



ALACHUA COUNTY COMMUNITY HEALTH ASSESSMENT

2016



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Executive Summary

THE ALACHUA COUNTY COMMUNITY HEALTH ASSESSMENT (CHA) PROCESS

In 2011 and 2012 the Florida Department of Health in Alachua County led the process to produce an Alachua County Community Health Needs Assessment. The Needs Assessment included the involvement of a number of diverse organizations and individuals representing public and private organizations, community groups, healthcare providers, patients and others. As a result of that collaboration there emerged a collective vision for Alachua County to be “A community where everyone can be healthy”. That assessment process also resulted in the identification of two overarching broad strategic goals: 1) Residents of Alachua County will be able to **access** comprehensive primary care and preventive services and 2) Promote **wellness** among all Alachua County residents.

As part of the initial assessment and planning process, a community health implementation plan (CHIP) was developed, and a steering committee formed. Several volunteer work groups were developed to address specific initiatives related to the two overarching goals. The work groups included: Healthy Communities (wellness); Diabetes education work group, the Safety Net Coalition (access); Mental Health Coalition and the Oral Health Coalition. The CHIP steering committee has continued to meet quarterly since the previous CHNA was approved and has monitored and measured the initial progress of work group activities and specific initiatives identified in the corresponding CHIP plan.

On August 11, 2015, a meeting was held at the Florida Department of Health in Alachua County to discuss updating the 2012 Alachua County Community Health Improvement Plan (CHIP). At the meeting, community partners discussed the option to either update the existing CHIP or to move forward by partnering with UF Health Shands Hospital in order to develop a new health improvement plan for the county. The CHIP committee voted to move forward with the new assessment and partnership, and as a result the Alachua County Community Health Assessment (CHA) was launched.

The Alachua County CHA process began in December 2015 when the Florida Department of Health in Alachua County and UF Health Shands Hospital came together to form the Alachua County Community Health Assessment Steering Committee. The Florida Department of Health in Alachua County and UF Health Shands Hospital organized and identified key community leaders to be a part of the Alachua Steering Committee team, representing different geographical and professional areas of Alachua County. For information about the members of the Alachua County Community Health Assessment Steering Committee, please see the Acknowledgements page.

The Alachua Steering Committee 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 Alachua Steering Committee team and WellFlorida based the 2016 Community Health Assessment (CHA) effort on a nationally recognized model and best practice for completing needs 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, 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."

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

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)
- Local Public Health Systems Assessment (LPHSA)

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. These four MAPP assessments are fully integrated into the 2016 Alachua County CHA. Note that this document is a health needs assessment and that its purpose is to uncover or substantiate the health needs and health issues in Alachua County.

ORGANIZATION OF THE COMMUNITY HEALTH ASSESSMENT (CHA) REPORT

The 2016 Alachua County CHA is comprised of the following main sections:

- ***Executive Summary.*** This section includes an overview of the CHA process, description of the organization of the CHA report, and insights on using the CHA.
- ***Community Health Status Assessment.*** This section is one of the core MAPP assessments. Detailed in this section are various mortality and morbidity indicators, health factors and health behaviors that describe the overall health status of Alachua County and compare that status (for most data) to Florida. Essentially, this is a technical overview of highlights found in the existing data for Alachua County and the state, and discusses highlights in the data based on the information compiled in the Alachua County Technical Appendix.
- ***Community Themes and Strengths Assessment.*** While the previous section—The Community Health Status Assessment—is largely based on in-depth quantitative analysis of existing community and health system administrative data sets, this section provides a qualitative perspective on health issues and the health system from the community at-large, and fulfills the MAPP requirement by providing community members the opportunity to provide feedback on the health of Alachua County and its' residents. The following surveys were developed and administered: a Community Member Survey, a Business Leader Survey, and a Provider Survey.



- **Forces of Change Assessment.** Alachua Steering Committee members identified and assembled a diverse gathering of community leaders to participate in a strategic Forces of Change meeting to identify Events, Trends, and Factors in the Alachua County Community that have an impact on public health in Alachua County.
- **Local Public Health Systems Assessment.** The Alachua County CHA Steering Committee as well as several identified members of the community were assembled to participate in the Local Public Health Systems Assessment. This poll-style group activity called on participants to identify on the components, activities, competencies and capacities of Alachua County’s local public health system, as well as asked participants to rate how well the Essential Services (identified by The National Public Health Performance Standards program and partners) are being provided to the Alachua County community.
- **Identification of Strategic Priorities and Recommendations for Next Steps.** This section begins with a brief summary of the intersecting themes that cut across all sections of the CHA and some of the key considerations generated from those common themes. Following the summary of these themes and considerations, this section details some general suggestions, or promising practices, about how to move forward with the identified needs; provides some specific examples of approaches to address these needs; and discusses some community organization principles that will need to be addressed to ensure that true community health improvement is realized.

USING THE COMMUNITY HEALTH ASSESSMENT

The 2016 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 2016 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 identified these global health issues for the community are addressed in granular level detail in the Technical Appendix. Thus, for most data that are briefly addressed in the main CHA, the Technical Appendix



presents these data in a very fine level of 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.

The Technical Appendix is comprised of more than 80 tables supporting material across over 230 pages. The Technical Appendix is organized into the following major data sections:

- Demographics and Socioeconomics
- Mortality
- Birth Data
- Health Behaviors
- Infectious Disease
- Healthcare Access and Utilization
- Community Health Survey Full Responses – Residents
- Community Health Survey Full Responses – Business Leaders
- Community Health Survey Full Responses – Physicians
- The National Public Health Performance Standards: Local Public Health System Report

Note that many of the data tables in this CHA report and in the Technical Appendix report contain standardized rates for the purpose of comparing Alachua County to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates.



Community Health Status Assessment

INTRODUCTION

This portion of the Community Health Assessment provides a narrative summary of the data presented in the Technical Appendix which includes analysis of social determinants of health, community health status, and health system assessment. Social determinants of health include socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels and the like. Data for the Technical Appendix were compiled and tabulated from multiple sources including the United States Census Bureau, the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), the American Community Survey (ACS), the Florida Department of Health's Office of Vital Statistics, and Florida's Agency for Health Care Administration (AHCA). When data are available, a comparison is provided with the state of Florida.

The Technical Appendix also includes data from the [UF Health Shands Hospital Needs Assessment Platform](#), an initiative supported by the UF Health Shands Hospital. The UF Health Shands Hospital Needs Assessment Platform draws from national indicators for health and is maintained by the Healthy Communities Institute.

Target values on the UF Health Shands Hospital Needs Assessment Platform include the nation-wide Healthy People 2020 (HP2020) goals as well as locally set goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Data from this report can be used to explore and understand the health needs of Alachua County and its various communities and sub-populations in order to plan interventions and apply for continuing and new program funding. The written organization of this needs assessment is in alignment with the growing national focus on County Health Rankings by the Robert Wood Johnson Foundation and the University of Wisconsin. The County Health Rankings provide a snapshot of a community's health, which identifies a starting point for discussing and investigating the health of the community. The Technical Appendix serves to supplement data used to determine the County Health Rankings; a narrative summary of the Technical Appendix is presented in this document.

The following summary of the Technical Appendix data is broken down into several components:

- Population
- County Health Rankings
- Health Factors
 - Socioeconomics
 - Health Behaviors
 - Healthcare Access



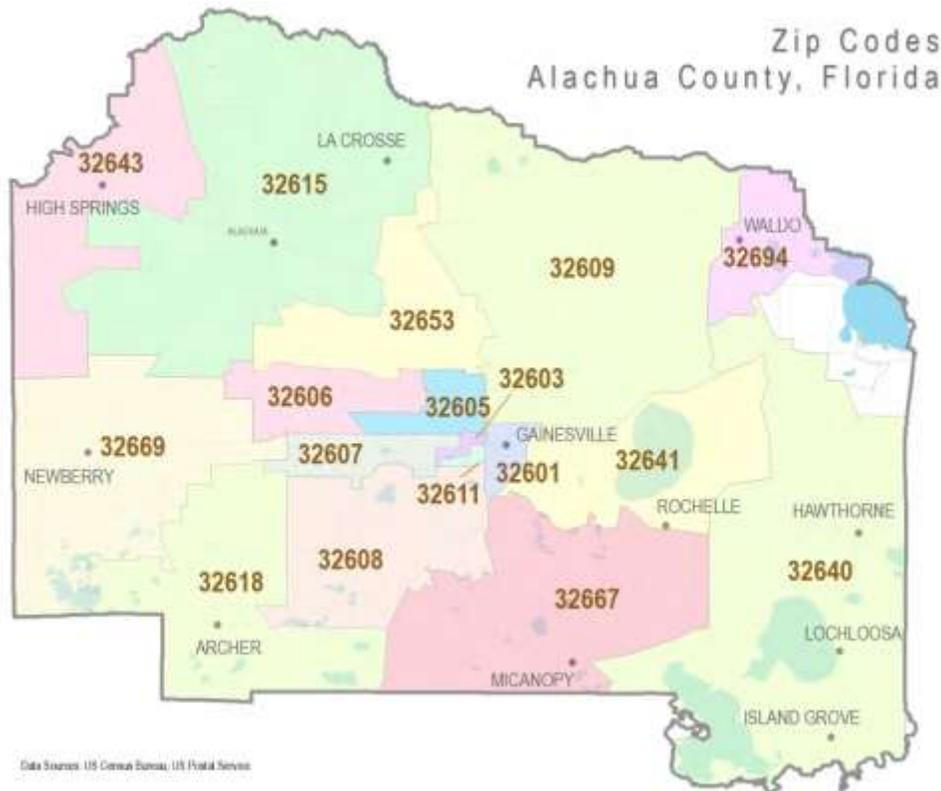
- Health Outcomes
 - Life Expectancy
 - Mortality
 - Maternal and Infant Health
 - Violence
- Key Insights

The data presented in this summary include references to specific tables in the Technical Appendix so that users can see the numbers and the rates in context.

POPULATION

The demographic characteristics of Alachua County residents are reviewed in this section. Data in this section is presented for Alachua County and compared to Florida. Data indicators include population breakdown by age, race and gender. The map below displays the zip code areas for Alachua County, Florida.

FIGURE 1: ZIP CODES FOR ALACHUA COUNTY, FLORIDA



Source: Figure 1, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

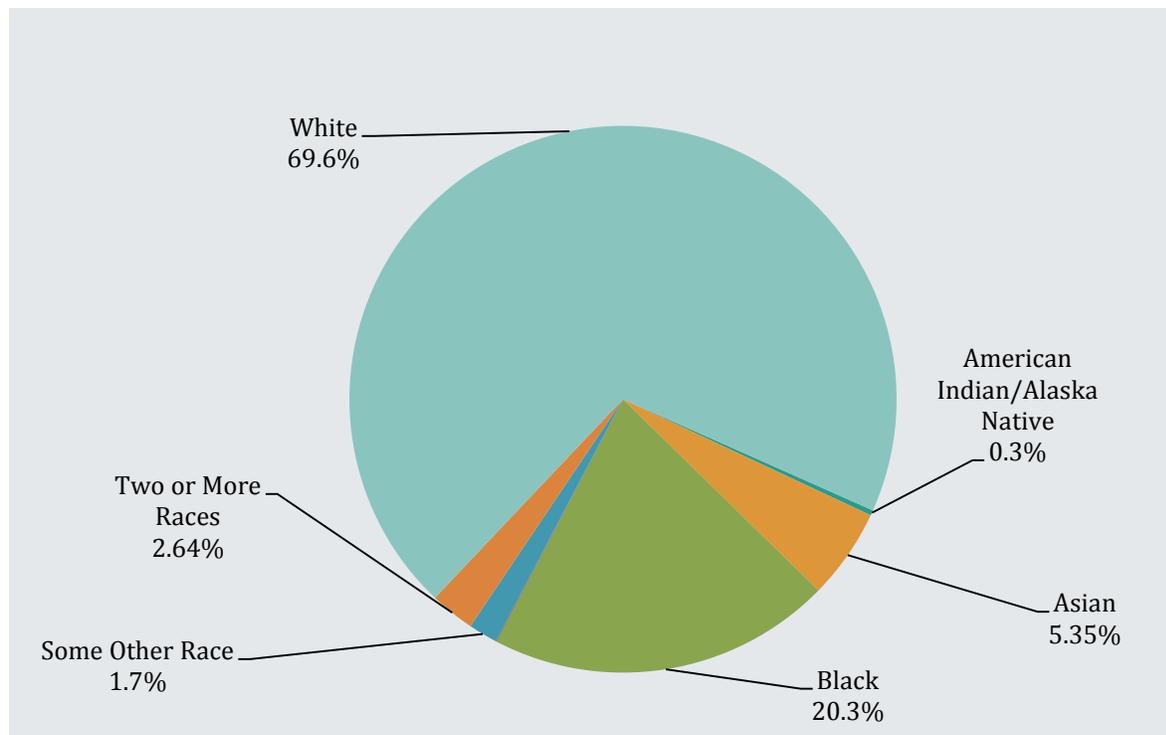


Alachua County has a population of 247,336 according to the 2010 U.S. Census Bureau (Table 5, Technical Appendix). Alachua County is located in North Central Florida. The county shares borders with Columbia, Union and Bradford Counties to the north, Levy and Marion Counties to the south, Putnam County to the East and Gilchrist County to the west.

Gainesville is the largest incorporated municipality in the county according to the U.S. Census Bureau (Table 5, Technical Appendix). Additionally, 78.8 percent of Alachua County’s population is considered urban and 21.2 percent is considered rural. This is in contrast to Florida’s population, which is 91.2 percent urban and 8.8 percent rural (Table 17, Technical Appendix). The following figure provides a visual representation of Alachua County population by race.

As seen in Figure 2 below, the majority of Alachua County residents are White (69.6%). In Alachua County, 48.4% of the population are males and 51.6% are females (Table 7, Technical Appendix).

FIGURE 2: POPULATION BY RACE IN ALACHUA COUNTY



Source: Table 5, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.



The following table provides information regarding the population by selected age groups in Alachua County as compared to the state of Florida as a whole.

TABLE 1: POPULATION BY AGE GROUPS

Age Group	Percent of Alachua County Population	Percent of Florida Population
0-4	5.3	5.7
5-9	4.7	5.7
10-14	4.7	6.0
15-24	26.3	13.1
25-34	15.0	12.2
35-44	10.3	12.9
45-54	11.9	14.6
55-64	11.0	12.4
65-74	5.9	9.2
75-84	3.4	5.8
85+	1.5	2.3

Source: Table 8, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

As seen in the table above, population by age group in Alachua County varies slightly from the trends for the state of Florida, with the greatest difference existing in the 15-24 age group (26.3 percent in Alachua County; 13.1 percent in Florida).

