Alachua County Health Department

Alachua County

Community Health Improvement Plan

November 2012

Alachua County Community Health Improvement Plan

Project Staff

Diane Dimperio
Project Lead and Author

Gay Koehler-Sides
Intern and Collaborator

Jorge Salomon
Collaborator

Aleksandra Bacewicz
Document Production

Leida Mercado
Project Assistant

Steering Committee

Allan March
CHOICES Advisory Board

Betty Flagg
Elder Options

Billie Monroe
Alachua County Poverty Reduction Board

Brendan Shortley
Small Business Owner

Connie Pegram
Southeastern Integrated Medical, PL

Diane Mauldin
ACORN Clinic

Dorothy Benson
SWAG

Elmira K. Warren
Alachua County Community Support Services

Fred Murry
City of Gainesville

Jack Donovan
Alachua County Coalition for the Homeless and Hungry

Janet Romero
Florida Department of Children and Families

Jean Osbrach
Shands HealthCare- Social Work Services

Jeff Feller
WellFlorida Council

Joni Silvestri
Shands HealthCare

Karen Cole-Smith
Santa Fe College Eastside Initiative

Kathryn Parker
Alachua County Healthy Communities Initiative

Kevin Thorpe
Faith Missionary Baptist Church

Kyle Baxter
North Florida Regional Medical Center

Maggie Labarta
Meridian Behavioral Healthcare

Mary Peoples-Sheps
UF College of Public Health and Health Professions

Mona Gil de Gibaja
United Way of North Central Florida

Nancy Hardt
UF College of Medicine

Paul Myers
Alachua County Health Department

Robert Davis
Florida Department of Health Regional HIV/AIDS Program

Sally Lawrence
Alachua County Medical Society

Scott Tomar
UF College of Dentistry

Slande Celeste
UF College of Public Health and Health Professions

Implementation Committee

Amy Eisenson
Alachua County Risk Management & Wellness

Andrew Romero
Tobacco Free Alachua

Brendan Shortley
Small Business Owner

Diane Mauldin
ACORN Clinic

Fred Murry
City of Gainesville

Gaia Zori
Planned Parenthood

Jack Donovan
Alachua County Coalition for the Homeless and Hungry

Jean Osbrach
Shands Healthcare: Social Work Services

Jeff Feller
WellFlorida Council

Julie Moderie
Healthy Start

Kathleen Pagon
Alachua County Planning

Maria Eunice
Alachua County Public Schools

Mona Gil de Gibaja
United Way of North Central Florida

Nancy Hardt
UF College of Medicine

Noni Graham
HealthStreet

Patrick Rowe
UF Diabetes Center

Randy Stacey
Helping Hands

Robert Davis
Florida Department of Health Regional HIV/AIDS Program

Steve Phillips
City of Gainesville

Steven Pokorny
Alachua County Health Department

Susie Tanner
WIC Program

Tammy Carmichael
Alachua County Health Department

Beth-Anne Blue
Meridian Behavioral Healthcare

Project funding and training support for the community health assessment were provided by the National Association of County and City Health Officials (NACCHO), by way of the generous support of the Robert Wood Johnson Foundation, and the Florida Department of Health. It relied on significant in-kind contributions by 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.

Table of Contents

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

1 Schoen C, Guterman S, Shih A, et al. Bending the curve: Options for achieving savings and improving value in US health spending. The Commonwealth Fund (CWF); 2007:80. Accessed on June 20, 2012.(http://www.commonwealthfund.org/Publications/Fund-Reports/2007/Dec/Bending-the-Curve--Options-for-Achieving-Savings-and-Improving-Value-in-U-S--Health-Spending.aspx)

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)

Andrews JO, Felton G, Wewers ME, Heath J. Use of community health workers in research with ethnic minority women. Journal of Nursing Scholarship. 2004;36(4):358-65. Accessed on June 19, 2012 (http://onlinelibrary.wiley.com/doi/10.1111/j.1547-5069.2004.04064.x/abstract)

