



**ED FRASER
MEMORIAL HOSPITAL**

Owned and Operated by Baker County Medical Services

BAKER COUNTY

Community Health Improvement Plan

2024

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

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



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Executive Summary

Healthy Baker, a group comprised of community leaders from local medical and behavioral health providers, social service agencies, civic organizations, and minority and faith-based groups, has worked together to better understand the current and future health needs of the Baker County community. Healthy Baker and the CHIP workgroups, with guidance from the Health Planning Council of Northeast Florida, Inc. (HPCNEF), developed this Community Health Improvement Plan (CHIP) as part of ongoing efforts to improve health in Baker County.

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

Healthy Baker decided the 2024 CHIP would focus on the following priority health issues after reviewing and discussing the data collected through the CHA process:

- **Access to Healthcare** (health professional shortages, lack of specialty care, long distances to care, insurance coverage issues, healthcare affordability, transportation barriers, long wait times)
- **Disease Prevention & Lifestyle Behaviors** (health behaviors, overweight/obesity, high chronic disease mortality rates, health education and knowledge)
- **Behavioral Health** (mental health status, mental health services, youth substance use, overdoses, domestic violence, child abuse/neglect)

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

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

During the next steps of the MAPP health planning cycle, the CHIP workgroups will continue to work together to address the three priority health issues outlined above. The CHIP workgroups will plan for action, implement strategies, and evaluate progress. As a living document, the *2024 Baker County Community Health Improvement Plan* is flexible and can accommodate changes or updates as needed. The CHIP group will reassess and update the CHIP Action Plans and the Community Health Assessment annually to best address the needs of the local community.

Acknowledgments

With valuable input from Baker County's community stakeholders and leaders, the 2024 Baker County CHIP became a decisive community call to action. DOH-Baker, Ed Fraser Memorial Hospital, and HPCNEF would like to extend gratitude to the organizations and individuals who dedicated their valuable time to ensure that the CHIP goals, objectives, and strategies aligned best with the needs of the local community. DOH-Baker, Ed Fraser Memorial Hospital, and HPCNEF would also like to thank the organizations involved with implementing the CHIP action plan. Through cooperation and leadership, Baker County will make strides toward its desired health outcomes.

CHIP Contributors:

- Baker County Fire Rescue
- Baker County Government
- Baker County Medical Services
- Baker County YMCA
- Baker Prevention Coalition
- First Coast Women's Services
- Healthy Baker
- Mayo Clinic
- Meridian Behavioral Healthcare
- Northeast Florida AHEC
- Northeast Florida Healthy Start Coalition
- Project Opioid JAX Chamber
- Tobacco Partnership
- UF Cares

Using the Community Health Improvement Plan

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

Community Residents

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

Health Care Professionals

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

Faith-Based Organizations

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

Government Officials

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

Educators

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

Public Health Professionals

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

Employers

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

Review of Baker County's Community Health Assessment

DOH-Baker and Ed Fraser Memorial Hospital maintain strong and enduring relationships with multiple health and social services providers throughout the community. DOH-Baker and Ed Fraser Memorial Hospital invited members from the ongoing Health Equity Taskforce group to act as a platform and steering committee for the Baker County Community Health Assessment (CHA) process, which began in May 2023.

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

The MAPP Process

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

MAPP Assessments

The MAPP process consists of four assessments:

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

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

EXHIBIT 1: THE MAPP MODEL



Forces of Change Assessment

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

Social Forces

- Increase in population growth
- Increase in homeless population

Economic Forces

- Inflation of costs for goods and services
- Increasing gap in income levels of families

Government/Political Forces

- Changes in public policies and legislations
- Lack of local governmental participation and acknowledgment of local public health issues

Community Forces

- New paramedicine program is in the process of being mobilized
- Overall community desire to be healthier

Environmental Forces

- Lack of transportation that does not require prior scheduling or qualifications

- Increase in disaster planning with real-life scenario training

Educational Forces

- New elementary school (Legacy)
- Teacher shortage

Science/Technology Forces

- Increase in telehealth services
- Electronic medical records have improved

Ethical/Legal Forces

- Lack of advanced directives
- Everyone knows everyone in the county which leads to a lack of privacy

Health Forces

- Increase in STDs
- Increase in cancer rates

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

Community Strengths & Themes Assessment

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

Community surveys, focus groups, and key stakeholder interviews provided the information needed to complete the Community Strengths and Themes Assessment. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) conducted five focus groups and ten key stakeholder interviews with the cooperation of the Florida Department of Health in Baker County and Ed Fraser Memorial Hospital. The Steering Committee asked community members and stakeholders to participate in a survey on community health, healthcare services, and quality of life in Baker County. A total of 822 community surveys were included in the analysis from community members and stakeholders in Baker County. Surveys and focus groups were designed to ascertain opinions of community stakeholders with knowledge of the community or influence in the county. The findings provided qualitative information, revealing community sentiments regarding healthcare services in Baker County.

Focus Groups

Focus group participants were asked to fill out a survey with questions about their demographics, insurance status, quality of life, health status, and more. A total of 39 participants in attendance at the focus groups filled out the demographic survey. Most participants were aged 40–54, female, White, and had at least a Technical/Community College education level.

- Of the 39 participants, 71.8% were female and 79.5% were White

- More than half (74.4%) of participants were 40 or older
- More than half (87.0%) of participants had an educational level of Technical/Community College or higher

HPCNEF staff presented discussion questions about community and health needs in Baker County during the focus groups for participants to answer aloud. The focus group discussion covered topics such as the community's access to care, quality of care, safety networks, health needs and concerns, community closeness and pride, and health education and knowledge. Several themes and issues were discussed more frequently, extensively, and with more intensity than others throughout the duration of the focus groups. These themes, which came up in response to more than one question, include: limited access to healthcare services and resources, transportation challenges, and the need for community-wide health education and awareness campaigns. According to focus group participants, some of the most significant health status concerns in Baker County are substance abuse, mental health, teenage pregnancy, and sexual health education.

Community Survey

A total of 822 community surveys were included in the analysis from community members and stakeholders in Baker County. Of the 813 participants who responded to the questions on gender and race/ethnicity, 87.0% were female and 86.0% were White. Of the 819 people who responded to the question on age, more than 50% were in the age groups 26–39 (27.7%) and 40–54 (30.6%). Most respondents resided in ZIP Code areas 32063 (Macclenny) (56.0%) and 32040 (Glen St. Mary) (33.0%).

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

Key Stakeholder Interviews

A total of 10 interviews via Zoom and Microsoft Teams were conducted by HPCNEF staff during the months of June through August 2023. The key stakeholders were suggested and initially contacted by the Florida Department of Health in Baker County. Key stakeholders included but were not limited to governmental representatives, health care providers, and representatives of local community organizations. On average, each interview lasted around 20 minutes. Topics addressed during the interviews included the interviewee's overall perspective on the most important health care needs and issues in Baker County, opinions of important health issues that affect county residents, and impressions of specific health services available in the county and the accessibility of these services.

The following issues were identified by key stakeholders:

- **Transportation Barriers:** The lack of reliable transportation emerged as a central and recurring theme, affecting residents' access to healthcare services. This barrier hinders

individuals' ability to reach hospitals, clinics, and other healthcare facilities, thus leading to the inappropriate use of emergency services and delaying necessary medical care.

- **Access to Services:** Various segments of the population, including older adults, children, adolescents, and low-income individuals, face difficulties accessing a range of healthcare services. These include primary care, specialty care, mental health care, substance abuse treatment, and preventive care. Insufficient availability of healthcare resources in certain areas of the county contributes to these challenges.
- **Mental Health and Substance Abuse:** Mental health issues, especially related to substance use and abuse (e.g., opioids and methamphetamines), pose significant health concerns in Baker County. The prevalence of Baker Acts, the lack of access to mental health care, and the stigma surrounding these issues are key subthemes within this category.
- **Community Engagement and Support:** The community's close-knit nature and its commitment to supporting residents were highlighted as strong points. Local partnerships, collaboration between organizations, and faith-based communities contribute to a sense of unity and shared values that can be leveraged for health improvement.
- **Social and Economic Factors:** The issue of health disparities was a recurring concern, particularly in terms of minority groups, people with lower incomes, and those without health insurance. Addressing these disparities and ensuring equitable access to care emerged as an important focus.
- **Education and Awareness:** The need for increased education and awareness on various health topics was evident. Examples of strategies include promoting health education in schools and community programs, addressing substance use misconceptions, and providing information about available healthcare resources.
- **Healthcare Infrastructure and Specialist Shortages:** The county's healthcare infrastructure was found to be lacking in certain aspects. Specialist shortages, the absence of certain medical services (neurologists, inpatient behavioral health, cardiologists, dermatologists, OB/GYNs, dentists), and the need for more comprehensive care services were highlighted as areas requiring improvement.
- **Stigma and Attitudes:** Stigma surrounding health issues, such as mental health, substance use, and teen pregnancy, was noted as a barrier to seeking care. Addressing these stigmas and promoting open dialogue were considered to be important steps toward improving healthcare utilization.
- **Community Empowerment and Leadership:** Engaging community leaders, fostering community engagement, and advocating for active participation in data collection (e.g., census) emerged as key strategies to improve healthcare outcomes and resource allocation.
- **Resource Allocation and Funding:** The availability of resources and funding to support healthcare initiatives, infrastructure development, and community programs were emphasized as crucial for sustained progress.

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) is a tool from the National Public Health Performance Standards Program used to answer the question: "What are the components, activities, competencies, and capacities of our local public health system?" Public health systems include "all public, private, and voluntary entities that contribute to the delivery of essential public health services

within a jurisdiction” (CDC, 2023b). The 10 Essential Public Health Services are key public health activities to be undertaken in all communities and are as follows:

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

Key health system stakeholders in Baker County answered questions about the local public health system via two in-person meetings to determine how the local public health system performs in each of the 10 Essential Public Health Services. Participants answered questions about each essential service and scored each service using the recommended scoring levels provided in the assessment instrument. Strengths and gaps in the county’s healthcare safety net and public health system were identified in this way and were subsequently considered during the remainder of the planning process.

Baker County performs best in Essential Services 2: Diagnose and Investigate, 4: Mobilize Community Partnerships, and 8: Assure a Competent Workforce, and scores lowest in 5: Develop Policies and Plans, 7: Link People, and 9: Evaluate Health Services.

Community Health Status Assessment

According to the Florida MAPP Field Guide, the Community Health Status Assessment is intended to answer the questions:

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

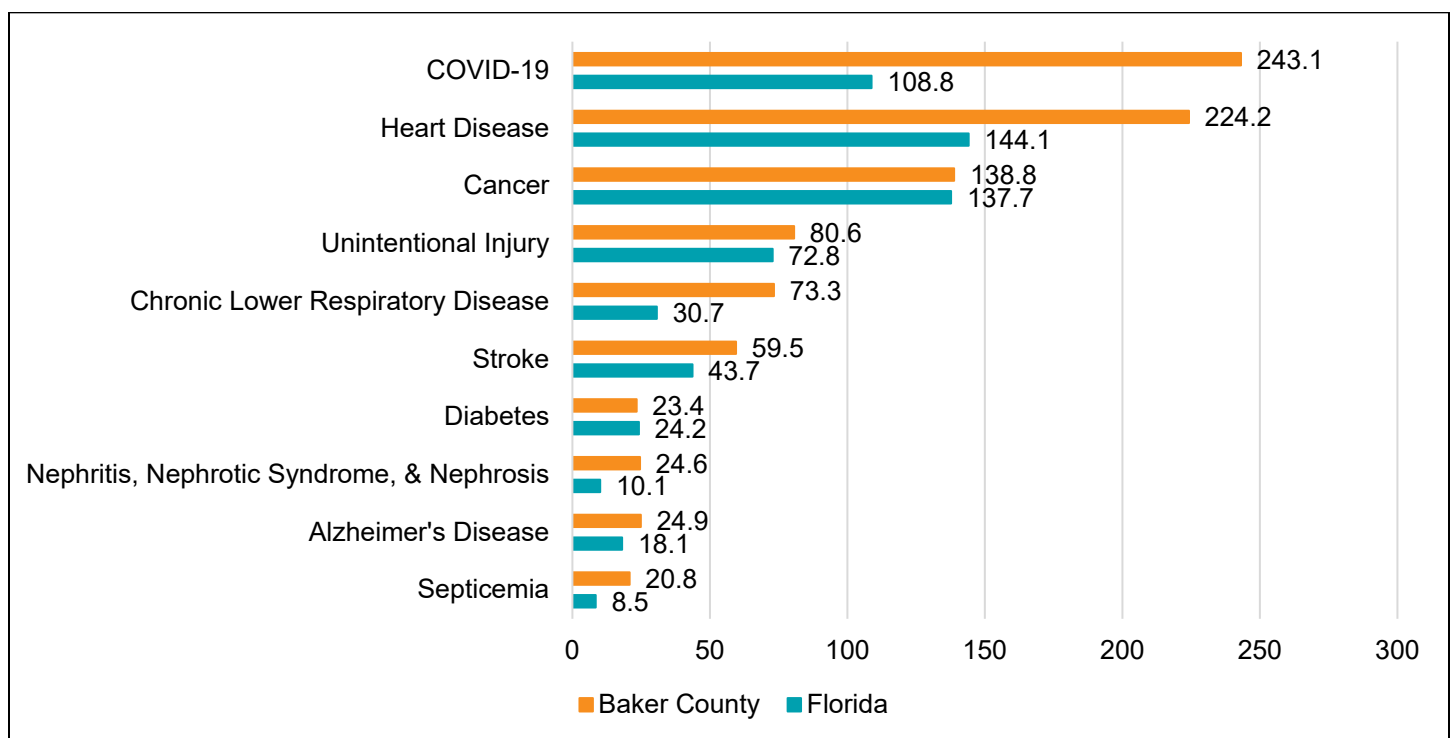
To answer these questions, HPCNEF staff collected, analyzed, and reviewed secondary data describing population health in Baker County and compared that data to other known time periods and/or geographies.

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

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

Mortality rates are key indicators of the state of health of a community. Exhibit 2 shows the top ten causes of death in Baker County and the state of Florida. The top three causes of death in both Baker County and Florida in 2021 were COVID-19, heart disease, and cancer. While COVID-19 was the leading cause of death in Baker County, heart disease was the leading cause of death in Florida. Compared to Florida, Baker County had a higher death rate per 100,000 for its top three causes of death. Baker County also had a higher mortality rate than Florida for unintentional injury; chronic lower respiratory disease; stroke; Alzheimer's disease; nephritis, nephrotic syndrome, and nephrosis; and septicemia.

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



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

Identifying Priority Health Issues

Top Health Issues Identified by Community Surveys

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

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

Top Health Issues Identified by Focus Groups

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

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

Top Health Issues Identified by Key Stakeholder Interviews

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

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

Top Health Issues Identified by Secondary Data

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

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

Top Health Issues Identified by the Steering Committee

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

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

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

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

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

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

Description of Priority Health Issues

Access to Healthcare

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

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to healthcare for many people. Health insurance is obtained privately through an employer (the individual's own or an immediate family member), purchased independently, or available to

certain individuals through government subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits (CDC, 2023c).

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

Baker County has a higher rate of insured persons compared to Florida, but a lower rate than the U.S. About 89% of Baker's total civilian noninstitutionalized population has insurance compared to 87% of Floridians and 91% of all Americans (Exhibit 3).

EXHIBIT 3: INSURANCE COVERAGE IN BAKER COUNTY, FLORIDA, AND THE UNITED STATES, 2017–2021

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

Source: [2021 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics](#).

Federal Health Professional Shortage Designation

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

prisons) (HRSA, n.d.). The entirety of Baker County is designated as a low-income population HPSA due to a lack of primary care, dental care, and mental health services (HRSA, n.d.).

Healthcare Providers

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

Exhibit 4 shows the number of total licensed physicians, various primary care providers, and dentists in Baker County. In the 2021–22 FY, Baker County had 11 licensed medical doctors while Florida had a total of 57,478. Baker County had two licensed family practice physicians, zero licensed pediatricians, zero licensed OB/GYNs, one licensed internist, and five licensed dentists.

