WellFlorida Council

Working Together for Healthy Communities

Alachua County Health Needs Assessment

March 2010

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WellFlorida Council Contributing Staff

Shane Bailey
Senior Planner

Sandra Carroll
Data and Technology Coordinator

Jill Dygert
Design and Communications

Jeff Feller
Chief Operations Officer

Kim Gokhale
Associate Planner

Lindsey Michaels
Associate Planner

Celia Paynter
Associate Planner

Needs Assessment Advisory Committee:

Alachua County Health Department
Diane Dimperio, Director of Program Development

Palms Medical Group
Anita Riels, Interim CEO

Shands HealthCare
Nicole Yucht, Associate Director

North Florida Regional Healthcare
Matt Davis, Chief Operating Officer

Alachua County Board of County Commissioners
Minnie L. Rolark, Assistant Director, Department of Community Support Services

WellFlorida Council

1785 NW 80th Blvd.

Gainesville, FL 32606

Tel: (352) 313-6500

Fax: (352) 313-6515

Web: www.wellflorida.org

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Executive Summary

Needs assessment in health and social care is the process of systematically gathering information required to bring about change that is beneficial to a population. It may concern a specific type of condition or treatment or ask how a section of the population can get better access to services. It may also have a wider scope, addressing the needs of the whole population and the wide range of factors that affect health and care: age, sex and inherited factors, personal lifestyles, social and community networks and economic and cultural factors.

Health needs assessment can help us to identify and remedy:

- Unmet need: people are not receiving services from which they could benefit.
- Ineffective care: people are receiving treatment or care which does not benefit them.
- Inefficient care: people are getting services they need at unnecessarily high cost. Resources could be released to meet other needs.
- Inappropriate care: people are getting services they need but not deriving the greatest possible benefit from them.

A well-crafted health needs assessment provides a community with a snapshot of "where we are" which is a critical first step in determining the vision of "where we need to be" in terms of the health of its residents and the operation and performance of its health systems.

Project Description

Alachua County, through the efforts of the Alachua County Health Department (ACHD) and the Board of County Commissioners' Alachua County Health Care Board (ACHCB), has a history of regularly conducting needs assessment activities. Historically, data and analysis from the needs assessments have been instrumental in informing policy and program responses to key health issues, responses such as the Alachua County We Care Program and CHOICES and numerous grant applications.

The following partners have come together to provide resource and technical support the *2010 Alachua County Community Health Needs Assessment*:

- Alachua County Health Care Advisory Board;
- Alachua County CHOICES;
- Palms Medical Group;
- North Florida Regional Medical Center; and
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WellFlorida Council (formerly the North Central Florida Health Planning Council) was tasked with the development and implementation of the community health needs assessment under the guidance of an advisory group formed of these partners. The findings presented in this report summarize the current status of the health of the residents and health systems in Alachua County. The assessment includes the following sections:

- Executive Summary
- Introduction
- Demographic and Socioeconomic Profile

- Perspectives on Health Status and Healthful Living
- Health Care Access and Utilization
- Community Perspectives on Health in Alachua County

The community health needs assessment includes a wide variety of data from primary and secondary sources that are both qualitative and quantitative in nature in order to obtain a diversity of perspectives that is required when analyzing an issue as complex as health and health care.

How to Use this Assessment

The focus of this needs assessment is Alachua County as a whole with the goal being to determine that snapshot of "where we are" so that Alachua County can determine where it needs to be to improve the health of its residents and the functionality of the its health systems. The needs assessment should be reviewed with the intent of obtaining a global perspective on the major health issues in Alachua County.

Please note that there is a *Technical Appendix* which is available electronically that includes all of the detailed tables for the indicators presented in this report, additional data elements and research protocols and methodologies for the tools and techniques utilized. The detailed data includes Zip Code level data as well as extensive trend (longitudinal) data that were too voluminous to include in the report. These extended data sets will be beneficial to the community for a wide variety of health planning uses.

The needs assessment was also be used to inform a visioning event whereby the community came together to forge a health and health care vision for the future of Alachua County. The visioning session is summarized within this Executive Summary. It is hoped that the vision will help foster the development of a strategic health plan for Alachua County.

Summary of Findings

The health of a community is a complex interplay between personal behaviors and social determinants (one's demographic and socioeconomic status, but also the health system, resources and policies). A description of these factors, along with perspectives from the community, helps tell the story of a community's health. This executive summary of the 2010 Alachua County Health Needs Assessment briefly highlights findings based on research, data and community perspectives on the health status and health care needs of the residents of Alachua County.

Demographic and Socioeconomic Profile

- Alachua County has median, household and per capita incomes 20-23% lower than Florida averages, while nearly 23% of its residents, more than 56,000, are estimated to be in poverty .
- More than 22% of the residents of Alachua County are black compared to 16% for Florida. While the Hispanic population represents a growing segment of the population, latest estimates are that Hispanics are only 9% of Alachua County's population compared to 22% for Florida. The impact of health disparities, long a national trend, is often felt more profoundly in communities with greater racial and ethnic diversity.
- Alachua County is projected to grow by 9% to 270,000 residents within five years and by 28% to 316,000 over the next 20 years. Population growth, obviously, fuels the demand for health services and can magnify any successes or failures a community has in terms of health outcomes and behavior.

Health Status and Healthful Living

- Cancer is the leading cause of death in Alachua County, while for the state and nation, heart disease is the leading cause.
- Five of the 10 leading causes of death in Alachua County are higher than the state rate. Four of these five (cancer, stroke, diabetes and hypertension) have links to obesity and are highly susceptible to prevention; and the fifth cause (unintentional injury), while not linked to obesity, is also highly susceptible to prevention efforts.
- For 2006-2008, the cancer age-adjusted death rate (AADR) is more than 19% higher in Alachua County than in Florida.
- The stroke AADR is more than 34% higher in Alachua County than the state (2006-2008).
- The diabetes AADR is more than 41% higher in Alachua County than the state (2006-2008).
- The diabetes AADR is nearly 72% higher in Alachua County than the state (2006-2008).
- Death rates for black residents of Alachua County are higher than their white counterparts in 6 of the 10 leading causes of death.
- The cancer AADR for black residents is nearly 20% higher than that of white residents (2006-2008).
- During 2006-2008, the diabetes AADR among black residents was 155% that of white residents.
- When compared to death rates of black residents across Florida, the rates among black residents in Alachua County are higher for 8 of the 10 leading causes of death in Florida.
- Between 2002 and 2007, based on the Behavioral Risk Factor Surveillance Survey (BRFSS) for Alachua County, the rate of obesity among adults increased 73% and diabetes increased 24% among all ages.
- In 2008-09, more than one out of every three Alachua County public school students were overweight or obese.
- Emergency department visits for mental health reasons rose by 25% between 2004 and 2008 (from 46.6 to 58.3 per 1,000 population), and rates were substantially higher than Florida.
- Domestic violence rates in Alachua County, while mirroring the state's downward trend, have continued to outpace Florida's average rates by 10-15%.

Health Care Access and Utilization

- It is difficult to get a firm estimate on the number of uninsured in Alachua County. However, the U.S. Census Bureau and the Florida Health Insurance Study, the two best available sources of these estimates, tell us that perhaps between 29,000 to 62,000 residents do not have health insurance.
- The federal government has designated the low-income population of Alachua County a Health Professional Shortage Area and Medically Underserved Population and suggests that there is a shortage of approximately 17 full-time equivalent primary care physicians to adequately care for this population.
- Between 2006-2008, there have been on average more than 29,000 annual potentially avoidable visits to hospital emergency rooms by Alachua County residents.
- In addition, there have been, on average, annually more than 2,500 avoidable inpatient hospitalizations with associated charges of more than $67,000,000.
- Self-pay/charity patients accounted for annually 426 of these avoidable hospitalizations resulting in more than $9,000,000 in charges.
- Between 2007 and 2008, inpatient hospitalizations among self-pay charity patients increased in Alachua County while they decreased for Florida.

Community Perspectives

Community members who participated in telephone surveys, focus groups and structured interviews represented a diverse cross-section of Alachua County. Despite the varied backgrounds, their insights had many common themes, perhaps none more important than in the areas of access to health care and recommendations for health system change.

Access to health care

- Access to affordable health care was identified as a barrier to seeking routine medical/dental/behavioral health care across the board.
- Residents identified access barriers as the priority concern in meeting health care needs. Lack of transportation; lack of satellite clinics in rural/outlying areas of the county; lack of compassion and understanding from health care providers; and restrictive insurance policies were most often mentioned.
- Barriers to engaging in prevention and health care activities were inadequate health insurance; cost; co-morbid health conditions; environmental factors (safety, lack of infrastructure); lack of awareness; unfavorable attitude of health care providers; social norms (stigma/fear); lack of transportation; difficulty finding physicians accepting new patients (particularly Medicaid); availability of time; and responsibility for dependent others.
- Administrative barriers that were identified as reasons for delaying or avoiding care included 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 also 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 barriers to seeking health care.

Recommendations for change

- Residents recommended that the County work towards addressing restrictive health insurance policies that determine health care access on the basis of profit-maximizing parameters, and that the County work towards a system of health care that does not discriminate based on income, insurance status, co-morbid health conditions, age, race or disability status.
- Enhanced collaboration between governmental agencies, faith-based groups, nonprofits, area businesses and University of Florida affiliates to ensure an improved health care system that pools resources and avoids duplication of efforts for the betterment of County residents was suggested.
- Citizens suggested investment in a trained health system navigator/patient advocate and central clearinghouse of information as possible solutions. A substantive health education campaign was called for through schools, colleges, health department and private clinics.
- Special health care populations had unique needs. Those aged 18-24 suggested a partnership between government and educational institutions to provide for comprehensive health care coverage irrespective of “student” status. Rural Alachua County residents, northeast-side residents and southwest-side residents hoped for local health care facilities to overcome transportation barriers. Persons with disabilities wanted information on vocational opportunities and a disability-specific information clearinghouse. Homeless recognized mental disabilities and lack of behavioral services as an obstacle in obtaining gainful employment for independent living. Ongoing health reform debate, closure of Shands Alachua General Hospital, and impact of this needs assessment report were discussed as issues of general concern.

- While current CHOICES health services program enrollees reported increased access to health care resulting from participation in the program, the enrollees and other county residents suggested that CHOICES should undertake outreach campaigns to increase awareness about CHOICES eligibility and benefits and the impact that the services have on the lives of program participants.

A Vision of Health and Health Care for Alachua County

On February 19, 2010, members of the community came together to listen to a summary of the Alachua County Health Needs Assessment and help frame a future vision of health and health care in Alachua County. Participants were asked to peer ten years into the future and share their collective vision of Alachua County in four key areas of health and health care.

Access to Care

- All residents will have an appropriate medical home with comprehensive access to specialty care, dental care, behavioral health and substance abuse services and pharmaceuticals.
- The health care system in Alachua County will be easily navigable: residents will know where to go and when and how to utilize the services available to them.
- Local public policy supports access to care and affordable insurance.
- Access to care will result from a balanced and stable blending of individual, employer and community contributions.

Healthy Behaviors

- Local policies, programs and health-related services promote and empower residents to make healthy choices.
- The community incentivizes healthy behavior and local polices support these incentives.
- The built environment and social infrastructure support healthy behaviors and healthy choices.
- Residents practice personal health behaviors that lower the risks for chronic disease, injury and premature death and promote the effective and efficient utilization of health resources.
- The social infrastructure fosters a culture of individual responsibility for engaging in healthy behaviors.

Health Outcomes

- There are no racial, ethnic or income disparities in health outcomes in Alachua County.
- Death due to chronic disease is the lowest in the state.
- Maternal and child health outcomes are the best in the state.
- Avoidable emergency department use and inpatient hospitalization are eliminated.
- Housing and food security is maximized to help increase positive health outcomes.
- The community culture fully promotes healthy family and social relationships.
- A community-wide system of surveillance is in place to monitor health outcomes and the collective health of Alachua County residents.

Health Care Infrastructure

- The county has sufficient providers, support staff and facilities to maintain a medical home for all Alachua County residents.
- Electronic health records are adopted by all physicians and health care facilities, and health information is readily shared among collaborating partners.
- The health care workforce is culturally diverse and culturally competent.
- Funding mechanisms facilitate effective collaboration among providers, facilities, programs and services.
- Systems, resources and processes successfully address transportation and geographic barriers to care.

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Introduction

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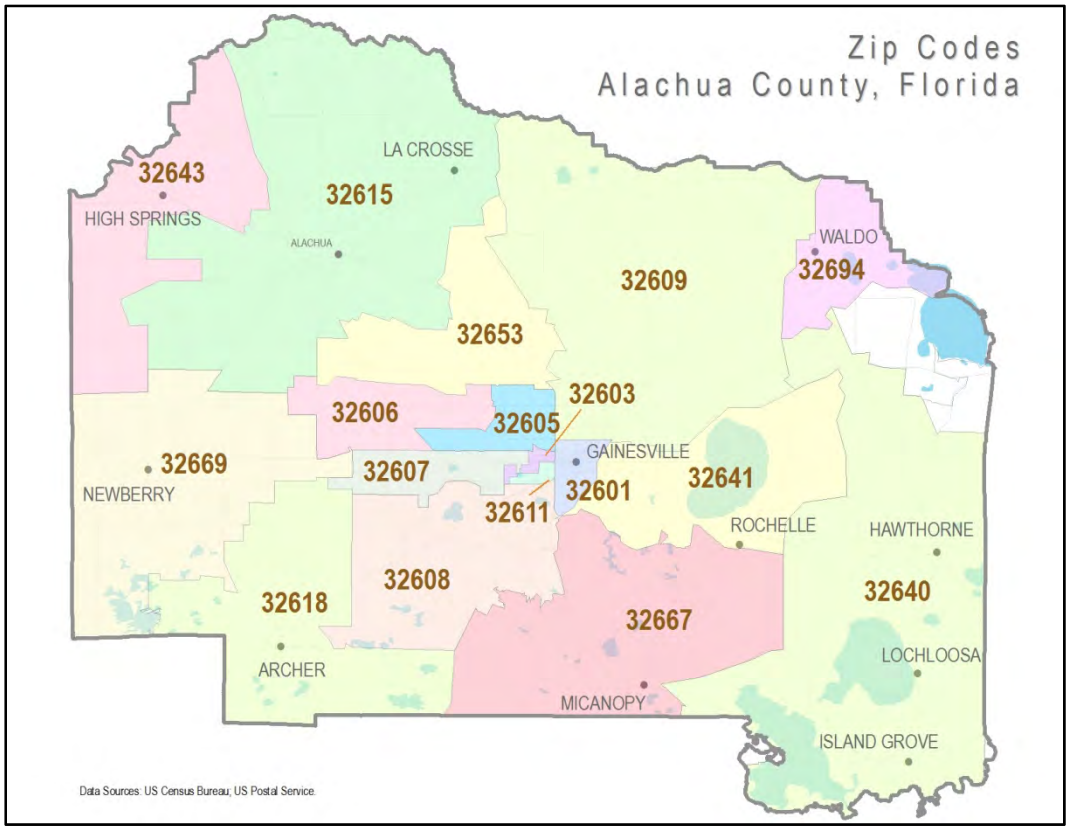
Demographic and Socioeconomic Profile

Factors such as age, race/ethnicity, gender, and income and poverty status to name a few contribute to, or at the very least, help describe health care access and health outcome in the United States. Health outcome and utilization experiences often vary widely among differing age groups, races, ethnicities, genders and persons of varying incomes.

Because of the impact of these factors on health care access and health outcome, it is important to understand them and to put them in the proper context within a community in order to ascertain the health needs of that community. The Demographic and Socioeconomic Profile section of this report aims to put some of the most important of these factors into perspective for Alachua County prior to investigating the county's health issues.

First, an understanding of the geography is important even before surveying the demographic and socioeconomic characteristics. Figure 2-1 provides a map of the various Zip Code areas in Alachua County as well as the key municipalities. Note that for the purpose of this report, Melrose is not attributable to Alachua County as the U.S. Postal Services categorizes Melrose as a Putnam County Zip Code.

Figure 2-1: Map of Alachua County with Zip Codes.

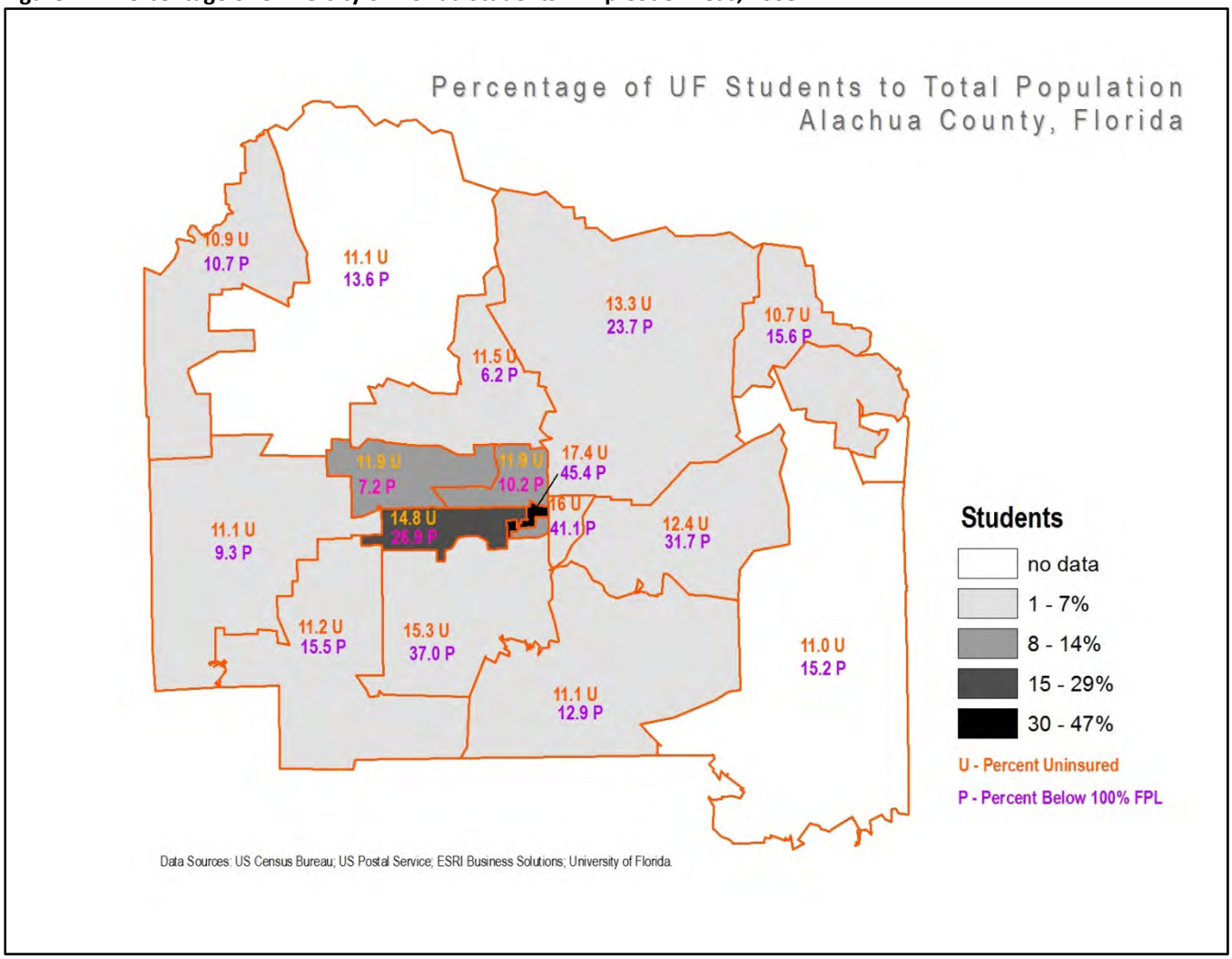


Though this global assessment provides some limited data at the Zip Code level (that data is reserved for the *Technical Appendix*), maps with Zip Code area data are included in the Demographic and Socioeconomic Profile Section and throughout the report in order to provide a geographic context of the impact of many of the most important factors and indicators.

Historically, because many of the health and health care data sets that are publicly available are provided at the Zip Code level, Zip Code analysis is a major focus. In Alachua County, the large student populations of the University of Florida and Santa Fe College are represented throughout the community and it is intractable to remove their impact from major data sets. When analyzing health outcomes in Alachua County, in the past, some have chosen to attempt to eliminate the student population from consideration. Despite their transient nature, the students collectively have a persistent and ongoing impact on the health access and health outcome statistics and data for Alachua County.

Consequently, no attempt has been made to remove them from any of the data sets analyzed. Figure 2-2 attempts to provide some context as to the impact students may have on Zip Code level data throughout the community. This figure shows the ranges of student population percentage within each Zip Code in Alachua County. This figure may be useful to those who want to speculate on whether or not the presence of students may be impacting certain data. The greatest concentrations of students, of course, are the Zip Code areas most proximal to the University of Florida.

Figure 2-2. Percentage of University of Florida Students in Zip Code Areas, 2008.



Demographic Characteristics

Table 2-1 provides a summary overview of key demographic characteristics for Alachua County and compares them to the state of Florida as a whole. In 2009, Alachua County's population was estimated at 247,537. Over the next five years, Alachua County's population is projected to grow 9.1% to more than 270,000 residents. By 2030, the population is expected to grow 27.8% to more than 316,000. Population numbers are is the fuel and focus of the health system and health outcomes.

Table 2-1: Selected Demographic Characteristics, Alachua County and Florida, 2009.

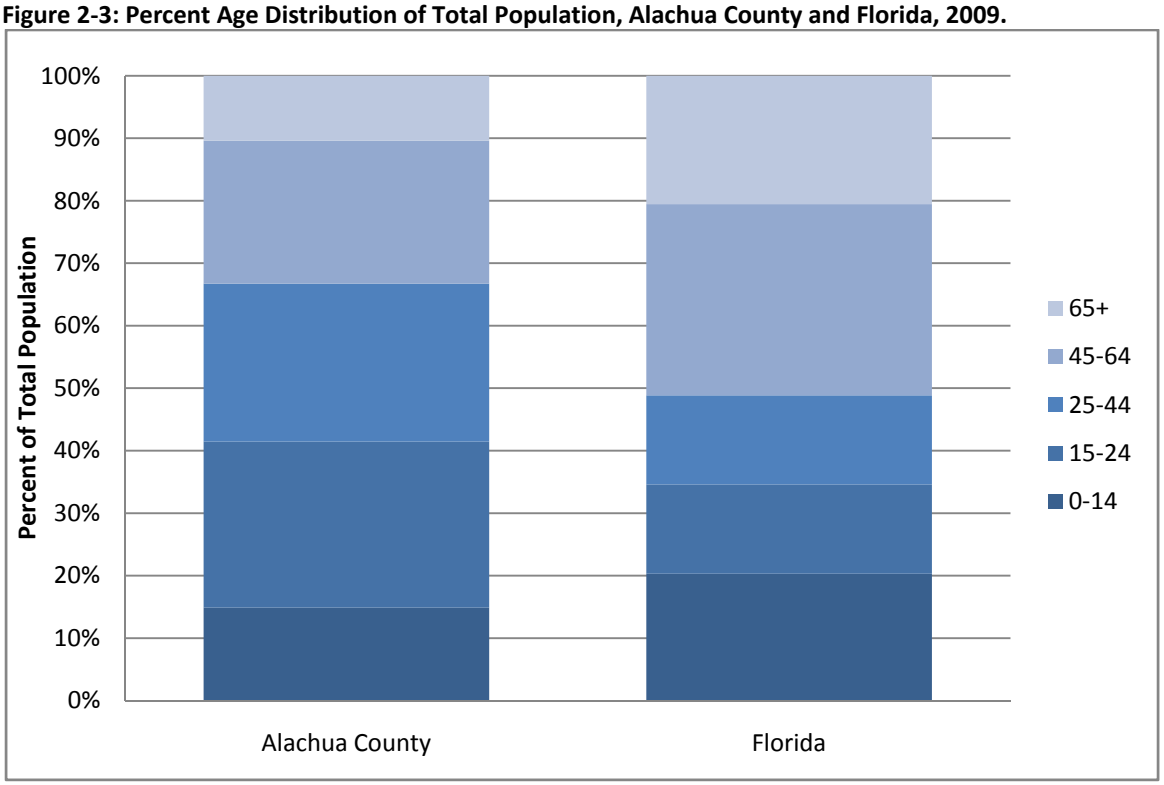
Characteristics	Alachua County		Florida
	Number	Percent	Percent
Total Population	247,537	100.0	100.0
Population Projections			
2015	270,176	100.0	100.0
2020	286,096	100.0	100.0
2030	316,329	100.0	100.0
Age Group			
0-4 years	12,667	5.1	6.0
5-9 years	11,926	4.8	5.9
10-14 years	12,348	5.0	5.9
15-24 years	65,727	26.6	12.5
25-44 years	62,605	25.3	25.0
45-64 years	56,639	22.9	26.8
65 years +	25,625	10.4	18.0
0-17 years	45,220	18.3	21.4
18-64 years	176,692	71.4	60.6
75 years +	12,232	4.9	9.1
85 years +	3,725	1.5	2.8
Race			
Asian	12,278	5.0	2.2
Black	55,383	22.4	15.8
White	168,072	67.9	74.7
Other	11,804	4.8	7.3
Ethnicity			
Hispanic	21,254	8.6	21.5
Non-Hispanic	226,283	91.4	78.5
Gender			
Female	121,221	49.0	48.8
Male	126,316	51.0	51.2
Incorporation Status (2008)*			
Incorporated	146,144	58.3	51.1
Unincorporated	104,484	41.7	48.9

*The incorporated/unincorporated estimates are for 2008 and actually add up to a number slightly greater than the 2009 total population. This difference is due to the different data sources and their methods of estimation.
Sources: Total Population, Age Group, Race, Ethnicity, and Gender: ESRI Business Solutions, 2009; Population Projections and Incorporated and Unincorporated Estimates: Bureau of Economic and Business Research, Florida Estimates of Population, 2008.

The health needs and outcomes of the children (0-17), working-age adults (18-64) and senior adults (65+) can vary widely. As seen in Table 2-1 and Figure 2-3, Alachua County is much "younger" than Florida as a whole. Nearly 90% of Alachua County's population is younger than 65 years of age, while only 82% of Florida's population is younger than 65 years of age. Conversely, only slightly more than 10% of Alachua County's

population is older than 65 years of age compared to 18% for Florida. No doubt this skewing to a younger population is impacted by the presence of the University of Florida and Santa Fe College.

Figure 2-3: Percent Age Distribution of Total Population, Alachua County and Florida, 2009.



Source: ESRI Business Solutions, 2009.

Race and ethnicity are also important determinants of health access and health outcome. In the United States, racial and ethnic disparities in health outcomes are well documented, and Alachua County is no exception. In addition, cultural competency of the constituent partners within a health system has been shown to be increasingly important. Therefore, in communities with great diversity, disparities and cultural competency are often key issues.

Compared to Florida as a whole, Alachua County is relatively more racially diverse with more than 22% of its population Black and 5% Asian, compared to nearly 16% and slightly more than 2% for Florida, respectively (Table 2-1). However, the proportion of the Alachua County population that is Hispanic is nearly 9% and is substantially lower than that of Florida at nearly 22%.

The gender distribution in Alachua County is nearly identical to that of Florida (Table 2-1). Interestingly, a substantially higher percentage of Alachua County residents live in incorporated areas compared to all Florida residents.

Socioeconomic Characteristics

Higher income, lower poverty and better employment have all been shown to impact health access and health outcomes favorably. Conversely, lower income, higher poverty and poorer employment are definite predictors of a lack of access to health care and adverse health outcomes. Table 2-2 outlines selected socioeconomic indicators for Alachua County and compares them to Florida.

Per capita income is the total income for a given population divided by the number of people within the population. Alachua County's per capita income is $3,081 less than that for Florida, which means that Alachua County residents have 11.3% less income per person to allocate to necessary services like health care (Table 2-2).

Table 2-2: Selected Socioeconomic Characteristics, Alachua County and Florida, 2009.