Lassi ZS, Haider BA. Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes. Cochrane Database of Systematic Reviews. 2010;(11):CD007754. Accessed on June 19, 2012 (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007754.pub2/abstract)

Lewin S, Munabi-Babigumira S, Glenton C, et al. Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases. Cochrane Database of Systematic Reviews. 2010;(3):CD004015. Accessed on June 19, 2012. (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004015.pub3/abstract)

Glenton C, Scheel IB, Lewin S, Swingler GH. Can lay health workers increase the uptake of childhood immunisation? Systematic review and typology. Tropical Medicine and International Health. 2011;16(9):1044-53. Accessed on June 19, 2012 (http://onlinelibrary.wiley.com/doi/10.1111/j.1365-3156.2011.02813.x/abstract)

National Latina Institute for Reproductive Health (NLIRH). A white paper on supporting healthy pregnancies, parenting, and young Latinas' sexual health. 2009. Accessed on June 19, 2012. (http://latinainstitute.org/publications/white-paper-supporting-healthy-pregnancies-parenting-and-young-latinas%E2%80%99-sexual-health)

Wells KJ, Luque JS, Miladinovic B, et al. Do community health worker interventions improve rates of screening mammography in the United States? A systematic review. Cancer Epidemiology, Biomarkers & Prevention. 2011;20(8):1580-98. Accessed on June 15, 2012. (http://cebp.aacrjournals.org/content/20/8/1580)]

3 Centers for Disease Control and Prevention. (2012.) The Community Guide. Diabetes Prevention and Control: Disease Management Programs. Accessed on October 16th, 2012. (http://www.thecommunityguide.org/index.html)

Community Wellness

4 [Blair D. The child in the garden: An evaluative review of the benefits of school gardening. Journal of Environmental Education. 2009;40(2):15-39. Accessed on June 23, 2012. (http://www.tandfonline.com/doi/abs/10.3200/JOEE.40.2.15-38)

Centers for Disease Control and Prevention (CDC). School health guidelines to promote healthy eating and physical activity. Morbidity and Mortality Weekly Report (MMWR). 2011:60(RR05):1-71. Accessed on June 19, 2012. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6005a1.htm)

Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). School-based obesity prevention strategies for state policymakers. Atlanta: Centers for Disease Control and Prevention (CDC). Accessed on July 5, 2012. (http://www.cdc.gov/healthyyouth/policy/pdf/obesity_prevention_strategies.pdf)

Graham H, Beall DL, Lussier M, McLaughlin P, Zidenberg-Cherr S. Use of school gardens in academic instruction. Journal of Nutrition Education and Behavior. 2005;37(3):147-51. Accessed on June 23, 2012. (http://www.sciencedirect.com/science/article/pii/S1499404606602698)

Graham H, Zidenberg-Cherr S. California teachers perceive school gardens as an effective nutritional tool to promote healthful eating habits. Journal of the American Dietetic Association. 2005;105(11):1797-1800. Accessed on June 23, 2012 (http://www.sciencedirect.com/science/article/pii/S0002822305015476)

Institute of Medicine (IOM), National Research Council (NRC), Committee on Childhood Obesity Prevention Actions for Local Governments. Local government actions to prevent childhood obesity. (Parker L, Burns AC, Sanchez E, eds.). Washington, DC: The National Academies Press; 2009. Accessed on June 20, 2012. (http://www.nap.edu/catalog.php?record_id=12674)

Ozer EJ. The effects of school gardens on students and schools: Conceptualization and considerations for maximizing healthy development. Health Education & Behavior. 2007;34(6):846-63. Accessed on June 19, 2012. (http://heb.sagepub.com/content/34/6/846.short)