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation (RWJ) 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 multi-factorial 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 (7 measures)
 - b. Clinical care (5 measures)
 - c. Social and economic (7 measures)
 - d. Physical environment (5 measures)



The most recent Rankings available are for 2016. In 2016, Alachua County ranked 10th for health factors and 25th for health outcomes, out of Florida's 67 counties. The following explanation is given by RWJ regarding the calculation of County Health Rankings:

"The County Health Rankings, is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

The County Health Rankings are based on counties and county equivalents (ranked places). Any entity that has its own Federal Information Processing Standard (FIPS) county code is included in the Rankings. We only rank counties and county equivalents within a state. The major goal of the Rankings is to raise awareness about the many factors that influence health and that health varies from place to place, not to produce a list of the healthiest 10 or 20 counties in the nation and only focus on that.

The County Health Rankings team synthesizes health information from a variety of national data sources to create the Rankings. Most of the data we use are public data available at no charge. Measures based on vital statistics, sexually transmitted infections, and Behavioral Risk Factor Surveillance System (BRFSS) survey data were calculated for us by staff at the National Center for Health Statistics and other units of the Centers for Disease Control and Prevention (CDC). Measures of health care quality were calculated for us by staff at The Dartmouth Institute.

The County Health Rankings team draws upon the most reliable and valid measures available to compile the Rankings. Where possible, we provide the margin of errors (95% confidence intervals) for our measure values. In many cases, the values of specific measures in different counties are not statistically different from one another; however, when combined using our model, those various measures produce the different rankings.

The County Health Rankings are compiled from many different types of data. To calculate the ranks, we first standardize each of the measures. The ranks are then calculated based on weighted sums of the standardized measures within each state. The county with the lowest score (best health) gets a rank of #1 for that state and the county with the highest score (worst health) is assigned a rank corresponding to the number of places we rank in that state."

For more detailed information on how County Health Rankings are measured, please visit <http://www.countyhealthrankings.org/ranking-methods>.


TABLE 2: MEASURES FOR HEALTH OUTCOMES AND HEALTH FACTORS FOR ALACHUA COUNTY, 2010-2016 (RANKS BASED ON 67 FL COUNTIES)

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

Source: Table 1, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

Please note: Do not compare 2016 ranks for quality of life and health behaviors with previous ranks. In previous RWJ releases, the CDC provided BRFSS data with estimates based on seven years of combined data. In the year 2016, only 2014 data was used to construct estimates. Historically, BRFSS was based on landline telephones. In 2011, cell-only users were included for the first time. According to RWJ, the data from 2011 onward could not be easily combined with earlier years to create the RWJ county estimates. The CDC only provided 2014 county-by-county data to RWJ in 2016, using a different modeling technique in order to include cell phone data.

The overall County Health Rankings for Alachua County for 2016 are generally positive. However, there are certain rankings that stand out when examining the Alachua rankings. Morbidity and Quality of Life in 2016 is ranked 40 out of 67 counties, and Health Behavior for Alachua is ranked 33, around mid-range for Florida. In 2016, Clinical Care in Alachua County fares much better than the other Florida counties as it is ranked number 1 in the state.

In regards to individual Health Outcomes or individual Health Factors for 2016, it is notable that Alachua County fares slightly worse than the state on adult smoking, excessive drinking and sexually transmitted infection rate as seen in Table 3 below. Alachua County fares better than the state of Florida for physical inactivity, teen birth rate, and uninsured adults as seen in Table 3.

**TABLE 3: ALACHUA COUNTY HEALTH RANKINGS, 2016**

Measure	Alachua County	Florida
Adult smoking (Percent)	18.2	16.2
Adult obesity (Percent)	25.3	25.5
Physical inactivity (Percent)	19.2	23.9
Access to exercise opportunities (Percent)	83.5	92.0
Excessive drinking (Percent)	20.3	18.3
Alcohol-impaired driving deaths (Percent)	28.3	29.1
Sexually transmitted infections rate ((Chlamydia only)	721.5	415.1
Teen birth rate	19.5	33.5
Uninsured adults (Percent)	19.1	24.3
Diabetic screening (Percent)	85.3	85.5
Mammography screening (Percent)	68.0	65.0
Diabetic screening (Percent)	85.3	85.5

Source: Table 2, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

The concept of Health Factors and Health Outcomes are a useful method for analyzing and understanding the current state and needs of the community. To further explore Health Factors and Health Outcomes affecting Alachua County residents, additional data was gathered and tabulated in the Technical Appendix. The following sections explore and provide analysis of data within the Technical Appendix.

HEALTH FACTORS

Health factors influence the health of a community and include socioeconomic factors, health behaviors and clinical care. The Technical Appendix includes data on current statistics on education, employment, 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 heightened risk of acute and/or chronic illness.

SOCIOECONOMICS

Socioeconomic indicators lend to factors that, if an intervention was made to drastically change these data points in Alachua County, the result would have the largest impact on the health of citizens. Not surprisingly, socioeconomic factors are the most difficult to change and move the needle in the positive direction, as they are mainly the result of larger-scale societal factors that take very long periods of time to cycle. Because of



this, it is important to keep these factors in mind when developing plans for a community's health in order to address these disparities whenever possible.

Poverty

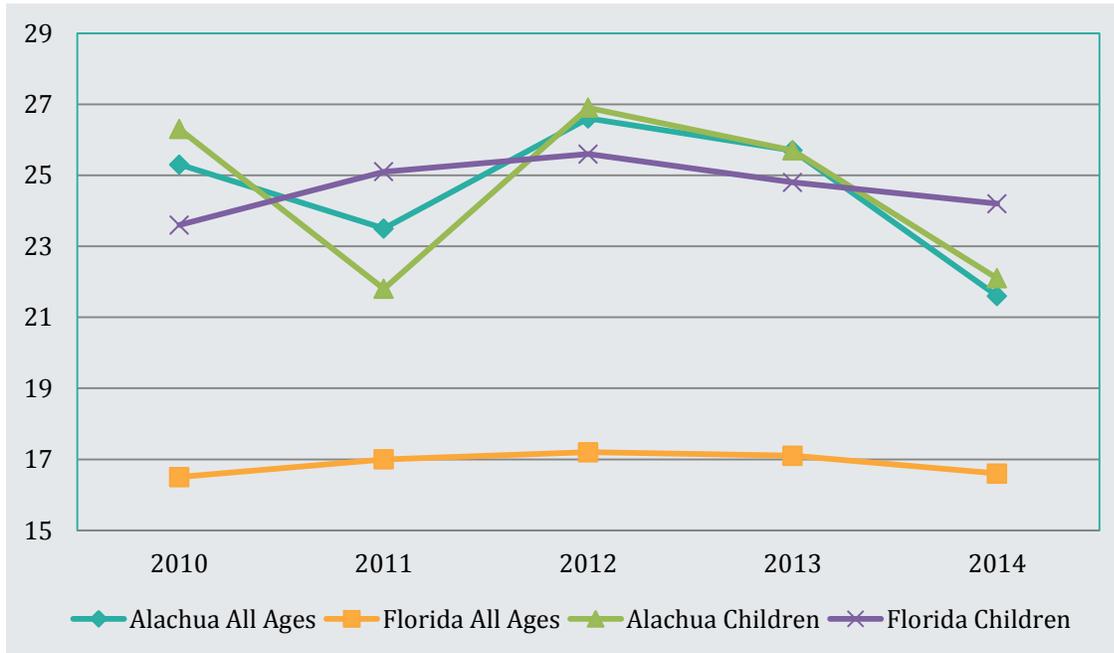
For the years 2010-2014, the percent of Alachua County's population for all ages who live in poverty has been higher than the state of Florida. 21.6 percent of Alachua County's population for all ages was estimated to live at or below the poverty threshold in 2014, compared to the Florida percent of 16.6 for 2014 (Table 34, Technical Appendix).

The percent of Alachua County's children (under the age of 18) in poverty remains similar to Florida in recent years, 2012-2013, though it has decreased in recent years, as seen in Figure 3. In 2014, 22.1 percent of Alachua County residents under the age of 18 are in poverty, compared to Florida at 24.2 percent (Table 34, Technical Appendix). For trend data on poverty in Alachua County, see Figure 3.

In Alachua County, 21.4 percent of white residents live in poverty, which is around 35,272 individuals. 36.3 percent of black residents in Alachua County live in poverty, which is around 17,749 individuals (from 2010-2014, Table 39, Technical Appendix). In the state of Florida, 14.0 of white Floridians live in poverty and 28.1 percent of black Floridians live in poverty (from 2010-2014, Table 39, Technical Appendix). Additionally, 22.9 percent of households in Alachua County are in poverty (15.2 percent in Florida) from 2010-2014 (Table 40, Technical Appendix).



FIGURE 3: PERCENT OF PERSONS IN POVERTY BY SELECTED AGES, ALACHUA COUNTY AND FLORIDA, 2010-2014



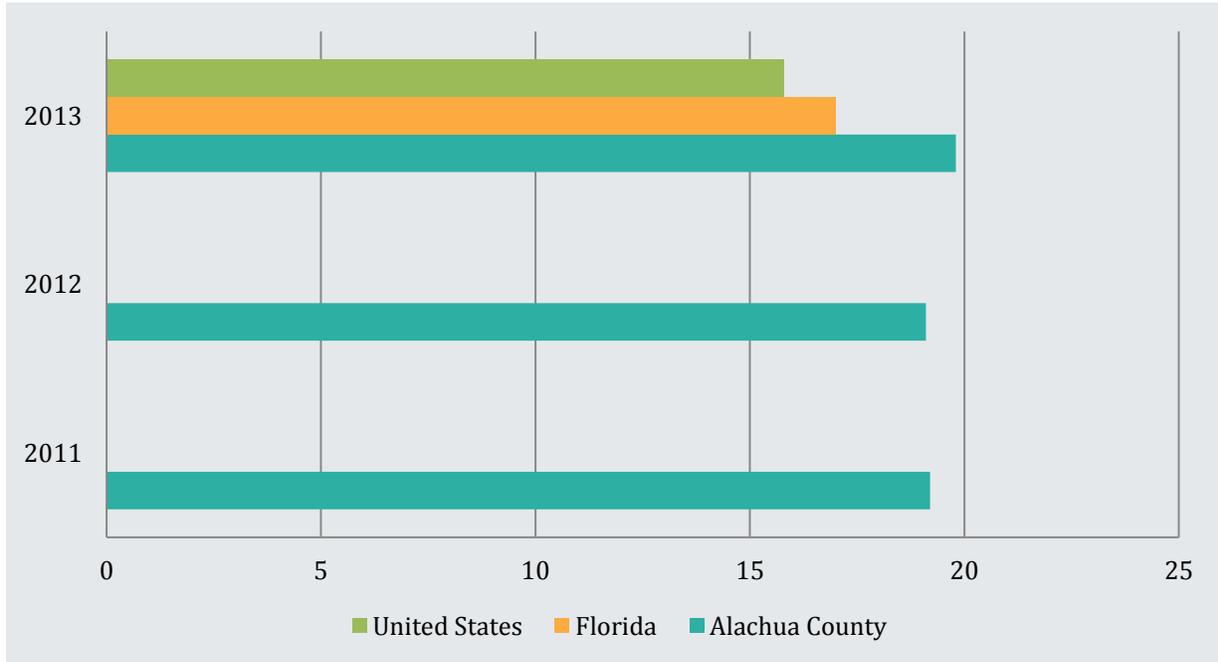
Source: Table 34, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

Food Access

Food insecurity is defined by the U.S. Department of Agriculture (USDA) as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. In Alachua County, the rate of Food Insecurity is 19.8 percent in 2013, which is higher than the state of Florida (17.0 percent) and the United States (15.8 percent). Additionally, the Child Food Insecurity Rate for Alachua County in 2013 is 23.3 percent, compared to Florida at 26.7 percent and the US at 21.4 percent (Table 71, Technical Appendix).



FIGURE 4: FOOD INSECURITY RATE (PERCENT), ALACHUA COUNTY, FLORIDA AND UNITED STATES, 2011-2013.



Source: Table 71, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

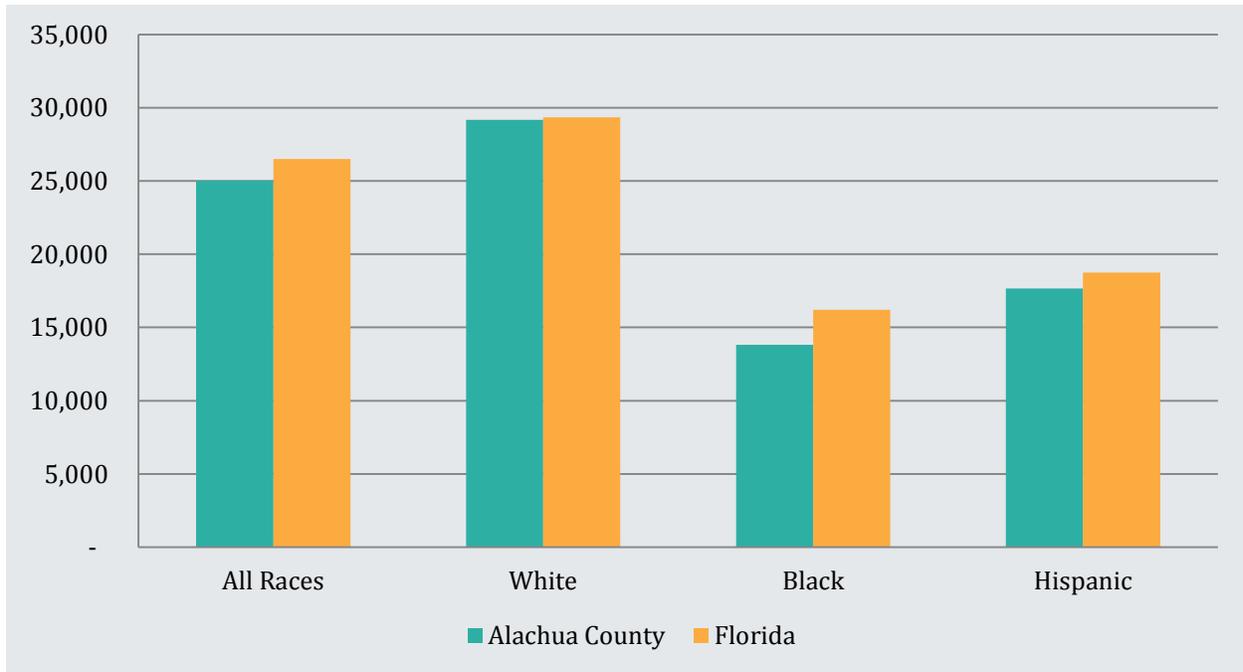
In Alachua County, the percent of households with Supplemental Security Income (SSI) is slightly less than the Florida percent from 2010-2014 (4.0 in Alachua compared to 4.9 FL). 11.6 percent of households in Alachua County are on Food Stamps compared to 14.3 percent of households for Florida (Table 29, Technical Appendix).

