

Demographics and Socioeconomic FactorsHealth StatusChronic DiseaseLeading Causes of DeathHealth DisparitiesHealthy BehaviorsAccess to CareHealth OutcomesHealth Care InfrastructurePublic PolicyAvoidable HospitalizationsHealth Professional ShortageMedically Underserved PopulationHealth ResourcesCommunity CultureHealthy Choices

Where We Are Now

The health of a community is a complex interplay between personal behaviors and social determinants (one's demographic and socioeconomic status, but also the health system, resources and policies). A description of these factors, along with perspectives from the community, helps tell the story of a community's health. This overview of the 2010 Alachua County Health Needs Assessment briefly highlights findings based on research, data and community perspectives on the health status and health care needs of the residents of Alachua County.

Demographic and Socioeconomic Factors

• Alachua County has median household and per capita incomes 20-23% lower than Florida averages, while nearly 23% of its residents, more than 56,000, are estimated to be in poverty.

• More than 22% of the residents of Alachua County are black compared to 16% for Florida. While the Hispanic population represents a growing segment of the population, latest estimates are that Hispanics are only 9% of Alachua County's population compared to 22% for Florida. The impact of health disparities, long a national trend, is often felt more profoundly in communities with such racial and ethnic diversity.

• Alachua County is projected to grow by 9% to 270,000 residents within five years and by 28% to 316,000 over the next 20 years. Population growth fuels the demand for health services and can magnify any successes or failures a community has in terms of health outcomes and behavior.

Health Status and Healthful Living

• **Cancer** is the leading cause of death in Alachua County, while for the state and nation, heart disease is the leading cause.

• Five of the 10 leading causes of death in Alachua County are higher than the state rate. Four of these five (cancer, stroke, diabetes and hypertension) have links to obesity and are highly susceptible to prevention.

• The **cancer** age-adjusted death rate (AADR) is more than 19% higher in Alachua County than in Florida (2006-2008).

• The **stroke** AADR is more than 34% higher in Alachua County than the state (2006-2008).

• The diabetes AADR is more than 41% higher in Alachua County than the state (2006-2008).

 Death rates for black residents of Alachua County are higher than their white counterparts in 6 of the 10 leading causes of death.

• The cancer AADR is 20% higher for black residents than that of white residents.

• During 2006-2008, the diabetes AADR among black residents was 155% that of white residents.

• When compared to death rates of black residents across Florida, the rates among black residents in Alachua County are higher for 8 of the 10 leading causes of death in Florida.

• Between 2002 and 2007, based on the Behavioral Risk Factor Surveillance Survey (BRFSS) for Alachua County, the rate of obesity among adults increased 73% and the rate of **diabetes** increased 24% among all ages.

• In 2008-09, more than one out of every three Alachua County public school students were overweight or obese.

 Emergency department visits for mental health reasons rose by 25% between 2004 and 2008 (from 46.6 to 58.3 per 1,000 population), and rates were substantially higher than in Florida.

• **Domestic violence** rates in Alachua County, while mirroring the state's downward trend, have continued to outpace Florida's average rates by 10-15%.

Health Care Access and Utilization

• It is difficult to get a firm estimate on the number of **uninsured** in Alachua County. However, the U.S. Census Bureau and the Florida Health Insurance Study, the two best available sources of these estimates, tell us that between 29.000 to 62.000 residents may not have health insurance.

• The federal government has designated the low-income population of Alachua County a Health Professional Shortage Area and Medically Underserved Population and suggests that there is a **shortage** of approximately 17 full-time equivalent primary care physicians to adequately care for this population.

• Between 2006-2008, there have been on average more than 29,000 annual potentially avoidable visits to hospital emergency rooms by Alachua County residents.

 In addition, there have been, on average, more than 2,500 avoidable inpatient hospitalizations annually with associated charges of more than \$67,000,000.

Self-pay/charity patients accounted for 426 of these avoidable hospitalizations annually resulting in more than \$9,000,000 in charges.

 Between 2007 and 2008, inpatient hospitalizations among self-pay charity patients increased in Alachua County while they decreased for Florida.

Community Perspectives

Community members who participated in telephone surveys, focus groups and structured interviews represented a diverse cross-section of Alachua County. Despite the varied backgrounds, their insights had many common themes, perhaps none more important than in the areas of access to health care and recommendations for health system change.

Access to health care

• Access to affordable health care was identified as a barrier to seeking routine medical/dental/behavioral health care across the board.

• Residents identified access barriers as the priority concern in meeting health care needs. Lack of transportation; lack of satellite clinics in rural/outlying areas of the county; lack of compassion and understanding from health care providers; and restrictive insurance policies were most often mentioned.

