



# ALACHUA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

JANUARY 2017

# Alachua County Community Health Improvement Plan

## Steering Committee

Marceline Beem, Westside Samaritans Clinic  
Cindy Bishop, Department of Children and Families Community Partner Liaison  
Tamera Carmichael, DOH-Alachua Diabetes Program  
Sarah Catalanotto, Suwannee River Area Health Education Center  
Marina Cecchini, UF Health Psychiatric Hospital  
Amy Childs, Alachua County Wellness program  
John Colon, Medical Director, DOH-Alachua  
Diana Duque, WIC and Florida Healthy Babies  
Victoria Gibney, UF Institute of Food and Agricultural Sciences  
John Michael Gonzales, Green Dot Violence Prevention Program  
Laura Guyer, UF Health Disparities Program  
Candice King, Alachua County Organization for Rural Needs, Inc  
Pamela Koons, Gainesville Housing Authority  
Eunshil McKenna, Alachua County Schools  
Regine Mojica, Tobacco Free Alachua  
Fred Murry, City of Gainesville  
Paul Myers, Administrator, DOH-Alachua  
Candi Nixon, Alachua County Social Services  
Kourtney Oliver, Healthiest Weight Florida  
Morgan Papworth, Florida Blue  
Alan Paulin, Meridian Behavioral Healthcare  
Vicki Piazza, UF HealthStreet  
Wendy Resnick, UF Health  
Andrew Romero, Tobacco Free Alachua  
Denise Schentrup, Archer Family Health Clinic  
Brendan Shortley, Helping Hands, Clinic for the Homeless  
Joni Silvestri, UF Health  
Scott Tomar, UF College of Dentistry

## Table of Contents

<b>Community Health Improvement Plan (CHIP) Introduction .....</b>	<b>4</b>
<b>Goals and Objectives</b>	
<b>Access to Care.....</b>	<b>8</b>
<b>Community Wellness.....</b>	<b>10</b>
<b>Access to Care Work Plan .....</b>	<b>14</b>
<b>Community Wellness Work Plan .....</b>	<b>19</b>

# Community Health Improvement Plan Alachua County, Florida

## INTRODUCTION

Alachua County has been working towards its vision “A community where everyone can be healthy” since November 2012. For the past four years, this community has reached some of the goals and objectives established in 2012 but many remain unmet. In August 2015, the Community Health Improvement Plan (CHIP) Steering committee agreed to move forward with a new Community Health Assessment (CHA) to guide a new CHIP for Alachua County. The Florida Department of Health in Alachua County partnered with UF Health and engaged the services of WellFlorida Council to complete the CHA. The CHA was published in June of 2016. This document is available on the FDOH-Alachua website -

<http://alachua.floridahealth.gov/files/documents/publications/documents/2016-cha.pdf>

## The Vision

The Community Health Improvement Plan (CHIP) Steering Committee’s vision for Alachua County remains the same as in 2012: **A Community Where Everyone Can Be Healthy**

## The Process

Alachua County again selected the Mobilizing for Action through Planning and Partnerships (MAPP) process for community planning. MAPP is a nationally recognized model and best practice for completing needs assessments and improvement plans. 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 at 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.”

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

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

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

Each assessment was conducted and described in a written report and the findings of all the assessments were summarized in the Community Health Assessment and the Technical Appendix. The CHA has been designed to work in concert with the 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 have identified these global health issues for the community are addressed in granular level detail in the Technical Appendix.

The intersecting themes that arose from the CHA include the following

**Social Determinants**

- Lack of Access to Healthy Foods
- Access to Healthcare Services (including Medical, Dental, and Mental Health/Substance Abuse)
- High Poverty Rate for Adults and Children
- Income Disparity

**Health Status Measures**

- Overweight/Obesity, Poor Eating Habits and Physical Inactivity fueling Chronic Disease
- Health Outcome Disparities among Race and Ethnicities
- Sexually Transmitted Infections (Chlamydia) Higher in Alachua County compared to Florida
- Higher Rates of Alcohol Abuse compared to Florida
- Lower Life Expectancies regardless of Race or Sex compared to Florida

**Healthcare Access and Utilization**

- Inappropriate Use of Hospitals Due to Dental Issues
- Inappropriate Use of Hospitals Due to Substance Abuse
- Lack of Access to Primary Care
- Shortage of Mental Health Care Providers
- Shortage of Medicaid Dental Providers (for all ages)

It was interesting to note that these themes were very similar to what Alachua County had focused on for the past four years. On June 27, 2016, the CHIP steering committee came together to define the goals and objectives. Poverty and violence came up as important issues and the group felt they needed to be addressed. They met in small groups and made recommendations by consensus on the goals and objectives. Since there are so many groups/coalitions already working together in many of these areas, the steering committee agreed it would be best to adopt those same objectives. For example, the group wanted to

adopt the Healthiest Weight objectives, the Florida Healthy Baby objectives and several others. Since these groups are comprised of community members and they had already worked to develop the objectives, it made sense to adopt those objectives. Some could not be adopted so they had to be created from scratch. Copies of the CHA and Technical Appendix were used by the groups to assist in their recommendations. They were able to review the data in these documents as they developed their recommendations. All of their recommendations were compiled and then a conference call was conducted on August 9, 2016, to review the recommendations. Many email comments were accepted as well. On October 16, 2016, a final email was sent out for review. The goals and objectives were finalized on October 21, 2016.

The overarching goals selected for the Alachua County CHIP are the same as in 2012:

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

### Engaging the Community

Alachua County has been very fortunate to have an active, informed and passionate community who are always willing to come together to address issues in the community, including health. A diverse group of individuals representing City and County government, the school board, the faith community, hospitals, insurance companies, the homeless population, behavioral healthcare, academia (including dental and health disparities), violence prevention, tobacco policy and prevention, housing authority, family medicine, rural health, public health, public housing and social services all participate in the CHIP steering committee. Many of these same partners have agreed to participate in the implementation plan by conducting the activities described in the work plan. The two main groups who oversee the CHIP implementation are the Safety Net Collaborative and the Healthy Communities group. Both groups were formed as a result of the 2012 CHIP. The Safety Net Collaborative oversees the Access to Care goal and the Healthy Communities group oversees the Community Wellness goal. These groups have been engaged and committed since 2012 and will continue their work with the 2016 CHIP.

