



ALACHUA COUNTY COMPREHENSIVE PLAN: 2011-2030 EVALUATION AND APPRAISAL ISSUE SUMMARY

April 17, 2018

STATEMENT OF ISSUE

Issue: Review Community Health Element with focus on areas such as equity, mental health, substance abuse, children's services, rural services and oral health.

This issue paper covers the following topics:

- A. Analysis of the formation, findings, and recommendations of the Community Health Assessment.
- B. Identification of two overarching goals of the Community Health Improvement Plan:
 - (1) **ensuring access** to comprehensive care for all Alachua County residents, and
 - (2) **promoting wellness** among all Alachua County residents.
- C. Detailed explanation of the four focus areas identified by the health team using the Community Health Assessment and the Community Health Improvement Plan.
- D. Recommended strategies for revising the Community Health Element of the Alachua County Comprehensive Plan to specifically address these findings and goals.
- E. Utilization of a Health in All Policies approach to ensure a long-term focus on the health and well-being of Alachua County.

Note: This paper is the result of collaboration of staff of Alachua County and Florida Department of Health/Alachua County.

COMPREHENSIVE PLAN POLICIES RELATING TO ISSUE

The Community Health Element was added to the Comprehensive Plan in 2011 based on recommendations of the Health Care Advisory Board (HCAB) and other advocates. The adopted CHE Goal states “PRESERVE THE HEALTH OF ALACHUA COUNTY RESIDENTS BY FACILITATING HEALTH CARE DELIVERY, IMPROVING THE LIVABILITY OF THE COMMUNITY, AND PROVIDING ALL ALACHUA COUNTY RESIDENTS OPPORTUNITIES FOR ACTIVE LIVING.”

Selected policies for discussion include:

OBJECTIVE 1.3. Promote a healthy community by providing for obesity prevention and prevention of other chronic illnesses.

Policy 1.5.1.1 Develop community health indicators designed to measure the County's progress toward a sustainable, efficient and effective community partnership system for community health. These indicators should also include data to help ensure appropriate services in convenient locations to address the health needs of different segments of the County population in a culturally responsive manner.

Policy 1.5.1.2 Use these community health indicators to inform long-term, mid-term (strategic), and budgetary decision-making. Recognize the importance of County services to local community character and sustainability by planning for and integrating public safety and health services into both short- and long-term planning and the budgeting process.

BACKGROUND

In 2011, a Community Health Assessment (CHA) was conducted by the Florida Department of Health (DOH) in conjunction with WellFlorida Council to determine the health needs of Alachua County. This assessment included the best available local data in addition to input from community members and health experts. A **health team** consisting of two groups, the Healthy Communities group and the Safety Net Collaborative, was formed to address these needs. A Community Health Improvement Plan (CHIP) was developed as a strategic planning tool for improving community health. The CHIP used CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement.

In 2015, the health team assessed the community's needs again, and a new Community Health Assessment and Community Health Improvement Plan were developed for Alachua County. A Community Health Assessment steering committee was formed, made up of a partnership of the Florida Department of Health, along with UF Health Shands Hospital who identified and organized community leaders to join the steering committee.

The CHA steering committee, with the assistance of WellFlorida, utilized national best practices and models of needs assessments. The core component of this was the utilization of the Mobilizing for Action through Planning and Partnerships (MAPP) process. The MAPP process is a nationally recognized standard of conducting health needs assessments, with a vision for "achieving improved health and quality of life by mobilizing partnerships and taking strategic action." The MAPP process included four key components:

- A Community Health Status Assessment that highlights the existing health indicators and behaviors of Alachua County, comparing this information to the state of Florida. This is a quantitative perspective on the health of the community.
- A Community Themes and Strengths Assessment that utilizes surveys and input from community members to provide qualitative feedback on the health of the community. This highlights the issues and opinions of Alachua County residents.
- A Forces of Change Assessment that gathers diverse community leaders to identify events, trends, and factors that impact the public health of the county.
- A Local Public Health Systems Assessment that uses surveys and polls to identify existing public health services and infrastructure, while also providing feedback on how well those services met the needs of the county.

The CHA utilized qualitative feedback from community members and local leaders, as well as quantitative analysis from existing data. From the CHA, the 2017 Community Health Improvement Plan was developed and two overarching goals were selected: (1) To **ensure access** to comprehensive care for all Alachua County residents, and (2) To **promote wellness** among all Alachua County residents. Relying on data from the CHA and guidance from the CHIP, the health team determined that focusing on increasing mental health awareness, decreasing tobacco use, promoting oral health, and reducing obesity will be the most effective way to address the needs of our community. These four focus areas will be the predominant topics of this issue statement.

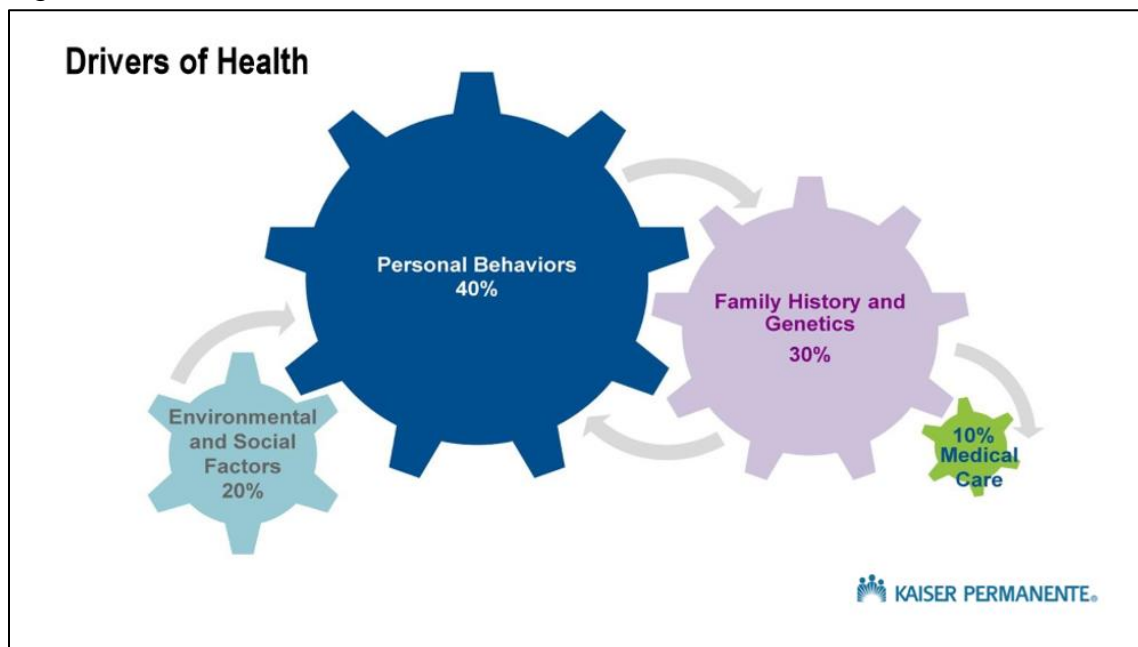
The Health Care Advisory Board is a group of appointed citizens that advise county government and local agencies on health services available for low-income residents and recommendations for improving health services. The Health Care Advisory Board recommends addressing *health equity* and *social determinants of health* throughout the analysis of local issues. Additionally, the Health Care Advisory Board recommends the discussion of the opioid epidemic, health services available to the homeless population, and children's medical needs.

Health equity refers to the study and causes of differences in the quality of health and healthcare across different populations. Health equity is different from health equality, as it refers only to the absence of disparities in controllable or remediable aspects of health.

Social determinants of health are linked to economic and social conditions and their distribution among the population that influence individual and group differences in health status. They include health promoting factors found in an individual's living and working conditions (such as the distribution of income, wealth, influence, and power) rather than individual risk factors (such as behavioral risk factors or genetics) that

influence the risk or vulnerability to disease or injury. The absence or presence of these health-promoting factors in certain populations often leads to health inequities.

Figure 1. Drivers of Health



Source: Determinants of Health and Their Contribution to Premature Death, JAMA 1993.

Health is driven by multiple factors that are intricately linked—of which medical care is only one component. To address health issues, all factors should be taken into consideration.

