



**Alachua County Community Health Profile
September 27, 2012**

ALACHUA COUNTY COMMUNITY HEALTH PROFILE

INTRODUCTION

Health is essential to well-being and full participation in society, and ill health can mean suffering, disability and loss of life. The economic impacts of health have become increasingly apparent. Despite spending more on health care than any other nation, the U.S. ranks at or near the bottom among industrialized countries on key health indicators like infant mortality and life expectancy (RWJ Overcoming Obstacles to Health 2008). The health of our nation can be improved one community at a time through ongoing health improvement planning.

Alachua County has selected the MAPP process for community planning because of its strength in bringing together diverse interests to collaboratively determine the most effective way to improve community health.

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs and forming effective partnerships for strategic action. The MAPP method of community planning was developed by the National Association of County and City Health Officials (NACCHO), in cooperation with the Public Health Practice Program Office and the Centers for Disease Control and Prevention (CDC).

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

- The Community Themes and Strengths Assessment provides an understanding of the issues residents feel are important by answering the questions: *“What is important to our community?” “How is quality of life perceived in our community?”* and *“What assets do we have that can be used to improve community health?”*
- The Local Health System Assessment is a comprehensive assessment of the organizations and entities that contribute to the public’s health. The local public health system assessment addresses the questions: *“What are the activities, competencies, and capacities of our local health system?”* and *“How are the Essential Services being provided to our community?”*
- The Community Health Status Assessment identifies priority issues related to community health and quality of life. Questions answered during the phase include *“How healthy are our residents?”* and *“What does the health status of our community look like?”*
- The Forces of Change Assessment focuses on the identification of forces such as legislation, technology and other issues that affect the context in which the community and its public health system operates. This answers the questions *“What is occurring or might occur that affects the health of our community or the local health system?”* and *“What specific threats or opportunities are generated by these occurrences?”*

The findings of each assessment were described in detail in the individual reports and are summarized in this Community Health Profile.

The complete report of each assessment was reviewed by a committee which selected priorities. The local health system report was reviewed by the same community members who were involved in scoring the standards. The other reviews were conducted by subcommittees of the steering committee. The priorities that were identified, along with the rationale for inclusion, are listed in Attachment One.

COMMUNITY THEMES AND STRENGTHS

An assessment of community themes and strengths was conducted to gather information from community members to provide insight into community values, perceptions and priorities. The assessment was conducted through use of the following components: preparation, implementation of data collection activities, compilation of the results and community involvement. Because of the vagaries of funding and the availability of multiple partners involved, the assessment process was iterative. The resulting assessment was robust and included input solicited from over 800 residents of Alachua County. The community input was collected during telephone interviews of 400 households; 20 focus groups; 40 key informant interviews; 118 home interviews and 102 interviews with adults in a clinic serving low income individuals and the uninsured.

Access to health care

Insurance and income

Access to health insurance is widely accepted by professionals and the general public as enhancing access to health care. This was a well understood and consistent assumption within our assessment. As important as this may be, the conversations and surveys remind us that *access to third party coverage does not guarantee access to health care.*

In spite of the fact that almost 92% of those surveyed by phone were insured and, most described themselves as healthy, 34.9% reported some level of *difficulty paying* for routine medical care, 40.8% reported difficulty paying for dental care, and 31.4% of those who felt they needed mental/behavioral care reported difficulty paying for it. This population reported that finances resulted in *failure to obtain needed services* for primary care (2.7%), dental care (6.3%) and mental health counseling (8.1%).

The finding of the focus groups emphasized the disparities in access to health care based on income and third party coverage. It was generally recognized that those with insurance have much better access to health care than those without. Many comments emphasized that income plays a critical and independent role in accessing care.

Lack of dental care was frequently mentioned as an unmet health need. Lack of dental insurance and inability to get dental care was the health issue most commonly ranked as a major problem by respondents of the phone survey. The respondents of the neighborhood interviews ranked it as their most pressing health care need, with almost half listing an unmet need for adult dental care. The interviews of low income consumers conducted by

the Oral Health Coalition found that although 99% of the sample said dental care was important or very important, 84% were unable to afford ongoing dental care.

The unmet need for mental health services was addressed by the telephone respondents. Among those who felt they needed it, 6.3% did not receive it due to cost. Among the low income respondents who were asked about unmet needs, there were 174 citations of a need for some sort of counseling (among 113 respondents). The homeless population, as discussed below, identified mental health and substance abuse counseling as important, but unavailable services.

Other barriers to care

Alachua County residents may obtain health care through private third party coverage, public third party coverage, pay for it out of pocket or qualify for one or more publicly funded programs such as CHOICES or hospital charity care. As described above, the cost associated with some of these options can be problematic. The assessment identified additional barriers to accessing health care services.

One third of the telephone respondents reported using hospital emergency rooms during the past year, nearly a quarter reported using it twice, and 13% reported using it three times. The reasons cited for use of the emergency room included the need to see a doctor after office hours (22%) and not knowing where else to go (15%).

Participants of focus groups reported frustration with administrative difficulties, including scheduling an appointment, long wait times and “hassles” with paperwork.

Health care needs of special populations

The assessment used several methods to identify populations with special needs. These included homeless individuals, rural residents, people with chronic conditions and low income residents.

People with disabilities

The key informants identified cancer, cardiovascular diseases, hypertension, diabetes and unintentional injury as the most important illnesses affecting county residents. The prevalence of these, and other conditions, combined with lack of access results in people with disabilities. The assessment included two focus groups with people living with physical disabilities.

People with disabilities may have access to care through Medicaid but the process for obtaining these benefits is complicated and requires resources not all people have. Low income people may experience issues with literacy, especially related to health and computer skills and middle income individuals who are recently disabled may experience social dissonance that hinders their access to needed benefits. Many disabled individuals do not have third party coverage for health care.

Rural residents

Two focus groups were conducted with rural residents who report lack of infrastructure, transportation, local clinics and healthy food choices as some of their main concerns. Residents of Lacrosse and Micanopy also expressed concerns about potable water. Waldo residents expressed frustration over trying to retain doctors to practice in small rural communities and the lack of grocery stores that offer fresh foods for healthier eating choices.

Homeless

The homeless cited safety, employment, lack of affordable health care and attitude of health care providers as their main concerns.

Low income residents

Low income families reported many unmet health related needs. Among the 118 neighborhood residents interviewed, the most common unmet health related needs identified were: adult dental (N=55), smoking cessation (N=47), mobile clinic (N=46), management of high blood pressure and adult doctor (N=42), mental health counseling (N=38), family counseling and special needs care (N=37), drug/alcohol counseling (N=35) and teen counseling (N=32). Among the 102 low income residents interviewed about their oral health needs, 84% reported they were unable to obtain ongoing dental care and 61% reported experiencing oral health problems in the last year.

Defining a healthy community

The telephone survey asked the respondents to define a healthy community by ranking the contribution of issues on a scale from 1 to 5, with 1 being “not important” and 5 being “highly important”. The issues ranked as highly important (ranked as 5 by more than 70% of respondents) for contributing to a healthy community include: good schools (81.3%); low levels of child abuse (79.5%); good jobs and healthy economy (77.5%); strong family life (77.3%); access to hospitals (77.3%); doctors (76.8%) and health insurance (76.5%); low crime/safe neighborhoods (74%) and healthy behaviors and lifestyles (73.3%).

When the respondents were also asked to select three “most important” factors defining a healthy community, low crime/safe neighborhoods, access to health insurance and good schools ranked as the most important factors.

It is relevant to note that crime and safety issues were also important to the 118 low income neighborhood residents who were interviewed. When asked to list “Worst thing in your neighborhood”, crime/gangs/not safe was the most common response and was mentioned by 27 respondents, with fighting/arguing and hatred being the second most common response (chosen by 13 respondents).

Quality of life perceptions and concerns

Telephone respondents were asked to describe their perception of several “quality of life” indicators and to rank their perception of the status of this issue for the residents of Alachua County using a score from 1-5 (with 1= not a problem and 5=major problem). There was no limit on the number they could rank as a major problem. The issues that were ranked as “major problems” in health care by more than 5% of respondents were: Paying for/getting dental insurance/getting a dentist (17.8%), paying for or getting health insurance (12.0%), affording routine medical, dental or mental health care (8.5%) and paying for prescriptions (6.0%).

In an effort to determine the extent to which *health issues* pose problems for the community, telephone respondents were asked to rate issues on a scale from 1 to 5 with 1 being “not a problem” and 5 being “a major problem”. Issues identified as major problems in the community by more than 15% of the respondents included: alcohol and other drug abuse (cited by 27.3%); child abuse/neglect (cited by 26.3%), obesity (cited by 24.3%), rape/sexual assault (cited by 16.3%) and homelessness (cited by 15.3%). When asked to select the top three health issues, child abuse/neglect, domestic violence and lack of access to health care were selected most frequently.

Survey respondents were also asked to rate the issues of *safety* facing the community. Issues being ranked by more than 40% of the population as a major problem included: child abuse/neglect (54.8%), domestic violence (50.5%), manufacturing of drugs such as methamphetamines (45.5%), unsafe/unprotected sex (42.3%) and access to firearms by children (41.8%). When asked to identify the three most serious safety issues, child abuse and neglect, alcohol and drug abuse and domestic violence were reaffirmed as important safety concerns for the community.

Once again, the answers from the low income neighborhood reflect an overlapping perspective on issues cited by the respondents of the phone survey. Among the low income neighborhood population, the need for counseling, mental health or drug and alcohol counseling by the respondent or someone they know was mentioned 174 times (118 respondents).

Common themes

The community members that participated in the surveys, focus groups and interviews represent a diverse cross-section of Alachua County residents. Despite the varied backgrounds of participants, the community input yielded many common themes. Some of the key issues most frequently mentioned are summarized below.

Access to health care

- Equitable access to health insurance, doctors and hospitals was perceived to be a defining characteristic of a “healthy community”.

- Access to affordable health care was identified as a barrier to seeking routine health care.
- Lack of affordable services for mental health/substance abuse and oral health services are particularly acute.
- Administrative barriers that result in delaying or avoiding care include: scheduling, restrictive eligibility criteria, paperwork and lack of availability of a health care professional after office hours.
- Lack of after-hours care and not knowing where else to go were identified as the top-most reasons for seeking care through emergency departments.
- Lack of affordable prescription drug payment options and availability of providers accepting Medicaid were commonly cited as the barriers to seeking health care in Alachua County.

Enabling factors

- Good jobs and access to resources needed to acquire employment were identified as enablers for healthy living.
- Factors contributing to a healthy community include: good schools, school curricula that emphasize health education and safe environments.
- Low prevalence of child and domestic abuse/neglect and strong family life were named as key factors that facilitate well-being.
- Safe neighborhoods with low crime and ample street lights were identified as factors that enable community residents to pursue healthier lifestyles by offering opportunities to walk/run to stay fit.
- Access to mental health and substance abuse counseling for the homeless and rehabilitative services for the disabled will improve individual and community well being.
- Increasing the capacity of safety net primary care providers, expanding eligibility criteria for enrollment into CHOICES health services program and increasing the number of providers accepting Medicaid were suggested as ways of reducing burden on the currently overstretched health system.

Suggestions for improvement

Participants in the community themes and strengths assessment were asked for suggestions for improvement. Their comments included ideas for improving the system, improving access and addressing some of the social determinants related to disparities.

Focus group members recommended that the county work towards a system of health care that does not discriminate on the basis of income, insurance status, health conditions, age, race or disability status. Enhanced collaboration was urged between governmental agencies, faith-based groups, non-profit organizations, area businesses and University of Florida affiliates to ensure an improved health care system that pools resources and avoids duplication of efforts.

The suggestions from key informants included advocating for change in the current status of health care through the following strategies: greater involvement of local citizens and other stakeholders; increased collaboration between public, nonprofit, business, academic and faith-based agencies and greater involvement from media. Increased funding was recommended for school-based health care, as well as primary care offered by safety net providers. The key informants reiterated the suggestion of addressing geographic health disparities by improving public transportation and establishing satellite clinics in outlying areas. Parity in insurance coverage, use of voluntary professional help and government incentives for providers were recommended as potential solutions for addressing the lack of behavioral health care. Medical homes, Federally Qualified Health Centers and community hospitals were some of the suggested models to improve health care in the county.

Specific suggestions from members of focus groups included: a health system navigator/patient advocate as part of the continuum of care; establishment of a central clearinghouse of information and; increased funding for school-based health care to expand primary care, vision, mental and dental health services. Improving continuity of care, offering health education and promoting an empathic attitude among health care providers were also suggested improvements to the health care system.

Persons with disabilities wanted information on vocational opportunities and a disability-specific information clearinghouse. The homeless cited a need for resources for assisting people who experience mental disabilities, as well as mental health and substance abuse counseling.

Rural residents suggested addressing transportation and other infrastructure barriers by developing satellite clinics and mobile health vans and partnerships that include the health department, local elected officials, private physicians, libraries, faith-based, nonprofit, academic and business organizations.

Suggestions for system changes to promote a good quality of life included a focus on reducing disparities, improving infrastructure, engaging the community in seeking solutions and advocating for change in the current status of health care. Multifaceted approaches were recommended to bring all the stakeholders to the table in order to address the complex issue of health care access and the social determinants affecting health and health related behaviors.

When asked about improvements they would like to see in their neighborhood, low income neighborhood residents (N=102) suggested: 1) more activities for children (N=16); 2) more frequent schedule for the bus (N=10); 3) make it safer (N=8) and; 4) better management (presumably of apartment complex) (N=8). When asked what health services they or others in the neighborhood need, the number one need identified was for adult

dental care (N=53), followed by smoking cessation (N=47), mobile clinic services (N=46), management of high blood pressure (N=42) and a doctor for adults (N=42).

When low income residents (N=102) were asked what they or their neighbors needed to attain self sufficiency the top needs included: computer/fax/copier access (N=63); transportation (N=58); job searching assistance (N=57); furniture (n=53); help attaining a GED (n=51); job preparation skills (n=51); legal assistance (N=48); debt reduction/credit repair (N=46) and; budgeting (n=45). When asked what kind of family support they needed, the most common answers were summer programs for children (N=71) and play activities for children ages 0-4 (N=67) and 5-10 (N=63).

It is interesting to note that the needs assessment itself was a topic of interest to many participants. They appreciated that people's opinions were sought and welcomed more opportunities in the future. It was hoped that local leaders step up to solve the health care issues in Alachua County.

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE

The National Public Health Performance Standards Program (NPHPSP) is a collaborative effort of seven national partners: Centers for Disease Control and Prevention, American Public Health Association (APHA), Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, National Network of Public Health Institutes and, Public Health Foundation. The NPHPSP is a partnership which is designed to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems.

The instruments are based on the framework of the ten Essential Public Health Services. The Essential Services represent the spectrum of activities that should be provided in any jurisdiction to ensure the health of the residents. Therefore, the instrument itself is divided into ten sections— one for each of the Essential Services. Because many entities contribute to delivering the Essential Services, the focus of the NPHPSP is the “public health system”. A public health system includes all public, private and voluntary entities that contribute to the delivery of the Essential Public Health Services within a given jurisdiction.

The purpose for undertaking a performance assessment is to strengthen and improve the public health system. The rating tool includes a description of optimal functioning for each model standard and so it is expected that local health jurisdictions will see many differences between their own performance and the “gold standard” described in the instruments. System partners should seek to address these weaknesses and also recognize and maintain areas in which they

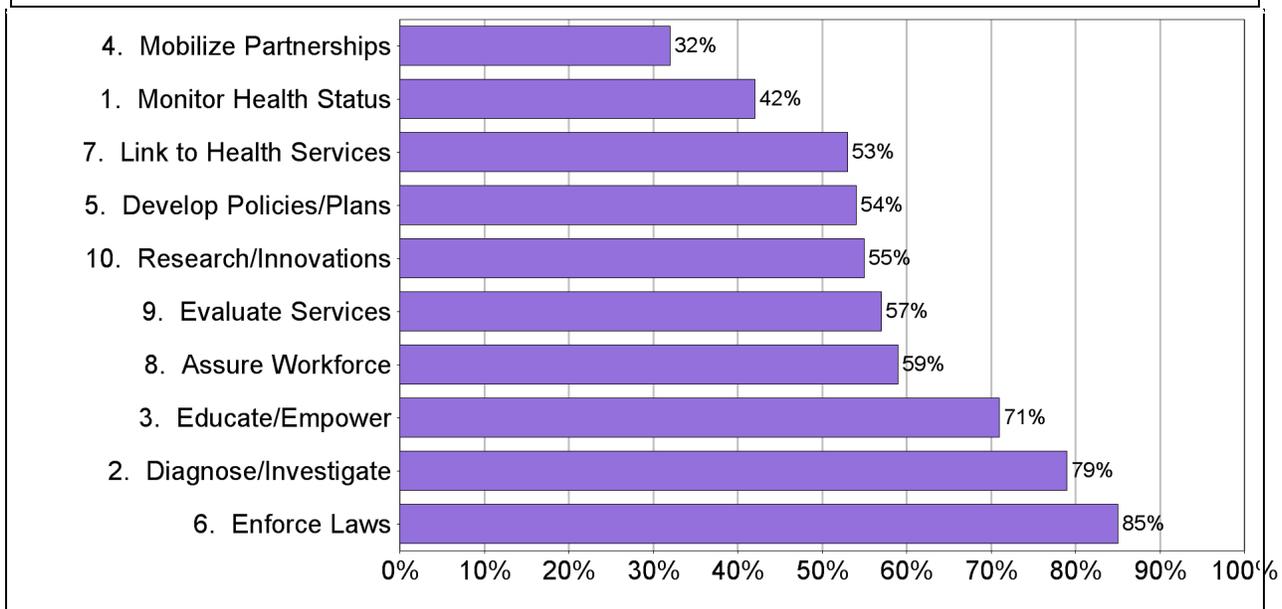
are strong. In addition to the instruments, the NPHPSP offers a User Guide and a resource that includes Acronyms, Glossary and Reference terms.