Parmer SM, Salisbury-Glennon J, Shannon D, Struempler B. School gardens: An experiential learning approach for a nutrition education program to increase fruit and vegetable knowledge, preference, and consumption among second-grade students. Journal of Nutrition Education

and Behavior. 2009;41(3):212-17. Accessed on June 23, 2012. (http://www.sciencedirect.com/science/article/pii/S1499404608007008)

Ratcliffe MM, Merrigan KA, Rogers BL, Goldberg JP. The effects of school garden experiences on middle school-aged students' knowledge, attitudes, and behaviors associated with vegetable consumption. Health Promotion Practice. 2011;12(1):36-43. Accessed on June 19, 2012. (http://hpp.sagepub.com/content/12/1/36.short)

Robinson-O'Brien R, Story M, Heim S. Impact of garden-based youth nutrition intervention programs: a review. Journal of the American Dietetic Association. 2009;109(2):273-80. Accessed on June 23, 2012. (http://www.sciencedirect.com/science/article/pii/S0002822308020440)

Upstream Public Health. Health impact assessment HB 2800: Oregon farm to school and school garden policy. 2011. Accessed on June 23, 2012. (http://www.upstreampublichealth.org/resources/executive-summary-findings-health-impact-assessment-hb-2800-farm-school)]

5 [Active Living Research (ALR). Do all children have places to be active? Disparities in access to physical activity environments in racial and ethnic minority and lower-income communities. Princeton: Robert Wood Johnson Foundation (RWJF). 2011. Accessed on June 19, 2012. (http://www.activelivingresearch.org/files/Synthesis_Taylor-Lou_Disparities_Nov2011.pdf)

Brownson RC, Haire-Joshu D, Luke DA. Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases. Annual Review of Public Health. 2006;27:341–70. Accessed on June 19, 2012. (http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.27.021405.102137)

Khan LK, Sobush K, Keener D, Goodman K, Lowry A, Kakietek J, Zaro S. Recommended community strategies and measurements to prevent obesity in the United States. Centers for Disease Control and Prevention (CDC). Morbidity and Motrality Weekly Report (MMWR). 2009;58(RR07):1-26. Accessed on June 19, 2012. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm)

Center of Excellence for Training and Research Translation (CETRT). Obesity prevention program: Accessibility of places or facilities for physical activity. UNC Center for Health Promotion and Disease Prevention (HPDP). Accessed on June 20, 2012. (http://www.center-trt.org/index.cfm?fa=opstrategies.pa&page=access)

The Guide to Community Preventive Services (The Community Guide). Promoting physical activity. Accessed on June 23, 2012. (http://www.thecommunityguide.org/pa/default.htm)

Committee on Physical Activity, Health, Transportation and Land Use. Does the built environment influence physical activity? Examining the evidence: Special report 282.

Washington, DC: Transportation Research Board Institute of Medicine of the National Academies; 2005. Accessed on June 20, 2012. (http://www.nap.edu/catalog.php?record_id=11203)

Gordon-Larsen P, Nelson MC, Page P, Popkin BM. Inequality in the built environment underlies key health disparities in physical activity and obesity. Pediatrics. 2006;117(2):417-24. Accessed on June 19, 2012. (http://pediatrics.aappublications.org/content/117/2/417.abstract)

National Coalition for Promoting Physical Activity (NCPPA). About resources & reports. Accessed on June 20, 2012. (http://www.ncppa.org/resources/aboutRR/)

Wisconsin Partnership for Activity and Nutrition (WIPAN). Active environments. Accessed on June 20, 2012. (http://www.dhs.wisconsin.gov/health/physicalactivity/Sites/Community/General/Resources.htm)

Wisconsin Nutrition and Physical Activity (WIPAN). What works in worksites. Accessed on June 18, 2012. (http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksite pdfs/WhatWorksBusinessfinal.pdf)

Wolch J, Jerrett M, Reynolds K, et al. Childhood obesity and proximity to urban parks and recreational resources: A longitudinal cohort study. Health & Place. 2010;17(1):207-14.]

