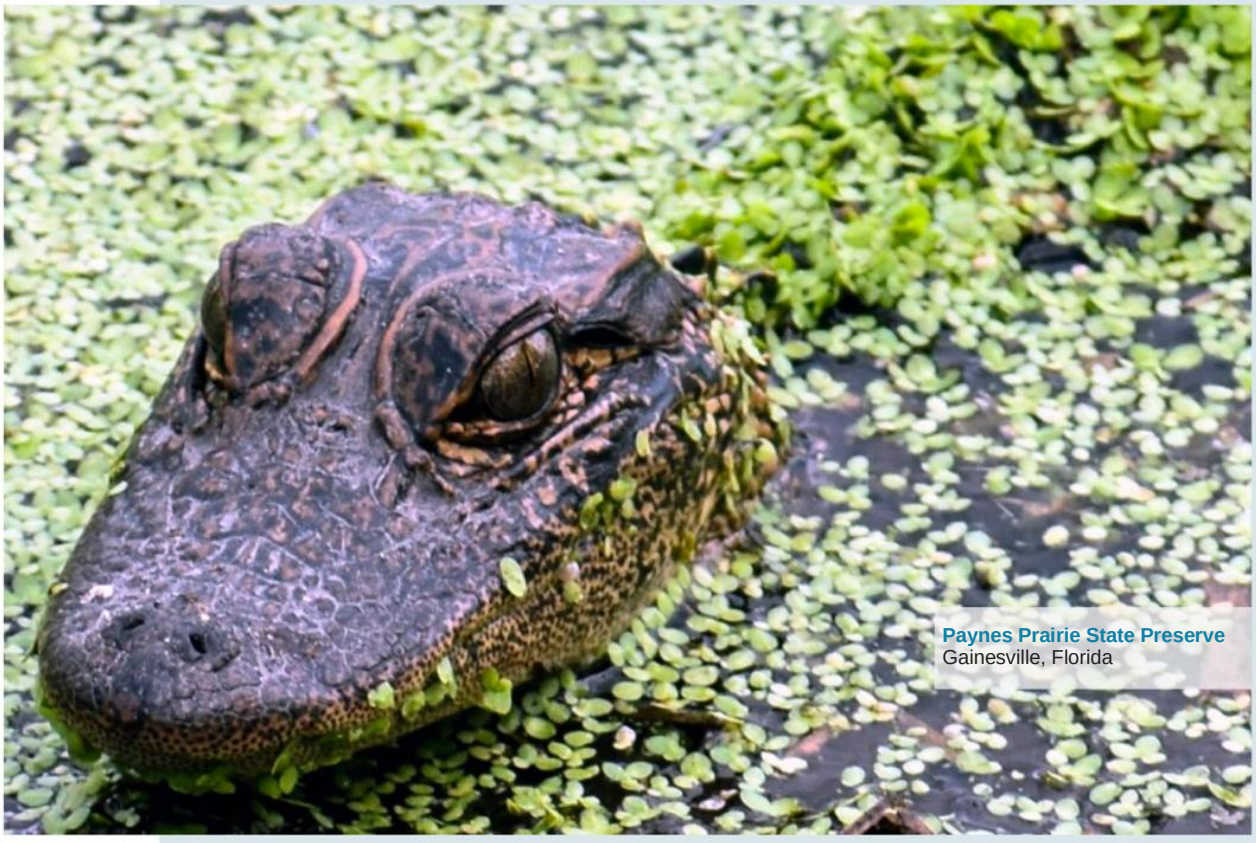
April 2024

Florida Department of Health

ALACHUA COUNTY

COMMUNITY HEALTH ASSESSMENT



Paynes Prairie State Preserve
Gainesville, Florida

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April 2024

ALACHUA COUNTY MAP

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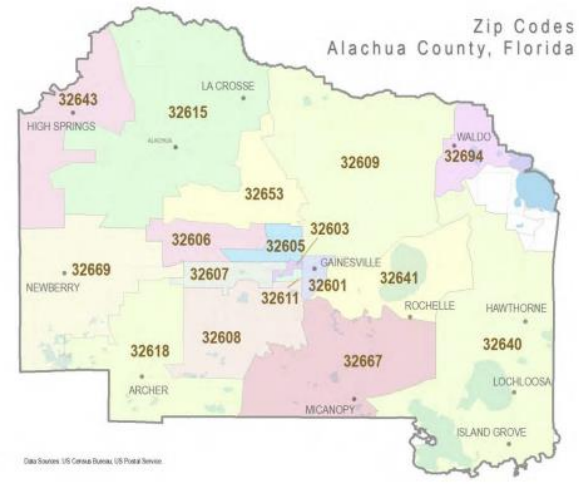

Source: Alachua County Technical Appendix 2016

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Acronyms and Definitions

ADT	Assessment Design Team
CCA	Community Context Assessment
CHA	Community Health Assessment
CHI	Community Health Improvement
CHIP	Community Health Improvement Plan
CPA	Community Partner Assessment
CSA	Community Status Assessment
EPHS	Essential Public Health Services
LPHS	Local Public Health System
MAPP 2.0	Mobilizing for Action through Planning and Partnerships
NACCHO	National Association of County and City Health Officials
SECIH	Social and Economic Conditions Impacting Health

Assessment Design Team (ADT)	A sub-team with relevant expertise and resources that participates in all aspects of Phase II of the MAPP 2.0 process.
Community Health Assessment (CHA)	An evaluation of community health and health care issues at the state and local levels, based on systematic data collection and analysis.
Community Health Improvement (CHI)	A long-term, community-wide strategic planning process to improve a community's health outcomes.
Community Health Improvement Plan (CHIP)	A strategy that a community develops to describe how it will work together to address public health problems highlighted in the CHA.
Local Public Health System (LPHS)	Providers and workers in organizations that deliver essential public health services to the community, including those at the federal, state, and local levels.
Steering Committee	A MAPP sub-committee of 10-20 people who support the community health improvement process, including local funders, philanthropists, leaders, and others in the local public health system.
Social and Economic Conditions Impacting Health (SECIH)	Environmental conditions such as a person's age, and where people are born, live, learn, work, play, and worship all affect the health and well-being of the population.

Executive Summary

A local community's health and well-being is shaped by many internal and external factors. In addition to basic medical care, there are social, economic, and environmental factors that can influence individual and community health. Some examples are employment, education, income, and the availability of nutritious food, clean water, and primary care providers. Previous research details differences in these factors across groups. These findings suggest that an increased understanding of social and economic conditions impacting health (SECIH) can promote health and health care access (Adler et al., 2016; Penman-Aguilar et al., 2016).

The Florida Department of Health in Alachua County (DOH-Alachua) partnered with Knowli Corp., d/b/a Knowli Data Science to conduct the 2024 Community Health Assessment (CHA). The CHA is a process to identify differences in Alachua County's health and health care needs and develop a strategic plan to address these issues. The CHA includes three assessments, the Community Status Assessment (CSA), Community Partner Assessment (CPA), and Community Context Assessment (CCA). This chapter focuses on key findings and recommendations from the 2024 CHA. Findings are identified from primary data collected in the three assessments and secondary data sources, including Florida Health CHARTS and the Census Bureau. For a full list of secondary sources, see Appendix A.

Key findings from the CHA are described below.

- Community Status Assessment (CSA) key findings:
    - Residents' top three concerns while living in Alachua County were (1) affordable utilities, (2) affordable housing, and (3) health care affordability and access.
    - Strengths of the county include high rates of health insurance coverage, homeownership, and general awareness of social and health care resources.
    - Areas for improvement include food insecurity, chronic illness, and health care access.
- Community Partner Assessment (CPA) key findings:
    - Community partners identified challenges they see in Alachua County:
        - Improving health information and service accessibility among community members

        - Fostering representation in Alachua County's decision-making process
    - Community partners also identified potential solutions to these challenges:
        - Greater amounts of investment and collaboration
        - Responsive program design, services, and decision-making processes

- Community Context Assessment (CCA) key findings:
    - **Health assets and resources**: participants focused on the higher education institutions, high levels of community engagement, a strong health care system, and services that provided care to populations in need.
    - **Built environment**: participants pointed out the urban layout, infrastructure, and housing. They stated that there was room for the county to improve its health and well-being and suggested affordable housing, public transit, and health facilities as starting points.
    - **Forces of change**: participants focused on systemic health differences and the interactions between local and state government when addressing public health. The participants suggested programs that improve funding and resources for those in need can support community health.

FIGURE 1. ASSESSMENT KEY FINDINGS

COMMUNITY STATUS ASSESSMENT (CSA)

Top 3 Concerns:

- Affordable utilities
- Affordable housing
- Health care affordability and access

County Strengths:

- High rates of health insurance coverage
- High rates of homeownership
- General awareness of social and health care resources

Areas for improvement:

- High rates of food insecurity
- High rates of chronic illness
- Difficulty accessing health care services

COMMUNITY CONTEXT ASSESSMENT (CCA)

Participants focused on the following:

- Higher education institutions
- High levels of community engagement
- A strong health care system, and services that provided care to populations in need
- Urban layout
- Infrastructure and housing
- Systemic health disparities
- Intersections between local and state government when addressing health concerns

COMMUNITY PARTNER ASSESSMENT (CPA)

Community partners identified challenges they see in Alachua County:

- Improving information and service accessibility among community members
- Fostering representation in Alachua's decision-making process

Community partners also identified potential solutions to these challenges:

- Greater amounts of investment and collaboration
- Responsive program design, services, and decision-making process

Findings from the CHA will inform the upcoming Community Health Improvement Plan (CHIP). Chapter 1 of this report outlines pertinent background information of the CHA: (1) an executive

summary of the CHA process and key findings, (2) an overview of the MAPP 2.0 framework's goals and intentions, assessments, and participants, and (3) an overview of key findings from the secondary data analysis. More detailed information on the goals, methods, and findings from each of the three assessments can be found in the following chapters: Community Status Assessment (CSA; Chapter 2), Community Partner Assessment (CPA; Chapter 3), and Community Context Assessment (CCA; Chapter 4). Chapter 5 contains a discussion of the root causes behind the key issues identified from data analyses.

Downtown
Gainesville, Florida

2024

1 Introduction

Alachua County

1.1 Overview of MAPP 2.0 Framework

This project is guided by the Mobilizing for Action through Planning and Partnerships (MAPP 2.0) framework. The MAPP 2.0 process was created by the National Association for County and City Health Officials (NACCHO). This evidence-based tool is designed to help communities conceive, plan, and implement community health assessments. MAPP 2.0 brings together stakeholders, organizations, and community members. Together, these stakeholders use MAPP 2.0 to focus on systemic change, align community resources around shared goals, and assess and improve community health.

The MAPP 2.0 process includes three assessments:

- The **Community Status Assessment (CSA)** is a quantitative survey assessing health statuses, health care access, and health care needs of Alachua County residents.
- The **Community Context Assessment (CCA)** is a qualitative assessment using a series of focus groups. These data provide information on the strengths and assets of the local community, how members engage with their built environment, as well as forces of change.
- The **Community Partner Assessment (CPA)** is a mixed-methods assessment of local community partners. A survey of community partners and meetings with partners who provide data on services and resources, populations served, and organizational capacity.

1.2 Details of The Three Assessments

Community Status Assessment (CSA): The CSA comprises quantitative data that was collected and analyzed to reveal the status of health in Alachua County.

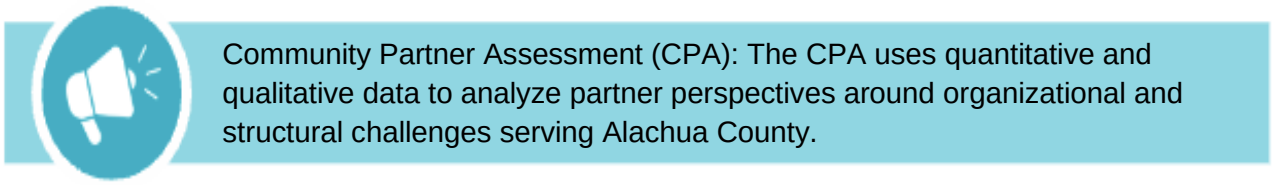
This assessment has three guiding questions:

1. What is the status of health, socioeconomic, environmental, and quality-of-life outcomes in the community?
2. What populations within the community experience differences in health, socioeconomic, environmental, and quality-of-life outcomes?
3. How do systems influence observed outcomes?

Community Context Assessment (CCA): The CCA is a qualitative assessment composed of three domains which each having a set of guiding questions that align with the MAPP 2.0 framework.

The domains of the CCA are described below:

Community strengths and assets are the community resources that influence community health in Alachua County. For example, arts, fellowships, education, job experiences, and community health. The **built environment** is human-made infrastructure that influences community health in Alachua County. For instance, sidewalks, bike lanes, public transportation, public art, hospitals, and affordable housing. **Forces of change** are factors in the community that are either in the past, present, or future. Examples of forces of changes are the unemployment rate, a hurricane, or political, economic, or environmental changes.



The two key domains are: Challenges and Intervention Strategies

Primary Challenges:

- Improving information and service accessibility among community members
- Fostering representation in Alachua's decision-making process

Potential Solutions:

- Greater amounts of investment and collaboration
- Responsive program design, services, and decision-making process

1.3 Participants in MAPP 2.0

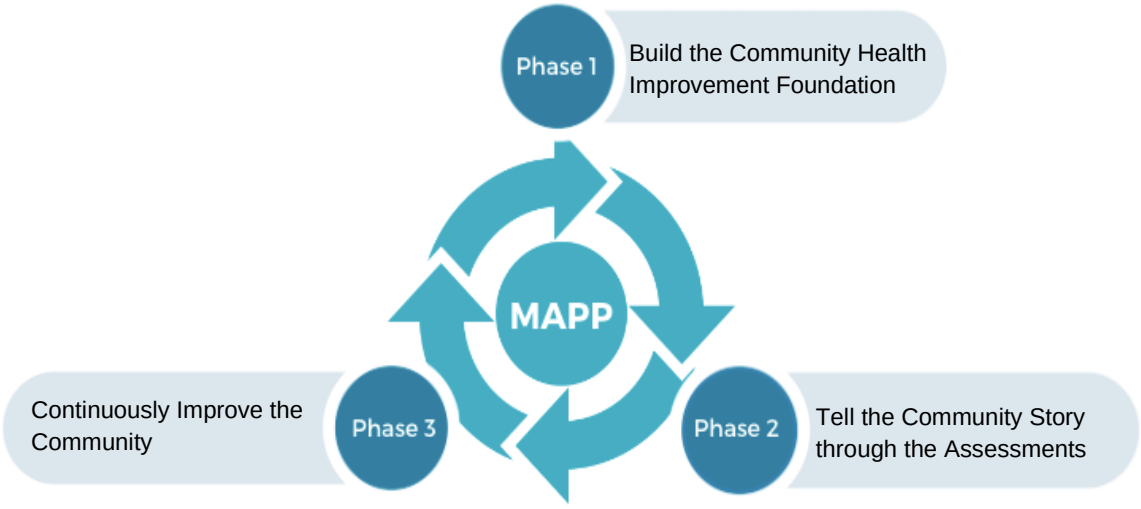
MAPP 2.0 aims to identify urgent health issues within the community and align resources across community sectors to better achieve health equity. *Health equity* is the assurance of the conditions for optimal health for all people (Jones, 2014), with respect to their physical health as well as mental, social, cultural, and spiritual well-being. In addition to health equity, the MAPP 2.0 framework centers on community involvement and ownership over the CHA process. To this end, the framework engages the local public health system (LPHS). For examples, see Figure 2, which includes any individual or organization who contributes to the health or well-being of the community.

To facilitate community involvement and ownership over the CHA process, the MAPP 2.0 framework requires the participation of several committees and subcommittees throughout each of the three phases (see Figure 3). During the assessment phase (Phase II), there are three primary groups at play:

FIGURE 2. THE LOCAL PUBLIC HEALTH SYSTEM (LPHS)

Source: MAPP 2.0 Handbook pg. 19

FIGURE 3. MAPP 2.0 PHASES



Source: MAPP 2.0 Handbook pg. 4

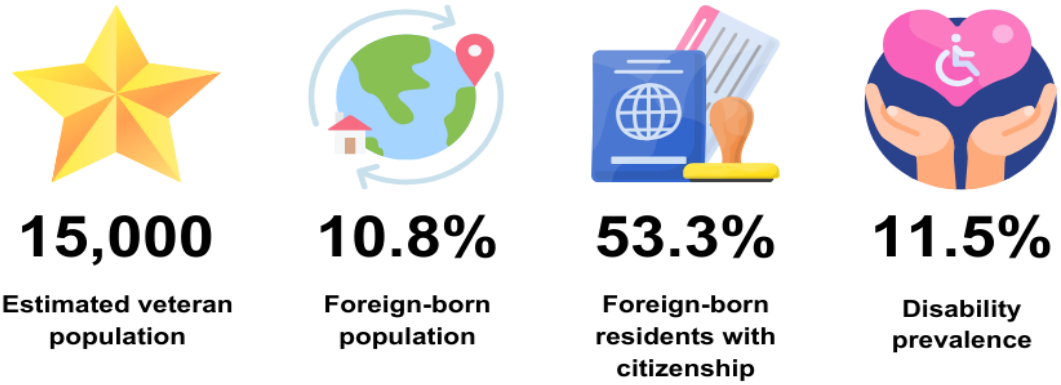
- The **Steering Committee** is a broad group of 11-20 stakeholders, developed in Phase I and involved throughout all three phases. This group provides guidance for the CHA and represents the community's populations and resources.
- The **Assessment Design Team (ADT)** is a group of 8-10 members with experience in public health data collection, analysis, and communication. This group develops and executes the three assessments.
- The **Community Partners** are individuals representing city and county governments, non-profit organizations, and grassroots organizations. Members of this group may also serve on the Steering Committee, ADT, or CHIP sub-committees.

Findings from the three assessments are triangulated to identify the county's strengths and assets supporting health and health equity in Alachua County, as well as the key issues facing the local community. Issue profiles were developed using root cause analysis to determine recommendations for addressing the upstream factors contributing to health inequities. These profiles are summarized in Chapter 5 (for the full issue profiles, see Appendices J-P). Issue profiles are utilized by DOH-Alachua and local community partner organizations to develop and execute the CHIP, a strategic plan with goals to address the root causes of key issues in Alachua County.

1.4 Community Profile

Alachua County, Florida, situated in the north-central section of the state, is home to the University of Florida, Santa Fe Community College, and many natural attractions. The county has a population of 279,729 residents, as of 2022 (American Community Survey, 2022). The median age is 31.7 years old and sex distribution of residents is almost evenly split, with 51.7 percent of the population being female and 48.3 percent male. See Figure 4 for additional demographics.

FIGURE 4. ADDITIONAL DEMOGRAPHIC MEASURES



Source: 2022 American Community Survey 5-Year Estimates

Using secondary data, several key strengths and assets of Alachua County were identified, along with key challenges. For a full list of secondary sources used, see Appendix A. Supplemental tables and charts not included in this chapter can be found in Appendices F and G.

1.5 Strengths and Assets

Growing population

Alachua County's population has grown 12.8 percent over the past 10 years, which is on par with the state's population growth rate of 14.6 percent over the same period. Projections indicate a growth rate of 4.6 percent over the next 6 years and reaching a total population of

292,692 by 2030 (Bureau of Economic and Business Research, Florida Population Studies, 2022).

Increasingly diverse population

The percentage of nonwhite residents has increased from 29.6 percent in 2012 to 35.2 percent in 2022. Most county residents identify as White (64.8 percent), followed by Black (19.4 percent), multiracial (7.6 percent), Asian (6.0 percent), and non-specified other race (1.9 percent). The number of residents identifying as multiracial has increased from 2.2 percent in 2012 to 7.6 percent in 2022. While most respondents indicated that English was the primary language spoken at home, 7.1 percent reported Spanish as their primary language spoken at home, and 8.1 percent reported primary languages other than English or Spanish (see Table 1).

TABLE 1. LANGUAGE SPOKEN AT HOME IN ALACHUA COUNTY

English only	225,594	84.8%
Spanish	18,894	7.1%
Other Indo-European languages	10,830	4.1%
Asian and Pacific Island languages	9,061	3.4%
Other languages	1,802	0.7%

Source: 2022 American Community Survey Estimates

Highly educated population

Alachua County has slightly higher levels of education than state levels. The county-level percentage of adults 25 years and older with a high school diploma is 93.6 percent, compared to 89.3 percent at the state level. Alachua County's percentage of adults with a bachelor's degree or higher is 46.7 percent, compared to 32.3 percent at the state level (see Table 2). While high school diploma attainment is consistent across racial groups, bachelor's degree attainment differs by race. Asian residents have the highest bachelor's degree attainment (74.0 percent), followed by multiracial (56.6 percent) and Hispanic/Latino (54.7 percent) residents.

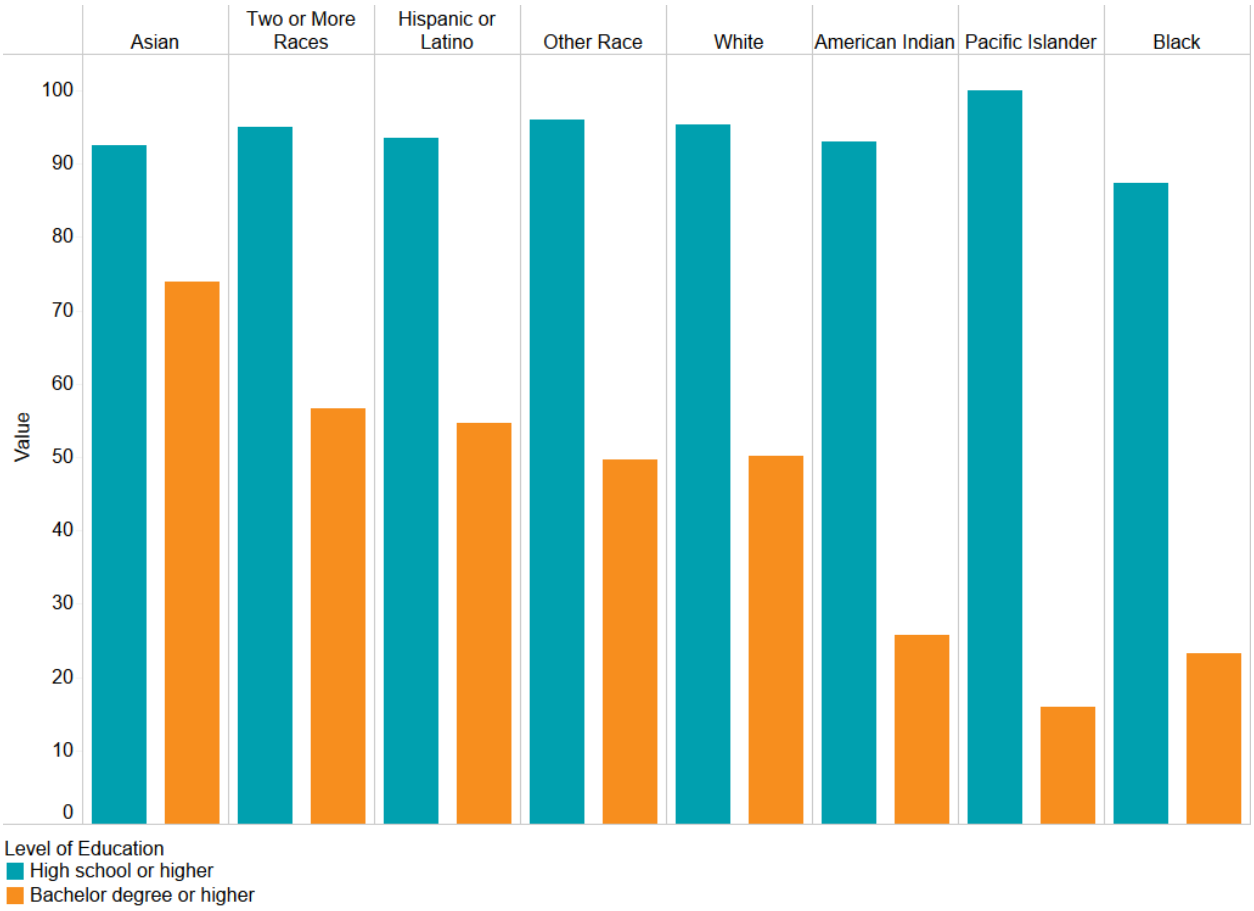
The racial groups with the lowest levels of bachelor's degree attainment are American Indian (25.8 percent), Black (23.3 percent), and Pacific Islander (15.9 percent) residents (see Figure 5).

TABLE 2. EDUCATIONAL ATTAINMENT IN ALACHUA COUNTY

	Alachua County	Florida
Bachelor degree or higher	46.7%	32.3%
High school diploma or higher	93.6%	89.3%

Source: 2022 American Community Survey Estimates

FIGURE 5. EDUCATIONAL ATTAINMENT IN ALACHUA COUNTY BY RACE/ETHNICITY



Source: Florida Health CHARTS 2021-22

High Availability of Medical Providers

As shown in Table 3, Alachua County has higher medical provider availability on all measures than at the state level. The county-level rates for the number of pediatricians (3.5 times higher than the state) and medical doctors (2.8 times higher) are especially high, compared to the state. These data suggest that differences in health care access may not stem from having too few providers. Observed differences in health care access might be related to other factors.

TABLE 3. COUNT AND RATE OF MEDICAL PROVIDERS IN ALACHUA COUNTY AND FLORIDA PER 100,000 PEOPLE

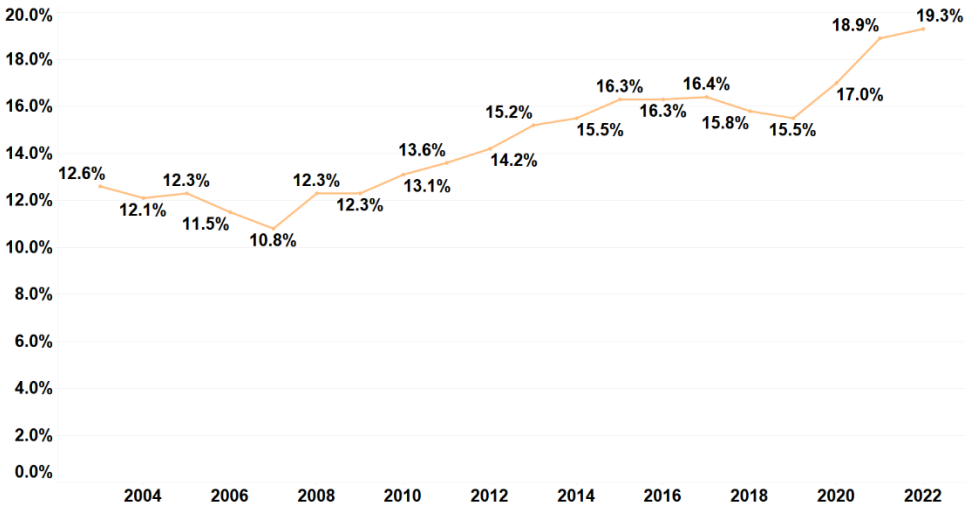
	Alachua County	Florida	Rate Comparison
Registered Nurse (RN)	2,068	1,409	1.5
Medical Doctor (MD)	728	257	2.8
Clinical Social Worker (LCSW)	112	55	2.0
Dentist	99	59	1.7
Pediatrics	75	21	3.5
Family Practice Physician	43	19	2.3
Family Therapist (LMFT)	24	11	2.2
OBGYN	17	9	1.9

Source: Florida Health CHARTS 2021-22

Rising Medicaid Enrollments

Monthly Medicaid enrollment in Alachua County has increased by 24.5 percent since 2019 (Florida Health Charts, 2022). Nearly all the 19.8 percent of residents who are eligible for Medicaid are enrolled in the program (19.3 percent of the total population) (Florida Health Charts, 2022). This indicates that Medicaid is highly utilized by community members and very few eligible individuals in the county are not enrolled in the program (see Figure 6).