The assessment was conducted in its entirety by participants who were matched to the type of service being assessed. The details of the methodology are summarized in the full report. Participants were encouraged to be honest in scoring the items and assured that the purpose was a self assessment and not for comparison to other jurisdictions or related to program evaluation or funding. In addition to rating performance, the community had the opportunity to rank the importance of each model standard from 1-10.

This section of the Community Health Profile describes the highlights of the assessment and recommendations made through the community process on how to improve the system.

Figure PHA-1 shows the ranking of all the essential services in ascending order. The overall ranking of the system was 59. These highest ranking essential services were Number 6: Enforcing Laws and Regulations that Protect Health and Number 2: Ensure Safety and Diagnose and investigate health problems and health hazards. These essential services tend to rank well in most communities in Florida because they are funded and designated to a specific agency or group of agencies. The lowest ranked items are, in general, those which are diffused through out the community.

Figure PHA-1: Rank ordered performance scores for each Essential Service



The issues that were the focus of the community wide assessment process were the eight services that are widely disseminated throughout the community. The community process of discussion and ranking both performance and priority included over 50 participants and

resulted in identification of four essential services for further discussion. These were low performing, high priority services. The performance ratings of these services were based on scores that were recalculated using only those rated by the community wide process.

- **Essential Service 1:** Monitoring Health Status to Identify Community Health Problems
- **Essential Service 4:** Mobilizing Community Partnerships to Identify and Solve Health Problems
- **Essential Service 5:** Developing Policies and Plans that Support Individual and Community Health
- **Essential Service 7:** Link People to Needed Personal Health Services

The community came together to review these services and make recommendations. This was done in an iterative process that included small groups and then a final general group discussion.

The structured recommendations from each group are presented below as separate and independent recommendations. However, the consensus emerging from the discussions following the small group presentations was that all the recommendations had a single underlying theme. Some attendees even suggested there was no need to vote because there was so much overlap in the conceptual constructs. The verbal consensus was the need and desire to increase collaboration and communication among community partners. The specific recommendations of the group are summarized below.

Alachua County should identify a lead entity which will develop a plan, process and infrastructure that will engage community partners and: 1) increase opportunities for communication and collaboration; 2) increase awareness of resources such as data; 3) review and recommend policies supporting the implementation of the Community Health Improvement Plan and; 4) address the barriers to care which result from a fragmented system of social and health care resources.

HEALTH STATUS ASSESSMENT

CHAPTER 1: DESCRIPTION OF COUNTY

The demographic characteristics of Alachua County and the State of Florida are displayed in Table 1-1. The population of Alachua County in 2010 was 247,336 individuals. The population is growing and expected to reach 300,000 in the mid 2020s. About 18% of residents are 17 years of age or younger and about 11% are age 65 or older. The 15–24 year-old age group is the largest segment of the population, accounting for 26.3% of the population, with the 25–44 year-old group following closely behind with 25.3% of the population. Alachua County is younger than the rest of Florida, due in great part to the presence of the University of Florida and Santa Fe College.

Almost 70% of the population is white, about 20% is black and over 5% are Asian. Almost 2% are other races and 2.6% are more than one race. About 8% of Alachua County residents are Hispanic. Alachua County, therefore, is more racially and less ethnically diverse than the rest of Florida where the population is 16% black and 22.5% Hispanic.

Over 51% of Alachua County residents are female and over 58% live in incorporated areas. A higher proportion of Alachua County residents live in incorporated areas than the state as a whole.

Table 1-1: Select Demographic Characteristics, Alachua County and Florida, 2010

Characteristics	Alachua County		Florida
	Number	Percent	Percent
Population Projections¹			
Total Population	247,336	100.0	-
2015	272,387	100.0	-
2020	289,833	100.0	-
2030	323,373	100.0	-
Age Group			
0-4 years	13,068	5.3	5.7
5-9 years	11,739	4.7	5.7
10-14 years	11,669	4.7	6.0
15-24 years	65,104	26.3	13.1
25-44 years	62,488	25.3	25.1
45-64 years	56,641	22.9	27.0
65+ years	26,627	10.8	17.3
Race			
Asian	13,235	5.4	2.4
American Indian and Alaska Native	772	0.3	0.4
Native Hawaiian and Other Pacific Islander	134	0.1	0.1
Black	50,282	20.3	16.0
White	172,156	69.6	75.0
More than 1 race	6,546	2.6	2.5
Other	4,211	1.7	3.6
Ethnicity			
Hispanic	20,752	8.4	22.5
Non-Hispanic	226,584	91.6	77.5

Source: Population Projections and Incorporated and Unincorporated Estimates: Bureau of Economic Business Resources: University of Florida, Florida Estimates of Population, 2009; Florida Population Studies, 2009-2030. Total Population, Age Group, Race, Ethnicity, and Gender Source is the U.S. Census Bureau, 2010.

¹The incorporated/unincorporated estimates are for 2009 actually add up to a number slightly greater than the 2010 total population. This difference is due to the different data sources and their methods of estimation.

SOCIO-ECONOMIC CHARACTERISTICS

Socio-economic status is inextricably linked to health outcomes. This section reviews some key indicators related to income, employment and education of Alachua County residents. Table 1-2 describes the income status of individuals, families and households. Almost 27% of the residents in Alachua County live below the federal poverty level (FPL). Only about 56% of residents have incomes above 200% of the FPL. Almost 23% of all household incomes are below poverty. More than half (52%) of children live below 200% of poverty and almost 30% live

below 100% of poverty. The median income is \$40,358 and the average per capita income is \$22,976.

Table 1-2: Selected Socioeconomic Characteristics, Alachua County and Florida, 2010

Characteristics	Alachua County		Florida
	Estimated Number	Percent	Percent
Poverty Estimates¹			
Total Residents	247,336	-	-
Individuals <100%	66,432	26.9	16.5
Individuals 100-149%	20,144	8.1	10.6
Individuals 150-199%	21,403	8.7	10.4
Individuals >200%	139,357	56.3	62.4
Households	93,820	-	-
Households < 100%	21,450	22.9	14.9
Families by income	51,380	-	-
Families <100%	7,342	14.3	12.0
Families 100-149%	3,146	6.1	8.7
Families 150-199%	3,866	7.5	9.5
Families >200%	37,026	72.1	69.8
Children 0-18	43,956	-	-
Children <100%	13,042	29.7	23.5
Children 100-199%	8,060	18.3	24.7
Children <200%	22,854	52.0	51.8
Income Levels			
Average Income household incomes (\$)	58,204	NA	61,877.0
Median Income household (\$)	40,358	NA	44,409.0
Per Capita Income (\$)	22,976	NA	24,272.0
Elementary school children eligible for free or reduced lunch (2009) ²	-	55.4	59.0
Middle school children eligible for free/reduced lunch (2009) ²	-	47.2	54.4

Source: U.S. Census Bureau, 2010 American Community Survey Data provided courtesy of WellFlorida.

¹Percents refer to Federal Poverty Level (FPL). ²www.FloridaCHARTS.com

Almost all financial indicators for Alachua County residents are much worse than for the state as a whole. The percentage of Alachua County residents living at or below the federal poverty level is 63% higher than the state rate and there are 54% more households living in poverty. The University of Florida (UF) student population may represent a large group of low income residents who do not experience the typical stressors of a low income population. The effect of this population on the income profile of the county is difficult to assess. The 2010 Alachua County Health Needs Assessment attempted to determine the impact of UF students on poverty status of the county by displaying county income data by ZIP code and overlaying it with data describing student residency. The density of UF students and poverty by ZIP Code is shown in Figure 1. An inspection of the data clearly shows that the high level of poverty is not simply a by-product of the presence of a large student body. Most of the areas of high poverty are not associated with the presence of college students.

Figure 1:

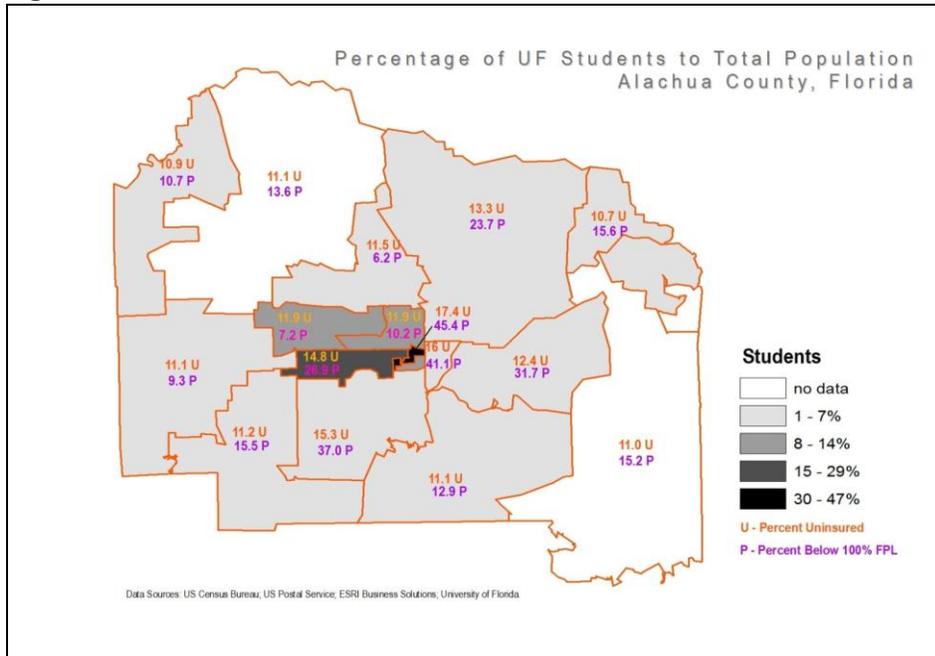


Table 1-3 shows the employment and educational status of Alachua County residents. Employment status is important because it provides household revenue and frequently helps to provide access to health insurance. In 2011, the unemployment rate was less than 8%, which was better than the state rate. Over 86% of employed individuals worked in a business that had fewer than 20 employees, while almost 12% worked for employers with 20-99 employees.

Alachua County residents are better educated than the state as a whole. Less than 10% of adults who are 25 or older have less than a high school degree, almost 21% have a high school degree or the equivalent and almost 70% have at least some college education.

Table 1-3: Employment and Education

Characteristics	Alachua County		Florida
	Estimated Number	Percent	Percent
Employment			
Unemployed (2011)	10,247	7.8	10.6
Total Business (2009)	5,794	-	-
Businesses < 20 Employees (2009)*	5,003	86.3	88.9
Businesses 20-99 Employees (2009)*	676	11.7	9.2
Businesses 100+ Employees (2009)*	115	2.0	1.9
Educational Attainment			
Civilian Non-institutionalized population 25 years and older	143,020	-	-
Less than high school graduate	13,942	9.7	14.2
High school graduate, GED, or alternative	29,912	20.9	29.9
Some college or Associate’s degree	40,888	28.6	29.9
Bachelor’s degree or higher	58,278	40.7	26.1

Source: U.S. Census Bureau, 2010 American Community Survey Data; 2009 County Business Profiles; Florida Research and Economics Database, <http://fred.labormarketinfo.com/default.asp>, February 8, 2012. Analysis provided by WellFlorida

The socio-economic indicators of Alachua County present a mixed picture, which reflect to a great extent the presence of the University of Florida. The county is younger than the rest of the state with a lower proportion of seniors and a large group of young adults (15–24 year-olds). Compared to the State of Florida, the population is relatively well educated and a higher percent is employed. Alachua County has proportionately fewer Hispanic residents and more African Americans. The income status is lower than the rest of the state. The available income data suggest a county in which a substantial percent of the indigenous population is poor. The health data reviewed in subsequent sections of this health profile confirm that the county has issues consistent with a culture of poverty.

CHAPTER 2: ACCESS TO CARE AND UTILIZATION OF HEALTH CARE SERVICES

Describing issues of access and utilization of care involves using multiple indicators that provide insight into the issues of whether people are obtaining needed care, what barriers may exist to obtaining care and how residents are using the available health care resources. In order to address issues of access and utilization of services, this assessment reviewed data on insurance coverage, surveys of residents about their experiences and data describing use of hospital services.

Insurance coverage is an important factor in addressing access to care. The term “insured” is often interpreted as being synonymous with access to care. Although having a third party payer does not guarantee access to care, having a third party payer does have several advantages. These include a reduced payment for services rendered and a network of providers who agree to provide the covered care. Although addressing a key barrier to care, it cannot be assumed that insured individuals can or do access necessary health care. Many third party payers cover medical services but do not include any or adequate dental and/or behavioral health services.

INSURANCE COVERAGE

Insurance coverage may be available through an employer, purchased from the private sector or available through a government program such as Medicaid or Medicare. Because Medicare is available to most people who are 65 or older, population studies of insurance include people who are younger than 65. Medicare offers relatively comprehensive medical care and mental health services for a modest monthly fee. The plan includes deductibles and co-pays and, for an additional fee, pharmacy benefits. Financial assistance is available for very low income seniors. Medicare does not offer any dental benefits. Some Medicare participants are eligible for reasons other than age, such as end stage renal disease.

Medicaid offers a comprehensive package of benefits for children. Although the rates are low compared to other payers, many pediatric medical and behavioral health providers will accept Medicaid beneficiaries. Medicaid benefits for children's dental care are relatively comprehensive but the payment rates have been very low, which has made the services unavailable to many children. The Medicaid benefit package for adult dental care includes only extractions and dentures, which is compounded by very low reimbursement rates, making Medicaid benefits for adults negligible.

Healthy Kids provides Medicaid-like coverage to children whose family's income is above the Medicaid criteria but below 200% of poverty. The Healthy Kids services are offered through managed care organizations which negotiate rates with providers and are responsible for establishing a provider network that accepts enrolled children.

Table 2-1 displays a description of uninsured individuals by age, which was published in the 2009 Census Bureau's Small Area Health Insurance Estimates (SAHIE). The Census Bureau estimated that 20% of Alachua County citizens younger than 65 were uninsured. Although this is better than the state rate of almost 25%, it means that about 42,000 individuals in Alachua County are without a third party payer for medical coverage. The percent of uninsured individuals varies by age. Only 12.5% of residents younger than 19 are uninsured, 16% of 40-64 year olds are uninsured and about 22% of 18-64 year olds are uninsured. By extrapolation, it appears that adults between 19 and 39 years old are more likely than those aged 40 to 64 years to be uninsured. Perhaps they are either less likely to be employed or are employed in jobs that do not include affordable health insurance as a benefit.

Table 2-1: Number and Percent Uninsured by Age Groups for All Income Levels, Alachua County and Florida, 2009

Age Group	Alachua County			Florida
	Number of Uninsured	MOE ¹ for Number Uninsured	Percent Uninsured in Age Group for all income levels	Percent Uninsured in Age Group for all income levels
Under 65 years of age	41,994	3,001	20.0	24.9
18-64 years of age	37,037	2,850	22.2	28.6
40-64 years of age	10,216	953	16.0	22.5
Under 19 years of age	6,197	1,081	12.5	15.3

Source: U.S. Census Bureau Small Area Health Insurance Estimates, State and County by Demographic and Income Characteristics, 2009. Provided by WellFlorida.

¹Data are based on a sample and are subject to sampling variability. A margin of error (MOE) is a measure of an estimate's variability. The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate. The 90 percent confidence interval is formed when this number is added to and subtracted from the estimate.

The uninsured rate also varies by income. Table 2-2 displays Census data for 2009 by age and income. It shows the proportion of individuals with incomes at or below 200% or 138% of the Federal Poverty Level (FPL) that lack health insurance. Almost 32% of all individuals with incomes at or below 200% of FPL are uninsured. Among those between 18 and 64 years of age with incomes below 200%, 35.5% are uninsured. About 20% of those younger than 19 are uninsured. Although the rate of uninsured individuals for those with incomes below 200% is lower for Alachua County than the state rate in all categories, most individuals under age 19 with incomes below 200% are eligible for free or reduced cost insurance through KidCare. The SAHIE suggests an estimated 4,297 children (±960) are eligible for insurance benefits through the Healthy Kids Program but are not enrolled.

It is interesting to note that the percent uninsured with incomes below 138% of poverty are similar to those for the number under 200% of poverty. This is the case for both the state and the county.