Income

For years 2010 – 2014, the estimated median household income (all races) in Alachua County was \$42,045 compared to \$47,212 in Florida as a whole. Median household income for White Alachua County residents was \$49,195 compared to the median household income for Black Alachua County residents of \$25,687 (Table 42, Technical Appendix). See Figure 5 for details regarding the per capita incomes in Alachua County compared to Florida as a whole.



FIGURE 5: PER CAPITA INCOME, 2010-2014 ESTIMATES



Source: Table 42, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

Employment

Unemployment rates in Alachua County tend to track lower than Florida unemployment rates. In 2014, the unemployment rate in Alachua County was 4.9 compared to 6.1 in Florida; in 2015, unemployment in Alachua County was at 4.5 percent compared to Florida at 5.4 percent (Table 49, Technical Appendix).

Educational Attainment

Estimates for the years 2010 – 2013 suggest 8.2 percent of the adult population in Alachua County has less than a high school diploma, 40.7 percent has completed high school, and 51.1 percent has completed a college degree. In Florida, 13.5 percent of the adult population has less than a high school diploma, 50.5 percent has completed high school and 35.9 percent have completed a college degree. (Table 53, Technical Appendix).

HEALTH BEHAVIORS

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Alachua County is for 2013.



Health Behavior information for Alachua County was drawn from the UF Health Shands Hospital Needs Assessment Platform. Target values on the UF Health Shands Hospital Needs Assessment Platform include the nation-wide Healthy People 2020 (HP2020) goals as well as locally set goals.

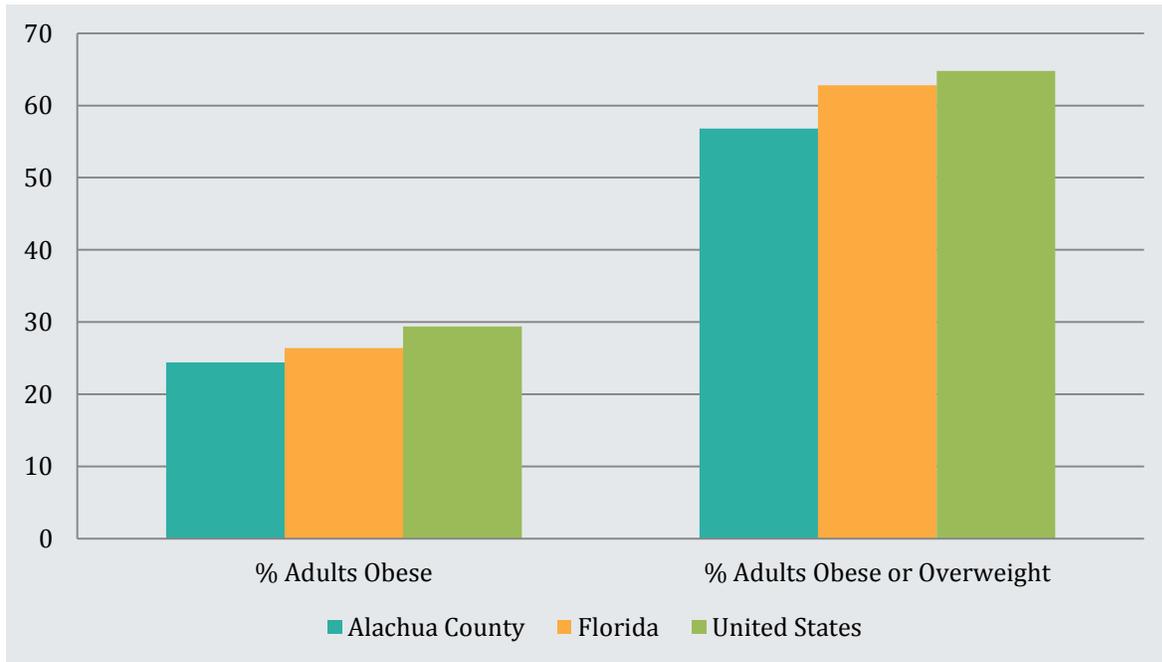
Below are various indicators about Health Behaviors for adults in Alachua County. The percentage for Florida as well as for the United States is included when available. The data for Health behaviors in Alachua County can be referenced in Table 75 in the Technical Appendix.

Health behavior percentages by selected indicators, 2013:

- The percent of Alachua County adults who currently have Asthma is 12.9 percent in 2013. This is higher than both the percent for the state of Florida (8.3 percent) and the percent for the US (9.0 percent).
- The percent of adults with Diabetes in Alachua is 7.2 in 2013, which is slightly better than the Florida percent at 11.2 and the percent for the US at 9.7.
- Alachua County adults have less access to exercise opportunities than their Florida counterparts. For Alachua County in 2013, 70.9 percent of adults have access to exercise opportunities compared to 92.8 percent in the state.
- The percent of adults Who Are Obese in Alachua County in 2013 is similar to the state with 24.4 percent compared to the state at 26.4 percent.
- Adults who are Overweight or Obese in 2013 for Alachua County is 56.8 percent. In Florida, 62.8 percent of adults are overweight or obese and in the US 64.8 percent of adults are overweight or obese.



FIGURE 6: PERCENT OVERWEIGHT OR OVERWEIGHT & OBESE, ALACHUA COUNTY AND FLORIDA, 2013.



Source: Table 75, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

- The percent of adults Who Are Sedentary in Alachua County for 2013 is 19.7. This percent is lower than both Florida at 27.7 percent and the US at 25.3 percent.
- The percent of adults Who Drink Excessively in Alachua County is higher than Florida. In 2013, 19.1 percent of adults drink excessively compared to 17.6 percent in Florida.
- 15.9 percent of adults in Alachua County smoke, compared to 16.8 percent in Florida and 19.0 percent in the US for 2013.
- Alachua County adults generally reported their own personal health as “Good or Better” more so than the state and the US. In Alachua County for 2013, 88.8 percent of adults reported their own health as “Good or Better” compared to Florida at 80.5 percent and the US at 83.3 percent.

Infectious Disease

- The Chlamydia Incidence Rate (Cases Per 100,000 Population) for Alachua County in 2014 is 771.9, which is much greater than the Florida rate at 425.3 per 100,000 population (Table 72, Technical Appendix).
- The Gonorrhea Incidence Rate (Cases Per 100,000 Population) for Alachua County in 2014 is 160.4, compared to the Florida rate at 105.4 per 100,000 population (Table 72, Technical Appendix).



- HIV Incidence Rate (Cases Per 100,000 Population) for Alachua County in 2014 is 32.3, which is similar to the Florida rate of 31.4 per 100,000 population (Table 72, Technical Appendix).

HEALTHCARE ACCESS

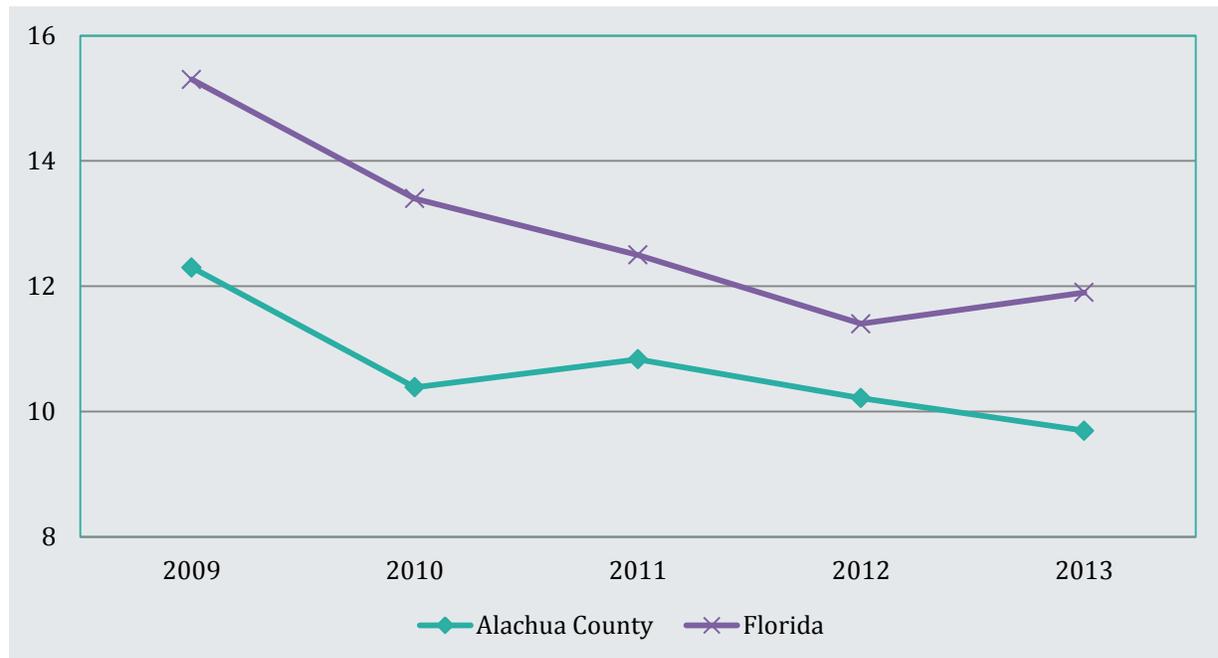
Although health insurance and access to healthcare do not necessarily prevent illness, early intervention and long term management of resources can help to maintain a quality of life and minimize premature death. Therefore, it is useful to consider insurance coverage and healthcare access in a community health needs assessment. The Technical Appendix includes data on insurance coverage, ER utilization and access to physicians. Key findings from these data sets are presented below.

Uninsured

The percent of Alachua County’s population that is uninsured for All Ages is lower than the state, with Alachua County at 14.7 percent and Florida at 19.6 percent (Table 48, Technical Appendix).

For the years 2009-2013, the percent of Alachua County’s uninsured children (under the age of 19) has remained slightly lower than the Florida percent. In 2013, the percentage of uninsured children in Alachua County was 9.7 percent compared to Florida at 11.9 percent (Table 47, Technical Appendix). Figure 7 shows the trends in percent uninsured under age 19 population, Alachua County and Florida from 2009-2013.

FIGURE 7: PERCENT UNINSURED UNDER 19 POPULATION, ALACHUA COUNTY AND FLORIDA, 2009-2013.



Source: Table 47, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.



The percentage of uninsured adults 18-64 years in Alachua County has been similar to yet lower than the Florida percent every year from 2009-2013. In 2013, the percentage of uninsured adults in Alachua County was 21.9 percent compared to Florida at 28.8 percent (Table 47, Technical Appendix).

The percentage of uninsured adults in the 40-64 age range in Alachua County was 17.3 percent in 2013 compared to Florida adults in the same age range at 24.5 percent. For uninsured adults aged 50-64 in Alachua County, percent uninsured was at 16.1 percent in 2013 compared to Florida at 22.0 percent (Table 47, Technical Appendix).

Medicare Population by Selected Diseases

The Medicare population percentages by selected diseases for 2012 in Alachua County are seen below. The percentages for Florida as well as for the United States are included when available. Alachua County's percentages for Medicare population are generally similar to Florida's percentages. The data for age-Medicare population percentages by selected diseases for 2012 in Alachua County can be referenced in Table 60 in the Technical Appendix.

Medicare population percentages by selected diseases, 2012:

- Atrial Fibrillation in Alachua County: 7.4 (9.4 FL; 7.8 US)
- Cancer in Alachua County: 8.2 (9.7 FL; 7.9 US)
- COPD in Alachua County: 10.5 (13.6 FL; 11.3 US)
- Diabetes in Alachua County: 25.3 (28.5 FL; 27.0 US)
- Hyperlipidemia in Alachua County: 43.7 (55.5 FL; 44.8 US)
- Hypertension in Alachua County: 55.7 (60.8 FL; 55.5 FL)
- Ischemic Heart Disease in Alachua County: 26.2 (37.1 FL; 28.6 US)

Access to Health Providers

From 2007-2013, the Dentist rate per 100,000 population in Alachua County has been near 100 per 100,000 population. In 2013, the Dentist rate per 100,000 population in Alachua County was 158 per 100,000 population compared to Florida at 53 per 100,000 population (Table 70, Technical Appendix).

The Non-Physician Primary Care Provider Rate (providers per 100,000 population) in 2014 for Alachua County was 211 per 100,000 population, which is much higher when compared to Florida at 67 Non-Physician Primary Care Providers per 100,000 population (Table 70, Technical Appendix).

Primary Care Provider Rate (providers per 100,000 population) in 2012 for Alachua County was 134 per 100,000 population, compared to Florida at 70 per 100,000 population (Table 70, Technical Appendix).



Healthcare Utilization

ER Visits

The age-adjusted Emergency Room rates by cause per 10,000 population in Alachua County from 2012-2014 are below. The Florida age-adjusted ER rates by cause per 10,000 population are also included. This information can be referenced in Table 65 of the Technical Appendix.