FIGURE 6. MEDICAID ENROLLMENT FOR ALACHUA COUNTY



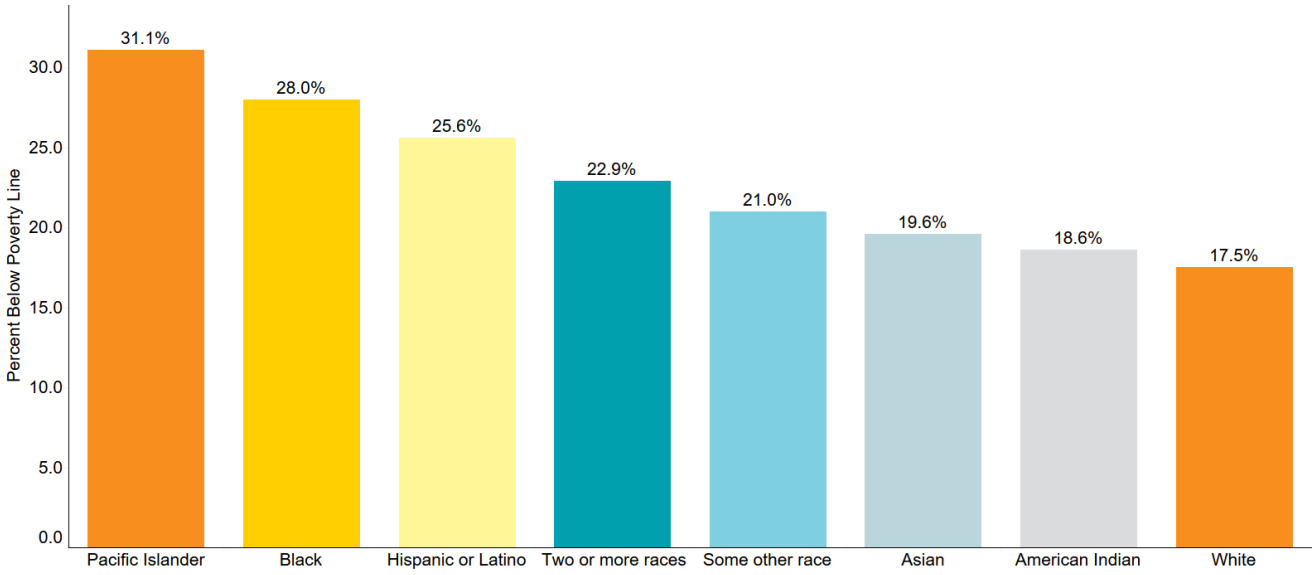
Source: Florida Health CHARTS 2003-2022

1.6 Problems and Challenges

High Poverty Rate

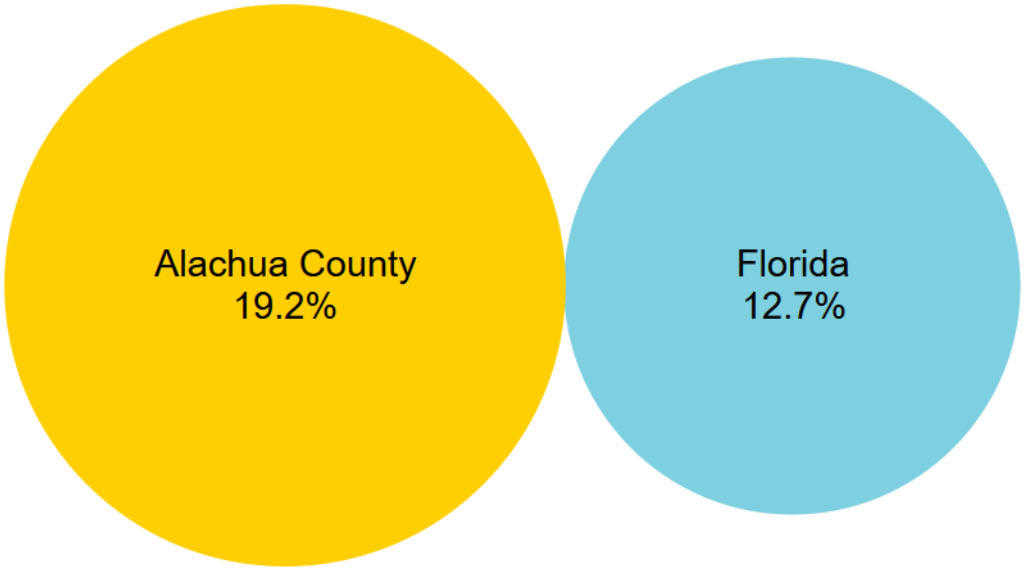
Poverty in Alachua County is higher than the state average. Nearly one fifth of the county's population (19.2 percent) lives in poverty, higher than the state rate of 12.7 percent (American Community Survey, 2022). Poverty rates in Alachua County also differ by race and ethnicity. The racial and ethnic groups experiencing the highest rates of poverty are Pacific Islander (31.1 percent), followed by Black (28.0 percent) and Hispanic/Latino (25.6 percent) residents. White (17.5 percent) and American Indian (18.6 percent) residents experience the lowest poverty rates in the county (see Figures 7,8).

FIGURE 7. POVERTY RATE BY RACE AND ETHNICITY



Source: American Community Survey 2022

FIGURE 8. PERCENT OF POPULATION BELOW THE POVERTY LINE

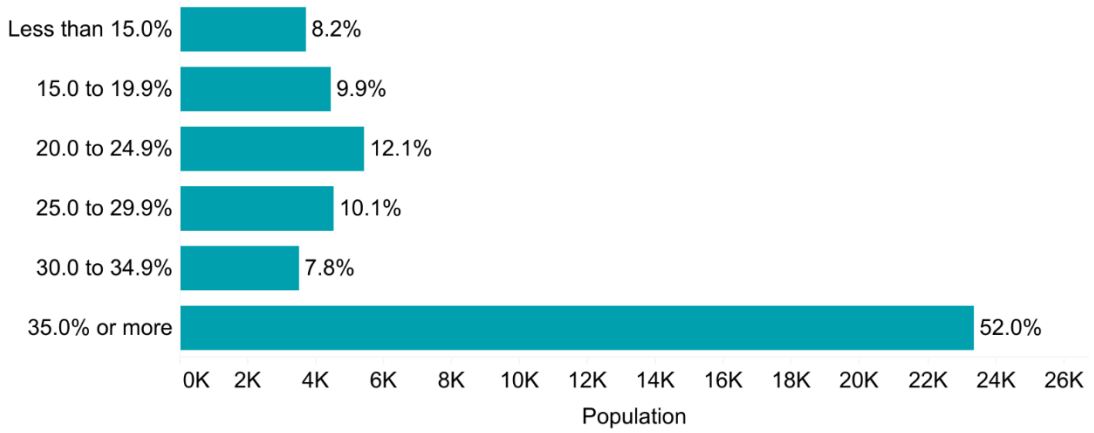


Source: American Community Survey 2022

Lack of Affordable Housing

Most Alachua County residents who pay rent (52.0 percent) have rent that costs 35 percent or more of their monthly household income. Households with rent-to-income ratios higher than 30 percent are considered cost-burdened (see Figure 9). Cost-burdened households may have trouble affording necessities such as food, clothing, transportation, and medical care.

FIGURE 9. PERCENT OF RENTAL COST BURDEN OF MONTHLY INCOME IN ALACHUA COUNTY

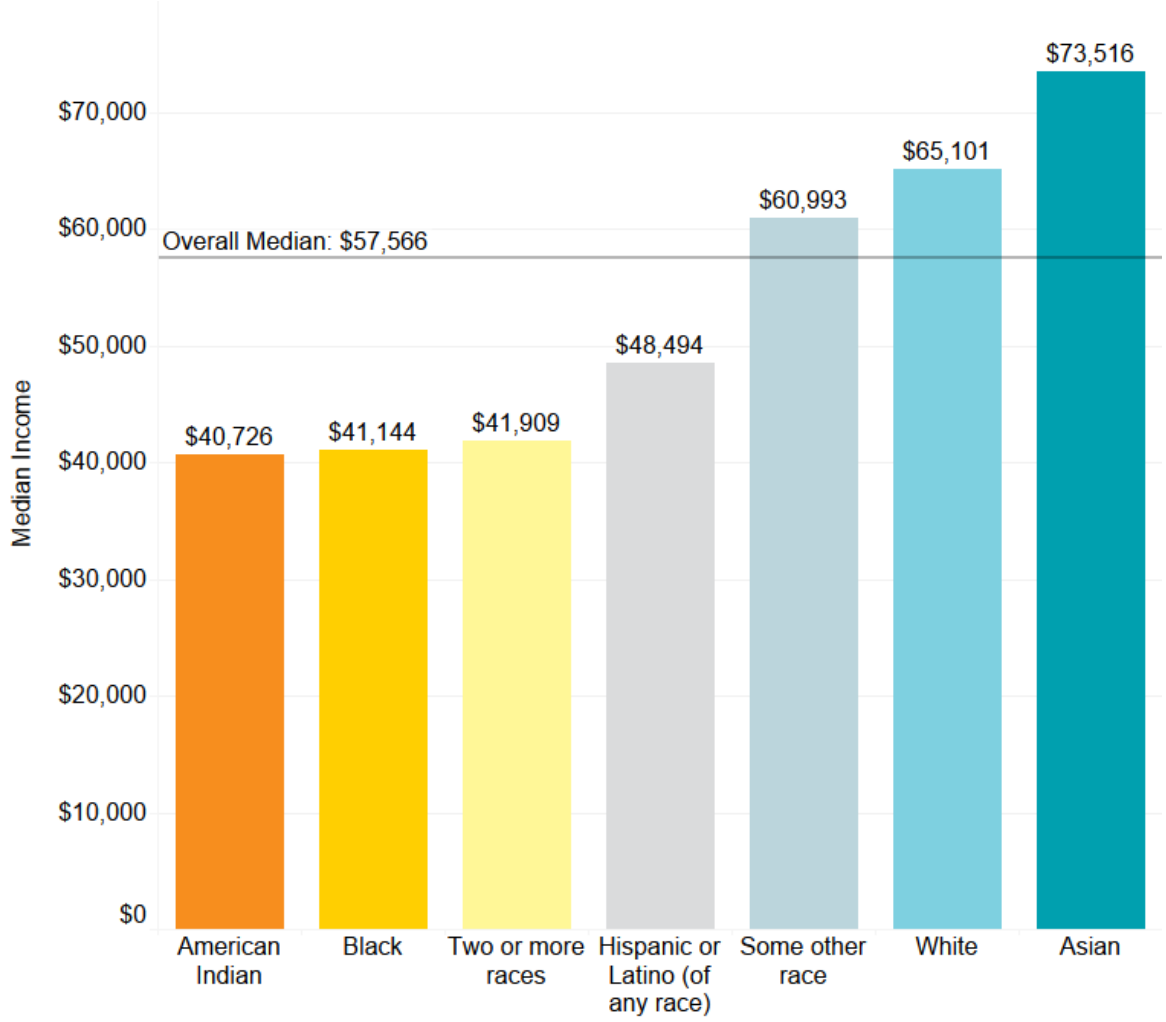


Source: 2022 American Community Survey

Disparities in Income

Median household income in Alachua County varies by residents' race and ethnicity (see Figure 10). Asian residents had the highest median household income ($73,516), followed by White ($65,101) and other race ($60,993) residents. The lowest incomes are reported by American Indian ($40,726), Black ($41,144), Multiracial ($41,909), and Hispanic/Latino ($48,494) residents.

FIGURE 10. MEDIAN INCOME BY RACE/ETHNICITY

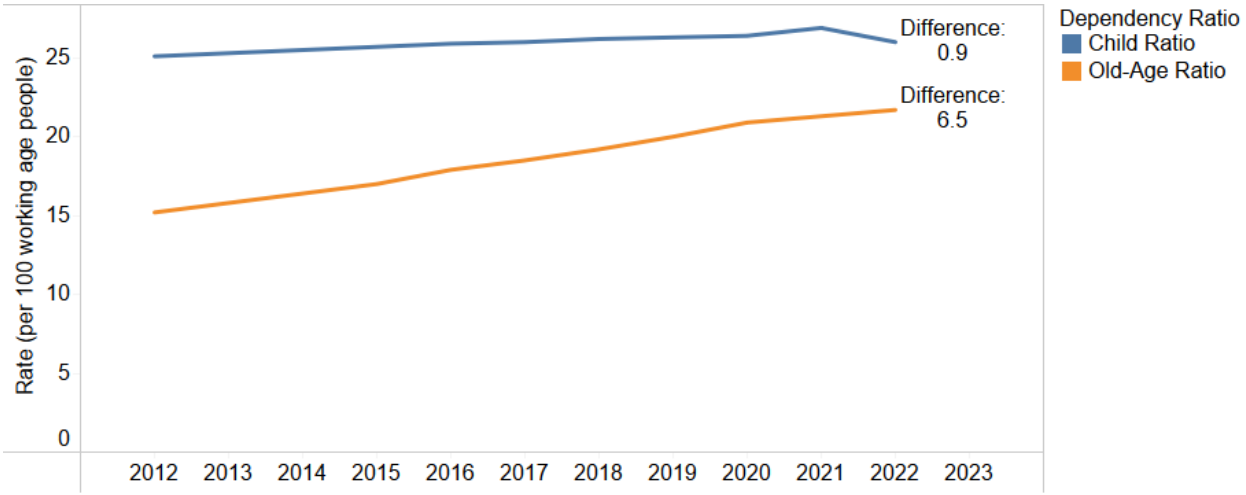


Source: 2022 American Community Survey 5-Year Estimates

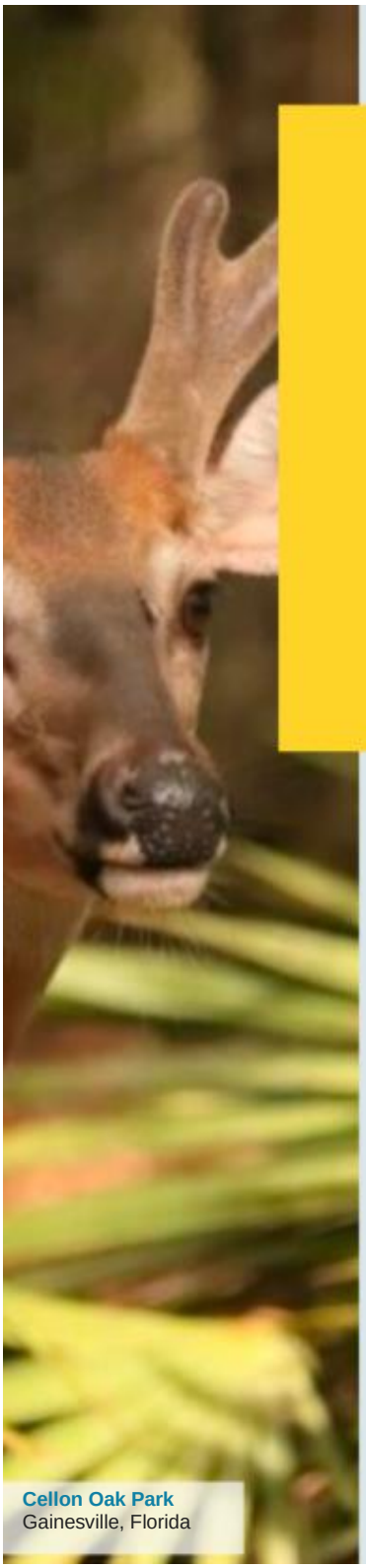
Rising old-age dependency ratios

Age dependency ratios measure the number of children (under 15 years old) and older adults (65 and older) for every 100 working adults. Over the past decade in Alachua County, the child dependency ratio has remained stable. The county's old-age dependency ratio has increased 42.7 percent in the same period (from 15.2 in 2012 to 21.7 in 2022) (see Figure 11). A rising old-age dependency ratio indicates a growing population of retirement-age adults, and an increasing demand on working-age adults to support this group.

Figure 11. Age Dependency Ratios in Alachua County



Source: 2022 American Community Survey



Cellon Oak Park
Gainesville, Florida

2024

2 Community Status Assessment

Alachua County

CSA: Executive Summary

The goal of the Community Status Assessment (CSA) is to evaluate health care access, health behaviors, and health outcomes in a community. This assessment uses responses from the CSA survey and secondary data, such as Florida Health CHARTS and the Census Bureau. The CSA survey is a community survey that was developed by DOH-Alachua, the CHA Steering Committee, and the ADT. Data collection for the CSA occurred from September 2023 to January 2024. Below are key findings from the CSA survey:

- Alachua County residents are concerned with rising costs of living associated with housing and utilities.
- Despite the presence of University of Florida (UF) Health, access to affordable health care remains a top concern.
- Veterans in Alachua County are at higher risk of homelessness compared to other groups.
- Food insecurity is an issue for many residents of Alachua County.

Findings from this assessment – along with those from the CPA and CCA – will inform the upcoming CHIP. This plan is used to prioritize resources and address the root causes of these issues (see chapter 5).

Sections 1 through 3 of this chapter provide background information of the CSA: (1) an executive summary of the process and findings, (2) a description of the goals and intentions, and (3) an overview of the data and methods used to collect and analyze CSA data. Section 4 outlines the findings of the CSA survey alongside secondary data sources. Finally, section 5 contains a discussion of the CSA findings and key considerations. The full CSA survey instrument can be found in Appendix E.

2.1 Goals and Intentions of the CSA

The CSA evaluates the health and health care needs of Alachua County residents. Insights drawn from this assessment will be used to identify health and social issues in the local community, and inform future Alachua County programs, services, and outreach.

2.1.1 CSA Guiding Questions:

- What is the status of health, socioeconomic, environmental, and quality-of-life outcomes in the community?
- What populations within the community experience differences across health, socioeconomic, environmental, and quality-of-life outcomes?
- How do systems influence outcomes?

2.1.2 Social and Economic Conditions Impacting Health (SECIH)

Following MAPP 2.0 and Healthy People 2030 guidance, this assessment examines several domains of social and economic conditions impacting health and health care in Alachua County. These domains are outlined below:

- **Health Care Quality and Access:** this domain includes factors such as access to primary care, physical and mental health services, and health literacy.
- **Neighborhood and Built Environment:** this domain includes factors such as quality of housing, environmental conditions, access to healthy food, and neighborhood crime and violence.
- **Social and Community Context:** this domain includes factors such as social support and cohesion, civic engagement, and discrimination.
- **Economic Stability:** this domain includes factors such as employment, food insecurity, housing instability, and poverty.

- **Education Access and Quality:** this domain includes factors such as early childhood development and education, high school graduation rates, enrollment in higher education, and literacy rates.

The results of the CSA will be triangulated with the two other MAPP 2.0 assessments (see chapter 5) to inform the upcoming CHIP. Here, we focus on identifying key issues that appeared in CSA data affecting the Alachua County community at large.

2.2 Data and Methods

2.2.1 Primary Data

Primary data were collected through a quantitative survey on the health and health care needs of Alachua County residents. This survey instrument was developed collaboratively by DOH-Alachua, the CHA Steering Committee, and Knowli Data Science. The final survey instrument can be found in Appendix E.

The survey was distributed both online and on paper. Translations were offered in 16 languages. To bolster engagement of the CSA survey, incentives were provided in two formats: a raffle that awarded 5 participants $100 MasterCard gift cards, and in-person events that incentivized participants with $10 WaWa gift cards. A total of 2,739 survey responses were collected between September 28th, 2023 and January 1st, 2024. After dropping cases for lack of completion, being less than 18 years old, primary residency, straight lining, or duplicate responses, the final sample was 2,593 responses.

2.2.2 Survey Measures

- **Health Care Quality and Access:** Insurance type and source, health information and literacy, access to health care services, health screening status and access, diabetes, and hypertension care access

- **Health Care Outcomes and Behaviors:** Chronic illness and disability status, self-rated health, and vaccination status

- **Neighborhood and Built Environment:** Housing type, housing accessibility, and transportation methods
- **Social and Community Context:** Community assets and opportunities, social support, community engagement, and internet accessibility
- **Insecurities and Struggles:** Top concerns in Alachua County, food access and insecurity, WIC accessibility and use, and emergency preparedness
- **Demographic Information:** Student status, veteran status, zip code of residence, employment status, race and ethnicity, gender, educational attainment, marital status, primary language, and household income

2.2.3 Secondary Data

Secondary data were collected (for details, see Appendix A) to contextualize survey findings within extant data on health and health care in the broader Alachua County community and the state of Florida. Data were collected across several domains of SECIH, which are briefly outlined below.

2.2.4 Secondary Data Topics:

- Demographics
- Dementia and Alzheimer's
- Disease and Injury
- Education Access and Quality
- Health Behaviors
- Health Care Access
- Health Status
- Mortality
- Neighborhood and Built Environment
- Social and Community Context
- Substance Abuse

2.2.5 Data Analysis

CSA data were cleaned using STATA (BE), and analyses were completed using STATA (BE) and Tableau Desktop. Descriptive analyses are used to report the Alachua County community's demographic characteristics and to assess broader trends in local health and health care.

2.3. Findings

CSA participants' concerns revolved primarily around housing and health care, specifically around the cost of utilities and housing, and access to affordable health care. These and additional findings are reported below.

2.3.1 Neighborhood and Built Environment

Housing

Among the survey respondents, homeownership rates (71.4 percent) in Alachua County were higher than the state average (67.0 percent). Also, 2.6 percent of the sample reported being in an unstable housing situation (temporary housing, shelter, or homeless) (see Table 4). Finally, for experiencing homelessness, veterans were three times as likely to be homeless when compared to nonveterans in this sample.

TABLE 4. COUNT AND PERCENT OF HOUSING STATUSES IN ALACHUA COUNTY

Own home/apartment	1,446	71.4%
Rent home/apartment	462	22.8%
Mobile home/trailer	62	3.1%
Temporary housing	31	1.5%
Other housing	13	0.6%
Shelter or homeless	10	0.5%

Source: DOH-Alachua CSA 2024 Data.

Public Transportation

The majority of respondents (58.8 percent) did not use public transportation. The most frequent reason the respondents listed for not using public transit was owning a personal vehicle (32.6 percent), followed by inconvenience (21.0 percent), and transportation not being in their service area (17.0 percent) (see Table 5). The last reason is supported further by comparing public bus transportation route maps provided by City of Gainesville Department of Transportation to a map of the whole county, which shows most coverage being restricted to within and immediately around the City of Gainesville.

TABLE 5. REASONS FOR NOT USING PUBLIC TRANSPORTATION IN ALACHUA COUNTY, COUNT AND PERCENTAGE OF EACH TYPE

Own personal vehicle	214	32.6%
Inconvenient	138	21.0%
Out of service area	112	17.0%
Not needed	105	16.0%
Health/safety concerns	30	4.6%
Do not want to	18	2.7%
Prefer walking	13	2.0%
Disability/homebound	10	1.5%
Lack of information	7	1.1%
Cost	6	1.0%
Unreliable	3	0.5%
Prefer rideshare/taxi	1	0.2%

Source: DOH-Alachua CSA 2024 Data.

Food Insecurity

Respondents were asked questions about if they have been worried about not having enough food to eat, whether they skipped a meal, whether they had nutritious food to eat, whether they ate less than they should, whether they ate only a few kinds of food, and whether they ran out of food in the past 12 months. These questions gauged the different levels of food insecurity. As shown in Figure 12, 59.9 percent of respondents reported moderate or severe food insecurity and 40.1 percent of respondents indicated low levels of food insecurity within the past 12 months.

FIGURE 12. FOOD INSECURITY IN ALACHUA COUNTY

Source: DOH-Alachua CSA 2024 Data.

Food Access

Despite respondents reporting moderate or higher levels of food insecurity, knowledge of how to access food resources was high. For example, 79.4 percent of respondents reported knowing where farmer's markets are located. Additionally, 66.5 percent of respondents know that they can use SNAP benefits at some farmer's markets, and 58.3 percent of respondents know how to enroll in food banks (see Table 6).

TABLE 6. KNOWLEDGE OF FOOD ACCESS POINTS

Where farmer's markets are located	1,449	79.4%
Can use SNAP benefits at some farmer's markets	1,207	66.5%
How to enroll in food banks	1,063	58.3%

Source: DOH-Alachua CSA 2024 Data.

2.3.2 Health Characteristics

Chronic Health Conditions

Most respondents (60.0 percent) reported having at least one chronic health condition. The most common types of chronic conditions reported were mental health disorders (42.0 percent), musculoskeletal (35.0 percent), and cognitive conditions (22.0 percent). Specific conditions within each group include but are not limited to depression, anxiety, arthritis, fibromyalgia, ADHD, dyslexia, and autism.

Diabetes

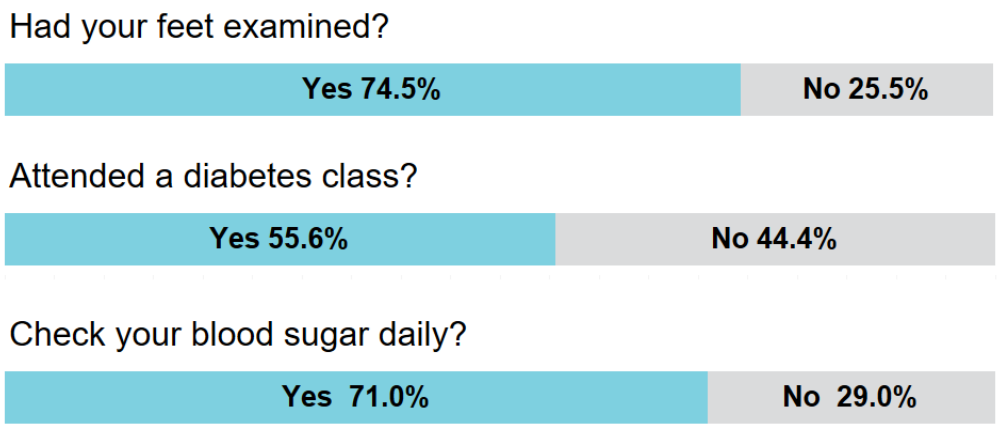
Of those who completed the survey, 14.0 percent of respondents said they had diabetes (see Table 7). This rate is greater than the most recent estimated prevalence of diabetes in Florida (11.0 percent). The importance of diabetic management is critical in managing diabetes and preventing diabetic-related complications like heart disease, stroke, kidney failure, lower limb amputations, and blindness. As shown in Figure 13, 25.5 percent of respondents who said they had diabetes did not have their feet examined in the past year, 44.4 percent did not attend a diabetes class, and 29.0 percent did not check their blood sugar daily.

TABLE 7. RATE OF DIABETES AMONG THE CSA SAMPLE

No	1,824	86.0%
Yes	298	14.0%

Source: DOH-Alachua CSA 2024 Data.

FIGURE 13. DIABETES MANAGEMENT FOR THOSE WITH DIABETES



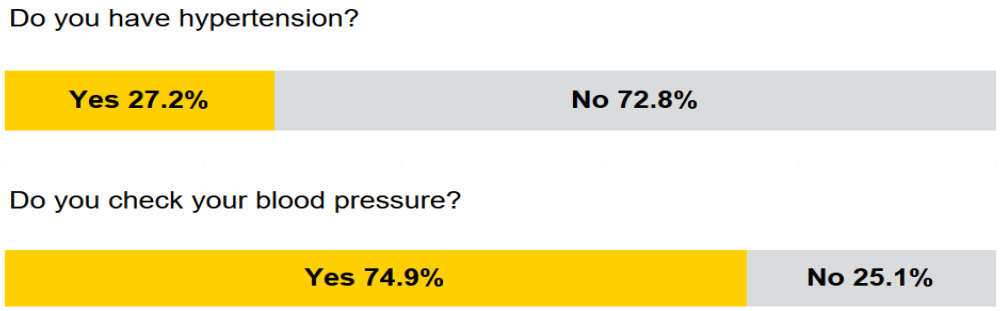
Source: DOH-Alachua CSA 2024 Data.

Hypertension

Among the survey respondents, hypertension prevalence was almost double (27.2 percent) that of diabetes (see Figure 14). Like diabetes, high blood pressure can lead to complications like heart failure, heart attack, stroke, kidney disease/failure, and blindness. Because high blood

pressure can be asymptomatic, checking blood pressure and knowing the barriers to checking blood pressure is critical in managing and treating hypertension. Barriers to checking blood pressure include not being told to check blood pressure (43.1 percent), not having a blood pressure device (40.0 percent), lack of time (23.9 percent), and affordability of a blood pressure device (19.2 percent) (see Table 8).

FIGURE 14. PREVALENCE OF MONITORING HYPERTENSION FOR THOSE WITH HYPERTENSION



Source: DOH-Alachua CSA 2024 Data.

TABLE 8. REASONS FOR NOT CHECKING BLOOD PRESSURE

Was not told to check blood pressure	56	43.1%
Do not have blood pressure machine	52	40.0%
Do not have time to check	31	23.9%
Cannot afford the co-pay for the machine	25	19.2%
Was not taught how to use machine	13	10.0%
Cannot check at home due to disability	5	3.9%

Source: DOH-Alachua CSA 2024 Data.

2.3.3 Top Concerns of Residents

As shown in Table 9, survey respondents were asked to list their top three concerns as residents of Alachua County. The three most frequently reported concerns were the cost of utilities (50.0 percent), affordable housing (47.7 percent), and access to affordable health care (43.2 percent).

TABLE 9. TOP THREE CONCERNS OF ALACHUA COUNTY RESIDENTS

Affordable utilities	731	50.0%
Affordable housing	666	47.7%
Access to healthcare	554	43.2%

Source: DOH-Alachua CSA 2024 Data.

2.3.4 Primary Prevention Methods

Screenings

Preventive health screening rates were lower among respondents of the survey when compared to the state rates. Some of the largest differences between those surveyed and statewide rates existed in breast and cervical cancer screenings. Alachua County respondents (women only) reported that 59.0 percent received a mammogram (breast cancer screening), and 49.0 percent received a pap smear (cervical cancer screening). Both rates are lower than the statewide rates of 81.4 percent for mammograms (per FDOH; 2019) and 77.5 percent for cervical cancer screening (UnitedHealth Foundation, 2020). See Table 10 for more details on health screenings received. The most frequently reported reason among respondents for not receiving screenings was that the exam was not recommended by their doctors.

