

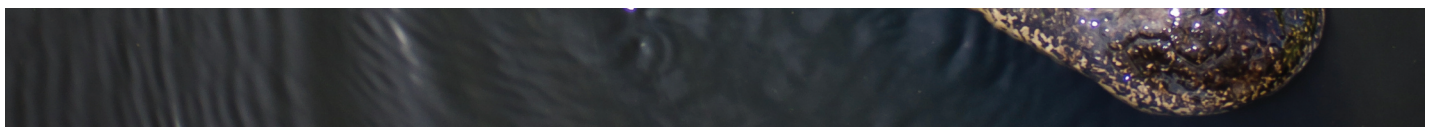


2020



ALACHUA COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT



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Executive Summary

THE ALACHUA COUNTY COMMUNITY HEALTH ASSESSMENT (CHA) PROCESS

The Alachua County Community Health Assessment process launched in summer of 2018, continuing a long history and strong commitment to better understanding the health status and health needs of the community. The purpose of the community health assessment is to uncover or substantiate the health needs and health issues in Alachua County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Alachua County has historically played the lead role in the development of the community health assessments. As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Alachua County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process. The University of Florida (UF) Health Shands was also a pivotal partner in the process. Enhancements to the 2020 community health assessment process include an emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives, examination of pertinent local data on health behaviors and outcomes, healthcare seeking practices, vulnerable populations, and environmental concerns along with direct involvement of key community partners and residents. The Alachua County Community Health Assessment Steering Committee members (Steering Committee) were recruited by the Department of Health at Alachua County and participated in all elements of the community health assessment including the identification of community partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Alachua County. A list of Steering Committee members is included in the Technical Appendix.

The Florida Department of Health in Alachua County engaged the services of WellFlorida Council to complete the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Alachua County along with 15 other north central Florida counties. The mission of WellFlorida Council is to forge partnerships in planning, research and service that build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools and services necessary to identify their most pressing issues (e.g. community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The comprehensive health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool 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). NACCHO and the CDC's vision for implementing MAPP is "communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Alachua County MAPP process. Use of the MAPP tools and process helped Alachua County

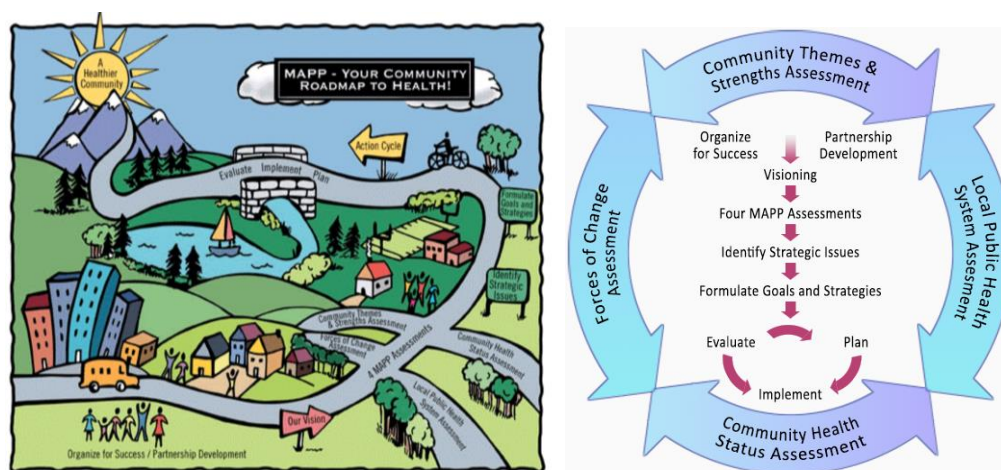
assure that a collaborative and participatory process with a focus on wellness, quality of life and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

At the heart of the MAPP process are the following core MAPP assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment (LPHSA)

These four MAPP assessments work in concert to reveal common themes and considerations in order to hone in on the key community health needs. The findings from MAPP assessments are integrated into the 2020 Alachua County Community Health Assessment.

FIGURE 1: MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP).



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved May 26, 2020, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Alachua County Community Health Assessment Steering Committee took several actions to organize the 2019-2020 MAPP process. At their kick-off meeting in December 2018, the Steering Committee reviewed and approved the MAPP process timeline and inventoried a current list of community partner agencies and stakeholders to identify unrepresented or underrepresented groups or populations in the community health assessment process.

ORGANIZATION OF THE COMMUNITY HEALTH ASSESSMENT (CHA) REPORT

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the community health assessment is driven by quantitative and qualitative data collection and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the end user, this report has been separated into multiple components as follows:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment
- Intersecting Themes and Key Considerations
- Appendix
 - Steering Committee Members List
 - Forces of Change Materials
 - Survey Materials

The Community Health Status Assessment provides a narrative summary of the data presented in the *2020 Alachua County Community Health Assessment Technical Appendix* and includes analysis of social determinants of health, community health status, and healthcare system resources and utilization. Indicators of the social determinants of health include, for example, socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey findings, and hospital utilization data. The healthcare system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health problems and needs of the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large as well as healthcare professionals and community partners. This particular assessment was completed prior to the others in partnership with the University of Florida Health Shand. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report.

The Forces of Change Assessment component summarizes the findings from that assessment. The purpose of the Forces of Change Assessment is to identify forces—such as trends, factors, or events—that are or will influence the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on January 22, 2020 with the Alachua County Community Health Assessment Steering Committee and other invited community leaders.

The LPHSA was completed in two sessions with one on February 4, 2020 with Florida Department of Health in Alachua County staff and one with Steering Committee members and community partners on February, 13 2020. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services (as defined by the National Association of County and City Health Officials and the Centers for Disease Control) being provided to our community?"

All four core assessments were completed by mid-February, prior to the COVID-19 pandemic response and disruption to local operations. In accordance with local and state regulations, the Steering Committee convened exclusively through virtual platforms for the remainder of the process. Key findings discussions and strategic issues prioritization were conducted in this manner throughout April-May 2020.

The Intersecting Themes and Key Considerations component presents recurrent themes and noteworthy findings across the four assessments. Creation and prioritizations of Strategic Issues based on intersecting themes are discussed here as well. The narrative report concludes with recommendations and potential evidence-based interventions for addressing the identified needs.

USING THE COMMUNITY HEALTH ASSESSMENT

The 2020 Alachua County Health Assessment is designed to address the core MAPP assessments that are designated as key components of a best practice needs assessment designed by NACCHO and the CDC. The identification of the global health needs and health issues of the community comes from an analysis of the intersecting themes in each of these sections. Overall, the main objectives of this CHA are the following:

- To accurately depict Alachua County's key health issues based on common themes from the core MAPP assessments;
- To identify potential strategic issues and some potential approaches to addressing those issues;
- To provide insight and input to the next phase of the MAPP assessment/improvement process (i.e. development of the Community Health Improvement Plan [CHIP]);
- To provide the community with a rich data resource not only for the next phase of CHIP creation but also for ongoing resource for program development and implementation as well as evaluation of community health improvement.

TECHNICAL APPENDIX

While the 2020 Alachua County Community Health Assessment is undoubtedly a stand-alone document, the CHA has been designed to work in concert with an accompanying Technical Appendix. While the CHA presents data and issues at a higher more global level for the community, all of the data in the CHA that has been used for identifying global health issues are addressed on a granular level of detail in the Technical Appendix. Thus, for most data that are briefly addressed in the main CHA, the Technical Appendix presents these data in finer detail, breaking data sets down where appropriate and when available. The Technical Appendix is an invaluable companion resource to the CHA, as it will allow the community to dig deeper into the issues in order to more readily understand the community health needs of Alachua County.

Community Health Status Assessment

INTRODUCTION

The Executive Summary: Community Health Status Assessment highlights key findings from the *2020 Alachua County Community Health Assessment Technical Appendix (Technical Appendix)*. The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the Florida Department of Health Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A community health assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging needs. Data from this report can be used to explore and understand the health needs of Alachua County as a whole, as well as for specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

Demographics and Socioeconomics

- Mortality and Morbidity
- Health Care Access and Utilization
- Health Disparities and Health Equity

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Alachua County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the *Technical Appendix* so that users can refer to the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The *2020 Alachua County Community Health Assessment Technical Appendix* includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the contribution to various specific risk factors for acute and/or chronic illness. The present report references a combination of demographic estimates from the U.S. Census Bureau's American Community Survey, which provides more recent data, and the official 2010 U.S. Census, which is more comprehensive in nature. Noted below are some of the key findings from the Alachua County demographic and socioeconomic profile.

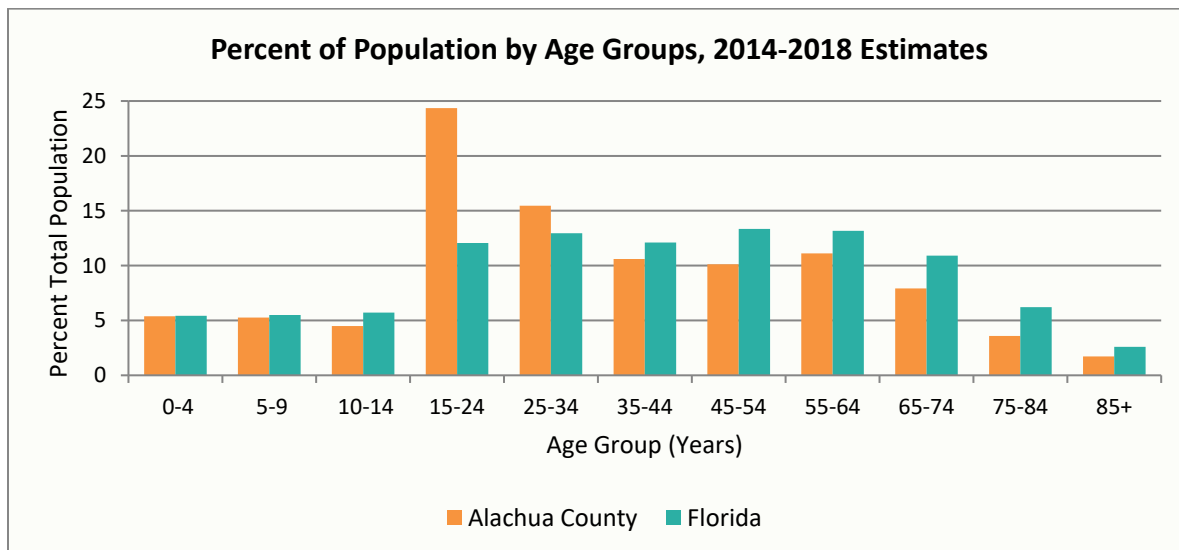
POPULATION OVERVIEW

According to the U.S. Census Bureau's American Community Survey (ACS) latest five-year estimates for 2014-2018, Alachua County's population numbered 263,148 with males representing 48.4 percent and females 51.6 percent of the population (Table 23, Technical Appendix). With respect to race and ethnicity, 69.4 percent of Alachua county residents identified as White alone, 20 percent identified as Black alone, and 9.6 percent identified as Hispanic (Tables 21-22, Technical Appendix). About 6.2 percent of the population lived in group quarters, including correctional institutions, nursing or group homes, military quarters and college dormitories (Table 29, Technical Appendix). The majority of the population, 78.8 percent live in urban areas (Table 20; 2010 U.S. Census Data).

AGE

Compared to the overall population in the state of Florida, the Alachua County population is disproportionately comprised of young adults aged 15-34 years (39.8 percent, Table 24). Figure 2 demonstrates age distribution of Alachua County residents compared to the state of Florida (Table 24, Technical Appendix). The observed distribution likely reflects population influence of the University of Florida and Sante Fe College campuses in Gainesville. Age breakdown by zip code provides further evidence of the University of Florida's influence on age distribution. Zip codes that incorporate the university campus, or are in close proximity to campus, have a high percentage of residents aged 15 to 24 years. For example, the population in zip code 32612 is 99.6 percent comprised of persons aged 15 to 24 years (Table 24, Technical Appendix).

FIGURE 2: POPULATION BY AGE GROUPS, 2014-2018.

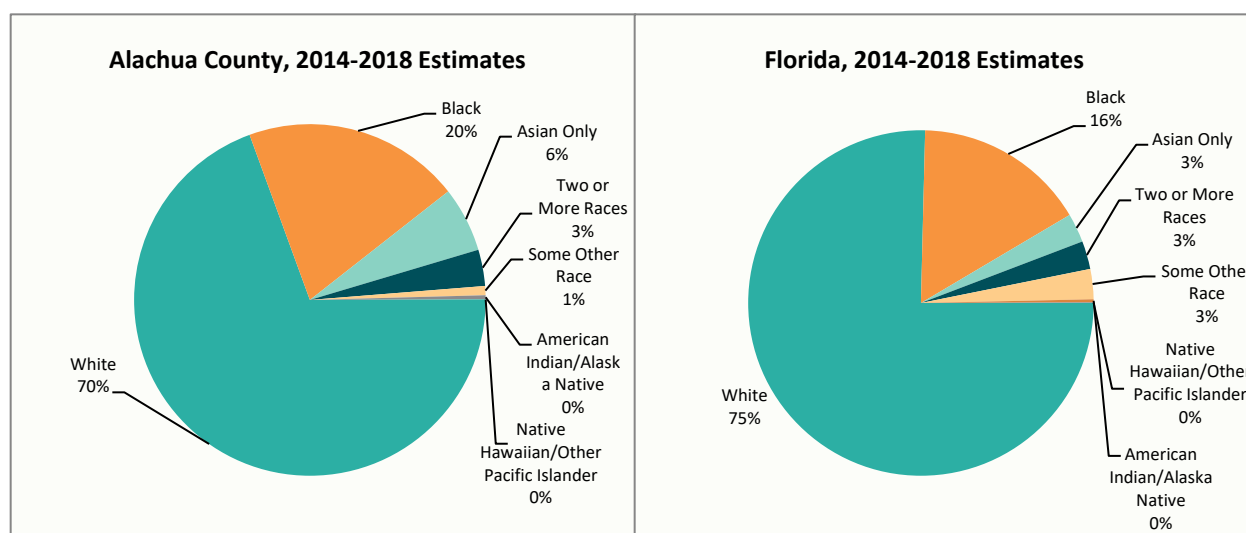


Source: Table 24, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

GENDER, RACE AND ETHNICITY

The U.S. Census Bureau ACS estimates for 2014-2018 showed that the Alachua County population predominantly identified as White (69.4 percent), followed by Black (20.0 percent) and Asian (6.0 percent) race. The remainder, in small percentages, identified as American Indian/Alaskan Native, Native Hawaiian and Other Pacific Islander, some other race, or two or more races (Table 21, Technical Appendix). About 9.6 percent of residents identified as Hispanic or Latino. Figure 3 shows estimates of racial makeup for Alachua County compared to Florida. Relative to the state, Alachua County has a higher proportion of Black and Asian residents (Table 21, Technical Appendix).

FIGURE 3: ESTIMATED POPULATION BY RACE, 2014-2018.



Source: Table 21, 2020 Alachua County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2020

LANGUAGES SPOKEN

The U.S. Census Bureau ACS estimates for 2014-2018 indicated that 86.2 percent of Alachua County residents aged five (5) years or older speak only English, a rate notably higher than the state (70.9 percent). Further, 73.6 percent of residents speak English “very well” while 13.8 percent, an estimated 34,265 residents, speak other languages (Table 58, Technical Appendix).

ECONOMIC CHARACTERISTICS

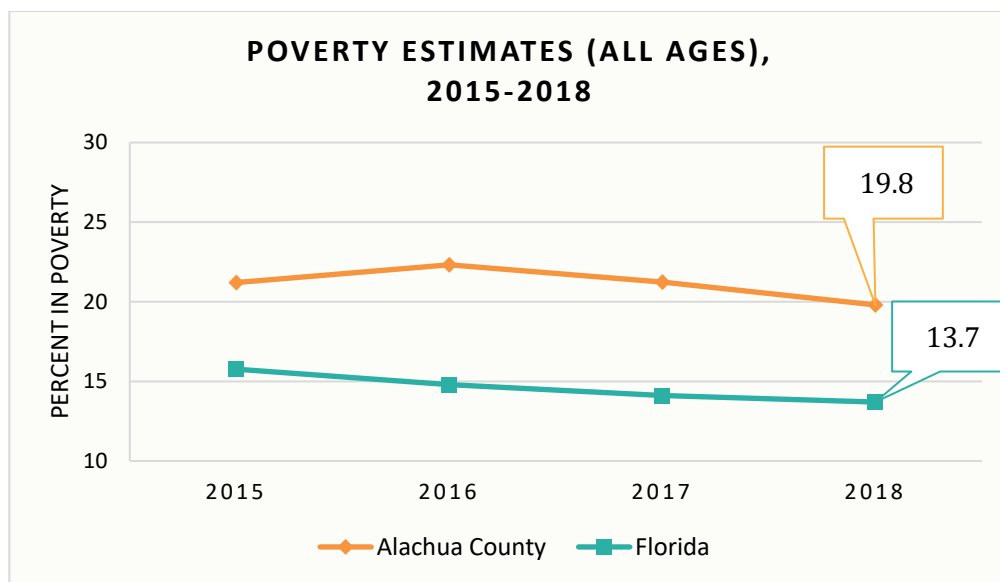
Poverty

According to the U.S. Census Bureau, Small Area Income and Poverty Estimates for 2015-2018, the poverty rate for all individuals in Alachua County in 2018 was 19.8 percent, higher than the poverty rate for all individuals in Florida (13.7 percent). Figure 4 shows changes in poverty rate for Alachua County and Florida

from 2015 to 2018 (Table 35, Technical Appendix). Trends over time show the poverty rate for Alachua County has been consistently higher than the state over the last few years (Table 35, Technical Appendix).

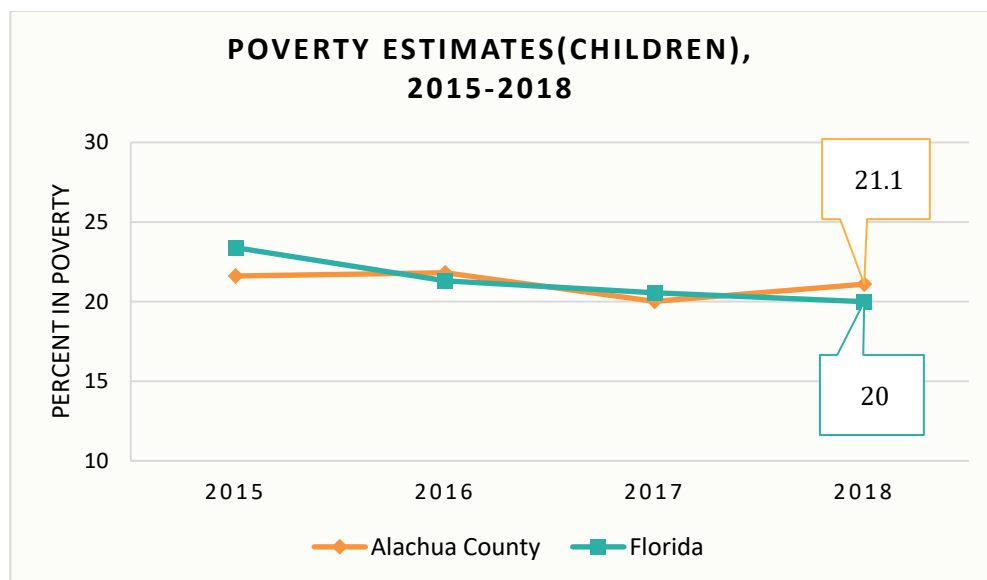
With regard to poverty estimates for children under the age of 18 years, Alachua County had an estimated 21.1 percent of children living in poverty in 2018. This is similar to the poverty estimates for children in the state (20.0 percent). Figure 5 shows estimates have been relatively stable from 2015 to 2018 (Table 35, Technical Appendix). Poverty data by geography highlights three zip codes in which individual and child poverty rates are highest. Gainesville zip code tabulation area (ZCTA) 32603 has the highest percentage of individuals and children living in poverty at 53.5 percent and 40.8 percent, respectively. The second highest poverty rate is in ZCTA 32601 (Gainesville), which has 43.3 percent of individuals and 40.0 percent of children living in poverty. Finally, ZCTA 32616 in Alachua had the third highest poverty rate with 42.6 percent of individuals and 39.3 percent of children in poverty (Table 36, Technical Appendix). It is important to note that the population of college students living off-campus, of which there has been an increasing number, can impact poverty estimates. College students living in on-campus dormitories are excluded from poverty estimate data; however, students who reside off-campus are not. Students generally make less income and rely on support from caregivers or institutional resources. Their inclusion in estimates drives up the proportion of residents living in poverty. Evidence of influence of college students on the poverty estimate is demonstrated by poverty estimate breakdown by age group. Between 2014-2018, poverty rate in Alachua County among adults 25 years and older, which excludes the traditional college-aged group, was 13.5 percent. This is significantly lower than the overall estimate of 19.8 percent, narrowing the disparity between Alachua County and the state of Florida average (Table 37, Technical Appendix). Further, ZCTAs 32603 and 32601, which are adjacent to the University of Florida campus, have lower adult poverty estimates of 24.1 and 22.2 percent, respectively, when focusing exclusively on adults age 25 years and older (Table 37, Technical Appendix). Therefore, caution should be taken when interpreting poverty estimates in student-dense areas, and poverty estimates by age group should be referenced.

FIGURE 4: POVERTY ESTIMATES BY PERCENT, ALL AGES, 2015-2018.



Source:: Table 35, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

FIGURE 5: POVERTY ESTIMATES BY PERCENT, CHILDREN UNDER 18 YEARS OF AGE, 2015-2018.

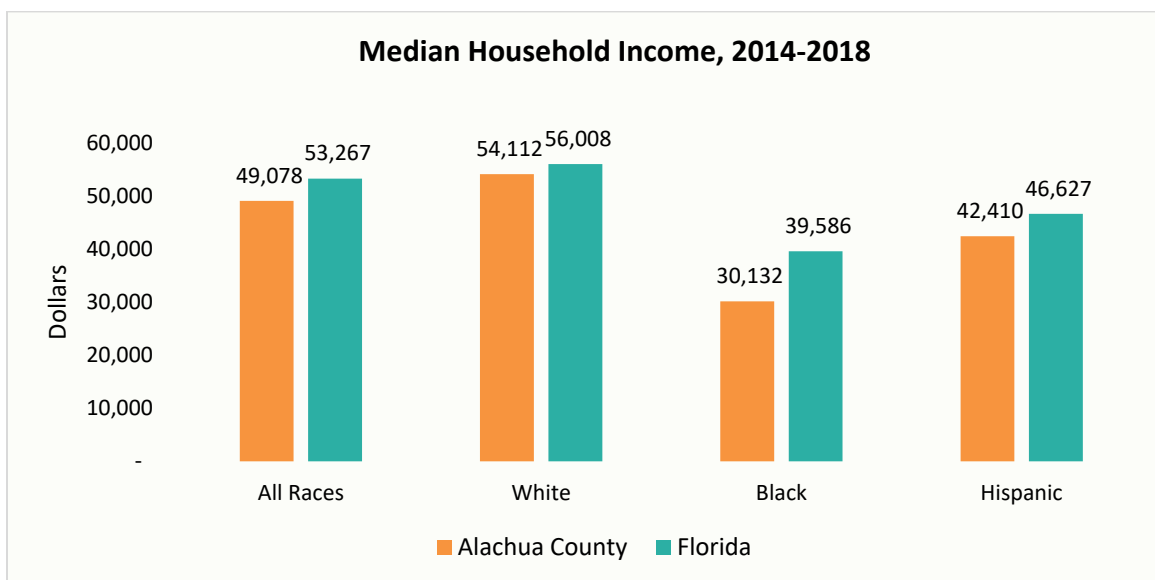


Source: Table 35, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

Income

Income levels in Alachua County were lower than for the state of Florida. Latest ACS estimates from 2014-2018 show a median household income of 49,078 dollars for all races in Alachua County, compared to 53,267 dollars for the state (Table 46, Technical Appendix). Significant differences in median household income were observed across racial and ethnic groups at both the county and state level (see Figure 6). In Alachua County, the White population had a median household income of 54,112 dollars compared to 30,132 dollars among the Black population and 42,410 dollars among the Hispanic population. Notably, the disparity between White and Black populations, although present at the state level as well, was more pronounced in Alachua County. The ratio of Black median household income to White median household income was 0.56 in Alachua County, lower than the ratio of 0.71 at the state level (Table 46, Technical Appendix). By geography, the highest median household income was found in Newberry (ZCTA 32699) at 69,439 dollars. For White residents, Gainesville (ZCTA 32653) had the highest median household income at 70,785 dollars. For Black residents, LaCrosse (ZCTA 32658) had the highest median household income at 118,500 dollars while for Hispanic residents, Gainesville (ZCTA 32606) had the highest median household income at 82,577 dollars. Estimates for the lowest median incomes were likely confounded by the high proportion of students in Alachua County with no to minimal income, and thus, that data is not reported here. A complete delineation of median household income for every zip code can be found in the Technical Appendix (Table 46).

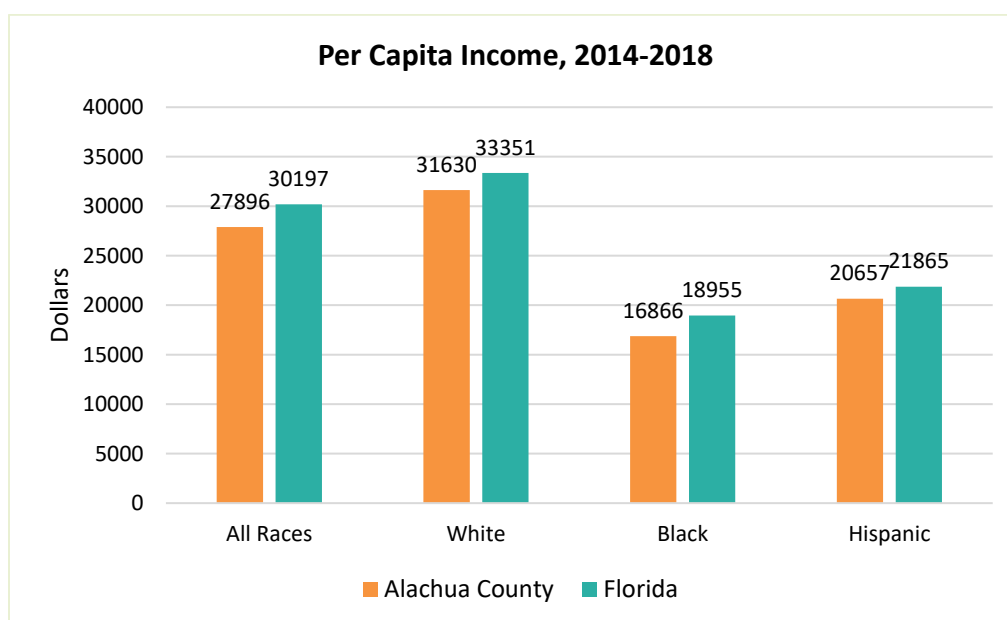
FIGURE 6: MEDIAN HOUSEHOLD INCOME, BY RACE AND ETHNICITY, 2014-2018.



Source: Table 46, 2020 Alachua County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2020

A similar distribution was seen in per capita income among Alachua County residents in the period of 2014-2018. Per capita income among all races was 27,896 dollars, lower than the state per capita income of 30,197 dollars. Similarly, White Alachua County residents had the highest per capita income at 31,630 dollars compared to Black residents (16,866 dollars) and Hispanic residents (20,657 dollars). Figure 7 shows per capita income by race/ethnicity (Table 47, Technical Appendix).

FIGURE 7: PER CAPITA INCOME, BY RACE AND ETHNICITY, 2014-2018.

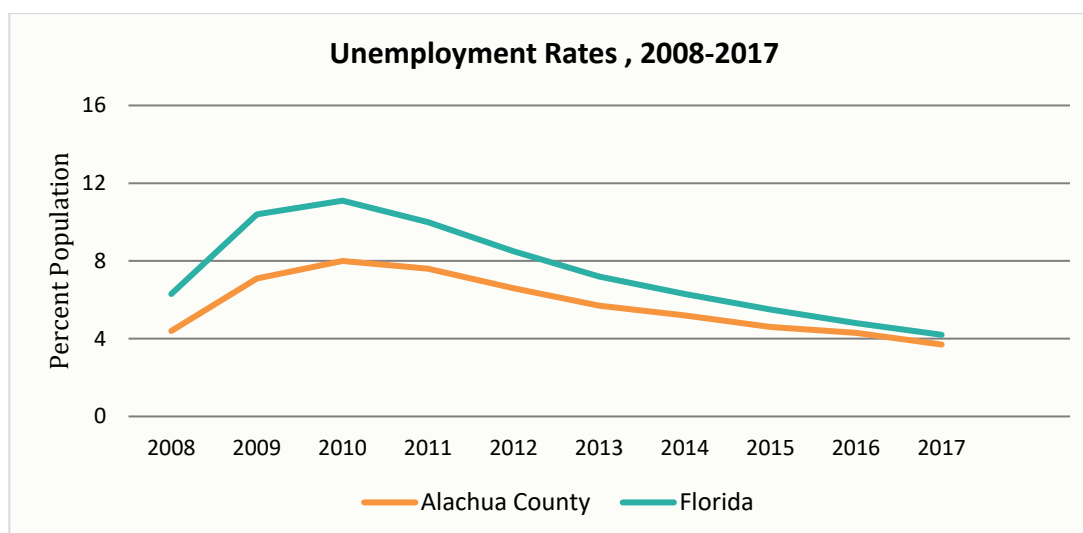


Source: Table 47, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

EMPLOYMENT

The U.S. Department of Labor, Bureau of Labor Statistics report data on employment in Alachua County and the state of Florida. Recent estimates show unemployment rates in Alachua County have been lower than the state rate for over a decade. The unemployment rate for Alachua County in 2017 was estimated at 3.7 percent of the labor force compared to the state rate of 4.2 percent. Figure 8 shows that since peaking in 2010, the unemployment rate at both the county and state level have progressively declined (Table 53, Technical Appendix). With respect to businesses, Alachua County had an estimated 6,114 non-governmental businesses in 2016, the majority of which (94.9 percent) had less than 50 employees (Table 54, Technical Appendix).