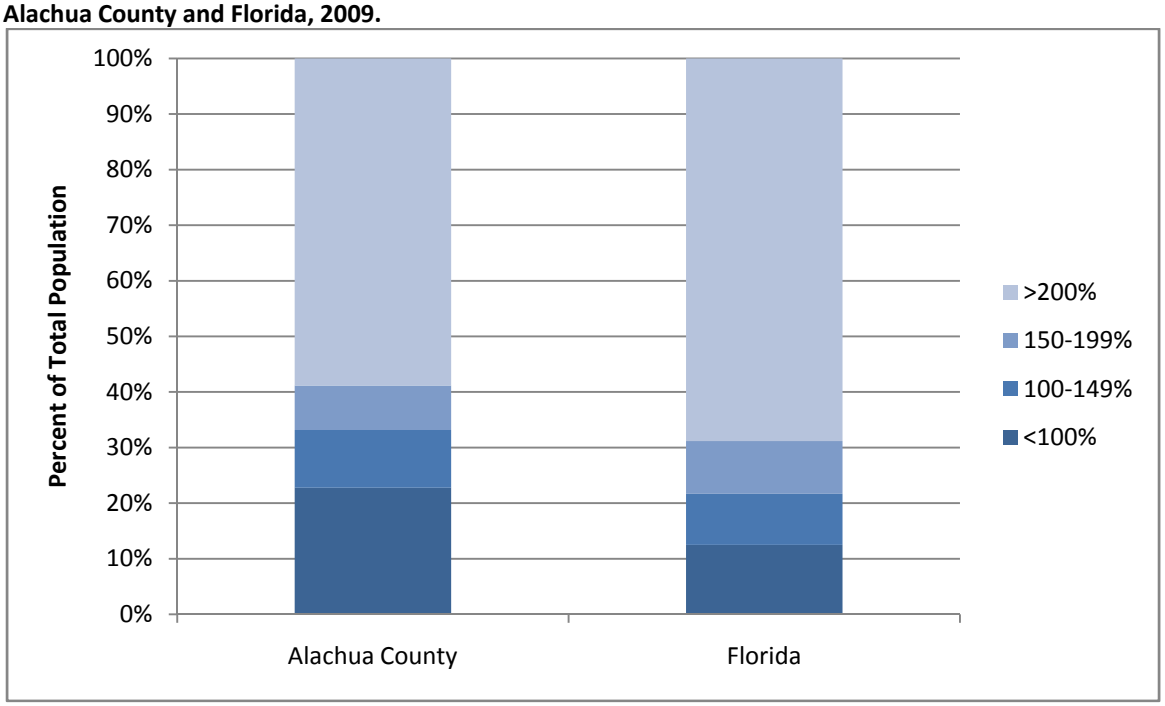
Characteristics	Alachua County		Florida
	Number	Percent	Percent
Poverty Estimates			
Individuals <100%	56,342	22.8	12.5
Individuals 100-149%	25,633	10.4	9.2
Individuals 150-199%	19,691	8.0	9.5
Individuals >200%	145,870	58.9	68.9
Households <100%	23,697	23.2	11.7
Children (0-17) <100%	8,985	19.9	17.6
Children (0-17) <200%	19,070	42.2	41.2
Income Levels (Household)			
Average ($)	56,216	-	-
Per Capita ($)	24,047	-	-
Median ($)	40,654	-	-
Employment			
Unemployed (Dec. '09)	10,096	7.7	11.8
Businesses <20 Employees (2007)*	5,148	85.9	88.6
Businesses 20-99 Employees (2007)*	714	11.9	9.4
Businesses >100 Employees (2007)*	129	2.2	2.0
Educational Attainment			
No High School Diploma	17,308	11.9	20.1
High School Diploma	57,567	39.7	50.5
College Degree	69,994	48.3	29.4

*Represents a sample of businesses by the U.S. Census Bureau and does not include government businesses.
Sources: Poverty Estimates: ESRI Business Solutions, 2009 and U.S. Census Bureau, 2000; Income Levels: ESRI Business Solutions, 2009; Employment: U.S. Department of Labor, Bureau of Labor Statistics, 2009 and U.S. Census Bureau, County Business Patterns Report, 2007; Educational Attainment: ESRI Business Solutions, 2009 and U.S. Census Bureau, 2000; Insurance Status: Florida Health Insurance Survey, Florida Agency for Health Care Administration, 2004 and U.S. Census Bureau, Small Area Health Insurance Estimates, 2009.

Median household income is the amount that divides the income distribution into two equal groups, half of the population having an income above that amount and half the population having an income below that amount. The median household income in Alachua County is $40,654, which is only 80.6% of the Florida median.

Approximately 12.5% of Florida's population is estimated to be living in poverty (i.e. 100% of the federal poverty level) as seen in Table 2-2 and Figure 2-4. This percentage is substantially higher in Alachua County with nearly 23% of all residents living in poverty (more than 56,000 individuals). Nearly 41% of Alachua County's population is living below 200% of the poverty level, while only 31% of Florida's population is doing so. Nearly 20% of Alachua County's children (0-17) are in poverty compared to nearly 18% for Florida.

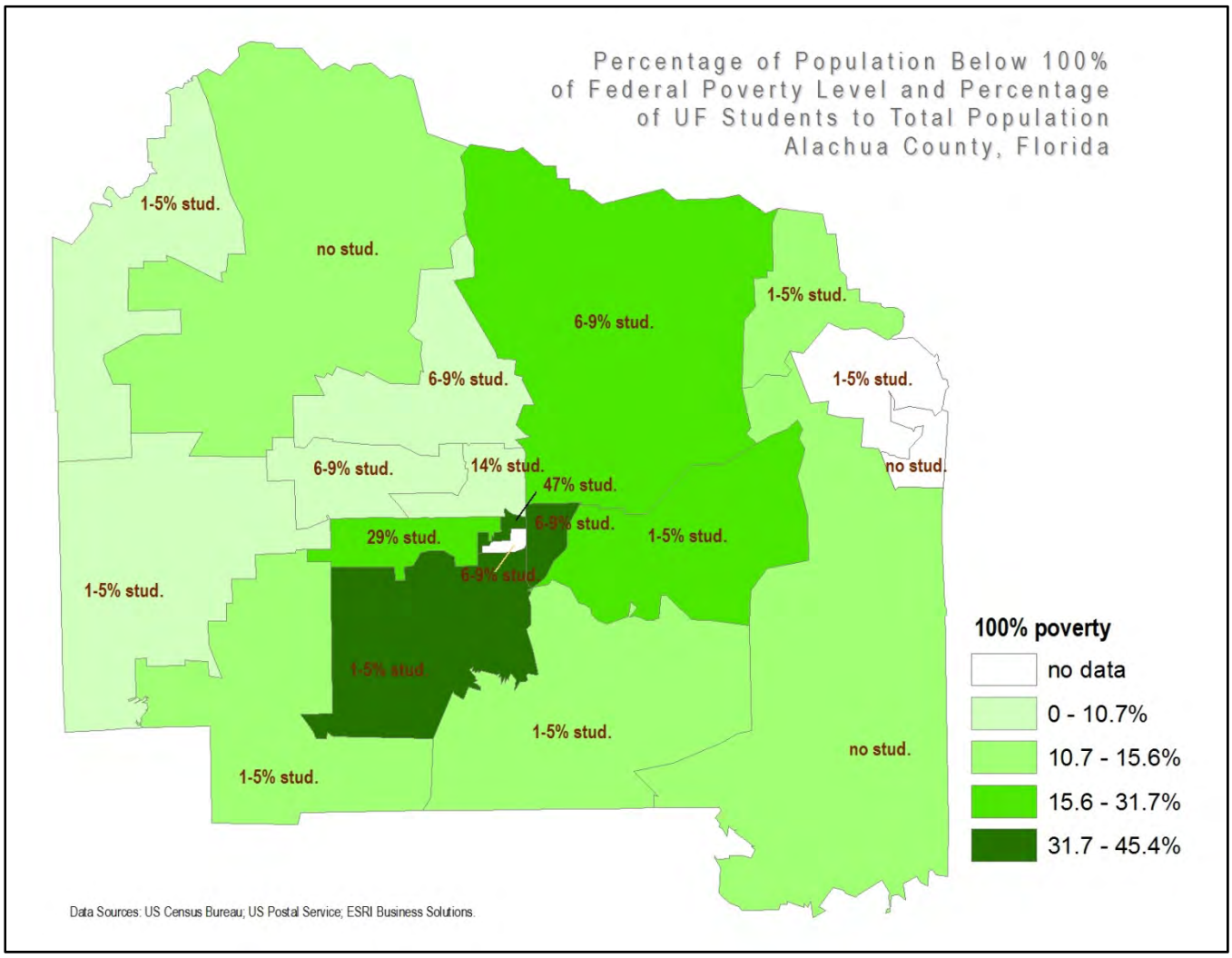
Figure 2-4: Percent of Total Population Living at Various Percentages of the Federal Poverty Level, Alachua County and Florida, 2009.



Source: ESRI Business Solutions, 2009; U.S. Census Bureau, 2000.

Figures 2-5 and 2-6 are included to provide some insight into the potential impact of the University of Florida student population on Zip Code estimates of those in poverty and below 200% of the federal poverty level. Figure 2-2 shows that there is a substantial percentage of persons in poverty in the central Gainesville Zip Code areas, where a large University of Florida student population resides. However, there are also other substantial pockets of poverty outside of central Gainesville, most notably the Zip Code area south of town (an area with a student population of less than 5% of the total population residing in the Zip Code area).

Figure 2-5. Percentage of Population Below 100% of Federal Poverty Level by Zip Code Area.

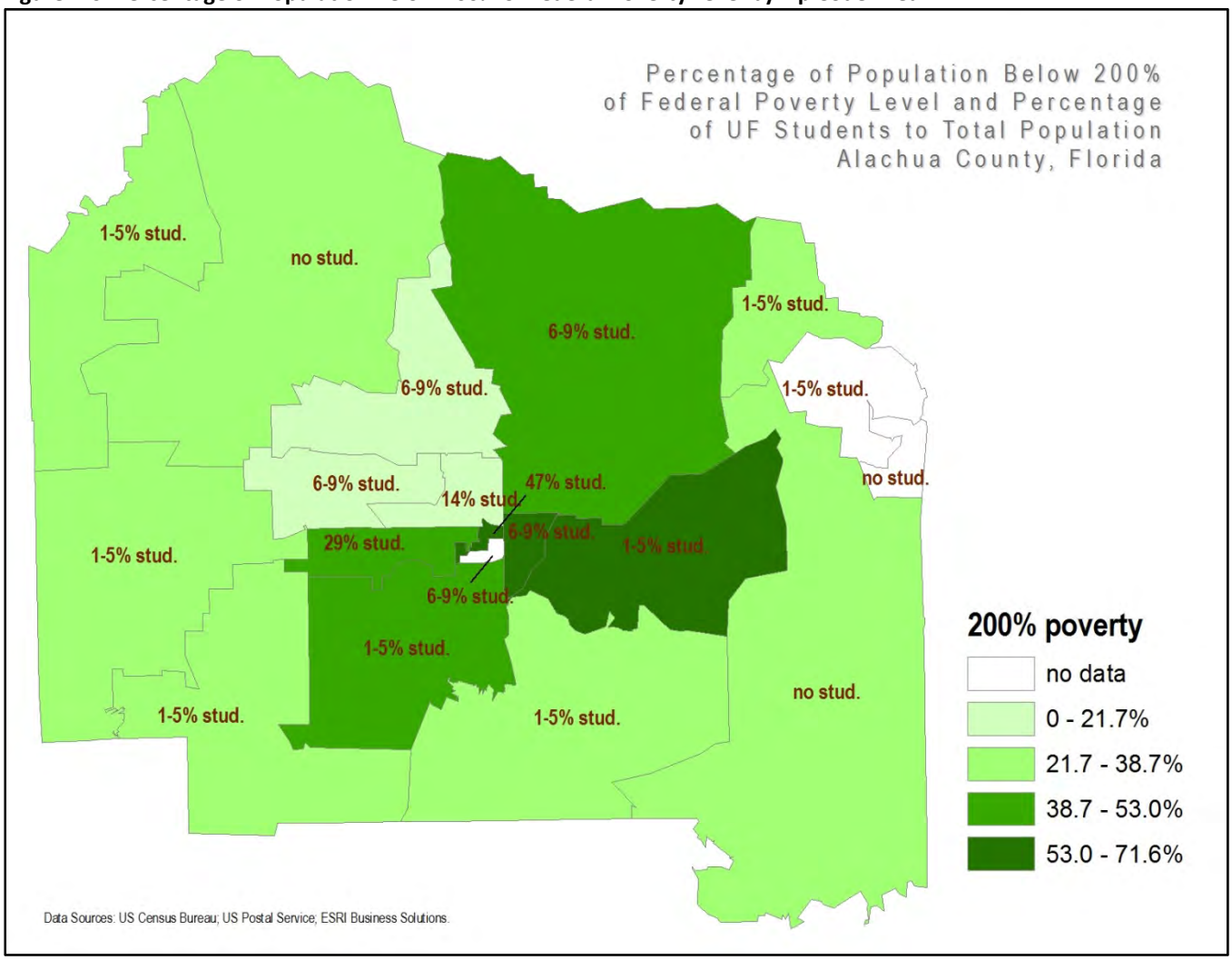


Note: Each zip code is labeled with the range of the percentage of students living within that zip code.
In addition, poverty percentages are based on 2000 U.S. Census data.

Figure 2-6 shows percentages of persons below 200% of poverty within Zip Code areas. As in Figure 2-5, there are Zip Code areas in Alachua County with smaller percentages of students, where a large percentage of persons are living below 200% of the federal poverty level (northeast, east and south of Gainesville in particular). Many view those living between 100% and 200% of the federal poverty level as the "working poor" or dependents of the working poor: those who earn too much to qualify for many health and social programs but too little to realistically afford meaningful health care coverage and regular health care.

Being employed with health benefits or being the spouse or dependent of someone whose employer provides health insurance is still the most common way to obtain private health insurance in the United States and Florida. Without employment, few have access to health care coverage. In December 2009, the unemployment rate in Alachua County stood at 7.7% with more than 10,000 individuals from the workforce unemployed (Table 2-2). While this rate is much lower than the Florida rate (and one of the lowest in the state), it is substantially higher than it has been in recent years.

Figure 2-6. Percentage of Population Below 200% of Federal Poverty Level by Zip Code Area.



Note: Each zip code is labeled with the range of the percentage of students living within that zip code.
In addition, poverty percentages are based on 2000 U.S. Census data.

Small businesses have been shown to have more difficulty than their larger counterparts in offering health insurance coverage to their employees. This is noteworthy as nearly 86% of Alachua County business establishments have fewer than 20 employees, and nearly 98% have fewer than 100 employees (Table 2-2).

Those with higher educational levels generally utilize health care systems somewhat more effectively and efficiently than their counterparts without higher levels of educational attainment. In addition, higher educational attainment is often the gateway to higher income levels. This suggests that educational attainment level is related to health access and health outcomes. Only 12% of Alachua County residents age 25 and older do not have a high school diploma compared to slightly more than 20% for Florida (Table 2-2). In addition, a substantially higher percentage of Alachua County residents have a college diploma (48.3%) than for Florida residents as a whole (29.4%).

Perspectives on Health Status and Healthful Living

The focus of the Perspectives on Health Status and Healthful Living is health outcomes and health behaviors. These are the factors upon which the personal and community traits detailed in the Demographic and Socioeconomic Profile may have an adverse or beneficial impact. Simply put, the indicators reviewed in this section should accurately portray the health status and the overall Health of Alachua County.

In order to determine the nature of health outcomes and behaviors in Alachua County, this section surveys the following data:

- Mortality (Death) Indicators;
- Mental Health Indicators;
- Birth and Pregnancy Outcomes;
- Behavioral Risk Factor Data;
- Childhood Obesity; and a
- Zip Code Health Report Card

Mortality Indicators

Table 3-1 the age-adjusted death rates (AADR) in Alachua County compared to Florida for 2008. Crude rates are the actual number of deaths for a given cause for a desired population divided by total number in the desired population and then multiplied by 100,000 to get the rate per 100,000 population and are not valid for comparison between geographic areas which may have widely varying age distributions. Thus, AADRs, which are the crude rates with mathematical adjustments for age distribution, are commonly used for comparison between geographic regions and are used predominantly in this section. For a more detailed discussion on crude versus age-adjusted death rates, please consult the Technical Appendix accompanying this report.

The 10 leading causes of death for Alachua County residents for 2006-2008 are presented in Table 3-1 (numbers in parentheses next to the causes represent the rank for the state of Florida). Far more detailed tables are presented in the *Technical Appendix* which includes crude rates, AADR and actual numbers of deaths for multiple years by various combinations of Zip Code area, age, race and ethnicity.

For 2006-2008, Alachua County's death rates for seven of its 10 leading causes (cancer, unintentional injuries, stroke, diabetes, Alzheimer's Disease, nephritis and hypertension) are higher than the state rates. Interestingly, cancer, while the second leading cause of death for Florida during 2006-2008, was the first leading cause of death for Alachua County during that time period.

Table 3-1: Age-Adjusted Death Rates (AADR) for 10 Leading Causes of Death in Alachua County by Selected Race and Hispanic Ethnicity, 2006-2008 (rates are per 100,000 population).

Area	All Causes				Cancer (2)*				Heart Disease (1)*			
	All	Black	White	Hispanic	All	Black	White	Hispanic	All	Black	White	Hispanic
Alachua County	774.5	936.0	756.2	540.6	193.0	227.5	190.5	135.8	144.8	148.8	146.2	110.2
Florida	679.8	822.4	661.5	567.8	162.3	174.1	161.2	120.7	162.2	196.6	158.0	154.6
Area	**Unintentional Injuries (4)***				**Stroke (5)***				**Chronic Lower Respiratory Dis. (3)***			
	All	Black	White	Hispanic	All	Black	White	Hispanic	All	Black	White	Hispanic
Alachua County	47.9	42.4	49.6	45.6	44.2	62.0	41.3	11.4	39.8	30.1	42.6	5.7
Florida	44.8	33.0	47.7	34.0	33.0	57.6	30.4	29.0	36.2	23.2	37.5	22.9
Group	**Diabetes (6)***				**Alzheimers Disease (7)***				**Suicide (9)***			
	All	Black	White	Hispanic	All	Black	White	Hispanic	All	Black	White	Hispanic
Alachua County	29.1	61.2	24.0	25.2	28.3	15.4	31.0	41.7	12.2	1.7	15.0	10.7
Florida	20.6	43.6	18.2	22.0	16.5	15.1	16.6	19.0	13.0	3.8	14.7	8.0
Group	**Nephritis (8)***				**Hypertension (13)***							
	All	Black	White	Hispanic	All	Black	White	Hispanic				
Alachua County	12.5	31.7	9.4	8.0	11.2	21.1	9.2	5.7				
Florida	10.9	23.0	9.6	11.1	6.8	17.3	5.8	5.1				

* The number in parentheses represent the ranking of the cause of death for all races for Florida.
Source: www.FlordiaCHARTS.com.

Noteworthy, in particular, are four leading causes of death (cancer, stroke, diabetes and Alzheimer's Disease). The death rates for these causes of death are all higher and have been substantially higher than the state of Florida for most of the past 10 years.

For 2006- 2008, as seen in Table 3-1, the age-adjusted cancer death rate for residents of Alachua County was nearly 19% higher than that of Florida residents, while the stroke AADR in Alachua County was slightly more than 34% higher. Astoundingly, the diabetes age-adjusted death rate for Alachua County residents was more than 41% higher than the Florida rate for 2006-2008. Even more surprisingly, the Alzheimer's Disease AADR was nearly 72% higher than Florida. Alzheimer's Disease has received relatively less attention than these other disease states in Alachua County and is traditionally viewed as more of a public health concern in communities with higher concentrations of elderly residents.

As seen in Figure 3-1, while the cancer death rates in Alachua County have mirrored the general decreasing trend also seen throughout Florida, these death rates have remained substantially higher than Florida since 1999. Figure 3-2 shows that the most extreme rates of cancer in Alachua County, based on Zip Code areas, have recently occurred in the northeast section of the county, to the east of Gainesville and in the extreme western portion of the county.

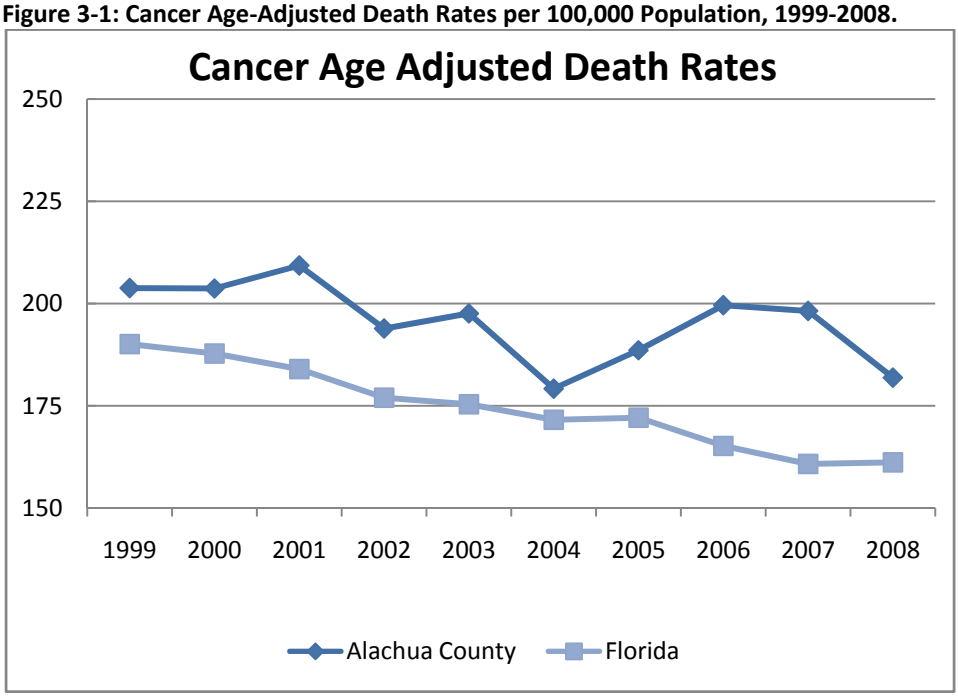
Similar to cancer, as seen in Figure 3-3, stroke death rates have also followed the steady decline that the state rates have shown. However, also like cancer, stroke death rates in Alachua County have remained consistently higher than Florida. Again, like cancer, the northeast corner of Alachua County is home to some of the highest stroke death rates as is one of the small urban core Zip Code areas nearest the University of Florida campus (Figure 3-4).

As seen in Figure 3-5, the diabetes age-adjusted death rates have remained steadily above the state rates since 1999. The greatest difference between diabetes and these other four causes of death in Alachua County that

have been substantially higher than the state rate is that while the state death rates for diabetes have trended downward slightly, the diabetes death rates for Alachua County have trended steadily upward since 2004. The highest diabetes death rates have occurred in one of the small Zip Code areas at the urban core of Gainesville, while there are also very high death rates again in the northeast corner of Alachua County as well as east of the urban center of Gainesville and also in the southwestern corner of the county (Figure 3-6).

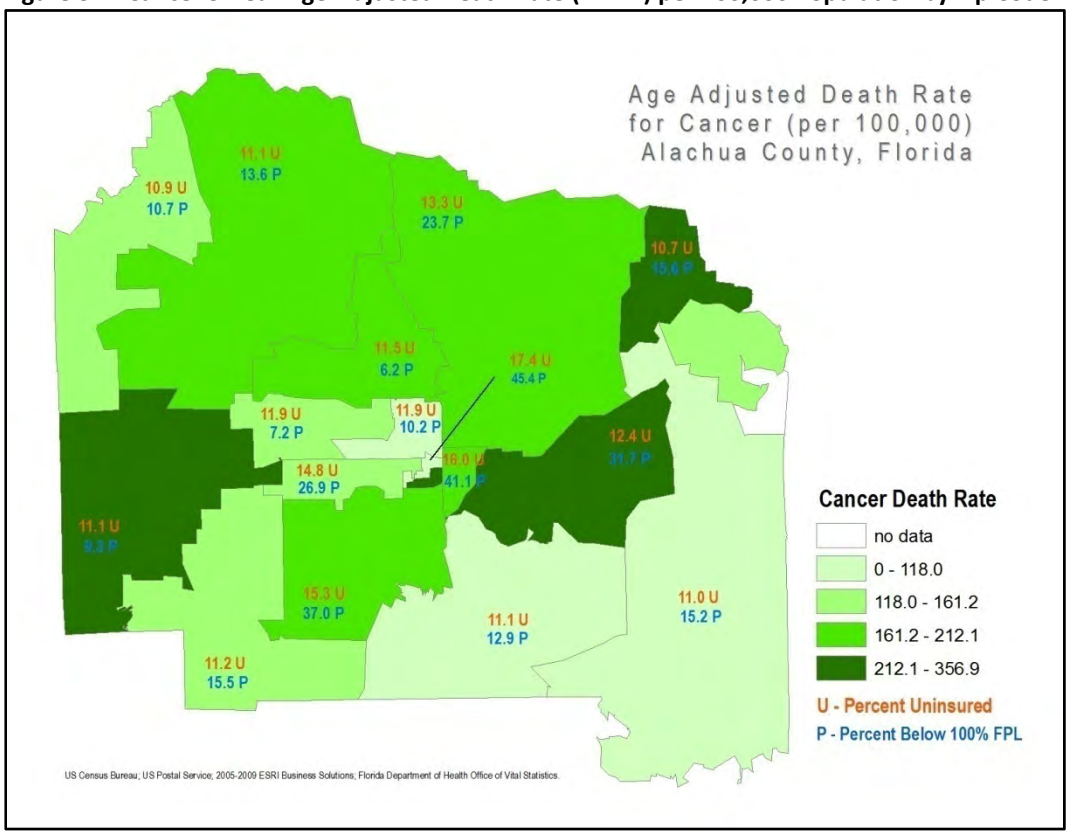
Figure 3-7 shows, that like the cancer, stroke and diabetes death rates, Alzheimer's Disease death rates in Alachua County have substantially outpaced those for Florida since 1999.

Figure 3-1: Cancer Age-Adjusted Death Rates per 100,000 Population, 1999-2008.



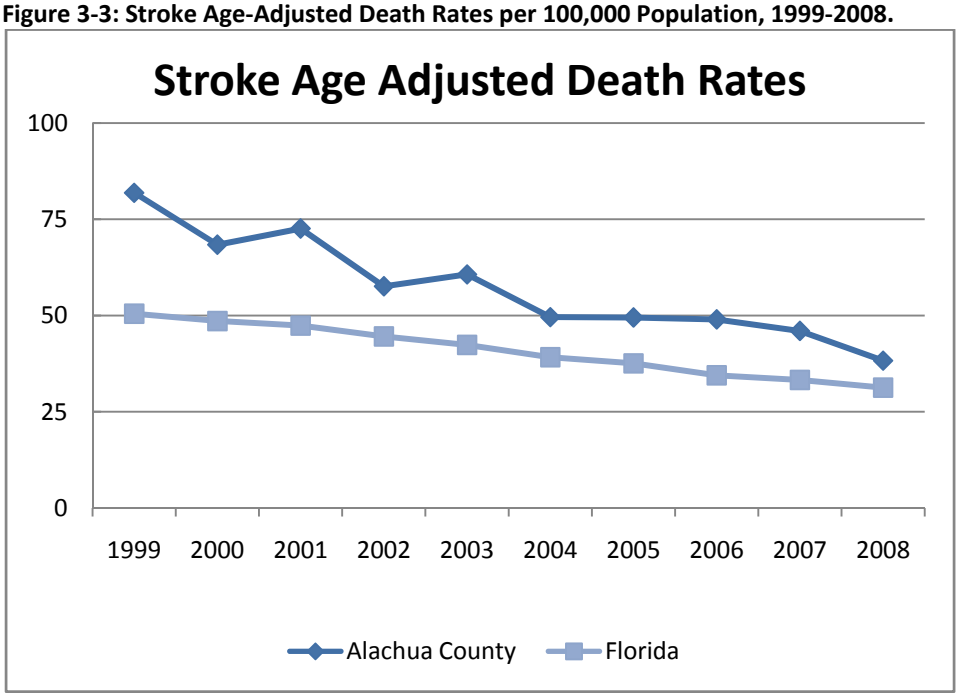
Source: www.FloridaCHARTS.com.

Figure 3-2: Cancer 5-Year Age-Adjusted Death Rate (AADR) per 100,000 Population by Zip Code Area, 2004-2008.



