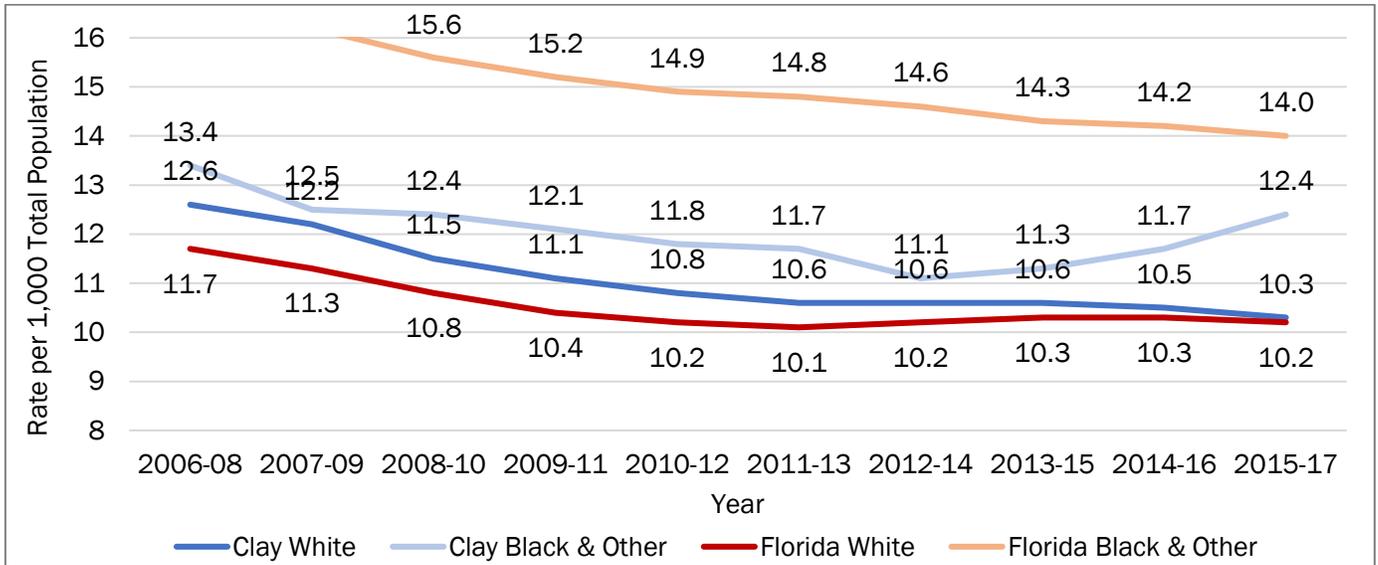
FIGURE 70. TOTAL RESIDENT LIVE BIRTH RATES, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2005-2017



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

¹⁰⁴ Centers for Disease Control and Prevention. (2017). *Reproductive and Birth Outcomes*. Retrieved from <https://ephracking.cdc.gov/showRbIndicators>

FIGURE 71. TOTAL RESIDENT LIVE BIRTH RATES BY RACE, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



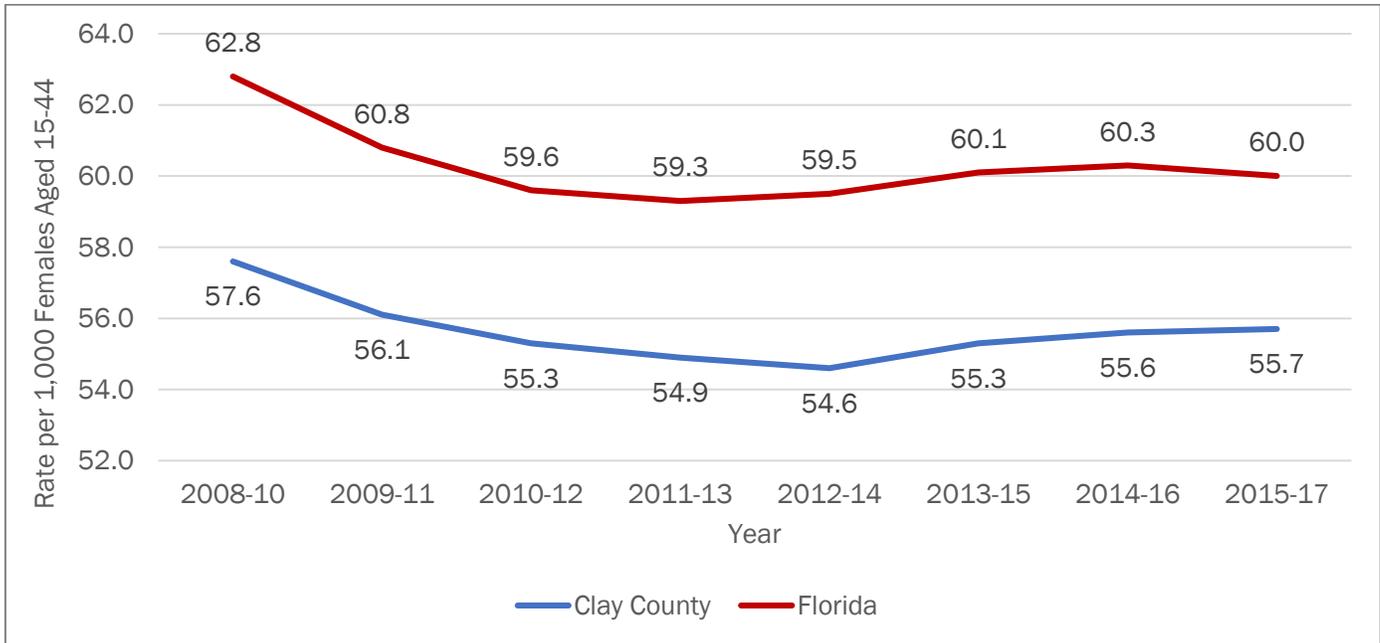
Data Source: Florida Department of Health, Bureau of Vital Statistics

Births to Mothers Age 15-44

Among U.S. women aged 15-44 in 2013-2015, 50% expected to have a child in the future. Women’s expectations about having children in the future are related to sexual activity, contraceptive use, and fertility.¹⁰⁵ Clay County’s birth rate to women aged 15-44 was at its highest at 57.6 births per 1,000 females ages 15-44 in 2008-2010, and at its lowest at 54.6 in 2012-2014. Clay’s birth rate increased to 55.7 births per 1,000 females ages 15-44 in 2015-2017 (Figure 72). Births to non-white mothers increased from 48.4 births per 1,000 females aged 15-44 in 2012-2014 to 54.6 births in 2015-2017 in Clay County, though Clay’s non-white birth rate remains lower than the white birth rate (Figure 73).

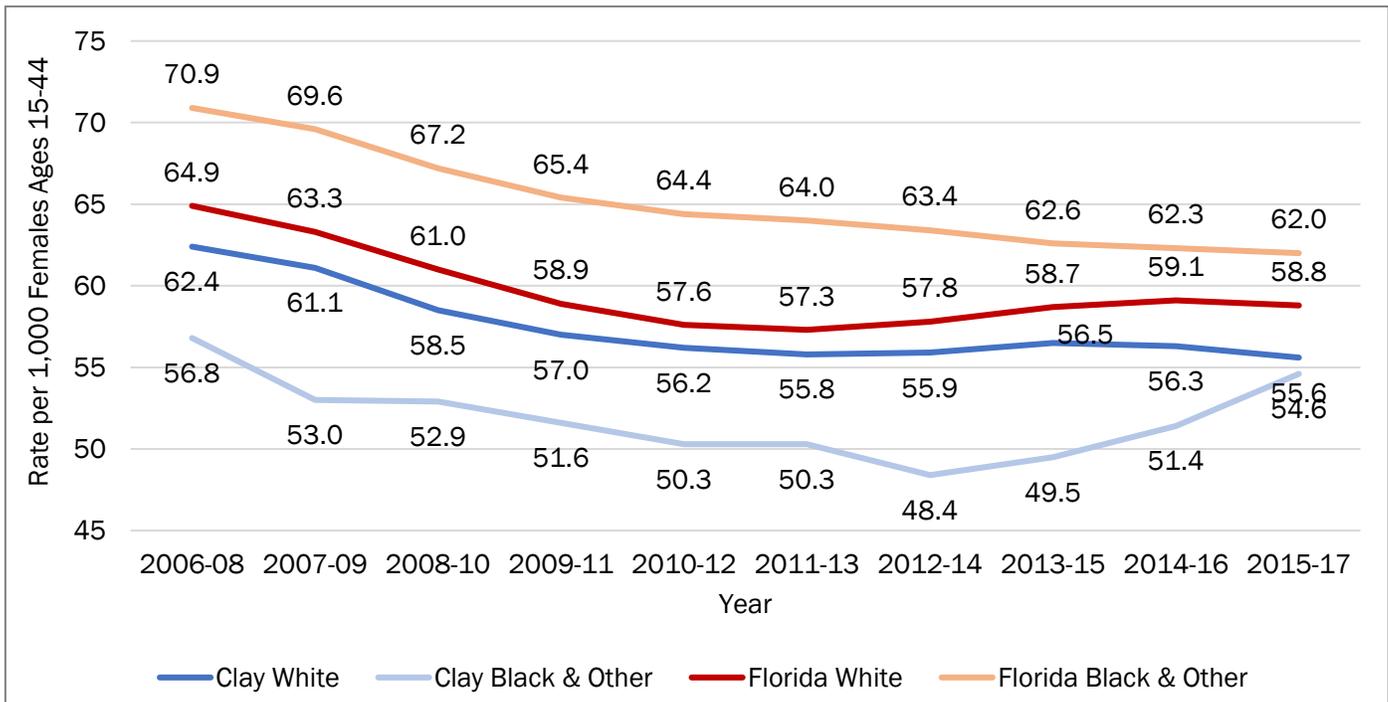
¹⁰⁵ Centers for Disease Control and Prevention (2016). *Birth Expectations of U.S. Women Aged 15-44*. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db260.htm>

FIGURE 72. BIRTH RATES BY MOTHER’S AGE, AGES 15-44, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

FIGURE 73. BIRTH RATES BY MOTHER’S AGE, AGES 15-44, BY RACE, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



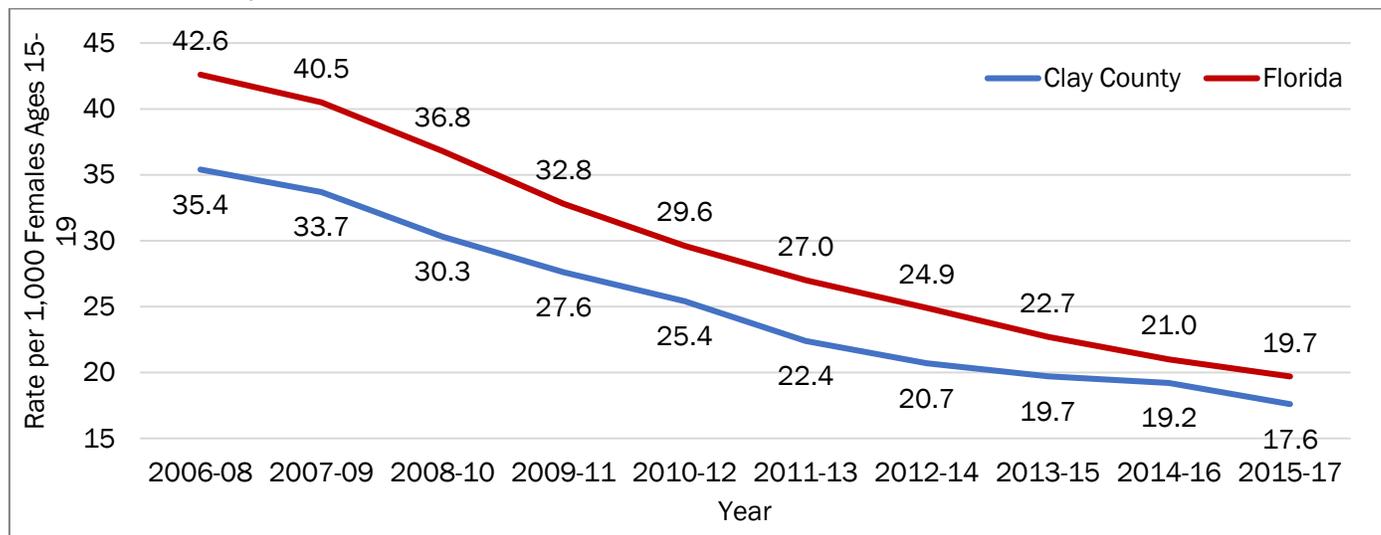
Data Source: Florida Department of Health, Bureau of Vital Statistics

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 30.3 births per 1,000 females aged 15-19 in 2008-2010 to 17.6 per 1,000 females aged 15-19 in 2015-2017 (Figure 74). Clay County’s non-white population experienced more teen births than the white population from 2008-2010. From 2009-2011 to 2015-2017, Clay County’s white population experienced greater teen birth rates than the non-white population (Figure 75). Evidence suggests that

the declines in teen pregnancy may be due to increased use of birth control and decreased sexual activity. However, United States teen pregnancy rates remain substantially higher than other industrialized countries with large disparities between races and ethnicities.¹⁰⁶

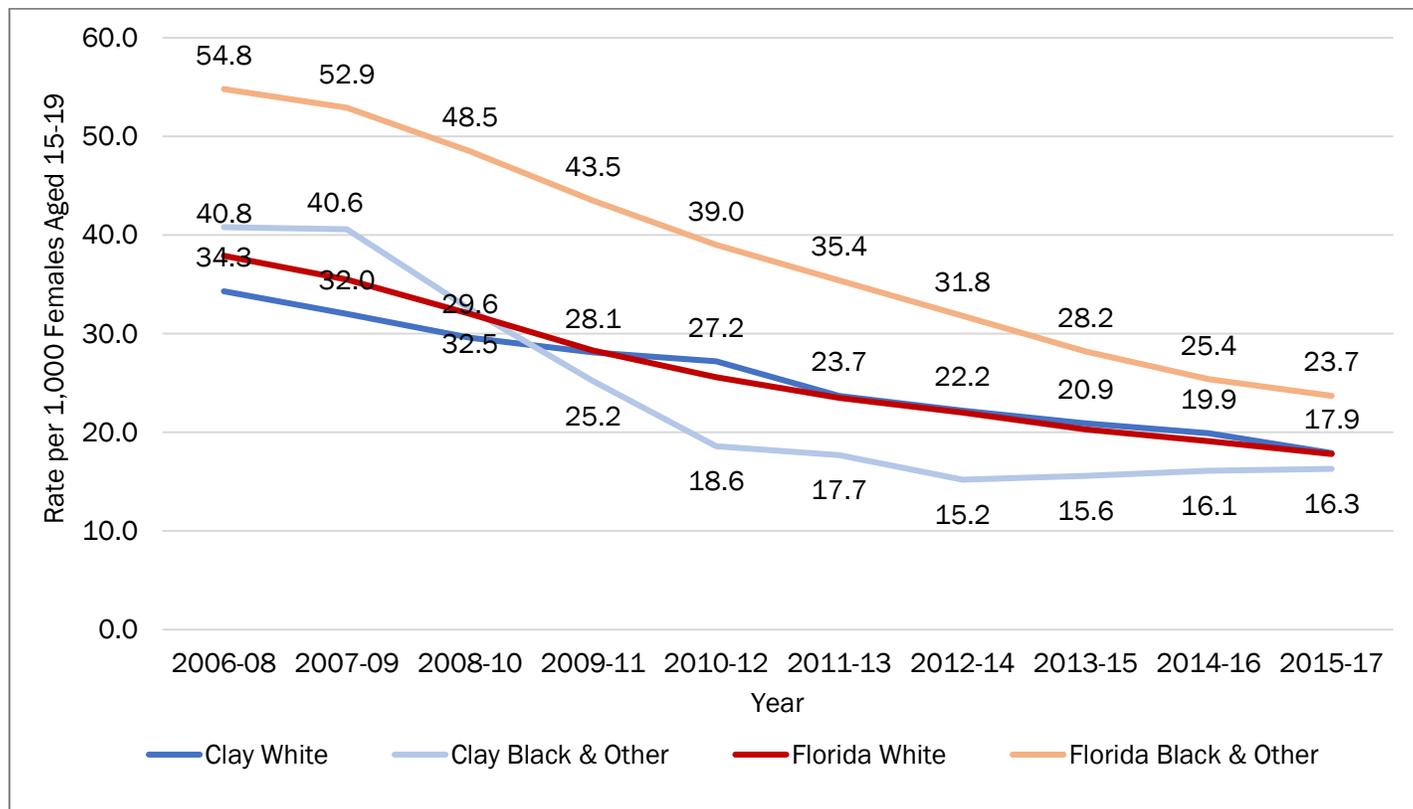
FIGURE 74. BIRTH RATES BY MOTHER’S AGE, AGES 15-19, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

¹⁰⁶ Centers for Disease Control and Prevention. (2017). *About Teen Pregnancy*. Retrieved from <https://www.cdc.gov/teenpregnancy/about/index.htm>

FIGURE 75. BIRTH RATES BY MOTHER'S AGE, AGES 15-19 BY RACE, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



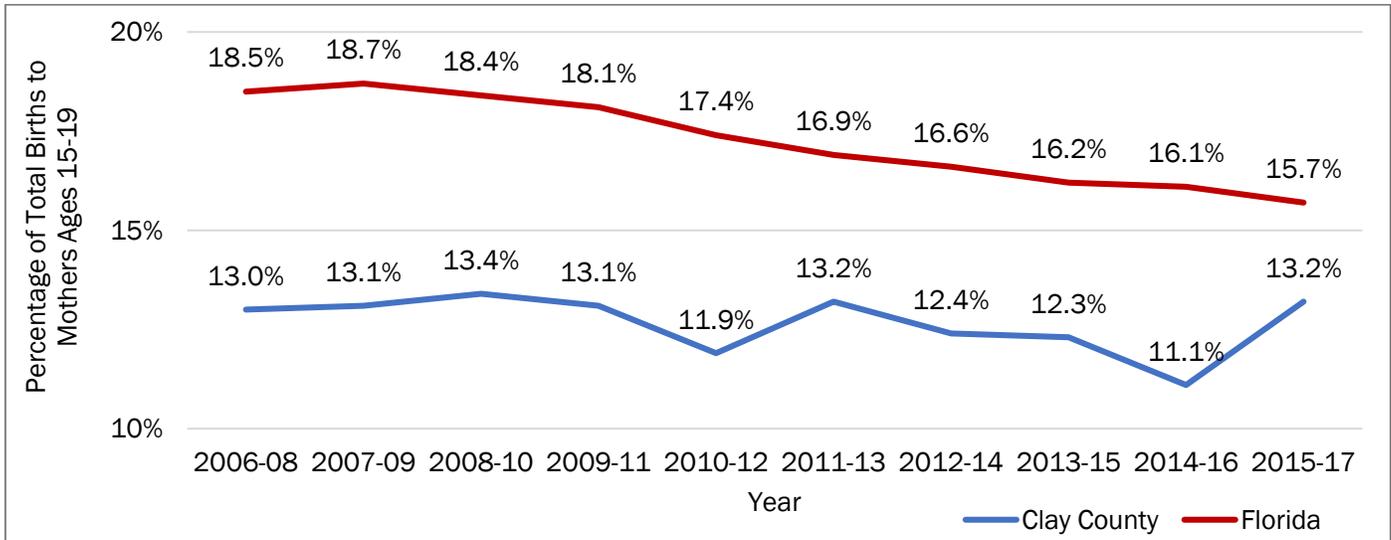
Data Source: Florida Department of Health, Bureau of Vital Statistics

Repeat Teen Births

According to the Centers for Disease Control & Prevention (CDC), nearly 1 in 5 births to mothers aged 15 to 19 is a repeat birth. Repeat teen births can affect young mothers by limiting their ability to pursue education.¹⁰⁷ Figure 76 and Figure 77 show repeat births to teen mothers (ages 15-19) as a percentage of total births. Clay County remained well below Florida in repeat teen birth rates for all races/ethnicities from 2008-2017. In contrast, non-white repeat teen birth rates in Clay County increased from 17.9% of total births in 2008-2010 to 21.1% of total births in 2009-2011, matching Florida's rate during that same year. Overall, non-white repeat teen births in Clay County have decreased from a high of 21.1% in 2009-2011 to a low of 10.4% in 2014-2016.

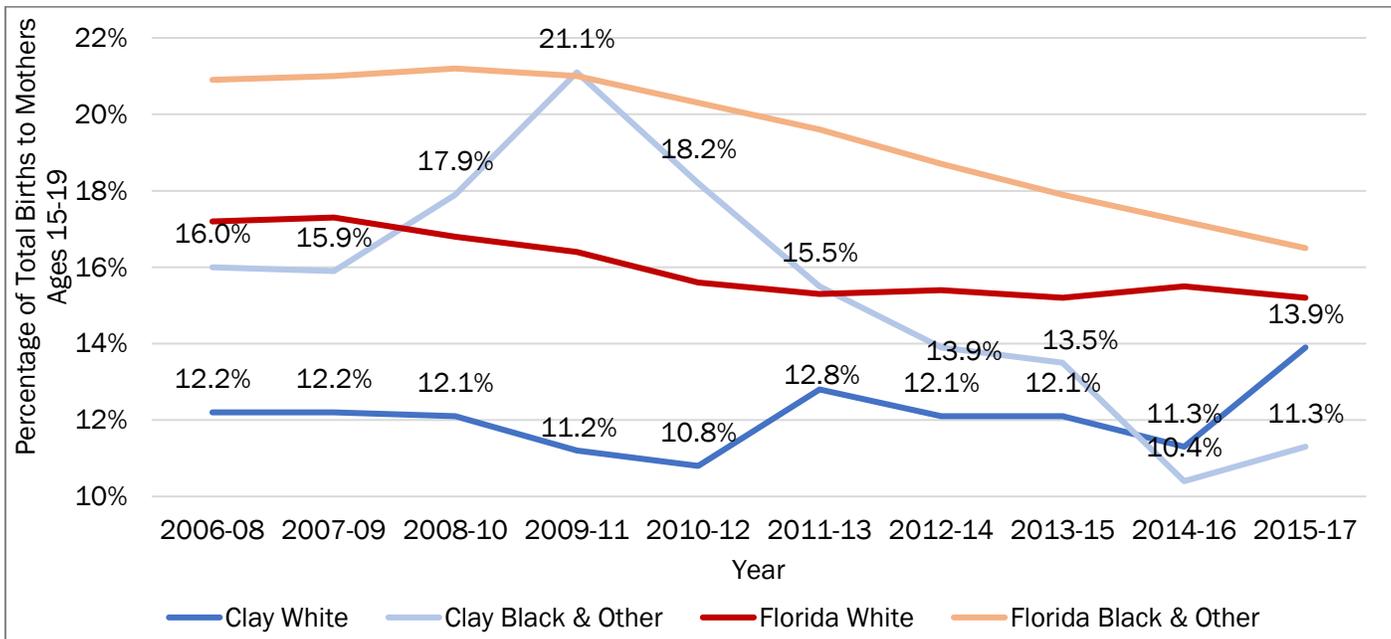
¹⁰⁷ Centers for Disease Control and Prevention (2013). *Preventing Repeat Teen Births*. Retrieved from <https://www.cdc.gov/vitalsigns/teenpregnancy/index.html>

FIGURE 76. REPEAT BIRTHS TO MOTHERS AGES 15-19, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

FIGURE 77. REPEAT BIRTH RATES OF MOTHERS AGES 15-19 BY RACE, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

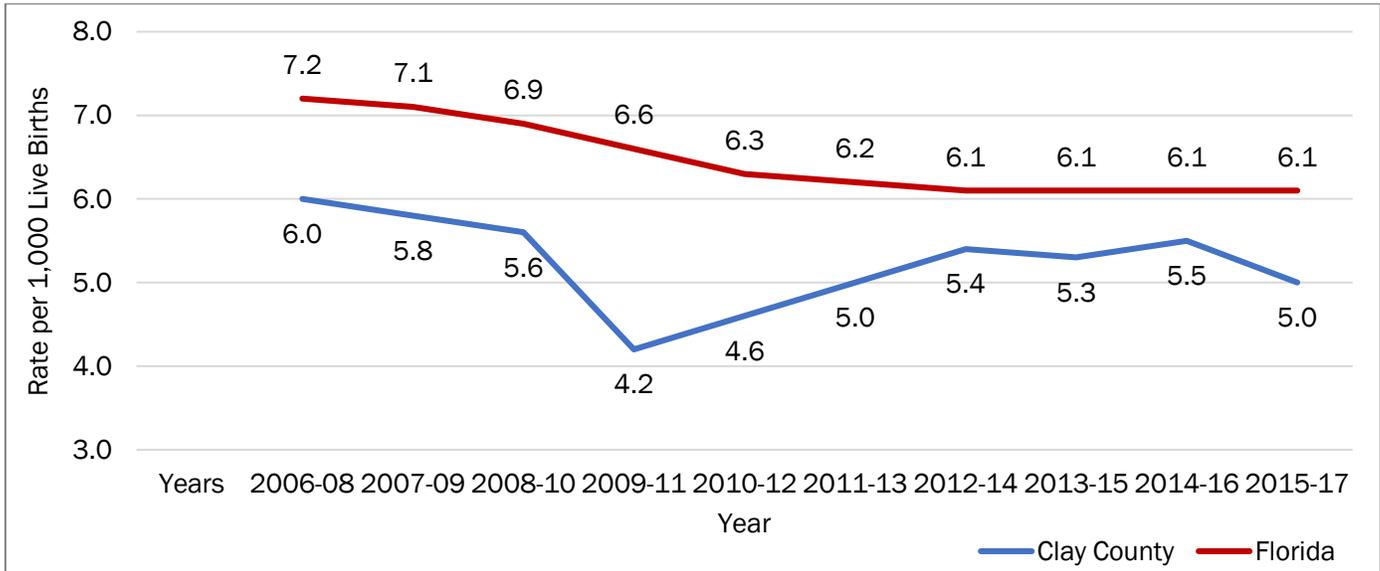
Infant Mortality Rate

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.¹⁰⁸ Clay County experienced a decrease in the infant mortality rate for all races from 2008-2010 to 2015-2017 and remained below the Florida rate (Figure 78). White infant mortality rates are consistently lower than non-white rates in Clay County. In 2015-2017, Clay’s white population had an infant mortality rate of 4.8 deaths per 1,000 live births compared to 5.9 deaths per 1,000 live births in the non-White population (Figure 79). Overall, Clay’s non-

¹⁰⁸ Centers for Disease Control and Prevention (2018). *Infant Mortality*. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

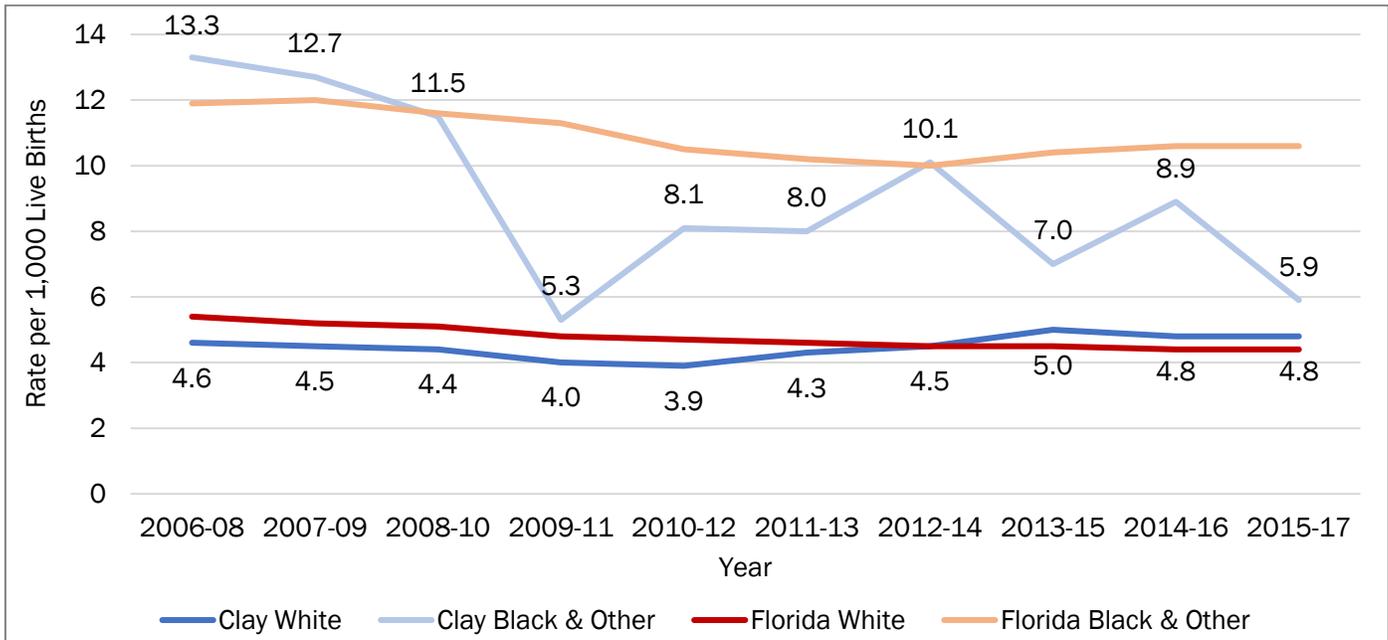
white population showed a decline in infant mortality rates from 11.5 in 2008-2010 to 5.9 in 2015-2017 (Figure 79).