Table 2-2: Percent of Uninsured People by Income and Age Group Civilian Non Institutionalized Population for whom Poverty Status is Determined (2009)

Age Group	Uninsured Persons ≤ 138% FPL				Uninsured Persons ≤ 200% FPL			
	Alachua County		Florida		Alachua County		Florida	
	Percent	MOE ¹	Percent	MOE ¹	Percent	MOE ¹	Percent	MOE ¹
Under 65 years of age	32.0	3.3	40.2	0.6	31.7	2.8	39.2	0.5
Under 19 years of age	20.7	5.1	21.9	0.9	20.2	4.2	21.8	0.8
Age 18-64	35.6	4.0	50.5	0.8	35.5	3.3	48.3	0.6

Source: US Census Bureau 2009 Small Area Health Insurance Estimates.

¹Data are based on a sample and are subject to sampling variability.

A margin of error (MOE) is a measure of an estimate's variability.

The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate.

The 90 percent confidence interval is formed when this number is added to and subtracted from the estimate.

SURVEYS**Behavioral Risk Factor Surveillance System (BRFSS)**

Alachua County residents were surveyed by telephone about issues related to access to care. The Florida Department of Health participates in a national program called the Behavioral Risk Factor Surveillance System (BRFSS). County level data were collected in 2002, 2007 and 2010. In 2010, over 500 adults were surveyed about issues related to access to medical and dental care. The results for Alachua County residents over time and the comparison to the state average in 2010 are shown in Table 2-3.

The percent of adults who report they have a doctor has increased during the time period; in 2010, over 82% of adults said they had a personal doctor. The percent of adults who reported they could not see a doctor because of cost remained the same between 2007 and 2010, at close to 12%, which is lower than the state rate of over 17%. In 2010, 57% of Alachua County residents reported having had a check up in the last year, which was lower than the state rate of almost 70%.

The BRFSS surveys included questions about access to dental care. The data suggest that between 2002 and 2010, dental care has become less available. The percent of adults that visited a dentist and the percent that had their teeth cleaned in the last year have both decreased. The percent that have lost one or more teeth to decay or disease has increased.

Table 2-3: Selected BRFSS Indicators, Alachua County and Florida, 2002, 2007 and 2010

Indicator	Alachua County			Florida
	2002	2007	2010	2010
Percentage of adults who have a personal doctor	71.1	73.3	82.1	81.7
Percentage of adults who could not see a doctor at least once in the past year due to cost	n/a	11.6	11.7	17.3
Percentage of adults who had a medical check up in the past year	n/a	69.0	56.8	69.7
Percentage of adults who visited a dentist or dental clinic in the past year	74.1	74.1	65.9	64.7
Percentage of adults who had a permanent tooth removed because of tooth decay or gum disease	38.1	n/a ¹	41.9	53.0
Percentage of adults who had their teeth cleaned in the past year	73.7	73.7	58.7	60.9

Source: Florida Dept of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2002, 2007, 2010. Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report. www.FloridaCHARTS.com. Question in 2002 was worded differently but queried the same information. 'n/a' means 'not available'.

USE OF HOSPITAL SERVICES

Data describing utilization of hospital services provides insight into the effectiveness of community health systems and practices. A review of hospital services provides useful information on the payer source and condition suffered by patients who are admitted for in-patient care. Data describing use of hospital emergency rooms may help to understand issues related to available out-patient primary care.

In-patient hospital services

Table 2-4 displays data on hospital discharges for 2010 for Alachua County residents. (Note: underlined words are defined in the technical section at the end of the chapter.) There were about 28,000 total discharges, which is about 112 per 1,000 residents. This rate is lower than the state rate of 134.5 per 1,000. The payer profile of the patients who were hospitalized is as follows: 38.1% Medicare, 30.5% private insurance, 21% Medicaid and 6.9% self pay. Although Medicare pays for the largest percent of hospital stays, the percent of hospital stays paid by Medicare for Alachua's residents is lower than the state, which may be a reflection of the County's younger population. This age disparity may also be reflected in the lower overall rate of hospitalizations among Alachua residents.

Among Alachua County residents younger than 65, 2,679 (9.6%) of all hospitalizations were avoidable. The largest number of avoidable hospitalizations were those covered by Medicaid (32.4%) followed by private payers (29.4%), then Medicare enrollees who were younger than 65 years old (20.5%) and lastly, the uninsured (14.6%).

The percent of avoidable hospitalizations among Alachua County residents (9.6%) was higher than the state rate of 8.6%, but the rate of avoidable hospitalizations per 1,000 individuals younger than 65 is lower in Alachua County than the state rate of 14.0.

Table 2-4: Number and Percent of Hospital Utilization by Payer Source, Alachua County and Florida, 2008-2010

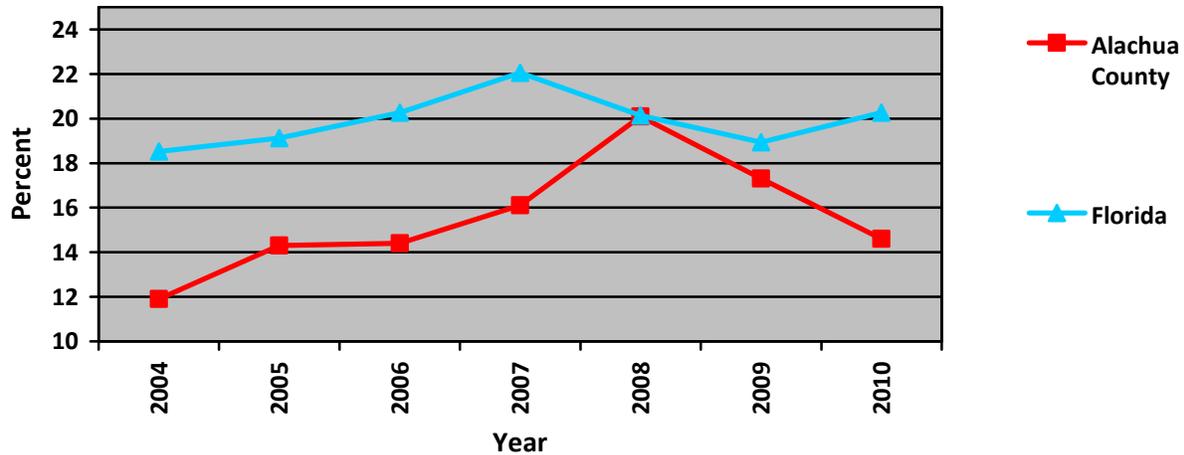
Hospital Utilization Characteristics	Alachua County	Florida
Number of Hospital Discharges (2010) ¹	27,963	2,544,957
Hospital Rate Per 1,000 Population (2010) ¹	112.4	134.5
Percent of Total Hospital Discharges- Private Insurance (2010) ¹	30.5	23.9
Percent of Total Hospital Discharges- Medicare (2010) ¹	38.1	43.9
Percent of Total Hospital Discharges-Medicaid (2010) ¹	21.3	20.6
Percent of Total Hospital Discharges- Self Pay/Non Payment (2010) ¹	6.9	7.8
Number of Avoidable Hospitalizations (2010) ²	2,679	219,208
Percent of Total Hospital Discharges Comprised of Avoidable Hospitalizations (2010) ²	9.6	8.6
Avoidable Hospitalizations, Rate Per 1,000 Population 0-64 years of age (2008-2010) ²	12.2	14.0
Percent of Avoidable Hospitalizations- Private Insurance (2010) ²	29.4	27.9
Percent of Avoidable Hospitalizations- Medicaid (2010) ²	32.4	30.5
Percent of Avoidable Hospitalizations- Self Pay/Non Payment (2010) ²	14.6	17.1
Percent of Avoidable Hospitalizations- Non elderly Medicare (2010) ²	20.5	14.5
Number of Avoidable ED Visits (2008-2010) ²	84,601	8,881,884
Avoidable ED Visit, Rate Per 1,000 Population (2008-2010) ²	114.4	155.7

Source: ¹Florida Agency for Health Care Administration, Detailed Discharge Data, 2008-2010: ESRI Business Solutions, 2010.

²Broward Regional Health Planning Council, <http://healthdata.brhpc.org/Default.aspx?pid=nyualgo>, February 10, 2012; ESRI Business Solutions, 2008-2010. Provided by WellFlorida.

The uninsured population (2009 data) represents 20% of Alachua County residents who are younger than 65 but account for less than 7% of the total hospital discharges and less than 15% of avoidable hospitalizations (hospital data from 2010) (Table 2-4). The percent of avoidable hospitalizations that were self pay rose between 2004 and 2008 and then showed a sharp decline in 2009 and 2010. The trend for the percent of self pay avoidable hospitalizations for Alachua County residents compared to the state rate is shown in Figure 2-1.

Figure 2-1: Percent Avoidable Hospitalizations that Are Self Pay/Charity



Source: Florida Agency for Health Care Administration Detailed Discharge Data. Provided by WellFlorida.

Table 2-5 displays the 10 top reasons for avoidable hospitalizations for individuals younger than 65 who were discharged between 2007 and 2010. Dehydration accounts for the largest percent of hospital stays (33.3%), followed by cellulitis, which is responsible for 14.3% of the hospitalizations. These are followed by congestive heart failure (10.8%), asthma (9.0%), chronic obstructive pulmonary disease (8.5%), diabetes (6.9%) and kidney/urinary infection (5.7%). The total number of admissions has remained relatively stable over the last three years but has increased steadily for congestive heart failure, diabetes and hypertension.

Table 2-5: Main Reasons for Avoidable Discharges for <65 Years of Age, Alachua County, 2008-2010

Avoidable Reason	Number					Percent of Total
	2007	2008	2009	2010	Total	
Dehydration	804	929	863	860	3456	33.3%
Cellulitis	338	387	386	373	1,484	14.3%
Congestive Heart Failure	257	271	290	301	1,119	10.8%
Asthma	240	239	239	220	938	9.0%
Chronic Obstructive Pulmonary Disease	198	221	235	231	885	8.5%
Diabetes "A" and "B"	156	182	175	200	713	6.9%
Kidney/Urinary Infection	141	147	152	150	590	5.7%
Grand Mal Status and Other Epileptic Convulsions	104	106	142	122	474	4.6%
Hypertension	57	94	83	105	339	3.3%
Total	2,295	2,728	2,691	2,679	10,385	-

Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida.

Emergency room

Table 2-6 displays information about the payer source for the services provided to Alachua County residents in the emergency room (ER) between 2008 and 2010. Between 2008 and 2010, there were 184,268 emergency room visits, or an average of 61,423 each year. Almost 31% of these visits were by individuals who were uninsured, over 28% by privately insured individuals, over 25% were to Medicaid beneficiaries and more than 12% were to Medicare enrollees. The statewide use of ER by payer source differs from Alachua County. Visits by Medicaid beneficiaries represent the largest group (28%), followed by those who have private coverage (25.9%), uninsured (26.1%) and lastly, Medicare (14.9%).

Alachua County's uninsured represent 20% of residents, but 30% of the ER visits. The state population is about 25% uninsured and account for about 26% of the ER visits. In Alachua County there are more ER visits by privately insured individuals than the Medicaid population, while in the state, the opposite is true.

Table 2-6: Number and Percent of Emergency Department Visits by Payer Source, Alachua County and Florida, Calendar Years 2008-2010

Payer Source	2008	2009	2010	2008-10	
	Number	Number	Number	Number	Percent
Alachua County					
Medicare	7,294	7,227	8,246	22,767	12.4%
Medicaid	13,135	15,150	18,501	46,786	25.4%
Private	17,358	16,692	18,216	52,266	28.4%
VA/TriCare	528	478	648	1,654	0.9%
Self Pay/Non Payment	19,939	20,420	16,235	56,594	30.7%
All Other	969	929	2,303	4,201	2.3%
Total	59,223	60,896	64,149	184,268	-
Florida					
Medicare	836,426	892,606	975,871	2,704,903	14.9%
Medicaid	1,350,498	1,743,522	1,981,455	5,075,475	28.0%
Private	1,629,408	1,635,471	1,420,152	4,685,031	25.9%
VA/TriCare	93,456	101,527	102,386	297,369	1.6%
Self Pay/Non Payment	1,546,720	1,636,798	1,541,913	4,725,431	26.1%
All Others	188,231	182,679	241,003	611,913	3.4%
Total	5,644,739	6,192,603	6,262,780	18,100,122	-

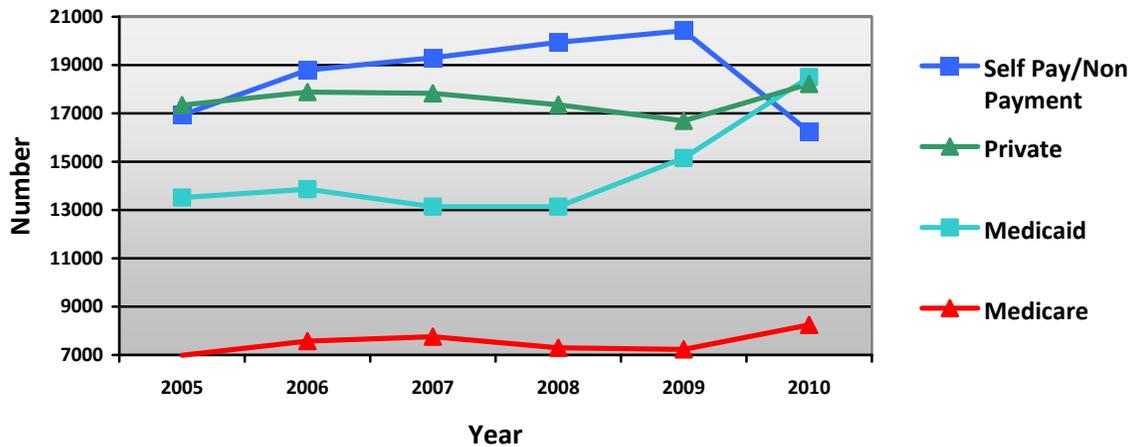
Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida.

The number of visits to the ER during 2007-2010 by Alachua County residents is shown in Figure 2-2. Between 2008 and 2010, there was a dramatic increase in ER use among Alachua County's Medicaid beneficiaries. That trend mirrors a similar statewide increase of ER use by Medicaid beneficiaries during the same period.

An interesting observation in the trended data is the use of ER services among the uninsured. The number of ER visits in this group increased between 2005 and 2009 but dropped precipitously in 2010. The number of ER visits among uninsured individuals decreased 20.5% between 2009 and 2010. Use of the ER across the state followed a similar pattern but the statewide decrease among ER use between 2009 and 2010 was only 5.8%. Possible impacts on

the ER use in Alachua County may be attributed to new services for the uninsured that began around 2010. In September 2009, the Health Department began an evening and weekend walk-in clinic that provided urgent care and accepted uninsured residents. Also, the mobile healthcare unit began services in January 2010.

Figure 2-2 Number of ER Visits by Payer, Alachua County Residents, 2005-10



Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida.

The most common reasons for visiting the ER between 2008 and 2010 are shown in Table 2-7. The most frequent reasons for use of ER include: abdominal pain (6.7%), chest pain (4.3%) pain in a limb (3.9%), headache (3.5%), fever (3.4%) and cough (2.8%).

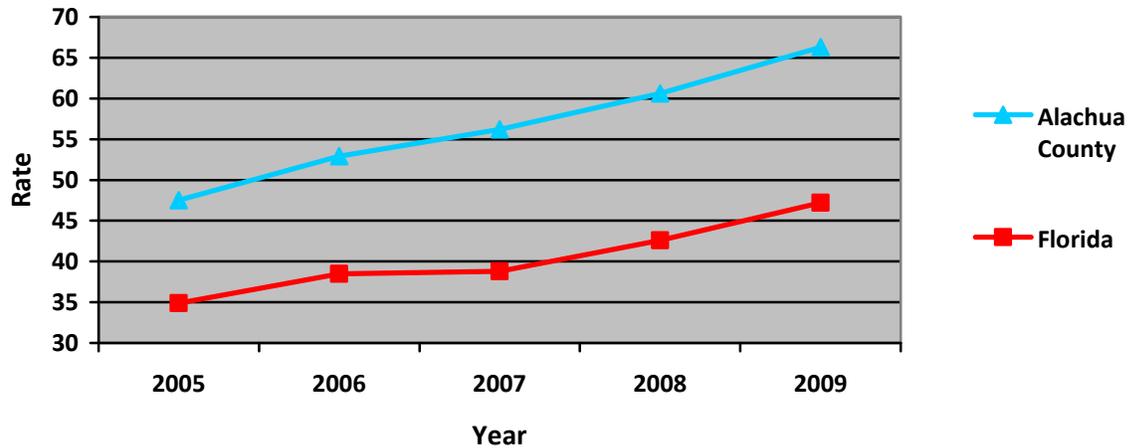
Table 2-7: Number and Percent of the Main Reason for Emergency Department Visit by Year, Alachua County, 2008-2010.

