2015
Community Health Assessment
Clay County, Florida
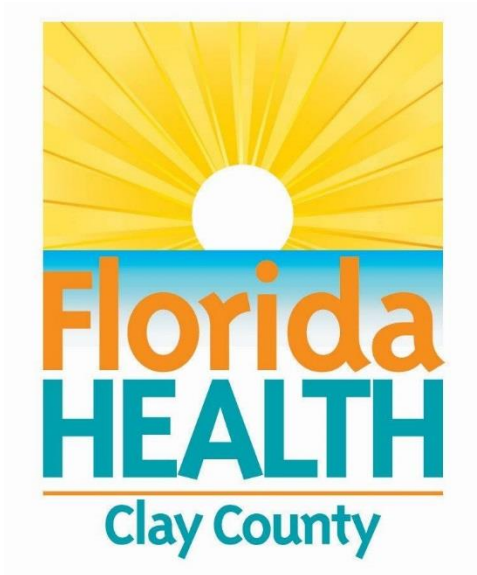
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EXECUTIVE SUMMARY

The Florida Department of Health in Clay County and the Health Planning Council of Northeast Florida spearheaded an initiative to conduct a comprehensive, county-wide health needs assessment. The purpose of this assessment is to provide primary and secondary data to educate and mobilize the Clay County community, develop priorities, garner resources, and plan actions to improve the public's health.

The Clay County Health Improvement Planning (CHIP) group, comprised of community leaders from local medical and behavioral health providers, social service agencies, civic organizations, and minority and faith-based groups, convened to: (1) review the outcomes of the 2010 health needs assessment; and (2) launch the 2015 county-wide assessment of the overall health status and priority health issues facing Clay County residents.

Information collected during the needs assessment process was presented to the CHIP group during community meetings held at Orange Park Medical Center (OPMC) in Clay County from February – June 2015. Data for Clay County's community health assessment was collected for several broad categories: socioeconomic conditions, characteristics of the physical environment, health outcomes, health behaviors, and access to health resources for county residents. The data included chronic disease death rates; infectious disease rates; housing, commuting, and food environment characteristics; prevalence of risky health behaviors; maternal and child health indicators; hospital utilization; and availability of physicians and health resources.

Input from Clay County residents was obtained from eight focus groups with diverse populations. Key stakeholder interviews provided insight into the health of Clay County residents and the availability of resources for subpopulations. Focus groups and key stakeholders identified several priority health issues. The focus groups identified the following as key health issues: Unhealthy behaviors, Tobacco use, and Lack of access to healthy foods. The key stakeholder interviews identified the following as key health issues: Mental health, Preventive care, Lifestyle & behavior, Healthcare access, and Obesity. Secondary data from an online ranking tool then collapsed the key health issues identified in the qualitative analysis into broader health priorities and subsequently ranked the data based on comparisons to other counties in the region. The ranking of the topics is as follows: Mental health & mental disorders, Substance abuse, Exercise, nutrition & weight, and Environment.

To further narrow down these priorities to the top three focus areas, input was sought from the community through a preliminary release meeting on July 16, 2015. Invitations were sent via e-mail to several community groups including the Mercy Support Network, CHIP group, Shaping Clay, and the Clay County Chamber of Commerce. The meeting notification was also posted in the local newspaper, Clay Today. During this preliminary results and release meeting, the current findings of the assessment were discussed. Then, feedback was requested from the community: "Of all the issues discussed today, which do you think is the most important?" The poll results from the meeting showed that Mental Health was the top priority, followed by Healthcare access, and Poor nutrition/unhealthy eating.

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

INTRODUCTION

In the spring of 2015, leaders from the Florida Department of Health in Clay County (FDOH-Clay) came together to launch a county-wide assessment of the overall health status and priority health issues facing Clay County residents. The Health Planning Council of Northeast Florida was subcontracted to guide and facilitate the process.

Several key healthcare and community stakeholders were invited to join the Clay County Health Improvement Planning (CHIP) group and to participate in the assessment by representing the needs of their clients, constituents, and communities. Collectively, more than 30 community leaders contributed to the process by attending at least one Task Force meeting, and more than 40 residents contributed to the assessment through participation in focus group discussions.

The CHIP group elected to utilize the *"MAPP"* community assessment model, as recommended by the Florida Department of Health as well as the National Association of County and City Health Officials (NACCHO). *MAPP* is an acronym for "*Mobilization for Action through Planning and Partnership*," and is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county's most prevalent health concerns. This type of county-wide health assessment was last completed in Clay during 2010, and it is recommended to re-occur every 3-5 years.

The Clay County CHIP group is comprised of representatives from local medical and behavioral health providers, social service agencies, civic organizations, minority and faith-based groups, and other key community stakeholders. Information collected during the needs assessment process was presented to the CHIP group members at community meetings that were held in various locations in Clay County including The Way Free Clinic, Orange Park Town Hall, Weigel Senior Center, Fleming Island Library, Orange Park Library, Middleburg Library, Senior Center in Keystone Heights, and Penney Farms Retirement Community from April – June 2015.

Components of Clay County's health assessment included an analysis of available demographic data, health statistics, and health care access indicators for county residents. Community input was obtained from eight focus group discussions among key subpopulations such as: the elderly, the faith community, minority residents, parents, and business professionals. Key stakeholder interviews solicited community leaders' opinions on health care services, quality of life issues, and the health status of Clay County's population. Detailed information summarizing each of these components is included in this report.

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

This assessment is the product of a collective and collaborative effort from a variety of dedicated health and social service providers along with other invaluable community stakeholders from across all regions of Clay County. It is recommended that the findings from this community health assessment guide health and social service providers in the county in their program development efforts over the next 3-5 years.

Methodology

The Florida Department of Health recommends the implementation of evidence-based and effective assessment models such as the National Association of County and City Health Officials' (NACCHO's) *Mobilizing for Action through Planning and Partnerships (MAPP)* model for community health planning. This model was developed to provide a strategic approach to community health improvement by helping communities to identify and use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.[1] The model includes six distinct phases (Figure 1):

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

Figure 1. The MAPP Model

Clay County is fortunate to have long-standing, proactive leadership within its healthcare network who strongly value solid and collaborative relationships with other health and support service providers throughout the community.   The Florida Department of Health in Clay County (DOH-Clay) maintains strong ongoing relationships with multiple health and social services providers locally.   DOH-Clay

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[1] National Association of City and County Health Officials, 2012

invited the ongoing Community Health Improvement Plan (CHIP) group to act as a platform and steering committee for this Community Health Assessment (CHA) process.

The CHIP group came together for the 2015 assessment introduction meeting in March 2015. In this meeting, the Health Planning Council of Northeast Florida (HPCNEF) staff provided an introduction to the project and highlighted the expected outcomes and benefits of the CHA process. Emphasis was placed on the *community-driven* nature of the health assessment process, meaning members of the CHIP group would be charged with developing the county's health priorities and proposing strategies to address them. Members were also provided with a complete overview of the MAPP assessment process, a preliminary timeline of when each component should occur, and guidance on how they could most effectively contribute to the process.

This introductory CHIP meeting also involved presenting and discussing the proposed data obtained through the recommended *Health Status Assessment*, the first of the four MAPP assessments. The discussion incorporated an analysis of population demographics and socio-economic indicators, disease and death rates, healthcare utilization statistics, and access to healthcare indicators. The data was provided in two primary formats: (1) trend diagrams showing changes over time using 3-year rolling averages; and (2) diagrams comparing different populations. The members also suggested the use of relevant findings from the county's most recent Behavioral Risk Factor Surveillance Survey (BRFSS) and County Health Rankings be used in the CHA document. Some members requested some specific data to help support and/or disprove speculations.

Wider community input was sought during March – May 2015 through the *Community Strengths and Themes Assessment* that included several key stakeholder interviews and targeted focus group discussions across the county. The key stakeholder interviews were conducted with organizations and persons throughout Clay County chosen by DOH-Clay, and a total of 20 interviews were conducted. There were eight focus groups held in locations throughout the county including Penney Farms, Fleming Island, Middleburg, Orange Park, Green Cove Springs, and Keystone Heights. Both the key stakeholder interview and focus group results were compiled and analyzed by Health Planning Council staff, then presented to the CHIP members for further discussion.

Utilizing guidance provided by the U.S. Centers for Disease Control and Prevention (CDC) under the National Public Health Performance Standards Program (NPHPSP), the Clay County Health Assessment CHIP group members completed a *Local Public Health System Performance Assessment* in June 2015. The members first reviewed the composition of the county's public health safety-net to include all entities that serve the county's most vulnerable residents. Health Planning Council staff then guided the Task Force members through a broad discussion of each of the *10 Essential Public Health Services*, as outlined by the CDC. The members discussed each essential service until consensus was reached regarding the degree to which the service is present and effective throughout the county. Strengths and gaps in the county's healthcare safety net and public health system were identified in this way, and were subsequently considered throughout the remainder of the planning process.

Information was also considered regarding current and expected *Forces of Change* in the county, such as recent and predicted economic conditions, changing and emerging community cultural characteristics, and policy changes or shifts affecting community and organizational capacity and resources. The Task Force members participated in a group exercise to identify the *Forces of Change* at work in Clay County that could potentially impact the health of residents, whether it be in a positive or negative way. The members categorized local, state, and national "forces" into 3 distinct categories:

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.

- **<u>Factors are discrete elements</u>**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.

- **<u>Events are one-time occurrences</u>**, such as a hospital closure, a natural disaster, or the passage of new legislation.

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

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

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

With the qualitative and quantitative data collected and analyzed from all four MAPP assessments, the next stage in the process is to identify strategic issues. During this phase of the process, an ordered list of the most important issues facing the community are identified. This prioritization activity was completed through input from the community through a preliminary release meeting on July 16, 2015 and community surveys following the meeting. During this preliminary results and release meeting and survey, the current findings of the assessment were discussed. Then, feedback was requested from the community: "Of all the issues discussed today, which do you think is the most important?" This narrowed down Clay County health priorities to three, which will be used as cornerstones for the health improvement plan.

County Health Rankings

In February 2010, the University of Wisconsin, under funding from the Robert Wood Johnson Foundation, released the *2010 County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties were able to get a snapshot of their community's health by comparing overall health and the factors that influence health with other counties in their state.

The rankings were compiled utilizing a three tier model of population health improvement. In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their subsequent outcomes may be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

The report ranks Florida counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors

rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental.   The weights for the factors are based upon a review of the literature and expert input.

Overall, in 2015, Clay County ranked 11th among Florida's 67 counties for health outcomes, and 14th for health factors.   There were significant differences, however, when examining the individual rankings for each of the four topics considered for the health factors score.   Figure 2 below lists the four topics, along with the type(s) of indicators included within each, and the corresponding rank for Clay County.

Figure 2. Clay County Health Factors Rankings, 2015

HEALTH BEHAVIORS	CLINICAL CARE	SOCIO-ECONOMIC	PHYSICAL ENVIRONMENT
Tobacco Diet and Exercise Alcohol Use High-Risk Sex	Access to Care Quality of Care	Education Employment Income Family/Social Support Community Safety	Air Quality Built Environment Access to healthy food Liquor Stores
Clay rank: 28th	Clay rank: 25th	Clay rank: 6th	Clay rank: 44th

SOCIAL & ECONOMIC ENVIRONMENT

The socioeconomic characteristics of a community, including the age, gender, ethnic background, and economic characteristics, influence the community's healthcare needs and the design of service delivery to meet those needs. This section provides an overview of the demographics and socio-economic characteristics of Clay County in comparison to the state of Florida.

Geography and Governance

Clay County encompasses approximately 604 square miles of Northeast Florida,[2] immediately southwest of the metropolitan city of Jacksonville and directly west of historic St. Augustine. The county's entire eastern border is formed by the St. Johns River. The county contains 46 square miles of water among its many lakes and rivers, as well as many miles of undeveloped woodlands. Figure 3 shows Clay County's location within Florida.

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

Figure 3. Map of Florida Highlighting Clay County

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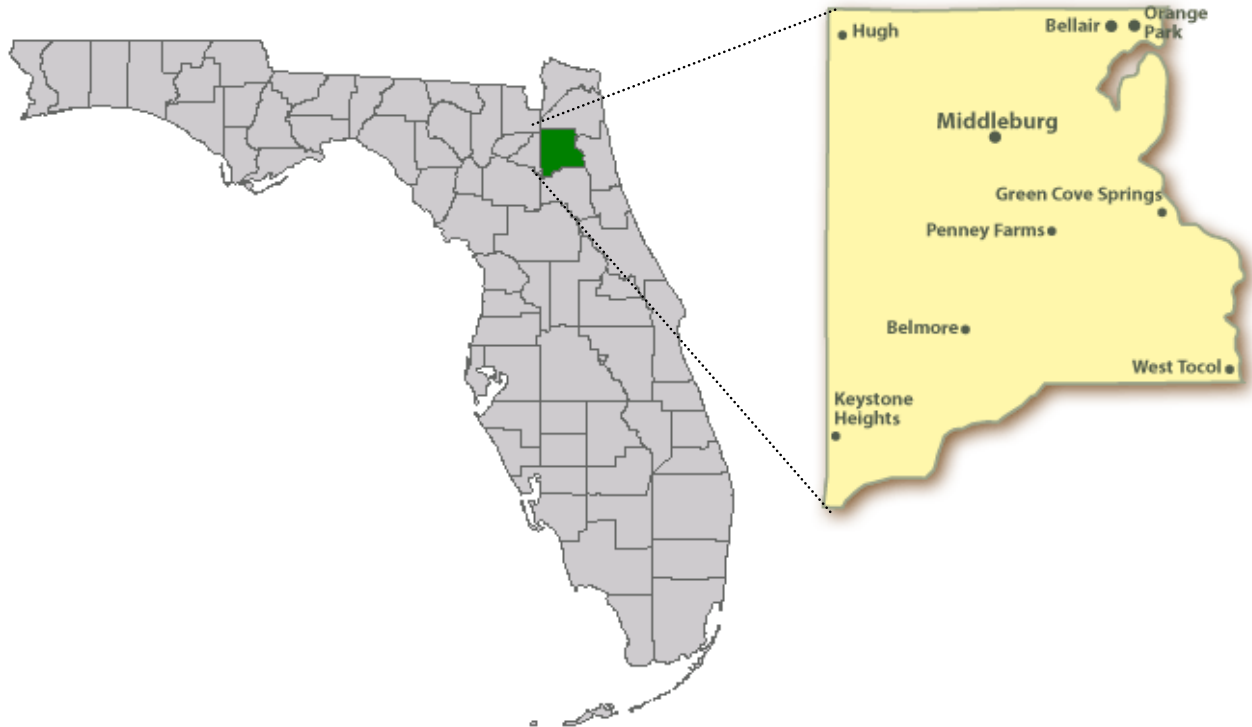
[2] U.S. Census Bureau. (2015, June). *State and County Quickfacts.* Retrieved from American FactFinder: factfinder.census.gov
[3] Clay County Government (website), Board of County Commissioners, 2010

Asset Mapping

The population of Clay County is more densely concentrated in the northern half of the county, with the highest density areas mostly in the northeastern quadrant. The southwestern quadrant and west central portion of the county surrounding Kingsley Lake are much less densely populated, with the exception of the census tracts containing Keystone Heights (Map 1). The low population density surrounding Kingsley Lake is due to the location of the National Guard's Camp Blanding Joint Training Center (Map 3).

Map 1. Clay County 2010 Population Size by Census Tract

Created in July 2015
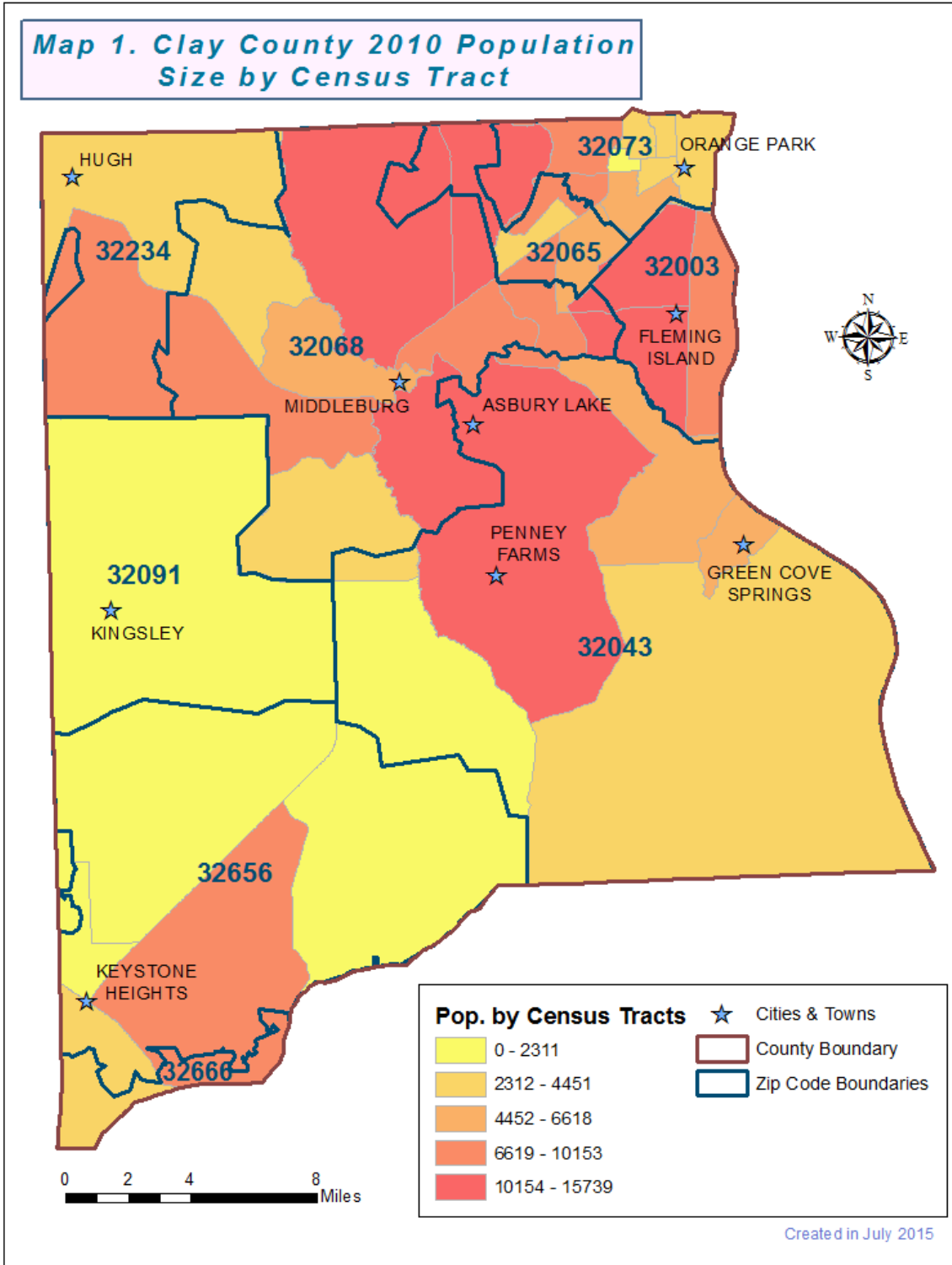
As shown in Map 2, the majority of municipal services, including schools, fire & rescue stations, and law enforcement facilities, are concentrated in the northeast and central eastern portions of Clay County. The municipal resources coincide with the more densely populated areas shown in Map 1.

Map 2. Municipal Services in Clay County, FL
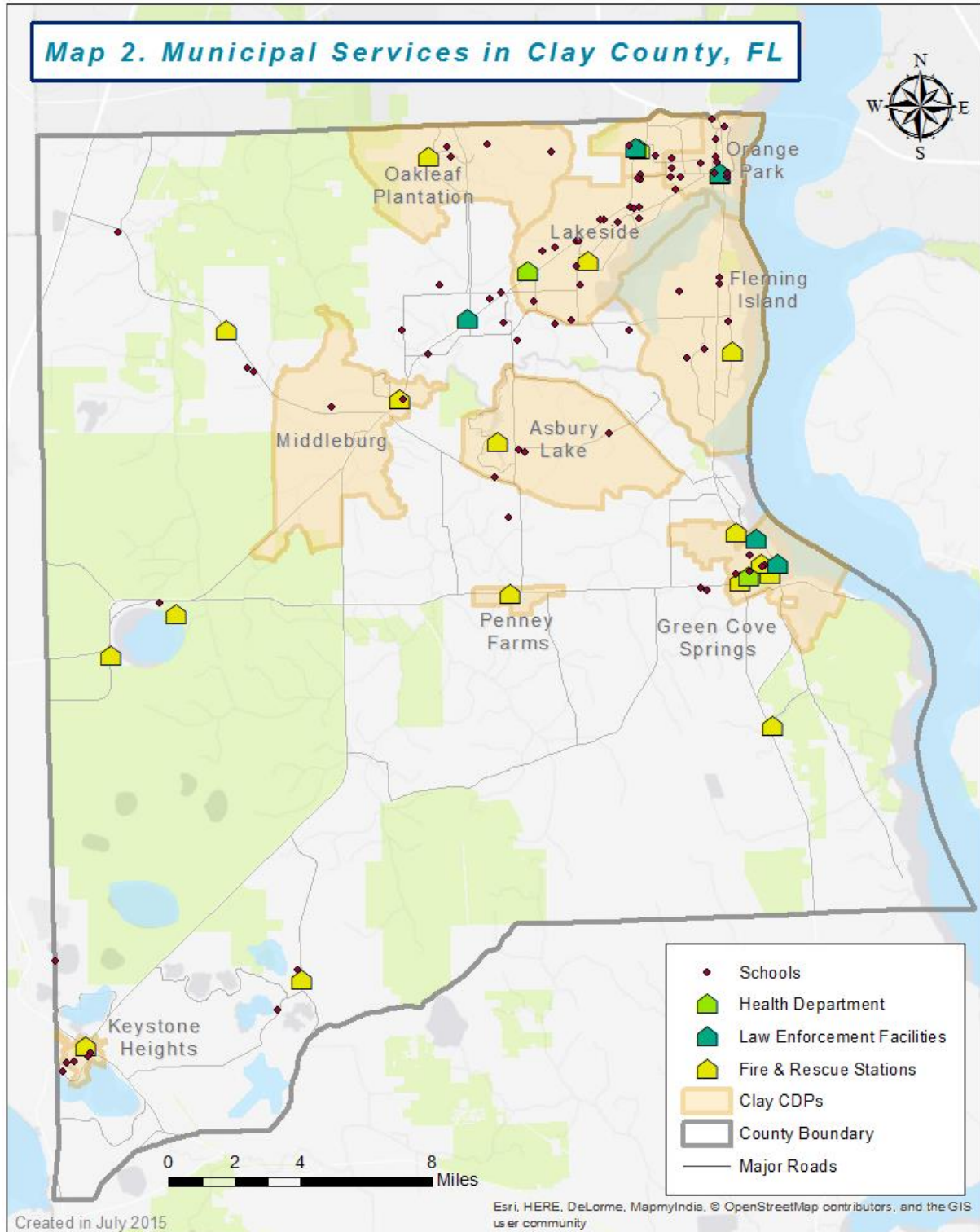
Clay County is home to many natural amenities, including state forests, a state park, the Camp Blanding Joint Training Center, St. John's River Water Management District lands, and city, county, and neighborhood parks. Map 3 shows the distribution of these natural resources throughout the county, along with the location of trails and public pools.

Map 3. Parks and Recreation Facilities in Clay County, FL
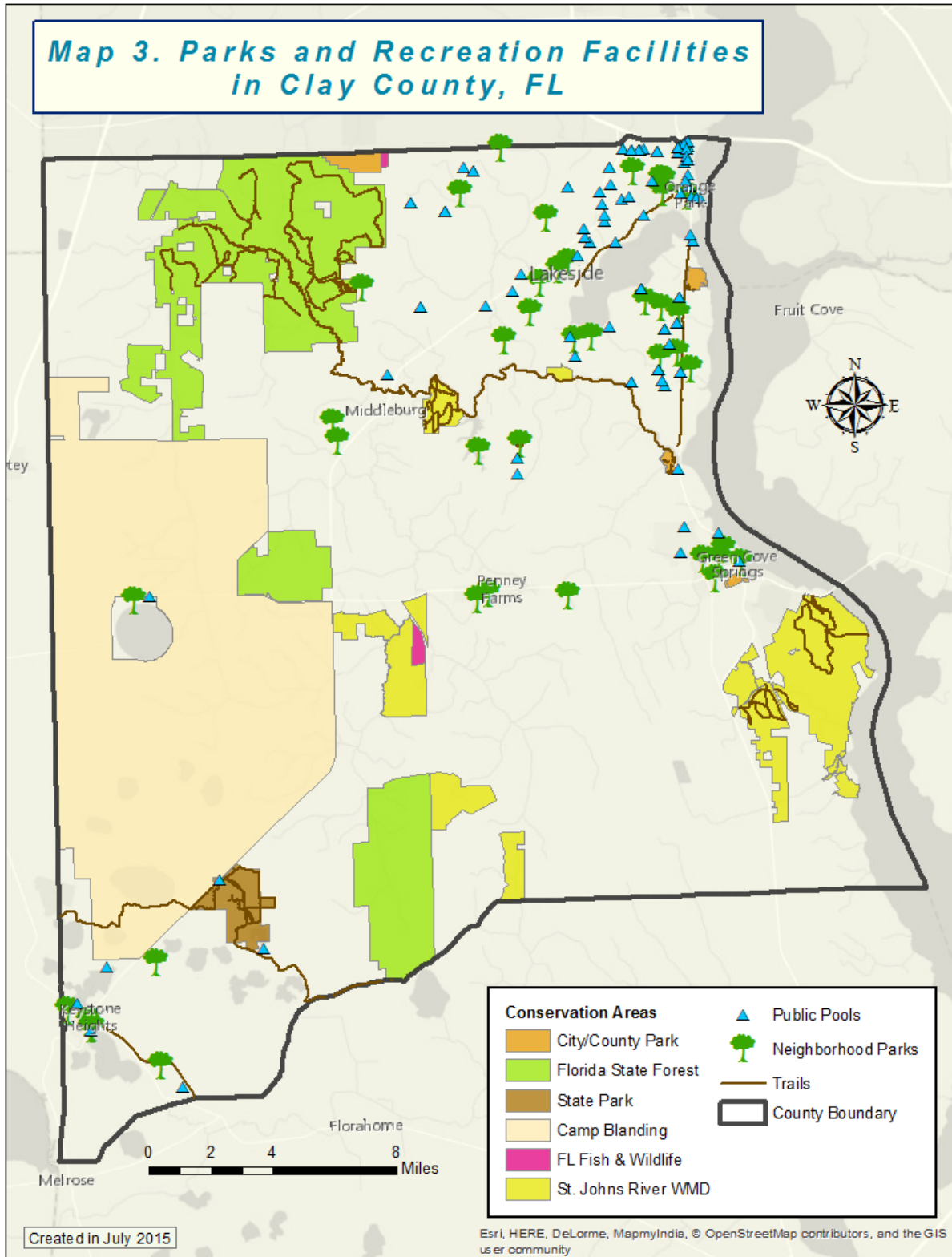
The geographic information system (GIS) company Esri divided the American population into 14 LifeMode groups – shown in the legend of Map 4 – based on shared experiences, such as immigration, and demographic traits, such as affluence. Clay County residents fall into the following LifeMode groups:

LifeMode 1 Affluent Estates
- Established wealth—educated, well-traveled married couples
- Accustomed to "more": less than 10% of all households, with 20% of household income
- Homeowners (almost 90%), with mortgages (70%)
- Married couple families with children ranging from grade school to college
- Expect quality; invest in time-saving services
- Participate actively in their communities
- Active in sports and enthusiastic travelers

LifeMode 5 GenXurban
- Gen X in middle age; families with fewer kids and a mortgage
- Second largest Tapestry group, comprised of Gen X married couples, and a growing population of retirees
- About a fifth of residents are 65 or older; about a fourth of households have retirement income
- Own older single-family homes in urban areas, with 1 or 2 vehicles
- Live and work in the same county, creating shorter commute times
- Invest wisely, well-insured, comfortable banking online or in person
- News junkies (read a daily newspaper, watch news on TV, and go online for news)
- Enjoy reading, photo album/scrapbooking, playing board games and cards, doing crossword puzzles, going to museums and rock concerts, dining out, and walking for exercise

LifeMode 7 Ethnic Enclaves
- Established diversity—young, Hispanic homeowners with families
- Multilingual and multigenerational households feature children that represent second-, third- or fourth-generation Hispanic families
- Neighborhoods feature single-family, owner-occupied homes built at city's edge, primarily built after 1980
- Hard-working and optimistic, most residents aged 25 years or older have a high school diploma or some college education
- Shopping and leisure also focus on their children—baby and children's products from shoes to toys and games and trips to theme parks, water parks or the zoo
- Residents favor Hispanic programs on radio or television; children enjoy playing video games on personal computers, handheld or console devices
- Many households have dogs for domestic pets

LifeMode 10 Rustic Outposts
- Country life with older families in older homes
- Rustic Outposts depend on manufacturing, retail, and healthcare, with pockets of mining and agricultural jobs
- Low labor force participation in skilled and service occupations
- Own affordable, older single-family or mobile homes; vehicle ownership, a must
- Residents live within their means, shop at discount stores and maintain their own vehicles (purchased used) and homes
- Outdoor enthusiasts, who grow their own vegetables, love their pets and enjoy hunting and fishing
- Technology is cost prohibitive and complicated. Pay bills in person, use the yellow pages, read the newspaper and mail-order books

LifeMode 12 Hometown

- Growing up and staying close to home; single householders
- Close knit urban communities of young singles (many with children)
- Owners of old, single-family houses, or renters in small multi-unit buildings
- Religion is the cornerstone of many of these communities
- Visit discount stores and clip coupons, frequently play the lottery at convenience stores
- Canned, packaged and frozen foods help to make ends meet
- Purchase used vehicles to get them to and from nearby jobs[4]

Map 4. Esri Household Tapestry Segmentation, 2014
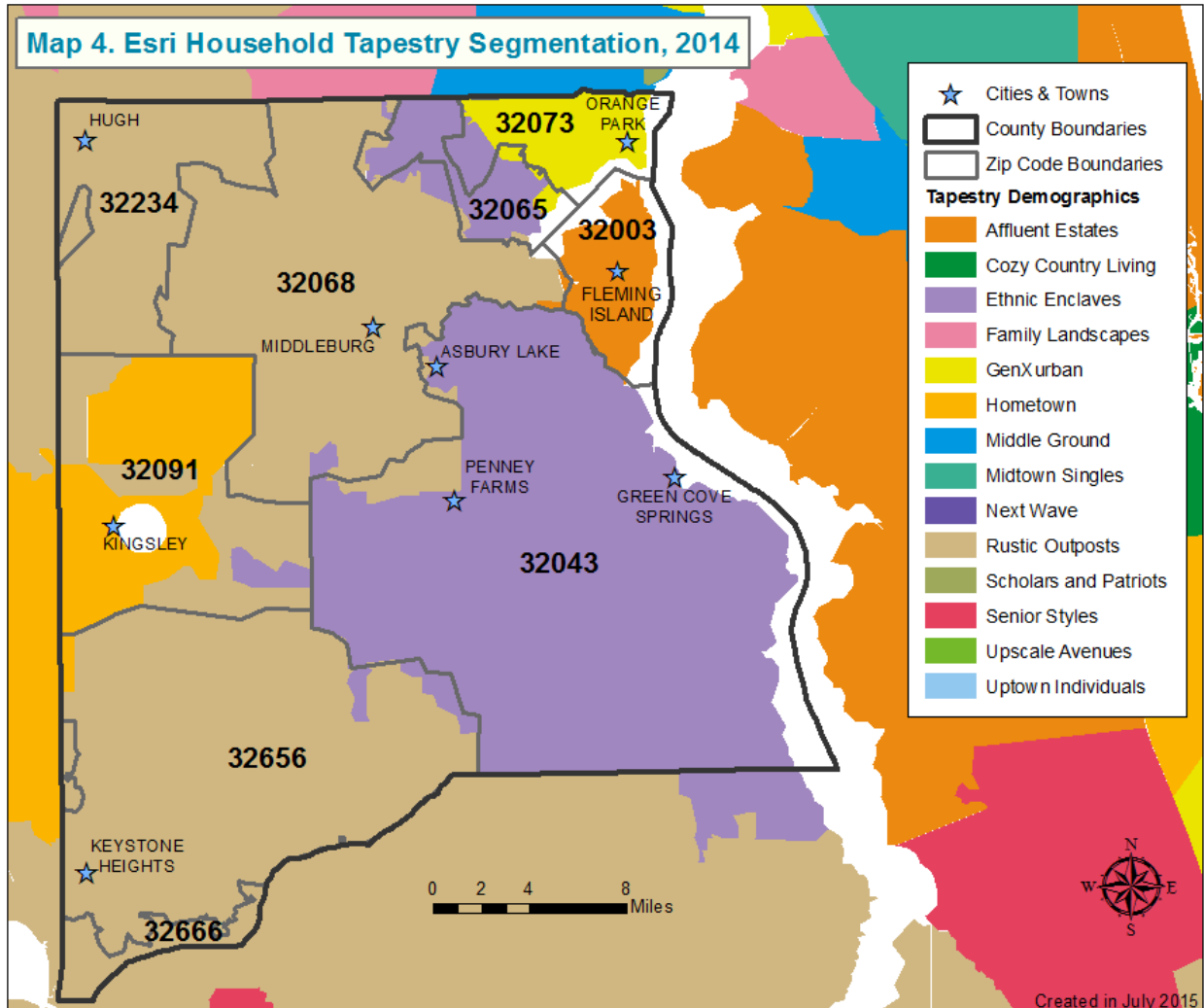
[4] Environmental Systems Research Institute, Inc. (2015). *Esri Demographics: Tapestry Segmentation*. Retrieved from ArcGIS.com: http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm

Population Characteristics

In 2013, Clay County had a total population of 192,665 people and Florida had a population of 19,091,156. Clay County's population is approximately 51% female and 49% male, which is the same ratio as the state. Figure 4 below shows Clay County's population trends and projections between 2010-2014 and 2014-2019. It is projected that Clay will experience a 0.91 population growth rate during 2014-2019.

Figure 4. Population Growth Rate by Zip Code in Clay County, FL, 2010-2019
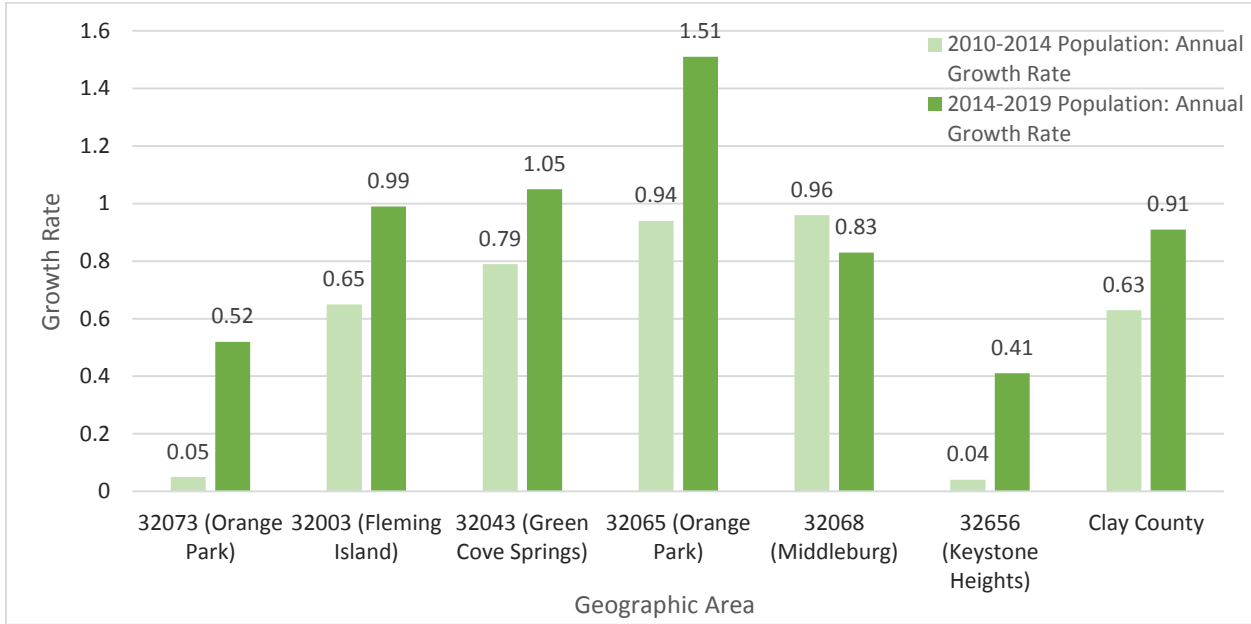
Source: Esri, 2014

The median age of Clay County's population is 38.7 years, younger than Florida's median age of 41. Figure 5 summarizes the age distribution of Clay County and Florida residents. Clay County has a larger proportion of children (under age 19) and a smaller proportion of older adults (ages 70 and up) than the state. The two largest age groups in Clay County are the 40-49 and 10-19 year age groups, accounting for 16% and 15.5% of the population, respectively.

Figure 5. Population by Age Group for Clay County and Florida, 2013
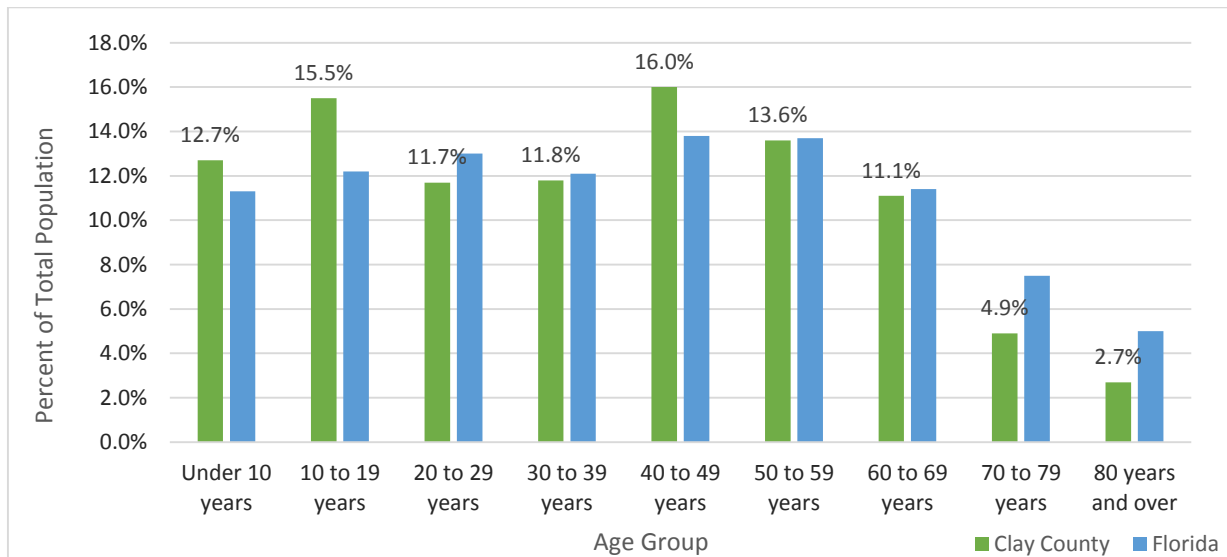
Source: American Community Survey 5-Year Estimates, 2009-2013

Race and Ethnicity

Figure 6 shows the racial composition of Clay County in comparison to Florida. About 83% of Clay's population is white, which is slightly higher than the state average of 78%. Clay County is less diverse than the state – only about 17% of the population is non-white (Black or other) compared with 22% of Florida's population. The "Other" race category includes American Indians, Asians, and Hawaiian/Pacific Islanders. Clay County also has a smaller Hispanic population than Florida (Figure 7).

Figure 6. Clay County and Florida Population by Race, 2013
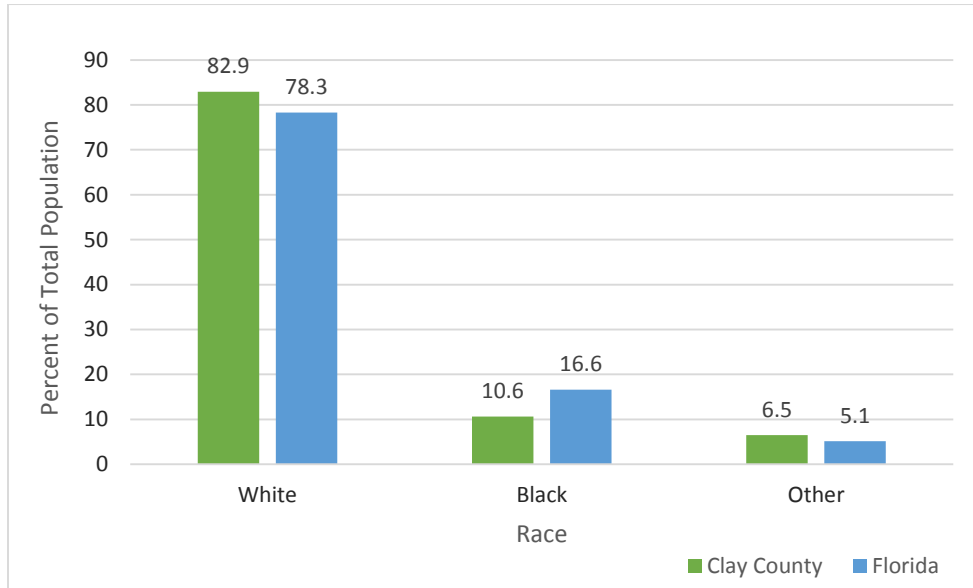
Source: Florida Office of Economic and Demographic Research, 2013

Figure 7. Clay County and Florida Population by Ethnicity, 2013
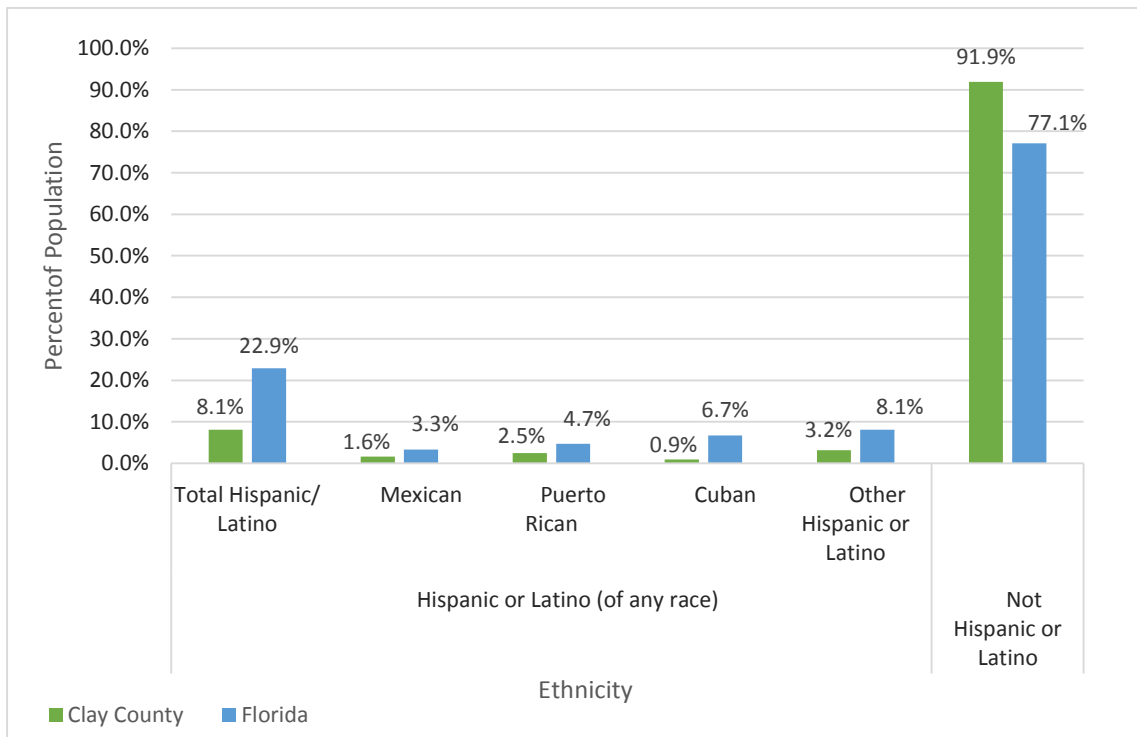
Socio-Economic Profile

Income

Clay County had an estimated per capita income of $26,577 from 2009-2013, which was slightly higher than Florida's per capita income of $26,236.   The average weekly wage in Clay was $657 in the 3rd quarter of 2014 compared to $826 across Florida (Figure 8). Clay County's median household income was $59,482 from 2009-2013, which is significantly higher than the state's median household income of $46,956. According to the U.S. Census Bureau, the average number of persons per household in Clay County is 2.82 compared to 2.61 in Florida.   A portion of the difference in median household income between Clay and Florida may be attributed to a greater number of income earners living in each household in Clay County.

Figure 8. Weekly Wage (2014), Per Capita Income, and Median Household Income, 2009-2013

Clay			Florida		
Avg. Weekly Wage*	Per Capita Income	Median Household Income	Avg. Weekly Wage*	Per Capita Income	Median Household Income
$657	$26,577	$59,482	$826	$26,236	$46,956

Source: US Census Bureau State & County QuickFacts; *U.S. Bureau of Labor Statistics

The distribution of household income levels for Clay County is shown in Figure 9. The largest percentage of Clay County households (20.8%) had incomes from $50,000 – $74,999, and more than half of Clay County households have incomes between $50,000 – $149,999. A smaller proportion of Clay's population has household incomes below $34,999 when compared to the state.

Figure 9. Comparison of Household Income Levels in Clay County and Florida, 2009-2013
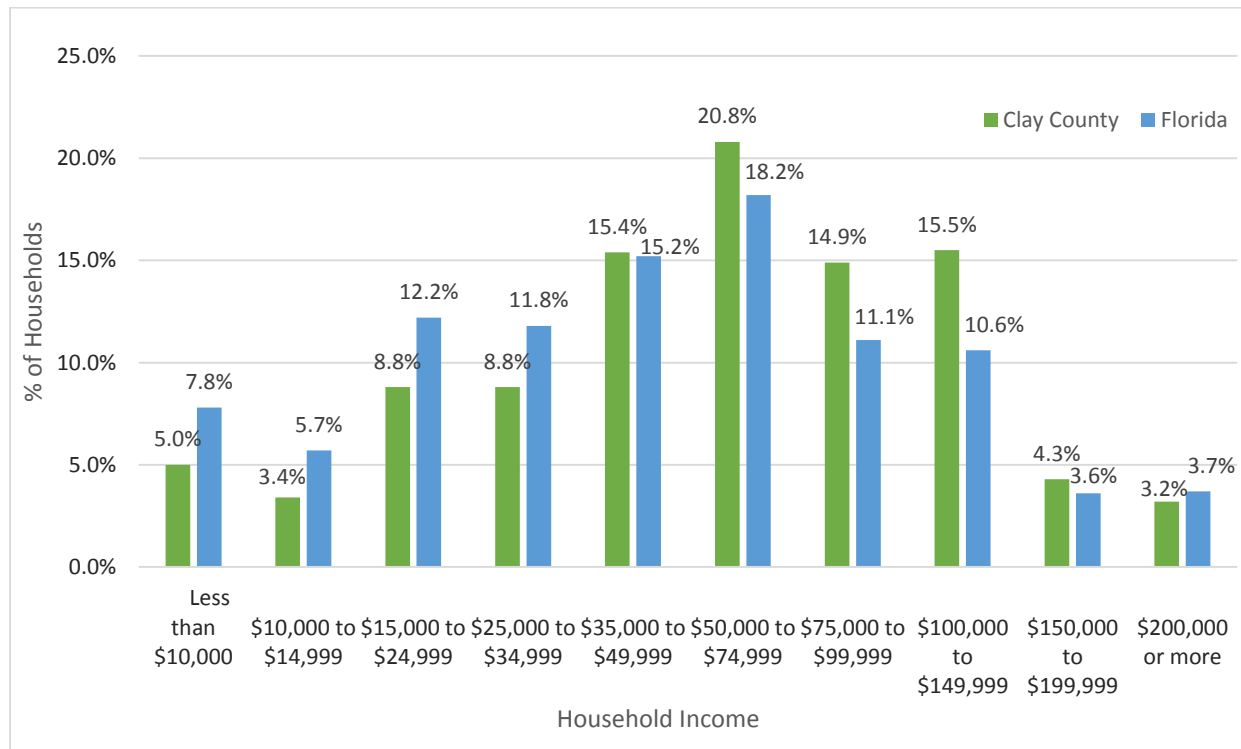
Source: American Community Survey 5-Year Estimates, 2009-2013

Figure 10 shows the per capita income in Clay County by zip code in 2014. Fleming Island has the highest per capita income at $38,459, which is more than $10,000 higher than any other zip code. Keystone Heights has the lowest per capita income at $22,620. Orange Park (32065), Green Cove Springs, Keystone Heights, and Middleburg all fall below the state's average per capita income.

Figure 10. Clay County Per Capita Income by Zip Code in Comparison to Florida, 2014
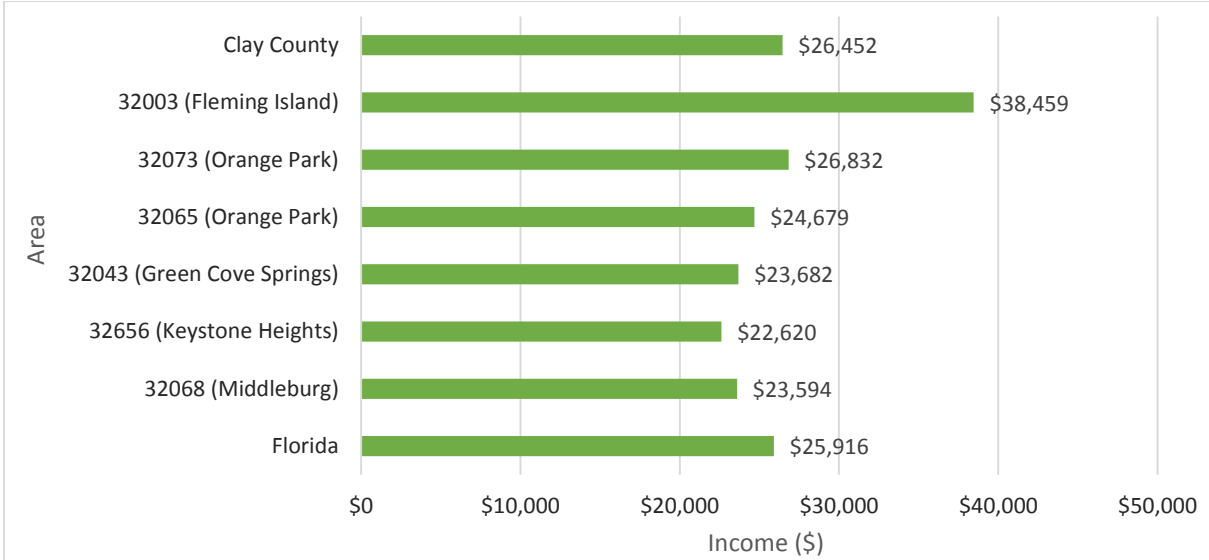
Source: Esri, 2014

Map 5 shows the median household income by census tract in Clay County. Census tracts with a higher median household income are shown in darker blue.
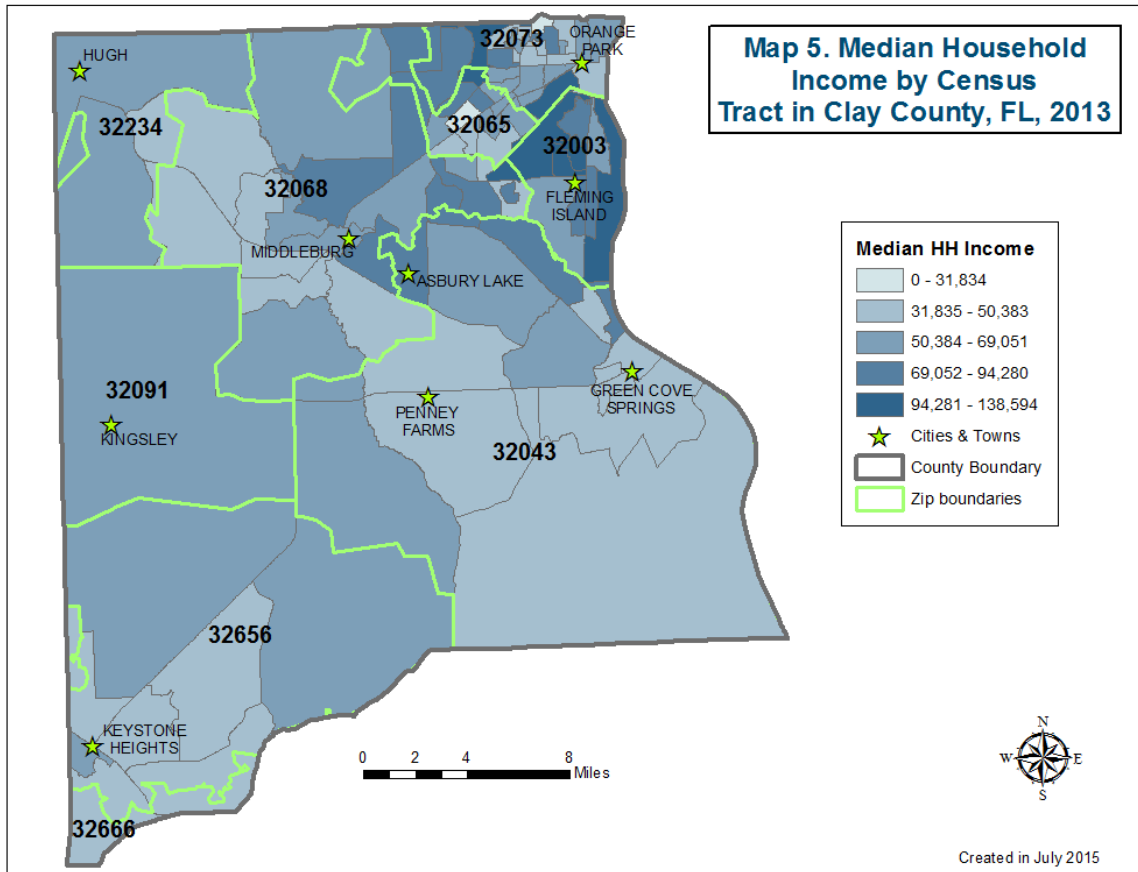
Poverty

The estimated percentage of all persons living below the federal poverty level in Clay County was 9.8% from 2009-2013, compared to an average of 16.3% across Florida.   In both Clay County and Florida, the young are most affected by poverty. Approximately 11% of persons under the age of 18 in Clay County and 24% in Florida live below the federal poverty level (Figure 11).