Age-adjusted ER rates by cause per 10,000 population, 2012-2014:

- Dental Problems for Alachua County (All Ages): 99.7 (FL 78.4)
- Asthma for Alachua County (All Ages): 49.4 (FL 60.2)
- Adolescent Suicide and Intentional Self-inflicted Injury (Ages 12-17) for Alachua County: 15.7 (FL 17.4)
- Pediatric Asthma for Alachua County (Under 18 Years): 106.8 (FL 119.5)
- Pediatric Mental Health for Alachua County (Under 18 Years): 17.8 (FL 24.3)
- Adult Asthma for Alachua County (18+ Years): 29.4 (FL 39.6)
- Alcohol Abuse for Alachua County (18+ years): 32.2 (FL 27.7)
- Bacterial Pneumonia for Alachua County (18+ years): 15.3 (FL 15.2)
- COPD for Alachua County (18+ years): 11.9 (FL 18.5)
- Dehydration for Alachua County (18+ years): 10.1 (FL 14.1)
- Diabetes for Alachua County (18+ years): 18.9 (FL 22.5)
- Mental Health for Alachua County (18+ years): 40.0 (FL 70.4)
- Substance Abuse for Alachua County (18+ years): 9.3 (FL 15.3)

Most notably from the Alachua County data on ER rates, Alachua County is much worse off than the state when it comes to age-adjusted ER rates for Dental Problems and Alcohol Abuse. However, Alachua County is doing better than the state in age-adjusted ER rates from Mental Health and Substance Abuse. The data for age-adjusted ER rates by cause per 10,000 population in Alachua County from 2012-2014 can be referenced in Table 65 in the Technical Appendix.

Hospitalizations

The age-adjusted hospitalization rates by cause per 10,000 population in Alachua County from 2012-2014 are below. The Florida age-adjusted hospitalization rates by cause per 10,000 population are also included. This information can be referenced in Table 66 of the Technical Appendix.

Age-adjusted Hospitalization rates by cause per 10,000 population, 2012-2014:

- Adolescent Suicide and Intentional Self-Inflicted Injury for Alachua County (12-17 Years of Age): 49.5 (FL 34.5)
- Adult Asthma for Alachua County (18+ Years): 18.0 (FL 12.9)
- Alcohol Abuse for Alachua County (18+ Years): 17.7 (FL 10.9)



- Heart Failure for Alachua County (18+ years): 18.7 (FL 34.7)
- Hypertension for Alachua County (18+ years): 13.1 (FL 8.4)
- Mental Health for Alachua County (18+ years): 44.4 (FL 75.3)
- Asthma for Alachua County (All Ages): 20.8 (FL 13.8)
- Pediatric Asthma for Alachua County (Under 18 years): 29.1 (FL 16.3)

Alachua County fares worse than the state in age-adjusted hospitalization rates per 100,000 population when it comes to Adolescent Suicide, Asthma (All Ages, Adult and Pediatric), Alcohol Abuse and Hypertension. Alachua County is much better than the state, however, in age-adjusted hospitalization rates for the causes of Heart Failure and Mental Health. The data for age-adjusted hospitalizations by cause per 10,000 population in Alachua County from 2012-2014 can be referenced in Table 66 in the Technical Appendix.

Cancer

In Alachua County, Cancer Incidences per 100,000 population from 2010-2012 are below. Cancer Incidences per 100,000 population for Florida as well as Cancer Incidence data for the United States is included when available. This information can be referenced in Table 67 of the Technical Appendix.

Cancer incident cases by type, per 100,000 population, 2010-2012:

- Breast Cancer for Alachua County (females only): 114.4 (FL 90.4)
- Cervical Cancer for Alachua County: 5.8 (FL 6.1; US 7.1)
- Colorectal Cancer for Alachua County: 40.7 (FL 33.7; US 39.9)
- Lung and Bronchus Cancer for Alachua County: 70.9 (FL 58.0)
- Melanoma for Alachua County: 25.6 (FL 17.5)
- Oral Cavity and Pharynx Cancer for Alachua County: 16.5 (FL 12.4)
- Prostate Cancer for Alachua County: 129.4 (FL 114.6)

The Cancer Incidence data for Alachua County shows that Alachua fares worse than Florida in multiple cancer sites, including incidence of Breast Cancer, Colorectal Cancer, Lung and Bronchus Cancer, Melanoma, Oral Cavity and Pharynx Cancer, and Prostate Cancer.

Alachua fares slightly better than the state of Florida as well as better than the United States in terms of Cervical Cancer Incidence. The data for Cancer Incidences per 100,000 population in Alachua County from 2010-2012 can be referenced in Table 67 in the Technical Appendix.

Table 4 below displays cancer screening and behavior for Alachua County and Florida, 2002-2013. As seen in the table, Alachua County is doing worse than the state in Pap Test History.



TABLE 4: CANCER SCREENING AND BEHAVIOR, ALACHUA COUNTY, FLORIDA AND HP2020, 2007-2013

Indicator	Year	Alachua County	Florida	HP 2020
Mammogram History (Percent)	2002	67.8	---	---
	2007	70.8	---	---
	2010	53.9	---	---
Colon Cancer Screening(Percent)	2013	5.3	---	13.9
Pap Test History (Percent)	2013	36.7	51.4	---

Source: Table 68, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

HEALTH OUTCOMES

One of the best strategies for measuring health and well-being is by examining a community’s rates of disease and death. In Alachua County—as well as in Florida and the rest of the United States—premature disease and death are primarily attributable to chronic health issues. Chronic health issues typically develop throughout the course of life and often require careful management for prolonged periods of time. This section focuses on the health outcomes (morbidity and mortality) of Alachua County residents. Alachua County data will be compared to state of Florida data when possible.

LIFE EXPECTANCY

The University of Washington, Institute for Health Metrics and Evaluation, released a complete time series for life expectancy for all U.S. counties from 1987 to 2010 for each sex, for all races combined, for Whites and for Blacks. Life Expectancy data can be found in Tables 3 and 4 of the Technical Appendix.

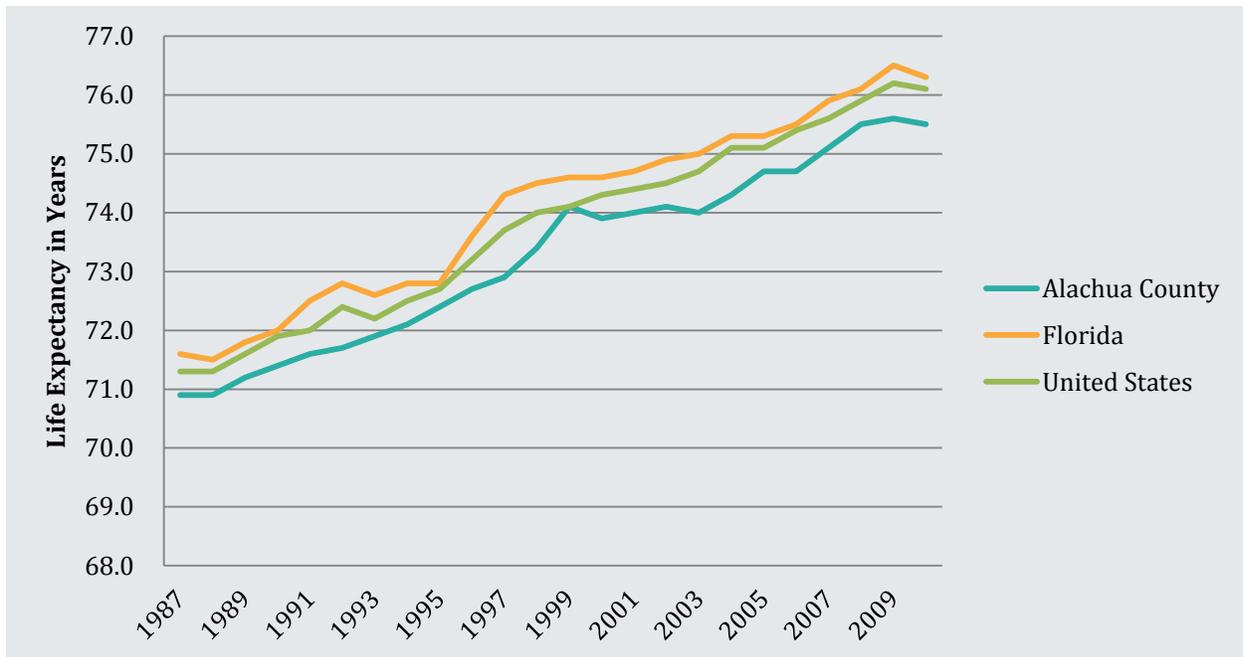
The life expectancy for Alachua County males is 75.6 years of age, which is 0.9 years lower than the Florida life expectancy of 76.5 (For 2009 - Table 3, Technical Appendix). Life expectancy for Alachua County males is also lower than their Florida counterparts when it comes to race: the life expectancy for Alachua County White males is 0.4 years lower than the Florida life expectancy for White males (76.5 Alachua vs. 76.9 Florida for 2009). This is also true for Alachua County Black males when compared to the state: the life expectancy for Black males in Alachua County is 71.3 years of age compared to Black males in Florida at 72.7 (For 2009 – Table 3, Technical Appendix).



Within the county, there is a disparity between the life expectancy of White and Black males. The life expectancy of White Alachua County males is 76.5 years, 5.2 years longer than the life expectancy of Black Alachua County males which is 71.3 years (For 2009 - Table 4, Technical Appendix).

When examined along with the life expectancy for males in the United States, Alachua County trends lower than both the state and the country. Figure 8 shows the life expectancy for males by year, Alachua County, Florida and the United States, 1987-2009.

FIGURE 8: LIFE EXPECTANCY FOR MALES BY YEAR, ALACHUA COUNTY AND FLORIDA, 1987-2009.



Source: Table 3, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

The life expectancy for Alachua County females is 1.7 years shorter than Florida females, with 80.4 years in Alachua County compared to 82.1 years in Florida (For 2009 - Table 4, Technical Appendix). Alachua County females also have a slightly lower life expectancy within the county than their Florida counterparts when it comes to race: life expectancy for Alachua County White females is 81.2, which is 1.6 years lower than the Florida life expectancy of 82.6 (For 2009 - Table 4, Technical Appendix); and life expectancy for Alachua County Black females is 77.3, which is 1.5 years lower than the Florida life expectancy of 78.8 (For 2009 - Table 4, Technical Appendix).

Within the county, there is a disparity between the life expectancy of White and Black females. The life expectancy of White Alachua County females is 81.2 years, 3.9 years longer than the life expectancy of Black Alachua County females which is 77.3 years (For 2009 - Table 4, Technical Appendix).



When examined along with the life expectancy for females in the United States, Alachua County trends lower than both the state and the country. Figure 9 shows the life expectancy for females by year, Alachua County and Florida, 1987-2009.

FIGURE 9: LIFE EXPECTANCY FOR FEMALES BY YEAR, ALACHUA COUNTY AND FLORIDA, 1987-2009.



Source: Table 4, Alachua County Technical Appendix 2016, prepared by WellFlorida Council.

MORTALITY

The age-adjusted death rates by cause per 100,000 population in Alachua County from 2012-2014 are below. In addition to the Florida age-adjusted death rates by cause, the Healthy People 2020 benchmarks for the same causes are included. This information can be referenced in Table 61 of the Technical Appendix.

Age-adjusted death rates by cause per 100,000 population, 2012-2014:

- All Cancers for Alachua County: 176.0 (FL 158.1; HP 2020 161.4)
- Breast Cancer for Alachua County: 23.5 (FL 20.2; HP 2020 20.7)
- Colorectal Cancer for Alachua County: 16.5 (FL 13.8; HP 2020 14.5)
- Lung cancer for Alachua County: 44.4 (FL 43.4; HP 2020 45.5)
- Oral cancer for Alachua County: 3.9 (FL 2.7; HP 2020 2.3)
- Prostate cancer for Alachua County: 26.5 (FL 17.5; HP 2020 21.8)



- Stroke for Alachua County: 43.3 (FL 33.8; HP 2020 34.8)
- Coronary Heart Disease for Alachua County: 87.9 (FL 99.3; HP 2020 103.4)
- Diabetes for Alachua County: 32.7 (FL 19.8)
- Pneumonia for Alachua County: 9.7 (FL 9.7)
- Motor Vehicle Collisions for Alachua County: 8.1 (FL 12.3)
- Suicide for Alachua County: 13.5 (FL 13.9; HP 2020 10.2)
- Unintentional Injuries for Alachua County: 38.4 (FL 41.1; HP 2020 36.4)

As seen in the data above, Alachua County is worse off than the state when it comes to age-adjusted death rates for All Cancers, Breast Cancer, Colorectal Cancer, Oral Cancer and Prostate Cancer. Alachua County also fares worse than the state for age-adjusted death rates from Diabetes and Stroke.

Alachua County is similar to the state when it comes to age-adjusted deaths from Lung cancer, Pneumonia, and Suicide. Alachua County is slightly better than the state in age-adjusted death rates from Coronary Heart Disease, Motor Vehicle Collisions, and Unintentional Injuries. The data for age-adjusted death rates by cause per 100,000 population in Alachua County from 2012-2014 can be referenced in Table 61 in the Technical Appendix.

MATERNAL AND INFANT HEALTH

Indicators for Maternal and Infant Health in 2014 for Alachua County are below. In addition to the Maternal and Infant Health indicators for the state of Florida, the Healthy People 2020 benchmarks for the same health outcomes are included.

- The percent of babies who were born low birth weight in 2014 for Alachua County is 9.8, which is higher than the state percent of 8.7 percent. The Healthy People 2020 benchmark for low birthweight is 7.8 percent (Table 64, Technical Appendix).
- 78.8 percent of mothers received early prenatal care in 2014 for Alachua County, which is similar to Florida at 79.4 percent (HP 2020: 77.9) (Table 64, Technical Appendix).
- The percent of preterm births for Alachua County in 2014 is 12.1, similar to the Florida percent of 13.4 (HP 2020: 11.4) (Table 64, Technical Appendix).
- The percent of teen births for Alachua County in 2014 is much lower than the state, with Alachua County at 11.7 percent and Florida at 21.9 percent (Table 64, Technical Appendix).
- The percent of repeat teen births in 2014 for Alachua County is 10.2, which is lower than state's percent at 16.5 (Table 64, Technical Appendix).
- Infant mortality rates per 1,000 live births in 2014 for Alachua County is 9.6. This is higher than the infant mortality rate for the state of Florida at 6.0 per 1,000 live births. The Healthy People 2020 benchmark for infant mortality is 6.0 per 1,000 (Table 64, Technical Appendix).



VIOLENCE

- The Violent Crime Rate (Crimes Per 100,000 Population) in Alachua County for 2014 is 579.1, which is higher than the Florida rate of 466.8 per 100,000 population (Table 73, Technical Appendix).
- The Domestic Violence Offense Rate (Offenses Per 100,000 Population) is higher in Alachua County than Florida. In 2014, the Domestic Violence Offense Rate in Alachua was 589.1 compared to Florida at 547.9 (Table 73, Technical Appendix).
- In Alachua County, the Juvenile Justice Referral Rate (Referrals Per 10,000 Population) for 2013 was 520.1, compared to Florida at 448.7 (Table 73, Technical Appendix).
- The Child Abuse Rate (Cases Per 1,000 Children Aged 5-11) in Alachua County for 2014 was 11.8, which is similar to the Florida rate of 10.3 (Table 73, Technical Appendix).