Reason for Visit	Number				Percent
	2008	2009	2010	Total	Total
Abdominal Pain	4,218	3,688	4,466	12,372	6.7
Chest Pain, Unspecified	2,292	2,415	3,282	7,989	4.3
Pain in Limb	2,457	2,424	2,259	7,140	3.9
Headache	2,060	2,075	2,303	6,438	3.5
Fever, Unspecified	1,536	2,601	2,091	6,228	3.4
Cough	1,639	1,997	1,455	5,091	2.8
Injury, Other and Unspecified- Knee, Leg, Ankle, and Foot	1,453	1,688	1,662	4,803	2.6
Backache, Unspecified	1,546	1,583	-	3,129	1.7
Unspecified Disorder of the Teeth and Supporting Structures	1,465	-	1,508	2,973	1.6
No Reason Code Listed	-	-	1,508	1,508	0.8
Head Injury, Unspecified	-	1,494	-	1,494	0.8
All Others	40,557	40,931	43,615	125,103	67.9
Total	59,223	60,896	64,149	184,268	-

Source: Agency for Health Care Administration Emergency Department Data, 2008-2010. Provided by WellFlorida

The rate of ER visits for mental health reasons among Alachua County residents and the state between 2004 and 2009 is shown in Figure 2-3. The rate for Alachua County residents has steadily increased over the last five years. The rate has gone from 46.6 per 1,000 residents in 2004 to 66.3 per 1,000 in 2009, an increase of 42.3 %. The state rate follows a similar trend but Alachua’s rate is consistently much higher than the state’s.

Figure 2-3: Rate of Emergency Department Visits per 1,000 Population for Mental Health Reasons



Source: ACHA Emergency Department Data, 2005-2009; ESRI Business Solutions, 2005-2009. Provided by WellFlorida.

Avoidable ER use

Table 2-4 includes data summarizing the avoidable use of ER services. Alachua County residents used the ER 84,610 times between 2008 and 2010 for care that is defined as avoidable. This accounted for about 46% of all the visits and represents a rate of 114.4 per 1,000.

The Oral Health Coalition of Alachua County estimated avoidable use of ER services for oral health reasons. Data for ER use from 2007 to 2010 were analyzed and Table 2-8 shows the number of visits and charges over the four years. The number of visits was relatively stable over the first three years, but increased in 2010. The total charges and charge per visit steadily increased between 2007 and 2010.

Table 2-8: Emergency Room Visits for Avoidable Dental Conditions 2007-2010

Year	Number of Visits	Mean Charge per Visit	Total Charges
2007	2,118	\$542.08	\$1.15 million
2008	2,127	\$681.57	\$1.45 million
2009	2,047	\$858.39	\$1.76 million
2010	2,258	\$1,132.61	\$2.56 million

Source: WellFlorida. Provided by the Oral Health Plan of Alachua County, FL.

The data describing use of ER services for dental complaints were compared to the state rate. The comparison used data from 2009 and was age-adjusted and included data by race. The

comparison is shown in Table 2-9. The rate of ER use among Alachua County residents, 824.3 per 100,000, was higher than the state rate of 738.6. The difference between Alachua and the state rate was attributed to the racial disparity between African Americans and whites.

Table 2-9: Age Adjusted Rate per 100,000 of Use of Emergency Rooms for Dental Conditions, by Race

Area	Total	Race	
		White	Black
Alachua County	824.3	598.2	1,832.7
Florida	738.6	745.2	1,082.1

Source: WellFlorida. Provided by the Oral Health Plan of Alachua County, FL.

The Oral Health Coalition used the US Department of Health and Human Services, Agency for Healthcare Research and Quality’s criteria for Ambulatory Care Sensitive Conditions to define the avoidable use of ER services for oral health reasons.

Section 3: HEALTH STATUS

This section includes data on mortality, morbidity and other health outcome indicators. It includes use of technical terms which are explained in the technical notes at the end of this section. If a word is underlined the first time it appears in the Chapter, this is an indication that it is defined in the technical notes.

MORTALITY

Table 3-1 displays the death rates for residents of Alachua County for 2008-2010 compared to state rates. The top 10 causes of death are: cancer, heart disease, unintentional injuries, stroke, chronic lower respiratory disease, Alzheimer’s disease, diabetes, kidney disease, suicide and liver disease. Compared to the state, Alachua County’s rates are higher for cancer, stroke, diabetes and kidney disease. Mortality rates among Alachua County’s African American (AA) community are higher than whites for cancer, heart disease, stroke, diabetes and kidney disease. Mortality is noticeably higher among whites for unintentional injuries, suicide and liver disease.

Table 3-1: Age-Adjusted Death Rates (AADR) for 10 Leading Causes of Death in Alachua County by Race and Hispanic Ethnicity, 2008-2010 (Rates are per 100,000 Population)

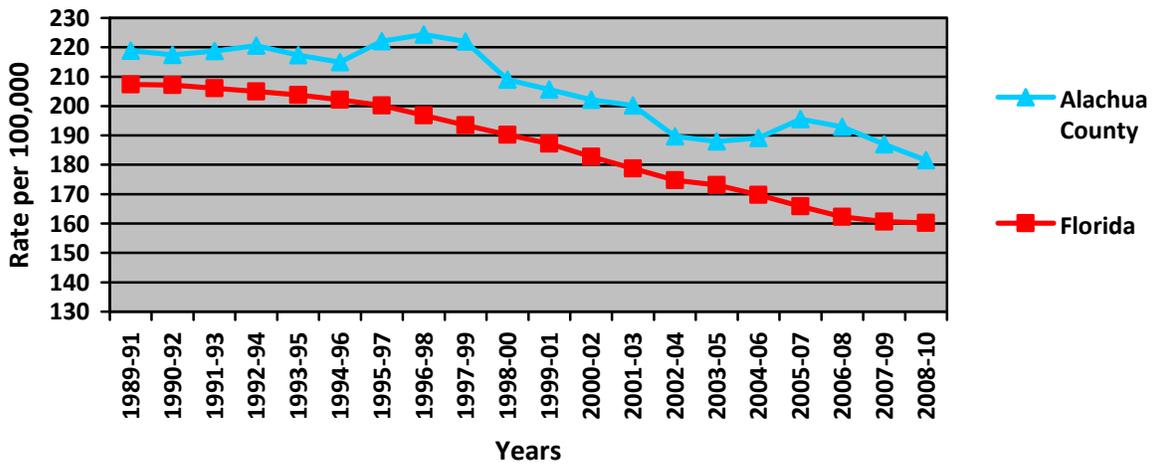
Cause of Death	Alachua County				Florida			
	All	Black	White	Hispanic	All	Black	White	Hispanic
All Causes	739.0	952.2	712.7	480.8	660.7	786.4	643.9	548.2
Cancer	181.6	234.4	176.1	110.5	160.2	170.6	158.9	119.3
Heart Disease	144.9	165.6	143.2	98.7	150.8	185.6	146.5	141.1
Unintentional Injuries	40.6	31.5	42.7	6.1	42.7	29.8	45.6	29.3
Stroke	38.4	65.9	33.7	16.7	30.5	50.1	28.2	26.8
Chronic Lower Respiratory Disorder	35	34.3	35.8	5.0	37.7	24.0	39.1	24.0
Alzheimer's Disease	24.3	24.1	24.9	27.2	24.9	57.2	19.8	29.7
Diabetes	24.9	57.2	19.8	29.7	19.6	39.9	17.4	21.3
Kidney Disease	12.7	25.2	10.7	6.3	11.4	24.3	10.0	11.3
Suicide	12.0	1.2	14.9	14.5	13.9	4.5	15.7	8.1
Chronic Liver Disease and Cirrhosis	10.8	7.8	12.1	23.6	10.4	5.5	11.2	8.1

Source: www.FloridaCHARTS.com

CHRONIC DISEASE***Cancer***

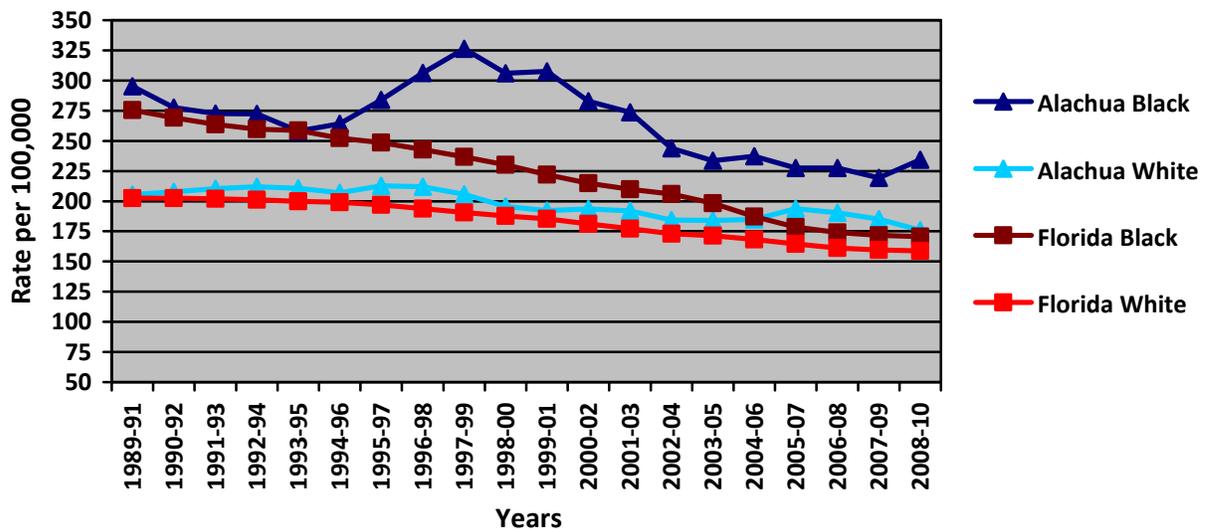
Cancer is the leading cause of death among Alachua County residents and is now considered to be largely preventable. The National Cancer Institute reports that 50-75% of all cancers can be attributed to three behaviors: tobacco use, lack of exercise and poor diet. Figure 3-1 shows death rates from cancer in Alachua County residents compared to the State of Florida. Although the cancer death rate among Alachua County residents has been slowly decreasing over the last two decades, it has been consistently higher than the state's rate. This downward trend has been steady among Alachua County residents since approximately 2004. Figure 3-2 shows age-adjusted death rates by race. Cancer death rates have been consistently higher for AA than for whites and, in 2007-2010, began increasing instead of continuing to decline.

Figure 3-1: All Cancers Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-2: All Cancers Age-Adjusted Death Rate, 3-Year Rolling Rates by Race



Source: www.FloridaCHARTS.com

Even though cancer can attack any organ in the body, some sites are more likely to be affected than others. Among Alachua County residents, the highest incidences of cancer are prostate cancer (159.2 cases per 100,000 men), breast cancer (121.6 cases per 100,000 women), lung cancer (75.3 cases per 100,000 individuals) and colorectal cancer (48.6 cases per 100,000 individuals). The data describing cancer mortality and related indicators are described below and shown in Table 3-2.

Table 3-2: Comparison of Cancer Related Indicators, Alachua County and Florida

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	Alachua County Rate	Florida Rate	County Trend
Lung Cancer						
Lung cancer age-adjusted death rate ¹	2008-10	Per 100,000	 2	51.3	46.6	No Trend ↔
Lung cancer age-adjusted incidence rate ²	2006-08	Per 100,000	 3	75.3	65.9	No Trend ↔
Colorectal Cancer						
Colorectal cancer age-adjusted death rate ¹	2008-10	Per 100,000	 4	18.2	14.3	No Trend ↔
Colorectal cancer age-adjusted incidence rate ²	2006-08	Per 100,000	 4	48.6	42.0	Better ↓
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years ³	2010	Percent	 3	54.5%	56.4%	-
Adults 50 years of age and older who received a blood stool test in the past year ³	2010	Percent	 4	9.1%	14.7%	-
Breast Cancer						
Breast cancer age-adjusted death rate ¹	2008-10	Per 100,000	 3	22.6	20.8	No Trend ↔
Breast cancer age-adjusted incidence rate ²	2006-08	Per 100,000	 4	121.6	110.9	Better ↓
Women 40 years of age and older who received a mammogram in the past year ³	2010	Percent	 3	53.9%	61.9%	-
Prostate Cancer						
Prostate cancer age-adjusted death rate ¹	2008-10	Per 100,000	 3	18.5	17.5	Better ↓
Prostate cancer age-adjusted incidence rate ²	2006-08	Per 100,000	 4	159.2	130.8	No Trend ↔
Men 50 years of age and older who received a PSA test in the last two years ³	2010	Percent	 3	68.0%	72.6%	-
Cervical Cancer						
Cervical cancer age-adjusted death rate ¹	2008-10	Per 100,000	 3	3.4	2.7	No Trend ↔
Cervical cancer age-adjusted incidence rate ²	2006-08	Per 100,000	 2	7.7	8.9	No Trend ↔
Women 18 years of age and older who received a Pap test in the past year ³	2010	Percent	 1	61.5%	57.1%	-

Sources: Adapted from: FloridaCharts.com

¹Florida Department of Health, Office of Vital Statistics

²University of Miami (FL) Medical School, Florida Cancer Data System

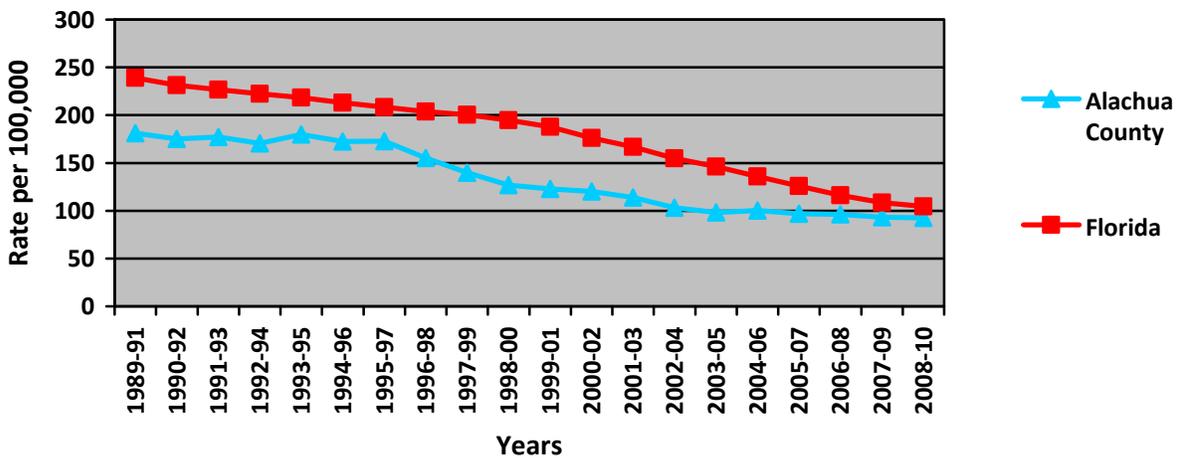
³Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey

Heart Disease and Stroke

Although heart disease is the second most frequent cause of death among Alachua County residents, the mortality rates are declining and have been better than state rates for several decades. Figure 3-3 shows a comparison of mortality from heart disease in Alachua County residents to Florida’s rates. Figure 3-4 shows the comparison by race.

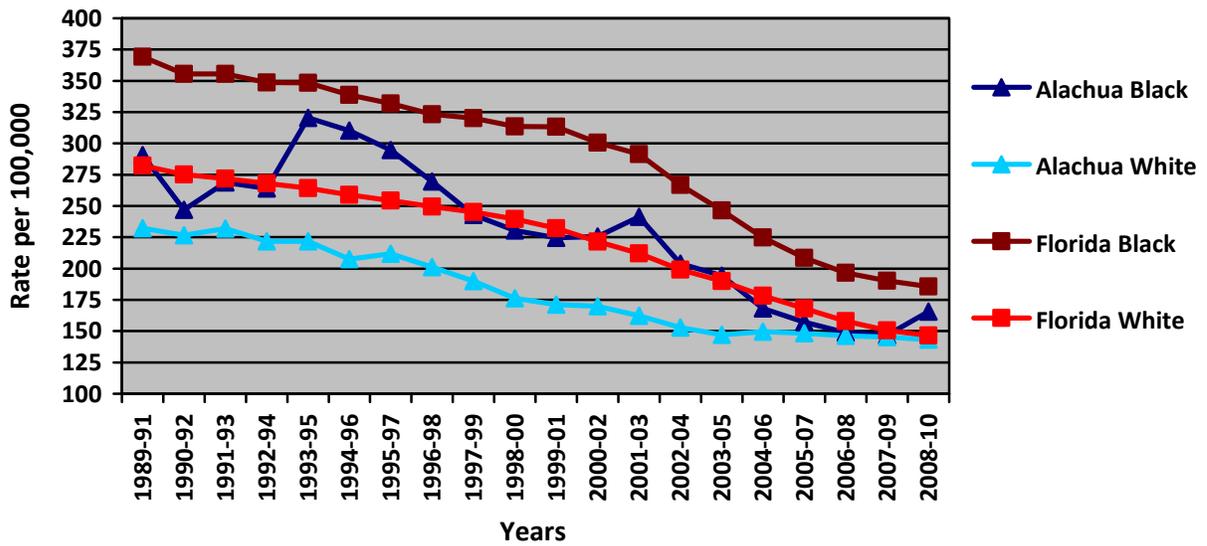
The death rates over time from stroke for Alachua County and the state are shown in Figure 3-5. The death rate from stroke among Alachua County residents has been consistently higher than state but follows the same downward movement. Between 2008-2010, Alachua County was in the fourth quartile of the state. For AA, the mortality rate stabilizes between 2004 and 2009, but shifts to a disturbing upward trend in 2008-2010 (See Figure 3-6). The BRFSS data shown in Table 3-3 shows an increase in the percentage of adults reporting they have been diagnosed with hypertension. The data on hospital services in Chapter Two also demonstrated an increase in hospital admissions between 2007 and 2010 due to hypertension.