Figure 11. Percent of People Whose Income Fell Below Federal Poverty Level in Past 12 Months, 2009-2013
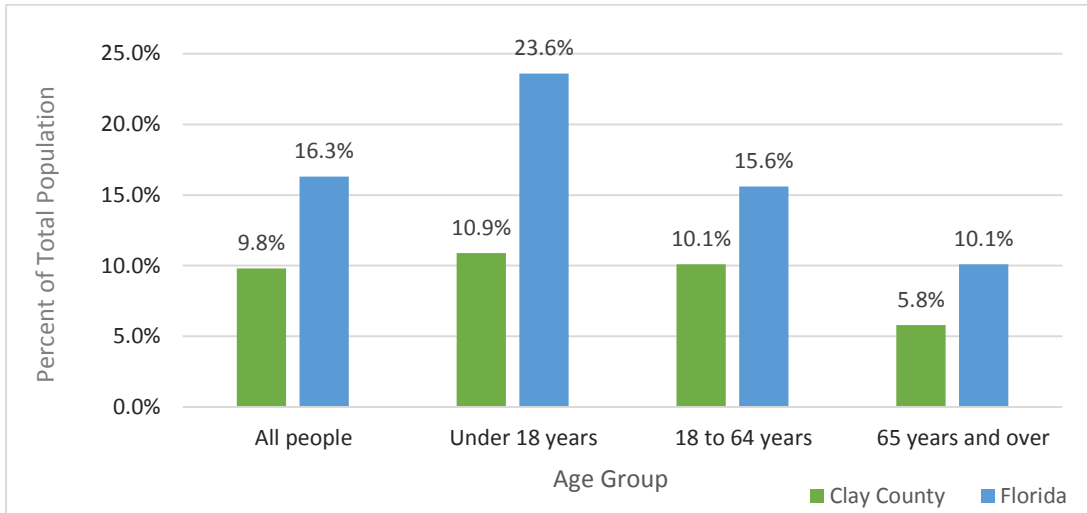
Source: American Community Survey 5-Year Estimates, 2009-2013

Public Assistance

Figure 12 illustrates the number of households receiving public assistance, including Supplemental Security Income, cash public assistance income, and Food stamp/SNAP benefits, from 2009-2013. Clay County has a lower portion of households receiving public assistance than the state average. Almost 10% of households in Clay received food stamp/SNAP benefits from 2009-2013.

Figure 12. Households Receiving Public Assistance, Clay County and Florida, 2009-2013
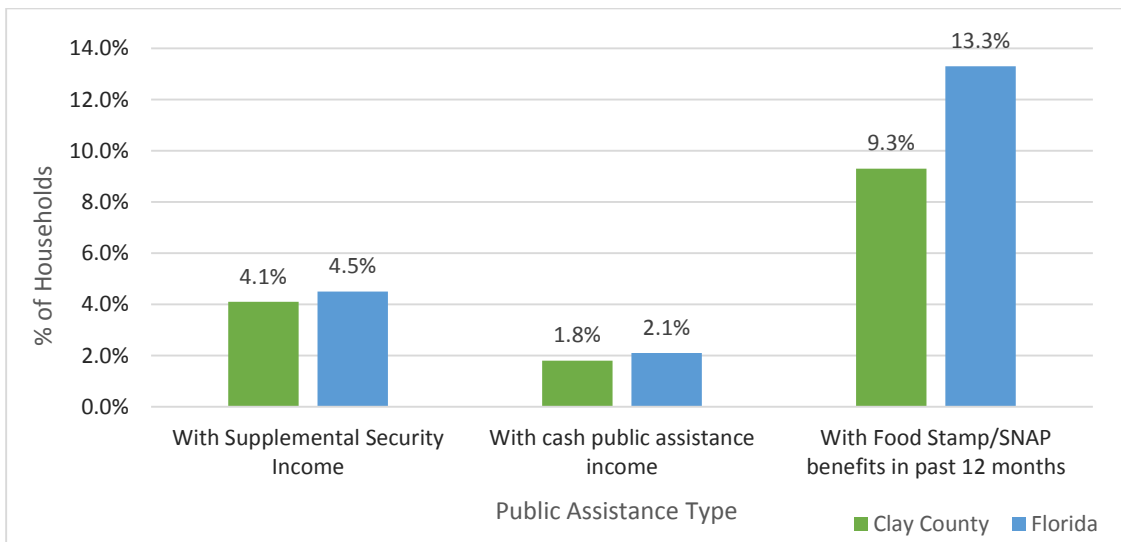
Source: American Community Survey 5-Year Estimates, 2009-2013

The distribution of households below the federal poverty level can be seen in Map 6. Census tracts with a greater number of households below the poverty level are shown in darker green, while tracts with fewer households below poverty are shown in lighter green.

Map 6. Households Below the Federal Poverty Level in Clay County, FL, 2013
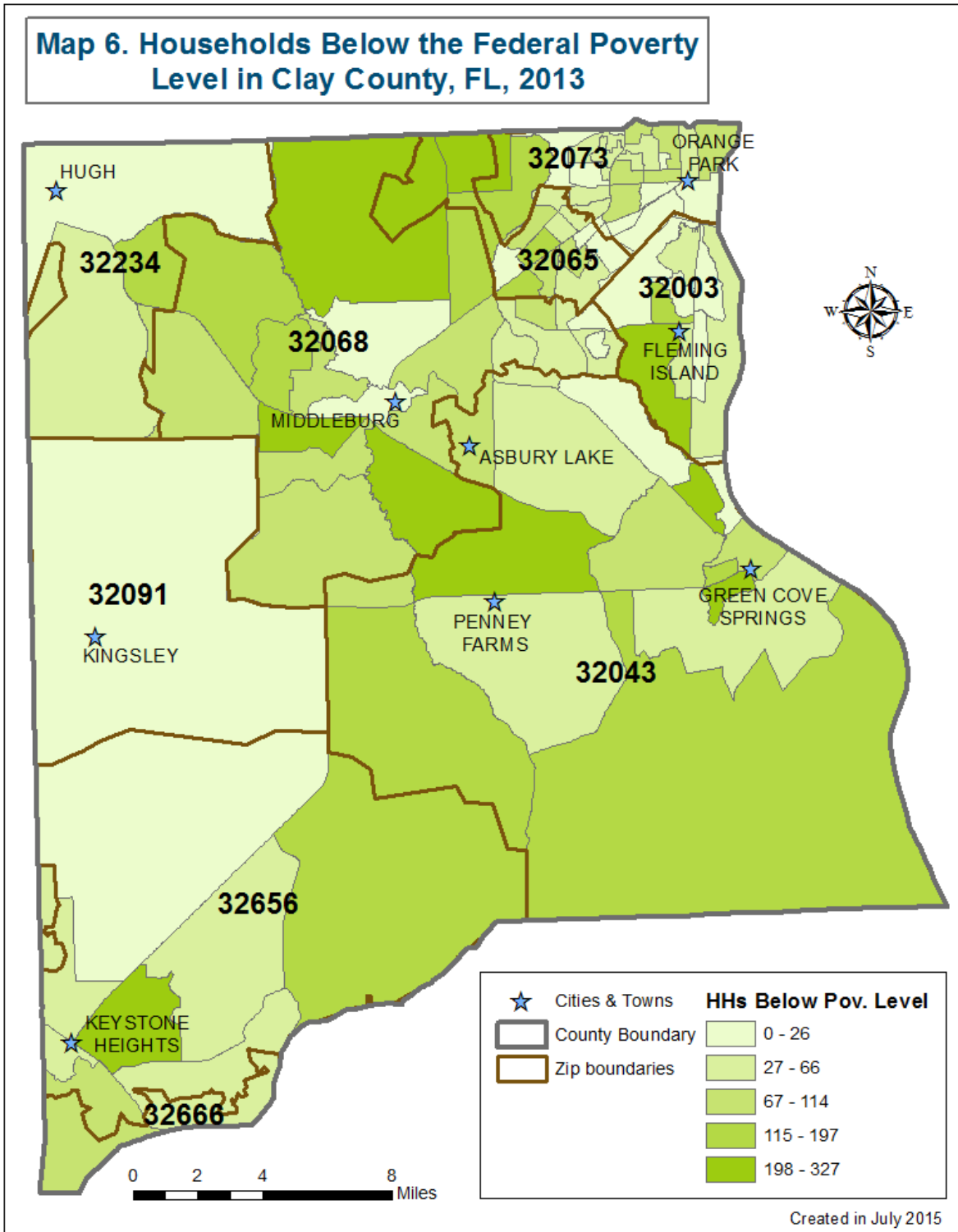
Labor Force, Employment, and Industry

Figure 13 shows occupation by industry for residents of Clay County and Florida from 2009-2013. Clay County is above the state average in all industries except service occupations. The largest industry by employment in Clay County is Management, Business, Science, and Arts.

Figure 13. Occupation by Industry, Clay County and Florida, 2009-2013
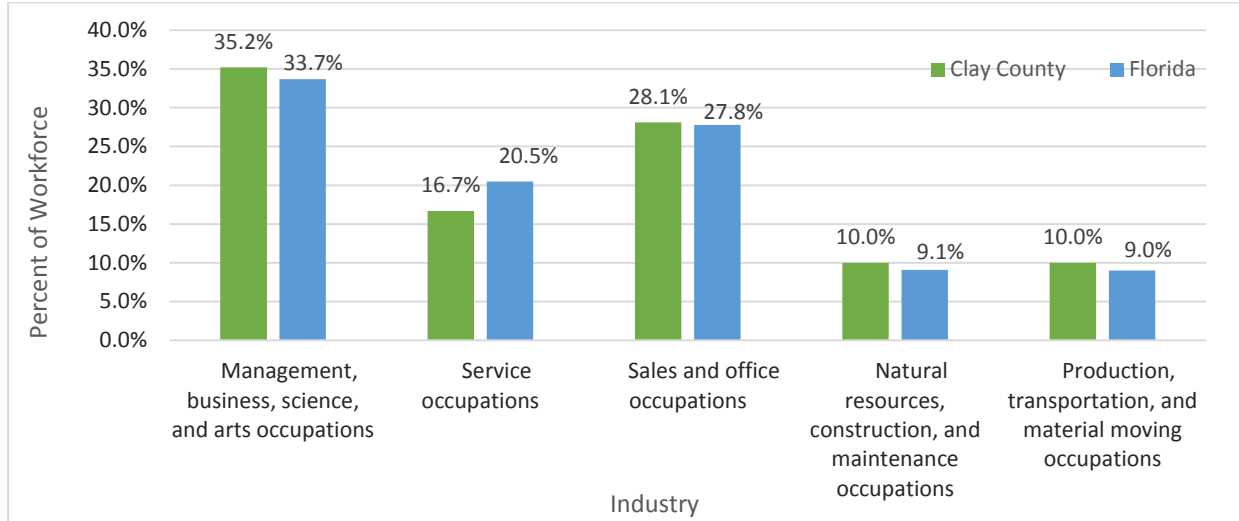
Source: American Community Survey 5-Year Estimates, 2009-2013

Much of Clay County's working population lives in Clay but works outside of the county. From 2006-2010, more of Clay County's residents worked in Duval than in Clay County. After Duval and Clay, St. John's, Bradford, and Alachua counties have the next largest amount of Clay County work commuters (Figure 14).

Figure 14. Location of Work for Clay County, FL Residents, 2006-2010
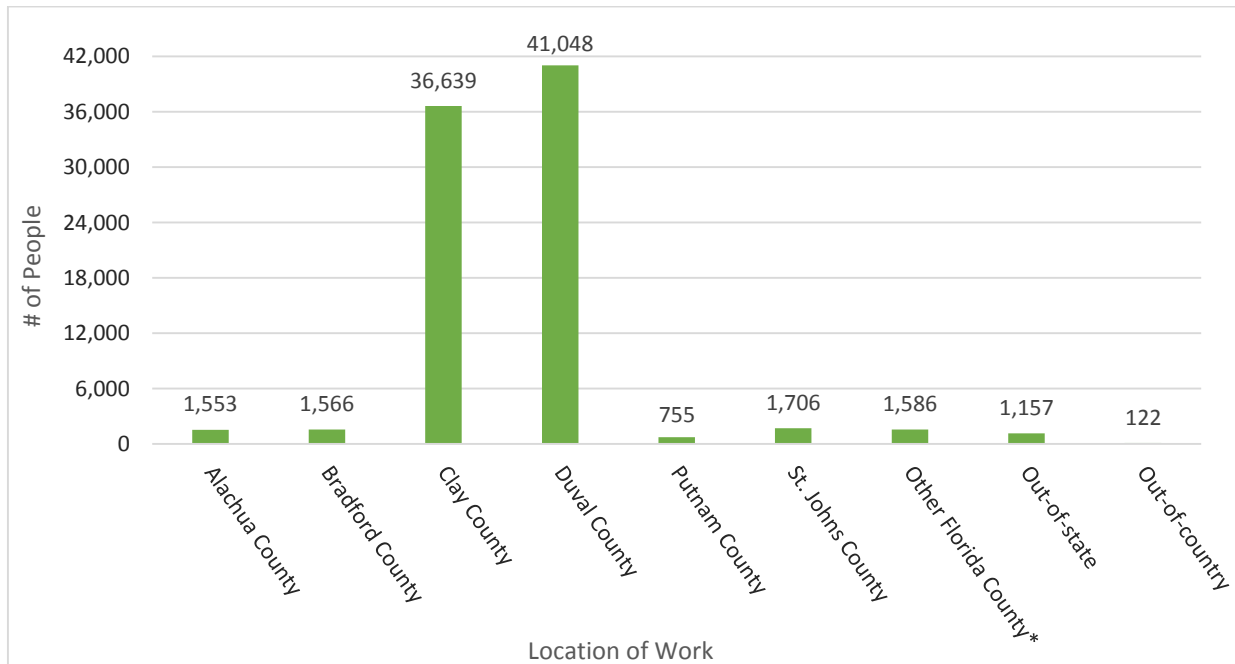
Source: American Community Survey 5-Year Estimates, 2006 -2010
*Other Florida County category includes counties with less than 300 Clay County residents commuting to work (includes Baker, Bay, Brevard, Broward, Columbia, Escambia, Flagler, Gilchrist, Hernando, Hillsborough, Jackson, Lee, Leon, Madison, Marion, Miami-Dade, Nassau, Orange, Palm Beach, Santa Rosa, Seminole, Suwannee, Union, Volusia, and Walton Counties).

The majority of workers in Clay County and Florida commute to work alone in a car, truck, or van. Clay County has slightly more workers who commute to work in a motor vehicle – either alone (82.5%) or by carpooling (11.1%) – than the state average. A smaller percentage of workers in Clay County use public transportation, walk, or use other means to get to work than in Florida. Clay County also has fewer people working from home than the state average (Figure 15).

Figure 15. Work Commute Type in Clay County and Florida, 2009-2013
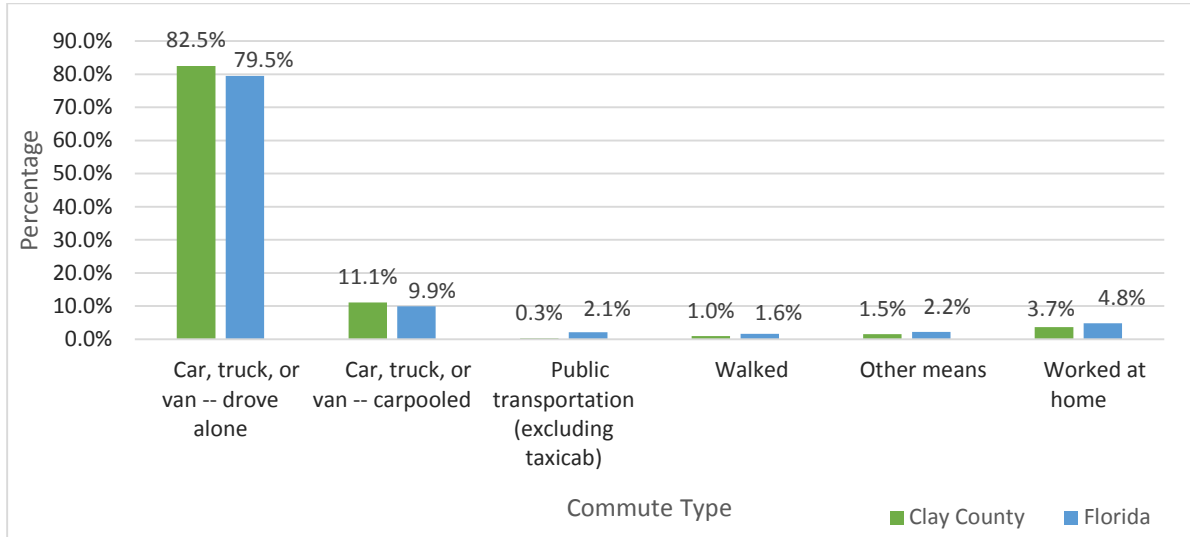
Source: American Community Survey 5-Year Estimates, 2009-2013

According to the Florida Department of Economic Opportunity, Clay County was home to a civilian labor force of 98,450 people as of 2014. Of those, 5.7% were unemployed, compared to an average unemployment rate of 6.3% for Florida. Clay County's unemployment rate tripled between 2006 and 2009, and then began to decrease in 2010. The unemployment rate in Clay County consistently remains below the state average (Figure 16).

Figure 16. Unemployment Rate in Clay County and Florida, 2000-2014
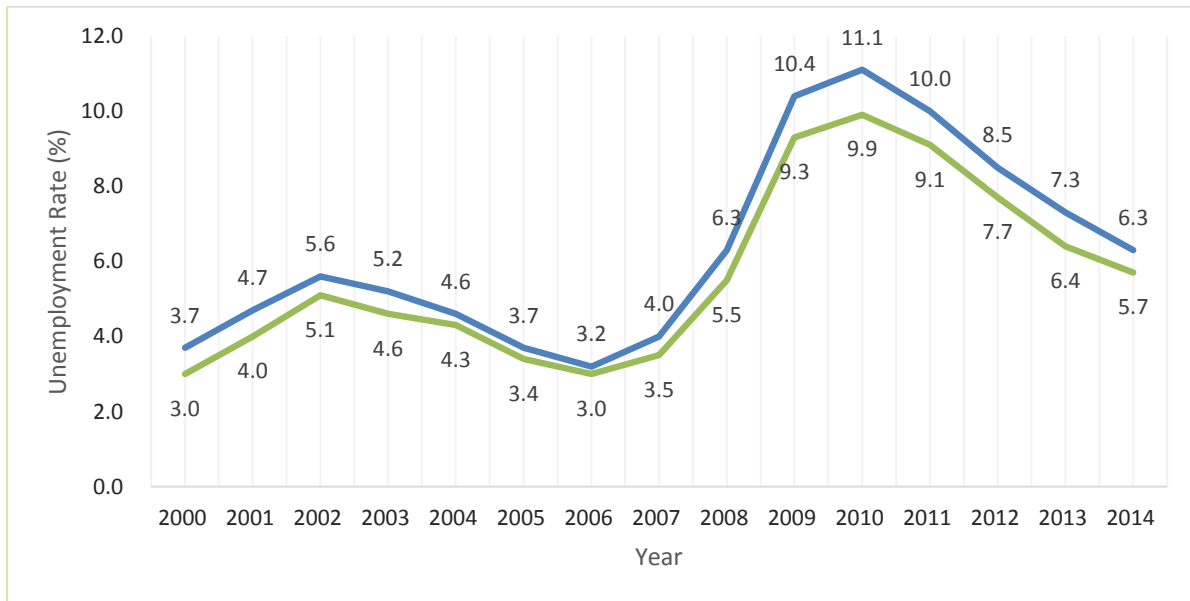
Source: Florida Department of Economic Opportunity, Bureau of Labor Market Statistics, 2015

Education

There were approximately 35,555 students enrolled in Clay County Public Schools (Pre-Kindergarten through Grade 12) in the 2013-2014 school year. According to the Florida Department of Education, "Average Daily Attendance (ADA) is the average number of students actually present each day school was in session" and "Average Daily Membership (ADM) is the average number of students on the current roll of the school each day school was in session." Based on the ADA and ADM measures, 94.6% of students were present at school on any given school day, which aligns with the state average of 94.4% (Figure 17). In Clay County, the graduation rate for the 2012-2013 cohort was 77.9%, compared with 75.6% in Florida.[5]

Figure 17. Student Average Daily Attendance & Membership by District, 2013-14

District	Percent Present	Average Daily Attendance	Average Daily Membership
Clay County	94.6%	33,619	35,555
Florida	94.4%	2,523,850	2,674,602

Source: FL Dept. of Education, Division of Accountability, Research, & Measurement

Figure 18 shows dropout rates by race and ethnicity for Clay County schools for the 2013-2014 school year. Black students have the highest dropout rate (1.3%), followed by White (1.0%) and Hispanic (0.8%) students. Clay County is below the state dropout rate for all races/ethnicities except Asian.

Figure 18 Dropout Rates by Race and Ethnicity for 9th-12th Grade Schools, 2013-2014
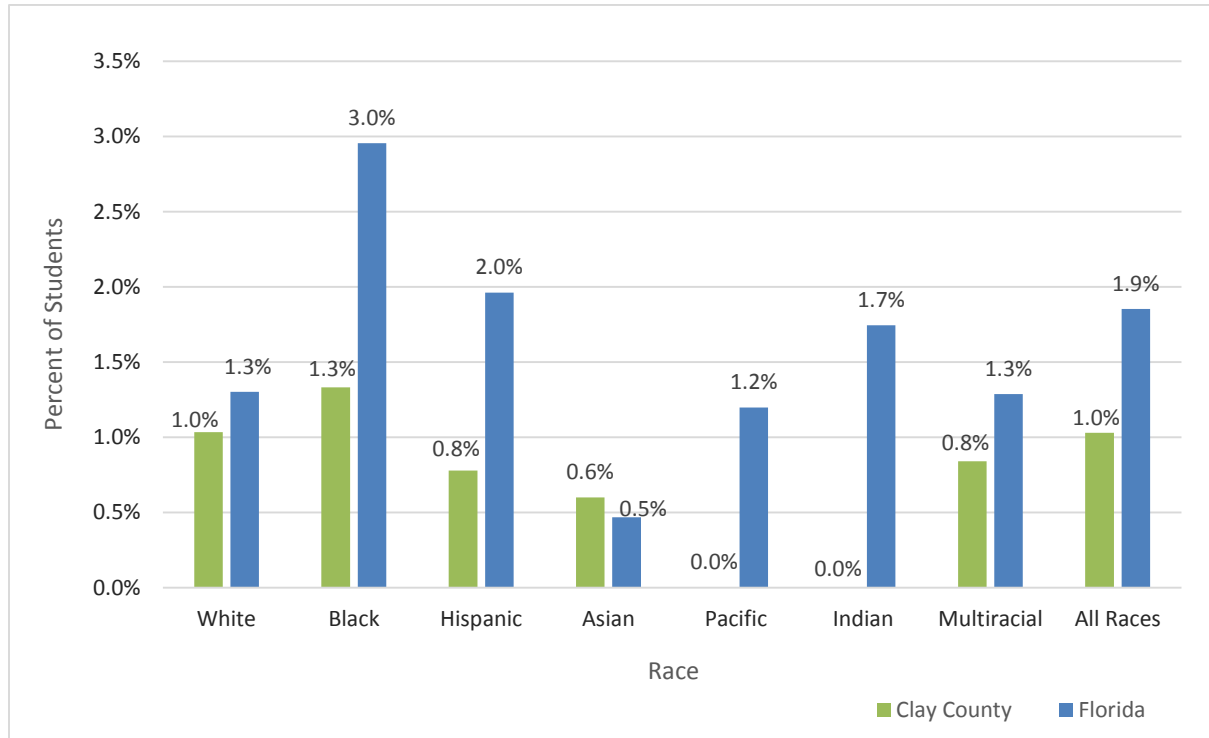
Source: FL Dept. of Education, Division of Accountability, Research, & Measurement

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[5] Florida Department of Education. (2013). *Florida's High School Cohort Graduation Rates and Single-year Dropout Rates, 2012-2013.* Florida Department of Education.

Figure 19 below illustrates the percentage of students who are eligible to receive free or reduced-price breakfast and lunch at school. In the 2012-13 school year, students were eligible for free meals if the student's household income was at or below 130% of federal poverty level guidelines. Students were eligible for reduced price meals if household income was at or below 185% of federal poverty level. Between the 2000-01 and 2012-13 school years, Clay County saw a 14% increase in the number of students eligible for the free and reduced price school meal program, though there was a slight decrease in eligibility in the 2012-13 school year. Despite the increase in eligibility over the past decade, Clay County remains far below the state average.

Figure 19. Students Eligible to Receive Free or Reduced Price Meals, Clay County & Florida, 2000-2004 and 2008-2013
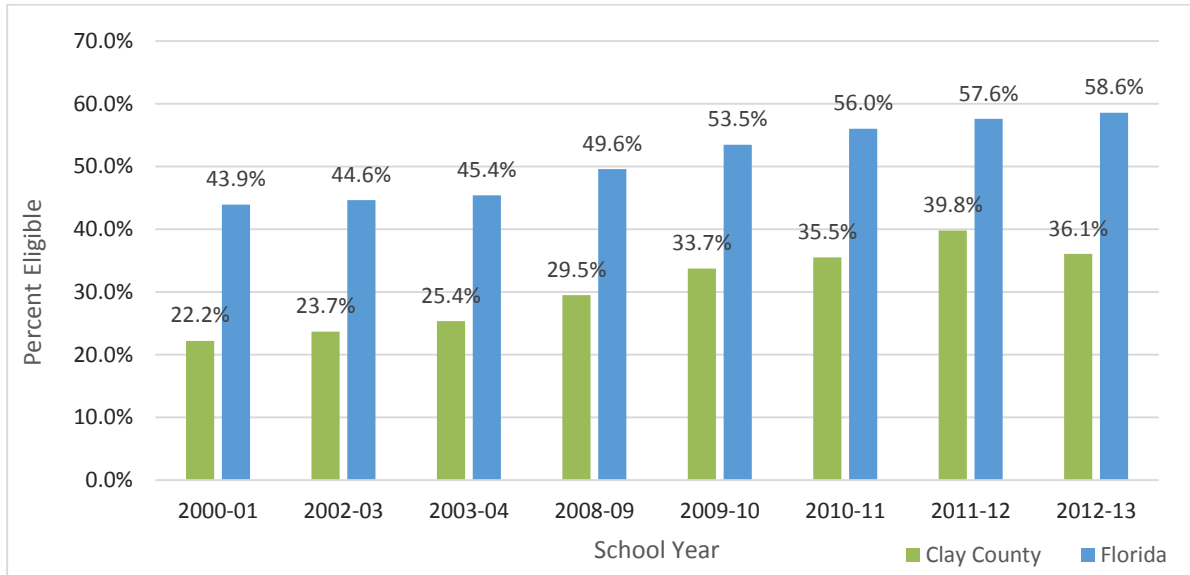
Source: Florida Department of Education, Student Demographic Information Records

Educational attainment can have a huge impact on an individual's employment status and income. Clay County has a greater portion of people with some college education or an Associate's degree and a lower portion of people in every other category, when compared to Florida (Figure 20).

Figure 20. Educational Attainment of Population 25 Years & Older, 2009-2013
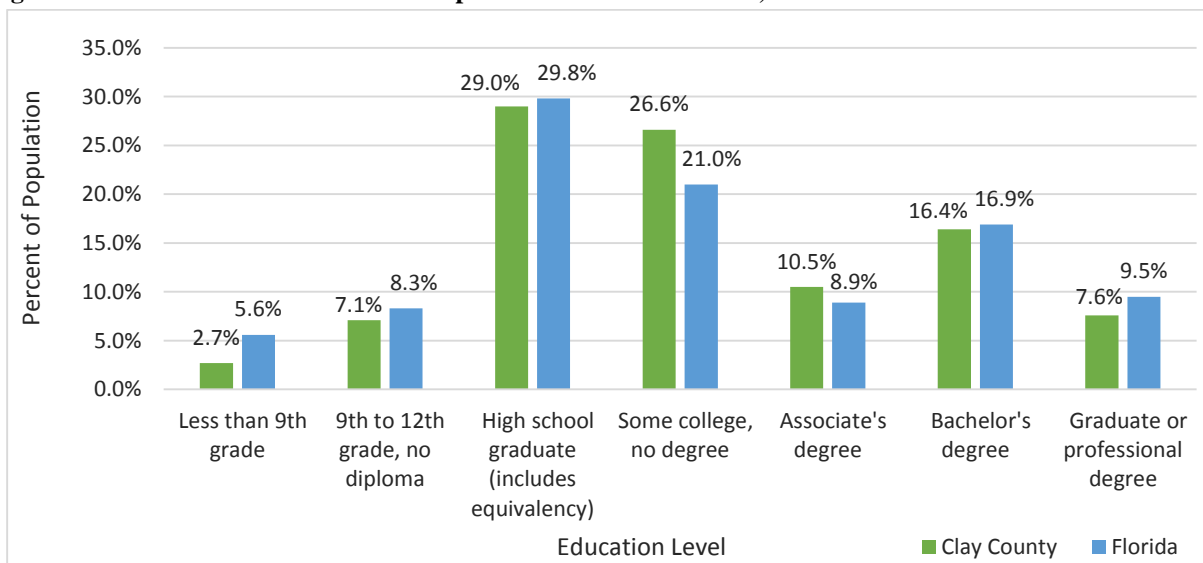
Source: American Community Survey 5-Year Estimates, 2009-2013

Crime and Domestic Violence

Crime and domestic violence is a widespread social problem that affects families of all socio-economic and demographic levels. Clay County has lower rates per 100,000 population for all types of crimes and domestic violence acts compared to Florida. The most prevalent crime in Clay County is larceny, followed by burglary and aggravated assault (Figure 21).

Figure 21. Crime & Domestic Violence Cases, 3-year Rolling Rate (2011-2013)
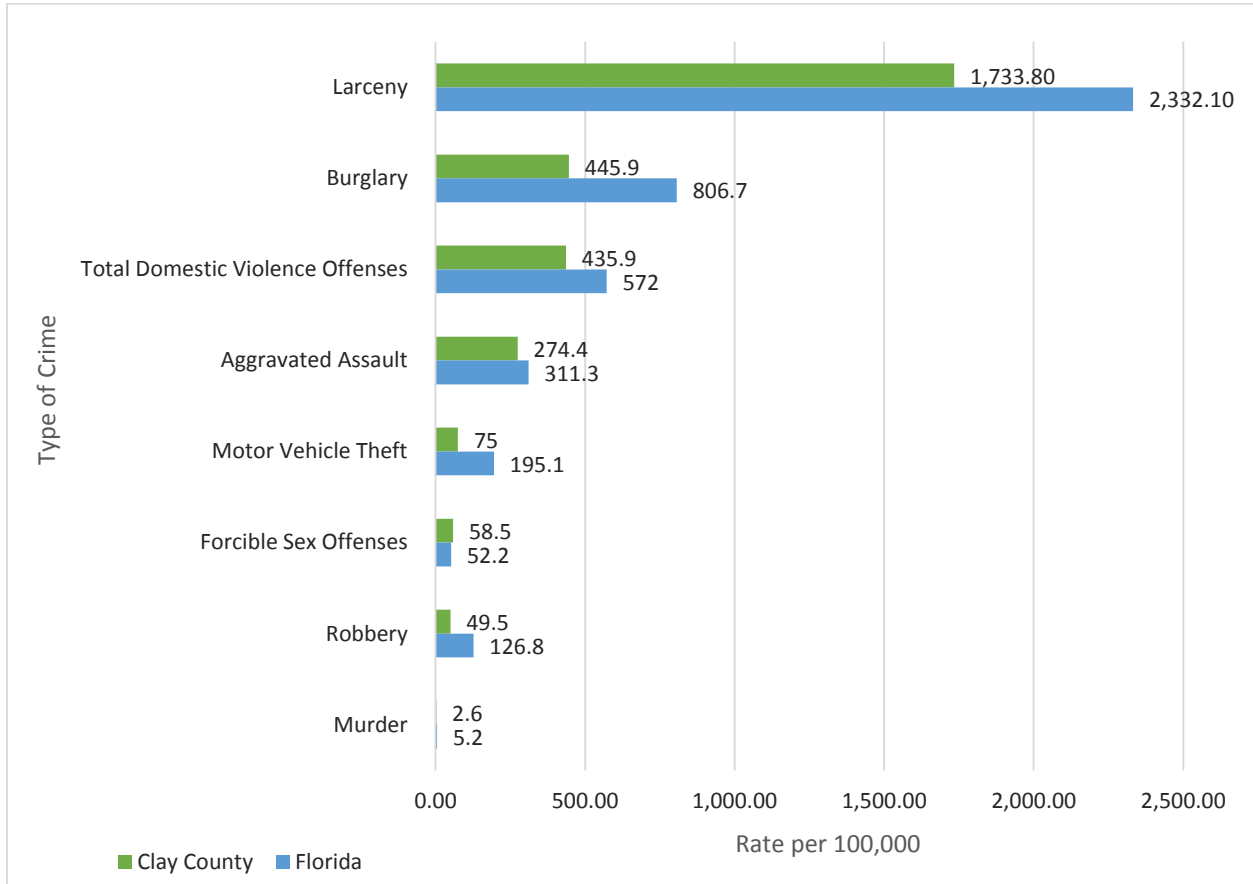
Unintentional Injuries

Unintentional injuries are unplanned and typically occur in a short period of time. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning.[6] Unintentional injuries are the leading cause of death for people ages 1-44 in the U.S.[7] The rate of unintentional injury deaths in Clay County has increased slightly in recent years (Figure 22). Clay County's white population is impacted by unintentional injuries more frequently than non-white populations, but the non-white population experiences greater variation in unintentional injury mortality rates from year to year (Figure 23).

Figure 22. Unintentional Injury Mortality in Clay County & Florida, All Races, 2000-2013
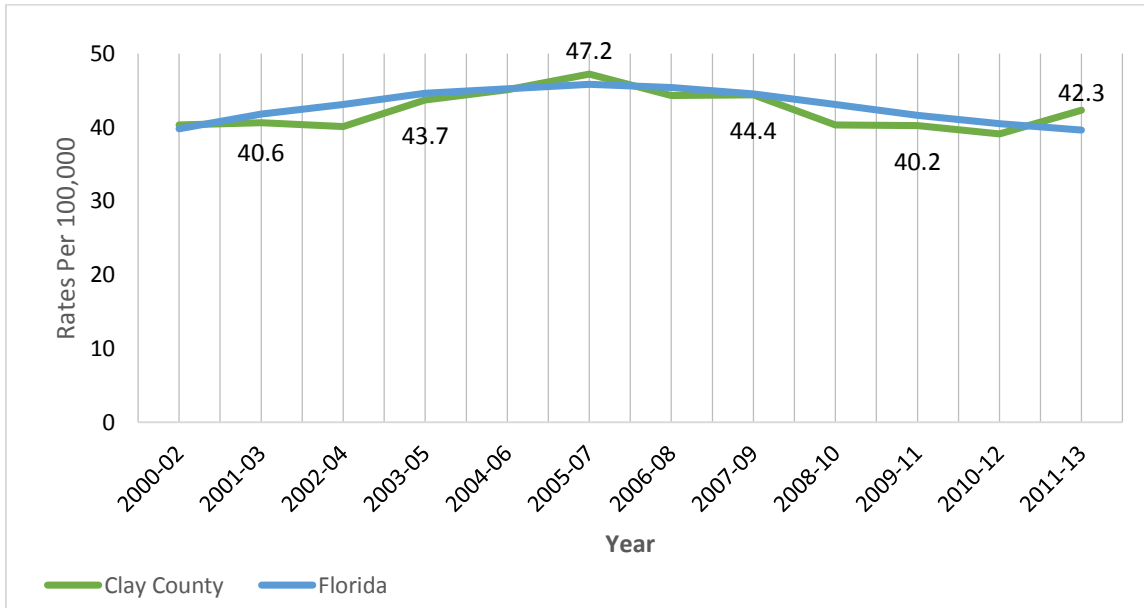
Figure 23. Unintentional Injury Mortality in Clay County & Florida by Race, 2000-2013

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[6] Maine Center for Disease Control & Prevention. (2013). *Maine Injury Prevention Program*. Retrieved from Maine.gov: http://www.maine.gov/dhhs/mecdc/population-health/inj/unintentional.html

[7] U.S. Centers for Disease Control and Prevention. (2015, March 31). *Ten Leading Causes of Death and Injury*. Retrieved from CDC.gov: www.cdc.gov/injury/wisqars/leadingcauses.html

Motor Vehicle Accidents

In the United States, motor vehicle-related injuries are the leading cause of death for people ages 5–34.[8] Some prevention strategies include primary enforcement seatbelt laws, child passenger restraint laws, use of sobriety check points, and use of ignition interlocks for people convicted of impaired driving.[9] The age-adjusted death rate for motor vehicle accidents in Clay County has held steady in recent years and is very similar to Florida's rate (Figure 24). The motor vehicle accident mortality rate for Clay County's white population has slightly declined in recent years, while the non-white population mortality rate has significantly increased since 2009-11 (Figure 25).

Figure 24. Motor Vehicle Accident Mortality, All Races, 2000-2013
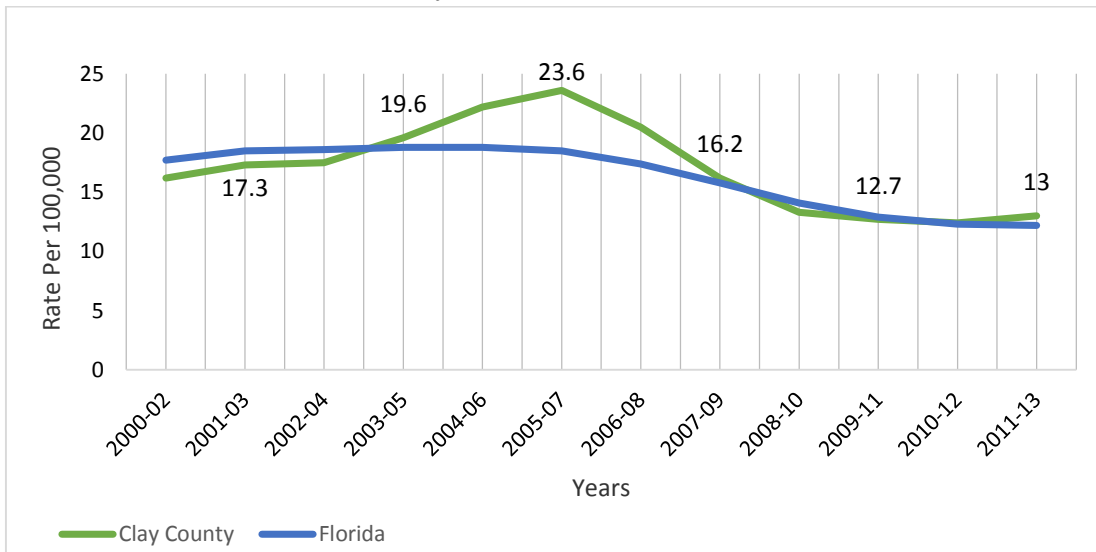
Figure 25. Motor Vehicle Accident Mortality by Race, 2000-2013
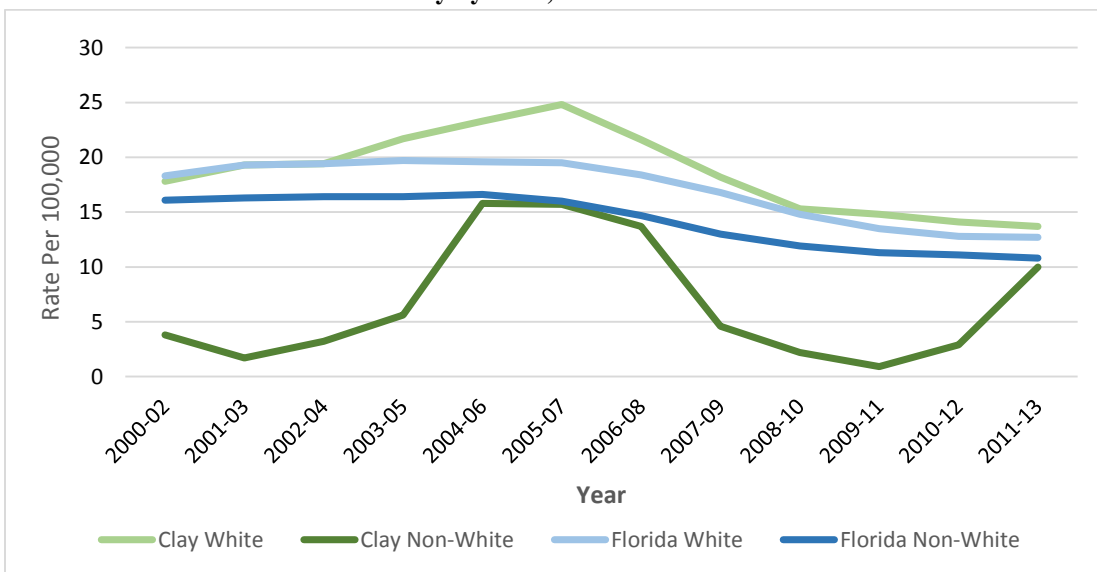
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[8] U.S. Centers for Disease Control and Prevention. (2015, March 31). *Ten Leading Causes of Death and Injury*.
[9] U.S. Centers for Disease Control and Prevention. (2014, October 7). *Vital Signs: Motor Vehicle Crash Injuries*. Retrieved from CDC.gov: http://www.cdc.gov/vitalsigns/crash-injuries/

Alcohol-Related Motor Vehicle Accidents

Alcohol-impaired driving endangers the lives of the impaired driver, their passengers, and everyone else on the road.   Almost 30 people per day – or one person every 51 minutes – die in the U.S. due to a motor vehicle crash involving an alcohol-impaired driver.   Alcohol-impaired driving takes an especially high toll on young people. In 2013, one of every three alcohol-impaired drivers involved in a fatal crash was between the ages of 21-24.[10]   Rates of alcohol-related motor vehicle crash deaths have been declining for about a decade in both Clay County and Florida, and the mortality rate for Clay County has been below the state for several years (Figure 26).

Figure 26. Alcohol-Related Motor Vehicle Traffic Crash Deaths, All Races, 2000-2013

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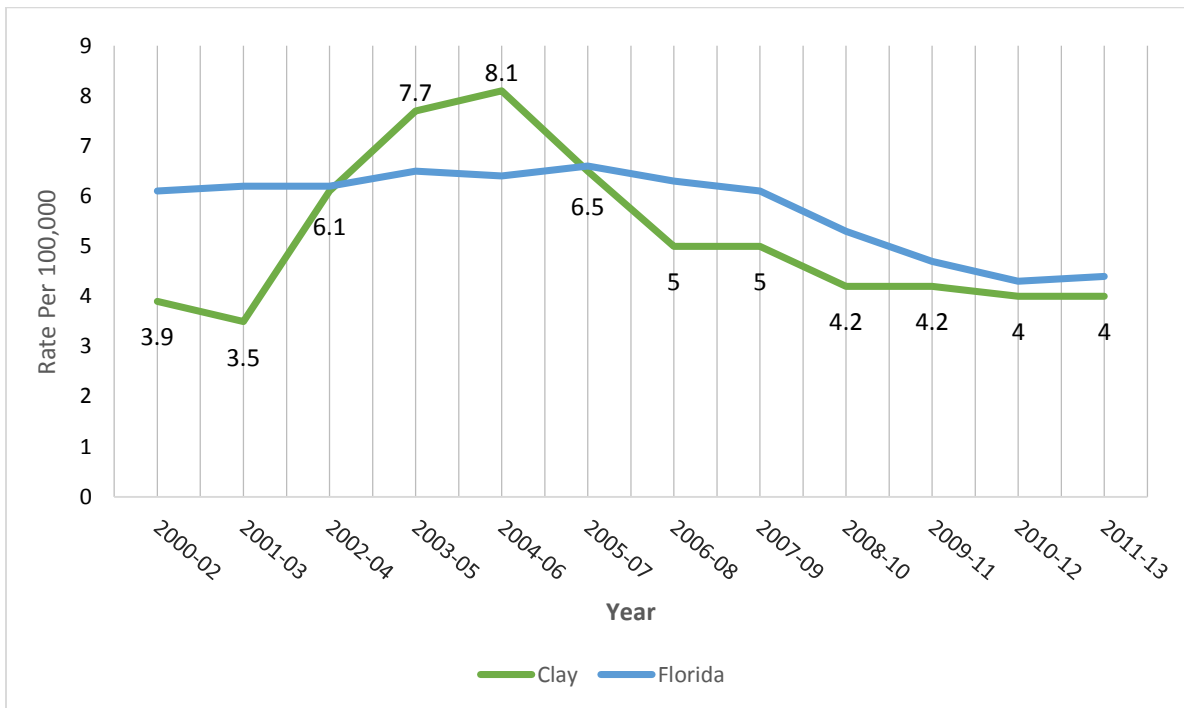
[10] U.S. Centers for Disease Control and Prevention. (2015, January). *Impaired Driving*. Retrieved from CDC.gov: http://www.cdc.gov/MotorVehicleSafety/Impaired_Driving/

PHYSICAL ENVIRONMENT

Social determinants of health are "the circumstances in which people are born, grow up, live, work and age."[11] The material and tangible conditions we live with can positively or negatively affect our health. One of the conditions in which we live is the physical environment, which includes the natural environment and built environment. Evidence shows the built environment can influence a person's level of exercise and healthy eating habits, which correlates with health outcomes such as obesity and diabetes.

To better understand the built environment in Clay County, data related to the food environment within Clay County was compiled using the Florida Environmental Public Health Tracking tool. This web-based tool tracks and reports environmental data in Florida at the zip code and county level.

Figure 27 depicts housing units that lack complete plumbing facilities in Clay County by zip code. Keystone Heights had the highest percentage of occupied housing units lacking complete plumbing facilities. Lack of plumbing facilities can lead to health problems such as gastrointestinal illnesses.

Figure 27. Occupied Housing Units that Lack Complete Plumbing Facilities by Zip Code
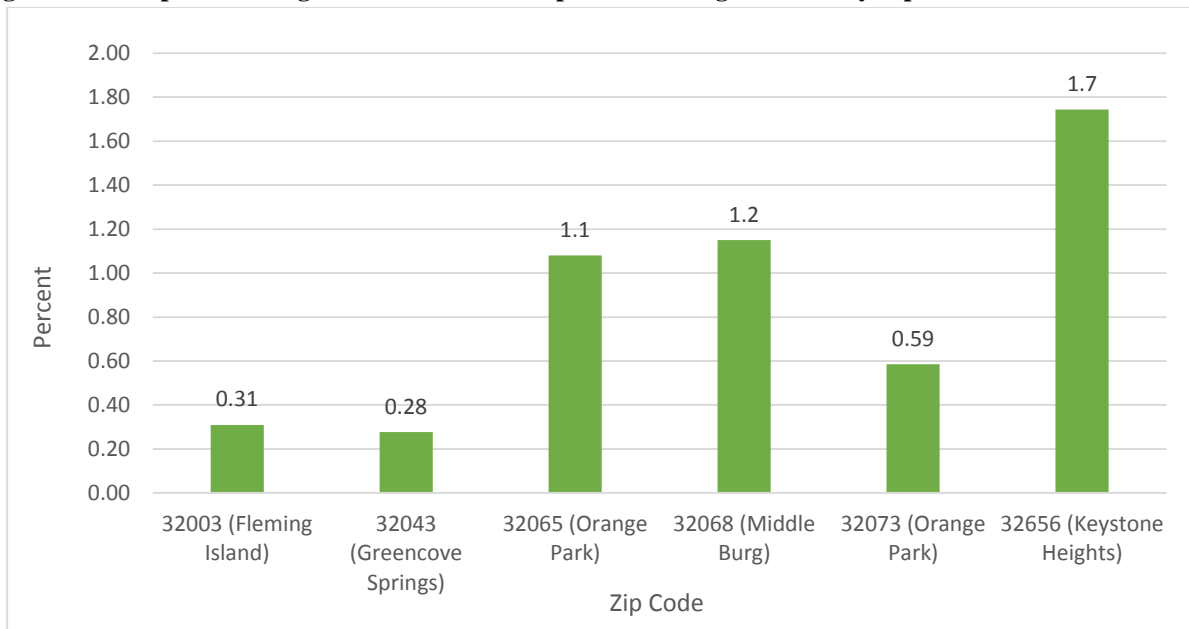
Fleming Island had the highest percent of population that live within 500 feet of a busy roadway (Figure 28), along with the highest percent of the population living within a ten minute walk of a park (Figure 29) and off-street trail system (Figure 30). Green Cove Springs had the lowest percentage of population living near a busy roadway (Figure 28). Middleburg had the lowest portion of the population living near a park or off-street trail system (Figure 29 & 30).

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[11] World Health Organization: http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

Figure 28. Population Living within 500 Feet of a Busy Roadway by Zip Code
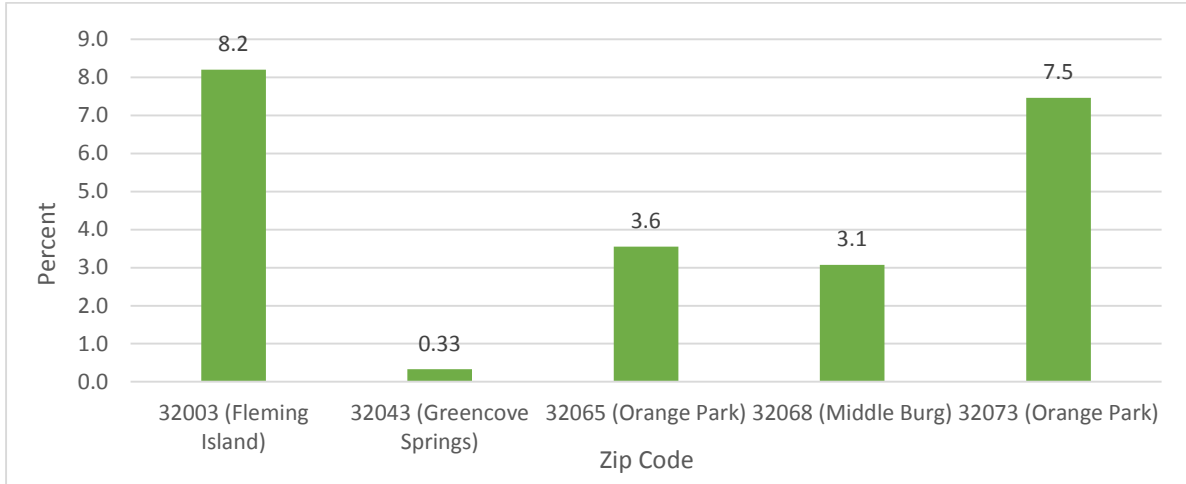
Figure 29. Population Living within a 10 Minute Walk (1/2 mile) of a Park by Zip Code, 2013
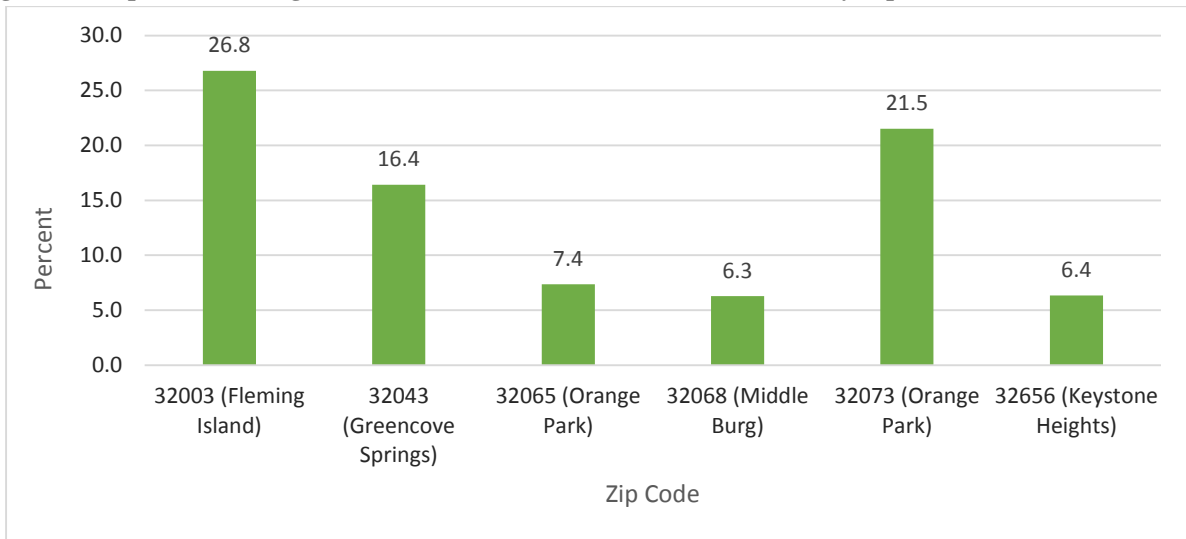
Figure 30. Population Living within a 10 Minute Walk (1/2 mile) of an Off-Street Trail System by Zip Code, 2013
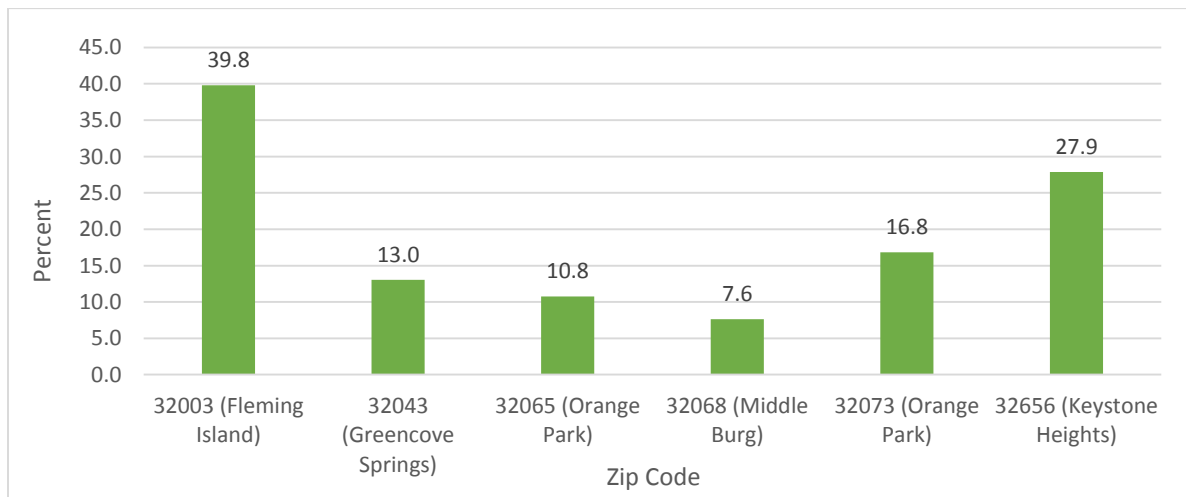
Food deserts are areas that lack access to affordable fruits, vegetables, whole grains, low-fat milk, and other healthy foods within ½ mile of a geographic area.[12] The population in Middleburg had the lowest percentage of people living within ½ mile of a healthy food source in 2013 (Figure 31). Data on proximity to a healthy food source was not available for Keystone Heights. Orange Park had the greatest proportion of their population living within ½ mile of both a healthy food source (Figure 31) and a fast food restaurant in 2013 (Figure 32).

