Shands Teaching Hospital and Clinics, Inc.

2013 Community Health Needs Assessment
and Implementation Plan

June 28, 2013

In 2011 and 2012, Shands Teaching Hospital and Clinics, Inc. (Shands) participated in the conduct of a community health needs assessment and the formulation of a community health improvement plan. These activities were led by the Alachua County Health Department and included input from diverse interests, including dozens of people representing public and private organizations, community groups, and others. One result of this collaboration was the emergence of a vision for Alachua County to be "A community where everyone can be healthy."

The assessment and planning processes resulted in the identification of community wellness goals, with the highest priority issues being access to care (medical, dental, behavioral health, and pharmacy services); management of diabetes; pregnancy outcomes; overweight/obesity; special groups (minorities, persons with chronic mental illness, homeless persons, and veterans); violence (child abuse, domestic violence, and gangs); graduation rates of African Americans; the service delivery system; need for collaboration among providers; establishment of a policy advocacy group; and the environment (infectious diseases and water resources).

Two broad strategic goals were chosen to be the focus of the community health improvement workplan:

- Residents of Alachua County will be able to access comprehensive primary care and preventive services
- Promote wellness among all Alachua County residents.

Shands has identified the following implementation items as the most appropriate activities for it to undertake to further these goals:

- Maintain safety net provider capacity
- Educate the uninsured regarding new options for insurance coverage
- Increase the number of children enrolled in Florida KidCare
- Implement a program of care coordination for reducing avoidable hospital use
- Implement a medical respite program for homeless persons
- Increase access to diabetes management and education
- Increase cancer screening and detection
- Develop new worksite wellness programs
- Establish policies and incentive programs to promote breastfeeding among mothers returning to work
- Reduce prevalence and impact of tobacco use
- Improve mental health through access to resources for stress management such as peaceful outdoor environment, poetry readings and art gatherings

The community health needs assessment (*Alachua County Community Health Profile November 2012*) follows this page. The implementation plan (*Alachua County Community Health Improvement Plan November 2012*) follows that document.

We welcome your input! To submit written comments and/or request a paper copy of this report, please contact Dennis Fuller at UF Health Shands, Box 100336, Gainesville, FL 32608 or 352-265-7962.

Alachua County Health Department

Alachua County

Community Health Profile

November 2012

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COMMUNITY HEALTH PROFILE

ALACHUA COUNTY, FLORIDA

INTRODUCTION

Health is essential to well-being and full participation in society, and ill health can mean suffering, disability and loss of life. The economic impacts of health have become increasingly apparent. Despite spending more on health care than any other nation, the U.S. ranks at or near the bottom among industrialized countries on key health indicators like infant mortality and life expectancy (RWJ Overcoming Obstacles to Health 2008). The health of our nation can be improved one community at a time through ongoing health improvement planning.

Alachua County has selected the MAPP process for community planning because of its strength in bringing together diverse interests to collaboratively determine the most effective way to improve community health.

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs and forming effective partnerships for strategic action. The MAPP method of community planning was developed by the National Association of County and City Health Officials (NACCHO), in cooperation with the Public Health Practice Program Office and the Centers for Disease Control and Prevention (CDC).
MAPP employs four assessments, which when completed, offer critical insights into challenges and opportunities throughout the community.

- The Community Themes and Strengths Assessment provides an understanding of the issues residents feel are important by answering the questions: *"What is important to our community?" "How is quality of life perceived in our community?"* and *"What assets do we have that can be used to improve community health?"*
- The Local Health System Assessment is a comprehensive assessment of the organizations and entities that contribute to the public's health. The local public health system assessment addresses the questions: *"What are the activities, competencies, and capacities of our local health system?"* and *"How are the Essential Services being provided to our community?"*
- The Community Health Status Assessment identifies priority issues related to community health and quality of life. Questions answered during the phase include *"How healthy are our residents?"* and *"What does the health status of our community look like?"*
- The Forces of Change Assessment focuses on the identification of forces such as legislation, technology and other issues that affect the context in which the community and its public health system operates. This answers the questions *"What is occurring or might occur that affects the health of our community or the local health system?"* and *"What specific threats or opportunities are generated by these occurrences?"*

The findings of each assessment were described in detail in the individual reports and are summarized in this Community Health Profile.

The complete report of each assessment was reviewed by a committee which selected priorities. The local health system report was reviewed by the same community members who were involved in scoring the standards. The other reviews were conducted by subcommittees of the steering committee. The priorities that were identified, along with the rationale for inclusion, are listed in Attachment One.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

An assessment of community themes and strengths was conducted to gather information from community members to provide insight into community values, perceptions and priorities. The assessment was conducted through use of the following components: preparation, implementation of data collection activities, compilation of the results and community involvement. Because of the vagaries of funding and the availability of multiple partners involved, the assessment process was iterative. The resulting assessment was robust and included input solicited from over 800 residents of Alachua County. The community input was collected during telephone interviews of 400 households; 20 focus groups; 40 key informant interviews; 118 home interviews and 102 interviews with adults in a clinic serving low income individuals and the uninsured.

Access to health care

Insurance and income

Access to health insurance is widely accepted by professionals and the general public as enhancing access to health care. This was a well understood and consistent assumption within our assessment. As important as this may be, the conversations and surveys remind us that *access to third party coverage does not guarantee access* to health care.

In spite of the fact that almost 92% of those surveyed by phone were insured and, most described themselves as healthy, 34.9% reported some level of *difficulty paying* for routine medical care, 40.8% reported difficulty paying for dental care, and 31.4% of those who felt they needed mental/behavioral care reported difficulty paying for it. This population reported that finances resulted in *failure to obtain needed services* for primary care (2.7%), dental care (6.3%) and mental health counseling (8.1%).

The finding of the focus groups emphasized the disparities in access to health care based on income and third party coverage. It was generally recognized that those with insurance have much better access to health care than those without. Many comments emphasized that income plays a critical and independent role in accessing care.

Lack of dental care was frequently mentioned as an unmet health need. Lack of dental insurance and inability to get dental care was the health issue most commonly ranked as a major problem by respondents of the phone survey. The respondents of the neighborhood interviews ranked it as their most pressing health care need, with almost half listing an

unmet need for adult dental care. The interviews of low income consumers conducted by the Oral Health Coalition found that although 99% of the sample said dental care was important or very important, 84% were unable to afford ongoing dental care.

The unmet need for mental health services was addressed by the telephone respondents. Among those who felt they needed it, 6.3% did not receive it due to cost. Among the low income respondents who were asked about unmet needs, there were 174 citations of a need for some sort of counseling (among 113 respondents). The homeless population, as discussed below, identified mental health and substance abuse counseling as important, but unavailable services.

Other barriers to care

Alachua County residents may obtain health care through private third party coverage, public third party coverage, pay for it out of pocket or qualify for one or more publicly funded programs such as CHOICES or hospital charity care. As described above, the cost associated with some of these options can be problematic. The assessment identified additional barriers to accessing health care services.

One third of the telephone respondents reported using hospital emergency rooms during the past year, nearly a quarter reported using it twice, and 13% reported using it three times. The reasons cited for use of the emergency room included the need to see a doctor after office hours (22%) and not knowing where else to go (15%).

Participants of focus groups reported frustration with administrative difficulties, including scheduling an appointment, long wait times and “hassles” with paperwork.

Health care needs of special populations

The assessment used several methods to identify populations with special needs. These included homeless individuals, rural residents, people with chronic conditions and low income residents.

People with disabilities

The key informants identified cancer, cardiovascular diseases, hypertension, diabetes and unintentional injury as the most important illnesses affecting county residents. The prevalence of these, and other conditions, combined with lack of access results in people with disabilities. The assessment included two focus groups with people living with physical disabilities.

People with disabilities may have access to care through Medicaid but the process for obtaining these benefits is complicated and requires resources not all people have. Low income people may experience issues with literacy, especially related to health and computer skills and middle income individuals who are recently disabled may experience social dissonance that hinders their access to needed benefits. Many disabled individuals do not have third party coverage for health care.

Rural residents

Two focus groups were conducted with rural residents who report lack of infrastructure, transportation, local clinics and healthy food choices as some of their main concerns. Residents of Lacrosse and Micanopy also expressed concerns about potable water. Waldo residents expressed frustration over trying to retain doctors to practice in small rural communities and the lack of grocery stores that offer fresh foods for healthier eating choices.

Homeless

The homeless cited safety, employment, lack of affordable health care and attitude of health care providers as their main concerns.

Low income residents

Low income families reported many unmet health related needs. Among the 118 neighborhood residents interviewed, the most common unmet health related needs identified were: adult dental (N=55), smoking cessation (N=47), mobile clinic (N=46), management of high blood pressure and adult doctor (N=42), mental health counseling (N=38), family counseling and special needs care (N=37), drug/alcohol counseling (N=35) and teen counseling (N=32). Among the 102 low income residents interviewed about their oral health needs, 84% reported they were unable to obtain ongoing dental care and 61% reported experiencing oral health problems in the last year.

Defining a healthy community

Defining a healthy community is a question of values that can be approached within the socio-ecological model framework, which includes considering the various influences on health attitudes and decisions. In order to account for the cultural factors that affect perceptions of health the assessments included a variety of groups as described in this section and made an attempt to collect information reflecting those who may be under represented in standard surveys. The query process also included a variety of models for data collection, including extensive use of focus groups conducted in locations that were known and felt “safe” to the respondents.

The telephone survey asked the respondents to define a healthy community by ranking the contribution of issues on a scale from 1 to 5, with 1 being “not important” and 5 being “highly important”. The issues ranked as highly important (ranked as 5 by more than 70% of respondents) for contributing to a healthy community include: good schools (81.3%); low levels of child abuse (79.5%); good jobs and healthy economy (77.5%); strong family life (77.3%); access to hospitals (77.3%); doctors (76.8%) and health insurance (76.5%); low crime/safe neighborhoods (74%) and healthy behaviors and lifestyles (73.3%).

When the respondents were also asked to select three “most important” factors defining a healthy community, low crime/safe neighborhoods, access to health insurance and good schools ranked as the most important factors.

It is relevant to note that crime and safety issues were also important to the 118 low income neighborhood residents who were interviewed. When asked to list "Worst thing in your neighborhood", crime/gangs/not safe was the most common response and was mentioned by 27 respondents, with fighting/arguing and hatred being the second most common response (chosen by 13 respondents).

Quality of life perceptions and concerns

Telephone respondents were asked to describe their perception of several "quality of life" indicators and to rank their perception of the status of this issue for the residents of Alachua County using a score from 1-5 (with 1= not a problem and 5=major problem). There was no limit on the number they could rank as a major problem. The issues that were ranked as "major problems" in health care by more than 5% of respondents were: Paying for/getting dental insurance/getting a dentist (17.8%), paying for or getting health insurance (12.0%), affording routine medical, dental or mental health care (8.5%) and paying for prescriptions (6.0%).

In an effort to determine the extent to which *health issues* pose problems for the community, telephone respondents were asked to rate issues on a scale from 1 to 5 with 1 being "not a problem" and 5 being "a major problem". Issues identified as major problems in the community by more than 15% of the respondents included: alcohol and other drug abuse (cited by 27.3%); child abuse/neglect (cited by 26.3%), obesity (cited by 24.3%), rape/sexual assault (cited by 16.3%) and homelessness (cited by 15.3%). When asked to select the top three health issues, child abuse/neglect, domestic violence and lack of access to health care were selected most frequently.

Survey respondents were also asked to rate the issues of *safety* facing the community. Issues being ranked by more than 40% of the population as a major problem included: child abuse/neglect (54.8%), domestic violence (50.5%), manufacturing of drugs such as methamphetamines (45.5%), unsafe/unprotected sex (42.3%) and access to firearms by children (41.8%). When asked to identify the three most serious safety issues, child abuse and neglect, alcohol and drug abuse and domestic violence were reaffirmed as important safety concerns for the community.

Once again, the answers from the low income neighborhood reflect an overlapping perspective on issues cited by the respondents of the phone survey. Among the low income neighborhood population, the need for counseling, mental health or drug and alcohol counseling by the respondent or someone they know was mentioned 174 times (118 respondents).

Common themes

The community members that participated in the surveys, focus groups and interviews represent a diverse cross-section of Alachua County residents. Despite the varied backgrounds of participants, the community input yielded many common themes. Some of the key issues most frequently mentioned are summarized below.

Access to health care

- Equitable access to health insurance, doctors and hospitals was perceived to be a defining characteristic of a "healthy community".
- Access to affordable health care was identified as a barrier to seeking routine health care.
- Lack of affordable services for mental health/substance abuse and oral health services are particularly acute.
- Administrative barriers that result in delaying or avoiding care include: scheduling, restrictive eligibility criteria, paperwork and lack of availability of a health care professional after office hours.
- Lack of after-hours care and not knowing where else to go were identified as the top-most reasons for seeking care through emergency departments.
- Lack of affordable prescription drug payment options and availability of providers accepting Medicaid were commonly cited as the barriers to seeking health care in Alachua County.

Enabling factors

- Good jobs and access to resources needed to acquire employment were identified as enablers for healthy living.
- Factors contributing to a healthy community include: good schools, school curricula that emphasize health education and safe environments.
- Low prevalence of child and domestic abuse/neglect and strong family life were named as key factors that facilitate well-being.
- Safe neighborhoods with low crime and ample street lights were identified as factors that enable community residents to pursue healthier lifestyles by offering opportunities to walk/run to stay fit.
- Access to mental health and substance abuse counseling for the homeless and rehabilitative services for the disabled will improve individual and community well being.
- Increasing the capacity of safety net primary care providers, expanding eligibility criteria for enrollment into CHOICES health services program and increasing the number of providers accepting Medicaid were suggested as ways of reducing burden on the currently overstretched health system.

Suggestions for improvement

Participants in the community themes and strengths assessment were asked for suggestions for improvement. Their comments included ideas for improving the system, improving access and addressing some of the social determinants related to disparities.

Focus group members recommended that the county work towards a system of health care that does not discriminate on the basis of income, insurance status, health conditions, age, race or disability status. Enhanced collaboration was urged between governmental agencies, faith-based groups, non-profit organizations, area businesses and University of

Florida affiliates to ensure an improved health care system that pools resources and avoids duplication of efforts.

The suggestions from key informants included advocating for change in the current status of health care through the following strategies: greater involvement of local citizens and other stakeholders; increased collaboration between public, nonprofit, business, academic and faith-based agencies and greater involvement from media. Increased funding was recommended for school-based health care, as well as primary care offered by safety net providers. The key informants reiterated the suggestion of addressing geographic health disparities by improving public transportation and establishing satellite clinics in outlying areas. Parity in insurance coverage, use of voluntary professional help and government incentives for providers were recommended as potential solutions for addressing the lack of behavioral health care. Medical homes, Federally Qualified Health Centers and community hospitals were some of the suggested models to improve health care in the county.

Specific suggestions from members of focus groups included: a health system navigator/patient advocate as part of the continuum of care; establishment of a central clearinghouse of information and; increased funding for school-based health care to expand primary care, vision, mental and dental health services. Improving continuity of care, offering health education and promoting an empathic attitude among health care providers were also suggested improvements to the health care system.

Persons with disabilities wanted information on vocational opportunities and a disability-specific information clearinghouse. The homeless cited a need for resources for assisting people who experience mental disabilities, as well as mental health and substance abuse counseling.

Rural residents suggested addressing transportation and other infrastructure barriers by developing satellite clinics and mobile health vans and partnerships that include the health department, local elected officials, private physicians, libraries, faith-based, nonprofit, academic and business organizations.

Suggestions for system changes to promote a good quality of life included a focus on reducing disparities, improving infrastructure, engaging the community in seeking solutions and advocating for change in the current status of health care. Multifaceted approaches were recommended to bring all the stakeholders to the table in order to address the complex issue of health care access and the social determinants affecting health and health related behaviors.

When asked about improvements they would like to see in their neighborhood, low income neighborhood residents (N=102) suggested: 1) more activities for children (N=16); 2) more frequent schedule for the bus (N=10); 3) make it safer (N=8) and; 4) better management (presumably of apartment complex) (N=8). When asked what health services

they or others in the neighborhood need, the number one need identified was for adult dental care (N=53), followed by smoking cessation (N=47), mobile clinic services (N=46), management of high blood pressure (N=42) and a doctor for adults (N=42).

When low income residents (N=102) were asked what they or their neighbors needed to attain self sufficiency the top needs included: computer/fax/copier access (N=63); transportation (N=58); job searching assistance (N=57); furniture (n=53); help attaining a GED (n=51); job preparation skills (n=51); legal assistance (N=48); debt reduction/credit repair (N=46) and; budgeting (n=45). When asked what kind of family support they needed, the most common answers were summer programs for children (N=71) and play activities for children ages 0-4 (N=67) and 5-10 (N=63).

It is interesting to note that the needs assessment itself was a topic of interest to many participants. They appreciated that people's opinions were sought and welcomed more opportunities in the future. It was hoped that local leaders step up to solve the health care issues in Alachua County.

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT

The National Public Health Performance Standards Program (NPHPSP) is a collaborative effort of seven national partners: Centers for Disease Control and Prevention, American Public Health Association (APHA), Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, National Network of Public Health Institutes and, Public Health Foundation. The NPHPSP is a partnership which is designed to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems.
The instruments are based on the framework of the ten Essential Public Health Services. The Essential Services represent the spectrum of activities that should be provided in any jurisdiction to ensure the health of the residents. Therefore, the instrument itself is divided into ten sections– one for each of the Essential Services. Because many entities contribute to delivering the Essential Services, the focus of the NPHPSP is the "public health system". A public health system includes all public, private and voluntary entities that contribute to the delivery of the Essential Public Health Services within a given jurisdiction.

The purpose for undertaking a performance assessment is to strengthen and improve the public health system. The rating tool includes a description of optimal functioning for each model standard and so it is expected that local health jurisdictions will see many differences between their own performance and the "gold standard" described in the instruments. System partners should seek to address these weaknesses and also recognize and maintain areas in which they

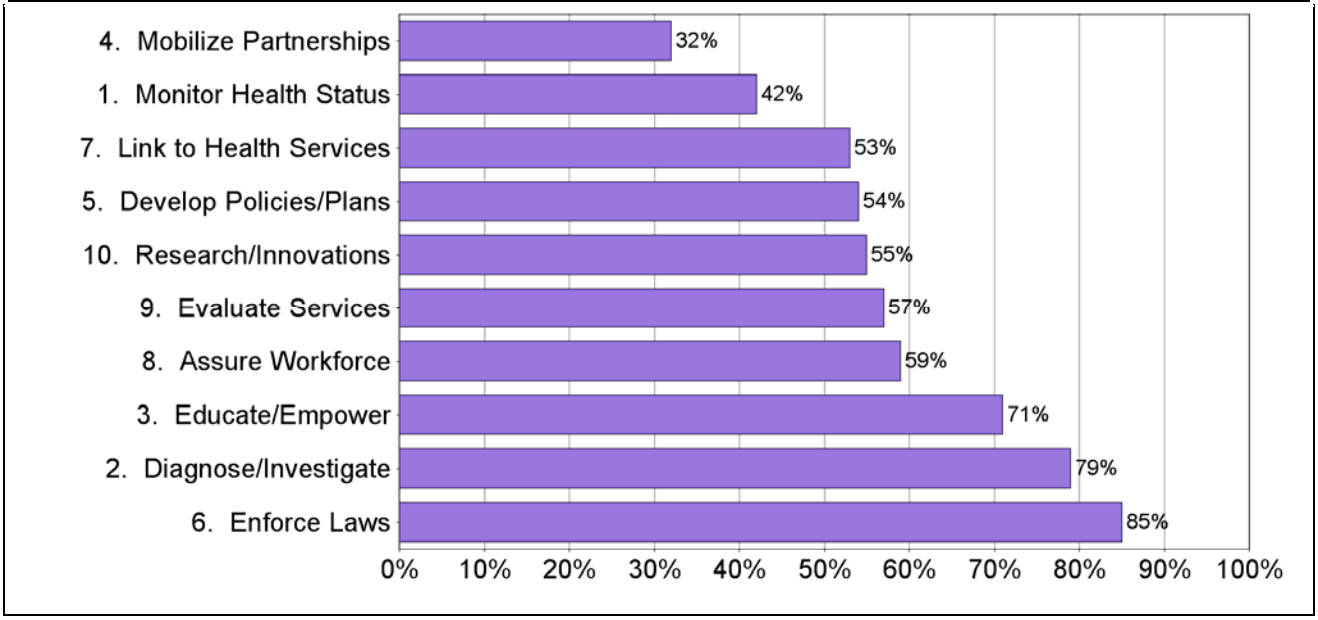
are strong. In addition to the instruments, the NPHPSP offers a User Guide and a resource that includes Acronyms, Glossary and Reference terms.

The assessment was conducted in its entirety by participants who were matched to the type of service being assessed. The details of the methodology are summarized in the full report. Participants were encouraged to be honest in scoring the items and assured that the purpose was a self assessment and not for comparison to other jurisdictions or related to program evaluation or funding. In addition to rating performance, the community had the opportunity to rank the importance of each model standard from 1-10.

This section of the Community Health Profile describes the highlights of the assessment and recommendations made through the community process on how to improve the system.

Figure PHA-1 shows the ranking of all the essential services in ascending order. The overall ranking of the system was 59. These highest ranking essential services were Number 6: Enforcing Laws and Regulations that Protect Health and Number 2: Ensure Safety and Diagnose and investigate health problems and health hazards. These essential services tend to rank well in most communities in Florida because they are funded and designated to a specific agency or group of agencies. The lowest ranked items are, in general, those which are diffused through out the community.

Figure PHA-1: Rank ordered performance scores for each Essential Service



The issues that were the focus of the community wide assessment process were the eight services that are widely disseminated throughout the community. The community process of discussion and ranking both performance and priority included over 50 participants and resulted in identification of four essential services for further discussion. These were low

performing, high priority services. The performance ratings of these services were based on scores that were recalculated using only those rated by the community wide process.

- **Essential Service 1**: Monitoring Health Status to Identify Community Health Problems
- **Essential Service 4:** Mobilizing Community Partnerships to Identify and Solve Health Problems
- **Essential Service 5:** Developing Policies and Plans that Support Individual and Community Health
- **Essential Service 7:** Link People to Needed Personal Health Services

The community came together to review these services and make recommendations. This was done in an iterative process that included small groups and then a final general group discussion.

The structured recommendations from each group are presented below as separate and independent recommendations. However, the consensus emerging from the discussions following the small group presentations was that all the recommendations had a single underlying theme. Some attendees even suggested there was no need to vote because there was so much overlap in the conceptual constructs. The verbal consensus was the need and desire to increase collaboration and communication among community partners. The specific recommendations of the group are summarized below.

Alachua County should identify a lead entity which will develop a plan, process and infrastructure that will engage community partners and: 1) increase opportunities for communication and collaboration; 2) increase awareness of resources such as data; 3) review and recommend policies supporting the implementation of the Community Health Improvement Plan and; 4) address the barriers to care which result from a fragmented system of social and health care resources.

FORCES OF CHANGE ASSESSMENT

A group of policy makers and experts assembled to discuss the forces that will affect the health care environment and service delivery system in the future. Attendees included public health officials, government representatives, members of the private sector, providers and academic experts. The discussion was facilitated by an experienced faculty member from the UF College of Public Health and Health Professions who summarized the discussion in the table below.