FIGURE 78. INFANT MORTALITY RATES, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

FIGURE 79. INFANT MORTALITY RATES BY RACE, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

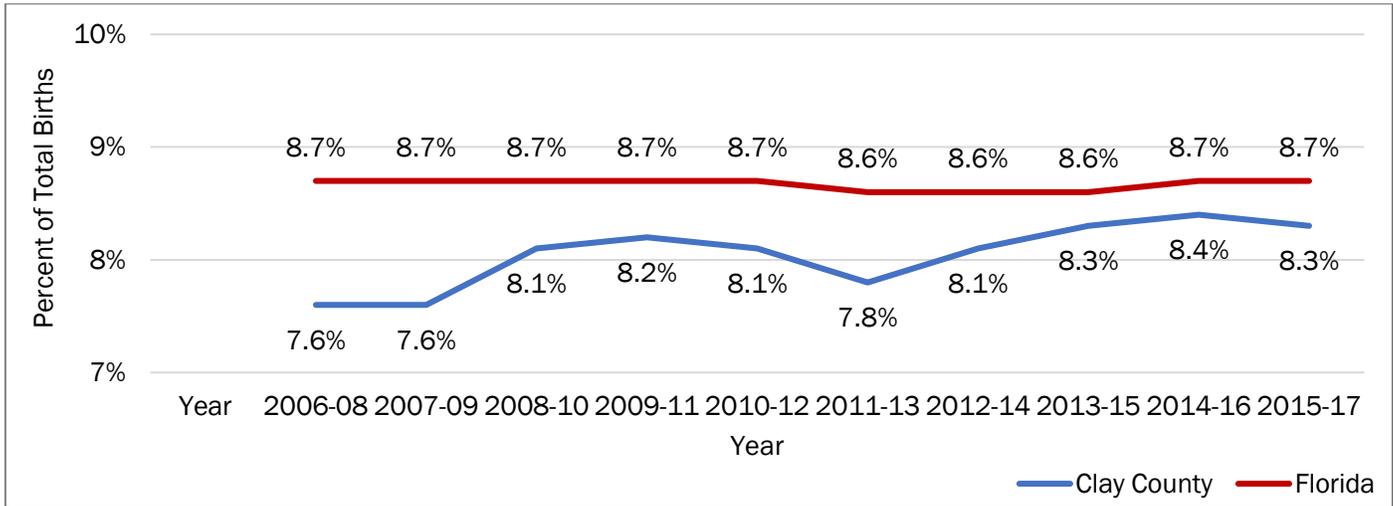
Low Birth Weight

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.¹⁰⁹ Over the past decade, the percentage of births in Clay County with low birth weight remained lower than Florida for all races

¹⁰⁹ Centers for Disease Control and Prevention. (2017). *Reproductive and Birth Outcomes*. <https://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action>

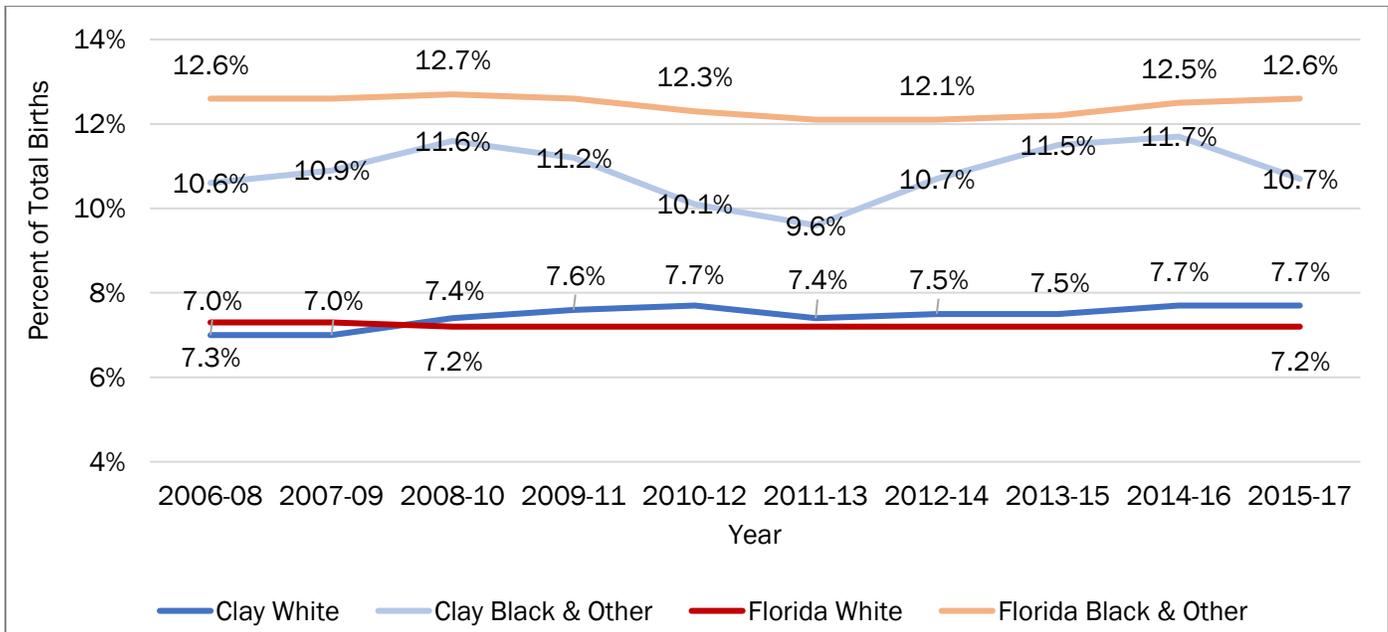
(Figure 80). Non-white births are more likely to have low birth weight in both Clay County and Florida. In Clay County, 10.7% of non-white births were low birth weight in 2015-2017 compared to 7.7% of white births (Figure 81).

FIGURE 80. PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

FIGURE 81. PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT BY RACE, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

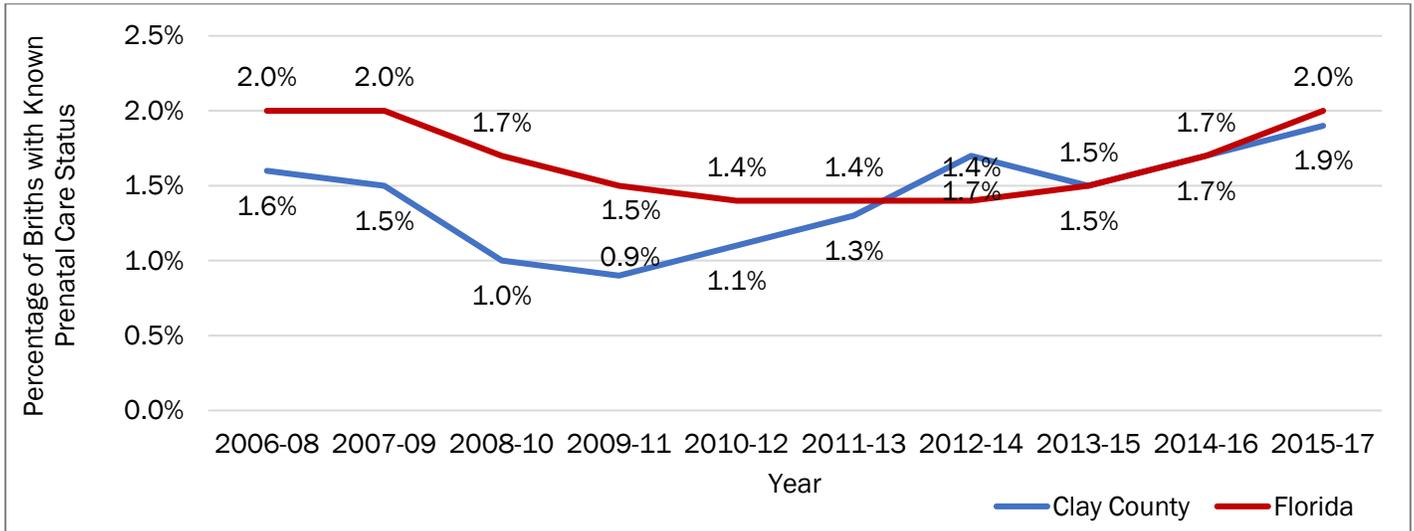
Prenatal Care

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.¹¹⁰ Of births with known prenatal care status, only 1.9% of mothers had no prenatal care in Clay County compared to 2.0% of mothers in Florida in 2015-2017 (Figure 82). The non-

¹¹⁰ Centers for Disease Control and Prevention. (2017). *Pregnancy and Prenatal Care*. Retrieved from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/PregnancyPrenatalCare.html>

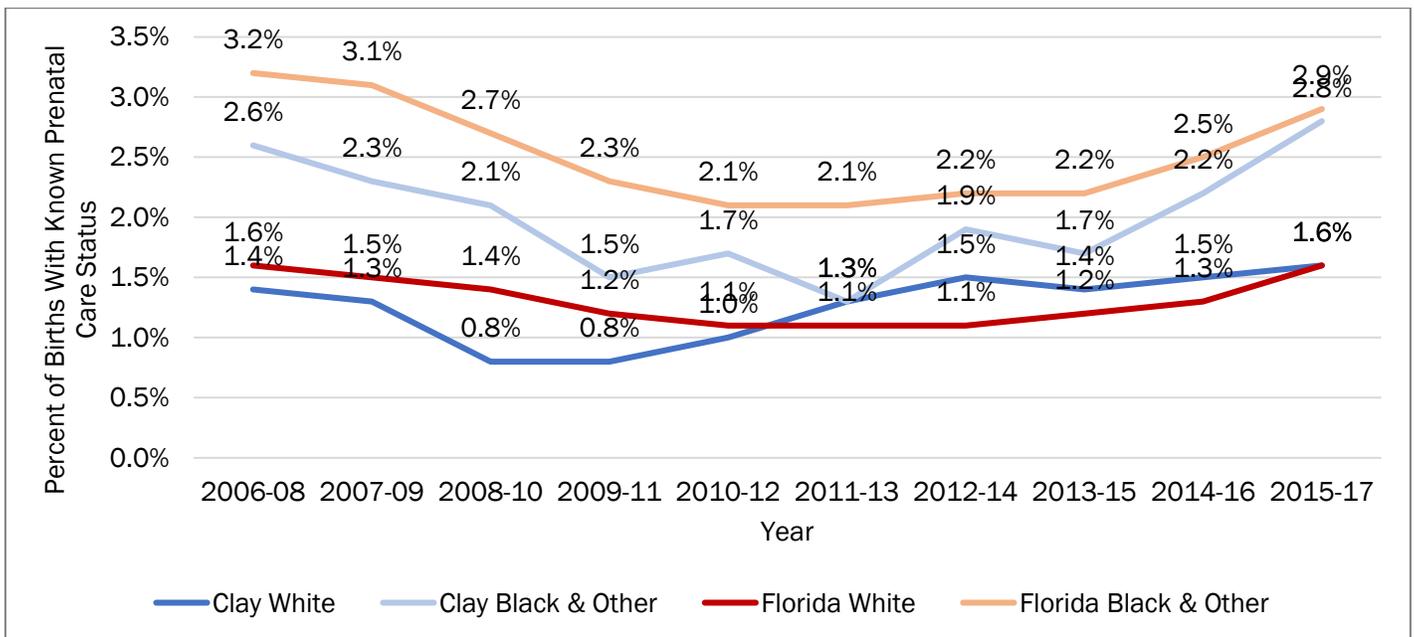
white population consistently has higher rates of births to mothers with no prenatal care than the white population in both Clay County and Florida (Figure 83).

FIGURE 82. PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, CLAY COUNTY & FLORIDA, 2006-2017



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

FIGURE 83. PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE BY RACE, CLAY COUNTY & FLORIDA, 2006-2017



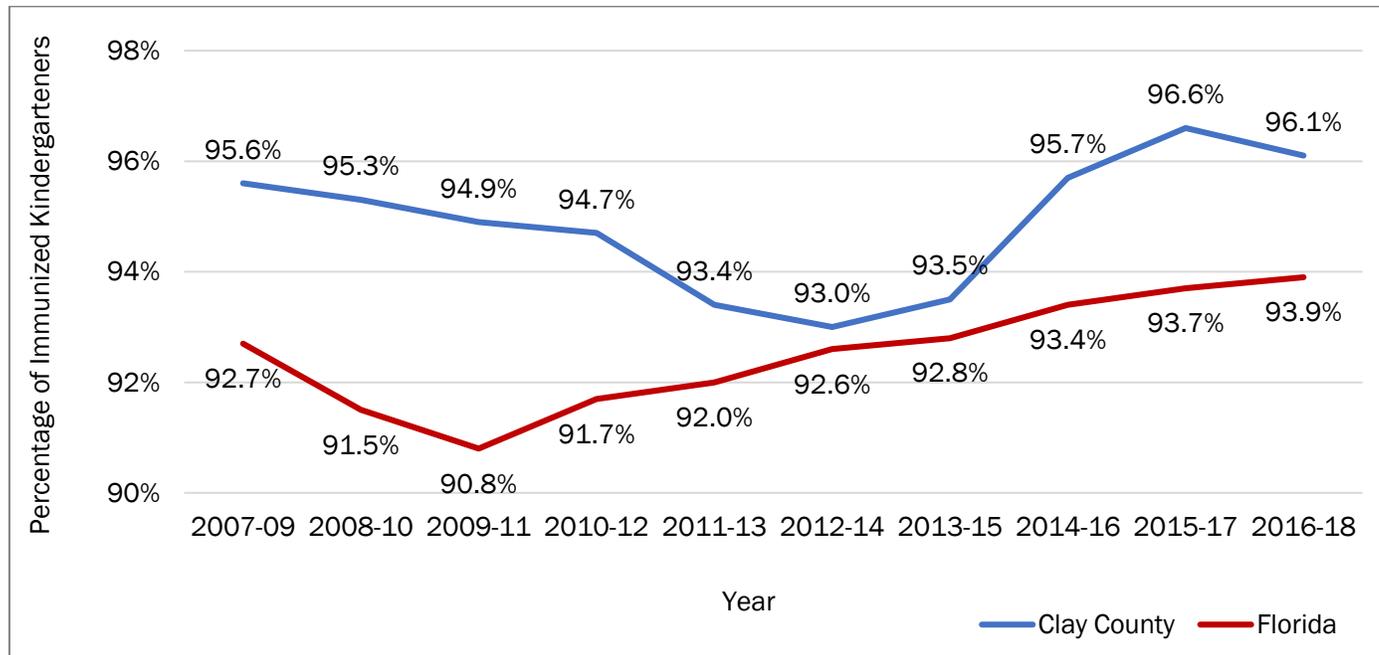
Data Source: Florida Department of Health, Bureau of Vital Statistics

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. It is particularly important to vaccinate children to prevent them from contracting or spreading serious diseases. Clay County’s percentage of immunized kindergarteners is higher than Florida’s, with 96% of children immunized compared to 94% in Florida in 2016-2018 (

Figure 84).

FIGURE 84. PERCENTAGE OF IMMUNIZED KINDERGARTENERS, CLAY COUNTY & FLORIDA, 2007-2018



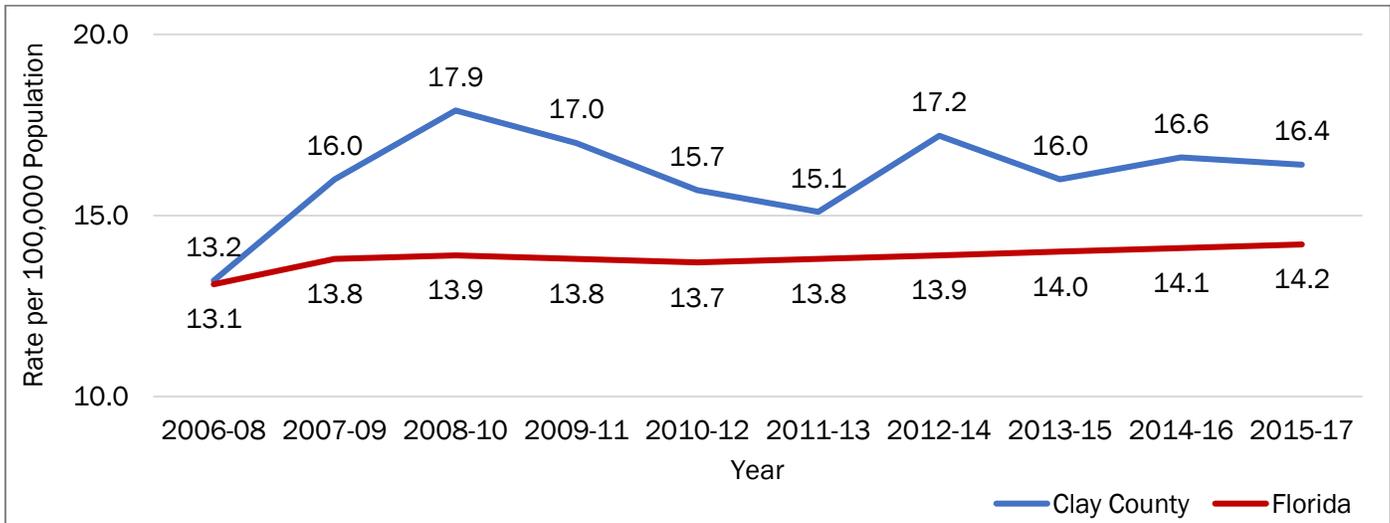
Data Source: FL Health Charts | Prepared by Health Planning Council of Northeast Florida

Behavioral and Mental Health

Suicide

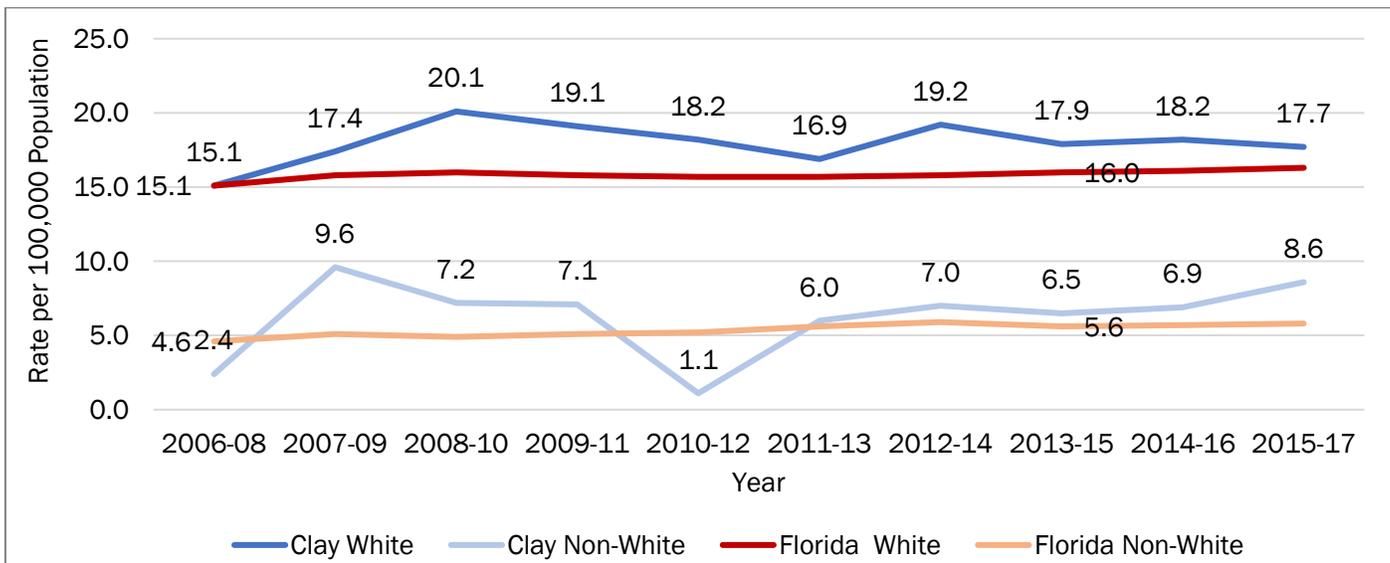
Suicide occurs when a person ends his or her own life, and it is the 10th leading cause of death among Americans in 2015.¹¹¹ Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure.¹¹² People who survive suicide attempts can also have depression and other mental health problems.¹¹³ Clay County's suicide death rate decreased from 17.9 deaths per 100,000 population in 2008-2010 to 16.4 deaths per 100,000 in 2015-2017 (Figure 85). In both Clay County and Florida, suicide tends to occur much more frequently among white populations than non-white groups as shown in Figure 86.

FIGURE 85. SUICIDE AGE-ADJUSTED DEATH RATE, ALL RACES/ETHNICITIES, CLAY COUNTY & FLORIDA, 2006-2017



Data Source: FL Health Charts | Prepared by Health Planning Council of Northeast Florida

FIGURE 86. SUICIDE AGE-ADJUSTED DEATH RATE BY RACE, CLAY COUNTY & FLORIDA, 2006-2017



Data Source: FL Health Charts, www.flhealthcharts.com | Prepared by Health Planning Council of Northeast Florida

¹¹¹ U.S. Centers for Disease Control and Prevention. (2015, May). *Deaths. Final Data for 2013.* Retrieved from CDC.gov: <http://www.cdc.gov/leadingcausesofdeath>

¹¹² U.S. Centers for Disease Control and Prevention. (2014, September). *Preventing Suicide.* Retrieved from CDC.gov: <http://www.cdc.gov/Features/PreventingSuicide/>

¹¹³ Chapman AL, Dixon-Gordon KL. (2007) Emotional antecedents and consequences of deliberate self-harm and suicide attempts. *Suicide & Life-Threatening Behavior*; 37(5):543-552.

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the *Florida Mental Health Act*, a comprehensive revision of the state’s mental health commitment laws. The law is widely referred to as the “Baker Act” in honor of Maxine Baker, the former state representative who sponsored the Act. The Baker Act allows for involuntary exam initiation (also referred to as emergency or involuntary commitment). Initiations can be made by judges, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and can occur in any of over 100 Florida Department of Children and Families designated receiving facilities statewide.¹¹⁴

It is important to note that some individuals for whom forms were received were never actually admitted to the receiving facility because an examination by a physician or psychologist performed prior to admission determined they did not meet criteria. The data also does not include information on what occurred after the initial examination, such as how long individuals stayed at the facility or whether they remained on an involuntary or voluntary basis.¹¹⁵

Table 3 below illustrates the total number of reported involuntary exam initiations (i.e., Baker Act) for Clay County residents from fiscal year 2007-2017. 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).

TABLE 3. INVOLUNTARY EXAMINATIONS OF CLAY COUNTY RESIDENTS 2007-2017

Fiscal Year	All Ages	Children % <18	Older Adults % 65+	Change to 2016/2017	Total County Population	% Change in Population
2007-2008	886	25.2%	4.4%	70.9%	184,644	11.2%
2008-2009	1,119	21.8%	5.0%	35.3%	185,168	10.9%
2009-2010	1,084	19.6%	3.6%	39.7%	185,208	10.9%
2010-2011	935	27.5%	2.8%	61.9%	190,865	7.6%
2011-2012	906	31.1%	3.9%	67.1%	191,143	7.4%
2012-2013	835	33.8%	3.1%	81.3%	192,071	6.9%
2013-2014	1,062	28.7%	4.0%	42.6%	192,843	6.5%
2014-2015	1,146	25.7%	5.3%	32.1%	197,403	2.0%
2015-2016	1,356	27.4%	3.5%	11.7%	201,277	2.0%
2016-2017	1,514	27.0%	3.8%	N/A	205,321	N/A

Data Source: Baker Act Reporting Center Fiscal Year 2016-17. University of South Florida. Population estimates are available by calendar year only.

