



CLAY COUNTY

Community Health Improvement Plan

March 2024 – December 2028

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

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed By
4/5/2024	1	Added a policy-based objective to review and update policy on school citations and enforcement – Goal B2, Activity 2.1.3	42	Rosalinda Joassaint
4/5/2024	2	Reviewed the complete listing of community assets and resources to include a core team	2	Rosalinda Joassaint
6/24/2024	3	Revision date and table added	Cover page	Ekiuwa Daniels

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Table of Contents

Executive Summary	1
Acknowledgements.....	2
Using the Community Health Improvement Plan	3
Review of Clay County’s Community Health Assessment	4
The MAPP Process	4
MAPP Assessments	4
Forces of Change Assessment.....	5
Community Strengths & Themes Assessment	6
Focus Groups.....	6
Community Survey	7
Key Stakeholder Interviews	7
Local Public Health System Assessment.....	8
Community Health Status Assessment.....	9
Identifying Priority Health Issues.....	10
Top Health Issues Identified by Community Surveys	10
Top Health Issues Identified by Focus Groups.....	10
Top Health Issues Identified by Key Stakeholder Interviews	11
Top Health Issues Identified by Secondary Data.....	11
Top Health Issues Identified by the Steering Committee.....	11
Description of Priority Health Issues	12
Behavioral Health	12
Suicide.....	12
Violence.....	13
Behavioral Health Medical Professionals	14
Substance Use	14
Lifestyle Behaviors.....	16
Heart Disease.....	17
Chronic Lower Respiratory Disease	18
Stroke	19
Diabetes	20
Chronic Liver Disease and Cirrhosis	21
Cancer.....	22
Communicable Diseases.....	28
Behavioral Risk Factor Surveillance System	30

Access to Healthy Foods.....31

Healthcare Access.....32

 Healthcare Providers.....32

 Healthcare Facilities.....33

Overview of CHIP Process.....35

References.....36

CHIP Action Plans.....39

 Behavioral Health.....40

 Lifestyle Behaviors.....46

 Healthcare Access.....52

Executive Summary

Since 2010, the Clay County Community Health Improvement Planning (CHIP) group has collaborated to understand and address the current and future health needs of the community. The CHIP group, with guidance from the Health Planning Council of Northeast Florida, Inc. (HPCNEF), developed this Community Health Improvement Plan as part of ongoing efforts to improve health in Clay County.

The Florida Department of Health in Clay County (DOH-Clay), in partnership with HPCNEF, championed a CHIP to identify and prioritize health issues in Clay County, using a nationally recognized approach called Mobilizing for Action through Planning and Partnerships (MAPP). The CHIP uses information from the Community Health Assessment (CHA) which includes quantitative (e.g., disease incidence rates and mortality rates) and qualitative data (e.g., community input) to assess the health status of the community and determine which health issues will be the focus of health planning efforts for the next five years.

The CHIP group decided the 2023 CHIP would focus on the following priority health issues after reviewing and discussing the data collected through the CHA process:

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

The purpose of the CHIP process is to establish goals, objectives, and strategies aimed at addressing the priority health issues identified in the CHA. To improve implementation and evaluation of the goals in this plan, the CHIP group decided to utilize a balanced scorecard approach, which identifies goals, objectives, and strategies and sets measurable targets to move the CHIP process forward.

The targets and measures outlined in the CHIP Action Plans at the end of this document were carefully selected through collaborative and inclusive workgroups for each health issue. Additionally, many of the targets align with the national Healthy People 2030 initiative and with goals and objectives from the Florida State Health Improvement Plan. These national and statewide initiatives provide evidence-based benchmarks to track and monitor health, as well as best practices to guide health promotion and disease prevention efforts, which will ultimately help improve health outcomes in Clay County.

During the next steps of the MAPP health planning cycle, the CHIP group will continue to work together to address the three priority health issues outlined above. The CHIP group will plan for action, implement strategies, and evaluate progress. As a living document, the *2023 Clay County Community Health Improvement Plan* is flexible and can accommodate changes or updates as needed. The CHIP group will reassess and update the CHIP Action Plans and the Community Health Assessment annually to best address the needs of the local community.

Acknowledgements

With valuable input from Clay County's community stakeholders and leaders, the 2023 Clay County CHIP became a decisive community call to action. DOH-Clay and HPCNEF would like to extend gratitude to the organizations and individuals who dedicated their valuable time to make sure that the CHIP goals, objectives, and strategies aligned best with the needs of the local community. DOH-Clay and HPCNEF would also like to thank the organizations involved with implementing the CHIP action plan; through cooperation and leadership, Clay County will make strides towards its desired health outcomes.

CHIP Core Team:

- Aging True
- Baptist Medical Center Clay
- Clay Action Coalition
- Clay Behavioral Health Center
- Clay County Government
- Clay County Parks and Recreation
- Clay County Paramedicine Program
- Clay County Sheriff
- Florida Department of Health – Clay County
- Hanley Foundation (appears twice)
- Northeast Florida AHEC
- Quigley House
- Tobacco Free Florida – Clay County
- UF/IFAS Extension Clay County

CHIP Community Partners:

- Aging True
- American Foundation for Suicide Prevention
- Ascension St. Vincent's Clay County
- Aza Health
- Baptist Medical Center Clay
- Challenge Enterprises
- Children's Home Society of Florida
- Clay Action Coalition
- Clay Behavioral Health Center
- Clay County Detention Facility
- Clay County Paramedicine Program
- Clay County Public Library System
- Clay County Government

- Clay County School District
- Clay County Sheriff's Office
- Clay County YMCA Community Integrated Health Programs, Healthy Living Department
- Clay County Parks and Recreation
- Community Partnership Schools
- ElderSource
- Emmanuel Project
- Episcopal Children's Services
- Florida Suicide Prevention Coalition
- Groups Recover Together
- Hanley Foundation
- HCA Florida Orange Park
- Hope is Restored
- Impact Clay
- LSF Health Systems
- Mayo Clinic
- Mercy Support Services
- Mission of the Dirt Road
- Northeast Florida AHEC
- Palms Medical Group
- Quigley House
- Sunshine Health
- The Players BMC Jax
- The Way Free Medical Clinic, Inc.
- Tobacco Free Florida – Clay County
- UF/IFAS Extension Clay County
- UF Health Cancer Center
- Wolfson Children's Hospital

Using the Community Health Improvement Plan

The creation of CHIP for Clay County serves as a reminder of how the collaboration between government officials, community leaders, public health professionals, and community advocates, as well as many other Clay County participants, can build public health infrastructure, aid, and guide planning, and ultimately improve the health outcomes of Clay County. There are several suggested ways to use this CHIP to improve the well-being and quality of life for the Clay County community:

Community Resident

- Use this CHIP to compare individual health with that of Clay County's community health data
- Be an advocate in the community to support healthy lifestyles and behaviors
- Volunteer! Share your resources, time, funding with your community
- Understand the top health priorities facing Clay County

Health Care Professional

- Understand the top health priorities facing Clay County
- Inform your patients/clients of available resources in the community listed in the CHIP
- Be a resource for the community, whether it be expertise, funding, time, or support

Faith-based Organization

- Understand the top health priorities facing Clay County
- Use this plan to improve the overall health (mind, body, and spirit) of members in your community
- Identify opportunities for your community or members to support and encourage participation in public health projects

Government Official

- Understand the top health priorities facing Clay County
- Participate in community efforts as laid out in the CHIP strategies
- Engage with other government officials to inform and promote your community's health

Educators

- Understand the top health priorities facing Clay County
- Be a resource for the community, whether it be expertise, funding, time, or support
- Engage the support of leaders, teachers, students, and parents

Public Health Professionals

- Understand the top health priorities facing Clay County
- Recognize how the Clay County community compares with peer counties, Florida, and the U.S. population as a whole
- Be a resource for the community whether it be expertise, funding, time, or support

Employers

- Understand the top health priorities facing Clay County
- Inform and educate your team/staff on the importance of employee wellness and productivity

Review of Clay County's Community Health Assessment

DOH-Clay maintains strong and enduring relationships with multiple health and social services providers throughout the community. DOH-Clay invited members from the ongoing CHIP group to act as a platform and steering committee for the Clay County Community Health Assessment (CHA) process, which began in March 2023.

Community health assessments intend to answer questions about community health status and needs, including: "How healthy are our community residents?" and "What does the health status of our community look like?" An underlying goal of the Clay County community health assessment was to ensure a truly community-driven process by empowering all stakeholders to help facilitate change through collaboration, coordination, and communication.

The MAPP Process

DOH-Clay and HPCNEF completed the CHA using the Mobilizing for Action through Planning and Partnerships (MAPP) process, developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control & Prevention (CDC). The MAPP process is a community-driven, participatory process intended to bring together not only health care providers but also mental health and social service agencies, public safety agencies, education and youth development organizations, recreation agencies, local governments, neighborhood associations, and civic groups to improve community health (NACCHO, n.d.). By participating in the MAPP process, community stakeholders gain a higher understanding and awareness of their community and local health issues.

MAPP Assessments

The MAPP process consists of four assessments:

1. **The Forces of Change Assessment** identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
2. **The Local Public Health System Assessment** focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?"
3. **The Community Themes and Strengths Assessment** provides an understanding of the health issues that residents feel are important, including quality of life.
4. **The Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered here include, "How healthy are our residents?" and "What does the health status of our community look like?"

Detailed information on all of the MAPP assessments can be found in the *2023 Clay County Community Health Assessment*, which is available on the Florida Department of Health in Clay County's website at <https://clay.floridahealth.gov>. A summary of each assessment is provided below.

EXHIBIT 1: THE MAPP MODEL



Forces of Change Assessment

The Forces of Change Assessment identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. The assessment answers two primary questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” Steering Committee members and other community leaders identified the following as forces, trends, or factors in several categories that may significantly impact health in Clay County.

Social Forces

- Increase in population growth
- Increase in violence

Economic Forces

- High cost of living
- Labor shortage

Government/Political Forces

- Changes in public policies and legislations
- New county strategic plan

Community Forces

- Gateway to Clay, College Drive, and Blanding Corner initiatives
- New hospital – Baptist Clay

Environmental Forces

- Large expressway being built

- Laws regarding septic tanks and Black Creek Pipeline

Educational Forces

- New policies and curriculum changes
- Teacher shortage

Science/Technology Forces

- Increase in telehealth services
- Increase in virtual and hybrid community meetings

Ethical/Legal Forces

- Laws and regulations surrounding immunizations
- Abortion ban

Health Forces

- Health professional shortages and burnout
- Post-pandemic rise in communicable diseases and chronic disease diagnoses

For the comprehensive list of the forces of change, please refer to the 2023 Clay County CHA.

Community Strengths & Themes Assessment

The Community Strengths and Themes Assessment generates direct feedback from community residents regarding observations of their own health, community health, and access to healthcare services. Themes and issues identified during this phase often offer insight into information discovered through other MAPP assessments.

Community surveys, focus groups and key stakeholder interviews provided the information needed to complete the Community Strengths and Themes Assessment. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) conducted five focus groups and 10 key stakeholder interviews with the cooperation of the Florida Department of Health in Clay County. The Steering Committee asked community members and stakeholders to participate in a survey on community health, healthcare services, and quality of life in Clay County. A total of 931 community members and stakeholders in Clay County took the community survey. Surveys and focus groups were designed to ascertain opinions of community stakeholders with knowledge of the community or influence in the county. The findings provided qualitative information, revealing community sentiments regarding healthcare services in Clay County.

Focus Groups

Focus group participants were asked to fill out a survey with questions about their demographics, insurance status, quality of life, health status, and more. A total of 39 participants in attendance at the focus groups filled out the demographic survey. Most participants were over age 40, female, White, and had at least a High School Diploma or GED.

- Of the 39 participants, 87.2% were female and 84.6% were White
- More than half (66.6%) of participants were 40 or older

- More than half (56.4%) of participants had an educational level of Technical/Community College or higher

HPCNEF staff presented discussion questions about community and health needs in Clay County during the focus groups for participants to answer aloud. The focus group discussion covered topics such as system's access to care, quality of care, safety networks, health needs and concerns, community closeness and pride, and health education and knowledge. Several themes and issues were discussed more frequently, extensively, and with more intensity than others throughout the duration of the focus groups. These themes, which came up in response to more than one question, include: barriers to access to health care services and resources, health education and knowledge issues, and limited ability to have a healthy lifestyle. According to focus group participants, some of the most significant health status concerns in Clay are substance use, mental health issues, and access to healthcare.

Community Survey

A total of 931 community members and stakeholders in Clay County took the community survey. Some respondents did not answer every question on the survey. About 99.3% of the 956 participants who responded to the question on gender were female (77%), and 80.1% (of 919 respondents) were White. Of the 931 people who responded to the question on age, more than 50% were in the age groups 26–39 (21.7%) and 40–54 (32.5%). Most respondents resided in ZIP Code area 32068 (Middleburg) (26.0%) and in ZIP Code area 32043 (Green Cove Springs) (17.8%).

Respondents were asked to identify the five most important health problems and unhealthy behaviors in Clay County. Among the top health concerns and unhealthy behaviors were mental health, drug abuse, obesity/overweight, child abuse/neglect, and domestic violence. A lack of evening and weekend services and long wait times for appointments and services were the most common barriers to receiving healthcare. When asked what the five most important features of a healthy community were, the top choices were low crime rates/safe neighborhoods, access to healthcare, good jobs/healthy economy, good education, and good place to raise kids.

Key Stakeholder Interviews

A total of 10 interviews via Zoom and Microsoft Teams were conducted by HPCNEF staff during the months of May and June 2023. The key stakeholders were suggested and initially contacted by the Florida Department of Health in Clay County. Key stakeholders included but were not limited to governmental representatives, health care providers, and representatives of local community organizations. On average, each interview lasted around 30 minutes. Topics addressed during the interviews included the interviewee's overall perspective on the most important health care needs and issues in Clay County, opinions of important health issues that affect county residents, and impressions of specific health services available in the county and the accessibility of these services. The following issues were identified by key stakeholders:

- **Barriers to healthcare access:** These barriers include low-income levels, transportation challenges, limited access to healthy foods, lack of access to healthcare resources, substance use and addiction, mental health issues, cultural differences, limited education and awareness, and disparities in recreational spaces.

- **Populations facing healthcare access challenges:** These populations include minorities, immigrants, low-income individuals, elderly, individuals with chronic diseases, uninsured and underinsured, individuals with mental health issues, individuals residing in food deserts, undocumented individuals, foster children, and populations struggling with housing insecurity.
- **Reasons for healthcare access difficulties:** The reasons for healthcare access difficulties among the identified populations include socioeconomic status, limited alternatives for care, transportation challenges, lack of awareness and education, high cost of living, delayed healthcare-seeking behavior, insufficient education about unhealthy behaviors, lack of knowledge about available services, and limited priority given to health and wellness.
- **Specific health care services facing access challenges:** Specific health care services that face access challenges include community health clinics, dental care, mental health care, reproductive health care, prenatal care, primary healthcare and preventive screenings, and education about available services.
- **Actions to address healthcare access:** The stakeholders suggested various actions to improve healthcare access, including enhancing education and awareness, implementing paramedicine programs, expanding community health clinics, utilizing mobile clinics, providing community education classes, improving internet access for telehealth services, increasing access to reproductive care and other essential services, promoting collaboration among local partners, improving transportation options, addressing guardianship issues for foster children, and normalizing primary care doctor visits and preventive healthcare.

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) is a tool from the National Public Health Performance Standards Program used to answer the question: “What are the components, activities, competencies, and capacities of our local public health system?” Public health systems include “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction” (CDC, 2023b). The 10 Essential Public Health Services are key public health activities to be undertaken in all communities, and are as follows:

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.

Key health system stakeholders in Clay County answered questions about the local public health system via two in-person meetings to determine how the local public health system performs in each of the 10 Essential Public Health Services. Participants answered questions about each essential service and scored each service using recommended scoring levels provided in the assessment

instrument. Strengths and gaps in the county's healthcare safety net and public health system were identified in this way and were subsequently considered during the remainder of the planning process.

Clay County performs best in Essential Services 2: Diagnose and Investigate, 6: Enforce Laws and Regulations, and 8: Assure a Competent Workforce, and scores lowest in 7: Link People, 9: Evaluate Health Services, and 10: Research/Innovations.

Community Health Status Assessment

The Community Health Status Assessment, as outlined in the Florida MAPP Field Guide, aims to answer the following questions:

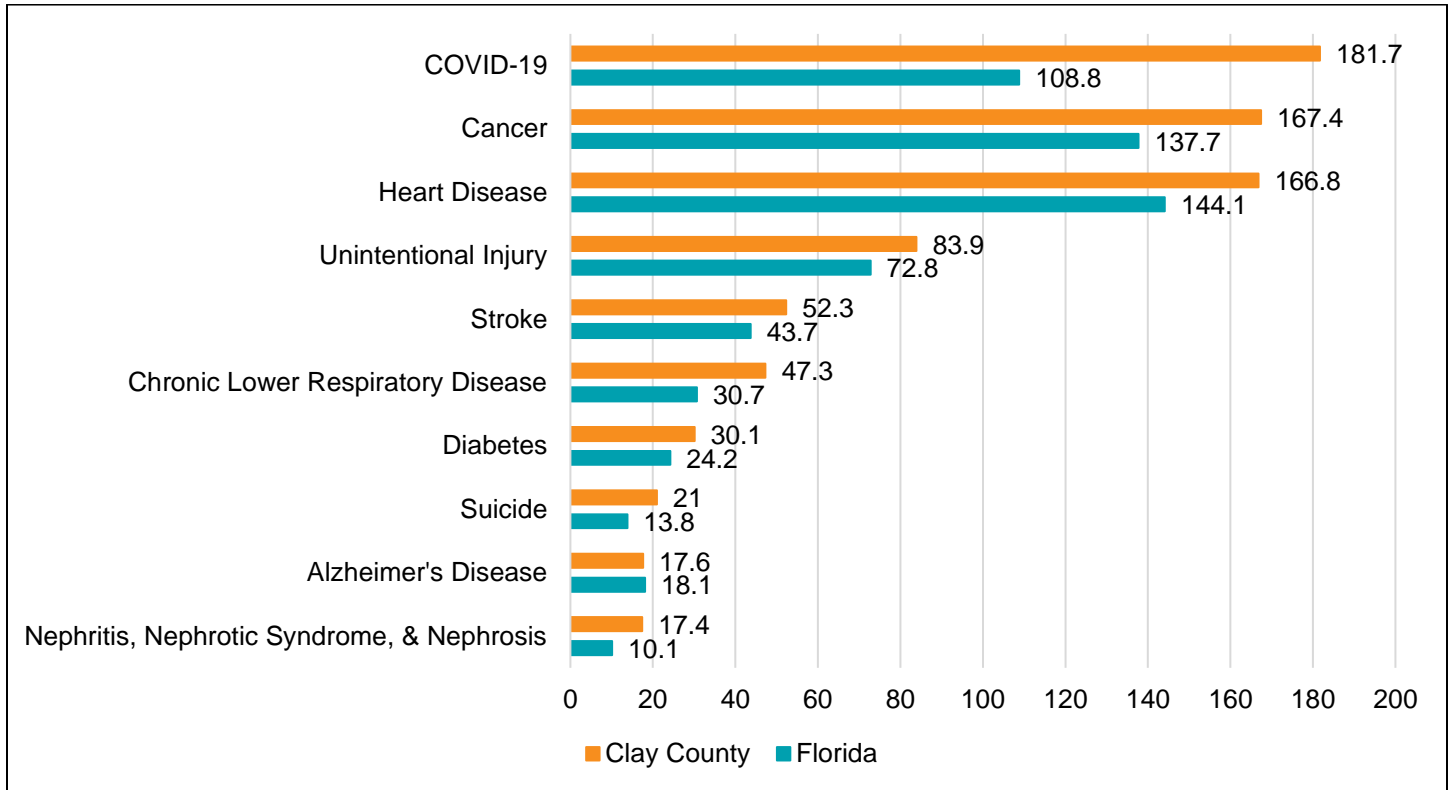
- “How healthy are our residents?”
- “What does the health status of our community look like?”
- “What are the strengths and risks in our community that contribute to health?”