Forces	Impact	
	Threats Posed	**Opportunities Created**
Shifts in the economy and workforce environment	Chronic local poverty; Unstable housing market; Workforce reduction; Reduction in the number of Americans without health insurance; Rise in the cost of health insurance; fewer individuals not in the work force available to volunteer; tight money reduces money to give to not-for-profits	In the area, the shifts are tempered by the impact of The University of Florida (UF) which seems to have adapted to the tough economic climate

Environmental changes related to facilities and infrastructure	Loss of primary care in health department; funding arranged for new clinic in SW area but care was to be provided by health department; reduced budgetary support for recreational programs; reduction in funding for new diseases; new trends in pharmaceutical supply and funding threatens availability of medications; insufficient availability of mental health care	Some increasing services and availability of recreational facilities: FQHC providing services in Gainesville; UF Shands providing more care in center of city and on Eastside; SWAG has new funded community center and clinic; the BUS mobile health center (UF/Shands) targeting high need areas and providing free care; opening of Health Street; new Senior Center with weight room, outside recreation area; usable by all; local care provider folding in mental health care into primary care; Depot Park, more bike and walking trails
Environmental change, natural and pathogenic	Emerging pathogens, some of which show drug-resistant characteristics; global climate change/global warming; threat of bioterrorism	Some public commitment to address new and old threats: More smoke-free facilities and policies; Introduction of a new facility devoted to progress and innovation in medicine/health to meet new needs; FluMist Immunization Program being implemented in schools and other public areas; sufficient water and other resources in area; emphasis on growing and eating local food; environmental focus in community
Political environment and pending elections	Lack of funding from state government to assist local government health organizations; Political polarization/grandstanding with limited collaboration or compromise	Local politicians listen to community issues; State committed to reducing spending not investment; more collaboration to buffer impact
Populations dynamics	Lack of awareness of and preparation to meet the needs of hidden or vulnerable populations while they are increasing (immigrants, refugees, ex-offenders, sex offenders); Children continue to be born into poverty; Chronic poverty; Wide education disparities within the community; Rising homeless population; aging population increasing and they will have more health needs	Graduation rate of black males is increasing; advocacy efforts in community such as SWAG have been successful; community efforts such as this planning meeting will help us prepare to meet these needs
Social Climate	Emotional disillusionment/general malaise and uncertainty with collective action and community responsibility; reduced trust that society will solve problems and that medical care is really available to those with need	Greater community involvement and collaboration between the government, non-profit organizations and health organizations; Strong Faith-based community representation; High student population and participation; Passion for the health and creation of healthy communities; Opportunities for enhanced research, management and evaluation; Increased focus on a proactive rather than a reactive approach to prevention

Technological Innovation	Technology inflates cost of services rather than reduces cost; The switch to electronic health records has been complicated and costly; Self diagnosis and disease creation made possible by the internet	Easy access to data from needs assessment on community health needs; People can meet and share ideas/gather to discuss community issues much easier than in the past; costs may reduce over time

HEALTH STATUS ASSESSMENT

CHAPTER 1: DESCRIPTION OF COUNTY

The demographic characteristics of Alachua County and the State of Florida are displayed in Table 1-1. The population of Alachua County in 2010 was 247,336 individuals. The population is growing and expected to reach 300,000 in the mid 2020s. About 18% of residents are 17 years of age or younger and about 11% are age 65 or older. The 15–24 year-old age group is the largest segment of the population, accounting for 26.3% of the population, with the 25–44 year-old group following closely behind with 25.3% of the population. Alachua County is younger that the rest of Florida, due in great part to the presence of the University of Florida and Santa Fe College.

Almost 70% of the population is white, about 20% is black and over 5% are Asian. Almost 2% are other races and 2.6% are more than one race. About 8% of Alachua County residents are Hispanic. Alachua County, therefore, is more racially and less ethnically diverse than the rest of Florida where the population is 16% black and 22.5% Hispanic.

Over 51% of Alachua County residents are female and over 58% live in incorporated areas. A higher proportion of Alachua County residents live in incorporated areas than the state as a whole.

Table 1-1: Select Demographic Characteristics, Alachua County and Florida, 2010

Characteristics	Alachua County		Florida
	Number	Percent	Percent
Population Projections[1]			
Total Population	247,336	100.0	-
2015	272,387	100.0	-
2020	289,833	100.0	-
2030	323,373	100.0	-
Age Group			
0-4 years	13,068	5.3	5.7
5-9 years	11,739	4.7	5.7
10-14 years	11,669	4.7	6.0
15-24 years	65,104	26.3	13.1
25-44 years	62,488	25.3	25.1
45-64 years	56,641	22.9	27.0
65+ years	26,627	10.8	17.3
Race			
Asian	13,235	5.4	2.4
American Indian and Alaska Native	772	0.3	0.4
Native Hawaiian and Other Pacific Islander	134	0.1	0.1
Black	50,282	20.3	16.0
White	172,156	69.6	75.0
More than 1 race	6,546	2.6	2.5
Other	4,211	1.7	3.6
Ethnicity			
Hispanic	20,752	8.4	22.5
Non-Hispanic	226,584	91.6	77.5

Source: Population Projections and Incorporated and Unincorporated Estimates: Bureau of Economic Business Resources: University of Florida, Florida Estimates of Population, 2009; Florida Population Studies, 2009-2030. Total Population, Age Group, Race, Ethnicity, and Gender Source is the U.S. Census Bureau, 2010.

[1]The incorporated/unincorporated estimates are for 2009 actually add up to a number slightly greater than the 2010 total population. This difference is due to the different data sources and their methods of estimation.

Socio-Economic Characteristics

Socio-economic status is inextricably linked to health outcomes. This section reviews some key indicators related to income, employment and education of Alachua County residents. Table 1-2 describes the income status of individuals, families and households. Almost 27% of the residents in Alachua County live below the federal poverty level (FPL). Only about 56% of residents have incomes above 200% of the FPL. Almost 23% of all household incomes are below poverty. More than half (52%) of children live below 200% of poverty and almost 30% live below 100% of poverty. The median income is $40,358 and the average per capita income is $22,976.

Table 1-2: Selected Socioeconomic Characteristics, Alachua County and Florida, 2010

Characteristics	Alachua County		Florida
	Estimated Number	Percent	Percent
Poverty Estimates[1]			
Total Residents	247,336	-	-
Individuals <100%	66,432	26.9	16.5
Individuals 100-149%	20,144	8.1	10.6
Individuals 150-199%	21,403	8.7	10.4
Individuals >200%	139,357	56.3	62.4
Households	93,820	-	-
Households < 100%	21,450	22.9	14.9
Families by income	51,380	-	-
Families <100%	7,342	14.3	12.0
Families 100-149%	3,146	6.1	8.7
Families 150-199%	3,866	7.5	9.5
Families >200%	37,026	72.1	69.8
Children 0-18	43,956	-	-
Children <100%	13,042	29.7	23.5
Children 100-199%	8,060	18.3	24.7
Children <200%	22,854	52.0	51.8
Income Levels			
Average Income household incomes ($)	58,204	NA	61,877.0
Median Income household ($)	40,358	NA	44,409.0
Per Capita Income ($)	22,976	NA	24,272.0
Elementary school children eligible for free or reduced lunch (2009)[2]	-	55.4	59.0
Middle school children eligible for free/reduced lunch (2009)[2]	-	47.2	54.4

Source: U.S. Census Bureau, 2010 American Community Survey Data provided courtesy of WellFlorida Council.
[1]Percents refer to Federal Poverty Level (FPL). [2]www.FloridaCHARTS.com

Almost all financial indicators for Alachua County residents are much worse than for the state as a whole. The percentage of Alachua County residents living at or below the federal poverty level is 63% higher than the state rate and there are 54% more households living in poverty. The University of Florida (UF) student population may represent a large group of low income residents who do not experience the typical stressors of a low income population. The effect of this population on the income profile of the county is difficult to assess. The 2010 Alachua County Health Needs Assessment attempted to determine the impact of UF students on poverty status of the county by displaying county income data by ZIP code and overlaying it with data describing student residency. The density of UF students and poverty by ZIP Code is shown in Figure 1-1. An inspection of the data clearly shows that the high level of poverty is not simply a by-product of the presence of a large student body. Most of the areas of high poverty are not associated with the presence of college students.

Figure 1-1: Percent of Students Uninsured by ZIP Code

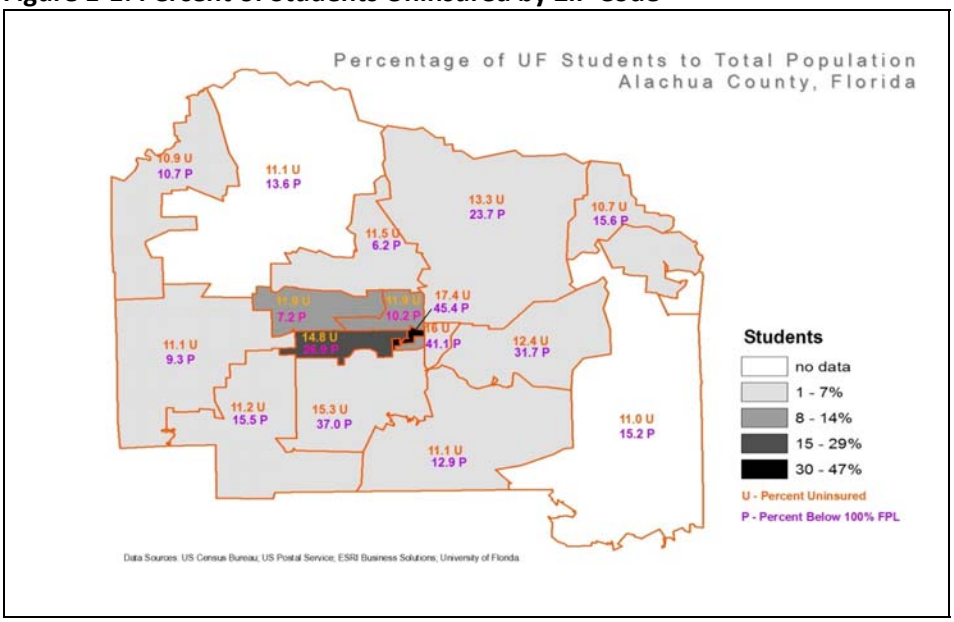


Table 1-3 shows the employment and educational status of Alachua County residents. Employment status is important because it provides household revenue and frequently helps to provide access to health insurance. In 2011, the unemployment rate was less than 8%, which was better than the state rate. Over 86% of employed individuals worked in a business that had fewer than 20 employees, while almost 12% worked for employers with 20-99 employees.

Alachua County residents are better educated than the state as a whole. Less than 10% of adults who are 25 or older have less than a high school degree, almost 21% have a high school degree or the equivalent and almost 70% have at least some college education.

Table 1-3: Employment and Education

Characteristics	Alachua County		Florida
	Estimated Number	Percent	Percent
Employment			
Unemployed (2011)	10,247	7.8	10.6
Total Business (2009)	5,794	-	-
Businesses < 20 Employees (2009)*	5,003	86.3	88.9
Businesses 20-99 Employees (2009)*	676	11.7	9.2
Businesses 100+ Employees (2009)*	115	2.0	1.9
Educational Attainment			
Civilian Non-institutionalized population 25 years and older	143,020	-	-
Less than high school graduate	13,942	9.7	14.2
High school graduate, GED, or alternative	29,912	20.9	29.9
Some college or Associate's degree	40,888	28.6	29.9
Bachelor's degree or higher	58,278	40.7	26.1

Source: U.S. Census Bureau, 2010 American Community Survey Data; 2009 County Business Profiles; Florida Research and Economics Database, http://fred.labormarketinfo.com/default.asp, February 8, 2012. Analysis provided by WellFlorida Council

The socio-economic indicators of Alachua County present a mixed picture, which reflect to a great extent the presence of the University of Florida. The county is younger than the rest of the state with a lower proportion of seniors and a large group of young adults (15–24 year-olds). Compared to the State of Florida, the population is relatively well educated and a higher percent is employed. Alachua County has proportionately fewer Hispanic residents and more African Americans. The income status is lower than the rest of the state. The available income data suggest a county in which a substantial percent of the indigenous population is poor. The health data reviewed in subsequent sections of this health profile confirm that the county has issues consistent with a culture of poverty.

CHAPTER 2: ACCESS TO CARE AND UTILIZATION OF HEALTH CARE SERVICES

Describing issues of access and utilization of care involves using multiple indicators that provide insight into the issues of whether people are obtaining needed care, what barriers may exist to obtaining care and how residents are using the available health care resources. In order to address issues of access and utilization of services, this assessment reviewed data on insurance coverage, surveys of residents about their experiences and data describing use of hospital services.

Insurance coverage is an important factor in addressing access to care. The term “insured” is often interpreted as being synonymous with access to care. Although having a third party payer does not guarantee access to care, having a third party payer does have several advantages. These include a reduced payment for services rendered and a network of providers who agree to provide the covered care. Although addressing a key barrier to care, it cannot be assumed that insured individuals can or do access necessary health care. Many third party payers cover medical services but do not include any or adequate dental and/or behavioral health services.

Insurance coverage

Insurance coverage may be available through an employer, purchased from the private sector or available through a government program such as Medicaid or Medicare. Because Medicare is available to most people who are 65 or older, population studies of insurance include people who are younger than 65. Medicare offers relatively comprehensive medical care and mental health services for a modest monthly fee. The plan includes deductibles and co-pays and, for an additional fee, pharmacy benefits. Financial assistance is available for very low income seniors. Medicare does not offer any dental benefits. Some Medicare participants are eligible for reasons other than age, such as end stage renal disease.

Medicaid offers a comprehensive package of benefits for children. Although the rates are low compared to other payers, many pediatric medical and behavioral health providers will accept Medicaid beneficiaries. Medicaid benefits for children’s dental care are relatively comprehensive but the payment rates have been very low, which has made the services unavailable to many children. The Medicaid benefit package for adult dental care includes only extractions and dentures, which is compounded by very low reimbursement rates, making Medicaid benefits for adults negligible.

Healthy Kids provides Medicaid-like coverage to children whose family's income is above the Medicaid criteria but below 200% of poverty. The Healthy Kids services are offered through managed care organizations which negotiate rates with providers and are responsible for establishing a provider network that accepts enrolled children.

Table 2-1 displays a description of uninsured individuals by age, which was published in the 2009 Census Bureau's Small Area Health Insurance Estimates (SAHIE). The Census Bureau estimated that 20% of Alachua County citizens younger than 65 were uninsured. Although this is better than the state rate of almost 25%, it means that about 42,000 individuals in Alachua County are without a third party payer for medical coverage. The percent of uninsured individuals varies by age. Only 12.5% of residents younger than 19 are uninsured, 16% of 40-64 year olds are uninsured and about 22% of 18-64 year olds are uninsured. By extrapolation, it appears that adults between 19 and 39 years old are more likely than those aged 40 to 64 years to be uninsured. Perhaps they are either less likely to be employed or are employed in jobs that do not include affordable health insurance as a benefit.

Table 2-1: Number and Percent Uninsured by Age Groups for All Income Levels, Alachua County and Florida, 2009

Age Group	Alachua County			Florida
	Number of Uninsured	MOE[1] for Number Uninsured	Percent Uninsured in Age Group for all income levels	Percent Uninsured in Age Group for all income levels
Under 65 years of age	41,994	3,001	20.0	24.9
18-64 years of age	37,037	2,850	22.2	28.6
40-64 years of age	10,216	953	16.0	22.5
Under 19 years of age	6,197	1,081	12.5	15.3

Source: U.S. Census Bureau Small Area Health Insurance Estimates, State and County by Demographic and Income Characteristics, 2009. Provided by WellFlorida Council.

[1]Data are based on a sample and are subject to sampling variability. A margin of error (MOE) is a measure of an estimate's variability. The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate. The 90 percent confidence interval is formed when this number is added to and subtracted from the estimate.

The uninsured rate also varies by income. Table 2-2 displays Census data for 2009 by age and income. It shows the proportion of individuals with incomes at or below 200% or 138% of the Federal Poverty Level (FPL) that lack health insurance. Almost 32% of all individuals with incomes at or below 200% of FPL are uninsured. Among those between 18 and 64 years of age with incomes below 200%, 35.5% are uninsured. About 20% of those younger than 19 are uninsured. Although the rate of uninsured individuals for those with incomes below 200% is lower for Alachua County than the state rate in all categories, most individuals under age 19 with incomes below 200% are eligible for free or reduced cost insurance though KidCare. The SAHIE suggests an estimated 4,297 children (±960) are eligible for insurance benefits through the Healthy Kids Program but are not enrolled.

It is interesting to note that the percent uninsured with incomes below 138% of poverty are similar to those for the number under 200% of poverty. This is the case for both the state and the county.

Table 2-2: Percent of Uninsured People by Income and Age Group Civilian Non Institutionalized Population for whom Poverty Status is Determined, 2009

Age Group	Uninsured Persons ≤ 138% FPL				Uninsured Persons ≤ 200% FPL			
	Alachua County		Florida		Alachua County		Florida	
	Percent	MOE[1]	Percent	MOE[1]	Percent	MOE[1]	Percent	MOE[1]
Under 65 years of age	32.0	3.3	40.2	0.6	31.7	2.8	39.2	0.5
Under 19 years of age	20.7	5.1	21.9	0.9	20.2	4.2	21.8	0.8
Age 18-64	35.6	4.0	50.5	0.8	35.5	3.3	48.3	0.6

Source: US Census Bureau 2009 Small Area Health Insurance Estimates.

[1]Data are based on a sample and are subject to sampling variability.
A margin of error (MOE) is a measure of an estimate's variability.
The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate.
The 90 percent confidence interval is formed when this number is added to and subtracted from the estimate.

Surveys

Behavioral Risk Factor Surveillance System (BRFSS)

Alachua County residents were surveyed by telephone about issues related to access to care. The Florida Department of Health participates in a national program called the Behavioral Risk Factor Surveillance System (BRFSS). County level data were collected in 2002, 2007 and 2010. In 2010, over 500 adults were surveyed about issues related to access to medical and dental care. The results for Alachua County residents over time and the comparison to the state average in 2010 are shown in Table 2-3.

The percent of adults who report they have a doctor has increased during the time period; in 2010, over 82% of adults said they had a personal doctor. The percent of adults who reported they could not see a doctor because of cost remained the same between 2007 and 2010, at close to 12%, which is lower than the state rate of over 17%. In 2010, 57% of Alachua County residents reported having had a check up in the last year, which was lower than the state rate of almost 70%.

The BRFSS surveys included questions about access to dental care. The data suggest that between 2002 and 2010, dental care has become less available. The percent of adults that visited a dentist and the percent that had their teeth cleaned in the last year have both decreased. The percent that have lost one or more teeth to decay or disease has increased.

Table 2-3: Selected BRFSS Indicators, Alachua County and Florida, 2002, 2007 and 2010

Indicator	Alachua County			Florida
	2002	2007	2010	2010
Percentage of adults who have a personal doctor	71.1	73.3	82.1	81.7
Percentage of adults who could not see a doctor at least once in the past year due to cost	n/a	11.6	11.7	17.3
Percentage of adults who had a medical check up in the past year	n/a	69.0	56.8	69.7
Percentage of adults who visited a dentist or dental clinic in the past year	74.1	74.1	65.9	64.7
Percentage of adults who had a permanent tooth removed because of tooth decay or gum disease	38.1	n/a[1]	41.9	53.0
Percentage of adults who had their teeth cleaned in the past year	73.7	73.7	58.7	60.9

Source: Florida Dept of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2002, 2007, 2010. Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report. www.FloridaCHARTS.com.
Question in 2002 was worded differently but queried the same information. 'n/a' means 'not available'.

Use of Hospital Services

Data describing utilization of hospital services provides insight into the effectiveness of community health systems and practices. A review of hospital services provides useful information on the payer source and condition suffered by patients who are admitted for in-patient care. Data describing use of hospital emergency rooms may help to understand issues related to available out-patient primary care.

In-patient hospital services

Table 2-4 displays data on hospital discharges for 2010 for Alachua County residents. (Note: underlined words are defined in the technical section at the end of the chapter.) There were about 28,000 total discharges, which is about 112 per 1,000 residents. This rate is lower than the state rate of 134.5 per 1,000. The payer profile of the patients who were hospitalized is as follows: 38.1% Medicare, 30.5% private insurance, 21% Medicaid and 6.9% self pay. Although Medicare pays for the largest percent of hospital stays, the percent of hospital stays paid by Medicare for Alachua's residents is lower than the state, which may be a reflection of the County's younger population. This age disparity may also be reflected in the lower overall rate of hospitalizations among Alachua residents.

Among Alachua County residents younger than 65, 2,679 (9.6%) of all hospitalizations were avoidable. The largest number of avoidable hospitalizations were those covered by Medicaid (32.4%) followed by private payers (29.4%), then Medicare enrollees who were younger than 65 years old (20.5%) and lastly, the uninsured (14.6%).

The percent of avoidable hospitalizations among Alachua County residents (9.6%) was higher than the state rate of 8.6%, but the rate of avoidable hospitalizations per 1,000 individuals younger than 65 is lower in Alachua County than the state rate of 14.0.

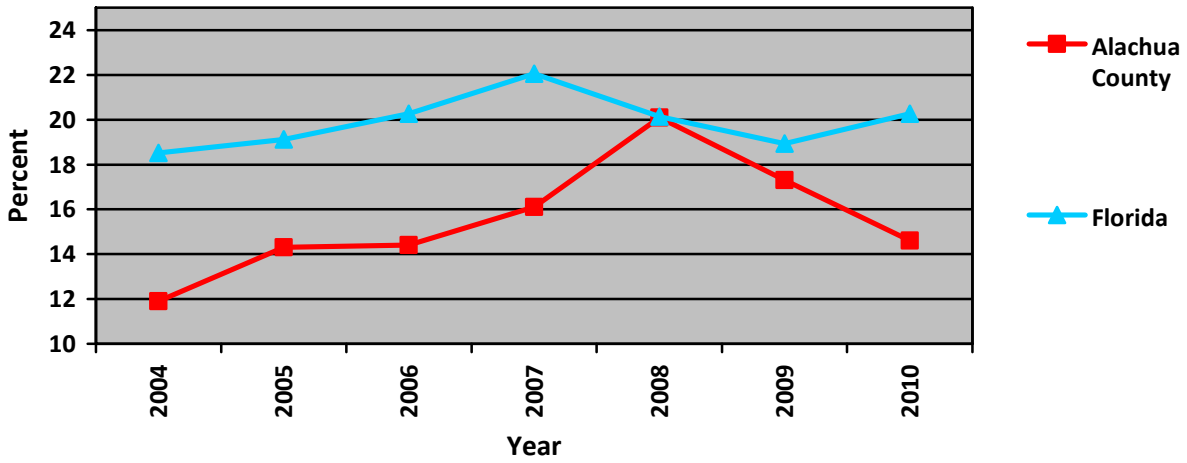
Table 2-4: Number and Percent of Hospital Utilization by Payer Source, Alachua County and Florida, 2008-2010

Hospital Utilization Characteristics	Alachua County	Florida
Number of Hospital Discharges (2010)[1]	27,963	2,544,957
Hospital Rate Per 1,000 Population (2010)[1]	112.4	134.5
Percent of Total Hospital Discharges- Private Insurance (2010)[1]	30.5	23.9
Percent of Total Hospital Discharges- Medicare (2010)[1]	38.1	43.9
Percent of Total Hospital Discharges-Medicaid (2010)[1]	21.3	20.6
Percent of Total Hospital Discharges- Self Pay/Non Payment (2010)[1]	6.9	7.8
Number of Avoidable Hospitalizations (2010)[2]	2,679	219,208
Percent of Total Hospital Discharges Comprised of Avoidable Hospitalizations (2010)[2]	9.6	8.6
Avoidable Hospitalizations, Rate Per 1,000 Population 0-64 years of age (2008-2010)[2]	12.2	14.0
Percent of Avoidable Hospitalizations- Private Insurance (2010)[2]	29.4	27.9
Percent of Avoidable Hospitalizations- Medicaid (2010)[2]	32.4	30.5
Percent of Avoidable Hospitalizations- Self Pay/Non Payment (2010)[2]	14.6	17.1
Percent of Avoidable Hospitalizations- Non elderly Medicare (2010)[2]	20.5	14.5
Number of Avoidable ED Visits (2008-2010)[2]	84,601	8,881,884
Avoidable ED Visit, Rate Per 1,000 Population (2008-2010)[2]	114.4	155.7

Source: [1]Florida Agency for Health Care Administration, Detailed Discharge Data, 2008-2010: ESRI Business Solutions, 2010.
[2]Broward Regional Health Planning Council, http://healthdata.brhpc.org/Default.aspx?pid=nyualgo, February 10, 2012; ESRI Business Solutions, 2008-2010. Provided by WellFlorida Council.

The uninsured population (2009 data) represents 20% of Alachua County residents who are younger than 65 but account for less than 7% of the total hospital discharges and less than 15% of avoidable hospitalizations (hospital data from 2010) (Table 2-4). The percent of avoidable hospitalizations that were self pay rose between 2004 and 2008 and then showed a sharp decline in 2009 and 2010. The trend for the percent of self pay avoidable hospitalizations for Alachua County residents compared to the state rate is shown in Figure 2-1.

Figure 2-1: Percent Avoidable Hospitalizations that Are Self Pay/Charity



Source: Florida Agency for Health Care Administration Detailed Discharge Data. Provided by WellFlorida Council.

Table 2-5 displays the 10 top reasons for avoidable hospitalizations for individuals younger than 65 who were discharged between 2007 and 2010. Dehydration accounts for the largest percent of hospital stays (33.3%), followed by cellulitis, which is responsible for 14.3% of the hospitalizations. These are followed by congestive heart failure (10.8%), asthma (9.0%), chronic obstructive pulmonary disease (8.5%), diabetes (6.9%) and kidney/urinary infection (5.7%). The total number of admissions has remained relatively stable over the last three years but has increased steadily for congestive heart failure, diabetes and hypertension.

Table 2-5: Main Reasons for Avoidable Discharges for <65 Years of Age, Alachua County, 2008-2010

Avoidable Reason	Number					Percent of Total
	2007	2008	2009	2010	Total	
Dehydration	804	929	863	860	3456	33.3%
Cellulitis	338	387	386	373	1,484	14.3%
Congestive Heart Failure	257	271	290	301	1,119	10.8%
Asthma	240	239	239	220	938	9.0%
Chronic Obstructive Pulmonary Disease	198	221	235	231	885	8.5%
Diabetes “A” and “B”	156	182	175	200	713	6.9%
Kidney/Urinary Infection	141	147	152	150	590	5.7%
Grand Mal Status and Other Epileptic Convulsions	104	106	142	122	474	4.6%
Hypertension	57	94	83	105	339	3.3%
Total	**2,295**	**2,728**	**2,691**	**2,679**	**10,385**	-

Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida Council.