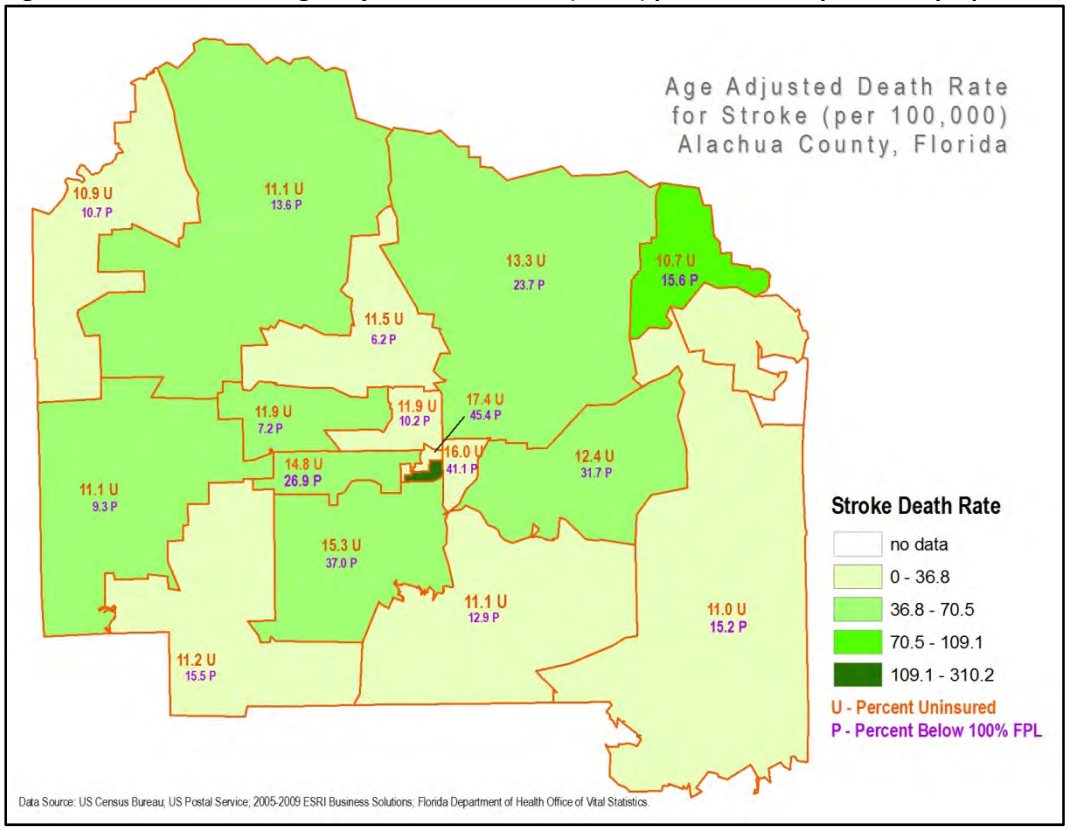
Note: Each Zip Code is labeled with the percentage uninsured (2004 AHCA estimate) and the percent below 100% of the Federal Poverty Level (FPL) based on estimates from the 2000 U.S. Census. In addition, zip codes with small populations are subject to wide variations in their rates due to the small population and the projection of their rates to per 100,000 population.

Figure 3-3: Stroke Age-Adjusted Death Rates per 100,000 Population, 1999-2008.



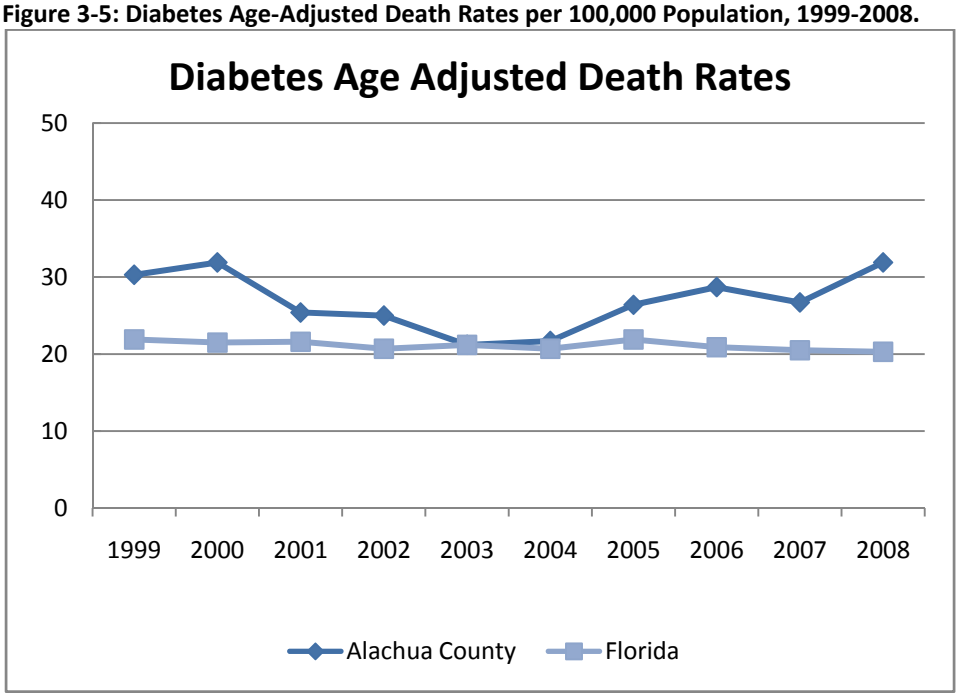
Source: www.FloridaCHARTS.com.

Figure 3-4: Stroke 5-Year Age-Adjusted Death Rate (AADR) per 100,000 Population by Zip Code Area, 2004-2008.



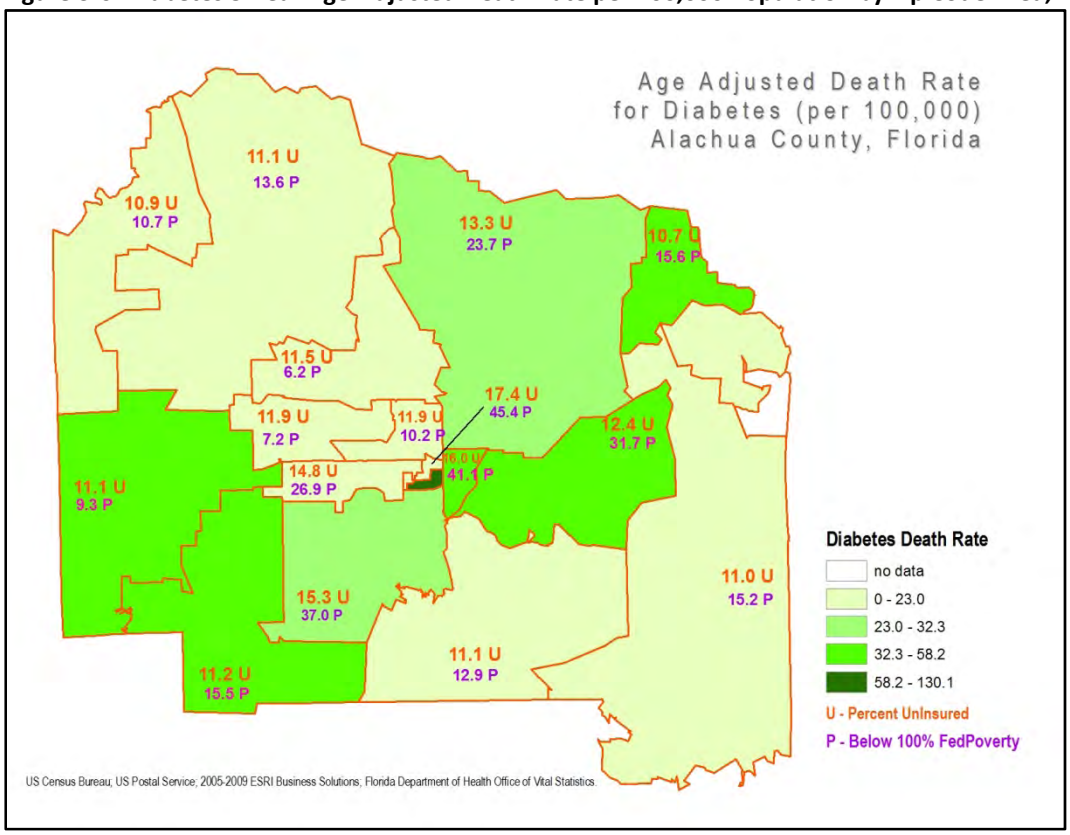
Note: Each Zip Code is labeled with the percentage uninsured (2004 AHCA estimate) and the percent below 100% of the Federal Poverty Level (FPL) based on estimates from the 2000 U.S. Census. In addition, zip codes with small populations are subject to wide variations in their rates due to the small population and the projection of their rates to per 100,000 population.

Figure 3-5: Diabetes Age-Adjusted Death Rates per 100,000 Population, 1999-2008.



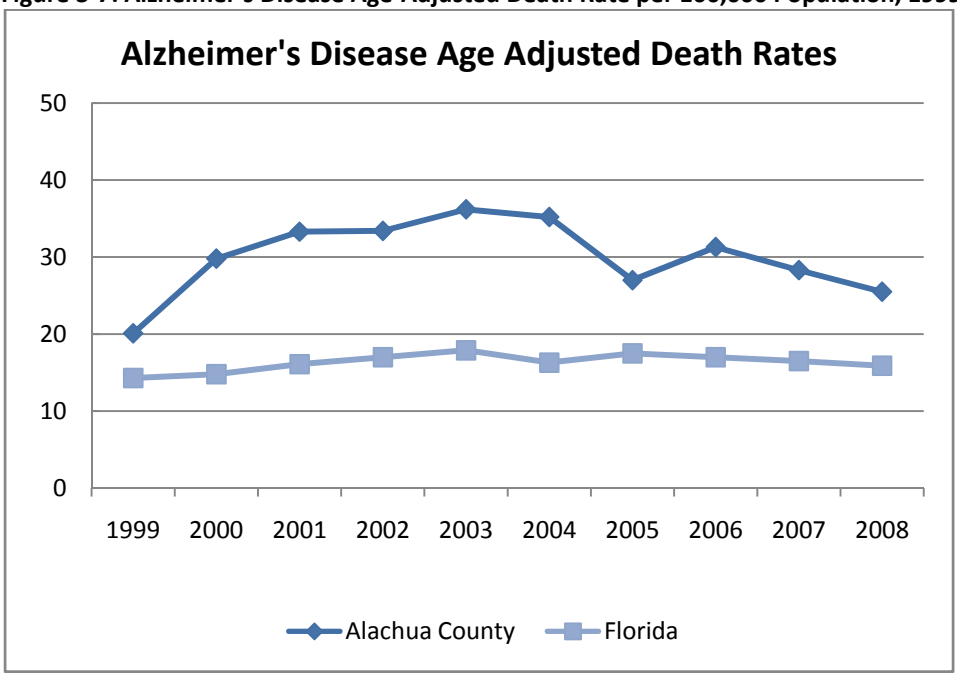
Source: www.FloridaCHARTS.com.

Figure 3-6: Diabetes 5-Year Age-Adjusted Death Rate per 100,000 Population by Zip Code Area, 2004-2008.



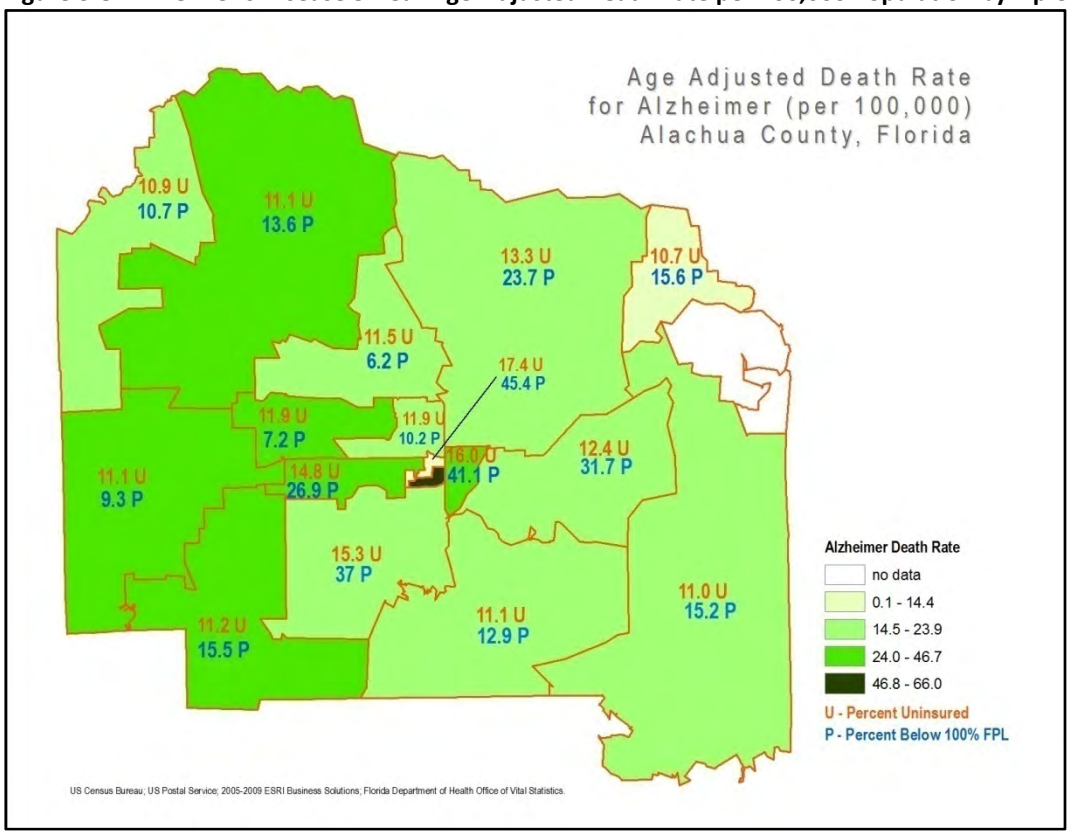
Note: Each Zip Code is labeled with the percentage uninsured (2004 AHCA estimate) and the percent below 100% of the Federal Poverty Level (FPL) based on estimates from the 2000 U.S. Census. In addition, zip codes with small populations are subject to wide variations in their rates due to the small population and the projection of their rates to per 100,000 population.

Figure 3-7: Alzheimer's Disease Age-Adjusted Death Rate per 100,000 Population, 1999-2008.



Source: www.FloridaCHARTS.com.

Figure 3-8: Alzheimer's Disease 5-Year Age-Adjusted Death Rate per 100,000 Population by Zip Code Area, 2006-2008.



Note: Each Zip Code is labeled with the percentage uninsured (2004 AHCA estimate) and the percent below 100% of the Federal Poverty Level (FPL) based on estimates from the 2000 U.S. Census. In addition, zip codes with small populations are subject to wide variations in their rates due to the small population and the projection of their rates to per 100,000 population

As seen in Table 3-2, in all there were nearly 5,000 deaths in Alachua County during 2006-2008; nearly 1,630 deaths per year on average. As seen in Table 3-1, six of the 10 leading causes of death are higher for black residents than those for white residents of Alachua County. These disparities in mortality outcomes are most pronounced in diabetes death rates. Based on the age-adjusted death rates for 2006-2008 in Table 3-1, the diabetes death rate among black residents in 2008 was nearly 155% higher than that of whites. When compared to death rates of black residents across Florida, the mortality rates among black residents in Alachua County are higher for 8 of the 10 leading causes of death in Florida.

Due to the relatively low percentage of Hispanic residents in Alachua County and subsequently lower number of total deaths, it is difficult to compare Hispanic death rates to those of black and white residents due to the high variability in the Hispanic rates.

Table 3-2: Leading Causes of Death for Selected Racial and Ethnic Groups, Alachua County, 2006-2008.

All Races		Black		White		Hispanic	
Cause	Number of Deaths	Cause	Number of Deaths	Cause	Number of Deaths	Cause	Number of Deaths
All Causes	4,889	All Causes	930	All Causes	3,893	All Causes	128
Cancer	1,201	Cancer	216	Cancer	966	Cancer	30
Heart Disease	909	Heart Disease	143	Heart Disease	757	Heart Disease	22
Unintentional Inj.	328	Diabetes	60	Unintentional Inj.	265	Unintentional Inj.	18
Stroke	277	Stroke	58	Chronic Lower Respiratory Disease	216	Alzheimer's	8
Chronic Lower Respiratory Disease	244	Unintentional Inj.	55	Stroke	215	Perinatal Cond.	6
Diabetes	182	HIV	30	Alzheimer's Disease	166	Diabetes	5
Alzheimer's	179	Nephritis	28	Diabetes	122	Stroke & Suicide	3 each
Suicide	82	Chronic Lower Respiratory Disease	27	Suicide	78		
Nephritis	75	Hypertension	21	Liver Disease	52	Liver, Nephritis & Homicide (tied)	2 each
Hypertension	70	Perinatal Conditions	19	Nephritis , Parkinson's Disease & Hypertension (tied)	47 each		

Source: www.FloridaCHARTS.com

The causes of death vary not only among races and ethnicities, but by age groups as well. The most likely causes of death differ widely by age group. Table 3-3 shows the leading causes of death in Alachua County for 2006-2008 for major age groupings: infants (0-1), children (1-17), younger working-age adults (18-44), older working age-adults (45-64) and senior adults (65+).

For the extremely young (0-1), deaths due to perinatal conditions continue to be the leading cause of death, but for most of the non-infant children's age range (0-17), unintentional injury remains the leading cause of death. Unintentional injury is also the leading cause of death for those aged 18-44. It is not until the 45-64 age group (and beyond) that the effects of chronic disease become the major contributing factors to death.

Table 3-3: Leading Causes of Death for Selected Age Groups, Alachua County, 2006-2008.

< 1		1-17		18-44		45-64		65+	
Cause	# of Deaths	Cause	# of Deaths	Cause	# of Deaths	Cause	# of Deaths	Causes	# of Deaths
All Causes	72	All Causes	31	All Causes	324	All Causes	1,034	All Causes	3,391
Perinatal Conditions	44	Unintentional Injury*	21	Unintentional Injury*	99	Cancer	355	Cancer	809
Congenital & Chromosomal Anomalies	11	*Motor Vehicle Crashes*	*12*	*Motor Vehicle Crashes*	*68*	Heart Disease	160	Heart Disease	709
Unintentional Injury*	4	Cancer	2	Cancer	33	Unintentional Injury*	70	Stroke	231
Homicide	3	Heart Disease, Stroke, Suicide and Homicide each had one death.		Suicide	30	*Motor Vehicle Crashes*	*32*	Chronic Lower Respiratory Diseases	204
Symptoms, Signs, Abnormal Clinical/Lab Findings	3			Heart Disease	28	Diabetes	53	Alzheimer's Disease	172

*Note: Motor Vehicle Crashes are a subset of Unintentional Injury.
Source: www.FloridaCHARTS.com

Mental Health Indicators

Mental/behavioral health is a key component of a community's overall health status. The following indicators are surveyed in Tables 3-4, 3-5, 3-6, 3-7 and 3-8:

- Suicide Death Rates;
- Mental Health Hospitalizations;
- Emergency Department (i.e. Emergency Room) Utilization for Mental Health Reasons;
- Baker Act Initiation Rates; and
- Domestic Violence Rates

A survey of these mental health indicators for Alachua County yields a mixed picture on the mental health status of the community as a whole:

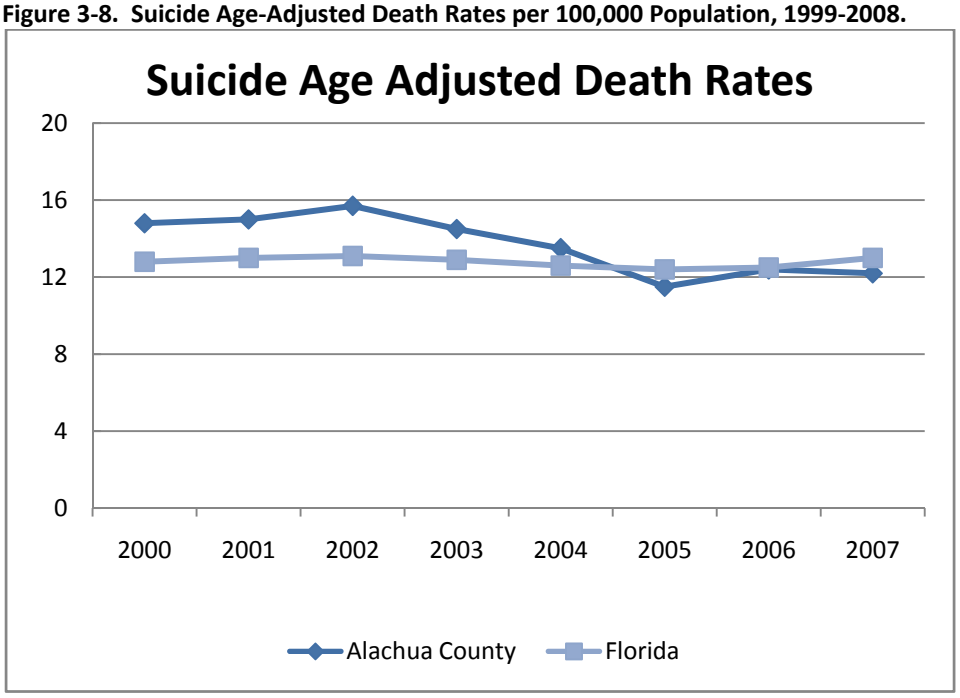
- Age-adjusted death rates for Alachua County have been near or below the state rates since 1999, though deaths have averaged between 27-31 per year during that time period.
- Hospitalization rates for residents remain below the state rate between 2004 and 2008 with the annual number ranging from 1,179 to 1,350 per year.
- Emergency department (i.e. emergency room) visits for mental health reasons rose sharply from 46.6 per 1,000 population in 2004 to 58.3 per 1,000 population in 2008. This represents a 25% increase for an indicator that has been substantially higher than the state between 2004 and 2008.
- The Baker Act initiation rate was substantially lower in Alachua County than the state between 2004 and 2008.
- While the domestic violence rates in both Alachua County and the state trended downward between 2004 and 2008, the rates in Alachua County remained substantially higher compared to Florida.

Table 3-4: Average Number of Annual Deaths and 3-Year Age Adjusted Death Rates for Suicide per 100,000 Population, by County and Florida, 1999-2008.

Area	1999-2001		2000-2002	
	Average Number	Age Adjusted Death Rate	Average Number	Age Adjusted Death Rate
Alachua	28	14.8	30	15.0
Florida	2,165	12.8	2,253	13.0
Area	**2001-2003**		**2002-2004**	
	Average Number	Age Adjusted Death Rate	Average Number	Age Adjusted Death Rate
Alachua	33	15.7	31	14.5
Florida	2,305	13.1	2,336	12.9
Area	**2003-2005**		**2004-2006**	
	Average Number	Age Adjusted Death Rate	Average Number	Age Adjusted Death Rate
Alachua	29	13.5	24	11.5
Florida	2,328	12.6	2,367	12.4
Area	**2005-2007**		**2006-2008**	
	Average Number	Age Adjusted Death Rate	Average Number	Age Adjusted Death Rate
Alachua	27	12.4	27	12.2
Florida	2,429	12.5	2,568	13.0

Source: www.FloridaCHARTS.com.

Figure 3-8. Suicide Age-Adjusted Death Rates per 100,000 Population, 1999-2008.



Source: www.FloridaCHARTS.com.

Table 3-5: Number and Rate of Hospitalizations per 1,000 Population for Mental Health Reasons for All Ages, Alachua County and Florida, 2004-2008. *

Area	2004		2005		2006		2007		2008	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Alachua	1,179	5.0	1,232	5.1	1,328	5.4	1,201	4.8	1,350	5.3
Florida	127,190	7.2	127,221	7.1	126,644	6.9	128,597	6.9	133,631	7.1

* DRGs 424-428, 430-433, 521-523 were used in the 2004, 2005, 2006, and first three quarters of 2007. DRGs 876, 880-883, 885-887, 894-897 were used for the fourth quarter 2007 and the 2008 data.
Source: Agency for Health Care Administration, Detailed Discharge Data, 2004-2008; www.FloridaCHARTS.com.

Table 3-6: Number and Rate of Emergency Department Visits per 1,000 Population for Mental Health Reasons, Alachua County and Florida, 2004-2008. *

Area	2005		2006		2007		2008	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Alachua	11,279	46.6	12,696	51.9	13,729	55.3	14,746	58.3
Florida	625,651	34.7	711,091	38.6	732,339	39.1	814,463	43.3

* ICD 9 Codes 290 - 317 were used in determining mental health visits. The main reason category as well as all diagnosis codes were looked at to determine the mental health visits.
Source: Agency for Health Care Administration, Emergency Department Data, 2005-2008; www.FloridaCHARTS.com.

Table 3-7: Number and Rate of Baker Act Initiations per 100,000 Population, Alachua County and Florida, 2004-2008.

Area	2004		2005		2006		2007		2008	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Alachua	875	368.6	931	384.9	1,095	447.6	1,016	409.4	875	345.7
Florida	110,697	628.5	122,206	678.2	120,506	653.5	122,454	653.7	131,544	699.3

Note: The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment). It can be initiated by judges, law enforcement officials, physicians or mental health professionals. There must be evidence that the person: a) has a mental illness (as defined in the Baker Act) and b) is a harm to self, harm to others, or self neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and occur in 100+ Florida Department of Children and Families (DCF; originally Department of Health and Rehabilitative Services, or HRS) designated receiving facilities statewide.
Source: University of South Florida; Department of Mental Health Law and Policy, Special Report of Baker Act Data by County of Residence for Multiple Years and by Age Groups, May 2009; www.FloridaCHARTS.com; Florida Population Estimates, 2002-2008.

Table 3-8: Number and Rate of Domestic Violence Offenses per 100,000 Population, Alachua County and Florida, 2004-2008.

Area	2004		2005		2006		2007		2008	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Alachua	1,924	810.5	1,717	709.9	1,766	721.9	1,602	645.5	1,701	672.0
Florida	119,772	680.0	120,386	668.1	115,170	624.5	115,150	614.7	113,123	601.3

Source: www.Florida CHARTS.com.

Birth and Pregnancy Outcomes

A community's overall health status is healthier when its mothers and newborns are healthier. Birth and pregnancy outcomes are a key component of any overview of health status. The following indicators are surveyed in Tables 3-9, 3-10, 3-11, and 3-12 and Figure 3-10:

- Infant Mortality (Death) Rates;
- Low Birthweight Births;
- Prenatal Care in First Trimester; and
- Teen Births (15-17);

As seen in Table 3-9, the infant death rate in Alachua County steadily decreased between 2004 and 2008 and has finally crept below that of the state. However, the infant death rate for black infants remains substantially higher than that of white or Hispanic infants. From a geographical perspective, as seen in Figure 3-9, the poorest infant mortality rates are confined to roughly the northeastern and southeastern corners of the county.

Between 2004 and 2008, the overall county low birthweight rate has remained relatively constant and slightly higher than that of Florida (Table 3-10). As with infant death rates, the low birthweight rates are much higher for black births than for white or Hispanic births. In fact, between 2004 and 2008, the rate of black low birthweight births in Alachua County outpaced those for black births in Florida as a whole.

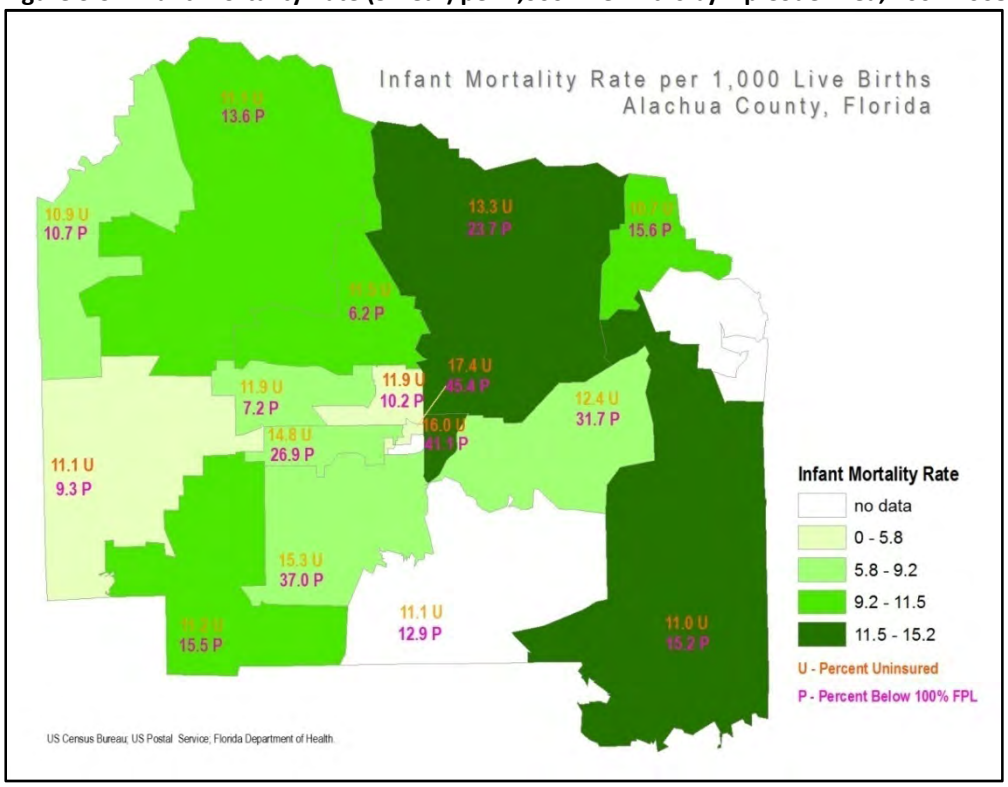
In general, care should be taken when comparing Hispanic birth data to that of white and black residents as there are substantially fewer Hispanic births annually in Alachua County and the rates based on those births are subject to wide variations on an annual basis.