### About the Plan

The Alachua County Community Health Improvement Plan includes goals and objectives for four years. The goals, objectives and strategies are aligned with the State Health Improvement Plan (SHIP) and Healthy People 2020. The 2017 SHIP is not complete yet but the State has determined seven priority health issues:

1. Behavioral Health (including Mental Illness and Substance Abuse)
2. Chronic Diseases and Conditions (including Cancer and Tobacco-related Illnesses)
3. Healthy Weight, Nutrition and Physical Activity
4. Immunizations
5. Injury, Safety and Violence
6. Maternal and Child Health
7. Sexually Transmitted Diseases (STDs) and Other Infectious Diseases (including Influenza)

The CHIP objectives use quantifiable performance measures, many of which are based on data included in the community health assessment.

Monitoring the CHIP will be done by the CHIP steering committee with support from staff and volunteers at the Florida Department of Health in Alachua County. The Safety Net Collaborative and the Healthy Communities group will also play a role in monitoring the CHIP. The Safety Net Collaborative will oversee the Access to Care goal and objectives and the Healthy Communities group will oversee the Community Wellness goal and objectives. These groups will make recommendations to the CHIP steering committee on an annual basis so the CHIP can be revised as needed. The Alachua County Health Care Advisory Group (an advisory group to the Alachua County Board of County Commissioners) will also be informed on the progress of the CHIP. This group meets six times year and there is a health department position who reports on the status of the CHIP at each meeting. As noted in objective AC1.1.1, a report will be delivered to the Alachua County Board of County Commissioners on an annual basis. All revisions to the CHIP will be posted on the Florida Department of Health in Alachua County website.

The implementation of the CHIP will be conducted by all of the agencies and partners listed in the work plan. As stated previously many of these objectives have been adopted from the established groups in the County. This was an efficient way to engage many more subject matter experts in the process and help to create buy-in while preventing duplication of services. Of the twelve goals in the CHIP, seven are adopted from established groups in the community. This also allows the CHIP to function with existing resources since funding specifically for the CHIP is scarce.

At the time of this writing, GNV4ALL is a group working in the community to improve the lives of Alachua County residents. The major focus areas include education, housing and transportation, criminal justice and jobs and families. Making improvements in any of these areas will help to address some of the social determinants of health. More information about GNV4ALL is available at <http://gnv4all.com/>.

**ALACHUA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN  
GOALS AND OBJECTIVES**

**GOAL ONE**

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

**Goal AC1: Assess progress in addressing utilization of services and barriers to care.**

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

***Objective AC1.1.1***

By December 31, 2017, a semi-annual report will be presented to the CHIP steering committee and an annual report will be presented to the Alachua County Board of County Commissioners.

By December 31, 2020, 8 semi-annual reports will be presented to the CHIP steering committee and four annual reports will be presented to the Alachua County Board of County Commissioners.

***Objective AC1.1.2***

By December 31, 2017, the CHIP Steering Committee will review indicators of access to care by comparing indicators to plan objectives and modifying and updating the plan if needed.

By December 31, 2020, the CHIP Steering Committee will annually review indicators of access to care by comparing indicators to plan objectives and modifying and updating the plan if needed.

**Goal AC2: Improve access to primary care services.**

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

***Objective AC2.1.1***

By December 31, 2017, the three-year rolling rate of avoidable hospitalizations will be  $\leq 12/1,000$ .

By December 31, 2020, the three-year rolling rate of avoidable hospitalizations will be  $\leq 10/1,000$ .

***Objective AC2.1.2***

By December 31, 2017, the percent of people who report they could not see a doctor at least once in the past year due to cost will be  $\leq 18\%$ .

By December 31, 2020, the percent of people who report they could not see a doctor at least once in the past year due to cost will be  $\leq 16\%$ .

***Objective AC2.1.3***

By December 31, 2017, the percent of uninsured children under 19 and  $\leq 200\%$  of poverty will be  $\leq 16\%$ .

By December 31, 2020, the percent of uninsured children under 19 and  $\leq 200\%$  of poverty will be  $\leq 13\%$ .



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

**Strategy AC3.1** Increase access to substance abuse and mental health services and increase awareness and education regarding behavioral health.

***Objective AC3.1.1***

By December 31, 2017, 10% of Alachua County residents will have successfully completed training in Mental Health First Aid.

By December 31, 2020, 20% of Alachua County residents will have successfully completed training in Mental Health First Aid.

***Objective AC3.1.2***

By December 31, 2017, develop and implement a Centralized Receiving System.

By December 31, 2020, secure funding for a housing program with wraparound services for those affected by mental illness.

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

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

***Objective AC4.1.1***

By December 31, 2017, the age-adjusted rate of ER visits for dental problems will be  $\leq 100/100,000$ .

By December 31, 2020, the age-adjusted rate of ER visits for dental problems will be  $\leq 80/100,000$ .

**Goal AC5: Reduce infant morbidity and mortality.**

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

***Objective AC5.1.1***

By December 31, 2017, decrease the percentage of birth intervals less than 18 months from 37.9% to 35.9%.

By December 31, 2020, decrease the percentage of birth intervals less than 18 months from 37.9% to 32.9%

**ALACHUA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN  
GOALS AND OBJECTIVES  
GOAL TWO**

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

**Goal CW1: Increase the percentage of adults and children who are at a healthy weight and advance health equity through healthy places.**

**Strategy CW1.1** Increase breastfeeding initiation and duration.

**Objective CW1.1.1**

By December 31, 2017, the number of birthing facilities working toward achieving the 10 Steps to Successful Breastfeeding will be >1.