To effectively address these four focus areas and other local issues, the health team recommends that a “Health in All Policies” framework in the County Comprehensive Plan. Accounting for health outcomes and equity in the planning language will ensure a focus on improving overall community health, accounting for social determinants of health, the built environment, and other factors that inadvertently shape the health of a community. This approach has five key elements (From ‘Health in All Policies: A Guide for State and Local Governments’):

Promote health, equity, and sustainability. Health in All Policies promotes health, equity, and sustainability through two avenues: (1) incorporating health, equity, and sustainability into specific policies, programs, and processes, and (2) embedding health, equity, and sustainability considerations into government decision-making processes so that healthy public policy becomes the normal way of doing business.

Support intersectoral collaboration. Health in All Policies brings together partners from the many sectors that play a major role in shaping the economic, physical, and social environments in which people live, and therefore have an important role to play in promoting health, equity, and sustainability.

Focus on deep and ongoing collaboration. Benefit multiple partners. Health in All Policies values co-benefits and win-wins. Health in All Policies initiatives endeavor to simultaneously address the policy and programmatic goals of both public health and other agencies by finding and implementing strategies that benefit multiple partners.

Engage stakeholders. Health in All Policies engages many stakeholders, including community members, policy experts, advocates, the private sector, and funders, to ensure that work is responsive to community needs and to identify policy and systems changes necessary to create meaningful and impactful health improvements.

Create structural or process change. Over time, Health in All Policies work leads to institutionalizing a Health in All Policies approach throughout the whole of government. This involves permanent changes in how agencies relate to each other and how government decisions are made, structures for intersectoral collaboration, and mechanisms to ensure a health lens in decision-making processes.

ALACHUA COUNTY HEALTH INDICATORS

The data for this section comes primarily from the [County Health Rankings and Roadmaps](#) program, which is a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. This program compiles the best available local data from over 20 sources including the CDC, US Census, and the Dartmouth Institute.

Figure 2. County Health Indicators

QUALITY OF LIFE (RANKED 47 OUT OF 67)	ALACHUA COUNTY	FLORIDA
POOR OR FAIR HEALTH	19%	19%
POOR PHYSICAL HEALTH DAYS	4.4	3.8
POOR MENTAL HEALTH DAYS	4.3	3.8
LOW BIRTHWEIGHT	9%	9%

ADDITIONAL HEALTH OUTCOMES (NOT INCLUDED IN OVERALL RANKINGS)	ALACHUA COUNTY	FLORIDA
PREMATURE AGE-ADJUSTED MORTALITY	350	330
CHILD MORTALITY	80	50
INFANT MORTALITY	8	6
FREQUENT PHYSICAL DISTRESS	14%	12%
FREQUENT MENTAL DISTRESS	13%	12%
DIABETES PREVALENCE	8%	11%
HIV PREVALENCE	427	615

HEALTH BEHAVIORS (RANKED 20 OUT OF 67)	ALACHUA COUNTY	FLORIDA
ADULT SMOKING	15%	15%
ADULT OBESITY	26%	26%
FOOD ENVIRONMENT INDEX	6.5	6.7
PHYSICAL INACTIVITY	20%	24%
ACCESS TO EXERCISE OPPORTUNITIES	88%	87%
EXCESSIVE DRINKING	21%	18%
ALCOHOL-IMPAIRED DRIVING DEATHS	30%	26%
SEXUALLY TRANSMITTED INFECTIONS	850.3	454.8
TEEN BIRTHS	15	25

ADDITIONAL HEALTH BEHAVIORS (NOT INCLUDED IN OVERALL RANKINGS)	ALACHUA COUNTY	FLORIDA
FOOD INSECURITY	20%	15%
LIMITED ACCESS TO HEALTHY FOODS	6%	7%
DRUG OVERDOSE DEATHS	11	17
DRUG OVERDOSE DEATHS - MODELED	14-15.9	23.7
MOTOR VEHICLE CRASH DEATHS	10	13
INSUFFICIENT SLEEP	36%	34%

CLINICAL CARE (RANKED 1 OUT OF 67)	ALACHUA COUNTY	FLORIDA
UNINSURED	13%	16%
PRIMARY CARE PHYSICIANS	660:1	1,380:1
DENTISTS	590:1	1,730:1
MENTAL HEALTH PROVIDERS	180:1	700:1
PREVENTABLE HOSPITAL STAYS	55	54
DIABETES MONITORING	87%	86%
MAMMOGRAPHY SCREENING	65%	68%

ADDITIONAL CLINICAL CARE (NOT INCLUDED IN OVERALL RANKINGS)	ALACHUA COUNTY	FLORIDA
UNINSURED ADULTS	14%	19%
UNINSURED CHILDREN	7%	7%
HEALTH CARE COSTS	\$9,689	\$11,040
OTHER PRIMARY CARE PROVIDERS	406:1	1,139:1

SOCIAL AND ECONOMIC FACTORS (RANKED 17 OUT OF 67)	ALACHUA COUNTY	FLORIDA
HIGH SCHOOL GRADUATION	75%	78%
SOME COLLEGE	76%	62%
UNEMPLOYMENT	4.3%	4.9%
CHILDREN IN POVERTY	22%	21%
INCOME INEQUALITY	6.1	4.7
CHILDREN IN SINGLE-PARENT HOUSEHOLDS	36%	38%
SOCIAL ASSOCIATIONS	10.1	7.1
VIOLENT CRIME	579	500
INJURY DEATHS	60	72

ADDITIONAL SOCIAL AND ECONOMIC FACTORS (NOT INCLUDED IN OVERALL RANKING)	ALACHUA COUNTY	FLORIDA
DISCONNECTED YOUTH	8%	15%
MEDIAN HOUSEHOLD INCOME	\$45,300	\$50,900
CHILDREN ELIGIBLE FOR FREE OR REDUCED PRICE LUNCH	47%	59%
RESIDENTIAL SEGREGATION - BLACK/WHITE	42	55
RESIDENTIAL SEGREGATION - NON- WHITE/WHITE	34	45
HOMICIDES	4	6
FIREARM FATALITIES	10	13

PHYSICAL ENVIRONMENT (RANKED 40 OUT OF 67)	ALACHUA COUNTY	FLORIDA
AIR POLLUTION - PARTICULATE MATTER	7.5	7.4
DRINKING WATER VIOLATIONS	Yes	
SEVERE HOUSING PROBLEMS	23%	22%
DRIVING ALONE TO WORK	75%	79%
LONG COMMUTE - DRIVING ALONE	23%	40%

Source: Robert Wood Johnson Foundation's County Health Rankings 2018

The data shown in Figure 2 indicates the improvements that can be made in the health equity and social determinants of health in Alachua County. While a statewide leader in several aspects, Alachua County can improve in multiple measurements. For example, it ranks number 1 in the state of Florida for Clinical Care, yet it ranks 34th out of 67 in

Health Outcomes, and 47th out of 67 in Quality of Life. Additionally, both the adult obesity and smoking rates were highlighted as "areas to explore" by the county health rankings. These are two of the focus areas selected by the Safety Net Collaborative and the Healthy Communities Group. Furthermore, the frequency of mental distress and number of poor mental health days is below the state average, which is another focus chosen by the Safety Net Collaborative and the Healthy Communities Group.

The leading causes of death in Alachua County are shown in Figure 3:

Figure 3. Alachua Leading Causes of Death

Leading Causes of Death - Alachua County, Florida 2016				
Causes of Death	Deaths	2016 Percent of Total Deaths	2016 Crude Rate Per 100,000	2016 Age-Adjusted Death Rate Per 100,000
ALL CAUSES	1,946	100.0	755.8	755.8
CANCER	462	23.7	179.4	176.9
HEART DISEASE	346	17.8	134.4	131.6
UNINTENTIONAL INJURY	119	6.1	46.2	48.5
CHRONIC LOWER RESPIRATORY DISEASE	107	5.5	41.6	41.2
STROKE	94	4.8	36.5	37.4
DIABETES	56	2.9	21.7	21.5
ALZHEIMER'S DISEASE	41	2.1	15.9	16.7
HYPERTENSION	34	1.7	13.2	12.9
CHRONIC LIVER DISEASE AND CIRRHOSIS	34	1.7	13.2	13.9
SUICIDE	32	1.6	12.4	13.5

Source: FL Health Charts, 2016

Many of the leading causes of death in Alachua County are associated with tobacco use and/or obesity. The prevalence of these diseases and illnesses can be decreased by focusing on eradicating these behavioral risk factors and addressing social determinants of health.

FOCUS AREAS

Using information from the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) as well as local data, the health team identified four focus areas to improve health: mental health awareness, tobacco use, oral health, and obesity. These focus areas have the potential to make a substantial and lasting impact on the health of Alachua County. The following data and analysis highlight and further discuss these issues and potential strategies to improve the corresponding health outcomes.

