



Baker County

Community Health Improvement Plan

March 2020 - 2024

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

Prepared by



Health Planning Council of
Northeast Florida, Inc.

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EXECUTIVE SUMMARY

The Healthy Baker group, hereafter referred to as Community Health Improvement Plan (CHIP) group, has worked together to better understand the current and future health needs of the Baker County community since July 2004. The CHIP group, with guidance from the Health Planning Council of Northeast Florida (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), in partnership with HPCNEF, championed a Community Health Improvement Plan (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 to five years.

The CHIP group decided the 2020 CHIP would focus on the following priority health issues after reviewing and discussing the data collected through the CHA process:

- Chronic Disease and Lifestyle Behaviors
- Mental Health and Substance Abuse

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 “by the community, for the community” through collaborative and inclusive workgroups for each health issue. Additionally, many of the targets align with the national Healthy People 2020 initiative and with goals and objectives from the Florida State Health Improvement Plan. These national and statewide initiatives provide evidence-based benchmarks to track and monitor health, as well as best practices to guide health promotion and disease prevention efforts, which will ultimately help improve health outcomes in Baker County.

During the next steps of the MAPP health planning cycle, the CHIP group will continue to work together to address the two priority health issues outlined above. The CHIP group will plan for action, implement strategies, and evaluate progress. As a living document, the ***2020 Baker County Community Health Improvement Plan*** is flexible and can accommodate changes or updates as needed. The CHIP group will re-assess and update the CHIP Action Plans and the Community Health Assessment annually to best address the needs of the local community.

ACKNOWLEDGEMENTS

With valuable input from Baker County’s community stakeholders and leaders, the 2020 Baker County CHIP became a decisive community call to action. DOH-Baker and HPCNEF would like to extend gratitude to the organizations and individuals that dedicated their valuable time to make sure that the CHIP goals, objectives, and strategies aligned best with the needs of the local community. DOH-Baker 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 towards its desired health outcomes.

CHIP Contributors & Participants:

- Elder Source
- Baker County YMCA
- Northeast Florida Area Health Education Centers (AHEC)
- Baker County Fire & Rescue
- Blackburn-Curry Funeral Home
- Northeast Florida State Hospital
- Baker County Board of County Commissioners
- The Hope Center
- Baker Prevention Coalition, Inc. (BPCI)
- Meridian Behavioral Healthcare, Inc.
- Fifth Street Center
- Community Chaplain

USING THE COMMUNITY HEALTH IMPROVEMENT PLAN

The creation of a CHIP for Baker County serves as a reminder for 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 Resident

- 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, funding with your community
- Understand the top health priorities facing Baker County



Health Care Professional

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

Faith-based Organization

- Understand the top health priorities facing 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 be able to support and encourage participation in public health projects.

Government Official

- 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 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 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 maintains strong and enduring relationships with multiple health and social services providers throughout the community. DOH-Baker invited the ongoing CHIP group to act as a platform and steering committee for the Baker County Community Health Assessment (CHA) process, which began in the summer of 2018.

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 community health assessment was to ensure a truly community-driven process by empowering community members, organizations, and stakeholders to help facilitate change through collaboration, coordination, and communication.

The MAPP Process

DOH-Baker 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 (CDC). The MAPP process is a community-driven, participatory process intended to bring together not only health care providers, but also mental health and social service agencies, public safety agencies, education and youth development organizations, recreation agencies, local governments, neighborhood associations, and civic groups to improve community health. By participating in the MAPP process, community stakeholders gain a higher understanding and awareness of their community and local health issues.

FIGURE 1. THE MAPP ROADMAP



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** which 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 *2019 Baker County Community Health Assessment*, which is available on the Florida Department of Health in Baker County's website at <http://baker.floridahealth.gov/>. A brief summary of each assessment is provided below.

FIGURE 2. THE MAPP PROCESS



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?” CHIP group members identified the following as forces, trends, or factors in several categories that may have a significant impact on health in Baker County.

Some political forces include:

- Change in county leadership
- Change in national marijuana legislation
- New Sheriff

Some economic forces include:

- Objection to commercial growth
- Lack of senior home health resources

Some social forces include:

- Largely faith-based community
- New hospital CEO
- Opening of Celebrate Recovery

Some technological forces include:

- Limited tech use
- No cell service

Some environmental forces include:

- City of Macclenny uses a water tower supply which has no fluoride
- Limited transportation
- Most commute outside of Baker County to work

For the full comprehensive list of the Baker County forces of change, please refer to the 2019 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 (HPCNEF) conducted 3 focus groups and 6 key stakeholder interviews with the cooperation of the Florida Department of Health in Baker County. The CHIP group 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 321 community members and stakeholders in Baker County took the community survey. Surveys and focus groups intended 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 10 participants in attendance at the focus groups filled out the demographic survey. The majority of participants were between the ages of 26-36 and 40-54, female, white, and had at least a 4-year college or Bachelor's degree or higher.

- Of the 10 participants, 60% were male and about 80% of participants were white.
- 50% of participants were between the ages of 26-54 and 50% were between the ages of 55-74.
- 60% had an educational level of a 4-year college or Bachelor's degree 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 discussions covered topics such as access to care and barriers related to healthcare access, features of a healthy community, health needs and concerns including unhealthy behaviors. 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 across all 3 focus groups, include substance abuse, issues related to mental health/behavioral health, and sexual activity (including premarital sex, STI's, STD's). Focus group participants were asked to name the top health status concerns in Baker County. According to focus group participants, some of the most significant health status concerns in Baker County are mental health, substance abuse, a lack of health education and sexual education including STI's, STD's, and premarital sex for teenagers.

Community Survey

A total of 321 community members and stakeholders in Baker County took the community survey. Not all respondents answered every question on the survey. Eighty-three of the 321 participants who responded to the question on gender were female (83.0%) and 83.4% (of 307 respondents) were white. Of the 305 people who responded to the question on age, more than 45% were younger than the age of 39. Most respondents resided in zip code area 32063 (Macclenny) (55.5%), 23.8% in zip code area 32040 (Glen St. Mary) and 15.7% in zip code area 32087 (Sanderson).

Respondents were asked to identify up to five health problems or unhealthy behaviors in Baker County. Among the top health problems identified were addiction (alcohol/drug), cancers, obesity/overweight, teenage pregnancy, and child abuse/neglect. Almost one-third of the survey respondents (32.0%) stated that the lack of evening and weekend services is a barrier for them in accessing healthcare. When asked about what health care services are difficult to obtain in Baker County, specialty care (ex. heart doctor), alternative therapy (herbals, acupuncture), OB/pregnancy care, substance abuse services (drug/alcohol) and mental health/counseling services were among the top 5.

Interviews with Key Stakeholders

A total of 6 interviews over the phone as well as through an online survey were conducted by HPCNEF during the months of March, April, and May 2019. The key stakeholders were suggested and initially contacted by the Florida Department of Health in Baker County. Key stakeholders include but were not limited to governmental representatives, health care providers, health care consumers, and representatives of local community organizations. On average, each interview lasted approximately twenty 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:

- Access to health care: Social determinants of health and geography of where residents live in the county are important factors affecting access to health care. Low-income populations, elderly, and uninsured have more issues accessing health care services. In addition, residents of rural areas of Baker County have increased difficulties accessing health care services.
- Unhealthy behaviors: Key stakeholders felt that risky behaviors and poor decisions, including tobacco use, contribute to many of the healthcare issues in Baker County.
- Chronic diseases: Key stakeholders also mentioned the increased risk of chronic diseases, specifically for heart disease, cancer, diabetes, and respiratory health, in Baker County.
- Substance abuse/misuse: The illegal acquisition and consumption of illegal drugs is another healthcare issue in Baker County that was pointed out by multiple key stakeholders.
- Broken Family Structure: The lack of a functioning family unit and family support as well as poverty, domestic violence, and incarceration were identified by key stakeholders to be contributing factors to Baker County's healthcare needs and issues.

Local Public Health Systems 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."¹ The *10 Essential Public Health Services* are key public health activities to be undertaken in all communities,² 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 4 surveys broken up by essential public health service in order to determine how the local public health system performs in each of the 10 Essential Public Health Services. Participants answered questions about each essential service and scored each service using recommended scoring levels provided in the assessment instrument. Strengths and gaps in the county's healthcare safety net and public health system were identified in this way and were subsequently considered during the remainder of the planning process.

For the full comprehensive list of the Baker County local public health system assessment, please refer to the 2019 Baker County CHA.