TABLE 10. PERCENT OF RESPONDENTS WHO RECEIVED HEALTH SCREENINGS

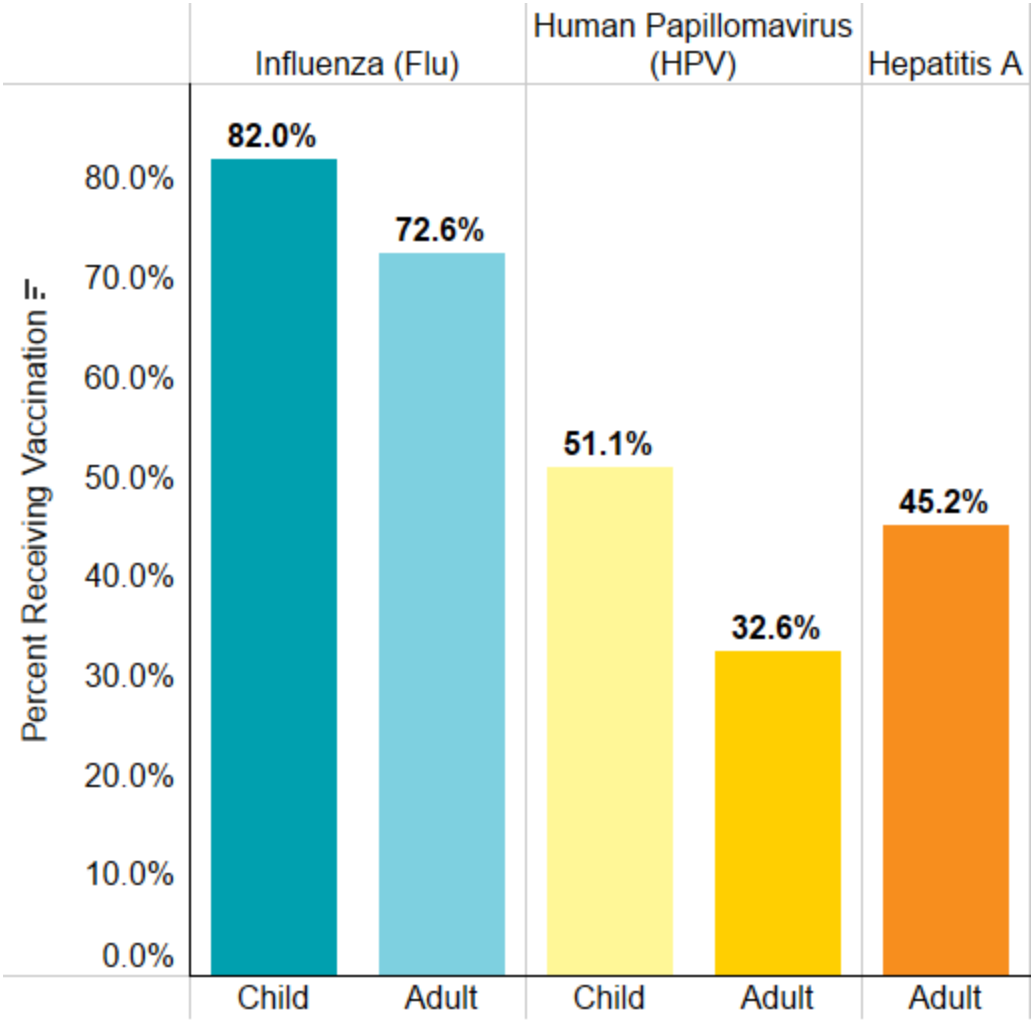
Dental Exam	1,469	66.0%
Eye Exam	1,451	64.8%
** Prostate Exam	331	63.0%
* Mammogram	643	59.0%
Colonoscopy	1,116	50.3%
* Pap Smear	677	49.0%
Hearing Exam	986	44.2%
Stool Screening	868	39.2%

Source: DOH-Alachua CSA 2024 Data.
Note: * Women only ** Men only

Vaccinations

Most respondents reported receiving the flu vaccine for themselves (82.0 percent) and their children (72.6 percent). Those surveyed with children reported getting their children vaccinated for HPV (51.1 percent). State data shows, for those aged 9 to 17, Alachua has a rate of 30.5 compared to 34.4 at the state level for HPV vaccinations in 2022 (FLHealthCHARTS, 2022). For Hepatitis A, 45.2 percent of survey respondents are vaccinated (see Figure 15).

FIGURE 15. VACCINATION RATES OF SURVEY RESPONDENTS IN ALACHUA COUNTY



Source: DOH-Alachua CSA 2024 Data.

2.3.5 Health Care Resources

Health Insurance

Most respondents (90.3 percent) reported that they have health insurance coverage. A smaller proportion of respondents reported dental (40.7 percent) and vision coverage (28.3 percent). On the other end of the spectrum, 4.4 percent of those surveyed reported not having any form of health insurance (medical, dental, life, vision, or disability), which is less than census estimates for Alachua County (7.9 percent) and Florida (12.3 percent) (American Community Survey, 2022). Among those without health insurance, the most frequently reported barriers to getting coverage were the cost of premiums, deductibles, and copay. Smaller percentages reported a lack of understanding of enrollment processes and eligibility (see Tables 11, 12).

TABLE 11. HEALTH INSURANCE COVERAGE

Medical	2,275	90.3%
Dental	1,025	40.7%
Life	899	35.7%
Vision	714	28.3%
Disability	360	14.3%
None	111	4.4%

Source: DOH-Alachua CSA 2024 Data.

TABLE 12. BARRIERS TO OBTAINING HEALTH INSURANCE

	Number of Respondents	Percent of Respondents
Premium Cost	63	60.6%
Deductible Cost	46	44.2%
Copay Cost	43	41.3%
Not Sure if Eligible	15	14.4%
Lost Job	15	14.4%
Not Sure How to Enroll	14	13.5%
Missed Payments	6	5.8%
Difficulty Understanding Application	2	1.9%

Source: DOH-Alachua CSA 2024 Data.

Health Care Services

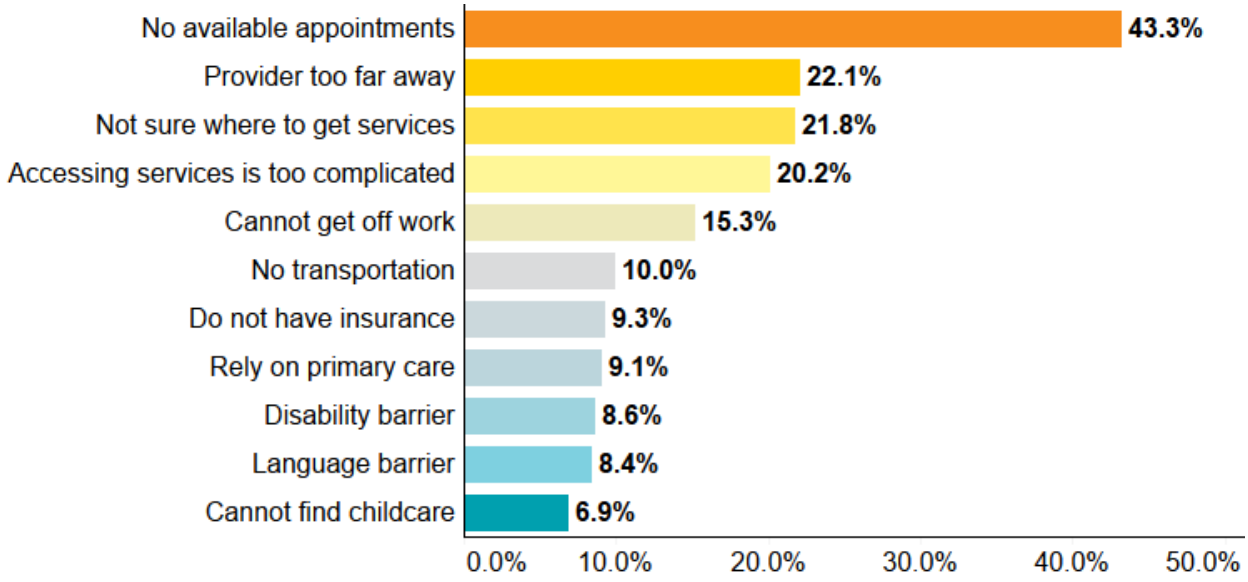
Most residents (70.0 percent) reported difficulties accessing at least one health care service. Of those surveyed, 33.8 percent had difficulty accessing primary care services. Respondents also had difficulties accessing mental health care (30.8 percent) and specialist services (29.0 percent). When asked about specific barriers that prevent individuals from accessing health care, 43.3 percent reported an inability to get appointments with health care professionals, 22.1 percent reported distance to providers as a barrier, 21.8 percent did not know where to get health services, and 20.2 percent reported the complexity of accessing services as inhibiting (see Table 13 and Figure 16).

TABLE 13. TOP HEALTH CARE SERVICES DIFFICULT TO ACCESS

Primary care	543	33.8%
Mental health care	496	30.8%
Specialist care	467	29.0%
Dental/oral care	369	22.9%
Emergency care	354	22.0%
Urgent care	330	20.5%
Physical therapy	266	16.5%
Vision/eye care	262	16.3%
In-patient hospical care	232	14.4%
Imaging (CT, x-ray, etc.)	200	12.4%
Prescriptions/medications	197	12.2%
Medical supplies	182	11.3%
Substance abuse services	180	11.2%
Laboratory services	158	9.8%
Family planning/birth control	138	8.6%
Prenatal/pregnancy care	116	7.2%
Hospice/palliative care	105	6.5%
Other	70	4.4%

Source: DOH-Alachua CSA 2024 Data.

FIGURE 16. REASONS FOR DIFFICULTY OF ACCESSING HEALTH CARE

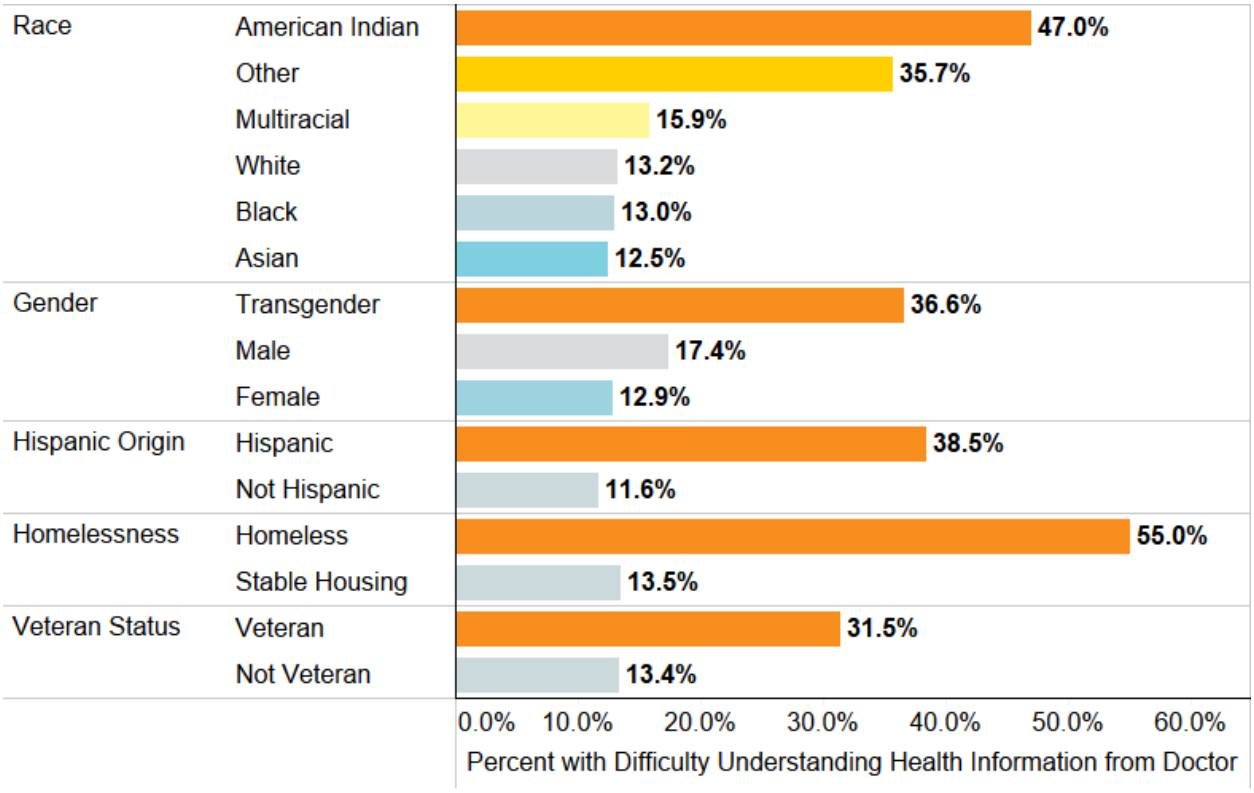


Source: DOH-Alachua CSA 2024 Data.

Health Care Literacy

Poor health literacy is associated with worse health and health care outcomes (McDonald & Shenkman, 2018). In Alachua County, 86.0 percent of residents understand the information given to them by their doctor. Additionally, 84.0 percent of residents reported no difficulty understanding their prescription instructions. While overall health literacy in Alachua County is high, reported difficulty understanding health information rates was higher among priority populations (veterans, people experiencing homelessness, and minoritized groups) (see Figure 17).

FIGURE 17. DIFFICULTY UNDERSTANDING HEALTH INFORMATION FROM DOCTOR



Source: DOH-Alachua CSA 2024 Data.

Women, Infants, and Children (WIC)

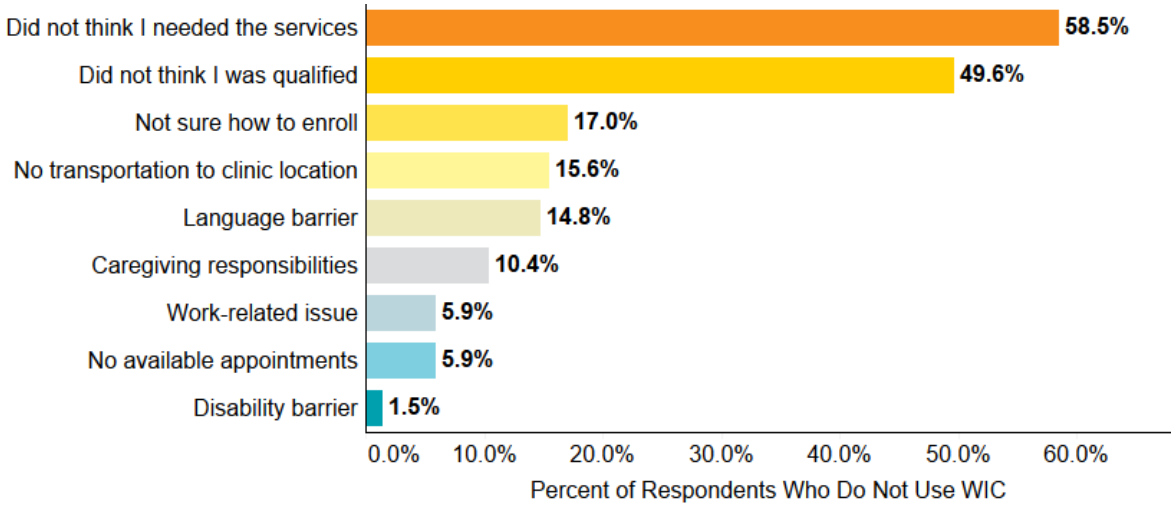
WIC is a supplemental nutrition program that provides supplemental foods, health care referrals, and nutritional education for low-income pregnant, postpartum women, and nutritionally at-risk infants and children up to age five. Despite 81.0 percent of qualified Alachua County residents using WIC services, awareness of the services provided by WIC remains limited. Less than half of residents surveyed with children under five years of age were aware that WIC offers breast pumps to eligible participants (49.4 percent), provides nutritional counseling and supplemental foods (49.0 percent), and that children can receive benefits up to the age of five (43.7 percent) (see Table 14). Of those respondents who qualified but did not use WIC services, a lack of knowledge of the services and qualifications to entry were the barriers to care (see Figure 18).

TABLE 14. AWARENESS OF WIC SERVICES AMONG RESIDENTS WITH CHILDREN UNDER FIVE-YEARS-OLD

You do not have to be a US citizen to receive WIC benefits	334	60.8%
WIC can assist with referrals for health care and other social services	303	55.2%
WIC offers various types of breast pumps to eligible WIC participants	271	49.4%
WIC offers nutritional counseling and provides supplemental foods	269	49.0%
Children can receive WIC benefits up to the age of 5	240	43.7%

Source: DOH-Alachua CSA 2024 Data.

FIGURE 18. REASONS FOR NOT USING WIC SERVICES



Source: DOH-Alachua CSA 2024 Data.

2.4 Summary

In reviewing the data and findings of the CSA survey, the following insights need further investigation to identify root causes and gaps to improve health care, quality of life, access to care, and needed public resources in the community.

Data on food insecurity pointed toward a need for a deeper look into those experiencing moderate to severe food insecurity as a sizable proportion of survey respondents reported such burdens. Possible work in expanding food bank reach and inventory can help in bringing the access needed for those residents experiencing food insecurity. In addition, data from the survey showed a gap in knowledge of WIC eligibility and age requirements. A potential intervention here is to bring more educational materials to areas of the community who could benefit the most, with a sign-up process offered at the end of the educational sessions.

The data further showed an area of need in mental health disorders, primarily depression and anxiety. A more comprehensive look into the total mental health burden in the county needs to be done. Using the community health care system and important organizations in mental health, an intervention in access to care for these residents could be beneficial to the majority of survey respondents.

The respondents' greatest concerns in the community were affordable housing, affordable utilities, and health care affordability and access. The recurring theme is the cost burden on residents of the county. A detailed breakdown of the community's total burden across the rural and urban parts of the county would inform and empower community organizations such as Gainesville Regional Utilities (GRU) and property management groups to address utility and housing concerns. The health care access and affordability burden can be additionally seen in respondents' difficulty accessing primary care services, with the leading barrier to access being a lack of appointments and providers being too far away. This may warrant increasing the clinic capacities in the community with more primary care clinic locations, particularly in the rural parts of the county.

Lastly, a recurring theme in the data was a lack of knowledge of social and health care programs as well as health literacy among respondents. Intervention in overall community health education can be used to address the multiple concerns community members reported in the survey. These concerns ranged from women's health improvement centered on increasing pap smears, HPV vaccination and prevention, and cervical cancer risk awareness to education and outreach promoting health literacy for those experiencing homelessness, veterans, and transgender members of the community.

The CSA findings have identified many areas of interest that can inform and encourage community partner investment in a better quality of life as well as health care access, education, and resources for Alachua County residents.

Downtown
Gainesville, Florida

2024

3 Community Partner Assessment

Alachua County

CPA: Executive Summary

The Community Partner Assessment (CPA) examines community partners' collective ability to address the community's public health needs. This part of the CHA draws on community partner perspectives to assess their (1) individual systems, processes, and capacities, and (2) their collective capacity to fulfill the community's health and health care needs (NACCHO, 2023).

The CPA uses qualitative and quantitative data collected between September and December of 2023. First, this report analyzes community partners' discussions around individual, organizational, and structural challenges they face when serving Alachua County residents. Second, this report describes pathways to build up the community partner network's capacity to address observed challenges. Results from the CPA identify challenges and intervention strategies that may further address these barriers affecting organizations and community members (see Table 15).

TABLE 15. BROAD CHALLENGES AND INTERVENTIONS IDENTIFIED IN THE CPA

Challenges	Improving information and service accessibility among community members
	Fostering representation in Alachua's decision-making processes
Intervention Strategies	Investments and Collaborations
	Data-driven Program Design, Services, and Decision-Making Processes

Results suggest that community partners encounter similar types of challenges while addressing their populations' needs. Many partners explained that providing community members with consistent service information is challenging due to a variety of factors. The most common challenges that emerged in CPA data include a decentralization of information about programs and services, community partner resources, and physical proximity. Partners stated that these barriers can hinder efforts to include specific populations and stakeholders in decision-making processes. Because not all communities are represented in decision-making processes, partners said that these challenges can create disparities in the cultural competency of programming and services.

Community partners presented numerous examples of effective intervention strategies to address these challenges in Alachua County. Partner discussions suggest that further investments in current collaborations can address information and resource constraints that hinder partners' abilities to reach their populations. Specific examples that emerged in CPA data include a unified information repository (FindHelp.org), multisectoral grant efforts, and community partner networking and partnerships. Other conversations revolved around how to improve the cultural competency of programs and services throughout the community partner network. These discussions were often about how organizations can center communities' experiences in decision-making processes and program design.

These themes emerged throughout the CPA and resembled challenges identified in previous assessments, such as the 2020 Alachua County CHA, the Children's Trust Listening Project, and the Gainesville Thriving Project. The findings from this report are triangulated with the CSA and CCA findings in Chapter 5, to inform priority issues and potential interventions for the upcoming CHIP.

Section 2 of this report provides an overview of the data and methods used to conduct and analyze the data. Section 3 presents findings on the challenges and intervention strategies that emerged in the CPA data. Section 4 discusses CPA findings alongside secondary data and explains steps that future work can take to build on this assessment.

3.1 Goals and Intentions of the CPA

- The CPA collects data from local community partners who are involved in the MAPP 2.0 process. This assessment examines community partners' collective capacity to address local health issues and support public health in the community. Outcomes of the CPA include: (1) describe the roles community partnerships play in community health improvement and (2) how to strengthen these relationships.
- Name roles and responsibilities of community partners to engage with specific communities and support the local public health system.
- Assess partners' capacities, skills, and strengths to improve community health and further MAPP 2.0 goals.
- Summarize the collective strengths and opportunities of improvement for MAPP 2.0 community partners.
- Identify other local partners to include in the MAPP 2.0 process going forward and improve community partnerships, engagement, and community power-building.

3.1.1 CPA Guiding Questions:

Data collection and analysis were guided by the following questions:

- What capacities, skills, and strengths does each participating organization bring that could contribute to improving community health and advancing MAPP 2.0 goals?
- Who is involved in MAPP 2.0? Who else needs to be involved?

3.2 Data and Methods

Devil's Millhopper
Gainesville, Florida

In June 2023, the CHA Steering Committee team generated a list of 50 individuals representing 42 community-based organizations, non-profits, health care agencies, and established community partners across Alachua County. The Steering Committee considered organizations that serve or represent populations who experience disproportionate health outcomes. To further bolster recruitment and participation, Knowli and DOH-Alachua held an orientation meeting during a scheduled "Healthy Communities" meeting. Participants in Healthy Communities represent numerous organizations and community leaders in Alachua County. On July 2, 2023, formal invitations to participate in the CPA were sent to organizations identified through the steering committee (50 invitations) and the Healthy Communities listserv (114 invitations).

Participation in this assessment consists of three phases: (1) attending an orientation meeting, (2) completing the CPA survey, and (3) attending two follow-up meetings to discuss the assessment results.

The orientation meeting for the CPA was held on September 8, 2023. This hybrid meeting included a subset of community partners who attended in-person at the Department of Health in Alachua County, and other participants who joined virtually via Microsoft Teams. In total, 35 partners participated in this meeting. Attendees of the orientation meeting were invited to participate in the Community Partner Survey, which remained open through January 3, 2024.

Results from this survey were used to inform subsequent discussions and assessments in follow-up discussions with partners. The first follow-up meeting was held in-person at DOH-Alachua on November 15, 2023. The second follow-up meeting was held on December 1, 2023, in hybrid format.

3.2.1 Qualitative Analysis

Qualitative data from CPA meetings were systematically analyzed to identify common challenges and intervention strategies to serving Alachua County residents. Data came from a group discussion defining health equity, an interactive visualization of current partner activities and how they relate to the 10 Essential Public Health Services (EPHS) (see Appendix C for a full description), a rich picture analysis of the local public health system, and a focus group discussion among local community partners (see Appendix D for a complete list of activities conducted in CPA meetings). Two members of the data team conducted separate content analyses of each meeting, generated lists of themes, subthemes, and counts of how many times they were referenced in the data. These lists were combined into a final list of four major themes and 10 subthemes. Though challenges and interventions were often discussed in tandem, themes and subthemes of challenges and interventions are discussed separately, below.

3.2.2 CPA Survey

Community partners who attended the orientation meeting were asked to complete the CPA survey. The purpose of this survey is to identify the organizations involved in the CHA process, whom they serve, what they do, and their capacities and skills to support Alachua County's CHIP. The survey was offered virtually through Qualtrics and distributed to respondents through an anonymous link. The survey instrument consists of 39 questions adapted from the MAPP 2.0 CPA Handbook, as approved by the Steering Committee and DOH-Alachua. The full CPA survey instrument is available in Appendix E.

3.2.3 Secondary Data Sources

In preparation for conducting the CPA, secondary data sources were collected and analyzed to examine previous methodologies and findings related to public health and well-being in Alachua County. These sources included independent projects such as the Children's Trust Listening Project,

the Gainesville Thriving Project, the 2020 Alachua County CHA, and recent CPA reports from other Florida counties. These reports informed the design and focus of the current CPA. For a full list of secondary data sources, see Appendix A.

3.3 Findings

Camp Ranch Road
Gainesville, Florida

3.3.1 Participation in the CPA

In total, 42 different participants engaged in at least one of the four main activities of the CPA, the orientation meeting (35 total), CPA survey (23 total), and the two follow-up meetings (24 total participants,13 per meeting). Participants listed 30 primary organization affiliations on attendance logs across these activities. Organizations' connections to health and health care include DOH-Alachua, the University of Florida (UF) College of Dentistry, UF Health Shands Hospital, and We Care Physician Referral Network. Other organizations' programming and services are geared toward social factors that influence health. Examples of these organizations include Children's Trust, Episcopal Children's Services, Feeding Florida, and Gainesville Thrives (see Table 16).

TABLE 16. PARTICIPATING ORGANIZATIONS

Name	Organization
Tom Tonkavich	Alachua County Community Support Services
Verena Vancil	Alachua County Public School Food and Nutrition Services
Patrick Dodds	Bread of the Mighty Food Bank
Mia Jones	Children's Trust
Dekova Batey	City of Gainesville - Bike Ped
Brandy Stone	City of Gainesville - Fire Rescue
Karla Rodrigues-Silva	City of Gainesville - Vision Zero
Sarah Gehrsitz	CivCom Tobacco Free Alachua
Tyler Yeadon	Community Health Services
Billie Dodd	Community Hospice
Jackie Alexander	Community Hospice
Erica Barnard	DOH-Alachua
Kourtney Oliver	DOH-Alachua
Roger Dolz	DOH-Alachua
Diane Padilla	DOH-Alachua - Minority Health
Melissa A Laliberte	DOH-Alachua/ We Care Referral Network
Amanda Stedt	Episcopal Children's Services
Domonique Presley	Episcopal Children's Services
Olivia Kelly	Episcopal Children's Services
Tamara Brown	Episcopal Children's Services
Amanda Musin	Feeding Florida
Colman Shepard	Feeding Florida
Wendy Resnick	Gainesville For All
Deidra Simon	Gainesville Opportunity Center
Gerard Duncan	Gainesville Thrives
Brendan Shortley	Helping Hands
Ana Dieng	MBHCI
Madeline S. Adkins	MBHCI
Valerie Pasquale	MBHCI
Robin Lewy	RWHP
Ronnie Lovler	SRAHEC
Sarah Catalanotto	SRAHEC
Olga Ensz	UF College of Dentistry

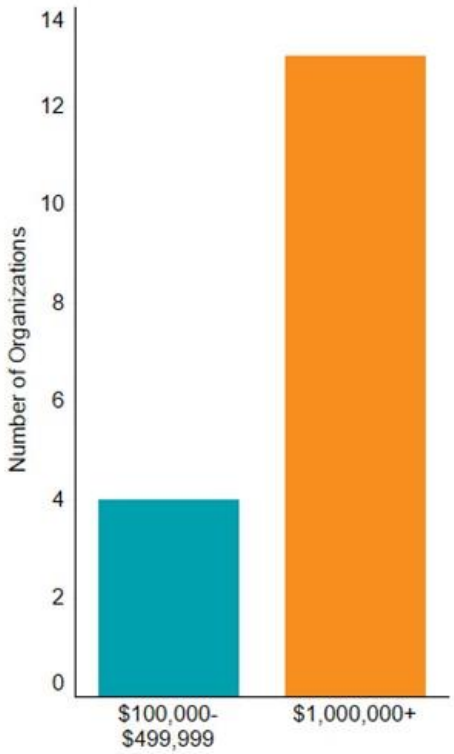
Jane Morgan-Daniel	UF Health Science Center Libraries
Catherine Striley	UF Healthstreet
Courtney E. Puentes	UF Shands
Valeria Crawford	WellFlorida

3.3.2 CPA Survey Results

Partner Organizations' Characteristics

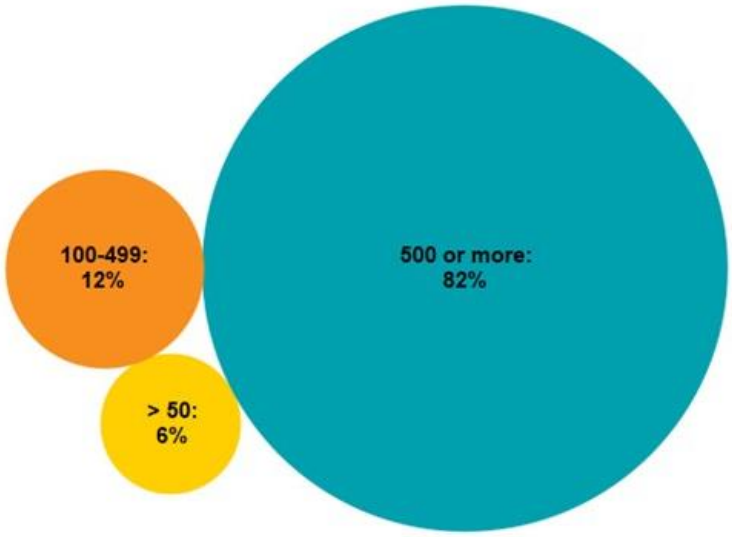
Results from the CPA survey contextualize insights from meetings with community partners about opportunities to expand the community partner network and its capacity to support Alachua residents. Responses from participating organizations are not representative of all community partners in Alachua County. But survey data do shed light on the orientations and challenges facing participating organizations. In total, 18 organizations responded to the CPA survey. Survey results suggest that organizations participating in the CPA were well-funded and served large numbers of Alachua County community members, generally. Approximately three out of every four respondents (76.0 percent) reported an annual budget of $1,000,000 or higher (see Figure 19). Additionally, most participating organizations reported serving more than 500 clients annually (82.0 percent) (see Figure 20). However, nearly half (47.0 percent) of participants said that they did not have sufficient capacity to address their populations' needs. Among these partners, many cited their limited resources, specifically staffing and funding, as barriers to addressing their communities' needs and serving their clients.

FIGURE 19. ANNUAL BUDGETS OF PARTNER ORGANIZATIONS



Source: DOH-Alachua CPA 2024 Data.