Emergency room

Table 2-6 displays information about the payer source for the services provided to Alachua County residents in the emergency room (ER) between 2008 and 2010. Between 2008 and 2010, there were 184,268 emergency room visits, or an average of 61,423 each year. Almost 31% of these visits were by individuals who were uninsured, over 28% by privately insured

individuals, over 25% were to Medicaid beneficiaries and more than 12% were to Medicare enrollees. The statewide use of ER by payer source differs from Alachua County. Visits by Medicaid beneficiaries represent the largest group (28%), followed by those who have private coverage (25.9%), uninsured (26.1%) and lastly, Medicare (14.9%).

Alachua County's uninsured represent 20% of residents, but 30% of the ER visits. The state population is about 25% uninsured and account for about 26% of the ER visits. In Alachua County there are more ER visits by privately insured individuals than the Medicaid population, while in the state, the opposite is true.

Table 2-6: Number and Percent of Emergency Department Visits by Payer Source, Alachua County and Florida, Calendar Years 2008-2010

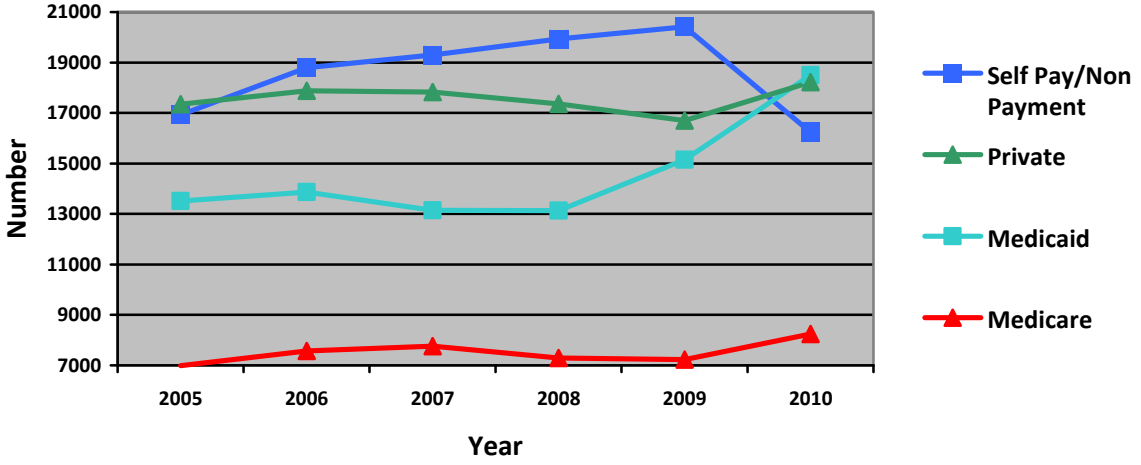
Payer Source	2008	2009	2010	2008-10	
	Number	Number	Number	Number	Percent
Alachua County					
Medicare	7,294	7,227	8,246	22,767	12.4%
Medicaid	13,135	15,150	18,501	46,786	25.4%
Private	17,358	16,692	18,216	52,266	28.4%
VA/TriCare	528	478	648	1,654	0.9%
Self Pay/Non Payment	19,939	20,420	16,235	56,594	30.7%
All Other	969	929	2,303	4,201	2.3%
Total	**59,223**	**60,896**	**64,149**	**184,268**	-
Florida					
Medicare	836,426	892,606	975,871	2,704,903	14.9%
Medicaid	1,350,498	1,743,522	1,981,455	5,075,475	28.0%
Private	1,629,408	1,635,471	1,420,152	4,685,031	25.9%
VA/TriCare	93,456	101,527	102,386	297,369	1.6%
Self Pay/Non Payment	1,546,720	1,636,798	1,541,913	4,725,431	26.1%
All Others	188,231	182,679	241,003	611,913	3.4%
Total	**5,644,739**	**6,192,603**	**6,262,780**	**18,100,122**	-

Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida Council.

The number of visits to the ER during 2007-2010 by Alachua County residents is shown in Figure 2-2. Between 2008 and 2010, there was a dramatic increase in ER use among Alachua County's Medicaid beneficiaries. That trend mirrors a similar statewide increase of ER use by Medicaid beneficiaries during the same period.

An interesting observation in the trended data is the use of ER services among the uninsured. The number of ER visits in this group increased between 2005 and 2009 but dropped precipitously in 2010. The number of ER visits among uninsured individuals decreased 20.5% between 2009 and 2010. Use of the ER across the state followed a similar pattern but the statewide decrease among ER use between 2009 and 2010 was only 5.8%. Possible impacts on the ER use in Alachua County may be attributed to new services for the uninsured that began around 2010. In September 2009, the Health Department began an evening and weekend walk-in clinic that provided urgent care and accepted uninsured residents. Also, the mobile healthcare unit began services in January 2010.

Figure 2-2 Number of ER Visits by Payer, Alachua County Residents, 2005-10



Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida Council.

The most common reasons for visiting the ER between 2008 and 2010 are shown in Table 2-7. The most frequent reasons for use of ER include: abdominal pain (6.7%), chest pain (4.3%) pain in a limb (3.9%), headache (3.5%), fever (3.4%) and cough (2.8%).

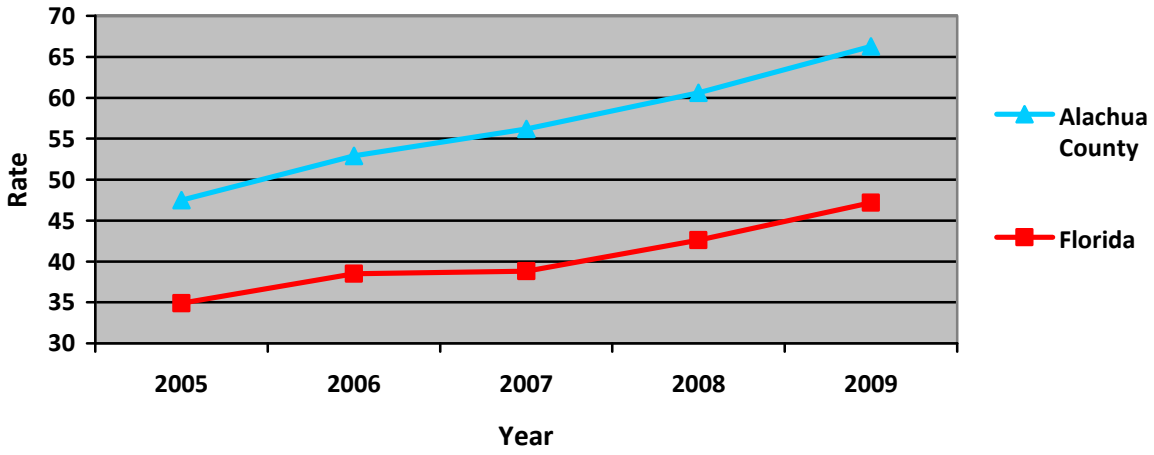
Table 2-7: Number and Percent of the Main Reason for Emergency Department Visit by Year, Alachua County, 2008-2010

Reason for Visit	Number				Percent
	2008	2009	2010	Total	Total
Abdominal Pain	4,218	3,688	4,466	12,372	6.7
Chest Pain, Unspecified	2,292	2,415	3,282	7,989	4.3
Pain in Limb	2,457	2,424	2,259	7,140	3.9
Headache	2,060	2,075	2,303	6,438	3.5
Fever, Unspecified	1,536	2,601	2,091	6,228	3.4
Cough	1,639	1,997	1,455	5,091	2.8
Injury, Other and Unspecified- Knee, Leg, Ankle, and Foot	1,453	1,688	1,662	4,803	2.6
Backache, Unspecified	1,546	1,583	-	3,129	1.7
Unspecified Disorder of the Teeth and Supporting Structures	1,465	-	1,508	2,973	1.6
No Reason Code Listed	-	-	1,508	1,508	0.8
Head Injury, Unspecified	-	1,494	-	1,494	0.8
All Others	40,557	40,931	43,615	125,103	67.9
Total	59,223	60,896	64,149	184,268	-

Source: Agency for Health Care Administration Emergency Department Data, 2008-2010. Provided by WellFlorida Council

The rate of ER visits for mental health reasons among Alachua County residents and the state between 2004 and 2009 is shown in Figure 2-3**.** The rate for Alachua County residents has steadily increased over the last five years. The rate has gone from 46.6 per 1,000 residents in 2004 to 66.3 per 1,000 in 2009, an increase of 42.3 %. The state rate follows a similar trend but Alachua's rate is consistently much higher than the state's.

Figure 2-3: Rate of Emergency Department Visits per 1,000 Population for Mental Health Reasons



Source: ACHA Emergency Department Data, 2005-2009; ESRI Business Solutions, 2005-2009. Provided by WellFlorida Council.

Avoidable Use of ER

Table 2-4 includes data summarizing the avoidable use of ER services. Alachua County residents used the ER 84,610 times between 2008 and 2010 for care that is defined as avoidable. This accounted for about 46% of all the visits and represents a rate of 114.4 per 1,000.

The Oral Health Coalition of Alachua County estimated avoidable use of ER services for oral health reasons. Data for ER use from 2007 to 2010 were analyzed and Table 2-8 shows the number of visits and charges over the four years. The number of visits was relatively stable over the first three years, but increased in 2010. The total charges and charge per visit steadily increased between 2007 and 2010.

Table 2-8: Emergency Room Visits for Avoidable Dental Conditions 2007-2010

Year	Number of Visits	Mean Charge per Visit	Total Charges
2007	2,118	$542.08	$1.15 million
2008	2,127	$681.57	$1.45 million
2009	2,047	$858.39	$1.76 million
2010	2,258	$1,132.61	$2.56 million

Source: WellFlorida Council. Provided by the Oral Health Plan of Alachua County, FL.

The data describing use of ER services for dental complaints were compared to the state rate. The comparison used data from 2009 and was age-adjusted and included data by race. The comparison is shown in Table 2-9. The rate of ER use among Alachua County residents, 824.3 per 100,000, was higher than the state rate of 738.6. The difference between Alachua and the state rate was attributed to the racial disparity between African Americans and whites.

Table 2-9: Age Adjusted Rate per 100,000 of Use of Emergency Rooms for Dental Conditions, by Race

Area	Total	Race	
		White	Black
Alachua County	824.3	598.2	1,832.7
Florida	738.6	745.2	1,082.1

Source: WellFlorida Council. Provided by the Oral Health Plan of Alachua County, Fl.

The Oral Health Coalition used the US Department of Health and Human Services, Agency for Healthcare Research and Quality's criteria for Ambulatory Care Sensitive Conditions to define the avoidable use of ER services for oral health reasons.

CHAPTER 3: HEALTH STATUS

This section includes data on mortality, morbidity and other health outcome indicators. It includes use of technical terms which are explained in the technical notes at the end of this section. If a word is underlined the first time it appears in the Chapter, this is an indication that it is defined in the technical notes.

Mortality

Table 3-1 displays the death rates for residents of Alachua County for 2008-2010 compared to state rates. The top 10 causes of death are: cancer, heart disease, unintentional injuries, stroke, chronic lower respiratory disease, Alzheimer's disease, diabetes, kidney disease, suicide and liver disease. Compared to the state, Alachua County's rates are higher for cancer, stroke, diabetes and kidney disease. Mortality rates among Alachua County's African American (AA) community are higher than whites for cancer, heart disease, stroke, diabetes and kidney disease. Mortality is noticeably higher among whites for unintentional injuries, suicide and liver disease.

Table 3-1: Age-Adjusted Death Rates (AADR) for 10 Leading Causes of Death in Alachua County by Race and Hispanic Ethnicity, 2008-2010 (Rates are per 100,000 Population)

Cause of Death	Alachua County				Florida			
	All	Black	White	Hispanic	All	Black	White	Hispanic
All Causes	739.0	952.2	712.7	480.8	660.7	786.4	643.9	548.2
Cancer	181.6	234.4	176.1	110.5	160.2	170.6	158.9	119.3
Heart Disease	144.9	165.6	143.2	98.7	150.8	185.6	146.5	141.1
Unintentional Injuries	40.6	31.5	42.7	6.1	42.7	29.8	45.6	29.3
Stroke	38.4	65.9	33.7	16.7	30.5	50.1	28.2	26.8
Chronic Lower Respiratory Disorder	35	34.3	35.8	5.0	37.7	24.0	39.1	24.0
Alzheimer's Disease	24.3	24.1	24.9	27.2	24.9	57.2	19.8	29.7
Diabetes	24.9	57.2	19.8	29.7	19.6	39.9	17.4	21.3
Kidney Disease	12.7	25.2	10.7	6.3	11.4	24.3	10.0	11.3
Suicide	12.0	1.2	14.9	14.5	13.9	4.5	15.7	8.1
Chronic Liver Disease and Cirrhosis	10.8	7.8	12.1	23.6	10.4	5.5	11.2	8.1

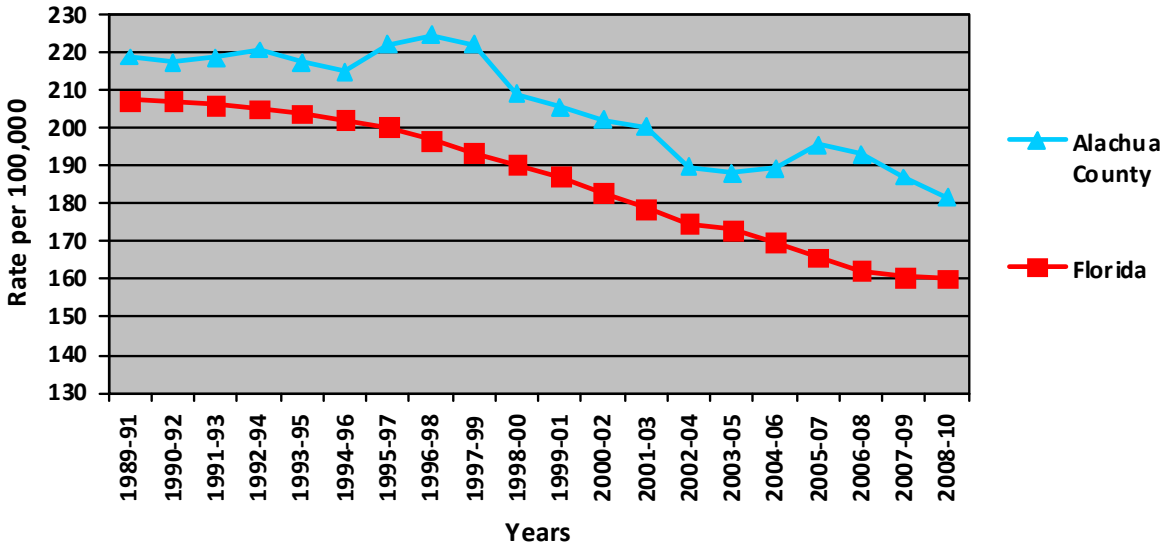
Source: www.FloridaCHARTS.com

Chronic Disease

Cancer

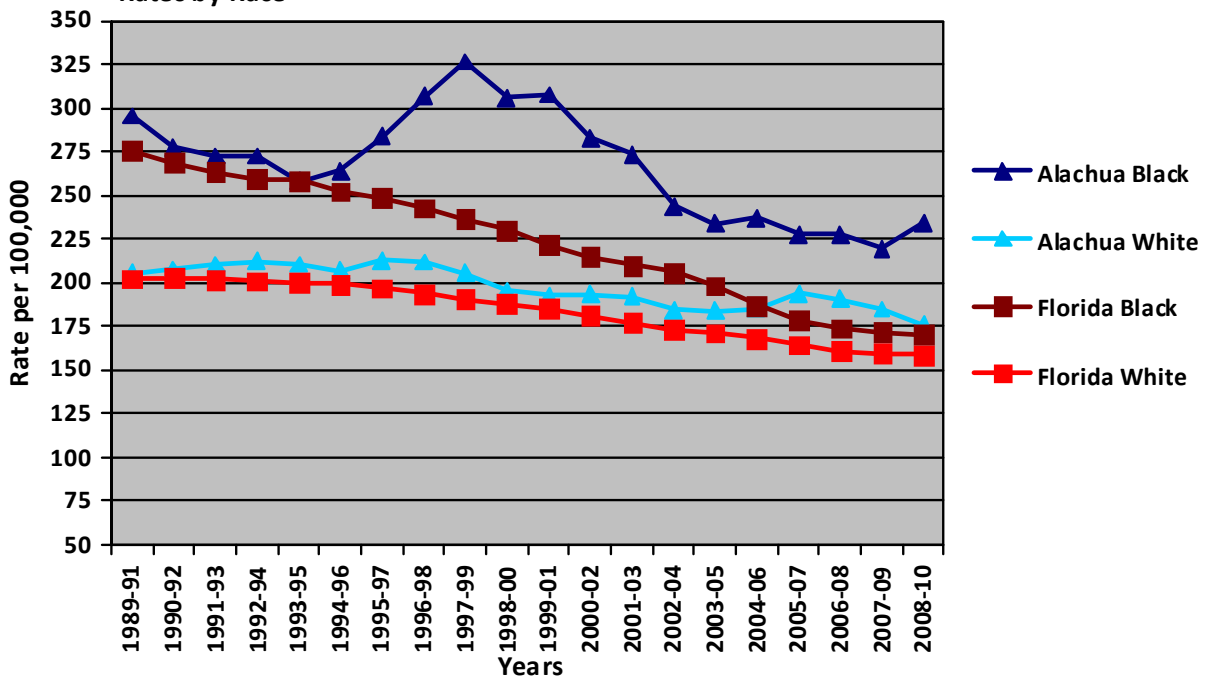
Cancer is the leading cause of death among Alachua County residents and is now considered to be largely preventable. The National Cancer Institute reports that 50-75% of all cancers can be attributed to three behaviors: tobacco use, lack of exercise and poor diet. Figure 3-1 shows death rates from cancer in Alachua County residents compared to the State of Florida. Although the cancer death rate among Alachua County residents has been slowly decreasing over the last two decades, it has been consistently higher than the state's rate. This downward trend has been steady among Alachua County residents since approximately 2004. Figure 3-2 shows age-adjusted death rates by race. Cancer death rates have been consistently higher for AA than for whites and, in 2007-2010, began increasing instead of continuing to decline.

Figure 3-1: All Cancers Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-2: All Cancers Age-Adjusted Death Rate, 3-Year Rolling Rates by Race



Source: www.FloridaCHARTS.com

Even though cancer can attack any organ in the body, some sites are more likely to be affected than others. Among Alachua County residents, the highest incidences of cancer are prostate cancer (159.2 cases per 100,000 men), breast cancer (121.6 cases per 100,000 women), lung cancer (75.3 cases per 100,000 individuals) and colorectal cancer (48.6 cases per 100,000 individuals). The data describing cancer mortality and related indicators are described below and shown in Table 3-2.

Table 3-2: Comparison of Cancer Related Indicators, Alachua County and Florida

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	Alachua County Rate	Florida Rate	County Trend
Lung Cancer						
Lung cancer age-adjusted death rate [1]	2008-10	Per 100,000	2	51.3	46.6	No Trend
Lung cancer age-adjusted incidence rate [2]	2006-08	Per 100,000	3	75.3	65.9	No Trend
Colorectal Cancer						
Colorectal cancer age-adjusted death rate [1]	2008-10	Per 100,000	4	18.2	14.3	No Trend
Colorectal cancer age-adjusted incidence rate [2]	2006-08	Per 100,000	4	48.6	42.0	Better
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years [3]	2010	Percent	3	54.5%	56.4%	-
Adults 50 years of age and older who received a blood stool test in the past year [3]	2010	Percent	4	9.1%	14.7%	-
Breast Cancer						
Breast cancer age-adjusted death rate [1]	2008-10	Per 100,000	3	22.6	20.8	No Trend
Breast cancer age-adjusted incidence rate [2]	2006-08	Per 100,000	4	121.6	110.9	Better
Women 40 years of age and older who received a mammogram in the past year [3]	2010	Percent	3	53.9%	61.9%	-
Prostate Cancer						
Prostate cancer age-adjusted death rate [1]	2008-10	Per 100,000	3	18.5	17.5	Better
Prostate cancer age-adjusted incidence rate [2]	2006-08	Per 100,000	4	159.2	130.8	No Trend
Men 50 years of age and older who received a PSA test in the last two years [3]	2010	Percent	3	68.0%	72.6%	-
Cervical Cancer						
Cervical cancer age-adjusted death rate [1]	2008-10	Per 100,000	3	3.4	2.7	No Trend
Cervical cancer age-adjusted incidence rate [2]	2006-08	Per 100,000	2	7.7	8.9	No Trend
Women 18 years of age and older who received a Pap test in the past year [3]	2010	Percent	1	61.5%	57.1%	-

Sources: Adapted from: FloridaCharts.com

[1] Florida Department of Health, Office of Vital Statistics

[2] University of Miami (FL) Medical School, Florida Cancer Data System

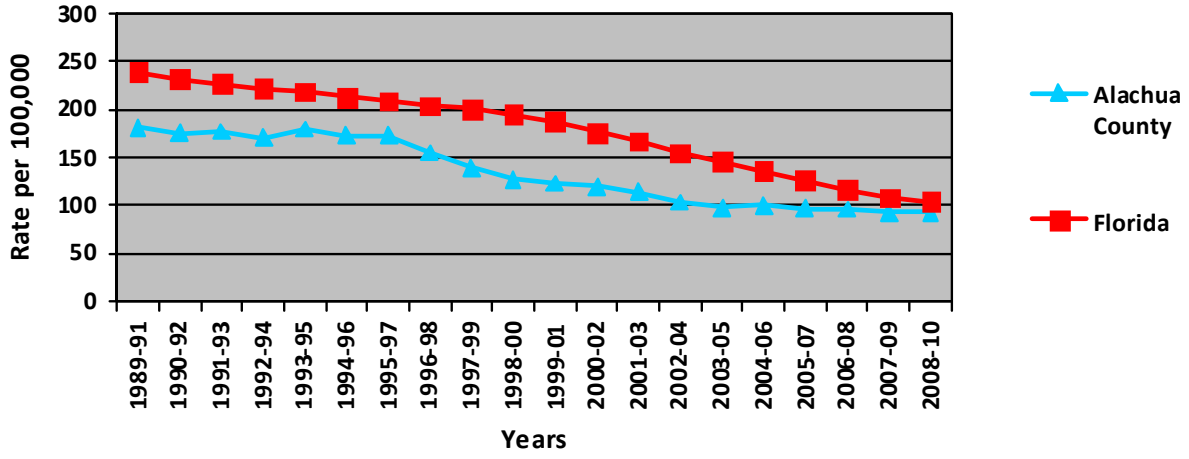
[3] Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey

Heart Disease and Stroke

Although heart disease is the second most frequent cause of death among Alachua County residents, the mortality rates are declining and have been better than state rates for several decades. Figure 3-3 shows a comparison of mortality from heart disease in Alachua County residents to Florida's rates. Figure 3-4 shows the comparison by race.

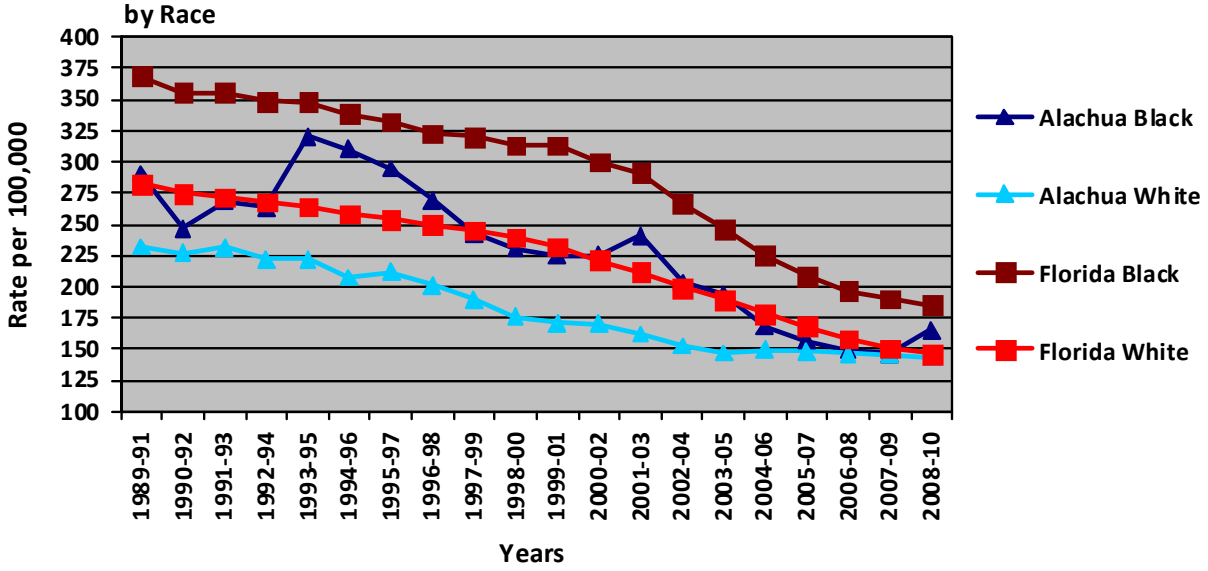
The death rates over time from stroke for Alachua County and the state are shown in Figure 3-5. The death rate from stroke among Alachua County residents has been consistently higher than state but follows the same downward movement. Between 2008-2010, Alachua County was in the fourth quartile of the state. For AA, the mortality rate stabilizes between 2004 and 2009, but shifts to a disturbing upward trend in 2008-2010 (See Figure 3-6). The BRFSS data shown in Table 3-3 shows an increase in the percentage of adults reporting they have been diagnosed with hypertension. The data on hospital services in Chapter Two also demonstrated an increase in hospital admissions between 2007 and 2010 due to hypertension.