Table 3-9: Total Infant Death Rates per 1,000 Live Births by Race and Ethnicity, Alachua County and Florida, 2004-2008.*

Area	2004			
	All Races	Black	White	Hispanic
Alachua County	12.3	24.6	7.8	6.0
Florida	7.0	13.2	5.5	4.1
Area	**2005**			
	All Races	Black	White	Hispanic
Alachua County	9.3	20.9	3.0	10.4
Florida	7.2	13.6	5.3	5.9
Area	**2006**			
	All Races	Black	White	Hispanic
Alachua County	10.6	12.7	8.6	21.5
Florida	7.2	12.9	5.6	5.7
Area	**2007**			
	All Races	Black	White	Hispanic
Alachua County	8.8	19.5	3.5	3.8
Florida	7.1	13.4	5.2	6.2
Area	**2008**			
	All Races	Black	White	Hispanic
Alachua County	5.7	5.6	6.6	7.2
Florida	7.2	12.9	5.5	5.7

*Note: The relatively low number of infant deaths per year make these rates highly susceptible to wide variations on an annual basis; especially those for the Hispanic population which averages fewer than five infant deaths per year.
Source: www.FloridaCHARTS.com.

Figure 3-9: Infant Mortality Rate (5-Year) per 1,000 Live Births by Zip Code Area, 2004-2008.



Note: Each Zip Code is labeled with the percentage uninsured (2004 AHCA estimate) and the percent below 100% of the Federal Poverty Level (FPL) based on estimates from the 2000 U.S. Census.

Table 3-10: Percent of Low Birthweight Births by Race and Hispanic Ethnicity, Alachua County and Florida, 2004-2008.

Area	2004			
	All Races	Black	White	Hispanic
Alachua County	9.1	15.1	7.0	11.4
Florida	8.6	13.1	7.2	7.0
Area	**2005**			
	All Races	Black	White	Hispanic
Alachua County	9.0	15.0	6.1	7.3
Florida	8.8	13.6	7.4	7.0
Area	**2006**			
	All Races	Black	White	Hispanic
Alachua County	9.0	14.7	6.7	8.6
Florida	8.7	13.4	7.4	7.1
Area	**2007**			
	All Races	Black	White	Hispanic
Alachua County	9.0	15.2	6.3	6.1
Florida	8.7	13.7	7.3	7.1
Area	**2008**			
	All Races	Black	White	Hispanic
Alachua County	9.3	15.0	7.3	10.1
Florida	8.8	13.5	7.4	7.3

Source: www.FloridaCHARTS.com.

The receipt of prenatal care within the first trimester of pregnancy also follows the same patterns of disparity as infant mortality and low birthweight (Table 3-11). While rates are favorable for Alachua County as a whole, black mothers lag behind their white and Hispanic counterparts in terms of receiving prenatal care in the first trimester of pregnancy.

Like the other birth and pregnancy outcomes, the teen (15-17) birth rates for black residents also compare unfavorably to those for white and Hispanic residents (Table 3-12). However, between 2004 and 2008, the teen birth rate among black residents appears to be trending downward.

Table 3-11: Percent of Expectant Mothers that Received Care in the First Trimester by Race and Hispanic Ethnicity, Alachua County and Florida, 2004-2008.

Area	2004			
	All Races	Black	White	Hispanic
Alachua County	76.4	64.0	82.3	63.5
Florida	71.9	63.5	74.7	70.8
Area	**2005**			
	All Races	Black	White	Hispanic
Alachua County	77.1	65.7	82.1	74.0
Florida	70.1	61.5	72.7	67.6
Area	**2006**			
	All Races	Black	White	Hispanic
Alachua County	74.9	61.8	80.5	68.2
Florida	69.6	60.6	72.2	66.1
Area	**2007**			
	All Races	Black	White	Hispanic
Alachua County	73.0	61.3	78.0	66.9
Florida	69.2	60.2	71.9	65.9
Area	**2008**			
	All Races	Black	White	Hispanic
Alachua County	73.2	60.7	78.7	76.5
Florida	68.9	59.9	71.6	65.0

Source: www.FloridaCHARTS.com.

Table 3-12: Teen (15-17 Years of Age) Birth Rates per 1,000 Female Population 15-17 by Race and Hispanic Ethnicity, Alachua County and Florida, 2004-2008.

Area	2004			
	All Races	Black	White	Hispanic
Alachua County	23.0	67.6	9.1	20.1
Florida	21.9	36.6	17.7	30.9
Area	**2005**			
	All Races	Black	White	Hispanic
Alachua County	19.7	50.8	8.5	5.4
Florida	21.8	34.7	18.1	32.4
Area	**2006**			
	All Races	Black	White	Hispanic
Alachua County	24.4	65.2	9.3	18.4
Florida	23.0	36.9	19.0	34.5
Area	**2007**			
	All Races	Black	White	Hispanic
Alachua County	23.8	46.9	13.9	31.2
Florida	22.6	36.5	18.7	32.2
Area	**2008**			
	All Races	Black	White	Hispanic
Alachua County	20.9	39.6	12.4	6.4
Florida	20.4	33.7	16.5	27.2

Source: www.FloridaCHARTS.com.

Behavioral Risk Factor Data

Health behaviors not only contribute to health status, but they can be viewed as health outcomes unto themselves. Not only are they a major reflection of personal choice, but they can often also be indicators or markers for health system performance.

The Behavioral Risk Factor Surveillance System (BRFSS) survey was conducted among adults (over 18) in Florida in 2002 and 2007. The survey has been designed and administered by the Center for Disease Control (CDC) and its partners in state health departments. The purpose of this survey is to obtain county-level estimates of the prevalence of self-reported personal health behaviors that contribute to morbidity (presence of disease) and mortality (death). While the survey is conducted annually by the CDC to obtain state and national level estimates, the 2002 and 2007 surveys also sampled and provided data at the county level. Tables 13a, 13b and 13c highlight selected BRFSS indicators for Alachua County and Florida in 2002 and 2007.

Some of the following positive changes occurred between 2002 and 2007 in Alachua County:

- Reported heavy or binge drinking decreased 19.2%.
- Women over 40 receiving mammograms increased 4.4%.
- Adults over 50 who received sigmoidoscopy or colonoscopy within the last five years increased 20.8%.
- Percentage of adults who have had cholesterol checked within last five years increased 9.9%.
- Percentage of adults with diagnosed high cholesterol has decreased 7.3%.
- Percentage of adults with any form of health care coverage has increased 13.0% (these numbers are prior to the faltering economy).
- Percentage of adults who are eating recommended amounts of fruits and vegetables and getting moderate to vigorous exercise all increased (8.1%, 6.5% and 11.4%, respectively).

- Percentage of current smokers dropped nearly 18%.

Similarly, some of the following negative changes occurred between 2002 and 2007 in Alachua County:

- Percentage of adults with diagnosed diabetes increased nearly 24%.
- Percentage of adults with diagnosed hypertension increased by more than 13%
- Percentage of adults who are overweight or obese increased nearly 25%.
- Percentage of adults who are obese increased nearly 73%.

In some cases, these results are in conflict with each other as in the case of increased fruits and vegetable consumption and physical activity yet dramatic increases in the percentage of overweight and obese persons in Alachua County. In many cases though, the BRFSS confirms some of the bad news as seen in the mortality indicators. Alachua County's increased diabetes death rate, higher than the state's rate, is inextricably linked to the increased percentage of persons who are overweight and obese.

Table 3-13a: Selected BRFSS Indicators, Alachua County and Florida, 2002 and 2007.*

Indicator	Alachua County			Florida (2007)
	2002 Measure	2007 Measure	Percent Difference (2002 - 2007)	
Alcohol Consumption				
Percentage of adults who engage in heavy or binge drinking	26.6	21.5	(19.2)	16.2
Asthma				
Percentage of adults who currently have asthma	6.5	6.9	6.2	6.2
Cancer Screening				
Percentage of women 40 years of age and older who received a mammogram in the past year	67.8	70.8	4.4	64.9
Percentage of women 18 years of age and older who received a Pap test in the past year	73.3	70.5	(3.8)	64.8
Percentage of adults 50 years of age and older who received a blood stool test in the past year	22.6	21.1	(6.6)	21.2
Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	45.2	54.6	20.8	53.7
Cholesterol Awareness				
Percentage of adults who had their cholesterol checked in the past five years	69.6	76.5	9.9	78.5
Percentage of adults who have diagnosed high blood cholesterol	28.9	26.8	(7.3)	37.3
Diabetes				
Percentage of adults with diagnosed diabetes	5.1	6.3	23.5	8.7

*Note: For a complete analysis of statistical significance of these BRFSS estimates, please consult the 2007 and 2002 Florida Behavioral Risk Factor Surveillance System Reports available at www.FloridaCHARTS.com.
Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Table 3-13b: Selected BRFSS Indicators, Alachua County and Florida, 2002 and 2007.*

Indicator	Alachua County			Florida (2007)
	2002 Measure	2007 Measure	Percent Difference (2002 - 2007)	
Health Care Access & Coverage				
Percentage of adults with any type of health care insurance coverage	76.9	86.9	13.0	81.4
Percentage of adults who have a personal doctor	71.1	73.3	3.1	77.1
Health Status & Quality of Life				
Percentage of adults with good to excellent overall health	89.0	89.8	0.9	83.4
HIV/AIDS				
Percentage of adults less than 65 years of age who have been tested for HIV	43.0	45.2	5.1	49.1
Hypertension Awareness and Control				
Percentage of adults with diagnosed hypertension	19.6	22.2	13.3	28.2
Immunization				
Percentage of adults who received a flu shot in the past year	23.5	31.4	33.6	32.7
Percentage of adults age 65 and older who received a flu shot in the past year	59.9	68.6	14.5	64.6
Percentage of adults who have ever received a pneumonia vaccination	14.3	22.6	58.0	25.9
Percentage of adults age 65 and older who have ever received a pneumonia vaccination	52.6	67.3	27.9	63.0

*Note: For a complete analysis of statistical significance of these BRFSS estimates, please consult the 2007 and 2002 Florida Behavioral Risk Factor Surveillance System Reports available at www.FloridaCHARTS.com.
Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Table 3-13c: Selected BRFSS Indicators, Alachua County and Florida, 2002 and 2007.*

Indicator	Alachua County			Florida (2007)
	2002 Measure	2007 Measure	Percent Difference (2002 - 2007)	
Overweight & Obesity				
Percentage of adults who are overweight	36.1	37.8	4.7	38.0
Percentage of adults who are obese	14.7	25.4	72.8	24.1
Percentage of adults who are overweight or obese	50.7	63.3	24.9	62.1
Physical Activity & Nutrition				
Percentage of adults who are sedentary	16.9	17.2	1.8	25.4
Percentage of adults who are inactive at work	68.6	62.5	(8.9)	64.5
Percentage of adults who consume at least five servings of fruits and vegetables a day	27.0	29.2	8.1	26.2
Percentage of adults who meet moderate physical activity requirements	36.8	39.2	6.5	34.6
Percentage of adults who meet vigorous physical activity requirements	28.1	31.3	11.4	26.0
Tobacco Use & Exposure				
Percentage of adults who are current smokers	18.8	15.5	(17.6)	19.3
Percentage of adults who are former smokers	21.9	22.8	4.1	26.2
Percentage of adults who have ever smoked	59.3	61.7	4.0	54.5
Percentage of adult current smokers who tried to quit smoking at least once in the past year	57.7	61.1	5.9	53.2

*Note: For a complete analysis of statistical significance of these BRFSS estimates, please consult the 2007 and 2002 Florida Behavioral Risk Factor Surveillance System Reports available at www.FloridaCHARTS.com.
Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2007 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Childhood Obesity

An obesity epidemic is currently a major concern in the United States, and as seen in the BRFSS statistics previously reviewed, that epidemic has reached Alachua County. Out of concern for this growing epidemic and the impact it may be having on the children of Alachua County, the Alachua County School Board undertook action to calculate the Body Mass Index (BMI) for all children in the public school system during the 2008-2009 school year.

BMI is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. Table 3-14 portrays the total students, number of students overweight and obese and the percentage of students who were overweight or obese at each of the Alachua County public schools during the 2008-2009 school year.

While the overweight and obesity rates for Alachua County children are still well below the rates for adults, the results are still staggering. More than 1 out of every three public school students in Alachua County in 2008-2009 was overweight or obese based on their BMI. While students in the elementary school fared better than their counterparts in middle and high school, still nearly 32% of elementary school students were overweight obese based on their BMI. Again, these numbers further underscore the escalating s problems of diabetes and other chronic diseases confronting Alachua County.

Table 3-14: Alachua County Public School Students with Overweight or Obese BMI Measurements, 2008-2009.

School	Total Students	Number of Students Overweight or Obese*	Percent Overweight or Obese*
W.A. Metcalfe	418	134	32.1
Joseph Williams	580	190	32.8
Alachua Elementary	470	150	31.9
Archer Community	314	108	34.4
Chester Shell	208	71	34.1
Waldo Community	218	76	34.9
Myra Terwilliger	356	148	41.6
Idylwild Elementary	707	203	28.7
Glen Springs Elementary	771	187	24.3
M.K. Rawlings	381	141	37.0
Hidden Oak Elementary	882	302	34.2
Kimball Wiles	684	208	30.4
Lawton Chiles	771	231	30.0
Newberry Elementary	695	240	34.5
C.W. Norton	646	187	28.9
William Talbot	545	144	26.4
Elementary - Total	**8,648**	**2,720**	**31.5**
Abraham Lincoln	848	303	35.7
Howard Bishop	945	388	41.1
Westwood Middle	1,243	453	36.4
Hawthorne High	385	176	45.7
A.L. Mebane	561	219	39.0
Fort Clarke Middle	816	281	34.4
Kanapaha Middle	951	318	33.4
Oak View Middle	633	238	37.6
Middle School -Total	**6,382**	**2,376**	**37.2**
Gainesville High	1,306	445	34.1
Hawthorne High	385	176	45.7
Newberry High	396	144	36.4
Santa Fe High	930	320	34.4
Eastside High	1,396	513	36.7
F.W. Buchholz High	1,396	435	31.2
High School - Total	**5,809**	**2,033**	**35.0**
All Schools - Grand Total	**20,839**	**7,129**	**34.2**

* Based on Body Mass Index (BMI) calculations made during school observations of students.
Source: School Board of Alachua County, 2009; Maternal Child Health Education and Research Center (MCHERDC), 2009.

Zip Code Health Report Card

Publicly available countywide health and demographic statistics were used to create a simple tool that can be used to measure the success of our efforts to improve health, the Zip Code Health Report Card (Figure 3-10). Performance monitoring can be done here in Alachua County, as recommended by the Institute of Medicine's Division of Health Promotion and Disease Prevention in its 1997 publication, "Improving Health in the Community: A Role for Performance Monitoring." 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
- Health Care Utilization

Significant health disparities were observed in Alachua County that deserve attention. Infant mortality and sexually transmitted infections in some Zip Codes stand out as ranging far afield of the state and national benchmarks. To address these health disparities, the focus must be to efficiently allocate scarce resources to areas in most need. But how are these areas identified?

Most audiences prefer to see local health and demographic statistics by Zip Code. Zip Codes are familiar to us and easy to locate geographically. For example, telephone books contain zip code maps that are readily available to the public. However, it is useful to remember that zip codes were created by the U.S. Postal Service to direct the work of mail carriers. Zip code boundaries may divide communities and neighborhoods, or alternatively, they may aggregate demographically diverse ones. The net result, as shown in the accompanying maps, is that Zip Code level data may occasionally obscure neighborhoods in need. While Figure 3-11 shows the Zip Code areas that are the least healthy based on this methodology (shaded in darker green). Note that the notion that one of the least healthy Zip Codes is in western Alachua County is often contrary to widely held notions.

Births paid for by Medicaid were chosen to demonstrate the neighborhoods in the county with the highest concentrations of need (Figure 3-12). In the state of Florida, women qualify for Medicaid during pregnancy if their income level is at or below 185% of Federal Poverty Levels ($37,000/year for a family of four in 2008). Children born to Medicaid-eligible mothers are likely to qualify for Medicaid and free and reduced lunch at school. Children covered by Medicaid are more likely to be born premature, to be abused or neglected, to perform below grade level, to be absent from school and not graduate high school, to become teen parents and are more likely to draw the attention of the Juvenile Justice system.

Density maps by Census Block Group, such as the one shown for Medicaid births (Figure 3-11), can be created for any data element accompanied by geographic coordinates or an address. For this report, birth certificate data with geographic coordinates were used to highlight neighborhoods within zip codes that demonstrate high needs.

Health care access in the neighborhoods demonstrating high density of Medicaid births need to be assured so that resources are adequate to meet the needs of families in those locations. For example, Medicaid eligible mothers living in Zip Code 32607 are unlikely to own automobiles, and will need to take three city buses to

access health services at the Alachua County Health Department. The provision of medical and social services in high-need neighborhoods through library partnerships and the use of mobile clinics are two potentially cost-effective local strategies being tried to meet identified needs.

Figure 3-10: Example of Tables Used to Create Alachua County Zip Code Health Report Card.

Zip Code	32641	32609	32694	32669	32601	32607	32615	32618	32608	32640	32643	32653	32605	32667	32606	32603
Geographic Abbreviation	EG	NEG	Waldo	Newbry	ECG	WG	Alachua	Archer	SWG	Hawthr	HSprngs	NG	NCG	Micanopy	NWG	CG
2009 Total population	13,459	20,744	1,996	10,245	20,925	28,782	15,055	9,978	38,631	12,330	10,629	12,805	26,066	5,111	21,198	7,549
2009 UF Off-campus students	563	1,563	53	312	6,835	7,263	564	219	13,387	327	328	873	2,270	136	1,784	6,660
2009 Population in poverty	4,269	4,908	310	954	8,595	7,745	2,042	1,550	14,296	1,871	1,142	791	2,666	661	1,525	3,429
%w/o a h.s. degree (25+ years), 2000	30.0	22.7	18.6	17.6	13.9	5.5	16.1	17.3	8.0	22.0	17.3	6.9	5.6	14.7	3.6	2.0
Median household income ($), 2009	29,262	34,189	41,206	45,428	21,882	34,699	50,945	53,500	31,334	41,230	42,103	61,295	61,507	50,704	62,610	17,305
%of population in poverty, 2000	28.0	21.0	12.0	9.0	35.0	27.0	10.0	10.0	34.0	15.0	11.0	7.0	18.0	7.0	6.0	40.0
%of families (with children <18 present) headed by a single parent, 2009	55.0	40.3	24.5	17.5	45.5	32.2	22.1	20.6	27.7	21.7	20.2	21.0	17.9	20.6	17.3	16.7
%of births covered by Medicaid, 2004-06	82.0	74.6	61.7	35.4	62.4	56.9	36.2	59.5	37.4	63.5	43.2	33.3	33.1	49.4	21.0	20.3
%low birthweights, 2004-06	10.2	9.3	10.0	7.6	6.5	6.9	6.2	4.9	4.9	14.3	4.3	6.6	5.1	3.6	4.9	5.1
%of births to a teen (10-17), 2004 - 06	7.3	7.3	1.7	2.1	6.5	2.9	1.5	4.3	2.0	4.8	1.5	1.7	5.7	1.2	1.0	0.0
Infant mortality rate (per 1,000 live births), 2004-06	9.8	21.4	0.0	7.8	10.8	11.5	9.9	0.0	8.5	18.5	15.4	9.7	6.1	0.0	7.5	0.0
Death rates by selected causes of death (age-adjusted per 100,000 population), 2004-2006																
All cancers	248.0	279.6	167.4	372.5	215.7	166.5	267.0	190.3	211.9	102.4	165.7	234.2	196.7	162.2	171.0	75.7
lung cancer	66.0	84.0	52.9	113.9	36.8	48.5	74.1	39.5	81.7	31.1	50.6	60.3	50.4	58.6	27.3	0.0
breast cancer	15.1	6.1	0.0	43.9	11.0	13.2	23.9	26.4	14.0	4.3	10.2	16.1	20.5	0.0	19.2	0.0
prostate cancer	19.3	14.5	13.1	39.7	6.2	9.8	23.8	14.6	7.4	9.3	13.7	9.0	14.5	9.2	5.1	0.0
Heart disease	201.5	172.5	307.4	250.8	118.0	158.9	228.0	188.4	172.5	97.1	98.0	156.7	140.5	111.8	168.3	72.0
Homicide	10.2	9.2	0.0	12.5	3.5	8.1	2.2	0.0	3.8	8.8	0.0	0.0	5.1	0.0	1.8	15.8
Motor vehicle crashes	21.1	22.6	68.4	34.1	15.1	12.2	31.3	41.6	6.6	25.4	33.5	7.7	14.3	14.8	20.6	3.1
Stroke	63.0	49.9	67.2	91.3	44.7	65.5	88.7	69.3	56.1	25.4	33.3	41.3	48.2	40.3	53.8	0.0
Suicide	7.4	9.2	26	17.2	22.8	6.0	7.4	20.2	14.8	15.8	18.0	17.2	10.9	24.7	9.6	23.1
Crude infection rates for STDs (cases per 100,000 population), 2008																
Chlamydia	2155	1041	601	342	659	855	213	311	582	227	245	383	341	293	283	238
Gonorrhea	840	429	251	68	191	264	93	90	163	73	85	148	96	98	75	40
Syphilis	37	19	0	0	24	3	7	10	3	8	0	8	4	0	0	0
Child malt reatment, incidence rate per 1,000 0-17 year olds, 2007	76.2	98.5	74.6	41.1	55.5	60.0	27.5	28.6	67.4	31.1	56.8	26.9	39.0	0.0	24.7	11.4
Avoidable ED visits (rate per 1,000 population), 2006-08	253.5	175.7	229.6	121.8	155.9	123.6	108.5	94.4	104.4	117.9	107.7	79.1	64.9	79.6	69.2	30.7
Avoidable discharges among 0-64 years (rate per 1,000 0-64 population), 2006-08	23.8	17.6	24.4	13.8	14.5	8.7	13.1	10.5	8.5	13.6	14.7	8.6	5.8	10.3	7.0	3.0
OVERALL RANKING	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Source: Methodology: Nancy Hardt, M.D., College of Medicine, University of Florida; U.S. Census Bureau, 2009; Florida Department of Health, Office of Vital Statistics; Florida Agency for Health Care Administration, Detailed Hospital Discharge Data , 2006-08; www.FloridaCHARTS.com; ESRI Business Solutions, 2006-08.

Figure 3-10 (cont.): Example of Tables Used to Create Alachua County Zip Code Health Report Card.

Zip Code	32641	32609	32694	32669	32601	32607	32615	32618	32608	32640	32643	32653	32605	32667	32606	32603
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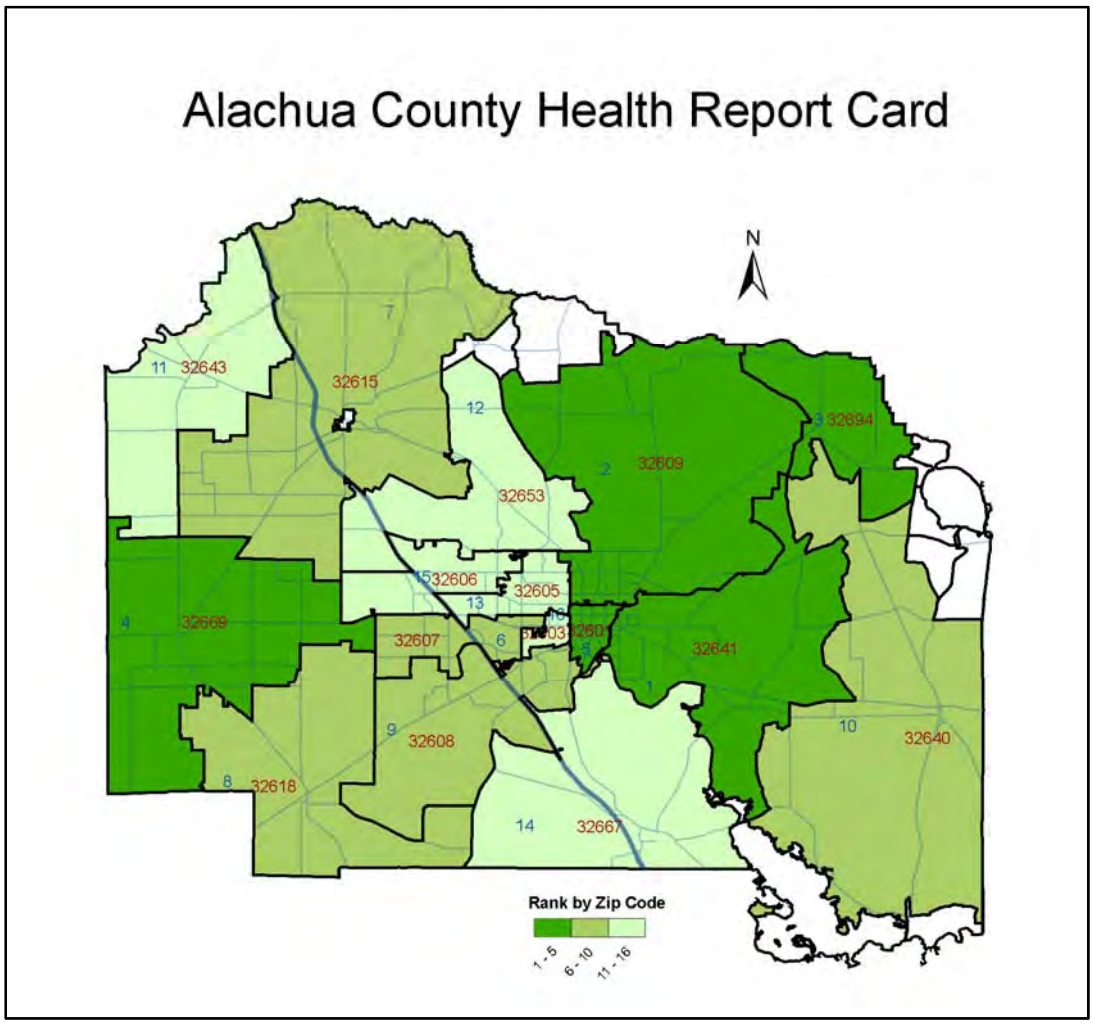
2009 Total population	13,459	20,744	1,996	10,245	20,925	28,782	15,055	9,978	38,631	12,330	10,629	12,805	26,066	5,111	21,198	7,549
2009 UF Off-campus students	563	1,563	53	312	6,835	7,263	564	219	13,387	327	328	873	2,270	136	1,784	6,660
2009 Population in poverty	4,269	4,908	310	954	8,595	7,745	2,042	1,550	14,296	1,871	1,142	791	2,666	661	1,525	3,429
%w/ o a h.s. degree (25+ years), 2000	1	2	4	5	10	14	8	6	11	3	6	12	13	9	15	16
Median household income ($), 2009	3	5	7	10	2	6	12	13	4	8	9	14	15	11	16	1
%of population in poverty, 2000	4	6	9	13	2	5	11	11	3	8	10	14	7	14	16	1
%of families (with children <18 present) headed by a single parent, 2009	1	3	6	14	2	4	7	10	5	8	12	9	13	10	15	16
%of births covered by Medicaid, 2004-06	1	2	5	12	4	7	11	6	10	3	9	13	14	8	15	16
%low birthweights, 2004-06	2	4	3	5	8	6	9	14	12	1	15	7	10	16	12	11
%of births to a teen (10-17), 2004 - 06	1	2	11	8	3	7	13	6	9	5	12	10	4	14	15	16
Infant mortality rate (per 1,000 live births), 2004-06	7	1	13	10	5	4	6	13	9	2	3	8	12	13	11	13
Death rates by selected causes of death (age-adjusted per 100,000 population), 2004-2006																
All cancers	4	2	11	1	6	12	3	9	7	15	13	5	8	14	10	16
lung cancer	5	2	8	1	13	11	4	12	3	14	9	6	10	7	15	16
breast cancer	7	12	14	1	10	9	3	2	8	13	11	6	4	14	5	14
prostate cancer	3	6	8	1	14	9	2	4	13	10	7	12	5	11	15	16
Heart disease	4	6	1	2	12	9	3	5	7	15	14	10	11	13	8	16
Homicide	3	4	12	2	9	6	10	12	8	5	12	12	7	12	11	1
Motor vehicle crashes	8	7	1	3	10	13	5	2	15	6	4	14	12	11	9	16
Stroke	6	9	4	1	11	5	2	3	7	15	14	12	10	13	8	16
Suicide	15	13	1	7	4	16	14	5	10	9	6	8	11	2	12	3
Crude infection rates for STDs (cases per 100,000 population), 2008																
Chlamydia	1	2	5	8	4	3	16	10	6	15	13	7	9	11	12	14
Gonorrhea	1	2	4	15	5	3	10	11	6	14	12	7	9	8	13	16
Syphilis	1	3	11	11	2	9	7	4	10	5	11	6	8	11	11	11
Child malt reatment, incidence rate per 1,000 0-17 year olds, 2007	2	1	3	8	7	5	12	11	4	10	6	13	9	16	14	15
Avoidable ED visits (rate per 1,000 population), 2006-08	1	3	2	6	4	5	8	11	10	7	9	13	15	12	14	16
Avoidable discharges among 0-64 years (rate per 1,000 0-64 population), 2006-08	2	3	1	6	5	11	8	9	13	7	4	12	15	10	14	16
SUM OF RANKINGS	83	100	144	150	152	179	184	189	190	198	221	230	231	260	286	292
OVERALL RANKING	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