FIGURE 8: UNEMPLOYMENT RATES, 2008-2017.



Source: Table 53, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020

EDUCATION

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. Estimates from the Florida Department of Education indicate that between the 2012-2013 and 2017-2018 school years, both state and county high school graduation rates have steadily increased. Notably, Alachua County's graduation rate overcame the state graduation rate in the 2016-2017 school year. In the 2017-2018 school year, the Alachua County high school graduation rate was 88.0 percent compared to the state graduation rate of 86.1 percent. Conversely, Alachua County's high school drop out rate has seen significant decline from 6.2 percent in the 2013-2014 school year to 3.7 percent in the 2017-2018 school year. The most recent county estimates for the 2017-2018 school year are on par with the state 2017-2018 drop out rate of 3.5 percent. It should be noted that graduation rates are examined longitudinally while drop out rates are examined in cross-section for a specific school year (Table 56, Technical Appendix).

Most Alachua County residents (53.1 percent) have a college degree, including Associate's, Bachelor's, Master's, Doctorate or other professional school degrees. Only 7.6 percent of the Alachua County population report no high school degree. Collectively, this represents a higher level of education compared to the state of Florida; however, the data are again likely influenced by the presence of University of Florida and Santa Fe Community College student and faculty populations (Table 57, Technical Appendix).

MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Alachua County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As previously noted, certain demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities. Noted below are some key facts and trends in Alachua County mortality and morbidity rates.

LIFE EXPECTANCY

Data from the University of Washington, Institute for Health Metric and Evaluation for 2010, showed an average life expectancy of 76.3 years for all male Floridians compared to a life expectancy of 75.5 years for males in Alachua County, without regard for racial classification. Life expectancy for female Floridians was estimated at 81.6 years compared to 80.7 years for Alachua county females. Within subgroups, racial disparities in life expectancy were evident. In 2009, the latest year for which complete data are available, White males in Alachua County had a life expectancy of 76.5 years, over five years longer than the life expectancy of Black males in Alachua County (71.3 years). White females in Alachua county had a life expectancy of 81.2 years compared to Black female life expectancy in Alachua county of 77.3 years. Alachua County life expectancies for males and females of both White and Black race were shorter than their race and gender-equivalent counterparts at the state level (Tables 4-5, Technical Appendix).

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH), a collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the “healthiest”. Health is viewed as a multifactorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- II. Health Factors--rankings are based on weighted scores of four types of factors:
 - a. Health behaviors (9 measures)
 - b. Clinical care (7 measures)
 - c. Social and economic (9 measures)
 - d. Physical environment (5 measures)

Throughout the years, some County Health Rankings methodology and health indicators have changed. Thus, caution is urged in making year-to-year comparisons. The *County Health Rankings and Roadmaps* website emphasizes using the rankings as only one among a repertoire of tools for health assessment, not to

be used in isolation (<https://www.countyhealthrankings.org/explore-health-rankings/measuring-progress>, retrieved February 18, 2020). The data are useful as an annual check on health outcomes, contributing factors, resources and relative status within a region and state. The County Health Rankings add to data a community can consider in assessing health and determining priorities.

The County Health Rankings are available for 2010 through 2019. In the latest rankings, out of 67 counties in the state, Alachua county ranked 31st in health outcomes and 6th in health factors. Alachua County's highest ranking was in the area of clinical care at 1st out of 67 counties. The high ranking was driven by factors including low number of uninsured adults, increased preventative care, and high number of primary care physicians, dentists, and mental health providers. The second highest ranking was in the area of social and economic factors at 11th in the state. Contributing factors include the high school graduation rate, unemployment rate, poverty rate, and level of education.

The lowest county ranking for Alachua County was in the area of quality of life at 51st out 67 counties. This category examined number of poor physical health days, number of poor mental health days, percent of the population reporting poor or fair health, and low birthweight. The second lowest county ranking was for physical environment at 38th in the state, taking into account factors such as air pollution and housing problems. Table 1 summarizes county health rankings since 2010.

Overall, in seeking areas of potential improvement, Alachua County performed worse than state averages on the following metrics: poor physical and mental health days, percent reporting poor or fair health, low birthweight, food environment index, access to exercise opportunities, excessive drinking, alcohol-impaired driving, sexually transmitted infections rates, preventable hospital stay rate, income inequality, violent crime, air pollution, and severe housing problems (Table 2-3, Technical Appendix).

TABLE 1: COUNTY HEALTH RANKINGS BY CATEGORY FOR ALACHUA COUNTY, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
HEALTH OUTCOMES	18	16	15	18	17	18	25	26	34	31
<i>Mortality/Length of Life</i>	16	7	10	16	16	12	13	17	19	12
<i>Morbidity/Quality of Life</i>	24	25	24	21	19	19	40	41	47	51
HEALTH FACTORS	8	6	5	4	2	2	10	9	6	6
<i>Health Behavior</i>	18	17	13	11	8	9	33	31	20	22
<i>Clinical Care</i>	1	1	1	1	1	1	1	1	1	1
<i>Social & Economic Factors</i>	11	9	16	12	13	14	13	13	17	11
<i>Physical Environment</i>	49	23	31	28	21	18	12	8	40	38

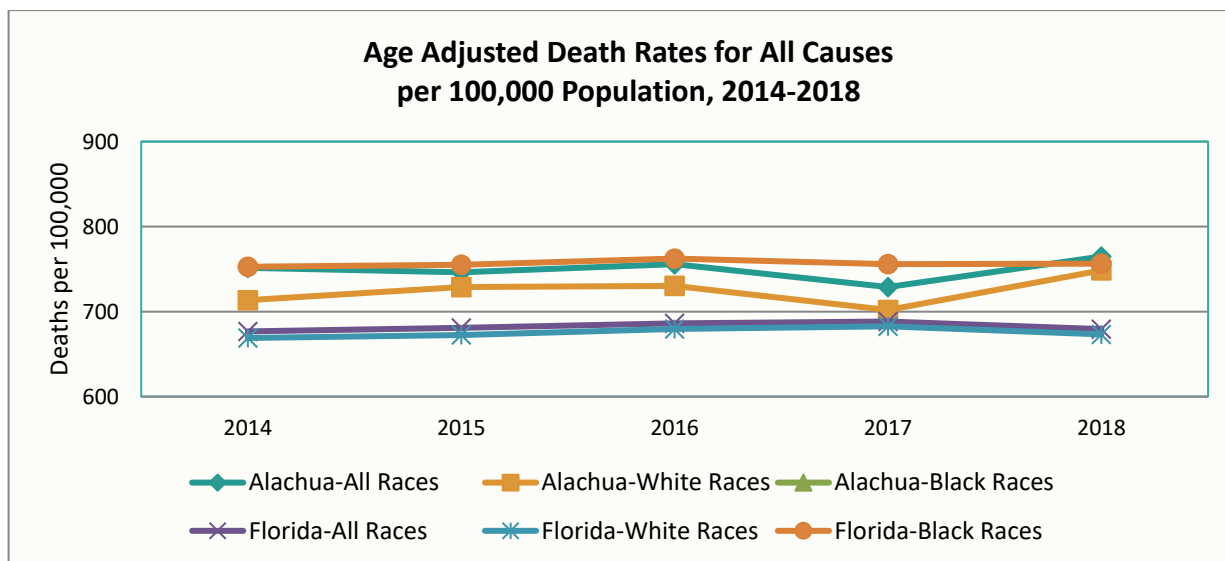
Source: Table 2, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

CAUSES OF DEATH

Mortality data in the *2020 Alachua County Community Health Technical Appendix* are reported in the form of both crude and age-adjusted rates. Crude rates are used to report the overall burden of disease in the population, whereas age-adjusted rates are a standardized form that is most commonly used for public health data reporting. More specifically, age-adjusted rates allow for cross comparisons between different populations and ensure that any observed disparities are not due to differences in age distribution of the population.

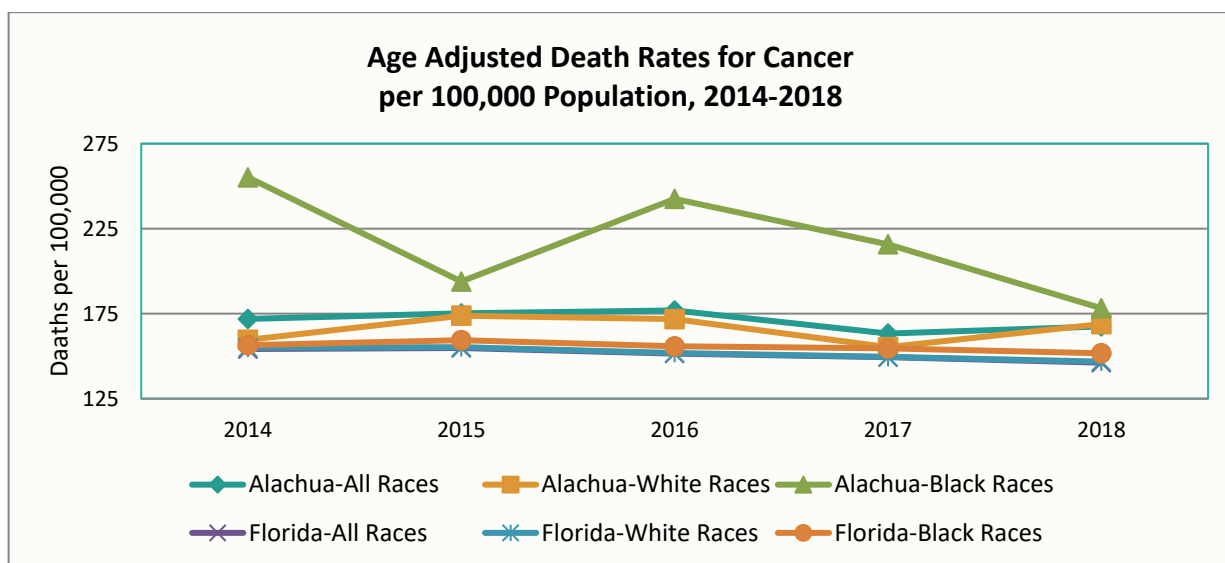
In terms of overall mortality, the age-adjusted death rate from all causes in 2018 was higher for Alachua County at 764.8 deaths per 100,000 compared to the state of Florida at 679.4 deaths per 100,000 (Table 66, Technical Appendix). Figure 9 shows trends in age-adjusted all-cause mortality rate by race for Alachua County and Florida over time. From 2014-2018, the top five (5) leading causes of death in Alachua County, regardless of race and ethnicity, were 1) Cancer, 2) Heart disease, 3) Unintentional injury, 4) Stroke, and 5) Chronic lower respiratory disease (CLRD). This matches the top five (5) causes of death at the state level, although rank order differs slightly. At the state level, heart disease ranks first, followed by cancer, chronic lower respiratory disease, stroke, and unintentional injury (Table 64, Technical Appendix). Figures 10-16 show trends in age-adjusted death rates for the leading causes of death in Alachua County versus the state of Florida. Age-adjusted rates are further broken down by race (Tables 66-69, Technical Appendix).

FIGURE 9: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000, BY RACE, ALACHUA COUNTY AND FLORIDA, 2014-2018.



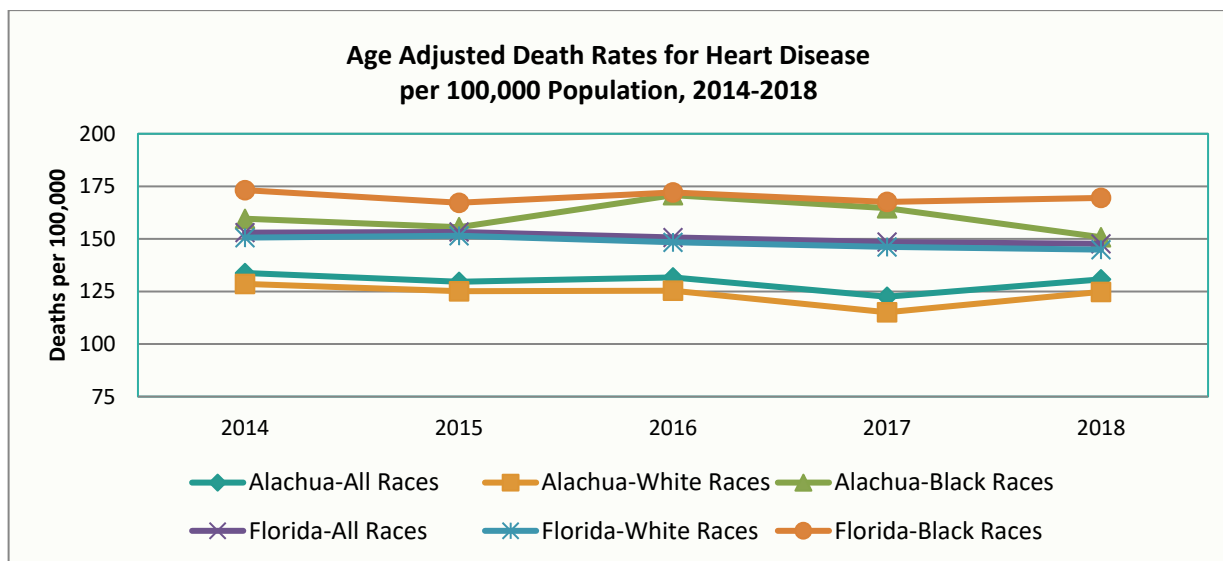
Source: Table 66, 67, 68, 2020 Alachua County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2020.

FIGURE 10: AGE-ADJUSTED DEATH RATES FOR CANCER PER 100,000, BY RACE, ALACHUA COUNTY AND FLORIDA, 2014-2018.



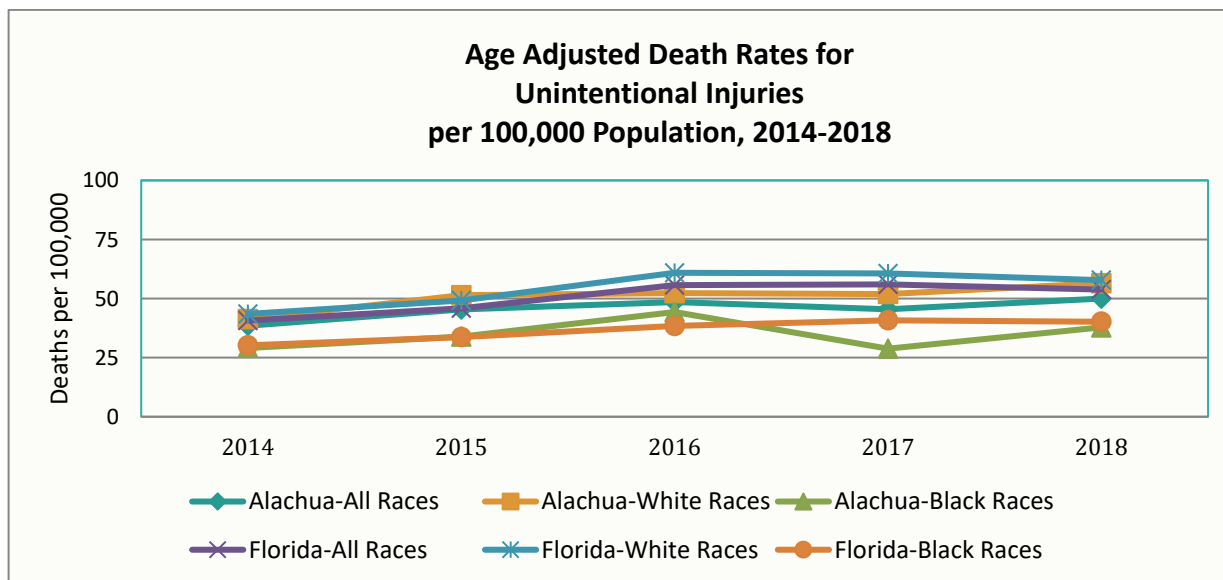
Source: Table 66, 67, 68, 2020 Alachua County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2020

FIGURE 11: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE PER 100,000, BY RACE, ALACHUA COUNTY AND FLORIDA, 2014-2018.



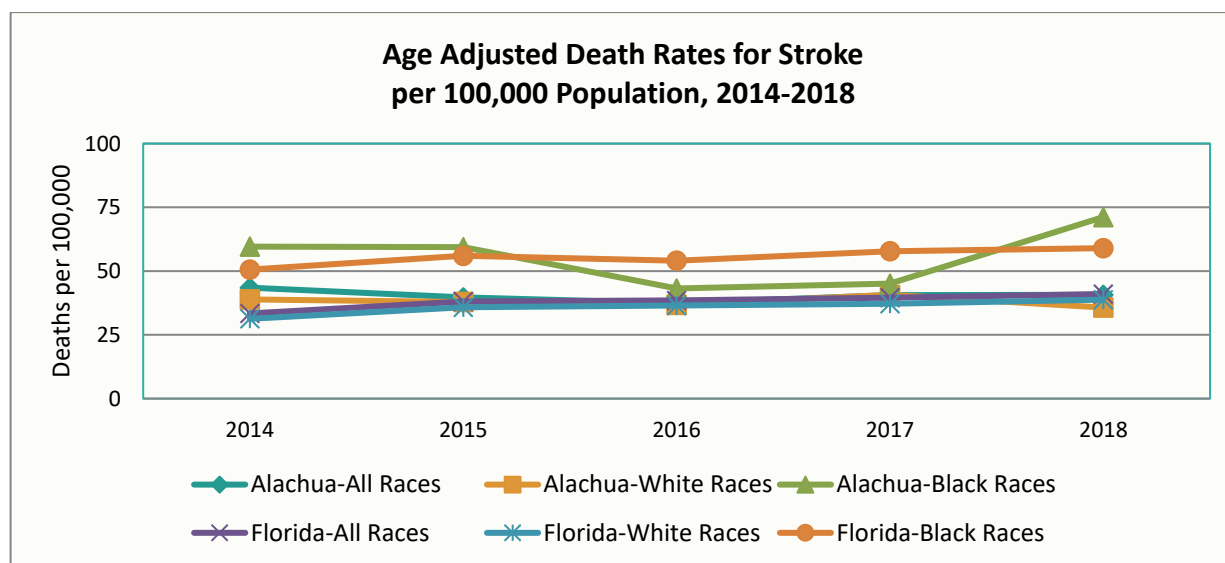
Source: Table 66, 67, 68, 2020 Alachua County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2020.

FIGURE 12: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES PER 100,000, BY RACE, ALACHUA COUNTY AND FLORIDA, 2014-2018.



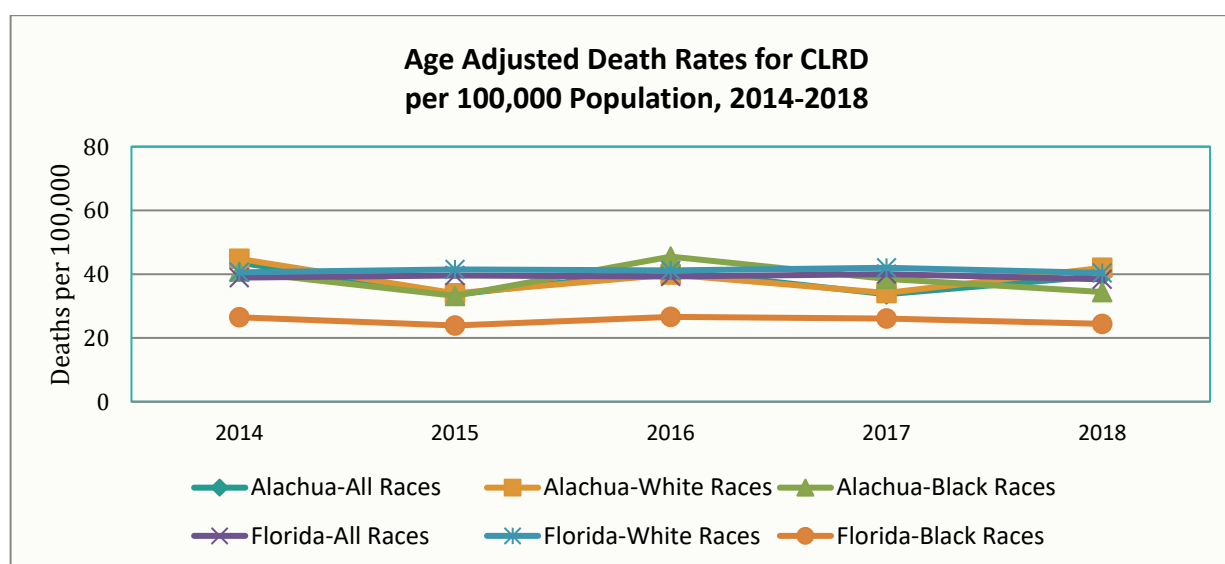
Source: Table 66, 67, 68, 2020 Alachua County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2020.

FIGURE 13: AGE-ADJUSTED DEATH RATES FOR STROKE PER 100,000, BY RACE, ALACHUA COUNTY AND FLORIDA, 2014-2018.



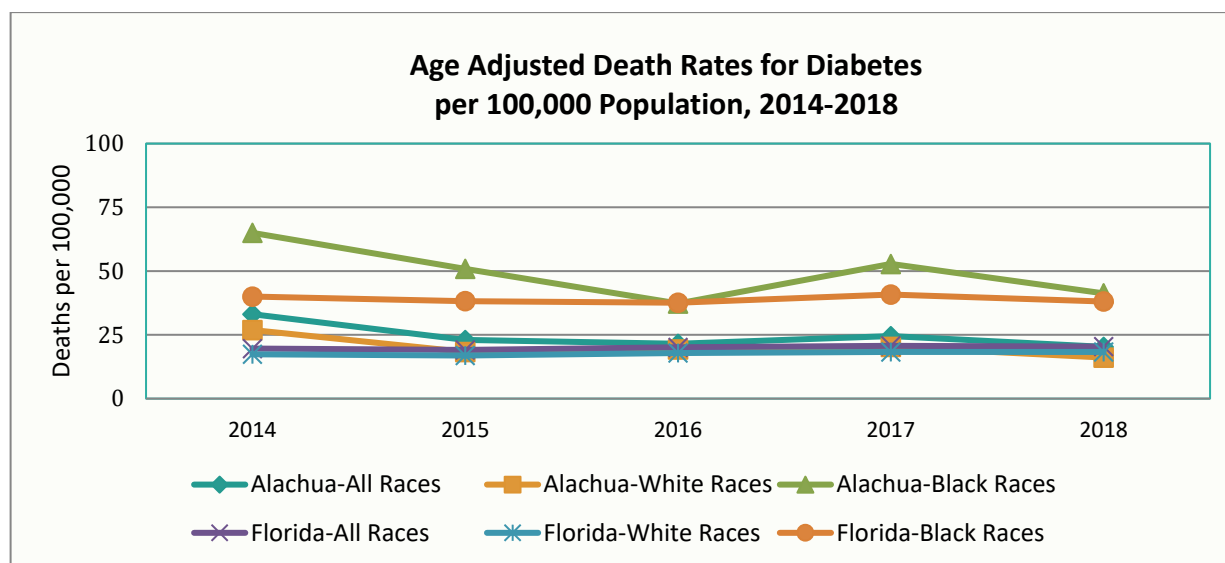
Source: Table 66, 67, 68, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

FIGURE 14: AGE-ADJUSTED DEATH RATES FOR CLRD PER 100,000, BY RACE, ALACHUA COUNTY AND FLORIDA, 2014-2018.



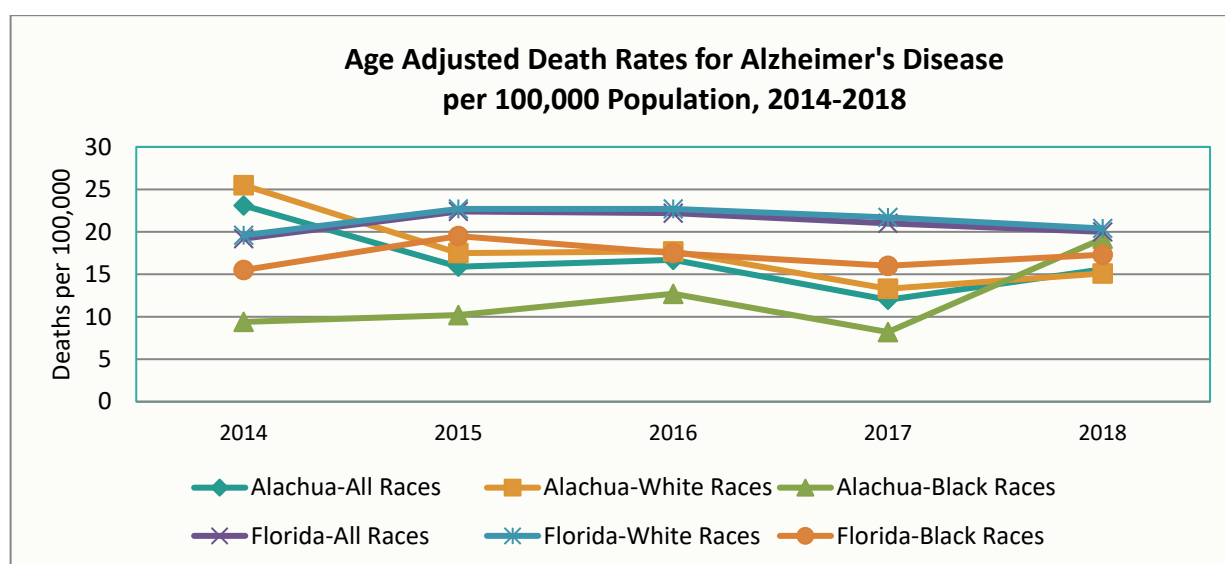
Source: Table 66, 67, 68, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

FIGURE 15: AGE-ADJUSTED DEATH RATES FOR DIABETES PER 100,000, BY RACE, ALACHUA COUNTY AND FLORIDA, 2014-2018.



Source: Table 66, 67, 68, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

FIGURE 16: AGE-ADJUSTED DEATH RATES FOR ALZHEIMER'S DISEASE PER 100,000, BY RACE, ALACHUA COUNTY AND FLORIDA, 2014-2018.



Source: Table 66, 67, 68, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

Among the causes of death analyzed, age-adjusted death rates between 2014-2018 were frequently higher in Alachua County compared to the state for cancer and diabetes. The figures above also demonstrate that racial disparities in age-adjusted death rates emerged within specific causes of death. From 2014-2018, unintentional injury death rates were consistently higher for the White population (56.5 deaths per 100,000 in 2018) compared to the Black population in Alachua County (37.8 deaths per 100,000 in 2018). Conversely, deaths attributable to heart disease from 2014-2018 were consistently higher for the Black population (150.8 deaths per 100,000 in 2018) versus the White population (124.8 deaths per 100,000) in Alachua County. Similar racial disparities emerged for cancer, stroke, and diabetes with the Black population experiencing consistently higher burden than the White population (Tables 66-68, Technical Appendix).

The leading causes of death between 2014-2018 in Alachua County were ranked for subgroups of race, ethnicity, and gender in Table 2 below. Among the Black population, stroke (3rd) and diabetes (4th) ranked notably higher compared to the White population in Alachua County, for which stroke ranked 5th and diabetes 6th. In concordance with discrepancies in age-adjusted death rates discussed above, the White population had higher rankings for unintentional injury (3rd) and CLRD (4th) compared to the black population. Hispanics had the highest rank for Alzheimer's disease (6th) and the lowest rank for CLRD (7th) among all racial/ethnic groups analyzed. Unlike other groups, Hispanic residents in Alachua County also had influenza and pneumonia included in the top 10 causes of death. In general, the Hispanic population make up a significant portion of the Alachua County community (about 10%); however, the population numbers continue to be fairly low relative to racial subgroups. As such, caution is urged when interpreting significant differences and trends between the Hispanic population and racial groups in Alachua County.

When looking beyond the top five (5) causes of death for the White versus Black population in Alachua County, particular patterns of disease are observed. More specifically, the 7th through 10th causes of death vary greatly by racial group. For the black population, these include nephritis, perinatal conditions, hypertension, and HIV, all chronic diseases that benefit greatly from (and are in part preventable with) strong continuity of care. Conversely, for the White population, the 7th through 10th causes of death include Alzheimer's disease, suicide, liver disease, and Parkinson's disease. Two (2) of these diseases are conditions of older age (Alzheimer's disease, Parkinson's disease) and two (2) have strong connection to mental health and substance use disorders (suicide, liver disease).