KEY INSIGHTS FROM THE DATA

The following key insights were compiled as a result of the data highlights of the Alachua County Technical Appendix.

Poverty

- Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity, and cancer. Social and economic factors, ranging from poverty to education, may also impact health or access to care.
- In recent years, the percent of Alachua County’s population for all ages who live in poverty has been higher than the state of Florida. In addition to this, 22.1 percent of Alachua County’s children (under the age of 18) live in poverty.

Mental Health

- The mental health indicator data available for analysis are somewhat limited. Data analysis included hospitalizations and Emergency Department visits for mental health problems. Behavioral health ED visits and hospitalizations (substance abuse, alcohol) are tracked separately. Such hospital episodes are the result of mental and behavioral health crises.
- Alachua ranks well compared to other state benchmarks for these metrics, but Florida ranks near the bottom in the USA for mental health resource funding and there continue to be significant access issues for providers available to see patients with lower socioeconomic status.

Alcohol Abuse

- Despite mental health indicators that are better than the state when it comes to ER visits and hospitalization rates related to alcohol abuse, Alachua County fares worse than other Florida counties. The rate of adults who drink excessively in Alachua County is also worse than the state.



Asthma

- Hospitalization rates due to asthma as well as adults with asthma in Alachua County is higher than the state. Adult and pediatric Asthma is a prevailing issue for Alachua County residents, as excessive rates of hospitalizations are occurring. Asthma is a chronic condition which has been identified by AHRQ as a source of avoidable ED visits and hospitalizations in appropriately managed populations.

Low Birthweight and Infant Mortality

- Despite progress in these areas, low birthweight and infant mortality continue to prevail in Alachua County, and in both instances Alachua County's rates are higher than the state. Infant mortality tracks deaths from newborn to age 1.

Cancer

- Incidence rates and age-adjusted deaths from cancer in Alachua County are worse than those for the state overall. This may be due to resources being devoted to screening activity which identify the incidence of cancer overall as a cause of death.

Dental

- Alachua County ED visit rates for dental problems are high. This exists despite the high dentist rate per 100,000 population in Alachua County. Many residents do not have dental insurance or the financial resources to access routine dental care. More education may be needed on appropriate ED use for dental services and available alternate treatment resources.

Cervical Cancer Screenings

- Cervical cancer incidences in Alachua County are on par with the state, yet screenings for this cancer are behind. Increasing the percent of Pap Tests in Alachua County is an area that can be targeted and improved upon.

Food Insecurity

- Food insecurity rate is higher in Alachua County than Florida. With the amount of programs Alachua County has to offer, this is an area that can be improved upon. More outreach/education is needed on accessing available programs.

Sexually Transmitted Infections (STIs)

- In Alachua County, 26.3% of the population is between 15 and 24 years of age and STI rates (Chlamydia only) are high compared to the rest of the state. More can be done in prevention and outreach efforts to mitigate the high STI rates in the County.

Obesity

- Obesity is a prevailing issue locally and nationally. Though Alachua County is doing better than the state in terms of percent overweight and obese, there is still much room for improvement in getting residents of Alachua County to a healthy weight.



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 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 and concerns, and perceptions about quality of life from the lens of community members, business leaders, and providers.

COMMUNITY HEALTH SURVEYS

METHODOLOGY

Three similar though slightly different surveys were developed to query individuals about community health issues and healthcare systems perspectives: community member survey; provider survey and business leader survey. For the purpose of this assessment, community members were defined as any person that works, resides, or receives healthcare services in Alachua County. Providers was an all-encompassing term that included a wide range of healthcare professionals that offer healthcare services or play a role in delivering care (e.g., physicians, substance abuse/mental health counselors, dentists, advanced registered nurse practitioners, etc.); whereas, business leaders were defined as any person that operates and/or manages a business. Responses from individuals who did not meet the aforementioned criteria were not collected for data analysis.

As representative random sampling procedures would have been quite costly given the limited budget, a convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for all three surveys. The Alachua County CHA Steering Committee assisted with the distribution of each respective survey both through their organizations and by linking WellFlorida with key stakeholders and community partners.

In total, there were 1,255 respondents to the various surveys: 1,115 community members, 91 providers and 49 business leaders. The survey instruments employed for community members, providers and business leaders can be seen in the Technical Appendix which accompanies this document.



TABLE 5: COMPARISON OF DEMOGRAPHICS OF ALACHUA COUNTY SURVEY RESPONDENTS

Demographics	Community Members		Providers		Business Leaders	
	Number	Percent	Number	Percent	Number	Percent
Age Group						
0-17	0	0%	0	0%	0	0%
18-24	56	5%	0	0%	0	0%
25-29	83	8%	3	4%	3	6%
30-39	140	13%	19	25%	11	23%
40-49	130	12%	13	17%	9	19%
50-59	174	16%	18	24%	11	23%
60-69	276	25%	15	20%	13	27%
70-79	174	16%	6	8%	1	2%
80 or older	53	5%	0	0%	0	0%
Preferred not to answer	20	2%	1	1%	0	0%
Gender						
Male	211	19%	21	28%	15	31%
Female	875	79%	52	70%	32	67%
Transgender	3	0%	0	0%	0	0%
Other	1	0%	0	0%	0	0%
Preferred not to answer	12	1%	1	1%	1	2%
Race/Ethnic Group						
Asian Pacific Islander	23	2%	0	0%	0	0%
Black or African American (Non-Hispanic)	86	8%	6	8%	7	15%
American Indian/Alaskan Native	5	0%	0	0%	0	0%
White (Non-Hispanic)	865	78%	61	81%	31	65%
Hispanic/ Latino	33	3%	4	5%	5	10%
Multiracial/ Multiethnic	21	2%	0	0%	1	2%



Other	17	2%	1	1%	0	0%
Preferred not to answer	52	5%	3	4%	4	8%

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016.
 Prepared by: WellFlorida Council, 2016.

OBSERVATIONS

Tables 6 through 12 summarize the over-arching community health and healthcare issues questions that were asked of all three groups: community members, providers and business leaders. In general the top five or only the leading responses for each question of three groups is presented. Questions regarding the following topics are included in the analysis:

- Most important factors that define a healthy community (Table 6)
- Behaviors with the greatest negative impact on overall health (Table 7)
- Most important health problems in the community (Table 8)
- Confidence related to community making an impact on health issues (Table 9-11)
- Rating of community and individual health (Table 12)

Each Table shows the total number of overall respondents (community members- 1,115; providers- 91; and business leaders- 49) and the percentage of each type of respondent that indicated the given response for a question. For Tables 9-11, a weighted scale was applied to calculate mean scores (not sure=0, not very confident=1, somewhat confident=2, confident=3, very confident=4).

Some noteworthy observations from the Tables include:

- Most important factors that define a healthy community (Table 6)
- Behaviors with the greatest negative impact on overall health (Table 7)
- Most important health problems in the community (Table 8)
- Confidence related to community making an impact on health issues (Table 9-11)
- Rating of community and individual health (Table 12)

“In the following list, what do you think are the **three** most important factors that define a “Healthy Community” (those factors that most contribute to a healthy community and quality of life)? Please select **three** (3) choices.”



TABLE 6: MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2016

Factor	Community Members (n=1,115)	Providers (n=91)	Business Leaders (n=49)
1	Access to healthcare (67%)	Access to healthcare (76%)	Access to healthcare (68%)
2	Healthy behaviors and healthy lifestyles (35%)	Healthy behaviors and healthy lifestyles (45%)	Healthy behaviors and healthy lifestyles (36%)
3	Job opportunities for all levels of education (32%)	Job opportunities for all levels of education (33%)	Healthy economy (34%)
4	Clean environment (26%)	Affordable housing (24%)	Job opportunities for all levels of education (26%)

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016.
 Prepared by: WellFlorida Council, 2016.



“In the list below, please identify the **three** behaviors that you believe have the greatest negative impact on overall health people in Alachua County. Please select **three** (3) choices.”

TABLE 7: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2016

Factor	Community Members (n=1,115)	Providers (n=91)	Business Leaders (n=49)
1	Drug abuse (38%)	Alcohol abuse (38%) Drug abuse (38%)	Not using health care service appropriately (36%)
2	Eating unhealthy foods/drinking sweetened beverages (33%)		Eating unhealthy foods/drinking sweetened beverages (30%)
3	Alcohol abuse (29%)	Not using health care service appropriately (35%)	Alcohol abuse (29%)
4	Not exercising (22%)	Eating unhealthy foods/drinking sweetened beverages (34%)	Drug abuse (27%)
5	Violence (22%)	Tobacco use (18%)	Overeating (21%)
6	Distracted driving (22%)	Not exercising (16%)	Distracted driving (21%)

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016.
Prepared by: WellFlorida Council, 2016.



“In the following list, what do you think are the **five** most important “Health Problems” (those problems which have the greatest impact on overall community health) in Alachua County? Please select **five** (5) choices.”

TABLE 8: MOST IMPORTANT HEALTH PROBLEMS IN A COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2016

Factor	Community Members (n=1,115)	Providers (n=91)	Business Leaders (n=49)
1	Mental health problems (56%)	Mental health problems (61%)	Mental health problems (57%)
2	Substance abuse/drug abuse (44%)	Access to primary care (50%)	Obesity (54%)
3	Obesity (43%)	Substance abuse/drug abuse (46%)	Substance abuse/drug abuse (52%)
4	Access to primary care (39%)	Obesity (44%)	Access to primary care (39%)
5	Access to healthy food (32%)	Access to healthy food (36%)	Access to healthy food (38%)

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016. Prepared by: WellFlorida Council, 2016.

For Tables 9-11, survey respondents were asked the following question:

“How confident are you that the community can make a substantial impact on these health-related issues in the next 1-3 years?”

Responses are presented in ascending order based on respondents’ confidence mean level. When interpreting the results for Tables 9-11, please consider that a weighted scale (0= Not Sure, 1=Not Very Confident, 2=Somewhat Confident, 3=Confident, 4= Very Confident) was utilized to highlight areas in which respondents believe their community can significantly impact.


TABLE 9: CONFIDENCE THAT THE COMMUNITY CAN MAKE SUBSTANTIAL IMPACT IN NEXT 1-3 YEARS, TOTAL NUMBER OF COMMUNITY MEMBERS, 2016

Issue	Total number of respondents who selected this issue	Mean
Firearm-related injuries	73	1.53
Homicide	40	1.83
Affordable assisted living	224	1.84
Dementia	70	1.84
Dental problems	177	1.89
Teenage pregnancy	77	1.91
Obesity	528	1.94
Access to long-term care	158	1.95
Mental health problems	690	1.95
Substance abuse/drug abuse	545	1.98
Stress	283	2.00
Motor vehicle crash injuries	96	2.07
Suicide	32	2.10
Elderly caregiving	197	2.12
Domestic violence	195	2.13
Child abuse/neglect	211	2.16
Pollution	164	2.16
Diabetes	248	2.21
Age-related issues (e.g., arthritis, hearing loss, etc.)	166	2.24
Cancer	219	2.32
Disability	71	2.32
Respiratory/lung disease	39	2.32
Access to primary care	481	2.34
Rape/sexual assault	81	2.35
High blood pressure	196	2.41
HIV/AIDS	56	2.41
Heart disease and stroke	259	2.43
Infant death	13	2.45
Access to healthy food	396	2.49

ALACHUA COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



Sexually transmitted diseases	79	2.49
Other	43	2.70
Vaccine preventable diseases	80	2.82

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016.
Prepared by: WellFlorida Council, 2016.

TABLE 10: CONFIDENCE THAT THE COMMUNITY CAN MAKE SUBSTANTIAL IMPACT IN NEXT 1-3 YEARS, TOTAL NUMBER OF PROVIDERS, 2016

Issue	Total number of respondents who selected this issue	Mean
Affordable assisted living	15	1.23
Access to long-term care	11	1.50
Suicide	3	1.67
Rape/sexual assault	6	1.75
Obesity	41	1.86
Substance abuse/drug abuse	43	1.86
Dental problems	16	1.87
Mental health problems	57	1.94
Firearm-related injuries	3	2.00
Stress	23	2.00
Child abuse/neglect	20	2.00
Dementia	5	2.00
Pollution	1	2.00
Domestic violence	14	2.10
High blood pressure	18	2.13
Cancer	12	2.17
Respiratory/lung disease	5	2.20
Teenage pregnancy	5	2.25
Diabetes	28	2.33
Disability	6	2.33
Sexually transmitted diseases	6	2.33
Access to primary care	47	2.43
Age-related issues (e.g., arthritis, hearing loss, etc.)	9	2.43



Access to healthy food	34	2.46
Homicide	2	2.50
Vaccine preventable diseases	4	2.67
Heart disease and stroke	19	2.78
Infant death	3	3.00
Other	2	3.00
HIV/AIDS	8	3.33

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016.
 Prepared by: WellFlorida Council, 2016.

TABLE 11: CONFIDENCE THAT THE COMMUNITY CAN MAKE SUBSTANTIAL IMPACT IN NEXT 1-3 YEARS, TOTAL NUMBER OF BUSINESS LEADERS, 2016

Issue	Total number of respondents who selected this issue	Mean
Other	4	0.96
Mental health problems	32	1.86
Substance abuse/drug abuse	29	1.86
Affordable assisted living	8	1.88
Stress	16	1.93
Obesity	31	1.95
Domestic violence	6	2.04
Motor vehicle crash injuries	4	2.08
Teenage pregnancy	5	2.11
Cancer	10	2.15
Access to long-term care	4	2.17
Disability	2	2.17
Rape/sexual assault	3	2.17
Suicide	0	2.18
Elderly caregiving	8	2.19
Child abuse/neglect	13	2.21
Firearm-related injuries	1	2.22
Access to primary care	23	2.24
Homicide	1	2.26



Age-related issues (e.g., arthritis, hearing loss, etc.)	8	2.27
Pollution	3	2.33
HIV/AIDS	2	2.36
Sexually transmitted diseases	2	2.36
Respiratory/lung disease	0	2.41
Diabetes	15	2.48
High blood pressure	9	2.56
Access to healthy food	21	2.59
Heart disease and stroke	14	2.59
Dental problems	7	2.61
Infant death	2	2.63
Vaccine preventable diseases	2	2.73

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016.
 Prepared by: WellFlorida Council, 2016.