By December 31, 2020, the number of birthing facilities working toward achieving the 10 Steps to Successful Breastfeeding will be >2.

**Strategy CW1.2** Increase the number of Early Care and Education (ECE) Centers implementing best practices related to physical activity and nutrition.

**Objective CW1.2.1**

By December 31, 2017, the number of ECE Centers recognized for achieving best practices will be > 1.

By December 31, 2020, the number of ECE Centers recognized for achieving best practices will be >5.

**Strategy CW1.3** Increase the number of schools and school districts implementing best practices related to physical activity and nutrition.

**Objective CW1.3.1**

By December 31, 2017, the number of schools recognized through HUSSC: SL (HealthierUS School Challenge: Smarter Lunchrooms) will be  $\geq 10$ .

By December 31, 2020, the number of schools recognized through HUSSC: SL (HealthierUS School Challenge: Smarter Lunchrooms) will be  $\geq 15$ .

**Strategy CW1.4** Increase the number of health care settings promoting chronic disease prevention strategies and programs.

**Objective CW1.4.1**

By December 30, 2017, the number of adults that have ever been told they have high blood pressure will increase from 29% to 34%.

By December 30, 2020, the number of adults that have ever been told that they have high blood pressure will increase from 34% to 39%.

**Strategy CW1.5** Increase the number of cities and counties working to advance health equity by implementing best practices related to physical activity and nutrition.

***Objective CW1.5.1***

By December 30, 2017, the number of cities, counties, and municipalities recognized annually as Community Champions will be  $\geq 2$ .

By December 30, 2020, the number of cities, counties, and municipalities recognized annually as Community Champions will be  $\geq 4$ .

**Goal CW2: Reduce chronic disease morbidity and mortality.**

**Strategy CW2.1** Partner agencies and organizations will collaborate to support implementation of initiatives that promote healthy behaviors.

***Objective CW2.1.1***

By December 31, 2017, the number of provider agencies participating in the United Way 211 system will increase by 20%.

By December 31, 2020, the number of provider agencies participating in the United Way 211 system will increase by 25%.

**Goal CW3: Reduce illness, disability and death related to tobacco use and substance abuse.**

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

***Objective CW3.1.1***

By December 31, 2017, educate six decision makers on the proximity of tobacco retail outlets to K-12 schools in Alachua County.

By December 31, 2020, reduce the number of tobacco retail outlets within 1,000 feet of schools by 35%, from 23 to 15 retail outlets.

***Objective CW3.1.2***

By December 31, 2017, increase the percentage of public school (K-12 and higher education) campuses in Alachua County with a tobacco-free campus policy to 75%.

By December 31, 2020, increase the percentage of public school (K-12 and higher education) campuses in Alachua County with a tobacco-free campus policy to 100%.

**Strategy CW3.2** Promote cessation of tobacco use.

***Objective CW3.2.1***

By December 31, 2017, at least one employer will offer a cessation program to their employees.

By December 31, 2020, at least four employers will offer a cessation program to their employees.

**Strategy CW3.3** Eliminate exposure to secondhand tobacco smoke.

***Objective CW3.3.1***

By December 31, 2017, increase the number of multiunit housing communities that have smoke-free policies by 5%, from 108 to 113.

By December 31, 2020, increase the number of multiunit housing communities that have smoke-free policies by 20%, from 108 to 130.

**Goal CW4: Promote oral health through prevention programs targeting children.**

**Strategy CW4.1** Improve access to school-based oral health programs for children.

***Objective CW4.1.1***

By December 31, 2017, the percent of third graders who demonstrate untreated caries will be  $\leq 45.7\%$ .

By December 31, 2020, the percent of third graders who demonstrate untreated caries will be  $\leq 40.7\%$ .

***Objective CW4.1.2***

By December 31, 2017, the percent of third grade students who have sealants on their molars will be  $\geq 49.1\%$ .

By December 31, 2020, the percent of third grade students who have sealants on their molars will be  $\geq 52.1\%$ .

**Strategy CW4.2** Increase the percent of children in Head Start who receive at least one fluoride varnish application per year.

***Objective CW4.2.1***

December 31, 2017, increase the percentage of children in Head Start who receive at least one fluoride varnish application per year from 77.1% to at least 80%.

By December 31, 2020, increase the percentage of children in Head Start who receive at least one fluoride varnish application per year from 80% to at least 85%.

**Goal CW5: Prevent and control infectious disease.**

**Strategy CW5.1** Prevent disease and disability from influenza.

***Objective CW5.1.1***

By December 31, 2017, the percent of school children who are immunized against influenza will be  $\geq 65\%$ .

By December 31, 2020, the percent of school children who are immunized against influenza will be  $\geq 70\%$ .

**Strategy CW5.2** Decrease the rate of Sexually Transmitted Infections.

***Objective CW5.2.1***

By December 31, 2017, the number of newly diagnosed HIV infections will be  $\leq 64$ .

By December 31, 2020, the number of newly diagnosed HIV infections will be  $\leq 60$ .

***Objective CW5.2.2***

By December 31, 2017, the rate of total early syphilis will be  $\leq 30/100,000$ .

By December 31, 2020, the rate of total early syphilis will be  $\leq 29/100,000$ .

**Goal CW6: Improve poverty rates.**

**Strategy CW6.1** Improve graduation rates.

***Objective CW6.1.1***

By December 31, 2017, the percent of residents who have less than a ninth grade education will be  $\leq 3\%$ .

By December 31, 2020, the percent of residents who have less than a ninth grade education will be  $\leq 1\%$ .

**Objective CW6.1.2**

By December 31, 2017, the percent of residents who have attended some high school but has no diploma will be  $\leq 5\%$ .

By December 31, 2020, the percent of residents who have attended some high school but has no diploma will be  $\leq 2\%$ .

**Goal CW7: Reduce violence.**

**Strategy CW7.1** Increase awareness and education regarding interpersonal violence prevention.

**Objective CW7.1.1**

By December 31, 2017, 400 community members who live, work, or volunteer in the Greater Duval neighborhoods or Southwest Area Triangle neighborhoods will have participated in evidence-based violence prevention programming.