With respect to gender, the top causes of death are similar among males and females in Alachua County. Exceptions include suicide, which ranks much higher as a cause of death for males (7th) versus females (13th). Conversely Alzheimer's Disease ranked as the 7th cause of death among Alachua County females whereas it ranked 10th among Alachua County males (Table 64, Technical Appendix).

The highest age-adjusted mortality rate by zip code between 2014-2018 was observed in Earleton (ZCTA 32631) at 2,785.2 per 100,000 population. This mortality rate, however, only translates to an average of 6.6 deaths, indicating potential bias due to small population size. The other areas with the highest mortality rates were all in Gainesville, including ZCTA 32641 (1,033.6 per 100,000 population), ZCTA 32601 (971.2 per 100,000 population), and ZCTA 32609 (893.0 per 100,000 population). Mortality rate was lowest in Hawthorne (ZCTA 32640) at 447.4 per 100,000 population (Table 72, Technical Appendix).

TABLE 2: TOP RANKINGS OF CAUSES OF DEATH BY RACE, ETHNICITY AND GENDER FOR ALACHUA COUNTY AND FLORIDA, 2014-2018.

Cause of Death	Alachua County Ranking						Florida Ranking					
	AR	WR	BR	H	F	M	AR	WR	BR	H	F	M
Malignant Neoplasm (Cancer)	1	1	1	1	1	1	2	2	2	2	2	2
Heart Disease	2	2	2	2	2	2	1	1	1	1	1	1
Unintentional Injury	3	3	5	3	5	3	5	4	4	4	6	3
Cerebrovascular Diseases (Stroke)	4	5	3	4	3	5	4	5	3	3	3	5
Chronic Lower Respiratory Disease (CLRD)	5	4	6	7	4	4	3	3	6	6	4	4
Diabetes Mellitus (Diabetes)	6	6	4	5	6	6	7	7	5	7	7	6
Alzheimer's Disease	7	7	13	6	7	10	6	6	11	5	5	8
Suicide	8	8	18	8	13	7	8	8	16	10	14	7
Chronic Liver Disease & Cirrhosis (Liver Disease)	9	9	15	9t	8	9	9	9	15	8	12	9
Nephritis	10	14	7	11t	9	11t	10	11	8	9	8	10
Perinatal Conditions	15	21	8	15t	16t	15	19	22	14	16	17	20
HIV	19	22	10	---	20	16	18	24	9	20	19	18
Essential Hypertension (Hypertension)	11	13	9	15t	11	11t	12	14	10	14	10	13
Homicide	20	20	12	15t	22t	17	16	18	7	15	18	15
Influenza & Pneumonia	14	12	14	9t	12	13	11	10	13	11	9	12
Parkinson's Disease	12	10	22t	11t	14	8	14	12	19	12	13	11

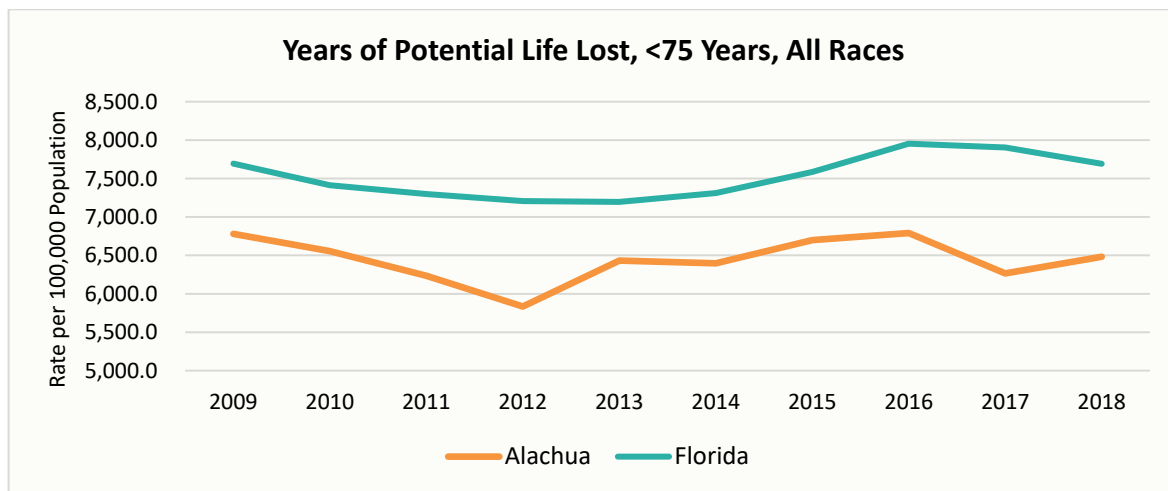
AR = All Races, WH = White Races, BR = Black Races, H = Hispanic, F = Female, M = Male, t = tie in ranking; Rankings are based on the total number of deaths for the time period of 2014-2018.

Source: Table 64, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

YEARS OF LIFE LOST

Years of life lost is a reflection of premature death, that is deaths of younger populations in the community. It is a metric that accounts for the difference between age of death and average life expectancy. Figure 17 shows that the rate of years of life lost for Alachua County residents has been consistently lower than the state rate. In 2018, Alachua County experienced a rate of 6,481.9 years of life lost per 100,000 population compared to the state rate of 7,692.6 per 100,000 (Table 89, Technical Appendix).

FIGURE 17: YEARS OF POTENTIAL LIFE LOST, <75 YEARS, ALACHUA COUNTY AND FLORIDA, 2009-2018.



Source: Table 89, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

BEHAVIORAL RISK FACTORS

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) survey with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported data on individual chronic health conditions, risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. Indicators are divided into six broad categories: health status, health-related behaviors, health-related prevention, health-related quality of life, health care access, and oral health. As with all self-reported data, the report can be subject to individual biases in recall and reporting; however, it remains a crucial tool for holistic evaluation of health of a community.

The most recent county-level data available for Alachua County were generated in 2016. Below are select data from the BRFSS results (See Table 137 in the Technical Appendix for full details).

Health Status: With respect to burden of chronic disease, Alachua County respondents reported lower rates of illness compared to the state of Florida for almost every major disease. There were lower rates of reported arthritis, asthma, cancer, cardiovascular disease (including stroke and heart attack), chronic obstructive pulmonary disease (COPD), diabetes, disability, kidney disease, vision impairment, and obesity/overweight status. The exception, by a small margin, was depression, for which 14.6 percent of Alachua respondents reported a depressive disorder compared to 14.2 percent at the state level.

Health-Related Behaviors: When asked about lifestyle, 24.5 percent of Alachua County respondents reported being sedentary and 51.7 percent reported being inactive or insufficiently active. Only 38.6 percent met muscle strengthening requirements and about half (50.6 percent) met aerobic requirements. Still, Alachua County performed better on physical activity indicators compared to the state. Alachua County also had improved rates of tobacco use and exposure with 13.1 percent of respondents being current smokers compared to 15.5 percent at the state level. With respect to other substance use, 20.9 percent of the Alachua County population reported engaging in heavy or binge drinking, and 11.3 percent reported marijuana use in the last month, higher than the state averages of 17.5 percent and 7.4 percent respectively.

Health-Related Prevention: Despite evidence in this report of high clinical care resources, Alachua County fared worse on a variety of preventative care measures compared to the state average. Only 75.8 percent of women aged 50-74 years reported a mammogram in the past 2 years compared to the state average of 81.7 percent. For cervical cancer screening, 77.6 percent of women aged 21 to 65 in Alachua County had a pap test in the past 3 years, a similar but lower rate than 78.8 percent at the state level. With respect to HIV screening, 47.9 percent of Alachua County adults less than 65 years had ever been tested for HIV compared to 55.3 percent at the state level. Finally, only 60.6 percent of Alachua County adults aged 50 to 75 reported having colorectal screening based on the most recent clinical guidelines compared to 67.3 percent at the state level. The aforementioned indicators are of particular importance because they are supported by the U.S. Preventive Services Task Force (USPSTF) recommendations. The USPSTF is a nationally recognized panel of experts that make preventive health recommendations based on current, best available evidence (<https://www.uspreventiveservicestaskforce.org/>, accessed February 18, 2020).

Alachua County performed better than the state average on immunization rates, including influenza vaccination in the last year, pneumonia vaccination in the elderly, and tetanus vaccination in the last 10 years.

Health-Related Quality of Life: Although health status indicators showed a lower burden of chronic disease compared to state averages, Alachua County respondents had similar or worse performance than the state on multiple quality of life indicators. For example, a similar percentage of respondents at the county (19.1 percent) and state (18.6 percent) level reported that poor mental or physical health kept them from doing usual activities with high frequency. Still, 82.8 percent of Alachua County respondents reported good to excellent overall health.

Health Care Access and Coverage: A high percentage (89.7 percent) of Alachua County respondents reported health care insurance coverage while 13.7 percent reported inability to see a doctor due to cost. However, only 69.5 percent reported having a personal doctor, compared to 72.0 percent at the state level. Further about two-thirds (74.2 percent) reported having a medical checkup in the last year.

Oral Health: A relatively low percentage (62.3 percent) of Alachua County respondents reported seeing a dentist in the past year, on par with the state average of 63 percent.

INFECTIOUS DISEASES

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. These diseases can be spread, directly or indirectly, from one person to another. Among these are Sexually Transmitted Diseases (STDs) that include Gonorrhea, Chlamydia and Infectious Syphilis. Data from 2006-2018 show that STD rates in Alachua County have been consistently higher than the state averages. In 2018, the most recent year for which data is available, Alachua County had an STD rate of 1,298.2 per 100,000 population. This is significantly higher than the state rate of 709 per 100,000 population. Further, both the county STD rate and the state rate have experienced progressive increase since 2006, a trend that may warrant attention (Table 138, Technical Appendix). Data from the Florida Department of Health Community Health Assessment Resource Tool Set show that individuals aged 18-24 years have the highest rate of STD incidence in Alachua County; however, the incidence rate in Alachua County in this age group is lower than state averages

(<http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalSTDDataViewer.aspx?cid=9767>, accessed May 26, 2020). The most recent data for reported HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) cases in 2018 show that Alachua County had an HIV infection case rate of 16.3 per 100,000 population, lower than the state rate of 23.4 per 100,000. In comparison, the Alachua County AIDS case rate was 9.9 per 100,000 population, similar to the state rate of 9.2 per 100,000 population (Table 139, Technical Appendix). Overall, from 2006-2018, the rates of HIV and AIDS cases in Alachua County have been consistently lower than the state rates.

Enteric diseases are infectious disease, caused by viruses, bacteria, or parasites, that cause intestinal illness. Enteric diseases are commonly contracted through consumption of contaminated food or water. The 2016 enteric disease rate for Alachua County was 57.1 per 100,000 population, similar to the state rate of 56.9 per 100,000 population. From 2006-2016, rates of enteric disease in Alachua County have fluctuated in a range from 51.9 per 100,000 to 74.6 per 100,000 population (Table, 138, Technical Appendix). The Florida Department of Health tracks select vaccine-preventable diseases, including Diphtheria, Acute hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus, and Polio. In 2017, Alachua County's vaccine-preventable disease rate was 0.4 per 100,000 population, significantly lower than the state rate of 5.8 per 100,000 population (Table 140, Technical Appendix).

IMMUNIZATIONS

Timely vaccination throughout childhood is essential because it provides children with increased immunity against potentially life-threatening diseases before they are exposed to such agents. Vaccination is also

essential for establishing “herd immunity”, a state that protects individuals who cannot be vaccinated, including the elderly, infants, and the immunocompromised. The U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) assure vaccines are tested for safety and effectiveness. In 2019, 94.2 percent of kindergartners in Alachua County were fully immunized. This is the highest rate for Alachua County in the time period of 2010-2019. It is also the first year in that time period that the county rate exceeded the state rate of 93.8 percent. The immunization rate in 2019 among seventh graders in Alachua County was even higher at 97.4 percent. This is similar to the state rate of 96.3 percent (Table 141, Technical Appendix).

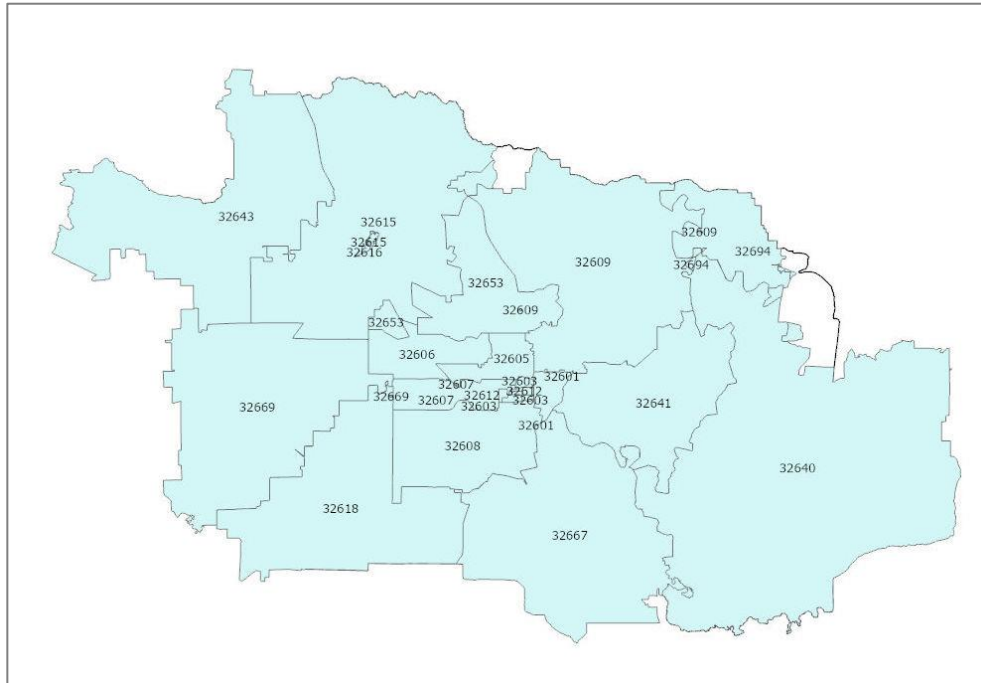
MATERNAL HEALTH

Births

From 2016-2018, there were a total of 8,419 births in Alachua County. Of the total births, 4,957 were births to White mothers while 2,589 were births to Black mothers. With respect to ethnicity, 697 births of the total births were to Hispanic mothers (Table 105, Technical Appendix). Most births (1,691) were to residents in the zip code area 32608 Gainesville (Table 105, Technical Appendix). Figure 18 shows a map of Alachua County by zip code for reference.

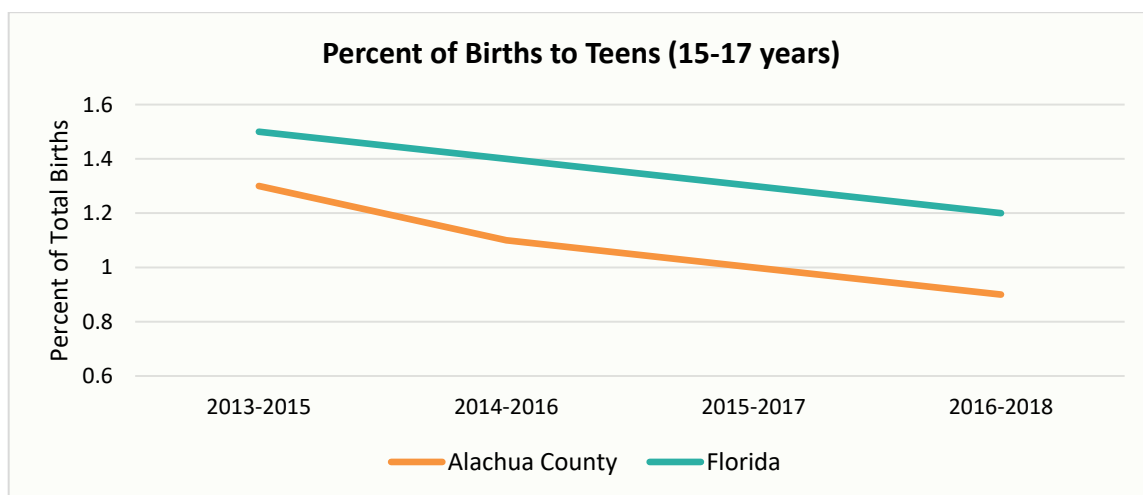
The percent of births to teens aged 15-17 years has been declining at both the county and state level. From 2016-2018, 0.9 percent of births in Alachua County were to teens aged 15-17 years, lower than the state rate of 1.2 percent (Table 120, Technical Appendix). This translates to total of 72 births to teens aged 15-17 years in Alachua County between 2016-2018 (Table 119, Technical Appendix). Figure 19 shows percent of births to teens over time in Alachua County and Florida. Of note, the percent of births to teens was higher among the Black population at 2.1 percent compared to 0.3 percent in the White population (Table 120, Technical Appendix).

FIGURE 18: MAP OF ALACHUA COUNTY BY ZIP CODE



Source: Prepared by WellFlorida Council, 2020

FIGURE 19: PERCENT OF BIRTHS TO TEENS AGED 15-17 YEARS, ALACHUA COUNTY AND FLORIDA, 2013-2018.



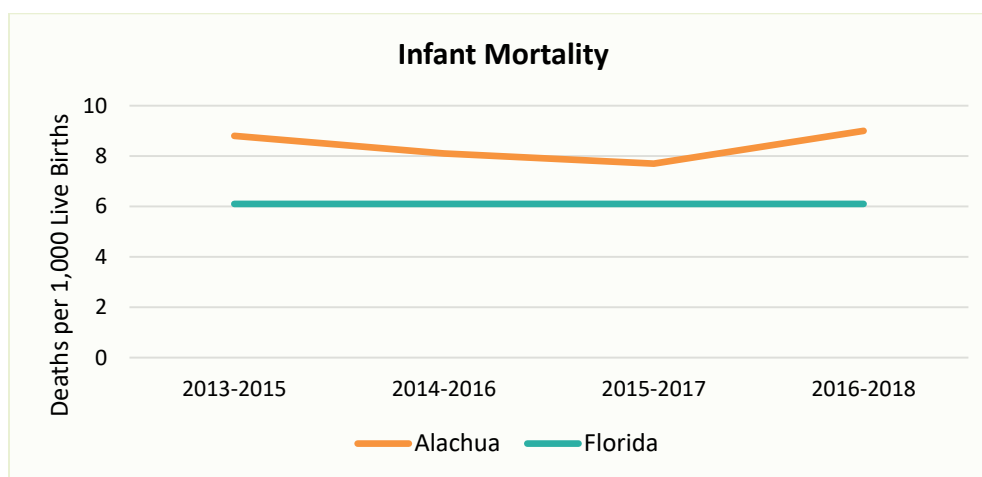
Source: Table 120, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

Infant Deaths

Over the last few years, infant mortality in Alachua County has been consistently higher than the state average. Infant mortality represents death of an infant in the first year of life; this measure only includes live birth infants. From 2016-2018, there were 76 infant deaths in Alachua County. This translates to an infant death rate of 9.0 per 1,000 live births compared to the state rate of 6.1 deaths per 1,000 live births in the same time period. Figure 20 shows infant death rates over time in Alachua County versus Florida (Tables 107-108, Technical Appendix).

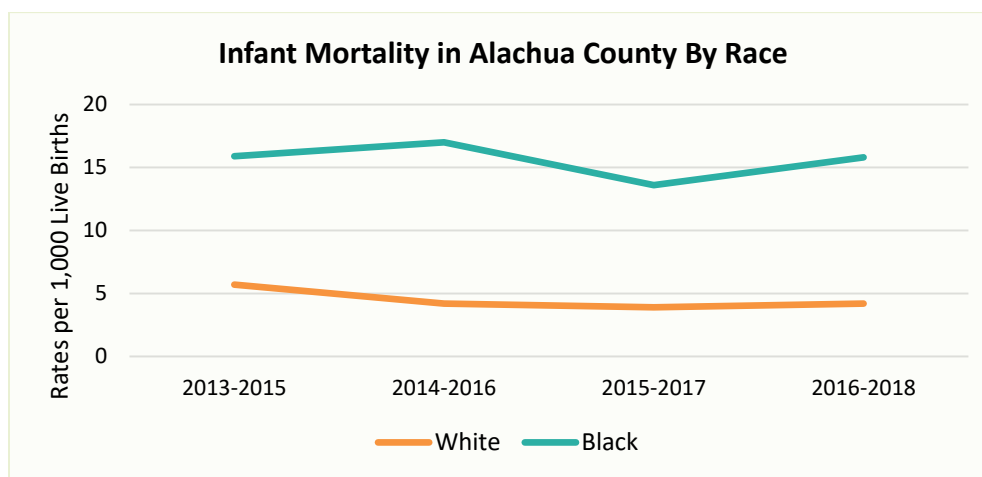
Of concern is the county's racial disparity in infant mortality. From 2016-2018, the infant death rate for the White population in Alachua County was 4.2 deaths per 1,000 live births while for the Black population, it was almost four-fold at 15.8 deaths per 1,000 live births (see Figure 21). The Hispanic population had an infant death rate similar to the White population at 4.3 deaths per 1,000 live births for the same period. When making comparisons to the state as a whole, data since 2013 show that Black residents in Alachua County have had persistently high infant mortality compared to Black residents across the state. From 2016-2018, Black residents in Florida experienced an infant death rate of 11.2 per 1,00 live births (compared to 15.8 in Alachua County as mentioned prior). In contrast, White and Hispanic Alachua County residents experienced a lower infant death rate than the average for White and Hispanic populations in the state (Table 108, Technical Appendix).

FIGURE 20: INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, ALACHUA COUNTY AND FLORIDA, 2013-2018.



Source: Table 108, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

FIGURE 21: INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, BY RACE, ALACHUA COUNTY AND FLORIDA, 2013-2018.



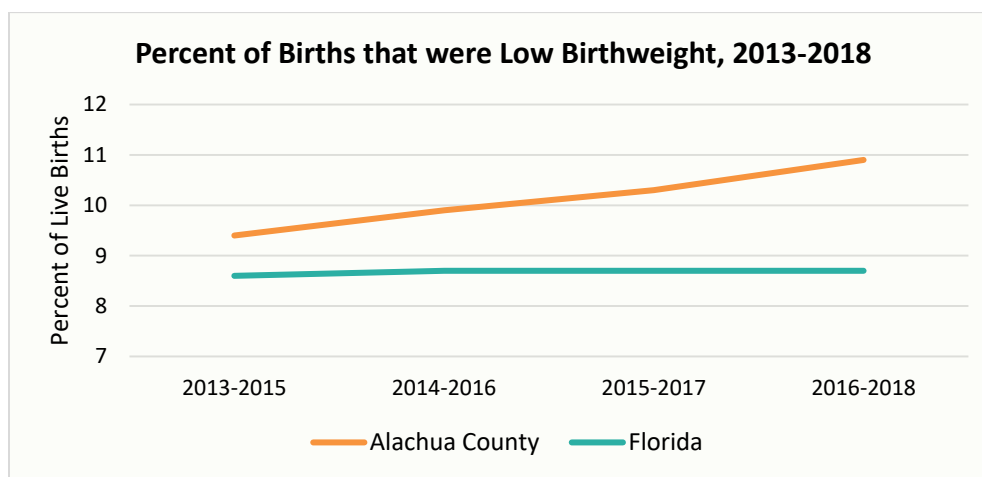
Source: Table 108, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

The highest infant death rates from 2016-2018 for Black Alachua County residents occurred in Gainesville, specifically zip codes 32601, 32607, and 32653. The highest infant death rate was 26.7 per 1,000 live births in zip code 32601. For White residents, the highest infant death rates were observed in Hawthorne and High Springs, zip codes 32640 and 32643 respectively. The highest infant death rate was in Hawthorne at 14.3 per 1,000 live births. The Hispanic community experienced the highest infant death rates in High Springs (Table 108, Technical Appendix). It is important to note that the actual numbers in any given year are small, thus the rates of infant death can vary substantially from year to year. This is particularly true of the Hispanic population, whose population relative to racial groups is small. When raw numbers are low, cases can have a disproportionate impact on the standardized rates. In this case, the rates can be used to compare groups within a population but there is limited ability to broadly characterize the problem.

Low Birthweight (LBW)

Closely related to infant deaths are low birthweight (LBW) births. Low birthweight is defined as weight of a newborn less than 2,500 grams. This condition is often associated with prematurity and health conditions leading to inadequate fetal nutrition. From 2016-2018, there were a total of 916 LBW births in Alachua County. This translates to 10.9 percent of total births, higher than the rate for Florida of 8.7 percent. Data since 2013 show that the percent of births that are LBW have been rising over time in Alachua County (Tables 109-110, Technical Appendix). Figure 22 shows percent of births that were LBW over time in both the county and the state.

FIGURE 22: PERCENT OF BIRTHS THAT ARE LOW BIRTHWEIGHT, ALACHUA COUNTY AND FLORIDA, 2013-2018.



Source: Table 110, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

Prenatal Care

The timing of entry into prenatal care can be an important marker of maternal and infant health. Ideally, prenatal care starts in the first 13 weeks of pregnancy, or the first trimester. From 2016-2018, 71.6 percent of births in Alachua County received care in the first trimester. This is higher than the state rate of 69.2 percent. Among the White population, 75.2 percent of births received first trimester care, compared to 68.7 percent among Hispanic residents and 64.0 percent among Black residents in Alachua County. Areas with the lowest first trimester care included Alachua (ZCTA 32616), Earleton (ZCTA 32631), and Waldo (ZCTA 32694). First trimester care rates were as low as 50 percent in these areas, which may indicate disparity in access to care (Table 112, Technical Appendix).

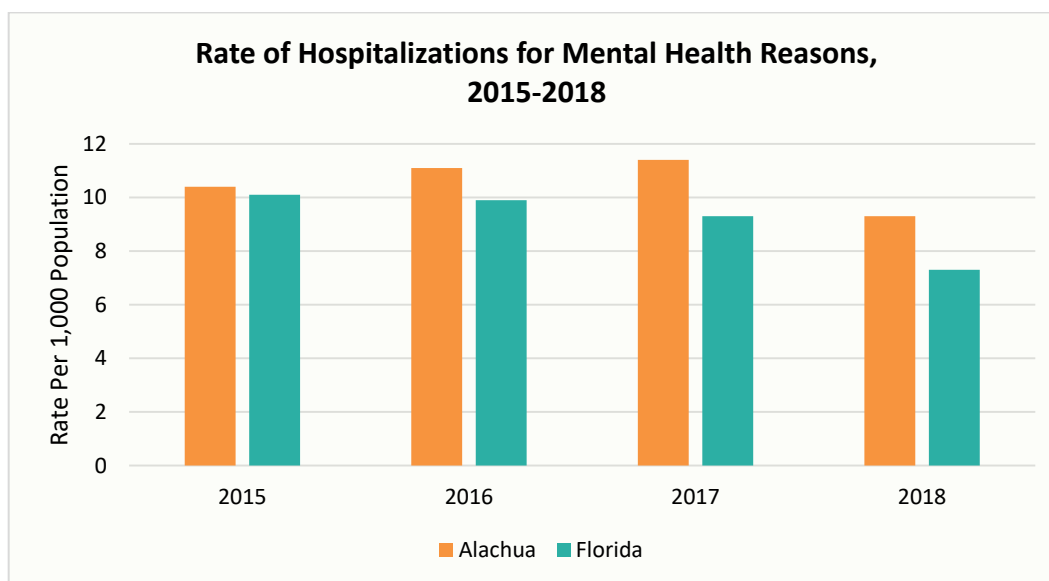
MENTAL HEALTH

Reviewing hospital discharge and emergency department data may yield insights into mental health status of a community. Common mental health issues, including anxiety and depression, are interlinked with a variety of individual and public health issues, such as substance abuse, domestic violence, and suicide.

For calendar years January 2015 through September 2018, the rate of hospitalizations for mental health reasons among all age groups in Alachua County exceeded the state rate. The most recent data from January to September 2018 show that Alachua County had 2,478 hospitalizations for mental health reasons, a rate of 9.3 per 1,000 population. This is in contrast to the state rate of 7.3 hospitalizations per 1,000 population (Table 93, Technical Appendix). Data for the 2018 calendar year are incomplete; however, the rate of mental health hospitalizations in Alachua County seems to be rising over time (see Figure 23). Emergency

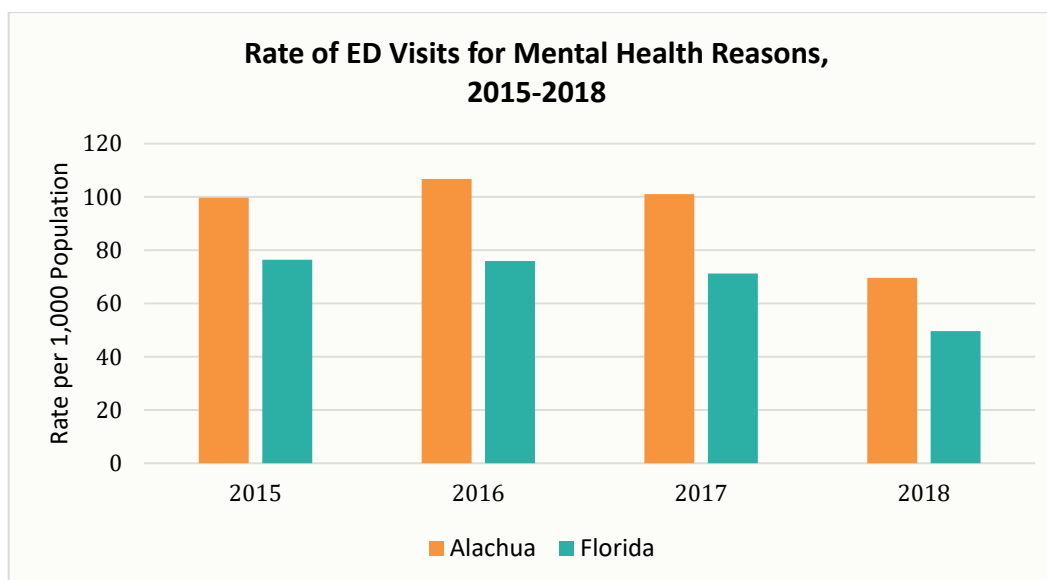
department (ED) visits for mental health reasons in Alachua County also exceeded the state rate (see Figure 24). From January to September 2018, there were 18,471 ED visits for mental health reasons in Alachua County, which translates to a rate of 69.6 per 1,000 population. This is higher than the state rate of 49.6 per 1,000 population in the same time period. Subgroup analysis by age shows that adults age 18 years and over had a higher rate of ED visits for mental health reasons (79.8 per 1,000 population) compared to minors (19.5 per 1,000 population) from January to September 2018 (Table 94, Technical Appendix).