Figure 31. Population that Lives within 1/2 Mile of a Healthy Food Source by Zip Code, 2013
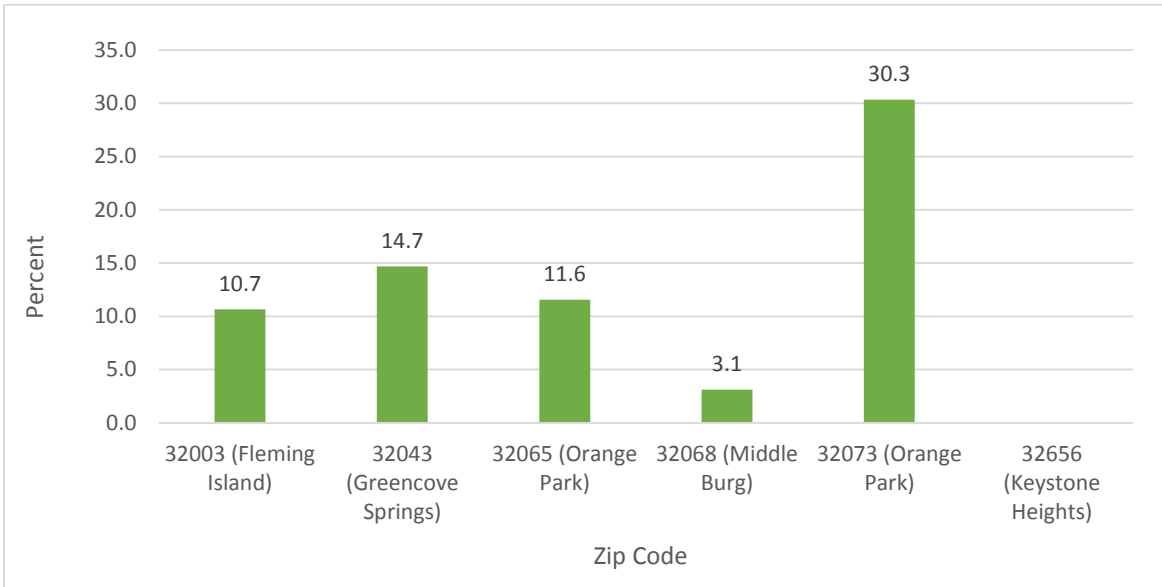
Figure 32. Population that Lives within a 1/2 Mile of Fast Food Restaurant by Zip Code, 2013

12
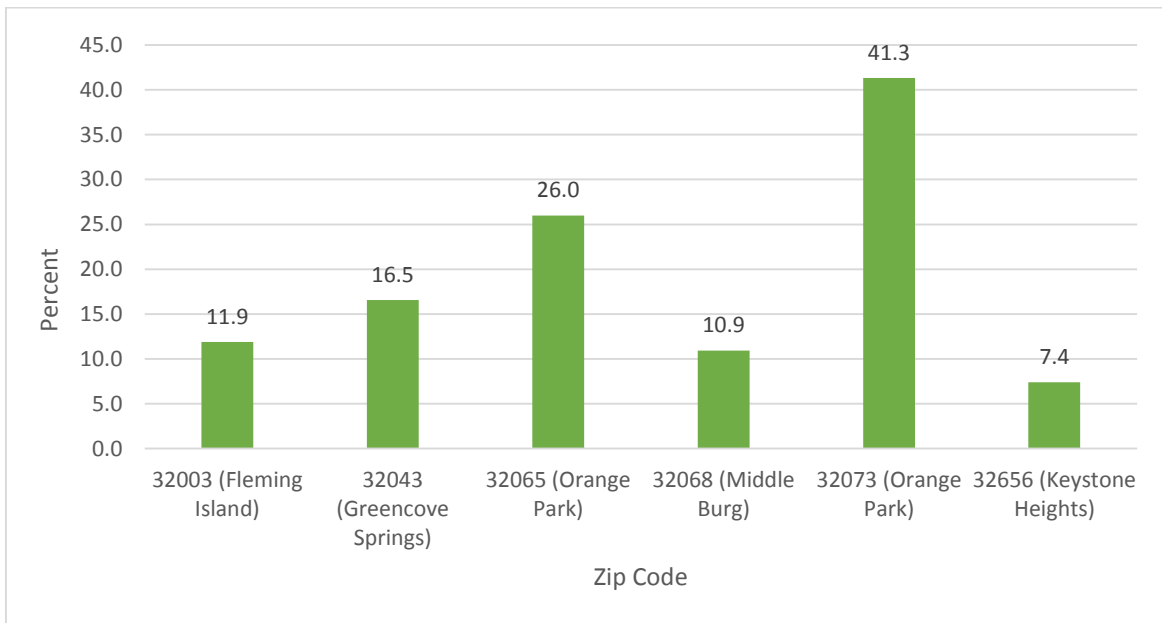
In 2013, persons living in Keystone Heights and Middleburg had the highest travel time to work at over 35 minutes. Orange Park, on average, had the lowest commute time at 26.9 minutes. All areas of Clay County have an average commute time above 20 minutes (Figure 33), which is representative of the high number of residents commuting to work outside of the county.

Figure 33. Travel Time to Work in Minutes by Zip Code, 2013
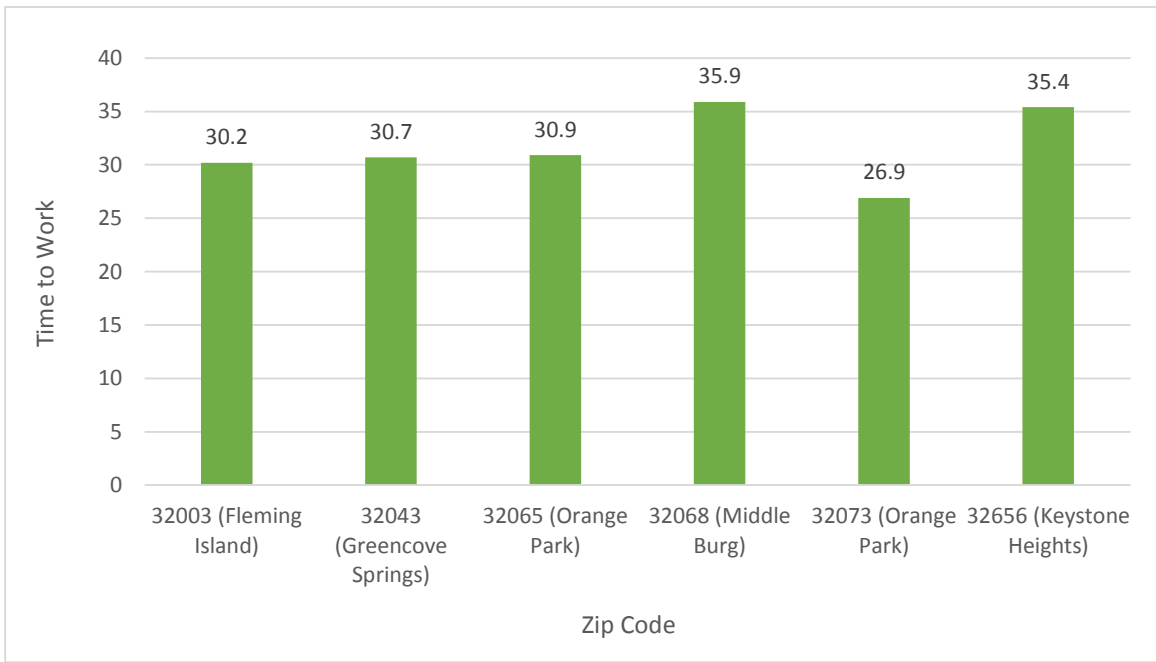
HEALTH OUTCOMES

The first of the four MAPP assessments completed during the planning process was the *Community Health Status Assessment*.   The Florida MAPP Field Guide states that this assessment is intended to answer the questions: *"How healthy are our residents?"* and *"What does the health status of our community look like?"*   This portion of the assessment includes collecting, analyzing, and reviewing available data describing population health, as well as comparing that data to other known time periods and/or geographies.

Mortality Indicators

Mortality rates can be key indicators of the state of health of a community.   This section will examine various mortality rates among Clay County residents, with comparison to Florida as a whole.   Mortality rates provided in this section reflect *rolling 3-year averages* of the rate of deaths per 100,000 persons in the named area's population.   The rates are also *age-adjusted* to balance for variances in the age groups between different geographies.   The majority of data for this section (unless otherwise noted) was obtained and compiled using the Florida Department of Health's dedicated online data system known as the *Florida Community Health Assessment Resource Tool Set*, or "CHARTS" found at: http://www.floridacharts.com

It is important for effective community planning to acknowledge that disease death rates often vary among subpopulations, such as racial/ethnic groups, geographies, age groups, etc. Both biological and cultural norms may contribute to these differences.   The presented data on the following pages will therefore show two separate aspects of every disease or condition reported:

1) Trends over time, presented as 3-year rolling averages of mortality rates for both the county and the state (for comparison); and

2) A separate breakdown between white and non-white populations for the most current time period available (to identify racial disparities)

All data included in this section represents the most current information available at the time the report was compiled.   In order to ensure the final report includes the most current information available at the time of completion and publication to the community, figures may have been updated if new information became available after the report was presented to Task Force members during planning meetings.   Any significant changes were shared with Task Force members prior to the development of the county's health priorities and goals.

Leading Causes of Death

The five leading causes of death in Clay County during the most recent period for which data is available (2011-2013) are shown below[13], along with their corresponding rank for both the state and the nation as a whole. Clay County has similar major health issues when considered in respect to both Florida and the U.S.

Clay County Rank	Disease/Condition	Florida Rank	U.S. Rank
1	Cancer (total of all types)	1	2
2	Heart Disease	2	1
3	Respiratory Disease	3	3
4	Unintentional Injury	3	4
5	Stroke	4	5

Figure 34 shows the top ten leading causes of death in Clay County with a comparison to the state of Florida as a whole. Clay County has higher cancer and heart disease death rates than the state, as well as significantly higher chronic lower respiratory disease rates.

Figure 34. Leading Causes of Death in Clay County and Florida, 3- Year Age-Adjusted, 2011-2013

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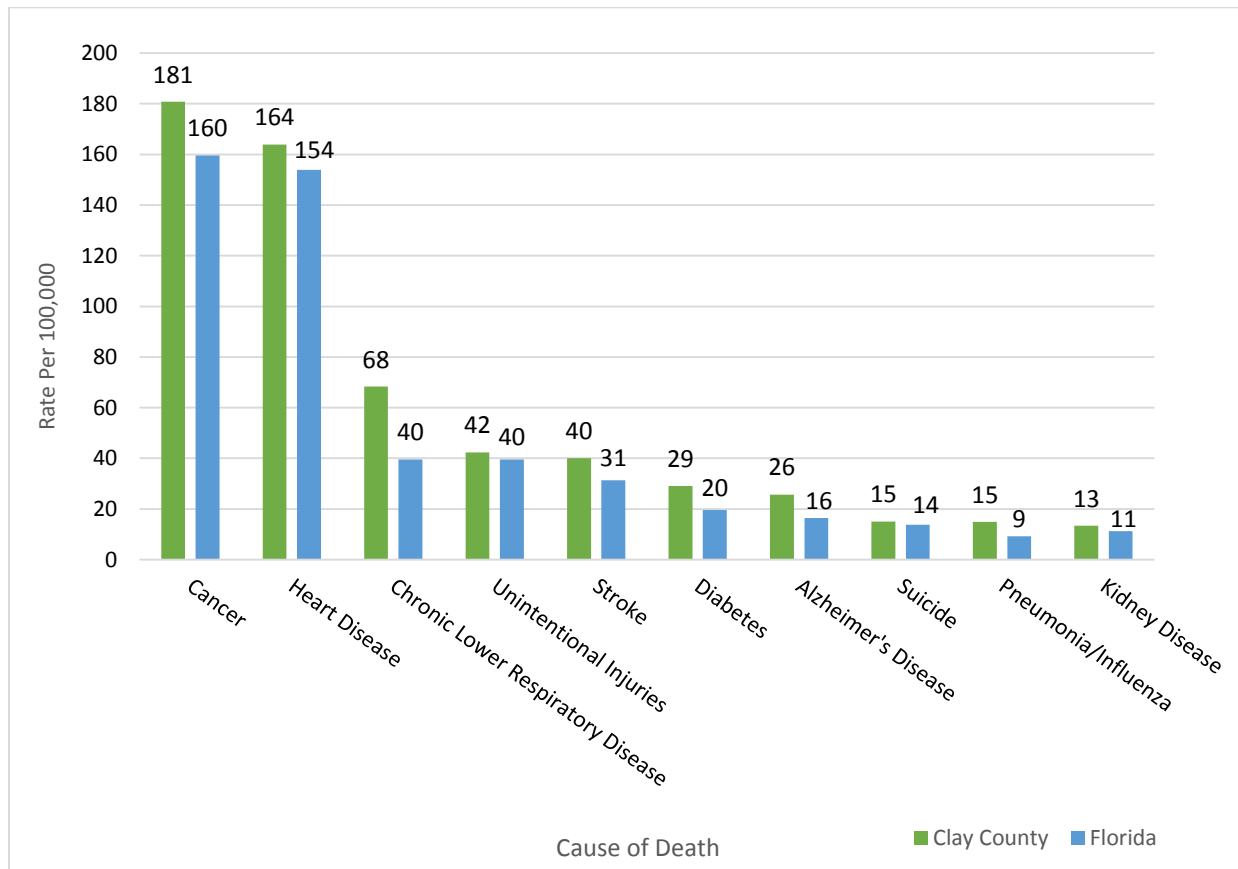
[13] Florida CHARTS, 2015

Cancer

Cancer is a large group of diseases characterized by uncontrolled growth and spread of abnormal cells.   If the growth is left uncontrolled, it can result in death. Cancer ranks second only to heart disease as the leading cause of death in the United States.[14] In Clay County, cancers are the leading cause of death, accounting for about 1 in every 4 deaths among residents in 2013. The cancer mortality rate in Clay County has remained above the state of Florida's rate per 100,000 population for more than 10 years (Figure 35). The white population has a higher cancer mortality rate than the non-white population (Figure 36).

Figure 35. Cancer Mortality Rate, Age-Adjusted 3-Year Rolling 2000-2013
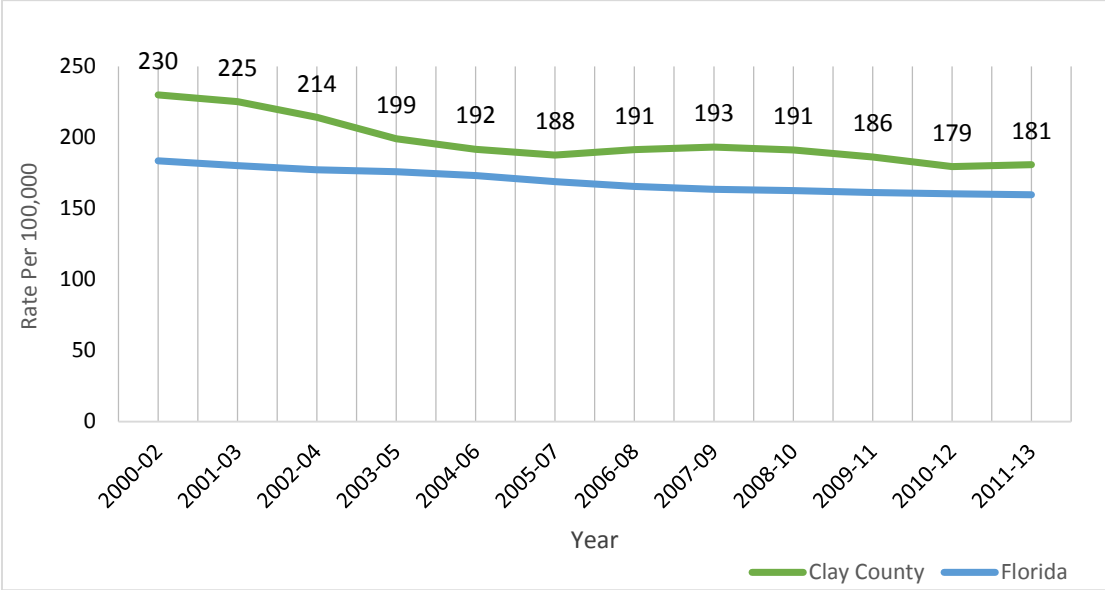
Figure 36. Cancer Mortality Rate by Race, 2000-2013
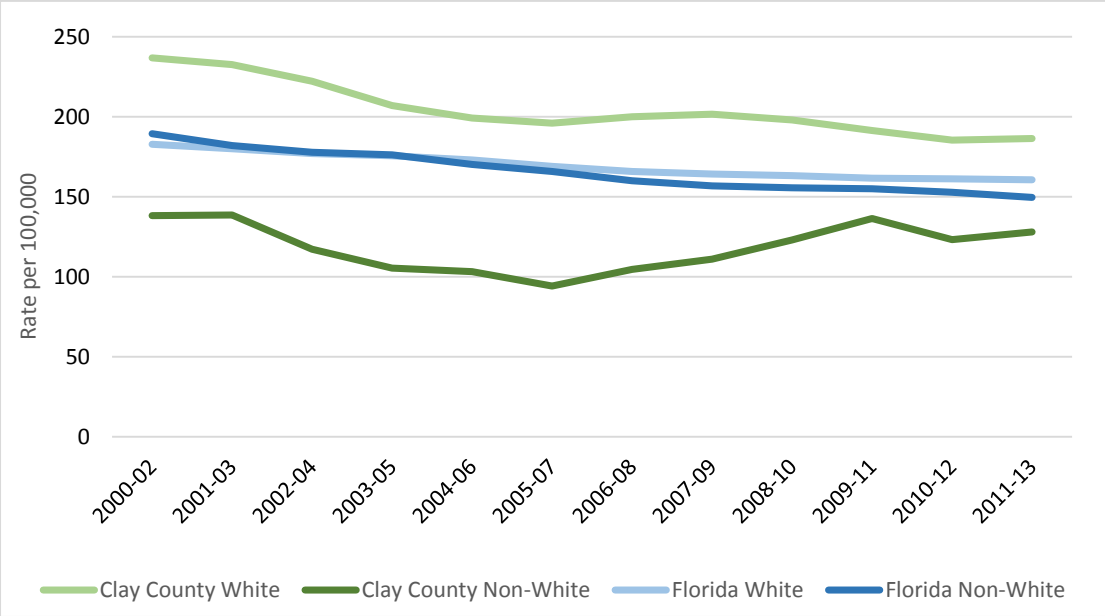
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[14] U.S. Centers for Disease Control and Prevention. (2015, February 6). *Leading Causes of Death*. Retrieved from CDC.gov: http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

Lung Cancer

Lung Cancer is the most common type of cancer among Clay County residents, resulting in death rates that more than double those of breast or prostate cancer. Clay County has higher lung cancer mortality rates than the state of Florida (Figure 37), though rates have declined slightly since 2007-2009. Within Clay County, white populations have a higher lung cancer mortality rate than non-white populations, which is consistent with state trends (Figure 38).

Figure 37. Lung Cancer Mortality Rate, All Races, 2000-2013
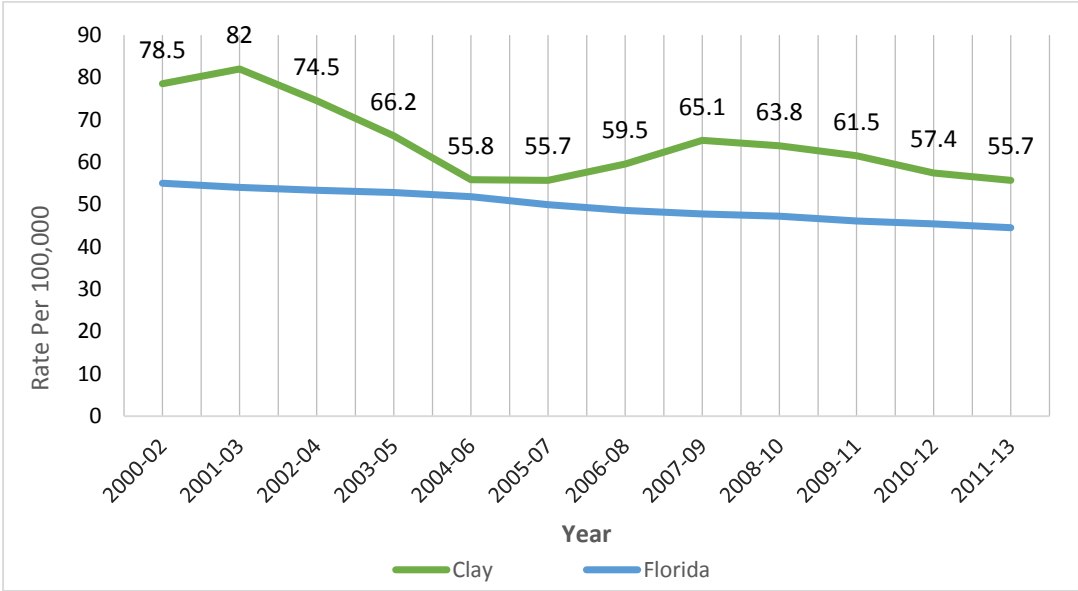
Figure 38. Lung Mortality Rate by Race, 2000-2013
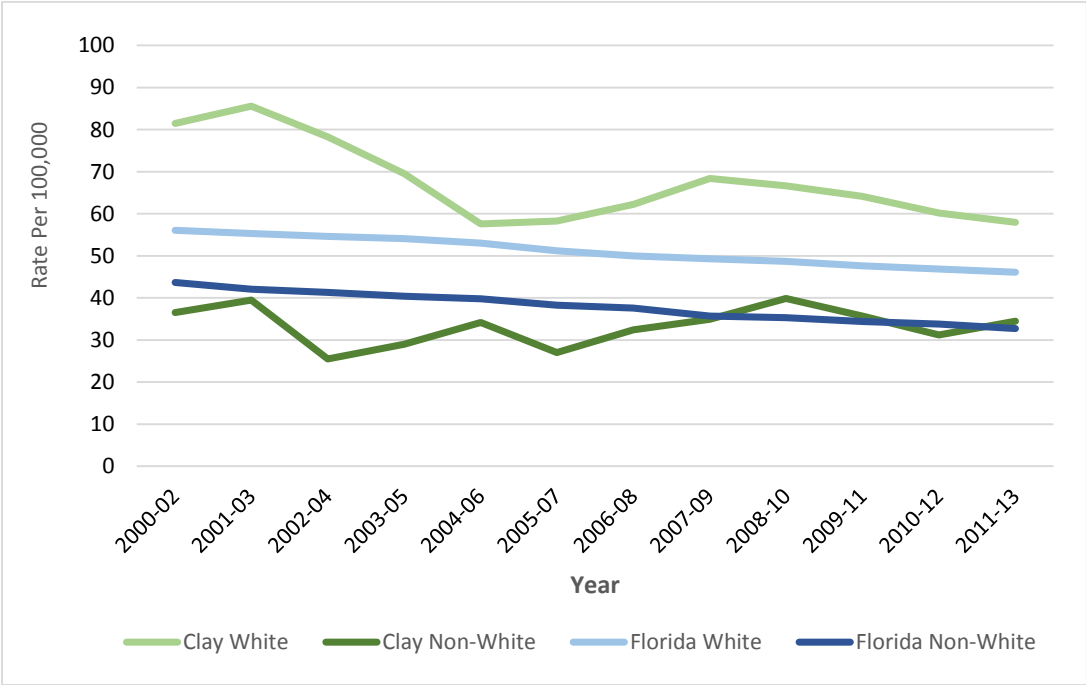
Breast Cancer

Except for skin cancer, breast cancer is the most common cancer among American women.[15] Doctors recommend that women have regular clinical breast exams and screening mammograms to detect breast cancer early, as this is when treatment is most likely to be effective.[16] The U.S. Preventive Services Task Force recommends women age 50-74 have biennial screening mammograms. Women younger than 50 should decide whether to start regular screening based on their individual patient context.[17] Clay County's breast cancer mortality has fluctuated over recent years, however has remained at or near the state average (Figure 39). The non-white population has experienced a sharp decline in breast cancer mortality after 2007-2009 (Figure 40).

Figure 39. Breast Cancer Mortality Rate, All Races, 2000-2013
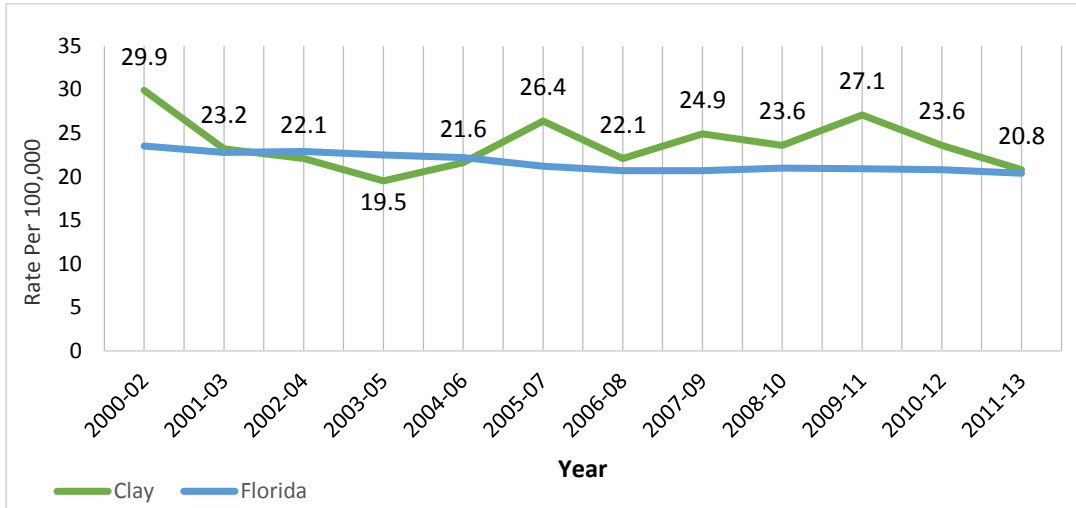
Figure 40. Breast Cancer Mortality Rate by Race, 2000-2013

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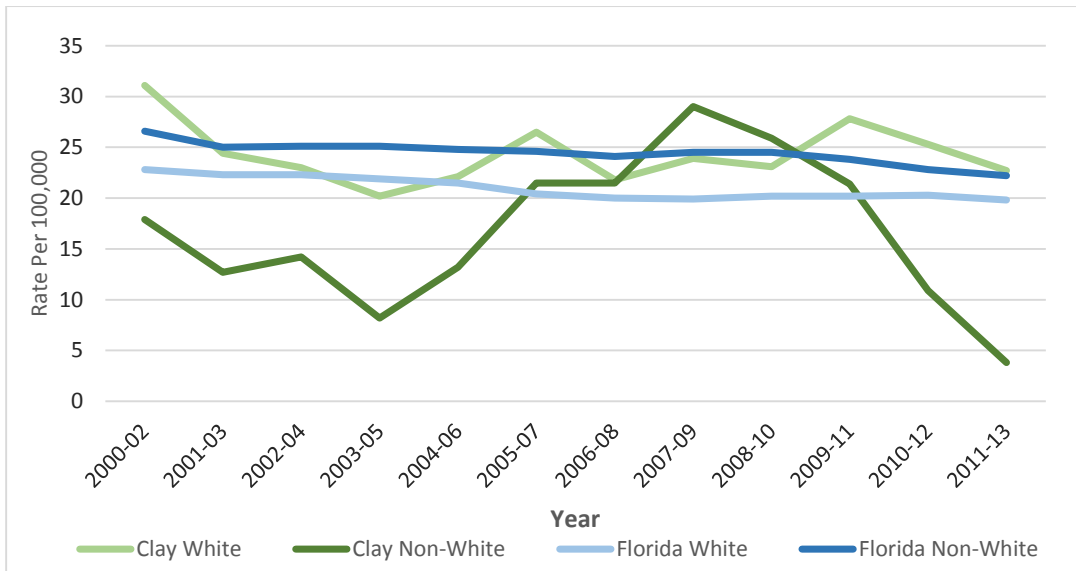
[15] U.S. Centers for Disease Control and Prevention. (2015, March 31). *Breast Cancer*. Retrieved from CDC.gov: www.cdc.gov/cancer/breast/

[16] National Cancer Institute. (2014, March). *Mammograms*. Retrieved from Cancer.gov: http://www.cancer.gov/types/breast/mammograms-fact-sheet

[17] U.S. Preventive Services Task Force. (2009). *Breast Cancer: Screening*. Retrieved from Uspreventiveservicestaskforce.org/: http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/breast-cancer-screening

Cervical Cancer

In the U.S., cervical cancer is highly preventable. The majority of cervical cancer is caused by the human papillomavirus (HPV), a very common sexually transmitted infection most people will experience at some point in their lives. To reduce their risk, women should have regular pap smears starting at age 21 to screen for cervical cancer, and females ages 11-26 should get the HPV vaccination. Women who are vaccinated against HPV should still have regular screening tests to check for cervical cancer.[18] Compared to other types of cancer, mortality rates for cervical cancer are relatively low in both Clay County and Florida. Cervical cancer rates in Clay have fluctuated more than the state average in the past decade and have declined slightly in recent years (Figure 41). While the mortality rate for all races has recently declined in Clay County, the rate for the non-white population has significantly increased (Figure 42).

Figure 41. Cervical Cancer Mortality Rate, All Races, 2000-2013
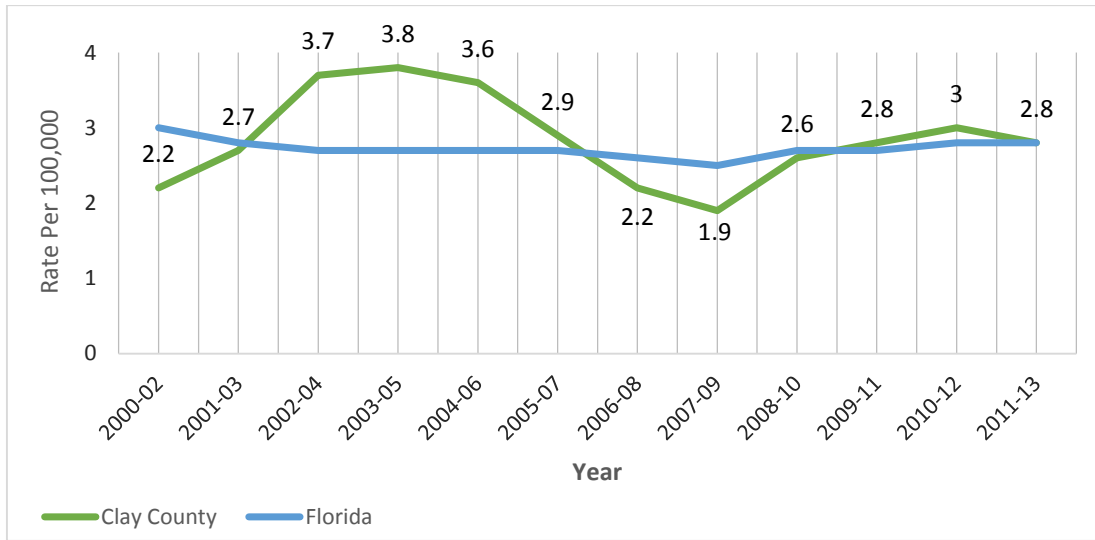
Figure 42. Cervical Cancer Mortality Rate by Race, 2000-2013
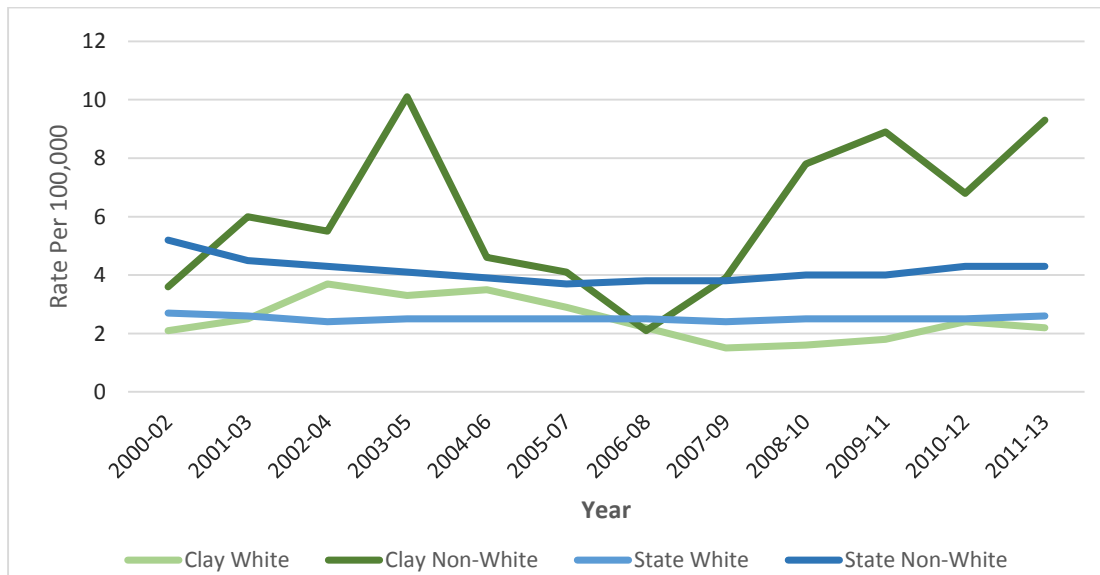
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[18] U.S. Centers for Disease Control and Prevention. (2015, May). *Gynecologic Cancers: Cervical Cancer*. Retrieved from
    CDC.gov: http://www.cdc.gov/cancer/cervical/

Prostate Cancer

Prostate cancer is the most commonly diagnosed cancer in men, and second only to lung cancer in the number of cancer deaths in the United States. Currently, there is no scientific consensus on effective strategies to reduce the risk of prostate cancer. Additionally, there is no agreement on the effectiveness of screening or whether potential benefits outweigh risks.[19] Therefore, public health agencies face significant challenges in determining what actions to take to address prostate cancer. The prostate cancer mortality rate in Clay County has declined significantly since 2000, but experienced a slight increase in 2010-12 (Figure 43). Clay's non-white population experienced a significant increase in prostate cancer mortality after 2008-2010 (Figure 44).

Figure 43. Prostate Cancer Mortality Rate, 2000-2013
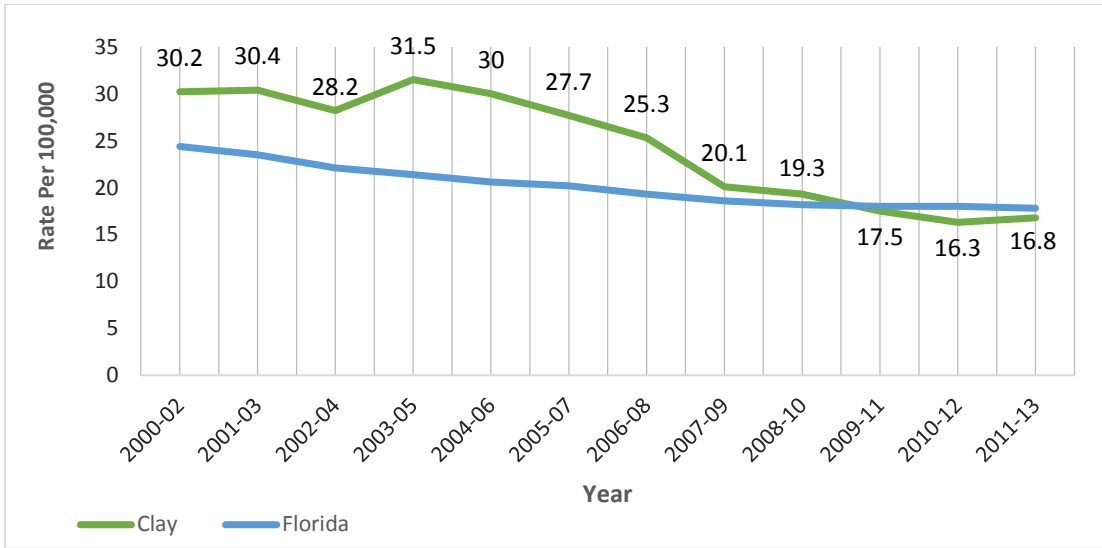
Figure 44. Prostate Cancer Mortality, by Race, 2000-2013

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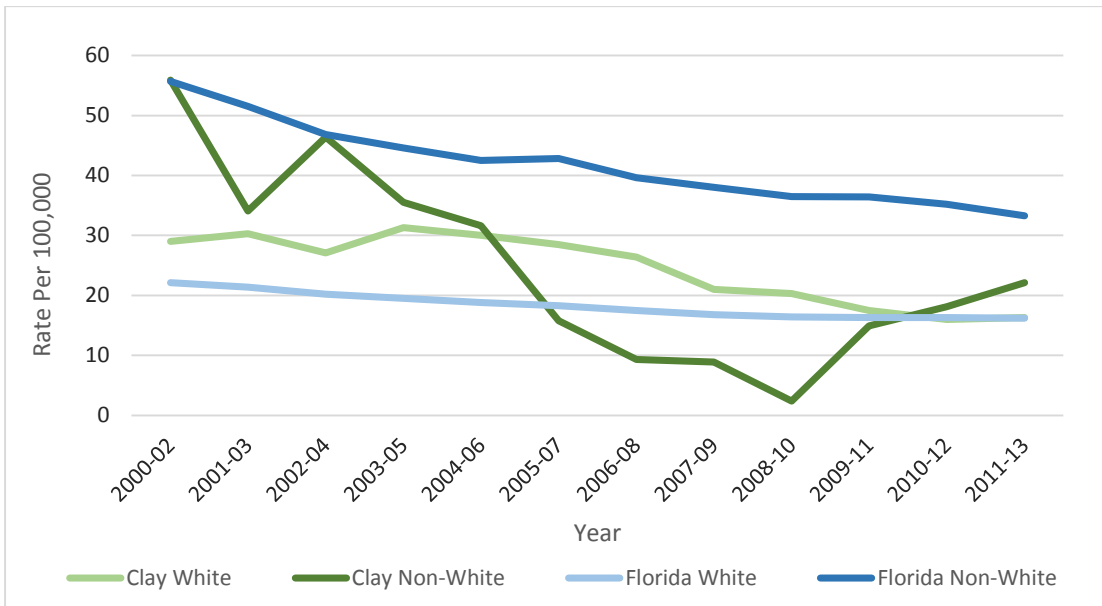
[19] U.S. Centers for Disease Control and Prevention. (2015, June 3). *Prostate Cancer*. Retrieved 2015, from CDC.gov: http://www.cdc.gov/cancer/prostate

Heart Disease

Heart disease remains the nation's leading cause of death for both men and women, accounting for one in every four deaths in the U.S. The most common type of heart disease is coronary heart disease, which can lead to heart attack. Individuals can greatly reduce their risk for heart disease by reducing high blood pressure, reducing high LDL cholesterol, and quitting smoking. People who have had a heart attack can reduce the risk of future heart attacks or strokes by making lifestyle changes and taking medication.[20] The rate of heart disease has significantly decreased in both Clay County and Florida over the past decade, though Clay experienced a slight increase in recent years (Figure 45). In Clay County, the white population has a higher heart disease mortality rate than the non-white population, but the non-white population mortality rate has increased in recent years (Figure 46).

Figure 45. Coronary Heart Disease Mortality, 2000-2013
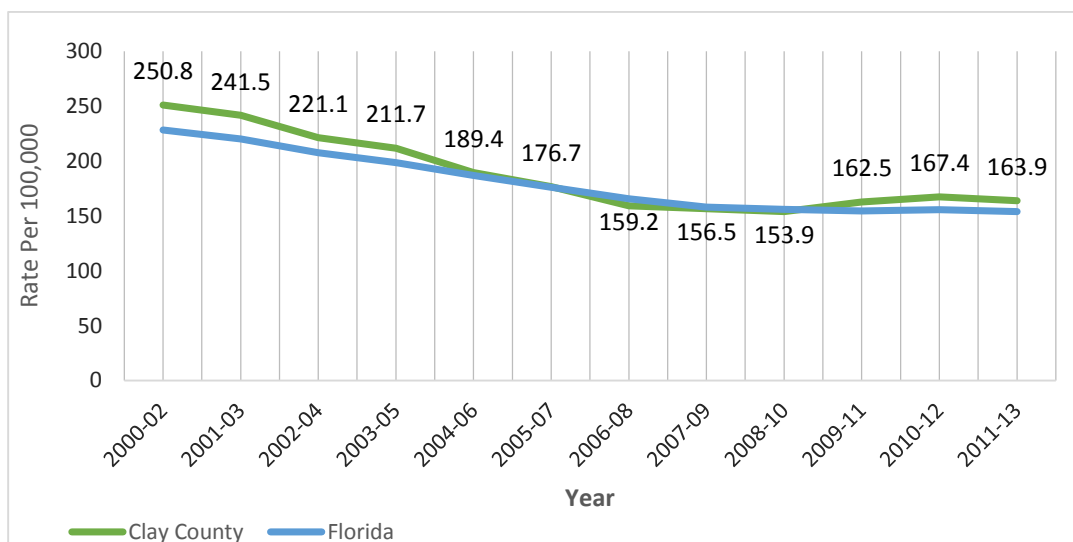
Figure 46. Heart Disease Mortality by Race, 2000-2013

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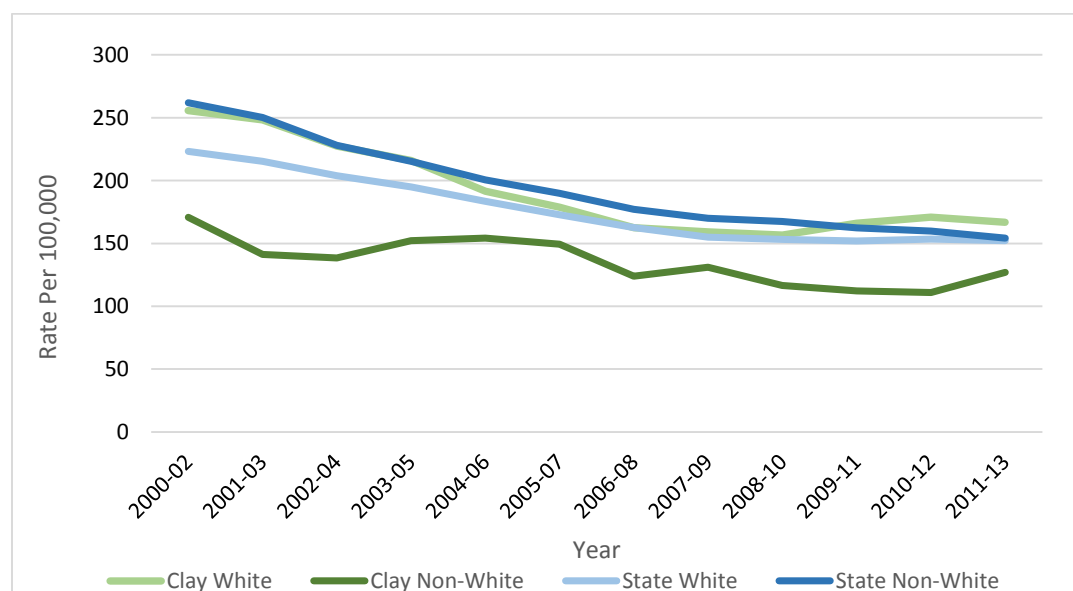
[20] U.S. Centers for Disease Control and Prevention. (2015, February 19). *Heart Disease*. Retrieved from CDC.gov:
http://www.cdc.gov/heartdisease/facts.htm

Chronic Lower Respiratory Disease (CLRD)

In 2011, chronic lower respiratory disease (CLRD) was the third leading cause of death in the U.S., with fifteen million Americans reporting they have chronic obstructive pulmonary disease, or COPD. COPD is a group of diseases that cause breathing-related problems, including emphysema, chronic bronchitis, and some cases of asthma. Tobacco use is a key risk factor for development of COPD, but exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections are also causes.[21] Clay County has significantly higher chronic lower respiratory disease mortality rates than the state of Florida, and Clay CLRD mortality for all races has increased in recent years (Figure 47). CLRD tends to impact white residents at more than twice the rate of non-white residents in Clay County (Figure 48).

Figure 47. Chronic Lower Respiratory Disease Mortality, All Races, 2000-2013
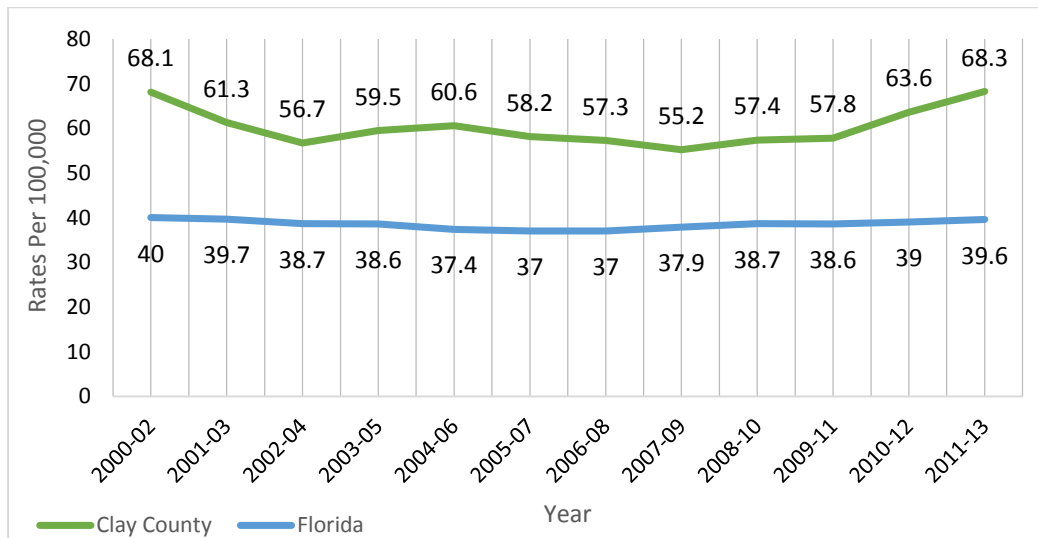
Figure 48. Chronic Obstructive Pulmonary Disease Mortality, by Race, 2000-2013

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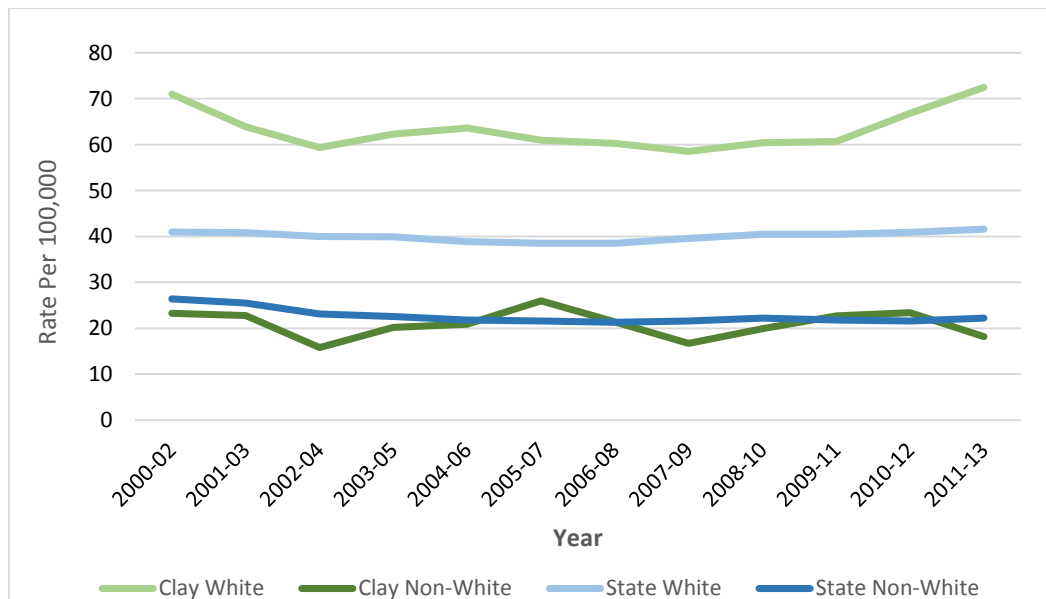
[21] U.S. Centers for Disease Control and Prevention. (2015, March 12). *Chronic Obstructive Pulmonary Disease (COPD)*. Retrieved from CDC.gov: http://www.cdc.gov/copd/

Stroke

A stroke occurs when something blocks blood supply to the brain or when sudden bleeding in the brain occurs. Stroke is the fifth leading cause of death in the United States, and a significant cause of adult disability, such as paralysis, speech difficulty, and emotional problems. When a stroke happens, it is important to recognize the symptoms, call 9-1-1 right away, and get to a hospital quickly. Individuals can reduce their risk for stroke by eating a healthy diet, getting enough exercise, monitoring blood pressure and cholesterol, taking medication as prescribed, and managing other health conditions, such as diabetes and heart disease.[22] Clay County's stroke mortality rate was steadily declining until the beginning of this decade when it began to increase (Figure 49). The non-white population's stroke mortality rate doubled from 2006-08 to 2010-12 (Figure 50).

Figure 49. Stroke Mortality, All Races, 2000-2013
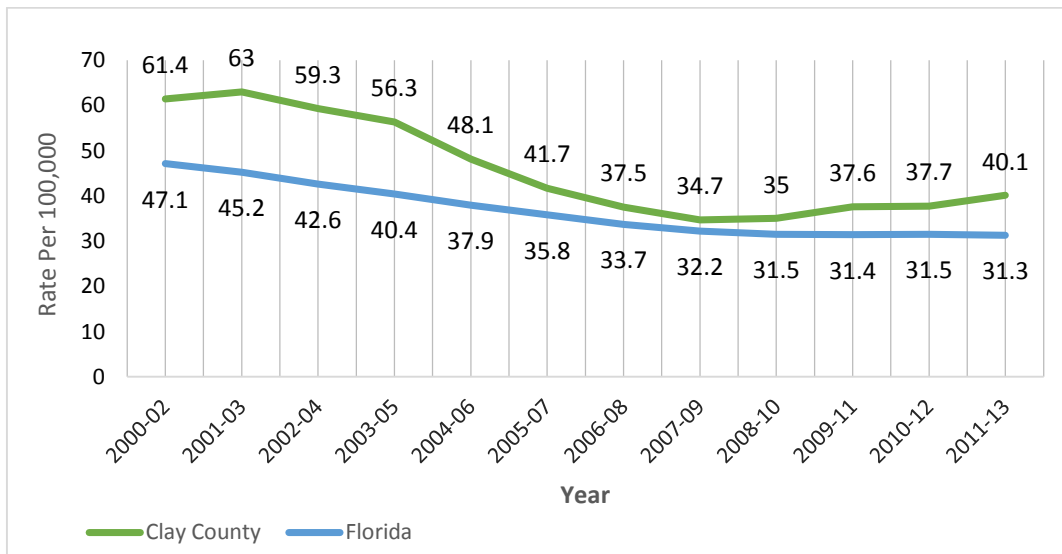
Figure 50. Stroke Mortality by Race, 2000-2013
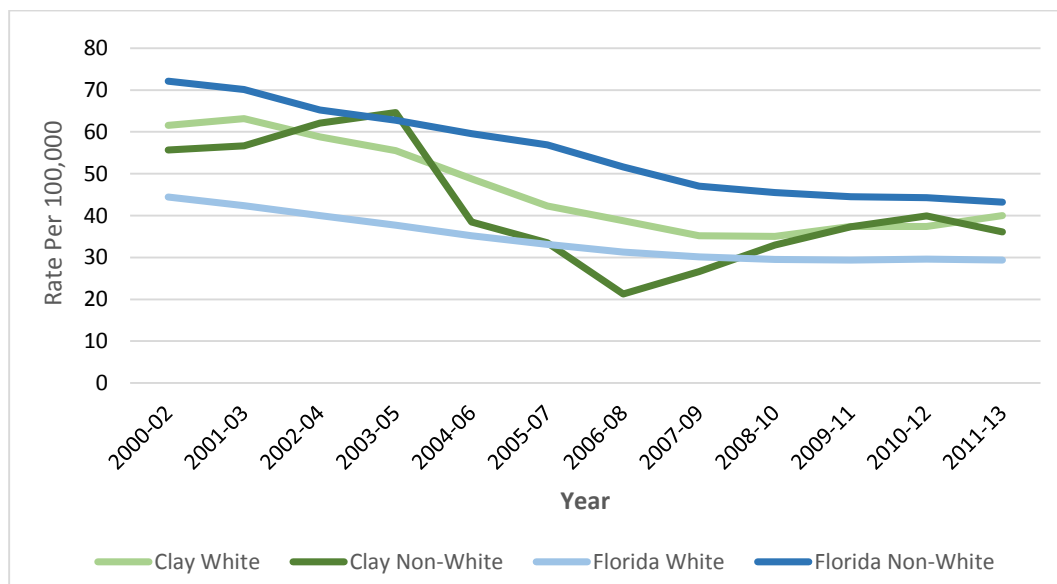
[22] U.S. Centers for Disease Control and Prevention. (2015, May). *Stroke*. Retrieved from CDC.gov: http://www.cdc.gov/stroke/

Diabetes

Diabetes is a disease that causes abnormally high blood glucose levels. The pancreas, an organ near the stomach, produces a hormone called insulin, which helps the body process glucose, a type of sugar. In people with diabetes, the pancreas either cannot create enough insulin or cannot use insulin properly, leading to high blood glucose. Diabetes is the seventh leading cause of death in the U.S., and can lead to major health problems, such as heart disease and kidney failure. **Type 1 diabetes** accounts for about 5% of all diagnosed cases. **Type 2 diabetes**, previously called adult-onset diabetes, accounts for 90% to 95% of all diagnosed cases, and 1% to 5% of diagnosed cases are a result of specific genetic syndromes, surgery, drugs, malnutrition, or illness. Research shows weight loss and exercise can prevent or delay type 2 diabetes.[23] Clay County saw a decline in diabetes mortality rates beginning in 2004-2006, but rates began to increase again in 2007-2009 (Figure 51). The non-white population has experienced extreme fluctuations in diabetes mortality in the past decade (Figure 52).

Figure 51. Diabetes Mortality, All Races, 2000-2013
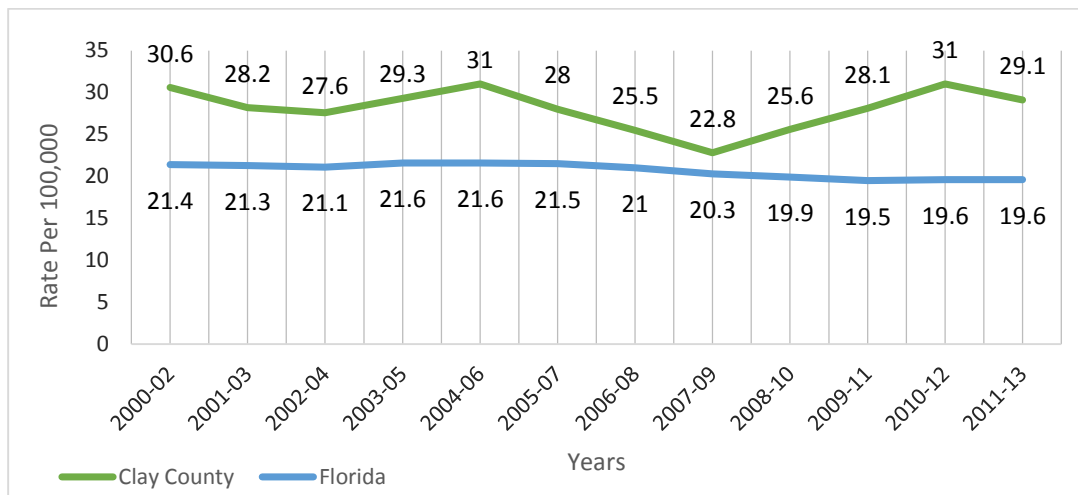
Figure 52. Diabetes Mortality, by Race, 2000-2013

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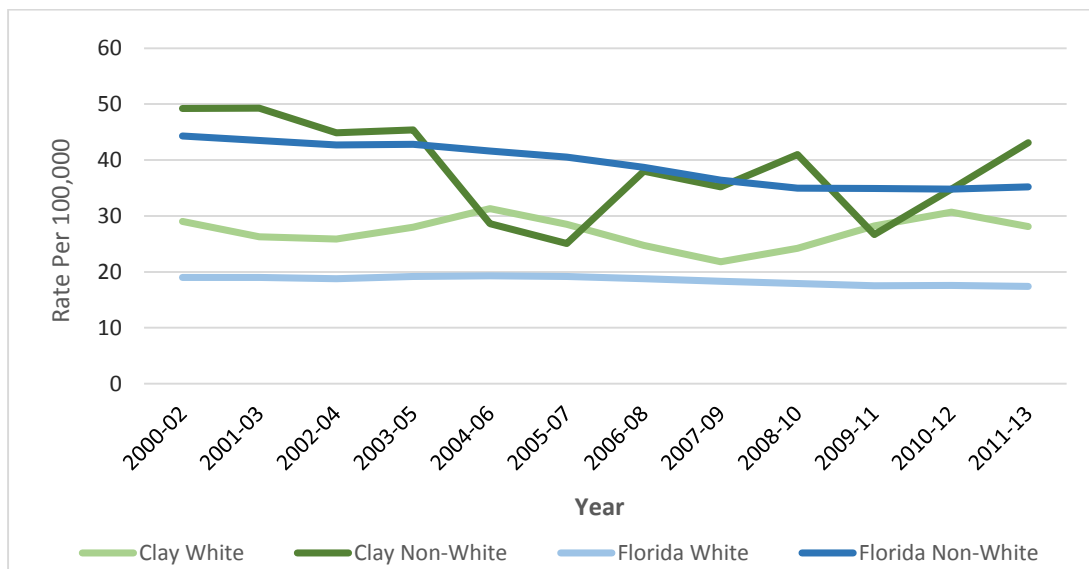
[23] U.S. Centers for Disease Control and Prevention. (2015, May). *Diabetes*. Retrieved from CDC.gov: www.cdc.gov/diabetes/

Diabetes (continued...)