By December 31, 2020, 1,200 community members who live, work, or volunteer in the Greater Duval neighborhoods or Southwest Area Triangle neighborhoods will have participated in evidence-based violence prevention programming.

## Access to Care Work Plan

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

**Goal AC1:** Assess progress in addressing utilization of services and barriers to care.

**Strategy AC1.1** Collaboratively assess and report Alachua County’s health care resources and needs, including patterns of health care utilization and barriers to care.

<p><b>Objective AC1.1.1</b> By December 31, 2017, a semi-annual report will be presented to the CHIP steering committee and an annual report will be presented to the Alachua County Board of County Commissioners.</p>	Alignment with State and National Objectives	
	SHIP	Healthy People 2020
	<p><i>Chronic Diseases and Conditions (including Cancer and Tobacco-related Illnesses)</i></p>	<p>AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines</p>

**Data Source:** DOH-Alachua

**PI:** *Number of reports to the CHIP steering committee*

**Evidence Base:** [County Health Rankings](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Semi-annual and annual review of the CHIP report	December 2017	Staff time	DOH-Alachua, CHIP Steering Committee	Number of reports
Safety Net Collaborative meetings held monthly	December 2017	Staff time	Safety Net Collaborative	Number of meetings, meeting minutes
Maintain safety net provider capacity	December 2017	Staff time	Safety Net Collaborative	Number of providers

Maintain capacity as the clinical training site for future healthcare providers – including physicians, nurses and other allied health professionals	December 2017	Facilities, staff time	UF Health	Number of sites
--	---------------	------------------------	-----------	-----------------

<b>Objective AC1.1.2</b> By December 31, 2017, the CHIP Steering Committee will review indicators of access to care by comparing indicators to plan objectives and modifying and updating the plan if needed.	<b>Alignment with State and National Objectives</b>	
	<b>SHIP</b>	<b>Healthy People 2020</b>
	<i>Chronic Diseases and Conditions (including Cancer and Tobacco-related Illnesses)</i>	<i>AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines</i>

**Data Source:** DOH-Alachua  
**PI:** *Number of reports to the CHIP steering committee*  
**Evidence Base:** [County Health Rankings](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Quarterly reports to DOH	December 2017	Staff time	DOH-Alachua	Number of reports
Semi-annual CHIP Steering Committee Meeting	December 2017	Staff time, printed materials	DOH-Alachua	Number of meetings, minutes

<b>Goal AC2:</b> Improve access to primary care services.				
<b>Strategy AC2.1</b> Increase access to third party coverage, primary care and other resources to maintain and expand safety net services and supplies.				
<b>Objective AC2.1.1</b> By December 31, 2017, the three-year rolling rate of avoidable hospitalizations will be $\leq 12/1,000$ .	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Chronic Diseases and Conditions</i>		AHS-8 (Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services	
<b>Data Source:</b> <a href="#">Florida Charts</a>				
<b>PI:</b> Preventable hospitalizations under 65 from all conditions annually and the average rate of avoidable hospitalizations over a three year time period.				
<b>Evidence Base:</b> <a href="#">The Commonwealth Fund</a>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Maintain safety net provider capacity	December 2017	Staff time	Safety Net Collaborative	Number of providers, number of services provided.
Clinical training site for future healthcare providers	December 2017	Facilities, staff time, funding	UF Health	Maintain capacity as the clinical training site for future healthcare providers
Programs for reducing avoidable hospital use	December 2017	Staff time, funding	UF Health	Maintain care coordination programs for reducing avoidable hospital use



Participate in a medical respite program for homeless persons	December 2017	Staff time, funding	UF Health	Active participation in a medical respite program for homeless persons
Educate the uninsured regarding new options for insurance coverage	December 2017	Staff time, materials	UF Health	Number patients screened and qualified

<b>Objective AC2.1.2</b> By December 31, 2017, the percent of people who report they could not see a doctor at least once in the past year due to cost will be <18%.	<b>Alignment with State and National Objectives</b>	
	<b>SHIP</b>	<b>Healthy People 2020</b>
	<i>Chronic Diseases and Conditions (including Cancer and Tobacco-related Illnesses)</i>	AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

**Data Source:** [Florida Charts](#)  
**PI:** *Percentage of adults who could not see a doctor at least once in the past year due to cost*  
**Evidence Base:** [Community Guide](#) [CDC](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Maintain safety net capacity	December 2017	Staff time	Safety Net Collaborative	Number of providers
Provide specialty services	December 2017	Staff time, volunteer physician services	We Care	Number of clients, number of services, number of ER diversions
Provide cancer screenings	December 2017	Staff time, program funding	FBCC EDP/ LIFT, We Care	Number of services, number of clients seen

<b>Objective AC2.1.3</b> By December 31, 2017, the percent of uninsured children under 19 and ≤200% of poverty will be ≤16%.	<b>Alignment with State and National Objectives</b>	
	<b>SHIP</b>	<b>Healthy People 2020</b>
	<i>Maternal and Child Health</i>	<i>AHS-5.2</i> Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care

**Data Source:** [Small Area Health Insurance Estimates \(SAHIE\)](#) from [UF Health HCI Dashboard](#)

**PI:** *Percent of uninsured children under 19 and ≤200% poverty level.*

**Evidence Base:** [The Community Preventative Task Force](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Educate the uninsured regarding new options for insurance coverage	December 2017	Staff time, materials	UF Health	Number of activities
Provide KidCare information at Provider locations	December 2017	Materials	Florida KidCare, safety net providers	Number of providers referring or informing clients about KidCare

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

**Strategy AC3.1** Increase access to substance abuse and mental health services and increase awareness and education regarding behavioral health.