¹ U.S. Centers for Disease Control and Prevention. (2015). *National Public Health Performance Standards (NPHPS)*. Retrieved from CDC.gov: <http://www.cdc.gov/nphpsp/>

² U.S. Centers for Disease Control and Prevention. (2015). *National Public Health Performance Standards (NPHPS)*.

Community Health Status Assessment

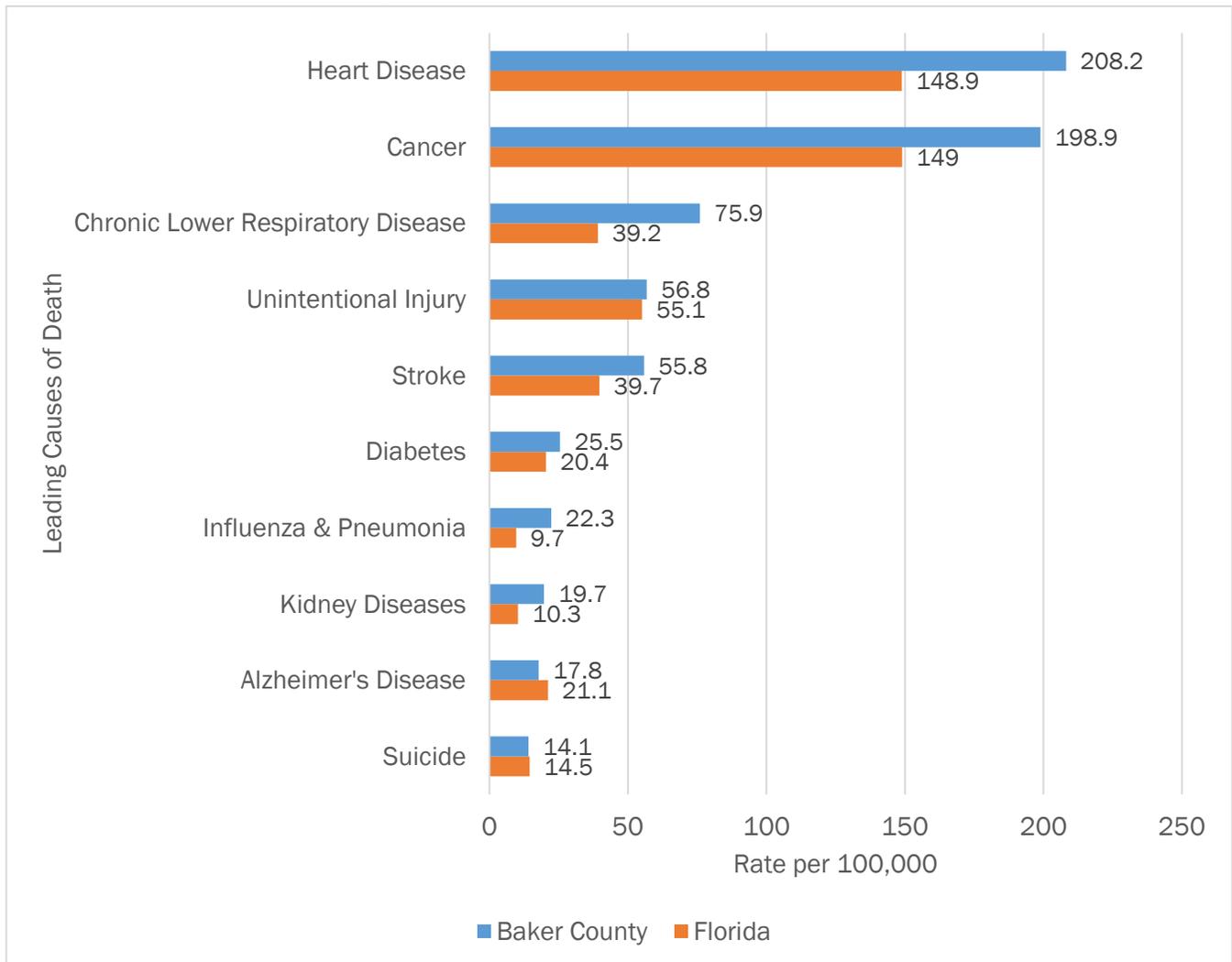
According to the Florida MAPP Field Guide, the Community Health Status Assessment is intended to answer the questions:

- “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?”³

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 geographies.

Mortality rates are key indicators of the state of health of a community. Figure 3 shows the top ten causes of death in Baker County and the state of Florida (per 100,000). Heart disease and cancer are the two leading causes of death in both Florida and Baker County. Baker County has a higher mortality rate for all top 10 leading causes of death except for Alzheimer’s disease and suicide when compared to Florida’s rates.

FIGURE 3. LEADING CAUSES OF DEATH, AGE-ADJUSTED DEATH RATES, BAKER COUNTY & FLORIDA, 2016-18



Data Source: Florida Health CHARTS, Leading Causes of Death

³ National Association of County and City Health Officials. (n.d.). *Mobilizing for Action through Planning and Partnerships, Achieving Healthier Communities through MAPP: A User's Handbook*. Washington, DC.

Identifying Priority Health Issues

Top Health Issues Identified by Community Surveys

The CHIP group distributed a survey throughout Baker County giving community members and stakeholders a chance to voice their opinions on the health status and health needs of Baker County residents. A total of 321 community surveys were collected. The community survey respondents identified the following as the top health issues in Baker County:

1. Addiction (alcohol/drug)
2. Cancers
3. Obesity/Overweight
4. Teenage pregnancy

Top Health Issues Identified by Focus Groups

Approximately 16 community members and stakeholders attended community focus groups held in Baker County during the months of April and May 2019. Through a discussion of community health and health needs, focus group participants identified the following as the top health issues in Baker County:

1. Substance abuse
2. Mental Health
3. Sexual activity (teenagers, STD's and STI's, premarital sex)
4. Lack of health education

Health Priorities Identified by the CHIP group

To select health priorities, the CHIP group reviewed key findings from the four MAPP assessments in a preliminary results meeting on August 12, 2019. **The CHIP group discussed quantitative data (e.g., disease mortality rates, health behaviors, factors in the physical environment, quality of life indicators, access to healthcare, social determinants of health, and health inequities) and the top health issues identified through focus groups and community surveys.** Attendees then provided feedback by answering the following question via an electronic polling system: "Of all the issues discussed today, which do you think is the most important?"

The attendees voted for the following priority issues to be addressed and targeted for improvement in the CHIP:

1. Chronic Disease and Lifestyle Behaviors
2. Mental Health and Substance Abuse

DESCRIPTION OF PRIORITY HEALTH ISSUES

Chronic Disease and Lifestyle Behaviors

Lifestyle Behaviors – including poor diet, lack of exercise, tobacco use, and excessive alcohol use – are a key contributor to the development of heart disease, cancer, stroke, and diabetes⁴, all of which are leading causes of death in Baker County. The Chronic Disease and Lifestyle Behavior priority health area focuses on chronic disease self-management, reducing the number of 911 calls for non-urgent conditions, healthy weight, physical activity, and worksite wellness. Key data related to lifestyle in Baker County is presented below.

Obesity & Physical Activity

According to the CDC, more than one-third (about 40%) of U.S. adults are obese.⁵ Obesity is associated with many health and chronic conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and certain types of cancer.

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance System Survey (BRFSS) in 1986. BRFSS uses a statewide telephone survey to make population-based estimates of the prevalence of various health conditions and related risky behaviors. The 2016 BRFSS provides counties with rich data on a variety of issues related to health status, health care access, lifestyle, chronic illnesses, and disease prevention practice. According to the 2016 BRFSS, almost 40% of Baker County adults are obese, which is significantly higher than the state average of 27%, but about the same as that of the U.S. Other key findings related to obesity and physical activity are presented below.