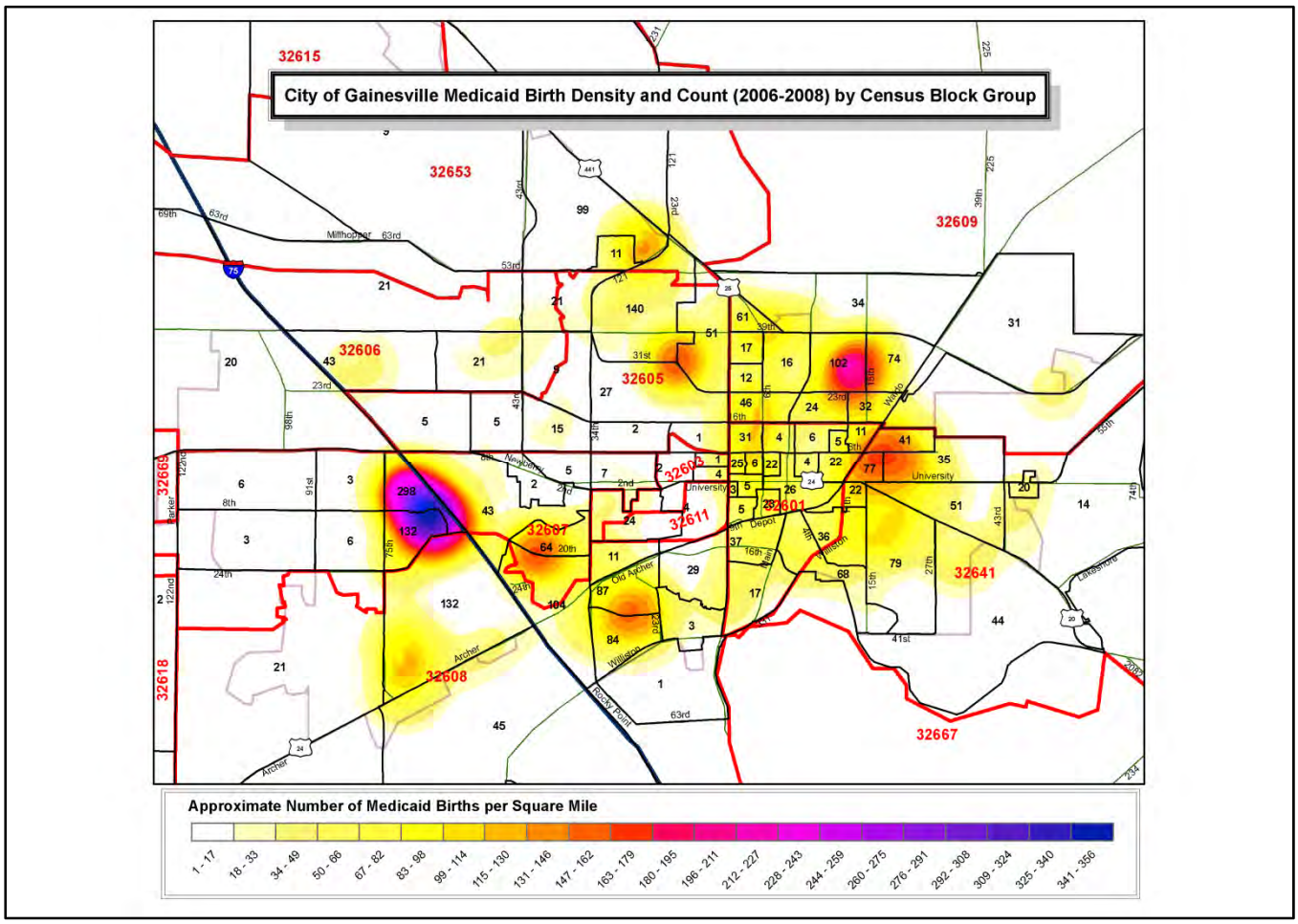
Source: Adapted Methodology: Nancy Hardt, M.D., College of Medicine, University of Florida; U.S. Census Bureau, 2009; Florida Department of Health, Office of Vital Statistics; Florida Agency for Health Care Administration, Detailed Hospital Discharge Data , 2006-08; www.FloridaCHARTS.com; ESRI Business Solutions, 2006-08.

Figure 3-11: Alachua County Zip Code Health Report Card Rankings.



Note: A rank of 1 represents the least healthy Zip Code while a rank of 16 represents the most healthy Zip Code. The darker shaded Zip Codes are the least healthy while the lighter are comparatively healthier.
Source: Adapted Methodology: Nancy Hardt, M.D., College of Medicine, University of Florida; U.S. Census Bureau, 2009; Florida Department of Health, Office of Vital Statistics; Florida Agency for Health Care Administration, Detailed Hospital Discharge Data, 2006-08; Florida CHARTS, 2009; ESRI Business Solutions, 2006-08.

Figure 3-12: City of Gainesville Medicaid Birth Density by Census Block Group, 2006-2008.



Source: Maternal Child Health and Education Data and Research Center (MCHERDC), Department of Pediatrics, College of Medicine, University of Florida, 2010.

Health Care Access and Utilization

The overall health of a community is a product of the complex interaction between personal traits and characteristics and socioeconomic status of a community's population, health behaviors and subsequent health outcomes. However, a final determinant in the overall composition of a community's health is access to health care and the utilization of that care.

In order to survey the impact that access and utilization issues have on Alachua County's health, the following indicators are reviewed here:

- Health Insurance Coverage;
- Safety Net Providers;
- Health Professional Shortage and Medically Underserved Areas;
- Medicaid and CHOICES Utilization;
- Physician and Facility Supply; and
- Hospital Utilization

Health Insurance Coverage

Having access to health insurance (or health care) coverage is perhaps one of the single most important determinants of health status in the United States. Countless studies have shown that the millions of uninsured in this country are on the whole less healthy than their insured counterparts. In addition, studies from venerable organizations such as the Institute of Medicine (IOM) have determined that lacking insurance is a deadly proposition. In a landmark study in 2008, the IOM concluded that an estimated 137,000 individuals died between 2000 and 2006 due to lack of insurance. The IOM study also ascribed a nearly 25% overall increase in mortality risk for working-age (18-64) adults who lack insurance.

The two most readily available sources for estimating the number and percentage of uninsured at the county level are the Florida Agency for Health Care Administration's 2004 *Florida Health Insurance Study (FHIS)* and the 2006 Small Area Health Insurance Estimates (SAHIE) published by the U.S. Census, which was released in August 2009. Unfortunately, as seen in Table 4-1 and 4-2, these two estimates differ dramatically.

Table 4-1: Selected Health Insurance Characteristics, Alachua County and Florida.

Health Insurance Characteristics	Alachua County	Florida
Uninsurance Rate (AHCA Florida Health Insurance Study from 2004)	13.4	19.2
Total Uninsured (in 2009 Using AHCA Rate)	29,736	2,994,449
Uninsurance Rate (U.S. Census Small Area Health Insurance Estimate for 2006)	28.0	24.9
Total Uninsured (in 2009 using U.S. Census Rate)	62,135	3,883,425
Total Medicaid Eligibles (December 2009)	30,480	2,708,723
Medicaid Eligibles, Percent of Total Population (December 2009)	12.3	14.2
Median Monthly Medicaid Enrollment, Rate per 100,000 Population (2008)	11,884.5	14,020.7

Source: 2004 Florida Health Insurance Study, Florida Agency for Health Care Administration; U.S. Census Bureau, 2009; Florida Agency for Health Care Administration, 2009.

The FHIS estimated that in 2004 13.4% of Alachua County's non-elderly (0-64) population lacked health insurance. The SAHIE's estimates, only two years removed from the FHIS estimates in 2004, estimated that 28.0% of the non-elderly population of Alachua County was uninsured. Overlaying these numbers onto the 2009 population yields estimates of between 29,000 to 62,000 persons with no health insurance in Alachua County (Table 4-2).

Table 4-2: Estimated Number of Uninsured Non-elderly population by Zip Code, Alachua County and Florida, 2009.

Area	0-64 Total Population (2009)	Uninsured (AHCA)*		Uninsured (Census) **	
		Percent (2004)	Estimated Number (2009)	Percent (2006)	Estimated Number (2009)
Alachua County	221,912	13.4	29,736	28.0	62,135
Florida	15,596,086	19.2	2,994,449	24.9	3,883,425

* Based on the Florida Agency for Health Care Administration 2004 Florida Health Insurance Study.
** Based on the 2006 U.S. Census Bureau Small Area Health Insurance Study.
Source: ESRI Business Solutions, 2009; Florida Agency for Health Care Administration, Florida Health Insurance Study, 2004; U.S. Census Bureau, Small Area Health Insurance Estimates. State and County by Demographic and Income Characteristics, 2006.

Further complicating these estimates is research from the University of North Carolina in March of 2009 that studied updating uninsured estimates for current (i.e., poor) economic conditions. Researchers at the Cecil G. Sheps Center for Health Services Research have created models predicting that for every 1 percentage point increase in the unemployment rate there is a commensurate 0.72 percentage point increase in the uninsured rate. This is especially significant as the unemployment rate in Alachua County is hovering near 7.7%; in 2004 it was 3.4% and in 2006 it was 2.7%. Regardless of which of the two estimates is the better approximation, if the research at the University of North Carolina is valid, the rate of the uninsured is surely higher as 2010 continues to yield a struggling economy and poor labor market. This wide range of estimates and complicating factors can make it difficult to conduct health planning activities and to target programs for the uninsured.

Safety Net Providers

What is a safety net provider? Considerable debate has been generated concerning the definition of the health care "safety net". In 2000, the IOM defined the safety net as:

> "Those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients".

During the creation of their definition, the IOM further stated that “safety net providers” have two distinguishing characteristics: (1) by legal mandate or explicitly adopted mission they maintain an "open door," offering access to services to patients regardless of their ability to pay; and (2) a substantial share of their patient mix is uninsured, Medicaid and other vulnerable patients.

Given this definition, the major primary care safety net providers in Alachua County are:

- ACORN Clinic;
- Alachua County Health Department
- Alachua Cares (County)/UF Family Practice;
- Alachua County CHOICES;
- Equal Access Clinic;
- Hawthorne Family Medical Center;
- Helping Hands Clinic;
- Shands Eastside Clinic; and

- UF College of Nursing Archer Clinic

These safety net providers are critical links to regular health and ongoing health care for thousands of uninsured and low income persons in Alachua County. However, as Table 4-3 shows, it is possible that they are only able to meet a fraction of the needs of the uninsured in Alachua County. Utilizing both the AHCA and the Census estimates of the uninsured and assuming that, at minimum, everyone should visit a primary care provider at least once per year for an annual checkup, it is possible that in 2008, for example, between 21,000 and 55,000 Alachua County uninsured residents did not receive care, despite the committed efforts of Alachua County's primary care safety net providers.

Table 4-3: Estimates of Unmet Primary Care Need, 2006-2008.

Estimating Factors	2006	2007	2008
TOTAL - Safety Net Providers Uninsured Primary Care Patients	6,534	7,539	8,649
0-64 Population Total	221,261	224,164	227,646
2004 AHCA Non-Elderly (0-64) Uninsured Percentage Estimate	13.4	13.4	13.4
2006 Census Bureau Non-Elderly (0-64) Uninsured Percentage Estimate	28.0	28.0	28.0
Total Number Non-Elderly (0-64) Estimated Uninsured (AHCA, 2004)	29,649	30,038	30,505
Total Number Non-Elderly Estimated Uninsured (Census, 2006)	61,953	62,766	63,741
TOTAL - Potential Non-Elderly (0-64) Unmet Need Estimate (AHCA, 2004)	**23,115**	**22,499**	**21,856**
TOTAL – Potential Unmet Need Estimate (Census, 2006)	**55,419**	**55,227**	**55,092**

Source: Safety Net Provider Data, 2006-2008; Florida Agency for Health Care Administration, 2004 Florida Health Insurance Study; U.S. Census Bureau, Small Area Health Insurance Estimate, 2006.

Professional Shortage and Medically Underserved Areas

Health Professional Shortage Areas (HPSAs) are designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers. They may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations (MUA/MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.

A HPSA is a geographic area, population group, or health care facility that has been designated by the Federal government as having a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care. They may be urban or rural areas, population groups or medical or other public facilities.

As of September 30, 2009 in the United States, there are:

- **6,204 Primary Care HPSAs** with 65 million people living in them. It would take 16,643 practitioners to meet their need for primary care providers (a population to practitioner ratio of 2,000:1.
- **4,230 Dental HPSAs** with 49 million people living in them. It would take 9,642 practitioners to meet their need for dental providers (a population to practitioner ratio of 3,000:1).
- **3,291 Mental Health HPSAs** with 80 million people living in them. It would take 5,338 practitioners to meet their need for mental health providers (a population to practitioner ratio of 10,000:1).

HRSA works in cooperation with the Florida Department of Health (DOH), Office of Professional Recruitment and Retention (OPRR) to identify HPSAs and MUA/MUPs in Florida.

In August of 2007, the low-income population of Alachua County was designated a HPSA for primary care as well as an MUP for primary care. In total, it was estimated that the low income population was lacking at least 17 full-time equivalents of primary care providers to meet its needs and the adopted standards of care. Aside from one automatic facility-only designation, there are no longer any dental or mental HPSAs or MUA/MUPs in Alachua County.

HPSA designation is important as it qualifies the area for the following federal programs that benefit shortage areas:

- Federally Qualified Health Center Program ;
- Rural Health Clinic Program;
- Medicare HPSA Bonus Payment;
- National Health Service Corps Loan Repayment and Scholarship Program;
- Indian Health Service Program Scholarship Program;
- Exchange Visitor Program (a J-1 visa waiver program); and
- Conrad State 30 Program (a J-1 visa waiver program)

Medicaid and CHOICES Utilization

The Florida Medicaid program and the local CHOICES program are the two largest publicly funded health programs in Alachua County, both designed to assist low-income and uninsured individuals. Medicaid is a federal-state matching program whereby much of the match is passed down to the local counties to generate. CHOICES is a program funded by a vote-approved indigent health care sales surtax of ¼ cent. The CHOICES surtax assessment will expire in fiscal year 2011.

Table 4-4 shows an expenditure table for a nearly yearlong period in 2007-2008. During this period, there was an expenditure of nearly $198,000,000 in Alachua County. The top five leading expenditure categories by percentage of total expenditures were:

- Intermediate Care Facility – Mentally Retarded (ICF-MR) (24.4%);
- Inpatient Hospital (16.8%);
- Skilled Nursing Facility (16.3%);
- Home and Community Based Services (12.4%); and
- Prescription Drugs (8.0%)

The ICF-MR expenditures are due to the presence of Taccachale in Gainesville. Typically, communities without such a facility would not have these ICF-MR expenditures.

Physician care for 22,642 clients comprised only 4.7% of expenditures and lags far behind inpatient hospitalization and skilled nursing facility services. As seen in Table 4-1, as of December 2009, there were slightly more than 30,000 Medicaid eligibles (or presumptive clients) participating in Medicaid in Alachua County. This number represented more than 12% of Alachua County's population. It is worth noting that Medicaid is counted as an insurance source and persons on Medicaid are thus considered to be insured. As seen in Table 4-1, the median Medicaid enrollment rate and the percentage of Medicaid eligibles of the total population are both lower than Florida.

Table 4-4: Medicaid Expenditures by Type, Alachua County and Florida, July 1, 2007 - April 30, 2008.

Type of Medical Assistance	Alachua County				Florida			
	Clients		Dollars		Clients		Dollars	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Adult Day Care	0	-	0	-	0	-	0	-
Ambulatory Surgical	342	1.0	148,952	0.1	35,669	1.2	12,879,891	0.1
Birthing Center	183	0.5	57,912	0.0	1,872	0.1	1,035,701	0.0
Case Management	636	1.8	214,185	0.1	56,254	1.9	17,927,648	0.2
Chiropractor Services	211	0.6	27,077	0.0	7,341	0.2	863,334	0.0
Comm Mental Services	1,143	3.2	2,664,062	1.3	58,358	1.9	92,303,969	0.9
Dental Care	5,449	15.4	1,133,829	0.6	284,706	9.5	81,004,363	0.8
DME Dial Crossover	675	1.9	554,648	0.3	41,084	1.4	30,430,870	0.3
End-Stage Renal	33	0.1	290,477	0.1	1,462	0.0	11,232,224	0.1
EPSDT	6,415	18.1	929,906	0.5	334,737	11.2	47,239,469	0.5
Family Planning	0	-	0	-	0	-	0	-
Hearing Services	153	0.4	43,828	0.0	17,505	0.6	3,266,948	0.0
HMO - Physicians Health Plan	25,194	71.1	7,432,371	3.8	2,043,785	68.3	2,212,181,089	21.6
Home and Comm Based Services	**2,977**	**8.4**	**24,588,917**	**12.4**	**248,690**	**8.3**	**972,322,217**	**9.5**
Home Health	1,847	5.2	1,768,557	0.9	106,825	3.6	236,338,750	2.3
Hospice	211	0.6	2,769,224	1.4	17,275	0.6	240,868,534	2.4
ICF - MR	**459**	**1.3**	**48,195,115**	**24.4**	**3,567**	**0.1**	**273,447,188**	**2.7**
Inpatient Hospital	**4,178**	**11.8**	**33,162,343**	**16.8**	**348,000**	**11.6**	**1,793,631,268**	**17.6**
Lab and Xray	7,840	22.1	724,640	0.4	423,873	142	45,964,308	0.4
Medipass	24,262	68.4	522,117	0.3	941,595	31.5	18,050,245	0.2
Nurse Practitioner	5,877	16.6	997,909	0.5	219,682	7.3	44,224,850	0.4
Outpatient Hospital	14,126	39.8	10,694,358	5.4	897,353	30.0	457,975,078	4.5
Physician Care	22,642	63.9	9,261,892	4.7	1,295,246	43.3	578,905,694	5.7
Podiatry	670	1.9	40,348	0.0	38,843	1.3	2,990,410	0.0
Portable Xray	463	1.3	24,554	0.0	29,236	1.0	1,519,878	0.0
Practitioner Crossover	21	0.1	553	0.0	1,037	0.0	29,076	0.0
Prescribed Drugs	**18,667**	**52.7**	**15,902,817**	**8.0**	**988,104**	**33.0**	**859,499,500**	**8.4**
Primary Care Mgmt.	0	-	0	-	0	-	0	-
Rural Health	2,767	7.8	721,020	0.4	201,450	6.7	60,670,031	0.6
Rural Hospital Swing Bed	0	-	0	-	43	0.0	877,809	0.0
SNF	**1,445**	**4.1**	**32,299,514**	**16.3**	**90,623**	**3.0**	**1,960,599,411**	**19.2**
State Mental Hospital	0	-	0	-	200	0.0	8,162,328	0.1
Therapy Services	768	2.2	1,726,041	0.9	56,293	1.9	105,219,756	1.0

Table 4-4: Medicaid Expenditures by Type, Alachua County and Florida, July 1, 2007 - April 30, 2008.

Type of Medical Assistance	Alachua County				Florida			
	Clients		Dollars		Clients		Dollars	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Transportation	2,347	6.6	519,527	0.3	138,937	4.6	32,405,568	0.3
Unassigned	15	0.0	0	-	2,087	0.1	217,803	0.0
Visual	2,495	7.0	237,463	0.1	158,917	5.3	15,743,286	0.2
Total	**35,450**	**100.0**	**197,654,156**	**100.0**	**2,993,576**	**100.0**	**10,220,028,494**	**100.0**

Source: Agency for Health Care Administration Medicaid Management Information System Recap of Welfare Medical Assistance Report, July 2007-April 30, 2008.

CHOICES is also an extremely important program to the low-income uninsured in Alachua County. Despite some enrollment struggles early in the program, CHOICES enrollment surpassed 2,600 in the middle of 2009. CHOICES offers medical, pharmacy, dental and disease management services to the working poor of Alachua County as well as health, education and wellness services to the entire community (Table 4-5, Figure 4-1).

As of the end of fiscal year 2009, the CHOICES indigent care surtax had collected nearly $48 million in revenues and expended slightly more than $8 million to provide services (Table 4-5). There is capacity in this program to address the potentially large, if the estimates are accurate, uninsured population in Alachua County. However, the surtax collection is statutorily mandated to sunset at the end of fiscal year 2011.

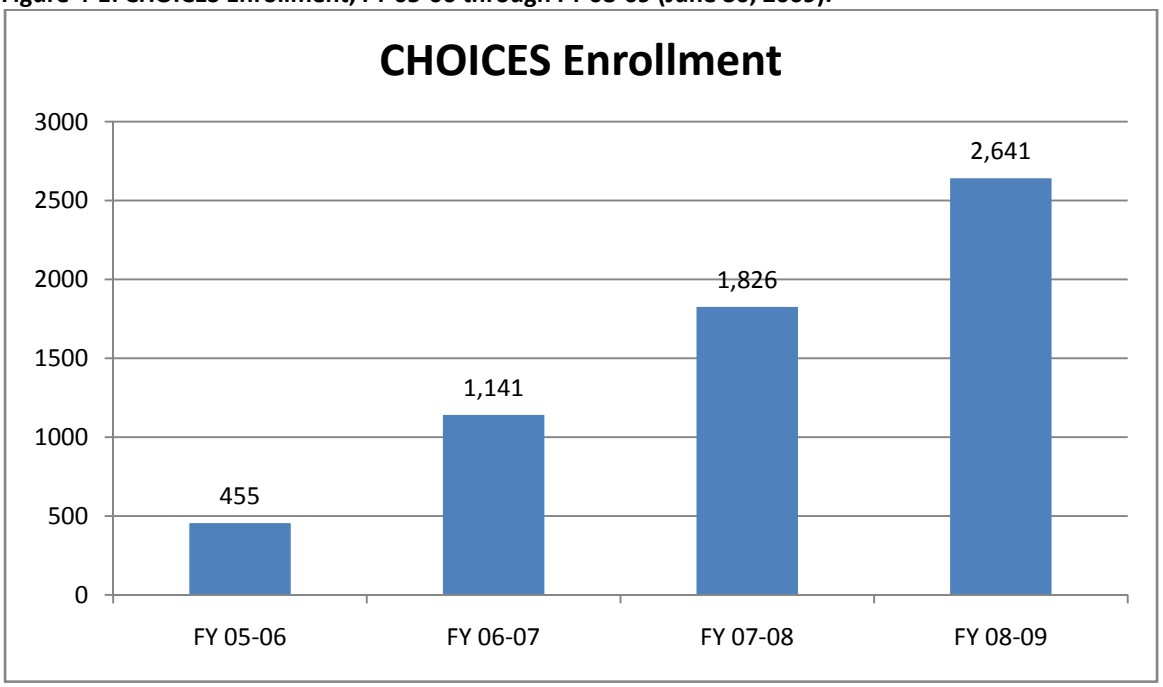
Together, Medicaid and CHOICES annually account for between $180 to $190 million of publicly-funded (combined state and local) expenditures.

Table 4-5: CHOICES Expenditures by Category, FY2005-2008.

Expenditures ($)	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	Program to Date
Medical, Pharmacy and Disease Management	6,000	107,081	436,973	1,356,032	1,943,539	3,849,625
Dental Care	-	41,889	122,801	258,894	274,369	697,953
Health Education & Wellness	-	-	-	249,996	333,328	583,324
Administration	140,079	540,661	680,070	903,486	939,770	3,198,066
TOTAL	146,079	689,631	1,239,844	2,768,408	3,494,006	8,328,968

Source: CHOICES Annual Report 2008-2009, Alachua County.

Figure 4-1: CHOICES Enrollment, FY 05-06 through FY 08-09 (June 30, 2009).



Source: CHOICES Annual Report 2008-2009, Alachua County.

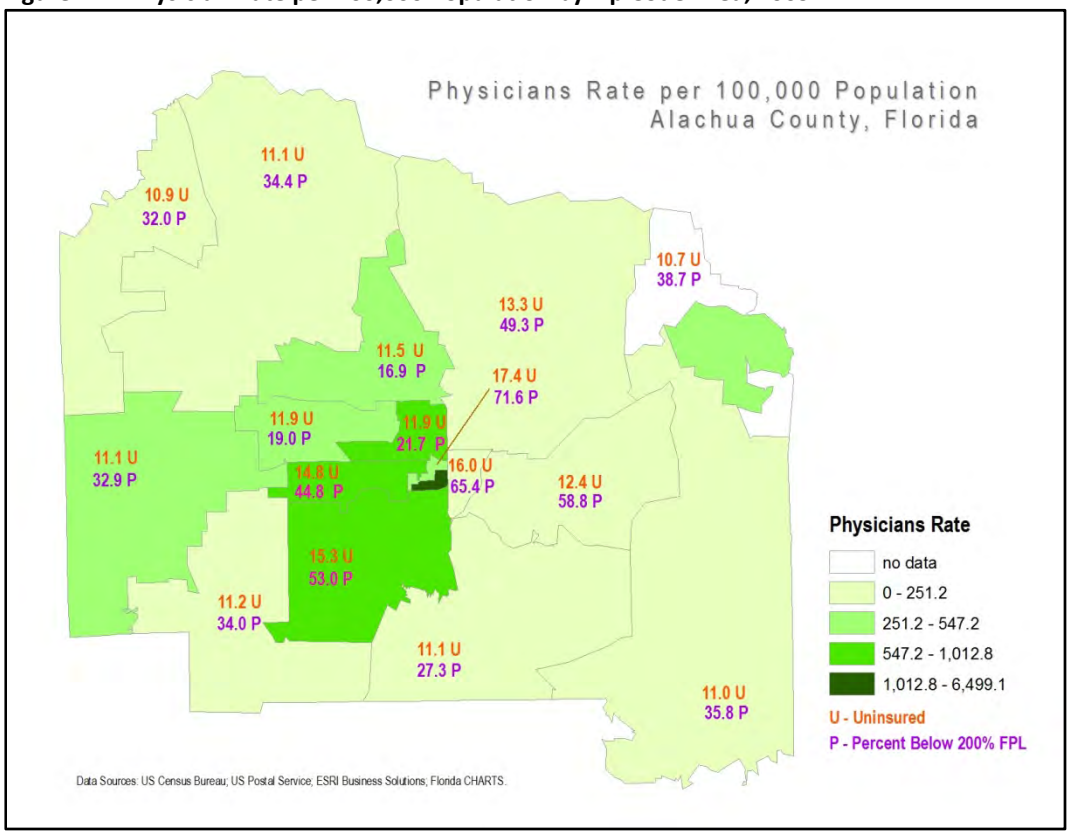
Physician and Facility Supply

As portrayed in Table 4-1, at 603.7 total physicians per 100,000 population, the physician rate in Alachua County is more than twice the state rate (attributable in no small part to the county being home to a major teaching hospital as well as another well-regarded health system). This favorable comparison for Alachua County plays out in the four major (federally categorized) primary care categories (family practice, internists, OB/GYN and pediatrics). The physician rates in Alachua County for all four of those primary care categories are at or nearly double the Florida rates.

Yet, as has been shown, the low income-population of Alachua County has been designated a primary care HPSA, and it is estimated that this population is at least 17 full-time equivalent primary care providers short of meeting its needs. A partial explanation for this may lie in fact that the highest concentrations of physicians are located near the center of the county, clustered within the Zip Code areas of the University of Florida, Shands Hospital and North Florida Regional Medical Center and away from the more remote, and often most poor, areas of Alachua County (Figure 4-1).