EXHIBIT 4: TOTAL LICENSED PROVIDERS, BAKER COUNTY & FLORIDA, FY 2021–2022

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

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

Overall, Baker County has seen a decrease in the number of practicing physicians from 2017 to 2022. Exhibit 5 summarizes the change in the number of practicing physicians in the county in comparison to Florida during this time. Exhibit 6 shows the total number of physicians in Baker County by specialty groups. Baker County has one medical specialist for the areas of internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology, and pathology.

EXHIBIT 5: CHANGE IN NUMBER OF PRACTICING PHYSICIANS IN BAKER COUNTY, FYs 2017–2022

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

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

EXHIBIT 6: PHYSICIAN SPECIALTY GROUP COUNT IN BAKER COUNTY, FY 2021–2022

Type of Specialty Group	Baker County
Anesthesiology	0
Dermatology	1
Emergency Medicine	5
Family Medicine	10
Internal Medicine	4

Medical Specialist*	1
OB/GYN	0
Pediatrics	1
Psychiatry	14
Radiology	0
Surgeons	0
Total	37

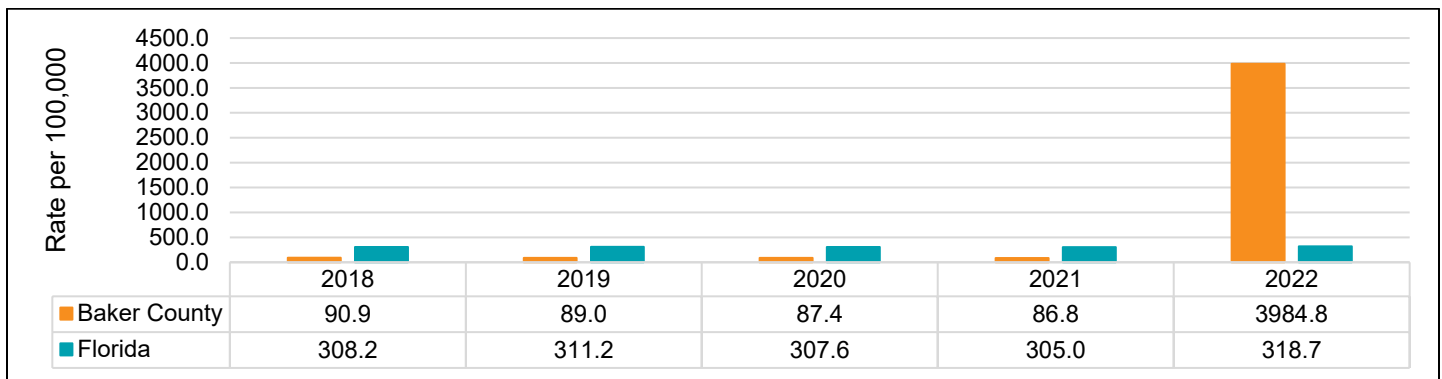
Source: [Florida Department of Health, Physician Workforce Annual Report, 2022](#).

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

Health Care Facilities

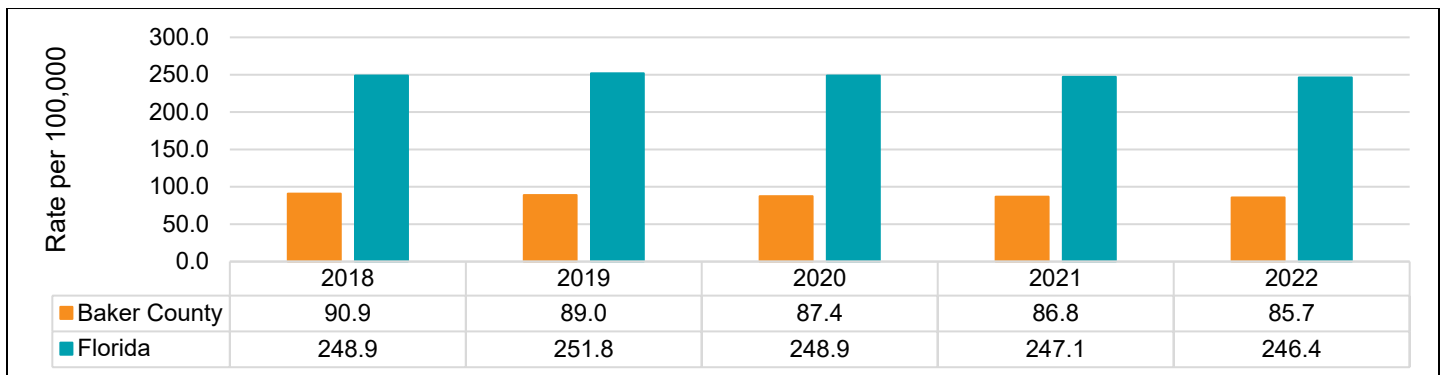
Acute care hospitals play a key role in the delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. Baker County had a significantly lower rate of total hospital beds (Exhibit 7) and specialty care beds (Exhibit 9) than did Florida until 2022. However, Baker County's rate of acute care beds is much lower than the state rate (Exhibit 8). Acute care beds provide short-term medical treatment for patients with an acute illness/injury or recovering from surgery or childbirth. Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.

EXHIBIT 7: TOTAL HOSPITAL BEDS, BAKER COUNTY & FLORIDA, 2018–2022



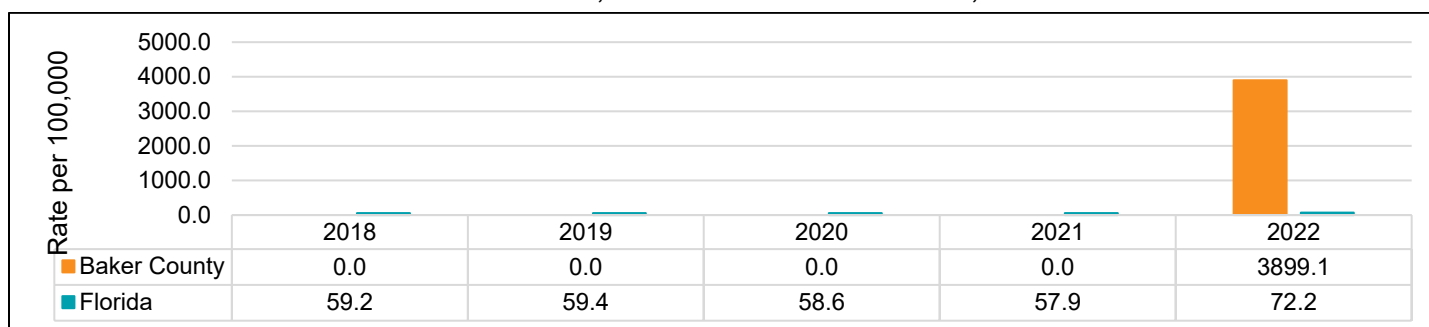
Source: [Florida Agency for Health Care Administration \(AHCA\)](#).

EXHIBIT 8: ACUTE CARE HOSPITAL BEDS, BAKER COUNTY & FLORIDA, 2018–2022



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

EXHIBIT 9: SPECIALTY CARE HOSPITAL BEDS, BAKER COUNTY & FLORIDA, 2018–2022



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

Behavioral Health

Behavioral health—including mental health, substance abuse, and resources—is an extremely important part of a healthy community. Behavioral healthcare focuses on the prevention, diagnosis, and treatment of these conditions. There are many factors that play a role in determining a person's overall mental health state. Key data related to behavioral health in Baker County is presented below.

Behavioral Healthcare Providers

Mental health is an important part of overall health and well-being. It is important at every stage of life from childhood and adolescence through adulthood. Baker County has a total of five licensed clinical social workers, zero licensed marriage and family therapists, 15 mental health counselors, and zero licensed psychologists as shown in Exhibit 10.

EXHIBIT 10: TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, BAKER COUNTY & FLORIDA, FY 2021–2022

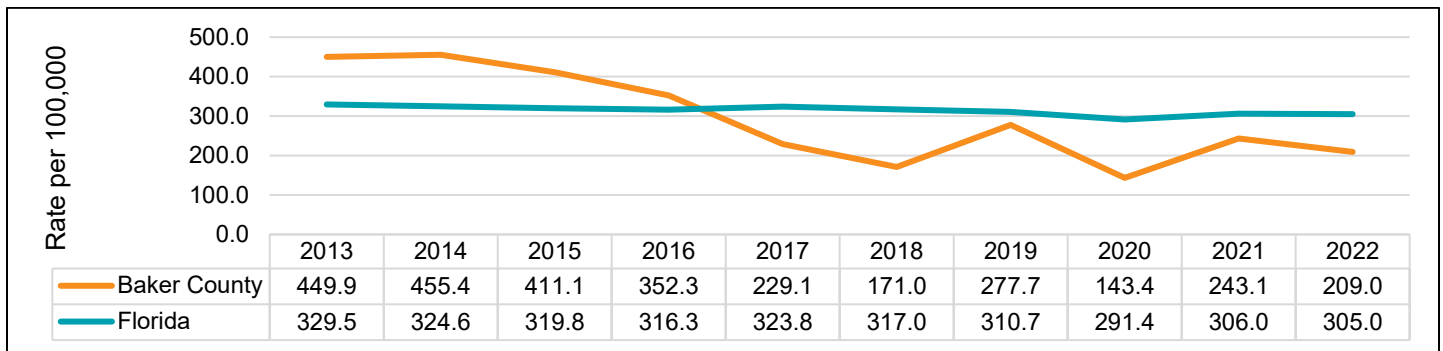
Type of Mental Health Professional	Baker County	Florida
Licensed Clinical Social Workers	5	12,326
Licensed Marriage & Family Therapists	0	2,501
Mental Health Counselors	15	14,294
Licensed Psychologists	0	5,133

Source: [FL Charts, Licensed Psychologists](#), [FL Charts, Licensed Mental Health Counselors](#), [FL Charts, Licensed Marriage & Family Therapists](#), [FL Charts, Licensed Clinical Social Workers](#).

Domestic Violence and Forcible Sex Offenses

Baker County had a higher incidence of domestic violence offenses than Florida from 2013 to 2016, and a lower incidence of domestic violence offenses from 2017 to 2022. The incidence of domestic violence offenses in Baker County decreased by almost 54% from 2013 to 2022, compared to a 7.4% decrease in Florida during the same period (Exhibit 11).

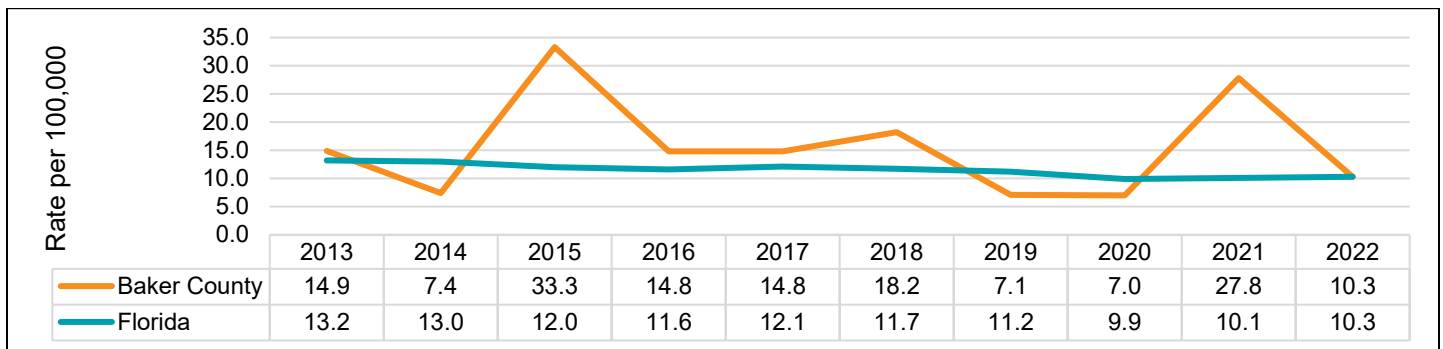
EXHIBIT 11: INCIDENCE OF DOMESTIC VIOLENCE OFFENSES, BAKER COUNTY AND FLORIDA, 2013–2022



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

Forcible sex offenses are any sexual act or attempt involving force, regardless of the age of the victim or the relationship of the victim to the offender. The incidence of forcible sex offenses in Baker County fluctuated from 2013 to 2022, but ultimately decreased by 30.9%. Florida experienced an overall decrease of about 22% from 2013 to 2022 (Exhibit 12).

EXHIBIT 12: INCIDENCE OF FORCIBLE SEX OFFENSES, BAKER COUNTY AND FLORIDA, 2013–2022

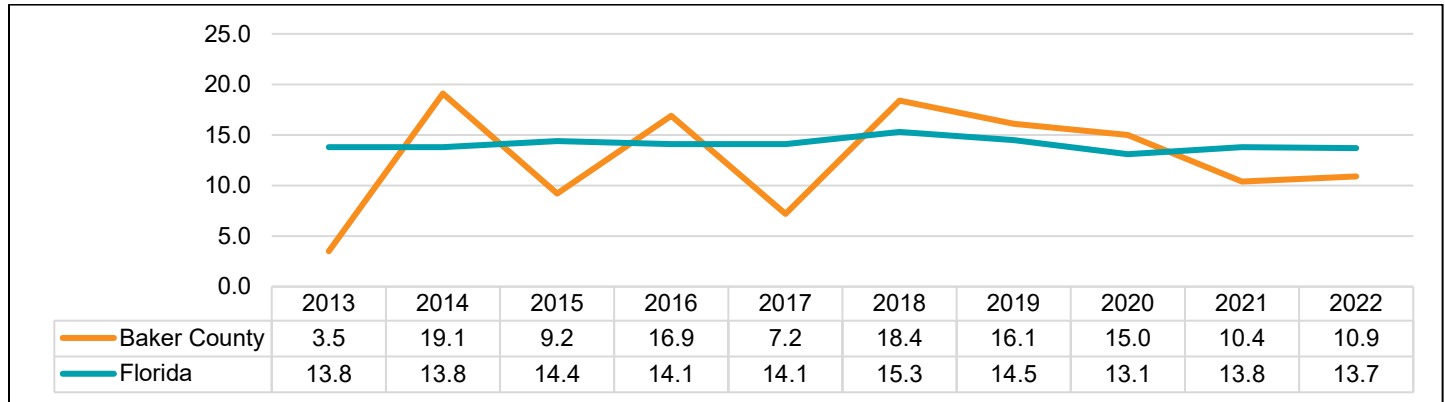


Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Forcible Sex Offenses](#).