Table 4 summarizes the number of involuntary examinations for Clay County residents by initiator type. Of the total number of involuntary examinations in Clay County, 46.8% were initiated by health professionals, 52.7% by law enforcement and less than 0.5% by judges. In comparison, Florida had 47.7% of involuntary exams initiated by health professionals, 50.3% by law enforcement, and judges 2%. Of the involuntary examinations in Clay County initiated by health professionals, 79% were initiated by a physician who was not a psychiatrist, in comparison to 69% in Florida. The majority of Clay County residents had their involuntary examinations at Orange Park Medical Center (43.59%), followed by three Jacksonville-based facilities: Mental Health Resource Center-North CCSU (18.63%), Memorial Hospital of Jacksonville (9.05%), and River Point Behavioral Health (7.07%). Clay County has only one Baker Act receiving facility: Orange Park Medical Center. Thus, Clay County residents frequently use facilities located in other counties.

¹¹⁴ Florida Department of Children and Families, 2010

¹¹⁵ The Florida Mental Health Act (The Baker Act) Report, 2007 (prepared by the University of South Florida)

TABLE 4. INVOLUNTARY EXAMS BY INITIATOR TYPE, CLAY COUNTY & FLORIDA, FISCAL YEAR 2016-2017

	Clay	Florida	Clay	Florida	Clay	Florida
	Health Professional		Law Enforcement		Ex Parte Order of Judge	
Total	46.8%	47.7%	52.7%	50.3%	0.5%	2.0%
Physician (not a psychiatrist)	78.7%	68.5%	These percentages are out of the total for involuntary examinations <i>initiated by health professionals</i> (not out of the total number of involuntary examinations).			
Physician (psychiatrist)	4.5%	9.3%				
Licensed Clinical Social Worker	3.2%	5.2%				
Licensed Mental Health Counselor	5.4%	8.9%				
Clinical Psychologist	0.2%	1.4%				
Psychiatric Nurse	1.1%	2.0%				
Licensed Marriage and Family Therapist	0.0%	0.1%				
Physician’s Assistant	0.1%	0.6%				
Professional type not reported	5.9%	3.9%				

Data Source: Baker Act Reporting Center, University of South Florida. The Baker Act Fiscal Year 2016/2017 Annual Report.

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.”¹¹⁶

The Florida BRFSS began reporting health behavior data in 1986 on residents 18 years old and over. The 2016 BRFSS is the latest and fifth county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. Of Clay County’s 157,185 adult residents, 479 responded to the 2016 county-level survey.¹¹⁷ Table 5 shows some of the key findings for Clay County.

County indicators that are statistically significantly different than the state rate are indicated by an asterisk (*).

TABLE 5. SELECTED BRFSS DATA, CLAY COUNTY & FLORIDA, 2016

Alcohol Consumption	Clay County	Florida	County compared to state
Adults who engage in heavy or binge drinking	22.2%	17.5%	4.7%
Cancer Screening	Clay County	Florida	County compared to state
Women 40 years of age and older who received a mammogram in the past year	62.6%	60.8%	1.8%
Women aged 50 to 74 who had a mammogram in the past 2 years	76.9%	81.7%	-4.8%
Women who have had a hysterectomy	30.2%	22.7%	7.5%
Women 18 years of age and older who received a Pap test in the past year	42.0%	48.4%	-6.4%
Women aged 21 to 65 who had a Pap test in the past 3 years	84.1%	78.8%	5.3%
Adults ages 50 years and older who have ever had a blood stool test	28.8%	36.0%	-7.2%
Adults ages 50 years and older who received a blood stool test in the past year	9.1%	16.0%	-6.9%*
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	72.3%	69.2%	3.1%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	58.1%	53.9%	4.2%
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	70.5%	67.3%	3.2%
Men 50 years of age and older who received a PSA test in the past two years	63.2%	54.9%	8.3%
Dental Care	Clay County	Florida	County compared to state
Adults who visited a dentist or a dental clinic in the past year	65.7%	63.0%	2.7%
Adults who had a permanent tooth removed because of tooth decay or gum disease	49.5%	47.3%	2.2%
Diabetes	Clay County	Florida	County compared to state

¹¹⁶ Centers for Disease Control and Prevention (2014, May 16). *About BRFSS*. Retrieved from <https://www.cdc.gov/brfss/about/index.htm>

¹¹⁷ Florida Department of Health (2016). *2016 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report—Clay* Data file. Retrieved from <http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/2016%20Reports/Clay.pdf>

Adults who have ever been told they had pre-diabetes	11.2%	9.4%	1.8%
Adults who have ever been told they had diabetes	12.9%	11.8%	1.1%
Average age at which diabetes was diagnosed	47.0%	48.2	-1.2%
Health Care Access & Coverage	Clay County	Florida	County compared to state
Adults who could not see a doctor at least once in the past year due to cost	19.0%	16.6%	2.4%
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	33.7%	37.9%	-4.2%
Adults with any type of health care insurance coverage	86.1%	83.7%	2.4%
Adults who have a personal doctor	77.7%	72.0%	5.7%
Adults who had a medical checkup in the past year	75.4%	76.5%	1.1%
Health Status and Quality of Life	Clay County	Florida	County compared to state
Adults who said their overall health was "fair" or "poor"	21.0%	19.5%	1.5%
Adults who said their overall health was "good" to "excellent"	79.0%	80.5%	-1.5%
Adults with good physical health for the past 30 days	86.9%	87.1%	-0.2%
Adults with good mental health for the past 30 days	84.9%	88.6%	-3.7%
Average number of unhealthy mental days in the past 30 days	4.2%	3.6	0.6%
Average number of unhealthy physical days in the past 30 days	4.3%	4.0	0.3%
Adults who had poor mental health on 14 or more of the past 30 days	15.1%	11.4%	3.7%
Adults who had poor physical health on 14 or more of the past 30 days	13.1%	12.9%	0.2%
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)	19.2%	18.6%	0.6%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	5.8%	5.7%	0.1%
Adults who have ever been told they had a depressive disorder	15.3%	14.2%	1.1%
HIV/AIDS	Clay County	Florida	County compared to state
Adults less than 65 years of age who have ever been tested for HIV	49.8%	55.3%	-5.5%
Adults less than 65 years of age who had an HIV test in the past 12 months	13.8%	19.7%	-5.9%
Adults who had ever been tested for HIV	45.9%	46.9%	-1.0%
Obesity and Overweight	Clay County	Florida	County compared to state
Adults who are overweight	36.7%	35.8%	0.9%
Adults who are obese	31.1%	27.4%	3.7%
Adults who are overweight or obese	67.8%	63.2%	4.6%

Adults who have a healthy weight	30.1%	34.5%	-4.4%
Tobacco Usage	Clay County	Florida	County compared to state
Adults who are current smokers	18.7%	15.5%	3.2%
Adult current smokers who tried to quit smoking at least once in the past year	63.6%	62.1%	1.5%
Adults who are former smokers (currently quit smoking)	27.2%	26.5%	0.7%
Adults who have never smoked	54.1%	58.0%	-3.9%
Adults who are current e-cigarette users	8.4%	4.7%	3.7%
Adults who are former e-cigarette users	16.4%	15.5%	0.9%
Adults who have never used e-cigarettes	75.3%	79.8%	-4.5%

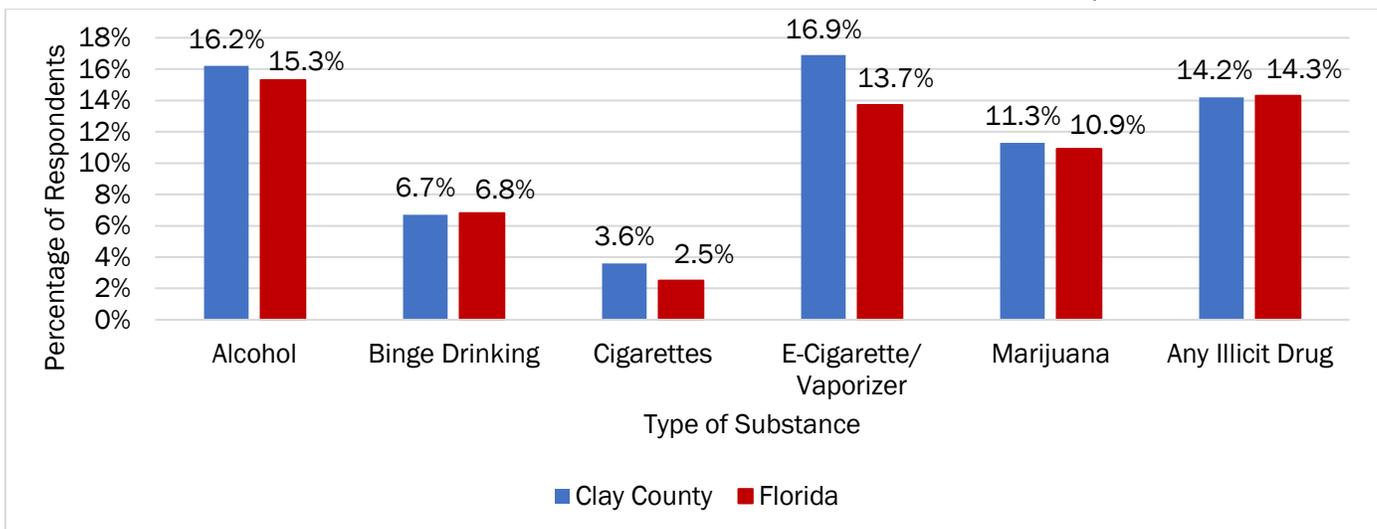
Data Source: Florida Health Community Health Assessment Resource Tool Set

* Indicates that the difference between Clay County and Florida is statistically significant.

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. The 2018 FYSAS was answered by 1,394 Clay County students in grades 6-12. Alcohol was the most commonly used substance among students with a prevalence rate of 39.1% for lifetime use and a prevalence rate of 16.2% for past 30-day use. Vaporizers and e-cigarettes were the other most commonly used substances among students, with a 31.2% rate for lifetime use and 16.9% prevalence rate for past 30-day use (Figure 87).

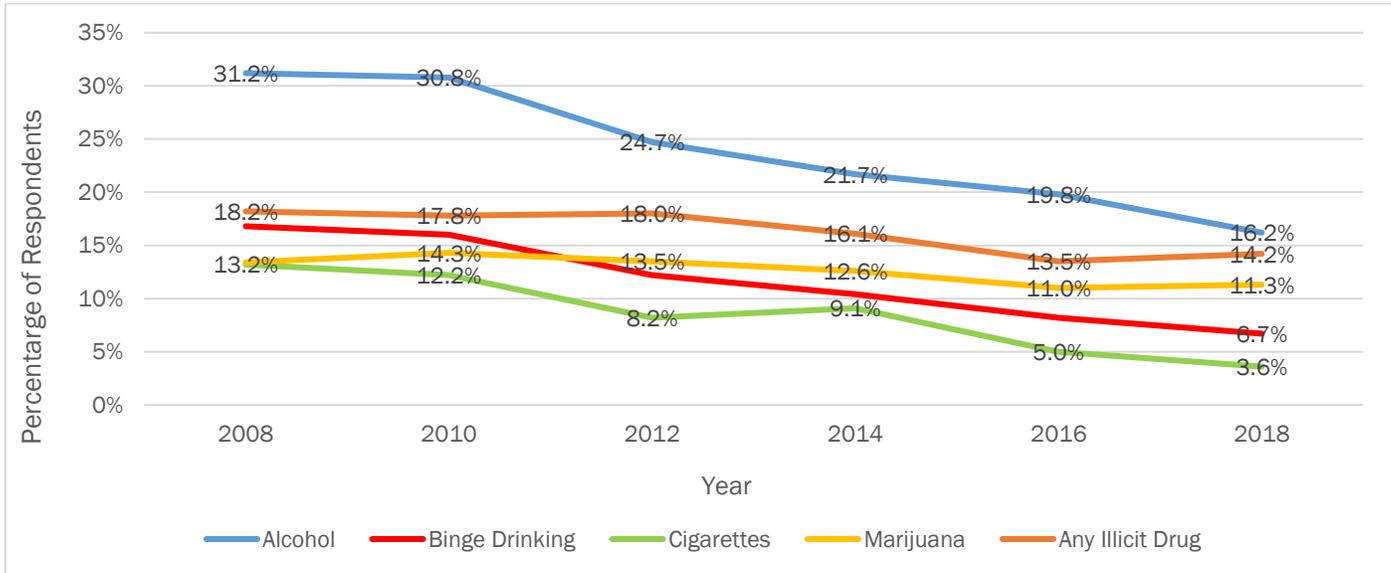
FIGURE 87. YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THE PAST 30 DAYS, 2018



Source: Florida Youth Substance Abuse Survey-Clay Report, 2018

Clay County has seen a decline of past 30-day youth substance use from 2008 to 2018 for all substances. Alcohol past 30-day substance use went from 31.2% in 2008 to 16.2% in 2018 (Figure 88).

FIGURE 88. YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR CLAY, 2008-2018



Source: Florida Youth Substance Abuse Survey-Clay Report, 2018

Health Resources, Providers, and Facilities

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance is obtained privately through an employer (the individual’s own or an immediate family member), purchased independently, or available to certain individuals through government subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits.¹¹⁸

The uninsured population includes both full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford costly premiums. Evidence shows uninsured persons experience less positive medical outcomes than their insured counterparts do. The uninsured are also less likely to have a regular source of primary care or seek preventive health services.¹¹⁹

Clay County has a higher rate of insured persons compared to Florida and is nearly identical to the U.S rate. About 88% of Clay’s total civilian noninstitutionalized population has insurance compared to 84% of Floridians and 88% of all Americans. Among the unemployed, only 61% of Clay County residents and 52% of Florida residents have health insurance compared to 63% in the U.S. (Table 6).

TABLE 6. INSURANCE COVERAGE IN CLAY COUNTY, FLORIDA, AND THE UNITED STATES, 2012-2016

	Clay	Florida	United States
Total civilian noninstitutionalized	197,148	19,621,207	313,576,137
With health insurance coverage	88.1%	83.6%	88.3%
With private health insurance	70.8%	59.8%	66.7%
With public coverage	30.5%	36.0%	33.0%
No health insurance coverage	11.9%	16.4%	11.7%
Civilian noninstitutionalized population 18 to 64 years	120,562	11,833,949	195,226,024
In labor force:	92,376	8,920,790	149,849,229
Employed:	84,546	8,179,341	138,920,971

¹¹⁸ Center for Disease Control and Prevention (2017, September). Retrieved from National Center for Health Statistics Health Insurance Data: https://www.cdc.gov/nchs/data/factsheets/factsheet_health_insurance.htm

¹¹⁹ *Cover the Uninsured*, a National project of the Robert Wood Johnson Foundation, 2010.

With health insurance coverage	85.2%	78.8%	85.8%
With private health insurance	81.1%	73.7%	79.4%
With public coverage	8.6%	7.2%	8.6%
No health insurance coverage	14.8%	21.2%	14.2%
Unemployed:	7,830	741,449	10,928,258
With health insurance coverage	61.4%	51.5%	63.0%
With private health insurance	38.8%	32.1%	37.7%
With public coverage	26.7%	21.6%	27.9%
No health insurance coverage	38.6%	48.5%	37.0%
Not in labor force:	28,186	2,913,159	45,376,795
With health insurance coverage	83.0%	75.9%	82.1%
With private health insurance	57.0%	47.8%	51.7%
With public coverage	35.1%	34.5%	37.2%
No health insurance coverage	17.0%	24.1%	17.9%

Data Source: 2016 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

Federal Health Professional Shortage Designation

The Human Health Resources and Services (HRSA) develops a shortage designation criteria to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be for primary medical care, dental, or mental health providers and may be geographic (a county or service area), population (low-income or Medicaid eligible), or facilities (e.g. federally qualified health centers or state or federal prisons). 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.¹²⁰

Health Care 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.”¹²¹ Primary care providers serve as a patient’s first point of entry for health care services and focus on patient care, rather than disease treatment.¹²² The U.S. Health Resources and Services Administration (HRSA) considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners as primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.¹²³

Figure 89 shows the rate per 100,000 population of total licensed physicians, various primary care providers, and dentists in Clay County. Overall, Clay County has a significantly lower number of licensed physicians per 100,000 (174) people than the state rate (292). Clay County also has fewer licensed dentists, internists, OB/GYNs, and pediatricians per 100,000 than Florida. Clay County has slightly more family practice physicians per 100,000 population than Florida.

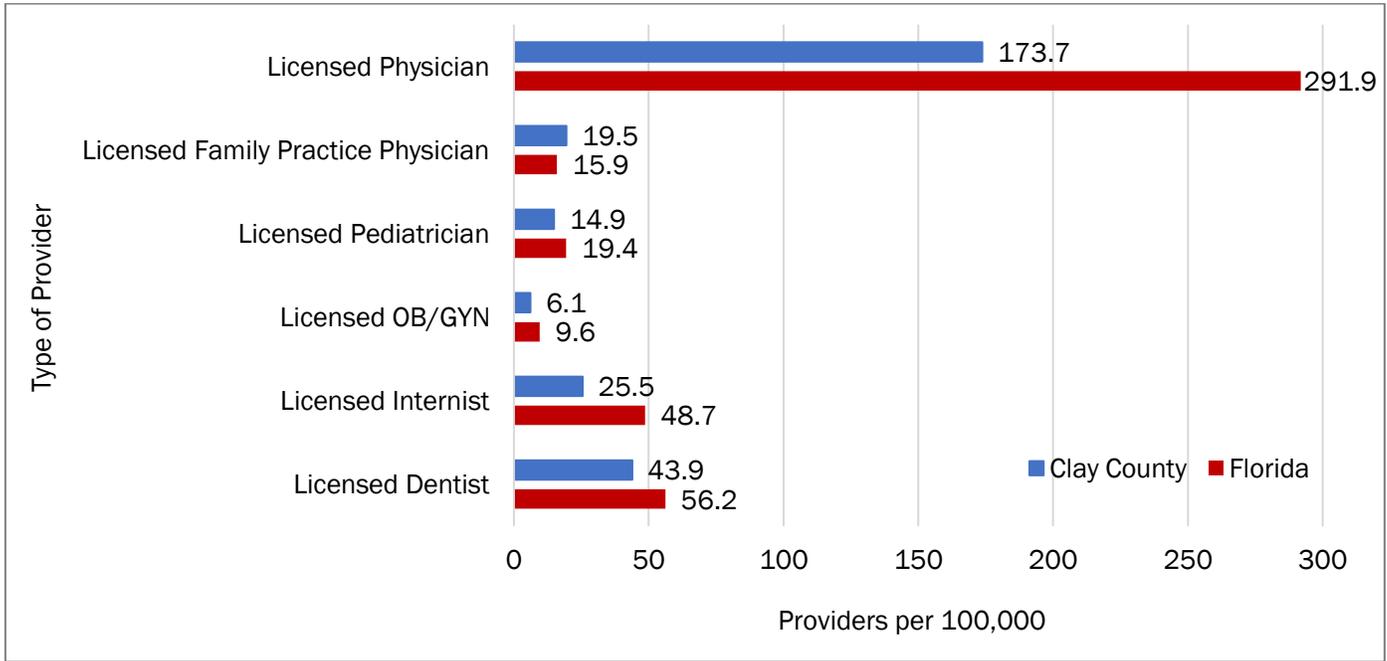
¹²⁰Health Resources and Services Administration (2017, 03 30). HRSA Data Warehouse . Retrieved from <https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

¹²¹ U.S. Centers for Medicare & Medicaid Services (n.d.). Glossary: Primary Care Provider. Retrieved from HealthCare.gov: <https://www.healthcare.gov/glossary/primary-care-provider/>

¹²² American Academy of Family Physicians (2018). *Primary Care*. Retrieved from AAFP: <https://www.aafp.org/about/policies/all/primary-care.html>

¹²³ United States Health Resources and Services Administration (n.d.). Health Center Program. Retrieved from HRSA.GOV: <https://www.hrsa.gov/sites/default/files/grants/apply/assistance/Buckets/definitions.pdf>

FIGURE 89. TOTAL LICENSED PROVIDERS, CLAY COUNTY & FLORIDA, FISCAL YEAR 2015-16 AND 2017-18



Data Source: FL Dept. of Health, Division of Medical Quality Assurance

Overall, Clay County has seen an increase in the number of practicing physicians from 2012 to 2018. Table 7 summarizes the change in the number of practicing physicians in the county with comparison to Florida during this time. Table 8 shows the total number of physicians in Clay County by specialty groups. Clay County has 89 medical specialists including internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology and pathology.

TABLE 7. CHANGE IN NUMBER OF PRACTICING PHYSICIANS IN CLAY COUNTY (2012-2018)

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Clay	262	283	285	315	322	349
Florida	43,406	43,957	44,685	45,746	45,995	50,561

Data Source: Florida Department of Health, Physician Workforce Annual Report, 2018

TABLE 8. PHYSICIAN SPECIALTY GROUP COUNT IN CLAY COUNTY, 2017-18

Type of Specialty Group	Clay County
Anesthesiology	8
Dermatology	5
Emergency Medicine	22
Family Medicine	74
Internal Medicine	38
*Medical Specialist	89
OB/GYN	16
Pediatrics	29
Psychiatry	8
Radiology	8
Surgeons	20
Total	317

Data Source: Florida Department of Health, Physician Workforce Annual Report, 2018

*Medical specialist includes Internal Medicine, 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.¹²⁴ Clay County has a total of 77 licensed clinical social workers, 6 licensed marriage and family therapists, 109 mental health counselors, and 20 licensed psychologists as shown in Table 9.

TABLE 9. TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, CLAY COUNTY AND FLORIDA, FISCAL YEAR 2017-18

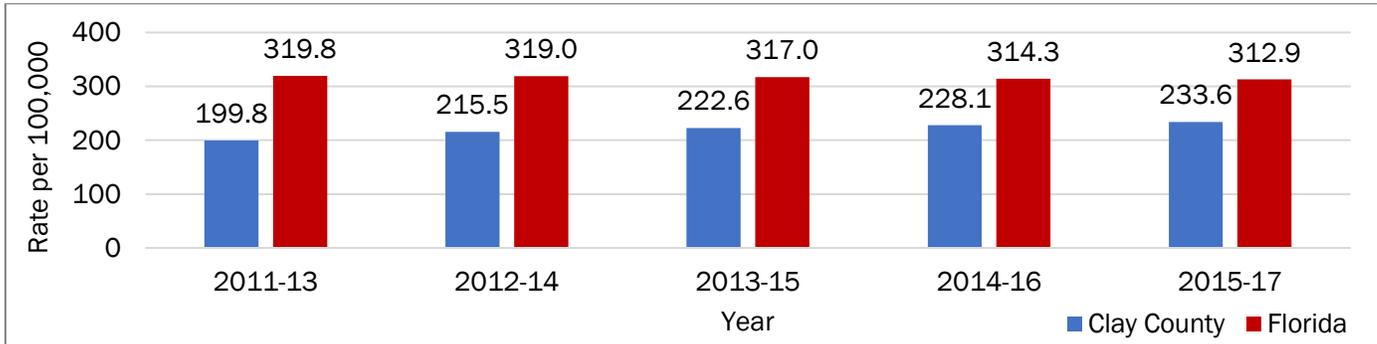
Type Mental Health Professional	Clay County	Florida
Licensed Clinical Social Workers	77	9,574
Licensed Marriage & Family Therapists	6	1,978
Mental Health Counselors	109	10,835
Licensed Psychologists	20	4,623

Data Source: FL Dept. of Health, Division of Medical Quality Assurance

Health Care Facilities

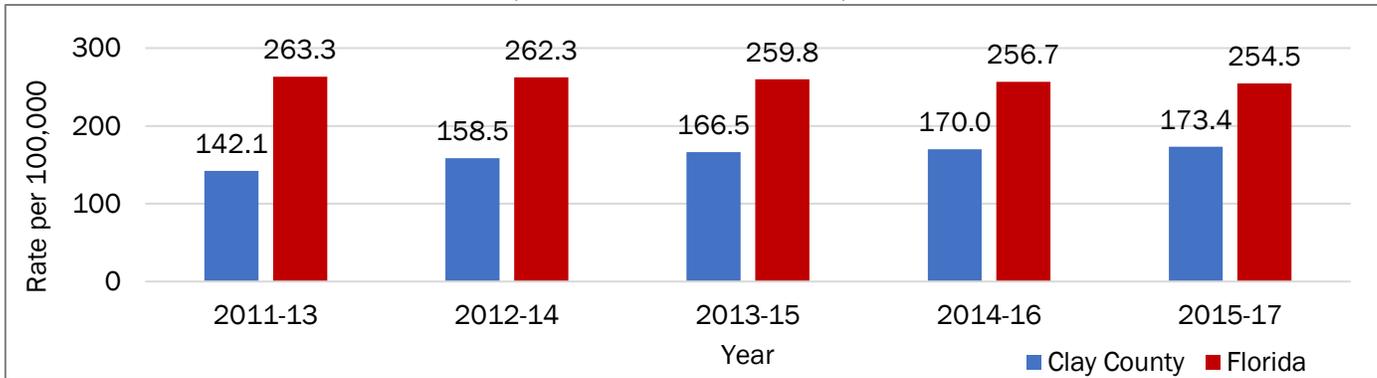
Acute care hospitals play a key role in delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. Clay County has a significantly lower rate of total hospital beds (Figure 90) and acute care beds (Figure 91) 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 having an acute illness or 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.¹²⁵ Clay County has a lower rate of total hospital beds and acute care beds, but a higher rate of specialty hospital beds, than Florida (Figure 92).