Mental Health Awareness:

The most recent CHA revealed that community members, business leaders, and health providers all pointed to mental health as a primary goal moving forward to improve the health outcomes of Alachua County. Using Health in All Policies language in future policy writing and decisions will ensure a focus on mental health as a priority for Alachua County residents.

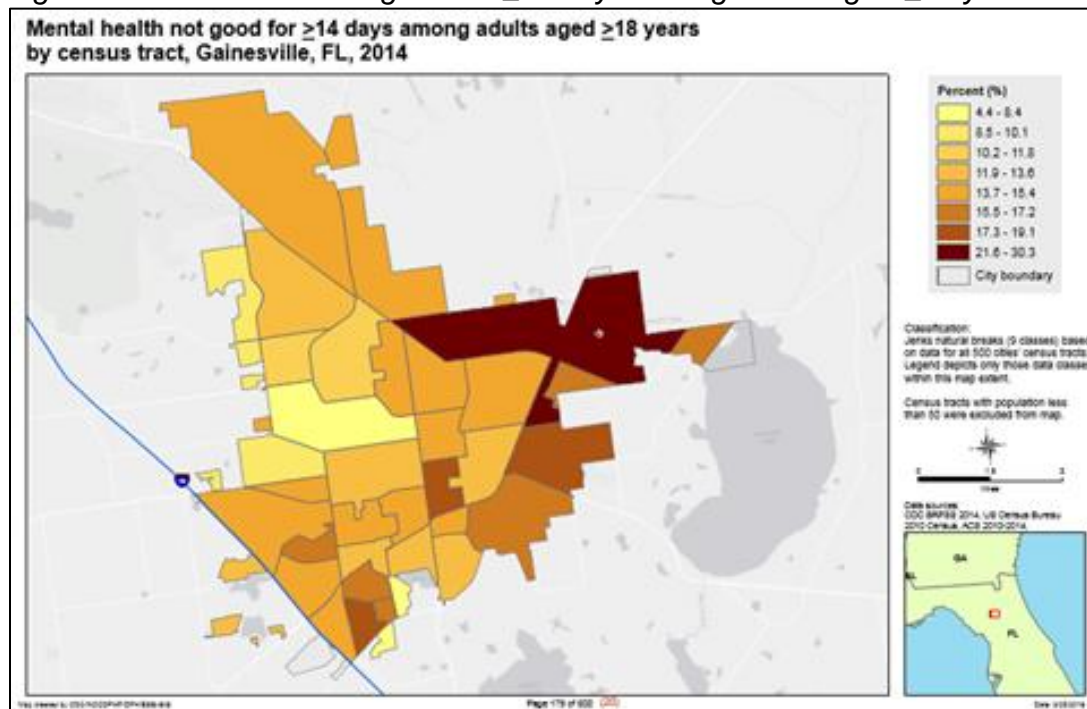
Experts from Meridian Behavioral Healthcare have compiled a list of mental health needs within Alachua County. For one, there needs to be a reduction in time to a patient's first appointment for psychiatry services to the same day or the next availability. This gives the ability to offer timely care and reduce inpatient admissions. Additionally, an increased focus on outpatient counseling services is necessary for expanded care coordination to ensure patients with the most complex needs are treated, preventing the need for additional inpatient care. Another major need is the provision of psychiatric services to children at remote locations via telehealth video conferencing. Due to a shortage in child psychiatrists, video conferencing provides a greater reach and utilization of existing providers to serve a greater area and see more patients in different locations. Additionally, as experts have continued to identify the needs of our community, they determined that there is a lack of primary care access for those with mental health illnesses. There has been and continues to be a need to merge mental health and primary care services within the same location to become fully integrated. This will help reduce some of the health disparities that currently exist.

Additionally, there continues to be significant access issues throughout the county for health providers available to see low-income patients. While the ratio of the population to mental health providers is 180:1, the distribution of health professionals in Alachua County is vastly unequal, with many regions having an abundance of providers and others having very few. Rural areas in Alachua County have been designated as Mental Health Professional Shortage Areas, and the lack of providers greatly impacts low income and minority populations within Alachua County. Federal designation as a HPSA documents a shortage of health care providers (primary care, dental or mental health) as well as the existence of barriers to accessing care including lack of public

transportation, travel time and distance to the next source of undesignated care and high poverty. To be eligible for designation, a geographic area or a population group (a low income or migrant population) must have a population-to-physician ratio greater than 3,000 to one.

For example, in the City of Gainesville, certain areas are disproportionately affected by mental health issues.

Figure 4. Mental health not good for ≥ 14 days among adults aged ≥ 18 years



Source: CDC 500 Cities Project 2014

Figure 4 represents data on mental health of Gainesville residents that was reported as "not good for ≥ 14 days", as well as the disproportionate impact on the east side of Gainesville. The entire city of Gainesville is affected by mental health, but the east side is affected at a much higher rate. These populations are most severely impacted by a lack of nearby providers, preventing citizens from accessing necessary care to improve mental health outcomes.

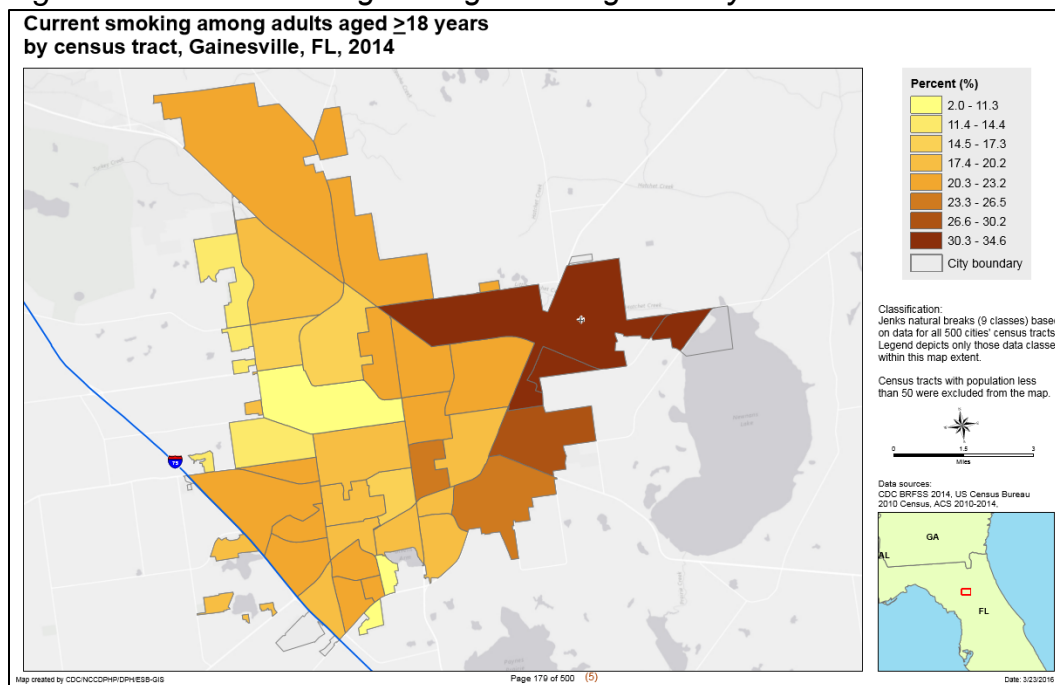
Moving forward, mental health providers should expand their services to rural and low-income communities to provide adequate care to underserved populations. Additionally, to prepare our community to properly deal with mental health, the health team advocates for the use of Mental Health First Aid training. Mental Health First Aid teaches people how to identify when someone may be experiencing a problem, how to start a conversation, and where to go for appropriate care. Health professionals and individuals throughout the county should be encouraged to complete this training.

Tobacco Use:

According to data from the 2018 County Health Rankings, adult smoking rates in Alachua County are currently 18%. While the average rate of tobacco use in Alachua County has declined over time, this trend obscures the inequities present in our county as racial and ethnic minorities and low-income individuals are still disproportionately affected by tobacco use. Tobacco use is higher among adults with annual incomes of less than \$30,000 per year. According to a University of Florida study of racial inequity in Alachua County, the black population in Alachua County has a median income of roughly \$26,600 a year, placing an already vulnerable population at a higher risk of tobacco-related disparities.

A particularly striking example of tobacco-related disparities can be seen in the distribution of adults who smoke in the city of Gainesville, seen below.