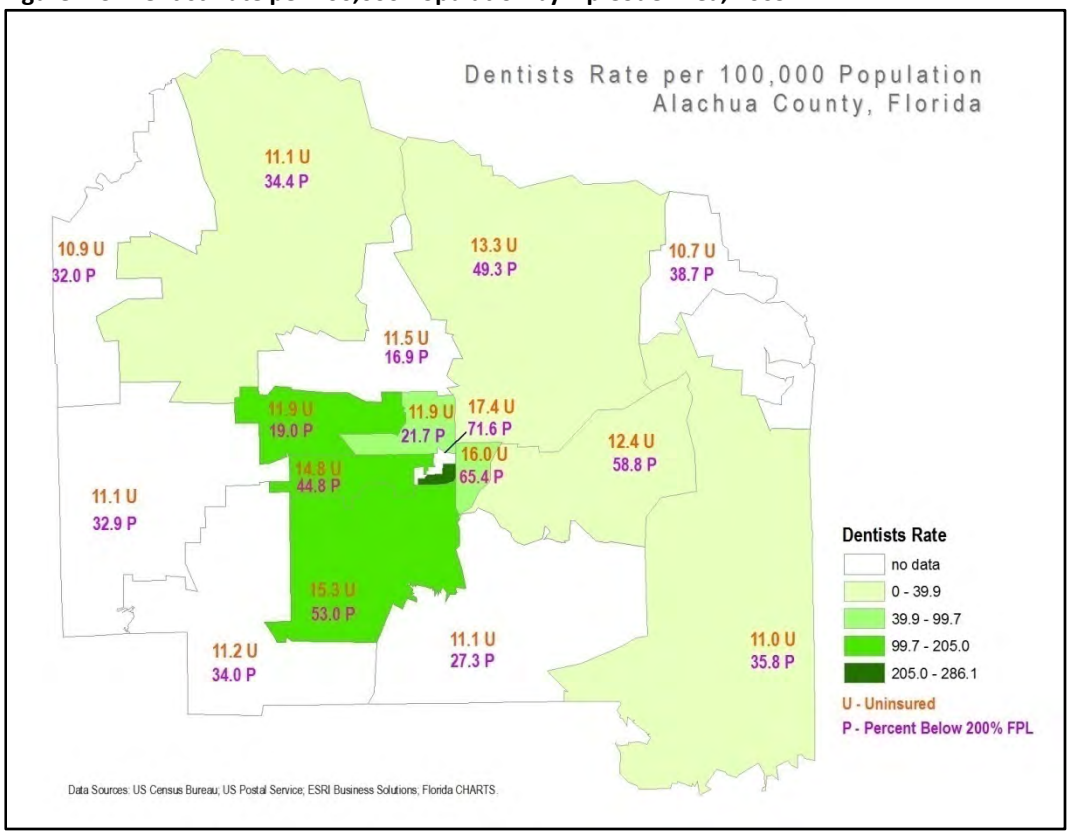
This situation is also demonstrated by the concentration of dentists as seen in Figure 4-2.

Figure 4-2: Physician Rate per 100,000 Population by Zip Code Area, 2009.



Note: Each zip code is labeled with the percentage uninsured (2004 AHCA estimate) and the percent below 200% of the Federal Poverty Level (FPL) based on estimates from the 2000 U.S. Census.

Figure 4-3: Dentist Rate per 100,000 Population by Zip Code Area, 2009.



Note: Each zip code is labeled with the percentage uninsured (2004 AHCA estimate) and the percent below 200% of the Federal Poverty Level (FPL) based on estimates from the 2000 U.S. Census.

Facility availability is also a critical health care access issue. Historically, Alachua County has enjoyed the availability of hospital beds at rates much higher than the rest of Florida attributable to the presence of the University of Florida College of Medicine and Shands Health Care and North Florida Regional Medical Center. In 2008, there were 599.3 hospital beds per 100,000 population in Alachua County compared to only 316.9 hospital beds per 100,000 in the state as a whole (Table 4-1).

Table 4-6: Selected Bed Supply and Workforce Characteristics, Alachua County and Florida.

Bed Supply and Workforce Characteristics	Alachua County	Florida
Hospital/Nursing Home Bed Supply		
Hospital Beds, Rate per 100,000 Population (2008)	599.3	316.9
Nursing Home Beds, Rate per 100,000 Population (2008)	385.6	437.6
Physician Workforce		
Total Physicians, Rate per 100,000 Population (FY 2008-09)	603.7	298.6
Family Practice Physicians, Rate per 100,000 Population (FY 2008-09)	36.0	20.1
Internists, Rate per 100,000 Population (FY 2008-09)	105.1	51.8
OB/GYN, Rate per 100,000 Population (FY 2008-09)	19.0	10.5
Pediatricians, Rate per 100,000 Population (FY 2008-09)	52.1	20.0

Source: Hospital/Nursing Home Bed Supply: Florida CHARTS, 2009; Physician Workforce: www.Florida CHARTS.com.

The rate of hospital beds in Alachua County is 89.1% higher than that of all of Florida. Recently, with the closure of Shands AGH and opening of the new services at Shands UF, though hospital bed capacity has shifted locations, it has remained at or near the same level. What remains to be seen since the change has come so

recently is the long-term impact on usage patterns of the now remaining two major hospitals in Alachua County: Shands UF and Forth Florida Regional Medical Center.

In terms of access to nursing home beds, however, Alachua County does not compare as favorably to Florida. As seen in Table 4-1, the rate of available nursing home beds in Alachua County is only 385.6 per 100,000 population compared to 437.6 per 100,000 than for Florida as a whole. The Alachua County rate is nearly 12% lower than that of Florida. Typically, communities with great percentages of elderly and disabled individuals have greater rates of nursing home bed availability so this lower rate in Alachua County is somewhat expected given its comparatively younger population which drives demand for nursing home beds less than an older population. Of note is that since 2001, the Florida Legislature has put a moratorium on new nursing home bed expansion in an effort to control Medicaid costs (Medicaid pays for approximately 60-70% of all long-term care nationally) and to stimulate development of other home and community-based (and less costly) alternatives to long-term care in a skilled nursing facility. The moratorium is slated to end in 2011.

Hospital Utilization

Hospitalization utilization statistics often yield insights into the effectiveness and efficiency of community health systems and practices. As seen in Table 4-1, the hospitalization rate in Alachua County for 2008 was 11.5 hospitalizations per 1,000 population, which was nearly 10% lower than the state rate. Self-pay/charity accounted for 8.1% of total discharges in 2007 and 8.7% of total discharges in 2008, while at the state level the percentage of total discharges due to self-pay/charity decreased (Table 4-6 and 4-7).

Hospitalizations only tell part of the story, as visits to the emergency department are critical pieces of utilization data as well. As seen in Table 4-7, utilization of the emergency department by persons with Medicare and by self-pay/charity patients are the two types of patients who grew as a percentage of total emergency department visits between 2005 and 2008. The utilization patterns of self-pay/charity patients are important as they are without a payor source other than themselves and more often than not they cannot afford to pay for care. The costs are initially absorbed by the hospital but they are ultimately passed along to the insured patient through rising charges that result in increased premiums.

Table 4-7: Selected Hospital Utilization Characteristics, Alachua County and Florida.

Hospital Utilization Characteristics	Alachua County	Florida
Number of Hospital Discharges (2008)	28,023	2,482,310
Hospitalization Rate per 1,000 Population (2008)	11.5	12.9
% of Total Hospital Discharges – Private Insurance (2008)	33.2	28.4
% of Total Hospital Discharges – Medicare (2008)	36.7	41.6
% of Total Hospital Discharges – Medicaid (2008)	18.3	18.4
% of Total Hospital Discharges – Self Pay/Charity (2008)	8.7	8.2
Number of Avoidable Hospitalizations (2008)	2,728	211,885
% of Total Hospital Discharges Comprised of Avoidable Hospitalizations (2008)	9.7	8.5
Avoidable Hospitalization, Rate per 1,000 Population (2006-2008)	11.5	13.6
% of Avoidable Hospitalizations – Private Insurance (2008)	31.2	33.8
% of Avoidable Hospitalizations – Medicaid (2008)	24.1	26.1
% of Avoidable Hospitalizations – Self Pay/Charity (2008)	20.1	16.9
Number of Avoidable ED Visits (2006-08)	87,054	8,593,067
Avoidable ED Visit Rate per 1,000 Population (2006-08)	119.6	152.1

Source: Florida Agency for Health Care Administration Detailed Discharge Data , 2009.

Table 4-7: Total Number and Percent of Hospital Discharges and Patient Days by Payor Source, Alachua County and Florida, 2007-2008.

2007								
Payor	Alachua County				Florida			
	Discharges		Patient Days		Discharges		Patient Days	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Medicare	9,183	35.6	53,020	43.6	1,017,288	41.1	5,739,032	48.6
Medicaid	4,781	18.6	21,653	17.8	445,311	18.0	2,010,926	17.0
Private Insurance	8,942	34.7	33,890	27.9	714,184	28.9	2,786,774	23.6
VA/Champus	259	1.0	1,280	1.1	40,525	1.6	167,954	1.4
Self Pay/Charity	2,088	8.1	8,557	7.0	204,618	8.3	828,978	7.0
All Others	512	2.0	3,201	2.6	52,264	2.1	287,057	2.4
Total	25,765	100.0	121,601	100.0	2,474,190	100.0	11,820,721	100.0
2008								
Payor	Alachua County				Florida			
	Discharges		Patient Days		Discharges		Patient Days	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Medicare	10,281	36.7	59,304	44.7	1,031,814	41.6	5,790,863	48.7
Medicaid	5,115	18.3	23,879	18.0	456,381	18.4	2,075,363	17.4
Private Insurance	9,303	33.2	34,864	26.3	704,135	28.4	2,779,973	23.4
VA/Champus	278	1.0	1,091	0.8	37,235	1.5	156,380	1.3
Self Pay/Charity	2,424	8.7	9,922	7.5	202,900	8.2	830,878	7.0
All Others	622	2.2	3,695	2.8	49,845	2.0	266,817	2.2
Total	28,023	100.0	132,755	100.0	2,482,310	100.0	11,900,274	100.0

Source: AHCA Detailed Discharge Data Tapes, 2007-2008.

Table 4-7: Number and Percent of Emergency Department Visits by Payor Source, Alachua County and Florida, 2005-2008.

Payor Source	Alachua County							
	2005		2006		2007		2008	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Medicare	6,990	12.4	7,573	12.7	7,756	13.0	7,294	12.3
Medicaid	13,513	24.0	13,862	23.2	13,140	22.0	13,135	22.2
Private	17,345	30.8	17,883	29.9	17,828	29.9	17,358	29.3
VA/Champus	443	0.8	569	1.0	594	1.0	528	0.9
Self Pay/Charity	16,925	30.1	18,791	31.5	19,303	32.3	19,939	33.7
All Others *	1,027	1.8	1,070	1.8	1,053	1.8	969	1.6
Total	56,243	100.0	59,748	100.0	59,674	100.0	59,223	100.0
Payor Source	**Florida**							
	2005		2006		2007		2008	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Medicare	775,816	14.5	784,675	14.3	788,967	14.4	836,426	14.8
Medicaid	1,229,845	22.9	1,235,915	22.5	1,219,933	22.3	1,350,498	23.9
Private	1,688,157	31.5	1,708,746	31.1	1,658,987	30.3	1,629,408	28.9
VA/Champus	70,852	1.3	91,709	1.7	86,421	1.6	93,456	1.7
Self Pay/Charity	1,392,053	25.9	1,472,183	26.8	1,517,670	27.7	1,546,720	27.4
All Others *	208,331	3.9	206,422	3.8	202,091	3.7	188,231	3.3
Total	5,365,054	100.0	5,499,650	100.0	5,474,069	100.0	5,644,739	100.0

* All Others= Workers Comp, Other state/local government, Other, KidCare, and Unknown.
Source: Florida Agency for Health Care Administration Emergency Department Data, 2005-2008.

Because emergency department visitations and inpatient hospitalizations are costly endeavors, to both the insured and uninsured alike, much research emphasis has gone into determining if certain hospitalizations and emergency department visits, and ultimately their costs, are avoidable. The New York University Center for Health and Public Service Research has led the way in this arena and has developed algorithms to estimate both avoidable emergency department visits and inpatient hospitalizations.

For avoidable emergency department utilization, they have developed a model that utilizes emergency department records to classify visits into the following categories:

- Non-emergent;
- Emergency/Primary Care Treatable;
- Emergent/ED Care Needed but Preventable/Avoidable; and
- Emergent/ED Care Needed

In theory, the first three categories are classified as "avoidable" visits as they could have been avoided with some other form of intervention prior to presenting at the emergency department. Similarly, the researchers have developed an Ambulatory Care Sensitive Condition (ACSC) model to retrospectively use ICD-9/10 (diagnosis) codes in discharge data sets to determine inpatient hospitalizations that could have been avoided with prompt and timely access to primary care.

Using these algorithms, it has been determined that between 2006-2008, Alachua County residents accounted for more than 87,000 avoidable visits to the emergency department (more than 29,000 per year). This equated to a rate of 119.6 avoidable emergency department visits per 1,000 population (which is substantially lower than the Florida rate).

In addition, utilizing the ACSC algorithm to estimate avoidable hospitalizations yielded an estimate of more than 2,700 avoidable resident hospitalizations in 2008, with more than 44 percent of these avoidable hospitalizations either Medicaid or self-pay/charity clients (Table 4-1). The top reasons for avoidable discharges/hospitalizations for 2007 and 2008 can be seen in Table 4-8.

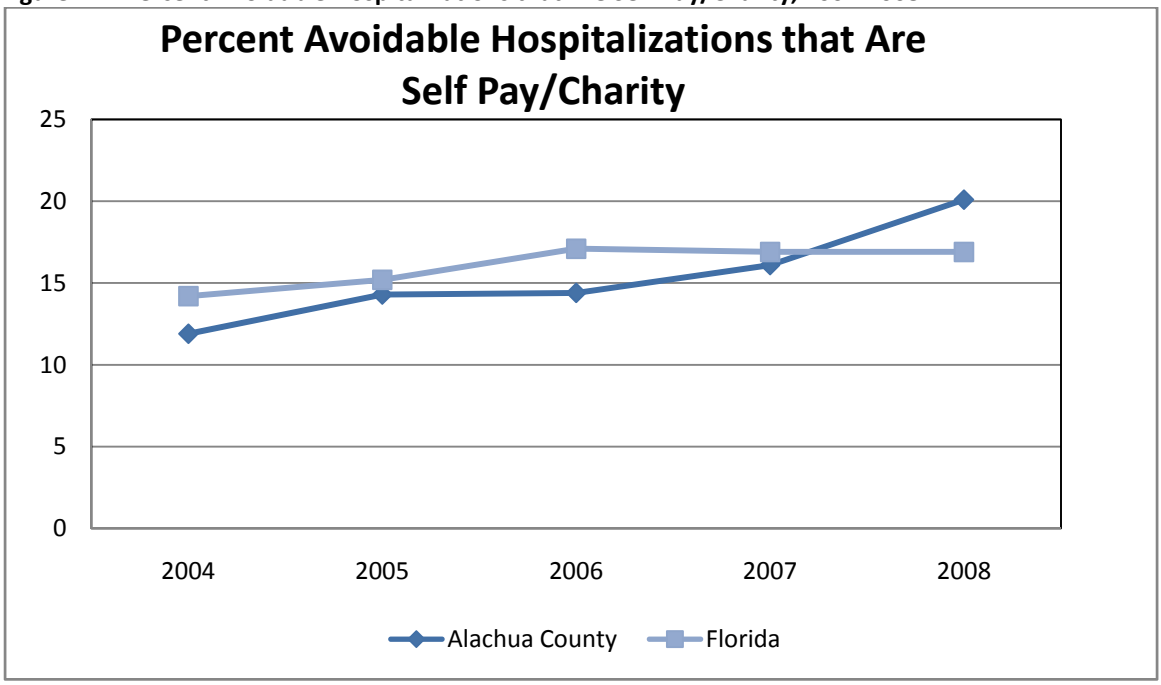
Figure 4-4 shows the percent of avoidable hospitalizations that are self-pay/charity for 2004-2008 for both Alachua County and Florida. While the percentage of avoidable hospitalizations due to self-pay/charity patients has leveled off between 2004 and 2008 and has begun to decline slightly for Florida, this percentage for Alachua County has trended upward: a potentially costly escalation known all too well to emergency department supervisors and hospital administrators. In addition, Figures 4-5 and 4-6 show that the ZIP Code areas of the county that are generating the highest rate of avoidable hospitalizations and emergency department visits among their residents. The areas immediately east of the urban center and a small rural pocket in the northeast of the county are yielding the highest avoidable hospitalization and emergency department visit rates.

Table 4-8: Top 10 Reasons for Avoidable Discharges for Persons < 65 Years of Age, Alachua County, 2007-2008.

Avoidable Reason	Number	Percent
2007		
Dehydration - volume depletion	804	33.5
Cellulitis	338	14.1
Congestive heart failure	257	10.7
Asthma	240	10.0
Chronic Obstructive Pulmonary Disease	198	8.2
Kidney/urinary infection	141	5.9
Grand mal status and other epileptic convulsions	104	4.3
Diabetes "A"	90	3.7
Diabetes "B"	66	2.7
Hypertension	57	2.4
2008		
Dehydration - volume depletion	929	34.1
Cellulitis	387	14.2
Congestive heart failure	271	9.9
Asthma	239	8.8
Chronic Obstructive Pulmonary Disease	221	8.1
Kidney/urinary infection	147	5.4
Diabetes "A"	116	4.3
Grand mal status and other epileptic convulsions	106	3.9
Hypertension	94	3.4
Diabetes "B"	66	2.4

Source: Florida Agency for Health Care Administration, Detailed Discharge Data, 2007-2008.

Figure 4-4: Percent Avoidable Hospitalizations that Are Self Pay/Charity, 2004-2008.



Source: Florida Agency for Health Care Administration Detailed Discharge Data, 2004-2008.

Figure 4-5: Avoidable Hospital Discharge Rate per 1,000 Population by Zip Code Area, 2006-2008.

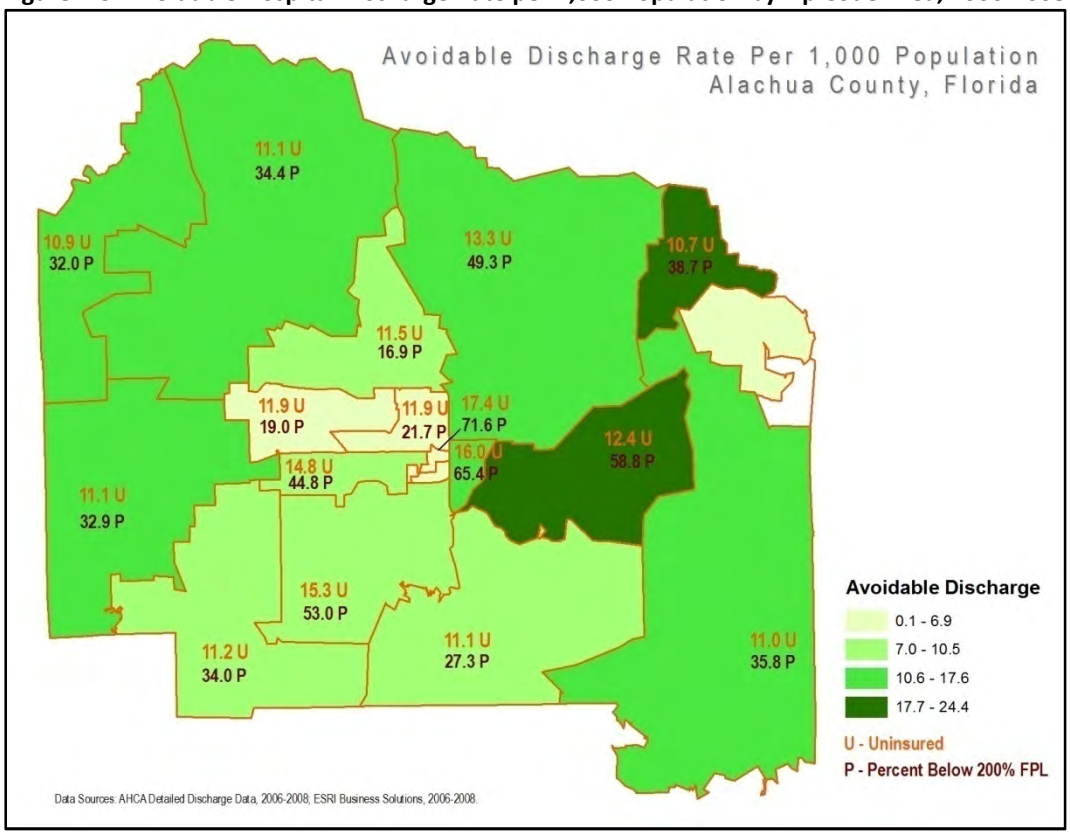
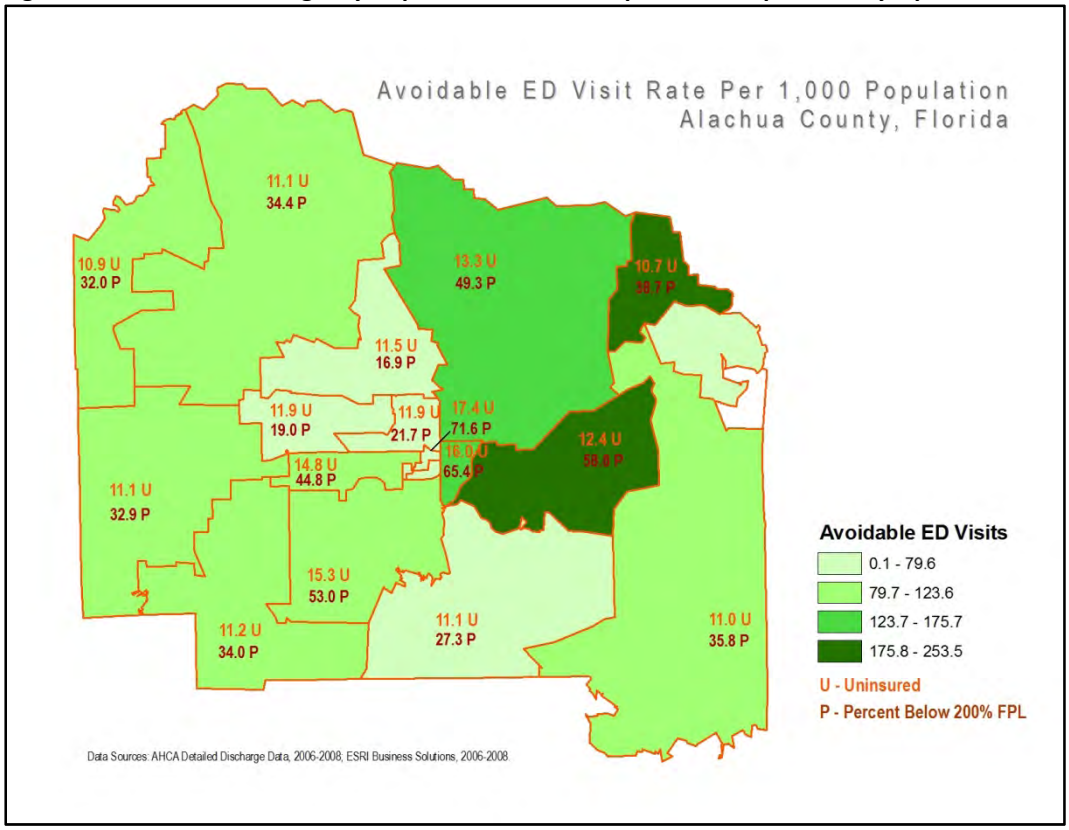


Figure 4-6: Avoidable Emergency Department Visit Rate per 1,000 Population by Zip Code Area, 2006-2008.



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Community Perspectives on Health

Involvement and participation of Alachua County residents were deemed crucial to this collaborative community health needs assessment. The community input section of this report is a reflection of the outlook of more than 600 citizens who live in Alachua County about current health care needs and resources in the county. Community telephone survey, focus group discussions, and structured interviews conducted across a span of four months between October 2009 and January 2010 served as sources of this data on community perspectives on health care in Alachua County.

Telephone Survey

Methodology

The telephone survey was developed by WellFlorida Council in consultation with the needs assessment advisory committee. The script version of the survey used by the telephone surveyors is provided in the *Technical Appendix*. The survey focused on personal health access issues and also attempted to gauge resident perspectives on what comprises a healthy community and what are the greatest health and safety issues facing Alachua County.

Between October 2009 and January 2010, the University of Florida Survey Research Center administered the telephone survey. Nearly 3,800 phone numbers were designated and dialed during the survey process. Based on the procedures specified for calculating a response rate (Methodology #4) in the American Association for Public Opinion Research's *Standard Definitions, Version 2*, the response rate for this survey was 27.9%. In addition, calculated in the worst case, the margin of error is +/-4.9%.

Major findings

Presented below are the findings from various questions asked by the University of Florida Survey Research Center interviewers to determine respondent perceptions of health care services and unmet needs in Alachua County.

Demographic characteristics of survey respondents

The demographic characteristics of respondents from the telephone survey conducted in 2009-2010 are compared to Alachua County residents based on the 2000 data from U.S. Census Bureau and ESRI Business Solutions data for 2009.

Gender, Age and Racial/Ethnicity

The gender distribution of the survey respondents mirrored that of Alachua County as it was answered by nearly equal number of male (n=204) and female (n=196) respondents. As expected, since very few young people have landline phones, only 5% of the respondents were under the age of 25 years (Table 5-1). While one in five respondents were likely to be an adult in 25-44 years, a large majority of the respondents (42.6%) were between ages 45-64 years. Senior citizens in 65-74 years age group and 75-84 years age group constituted 15% and 12.5% of the respondents respectively. Respondents older than 85 years of age were well represented in the survey as compared to the proportion of these adults in the county.

Table 5-1: Gender and Age of the Survey Respondents and Alachua County.

Demographic Characteristic	Percent in Survey Respondents*	Percent in Alachua County
Gender		
Males	51.0	49.0
Females	49.0	51.0
Age Group (18+ Population)		
18 - 24	5.3	28.4
25 - 34	10.8	17.6
35 - 44	11.0	13.3
45 - 54	19.3	15.6
55 - 64	23.3	12.4
65 - 74	15.0	6.6
75 - 84	12.5	4.2
85+	1.8	1.8

Source: U.S. Census Bureau, 2000; ESRI Business Solutions, 2009; Community Telephone Survey: Alachua County Health Needs Assessment 2009-10
*The Percentages do not add up to 100 Percent due to "Don't Know" and "Refused" Responses on the Survey.

The majority of survey respondents were White/Caucasian adults (82%). Black/African American respondents were the second largest racial/ethnic group answering the survey (11.5%) followed by Hispanic (4.5%), other races (3.5%) and Asian/Pacific islanders (2%). See table 5-2 below.

Table 5-2: Racial/Ethnic Characteristics of the Survey Respondents and Alachua County.

Demographic Characteristic	Percent in Survey Respondents *	Percent in Alachua County
Race		
White/Caucasian	82.3	67.9
Black/African American	11.5	22.4
Asian/Pacific Islander	2.0	5.0
Other	5.0	4.8
Ethnicity		
Hispanic	4.5	8.6
Non-Hispanic	94.3	91.4

Source: U.S. Census Bureau, 2000; ESRI Business Solutions, 2009; Community Telephone Survey: Alachua County Health Needs Assessment 2009-10
*The Percentages do not add up to 100 Percent due to "Don't Know" and "Refused" Responses on the Survey.

Nearly half of survey respondents belonged to households with two married adults with or without children and without any extended family. One in five respondents was a single adult living alone and nearly 8% were single parent families. About one-tenth of the respondents came from households with two married adults living with an extended family member and did or did not have children. Two unmarried adults living with or without children and with or without extended family made up 7% of the respondents. All but 15% of survey respondents did not disclose their annual household income. Just about half (46.8%) of the survey respondents had an annual income of at least $50,000. Nearly 9% of respondents had an annual income between $20,000-$29,999, $30,000-$39,999, and $40,000-$49,999. Respondents with an annual income of less than $20,000 were under-represented in the survey (Table 5-3). Data indicating representation of respondents by Zip Code level can be found in the *Technical Appendix*.

Table 5-3: Educational Level and Annual Household Income of the Survey Respondents and Alachua County.

Demographic Characteristic	Percent in Survey Respondents*	Percent in Alachua County
Education Level		
Less than High School Graduate	5.3	11.9
High School Graduate or GED and Some College	27.8	39.7
College Degrees	65.3	48.3
Other	1.8	NA
Annual Household Income		
Less than $20,000	10.5	27.0
$20,000 - $29,999	9.8	11.4
$30,000 - $39,999	8.8	10.8
$40,000 - $49,999	8.5	9.6
$50,000 - $79,999 **	19.8	20.3
$80,000 or greater **	27.0	20.8

Source: U.S. Census Bureau, 2000; ESRI Business Solutions, 2009; Community Telephone Survey: Alachua County Health Needs Assessment 2009-10
*The Percentages do not add up to 100 Percent due to "Don't Know" and "Refused" Responses on the Survey. **The household income levels for the survey were $50,000-$79,999 and $80,000 or greater. Data available for Alachua County income percentages utilize the ranges $50,000-$74,999 and $75,000 or greater.