FIGURE 90. TOTAL HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2011-2017



Data Source: Florida Agency for Health Care Administration (AHCA) | Prepared by Health Planning Council of NE Florida

FIGURE 91. ACUTE CARE HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2011-2017

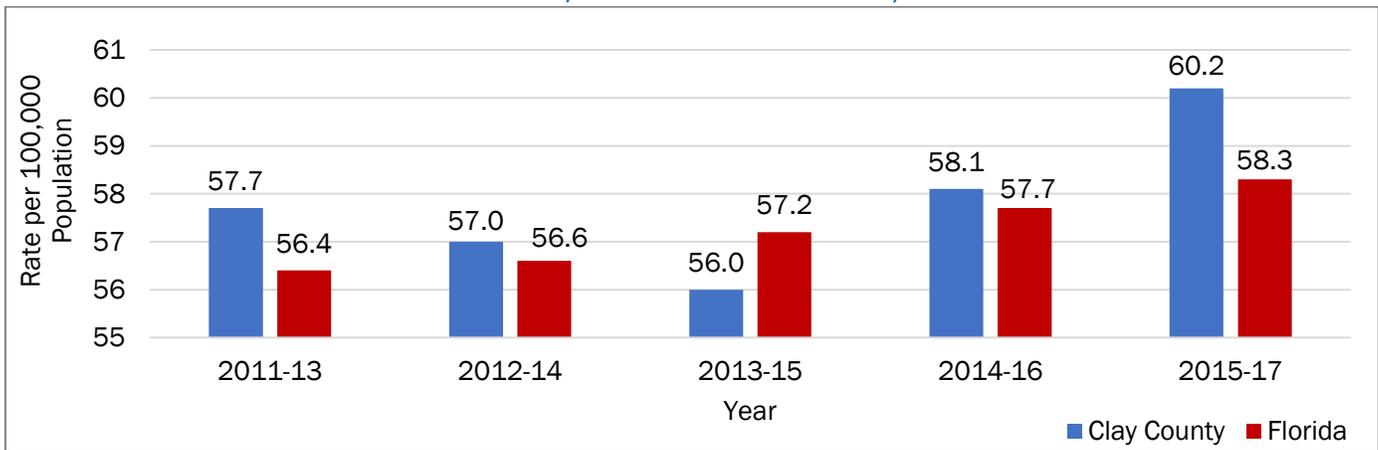


Source: Florida Agency for Health Care Administration (AHCA) | Prepared by Health Planning Council of NE Florida

¹²⁴ U.S. Centers for Disease Control and Prevention (2018). Mental Health. Retrieved from CDC: <https://www.cdc.gov/mentalhealth/learn/index.htm>

¹²⁵ Florida Agency for Health Care Administration (2017). *Facility/Provider Definitions*. Retrieved from FloridaHealthFinder: <http://www.floridahealthfinder.gov/about-ahca/facility-locator-glossary.aspx>

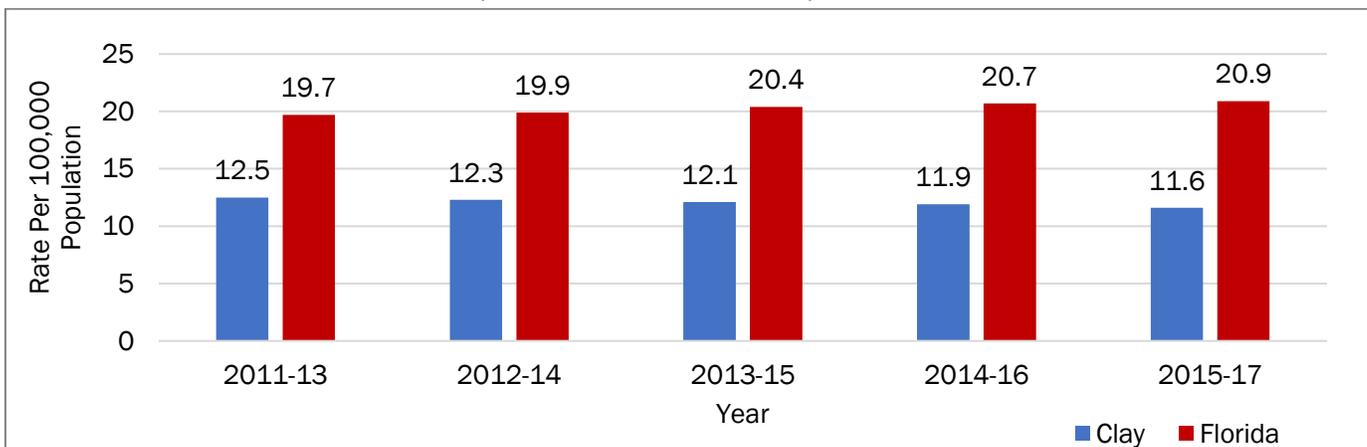
FIGURE 92. SPECIALTY CARE HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2011-2017



Data Source: Florida Agency for Health Care Administration (AHCA) | Prepared by Health Planning Council of NE Florida

Clay County has fewer adult psychiatric beds than the Florida average. There were 11.6 adult psychiatric beds per 100,000 population in Clay compared to 20.9 beds in Florida from 2015-2017 (Figure 93). There are zero child/adolescent psychiatric beds in Clay County.¹²⁶

FIGURE 93. ADULT PSYCHIATRIC BEDS, CLAY COUNTY & FLORIDA, 2013-2017

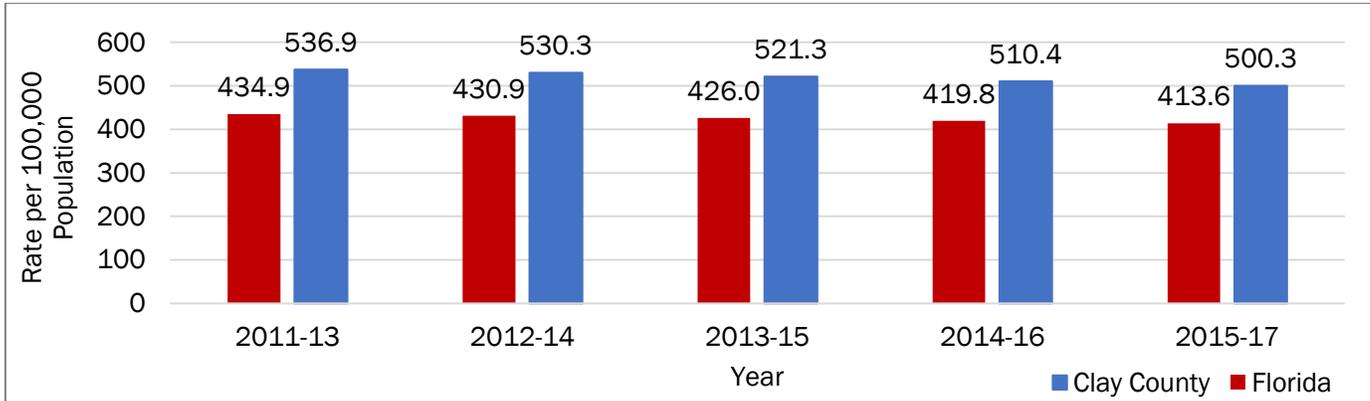


Data Source: Florida Agency for Health Care Administration (AHCA) | Prepared by Health Planning Council of NE Florida

Figure 94 summarizes the number of community nursing home beds in Clay County. Clay County has a higher rate of nursing homes beds per 100,000 population than Florida, with 500 nursing home beds per 100,000 people in 2015-2017.

¹²⁶ Florida Department of Health (2019). *Child and Adolescent Psychiatric Beds*. Retrieved from <http://www.flhealthcharts.com/>

FIGURE 94. NURSING HOME BEDS, CLAY COUNTY & FLORIDA, 2011-2017



Data Source: Florida Agency for Health Care Administration (AHCA) | Prepared by Health Planning Council of NE Florida

Clay County has 9 free standing community nursing homes with a total of 1,033 licensed beds as shown in Table 10. There is an average occupancy rate of almost 90% for these nursing homes.

TABLE 10. FREE-STANDING COMMUNITY NURSING HOMES IN CLAY COUNTY, 2017

2017 Facility Name	Licensed Beds	Total		Medicaid		Medicare	
		Pt Days	Occup. Rate	Pt Days	Occup. Rate	Pt Days	Occup. Rate
Consulate Health Care of Orange Park	120	40,257	92.5%	26,901	61.4%	7,256	16.6%
Oak View Rehabilitation Center	120	37,644	85.9%	22,943	52.4%	2,674	6.1%
Governor's Creek Health and Rehabilitation	120	40,721	93.0%	28,660	65.4%	6,587	15.0%
Heartland Health Care Center - Orange Park	120	40,153	91.7%	20,954	47.8%	13,750	31.4%
Life Care Center at Wells Crossing	120	38,187	87.2%	14,413	32.9%	17,285	39.5%
Life Care Center of Orange Park	180	59,302	90.3%	28,625	43.6%	21,769	33.1%
Pavilion For Health Care, The	40	11,902	81.5%	1,003	6.9%	1,587	10.9%
Signature Health Care of OP	105	34,420	89.8%	21,794	56.9%	6,594	17.2%
Isle Health & Rehabilitation Center	108	35,484	90.0%	19,893	50.5%	8,585	21.8%
Clay County Total	1,033	338,340	89.7%	185,186	49.1%	86,087	22.8%

Source: HPCNEF Calendar Year Nursing Home Reports, 2017

Other Facilities

Clay County has 14 assisted living facilities, 2 adult day care centers and 18 home health agencies (Table 11).

TABLE 11. TOTAL NUMBER OF LICENSED FACILITIES IN CLAY COUNTY, 2018

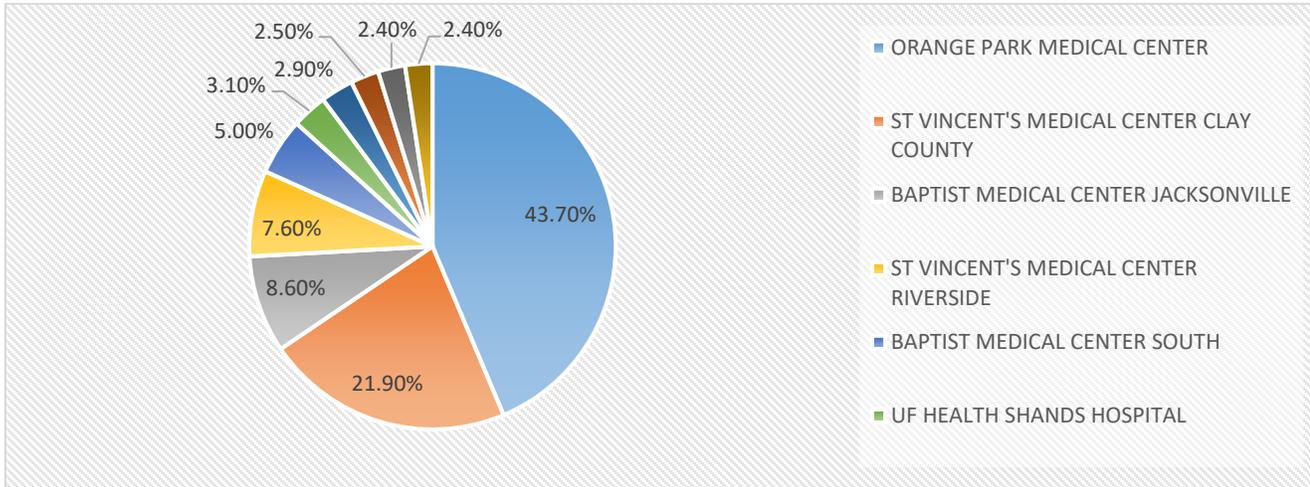
Facility Type	Total Number of Licensed Facilities in Clay County
Assisted Living Facilities	14
Adult Day Care Centers	2
Home Health Agencies	18

Source: Agency for Health Care Administration (AHCA <http://www.floridahealthfinder.gov/index.html>, 2018)

Health Care Utilization

Figure 95 shows the hospitals most used by Clay County residents for inpatient services by the number of inpatient discharges in 2016. Orange Park Medical Center (43.7%) saw the greatest number of Clay County residents as inpatients, followed by St. Vincent’s Medical Center Clay County (21.9%) and Baptist Medical Center Jacksonville (8.6%).

FIGURE 95. MOST USED HOSPITALS OF CLAY COUNTY RESIDENTS BY NUMBER OF INPATIENT DISCHARGES, 2017



Data Source: AHCA Inpatient Data File

Top Reasons for Inpatient Hospital and Emergency Department Visits

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

Table 12 shows the top 15 diagnoses for inpatient visits by residents of Clay County to any hospital in Florida by the number of discharges in 2017. Diagnoses are shown as Medicare Severity Diagnosis Related Groups (DRGs). Table 12 also shows cost, patient age, and payment type for each MS DRG. The most frequent DRG recorded for Clay County residents (at any hospital) was psychoses (psychoses represent a variety of unspecified mental health conditions), which accounted for 15% of the top 15 DRGs during 2017. Other leading causes for inpatient visits included vaginal deliveries, normal newborn births, sepsis and joint replacement.

TABLE 12.TOP 15 HOSPITAL INPATIENT DISCHARGES BY DRG, CLAY COUNTY RESIDENTS, ALL AGES, 2017

Medicare Severity DRG (MS DRG) Description	Utilization			Cost			Patient Age			Payment Type		
	Discharges	% of Tot.	Avg. LOS	Total Charges	% of Tot.	Avg. Charge	0 -17	18- 64	65 +	Gov. Ins.	Com. Ins	Non Pay/Self Pay/Other
Psychoses	1,428	15.20%	5.4	\$43,044,383	10.60%	\$30,143	153	1,209	66	716	336	376
Vaginal delivery w/o complicating diagnoses	1,172	12.50%	2.2	\$22,795,393	5.60%	\$19,450	21	1,151	0	551	591	30
Normal newborn	1,040	11.10%	1.9	\$4,242,401	1.00%	\$4,079	1,040	0	0	523	467	50
Septicemia w/o MV 96+ hours w MCC	994	10.60%	6.2	\$98,880,348	24.30%	\$99,477	8	356	630	839	97	58
Major joint replacement or reattachment of lower extremity w/o MCC	931	9.90%	2.3	\$80,531,439	19.80%	\$86,500	0	380	551	642	280	9
Esophagitis, gastroent & misc digest disorders w/o MCC	547	5.80%	2.9	\$19,197,418	4.70%	\$35,096	50	300	197	334	146	67
Neonate w other significant problems	539	5.70%	2.4	\$4,250,732	1.00%	\$7,886	539	0	0	299	213	27
Heart failure & shock w MCC	431	4.60%	4.9	\$26,758,948	6.60%	\$62,086	0	101	330	383	36	12
Pulmonary edema & respiratory failure	386	4.10%	6.8	\$21,001,276	5.20%	\$54,407	27	134	225	295	74	17
Cesarean section w/o CC/MCC	368	3.90%	2.7	\$13,441,305	3.30%	\$36,525	3	365	0	162	193	13
Septicemia w/o MV 96+ hours w/o MCC	355	3.80%	4.2	\$20,601,203	5.10%	\$58,032	4	211	140	227	83	45
Cellulitis w/o MCC	330	3.50%	3.3	\$10,176,876	2.50%	\$30,839	27	199	104	187	78	65
Chronic obstructive pulmonary disease w MCC	326	3.50%	4.3	\$17,070,062	4.20%	\$52,362	6	102	218	293	21	12
Cesarean section w CC/MCC	282	3.00%	3.7	\$12,454,864	3.10%	\$44,166	1	281	0	146	128	8
Renal failure w CC	271	2.90%	3.8	\$12,234,163	3.00%	\$45,145	1	112	158	218	31	22

Data Source: AHCA Inpatient Data File

Table 13 shows the top 15 emergency room diagnoses of Clay County residents at any emergency department in 2017. Upper respiratory infections were the top diagnoses, accounting for about 13% of visits for the top 15 diagnoses. Other top emergency department diagnoses were urinary tract infections, chest pain, headaches, back pain, and abdominal pain.

TABLE 13. TOP 15 EMERGENCY DEPARTMENT DIAGNOSES OF CLAY COUNTY RESIDENTS, ALL AGES, 2017

Utilization			Cost				Patient Age			Payment Type		
Principal Diagnosis Description	Visits	% of Tot.	Avg. Hours	Total Charges	% of Tot.	Avg. Charge	0-17	18-64	65+	Gov. Ins.	Com. Ins.	Non Pay/Self Pay/Other
Acute upper respiratory infection, unspecified	2,515	13.40%	2.09	\$6,173,634	5.40%	\$2,455	1,534	864	117	1,650	519	346
Urinary tract infection, site not specified	2,129	11.30%	3.25	\$12,709,714	11.00%	\$5,970	310	1,421	398	1,227	527	375
Other chest pain	1,766	9.40%	10.67	\$28,023,883	24.30%	\$15,869	104	1,344	318	814	619	333
Acute pharyngitis, unspecified	1,433	7.60%	1.82	\$3,368,871	2.90%	\$2,351	620	772	41	843	313	277
Headache	1,410	7.50%	3.79	\$10,239,194	8.90%	\$7,262	187	1,111	112	596	566	248
Low back pain	1,186	6.30%	2.68	\$5,567,961	4.80%	\$4,695	49	988	149	534	404	248
Viral infection, unspecified	1,156	6.10%	2.35	\$3,354,943	2.90%	\$2,902	750	377	29	708	303	145
Unspecified abdominal pain	1,016	5.40%	3.95	\$7,738,445	6.70%	\$7,617	140	780	96	490	316	210
Nausea with vomiting, unspecified	959	5.10%	3.72	\$5,910,640	5.10%	\$6,163	208	661	90	494	290	175
Unspecified injury of head, initial encounter	957	5.10%	3.17	\$8,783,017	7.60%	\$9,178	381	346	230	580	265	112
Chest pain, unspecified	952	5.10%	5.46	\$7,134,345	6.20%	\$7,494	85	753	114	407	329	216
Bronchitis, not specified as acute or chronic	885	4.70%	2.42	\$2,971,251	2.60%	\$3,357	50	687	148	426	270	189
Constipation, unspecified	880	4.70%	3.12	\$4,491,867	3.90%	\$5,104	436	305	139	544	242	94
Noninfective gastroenteritis and colitis, unspecified	823	4.40%	4.24	\$5,198,735	4.50%	\$6,317	217	523	83	419	278	126
Essential (primary) hypertension	740	3.90%	3.16	\$3,722,596	3.20%	\$5,031	3	466	271	399	229	112
Grand Total(15)	18,807		3.8	\$115,389,096		\$6,135	5,074	11,398	2,335	10,131	5,470	3,206

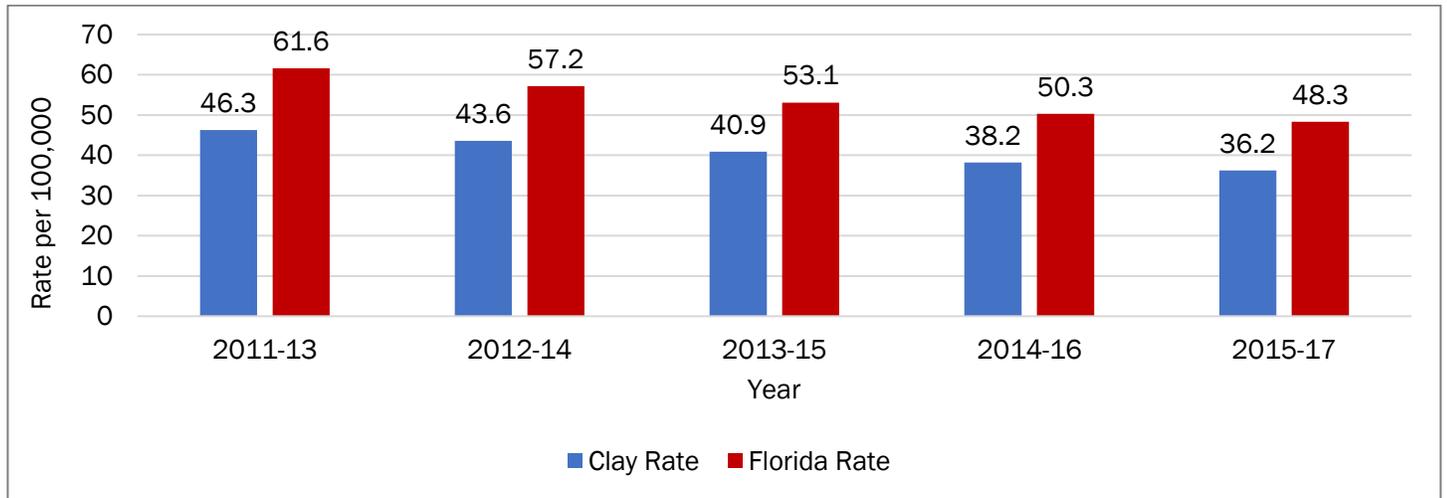
Data Source: AHCA Emergency Department Data File

County Health Department Personnel & 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 (Figure 96). In 2015-2017, Clay County spent \$23.6 per county resident compared

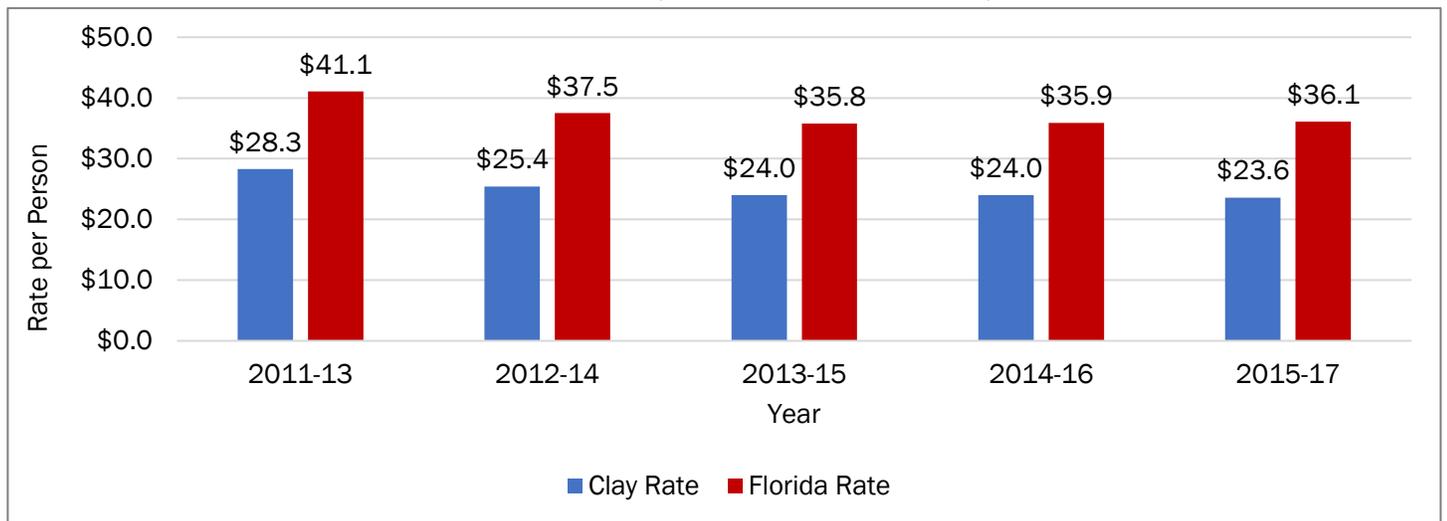
to the state average of \$36.1 per county resident (Figure 97). DOH-Clay provides public health, clinical, and field services to the residents of Clay County.¹²⁷

FIGURE 96. DEPARTMENT OF HEALTH FULL-TIME EMPLOYEES, CLAY & FLORIDA, 2011-2017



Data Source: FL Health Charts, www.flhealthcharts.com | Prepared by Health Planning Council of Northeast Florida

FIGURE 97. DEPARTMENT OF HEALTH EXPENDITURES, CLAY COUNTY & FLORIDA, 2011-2017



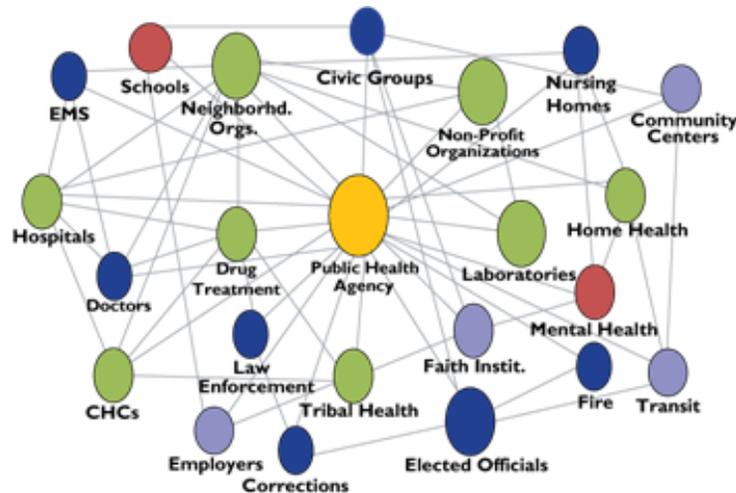
Data Source: FL Health Charts, www.flhealthcharts.com | Prepared by Health Planning Council of Northeast Florida

¹²⁷ The Florida Department of Health in Clay County (2014). *Florida Department of Health in Clay County 2013-2014 Annual Report*.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The National Public Health Performance Standards Program (NPHPSP) (Figure 98) 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.”¹²⁸

FIGURE 98. THE PUBLIC HEALTH SYSTEM FROM THE CDC'S NPHPSP



The *10 Essential Public Health Services* outline the public health activities that all communities should undertake, providing the fundamental framework for the LPHSA.¹²⁹ 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.

Four workgroups were held in Clay County to review and discuss each of the ten essential public health services. 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.

¹²⁸ U.S. Centers for Disease Control and Prevention (2015). *National Public Health Performance Standards (NPHPS)*. Retrieved from CDC.gov: <http://www.cdc.gov/nphpsp/>

¹²⁹ U.S. Centers for Disease Control and Prevention (2015). *National Public Health Performance Standards (NPHPS)*.

- 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.

Figure 99 provides the overall score for each of the ten essential services, as determined by the LPHSA workgroup members in February 2019. 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. Clay County performs best in Essential Services 2, 4, 5, and 9, and worst in Essential Services 3, 8, and 10.