To answer these questions, HPCNEF staff collected, analyzed, and reviewed secondary data describing population health in Clay County and compared that data to other known time periods and/or geographies. Of note with mortality data indicators broken down by race, “Non-White” refers to the Black population in Clay County.

While HPCNEF uses reasonable efforts to provide accurate and up-to-date data, some of the information provided in these assessments and herein is gathered from third-party secondary data sources and has not been independently verified by HPCNEF. While the information is considered to be true and correct at the date of publication, changes in circumstances after the time of publication may impact the accuracy of the information. The data information contained in this Clay County CHIP was pulled directly from the Clay County CHA that was finalized in September 2023 and is subject to change at any time without notice. Although the information in this report has been produced and processed from sources believed to be reliable, no warranty, expressed or implied, is made regarding the accuracy, adequacy, completeness, legality, reliability, or usefulness of any information. This disclaimer applies to both isolated and aggregate uses of information. HPCNEF, working on behalf of the Florida Department of Health in Clay County, is not in any way liable for the accuracy of any information printed and stored or in any way interpreted and used by a user. Changes are periodically made to the information herein. HPCNEF may make improvements and/or changes in the services and/or the content(s) described herein at any time.

Mortality rates are key indicators of the state of health of a community. Exhibit 2 shows the top ten causes of death in Clay County and the state of Florida. COVID-19, cancer, and heart disease were the leading causes of death in both Clay County and the state of Florida in 2021. Clay County has a higher mortality rate for COVID-19 (181.7 versus 108.8 deaths per 100,000 population), cancer (167.4 versus 137.7 deaths per 100,000 population), and heart disease (166.8 versus 144.1 deaths per 100,000 population) when compared to Florida's rates.

EXHIBIT 2: LEADING CAUSES OF DEATH, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2021



Source: [Florida Department of Health, Bureau of Vital Statistics](#)

Identifying Priority Health Issues

Top Health Issues Identified by Community Surveys

DOH- provided community members with an opportunity to express their opinions on the health status and health needs of Clay County residents by distributing a survey throughout the county. A total of 973 people completed the survey. Survey responses were eligible for analysis if participants completed at least 90% of the survey and had a ZIP Code in Clay County. In the end, 931 surveys were included in the analysis. The community survey respondents identified the following as the top health issues in Clay County:

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

Top Health Issues Identified by Focus Groups

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

- Access to Healthcare
- Health Education and Knowledge

- Mental Health
- Public Transportation
- Access to Healthy Food Options

Top Health Issues Identified by Key Stakeholder Interviews

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

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

Top Health Issues Identified by Secondary Data

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

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

Top Health Issues Identified by the Steering Committee

On August 21, 2023, Steering Committee members gathered at the Clay County Health Department to discuss the preliminary results of the Clay County Community Health Assessment (CHA). A total of 11 individuals attended the meeting. A team from the Health Planning Council of Northeast Florida, Inc. (HPCNEF) presented the CHA preliminary findings, which consisted of primary (community survey, focus groups, key stakeholder interviews) and secondary data that supported the top four overall key themes.

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

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

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

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

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

Description of Priority Health Issues

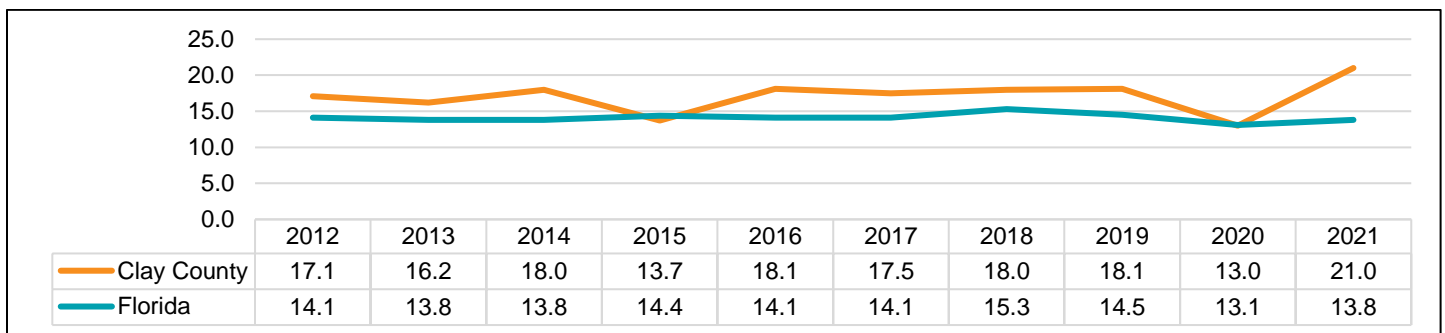
Behavioral Health

Behavioral health—including mental health, substance abuse, and resources—is an extremely important part of a healthy community. Behavioral health care focuses on the prevention, diagnosis, and treatment of these conditions. In 2021, suicide was the eighth leading cause of death in Clay County. There are many factors that play a role in determining a person’s overall mental health state. Key data related to behavioral health in Clay County is presented below.

Suicide

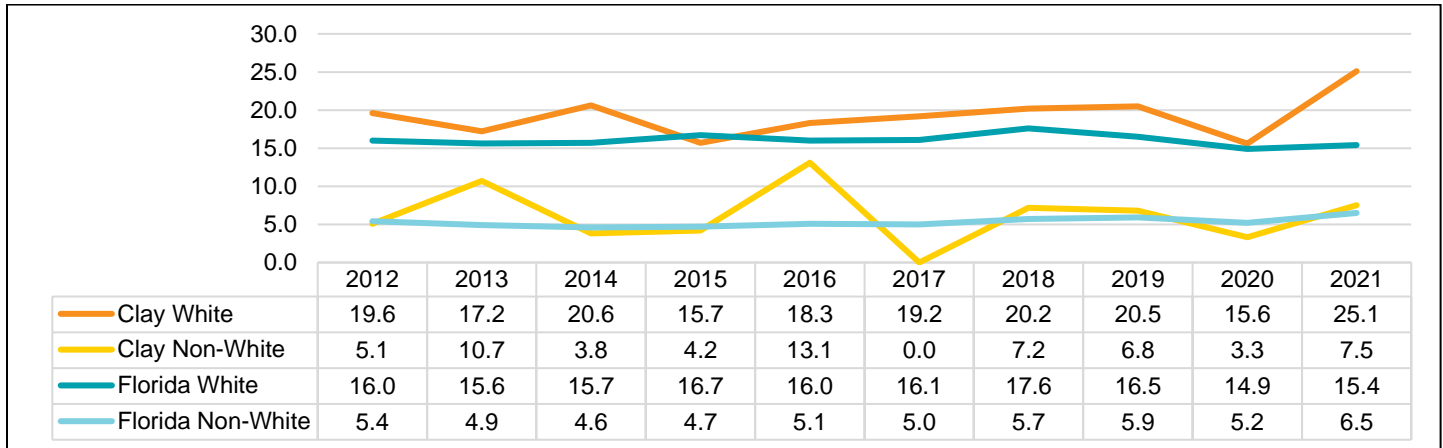
Suicide is a leading cause of death in the U.S. (CDC, 2023g), and it can also have consequences beyond intentional self-harm. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure (CDC, 2023g). People who have attempted suicide may have experienced violence, including child abuse, bullying, or sexual violence and may even have depression and other mental health problems (CDC, 2023g). Clay County’s suicide death rate has slightly fluctuated over the past decade and most notably had a 61.5% increase from 2020 to 2021 (Exhibit 3). In both Clay County and Florida, suicide tends to occur much more frequently among White populations than non-White populations, as shown in Exhibit 4.

EXHIBIT 3: SUICIDE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide](#)

EXHIBIT 4: SUICIDE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

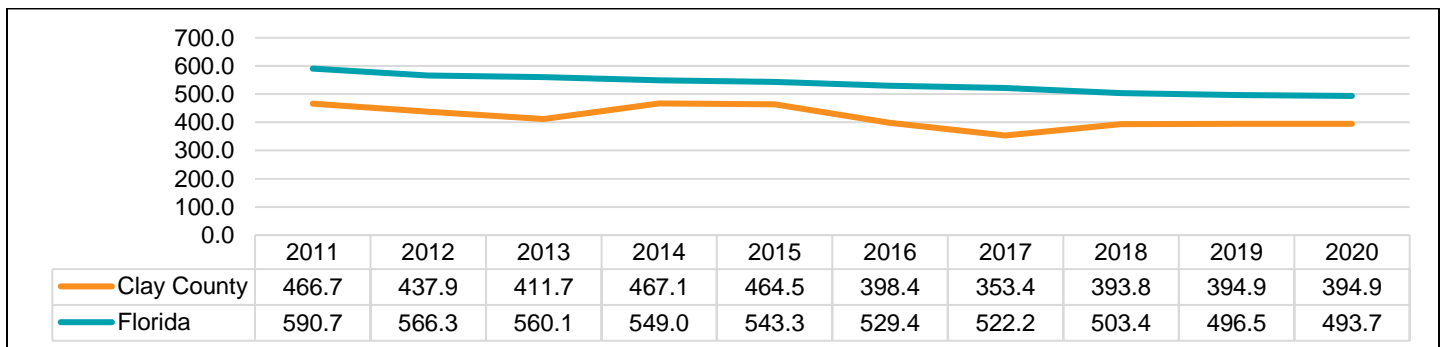


Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide](#)

Violence

Overall, Clay County has a lower rate of domestic violence offenses than in the state. From 2011 to 2020, the incidence of domestic violence offenses decreased in both Clay County (15.4%) and in Florida (16.4%) (Exhibit 5).

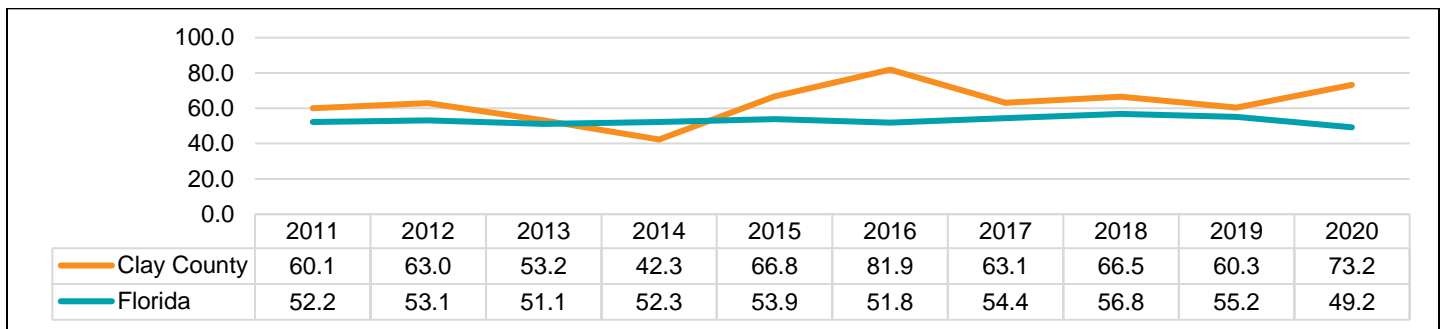
EXHIBIT 5: INCIDENCE OF DOMESTIC VIOLENCE OFFENSES, CLAY COUNTY AND FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2011–2020



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Domestic Violence Offenses](#)

Forcible sex offenses are any sexual act or attempt involving force, regardless of the age of the victim or the relationship of the victim to the offender. The incidence of forcible sex offenses in Clay County fluctuated from 2011 to 2020 but ultimately increased by 21.8%, compared to Florida with an overall decrease of 5.7% during the same time period (Exhibit 6).

EXHIBIT 6: INCIDENCE OF FORCIBLE SEX OFFENSES, CLAY COUNTY AND FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2011–2020



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Forcible Sex Offenses](#)

Behavioral Health Medical Professionals

Mental health is an important part of overall health and well-being at every stage of life, from childhood and adolescence through adulthood. Having access to mental health services is an essential component for a community’s mental health and overall well-being. Clay County has a total of 79 licensed clinical social workers, 11 licensed marriage and family therapists, 127 mental health counselors, and 24 licensed psychologists, as shown in Exhibit 7.

EXHIBIT 7: TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, CLAY COUNTY & FLORIDA, FY 2020–21

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

Source: [Florida Department of Health, Division of Medical Quality Assurance](#)

Substance Use

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

The Florida BRFSS began reporting health behavior data in 1986 on residents 18 years old and over. The 2019 BRFSS is the latest and sixth county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. That year, 860 Clay County adults responded to the county-level survey (FDOH, 2019). Exhibit 8 shows some of the key findings for Clay County related to substance use. Clay County and Florida have similar percentages except for a higher percentage of adults who are current smokers in Clay County (Exhibit 92).

EXHIBIT 8: SELECTED BRFSS DATA, CLAY COUNTY & FLORIDA, 2019 AND 2020

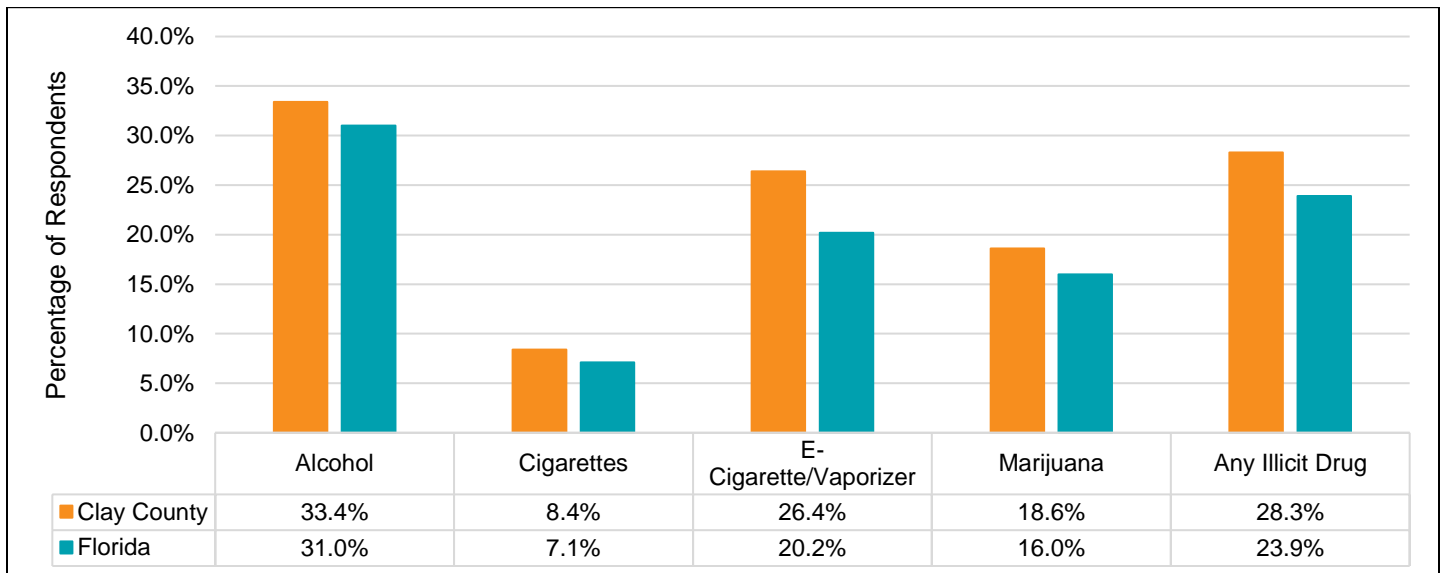
Alcohol Consumption	Clay County	Florida
Adults who engage in heavy or binge drinking	18.9%	18.0%
Tobacco Usage	Clay County	Florida
Adults who are current smokers	22.2%	14.8%
Adult current smokers who tried to quit smoking at least once in the past year	53.5%	59.0%
Adults who are former smokers (currently quit smoking)	25.9%	26.3%
Adults who have never smoked	51.9%	58.9%
Adults who are current e-cigarette users	6.3%	7.5%
Adults who are former e-cigarette users	18.9%	18.4%
Adults who have never used e-cigarettes	74.6%	74.1%

Source: [2019 Behavioral Risk Factor Surveillance System](#)

Note: The cancer screening indicators included in this table did not have data available at the county level in 2019.