Diabetes can affect any part of the body and can cause serious health issues including heart disease, blurred vision or blindness, kidney failure, oral health problems, nerve damage, and lower-extremity amputations.   To lower the risk of health complications, people with diabetes should keep blood glucose levels as close to normal as possible, get enough physical activity, avoid smoking, and eat a healthy diet.

About 65% of diabetics die from heart disease or stroke, making cardiovascular disease the leading cause of early death among people with diabetes. Adult diabetics are two to four times more likely than non-diabetics to have heart disease or experience a stroke.[24]

Diabetes is the leading cause of kidney failure, accounting for nearly 44% of new cases each year in the U.S. As kidney disease progresses, the kidney's ability to filter waste decreases and waste builds up in the body. Eventually, kidney failure can occur. People with diabetes should have regular screenings to check for signs of kidney disease.[25]

Nerve damage can result from having high levels of blood glucose over many years, resulting in numbness, pain, and weakness in the hands, arms, legs, or feet.   Nerve problems can also occur in organs, such as the digestive tract, heart, and sex organs. Nerve damage and poor circulation can cause serious foot problems for people with diabetes, and can lead to amputation of a toe, foot, or leg.[26]

Many of the complications associated with diabetes can be prevented through good health habits. The rate of preventable hospitalizations from diabetes has substantially increased for more than a decade in both Clay County and Florida, though Clay County is consistently below the state average (Figure 53).

Figure 53. Preventable Hospitalizations under 65 from Diabetes, All Races, 2000-2013

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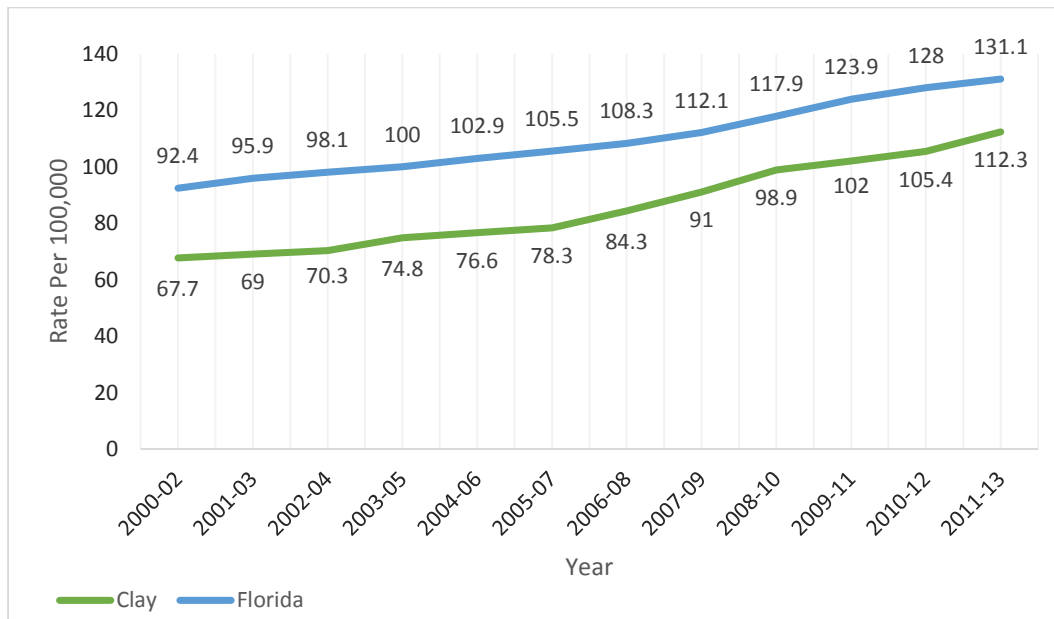
[24] U.S. Centers for Disease Control and Prevention. (2015, May). *Diabetes*. Retrieved from CDC.gov: www.cdc.gov/diabetes/
[25] National Institute of Diabetes and Digestive and Kidney Diseases. (2014, April). *Kidney Disease of Diabetes*. Retrieved from Niddk.nih.gov: www.niddk.nih.gov/health-information/health-topics/kidney-disease/kidney-disease-of-diabetes/
[26] U.S. Centers for Disease Control and Prevention. (2015, May). *Diabetes*.

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, a group of mental disorders with symptoms such as memory impairment, language difficulty, difficulty with object recognition, and loss of the ability to plan, organize, and abstract. Alzheimer's typically occurs in people over the age of 60. The disease is the 5th leading cause of death among persons age 65 and older and the 6th leading cause of death in the U.S. There is no known cure for Alzheimer's disease, though treatment can help improve quality of life. Mortality rates for Alzheimer's disease are on the rise, unlike heart disease and cancer death rates which are declining.[27]

There was a large decline in mortality from Alzheimer's in Clay County beginning in 2005-2007, followed by an increase in 2008-2010 and another decrease in 2010-2012. Despite recent declines, Clay County has had a higher Alzheimer's mortality rate than Florida for more than a decade (Figure 54). The mortality rate in the non-white population has been more sporadic than the white population, but the white population tends to have a higher mortality rate (Figure 55).

Figure 54. Alzheimer's Mortality, All Races, 2000-2013
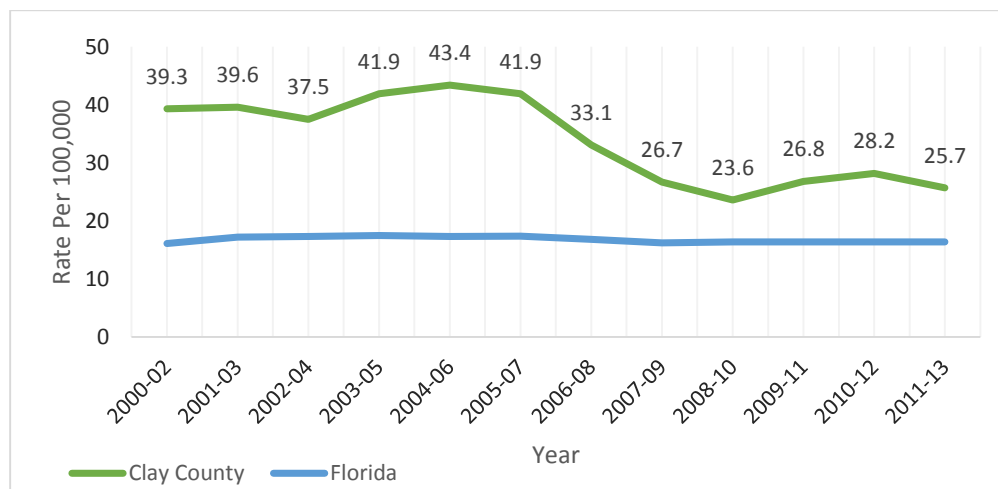
Figure 55. Alzheimer's Mortality by Race, 2000-2013

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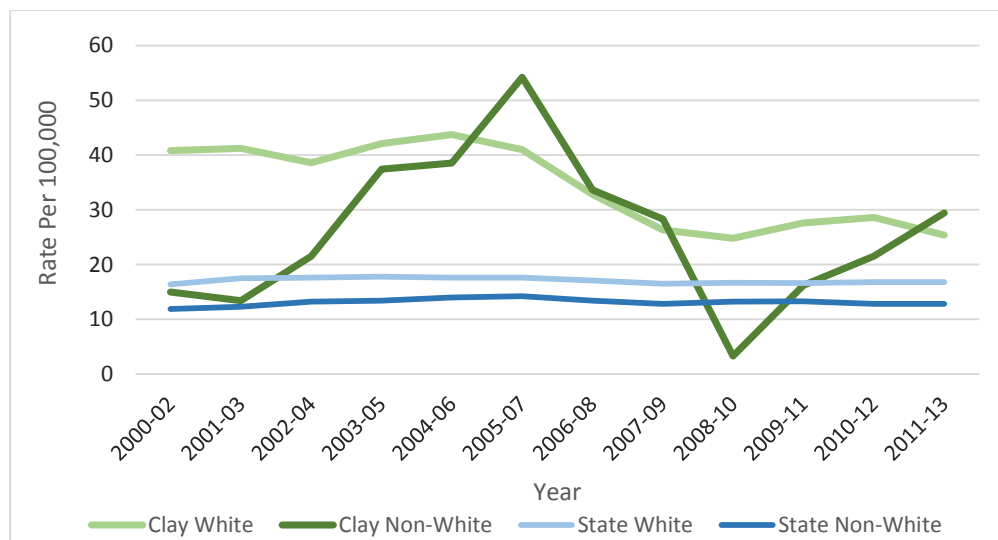
[27] U.S. Centers for Disease Control and Prevention. (2015, March). *Healthy Aging: Alzheimer's Disease*. Retrieved from CDC.gov: http://www.cdc.gov/aging/aginginfo/alzheimers.htm

Liver Disease and Cirrhosis

Aside from the skin, the liver is the largest organ in the human body. The liver helps the body to process food and poisons and to store energy. Liver disease can have many causes including viruses, drugs, poison, cancer, or drinking too much alcohol.[28] The leading cause of cirrhosis, the scarring of liver tissue, in the United States is chronic alcoholism.[29]

Liver disease mortality in Clay County is slightly below the state average (Figure 56). Clay County's non-white population saw a sharp increase in liver disease mortality beginning in 2004-2006 (Figure 57).

Figure 56. Liver Disease & Cirrhosis Mortality, All Races, 2000-2013
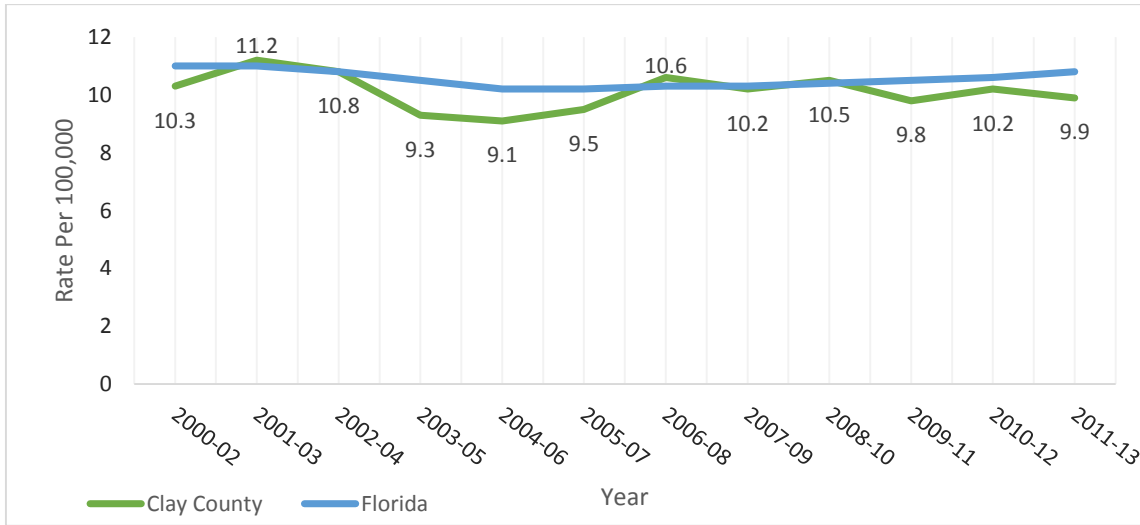
Figure 57. Liver Disease & Cirrhosis Mortality by Race, 2000-2013

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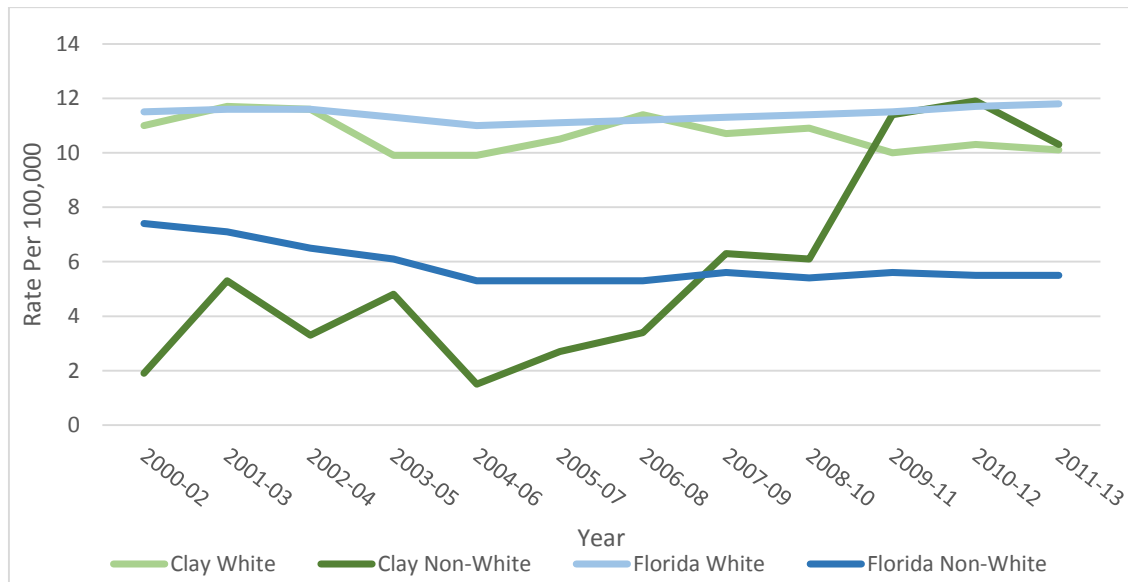
[28] National Institutes of Health. (2015). *Liver Diseases*. Retrieved from Medline Plus:
http://www.nlm.nih.gov/medlineplus/liverdiseases.html
[29] American Liver Foundation. (2015). *Cirrhosis*. Retrieved from American Liver Foundation:
http://www.liverfoundation.org/abouttheliver/info/cirrhosis/

Communicable Diseases

Influenza and Pneumonia

Influenza, or the flu, is a contagious respiratory illness.   The flu can cause mild to severe illness, and can even lead to death.   The young, the elderly, pregnant women, and people with compromised immune systems have higher risk for serious flu complications, such as pneumonia, bronchitis, and sinus infections.   Getting the yearly flu vaccine is the best way to prevent the flu.[30]

Pneumonia is a lung infection caused by bacteria, viruses (such as the flu), or fungi.   Several causes of pneumonia, such as pertussis (whooping cough), chickenpox, measles, and influenza (flu), can be prevented through vaccination.[31]

Influenza and pneumonia together are the 8th leading cause of death in the United States.[32]   Clay County has a higher influenza and pneumonia mortality rate than the state of Florida (Figure 58). The mortality rate for Clay County's non-white population experienced a trend of decline for almost ten years, but has seen an increase in recent years (Figure 59).

Figure 58. Influenza & Pneumonia Mortality, All Races, 2000-2013
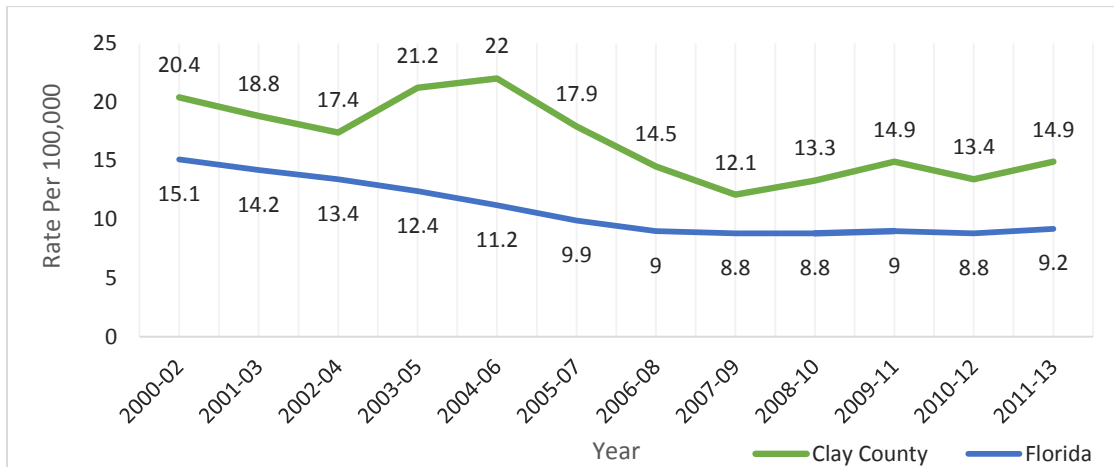
Figure 59. Influenza & Pneumonia Mortality by Race, 2000-2013

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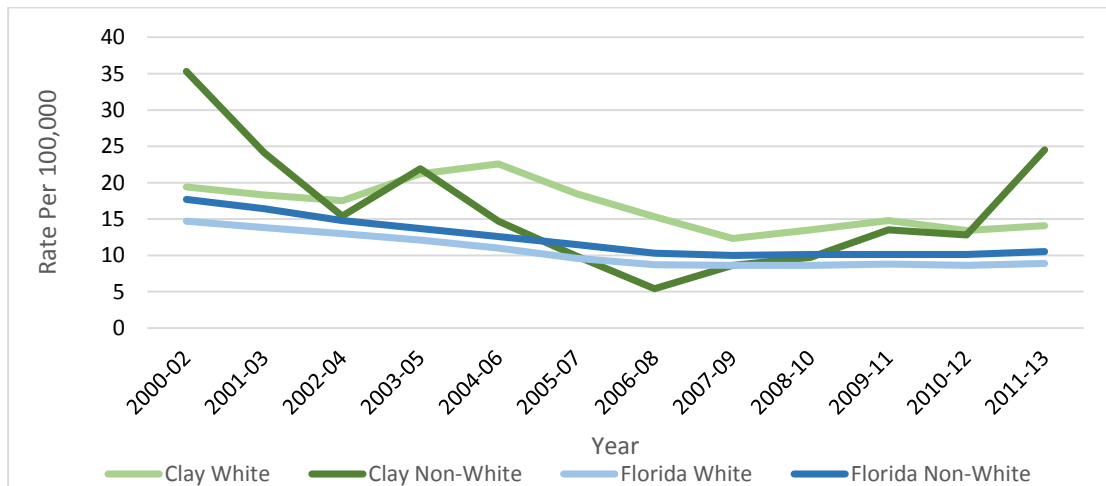
[30] U.S. Centers for Disease Control and Prevention. (2015). *Influenza (Flu)*. Retrieved from CDC.gov: http://www.cdc.gov/flu/
[31] U.S. Centers for Disease Control and Prevention. (2015, February). *Pneumonia*. Retrieved from CDC.gov:
    http://www.cdc.gov/pneumonia/
[32] U.S. Centers for Disease Control and Prevention. (2015, February 6). *Leading Causes of Death*. Retrieved from CDC.gov:
http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

Vaccine Preventable Diseases

Vaccine-preventable diseases, not long ago, disabled and killed thousands of Americans annually. Vaccine-preventable diseases include: Diphtheria, Influenza, Hepatitis A and B, Measles, Mumps, Meningococcal, Pneumococcal, Polio, Pertussis (whooping cough), Rotavirus, Rubella, Tetanus, and Varicella (chickenpox). There were negligible rates per 100,000 of Tetanus, Rubella, Mumps or Measles in Clay County and Florida from 2009-2012. Clay County had a higher rate of Pertussis than Florida from 2009-2012 (Figure 60).

Figure 60. Vaccine Preventable Diseases, 3 Year Rolling Rate, 2009-2012
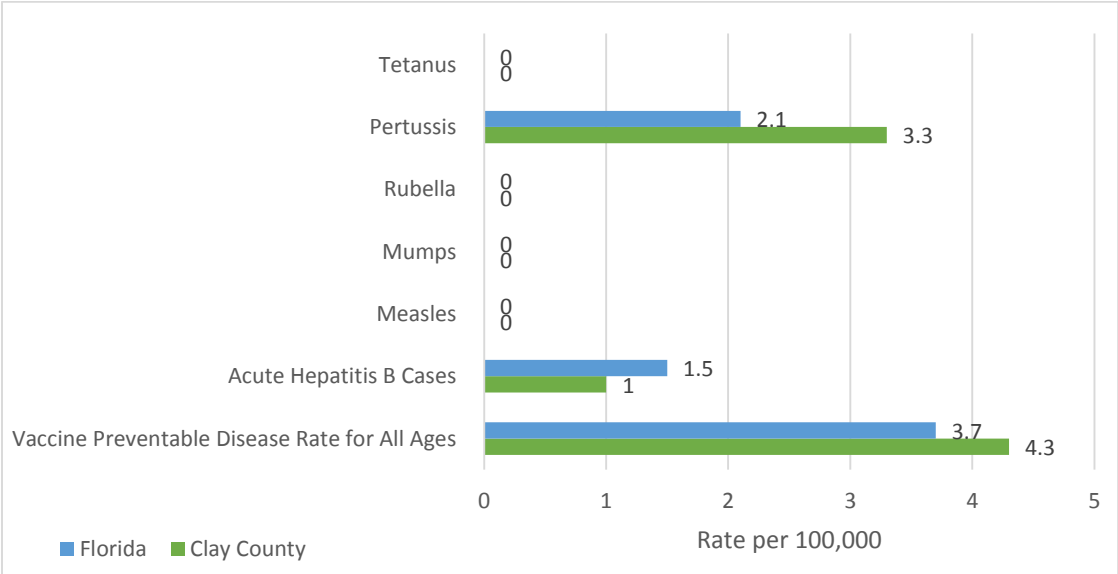
Enteric Diseases

Bacterial and viral infections of the gastrointestinal tract can lead to diarrheal disease. Many of these pathogens are transmitted through contaminated food or water. The overall incidence of enteric diseases in children has increased in both Clay and Florida in recent years (Figure 61).

Figure 61. Enteric Diseases in Children Under the Age of 6, 3 Year Rolling, 2000-2012
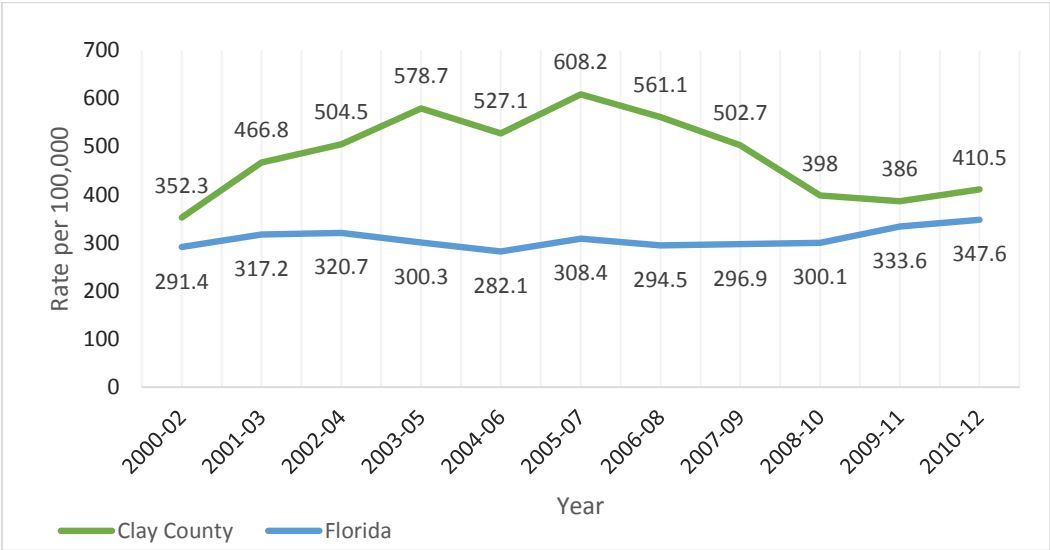
Mental Health

Suicide

Suicide occurs when a person ends their own life and is the 10th leading cause of death among Americans.[33]   Deaths are not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure.[34]   Clay County has shown a slow but steady decrease in total suicides per 100,000 population since 2008-10, though Clay remains above the state average (Figure 62).   Suicide tends to occur much more frequently among white populations than non-white groups (Figure 63).

Figure 62. Suicide Mortality Rate, All Races, 2000-2013
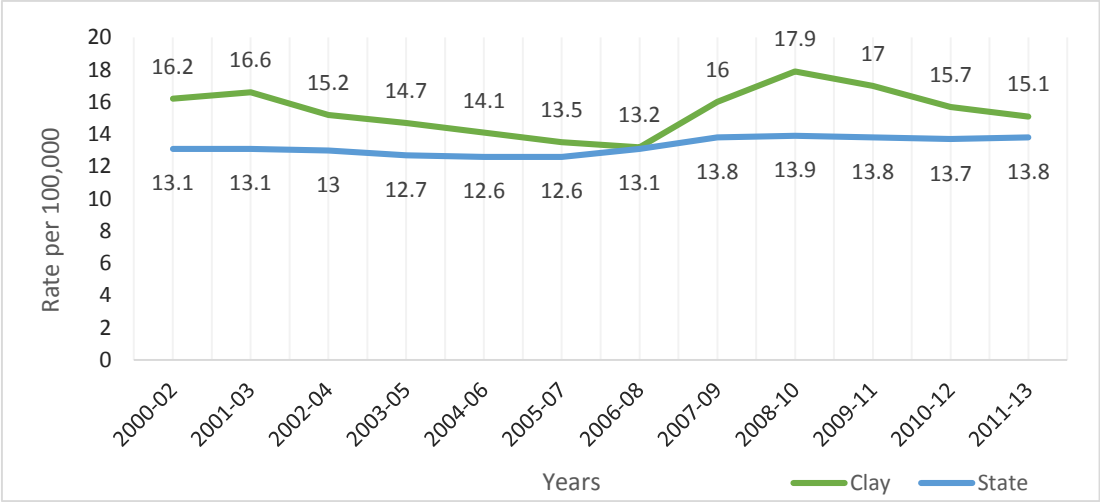
Figure 63. Suicide Age-Adjusted Death Rate by Race, 2000-2013

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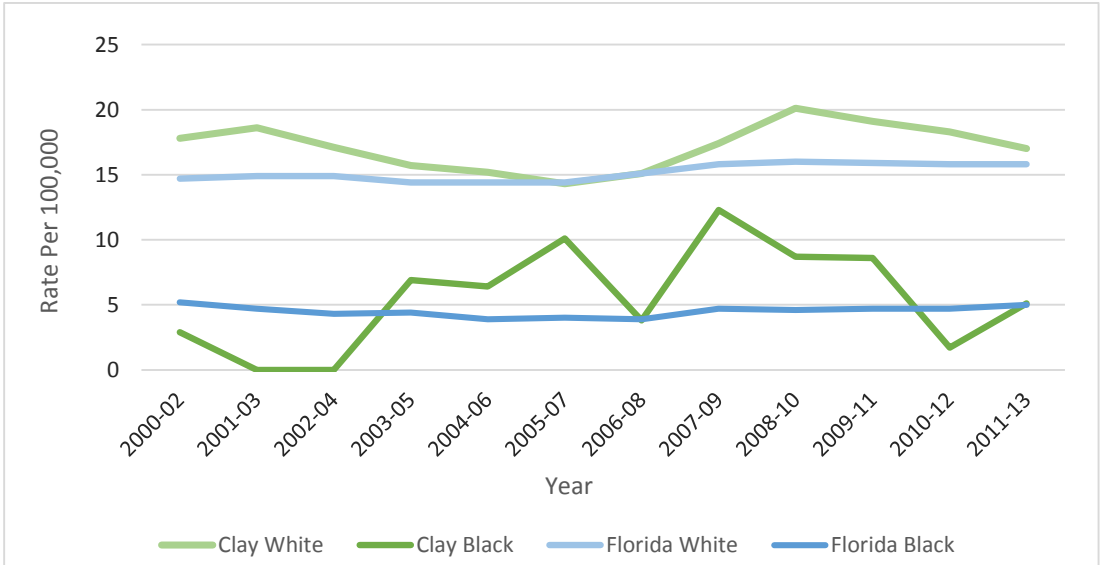
[33] U.S. Centers for Disease Control and Prevention. (2015, May). *Deaths. Final Data for 2013.*. Retrieved from CDC.gov: http://www.cdc.gov/leadingcausesofdeath
[34] U.S. Centers for Disease Control and Prevention. (2014, September). *Preventing Suicide*. Retrieved from CDC.gov: http://www.cdc.gov/Features/PreventingSuicide/

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the *Florida Mental Health Act*, a comprehensive revision of the state's mental health commitment laws. The law is widely referred to as the "*Baker Act*" in honor of Maxine Baker, the former state representative who sponsored the Act. The *Baker Act* allows for involuntary exam initiation (also referred to as emergency or involuntary commitment). Initiations can be made by judges, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and can occur in any of over 100 Florida Department of Children and Families-designated receiving facilities statewide. [35]

It is important to note that some individuals for whom forms were received were never actually admitted to the receiving facility because an examination by a physician or psychologist performed prior to admission determined they did not meet criteria. The data also does not include information on what occurred after the initial examination, such as how long individuals stayed at the facility or whether they remained on an involuntary or voluntary basis. [36]

Figure 64 below illustrates the total number of reported involuntary exam initiations (i.e., Baker Act) for Clay County residents from 2000-2013. It is important to note that there are at least 8 designated Baker Act receiving facilities in neighboring Duval County, and Clay residents who were not received at a Clay County facility were likely transported into Jacksonville (Duval).

Figure 64. Total Involuntary Exam Initiations for Clay County Residents, 2000-2013

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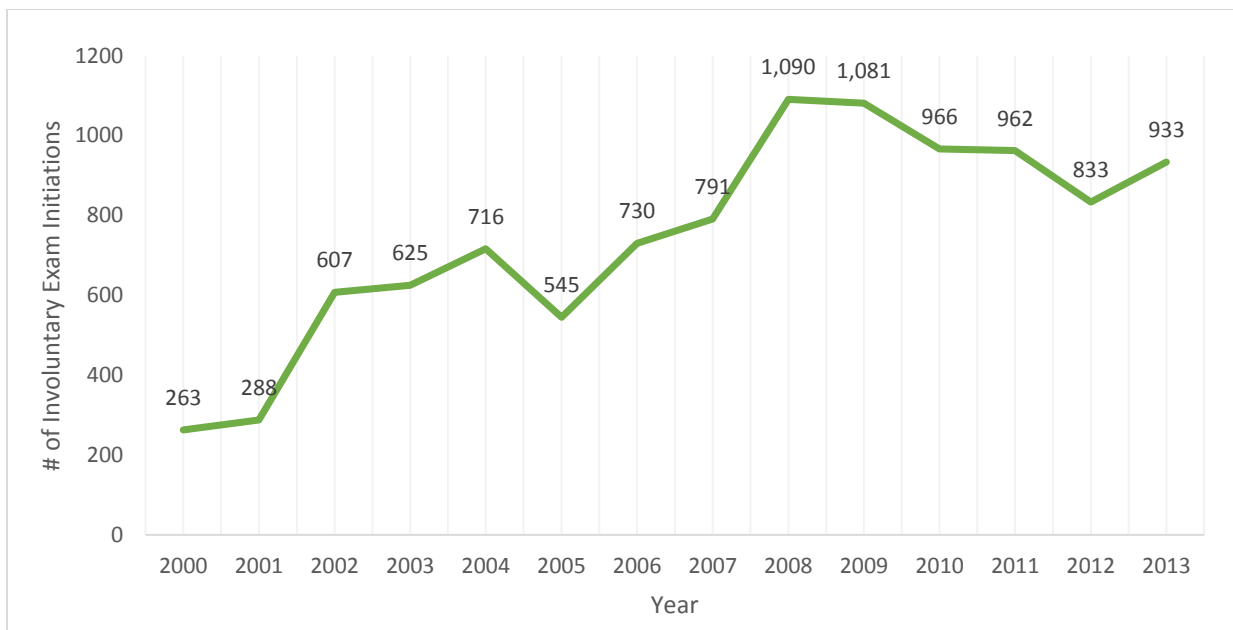
[35] Florida Department of Children and Families, 2010
[36] The Florida Mental Health Act (The Baker Act) Report, 2007 *(prepared by the University of South Florida)*

Maternal and Child Health

Female Population of Childbearing Age

The Florida Department of Health defines childbearing age for women to be between 15 and 44 years. Clay County has a greater proportion of the population in the 25-44 year age range than the 15-24 year age range (Figure 65).

Figure 65. Female Population Aged 15-44 in Clay County, 2013
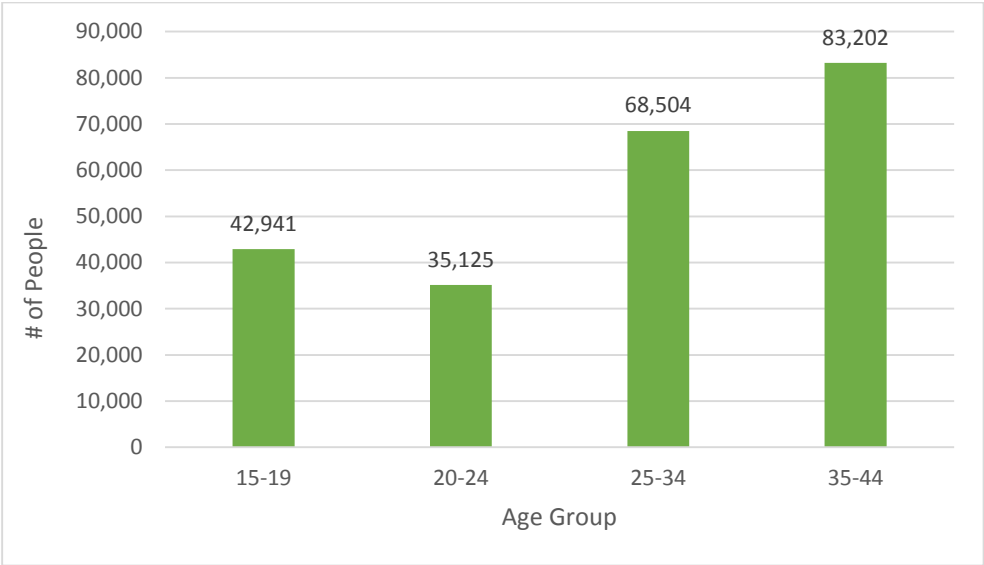
Birth Rate

The rate of live births (per 1,000 population) in Clay has been consistent since 2010. Figure 66 below illustrates the rate of live births among all women. Please note the 2015 rate is low because it is counted for half the year.

Figure 66. Live Birth Rate by Race in Clay County, 2010-2015
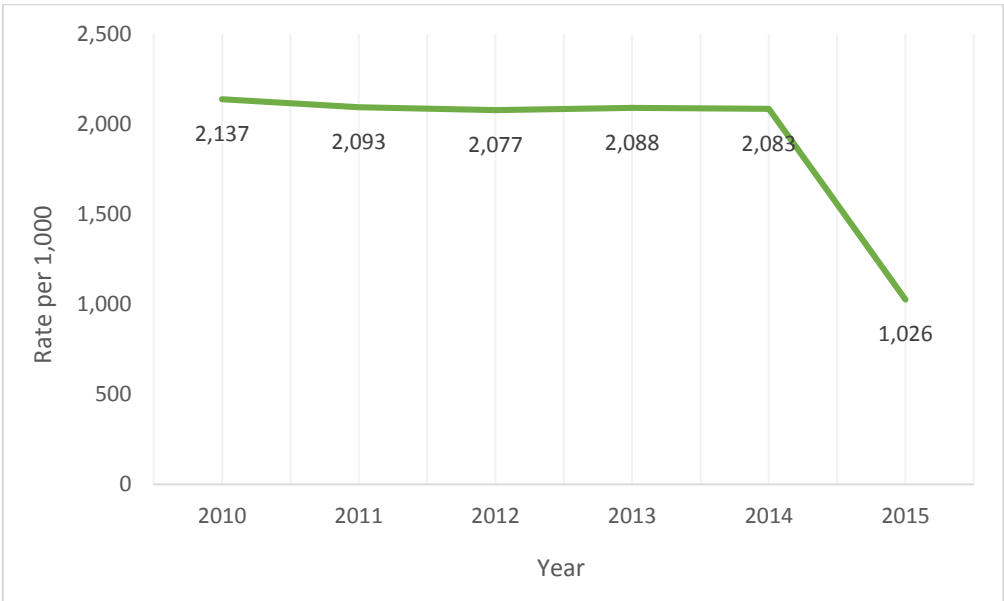
Infant Mortality

The infant mortality rate refers to those babies who die before their 1st birthday (0-364 days). Infant mortality is one of the most important indicators of the health of a nation, as it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices. Clay County saw a trend of decline in infant deaths between 2003-05 and 2009-11, although there has been an increase since 2009-11 (Figure 67). Non-white populations have a higher infant mortality rate in both Clay County and Florida (Figure 68).

Figure 67. Infant Mortality Rates, All Races, 3 Year Rolling, 2000-2013
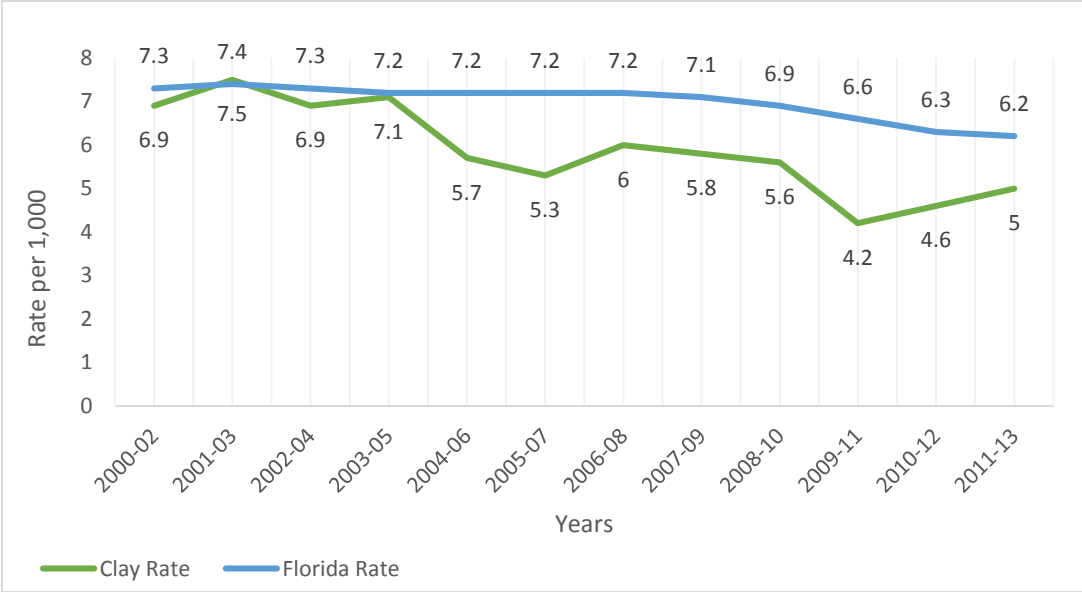
Figure 68. Infant Mortality Rates by Race, 2000-2013
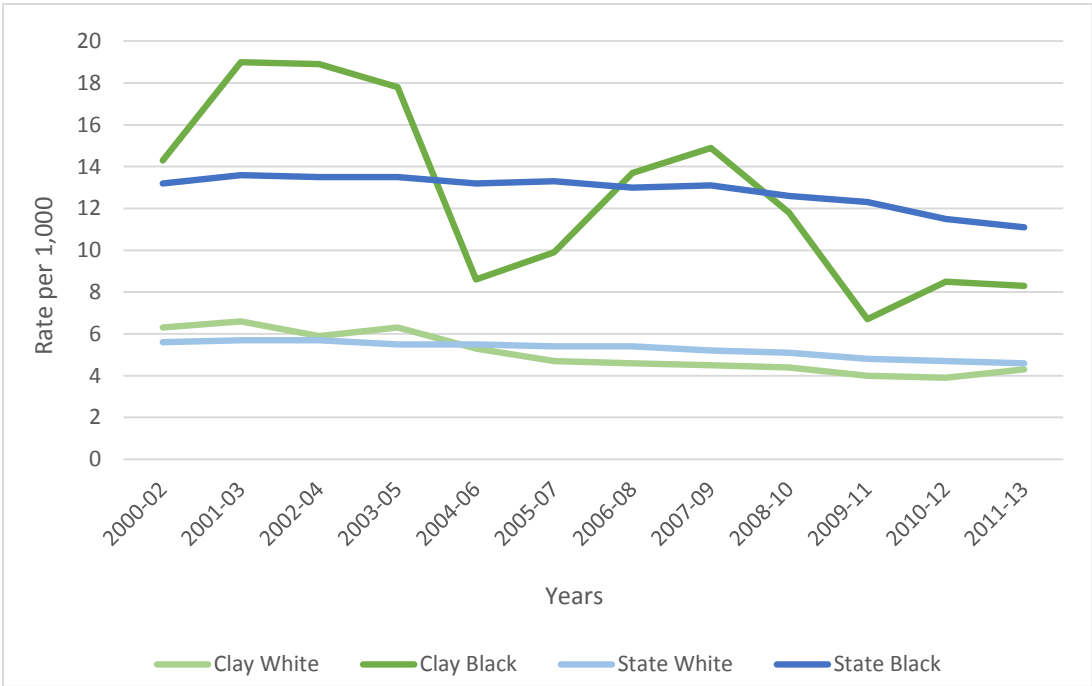
Pre-Term Delivery

Preterm birth (birth at less than 37 completed weeks of gestation) is a key risk factor for infant death. The rate of preterm births is higher in both Clay County and Florida than it was 10 years ago (Figure 69).

Figure 69. Preterm Births, 3 year Rolling Rate, 2000-2013
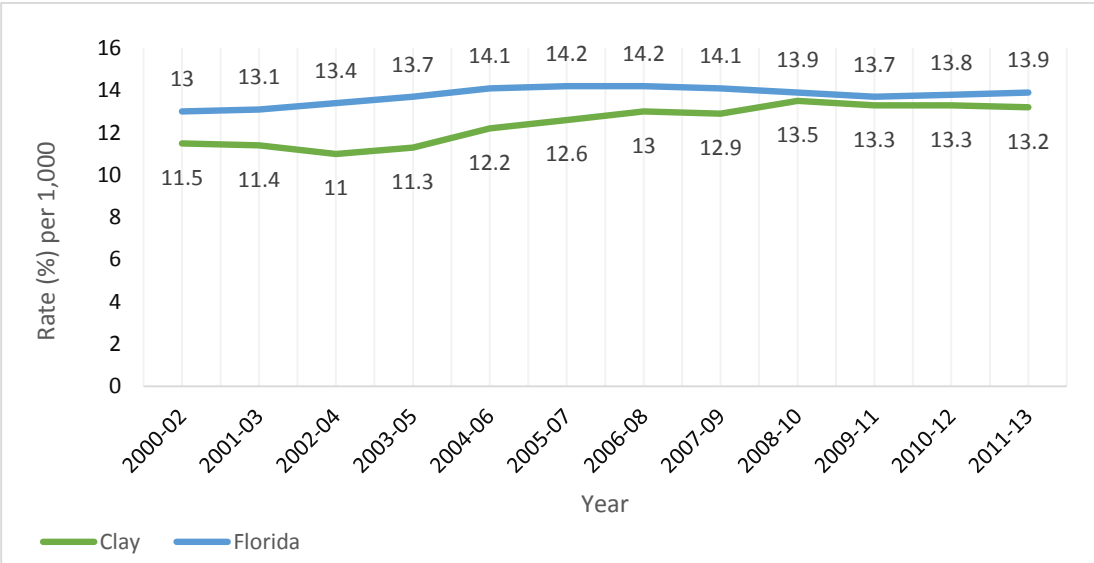
Low Birth Weight

The most important predictor for infant survival is birthweight. A baby's chance for survival increases exponentially as birthweight increases to its optimal level. The incidence of low birth weight, defined as less than 2,500 g (less than 5 lbs, 8 oz), remains a major public health concern in the United States. Clay County has seen a slight decline in low birth weight in recent years, after experiencing an increase for about a decade (Figure 70).

Figure 70. Low Birth Weight, 3 Year Rolling, 2000-2013
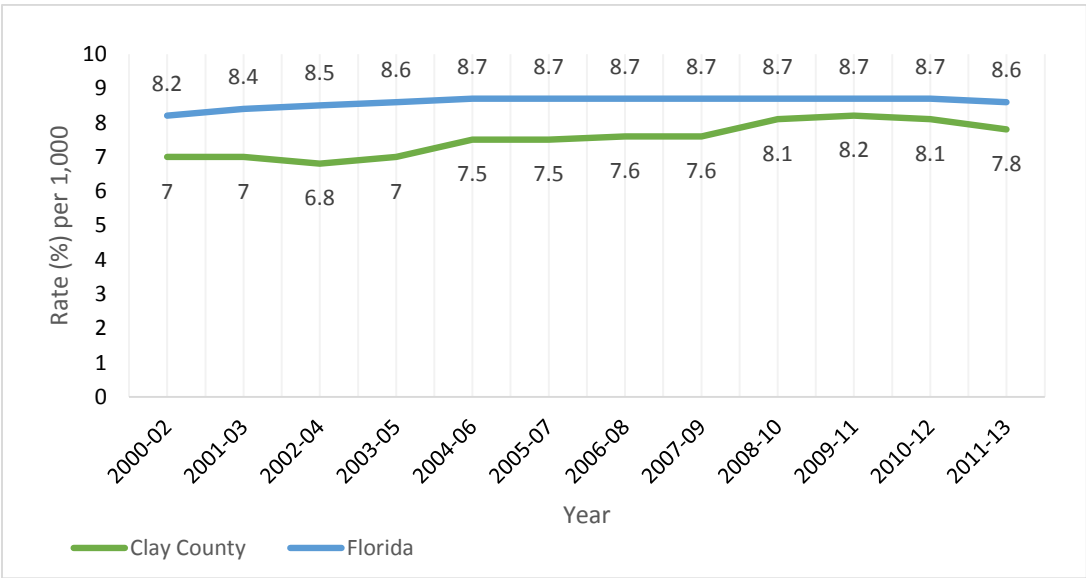
HEALTH BEHAVIORS

Sexually Transmitted Diseases

Syphilis, Gonorrhea, and Chlamydia

Sexually transmitted diseases (STDs) are among the most common infectious diseases in the United States today, affecting more than 13 million men and women each year.[14] Clay County has a lower rate of STDs than Florida as a whole, with Chlamydia being the most prevalent (Figure 71).

Figure 71. Syphilis, Gonorrhea, & Chlamydia Rates, 3-Year Rolling, 2009-2012
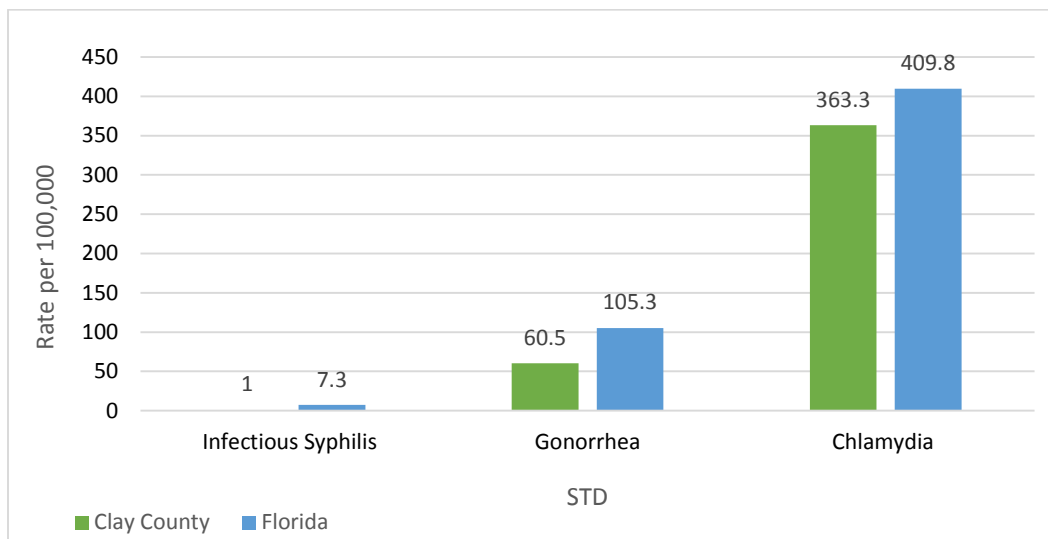
Human Papillomavirus (HPV)

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States, so common in fact, that almost all sexually active people will be infected at some point in their lifetime.   People infected with HPV do not always have symptoms, and the disease can be transmitted even when a person is asymptomatic. HPV typically goes away on its own, but in some cases the virus can cause severe health problems, such as cancer.[37] HPV is the leading cause of cervical cancer,[38] and the virus can also cause cancers of the throat, vulva, vagina, penis, or anus.

There are several ways to reduce the risk of developing HPV and associated diseases. The HPV vaccine can protect both males and females against cancers caused by HPV, and is recommended for males and females age 11-26 years. Getting screened for HPV and practicing safe sex can also help reduce the risk of developing cancer caused by HPV. [39]

Clay County has a lower HPV vaccination completion rate than the state of Florida. In Clay County, 7.96% of individuals ages 9-26 had completed the HPV vaccination series in 2014, compared with 9.26% of individuals in the same age group in Florida. Figure 72 shows the age distribution of persons who have completed the HPV vaccination series in Clay County and Florida in 2014. In Clay

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[37] U.S. Centers for Disease Control and Prevention. (2015). *Human Papillomavirus (HPV)*. Retrieved from CDC.gov: http://www.cdc.gov/STD/HPV/

[38] U.S. Centers for Disease Control and Prevention. (2015, May). *Gynecologic Cancers: Cervical Cancer*. Retrieved from CDC.gov: http://www.cdc.gov/cancer/cervical/

[39] U.S. Centers for Disease Control and Prevention. (2015). *Human Papillomavirus (HPV)*.

County, about 37% of individuals who have completed the vaccine are 16-18 years old, while less than 1% of persons who have completed the vaccine are 9-10 years old.

Figure 72. Age Distribution of Individuals Who Have Completed the HPV Vaccination Series, 2014
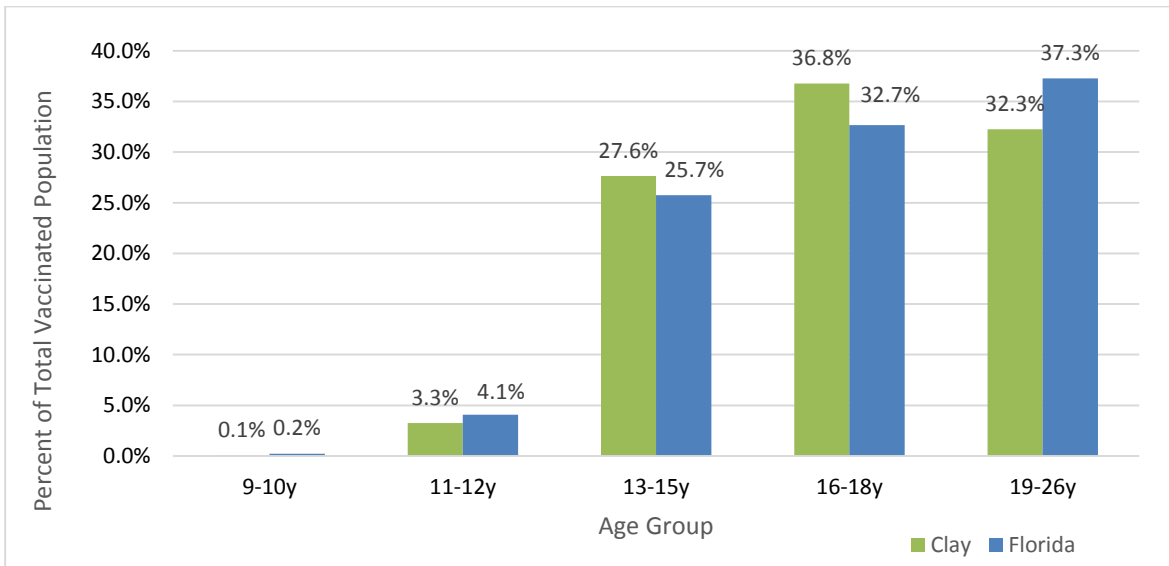
Hepatitis

The word "hepatitis" means inflammation of the liver and also refers to a group of viral infections that affect the liver.   The most common types are Hepatitis A, Hepatitis B, and Hepatitis C.   Viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation. Clay County has slightly lower rates of Hepatitis A and B compared to Florida (Figure 73 & 74).

Figure 73. Hepatitis A Incidence Rates, 2000-2013
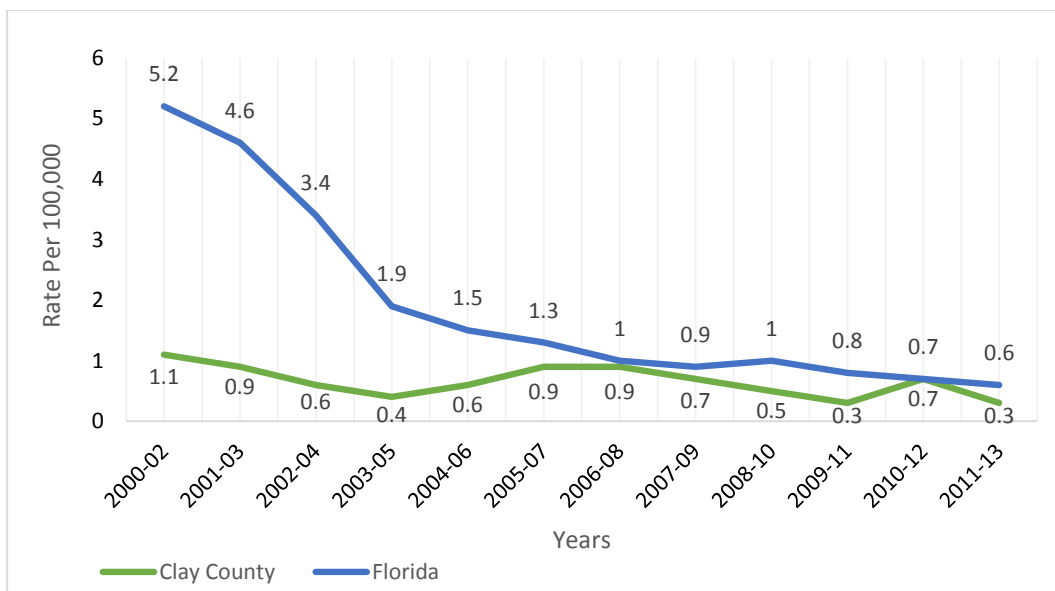
Figure 74. Hepatitis B Incidence Rates, 2000-2013
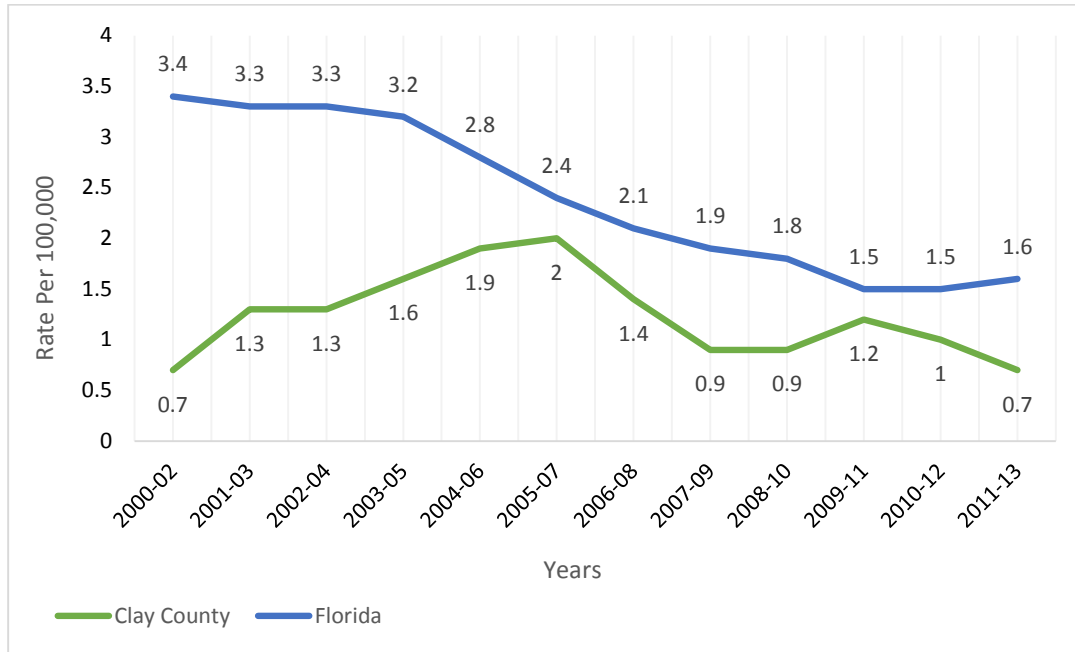
HIV and AIDS

The rate of HIV/AIDS deaths in Florida is equal to that of homicide, ranking as the eleventh leading cause of death among Floridians. The mortality rate for HIV/AIDS has been declining in both Clay County and Florida for several years. Clay County has a lower mortality rate from HIV/AIDS than Florida as a whole, with a rate of 0.6 deaths per 100,000 in Clay versus 4.7 deaths in Florida in 2011-13 (Figure 75).