Insurance status of respondents

All but 8.3% respondents had some form of health insurance or coverage. Of those with some form of current health insurance (n=15) 4.1% did not have any insurance in the past one year. Of these individuals 20% did not have any health insurance for at least three months. Among the insured respondents (n=364), 96% had medical coverage but a little more than half (53.5%) did not have dental coverage (Table 5-4).

Table 5-4: Type of Health Insurance/Coverage for the Respondent.

Type of Health Insurance/Coverage (N=400)	Number	Percent
Medical	350	87.5
Dental	169	42.3
Long Term Care	92	23.0
Other	45	11.3
None	33	8.3
Don't Know	1	0.3
Refused	2	0.5

Source: Community Telephone Survey: Alachua County Health Needs Assessment 2009-10

The majority of the insured respondents (53%) received their health insurance through an employer or spouse/partner's employer, were enrolled in Medicare (18%), or had purchased their insurance directly from the insurance company (8.5%). CHOICES health services program enrollees constituted 2.2% of the respondents, 3% were Medicaid enrollees and none of the respondents had coverage through the Veterans Affairs.

Insurance status of respondents' spouse/partner and family

Of respondents' spouses/partners 92.8% had some form of health insurance or coverage. Nearly 70% had obtained it through an employer or spouse/partner's employer. About one in ten had purchased it directly from an insurance company (not through employer) or were Medicare enrollees. Of the respondent's spouses/partners 2.5% were Veterans Affairs beneficiaries and 1.3% were CHOICES health services program enrollees.

A total of 188 survey respondents reported that children were living in their households. Of the children who were known to have some form of health insurance 95% had medical coverage (n=140), but only 55% of those had dental coverage (n=81). Some 67.3% of respondents' reported that children had obtained their health insurance/coverage through employer; 8.2% had purchased it directly from an insurance company (not through employer) or were Medicaid enrollees. None of the respondents' children were reported to be Health Kids program enrollees and only 3.4% reported that their child did not have health insurance in the past one year. Of the respondents that reported that their family members had some form of health coverage, 44% of the extended family members had health insurance through an employer or spouse/partners' employer; nearly 10% had purchased it themselves directly from the insurance company; 7.3% had it through Medicare; 5% received Veterans Affairs benefits and 2.4% had it through Medicaid or CHOICES health services program.

Access to health care

When asked to describe health on a scale of poor to excellent, 85% of respondents described their own and spouse/partner's health between good to excellent. Less than 5% of children's health and nearly 1 in every 20 respondents' extended family's health (21%) was described to be between fair and poor. Given the economic status of the respondents, it was not a surprise that over 90% of respondents and/or their household members travelled to get health care services in their own cars. They also reported less than 2% use of social service agencies to get advice about available health care services and preferred health care professionals, internet and family/friends for information.

Even though the majority of the survey respondents had health coverage in some form (91.7%), they reported considerable difficulty in paying for health care for themselves or their household. Respondents were asked to rate their difficulty on a scale of very easy→easy→a little difficult→very difficult→so difficult I/we did not get care. Eight percent of respondents could not get mental/behavioral health care because of difficulty paying. Respondents thought paying for dental care (18.5%) and hospital care (21%) were very difficult or so difficult, that they could not get care at all (Table 5-5).

Table 5-5: Difficulty in Paying for Health Care Costs during the Past Year.

For Routine Medical Care (N=367)	Number	Percent
Very Easy	68	18.5
Easy	171	46.6
A Little Difficult	73	19.9
Very Difficult	45	12.3
So Difficult I/We Did Not Get Care	10	2.7

For Dental Care (N=368)	Number	Percent
Very Easy	68	18.5
Easy	150	40.8
A Little Difficult	82	22.3
Very Difficult	45	12.2
So Difficult I/We Did Not Get Care	23	6.3

For Routine Mental/Behavioral Care (N=86)	Number	Percent
Very Easy	16	18.6
Easy	43	50.0
A Little Difficult	14	16.3
Very Difficult	6	7.0
So Difficult I/We Did Not Get Care	7	8.1

For Hospital Costs (N=214)	Number	Percent
Very Easy	40	18.7
Easy	95	44.4
A Little Difficult	36	16.8
Very Difficult	34	15.9
So Difficult I/We Did Not Get Care	9	4.2

Source: Community Telephone Survey: Alachua County Health Needs Assessment 2009-10

Utilization of health care services

The usual source of routine medical care for the majority of respondents (89%) was a private doctor's office or medical clinic that was not the health department. Respondents (5%) reported that they did not get any routine medical care. A large number of respondents (91%) who sought routine dental care did so at a private dentist

office or at the University of Florida/Shands dental clinic (7.5%) and 7% reported that they did not get any routine dental care. Though the majority (77%) of the respondents indicated that they did not get mental/behavioral care, among those who did 68.3% sought it at a private psychiatrist's or psychologist's office. It was interesting to note that nearly one-third of the respondents (32%) reported the use of the hospital emergency room for their household within the past one year. While half of them had used it only once, nearly a quarter had used it twice and 13% had used it three times. Serious illness (49.6%), accident/injury (32%), need to see a doctor after office hours (22%) and not knowing where else to go (15%) were found to be the topmost reasons for the use of emergency rooms by this cohort.

Perceived community problems and priority issues

The survey inquired about issues facing the community by asking them to rate how problematic the issues were in the past one year. Responses were given on a scale of 1 to 5 with 1 being "not a problem" and 5 being a "major problem" on following issues:

- Adults with emotional, behavioral or mental health problems
- Children with emotional, behavioral or mental health problems
- Not knowing where to get routine medical care
- Not knowing where to get dental care
- Not knowing where to get behavioral or mental health care
- Not understanding directions from your physician or health care provider
- Not understanding directions for taking prescribed medications
- Getting a doctor
- Getting a dentist
- Getting a mental health care provider
- Getting hospital services
- Affording routine medical, dental or mental health care
- Paying for prescriptions
- Paying for or getting health insurance
- Paying for or getting dental insurance
- Getting transportation to a health care visit or appointment
- Physical conflict in household
- Obtaining prenatal care
- Obtaining care for a newborn
- Sexually transmitted diseases
- Smoking or tobacco use
- Alcohol use
- Drug use
- Weight loss
- Exercise and physical activity
- HIV/AIDS

The issues that were significantly identified as a "5=major problem" were affordable health care, dental health, mental health and healthy lifestyle behaviors (see Table 5-6 below).

Table 5-6: Key Health care Issues Perceived To Be a Major Problem by Alachua County Residents.

Key Issue (N=400)	Percentage of Responses for "5=major problem"
Paying for or Getting Dental Insurance	13.5
Paying for or Getting Health Insurance	12.0
Affording Routine Medical, Dental or Mental Health Care	8.5
Paying for Prescriptions	6.0
Getting a Dentist	4.3
Smoking or Tobacco Use	3.5
Exercise and Physical Activity	3.5

Source: Community Telephone Survey: Alachua County Health Needs Assessment 2009-10

In addition, the survey also asked the respondents to select on a scale from 1 to 5, with 1 being "not important" and 5 being "highly important", how important they thought each of the following factors were in defining a *"healthy community"*:

- Community involvement by residents
- Low crime/safe neighborhoods
- Low level of child abuse
- Good schools
- Access to doctors
- Access to hospital services
- Access to health insurance
- A strong health department
- Parks and recreation
- Clean environment
- Access to social services
- Affordable housing
- Employers offering health insurance
- Tolerance for diversity
- Good jobs and healthy economy
- Strong family life
- Business community leadership on health issues
- Healthy behaviors and lifestyles
- Low death and disease rates
- Religious or spiritual values
- Arts and cultural events
- Local government leadership on health issues

Good schools; lower levels of child abuse; healthy economy and employment opportunities; strong family life; access to health insurance, doctors, and health department; low crime/safe neighborhoods; and healthy behaviors and lifestyles were regarded as "highly important" defining parameters for a healthy community by more than 70% of the respondents (Table 5-7).

Table 5-7: Issues Perceived To Define a Healthy Community.

Issue (N=400)	Percentage of Responses for "5=highly important"	Issue (N=400)	Percentage of Responses for "5=highly important"
Good Schools	81.3	Access to Hospital Services	77.3
Low Level of Child Abuse	79.5	Access to Doctors	76.8
Good Jobs and Healthy Economy	77.5	Access to Health Insurance	76.5
Strong Family Life	77.3	Low Crime/Safe Neighborhoods	74
		Healthy Behaviors and Lifestyles	73.3

Source: Community Telephone Survey: Alachua County Health Needs Assessment 2009-10

When the respondents were also asked to select three "most important" factors that define a healthy community from the list, low crime/safe neighborhoods, access to health insurance and good schools were reaffirmed to be most important for a healthy community.

In an effort to determine the extent to which different issues pose as health problems for the community, respondents were asked to rate the following issues on a scale from 1 to 5 with 1 being "not a problem" and 5 being "a major problem".

- Motor vehicle crashes
- Rape/sexual assault
- Mental health issues
- Homicide/murder
- Child abuse/neglect
- Suicide
- Teen pregnancy
- Underage use of alcohol
- Domestic violence
- Firearm related injuries
- Hunger
- Sexually transmitted diseases (HIV, other STDs)
- Infectious diseases (hepatitis, TB, etc.)
- Poor diet and nutrition
- Physical inactivity
- Obesity
- Alcohol and other drug abuse
- Lack of access to health care
- Supply of health care providers and services
- Tobacco use
- Homelessness
- Chronic diseases (e.g., cancer, diabetes, etc.)
- Aging problems (e.g., arthritis, vision loss, etc.)
- Disparities in health outcomes among races and ethnic groups

Issues identified as major health problems in the community by more than 15% of the respondents included alcohol and other drug abuse, child abuse/neglect, obesity, rape/sexual assault and homelessness (Table 5-8).

Table 5-8: Issues Identified as the Most Important Health Problems in the Community.

Issue (N=400)	Percentage of Responses for "5=major problem"
Alcohol and other Drug Abuse	27.3
Child Abuse/Neglect	26.3
Obesity	24.3
Rape/Sexual Assault	16.3
Homelessness	15.3

Source: Community Telephone Survey: Alachua County Health Needs Assessment 2009-10

To measure reliability of the rankings, participants were also asked to select the top three issues from this list. Child abuse/neglect was reaffirmed whereas domestic violence and lack of access to health care were added to this list.

Survey respondents were also asked to rate the following safety issues facing the community on a scale of 1 to 5, with 1 being "not a problem" and 5 being "a major problem."

- Child abuse and neglect
- Alcohol and drug abuse
- Domestic violence
- Underage use of alcohol
- Unsafe driving
- Manufacturing of drugs such as methamphetamines
- Gang-related activity
- Not using seat belts, safety seats and helmets
- Access to firearms by children
- Unsafe/unprotected sex
- School violence
- Racism and intolerance
- Unsafe road/sidewalk conditions
- Growing marijuana

Child abuse and neglect; domestic violence; manufacturing of drugs such as methamphetamines; unsafe/unprotected sex; access to firearms by children and alcohol and drug abuse were voted as a 'major problem' by more than 40% of the respondents (Table 5-9).

Table 5-9: Issues Identified As the Most Important Safety Concerns in the Community.

Issue (N=400)	Percentage of responses for '5=major problem'
Child Abuse and Neglect	54.8
Domestic Violence	50.5
Manufacturing of Drugs such as Methamphetamines	45.5
Unsafe/Unprotected Sex	42.3
Access to Firearms by Children	41.8

Source: Community Telephone Survey: Alachua County Health Needs Assessment 2009-10

When asked to identify what were the three topmost issues, child abuse and neglect; alcohol and drug abuse; and domestic violence were reaffirmed as important safety concerns for the community.

Summary of Community Telephone Survey Findings

- The four hundred survey respondents to the Alachua County community telephone survey were predominantly White/Caucasian (82%) and Black/African American (11.5%). They were most likely to be between ages 25 and 64 years (64%) and had an equal likelihood of having an annual income in the range of less than $20,000-$29,999; $30,000-$49,999; $50,000-$79,999 and $80,000 or greater. Nearly 60% of the respondents were from a household of two married adults (with or without children and extended family)

and one-fifth of respondents were single adults living alone. The majority of respondents (91%) represented residents of Alachua County who had some form of health insurance.

- The respondents described their personal and spousal/partner's health as between good to excellent (85%). Over 90% of the respondents travelled in personal vehicles to access health care and preferred to get health-related information from health care providers, internet and family/friends. It was interesting to note that in spite of the high proportion of insured individuals in the survey sample, significant number reported that it was either very difficult or so difficult to pay that they could not get the care at all. In all, 15% reported such difficulty associated with routine medical care, 18.% reported such difficulty with dental care, 15% with mental/behavioral care and 20% with hospital services
- A third of the sample reported having used hospital emergency rooms during the past one year with half of them having used it only once, nearly a quarter having used it twice and 13% having used it three times. Serious illness (49.6%), accident/injury (32%), need to see a doctor after office hours (22%) and not knowing where else to go (15%) were found to be the topmost reasons for the use of emergency rooms by this cohort.
- Paying for or getting dental insurance, paying for or getting health insurance, affording routine medical, dental or mental health care, paying for prescriptions and getting a dentist were thought to be a major problem by more than 5% of the respondents.
- Good schools; lower levels of child abuse; healthy economy and employment opportunities; strong family life; access to health insurance, doctors, and health department; low crime/safe neighborhoods; and healthy behaviors and lifestyles were regarded as "highly important" defining parameters for a healthy community by more than 70% of the respondents.
- More than 15% of the respondents identified alcohol and other drug abuse, child abuse/neglect, obesity, rape/sexual assault and homelessness as major health problems in the community. Domestic violence; manufacturing of drugs like methamphetamines; unsafe/unprotected sex; access to firearms by children and alcohol and drug abuse were voted as 'major problems' and as important safety concerns for more than 40% of the respondents.

Focus Groups

The focus group discussions provided the community with an avenue to voice their concerns and opinions. The qualitative data thus garnered provided an insight into pressing needs as well as various factors influencing the health of county residents.

Methodology

Trained focus group facilitators conducted twenty focus groups with diverse populations across the county. Each discussion lasted ninety minutes and had between 8-12 participants. Two focus groups were conducted with each of the following target populations: 18-24 year-old (one student and one non-student); parents of schoolgoing children; CHOICES health services program enrollees; persons with disabilities and/or their caregivers; and homeless individuals. One focus group was conducted with members of a social support group; and members of Gainesville Chamber of Commerce. Four focus groups were conducted with residents of rural Alachua County— one each in Archer, Hawthorne, Micanopy, and Waldo; residents from Southwest, Southeast, Northeast, and Northwest Gainesville.

The participants were guided through a discussion aimed at brainstorming on the following issues:

- Identifying sites where medical care is sought and rationale for selection.
- Examining factors hindering maintenance of individual and family health.
- Exploring perceived need for health care resources and awareness of existing resources.
- Understanding community's expectations about improving health care access.
- Determining potential partners in addressing community health needs.

Focus group protocols and questions were developed by WellFlorida Council. The protocols and questions were reviewed and approved by the needs assessment advisory committee. Multiple strategies were used to recruit participants for the focus groups. Flyers were distributed through regular mail distribution to CHOICES health services program enrollees. A total of 12,000 flyers were sent home with students enrolled in selected schools of Alachua County School District. Flyers were posted at all the branches of Alachua County Public Library, U.S. Post Office branches, waiting areas of North Florida Regional Medical Center, Shands HealthCare clinics and hospitals, Palms Medical Group clinics, ACORN Clinic, and Alachua County Health Department. Flyers were located at local grocery stores, convenience stores, Dollar Generals, popular restaurants and community recreation centers in Gainesville, Archer, Micanopy, Hawthorne and Waldo.

Flyers were also displayed at prominent locations at the University of Florida and Santa Fe College. Additionally, emails were distributed through the Alachua County Health Care Advisory Board and University of Florida Student Health Care Center listserv. WellFlorida Council also made personal phone calls to key individuals to help encourage participation in the scheduled groups. Press releases were distributed through local newspapers, newsletters and TV channels such as the Independent Florida Alligator, the Gainesville Iguana, the Gainesville Sun, Alachua County Today, Observer, Gainesville Guardian, House Calls, Alachua County Medical Society, Alachua Post, North Florida School Days, TV 20 News, WUFT – Channel 5, WUFT – FM 89.1 and Chamber of Commerce newsletter and e-journal. In addition, a feature article was published in the Gainesville Sun making people aware of upcoming focus groups. Information and marketing materials were developed by WellFlorida Council.

All interested participants were encouraged to call a designated phone number to register. Participants who were potential participants took part in a brief screening to determine eligibility. Focus group eligibility required that the individual should be a resident of Alachua County. After a participant was deemed eligible and agreed

to participate in the group, a follow-up phone call to the participant was made the day before the group met to serve as a reminder. A gift card incentive of $25 was offered for participation and was issued to participants at the conclusion of each meeting. Participant recruitment began approximately four weeks prior to the first group meeting and continued throughout the completion of the groups. The focus groups were held in locations selected to increase probability of the target population being able to attend.

Meetings were held at various locations including public library branches, health department, city meeting halls, homeless shelters and centers for independent living facilities. Meeting times were varied and included midmornings, afternoons and evenings. Snacks and drinks were provided if approved by the facility to ensure a comfortable environment for participants. Meeting length was approximately 1½ hours each. One facilitator acted as the discussion moderator and the other as note-taker. The meetings were audio recorded with the permission of all participants. A detailed report on recruitment strategy, focus group protocol and guided group discussion script can be found in the *Technical Appendix*.

Major findings

A total of 181 individuals participated in the focus groups and over 96% completed a demographic survey. The participants were 48% White, 37% Black/African American, 5% Asian and 3% Hispanic/Spanish/Latino origin. The majority of the participants were females (66%) with one transgender individual. A third of the participants were educated up to GED/High school (34%), a little over a quarter had some college education (28%) and nearly one in ten participants had a Masters degree (9%), a Bachelors degree (12%) or an Associate degree (8%). Only 4.6% of the participants had less than a high school education. Half of the participants (51.6%) had experienced a time in the past twelve months when they did not have any health insurance coverage. Of those participants with children (56%), nearly a quarter (25.8%) had no health coverage or insurance for their child during the past twelve months.

Data from focus groups was coded into themes using “NVivo 8” software so that it could be compared to the data generated from telephone surveys and key informant interviews. It must be noted that the small sample sizes and non-random selection of participants for these focus groups prevent using the findings to draw causal relationships or to generalize the results to the wider population from which the participants were taken. A consensus around a result is therefore the most “widely held or expressed” belief by the focus group cohort participating in the needs assessment.

Identifying sites where medical care is sought and rationale for selection

The participants were asked what they would recommend to someone who was new to this community and needed medical care. The selection of a health care provider and/or facility was predominantly based on the insurance status of the individual seeking health care as well as affordability of service (co-pay), severity of need (emergency vs. therapeutic), impressions about the service provider/facility and wait time.

Insurance status and affordability

Most people with no insurance or limited insurance coverage named Alachua County Health Department as their preferred site for seeking health care. Shands HealthCare hospitals and clinics (Archer Family Health Care Clinic, Shands Eastside Community Practice, UF Family Medicine at Fourth Avenue, ElderCare of Alachua County) were the other most commonly cited centers for health care. Other sites identified include ACORN Clinic, We Care referral network at the health department, nonprofit clinics such as Catholic Charities, Gainesville Community Ministry, Helping Hands Clinic, Meridian Behavioral Health care and counseling services at the University of Florida for mental health needs and prescription assistance programs by local businesses and charities.

"Shands and North Florida Regional have specialists. Both are supposedly pretty good hospitals. It depends on your economic bracket also."

"The health department is really designed for low income, homeless, no income whatever criteria you fall under. They are there for that particular reason."

"Most people that doesn't have insurance have Medicaid or CHOICES, most of those people I feel go to health department. Somebody like me can fall between the cracks, I have insurance but insurance doesn't pay enough to cover the whole bill because I have to pay a co-pay plus balance. Right now I need dental care and I am having to go to Shands, but I have to pay out of my pocket, because my insurance don't cover certain things for the dental care. So that's kind of hardship on me and I am trying to find place that I can afford for dental care. Shands may work with people if they are unable to pay. They have some charity program where you fill out a financial screening and if you qualify, they'll write your bills off."

Severity of need and availability of services

Several participants preferred urgent care centers over emergency rooms for their shorter wait times and lower costs. Rural residents relied on fire station paramedics for their immediate needs. In case of a life or death situation, people indicated a preference for emergency departments at Shands AGH, Shands at the University of Florida and North Florida Regional Medical Center. Hours of operation and availability of specialized services were also important factors influencing selection of a medical care facility.

"If it's an emergency in Micanopy there is the fire station. I think if you're having a heart attack or I'm bleeding or something like that you can call the fire station and its first aid station and the paramedics there can help. Most of the people who live within this community understand that once they stop the bleeding, you call 911."

"It depends on how serious your case would be, I mean if it's a cold, then you go to the student infirmary at University of Florida but it closes at like four. You could go to your primary doctor or urgent care center. It sounds like it's cheaper than going to an emergency room. Also it sounds like because there's no continuity you can just get in and get out and keep it moving. I feel like going to the emergency room will cost a lot—that's a long day too. Of course if it's an emergency, then obviously, the hospital."

"Generally speaking, I would say if you have a rare condition or something like cancer or a special case, Shands is a great place to go because I feel like they have better technology there being a medical college and all. If you are looking at something that is not rare, North Florida Regional is the place to go—they really do make a point to make it about good customer service."

Impressions about the service provider/facility

A lot of participants had been referred to a health care facility or provider by friends, family or other doctors. Previous experience with a health care facility, attitude of health care providers and/or the front office staff were cited as other factors influencing the choice of health care facility or provider. Insurance status and disability were perceived to influence the attitude of health care providers.

"I'm a diabetic, I have high blood pressure, I have cholesterol. They've been taking me on step by step. They've helped me get my medications. I just don' t know what I would do without them. The doctor over there actually called back to make sure I was ok. I do have a long relationship with them. They know me, they know my kids, they know my kids' kids. They pay attention."

"I don't have no teeth now because of the dental clinic at XXX. I had teeth that were cemented. I started having cavities so I went there to have teeth extracted and they broke the teeth next to the one that they were extracting and they denied that they did it. Still right now I have pieces of that root in my mouth. I wouldn't take my puppy there."

"I was disappointed in how I was treated at XXX – they disregarded my questioning on account of my blindness. They would come into my room and I would want to know who it was and they took offense to it and I saw this bad attitude from the staff people. So they made it a more stressful time for me when I was already ailing. I was very badly treated all the way to being Baker-Acted. I was very disappointed in the fact that no consideration was given to my disability of blindness—I was treated as a nuisance and I resent that."

"When health care centers service people that don't necessarily have insurance they kind of like look down on people that are in there. They don't just really deal with that. There's a lot of paperwork and just not a fun environment. Kind of a disrespectful tone. Doctors are condescending when they talk to patients."

Wait time, scheduling issues, paperwork

Difficulty in scheduling an appointment, long wait times, and hassle of paperwork dissuaded people from opting for a health care facility when in need of medical care.

"Private health care, it takes like 3 or 4 weeks to get an appointment. I called for an appointment and it's like 3 weeks from now. And I called 2 days ago. I don't want to go anymore because it takes so long for the appointment that I think I'm going to heal or I could be dead before then."

"I think they need to be more precise as to what exactly qualifies you, especially if you are working because I know some of the agencies. You literally have to take a day off work and you go down there, just for them to tell you that they can't help you. So here you are, you took a day off from work, some people may not have benefits at work where they might not get paid for that day so that's time wasted."

"XXX and every other hospital included, emergency rooms have a bad reputation because they are clogged with non-emergency situations and the people with emergencies have to wait endlessly."

"I went to the XXX about a month ago. It was such a hassle that I just decided to go home and take an aspirin because it cures everything. They ask you for so many forms—tax forms, and insurance. The documents are hard to read. You're just signing consent forms. And they print it so you can't read them. I feel so overwhelmed."

Health promotion behaviors

Most commonly discussed activities for enhancing and maintaining health included eating a balanced and nutritious diet consisting of plenty of water, milk, juices, fresh fruits, vegetables, salads, seafood and meats. Popular forms of exercise activities were biking, walking, swimming, yoga, dance and group/individual workouts at fitness centers. Nutritional supplements such as multivitamins, calcium, iron, fish oils, herbal supplements, optimum exposure to sun for Vitamin D and adherence to prescribed medications were believed to be necessary for good health. Avoiding sodas, salty foods, high sugar drinks as well as using low-fat recipes were also suggested as some ways of staying healthy. Most frequent personal hygiene behaviors included using hand sanitizers, washing hands, brushing teeth and regular dental flossing.

"I think that is the one fault in our society—the choice of food with our children—that affects their gums and teeth and health. If you buy the right foods like squash and zucchini and teach your kids. My kids never had to go to the hospital. It is the way you bring up your kids."

Vaccination for shingles, pneumonia and flu were thought to be necessary for safeguarding health. Importance of annual preventative doctor's visits (mammograms, PAP smears, colonoscopy, vision tests, HIV screening) and dental cleanups was also widely recognized. Staying informed about causes and consequences of various illnesses via internet, informative workshops, doctor's offices and classes was mentioned as a way of improving health. Lifestyle choices such as smoking cessation, safer sex, drinking alcohol in moderation, staying away from

drugs, avoiding exposure to sun without wearing sunscreen and keeping the mind alert by solving puzzles and reading were usually stated as health-promoting activities. Spiritual and mental well being was also stated as a universal component of healthful living. Alternative medicine (massage, chiropractic care, acupuncture); getting enough sleep; pursuing hobbies such as fishing, reading, biking and dancing; hanging out with friends, family and staying involved in the community; making time for oneself; keeping a positive attitude; listening to music; yoga and other exercises; taking a vacation; playing with pets; working in the yard; and meditation and praying at church were generally thought to lead to psychological health.

> *"I think church, prayer and meditation is definitely an important part for stress relief and coping with the world. When you are stuck in just yourself, you have to remind yourself to connect to a higher being. If I am spiritually on the right track then my physical and emotional health is good. That's me."*

Factors hindering maintenance of health

Barriers to engaging in health promotion activities were inadequate health insurance, cost, comorbid health conditions, environmental factors (safety, lack of infrastructure), lack of awareness, unfavorable attitude of health care providers, social norms (stigma/fear), lack of transportation, difficulty finding physicians accepting new patients (particularly Medicaid), availability of time and responsibility for dependent others.

> *"A lot of these things to maintain health are great, but are expensive—like insurance does not cover vitamins. I haven't seen a dentist in 10 years because I really couldn't afford it. If you don't have enough funds, you cannot afford fresh foods and eat Ramen noodles and McDonald's. A bag of chips is $1.29 but a bag of apples is $4. You may not think so but affordability is a big issue. I am on insulin and I have to come up with $60 every month because insurance doesn't cover that."*

> *"I have disability—epilepsy and I broke my arm. I wasn't able to go through physical therapy because I was homeless. I can't drive. I don't have a phone. There is no way to get anywhere."*

> *"Micanopy is not like Gainesville, where there is a well lighted area where you could walk. Me and my friends were discussing walking to loose baby weight and our husbands freaked out. Getting fresh groceries is difficult. We have tried gardening but we were not that lucky. It is difficult out here."*

> *"When you are young you can run around. With aging it is difficult—you can't see well. I have arthritis. I love to walk. But sometimes my feet just say you ain't going nowhere."*

> *"My back is messed up and I called a insurance company and they told me that they could cover me for everything except for my back which is the whole reason I needed insurance. So it is catch twenty-two—something is already broken, they won't fix it!"*

> *"I am in a situation for the last couple of years—I have been going through a lot of tests, I finally got the last couple of tests that graded my cancer so low that by me having Medicaid it will not pay. I went to XXX and they told me that I have to wait until I am at risk of dying until they can do something. I don't want this thing in me and wait until many years. It is like you are not sick enough or dead enough. It is also hard to get dental care on Medicaid—they will only pull teeth out and won't do any real work on them. Unless you want your teeth pulled out every time, you have a problem."*

> *"There is no dental health, behavioral health or no family planning services in Hawthorne. There is no immunization clinic. Basically, when they closed the health department clinic here all those services were gone. We need access to health care or we need transportation. People can't go anyplace unless someone takes them there. Sometimes family members will charge—gas is so expensive. Even if you are in Gainesville, you have to transfer two or three buses. What about the transit system? Can't they just have one stop maybe once a day or something (in rural areas)?"*

"There is so much stigma about mental health issues. Some people with those issues don't have any help—they don't get jobs, they don't have insurance, don't have disability benefits, don't have Medicaid, and don't have access to health care. You have to go around in circles and there is panic because you have to take medications and you can't. Last year I had to tell Meridian that if I don't take medications for depression, I will get a relapse and it gets really ugly.