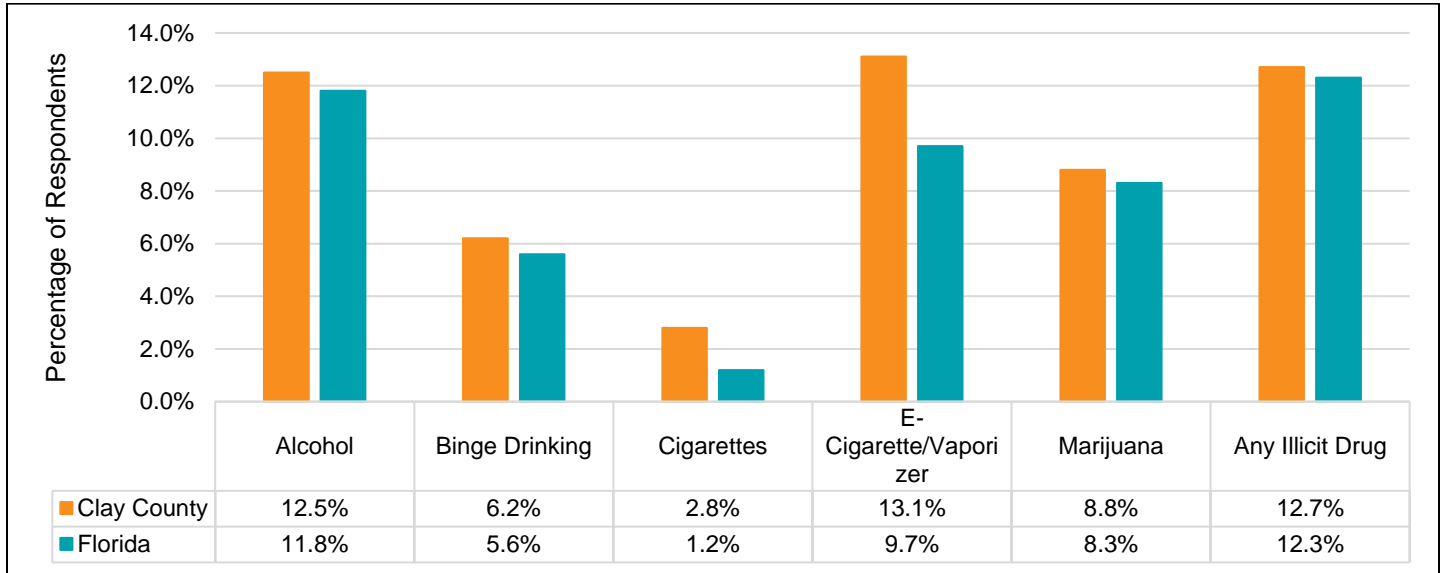
The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco, and other drug use; delinquent behaviors; and the risk and protective factors related to these behaviors (FDCF, n.d.). The 2022 FYSAS was answered by 1,033 Clay County students in grades 6–12 (FDOH, 2022). Alcohol was the most commonly used substance among students with a prevalence rate of 33.4% for lifetime use and 12.5% for past-30-day use. Illicit drugs (LSD, cocaine, amphetamines, or another illegal drug) and e-cigarettes/vaporizers were the other most used substances among students, with a 28.3% and 26.4% rate for lifetime use and 12.7% and 13.1% prevalence rate for past-30-day use, respectively (Exhibit 9 and Exhibit 10).

EXHIBIT 9: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THEIR LIFETIME, 2022



Source: [Florida Youth Substance Abuse Survey, 2022 Clay County Report](#)

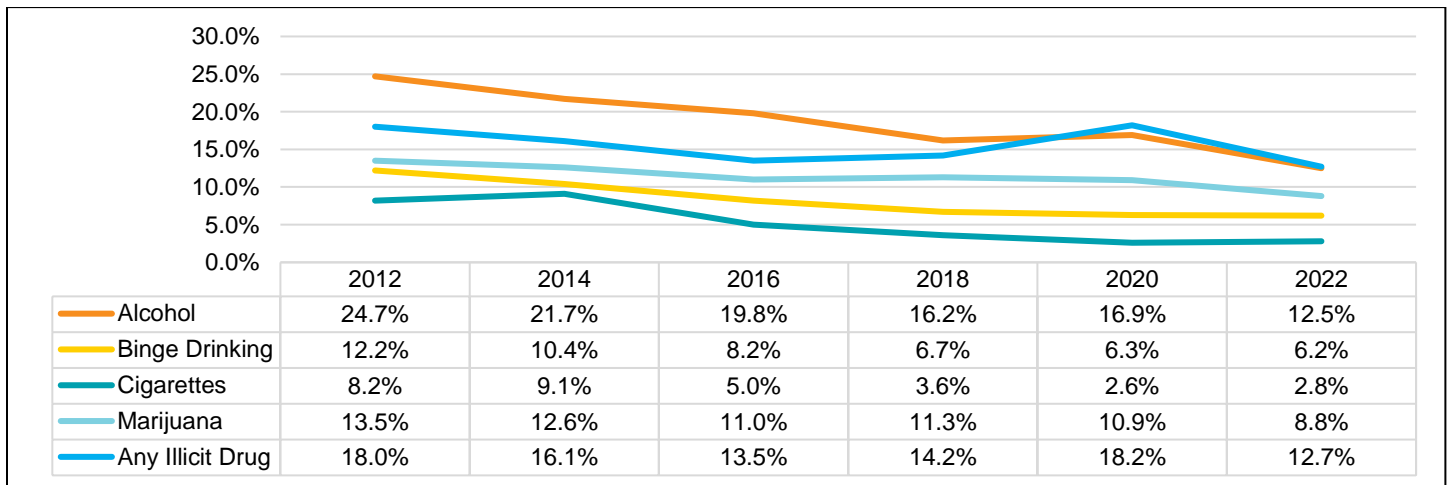
EXHIBIT 10: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THE PAST 30 DAYS, 2022



Source: [Florida Youth Substance Abuse Survey, 2022 Clay County Report](#)

Clay County has seen a decline of past 30-day youth substance use from 2012 to 2022 for all substances. Alcohol past-30-day substance use went from 24.7% in 2012 to 12.5% in 2022 (Exhibit 11).

EXHIBIT 11: YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR CLAY COUNTY, 2012–2022



Source: [Florida Youth Substance Abuse Survey, 2022 Clay County Report](#)

Lifestyle Behaviors

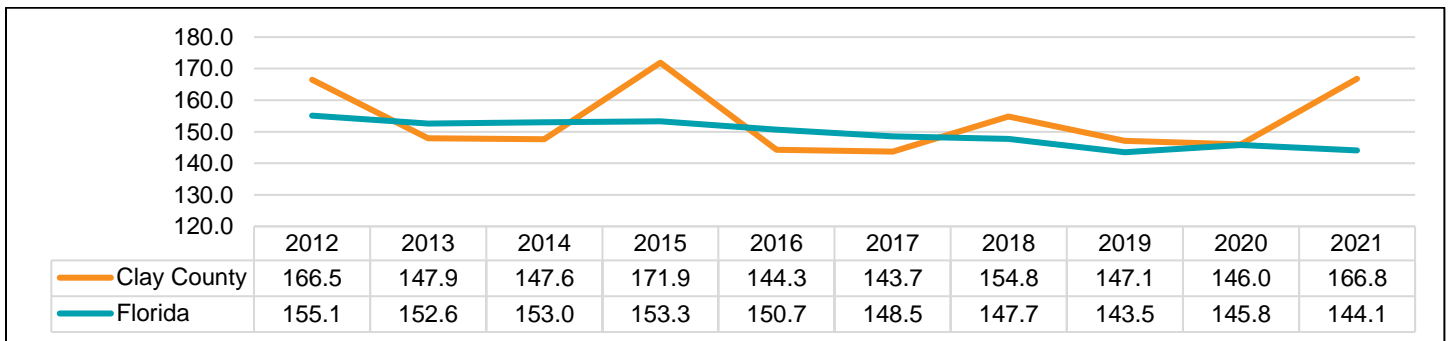
Lifestyle behaviors—including poor diet, lack of exercise, tobacco use, and excessive alcohol use—are a key contributor to the development of cancer, heart disease, stroke, and diabetes, all of which were leading causes of death in Clay County in 2021. The Lifestyle Behaviors priority health area focuses on obesity/overweight, smoking/vaping, chronic disease, communicable disease, access to healthy foods, and health education and knowledge. Key data related to lifestyle behaviors in Clay County is presented below.

Heart Disease

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

From 2012 to 2021, the mortality rate from heart disease in Clay County fluctuated but ultimately has stayed about the same. The biggest spike of deaths occurred in 2015. In contrast, Florida’s mortality rate has steadily decreased by 7.1% from 2012 to 2021 (Exhibit 12).

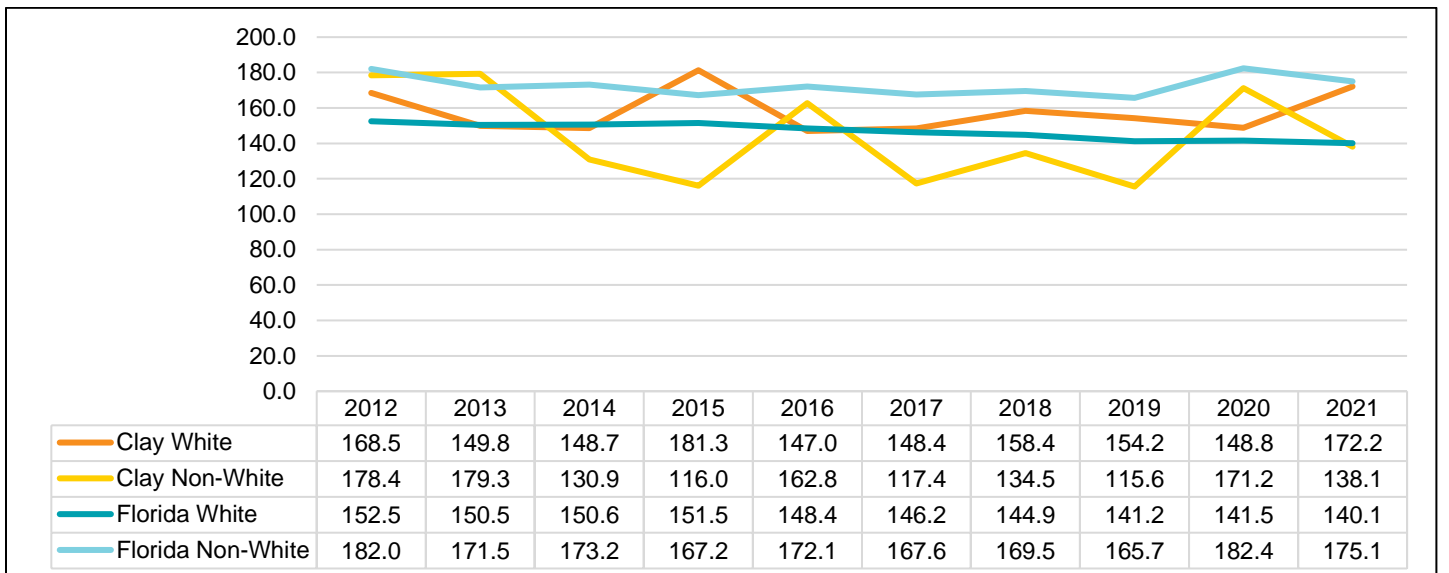
EXHIBIT 12: HEART DISEASE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease](#)

Clay County’s non-White residents have had a lower heart disease mortality rate than White residents for most of the last decade, and the mortality rate for non-White residents fell by 22.6% from 2012 to 2021. The mortality rate among Clay County’s White residents increased by 2.2% during the same time (Exhibit 13).

EXHIBIT 13: HEART DISEASE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

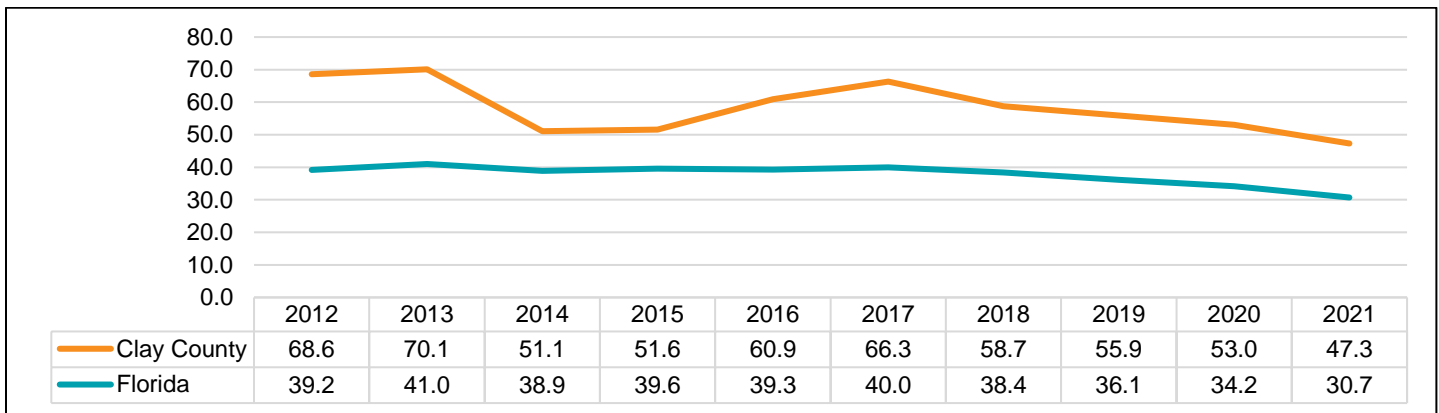


Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease](#)

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD), a disease of the airways and other structures of the lungs, includes asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases, and pulmonary hypertension. Risk factors include first and secondhand tobacco smoke, exposure to indoor and outdoor air pollutants, genetic factors, and respiratory infections (WHO, n.d.). In 2021, CLRD was the sixth leading cause of death in Florida and Clay County (Exhibit 2). Clay County had a higher CLRD mortality rate than Florida over the last decade, but the county's CLRD mortality rate decreased by 31.0%, while Florida's mortality rate decreased by 21.7% from 2012 to 2021 (Exhibit 14).

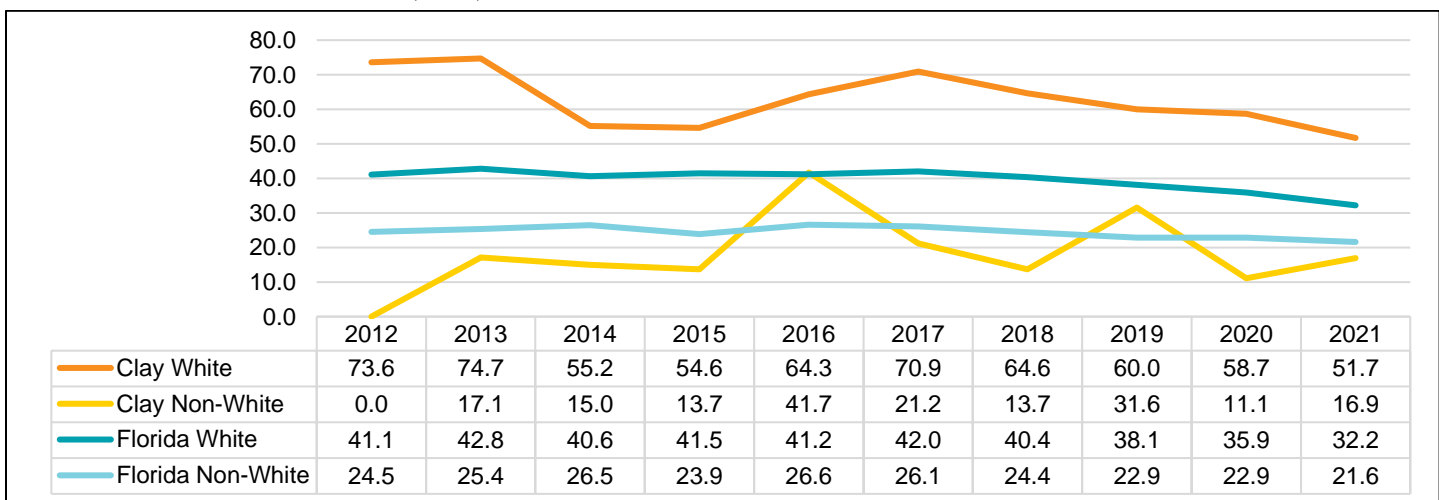
EXHIBIT 14: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Lower Respiratory Disease](#)

The CLRD mortality rate among Clay County's non-White residents was lower than among White residents from 2012 to 2021. The mortality rate for White Clay County residents has consistently been above the state average for White and non-White populations over the past decade but decreased by 29.8% during this period (Exhibit 15).

EXHIBIT 15: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



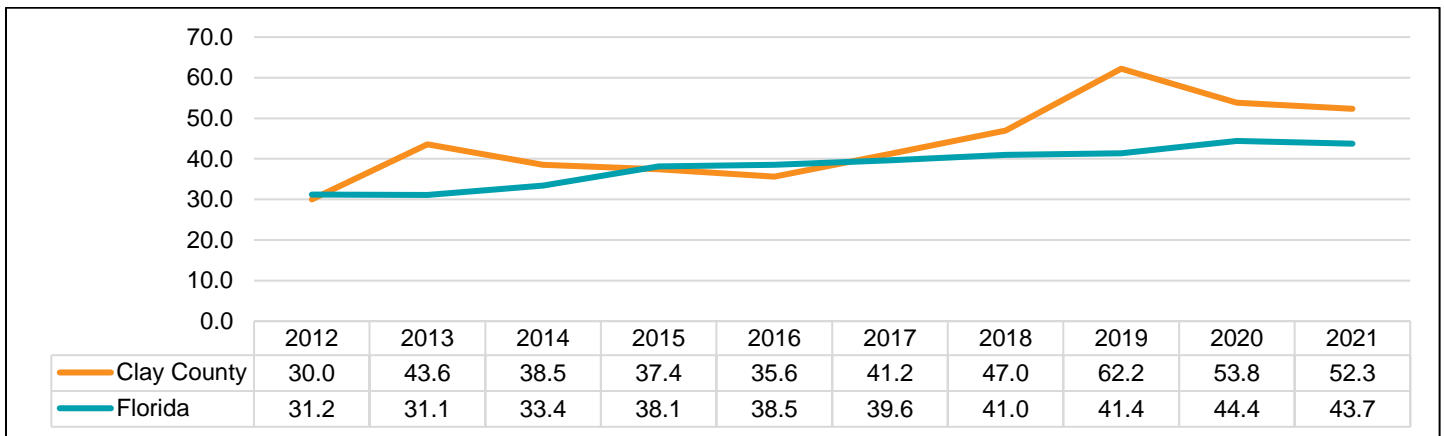
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Lower Respiratory Disease](#)

Stroke

A stroke occurs when the blood supply to the brain is interrupted or when sudden bleeding in the brain occurs. This results in either damage or death to brain tissue in the affected area. There are multiple risk factors, including high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, physical inactivity, alcohol, age, and family history. Stroke is the fifth leading cause of death in the U.S. and a notable cause of adult disability (CDC, 2022h).

Clay County's stroke mortality rate rose by 74.3% from 2012 to 2021, with 2019 having the highest mortality rate. Florida's stroke mortality rate also increased from 2012 to 2021 by 40.1% (Exhibit 16).