FIGURE 99. ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORE SUMMARY, 2019

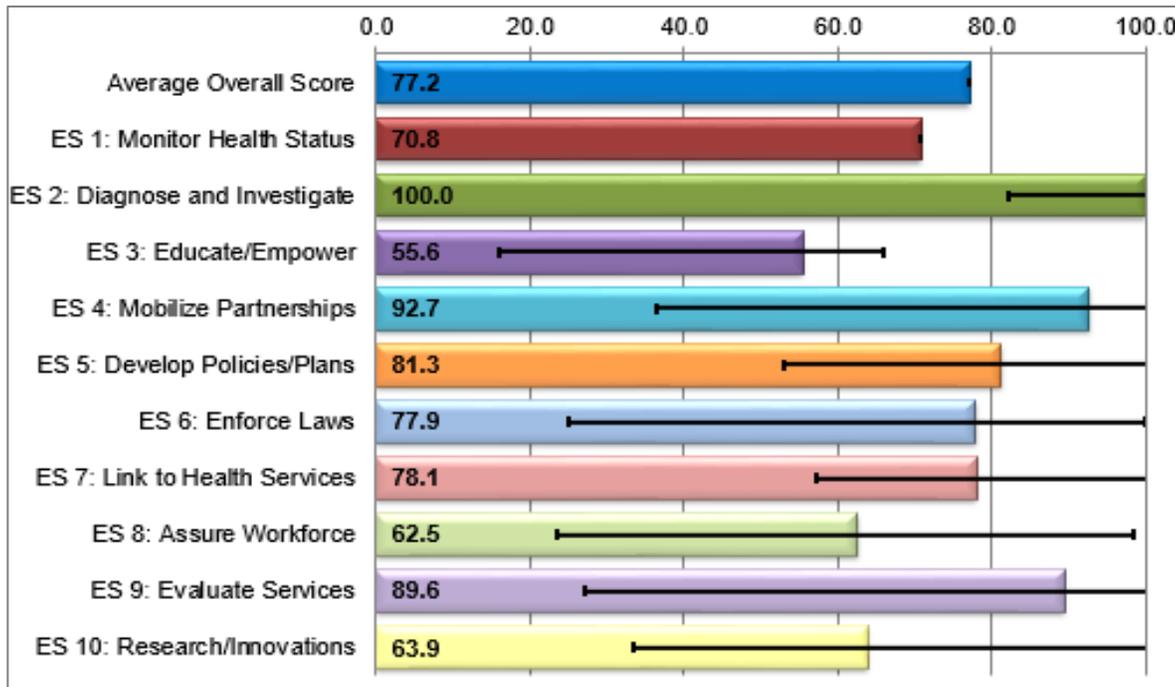


Table 14 shows a breakdown of the performance scores for essential services 3, 8, and 10. These were the essential services most in need of improvement, as identified by the LPHSA workgroup participants.

TABLE 14. DETAILED PERFORMANCE SCORES FOR ES 3, 8, AND 10

ES 3: Educate/Empower	55.6
3.1 Health Education/Promotion	50.0
3.2 Health Communication	25.0
3.3 Risk Communication	91.7
ES 8: Assure Workforce	62.5
8.1 Workforce Assessment	0.0
8.2 Workforce Standards	75.0
8.3 Continuing Education	75.0
8.4 Leadership Development	100.0
ES 10: Research/Innovations	63.9
10.1 Foster Innovation	56.3
10.2 Academic Linkages	91.7
10.3 Research Capacity	43.8

FORCES OF CHANGE

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

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

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

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

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

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

The anticipated forces of change identified, along with the potential impacts (both positive and negative) are included in Table 15 through Table 18.

TABLE 15: SOCIAL TRENDS, FACTORS AND EVENTS

	Trends	Factors	Events
Social and Community	Increased mental health issues (substance abuse, suicide, not enough resources/providers)	Home environment: domestic violence, substance abuse, neglect	Opioid epidemic
	Increase in violence/shootings		Parkland shooting
	Lack of comprehensive health education		Provision of Affordable Care Act, no required health insurance

	Increase in obesity		Concentration of teen suicide in Keystone Heights
	Increase in STDs		Co-located DOH office—one location for all services (FUTURE)
	Increase in homeless, displaced families		
	Reduction in health and social service benefits		
	Increase in openness to gender differences		
	Increase in cancer rates among firefighters		
	Increase in multi-lingual population		
	Increase in vaping		
	Increase in child abuse		
	Stores selling tobacco products to minors; easy for youth to access		
	Large military community		
	Lack of social skills, communication		
	Lack of health care literacy		
	Lack of homeless shelters		
	Need to increase access to birth control (FUTURE)		
	Need more partnerships with school resources (FUTURE)		
	No teen outlets/options		
	NEFL HIV Network—many resources, HIV prevention		
	Lack of parental support/marriage support		

TABLE 16. ECONOMIC AND GOVERNMENTAL/POLITICAL TRENDS, FACTORS AND EVENTS

	Trends	Factors	Events
Economic	Increase in student loan debt	Cost of living	LIP Funds removed
		Lack of health care	Privatization of health services
		Lack of affordable housing	Loss of WeCare in Clay County
		Lack of treatment beds	Level III NICU
		Lack of affordable childcare	Opening of OPMC Trauma II
		Lack of senior home health resources	Opening of Palms Medical Group
			Inpatient pediatric services and surgery

Government/ Political	Lack of civility, respect among leadership (at national, state and local levels)	Lack of enforcement	
	Increase in religious exemptions for vaccinations	Change in elected officials in elections (School Board, Sheriff's office)	

TABLE 17. ENVIRONMENTAL, EDUCATIONAL AND SCIENCE/TECHNOLOGY TRENDS, FACTORS AND EVENTS

	Trends	Factors	Events
Environmental	Increase in weather-related issues	Transportation	Hurricanes (Matthew and Irma)
	Increase in distracted drivers	Lack of sidewalks	New Interstate
	Increase in traffic	Lack of walkability	
Educational	Increase in alternatives to public school (charter schools, private school, homeschooling)	No health education in schools	
	Lack of qualified candidates to fill leadership positions	High school completion rates	
Science/ Technology	Increase in social media usage	Internet, social media	
	Increased use of technology/electronic devices in classrooms	Internet, gaming addiction	

TABLE 18. FORCES, POTENTIAL THREATS AND OPPORTUNITIES

Force (Trend, Factor, or Event)	Potential Threats	Potential Opportunities
Economic (increase in number of people moving into Clay County)	Increase in cost of stretching out resources	New services
	Increase in homeless	Increase in support staff, resources, safety, technology
Homelessness Issue	Increase in crime (victims of crime/sex abuse)	Supportive housing
	Increase in health care costs	Decrease stigma (through programming)
	Increase in substance abuse	Increase in support staff, resources, safety, technology
	Decrease in school attendance	Increase employment, job training
	Increase in communicable diseases	
Substance Abuse	Increase in HIV	Comprehensive health education (bringing in the resources to reduce stigma, reduce homelessness)
	Substance Abuse Newborn	Treatment and beds, detox
	Increase in crime	Receiving facilities, increase funding
	Increase in motor vehicle accidents	
	Increase in accidental deaths	
	Increase in mental health issues	
	Increase in child abuse	
	Difficult to access all areas of county	Increase access to health care

Lack of Public Transportation (and other infrastructure)	Unemployment	Increase access to resources
	Can't get to services	Increase attendance in school
	Change in leadership	Change in leadership
Increase mental health demand (lack of psychiatric resources)	Not enough resources	Holistic health
	Increase in crime	Comprehensive health education
	Increase in substance abuse	Collaboration—creative strategies
	Increase in untreated people	Increase service providers
	Increase in suicide rate	Increase resources and school programming

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 November to December 2018, 11 key stakeholder interviews and five focus groups were conducted and 956 surveys were collected with the cooperation of the Florida Department of Health in 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 opinions of community stakeholders with 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 is reported without assessing the veracity of participant comments.

Community Focus Groups

Community input was solicited through five focus group held throughout Clay County during the months of November through December 2018. Meetings were held at several locations in an attempt to capture opinions from a diverse citizen base. Meeting locations included:

- Council on Aging of Clay County—Orange Park Senior Center
- The Way Free Medical Clinic—Green Cove Springs
- Clay Behavioral Health Center, Client Support Group—Green Cove Springs
- Wilkinson Junior High School—Middleburg
- Celebration Church—Orange Park Campus

At the beginning of each group, the HPCNEF facilitator explained the purpose of the assessment and then asked the participants twelve discussion questions. In addition to the discussion questions, HPCNEF asked focus group participants to fill out a brief demographic survey. Survey and discussion questions for the 2019 assessment were based on the instruments used in the 2015 health needs assessment, with some additions and eliminations. Appendix B-1 and Appendix B-2 include the demographic survey and discussion questions.

Demographics of Focus Group Participants

In November and December 2018, 47 people participated in 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. Chart titles specify the number of participants that answered a particular question using $n = X$, with X representing the number of participants.

Of the 47 focus group participants, 89.4% were female and 10.6% were male. Over half of the participants were in the 40-54 (25.5%) and 65-74 (25.5%) age groups (Figure 100). Nearly 60% of participants were aged 55 years or older (Figure 100). The majority of participants identified as White (76.6%) (Figure 101). Half of the participants had a technical degree/community college or higher (Figure 102). Annual household income for 35.7% of participants fell below \$10,000 (Figure 105). Over a third of participants were retired (36.2%) and nearly 30% worked full- or part-time (Figure 103). Many participants identified Medicare (32.6%) as their primary insurance type, while 17.4% of participants said they could not afford health insurance (Figure 104). Of the participants, almost 30% were employed full- or part-time, 36% were retired and 15% were unemployed (Figure 103). Over 90% of the focus group participants had some form of health insurance (Medicare, Medicaid, employee sponsored health insurance, etc.) (Figure 104). Overall self-reported health was good or

better for 66.7% of participants, and 22.2% said they were in fair health. Four participants (8.9%) reported their health as poor (Figure 106). The majority of participants (53.2%) lived in Orange Park and Middleburg (Figure 107).

FIGURE 100. AGE DISTRIBUTION OF FOCUS GROUP PARTICIPANTS

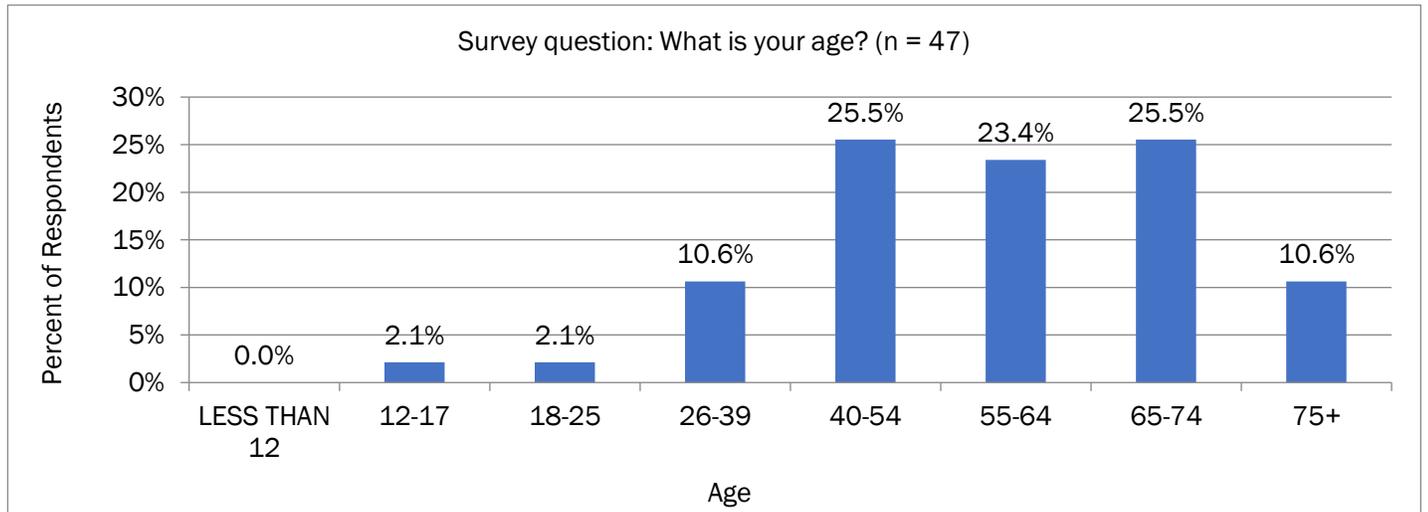


FIGURE 101. RACIAL AND ETHNIC DISTRIBUTION OF FOCUS GROUP PARTICIPANT

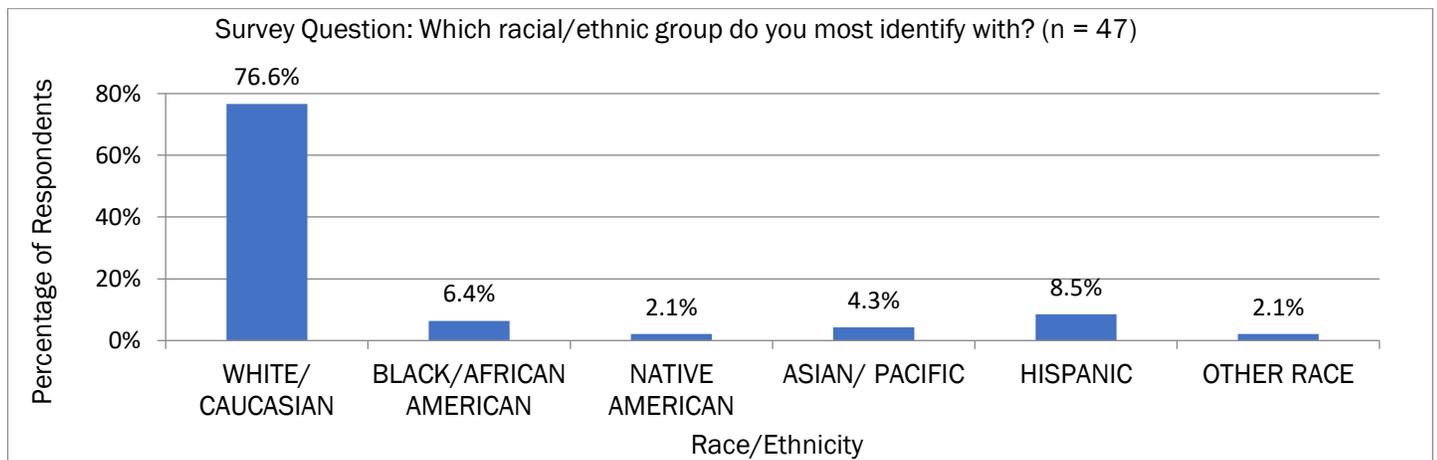


FIGURE 102. HIGHEST LEVEL OF EDUCATION OF FOCUS GROUP PARTICIPANTS

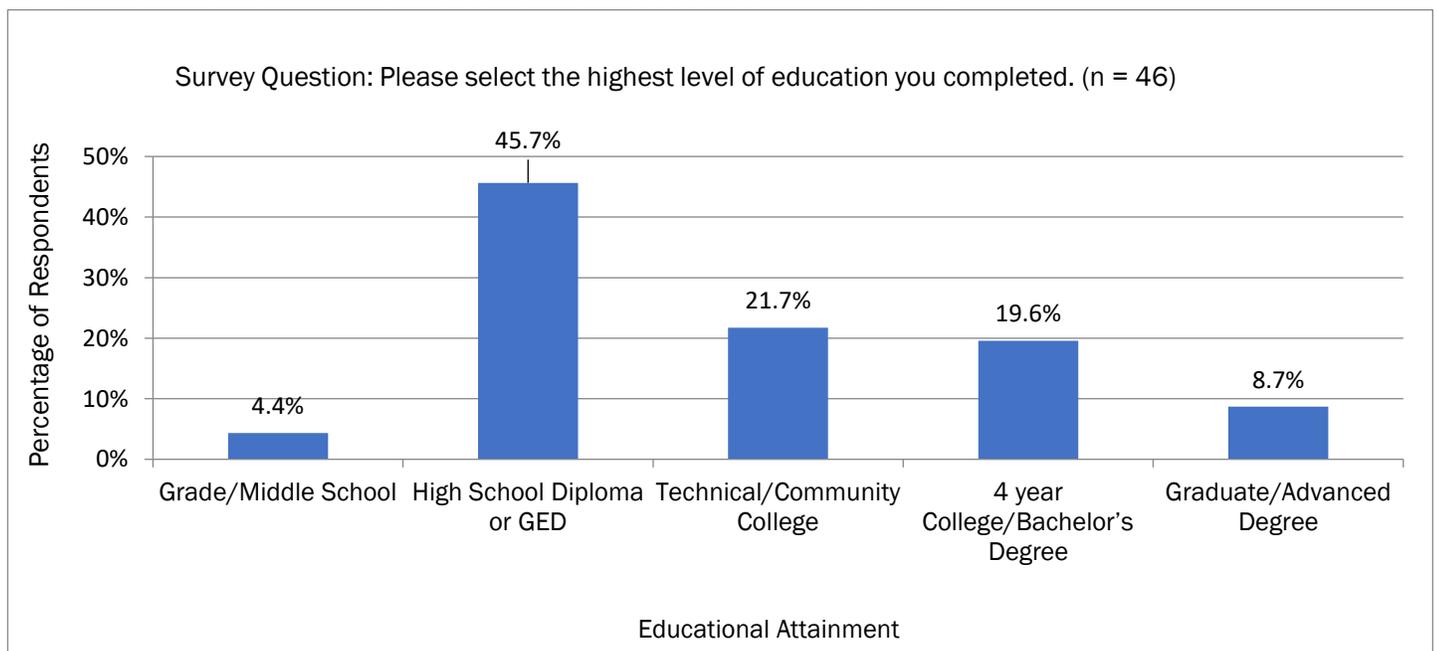


FIGURE 103. EMPLOYMENT STATUS OF FOCUS GROUP PARTICIPANTS

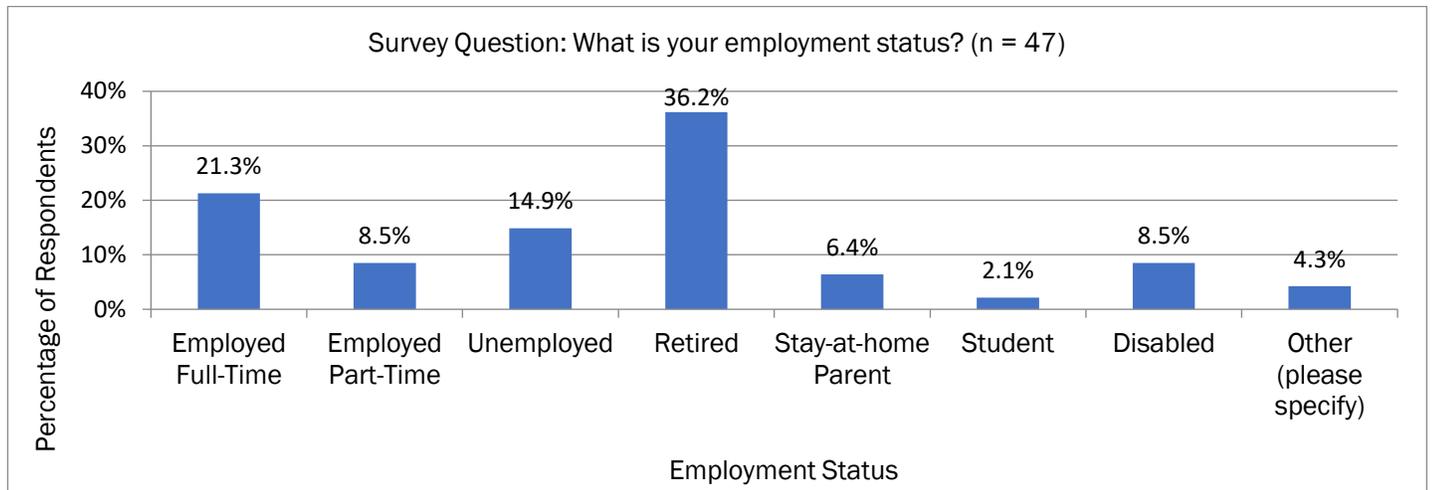


FIGURE 104. HEALTH INSURANCE COVERAGE OF FOCUS GROUP PARTICIPANTS

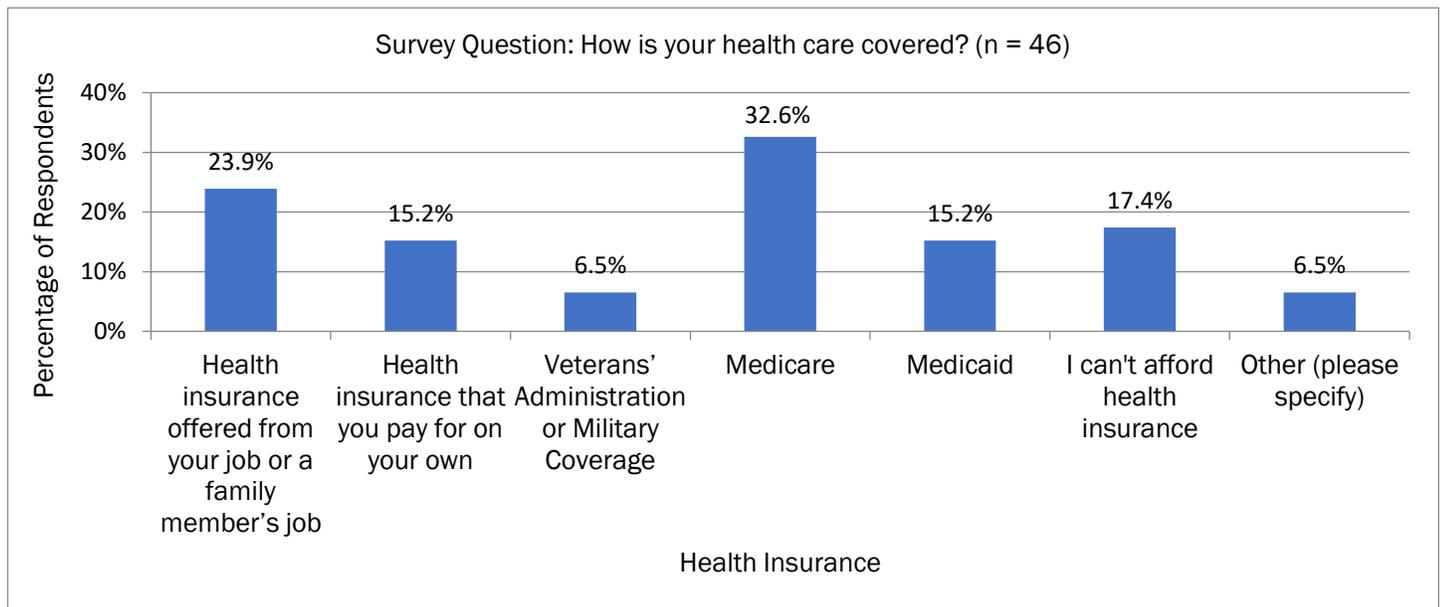


FIGURE 105. HOUSEHOLD INCOME BEFORE TAXES OF FOCUS GROUP PARTICIPANTS

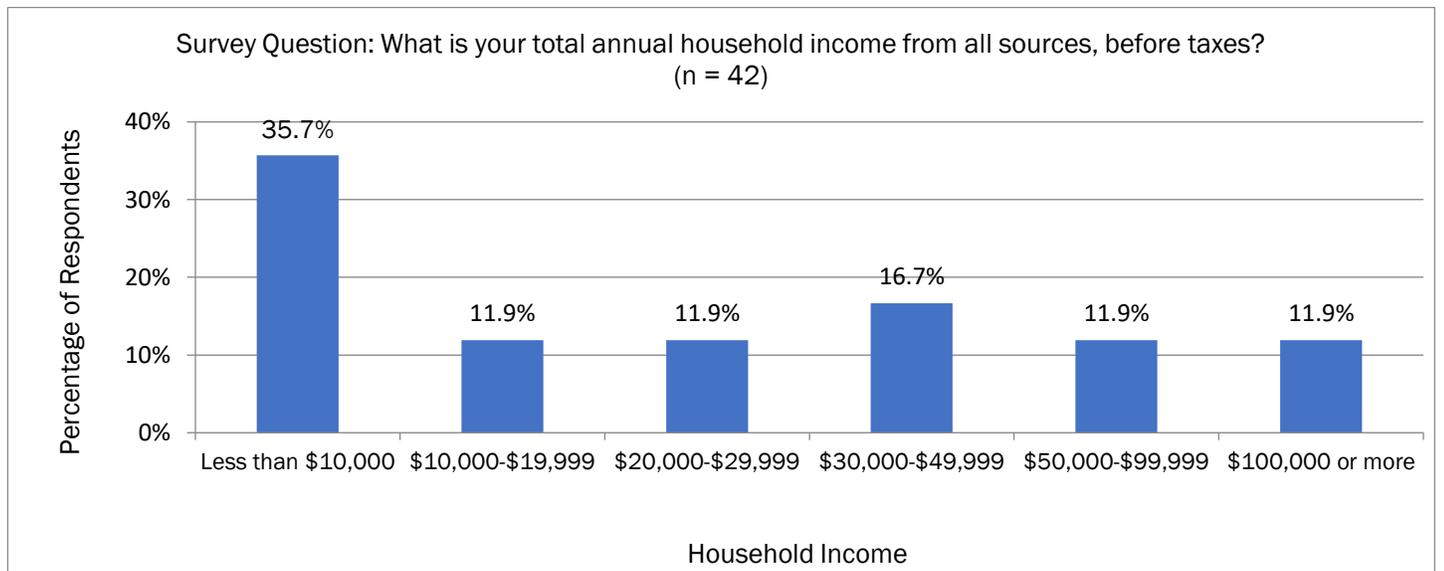


FIGURE 106. SELF-REPORTED OVERALL HEALTH OF FOCUS GROUP PARTICIPANTS

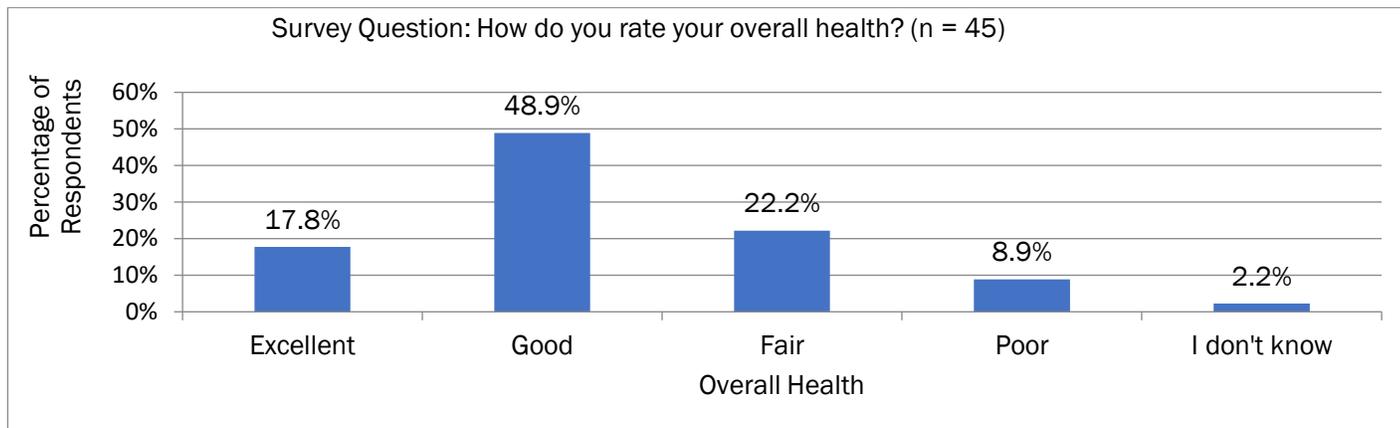
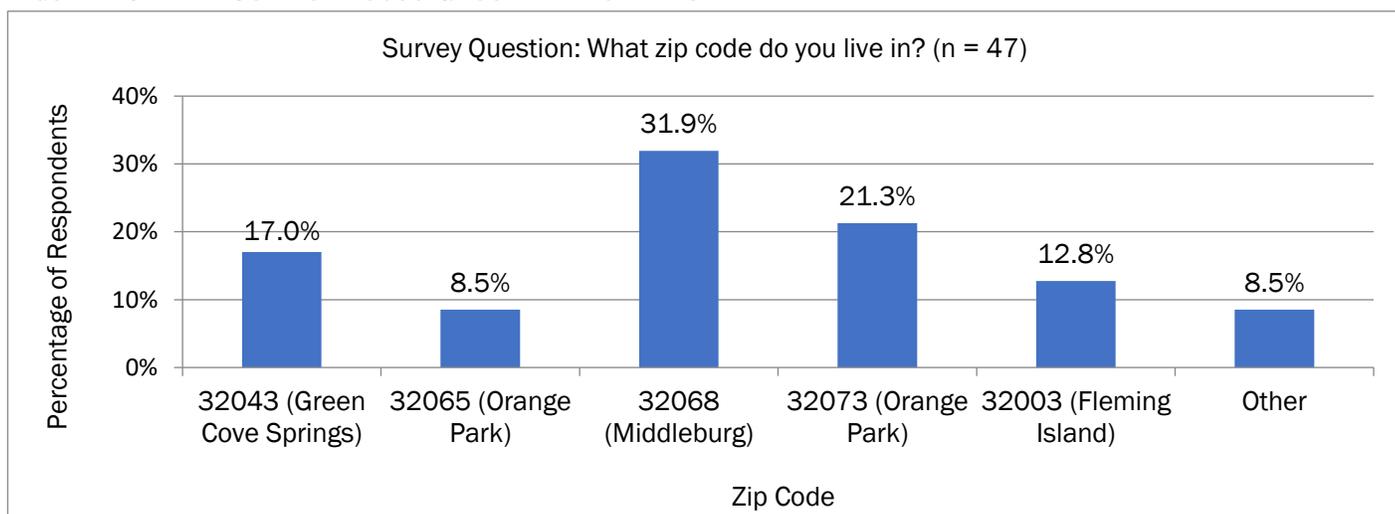


FIGURE 107. ZIP CODE OF FOCUS GROUP PARTICIPANTS



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 entered into an Excel spreadsheet to determine top health issues and concerns, barriers to care, etc. Responses were weighted with those heard by participants at two or more focus group discussions to identify common themes.