<b>Objective AC3.1.1</b> By December 31, 2017, 10% of Alachua County residents will have successfully completed training in Mental Health First Aid.	<b>Alignment with State and National Objectives</b>	
	<b>SHIP</b>	<b>Healthy People 2020</b>
	<i>Mental Illness and Substance Abuse</i>	<i>MHMD-9</i> Increase the proportion of adults with mental health disorders who receive treatment

**Data Source:** *DOH-Alachua*

**PI:** *Number of Alachua County residents will have successfully completed training in Mental Health First Aid*

**Evidence Base:** [National Council for Behavioral Health](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Offer Mental Health First Aid classes to community groups	December 2017	Staff time	HPW, Meridian, Health Promotion and Wellness Coalition of Alachua County, Alachua County Social Services, DOH-Alachua	Number of classes provided, number of participants who complete Mental Health First Aid
Monthly Mental Health Coalition meetings	December 2017	Staff time, materials, facility Space	Mental Health Coalition	Number of meetings, number of trainers

<b>Objective AC3.1.2</b> By December 31, 2017, develop and implement a Centralized Receiving System.	Alignment with State and National Objectives	
	SHIP	Healthy People 2020
	<i>Mental Illness and Substance Abuse</i>	<i>MHMD-9</i>

**Data Source:** Mental Health Coalition  
**PI:** *Number of funding grants received for housing program with wraparound services for those affected by mental illness.*  
**Evidence Base:** [Community Guide](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Seek funding	December 2017	Staff time	Meridian, Mental Health Coalition	Amount of funds received

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

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

<b>Objective AC4.1.1</b> By December 31, 2017, the age-adjusted rate of ER visits for dental problems will be $\leq 100/100,000$ .	Alignment with State and National Objectives	
	SHIP	Healthy People 2020
	<i>Chronic Diseases and Conditions</i>	<i>AH-1.2 Increase the proportion of persons with dental insurance</i>

**Data Source:** Agency for Health Administration. Retrieved from [UF Health HCI Dashboard](#)  
**PI:** *Number of dental patients seen*  
**Evidence Base:** [CDC](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Southwest Dental Clinic referrals from ER	December 2017	Staff time, funding	DOH-Alachua	Number of referrals from ER visits
Provide We Care Volunteer Dental Clinics	December 2017	Staff time, UF College of Dentistry volunteers, Santa Fe Dental facility	We Care	Number of ER diversions, number of clinics, number of clients seen

<b>Goal AC5:</b> Reduce infant morbidity and mortality.				
<b>Strategy AC5.1</b> Implement programs and policies that encourage avoidance of unintended pregnancy.				
<b>Objective AC5.1.1</b> By December 31, 2017, decrease the percentage of birth intervals less than 18 months from 37.9% to 35.9%.	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Maternal and Child Health</i>		<i>MICH-9.4 Reduce very preterm or live births at less than 32 weeks of gestation</i>	

**Data Source:** [Florida Charts](#)  
**PI:** *The percentage of birth intervals less than 18 months*  
**Evidence Base:** [CDC](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Distribute LARCs to underinsured and uninsured through the Alachua County Health Department's Family Planning Clinic	December 2017	Staff time, materials, LARC devices	DOH-Alachua	Number of LARCs provided to underinsured and uninsured at the Alachua County Health Department
Insert Long Acting Reversible Contraceptives (LARC's) on the UF Mobile Bus	December 2017	Staff time, equipment, materials, LARC devices, Florida Healthy Babies grant	DOH-Alachua, UF Health Mobile Clinic	Number of LARCs inserted on UF Mobile Bus
Educate clients through the Alachua County Health Department's FP Clinic	December 2017	Staff time, Materials, LARC devices	DOH-Alachua	Number of clients that are seen in the Family Planning Clinic for LARCs

## Community Wellness Work Plan

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

**Goal CW1:** Increase the percentage of adults and children who are at a healthy weight and advance health equity through healthy places.

**Strategy CW1.1** Increase breastfeeding initiation and duration.

**Objective CW1.1.1** By December 31, 2017, the number of birthing facilities working toward achieving the 10 Steps to Successful Breastfeeding will be >1.

#### Alignment with State and National Objectives

##### SHIP

*Healthy Weight, Nutrition and Physical Activity*

##### Healthy People 2020

*MICH-21* Increase the proportion of infants who are breastfed

**Data Source:** Healthiest Weight Florida-Alachua (HWF-Alachua)

**PI:** Number of birthing facilities working toward achieving the 10 Steps to Successful Breastfeeding

**Evidence Base:** [Ten Steps to Successful Breastfeeding](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Educate birthing facilities on 10 Steps to Successful Breastfeeding best practices	December 2017	Staff time, educational materials, travel	HWF-Alachua	Number of birthing facilities contacted, number of birthing facilities taking steps to achieving the Baby Friendly or Quest for Quality Maternity Care Award
Provide breastfeeding best practices to birthing facilities	December 2017	Staff time, educational materials, printing, travel	HWF-Alachua, WIC	Number of birthing facilities to receive breastfeeding best practices and local resource list
Promote Breastfeeding Awareness Month annually during the month of August	December 2017	Staff time, printing	HWF-Alachua, WIC, UF Health	Number of activities

Seek the Florida Breastfeeding Friendly Employer award for the county health department or other local partner	December 2017	Staff time	HWF-Alachua	Number of worksites that receive Breastfeeding Friendly Employer award
--	---------------	------------	-------------	--

<b>Strategy CW1.2</b> Increase the number of Early Care and Education (ECE) Centers implementing best practices related to physical activity and nutrition.				
<b>Objective CW1.2.1</b> By December 31, 2017, the number of ECE Centers recognized for achieving best practices will be > 1.	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Healthy Weight, Nutrition and Physical Activity</i>		<i>NWS-10</i> Reduce the proportion of children and adolescents who are considered obese	
<b>Data Source:</b> Healthiest Weight Florida				
<b>PI:</b> <i>Number of Early Care and Education Centers to receive best practice recognition related to physical activity and nutrition.</i>				
<b>Evidence Base:</b> <a href="#">Let's Move! Child Care</a>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Educate ECE Center providers on best practices related to physical activity and nutrition	December 2017	Staff time, travel	HWF-Alachua	Number of ECE Centers contacted
Best practice presentations and promotion of Let's Move! Child Care recognition	December 2017	Staff time, travel	HWF-Alachua, UF IFAS FNP (Family Nutrition Program)	Number of meetings, number of presentation, number of providers
Provide trainings for ECE Centers	December 2017	Staff time, travel, educational materials	HWF-Alachua, UF IFAS FNP (Family Nutrition Program)	Number of ECE Centers trained