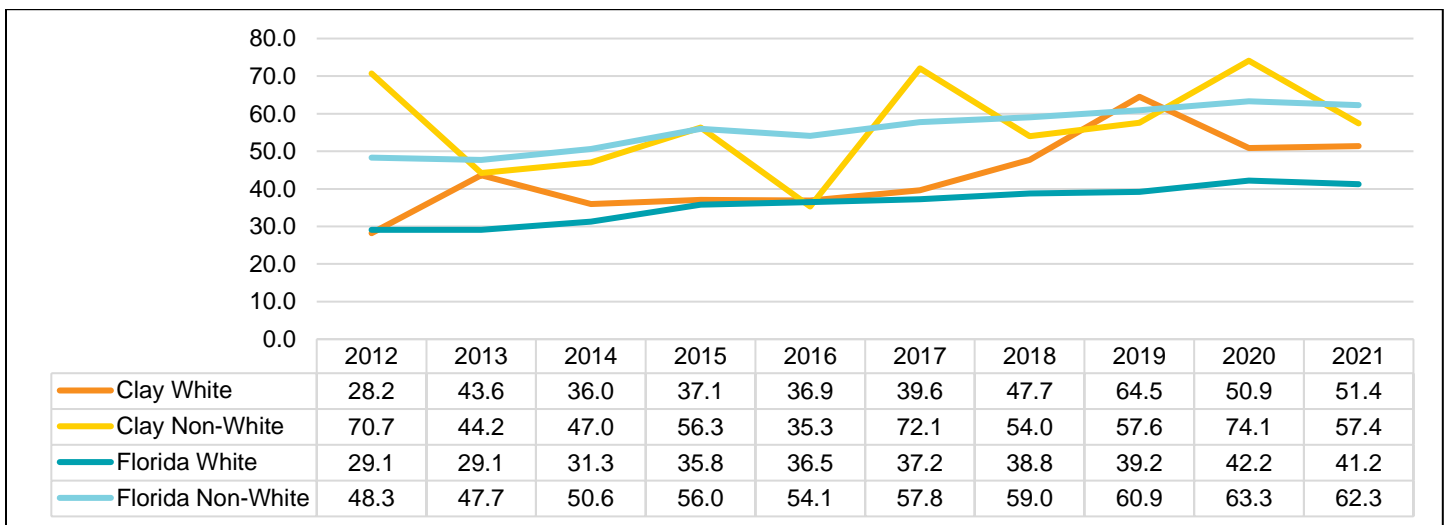
EXHIBIT 16: STROKE MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke](#)

The stroke mortality rate for White Clay County residents increased by 82.3% from 2012 to 2021. The mortality rate for non-White residents decreased by 18.8% during the same period (Exhibit 17).

EXHIBIT 17: STROKE MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



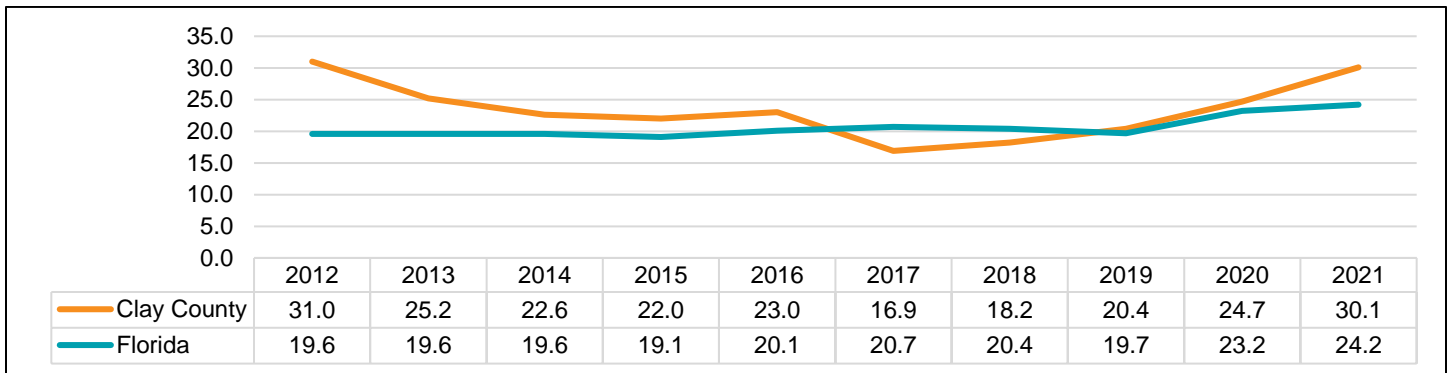
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke](#)

Diabetes

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

Clay County's diabetes mortality rate decreased from 2012 to 2017 but began increasing in 2018 back to a rate almost the same as 2012. Florida, in comparison, increased by 23.5% from 2012 to 2021. In 2021, Clay County had a higher diabetes mortality rate than Florida. (Exhibit 18).

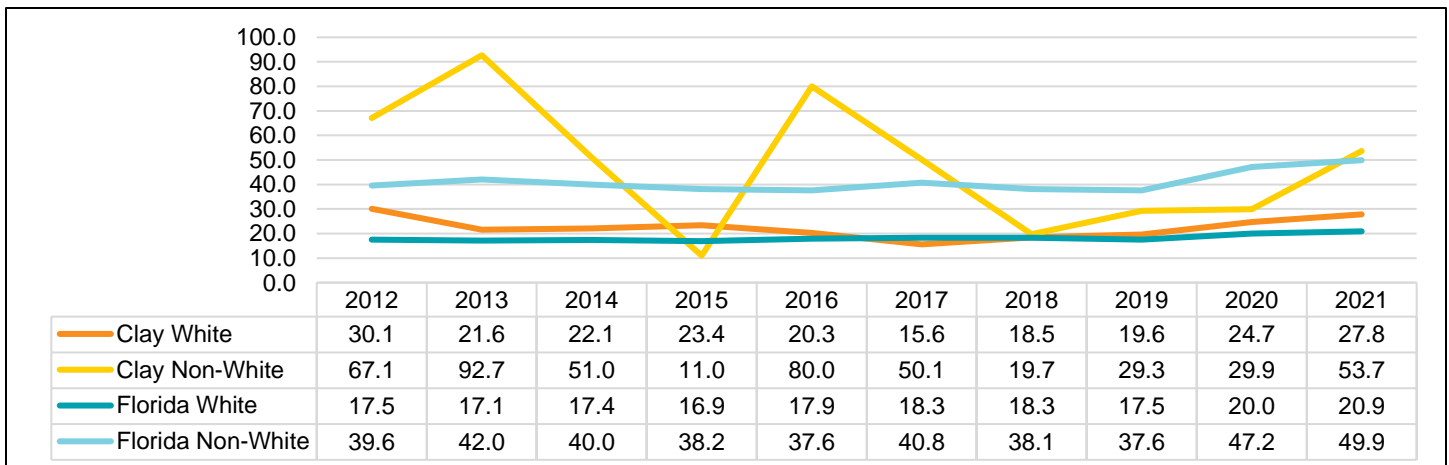
EXHIBIT 18: DIABETES MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes](#)

The White population's mortality rate in Clay County and Florida was below non-White rates from 2012 to 2021, with the exception of 2015. White Clay County residents' mortality rate decreased by 7.6% from 2012 to 2021. In comparison, non-White residents' mortality rate increased and decreased multiple times during the same time period, seeing the highest rates in 2013 and 2016 (Exhibit 19).

EXHIBIT 19: DIABETES MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



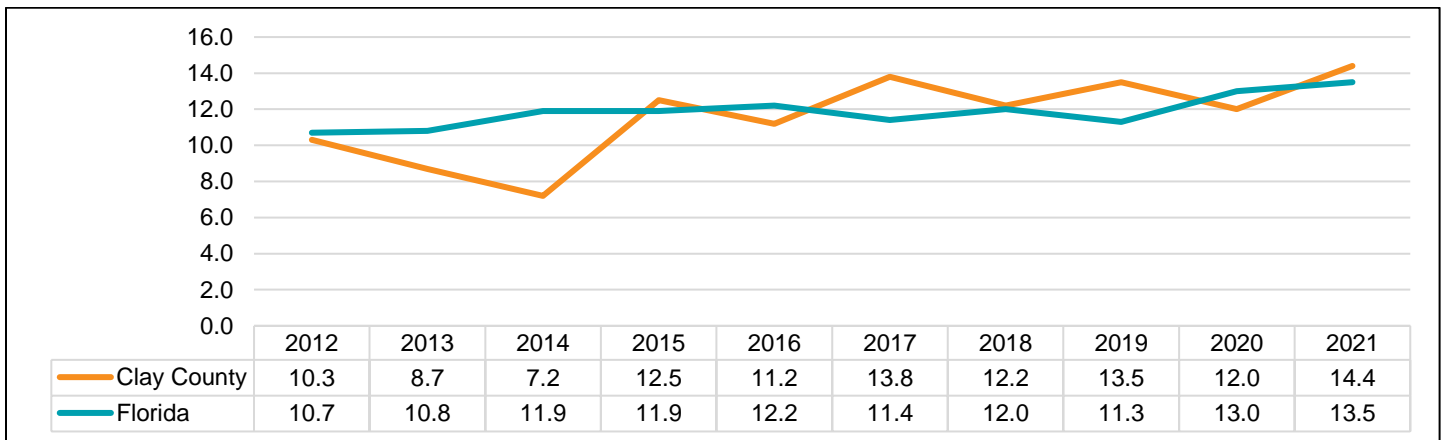
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes](#)

Chronic Liver Disease and Cirrhosis

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

The mortality rate from liver disease and cirrhosis in Clay County increased by 39.8% from 2012 to 2021, surpassing Florida’s rate in 2015, 2017, 2018, 2019, and 2021. Florida’s mortality rate also increased from 2012 to 2021 by 26.2% (Exhibit 20).

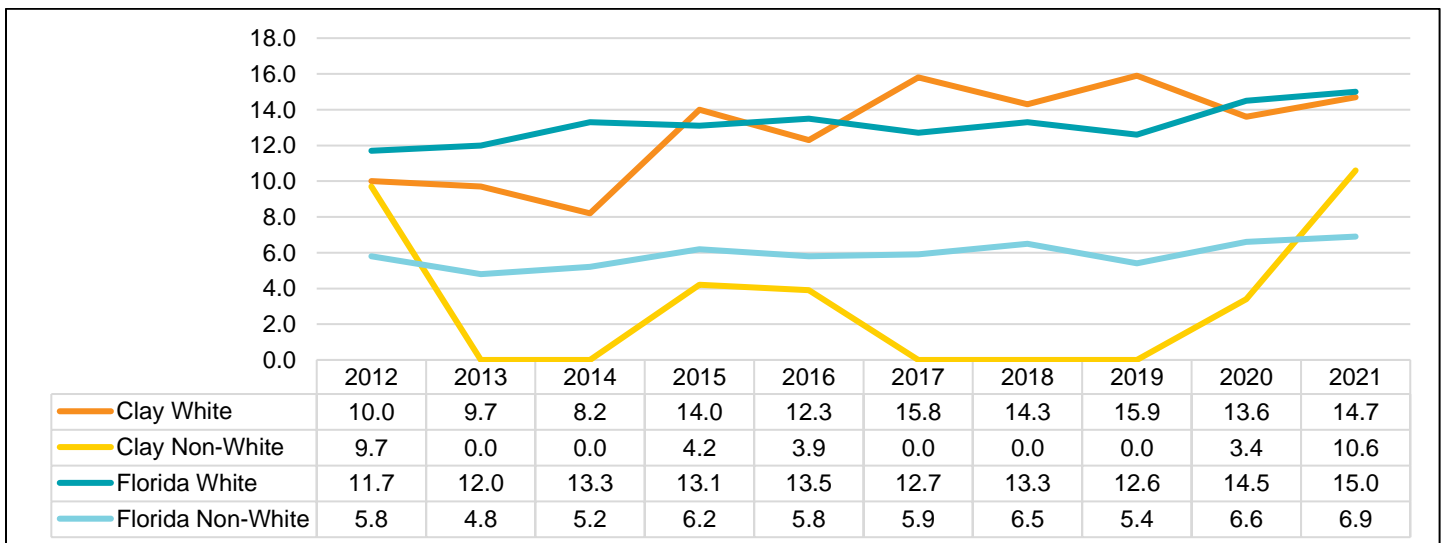
EXHIBIT 20: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis](#)

The non-White population’s mortality rate in Clay County experienced large fluctuations from 2012 to 2021 which is a result of death counts in the single digits. The White population’s mortality rate increased by 55.8% from 2012 to 2021. The non-White population’s mortality rate for both Clay County and Florida fell below that of the White populations from 2012 to 2021 (Exhibit 21).

EXHIBIT 21: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



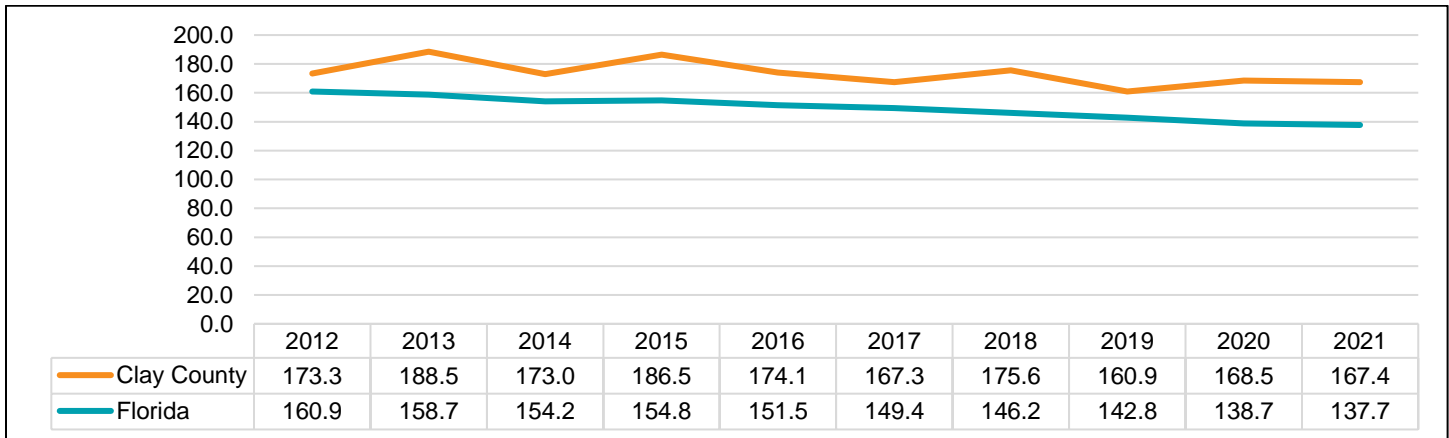
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis](#)

Cancer

Cancer is a large group of diseases characterized by the invasive and uncontrolled growth of abnormal cells. These cells can form growths called tumors that are either benign or malignant. Unlike malignant tumors, benign tumors do not invade into nearby tissues (NCI, 2021). Cancer was the second leading cause of death in both Clay County and Florida in 2021 (Exhibit 2).

The cancer mortality rate has been on the decline for both Clay County and Florida from 2012 to 2021. During this time, Clay County's rate decreased by 3.4% compared to 14.4% for Florida. Clay County's cancer mortality rate remained higher than Florida's from 2012 to 2021 (Exhibit 22).

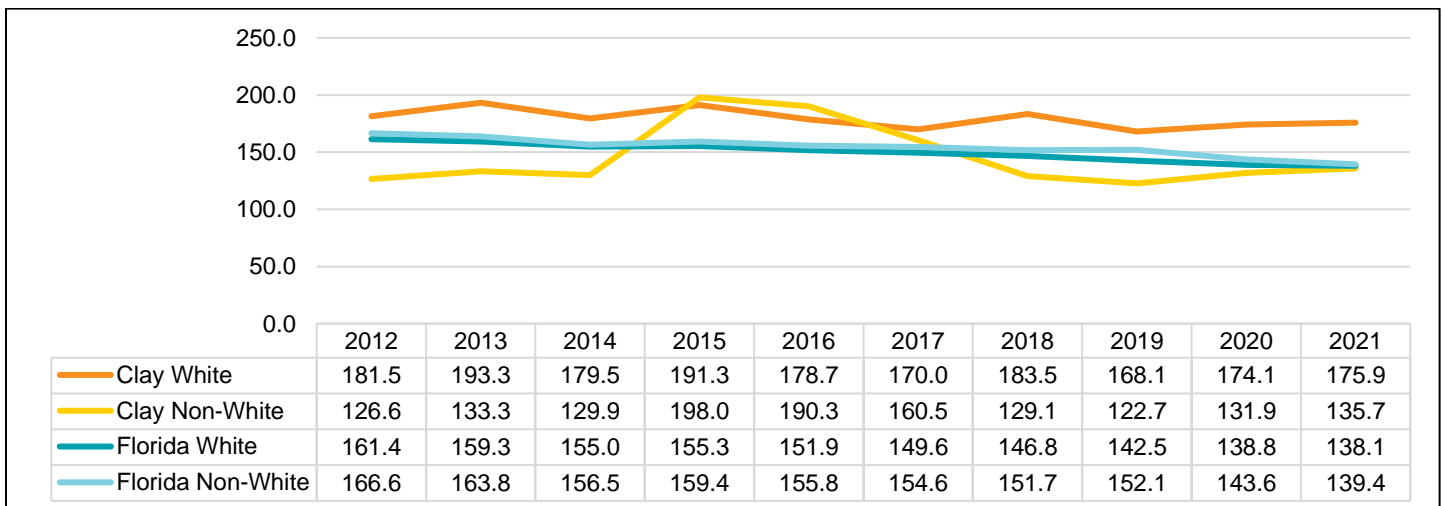
EXHIBIT 22: CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer](#)

The mortality rate for Clay County's White population was higher than the mortality rate for non-White Clay residents, White Florida residents, and non-White Florida residents, except in 2015 and 2016. However, the mortality rate for Clay's White population decreased by 3.1% from 2012 to 2021. The county's non-White population's rate was mostly lower than the rates for other groups but experienced an increase of 7.2% from 2012 to 2021 (Exhibit 23).

EXHIBIT 23: CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



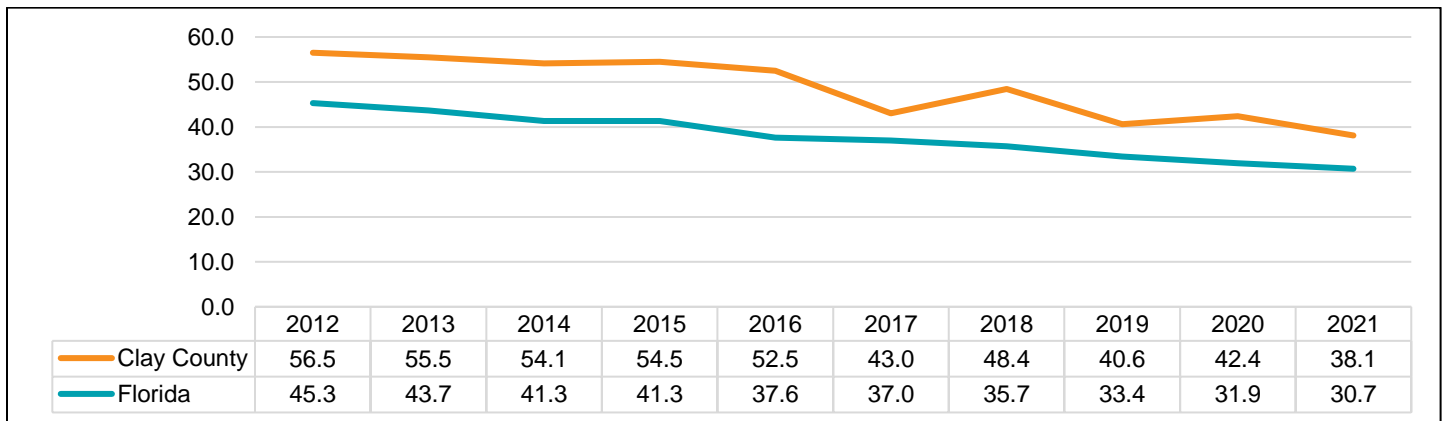
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer](#)

Lung Cancer

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

The mortality rate declined for both Clay County and Florida from 2012 to 2021 with Clay County's rate having decreased by 32.6% compared to 32.2% for Florida. However, Clay County's lung cancer mortality rate remains above the state average (Exhibit 24).