FIGURE 20. NUMBER OF CLIENTS SERVED ANNUALLY BY PARTNER ORGANIZATIONS

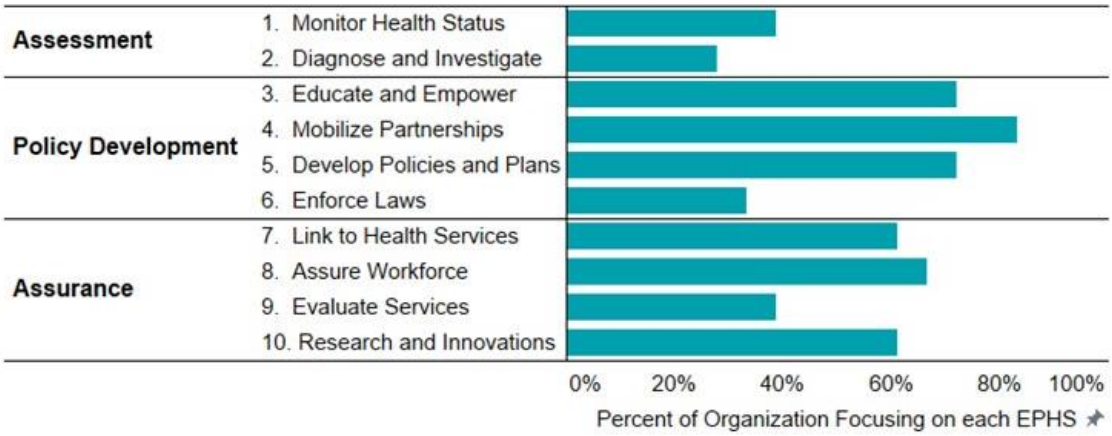


Source: DOH-Alachua CPA 2024 Data.

Essential Public Health Services

Participating organizations tended to focus on specific types of programs and services. Figure 21 shows the Essential Public Health Services (EPHS) that CPA survey respondents reported performing in their organizations (see Appendix C for more information on EPHS). Overall, participating organizations' activities were most likely to focus on mobilizing partnerships, education, policy development, workforce assurance, linking to health services, and research and innovations. These items are closely related to the challenges and interventions identified in the data. Collectively, partners reported programs and services that were broadly accessible to most populations included in the survey. And for most populations included in the survey, at least one partner offered services that were specifically designed for them.

FIGURE 21. EPHS ACTIVITIES AMONG CPA SURVEY PARTICIPANTS

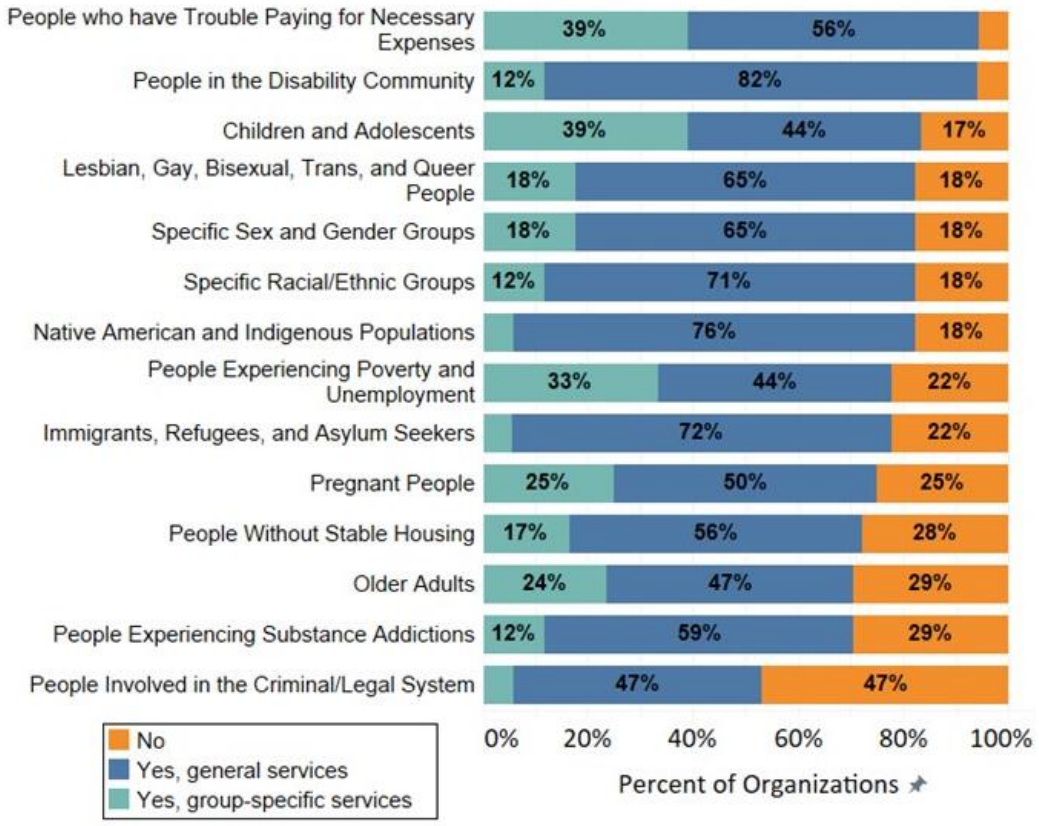


Source: DOH-Alachua CPA 2024 Data.

Populations Served

Data suggests that participating community partners offer services to a range of populations and in different capacities. Figure 22 shows the percentage of surveyed organizations who offer general and population-specific services. For each subpopulation included in the CPA survey, at least one responding organization offered population-specific services. This was often the case for people who have trouble paying for necessary expenses, such as rent and utilities (39.0 percent of organizations). There was some variation in which subpopulations had consistent access to community partners' services. For some populations, like people with disabilities, most partners' services were accessible. But nearly half of responding organizations said that their services were inaccessible to people involved in the criminal and legal system (47.0 percent). Reasons for inaccessibility were not reported and could include a focus of community partner services on specific communities and populations (e.g., children), as well as service-provision requirements that are tied to funding sources, such as work requirements and not having felony convictions. For details of services and populations served by each specific partner organization, see Appendix F.

FIGURE 22. COMMUNITY PARTNER SERVICES BY SUBPOPULATION

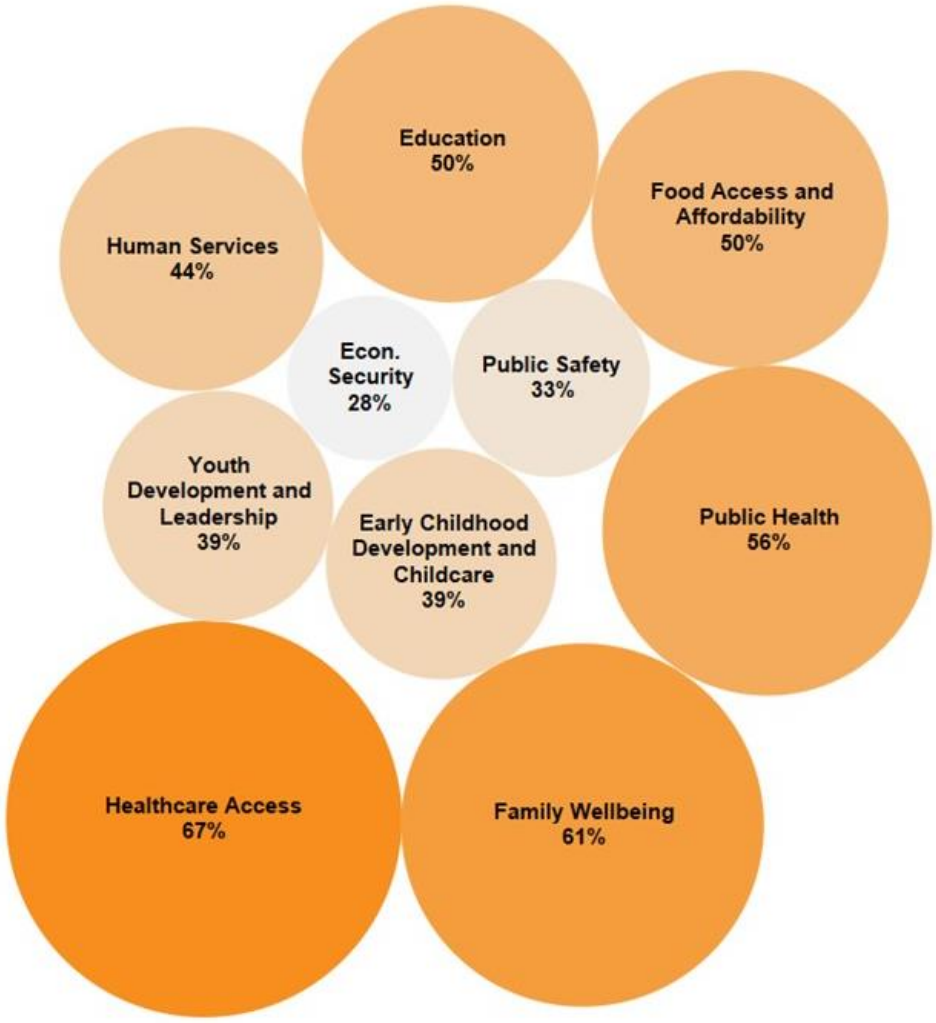


Source: DOH-Alachua CPA 2024 Data.

Priority Issues

Data provided by community partners illustrate broader issues that organizations prioritize in their programming. Healthcare access (67.0 percent) was the most-often reported type of programming, followed by family well-being (61.0 percent), public health (56.0 percent), and food access and affordability (50.0 percent) (see Figure 23).

FIGURE 23. COMMUNITY PARTNER PRIORITY ISSUES



Source: DOH-Alachua CPA 2024 Data.

Perceived Capacities

There were mixed results on community partners' perceived capacities to serve their communities. When asked whether their organization had sufficient capacity to serve their communities, 53.0 percent of organizations said yes, whereas 47.0 percent said no. Those who answered no were asked for specific reasons for insufficient capacities. These partners' responses suggested two broad contributors: 1) a need for increased and diversified staffing and 2) a need for additional funding and infrastructure.

3.3.3 CPA Qualitative Results

Community partners consistently identified several key challenges and interventions for bolstering the community partner network and serving Alachua's community members. Below, results include a discussion of three distinct challenges and four intervention strategies that community partners presented across these meetings.

Challenges

Table 17 lists each key challenge and subthemes that appeared in qualitative data. Key challenges include 1) information and service accessibility among community members and 2) fostering representation in Alachua's decision-making processes. Data also show how these challenges are overlapping, interconnected, and mutually reinforce one another. Many partner discussions related challenges to one another and showed how they collectively shape access to programs and services, and these connections are discussed more below.

Discussions around these challenges were consistently discussed alongside intervention strategies. Two general strategies were identified in community partner discussions: 1) investments and collaborations and 2) responsive program design, services, and decision-making processes. Participating community partners are already embracing and carrying out these ideas in their programs and services. Findings show that many of these interventions are reflected in their organizations' program development and services within Alachua County. Stories of successful implementation suggest that these interventions may be further expanded to address the barriers limiting the community partner network's capacity to serve Alachua County's community members.

TABLE 17. CHALLENGES AND SUBTHEMES

Challenges	Subthemes (# of References)
Improving information and service accessibility	• Information Access (9) • Physical Proximity (5) • Funding and Staffing Constraints (4)
Fostering representation in Alachua's decision-making processes	• Building Representation and Trust (7) • Cultural Competency of Programs and Services (6)

Source: DOH-Alachua CPA 2024 Data.

Challenge 1: Improving Information and Service Accessibility

One of the most consistent themes that appeared from CPA meetings was the challenge of making programming and information easily accessible to Alachua County community members. Relevant conversations showed that when community partners offer services, numerous barriers prevent community members from accessing those resources and opportunities. These challenges took on three broad domains: information access, physical proximity, and funding and staffing constraints. When asked about challenges posed to community partners, one focus group participant said the following:

> "I think every single organization struggles to connect to the community at large, we know the population that we want to work with, sometimes getting them to the table, and... to the resources can be challenging, whether that's a physical barrier, like transportation, or they're too far away. Or it's just a lack of awareness of what we're doing in the community... sometimes, you throw a great event, and you have 10 people show up when you were expecting 100. So, I think the work that we do is good. Sometimes I think that promoting it, reaching the right people, and connecting to the right people is sometimes lacking."

This participant's comment expresses that these challenges are common among Alachua County community partner network and are important issues to address when considering how to bolster its capacity to serve community members.

Information Accessibility

Many participants spoke on the challenges they encounter when performing outreach, connecting community members with resources, and navigating programs and services themselves. According to participants, a growing reliance on the internet shapes community members' access to information about community partners, programs, and services. Below is what one participant said about the replacement of physical communications with virtual mediums:

> "So, one of the things... that has happened over the last decade or so, newspapers, those kinds of things have kind of gone by the wayside... the Gainesville Sun used to have 30,000 people that they went to do every day, and that's no longer the case. And so, we see things like '988.' Does anybody hear anything about 988 anymore?… But my point is, is things like 988, or things like that we have these resources, and the newspaper used to be... [an] easy, focused way to get information out. And now we're afloat in a sea of information."

This participant describes how increasing use of the internet to inform Alachua County residents of programs and services creates ambiguity around where community members should seek out information. As other community partners said over the course of the CPA, they conduct outreach across a series of online platforms, including social media sites, organization and government websites, email newsletters, and community event forums.

Language accessibility was another way partners explained how information could be inaccessible, especially for communities in Alachua County that do not speak English as their first language. When discussing ways to foster diversity and inclusion in Alachua County, one partner discussed how language access intertwined with other health factors, such as education and access to information:

> "I've lectured 30 years, the last 10 years, unbelievable shifts in demographics, language is a key part of it. I think we can all say that, probably, there's no place to go where you don't hear someone speaking Spanish. And you know, what, we're not really serving their community necessarily… And I can just say that after being at Santa Fe's adult small classes for the last two weeks ... Yep, they're mostly Spanish speakers. But I'm telling you, I have, we are now having to figure out how to serve Creole speakers,

> Haitian Creole speakers... So, it really woke us up, and for the GINI alliance to go, we have some stuff in Creole, but we don't have it in Ukrainian... we just need to be working harder."

As this participant stated, the Spanish-speaking population continues to grow in Alachua County, as do communities that speak other languages like Haitian, Ukrainian, and indigenous languages. These populations have a tougher time accessing information about community programs because they are not guaranteed to find information and resources in their primary languages. Community partners like the Gainesville Immigrant Neighbor Inclusion (GINI) Initiative have been able to address some of the growing need for inclusive language coordination and resources. But recent growth in these populations signals an increasing need for non-English language communications, coordination, and services from community partners. There is also a necessity to promote assimilation into the US culture, including the personal responsibility of immigrants to become proficient in the English language.

Physical Proximity

Community partners experience challenges related to physical proximity while connecting community members with programming and services. Because a large share of Alachua County's resources is concentrated in West Gainesville, community partners mentioned how physical proximity shapes access to resources in East Gainesville and in the communities outside of Gainesville, such as Newberry, Archer, and High Springs. When discussing their organization's health equity plan, one community partner said the following:

> "I think applying specific resources to... areas like Waldo, it's far for them to drive all the way to Gainesville, so maybe trying to find resources for them in Waldo and like creating like, a group... we're different parts of Alachua, we can all come together to try and help each other out. Because I think it's like what you were pointing out. Like, who's there in Waldo? Who's there in High Springs? Just reaching out to those people as well. Because we have a lot of parents that come into Gainesville, they have to spend money on an Uber ride, which that's money that they don't have to spare. It's I think definitely working on transportation is super helpful for a lot of the families we're trying to reach out to."

This partner explains how the concentration of programs and services within Gainesville can restrict access among rural county residents, especially among those who have inconsistent access to personal vehicles. As many partners mentioned, public transportation is more reliable within the city limits of Gainesville than in the communities outside of it. People who live in East Gainesville or outside the city and wish to access services may need to reconcile competing needs. For example, they might need to spend income to access programs and services that they might otherwise use for necessary expenses, like utilities and housing. Similarly, partners discussed how they must decide where to allocate their limited resources to best support their populations, and how this can create disparities in access to services:

> "In my specific program, we were able to piece together a health equity plan. And a lot of you guys brought up that we are missing that rural region of the county. And I think very little of us actually expand services to those rural areas. And if we do, it's very few that actually receive those services. So that's definitely a piece that we need to address. And we are also trying to with our Health Equity Plan, attempt to expand transportation, which is very, very difficult. Because our only system that we have is the regional transport system which only really addresses the Gainesville area. So that's really a piece that needs to be addressed."

This quote highlights how challenges of physical proximity affect access to programs in two ways. First, these challenges discourage community partner outreach in more sparsely populated county areas. Given their limited resources (staffing, time, and funds), community partners can conduct limited outreach efforts outside of Gainesville. These efforts reach a relatively small group of the rural population. Second, physical proximity presents additional barriers to community members who need to obtain community partners' resources. People who live outside Gainesville without consistent access to a personal vehicle are challenged to travel to where many community partners and resources are located.

Participants also implied that recent population growth in rural areas means that physical proximity of resources increasingly shapes community members' access to programming and services. For example, when discussing things that stood out to the group during a group activity based on upstream, midstream, and downstream health-related factors, one person said:

> "I think one of the activities that the On-the-River missed was all the fact that we have Gainesville, which is the big dog in Alachua County, but we have all these other small communities like Newberry, Archer, Alachua [City] that always get missed in this whole discussion... And as the population in Florida grows, those are getting to be pretty sizable groups of people. I mean, go out to Alachua and High Springs ... so, I think that, as I looked at that [On-the-River results] I was thinking that, it's changing. Florida is changing. I mean, if you go anywhere in Florida, you have building and people are moving in, there's tons of people. So, I think it's changing the flavor of the community and how people live in this, especially in these outlying areas."

According to this participant, the physical proximity of programs and services will present additional challenges for those outside of the Gainesville area. Although these communities are growing, community partners also made clear that these populations will remain too small and spread out to support organizations moving into those areas for the foreseeable future. Given their need to prioritize organizational resources and support as many people as possible, outreach efforts remain limited among many community partners located in Gainesville.

Funding and Staffing Constraints

In CPA meetings, community partners discussed how their abilities to serve Alachua community members were limited by the resources at their disposal. Limited funding, staffing, and time came up consistently in these meetings. For example, one partner followed up discussions around outreach to rural and hard-to-reach communities with the following:

> "I think what's important is that we all then make a commitment to how long are they how hard it is to then gather people's interest to come to that service. I've been out to Waldo, and we've talked to some of them there. You have one event, nobody comes, you have two events, one person comes, you have to be committed to actually serve people, because we don't do anything to build trust. And if we're not going to build the trust and get information out in a way that people want to hear it like you were saying earlier then that service is not going to have any value in that community anyways. So, I think we really need to, as a vision of our future, talk about how long that takes..., but we have so little resources. But that's how we how we can be successful."

This community partner highlights the importance of building trust in the results of organizations' outreach efforts, and how consistent outreach efforts are needed to produce buy-in from these communities (more on this challenge below). However, they also acknowledge that despite organizations' desire to conduct consistent outreach, it is challenging to dedicate more of their already limited resources to this goal.

Funding and staffing limitations also affect the community partner network's ability to disseminate consistent and updated information about their programs and services. In the focus group, one participant highlighted the key challenge to maintaining consistently updated information on Findhelp.org, a program and service repository that community members can use to learn about specific resources in their area:

> "But the resource that we were talking about the FindHelp.org, that you kind of start for it has started using that, you know, to keep it updated, it takes manpower that they're not paying for. So, all of us in the community could step up and, and do that, but it's dollars... I've talked to two or three people here today saying, 'Do you have any students that can help out?' You know, I have no resources to do it. So, these are things take money and time."

As the partner illustrates above using FindHelp.org, each goal set out by the community partner network requires individual organizations to dedicate time, staff, and resources. But amidst the constant struggle to fulfill their populations' needs with limited time and funding, it can be difficult to allocate enough resources to do so.

Challenge 2: Fostering Representation in Alachua's Decision-Making Processes

Another key challenge that emerged from community partner testimonials was to better represent community members whose needs are often not reflected in decision-making processes, programming, and services. Partners expressed a strong desire to represent the wide spectrum of community partners, leaders, and stakeholders in decision-making processes, and bringing a representative group of community partners to the table. They also spent time illustrating the consequences of not bringing these community partners and stakeholders for existing programming, services, and Alachua's community members. These discussions with community partners fell into 2 subthemes: building trust and cultural competency.

Building Representation and Trust

When discussing the ways in which representation shapes health and health care through upstream, midstream, and downstream factors in Alachua County, two partners said the following.

> "When I think of policy change, there's a phrase that comes to my mind, which is, 'nothing about us without us.' So, I think that the community partners that represent those people that the policy they're going to affect need to be at the table..."

> "If we're talking about policy change, if we're talking about that broad spectrum change, then I want to work with partners that have direct engagement with people that are affected."

These comments highlight a consensus among participants, bringing communities into the decision-making processes that will directly affect them translates to effective programming and policy. These partners also expressed that consistently including affected communities into decision-making processes can be challenging.

Although they collectively represented many populations, causes, and interests, partners explained how it is difficult to convene community partners and stakeholders who represent the wide spectrum of organizations and people, given that many of the structural and information barriers can restrict access to decision-making processes. One partner stated the following, when discussing a mobilization effort to petition the county school board to increase its investment in LanguageLine, a translation service that is intended to grant language access to people in Alachua County:

> "And the reason that was important is that people that are disenfranchised, aren't going to show up in your town halls... That's why we need outreach workers... And that's part of it, because impacted communities have the obstacles, the emotional, internal obstacles, as well as external: time, money, transportation. All of those things, information, knowing how to find it, and then you get to these events. And there's such a formality that you don't [know]. Do I sign up now?... I never know is public comment before the topic, after [the] topic, you know, do I sign up now? I mean, it's very confusing. And so that makes it harder."

This comment highlights how many of the same barriers related to information and service accessibility (challenge 1) also inform the abilities of community partners and stakeholders to mobilize and participate in decision-making processes.

Partners also talked about internal struggles that partners and communities might face when they are excluded or unheard in conversations and decisions that affect them. Below is what a different partner said about building trust with partners and communities who have not often been represented in decision-making processes, or do not see their issues prioritized after participating in decision-making processes:

> "I think that's one of the things that often is broken, a lot of trust in those types of relationships. You're invited to the table, and then you never hear anything, or the ideas that you brought to the table are at the bottom of the priority list. So, you know, evaluating those opinions is as valuable as everyone else's, if not more, because we're the people that are living that experience. And making sure to keep those relationships and follow up and engage in conversation and, close the loop I guess, is the way I put it with folks is really important."

This community partner highlights how lack of trust can hinder the community partner network from better representing the needs of the wide spectrum of Alachua's communities. Partners and community stakeholders may be wary to invest further time, energy, and resources into participating in processes if they have tried previously, but seen their concerns or recommendations go unheard.

Cultural Competency of Programs and Services

Conversations with community partners illustrated how challenges hindering representation and trust among community partners can also create gaps in the cultural competency of programs, services, and policies. One partner explained how the challenges discussed above can shape relationships between those communities affected and the community partners they interact with.

> "So, what does this mean for the community? What this means for community, and I'm going to put it on the table, is it's the same-old, same-old. I'm poor, I'm black, I'm immigrant. I have to work three jobs. Nobody cares about me. And I think that just helps

> to perpetuate this very sad cycle of an unwillingness by programming to reach people where they're at in unhappiness sometimes, right. But also, then we're not building those responsibilities and empowerment... that's what we hear from the community. And not just in working with immigrants... I know people that live in East Gainesville, and they go over to Haile Plantation for medical care. And why? Because they say, 'I'm treated like a White person there. And when I go to a one that's closer by [my home], I'm treated poorly.' I'm like, this is mortifying to hear this, from many, many different community members that don't know each other... those are things I think we need to put on the table. And that's what happens in our rural communities as well as that they've [been] historically, obviously, not been included because of economic, because of isolation, because of whatever. That's where the hard work is."

This partner mentions how they observe disconnects between community partner organizations and the populations they serve. The community members' experiences that this partner recounts specifically describes how such disconnects can manifest in medical care settings. It should be noted that this statement reflects the views of those who stated it and should not be attributed to any others. Partners discussed other examples in which limited cultural competencies might hinder success of programs and services. The comments below describe how cultural competency can affect children's access to nutritious foods in school, and how some parents experience conflict and discrimination from health care providers due to cultural differences in breastfeeding:

> "Sometimes we think children aren't choosing veggies because they don't eat healthy... but it might be prepared differently at home, so children want to eat veggies/healthy food in the ways prepared at home, but not at school. Think for example, sweet potatoes/yams, etc., not always served in schools."

> "How I'm taught to breastfeed might be culturally different, but that doesn't mean it is wrong, 'dismissible,' or unhealthy! We need to be listened to as the person in the room."

These partner comments illustrate how cultural competency of programs and services can regularly affect community members' access to services and support. Community partners consistently discussed how the cultural competency of programs and services can be traced back to the communities that were represented in the relevant decision-making processes.

Community partners placed importance in representing all communities implicated in decision-making processes. Their discussions also included detailed accounts of challenges hindering community partners who aim to bring affected communities into decision-making processes, and what consequences they observe in their professional interactions with the people they serve. For a list of the key topic areas, services, and populations served for each participating partner, please see Appendix F.

Intervention Strategies

Conversations with community partners about the challenges they encounter consistently included interventions that they have carried out or witnessed in the county. These interventions were not only attributed to any one challenge. Partner discussions suggest that the strategies presented below can address many barriers that partners and community members encounter.

TABLE 18. INTERVENTION STRATEGIES AND SUBTHEMES

Intervention Strategies	Subthemes (# of References)
Investments and Collaborations	• Investing in and maintaining a unified information repository (3) • Increased collaboration in programming and multisectoral grant efforts (4)
Responsive Program Design, Services, and Decision-Making Processes	• Information and Service Facilitation (7) • Reshaping Programs and Services (4) • Building Trust through Inductive Program and Service Design (5)

Source: DOH-Alachua CPA 2024 Data.

Intervention Strategy 1: Investments and Collaborations

Investing in and Maintaining a Unified Information Repository

Publishing consistent, updated information about programs and services in Alachua County frequently appeared in CPA meetings as a challenge to supporting county residents. Partners considered how the internet represents an increasing decentralization of information that hinders partners' communication with their populations about their services.

The primary intervention strategy that partners discussed for this challenge was increased investment and maintenance of a unified information source. Participants specifically referred to an existing service, FindHelp.org, that was an explicit piece of the 2020 Community Health Improvement Plan:

> "I think one of the things that we could do is we've spent a lot of resources coming up with this community resource guide. And now UF Health has decided to use this resource called FindHelp.org in all of its hospitals. And so, when I look at that, and they also provide it free to their patients to use. When I look at that data that's in there, a lot of it's not current, not updated. So, if you're looking for a food bank, or you're looking for whatever. So us as a community, what we can do is try and keep that information updated. So that people can make those connections, help them [to] get the services that they might need, whether that's health... food... [or] whatever it is."

Above, a partner mentions UF Health's recent adoption of FindHelp.org, who now presents this resource to patients as a free electronic resource. Community partners considered this an important milestone for its implementation. Partners also mentioned challenges that currently hinder the effectiveness of this resource, the limited funding and resources partners have to ensure it is consistently updated. Ensuring updated resource inventories is a common challenge faced by all who publish them. Some partners discussed ways to ensure that information on FindHelp.org is consistently updated for users, and the many benefits FindHelp.org could offer to (1) community members looking for services, and (2) community partners who often help connect their populations to services:

> "…Like [a] summary of what exactly our services offer. For example, if any of you have families that come in, and like, I need childcare desperately, and I can't afford, like, the crazy prices of actual daycares, you know. You can give them our contact, we can help them apply, and kind of stuff like that, and keeping an updated list of all the resources that are available and who to contact for those resource resources, I think will be very helpful."

According to this partner, it is common for their organization to learn of needs from parents who require the partner to have knowledge of other organizations, programs, and services that can help support those parents. As described above, the situation is often dire and offers little time

to act before it affects the family's well-being. Struggles to find information on community partners also hinders community partners searching for information, just as it affects their populations. Another participant who works within the same organization added more detail to this conversation:

> "... believe it or not, our families come in, and they're like, 'look, my kid hasn't eaten last night [or] this morning... our lights are off, we don't have anywhere to sleep, we have to find help.' So, we spend countless hours trying to figure out who does housing, who does light bill, who does food banks, who has clothes. But if there's a board, or if there's a place where all of this information is already [stored], that will be pretty helpful."

According to this community partner, a consistent source to reference information on programs and services could significantly cut down on the time between when parents present needs and when partners could connect them to a relevant resource or program. These discussions suggest that addressing the funding and staffing limitations could improve community partners' abilities to support their populations through FindHelp.org.

Increased collaboration in programming and multisectoral grant efforts.

Partners also discussed how current collaboration efforts can be expanded to improve community partners' reach into Alachua County's communities. Collaboration generally focused on shared information about programming, partnerships on referrals and connections with other organizations, and collaborative events for community partners to serve shared populations. For example, one partner mentioned the importance they place on bringing community partners together to exchange program updates, information on upcoming events, and exchange ideas about new challenges and recent successes:

> "We try to pull those folks together in the same room... So, we get things at the safety net collaborative, and healthy communities where we at least really trying to get those folks in the same room to share what they have gone on with their organizations. I think just being aware of, who is your point of contact with the organization, and what are they up to, is just a huge way to promote collaboration, but also recognizing that a lot of the services that are represented in those meetings are working with folks who lack access to a lot of other resources, and they're trying to help get folks towards improved health outcomes that are traditionally underserved."