For Table 12, survey participants were asked the following questions:

“How would you rate the overall health of residents in Alachua County?” (Community Health)

“How would you rate your own personal health?” (Individual Health)

TABLE 12: RATING OF COMMUNITY AND INDIVIDUAL HEALTH, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2016

Rating	Community Members (n=1,115)		Providers (n=91)		Business Leaders (n=49)	
	Community Health (%)	Individual Health (%)	Community Health (%)	Individual Health (%)	Community Health (%)	Individual Health (%)
Very un-healthy	1%	1%	1%	2%	0%	2%
Un-healthy	14%	6%	40%	0%	10%	8%

ALACHUA COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



Some-what un-healthy	67%	33%	48%	14%	76%	35%
Healthy	17%	45%	11%	46%	14%	44%
Very healthy	0%	15%	0%	38%	0%	10%

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016.
Prepared by: WellFlorida Council, 2016.



Forces of Change Assessment

METHODS

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment (FCA). The Alachua County Forces of Change Assessment is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the community 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 U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

In March 2016, the Alachua Steering Committee team convened a group of several dozen community leaders to participate in this Forces of Change Assessment. Prior to the meeting, WellFlorida Council distributed a forces of change brainstorming tool as well as a threats and opportunities worksheet and encouraged invitees to the meeting to begin to brainstorm the possible forces that may hinder or help the community in its quest for community health improvement. The tool used to conduct this activity can be found in Appendix C. 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.

<p align="center">Forces Of Change For Alachua County <i>(Prepared by WellFlorida Council – April 2016)</i></p>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Socio-economic	Poverty	T: leads to poor nutrition, marginalized communities with dire health needs. Basic needs are priorities which means healthcare and prevention are not priorities, lack of access	O: opportunities to identify gaps and address issues, such as create programs to address the needs of communities in poverty
	Homelessness	T: overuse of ER, law enforcement, MH services	O: opportunities to identify gaps and address issues, such as create programs to address the needs of the homeless community. Opportunity to collaborate with existing organizations to address needs of the homeless community.
	Hunger	T: leads to poor nutritional status, poor educational attainment for youth	O: Opportunity to collaborate with existing organizations to address needs, such as United Way backpack programs
	Substance Abuse/Alcohol Abuse/Mental Health	T: funding, stigma and fear	O: funding, integration, national attention, decriminalization may direct more funds to treatment
	Access to healthcare	T: increased of FQHC’s in rural counties, increased cost, availability of nights/weekends for primary care, lack of Medicaid expansion, shortage of providers, transportation, professional shortage, administrative burden on providers	O: increased presence of FQHC’s in rural counties, school board partnering with health facilities, new free standing ED’s, creates job opportunities, alternative types of health workers, continued expansion of scope of practice for ARNP’s, expansion of technology, Safety Net, potential partners everywhere (such as CVS/Walgreens)
	Income inequality	T: gaps in opportunity and access to healthcare. Future increase in chronic illness due to lack of preventive measures; increase in disparities of health	O: legislative/local gov’t opportunities for increases in wages. CHOICES health coverage was an innovative way to assist this population in the past so it is an opportunity for similar

FACTORS

			community innovation
	Educational inequality	T: gaps in available work; overqualified workers working lower-level jobs, lower education unable to find work	O: opportunities to offer work-related training, other programs to close the gap
	A high number of single family households	T: difficulties receiving healthcare, childcare; preventive healthcare not priority as basic needs are priority	O: developing health interventions specifically targeted for single family households
	Obesity	T: comorbidities, lessened QOL, stigma; increased discrimination/bullying as norm changes	O: funding, grant opportunities, interventions and education
Social	Immunizations/lack of persons receiving immunizations	T: increased risk of illness. Increased risk of epidemic; time loss at school or work; possibly morbidity rate increase	O: educational opportunities on the importance of receiving immunizations, immunization interventions in schools
	Less services for elderly/quality of services for elderly	T: reduced QOL for elderly living in area, less skilled providers wanting to stay in area if there is dearth of services. Gaps in care for low income elderly (no assisted living facilities in area take Medicaid Waiver)	O: opportunity to expand and grow elderly services, more providers to enter market to provide services
	Continued Tobacco and E-cigarette use	T: increased healthcare burden; proximity of tobacco retailers around schools	O: smoke-free policies for schools, multi-unit housing, and worksites; American Cancer Society legislation to increase tobacco price; providers linking to cessation; reimbursement for health care providers
	Hospital Overcrowding	T: delayed care, less optimal patient experience, inappropriate utilization of healthcare services (where to receive care)	O: opportunities to educate community on urgent care services and how to appropriately use healthcare facilities. More room for additional providers to enter the market. Collaborate providing continuum of care and utilize technology post-discharge
	Crime rates	T: community safety, rates could affect economic/community growth depending on areas of high rates	O: opportunities to reduce crime such as through community groups, faith groups, neighborhood watch organizations

FACTORS

	Arts and culture destination	T: Too many visitors clogging up roadways and restaurants; Focus on STEM and other priorities may continue to impair resource allocation for the arts	O: creates an enriching environment for living, work and play
Socio-economic/Enviro	Residential segregation (West and East side GNV; rural)	T: systemic racial segregation, more difficult access to fresh food and retail, increased sprawl, expansion (gentrification), gerrymandering	O: understanding intersectionality (race/gender), Plan East GNV (moving resources to the east side), local gov't support to invest in specific areas that are underserved, UF/SFC expansion
	Food deserts	T: poor nutrition, perpetuates cycle of poor health and nutrition	O: apply for grants, projects to address issue, reach communities in food deserts through various programs (nutrition bus), advocate for expansion of grocery stores in food desert areas. Potential to bring better nutritional resources to area and limit poor nutritional resources in area
Socio-economic/Gov't	Uninsured	T: increased ED and hospital use, decreased health due to prolonging of illness, lack of access to appropriate and timely healthcare. lack of preventive care access catalyst to increase in chronic conditions	O: opportunities to expand safety net services, educate on availability of safety net services. Apply for funding, grants to help serve uninsured community
Social/Gov't	No comprehensive sex education	T: unintended pregnancies, STIs, poverty cycle continues for some women/children/families	O: opportunities to promote the importance of sex ed, offer supplemental educational opportunities (hold classes for community)
Social/Economic/Gov't	Strong non-profit sector	T: turf issues, threat of service duplication	O: strong community partnerships amplify and promote health initiatives; community members more likely to get appropriate info with strong and visible non-profit sector. collaborate, connect and streamline efforts
Enviro/Gov't	Cabot/Koppers Superfund site	T: health issues of residents related to proximity/exposure to site	O: opportunities to advocate and raise awareness of the issue to greater community, prop up environmental

FACTORS

			health issues
	Lack of fluoridation in parts of community (Newberry and Hawthorne)	T: reduced dental health of community, increased dental caries. Some segments of community do not drink tap water.	O: opportunities to advocate for fluoride expansion, community campaign on the importance of fluoride, expand dental health initiatives in rural areas
	Water safety in rural areas	T: unsafe drinking water, increase in disease	O: opportunities to advocate local offices to increase testing and incorporate changes to improve water safety.
	Access of EMS for rural areas	T: longer response time in rural areas, increase chance of dire health situations	O: opportunities to develop health networks in outlying areas, educate on urgent care, expand clinics
	Great senior center	T: distance from other senior facilities, transportation	O: community resource, event space, enrichment for senior community
Enviro	Geography / Land Mass of County	T: lack of focus on rural counties, lack of resources for rural communities, less expensive to live in rural areas (low/less taxes going to programs)	O: employment, expansion of clinics, UF mobile bus, UF nursing clinic, ACORN, bringing local officials to collaborate, faith—based outreach and transportation, Library Partnership, telemedicine, UF expanding rural health, recreation (wildlife, parks, trails)
	Bike friendly community	T: need to ramp up bike safety, traffic safety and keep community aware of sharing the road	O: increased physical activity, ability to promote healthy community to the outside world
	Local parks	T: important to keep safety a priority at parks	O: open spaces to promote healthy lifestyles, exercise
	Density of fast food restaurants	T: contributes to food deserts, unhealthy living and perpetuates unhealthy lifestyles	O: opportunities to educate communities in areas of high density, advocate for fresh farmer’s markets, more grocery stores in these areas, advocate change in policy of building codes
	Local gyms	T: cost may be prohibitive for some individuals	O: access to facilities and training on healthy living
Economic	Cost of utilities	T: increase complications with the lack	O: GRU offering a grace period for

FACTORS

		of affordability, (medically vulnerable people who cannot afford to pay their utility bills are at an increased risk of health complications)	persons with health complications, intervention opportunities
	Affordable housing	T: overdevelopment, sprawl, excess of housing/property, vacant property	O: people more able to stay in area, stronger economy of homeowners
	Shortage of Mental Health providers	T: stigma, reduced QOL due to lack of treatment options/providers, individuals going without care	O: opportunities to expand services, collaborate with existing facilities to better streamline Mental Health care in the community, apply for grants, funding to close gaps
	Shortage of Medicaid dental providers for all ages	T: prolonging of dental health issues, misuse of ED and hospitalizations; risk of leading to increase in chronic illness. Lack of coverage for basic dental services in addition to the lack of providers (for adults). Often only services covered are emergency treatment (primarily extractions) and one set of dentures.	O: opportunity to apply for grants, funding to expand adult dental/safety net. advocate for better Medicaid Coverage of dental services for adults including preventative
	Unemployment rate is low	T: competition; potential that group may have stopped looking but still be unemployed	O: more people are able to gain a working wage and the possibility of healthcare
	Two major innovation hubs	T: increased competition, overdevelopment, duplication	O: jobs, increased availability of cutting-edge services
	Economic development on the East side is slow	T: less access to basic services, lack of economic development in rural areas is associated with a lack of providers	O: opportunity to develop health projects to target that area, promote to providers as a development opportunity
	Relatively low cost of living	T: may attract low socioeconomic population that would increase burden on community resources	O: people able to work and live in Alachua County, contribute to the local commerce
Economic/Gov't	Lack of funding for childcare centers, disparity of location of childcare centers	T: absenteeism, difficulties finding and holding jobs for families in need	O: potential for future funding for low-cost/no-cost child care for qualified families in Alachua County
	Lack of funding for public health	T: limited services and programs of which the community is in dire need,	O: opportunity to creatively bolster existing services, collaboration among

FACTORS

		loss of long standing programs depleting infrastructure	community groups and coalitions. expand collaboration to private entities with ties to the community
Gov't	Transportation	T: funding, lack of understanding for providers, issues for persons with disabilities, pollution, Medicaid managed medical care transport needs, Medicaid issues, lack of political will to expand transportation. Morbidity and mortality related to motor vehicle accidents	O: college (UF/SFC), increased access in rural counties, Uber, increased density, grant opportunities, cost of gas when low, increased physical activity (bike-ability), more forward structure for transportation
	ACA issues in FL / Lack of expanded Medicaid	T: community members without coverage, prolonging illnesses, misuse of ED and hospital; lack of preventive care access	O: opportunities to advocate for expanded Medicaid, educate on availability of safety net services, to look at community interventions such as past CHOICES program
	Local regulation of smoking preempted to the state	T: difficulties enacting and enforcing local tobacco-related policies; prolonged tobacco use; creates ambiguity for quasi-governmental organizations	O: opportunities to educate communities and businesses on the importance of being tobacco-free and encourage facilities to make the transition to become tobacco-free
	Local regulation of helmet use preempted to the state	T: difficulties enforcing local safety policies	O: opportunities to educate communities on appropriate safety choices, enforce existing policies (i.e. <21 still must wear helmet)
Gov't/Tech	VA Hospital	T: outlying areas of Alachua County may have access issues to get to the VA	O: brings providers, patients, specific services to the area, a destination for North Central Florida
Social/Tech	Excellent Education (UF, Santa Fe College)	T: seasonal student population can be an infrequent strain on resources. Resources are focused around campus and students causing desert resource areas and increasing barriers	O: grants, studies coming out of the universities to help communities. Availability and expertise of providers, outreach programs in addition to grants and studies. Large pool of volunteers – potential to utilize volunteer resources in a collective effort to better the community; increased pool of educated work force; resource of young, innovative and

FACTORS

			motivated community
	High rates of diabetes	T: increased morbidity, reduced QOL, commodities	O: opportunities to identify funding and educate community on issues (such as DSME), prevention programs
Scientific/Tech	Technology innovation/privacy issues	T: expensive, exposure to radiation, confidentiality, theft, hacking, electronic health records, health literacy, lack of provider engagement, care coordination, credibility of information, digital divide (disparities among economic classes)	O: telemedicine, rapid diffusion of information, electronic health records (My Health Story), patient empowerment, education, better data to understand gaps that exist, text reminders
	Relatively high rates of cancer and death from cancer	T: reduced health and well-being, increased morbidity from cancer	O: opportunities to promote and expand cancer service and early detection in Alachua County, promote and empower survivorship community; educate on preventions

Forces Of Change For Alachua County <i>(Prepared by WellFlorida Council – April 2016)</i>			
	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social	Health disparities	T: perpetuated health issues; lack of patient engagement; health not a priority	O: opportunities to create targeted interventions to reduce and eliminate health disparities
	Decrease in physical activity among youth	T: increased obesity, health issues related to limited activity, comorbidities	O: opportunities to promote the importance of physical activity, school interventions related to activity
	Increasing obesity rates	T: mixed messages, comorbidities, increased healthcare cost, pre-term birth, lifestyle, farms becoming industrialized, stigma	O: changing infrastructure of communities (design), more health information related to healthy lifestyles, incentivizing healthy behaviors, nutrition education, physical activity in schools and workplaces, companies promoting wellness, addressing the stigma related to obesity/overweight status, migrating away from BMI
	Increase of aging population	T: strain on existing resources	O: more experienced workforce, enriched community
	Increasing diabetes rates	T: increased morbidity, commodities related to diabetes, difficulties accessing disease management and care	O: educational opportunities, opportunities for grants, education projects (such as DSME)
	Decrease in adult smoking rates	T: possible increase in use of alternatives, such as smokeless tobacco and vaping; overeating	O: changing culture to venture away from smoking; increased health of community and environment; promote decreased rates and changing norms
	Aging healthcare workforce	T: health insurance, retirement expense for employers; reduction in providers leading to access reduction	O: seasoned, experienced employees and workforce
	Increased female workforce	T: increased pressure for maternity/leave benefits from employers, need for comprehensive health insurance coverage, family	O: stronger, more diverse workforce; opportunities to establish improved early learning centers