<b>Strategy CW1.3</b> Increase the number of schools and school districts implementing best practices related to physical activity and nutrition.				
<b>Objective CW1.3.1</b> By December 31, 2017, the number of schools recognized through HUSSC: SL (HealthierUS School Challenge: Smarter Lunchrooms) will be $\geq 10$ .			<b>Alignment with State and National Objectives</b>	
			<b>SHIP</b>	<b>Healthy People 2020</b>
			<i>Healthy Weight, Nutrition and Physical Activity</i>	<i>NWS-10</i> Reduce the proportion of children and adolescents who are considered obese
<b>Data Source:</b> Healthiest Weight Florida <b>PI:</b> Number of elementary schools recognized through HUSSC:SL <b>Evidence Base:</b> <a href="#">Healthier US School Challenge HUSSC</a>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Participate in School Health Advisory Committee (SHAC) meetings during the school year to present best practices and identify schools that may be ready to participate in the HealthierUS School Challenge: Smarter Lunchrooms (HUSSC:SL) Recognition	December 2017	Staff time	Healthiest Weight Florida-Alachua (HWF-Alachua)	Number of meetings, number of schools recognized through HUSSC:SL
Provide trainings/support to schools on HUSSC:SL application	December 2017	Staff time	HWF-Alachua, UF IFAS/FNP, SBAC	Number of trainings
Contact the school district superintendent about the opportunity to apply for the Healthy District Award	December 2017	Staff time	HWF-Alachua, UF IFAS/FNP, SBAC	Maintain bronze level recognition and apply for gold level

<b>Strategy CW1.4</b> Increase the number of health care settings promoting chronic disease prevention strategies and programs.				
<b>Objective CW1.4.1</b> By December 30, 2017, the number of adults aware of that they have high blood pressure will increase from 29% to 34%.			<b>Alignment with State and National Objectives</b>	
			<b>SHIP</b>	<b>Healthy People 2020</b>
			<i>Healthy Weight, Nutrition and Physical Activity</i>	<i>HDS-4</i> Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high
<b>Data Source:</b> <a href="#">BRFSS</a>				
<b>PI:</b> <i>Number of adults aware that they have high blood pressure</i>				
<b>Evidence Base:</b> <a href="#">Healthy People 2020 Evidence-Based Resources</a>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Promote Million Hearts campaign	December 2017	Staff time	HWF-Alachua	Number of activities
Provide blood pressure screenings at community events	December 2017	Staff time, equipment, educational materials	UF Health Street	Number of events, number of people screened

<b>Strategy CW1.5</b> Increase the number of cities and counties working to advance health equity by implementing best practices related to physical activity and nutrition.				
<b>Objective CW1.5.1</b> By December 30, 2017, the number of cities, counties, and municipalities recognized annually as Community Champions will be $\geq 2$ .			<b>Alignment with State and National Objectives</b>	
			<b>SHIP</b>	<b>Healthy People 2020</b>
			<i>Healthy Weight, Nutrition and Physical Activity</i>	<i>NWS-9</i> Reduce the proportion of adults who are obese
<b>Data Source:</b> Healthiest Weight Florida				
<b>PI:</b> <i>Number of local governments recognized as Community Champions annually</i>				



<b>Evidence Base:</b> <a href="#">Healthy People 2020 Evidence-Based Resources</a>				
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Promote Community Champion recognition	December 2017	Staff time	HWF-Alachua	Number of local governments contacted, number of local governments recognized

**Goal CW2:** Reduce chronic disease morbidity and mortality.

**Strategy CW2.1** Partner agencies and organizations will collaborate to support implementation of initiatives that promote healthy behaviors

<b>Objective CW2.1.1</b> By December 31, 2017, the number of provider agencies participating in the United Way 211 system will increase by 20%.	Alignment with State and National Objectives	
	SHIP	Healthy People 2020
	<i>Chronic Diseases and Conditions (including Cancer and Tobacco-related Illnesses)</i>	<i>ECBP-10</i> Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services

**Data Source:** United Way  
**PI:** Number of provider agencies participating in the United Way 2-1-1 system  
**Evidence Base:** [The Community Guide](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
United Way 211	December 2017	UF Students	University of Florida, Laura Guyer	Updated resource guide

<b>Goal CW3:</b> Reduce illness, disability and death related to tobacco use and substance abuse.				
<b>Strategy CW3.1</b> Prevent youth and young adults from initiating tobacco use.				
<b>Objective CW3.1.1</b> By December 31, 2017, educate six decision makers on the proximity of tobacco retail outlets to K-12 schools in Alachua County.	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Chronic Diseases and Conditions</i>		TU-1 Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events	
<b>Data Source:</b> Tobacco Free Alachua				
<b>PI:</b> Number of decision makers educated on the proximity of tobacco retail outlets to K-12 schools in Alachua County.				
<b>Evidence Base:</b> <a href="#">CDC/The Community Guide</a>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Attend commission meetings to educate commissioners on point-of-sale tobacco marketing near schools	December 2017	Staff time	Tobacco Free Alachua	Number of meetings
Host Tobacco Free Alachua meetings	December 2017	Staff time	Tobacco Free Alachua	Number of meetings