This participant highlights successful initiatives that have gained traction among partner organizations in recent years, namely Health Communities and the Safety Net Collaborative. According to this community partner, these meetings and exchanges represent important sources of collaboration, which can facilitate shared knowledge and resources. Throughout the CPA, many partners spoke of their partnerships and collaborations with other community partners:

> "So, I think maybe the mobile clinic is a good example of this. You know, they're working with the library... and they go out in the community with their van. And... they're inviting people in, right. So, I think that's one of the things that the community works well with."

Discussed further below, mobile service programs in Alachua County are known to collaborate with organizations around the county. Public libraries are also known to be a gathering place for community members to access resources such as computers and Wi-Fi. As other partners discussed during the CPA, these community members tend to have additional needs that partners like the Mobile Outreach Clinic can address. Community partner discussions illustrated how this and similar partnerships bolster the effectiveness of programs and services, by providing opportunities for community members to access multiple resources in one place. Another partner discussed how to leverage current and future collaborations to foster additional funding opportunities:

> "Not going to say that there's a lot of funding sources out there, but there are funding sources out there that support public health work in various ways... private foundation, federal, etc. And I think there's a huge benefit in us, as a community, finding ways to collaborate on funding opportunities like that, as opposed to having it all be associated with an organization... kind of building capacity, those partnerships building capacity with other organizations, to partner and do really innovative things with grant funding... from my experience with like grants in general, a lot of organizations look on that favorably, when you are bringing more partners in and you're doing multi-sector collaboration, you have public [and] private entities...one thing that we can all explore as a community, is how do we partner more on funding opportunities when there is a lack of funding? We're all struggling with capacities. How can we work together to get more of those resources out to each other and uplift the people that we're working with every day?"

Here, a partner discusses the potential for Alachua County community partners to obtain more funds through collaborative initiatives and grant applications. Based on their experience, organizations who regularly give out funds see value in joint applications between partnered organizations, due to the innovative approaches that combined programming and services can often bring to community members. To this partner, leveraging these partnerships to seek out additional funding was a clear pathway to addressing current challenges in community partners funding and staffing capacities. Additional resources gained through collaborative efforts could also support other intervention strategies hindered by resource constraints, such as maintaining community partner information in FindHelp.org.

Intervention Strategy 2: Responsive Program Design, Services, and Decision-Making Processes

Community partners discussed various approaches to designing their programs and services around subpopulations' needs and priorities to address emergent barriers, which included examples of successful implementation. One part of this discussion centered around the outreach programs and initiatives that help populations navigate barriers to accessing resources, such as language access. The second part focused on how some initiatives have reshaped programming to be more inclusive by removing significant barriers to access. The third component of this conversation explained how some partners are leveraging outreach and community feedback to design programs and services around their populations needs and priorities. In doing so, these partners are reframing program and service design as an inductive process. The types of barriers, challenges, and interventions discussed here are not exhaustive of the challenges that communities encounter. But, these discussions do show how community partners have revised programs and services to bolster their effectiveness and better serve their communities.

Information and Resource Facilitation

Participants discussed how despite the utility of a centralized, online information repository, many community members do not use the internet to learn about programs and services (discussed in more depth; challenges). As one partner states below, word-of-mouth is a frequently employed means of knowledge-sharing within many of Alachua County's communities:

> "I think... a lot of the families that I work with, they go by word-of-mouth, with people who live in the community. And a lot of our, at least at my center, the recent people we've had come in are a lot of Latinas and Latinos, because they speak to people who are in our center."

This discussion focused on several distinct populations in Alachua County that partners know to more often rely on word-of-mouth to learn about community resources. One population of note was the Latino population, who might have fewer ties within the county and also have a harder time navigating online spaces that do not consistently feature content in Spanish. In this partner's day-to-day communications with families, it is common for new clients to learn about their services from speaking with neighbors, family, and kin.

Other partners highlighted organizations and programs focused on resource coordination and community outreach. These partner comments illustrate how programs can bridge the information gap left by increasing reliance on virtual spaces:

> "We have some organizations in the community that help facilitate getting people connected to the resources. Specifically, individuals... who may not have regular access... language access and making sure that people can read the materials that are given to them by a health provider or social service provider. Or we have the Center for Independent Living, who helps get accommodations for individuals who have a visual disability or have an intellectual disability... So, we have health and social resources, but we also kind of have to be facilitated, facilitated resources that make sure that people have access to those health and social services, the connectors. And I think that's recognizing that we do have individuals that come from a variety of backgrounds in our community, and we want everything to be as accessible as possible, we do need some additional resources to make sure those things are accessible for everyone."

The partner above defines these examples of outreach and coordination as "facilitated resources," due to the role these organizations serve for their populations. Partners mentioned several initiatives focused on educating community members, connecting them with programs and services, and mobilizing communities for policy initiatives that directly affect them. By connecting people with existing programs and services, these partners felt that outreach

programs can help address the challenges that prevent populations from accessing vital resources, such as language access, visual, cognitive, and physical abilities, and travel.

Above and beyond education and information, partners also discussed ways to reduce burdens related to physical proximity and travel for community members in East Gainesville and outside Gainesville city limits. One partner said the following:

> "Incentivize them to come. To your point with challenges with food and childcare and transportation, people giving an hour of their time taking away from their home life or spending $20 on an Uber to get somewhere. But being able to give them a meal and a $20 gift for their time there is a game changer. Obviously, that takes a lot of resources to be able to do things like that. But incentivizing or providing reduces barriers, whether it be having a room for childcare so that they can participate in the conversation, having a shuttle to get people to and from a neighborhood into a community event, those little things, it's just does a lot. It does a lot to herd people."

This comment presents two distinct levels of intervention. Some strategies, such as gift cards and meal provisions, act similarly as the facilitated resources discussed above. This approach can help reimburse or offset the costs community members might incur when travelling and taking time to access resources or attend an event. The other strategies mentioned – consistent access to shuttles and childcare – aim to remove barriers that might otherwise prevent people from engaging with services. Below are examples of how partners discussed reshaping programs and services to address barriers restricting community members' access to resources.

Reshaping Programs and Services

Over the CPA, community partners discussed how some challenges to supporting community members can be resolved by instituting new requirements and revising programs. For example, one partner presented examples of recent policy changes around language access requirements and accountability that promote more equitable access among people in the county whose primary languages are not English:

> "Some basic things we can do, which is really committing to the disbursement of information and opportunities in languages other than English and requiring that. And

> we're, as an organization have GINI [Gainesville Immigrant Neighbor Inclusion Initiative]. So that's not my group that I work with. But the Alliance, Children's Trust now will be required to offer families that are seeking services through the programs they offer language access... we're moving to get that as part of the RFP [request for proposal] that you have to agree to do. Right, they'd have to talk to making sure that the school system... [makes] a commitment that they are using Language Access, the language line that they've had for eight months, but haven't used, [and] requiring the principals to oversee it."

As described above, programs and initiatives are not always implemented without the presence of requirements and accountability. This partner implies that because of slow implementation of LanguageLine, people who do not speak English as their primary language encountered more difficulty participating in community spaces, such as their child's school programming and events. These populations may have benefited from outreach and health worker programs discussed previously to gain access, but as this partner's comment states, enforcing requirements can reduce the overall presence of language barriers in these spaces, programs, and services.

Community partners also considered recent investments in mobile service delivery an important step to mitigating the challenges physical proximity pose to Alachua County residents:

> "I can't say that this is true outside of the city limits, but I think we have a unique plethora of resources that are completely mobile. I think of like the MOC [Mobile Outreach Clinic] and the EAC [Equal Access Clinic], Grace Outreach, our team, like we have a lot of mobile resources that are physically taking their operations out for outreach purposes, and kind of serving people, people literally where they need them. But I don't know that we have that. I don't think we have that outside of the city limits. I think MOC probably, I think they go into the county now, I think they go into Waldo now... So, they're starting to be some of that outside of the city limits. But I think we do have some great resources that are physically completely mobile and doing that outreach, like boots on the ground, outside of a brick and mortar, which I think is really valuable and meeting people where they are."

This comment distinguishes between traditional means of service delivery, “brick-and-mortar,” and specific examples of programs that are mobile. Rather than community members needing to travel outside their communities to access programs and services, partners imply that these initiatives eliminate that barrier by traveling to those communities on a regular basis. This partner also noted that these programs have largely operated within the city limits of Gainesville and are working to expand their services to more rural areas of Alachua County. As community partners discussed throughout the CPA, these areas are where services are least accessible, given the challenges they and community members encounter related to physical proximity.

Building Trust through Responsive and Inductive Program Design

As community partners discussed challenges that shaped how populations and issues are prioritized in policy and program decisions, they also discussed opportunities to empower communities and further integrate their needs into decision-making processes. These strategies ranged from obtaining and responding to community feedback, to fully inductive programs that are designed by and around community members’ needs.

Examples of responsive program design included connecting with community members within their communities or spaces where they feel more comfortable. For example, one partner discussed their work with the Green Dot program, dedicated to educating community members around identifying and intervening in domestic violence. Workers often held conversations with community members in public spaces where they would feel comfortable discussing difficult topics, such as barbershops. Stigmas related to young men’s masculinity can often hinder these dialogues, and the Green Dot program chose spaces where young men might feel more open to engage in conversations around domestic violence. By broaching these conversations in a safer space for these young men, this partner illustrates how the Green Dot program was able to empower community members through responsive program design.

Community partners explained how this type of strategy is important for mobilizing communities around issues that directly affect their well-being. One partner stated how like the Green Dot program, they were intentional about how they mobilized community members when petitioning the school board to adopt greater accountability measures for LanguageLine. Advocating for greater implementation of LanguageLine helped improve accessibility for students and parents who do not speak English as their primary language:

> "… But the petition seemed to work out. It was carried out by community health workers, it was carried out by members of the Gini Alliance, that talk to those who they know. So part of it in terms of making differences. Not every community health worker has to knock on doors, the people they don't know, they can start with the world, if they come from the community members, then they've talked to the community they know through church, through the neighborhood, through their kids' school, whatever. And I think that's how we can, you know, look at some successes of where we can get, maybe a few more numbers."

This partner highlights how they relied on community health workers' connections with the community to foster trust and engagement from other community members. Rather than attempting to connect with each community member, the partner recounts how they relied on those newly informed community members to pass information onto family and kin through word-of-mouth, which ultimately resulted in a successful petition. This comment illustrates how the organization's approach to mobilizing community members was responsive to what they know about their populations, specifically about their reliance on word-of-mouth communication with trusted community members.

Community partners also presented examples of obtaining community input to allocate their organizational resources and services. One participant discussed how community health workers bring back insights about the needs of communities they serve:

> "But I think also, first, knowing what people want to talk about... I think that's something that I have to tell you just like, [it] has been so pleasurable in the last three years that we've had community health workers. It's not what they bring out. It's what they bring back. And really knowing that they have this ability, I go, 'Oh, okay, I've heard now five of you guys say this. Who is this impacting?' And they go, 'Okay,' and then I can go, and she gets together five people, and we sit down and talk about what it is. And, and I think that that's a way of shifting it..."

This partner states that the information these community health workers brought back to the organization directly informed their allocations of resources and services. This practice illustrates responsive program design by obtaining community inputs around current challenges and needs the organization can fulfill.

Other partners discussed how their programs and services are more fully designed by their populations. These community partners design their programs and services as either customizable to the client, or fully designed by community input. For example, some partners whose services are geared toward children and families discussed how they customize their programming to the family. They regularly meet with parents to discuss emergent challenges and the resources that could support them and their families' well-being, such as mental health services for parents or customized school attendance plans for their children. Another partner discussed one program that develops services based on input they obtain from their patients:

> "To build off of what was shared from specialty services. We do something very similar with our patients in the CRP program. It's not a, 'these are things we think that we can help you with which ones you want to do is, where do you think we can start?' It's completely patient driven. So, letting them be the guide for the services and the resources... like we talked about earlier and helping build their capacity to move forward with their health outcomes, I think that's an example."

Here, the partner states that not only does CRP (Community Resource Paramedicine) provide specific resources queried from patients, but these resources were often made available by asking patients of the things that would best support them. CRP has self-reported that this inductive approach led the program to substantially reduce their estimated proportion of encounters that result in hospitalizations.

3.4 Summary

Paynes Prairie State Park
Gainesville, Florida

The goal of this CPA is to assess the collective capacity of Alachua County's community partner network, identify major challenges, and consider opportunities to address barriers community partners face. Following the MAPP 2.0 framework, four major opportunities were offered for community partners to provide input: an orientation meeting, a community partner survey, and two follow-up discussions. These meetings and the CPA survey allowed us to gain valuable insights into community partners' individual capacities, barriers limiting their collective capacity to serve community members, and potential strategies that can help address those challenges. Two broad types of challenges were identified: (1) information and service accessibility and (2) fostering representation in Alachua's decision-making processes. Partners illustrated how many barriers they and their populations encounter are interconnected and mutually reinforcing. Discussions around these challenges were also consistently intertwined with potential interventions. Results from the CPA revealed two types of intervention strategies: (1) investments and collaborations and (2) building trust through responsive program design.

First, community partners highlighted a persistent disparity in the programs and services available in Alachua County and communities' abilities to learn of and access those resources. Data from conversations with community partners illustrates how partners are challenged to connect with their populations while there is a growing reliance on the internet. This has led to a decentralized collection of spaces that community partners try to maintain updated information of their programming and services. While a decentralized information environment can

overcome the inherent control that a centralized one provides, it does create challenges to reaching community members in Alachua County. For community partners, this leads to additional time and staff burdens. According to these partners, maintaining consistent and easily accessible information on Alachua's many community partners is a major challenge hindering the community's access to resources.

Community partners also discussed how the physical distance separating many community members from programs and services creates gaps in the availability of social services, particularly for rural populations and in communities in East Gainesville. Conversations revealed that transportation is a consistent barrier preventing community members from travelling into Gainesville, where many programs and services are located. And despite community partners' outreach efforts and support these populations, they acknowledged how their limited resources require them to contend with competing priorities. These partners often decide between conducting outreach to more sparely populated areas and allocating resources to support more community members in more densely populated areas.

Data further showed community partners' awareness of barriers to representation in community partner meetings and decision-making processes. In these discussions, participants suggested this can foster gaps in communities' trust and representation in policies, programs, and services. Community partners indicated their desire to represent all of Alachua County in decision-making processes and program design. However, they noted how many challenges hindering information and service accessibility also make it difficult to fully represent the county. Participating partners also highlighted how a long history of unheard concerns and recommendations might create additional hesitancy to engage with the community partner network. Partners noted how these challenges can shape the cultural competency of some programs and services, thereby creating disparities in access to resources between some populations.

Alongside these challenges, many community partners shared their insights about potential intervention strategies that can address them. Some of these strategies can be categorized as investments and collaborations. The community partner network continues to build on a unified repository of available programs and services in the county, FindHelp.org, which has recently been adopted by UF Health. Partners discussed how an online platform with fully updated

information on community partners can significantly address many challenges associated with accessing information on community partners. Conversations included important paths forward to improve the effectiveness of this repository, specifically additional resources to better support community partners in updating their program information. Increased collaborations and leveraging partnerships to pursue multisectoral grant funding were proposed to address resource limitations, including funds, staffing, and time.

Community partners also discussed strategies to build trust through increased representation in decision-making processes, programming, and services. Examples include facilitating connections between community members and information and services, reshaping programs to circumvent emergent barriers and populations' needs, and building trust through responsive programming and resource allocation. The interventions presented are interconnected like the challenges they are meant to address. Significant increases in program funding may create the means to better support repositories like FindHelp.org, the community health workers and outreach programs, and incentives to help community members overcome barriers to engaging in programs and services. Likewise, greater access to information through FindHelp.org could improve the coordination services that many community partners perform in their day-to-day work. Each of these approaches to addressing Alachua County's challenges have shown evidence of success in the county's current programming and services. Community partners felt that further investment in these strategies are valuable pathways to improving the community partner network's capacity.

It is possible that the participants' backgrounds and orientations have uniquely shaped these findings. Partners who were able to participate are also heavily engaged in the community partner network. These organizations might also be less affected by the barriers that hinder community partner engagement. As several partners noted, these findings potentially exclude the voices and issues facing those community partners who encounter barriers to participation and hesitancy due to trust. Additionally, the types of programs and services represented among participating partners might affect these findings. Challenges and interventions identified in the data closely align with organizations' specific EPHS (mobilizing partnerships, education, policy development, workforce assurance, linking to health services, and research and innovations). It is possible that participating partners most commonly encounter the observed challenges

because they are deeply embedded in these specific EPHS activities, compared to assessment, law enforcement, and service evaluation.

Nonetheless, the key barriers community partners identified in this assessment have also come up in previous research and assessments. Many of these challenges facing community partners and residents were also documented in the 2020 CHA, including public transportation, resource divides across East and West Gainesville, and unique barriers shaping access to services for Latino and rural community members. Many of these persistent barriers have also been documented in projects such as the Children's Trust Listening Project and the Gainesville Thriving Project, such as information and technology accessibility.

2024

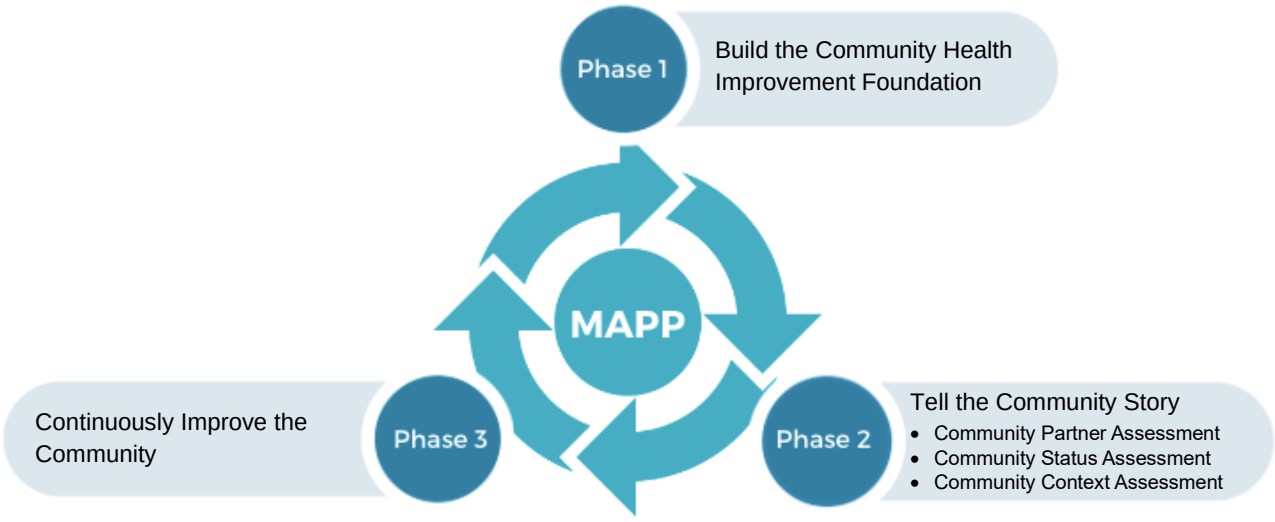
4 Community Context Assessment

Alachua County

Executive Summary: CCA

The Community Context Assessment (CCA) is a qualitative tool that gathers information on the county's health status directly from the community members. This assessment was designed to better understand strengths and gaps within social systems that influence community health and to gather community perspectives on how to improve the health and health care of Alachua County residents. The CCA is one of three assessments used in the CHA report that will inform the CHIP. The Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 process (see Figure 24) is the guiding framework for all assessments, including the CCA. The MAPP 2.0 framework is used to find important community health issues, promote alignment of resources throughout community sectors, and improve public health.

FIGURE 24. PHASES OF THE MAPP 2.0 PROCESS



The CCA focuses on and examines the strengths, assets, lived experiences, and forces of change in Alachua County, Florida. The goals of the CCA as defined by the MAPP 2.0 framework are to (1) understand and connect community health to the strengths and resources of the community, (2) describe current and historical forces of change influencing its members, (3) explain how members engage with the built environment, and (4) assess how the community is addressing health-related concerns.

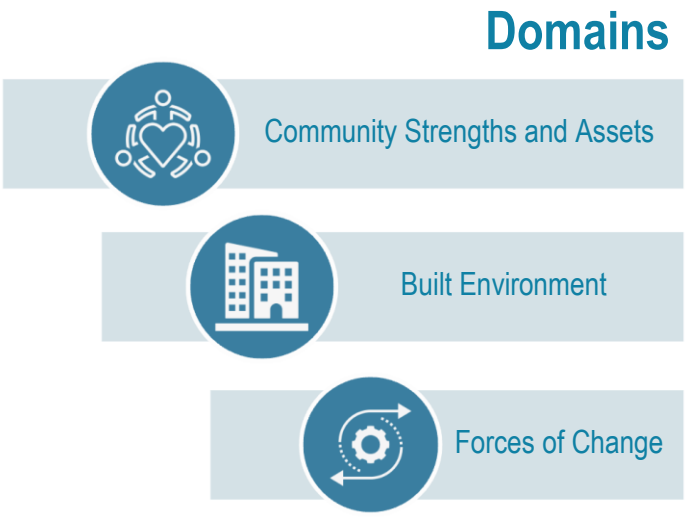
Results from the CCA illustrate that the Alachua County community has an abundance of strengths and assets that aid with improving health outcomes for its members, including the resources associated with the local higher education institutions, and the county's overall keen sense of community identity and engagement. However, these resources are not equally accessible to all members of the community. Findings from the CCA indicate that Alachua County's built environment provides opportunities and challenges. On one hand, community members highlighted various advantages such as numerous greenspaces that improve community health. On the other hand, community members reported barriers to access such as increased community restructuring and not enough affordable housing to meet the community's needs. Finally, results from the CCA demonstrate that macro-level forces of change in Alachua County shape public health. This includes state agency communication and influence, centralization of health and social resources in university systems, and persistent health disparities across demographic groups and geographic areas. Findings from the CCA data collection reflect that the Florida Department of Health in Alachua County (DOH-Alachua) is addressing emerging public health and community wellness concerns with innovative approaches.

The following report summarizes the CCA process and findings, following the MAPP 2.0 CCA framework. Section 2 presents background information about the goals of the MAPP 2.0 CCA. Section 3 elaborates on how the data were collected and analyzed. Section 4 presents the socio-historical context of Alachua County, describes the CCA participants, reviews the themes throughout data results, and discusses all CCA findings.

4.1 Goals and Intentions of the CCA

The MAPP 2.0 process frames the CCA as an assessment tool that collects key qualitative data from community partners and providers via focus groups. The CCA is designed to complement the other quantitative assessments of the MAPP 2.0 process, connecting focus group findings with cross-cutting themes covering community assets, limitations, and avenues toward improving health outcomes of Alachua County residents.

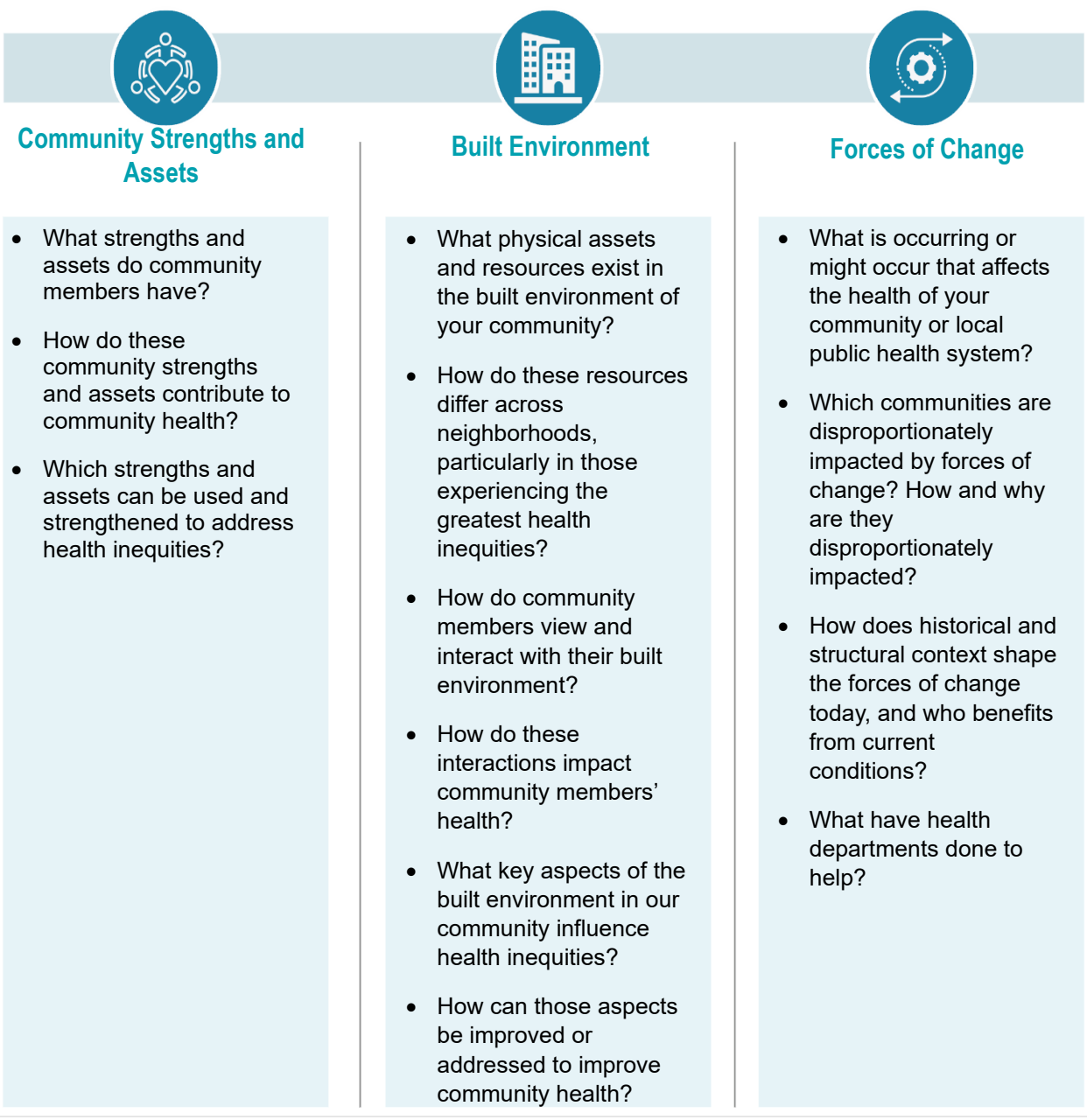
The CCA has three primary domains, each with guiding questions as part of the MAPP 2.0 framework: (1) Community Strengths and Assets, (2) Built Environment, and (3) Forces of Change. Through these domains, the CCA leverages the insights and lived experiences of community members and discusses potential solutions to health-related problems faced in the community.



- ***Community strengths and assets*** are community resources and elements that may influence community health, such as education, job experience, community organizing, fellowship, and the arts.
- ***Built environment*** includes the human-made surroundings that may influence community health, such as housing, schools, businesses, sidewalks, bike lanes, public transportation, public art, hospitals, and grocery stores.
- ***Forces of change*** are factors that may influence the community and its health system in either the past, present, or future. These forces may be trends that play out over time (e.g., a declining unemployment rate), features of the community (e.g., having a large rural environment), or one-time occurrences that change the community (e.g., a hurricane). Similarly, these forces may come in the form of economic, political, social, environmental, legal, or many other types of change.

Following the MAPP 2.0 process, focus groups were structured around CCA guiding questions that explore each of these three domains (see Figure 25). Data collected through these focus groups will help to formulate issue statements to profile community needs, understand potential root causes of health challenges in the community, and ultimately inform the selection of CHIP priorities and continued public health work in Alachua County.

FIGURE 25. DOMAN GUIDING QUESTIONS



4.2 Data Methods

Following the MAPP 2.0 process, the Assessment Design Team (ADT) adopted focus groups as the CCA distribution method, and collaboratively developed a set of focus group questions

designed to meet CCA goals (see Appendix G for focus group questions). The ADT is formed of staff at the Florida Department of Health in Alachua County, researchers from Knowli Data Science, and the Steering Committee, a diverse group of community partners and leaders in the county. The Knowli Data Science team conducted, transcribed, and analyzed data from eight focus group sessions, each approximately 1 hour in length, to obtain a deeper understanding of the health status of Alachua County and concerns of its residents.

The virtual focus groups were conducted via Microsoft Teams between October 3rd, 2023, and November 2nd, 2023, and were video and audio recorded with consent of participants. Through the focus group process, insights were gathered from 21 participants, representing diverse sectors and thematic areas of the community. Topics discussed include public transportation, community volunteering, aging, disease prevention, education, health equity, and health outreach.

Following each focus group, the Knowli researchers transcribed the recordings verbatim, confirmed the transcriptions by an additional team member, and analyzed and coded the data. Themes from across the focus groups were found using the inductive analysis method (Corbin 2014), and themes were then paired with the primary domains and guiding questions to structure a codebook (see Figure 26).

FIGURE 26. PRIMARY EMERGENT THEMES

Community Strengths and Assets	Built Environment	Forces of Change
• Health Care (18) • Higher Education Institutions (17) • Community Involvement (15)	• Transportation (18) • Community Restructuring and Affordable Housing (13) • City Layout and Infrastructure (12)	• Systemic Health Disparities (18) • Florida Department of Health in Alachua County (13) • Local, County, and State Government (12)

Source: DOH-Alachua CCA 2024 Data. Numbers in parentheses are the number of mentions in the focus groups.

4.3 Findings

White Egrets at Sweetwater Wetlands
Gainesville, Florida

The CCA findings have been coded and organized into the three domains: Community Strengths and Assets, Built Environment, and Forces of Change. Three central themes per domain were chosen to best inform the selection of CHIP priorities and continued public health work in Alachua County.