Suicide

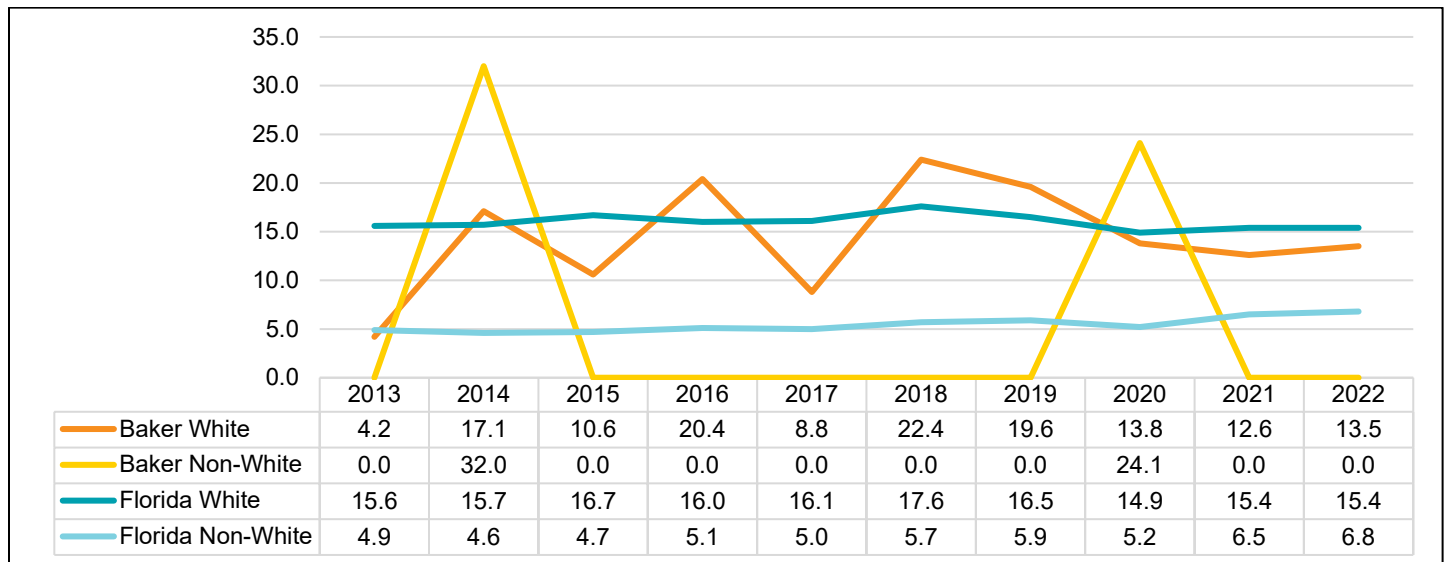
Suicide occurs when a person ends their own life and is a leading cause of death in the U.S. (CDC, 2023i). Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure (CDC, 2023i). People who have attempted suicide may have experienced violence, including child abuse, bullying, or sexual violence, and may even have depression and other mental health problems (CDC, 2023i). Baker County's suicide death rate has fluctuated over the past decade and most notably had a 40.8% decrease from 2018 to 2022 (Exhibit 13). In both Baker County and Florida, suicide tends to occur much more frequently among White populations than non-White groups, as shown in Exhibit 14.

EXHIBIT 13: SUICIDE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



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

EXHIBIT 14: SUICIDE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

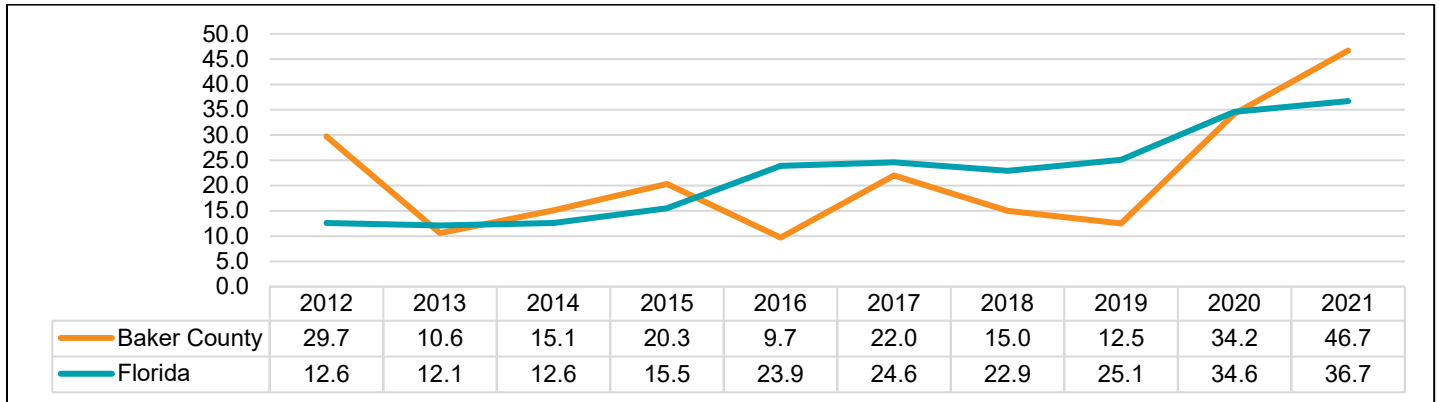


Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide](#).

Drug Poisoning Deaths

Drug poisoning deaths result from unintentional or intentional overdose of a drug, receiving the wrong drug, taking a drug in error, or taking a drug inadvertently (CDC, 2022i). Baker County's rate of drug poisoning deaths increased from 29.7 in 2012 to 46.7 in 2021 and almost tripled in Florida during the same period (Exhibit 15).

EXHIBIT 15: INCIDENCE OF DRUG POISONING DEATHS, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

Behavioral Risk Factor Surveillance System

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

The Florida BRFSS began reporting health behavior data in 1986 on residents 18 years old and over. The 2019 BRFSS is the latest and sixth county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. That year, 415 Baker County adults responded to the county-level survey (FDOH, 2019). Exhibit 16 shows some of the key findings for Baker County.

EXHIBIT 16: SELECTED BRFSS DATA, BAKER COUNTY & FLORIDA, 2019

Alcohol Consumption	Baker County	Florida
Adults who engage in heavy or binge drinking	15.2%	18.0%
Health Status and Quality of Life	Baker County	Florida
Adults who said their overall health was “fair” or “poor”	25.5%	19.7%
Adults who said their overall health was “good” to “excellent”	74.5%	80.3%
Adults with good physical health for the past 30 days	78.0%	86.2%
Adults with good mental health for the past 30 days	83.9%	86.2%
Average number of unhealthy mental days in the past 30 days	5.0	4.4
Average number of unhealthy physical days in the past 30 days	5.9	4.4
Adults who had poor mental health on 14 or more of the past 30 days	16.1%	13.8%
Adults who had poor physical health on 14 or more of the past 30 days	22.0%	13.8%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	21.3%	18.3%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	5.7	5.6
Adults who have ever been told they had a depressive disorder	17.5%	17.7%
Tobacco Usage	Baker County	Florida
Adults who are current smokers	29.7%	14.8%

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

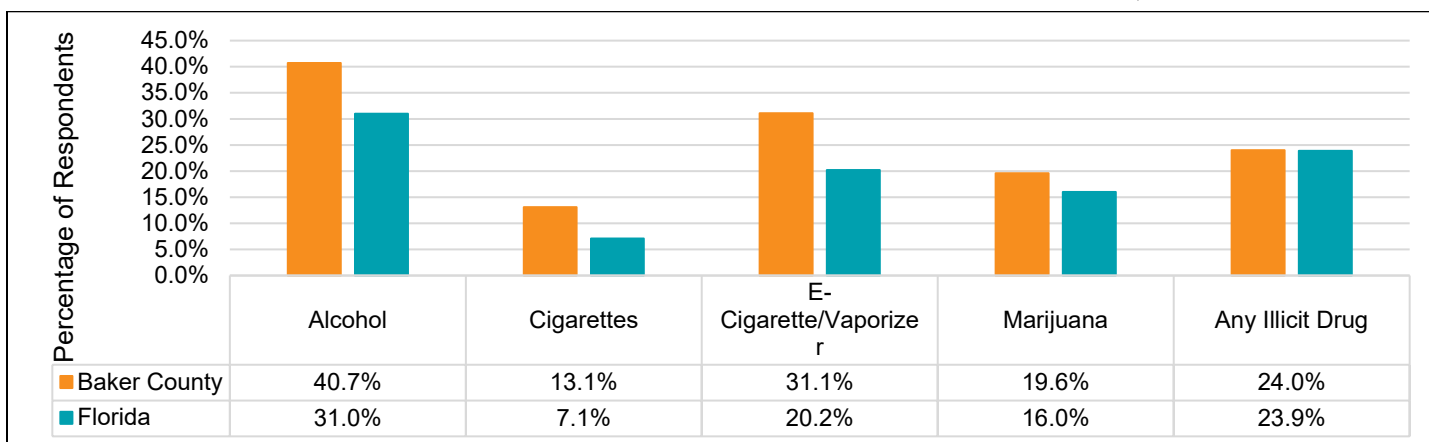
Source: [2019 Behavioral Risk Factor Surveillance System](#).

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

Florida Youth Substance Abuse Survey

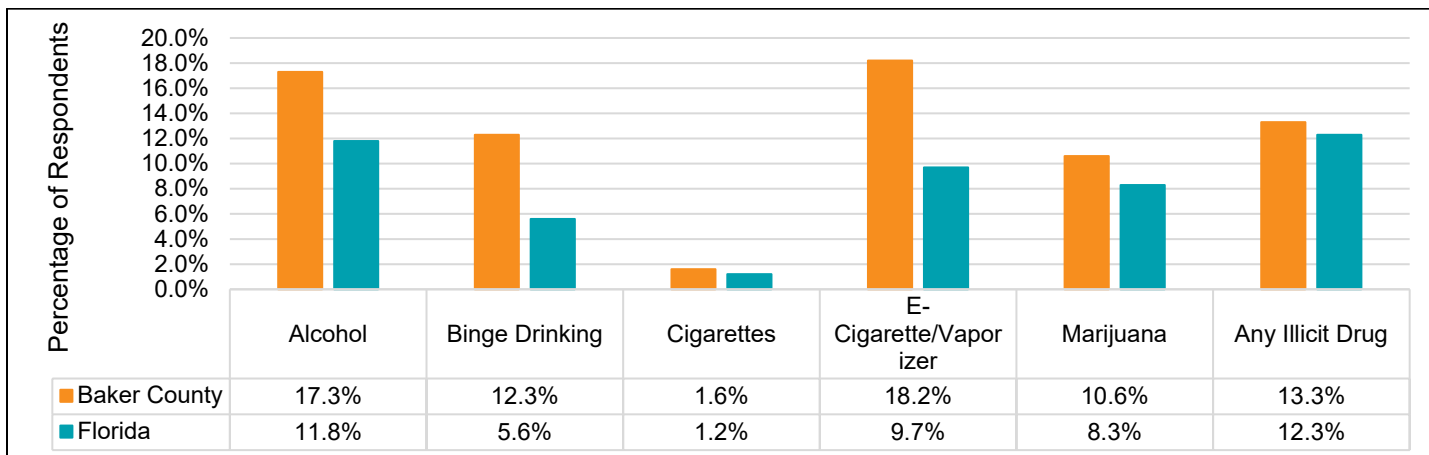
The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco, and other drug use; delinquent behaviors; and the risk and protective factors related to these behaviors (FDCF, n.d.-b). The 2022 FYSAS was answered by 751 Baker County students in grades 6–12 (FDOH, 2022). Alcohol was the most commonly used substance among students with a prevalence rate of 40.7% for lifetime use and a prevalence rate of 17.3% for past-30-day use. E-cigarettes/vaporizers were the other most used substances among students, with a 31.1% rate for lifetime use and 18.2% prevalence rate for past-30-day use (Exhibit 17 and Exhibit 18). Any illicit drugs include LSD, cocaine, amphetamines, or other illegal drugs.

EXHIBIT 17: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THEIR LIFETIME, 2022



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

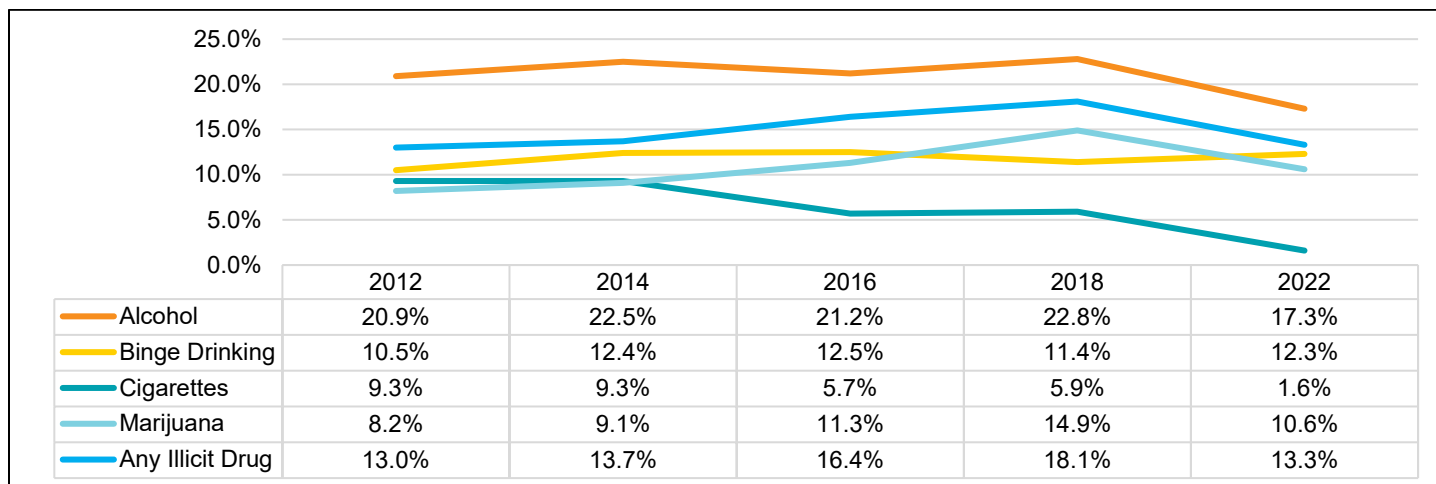
EXHIBIT 18: YOUTH WHO REPORTED USING VARIOUS SUBSTANCES IN THE PAST 30 DAYS, 2022



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

Baker County has seen a decline in past-30-day youth substance use from 2012 to 2022 for alcohol and cigarettes. There has been an increase in binge drinking, marijuana, and any illicit drug during the same period. Alcohol past-30-day substance use went from 20.9% in 2012 to 17.3% in 2022 (Exhibit 19).

EXHIBIT 19: YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR BAKER COUNTY, 2012–2022



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

Note: 2020 data is not available for Baker County.

Disease Prevention & Lifestyle Behaviors

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

County Health Rankings

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

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

In 2023, Baker County ranked 45th out of 67 Florida counties in health outcomes, which reflects length of life and quality of life, and 37th out of 67 counties in health factors. There were significant differences when examining the individual rankings for each of the four topics considered for the health factors score. Health factors include health behaviors (ranked 53rd out of 67 counties), clinical care (ranked 36th), social and economic factors (ranked 24th), and physical environment (ranked 8th). Exhibit 20 lists the four topics, along with the types of indicators included within each and the corresponding ranking for Baker County. The table also shows whether Baker County's 2023 rank improved or worsened from 2022.

EXHIBIT 20: BAKER COUNTY HEALTH RANKINGS, 2023

Health Outcomes (45 th) ↑	Length of Life: 42 nd out of 67 →			
	Quality of Life: 48 th out of 67 →			
Health Factors (37 th) ↓	Health Behaviors	Clinical Care	Socioeconomic	Physical Environment
	Tobacco Use		Education	
	Diet & Exercise	Access to Care	Employment	Air & Water Quality
	Alcohol & Drug Use	Quality of Care	Income	Built Environment
	Sexual Activity		Family & Social Support	
			Community Safety	
	Baker Rank: 53 rd ↓	Baker Rank: 36 th ↑	Baker Rank: 24 th ↓	Baker Rank: 8 th ↑

Source: [County Health Rankings, 2023, Robert Wood Johnson Foundation](#).

Note: ↑ means rank improved from previous year; ↓ means rank declined from previous year; → means rank stayed the same from previous year.