6 [The Guide to Community Preventive Services (The Community Guide). Obesity prevention and control. Accessed on June 27, 2012 (http://www.thecommunityguide.org/obesity/index.html)

Verweij LM, Coffeng J, van Mechelen W, Proper KI. Meta-analyses of workplace physical activity and dietary behaviour interventions on weight outcomes. Obesity Reviews. 2011;12(6):406-29. Accessed on June 26, 2012. (http://onlinelibrary.wiley.com/doi/10.1111/j.1467-789X.2010.00765.x/abstract?deniedAccessCustomisedMessage=&userIsAuthenticated=false)]

7 [Active Living by Design (ALBD). Increasing physical activity and healthy eating through community design. Accessed on June 19, 2012. (http://www.activelivingbydesign.org)

Brownson RC, Haire-Joshu D, Luke DA. Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases. Annual Review of Public Health. 2006;27:341–70. Accessed on June 19, 2012. (http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.27.021405.102137)

Khan LK, Sobush K, Keener D, Goodman K, Lowry A, Kakietek J, Zaro S. Recommended community strategies and measurements to prevent obesity in the United States. Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR). 2009;58(RR07):1-26. Accessed on June 19, 2012. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm)

Center of Excellence for Training and Research Translation (CETRT). Obesity prevention program: Accessibility of places or facilities for physical activity. UNC Center for Health Promotion and Disease Prevention (HPDP). Accessed on June 20, 2012. (http://www.center-trt.org/index.cfm?fa=opstrategies.pa&page=access)

The Guide to Community Preventive Services (The Community Guide). Promoting physical activity. Accessed on June 23, 2012. (http://www.thecommunityguide.org/pa/default.htm)

Reynolds CCO, Winters M, Ries FJ, Gouge B. Active transportation in urban areas: Exploring health benefits and risks. Vancouver: National Collaborating Centre for Environmental Health (NCCEH); 2010. Accessed on June 20, 2012. (http://www.ncceh.ca/sites/default/files/Active_Transportation_in_Urban_Areas_June_2010.pdf)

Upstream Public Health. Health impact assessment on policies reducing vehicle miles traveled in Oregon metropolitan areas. Portland: Upstream Public Health, Oregon Health & Science University (OHSU); 2009. Accessed on June 23, 2012. (http://www.upstreampublichealth.org/resources/health-impact-assessment-policies-reduce-vehicle-miles-traveled)

Wilson LA, Giles-Corti B, Burton NW, et al. The association between objectively measured neighborhood features and walking in middle-aged adults. American Journal of Health Promotion. 2011;25(4):e12-21
Accessed on June 20, 2012. (http://www.ncbi.nlm.nih.gov/pubmed/21476324)]

8 [Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC guide to breastfeeding interventions. Atlanta: Centers for Disease Control and Prevention (CDC); 2005. Accessed on June 19, 2012. (http://www.cdc.gov/breastfeeding/resources/guide.htm)

Chapman DJ, Morel K, Anderson AK, Damio G, Perez-Escamilla R. Breastfeeding peer counseling: From efficacy through scale-up. Journal of Human Lactation. 2010;26(3):314-26. Accessed on June 20, 2012. (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3115698/pdf/nihms294376.pdf)

Dyson L, McCormick F, Renfrew M. Interventions for promoting the initiation of breastfeeding. Cochrane Database of Systematic Reviews. 2005;(2):CD001688. Accessed on June 19, 2012. (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001688.pub2/abstract)

Lewin S, Munabi-Babigumira S, Glenton C, et al. Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases. Cochrane Database of Systematic Reviews. 2010;(3):CD004015. Accessed on June 19, 2012. (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004015.pub3/abstract)

Renfrew M, McCormick F, Wade A, Quinn B, Dowswell T. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews. 2012;(5):CD001141. Accessed on June 19, 2012. (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub4/abstract)