FIGURE 23: HOSPITALIZATIONS FOR MENTAL HEALTH REASONS, RATES PER 1,000 POPULATION, ALACHUA COUNTY AND FLORIDA, CALENDAR YEARS 2015 – SEPTEMBER 2018.



Source: Table 93, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020. Data for 2018 only includes January through September 2018.

FIGURE 24: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS, RATE PER 1,000 POPULATION, ALACHUA COUNTY AND FLORIDA, JANUARY 2015 – SEPTEMBER 2018.



Source: Table 94, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020. Data for 2018 only includes January through September 2018.

Baker Act Initiations

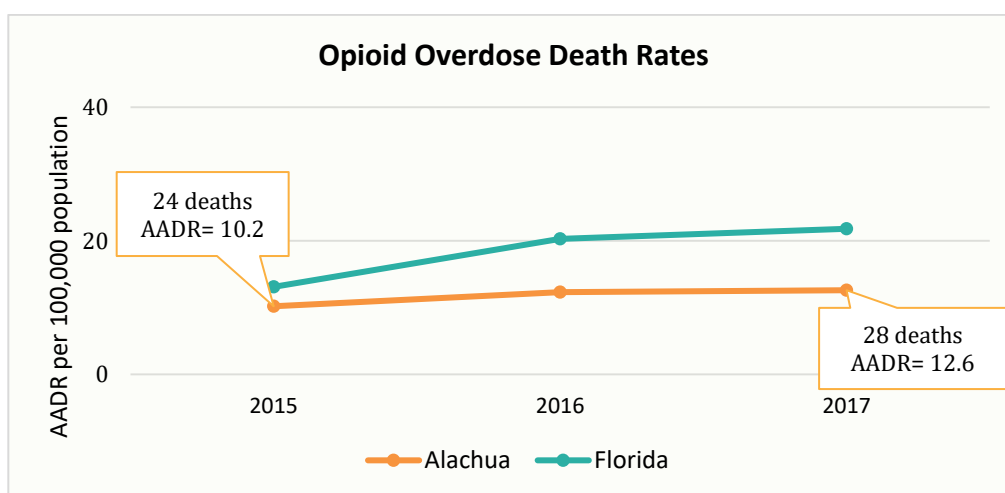
According to the most recent data from the University of South Florida, Department of Mental Health Law and Policy, the rate of involuntary exam initiations, commonly referred to as Baker Act initiations, increased significantly between 2010 and 2015 in Alachua County. In 2015, Alachua County experienced 2,337 Baker Act initiations, a rate of 914.2 per 100,000 persons. Despite the upward trend, the rate of exam initiations in Alachua County has consistently stayed below the state rate. In 2015, for example, the state had a rate of 972.0 exam initiations per 100,000 persons (Table 96, Technical Appendix). More recent data is available on specific populations, including children under 18 years as well as adults 64 years and older. In the fiscal year 2017-2018, children in Alachua County comprise 23.2 percent of all Baker act initiations, higher than the state proportion of 17.5 percent. Conversely, older adults in Alachua County only comprised 4.8 percent of Baker Act initiations, lower than the state average of 7.4 percent (Table 97, Technical Appendix).

Opioid and Drug Use

The prevalence of Opioid Use Disorder continues to be of high concern at both the regional, state and national level. The most recent available data from the Florida Department of Health shows that in 2017, Alachua County experienced 28 opioid overdose deaths. From 2015-2017, the age-adjusted rate of opioid overdose deaths in Alachua County rose from 10.2 deaths per 100,000 to 12.6 deaths per 100,000 population. Despite this uptick, the rate of opioid overdose deaths in the county has remained below the

state rate. In 2017, the state of Florida experienced an age-adjusted rate of 21.8 deaths per 100,000 population. Figure 25 compared trends in opioid overdose deaths over time at the county versus state level (Table 102, Technical Appendix).

FIGURE 25: OPIOID OVERDOSE DEATHS, AGE-ADJUSTED RATE PER 100,000 POPULATION, ALACHUA COUNTY AND FLORIDA, 2015 –2017.



Source: Table 102, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

Neonatal Abstinence Syndrome (NAS) describes a combination of clinical symptoms in infants less than 28 days old who were exposed to opioid prescription or other illicit drugs during pregnancy. The syndrome is most commonly associated with opioids, but other substances, including nicotine, can be implicated. Due to ambiguities in diagnosis, there are challenges to standardization of screening in newborns. Thus, although rates of NAS are considered an important marker of opioid use disorder in the community, reported data may underestimate true prevalence of the syndrome. In the time period between 2015-2017, Alachua County had decreasing rates of documented neonatal abstinence syndrome. In 2017, Alachua County had an NAS rate of 46 per 10,000 live births, a significant decline from 76.3 per 10,000 live births in 2015. According to the latest state level data in 2016, the rate of NAS in Alachua County (66.4 per 10,000 live births) was comparable to the state rate (65.8 per 10,000 live births) in that year (Table 102, Technical Appendix). Other markers of drug use in Alachua County, including total drug overdose deaths, non-fatal opioid drug overdoses, and drug arrests have remained relatively stable over time (Tables 102-103, Technical Appendix).

Other Substance Use Indicators

Other substance use indicators included in the *2020 Alachua County Community Health Assessment Technical Appendix* relate to alcohol use disorder. The effects of excessive alcohol use have been highlighted in recent years due to the relation of alcohol with burden of chronic disease, particularly liver disease and mental health illness. In 2016, Alachua County had 20.9 percent of residents report engagement in heavy or binge drinking (Table 99, Technical Appendix). This is higher than the state rate of 17.5 percent. Meanwhile, rates of alcoholic liver disease in Alachua County have increased in recent years. In 2017, Alachua County had 9.5 cases of alcoholic liver disease per 100,000 population of selected liver deaths. This is higher than the state rate of 6.3 per 100,000 in the same time period (Table 100, Technical Appendix).

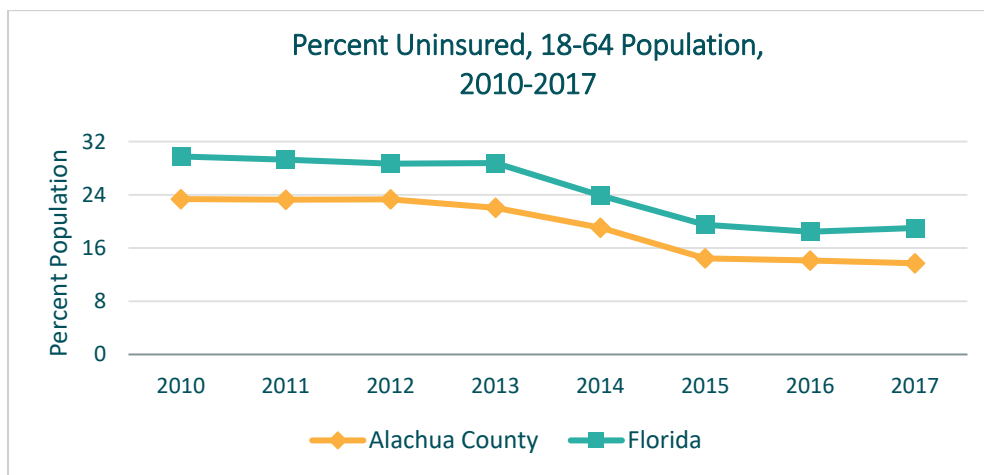
HEALTH CARE ACCESS AND UTILIZATION

Health insurance and access to health care facilitate early detection and treatment of illness as well as promote crucial continuity of care to maintain quality of life and minimize premature death or disability. It is therefore useful to consider insurance coverage and health care access in a community health assessment. The *2020 Alachua County Community Health Assessment Technical Appendix* includes data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payor source. Key findings from these data sets are presented below.

UNINSURED

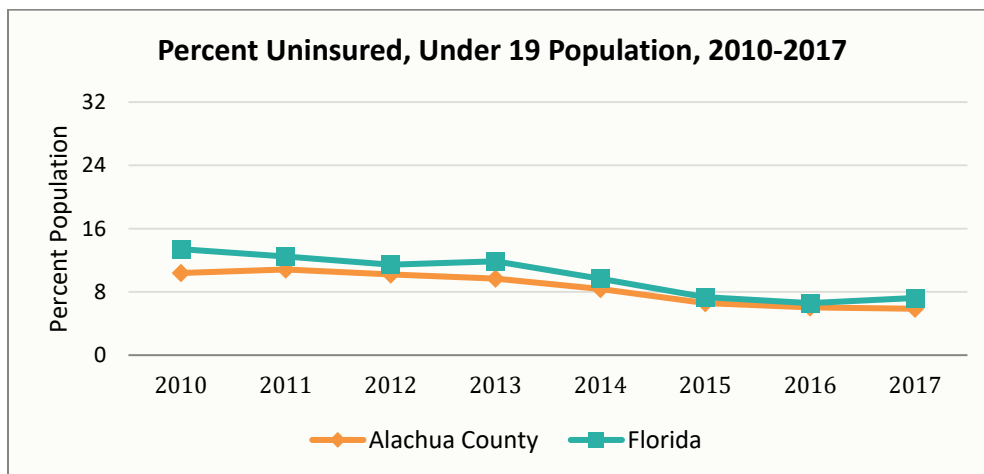
In 2017, 13.7 percent of adults in Alachua County between the ages of 18-64 years were uninsured. This is markedly lower than the state average, which shows 19.0 percent of Floridian adults as uninsured. Figure 26, which depicts trends in the uninsured rate of this age group over time, shows that there was significant decline in the uninsured population between 2013-2014 at both the state and county level, potentially a consequence of Patient Protection and Affordable Care Act (PPACA) legislation. Since then, the uninsured rate has relatively plateaued, although marginal decline continues from year to year (Table 51, Technical Appendix). Uninsured rates are generally much lower among the population under 19 years of age and demonstrate a similar trend of decline over recent years. In 2017, 5.9 percent of the Alachua County population under 19 years was uninsured, lower than the state rate of 7.2 percent. Figure 27 shows trends over time in this population (Table 51, Technical Appendix).

FIGURE 26: PERCENT OF UNINSURED POPULATION 18-64 YEARS OF AGE, ALACHUA COUNTY AND FLORIDA, 2010-2017.



Source: Table 51, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

FIGURE 27: PERCENT OF UNINSURED POPULATION LESS THAN 19 YEARS OF AGE, ALACHUA COUNTY AND FLORIDA, 2010-2017.

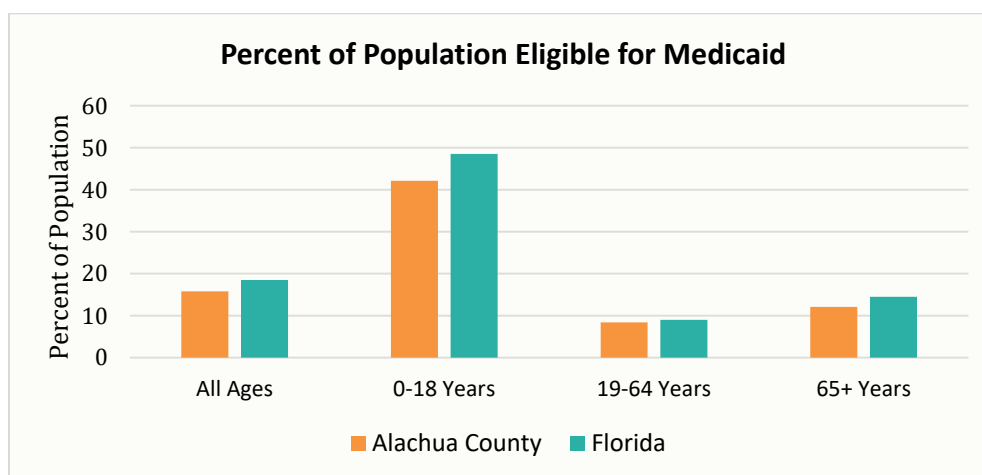


Source: Table 51, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

MEDICAID AND PAYOR SOURCE

The term, Medicaid eligible, refers to those who both qualify for and receive Medicaid benefits. According to the Agency for Health Care Administration, 15.8 percent of the Alachua County population was deemed a Medicaid eligible in 2018, lower than the state proportion of 18.5 percent (Table 146, Technical Appendix). Subgroup analysis by age in Alachua County shows that the age group of 0-18 years had the highest proportion of Medicaid eligibles in 2018. Compared to the state, Alachua County had a lower percentage of Medicaid eligibles across all age groups. Figure 28 depicts Medicaid eligibles by age group at both the county and state level (Table 146, Technical Appendix).

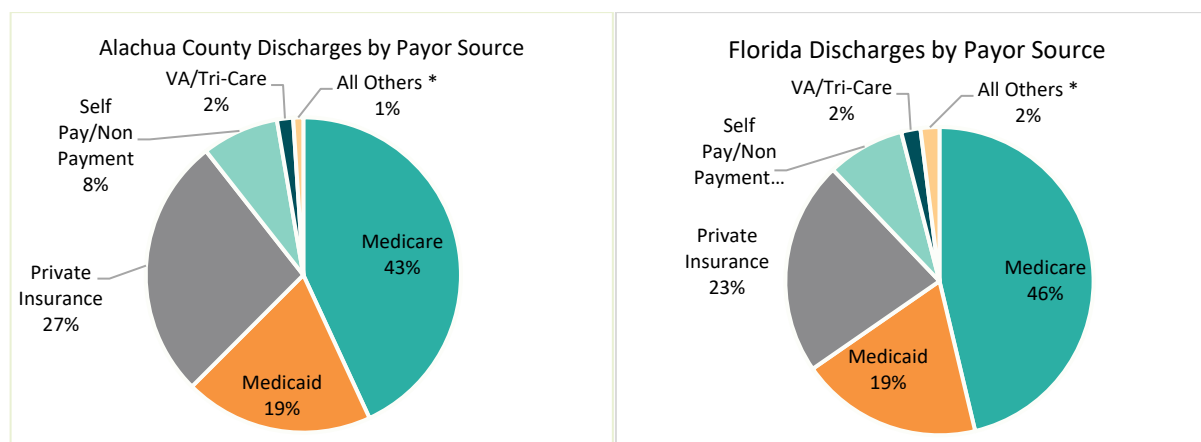
FIGURE 28: PERCENT OF POPULATION ELIGIBLE FOR MEDICAID, BY AGE, ALACHUA COUNTY AND FLORIDA, 2010-2017.



Source: Table 146, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

Data on payor sources, retrieved at time of hospital discharge, can provide additional context to the breakdown of insured and uninsured populations in the community. The data can help demonstrate whether hospital utilization is particularly high among the uninsured or among specific groups of insured individuals. Hospital discharge data from January to September 2018 show a similar distribution of payor source in Alachua County compared to that across the state (See Figure 29). In Alachua County, the largest portion of discharges, about 43 percent, were linked to patients on Medicare, followed by 27 percent on private insurance and 19 percent on Medicaid. Only about 8 percent were self-pay or non-payment, and an even smaller fraction, 2 percent, were VA (Veterans Affairs) or Tri-Care. The proportion of uninsured individuals that are discharged from the hospital is smaller than expected given that the uninsured population represent close to 14 percent of the Alachua County population (Table 156, Technical Appendix).

FIGURE 29: PERCENT OF DISCHARGES, BY PAYOR SOURCE, ALACHUA COUNTY AND FLORIDA, JANUARY-SEPTEMBER 2018.



Source: Table 156, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020. All other payor sources include Workers Compensation, Other State/Local Government, KidCare, and Commercial Liability Coverage.

PHYSICIAN, DENTIST AND OTHER HEALTHCARE PROFESSIONAL AVAILABILITY

The presence of two major medical systems and teaching hospitals in Gainesville, UF Health Shands Hospital and North Florida Regional Medical Center, greatly influences the number of per capita healthcare professionals in the area. It is important to note that the data on health professionals reflect all licensed professionals in the area, including many faculty members who may not be full-time clinicians. As such, the number of professionals of a certain specialty may not reflect the number of professionals serving community members full-time.

As expected, the rate of total physicians in Alachua County far exceeds the state average. The measure of total physicians encompasses specialties associated with primary care, including internal medicine, family medicine, obstetrics/gynecology, and pediatrics. In the fiscal year 2018-2019, Alachua County had 963.4 physicians per 100,000 population compared to the state average of 314.6 per 100,000. This rate has seen significant growth since the 2010-2011 fiscal year, when the rate was 688.4 per 100,000 population. The specialty with the highest rate was internal medicine (133.1 per 100,000 population). The specialty with the lowest rate was obstetrics/gynecology (19.3 per 100,000 population). The rate of physicians in each specialty has seen significant fluctuation over the years with a trend towards growth in pediatrics and internal medicine in recent years (Table 150, Technical Appendix).

There were 313 dentists in Alachua County in the 2018-2019 fiscal year. This translates to a rate of 118.7 per 100,000 population, a rate significantly higher than the state average at 57.6 per 100,000 population. The rate of dentists has not grown significantly in the last ten years despite the high need for dental care

services in the area. From 2008 until the latest available data in 2019, the rate of dentists in Alachua County only grew from 114 per 100,000 population to 118.7 per 100,000 population (Table 152, Technical Appendix).

HEALTH CARE FACILITIES

In parallel with the high rates of healthcare professionals, Alachua County has a high rate of hospital facility resources. In 2018, Alachua County had 1,615 total hospital beds, a rate of 612.3 per 100,000 population. This was more than double the state average rate of 308.2 per 100,000. Further, the number of hospital beds has remained relatively stable over the last ten (10) years (Table 149, Technical Appendix).

Not all types of health facilities in Alachua County, however, are available in excess to the state. In 2018, the number of nursing home beds in Alachua County was 1,037 beds or 393.2 beds per 100,000 population. This is slightly lower than the state average of 399.8 per 100,000 population (Table 149, Technical Appendix). Together, the data imply that the healthcare facilities available in Alachua County, as reflected by hospital beds, are disproportionally geared toward acute care services as opposed to long term care, an important service for the elderly.

In parallel to the aforementioned findings, Alachua County also had lower rates of home health agencies (8.2 per 100,000 population), assisted living facilities (4.5 per 100,000 population), and adult day care centers (0.7 per 100,000 population) compared to state averages as of 2020 (Table 148, Technical Appendix).

AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

According to the Centers for Disease Control and Prevention, potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g. dehydration) or worsening chronic conditions (e.g. congestive heart failure) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. Because hospitalization data is gleaned at time of discharge, the term, “avoidable discharge”, is utilized as a proxy for avoidable hospital admissions.

Between January through September 2018. There were 2,003 avoidable discharges in Alachua County among the population younger than 65 years of age. Private insurance was the most common payor source (30.4 percent) for these avoidable discharges, followed by Medicaid (29.9 percent) and Medicare (22.1 percent). In comparison, the most common payor source for avoidable discharges in the state for the same time period was Medicaid at 29.8 percent followed by private insurance at 27.9 percent (Table 159, Technical Appendix). In this time period, rates of avoidable discharges were highest in the following areas: ZCTA 32641 in Gainesville (17.7 per 1,000 population), ZCTA 32609 in Gainesville (15.4 per 1,000 population), and ZCTA 32631 in Earleton (13.1 per 1,000 population) (Table 158, Technical Appendix).

The ten (10) leading causes of avoidable discharges for Alachua County residents under the age of 65 years for the most recent reporting period of January through September 2018 are shown in Table 3 below (Table 161, Technical Appendix). Data from the Florida Department of Health Community Health Assessment Resource Tool Set show that hospitalization rates for asthma are particularly high in Alachua County (109.2 per 100,000 in 2018) relative to the state (68.6 per 100,000 in 2018). The data also suggest that children may be disproportionately impacted

(<http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=9755>, accessed May 26, 2020).

TABLE 3: TOP 10 REASONS FOR AVOIDABLE DISCHARGES, ALACHUA COUNTY, JANUARY-SEPTEMBER 2018.

Avoidable Reason	Percent of Total (N=2,003)
Dehydration - volume depletion	43.3
Chronic Obstructive Pulmonary Disease	8.6
Nutritional Deficiencies	8.6
Asthma	8.0
Grand mal status and other epileptic convulsions	6.9
Cellulitis	6.6
Diabetes "B"	6.4
Congestive Heart Failure	4.8
Diabetes "A"	4.0
Gastroenteritis	2.0

Source: Table 161, *2020 Alachua County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2020.

From January through September 2018 for Alachua County residents, 82.7 percent of all dental hospitalizations were deemed avoidable, translating to a total of 201 avoidable dental hospitalizations. The percent of avoidable dental hospitalizations in Alachua County was comparable to the state rate of 83.1 percent (Table 154, Technical Appendix). Relatedly, in the same time period, there were 2,793 preventable oral health Emergency Department (ED) visits, comprising about 96.1 percent of all oral health ED visits. Compared to the state, Alachua County had a higher total preventable ED visit rate in this time period of 10.5 visits per 1,000 population relative to the state rate of 6.1 per 1,000 population (Table 153, Technical Appendix).

In terms of overall ED utilization, Alachua County experienced a rate of 320.7 ED visits per 1,000 population in the time period of January-September 2018. This exceeded the state rate of 308.9 visits per 1,000 population (Table 162, Technical Appendix). The predominant payor source for ED visits in the county was private insurance at 31.4 percent, followed by Medicaid at 28.9 percent. Self-pay or non-payment ED visits, which is assumed to capture the uninsured population, only comprised 18.1 percent of ED visits (Table 163, Technical Appendix). In comparison, the predominant payor source for all ED visits in the state Florida during the same time period was Medicaid (31.3 percent), followed by private insurance (25.5 percent). Self-pay or non-payment ED visits comprised 18.6 percent of visits in the state (Table 163, Technical Appendix). The main reasons for the ED visits by Alachua County residents during the most recent reporting period included, in descending order, cough, abdominal pain, chest pain, headache, fever, low back pain, other specified disorders of teeth, acute pharyngitis, rash, and shortness of breath; about 67.2 percent of reasons are classified as “all others” (Table 164, Technical Appendix).

HEALTH DISPARITIES AND HEALTH EQUITY

The Centers for Disease Control and Prevention defines health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations” (<https://www.cdc.gov/healthyyouth/disparities/index.htm>, accessed February 18, 2020). Health equity is described as “the attainment of the highest level of health for all people” (https://www.cdc.gov/minorityhealth/publications/health_equity/index.html, accessed February 18, 2020). The World Health Organization states that the social determinants of health – those conditions in which people are born, grow, live, work, and age – are principally responsible for health inequities (https://www.who.int/social_determinants/en/, accessed February 18, 2020).

Some notable health disparities, or differences in health status, were found during the course of the Alachua County Community Health Assessment. The assessment also examined potential forces of health inequity as outlined by the Prevention Institute.

(https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20_Full_Report.pdf, Accessed February 20, 2020). According to the Prevention Institute, determinants of health include 1) structural drivers, such as distribution of wealth and power; 2) community determinants, such as physical and economic environment, and 3) quality healthcare. The need for measurable indicators in each of these three (3) domains is emphasized. Below we summarize patterns of health disparity and potential indicators of health inequity for Alachua County.

HEALTH DISPARITIES

Mortality. The analysis of top causes of death revealed that mortality rates in Alachua County were higher than state averages for diseases, such as cancer and diabetes. Breaking down this data by racial group revealed distinct patterns of disease. Notably, the Black population in Alachua County seems to bear greater burden of chronic disease, particularly those diseases that require high level continuity of care. This is made evident by higher rates of mortality among Black residents, as described in this report, for diabetes, kidney disease, perinatal conditions, hypertension, and HIV. In contrast, among Alachua County’s White population, mortality from chronic lower respiratory disease, suicide, and liver disease were relatively higher.

Maternal and Infant Health. Several racial and ethnic disparities were evident in the realm of maternal and infant health. Infant mortality and low birthweight (LBW) births among the Black population in Alachua County is an area of particular concern. In the time period of 2016-2018, infant death rate was almost four-fold higher among Black residents (15.8 deaths per 1,000 population) relative to White (4.2 deaths per 1,000 population) and Hispanic (4.3 deaths per 1,000 population) counterparts. Further, the magnitude of this disparity appears to be worse in Alachua County than the state as a whole. Compared to the infant death rate among Black residents in Alachua County (15.8 death per 1,000 population), the average death rate for *all* Black communities in Florida was lower (11.2 deaths per 1,000 population). LBW birth trends since 2013 demonstrate a similar pattern with disparities widening in recent years. From 2016-2018, LBW births among Black Alachua County residents (17.8 percent) was over double the rate among White (7.5 percent) and Hispanic (7.3 percent) residents. Overall, from 2016-2018, the infant mortality rates and LBW birth rates were higher for the county than the state with significant disparities among racial groups.

Percent of residents receiving prenatal care in the first trimester demonstrated both racial and ethnic gaps. From 2016-2018, it was estimated 75.2 percent of White Alachua County residents received prenatal care in the first trimester compared to 68.7 percent among Hispanic residents and 65 percent among Black residents. The burden of teen pregnancy was predominantly shouldered by Black residents in Alachua County as well. Although rates of teen pregnancy have trended downwards, Black residents had a significantly higher teen pregnancy rate (2.1 percent) relative to White counterparts (0.3 percent) from 2016-2018.

HEALTH INEQUITIES

Life Expectancy and Infant Mortality by Geography. Life expectancy among both males and females in Alachua County was lower than the state averages. Further, significant disparities were evident by racial group. White males in Alachua County had a life expectancy (76.5 years) over five (5) years longer than Black males (71.3 years). White females in Alachua County had a life expectancy (81.2 years) over three (3) years longer than Black females.

Infant mortality, discussed prior, differed among racial groups by geographic distribution, which may be an indicator of structural drivers of inequity. Highest infant mortality rates for Black Alachua County residents were observed in Gainesville (zip codes 32601, 32607, 32653). White and Hispanic residents had higher infant mortality observed in High Springs (zip code 32643).

Local Wealth. In 2018, Alachua County had a notably higher adult poverty rate, 19.8 percent, than the state average (13.7 percent). Relatedly, median income per household between 2014-2018 was almost 4,000 dollars lower for the county (49,078 dollars) relative to the state as a whole (53,267 dollars). Racial and ethnic disparities in median household income were observed. White residents had much higher median household incomes (54,112 dollars) compared to Hispanic residents (42,410 dollars) and Black residents (30,132 dollars). Income inequality by racial group was worse at the county level than the state level.

Quality Healthcare. Despite having a wealth of medical resources concentrated in the city of Gainesville, only 69.5 percent of Alachua County residents reported having a personal doctor, slightly lower than the

state average of 72 percent. Further, although there were few explicit indicators of healthcare quality in the secondary analysis, there were patterns of disease and health care that may be linked to access. One example is the difference in prenatal care rates by geographic region. Although first trimester prenatal care rates for all racial and ethnic groups averaged above 60 percent, there were areas (Earleton – ZCTA 32631, Waldo – ZCTA 32694) where first trimester prenatal care was only 50 percent. This may be linked to community determinants of health, such as mobility and transportation. Finally, different patterns of disease between racial groups, as discussed prior, could indicate differential access to continuous, reliable care.

SUMMARY

In summary, the Alachua County Community Health Assessment and its companion, the *2020 Alachua County Community Health Assessment Technical Appendix* provide rich data resources to better understand the social, environmental, behavioral, and healthcare factors that contribute to health status and health outcomes in Alachua County. The data and findings also point to the need for further exploration of certain contributory factors, gaps, and root causes of outcomes in order to improve health, quality of life, and ultimately, equity in the county.

Mortality data show that rates of chronic disease are high in Alachua County, particularly within the Black population, underlining a need for primary prevention and wellness interventions. Other indicators provide evidence of diminishing quality of life and increasing burdens of mental health and substance use disorder. Among White residents in Alachua County, for example, suicide and liver disease constitute some of the top causes of death. Further study is needed to determine how these factors are interwoven and coalesce in the community; it may signal need for continuing efforts to improve mental health and substance use resources. There are particular challenges and concerns in the areas of infant mortality and maternal health. Disparities exist across racial or ethnic groups and geography. Trends suggest that rural communities and vulnerable urban populations may warrant renewed focus and targeted interventions to improve access to care. Finally, economic opportunity may be another future area of focus given disparities in income between racial and ethnic groups; however, trends in education and unemployment are encouraging and demonstrate the community's investment in economic well-being. As evidenced in this robust community health assessment process and historic commitment to community collaboration, these findings will inform and inspire the next cycle of community health improvement planning for Alachua County.