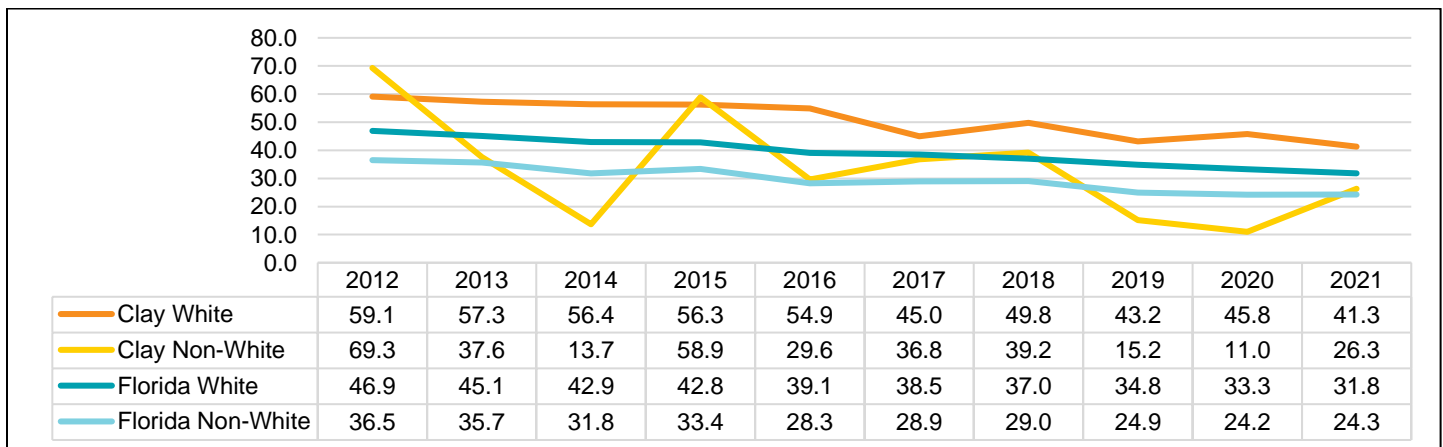
EXHIBIT 24: LUNG CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Lung Cancer](#)

On average, the lung cancer mortality rate among White Clay County residents is higher than non-White populations. Despite decreasing by 30.1% from 2012 to 2021, the mortality rate for Clay County's White population was higher than the state average over the past decade. There was a 62.0% decrease in lung cancer mortality among Clay's non-White population during this time (Exhibit 25).

EXHIBIT 25: LUNG CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



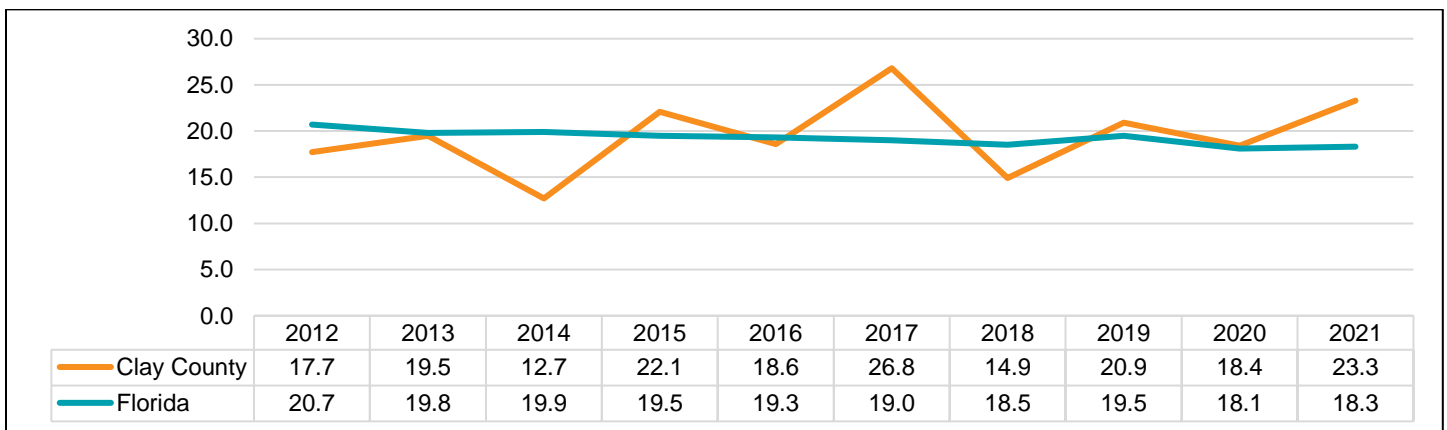
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Lung Cancer](#)

Female Breast Cancer

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

Female breast cancer mortality rates in Clay County have increased by 31.6% from 2012 to 2021. In contrast, Florida mortality rates have slightly decreased by 11.6% during the same time period (Exhibit 26).

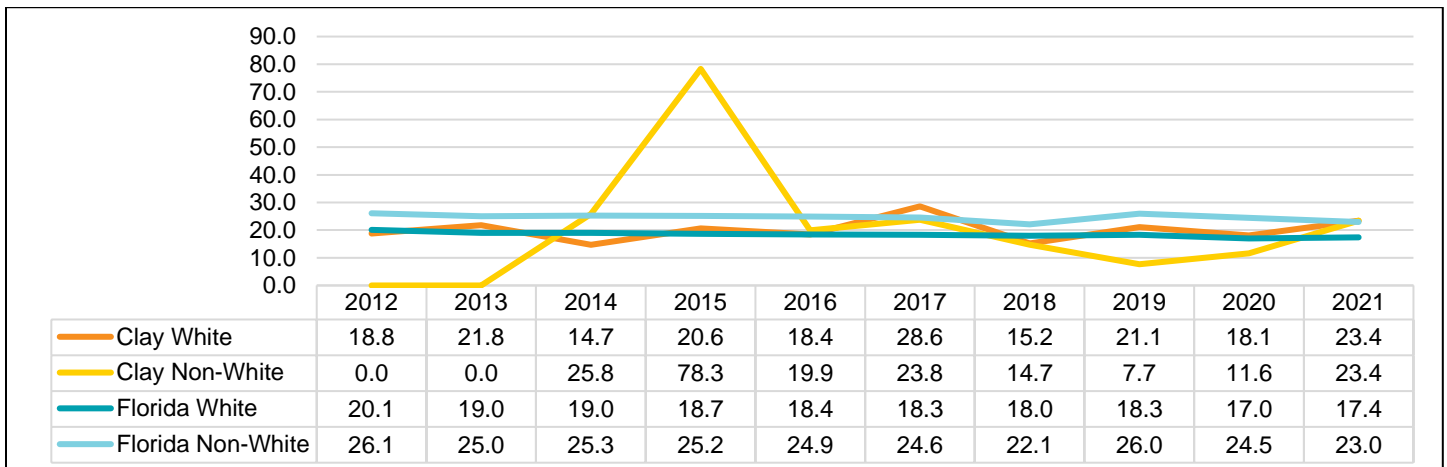
EXHIBIT 26: FEMALE BREAST CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer](#)

The breast cancer mortality rate has fluctuated significantly among both Clay County’s White and non-White populations over the past decade. The non-White population increased from 2013 to a peak in 2015, before having an overall decrease from 2015 to 2019. Death counts for breast cancer are relatively small, explaining some of the variation. Mortality among Florida’s White and non-White populations slowly decreased from 2012 to 2021 (Exhibit 27).

EXHIBIT 27: FEMALE BREAST CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



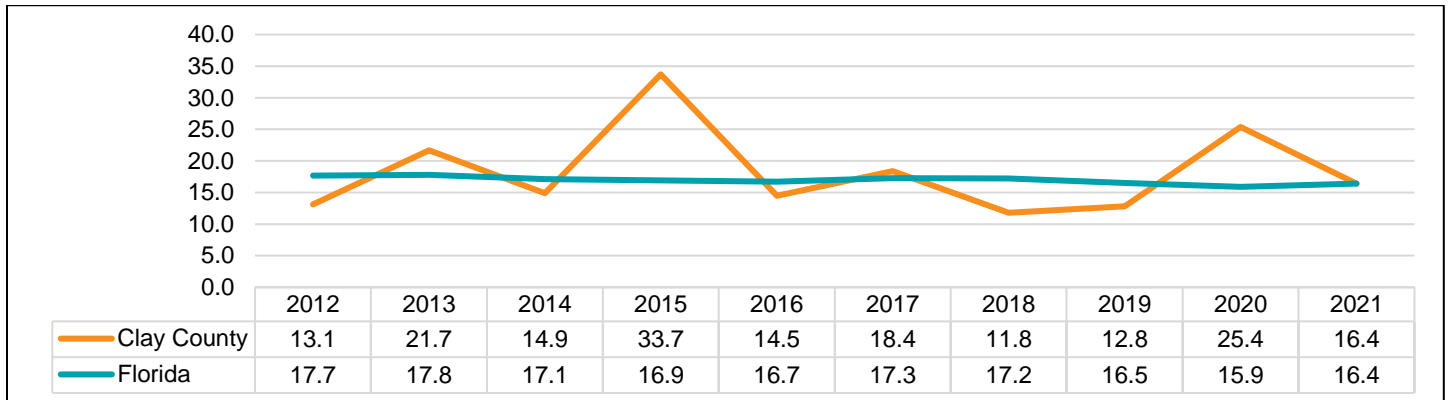
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer](#)

Prostate Cancer

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

The prostate cancer mortality rate in Clay County has fluctuated from 2012 to 2021, peaking in 2015. The Florida rate had a 7.3% decrease overall during the same time period (Exhibit 28).

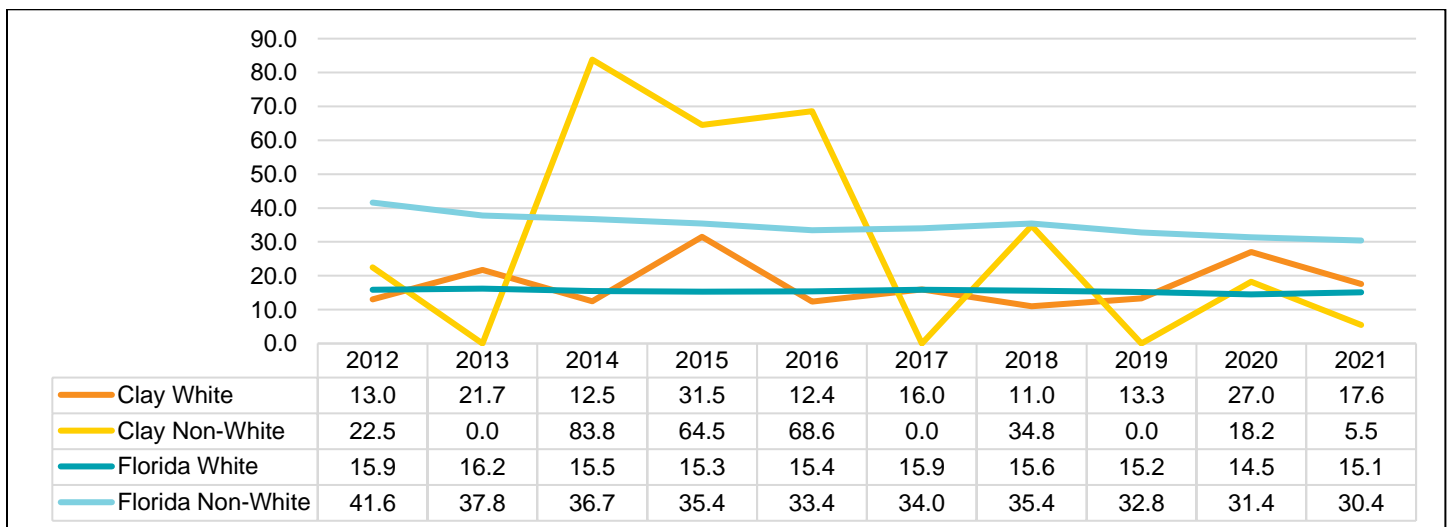
EXHIBIT 28: PROSTATE CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Prostate Cancer](#)

The mortality rate among Clay County’s non-White population has fluctuated significantly over the past decade. The mortality rate for Clay’s White population has also fluctuated over the past decade and had an overall increase of 35.4%. The non-White mortality rate for Florida was higher than that of the other groups on average from 2012 to 2021 (Exhibit 29).

EXHIBIT 29: PROSTATE CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



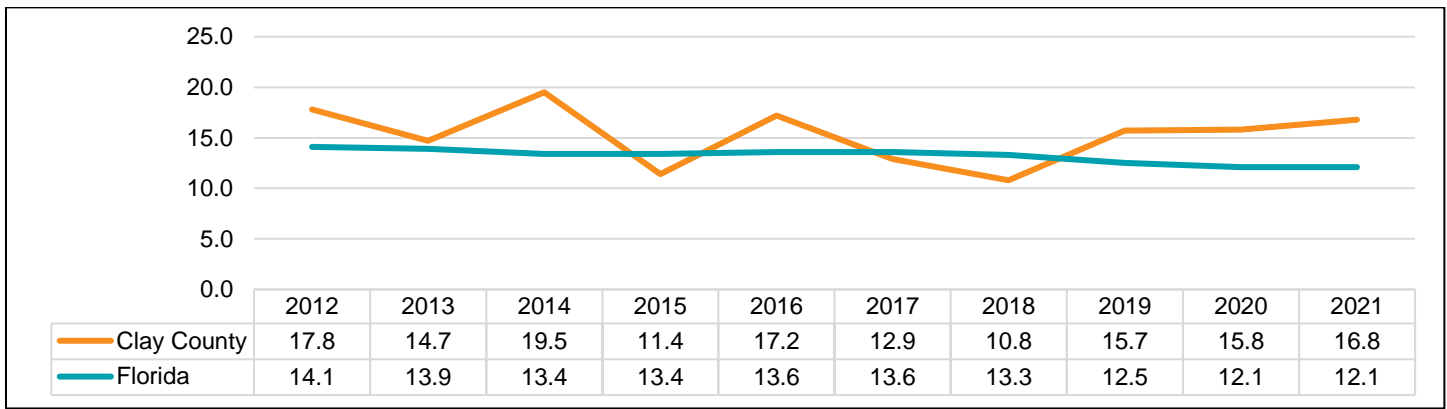
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Prostate Cancer](#)

Colorectal Cancer

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

Clay County's colorectal cancer mortality rate fluctuated from 2012 to 2021 but had an overall decrease of 5.6% and was higher than the Florida rate in 2021. During the same period, Florida's rate decreased by 14.2% (Exhibit 30).

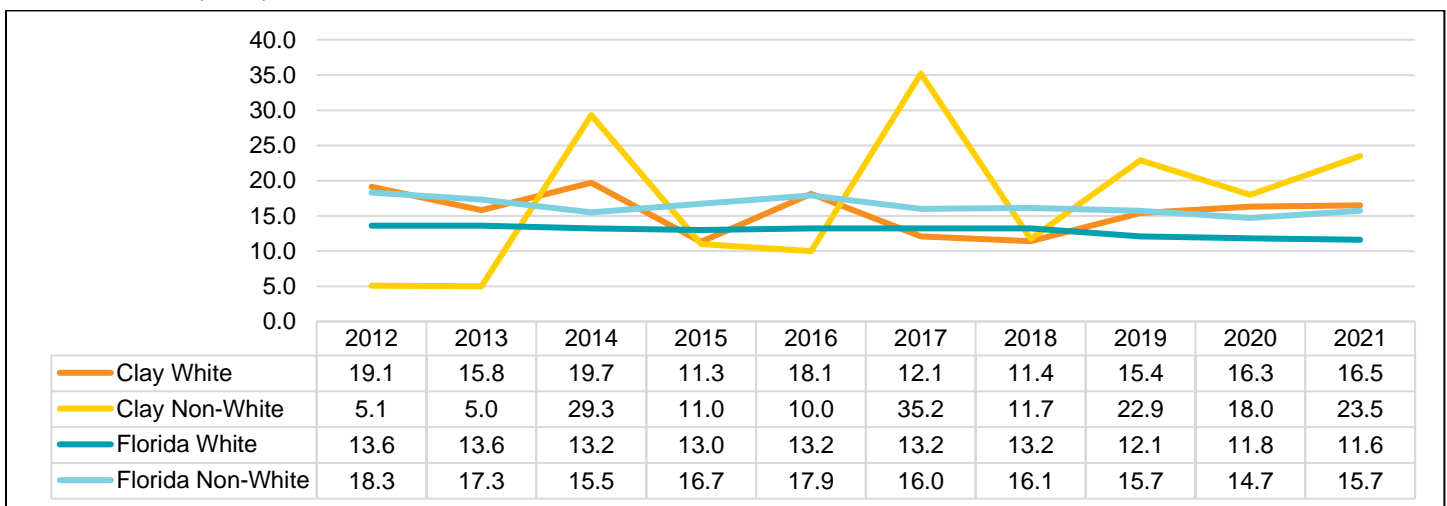
EXHIBIT 30: COLORECTAL CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer](#)

The Clay County White population's mortality rate decreased by 13.6% from 2012 to 2021 compared to the 361% increase for the non-White population during the same period (Exhibit 31). Non-White Clay County residents may show more significant variations due to single-digit counts. Mortality rates for White and non-White populations in Florida decreased slightly from 2012 to 2021.