Figure 3-3: Heart Disease Age-Adjusted Death Rate, 3-Year Rolling Rates



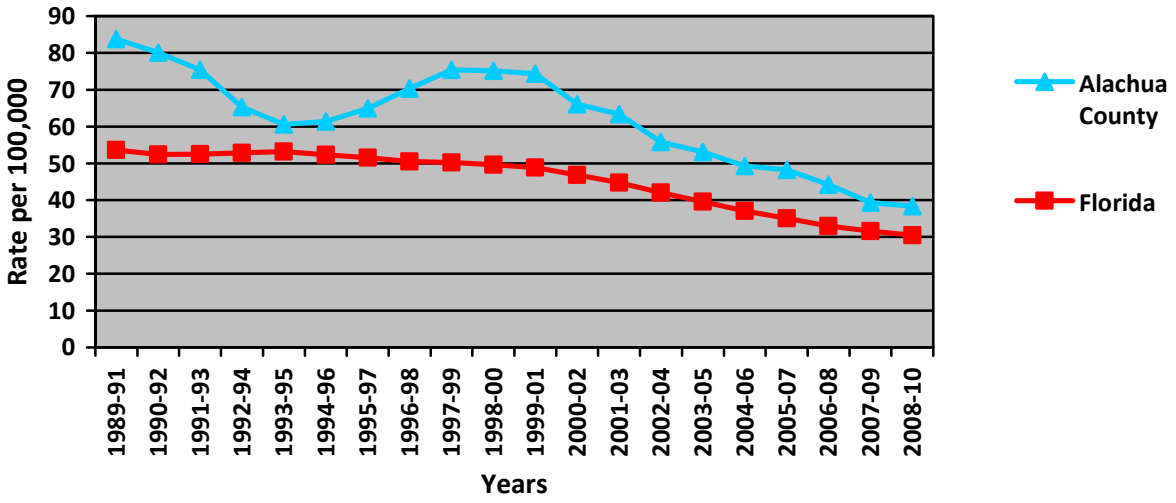
www.FloridaCHARTS.com

Figure 3-4: Heart Disease Age-Adjusted Death Rate, 3-Year Rolling Rates by Race



www.FloridaCHARTS.com

Figure 3-5: Stroke Age-Adjusted Death Rate, 3-Year Rolling Rates



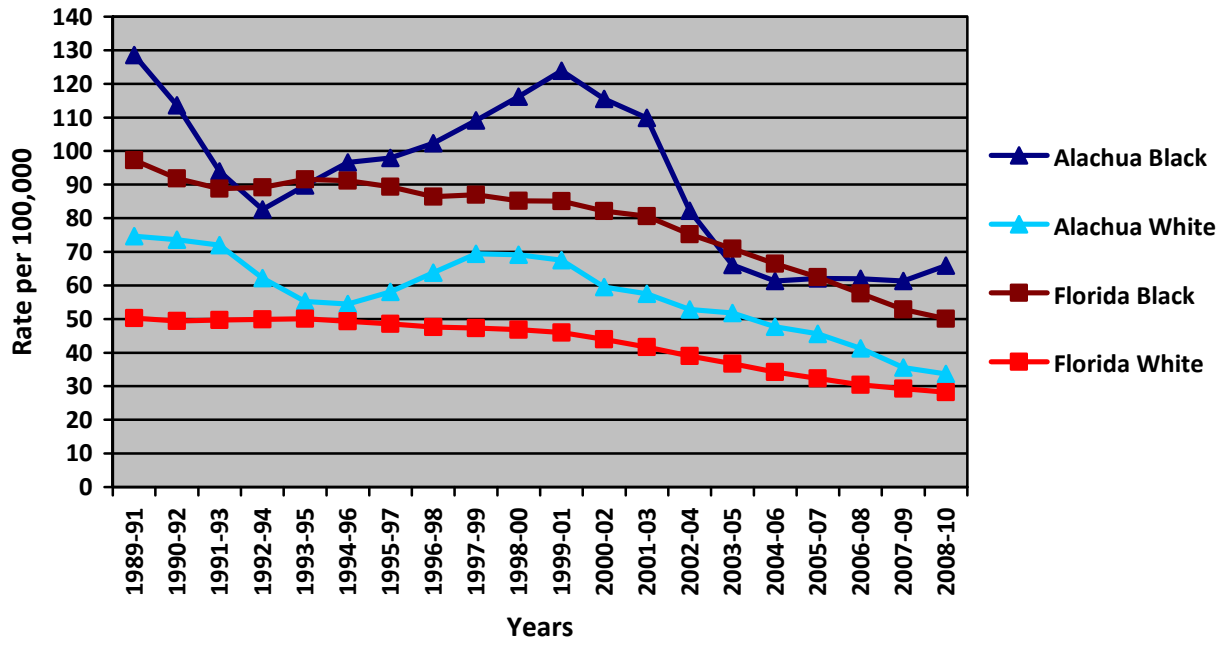
www.FloridaCHARTS.com

Table 3-3: Adults with Hypertension (BRFSS), Alachua County and Florida, 2002, 2007, 2010

Indicator	Alachua County			Florida
	2002 Measure	2007 Measure	2010 Measure	2010
Percentage of adults with diagnosed hypertension	19.6	22.2	24.8	34.3

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Figure 3-6: Stroke Age-Adjusted Death Rate, 3-Year Rolling Rates



www.FloridaCHARTS.com

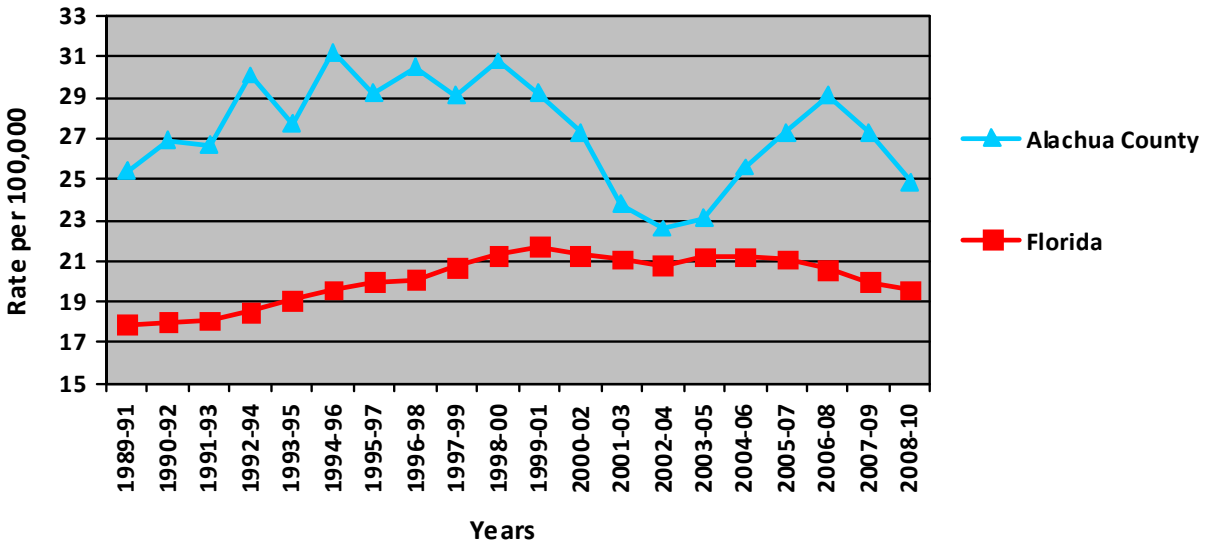
Diabetes

The diabetes mortality rates for both the county and the state over time are shown in Figure 3-7. The rates for Alachua County have been higher than the state rates since 1989. Although the rates for AA and whites follow a parallel downward trend, the rates for AA are significantly higher than for whites (Figure 3-8). Over the last 20 years, the death rate for AA residents of Alachua County has been much higher than it is for AA statewide.

Table 3-4 displays diabetes related indicators. Survey data indicate that the incidence of diabetes is in the lowest quartile in the state: 4.9% of adult Alachua County residents reported they had been diagnosed as having diabetes compared to 10.4% statewide. Despite the apparently low prevalence of adults with diabetes, the hospitalization rate, amputation rate, and the death rate are in the third quartile in the state. These poor outcomes are consistent with the information from the BRFSS surveys that suggest that less than 70% of people with diabetes monitor their own blood glucose at least once a day or have had two A1C tests or a foot exam in the last year (Table 3-5).

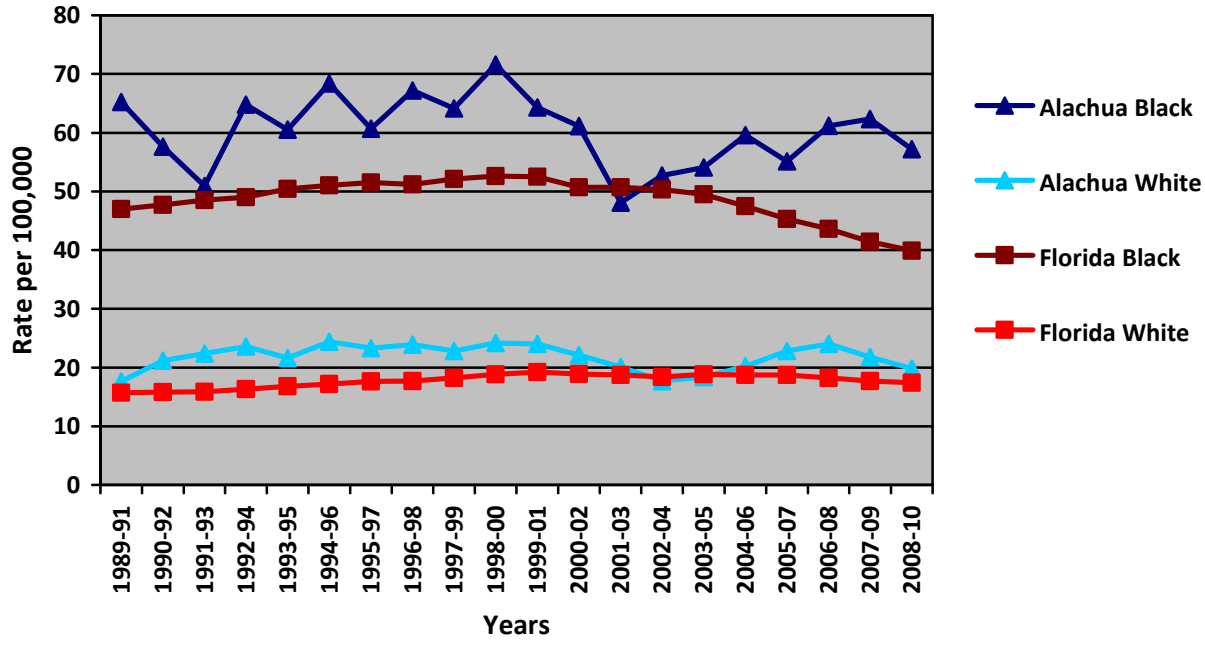
BRFSS data suggest the prevalence of diabetes has remained relatively stable over the last several years but that the management of diabetes is becoming less rigorous. This is consistent with the data on hospitalizations shown in the prior section, which demonstrate a steady increase in hospitalizations due to diabetes from 2007 to 2010.

Figure 3-7: Diabetes Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-8: Diabetes Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Table 3-4: Diabetes Indicators, Alachua County and Florida

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	Alachua County Rate	Florida Rate	County Trend
Diabetes						
Diabetes age-adjusted death rate[1]	2008-10	Per 100,000	3	24.9	19.6	No Trend
Diabetes age-adjusted hospitalization rate[2]	2008-10	Per 100,000	3	2403.1	2198.0	Worse
Amputation due to diabetes age-adjusted hospitalization rate[2]	2008-10	Per 100,000	3	30.1	24.7	No Trend
Adults with diagnosed diabetes[3]	2010	Percent	1	4.9%	10.4%	-

Source: www.FloridaCHARTS.com
[1]Florida Department of Health, Office of Vital Statistics
[2]Florida Agency for Health Care Administration (AHCA)
[3]Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey

Table 3-5: Diabetes Related Indicators (BRFSS), Alachua County and Florida, 2002, 2007, 2010

Indicators	Alachua County			Florida
	2002	2007	2010	2010
Percentage of adults with diagnosed diabetes	5.1	6.3	4.9	10.4
Percentage of adults with diabetes who self monitor blood glucose at least once a day on average	n/a	73.8	60.9	62.1
Percentage of adults with diabetes who had two A1C tests in the past year	n/a	72.4	65.0	75.6
Percentage of adults with diabetes who had an annual foot exam	n/a	87.5	69.2	72.2
Percentage of adults with diabetes who had an annual eye exam	n/a	77.3	78.9	70.2
Percentage of adults with diabetes who ever had diabetes self management class	n/a	42.6	60.8	55.1

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Maternal and Child Health

Reproductive Health

Infant death among Alachua County residents is, and has been, higher than the state rate since at least 1989. Because of small numbers, infant death statistics shown in Figure 3-9 are presented as three year rolling rates. In the most recent three year period for which data are available (2008-2010), the infant mortality rate in Alachua County is in the fourth quartile of the state. Alachua's infant death rate began to decline in 2002-2004 but then increased in 2007-2009. The infant death rate among AA mothers in Alachua County is higher than the death rate among white mothers and, until 2006-2008, was higher than AA mothers in Florida (Figure 3-10). Although the numbers are small, the infant death rate among white mothers has increased between 2007 and 2010.

Figure 3-9: Infant Deaths Crude Rate, 3-Year Rolling Rates

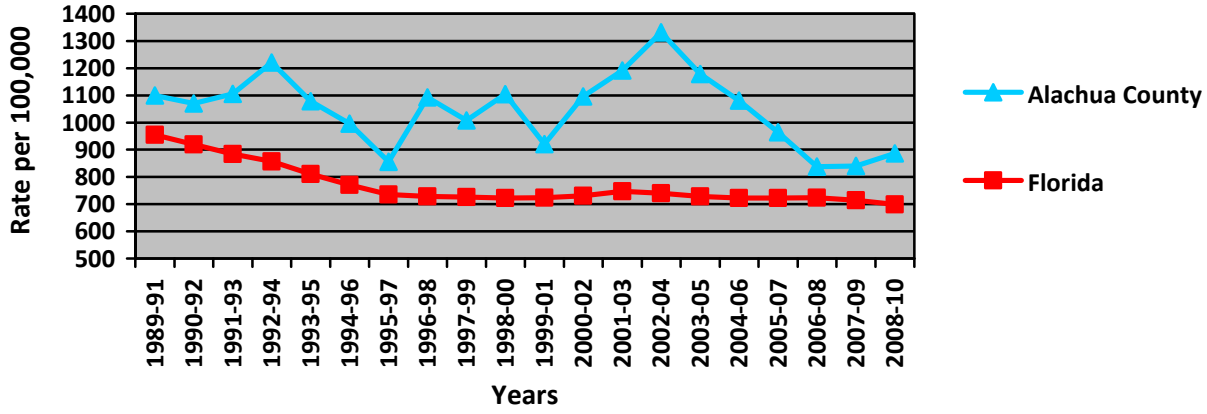


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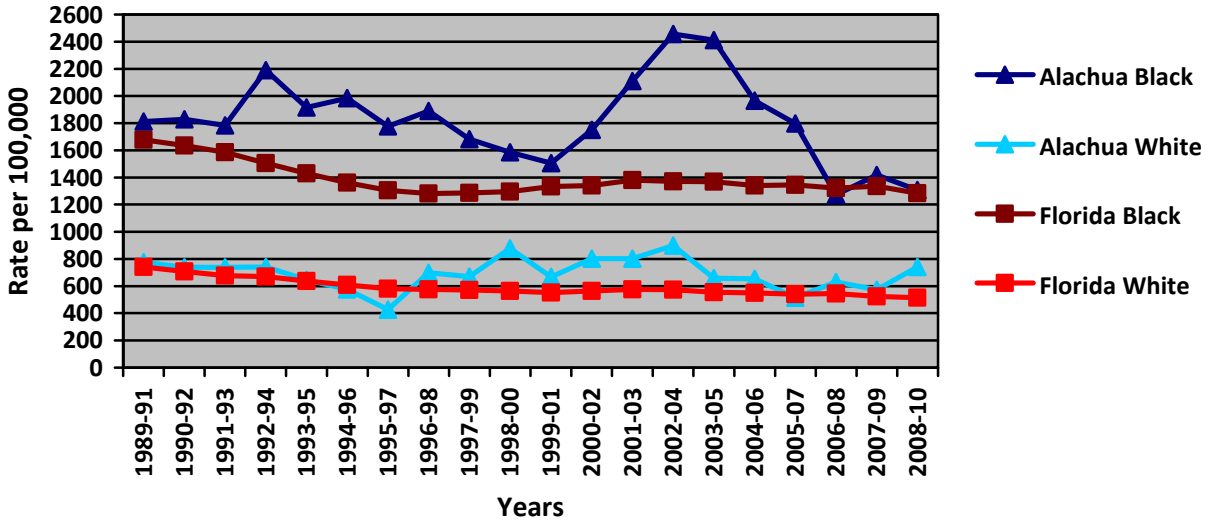
Figure 3-10: Infant Deaths Crude Rate, By Race, 3-Year Rolling Rates



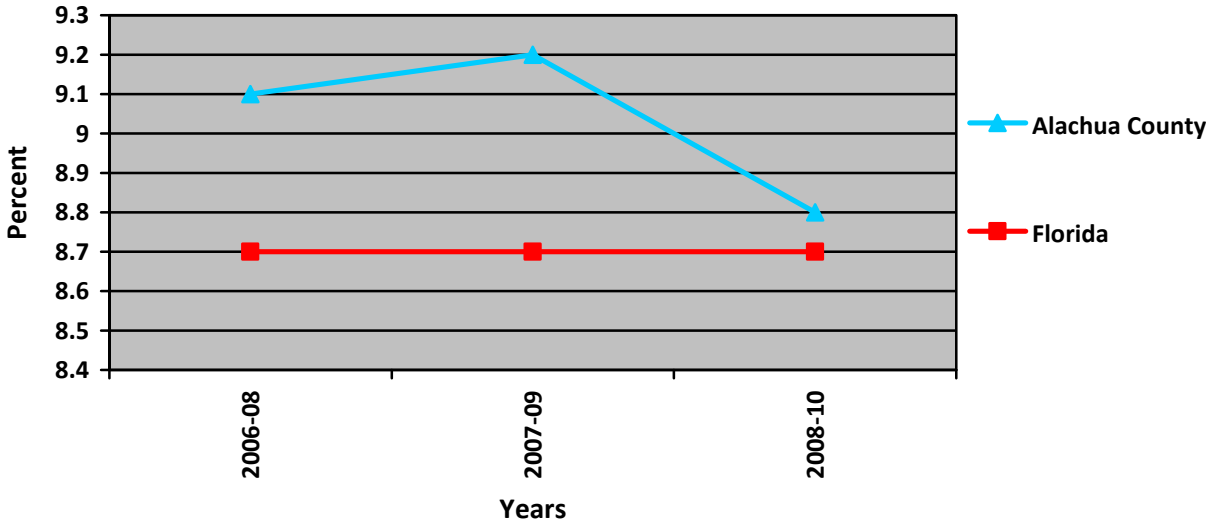
www.FloridaCHARTS.com

The majority of infant deaths are due to perinatal conditions. These deaths most frequently occur in the first 28 days of life (neonatal period). Between 2008 and 2010, 77 infants born to Alachua County mothers died before their first birthday and 55 of them were neonatal deaths. The most frequent cause of infant death at 62% was due to perinatal conditions and almost 16% was due to congenital malformations (2008-2010 data).

The incidence of low birth weight (≤2500 grams) is usually associated with infant death. The three year rolling averages between 2006 and 2010 show that low birth weight LBW incidence has been higher among Alachua County residents than the state (Figure 3-11). The LBW rate by race is shown in Figure 3-12, and it mirrors the state rate, although the rate for white Alachua

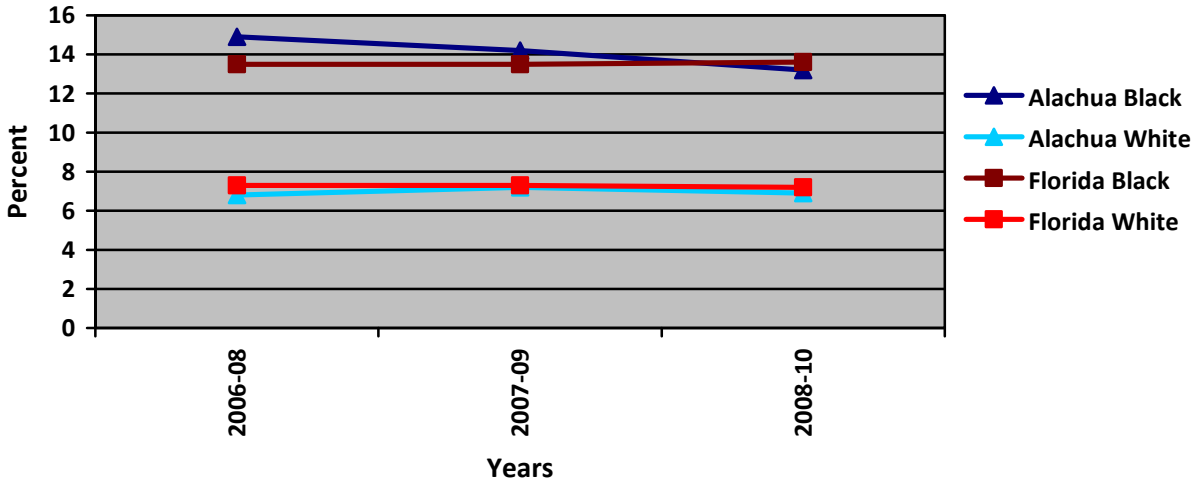
County mothers is slightly lower than the state rate and the rate of LBW for AA mothers is higher than the state rate between 2006 and 2009 but similar to the state rate in 2008-2010. The difference in LBW between Alachua County and the state appears to be at least partly due to the difference in racial composition of the county compared to the state.

Figure 3-11: Low Birth Weight, All Races, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-12: Low Birth Weight 3-Year Rolling Rates by Race



Source: www.FloridaCHARTS.com

Smoking rates among pregnant women are shown in Table 3-6. Since 2005, smoking among all pregnant women in Alachua County has been similar to the state rate. In Alachua County, white women are more likely to smoke than AA women. Additionally, AA pregnant women in Alachua County are more likely to smoke than AA pregnant women in Florida.

Table 3-6: Percent of Mothers Who Smoked During Pregnancy

Year	All Mothers		Black Mothers		White Mothers	
	Alachua County	Florida	Alachua County	Florida	Alachua County	Florida
2005	8.1	7.8	8.8	3.9	8.6	9.3
2006	6.3	7.6	5.4	3.7	7.3	9.0
2007	7.2	7.1	7.9	3.7	7.7	8.3
2008	8.5	6.8	9.5	3.5	9.0	8.0
2009	7.0	6.9	7.8	3.7	7.5	8.1
2010	7.2	7.0	7.3	3.9	7.9	8.2

Source: www.FloridaCHARTS.com

Other factors associated with pregnancy outcomes include the age of mothers and participation in prenatal care. Births to teens between 15-17 years of age are shown in Table 3-7. The rate of births to all adolescents in this age group is similar to the state rate most years, except in 2009 when it was higher. Among white youth, the pregnancy rate has been generally lower than the state rate. In contrast, among AA teens, birth rates had been higher than the state rate until 2010, when they dropped precipitously. In 2010, the pregnancy rate among white youth increased and the rate among black youth decreased. It is interesting to note that 2008-2010 births to 15-19 year olds was in the first quartile of the state but the repeat pregnancy rate among 15-19 year olds was in the third quartile of the state, and births among unwed mothers 15-19 was in the fourth quartile of the state.