Figure 75. HIV/AIDS Age-Adjusted Death Rate, 2000-2013
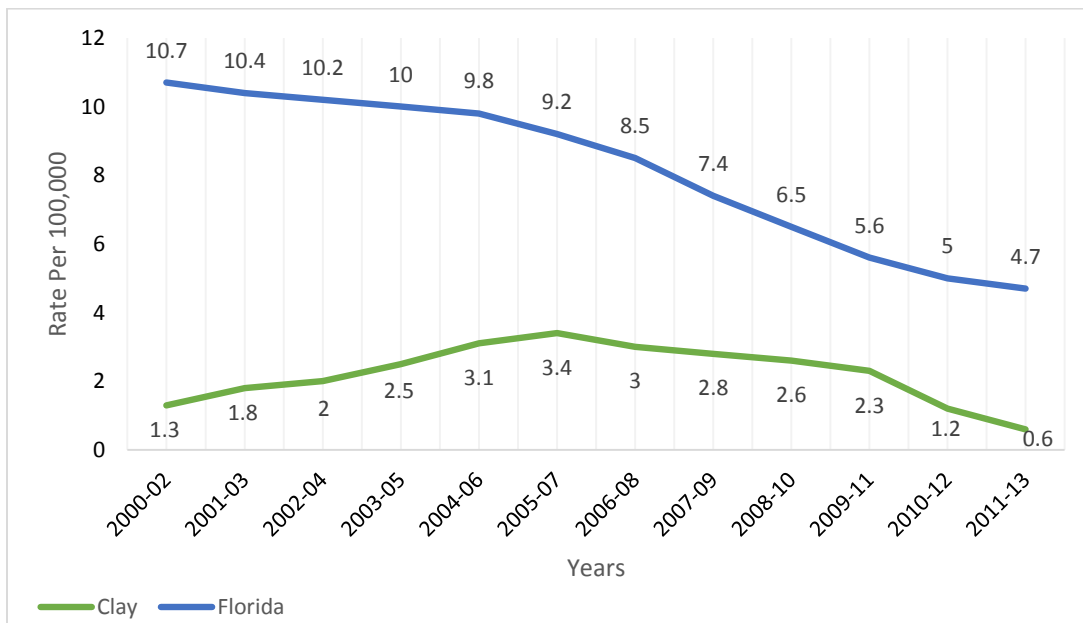
Adolescent Births

Babies born to mothers under the age of 18 are more likely to experience poor birth outcomes than those born to mothers between the ages of 18 to 45. Birth outcomes are also closely tied to the education, economic outlook, and family relationships of the mother. Births to teenage mothers in Clay County showed a steady decrease beginning in 2005-07 (Figure 76). In 2010-12, the black population began to experience a lower rate of teen births than the white population in Clay County (Figure 77).

Figure 76. Births to Mothers Ages 15-19, All Races, 3 Year Rolling, 2000-2013
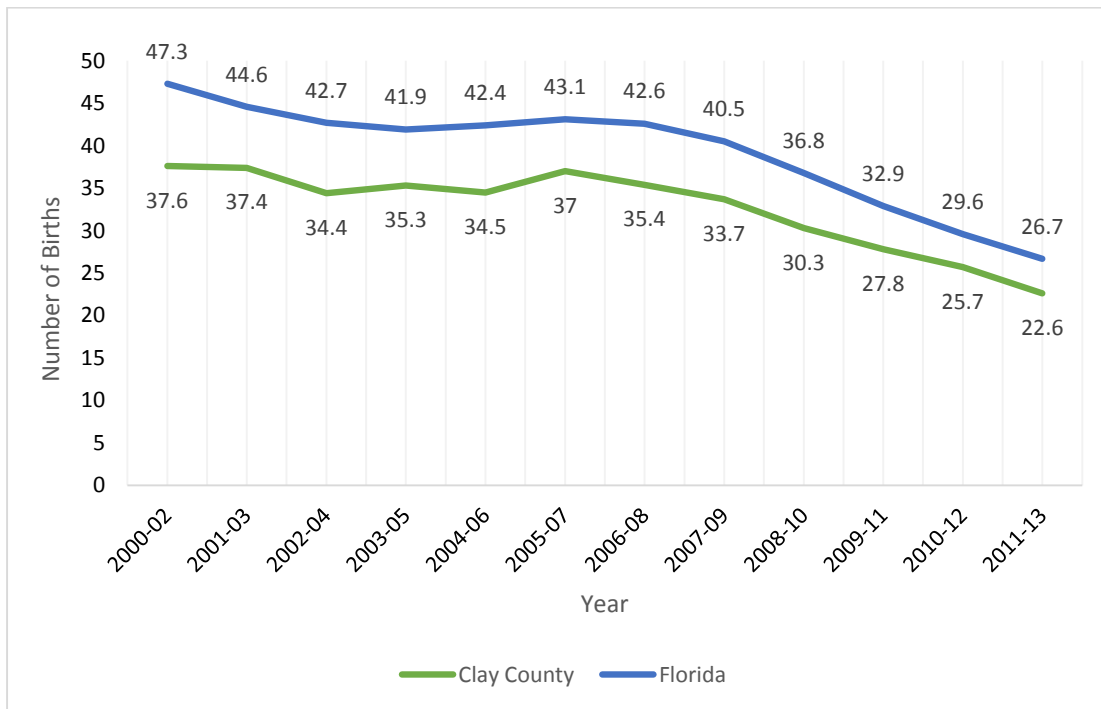
Figure 77. Births To Mothers Ages 15-19 by Race, 2009-2013
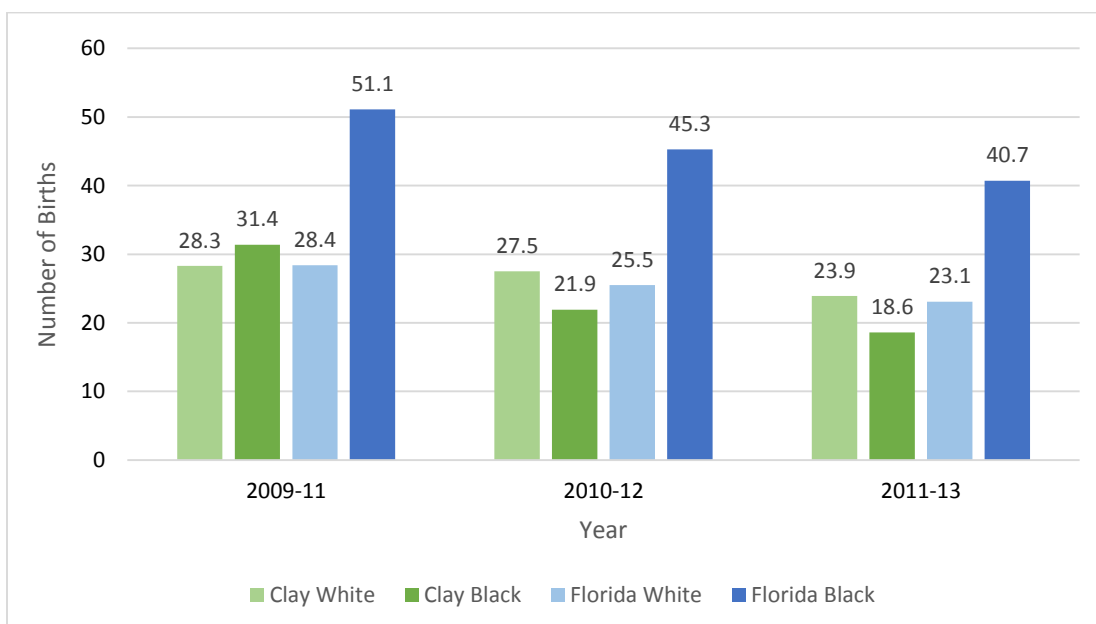
Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco and other drug use, and delinquent behaviors, as well as the risk and protective factors related to these behaviors. The 2014 FYSAS was answered by 1,713 Clay County students in grades 6–12 in February 2014. Key findings revealed alcohol is the most commonly used substance among Clay County students, with prevalence rates of 43.6% for lifetime use and 21.7% for past 30 day use. After alcohol, students reported marijuana (25% lifetime and 12.6% past 30 day) and cigarettes (25% lifetime and 9.1% past 30 day) as the most commonly used substances. Further, 19.9% of high school students reported blacking out after drinking on one or more occasions. Some additional findings are listed below:

- In Clay County, past 30 day alcohol use was reported at 21.7%, compared to 24.7% statewide.
- While binge drinking remained steady from 2001 to 2010 (16.8% to 16%), it declined in 2014 to 10.4%.
- After increasing to 14.3% in 2010, past 30 day marijuana use decreased to 12.6% in 2014.
- About 17% of high school students have ridden in a car with a driver who was under the influence of alcohol, and 23.7% have ridden with a driver under the influence of marijuana.
- In Clay County, 6.0% of surveyed students reported the use of any illicit drug other than marijuana in the past 30 days, compared to 8.2% of students across the state.
- Past-30-day inhalant use decreased from 2.3% in 2012 to 2.0% in 2014.
- Past-30-day Rx pain reliever use was reported at 1.7% in Clay County, compared to 2.3% across the state.
- Among middle school students, 3.3% reported the use of inhalants in the past 30 days, a rate higher than any other illicit drug (except marijuana).

Behavioral Risk Factor Surveillance Survey

The Centers for Disease Control and Prevention began the Behavioral Risk Factor Surveillance System Survey (BRFSS) in 1986. BRFSS uses a statewide telephone survey to make population-based estimates of the prevalence of various health conditions and related risky behaviors. The 2013 county-level BRFSS is the most recent county-level effort. Over 34,000 interviews were completed in the 2013 calendar year, with a target sample size of 500 completed surveys in each county.

The 2013 BRFSS provides counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to morbidity and mortality among adults in Florida. This report presents the survey data on a variety of issues related to health status, health care access, lifestyle, chronic illnesses, and disease prevention practice. Findings can also be used to: (1) prioritize health issues and identify populations at highest risk for illness, disability, and death; (2) plan and evaluate prevention programs; (3) educate the community and policy makers about disease prevention; and (4) support community policies that promote health and prevent disease.

A total of 490 surveys were completed in Clay County during 2013.   Due to a modification in methodology, in both weighting responses and cell phone utilization, data from 2013 may not be comparable to data collected prior to 2011. Some of the key BRFSS findings for Clay County are presented in Figure 78. Areas where Clay performs better than the state average are highlighted in green, while areas where Clay performs worse are highlighted in red.

Figure 78. BRFSS Key Findings

	Clay County	Florida
Adults who have ever been told they had hypertension	32.4%	34.6%
Adults who have ever been told they had high blood cholesterol	25.3%	33.4%
Adults who had their cholesterol checked in the past five years	79.9%	79.5%
Adults who have ever been told they had coronary heart disease, heart attack, or stroke	8.9%	10.3%
Adults who are inactive or insufficiently active	51.1%	52.9%
Adults who meet aerobic recommendations (At least 150 mins of moderate or 75 mins of vigorous aerobic activity per week)	51.4%	50.2%
Adults who meet muscle strengthening recommendations	33.3%	29.6%
Adults who consumed 5 or more servings of fruits or vegetables per day	14.8%	18.3%
Adults who are overweight	34.9%	36.4%
Adults who are obese	29.6%	26.4%
Adults who are at a healthy weight	32.7%	35.0%
Adults who are current smokers	18.9%	16.8%
Adults who are former smokers	27.7%	28.1%
Adult current smokers who tried to quit smoking at least once in the past year	59.7%	61.1%
Non-smoking adults who were exposed to secondhand smoke in the past seven days	18.8%	14.9%
Adults who engage in heavy or binge drinking	15.1%	17.6%

CLINICAL CARE

The general term "Access to Care" is ambiguous in that it does not clearly define what type of care is needed, nor does it specify how *access* is determined or measured. The U.S. Health Resources and Services Administration (HRSA) states *"access to health care is generally related to the ability of individuals in a population group to obtain appropriate services to diagnose and treat health problems and symptoms."* The Administration adds that a variety of factors can influence access to health care for an individual or family, including: availability of health insurance or means of paying for needed services, sufficient numbers of appropriate health professionals to serve all those needing services, and availability of appropriate health care organizations within reasonable travel times.[40] This section will review some of the commonly examined indicators for access to care in relation to Clay County.

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance is obtained privately through an employer (the individual's own or an immediate family member), purchased independently, or available to certain individuals through government subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits. Government programs have specific eligibility requirements and are not available to everyone.

Persons who are uninsured include both full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford costly premiums. Evidence shows uninsured persons experience less positive medical outcomes than their insured counterparts. The uninsured are also less likely to have a regular source of primary care or seek preventive health services.[41]

Figure 79 shows data on the uninsured population in Clay County, Florida, and the United States from 2009-2013. Florida did not expand Medicaid coverage with the Affordable Care Act, causing the rate of uninsured people in Florida to vary from the national average, thus data on the uninsured population in the U.S. is shown for comparison purposes.

Clay County has a lower rate of uninsured persons in comparison to both Florida and the U.S. Only 13.8% of Clay's residents are uninsured compared to 20.4% of Floridians and 14.9% of all Americans. Clay County has a lower rate of uninsured persons in every age group in comparison to Florida, but has a higher rate of uninsured 19-25 year olds than the U.S. average (Figure 79).

Being employed does not guarantee insurance coverage. Among the population ages 18 and older, almost 16% of the employed individuals are uninsured in Clay County, which is lower than the rate for Florida and the U.S. Almost half of the unemployed population in Clay County is uninsured, which is lower than the state but higher than the U.S. average. Almost 12% of Clay residents with full-time employment are uninsured. About 28% of Clay residents with part-time employment are uninsured, which is lower than Florida's rate, but higher than the U.S. average (Figure 79).

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[40] U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), 2010
[41] *Cover the Uninsured*, a National project of the Robert Wood Johnson Foundation, 2010

Figure 79. The Uninsured in Clay County, Florida, and the United States, 2009-2013

	Percent Uninsured		
	Clay	Florida	U.S.
Total civilian noninstitutionalized population	13.8%	20.4%	14.9%
AGE			
Under 18 years	7.2%	12.3%	7.6%
18 to 64 years	19.3%	28.8%	20.6%
65 years and older	0.2%	1.4%	1.0%
19 to 25 years	30.3%	38.5%	28.8%
EMPLOYMENT STATUS			
Civilian noninstitutionalized population 18 & older	16.1%	22.6%	17.2%
In labor force	19.0%	27.6%	19.4%
Employed	15.8%	24.2%	16.8%
Unemployed	47.0%	54.2%	44.6%
Not in labor force	10.4%	14.4%	12.7%
WORK EXPERIENCE			
Civilian noninstitutionalized population 18 & older	16.1%	22.6%	17.2%
Worked full-time, year round in the past 12 months	11.6%	20.1%	13.5%
Worked less than full-time, year round in past 12 months	27.6%	35.4%	26.3%
Did not work	13.3%	17.4%	14.8%

Source: American Community Survey 5-Year Estimates, 2009-2013

The median monthly Medicaid enrollment has increased in both Florida and Clay County during recent years (Figure 80).

Figure 80. Median Monthly Medicaid Enrollment, Clay County and Florida, 2000-2013
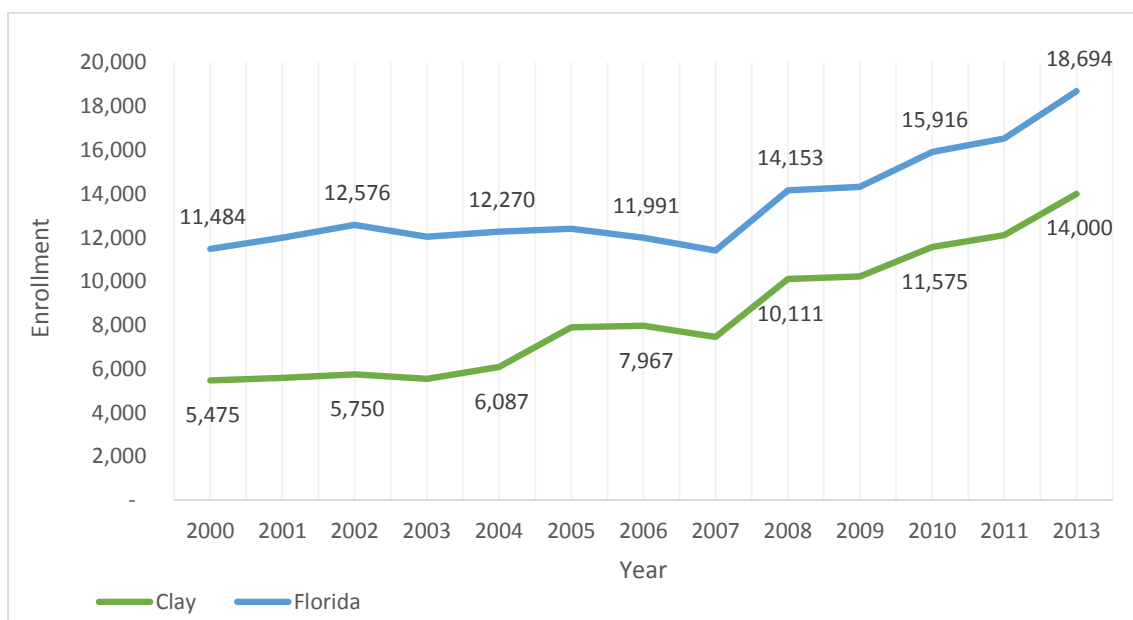
Source: Florida Agency for Healthcare Administration (AHCA)

<u>Coverage for Children</u>

Federal government provisions for children's health coverage include Medicaid and Title XXI of the Social Security Act. In Florida, the KidCare Act of 1997 created the Healthy Kids and MediKids programs and established eligibility requirements for coverage. There are four general categories of children's coverage in Florida:[42]

1. Medicaid covers children from birth though 18 years. Eligibility is based on the child's age and household income. Children under age 1 are covered if the household income is below 200% of the federal poverty level (FPL). Children ages 1-5 are covered if household income is less than 133% of FPL. Children ages 6 through 18 are covered if household income is below 100% of FPL.

2. MediKids covers children ages 1-5 whose income is between 134-200% of the federal poverty level.

3. The Healthy Kids program provides medical coverage for children ages 5–19 in households whose income is between 100 – 200% of the federal poverty level (FPL).

4. Children's Medical Services covers children from birth through 18 who have special behavioral or physical health needs or chronic medical conditions.

Enrollment figures for the above-described programs for 2013-2015 is shown in Figure 81 for both Clay County and Florida.

Figure 81. Children's Health Insurance Program Enrollment, 2013-2015

Florida Healthy Kids				
Clay County	HealthyKids	MediKids	CMS	Active Children
June 2015	1,629	224	156	2,009
June 2014	1,831	236	200	2,267
June 2013	1,909	274	241	2,424

Florida	HealthyKids	MediKids	CMS	Active Children
June 2015	185,576	30,263	13,544	229,383
June 2014	222,767	32,801	19,101	274,669
June 2013	240,282	35,319	22,481	298,082

Source: Florida Agency for Healthcare Administration (AHCA)

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[42] Florida Agency for Healthcare Administration (AHCA), Florida KidCare program, 2010

Primary Care

Primary Care Providers (PCPs) give routine medical care for the prevention, diagnosis, and treatment of common medical conditions. Primary care is intended to be the entry point into the health care system for non-emergent services. PCPs then refer patients requiring additional care to specialists for treatment. In this way, primary care providers often serve as "gatekeepers" for the health care system and play an important role in the coordination of care in today's managed care environment. The U.S. Health Resources and Services Administration (HRSA) considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners as primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.

Overall, Clay County has a significantly lower number of licensed physicians per 100,000 people than the state average. Clay has about the same number of family practice physicians and dentists per 100,000 as Florida, but there are fewer pediatricians, OB/GYNs, and internists in Clay County (Figure 82).

Figure 82. Total Licensed Providers, Clay County and Florida, 2013
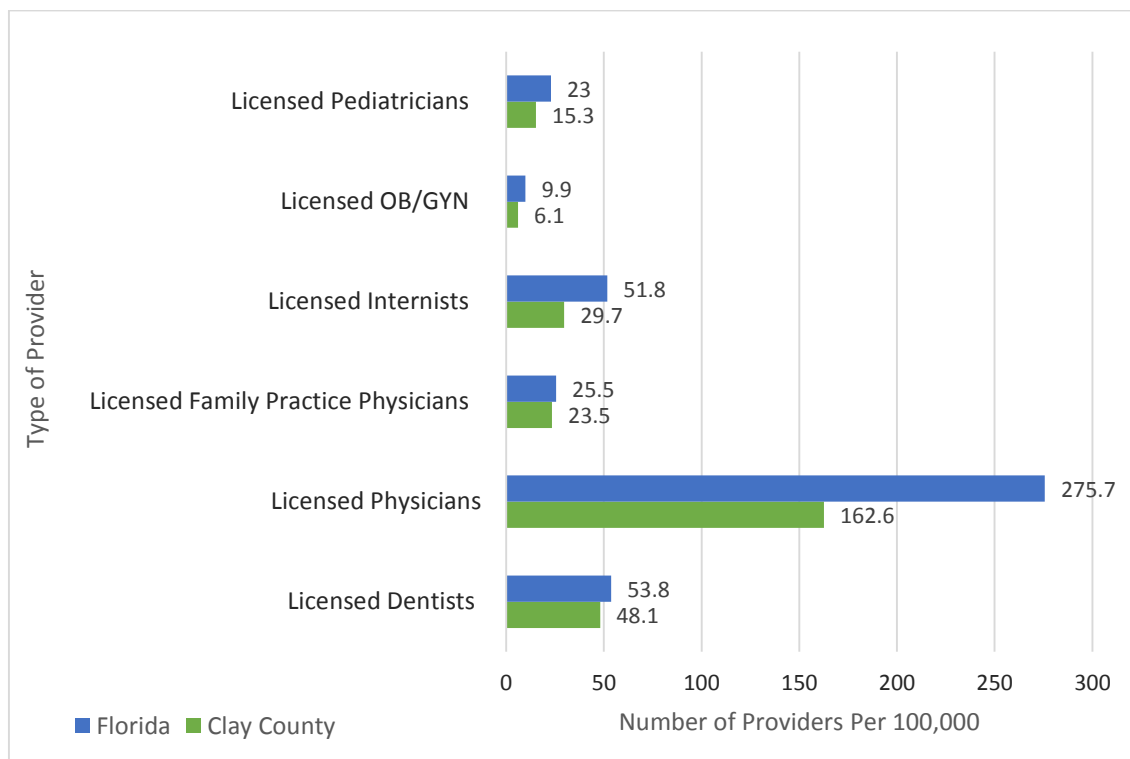
Health Care Facilities

Acute care hospitals play a key role in delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. Overall, Clay County has a lower rate of total hospital beds (Figure 83) and acute care beds (Figure 84) than Florida. Clay does, however, have a higher rate of specialty hospital beds than the state average (Figure 85).

Figure 83. Total Hospital Beds (All Facilities), Clay County and Florida, 2009-2013
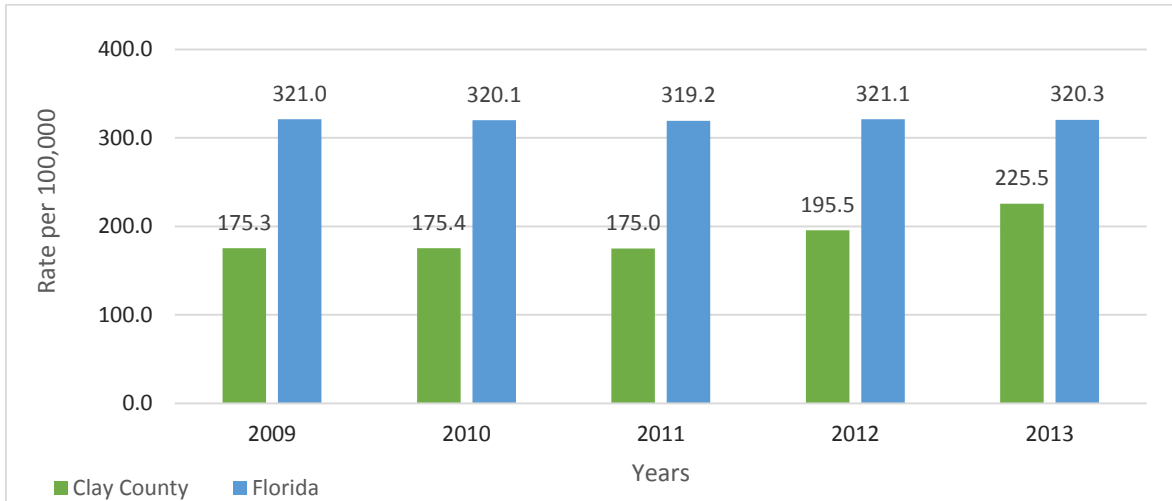
Figure 84. Acute Care Hospital Beds (All Facilities), Clay County and Florida, 2009-2013
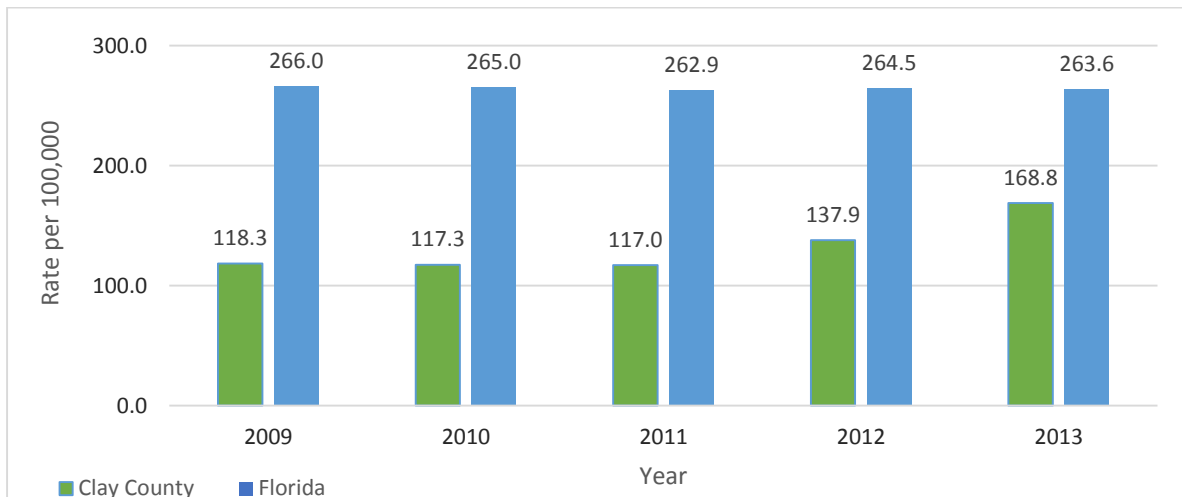
Figure 85. Specialty Hospital Beds (All Facilities), Clay County and Florida, 2009-2013
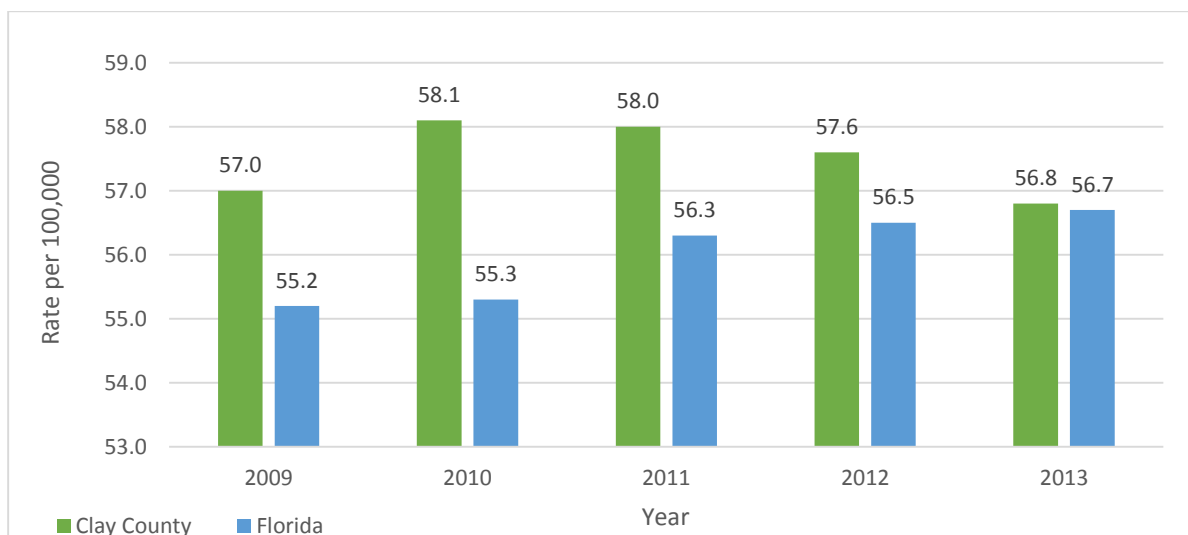
Figure 86 below provides a general inventory of available services in Orange Park Medical Center (OPMC) and St. Vincent's Medical Center-Clay, along with the hospitals in neighboring Baker and Duval Counties.

Figure 86. Acute Care Hospital Inventory of Services, 2015

County/Name of Hospital	Total Beds	Acute Care	Ped	OB	NICU Level II	NICU Level III	Adult Psych	Child Psych	Hospital Based SNU	Open Heart Surgery	Transplant Programs	Level II Adult Cardio	Level I Adult Cardio	Comprehensive Stroke Center	Primary Stroke Center
Baker															
Ed Fraser Memorial Hospital	25	25													
Clay															
Orange Park Medical Center	297	266	√	√	√		√			√		√			√
St. Vincent's Medical Center Clay	64	64													
Duval															
Baptist Medical Center Jacksonville	676	578	√	√	√	√	√	√		√ *	√	√		√	
Baptist Medical Center South	245	231		√	√								√		√
Baptist Medical Center-Beaches	146	146		√											√
Mayo Clinic	304	304								√	√	√		√	
Memorial Hospital Jacksonville	418	367	√	√	√		√			√		√			√
UF Health Jacksonville	695	548	√	√	√	√	√		√	√ *		√		√	
St. Vincents Medical Center Southside	311	265		√	√				√				√		√
St. Vincents Medical Center Riverside	528	518		√	√					√		√			√

Source: AHCA Hospital Beds & Services Report 7/15/2015 and HPCNEF monthly Hospital Patient Statistic Report.

Note: * Baptist Medical Center Jacksonville & UF Health Jacksonville have a shared Pediatric Open Heart Surgery program.

Figure 87 shows at which hospitals residents of Clay County sought care between October 1, 2013 and September 30, 2014. The numbers were obtained from the reported zip code of residence when patients were admitted to each hospital and are reflected as a percent of the total number of persons from Clay County who were admitted as inpatients (at any hospital) during the same time period.   As shown, just under half of Clay residents who entered a hospital utilized OPMC. The newly opened St. Vincent's Medical Center-Clay captured 13.3% of residents. Some Clay residents utilized hospitals outside of the immediate service area, which may occur while residents are traveling and/or working out of town.

Figure 87. Hospital Admissions of Clay County Residents, Oct 2013 – Sep 2014

- ORANGE PARK MEDICAL CENTER
- ST VINCENT'S MEDICAL CENTER-CLAY
- BAPTIST MEDICAL CENTER JACKSONVILLE
- ST VINCENT'S MEDICAL CENTER RIVERSIDE
- BAPTIST MEDICAL CENTER SOUTH
- UF HEALTH SHANDS HOSPITAL
- UF HEALTH JACKSONVILLE
- ST VINCENT'S MEDICAL CENTER SOUTHSIDE
- MEMORIAL HOSPITAL JACKSONVILLE
- MAYO CLINIC
- ALL OTHERS
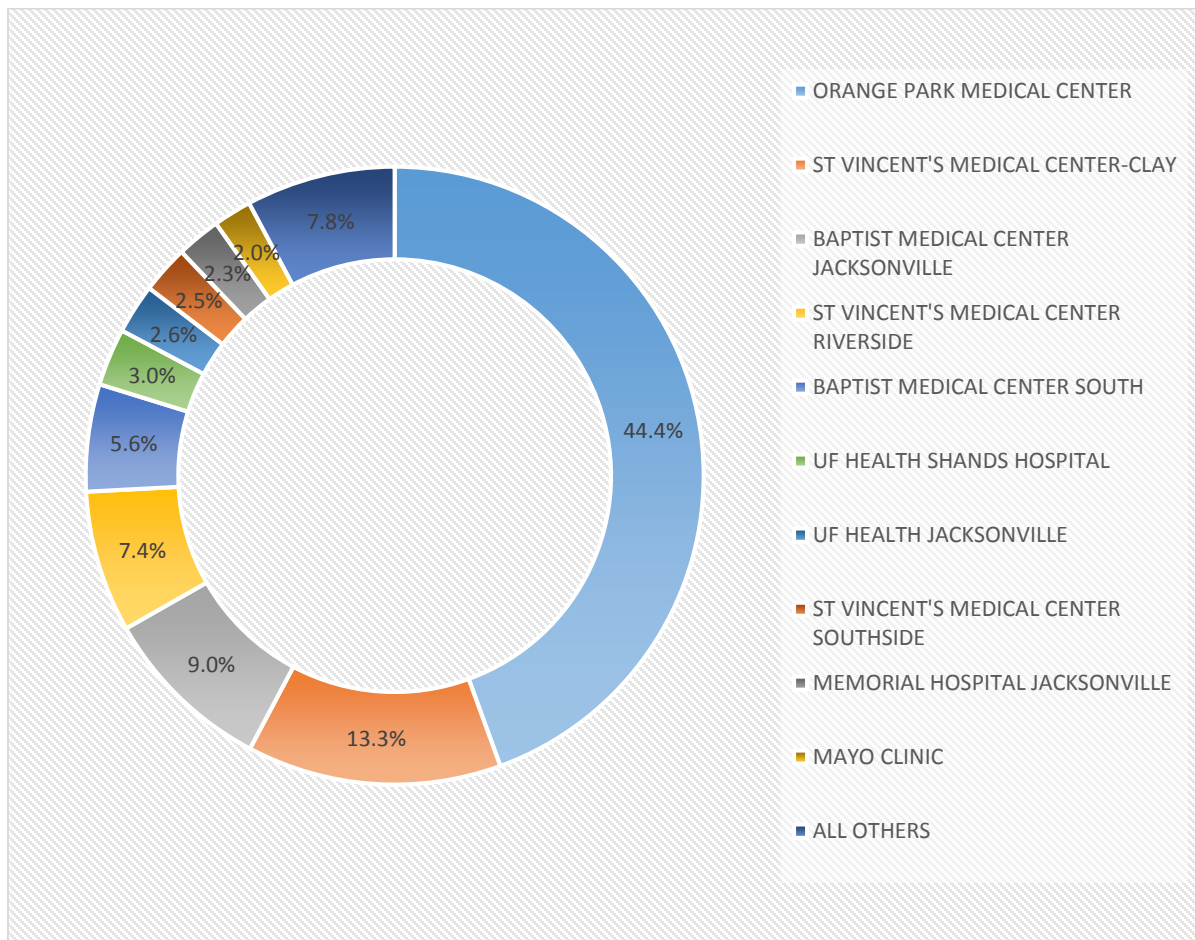
Source: AHCA Hospital Inpatient Data Files

Emergency Room Care

Local hospital Emergency Room (ER) utilization rates can be an indicator of the availability and accessibility of health care services in an area.   Many ER visits are preventable, or involve conditions that may be more appropriately cared for in a primary care setting; however, ER visits do not necessarily result in hospital admissions. Figure 88 below illustrates the growing number of ER visits to Clay County emergency rooms from 2009-2014, while Figure 89 shows total ER visits from 2013 compared to 2014 and for the three Clay County emergency departments.

Figure 88. Clay County Emergency Room Visits, Calendar Year 2009 - 2014
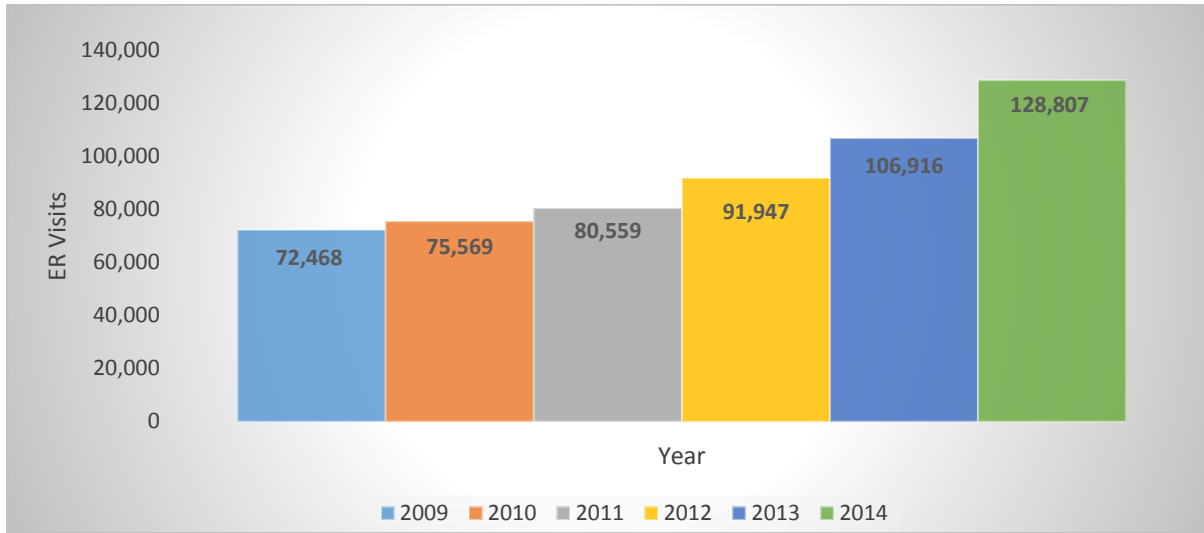
Source: HPCNEF Calendar Year Emergency Department Reports

Figure 89. Clay County Emergency Room Visits, Calendar Years 2013 & 2014
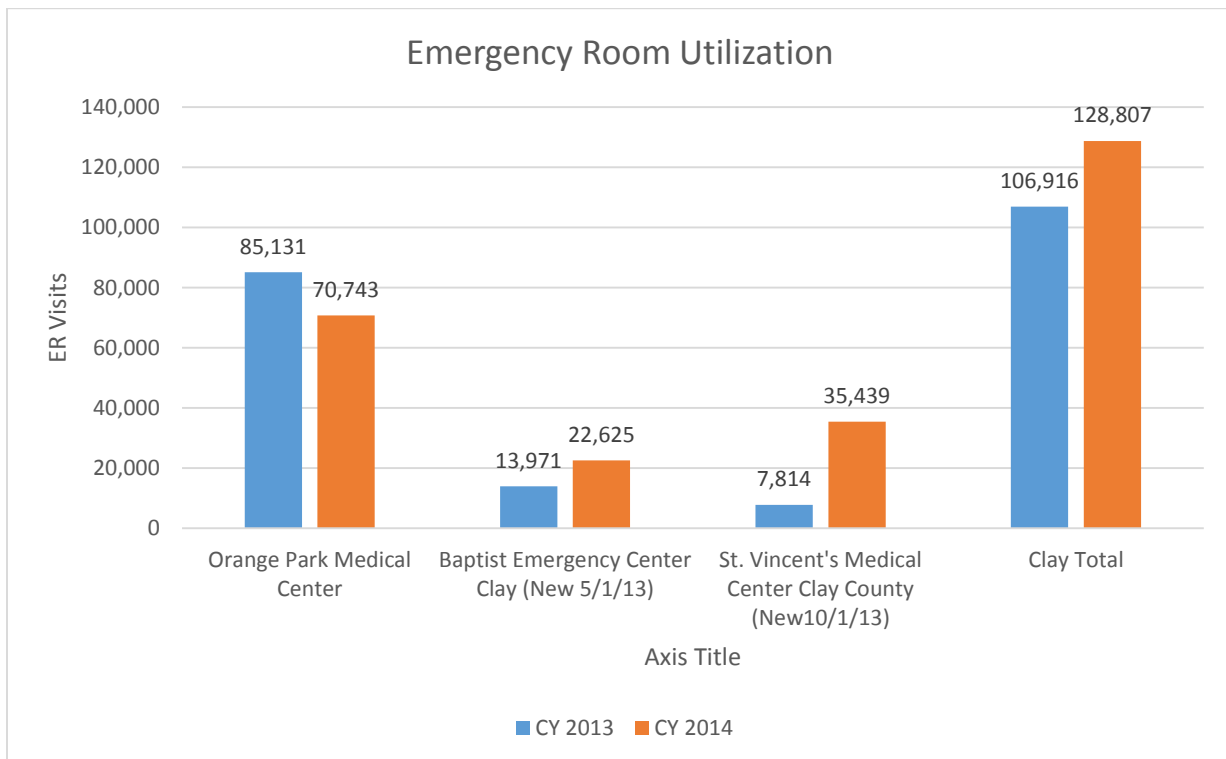
Source: HPCNEF Calendar Year Emergency Department Reports

During 2014, 80% of all Clay County acute care hospital admissions were admitted via the emergency room. Figure 90 below shows the total hospital inpatient admission of Clay residents at Clay County acute care hospitals during each year, along with the corresponding number of inpatient admitted via the emergency room.

Figure 90. Clay County Hospital ER Visits Resulting in Inpatient Admissions, 2009 - 2014
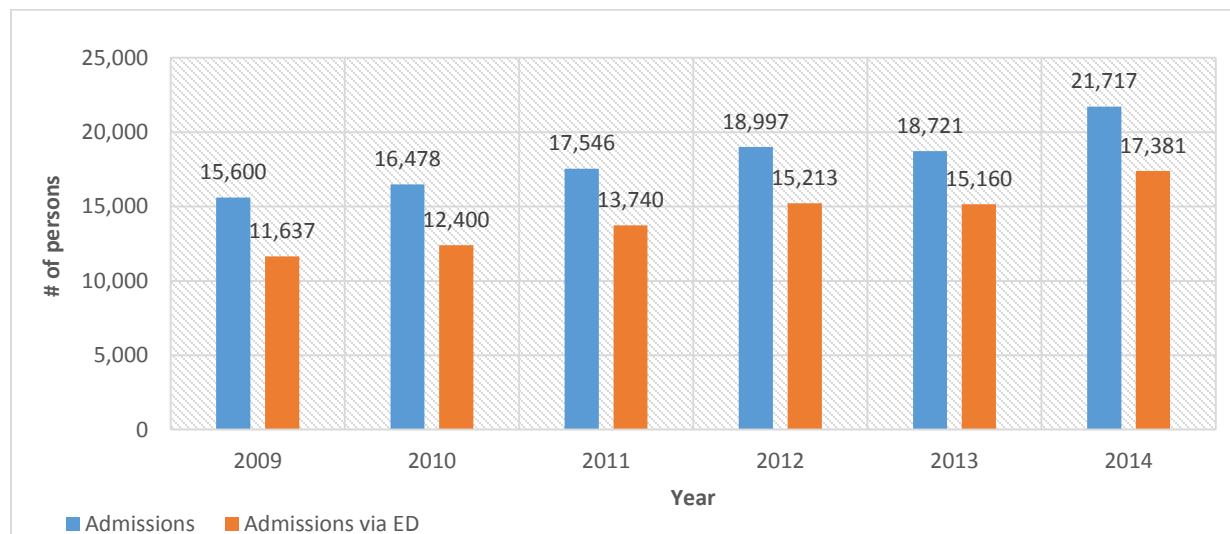
Source: AHCA Hospital Inpatient & Outpatient Emergency Department files

Hospital data submitted to AHCA regarding the primary diagnosis at discharge from the ER (regardless of whether released or admitted as inpatient) provides the top ten reasons for emergency room visits among Clay County residents.   Figure 91 displays the top ten diagnoses among Clay adults by which hospital they visited during 2014.

Figure 91. Top 10 Emergency Room Diagnoses (regardless of admission status), Clay County Adults

Primary Diagnosis Code	Definition	ED Patients	Orange Park Medical Center	St Vincent's Medical Center-Clay	Baptist Medical Center South	Shands Starke Regional Medical Center	St Vincent's Medical Center Riverside	Baptist Medical Center Jacksonville
	TOTAL VISITS	75,757	29,432	20,275	12,724	2,656	1,618	1,413
599.0	Urinary tract infection	1,578	623	451	284	72	23	25
784.0	Headache	1,324	438	381	258	57	30	36
786.59	Other chest pain	1,209	618	166	245	32	14	24
786.50	Unspecified chest pain	1,048	314	358	145	34	28	15
789.09	Abdominal pain	1,039	337	286	271	16	17	23
724.2	Lumbago	1,034	263	388	183	69	23	14
847.0	Neck sprain	862	202	302	204	26	33	26
466.0	Acute bronchitis	797	229	292	162	53	10	10
465.9	Acute URI of unspecified site	705	281	227	113	27	6	11
789.00	Abdominal pain, unspecified site	674	183	91	195	41	18	13
	TOP 10 TOTAL	10,270	3,488	2,942	2,060	427	202	197

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

The most frequent DRG recorded for Clay County adults (at any hospital) was psychoses, which accounted for 16% of the top fifteen DRGs during Oct 1, 2013 – Sept 30, 2014 (Figure 89). Psychoses represent a variety of unspecified mental health conditions. Other leading causes for admission included vaginal deliveries, joint replacements, Cesarean deliveries, digestive disorders, urinary system disorders, cardiovascular problems, infections, and pneumonia. The fifteen most common DRGs reported on discharge for Clay residents are listed in Figure 92.

Figure 92. Top 15 Hospital Discharges by DRG, Clay County Adults, 10/1/2013 – 9/30/2014

Code	Medicare Severity DRG (MS DRG) Description	Discharges	% of Tot.	Discharge Rank	Average Charge
885	Psychoses	1,124	16.10%	1	$26,162
775	Vaginal delivery w/o complicating diagnoses	1,028	14.70%	2	$16,154
470	Major joint replacement or reattachment of lower extremity w/o MCC	836	12.00%	3	$75,420
871	Septicemia w/o MV 96+ hours w MCC	701	10.10%	4	$91,076
392	Esophagitis, gastroent & misc digest disorders w/o MCC	695	10.00%	5	$35,037
766	Cesarean section w/o CC/MCC	423	6.10%	6	$28,913
603	Cellulitis w/o MCC	285	4.10%	7	$35,472
683	Renal failure w CC	283	4.10%	8	$46,115
690	Kidney & urinary tract infections w/o MCC	274	3.90%	9	$39,894
872	Septicemia w/o MV 96+ hours w/o MCC	246	3.50%	10	$54,031
287	Circulatory disorders except AMI, w card cath w/o MCC	228	3.30%	11	$55,305
191	Chronic obstructive pulmonary disease w CC	219	3.10%	12	$45,257
291	Heart failure & shock w MCC	212	3.00%	13	$67,510
310	Cardiac arrhythmia & conduction disorders w/o CC/MCC	210	3.00%	14	$23,432
247	Perc cardiovasc proc w drug-eluting stent w/o MCC	210	3.00%	14	$102,029
Grand Total		6,974			$45,892

Source: AHCA Hospital Inpatient Data Files, October 1, 2013- September 30, 2014

Among Clay's youth (ages 0-17 years), birth is the leading cause for hospitalization, with most births being documented as normal newborns. Many newborn infants, however, are retained in the hospital with significant problems. Other reasons for admission among youth included psychoses and neuroses, bronchitis and asthma, and chemotherapy. The 15 most frequent DRGs reported for Clay's youth are shown in Figure 93.

Figure 93. Top 15 Hospital Discharges, by DRG, Clay County Pediatric Patients, 10/1/2013 – 9/30/2014

Code	Medicare Severity DRG (MS DRG) Description	Discharges	% of Tot.	Discharge Rank	Average Charge
795	Normal newborn	1,255	54.10%	1	$3,324
794	Neonate w other significant problems	355	15.30%	2	$7,197
792	Prematurity w/o major problems	107	4.60%	3	$16,353
793	Full term neonate w major problems	105	4.50%	4	$30,678
203	Bronchitis & asthma w/o CC/MCC	78	3.40%	5	$7,874
791	Prematurity w major problems	67	2.90%	6	$71,702
392	Esophagitis, gastroent & misc digest disorders w/o MCC	61	2.60%	7	$8,548
885	Psychoses	48	2.10%	8	$13,110
847	Chemotherapy w/o acute leukemia as secondary diagnosis w CC	39	1.70%	9	$16,471
882	Neuroses except depressive	38	1.60%	10	$12,644
790	Extreme immaturity or respiratory distress syndrome, neonate	37	1.60%	11	$165,786
881	Depressive neuroses	35	1.50%	12	$13,567
101	Seizures w/o MCC	35	1.50%	12	$10,682
918	Poisoning & toxic effects of drugs w/o MCC	29	1.30%	14	$6,356
603	Cellulitis w/o MCC	29	1.30%	14	$10,045
Grand Total		**2,318**			**$11,582**

Source: AHCA Hospital Inpatient Data Files, October 1, 2013- September 30, 2014

Long -Term Care

Long-term care is defined by HRSA as "those services designed to provide diagnostic, preventive, therapeutic, rehabilitative, supportive, and maintenance services for individuals who have chronic physical and/or mental impairments, in a variety of settings ranging from home to institutional settings, to ensure the quality of life." Figure 94 summarizes the number of community nursing home beds, average occupancy rates, and percent of days covered by Medicaid and Medicare for Clay's free-standing community nursing facilities.

Figure 94. Free-Standing Community Nursing Homes in Clay County, 2014

2014		Total		Medicaid		Medicare	
Facility Name	Licensed Beds	Pt Days	Occup. Rate	Pt Days	Occup. Rate	Pt Days	Occup. Rate
Consulate Health Care of Orange Park	120	41,837	95.5%	23,754	56.8%	9,423	22.5%
Doctors Lake of Orange Park	120	40,830	93.2%	29,086	71.2%	3,326	8.1%
Governor's Creek Health and Rehabilitation	120	42,028	96.0%	30,871	73.5%	4,410	10.5%
Heartland Health Care Center - Orange Park	120	38,150	87.1%	17,995	47.2%	12,961	34.0%
Life Care Center at Wells Crossing	120	37,791	86.3%	16,577	43.9%	18,368	48.6%
Life Care Center of Orange Park	180	59,510	90.6%	29,877	50.2%	22,254	37.4%
Pavilion For Health Care, The	40	12,393	84.9%	0	0.0%	1,907	15.4%
Signature Healthcare of OP	105	34,915	91.1%	20,551	58.9%	8,542	24.5%
Isle Health & Rehabilitation Center	108	36,670	93.0%	20,761	56.6%	8,915	24.3%
Clay County Total	1,033	344,124	91.3%	189,472	55.1%	90,106	26.2%

Source: HPCNEF Calendar Year Nursing Home Reports, 2014

Mental Health and Substance Abuse

Clay County has a lower rate of available adult psychiatric beds when compared to the state as a whole, with a rate of 12.3 per 100,000 in Clay compared to 20 in Florida in 2013 (Figure 95).

Figure 95. Adult Psychiatric Beds, Clay County and Florida, 2009-2013
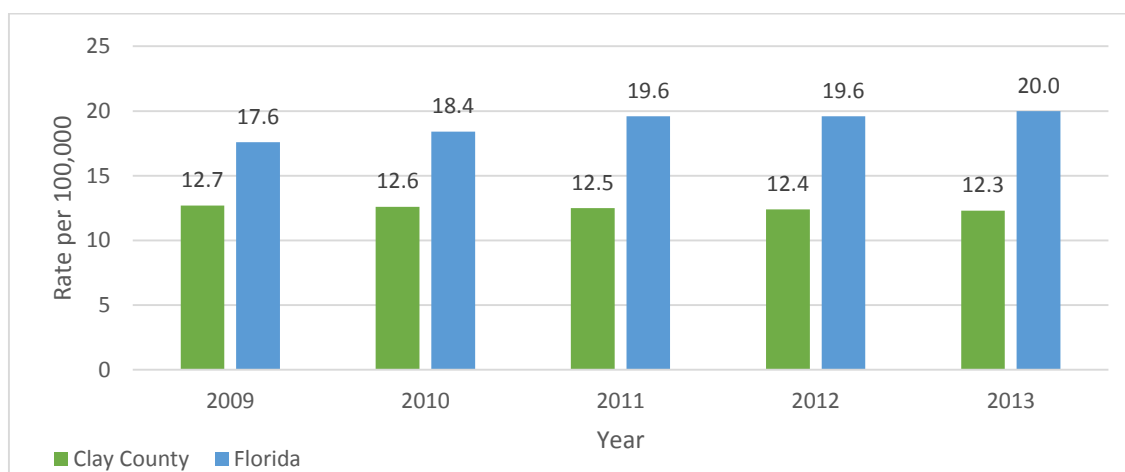
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The National Public Health Performance Standards Program (NPHPSP) (Figure 96) was developed by the U.S. Department of Health and Human Services (DHHS) to provide measurable performance standards public health systems can use to ensure delivery of public health services. The Local Public Health System Assessment (LPHSA) is a tool from the NPHPSP used to examine competency, capacity, and provision of health services at the local level. The DHHS defines the public health systems as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."[43]

Figure 96. The Public Health System from the CDC's NPHPSP
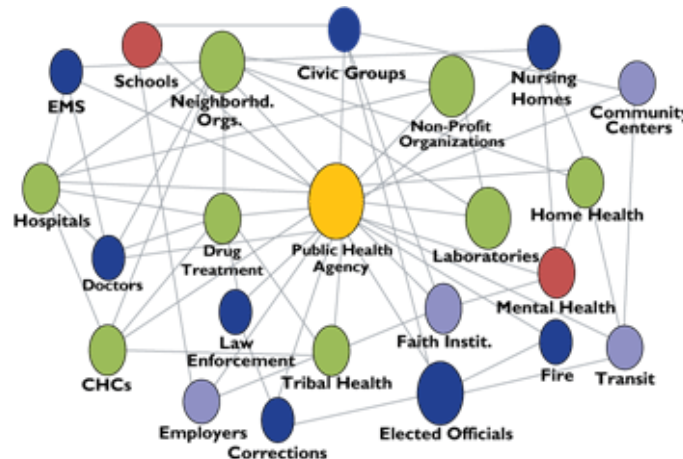
The *10 Essential Public Health Services* outline the public health activities that should be undertaken in all communities, providing the fundamental framework for the LPHSA.[44] The LPHSA instrument is divided into ten sections, assessing the local public health system's ability to provide each Essential Service. The 10 Essential Public Health Services are:

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

Four workgroups were held in Clay County to review and discuss each of the ten essential public health services. Workgroup participants were asked questions about each essential service and scored each service by consensus, using recommended scoring levels provided in the assessment instrument. The scoring levels are as follows:

- Optimal Activity (76-100%): Greater than 75% of the activity described within the question is met.