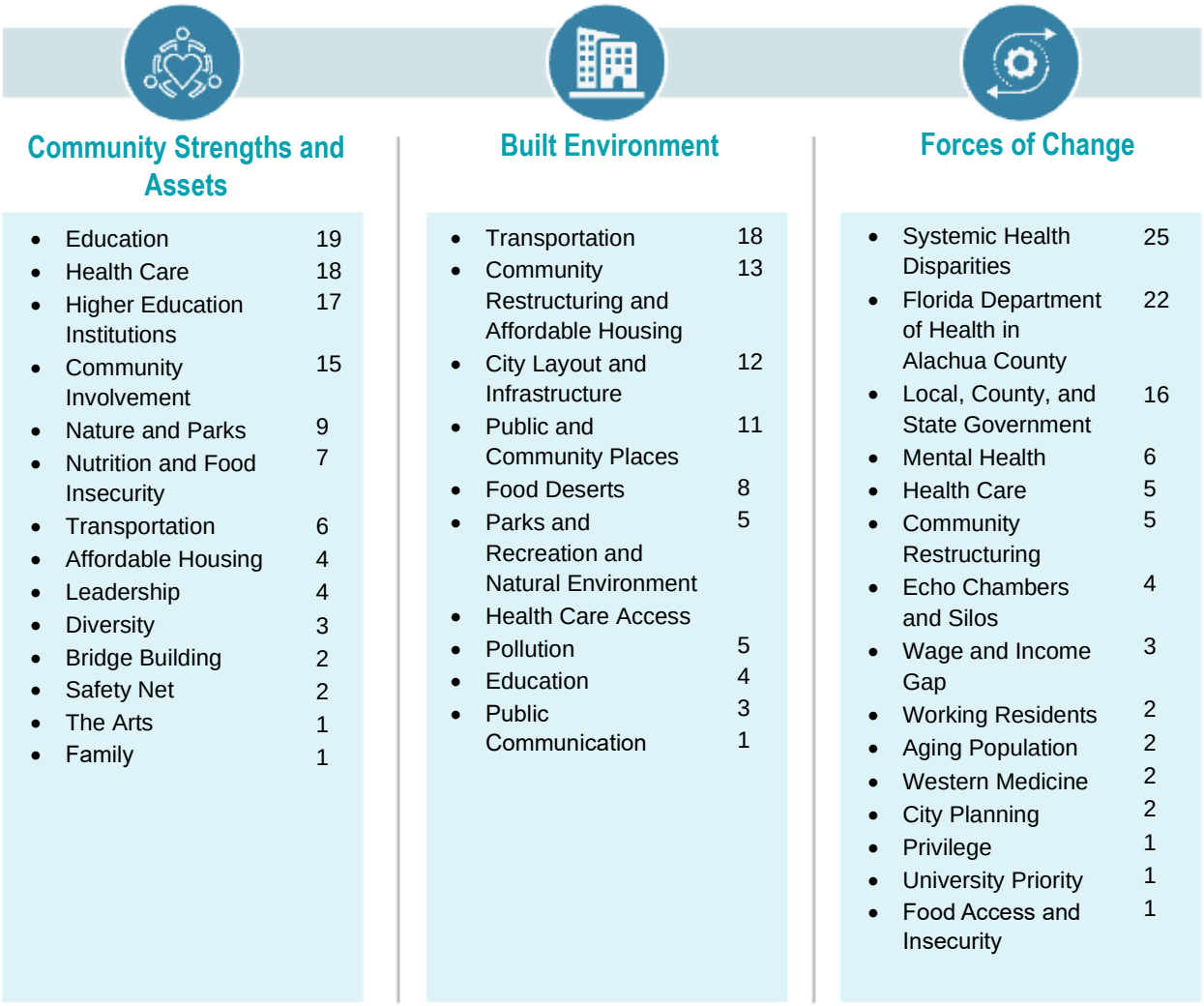
4.3.1 Respondent Characteristics

Participants for focus group sessions were found and approved by the joint ADT team to ensure full representation of the public health and human services ecosystem of Alachua County. Each of the focus group participants were affiliated with at least one community health organization, non-profit, medical center, or university department. Represented organizations and institutions included the Rural Women's Health Project, Suwannee River Area Health Education Center (SRAHEC), Tobacco Free Alachua, We Care Referral Network, WellFlorida Council, Young Men's Christian Association (YMCA), health programs and centers from the University of Florida, and multiple offices within the Florida Department of Health in Alachua County. The focus group cohorts included participants that both represent and serve multiple subpopulations, including the County's racial and ethnic minorities, children, families, older adults, those from rural areas, those with chronic disease, and at-risk populations.

4.3.2 Emergent Themes

The following section offers detailed insights related to each domain, illustrating key findings with illustrative quotes from focus group participants. Figure 27 presents all thematic topics that appeared through focus groups and discussion, organized by the major domains in the MAPP 2.0 CCA framework: (1) Community Strengths and Assets, (2) Built Environment, and (3) Forces of Change.

FIGURE 27. EMERGENT THEMES OF CCA FOCUS GROUPS



Source: DOH-Alachua CCA 2024 Data. Numbers in parentheses are the number of mentions in the focus groups.

4.3.3 Assets and Resources

During CCA focus group discussions, participants named assets of Alachua County that pose the largest benefits for community health, such as the county's well-resourced higher education institutions and prominent levels of community engagement. Dialogue with CCA participants uncovered perspectives on these assets' accessibility, showing that these resources are not equally available to all community members. Participants discussed barriers and challenges that could be lessened to better leverage Alachua County's community assets and improve access to care and overall health.

Community Involvement

Participants highlighted "community involvement" as a key asset of Alachua County, a theme that appeared 15 times across 7 out of the 8 (87.5 percent) CCA focus groups. Participants underscored the specific strengths of community outreach strategies, partnerships between organizations, and overall engagement of county residents in the community. For example, one focus group participant emphasized that public health education and outreach efforts are bolstered by the high level of community engagement and collaboration in Alachua County:

> "I feel like one strength is just the really **high level of community engagement and collaboration**. You know, we have UF [the University of Florida] which has… experts in different areas. But I also think it's important that we have the support of the communities that we may be trying to reach with, whether that be with education or outreach. And I really feel like there's **a lot of support for these types of partnerships**."

Another focus group participant echoed the strengths of Alachua County's community involvement and collaboration, describing community involvement in multiple programs, including a recent zero-waste project:

> "And then we do nutrition education in that manner as well. We also have other programs going on within the district. We have a zero-waste project going on at Foster Elementary where the students are involved in separating out – we have volunteers that

> come in – like I said, **there's a lot of community involvement here** which is a big strength in Alachua County."

Some focus group participants expressed concerns that not all parts of the Alachua County community are engaged in the community. Participants questioned whether existing community resources designed to bring people together were effectively engaging all in need. For example, one participant suggested that community involvement has not substantially changed Alachua County's Gini index, a measure of economic disparity in a population:

> "Yes, we have churches, we have you know food banks and things of that nature, but we haven't made any impact on changing our Gini index over many years. So, we have… **we have assets. I think a better question is are they working.**"

Other focus group participants identified that communication challenges affect whether all parts of the Alachua County community are equally included and engaged. For example, one participant highlighted language barriers as an issue in effectively connecting people to events, activities, and resources in the greater community:

> "Yeah, agree with what everybody has said, especially what Dr. [redacted] mentioned, there is a lot of events and activity that are always happening in the city and in the county in general. And that's good because you know, there are resources available, although **these resources are not always available for everybody, especially people who don't speak in English**."

In summary, participants positively described Alachua County's community involvement. Participants cited partnerships and community participation in events and programs as key factors supporting this asset. Participants identified opportunities to continually improve community involvement of minority populations, such as intentional engagement of those in need and reducing language barriers.

Higher Education Institutions

Participants named higher education institutions, specifically "university," as one of the most influential assets in Alachua County, mentioned 17 times across all 8 CCA focus groups. Alachua County is home to two higher education institutions, namely Santa Fe College (SFC)

and University of Florida (UF), and most CCA participant discussion focused on the latter institution. Throughout the focus groups, participants often discussed institutional features of UF that contribute to community health in Alachua County: medical facilities, diverse student and employee populations, experienced health care professionals, and many community health resources. For example, one participant explained how UF brings more resources, including those that promote and improve community health to Alachua County:

> "Well, I think the… the greatest strength of Alachua County in my opinion is the fact that it is a college/university town and all that that brings for the relatively small population that we have. So, given the size of the county, the fact that we have several live theaters, we have live dance, live performances in the arts, **we have access to… outstanding, cutting-edge health care… All those things that a research university brings with it** I think are the hugest assets that we have."

Participants described that while UF's research university status brings resources to the community, not all Alachua County residents have equal access to the programs, clinicians, and health experts associated with the institution. For example, data from the focus groups suggest not every credentialed health care worker sees patients and accepts all insurances or is accepting new patients from the community. This is how one partner summarized the current situation:

> "So, it may look like we have assets like a lot of providers, but actually a lot of them are working for the university and not providing a full patient care load [to patients in Alachua County]. Same thing with dental care."

While some focus group participants emphasized the health resources UF brings to Alachua County, other respondents expressed concerns about UF's property tax exemption that reduces potential tax dollars for Alachua County. The university is government-owned property, and as such, UF's properties in Gainesville and throughout the county do not contribute property tax revenue to the city, county, state, or federal government. One participant described UF as a resource that brings health innovation, but not property tax dollars, to support Alachua County's infrastructure, giving an example of UF's contributions beyond the tax revenue.

> "I see some real problems with the built environment, at least from the context of the city of Gainesville. But I think the entire county has this problem. So, we have this huge… resource, the University of Florida, and **[the university does] all this innovative health stuff, but they don't pay any [property] taxes.** And so, we have a problem in terms of maintaining the road infrastructure, maintaining the sidewalk infrastructure."

Overall, participants indicated that higher education institutions bring a variety of health resources to Alachua County, contributing to overall population health. Participants cited "cutting-edge" health research and practice and an abundance of clinicians and health care providers as key assets in Alachua County connected to the university. Participants identified that not all credentialed health care workers connected to the university are active clinicians or providers serving Alachua County residents. Some participants consider UF's governmental property tax exemption to be a missed funding opportunity for county infrastructure.

Health Care

Participants identified health care as a strong asset of Alachua County, discussing "health care" 18 times across 6 of the 8 (75.0 percent) CCA focus groups. Citing the facilities and providers associated with UF, and the services provided by the DOH-Alachua, some participants described health care services in Alachua County as among the best in Florida. For example, one participant noted that many health care facilities in Alachua County, such as the UF Health Shands Cancer Center, attract patients from across the state:

> "I think **health care is definitely our strength**. People come from all over the state for our burn unit, for our cancer center, for our, you know, a lot of our different, top notch [services] in the country, really, programs and positions and departments. So, health care is definitely a strength."

One focus group participant shared a sense of pride that in Alachua County, health care is provided to homeless individuals, an example of community efforts to provide health care to those in need:

> "The one thing that stands out in my mind that I really like about this community is the fact that **we even provide health care for our homeless populations**, and we make a

> conscious effort to provide them services, social services, and health care in this community. So, it feels like no one is left out of the realm of care here in Alachua County area."

Another participant described the current changes in Medicaid enrollment, known as the "Medicaid Public Health Emergency (PHE) Unwinding," as a key factor in health care in Alachua County today. The federal U.S. Centers for Medicaid and Medicare Services provided extra funding to States to maintain existing Medicaid coverage and ensure continuity of care during the pandemic. As this enhanced funding ended in 2023, Florida State Agencies, including the Florida Department of Children and Families and Florida Agency for Health Care Administration, began the process of removing Medicaid enrollees from the program who no longer qualified for coverage. One participant's discussion of Medicaid PHE Unwinding reflects some of the concern and confusion about the process of Medicaid disenrollment and how it may affect Alachua County and Florida as a whole:

> "[There] are things that are happening on the state-level that impact us at the county-level and city-level… things like the Medicaid disenrollment that's taking place, where they're kicking people off the Medicaid rolls [i.e., Medicaid enrollment roster] nationwide. But it's impacting us. I think in Florida, the last data I saw showed that there were almost 600,000 Floridians kicked off the Medicaid rolls in the last few months. And certainly, some of them are here. The estimate is about 1/4 of them are children. So that controls access. That's one of the access points."

While the impact of the PHE unwinding is still being determined. It will determine health insurance coverage, but actual access will continue within the safety net providers, including at the DOH-Alachua and UF Health.

In summary, participants named health care as a strong asset of Alachua County contributing to overall population health. Participants noted the quality of the health care facilities and clinicians in Alachua County. Additionally, participants found that many facilities and services provide care to populations in need that may not have insurance or other resources, such as people experiencing homelessness. Participants also considered the impact of public health programs,

such as Medicaid and the PHE Unwinding, on continued access to health care for individuals, families, and children of Alachua County.

4.3.4 Built Environment

During CCA focus groups, participants discussed resources related to the built environment of Alachua County, including strengths, barriers, and changing conditions over time. Participants identified various strengths of Alachua County's transportation system, urban layout and infrastructure, and housing. Participants discussed challenges within the built environment, including affordability issues and barriers to food and health care access that could be mitigated to improve public health.

Transportation

Participants named transportation as a beneficial asset of Alachua County, citing "transportation" 18 times across all eight CCA focus groups. Participants noted that public transportation is widely available in Alachua County. Furthermore, participants identified that many health care facilities are located on public transit routes, enabling greater access to care for all community members. One participant discussed how the compactness of Gainesville's urban environment enables greater access to care via public transportation, especially benefitting senior citizens:

> "**Gainesville's compactness and ability to be reached by transit or by bike or pedestrians [i.e., walking]** is, I think, it's a really great thing from a public health point of view because it supports more active transportation, but also makes it easier to provide rides to, like, senior citizens and things like that. Because just providing rides with, like, TNC's [Transportation Network Companies, also known as "ridesharing" companies] or what have you, repair transit is extremely expensive."

Participants noted that while some parts of Alachua County have adequate access to transportation, other parts of the county do not have equivalent access to public transportation. Participants discussed the changing layout of the city of Gainesville, and shared that some communities are relocating as neighborhoods experience community restructuring. One

participant connected community restructuring, transportation, and public health, describing how many minority communities are "pushed outside of the transportation corridor" to areas where it is harder to receive health care:

> "Yeah, I think one of the things that we've consistently seen is **transportation access is a huge barrier and definitely, you know, it exacerbates health inequities. Especially as neighborhoods are gentrified and people are pushed outside of the transportation corridor.** So, I'm hoping that some of these little health care islands, I guess, like, you could call them with the urgent care centers and things like that that are being built or being looked at in areas where people live… is definitely a way to address health inequities."

In sum, participants identified the disparities in transportation access and convenience between urban and rural areas of Alachua County. Urban areas feature health care facilities in convenient locations accessible by public transit, while rural areas in Alachua County have fewer public transit options, fewer health care resources, and lower overall health care accessibility.

City Layout and Infrastructure

Participant discussion uncovered opportunities for continued improvement in Gainesville's city layout and infrastructure that would improve access to care in Alachua County. Participants discussed the theme "City Layout and Infrastructure" 12 times across 7 of the 8 (87.5 percent) CCA focus groups. For example, one participant illustrates how "fixed route transit," meaning public transportation schedules with predetermined timing and stops, can improve access to health care for the community:

> "But when you were able to provide it with **fixed route transit to different health care locations, that really enhances the access.** That means people don't have to plan ahead. They can change their plans, and they don't have to incur additional expenses to do that. So, I was just thinking in the back of my mind because Gainesville historically was actually much more dense than typical southeastern city. And then I've seen the Census data, I think increasing density is kind of the trend."

One participant discussed the ongoing demographic changes to Alachua County, specifically the increasing older adult population, which bring resources, housing development opportunities, health care funding, and development and expansion of health care facilities to the region:

> "Yeah, I think we're going through a demographic change in this country because of the boomers retiring and Florida seems to be a huge attractor for those folks. We've seen the city [sic: County] of Alachua attract a lot of retirees, which is kind of a change after decades of this kind of being a youthful county because of people being attracted to UF and then leaving. So, that certainly spurns. You know, some of them have money to spend. So, that means you get housing development, you get private businesses springing up, you have jobs. So, that's a positive thing. And then of course the retirees bring in Medicare dollars. So, that means that there's been more development of like these health care facilities that didn't exist before, and they're sustainable because you have that Medicare reimbursement system to support them. So… that can positively also benefit… people aren't even part of that demographic because now you have that infrastructure being built and supported."

The participant's reflections note that older populations have access to resources that other populations do not: Medicare health care coverage, Social Security dollars, and retirement funds. In turn, the increasing older populations in Alachua County bring opportunities in health care and public health to improve the built environment of the county, in turn increasing access to health resources for the entire community.

Community Restructuring and Affordable Housing

Participants connected two important, interrelated themes throughout discussions: "community restructuring and affordable housing" in Alachua County. Participants mentioned either community restructuring or affordable housing 13 times across 6 of the 8 (75.0 percent) CCA focus groups. As the layout of Alachua County changes over time, participants discussed, there is not enough affordable housing to meet the community's need and access to care is harder to achieve. For example, one participant noted that areas of affordable housing seem to be moving further away from accessible transit systems:

> "And again… **the affordable housing is being pushed to the periphery outside of the transit system**…"

One participant emphasized the relative importance of housing affordability in Alachua County, especially that not all community members have equal access to. Another participant highlights how the affordable housing issue hits some populations harder:

> "**Housing is probably our number one problem.** There's no affordable housing in Gainesville anymore and for a lot of people, like a lot of people I know that are older who are on fixed incomes, there's just nothing. They can be on waiting lists for public housing for years and years. It [sic] could die on it."

Another participant shared how some strengths of Alachua County's built environment, such as once-affordable housing neighborhoods in Gainesville, may now be perceived as "weaknesses" that contributed to today's issues with community restructuring and affordable housing. Describing a neighborhood in Gainesville, the participant detailed the area's changes in home ownership over time and how this contributes to disparate health outcomes:

> "Well, obviously in Alachua County, poor people and working poor people are impacted the most because of the fact that our industries here are the university, the health system, and the government. If you are not involved in one of those in some way, it's very difficult to sort of get ahead. So, the things that make us so strong are also the things that make us so weak. And I just… in the time that I've been here again we've seen the affordable neighborhoods in, like, between 8th Ave. and 16th Ave. like sort of between Main Street and Waldo Rd. Those all used to be houses that basically the working poor lived in. So, they were around the $75,000 range to buy and sell, affordable for people. And as those were gentrified, and those people were pushed out and now those are $200,000 houses and that is not affordable for working poor people. So those people are pushed into the neighborhoods which are already in decline. They're pushed out of home ownership… [As a result,] **we're concentrating people into those [worse off] neighborhoods and then wondering why we have all these problems**."

Overall, participants described the combined concepts of community restructuring and affordable housing as among the most key factors contributing to the state of public health in Alachua County. The existing built environment of any geographic area can pose challenges for the community in accessing and utilizing health services. Participant discussion suggests that efforts to create affordable housing in areas with public transit, health facilities, and other health resources could improve Alachua County's health and well-being.

4.3.5 Forces of Change

Throughout CCA focus groups, participants discussed how macro-level forces of change shape Alachua County's health system. Participants focused on three main forces of change, including systemic health disparities, local, county, and state government, and specifically DOH-Alachua. Participants discussed their perspectives on these forces of change and how they perceive these forces influence health care services, funding, access, utilization, and quality. Participants detailed the successes of DOH-Alachua and opportunities to continue to address and mitigate community health issues.

Systemic Health Disparities

In discussions on health care access, participants highlighted the systemic inequalities and barriers to access, especially for populations with the greatest needs. Participants discussed the theme, "systemic health disparities" the most frequently of all coded themes across all three domains, mentioned 25 times across all the eight CCA focus groups. Participants identified that some communities in the county experience barriers when seeking primary care, telehealth services, and urgent care. For example, one participant shared their perspectives related to UF Health Shands funding for an emergency clinic, expressing frustration that funding was not allocated to primary care clinics instead:

> "What we would talk about then would be major systematic changes across the whole spectrum. So, we look at our emergency department visits and [ask] why are folks going there and what are the avoidable reasons? And the answer is that people aren't getting primary care, but rather than build a primary care clinic, we're funding UF, it's specifically UF Health Shands to build another emergency type clinic on the East Side. So, that didn't increase access to primary care at all. It increased access to high-cost care. That's

> sort of a one-off situation. So, these types of investments by our community are certainly not the investments that would improve health and equity because at that point you're really talking about socioeconomics. You're talking about education. We're talking about behaviors and some of those behaviors would include, you know, having access to primary care and dental care."

In summary, this participant suggests that barriers to accessing primary care, telehealth services, and dental care may be one root cause for overutilization of emergency, high-cost care in Alachua County. While priorities, funding, and logistics often constrain investment choices for the local health system, there are opportunities to increase primary care access through education, funding, and programs that may allow for a pivot in public health towards preventative health care that is more cost-effective over time. It should be noted that existing primary care services are under-utilized, and this is a personal responsibility issue.

Participants discussed how strategies to increase health care access can be continually improved. For example, one participant identified that while digital access to care (i.e., telehealth services) may bridge gaps and increase utilization among some populations, other populations such as those without stable internet cannot take advantage of these innovations. Furthermore, this participant described how future strategies to increase access to care, also including the UF Health mobile care unit, to better meet the full spectrum of current needs of Alachua County residents:

> "One thing we've talked about, I think it's an interesting idea, takes resources. It is rather than being placed-based, being more people-based. You know, take service to people, we're like, we're working on this mental health thing. And we look at Archer, Hawthorne, High Springs, you know, the challenge for people to come into the city of Gainesville, to receive services. And then it's compounded by because you can say, oh well, use telehealth. But of course, you get out into those areas and there's not good internet access either. So, I think, in some ways to address some is take the show on the road, you know, we've got some of that, like there's the UF mobile bus that goes into some high need areas."

Overall, focus group participants discussed how barriers in accessing care are connected to persistent historical disparities across various groups, as illustrated by inequalities in access to technology, transportation, types of health care, and more. To effectively reduce gaps in health across Alachua County's population, programs and policies can improve by accounting for systemic factors.

Local, County, and State Government

Participants discussed "Local, County, and State Government" as a significant force of change 16 times across 6 of the 8 (75.0 percent) CCA focus groups. In discussion of government and political climate, participants often connected and conflated these concepts, noting that these macro-level forces have major influence over community health funding, policy, and practice. Many of these organizations are working towards understanding issues facing the greatest health and wellbeing needs in Alachua County, though more funding may be necessary to take more effective action. For example, one participant described two commissions established in the City of Gainesville and County of Alachua that focus on improving health disparities for working class individuals and families, those without health care insurance, and those without housing in the community:

> "One of the forces of change in the City of Gainesville and Alachua County in particular has been a county commission and a city commission that have been focused on the greater good and making health disparities less for the working poor and the indigent and homeless. Trying to deal with those problems rather than you know not providing any funding. So, I think our political infrastructure as it is at this moment is having an impact on everybody, as far as health goes."

Participants also discussed recent legislative initiatives and their perspectives on how such policy changes impact health care and health services delivery in Alachua County and across Florida. Some participants expressed concerns that state legislative decisions can limit the ability of local and county government to fund and implement innovative public health programs. For example, one participant described the Tobacco 21 initiative, how Florida Senate Bill (SB) 1080 evolved over time, and how its final adoption statewide did not include measures allowing local or county government to pass additional ordinances that align with youth tobacco use

prevention. This participant explained how in turn, the final version of SB 1080 prevents local and county government entities from accessing federal funding opportunities to improve community health:

> "So, an example I will give is when we passed Tobacco 21 [and associated tobacco prevention initiatives] at the county level, within a year, the state legislature overturned that…we're doing effective tobacco control, you know, trying to control sales to youth. So, I'd say that's something that impacts all of us."

The participant continued with additional commentary, expressing challenges related to aligning local, county, and state government entities with federal funding opportunities. The participant provided additional context, using utilities assistance as an illustrative example:

> "One of the other things that always trends high on things that people need is resource assistance with utilities and energy…I think the estimate is there's $350 million available for rebates for consumers that would come from federal dollars, but the State [Legislature] has decided that they don't want [to accept this] federal money…You know, and these are all things that could, that we know could help people and we choose as a State not to do it."

While the participant expressed concerns related to the Florida State Legislature's approach to utilizing federal money for health initiatives, a major challenge lies in optimizing strategies and policies over time to best fit Florida's unique assets and challenges, so that local, county, and state government can cooperatively work together to improve population health. Another participant described the continued conversation across local, county, and state government about the appropriate and most effective methods to address macro-level public health issues, such as root causes, contributing factors, and inequalities in public health. Looking to the future, government entities in Florida will continue to work together on not only what language and framing is most productive for describing challenges in population health, but also what approaches will maximize funding and other resources to ensure those in greatest need receive support.

Florida Department of Health in Alachua County

Focus group participants positively described how the Florida Department of Health in Alachua County has been a supportive and committed resource, supporting local health and human services entities in addressing evolving needs of the community. Participants discussed the Florida Department of Health in Alachua County 22 times across 4 of the 8 (50.0 percent) CCA focus groups. For example, one participant praised the Florida Department of Health in Alachua County for how it rapidly responded to a major grant management need for HIV/AIDS services:

> "When the previous agency could no longer manage the HIV Ryan White services grant, the health department [i.e., the Florida Department of Health in Alachua County] stepped in with three days' notice to take on that responsibility and became the lead agency for health care services in the entire area of DOH [Department of Health] 3 and 13...I think the health department being a medical home for so many of the HIV clients residing in this 15-county area is a much-needed service as well as they have and have had, for over probably 30 years or more, they've been the home of case managers, medical case managers for HIV clients."

Another participant highlighted the effective communication practices of DOH-Alachua as one of its strengths in promoting public health. In particular, the focus group participant highlighted the strength of the Department's communications related to communicable diseases, emerging threats, and public health emergencies:

> "I think the health department, they were really good during the pandemic, looking at communication, keeping everybody abroad… but even afterwards, I think, during that time because I still get information related to all the different programs that are going on. I'm not sure how far that goes, but looking at the communication piece I am able to gain access to know where, what's going on, who's doing what, that if I ever get someone looking or needing then I can know… I can look through information from the health department and get residence members what they need or send them in the right direction."

Overall, this participant's comments highlighted that the Department's communications successfully kept community members in Alachua County informed, during the Public Health Emergency and through to the present date. Additionally, this participant demonstrates this

communication also effectively supports many partnering health and human services organizations and community health workers, improving effective referral services, increasing health care access, and increasing health services utilization.

Building on DOH-Alachua's strengths, another positively described the Department's "innovative" and data-driven decision to extending clinic's hours, addressing a specific community health need for additional hours to access clinical and primary care services:

> "I understand our health department is one of the few in the state that do primary care, for example. And through Paul's leadership, he's now created the extended hours clinic, which I understand is pretty darn well utilized. Where they, and again I think it was a data driven, at least partially data driven, looking at who needed access and establishing those hours outside normal, typical business hours, having a health department open on the weekends. You know, I just think they're kind of an innovative bunch over there."

In summary, the DOH-Alachua received positive praise from CCA participants, who described several instances in which leadership, grant management, effective communication, and data-driven decision-making of the Department successfully helped Alachua County health entities and the clients they serve.

4.3 Summary

University of Florida
Gainesville, Florida

Following the MAPP 2.0 process, the Alachua County CHA ADT completed a series of focus groups to engage a diverse group of community partners and leaders in Alachua County. After

summarizing findings, Knowli researchers contextualized results of the CCA through comparison to previous Alachua County CHA reporting and reviewed important study limitations and suggestions for future CCA studies.

Summary of Findings

Among the **health assets and resources** in Alachua County, focus group participants indicated that the well-resourced higher education institutions in the county and elevated levels of community engagement pose large benefits to community health. Participants also highlighted health care as a strong asset of Alachua County and celebrated that many facilities and services provide care to populations in need that may not have insurance or other resources, such as people experiencing homelessness. Considering future public health work, participants identified opportunities to continually improve community involvement across all subpopulations, and to mitigate barriers to access to health assets and resources for all Alachua County residents.

Reviewing the **built environment** of Alachua County, participants identified various strengths of Alachua County's transportation system, urban layout and infrastructure, and housing. Participants also identified opportunities related to the built environment that may improve Alachua County's health and well-being, such as creating more affordable housing in areas with public transit, health facilities, and other health resources.

In discussions of macro-level **forces of change**, participants focused on systemic health disparities experienced in Alachua County, and the interplay of local, county, and state government in addressing public health. Participants discussed their perspectives on these forces of change and how they influence health care services, funding, access, utilization, and quality. Looking to the future, participants suggested that programs and policies in Alachua County can continually be improved by reviewing and accounting for factors that impact public health, and considering which approaches will maximize funding and other resources to ensure those in greatest need receive support. Participants also identified DOH-Alachua as a positive force of change in the public health arena,

positively praising the leadership, grant management, effective communication, and data-driven decision-making efforts of the Department.