TRENDS

		health insurance; increase demand for daycare	
	Population growth	T: strain on resources, space, health system	O: strengthens economy; potential for more active citizens with more community involvement; opportunity to develop healthier communities
	Increase in healthy food markets and restaurants	T: competition, limited space, high prices	O: opportunities to promote healthy eating and lifestyles
	Increase in gun violence	T: threat to life, safety of communities	O: opportunities for policies to address violence, increased polices and education on increasing the safety of communities
	Increase suicide death rates (especially among LGBTQ population)	T: loss of life, devastation on family dynamics/infrastructure	O: opportunities to expand health interventions and services for at-risk populations, collaborate with community partners and groups to expand resources
	Increasing proportion of persons living with comorbidities	T: healthcare costs, reduced QOL for populations living with comorbidities	O: opportunities to expand programs to provide services for disease management for persons living with comorbidities, interventions
	Increase in STIs/HIV rates	T: increased incidence, prevalence of STIs and HIV, morbidity related to disease	O: intervention, education opportunities, apply for funding related to safe sex education programs, opportunities to expand education
	Increasing mortality rate of middle-aged men	T: unique health problems, few interventions/funding available for this population	O: opportunities to create programs for this population, educate the community on unique health needs and issues
	Increase in Alzheimer’s patients	T: strain on existing resources, limited research and services available for patients and families affected; safety concerns of individual, family and community	O: opportunities to expand services, research and knowledge; to develop safe care continuum for specific population
Social/	Increased focus of QOL	T: takes away from emphasis on other health areas	O: well-rounded view of health and well-being, happier communities,

TRENDS

Ethical			integrate health as priority for QOL
	Increased physician involvement in end of life conversations	T: controversy, push-back, reimbursement	O: more informed conversations and decision-making near end of life
	Increase in quality assurance; medication management for pharmacists	T: administrative burden	O: opportunities to reduce prescription misuse, improve health and adherence of patients
	Increased integration of mental health care with primary healthcare	T: reimbursement issues	O: more informed medical decision-making and more comprehensive care based on inclusion of other health spectrums in patient's care
Social/Econ	Increase use ED's, cost of prescriptions	T: strain on resources, misuse of insurance coverage; financial burden on hospitals regarding uninsured; reduction in chronic disease management; increase in permanent complications and comorbidities	O: opportunities to educate on appropriate use, advocate for prescription assistance; collaboration across healthcare continuum; chronic disease management education
	Increase in undocumented workers	T: limited access to health services and health care, use ED for health services	O: opportunities to provide targeted health interventions to fit the needs of the population, promote Children's Health Insurance Program
Social/Gov't	Polarization of politics	T: growing disillusionment among voters, decreased voter participation and decreased knowledge of the issues	O: opportunity to re-empower voters, promote issues important to the community, promote health issues
	Continued support for low income families through gov't assistance	T: continued funding and support needed in order to sustain programs	O: families have more access to the support they need to live, work, and go to school, have more opportunities to be successful
	Increase use in contraceptives / Financing for Long-Acting Reversible Contraception (LARC)	T: confusion, need for education on use	O: more access with variation in types of birth control available, opportunities for physicians and health providers to educate, increased reproductive health, decreased disparity of access for some populations
	Social and political movements	T: division within communities; potential majority or politicians make wrong choices	O: opportunities to educate on causes, unite on common issues; to develop beneficial policies for the community

TRENDS

Gov't	Affordable Care Act	T: cost, acceptance by community, gaps in state implementation leave many without coverage	O: opportunity to offer health coverage for all, primary care, prevention services and screening. Opportunity to promote a culture of health and personal responsibility for one's own health
	Improved school nutrition policies	T: pushback, education still needed to promote culture of healthy living among children and families	O: improved nutrition, opportunity to engender healthy living and eating among families
	Increased focus for community policing	T: strain on law enforcement, administrative burden	O: opportunities to make communities safer, build stronger relationships with communities
	Increasing number of communities involved in Policy, Systems and Environment (PSE) interventions	T: pressure to include these interventions in funding awards, movement away from other health initiatives which still may be important	O: opportunities to create lasting health change in the large spectrum of PSE, more sustainable health interventions in the community
	More regulation, increased pressure and focus on deliverables and monitoring	T: movement away from service delivery, less time spent on actual service delivery	O: opportunities to maximize the efficiency of programs
Econ/Gov't	Changes in healthcare reimbursement	T: change in services offered to the community depending on reimbursement, needed services may not be reimbursed	O: opportunities to evaluate system, make more efficient, educate and make clearer the types of services available; healthcare continuum collaboration due to bundled payments; value-based fee schedules improve accountability and patient care, bundling of services for episodes of care (45 days, 90 days)
	Increase of public and private collaborations	T: competition, turf issues	O: more efficient and appropriate services for the community, reduction in duplicated services due to collaboration; focus and investment in health across sectors; unified voice for promoting health prevention and intervention
Econ	Increase in for profit healthcare	T: less safety net services available, increased expense	O: more providers, facilities in the market for the community, increased and expanded property and income

TRENDS

			tax base
	Increased cost of healthcare	T: unaffordability, services offered by facilities at risk of being reduced	O: opportunities to educate on appropriate use of facilities, how to most efficiently and effectively utilize one's health plan
	Decreased cost of illicit drugs (such as heroin)	T: increased heroin use, disease and illness related to heroin use. Strain on law enforcement and health care systems.	O: opportunities for education and interventions, collaboration between law enforcement, healthcare facilities
	Increase in independent workers	T: little or no insurance access, time off for health services, expenses related to self-employment, taxes related to self-employment	O: opportunity to work with autonomy, skilled and unique workforce, economic and employment growth
	Not enough job opportunities/underemployment	T: individuals not maximizing their potential, reduced QOL due to lack of opportunities to grow	O: opportunities for businesses to expand, offer alternative/unique employment options; bring new business to area due to rich workforce base
	Increased student loan debt	T: financial burden for graduates, limited economic opportunities with looming debt; potential future economic collapse (similar to housing market)	O: opportunities to reform, develop solutions to debt issues, services and programs for individuals in debt; provide more diverse higher education (technical schools, apprenticeships, etc.); financial health education in k-12 and higher education
	Recent increase in housing development	T: influx to the market, space issues, overexpansion; environmental issues; burden on local natural resources	O: more places for people to live and contribute to the local economy; increase in construction and other employment
Econ/Enviro	Gentrification	T: changing culture of an area, making living unaffordable, access to housing, transportation and healthcare difficult for individuals currently living in area	O: bringing in different economic opportunities
	Increased access to local foods	T: types of food may be limited depending on the region, healthy food may still be difficult to access	O: promotes local economy, fresh food
Enviro	Decrease in water quality/availability (such as	T: less water available, discourages	O: opportunities to assess need in

TRENDS

	less water fountains)	active communities, parks and recreation	areas where missing
	Increase in global temperature changes	T: threats to the environment, agriculture, tourism, extreme temperatures can lead to health issues, natural disasters threaten safety and livelihoods	O: opportunities to educate on the importance of the environment, conservation, sustainability
Technology	Electronic Medical Records	T: breaches in privacy, security, potential loss of access in disaster if power/networks are down	O: opportunities to streamline, create more efficient system, easier access to own personal health information, enables ease of use of digitized health data for cures, education and research; Physical storage of data possible for large data sets like CV radiology images, etc. without paper creation and storage
	Electronic prescriptions	T: breaches in privacy, security; lack of access if networks are down	O: opportunities to streamline, create more efficient system, possible increases in security for doctors and patients, reduction in abuse and fraud, reduction in medical errors
	Increase in telemedicine	T: privacy concerns, expense at initial onset, reimbursement issues	O: more access to health services for hard-to-reach communities, opportunities to streamline, create more efficient health system; increase chronic disease management; increased patient engagement
	Increased access to data	T: misinformation, misinformed community on health issues, overreaction of health issues	O: opportunity to have a well-informed population if have access to appropriate data, community armed with useful health information in order to make more informed decisions
	Expanded scope of practices for ARNPs	T: competition, congruency among provider types	O: more providers with expanded services, more opportunities for workforce, more avenues for receiving appropriate care
	Increased social media use	T: privacy, security concerns, health	O: increased connectivity, access and

TRENDS

		misinformation	influence in communities, promotion of health causes and safety information
	Increased technology use	T: misuse, overuse of technology, distracted driving, interpersonal isolation	O: increased access, connectivity, ease and efficiency of services

EVENTS

Forces Of Change For Alachua County <i>(Prepared by WellFlorida Council – April 2016)</i>			
	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/Ethical	Opening of Grace Marketplace	T: strain on limited community resources, more services and partners needed to sustain efforts; potential sprawl of homeless issue rather than addressing core issues	O: more services available for communities in need, more places to collaborate and provide health services and other resources; opportunity to implement infrastructure to embrace homeless diversity
	Opening of Fearnside Family Services Center	T: continued need for partners, funding to sustain	O: a space for the community to access resources, healthy living and education; primary healthcare
	Opening of dental clinics	T: limited resources available to serve the community	O: increased dental health of community in need, decreased ED utilization for dental services
	UF going tobacco free	T: Enforcement ongoing, culture change is a long process	O: Reduced secondhand smoke and litter; improved quality of life for staff and students; healthy work and school environment; setting a policy example in the community
Social/Enviro	Open street events	T: potential for traffic; litter; crime	O: promoting healthy living and being active, local business; increase tourism; provides incentive to funders as it promotes community involvement
	Re-opening of Bo Diddley Plaza	T: potential for traffic; litter; crime	O: increased arts, events, festivals; increased tourism
	Terrorism	T: public safety, chaos, institutionalized racism; fear causing reaction and less informed decisions	O: opportunities for unity, solidarity, education; institution of collaborative policies and all levels of infrastructure
Economic	UF raised minimum wage/County is considering raising minimum wage	T: inflation, increased wage disparity among other local jobs in Alachua	O: increased spending power of UF employees, robust local economy
Social/Econ	United Way funding going back into the community	T: competition, duplication of services, not all initiatives can be funded	O: opportunities to identify and close gaps in the community, opportunity to offer more resources to the

EVENTS

			community
Econ/Enviro	New farmers market opening across town	T: administrative burden of coordination	O: more access to healthy foods, new area to concentrate education and information regarding healthy nutrition
	Butler Plaza expansion	T: traffic, environmental impact, movement of communicable diseases	O: increased tax revenue, jobs
	Opening of new grocery stores	T: increased competition, saturated market	O: opportunities to bring health food to areas of the community which lack access
Social/Gov't	Children's Council approved locally	T: potential pushback from community on funding	O: comprehensive health needs assessment taking place, legislation forming a Children's Service Council, childcare available in SWAG communities, separate funding sources
	Marriage legalization for same-sex relationships	T: not all states have congruent system for LGBTQ rights, pushback from some gov'ts	O: more inclusivity across the health system and legal system, reaching more individuals in healthcare; promote stable family units and relationships
Econ/Gov't	End of Low Income Pool (LIP) funding	T: reduction and/or termination of related services, reduced access for communities in high need	O: opportunities to expand other service areas to meet need, advocate for increased services, collaboration with private organizations to meet needs
	Supplemental Nutrition Assistance Program (SNAP) disbursement	T: lapse in benefits, loss of benefits for community members, confusion due to new policies; increased burden on food banks	O: education opportunities on new system for community members, navigation to help individuals with new system
Gov't	New surgeon general	T: new initiatives/focus coming in, may threaten current initiatives	O: opportunities to address areas of need with fresh outlook, take on new challenges, better address existing challenges, reevaluate areas of need.
	Potential new governor	T: governing change could affect funding, health departments, and health initiatives the state focuses on	O: opportunities to address areas of need with fresh outlook, take on new challenges, better address existing

EVENTS

			challenges, reevaluate areas of need.
New mayor	T: weak system due to regime change, changes to current local programs		O: expand and improve transportation systems (bus, bike safety, road safety), increased local collaborations, new programs
New elections for city commissioners for rural areas	T: could change outlook, focus for cities in rural areas. Governing change alters local focus areas		O: opportunity to regain focus for areas of high need and unique health needs for the rural areas, new potential to meet these needs.
Presidential/congressional election	T: polarization, ACA may go away, continued defunding of public health, immigration issues, increased disparities		O: single payor source, improve ACA, continued work in public health
Safety net legislative budget	T: loss of funding, reduced service for areas of high need		O: opportunities to expand services, educate communities on necessity of safety-net services, raise awareness of uninsured; opportunity to have local businesses develop health policies as part of culture
Chamber has a new CEO	T: governing change has potential to move vision to different issues, give less attention to previous needs		O: opportunities for new economic initiatives and partnerships in the community
Defunding Planned Parenthood	T: reduction, elimination of services for women; potential increase in unwanted births; teen births; continued cycle of poverty for women and children		O: opportunity to expand existing services of other facilities to close gap
Scope of practice for ambulatory service centers (possible future event)	T: change in services disrupts continuity for patients; increased competition for hospitals with overnight stays		O: opportunity to make facilities and processes to become more efficient; added layer to healthcare network filling after hours gap in care
CON going away (Possible future event)	T: less regulation in the market; leading to duplication, wasted resources		O: easier expansion of services
Center for Independent Living (CIL) is moving from the Department of Education to Department of Health and Human Services	T: Overhauling government systems takes a great deal of time and misinformation often exists during such transitions. There have been delays in converting over to new		O: Moving CIL to DHHS will encourage collaborations between CIL and other health service agencies, places a greater emphasis on health promotion on CIL, and thus more services and

EVENTS

		reporting systems. DHHS requires a universal Indirect Cost Rate formula. This will threaten the existence of services currently being provided to people with disability.	advocacy for health policy is likely to occur; potential integration of health services and funding regarding case management
	The Florida 2016-2019 State Plan for Independent Living (SPIL)	T: Some CIL in Florida may not have the capacity to deliver health promotion efforts identified in the SPIL. May be difficult to deliver health promotion efforts to people with disabilities living in rural areas.	O: Moving CIL to DHHS will encourage collaborations between CIL and other health service agencies, places a greater emphasis on health promotion on CIL, and thus more services and advocacy for health policy is likely to occur
	Passage of the Workforce Innovation Opportunity Act (WIOA)	T: Implementation has been problematic, delayed, many barriers to successful implementation exist. Sustainability will need more effort, gaps in the current WIOA mandate that need to be addressed	O: provides a healthy amount of funding for community based organizations to deliver employment and transition services, addresses critical social determinants impacting health outcomes.
	Changes in Children’s Health Insurance funding (FL KidCare)	T: funding changes confusing to the community, removal of services, affordable plans, care for immigrant children	O: opportunities to educate community on changes, importance of insured children, health insurance issues, how to navigate the system
	Supreme Court appointment	T: division of political community, disruptive to system; potential changes in longstanding rulings	O: opportunity for leadership change, different era in Supreme Court; potential changes in longstanding rulings
	Plans to expand prescription drug monitoring	T: increased monitoring causes administrative burden; decreased ability to get prescriptions filled for controlled substances by increasing participation hurdles for providers	O: decreased morbidity and misuse of prescription drugs; potential reduction in avoidable hospitalizations and readmissions; improved chronic disease management
Legal/Gov’t	Legalization/decriminalization of marijuana	T: potential to lead to increased misuse and abuse. Increase in substances becomes a new public health concern	O: less criminalization, increased QOL for individuals involved in minor charges; increased QOL for patients who may benefit from marijuana as a therapeutic substance.