Figure 5. Current smoking among adults aged ≥18 years



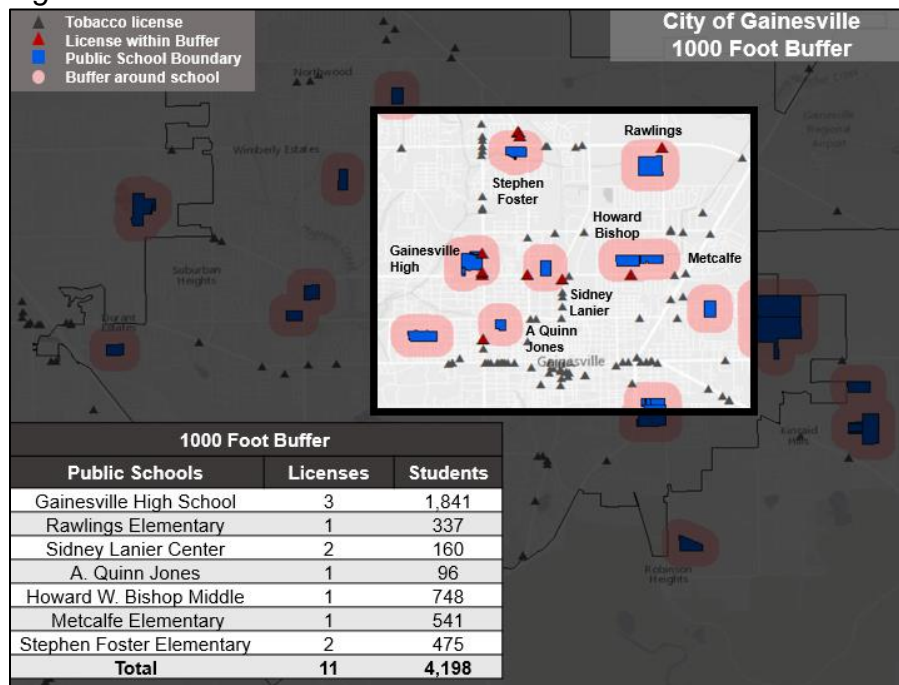
Source: CDC 500 Cities Project 2014

The map in Figure 5 comes from the CDC's 500 Cities Project and shows that the highest rates of smoking are predominantly in the east side of Gainesville, which also has the highest rates of poverty and largest black populations per local census data.

Furthermore, the study of tobacco retailers near schools in local cities provides an opportunity to prevent initiation. Nearly 9 out of 10 smokers in the US begin by age 18, so intervening during adolescence and young adulthood is crucial to preventing initiation. There is growing evidence to show that the more tobacco retailers that are within walking distance of schools, the higher their smoking rates. The maps below

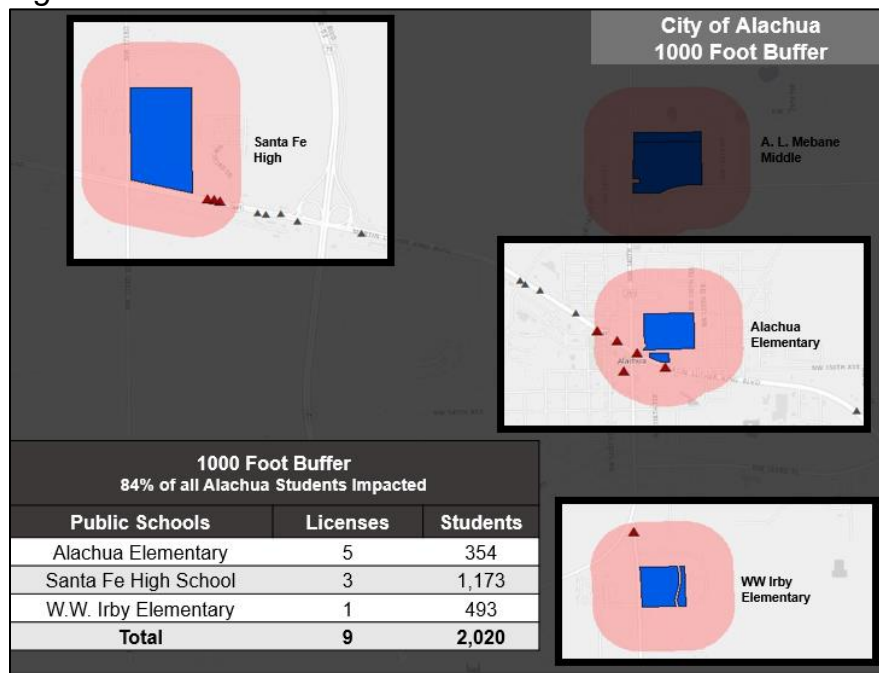
were created by the Department of Health using Geographic Information System (GIS) software and show that schools may be affected throughout the county, specifically in the cities of Gainesville and Alachua.

Figure 6. Tobacco Retailers Near Gainesville Schools



Source: Florida Department of Health 2015

Figure 7. Tobacco Retailers Near Alachua Schools



Source: Florida Department of Health 2015

As shown in Figures 6 and 7, there are 11 tobacco retailers in the City of Gainesville within a 1000 foot buffer and 9 in the City of Alachua. The proximity of these retailers has the potential to lead to higher smoking rates among the students at these schools.

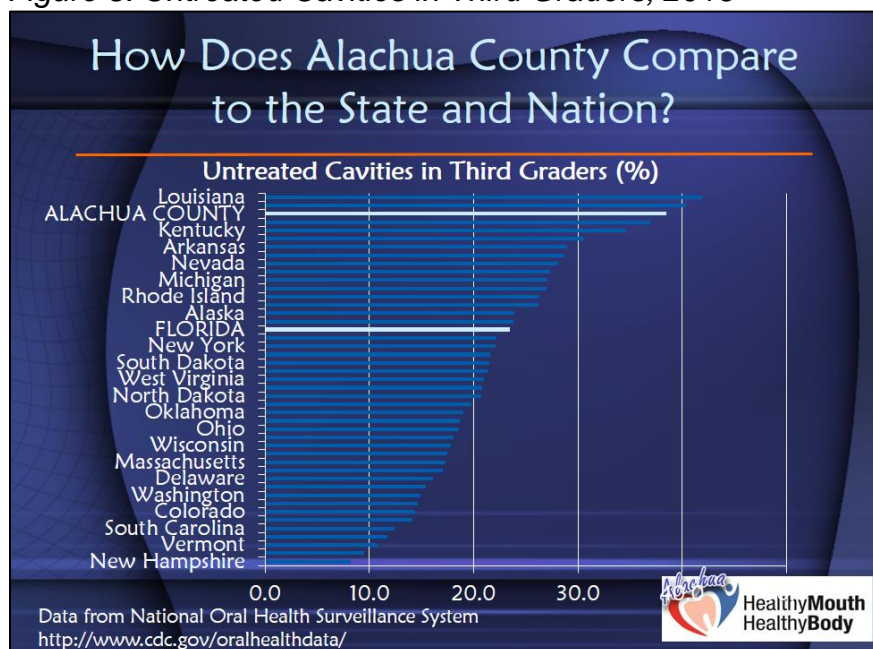
Recommended strategies to prevent initiation among youth and young adults include: raising the minimum legal sales age of tobacco to 21, discouraging the sale of tobacco products within 1000 feet of public schools, and creating smoke free parks, schools, and workplaces. More information is available from [Tobacco Free Alachua](#).

Oral Health:

While Alachua County has a rate of dentists per population (590:1), there are geographic and demographic disparities in access to dental care. Many residents do not have dental insurance or the financial means to access routine dental care. Additionally, certain areas within the county have been federally designated as Health Professional Shortage Areas for dental care, which indicates that these areas have limited access to providers due to financial, geographic, or other reasons. This has led to inequity in access to oral health care.

As it stands today, there are not enough resources dedicated towards providing dental services to low-income individuals within the county. An increase in access and availability of providers is necessary moving forward. Despite the high number of dentists relative to the population of Alachua County, there are very few providers accepting Medicaid for their services. As of 2012 the total Medicaid population of Alachua County was 38,332, signifying about 15% of the population that could benefit from an increase in providers accepting Medicaid. The lack of access to dental services often leads to disparities in rural and low-income areas.