• Barriers to engaging in prevention and health care activities were inadequate health insurance; cost; comorbid health conditions; environmental factors (safety, lack of infrastructure); lack of awareness; unfavorable attitude of health care providers; social norms (stigma/fear); lack of transportation; difficulty finding physicians accepting new patients (particularly Medicaid); availability of time; and responsibility for dependent others.

• Administrative barriers that were identified as reasons for **delaying or avoiding care** included 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 also identified as the topmost reasons for seeking care through emergency departments.

• Lack of affordable **prescription drug** payment options and availability of providers accepting **Medicaid** were commonly cited as barriers to seeking health care.



was suggested.

increased access to health care resulting from participation in the program, the enrollees and other county residents suggested that CHOICES should undertake outreach campaigns to increase awareness about CHOICES eligibility, benefits and the impact that the services have on the lives of program participants.

Recommendations for change

• Residents recommended that the County work towards addressing restrictive **health insurance** policies that determine health care access on the basis of profit-maximizing parameters.

• Alachua County should work towards a system of health care that does not discriminate based on income, insurance status, comorbid health conditions, age, race or disability status.

• Enhanced collaboration between governmental agencies, faith-based groups, nonprofits, area businesses and University of Florida affiliates to ensure an improved health care system that pools resources and avoids duplication of efforts for the betterment of County residents

 Citizens suggested investment in a trained health system navigator/patient advocate and central clearinghouse of information as possible solutions. A substantive health education campaign was called for through schools, colleges, health department and private clinics.

• Special health care populations had unique needs. Those of 18-24 years of age suggested a partnership between government and educational institutions to provide for comprehensive health care coverage irrespective of "student" status. Rural Alachua County residents, northeast-side residents and southwest-side residents hoped for local health care facilities to overcome transportation barriers. Persons with disabilities wanted information on vocational opportunities and a disability-specific information clearinghouse. Homeless respondents recognized mental disabilities and lack of behavioral services as an obstacle in obtaining gainful employment for independent living. Ongoing health reform debate, closure of Shands Alachua General Hospital and impact of this needs assessment report

were discussed as issues of general concern. While current CHOICES health services program enrollees reported

Where We Are Going

On February 19, 2010, members of the community came together to listen to a summary of the Alachua County Health Needs Assessment and help frame a future vision of health and health care in Alachua County. Participants were asked to look ten years into the future and share their collective vision of Alachua County in four key areas of health and health care.

Access to Care

• All residents will have an appropriate **medical home** with comprehensive access to specialty care, dental care, behavioral health and substance abuse services and pharmaceuticals.

• The **health care system** in Alachua County will be easy to navigate: residents will know where to go and when and how to utilize the services available to them.

• Local public policy **supports** access to care and affordable insurance.

• Access to care will result from a balanced and stable blending of individual, employer and community contributions.

Healthy Behaviors

• Local policies, programs and health-related services promote and empower residents to make healthy choices.

• The community incentivizes healthy behavior and local polices support these incentives.

• The **built environment and social infrastructure** support healthy behaviors and healthy choices.

 Residents will practice personal health behaviors that lower their risks for chronic disease, injury and premature death and promote the effective and efficient utilization of health resources.

• The social infrastructure fosters a culture of **individual responsibility** for engaging in healthy behaviors.

Health Outcomes

• There are no racial, ethnic or income **disparities** in health outcomes in Alachua County.

• Death due to **chronic disease** is the lowest in the state.

• Maternal and child health outcomes are the best in the state.

 Avoidable emergency department use and inpatient hospitalizations are eliminated.

• Housing and food security is maximized to help increase positive health outcomes.

• The community **culture** fully promotes healthy family and social relationships.

• A **community-wide system** of surveillance is in place to monitor health outcomes and the collective health of Alachua County residents.

Health Care Infrastructure

• The County has sufficient providers, support staff and facilities to maintain a **medical home** for all Alachua County residents.

• Electronic health records are adopted by all physicians and health care facilities, and health information is readily shared among treating providers.

• The health care workforce is **culturally diverse** and culturally competent.

• Funding mechanisms facilitate effective and efficient **collaboration** among providers, facilities, programs and services.

• Systems, resources and processes successfully address transportation and geographic **barriers to care**.

What makes a healthy community?

More than 70% of Alachua County respondents regarded each of the following defining parameters for a healthy community as "highly important:"

- Good schools
- Lower levels of child abuse
- Healthy economy and employment opportunities
- Strong family life
- Access to health insurance, doctors and health departments
- Low crime/safe neighborhoods
- Healthy behaviors and lifestyles

Produced by WellFlorida Council. WellFlorida is a designated F.S. 408.033 local health planning council for North Central Florida, including Alachua County. For information and to obtain various data reports and assessments for Alachua County and around the region, please visit www.wellflorida.org.

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