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

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

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

Figure 97 provides the overall score for each of the ten essential services, as determined by the workgroup members in June 2015.   It is important to remember that these scores consider the county's complete public health/safety-net services system and are not limited to activities performed directly by the county health department. Clay County performs best in Essential Services 2, 6, and 7, and worst in Essential Services 4, 8, and 10.

Figure 97. Essential Public Health Service Performance Score Summary, 2015
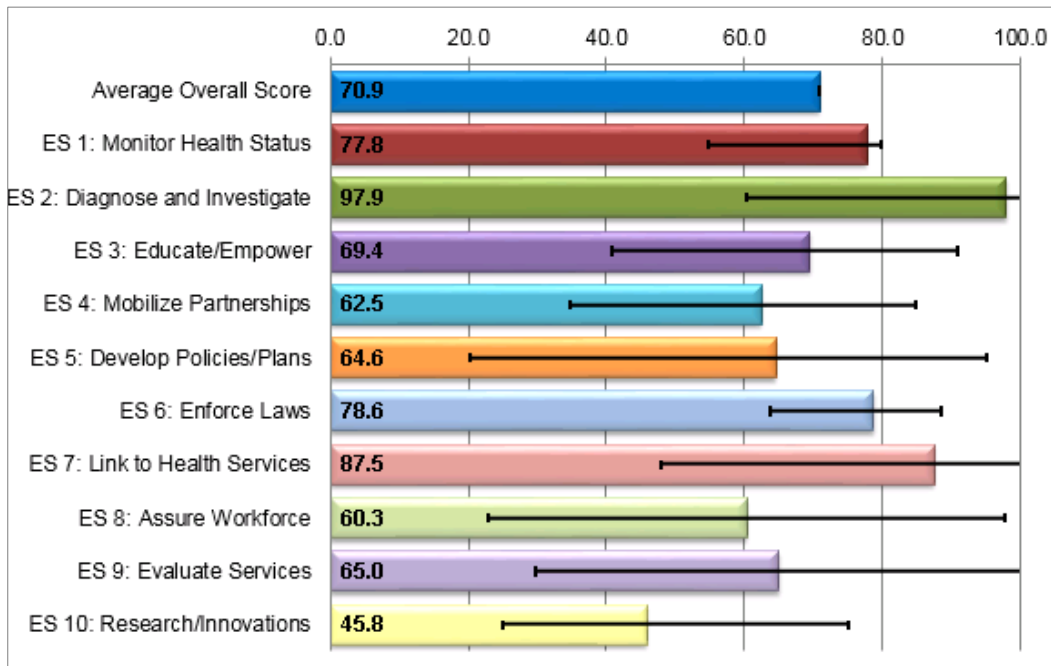
Figure 98 shows further breakdown of the performance scores for essential services (4) Mobilize Partnerships, (8) Assure Workforce, and (10) Research/Innovations. These were the essential services most in need of improvement, as identified by the Local Public Health System Assessment workgroup participants.

Figure 98. Detailed Performance Scores for ES 4, 8, & 10

ES 4: Mobilize Partnerships	62.5
4.1 Constituency Development	75.0
4.2 Community Partnerships	50.0
ES 8: Assure Workforce	60.3
8.1 Workforce Assessment	33.3
8.2 Workforce Standards	91.7

8.3 Continuing Education	60.0

8.4 Leadership Development	56.3
ES 10: Research/Innovations	45.8
10.1 Foster Innovation	43.8
10.2 Academic Linkages	50.0
10.3 Research Capacity	43.8

FORCES OF CHANGE

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

1. What is occurring or might occur that affects the health of our community or the local public health system?

2. What specific threats or opportunities are generated by these occurrences?

The Clay County Health Assessment Taskforce members considered and discussed forces from three major categories:

- **Trends** are patterns over time, such as disease/mortality rates, patient migration patterns, or cultural changes that influence consumers attitudes, behaviors, and beliefs related to health

- **Factors** are discrete elements of information, such as demographic data, geographic features within the community, existing policies, or capacity of available resources

- **Events** are single occurrences, such as the opening or closure of a clinic or hospital, a natural disaster, pandemic, or the passage of new legislation

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

- **Social** forces such as population demographics, cultural norms, and violence/crime/safety

- **Economic** forces such as changes in employment/income, program funding levels, and the stability of industry and trade within the region

- **Government/Political** forces such as policy/legislation, budgeting, and advocacy

- **Community** generated forces such as community initiatives and mobilization efforts

- **Environmental** forces such as development, zoning and land use, transportation, and disaster planning

- **Educational** forces occurring within public schools, colleges/universities, and adult education programs

- **Science/Technology** forces such as healthcare advances, information technology, and communications

- **Ethical/Legal** forces such as privacy and end of life issues

The anticipated forces of change identified by the CHIP members, along with the potential impacts (both positive and negative) are included in Figures 99 and 100 on the following pages.

Figure 99. Trends, Factors, and Events

	Trends	Factors	Events
Social	Increased violence/crime*	Stigma against behavioral health issues/lack of mental health infrastructure	Trauma center recertification
	Increased mental health issues	Need for STD/STI education	Legalization of gay marriage
	High transition rates	Drug use in teens	Possible legalization of marijuana
	Conservative/resistant to change*	Teenage pregnancy	New methadone clinic (2015)
	Lack of focus on prevention	Population demographics	
	Lack of health education	Children in care system (DCF)	
	Cultural tendencies of Hispanic and Haitian populations	Attitudes and behaviors of youth and adults	
		Denial about homeless	
Economic	Stagnant or decreasing funding/reimbursement rates*	Employment opportunities in the county (many people go outside of Clay County to work) --> could lead to lack of citizen investment in the community	
	Income levels (increased variation)		
Government / Political	Stalemate in Tallahassee	Lack of affordable healthcare/Medicaid expansion*	Upcoming national election
	Need for coordinated healthcare safety net --> communication between health agencies/providers		

	Trends	Factors	Events
Community	Community collaboration beginning to take place	Urban vs. rural population*	New hospitals and clinics --> these help the insured population more than the uninsured
	Culture of entitlement, increased ER utilization	Lack of communication/info exchange/partnerships between community health educators*	New FQHC and residency program, OPMC
	Decisions made at corporate level	Lack of specialty care (for both the uninsured/underinsured and for those with insurance)*	
		Very few traditional private practices	
		Lack of facilities/resources, especially for the uninsured*	
		Disaster planning being done but invisible -- disconnect between disaster planners and the community	
		Access to healthy food	
Environmental	Increased traffic congestion	Lack of public transportation*	
	Increase in motor vehicle accidents	Deficit of bike lanes	
		Lack of opportunity to walk to parks (walkability)	
		Bridge (new) over SR16	
		Beltway	

Educational	Changes in educational settings to include virtual schools, charter schools, private, etc.		New charter schools in Clay County
Science / Technology	Increased technology requirements (EHR, meaningful use, etc.)	Transition and mobility: NAS families sent here for children with mobility issues	
	Increased use of technology --> leaving portion of the population behind (There are language and age barriers w/ use of technology as well as issues with lack of phone service or lack of access to tech.)		
Ethical/Legal	Getting away from values (decreased morality)		
	Disappearance of healthcare from the private sector (LIP) (CCHD)		

*These forces were deemed to be more significant by meeting participants.

Figure 100. Forces, Threats, and Opportunities

Force (Trend, Factor, or Event)	Potential Threats	Potential Opportunities
Increased traffic congestion	Evacuation	Justifies public transportation
	Increased injuries	Create beltway
	Late for medical appointment	
Beltway	Traffic	More access to hospitals
	Crime	Increased economy in Green cove Springs/Penney Farms
	Demographic changes	Create a healthcare facility
		Ease of travel
Lack of public transportation	No access to healthcare	Start from scratch in designing
	No access to jobs	Partnership with JTA
Lack of walkability	No access to health, jobs	Putting in sidewalks for new development
	No crosswalks	
	No culture of walking	
	Increased pedestrian/biker injuries	
Lack of disaster preparedness in the general population	Decreased evacuation	Increased communication
	Lack of communication	
Employment opportunities	Unemployment	Increased clinical jobs
	Decreased socioeconomic status	Increased business
	Unengaged community	Keep talent in Clay County
	People leave the county	
Affordable healthcare (or lack thereof)	Untimely death	Urgent care centers
	Lack of specialty care options	
	Increased ER utilization	
	Lack of health maintenance	
Communication is very poor (between users and stakeholders and among stakeholders)	Duplication of efforts	Coordinated care
	Puts patients at risk	Opportunity for consolidated activities for key players
		Decrease duplication

Force (Trend, Factor, or Event)	Potential Threats	Potential Opportunities
Increased charter/private schools	Decreased quality/funding (the increase in schools spreads resources thinner)	New options
Stagnant or decreased funding	Difficult to provide services	Increased education to streamline services
	Decreased quality	Increased preventive care
	Reactive rather than proactive	
Lack of healthcare safety net	Decreased collaboration	Increased communication
	Increased duplication	Increased sharing of resources/collaboration
Lack of providers, resources, and facilities	Decreased access to care	New residency program
	Decreased health outcomes	
	Untimely death	

COMMUNITY PARTICIPATION

A core element of the MAPP model is the *Community Strengths and Themes Assessment*. As noted in the Florida MAPP Field Guide, this portion of the planning process is intended to generate direct feedback from community residents regarding perceptions of their own health, community health, and access to healthcare services. This assessment attempts to generate a better understanding of community health issues and concerns as well as residents' quality of life. The themes and issues identified during this phase often offer insight into the information discovered through the other assessments.

The Health Planning Council of Northeast Florida (HPCNEF) conducted 21 key stakeholder interviews and eight focus groups in 2015, with the cooperation of the Florida Department of Health in Clay County. The purpose of conducting the interviews and focus groups was to better understand the perspectives of community stakeholders on the health and healthcare needs of Clay County residents. These interviews and focus groups were intended to ascertain opinions of community stakeholders with knowledge of the community or influence in the county. The findings provide qualitative information, revealing community sentiments regarding healthcare services in Clay County. A summary of community opinions is reported without assessing the veracity of participant comments.

Community Focus Groups

Community input was solicited through eight focus group held throughout Clay County during the months of April – June 2015. Meeting participants were given a survey with questions about their demographics, insurance status, quality of life, health status, and more. Additionally, discussion questions were presented at the meeting for participants to answer aloud. Survey and discussion questions for the 2015 assessment were based on the survey instrument used in the 2010 health needs assessment, with some additions and eliminations. Most questions from the 2010 assessment remained unchanged so results could be compared over time. Appendix A includes the full survey and discussion questions.

Meetings were held at several locations throughout Clay County in an attempt to capture opinions from a diverse citizen base. Meetings were advertised in the Clay Today, Neighbor to Neighbor, through social media, websites, flyers at strategic locations throughout the county, and word of mouth. Meeting locations included:

- Clay County Library – Middleburg Branch
- Clay County Library – Orange Park Branch
- Keystone Heights Council on Aging
- Penney Farms Retirement Community
- The Way Free Clinic in Green Cove Springs
- Clay County Library – Fleming Island Branch
- Orange Park Town Hall
- Weigel Senior Center in Middleburg

Demographics of Focus Group Meeting Participants
A total of 41 participants in attendance at the focus group filled out the demographic survey. Participants were mostly older, white, relatively educated, and female. More than 75% of participants were 45 or older and more than 50% were 55 or older (Figure 101). Out of the 41 participants, 30 (about 75%) were female, and approximately 78% of participants were white (Figure 102). Most participants (68%) had an educational level of an associate's degree or higher (Figure 103).

Figure 101. Age Distribution of All Meeting Participants
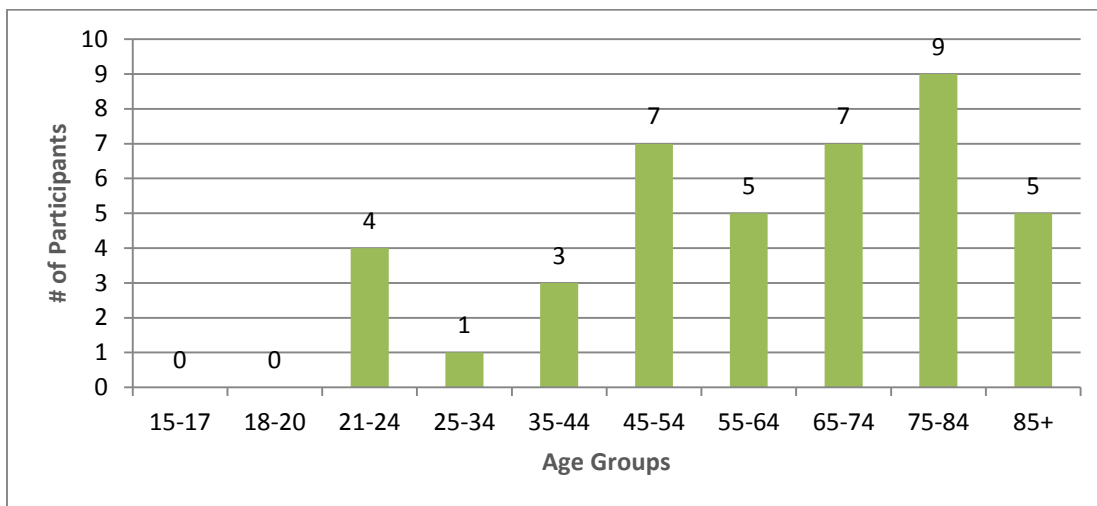
Figure 102. Racial Distribution of Meeting Participants
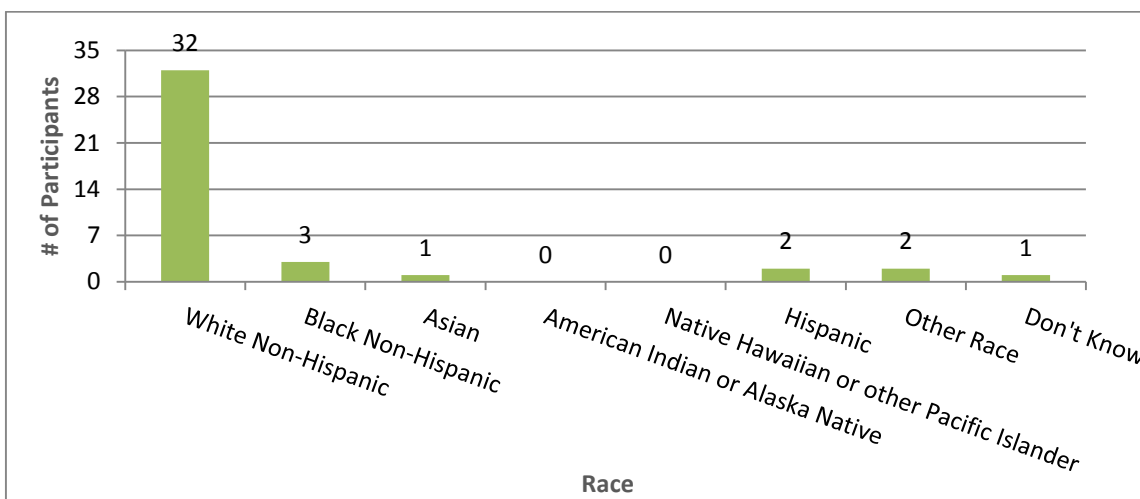
Figure 103. Educational Level of All Participants
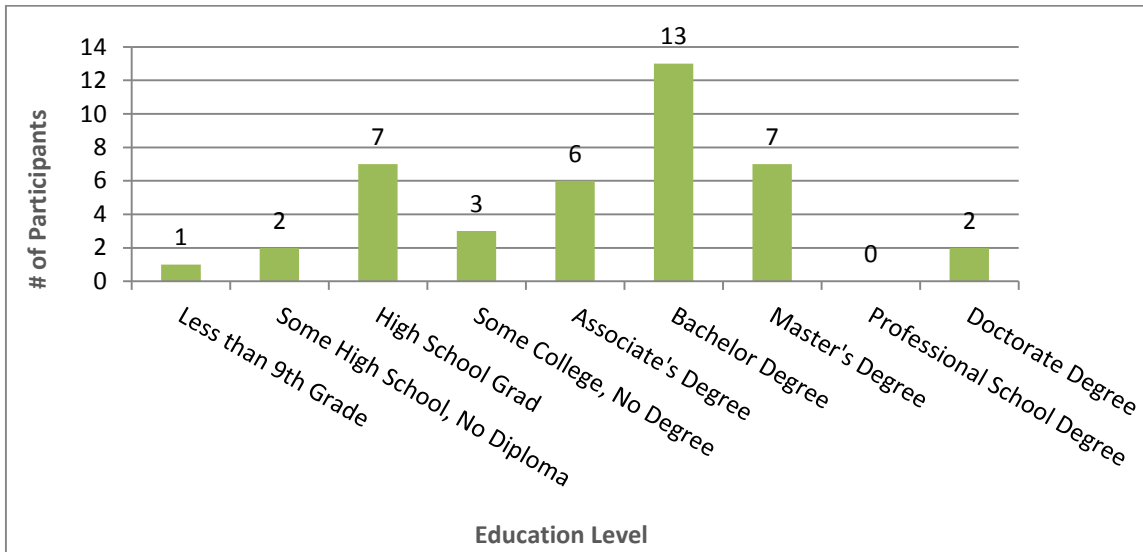
Of participants who responded to the income question, the two largest income levels represented were less than $15,000 and $15,000-$25,000. Nine participants gave no response (Figure 104).

Figure 104. Participants' Total Annual Household Income Before Taxes
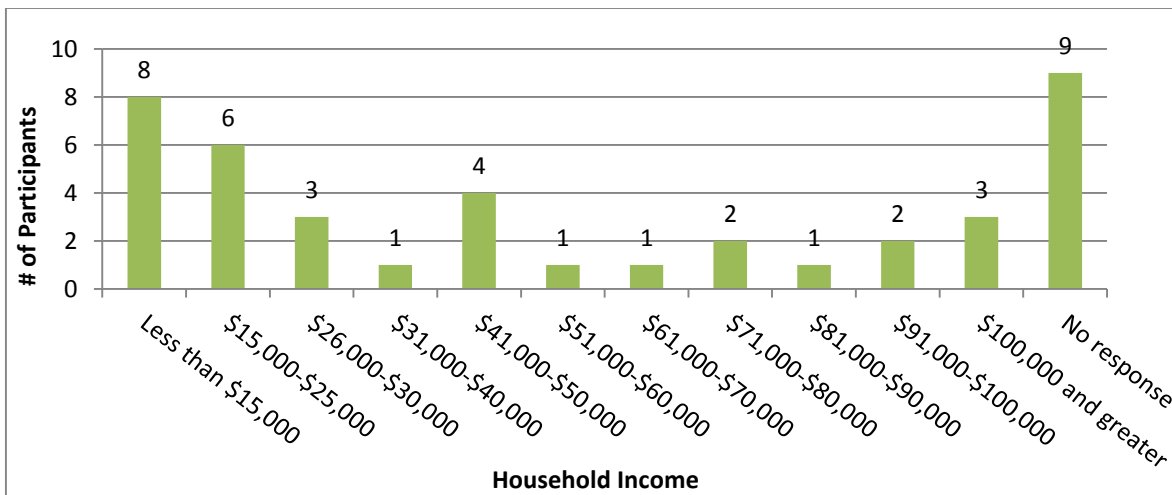
In addition to providing demographic information in the survey, participants were asked to provide information on their health and community health services. More than half of participants said community healthcare services were "Very Good" or "Excellent" (Figure 105). Almost 90% of participants rate their own health as "Good" or better (Figure 106).

Figure 105. Participant Rating of Community Healthcare Services
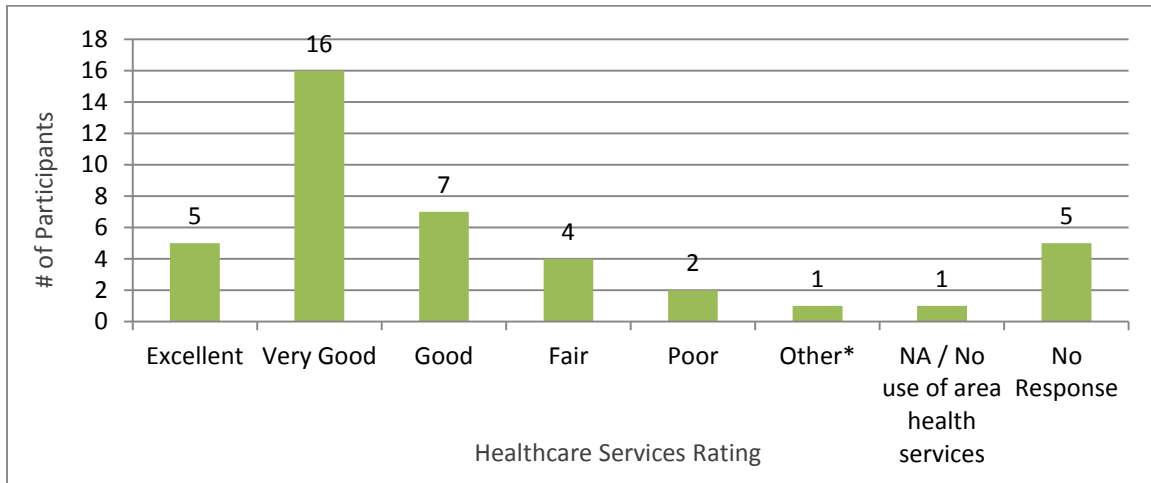
Figure 106. Overall Self-Rated Health of Participants

When asked to define quality of life (QoL), most participants described QoL as well-being or lifestyle/taking care of yourself (Figure 107).

Figure 107. Participant Definitions of Quality of Life

Note: Participants may have selected more than one response.
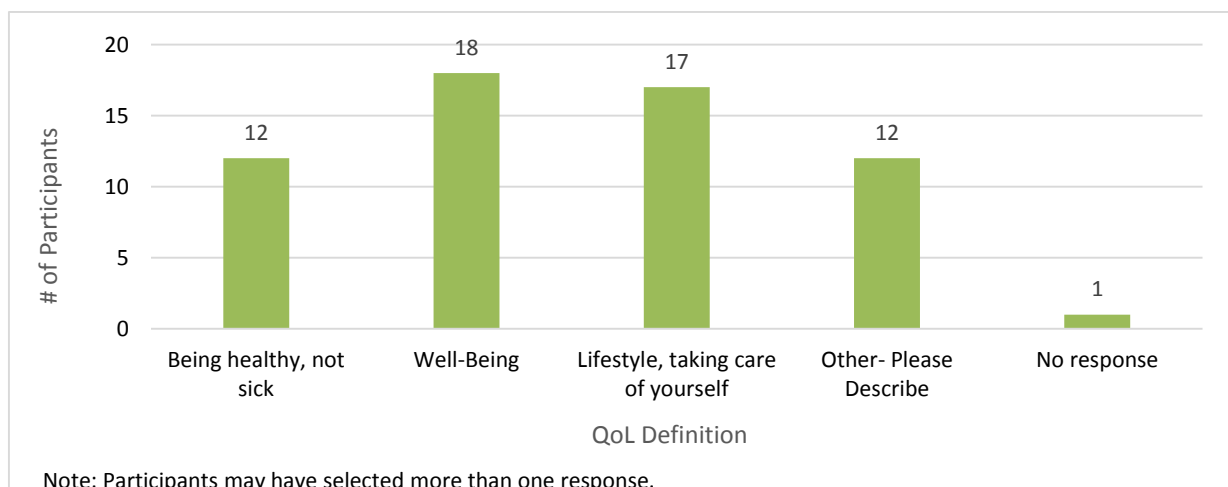
Discussion Question Analysis

Focus groups were recorded and thorough notes were taken during meetings. The meeting facilitator explained the purpose of the assessment, and then asked each discussion question aloud to the group. Discussion questions covered topics such as access to care, quality of care, safety networks, health needs and concerns, community closeness and pride, and the school system's role in health. Responses taken from notes and recordings were entered into an Excel spreadsheet to determine top health issues, needs, barriers, etc.

Rather than tally individual participant answers, one vote indicates that an answer was identified as important by one or more participants at one meeting. For example, Figure 108 shows responses to the question "What doctor/emergency room do you go to now?" St. Vincent's has four votes, meaning it was identified by one or more participants as their ER of choice at four out of eight meetings.

Figure 108. Participant's Choice of Emergency Room Location

St. Vincent's	4
Orange Park	3
Baptist ER	2
UF Shands	1
Depends on care needed and location	1

Highlights from the discussion questions are shown on the following pages. Some questions and answers are excluded from this section of the report but are available in Appendix A-2.

Most Significant Health Concerns and Their Causes

A priority discussion question asked participants, "*What are the most significant health concerns or unhealthy behaviors in Clay County?*" The top issues chosen by residents are shown, in order, in Figure 109. Poor nutrition/unhealthy eating and smoking, e-cigarette, and tobacco use tied for the top health concern among focus group participants.

Figure 109. Top Health Concerns of Clay County Residents, 2015
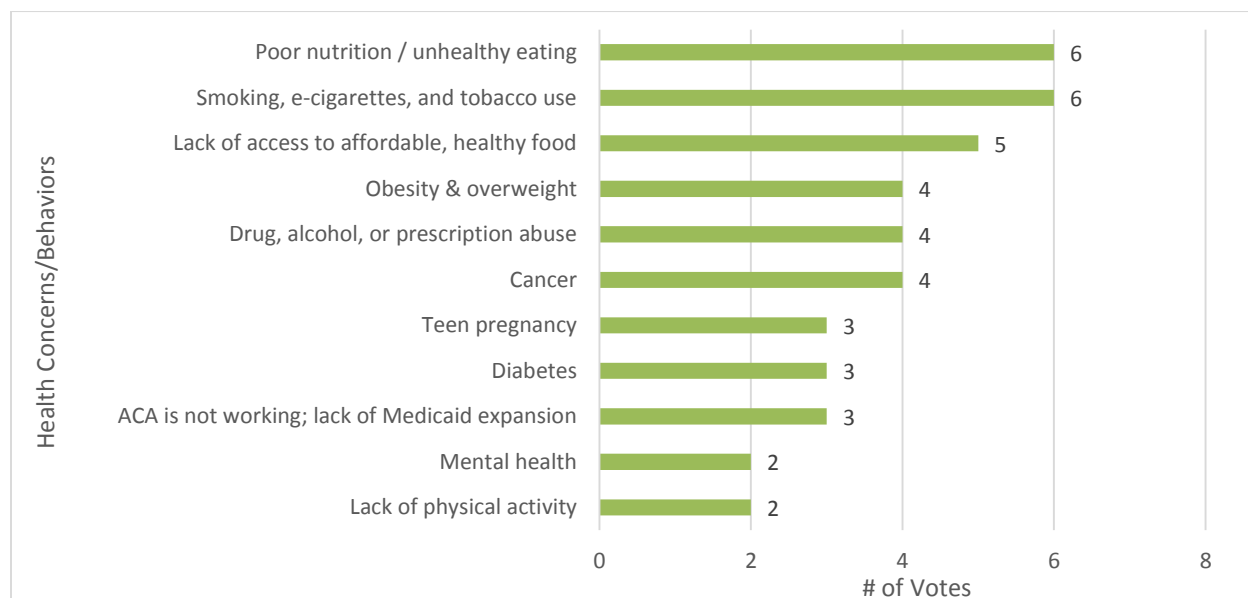
After identifying significant health concerns in Clay County, participants were asked *"What are the main reasons why these concerns or behaviors are present?"* The top responses are shown in Figure 110.

Figure 110. Top Health Concerns of Clay County Residents, 2015
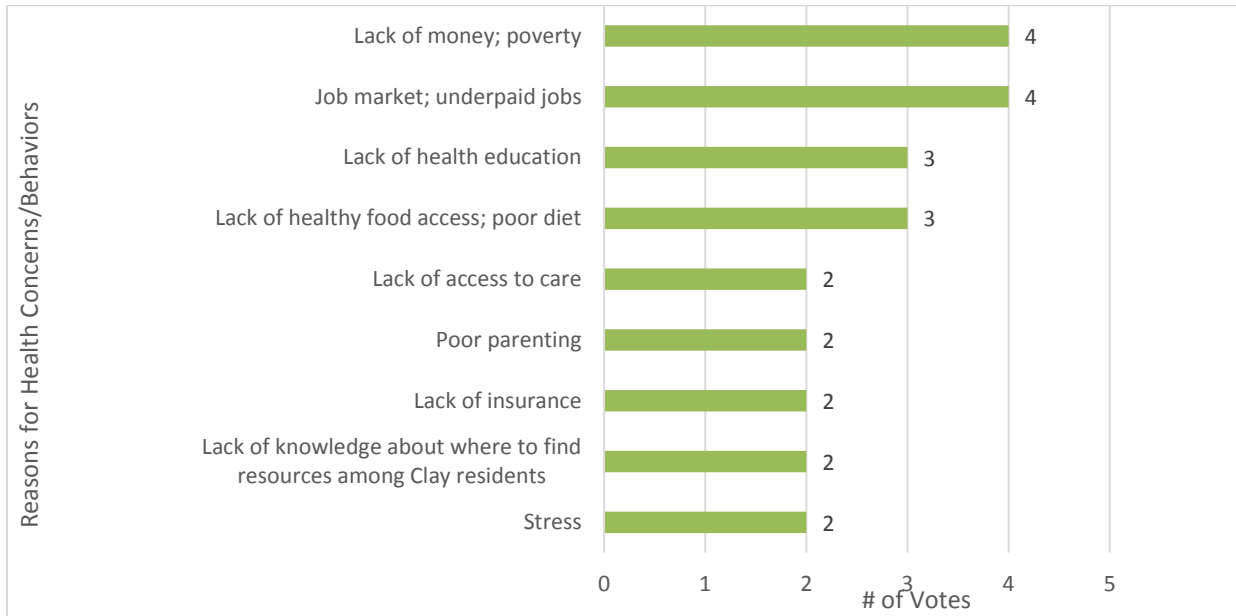
Healthcare Provision

The next group of questions addressed use of healthcare services. Participants were asked *"Where would you go if you were sick and in need of a doctor's assistance?"* The top answer was to seek care in Orange Park, either at a doctor's office or Orange Park Medical Center (Figure 111).

Figure 111. Preferred Healthcare Provider
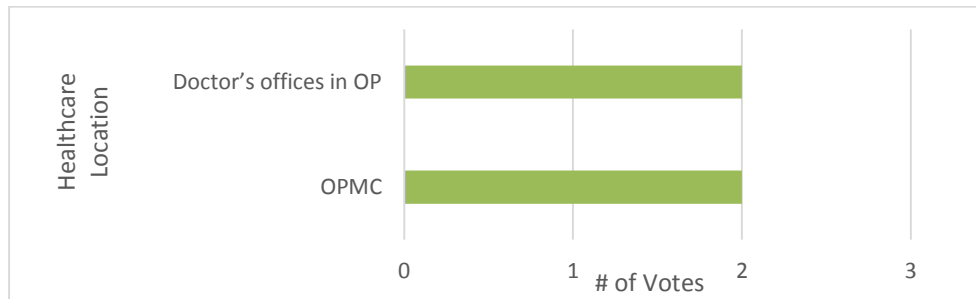
New hospitals were opened in the Clay County area around 2013, thus participants were asked *"What doctor/emergency room did you go to prior to 2013 and what doctor/ER do you go to now?"* Prior to 2013, most participants sought hospital care in Orange Park. After 2013, participants used both St. Vincent's and Orange Park (Figure 112).

Figure 112. Doctor/Emergency Room of Choice
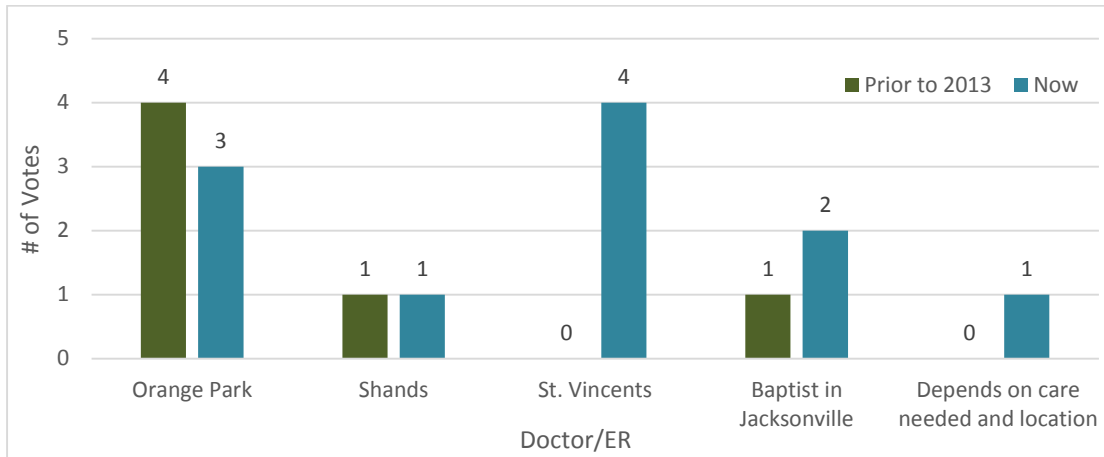
When asked if they believe there is a network for friends and family during times of need, focus group participants were split. Those who believe there is a health safety net in Clay County cited support services such as churches, food banks, and the Mercy Support Services organization. Those who do not believe Clay has a health safety net cited lack of behavioral health and mental health services for those in need (Figure 113).

Figure 113. Existence of a Health Safety Net

Healthcare Access

In addition to discovering what Clay County residents believe to be the most significant health concerns, it is important to determine what healthcare services are difficult to access, why they are difficult to access, and what populations are more affected by access issues. Focus group participants identified specialty and dental care as the most difficult to access services, followed closely by mental health services, when asked *"Which particular health care services are most difficult to access?"* (Figure 114).

Figure 114. Healthcare Services Most Difficult to Access
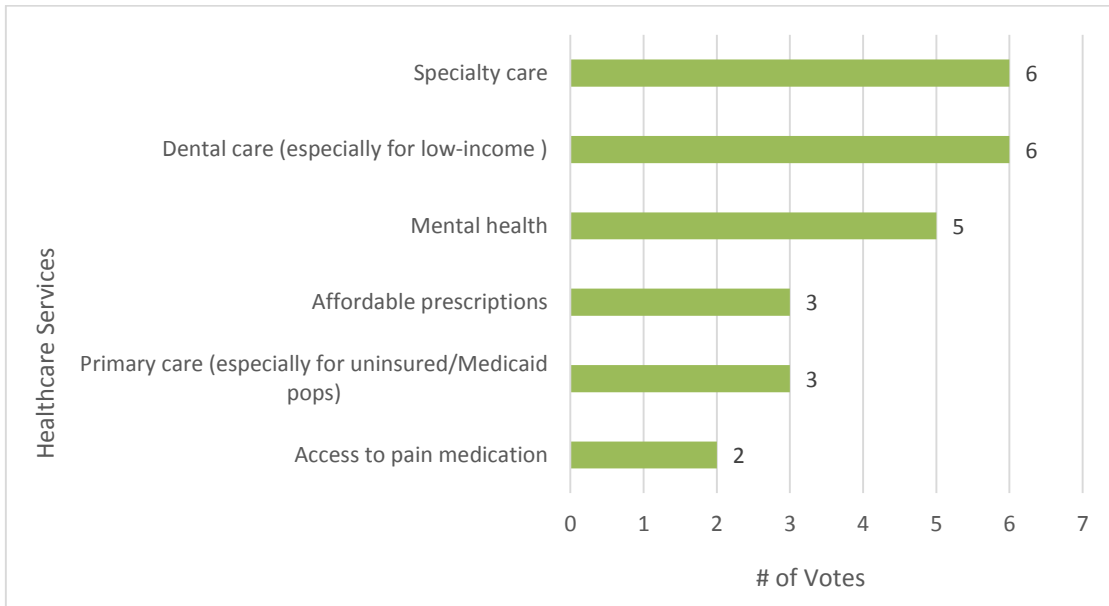
Lack of transportation was cited as the number one barrier to accessing health services, when participants were asked *"What are the principal access barriers for these services?"* Cost/affordability and lack of knowledge/understanding of the healthcare system are the second and third largest barriers according to participants (Figure 115).

Figure 115. Principal Barriers to Accessing Care
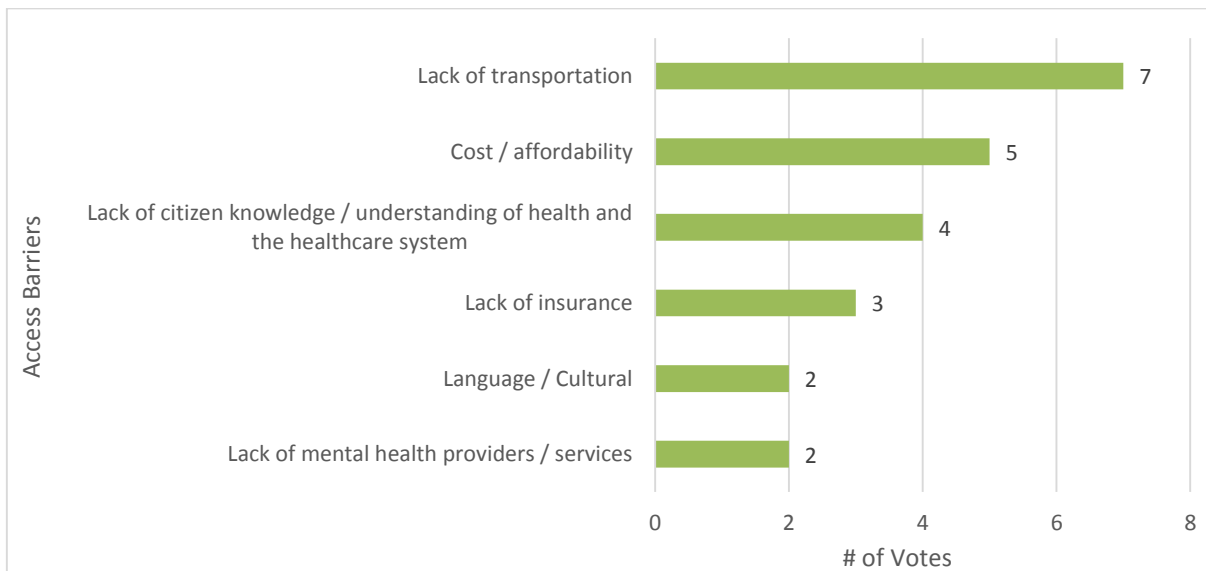
Residents at the focus groups believe the elderly population has the greatest difficulty accessing care. Adults without dependents, the pre-Medicare population, people living in rural areas of Clay County, and low-income populations were also identified as having greater difficulty accessing care (Figure 116).

Figure 116. Populations or Subgroups with Most Difficulty Accessing Care
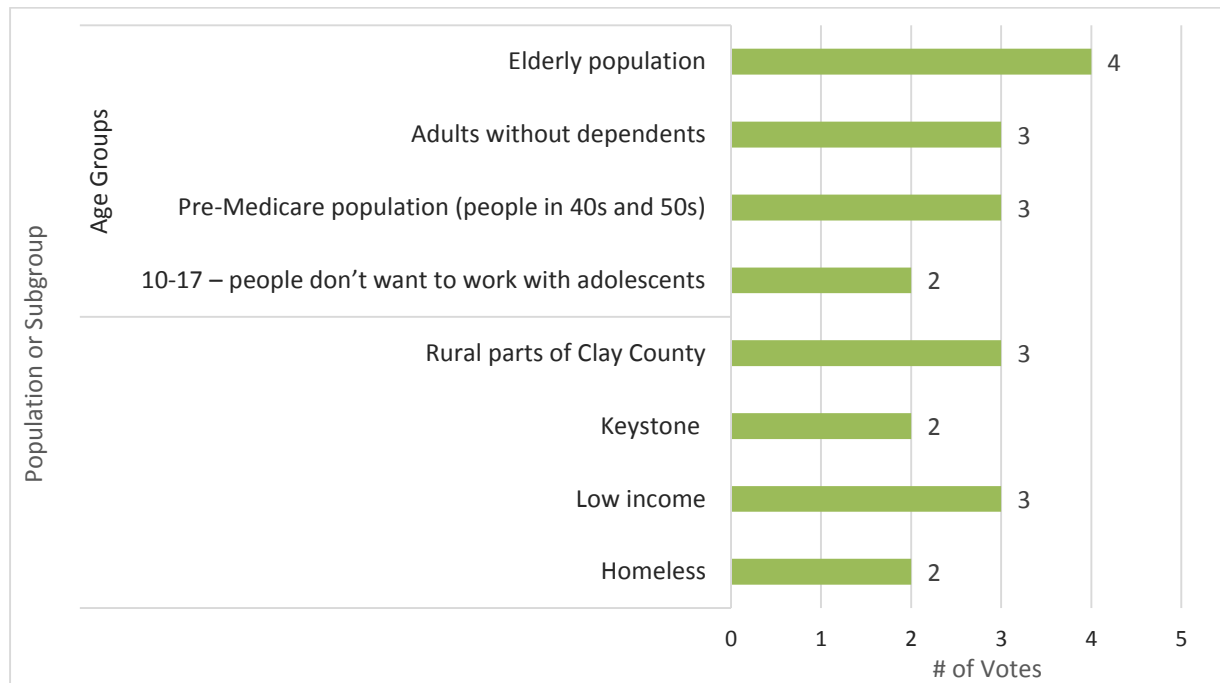
For both the homeless and low-income populations, participants identified lack of resources as a significant issue when asked *"Which issues are of the greatest concern for populations experiencing health disparities?"* Poor nutrition was also identified as a significant issue for low-income populations. For youth, focus group participants were concerned about sexual and domestic abuse. Lastly, participants believed transportation to be an issue for several populations (Figure 117).

Figure 117. Issues of Greatest Concern for Populations Experiencing Health Disparities
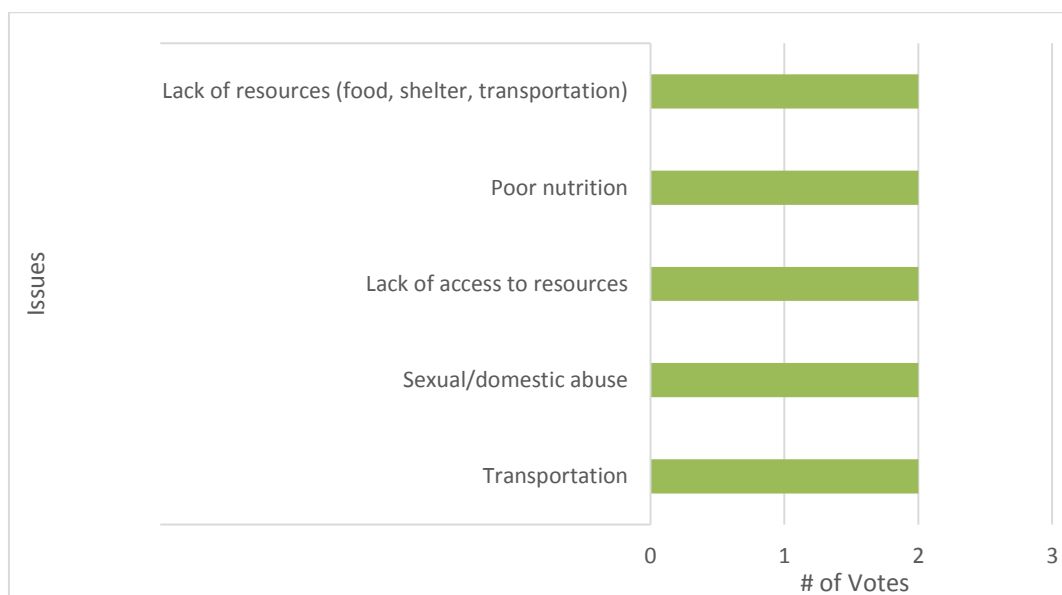
When asked about community health needs, participants identified cost of and access to quality care as the most significant need in Clay County (Figure 118).

Figure 118. Most Significant Community Health Needs
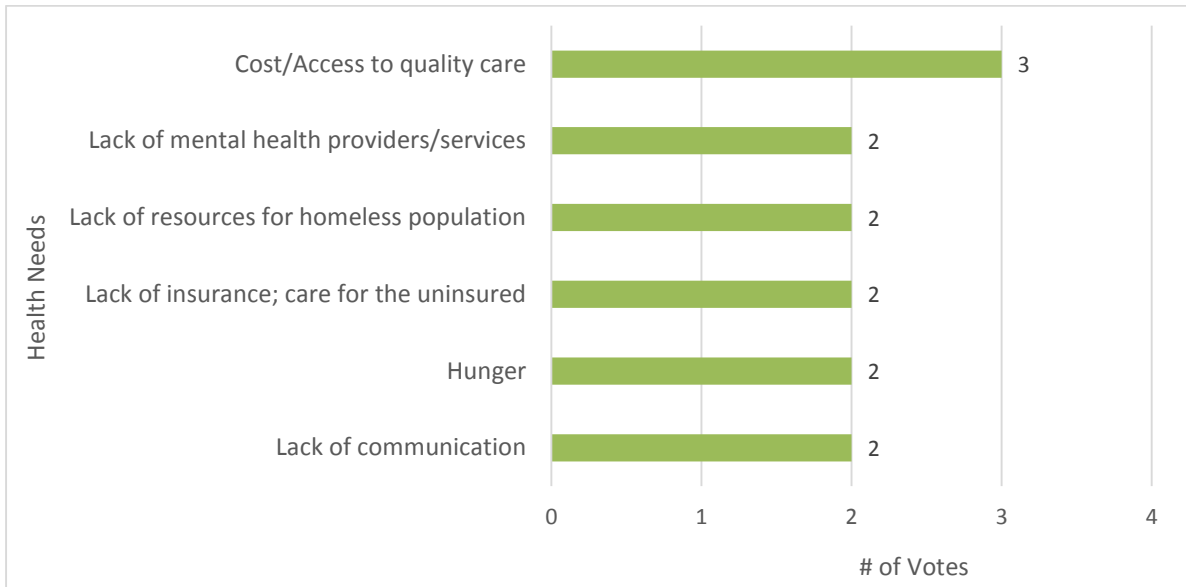
Features of a Healthy Community

Focus group participants were asked questions about quality of life, community assets, and what makes Clay County a good place to live. Overall, residents are satisfied with the quality of life in Clay County (Figure 119).

Figure 119. Participant Satisfaction with Community Quality of Life
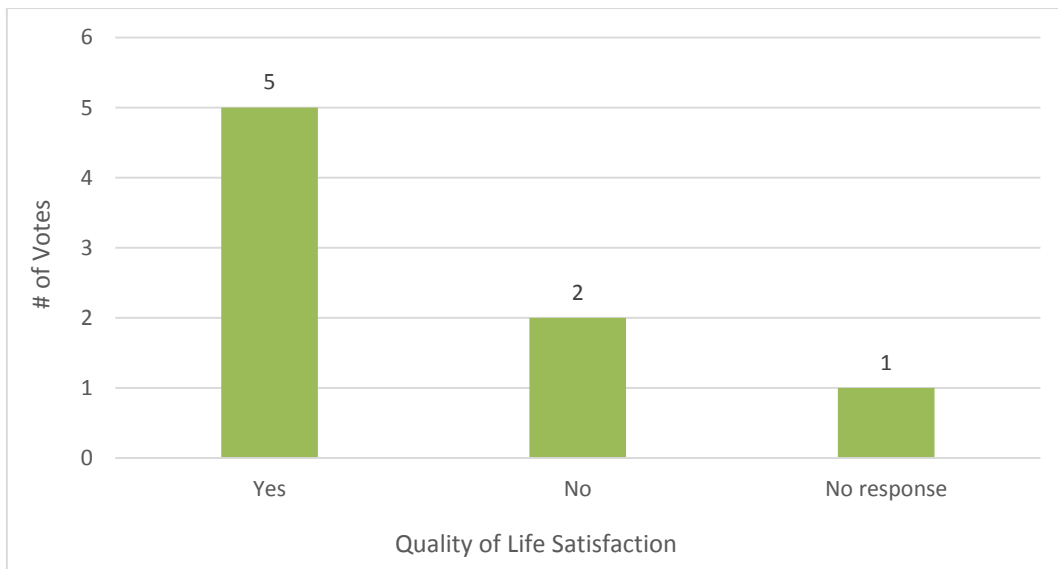
When asked *"What is important to this community?"* residents indicated access to jobs within Clay County was of primary importance to the community. Churches/religious activity, affordability, and communication/connections were also identified as important to the community (Figure 120).

Figure 120. Important Features of the Clay County Community
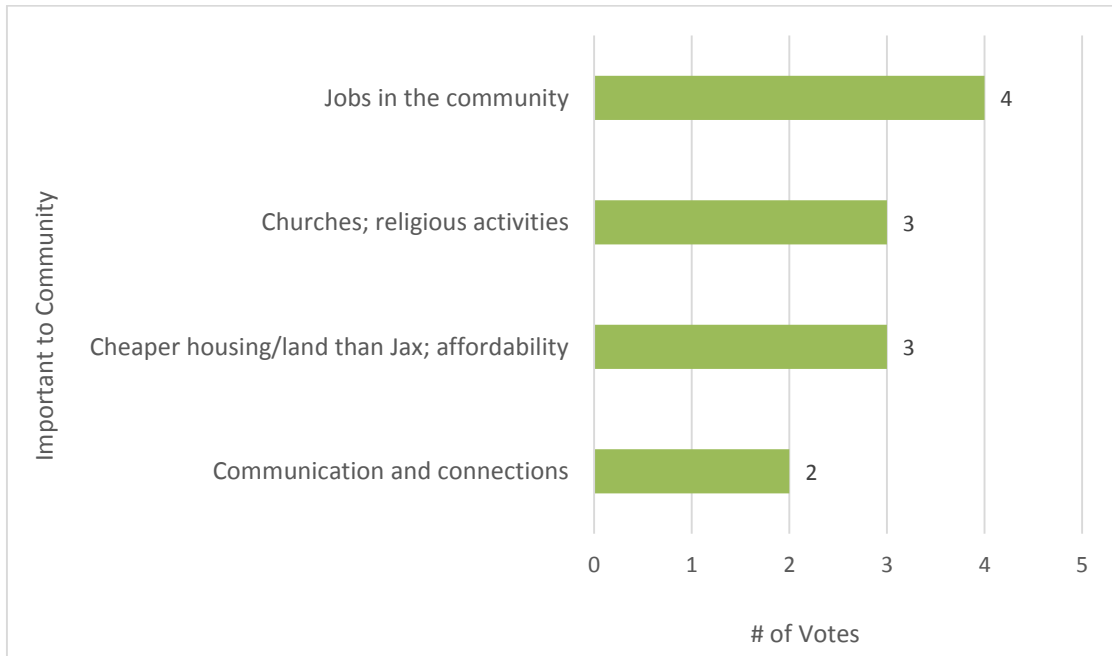
When asked what makes them proud of their community, focus group participants identified the sense of community and willingness to help each other as a top point of pride. Residents are also very proud of the school system and the people in Clay County (Figure 121).

Figure 121. Why Participants are Proud of the Community
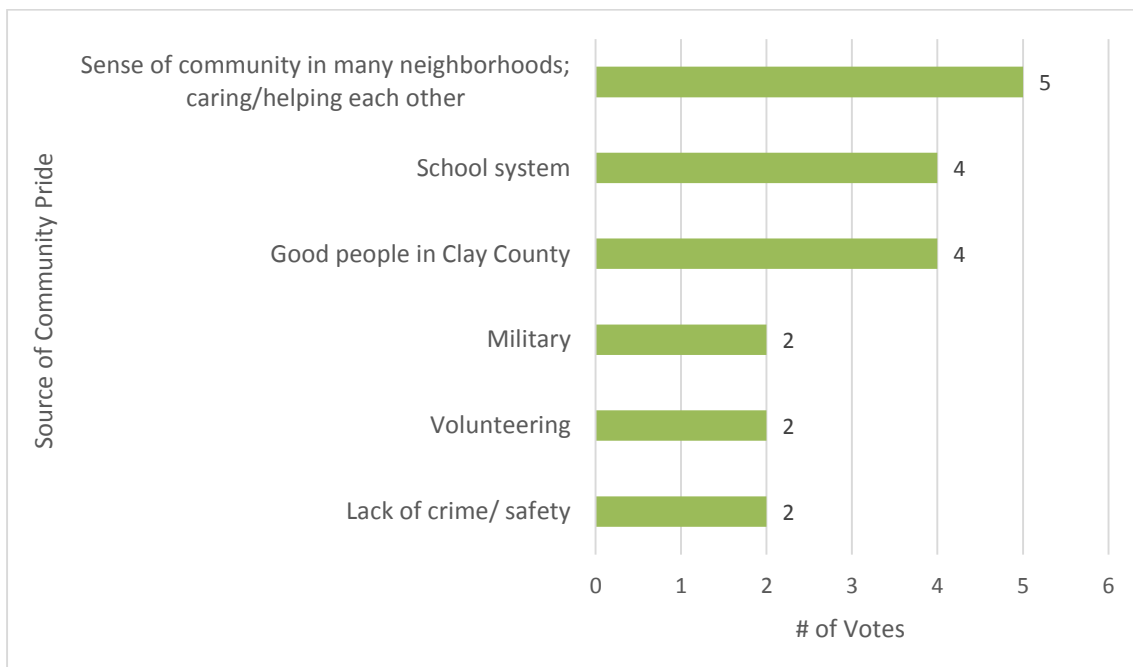
Clay residents identified the Mercy Support Services organization and the people of Clay County, including leaders and citizens, as the top community assets to be used in improving community health (Figure 122).

Figure 122. Community Assets that Can Be Used to Improve Community Health
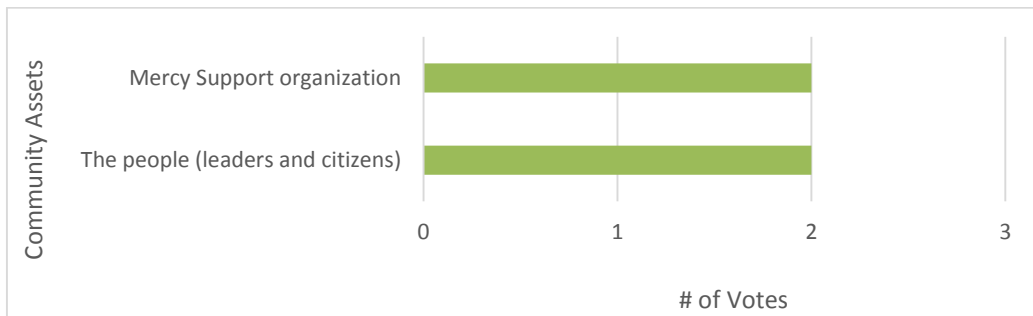
Overall, focus group participants said their community is generally safe when asked *"Do you feel this community is a safe place to live?"* Though participants mentioned there are pockets of crime in some areas of the community (Figure 123).

Figure 123. Community Safety
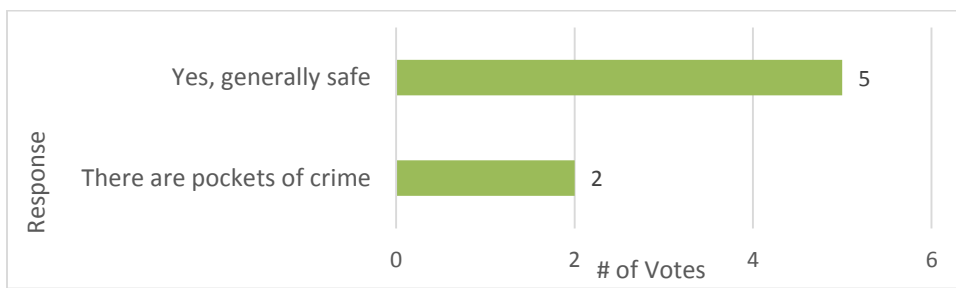
When asked why Clay County is a good place to live with a family, top answers included safety and the school system. Residents believe Clay County is a good place to age if you are financially secure because of good health services in the county (Figure 124).