Physical Activity & Obesity	Baker County	Florida
Adults who are obese	40.2%	27.4%
Adults who are overweight or obese	72.5%	63.2%
Adults who are overweight	32.3%	35.8%
Adults who have a healthy weight	26.1%	34.5%
Adults who are sedentary	35.9%	29.8%
Adults who are inactive or insufficiently active	61.7%	56.7%
Adults who meet aerobic recommendations	40.7%	44.8%
Adults who meet muscle strengthening recommendations	35.1%	38.2%

Hypertension

In 2017, hypertension was the primary or contributing cause of death for nearly half a million deaths in the United States and approximately one in four adults who suffer from hypertension have the condition under control. Yet, uncontrolled hypertension can increase the risk for heart disease and stroke, which are the two

⁴ U.S. Centers for Disease Control and Prevention. (2015, August 26). *Chronic Disease Overview*. Retrieved 2016, from CDC.gov: <http://www.cdc.gov/chronicdisease/overview/>

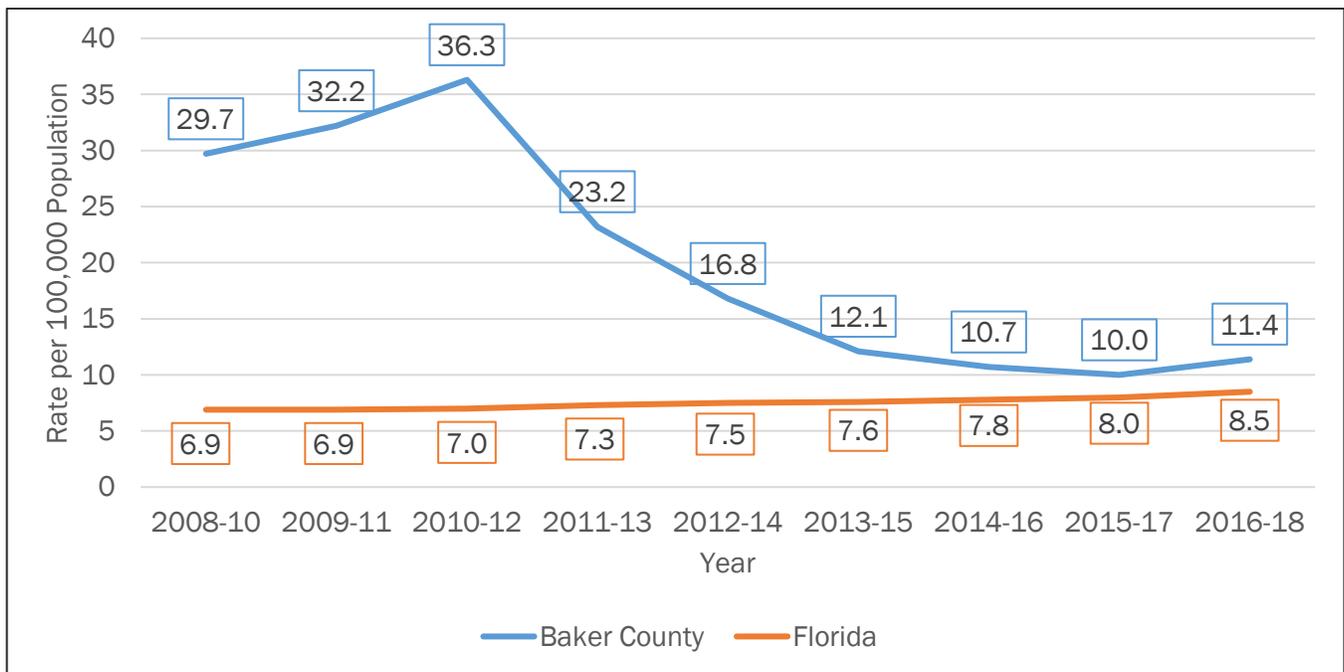
⁵ U.S. Centers for Disease Control & Prevention. (2019, June). *Adult Obesity Facts*. Retrieved from CDC.gov: <http://www.cdc.gov/obesity/data/adult.html>

leading causes of death in Baker County and Florida.⁶ Results of the 2013 BRFSS data show, that 82% of Baker County residents have hypertension and are currently taking medicine for the condition.

Hypertension	Baker County	Florida
Adults who have ever been told they had hypertension	34.9%	34.6%
Adults with hypertension who currently take high blood pressure medicine	81.6%	79.4%

Figure 4 shows that while the hypertension mortality rate has been declining significantly in Baker County since 2010-2012, it has remained above the state level over the last decade.

FIGURE 4. HYPERTENSION MORTALITY, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2018



Nutrition & the Food Environment

According to 2013 BRFSS data, only 28% of adults in Baker County consume two or more servings of vegetables per day.

Nutrition	Baker County	Florida
Adults who consumed 5 or more servings of fruits or vegetables per day	19.3%	18.3%
Adults who consumed 2 or more servings of vegetables per day	28.0%	40.3%

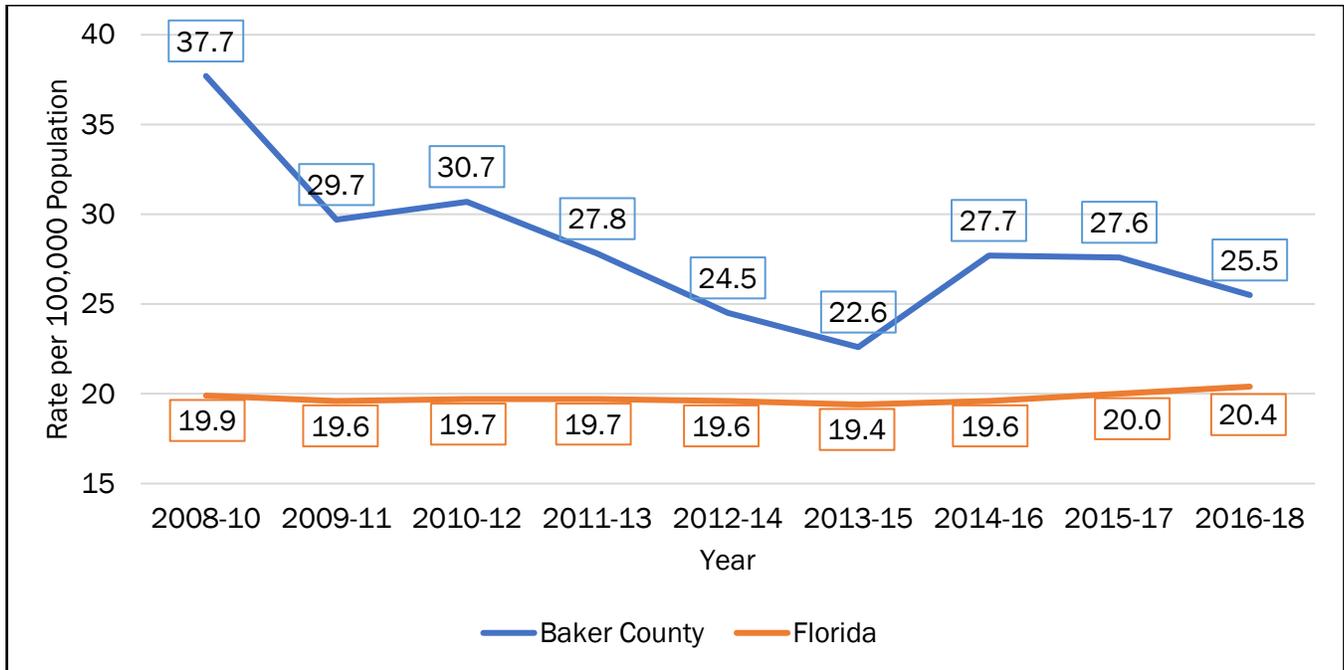
⁶ U.S. Centers for Disease Control & Prevention. (2020, February). Facts About Hypertension. Retrieved from CDC.gov: <https://www.cdc.gov/bloodpressure/facts.htm>

Diabetes

According to 2016 BRFSS data, 22% of Baker County residents have ever been told they had diabetes compared to only 12% at the state level. Over the past decade, diabetes mortality rates per 100,000 have been declining in Baker County, however, they remain above Florida's rates (Figure 5).

Diabetes	Baker County	Florida
Adults who have ever been told they had pre-diabetes	11.8%	9.4%
Adults who have ever been told they had diabetes	22.3%*	11.8%

FIGURE 5. DIABETES MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2018



Data Source: FL Health Charts, www.flhealthcharts.com

Tobacco Use

Tobacco is the largest cause of preventable morbidity and mortality in the United States.⁷ Smoking harms nearly every organ of the body, causing many diseases and affecting the overall health of smokers. Approximately 19% of adults in Baker County are current smokers, slightly greater than the state rate of 15.5% of adults. Key BRFSS findings related to tobacco use are presented in the table below.