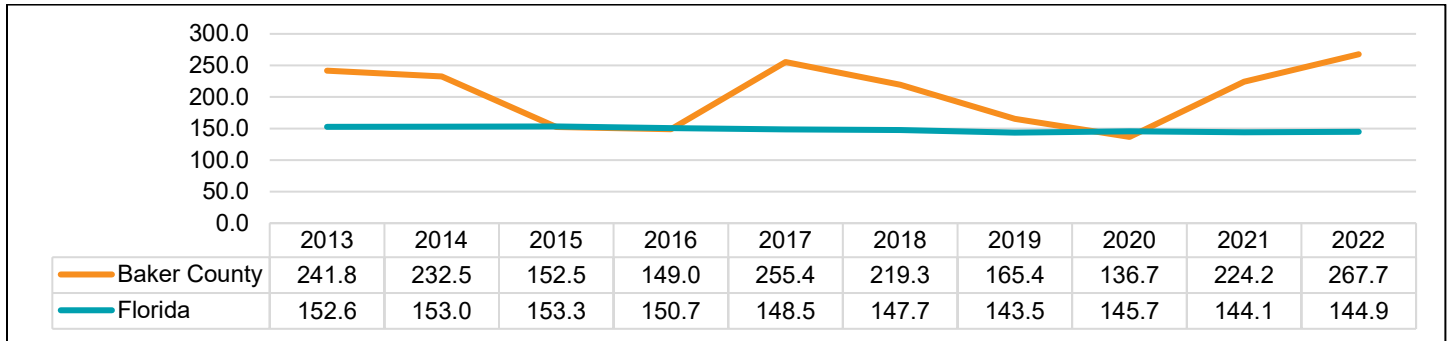
Chronic Diseases

Heart Disease

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

From 2013 to 2022, the mortality rate from heart disease in Baker County has fluctuated throughout the years, with the biggest spikes in 2017 and 2022. Florida's mortality rate has steadily decreased by 5.1% from 2013 to 2022 (Exhibit 21).

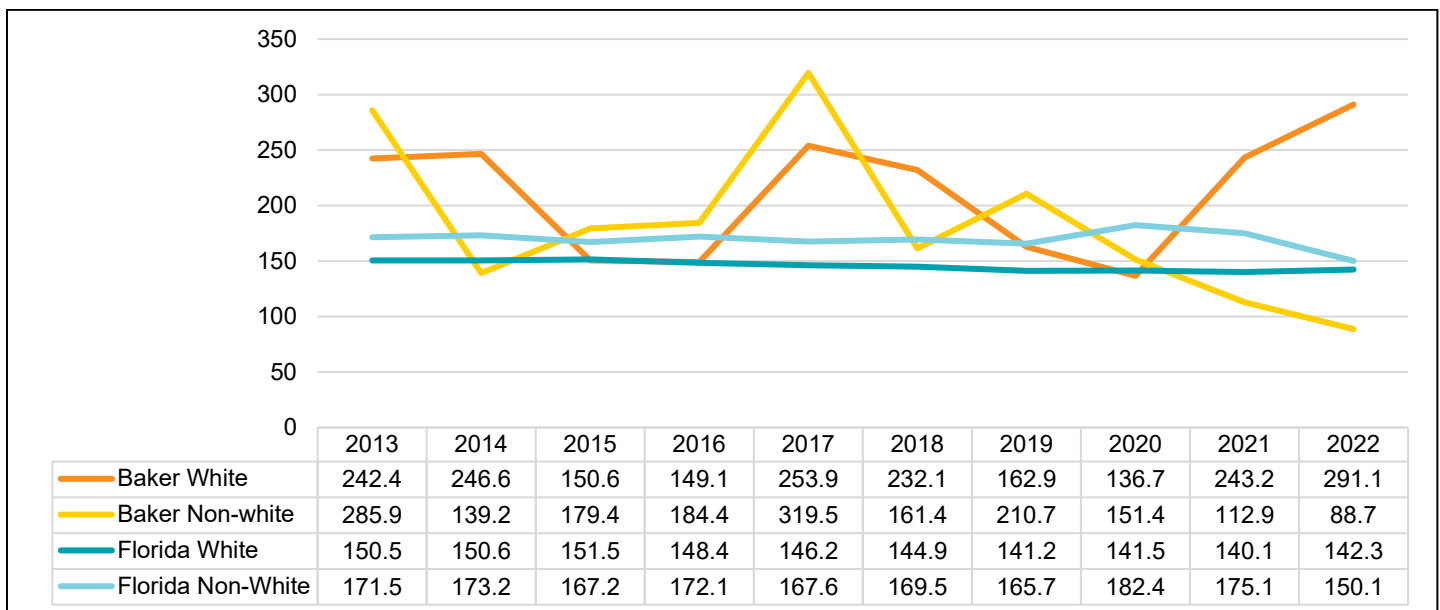
EXHIBIT 21: HEART DISEASE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



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

Baker County's non-White residents had a lower heart disease mortality rate than White residents in 2022. The mortality rate for non-White residents fell by 69.0% from 2013 to 2022, while the mortality rate for White residents increased by 20.1% during the same period (Exhibit 22).

EXHIBIT 22: HEART DISEASE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



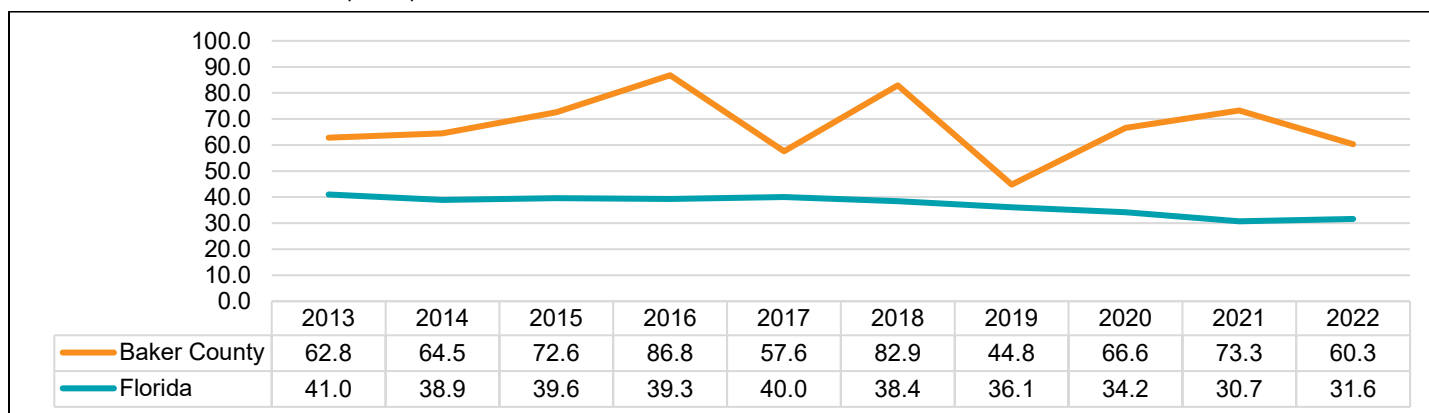
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease](#).

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is a disease of the airways and other structures of the lungs and includes asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases, and pulmonary hypertension. Risk factors include first and secondhand tobacco smoke, exposure to indoor and outdoor air pollutants, genetic factors, and respiratory infections (World Health Organization (WHO), n.d.). In 2021, CLRD was the fifth leading cause of death in Florida and Baker County (Exhibit 2).

Baker County had a higher CLRD mortality rate than Florida over the last decade. The county's CLRD mortality rate had an overall decrease of 4.0%, while Florida's mortality rate decreased by 22.9%, from 2013 to 2022 (Exhibit 23).

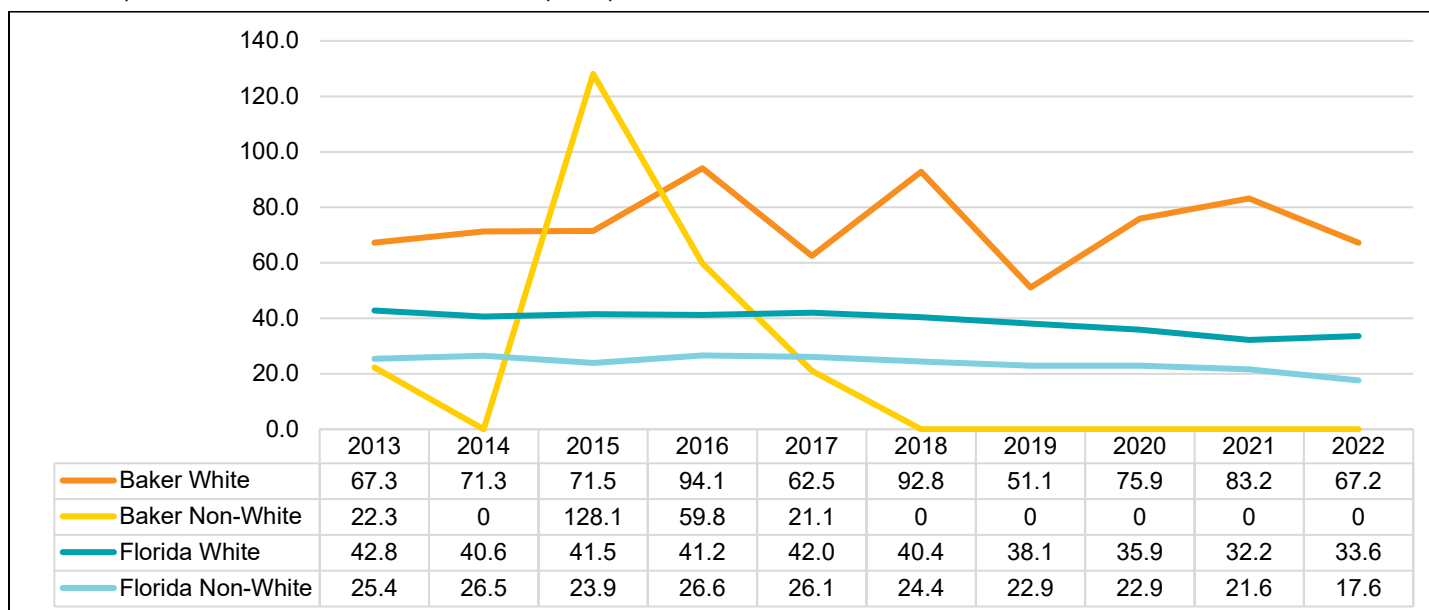
EXHIBIT 23: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



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

The CLRD mortality rate among Baker County's non-White residents was lower than among White residents from 2013 to 2022, except for 2015 when the rate was higher. The mortality rate for White Baker County residents has consistently been above the state average for White and non-White populations over the past decade (Exhibit 24).

EXHIBIT 24: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



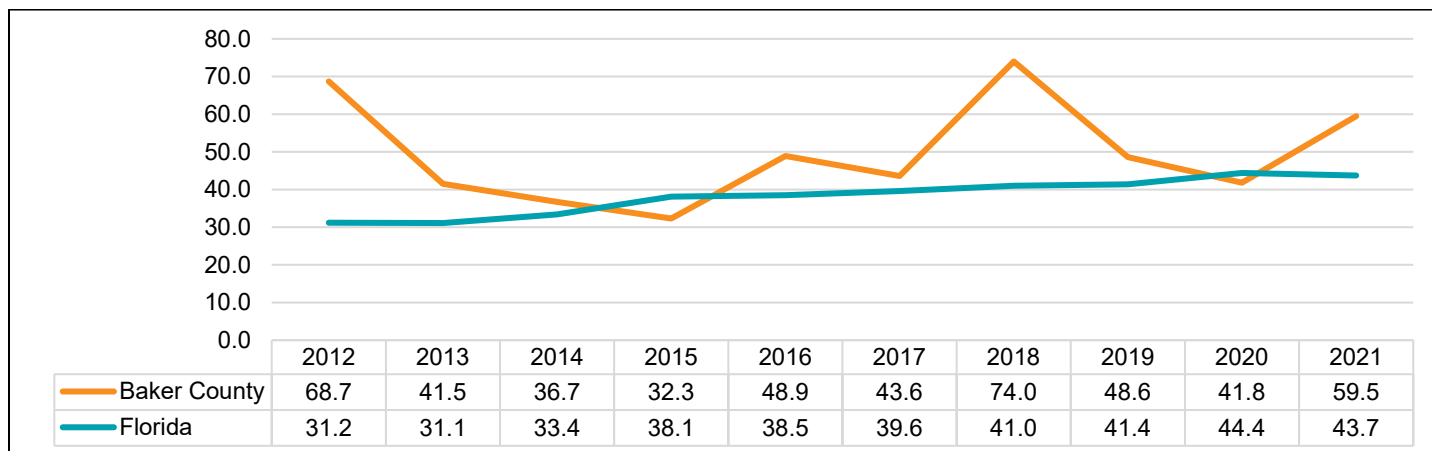
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Lower Respiratory Disease](#).

Stroke

A stroke occurs when the blood supply to the brain is interrupted or when sudden bleeding in the brain occurs. This results in either damage or death to brain tissue in the affected area. There are multiple risk factors, including high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, physical inactivity, alcohol, age, and family history. Stroke is the fifth leading cause of death in the U.S. and a notable cause of adult disability (CDC, 2021).

Baker County's stroke mortality rate decreased by 13.4% from 2012 to 2021. Florida's stroke mortality rate also increased from 2012 to 2021 by 40.1% (Exhibit 25).

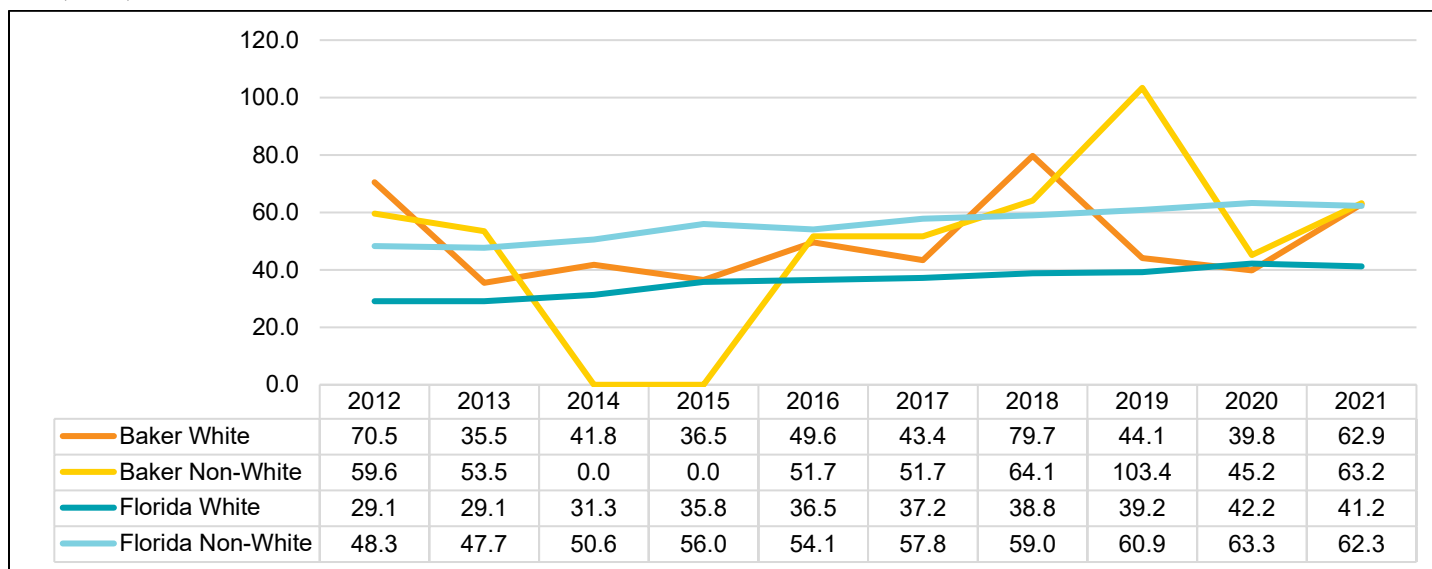
EXHIBIT 25: STROKE MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

The stroke mortality rate for White Baker County residents decreased by 10.8% from 2012 to 2021. The mortality rate for non-White residents slightly increased during the same period (Exhibit 26). Stroke mortality rates by race in Baker County have fluctuated over the past decade.