Figure 3-3: Heart Disease Age-Adjusted Death Rate, 3-Year Rolling Rates



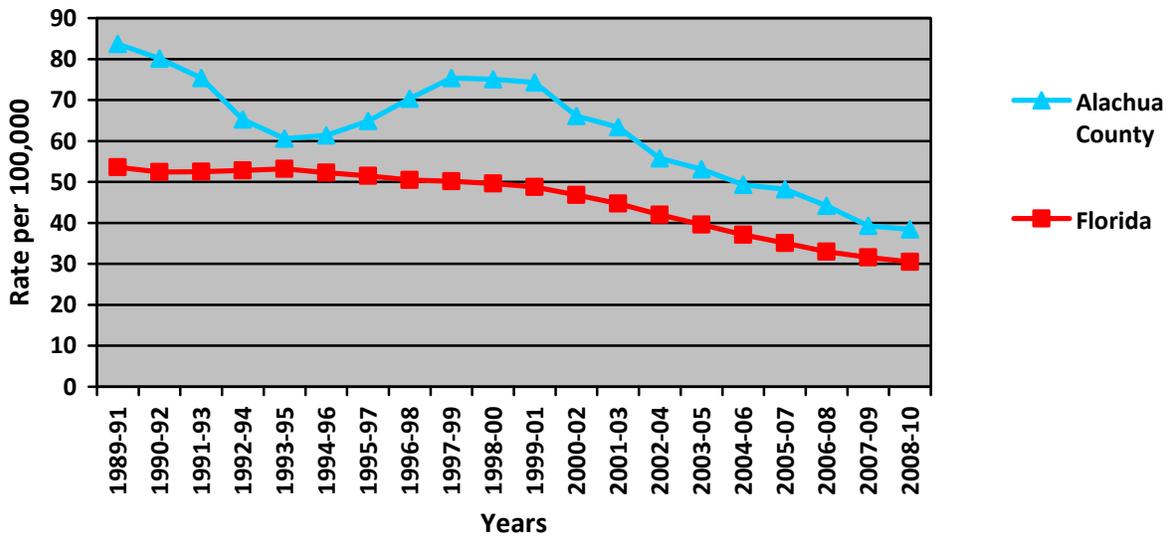
www.FloridaCHARTS.com

Figure 3-4: Heart Disease Age-Adjusted Death Rate, 3-Year Rolling Rates by Race



www.FloridaCHARTS.com

Figure 3-5: Stroke Age-Adjusted Death Rate, 3-Year Rolling Rates



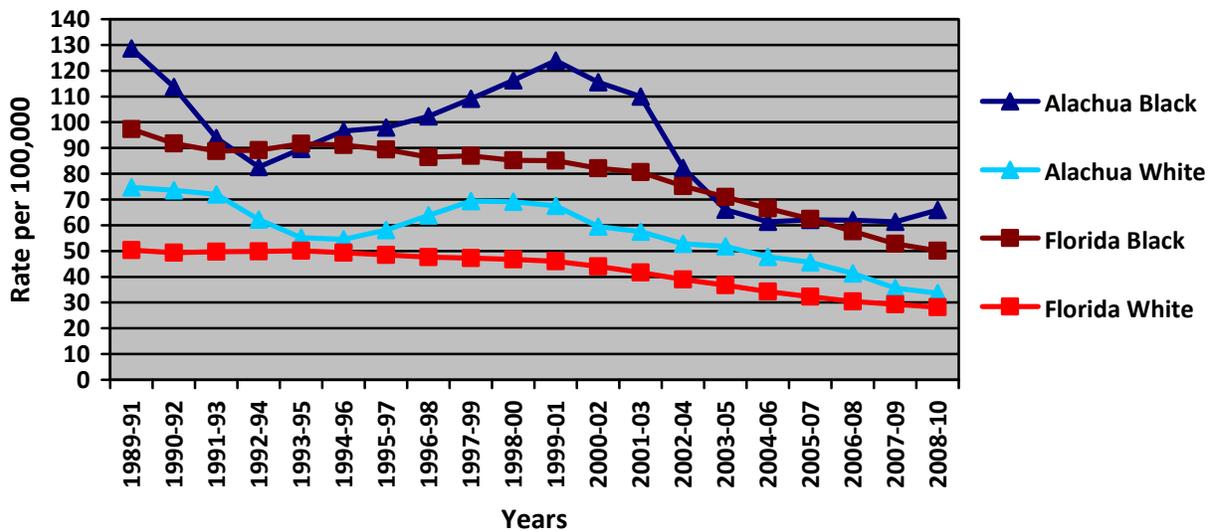
www.FloridaCHARTS.com

Table 3-3: Adults with Hypertension (BRFSS), Alachua County and Florida, 2002, 2007, 2010

Indicator	Alachua County			Florida 2010
	2002 Measure	2007 Measure	2010 Measure	
Percentage of adults with diagnosed hypertension	19.6	22.2	24.8	34.3

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Figure 3-6: Stroke Age-Adjusted Death Rate, 3-Year Rolling Rates



www.FloridaCHARTS.com

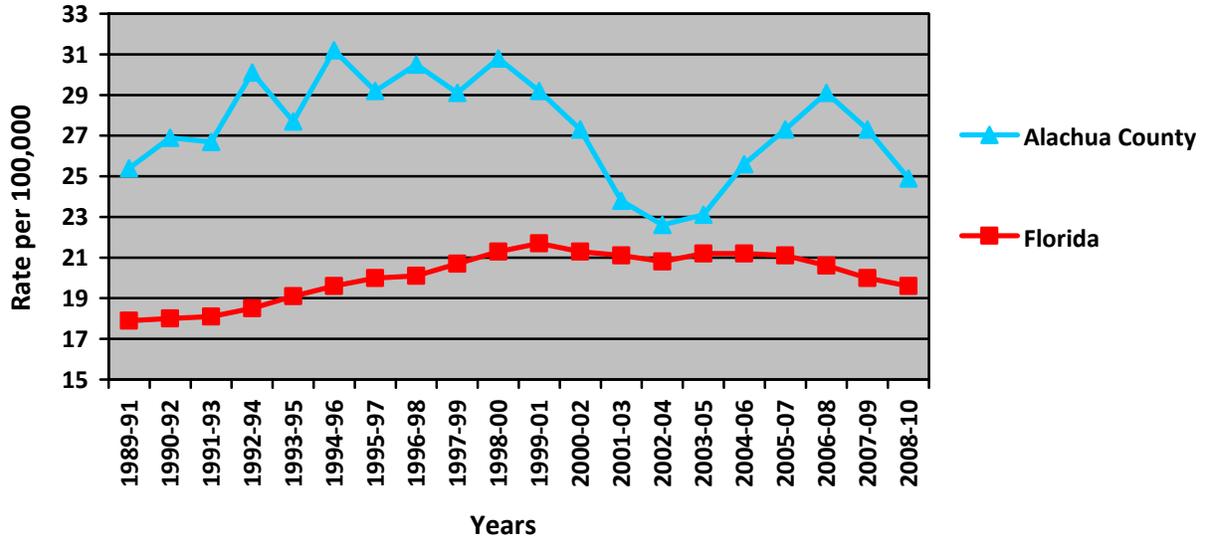
Diabetes

The diabetes mortality rates for both the county and the state over time are shown in Figure 3-7. The rates for Alachua County have been higher than the state rates since 1989. Although the rates for AA and whites follow a parallel downward trend, the rates for AA are significantly higher than for whites (Figure 3-8). Over the last 20 years, the death rate for AA residents of Alachua County has been much higher than it is for AA statewide.

Table 3-4 displays diabetes related indicators. Survey data indicate that the incidence of diabetes is in the lowest quartile in the state: 4.9% of adult Alachua County residents reported they had been diagnosed as having diabetes compared to 10.4% statewide. Despite the apparently low prevalence of adults with diabetes, the hospitalization rate, amputation rate, and the death rate are in the third quartile in the state. These poor outcomes are consistent with the information from the BRFSS surveys that suggest that less than 70% of people with diabetes monitor their own blood glucose at least once a day or have had two A1C tests or a foot exam in the last year (Table 3-5).

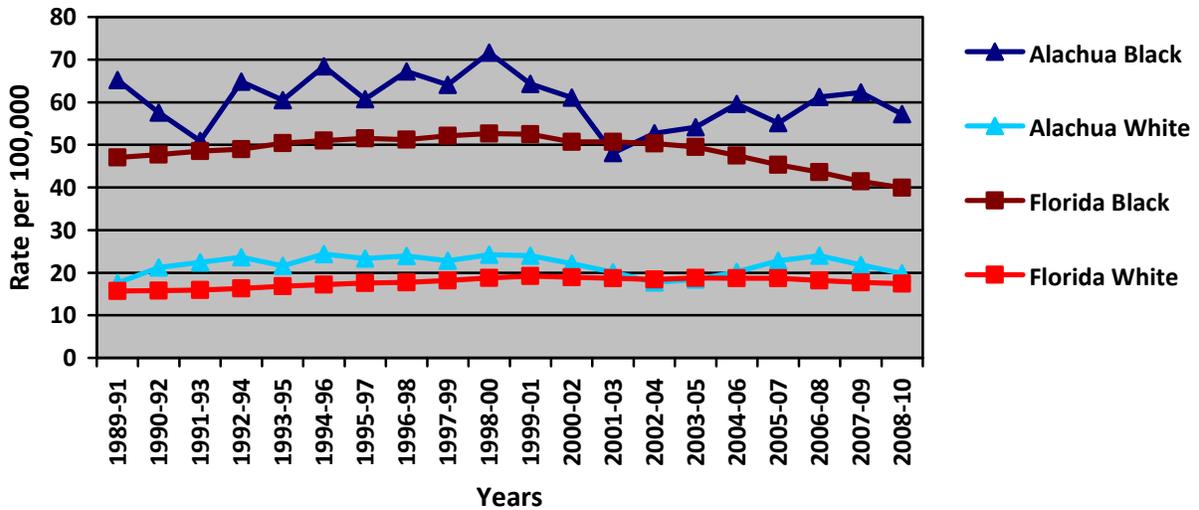
BRFSS data suggest the prevalence of diabetes has remained relatively stable over the last several years but that the management of diabetes is becoming less rigorous. This is consistent with the data on hospitalizations shown in the prior section, which demonstrate a steady increase in hospitalizations due to diabetes from 2007 to 2010.

Figure 3-7: Diabetes Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-8: Diabetes Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Table 3-4: Diabetes Indicators, Alachua County and Florida

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	Alachua County Rate	Florida Rate	County Trend
Diabetes						
Diabetes age-adjusted death rate ¹	2008-10	Per 100,000	3	24.9	19.6	No Trend ↔
Diabetes age-adjusted hospitalization rate ²	2008-10	Per 100,000	3	2403.1	2198.0	Worse ↑
Amputation due to diabetes age-adjusted hospitalization rate ²	2008-10	Per 100,000	3	30.1	24.7	No Trend ↔
Adults with diagnosed diabetes ³	2010	Percent	1	4.9%	10.4%	-

Source: www.FloridaCHARTS.com

¹Florida Department of Health, Office of Vital Statistics

²Florida Agency for Health Care Administration (AHCA)

³Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey

Table 3-5: Diabetes Related Indicators (BRFSS), Alachua County and Florida, 2002, 2007, 2010

Indicators	Alachua County			Florida
	2002	2007	2010	2010
Percentage of adults with diagnosed diabetes	5.1	6.3	4.9	10.4
Percentage of adults with diabetes who self monitor blood glucose at least once a day on average	n/a	73.8	60.9	62.1
Percentage of adults with diabetes who had two A1C tests in the past year	n/a	72.4	65.0	75.6
Percentage of adults with diabetes who had an annual foot exam	n/a	87.5	69.2	72.2
Percentage of adults with diabetes who had an annual eye exam	n/a	77.3	78.9	70.2
Percentage of adults with diabetes who ever had diabetes self management class	n/a	42.6	60.8	55.1

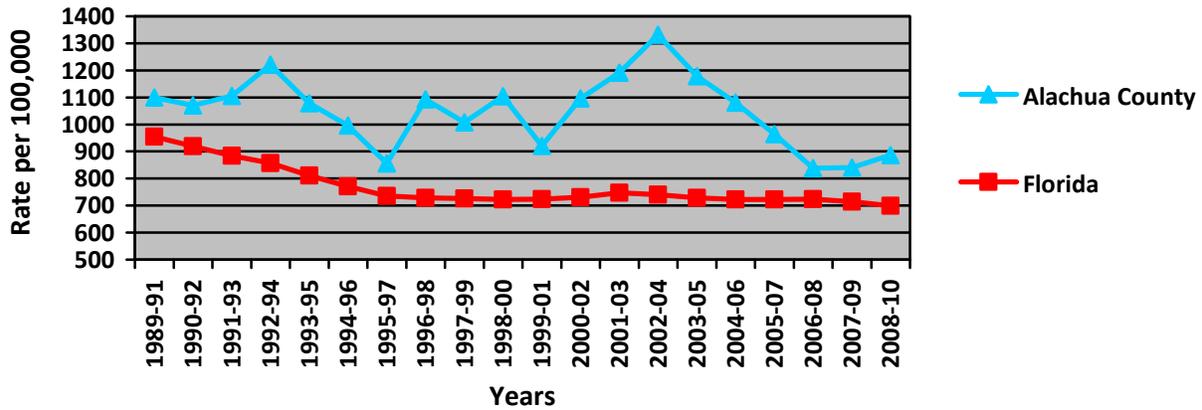
Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

MATERNAL AND CHILD HEALTH

Reproductive Health

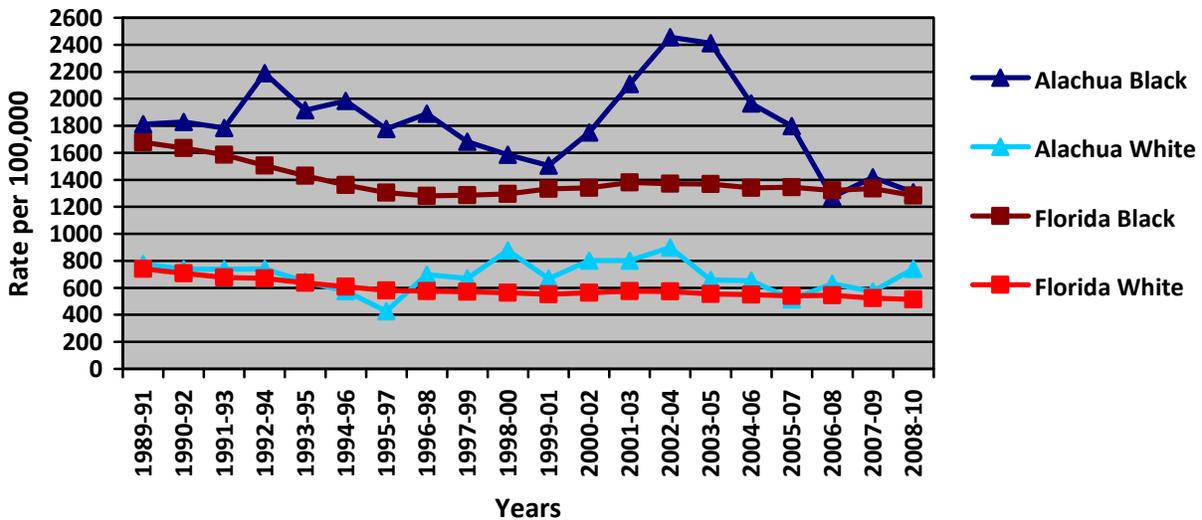
Infant death among Alachua County residents is, and has been, higher than the state rate since at least 1989. Because of small numbers, infant death statistics shown in Figure 3-9 are presented as three year rolling rates. In the most recent three year period for which data are available (2008-2010), the infant mortality rate in Alachua County is in the fourth quartile of the state. Alachua's infant death rate began to decline in 2002-2004 but then increased in 2007-2009. The infant death rate among AA mothers in Alachua County is higher than the death rate among white mothers and, until 2006-2008, was higher than AA mothers in Florida (Figure 3-10). Although the numbers are small, the infant death rate among white mothers has increased between 2007 and 2010.