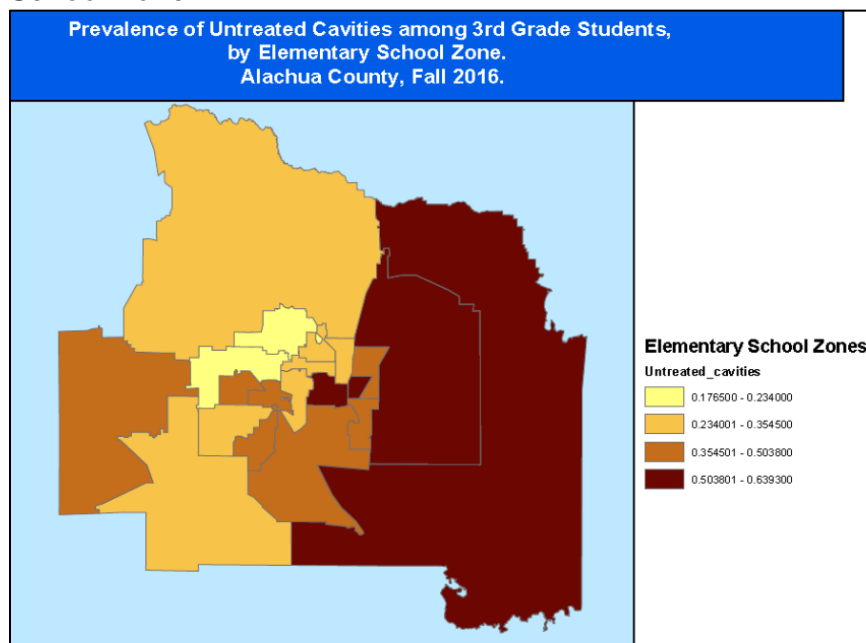
Figure 8. Untreated Cavities in Third Graders, 2016



Source: UF College of Dentistry 2016, CDC National Oral Health Surveillance System 2016

The above graph shows how Alachua County compared to the state and nation in terms of untreated cavities in third graders in 2016. This local data was collected by the UF College of Dentistry and compared to data from the CDC's National Oral Health Surveillance System. As demonstrated by the graph, Alachua County had high rates of untreated cavities when compared to Florida as well as other states.

Figure 9. Prevalence of Untreated Cavities among 3rd Grade Students, by Elementary School Zone



Source: UF College of Dentistry 2016

The above map demonstrates the disparities present in Alachua County's oral health needs. The east side of Alachua County has a much greater need for dental care.

Figure 10. 3rd Grade Dental Screening and Surveillance by School, 2017

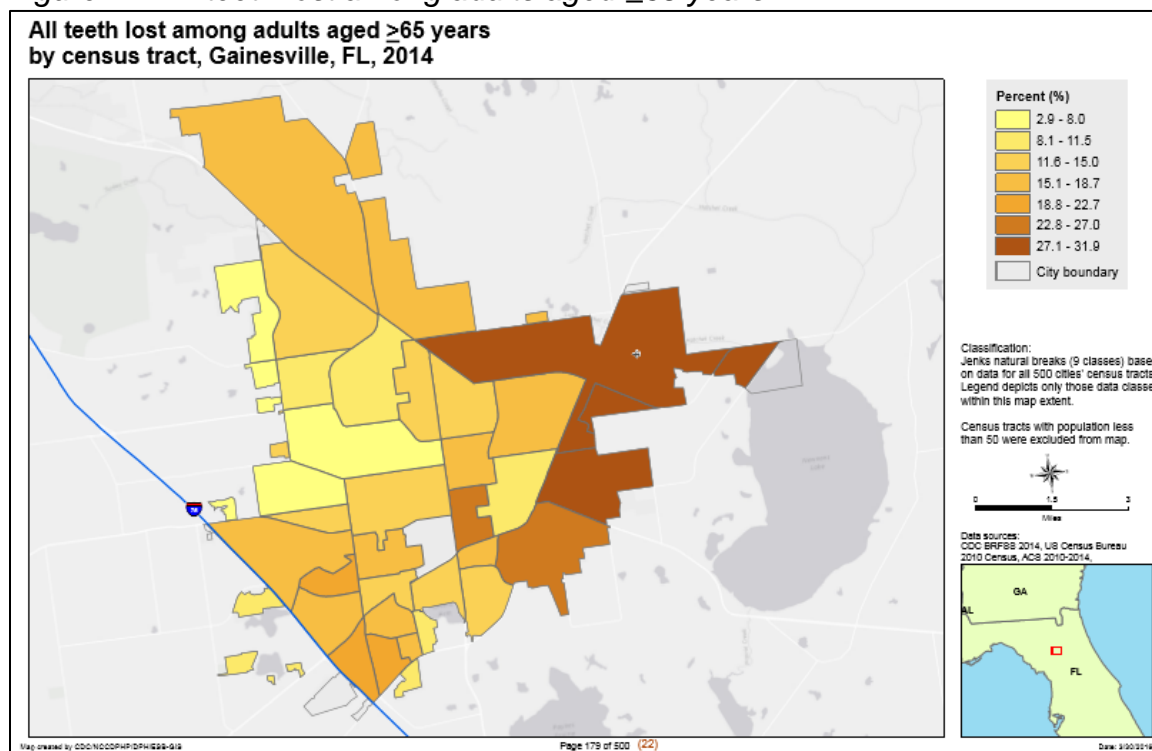
School name	Untreated cavities	Caries experience	No obvious problem	Need early dental care	Urgent need	Sealants
ALACHUA ELEMENTARY	33.98%	48.54%	66.02%	27.18%	6.80%	35.92%
ARCHER ELEMENTARY	22.99%	42.53%	77.01%	17.24%	5.75%	51.72%
CHILES ELEMENTARY	25.71%	37.86%	78.57%	19.29%	2.14%	34.29%
FINLEY ELEMENTARY	27.52%	42.20%	72.48%	23.85%	3.67%	36.70%
STEPHEN FOSTER ELEMENTARY	20.99%	37.04%	83.95%	14.81%	1.23%	32.10%
GLEN SPRINGS ELEMENTARY	34.57%	49.38%	66.67%	28.40%	4.94%	30.86%
HIDDEN OAK ELEMENTARY	23.20%	37.60%	76.80%	18.40%	4.80%	42.40%
HIGH SPRINGS COMMUNITY	22.58%	37.63%	78.49%	15.05%	6.45%	41.94%
IDYLVILD ELEMENTARY	31.91%	46.10%	68.79%	24.11%	7.09%	42.55%
LAKE FOREST ELEMENTARY	48.39%	67.74%	43.55%	38.71%	17.74%	45.16%
LITTLEWOOD ELEMENTARY	35.24%	54.29%	61.90%	29.52%	8.57%	38.10%
MEADOWBROOK ELEMENTARY	8.82%	26.47%	88.24%	9.56%	2.21%	42.65%
METCALFE ELEMENTARY	34.92%	41.27%	63.49%	30.16%	6.35%	31.75%
NEWBERRY ELEMENTARY	17.07%	30.89%	82.93%	13.82%	3.25%	64.23%
NORTON ELEMENTARY	18.39%	43.68%	81.61%	10.34%	8.05%	50.57%
RAWLINGS ELEMENTARY	56.25%	74.00%	47.92%	39.58%	12.50%	29.17%
CHESTER SHELL ELEMENTARY	42.50%	62.50%	60.00%	15.00%	25.00%	42.50%
TALBOT ELEMENTARY	16.67%	29.17%	83.33%	13.54%	3.13%	42.71%
TERWILLIGER ELEMENTARY	52.81%	70.79%	62.92%	30.34%	6.74%	59.55%
WILES ELEMENTARY	44.59%	57.43%	56.76%	23.65%	19.59%	48.65%
WILLIAMS ELEMENTARY	33.91%	49.57%	65.22%	22.61%	12.17%	34.78%
TOTAL	29.49%	45.08%	71.38%	21.28%	7.34%	42.42%

Source: UF College of Dentistry 2017

The local data for 2017 shows that overall rates of untreated cavities have improved. However, there is still extreme need in certain local elementary schools. Experts from the UF College of Dentistry have recognized that there is a need for great preventive services among young children, especially in the eastern parts of the county. There is also a need for increased access to treatment services in parts of the county.

For example, the east side of Gainesville is experiencing dental problems at a disproportionate rate compared to higher-income areas.