Table 3-7: Births to Teens 15-17 per 1,000 Females

Year	Alachua County			Florida		
	All	Black	White	All	Black	White
2005	20.1	55.2	8.9	21.9	36.2	18.4
2006	24.7	69.7	9.7	23.1	38.3	19.5
2007	23.9	49.2	14.5	22.8	38.0	19.2
2008	21.1	41.4	13.1	20.4	34.5	16.9
2009	25.4	58.1	11.2	17.7	31.3	14.4
2010	7.9	16.9	5.9	15.2	28.4	12.7
2011	8.8	25.8	3.7	13.4	22.5	10.9

Source: www.FloridaCHARTS.com

Pregnancy among mothers who are older than 35 may also be associated with less than optimal pregnancy outcomes. Between 2008-2010, the rate of births to women older than 35 in Alachua County ranked in the fourth quartile in the state. Furthermore, a review of births to mothers 30 and older also shows they have been higher than the state rate since 2001 (Data not shown). A final issue of note is the observation that 43.6% of births are to mothers with interpregnancy intervals of <18 months.

Between 2005 and 2010, first trimester enrollment in prenatal care was similar to the state rate and varied between 76.0% and 81.7% (Table 3-8). The first trimester enrollment rate among whites has been higher than the comparable state rate and ranged between 85.5% and 81.5%. First trimester enrollment in care among Alachua County AA mothers has varied between

64.8% and 72.8%. It is lower than white women and has generally been lower than the state rate.

Table 3-8: Births to Mothers with First Trimester Prenatal Care (% of births)

Year	Alachua County			Florida		
	All	Black	White	All	Black	White
2005	81.7	72.8	85.5	78.5	70.8	80.8
2006	79.1	68.2	83.7	76.8	68.5	79
2007	77.5	66.6	82.1	75.9	67.3	78.4
2008	77.3	65.6	82.2	76.9	68.4	79.3
2009	76	64.8	81.5	78.3	70.3	80.6
2010	77.8	66.8	82.9	79.3	71.6	81.6

Source: www.FloridaCHARTS.com

An emerging issue is the resurgence of substance abuse/addiction, especially to prescription medications, among pregnant women. When physicians observe signs of withdrawal in newborns, they document the diagnosis code 779.5 in the infant's medical record. The statewide number of infants assigned this code in 2005 was 258, in 2009 it was 966, and in 2010 there were 1374 cases. Data from the first six months of 2011 showed 767 infants diagnosed with "drug withdrawal syndrome in the newborn". Data regarding diagnosed drug withdrawal in newborns among Alachua County newborns from July 1, 2006 to June 30 of 2011 is shown in Table 3-9. The number of births reported is shown by calendar year to provide some context to the data.

Table 3-9: Newborns Diagnosed with Drug Withdrawal Syndrome in the Newborn (Code 779.5) in Alachua County Residents

Time period	Diagnosed with 779.5	Number of Births	Calendar Year
Jul 2006- Jun 2007	5	2,837	2006
Jul 2007- Jun 2008	4	2,849	2007
Jul 2008- Jun 2009	8	2,980	2008
Jul 2009- Jun 2010	13	2,925	2009
Jul 2010- Jun 2011	14	2,866	2010

Source: AHCA delivery discharge data. Provided by Shands HealthCare

Oral Health

The inextricable link between oral health and general health is now recognized as a public health priority. Disparities in disease incidence are compounded by inequalities in access and utilization of oral health care. The frequently overlooked, but potentially serious consequences associated with poor oral health have resulted in the characterization of oral diseases as a "neglected epidemic".

A visual Basic Screening Survey of all third graders in the county (N=1737) was conducted in the fall of 2011. Overall, 46.1% of third-grade public school students in Alachua County had experienced dental caries and 27.2% had untreated cavities at the time of the survey. However, there were large disparities among the schools in the prevalence of disease: presence of caries ranged from 22.0% to 76.2% and untreated cavities ranged from 8.2% to 46.0%. Dental sealants

were present on the permanent first molars of 35.7% of third-graders, ranging from a high of 66.7% to a low of 18.0%. Nearly 6% of children had an urgent need for dental care, defined as reported dental pain or clinical sign of dental infection at the time of the survey. There was also a disparity in this indicator, from zero in one school to more than 19% in another. Third-graders were also screened for severe malocclusion, which included the presence of conditions such as cross-bite, anterior open-bite or severe tooth crowding that made effective oral hygiene impossible; overall, 9.8% of children were judged to have severe malocclusion. Soft tissue pathology was relatively uncommon and was detected in 0.4% of third-grade students.

Among children enrolled in Medicaid in 2009 -2010, only about 25% received one or more dental health service from a Medicaid provider.

The Oral Health Coalition obtained data describing emergency room (ER) encounters for residents of Alachua County whose visits were coded as dental conditions that could have been avoided through prevention or earlier intervention. During the four years analyzed (2007–2010) there were, on average, 2,138 avoidable visits each year that resulted in average annual charges of $1,728,096. Each visit was coded for the type of service provided, which offers some insight into the severity of the condition. Over 60% of the visits were coded as meeting the criteria for one of the two most severe conditions (out of four possible rankings).

Those seeking ER care for dental conditions ranged from age 0 to 97 years; 53% had no insurance, 35% were Medicaid beneficiaries, 7% were covered by commercial insurance, 7% were Medicare enrollees and about 2% had some other type of insurance coverage. The remainder of those seeking care were uninsured. The encounters in 2010 were analyzed by ZIP Code and expressed as a rate per 100,000 residents per year in each ZIP code. The ZIP codes with the highest number of avoidable visits were 32609 (14.3% of all encounters), 32607 (14.3%), 32608 (13.4%), 32641 (12.6%) and 32601 (12.2%). The frequency of emergency room encounters in Alachua County was compared to the State of Florida. This comparison can be seen in Table 3-10 which shows that the age-adjusted rate of ER use in Alachua County was higher than the state average. The data also demonstrate the dramatic racial disparity in the county, with the rate among AA being over 300% higher than the rate among whites. Interviews with low income residents and the data cited above for severity of ER visits, suggest that a visit to the emergency room is not usually the first action a person with a dental problem takes, but is considered a last resort.

Table 3-10: Age-adjusted Rate of Use of Emergency Rooms for Dental Conditions, by Race

Area	Total	Race	
		White	Black
Alachua County	824.3	598.2	1832.7
Florida	738.6	745.2	1082.1

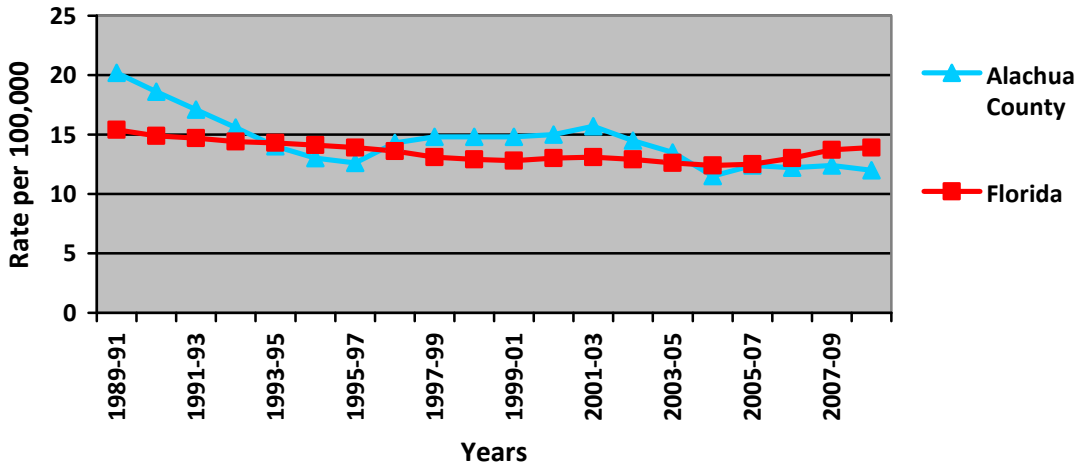
Source: Rates are per 100,000 and based on data from 2009 analysis done by WellFlorida Council. Provided by the Oral Health Coalition of Alachua County

Behavioral Health

Mental and behavioral health is a key component of a community's overall health status. Indicators that are included as measures of behavioral health are suicide death rates, mental health hospitalizations and rates of Baker Act initiation.

Figure 3-13 displays three year rolling suicide death rates for Alachua County and the State of Florida. Alachua County's rates have been similar to the state rates, until recently (between the years of 2003 and 2005), when the county's rate declined and is now slightly below the state's rate. Between 2008 and 2010, the suicide rate in Alachua County was in the first quartile in the state. The rate for Alachua County residents who have been Baker Acted has been lower than the state between 2004 and 2009.

Figure 3-13: Suicide Age-Adjusted Rolling Death Rates



Source: www.FloridaCHARTS.com

Although some mental health indicators are comparable or better than the state rates, it is important to recognize the cost of the lack of out-patient mental health services. Psychosis, which is only one mental health diagnosis, has been one of the most common causes of in-patient admissions. It has ranked in the top 3-5 reasons from 2004 to 2007. As demonstrated in Table 3-11, psychosis accounted for an average of 657 discharges each year and was responsible for an average of 5,778 hospital days annually.

Table 3-11: Number and Percent of Hospital Visits due to Psychosis, 2004-2009

Year	Number of Discharges	Percent of Discharges	Number of Patient Days	Percent of Patient Days
2004	607	2.4	5,599	4.5
2005	653	2.6	5,810	4.7
2006	635	2.5	5,761	4.6
2007	617	2.4	5,167	4.2
2008	686	2.4	5,102	3.8
2009	745	2.7	7,234	5.6

Source: AHCA discharge data. Provided by WellFlorida Council

CHAPTER 4: HEALTH RELATED FACTORS

The Health Outcomes described in Chapter 3 are a result of several factors including socioeconomic characteristics described in Chapter 1 and access to care which is discussed in Chapter 2. This chapter describes other factors such as body weight and smoking behaviors that have a direct physical link to health, as well as some of the social factors that affect an individual or family's ability to pursue health.

Body weight and Activity

Adults

The BRFSS survey includes questions about height and weight which is then used to calculate each respondent's body mass index (BMI). In 2010, 38.5% of adults were considered overweight and 21.6% were obese, for a total of 60.1% who were considered either overweight or obese. Alachua County's rate of obesity is lower than the state's and the rate of overweight or obese residents in the county has decreased from 63.3% in 2007. This was a refreshing reversal of the increase that was seen between 2002 and 2007 when the rate increased from 50.7% to 63.3%. (See Table 4-1.)

Table 4-1: Overweight and Obese Adults (BRFSS), Alachua County and Florida, 2002, 2007, and 2010

Indicator	Alachua County			Florida (2010)
	2002	2007	2010	
Percentage of adults who are overweight	36.1	37.8	38.5	37.8
Percentage of adults who are obese	14.7	25.4	21.6	27.2
Percentage of adults who are overweight or obese	50.7	63.3	60.1	65.0

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Youth

The Florida Department of Health data on BMI and activity among youth is displayed in Table 4-2 and Table 4-3.

In 2010, 8.2% of Alachua's middle school students were at or above the 95th percentile for weight, which means they are at risk for obesity, and 29.8% did not get sufficient vigorous exercise. The percent of middle school children at risk for obesity decreased between 2008 and 2010 and somewhat fewer are without sufficient vigorous exercise.

Among high school students in 2010, 13.9% were at or above the 95th percentile for weight, which is higher than the state rate and represents an increase in overweight high school students compared to 2008. Although 35.4% of Alachua County's high school students were without sufficient vigorous physical activity, the county rate is somewhat better than that of the state, which, in 2010, was 39.1%. Data in these tables suggest that as Alachua County's children get older, they are becoming more at risk for unhealthy weights.

Table 4-2: Percent of School Children with BMI's at or above the 95th Percentile

School Type	Alachua County		Florida	
	2008	2010	2008	2010
Middle School	11.5	8.2	11.3	11.7
High School	9.8	13.9	11.0	11.4

Source: www.FloridaCHARTS.com

Table 4-3: Percent of School Children Without Sufficient Activity, Alachua County and Florida

School Type	Alachua County		Florida	
	2008	2010	2008	2010
Middle School	32.2	29.8	31.6	30.7
High School	34.7	35.4	40.6	39.1

Source: www.FloridaCHARTS.com

Smoking

There are relatively fewer smokers in Alachua County compared to the state and the rate decreased by about 1 percentage point between 2007 and 2010. A higher percent of men smoke compared to women and, between 2007 and 2010, the rate among men increased from 13.4% to 17.1%, whereas in women it decreased. Unlike the rest of the state, the incidence of smoking among African Americans (AA) is higher than it is among whites. The reported smoking behavior among AA in 2010 appears to be due to relatively high smoking rates among AA females (21.3% were smokers). Smoking is more common among adults with annual incomes of less than $25,000, with less than a high school education, and who are unmarried.

Table 4-4: Smoking Among Adults (BRFSS), Alachua County and Florida, 2002, 2007, and 2010

Indicator	Alachua County			Florida (2010)
	2002 Measure	2007 Measure	2010 Measure	
Percentage of adults who are current smokers	18.8	15.5	14.4	17.1
Race and Gender				
Men	21.7	13.4	17.1	18.4
Women	16.0	17.4	11.8	16.0
African Americans	27.2	14.8	21.5	13.7
Whites	19.1	17.3	12.3	18.4
African American men	-	-	-	19.0
African American women	21.6	21.6	21.3	9.7
Socioeconomic				
Less than $25,000	27.8	28.8	38.8	26.5
$25,000 - $50,000	22.2	17.5	11.0	18.0
More than $50,000	11.4	9.1	6.4	11.7
Less than High School	33.7	38.8	30.9	28.3
High School/Some College	26.7	18.2	25.7	24.3
Four years or more of college	15.4	14.0	10.0	12.9
Married	11.3	11.9	9.6	14.3
Not Married	26.0	21.0	21.9	22.3

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Social Determinants

There is an increased understanding of the role social determinants play in contribution to the health of a community and its members. Chapter One reviews some of the key indicators including poverty, education and employment. Chapter Two describes insurance status, which is in great part tied to income and employment. This section adds more detail on social issues that contribute to the outcomes described in the other sections.

Education

Socioeconomic status is a key indicator of health outcomes. The ability to acquire and retain a job that confers positive social status, pays well and includes benefits is tied to educational status. Two indicators are included in this section: an evaluation of school readiness at kindergarten and high school graduation rates. The United Way of North Central Florida reviewed the educational outcomes for children enrolled in Alachua County schools and found the following:

- 22% of students do not graduate high school on time, or at all.
- 35% of African-Americans do not graduate high school on time or at all.
- 76% of students in alternate high schools do not graduate.
- 29% of all 3rd graders do not read at grade level as measured by the Florida Comprehensive Assessment Test (FCAT2.0).
- 39% of children on free and reduced lunch do not read at grade level.
- 48% of African American 3rd graders do not read at grade level.
- 51% of the 3rd graders are not reading at grade level if they attend a school in which more than 71% of the students are on free or reduced lunch.

Review of additional data describing the educational abilities and performance of our youth suggest some areas that would benefit from intervention. Table 4-5 shows that in school year 2009-10, only 86.1% of children entering kindergarten demonstrated the skills indicating readiness to learn. This was lower than the state rate of 88.5% and lower than the prior year.

Table 4-5: School Readiness at Kindergarten Entry[1]

School Years	Alachua County	Florida
2004-05	85.0	84.0
2005-06	82.0	82.0
2006-07	87.0	86.0
2007-08	86.0	88.0
2008-09	88.0	87.9
2009-10	86.1	88.5

Source: Department of Education Office of Early Learning. Provided by www.FloridaCHARTS.com

[1]Percent scoring as "ready"

Table 4-6 shows the percent of students who graduate from high school by type of high school and race. Although the graduation rates have been improving over the last several years, disparities remain among AA and other students. Only 79% percent of African Americans graduate from traditional high school, compared to 90% of whites and 89% of Hispanics. The

graduation rates are lower among youth attending alternate schools, but the racial disparities persist, with only 17% of AA students graduating compared to 33% of white students.

Table 4-6: Graduation Rates by Race and Type of School

Alachua County High School Graduation Rates	Traditional High School Programs (N=7)		Alternate High School Programs (N=5)	
	Total Number of Senior Students	Percent Graduating	Total Number Students	Percent Graduating
All Students	1,826	83	183	24
White	1,005	90	49	33
African American	576	79	110	17
Hispanic	97	89	13	38

Source: Alachua County School Board- Provided by: United Way

Table 4-7 displays the reading ability by school and illustrates the impact of race and income on performance. In schools in which more than 70% of children are minorities, only 52% of third graders are reading at or above grade level. In schools in which more than 70% of children were eligible for free or reduced price lunch, less than half the third graders were reading at or above grade level. The data show lower performance among children who are minority and low income and suggest that the disparities become worse over time.

Table 4-7: Percent of students reading at or above grade-level by school-level demographics for 2010-2011 for 3rd and 4th grade

Demographic Description of Schools	Percent reading at or above a score of 3	
	3rd grade	4th grade
% School Minority Students		
Less than 40%	84%	81%
41-70%	73%	73%
More than 70%	52%	49%
% School Eligible Free & Reduced Lunch		
Less than 40%	87%	88%
41-70%	78%	75%
More than 70%	49%	47%

Source: Alachua County School Board- Provided by: United Way

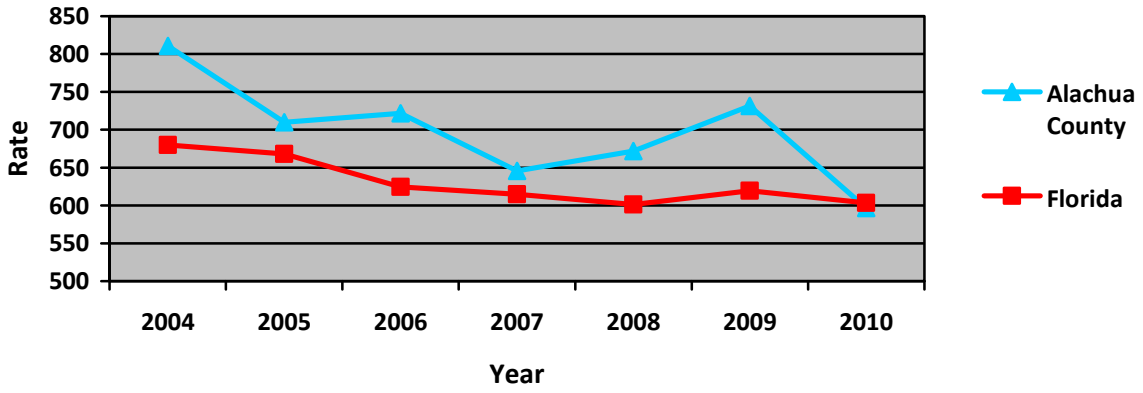
Safety

Families that are struggling with violence have difficulty focusing on health issues. In addition, the emotional and physical stress associated with family violence contributes to physical deterioration of household members as well as the victims.

Domestic Violence

Figure 4-1 shows the incidence of domestic violence between 2004 and 2010 in both Alachua County and Florida. The rates in Alachua County have been somewhat higher than those of the state until 2010 when the rates were essentially the same. Between 2008 and 2010, there were an average of 1,700 reports annually and in 2010 there were 1,537 domestic violence offenses reported for Alachua County residents. (Data not shown)

Figure 4-1: Rate of Domestic Violence Offenses per 100,000, 2004-2010



Source: www.FloridaCHARTS.com

Child Abuse

Table 4-8 shows data describing child abuse reports for the 12 month period between October 2010 and September 2011. There were 3,604 reports of child abuse. After investigation, 978 cases of abuse or neglect were identified. Of these, 432 were for neglect, 112 were for physical abuse and 23 were for sexual abuse. The county ranks 11th in the state for identified instances of abuse and neglect (only 10 counties had higher rates per capita), 15th for neglect, 4th for physical abuse and 37th for sexual abuse. The high incidence of identified child abuse does not seem to be due to increased reporting, as Alachua ranks 30th in reporting.

Table 4-8: Children in Alachua County Subject to Child Abuse (October 2010-November 2011)

Indicator	Count	Rate[2]	State Rate[2]	County Ranking[1]
Children Subject of Maltreatment Response	3604	60.0	47.0	30
Victim Reports – General	978	16.3	9.4	11
Victim Reports of Neglect	432	7.2	4.4	15
Victim Reports – Physical Abuse	112	1.9	0.7	4
Victim Reports – Sexual Abuse	23	0.4	0.4	37
Victim Reports – Other Abuse	411	6.9	3.9	7.5

Source: http://www.fosteringcourtimprovement.org/fl/County/Alachua/

[1]Out of 67 Florida Counties

[2]Rates are either per 10,000 or percent

CHAPTER 5: HEALTH DISPARITIES

This chapter includes a brief overview of some populations exhibiting health disparities for which data are readily available. It is not intended to imply that these are the only populations at risk in Alachua County. Interim or subsequent assessments may include data on other groups of interest, such as the developmentally disabled and elders. This section will include a review of health related data on minorities and the homeless, as well as disparities by area of residence.

Minority Health

The issue of disparities in health outcomes between whites and African Americans (AA) in Alachua County was introduced in Chapter 3. Table 5-1 includes a subset of data compiled by the Florida Department of Health, specifically developed to describe racial disparities in the county. African Americans have lower incomes, less education, higher unemployment and, in general, worse health outcomes. The worse disparities (3:1 ratio or worse) in chronic disease related health problems (listed in descending order) are: death rate from AIDS, death from diabetes, hospitalizations from diabetes, and adults who have had a stroke. However, there are instances in which AA have better outcomes. These include lower mortality rates from lung cancer, unintentional injuries, suicide and liver disease. Death rates are similar to whites for Alzheimer's and chronic lower respiratory disease.

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Table 5-1: Alachua County Minority Health Profile - Race

Measure	Rate Type	Alachua County			Florida		
		Black	White	B/W Ratio	Black	White	B/W Ratio
Socio-Demographic Characteristics							
Individuals below poverty level	Percent	31.90%	19.30%	**1.7:1**	25.90%	9.50%	**2.7:1**
Civilian labor force which is unemployed	Percent	12.60%	5.60%	**2.3:1**	10.30%	4.60%	**2.2:1**
Individuals 25 years and over with no high school diploma	Percent	29.00%	8.50%	**3.4:1**	33.00%	17.50%	**1.9:1**
Access to Care							
Age-adjusted asthma hospitalization rate	Per 100,000	1534.8	547.3	**2.8:1**	1205.2	644.7	**1.9:1**
Maternal and Child Health							
Births to mothers ages 15-19	Per 1,000	53.4	12.8	**4.2:1**	57.2	31.2	**1.8:1**
Births to mothers over 18 without high school education	Percent	19.10%	7.00%	**2.7:1**	17.10%	15.30%	**1.1:1**
Births < 1500 grams (very low birth weight)	Percent	3.30%	1.40%	**2.3:1**	3.00%	1.20%	**2.5:1**
Births < 2500 grams (low birth weight)	Percent	13.20%	6.90%	**1.9:1**	13.60%	7.20%	**1.9:1**
Fetal deaths	Per 1,000	12.9	4.9	**2.6:1**	12.7	5.6	**2.3:1**
Sudden Unexpected Infant Deaths (SUID)	Per 100,000	147.2*	56.5*	**2.6:1**	178.7	73.1	**2.4:1**
Maternal deaths	Per 100,000	73.6*	18.8*	**3.9:1**	37.1	15.4	**2.4:1**
Injuries and Injury-related Deaths							
Age-adjusted homicide death rate	Per 100,000	11.1	2.1	**5.2:1**	16.8	4.1	**4.1:1**
Hospitalizations for non-fatal firearm injuries	Per 100,000	14.7	4.6	**3.2:1**	30.6	4.8	**6.4:1**
Cardiovascular							
Adults who have ever had a heart attack, angina or coronary heart disease	Percent	13.40%	5.60%	**2.4:1**	7.60%	10.60%	**0.7:1**
Adults who have ever had a stroke	Percent	6.70%	2.30%	**3:1**	3.80%	3.50%	**1.1:1**
Age-adjusted hospitalization rate	Per 100,000	125.7	49.5	**2.5:1**	263.8	101.6	**2.6:1**
Cancer							
Prostate Cancer Age-adjusted death rate	Per 100,000	43.6	14.9	**2.9:1**	41.9	15.7	**2.7:1**
Breast Cancer Age-adjusted incidence rate	Per 100,000	12.0*	7.1	**1.7:1**	11.1	8.6	**1.3:1**
Diabetes							
Age-adjusted death rate	Per 100,000	57.2	19.8	**2.9:1**	39.9	17.4	**2.3:1**
Age-adjusted hospitalization rate	Per 100,000	5064	1832.9	**2.8:1**	4264.2	1867.8	**2.3:1**
Hospitalizations from amputation due to diabetes	Per 100,000	80.5	19.1	**4.2:1**	68	19.6	**3.5:1**
Adults with diagnosed diabetes	Percent	17.60%	3.40%	**5.2:1**	13.40%	10.10%	**1.3:1**
HIV/AIDS							
Reported AIDS Cases	Per 100,000	50.9	7.2	**7:1**	71.7	7.3	**9.9:1**
Age-adjusted HIV/AIDS death rate	Per 100,000	23.3	1.4	**17:1**	26.1	3	**8.8:1**

Source: www.FloridaCHARTS.com

*denotes rates based on fewer than five events are considered unstable use caution when interpreting these rates

According to BRFSS data, the incidence of smoking among both races decreased between 2002 and 2007. Smoking among whites continued to decrease in 2010 but increased among AA between 2007 and 2010. The small sample sizes result in wide confidence intervals, which make conclusions difficult to draw. However, smoking rates among AA in Alachua County may be an issue worth more study. The most recent data on lung cancer mortality rates (Chapter 3) show an increase among AA.