Community Themes and Strengths Assessment

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the healthcare experience are essential to fully understanding a community's health. The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?" "What factors define a healthy community?" and "What are the most important health problems in your community?" This assessment results in a strong understanding of community issues, concerns, and perceptions about quality of life through the lens of community members and providers. Both the Florida Department of Health in Alachua County (FDOH-Alachua) and the University of Florida (UF) Health Shands played lead roles in the development of this assessment.

COMMUNITY HEALTH SURVEY

METHODOLOGY

A survey was developed to query individuals about community health issues and the healthcare system from the perspective of Alachua County residents. For surveying purposes, a community member was defined as any person 18 years of age or older who resides in Alachua County; this included seasonal residents. Responses from individuals who did not meet the aforementioned criteria were not included in the data analysis. The survey included 33 questions and eight (8) demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A paper version of the electronic survey was available upon request. Responses from completed paper surveys were hand-entered into the Qualtrics® database. The survey instrument was tested for readability. Prior to deployment, the electronic version of the survey was pre-tested for functionality and ease of use.

A convenience sampling approach was utilized for collecting survey responses; i.e., respondents were selected based on accessibility and willingness to participate. The survey went live on January 14, 2019 and remained available through March 2, 2019. The surveys were available electronically on WellFlorida's website with the link shared by numerous community agencies. Through a partnership with the University of Florida, students enrolled in the course WST 4911 Community Assessment and Social Inequality distributed surveys in agencies serving historically underrepresented groups; they provided reading assistance, as needed. Twenty-four students worked in teams to collect surveys at the following locations:

- Archer Clinic
- ACORN Clinic – site managed by 4 practicum students
- Eastside Clinic
- Equal Access Clinics Network
- Helping Hands Clinic/GRACE
- Rahma Mercy Clinic
- Department of Health-Alachua
- Library Partnership

- Cone Park Library Resource Center
- Southwest Advocacy Group (SWAG)
- Project Downtown/Bo Diddley Plaza
- UF Health Shands Atrium
- Alachua County Senior Center

Members of the steering committee promoted the survey via their websites and social media accounts and via the use of printed flyers. WellFlorida distributed print flyers, purchased advertisements via Facebook and Twitter, utilized listserv messages to community partner agencies and website postings of the survey link in order to promote the survey.

At the time the survey closed there were 1730 community surveys in the electronic database classified as follows: 207 incomplete surveys, 72 surveys ineligible due to non-residence in Alachua County, zero (0) ineligible due to age, and 1,451 completed surveys. The survey completion rate was calculated at 88 percent; note that the 72 surveys deemed ineligible due to residency requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from 1,451 Alachua County residents (1,424 year round, 27 seasonal) were analyzed.

Participant Profile

Table 4 below shows the demographics of those who completed the community survey. Most participants, 74.1 percent, were between the ages of 25-64 years. Those aged 65 and older represented 17.1 percent of survey participants which is close to their representation in the general population at about 16 percent. More than half (51.5 percent) of survey respondents reported having a four-year college degree or graduate/advanced degree. Full-time employment was reported for 44.4 percent of those who completed the survey with another 17.8 percent indicating they were retired while 12 percent were unemployed. Those in the annual combined household income bracket of \$30,000-49,999 made up 17.7 percent of respondents, followed by 15 percent in the \$50,000-74,999 bracket and 13.8 percent at less than \$10,000. About 14 percent of survey respondents reside in the Gainesville zip code of 32608, another 12.3 percent live in zip code 32605 and 10.8 percent in the 32641 zip code.

TABLE 4: DEMOGRAPHICS OF ALACHUA COUNTY SURVEY RESPONDENTS, FROM COMPLETED ELIGIBLE SURVEYS, 2019.

Demographic Indicator	Alachua County n= 1,451	
	Number	Percent
Age		
0-17	0	0
18-24	102	7.0
25-29	121	8.4
30-39	296	20.6
40-49	224	15.5
50-59	272	18.9
60-64	154	10.7
65-69	125	8.7
70-79	120	8.4
80 or older	25	1.7
Prefer not to answer	12	<1.0
Gender		
Male	327	22.6
Female	1,097	75.6
Transgender	7	<1.0
Prefer not to answer	15	1.0
Other	5	<1.0
Race		
American Indian/ Alaskan Native	10	<1.0
Asian Pacific Islander	28	2.0
Black or African American (Non-Hispanic)	302	20.8
Native Hawaiian and Other Pacific Island	5	<1.0
Two or More Races	57	3.9
White (Non-Hispanic)	932	64.2
Prefer not to answer	89	6.1
Other	28	2.0
Hispanic/Latino Ethnicity		
Not of Hispanic, Latino or Spanish origin	1269	87.5
Mexican, Mexican American or Chicano	15	1.0
Puerto Rican	36	2.5
Cuban	15	1.0

Demographic Indicator	Alachua County n= 1,451	
	Number	Percent
Prefer not to answer	72	5.0
Other	44	3.0
Highest Level of School Completed		
Elementary/Middle	33	2.3
High school diploma, GED	227	15.6
Some college, no degree	238	16.4
Technical or trade school	174	12.0
4-Year college/Bachelor's degree	364	25.1
Graduate/Advanced degree	383	26.4
Prefer not to answer	21	1.5
Other (Associate Degree n = 6)	11	<1.0
Current Employment Status (may include more than one status)		
Employed full-time	644	44.4
Employed part-time	157	10.8
Full-time student	78	5.4
Part-time student	21	1.4
Retired	258	17.8
Self-employed	61	4.2
Unemployed	175	12.0
Work two or more jobs	43	3.0
Prefer not to answer	20	1.4
Other: disabled (n=35, 2.4 percent); homemaker/stay-at-home mom (n=56, 3.9 percent)	91	6.3
How Health Care is Paid For (may include more than one option)		
Health insurance offered from your job or a family member's job	755	52.0
Health insurance that you pay on your own	185	12.7
I do not have health insurance	166	11.4
Medicaid	191	13.2
Medicare	261	18.0
Military coverage/Tricare	47	3.2
Pay cash	128	8.8
Other: Free clinic/charity care (n = 11), did not want to answer (n = 8)	19	1.3

Demographic Indicator	Alachua County n= 1,451	
	Number	Percent
Combined Household Income		
Less than \$10,000	200	13.8
\$10,00 - \$19,999	114	7.8
\$20,000 - \$29,999	138	9.5
\$30,000 - \$49,999	257	17.7
\$50,000 - \$74,999	218	15.0
\$75,000 - \$99,999	145	10.0
\$100,000 - \$124,999	98	6.7
\$125,000 - \$149,999	43	3.0
\$150,000 - \$174,999	33	2.3
\$175,000 - \$199,999	14	1.0
\$200,000 or more	19	1.3
I prefer not to answer	172	11.9
Zip Code of Residence		
32044	0	0
32601	129	8.9
32602	0	0
32603	18	1.2
32604	1	< 1.0
32605	178	12.3
32606	110	7.6
32607	129	8.9
32608	205	14.1
32609	147	10.1
32610	5	< 1.0
32611	0	0
32612	6	<1.0
32614	6	<.1.0
32615	71	4.9
32616	4	<1.0
32618	27	1.9
32622	5	<1.0
32627	3	<1.0
32631	2	<1.0
32633	1	< 1.0

Demographic Indicator	Alachua County n= 1,451	
	Number	Percent
32635	3	<1.0
32640	22	1.5
32641	156	10.8
32643	40	2.8
32653	92	6.3
32655	4	<1.0
32658	4	<1.0
32662	0	0
32666	5	<1.0
32667	8	<1.0
32669	51	3.5
32694	13	1.0
Other: Homeless (.002 percent) Prefer not to answer (.002)		
Note: Total of number of “other” and zip codes at <1.0 = 71 or 5.2 percent		

Source: Alachua County Community Survey, 2019. Prepared by: WellFlorida Council, 2019.

OBSERVATIONS FROM COMMUNITY SURVEY

Figures and tables below summarize the responses to the overarching survey questions. In general, the top ten responses for each question are presented. Questions on the following topics are included in the analysis:

- Factors that most contribute to a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Reasons why individuals did not receive dental, primary, and/or mental care
- Ease and/or difficulty in obtaining and understanding information about health
- Rating of community and individual health

Tables and figures show the percentage of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. There were 1,451 completed surveys included in the analysis.

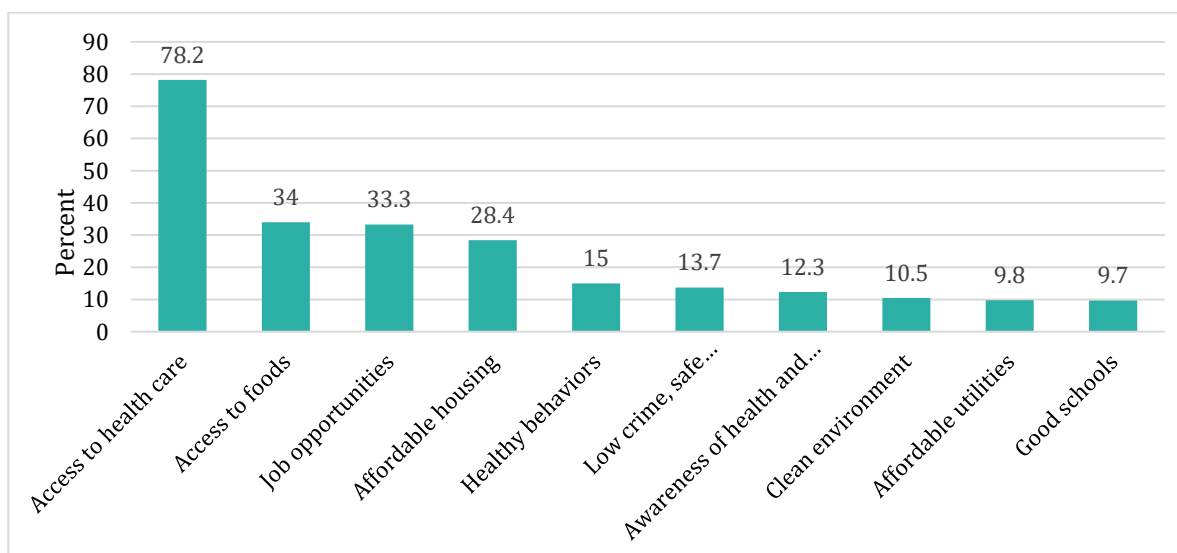
“What do you think contributes most to a healthy community? Choose THREE.”

TABLE 5: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Rank	Factors (Percent of Responses)
1	Access to health care including primary care, specialty care, dental and mental health care (78.2 percent)
2	Access to convenient, affordable and nutritious foods (34.0 percent)
3	Job opportunities for all levels of education (33.3 percent)
4	Affordable housing (28.4 percent)
5	Healthy behaviors (15.0 percent)
6	Low crime and safe neighborhoods (13.7 percent)
7	Awareness of health care and social services (12.3 percent)
8	Clean environment (10.5 percent)
9	Affordable utilities (9.8 percent)
10	Good schools (9.7 percent)

Source: Alachua County Community Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 30: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

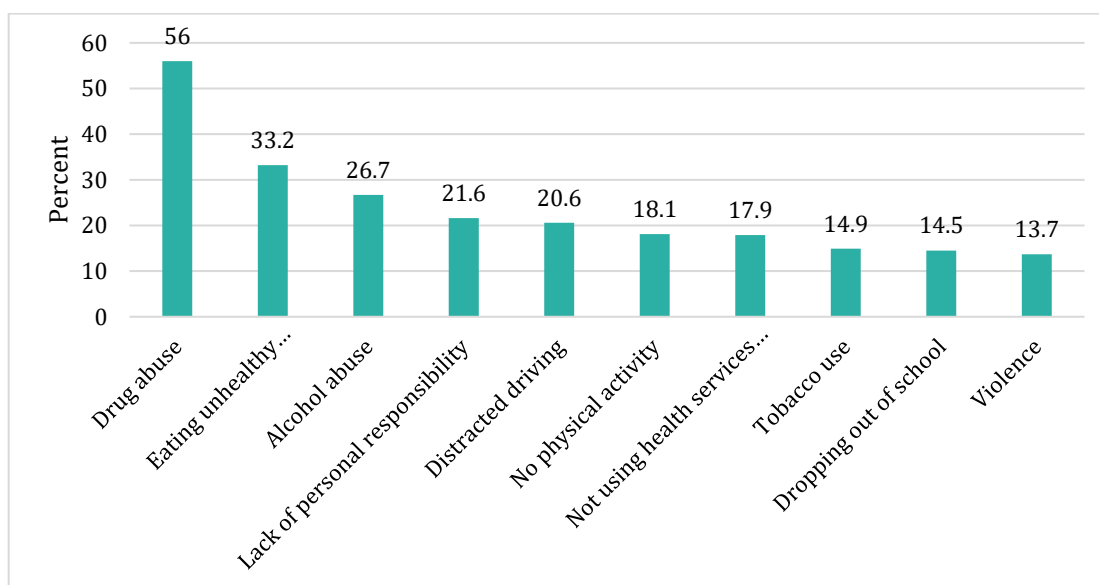
“What has the greatest negative impact on the health of people in Alachua County? Choose THREE.”

TABLE 6: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (56 percent)
2	Eating unhealthy foods/drinking sugar sweetened beverages (33.2 percent)
3	Alcohol abuse (26.7 percent)
4	Lack of personal responsibility (21.6 percent)
5	Distracted driving (e.g., texting while driving; 20.6 percent)
6	No physical activity or insufficient physical activity (18.1 percent)
7	Not using health care services appropriately (17.9 percent)
8	Tobacco use (14.9 percent)
9	Dropping out of school (14.5 percent)
10	Violence (13.7 percent)

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 31: TOP 10 RANKED BEHAVIORS WITH THE GREATEST NEGATIVE IMPACT ON HEALTH, ALACHUA COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.



Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

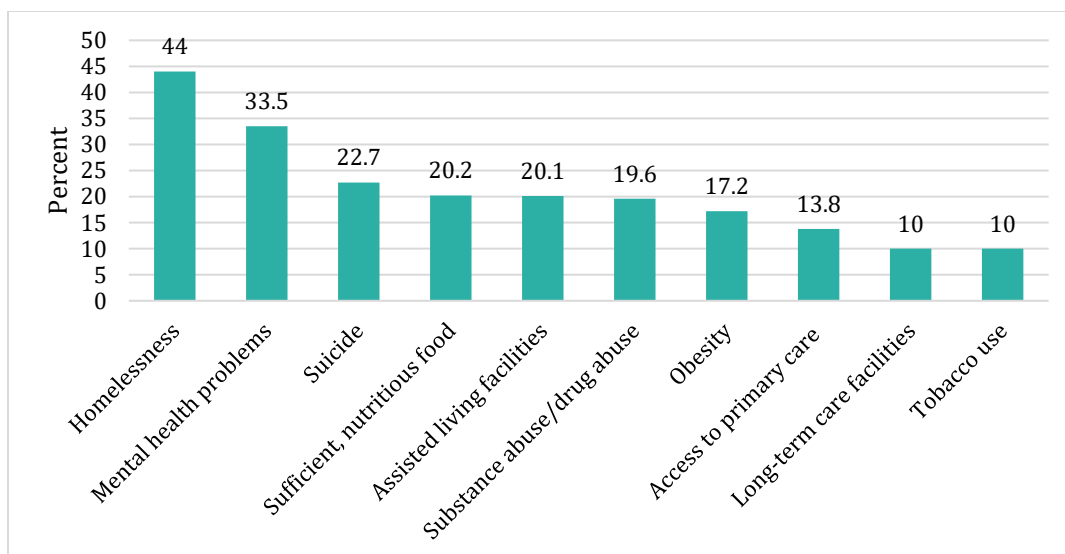
“What 3 health issues are the biggest problems for residents of Alachua County? Choose **THREE.”**

TABLE 7: TOP 10 HEALTH PROBLEMS FOR RESIDENTS OF ALACHUA COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

Rank	Health Problems (Percent of Responses)
1	Homelessness (44.0 percent)
2	Mental health problems (33.5 percent)
3	Obesity (23.0 percent)
4	Suicide (22.7 percent)
5	Access to sufficient and nutritious foods (20.2 percent)
6	Affordable assisted living facilities (20.1 percent)
7	Substance abuse/drug abuse (19.6 percent)
8	Access to primary/family care (13.8 percent)
9, 10 tie	Access to long-term care (10.0 percent)
	Tobacco use (includes e-cigarettes and smokeless tobacco (10.0 percent)

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 32: TOP 10 RANKED HEALTH PROBLEMS FOR RESIDENTS OF ALACHUA COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.



Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

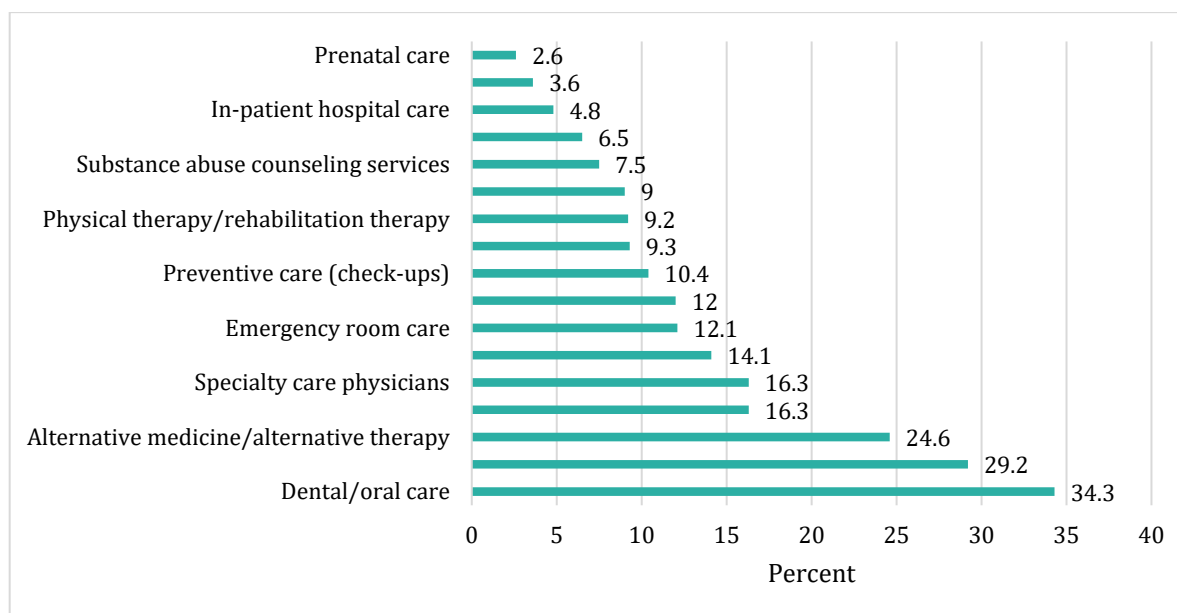
“Which health care service are difficult for you to obtain in Alachua County? Choose ALL that apply.”

TABLE 8: HEALTH CARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN ALACHUA COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

Rank	Health Care Service
1	Dental/oral care (34.3 percent)
2	Mental health services/counseling (29.2 percent)
3	Alternative medicine/alternative therapy (24.6 percent)
4, 5 (tie)	Prescriptions/medications or medical supplies (16.3 percent)
	Specialty care (e.g., heart doctor, neurologist) (16.3 percent)
6	Vision/eye care (14.1 percent)
7	Emergency room care (12.1 percent)
8	Primary care (e.g., family doctor/practitioner) (12.0 percent)
9	Preventive care (e.g., check-ups) (10.4 percent)
10, 11 (tie)	Imaging (e.g., CT scan, mammograms, MRI, X-ray) (9.3 percent)
	Physical therapy, rehabilitation therapy and services (9.3 percent)
12	Urgent care (e.g., walk-in clinic) (9.0 percent)
13	Substance abuse counseling services (e.g., drug, alcohol) (7.5 percent)
14	Laboratory services (6.5 percent)
15	In-patient hospital care (4.8 percent)
16	Family planning/birth control (3.6 percent)
17	Prenatal care (2.6 percent)
Other: All are accessible (5.9 percent), affordable care (.003)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 33: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time you needed dental care, including checkups, but didn't get it?” AND “What were the reasons you could not get the dental care you needed during the past 12 months? Choose ALL that apply.”

TABLE 9: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Dental Care	Response
Received needed care or didn't need care	61.6 percent
Did not receive needed care	38.4 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	74.7 percent
No appointments available or long waits for appointments	19.7 percent
No dentists available	9.7 percent
Service not covered by insurance or have no insurance	55.9 percent
Transportation, couldn't get there	8.1 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	14.5 percent

My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	6.8 percent
Other: Need free care (1.1 percent), fear (1.0 percent), lack of time, motivation (1.0 percent)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time your child or children in your care needed dental care, including checkups, but didn't get it?” AND “What prevented your child or children in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply.”

TABLE 10: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Dental Care	Response
Received needed care or didn't need care	37.3 percent
Did not receive needed care	9.9 percent
Do not have children in my care	52.8 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	61.8 percent
No appointments available or long wait for appointments	35.4 percent
No dentists available	15.3 percent
Service not covered by insurance or have no insurance	52.8 percent
Transportation, couldn't get there	.008 percent
Other: Work-related issue (2.0 percent)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time when an adult in your care needed dental care, including checkups, but didn't get it?” AND “What prevented the adult in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply.”

TABLE 11: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN THE CARE OF SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Dental Care	Response
Received needed care or didn't need care	20.0 percent
Did not receive needed care	14.3 percent
Do not have an adult in my care	65.7 percent

Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	69.6 percent
No appointments available or long wait for appointments	21.3 percent
No dentists available	11.6 percent
Service not covered by insurance or have no insurance	59.3 percent
Transportation, couldn't get there	11.8 percent
Other: Lack of motivation, desire (1.5 percent), Disability (.004 percent), problems with VA (.004)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time you needed primary care/family doctor for health care, but couldn't get it?” AND “What were the reasons you could not get the primary/family care you needed during the past 12 months? Choose ALL that apply.”

TABLE 12: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Primary/Family Care	Response
Received needed care or didn't need care	77.7 percent
Did not receive needed care	22.3 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	49.1 percent
No appointments available or long waits for appointments	31.5 percent
No primary care providers (doctors, nurses) available	12.0 percent
Service not covered by insurance or have no insurance	47.7 percent
Transportation, couldn't get there	12.7 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	18.2 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	6.8 percent
Other: Need free care (1.0 percent), lack of time, motivation, fear (1.0 percent)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time your child or children in your care needed to see a primary/family care doctor for health care but couldn’t?” AND “What prevented your child or children in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply.”

TABLE 13: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Primary/Family Care	Response
Received needed care or didn’t need care	41.8 percent
Did not receive needed care	4.6 percent
Do not have children in my care	53.6 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	50.0 percent
No appointments available or long wait for appointments	26.6 percent
No primary care providers (doctors, nurses) available	14.1 percent
Service not covered by insurance or have no insurance	48.4 percent
Transportation, couldn’t get there	20.3 percent
Other: none	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time when an adult in your care needed primary/family care, including checkups, but didn’t get it?” AND “What prevented the adult in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply.”

TABLE 14: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN THE CARE OF SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Primary/Family Care	Response
Received needed care or didn't need care	25.3 percent
Did not receive needed care	7.4 percent
Do not have an adult in my care	67.3 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	62.6 percent
No appointments available or long wait for appointments	28.0 percent
No primary/family care providers (doctors, nurses) available	16.8 percent
Service not covered by insurance or have no insurance	37.4 percent
Transportation, couldn't get there	17.8 percent
Other: Work-related issues, fear (1.9 percent each)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time you needed to see a therapist for a mental health or substance use issue, but didn't?” AND “What prevented you from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”

TABLE 15: SEEN BY A THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Therapist or Counselor Seen for a Mental Health or Substance Use Issue	Response
Received needed care or didn't need care	61.6 percent
Did not receive needed care	22.1 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	52.3 percent
No appointments available or long waits for appointments	36.9 percent
No mental health providers or substance use therapists or counselors available	17.1 percent
Service not covered by insurance or have no insurance	48.9 percent
Transportation, couldn't get there	10.0 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	14.5 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	8.6 percent
Other: Diagnosis-specific issue (1.4 percent); fear, stigma, turned away by provider, didn't know where to go (.008 percent each)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time when your child or children in your care needed to see a therapist or counselor for a mental health or substance use issues, but didn’t?” AND “What prevented your child or children in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”

TABLE 16: CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT SEEN BY THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue	Response
Received needed care or didn’t need care	40.7 percent
Did not receive needed care	5.7 percent
Do not have children in my care	53.6 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	49.4 percent
No appointments available or long wait for appointments	41.0 percent
No mental health care providers or substance use therapists or counselors available	24.1 percent
Service not covered by insurance or have no insurance	54.2 percent
Transportation, couldn’t get there	8.4 percent
Other: Not sure where to go for care, work-related issues (2.4 percent each)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time when an adult in your care needed to see a therapist or counselor for a mental health or substance use issues, but didn’t?” AND “What prevented the adult in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”

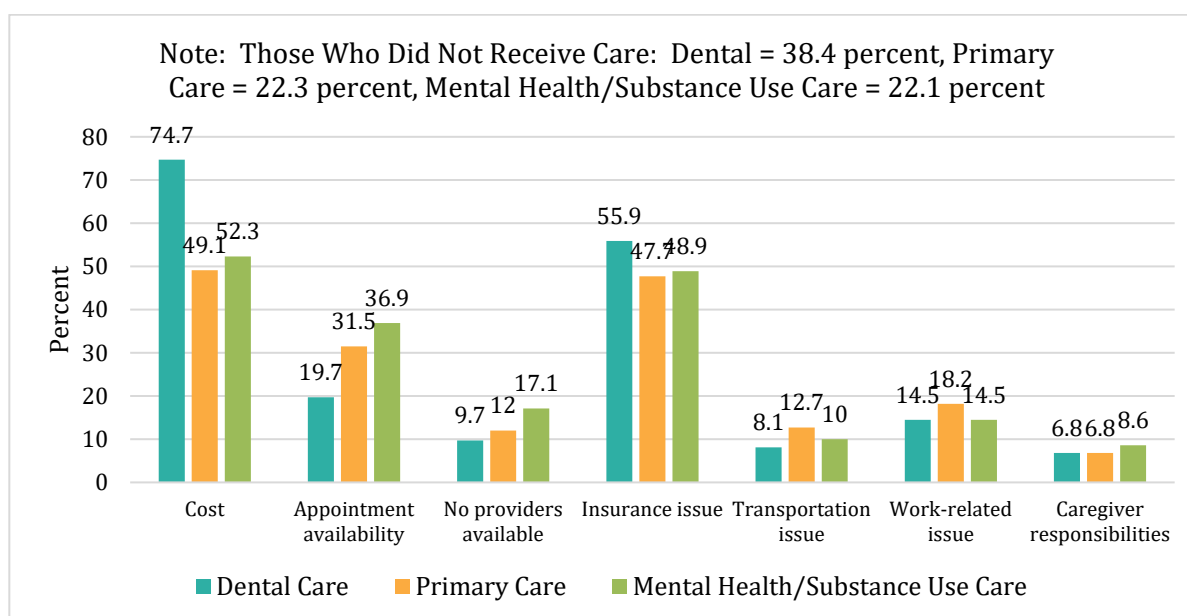
TABLE 17: ADULT IN THE CARE OF SURVEY RESPONDENT SEEN BY THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue	Response
Received needed care or didn’t need care	25.8 percent
Did not receive needed care	5.1 percent
Do not have an adult in my care	69.1 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	56.8 percent
No appointments available or long wait for appointments	33.8 percent
No mental health care providers or substance use therapists or counselors available	16.2 percent

Service not covered by insurance or have no insurance	43.2 percent
Transportation, couldn't get there	17.6 percent
Other: Adult in my care refused to go (8.1 percent)	

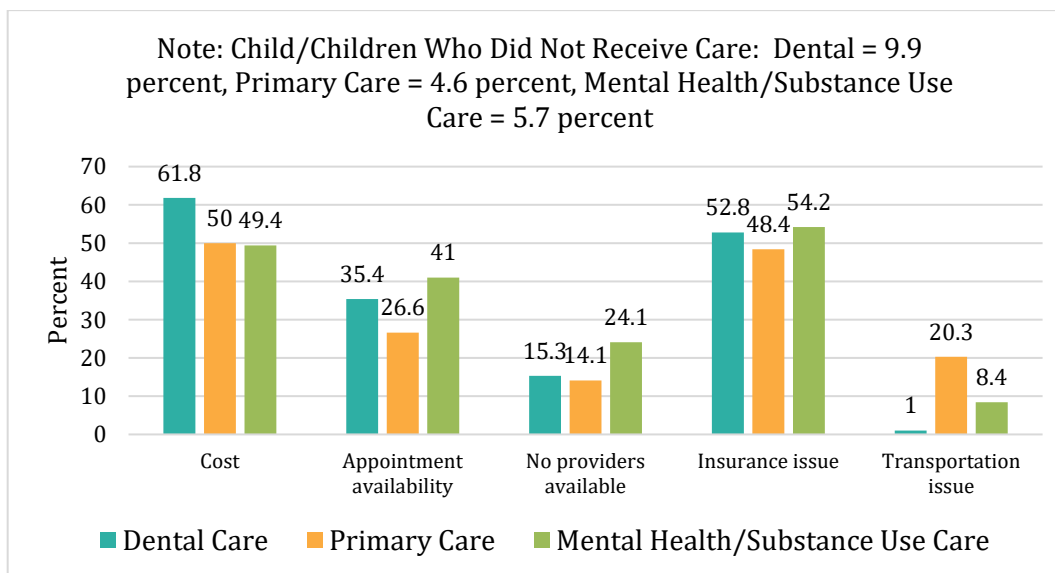
Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 34: BARRIERS TO CARE EXPERIENCED BY SURVEY RESPONDENTS, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.