EXHIBIT 26: STROKE MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



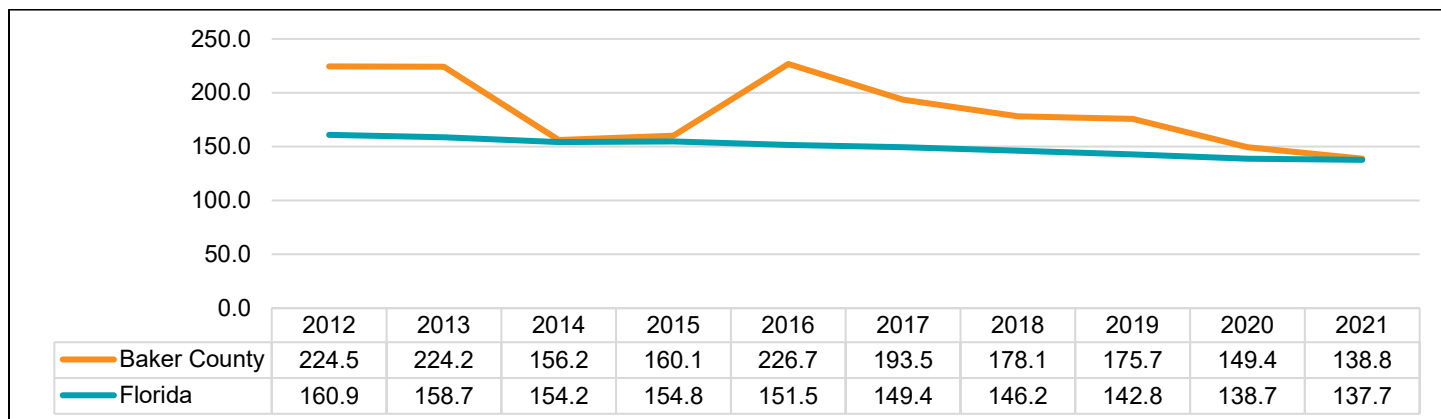
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke.](#)

Cancer

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

The cancer mortality rate has been on the decline for both Baker County and Florida from 2012 to 2021. During this time, Baker County's rate decreased by 38.2% compared to 14.4% for Florida (Exhibit 27).

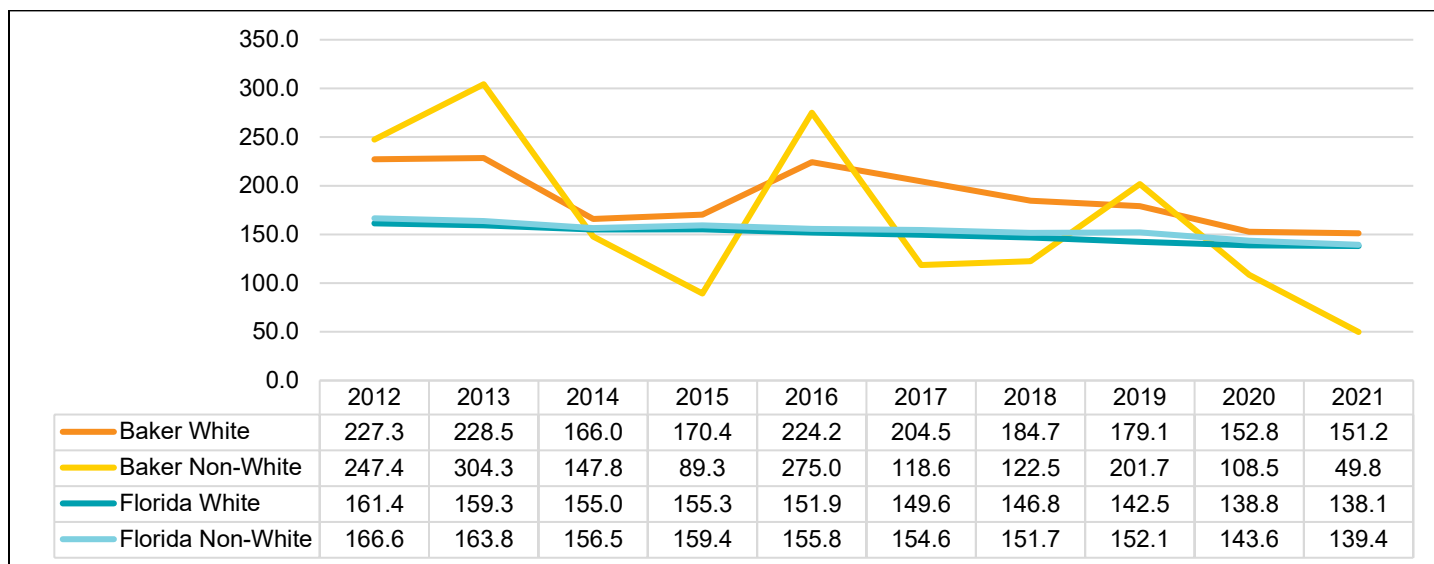
EXHIBIT 27: CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

The mortality rate for Baker County's White population has mostly been higher than the mortality rate for non-White Baker residents, White Florida residents, and non-White Florida residents over the past decade. However, the mortality rate for Baker's White population decreased by 33.5% from 2012 to 2021. The county's non-White population's mortality rate has also decreased by 79.9% from 2012 to 2021 (Exhibit 28).

EXHIBIT 28: CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



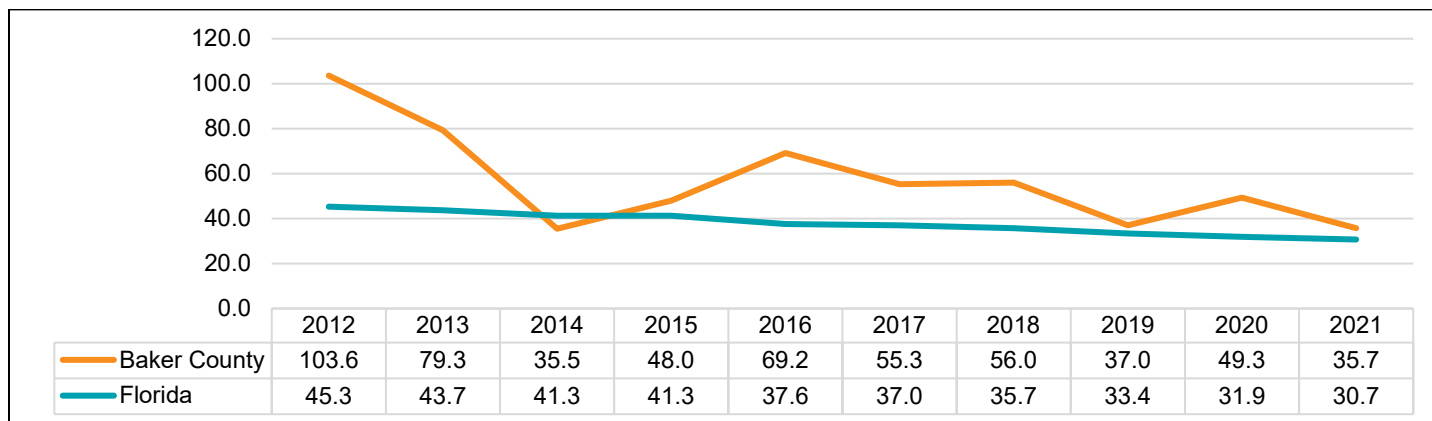
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer](#).

Lung Cancer

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

The mortality rate has decreased for both Baker County and Florida from 2012 to 2021. Baker County's rate decreased by 65.5% compared to 32.2% for Florida. However, Baker County's lung cancer mortality rate remains above the state average (Exhibit 29).

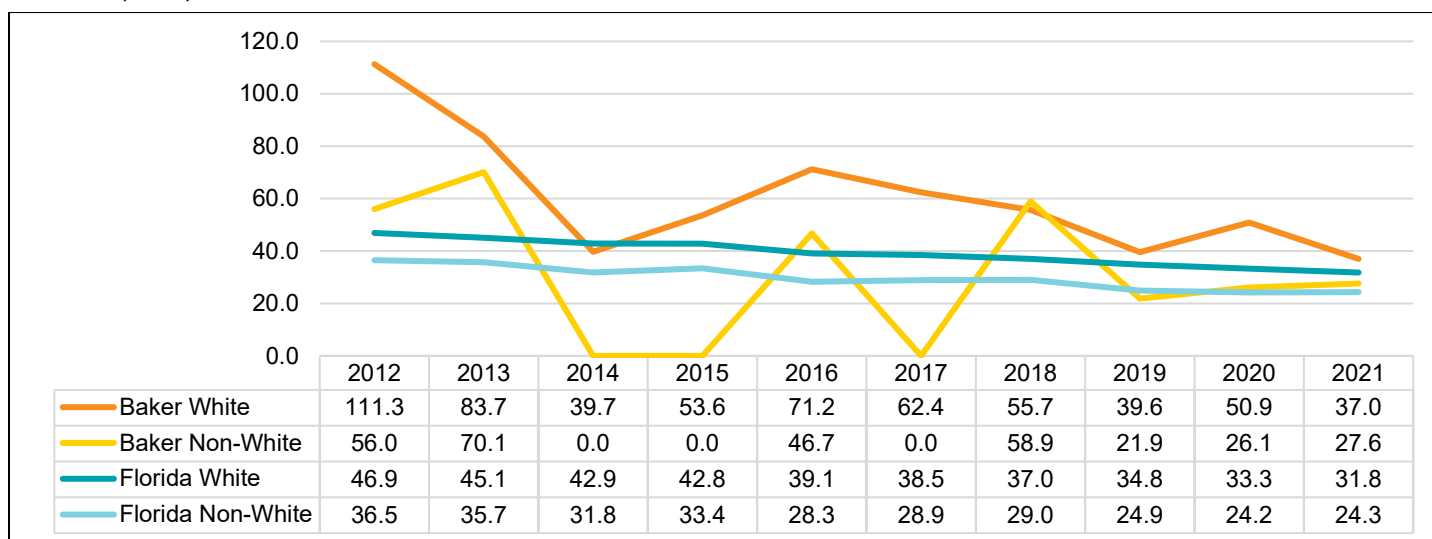
EXHIBIT 29: LUNG CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

On average, White Floridians and Baker County residents have a higher lung cancer mortality rate than non-White populations. Despite decreasing by 66.7% from 2012 to 2021, the mortality rate for Baker County's White population was higher than the state average over the past decade. There was a 50.7% decrease in lung cancer mortality among Baker's non-White population during this time (Exhibit 30). The non-White Baker County population might show more significant variations due to single-digit counts.

EXHIBIT 30: LUNG CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

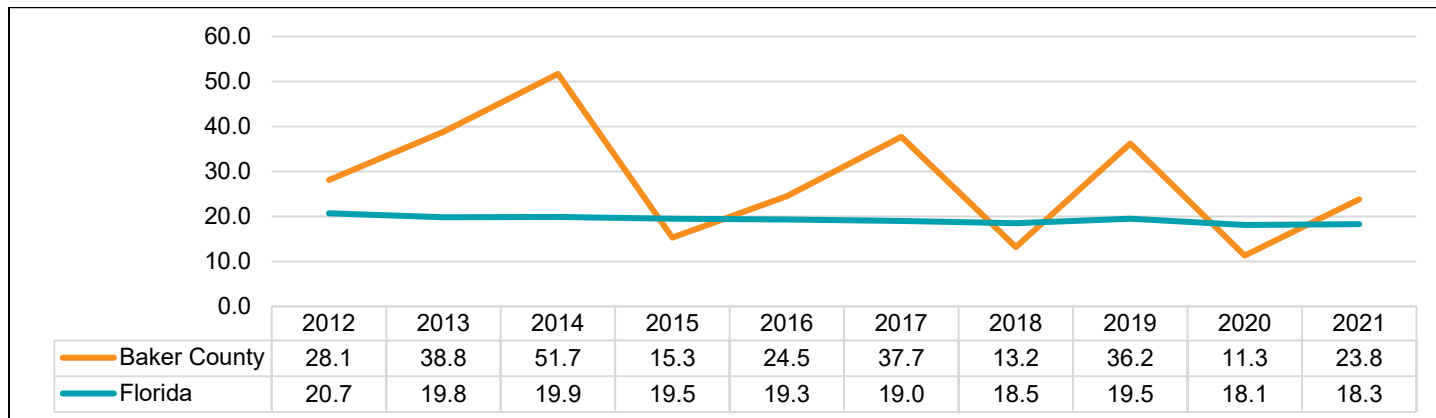
Female Breast Cancer

Breast cancer is the second leading cause of cancer death among women, but deaths have declined over time. Black women have a higher rate of death from breast cancer than White women. Breast

cancer is due to a combination of risk factors, with the main factors of being a woman and getting older. Receiving regular breast cancer screenings, such as mammograms, can help find breast cancer at an earlier stage which can lead to a better outcome from treatment (CDC, 2022f).

Female breast cancer mortality rates in Baker County have decreased by 15.3% from 2012 to 2021. In contrast, Florida mortality rates have slightly decreased by 11.6% during the same time period (Exhibit 31).

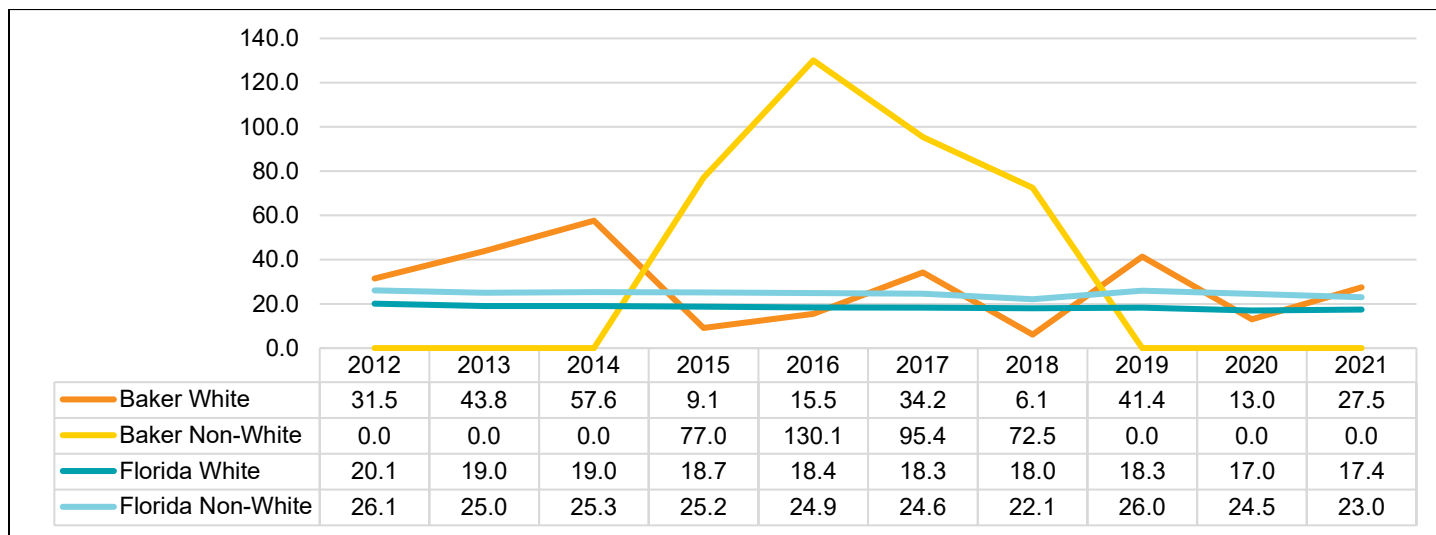
EXHIBIT 31: FEMALE BREAST CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

The breast cancer mortality rate has fluctuated significantly for both Baker County's White and non-White populations over the past decade. Death counts for breast cancer are relatively small, explaining some of the variation. The non-White Baker County population might show more significant variations due to single-digit and zero counts. Mortality among Florida's White and non-White populations slowly decreased from 2012 to 2021 (Exhibit 32).