EXHIBIT 31: COLORECTAL CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



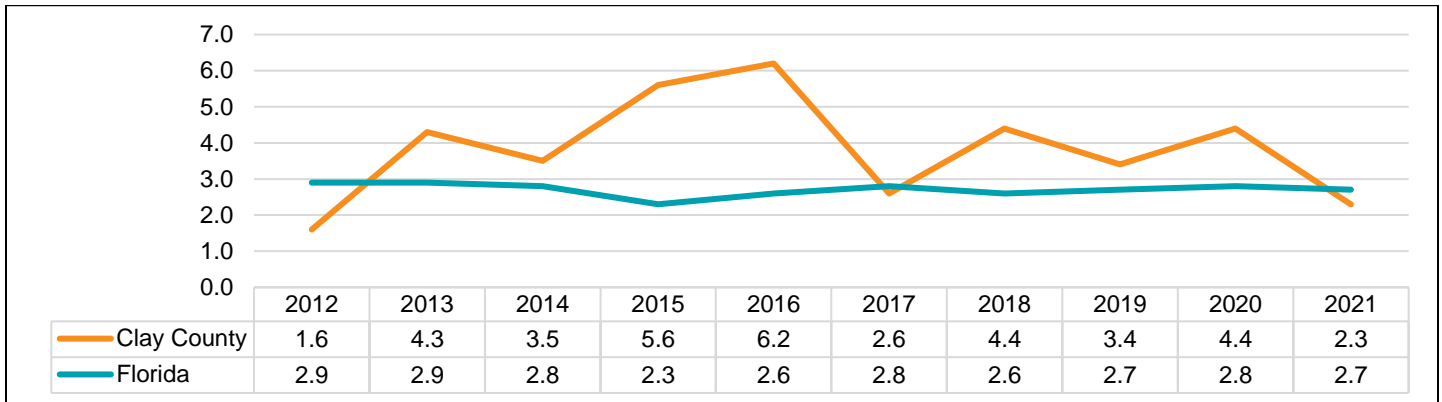
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer](#)

Cervical Cancer

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

Clay County’s cervical cancer mortality rate fluctuated from 2012 to 2021 but increased overall by 43.8%. During the same period, Florida’s rate slightly decreased by 6.9% (Exhibit 32).

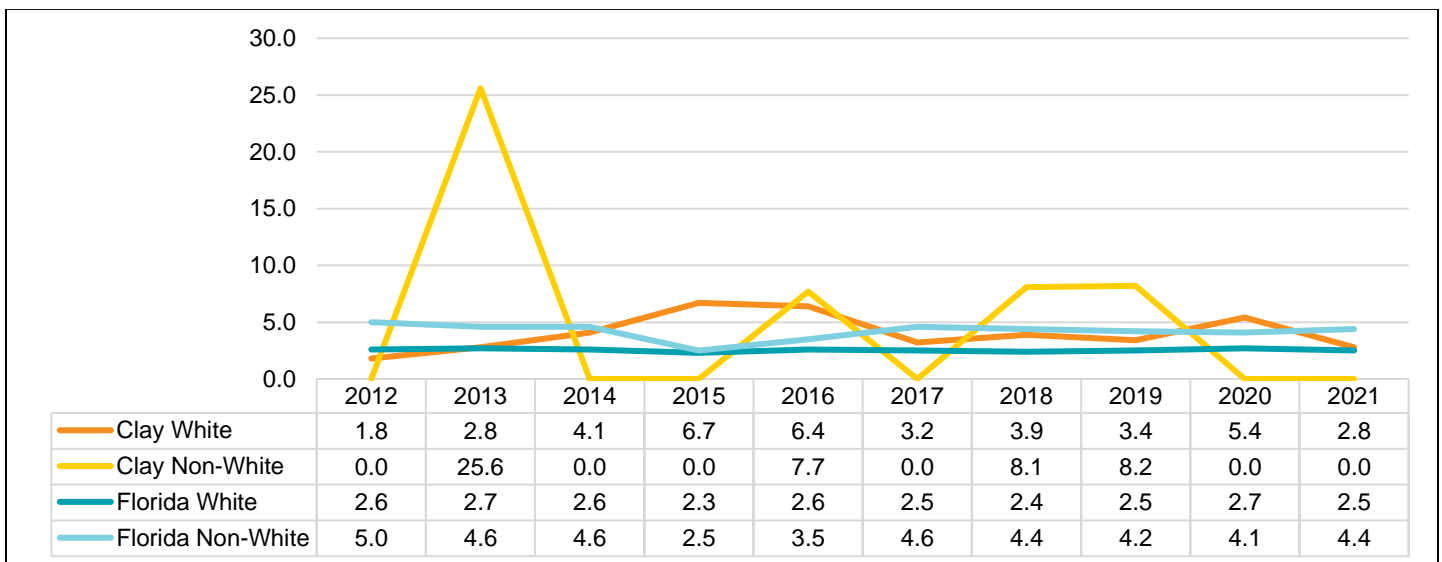
EXHIBIT 32: CERVICAL CANCER MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer](#)

The Clay County White population’s cervical cancer mortality rate increased by 55.6% from 2012 to 2021. Clay County non-White residents saw a big spike in cervical cancer mortality rates in 2013, but rates have been much lower ever since, dropping down to zero in 2020 and 2021. Rates in non-White Clay County residents may show more significant variations due to single-digit counts. In 2021, Florida’s non-White population had the highest cervical cancer mortality rate among the groups compared (Exhibit 33).

EXHIBIT 33: CERVICAL CANCER MORTALITY RATE BY RACE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer](#)

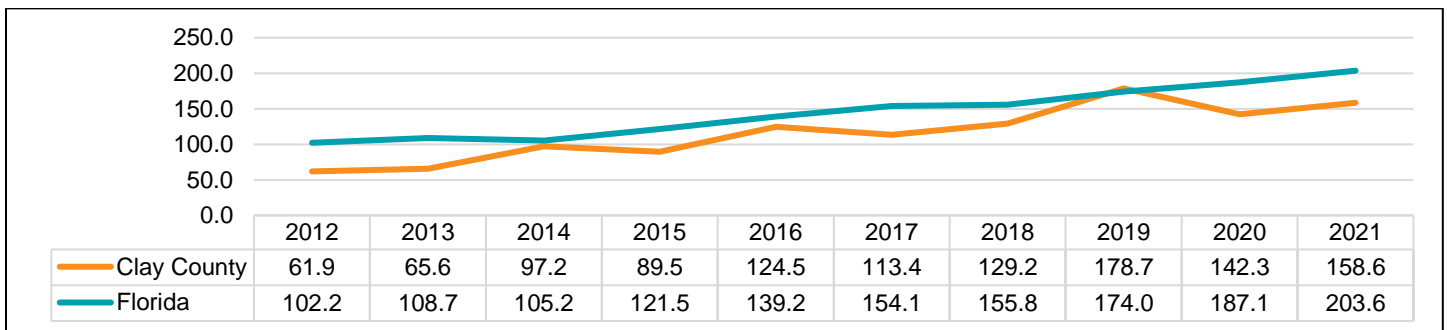
Communicable Diseases

Gonorrhea

Gonorrhea is a common sexually transmitted disease (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. While anyone who is sexually active can be infected, the highest gonorrhea rates are among teens, young adults, and African Americans (CDC, 2023c). Serious complications occur when gonorrhea spreads into the uterus or fallopian tubes and causes pelvic inflammatory disease (PID), as seen in chlamydia. Men with urethral infections present with painful or difficult urination and/or white, yellow, or green discharge (CDC, 2023c).

From 2012 to 2021, Clay County’s gonorrhea incidence rate (rate of new cases) increased by 156.2% while Florida’s rate increased by 99.2% (Exhibit 34).

EXHIBIT 34: INCIDENCE OF GONORRHEA, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



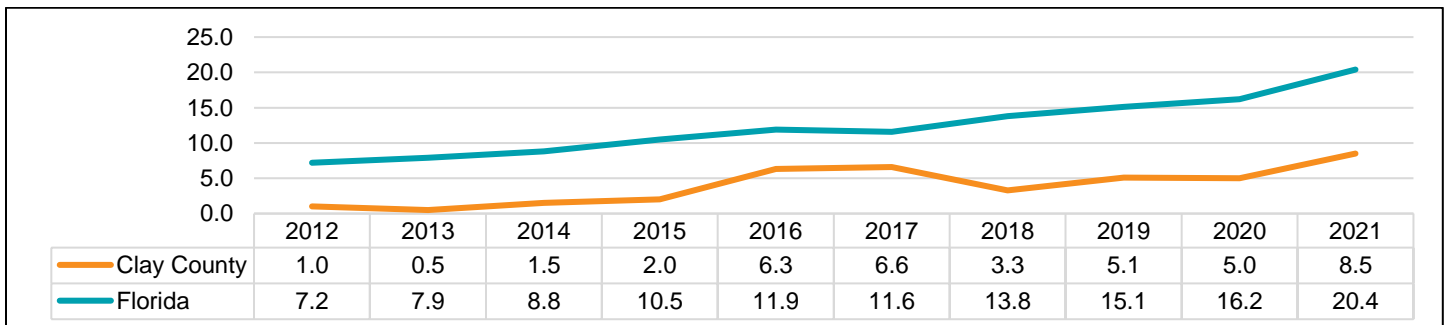
Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of Gonorrhea](#)

Infectious Syphilis

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

Infectious syphilis rates increased significantly from 2012 to 2021, almost tripling for Florida while Clay County’s rates increased 750% (Exhibit 35).

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



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of Infectious Syphilis](#)

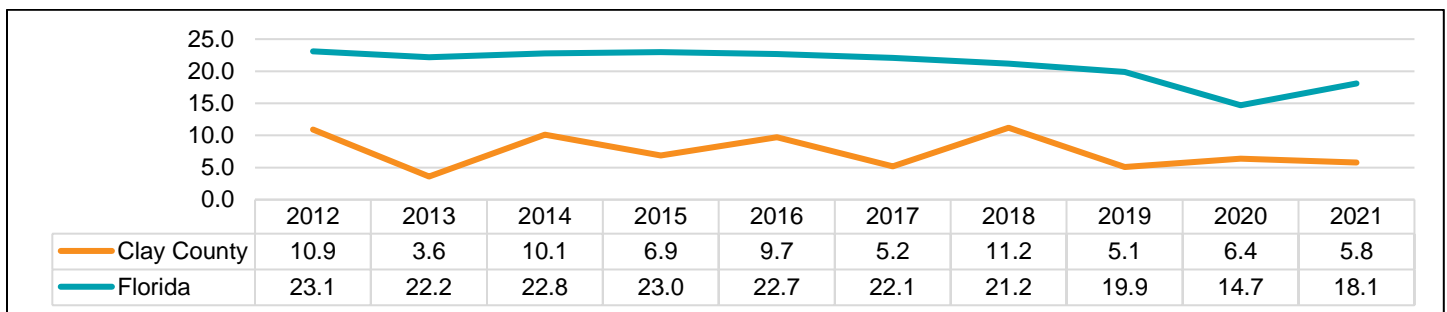
HIV/AIDS

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

There are three stages of HIV infection. Stage 1, acute infection, occurs within two to four weeks of infection. People with acute HIV infection are very contagious. Stage 2 is a period of HIV inactivity. People are still contagious in this stage, but taking medication and maintaining low viral levels decreases the chance of transmitting HIV to others. Medication may allow people to remain in this stage for several decades. AIDS, Stage 3, is the most severe and final stage. The damaged immune system of those in Stage 3 cannot defend against opportunistic infections, such as severe fungal and bacterial infections. AIDS life expectancy is around 3 years if untreated (CDC, 2022a).

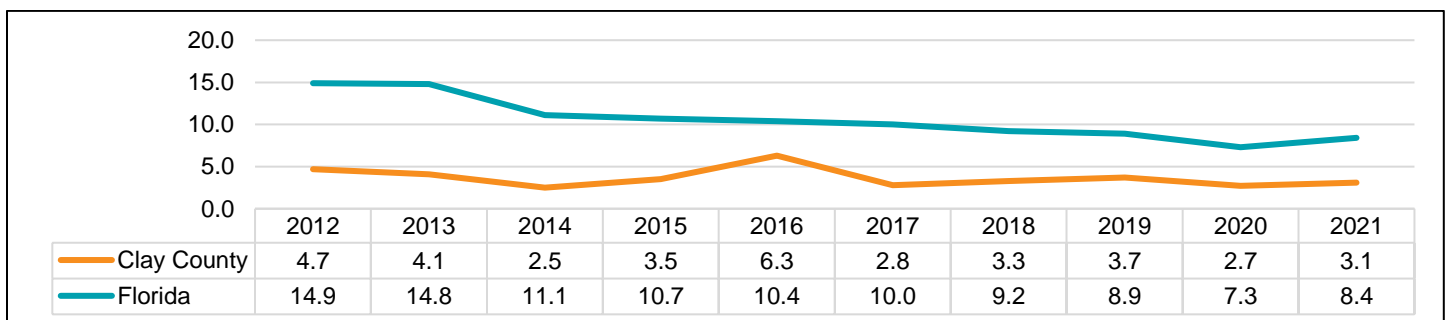
The incidence of HIV and AIDS has decreased from 2012 to 2021 in both Clay County and Florida. During this period, HIV rates decreased by 46.8% in Clay County and 21.6% in Florida (Exhibit 36). AIDS rates decreased by 34.0% in Clay County and 43.6% in Florida (Exhibit 37).

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



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of HIV](#)

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



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of AIDS](#)

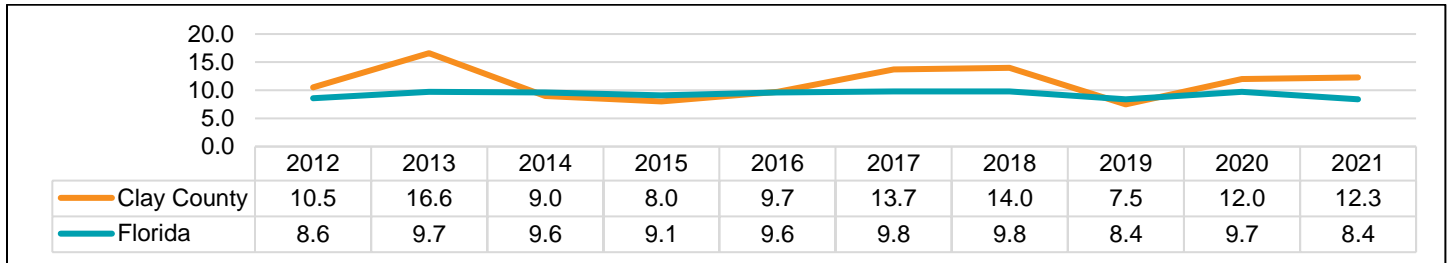
Influenza and Pneumonia

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

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

In Clay County, the influenza and pneumonia mortality rate increased by 17.1% from 2012 to 2021 with the highest rate in 2013. Florida’s rate decreased by 2.3% during the same period (Exhibit 38).

EXHIBIT 38: INFLUENZA AND PNEUMONIA MORTALITY RATE, CLAY COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

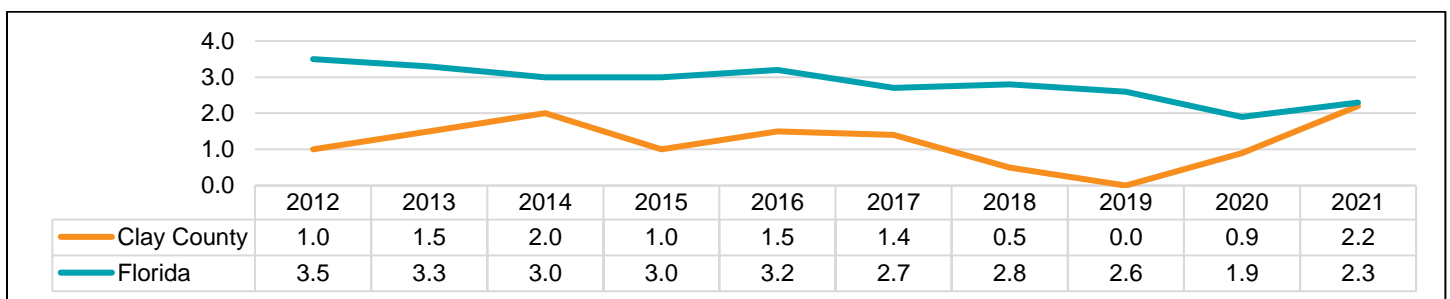


Source: [Florida Department of Health, Bureau of Communicable Diseases, Deaths from Influenza and Pneumonia](#)

Tuberculosis

Tuberculosis (TB) is an airborne disease spread by the bacterium *Mycobacterium tuberculosis* that primarily attacks the lungs but can affect other parts of the body, such as the kidneys, skin, and brain. Because not everyone infected with TB becomes sick, TB results in two conditions: latent TB infection (LTBI) and TB disease, which, if untreated, can be fatal (CDC, 2016b). Those who are at elevated risk of developing TB disease include: people with HIV infections, people infected with TB bacteria in the last 2 years, babies and young children, people who inject illegal drugs, people who have other diseases that weaken their immune system, elderly people, and people who were not treated correctly for TB in the past (CDC, 2016a). From 2012 to 2021 the rate of new cases of tuberculosis doubled in Clay County and decreased by 34.3% in Florida (Exhibit 39).

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



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Cases of Tuberculosis](#)

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) “is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and 3 U.S.

territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world” (CDC, 2023f).

The Florida BRFSS began reporting health behavior data in 1986 on residents 18 years old and over. The 2019 BRFSS is the latest and sixth county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. That year, 860 Clay County adults responded to the county-level survey (FDOH, 2019). Exhibit 8 shows some of the key findings for Clay County.

EXHIBIT 40: SELECTED BRFSS DATA, CLAY COUNTY & FLORIDA, 2019 AND 2020

Alcohol Consumption	Clay County	Florida
Adults who engage in heavy or binge drinking	18.9%	18.0%
Diabetes	Clay County	Florida
Adults who have ever been told they had pre-diabetes	10.8%	9.1%
Adults who have ever been told they had diabetes	13.6%	11.7%
Obesity and Overweight	Clay County	Florida
Adults who are overweight	34.3%	37.6%
Adults who are obese	34.6%	27.0%
Adults who have a healthy weight	29.2%	32.8%
Adults who are underweight	1.8%	2.6%
Tobacco Usage	Clay County	Florida
Adults who are current smokers	22.2%	14.8%
Adult current smokers who tried to quit smoking at least once in the past year	53.5%	59.0%
Adults who are former smokers (currently quit smoking)	25.9%	26.3%
Adults who have never smoked	51.9%	58.9%
Adults who are current e-cigarette users	6.3%	7.5%
Adults who are former e-cigarette users	18.9%	18.4%
Adults who have never used e-cigarettes	74.6%	74.1%

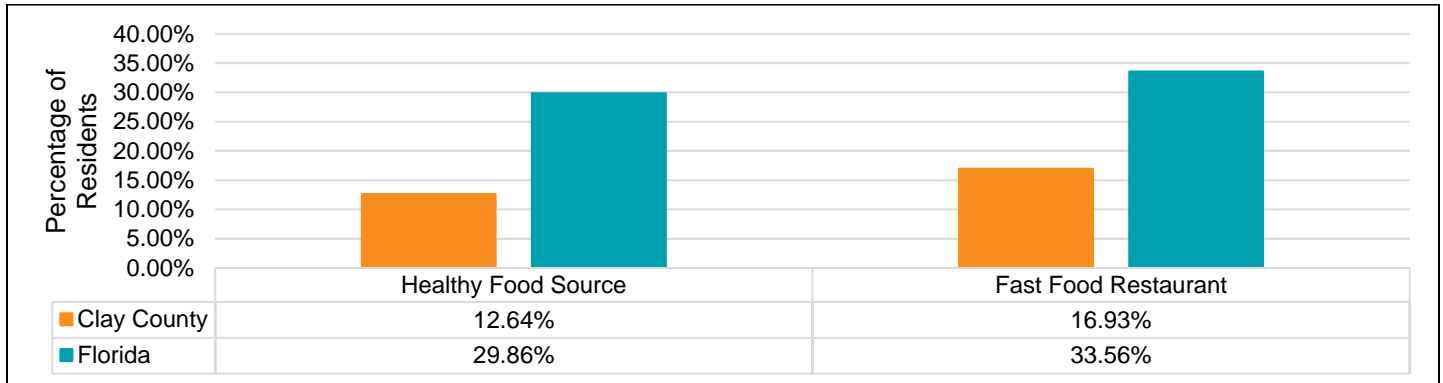
Source: [2019 Behavioral Risk Factor Surveillance System](#)

Note: The cancer screening indicators included in this table did not have data available at the county level in 2019.