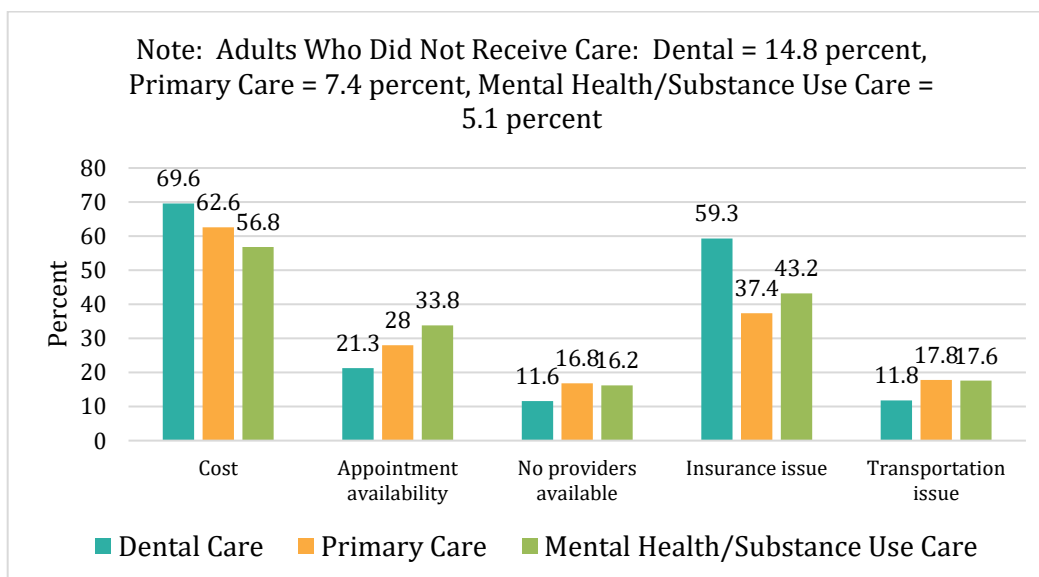
Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 35: BARRIERS TO CARE EXPERIENCED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 36: BARRIERS TO CARE EXPERIENCED BY ADULT IN THE CARE OF SURVEY RESPONDENT, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

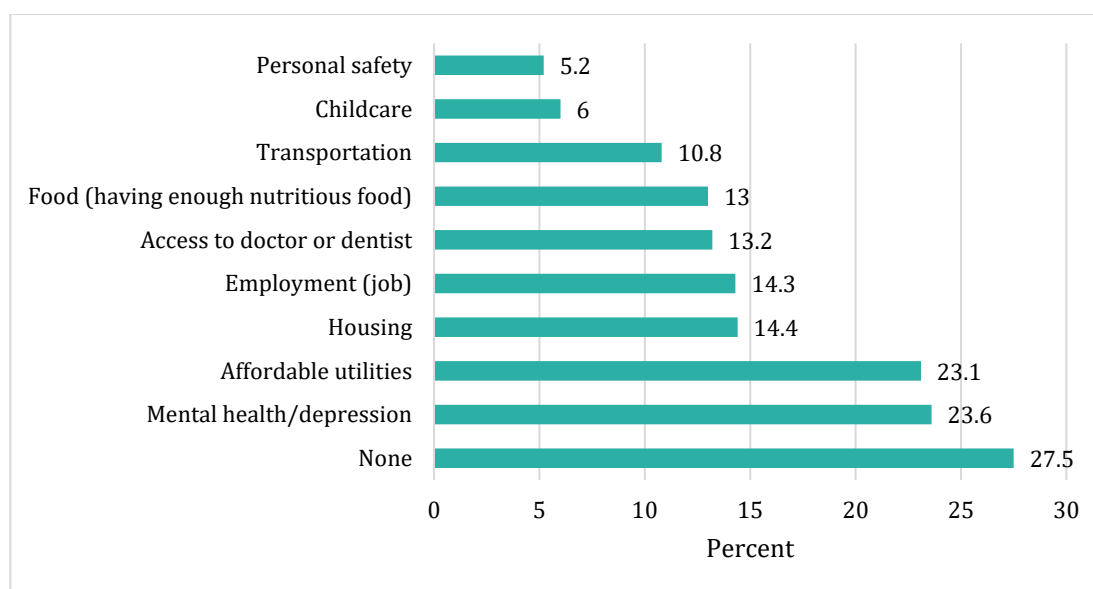
“In the last 12 months, what were your biggest challenges? Choose TWO.”

TABLE 18: RANKING OF BIGGEST CHALLENGES IN THE LAST 12 MONTHS FOR RESIDENTS OF ALACHUA COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

	Challenges (Percent of Responses)
Rank	
1	None were challenges for me in the last 12 months (27.5 percent)
2	Mental health/depression (23.6 percent)
3	Affordable utilities (23.1 percent)
4	Housing (14.4 percent)
5	Employment (job) (14.3 percent)
6	Access to doctor or dentist (13.2 percent)
7	Food (having enough nutritious food) (13.0 percent)
8	Transportation (10.8 percent)
9	Childcare (6.0 percent)
10	Personal safety (5.2 percent)
Other: Financial issues (1.0 percent), family obligations and societal issues (.006 each)	

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 37: BIGGEST CHALLENGES EXPERIENCED IN THE PAST 12 MONTHS BY SURVEY RESPONDENTS, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

TABLE 19: BIGGEST CHALLENGES EXPERIENCED IN THE PAST 12 MONTHY BY SURVEY RESPONDENTS, BY RACE, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.

	White Ranking (N)	Black or African American Ranking (N)
Food (having enough nutritious food)	6 (98)	3 (69)
Affordable Utilities	3 (176)	1 (94)
Transportation	7 (90)	5 (49)
Housing	8 (85)	2 (73)
Employment (job)	5 (108)	4 (62)
Childcare	11 (54)	9 (21)
Access to doctor or dentist	4 (125)	8 (38)
Personal Safety	10 (59)	11 (12)
Mental health or depression	2 (243)	6 (48)
None of the above were challenges for me	1 (304)	7 (46)
Other	9 (76)	10 (19)

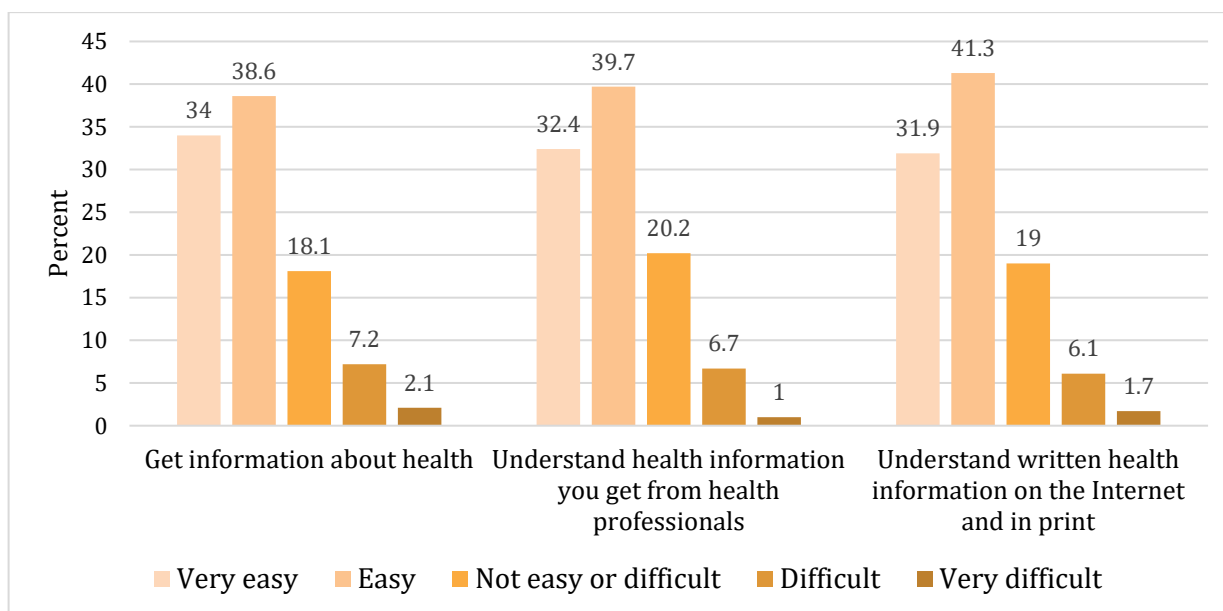
Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019. Top ranked challenges by race are highlighted

“How easy or difficult is it to get information about health if you need to?”

“How easy or difficult is it to understand the health information you get from doctors, nurses and other health professionals?”

“How easy or difficult is it to understand the written health information on the Internet and in printed handouts?”

FIGURE 38: RATING OF EASE OF USE OF HEALTH INFORMATION, ALACHUA COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“Overall, how healthy are the people in Alachua County?” AND “How do you rate your own personal health?”

TABLE 20: OVERALL RATING OF HEALTH OF ALACHUA COUNTY RESIDENTS AND PERSONAL HEALTH, BY PERCENT, 2019.

Rating	Overall	Personal
Very unhealthy	1.5 percent	1.4 percent
Unhealthy	14.5 percent	1.0 percent
Somewhat healthy	63.9 percent	34.6 percent
Healthy	18.4 percent	41.7 percent
Very healthy	1.7 percent	12.4 percent

Source: Alachua County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

KEY FINDINGS FROM COMMUNITY SURVEY

Social Determinants of Health – Food, Employment, Housing

Alachua County respondents felt the most important factors for a healthy community were access to health care; access to convenient, affordable and nutritious foods; job opportunities for all levels of education; affordable housing; and healthy behaviors. Notably, four (4) out of these five (5) top ranked factors are recognized as social determinants of health. These determinants create conditions in the environments where people live, learn, work and play that affect a vast array of health and quality of life outcomes (<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>, retrieved March 10, 2019). Alachua County respondents ranked the behaviors with the greatest negative impact on overall health as drug abuse, unhealthy eating, alcohol abuse, lack of personal responsibility and distracted driving. Related to those behaviors, were Alachua County survey participants' rankings of the county's five biggest health problems. These were homelessness, mental health problems, obesity, suicide, and access to sufficient and nutritious foods. When examined across annual household income brackets some commonalities and difference were seen. The comparison included the entire survey sample (n = 1,451) and three most numerous income brackets (\$50,000-\$74,999, n = 257; \$30,000-\$49,999, n = 218; and less than \$10,000, n = 200). All four (4) groups identified homelessness as Alachua County's biggest problem. Mental health problems, access to food, access to affordable assisted living facilities, substance and drug abuse, and access to primary care were commonly ranked in each group's top ten (10).

Access to Care – Primary, Specialty, Dental and Mental Health Care

Alachua County residents ranked the following as the health care services most difficult to obtain: dental/oral care, mental health services/counseling, alternative medicine/therapy, prescriptions/medications and medical supplies, and specialty care. The existence of barriers to receiving health care, in particular dental, primary, and mental health care, was a common theme. About 38.4 percent of Alachua County survey respondents said they did not get the dental care they needed and of those, 74.7 percent said cost was a barrier as was inadequate or no insurance coverage (55.9 percent). For those with children in their care (47.2 percent), 9.9 percent reported that a child or children did not receive needed dental care because of cost (61.8 percent) and insurance issues (52.8 percent). Likewise, the 34.3 percent of survey respondents who have an adult in their care, 14.3 percent did not get needed dental services because of cost (69.6 percent) and insurance (59.3 percent) issues. More than one-fifth (22.3 percent) of Alachua County survey respondents reported not receiving needed primary care with cost (49.1 percent) and insurance barriers (47.7 percent) being the most common issues. Children and adults in the care of survey respondents fared better with only 4.6 percent of children and 7.4 percent of adults not receiving primary care, although cost and inadequate insurance continue to present barriers. Survey respondents said that 22.1 percent did receive needed care for a mental health or substance use issue and cited cost (52.3 percent), no insurance coverage (48.9 percent) and no mental health providers (36.9 percent) as barriers. Fewer children and adults in the care of survey respondents did not receive needed care for a mental health/substance use issue, 5.7 percent and 5.1 percent, respectively; however, cost and insurance issues persist (Tables 8-17 and Figures 33-36).

Challenges, Health Behaviors and Conditions

When asked about challenges faced within the last 12 months, 27.5 percent of Alachua County survey respondents indicated that none of the enumerated challenges were issues. However, almost a quarter of respondents selected mental health/depression (23.6 percent) and affordable utilities (23.1 percent) as recent challenges. Housing (14.4 percent) and employment (14.3 percent) also ranked in the top five (5) of challenges (Table 18, Figure 37). Looking at the two biggest challenges by race, give insights into what challenges are faced the most by which races. Whites consisted of the largest race group to take the survey with 935 respondents. For White respondents, 'none of the above were challenges during the last 12 months' was the biggest challenge (304 selections) while 'mental health/depression' ranked second with 243 selections. For Black respondents, 'affordable utilities' were the biggest challenge (94 selections) followed by housing (73 selections) (Table 19). Few survey respondents found it very difficult to get information about health, understand health information provided by health care providers, and understand written health information. More than two-thirds of indicated it was very easy or easy to get and understand health information from health professionals and/or in electronic or written form (Figure 38). Alachua County respondents rated overall health of county residents as somewhat healthy (63.9 percent) to healthy (18.4 percent) while they rated their personal health status as somewhat healthy (34.6 percent) to healthy (41.7 percent) and very healthy (12.4 percent, Table 20).

Forces of Change Assessment

METHODS

One of the main elements of the MAPP assessment process includes a Forces of Change Assessment. The Alachua County Forces of Change Assessment aimed to identify forces—such as trends, factors, or events--that are or will influence the health and quality of life of the community and its work to improve health outcomes.

- *Trends* are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- *Factors* are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- *Events* are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental or political factors in the region, state or United States that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On January 22, 2020, the Alachua County Steering Committee team convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary data review so that participants would be familiar with Alachua County demographics, health conditions and behaviors, and healthcare resources and utilization. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The tool used to conduct this activity can be found in the Appendix. The *Forces of Change for Alachua County* table on the following pages summarizes the forces of change identified for Alachua County and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

Forces of Change for Alachua County - FACTORS

(Prepared by WellFlorida Council – February 2020)

FACTORS – THREATS POSED		
Social	Racial, social, and economic injustices	Contribute to broadening inequities; Of concern are racial inequities in incarceration rates and educational opportunities
	Caregiver stress	Aging population may lead to increasing caregiver burden; contributes to poor economic and physical well-being of caregivers
	Human trafficking	High prevalence of human trafficking throughout the state; threatens public safety; difficult to track and address
	Concern for low water quality	Creates environmental injustices; long-term health impacts, particularly on developing children
	Increased cybersecurity risks	Violations of privacy and identity theft
	Reading and math racial disparities	Points to underlying educational and broader social inequities
	Conflict between charter schools and public schools	Challenges in distributing government funds; may create educational disparities
Behavioral/ Healthcare	Lack of prenatal care or initiating care, particularly in rural areas	Threats to pregnancy, infant health, and maternal health; underlines low access to care
Environmental	East Gainesville - West Gainesville disparities	Disparities in housing, environment, and community resources foster economic injustices and racial inequities
	Rural-Urban disparities	Gaps in access to care due to resource concentration in Gainesville
	Lack of walkable areas	Contributes to low physical activity and poor environment

Governmental/ Economic	Proximity to University of Florida *	Reductions in tax revenue due to property tax exemptions; displacement of residents
	Unaffordable utilities	Exacerbates homelessness; threatens stability of families and produces significant stressors
	Inefficient buildings	Contributes to unaffordable utilities and limits long-term sustainability
Governmental/ Healthcare	Lack of substance use treatment facilities	Creates challenges in addressing substance use disorders, particularly for opioids
	State smoking pre-emption	Removes local rights to enact smoking restrictions (smoke-free air laws and taxes); impedes second-hand smoke exposure prevention

*Represents both threats and opportunities

Forces of Change for Alachua County - FACTORS <i>(Prepared by WellFlorida Council – February 2020)</i>		
FACTORS – OPPORTUNITIES CREATED		
Social	Proximity to University of Florida*	Provides resources and personnel for local non-profit organizations; supports research and interdisciplinary community programs; creates a “regional hub” in Gainesville
	Emergency preparedness	Emergency shelters; Alachua County Medical Reserve Corps provide resources in crisis situations
	School nutrition and garden programs	Improves students’ knowledge of nutrition; promotes healthy eating
Governmental/ Healthcare	Community efforts and funding to increase access to care	Programs, including Community Resource Paramedics, are providing point of entry for social and medical services
	Use of medication-assisted treatment (MAT) waivers for providers to prescribe buprenorphine	Allows providers to prescribe MAT and promotes well-supported treatment for opioid use disorders; lowers rate of illegal opioid use

*Represents both threats and opportunities

Forces of Change for Alachua County - TRENDS <i>(Prepared by WellFlorida Council – February 2020)</i>		
TRENDS – THREATS POSED		
Social	Rise in older populations	Aging population will lead to higher demands for healthcare and social services for senior citizens; create strain in community resources; housing may not meet safety or mobility needs
	Increased immigration; migration from the south and coast of Florida *	Higher demands for healthcare and social services; challenges inherent to immigration including community integration and language barriers

Forces of Change for Alachua County - TRENDS <i>(Prepared by WellFlorida Council – February 2020)</i>		
TRENDS – THREATS POSED		
	Gun violence	Concerns for safety in public spaces and schools; low public opinion of government inaction
	Women’s rights	Increasing controversy regarding reproductive rights; consequences of unequal pay and opportunity
	LGBTQ+ rights	Threats to limit LGBTQ+ rights at the federal and state government; increased stressors and risks for the LGBTQ+ community
	Hopelessness	Rising mental health issues linked to quality of life and social media
Economic	Increased construction (ex. Celebration Pointe) *	High prevalence of construction leading to increased traffic and congestion; concerns for biker and pedestrian safety; may exacerbate housing inequity
	Rise in automation*	May lead to unemployment and displacement of unspecialized workers in the economy
	Increasing cost of childcare	Places economic strains on families; lost work and income opportunities due to inability to find affordable childcare
	Workforce shortages in education	Higher demands and stressors on existing workforce; strains education system; creates difficulties in meeting education needs of the community and closing education disparities
	Trends in health insurance, including increased cost of coverage and shrinking formularies for low-cost medications	Contributes to unaffordable healthcare; widens health disparities and low access to care; impact on burden of chronic disease for patients
	Rise in unaffordable housing, particularly for elderly	Contributes to homelessness, delays in retirement, and increased stressors among the elderly
Healthcare	Rise in disease outbreaks, including coronavirus and vaccine-preventable diseases	Places high burden on local health systems and public health response teams; threatens health of the community, particularly the elderly, young, and immunocompromised
	Increased number of off-site emergency departments	May encourage high utilization of emergency services for low acuity care
	Workforce shortages in healthcare	Limits access to healthcare for the community; strains current healthcare resources and leads to provider burnout
	Increase in mid-level providers for dental care and healthcare*	Numbers of physicians could further shrink; demands on physician time in supervisory role

Forces of Change for Alachua County - TRENDS <i>(Prepared by WellFlorida Council – February 2020)</i>		
TRENDS – THREATS POSED		
Behavioral/ Healthcare	Decrease in physical activity	Exacerbates obesity epidemic and rise in chronic diseases, including diabetes and hypertension
	Opioid epidemic	Significantly threatens life expectancy and quality of life; underlines difficulty and complexity of treating substance use disorders
	More people are delaying or foregoing childbirth	Increases proportion of high risk pregnancies; future demographics may be skewed toward older population
	Increase in STD rates; increase in congenital infectious disease (HIV and syphilis)	Leads to long-term health effects and disability; potential for spread and outbreaks
	Youth vaping epidemic; vape shop boom	Poses significant health risk, including lung injury; little is known about long-term health effects; vaping industry is poorly regulated, and young people are susceptible to exploitation and detrimental health effects
Governmental/ healthcare	Increase in vaccine exemptions	Increases susceptibility to outbreaks of vaccine-preventable disease; threatens herd immunity for elderly and immunocompromised
	Decreasing reimbursement for safety net clinics	May lead to shrinking safety net resources and medical care access for the uninsured/underinsured
Environmental	Increase in natural disasters	Increased cost to government; threatens homes and infrastructure
	Increase in vector-borne diseases due to climate change	Potential for novel disease outbreaks; strain on healthcare system
	Decrease in recycling rates	Contributes to environmental pollution

*Represents both threats and opportunities

Forces of Change for Alachua County - TRENDS <i>(Prepared by WellFlorida Council – February 2020)</i>		
TRENDS – OPPORTUNITIES CREATED		
Social	Increased immigration; migration from the south and coast of Florida *	Promotes community diversity; cultural enrichment; expands existing workforce
	Increased funding for housing	Underlines importance of affordable housing opportunities; supports local initiatives to address unaffordable housing and housing inequities

Forces of Change for Alachua County - TRENDS <i>(Prepared by WellFlorida Council – February 2020)</i>		
TRENDS – OPPORTUNITIES CREATED		
Economic	Increased elimination of flavored products at Vape shops	Discourages vaping among younger populations
	Increased construction (ex. Celebration Pointe) *	Increased supply of housing; Increased economic opportunities due to new businesses
	Rise in automation*	Leads to technological improvements and savings for businesses
	Increase in mid-level providers for dental care and health care*	Creates larger supply of healthcare providers; decreases burden on health systems and upper-level providers
Healthcare	Rise of telehealth	Increases access to healthcare particularly for rural residents and residents that have limited transportation options; uses technology to make healthcare more efficient
	Increased use and distribution of naloxone	Lowers rate of opioid overdose deaths
	Increased Hepatitis A vaccination	Demonstrates appropriate response to hepatitis A outbreak; prevents further disease, particularly among the homeless and incarcerated population
	Increased point-of-care services in pharmacies	Increases access to healthcare, particularly high-value preventative care
	Decline in adult smoking rate	Underlines success of public health initiatives; encourages others in the public to quit smoking
Healthcare/ Behavioral	Ongoing improvements in street design; increased number of parks	Promotes physical activity and aesthetics of the community
Environmental	Increased sustainability initiatives by corporations	Created shared responsibility for climate change challenges
	Increased overall environmental awareness	Promotes widespread participation in sustainability efforts

Forces of Change for Alachua County - EVENTS <i>(Prepared by WellFlorida Council – February 2020)</i>		
EVENTS – THREATS POSED		
Social	Large scale motor-vehicle accident	Heightened concerns for automobile safety in the area; highlights potential weaknesses in infrastructure and highway laws

Forces of Change for Alachua County - EVENTS <i>(Prepared by WellFlorida Council – February 2020)</i>		
EVENTS – THREATS POSED		
	Anti-immigrant policies; Senate Bill 168 (SB 168)	Proposed policies would increase the number of names reported to Immigration and Customs Enforcement for potential detention
Social/Healthcare	CHOICES trust fund running low	Lower availability of resources through Community Health Offering Innovative Care and Educational Services (CHOICES) Trust Fund to support health service grants; may destabilize healthcare resources for uninsured residents
Healthcare	Hepatitis A outbreak	Poor effects on health; disproportionately affects homeless population, inmate population, and others living in close quarters with limited sanitation resources; increased burden on healthcare system
	Closing of ACORN medical clinic; loss of Helping Hands Clinic resources	Loss of safety net resources for uninsured/underinsured residents; increased burden on healthcare system to compensate
	Blood shortage	Negative impact on health of the community; low supply for trauma cases or those with transfusion-dependent illnesses
Governmental	2020 General Election*	Changes in leadership may result in government slow down, new directions in policy and funding
	2020 Census*	Inaccurate count resulting in detrimental changes in representation and resource allocations; Confusion due to new census format
	Process changes to school magnet programs*	Increased confusion regarding new processes; barriers to applying
	Potential tax on corporations*	Disincentivizes corporations from arriving or expanding within county
	Legalization of Medical Marijuana	Potential hazards to health and safety; based on limited scientific data
	Policy changes to Social Security, Medicare	Threats to economic well-being and health of older populations

*Represents both threats and opportunities

Forces of Change for Alachua County - EVENTS <i>(Prepared by WellFlorida Council – February 2020)</i>		
EVENTS – OPPORTUNITIES CREATED		
Social	Increased funding for Children’s Trust Fund secured for 12 years	Increased resources for initiatives aimed at child well-being; improved health of families
	Food Systems Coalition	Increase in initiatives to address food insecurity

Forces of Change for Alachua County - EVENTS <i>(Prepared by WellFlorida Council – February 2020)</i>		
EVENTS – OPPORTUNITIES CREATED		
	Satellite senior center at Cone Park	Improve physical and mental health of older residents through recreation opportunities; strengthen community ties
	Good Food Purchasing program	Improve nutrition in sustainable and socially responsible ways
	Closure of Dignity Village	Transition homeless residents into improved housing opportunities, including Grace Marketplace
	Approval of 3 year grant for elder abuse prevention programs	Increase resources to prevent and address elder abuse; improve well-being of older population
	HealthStreet grant to provide supplementary health services in schools (Howard Bishop)	Improve healthcare access for students; address social determinants of health
Economic	Opening of Amazon distribution center	Increase in employment opportunities for local residents; improvements in local economy
Healthcare	Funding for PrEP access	Lower rates of HIV transmission
	Creation of syringe exchange program	Lower rates of infectious disease transmissible by intravenous drug use
	Meridian’s crisis intervention team for youth	Address rising mental health issues among youth; improve mental health and access to resources
	Emergency mobile outreach team at the Alachua County Crisis Center	Meet the needs of the community by providing community members with face-to-face contact with experienced teams in event of mental health crises
	Training healthcare providers on social determinants of health	Address health equity and decrease biases within the healthcare profession
Governmental	Increased age limit for tobacco products	Discourage tobacco use among younger population
	Potential passage of a bill to increase the number of mid-level dental care providers	Alleviate the burden on healthcare system due to dental disease; address severely limited access to dental care; improve dental health
	Creation of identification form at the city and county level	Facilitate benefits and processes for residents without formal identification documents, including undocumented residents
	2020 Surgeon General report on smoking and tobacco use	Highlights latest science on tobacco and smoking; facilitates dissemination of information on known harms and best treatments for tobacco use

Forces of Change for Alachua County - EVENTS <i>(Prepared by WellFlorida Council – February 2020)</i>		
EVENTS – OPPORTUNITIES CREATED		
	Texting while driving; House Bill 107	Discourages dangerous driving habits
	New opioid prescription guidelines	Lower the rates of opioid prescription drug abuse; encourage responsible physician practices
	Gun buyback program	Promote gun safety; lower risk of gun violence and accidents
	2020 Census*	Demonstration of changes in population numbers and diversity
	2020 General Elections*	Participation in representative government through political action
	Process changes to school magnet programs*	Promotes equity and diversity in eligibility and selection processes for charter schools; aimed at closing education gaps
	Potential tax on corporations*	Increase in government revenues
Environmental	Co-location of parks; pocket parks	Promote physical activity; improve resident environment

Local Public Health System Assessment

METHODOLOGY

The National Public Health Performance Standards Program (NPHPSP) assessments help answer such questions as “What are the activities and capacities of our public health system?” and “How well are we providing the Essential Public Health Services in our area?” The dialogue that occurs in answering these questions can help identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments give guidance to state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private, and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

All NPHPSP assessment instruments are constructed using the Essential Public Health Services (ES) as a framework. The 10 Essential Public Health Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 2 - Diagnose and Investigate Health Problems and Health Hazards
- ES 3 - Inform, Educate, and Empower People about Health Issues
- ES 4 - Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 - Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 7 - Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 8 - Assure a Competent Public and Personal Healthcare Workforce
- ES 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
- ES 10 - Research for New Insights and Innovative Solutions to Health Problems

Within the local instrument, each ES includes between two and five model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Responses to these questions should indicate how well the model standard is being met. The model standard portrays the highest level of performance or “gold

standard.” During the facilitation of the LPHSA, respondents, who represent public health system partners, vote on how well the local public health system meets the model standard. The scoring guidance includes:

- No Activity: 0% or absolutely no activity
- Minimal Activity: Greater than zero, but no more than 25% of the activity described within the question is met within the local public health system
- Moderate Activity: Greater than 25%, but no more than 50% of the activity described within the question is met within the local public health system
- Significant Activity: Greater than 50%, but no more than 75% of the activity described within the question is met within the local public health system
- Optimal Activity: Greater than 75% of the activity described within the question is met within the local public health system

The Alachua County LPHSA took place on February 4 and February 13, 2020. The first LPHSA session, on February 4th, focused on the Essential Services that are typically under the purview of the local health department. These Essential Services are:

- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- ES 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 8 – Assure a Competent Public and Personal Healthcare Workforce
- ES 10 – Research for New Insights and Innovative Solutions to Health Problems

The Florida Department of Health in Alachua County convened a group of local public health department professionals to complete the LPHSA for ES 2, ES 5, ES 6, ES 8, and ES 10.