EXHIBIT 32: FEMALE BREAST CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



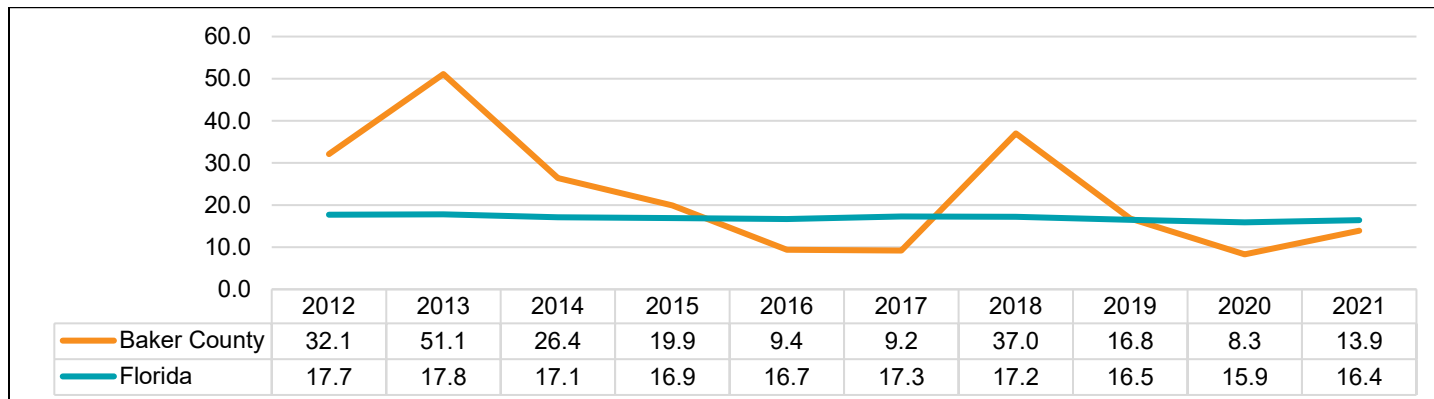
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer](#).

Prostate Cancer

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

The prostate cancer mortality rate in Baker County has fluctuated from 2012 to 2021 but had an overall decrease of 55.7%. Florida had a 7.3% decrease during the same time (Exhibit 33).

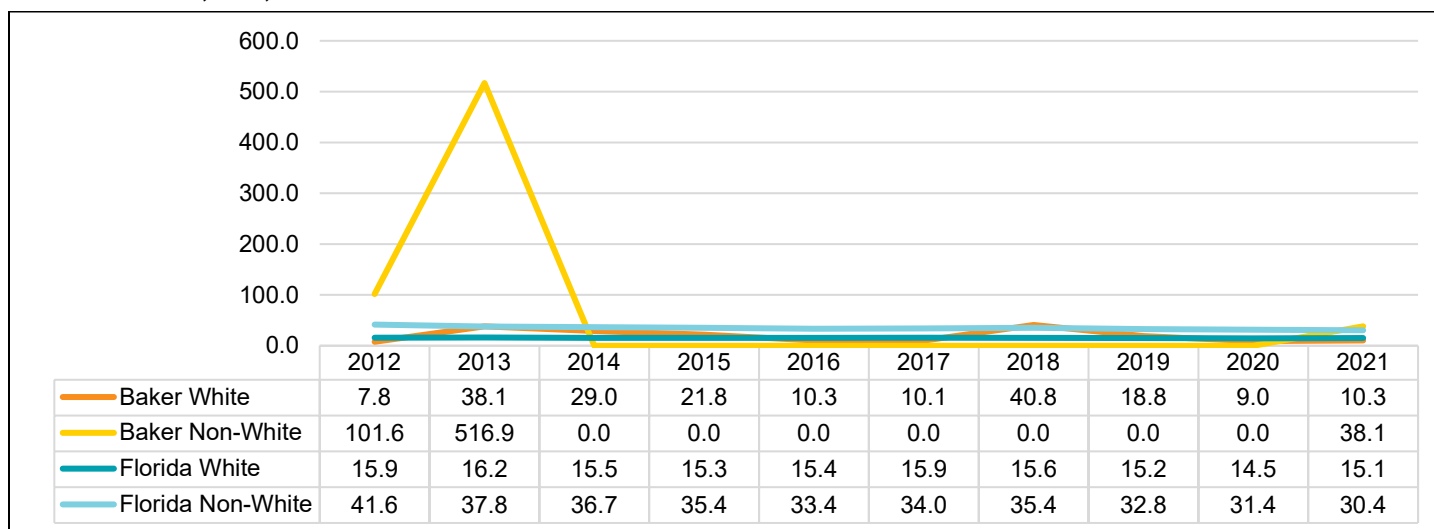
EXHIBIT 33: PROSTATE CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

The White Baker County population's mortality had an overall increase of 32.1% from 2012 to 2021 (Exhibit 34). The non-White Baker County population might show more significant variations due to single-digit counts.

EXHIBIT 34: PROSTATE CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

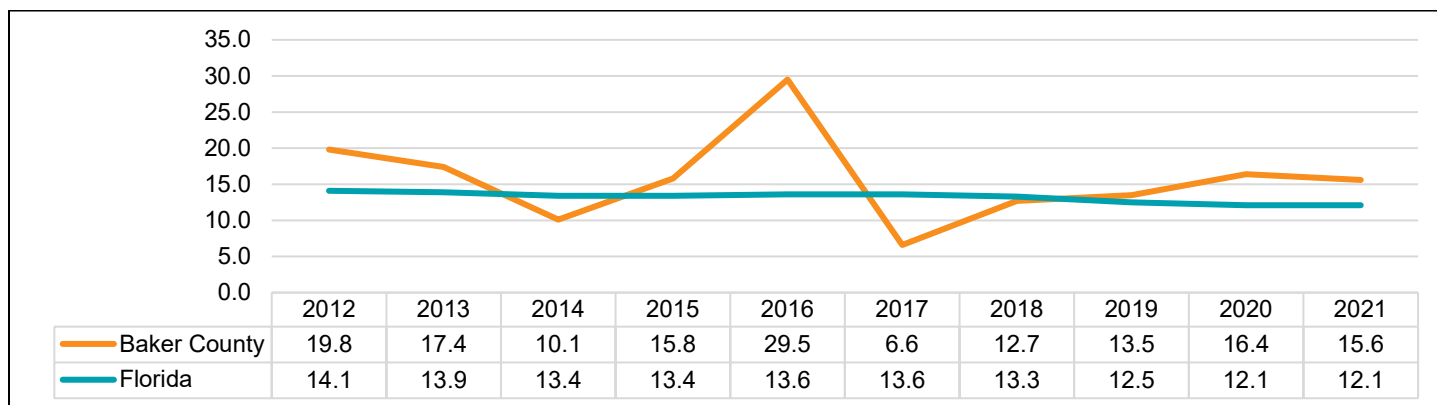
Colorectal Cancer

Colorectal cancer is cancer of the colon or rectum and is a leading cause of cancer death in the U.S. Risk increases as you get older, but other risk factors include inflammatory bowel disease, family

history, genetic syndromes, and lifestyle factors such as a lack of physical activity, a low fiber and high fat diet, and low fruit and vegetable consumption. Regular screenings are recommended starting at age 45 to reduce the risk of colorectal cancer (CDC, 2023b).

Baker County's colorectal cancer mortality rate fluctuated from 2012 to 2021 but had an overall decrease by 21.2%. During the same period, Florida's rate decreased by 14.2% (Exhibit 35).

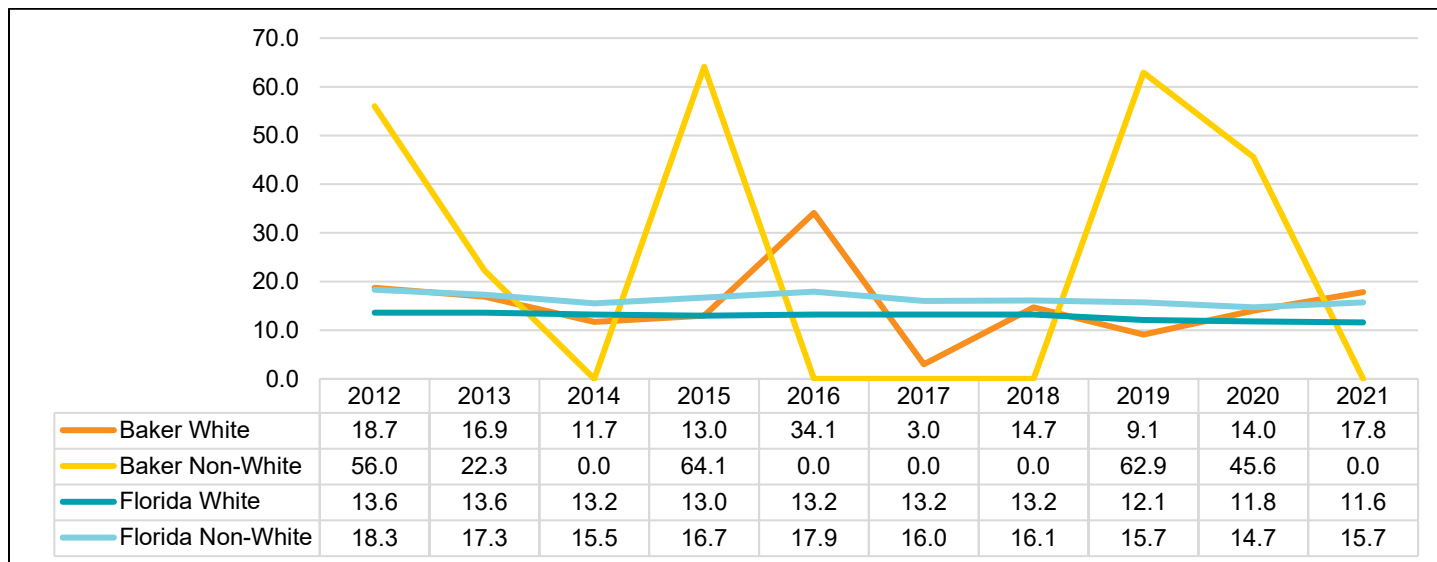
EXHIBIT 35: COLORECTAL CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

The Baker County White population's mortality rate decreased by 4.8% from 2012 to 2021 (Exhibit 36). Non-White Baker County residents may show more significant variations due to single-digit counts.

EXHIBIT 36: COLORECTAL CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



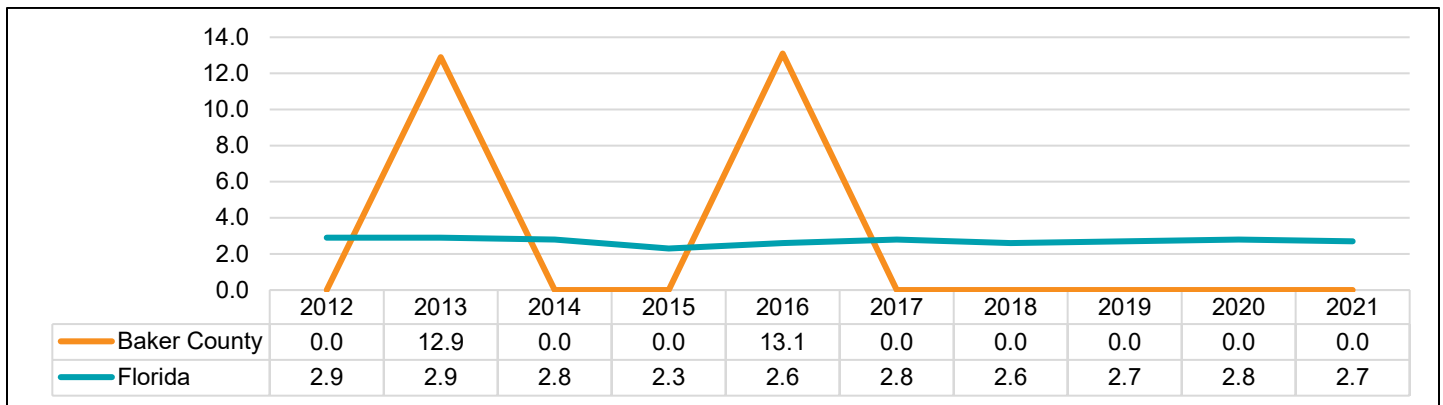
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer](#).

Cervical Cancer

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

Baker County's cervical cancer mortality rate was at zero for most of the past decade, besides 2013 and 2016, when rates were higher than in the state. During the same period, Florida's rate slightly decreased by 6.9% (Exhibit 37).

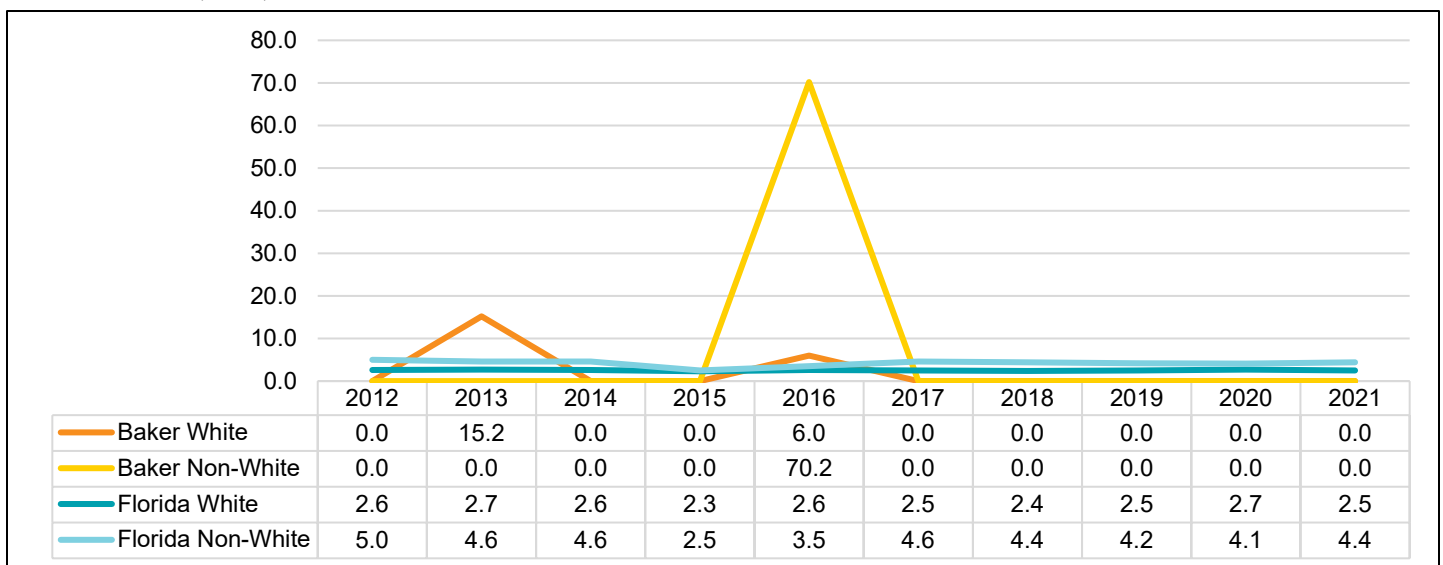
EXHIBIT 37: CERVICAL CANCER MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021



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

The Baker County White and non-White population's mortality rates were at zero for most of the past decade except in 2013 and 2016, when rates were higher than those of the state. White and non-White Baker County populations may show more significant variations due to single-digit counts (Exhibit 38).