"I am a single mom for two kids. I have to take care of my elderly mother. You have family responsibilities that don't allow you to take time for yourself."

Perceived needs

The participants were asked, "What do you think is missing or needed in this community? What would you do to improve health care in Alachua County?" The issues of utmost priority in Alachua County were lack of transportation; satellite clinics in rural/outlying areas of the county; compassion and understanding from health care providers; and better insurance policies. Many suggested that the county should offer services of a trained health system navigator/patient advocate; central clearinghouse of information; and work towards a system of health care that does not discriminate based on insurance status, age, race and disability status. Many also suggested a need for better health education campaigns through schools, colleges, health department and private clinics.

"Half of us poor people does not even get hospitalization. We can go to the ER and we have to stay there and wait forever, until the next day before we even get anything because we don't have health insurance. Ok? Someone that have Blue Cross Blue Shield, go straight in there and get whatever they have taken care of."

"I want a patient advocate. One time, at XXX they made me fill paperwork to get prescription assistance and free medication. The next time I went to the pharmacy, and they said they wouldn't fill it—someone didn't catch it earlier but I wasn't eligible. It made me feel like I was crazy and stupid. I want a liaison who can attend to you and point you towards a doctor or pharmacist or whatever and say hey! I don't have the strength to deal with these people when I am ailing."

"A place where you can find information—if there was a central clearinghouse of information. I called 211 at United Way but all they give me are phone numbers. I call a number and they say they don't have the money to help me and in the meanwhile I have my GRU bill pending and I don't know what to do? If I needed food stamps, it would be nice if I had a caseworker saying and helping me with what I need. This, now I am going around like a chicken without a head trying to find myself help. It would be good to have someone who can help us navigate the system."

"A lot of places don't even take insurance for mental health. It is so hard to find a psychiatrist who takes Medicaid—I don't think you really have one. Mental illness is a big issue. There is more personal and public discord because of mental health issues. It exacerbates all other issues."

"I guess transportation is a barrier. Getting to and from all these different places. Say you need to get to the Department of Health but live on the other side of Gainesville and can't get there. For a community this size they should have some mass transit."

Issues impacting special populations

The focus groups conducted with young adults, rural Alachua County residents, homeless and persons with disability deserve a special mention as the issues raised here were unique to these population groups.

Young adults (age 18- 24 years)

Students at both educational institutions UF and Santa Fe suggested that the student government could be more involved and participate in some form of Alachua County advisory board. While health insurance is mandatory for international students, others either have parents' insurance, insurance through graduate assistantships or no insurance. A subsidized health insurance plan for full-time students was suggested as a possible solution to improving health access for this age group.

> *"Maybe, partnering the health department or CHOICES insurance program with University of Florida to come up with an insurance program? I don't agree with charging the students for health insurance as a mandatory fee—just because some people have private health insurance. We are an individualistic society where I don't want anything mandated for me. To give someone an option to have insurance is what I think. Maybe… coming up with something called 'Medicollege' program? Perfect! Those who want to continue full-time study should be eligible."*

Young adults who do not attend the University of Florida or Santa Fe College felt that they were often overlooked and invisible.

> *"It's really easy for everyone to ignore us. UF and Santa Fe, they're big institutions, helping kids that are in college seems a priority. It's really easy to think that any young person here is a student in college and has insurance. They prioritize health care for students because they are doing something more important. But there are a lot more people here that really can't afford health care and don't attend college."*

Rural Alachua County residents

Lack of infrastructure, transportation, local clinics, and healthy food choices were some of the 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 offering fresh foods for healthier eating choices. Hawthorne residents indicated that many have heard good reports about the opening up of a new clinic (Hawthorne Family Medical Clinic) and are grateful for availability of local services in the face of lack of transportation.

> "I think the mobile health clinic could be used here. To deal with the transportation and stuff, something that would show upon certain days. Maybe they could go as far as checking your blood pressure, vaccine and shots, dental and vision screenings and if you have something that's not really serious and they could just check you out. They might disperse pamphlets in there about healthy eating and exercise."

Homeless

Safety, employment, lack of affordable health care and apathetic attitude of health care providers were the main concerns of homeless individuals. There was a general perception across the focus groups that economic crisis has added to the homeless burden in the county.

> *"When I was in a shelter I only had 2 seizures. Now that I am in a garage I have had 4 seizures, so it helps to have a place that shelters you. Right now, I don't have a bathroom or a kitchen so I come here to get a shower. But at least I can lock the door. I am safe there from being raped again."*
>
> *"If you are homeless, they won't hire you, they won't give you insurance and stuff. It is hard for people with mental conditions to get a job, then you have no insurance, they don't want to give you no check, they don't want to give you no bus card. There is a lot of problems that we go through. Men and women go through this. We are hollered at, "get a job, get a job". Okay retard, if you have a condition, we don't get a job!"*

"I had some problems with this hospital. When I broke my arm they gave me a sling. They knew I was homeless and they give me a referral to an orthopedic specialist. They sent me out with a broken right arm. I finally found someone who would help me. It took me 6 months."

Persons with disabilities

Disabled individuals expected to be treated with dignity and compassion. They voiced that their health issues and financial strain are compounded by their disability. It was suggested that the best solution to help them in the long run was to promote their independence by offering them vocational retraining to get back into the workforce. Most individuals with disability and/or their caregivers also voiced their disapproval for government apathy. Transportation, a clearinghouse of disability-specific health information and more employment opportunities were identified as the most important concerns.

"We also don't have information on what we could do to stay healthy. I have a physical disability and I can't walk too well and so I can't exercise and I can't dance, so it is a physical problem."

"I am epileptic, which is why the state revoked my driver's license. Then again if the closest bus stop is 2 miles and you need a wheelchair, what do you do? Epilepsy is a disability according to the ADA, people need to recognize that there are a lot of us who are epileptic. Employers won't hire us. It causes their insurance rates to go up. They won't hire you. You could fall. You are a liability."

"We don't want accessibility—we need it—vision for example is such a need. We have to differentiate between wants and needs. Vocational rehabilitation is needed not wanted! We need to have a respectful life and more dignity, to be able to stand up get out of the bed in the morning, do something productive and be proud of being alive. This is the issue that bothers me the most."

"Doctors can pick and choose who they treat and don't take patients with Medicaid. Why not give them some incentive to treat the disabled. This is because of low Medicaid reimbursement rates."

Geographic disparity within Gainesville

Residents on the southwest side of the town expressed the need for establishing a clinic for indigent care. The health department clinic on the southeast side of the town was thought to be less accessible due to low frequency of regional transit bus service and fewer stops making one trip to the health department a matter of a few hours commute each way. Northeast-side residents were concerned about neighborhood crime and the lack of appropriate street lights in the area. It was felt that not having adequate lights dissuaded citizens from pursuing walking as a form of exercise to promote health.

Parents of schoolgoing children

Most low-income parents could qualify for some benefits for their children. Their main concern was inadequate personal health insurance.

"What about if I want to go to school? If you're trying to focus on bettering yourself, they should offer you some kind of health insurance. Especially if you have kids, you should be able to…if you're not healthy, you won't be able to take care of your kids."

Other concerns

Many individuals discussed ongoing health reform. People were generally divided on what should be done to solve health care access issues. Many gave examples from other countries such as Canada, Mexico and France and questioned why we cannot get affordable prescription drugs. They went on to add that socialized medicine will, however, delay getting specialized care. Some participants had lived in Massachusetts and Nebraska, and commended the insurance options offered by these states. The general consensus of the group was that action in some form was needed to check increasing health care costs. People were undecided on the impact of the Shands at AGH closure and commented that it remained to be seen. Both positive and negative experiences

were shared about the institution with recognition of the new urgent care center being opened in its place. The impact of this needs assessment was another 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.

> *"I think we should have discussion groups like we did. Whatever is the top priority and what was mentioned the most and voted the most, should be made to affect a bigger decision. The high officials in the government, in the city and the hospitals should all really come together. I guess that's our hope. You know our problems, you know our hope and maybe you can get us in touch with the mayor or city hall or whatever and we can try to get something where we can all be healthy and we can all get medical needs (met)."*

Determining potential partners in addressing community health needs

Participants mentioned the following community organizations that provide help with health care needs in Alachua County:

- **Faith-based groups:** Catholic Charities; Salvation Army; St. Francis House; Gainesville Community Ministry; and Methodist Church in Hawthorne for food; Holy Trinity Church in Gainesville for prescription assistance; Goodwill.
- **Government assistance**: 1-800-SAFELINK program to get a phone; Department of Children and Families; Alachua County Health Department; We Care; CHOICES; Social Services; Library; School District; Alachua County Food Bank; Alachua County Health Care Advisory Board; county seats at local government; Senior Services of Alachua County; Medicare; Medicaid; Kid Start; Foster Grandparent Program; Veterans Administration; Sheriff's Department; Gainesville Police Department; Alachua County Fire Department and paramedics.
- **Nonprofit groups**: Alachua County Medical Society; ACORN Clinic; Center for Independent Living of North Central Florida; Florida Works; United Way; Florida Organic growers – to help set up kitchen gardens; Helping Hands; Job Junction; National Alliance for Mental Illness; retired health care professionals (nurses and physicians); Gainesville Area AIDS Project; Gainesville Harvest—food distribution program; the Kickstand: The Gainesville Community Bicycle Project; local newspapers; historic societies; and women's clubs
- **Businesses**: Gainesville Chamber of Commerce; Publix (pharmacy assistance program for antibiotics); Walmart ($4 prescription program); Gainesville Health and Fitness Center; Wards grocery store; farmers' markets; Waldo's association of residents and merchants; Hawthorne Area Business Foundation; North Florida Regional Medical Center; all insurance companies; and Meridian Behavioral Health care.
- **University of Florida affiliates**: Shands HealthCare hospitals and clinics—the Archer Family Health Care clinic; Shands Eastside Community Practice; UF Family Medicine at Fourth Avenue; ElderCare of Alachua County; UF Dental School.

Impressions about CHOICES health services program

Two focus groups were conducted with individuals enrolled in CHOICES, a health services program offered by the Alachua County Board of Commissioners. The program is designed to help uninsured residents of Alachua County stay healthy. To enroll in the CHOICES health services program, applicants must be between age 18-64 (seniors age 65 and older may be eligible for dental care), U.S. Citizen or permanent resident and Alachua County resident, employed an average of 100 hours monthly, not eligible for Medicaid or Veterans benefits, as well as having no health care coverage or unaffordable employer health benefits. Key findings from these focus groups were as follows:

General impression about services offered:

Participants reported utilizing the dental plan for senior citizens, vision plan to get check-ups and glasses, generic medication, exercise program (Zumba), preventative screenings (mammogram, colonoscopy and ultrasound) and specialist visits through referral. People recognized that CHOICES did not cover non-generic medications, contact lenses, ER visits, hospitalizations and health care for dependents/spouses. Many were concerned about the continuity of the program in the future.

> *"I just thank God for CHOICES. Health care is getting more expensive every year. When CHOICES runs out, what's going to happen to my dental and these other people who signed up? This is a very serious problem."*

Awareness about CHOICES

Many participants learned about different aspects of the CHOICES program during the group discussion. Students and young adults between ages 18-24 did not know about the CHOICES program. It was suggested that CHOICES should be marketed more aggressively and a general perception was that more people could take advantage of the tax money funding the program. Many enrollees were not fully aware of the range of benefits available at their discretion. The comments were echoed in one form or another:

> *"I just realized the CHOICES card covered prescriptions—I was paying for all of them."*
>
> *"I didn't know at the time the Medicare people could get CHOICES."*
>
> *"Well I just found out that they have an exercise program. See this is what I mean I know about it and you just found out about it. They need to mail out more flyers. Education part, more things because things change all the time. Everybody doesn't have internet sources."*

Eligibility criteria

Many participants hoped that CHOICES benefits and eligibility could be expanded. It was suggested that those who can afford to pay additional money for spousal coverage or inpatient services should be offered such benefits.

> *"Offering alternative plans to CHOICES members those who have the money and are willing to pay for it. A hospital plan may be for a minor or actual major medical one—to pay for a premium to stay in a hospital when there's no coverage for in-hospital care and all"*
>
> *"They don't cover your spouse but my wife is a stay-at-home mom and can't work. If they could offer a subsidized plan it will be nice"*

Summary of Focus Group Findings

- The choice of health care facility when in need of medical care depended on insurance status and affordability of service; severity of need and availability of service at a site; previous experience with a health care facility, attitude of health care providers and/or the front office staff; wait time, scheduling issues and paperwork.
- To enhance and maintain health, most participants reported eating a balanced diet; exercising; taking nutritional vitamin supplements; avoiding fast foods and sodas; maintaining personal hygiene; getting vaccination; making annual preventative doctor visits; and making responsible lifestyle choices. Spiritual and mental health was thought to be an integral part of well-being. Participants talked about optimum leisure, indulgence in social activities with friends and family, seeking alternate medicine such as massage and acupuncture, meditation and prayer as stress relievers.
- Barriers to engaging in health promotion activities were inadequate health insurance; cost; comorbid health conditions; environmental factors (safety, lack of infrastructure); lack of awareness; unfavorable attitude of

health care providers; social norms (stigma/fear); lack of transportation; difficulty finding physicians accepting new patients (particularly Medicaid); availability of time; and responsibility for dependent others.

- Residents identified access barriers as the priority concern in meeting health care needs. Lack of transportation; lack of satellite clinics in rural/outlying areas of the county; lack of compassion and understanding from health care providers; and restrictive insurance policies were most often mentioned.
- Citizens suggested investment in a trained health system navigator/patient advocate and central clearinghouse of information as possible solutions. The county was expected to work towards a system of health care that does not discriminate based on insurance status, age, race and disability status. A substantive health education campaign was called for through schools, colleges, health department and private clinics.
- Special health care populations had unique needs. Those of age 18-24 years of age suggested a partnership between government and educational institutions to provide for comprehensive health care coverage irrespective of "student" status. Rural Alachua County residents, northeast-side residents and southwest-side residents hoped for local health care facilities to overcome transportation barriers. Persons with disabilities wanted information on vocational opportunities and a disability-specific information clearinghouse. Homeless recognized mental disabilities and lack of behavioral services as an obstacle in obtaining gainful employment for independent living. Ongoing health reform debate, closure of Shands Alachua General Hospital, and impact of this needs assessment report were discussed as issues of general concern.
- Various faith-based, nonprofit, government, business and academic organizations were identified as current safety net providers and potential partners in improving health care for residents of Alachua County.
- CHOICES health services program was much appreciated and it was hoped that the eligibility criteria will be expanded in addition to implementation of an awareness campaign to add to its enrollment.

Key Informant Interviews

The purpose of in-depth interviews was to collect information from a wide range of people—including community leaders, professionals or residents—as these are people who have firsthand knowledge about the community. These community experts, with their particular knowledge and understanding, provided insight on the nature of problems facing the community and made recommendations for solutions.

Methodology

The needs assessment advisory committee and the WellFlorida Council brainstormed to develop a list of sixty-nine key leaders and stakeholders representing various sections of Alachua County. The list contained policy makers, organization and agency personnel, service providers, and community advocates. Each committee member was asked to rank the candidates on a priority scale of 3 = High Priority, 2 = Medium Priority and 1 = Low Priority. Forty candidates with the most points became the target list for structured interviews. Interviews were conducted by telephone and lasted about thirty minutes. The interviews were conducted between October 2009 and January 2010. To ensure the confidentiality of their comments, the names or any other identifying information of the interviewees has not been included in this report. The interview questionnaire can be found in the *Technical Appendix*. On an average, the interviewees had lived in Alachua County for 22½ years, worked in the county for 23 years and rated their knowledge about health care issues in Alachua County at 7.6 on a scale of 1 to 10 (with 1 being low knowledge).

Major findings

Community leaders provided comments on the following issues:

- Essential components of health care services
- Most important health issues
- Programs and services necessary to address identified health issues
- Impressions about access to primary care, dental care, specialty care, mental health, hospital care and other services
- Suggestions to solve systemic health care problems and identify parties responsible

Essential components of health care services

The candidates stressed equal access opportunities across the continuum of health care from primary care→secondary care→long-term care→tertiary care. It was a common agreement that access to health care should be available irrespective of income, employment status, age, disability, race, ethnicity and insurance status. Medical homes, mobile health van, satellite clinics in rural and far-flung areas of the county were thought to be important components of the health care system. Increasing safety net providers and the number of health care providers accepting Medicaid and other indigent groups was thought to be a key element to increasing access. Expanding CHOICES health services program, encouraging employees to provide health benefits, improving transportation infrastructure in the county and setting up an information clearinghouse to help individuals with navigation of the health care system were identified as other key components of a good health system.

The interviewees recognized the existing three hospitals—Shands HealthCare, North Florida Regional Medical Center and Veterans Administration—as a mark of sound infrastructure in Alachua County. These were thought to enhance the capacity of advanced trauma care and specialty services in the county. Expansion of rehabilitation services such as occupational therapy, physical therapy, speech therapy and vocational rehabilitation were identified as future needs. Establishment of acute and long term care facilities for the pediatric population and the expansion of services for the elderly were listed as important components of the

health care system. Home health agencies with specialized services for elderly and pediatric populations were thought to be missing. In addition, continuity of care, prescription assistance and health education were deemed necessary for chronic disease management.

Most important health issues

Cancer, cardiovascular diseases, hypertension, diabetes and unintentional injury were identified as the most important illnesses affecting county residents. Use of recreational street drugs and abuse of prescription drugs were recognized as a growing issue. Substance abuse rehabilitation facilities with focus on young adults were identified as a pressing need.

Setting up a children's hospital in the area was a chief concern voiced by many interviewees. Respiratory disorders such as asthma and reactive airway disease; increasing obesity; and lack of early periodic screening and diagnostic testing in children for mental, vision and dental health were noted as important health issues.

Alachua County was referred to as an "atypical" county owing to its large number of transient student population, predominantly rural outlying areas and neighboring small counties that lack health care infrastructure. Lack of public transportation; access disparity for indigent, homeless, non-U.S. residents, poor and uninsured; socioeconomic barriers to availability of healthy eating choices; and lack of prescription coverage to manage chronic diseases were some of the barriers identified as priority issues.

Lack of mental health parity in insurance policies; lack of residential facilities for transitional mental health patients (adult/children); lack of Medicaid-accepting health care providers; and stigma were important mental health issues. Lack of Medicaid-accepting dentists in rural areas and pediatric dentists in the county were important dental health issues.

CHOICES expansion and awareness emerged as another priority issue. Health care was thought to be particularly challenging for seniors and the indigent with limited prescription drug and specialty provider access. Telemedicine and electronic health records were suggested as some possible priority issues to be addressed by the county. Inadequate funding for safety net providers was also identified as a key issue.

Programs and services necessary to address identified health issues

In line with the major issues identified earlier, interviewees identified existing programs and made recommendations for potential development of additional programs. Interaction between community and government officials was suggested as a way of gauging emerging community health care concerns. Partnerships between existing resources such as the University of Florida, area churches, businesses, the health department, safety net providers, health planning council, and the Area Health Education Council were recommended to decrease duplication of services and improve access to care for the indigent. School-based dental, mental and vision health screening programs were suggested.

Access to primary care services was suggested as a way of reducing the burden on emergency rooms and better management of chronic diseases. It was proposed that social services agencies (government/private) be involved in helping people with navigation of the health care system and increasing their awareness. Culturally appropriate health education and information on diet/exercise were recommended for management of obesity, diabetes and other chronic diseases.

Impressions about access to health care services

A large number of interviewees voiced concern over lack of funding for indigent care and opined that it has led many to choose between quality of care and breadth of service. For example, pulling of teeth was cheaper than preventative dental health. While Alachua County was said to have good capacity due to three area hospitals, the prohibitive costs, lack of transportation, hassle of paperwork, scheduling issues, hours of operation for clinics and insurance policies were overarching barriers to access. Specific issues are as follows:

Primary Care

General lack of awareness about the importance of primary and preventative care, lack of providers for low income and indigent populations and insurance limitations in covering preventative care were some of the barriers. A disparity was also noted in placement of resources in rural settings and along the east-west divide in Gainesville. These barriers were reported to increase the burden on emergency rooms. It was also pointed out that Gainesville has a large majority of uninsured students at the University of Florida and Santa Fe College, which compounds the access issue. Oral, vision and mental health were often cited as the commonly ignored components of primary health care. Primary care was often identified as the base of the pyramid for health care needs leading to most cost savings.

Dental Care

Lack of awareness about the importance of preventative dental care, lack of awareness about CHOICES coverage for seniors, Medicaid policy of solely funding teeth extractions in adults (rather than preventative care) and cost-prohibitive nature of treatments were some of the reasons for delay or avoidance of dental care.

Specialty Care

Because of the number of regional hospitals, specialty care was thought to have enough capacity in most areas. The specialty areas with scarcity of providers were identified as pediatrics, nephrology, neurology and orthopedics. The disparity in access to specialty care was believed to be amplified by lack of insurance and socioeconomic status.

Mental Health

A lack of Medicaid-accepting providers; insurance policies limiting behavioral therapy sessions; lack of charitable mental health funding and providers; low Medicaid reimbursement rate for providers; stigma; and lack of public awareness were some of the most commonly cited barriers to mental health care.

Hospital Care

The only capacity issue raised was a lack of pediatric facilities. People agreed that the bed capacity in Alachua County was enough but had some reservations about the impact of the closure of Shands Alachua General Hospital.

Other services

Lack of prescription drug assistance programs, inadequate insurance coverage for alternative medicine and auxiliary services such as occupational, speech, physical and rehabilitation therapies were noted.

Suggestions to solve systemic health care problems and parties held responsible

Various candidates suggested systemic changes to ensure comprehensive health care access for all residents of Alachua County to maintain a good quality of life. The suggested action plan included reducing disparities, improving infrastructure, engaging the community in finding 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. A summary of issues and parties identified for addressing health care needs in Alachua County is as follows:

Health care reform

Though the interviewees differed in opinion about the ways of bringing about reform, there was agreement among all party lines for the need to bring about change to increase access to health care for everyone. A greater involvement was hoped for from local citizens; private and public health care professionals; and public, nonprofit, business, academic and faith-based health care organizations.

Coordination and collaboration between existing health care agencies

Many public, nonprofit, business, academic and faith-based health care agencies are working to promote health and improve access for underprivileged citizens of Alachua County. A better coordination between the organizations was recommended to pool resources; avoid duplication; explore innovative and successful solutions; increase community involvement; and increase general awareness about existing resources. Greater involvement was expected from media—local newspapers, radio channels, local and national TV channels.

Expectations from CHOICES health services program

Across the board, CHOICES was considered a program with excellent potential to serve as a means for improving access to health care for citizens of Alachua County. The program was referred to as a "good model" for improving access to health care by imparting health education and primary and preventative care opportunities. A better awareness campaign, expansion of eligibility criteria and accountability were suggested steps in the future planning and implementation of the program. Advocacy to increase awareness about the success of the program was recommended to ensure its continuity.

School-based interventions

Increased funding was recommended for school-based health care to expand services such as primary vision, mental and dental health through already existing school nurse positions.

Rural health

A solution suggested to address transportation and other infrastructure barriers in rural areas was forming a partnership with the health department; local elected officials; private physicians; faith-based, nonprofit, academic and business organizations; libraries; and media agencies in establishing satellite clinics and mobile health vans.

Comprehensive health care

Behavioral health care options in the county were recognized to be severely limited for indigent populations. Parity in insurance coverage; use of volunteers—psychiatric social workers, psychiatric nurse practitioners; partnerships with faith-based, nonprofit, academic and business organizations were recommended as potential solutions.

Model of health care

Medical homes, Federally Qualified Health Centers, and community hospitals were some of the suggested models to improve health care in the county.

Accountability

A clear delineation of roles and responsibilities for government agencies, quality assurance of private health clinics and better accountability were proposed. Better coordination was expected between various elected officials at the local level.

Summary of Key Informant Interview Findings

- Essential components of a good health care system were identified as equal access across the continuum of health care from primary care→secondary care→long-term care→tertiary care. A good system was characterized as a system that overcomes disparities in rural/urban/disadvantaged neighborhoods; rich/poor; people of all races, ethnicities, languages and physical/mental abilities. Expansion of rehabilitation services, acute and long term care facilities for the pediatric population and the expansion of

services for the elderly were identified as future needs. In addition, prescription drug assistance and health education were deemed necessary for chronic disease management.

- Cancer, cardiovascular diseases, hypertension, diabetes, respiratory diseases and unintentional injury were identified as the most important health issues affecting county residents. Use of recreational street drugs and abuse of prescription drugs were recognized as issues of growing concern. Setting up a children's hospital in the area, improving public transportation and access disparity for different population groups, removal of barriers to availability of healthy eating choices and lack of prescription drug coverage to manage chronic diseases were identified as priority issues. Lack of mental health parity; lack of Medicaid-accepting dentists and specialty providers; restrictive eligibility criteria of CHOICES program; and inadequate funding for safety net providers were also identified as other key issues.
- Participants shared their thoughts and opinions about programs and services necessary to address previously identified health issues. Interaction between community and government officials was suggested as a way of gauging emerging community health care concerns. A partnership between existing organizations was recommended to decrease duplication of services and improve access. Delivery of population-based programs through the school system was suggested for improving preventative care access for school-going children. Setting up a clearinghouse of information to assist with navigation of the health care system was also highly recommended.
- Interviewees provided insights into possible solutions for systemic health care problems. The suggested action plan included advocating for change in the current status of health care with greater involvement of local citizens and other stakeholders. Increased collaboration between public, nonprofit, business, academic and faith-based health care agencies; and greater involvement from media were some of the suggested improvements. Increased funding was recommended for school-based health care as well as safety net providers for primary care delivery. A solution was suggested to address geographic health disparities by improving public transportation and establishing satellite clinics in such areas. Behavioral health care options in the county were recognized to be severely limited for indigent populations. Parity in insurance coverage, use of voluntary professional help, and government incentives for providers were recommended as potential solutions. Medical homes, Federally Qualified Health Centers; and community hospitals were some of the suggested models to improve health care in the county.

Common Themes from Telephone Survey, Focus Groups and Key Interviews

The community members that participated in telephone surveys, focus groups and structured key interviewees represented 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 that were commonly mentioned are highlighted below:

Access to health care

- ✓ Access to affordable health care was identified as a barrier to seeking routine medical/dental/behavioral health care across the board. Equitable access to health insurance, doctors and hospitals was perceived to be a defining characteristic of a "healthy community". Mental health parity was mentioned as a concern.
- ✓ Administrative hassles that were identified as reasons for delaying or avoiding care included 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 also 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.

Lifestyle choices

- ✓ The community recognized the importance of healthy lifestyles in maintaining physical and mental well-being as well as avoiding chronic diseases such as diabetes, obesity, and STDs.
- ✓ People consistently regarded sedentary lifestyles, lack of awareness about healthy eating choices, smoking tobacco, abuse of alcohol and other drugs and unsafe/unprotected sex as risky health behaviors.

Enabling Factors

- ✓ Good jobs and healthy economy, ample continuing education opportunities for adults seeking advancement opportunities and health insurance assistance for such students pursuing continuing education were identified as enablers for healthy living.
- ✓ Good school systems, school curricula that emphasize health education, safe environments for women and children where there is low prevalence of child and domestic abuse/neglect and strong family life were named as 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 or run to stay fit.
- ✓ Reduced levels of homelessness, increasing number of safety net-providers, expanding eligibility criteria for enrollment into CHOICES health services program, and availability of Medicaid accepting providers were suggested as ways of reducing burden on currently overstretched health system.
- ✓ Continuity of care, prescription drug assistance, health education, empathic attitude of health care providers, and help with navigating the health care system were suggested as some of the possible solutions to improvement of the health care system in the county.

Recommendations for change

- ✓ The residents hoped that county will work towards addressing restrictive health insurance policies that determine healthcare access on the basis of profit-maximizing parameters. It was hoped that County will work towards a system of health care that does not discriminate based on income; insurance status; comorbid health conditions; age; race and disability status.
- ✓ Enhanced collaboration was urged between governmental agencies, faith-based groups, nonprofits, area businesses and University of Florida affiliates to ensure an improved health care system that pools resources and avoids duplication of efforts for the betterment of county residents.

- ✓ While current CHOICES health services program enrollees reported increased access to health care due to their participation in the CHOICES program and awareness of the benefits of the program, the enrollees and other county residents suggested that CHOICES should undertake an outreach campaign to increase people's awareness about CHOICES eligibility and benefits.

It must be noted that the small sample sizes and non-random selection of participants for the some aspects of this community input section, the focus groups and structured interviews in particular, prevent using the findings to draw causal relationships or to generalize the results to the wider population from which the participants were taken. A consensus around a result is therefore the most "widely held or expressed" belief by the cohort participating in the needs assessment.