Access to Healthy Foods

Being able to access healthy foods is an essential part of making healthy lifestyle choices and adds to a person’s quality of life. 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. On the other hand, fast food restaurants are defined as inexpensive and convenient food options with high caloric content, which can have numerous negative health effects. Exhibit 41 shows the percentage of residents living within a ten-minute walk of a healthy food source or a fast-food restaurant. In 2022, only 12.64% of Clay County residents lived within a half-mile, or a ten-minute walk, of a healthy food source, compared to 29.86% of Floridians. In 2022, 16.93% of Clay residents lived within a half-mile of a fast-food restaurant, compared to 33.56% of Florida residents.

EXHIBIT 41: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF A HEALTHY FOOD SOURCE OR FAST-FOOD RESTAURANT, CLAY COUNTY & FLORIDA, 2022



Source: [FDOH Environmental Public Health Tracking](#)

Healthcare Access

Healthcare access refers to the ability to obtain services for preventing, diagnosing, treating, and managing diseases, illnesses, and disorders. For healthcare to be accessible, it must be affordable and convenient. There are many access barriers that can limit an individual from receiving the proper care. Key data related to healthcare access in Clay County is presented below.

Healthcare Providers

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

Exhibit 42 shows the number of total licensed physicians, various primary care providers, and dentists in Clay County. In the 2020–21 FY, Clay County had 400 licensed physicians including: 42 licensed family practice physicians, 33 licensed pediatricians, 11 licensed OB/GYNs, 49 licensed internists, and 96 licensed dentists.

EXHIBIT 42: TOTAL LICENSED PROVIDERS, CLAY COUNTY & FLORIDA, FY 2020–21

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

Source: [Florida Department of Health, Division of Medical Quality Assurance](#)

Overall, Clay County has seen an increase in the number of practicing physicians from 2017 to 2022. Exhibit 43 summarizes the change in the number of practicing physicians in the county in comparison to Florida during this time. Exhibit 44 shows the total number of physicians in Clay County by

specialty groups. Clay County has 38 medical specialists including internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology, and pathology.

EXHIBIT 43: CHANGE IN NUMBER OF PRACTICING PHYSICIANS IN CLAY COUNTY, FYS 2017-2022

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

Source: [Florida Department of Health, Physician Workforce Annual Report, 2022](#)

EXHIBIT 44: PHYSICIAN SPECIALTY GROUP COUNT IN CLAY COUNTY, FY 2021–22

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

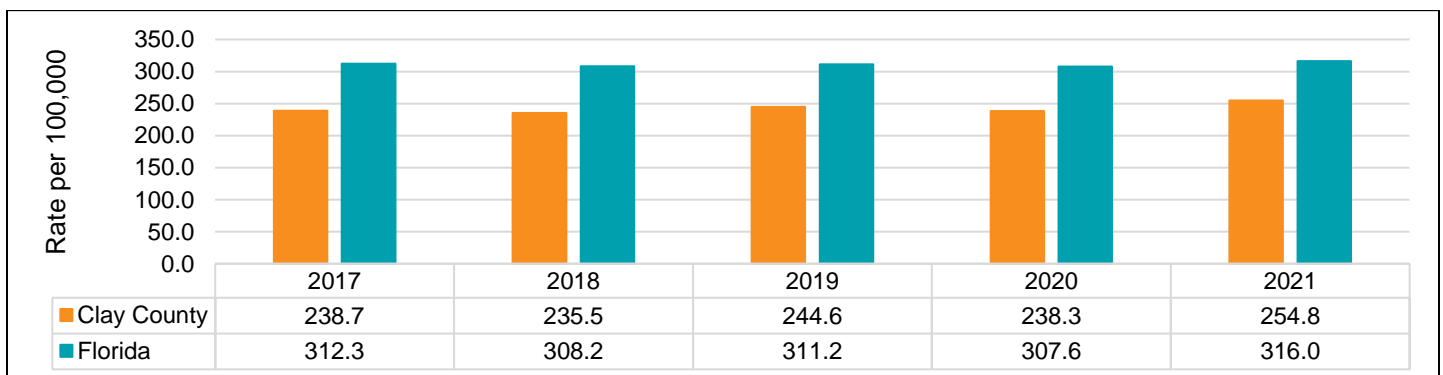
Source: [Florida Department of Health, Physician Workforce Annual Report, 2022](#)

*Medical specialist includes Neurology, Nuclear Medicine, Ophthalmology, Orthopedic Medicine, Otolaryngology, and Pathology.

Healthcare Facilities

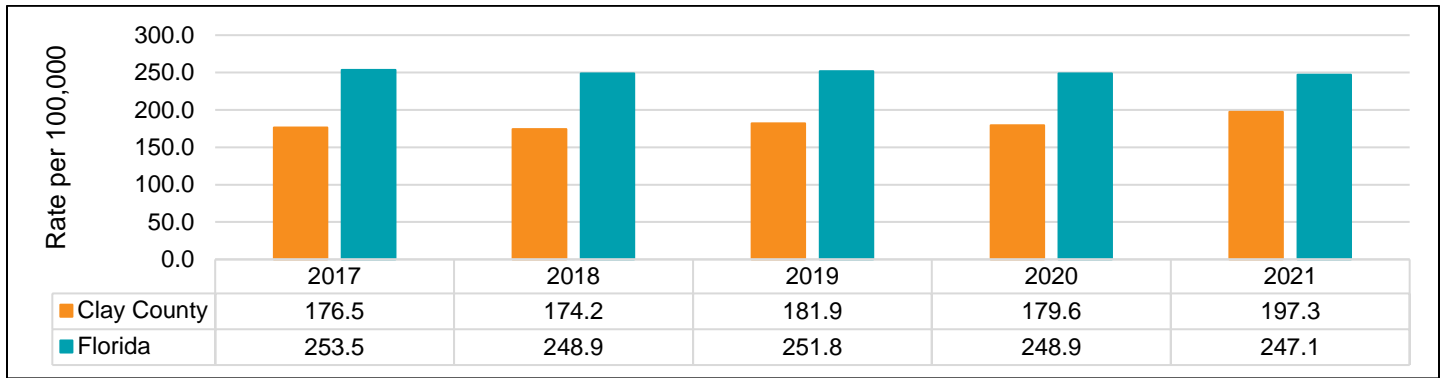
Acute care hospitals play a key role in delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. From 2017 to 2021, Clay County had a significantly lower rate of total hospital beds (Exhibit 45) and acute care beds (Exhibit 46) than Florida. Acute care beds are used to provide short-term medical treatment for patients with acute illness/injury or recovering from surgery or childbirth. Clay County had a higher rate of specialty hospital beds than Florida from 2017 to 2020, but in 2021 Florida’s rate surpassed Clay County (Exhibit 47). Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.

EXHIBIT 45: TOTAL HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2017–2021



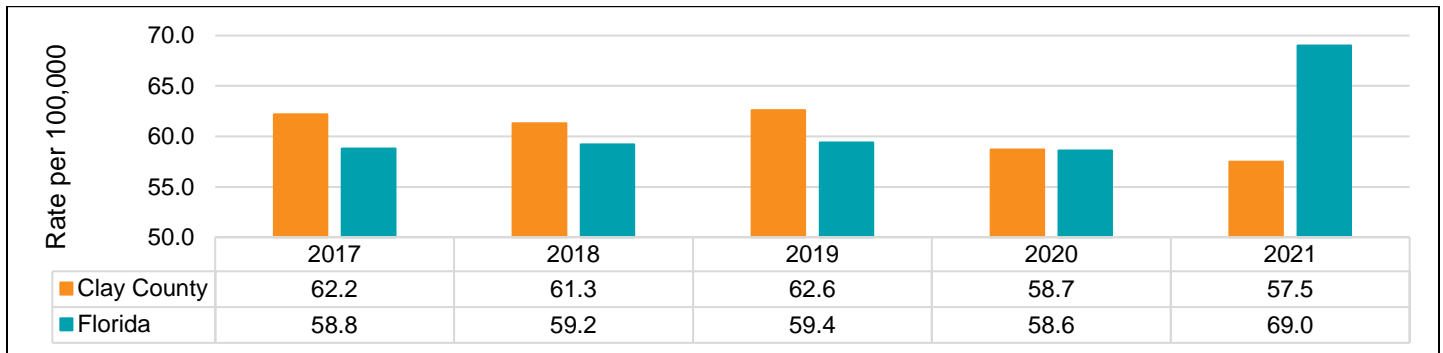
Source: [Florida Agency for Health Care Administration \(AHCA\)](#)

EXHIBIT 46: ACUTE CARE HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2017–2021



Source: [Florida Agency for Health Care Administration \(AHCA\)](#)

EXHIBIT 47: SPECIALTY CARE HOSPITAL BEDS, CLAY COUNTY & FLORIDA, 2017–2021



Source: [Florida Agency for Health Care Administration \(AHCA\)](#)

Overview of CHIP Process

Phases 1 – 4 of the Mobilizing for Action through Planning and Partnerships (MAPP) process involve visioning, collecting, and analyzing data, and gathering community input to determine which health issues will become the strategic focus of health planning in the community for the next three to five years. A Community Health Improvement Plan (CHIP) is formulated primarily in Phases 5) Goals & Strategies and Phase 6) Action Cycle of the MAPP process. In Phase 5, the community formulates broad goal statements addressing the previously identified health issues, as well as more specific strategies related to each goal. Phase 6 involves planning, implementation, and evaluation. During Phase 6, the community creates an action plan that provides details on how goals and strategies will be achieved.

The CHIP group held meetings with each of the workgroups from November 2023 to January 2024. The workgroups included one for each priority area: Behavioral Health, Lifestyle Behaviors, and Healthcare Access. Workgroup sessions began with a summary of the findings of the community health assessment and a recap of the health issue(s) to be addressed in each workgroup. Next, HPCNEF facilitated a brief discussion of goals, objectives, and strategies; provided examples of each; and guided the group through the process of goal creation for each health issue.

After broad, overarching goals were established, the workgroup developed objectives for each goal as well as strategies for each objective. In addition to generating strategies that could be used to achieve each goal, the workgroup brainstormed and described potential resources, lead persons/organizations, measures for tracking progress of a strategy, current performance levels, and targets for each strategy, which are all detailed in the CHIP Action Plans included at the end of this document.

The goal of the CHIP is to not only outline health issues, future action steps, and strategies to improve the health of Clay County, but also to align with existing state and national objectives and other local programs, projects, and organizations. The CHIP group made efforts to align Clay County with state and national objectives by referring to the Florida State Health Improvement Plan and the Healthy People 2030 initiative. This alignment is illustrated in the CHIP Action Plans using the symbols below:

- This symbol represents alignment with the National Healthy People 2030 initiative
- ▲ This symbol represents alignment with the Florida State Health Improvement Plan
- This symbol represents a policy-based intervention

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CHIP Action Plans

Behavioral Health

Health Priority Area: Behavioral Health					
Goal A: Increase coordinated behavioral healthcare services and resources for at-risk populations in Clay County.					
Strategy: Provide culturally and linguistically relevant health education and raise awareness of behavioral health resources and services.					
<p>Objective 1: By December 31, 2028, decrease the age-adjusted rate of emergency department visits from mental disorders in Clay County from 973 per 100,000 (2022) to 900 per 100,000. ■ ▲</p> <p>Objective 2: By December 31, 2028, increase and enhance linkages and referrals to organizations that address injury and violence in Clay County by recording the number of domestic violence calls to Clay County Sheriff's Office (CCSO) from 0 to 10.</p> <p>Objective 3: By December 31, 2028, decrease the 3-year rolling rate of children experiencing child abuse (aged 5-11 years) in Clay County from 702.4 per 100,000 (2020–22) to 690 per 100,000. ■</p> <p>Objective 4: By December 31, 2026, increase DOH-Clay staff's knowledge of Human Trafficking Prevention and Advocacy from 0 (Feb 2024) to 90%.</p>				<p>Anticipated Completion Date: 12/31/2028</p>	
Data Source: FL Health CHARTS, FL Agency for Health Care Administration, DCF FL Safe Families Network Data Mart					
Evidence Base:					
<p>1). Domestic Violence Prevention, Preventing Intimate Partner Violence Across the Lifespan: Technical Package of Programs, Policies, and Practices</p> <p>2). Child Abuse Prevention, Child Abuse and Neglect Prevention, Resource for Action</p> <p>3). Mental Health Awareness Training, Substance Abuse and Mental Health Services Administration, Mental Health Awareness Training (MHAT)</p>					
Health Equity or Disparity to be Addressed: All ages (mental disorders); Children 5 to 11 years old (child abuse)					
Policy Change (yes/no): No					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Educate and encourage safe and healthy relationship skills	Increase	Health education provided	20	50	65
1.2: Establish integrated behavioral health advocacy	Increase	Health advocacy services provided	20	50	65
Activity 1.1: Educate and encourage safe and healthy relationship skills					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Implement social-emotional learning programs for youth at schools/teen programs	Hanley Foundation & CHIP Behavioral Health Workgroup				
1.1.2: Implement healthy relationship programs at libraries/churches/community outreach events	Hanley Foundation, DOH-Clay, & CHIP Behavioral Health Workgroup				
1.1.3: Promote parenting skills and family relationship programs through OneClay parent night/community outreaches	Hanley Foundation, DOH-Clay, & CHIP Behavioral Health Workgroup				

1.1.4: Promote available support resources for survivors to increase safety and lessen harm	Quigley House, CCSO-Victim Advocate, Hope is Restored, & CHIP Behavioral Health Workgroup		
1.1.5: Increase staffs' knowledge on human trafficking prevention and advocacy	DOH-Clay		
Activity 1.2: Establish integrated behavioral health advocacy			
Description	Organization(s) Responsible	Status	Start Date
1.2.1: Promote mobile response team	Clay Behavioral Health Center & CHIP Behavioral Workgroup		
1.2.2: Increase mental health first aid training for community members/parents/teachers	Clay Behavioral Health Center, LSF Health Systems, & CHIP Behavioral Workgroup		
1.2.3: Partner with Healthy Start to educate women on domestic violence	Quigley House, Healthy Start, DOH-Clay, & CHIP Behavioral Workgroup		
1.2.4: Partner with the Clay County Sheriff's Office to provide community education and recordings of domestic violence calls	Clay County Sheriff's Office & CHIP Behavioral Workgroup		

Health Priority Area: Behavioral Health

Goal B1: Decrease substance use/abuse in Clay County youth.

Strategy: Increase awareness and access to prevention education opportunities.

Objective 1: By December 31, 2028, decrease the percentage of students who ever drank alcohol (FYSAS) from 33.4% (2022) to 30%. ■

Objective 2: By December 31, 2028, decrease the percentage of students who have ever used prescription pain relievers without a doctor's order (FYSAS) from 4.6% (2022) to 3.6%. ■

Objective 3: By December 31, 2028, decrease the percentage of students who have ever used marijuana or hashish (FYSAS) from 18.6% (2022) to 17.6%. ■

Anticipated Completion Date: 12/31/2028

Data Source: Florida Youth Substance Abuse Survey (FYSAS)

Evidence Base:

- 1). Mentoring Programs, [Mentoring programs focused on reducing delinquency](#)
- 2). Alcohol Prevention Programs, [Universal School-Based Alcohol Prevention Programs](#)
- 3). Youth Marijuana Use Prevention Programs and Policies, [Preventing Marijuana Use Among Youth](#)

Health Equity or Disparity to be Addressed: Middle and High School Students

Policy Change (yes/no): Yes, Review and update policy regarding school citations and enforcement

Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
2.1: Utilize and collaborate on a comprehensive youth substance use/abuse prevention framework	Increase	Number of trained peers; Retailers; Education services	5 trained peers	15 retailers received and display compliance notice	40 education services

Activity 2.1: Utilize and collaborate on a comprehensive youth substance use/abuse prevention framework

Description	Organization(s) Responsible	Status	Start Date
2.1.1: Dissuade retailers from selling to minors by creating a page compliance notice	Clay Action Coalition & CHIP Behavioral Health Workgroup		
2.1.2: Increase community knowledge of available resources	Clay Behavioral Health Center & Clay Paramedicine Program		
2.1.3: Continue partnership with Clay County School District for prevention program implementation and review and update policy regarding school citations and enforcement	Hanley Foundation, Clay Behavioral Health Center, Clay Action Coalition, Clay County School District, Community Partnership Schools, & CHIP Behavioral Health Workgroup		
2.1.4: Educate on the dangers of alcohol and other drugs impairment and poisoning	Hanley Foundation, Clay Behavioral Health Center, Clay Action Coalition, Clay County School District, Community Partnership Schools, & CHIP Behavioral Health Workgroup		