EXHIBIT 38: CERVICAL CANCER MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2012–2021

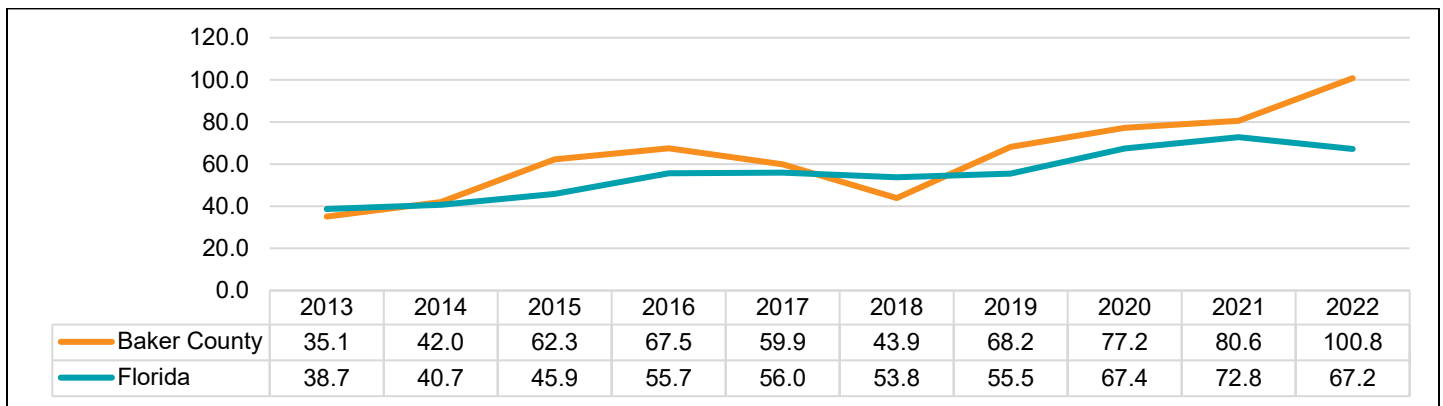


Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer](#).

Unintentional Injury

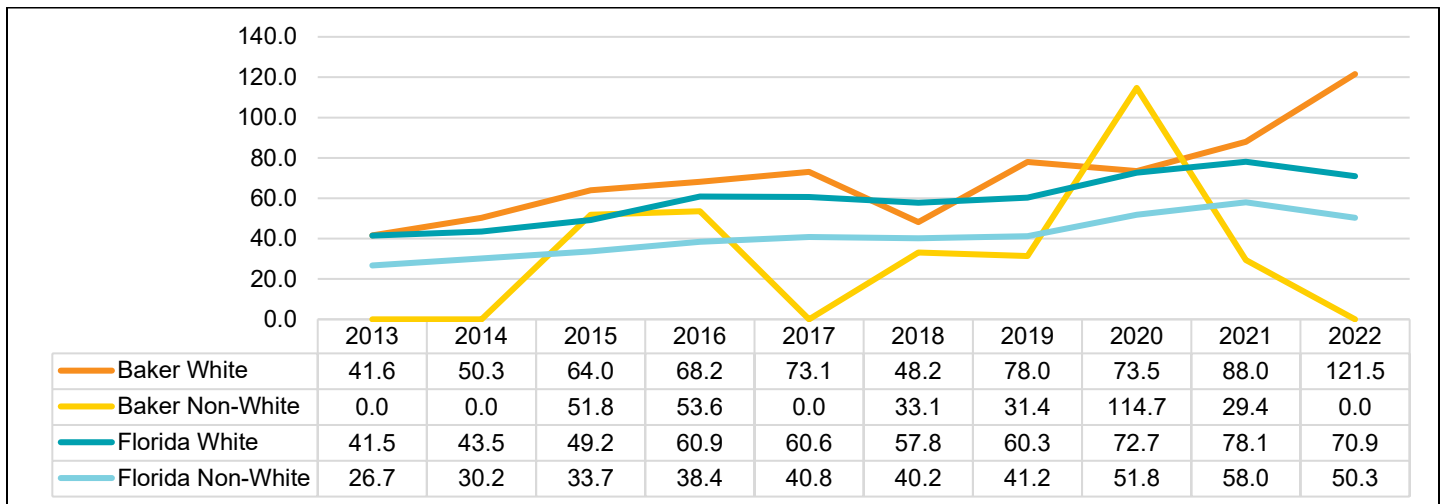
Unintentional injuries are accidental or unplanned. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning (HHS, n.d.-a). In the U.S., unintentional injuries are the leading cause of death for children, adolescents, and adults younger than 45 (HHS, n.d.-a). In 2022, Baker County had a higher unintentional injury mortality rate than the state of Florida with 100.8 injury deaths per 100,000 population compared to 67.2 deaths per 100,000 in Florida. Baker County's unintentional injury mortality rate saw a nearly threefold increase from 2013 to 2022 (Exhibit 39). Baker County's White population has a higher mortality rate due to unintentional injuries than the non-White population, except for 2020 (Exhibit 40).

EXHIBIT 39: UNINTENTIONAL INJURY MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



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

EXHIBIT 40: UNINTENTIONAL INJURY MORTALITY RATE BY RACE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



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

Communicable Diseases

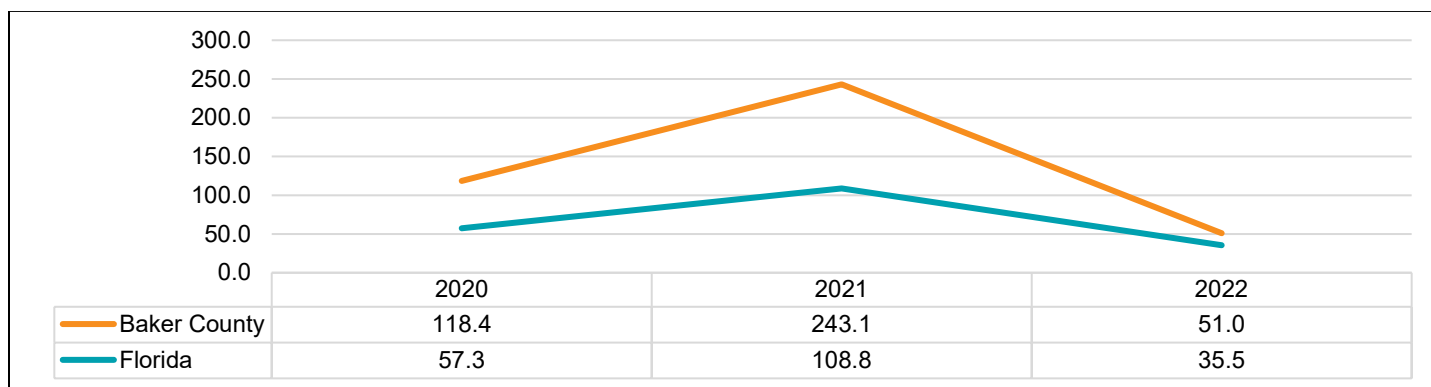
COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. It is very contagious and spreads quickly. Over one million people have died from COVID-19 in the U.S. since the pandemic began in 2020 (CDC, 2020a). COVID-19 typically induces respiratory symptoms that

can resemble those of a common cold, influenza, or pneumonia. However, it is important to note that COVID-19 can impact not only the lungs and respiratory system but also various other parts of the body. While many individuals experience mild symptoms, there is a subset of people who may develop severe illness as a result of the disease (CDC, 2020a).

Baker County and Florida both experienced more deaths from COVID-19 in 2021, compared to 2020 and 2022 (Exhibit 41).

EXHIBIT 41: COVID-19 MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2020–2022



Source: [Florida Health Charts, Deaths from COVID-19](#).

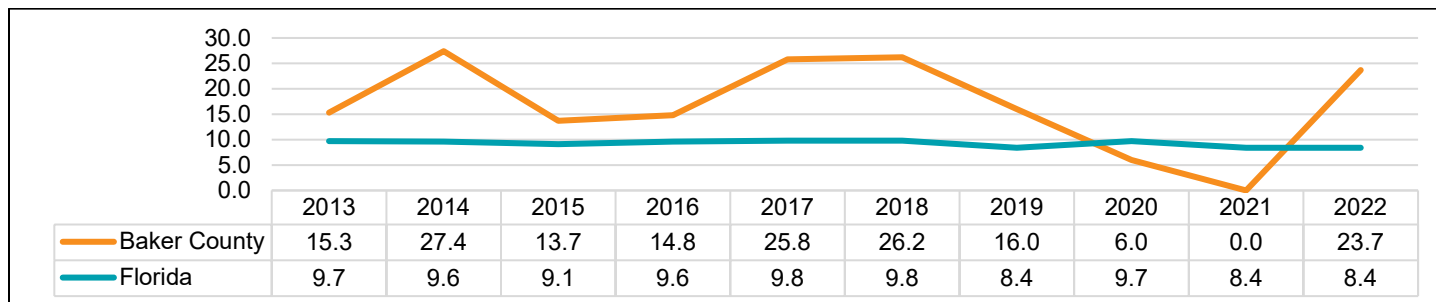
Influenza and Pneumonia

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

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

In Baker County, the mortality rate increased by 54.9% from 2013 to 2022, despite some fluctuations. Florida's rate decreased by 13.4% during the same period (Exhibit 42).

EXHIBIT 42: INFLUENZA AND PNEUMONIA MORTALITY RATE, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



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

Sexually Transmitted Diseases

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

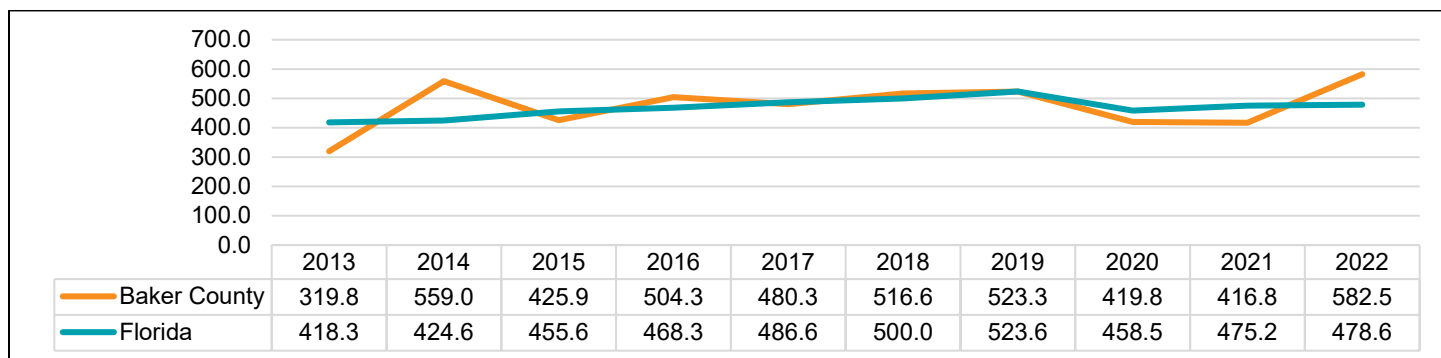
Chlamydia

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

Chlamydia is known as a “silent” infection because many infected people do not show symptoms. The bacteria may cause discharge, bleeding, inflammation of the urethra, painful or difficult urination, and urinary frequency. In women, the infection can spread from the cervix to the upper reproductive tract causing pelvic inflammatory disease (PID). PID can permanently damage the fallopian tubes and uterus, causing chronic pain, infertility, and potentially life-threatening complications during pregnancy (CDC, 2022a).

In Baker County and Florida, chlamydia incidence rates, the rate of new infections, increased from 2013 to 2022. Baker County’s rate was 1.8 times higher in 2022 from 2013 and Florida’s rate was 1.1 times higher in 2022 from 2013 (Exhibit 43).

EXHIBIT 43: INCIDENCE OF CHLAMYDIA, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



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

Gonorrhea

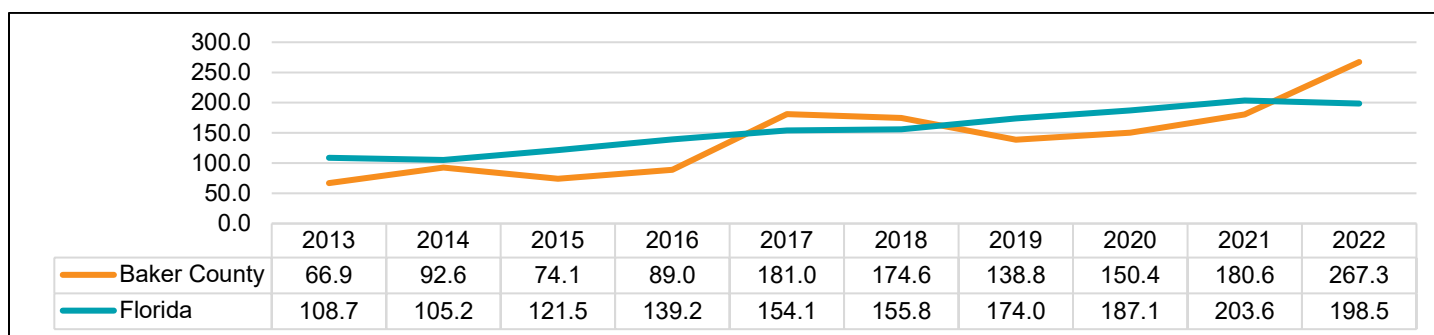
Gonorrhea is a common STD, caused by *Neisseria gonorrhoeae* bacteria, transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected person without the need for ejaculation. An infected pregnant woman can also spread the bacteria to her baby during delivery, potentially causing blindness, joint infection, or a life-threatening blood infection in the baby. While anyone who

is sexually active can be infected, the highest gonorrhea rates are among teens, young adults, and African Americans. Reinfection can also occur in those who received treatment for an earlier infection (CDC, 2023e).

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

From 2013 to 2022, Baker County's gonorrhea incidence rate, the rate of new cases, quadrupled while Florida's rate nearly doubled (Exhibit 44).

EXHIBIT 44: INCIDENCE OF GONORRHEA, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



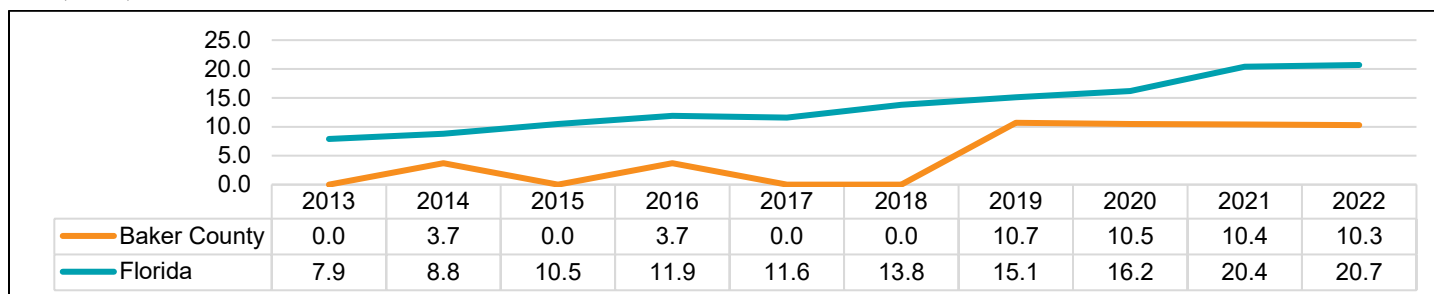
Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of Gonorrhea](#).

Infectious Syphilis

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

Infectious syphilis rates drastically increased from 2013 to 2022 in Baker County and Florida (Exhibit 45).