Tobacco Use	Baker County	Florida
Adult current smokers who tried to quit smoking at least once in the past year	49.3%	62.1%
Adults who are current smokers	18.8%	15.5%
Adults who are former smokers (currently quit smoking)	27.9%	26.5%
Adults who have never smoked	53.2%	58.0%
Adults who are current e-cigarette users	3.2%	4.7%

⁷ U.S. Centers for Disease Control and Prevention. (2015, July). Tobacco Use. Retrieved from The Community Guide. <http://www.thecommunityguide.org/tobacco/index.html>

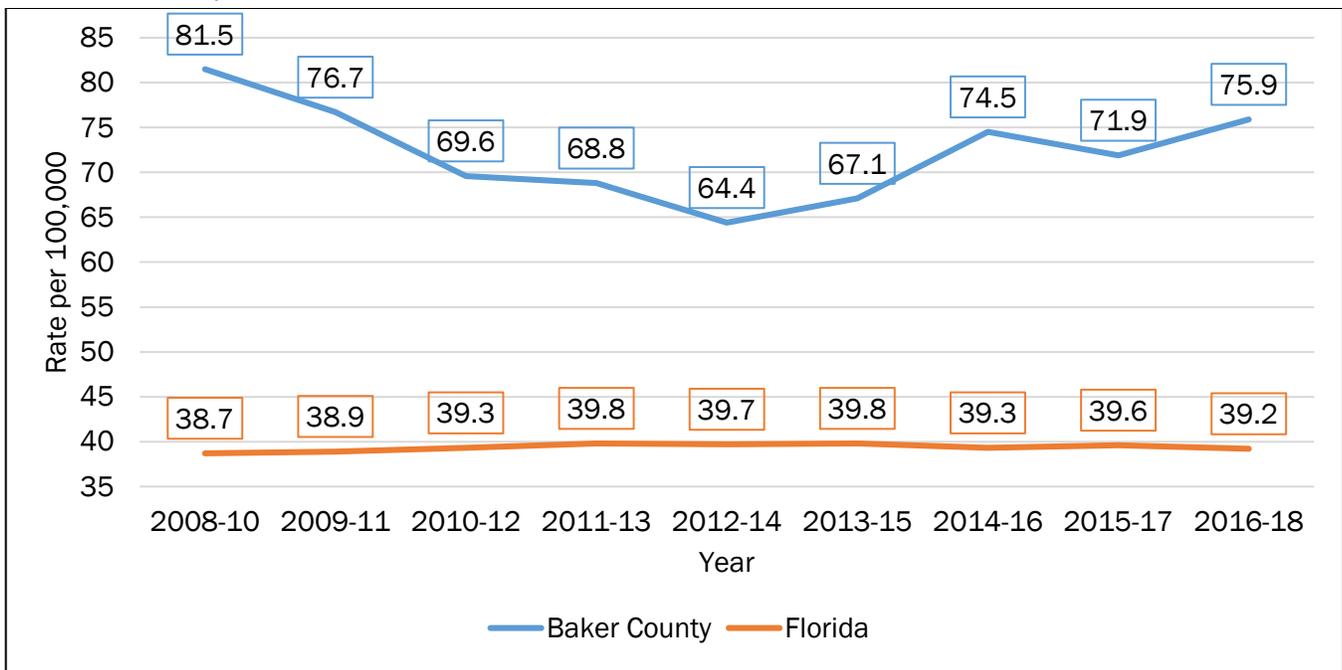
Adults who are former e-cigarette users	13.8%	15.5%
Adults who have never used e-cigarettes	83.0%	79.8%

Chronic Lower Respiratory Disease

In 2017, chronic lower respiratory disease (CLRD) was the fourth leading cause of death in the United States.⁸ Sixteen million Americans reported having chronic obstructive pulmonary disease (COPD), a group of diseases that cause breathing-related problems, including emphysema, chronic bronchitis, and some cases of asthma. Tobacco use is a key risk factor for development of COPD, but exposure to air pollutants in the home/workplace, secondhand smoke, genetic factors, and respiratory infections are also causes.⁹

Baker County has had consistently higher chronic lower respiratory disease mortality rates than the state of Florida. Figure 6 shows the latest decade of available data in 3-year rolling rates.

FIGURE 6. CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2018



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

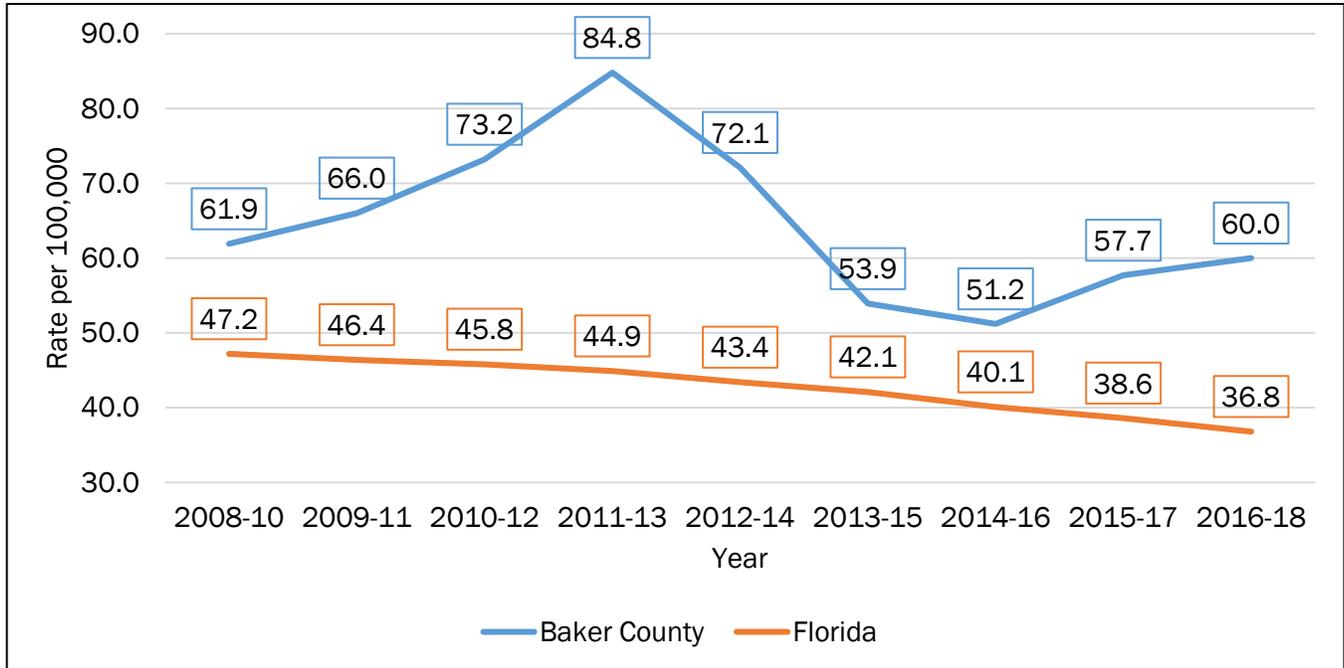
⁸ U.S. Centers for Disease Control and Prevention. (2019, December). Leading Causes of Death. Retrieved from CDC.gov: <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

⁹ U.S. Center for Disease Control and Prevention. (2015, March 12). *Chronic Obstructive Pulmonary Disease (COPD)*. Retrieved from CDC.gov: <http://www.cdc.gov/copd/>

Lung Cancer

Lung cancer deaths are the most common type of cancer deaths among both Florida and Baker County residents. Baker County has a higher lung cancer mortality rate than the state of Florida (Figure 7).

FIGURE 7. LUNG CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2018



Data Source: Florida CHARTS, Lung Cancer Deaths

Cancer Screenings

According to the Center for Disease Control and Prevention, cancer screening tests are a way to detect cancers at an early stage when treatments are likely to be most effective. 2016 BRFSS data shows that only 72% of Baker County female residents aged 50 to 74 took advantage of a mammogram within the past two years, compared to 82% at the state level. Key BRFSS findings related to cancer screenings use are presented in the table below.