Comparison to Previous CHA Data

To best understand how needs of the community have evolved over time, the Knowli research team compared the findings from the 2024 CCA focus group process to findings presented in the 2020 Alachua County CHA report. On one hand, some themes from these discussions are new, such as the influence of local, county, and state government and access to public transportation, reflecting the evolving needs and interest of the Alachua County health and human services sector. However, many others in this data collection cycle echo findings in previous CHA reports. For example, the 2020 Alachua County Community Health Needs Assessment presented similar themes emerging from focus group discussions, including the following topics:

- availability of affordable housing and utilities
- access to nutritious foods
- income disparities by area of residence and race/ethnicity
- limited access to health care for physical, mental, and dental health issues
- inappropriate use of Emergency Departments, particularly for dental care
- low utilization of preventive care services
- high number of avoidable hospital admissions

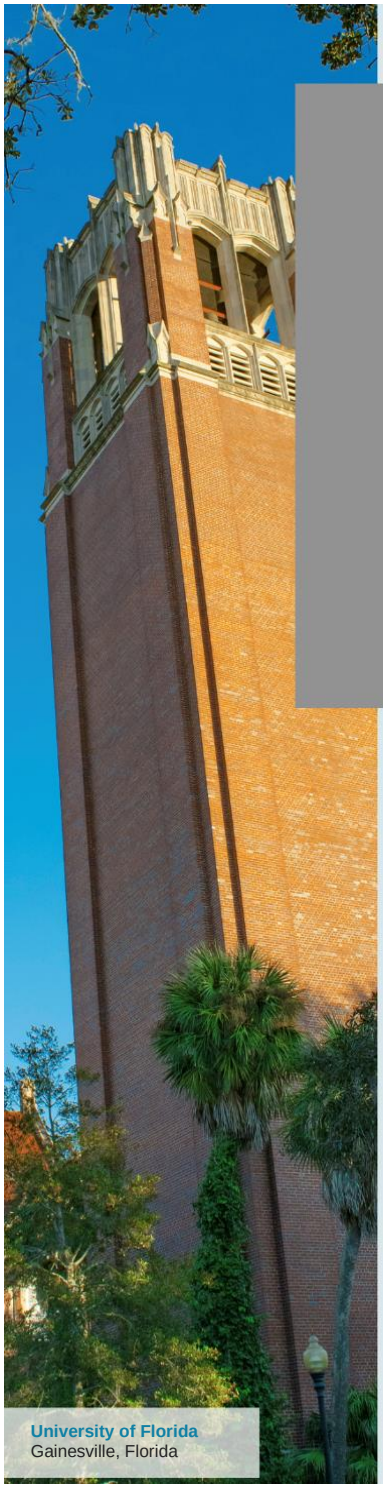
While these challenges persist today, they are shared challenges in counties across Florida and throughout the nation. Complex public health challenges require collaboration across sectors and levels of government to continually address over time. Furthermore, participants identified many strengths and improvements developed since the previous CHA cycle, indicating continual quality improvement in the public health of Alachua County. For example, participants highlighted DOH-Alachua's effective responses to emerging threats, communicable disease, and public health emergencies, communication of public health information, and extension of primary care service hours to improve access. Looking to the future, various stakeholders can continue to collaborate in addressing systemic barriers to access and improving the quality of health care for all in Alachua County.

Study Limitations and Future Research

Focus group methods present many advantages for collecting community input on public health challenges, though there are important limitations that require attention while interpreting results. Over six hours of virtual focus group discussions engaged 21 participants, representing a total of 15 organizations in Alachua County, to explore diverse issues about the health status of Alachua County. Participant rosters for focus groups intentionally included public health workers, clinicians and other health care providers, non-profit leaders, and county officials, all serving as informed experts who are active in Alachua County's public health arena. However, CCA focus group discussions did not directly gather perspectives from members of the broader community. Additionally, attendance of all committed participants may have been impacted by grouped sessions. While multiple options were provided to address scheduling conflicts, the nature of coordinated schedules for focus groups may have excluded some from being able to participate. Future ADTs may wish to utilize mixed modality for CCA participants, so participants unable to attend virtually can still participate in-person.

To best understand the perspectives of the broader public regarding the health status of Alachua County, it is important to integrate findings from the CCA with other elements of the CHA, especially findings the Community Status Assessment based on survey data collected from the broader community. In the future, the Alachua County ADT may want to consider a CCA design that includes both community partners and members of the broader community together in the same discussion.

In summary, the ADT followed the MAPP 2.0 process to design and complete a series of focus groups to engage a diverse group of community partners and leaders in Alachua County. Focus group discussions were transcribed and analyzed by qualitative researchers from the Knowli team, organizing findings into the three domains of Community Strengths and Assets, Built Environment, and Forces of Change. Through deeper analysis, the researchers identified three focal "emergent themes" per domain, synthesizing insights and perspectives from focus group participants to best inform the selection of CHIP priorities and continued public health work in Alachua County.



2024

5 Conclusions and Recommendations

Alachua County

5.1 Key Findings

This chapter outlines key findings about health and health care from the Alachua County Community Health Assessment. Using all three assessments (CSA, CCA, and CPA) and secondary data sources, findings are described below in three sub-sections. First, the county's strengths and assets are described. The second section outlines challenges faced by Alachua County residents and the LPHS. Here, Root Cause Analysis (RCA) is used to triangulate the data and identify the root causes of these issues. The third sub-section outlines populations who may benefit from support and outreach tailored to their specific experiences.

More detailed information on the methods and findings of each assessment can be found in their respective chapters (chapters 2 through 4). Full issue profiles for each of the challenges outlined in this section can be found in Appendices H through N.

Cross-cutting Themes

Four domains, including use of preventative care, access to resources and health care, cost of living, and health behaviors emerged from data gathered across the three assessments (see Figure 28 below).

FIGURE 28. CROSS-CUTTING THEMES

COMMUNITY STATUS ASSESSMENT (CSA)

Participants identified the following problems and challenges:

- Insurance coverage and barriers to access
- Low rates of screenings and vaccinations
- Differential access to resources and assistance
- Low safe housing and high cost of living
- Differences in diabetes and hypertension
- Differences in maternal and infant health
- High rates of mental health issues and access to care

COMMUNITY CONTEXT ASSESSMENT (CCA)

Participants focused on the following:

- Higher education institutions
- High levels of community engagement
- A strong health care system, and services that provided care to populations in need
- Urban layout
- Infrastructure and housing
- Systemic health disparities
- Intersections between local and state government when addressing health

COMMUNITY PARTNER ASSESSMENT (CPA)

Community partners identified the primary challenges they see in Alachua County:

- Improving information and service accessibility among community members
- Fostering representation in Alachua's decision-making process

As well as potential solutions:

- Greater amounts of investment and collaboration
- Responsive program design, services, and decision-making process

Strengths and Assets

Key strengths and assets of the county were identified during data analysis, including:

- A Growing, Diverse, and Well-Educated Population
    - Alachua County's population has grown 12.8 percent over the past 10 years, like the state's population growth rate of 14.6 percent over the same period. Alachua County has slightly higher percentages of adults 25 years and older with a bachelor's degree or higher (46.7 percent), compared to the rest of the state (32.3 percent).
- Availability of Health Care Providers
    - Alachua County has 2.8 times more medical doctors, 1.5 times more registered nurses, and 3.5 times more pediatricians than the Florida average.
- Availability of Community Engagement Opportunities
    - Strong and trusting relationships between local health partners and their communities connect residents to services. In nearly all focus groups, local partners commended residents for their engagement to bolster public health education and outreach efforts.
- Insurance Coverage
    - There is a high, and increasing, enrollment of Medicaid in the county, and a low proportion of the population without health insurance.
- Abundance of Parks and Recreational Spaces
    - Most respondents of the CSA (70.1 percent) rated Alachua County's parks and recreation areas as good or excellent. Local partners also praised the abundance of parks and noted that many of them are wheelchair accessible and are free to enter.
- University of Florida (UF) Assets and Resources
    - UF provides a large pool of experts in different fields along with medical facilities and experienced health care professionals. The university is also helping grow FindHelp.org – a free and one-stop-shop for health services and local health partner information.

5.2 Problems and Challenges

In addition to the county's strengths and assets, several key challenges were identified during data analysis (see Table 19). These are outlined below, along with an overview of their root causes in a diagram. More detailed issue profiles can be found in Appendices H through N.

TABLE 19. CROSS-CUTTING CHALLENGES AND DATA APPEARANCE

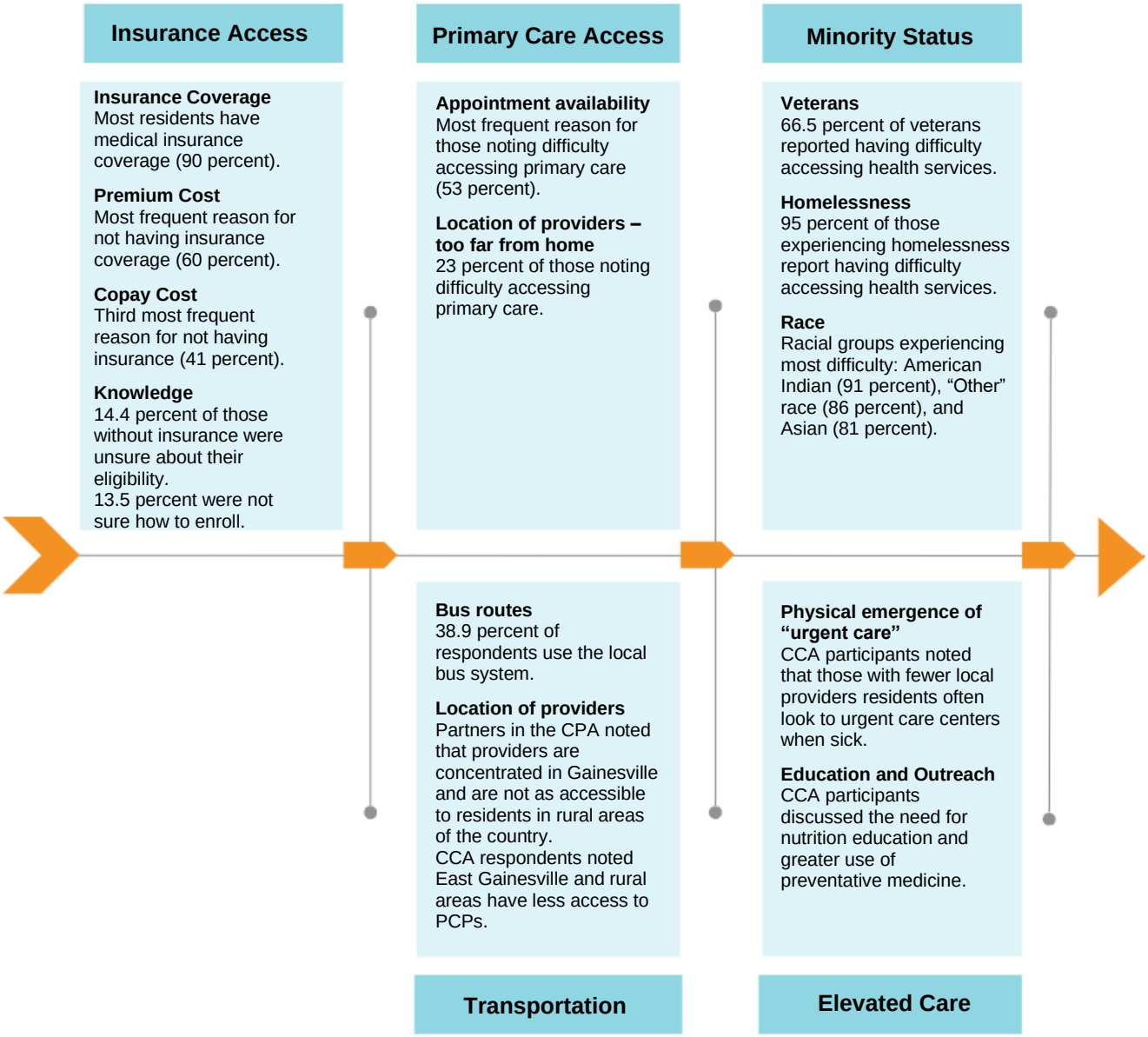
Key Issue	CSA	CPA	CCA	Secondary Data
Insurance Coverage and Barriers to Access	X	X	X	
Low Rates of Screenings and Vaccinations	X	X		X
Differential Access to Resources and Assistance	X	X		X
Safe Housing and Cost of Living	X		X	
Differences in Diabetes and Hypertension	X			X
Differences in Maternal and Infant Health	X	X		X
High Rates of Mental Health Issues and Access to Care	X	X	X	X

Note: An "x" denotes that the theme emerged in that assessment(s) and/or in the secondary data.

Insurance Coverage and Barriers to Access

- Overuse of elevated care resources and underuse of preventative health care led to poorer health outcomes and higher health care costs. Minority populations experience unique barriers to obtaining preventative health care services (see Figure 29).
- Root causes
    - Barriers in access to primary care, differences in accessing health care services among priority populations, and low outreach and education

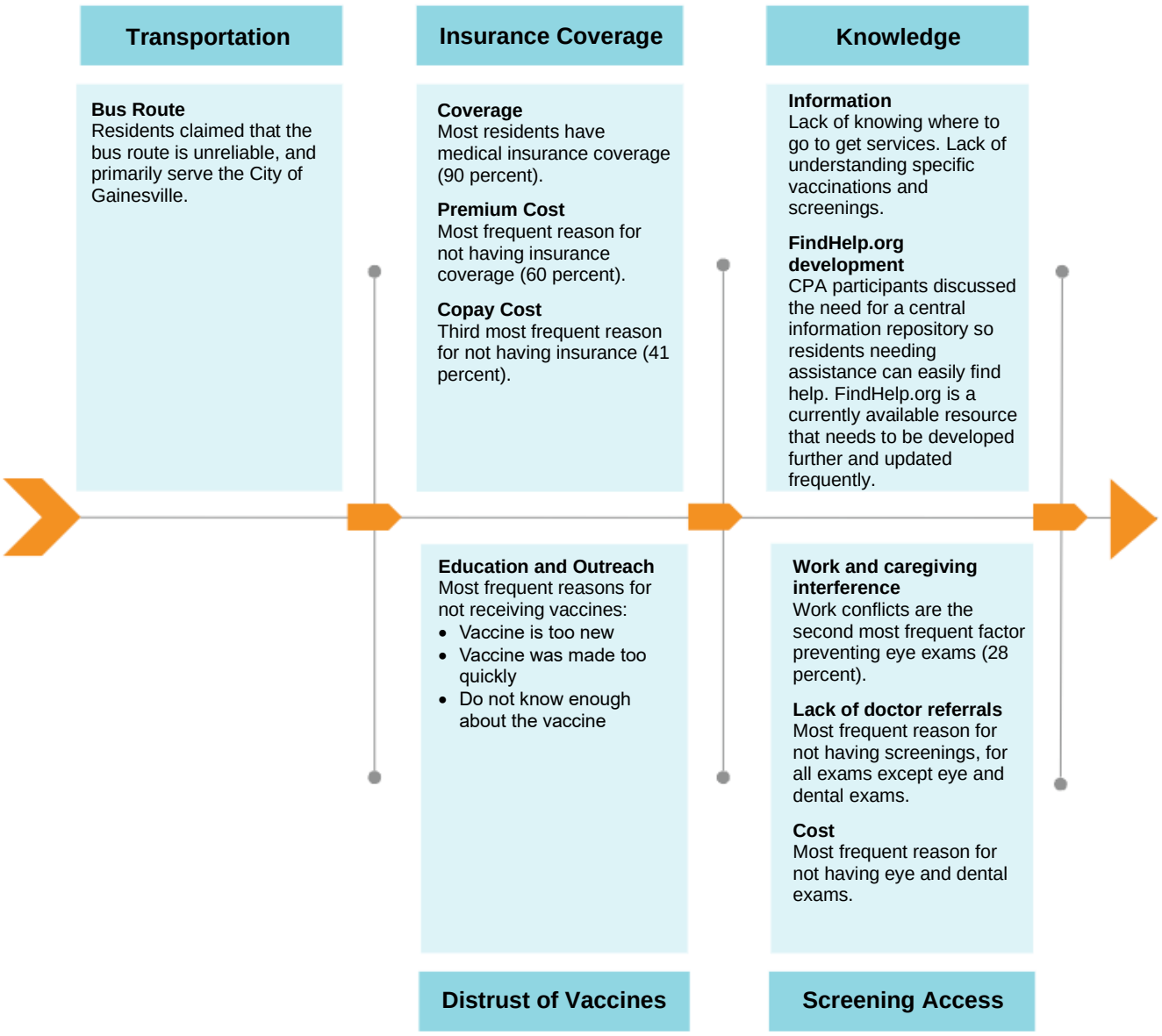
FIGURE 29. FISHBONE: INSURANCE COVERAGE AND BARRIERS TO ACCESS



Low Rates of Screenings and Vaccinations

- Rates of screenings and vaccinations are lower in Alachua County than in the state overall. Although Alachua County has higher rates of flu vaccination than other Florida counties, other vaccinations such as HPV and hepatitis A are less common. Underuse of preventative health care could be a contributing factor to low rates of screenings and vaccinations (see Figure 30).
- Root causes
    - Need of knowledge and information, low doctor referrals, and high cost

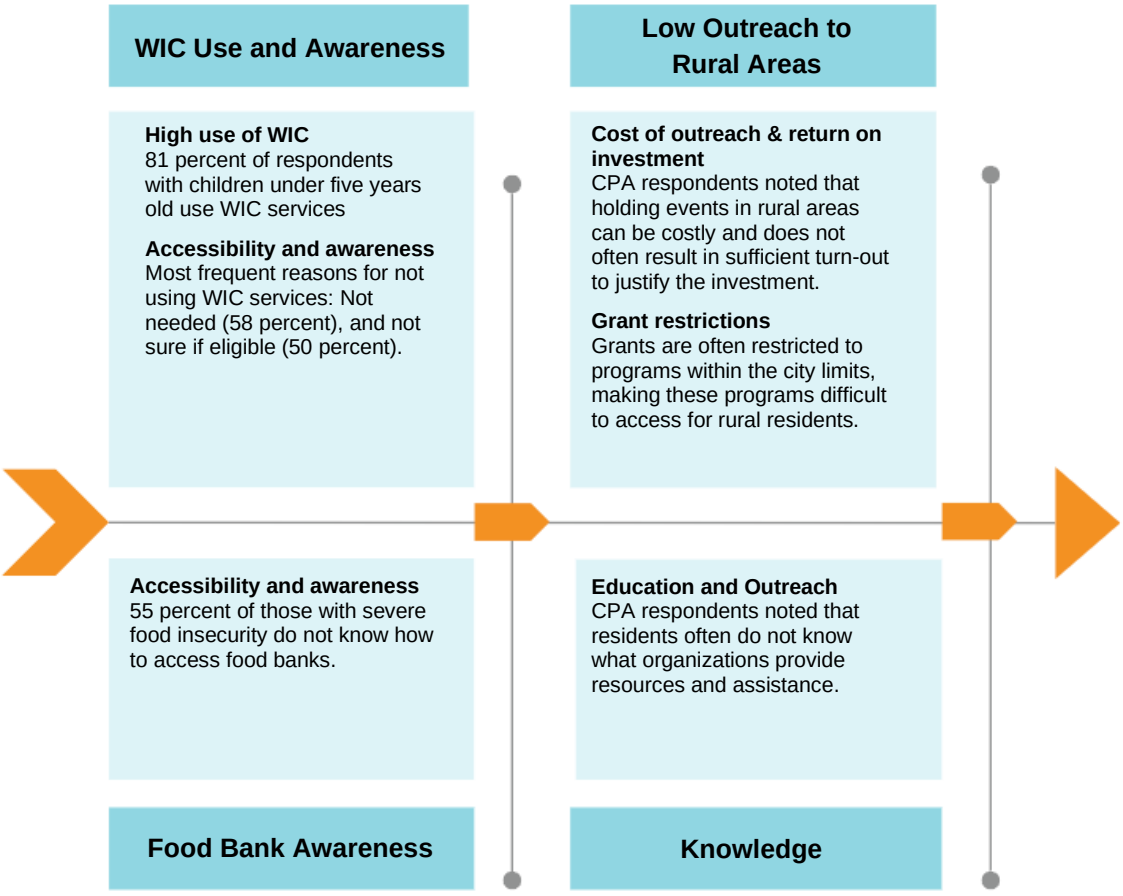
FIGURE 30. LOW RATES OF SCREENINGS AND VACCINATIONS



Differential Access to Community Resources and Assistance

- While Alachua County is rich in community resources, residents of East Gainesville and in rural areas of the county face unique barriers to accessing health care and assistance programs (see Figure 31).
- Root causes
    - Access to information, low of outreach to rural areas, use of food banks, and not understanding eligibility

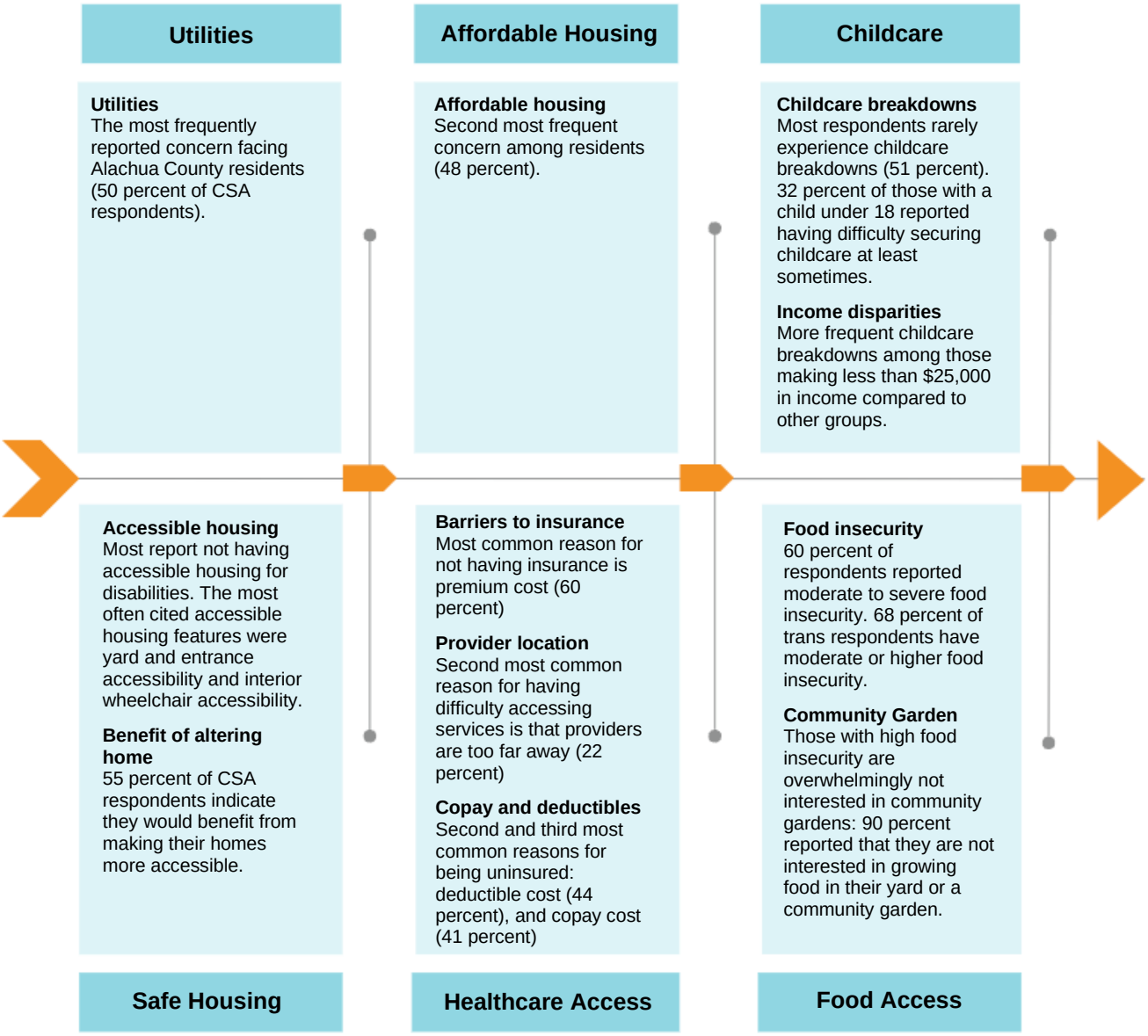
FIGURE 31. FISHBONE: LOW ASSISTANCE USE



Safe Housing and Cost of Living

- Residents of Alachua County face rising costs in various sectors including health care, food, housing, and utilities. Racial and gender minorities are particularly at risk to experiencing moderate or higher food insecurity (see Figure 32).
- Root causes
    - Limited affordable housing, high cost of utilities in Alachua County compared to elsewhere in the state, high cost of copays and deductibles, and high rates of food insecurity

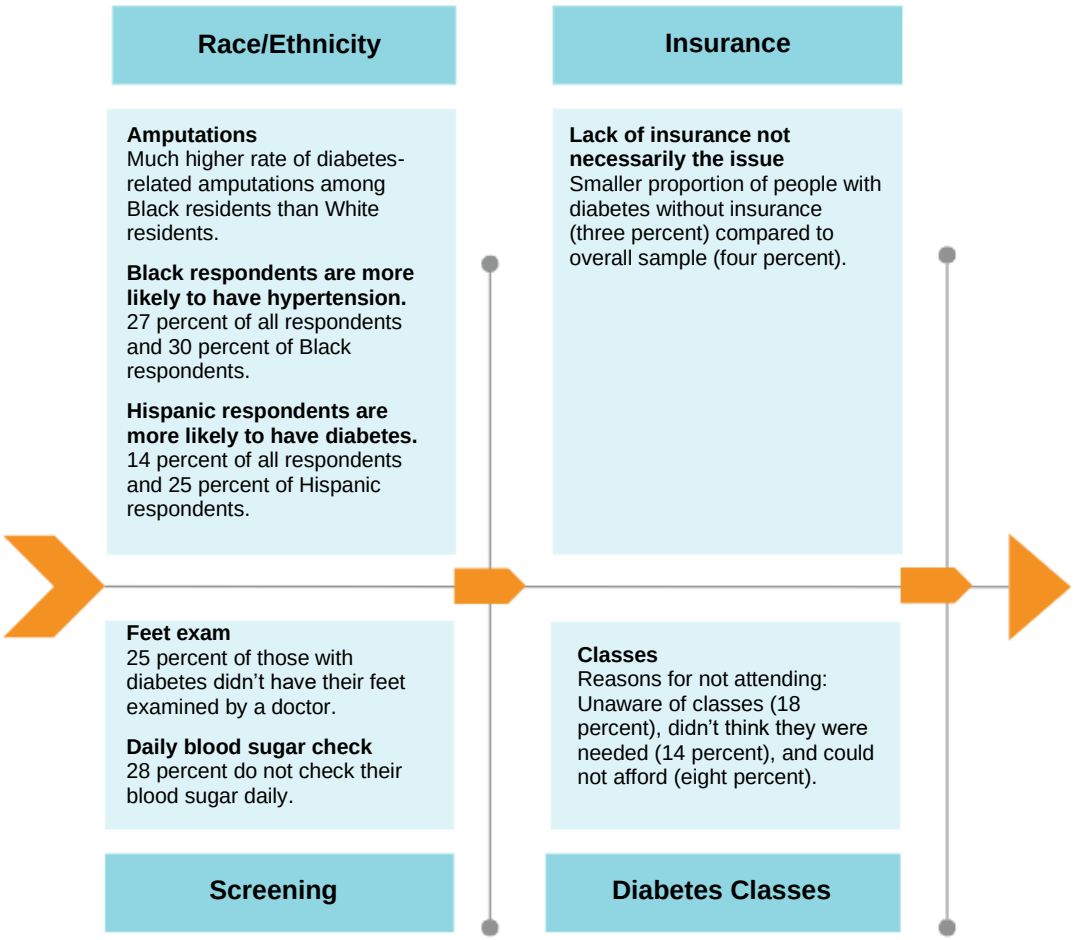
FIGURE 32. FISHBONE: SAFE HOUSING AND COST OF LIVING



Disparities in Diabetes and Hypertension

- Some minority populations in Alachua County experience hypertension and diabetes at higher rates than other residents. Black residents have higher rates of hypertension than all other racial groups, and Hispanic residents have higher rates of diabetes than non-Hispanic residents (see Figure 33).
- Root causes
    - Racial/ethnic differences; underuse of diabetes classes, screenings, and blood sugar checks; low of awareness of diabetes classes

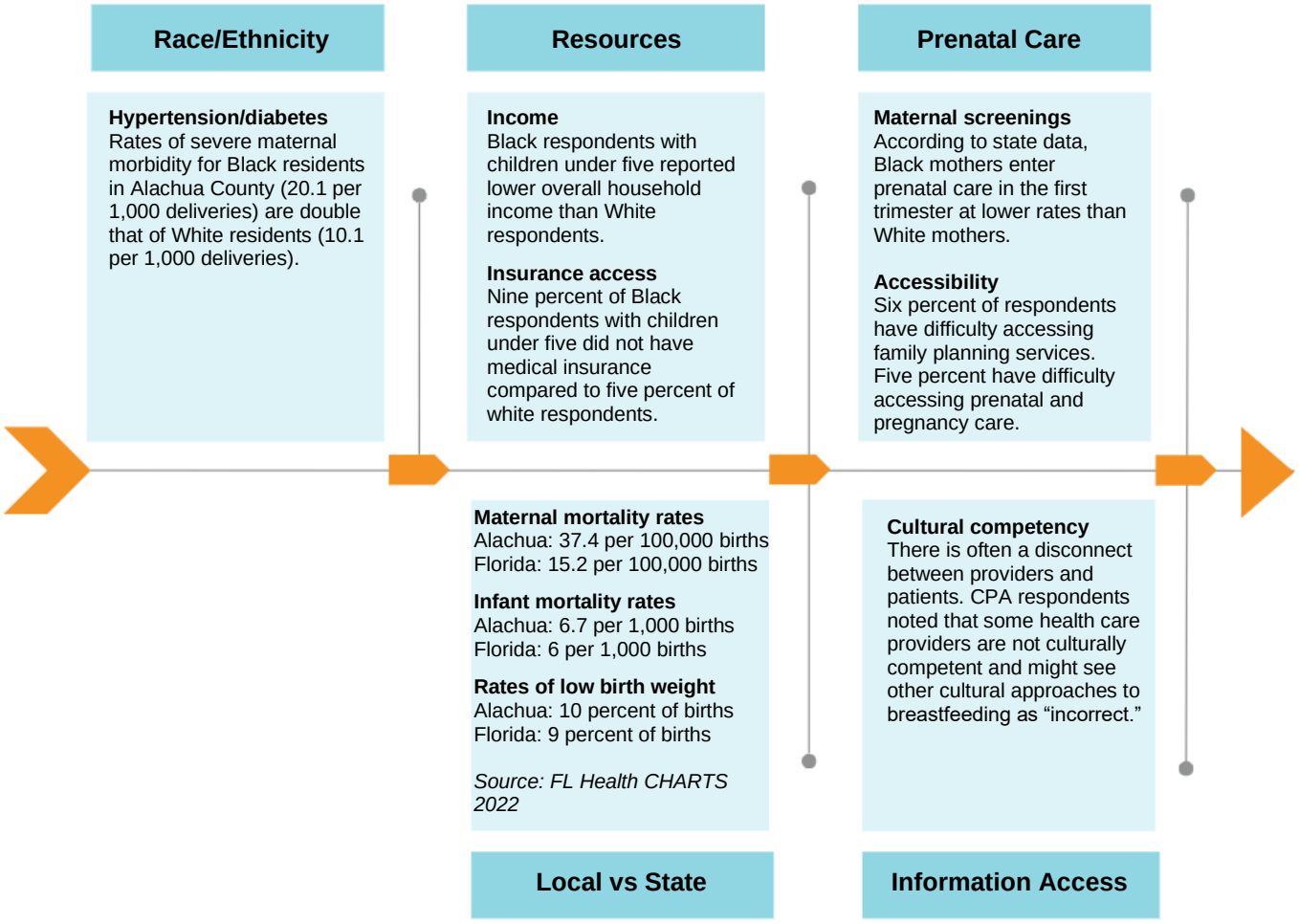
FIGURE 33. FISHBONE: HYPERTENSION AND DIABETES CARE