EXHIBIT 45: INCIDENCE OF INFECTIOUS SYPHILIS, BAKER COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



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

Overview of CHIP Process

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

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

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

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

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

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CHIP Action Plans

Access to Healthcare

Health Priority Area: Access to Healthcare					
Goal A: Increase access to healthcare for Baker County residents. ▲■					
Strategy: Increase community awareness and education on available primary and specialty healthcare providers, services, and resources					
Objective 1: By December 31, 2026, create a shared community partner resource list with information on available primary and specialty service providers from 0 to 1.				Anticipated Completion Date: December 31, 2026	
Data Source: N/A					
Evidence Base:					
1) Quality Health Care in Vulnerable Communities https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6112847/					
2) Enabling Services https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05228					
Disparity to be Addressed: Barriers to healthcare access for primary care					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Develop a shared community partner resource list.	Increase	Resource List	1	1 (updated)	1 (updated)
1.2: Develop a distribution campaign to distribute the shared community partner resource list.	Increase	Distribution Campaign	1	1 (continued/updated strategies)	1 (continued/updated strategies)
Activity 1.1: Develop a shared community partner resource list.					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Host a meeting to discuss the primary and specialty service providers in Baker County and gather information and figure out the platform to host the list.	DOH-Baker, Ed Fraser Memorial Hospital, Baker County Fire Rescue, Hope Center, Baker Prevention Coalition, Baker County Sheriff's Office				
1.1.2: Add information on available primary and specialty service providers in Baker County.	DOH-Baker, Ed Fraser Memorial Hospital, Baker County Fire Rescue, Hope Center, Baker Prevention Coalition, Baker County Sheriff's Office, CHIP Workgroup				
1.1.3: Add information on different insurance providers that offer telehealth services.	DOH-Baker, Ed Fraser Memorial Hospital, Baker County Fire Rescue, Hope Center, Baker Prevention Coalition, Baker County Sheriff's Office, CHIP Workgroup				
1.1.4: Add information on medical transportation resources and criteria.	DOH-Baker, Ed Fraser Memorial Hospital, Baker County Fire Rescue, Hope Center, Baker Prevention Coalition, Baker County Sheriff's Office, CHIP Workgroup				
1.1.5: Update the community resource guide annually.	DOH-Baker, Ed Fraser Memorial Hospital, Baker County Fire Rescue, Hope Center, Baker Prevention Coalition, Baker County Sheriff's Office, CHIP Workgroup				

Activity 1.2: Develop a distribution campaign to distribute the shared community partner resource list.			
Description	Organization(s) Responsible	Status	Start Date
1.2.1: Distribute the resource list to community partners and organizations.	CHIP workgroup, Healthy Baker		

Health Priority Area: Access to Healthcare					
Goal B: Increase access to specialty healthcare for Baker County residents. ▲					
Strategy: Increase the number of specialty providers (OB/GYN, Dermatologist, & Urologist) who provide services in Baker County.					
Objective 1: By December 31, 2026, increase the number of specialty providers (OB/GYNs, Dermatologists, and Urologists) who provide services in Baker County from 1 to 4.			Anticipated Completion Date: December 31, 2026		
Data Source: Physician Workforce Annual Report					
Evidence Base:					
1) Evidence-Based Strategies for Strengthening Primary Care in the U.S. https://www.commonwealthfund.org/blog/2022/evidence-based-strategies-strengthening-primary-care-us					
2) Increase the Proportion of People with Primary Care Provider Increase the proportion of people with a usual primary care provider — AHS-07 - Healthy People 2030 health.gov					
Disparity to be Addressed: Barriers to healthcare access for specialty care					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Add new OB/GYNs, dermatologists, and urologists that provide specialty care to Baker County residents.	Increase	Number of Specialty Providers	1	2	4
1.2: Increase the number of networking opportunities for providers.	Increase	Networking Opportunities	1	1	1
Activity 1.1: Add new OB/GYNs, dermatologists, and urologists that provide specialty care to Baker County residents.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Educate and increase awareness to county leaders on the importance of these specialty providers in Baker County.	CHIP Workgroup				
1.1.2: Individuals and entities within Baker County will continue internal processes to obtain new specialty care providers in their facilities and report quarterly to CHIP workgroup.	DOH-Baker, Ed Fraser Memorial Hospital				
1.1.3: Pursue funding to cover the cost of facilities for providers as an incentive for doctors to provide services.	Baker County Medical Services, DOH-Baker				
1.1.4: Increase and improve communication with providers out of county to entice them to provide services in Baker County.	First Coast Woman’s Center, DOH-Baker, Ed Fraser Memorial Hospital				
Activity 1.2: Increase the number of networking opportunities for providers.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Hold an annual networking event for providers (e.g., luncheon).	CHIP Workgroup				

Health Priority Area: Access to Healthcare					
Goal C: Decrease transportation barriers preventing access to healthcare for Baker County residents.					
Strategy: Increase community funding for transportation options to healthcare services.					
Objective 1: By December 31, 2026, research and apply for at least two grants to provide funding for vouchers or non-emergent medical transportation.			Anticipated Completion Date: December 31, 2026		
Data Source: N/A					
Evidence Base: 1) Baker County Council on Aging - Transportation https://www.bakercoa.org/transportation/ 2) Carpool and Rideshare Information Carpool & rideshare programs County Health Rankings & Roadmaps					
Disparity to be Addressed: Lack of public transportation					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Research for grants that provide funding for transportation options.	Increase	Number of Grants Identified	2	2	2
1.2: Apply for grants that provide funding for transportation options.	Increase	Number of Grants Applied to	1	1	1
Activity 1.1: Research for grants that provide funding for transportation options.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Research organizations that offer grants for transportation funding and that Baker County meets the criteria for.	The Hope Center, Baker Prevention Coalition				
Activity 1.2: Apply for grants that provide funding for transportation options.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Apply for grants with transportation funding.	The Hope Center, Baker Prevention Coalition				

Behavioral Health

Health Priority Area: Behavioral Health					
Goal A: Decrease the rate of domestic violence, child abuse/neglect, and human trafficking in Baker County. ▲■					
Strategy: Increase community awareness and education about domestic violence, child abuse/neglect, and human trafficking.					
Objective 1: By December 31, 2026, increase awareness and the ability to recognize the signs of child abuse by delivering education to community organizations from 1 time per year to 3 times per year.			Anticipated Completion Date: December 31, 2026		
Objective 2: By December 31, 2026, increase awareness and the ability to recognize the signs of domestic abuse by delivering education to community organizations from 1 time per year to 3 times per year.					
Objective 3: By December 31, 2026, increase awareness and the ability to recognize the signs of human trafficking (HT) by delivering education to community organizations from 1 time per year to 3 times per year.					
Data Source: N/A					
Evidence Base:					
1) Recommendation: Prevention of Child Maltreatment: Primary Care Interventions United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)					
2) Evidence-based Care of the Human Trafficking Patient - PubMed (nih.gov)					
3) Evidence-Based Human Trafficking Policy: Opportunities to Invest in Trauma-Informed Strategies - PMC (nih.gov)					
4) Children's Exposure to Violence: A Comprehensive National Survey (ojp.gov)					
Disparity to be Addressed: All ages violence and abuse					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Provide education on child abuse through events and community meetings.	Increase	Educational Events	1	2	3
1.2: Provide education on domestic violence through events and community meetings.	Increase	Educational Events	1	2	3
1.3: Provide education on human trafficking through events and community meetings.	Increase	Educational Events	1	2	3
Activity 1.1: Provide education on child abuse through events and community meetings.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Distribute information pamphlets and flyers on child abuse to Baker County residents.	Women's Center, Healthy Start				
Activity 1.2: Provide education on domestic violence through events and community meetings.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Distribute information pamphlets and flyers on domestic violence to Baker County residents.	Women's Center, Hubbard House				

Activity 1.3: Provide education on human trafficking through events and community meetings.			
Description	Organization(s) Responsible	Status	Start Date
1.2.1: Distribute information pamphlets and flyers on human trafficking to Baker County residents.	Women's Center, DOH-Baker		

Health Priority Area: Behavioral Health					
Goal B: Decrease substance use/abuse in Baker County and remove barriers to accessing services. ▲■					
Strategy: Increase community awareness and education on available prevention, treatment, and recovery programs and services for substance use.					
Objective 1: By December 31, 2026, educate community on substance use resources through various ways (e.g., newspaper advertising, events, and/or social media) from 0 times per quarter to 1 time per quarter.				Anticipated Completion Date: December 31, 2026	
Objective 2: By December 31, 2026, increase the education on youth alcohol and drug abuse to significant adults from 1 time per year to 2 times per year.					
Data Source: N/A					
Evidence Base:					
1) Reduce drug overdose deaths — Evidence-Based Resources - Healthy People 2030 health.gov					
2) Evidence-based practices for substance use disorders - PMC (nih.gov)					
3) Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System (samhsa.gov)					
Disparity to be Addressed: N/A					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Increase utilization of the Baker County Hope Center classes.	Increase	Number of Partnerships Developed	1	2	4
1.2: Increase utilization of Medical Assisted Treatment (MAT) options within the county.	Increase	Center for MAT	0	0	1
1.3: Annual presentation to community leaders and significant adults on emerging trends in youth alcohol use and drug abuse.	Increase	Meetings	1	2	2
Activity 1.1: Increase utilization of the Baker County Hope Center classes.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Engaging the Hope Center leadership in community meetings and developing strong community partnerships with other organizations.	Hope Center, Baker County Medical Services, Baker Prevention Coalition, Baker County Paramedicine Program				
Activity 1.2: Increase utilization of Medical Assisted Treatment (MAT) options within the county.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Establish a center in the community for MAT.	Ed Fraser Memorial Hospital, Premier Spine and Pain				
Activity 1.3: Annual presentation to community leaders and significant adults on emerging trends in youth alcohol use and drug abuse.					
Description	Organization(s) Responsible		Status		Start Date
1.3.1: Hold a meeting in January for community leaders.	DOH-Baker, Baker Prevention Coalition				
1.3.2: Hold a meeting in August for significant adults.	DOH-Baker, Baker County School District, Baker Prevention Coalition				

Health Priority Area: Behavioral Health					
Goal C: Improve mental health of Baker County residents. ▲					
Strategy: Address stigma and contributing factors through increasing community awareness and knowledge on how to recognize poor mental health and education on how to maintain good mental health.					
Objective 1: By December 31, 2026, conduct Mental Health Trainings for Baker County residents from 0 trainings to 2 trainings per year. Objective 2: By December 31, 2026, establish and maintain three community wellness message boards.			Anticipated Completion Date: December 31, 2026		
Data Source: N/A					
Evidence Base: 1) https://www.mentalhealthfirstaid.org/wp-content/uploads/2023/03/2023.03.01_MHFA_Research-Summary_infographic.pdf 2) https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders.html					
Disparity to be Addressed: N/A					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Increase the number of mental health trainings for Baker County residents.	Increase	Mental Health Trainings	2	4	4
1.2: Establish community wellness message boards to display information and strategies for mental and behavioral health.	Increase	Wellness Message Boards; Updates	3 message boards established	4 quarterly updates	4 quarterly updates
Activity 1.1: Increase the number of mental health trainings for Baker County residents.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Lead the mental health first aid trainings for youth and adults.	Meridian Behavioral Healthcare, Talkable Communities				
1.1.2: Increase the number of attendees at mental health first aid trainings.	Healthy Baker, Baker County School District				
Activity 1.2: Establish community wellness message boards to display information and strategies for mental and behavioral health.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Establish locations for the community wellness message boards.	DOH-Baker, Ed Fraser Memorial Hospital, Meridian Behavioral Healthcare, CHIP Workgroup				
1.2.2: Obtain partnerships and establish a schedule to update message boards quarterly with new mental health information and strategies.	DOH-Baker, Healthy Baker				

Disease Prevention & Lifestyle Behaviors

Health Priority Area: Disease Prevention & Lifestyle Behaviors					
Goal A: Decrease the percentage of adults who are overweight or obese in Baker County. ▲■					
Strategy: Increase the number of Baker County residents who are at a healthy weight by increasing access to healthy foods.					
Objective 1: By December 31, 2026, decrease the percentage of adults who are overweight or obese from 70.7% to 68%.				Anticipated Completion Date: December 31, 2026	
Data Source: 2019 BRFSS					
Evidence Base:					
1) What's the Best Way to Distribute Food? - Food Bank News					
2) Strategies to Increase Physical Activity Active People, Healthy Nation Physical Activity CDC					
3) Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity — NWS-05 - Healthy People 2030 health.gov					
4) Recommendation: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)					
Disparity to be Addressed: N/A					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Increase the number of food distribution activities.	Increase	Food Distribution Activities	6	6	7
1.2: Increase education and promote the importance of healthy eating and maintaining a healthy weight.	Increase	Community Events Attended	4	4	4
Activity 1.1: Increase the number of food distribution activities.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Give out food boxes.	Mayo Clinic, DOH-Baker				
1.1.2: Hold food drives for blessing box distributions.	DOH-Baker, Healthy Baker				
1.1.3: Add a produce (fruit and vegetable) subscription company into Baker for residents to use.	Ed Fraser Memorial Hospital				
Activity 1.2: Increase education and promote the importance of healthy eating and maintaining a healthy weight.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Reach out to community groups and organizations to engage them in wellness programs (Silver Sneakers, Tower Gardens, Grow Your Own Garden Seeds, YMCA exercise classes, food education classes, Mayo Clinic Body and Soul, etc.).	CHIP Workgroup, YMCA, Mayo Clinic				
1.2.2: Increase the number of screenings at community events (once per quarter).	AHEC, DOH-Baker, Ed Fraser Memorial Hospital				

Health Priority Area: Disease Prevention & Lifestyle Behaviors					
Goal B: Decrease the rates of STIs in Baker County through resident and provider education. ▲■					
Strategy: Improve public health messaging about STIs and dissemination of the information.					
Objective 1: By December 31, 2026, decrease the rate of Chlamydia from 582.5 per 100,000 population to 520 per 100,000 population. Objective 2: By December 31, 2026, decrease the rate of Gonorrhea from 267.3 per 100,000 population to 240 per 100,000 population. Objective 3: By December 31, 2026, decrease the rate of Syphilis (all stages) from 51.4 per 100,000 population to 48.0 per 100,000 population.			Anticipated Completion Date: December 31, 2026		
Data Source: FL Charts, 2022					
Evidence Base: 1) Public Health Interventions to Control Syphilis - PMC (nih.gov) 2) Effective Interventions to Reduce Sexually Transmitted Diseases: Sexually Transmitted Diseases (lww.com) 3) HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents - Healthy People 2030 health.gov					
Disparity to be Addressed: N/A					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Increase the number of educational events about STIs.	Increase	Educational Activities	2	3	4
1.2: Increase educational meetings between DOH, healthcare providers, and school officials to discuss STIs and their impact on the community.	Increased	Meetings	1	1	1
Activity 1.1: Increase the number of educational events about STIs.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Mobile education and testing.	UF Cares				
1.1.2: Add educational flyers and information through a QR code to target teens and young adults at various locations (e.g., gyms, bars, salons, coffee shops, sporting events, etc.).	DOH-Baker				
1.1.3: Add fishbowls with condoms in various locations (e.g., gyms, bars, salons, coffee shops, sporting events, etc.).	DOH-Baker				
Activity 1.2: Increase educational meetings between DOH, healthcare providers, and school officials to discuss STIs and their impact on the community.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Annual meeting of providers and school officials to review STI data and develop strategies to address the issues.	DOH-Baker, Ed Fraser Memorial Hospital				

Health Priority Area: Disease Prevention & Lifestyle Behaviors					
Goal C: Decrease the percentage of adults with a diagnosis of cancer in Baker County. ▲■					
Strategy: Increase community awareness and education about cancer screenings and risk factors.					
Objective 1: By December 31, 2026, decrease the age-adjusted mortality rate of cancer from 205.1 per 100,000 population to 180.0 per 100,000 population.				Anticipated Completion Date: December 31, 2026	
Data Source: FL Charts, 2022					
Evidence Base:					
1) Cancer Prevention Education Through Community-Based Programs ONS Voice					
Disparity to be Addressed: N/A					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y2 Target	Y3 Target
1.1: Increase the number of community partners who share educational materials (e.g., brochures, flyers) about cancer on their websites and social media once per quarter.	Increase	Number of Community Partners	4	6	8
1.2: Increase the number of educational activities about cancer.	Increase	Educational Activities	4	4	4
Activity 1.1: Increase the number of community partners who share educational materials (e.g., brochures, flyers) about cancer on their websites and social media once per quarter.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Petition community partners at Healthy Baker meetings to engage in sharing educational materials about cancer on their websites and/or social media.	Healthy Baker, Mayo Clinic, NEF AHEC				
1.1.2: Organizations report back on their posting schedule and insights.	Healthy Baker, Mayo Clinic, NEF AHEC				
Activity 1.2: Increase the number of educational activities about cancer.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Utilize the mobile cancer screening units and promote them at the health department.	DOH-Baker, Mayo Clinic, Ascension St. Vincent's				
1.2.2: Educational events on the importance of cancer screenings and risky behaviors.	NEF AHEC, Mayo Clinic, Ed Fraser Memorial Hospital				
1.2.3: Increase the number of attendees at tobacco cessation classes.	NEF AHEC, DOH-Baker, Tobacco Partnership				