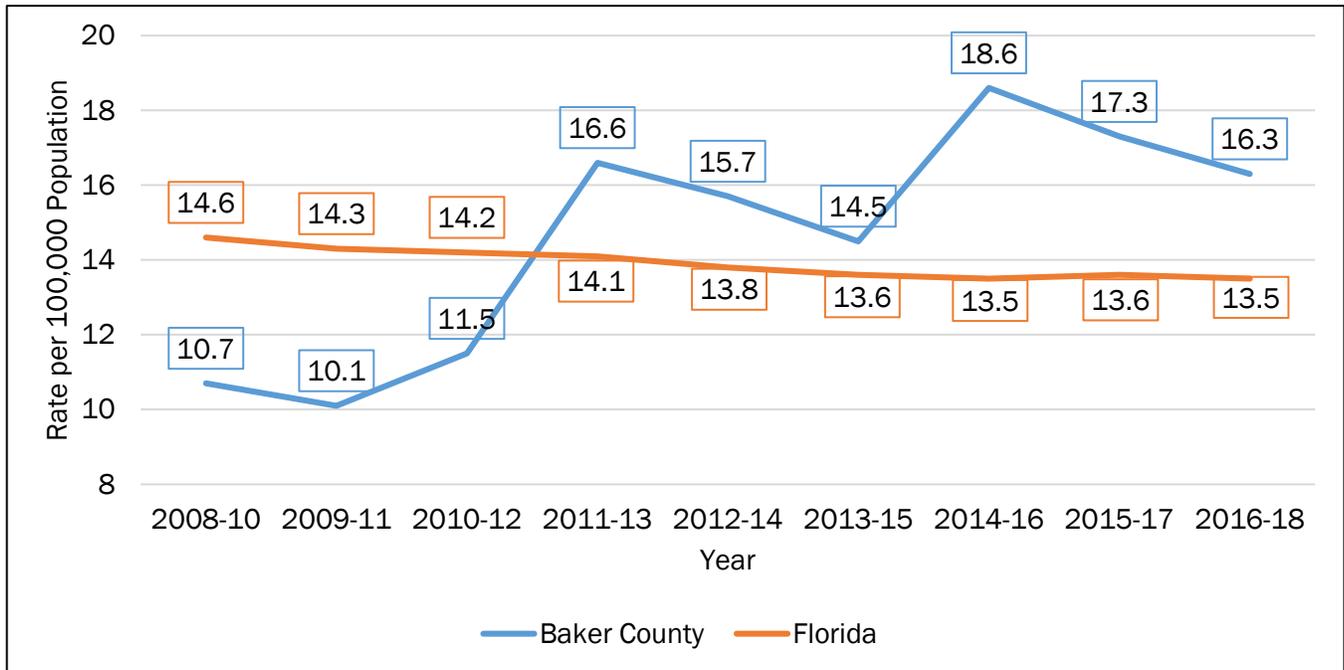
Cancer Screening	Baker County	Florida
Women 40 years of age and older who received a mammogram in the past year	56.6%	60.8%
Women aged 50 to 74 who had a mammogram in the past 2 years	71.8%	81.7%
Women 18 years of age and older who received a Pap test in the past year	37.7%	48.4%
Women aged 21 to 65 who had a Pap test in the past 3 years	70.4%	78.8%
Adults ages 50 years and older who received a blood stool test in the past year	11.3%	16.0%
Men 50 years of age and older who received a PSA test in the past two years	51.3%	54.9%

Data Source: Florida CHARTS, Cancer Screenings

Colorectal Cancer

Baker County's colorectal cancer mortality rate was higher than Florida's rate from 2011-2013 to 2016-2018 and increased by 52.3% from 2008-2010 to 2016-2018. Florida's rate decreased by 7.5% during the same time period (Figure 8).

FIGURE 8. COLORECTAL CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2018



Data Source: FL Health Charts, www.flhealthcharts.com

Improving Disease Prevention & Lifestyle Behaviors

In order to better lifestyle behaviors/choices and improve chronic disease rates, the CHIP group agreed to implement several community health programming initiatives. See the CHIP Action Plans at the end of this document for detailed goals, objectives, and strategies for addressing Chronic Diseases and Lifestyle Behaviors in Baker County.

Behavioral Health

According to the World Health Organization, "mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."¹⁰ Social, economic, psychological, and biological factors all play a role in determining mental health.¹¹

Suicide

Suicide occurs when a person ends his or her own life and was the 10th leading cause of death among Americans in 2017.¹² 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

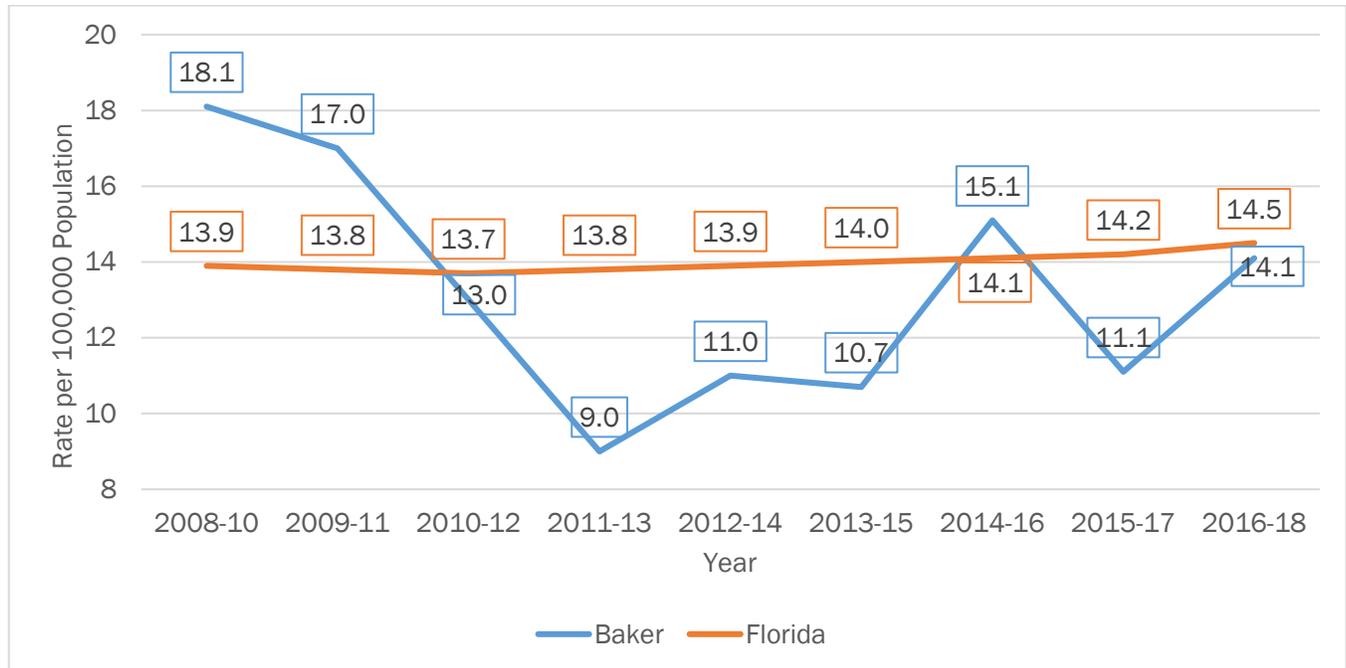
¹⁰ World Health Organization (2014, August). *Mental health: strengthening our response, Fact sheet N°220*. Retrieved 2016, from WHO.int: <http://www.who.int/mediacentre/factsheets/fs220/en/>

¹¹ World Health Organization. (2014, August).

¹² U.S. Centers for Disease Control and Prevention. (2019, July). *Deaths. Final Data for 2017*. Retrieved from CDC.gov: <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

failure.¹³ People who survive suicide attempts can also have depression and other mental health problems.¹⁴ Baker County’s suicide death rate increased from 11.1 deaths per 100,000 population in 2015-2017 to 14.1 deaths per 100,000 in 2016-2018 (Figure 9).

FIGURE 9. SUICIDE (ALL MEANS) AGE-ADJUSTED DEATH RATE, ALL RACES, 3-YEAR ROLLING RATES, BAKER COUNTY & FLORIDA, 2008-2018



Data Source: Florida CHARTS, Suicide Deaths

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the Florida Mental Health Act (also known as the “Baker Act”), a comprehensive revision of the state’s mental health laws. The Baker Act allows for voluntary and involuntary admissions for psychiatric care under specific circumstances. Involuntary initiations can be made by courts, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a threat to their own well-being or the well-being of others.¹⁵