Figure 124. Why Clay County is a Good Place to Live with a Family and to Age
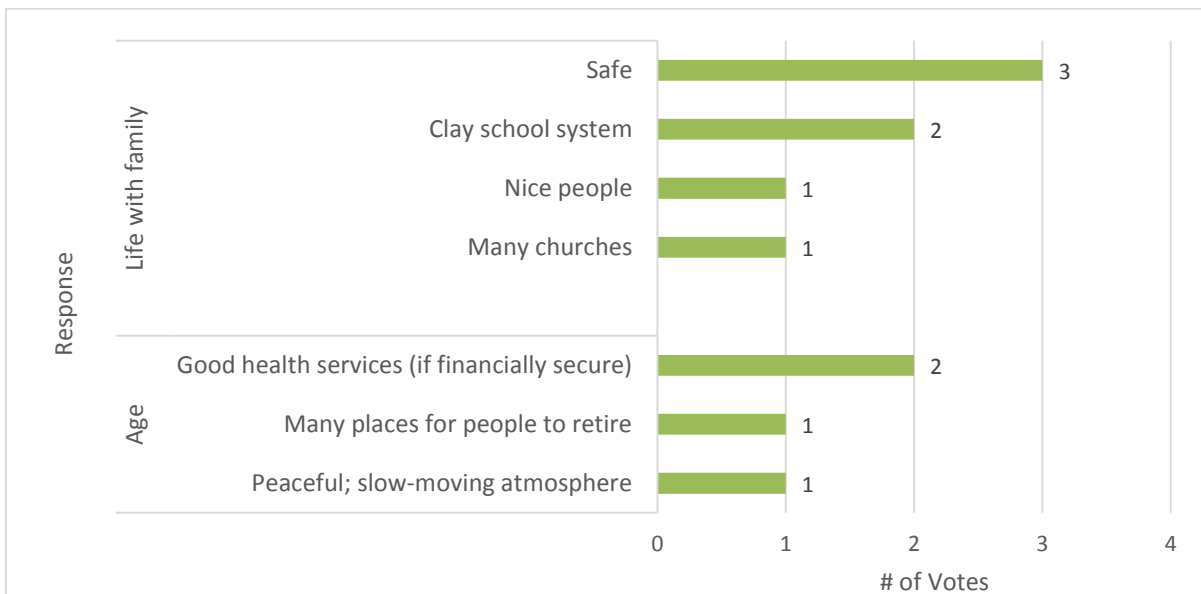
Clay County Health Department

In addition to discussing community health needs, health issues, quality of life, and access to healthcare, focus group participants also discussed health department services in Clay County. Participants were asked *"Are you familiar with the services the health department provides to clients?"* Most participants were familiar or somewhat familiar with health department services. The remainder of participants were not at all familiar with the services offered by the health department in Clay County (Figure 125).

Figure 125. Familiarity with Health Department Services
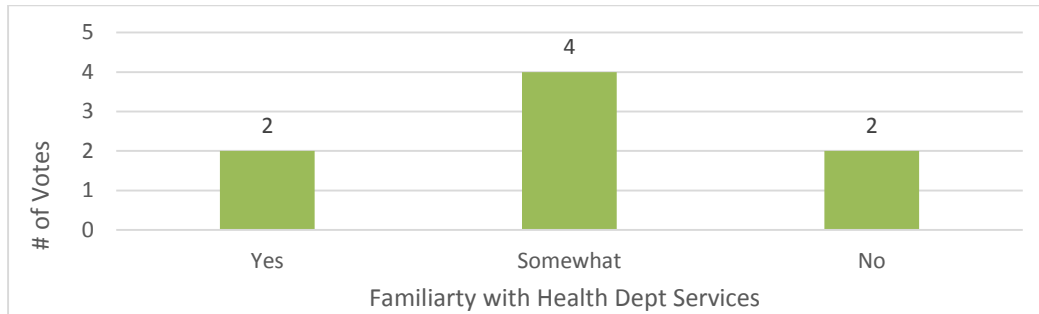
Focus group participants agreed that no health department services should be eliminated, though some participants felt that bureaucracy in the health department should be reduced. Participants were then asked the question: *"If you could create any type of health program for this community, what would it be?"* The top responses are listed in Figure 126.

Figure 126. Health Program Creation
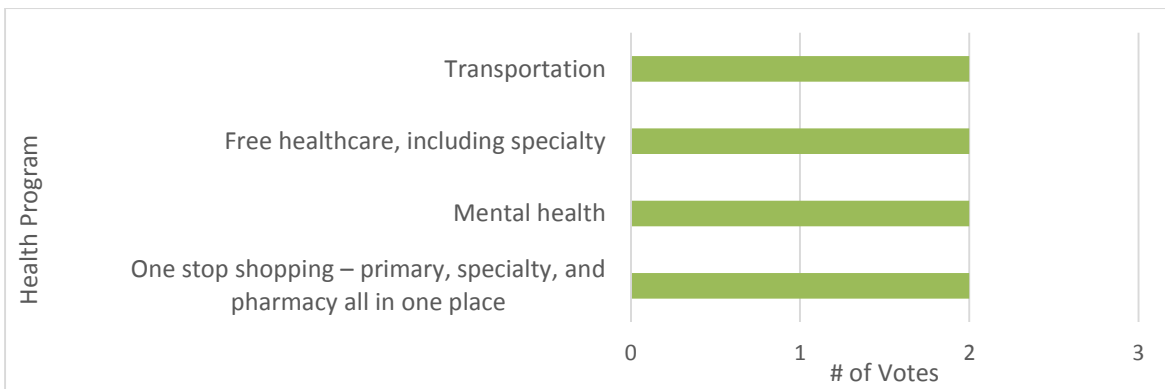
Additional Community Feedback/Comments

Survey respondents were given an opportunity to provide additional comments at the end of focus group discussion on the topic of their choice. The question was stated as: "Is there anything else you think we should know?" Resident comments are shown below, in no particular order:

- Need for affordable child care
- Need for low-income housing
- Bacteria in lakes is an environmental health concern
- Slumlords need to be run out of Keystone
- Need for public health advocate
- Need to emphasize communication about existing/missing resources and continue discussions about how stakeholders can work together to support health education
- There is a medical advocate in Penney Farms who follows EMS to answer questions, help, etc. – this is a good service

Interviews with Community Leaders

The Clay County Health Improvement Planning (CHIP) group, created by the Florida Department of Health in Clay County, compiled a list of possible interview subjects and made initial contact with the interviewees. The list included governmental representatives, healthcare providers, healthcare consumers, and representatives of local businesses and community organizations. HPCNEF staff conducted the interviews in person and over the phone in April and May 2015. The average interview lasted between thirty and sixty minutes. The interviewees were told that none of their comments would be directly attributed to them but that a list of all participants would be included in this report (see Appendix B).

All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix C. Community leaders were asked to provide comments on the following issues:
- Overall perspective of healthcare in Clay County
- Perception of essential components of the county's healthcare system
- Opinions of important health issues that affect county residents and the types of services needed to address these issues
- Impressions of specific health services available in the county
- Thoughts on helpful services that may be missing from the county
- Opinions on the parties responsible for initiating and addressing health issues

Interview Analysis

The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that may have helped form their opinions. These affiliations included the Clay County Board of County Commissioners, Mercy Network, St. Vincent's Hospital-Clay County, Orange Park Medical Center, Clay County Schools, Town of Orange Park, Clay-Duval Medical Society, Town of Keystone Heights, Azalea Healthcare, FDOH-Clay County, YMCA in Fleming Island, The Way Free Clinic, Baptist Health, Clay County Emergency Services & Fire/Rescue, Town of Green Cove Springs, Town of Penney Farms, and Clay Behavioral Health.

The length of time the community leaders have lived and/or worked in Clay County ranges from 18 months to 55 years. The average number of years interviewees have lived or worked in Clay County is 20 years. The majority of the leaders reside in Clay County.

The interview questions for each community leader are identical. The questions have been grouped into seven major categories. A summary of the leaders' responses by category follows. There is some duplication of subject matter and feedback between categories. Paraphrases are included to reflect commonly held opinions, and direct quotes are employed when appropriate. This section of the report summarizes what the community leaders reported without assessing the credibility of their comments.

General Perceptions

When asked to share their impressions about health and healthcare in Clay County, community leaders spoke at length about the assets and deficiencies of the system. The majority of the respondents noted that the number of healthcare providers and hospitals has grown. Seven respondents stated that there is adequate coverage for healthcare services in Clay County. Some respondents felt that there is a great demand for primary care and need for specialty care (Figure 127).

Figure 127. KSI Overall Perspective of Healthcare in Clay County
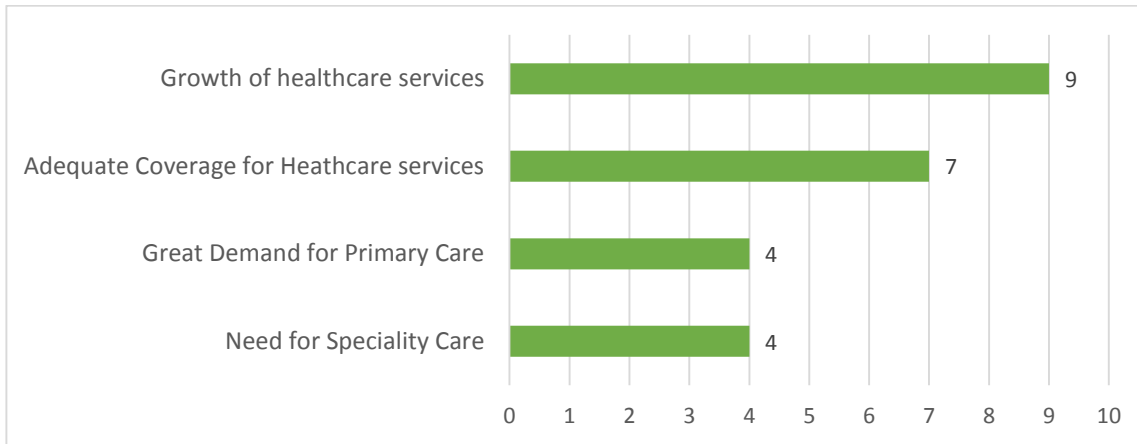
The need for quality health information is always a priority for communities. By far the number one source for health information in the county cited by the interviewees was primary care doctors' offices. Next most utilized were the health department and the internet, including Google, social media, WebMD, and hospital websites. The next most often mentioned were friends, family and neighbors. Also cited were social media and hospitals (Figure 128).

Figure 128. Types of Sources from Which Clay County Residents Obtain Health Information
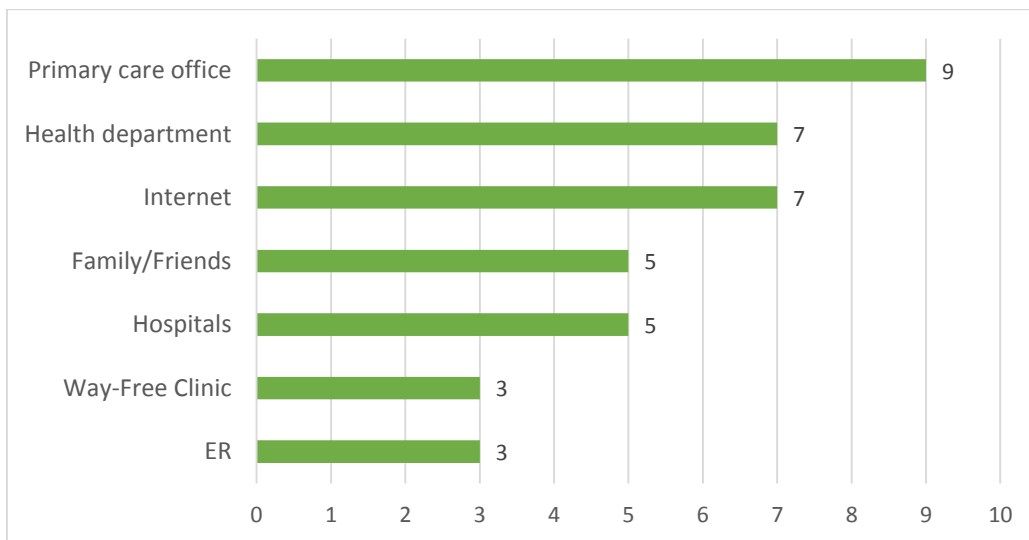
Pressing Healthcare Needs

The community leaders were asked to identify the most pressing healthcare needs in Clay County. Obesity and unhealthy lifestyles tied as the number one most pressing need. Mental health services were the second most mentioned healthcare need in Clay County. The lack of affordable health insurance was also mentioned. Access to primary care, particularly for the uninsured and underinsured, was identified as a pressing need as well (Figure 129).

Figure 129. Most Pressing Healthcare Needs in Clay County
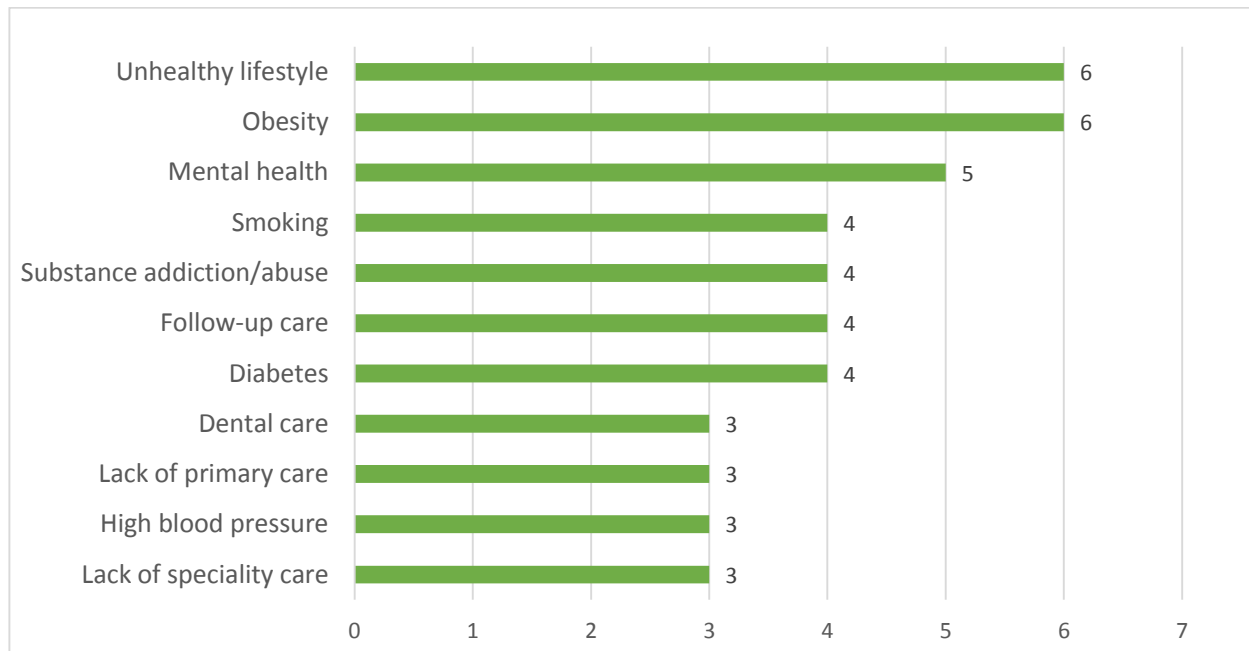
Issues Affecting Specific Groups

Community leaders were asked to give their opinion on issues impacting particular groups of Clay County residents. Those groups included children, teen/adolescents, adults, the elderly, and the uninsured.

- Interviewees mentioned obesity and access to medical care as being a health issue for children.
- Teens and adolescents present a different list of healthcare needs. It was widely noted that there is a problem with substance abuse. Several of the interviewed leaders stated there is too much tobacco, alcohol, and drug use and abuse among teens in Clay County.
- When it comes to adults, lack of follow-up care was listed by several interviewees as a major health issue. Also noted were chronic conditions, including obesity and diabetes.
- The number one concern mentioned for the elderly was Alzheimer's and dementia, followed by fall and injury prevention.
- When discussing the uninsured population in Clay County, the most common healthcare issue identified was access to affordable care and insurance options. Key stakeholders noted that uninsured consumers often use the emergency room as their primary doctor, which is a burden on the hospitals and consumers. The unaffordable ER bills, when left unpaid, can lead to negative impacts on patients' credit reports. Key stakeholders also felt the uninsured are generally unaware of healthcare options available to them in Clay County or of the options for obtaining health insurance. Other pressing health needs of the uninsured were identified as lack of specialty care, lack of preventive care, annual well-checks, and dental care.

Types of Residents with Difficulty Accessing Healthcare

Interviewees were asked about types of residents who have particular difficulty accessing care. The general consensus is that uninsured, low income, low education and rural populations have few options for healthcare. Many of these populations are not aware of what services are available to them, and/or do not think that they are eligible for services (Figure 130).

Figure 130. Residents with Difficulty Accessing Healthcare
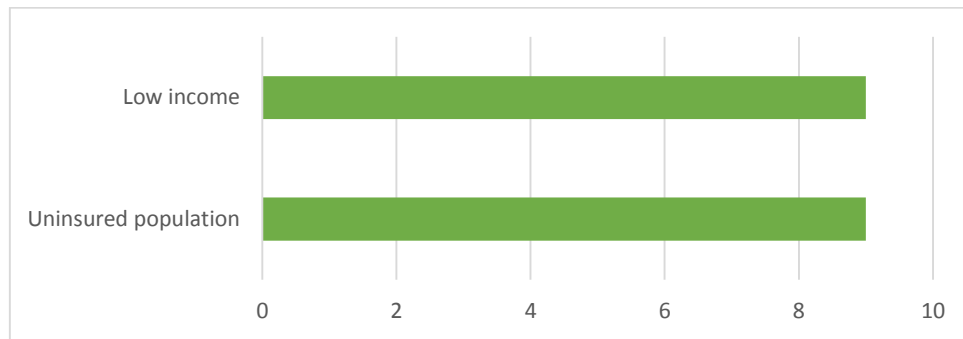
As for the reason why difficulties accessing health services are present, most mentioned it was due to the lack of health literacy and education about health resources available (Figure 131).

Figure 131. Reasons why Population has Difficulty Accessing Healthcare Services
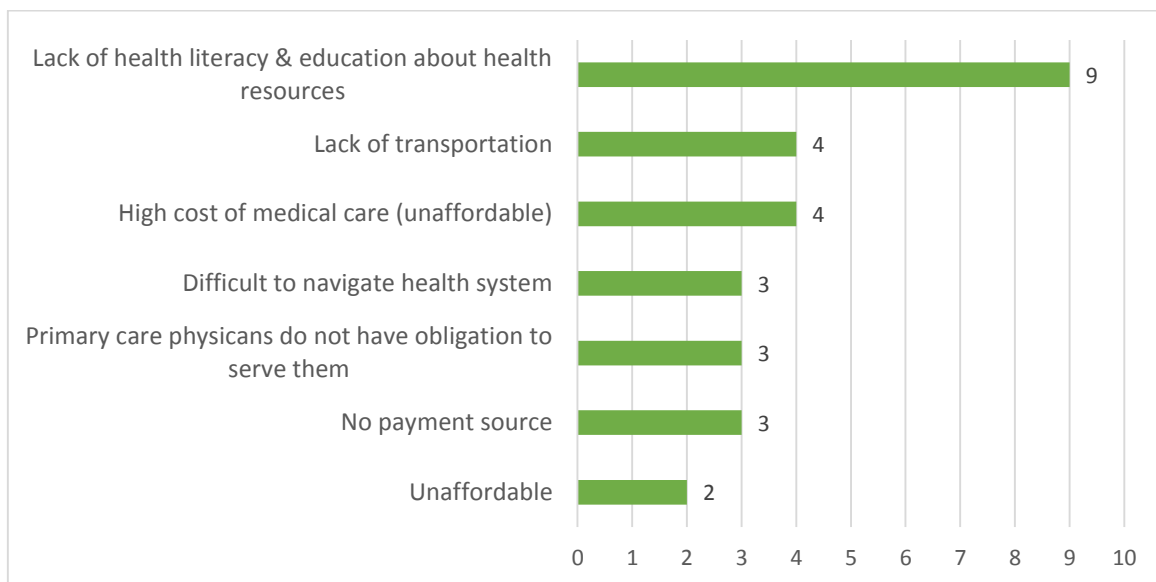
Impressions Regarding Services

The leaders were asked to give their impressions about the availability of different types of healthcare services and any obstacles residents encounter when attempting to receive services.

- Regarding primary care, the general consensus was that primary care is available for most people in Clay County, but can be difficult for low/no-income populations to access.
- Respondents believed there were adequate services for dental care. One of the obstacles listed was lack of affordable care.
- Nearly all the participants stated there are adequate specialty care services available in the county. Some barriers to specialty care include lack of referrals and lack of insurance coverage.
- Mental health care was listed as a great need in the county by almost all of the interviewees. Some respondents noted that Clay Behavioral is good, but is not sufficient to serve all of the county's mental health needs. Interviewees felt an inpatient facility would be used if available.
- The interviewees were split on how they felt about substance abuse treatment availability. Half said there is inadequate substance abuse treatment (and no inpatient, such as a detox/rehab facility).

Others said there is adequate substance abuse treatment through Clay Behavioral and Alcoholics Anonymous meetings, but for anything beyond recovery support groups, residents must travel outside the county for substance abuse issues.

- The vast majority of leaders believe the emergency care at Orange Park Medical Center, St. Vincent's Clay, and Baptist-Clay is good and adequate for the needs of the county. Most mentioned that emergency care has improved in the past few years.
- Most interviewees believe hospital care in general (non-emergency) is very good, and "very well-equipped" especially with the opening of the two new facilities: St. Vincent's Clay and Baptist Clay. Several respondents noted the quality of the care provided by the doctors on staff has improved noticeably over the years. Hospital staff do refer out of county when they are out of their comfort zone, but this was seen by most as a positive.
- Hospice Care was seen as an area of excellence for Clay County, with most of the stakeholders citing it as providing great care to residents.
- Pediatric care was felt by some respondents to be good and adequate.

Most respondents said there were no additional services residents had difficulty accessing, though some services require residents to be referred outside the county including: services for persons with disabilities, services for those released from prison, health/wellness programs, childhood trauma treatment, and services for homeless populations. Respondents stated that they most often traveled to Jacksonville for specialty services.

It is generally believed that the residents in the rural areas of Clay County have greater difficulty accessing health services. Particular neighborhoods mentioned as having difficulty accessing services were Keystone Heights, Clay Hill, Middleburg, Pier Station, and Green Cove Springs (Figure 132).

Figure 132. Areas/Neighborhoods with Healthcare Access Difficulties
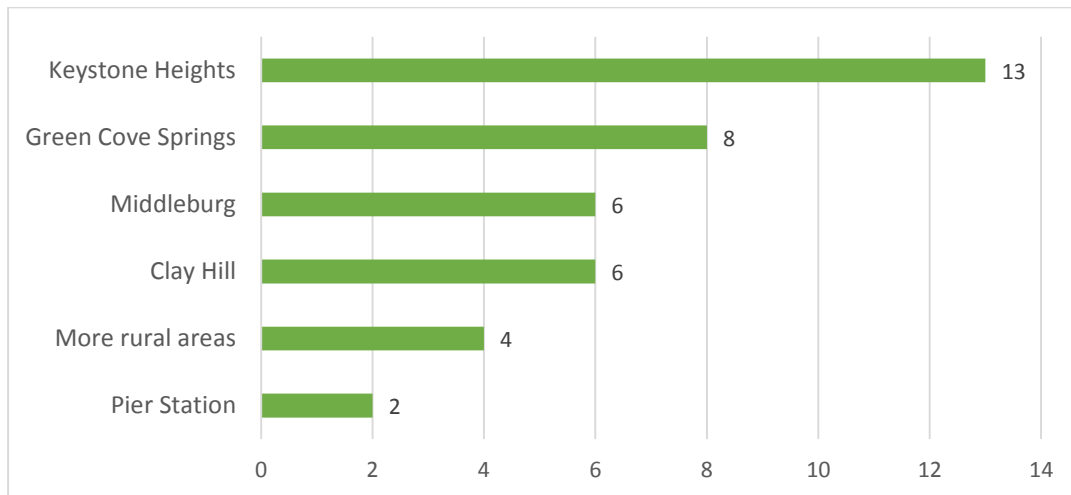
Health Department Services

Most stakeholders were familiar with the services provided by the health department. A few responded that they were not as familiar as they should be (Figure 133).

Figure 133. Familiarity with Health Department Services
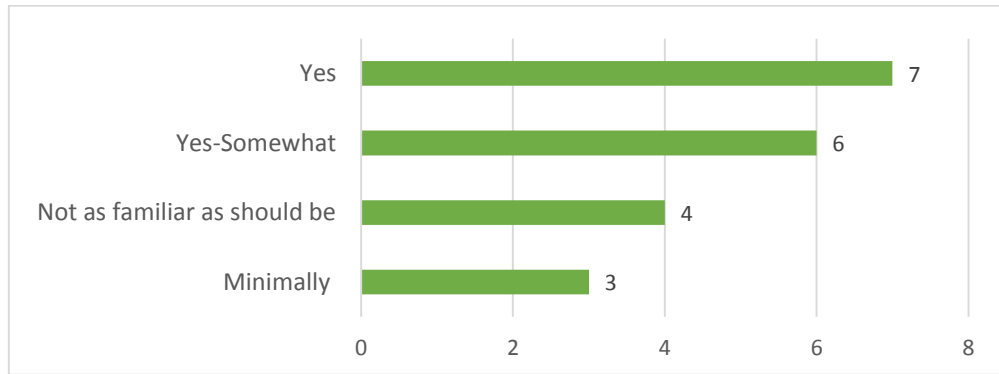
Many of the stakeholders believed the health department's services were not meeting the needs of the population, citing lack of funding and staff as the reason (Figure 134).

Figure 134. Services Meeting the Needs of the Community
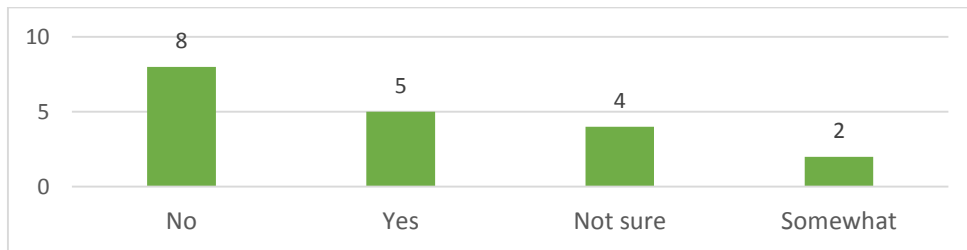
The majority of respondents believed no services should be added or eliminated from the health department. However, three stakeholders mentioned that primary care might not be a service the health department should provide to residents.

Most Important Health Issue and How to Address It

Preventive education to combat chronic diseases such as diabetes and hypertension was listed as a serious need in Clay County, specifically, general health education and education on healthy eating and healthy lifestyles. Secondarily, stakeholders saw a great need for more mental health care in Clay County (Figure 135).

Figure 135. Most Important Healthcare Issue
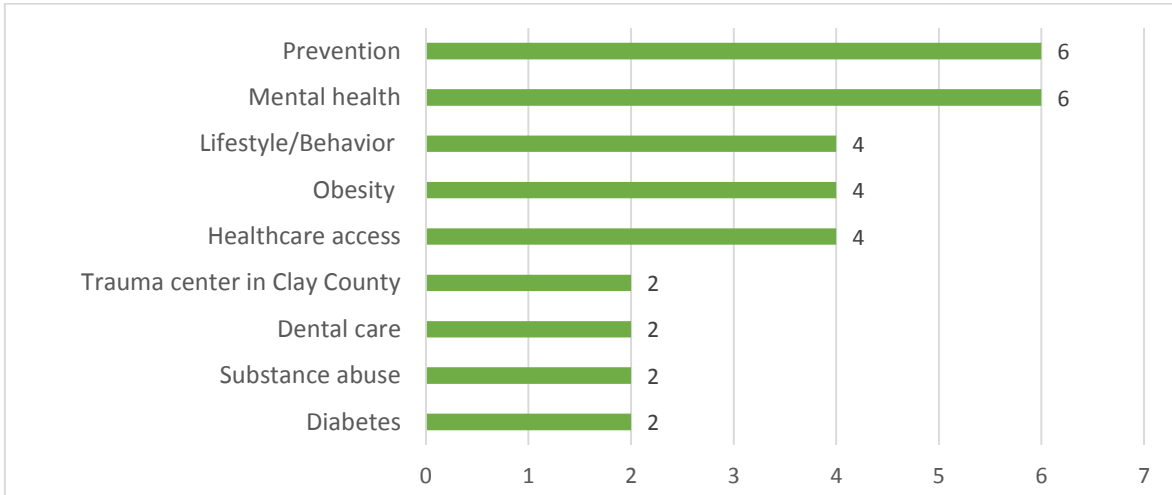
Many stakeholders agreed that health education was a key component to addressing the health issues of Clay County (Figure 136).   About half the respondents would like to see everyone work together to bring in additional funds to allow for more resources (physicians and clinics) in Clay County, while others feel the government should take responsibility for the health issues (Figure 137).

Figure 136. Ways to Address Important Health Issue
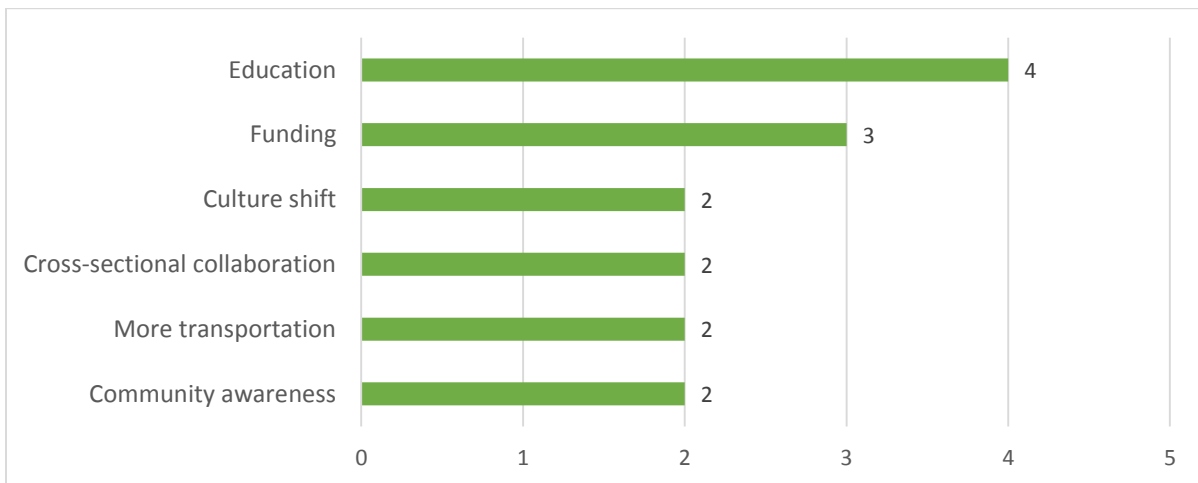
Figure 137. Who should take Responsibility for Addressing Health Issues
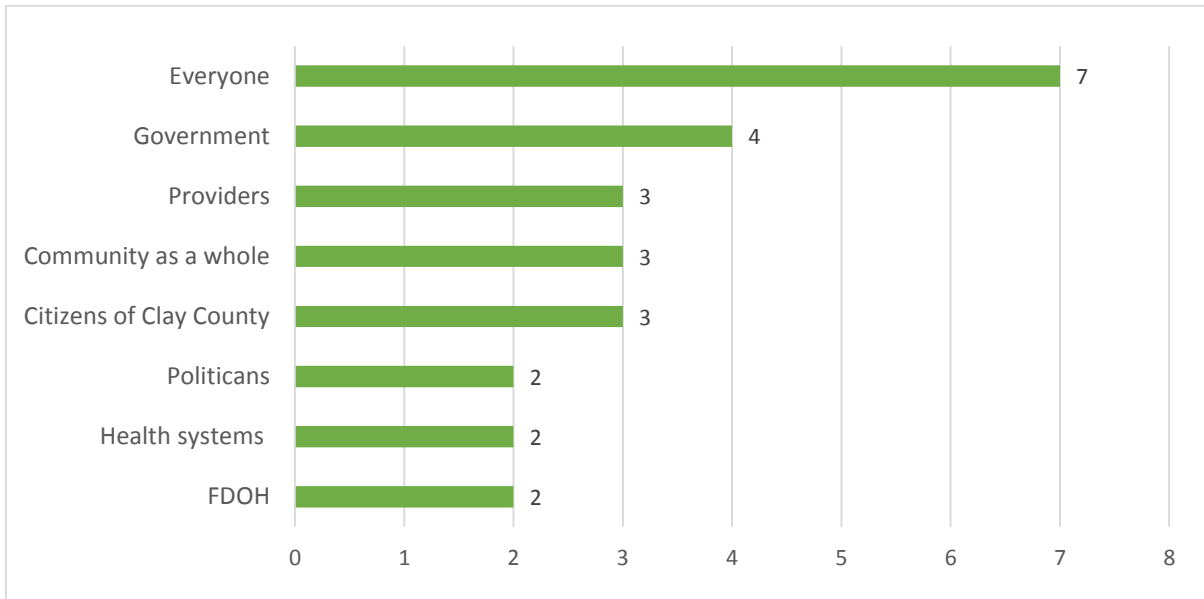
KEY HEALTH ISSUES

To determine Clay County's health priorities, it is important to take into consideration both the qualitative data collected through community engagement and the secondary quantitative data. Listed below are the health priorities identified by both the focus groups and the key stakeholder interviews. In the following section are the data priorities identified using the data scoring tool from Northeast Florida Counts.

Focus Group Identified Health Priorities

1. Unhealthy Behaviors
2. Tobacco Use
3. Lack of Access to Healthy Foods

Key Stakeholder Interview Identified Health Priorities

1. Mental Health
2. Preventative Care
3. Lifestyle/Behavior

Quantitative Data Identified Health Priorities

The Northeast Florida Counts platform was used to identify health priorities based on quantitative, secondary data. The data scoring tool enabled the quantitative health data to be ranked by significance. The topics were scored by comparing all of the indicators in each topic for Clay County with other counties in the Northeast Florida region. A higher score indicates a poorer performance as indicated by Figure 138.

Figure 138. Score Comparison

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

Score range:

Good → Bad

| 0 | 1 | 2 | 3 |
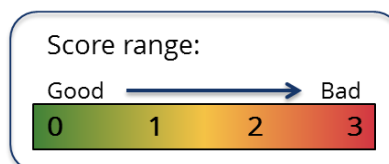
For example, Mental Health & Mental Disorders has a score of 1.64 in Clay County (Figure 139), which means that is somewhat worse than comparison counties. The scores are also color coded, with green indicating a good score and red indicating a bad score.

Figure 139. Topic Scores for Clay County

Topics	Score
1. Mental Health & Mental Disorders	1.64
2. Substance Abuse	1.47
3. Exercise, Nutrition, & Weight	1.43
4. Environment	1.32

The Northeast Florida Counts topics – Mental Health & Mental Disorders; Substance Abuse; Exercise, Nutrition, & Weight; and Environment – align with those mentioned in community conversations and include several different indicators. The indicators for each Northeast Florida Counts topic are below:

1. **Mental Health & Mental Disorders:** Age-adjusted Death Rate due to Suicide, Death Rate due to Teen Suicide, Depression: Medicare Population

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

3. **Exercise, Nutrition & Weight:** Adult Fruit and Vegetable Consumption, Adults who are Obese, Adults who are Overweight or Obese, Child Food Insecurity Rate, Food Insecurity Rate, Teens Who are Obese, Teens without Sufficient Physical Activity

4. **Environment:** Recognized Carcinogens Released into Air, Access to Exercise Opportunities, Children with Low Access to a Grocery Store, Food Environment Index, Households with No Car and Low Access to a Grocery Store, Land Used for Farming, Low-Income and Low-Access to a Grocery Store and People 65+ with Low Access to a Grocery Store

Prioritized Health Issues:

To further narrow down these priorities to the top three focus areas, input was sought from the community through a preliminary release meeting on July 16, 2015. Invitations were sent via e-mail to several community groups including the Mercy Support Network, CHIP group, Shaping Clay, and the Clay County Chamber of Commerce. The meeting notification was also posted in the local newspaper, Clay Today. During this preliminary results and release meeting, the current findings of the assessment were discussed. Then, feedback was requested from the community: "Of all the issues discussed today, which do you think is the most important?" The poll results from the meeting showed that Mental Health was the top priority, followed by healthcare access and poor nutrition/unhealthy eating.

PUBLIC INPUT ON THE DRAFT COMMUNITY HEALTH ASSESSMENT

On July 16, 2015, stakeholders gathered at the Thrasher Horne Center in Clay County to discuss the preliminary results of the Clay County Community Health Assessment (CHA). A total of 92 people attended the meeting, including CHIP members, health and social service professionals, and community members. A team from the Health Planning Council of Northeast Florida presented the CHA preliminary findings, which consisted of health, demographic, and environmental data; community focus group feedback; and stakeholder interviews completed from April to May of 2015.

Once the CHA findings were presented, participants were divided into 14 groups, with each group discussing one of Clay County's top health issues. These issues included:

- Healthcare access
- Lifestyle/behavior
- Mental health
- Nutrition and access to healthy foods
- Obesity
- Prevention
- Tobacco use

After 15 minutes of discussion, each group elected a representative to summarize their collective thoughts in a 90-second speech, providing ideas on how to improve health outcomes in Clay County. Participants were then polled in writing and by use of TurningPoint Technology, which presents live results. Through the poll, meeting participants selected the health issues to be the top priority for Clay County residents and the CHIP group for the next three to five years.

Clay residents, health professionals, elected officials, and others in attendance at the preliminary results meeting selected the following as priority health issues:

1. Mental Health (with 24% of the vote)
2. Poor Nutrition/Unhealthy Eating; Healthcare Access (tied for 2nd with each issue getting 16% of the vote)
3. Lifestyle/Behavior; Preventative Care (tied for 3rd with each issue getting 14% of the vote)

Stakeholders and interested parties were also asked to take a survey, giving feedback on the contents of the Clay County Community Health Assessment. The survey was made available on the websites of the Florida Department of Health in Clay County and the Health Planning Council of Northeast Florida, along with being available by hard-copy and in the local newspaper. In the survey, respondents rated the overall usefulness of the community health assessment, rated the amount of information provided in the assessment, and selected the health issue they believe to be most important in Clay County. Additionally, participants were asked to write in comments about how to improve the assessment, what was liked about the assessment, and what was disliked.

A majority of respondents (82%) rated the CHA as very useful, and another 18% rated the CHA as somewhat useful. No respondents felt the CHA was not useful at all. About 36% of respondents felt the CHA contained too much information, while 64% said there was just enough information. No respondents said there was too little information. Survey respondents rated mental health as the most important health issue in Clay County with 27% of the vote, followed by healthcare access (23%), and preventive care (14%).

DISSEMINATION PLAN & NEXT STEPS

This report will only be beneficial to the residents of Clay County if the information it contains is utilized by the Florida Department of Health in Clay County, community leaders, and other community partners. This includes demographic, socioeconomic and health status information as well as input from the community that can be used to identify health priorities as well as available resources. From there, the community can move forward to implement action steps for improvement.

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

- Document is available on the Health Planning Council's website: www.hpcnef.org
- Document is available on the Florida Department of Health in Clay County's website: clay.floridahealth.gov
- Document will be presented to the Clay County Commissioners
- Document will be distributed to the Clay County Chamber of Commerce
- A press release will be submitted to the Clay Today newspaper, and other local and regional news organizations
- Data will be presented to the Mercy Network and other local community groups
- Document will be posted on established local community social media sites and distribution lists

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

Appendix A-1. Focus Group Demographics: Questions & Responses

What is your age?

Age Distribution of All Participants

What is your gender?

Gender Distribution of All Participants
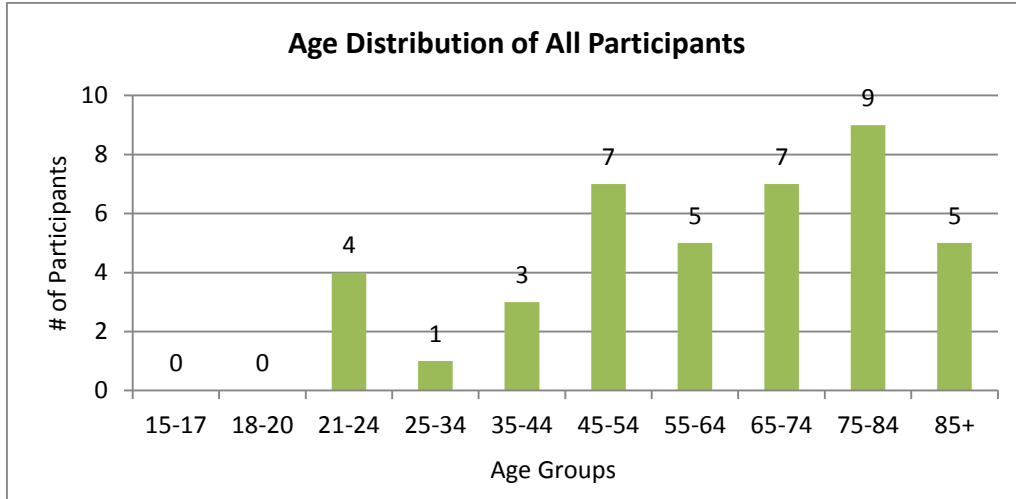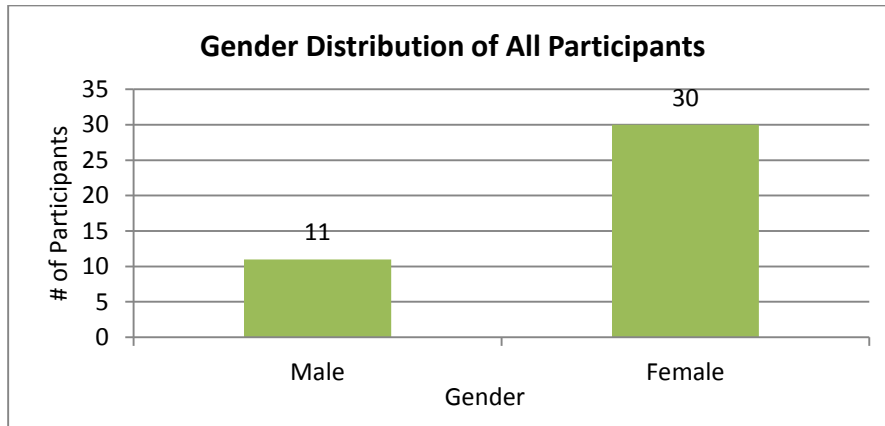
What race do you identify with?

Racial Distribution of All Participants
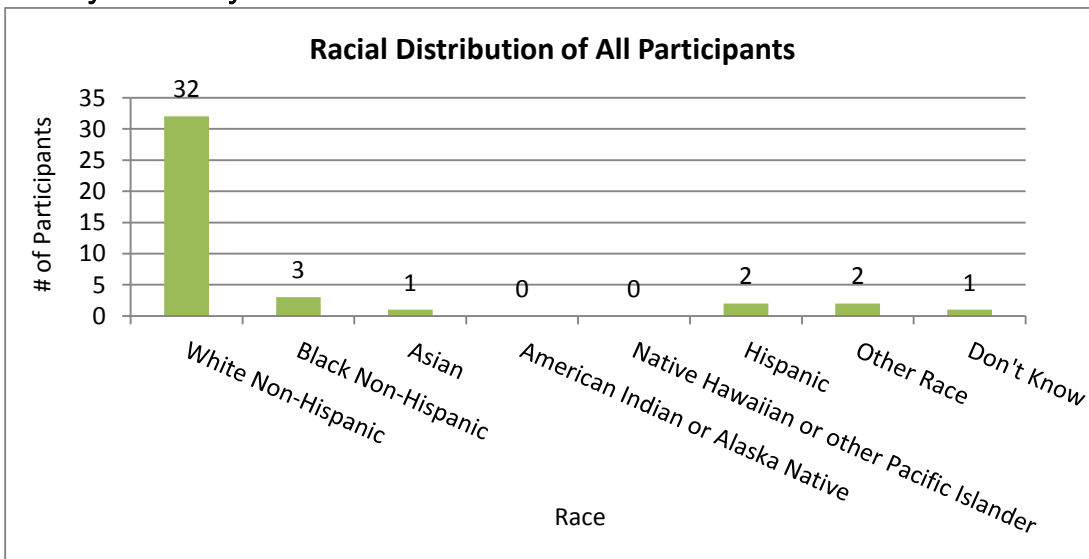
What is the last grade or class that you completed in school?

Educational Level of All Participants
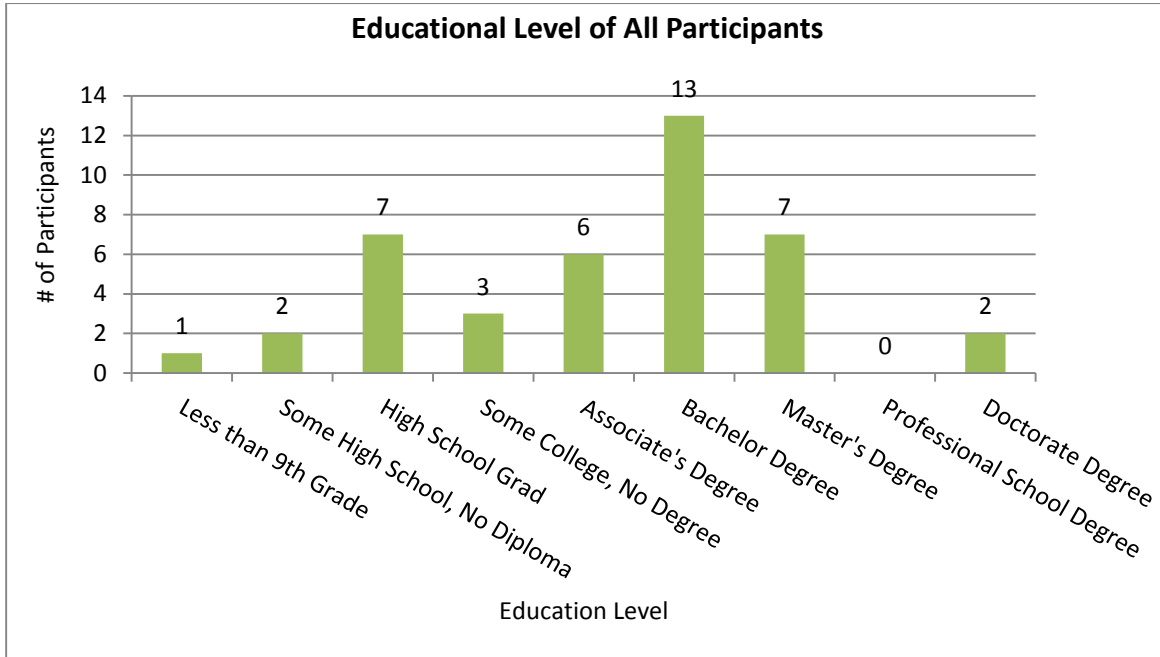
Do you have insurance?

Do you have insurance?	Fleming Island	Green Cove Springs	Keystone Heights	Middleburg	Orange Park	Penney Farms	All Communities
Yes, I have health insurance through employer or union	1	0	0	2	2	1	6
Yes, covered by Medicaid	0	0	2	0	0	1	3
Yes, covered by Medicaid or State Government Program*	0	X	X	0	X		0
Yes, covered by Medicare*	X	1	0	X	0	4	5
Yes, covered by some other source or direct purchase	3	0	4	4	6	4	21
No, not covered	0	6	0	0	0	0	6
No response	0	0	0	1	0	0	1

*This question varied across meetings. At some meetings, Medicare was left off the survey as a health insurance option. An X indicates the answer was not an option on the questionnaire at a particular focus group location.

What Zip Code do you live in?

Home Zip Code of All Participants

What field do you work in?

Field of Work: All Participants
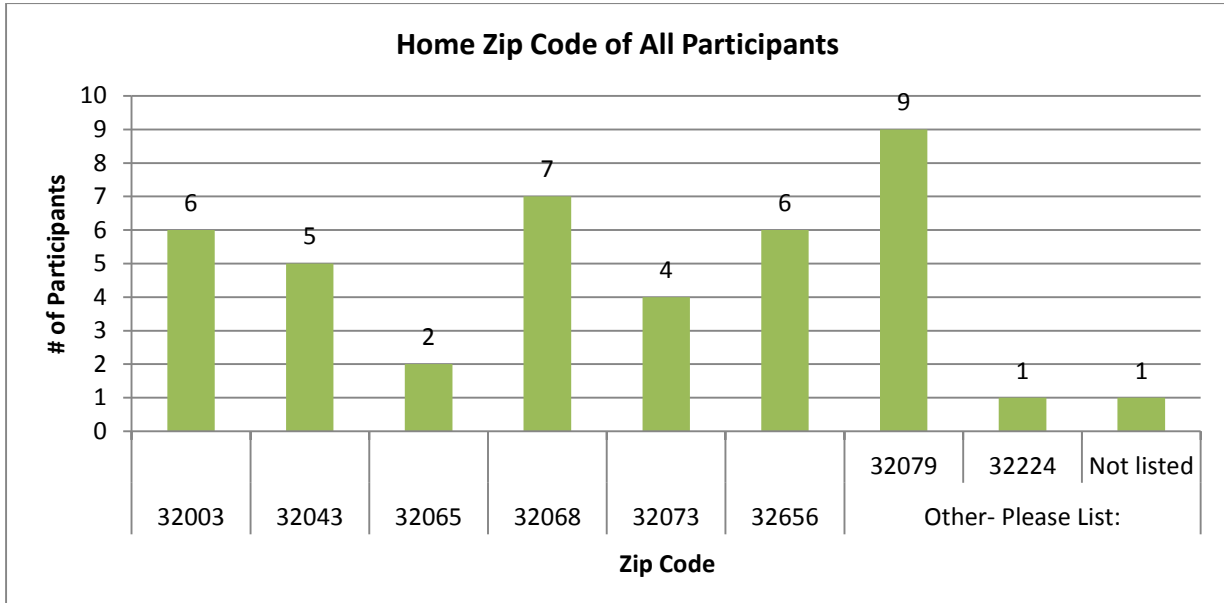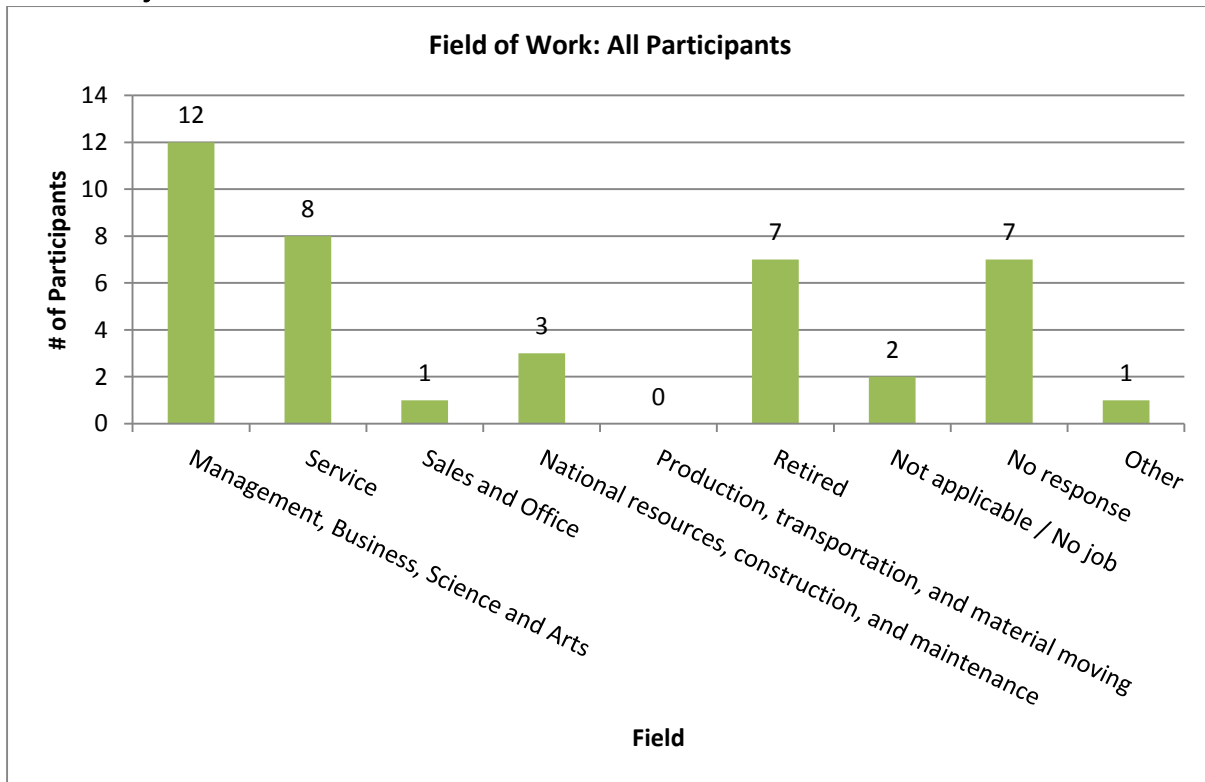
What is your total annual household income from all sources, before taxes?

Participants' Total Annual HH Income from All Sources Before Taxes

A bar chart titled "Participants' Total Annual HH Income from All Sources Before Taxes". The y-axis is labeled "# of Participants" ranging from 0 to 10. The x-axis is labeled "Household Income". Values by category:
- Less than $15,000: 8
- $15,000-$25,000: 6
- $26,000-$30,000: 3
- $31,000-$40,000: 1
- $41,000-$50,000: 4
- $51,000-$60,000: 1
- $61,000-$70,000: 1
- $71,000-$80,000: 2
- $81,000-$90,000: 1
- $91,000-$100,000: 2
- $100,000 and greater: 3
- No response: 9

How do you rate your overall health?

Overall Self-Rated Health of Participants

A bar chart titled "Overall Self-Rated Health of Participants". The y-axis is labeled "# of Participants" ranging from 0 to 20. The x-axis is labeled "Health Rating". Values by category:
- Excellent: 4
- Very Good: 14
- Good: 18
- Fair: 3
- Poor: 2
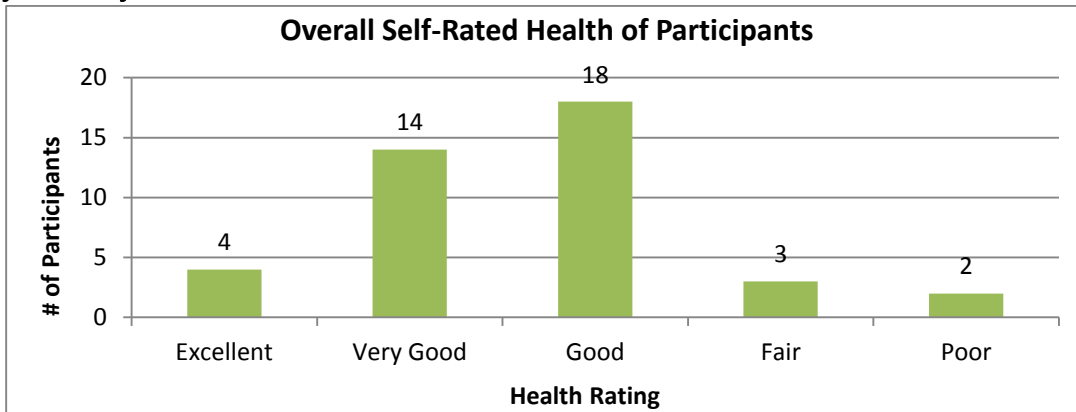
During the past five years, do you think your health in general has gotten better, gotten worse or stayed about the same?