Figure 3-9: Infant Deaths Crude Rate, 3-Year Rolling Rates



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Figure 3-10: Infant Deaths Crude Rate, By Race, 3-Year Rolling Rates



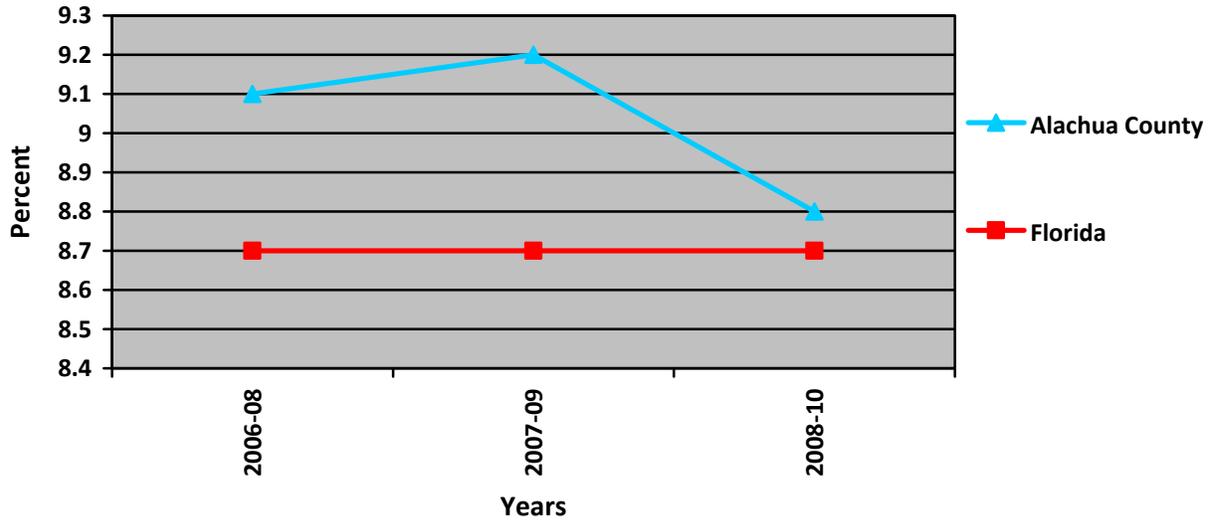
www.FloridaCHARTS.com

The majority of infant deaths are due to perinatal conditions. These deaths most frequently occur in the first 28 days of life (neonatal period). Between 2008 and 2010, 77 infants born to Alachua County mothers died before their first birthday and 55 of them were neonatal deaths. The most frequent cause of infant death at 62% was due to perinatal conditions and almost 16% was due to congenital malformations (2008-2010 data).

The incidence of low birth weight (≤ 2500 grams) is usually associated with infant death. The three year rolling averages between 2006 and 2010 show that low birth weight LBW incidence has been higher among Alachua County residents than the state (Figure 3-11). The LBW rate by race is shown in Figure 3-12, and it mirrors the state rate, although the rate for white Alachua

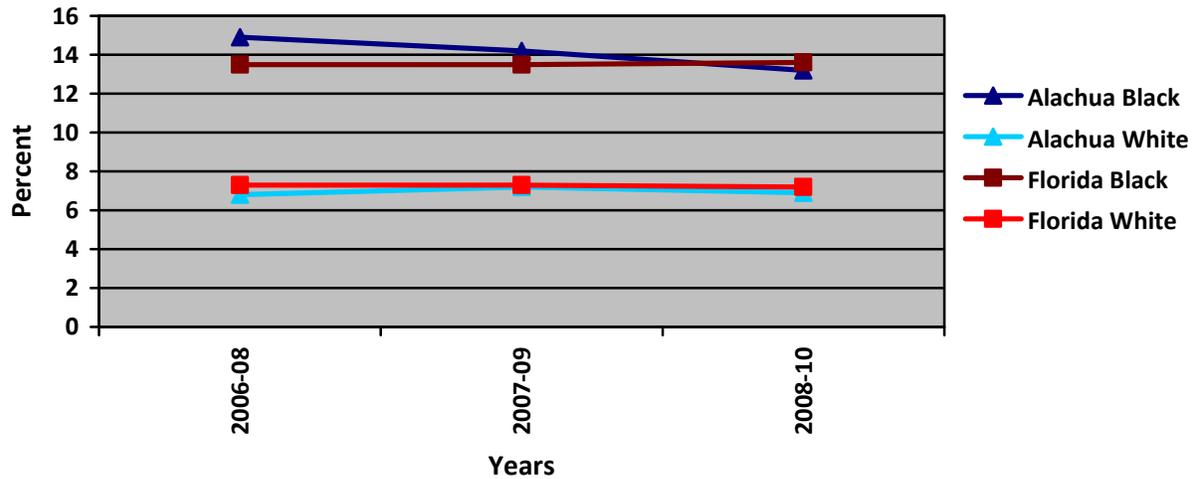
County mothers is slightly lower than the state rate and the rate of LBW for AA mothers is higher than the state rate between 2006 and 2009 but similar to the state rate in 2008-2010. The difference in LBW between Alachua County and the state appears to be at least partly due to the difference in racial composition of the county compared to the state.

Figure 3-11: Low Birth Weight, All Races, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-12: Low Birth Weight 3-Year Rolling Rates by Race



Source: www.FloridaCHARTS.com

Smoking rates among pregnant women are shown in Table 3-6. Since 2005, smoking among all pregnant women in Alachua County has been similar to the state rate. In Alachua County, white women are more likely to smoke than AA women. Additionally, AA pregnant women in Alachua County are more likely to smoke than AA pregnant women in Florida.

Table 3-6: Percent of Mothers Who Smoked During Pregnancy

Year	All Mothers		Black Mothers		White Mothers	
	Alachua County	Florida	Alachua County	Florida	Alachua County	Florida
2005	8.1	7.8	8.8	3.9	8.6	9.3
2006	6.3	7.6	5.4	3.7	7.3	9.0
2007	7.2	7.1	7.9	3.7	7.7	8.3
2008	8.5	6.8	9.5	3.5	9.0	8.0
2009	7.0	6.9	7.8	3.7	7.5	8.1
2010	7.2	7.0	7.3	3.9	7.9	8.2

Source: www.FloridaCHARTS.com

Other factors associated with pregnancy outcomes include the age of mothers and participation in prenatal care. Births to teens between 15-17 years of age are shown in Table 3-7. The rate of births to all adolescents in this age group is similar to the state rate most years, except in 2009 when it was higher. Among white youth, the pregnancy rate has been generally lower than the state rate. In contrast, among AA teens, birth rates had been higher than the state rate until 2010, when they dropped precipitously. In 2010, the pregnancy rate among white youth increased and the rate among black youth decreased. It is interesting to note that 2008-2010 births to 15-19 year olds was in the first quartile of the state but the repeat pregnancy rate among 15-19 year olds was in the third quartile of the state, and births among unwed mothers 15-19 was in the fourth quartile of the state.

Table 3-7: Births to Teens 15-17 per 1,000 Females

Year	Alachua County			Florida		
	All	Black	White	All	Black	White
2005	20.1	55.2	8.9	21.9	36.2	18.4
2006	24.7	69.7	9.7	23.1	38.3	19.5
2007	23.9	49.2	14.5	22.8	38.0	19.2
2008	21.1	41.4	13.1	20.4	34.5	16.9
2009	25.4	58.1	11.2	17.7	31.3	14.4
2010	7.9	16.9	5.9	15.2	28.4	12.7
2011	8.8	25.8	3.7	13.4	22.5	10.9

Source: www.FloridaCHARTS.com

Pregnancy among mothers who are older than 35 may also be associated with less than optimal pregnancy outcomes. Between 2008-2010, the rate of births to women older than 35 in Alachua County ranked in the fourth quartile in the state. Furthermore, a review of births to mothers 30 and older also shows they have been higher than the state rate since 2001 (Data not shown). A final issue of note is the observation that 43.6% of births are to mothers with interpregnancy intervals of <18 months.

Between 2005 and 2010, first trimester enrollment in prenatal care was similar to the state rate and varied between 76.0% and 81.7% (Table 3-8). The first trimester enrollment rate among

whites has been higher than the comparable state rate and ranged between 85.5% and 81.5%. First trimester enrollment in care among Alachua County AA mothers has varied between 64.8% and 72.8%. It is lower than white women and has generally been lower than the state rate.

Table 3-8: Births to Mothers with First Trimester Prenatal Care (% of births)

Year	Alachua County			Florida		
	All	Black	White	All	Black	White
2005	81.7	72.8	85.5	78.5	70.8	80.8
2006	79.1	68.2	83.7	76.8	68.5	79
2007	77.5	66.6	82.1	75.9	67.3	78.4
2008	77.3	65.6	82.2	76.9	68.4	79.3
2009	76	64.8	81.5	78.3	70.3	80.6
2010	77.8	66.8	82.9	79.3	71.6	81.6

Source: www.FloridaCHARTS.com

An emerging issue is the resurgence of substance abuse/addiction, especially to prescription medications, among pregnant women. When physicians observe signs of withdrawal in newborns, they document the diagnosis code 779.5 in the infant’s medical record. The statewide number of infants assigned this code in 2005 was 258, in 2009 it was 966, and in 2010 there were 1374 cases. Data from the first six months of 2011 showed 767 infants diagnosed with “drug withdrawal syndrome in the newborn”. Data regarding diagnosed drug withdrawal in newborns among Alachua County newborns from July 1, 2006 to June 30 of 2011 is shown in Table 3-9. The number of births reported is shown by calendar year to provide some context to the data.

Table 3-9: Newborns Diagnosed with Drug Withdrawal Syndrome in the Newborn (Code 779.5) in Alachua County Residents

Time period	Diagnosed with 779.5	Number of Births	Calendar Year
Jul 2006- Jun 2007	5	2,837	2006
Jul 2007- Jun 2008	4	2,849	2007
Jul 2008- Jun 2009	8	2,980	2008
Jul 2009- Jun 2010	13	2,925	2009
Jul 2010- Jun 2011	14	2,866	2010

Source: AHCA delivery discharge data. Provided by Shands HealthCare

ORAL HEALTH

The inextricable link between oral health and general health is now recognized as a public health priority. Disparities in disease incidence are compounded by inequalities in access and utilization of oral health care. The frequently overlooked, but potentially serious consequences associated with poor oral health have resulted in the characterization of oral diseases as a “neglected epidemic”.

A visual Basic Screening Survey of all third graders in the county (N=1737) was conducted in the fall of 2011. Overall, 46.1% of third-grade public school students in Alachua County had experienced dental caries and 27.2% had untreated cavities at the time of the survey. However, there were large disparities among the schools in the prevalence of disease: presence of caries ranged from 22.0% to 76.2% and untreated cavities ranged from 8.2% to 46.0%. Dental sealants were present on the permanent first molars of 35.7% of third-graders, ranging from a high of 66.7% to a low of 18.0%. Nearly 6% of children had an urgent need for dental care, defined as reported dental pain or clinical sign of dental infection at the time of the survey. There was also a disparity in this indicator, from zero in one school to more than 19% in another. Third-graders were also screened for severe malocclusion, which included the presence of conditions such as cross-bite, anterior open-bite or severe tooth crowding that made effective oral hygiene impossible; overall, 9.8% of children were judged to have severe malocclusion. Soft tissue pathology was relatively uncommon and was detected in 0.4% of third-grade students.

Among children enrolled in Medicaid in 2009 -2010, only about 25% received one or more dental health service from a Medicaid provider.

The Oral Health Coalition obtained data describing emergency room (ER) encounters for residents of Alachua County whose visits were coded as dental conditions that could have been avoided through prevention or earlier intervention. During the four years analyzed (2007–2010) there were, on average, 2,138 avoidable visits each year that resulted in average annual charges of \$1,728,096. Each visit was coded for the type of service provided, which offers some insight into the severity of the condition. Over 60% of the visits were coded as meeting the criteria for one of the two most severe conditions (out of four possible rankings).

Those seeking ER care for dental conditions ranged from age 0 to 97 years; 53% had no insurance, 35% were Medicaid beneficiaries, 7% were covered by commercial insurance, 7% were Medicare enrollees and about 2% had some other type of insurance coverage. The remainder of those seeking care were uninsured. The encounters in 2010 were analyzed by ZIP Code and expressed as a rate per 100,000 residents per year in each ZIP code. The ZIP codes with the highest number of avoidable visits were 32609 (14.3% of all encounters), 32607 (14.3%), 32608 (13.4%), 32641 (12.6%) and 32601 (12.2%). The frequency of emergency room encounters in Alachua County was compared to the State of Florida. This comparison can be seen in Table 3-10 which shows that the age-adjusted rate of ER use in Alachua County was higher than the state average. The data also demonstrate the dramatic racial disparity in the county, with the rate among AA being over 300% higher than the rate among whites. Interviews with low income residents and the data cited above for severity of ER visits, suggest that a visit to the emergency room is not usually the first action a person with a dental problem takes, but is considered a last resort.

Table 3-10: Age-adjusted Rate of Use of Emergency Rooms for Dental Conditions, by Race

Area	Total	Race	
		White	Black
Alachua County	824.3	598.2	1832.7
Florida	738.6	745.2	1082.1

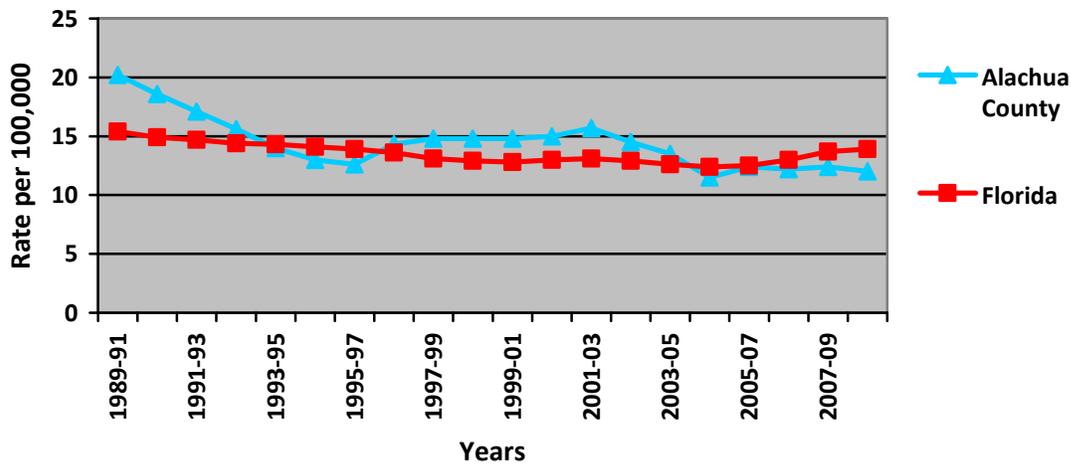
Source: Rates are per 100,000 and based on data from 2009 analysis done by WellFlorida. Provided by the Oral Health Coalition of Alachua County

BEHAVIORAL HEALTH

Mental and behavioral health is a key component of a community’s overall health status. Indicators that are included as measures of behavioral health are suicide death rates, mental health hospitalizations and rates of Baker Act initiation.

Figure 3-13 displays three year rolling suicide death rates for Alachua County and the State of Florida. Alachua County’s rates have been similar to the state rates, until recently (between the years of 2003 and 2005), when the county’s rate declined and is now slightly below the state’s rate. Between 2008 and 2010, the suicide rate in Alachua County was in the first quartile in the state. The rate for Alachua County residents who have been Baker Acted has been lower than the state between 2004 and 2009.

Figure 3-13: Suicide Age-Adjusted Rolling Death Rates



Source: www.FloridaCHARTS.com

Although some mental health indicators are comparable or better than the state rates, it is important to recognize the cost of the lack of out-patient mental health services. Psychosis, which is only one mental health diagnosis, has been one of the most common causes of in-patient admissions. It has ranked in the top 3-5 reasons from 2004 to 2007. As demonstrated in Table 3-11, psychosis accounted for an average of 657 discharges each year and was responsible for an average of 5,778 hospital days annually.

Table 3-11: Number and Percent of Hospital Visits due to Psychosis, 2004-2009

Year	Number of Discharges	Percent of Discharges	Number of Patient Days	Percent of Patient Days
2004	607	2.4	5,599	4.5
2005	653	2.6	5,810	4.7
2006	635	2.5	5,761	4.6
2007	617	2.4	5,167	4.2
2008	686	2.4	5,102	3.8
2009	745	2.7	7,234	5.6

Source: AHCA discharge data. Provided by WellFlorida

CHAPTER 4: Health Related Factors

The Health Outcomes described in Chapter 3 are a result of several factors including socioeconomic characteristics described in Chapter 1 and access to care which is discussed in Chapter 2. This chapter describes other factors such as body weight and smoking behaviors that have a direct physical link to health, as well as some of the social factors that affect an individual or family's ability to pursue health.

BODY WEIGHT AND ACTIVITY

Adults

The BRFSS survey includes questions about height and weight which is then used to calculate each respondent's body mass index (BMI). In 2010, 38.5% of adults were considered overweight and 21.6% were obese, for a total of 60.1% who were considered either overweight or obese. Alachua County's rate of obesity is lower than the state's and the rate of overweight or obese residents in the county has decreased from 63.3% in 2007. This was a refreshing reversal of the increase that was seen between 2002 and 2007 when the rate increased from 50.7% to 63.3%. (See Table 4-1.)

Table 4-1: Overweight and Obese Adults (BRFSS), Alachua County and Florida, 2002, 2007, and 2010

Indicator	Alachua County			Florida (2010)
	2002	2007	2010	
Percentage of adults who are overweight	36.1	37.8	38.5	37.8
Percentage of adults who are obese	14.7	25.4	21.6	27.2
Percentage of adults who are overweight or obese	50.7	63.3	60.1	65.0

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Youth

The Florida Department of Health data on BMI and activity among youth is displayed in Table 4-2 and Table 4-3.