Best Features of Clay County/Most Important Features of a Healthy Community

The facilitator asked participants what is best about living in Clay County and what made them most proud of this community. They were also asked to describe the most important features of a healthy community. The majority of participants reported having access to resources such as good schools, churches, health care facilities and services, social service agencies, public libraries, military base, and shopping as the best features of Clay County, as well as a healthy community. Participants also frequently mentioned Clay County having a strong sense of community and great deal of friendliness among its residents compared to other surrounding counties. Participants also cited indicators related to the built environment as the best features of Clay County as well a healthy community, including clean air and drinking water, rivers and waterways, and the natural beauty of this area. Feeling safe and a sense of security were other important features of Clay County, as well as a healthy community in general.

Most Important Health Concerns or Unhealthy Behaviors in Clay County

Participants were asked what they felt were the most important health concerns or unhealthy behaviors in Clay County. The facilitator wrote these concerns on a large post-it pad during the discussion. HPCNEF gave each participant three stickers and asked participants to place the stickers next to their top three health

concerns or unhealthy behaviors. The top health concerns/unhealthy behaviors are listed in Table 19. The most common theme heard across all five focus groups related to behavioral health, which included mental health and substance abuse issues. Limited public transportation was another top concern followed by homelessness/poverty and lack of affordable housing in Clay County (Table 20).

TABLE 19. TOP HEALTH CONCERNS AND UNHEALTHY BEHAVIORS FROM FOCUS GROUP RESPONDENTS

Top Health Concern	# of Total Votes Across all 5 Focus Groups
Behavioral health/mental health/substance abuse/suicide	37
*Limited public transportation	17
Homelessness/poverty	16
Affordable housing	15
Employment issues	12
Chronic diseases related to lifestyle behaviors; need for more disease prevention and health education	8

*Note: 15 of these votes came from focus group held with senior citizens who all had access issues with public transportation system in Clay County.

TABLE 20. REASONS FOR TOP HEALTH CONCERNS/UNHEALTHY BEHAVIORS FROM FOCUS GROUP RESPONDENTS

Top Health Concern/ Unhealthy Behavior	Main reasons why these concerns or behaviors are present
Behavioral Health/Mental Health	Not enough providers
	Long wait times to get appointments
	Not enough mental health resources for youth
	Care isn't always tailored to each person's need (group class vs individual counseling)
	Lack of transportation
	People have lack of self-worth
Substance Abuse/Alcohol Abuse	Opioid crisis from prescription drug abuse
	Legal medical marijuana leading to drug abuse
	Excessive drinking; drinking and driving
	Poverty/economics
	Lack of education
	Using drugs to self-medicate
	Not enough safe, recreational activities for youth
	People often have dual diagnosis (mental health and substance abuse diagnosis)
	Addiction may start out from injury to control pain
	People have been taking medications for so long, don't know what to do without them
Homelessness	Mental health issues
	Lack of education
	Hygiene issues
	Poverty/economics
Limited Public Transportation	County funding issues with COA program
	Personal financial barriers
	Social isolation
Affordable Housing	Not enough affordable housing in general
	Long waiting lists for existing programs
	Barriers to qualify for existing program

Employment Issues	Too many low paying, minimum wage jobs
	No sick time, no benefits offered at many jobs
	When overtime is available, can't get ahead in low paying jobs
	Lack of jobs with flexible hours, barrier for people with young children to care for
	Not enough jobs for people over 50
	Lack of education
	Don't know how to break cycle
	Have no self-value, self-worth
	Sometimes it's easier to panhandle than work

Health Care Services Most Difficult to Access/Greatest Barriers to These Services

When asked to list the health services most difficult to access, a lack of affordable dental care was mentioned in all five focus groups. Participants also mentioned a lack of primary care services and some specialty care, OB/women's health services, and affordable prescriptions. Participants were then asked what were the greatest barriers to getting these services. The barriers most commonly reported were affordability of services and lack of public transportation. In addition, participants also discussed many eligibility barriers to qualify for existing programs such as Medicare, Medicaid, St. Vincent's Health Outreach Patient Eligibility (HOPE) program for specialty care, prescription drug programs, as well as housing and social service programs.

Groups of People with Most Difficulty Accessing Services

Participants were asked if they felt there were groups of people in Clay County who were affected more by the top health issues discussed or had more difficulty accessing these services. Participants reported in all five focus groups that low-income populations had the most health issues and most difficulty accessing services. The struggles of the working poor was a common theme heard by many focus group participants, specifically those individuals who made too much to qualify for many existing social service programs but did not make enough to pay their bills. Participants also mentioned the homeless population as well as residents living in rural areas of Clay County, such as Keystone Heights and parts of Middleburg, Clay Hill, and Green Cove Springs as other groups having more health concerns and access issues.

Creation of Health Programs in Clay County

When asked about what type of program(s) they would create to improve the health of residents in Clay County, the majority of focus group participants talked about creating a "one-stop shop" comprehensive health clinic in a convenient location that offered free or low-cost services, including medical, dental, vision, mental health, disease prevention, and nutrition education.

Key Findings of Focus Groups

Participants of the focus groups had distinct concerns related to their own personal socioeconomic and demographic groups, such as income or age groups. For example, participants of the elderly group at the senior center had more specific concerns related to the aging population, such as barriers to public transportation and lack of affordable housing for older adults. Many participants in other focus groups were living in lower-income households and faced more barriers related to their own personal finances and also had challenges finding affordable housing and quality jobs that paid livable wages. While the demographic makeup of the focus groups led to varying responses for many of the questions, there were several common themes heard across the discussions as summarized below:

- The majority of participants felt Clay County was a good place to live and there was stronger sense of community in comparison with other surrounding counties.
- Many participants agreed that access to resources such as health care and social services, good schools, churches, libraries, and shopping centers are important features of a healthy community. Indicators related to the built environment, such clean air and drinking water and access to rivers and waterways, were also perceived as important features.
- A lack of affordable dental care is an important issue in Clay County heard across all demographic groups.

- Some of the greatest barriers to accessing health services include affordability, lack of public transportation, and eligibility barriers that make it difficult to qualify for existing programs in the county.
- Lack of access to public transportation is a common theme heard by many residents of Clay County. Funding problems related to the county's transportation program were mentioned as the main factor contributing to this issue.
- Issues related to mental health/behavioral health and substance abuse are common health concerns shared across all demographic groups in Clay County.
- The lack of resources for the homeless population in Clay County, including no shelters or transitional housing, was commonly mentioned in many focus group discussions. In general, the majority of participants felt that homelessness and poverty were important issues related to the overall health and well-being of their community.

Top health concerns gleaned from focus groups in Clay County:

- Issues related to behavioral health/mental health and substance abuse/alcohol abuse
- Issues related to homelessness and breaking the cycle of poverty
- Access and availability of public transportation services
- Access to more affordable housing options
- Access to affordable dental services
- Access to better employment opportunities

Interviews with Key Stakeholders

The Florida Department of Health in Clay County compiled a list of possible key stakeholders in the community and made initial contact with the interviewees. The list included governmental representatives, health care providers, health care consumers, and representatives of local community organizations. HPCNEF staff conducted 11 interviews in person and over the phone during the months of November and December 2018. The average interview lasted between thirty and sixty minutes. The interviewees were told that none of their comments would be directly attributed to them but that a list of all participants would be included in this report (see Appendix C-1).

All key stakeholder interviews (KSI) were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix C-2. Interviewees were asked to provide comments on some of 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

Interview Analysis

The length of time the community leaders have lived and/or worked in Clay County ranges from 4 months to 50+ years. The majority of key stakeholders reside in Clay County.

The interview questions for each KSI are identical. Some key stakeholders did not provide an answer for every question asked. There is some duplication of subject matter and feedback between categories. A summary of their responses follow. This section of the report summarizes what the community stakeholders reported without assessing the credibility of their comments.

Most Important Health Care Issues in Clay County

The interviewer asked key stakeholders what they felt were the most important health care issues in Clay County and what were the main reasons these concerns or behaviors were present. The majority of stakeholders mentioned issues related to behavioral health/mental health and substance abuse as one of the most important concerns in the county that affects residents of all ages. In general, stakeholders felt there was a need for more mental health providers and resources in Clay County and noted that many residents

have to seek these services outside of the county. Many key stakeholders also discussed the growing opioid crisis as an area of concern. Others mentioned the stigma of mental health as an important part of the mental health problem. They felt that while progress has been made to increase awareness and education, more work still needs to be done to break down the barriers that contribute to people not seeking help for mental health and/or substance abuse related issues.

Many key stakeholders also felt that chronic diseases, such as diabetes, heart disease, and high blood pressure related to unhealthy lifestyle behaviors, including smoking, obesity/overweight, poor diet, and lack of physical activity were an important health concern in Clay County. Several stakeholders emphasized the importance of disease prevention and education about healthy lifestyle behaviors among all age groups. They felt it was especially important to target the younger population as early as possible. It was also noted that more worksite wellness programs should be offered throughout the county’s employers to help promote healthy lifestyle behaviors. A few stakeholders also expressed concern about a high rate of sexually transmitted diseases among the young population in Clay County as another important health concern related to unhealthy behaviors. Table 21 summarizes the top health concerns or unhealthy behaviors as discussed by key stakeholders.

TABLE 21. REASONS FOR TOP HEALTH CONCERNS/UNHEALTHY BEHAVIORS FROM KEY LEADER INTERVIEWS

Top Health Concern/Unhealthy Behavior	Main reasons why these concerns or behaviors are present
Behavioral Health/Mental Health/Substance Abuse/Alcohol Abuse	People often self-medicate with drugs and alcohol
	Domestic violence (related to mental health issues)
	Many issues related to drugs and mental health facing youth in schools
	Cycle of poverty; socio-economics plays a big role in self sufficiency
	Lack of affordable housing
	Opioid epidemic affects all age groups (older people may accidentally overdose; younger people may start out with legal pain prescription and then abuse it)
	Limited health care access/not having health insurance
	People don’t make time or don’t understand how to address their mental health and well-being
	It’s too easy to get drugs
	Many social factors
	Not enough inpatient psychiatric beds
	Long waiting times to receive services
	Need to increase awareness of mental health service available in community
	No satellite offices in Clay; many residents have to go outside of county to receive certain mental health services
	Privacy issues in small community; some people are uncomfortable seeking mental health services
	Chronic Diseases/Lifestyle behaviors
Drug abuse of all kinds is a problem, opioids, heroin, etc.	
Need better understand of what kind of treatment works best for each individual; some do better with group classes, others need individual counseling	
Chronic Diseases/Lifestyle behaviors	Resistance to changing lifestyle factors and unhealthy behaviors such as smoking, poor diet, sedentary lifestyle, high stress levels
	Chronic diseases that are related to lifestyle behaviors such as certain cancers, high blood pressure, heart disease, and diabetes
	Not enough worksite wellness programs

	No continuum of care for people with chronic diseases; often rely on EMS because they don't have anyone else to call for their health care needs
	Obesity/overweight
STDs in Young Population	Behavioral issue among youth
	Funding cuts eliminated health educators in schools
	Youth aren't receiving information from reliable sources; getting info from their peers or Internet
	In conservative families, parents aren't talking about this topic in the homes

Health Care Access Issues in Clay County

When asked about specific populations in Clay County with health issues or populations with more difficulty accessing health care services than others, an overwhelming majority of key stakeholders discussed socioeconomics as having the biggest impact on access. Low-income residents, particularly the working poor, were highlighted by key stakeholders as populations facing the most health care issues and difficulty accessing services. Residents living in more rural areas of the county, such as Keystone Heights and parts of Green Cove Springs, Middleburg, and Clay Hill, also faced access issues. In addition, senior citizens were frequently mentioned as another population with health care access issues since transportation is often a problem for this group.

With regard to difficulties accessing health care services, many key stakeholders mentioned that the addition of Baptist and St Vincent's hospital campuses in Clay County have helped improve access by offering more options to residents within the community. However, it was also noted that while there are more options available, there are still certain services that are difficult to access, including primary care, affordable dental care, and behavioral health/mental health care services. It was also emphasized by many stakeholders that accessing these services is a problem facing many communities throughout the nation and not a local issue unique to Clay County.

Key stakeholders were also asked how they have seen transportation affect access to health care. A lack of public transportation was a common theme heard across key stakeholders in Clay County. Many discussed the financial problems facing the county's transportation program run by the Council on Aging. It was difficult for stakeholders to best address local transportation issues with the county's program facing financial uncertainty. Some suggested the county must explore ways to work with the private sector, such as Lyft and Uber, to find alternative solutions.

Resources/Advantages in Clay County

Key stakeholders were asked if there were any resources or advantages in Clay County that could be used to improve the community's health. Many stakeholders provided examples related to the built environment in Clay County, such as parks, biking and walking paths, waterways, green spaces, and natural springs. Several stakeholders noted that while Clay County offers a range of natural resources, many residents do not utilize these resources, so improving awareness and access is important. Stakeholders also emphasized that Clay County has an excellent school system, strong faith-based community, strong local government and hospital leadership, as well as numerous non-profit organizations and social service agencies that work well together. It was also noted that Clay County has a strong sense of community that sets it apart from other counties in this region.

Summary of Key Findings of Key Stakeholder Interviews

- Behavioral Health/Mental Health/Substance Abuse: Key stakeholders felt that there were numerous issues related to behavioral health/mental health and substance abuse within Clay County. Most interviewees felt that a lack of mental health providers and resources is a major factor contributing to this problem.

- Chronic diseases and unhealthy lifestyle behaviors: Key stakeholders also felt that unhealthy lifestyle behaviors including smoking, obesity/overweight, poor diet, high stress levels, and lack of physical activity contribute to many chronic diseases in Clay County. Many believed that an emphasis on disease prevention and education is the key to addressing this issue.
- Access to health care: Social determinants of health and geography of where residents live in the county are important factors affecting access to health care. Low-income populations have more issues accessing health care services as well as achieving optimal health outcomes. In addition, residents of rural areas of Clay County have more issues accessing health care services.

A full summary of other comments provided by key stakeholders is included as Appendix C-3

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 956 people completed the survey. Not all respondents answered every question on the survey. 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 social media, at community events and in targeted locations throughout Clay County, including, all Clay County library branches, DOH-Clay’s Bear Run Clinic, various community meetings, and all DOH-Clay offices. The survey was open from August to November 2018. Appendix D contains a full copy of the community survey.

Demographics & Characteristics of Participants

About 60% of participants were between the ages of 26 and 54. There were 18 participants under the age of 18, making up the smallest percentage of the sample. Fifty-four survey respondents were 75 and older, representing 6% of the age group distribution (Figure 108). Participants were predominantly female (Figure 109) and White. Thirteen participants identified as Multiracial using the “other” option choice. (Figure 110)

FIGURE 108. AGE DISTRIBUTION OF SURVEY RESPONDENTS

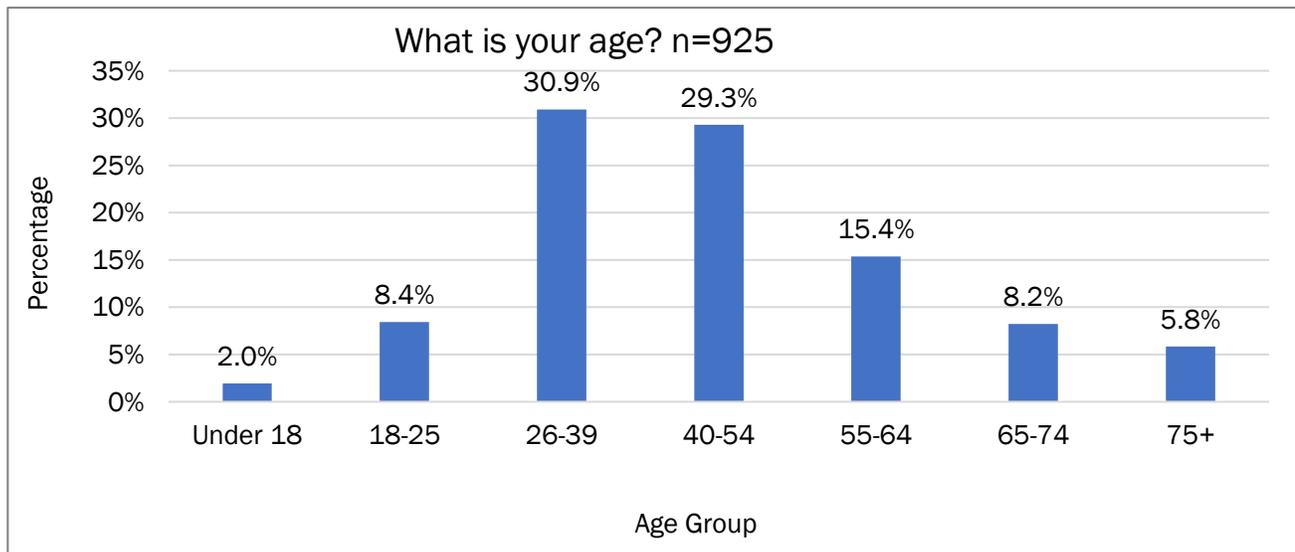


FIGURE 109. GENDER OF SURVEY RESPONDENTS

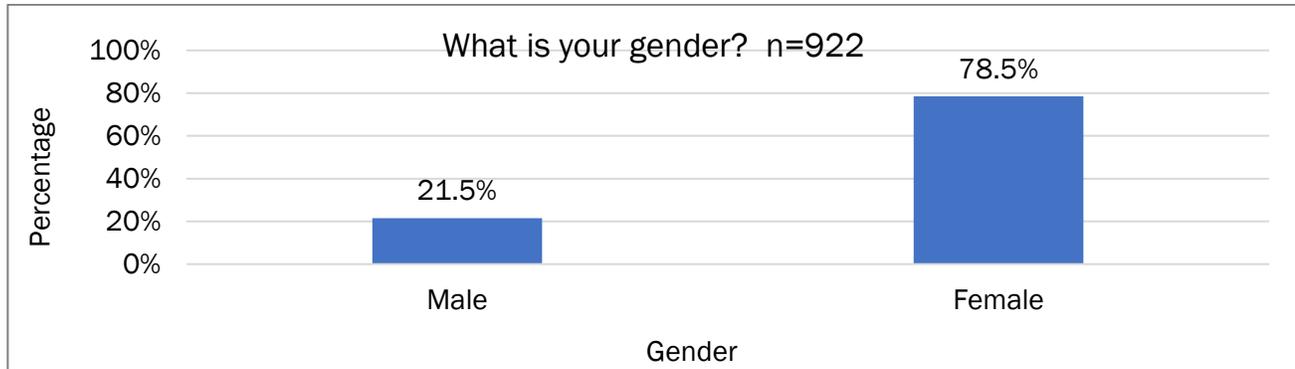
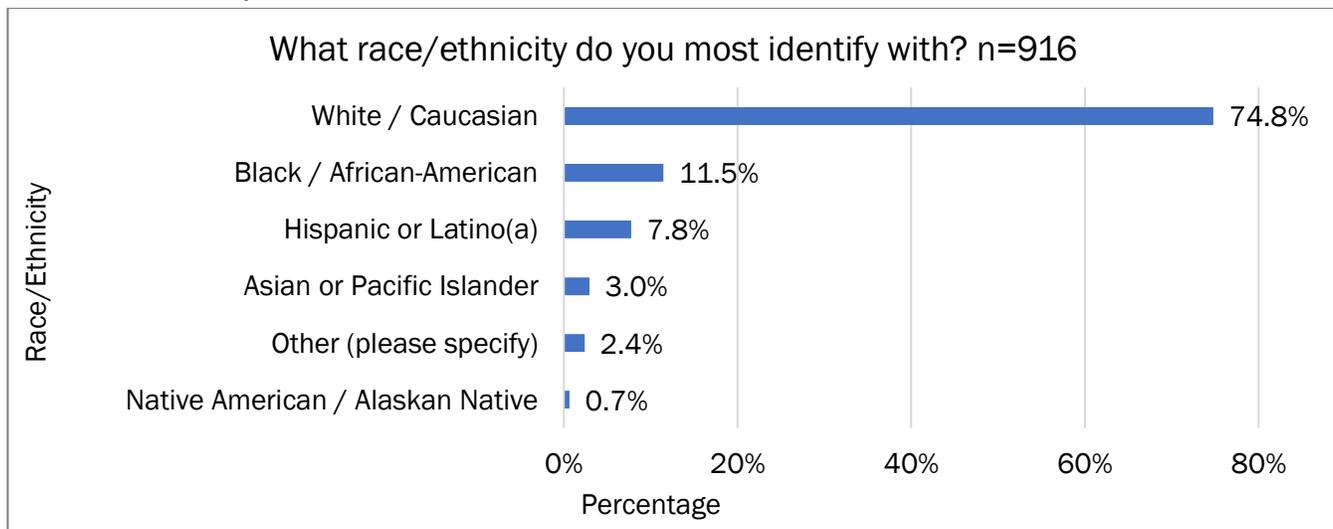


FIGURE 110. RACE/ETHNICITY OF SURVEY RESPONDENTS



Education and Income

Nearly all survey participants received formal education beyond the elementary/middle school grade levels. Over 30% earned a high school diploma or GED, and 23% completed a 4-year college degree (Figure 111). About half the respondents were employed full-time, followed by 16% retired and 12% unemployed (Figure 112). Over half (67%) of the survey participants made more than \$31,000 per year. About 12% of the participants made less than \$10,000 (Figure 113).