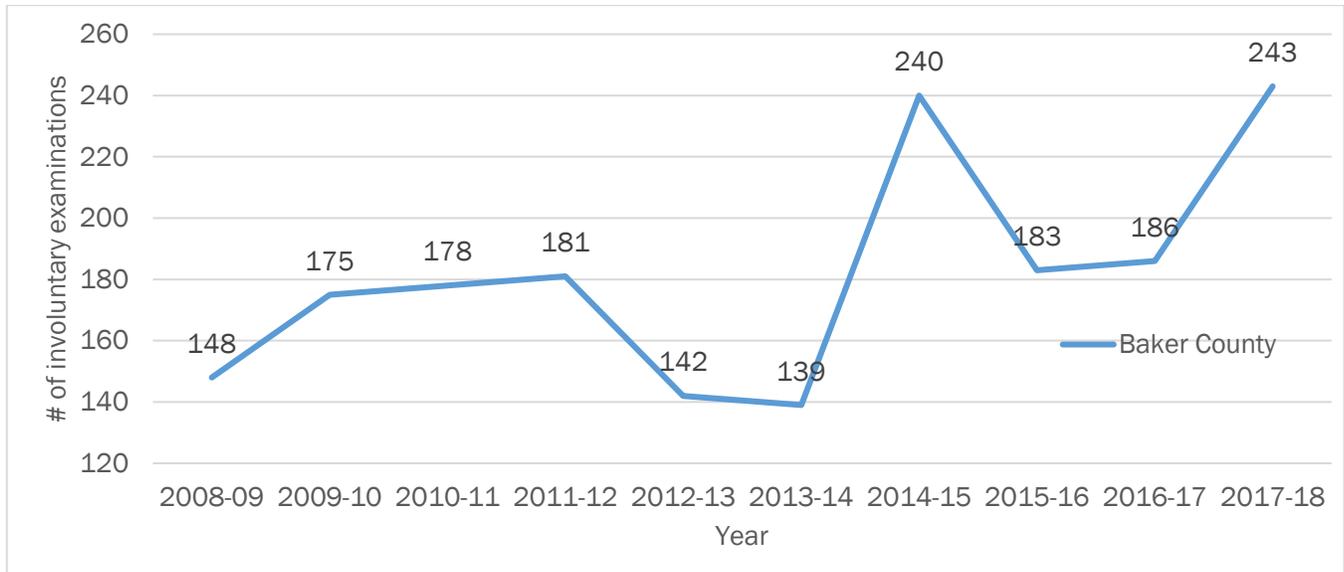
Figure 7 illustrates the total number of reported involuntary exam initiations (i.e. Baker Acts) for Baker County residents from 2008-2009 to 2017-2018. There is a general upward trend in involuntary exam initiations for Baker County residents, especially from 2013-2014 to 2014-2015 and from 2015-2016 to 2017-2018. Figure 10 shows no comparison to the state of Florida as data comparing state and county Baker Act rates is not readily available.

¹³ U.S. Centers for Disease Control and Prevention. (2014, September). *Preventing Suicide*. Retrieved from CDC.gov: <http://www.cdc.gov/Features/PreventingSuicide/>

¹⁴ Chapman AL, Dixon-Gordon KL. (2007) Emotional antecedents and consequences of deliberate self-harm and suicide attempts. *Suicide & Life Threatening Behavior*; 37(5):543-552.

¹⁵ Mental Health Program Office & Department of Mental Health Law & Policy. (2014). *2014 Baker Act User Reference Guide: The Florida Mental Health Act*. Tallahassee: Department of Children and Families, Mental Health Program; University of South Florida, Louis de la Parte Florida Mental.

FIGURE 10. TOTAL INVOLUNTARY EXAM INITIATIONS FOR BAKER COUNTY RESIDENTS, 2008-2018

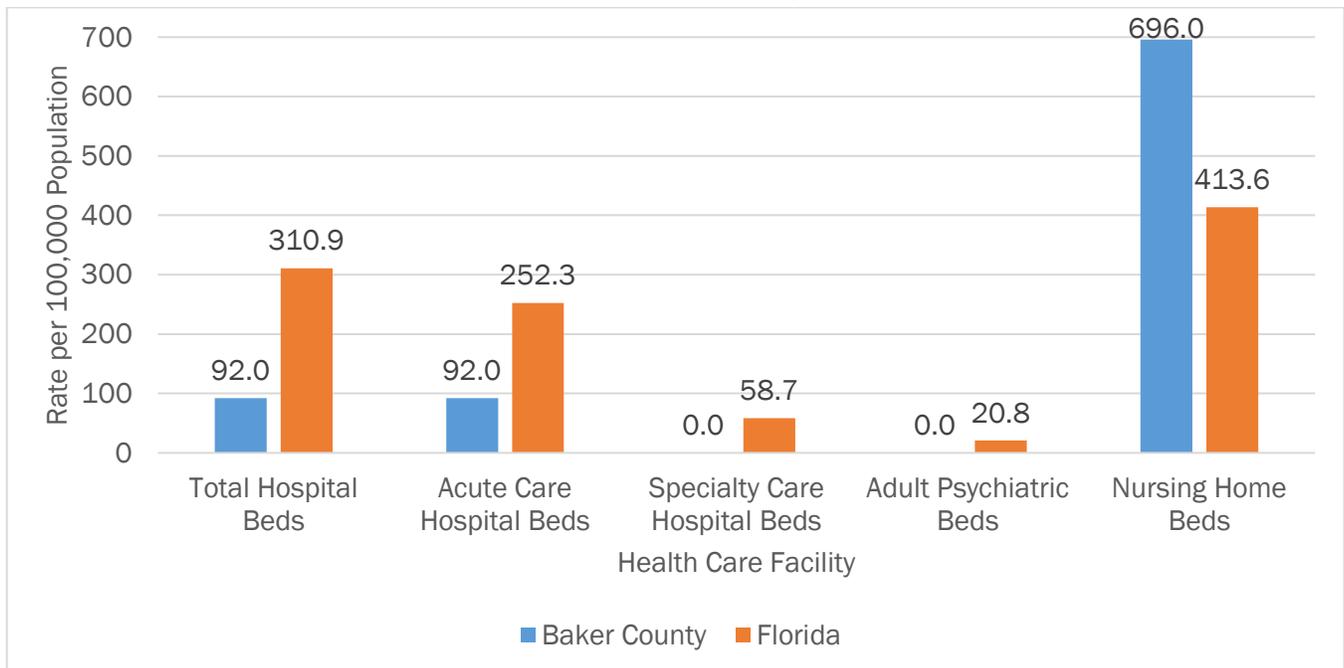


Data Source: Baker Act Reporting Center Fiscal Year 2017-18. University of South Florida.

Mental Health Services/Resources

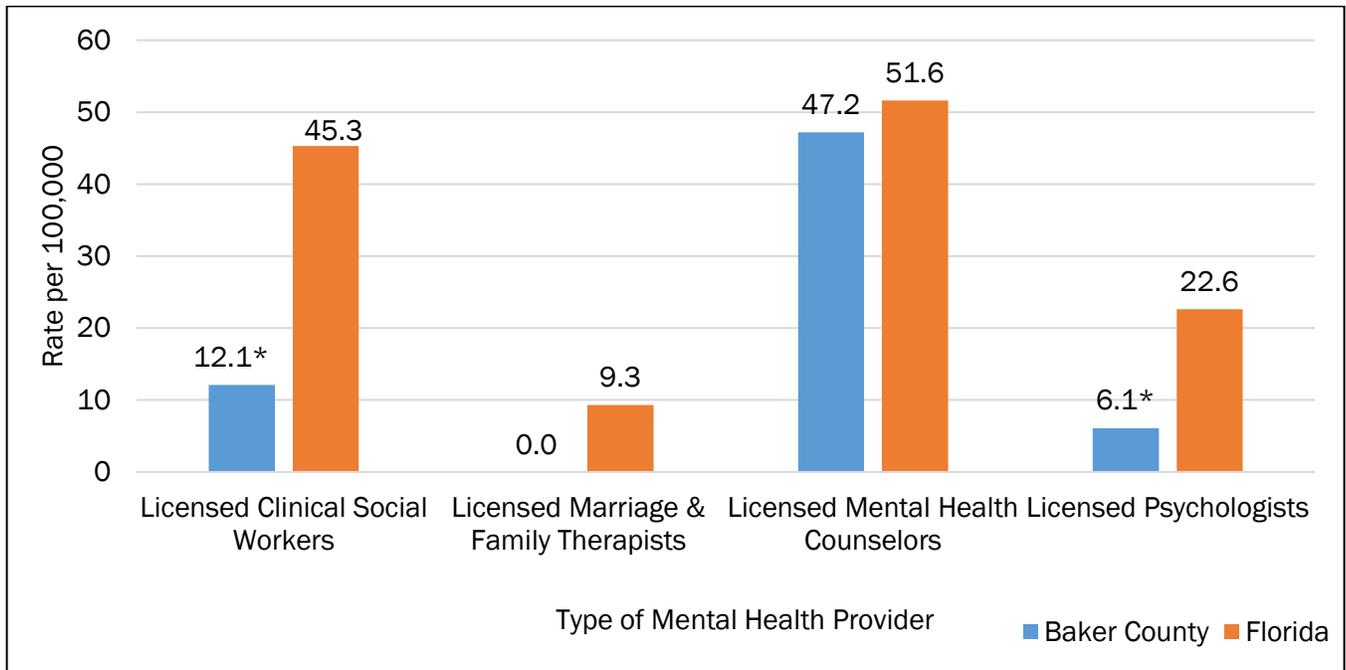
Acute care hospitals play a key role in the delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. Baker County has a lower rate of total hospital beds and acute care beds per capita than Florida and has no specialty beds or adult psychiatric beds. However, Baker County has more nursing home beds when compared to the state (Figure 11). Baker County has fewer licensed clinical social workers, licensed mental health counselors, and licensed psychologists per capita compared to Florida, and has no licensed marriage & family therapists per 100,000 people (Figure 12). The number of total licensed mental health professionals is an indicator of the need for additional mental health resources in Baker County.