In 2010, 8.2% of Alachua's middle school students were at or above the 95th percentile for weight, which means they are at risk for obesity, and 29.8% did not get sufficient vigorous exercise. The percent of middle school children at risk for obesity decreased between 2008 and 2010 and somewhat fewer are without sufficient vigorous exercise.

Among high school students in 2010, 13.9% were at or above the 95th percentile for weight, which is higher than the state rate and represents an increase in overweight high school students compared to 2008. Although 35.4% of Alachua County's high school students were without sufficient vigorous physical activity, the county rate is somewhat better than that of the state, which, in 2010, was 39.1%. Data in these tables suggest that as Alachua County's children get older, they are becoming more at risk for unhealthy weights.

Table 4-2: Percent of School Children with BMI's at or above the 95th Percentile

School Type	Alachua County		Florida	
	2008	2010	2008	2010
Middle School	11.5	8.2	11.3	11.7
High School	9.8	13.9	11.0	11.4

Source: www.FloridaCHARTS.com

Table 4-3: Percent of School Children Without Sufficient Activity, Alachua County and Florida

School Type	Alachua County		Florida	
	2008	2010	2008	2010
Middle School	32.2	29.8	31.6	30.7
High School	34.7	35.4	40.6	39.1

Source: www.FloridaCHARTS.com

Smoking

There are relatively fewer smokers in Alachua County compared to the state and the rate decreased by about 1 percentage point between 2007 and 2010. A higher percent of men smoke compared to women and, between 2007 and 2010, the rate among men increased from 13.4% to 17.1%, whereas in women it decreased. Unlike the rest of the state, the incidence of smoking among African Americans (AA) is higher than it is among whites. The reported smoking behavior among AA in 2010 appears to be due to relatively high smoking rates among AA females (21.3% were smokers). Smoking is more common among adults with annual incomes of less than \$25,000, with less than a high school education, and who are unmarried.

Table 4-4: Smoking Among Adults (BRFSS), Alachua County and Florida, 2002, 2007, and 2010

Indicator	Alachua County			Florida (2010)
	2002 Measure	2007 Measure	2010 Measure	
Percentage of adults who are current smokers	18.8	15.5	14.4	17.1
Race and Gender				
Men	21.7	13.4	17.1	18.4
Women	16.0	17.4	11.8	16.0
African Americans	27.2	14.8	21.5	13.7
Whites	19.1	17.3	12.3	18.4
African American men	-	-	-	19.0
African American women	21.6	21.6	21.3	9.7
Socioeconomic				
Less than \$25,000	27.8	28.8	38.8	26.5
\$25,000 - \$50,000	22.2	17.5	11.0	18.0
More than \$50,000	11.4	9.1	6.4	11.7
Less than High School	33.7	38.8	30.9	28.3
High School/Some College	26.7	18.2	25.7	24.3
Four years or more of college	15.4	14.0	10.0	12.9
Married	11.3	11.9	9.6	14.3
Not Married	26.0	21.0	21.9	22.3

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

SOCIAL DETERMINANTS

There is an increased understanding of the role social determinants play in contribution to the health of a community and its members. Chapter One reviews some of the key indicators including poverty, education and employment. Chapter Two describes insurance status, which is in great part tied to income and employment. This section adds more detail on social issues that contribute to the outcomes described in the other sections.

Education

Socioeconomic status is a key indicator of health outcomes. The ability to acquire and retain a job that confers positive social status, pays well and includes benefits is tied to educational status. Two indicators are included in this section: an evaluation of school readiness at kindergarten and high school graduation rates. The United Way of North Central Florida reviewed the educational outcomes for children enrolled in Alachua County schools and found the following:

- 22% of students do not graduate high school on time, or at all.
- 35% of African-Americans do not graduate high school on time or at all.
- 76% of students in alternate high schools do not graduate.
- 29% of all 3rd graders do not read at grade level as measured by the Florida Comprehensive Assessment Test (FCAT2.0).
- 39% of children on free and reduced lunch do not read at grade level.

- 48% of African American 3rd graders do not read at grade level.
- 51% of the 3rd graders are not reading at grade level if they attend a school in which more than 71% of the students are on free or reduced lunch.

Review of additional data describing the educational abilities and performance of our youth suggest some areas that would benefit from intervention. Table 4-5 shows that in school year 2009-10, only 86.1% of children entering kindergarten demonstrated the skills indicating readiness to learn. This was lower than the state rate of 88.5% and lower than the prior year.

Table 4-5: School Readiness at Kindergarten Entry¹

School Years	Alachua County	Florida
2004-05	85.0	84.0
2005-06	82.0	82.0
2006-07	87.0	86.0
2007-08	86.0	88.0
2008-09	88.0	87.9
2009-10	86.1	88.5

Source: Department of Education Office of Early Learning. Provided by www.FloridaCHARTS.com

¹Percent scoring as “ready”

Table 4-6 shows the percent of students who graduate from high school by type of high school and race. Although the graduation rates have been improving over the last several years, disparities remain among AA and other students. Only 79% percent of African Americans graduate from traditional high school, compared to 90% of whites and 89% of Hispanics. The graduation rates are lower among youth attending alternate schools, but the racial disparities persist, with only 17% of AA students graduating compared to 33% of white students.

Table 4-6: Graduation Rates by Race and Type of School

Alachua County High School Graduation Rates	Traditional High School Programs (N=7)		Alternate High School Programs (N=5)	
	Total Number of Senior Students	Percent Graduating	Total Number Students	Percent Graduating
All Students	1,826	83	183	24
White	1,005	90	49	33
African American	576	79	110	17
Hispanic	97	89	13	38

Source: Alachua County School Board- Provided by: United Way

Table 4-7 displays the reading ability by school and illustrates the impact of race and income on performance. In schools in which more than 70% of children are minorities, only 52% of third graders are reading at or above grade level. In schools in which more than 70% of children were eligible for free or reduced price lunch, less than half the third graders were reading at or above grade level. The data show lower performance among children who are minority and low income and suggest that the disparities become worse over time.

Table 4-7: Percent of students reading at or above grade-level by school-level demographics for 2010-2011 for 3rd and 4th grade

Demographic Description of Schools	Percent reading at or above a score of 3	
	3 rd grade	4 th grade
% School Minority Students		
Less than 40%	84%	81%
41-70%	73%	73%
More than 70%	52%	49%
% School Eligible Free & Reduced Lunch		
Less than 40%	87%	88%
41-70%	78%	75%
More than 70%	49%	47%

Source: Alachua County School Board- Provided by: United Way

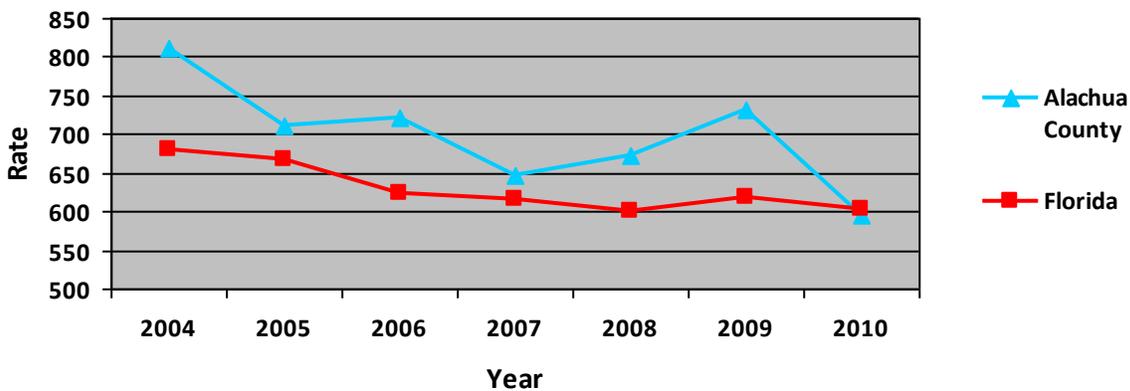
Safety

Families that are struggling with violence have difficulty focusing on health issues. In addition, the emotional and physical stress associated with family violence contributes to physical deterioration of household members as well as the victims.

Domestic Violence

Figure 4-1 shows the incidence of domestic violence between 2004 and 2010 in both Alachua County and Florida. The rates in Alachua County have been somewhat higher than those of the state until 2010 when the rates were essentially the same. Between 2008 and 2010, there were an average of 1,700 reports annually and in 2010 there were 1,537 domestic violence offenses reported for Alachua County residents. (Data not shown)

Figure 4-1: Rate of Domestic Violence Offenses per 100,000, 2004-2010



Source: www.FloridaCHARTS.com

Child Abuse

Table 4-8 shows data describing child abuse reports for the 12 month period between October 2010 and September 2011. There were 3,604 reports of child abuse. After investigation, 978 cases of abuse or neglect were identified. Of these, 432 were for neglect, 112 were for physical abuse and 23 were for sexual abuse. The county ranks 11th in the state for identified instances

of abuse and neglect (only 10 counties had higher rates per capita), 15th for neglect, 4th for physical abuse and 37th for sexual abuse. The high incidence of identified child abuse does not seem to be due to increased reporting, as Alachua ranks 30th in reporting.

Table 4-8: Children in Alachua County Subject to Child Abuse (October 2010-November 2011)

Indicator	Count	Rate ²	State Rate ²	County Ranking ¹
Children Subject of Maltreatment Response	3604	60.0	47.0	30
Victim Reports – General	978	16.3	9.4	11
Victim Reports of Neglect	432	7.2	4.4	15
Victim Reports – Physical Abuse	112	1.9	0.7	4
Victim Reports – Sexual Abuse	23	0.4	0.4	37
Victim Reports – Other Abuse	411	6.9	3.9	7.5

Source: <http://www.fosteringcourtimprovement.org/fl/County/Alachua/>

¹Out of 67 Florida Counties

²Rates are either per 10,000 or percent

CHAPTER 5: Health Disparities

This chapter includes a brief overview of some populations exhibiting health disparities for which data are readily available. It is not intended to imply that these are the only populations at risk in Alachua County. Interim or subsequent assessments may include data on other groups of interest, such as the developmentally disabled and elders. This section will include a review of health related data on minorities and the homeless, as well as disparities by area of residence.

MINORITY HEALTH

The issue of disparities in health outcomes between whites and African Americans (AA) in Alachua County was introduced in Chapter 3. Table 5-1 includes a subset of data compiled by the Florida Department of Health, specifically developed to describe racial disparities in the county. African Americans have lower incomes, less education, higher unemployment and, in general, worse health outcomes. The worse disparities (3:1 ratio or worse) in chronic disease related health problems (listed in descending order) are: death rate from AIDS, death from diabetes, hospitalizations from diabetes, and adults who have had a stroke. However, there are instances in which AA have better outcomes. These include lower mortality rates from lung cancer, unintentional injuries, suicide and liver disease. Death rates are similar to whites for Alzheimer's and chronic lower respiratory disease.

Table 5-1: Alachua County Minority Health Profile- Black

Measure	Rate Type	Alachua County			Florida		
		Black	White	B/W Ratio	Black	White	B/W Ratio
Socio-Demographic Characteristics							
Individuals below poverty level	Percent	31.90%	19.30%	1.7:1	25.90%	9.50%	2.7:1
Civilian labor force which is unemployed	Percent	12.60%	5.60%	2.3:1	10.30%	4.60%	2.2:1
Individuals 25 years and over with no high school diploma	Percent	29.00%	8.50%	3.4:1	33.00%	17.50%	1.9:1
Access to Care							
Age-adjusted asthma hospitalization rate	Per 100,000	1534.8	547.3	2.8:1	1205.2	644.7	1.9:1
Maternal and Child Health							
Births to mothers ages 15-19	Per 1,000	53.4	12.8	4.2:1	57.2	31.2	1.8:1
Births to mothers over 18 without high school education	Percent	19.10%	7.00%	2.7:1	17.10%	15.30%	1.1:1
Births < 1500 grams (very low birth weight)	Percent	3.30%	1.40%	2.3:1	3.00%	1.20%	2.5:1
Births < 2500 grams (low birth weight)	Percent	13.20%	6.90%	1.9:1	13.60%	7.20%	1.9:1
Fetal deaths	Per 1,000	12.9	4.9	2.6:1	12.7	5.6	2.3:1
Sudden Unexpected Infant Deaths (SUID)	Per 100,000	147.2*	56.5*	2.6:1	178.7	73.1	2.4:1
Maternal deaths	Per 100,000	73.6*	18.8*	3.9:1	37.1	15.4	2.4:1
Injuries and Injury-related Deaths							
Age-adjusted homicide death rate	Per 100,000	11.1	2.1	5.2:1	16.8	4.1	4.1:1
Hospitalizations for non-fatal firearm injuries	Per 100,000	14.7	4.6	3.2:1	30.6	4.8	6.4:1
Cardiovascular							
Adults who have ever had a heart attack, angina or coronary heart disease	Percent	13.40%	5.60%	2.4:1	7.60%	10.60%	0.7:1
Adults who have ever had a stroke	Percent	6.70%	2.30%	3:1	3.80%	3.50%	1.1:1
Age-adjusted hospitalization rate	Per 100,000	125.7	49.5	2.5:1	263.8	101.6	2.6:1
Cancer							
Prostate Cancer Age-adjusted death rate	Per 100,000	43.6	14.9	2.9:1	41.9	15.7	2.7:1
Breast Cancer Age-adjusted incidence rate	Per 100,000	12.0*	7.1	1.7:1	11.1	8.6	1.3:1
Diabetes							
Age-adjusted death rate	Per 100,000	57.2	19.8	2.9:1	39.9	17.4	2.3:1
Age-adjusted hospitalization rate	Per 100,000	5064	1832.9	2.8:1	4264.2	1867.8	2.3:1
Hospitalizations from amputation due to diabetes	Per 100,000	80.5	19.1	4.2:1	68	19.6	3.5:1
Adults with diagnosed diabetes	Percent	17.60%	3.40%	5.2:1	13.40%	10.10%	1.3:1
HIV/AIDS							
Reported AIDS Cases	Per 100,000	50.9	7.2	7:1	71.7	7.3	9.9:1
Age-adjusted HIV/AIDS death rate	Per 100,000	23.3	1.4	17:1	26.1	3	8.8:1

Source: www.FloridaCHARTS.com

*denotes rates based on fewer than five events are considered unstable use caution when interpreting these rates

According to BRFSS data, the incidence of smoking among both races decreased between 2002 and 2007. Smoking among whites continued to decrease in 2010 but increased among AA between 2007 and 2010. The small sample sizes result in wide confidence intervals, which make conclusions difficult to draw. However, smoking rates among AA in Alachua County may be an issue worth more study. The most recent data on lung cancer mortality rates (Chapter 3) show an increase among AA.

Table 5-2: Percent of Current Smokers (with Confidence Intervals) by Race; BRFSS; Alachua County

Race	2002	2007	2010
All	18.8	15.5	14.4
White-non Hispanic	19.1	17.3	12.3
Black-non-Hispanic	27.2	14.8	21.5

Source: www.FloridaCHARTS.com

Homeless

Data on the homeless are collected every January, during the “point in time survey” conducted by the Alachua County Coalition for the Homeless and Hungry. The total count and demographics are available from the 2012 survey, but the most recent detail on other factors is from the data collected in 2011. The total number of homeless has increased from 952 in 2007 to 2,094 in 2012. The homeless are predominantly male (73%); 43% are African American, 48% are white and, 5% are Hispanic.

Table 5-3: Summary of Homeless Count

Counts	2007	2008	2009	2010	2011	2012
Shelter	278	352	336	365	571	543
Unsheltered	395	616	740	672	816	1,235
Street	325	465	626	575	658	1,107
Jail	51	115	80	72	129	117
Hospital	19	36	34	25	29	11
School Board	279	397	518	234	394	316
Total	952	1,365	1,594	1,271	1,781	2,094

Source: Point in Time Survey, Coalition for Homeless and Hungry

The majority (64.6%) were between 18-59 years old and almost one quarter (24.3%) lacked a high school diploma or GED; 45.1% had a high school degree or GED; 19.5% had some college and; 8.1% had a college degree. Almost 18% of the homeless had children. Thirty six percent had been in prison or jail and 36% were veterans.

Table 5-4: Homeless Population Demographics from 2011¹

Indicator	Percent	Number
Male	72.5	520
Female	27.5	196
Age Groups		
Under 18	27.1	482
18-59	64.6	1150
60 and over	8.3	149
Race²		
Black	42.7	317
White	48.1	357
Other	14.3	103
Families with kids		
With kids	17.7	246
Without kids	82.6	1141
Veteran Status		
Veteran	36.0	468
Non veteran	64.0	831
Education Levels		
Less than HS	24.3	-
HS/GED	45.1	-
Some College	19.5	-
College Degree	8.1	-
Trade Certificate	2.9	-

Source: Point in Time Survey, Coalition for the Homeless and Hungry

¹Data from 2012 survey

² Some people self identified with more than one race

Reasons cited for being homeless include unemployment (42.8%), drug/alcohol problems (8.9%), physical/medical problems (6.9%) and being a disabled veteran (5.8%). Almost half (45.9%) reported using the ER in the last year and 36% experienced an in-patient hospital stay. Almost 63% report having at least one disability: 38.8% reported a physical disability, 28.3% reported a mental disability, 25.6% reported an addiction and 39.7% said the disability prevents them from working.

