



Alachua County Health Department



**Alachua County
Community Health Improvement Plan
Overview**

November 2012

Alachua County Community Health Improvement Plan

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To view the complete document, go to the Alachua County Health Department website:
<http://www.doh.state.fl.us/chdalachua/index.htm>

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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.

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.

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.

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.

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

Objective AC2.1.1

By December 31, 2013, the rate of avoidable hospitalizations will be $\leq 12/1,000$.

By December 31, 2017, the rate of avoidable hospitalizations will be $\leq 7/1,000$.

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 $\geq 83\%$.

By December 31, 2016, the percent of people who report they have a personal doctor will be $\geq 90\%$.

Objective AC2.1.4

By December 31, 2013, the percent of residents in Alachua County who are uninsured will be $\leq 20\%$.

By December 31, 2017, the percent of residents in Alachua County who are uninsured will be $\leq 5\%$.

Objective AC2.1.5

By December 31, 2014, the percent of uninsured children under 19 and $\leq 200\%$ of poverty will be $\leq 16\%$.

By December 31, 2017, the percent of uninsured children under 19 and $\leq 200\%$ of poverty will be $\leq 13\%$.

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

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

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 $\leq 2.5\%$ of hospital discharges.

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

Goal AC4: Enhance access to preventive and restorative oral health care.

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 $\leq 750/100,000$.

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

Objective AC4.1.2

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

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

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

Objective AC4.2.1

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

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

Goal AC5: Reduce infant morbidity and mortality.

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

Objective AC5.1.1

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

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

Objective AC5.1.2

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

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

Objective AC5.1.3

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

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

Goal AC6: Reduce the impact of diabetes on morbidity and mortality.

Strategy AC6.1 Increase access to disease management education.

Objective AC6.1.1

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

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

Objective AC6.1.2

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

By December 31, 2017, the percent of hospitalizations due to diabetes will be $\leq 5.0\%$ 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.

Strategy CW1.1 Increase access to healthful foods and exercise in school-age children.

Objective CW1.1.1

By December 31, 2014, the incidence of middle school children $\geq 95\%$ of BMI for age will be $\leq 6\%$.

By December 31, 2017, the incidence of middle school children $\geq 95\%$ of BMI for age will be $\leq 5\%$.

Objective CW1.1.2

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

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

Strategy CW1.2 Increase access to healthful foods and exercise for adults.

Objective CW1.2.1

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

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

Goal CW2: Reduce chronic disease morbidity and mortality.

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

Objective CW2.1.1

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

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

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

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.

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

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.

Objective 3.2.1

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

Strategy CW3.3 Eliminate exposure to secondhand tobacco smoke.

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.

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 $\leq 23\%$.

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

Goal CW5: Prevent and control infectious disease.

Strategy CW5.1 Prevent disease and disability from influenza.

Objective 5.1.1

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

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

| 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. | 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 HealthStreet | 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 |

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|---|---|--|-----|---------------|
| 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 | 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) |

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|---|---|---|-----|---------------|
| Increase access to diabetes management | Establish a Diabetes Management Task Force to increase access to diabetes management and services | 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 | 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 | City of Gainesville Parks and Recreation | CW1 | Jan 2013 (E) |

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|---|---|---|----------|---------------|
| Increase knowledge and opportunity to improve health related behaviors to avoid/reduce overweight | Develop new worksite wellness programs | 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 | 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 | 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) |

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|---|--|---|----------|---------------------|
| 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 | 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) |

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| 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 | 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 | | | | |