Figure 11. All teeth lost among adults aged ≥ 65 years



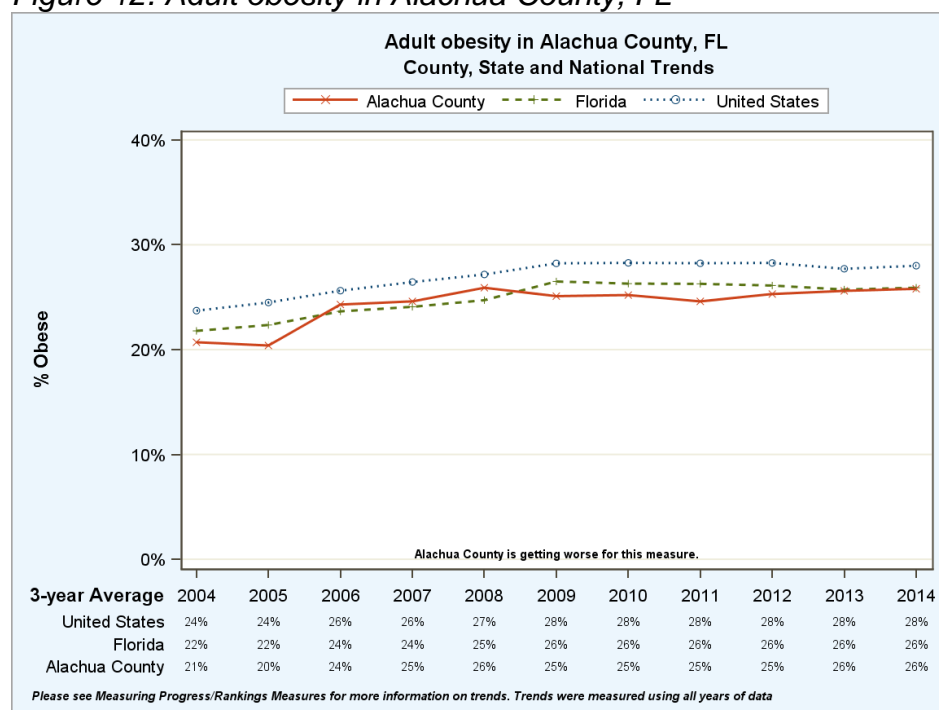
Source: CDC 500 Cities Project 2014

As discussed above, these disparities can be prevented by increasing the number of providers that accept Medicaid and increasing access to dental services in rural and low-income areas.

Obesity:

According to the 2018 County Health Rankings, the percentage of adults in Alachua County who are obese is 26%, which is the same as the state percentage of obesity. Access to exercise opportunities and physical inactivity are important risk factors to consider when discussing obesity. The 2016 Florida Behavioral Risk Factor Surveillance System (BRFSS) reports that 51.7% of Alachua County adults overall are inactive or insufficiently active, however non-Hispanic blacks are inactive at higher rate at 69.6%. Furthermore, 58% of adults with an annual income of less than \$25,000 are inactive. 88% of adults have access to exercise opportunities in Alachua County compared to 87% in the state per the 2018 County Health Rankings.

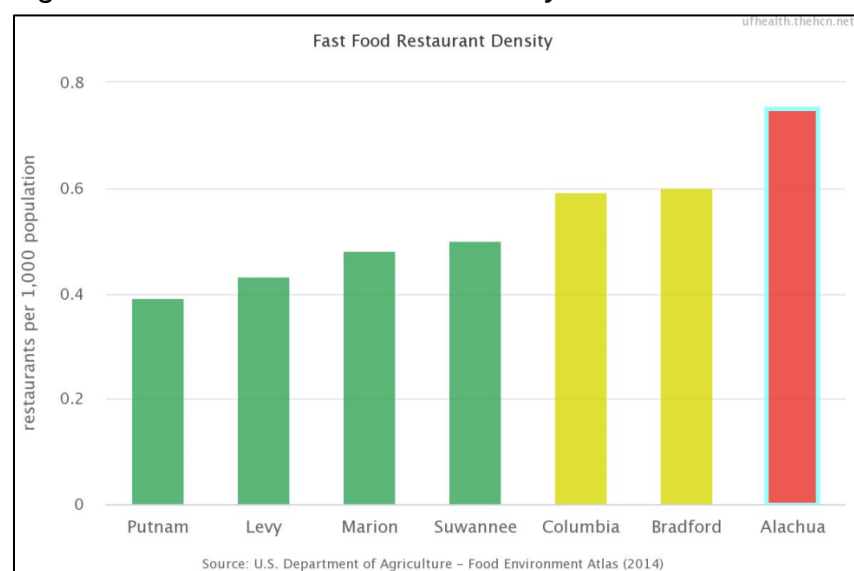
Figure 12. Adult obesity in Alachua County, FL



Source: Robert Wood Johnson Foundation's County Health Rankings 2018

Since 2004, the obesity rates in Alachua County have increased, as seen in Figure 12.

Figure 13. Fast food restaurant density

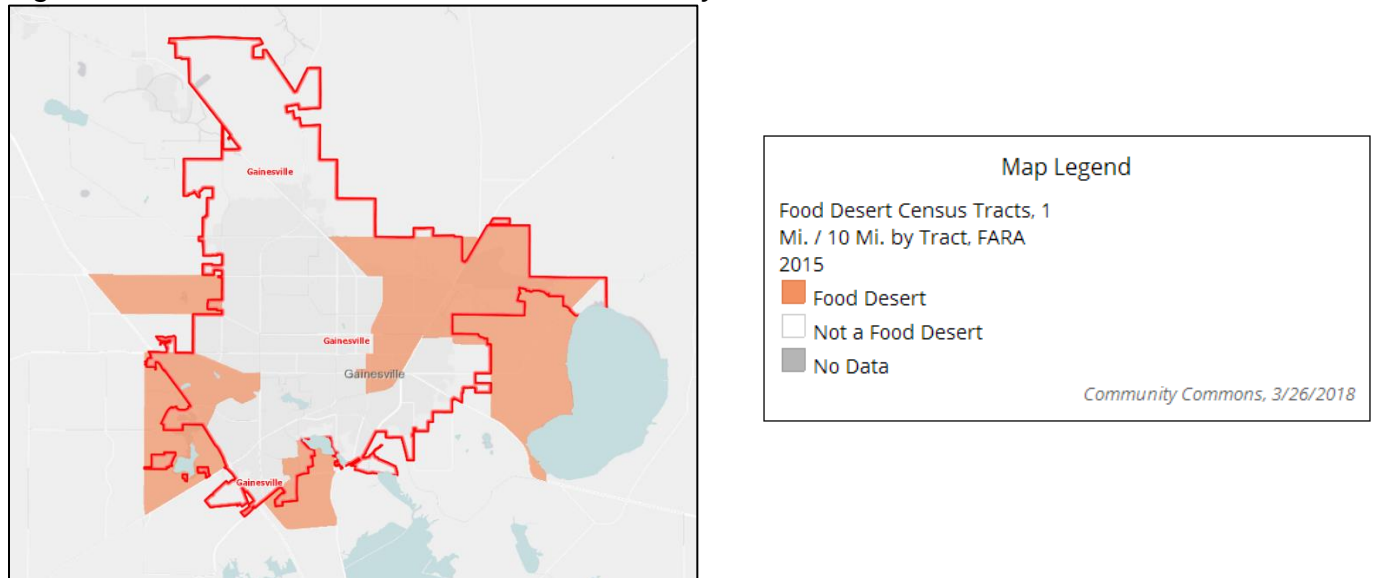


Source: UF Health Shands Needs Assessment Platform 2014

Figure 13 shows that Alachua County's value for Fast Food Restaurant Density is 0.75. This value is in the worst 25th quartile of Florida counties. This data provides an example of how social determinants of health impact health outcomes in that increased fast food intake can be linked to obesity, diabetes, and heart disease.

Alternatively, grocery store density per 1,000 population was 0.14 in 2014, down from 0.17 in 2009, according to the USDA's Food Environment Atlas. Access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food is a key predictor of healthy weight. The USDA identified 19 of the total 56 census tracts in Alachua County as food deserts (Figure 14). All 19 census tracts are in or near the city of Gainesville and together include 33.93% of Alachua County residents.