EVENTS

	Campus carry at UF	T: increased gun-related situations, escalated situations due to gun prevalence	O: opportunities to create guidelines and safe solutions and procedures for campuses
Tech	Opening of UF Shands Tower	T: continued expansion may strain resources, increased competition	O: increased jobs, expanded healthcare access, increased training opportunities
	Opening of free standing hospital emergency departments	T: overuse/misuse, more education needed on the appropriate use of EDS. Increased competition	O: more facilities to divert traffic from the ED, more providers available
	Back-up cameras required in cars in 2018	T: reduced affordability for new cars	O: possible increase in motor vehicle safety
	New cancer center at NFRMC	T: increased competition, space issues with increased expansion	O: more places for patients to receive care, increased cancer providers
Enviro	Hurricanes	T: public safety, access to basic needs, injuries, death	O: opportunities to educate on hurricane safety, disaster preparedness
	Potential opening of new fairgrounds	T: space, traffic, safety at events	O: more events coming to Gainesville, commerce, businesses, musical events
	Relocation of nursing home	T: convenience issues for family members, transportation	O: better flow into community makeup, economic opportunities for new area of move; potential for new state of the art infrastructure for elderly community
	New assisted living facility in Gainesville	T: increased competition, space issues	O: more services/facilities available to community, more jobs; improve quality care for elderly
	Any pandemic virus	T: illness/disease, stress on infrastructure, panic	O: opportunities for education on prevention, containment and prevention efforts for local health officials, research
	Plum creek	T: environmental issues divide our community	O: interest in community investment, define policies for the future of community development



Local Public Health System Assessment

METHODOLOGY

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users 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 jurisdiction?” 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 instrument 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 2 and 5 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 was facilitated on two separate days: April 11 and 13, 2016. The LPHSA facilitated on April 11th focused on the Essential Services that are typically the purview 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 CHA Steering Committee convened a group of community leaders to complete the LPHSA for ES 1, ES 3, ES 4, ES 5, ES 7 and ES 9.

The LPHSA facilitated on April 13th focused on the Essential Services that are typically the purview of the local health department. These Essential Services are:

- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- 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 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 to complete the LPHSA for ES 2, ES 5, ES 6, ES 8, and ES 10.

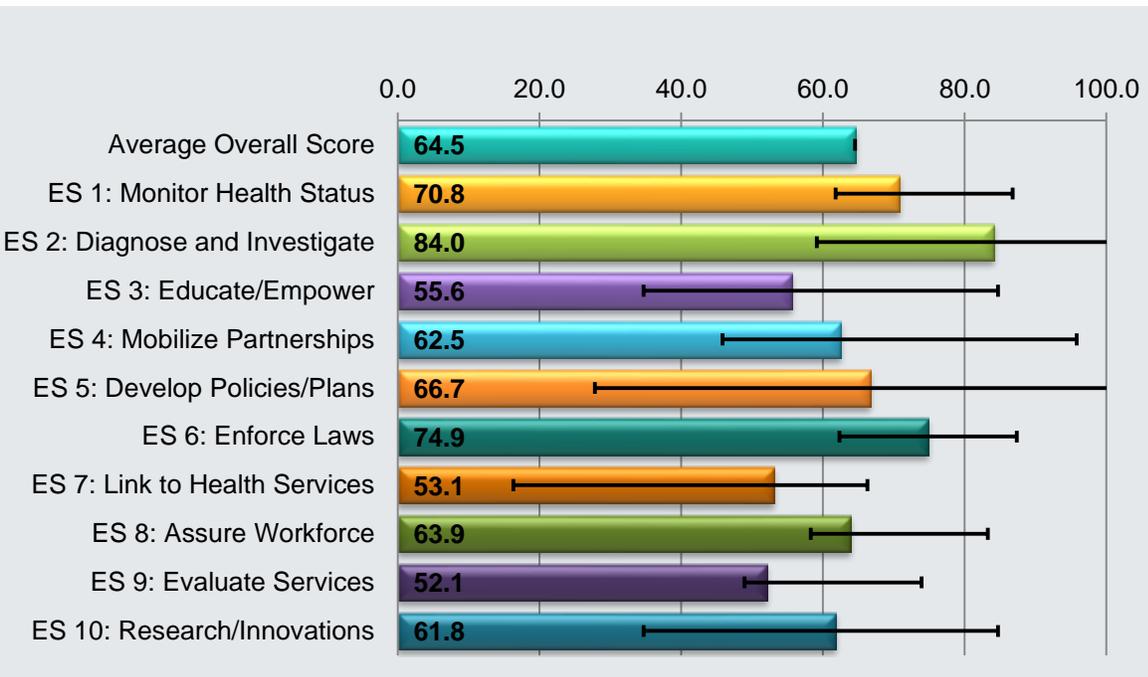


OBSERVATIONS

Based on the self-assessment of the cross-sectional group representing the local public health system partners, the Essential Services that received the lowest scores were ES 3, ES 7, and ES 9; while the Essential Services that received the highest scores were ES 2 and ES 6. It is important to note that none of the Essential Services received a score less than 50%, meaning the Alachua local public health system is providing at least Significant Activity on each of the Essential Services.

The figure below represents the summary of average performance scores per Essential Service. For a more detailed examination of the LPHSA scores, please review the full report found in the Technical Appendix. The full report includes scores for each model standard question related to each Essential Service. The Essential Service score seen below in the figure is the calculated average of model standard questions scores.

FIGURE 10: SUMMARY OF AVERAGE ES PERFORMANCE SCORES





Identification of Strategic Priorities and Recommendations for Next Steps

This section is divided into two parts. First, the Intersecting Themes and Key Considerations are summarized in order to identify the key health needs and issues in Alachua County. Second, this section provides links to major national databases of community health improvement best practices that will be critical resources to identifying proven effective programs and interventions that could be implemented in Alachua County. These national databases have been used to specify some of the most promising practices in some of the key issue areas identified for Alachua County in the 2016.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes which, in essence, comprise an overview of the major health needs/issues in Alachua County. Following the intersecting themes are the key considerations which are the potential strategic areas of opportunity identified as a result of this Community Health Assessment.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

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 and Drug Abuse

- Lack of Access to Primary Care

- Shortages of Mental Health Care and Providers



Shortage of Medicaid Dental Providers (for all ages)

KEY CONSIDERATIONS

Promote Culture of Public Health as a Community of Many Diverse Partners and Systems (Whole is Greater Than The Sum of its Parts)

Create Core System Metrics to Monitor Performance of Community Health System and to Inform Collective and Individual Entity Investment in Community Health

Develop Resource Availability and Appropriate Utilization Education Programs

Enhance or Create Preventive Programs, Services and Resources to Address Behaviors that Lead to or Exacerbate Chronic Diseases (especially Cancer, Heart Disease, Stroke and Diabetes)

Enhance or Create Programs to More Effectively and Efficiently (Cost and Patient Experience) Manage Chronic Diseases (especially Cancer, Heart Disease, Stroke and Diabetes)

Enhance or Create Programs to Address Obesity Epidemic and Promote Attainment of Healthy Weight

Create Initiatives to Increase Availability and Access to Primary Care, Dental and Mental Health Professionals and Services

Consider Programs to Address Root Causes of Systemic Community and Personal Health Issues (Employment, Income, Poverty, Education and Insurance)

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 catalogue 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 has a query-able 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 within the community. Presented below are five 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

<http://www.countyhealthrankings.org/policies/>

The Community Guide - U.S Department of Health and Human Services, Community Prevention Services Task Force

<http://www.thecommunityguide.org/index.html>



Healthy People 2020 Evidence-Based Resources - U.S. Department of Health and Human Services

<http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>

Community Tool Box - The University of Kansas KU Work Group for Community Health and Development

<http://ctb.ku.edu/en/databases-best-practices>

One key feature of each of these resources is to qualify the quality of the evidence upon which these practices 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/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 need enhancement while others represent new opportunities.

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

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/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
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	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	<p>Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism</p> <p>Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism</p>
Dental Health	<p>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</p> <p>The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these</p>	Evidence-Based	<p>The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html</p>

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	<p>programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).</p>		
Dental Health	<p>Preventing Dental Caries: 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.</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html</p>
Mental Health	<p>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.</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services</p>
Mental Health	<p>Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0</p>

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	<p>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.</p>		
Mental Health	<p>School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html</p>
Nutrition	<p>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 healthy living and providing parents with solutions on how to promote good habits at home.</p>	Evidence-Based	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program</p>

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
Nutrition	<p>Video Game Play</p> <p>This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.</p>	Evidence-Based	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826</p>
Nutrition	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>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.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</p>
Nutrition	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</p>

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	<p>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.</p>		
Nutrition	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school,</p>	Evidence-Based	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results</p>

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542

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	<p>habits and increase physical activity. The program intervened with children before they reach adolescents and focused on long-term lifestyle changes in order to prevent the most long-term morbidity</p>		
Obesity	<p>Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.</p>	Effective Practice	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209</p>
Obesity	<p>Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html</p>
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions</p>

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	<p>outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>		
Physical Activity	<p>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</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</p>

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

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	behaviors, and hosts various community events that do the same.		
Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>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.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</p>
Physical Activity	<p>The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review.</p> <p>Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3</p>

BEST PRACTICES AND INTERVENTIONS FOR ALACHUA COUNTY HEALTH ISSUES/NEEDS.

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	<p>public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.</p>		
Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down</p>	Evidence-Based	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>

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	<p>consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>		
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities 	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</p>
Substance Abuse	<p>Principles of Drug Addiction Treatment: A Research-Based Guide</p> <p>This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and</p>	Evidence-Based	<p>National Institute of Health: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies</p>

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Issue	Practice or Intervention	Effectiveness	Source
	of themselves.		
Poverty	<p>Policies to Address Poverty in America:</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Systemic Review	<p>The Hamilton Project: http://www.hamiltonproject.org/assets/files/policies_to_address_poverty_in_america_summary_of_highlights.pdf</p>
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare</p>
Poverty	<p>What works? Proven approaches to alleviating poverty</p> <p>The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.</p>	Evidence-Based	<p>University of Toronto, School of Public Policy & Governance: https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf</p>



Acknowledgments

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- Alan Pualin - Meridian Behavioral
- Amanda Elliot – South West Area Gainesville (SWAG) Resource Center/Cone Park
- Dr. Amy Blue - UF College of Public Health and Health Professions
- Amy Childs - Alachua County Board of County Commissioners
- Andrew Romero - Tobacco Free Alachua
- Anthony Clarizio – ElderCare of Alachua County
- Brendan Shortley - Safety Net Coalition
- Candice King - ACORN Clinic
- Candie Nixon - Community Support Services, Alachua Co
- Caressa Hutchinson - Alachua County Library Partnership
- Chad Rubin - Florida Blue
- Chief Harold Theus - Alachua County Fire Department
- Cindy Roberts - Elder Options
- Daniel Mihalic - North Florida Regional Medical Center
- Deacon Tony Clark - Southside Church of God in Christ Ministerial Alliance
- Debbie Gonano - Town Administrator- City of Micanopy
- Dr. Denise Schentrup - UF College of Nursing/Archer Clinic
- Dr. John Colon - FDOH in Alachua
- Dr. Allan March - Citizen
- Dr. Thomas Pearson - Exec VP for Research and Education, UF Health
- Ellen Vause - City Manager- Hawthorne
- Eunshil McKenna - Alachua County Public Schools Food & Nutrition Services
- Fred Murry - Assistant City Manager, City of Gainesville
- Gay E Koehler-Sides - FDOH in Alachua
- Jay St Pierre - North Florida Regional Medical Center
- Joni A. Silvestri - UF Health Shands Hospital
- Kelli Selwyn - FDOH in Alachua



- Kim Worley - City Manager- Waldo
- Kourtney Oliver - Healthy Communities Coalition
- Krista Mitchell Cornell - American Heart Association
- Landon Smith - North Florida Regional Medical Center
- Laura Guyer – UF Center for Women’s Studies and Gender Research
- Livia Sura - University of Florida
- Marceline Beem - Samaritans Clinic
- Maria Eunice - Alachua County Schools
- Marina Cecchini - UF Health Shands Psychiatric Hospital and UF Health Shands Rehab Hospital
- Mary Peoples-Sheps - UF College of Public Health and Health Professions
- Michael Lawton - United Health Insurance, CEO, Florida Health Plan
- Paul Myers - FDOH in Alachua
- Ryan Chin - ACORN Clinic
- Sandy Wang - FDOH- Healthiest Weight Florida- Intern
- Sarah Catalanotto - Suwannee River Area Health Education Center
- Dr. Scott Tomar – Alachua County Oral Health Coalition and UF Health College of Dentistry
- Tammy Carmichael - FDOH in Alachua
- Vicki Piazza – HealthStreet and UF Health
- Wendy Resnick - UF Health Shands Hospital
- Victoria Hunter Gibney - UF/ IFAS Family Nutrition Program
- Julie Prins - Oak Hammock



APPENDIX A – Community Health Surveys

Community Member Survey Instrument

Business Leader Survey Instrument

Provider Survey Instrument





APPENDIX B – Forces of Change Assessment Instrument