<b>Objective CW3.1.2</b> By December 31, 2017, increase the percentage of public school (K-12 and higher education) campuses in Alachua County with a tobacco-free campus policy to 75%.	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Chronic Diseases and Conditions</i>		TU-15 Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events	
<b>Data Source:</b> Tobacco Free Alachua				
<b>PI:</b> The percentage of public school (K-12 and higher education) campuses in Alachua County with a tobacco-free campus policy				
<b>Evidence Base:</b> <a href="#">CDC Best Practices for Comprehensive Tobacco Control Programs</a>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Conduct Tobacco Free	December 2017	Staff time, materials,	Santa Fe College, Tobacco Free Alachua,	Meetings of the Tobacco

Campus Task Force meetings (Santa Fe College) to encourage the implementation of stronger tobacco-free policies on the Santa Fe College campus.		meeting space, volunteer time	DOH-Alachua	Free Campus Task Force (SFC TFTF).
Develop a strategy plan to guide the efforts of the task force in implementing a 100 percent tobacco-free campus policy.	December 2017	Staff time, volunteer time	Santa Fe College, Tobacco Free Alachua, DOH-Alachua	Completed strategy plan
Assess current tobacco policies at Santa Fe College and conduct a SWOT analysis	December 2017	Staff time, volunteer time	Santa Fe College, Tobacco Free Alachua, DOH-Alachua	Completed analysis to guide policy implementation

<b>Strategy CW3.2</b> Promote cessation of tobacco use.		
<b>Objective CW3.2.1</b> By December 31, 2017, at least one employer will offer a cessation program to their employees.	<b>Alignment with State and National Objectives</b>	
	<b>SHIP</b>	<b>Healthy People 2020</b>
	<i>Chronic Diseases and Conditions</i>	<i>TU-4</i> Increase smoking cessation attempts by adult smokers
<b>Data Source:</b> SRAHEC <b>PI:</b> <i>Number of employers that offer a cessation program to their employees</i> <b>Evidence Base:</b> <a href="#">CDC/The Community Guide</a>		

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Tobacco cessation groups offered by employers	December 2017	Staff time, materials	Suwannee River AHEC, Alachua DOH	Number of employers that offer groups to staff, number of groups held for employees

Strategy CW3.3 Eliminate exposure to secondhand tobacco smoke.				
Objective CW3.3.1 By December 31, 2017, increase the number of multiunit housing communities that have smoke-free policies by 5%, from 108 to 113.	Alignment with State and National Objectives			
	SHIP	Healthy People 2020		
	<i>Chronic Diseases and Conditions</i>	TU-13.10 Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in multiunit housing		
<p><b>Data Source:</b> Tobacco Free Alachua</p> <p><b>PI:</b> Number of multiunit housing communities that have smoke-free policies</p> <p><b>Evidence Base:</b> <a href="#">CDC Best Practices for Comprehensive Tobacco Control Programs</a></p>				
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Assess current tobacco policies	December 2017	Staff time, equipment	DOH-Alachua	Number of local property managers ready to adopt or improve smoke-free policies
Conduct meetings with local Public Housing Authorities to assist with tobacco-free policy implementation	December 2017	Staff time, volunteer time, signs, Tobacco Free Florida's Smoke Free Public Housing Authority Timeline	Tobacco Free Alachua, DOH-Alachua, Gainesville Housing Authority, Alachua County Housing Authority	Number of meetings held, number of multiunit housing communities in attendance
Educate multiunit housing properties on benefits of policy change via other	December 2017	Staff time, educational material provided	DOH-Alachua, Tobacco Free Alachua	Number of multiunit housing properties that received education

communication methods (direct mail or email)		by Tobacco Free Florida		
Meet with decision makers to educate on benefits of policy change and encourage adoption	December 2017	Staff time, materials	DOH-Alachua, Tobacco Free Alachua	Number of meetings held

<b>Goal CW4: Promote oral health through prevention programs targeting children.</b>				
<b>Strategy CW4.1</b> Improve access to school-based oral health programs for children.				
<b>Objective CW4.1.1</b> By December 31, 2017, the percent of third graders who demonstrate untreated caries will be ≤45.7%.	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Chronic Diseases and Conditions</i>		<i>OH-2.2</i> Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary or permanent teeth	
<b>Data Source:</b> Oral Health Coalition				
<b>PI:</b> <i>Percent of third graders who demonstrate untreated caries</i>				
<b>Evidence Base:</b> <a href="#">CDC/The Community Guide</a>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Dental exams for third grade students	December 2017	Staff time, equipment	UF College of Dentistry	Number of students screened, number of untreated caries
Provide sealants to third grade students	December 2017	Staff time, UF College of Dentistry students, equipment, materials	UF College of Dentistry	Number of students seen, Number of sealants provided

<b>Objective CW4.1.2</b> By December 31, 2017, the percent of third grade students who have sealants on their molars will be $\geq$ 49.1%.	Alignment with State and National Objectives	
	SHIP	Healthy People 2020
	<i>Chronic Diseases and Conditions</i>	<i>OH-12.2</i> Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar

**Data Source:** Oral Health Coalition  
**PI:** *Percent of third grade students who have sealants on their molars*  
**Evidence Base:** [CDC/The Community Guide](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Dental exams for third grade students	December 2017	Staff time, equipment	UF College of Dentistry, School Board of Alachua County, DOH-Alachua	Number of students seen
Provide sealants to third grade students	December 2017	Staff time, UF College of Dentistry students, equipment, materials	UF College of Dentistry, School Board of Alachua County, DOH-Alachua	Number of students seen, Number of sealants provided

<b>Strategy CW4.2</b> Increase the percent of children in Head Start who receive at least one fluoride varnish application per year.		
<b>Objective CW4.2.1</b> By December 31, 2017, increase the percentage of children in Head Start who receive at least one fluoride varnish application per year from 77.1% to at least 80%.	Alignment with State and National Objectives	
	SHIP	Healthy People 2020
	<i>Chronic Diseases and Conditions</i>	<i>OH-9.3</i> Increase the proportion of school-based health centers with an oral health component that includes topical fluoride

<b>Data Source:</b> UF College of Dentistry				
<b>PI:</b> Percentage of children in Head Start who receive at least one fluoride varnish application per year.				
<b>Evidence Base:</b> <a href="#">CDC/The Community Guide</a>				
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Provide fluoride varnish to Head Start students	December 2017	Staff time, equipment, materials	UF College of Dentistry	Number of students who receive fluoride varnish