FIGURE 111. HIGHEST LEVEL OF EDUCATION COMPLETED BY SURVEY RESPONDENTS

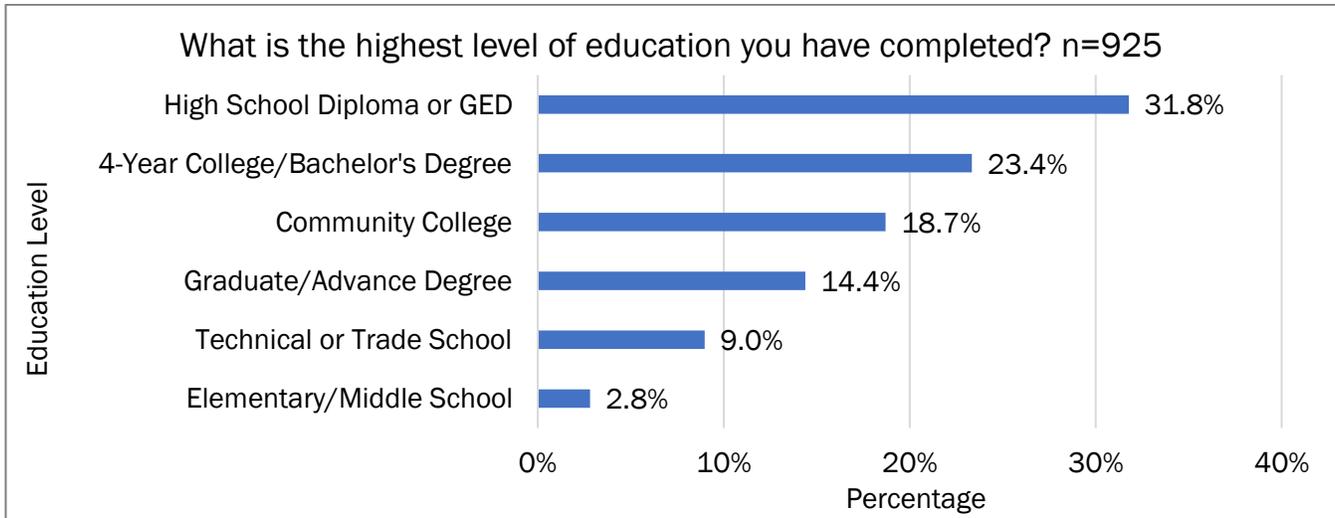


FIGURE 112. CURRENT EMPLOYMENT STATUS OF SURVEY RESPONDENTS

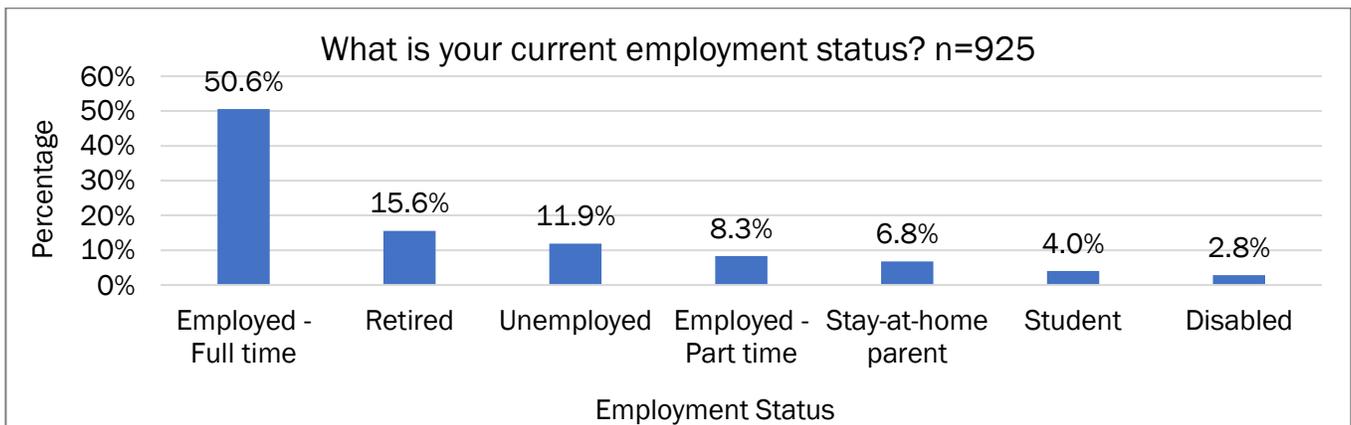
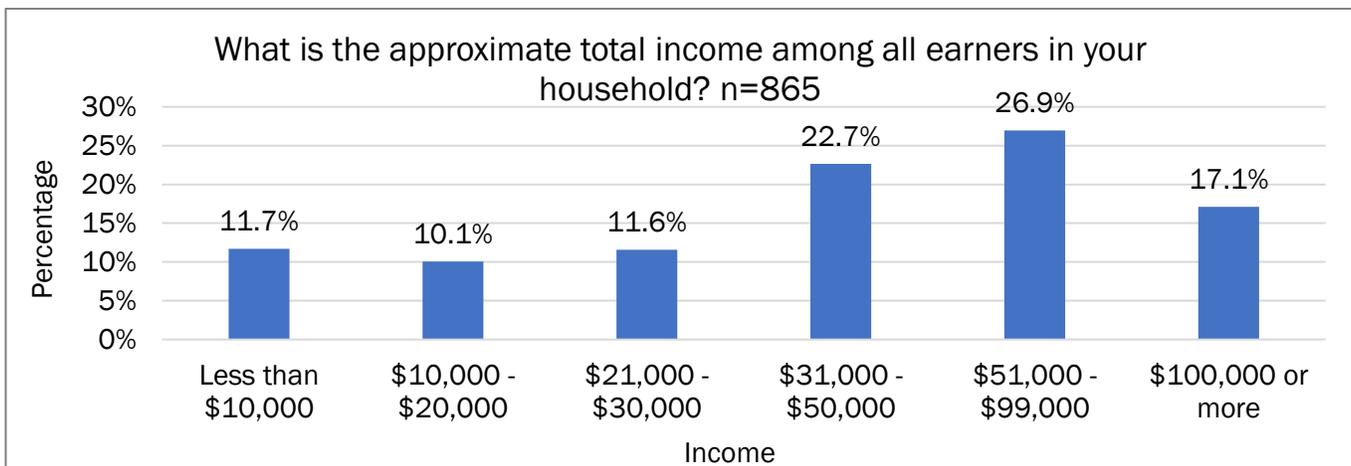


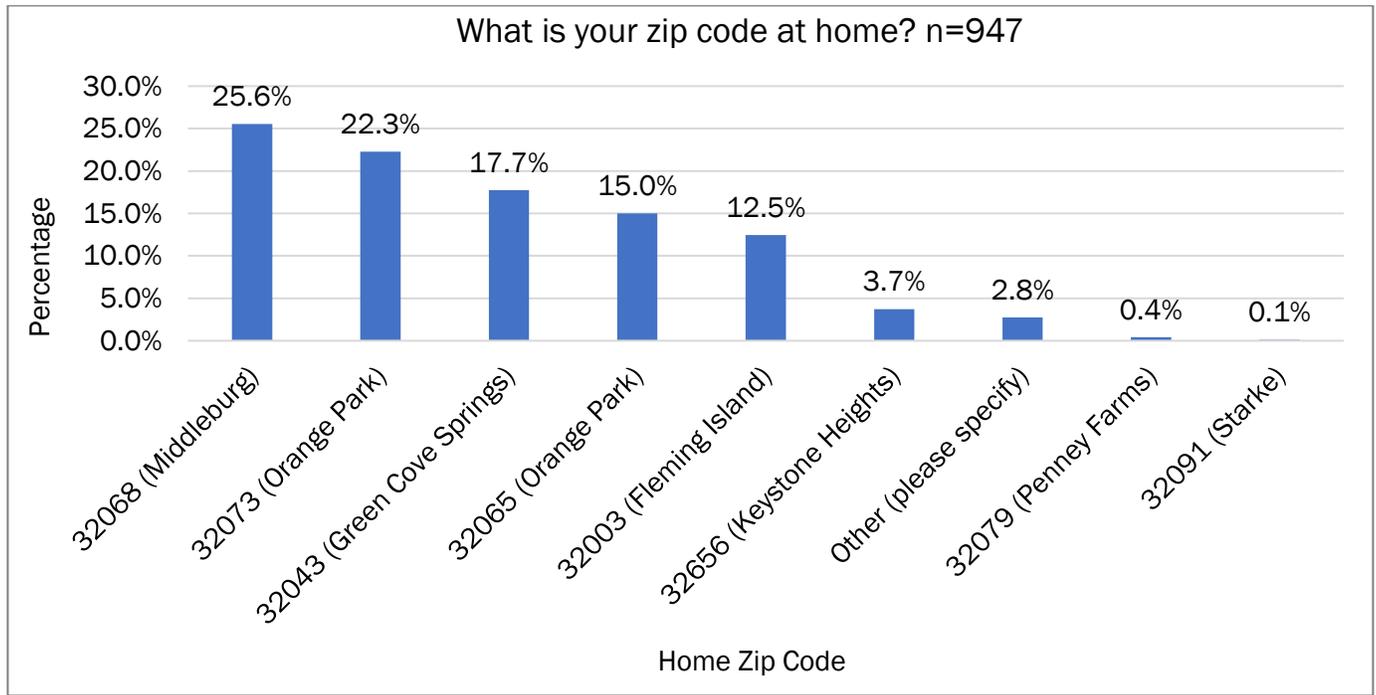
FIGURE 113. TOTAL INCOME OF SURVEY RESPONDENTS



Zip Code

Figure 114 shows the zip code where survey participants live. More than one-quarter of respondents (26%) reported a home zip code of 32068, which corresponds to Middleburg, Florida. The most common zip codes reported in the "Other (please specify)" response field included 32234 (4) and 32244 (3).

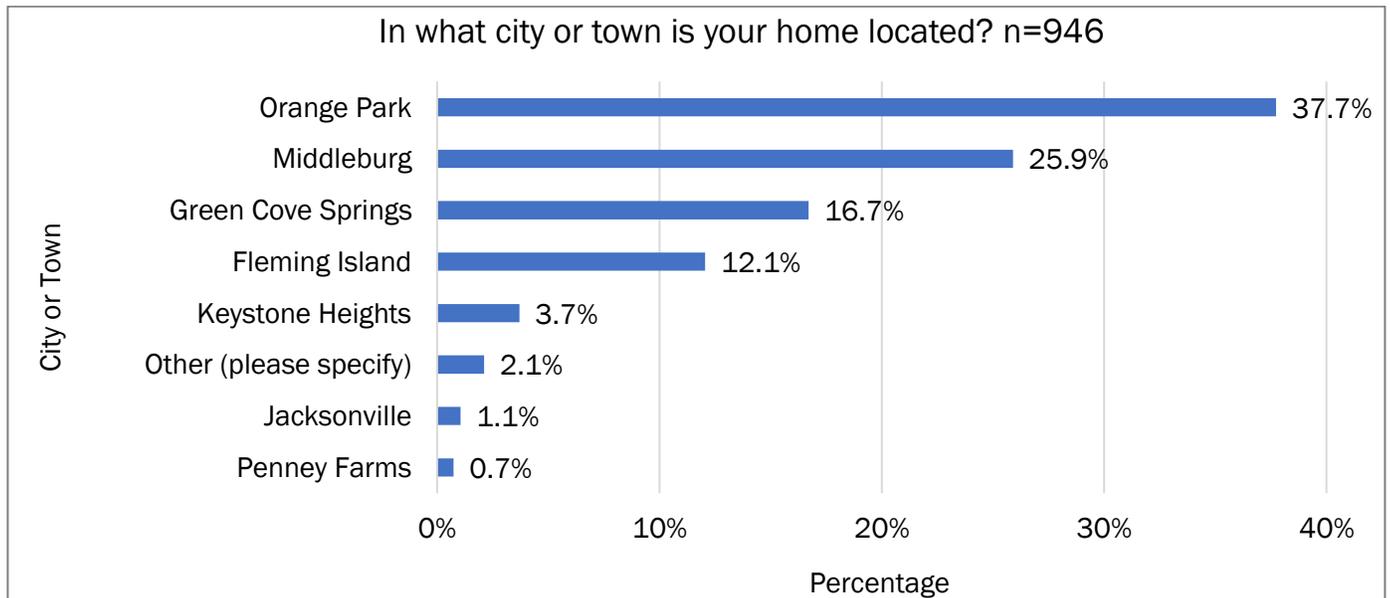
FIGURE 114. ZIP CODE OF SURVEY RESPONDENTS



Cities

The majority of respondents (38%) lived in Orange Park, followed by Middleburg (26%) and Green Cove Springs (17%). Penney Farms was the least represented town, with only 7 out of 946 participants living there. Four of the responses for the “Other (please specify)” answer choice indicated residence in Lake Asbury (Figure 115).

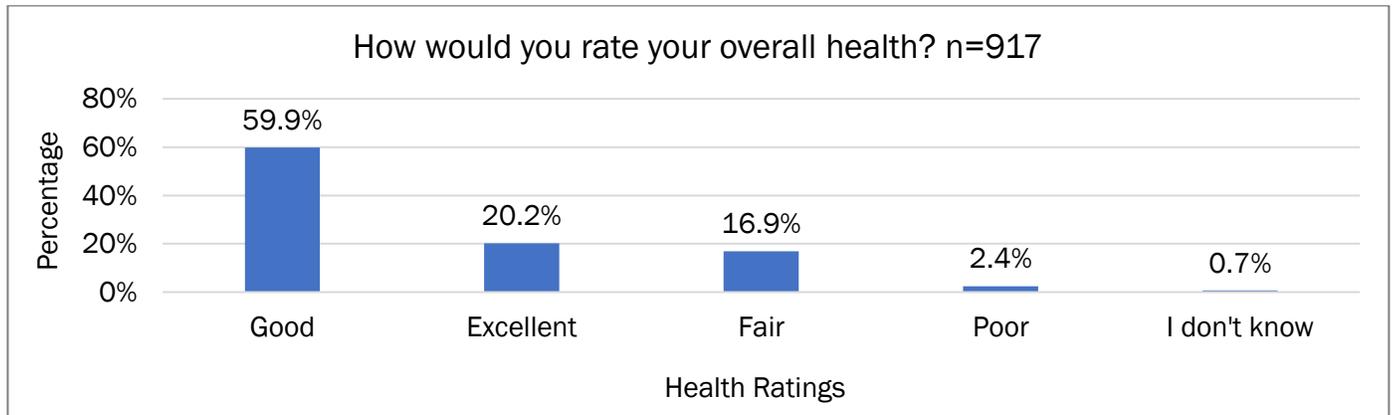
FIGURE 115. CITY OR TOWN OF SURVEY RESPONDENTS



Overall Health

Survey participants were asked to rate their overall health on a four-point scale ranging from “Poor” to “Excellent.” Out of 917 participants who responded to this question, 549 (60%) rated their overall health as “Good,” followed by 185 (20%) rating their health as “Excellent” (Figure 116).

FIGURE 116. SELF-REPORTED RATING OF OVERALL HEALTH OF SURVEY RESPONDENTS

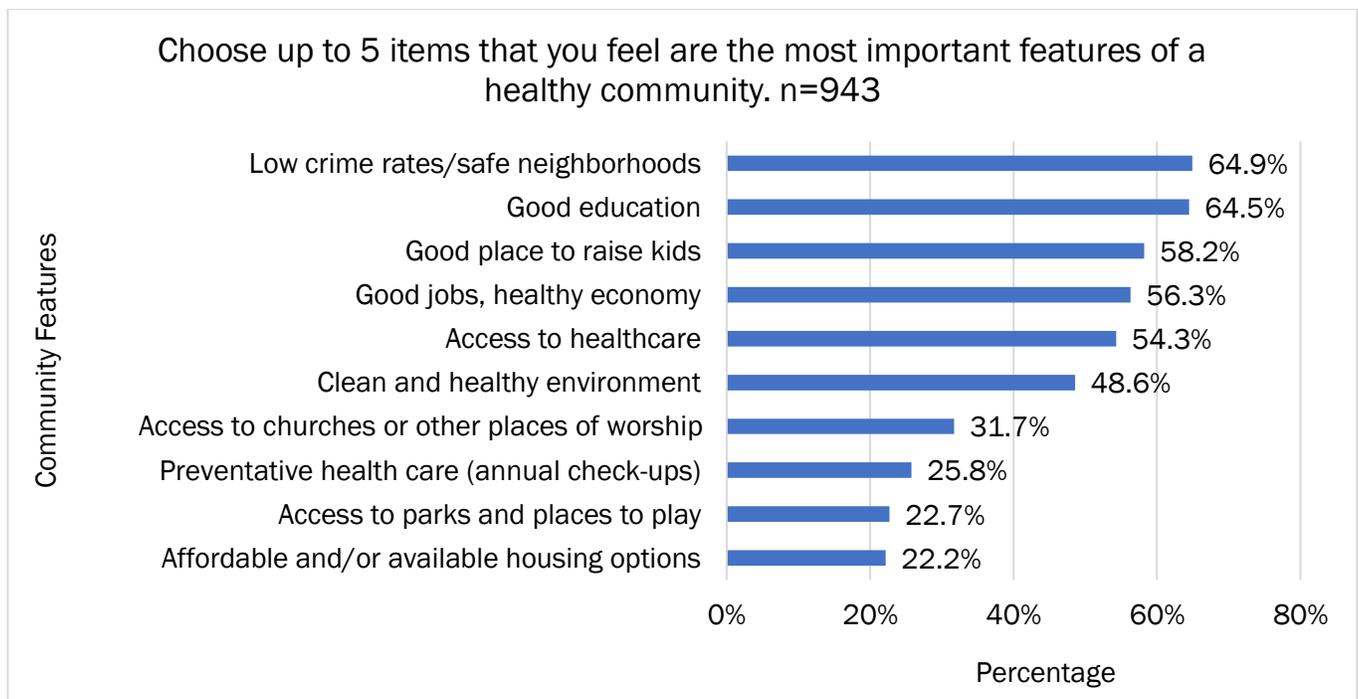


Results of the Community Survey

Healthy Community

Figure 117 lists the top 10 items that were selected as important features of a healthy community. Low crime rates/safe neighborhoods were the prevailing elements identified by respondents. Adequate parking/accommodations for persons with disabilities was the least popular feature, selected by only 15 participants. In the Other category, write-in answers included features such as public libraries (3) and safe trails/bicycle paths (3).

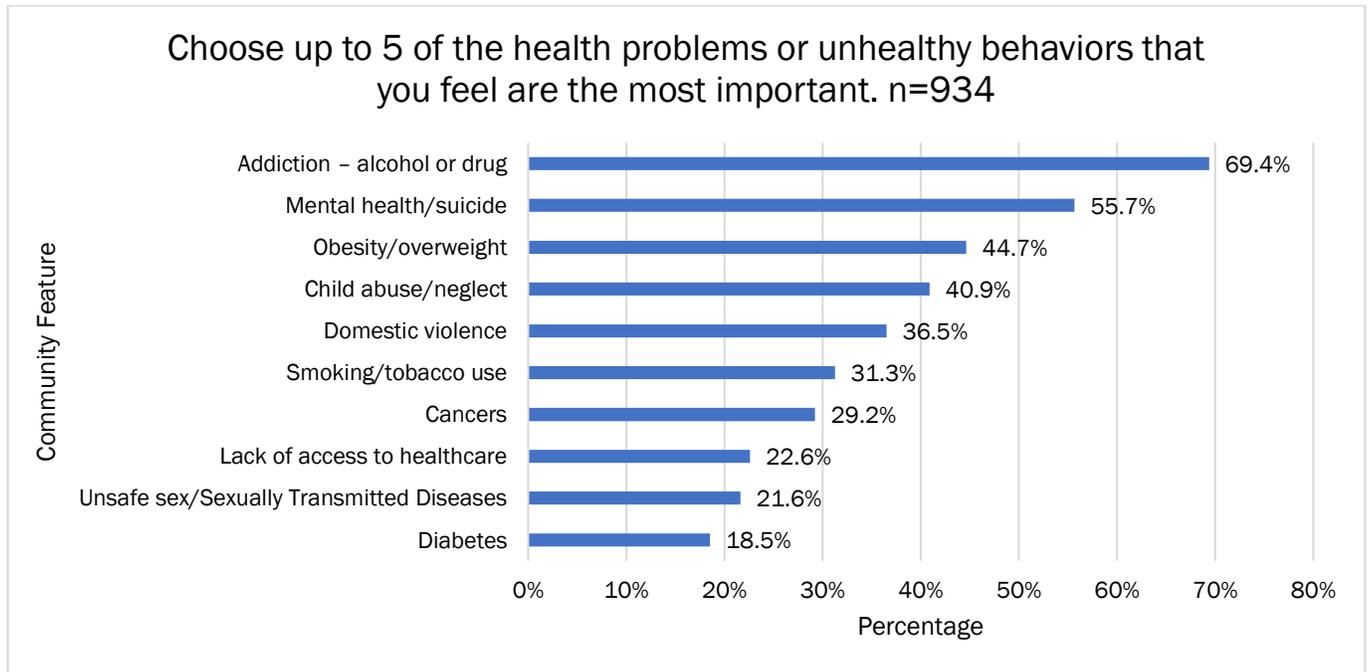
FIGURE 117. IMPORTANT FEATURES OF A HEALTHY COMMUNITY FROM SURVEY RESPONSES



Unhealthy Behaviors

Figure 118 lists the top 10 items that were selected as the important health problems or unhealthy behaviors affecting Clay County. The top answer, alcohol or drug addiction, was selected 648 times by the 934 participants that answered the question. The least selected health problem was infant death/premature birth, which was only chosen 34 times. Some participants indicated they were unsure about unhealthy behaviors (6), and others indicated that there were no health problems in the community.

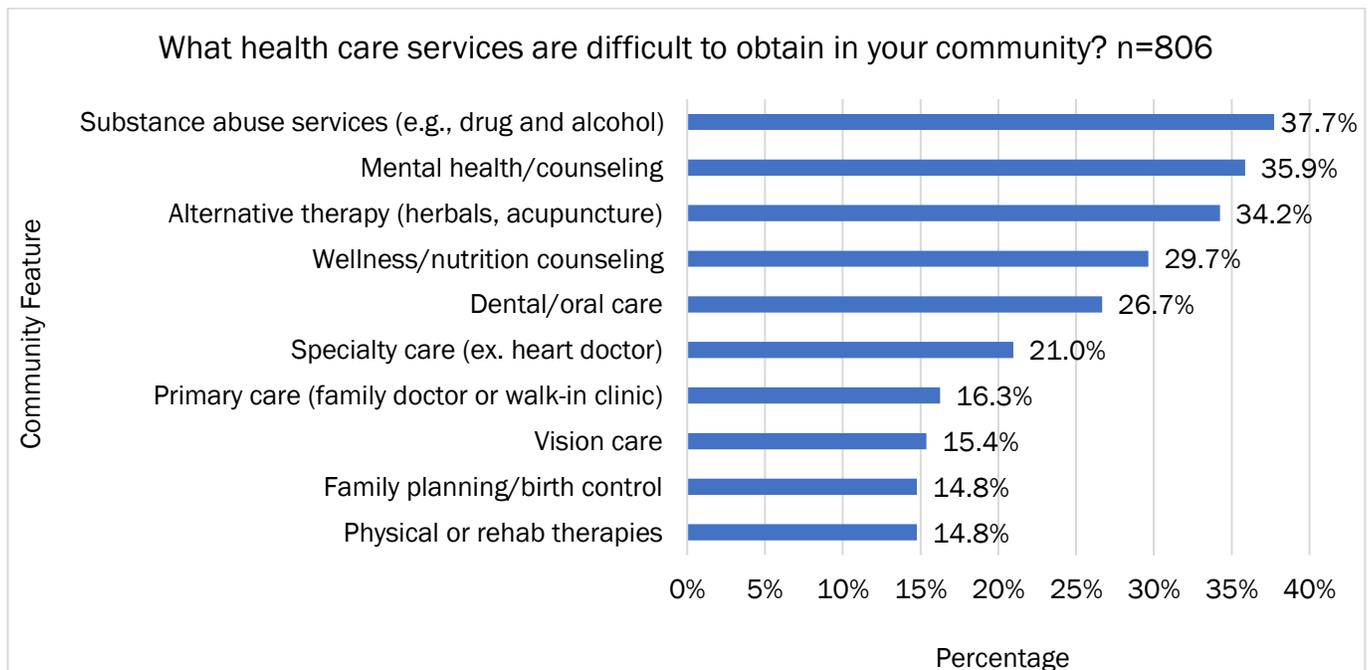
FIGURE 118. HEALTH PROBLEMS/UNHEALTHY BEHAVIORS FROM SURVEY RESPONSES



Health Care Access

Substance abuse services were identified as the most difficult services to obtain in Clay County. Counseling and medical care services comprised the top 10 health care gaps listed below (Figure 119). Respondents provided 109 write-in answers for the “other” category. Fifty-four participants indicated that no health care services were difficult to obtain in the community. Responses also included unsure (15), rehabilitation services for substance abuse (5), homeless services (5), and all of the above (4).

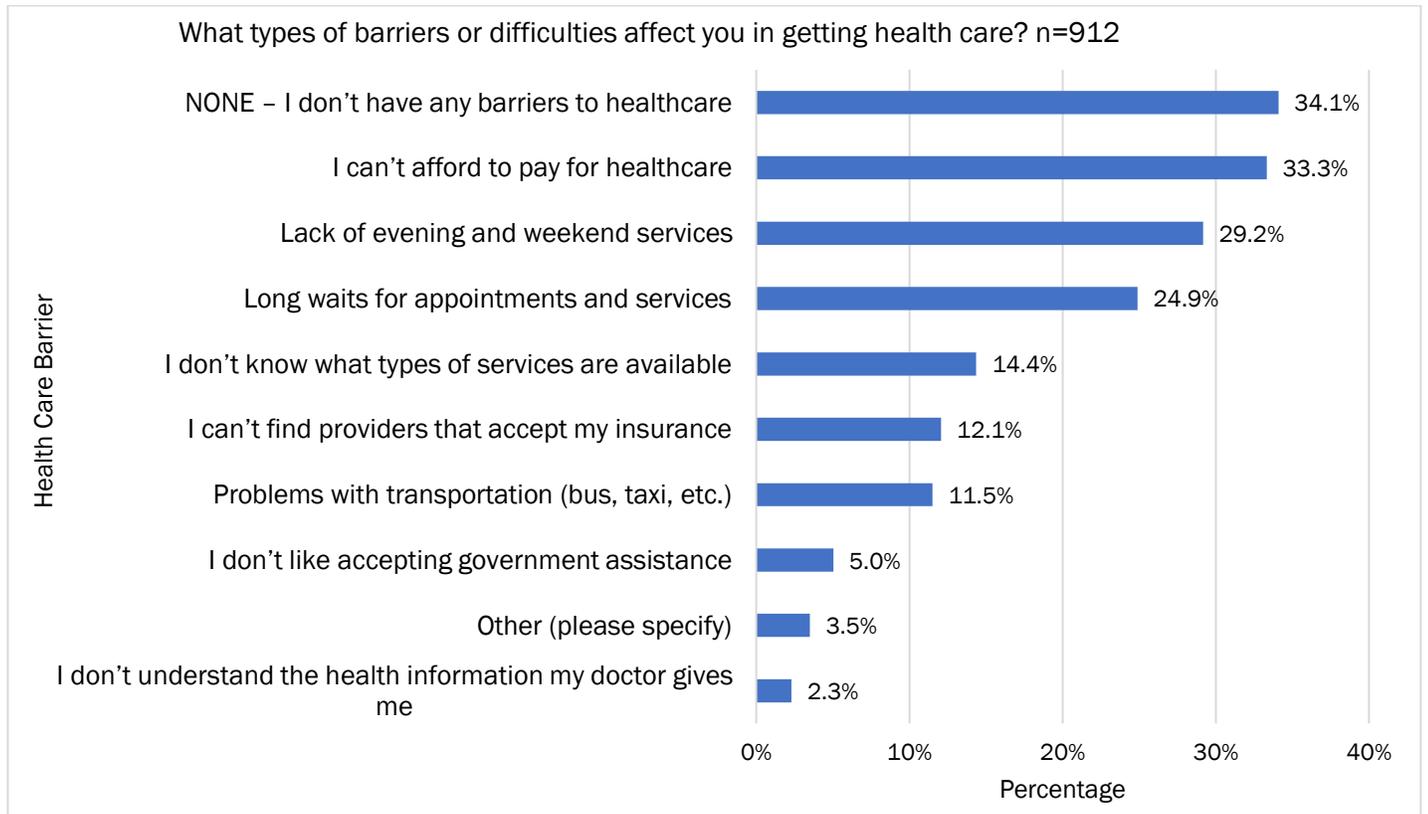
FIGURE 119. HEALTH CARE ACCESS GAPS FROM SURVEY RESPONSES



Barriers to Health Care

From the survey responses, it was most frequently indicated that there were no barriers to health care services in the community. (Figure 120). Cost, limited service hours, and long waits were among the top ten health care barriers. Other barriers identified by participants through write-in answers included lack of providers/specialists (6), costs associated with health care coverage (5), and being uninsured (4).