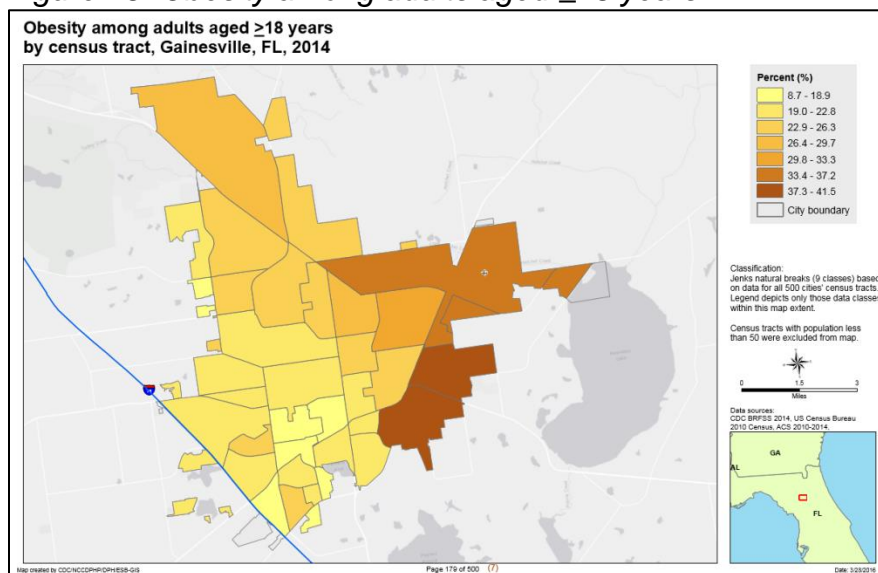
Figure 14. USDA Food Deserts in Alachua County



Source: USDA Food Environment Atlas 2018

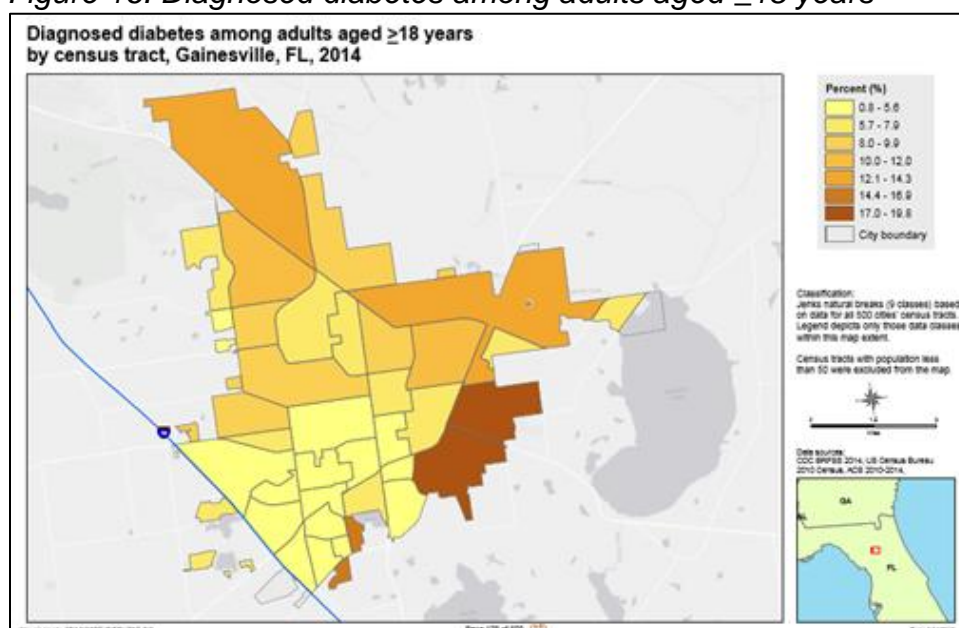
Health disparities are present throughout many parts of Alachua County, and these disparities are particularly noticeable in the city of Gainesville.

Figure 15. Obesity among adults aged ≥ 18 years



Source: CDC 500 Cities Project 2014

Figure 16. Diagnosed diabetes among adults aged ≥ 18 years



Source: CDC 500 Cities Project 2014

Similar to smoking rates, the highest rates of obesity are located in the east side of Gainesville, as seen above in Figure 15. The distribution of individuals with diagnosed diabetes throughout Gainesville is also similar, as demonstrated by Figure 16. This area of Gainesville has the highest rates of poverty and highest black population per census data. Individuals with a low socioeconomic status are more likely to suffer from obesity and related chronic conditions.

OTHER HEALTH ISSUES OF LOCAL CONCERN

Although the four recommended focus area priorities (mental health awareness, tobacco use, oral health, and obesity) provide the largest opportunity for policy-based action to improve our community's health, other challenges and opportunities may arise. Below are a handful of the other issues identified by advisory groups to consider:

Opiod Epidemic:

National discourse concerning rising rates of opioid addiction and abuse warrants local attention as an emerging public health crisis. According to an American Planning Association webinar in January 2018, the fatality rate due to drug overdoses nationally was 19.8 per 100,000 population, compared with a fatality rate due to motor vehicle crashes of 10.9 per 100,000 population. In response to this nationwide epidemic of opioid deaths, local public health organizations are beginning to act. In Alachua County, UF HealthStreet held a community town hall to discuss opioid addiction and potential

interventions. Furthermore, the [Alachua County Health Promotion and Wellness Coalition](#) has convened an Opiate Task Force, which meets monthly, and includes partners from the UF Department of Epidemiology, UF HealthStreet, VA Hospital, UF Health Pediatrics, North Florida Regional Medical Center, EMS, community coalitions such as the Levy County Prevention Coalition and Hernando Community Coalition, as well as law enforcement support from the Alachua County Sheriff's Office, Gainesville Police Department, Office of National Drug Control Policy, and DEA High Intensity Drug Trafficking Area, just to name a few.

A recent article provides the following data for the cost of the opioid epidemic in Florida in 2015:

- Non-Fatal Opioid Cost (Health Care, Criminal Justice and Lost Productivity) - \$187 *per capita*
- Total Opioid Cost (All the above plus loss of life) - \$1570 *per capita*

Source: "The Geographic Variation in the Cost of the Opioid Crisis" Alex Brill, *American Enterprise Institute* and Scott Ganz, *Georgia Institute of Technology and American Enterprise Institute*

In the past 12 months, UF HealthStreet Community Health Workers (CHW) has interviewed 225 people from rural areas; the rate of past 30 prescription pain pills was 14.6%. CHWs also interviewed 1,064 people in urban areas and the prevalence of past 30 day prescription pain pill use was 14.8%. Youth substance abuse levels for prescription drug abuse in Alachua County (7.7%) are greater than in Florida (3.6%).

Providing Health Services to Homeless Population:

Although the four focus areas provide some of the widest opportunities to improve the health of our community, it is also important to consider how best to serve some of the neediest in our midst. Currently, medical services are provided to homeless persons by the UF Mobile Clinic at GRACE and other locations, including the Downtown Library Headquarters. Additionally, Helping Hands is a clinic staffed by volunteer health professionals who have provided free healthcare to the poor and homeless in Gainesville since 1989. Over the years, there have been 30,000 clinic visits with 7,000 individuals seeking care. More than half those served are homeless, ranging from months to decades on the streets. As they depend heavily on volunteer labor, these and similar organizations can always benefit from additional support.

Addressing Children's Medical Needs:

The health and well-being of children in Alachua County must always be a consideration for future policy initiatives and county programs. Children are affected by not only the four health-related focus areas previously discussed, but by social, economic, and environmental issues as well. WellFlorida compiled data for the Alachua County Children's Needs Assessment and noted that 28.6% of Alachua County children ages 0-