FIGURE 11. HEALTH CARE FACILITY BEDS IN BAKER COUNTY AND FLORIDA, 2016-18



Data Source: Florida Agency for Health Care Administration (AHCA)

FIGURE 12. TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, BAKER COUNTY & FLORIDA, FY 2016/17 AND FY 2018/19



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

* indicates the county rate is statistically significantly different from the statewide rate

Substance Misuse

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. Key findings revealed:

- Alcohol is the most commonly used substances among Baker County students, with usage rates of 22.8% for the past 30 days, compared to Florida’s rate of 15.3%
- After alcohol, students reported E-Cigarettes and Vaporizers (22.6% for past 30 day use) as the most commonly used substance. Florida’s prevalence rate is lower at 13.7%
- Any illicit drug is the next most commonly used substance type with a usage rate of 18.1% in the past 30 days versus 14.3% in Florida

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) “is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year making it the largest continuously conducted health survey system in the world.”¹⁶ 2016 BRFSS key findings revealed:

- Among Baker County’s population 18.8% are current smokers, compared to 15.5% of Floridians

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

- 3.2% of Baker County’s adult population are current e-cigarette users, compared to 4.7% of Florida’s population
- 4.0% of Baker County residents reported having used marijuana or hashish during the past 30 days, compared to 7.4% at the state level
- 12.0% of Baker County adults surveyed engage in heavy or binge drinking compared to 17.5% at the state level

Improving Mental Health and Substance Abuse

The CHIP workgroup’s goal was to improve mental health and substance abuse in Baker County so that adults, children and families are healthy participants living in their communities. See CHIP Action Plans at the end of this document for detailed goals, objectives, and strategies for addressing mental health and substance abuse issues in Baker County.

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 in order to determine which health issues will become the strategic focus of health planning in the community for the next three to five years. A Community Health Improvement Plan (CHIP) is formulated primarily in **Phases 5) Goals & Strategies** and **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 which provides details on how goals and strategies will be achieved.¹⁷

The CHIP group held meetings with the workgroup in January and February 2020. The workgroup covered all priority areas; Chronic Disease and Lifestyle Behaviors as well as Mental Health and Substance Abuse. The workgroup began with a summary of the findings of the community health assessment and a recap of the health issues 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. **During the facilitation sessions, handouts were provided with information on social determinants of health, best practices, and policy changes proven to be successful in similar counties nationwide for their consideration during the health improvement planning process.**

Following the creation of broad, overarching goals, the workgroup developed objectives for each goal as well as strategies for each objective. In addition to generating strategies that could be used to achieve each goal, the workgroup brainstormed and described potential resources, **local policies (laws, statutes, ordinances, resolutions, Baker County Comprehensive Master Plan (Health Element))**, lead persons/organizations, measures for tracking progress of a strategy, current performance levels, and targets for each strategy, 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 already existing state and national objectives and other local programs, projects and organizations. **The CHIP also serves as an awareness tool to policy makers to guide change in policies that reduces socioeconomic and health inequalities thus improving the health and wellbeing of Baker county residents.** The CHIP group made efforts to align Baker County with state and

¹⁷ National Association of County and City Health Officials. (n.d.). *Mobilizing for Action through Planning and Partnerships*. Retrieved March 2016, from NACCHO.org: <http://www.naccho.org/programs/public-health-infrastructure/mapp>

national objectives by referring to the Florida State Health Improvement Plan and the Healthy People 2020 initiative. This alignment is illustrated in the CHIP Action Plans, using the symbols below:

- This symbol represents alignment with the National Healthy People 2020 initiative.
- ▲ This symbol represents alignment with the Florida State Health Improvement Plan.
- This symbol represents a policy-based intervention.

CHIP ACTION PLANS

CHRONIC DISEASE & LIFESTYLE BEHAVIORS

Priority Area: Chronic Disease & Lifestyle Behaviors					
Goal 1: Reduce the number of 911 calls for emergency room visits for non-urgent conditions and ER visits.					
Objective 1.1: By December 31, 2023, hold 8 educational outreach events to educate community members about chronic disease self-management. ■▲					Anticipated Completion Date: 31-Dec-23
Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Identify education material (chronic disease self-management, wound care).	CDC, Mayo Clinic, American Heart Association, AHEC, Quit Your Way, FDA, DOH-Baker, Elder Source	DOH-Baker	# of materials/topics identified	0	8
Identify presenters.	AHEC, DOH-Baker, Elder Source	DOH-Baker	# of presenters identified (per event)	0	8
Identify locations.	AHEC, Quit Your Way, DOH-Baker, Elder Source	YMCA/BPCI	# of locations identified (per events)	0	8
Promote educational outreach events.	AHEC, YMCA, Council on Aging, Faith-based organizations, State Hospital, Fire & Rescue, DOH-Baker, Elder Source, BPCI	CHIP workgroup	# of educational outreach events	0	8

Objective 1.2: By December 31, 2023, improve access to care through wellness checks from 0 to 50. ■▲				Anticipated Completion Date: 31-Dec-23	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Explore and create a referral network.	Primary Care Physicians, local medical providers, DOH-Baker, Ed Fraser, Council on Aging, YMCA, Elder Source, Faith-based organizations, AHEC	Baker Fire & Rescue	Creation of referral network	0	1
Establish commitment of providers and caregivers to referral network.	Primary Care Physicians, local medical providers, DOH-Baker, Ed Fraser, Council on Aging, YMCA, Elder Source, Faith-based organizations, CDC, AHEC, insurance companies	Baker Fire & Rescue	# of providers willing of engage in program	0	5
Pilot-Program for the first year.	Dixie/Clay/Alachua/Manatee County Fire & Rescue	Baker Fire & Rescue	Establishment of Pilot Program	0	1
Complete wellness checks on program participants.	-	Baker Fire & Rescue	# of wellness checks completed	0	50

Priority Area: Chronic Disease & Lifestyle Behaviors

Goal 2: Improve Healthy Weight in Baker County. ■▲

Objective 2.1: By December 31, 2023, hold 15 educational classes on healthy weight and nutrition. ■▲ Anticipated Completion Date: 31-Dec-23

Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Identify existing and new educational material.	DOH Baker, AHEC, CDC, Mayo Clinic, YMCA, EMS, Ed Fraser Hospital, Baker Rural Health Clinic, Baker County Schools, Pharmacies, UF IFAS, WIC	DOH Baker	# of educational materials identified	0	5
Identify presenters.	DOH Baker, AHEC, YMCA, Fit Girl, Anytime Fitness, Baker County Schools, Physical/Occupational Therapists, Ed Fraser Hospital, Universities, UF IFAS, WIC	YMCA/AHEC	# of presenters identified	0	15
Identify locations.	DOH Baker, Council of Aging, AHEC, faith-based Community, Community Centers, AG Center, Fire & Rescue, UF IFAS, State Hospital	CHIP Workgroup	# of locations identified	0	15
Promote educational classes.	Community Partners, Media (print and digital), Social Media, Baker County Courthouse, Council on Aging, Pharmacies, Baker County Schools, Fire & Rescue, UF IFAS, WIC	CHIP Workgroup	# of contacts initiated by organization	0	10