Changes in Health Status of Participants

A bar chart titled "Changes in Health Status of Participants". The y-axis is labeled "# of Participants" ranging from 0 to 30. The x-axis is labeled "Health Status Change". Values by category:
- Better: 4
- Worse: 13
- Stayed about the same: 24
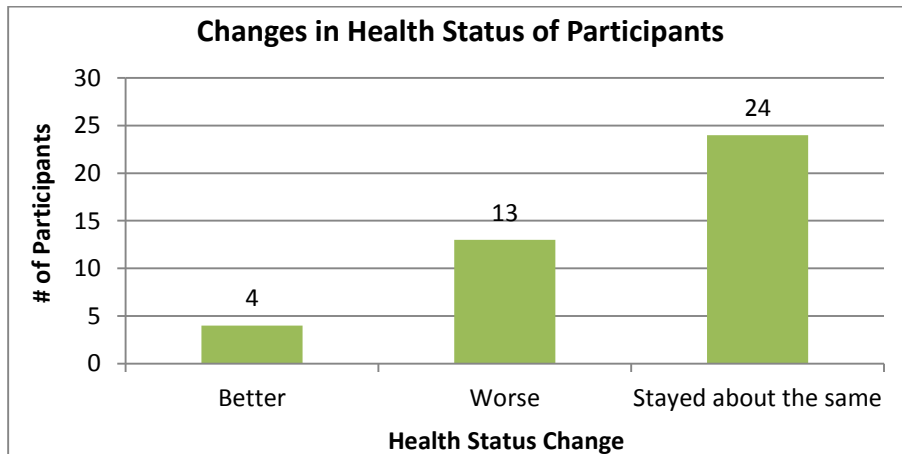
How would you define quality of life?

How would you define quality of life?		Fleming Island	Green Cove Springs	Keystone Heights	Middleburg	Orange Park	Penney Farms	All Communities
Being healthy, not sick		3	2	1	1	4	1	12
Well-being		3	2	3	3	3	4	18
Lifestyle, taking care of yourself		2	3	3	3	2	4	17
Other- Please Describe	Living life to the fullest and with quality of life	1	0	0	0	0	0	1
	Being blessed + above	0	1	0	0	0	0	1
	Barely taking care of myself	0	0	1	0	0	0	1
	Keeping active- physically, mentally, and spiritually	0	0	0	1	0	0	1
	At home	0	0	0	1	0	0	1
	Maintaining a lifestyle that includes opportunities for health, housing, education, and arts	0	0	0	0	1	0	1
	Under doctor's care	0	0	0	0	0	1	1
	Spiritual connection/ Religion	0	0	0	0	0	2	2
	Music	0	0	0	0	0	1	1
	Involvement with others	0	0	0	0	0	1	1
	Volunteerism	0	0	0	0	0	1	1
No response		0	0	0	0	0	1	1

Note: Participants may have selected more than one response.

How long is your commute to work in minutes?

Length of Work Commute for Participants
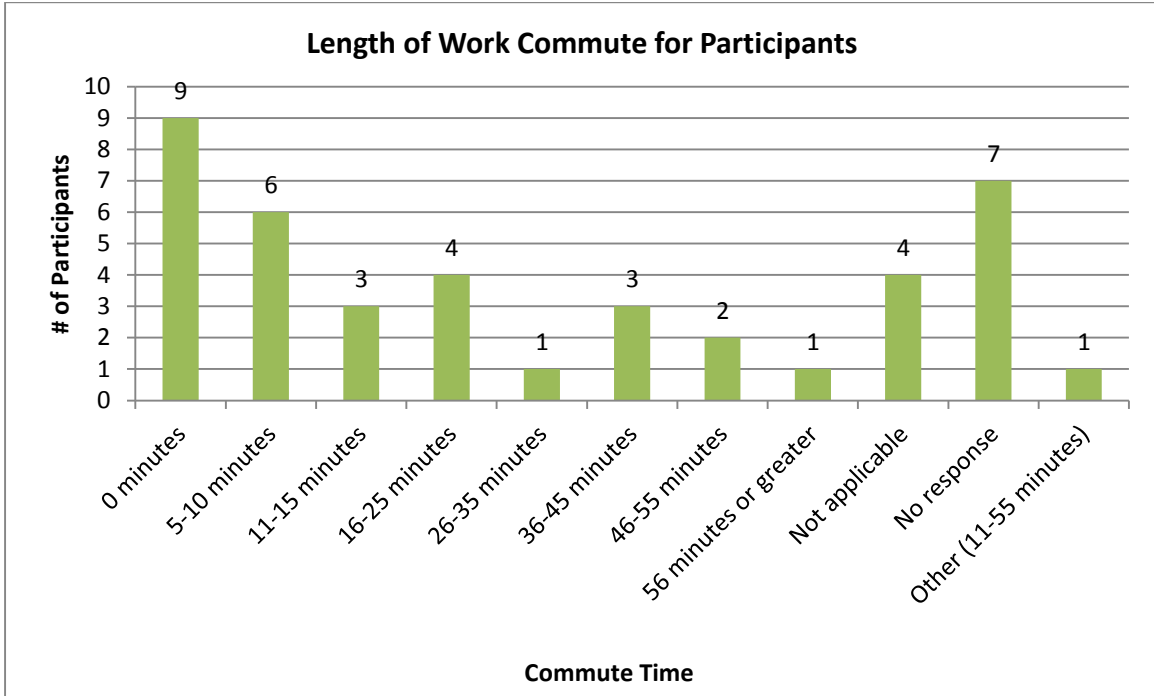
How would you rate your healthcare services in this community? Why?

Participant Rating of Community Healthcare Services
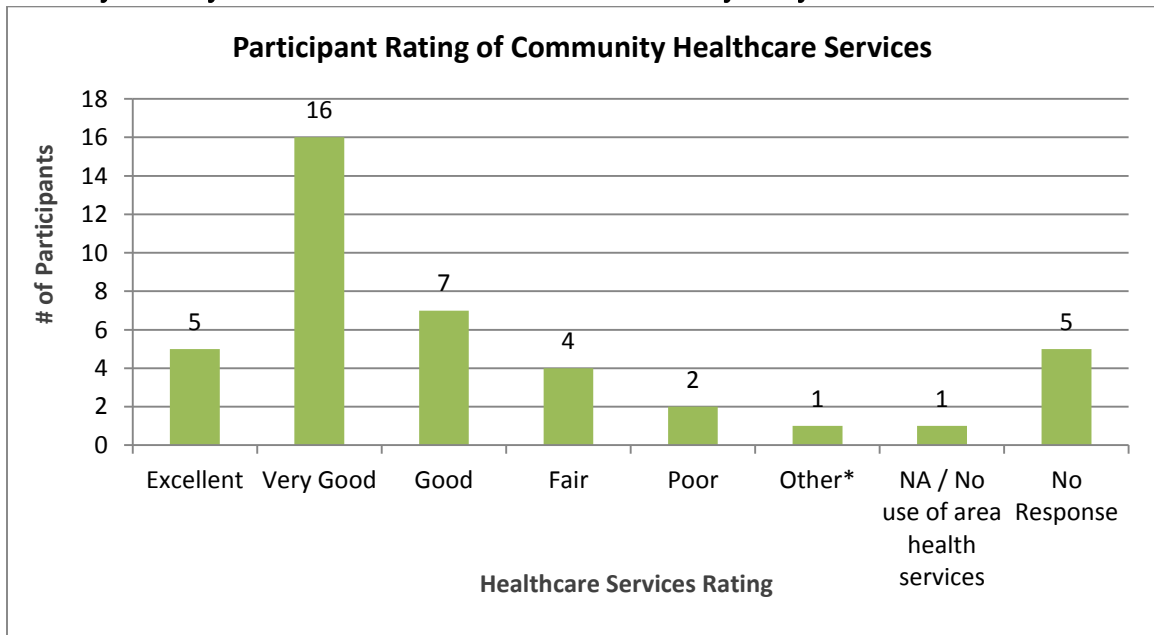
Where would you direct someone in order to find a list of community resources?

Where to Find a List of Community Resources
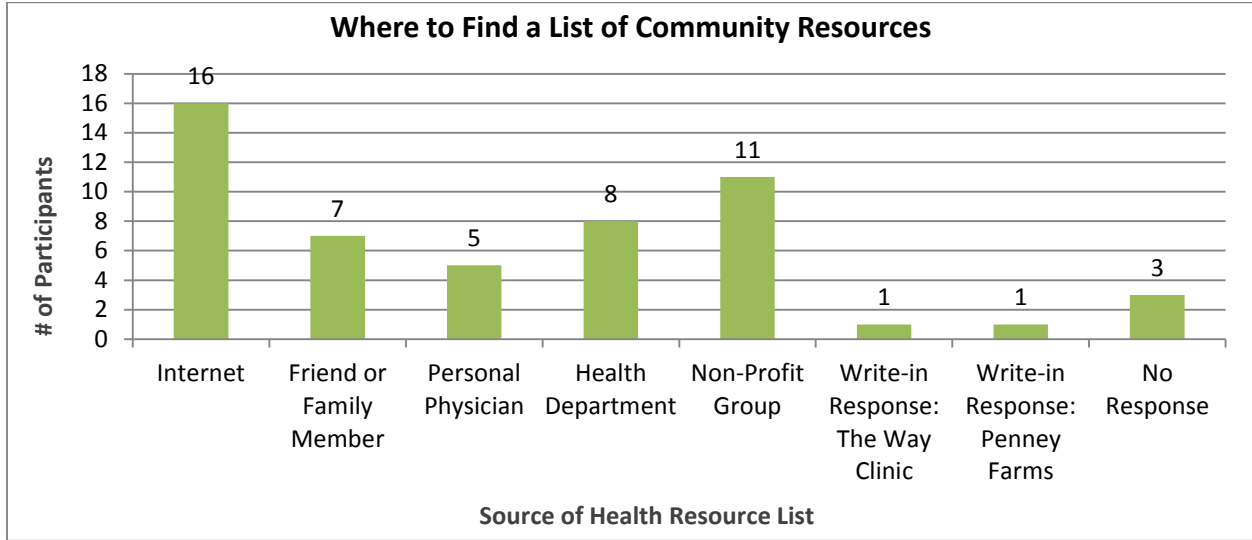
Note: Participants may have selected more than one response.

Describe your community with one word. (Such as healthy, unhealthy, driven, relaxed, closed, open)

Descriptive Word	Fleming Island	Green Cove Springs	Keystone Heights	Middleburg	Orange Park	Penney Farms	All Communities
Underfunded	1	0	0	0	0	0	1
Closed	1	0	0	0	0	0	1
Nonconnected	0	0	0	1	0	0	1
Isolated	0	0	0	0	1	0	1
Limited	1	0	0	0	0	0	1
Relaxed	1	3	3	3	1	0	11
Unhealthy	0	2	0	0	1	0	3
Healthy	0	1	0	0	1	3	5
Busy	0	1	0	0	0	0	1
Driven	0	1	0	0	1	0	2
Friendly	0	0	1	0	0	0	1
Casual	0	0	1	0	0	0	1
Biased	0	0	1	0	0	0	1
Open	0	0	0	2	1	1	4
Versatile	0	0	0	1	0	0	1
Loving	0	0	0	0	0	1	1
Caring	0	0	0	0	0	2	2
Aging	0	0	0	0	0	1	1
Fine!	0	0	0	0	0	1	1
Motivated	0	0	0	0	0	1	1
No response	1	0	0	1	4	1	7

Note: Participants may have selected more than one response.

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What do you believe are the two to three most important characteristics of a healthy community?

What do you believe are the most important characteristics of a health community?	Fleming Island	Green Cove Springs	Keystone Heights	Middleburg	Orange Park	Penney Farms	All Communities
Health of the children	0	0	0	0	1	0	1
Health conditions of seniors	0	0	0	0	1	0	1
Access to services (i.e. transportation)	0	1	1	1	1	0	2
Access to good/affordable health/medical services	2	4	2	1	2	3	14
Access to healthy restaurant/food choices	1	2	1	0	1	1	6
Less car-oriented	0	0	0	0	1	0	1
Good schools	0	1	0	0	1	0	2
Employment opportunities	1	0	0	0	1	0	2
Communication / cooperation	1	0	2	0	0	1	4
Volunteering / taking care of community	1	0	0	0	0	1	2
Personal connections/Friends	1	0	1	0	0	2	4
Clean air	0	0	0	0	0	1	1
Happiness	0	0	0	1	0	1	2
Necessary living accommodations	0	0	0	0	0	1	1
Productivity	0	0	0	1	0	0	1
Low crime rate / safety	0	0	1	1	0	0	2
Low STI rate	0	0	0	1	0	0	1
Programs to encourage and reward proactive preventative health care	0	0	0	1	0	0	1
Healthcare education	0	0	0	1	0	0	1
Exercise / physical activity	0	0	1	1	0	0	2
Knowledge / Information	1	0	1	0	0	0	2
Friendly	0	0	1	0	0	0	1
Having insurance	0	1	0	0	0	0	1
Income level	0	1	0	0	0	0	1
Solid church community	0	1	0	0	0	0	1
Resources	1	0	0	0	0	0	1
Diversity	2	0	0	0	0	0	2
Recreation facilities	1	0	0	0	0	0	1
No response	0	2	0	2	3	2	9

Note: Participants may have selected more than one response.

Appendix A-2. Focus Group Discussion Questions & Responses

Part I (Community Health)

1. What are the most significant health concerns or unhealthy behaviors in Clay County?

Poor nutrition / unhealthy eating	6
Smoking, e-cigarettes, and tobacco use	6
Lack of access to affordable, healthy food	5
Obesity & overweight	4
Drug, alcohol, or prescription abuse	4
Cancer	4
Teen pregnancy	3
Diabetes	3
ACA is not working; lack of Medicaid expansion	3
Mental health	2
Lack of physical activity	2
Lack of providers for the uninsured/underinsured	1
Unemployment	1
Lack of good doctors in Keystone	1
Lack of recreational opportunities	1
Stroke	1
Lack of preventive care	1
Heart disease	1
Limited mobility	1
High prevalence of sugar and sweetened goods	1
Respiratory issues/ asthma	1
Poor follow-up care and poor chronic condition management	1

2. What are the main reasons why these concerns or behaviors are present?

Job market / underpaid jobs	4
Lack of money / poverty	4
Lack of healthy food access; poor diet	3
Lack of health education	3
Stress	2
Lack of knowledge about where to find resources among Clay residents	2
Lack of insurance	2
Poor parenting	2
Lack of access to care	2
Lack of mental health services, especially for children	1
Lack of low-income housing	1
Isolation for some communities, i.e. Keystone Heights	1
Lack of resources for homeless population	1

Community and resources are spread out, not streamlined	1
Lack of recreational opportunities	1
Difficulty finding docs who take Medicaid/Medicare	1
Lack of qualified doctors in the county	1
Busy lifestyles	1
Greed of insurance companies	1
E-cigarettes are marketed as safe alternative to regular cigarettes	1
Lack of public transportation	1
Distribution of services -- southern part of county is lacking services	1
Reactive rather than proactive culture	1
Poor work culture	1
Hours of health services are difficult for working people	1
Dental health services are unaffordable	1
Not a family friendly society	1

3. **Where would you go if you were sick and in need of a doctor's assistance? Why?**

Doctor's offices in OP	2
OPMC	2
Health department	1
Way free medical clinic for uninsured	1
Azalea health	1
Shands/UF Health	1
Urgent care	1
Mediquick by Winn Dixie	1
Mayo in Jacksonville	1
Penney Farms retirement community	1

4. **What doctor/emergency room did you go to prior to 2013? Why?**

Orange Park	4
Out of county = Baptist Downtown	1
UF/Shands	1

5. **What doctor/emergency room do you go to now? Why?**

St. Vincent's	4
Orange Park	3
Baptist ER	2
UF/Shands	1
Depends on care needed and location	1

6. **Do you believe there is a network for friends and family during times of need?**

Yes, Mercy Support Services, churches, food banks, etc.	2
No	1

No, need for Behavioral health needs improvement and a Baker Act group therapy after hospital	1

7. Which particular health care services are most difficult to access?

Dental care (especially for low-income – dentists won't take Medicaid)	6
Specialty care	6
Mental health	5
Primary care (especially for uninsured/Medicaid populations)	3
Affordable prescriptions	3
Access to pain medication	2
Children's mental health	1
Hearing/ vision	1
Female medical care (OB/Gyn)	1
Physical therapy/Rehabilitative Services	1
Substance abuse treatment	1
Elderly assistance	1

8. Are there any special concerns regarding access to rehabilitative care and pediatric care in Clay County?

Special needs children have limited options in Clay	1
Lack of doctors accepting Medicaid	1
Lack of dentists accepting Medicaid	1
Kids don't get vaccinations on time or at all in some cases	1
Limited rehab/PT in Keystone	1
Health department in Keystone has been closed for years -- limits young people's access STD testing, immunizations, etc.	1
Lack of rehab services in Clay	1
Undocumented individuals do not have access to rehab care	1
Children's access to dental care	1

9. What are the principal access barriers for these services?

Lack of transportation	7
Cost / affordability	5
Lack of citizen knowledge / understanding of health and healthcare system	4
Lack of insurance	3
Lack of mental health providers / services	2
Language / Cultural	2
Health care service hours (usually during working hours)	1
Lack of education	1
Low job availability	1
High provider turnover	1
No insurance coverage for hearing	1
Have to leave county for good rehab care	1

Stigma surrounding mental health issues	1
Declining funding for healthcare services	1

10. What gets in the way of seeking or receiving care?

Cost/ lack of money	4
Lack of insurance	3
Social stigma is a problem for military population – they don't want to say anything about mental health issues while on base	1
Lack of Medicaid expansion	1
Transportation	1
Community is spread out, people are far from services	1
Lack of mental health services	1

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

Socioeconomic	Low income	3
	Homeless	2
	Immigrants	1
	Young families	1
Geographic	Rural parts of Clay County	3
	Keystone	2
	Clay Hill	1
	Grove Park	1
	High Ridge Estates -- low-income population	1
	Community of Pierce Station	1
	Areas around Wilkinson Elementary and Jr. High – high poverty and use of free/reduced lunch program in this area	1
Age Groups	Elderly population	4
	Pre-Medicare population (people in 40s and 50s)	3
	Adults without dependents	3
	10-17 – people don't want to work with adolescents; mental health is a big issue for this population	2
Race / Ethnicity	African American community of New Hope	1
Other	Disabled population	1

12. With regards to community health needs, which come to mind as the most significant?

Cost/Access to quality care	3
Lack of mental health providers/services	2
Lack of resources for homeless population	2
Lack of insurance; care for the uninsured	2
Hunger	2

Lack of communication	2
Employment	1
Transportation	1
Lack of income	1
Housing	1
Heart disease	1
Cancer	1
Diabetes	1
High blood pressure	1
Lack of knowledgeable doctors	1
Lack of health department in Keystone	1
Sequestration	1
Indoor air quality, respiratory problems, asthma	1
Lack of consistency of care between hospitals	1
Chronic disease in young people	1
Dementia	1
Lack of follow-up/ discharge care	1
Overuse of ER for chronic conditions	1
Lack of case workers	1
Healthcare system is difficult to navigate	1

13. Which issues are of the greatest concern for populations experiencing health disparities?

Homeless	Lack of resources (food, shelter, transportation)	2
	Lack of support services	1
Low-income	Poor nutrition	2
	Lack of access to resources	2
	More medical issues	1
Youth	Sexual/domestic abuse	2
	Drug abuse	1
	Bullying	1
	More sexual activity in teens	1
	Obesity	1
Other	Transportation	2
	Pet overpopulation – no low cost or no cost spay/neuter programs – disease transmission	1
	Lack of access to care	1
	Lack of communication	1

Part II (Quality Of Life)

14. What makes you the most proud of this community?

Sense of community in many neighborhoods; caring/helping each other	5
Good people in Clay County	4
School system	4
Lack of crime/ safety	2
Volunteering	2
Military	2
Slower paced environment	1
Good place to age	1
Rural	1
Food bank	1
Many people speak sign language	1
Easy to find information	1
Availability of healthcare	1
Diversity	1
Clean environment	1
Number of people going to church	1

15. What is important to this community?

Jobs in the community	4
Cheaper housing/land than Jacksonville; affordability	3
Churches; religious activities	3
Communication and connections	2
Quality of life	1
Resources/assets that make people want to stay in the community	1
Rural community lifestyle	1
Water/ the lakes	1
Safety	1
Access to resources for homeless individuals	1
Schools	1
Caring for each other	1
Healthcare	1
Transportation	1

16. What assets does the community have that can be used to improve the community's health?

The people (leaders and citizens)	2
Mercy Support organization	2
Hospitals	1
Empty office buildings in Fleming Island – could be used for new employers	1
Schools	1
Keystone senior center	1

Churches	1
Population growth	1
Number of farms	1
Collaboration between public and private agencies	1
Traditions	1
Library system—computers for public use	1

17. Do you feel this community is a safe place to live?

Yes, generally safe	5
There are pockets of crime	2
No homeless shelter	1

18. What do you see as the school system's role in health?

Healthy eating & food education	7
Health education	5
Lunch programs and summer lunch programs	4
Immunizations	2
School nurses provides basic health services	2
Communication about community services; information sharing	2
Teaching life skills	2
Physical activity	1
Involve school kids in community gardens, food prep	1
Prevention	1
Preventing kids from getting involved in crime	1
Screening tests (eyes, ears, BMI, etc.)	1

19. Are you satisfied with the quality of life in your community?

Yes	5
No	2
No response	1

20. How close socially is this community?

Close	2
Depends on the neighborhood	1

21. Why is this community a good place to live with your family?

Safe	3
Clay school system	2
Nice people	1
Many churches	1

22. Why is this community a good place to spend your life as you age?

Good health services (if financially secure)	2
Many places for people to retire	1
Peaceful; slow-moving atmosphere	1
Need more affordable, elderly housing	1

23. What would excite you to improve Clay County?

More volunteers/seeing that others care	2
Getting different stakeholders to come together in new/different ways	2
More bike lanes, increased walkability/sidewalks	1
More land for public parks	1
More activities for young people	1
More services for indigent population	1
More specialists	1
Communication about local resources	1
More dementia care	1
CHA process/ focus groups	1
A "stop-gap" for discharge are from hospital	1
More socially close community	1
Knowledge about services and problems	1
Musical events	1
More jobs in the community	1

Part III (Clay County Health Department)

24. Are you familiar with the services the health department provides to clients?

Yes	2
Somewhat	4
No	2

25. Do you think these services are meeting the needs of the community?

No, there is no health department in Keystone	1
No, but they are doing the best they can w/ resources they have	1
There is a lot more needed	1

26. What services do you feel should be added?

More dental	1
Mental health	1
Pharmacy; prescription assistance	1
One stop shopping would be helpful for those without access to transportation – army bases do this	1
Social services	1
All should be added in Keystone	1

27. Are there any services that should be eliminated?

No	2
Not sure	1
Reduce bureaucracy	1

28. If you could create any type of health program(s) for this community, what would they be?

One stop shopping – primary, specialty, and pharmacy all in one place	2
Mental health	2
Free healthcare, including specialty	2
Transportation	2
Non-bureaucratic health department in Keystone	1
Healthy lifestyle program	1
Public pool	1
A theme/challenge that pulls the community together	1
More proactive, preventive health care through education or incentives	1
Health education should start early and be integrated into schools, churches, Wise, non-profits, etc.	1
Integrated health program, rather than disconnected pieces, with coordinated progression K-12. The program should be headed by a trusted/credible organization, a leading voice in the community	1
Access to affordable, healthy foods	1
We Care Clay program – like Duval does – provides health care through volunteer providers at free or reduced prices	1
Better fund programs currently in existence, such as Way Clinic and health department	1
Free dental service	1
Central care center with case managers	1
Insurance coverage for all	1
Social services	1
Umbrella organization	1
Hospital health fairs showing what services and resources are offered	1
No smoking in public/ cigarette butt enforcement program	1

Part IV (Group Comments)

29. Final Comments:

Need for affordable child care	1
Need for low-income housing	1
Bacteria in lakes is environmental health concern	1
Slum lords need to be run out of Keystone	1
PH advocate	1

Need to emphasize communication about existing resources and to continue discussions about missing resources and how stakeholders can work together to support health education	1
Medical advocate in Penney Farms– follows EMS to answer questions, help, etc. -- this is a good program	1

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Appendix B. Key Stakeholders Interviewed

Darin Roark, BSN, MBA, RN
Administrator, Baptist Clay Medical Campus

Steve Howard
Mayor, Town of Orange Park

D. Blain Claypool
President, St. Vincent's Medical Center- Clay County

Chad Patrick
CEO, Orange Park Medical Center

Stephanie Kopelousos
Clay County Board of County Commissioners

Diane Hutchings
Commissioner, Clay County BOCC

Sandra Schellhorn, ARNP
The Way Clinic

Teresa Scott
President, Penney Farms Retirement Community

David E. Motes
Deputy Chief of Operations, Clay County Emergency Management

Willie Lees
Executive Director, Fleming Island YMCA

Nancy Mills
Previous Administrator, Florida Department of Health, Clay County

R. Patrick Hayle
President and CEO, Mercy Network

Felicia Hampshire
Councilwoman, City of Green Cove Springs

Brian Campbell
Executive Director, Duval Medical Society

Irene Toto, LMHC
CEO, Clay Behavioral Health Center, Kids First of Florida

Donna Wethington
Project Director, Clay County Schools

Laura Spencer
President & CEO, Azalea Health

Colonel Craig Aldrich
Chief of Staff, Clay County Sheriff's Office

Loren Mock
Fire Chief, Clay County Fire & Rescue

Appendix C. Key Stakeholder Interview

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

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

Interview Questions & Answers

1) Could you briefly describe your position and how long you have lived and/or worked in Clay County?

| Time in Clay County (Years)		
40	7	
18	1.5	
25	9	
8	45	
10	35	
30	26	
11	21	
55	12	
18	25	
13	20	
2	22	
Average Time		20.61

2) It is important that we understand any affiliations you have with healthcare providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers healthcare services?

| Type of Organization	# of Stakeholders
Hospital	3
Fire/Rescue/EMS	2
Government	7
Non-Profit	3
Wellness/Fitness Center	1
FQHC	1
Nursing Home	1
Medical Society	1

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3) Please comment on your overall perspective on healthcare in Clay County including the services available to meet healthcare needs and the general health of Clay County residents.
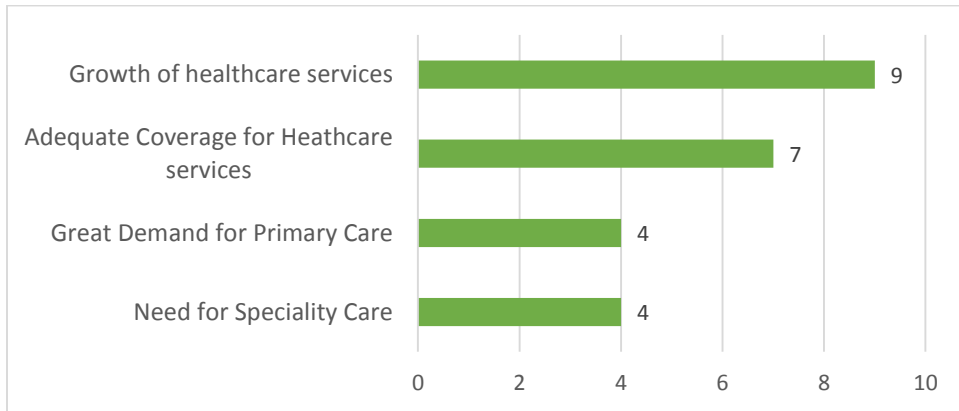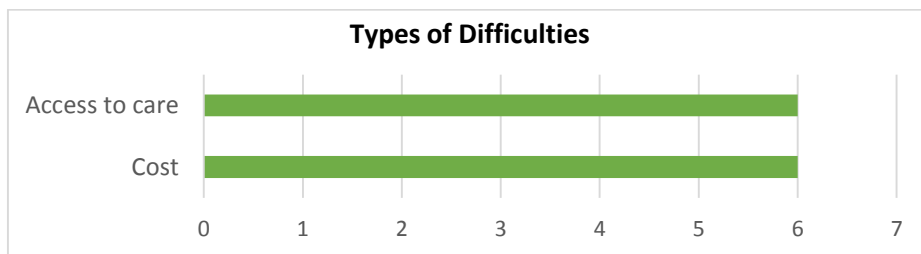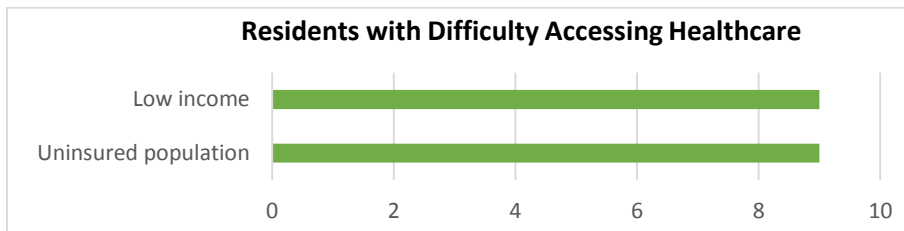

4) Where do you think the residents of Clay County go to get needed health information?
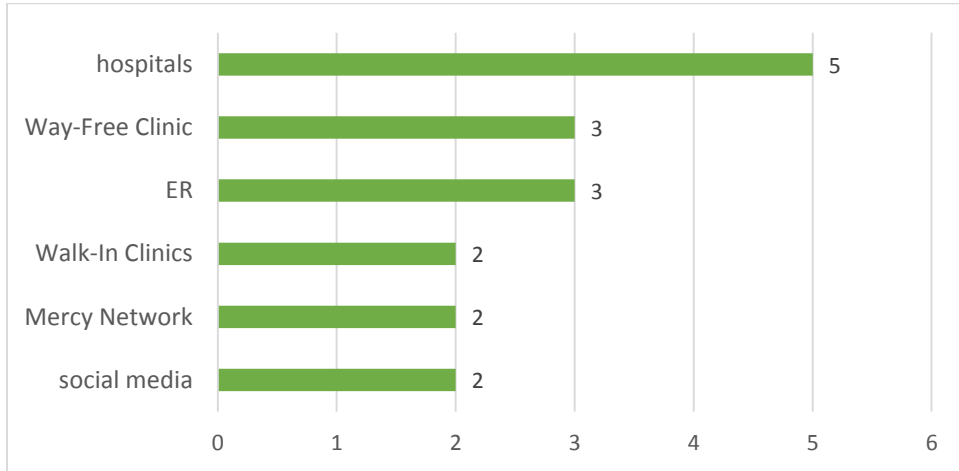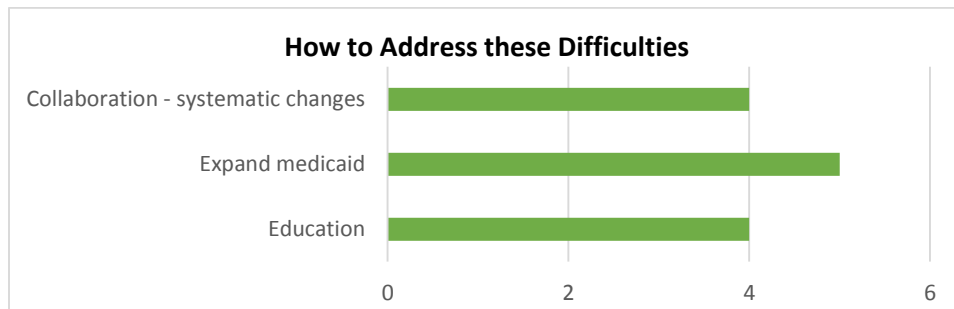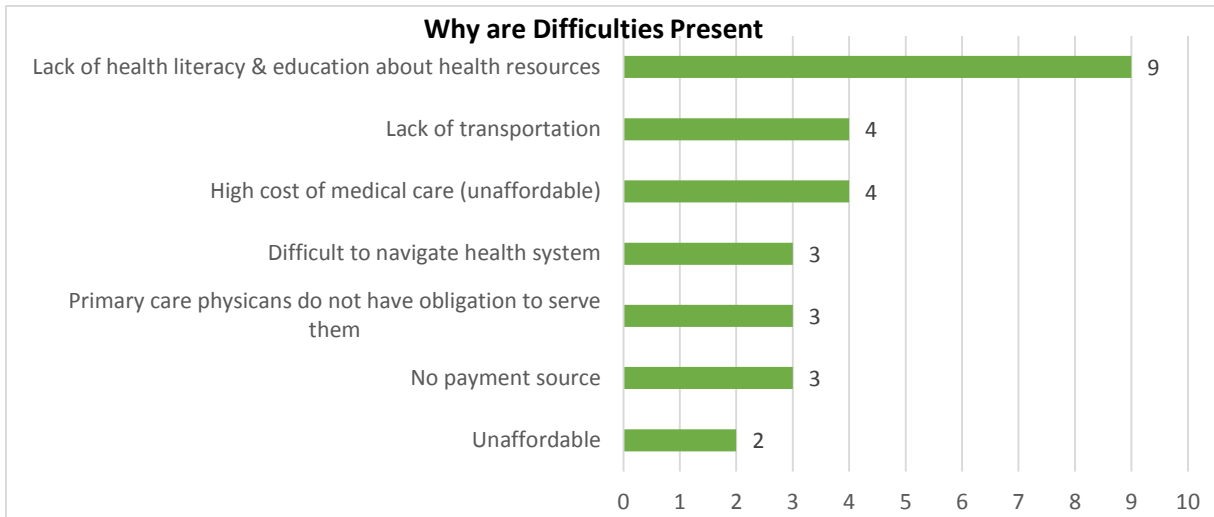

5) What do you think are the most pressing healthcare needs in Clay County?
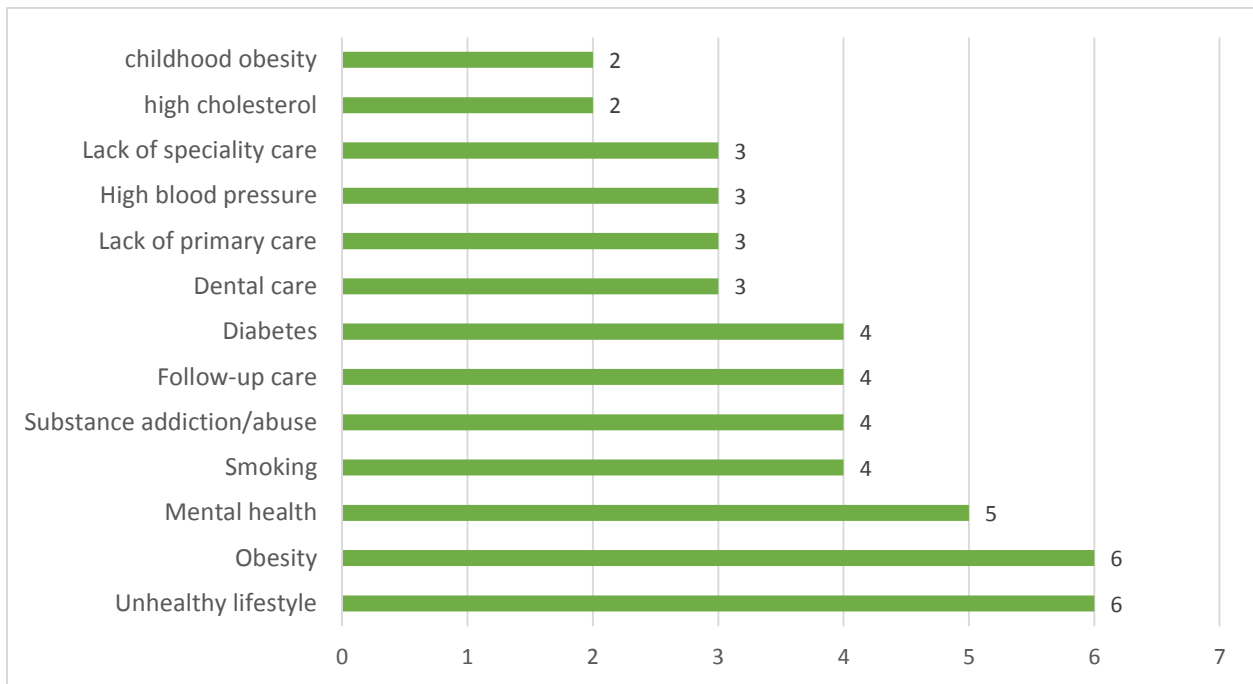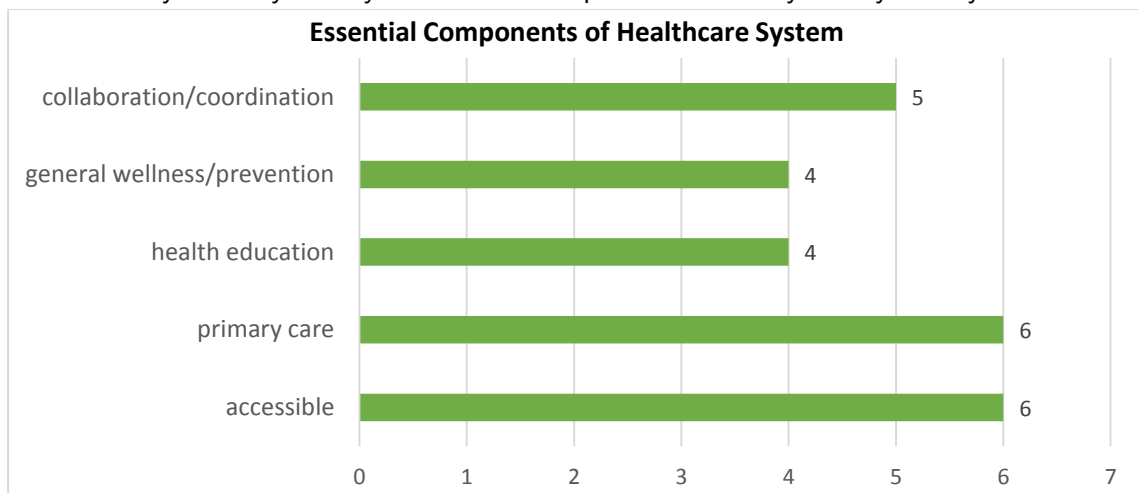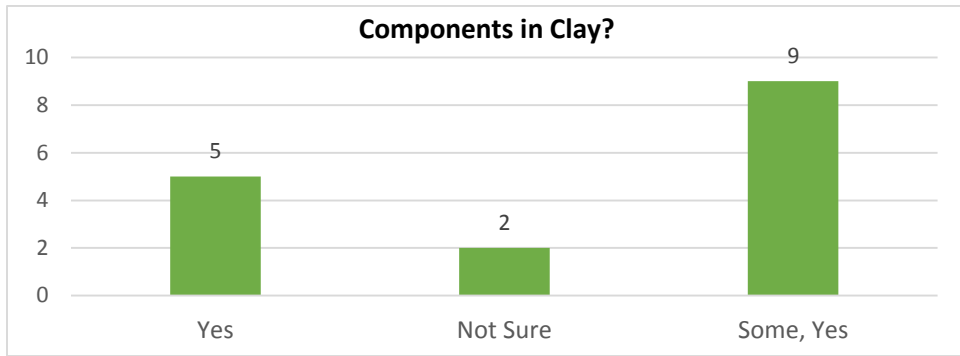
6) Now I am going to name some specific populations in Clay County and I would like you to comment about what you think are the most important health issues affecting them:
- Children: Access to medical care, Obesity, and Lack of dental care
- Teens/adolescents: Substance abuse, Mental health, Tobacco use, Sexual activity
- Adults: Lack of follow-up care, Obesity
- Elderly: Alzheimer's/Dementia, Heart disease, and Fall and injury
- Uninsured: Access to medical care, Lack of dental care, and Access to specialty care

7) What types of residents of Clay County have more difficulty with healthcare than others? What are these difficulties? Why do you believe these folks have more difficulties with healthcare? What actions are necessary to address this issue?

Why are Difficulties Present

Lack of health literacy & education about health resources	9
Lack of transportation	4
High cost of medical care (unaffordable)	4
Difficult to navigate health system	3
Primary care physicans do not have obligation to serve them	3
No payment source	3
Unaffordable	2

How to Address these Difficulties

Collaboration - systematic changes	4
Expand medicaid	5
Education	4

8) What do you think are the essential components of a quality healthcare system for a community like Clay County? Are these components currently in Clay County?

Essential Components of Healthcare System

collaboration/coordination	5
general wellness/prevention	4
health education	4
primary care	6
accessible	6

Components in Clay?

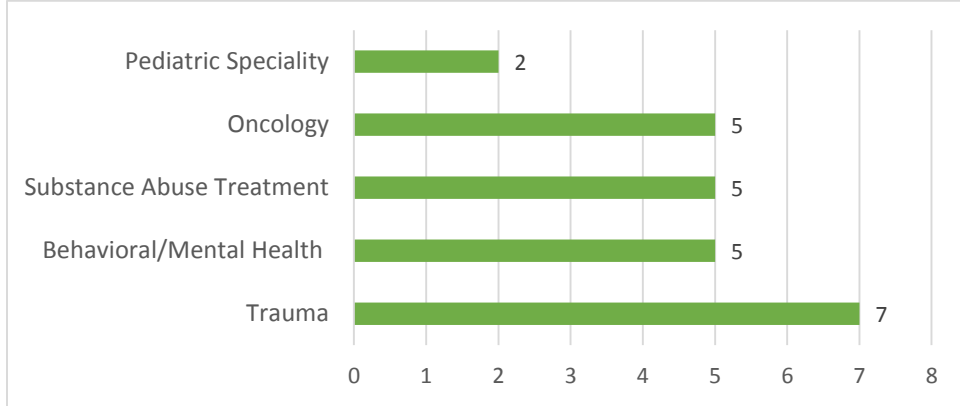|	
Yes	5
Not Sure	2
Some, Yes	9

9) I am going to name some specific types of services and ask you to share any impressions you have about them, particularly anything you know about how these services are available to all persons in Clay County and whether there are any obstacles to receiving these types of services:
   a. Primary care: adequate services, lack of affordable care, transportation
   b. Dental care: adequate services, lack of affordable care
   c. Specialty care: adequate services, lack of referral, insurance might not cover
   d. Mental Health care: need for more service, population needs more knowledge on resources, cultural barrier
   e. Sexual Health Services: adequate services, cultural barrier
   f. Substance Abuse treatment: inadequate services, transportation
   g. Emergency care: services are expanding/growing
   h. Hospital care: services are expanding/growing
   i. Hospice care: area of excellence
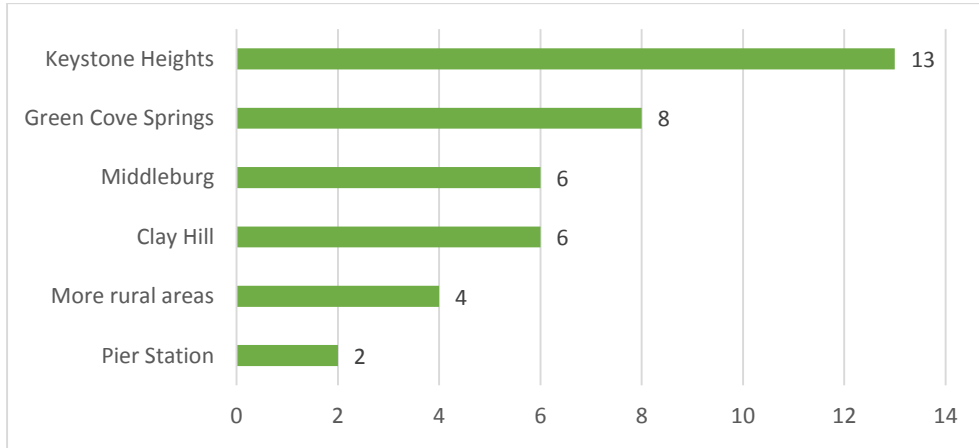   j. Pediatric/Neonatal care: adequate services

10) Are there other types of services that individuals in Clay County have difficulty accessing?

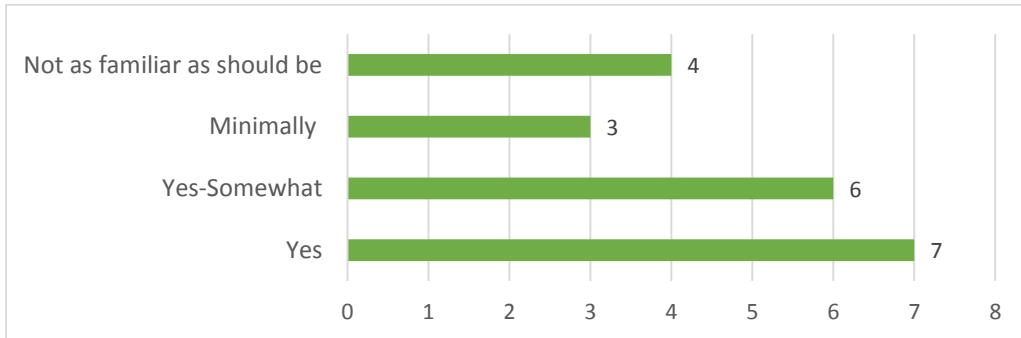|	
None	10
Services for those with disabilities	1
Transportation	1
Services for Population coming out of prison	1
Health/wellness programs	2
Childhood trauma	1
Services for homeless populations	1
Oncology	1

11) Are there services that individuals in Clay County must go outside of the county to receive?
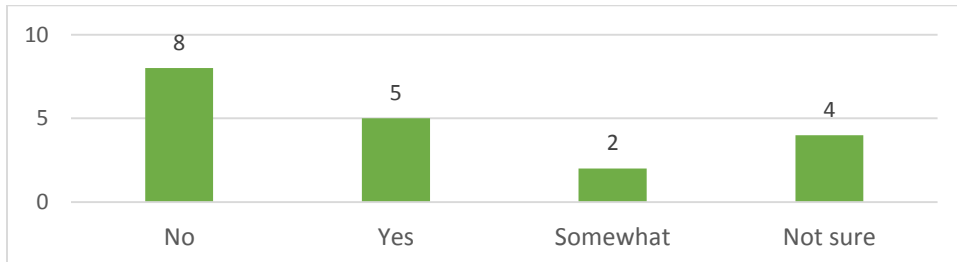

Pediatric Speciality — 2
Oncology — 5
Substance Abuse Treatment — 5
Behavioral/Mental Health — 5
Trauma — 7

12) Are there areas/neighborhoods in the County where residents have a particularly difficult time accessing services?

Keystone Heights — 13
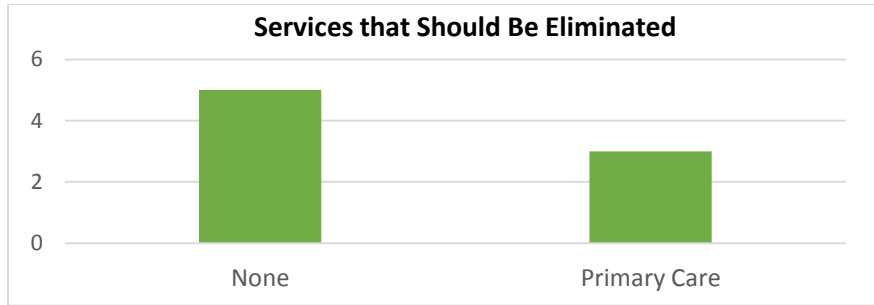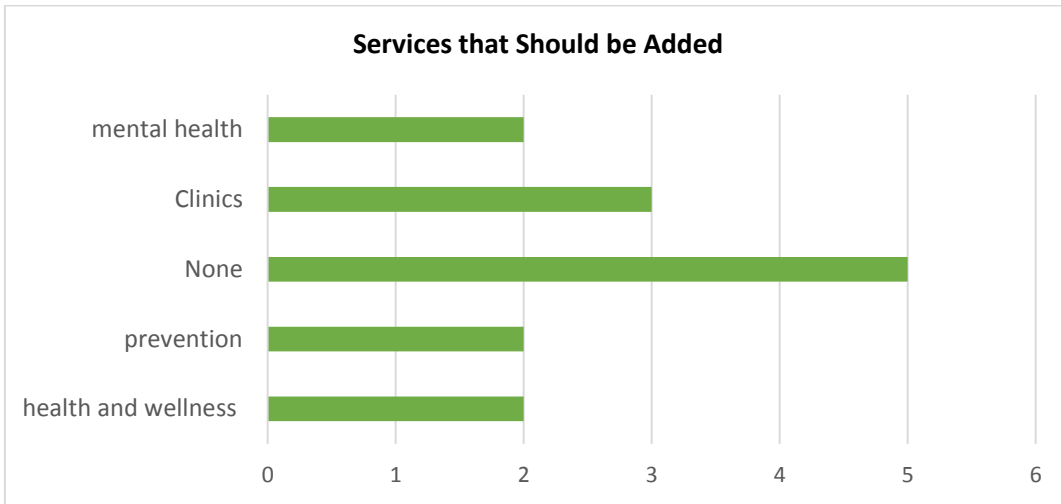Green Cove Springs — 8
Middleburg — 6
Clay Hill — 6
More rural areas — 4
Pier Station — 2

13) Are you familiar with the services that the health department provides to clients?

Not as familiar as should be — 4
Minimally — 3
Yes-Somewhat — 6
Yes — 7

14) Do you think the services are meeting the needs of the community?

No — 8
Yes — 5
Somewhat — 2
Not sure — 4

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15) If not, what services do you feel should be added? Are there any services that should be eliminated?

Services that Should be Added

mental health	2
Clinics	3
None	5
prevention	2
health and wellness	2

(horizontal axis: 0 1 2 3 4 5 6)

Services that Should Be Eliminated

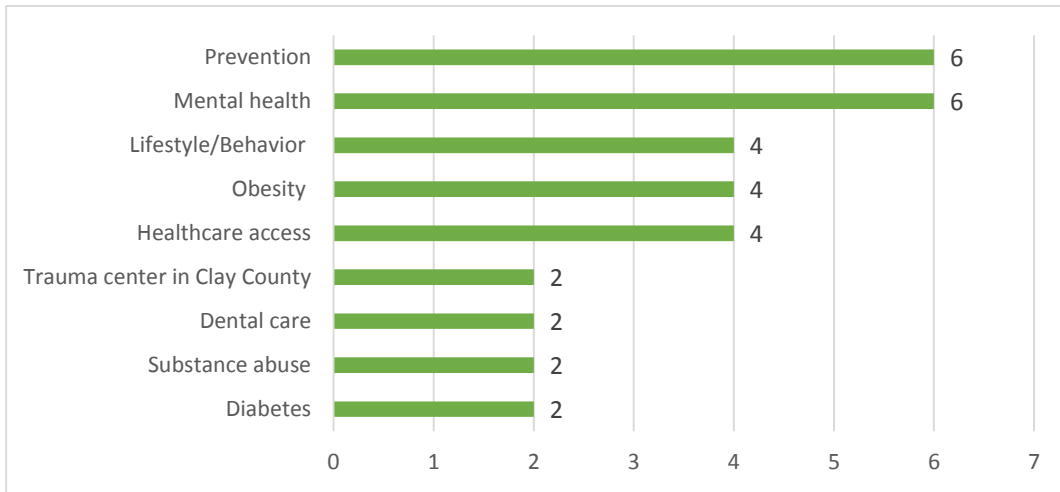| None	Primary Care
5	3

(vertical axis: 0 2 4 6)

16) We often hear that transportation is an issue that impacts accessing needed healthcare. Is this something that you have seen in the community?
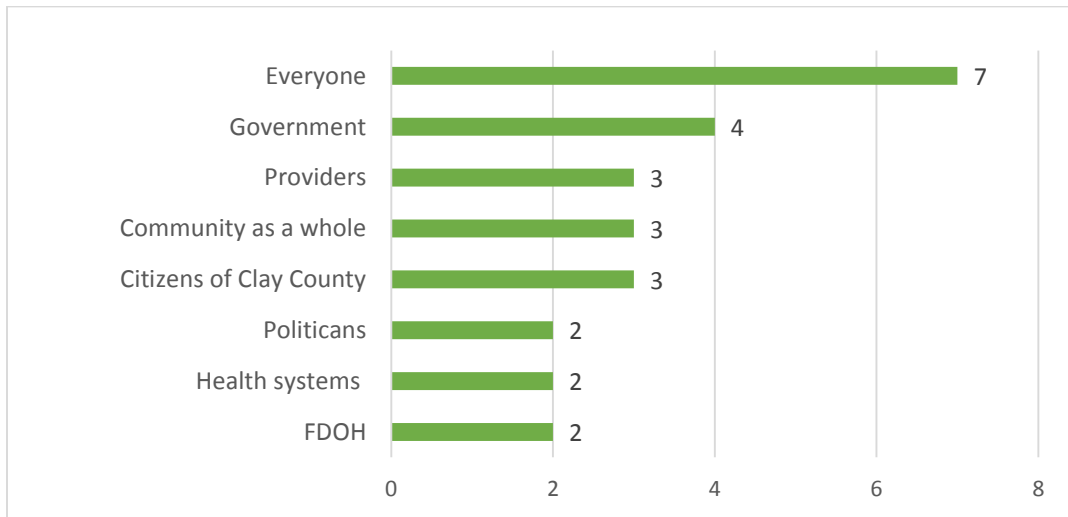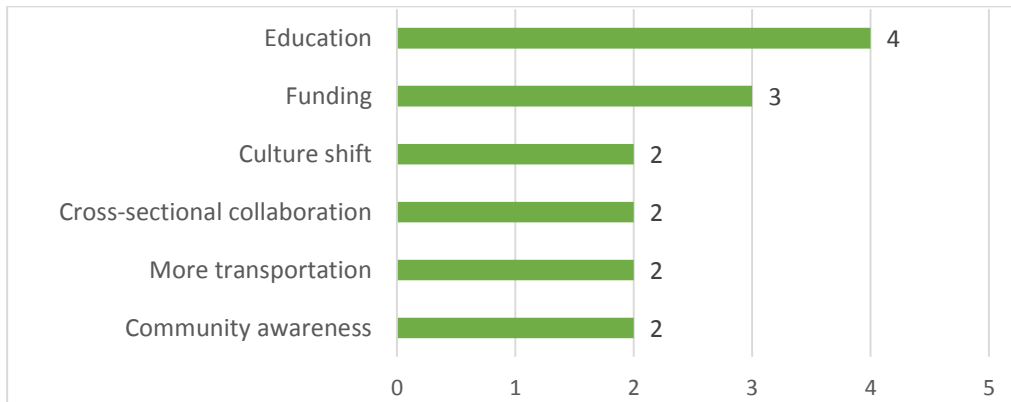
■ Yes ■ No
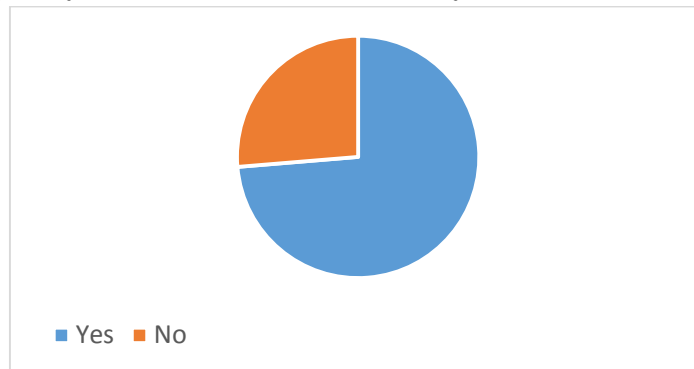
17) Of all the issues and services we have discussed, which do you think is the most important healthcare issue?

18) What actions are necessary to address this issue? Who do you think should take responsibility for addressing this issue?

19) Do you have any additional comments you would like to share about healthcare needs in Clay County?