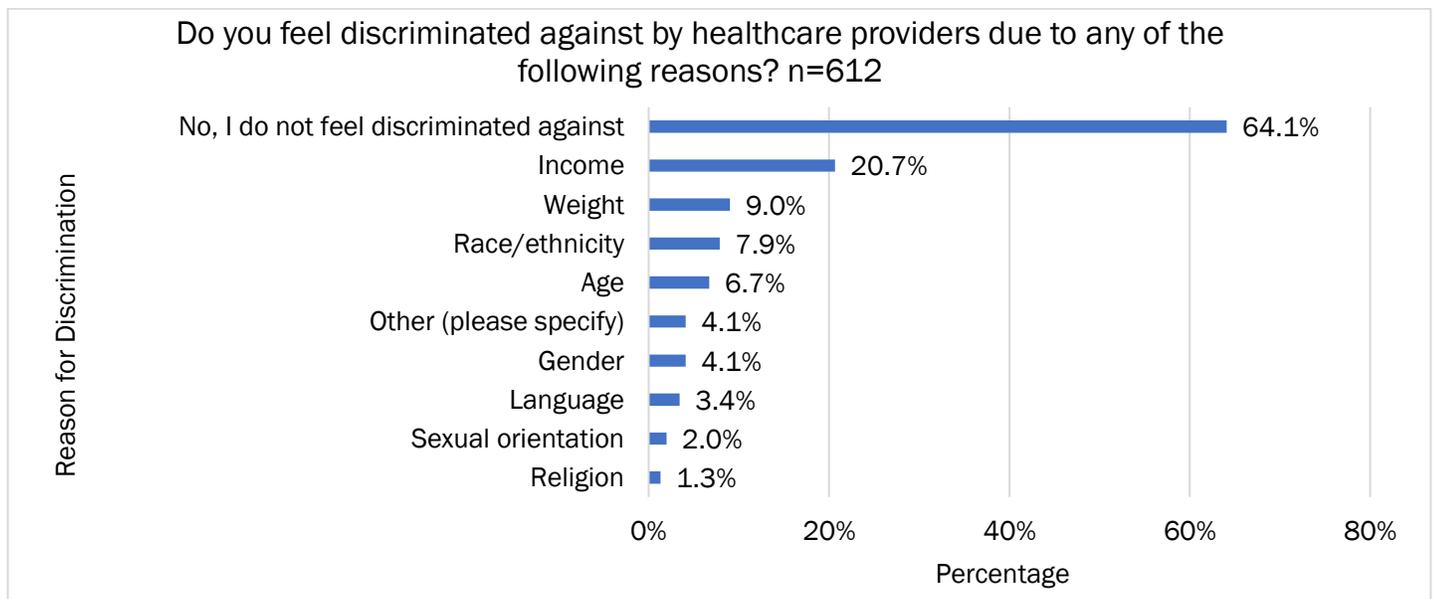
FIGURE 120. HEALTH CARE BARRIERS FROM SURVEY RESPONSES



Discrimination

Responses indicate majority of Clay County residents do not experience discrimination from health care providers (Figure 121). Among those that reported discrimination from providers, income was the most commonly selected reason (126) followed by weight (55). Type of insurance was the top write-in answer, mentioned 8 times among 25 custom responses.

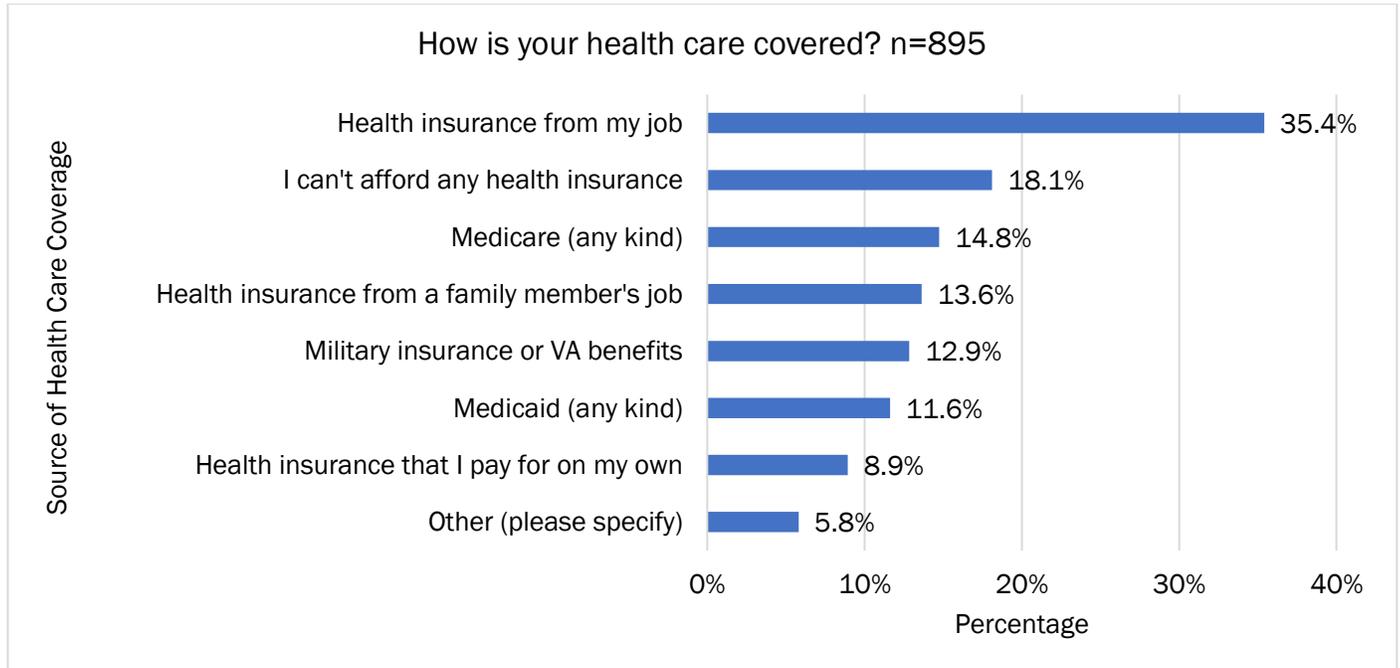
FIGURE 121. DISCRIMINATION OF HEALTH CARE PROVIDERS FROM SURVEY RESPONSES



Health Care Coverage

Health care coverage was facilitated through employers in many instances, from either personal coverage or through a family member (Figure 122). A significant number of participants indicated that they had no health insurance (162). Write-in answers reflected an additional 15 participants that did not have health care coverage, as well as some participating in state-sponsored programs (7), some paying for health expenses out of pocket (5), and others utilizing need-based services (5).

FIGURE 122. HEALTH CARE COVERAGE FROM SURVEY RESPONSES



Other Comments about Health Issues in Clay County

Survey participants provided 157 answers to this question. Many of the comments were either unrelated to the question or comments indicating the participant had no additional concerns about Clay County health issues. Counts for the most popular health issues raised are provided below (Figure 123).

FIGURE 123. TOP HEALTH ISSUES FROM SURVEY RESPONSES

Health Issue	Percent
Limited health care access for un/underinsured	8.9
Substance abuse (alcohol/drug)	8.9
High cost of health care	5.7
Homeless assistance/homeless services	3.8
Lack of mental health services	3.8
Child services/youth activities	3.2
Physician/specialist shortage	3.2

KEY HEALTH ISSUES

Top Health Issues Identified by Community Surveys

DOH-Clay distributed a survey throughout Clay County giving community members and stakeholders a chance to voice their opinions on the health status and health needs of Clay County residents. Almost 1,000 community surveys were collected. The community survey respondents identified the following as the top health issues in Clay County:

- Alcohol or Drug Addiction
- Mental Health/Suicide
- Overweight/Obesity
- Access to Health Care

Top Health Issues Identified by Focus Groups

Approximately 47 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:

- Mental health and substance abuse/alcohol abuse
- Homelessness and breaking the cycle of poverty
- Public transportation
- Affordable housing options
- Affordable dental services
- Better employment opportunities

Top Health Issues Identified by Key Stakeholders

Eleven representatives from governmental offices, health care providers, and local community organizations participated in key stakeholder interviews to gain 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 and substance abuse/alcohol abuse
- Chronic diseases and lifestyle behaviors
- Access to health care

Top Health Issues Identified by Quantitative Data

The Northeast Florida Counts platform was used to identify health priorities based on quantitative, secondary data. The data scoring tool enabled the quantitative health data to be ranked by significance. The topics were scored by comparing all of the indicators in each topic for Clay County with other counties in the Northeast Florida region. A higher score indicates a poorer performance as indicated by Figure 124.

FIGURE 124. SCORE COMPARISON

Comparison	Score
At least 10% better	0
Somewhat better	1
Somewhat worse	2
At least 10% worse	3

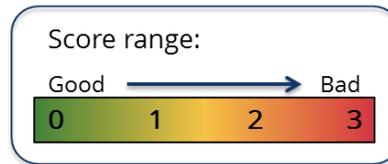


Figure 125 lists the Top 15 Topic Scores for Clay County. For example, Cancer has a score of 1.99 in Clay County in 2017, which means that is somewhat worse than comparison counties. The scores are also color coded, with green indicating a good score and red indicating a bad score.

FIGURE 125. TOPIC SCORES FOR CLAY COUNTY

Topic	Indicators	Score
Transportation	7	2.20
Cancer	17	1.99
Men's Health	3	1.96
Other Chronic Diseases	3	1.93
Diabetes	3	1.80
Prevention & Safety	8	1.80
Environmental & Occupational Health	4	1.78
Respiratory Diseases	10	1.69
Women's Health	6	1.69
Mortality Data	19	1.64
Older Adults & Aging	19	1.59
Substance Abuse	13	1.59
Maternal, Fetal & Infant Health	7	1.57
Public Safety	11	1.57
Teen & Adolescent Health	11	1.51

Data Source: Healthy Communities Institute (2017). Data Scoring Tool. Kansas Health Matters. Retrieved Aug 30, 2017.

Many of the topics from Figure 125, such as Transportation, Substance Abuse, Chronic Diseases (Diabetes, Respiratory Disease and Other Chronic Diseases) align with those mentioned in community conversations and include several different indicators. The indicators for each topic are below:

Substance Abuse: Adults who Binge Drink, Adults who Smoke, Alcohol-related Motor Vehicle Traffic Crashes, Arrests for Drug Abuse Rate, Death Rate due to Drug Poisoning, Driving Under the Influence Arrest Rate, Teens who Binge Drink, Teens who have Used Methamphetamines, Teens Who Smoke, Teens who Use Alcohol, Teens who Use Marijuana

Transportation: Mean Travel Time to Work, Solo Drives with a Long Commute, Workers Commuting by Public Transportation, Workers Who Drive Alone to Work, Workers who Walk to Work, Households without a Vehicle

Chronic Diseases, such as Diabetes and Respiratory Disease and Other Chronic Diseases: Adults with Diabetes, Diabetes Hospital Admission Rate, Diabetes in the Medicare Population, Percent of Adults with Diagnosed Diabetes, Adults with Kidney Disease, Chronic Kidney Disease in the Medicare Population, Osteoporosis in the Medicare Population, Percent of Adults who were ever Diagnosed with a Depressive Disorder, Percent of Adults with Doctor Diagnosed Arthritis, Rheumatoid Arthritis or Osteoarthritis in the Medicare Population, Adults with COPD, Adults with Current Asthma, Asthma Hospital Admission Rate, Asthma in the Medicare Population, Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate, COPD in the Medicare Population, Pneumonia (Bacterial) Hospital Admission Rate

APPENDIX B-1. FOCUS GROUP DEMOGRAPHIC SURVEY

1. What is your age?

LESS THAN 12 12-17 18-25 26-39 40-54 55-64 65-74 75+

<input type="radio"/>							
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

2. What is your gender?

FEMALE MALE OTHER

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

3. Race/Ethnicity: Which group do you most identify with (choose all that apply)?

WHITE/CAUCASIAN BLACK/AFRICAN AMERICAN NATIVE AMERICAN ASIAN/PACIFIC HISPANIC OTHER RACE

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

4. Please select the highest level of education you completed.

Elementary/Middle School	4 year College/Bachelor's Degree
High School Diploma or GED	Graduate/Advanced Degree
Technical/Community College	

5. What Zip Code do you live in?

32043	32073	32656
32050	32079	Other-Please list:
32065	32091	
32068	32003	

6. What is your employment status? Choose only one.

Employed Full-Time	Stay-at-home Parent
Employed Part-Time	Student
Unemployed	Disabled
Retired	Other- Please List:

7. How is your health care 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- Please List:

8. What is the total annual income among all earners in your household before taxes?

	Less than \$10,000
	\$10,000-\$19,999
	\$20,000-\$29,999
	\$30,000-\$49,999
	\$50,000-\$99,999
	\$100,000 or more

9. How do you rate your ove

	Excellent
	Good
	Fair
	Poor
	I don't know

APPENDIX B-2. FOCUS GROUP DISCUSSION QUESTIONS

Facilitator Introduction for Focus Groups

The Florida Department of Health in Clay County will hold 5 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 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. In your opinion, what is best about living in Clay County? What makes you the most proud of this community?
2. What do you believe are the 2-3 most important features of a healthy community?
3. What are the most important health concerns or unhealthy behaviors in Clay County?

Moderator: Write these concerns from Question #3 on Post-It Easel Pad sheets

4. What are the main reasons why these concerns or behaviors are present?
5. Of the health concerns you mentioned, what are the top 3 in Clay County?

Dot exercise: Moderator will give participants 3 stickers and ask them to place next to their top 3 health concerns discussed in Question #5

6. What resources or advantages does Clay County have that can be used to improve the community's health?
 - a. Examples of resources are leaders, organizations, natural resources
7. Which health care services are most difficult to get?

8. What are the greatest barriers to getting these services?
9. Is there a group of people in Clay County that is affected more by these health issues or that has more difficulty getting these services?
10. If you could create any type of health program in Clay County, what would it be?
11. In the last few minutes we have left—is there anything else you would like to discuss?

APPENDIX C-1. KEY STAKEHOLDERS INTERVIEWED

- Connie Butler
Mayor, Green Cove Springs
- Janey Fox
Volunteer
- Jeff Johnson
Lieutenant, Clay County Sheriff's Office
- Stephanie Kopelousos
County Manager, Clay County Board of Commissioners
- Shelly Luter
School Behavioral Health Specialist, Clay County School District
- James Machado
President, St. Vincent's Medical Center-Clay County
- Ana Martinez-Mullen
CEO, Quigley House
- Lorin Mock
Fire Chief, Clay County Fire and Rescue
- Chad Patrick
CEO, Orange Park Medical Center
- Darin Roark
Administrator, Baptist Clay Medical Campus
- Annie Sheldon
Extension Agent, Family and Consumer Services, UF/IFAS Extension Clay County

APPENDIX C-2. KEY STAKEHOLDER INTERVIEW QUESTIONS

Clay County Community Health Assessment Key Stakeholder Interviews

On behalf of the Florida Department of Health in Clay County, the Health Planning Council of Northeast Florida is conducting a countywide health assessment. The goal of this assessment is to identify the most pressing health needs of Clay County residents including issues such as access to healthcare, barriers to receiving healthcare, unhealthy behaviors, and the most pressing health outcomes. As a part of this study, we are conducting a series of interviews with key individuals throughout the county who have knowledge of the health needs of residents. You have been identified by the project team as a key informant based on your knowledge and expertise. This interview will take approximately 45 minutes.

If it is okay with you, I will be recording this interview. The tape will only be used by the project team and then will be destroyed. In the final report, the information you share will not be attributed to you by name. You will, however, be listed as a participant in the study. Some of the questions will be duplicative of material we have already discussed in earlier questions but they may prompt you to think of additional issues. Are you ready to get started?

Interview Questions

- 1) Could you briefly describe your position and how long you have lived and/or worked in Clay County?
- 2) What do you think are the most pressing healthcare needs in Clay County?
- 3) What are the reasons that these concerns or behaviors are present?
- 4) Are there particular populations in Clay County that have specific health issues affecting them? (examples: Children, Teens/adolescents, Adults, Elderly, Uninsured)
- 5) Are there any health services that individuals in Clay County have difficulty accessing?
 - Examples: Primary care, Dental care, Specialty care, Mental Health care, Sexual Health Services, Substance Abuse treatment, Emergency care, Hospital care, Hospice care, Pediatric/Neonatal care
- 6) What groups of people in Clay County have more difficulty accessing healthcare than others? Why do you believe these group(s) have more difficulties with healthcare? What actions are necessary to address this issue?
 - a. Are there areas/neighborhoods in Clay County whose residents have a particularly difficult time accessing services?
- 7) What resources or advantages does Clay County have that can be used to improve the community's health?
 - b. Examples of resources are leaders, organizations, natural resources
- 8) What are some specific examples of people or groups working together to improve the health and quality of life in our community?

- 9) We often hear that transportation is an issue that affects accessing needed healthcare. In what way have you seen this in the community?
- 10) Of all the issues and topics we have discussed, which do you think is the most important health issue?
- 11) What actions are necessary to address this issue? Who do you think should take responsibility for addressing this issue?
- 12) What do you believe is keeping Clay County from doing what needs to be done to improve health and quality of life?
- 13) What actions, policy, or funding priorities would you support to build a healthier community overall?
- 14) Do you have any additional comments you would like to share about health or healthcare needs in Clay County?

APPENDIX C-3. KEY STAKEHOLDER INTERVIEW: ADDITIONAL COMMENTS

Summary of Additional Comments Provided by Key Stakeholders

- Need more law enforcement to enforce speed limits on CR-17 though unsure if increasing tickets will really be a solution to problems of speeding and motor vehicle accidents and injuries
- Need to target the stigma of mental health in Clay County
- Need to work together with county government and agencies on solutions on funding issues with transportation program
- Need more worksite wellness programs, enforce smoke free campuses at larger employers in Clay County
- It takes a village, everyone has an obligation to work on the mental health issues
- Everyone needs to take ownership of the problems related to mental health and chronic disease/lifestyle changes; everyone owns a piece of the problem
- CEO's/leadership from all providers in the county need to come together to address mental health issues
- Need to address reimbursement rates for primary care and urgent care services to promote better relationships with primary care providers; must happen at the state level
- More providers need to be trained in trauma informed care
- Need more providers who accept victim's compensation programs
- Need to address issues facing the working poor, those who make too much to qualify for existing programs
- Need to help educate people living in poverty to put them in a better position to improve their quality of life
- Explore ways to address stress management which ties into overall physical and mental health
- Vaping is a big issue in Clay
- Domestic violence is a problem
- With added growth in Clay County, will continue to see an increase in motor vehicle related accidents and injuries
- Opioid epidemic is a huge issue
- Need for more primary care providers
- Need more providers who speak languages other than English
- Need to improve pedestrian safety (crosswalks, intersections)
- Encourage residents to use parks, take advantage of nature, find way to increase physical activity outdoors
- Need to make people more aware about the resources available to them in Clay County
- Recognize that small changes can make a big difference in improving quality of life
- Increase funding in schools for mental health counselors
- Need for more pediatric psychiatrists
- Law enforcement, education in the schools and parenting in the home all needed to help with opioid epidemic
- Sheriff's Office is a great community partner in Clay County
- Would like to see funding available to allow for every EMS worker to be able to carry Narcan and make it more accessible
- Getting the new beltway has been a game changer for Clay County; will bring in more business to help the local economy
- Need to teach people how to take personal responsibility for their affairs
- Positive changes within the community are contagious; there are small grant program available to help make small improvements to local business (I,e landscaping).
- Need to get grant foundations to offer funding opportunities for a variety of topics
- Have to look at the highest priority in the community and focus on the top 2-3 key issues
- Clay is a great place to live and work; we've come a long way with 2 new hospital facilities, would like to see an additional inpatient hospital in Fleming area
- Health insurance plans should offer incentives to encourage employees to get their metabolic screenings
- Need to offer more after school nutrition classes in the schools, it's hard to find time during day so need to offer programs after school
- Resistance to change is biggest challenge in making lifestyle changes
- Schools are doing better but still need to do more to address drug problems among students

- Promote healthy habits and lifestyle change to both children and adults, especially important to start education as early as possible
- Regional planning is critical to Clay County
- Need more funding, more lobbyists to help with mental health problems
- Think outside the box when partnering with non-traditional partners
- Narcan data is not indicative of the true opioid problem, often need to administer it unnecessarily because responders can't be certain if it's cardiac arrest vs true overdose when they first arrive at the scene
- Need to get the message out to the entire community about what resources and services are available, include residents as well as health providers since they don't always know what's available. Communication/best way to share information is biggest challenge
- Sheriff's Office provides mental health training for every officer
- Keeping kids in school is very important

APPENDIX D. CLAY COUNTY 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? _____ City/Town Name: _____

2. How do you rate your overall health? (*check one selection*)

- Excellent Good Fair Poor I don't know

3. **Choose up to 5** of the items below that *you feel* are the **most important** features of a healthy community:

- | | |
|--|--|
| <input type="checkbox"/> Access to churches or other places of worship | <input type="checkbox"/> Preventative health care (annual check-ups) |
| <input type="checkbox"/> Good place to raise kids | <input type="checkbox"/> Available arts and cultural events |
| <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Quality childcare |
| <input type="checkbox"/> Good jobs, healthy economy | <input type="checkbox"/> Clean and healthy environment |
| <input type="checkbox"/> Access to parks and places to play | <input type="checkbox"/> Access to social services |
| <input type="checkbox"/> Good education | <input type="checkbox"/> Lack of discrimination |
| <input type="checkbox"/> Access to transportation (bus, taxi, etc.) | <input type="checkbox"/> Good place to grow old |
| <input type="checkbox"/> Low crime rates/safe neighborhoods | <input type="checkbox"/> Adequate parking/accommodations for persons with disabilities |
| <input type="checkbox"/> Affordable and/or available housing options | <input type="checkbox"/> Other: _____ |

4. **Choose up to 5** of the health problems or unhealthy behaviors that *you feel* are the **most important** in Clay County:

- | | |
|--|---|
| <input type="checkbox"/> Respiratory/lung disease (COPD, asthma, etc.) | <input type="checkbox"/> Heart disease & stroke |
| <input type="checkbox"/> Addiction – alcohol or drug | <input type="checkbox"/> Accidental injuries |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Unsafe sex/Sexually Transmitted Diseases |
| <input type="checkbox"/> Mental health / Suicide | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Contagious diseases (i.e. flu, pneumonia) | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Infant death/ premature birth |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Not getting shots/immunizations to prevent disease |

Lack of access to healthcare

Dental problems

Smoking/tobacco use

Other: _____

5. What health care services are difficult to obtain in your community? (check all that apply):

Alternative therapy (herbals, acupuncture)

Family planning/birth control

Physical or rehab therapies

Inpatient hospital

Ambulance/rescue services

Vision care

Prescriptions/medications/medical supplies

Lab work

Chiropractic care

Mental health/counseling

Wellness/nutrition counseling

X-rays/mammograms

Dental/oral care

OB/pregnancy care

Primary care (family doctor or walk-in clinic)

Substance abuse services (e.g., drug and alcohol)

Emergency room care

Other: _____

Specialty care (ex. heart doctor)

6. What types of barriers or difficulties affect you in getting healthcare? (check all that apply):

Problems with transportation (bus, taxi, etc.)

Healthcare information is not kept private

Lack of evening and weekend services

Can't find health services in my native language

I can't afford to pay for healthcare

I don't like accepting government assistance

Long waits for appointments and services

I don't understand the health information my doctor gives me

I can't find providers that accept my insurance

Other: _____

I don't know what types of services are available

NONE – I don't have any barriers to healthcare

7. Do you feel discriminated against by healthcare providers due to any of the following reasons? (check all that apply)

Race/ethnicity

Language

Gender

Income

Sexual orientation

Religion

Weight

Other _____

Age

No, I do not feel discriminated against

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

- Health insurance from my job
- Health insurance from a family member's job
- Health insurance that I pay for on my own
- I can't afford any health insurance
- Medicare (any kind)
- Medicaid (any kind)
- Military insurance or VA benefits
- Other: _____

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

10. Are you: Male Female Other: _____

11. Which Race/Ethnicity do you most identify with? (Please choose only one)

- Black / African-American
- Hispanic or Latino(a)
- Native American/Alaskan Native
- White / Caucasian
- Asian or Pacific Islander
- Other: _____

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

- Elementary/Middle School
- Community College
- 4-Year College/Bachelor's Degree
- High School Diploma or GED
- Technical or Trade School
- Graduate/Advanced Degree

13. Current Employment Status (Please choose only one)

- Employed – Full time
- Student
- Retired
- Unemployed
- Employed – Part time
- Stay-at-home parent
- Disabled

14. What is the approximate total income among all earners in your household? (Please choose only 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

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

THANK YOU FOR COMPLETING THIS SURVEY!