The second LPHSA session, on February 13th, focused on Essential Services that typically involve and require the participation of the broader community. These Essential Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 3 – Inform, Educate, and Empower People about Health Issues
- ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The Alachua County Steering Committee identified key community sectors to be represented and convened a group of community leaders to complete the LPHSA for ES 1, ES 3, ES 4, ES 5, ES 7 and ES 9.

OBSERVATIONS FROM THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Based on this cross-sectional self-assessment of a group of local public health system partners, the Alachua County local public health system achieved an average overall score of 77.8 (out of a potential 100), which reflects optimal performance.

All Essential Service (ES) scores reflected either significant activity or optimal performance toward the specified ES. The Essential Services that received the highest scores were, in descending order, ES 2 (diagnose and investigate health problems), ES 10 (research and innovations), and ES 6 (enforce laws and regulations that protect health). The scores for these Essential Services were 100.0, 93.1, and 83.5, respectively. The Essential Services that received the lowest scores were ES 3 (educate and empower people on health issues), ES 7 (link to health services), and ES1 (monitor health status). The scores for these Essential Services were 63.9, 68.8, and 69.4, respectively. It is important to note that even the lowest scoring Essential Services reflected significant activity in the specified domain. Overall, Alachua County is performing at optimal activity in half (five out of the ten) of the Essential Services and at significant activity in the other half. No individual ES score fell below 60 percent. The strong performance in the Essential Services by Alachua County reflects investment in the maintenance of local individual and population health as well as contributes to impactful prevention efforts.

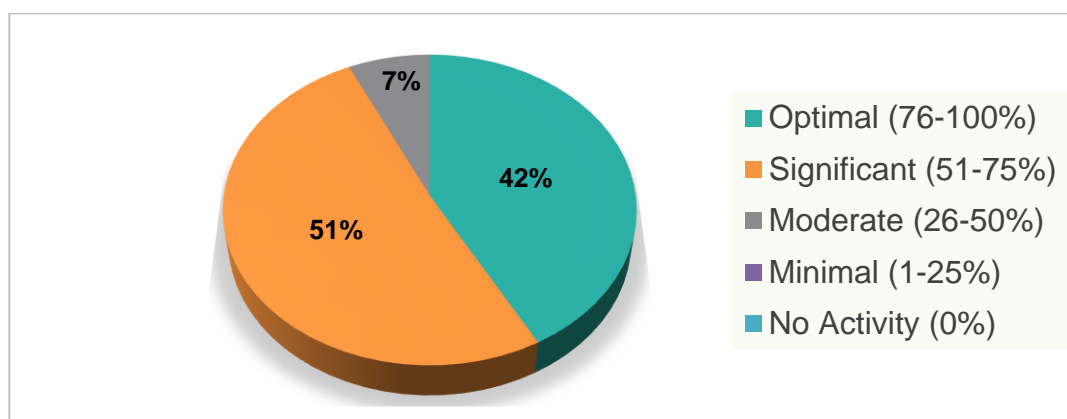
In comparison to the 2016 LPHSA, results suggest Alachua County has made significant strides with respect to almost every Essential Service. Overall score increased from 64.5 in 2016, reflecting significant activity performance, to 77.8 at present. Four Essential Services transitioned from significant activity to optimal activity, including ES 5 (develop policies/plans), ES 6 (enforce laws), ES 8 (assure workforce) and ES 10 (research and innovations). The largest score increase was observed in ES 10 (research and innovation), which increased from 61.8 to 93.1 since the last assessment. The only Essential service for which a decline in score was observed is ES 1 (monitor health status); however, the magnitude of this decrease, from 70.8 to 69.4, was small.

As a public health system that strives for improvement and enhanced service to the community, Alachua County partners welcome opportunities to increase Essential Service activity to optimal performance in all domains. The following Essential Services are operating at significant, but non-optimal activity: ES 1 (monitor health status), ES 3 (educate and empower people on health issues), ES 4 (mobilize partnerships), ES 7 (link to health services), and ES 9 (evaluate population-based services). Each Essential Service is comprised of multiple model standards, which may highlight potential areas of improvement with higher specificity. Model standard scores suggest that investments could be focused on utilization of technology and health communication mediums, engagement with the general public, improved inter-organizational coordination, and evaluation of population-based needs, particularly for vulnerable populations. Further, although ES 5 and ES 8 had optimal activity scores *overall*, two model standards within these Essential Services had scores between 26 to 50 percent, reflecting only moderate activity. Model standard 5.2 (policy development), part of ES 5 (develop policies and plans), had a score of 50 percent and encompasses such activities like informing policy development, monitoring impact of policies, and comprehensively reviewing existing policies. Model standard 8.1 (workforce assessment), part of ES 8 (assure workforce), had a score of

33.3 percent and encompasses activities such as tracking of LPHS jobs, assessing gaps in LPHS workforce, and providing such information to the larger community.

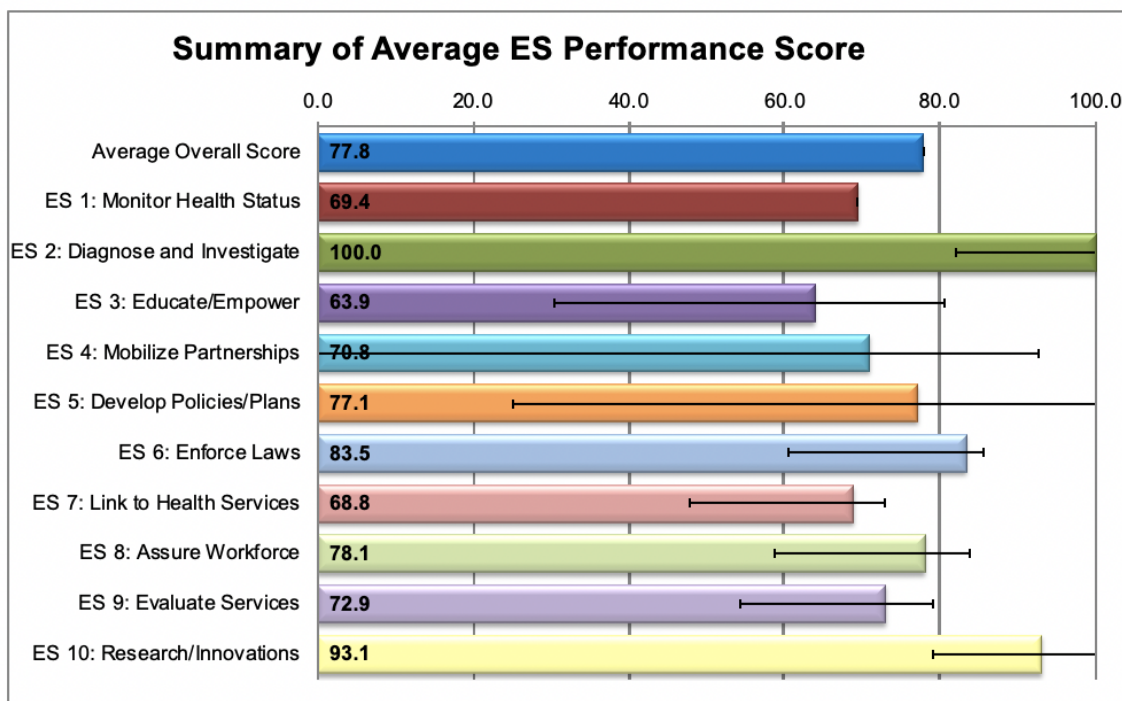
The figures below provide a snapshot of scores from the Alachua County CHSA. Figure 39 summarizes the performance measures for all model standard scores and shows percentage of model standard scores that fell within each activity level. Figure 40 lends broader perspective by demonstrating Essential Service scores as the calculated average of model standard question scores. The range of scores for each Essential Service is represented by a horizontal bracketed line. Shorter lines indicate closer agreement on the scores by participants in response to the questions posed in the LPHSA. Following the figures is a summary of strengths, weaknesses and opportunities that emerged from discussions. For a more detailed examination of the LPHSA scores, please review the full report found in the Addendum to the *2020 Alachua County Community Health Assessment Technical Appendix*.

FIGURE 39: PERCENTAGE OF THE ALACHUA COUNTY PUBLIC HEALTH SYSTEM’S MODEL STANDARD SCORES THAT FALL WITHIN THE FIVE ACTIVITY CATEGORIES, 2020.



Source: *2020 Alachua County Community Health Assessment Technical Appendix Addendum*

FIGURE 40: SUMMARY OF AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORES, ALACHUA COUNTY LOCAL PUBLIC HEALTH SYSTEM, 2020.



Source: 2020 Alachua County Community Health Assessment Technical Appendix Addendum

Summary of Notes from Alachua County LPHSA Discussions

Optimal Activity	76-100%
Significant Activity	51-75%
Moderate Activity (N/A)	26-50%
Minimal Activity (N/A)	1-25%

Strengths	Weaknesses	Opportunities for Improvement
Essential Service 1: Monitor Health Status to Identify Community Health Problems Average Score: 69.4 (Significant Activity) Relative Rank: 8th		
<ul style="list-style-type: none"> Community health assessments are conducted regularly using the MAPP process to assure a consistent and thorough process 	<ul style="list-style-type: none"> Broader participation and promotion of community health assessment process by community partner organizations would be welcomed; could do much 	<ul style="list-style-type: none"> Wider distribution of the community health assessment on platforms that are accessible to all Focus on differences in health outcomes and needs

Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> Data are widely available online through Florida CHARTS (which has new capabilities regarding trend data and equity profiles), Health Street, and UF Shands data snapshots Partners have varied capacities to use technology (hardware and software) to collect, analyze, publish and share data; mapping projects in Gainesville have been particularly successful Partners are aware of statutory requirements to report to health registries 	<ul style="list-style-type: none"> better at sharing assessment results and reports with the community at large Need to look for ways to present local data that are meaningful for understanding health issues and identifying populations and geographies at higher risk for poor health outcomes, particularly rural versus urban areas Need to identify potential biases in resource distribution, which makes it difficult for rural areas to have needs met Would benefit from consideration of the methods by which community needs are assessed; surveys, focus groups and meetings may each yield different results 	<ul style="list-style-type: none"> of rural and urban areas of Alachua County; more in-depth examination of health issues by geography in general Assure use of community health assessment data for policy development
Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards Average Score: 100.0 (Optimal Activity) Relative Rank: 1st		
<ul style="list-style-type: none"> Strong disease and environmental surveillance in county, region and state DOH staff know how to navigate the system and can share information with partners Written protocols and standards are followed and evaluated, updated regularly State laboratory services available and accessible 24/7 if needed 	<ul style="list-style-type: none"> Local government has limited impact on broad issues that require state-level coordination and policies; community partners offer the example of climate change To remain current need resources for disease surveillance, including technology assets and training for surveillance partners; relationships among surveillance partners can impact system functioning 	<ul style="list-style-type: none"> Pursue funding for surveillance resources Develop and foster relationships among surveillance partners
Essential Service 3: Inform, Educate and Empower People about Health Issues Average Score: 63.9 (Significant Activity) Relative Rank: 10th		

Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> • Policymakers, stakeholders and partners are kept informed about health status and related recommendations for policy and programs • Some partner organizations have robust communication plans and trained public information officers; some programs capitalize on advertising through radio, press releases, and other advertising • Community partners are cohesive and work together, even if they are not always present at meetings • Emergency communication plans and resources are strengths; assuring communication during emergencies is a priority; trained personnel are available; drills occur regularly; examples of high-level preparation include a special needs registry and text alert systems 	<ul style="list-style-type: none"> • More participation from the community at large is always needed, particularly from groups that have not historically been actively engaged in planning and implementing interventions and programs; certain populations, including the Hispanic community, may not be well-represented at meetings • The public may not be as informed about community health status, the analysis of health data, and recommendations for programs and policy • Keeping up with emerging technologies and affordability of technologies is a continuous challenge • Capacity for developing communication plans varies among partner organizations • Partners shared perception that social media avenues could be further explored; desire to work more closely with UF students 	<ul style="list-style-type: none"> • Examine methods of sharing health data and information with the public • Make communication planning and training resources widely available • Identify grants and other programs to expand and keep communication resources current
Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems Average Score: 70.8 (Significant Activity) Relative Rank: 7th		
<ul style="list-style-type: none"> • Community partners recognize the importance of maintaining and distributing a current directory organizations and services; assuring the accuracy of the directory is a priority • City of Gainesville is developing a dynamic platform and app for sharing 	<ul style="list-style-type: none"> • Additional community partners are welcome and needed to assure a diversity of opinions and perspectives are included in planning and implementation of health improvement strategies; partners seek opportunities to engage with faith-based organizations 	<ul style="list-style-type: none"> • Ongoing community partner identification and involvement in broad community health improvement planning • Reciprocal relationships should be fostered with improved outreach and communication

Strengths	Weaknesses	Opportunities for Improvement
<p>information about community resources</p> <ul style="list-style-type: none"> Community partners shared examples of established processes for eliciting meaningful feedback from the community and identifying key stakeholders Community health improvement partnership is long-standing and improving every year 	<ul style="list-style-type: none"> Concerns of an overwhelming abundance of forums and informational resources; coordination and consolidation may be helpful 	
<p>Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts</p> <p>Average Score: 77.1 (Optimal Activity) Relative Rank: 5th</p>		
<ul style="list-style-type: none"> DOH-Alachua is a respected community agency with significant community support for its work DOH-Alachua and other partner agencies are responsive to the need to keep policymakers and the community informed about policy-related issues impacting the public's health Alachua County has a long-standing history of leadership in community health improvement planning; DOH-Alachua and other community partners align program goals to match community health assessment findings Community has strong local, county, regional and state emergency response plans Partners shared examples of educating policymakers and the public while adhering to various agency restrictions on lobbying and advocacy 	<ul style="list-style-type: none"> Public health could always use more resources and sustained community support; must assure that public health has resources for both routine and emerging health issues; resources for primary clinics is a particular challenge All public health system partners have the duty and responsibility to educate on health impacts, but need to exercise caution in adhering to agency restrictions on lobbying and advocacy Frequent and comprehensive review of policies is a cumbersome process More community partner organizations' goals and objectives could be linked and or/aligned with the community health improvement plan 	<ul style="list-style-type: none"> Continue to educate policymakers, local leaders, and the community about the work of public health sector in Alachua County Continue to promote a "Health in All Policies" approach to local and regional policy development Include a step to align or link strategic plans in the CHIP process Wider participation in emergency response drills and tests should always be encouraged

Strengths	Weaknesses	Opportunities for Improvement
Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety Average Score: 83.5 (Optimal Activity) Relative Rank: 3rd		
<ul style="list-style-type: none"> DOH performs its statutorily mandated regulation and enforcement activities according to set standards DOH provides technical and subject matter expertise when appropriate and can seek assistance and expertise from state health office Public health authority is generally clear in statute 	<ul style="list-style-type: none"> Must adhere to state government guidelines for educating elected officials Florida Department of Health must partner with other agencies and entities on enforcement issues at times 	<ul style="list-style-type: none"> Consider conducting assessment and/or evaluation of compliance with public health laws by local organizations
Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable Average Score: 68.8 (Significant Activity) Relative Rank: 9th		
<ul style="list-style-type: none"> Numerous community agencies work towards improving and assuring access to health and social services in Alachua County Connections and linkages are made where services and healthcare access points are available 	<ul style="list-style-type: none"> Identifying needs can be challenging in rural areas Roles and responsibilities of organizations in responding to unmet need is not thoroughly discussed or understood Concerns regarding full representation in assessment of community needs and linkages, particularly among Hispanic and rural populations Barriers to accurately assessing community's need for health and linkage to care services include low trust in government agencies, fear of judgement, low literacy and limitations in assessment tools 	<ul style="list-style-type: none"> Identify ways to enhance coordination and communication among providers, agencies, and community organizations; improve service delivery coordination Use assessment data and findings to reduce barriers to care and services, improve access, address disparities and inequities
Essential Service 8: Assure a Competent Public and Personal Health Care Workforce Average Score: 78.1 (Optimal Activity) Relative Rank: 4th		
<ul style="list-style-type: none"> Public health workforce is certified and licensed as 	<ul style="list-style-type: none"> Consistent use of standards not always evident 	<ul style="list-style-type: none"> Determine if county-wide or regional workforce assessment is available

Strengths	Weaknesses	Opportunities for Improvement
<p>required by laws and regulations</p> <ul style="list-style-type: none"> • Job standards and descriptions are routinely available for employees • Career long learning is encouraged • Leadership opportunities exist and staff are encouraged to participate in leadership development activities • Leadership roles and opportunities are available through many community partnership groups and projects 	<ul style="list-style-type: none"> • Resources and authority to offer incentives can be limited • Clear understanding of the social determinants of health is lacking among some sectors of the public health system • Workforce may need motivation to pursue leadership opportunities along with mentoring and training to develop sustained leadership roles 	<ul style="list-style-type: none"> • Continue to refine job descriptions and standards to accurately reflect the work performed and required of public health professionals • Pursue novel ways to incentivize participation in training and skills development • Educate community partners and the community at large about the social determinants of health • Train social and health care providers on how to employ strategies to address barriers encountered because of these determinants • Partner with academic institutions and professional organizations to offer leadership development resources
<p>Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Health Services</p> <p>Average Score: 72.9 (Significant Activity) Relative Rank: 6th</p>		
<ul style="list-style-type: none"> • Organizations that provide population-based programs conduct regular evaluations • Customer satisfaction surveys are well-promoted by DOH-Alachua and personal health service providers in the community; guidelines are used when available • Local public health system assessment is conducted with every community health assessment process cycle 	<ul style="list-style-type: none"> • Evaluation results may not be widely shared or known • There may be discrepancies between health metrics at the population level and community's perception of health status • Quality of personal health services is not discussed in public forums 	<ul style="list-style-type: none"> • Identify ways to communicate about population-based services and their results and outcomes • Improve compatibility of electronic health records and coordination of use • Apply and highlight use of system assessment data in the community health assessment report and in informing the selection of Alachua County health priorities
<p>Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems</p> <p>Average Score: 93.1 (Optimal Activity) Relative Rank: 2nd</p>		

Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> Public health system partners are interested in research findings and innovations Performance management and performance improvement are emerging priorities for many partners Public health workforce is accustomed to employing best- and/or promising practices that emerge from studies 	<ul style="list-style-type: none"> The community has limited participation in determining the focus of research; results of research may not be widely shared Competing priorities can make participation in research difficult Resources, including leadership and staff time, are needed to make regular participation with academic partners on research projects feasible Research is low on the priority list for most front-line health and social service provider staff Resources for research are very limited 	<ul style="list-style-type: none"> Identify strategies to support quality improvement and the advancement of emerging, innovative and promising practices Pursue partnerships with local and regional research organizations and academic institutions

Intersecting Themes and Key Considerations

This section is divided into three parts. First, the Intersecting Themes are summarized in order to identify the key health needs and issues in Alachua County. Second is a section describing Strategic Issue Areas that were identified as part of the assessment process and includes some key considerations on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Alachua County. Third is a section dedicated to links to major national databases of community health improvement best practices that will be critical resources for identifying proven effective programs and interventions that could be implemented in Alachua County.

INTERSECTING THEMES

Presented below are the intersecting themes or major health needs and issues in Alachua County as identified through the community health assessment process. The themes described below emerged from the four assessments as outlined in the MAPP process. That process included the Health Status Assessment through a comprehensive secondary data review, the Community Themes and Strengths Assessment conducted through primary data collection gauging community opinions and perspectives on health issues, the Forces of Change Assessment which identified opportunities and threats impacting current and future health, and lastly, the Local Public Health System Assessment using the CDC assessment tool. These intersecting themes were also considered in the identification and prioritization of potential Strategic Issues. In response to the 2020 COVID-19 pandemic, presentation of key findings and potential strategic issues was conveyed to the Steering Committee via a video conferencing platform. Prioritization of Strategic Issues was subsequently conducted via Qualtrics® online survey database.

For ease of understanding common themes and root causes, the key issues are grouped below into categories including social determinants of health; health status and health behaviors; and access to care and utilization. Many of the key issues emerged as concerns across the intersecting theme areas shown below; however, each issue is only listed once.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants of Health
 - Lack of affordable housing and utilities
 - Homelessness
 - Limited employment opportunities
 - Access to nutritious foods
 - Income disparities by area of residence and race/ethnicity
 - Emphasis on East-West Gainesville disparities and urban-rural disparities
 - Maternal and infant health disparities by race/ethnicity
 - Emphasis on Southwest Gainesville

- Walkability and pedestrian safety
- Limited public engagement on matters of policy and public health
- Challenges with representation of underserved communities
 - Emphasis on rural and Hispanic populations
- Health Status and Health Behaviors
 - Low life expectancy relative to the state
 - Different patterns of morbidity and mortality between racial groups
 - High rates of preventable chronic disease burden among African-American population
 - High STD rates
 - High infant mortality rates, particularly among African-American population
 - Rising low birthweight births, particularly among African-American population
 - Poor mental health
 - Low physical activity
 - Substance use disorders, including alcohol and opioid use disorder
 - Tobacco use and changes in nicotine delivery products (such as electronic cigarettes)
- Access to Care and Utilization
 - Limited access to healthcare for physical health issues
 - Low access to prenatal care in rural areas
 - Barriers to care specific to Hispanic community
 - Limited access to mental healthcare
 - Limited access to dental care
 - Lack of funding for safety net providers
 - Adequacy of linkage-to-care services
 - Limited access to health insurance
 - Inappropriate use of Emergency Departments, particularly for dental care
 - Low utilization of preventive care services
 - High number of avoidable hospital admissions
 - Limited number of long-term care facilities relative to the state

STRATEGIC PRIORITY ISSUE AREAS

The April 22nd meeting of the Alachua County Community Health Assessment Steering Committee took place on a video conferencing platform and was dedicated to reviewing the data and main findings from the entire Community Health Assessment process including the Health Status Assessment, the Community Themes and Strengths primary data, the Forces of Change discussion, and the Local Public Health System Assessment. In the virtual presentation, a list of potential Strategic Priority Issues was presented to the Steering Committee based on intersecting themes outlined in the section prior. The Steering Committee

discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. Through facilitated discussion, the Steering Committee members suggested modification, elimination, or expansion of the Strategic Priority Issues. A total of 21 potential Strategic Issues were identified for subsequent prioritization (see Table 21).

TABLE 21: LIST OF STRATEGIC PRIORITY ISSUES, ALACHUA COUNTY, 2020.

Strategic Issue
Access to mental health care
Health disparities (burden of disease higher among specific races, ethnicities, and residents living at various poverty rates)
Access to affordable housing and utilities
Access to employment
Homelessness
Income disparities
Low utilization of preventive healthcare services
Access to healthcare (physical healthcare)
Lack of funding for safety-net providers
Access to health insurance
Access to dental care
Public engagement and representation in policy change
Adequacy of linkage to care services
Access to nutritious food (proximity and affordability)
Walkability and Pedestrian Safety
High rate of STDs
Opioid epidemic and substance misuse
Tobacco use and changes in nicotine delivery products (such as electronic cigarettes)
Zoonotic diseases
Inappropriate use of healthcare resources
Superfund site

Source: Alachua Strategic Issue Prioritization Meeting, 2020. Prepared by: WellFlorida Council, 2020.

TABLE 22: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, ALACHUA COUNTY, 2020.

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul style="list-style-type: none"> • Issue severity • Burden to large or priority populations • Of great community concern • Focus on equity 	<ul style="list-style-type: none"> • Potential effectiveness • Cross cutting or targeted reach • Ability to demonstrate progress 	<ul style="list-style-type: none"> • Community capacity • Political will • Acceptability to the community 	<ul style="list-style-type: none"> • Financial costs • Staffing • Stakeholder support • Time

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved May 24, 2020, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

The survey was administered via the Qualtrics® platform and resulted in 34 unique responses. The issues with the highest magnitude, on a scale of one to four, were access to mental healthcare (average rating of 3.35), health disparities (3.35), access to affordable housing and utilities (3.26), access to employment (3.18), income disparities (3.15) and homelessness (3.15). A breadth of topics scored highly across areas of social determinants of health, health status and health behaviors, and access to care and utilization. The issues with the feasibility in addressing, on a scale of one to four, were access to healthcare for physical issues (average rating of 2.72), walkability and pedestrian safety (2.69), access to dental care (2.66), access to mental healthcare (2.62), high rate of STDs (2.55), and access to affordable housing and utilities (2.55). These results suggest that issues focused on access to care are perceived as more feasible to address. Finally, participants were asked to select three issues that should be prioritized. Table 23 shows the Strategic Issues that received the highest vote counts for prioritization and whether they scored highly in magnitude and feasibility relative to other Strategic Issues.

TABLE 23: STRATEGIC ISSUES WITH HIGH PRIORITY, ALACHUA COUNTY, 2020.

Strategic Issue	Count	High magnitude?	High Feasibility?
Access to affordable housing and utilities	11	X	X
Health disparities	11	X	
Access to mental healthcare	10	X	X
Access to nutritious foods (proximity and affordability)	7		*
Access to healthcare (physical healthcare)	6	*	X

Low utilization of preventive care services	6	*	*
Access to dental care	6		X
Lack of funding for safety-net providers	5	*	*
Public engagement and representation in policy change	5		*
Income disparities	4	X	
X = Top 5 ranking, *= Top 10 ranking			

Source: Alachua Strategic Issue Prioritization Meeting, 2020. Prepared by: WellFlorida Council, 2020.

On May 20th, a subset of the Steering Committee reconvened to discuss results of the prioritization survey. The work group reviewed, discussed and synthesized assessment findings into a cohesive list of priority health issues. Using the same prioritization criteria throughout the assessment, the group narrowed the list to six (6) Strategic Issues. Themes converged into broad areas of access and wellness. The workgroup further discussed and refined the issue labels to more concisely state the overarching theme of each along with consolidating the potential goal areas that will drive and support future interventions. The priority issue areas below will move forward for consideration in the Community Health Improvement Plan.

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Priority 1: Access to Health Care
 - Goal Area: Mental health care access
 - Goal Area: Dental Care Access
 - Goal Area: Preventive and Primary Care Access
- Priority 2: Wellness
 - Goal Area: Housing and Utilities
 - Goal Area: Nutrition and access to nutritious foods
 - Goal Area: Prevention and management of chronic disease

Thoughtful consideration was also given to issues that had priority but ultimately set aside. It was decided that disparities in health and income are deep-seated systemic issues that are difficult to target in isolation; however, strategies to address other priority areas are expected to impact health disparities. As such, health disparity and health inequity topics will be interwoven into the goals of priority areas.

Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Alachua County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

KEY CONSIDERATIONS

- Promote a culture of community health as a system of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental health problems, substance abuse, and tobacco use
- Enhance or create programs to more effectively and efficiently manage chronic diseases and oral health
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Enhance or create policy, programs and environmental change to address unintentional injuries and suicide
- Create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health, and examine social structures and institutions that contribute to health inequities

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Alachua County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalog the best practices for addressing countless key community health issues. Each of these resources is designed a bit differently, but at the core, either provides a comprehensive and regularly updated list of promising and evidence-based practices or have an interface that allows partners to identify best practices based on the issue, type of intervention or target population. In general, these databases should be consulted prior to any type of intervention identification or prioritization with the community. Presented below are six of the most frequently utilized and widely respected databases of practices for improving community health.

- Center for Disease Control and Prevention Community Health Improvement Navigator
<http://wwwn.cdc.gov/chidatabase>
- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation
<https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/policies-and-programs>
- The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
<https://www.thecommunityguide.org/>
- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
<https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>
- Evidence-Based Practices (EBP) Web Guide – Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
<https://www.samhsa.gov/ebp-web-guide>
- Community Tool Box – The University of Kansas KU Work Group for Community Health and Development
<http://ctb.ku.edu/en/databases-best-practices>

As a key feature, each of these resources appraises the quality of the evidence upon which recommended interventions are deemed best practices. When reviewing practices at these sites, one must keep in mind the following qualifiers for the quality of and the type of evidence upon which the intervention is based:

Case-Control Study: A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.

Cohort Study: A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.

Cross-Sectional or Prevalence Study: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

Effective Practice: A program that has been scientifically evaluated and has quantitative measures of improvement but those measures are not statistically significant.

Evidence-Based: The study is of peer review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as “evidence-based” or as “low”, “moderate” or “strong” depending on the strength of the statistical significance.

Evidence-Based (Low or Suggestive): While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

Evidence-Based (Moderate): While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.

Evidence-Based (Strong): The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g. medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.

Evidence of Ineffectiveness: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Expert Opinion: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Individual Study: Scientific evaluation of the efficacy of an intervention in a single study.

Insufficient Evidence: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

Mixed Evidence: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

Nonsystematic Review: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection

of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Peer-Reviewed: A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.

Pilot Study: A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.

Practice-based Example: A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.