**Goal CW5:** Prevent and control infectious disease.

**Strategy CW5.1** Prevent disease and disability from influenza.

<b>Objective CW5.1.1</b> By December 31, 2017, the percent of school children who are immunized against influenza will be $\geq 65\%$ .	Alignment with State and National Objectives	
	SHIP	Healthy People 2020
	<i>Sexually Transmitted Diseases (STDs) and Other Infectious Diseases (including Influenza)</i>	<i>IID-12.11</i> Increase the percentage of children aged 6 months through 17 years who are vaccinated annually against seasonal influenza

**Data Source:** DOH-Alachua

**PI:** Percent of school children who are immunized against influenza

**Evidence Base:** [CDC/The Community Guide](#)

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Provide flu immunizations at schools	December 2017	Staff time, equipment	MRC, DOH-Alachua	Number of students who receive influenza immunization

Strategy CW5.2 Decrease the rate of Sexually Transmitted Infections				
<b>Objective CW5.2.1</b> By December 31, 2017, the number of newly diagnosed HIV infections will be ≤64.	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Sexually Transmitted Diseases (STDs) and Other Infectious Diseases (including Influenza)</i>		<i>HIV-2 Reduce the number of new HIV infections among adolescents and adults</i>	
<b>Data Source:</b> <a href="#">Florida Charts</a>				
<b>PI:</b> <i>Number of newly diagnosed HIV infections</i>				
<b>Evidence Base:</b> <a href="#">CDC/The Community Guide</a>				
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Conduct outreach education and HIV testing events	December 2017	Staff time	DOH-Alachua	Number of events per year

<b>Objective CW5.2.2</b> By December 31, 2017, the rate of total early syphilis will be ≤ 30/100,000.	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Sexually Transmitted Diseases (STDs) and Other Infectious Diseases (including Influenza)</i>		<i>STD-8 Reduce congenital syphilis</i>	
<b>Data Source:</b> <a href="#">Florida Charts</a>				
<b>PI:</b> <i>Number of screenings in communities</i>				
<b>Evidence Base:</b> <a href="#">CDC The Community Guide</a>				
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Conduct syphilis testing	December 2017	Staff time	DOH-Alachua	Number of tests
Provide syphilis education	December 2017	Staff time	DOH-Alachua	Number of providers who receive education



<b>Goal CW6:</b> Improve poverty rates.				
<b>Strategy CW6.1</b> Improve graduation rates.				
<b>Objective CW6.1.1</b> By December 31, 2017, the percent of residents who have less than a ninth grade education will be $\leq 3\%$ .	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Maternal and Child Health</i>		AH-5.1 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade	
<b>Data Source:</b> <a href="#">Florida Charts</a>				
<b>PI:</b> <i>Percent of residents who have less than a ninth grade education</i>				
<b>Evidence Base:</b> <a href="#">CDC/The Community Guide</a>				
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>
Provide drop out prevention programs	December 2017	Staff, program resources, parent support	Sam Haywood, School Board of Alachua County (SBAC)	Number of intervention programs
<b>Objective CW6.1.2</b> By December 31, 2017, the percent of residents who have attended some high school but has no diploma will be $\leq 5\%$ .	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Healthy Weight, Nutrition and Physical Activity</i>		AH-5.1 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade	
<b>Data Source:</b> <a href="#">Florida Charts</a>				
<b>PI:</b> <i>Percent of residents who have attended some high school but has no diploma</i>				
<b>Evidence Base:</b> <a href="#">CDC/The Community Guide</a>				

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Provide drop out prevention programs	December 2017	Staff time, program resources, parent support	Sam Haywood, School Board of Alachua County (SBAC)	Number of intervention programs

<b>Goal CW7:</b> Reduce violence.				
<b>Strategy CW7.1</b> Increase awareness and education regarding interpersonal violence prevention.				
<b>Objective CW7.1.1</b> By December 31, 2017, 400 community members who live, work, or volunteer in the Greater Duval neighborhoods or Southwest Area Triangle neighborhoods will have participated in evidence-based violence prevention programming.	<b>Alignment with State and National Objectives</b>			
	<b>SHIP</b>		<b>Healthy People 2020</b>	
	<i>Injury, Safety, and Violence</i>		<i>IVP-33</i> Reduce physical assaults	
<b>Data Source:</b> <a href="#">Florida Charts</a>				
<b>PI:</b> <i>Number of community members who live, work, or volunteer in the Greater Duval neighborhoods or Southwest Area Triangle neighborhoods that have participated in evidence-based violence prevention programming.</i>				
<b>Evidence Base:</b> <a href="#">Scientific Basis of Green Dot etc.</a>				
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Conduct implementation team meetings to coordinate efforts between violence-prevention partners to conduct trainings and recruit participants.	December 2017	Staff time, materials	Green Dot Implementation Team, DOH-Alachua, Partnership for Stronger Families, Southwest Advocacy Group, Greater Duval Neighborhood Association	Number of meetings conducted
Conduct overview speeches to help clients find their	December 2017	Staff time, materials	Green Dot Implementation Team, DOH-Alachua, Partnership for	Number of overview speeches given, number of

connection to violence, build awareness of the problem of violence, and to persuade and motivate individuals to participate in a full Green Dot bystander training			Stronger Families, Southwest Advocacy Group, Greater Duval Neighborhood Association	clients in attendance
Conduct Bystander Training which provides an in-depth explanation of the Green Dot strategy and equips participants with concrete skills to prevent or diffuse conflict and impact the culture by sending the message that (1) violence is not okay, and (2) everyone is expected to do their part.	December 2017	Staff time, materials	Green Dot Implementation Team, DOH-Alachua, Partnership for Stronger Families, Southwest Advocacy Group, Greater Duval Neighborhood Association	Number of Bystander Trainings conducted, number of participants in attendance