Table 5-2: Percent of Current Smokers (with Confidence Intervals) by Race; BRFSS; Alachua County

Race	2002	2007	2010
All	18.8	15.5	14.4
White-non Hispanic	19.1	17.3	12.3
Black-non-Hispanic	27.2	14.8	21.5

Source: www.FloridaCHARTS.com

Homeless

Data on the homeless are collected every January, during the "point in time survey" conducted by the Alachua County Coalition for the Homeless and Hungry. The total count and demographics are available from the 2012 survey, but the most recent detail on other factors is from the data collected in 2011. The total number of homeless has increased from 952 in 2007 to 2,094 in 2012. The homeless are predominantly male (73%); 43% are African American, 48% are white and, 5% are Hispanic.

Table 5-3: Summary of Homeless Count

Counts	2007	2008	2009	2010	2011	2012
Shelter	278	352	336	365	571	543
Unsheltered	395	616	740	672	816	1,235
Street	325	465	626	575	658	1,107
Jail	51	115	80	72	129	117
Hospital	19	36	34	25	29	11
School Board	279	397	518	234	394	316
Total	**952**	**1,365**	**1,594**	**1,271**	**1,781**	**2,094**

Source: Point in Time Survey, Coalition for Homeless and Hungry

The majority (64.6%) were between 18-59 years old and almost one quarter (24.3%) lacked a high school diploma or GED; 45.1% had a high school degree or GED; 19.5% had some college and; 8.1% had a college degree. Almost 18% of the homeless had children. Thirty six percent had been in prison or jail and 36% were veterans.

Table 5-4: Homeless Population Demographics from 2011[1]

Indicator	Percent	Number
Male	72.5	520
Female	27.5	196
Age Groups		
Under 18	27.1	482
18-59	64.6	1150
60 and over	8.3	149
Race[2]		
Black	42.7	317
White	48.1	357
Other	14.3	103
Families with kids		
With kids	17.7	246
Without kids	82.6	1141
Veteran Status		
Veteran	36.0	468
Non veteran	64.0	831
Education Levels		
Less then HS	24.3	-
HS/GED	45.1	-
Some College	19.5	-
College Degree	8.1	-
Trade Certificate	2.9	-

Source: Point in Time Survey, Coalition for the Homeless and Hungry

[1]Data from 2012 survey

[2] Some people self identified with more than one race

Reasons cited for being homeless include unemployment (42.8%), drug/alcohol problems (8.9%), physical/medical problems (6.9%) and being a disabled veteran (5.8%). Almost half (45.9%) reported using the ER in the last year and 36% experienced an in-patient hospital stay. Almost 63% report having at least one disability: 38.8% reported a physical disability, 28.3% reported a mental disability, 25.6% reported an addiction and 39.7% said the disability prevents them from working.

Health care was cited as an unmet need by 42.7% of the homeless and lack of dental care was cited by 47%. The frequent use of the ER for medical care may result in the perception that medical care is available.

Table 5-5: Homeless Population Description

Indicators	Percent	Indicators	Percent
Cause of Homelessness		**Unmet Needs**	
Unemployed/lost job	42.8	Shelter	38.4
Disabled Veteran	5.8	Permanent housing	69.5
Physical/mental problems	6.9	Healthcare	42.7
Alcohol/drug problems	8.9	Dental Care	47.0
Other	8.2	Transportation	45.1

Source: Point in Time Survey, Coalition for the Homeless and Hungry

Table 5-6: Homeless Population Description (Healthcare)

Indicators	Percent
ER USE	
Yes	45.9
No	54.1
Hospital Discharge	
Yes	36.0
No	64.0
Disabilities	
Physical	38.8
Mental	28.3
Addiction	25.6

Residence

A review of the data in this section provides support for the concept of "where we live makes a difference to our health".

Avoidable Hospital Services

The hospital data discussed below are organized by ZIP Code. A map showing ZIP codes is given in Figure 5-1.

Figure 5-1: Alachua County ZIP Codes

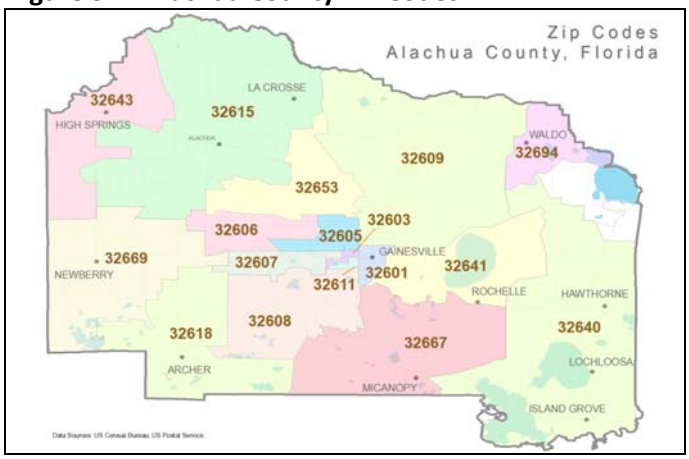


Table 5-7 summarizes avoidable use of hospital services. The data are presented by both the total number of encounters in the ZIP code and by the number of events per 1,000 residents. Although the number of events would be more relevant if designing an intervention, the events per 1,000, is a better reflection of the risk of residing in that ZIP code.

The ZIP codes responsible for rates of in-patient use that are higher than the average for the county (listed in descending order) are from residents of: 32641, 32694 (Waldo), 32609, 32640 (Hawthorne), 32601, 32643 (High Springs), 32669 (Newberry), 32615 (Alachua). The highest

numbers of in-patient hospitalizations come from (listed in descending order): 32608, 32609, 32641, 32601 and 32607. These five ZIP codes account for almost 57% of all the avoidable hospital admissions. (Data in Table 5-7)

Table 5-7: Number of Avoidable Discharges and Rate Per 1,000 Population, 0 - 64 Years of Age by ZIP Code, Alachua County and Florida, 2008-2010

Area	Average Discharges 2008-10	Rate Per 1,000 Population
32641 – Gainesville	285	25.58
32694 – Waldo	18	18.96
32609 – Gainesville	149	17.47
32640 – Hawthorne	142	14.79
32601 – Gainesville	267	14.46
32643 – High Springs	348	14.41
32669 – Newberry	329	13.45
32615 – Alachua	5	12.89
32667 – Micanopy	170	12.00
32610 – Archer	96	10.69
32607 – Gainesville	3	10.19
32608 – Gainesville	150	9.72
32653 – Gainesville	306	8.79
32606 – Gainesville	133	7.64
32605 – Gainesville	95	6.96
32631 – Earleton	50	6.04
32603 – Gainesville	120	2.50
32611 – Gainesville	32	1.09
Alachua County	2,699	12.21
Florida	217,441	13.95

Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010; ESRI Business Solutions, 2008-2010. Provided by WellFlorida Council.

The avoidable ER visits are shown in Table 5-8. The ZIP codes representing the incidence of avoidable emergency room encounters that are higher than the average for the county are (listed in descending order): 32641, 32694 (Waldo), 32609, 32601, 32607, 32640 (Hawthorne). ZIP codes contributing the largest number of ER visits are (listed in descending order): 32608, 32607, 32641, 32609, and 32601. These five ZIP codes contribute 60% of all avoidable ER visits.

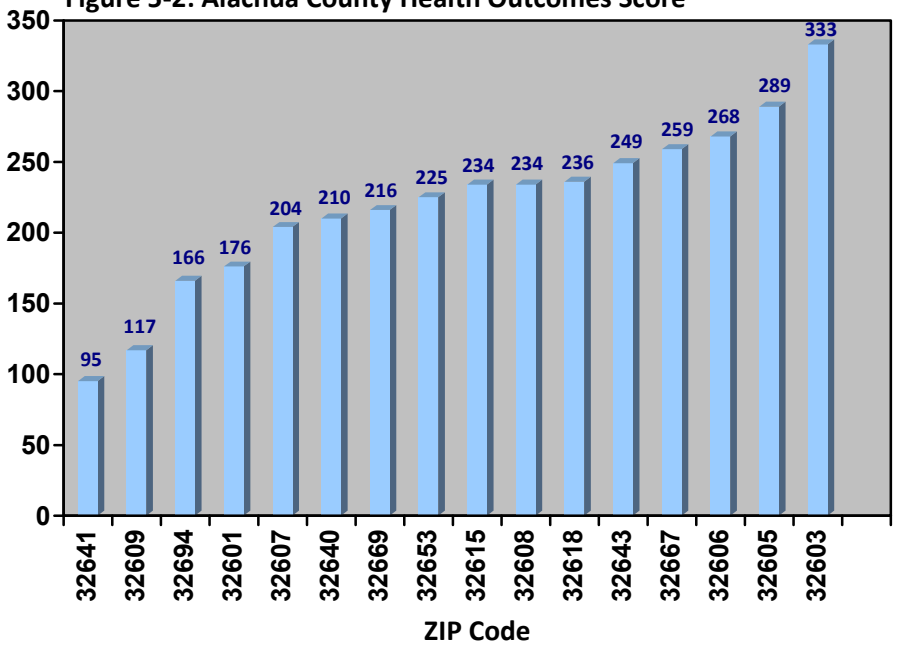
Table 5-8: High Risk Section ZIP Codes: Number of Avoidable ER Visits and Rate Per 1,000 population by ZIP Code, Alachua County and Florida, 2008-2010*

Area	Average ER Visits	Rate Per 1,000 Population
32641 – Gainesville	3,277	244.12
32694 – Waldo	383	190.16
32609 – Gainesville	3,221	155.35
32601 – Gainesville	2,769	132.01
32607 – Gainesville	3,726	130.95
32640 – Hawthorne	1,422	115.55
32669 – Newberry	1,098	108.23
32615 – Alachua	1,599	106.69
32608 – Gainesville	3,956	102.55
32643 – High Springs	1,092	101.69
32618 – Archer	864	85.74
32653 – Gainesville	983	78.20
32667 – Micanopy	375	74.57
32606 – Gainesville	1,489	69.53
32631 – Earleton	40	67.94
32605 – Gainesville	1,602	62.47
32603 – Gainesville	210	27.94
32611 – Gainesville	88	17.79
Alachua County	28,200	114.36
Florida	2,960,628	155.66

Source: Broward Regional Health Planning Council, ESRI Business Solutions, 2008-2010.
ER Visits are classified into four categories using the NYU Algorithm:
(1) Non Emergent
(2) Emergent/primary care treatable
(3) Emergent/emergency room care required but preventable/avoidable
(4) Emergent/emergency room care required, not preventable/avoidable.
Therefore, the first three were combined to create the total number of avoidable ED visits

A compilation of health outcomes was used by the University of Florida College of Medicine Family Data Center to assign an overall health outcome score to each ZIP code in Alachua County. The results are shown in Figure 5-2. The data used to develop the ranking included: socioeconomic indicators, such as income and education; birth outcomes such as low birth weight and infant death; mortality data; rates of sexually transmitted infections and, other measures including child maltreatment and available use of hospital services. Among the 16 ZIP codes in Alachua County, the 5 unhealthiest ZIP codes were (listed in order of lowest ranking first): 32641, 32609, 32601, and 32607. The healthiest were (listed in descending order): 32603, 32605, 32606, 32667 and 32643.

Figure 5-2: Alachua County Health Outcomes Score[1]



Source: UF Family Data Center, Dr. Nancy Hardt
[1]Higher scores indicate healthier ZIP codes

School Children

Data reflecting indicators of children's income and health by the elementary school attended are shown in Table 5-9. The Table shows the percent of all children in the school who are eligible for free or reduced lunch, the percent of untreated caries identified in third graders and the percent of all children in the school children who are overweight. The data are arranged by school with the highest percent of free and reduced lunch listed first. It is interesting to note both the similarities and discrepancies in the rank order of the indicators.

Table 5-9: Health Indicators for Elementary School Aged Children

School	Percent Free or Reduced Lunch[1]	Percent Untreated Caries[2]	Percent Overweight or Obese[3]
M.K. Rawlings	98.6	26.5	37.0
Lake Forest Elementary	94.6	40.0	-
W.A. Metcalfe	93.4	43.9	32.1
C.W. Duval Elementary	92.7	29.1	-
Chester Shell	89.0	42.9	34.1
Myra Terwilliger	83.2	44.0	41.6
Idylwild Elementary	82.1	39.0	28.7
Waldo Community	80.5	31.6	34.9
Joseph Williams	69.9	31.7	32.8
Alachua Elementary	64.2	38.2	31.9
Stephen Foster	61.8	26.8	-
Archer Community	57.0	32.0	34.4
Newberry Elementary	55.4	29.2	34.5
C. W. Norton	54.4	27.2	28.9
Littlewood Elementary	54.4	19.8	-
J.J. Finley Elementary	51.2	46.0	-
Lawton Chiles	43.6	15.3	30.0
Kimball Wiles	43.1	25.4	30.4
Glen Springs Elementary	42.2	15.6	24.3
High Springs Community	39.1	21.1	-
William Talbot	21.5	8.2	26.4
Hidden Oak Elementary	16.1	12.4	34.2
Average	**63.1**	**29.3**	**31.5**

Source: [1] Data from Food and Nutrition Services Alachua County School Board (ACSB)
[2] Oral Health Coalition of Alachua County
[3] ACSB data analyzed and provided by UF Family Data Center

Infant death

Census tracts are smaller geographical units and are not coincidental with ZIP codes. The US Census Bureau describes demographic and socioeconomic population data by census tract and the Florida Department of Health tabulates and displays mortality data by census tracts. This provides the ability to produce a finely tuned geographic portrayal of a county's health outcome. Infant mortality is a commonly used indicator of health often used as a bell weather measure of a community's health. Among the 112 infant deaths that occurred between 2006 and 2010, 40 (36%) of them occurred in four of the 43 Alachua County census tracts. The census tracts were 2206, 0400, 1803, and 2203. (In 2010 the census tracts 2206 and 2203 were subdivided into 4 different census tracts)

Technical Notes

Health Outcome Scores (Figure 5-2) The University of Florida Family Data Center used publicly available countywide health and demographic statistics to create a simple tool for ranking Alachua County by ZIP Codes. Selected demographics and health outcome data were included in this tool. Each data element was used to rank 16 ZIP codes from unhealthiest to healthiest;

the individual rankings were summed to provide overall health rankings. The data came from the following categories: Demographic and Socioeconomic Factors, Birth Indicators Death Rates, Infectious Disease Rates, Child Protection and Safety and Health Care Utilization. For more information, see the website http://familydata.health.ufl.edu/community-outreach/cara-project/alachua-county-health-report-card/

CHAPTER 6: COMMUNITY ASSETS

Alachua County has a wealth of health related resources. It has a robust private sector network that includes primary care physicians, specialists and sub-specialists, as well as other providers including midwives, mental health counselors, physical therapists, etc. The Colleges of Medicine and Nursing offer medical care to the community at several locations throughout the County. Oral health is available to residents through the private sector and the College of Dentistry. Behavioral health, including substance abuse services are also provided through independent private providers and facilities.

Despite the many health resources in the county, Alachua residents with incomes below 200% of poverty have been defined as medically underserved by the US Department of Health and Human Services. The data in Chapters Two and Three suggest unmet needs and disparities in care utilization and health status. As indicated in Chapter Two, it is estimated that approximately 32% of people with incomes below 200% of poverty are uninsured. Furthermore, among low income families the availability of insurance may not ensure access to care as the cost of co-pays and deductibles may render these services to be cost-prohibitive.

This chapter reviews the resources available to facilitate low income residents access to healthcare services. Although private sector accepts a modest number of Medicaid and self pay patients, the data presented in this section describe the “safety net providers”. The safety net is the dominant provider of health related services for the low income population and particularly the uninsured. The safety net is composed of organizations recognized as providing the majority of direct services to low income patients (including Medicaid) and programs which ensure access to services for low income clients either through payment for services or leveraging donated services.

Medical Safety Net

The safety net providers of primary care include: ACORN (Alachua County Organization for Rural Needs), Alachua County Health Department (ACHD), Archer Family Health Care (Archer), Equal Access Clinic (EAC), Gainesville Community Ministries (GCM), Helping Hands Clinic, Palms Medical, RHAMA Mercy Clinic (RHAMA), UF Department of Community Health and Family Medicine which offers care at the East Side Clinic and Main Street Clinic, UF Mobile Health Clinic (Mobile) and the Westside Samaritans Clinic (Samaritans). A summary description of these programs is in Table 6-1.

Table 6-1: Medical Service Safety Net Providers

Program	Services	Type of Patients	Uninsured Patients	Uninsured Visits	Medicaid Patients	Medicaid Visits	Hours of Operation
ACORN	Primary Medical Care, Diabetes Management, Hypertension & Pulmonary Services, 40+ mammogram	Medicaid, Medicare, CHOICES, Uninsured/Self-Pay	519	UNK	89	UNK	Monday – Thursday 8:30am – 4:30pm, Tuesday 6:00pm – 9:00pm
Alachua County Health Department	Primary Medical Care Diabetes Management, HIV Testing & Counseling	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	5,231	13,108	4,031	8,616	Monday – Friday 7:30am – 4:00pm
Archer Family Health Care	Primary Medical Care, Mental Care, Eye/Vision Care, Hearing Services, Pharmacy Consult Services	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	421	2,189	268	1,242	Monday 8:00am -7:00pm, Tuesday - Friday 8:00am - 5:00pm;
East Side Clinic	Primary Medical Care, Pharmacy Consult Services	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	483	1,079	UNK	6,882	Monday – Friday 8:00am – 5:00pm
Equal Access Clinic	Primary Medical Care, Cervical Cancer Screening, HIV Testing & Counseling	CHOICES, Uninsured/Self-Pay	UNK	675*	UNK	Included in Uninsured	Monday - Thursday beginning between 5:00 and 6:00pm
Rhama Mercy Clinic	Primary Medical Services, Pharmacy Consult Services	Uninsured/Self-Pay	129	UNK	N/A	N/A	Saturday 9:00am – 1:00pm
Gainesville Community Ministries	Primary Medical Care, Pharmacy Consult Services, HIV Testing & Counseling	Uninsured/Self-Pay	UNK	415	UNK	UNK	Tuesday 5:30pm – 7:30pm
Helping Hands Clinic	Primary Medical Care, Pharmacy Consult Services, HIV Testing	Uninsured/Self-Pay	349	2,250	N/A	N/A	Monday 5:00pm – 7:00pm, Thursday 3:00pm – 7:00pm
UF Mobile Outreach Clinic	Primary Medical Care Diabetes Management	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	UNK	3158**	UNK	836**	Monday 10:00am – 4:00pm, 6:00pm – 9:00pm; Tuesday, Thursday 9:00am – 4:00pm; Wednesday 10:00am – 3:00pm; Friday 12:00pm – 4:00pm
Palms Medical Group	Primary Medical Care, Pharmacy Consult Services, HIV Testing & Counseling	Medicaid, Other 3rd Party, Self-Pay/Uninsured	NR-	NR-	NR-	NR-	Monday – Friday 8:00am – 5:00pm; Saturday 8:30am – 12:00pm
Westside Samaritans Clinic	Primary Medical Care, Pharmacy Consult Services	Uninsured/Self-Pay	237***	344***	N/A	N/A	Thursday 5:00pm-8:30pm
UF Main Street Clinic	Primary Medical Care, Pharmacy Consult Services	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	1,941	2,149	Included in Uninsured	7,164	Monday – Friday 8:00am – 5:00pm

UNK- the provider could not supply this information
N/A – the provider does not see this type of patient
NR- the provider did not respond to repeated requests for this information
* Data is an estimate that includes visits for Uninsured and those covered by third party payers
** Data for six month was extrapolated to estimate 12 month projected totals
*** Data from June 6, 2012 through November 15, 2012

Some safety net providers bill Medicaid and other providers provide free services or charge a small fee. The clinics that offer services to Medicaid generally also bill patients a discounted fee based on income (sliding scale).

Of those providing free services, several use volunteer clinicians who are offered Sovereign Immunity through the Florida Department of Health (DOH) Chapter 110 Volunteer Program. Clinics that are covered through DOH only see those who are uninsured and have incomes below 200% of poverty. These include Helping Hands, RHAMA and Samaritans. Other providers are covered by Sovereign Immunity by virtue of the employment or student status. These are providers who work in Archer, ACHD, EAC, GCM, UF and Mobile.

Equal Access is a program of the UF medical students that does not charge for care. They do not screen patients for insurance or income because they have liability protection though the University. The mobile clinic sees anyone who requests care. They screen for third party eligibility for reporting purposes but do not turn insured residents away. They do not charge either the patient or the third party payer for services. The community providers on the mobile unit are covered for liability through a courtesy faculty appointment.

Oral Health Safety Net

The safety net providers offering oral health services include: ACORN, Eastside Dental Clinic, Gainesville Community Ministries, Helping Hands Clinic Inc., the UF College of Dentistry and the WeCare Dental Clinic. (The Eastside Dental Clinic is administered by the Family Medical and Dental Clinics based in Putnam County and is not part of the University or Shands. A summary description of the services and clients seen by the oral health safety net provides is in Table 6-2.

Table 6-2: Oral Health Safety Net Providers

Program	Services	Type of Patients	Uninsured Patients	Medicaid Patients	Hours of Operation
ACORN Clinic	Comprehensive Dental Services	Medicaid, Healthy Kids, Self Pay	653	171	Monday - Thursday 8:00am – 12:00pm & 1:00pm – 4:00pm
CHOICES at UFCD	Comprehensive Dental Services	CHOICES, Self Pay	N/A	1432	Student Clinic: Monday - Thursday 8:00am – 5:00pm Clinic: Monday – Friday 8:30am – 5:00pm
Eastside Dental Center	Comprehensive Dental Services Except Dentures and Denture Repair	Medicaid, Healthy Kids, Self Pay, Other	99	703	Monday – Friday, 8:00am – 5:00pm
Gainesville Community Ministries	Comprehensive Dental Services	Self-Pay	799	N/A	Monday – Thursday 9am -2:45pm
Helping Hands Clinic	Dental Screenings	Self-Pay (No Charge)	120*	N/A	Screenings: Monday, Thursday Patients: 1st & 3rd Monday
We Care	Comprehensive Dental Services	Self-Pay	121	N/A	Monday – Friday 8:00am – 5:00pm

* Dental services treated at ACORN Clinic

Behavioral Health Safety Net

The Safety Net providers offering Behavioral Health (Mental Health and Substance Abuse Services) include: Gainesville Community Ministries, Helping Hands Clinic and Meridian Healthcare Inc.

Table 6-3: Behavioral Health Safety Net Providers

Program	Services	Type of Patients	Uninsured Patients	Hours of Operation
Gainesville Community Ministries	Mental Health Counseling	Community access	19	Monday beginning at 5:00pm
Helping Hands Clinic	Out-patient Behavioral Health, Referral for Substance Abuse Counseling	Uninsured	147	1st&3rd Thursday and 2nd & 4th Monday 5:00pm – 7:00pm
Meridian Behavioral Health Inc	Comprehensive inpatient and outpatient Behavioral Health services	Uninsured and those covered by third party payers	2907	Monday – Friday 8:00am – 5:00pm

Additional Resources

In addition to the safety net providers some community agencies pay for, or leverage volunteer services that may be provided by either the safety net or the private sector. These include CHOICES, Alachua Cares and We Care.

CHOICES is a county-run program that pays for comprehensive medical, oral and mental health services. The services are available to adults who work at least 20 hours a week and whose incomes are less than 200% of poverty. Services are provided through the Blue Cross Blue Shield network for a small co-pay. The program, which was funded from January 2004 to December 2011 through a sales tax, is currently serving about 4,500 residents. The program is currently spending its reserves and expects to be able to sustain services through December 2013. When the funds are exhausted, the program will end and hopefully the enrollees will be transitioning to insurance products available through Medicaid expansion and the insurance exchanges.