Dyson L, Renfrew MJ, McFadden A, et al. Policy and public health recommendations to promote the initiation and duration of breast-feeding in developed country settings. Public Health Nutrition. 2010;13(1):137-44. Accessed on June 19, 2012 (http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=6864604)

US Preventive Services Task Force (USPSTF). Primary care interventions to promote breastfeeding: US Preventive Services Task Force recommendation statement. Annals of Internal Medicine. 2008;149(8):560-64. Accessed on June 19, 2012. (http://www.annals.org/content/149/8/560.full.pdf+html)

Chung M, Raman G, Trikalinos T, Lau J, Ip S. Interventions in primary care to promote breastfeeding: An evidence review for the US Preventive Services Task Force. Annals of Internal Medicine. 2008;149(8):565-82.]

9 Tran CH, McElrath JF, Hughes P, et al. Steps in Implementation of a School-Based Influenza Immunization Program. Alachua County Health Department.

10 [Ammari JB, Baqain ZH, Ashley PF. Effects of programs for prevention of early childhood caries: A systematic review. Medical Principles and Practice. 2007;16(6):437–42. Accessed on September 14, 2012. (http://content.karger.com/ProdukteDB/produkte.asp?Aktion=ShowPDF&ArtikelNr=107748&Ausgabe=233762&ProduktNr=224259&filename=107748.pdf)
Gooch BF, Griffin SO, Gray SK, et al. Preventing dental caries through school-based sealant programs: Updated recommendations and reviews of evidence. Journal of the American Dental Association. 2009;140(11):1356–65. Accessed on September 14, 2012. (http://jada.ada.org/content/140/11/1356.full.pdf+html)

Truman BI, Gooch BF, Sulemana I, et al. Reviews of evidence on interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries. American Journal of Preventive Medicine. 2002;23(1 Suppl):21–54. Accessed on September 14, 2012. (http://www.thecommunityguide.org/oral/caries.html)

Hiiri A, Ahovuo-Saloranta A, Nordblad A, Mäkelä M. Pit and fissure sealants versus fluoride varnishes for preventing dental decay in children and adolescents. Cochrane Database of Systematic Reviews. 2010;(3):CD003067. Accessed on September 14, 2012. (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003067.pub3/abstract?systemMessage=Wiley+Online+Library+will+be+disrupted+on+15+September+from+10%3A00-12%3A00+BST+%2805%3A00-07%3A00+EDT%29+for+essential+maintenance)

Marinho VC, Higgins JP, Sheiham A, Logan S. One topical fluoride (toothpastes, or mouthrinses, or gels, or varnishes) versus another for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews. 2009;(1):CD002780. Accessed on September 14, 2012. (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002780.pub2/abstract?systemMessage=Wiley+Online+Library+will+be+disrupted+on+15+September+from+10%3A00-12%3A00+BST+%2805%3A00-07%3A00+EDT%29+for+essential+maintenance)

Tubert-Jeannin S, Auclair C, Amsallem E, et al. Fluoride supplements (tablets, drops, lozenges or chewing gums) for preventing dental caries in children. Cochrane Database of Systematic Reviews. 2011;(12):CD007592. Accessed on September 14, 2012. (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007592.pub2/pdf/standard)

Pizzo G, Piscopo MR, Pizzo I, Giuliana G. Community water fluoridation and caries prevention: A critical review. Clinical Oral Investigations. 2007;11(3):189–93. Accessed on September 14, 2012. (http://www.ncbi.nlm.nih.gov/pubmed/17333303)

Prystupa J. Fluorine - A current literature review. An NRC and ATSDR based review of safety standards for exposure to fluorine and fluorides. Toxicology Mechanisms and Methods. 2011;21(2):103–70. Accessed on September 14, 2012. (http://informahealthcare.com/doi/abs/10.3109/15376516.2010.542931)

Scherrer CR, Griffin PM, Swann JL. Public health sealant delivery programs: Optimal delivery and the cost of practice acts. Medical Decision Making. 2007;27(6):762–71.]

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.**