Table 5-5: Homeless Population Description

Indicators	Percent
Cause of Homeless	
Unemployed/lost job	42.8
Disabled Veteran	5.8
Physical/mental problems	6.9
Alcohol/drug problems	8.9
Other	8.2
Healthcare and Disability	
ER USE	
Yes	45.9
No	54.1
Hospital Discharge	
Yes	36.0
No	64.0
Disabilities	
Physical	38.8
Mental	28.3
Addiction	25.6
Developmental	2.6
HIV	1.5
Prevents working	39.7
Unmet Needs	
Shelter	38.4
Permanent housing	69.5
Healthcare	42.7
Dental Care	47.0
Transportation	45.1

Source: Point in Time Survey, Coalition for the Homeless and Hungry

Health care was cited as an unmet need by 42.7% of the homeless and lack of dental care was cited by 47%. The frequent use of the ER for medical care may result in the perception that medical care is available.

Residence

A review of the data in this section provides support for the concept of “where we live makes a difference to our health”.

Avoidable Hospital Services

The hospital data discussed below are organized by ZIP Code. A map showing ZIP codes is given in Figure 5-1.

Figure 5-1: Alachua County ZIP Codes

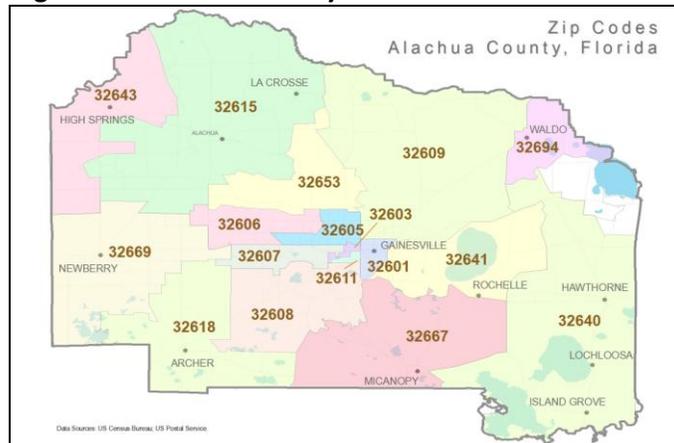


Table 5-6 summarizes avoidable use of hospital services. The data are presented by both the total number of encounters in the ZIP code and by the number of events per 1,000 residents. Although the number of events would be more relevant if designing an intervention, the events per 1,000, is a better reflection of the risk of residing in that ZIP code.

The ZIP codes responsible for rates of in-patient use that are higher than the average for the county (listed in descending order) are from residents of: 32641, 32694 (Waldo), 32609, 32640 (Hawthorne), 32601, 32643 (High Springs), 32669 (Newberry), 32615 (Alachua). The highest numbers of in-patient hospitalizations come from (listed in descending order): 32608, 32609, 32641, 32601 and 32607. These five ZIP codes account for almost 57% of all the avoidable hospital admissions. (Data in Table 5-6)

Table 5-6: Number of Avoidable Discharges and Rate Per 1,000 Population, 0 - 64 Years of Age by ZIP Code, Alachua County and Florida, 2008-2010

Area	Average Discharges 2008-10	Rate Per 1,000 Population
32641 – Gainesville	285	25.58
32694 – Waldo	18	18.96
32609 – Gainesville	149	17.47
32640 – Hawthorne	142	14.79
32601 – Gainesville	267	14.46
32643 – High Springs	348	14.41
32669 – Newberry	329	13.45
32615 – Alachua	5	12.89
32667 – Micanopy	170	12.00
32610 – Archer	96	10.69
32607 – Gainesville	3	10.19
32608 – Gainesville	150	9.72
32653 – Gainesville	306	8.79
32606 – Gainesville	133	7.64
32605 – Gainesville	95	6.96
32631 – Earleton	50	6.04
32603 – Gainesville	120	2.50
32611 – Gainesville	32	1.09
Alachua County	2,699	12.21
Florida	217,441	13.95

Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010; ESRI Business Solutions, 2008-2010. Provided by WellFlorida.

The avoidable ER visits are shown in Table 5-7. The ZIP codes representing the incidence of avoidable emergency room encounters that are higher than the average for the county are (listed in descending order): 32641, 32694 (Waldo), 32609, 32601, 32607, 32640 (Hawthorne). ZIP codes contributing the largest number of ER visits are (listed in descending order): 32608, 32607, 32641, 32609, and 32601. These five ZIP codes contribute 60% of all avoidable ER visits.

Table 5-7: High Risk Section ZIP Codes: Number of Avoidable ER Visits and Rate Per 1,000 population by ZIP Code, Alachua County and Florida, 2008-2010*

Area	Average ER Visits	Rate Per 1,000 Population
32641 – Gainesville	3,277	244.12
32694 – Waldo	383	190.16
32609 – Gainesville	3,221	155.35
32601 – Gainesville	2,769	132.01
32607 – Gainesville	3,726	130.95
32640 – Hawthorne	1,422	115.55
32669 – Newberry	1,098	108.23
32615 – Alachua	1,599	106.69
32608 – Gainesville	3,956	102.55
32643 – High Springs	1,092	101.69
32618 – Archer	864	85.74
32653 – Gainesville	983	78.20
32667 – Micanopy	375	74.57
32606 – Gainesville	1,489	69.53
32631 – Earleton	40	67.94
32605 – Gainesville	1,602	62.47
32603 – Gainesville	210	27.94
32611 – Gainesville	88	17.79
Alachua County	28,200	114.36
Florida	2,960,628	155.66

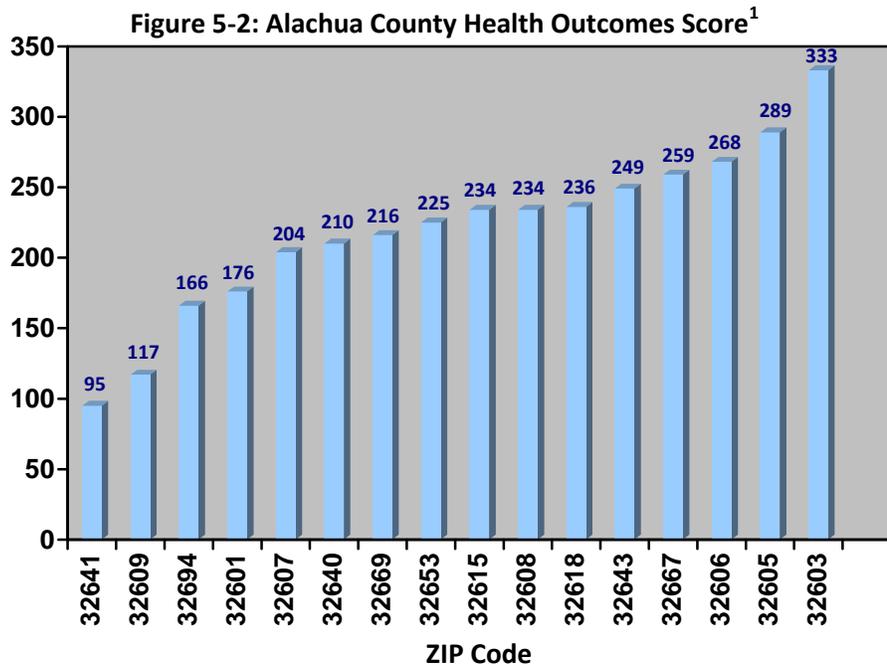
Source: Broward Regional Health Planning Council, ESRI Business Solutions, 2008-2010.

ER Visits are classified into four categories using the NYU Algorithm:

- (1) Non Emergent
- (2) Emergent/primary care treatable
- (3) Emergent/emergency room care required but preventable/avoidable
- (4) Emergent/emergency room care required, not preventable/avoidable.

Therefore, the first three were combined to create the total number of avoidable ED visits

A compilation of health outcomes was used by the University of Florida College of Medicine Family Data Center to assign an overall health outcome score to each ZIP code in Alachua County. The results are shown in Figure 5-2. The data used to develop the ranking included: socioeconomic indicators, such as income and education; birth outcomes such as low birth weight and infant death; mortality data; rates of sexually transmitted infections and, other measures including child maltreatment and available use of hospital services. Among the 16 ZIP codes in Alachua County, the 5 unhealthiest ZIP codes were (listed in order of lowest ranking first): 32641, 32609, 32601, and 32607. The healthiest were (listed in descending order): 32603, 32605, 32606, 32667 and 32643.



Source: UF Family Data Center, Dr. Nancy Hardt
¹Higher scores indicate healthier ZIP codes

School Children

Data reflecting indicators of children’s income and health by the elementary school attended are shown in Table 5-8. The Table shows the percent of all children in the school who are eligible for free or reduced lunch, the percent of untreated caries identified in third graders and the percent of all children in the school children who are overweight. The data are arranged by school with the highest percent of free and reduced lunch listed first. It is interesting to note both the similarities and discrepancies in the rank order of the indicators.

Table 5-8: Health Indicators for Elementary School Aged Children

School	Percent Free or Reduced Lunch ¹	Percent Untreated Caries ²	Percent Overweight or Obese ³
M.K. Rawlings	98.6	26.5	37.0
Lake Forest Elementary	94.6	40.0	-
W.A. Metcalfe	93.4	43.9	32.1
C.W. Duval Elementary	92.7	29.1	-
Chester Shell	89.0	42.9	34.1
Myra Terwilliger	83.2	44.0	41.6
Idylwild Elementary	82.1	39.0	28.7
Waldo Community	80.5	31.6	34.9
Joseph Williams	69.9	31.7	32.8
Alachua Elementary	64.2	38.2	31.9
Stephen Foster	61.8	26.8	-
Archer Community	57.0	32.0	34.4
Newberry Elementary	55.4	29.2	34.5
C. W. Norton	54.4	27.2	28.9
Littlewood Elementary	54.4	19.8	-
J.J. Finley Elementary	51.2	46.0	-
Lawton Chiles	43.6	15.3	30.0
Kimball Wiles	43.1	25.4	30.4
Glen Springs Elementary	42.2	15.6	24.3
High Springs Community	39.1	21.1	-
William Talbot	21.5	8.2	26.4
Hidden Oak Elementary	16.1	12.4	34.2
Average	63.1	29.3	31.5

Source: ¹Data from Food and Nutrition Services Alachua County School Board (ACSB)

²Oral Health Coalition of Alachua County

³ACSB data analyzed and provided by UF Family Data Center

Infant death

Census tracts are smaller geographical units and are not coincidental with ZIP codes. The US Census Bureau describes demographic and socioeconomic population data by census tract and the Florida Department of Health tabulates and displays mortality data by census tracts. This provides the ability to produce a finely tuned geographic portrayal of a county's health outcome. Infant mortality is a commonly used indicator of health often used as a bell weather measure of a community's health. Among the 112 infant deaths that occurred between 2006 and 2010, 40 (36%) of them occurred in four of the 43 Alachua County census tracts. The census tracts were 2206, 0400, 1803, and 2203. (In 2010 the census tracts 2206 and 2203 were subdivided into 4 different census tracts)

Technical Notes

Health Outcome Scores (figure 5-2) The University of Florida Family Data Center used publicly available countywide health and demographic statistics to create a simple tool for ranking Alachua County by ZIP Codes. Selected demographics and health outcome data were included in this tool. Each data element was used to rank 16 ZIP codes from unhealthiest to healthiest; the individual rankings were summed to provide overall health rankings. The data came from the following categories: Demographic and Socioeconomic Factors, Birth Indicators Death Rates, Infectious Disease Rates, Child Protection and Safety and Health Care Utilization. For more information, see the website <http://familydata.health.ufl.edu/community-outreach/cara-project/alachua-county-health-report-card/>

FORCES OF CHANGE: Discussion Summary

Forces	Impact	
	Threats Posed	Opportunities Created
Shifts in the economy and workforce environment	Chronic local poverty; Unstable housing market; Workforce reduction; Reduction in the number of Americans without health insurance; Rise in the cost of health insurance; fewer individuals not in the work force available to volunteer; tight money reduces money to give to not-for-profits	In the area, the shifts are tempered by the impact of The University of Florida (UF) which seems to have adapted to the tough economic climate
Environmental changes related to facilities and infrastructure	Loss of primary care in health department; funding arranged for new clinic in SW area but care was to be provided by health department; reduced budgetary support for recreational programs; reduction in funding for new diseases; new trends in pharmaceutical supply and funding threatens availability of medications; insufficient availability of mental health care	Some increasing services and availability of recreational facilities: FQHC providing services in Gainesville; UF Shands providing more care in center of city and on Eastside; SWAG has new funded community center and clinic; the BUS mobile health center (UF/Shands) targeting high need areas and providing free care; opening of Health Street; new Senior Center with weight room, outside recreation area; usable by all; local care provider folding in mental health care into primary care; Depot Park, more bike and walking trails
Environmental change, natural and pathogenic	Emerging pathogens, some of which show drug-resistant characteristics; global climate change/global warming; threat of bioterrorism	Some public commitment to address new and old threats: More smoke-free facilities and policies; Introduction of a new facility devoted to progress and innovation in medicine/health to meet new needs; FluMist Immunization Program being implemented in schools and other public areas; sufficient water and other resources in area; emphasis on growing and eating local food; environmental focus in community
Political environment and pending elections	Lack of funding from state government to assist local government health organizations; Political polarization/grandstanding with limited collaboration or compromise	Local politicians listen to community issues; State committed to reducing spending not investment; more collaboration to buffer impact

<p>Populations dynamics</p>	<p>Lack of awareness of and preparation to meet the needs of hidden or vulnerable populations while they are increasing (immigrants, refugees, ex-offenders, sex offenders); Children continue to be born into poverty; Chronic poverty; Wide education disparities within the community; Rising homeless population; aging population increasing and they will have more health needs</p>	<p>Graduation rate of black males is increasing; advocacy efforts in community such as SWAG have been successful; community efforts such as this planning meeting will help us prepare to meet these needs</p>
<p>Social Climate</p>	<p>Emotional disillusionment/general malaise and uncertainty with collective action and community responsibility; reduced trust that society will solve problems and that medical care is really available to those with need</p>	<p>Greater community involvement and collaboration between the government, non-profit organizations and health organizations; Strong Faith-based community representation; High student population and participation; Passion for the health and creation of healthy communities; Opportunities for enhanced research, management and evaluation; Increased focus on a proactive rather than a reactive approach to prevention</p>
<p>Technological Innovation</p>	<p>Technology inflates cost of services rather than reduces cost; The switch to electronic health records has been complicated and costly; Self diagnosis and disease creation made possible by the internet</p>	<p>Easy access to data from needs assessment on community health needs; People can meet and share ideas/gather to discuss community issues much easier than in the past; costs may reduce over time</p>

ATTACHMENT 1: Priorities identified through the MAPP Process

Issue	Assessment*	Comments
Access to care		
Medical	FOC, S&T	The FOC and S&T subcommittees saw access to comprehensive care as a single issue, because all services are equally important to good health. The health status assessment showed use of the emergency room (ER) for dental and mental health to be higher than the state rate, where as overall use of ER is lower than the state rate
Pharmacy	S&T	
Dental	FOC, S&T, HSA	
Behavioral Health	FOC, S&T, HSA	
Diabetes	HSA	Deaths, hospitalizations and amputations associated with diabetes are higher than the state rate and it appears that Alachua residents with diabetes are not managing their condition as well as possible.
Reproductive outcomes	HSA	Infant and neonatal mortality is in the worst quartile in the state. Fetal death is in the third quartile. Repeat pg to teens is higher than the state.
Obesity	S&T	60% of adults are overweight or obese and about 1/3 of children are over weight/obese.
Disparities		
Minorities	FOC, HSA	Out comes for African Americans are worse for almost all health outcomes and many of the disparities in Alachua County AA are even higher than the state ratios
Chronic mental illness	FOC	People with chronic mental illness die ~25 years earlier than others
Homeless	FOC	Homeless are poverty stricken and experience more medical, behavioral and dental problems than others
Veterans	FOC	Veteran services are inadequate to meet the needs of returning vets and their families
Violence		
Child abuse	S&T	People in several of the qualitative reports expressed concern about safety and family violence
Domestic Violence	S&T	
Gangs	S&T	
Graduation rates of African Americans	FOC	Only 79% of African Americans graduate, compared to 90% of white children
Fragmented delivery system	S&T, LSA,	The way services are offered creates a barrier to care
Need an entity to ↑ collaboration, communication and resource sharing	LSA	Organizations want to collaborate but lack community infrastructure to facilitate communication and collaboration.
Establish policy advisory group	LSA	Policy is a cost effective way to make lasting behavior change
Environment		
Infectious diseases	FOC	Antibiotic resistant and immunization preventable diseases are becoming more common
Water resources	FOC	Potable water is becoming a vulnerable resource

*FOC=Forces of Change; S&T=Strengths and Themes; HSA =Health Status Assessment; LSA=Local System Assessment