Alachua Cares is a county-sponsored program that provides payment for medical services and pharmaceutical supplies for clients whose incomes are below 150% of FPL. Medical care is provided by a variety of community practices. The program serves between 100 – 200 patients at any given time.

We Care is a public/private partnership providing medical and dental services to uninsured and low income residents through collaboration with volunteer healthcare professionals and institutions. The collaborators include: Alachua County Medical Society, Alachua County Board of County Commissioners and the Alachua County Health Department. Medical care is offered

in provider offices, hospitals and by participating laboratories. We Care also offers dental services which are offered in a dedicated clinical setting which is included in the description of the Oral Health Safety Net.

Observations

The population that is uninsured with incomes below 200% of poverty is reasonably expected to rely on the safety net for primary care services. The data collected from providers and shown in this chapter can be used to estimate the percent of the target population served. Using the assumptions described in the Technical Notes at the end of the chapter results in an estimate that the safety net can provide medical care to about one third and oral health to less than 2% of the target population.

Without knowing how many low income uninsured need behavioral health services it is impossible to estimate the percent of the need that is served by the safety net. The current capacity of the behavioral health system to serve low income uninsured only accommodates about 8% of the low income uninsured population. The data we have from surveys and emergency room use suggests that the current service capacity is insufficient to meet the need.

The future of access to medical and mental health services may be more optimistic than the past due to the Affordable Care Act (ACA), which now appears will be at least partly implemented in Alachua County. In anticipation of the end of CHOICES and the onset of the Affordable Care Act, providers were asked if they would be able to absorb the potential increase of patients. The providers who bill third party payers all said they anticipate the ability to accept additional patients who are covered by a third party payer.

Issues to be addressed in the coming year will be: 1) what will happen if Medicaid expansion is not implemented in Florida; 2) if Medicaid expansion is implemented in Florida what will be the role of safety net providers who do not currently bill for services but rely on public funds; 3) what will be the future of access to oral health services among adults which appears to not have been included in the ACA plan.

Technical Notes

The methodology for estimating the number of low income uninsured was to use the data in Table 1-1 to estimate the number of individuals with incomes below 200% of poverty and the data in Table 2-2 to calculate the number of uninsured. The estimate of low income uninsured used for this estimate was 34,229.

The number of uninsured seen by the medical safety net was done as follows: calculate the average number of visits seen by providers who could report both patients and visits and use this number (3.15) to estimate the number of patients seen by the providers who could only report the number of visits. We then added the total number of patients seen. The estimate of total patients seen was 10,657.

The calculations are based on several assumptions that may or may not be correct. These include: the numbers of patients seen by each provider are only seen by that provider, the Census data would count people enrolled in CHOICES as insured, the number of visits used per person reflects the experience of the providers who could not report the number of patients, each person should visit a medical provider and a dental provider annually.

ATTACHMENT 1: Priorities identified though the MAPP Process

Issue	Assessment*	Comments
Access to Care		
Medical	FOC, S&T	The subcommittees defined access to comprehensive care as a single issue, because all services are equally important to health. The health status assessment showed use of the emergency room (ER) for dental and mental health are higher than the state rate, whereas overall use of ER is lower.
Pharmacy	S&T	
Dental	FOC, S&T, HSA	
Behavioral Health	FOC, S&T, HSA	
Management of Diabetes	HSA	Deaths, hospitalizations and amputations associated with diabetes are higher than the state rate and it appears that Alachua residents with diabetes are not managing their condition as well as possible.
Pregnancy Outcomes	HSA	Infant and neonatal mortality is in the worst quartile in the state. Fetal death is in the third quartile. Repeat pregnancy to teens 15-17 is higher than the state.
Overweight/ Obesity	S&T	60% of adults (and 67.9% of seniors) are overweight or obese and about 1/3 of children are over weight/obese.
Special Groups		
Minorities	FOC, HSA	Most out health outcomes for African Americans are worse than whites and many are even higher than the state ratios
Chronic Mental Illness	FOC	People with chronic mental illness die ≈25 years younger than others
Homeless	FOC	Homeless are poverty stricken and experience more medical, behavioral and dental problems than others
Veterans	FOC	Veteran services are inadequate to meet the needs of returning vets and their families
Violence		
Child Abuse	S&T	People in several of the qualitative reports expressed concern about safety and family violence
Domestic Violence	S&T	
Gangs	S&T	
Graduation Rates of African Americans	FOC	Only 79% of African Americans graduate, compared to 90% of white children
Delivery System	S&T, LSA	The way services are offered creates barriers to services. The committee suggested practical improvements
Need ↑ Collaboration, Communication Among Providers	LSA	Organizations want to collaborate but lack community infrastructure to facilitate communication and collaboration.
Establish Policy Advisory Group	LSA	Policy is a cost effective way to make lasting behavior change. Make the healthy choice the easy choice.
Environment		
Infectious Diseases	FOC	Antibiotic resistant and immunization preventable diseases are becoming more common
Water Resources	FOC	Potable water is becoming a vulnerable resource

*FOC=Forces of Change; S&T=Strengths and Themes; HSA=Health Status Assessment; LSA=Local System Assessment

Alachua County Health Department

Alachua County

Community Health Improvement Plan

November 2012

Alachua County Community Health Improvement Plan

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Project funding for the community health assessment was provided by the Robert Wood Johnson Foundation and the Florida Department of Health. It relied on significant in-kind contributions by the National Association of County and City Health Officials (NACCHO), Alachua County Health Department, the University of Florida College of Public Health and Health Professions and the community partners who volunteered as steering committee members and as participants in the individual assessments that are summarized in this document.

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Community Health Improvement Plan
Alachua County, Florida

INTRODUCTION

Health is essential to well-being and full participation in society, and ill health can result in suffering, disability and loss of life. The economic impacts of health have become increasingly apparent. Despite spending more on health care than any other nation, the U.S. ranks at or near the bottom among industrialized countries on key health indicators like infant mortality and life expectancy (RWJ Overcoming Obstacles to Health 2008). The health of our nation can be improved one community at a time through community engagement in ongoing health improvement planning.

The Vision

The Community Health Improvement Plan (CHIP) Steering Committee's vision for the Alachua County is:

A community where everyone can be healthy

The Process

Alachua County has selected the Mobilizing for Action through Planning and Partnerships (MAPP) process for community planning because of its strength in bringing together diverse interests to collaboratively determine the most effective way to improve community health.

MAPP is a strategic approach to community health improvement. Using MAPP, Alachua County seeks to create an optimal environment for health by identifying and using resources wisely, taking into account our unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP method of community planning was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC).

MAPP employs four assessments, which offer critical insights into challenges and opportunities throughout the community.

- The Community Strengths and Themes Assessment provides an understanding of the issues residents feel are important by answering the questions *"What is important to our community?", "How is quality of life perceived in our community?"* and *"What assets do we have that can be used to improve community health?"*
- The Local Public Health System Performance Assessment is a comprehensive assessment of the organizations and entities that contribute to the public's health. The Local Public Health System Performance Assessment addresses the questions *"What are the activities, competencies, and capacities of our local health system?"* and *"How are Essential Services being provided to our community?"*

- The Community Health Status Assessment identifies priority issues related to community health and quality of life. Questions answered during this phase include *"How healthy are our residents?"* and *"What does the health status of our community look like?"*
- The Forces of Change Assessment focuses on the identification of forces such as legislation, technology and other issues that affect the context in which the community and its public health system operates. This answers the questions *"What is occurring or might occur that affects the health of our community or the local health system?"* and *"What specific threats or opportunities are generated by these occurrences?"*

Each assessment was conducted and described in a written report and the findings of all the assessments were summarized in the Community Health Profile. Each assessment was reviewed by a committee which selected priorities. The Local Public Health System Performance report was reviewed by the same community members who were involved in the assessment. The other reviews were conducted by subcommittees of the Steering Committee. The priorities that were identified, along with the rationale for including them, are listed in Attachment A. The summaries of the committee reports are included in Attachment B.

These priorities were presented to groups of professionals and community members who voted on the priorities they felt should be included in the Community Health Improvement Plan (CHIP). The voting process employed quality planning techniques, which included ranking the priorities on the basis of importance to the community, effectiveness of interventions and practicality and timing of addressing the problem. Attendees were able to discuss the issues and then vote based on their ranking of relevant factors. The CHIP Steering Committee reviewed the priorities, the rationale for including them and the votes of the community members. Using quality planning techniques and the consensus model, the Steering Committee selected two Strategic Goals. They then discussed the strategies and approaches that could be employed to achieve the goals. In subsequent meetings, which included members of the Steering Committee and other community representatives, the goals, objectives, performance measures and implementation plan were developed.

Goals

Selection of the two Strategic Goals was done within the context of the work done by the University of Wisconsin. The summary of the literature describing the factors affecting health outcomes is displayed in a chart on the website www.countyhealthrankings.org . The factors influencing health outcomes are organized into four categories and weighted based on their relative effect on health outcomes. The analysis indicates that the factors and their relative contributions are:

- Physical Environment: 10%
- Social and Economic Factors: 40%
- Clinical Care: 20%
- Health Behaviors: 30%

The *Physical Environment* includes environmental quality and the built environment. The category *Social and Economic Factors* includes education, employment, income, family and social support, and community safety. *Clinical Care* is defined as access to care and quality of care. *Health Behaviors* includes tobacco use, diet, exercise, alcohol use and sexual activity.

The selection of the goals for the CHIP was done with an eye to the relative importance of the influence of the various factors described above, tempered by the community perspective on needs.

The goals selected for the Alachua County CHIP are:

- To ensure access to comprehensive care for all Alachua County residents
- To promote wellness among all Alachua County residents

The selection of these two goals addresses factors of *Clinical Care* and *Health Behaviors*. The work plan for the goal related to community wellness (*Health Behaviors*) includes activities for addressing tobacco use, diet and exercise, substance use/abuse, sexual activity and the built environment.

The CHIP is being developed in a county-wide collaboration with the United Way of North Central Florida, which has organized other community partners into working groups to address the social determinants of health. The CHIP is integrated into this community fabric and planning process. The partners included in the community-wide strategic planning process include representatives from the school board, law enforcement, child care, child abuse prevention, substance abuse treatment and prevention, community service providers and juvenile justice. The work groups include income, safety and education, the major components of *Social and Economic Factors*. The goals of the community-wide strategic planning processes are shown in Table I-2. (The goals for Education, Income and Safety are drafts as of October 2012 and may be modified.) Accomplishment of the goals related to social determinants is key to the improvement of health outcomes.

Table I-2: Goals of Alachua County Strategic Planning Process

CHIP	Education	Income	Safety
-Facilitate access to comprehensive care -Promote community wellness	-Increase the percent of children who are ready for school -Increase percent of children who pass the FCAT -Increase graduation rates	-Increase % of employed individuals earning a living wage -Decrease the number of homeless adults and children	-Decrease rates of child abuse and neglect -Decrease rates of domestic violence -Decrease crime against people and property

Engaging the Community

Community health improvement relies on an iterative process involving a comprehensive community health assessment which forms the basis for action plans. Community ownership is a fundamental component of community health assessment and health improvement planning. Community participation leads to the collective thinking and commitment required for implementation of effective, sustainable solutions to complex problems. Broad community participation is essential because a wide range of organizations and individuals contribute to the public's health.

Creating a healthy community and strong local public health systems require a high level of mutual understanding and collaboration. Alachua County is working to strengthen and expand community connections and provide access to the collective wisdom necessary to addressing community concerns.

The process resulting in the 2012 Community Health Improvement Plan began in June of 2011 and concluded in November of 2012. It has been characterized by several key features:

- Inclusiveness: multiple stakeholders were included throughout the process
- Comprehensiveness: many dimensions of health were addressed
- Local Ownership: the process linked expertise and experience to generate a sustainable plan that includes community ownership and responsibility

The partners who have participated in the assessment and planning process have agreed to participate in the implementation plan. Specific community members have agreed to conduct the activities described in the work plan. In addition, many members have agreed to support the CHIP implementation through participation on one or both of the implementation oversight committees. This support comes from the Health Department, the hospitals, the UF College of Medicine, the UF College of Public Health, community partnerships such as the Oral Health Coalition and the Tobacco Free coalition provider groups, including the Alachua County Medical Society, government and private non profit organizations.

About the Plan

The Alachua County Community Health Improvement Plan includes goals and objectives for four years and work plans that are intended to be updated periodically. The goals, strategies and objectives are aligned with national initiatives such as Healthy People 2020 and the Florida State Health Improvement Plan (SHIP). The specific alignments are indicated by reference in the Goals and Objectives section. The format used for the Goals and Objectives are also aligned with the Florida SHIP and use the same format as the state plan. The objectives include quantifiable performance measures based primarily on data included in the community health assessment.

Establishing the performance measures for the objectives was done using two methods. Some measures were thought to be relatively responsive to the local efforts described in the work plan and are given for two and four year intervals (following the time frames used by the Florida Department of Health). Other objectives, particularly those in the goal related to Access to Care, are thought to be more influenced by external influences at the state and federal level

and are projected in one and three year time intervals. The assumption is that effective January 2014, most residents of Alachua County will be eligible for affordable health insurance. Until that time, the assumptions underlying the objective are that the current trends of limiting resources for services to the uninsured and underinsured will continue and a reasonable definition of success is that the outcome data does not get any worse. If the state does not accept the opportunity to expand Medicaid to residents below 133% of poverty or the ACA is substantially altered, the objectives may need to be revised.

Monitoring the CHIP will be done by the groups established in the CHIP, the Health Policy and Action Committee and the Alachua County Healthy Communities Initiative. The Alachua County Health Department (ACHD) will assemble the performance measures described in the objectives in the spring of each year or when they are available and submit them to the two committees for review. In addition, the party responsible for each activity will present to the committee at least annually to report progress, successes, challenges and needs. Leadership of the two committees will meet at least annually. At the December meeting of each group, the goals, strategies and objectives will be reviewed and adjusted as needed.

The sustainability of the CHIP was discussed during meetings and was an important consideration in plan development. The work plan includes activities that community partners have agreed to conduct. The agreements are based on the mission and resources of the agency and built on evidence-informed best practices. The activities included in the plan include a reference to the best practice and some indication of the agency's ability to support the activity and ongoing needs. Although each entity identified as the "Responsible Party" has made a commitment to implement the activity, times are uncertain and funding of community-based agencies is labile. The time frames include comments on funding status and future needs. Some activities will be funded by an entity as part of its ongoing mission and it seems as if the activity will be supported for the foreseeable future (two years or more). If a program is an event, the date is given (D) or the effective starting date is provided for programs and initiatives (B). If it is expected to be sustainable in the long term (at least the next two years), the activity effective date is given in the time frame (E). Other activities are either funded for a limited time or will be initiated with existing resources but will need financial resources to maintain or expand the activity (FD). Other activities are currently unfunded but the identified entity will seek the funds needed to support it (FN).

The community members identified as "responsible" are making a good faith statement of intent and will be using their existing resources to establish, expand initiate or maintain a program or service. The hope and expectation, in many cases, is that the inclusion of the activity in this community plan will document the community support for this activity and lead to additional/external funding.

ALACHUA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN
GOAL AND OBJECTIVES

STRATEGIC GOAL AC: Residents of Alachua County will be able to access comprehensive primary care and preventive services.

Goal AC1: Assess progress in addressing utilization of services and barriers to care. (E)

Strategy AC1.1 Collaboratively assess and report Alachua County's health care resources and needs, including patterns of health care utilization and barriers to care. (E)

Objective AC1.1.1

By March 2013, the CHIP Steering Committee will meet quarterly to review progress reports on activities being implemented to meet the objectives, as well as changes in resources available to residents. (G)

Objective AC1.1.2

By July 31 of each year beginning in 2015, the CHIP Steering Committee will review indicators of access to care by comparing indicators to plan objectives and modifying and updating the plan if needed.

Goal AC2: Improve access to primary care services. (F)

Strategy AC2.1 Increase access to third party coverage and other resources to maintain and expand safety net services and supplies. (F)

Objective AC2.1.1

By December 31, 2013, the rate of avoidable hospitalizations will be ≤12/1,000.
By December 31, 2017, the rate of avoidable hospitalizations will be ≤7/1,000.

Objective AC2.1.2

By December 31, 2013, the number of total avoidable ER visits will be ≤110 per 1,000.
By December 31, 2017, the number of total avoidable ER visits will be ≤90 per 1,000.

Objective AC2.1.3

By December 31, 2013, the percent of people who report they have a personal doctor will be ≥83%.
By December 31, 2016, the percent of people who report they have a personal doctor will be ≥90%.

Objective AC2.1.4 (F, I)

By December 31, 2013, the percent of residents in Alachua County who are uninsured will be ≤20%.
By December 31, 2017, the percent of residents in Alachua County who are uninsured will be ≤5%.

Objective AC2.1.5

By December 31, 2014, the percent of uninsured children under 19 and ≤200% of poverty will be ≤16%.
By December 31, 2017, the percent of uninsured children under 19 and ≤200% of poverty will be ≤13%.

Goal AC3: Improve access to behavioral health services so all adults, children and families can be active, self-sufficient participants of community life. (J)

Strategy AC3.1 Reduce barriers to access to substance abuse and mental health services. (E)

Objective AC3.1.1

By December 31, 2013, the number of total ER visits for behavioral health issues will be ≤65 per 1,000.

By December 31, 2017, the number of total ER visits for behavioral health issues will be ≤50 per 1,000.

Objective AC3.1.2

By December 31, 2013, hospitalizations for psychosis will be ≤2.5% of hospital discharges.

By December 31, 2017, hospitalizations for psychosis will be ≤1.5% of hospital discharges.

Goal AC4: Enhance access to preventive and restorative oral health care. (F, K)

Strategy AC4.1 Implement recommendations of the Oral Health Coalition regarding increasing access to care by expanding capacity of safety net.

Objective AC4.1.1

By December 31, 2014, the rate of age adjusted ER visits for oral health issues will be ≤750/100,000.

By December 31, 2017, the rate of age adjusted ER visits for oral health issues will be ≤650/100,000.

Objective AC4.1.2 (B)

By December 31, 2014, the racial disparities in rate of oral health ER visits will be ≤2.5:1.

By December 31, 2017, the racial disparities in rate of oral health ER visits will be ≤2:1.

Strategy AC4.2 Increase community based prevention programs targeting children.

Objective AC4.2.1 (F)

By December 31, 2014, the percent of third graders who demonstrated untreated caries will be ≤23%.

By December 31, 2017, the percent of third graders who demonstrated untreated caries will be ≤18%.

Goal AC5: Reduce infant morbidity and mortality. (F)

Strategy AC5.1 Implement programs and policies that encourage avoidance of unintended pregnancy.

Objective AC5.1.1 (C, D, F, J)

By December 31, 2014, the birth rate among teens 15-17 will be ≤12/1,000.

By December 31, 2017, the birth rate among teens 15-17 will be ≤10/1,000.

Objective AC5.1.2

By December 31, 2014, the disparities between black and white teen birth rate will be ≤6.5:1.

By December 31, 2017, the disparities between black and white teen birth rate will be ≤6:1.

Objective AC5.1.3

By December 31, 2014, the racial disparities in the incidence of low birth weight will be ≤1.8:1.

By December 31, 2017, the racial disparities in the incidence of low birth weight will be ≤1.5:1.

<u>Goal AC6: Reduce the impact of diabetes on morbidity and mortality.</u> (F)

Strategy AC6.1 Increase access to disease management education. (A)

Objective AC6.1.1 (F)

By December 31, 2014, the percent of adults who self monitor blood glucose at least once a day will be ≥70%.

By December 31, 2017, the percent of adults who self monitor blood glucose at least once a day will be ≥80%.

Objective AC6.1.2

By December 31, 2013, the percent of hospitalizations due to diabetes will be ≤6.5% of the total.

By December 31, 2017, the percent of hospitalizations due to diabetes will be ≤5.0% of the total.

STRATEGIC GOAL CW: Promote wellness among all Alachua County residents.

Goal CW1: Increase the percentage of adults and children who are at a healthy weight. (C, F)

Strategy CW1.1 Increase access to healthful foods and exercise in school-age children. (C, F, H)

Objective CW1.1.1

By December 31, 2014, the incidence of middle school children ≥95% of BMI for age will be ≤6%.

By December 31, 2017, the incidence of middle school children ≥95% of BMI for age will be ≤5%.

Objective CW1.1.2

By December 31, 2014, the incidence of middle school children who do not get sufficient exercise will be ≤20%.

By December 31, 2017, the incidence of middle school children who do not get sufficient exercise will be ≤12%.

Strategy CW1.2 Increase access to healthful foods and exercise for adults. (C, F, H)

Objective CW1.2.1 (F, I)

By December 31, 2014, the incidence of overweight and obesity among adults will be ≤55%.

By December 31, 2017, the incidence of overweight and obesity among adults will be ≤50%.

Goal CW2: Reduce chronic disease morbidity and mortality. (F)

Strategy CW2.1 Promote early detection and screening for chronic diseases such as cancer, heart disease and diabetes. (F)

Objective CW2.1.1 (F)

By December 31, 2014, the percent of women >40 who received a mammogram in the last year will be ≥60%.

By December 31, 2016, the percent of women >40 who received a mammogram in the last year will be ≥65%.

Strategy CW2.2 Partner agencies and organizations will collaborate to support implementation of initiatives that promote healthy behaviors.

Objective CW2.2.1

The Alachua County Healthy Communities Coalition will meet ≥6 times a year to support initiation and maintenance of efforts to promote healthy behaviors.

Strategy CW2.3 Support use of evidence-based employee wellness programs to promote healthy behaviors.

Objective CW2.3.1 (A)

By December 31, 2014, at least one new worksite wellness program will be established by an Alachua County employer.

By December 31, 2017, at least three new worksite wellness programs will be established by Alachua County employers.

Goal CW3: Reduce illness, disability and death related to tobacco use & substance abuse. (C)

Strategy CW3.1 Prevent youth and young adults from initiating tobacco use. (F)

Objective 3.1.1

By June 30, 2013, establish one policy prohibiting/limiting tobacco industry advertising in retail outlets.

By June 30, 2015, establish a total of two new policies prohibiting/limiting tobacco industry advertising in retail outlets.

Strategy CW3.2 Promote cessation of tobacco use. (A)

Objective 3.2.1

By June 30, 2013, at least one employer will offer a new cessation program to employees. (A)

Strategy CW3.3 Eliminate exposure to secondhand tobacco smoke. (A, F)

Objective 3.3.1

By June 30, 2013, at least one Multi-Unit Dwelling will establish at least one policy related to reducing exposure to second hand smoke.

Strategy CW3.4 Support collaboration among community partners to prevent substance abuse.

Objective 3.4.1

By December 2013, establish and fund organizational infrastructure to support partnerships.

Objective 3.4.2

By December 2014, secure funding for organizational infrastructure to support partnerships.

Goal CW4: Promote oral health through prevention programs targeting children. (A, K)

Strategy CW4.1 Promote oral health behaviors by expanding prevention programs in day care centers.

Objective 4.1.1

By December 31, 2014, at least 5 day care centers will have newly implemented oral health prevention programs.

By December 31, 2017, at least 10 day care centers will have oral health prevention programs.

Strategy CW4.2 Improve access to school-based oral health sealant programs for children.

Objective 4.2.1

By December 31, 2014, the percent of third graders who demonstrate untreated caries will be ≤23%.

By December 31, 2017, the percent of third graders who demonstrate untreated caries will be ≤18%.

Goal CW5: Prevent and control infectious disease. (F)

Strategy CW5.1 Prevent disease and disability from influenza. (A)

Objective 5.1.1

By December 31, 2014, the percent of school children who are immunized against influenza will be ≥65%.

By December 31, 2017, the percent of school children who are immunized against influenza will be ≥70%.

Alignment with National and State Initiatives

The references included in the Goals and Objectives section refer to the initiatives listed below.