Promising Practice/Good Idea: The program evaluation is limited to descriptive measures of success.

Randomized Control Trial: A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.

Scientifically Supported: Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Some Evidence: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Systematic Review: A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Systematic Review – Insufficient Evidence: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Systematic Review – Recommended: The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Systematic Review – Recommended Against: The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

The following table presents results of a query of these best practices for some of the key health issue and needs areas in Alachua County and are worthy of consideration as community interventions. Some of these

best practices may already be in place in Alachua County and only need enhancement while others represent new opportunities.

TABLE 24: PROMISING INTERVENTIONS.

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it-ems/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Test Message-Based Health Interventions Text message-based interventions have been implemented widely across the country and are tailored to specific community needs. They are amenable to combination with other programs and electronic medical records. There is evidence that programs improve health outcomes, including weight, and health behaviors, including tobacco use and vaccinations.	Scientifically Supported	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/text-message-based-health-interventions
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it-ems/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status
Access to Preventive and Primary Care/Chronic Disease	Diabetes and Cardiovascular Disease: Interventions Engaging Community Health Workers The Community Preventive Services Task Force recommends interventions with community health workers based on strong evidence of improved health outcomes for both diabetes (improved glycemic control, weight loss) and cardiovascular disease (lower blood pressure and cholesterol). Community health workers can function as a bridge between providers and patients, offering health education, outreach, and patient navigation.	Systematic Review	Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/diabetes-prevention-interventions-engaging-community https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/cardiovascular-disease-interventions-engaging-community
Access to Preventive and Primary	Medical Homes Medical homes provide comprehensive, holistic primary care. Primary care providers and their	Scientifically Supported	County Health Rankings Policy Database:

Issue	Practice or Intervention	Effectiveness	Source
Care/Chronic Disease	teams coordinate care across the health care spectrum, collaborating with patients to address preventive, acute, and chronic health care needs. Evidence is strong that medical homes increase access, quality, and continuity of health care.		https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/medical-homes
Access to Preventive and Primary Care/Chronic Disease	School-Based Health Centers (SBHCs) SBHCs provide health care services to students on school premises. There is strong evidence that they increase access to care, result in fewer Emergency Department visits, increase physical activity, and increase immunization rates among other positive results.	Scientifically Supported	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-health-centers
Access to Preventive and Primary Care	Health Insurance Outreach Enrollment and Support: There is evidence that health insurance enrollment programs can be developed by community organizations, including schools and non-profit organizations. The program may make health care more accessible by increasing enrollment in health insurance.	Some Evidence	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support
Access to Preventive and Primary Care	Telemedicine Evidence is strong that telemedicine services increase access to care, particularly for rural and traditionally underserved areas. Telemedicine services may include primary care, specialty care, referrals, and remote monitoring. There is some evidence that telemedicine improves medication adherence and reduces mortality.	Scientifically Supported	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/telemedicine
Access to Preventive and Primary Care	Orientation to Clinic Services A systematic review found moderate evidence of improved access to preventive care for homeless populations with clinic orientation, either in conjunction with outreach services or alone. Targeted interventions may be considered for this population given they are particularly vulnerable to low access to care.	Systematic Review	Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-improve-access-to-primary-care-for
Dental Health	Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/dental-caries-cavities-community-water-fluoridation-h
Access to Dental Care	School-Based Dental Programs Student screening, sealant application, fluoride treatment, and other preventive dental care can be incorporated into school programs. Services can be delivered by dental professionals employed by Federally Qualified Health Centers (FQHC) or other local agencies. Services may be provided	Scientifically Supported	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-dental-programs

Issue	Practice or Intervention	Effectiveness	Source
	only in schools or students may be linked to clinics for additional care. *Alachua County has existing school-based dental programs but may consider analysis of services and care coordination capacity or implementation of FQHCs as program managers		
Access to Dental Care	Allied Dental Professionals Roles of allied dental professionals, including dental assistants, community dental health coordinators, dental hygienists, and dental therapists, can be expanded. This can be achieved by increasing scope of services, decreasing dentist supervision requirements, or implementing new opportunities for mid-level providers.	Some Evidence	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/allied-dental-professional-scope-of-practice
Access to Mental Healthcare	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders
Access to Mental Healthcare	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home
Access to Mental Healthcare	Targeted School-Based Cognitive Behavioral Therapy Programs to Reduce Depression and Anxiety Symptoms Trained school staff or external mental health professionals engage students at increased risk of anxiety and depression through a structured program. The Community Services Task Force showed strong evidence of effectiveness in reducing depression and anxiety symptoms among participants.	Evidence-based (Strong)	The Community Guide: https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it-ems/mind-exercise-nutritio-do-it-mend-program

Issue	Practice or Intervention	Effectiveness	Source
	healthy living and providing parents with solutions on how to promote good habits at home.		
Nutrition	Competitive Pricing for Healthy Foods There is strong evidence that competitive pricing through subsidies or discounts have influence individual behavior. Demand for healthy foods is elastic. Programs that leverage competitive pricing strategies have been successfully implemented in schools and workplaces.	Scientifically Supported	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/competitive-pricing-for-healthy-foods
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it-ems/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it-ems/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Affordable Housing and Utilities	Debt Advice for Tenants with Unpaid Rent There is some evidence that having trained providers offer debt and unpaid rent advice to tenants results in reduced debt and evictions. Support includes establishment of repayment plans, budget, and tracking tools for income, debt and spending.	Some Evidence	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/strategies/debt-advice-for-tenants-with-unpaid-rent
Affordable Housing and Utilities	Housing First Rapid access to permanent housing for populations experiencing chronic homelessness has strong evidence to support that it improves housing stability and reduces hospital utilization. This strategy has been successfully implemented across the country, particularly those targeting	Scientifically Supported	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/strategies/housing-first

Issue	Practice or Intervention	Effectiveness	Source
	veterans. Support services, such as crisis intervention, needs assessment, and case management are important components of Housing First programs. There is evidence that Housing First approaches improves mental health and well-being, and increases substance use disorder treatment.		
Affordable Housing and Utilities	Weatherization Assistance Program (WAP) The federal WAP is run by the US Department of Energy to assist low income families in making their homes more energy efficient to reduce energy bills. Funding is available in all states. Cost benefit analysis shows significant annual household energy and cost savings that could be used to alleviate other basic needs. Further, there is some evidence that WAP improves health and well-being by improving family environments; however, more study is needed to confirm these findings.	Some Evidence	County Health Rankings Policy Database: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/weatherization-assistance-program-wap
Affordable Housing and Utilities	Tenant-Based Rental Assistance Programs The Community Preventive Services Task Force recommends Tenant-Based Rental Assistance programs based on systematic reviews showing reduced exposure to crime and decreases in neighborhood social disorder.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/health-equity-tenant-based-rental-assistance-programs
Affordable Housing and Utilities	Community Land Trusts (CLTs) Although further studies are needed to confirm effects, there is evidence that CLTs, such as Communities that Care in Gainesville, increase housing stability, increase access to affordable housing and improve neighborhood quality. Studies show CLTs can operate sustainably with low delinquency and foreclosure rates.	Some Evidence	The Community Guide: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-land-trusts

Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Forces of Change Materials
- Survey Materials: Community Survey, Key Issues Prioritization Survey

STEERING COMMITTEE MEMBERS

- Andreana Apostolopoulos, Florida Department of Health in Alachua County
- Joseph Benton, ACORN Clinic
- Cindy Bishop, Alachua County Social Services
- Lynda Bowie-Locklear, Career Source
- Taylor Brown, Florida Department of Health in Alachua County – Obesity Prevention
- Elizabeth Bunzick, City of Gainesville
- Sarah Catalanatto, SRAHEC
- Amy Childs, Alachua County Employee Wellness
- Anthony Clarizio, Elder Care
- John Colon, Florida Department of Health in Alachua County
- Roger Dolz, Florida Department of Health in Alachua County
- Diana Duque, WIC
- Maria Eunice, Florida Department of Health in Alachua County
- Micaela Gibbs, UF Dental
- Victoria Gibney, Florida Department of Health in Alachua County
- Ebony Griffin, Florida Department of Health in Alachua County
- Kristen Griffis, Area Agency on Aging - Elder Options
- Laura Guyer, UF Health Disparity Professions
- Will Halvosa, Gainesville Police Department
- Javier Denise, Florida Department of Health in Alachua County
- Anna Kairalla, Archer Family Clinic
- Candice King, ACORN Clinic
- Gay Koehler-Sides, Florida Department of Health in Alachua County – HIV/STD
- Melissa Laliberte, WeCare
- Carla Lewis, Greater Duval Neighborhood Association
- Ryan McGuire, Florida Department of Health in Alachua County – Health Policy
- Jane Morgan-Danie, UF Health Science Library
- Fred Murry, City of Gainesville
- Katina Mustipher, Area Agency on Aging - Elder Options
- Paul Myers, Florida Department of Health in Alachua County
- Kourtney Oliver, Florida Department of Health in Alachua County
- Kathleen Pagan, Alachua County Growth Management
- Demetra Pantelis, Florida Department of Health in Alachua County
- Morgan Papworth, UF Health Shands Employee Wellness
- Karissa Raskin, City of Gainesville
- Wendy Resnick, UF Health Shands Employee Wellness
- Raina Rivera, Alachua County Public Schools
- Morris Sherman, Safe Routes to School
- Brendan Shortley, Helping Hands Clinic
- Catherine Striley, UF Health Street

- Camesha Tate, ACORN Clinic
- Denise Thomas, Meridian
- Shannon Tisdale, UF Health Shands
- Scott Tomar, UF College of Dentistry
- Tom Tonkavich, Alachua County Community Support Services
- Claudia Tuck, Alachua County Community Support Services
- Hannatu Tung-Leego, UF PHD Nutrition Student
- Heather Vecsey, Florida Department of Health in Alachua County
- Steven Williams, Samaritan Clinic

FORCES OF CHANGE MATERIALS

Forces of Change Brainstorming Worksheet

The following worksheet is designed for the Alachua County CHA Steering Committee and invited guests for the Forces of Change brainstorming session. In small groups or individually, please complete this Forces of Change Brainstorming Worksheet in preparation for the discussion that will follow.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change - outside of Alachua County's direct control - that affect the local health care system, local health outcomes or overall community health; forces that may hinder or enhance Alachua County's ability to improve community health outcomes.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Forces of Change Brainstorming Worksheet

Using the information from the previous page, brainstorm a list of the Forces of Change that you believe will be the most important **within the next three (3) years**, including **factors**, **events**, and **trends** (see definitions of these terms on previous page). Continue onto another page if needed.

Worksheet Example: Factors, events and trends affecting Alachua County:

Example 1: Stagnant economy

Example 2: Changes to Affordable Care Act

Example 3: Rise in opioid use and other substance abuse issues

Factors, events and trends affecting Alachua County:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

If you have any questions, please do not hesitate to contact Chris Abarca at 352-727-3767 or cabarca@wellflorida.org

SURVEY MATERIALS

COMMUNITY MEMBER SURVEY

2019 Alachua County Community Health Survey

Dear Neighbor,

What are the most important health and health care issues in Alachua County? The Florida Department of Health in Alachua County, UF Health Shands Hospital, and WellFlorida Council, the local health planning council, invite you to answer this Community Health Needs Assessment survey between Monday, January 14, 2019 and Saturday, March 2, 2019. Community leaders will use your answers to build a healthier community. Your answers will not be used to identify you.

This survey has 41 questions and should take about 20 minutes to finish.

We are using a raffle to give away ten (10) Wal-Mart gift cards worth \$30 each. To enter the raffle:

- You must be at least 18 years old to participate.
- Answer all questions on the survey.
- Give us your phone number and/or email address so that we can reach you if you are a winner. Your phone number and/or email address will remain confidential.

Please answer the survey only once. Completing more than one survey will not increase your chances to win a gift card.

If you have any questions about this survey or the survey process, you may contact Christine Abarca at WellFlorida Council (www.wellflorida.org). The phone number is 352-727-3767 and her e-mail address is cabarca@wellflorida.org.

The survey begins on the following page.

Thank you for sharing your views about health with us!

1. What is your age?

- ☐ Yes, I am 18 years of age or older
- ☐ No, I am 17 years of age or younger. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Alachua County*

2. Where do you live? Choose ONE

- ☐ I live in Alachua County
- ☐ I am a seasonal resident of Alachua County
- ☐ I do not live in Alachua County. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Alachua County.*

3. What is your zip code?

- ☐ 32044
- ☐ 32601
- ☐ 32602
- ☐ 32603
- ☐ 32604
- ☐ 32605
- ☐ 32606
- ☐ 32607
- ☐ 32608
- ☐ 32609
- ☐ 32610
- ☐ 32611
- ☐ 32612
- ☐ 32614
- ☐ 32615
- ☐ 32616
- ☐ 32618
- ☐ 32622
- ☐ 32627
- ☐ 32631
- ☐ 32633
- ☐ 32635
- ☐ 32640
- ☐ 32641
- ☐ 32643
- ☐ 32653
- ☐ 32654
- ☐ 32655
- ☐ 32658
- ☐ 32662
- ☐ 32666
- ☐ 32667
- ☐ 32669
- ☐ 32694
- ☐ Other

4. What do you think contributes most to a healthy community? Choose THREE

- | | |
|---|---|
| <input type="radio"/> Access to affordable health care including primary/family care and specialty care, dental care and mental health care | <input type="radio"/> Job opportunities for all levels of education |
| <input type="radio"/> Access to convenient, affordable and nutritious foods | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Affordable goods/services | <input type="radio"/> Low level of child abuse |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Affordable utilities | <input type="radio"/> Low preventable death and disease rates |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low rates of infant and childhood deaths |
| <input type="radio"/> Awareness of health care and social services | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Clean environment | <input type="radio"/> Places of worship |
| <input type="radio"/> First responders, Fire/Rescue/EMS, emergency preparedness | <input type="radio"/> Public transportation system |
| <input type="radio"/> Good place to raise children | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good race/ethnic relations | <input type="radio"/> Strong economy |
| <input type="radio"/> Good schools | <input type="radio"/> Strong family ties |
| <input type="radio"/> Healthy behaviors | <input type="radio"/> Other, please specify |

5. What has the greatest negative impact on the health of people in Alachua County? Choose THREE

- | | |
|---|--|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Not using health care services appropriately |
| <input type="radio"/> Distracted driving (e.g., texting while driving) | <input type="radio"/> Not using seat belts/child safety seats |
| <input type="radio"/> Dropping out of school | <input type="radio"/> Overeating |
| <input type="radio"/> Drug abuse (cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) | <input type="radio"/> Racial/ethnic relations |
| <input type="radio"/> Eating unhealthy foods/drinking sugar sweetened beverages | <input type="radio"/> Starting prenatal care late in pregnancy |
| <input type="radio"/> Lack of personal responsibility | <input type="radio"/> Tobacco use/vaping/chewing tobacco |
| <input type="radio"/> Lack of sleep | <input type="radio"/> Unsafe sex |
| <input type="radio"/> Lack of stress management | <input type="radio"/> Unsecured firearms |
| <input type="radio"/> Lack of physical activity | <input type="radio"/> Violence |
| <input type="radio"/> Loneliness or isolation | |
| <input type="radio"/> Not getting immunizations to prevent disease (e.g., flu shots) | <input type="radio"/> Other, please specify |
| <input type="radio"/> Not using birth control | _____ |

6. Which health care services are difficult for you to obtain in Alachua County? Choose ALL that apply

- | | | |
|---|---|---|
| <input type="radio"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) | <input type="radio"/> Prescriptions/medications or medical supplies | <input type="radio"/> Laboratory services |
| <input type="radio"/> Dental/oral care | <input type="radio"/> Preventive care (e.g., check-ups) | <input type="radio"/> Mental/behavioral health |
| <input type="radio"/> Emergency room care | <input type="radio"/> Primary/family care (e.g., family doctor) | <input type="radio"/> Physical therapy/rehabilitation therapy |
| <input type="radio"/> Family planning/birth control | <input type="radio"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) | <input type="radio"/> Vision/eye care |
| <input type="radio"/> In-patient hospital care | <input type="radio"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="radio"/> Prenatal care (pregnancy care) |
| <input type="radio"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.) | <input type="radio"/> Urgent care (e.g., walk-in clinic) | <input type="radio"/> Other, please specify _____ |

7. What 3 health issues are the biggest problems for residents of Alachua County? Choose THREE

- | | |
|---|--|
| <input type="radio"/> Access to sufficient and nutritious foods | <input type="radio"/> Homelessness |
| <input type="radio"/> Access to long-term care | <input type="radio"/> Homicide |
| <input type="radio"/> Access to primary/family care | <input type="radio"/> Infant death |
| <input type="radio"/> Affordable assisted living facilities | <input type="radio"/> Mental health problems |
| <input type="radio"/> Age-related issues (e.g., arthritis, hearing loss) | <input type="radio"/> Motor vehicle crash injuries |
| <input type="radio"/> Cancer | <input type="radio"/> Obesity |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Pollution (e.g., water, air, soil quality) |
| <input type="radio"/> Dementia | <input type="radio"/> Rape/sexual assault |
| <input type="radio"/> Dental problems | <input type="radio"/> Respiratory/lung disease |
| <input type="radio"/> Diabetes | <input type="radio"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) |
| <input type="radio"/> Disability | <input type="radio"/> Stress |
| <input type="radio"/> Domestic violence | <input type="radio"/> Substance abuse/drug abuse |
| <input type="radio"/> Elderly caregiving | <input type="radio"/> Suicide |
| <input type="radio"/> Exposure to excessive and/or negative media and advertising | <input type="radio"/> Tobacco use (includes e-cigarettes, smokeless tobacco use) |
| <input type="radio"/> Firearm-related injuries | <input type="radio"/> Teenage pregnancy |
| <input type="radio"/> Heart disease and stroke | <input type="radio"/> Vaccine preventable diseases (e.g., flu, measles) |
| <input type="radio"/> High blood pressure | <input type="radio"/> Other, please specify |
| <input type="radio"/> HIV/AIDS | |

8. During the past 12 months, was there a time you needed dental care, including check-ups, but didn't get it?

- ☐ Yes. Please go to Question 9.
- ☐ No. I got the dental care I needed or didn't need dental care. Please go to Question 10.

9. What were the reasons you could not get the dental care you needed during the past 12 months? Choose ALL that apply

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- ☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- ☐ Other, please specify _____

10. During the past 12 months, was there a time when your child or children in your care needed dental care, including check-ups, but didn't get it?

- ☐ Yes. Please go to Question 11.
- ☐ No. My child or children got the dental care they needed or didn't need dental care. Please go to Question 12.
- ☐ I do not have children. Please go to Question 12.

11. What prevented your child or children in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Service not covered by insurance or no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

12. During the past 12 months, was there a time when an adult in your care needed dental care, including check-ups, but didn't get it?

- ☐ Yes. Please go to Question 13.
- ☐ No. The adult in my care got the dental care they needed or didn't need care. Please go to Question 14.
- ☐ I do not have an adult in my care. Please go to Question 14.

13. What prevented the adult in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply.

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

14. During the past 12 months, was there a time when you needed to see a primary care/family care doctor for health care but couldn't get it?

- ☐ Yes. Please go to Question 15.
- ☐ No. I got the health care I needed or didn't need care. Please go to Question 16.

15. What were the reasons you could not get the primary/family care you needed during the past 12 months? Choose ALL that apply

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No primary care providers (doctors, nurses) available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- ☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- ☐ Other, please specify _____

16. During the past 12 months, was there a time when your child or children in your care needed to see a primary/family care doctor for health care but couldn't?

- ☐ Yes. Please go to Question 17.
- ☐ No. My child or children got the health care they needed or didn't need care. Please go to Question 18.
- ☐ No. I do not have children. Please go to Question 18.

17. What prevented your child or children in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No primary care providers (doctors, nurses) available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

18. During the past 12 months, was there a time when an adult in your care needed primary/family care, including check-ups, but didn't get it?

- ☐ Yes. Please go to Question 19.
- ☐ No. The adult in my care got the health care they needed or didn't need primary/family care. Please go to Question 20.
- ☐ I do not have an adult in my care. Please go to Question 20.

19. What prevented the adult in your care from seeing a primary/family care provider during the past 12 months? Choose ALL that apply.

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No primary care providers (doctors, nurses) available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

20. During the past 12 months, was there a time when you needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- ☐ Yes. Please go to Question 21.
- ☐ No. I did not need to see a therapist or counselor for a mental health or substance use issue or I got the care I needed. Please go to Question 22.

21. What prevented you from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No mental health care providers or no substance use therapists or counselors available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- ☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- ☐ Other, please specify _____

22. During the past 12 months, was there a time when your child or children in your care needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- ☐ Yes. Please go to Question 23.
- ☐ No. My child or children got to see a therapist or counselor when they needed mental health/substance use care. Please go to Question 24.
- ☐ No. I do not have children. Please go to Question 24.

23. What prevented your child or children in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No mental health care providers or substance use therapists or counselors available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

24. During the past 12 months, was there a time when an adult in your care needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- ☐ Yes. Please go to Question 25.
- ☐ No. The adult in my care got to see a therapist or counselor when they needed mental health or substance use care. Please go to Question 26.
- ☐ No. I do not have an adult in my care. Please go to Question 26.

25. What prevented the adult in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No mental health care providers or substance use therapists or counselors available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

26. In the last 12 months, what were your two biggest challenges? Choose TWO

- ☐ Food (having enough nutritious food)
- ☐ Affordable utilities
- ☐ Transportation
- ☐ Housing
- ☐ Employment (job)
- ☐ Childcare
- ☐ Access to doctor or dentist
- ☐ Personal safety
- ☐ Mental Health/Depression
- ☐ Only one of the above was a challenge for me in the past 12 months
- ☐ None of the above were challenges for me in the past 12 months
- ☐ Other (please specify) _____

27. How easy or difficult is it to get information about health if you need it?

- ☐ Very easy
- ☐ Easy
- ☐ Not easy nor difficult
- ☐ Difficult
- ☐ Very Difficult

28. How easy or difficult is it to understand the health information you get from doctors, nurses and other health professionals?

- ☐ Very easy
- ☐ Easy
- ☐ Not easy nor difficult
- ☐ Difficult
- ☐ Very Difficult

29. How easy or difficult is it to understand the written health information on the Internet and in printed handouts?

- ☐ Very easy
- ☐ Easy
- ☐ Not easy nor difficult
- ☐ Difficult
- ☐ Very Difficult

30. Overall, how healthy are the people in Alachua County?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy

31. How do you rate your health?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy

Describe yourself. This information is confidential and will not be shared. You will not be identified.

32. What is your age?

- ☐ 0-17
- ☐ 18-24
- ☐ 25-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-79
- ☐ 80 or older
- ☐ I prefer not to answer

33. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

34. Are you of Hispanic, Latino, or Spanish origin? Choose ONE

- ☐ No, not of Hispanic, Latino or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin
(please specify) _____
- ☐ I prefer not to answer

35. What racial group do you most identify with? (Please select ONE choice)

- ☐ American Indian and Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Two or more races
- ☐ White
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

36. What is the highest level of school you have completed?

- ☐ Elementary/Middle School
- ☐ High school diploma or GED
- ☐ Technical/Community College
- ☐ 4-year College/Bachelor's degree
- ☐ Graduate/Advanced degree
- ☐ Some college
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

37. Which of the following best describes your current employment status? Choose ALL that apply

- ☐ Employed (Full-Time)
- ☐ Employed (Part-Time)
- ☐ Full-Time Student
- ☐ Part-Time Student
- ☐ Home maker
- ☐ Retired
- ☐ Self-Employed
- ☐ Unemployed
- ☐ Work two or more jobs
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

38. How do you pay for health care? Choose ALL that apply

- ☐ Health insurance offered from your job or a family member's job
- ☐ Health insurance that you pay on your own
- ☐ I do not have health insurance
- ☐ Medicare
- ☐ Military coverage/VA/Tricare
- ☐ Pay cash
- ☐ Medicaid
- ☐ Other (please specify) _____

39. What is the combined annual income of everyone living in your household? Choose 1

- | | |
|--|--|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$100,000 to \$124,999 |
| <input type="radio"/> \$10,000 to \$19,999 | <input type="radio"/> \$125,000 to \$149,999 |
| <input type="radio"/> \$20,000 to \$29,999 | <input type="radio"/> \$150,000 to \$174,999 |
| <input type="radio"/> \$30,000 to \$49,999 | <input type="radio"/> \$174,000 to \$199,999 |
| <input type="radio"/> \$50,000 to \$74,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$75,000 to \$99,999 | <input type="radio"/> I prefer not to answer |

40. Did a student help you fill out this survey?

- ☐ Yes
- ☐ No

41. Is there anything else you'd like to tell us? Please provide your comments below.

Do you want to participate in our raffle to win a \$30 Wal-Mart gift card? If you do, write in your email address or phone number so we can contact you if you win.

Email address: _____

Phone number: _____

KEY ISSUES PRIORITIZATION SURVEY

2020 Alachua County Key Issues Prioritization Survey

On Wednesday, April 22, WellFlorida Council presented the Key Findings from the Alachua Community Health Assessment 2020. The Key Findings included a list of recurring identified key issues and presentation attendees provided feedback regarding additional key issues.

This survey is an initial attempt to begin to prioritize health issues/health factors that influence attainment of optimal health in Alachua County. Over the coming weeks, we will use information obtained from this survey and group discussions about the community health assessment data to identify the most pressing health issues confronting Alachua County.

The purpose of this survey is to prioritize the list of key issues into strategic issues.

Please keep in mind **Strategic Issues**:

- Pose a threat, present an opportunity or require significant change
- Require action on the part of the public health system partners -- not only one entity
- Are frequently a convergence of narrow, single-focus issues (for example, preventative mental healthcare, reduction in Baker Act initiations and increased access to mental health care in the school system, are narrow, single-focus issues related to Access to Mental Healthcare services).
- Involve a conflict or tension between current and future capacities, actual and desired conditions, past performance and future expectations, and old and new roles
- Must be actionable
- Tend to be complex and have more than one solution

We must determine the **magnitude** of the key issue. To do so, consider the importance and urgency:

- Important - what will happen if we do nothing?
- Urgent - how quickly must we act on this issue?

We must determine our level of **confidence** in our ability to impact the issue:

- Impact - if we act, will the impact be narrow or broad?
- Feasibility - what can we do about this issue, can we actually make a difference?
- Resource availability - what are the costs? Is there someone or a group of entities in Alachua County who can tackle this issue?

1. Please rate the following key issues in terms of their magnitude (how important is the key issue, how urgent is the key issue). Please rate the key issues from 1 - 4 with 1 representing lowest magnitude and 4 representing the highest magnitude. (You must rate each of the key issues listed below)

	1 (1)	2 (2)	3 (3)	4 (4)
Access to affordable housing and utilities (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to employment (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthcare (physical healthcare) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to dental care (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health care (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate use of healthcare resources (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding for safety-net providers (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High rate of STDs (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public engagement and representation in policy change (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low utilization of preventive healthcare services (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use and changes in nicotine delivery products (such as electronic cigarettes) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health disparities (burden of disease higher among specific races, ethnicities, and residents living at various poverty rates) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to nutritious food (proximity and affordability) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Superfund site (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of linkage to care services (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health insurance (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zoonotic diseases (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income disparities (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid epidemic and substance misuse (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walkability and Pedestrian Safety (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please rate the following key issues in terms of your confidence in our ability to make an impact (think about impact, feasibility and resources). Please rate the key issues from 1 - 4 with 1 representing lowest confidence and 4 representing the highest magnitude. (You must rate each of the key issues listed below)

	1 (1)	2 (2)	3 (3)	4 (4)
Access to affordable housing and utilities (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to employment (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthcare (physical healthcare) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to dental care (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health care (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate use of healthcare resources (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding for safety-net providers (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High rate of STDs (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public engagement and representation in policy change (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low utilization of preventive healthcare services (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use and changes in nicotine delivery products (such as electronic cigarettes) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health disparities (burden of disease higher among specific races, ethnicities, and residents living at various poverty rates) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to nutritious food (proximity and affordability) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Superfund site (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of linkage to care services (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health insurance (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zoonotic diseases (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income disparities (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid epidemic and substance misuse (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walkability and Pedestrian Safety (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please select the THREE issues you believe should be selected as priorities for the Community Health Improvement Plan in Alachua County

- ☐ Access to affordable housing and utilities (1)
- ☐ Access to employment (2)
- ☐ Access to healthcare for physical health issues (3)
- ☐ Access to dental care (4)
- ☐ Access to mental health care (5)
- ☐ Inappropriate use of healthcare resources (6)
- ☐ Lack of funding for safety-net providers (7)
- ☐ High rate of STDs (8)
- ☐ Public engagement and representation in policy change (9)
- ☐ Low utilization of preventive healthcare services (10)
- ☐ Tobacco use and changes in nicotine delivery products (such as electronic cigarettes) (11)
- ☐ Health disparities (burden of disease higher among specific races, ethnicities, and residents living at various poverty rates) (12)
- ☐ Homelessness (13)
- ☐ Access to nutritious food (proximity and affordability) (14)
- ☐ Superfund site (15)
- ☐ Adequacy of linkage to care services (16)
- ☐ Access to health insurance (17)
- ☐ Zoonotic diseases (18)
- ☐ Income disparities (19)
- ☐ Opioid epidemic and substance misuse (20)
- ☐ Walkability and Pedestrian Safety (21)