Objective 2.2: By December 31, 2023, increase physical activity programs from 5 to 8. ■▲				Anticipated Completion Date: 31-Dec-23	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Connect with community partners to identify physical activity program opportunities.	Fire&Rescue, City of Maclenny/Heritage Park, Baker County Schools, Carol Baker, Council on Aging, YMCA, AHEC, DOH Baker	Fire & Rescue (YMCA)	# physical activity program opportunities identified	5	8
Create/ implement physical activity programs.	Fire&Rescue, City of Maclenny/Heritage Park, Baker County Schools, Carol Baker, Council on Aging, YMCA, AHEC, DOH Baker, FDOH	DOH-Baker/YMCA	# of physical activity programs implemented	5	8
Promote physical activity programs.	Community Partners, Media (print and digital), Social Media, Baker County Courthouse, Council on Aging, Pharmacies, Baker County Schools, Fire & Rescue	CHIP Workgroup	# of contacts initiated by organization	0	10
Objective 2.3: By December 31, 2023, promote worksite wellness in 3 different organizations. ■▲●				Anticipated Completion Date: 31-Dec-23	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Identify worksite wellness materials.	CDC, DOH-Baker, AHEC, YMCA, First Coast Worksite Wellness Council, Baptist Health, BP&T, VyStar, School Board	State Hospital	# of materials identified	0	5
Identify and contact organizations.	CHIP Workgroup	CHIP Workgroup	# of organizations contacted	0	3
Create and distribute worksite wellness toolkit.	CHIP Workgroup	DOH-Baker	Toolkit created	0	1
Objective 2.4: By Decmeber 31, 2023, create 3 campaigns to promote healthy foods. ■▲				Anticipated Completion Date: 31-Dec-23	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Identify topics for campaigns.	WIC, CDC, DOH-Baker, MyPlate, FDA, AHEC	DOH-Baker (Community Health Nurse)	# of topics identified	0	3
Compile campaign materials.	Hodges Produce, CHIP Workgroup	DOH-Baker (Community Health Nurse)	# of messages created	0	3
Identify partners for distribution.	CHIP Workgroup	DOH-Baker (Community Health Nurse)	# of partners identified	0	6
Distribute campaign.	CHIP Workgroup	CHIP Workgroup	# of organizations campaign is distributed to	0	6

- Encourage local employers to adopt worksite wellness policies to improve employee's health outcomes and reduce days used to preventable illness.

MENTAL HEALTH & SUBSTANCE ABUSE

Priority Area: Substance Abuse & Mental Health						
Goal 1: Increase the number of activities in Baker County that promote good mental health. ■▲						
Objective 1.1: By December 31, 2023, hold 4 activities that promote good mental health in Baker County per year. ■▲					Anticipated Completion Date:	31-Dec-23
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target	
Identify activities that promote good mental health.	DOH-Baker, CDC, Meridian, SAMSHA, YMCA, BPCI, HOPE Center, Faith-based organizations, Fifth Street Center, Local Healthcare Providers	BPCI	# of activities identified	0	4	
Promote activities identified.	CHIP Workgroup	CHIP Workgroup	# of contacts initiated (by organizations)	0	3	
Educate employers on worksite wellness.	CDC, First Coast Worksite Wellness Council	DOH-Baker	# of employers reached	0	5	
Objective 1.2: By December 31, 2023, educate providers about mental health screenings in Baker County. ■▲●					Anticipated Completion Date:	31-Dec-23
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target	
Identify mental health screening tool kit.	DOH-Baker, CDC, Meridian, SAMSHA, YMCA, BPCI, HOPE Center, Faith-based organizations, Fifth Street Center, Local Healthcare Providers, NIH	Fifth Street Center	mental health screening tool kit identified	0	1	
Hold 1 training for providers on SBIRT (Screening, Brief Intervention, and Referral to Treatment).	Healthy Start Coalition	Healthy Start Baker	SBIRT training held	0	1	
Encourage providers to utilize screening tool and review screening results with kids/families.	DOH-Baker, CDC, Meridian, SAMSHA, YMCA, BPCI, HOPE Center, Faith-based organizations, Fifth Street Center, Local Healthcare Providers, NIH	DOH-Baker	# of providers reached	0	3	

Priority Area: Substance Abuse & Mental Health

Goal 2: Reduce stigma related to mental health and utilizing mental health services. ■▲

Objective 2.1: By June 30, 2020, create a brochure of available mental health services in Baker County. ■▲

Anticipated Completion Date: 30-Jun-20

Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Identify partners and services provided in Baker County	Hope Center, Meridian, DOH Baker, County Commissioners, Faith-based services, BPCI, Sheriffs Department, First Responders	Jamie Spivey (Hope Center)	# of partners identified	0	5
Create brochure	Hope Center, Meridian, DOH Baker, County Commissioners, Faith-based services, BPCI, Sheriffs Department, First Responders	DOH Baker	creation of brochure	0	1
Identify distribution locations (print and digital) and distribute brochure	Hope Center, Meridian, DOH Baker, County Commissioners, Faith-based services, BPCI, local print media	DOH Baker	# of brochures distributed (print/digital)	0	100/5

Objective 2.2: Starting September 30, 2020, provide 1 community outreach/education event quarterly.				Anticipated Completion Date: 30-Sep-20	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Identify presenters and target population	Teen Challenge, Meridian, Hope Center, DOH Baker, County Commissioners, Faith-based services, BPCI	Fifth Street Center	# of presenters identified annually	0	4
Identify locations where events are held	Teen Challenge, Meridian, Hope Center, DOH Baker, County Commissioners, Faith-based services, BPCI, Sheriffs Department	Community Chaplain	# of locations identified annually	0	4
Schedule meetings	Teen Challenge, Meridian, Hope Center, DOH Baker, County Commissioners, Faith-based services, BPCI, Sheriffs Department	Community Chaplain	# of meetings scheduled annually	0	4
Promote events through partners, social media, newspaper, etc.	Teen Challenge, Meridian, Hope Center, DOH Baker, County Commissioners, Faith-based services, BPCI, Sheriffs Department, Baker County Press, Hometown Journal	CHIP Workgroup	# of promotions annually	0	4
Objective 2.3: By December 31, 2023, explore feasibility to create a peer-to-peer support group in Baker County by contacting 3 potential support group resources. ■▲				Anticipated Completion Date: 31-Dec-23	
Strategies	Resources	Lead Person/Organization	Measure	Current Performance Level	Target
Identify and contact 3 resources for a peer-to-peer support group	Meridian, Fifth Street Center, BPCI	Fifth Street Center	# of resources identified	0	3
Observe existing peer-to-peer support group meetings in neighboring counties	Meridian, Fifth Street Center, BPCI, Hope Center	Fifth Street Center	# of meetings observed	0	4
Identify facility to hold peer-to-peer support group meetings	Meridian, Fifth Street Center, BPCI, Hope Center	Hope Center	# of facilities identified	0	4

Priority Area: Substance Abuse & Mental Health					
Goal 3: Decrease the number of youth who engage in substance use. ■▲●					
Objective 3.1: By December 31, 2023, decrease the percentage of youth who engage in alcohol use in the past 30 days from 22.8% to 21.8%. ■▲				Anticipated Completion Date: 31-Dec-23	
Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Maintain and sustain activities related to life skills classes being conducted in Baker County.	CHIP Workgroup/Baker County School District	BPCI/Meridian/Baker County School District	# of classes held weekly	7	7
Promote "Friday Night Done Right" event for youth.	CHIP Workgroup	BPCI	# of partners reached	20	25
Identify partners with an interest in reducing alcohol use in youth (such as "Youth Power" or Faith Based Youth Groups).	CHIP Workgroup	DOH-Baker	# of partners identified	1	3
Objective 3.2: By December 31, 2023, decrease the percentage of youth who engage in E-cigarette/vaporizer use in the past 30 days from 22.6% to 22.0%. ■▲●				Anticipated Completion Date: 31-Dec-23	
Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Educate parents on consequences of tobacco citations at school.	CHIP Workgroup	BPCI	# of educational opportunities	0	3
Educate the community on the effects of E-cigarettes/vaporizers.	CHIP Workgroup	BPCI/DOH-Baker	# of educational opportunities	3	5
Increase participation of students working against tobacco (SWAT).	Tobacco Free Florida, BPCI	BPCI/DOH-Baker	# of memberships	15	30
Objective 3.3: By December 31, 2023, decrease the percentage of youth who engage in any illicit drug use in the past 30 days from 18.1% to 17.5%. ■▲				Anticipated Completion Date: 31-Dec-23	
Strategies	Resources	Lead Person/ Organization	Measure	Current Performance Level	Target
Identify different programs to educate youth.	CHIP Workgroup	DOH-Baker/HOPE Center	# of programs identified	1	2
Identify organizations that identified programs can be distributed to.	CHIP Workgroup	DOH-Baker/HOPE Center	# of organizations identified	1	3

● Tobacco 21 policy /ordinance and the restriction of vaping product sale near schools are changes needed to reduce youth using nicotine products.

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