A: Centers for Disease Control and Prevention. (2012.) The Community Guide. (http://www.thecommunityguide.org/index.html)

B: Centers for Disease Control and Prevention. (2011.) Oral Health Strategic Plan for 2011-2014. (http://www.cdc.gov/oralhealth/stratplan/index.htm)

C: Centers for Disease Control. (2012.) Winnable Battles. (http://www.cdc.gov/winnablebattles/)

D: Florida Department of Health. (2012.) Department of Health Long Range Program Plan. (http://www.doh.state.fl.us/planning_eval/strategic_planning/strategic_health_plan.htm)

E: Florida Department of Health. (2012.) State Health Improvement Plan. (http://www.doh.state.fl.us/planning_eval/strategic_planning/strategic_health_plan.htm)

F: Healthy People 2020. (2012.) 2020 Topics and Objectives. (http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx)

G: Public Health Accreditation Board. (2012.) Standards and Measures. (http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/)

H: Public Health Law. (2012.) Change Lab Solutions. (http://changelabsolutions.org/)
I: US Department of Health and Human Services. (2011.) Action Plan to Reduce Racial and Ethnic Health Disparities. (http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285)

J: US Department of Health and Human Services. (2011.) National Prevention Strategy. (http://www.healthcare.gov/prevention/nphpphc/strategy/index.html)

K: US National Oral Health Alliance. (2011.) National Oral Health Alliance Priority Areas. (http://www.usalliancefororalhealth.org/)

Access to Care Workplan				
Approach	**Activities**	**Responsible**	**Goal**	**Time Frame***
Leadership, accountability and messaging	Establish a Community Health Policy and Action Committee (CHPAC) to advocate, educate and coordinate services and resources to increase efficiency, effectiveness and equity of the health care system. It will meet quarterly to monitor access to care activities and will review outcome data annually. The chair and co-chair will coordinate bi-annually with the leadership of the Healthy Communities Initiative.[1]	Health Department will offer administrative support for the committee	AC1-6	Mar 2013 (B)
Reduce barriers to care by increasing capacity of safety net	Expand involvement of private sector dentists in providing safety net services	Oral Health Coalition	AC4	Feb 2013 (B)
	Develop a plan for transition of CHOICES enrollees into available services	County CHOICES staff and board; Health Care Advisory Board	AC2	Jan 13-Dec 2013
	Maintain/expand safety net provider capacity	ACORN Clinic; ACHD; Eastside Clinic; Helping Hands; Equal Access; Gainesville Community Ministries; Meridian; Palms Medical Clinic; RHAMA Mercy Clinic, UF College of Dentistry; UF-Mobile Clinic; Westside Samaritan	AC2-4	Jan 2013 (FD)
	Open clinic southwest of Gainesville city limits	Health Department	AC2	Jul 2012 (B)
	Develop and implement plan for educating uninsured regarding new options for insurance coverage	UF Health Street	AC2-3	Jun 2012-Dec 2013
	Increase children enrolled in Florida KidCare	FL KidCare Alachua-Bradford Coalition & Children's Movement	AC2-4	Jan 2013 (E)
	Educate policy makers on Medicaid expansion	TBA	AC2	Jan 2013

Reduce barriers to care through: system improvements; collaboration and resource sharing among providers; policy changes and; interventions	Develop an Access to Care Medical Task Force that meets at least six times annually to address barriers to care resulting from fragmentation of the delivery system; increased collaboration and resource sharing among providers and promotes effective policy changes and interventions	UF College of Medicine and The Coalition for the Homeless and Hungry	AC1	Jan 2013 (FD)
	Develop a consortium of mental health providers and advocates working on messaging, collaboration and equity in access	Gainesville Mental Health Consortium	AC3	Jan 2013 (E)
	Community Health Workers reach out to community members to promote access[2]	UF HealthStreet	AC2	Jan 2013 (E)
Reduce barriers to care through: system improvements; collaboration and resource sharing among providers; policy changes, improved communication and; interventions	Educate and provide health care services to teens to help avoid pregnancy	Planned Parenthood	AC5	Jan 2013 (E)
	Conduct activities to improve reproductive health	Alachua Healthy Start	AC5	Jan 2013 (E)
	Implement program of care coordination for reducing avoidable hospital use	ACHD-LIP program	AC2	Jan 2013 (E)
	Develop a mechanism to incorporate user input in redesign of safety net	UF HealthStreet	AC1	Jan 2013 (E)
	Explore institution of a Regional Quality Collaborative	Community Health Policy and Action Committee (CHPAC)	AC2	Dec 2017 (D)
Implement policies programs to address disparities	Implement a medical respite program for homeless	City of Gainesville/Alachua County	AC2	Jan 2013 (E)
	Implement an outreach and education program for homeless women	Helping Hands Inc	AC2	Jan 2013 (E)
	Develop an initiative for addressing racial disparities so systems are fair and useful to all residents of Alachua County	City of Gainesville	AC5	Jan 2013 (E)

Increase access to diabetes management	Establish a Diabetes Management Task Force to increase access to diabetes management and services[3]	Health Department will provide administrative support	AC6	Jan 2013 (FD)
B- Date activity will begin				
FD- Program will begin with in-kind donations or is currently funded, but sustainability or expansion is dependent on securing external funding				
E- Program is expected to be in place by this (effective) date				
D- Expected date of completion				
FN- Program will be initiated when external funds can be secured				

Community Wellness Workplan				
Approach	**Activities**	**Responsible Party**	**Goal**	**Time Frame***
Increase knowledge and participation in early detection of chronic diseases	Increase cancer screening and detection by providing support to providers and stakeholders including: 1) continuing education; 2) public education and outreach; 3) facilitating community partnerships	North Central Florida Cancer Control Collaborative (WellFlorida Council)	CW2	Jan 2013 (FD)
	Develop and maintain a cancer resource guide; an interactive online center for providers	North Central Florida Cancer Control Collaborative (WellFlorida Council)	CW2	Jan 2013 (FD)
	Conduct prostate awareness events targeting high risk men	Black Nurses Association	CW2	Sept 2013 and 2014 (D)
Increase knowledge and opportunity to improve health related behaviors to avoid/reduce overweight	Offer community-based opportunities to provide community education and exercise	CHOICES Health Education and Wellness	CW1, CW2, CW3	Jan 2013 (FD)
	Implement and expand options for healthy eating in school	School Board of Alachua County; Florida Organic Growers	CW1	Jan 2013 (E)
	Implement program supporting school gardens[4]	School Board of Alachua County; Florida Organic Growers	CW1	Jan 2013 (FD)
	Improve health behaviors among high risk population (SW area)	Southwest Advocacy Group (SWAG); UF HEROES	CW1, CW2	Jan 2013
	Recruit UF students to volunteer for activities to empower the community to advocate for identified health and educational needs in order to create healthy environments through service, education and research	UF HEROES	CW1, CW2	Jan 2013 (E)
	Improve access to and utilization of recreational opportunities such as parks and walking trails[5]	City of Gainesville Parks and Recreation	CW1	Jan 2013 (E)

Increase knowledge and opportunity to improve health related behaviors to avoid/reduce overweight	Develop new worksite wellness programs[6]	Suwannee River Area Health Education Center/CHOICES Health Education and Wellness /City of Gainesville/Alachua County	CW2	Dec 2014 (D)
	Implement program to increase interest in food choices and food preparation among children (Kids in the Kitchen)	Junior League	CW1, CW2	Jan 2013 (E)
	Employ point of decision prompts to improve food choices	County Wellness program; School Board of Alachua County	CW1	Jan 2013 (E)
	Improve street scape to encourage walking and biking[7]	Alachua County; Gainesville Planning Office; Gainesville Police Department program	CW1, CW2	Jan 2013 (E)
	Establish and implement policies reducing access to unhealthy foods and beverages	School Board of Alachua County	CW1	Jan 2013 (E)
	Increase access to locally grown food by establishing: 1) gardens in yards of low income families; 2) gardens on public lands; 3) use of edible landscapes; 4) EBT program for use of SNAP and WIC benefits at farmers markets and; 5) additional incentives for using SNAP and WIC benefits at local farmers markets	Florida Organic Growers; City of Gainesville Parks and Recreation	CW1, CW3	Jan 2013 (FD)
	Establish policies and incentive programs to promote breastfeeding among mothers returning to work[8]	Alachua County; Alachua County Health Department; School Board of Alachua County; Alachua County Healthy Communities Initiative	CW2	(FN)
	Reduce food insecurity especially among families with children	Alachua County Nutrition Alliance	CW1	Jan 2013 (E)

Reduce prevalence and impact of tobacco use	Implement policies to: 1) reduce initiation of tobacco products among youth; 2) reduce second hand exposure to tobacco products and; 3) increase availability of tobacco cessation through worksite cessation programs	Tobacco Free Alachua	CW3	Jan 2013 (E)
	Increase participation in tobacco cessation activities	Suwannee River Area Health Education Center (SRAHEC)	CW3	Jan 2013 (E)
	Tobacco cessation and training to health care professionals for screening, referral and counseling of tobacco-related issues	Suwannee River Area Health Education Center (SRAHEC)	CW3	Jan 2013 (E)
Reduce substance abuse	Establish infrastructure for community collaboration related to substance abuse prevention	Partners in Prevention for Substance Abuse (PIPSA)	CW3	Jan 2013 (E)
	Fund infrastructure for community collaboration related to substance abuse prevention	Partners in Prevention for Substance Abuse (PIPSA)	CW3	(FD)
	Sponsor activities to educate and motivate youth and adults to avoid use/abuse of alcohol and use of recreational substances and seek funds to develop infrastructure to support county prevention initiative	Partners in Prevention for Substance Abuse (PIPSA)	CW3	(FD)
	Improve mental health through access to resources for stress management such as peaceful outdoor environment, poetry readings and art gatherings	City of Gainesville Parks and Recreation	CW3	Jan 2013 (E)
Reduce incidence of communicable diseases	Offer free flu shots at the worksite	Alachua County; City of Gainesville; Alachua County Health Department	CW5	Fall 2013, 2014 (D)
	Implement school-based Flu Mist Program[9]	Alachua County Health Department	CW5	Fall 2013, 2014 (D)
Improving pregnancy outcomes	Promote avoidance of tobacco products in preconceptional/interconceptional/pregnant women	Alachua Healthy Start	CW3, AC5	(FN)
	Education for teens designed to reduce unintended pregnancy	Planned Parenthood	AC5	Jan 2013 (FD)

Increase collaboration among community partners involved in wellness	The Alachua County Healthy Communities Coalition will serve as a focal point for community partners to share resources and develop a community agenda in support of wellness. Community will seek funds to support expanded infrastructure.	City of Gainesville; School Board of Alachua County; Alachua County Health Department; Alachua County	CW1-5	Jan 2013 (FD)
Improve access to preventative oral health services for children	Implement school-based sealant program[10]	UF College of Dentistry; United Way of North Central Florida	CW4	Jan 2013 (E)
	Implement oral health prevention programs in day care centers	Oral Health Coalition of Alachua County	CW4	Jan 2013 (E)
FD- Program will begin with in-kind donations or currently funded but sustainability or expansion is dependent on securing external funding				
E- Program is expected to be in place by this (effective) date				
D- Expected date of completion				
FN- Program will be initiated when external funds can be secured				

Workplan References to Evidence-Informed Best Practices

Access to care

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2 [Viswanathan M, Kraschnewski J, Nishikawa B, et al. Outcomes of community health worker interventions. Rockville: Agency for Healthcare Research and Quality (AHRQ); 2009 Jun. (Evidence Report/Technology Assessment, No. 181). Accessed on June 19, 2012 (http://www.ahrq.gov/downloads/pub/evidence/pdf/comhealthwork/comhwork.pdf)

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Attachment A
Summary of Priorities
"A Community Where Everyone Can Be Healthy"

The issues listed below were identified by a Steering Sub-committee or community partners as priorities from each of the four assessments.

Issue	Assessment*	Comments
Access to Care		
Medical	FOC, S&T	The subcommittees defined access to comprehensive care as a single issue, because all services are equally important to health. The health status assessment showed use of the emergency room (ER) for dental and mental health are higher than the state rate, whereas overall use of ER is lower.
Pharmacy	S&T	
Dental	FOC, S&T, HSA	
Behavioral Health	FOC, S&T, HSA	
Management of Diabetes	HSA	Deaths, hospitalizations and amputations associated with diabetes are higher than the state rate and it appears that Alachua residents with diabetes are not managing their condition as well as possible.
Pregnancy Outcomes	HSA	Infant and neonatal mortality is in the worst quartile in the state. Fetal death is in the third quartile. Repeat pregnancy to teens 15-17 is higher than the state.
Overweight/Obesity	S&T	60% of adults (and 67.9% of seniors) are overweight or obese and about 1/3 of children are over weight/obese.
Special Groups		
Minorities	FOC, HSA	Most out health outcomes for African Americans are worse than whites and many are even higher than the state ratios
Chronic Mental Illness	FOC	People with chronic mental illness die ≈25 years younger than others
Homeless	FOC	Homeless are poverty stricken and experience more medical, behavioral and dental problems than others
Veterans	FOC	Veteran services are inadequate to meet the needs of returning vets and their families
Violence		
Child Abuse	S&T	People in several of the qualitative reports expressed concern about safety and family violence
Domestic Violence	S&T	
Gangs	S&T	
Graduation Rates of African Americans	FOC	Only 79% of African Americans graduate, compared to 90% of white children
Delivery System	S&T, LSA	The way services are offered creates barriers to services. The committee suggested practical improvements
Need ↑ Collaboration, Communication Among Providers	LSA	Organizations want to collaborate but lack community infrastructure to facilitate communication and collaboration.
Establish Policy Advisory Group	LSA	Policy is a cost effective way to make lasting behavior change. Make the healthy choice the easy choice.
Environment		
Infectious Diseases	FOC	Antibiotic resistant and immunization preventable diseases are becoming more common
Water Resources	FOC	Potable water is becoming a vulnerable resource

*FOC=Forces of Change; S&T=Strengths and Themes; HSA=Health Status Assessment; LSA=Local System Assessment

Attachment B
Priorities and Recommendations from Individual Assessments

Alachua County
Health Status Assessment
Priorities and Recommendations

The Health Status Assessment used multiple sources but relied in great part on the health data from the Florida Department of Health website CHARTS, a robust and interactive source of data compiled from state vital statistics and other records such as school based data and telephone surveys (BRFSS). Other prominent data sources used in the Health Status Assessment were the hospital data base available from the Agency for Health Care Administration and the US Census Data. Hospital data, census data and other population based data were analyzed and provided by WellFlorida Council.

The members of the sub-committee who reviewed the Health Status Assessment were: Marguerite (Maggie) Labarta (Meridian Behavioral Healthcare), Mona Gil de Gibaja (United Way of North Central Florida), Joni Silvestri (Shands HealthCare), Jeff Feller (WellFlorida Council), Scott Tomar (UF College of Dentistry).

The committee reviewed the draft report in depth making many suggestions for improving the presentation of data and clarity. Suggestions were also made to eliminate some tables and figures that were distracting or redundant. Some members also offered to provide data that were missing in the report.

After serious deliberation the recommendations for priorities were made and include:

- Access to behavioral and oral health services which data from the emergency department suggest are areas of special concern based on comparison of Alachua County's utilization rates to Florida. Survey data from Alachua County residents, access to dental care and mental health/counseling services are also repeatedly cited as problems.
- Management of diabetes, which was based on several observations including the increasing rate of avoidable inpatient hospitalizations, a high death rate and telephone survey data suggesting lack of home management.
- Pregnancy outcomes, including infant and neonatal mortality which are in the fourth (worse) quartile in the state and fetal death which is in the third quartile of the state.
- In cases where race related data are available, African Americans experience shocking disparities in social economic status and health outcomes. Examples include: individuals with family incomes below poverty; lack of a high school diploma; diabetes related mortality and morbidity from diabetes, and; low birth weight.

Alachua County
Forces of Change Assessment
Priorities and Recommendations

The Forces of Change Assessment was conducted in September 2011. In January 2012, a sub-committee of the Community Health Improvement Planning Steering Committee reviewed the assessment to identify the key findings and make corresponding recommendations.

The Forces of Change Sub-committee members included: Beth-Anne Blue (Meridian Behavioral Healthcare); Robert Davis (FDOH Regional HIV/AIDS Program); Jack Donovan (Alachua County Coalition for the Homeless and Hungry); Jean Osbrach (Shands HealthCare), and; Brendan Shortley (Small Business Owner). The meeting was facilitated by Diane Dimperio who was assisted by Leida Mercado and Gay Koehler-Sides (MPH intern).

The Sub-committee acknowledged that one of the most significant forces of change affecting access to care is the Supreme Court's decision regarding the Affordable Care Act. Since the ruling is expected in June 2012, the recommendations made by the Sub-committee will need to be refined by the Steering Committee, which will be making final decisions abut the Community Health Improvement Plan in July. The mandated insurance coverage for adult dental is minimal so coverage will continue to be an issue regardless of the ruling.

The key issues identified by the Sub-committee are addressed in the recommendations described below. The order of the items is not intended to reflect priority.

The community should ensure access to comprehensive health services for all residents. The term "comprehensive health services" includes medical, dental and mental health/substance abuse services.

- The term access is used deliberately and includes the concepts of ensuring services are available and used.
- Financial barriers to accessing care include the cost of care, lack of insurance and insurance that does not provide sufficient coverage to make services affordable (e.g. high co-pays/deductibles, poor coverage for medication).
- A key to improving the community's health is a commitment to the importance of defining dental, mental health and substance abuse as essential components of primary care.

The community should eliminate disparities in health outcomes.

- Disparities in health status and access to care have been observed for decades and are being exacerbated by the economic downturn and other factors, such as returning veterans**.**

- Several populations such as minorities, low income and people with chronic mental illness experience poor health outcomes resulting from lack of access to care, low heath literacy and other factors that interfere with the pursuit of a healthy lifestyle.
- The homeless population experiences disparities and the homeless population in Alachua County is increasing.
- Returning veterans and their families experience needs for health care and family support, which will be difficult for the Veterans Administration to meet. We anticipate an increase in this population.

The community needs to help ensure the graduation rate among black students is comparable to rates among whites and Hispanics.

- Environmental factors contributing to poor life skills development are counterproductive to academic success.
- The community needs targeted interventions designed to: reduce family and neighborhood violence; address the assignment of a criminal record to a youth due to minor offenses; reduce adolescent pregnancy and other circumstances that contribute to poor attendance and performance in school.

The community needs to develop an understanding and plan for the health impact of emerging environmental issues.

- The community needs to anticipate the impacts we expect for infectious disease, e.g. drug resistant bacteria and reemergence of diseases such as malaria.
- We need a plan to manage water resources to ensure safe and adequate water in the future.

Alachua County
Community Strengths and Themes
Priorities and Recommendations

An assessment of community themes and strengths gathered information from over 800 community members to provide insight into community values, perceptions and priorities. In January 2012, a Sub-committee of the Community Health Improvement Planning Steering Committee reviewed the assessment to identify the key findings and make corresponding recommendations.

The Strengths and Themes Sub-committee members included: Robert Davis (FDOH Regional HIV/AIDS Program); Diane Mauldin (Alachua County Health Care Advisory Board); Brendan Shortley (Small Business Owner), and; Rosa West (Meridian Behavioral Healthcare). The meeting was facilitated by Diane Dimperio, who was assisted by Leida Mercado and Gay Koehler-Sides (MPH Intern).

The Sub-committee identified key issues emerging from their review of the assessment and made some suggestions for possible interventions.

The community should ensure access to comprehensive health care that includes medical, oral and behavioral health services, as well as prescription medication.

- The concept of access includes both availability of services and effectively addressing the barriers to participation in care.
- The most common barriers to accessing care are financial, and include the cost of care, as well as transportation. Transportation is especially a barrier for rural residents.
- Committee members cited effective interventions for overcoming transportation barriers that, in their own experience, resulted in increased participation in care. These included: the Medicaid van which picks up residents in their homes and brings them to health care visits; providing gas cards, and; for Gainesville residents, provision of bus passes.
- Other access issues are discussed in the next section.

The health care system is complex and challenging for most consumers to navigate. The health care community should begin to simplify the system or provide resources that facilitate use by consumers.

- Many consumers, especially those with lower incomes, experience system barriers that include multiple eligibility criteria, different resources/locations for different services, long wait times and, a general lack of understanding of the array of services, which ones they may be eligible for and how to access them.
- Suggestions for resources that begin to address these barriers include:

- Navigators who can provide information that will help a person understand which services they may be eligible for, and where and how they can be obtained;
- An electronic resource, such as an online directory, Facebook and/or an application for a smart phone, that provides information on eligibility and services;
- A unified Web-based system of eligibility determination, accessible to all providers who offer discounted/free services based on income. This would allow a person/family to be screened for income once and all agencies could use the information to avoid multiple eligibility screenings.

Obesity is an issue that affects about 60% of Alachua County's adults and over 30% of school aged children. It contributes to morbidity and mortality from chronic conditions such as diabetes and hypertension.

- The prevalence and multiple contributors to obesity make it challenging to address at the community level.
- The CDC has identified evidence-based, targeted interventions to reduce obesity: 1) behavioral interventions to reduce screen time; 2) multi-component coaching or counseling, and: 3) worksite programs.
- The Alachua County Comprehensive Plan for 2011-2030 (http://growth-management.alachuacounty.us/comprehensive_planning/documents/2011_2030_Comprehensive_Plan.pdf) includes a community health element that describes community policies for obesity prevention. The community should increase awareness and implementation of the policies included in the Community Health Element of the Comprehensive Plan.
- The Sub-committee emphasized the importance of education and access to healthy affordable nutritious foods by high risk groups as part of the solution to obesity.

The community is concerned about safety. Issues cited include child abuse, partner abuse and neighborhood safety.

- Several child abuse prevention programs serve Alachua County residents. The community may need to increase awareness of the existing resources, including eligibility and target population(s). Programs may benefit from a review of effectiveness and coordination.
- Education should be offered to the general public about reporting suspicions about family violence. Education should include what to look for, how to report and the consequences of reporting.
- Law enforcement and other community groups should be encouraged and supported in ongoing efforts to prevent and reduce gangs and neighborhood violence. Increased awareness of existing programs and opportunities to participate may benefit concerned residents and increase program resources.

Alachua County
Local Public Health System Performance Assessment
Priorities and Recommendations

The Centers for Disease Control and Prevention (CDC) and other nationally recognized organizations have identified 10 Essential Pubic Health Services that communities should provide to protect and promote the public's health. In order to assist communities to ensure quality services, they have developed the National Public Health Performance Standards Program. This Program includes a description of the services, an assessment tool, and, a recommended assessment methodology.

Alachua County is engaging in a Community Assessment using the assessment tool. The tool includes 300 questions divided into 30 model standards. The Alachua County assessment used the tool to rank performance on all 300 elements of the assessment. However, the performance on every element was not ranked by the same group.

The assessment was conducted by groups matched to the topics by professional expertise and exposure. Some Essential Services, or portions of services, are provided by designated agencies or groups. Examples include emergency management and following up on infectious diseases. These sections of the assessment tool were completed by groups who were most aware of the performance in the specified area. These elements tended to rank well because they are, for the most part, funded.

The majorities of Essential Services are, or may be, offered by several organizations throughout the community. We have designated the provision of this more widely dispersed subset of services as the *Community Health System*. The components of this system were subjected to a community wide assessment.

The assessment of the *Community Health System* was conducted in September 2011 and included 50 individuals representing 36 agencies. The groups voted on items included in the assessment tool and, in addition, discussed the perceptions and experiences of the attendees in the various topic areas. The votes on the items were summarized and resulted in the performance rankings shown in Table A2. The scores for the essential services and model standards included in the *Community Health System* were calculated based on the items included in the assessment that was conducted in the community group setting.

Anecdotal reports from participants the day of the meeting included the following observations: 1) organizations are operating in silos and are often not aware of what others in the community are doing; 2) there is duplication of services that community agencies are unaware of; 3) organizations are unaware of critical resources in the community; 4) vulnerable populations face system barriers in accessing services; 5) services for disadvantaged populations are inadequate, and; 7) community partners want to work together and overcome the system issues identified during this assessment.

Subsequent to the community meeting during which the *performance* was ranked, all participants had the opportunity to rank the *importance* of the model standards which comprise the Essential Services. This provided an opportunity to review system issues based on both performance score and perceived community value.

A second meeting was scheduled to follow up on the issues identified in the assessment. In order to simplify the discussion the four essential services which ranked the highest in value and the lowest in performance were selected. These services were presented back to the community for review and discussion.

A second meeting was conducted in January 2012, during which 47 participants discussed the four selected Essential Services in concurrent sessions. Participants were provided with: 1) the ideal performance for each model standard; 2) the performance score; 3) the priority ranking, and; 4) the report of the initial discussion. Each group was charged with identifying one or two recommendations for improving the system.

The groups came back to the general session with a total of 5 issues that had been discussed and ranked by voting. The resulting recommendations are shown below. They are presented in order, based on the number of votes received in the general session.

The Alachua County Community Health System would be strengthened by implementing the following recommendations.

1. Establish a community health policy advisory group that includes a broad representation of professionals, academics, community organizations, and consumers that will focus on reviewing and making recommendations regarding policies related to issues that will be included in the Community Health Improvement Plan. (Essential Service 5)

2. Address the barriers to health care and supportive social services that result from a lack of an integrated system of care. (Essential Service 7)

3. Increase awareness of and access to available data describing community health status and related issues among policy makers, professionals, and community members. (Essential Service 1)

4. Identify a lead entity which will identify, recruit, and engage key constituents to develop a plan and process(s) that will increase communication and collaboration among community organizations. (Essential Service 4)

5. Create and sponsor an interagency organization which is responsible for ensuring implementation of policies supporting the Community Health Improvement Plan. (Essential Service 5)

The recommendations from each group are presented as separate statements, but the consensus emerging from the group discussion was that all the recommendations had a single underlying theme. Some attendees even suggested there was no need to vote because there was so much overlap in the conceptual constructs.

There was a consensus that the Assessment of the Local Community Health System Assessment identified a primary recommendation. **There is a need and desire to increase collaboration and communication among community partners.**