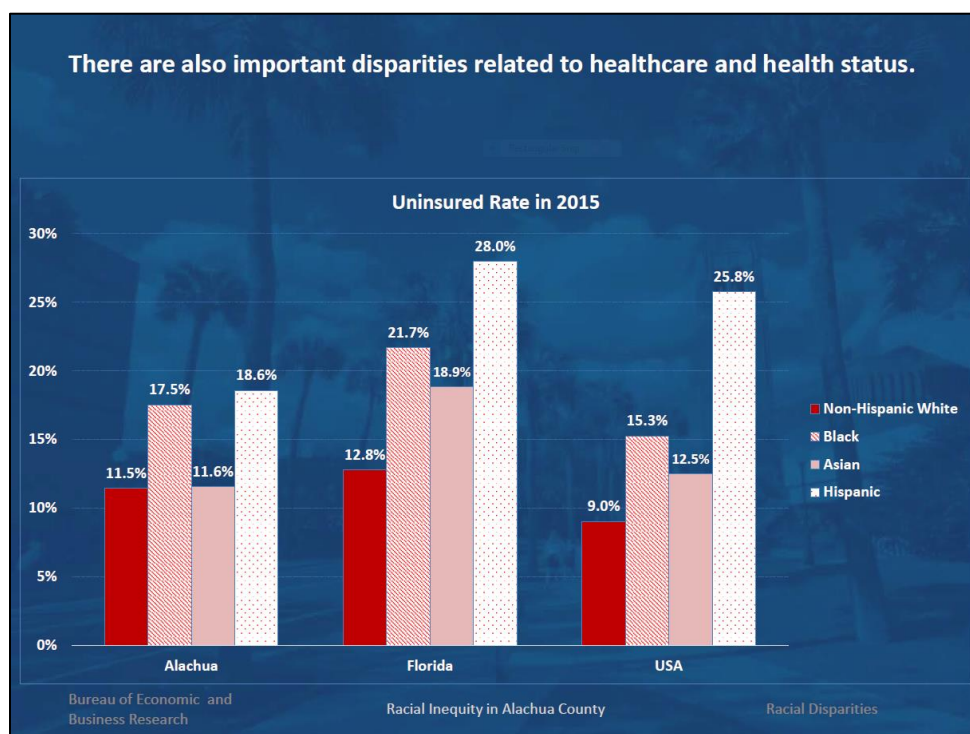
5 lived in poverty in the past 12 months for the years 2010-2014, compared to 26.8% at the state level. Zip codes 32641 and 32658 in Alachua County are among the highest percent of children 0-5 years of age in poverty. In response to this study and public discussion, the Alachua County Board of County Commissioners established a Children Service Council advisory board in October 2015, to address local early childhood development needs. Recently, a program to provide home health nurse visits to newborns and mothers began in March 2018.

IMPACT OF INEQUALITY ON HEALTH

Health insurance is a major component of access to health care. A recent report by the [UF Bureau of Economic and Business Research](#), “Racial Equity in Alachua County” (January 2018) indicates disparities related to this indicator of health status in Alachua County. Figure 17 shows the disparity in uninsured rate in 2015 between Non-Hispanic White, Black, Asian and Hispanic, populations in Alachua County. BEBR indicates the data is from the American Community Survey, U.S. Census Bureau.

A recent New York Times article [“Getting Sick Can Be Really Expensive, Even for the Insured”](#) discussed research that reveals beyond medical costs, a trip to the hospital can mean a permanent reduction in income for many Americans. This would have the impact of increasing disparities.

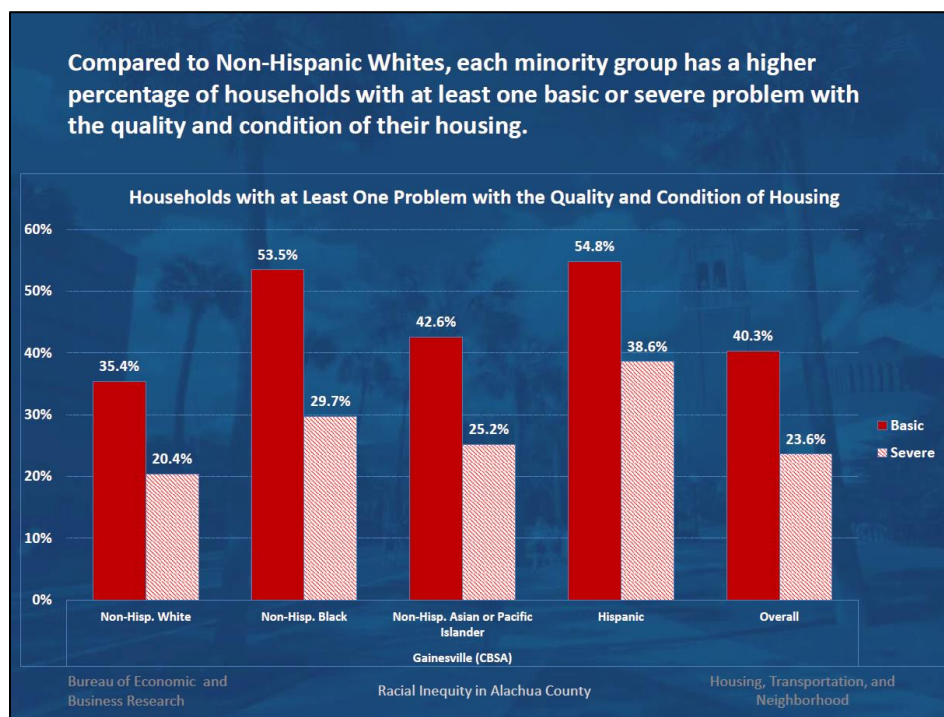
Figure 17. Medically uninsured rates in 2015



Source: UF BEBR; “Racial Equity in Alachua County” (January 2018)

Another factor that impacts health is the condition of housing, and the BEBR study also indicates a disparity in this area. Figure 18 indicates that minority populations have higher percentage of households with at least one problem with the quality and condition of housing. Overall, the percentage of Alachua County households with at least one of four housing problems (overcrowding, high cost, or lack of kitchen or plumbing facilities) was 23% for 2009-2013 (RWJ Foundation Health Rankings). Homeownership (2011-2015) data for Alachua County is 45.3% of housing units occupied by owners, compared with 52.4% for Florida (Source: <https://ufhealth.org/community-health>). The health professionals have identified the need to create a system for assisting more persons at risk of homelessness due to evictions. (On February 27, 2018 the Sheriff's Office Civil Bureau reported about 900 evictions in prior year). Creating a referral system to social service providers for persons at risk of eviction was noted by HCAB.

Figure 18. Housing Quality and Condition Disparities



Source: UF BEBR; "Racial Equity in Alachua County" (January 2018)

POTENTIAL STRATEGIES FOR COMPREHENSIVE PLAN UPDATE

1. Incorporate Health Equity.
2. Include policies targeting the four health focus areas (Obesity, Mental Health, Tobacco Prevention and Oral Health).
3. Include a 'Health in All Policies' framework regarding health linkages to transportation, housing, economic development, access to food, and conservation and open space.

REFERENCE MATERIALS

Alachua County Community Health Improvement Plan (January 2017)

<http://alachua.floridahealth.gov/programs-and-services/ documents/achd-chip.2017.pdf>

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

<http://alachua.floridahealth.gov/programs-and-services/ documents/achd-tech-appx-2016.pdf>

Superfund Health reports- [See County EPD website](#) (Pollution Prevention page);Also UF URP Health Impact Assessments Tower Road environs, Superfund neighborhood

<http://www.city-data.com/city/Gainesville-Florida.html>

[Alachua County Economic, Demographic, & Fiscal Trends](#)

[UF Bureau of Economic and Business Research Racial Inequity Report \(January 2018\)](#)

[UF Community Health Dashboard](#)

[UF Health Street 2015 Community Health Needs Assessment](#)

WellFlorida Publications online: [Alachua County Data](#)

[Alachua County Community Health Assessment 2016](#)

[Alachua County Technical Appendix 2016](#)

[Alachua County Children's Services Needs Assessment 2016](#)

[Alachua County Children's Technical Appendix 2016](#)

[Alachua County Community Health Improvement Plan \(CHIP\) Overview 2012](#)

[Alachua County Community Health Improvement Plan \(CHIP\) 2012](#) Posted in cooperation with the Alachua County Health Department

[Alachua County Health Needs Assessment 2010 Technical Appendix Overview](#)

Other Community/ Medical Resources

[Florida Youth Substance Abuse Survey-](#)

[National Alliance for Mentally Ill](#)

[National Diabetes Statistics](#)

Local Food System

[Gainesville- Alachua County Hunger Abatement Plan \(2009\)](#)

[Community Vision for Food System Development in Gainesville-Alachua County \(2010\)](#)

General Reference Articles

[American Planning Association Equity Resources](#)

[American Planning Association Health Impact Assessments](#)

Center for Disease Control and National Park Service Community Planning Reports

[CDC Health Impact Assessments](#)

[National Park Service Park, Trails and Health Workbook](#)

[Improving Public Health through Public Parks and Trails: Eight Common Measures](#)

[CDC 500 Cities: Local Data \(Gainesville\)](#)

[Health Resources and Services Administration Data Warehouse](#)

[International County Manager's Association Equity and Inclusion info](#)

[Measuring socioeconomic inequality in the incidence of AIDS: rural-urban considerations](#)

[National Women's Law Center Child Care Report](#)

[Transportation for America Healthy Communities Toolkit](#)

<https://www.usnews.com/news/healthiest-communities/articles/2017-11-01/rx-for-a-healthy-community>

<https://www.rwjf.org/en/library/research/2016/05/why-healthy-communities-matter-to-business.html>