Health Priority Area: Behavioral Health					
Goal B2: Decrease substance use/abuse in Clay County adults.					
Strategy: Increase awareness and access to prevention education opportunities.					
Objective 1: By December 31, 2028, decrease the rate of opioid overdose deaths (FL Dept. of Law Enforcement) from 28.4 per 100,000 (2022) to 26. ■▲				Anticipated Completion Date: 12/31/2028	
Objective 2: By December 31, 2028, decrease the percentage of adults who engage in heavy or binge drinking (BRFSS) from 18.9% (2019) to 18%. ■					
Data Source: FL Health CHARTS, BRFSS					
Evidence Base:					
1). Intervention Strategies for Substance abuse, Evidence-based practices for substance use disorders					
2). Connecting Communities to Services, Connecting Communities to Substance Use Services: Practical Approaches for First Responders					
3). Community Engagement, Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System					
4). Core Resource on Alcohol, Recommended Evidence-Based Treatment: Know the Options					
Health Equity or Disparity to be Addressed: N/A					
Policy Change (yes/no): No					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
2.2: Establish and collaborate on a comprehensive adult substance use/abuse framework	Increase	Trained professionals; NARCAN distributed; NARCAN education	5 trained peers	~3000 NARCAN distributed; 50 NARCAN education provided	75 education services
Activity 2.2: Establish and collaborate on a comprehensive adult substance use/abuse framework					
Description	Organization(s) Responsible		Status	Start Date	
2.2.1: Implement marketing initiatives to raise awareness of the importance of drug overdose prevention programs, NARCAN, and treatment	Clay Paramedicine Program, Clay Behavioral Health Center, LSF Health Systems, Groups Recover, Clay Action Coalition, & CHIP Behavioral Health Workgroup				
2.2.2: Increase community knowledge of available resources and the number of trained peers to improve access to support services	Clay Behavioral Health Center & CHIP Behavioral Health Workgroup				
2.2.3: Educate on the dangers of alcohol impairment and poisoning	Clay Behavioral Health Center, Groups Recover, Clay Action Coalition, & CHIP Behavioral Health Workgroup				
2.2.4: Educate and promote medication assistance treatment programs in the community	Clay Behavioral Health Center, DOH-Clay, Baptist, HCA Orange Park, Ascension St. Vincent's, Clay Paramedicine Program, Groups Recover, & CHIP Behavioral Health Workgroup				

Health Priority Area: Behavioral Health					
Goal C: Decrease suicide deaths in Clay County.					
Strategy: Increase community awareness and education on available services and resources for substance use/abuse and opioid use/abuse treatment options.					
Objective 1: By December 31, 2028, decrease the age-adjusted suicide death rate per 100,000 among White non-Hispanic males from 21 (2021) to 16. ■ ▲				Anticipated Completion Date: 12/31/2028	
Objective 2: By December 31, 2028, reduce emergency department visits for non-fatal intentional self-harm injuries from 74.5 to 70 per 100,000. ■					
Data Source: FL Health CHARTS, FDOH Bureau of Vital Statistics					
Evidence Base:					
1). Suicide Prevention Resource, Suicide Prevention Resource for Action					
2). Crisis line, Crisis lines County Health Rankings & Roadmaps					
3). Improving Suicide Prevention, Improving Suicide Prevention through Evidence-Based Strategies					
Health Equity or Disparity to be Addressed: White Non-Hispanic Males (Objective 1)					
Policy Change (yes/no): No					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
3.1: Update and promote a brochure list of available mental health services in Clay County	Increase	Outreaches; Brochures distributed	5 outreaches	150 brochures distributed	20 outreaches
3.2: Establish a unified suicide prevention campaign	Increase	Educations	4	6	10
Activity 3.1: Update and promote a brochure list of available mental health services in Clay County					
Description	Organization(s) Responsible		Status	Start Date	
3.1.1: Identify partners and services provided in Clay County	Clay Behavioral Health Center, DOH-Clay, & CHIP Behavioral Health Workgroup				
3.1.2: Create educational materials and resources	Clay Behavioral Health Center, DOH-Clay, & Clay County Government				
3.1.3: Identify distribution locations (print and digital) and distribute brochures	CHIP Behavioral Health Workgroup				
3.1.4: Distribute brochures highlighting the availability of behavioral health services and resources in Clay County	CHIP Behavioral Health Workgroup				
Activity 3.2: Establish a unified suicide prevention campaign					
Description	Organization(s) Responsible		Status	Start Date	
3.2.1: Implement mental health education at all senior centers	Aging True, ElderSource, DOH-Clay, & CHIP Behavioral Health Workgroup				
3.2.2: Promote and expand the Talkable Community Program	CHIP Behavioral Health Workgroup, Faith-Based Organizations, & Youth Sports Organizations				

Lifestyle Behaviors

Health Priority Area: Lifestyle Behaviors					
Goal A: Decrease the percentage of adults who are overweight or obese in Clay County.					
Strategy: Increase the number of Clay County residents who are at a healthy weight by increasing access to and participation in weight management and lifestyle change programs.					
Objective 1: By December 31, 2028, decrease the rate of adults who are overweight or obese (BRFSS) from 68.9% (2019) to 65.5%. ■					Anticipated Completion Date: 12/31/2028
Data Source: FL Health CHARTS					
Evidence Base: 1). Community Health Workshops, Effective Interventions for Communities 2). Physical Activity: Interventions including activity monitors for adults with overweight or obesity, Strategies to Increase Physical Activity 3). Nutrition Education Program, Stanford Nutrition Action Program (SNAP) 4). Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions, Overweight and Obesity					
Health Equity or Disparity to be Addressed: N/A					
Policy Change (yes/no): Yes, Designation of playgrounds by to municipality to be Americans with Disabilities (ADA) accessible compliant					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Promote and increase nutrition education and physical activity using promotional campaign	Increase	Brochures; Education classes; Health fairs	100 brochures distributed	6 nutrition education classes	3 health fairs
Activity 1.1: Promote and increase nutrition education and physical activity using promotional campaign					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Develop and distribute culturally appropriate messages supporting active lifestyles	Parks & Recreation Clay County, YMCA, UF/IFAS, DOH-Clay, & CHIP Lifestyle Behaviors Workgroup				
1.1.2: Promote and implement nutrition education	UF/IFAS, Clay County Library, DOH-Clay, & CHIP Lifestyle Behaviors Workgroup				
1.1.3: Promote and increase awareness of local parks and fitness activities	Parks & Recreation Clay County, YMCA, DOH-Clay, & CHIP Lifestyle Behaviors Workgroup				
1.1.4: Plan and collaborate on a yearly health fair that promotes increased physical activity	Impact Clay, Parks & Recreation Clay County, YMCA, & CHIP Lifestyle Behaviors Workgroup				

Health Priority Area: Lifestyle Behaviors

Goal B1: Decrease nicotine and electronic vapor product use in Clay County adults.

Strategy: Decrease inhaled substance use among adults by creating an environment that supports tobacco-free lifestyles through education and policy.

Objective 1: By December 31, 2028, decrease the percentage of adults who are current smokers (BRFSS) from 22.2% (2019) to 21%. ■

Objective 2: By December 31, 2028, decrease the percentage of adults who currently use e-cigarettes (BRFSS) from 6.3% (2019) to 5.7%.

Anticipated Completion Date: 12/31/2028

Data Source: FL Health CHARTS

Evidence Base:
 1). Tobacco Quitline, [Tobacco Quitline Strategies](#)
 2). Health Care Provider Reminder Systems for Tobacco Cessation, [Health Care Provider Reminder Systems](#)

Health Equity or Disparity to be Addressed: N/A

Policy Change (yes/no): Yes, Implementation of comprehensive smoke-free policies in indoor areas, workplaces, and public places.

Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
2.1: Assist Clay County employers and businesses with the best tools to become tobacco-free	Increase	Tobacco cessation program referrals; Tobacco cessation programs	15 tobacco cessation program referrals	10 organizations implementing tobacco cessation programs	50 tobacco cessation program referrals

Activity 2.1: Assist Clay County employers and businesses with the best tools to become tobacco-free

Description	Organization(s) Responsible	Status	Start Date
2.1.1: Identify businesses and worksites to implement tobacco cessation programs	Tobacco Free Clay, AHEC, & CHIP Lifestyle Behaviors Workgroup		
2.1.2: Promote tobacco cessation program implementation	Tobacco Free Clay, AHEC, & CHIP Lifestyle Behaviors Workgroup		
2.1.3: Promote and encourage the use of a reminder system to screen for tobacco use and refer to tobacco cessation services	AHEC, Tobacco Free Clay, The Way Free Medical Clinic, Palms Medical Group, Aza Health, HCA Orange Park, Baptist, Ascension St. Vincent's, DOH-Clay & CHIP Lifestyle Behaviors Workgroup		
2.1.4: Promote comprehensive smoke-free policies in indoor areas, workplaces, and public places	AHEC, Clay Action Coalition, Tobacco Free Clay, & CHIP Lifestyle Behaviors Workgroup		

Health Priority Area: Lifestyle Behaviors					
Goal B2: Decrease the percentage of youth who have ever tried nicotine or electronic vapor products in Clay County.					
Strategy: Decrease inhaled substance use among the youth by educating and promoting health education on inhaled substances.					
Objective 1: By December 31, 2028, decrease the rate of students who have ever tried cigarettes, cigars, smokeless tobacco, hookah, or electronic vapor products (FYTS) from 30.6% (2022) to 29%. ■					Anticipated Completion Date: 12/31/2028
Data Source: FL Youth Tobacco Survey					
Evidence Base: 1). School-Based Tobacco Prevention Skill-Building Programs, LifeSkills Training (LST) 2). Parent/Student Education, Red Ribbon Week					
Health Equity or Disparity to be Addressed: N/A					
Policy Change (yes/no): Yes, Review and update policy regarding school citations and enforcement					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
3.1: Promote “Live Vape Free” text-based program that provides teens (ages 13–17) with text support, interactive content, and one-on-one coaching to help them quit e-cigarettes	Increase	Students in SWAT	100 students in SWAT	200 students in SWAT	350 students in SWAT
Activity 3.1: Promote “Live Vape Free” text-based program that provides teens (ages 13–17) with text support, interactive content, and one-on-one coaching to help them quit e-cigarettes					
Description	Organization(s) Responsible		Status	Start Date	
3.1.1: Increase health communication campaign targeting youth	Tobacco Free Clay, Clay Action Coalition, AHEC, & CHIP Lifestyle Behaviors Workgroup				
3.1.2: Increase participation of students working against tobacco (SWAT)	Tobacco Free Clay, Clay Action Coalition, & CHIP Lifestyle Behaviors Workgroup				

Health Priority Area: Lifestyle Behaviors

Goal C: Decrease the percentage of adults with a diagnosis of a chronic disease in Clay County through detailed health literacy.

Strategy: Increase community awareness and education about chronic disease by increasing the impact of evidence-based programs that promote health and healthy living.

Objective 1: By December 31, 2028, decrease the age-adjusted death rate from hypertension from 12.9 per 100,000 (2021) to 11.9 per 100,000. ▲

Objective 2: By December 31, 2028, decrease the age-adjusted incidence rate of cancer from 518.6 per 100,000 (2020) to 460 per 100,000. ■▲

Objective 3: By December 31, 2028, decrease the age-adjusted rate of deaths from pneumonia from 12.0 per 100,000 (2021) to 11.0 per 100,000.

Anticipated Completion Date: 12/31/2028

Data Source: FL Health CHARTS

Evidence Base:

- 1). Hypertension Control Health Coaches, [Chronic Disease Self-Management Programs](#)
- 2). Preventing Chronic Disease, [Evidence-Based Policy](#)
- 3). Community Health Workers, [Health Education Promotion](#)
- 4). Cancer Prevention Programs, [Cancer Prevention Through Community-Based Programs](#)
- 5). Pneumococcal Vaccination Strategies, [Update and Perspective on Pneumococcal Vaccination Strategies](#)
- 6). Interventions to Increase Vaccinations, [Community-Based Interventions Implemented in Combination to Increasing Appropriate Vaccination](#)

Health Equity or Disparity to be Addressed: N/A

Policy Change (yes/no): No

Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
4.1: Promote healthy lifestyle practices to achieve and maintain good health	Increase	Toolkits; Programs; Screening reminders; Community health fairs; Pneumovax and HPV vaccines	100 toolkits distributed	6 programs facilitated; 100 screening reminders sent	3 community health fairs; 50 pneumovax and HPV vaccines administered through DOH-Clay

Activity 4.1: Promote healthy lifestyle practices to achieve and maintain good health

Description	Organization(s) Responsible	Status	Start Date
4.1.1: Create and distribute a referral toolkit to healthcare providers to recommend Chronic Disease Self-Management Program to patients	AHEC, DOH-Clay, UF/IFAS, The Way Free Medical Clinic, Sunshine Health, HCA Orange Park, Baptist, Ascension St. Vincent's, The Palms Medical Group, Aza Health, & CHIP Lifestyle Behaviors Workgroup		
4.1.2: Promote health education on the importance of a healthy lifestyle and cancer prevention	UF Health Cancer Center, Baptist Health Literacy, UF/IFAS, DOH-Clay, & CHIP Lifestyle Behaviors Workgroup		

4.1.3: Increase the number of adults screened for breast, cervical, and colorectal through phone reminders	DOH-Clay, The Way Free Medical Clinic, HCA Orange Park, Baptist, Ascension St. Vincent's, The Palms Medical Group, Aza Health, & CHIP Lifestyle Behaviors Workgroup		
4.1.4: Promote HPV vaccine in adolescents	DOH-Clay & CHIP Lifestyle Behaviors Workgroup		
4.1.5: Promote the Pneumovax vaccine to at-risk populations	DOH-Clay, Aging True, & CHIP Lifestyle Behaviors Workgroup		
4.1.6: Implement an annual community health fair with free community health screenings for a targeted population	Impact Clay, Parks & Recreation Clay County, DOH-Clay, & CHIP Lifestyle Behaviors Workgroup		

Health Priority Area: Lifestyle Behaviors					
Goal D: Decrease the rate of syphilis in Clay County through resident and provider education.					
Strategy: Improve public health messaging about syphilis by building community connections and developing community-informed plans.					
Objective 1: By December 31, 2028, decrease the rate per 100,000 of infectious syphilis (FDOH, Bureau of Communicable Diseases) from 18.6 (2022) to 17.6. ■▲					Anticipated Completion Date: 12/31/2028
Data Source: FL Health CHARTS					
Evidence Base: 1). Effective Interventions for STDs, Effective Interventions to reduce Sexually Transmitted Diseases 2). STD Prevention Programs, Public Health Interventions to Control Syphilis					
Health Equity or Disparity to be Addressed: N/A					
Policy Change (yes/no): No					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
5.1: Increase sexually transmitted infection (STI) awareness in the community	Increase	Outreaches	3 outreaches	10 outreaches	20 outreaches
Activity 5.1: Increase sexually transmitted infection (STI) awareness in the community					
Description	Organization(s) Responsible		Status	Start Date	
5.1.1: Promote STI awareness week through the CDC GYT: Get Yourself Tested campaign targeted to young adults (15–24)	DOH-Clay & CHIP Lifestyle Behaviors Workgroup				
5.1.2: Utilize the CDC Talk Test Treat campaign to educate and encourage healthcare providers	DOH-Clay & CHIP Lifestyle Behaviors Workgroup				

Healthcare Access

Health Priority Area: Healthcare Access					
Goal A: Increase access to primary and specialty healthcare, education, and resources.					
Strategy: Decrease transportation, health insurance navigation, and health literacy barriers to accessing healthcare.					
Objective 1: By December 31, 2028, plan and host or collaborate on coordinated care events (from 0 to a minimum of 2) aimed at bringing community partners together to provide and educate the community on available services and resources.					Anticipated Completion Date: 12/31/2028
Data Source:					
Evidence Base: 1). Push and promote Community services platform 2). Increase access to Transportation through transportation vouchers and rideshares, Transportation Clay County, FL (govaccess.org) , Carpool & rideshare programs County Health Rankings & Roadmaps 3). Promote Health insurance/ Patient Navigators, Health insurance enrollment outreach & support County Health Rankings & Roadmaps , Patient navigators County Health Rankings & Roadmaps 4). Promote Health Literacy, Health literacy interventions County Health Rankings & Roadmaps Health Equity or Disparity to be Addressed: N/A Policy Change (yes/no): No					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Promote health literacy on healthcare access resources and health insurance navigation	Increase	Organizations onboarded on community services referral platform; Collaborative health fairs	30 organizations	50 organizations; 2 collaborative health fairs	75 organizations
1.2: Decrease transportation barriers to healthcare access	Increase	Rideshare program usage; Bus stops	Transportation page updated to include rideshare and bike program	50 yearly usages of rideshare program	5 bus stops at area hospitals
Activity 1.1: Promote health literacy on healthcare access resources and health insurance navigation					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Push and promote the community services referral program	Clay County Government				
1.1.2: Quarterly update of community resources list	Clay County Government & CHIP Healthcare Access Workgroup				
1.1.3: Identify and promote health insurance/patient navigators	HCA Orange Park, Ascension St. Vincent's, Baptist, The Players BMC Jax, & Sunshine Health				
1.1.4: Promote mobile medical and dental services	Ascension St. Vincent's, Aza Health, The Buddy Bus, & Emmanuel Project				
1.1.5: Plan and collaborate on yearly health fairs	CHIP Healthcare Access Workgroup				
Activity 1.2: Decrease transportation barriers to healthcare access					

Description	Organization(s) Responsible	Status	Start Date
1.2.1: Advocate for the addition of bus stops/routes running on schedule near major hospitals	Clay County Government & CHIP Healthcare Access Workgroup		
1.2.2: Push and promote rideshare and Uber programs	AHEC, Aza Health, & CHIP Healthcare Access Workgroup		
1.2.3: Promote and advocate for funding for the bike program	Clay County Government & CHIP Healthcare Access Workgroup		
1.2.4: Create and disseminate a transportation resource page	Clay County Government & CHIP Healthcare Access Workgroup		

Health Priority Area: Healthcare Access					
Goal B: Enhance collaboration between decision-makers in the local public health systems.					
Strategy: Promote coordination and enhance referrals among healthcare and social services provider organizations					
Objective 1: By December 31, 2028, establish and increase healthcare access meetings from 0 to 4, to assess and identify barriers and gaps in Clay County's overall capacity, services, and referral processes.					Anticipated Completion Date: 12/31/2028
Data Source:					
Evidence Base:					
1). Quality Health Care in Vulnerable Communities, Ensuring Access to Quality Health Care					
2). Strengthening Primary Care in the US, Support Integration of Primary Care with Behavioral Health, Social Services, and Public Health					
3). Enabling Services, Improve Access to Care, Preventive Services, and Satisfaction Among Health Center Patients					
Health Equity or Disparity to be Addressed: N/A					
Policy Change (yes/no): No					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
2.1: Increase knowledge of the impact of social and economic factors on health	Increase	Education; SDOH classes; Referrals sent	5 provided education	Minimum of 8 SDOH classes hosted	100 referrals sent and received
2.2: Organize and coordinate logistics for quarterly meetings	Increase	Partners; Organizations presenting; Meetings	5 new partners invited to the workgroup	6 organizations presenting at quarterly meetings	Minimum of 15 meetings facilitated
Activity 2.1: Increase knowledge of the impact of social and economic factors on health					
Description	Organization(s) Responsible	Status	Start Date		
2.1.1: Educate providers on SDOH	AHEC & DOH-Clay				
2.1.2: Create and promote an SDOH screening tool	AHEC, DOH-Clay, & CHIP Healthcare Access Workgroup				
Activity 2.2: Organize and coordinate logistics for quarterly meetings					
Description	Organization(s) Responsible	Status	Start Date		
2.2.1: Update and maintain an accurate list of community partners	DOH-Clay				
2.2.2: Invite organizations to present their work and resources at quarterly meetings	DOH-Clay				