Disparities in Maternal and Infant Health

- While Alachua County has better overall maternal and infant health outcomes than the state, there are wide differences in priority groups. Residents belonging to priority populations experience higher infant mortality rates, low birth weight and preterm births, and higher maternal mortality compared to the overall population (see Figure 34).
- Root causes
    - Racial/ethnic differences, lack of access to family planning and prenatal care

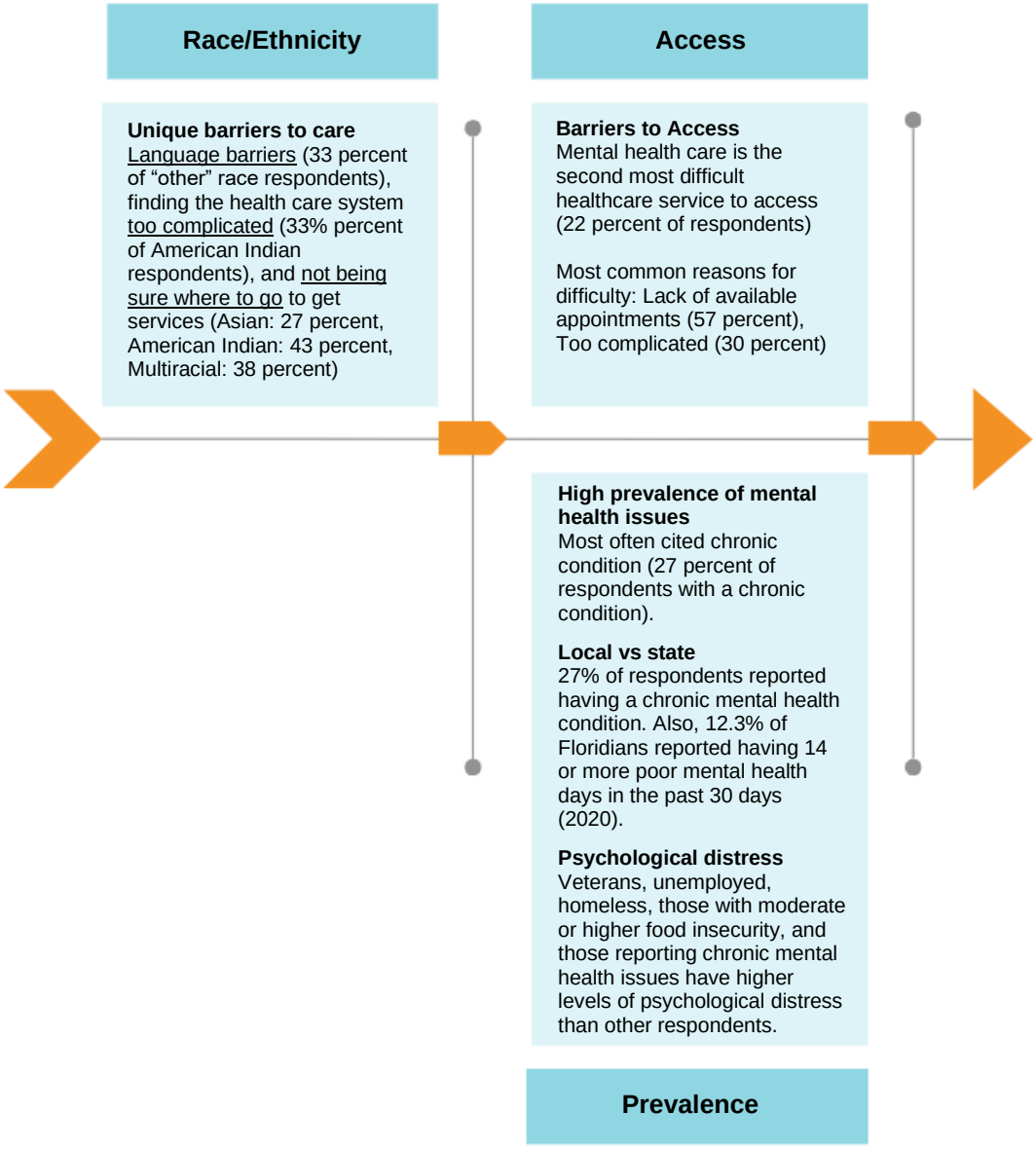
FIGURE 34. FISHBONE: MATERNAL HEALTH DISPARITIES



High Rates of Mental Health Issues and Access to Care

- Chronic mental health conditions are a common issue for many Alachua County residents, but particularly for certain groups. Veterans, residents experiencing homelessness, those suffering from high food insecurity, and residents who are unemployed are particularly vulnerable to psychological distress.
- Root causes
    - Difficulty accessing mental health care services due to lack of appointments, languages barriers, not sure where to go for services, and the complexity of the system.

FIGURE 35. FISHBONE: ACCESSING MENTAL HEALTH CARE



5.3 Priority Populations

Finally, several populations within Alachua County who may benefit from targeted support and outreach efforts were identified as having experienced a lack of access to social and health care services:

- Veterans
- Those experiencing homelessness
- Minority populations
- Rural residents
- Older adults
- People with disabilities

Acknowledgements

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Appendix A: List of Secondary Data Indicators and Sources

Domain	Measure	Source
Demographics	Total population	2022 American Community Survey 1-year estimates
	Sex distribution	2022 American Community Survey 1-year estimates
	Age distribution	2022 American Community Survey 1-year estimates
	Racial/ethnic distribution	2022 American Community Survey 1-year estimates
	Disability prevalence	2022 American Community Survey 1-year estimates
	Veteran status	2022 American Community Survey 1-year estimates
	Nativity and citizenship status	2022 American Community Survey 1-year estimates
Neighborhood and Built Environment	Median gross rent	2022 American Community Survey 1-year estimates
	Food environment index	County Health Rankings
	Public transportation utilization	RTS Ridership Reports
	Commute times	2022 American Community Survey 1-year estimates
	Residential segregation (Entropy index)	County Health Rankings
Economic Stability	Living wage	MIT Living Wage Calculator
	Estimated annual food cost	MIT Living Wage Calculator
	Homeownership rate	2022 American Community Survey 1-year estimates
	Median home value	2022 American Community Survey 1-year estimates
	Poverty rates	2022 American Community Survey 1-year estimates
	Median household income	2022 American Community Survey 1-year estimates
	Income inequality (GINI index)	2022 American Community Survey 1-year estimates
Social and Community Context	Social vulnerability index	CDC/ATSDR
	Violent crime rates	FL Health CHARTS
	Child maltreatment rates	Fostering Court Florida Improvement Child Welfare Measures
	Incarceration rate	FL Health CHARTS
	Juvenile arrest rate	FL Health CHARTS
	Voter turnout rate	Alachua County Board of Elections
Healthcare Access	Percent uninsured	2022 American Community Survey 1-year estimates
	Medicaid eligibility	Agency for Health Care Administration (AHCA)
	Number of healthcare providers	FL Health CHARTS
Education Access and Quality	Educational attainment	2022 American Community Survey 1-year estimates
	School funding adequacy	County Health Rankings
	Childcare cost burden	County Health Rankings
	Preschool enrollment	2022 American Community Survey 1-year estimates
Health Status	Life expectancy	University of Washington Institute for Health Metrics and Evaluation
	Poor physical health days	Behavioral Risk Factor Surveillance System (BRFSS)
	Poor mental health days	Behavioral Risk Factor Surveillance System (BRFSS)
Disease and Injury	Low birth weight prevalence	FL Health CHARTS
	Chronic disease prevalence	Behavioral Risk Factor Surveillance System (BRFSS)
	Hospitalization rates	FL Health CHARTS
	STI rates	FL Health CHARTS
	Vaccination rates for preventable disease	FL Health CHARTS
	Vaccination rates for COVID-19	Center for Disease Control and Prevention (CDC)
	COVID-19 hospitalization rates	New York Times COVID Tracker
	Dementia and Alzheimer's prevalence	FL Health CHARTS
Health Behaviors	Tobacco usage	Behavioral Risk Factor Surveillance System (BRFSS)
	Youth smoking/vaping rates	FL Health CHARTS
	Binge drinking rates	FL Health CHARTS

	Teen birth rates	FL Health CHARTS
	Health screening rates	FL Health CHARTS
Mortality	Leading causes of death	FL Health CHARTS
	Infant and maternal mortality	FL Health CHARTS
	COVID-19 mortality	FL Health CHARTS
	Suicide rates	FL Health CHARTS
	Overdose rates	FL Health CHARTS
	Unintentional injury deaths	FL Health CHARTS

Appendix B: CSA Survey Instrument

You are invited to complete the Alachua County Community Status Assessment, formerly known as the Community Health Needs Assessment.

What – The Alachua County Community Status Assessment is a tool through which you can share your experience as an Alachua County resident. This assessment is one of the tools used to create and update the Community Health Improvement Plan every 3-5 years.

Why – The results are anonymous and will assist local community leaders and agencies with understanding the current health status and struggles of Alachua County residents. Additionally, the results will help determine what improvements can be made to enhance the overall health of Alachua County residents.

Who – All residents of Alachua County, who are over 18 years of age, are encouraged to complete the Community Status Assessment.

When – This survey will be available from Sept. 28th, 2023 – Jan. 1st, 2024.

Where – The survey is available online at https://tinyurl.com/ysctvcyk or QR code. A paper version is also available upon request at info@knowli.com and will be available in English, Spanish, and Creole. Please only complete the survey one time.

Upon completion of this survey, you will be eligible to enter a raffle for a $100 VISA gift card. Participation in the raffle is voluntary.

-THANK YOU for helping make Alachua County a better place!

You must be over 18 years old and a current resident or seasonal resident in Alachua County, Florida to take this survey.

Healthcare Quality and Access
We will begin by asking you a few questions about your experience when using the healthcare system in Alachua County.

1. What insurance(s) do you currently have? Select ALL that apply.
□ Medical
□ Dental
□ Vision
□ Life
□ Disability
□ None of the above □ (Skip to Question 3)

2. How do you get your insurance? Select ALL that apply.
□ Employer provided
□ Spouse or parent provided
□ Medicaid or Medicare
□ Self-purchased private insurance (such as Blue Cross Blue Shield)
□ VA / Tricare
□ Affordable Care Act (ACA) / Insurance Exchange
□ Other (please specify)
_____

3. If you do not have health insurance, why not? Select ALL that apply. Skip this question if you do have health insurance.
□ Unsure if I am eligible
□ Unsure of where to get help with selecting plan and/or enrolling
□ I do not think I need it
□ Cannot afford the premiums
□ Cannot afford the deductible
□ Cannot afford the co-pays or co-insurance
□ Cannot understand or do not know how to fill out the application
□ Cannot find a doctor who takes an insurance I can afford
□ Recently lost job and insurance benefits
□ Recently lost my insurance because of missed payments

4. Do you have difficulty understanding the information your doctor(s) share with you? Select one.
o No, I have no difficulty
o Yes, I need information that accommodates my disability
o Yes, I need information that accommodates my language
o Yes, I do not read or hear well enough to understand

5. Do you have trouble reading or understanding your prescription instructions? Select one.
o Yes
o No

6. Where do you primarily get your health information? Select one.

- o Doctor / Medical team
- o Social media
- o Websites
- o Family
- o Friends
- o Other (please specify)

_____

7. What health issues do you want more education on?
- o I do not want more education on medical issues
- o I want more education on _____

_____

_____

8. Which healthcare services are difficult for you to obtain in Alachua County? Select ALL that apply.
- □ I do not experience difficulties obtaining health care □ (Skip to Question 10)
- □ Primary care / Family doctor
- □ Urgent care
- □ Emergency room care
- □ In-patient hospital care
- □ Specialty care (heart doctor, neurologist, orthopedic doctor)
- □ Physical therapy / Rehabilitation services
- □ Mental / Behavioral health
- □ Vision / Eye care
- □ Dental / Oral care
- □ Family planning / Birth control
- □ Prenatal / Pregnancy care
- □ Imaging (x-ray, CT scan, mammogram, MRI, etc.)
- □ Laboratory services
- □ Prescriptions / Medications
- □ Medical supplies
- □ Substance abuse counseling services (drugs, alcohol)
- □ Hospice / Palliative care
- □ Other (please specify)

_____

9. What makes those services difficult for you to obtain? Select ALL that apply.
- □ No transportation
- □ Nearest provider is too far from where I live
- □ No availability of appointments
- □ Not sure where to get those services
- □ Cannot find a provider that speaks my language
- □ Cannot find a provider that accommodates my disability
- □ Cannot find childcare
- □ Cannot get or afford time off work
- □ Accessing services is too complicated

□ I do not have insurance
□ I rely mostly on my primary care provider

10. People have tests or screenings to help catch problems with their health early on. Some of these are recommended every year, some every few years. Have you had...?

	Yes	No
Eye exam in the past year	o	o
Hearing exam in the past three (3) years	o	o
Pap smear in the past three (3) years	o	o
Stool test for colon cancer in the past three (3) years	o	o
Colonoscopy in the past ten (10) years	o	o
Mammogram in the past two (2) years	o	o
Dental exam, checkup, cleaning in the past year	o	o
Screening for prostate cancer	o	o

If you selected “No” to any of the above, please go to Question 11. Otherwise, please skip to Question 12.

11. What prevented you from getting these tests or screenings? Select ALL that apply.

	Exams							
Answer Choices	Eye exam	Hearing exam	Pap smear	Stool test	Colono-scopy	Mammo-gram	Dental exam	Prostate screening
N/A - I have had this exam	○	○	○	○	○	○	○	○
Not eligible for this exam	○	○	○	○	○	○	○	○
Was not recommended by my doctor	○	○	○	○	○	○	○	○
Could not afford exam/co-pay	○	○	○	○	○	○	○	○
Could not find transportation	○	○	○	○	○	○	○	○
No available appointments	○	○	○	○	○	○	○	○
Work scheduling issues	○	○	○	○	○	○	○	○
Caregiving responsibilities	○	○	○	○	○	○	○	○
Didn't think I needed one	○	○	○	○	○	○	○	○
Anxiety about getting the exam	○	○	○	○	○	○	○	○
Language barrier issues	○	○	○	○	○	○	○	○
Disability/accessibility issues	○	○	○	○	○	○	○	○

12. Do you have diabetes?
o Yes
o No (Skip to Question 15)

13. Have you done any of the following?

	Yes	No
Had a doctor examine your feet in the past year	○	○
Attended a diabetes class	○	○
Check your blood sugar daily or several times a day	○	○

If you selected "No" to attending a diabetes class, please go to Question 14. Otherwise, please skip to Question 15.

14. What prevented you from attending a diabetes class? Select ALL that apply.
□ Could not afford co-pay or co-insurance
□ No transportation
□ Unaware of classes
□ Did not think I needed to go to a class
□ Cannot find a class given in my language
□ The length of the class is too long
□ The classes were not offered at a time that works for me
□ I did not like being in a group setting
□ Having to go to a class is inconvenient, I would rather do it virtually
□ Cannot find a class that accommodates my disability

15. Do you have hypertension / high blood pressure?
o Yes
o No □ (Skip to Question 18)

16. Do you check your blood pressure regularly?
o Yes □ (Skip to Question 18)
o No

17. What is preventing you from checking your blood pressure regularly? Select ALL that apply.
□ I do not have a blood pressure machine
□ Cannot afford the co-pay for the machine
□ I was told not to check my blood pressure
□ I have not been taught how to use a blood pressure machine
□ I do not have time to check my blood pressure
□ I cannot check my blood pressure at home because of my disability

Healthcare Outcomes and Behaviors
Next, we would like to understand more about your health and well-being.

18. Does any disability or chronic disease limit you and/or your spouse or partner from fully participating in work, school, housework, exercise, running errands, or other activities? Select one.
- o Yes, I am limited
- o Yes, my partner/spouse is limited
- o Yes, both me and my partner/spouse is limited
- o No, neither me or my partner/spouse are limited

19. How would you rate your health? Select one.
- o Poor
- o Fair
- o Good
- o Excellent

20. Do you currently have any of the following chronic health issues or disabilities? Select ALL that apply.
- □ I do not have a disability or chronic health issue
- □ Cognitive/Learning (ADHD, Dyslexia, Dementia, Down's Syndrome, Autism, Traumatic Brain Injury, Dyscalculia, etc.)
- □ Neurologic (Stroke, Alzheimer's, ALS, Epilepsy, Multiple Sclerosis, Cerebral Palsy, Paralysis, Parkinson's, Huntington's, Chronic Migraines, etc.)
- □ Mental/Behavioral (Depression, Anxiety, Bipolar Disorder, Schizophrenia, etc.)
- □ Substance Abuse Issues (drug/alcohol use disorders)
- □ Cardiovascular and Circulatory (Coronary Artery Disease, Heart Failure, Arrhythmia, etc.)
- □ Musculoskeletal (Amputation, Arthritis, Carpal Tunnel, Fibromyalgia, Joint disorders, Morbidly obese and immobile, etc.)
- □ Respiratory (Asthma, COPD, Cystic Fibrosis, Emphysema, etc.)
- □ Hearing loss/impairment sign language
- □ Vision loss/impairment
- □ Kidney Disease/Dialysis
- □ Other (please specify)

_____

21. During the last 30 days, how often did you feel…..

	None of the time	Some of the time	Most of the time	All of the time
Nervous or anxious	o	o	o	o
Hopeless	o	o	o	o
Restless	o	o	o	o
Depressed	o	o	o	o
Everything was an effort	o	o	o	o
Worthless	o	o	o	o

22. Did you receive the influenza (Flu) vaccine?
o Yes
o No, it was not offered by a medical provider
o No, I do not feel it is safe
o No, I do not feel it is needed
o No because I do not know much about it
o No, I don't believe in vaccination
o No, other (please specify)
_____

23. If you have school-aged children, did you get your children vaccinated for influenza (The Flu)?
o Yes, through a school program
o Yes, through their medical provider
o No, we have religious exemption
o No, I don't believe in vaccinations
o No, we missed the day the vaccination was provided at the school
o No, other (please specify)
_____

24. Have you received the HPV vaccine?
o Yes
o No, it was not offered by a medical provider
o No, I do not feel it is safe
o No, I do not feel it is needed
o No because I do not know much about it
o No, I don't believe in vaccinations
o No, other (please specify)
_____

25. If you have children ages 9 – 18, have they received the HPV vaccine?
o Yes
o No, it was not offered by a medical provider
o No, I do not feel it is safe
o No, I do not feel it is needed
o No because I do not know much about it
o No, I don't believe in vaccinations
o No, other (please specify)
_____

26. Have you ever received the Hepatitis A vaccine?
o Yes
o No, it was not offered by a medical provider
o No, I do not feel it is safe
o No, I do not feel it is needed
o No because I do not know much about it
o No, I don't believe in vaccinations
o No, other (please specify)
_____

Neighborhood and Built Environment
Now we would like to know more about your housing and transportation circumstances.

28. In what type of housing do you live? Select one.
o Rent home / apartment
o Own home / apartment
o Mobile home / trailer
o Shelter or homeless
o Temporary housing (staying with friends or family, in a hotel, etc.)
o Other (please specify)
_____

29. Is your housing accessible for disabilities in any of the following ways? Select ALL that apply.
□ Hearing impairment (flashing lights for smoke detector, doorbell, phone, etc.)
□ Wheelchair accessible home interior (doors, hallways, bathroom/shower, level flooring)
□ Accessible outside yard and entrance (Ramp, zero-step entrance, level sidewalks, proper lighting)
□ Vision (phone entry system, handrails, safe flooring, braille labels)
□ Cognitive (accommodations of any kind for Activities of Daily Living)
□ My housing is not accessible for any of the disabilities listed above

30. Would you or anyone in your household benefit from altering your housing to be more accessible? Select one.
o Yes
o No

31. What methods do you use for transportation for things like shopping, doctor appointments, getting to work, or running errands? Select ALL that apply.
□ Bus/Paratransit
□ Personal vehicle
□ Taxi or Uber/Lyft
□ Bike
□ Walk
□ Street rental (bike/scooter)
□ Family or friend
□ Personal power/motorized wheelchair
□ Other (please specify)
_____

32. If you do NOT use public transportation, what is preventing you?
o I use public transportation
o I do not use public transportation because _____
_____
_____

Social and Community Context
Now we are interested in learning more about your perspective of your surrounding community.

** ADA stands for the Americans with Disabilities Act

	Poor	Fair	Good	Very Good	Excellent
Safe, ADA accessible, and enjoyable parks and recreation places.	O	O	O	O	O
ADA accessible businesses and public buildings.	O	O	O	O	O
Businesses and government agencies that can accommodate non-English languages.	O	O	O	O	O
Reliable, ADA accessible, and safe transportation options for you to get around including walking, biking, transit, as well as driving.	O	O	O	O	O
Housing that is affordable, ADA accessible, and adapted to your needs.	O	O	O	O	O
A wide range of opportunities for you to be social and interact with your neighbors and community.	O	O	O	O	O
A sense that older adults are welcomed and valued in all settings.	O	O	O	O	O
A sense that people with disabilities are welcomed and valued in all settings.	O	O	O	O	O
A sense that individuals who speak languages other than English are welcomed and valued in all settings .	O	O	O	O	O
A sense that veterans are welcomed and valued in all settings.	O	O	O	O	O
A sense that people of all genders are welcomed and valued in all settings .	O	O	O	O	O
A wide range of employment and entrepreneurship opportunities.	O	O	O	O	O
Opportunities to get involved in your local government and advocate for issues you care about.	O	O	O	O	O

Access to information about community and social services (housing, literacy, insurance navigation, etc.) and opportunities for assistance.	o	o	o	o	o
Quality health care.	o	o	o	o	o
Community-based wellness and supportive services (senior centers, etc.)	o	o	o	o	o
Affordable senior living houses and homes.	o	o	o	o	o

34. How often do you have contact with family, friends, or neighbors who do not live with you? This interaction could be by phone, in person, email, or social media (such as Facebook, Twitter, etc.).
- o Several times a day
- o Once a day
- o Several times a week
- o Once a week
- o Once every 2 or 3 weeks
- o Once a month
- o Once every few months
- o Never

35. If you do NOT have internet service, why? Select ALL that apply.
- □ N/A - I do have regular internet access
- □ Do not have service because I cannot afford it
- □ Poor reception/service where I live
- □ Not sure how to get online or access the internet
- □ Do not have a personal computer
- □ Do not have a cell phone with internet access
- □ Not interested in using the internet
- □ I am not able to access the internet or use a computer because I do not have equipment that accommodates my disability

36. In general, how do you prefer to learn about opportunities, services, events, or programs available to you in Alachua County? Select one.
- o Mail (flyers, announcements)
- o Newspaper
- o Email
- o Radio
- o Television
- o Websites
- o Social Media sites (Facebook, Instagram, etc.)
- o Other (please specify)

_____

37. What is preventing you from attending the following events more often? Select ALL that apply.

	I attend as often as I like	Lack of information about these	Lack of transport-ation	Lack of accomm-odation for my disability	Lack of accomm-odation for my language
Health/healthcare fairs	☐	☐	☐	☐	☐
Arts and cultural centers/events	☐	☐	☐	☐	☐
Sporting events	☐	☐	☐	☐	☐
Volunteering	☐	☐	☐	☐	☐
Local government meetings such as school board meetings, city/county meetings, etc.	☐	☐	☐	☐	☐
Voting in national or local elections	☐	☐	☐	☐	☐

Insecurities and Struggles

The questions in this section help us understand the strains that occur in Alachua County. Please remember all responses are anonymous.

38. What are your top three concerns while living in Alachua County?

- ☐ Access to sufficient and nutritious foods
- ☐ Access to healthcare
- ☐ Access to supplemental educational resources for learning challenges/disabilities
- ☐ Adequate education opportunities
- ☐ Affordable childcare
- ☐ Affordable housing
- ☐ Affordable utilities (electric, water, gas, etc.)
- ☐ Age-related issues (arthritis, hearing loss, dementia, etc.)
- ☐ Disability or chronic conditions
- ☐ Discrimination
- ☐ Domestic violence
- ☐ Drug or alcohol abuse
- ☐ Homelessness
- ☐ Low-income/poverty
- ☐ Mental health

- □ Neighborhood crime
- □ Pollution (air, water, soil, etc.)
- □ Stress
- □ Sexual violence
- □ Transportation
- □ Tobacco use (including e-cigs/vapes)
- □ Other (please specify)

_____

39. During the last 12 months, was there a time when, because of lack of money or other resources, you…

	Yes	No
Were worried you would not have enough food to eat	o	o
Skipped a meal	o	o
Were hungry but did not eat	o	o
Unable to eat healthy and nutritious foods	o	o
Ate less than you thought you should	o	o
Ate only a few kinds of foods	o	o
Ran out of food	o	o

40. Are you aware of the following food-related services and resources? Check “yes” if you are aware and “no” if you were not aware.

	Yes	No
How to access and enroll in food banks	o	o
Where the local farmer's markets are located	o	o
You can use SNAP benefits at some farmer's markets	o	o

41. Would you be interested in or able to grow food in your yard/patio or in a community garden? Select ALL that apply.

□ I am not interested in growing food in my yard/patio or community garden
□ Yes, I am interested in growing food in my yard/patio
□ Yes, I am interested in growing food in my community garden
□ I currently grow food in my yard/patio or community garden

42. Do you have a child under the age of 5?

o Yes
o No (Skip to Question 46)

43. Have you ever used WIC (Women Infants and Children) services?

o Yes (Skip to Question 45)
o No

44. What has prevented you from using WIC services? Select ALL that apply.

□ Did not think I needed the services
□ Did not think I qualified
□ Not sure how to enroll
□ No transportation to the clinic location
□ No availability of work appointments or too long of a wait
□ Work-related issue (work schedule, no paid leave, denied time off, etc.)
□ My responsibilities as a caregiver for another person (adult or child) kept me from getting the care I need
□ Cannot find a WIC clinic that speaks my language
□ Cannot find a WIC clinic that accommodates mine or my child's disability

45. Are you aware of the following WIC benefits and services? Check “yes” if you are aware and “no” if you were not aware.

	Yes	No
Children can receive WIC benefits up to the age of 5	○	○
You do not have to be a US citizen to receive WIC benefits	○	○
WIC offers various types of breast pumps to eligible WIC participants	○	○
WIC offers nutritional counseling and provides supplemental foods	○	○
WIC can assist with referrals for health care and other social services	○	○

46. If you have a child under 18 years old, within the past three months, how often have you experienced childcare breakdowns (such as not being able to afford childcare, not being able to find childcare providers, not being able to find childcare that accommodates your child's needs, etc.)? Select one.
o N/A – I do not have a child needing childcare
o Never
o Rarely
o Sometimes
o Often
o Always

47. Have you signed up for the AlertAlachua Emergency Notification System?
o Yes
o No

48. Where do you learn about emergency preparedness in Alachua County? Select ALL that apply.
□ The news/TV
□ The radio
□ AlachuaCountyReady.org
□ AlertAlachua Emergency Notification System
□ FloridaDisaster.org
□ AlachuaCounty.us (the county's website)
□ A weather app
□ Family and friends
□ Social media sites that are not specific to Alachua County
□ Websites not specific to Alachua County
□ Other (please specify)
_____

49. Do you qualify for the Special Needs Shelter?
o Yes
o No
o Unsure

Demographic Information
In this final section, we need to know more about your characteristics. Please know that your answers are protected, anonymous, and cannot be used to identify you.

50. In what capacity do you live in Alachua County? Select one.
o UF student
o Santa Fe student
o Permanent resident (not a student but live in the county year-round)
o Seasonal resident (not a student but live in the county for certain months of the year)

51. Are you a veteran?
- o Yes
- o No

52. In what zip code do you live?
- o 32044
- o 32601
- o 32603
- o 32604
- o 32605
- o 32606
- o 32607
- o 32608
- o 32609
- o 32610
- o 32611
- o 32612
- o 32614
- o 32615
- o 32616
- o 32618
- o 32622
- o 32627
- o 32631
- o 32633
- o 32635
- o 32640
- o 32641
- o 32643
- o 32653
- o 32655
- o 32658
- o 32662
- o 32666
- o 32667
- o 32669
- o 32694
- o Other (please specify) _____

53. Which of the following best describes your current employment status?
o Full time employment
o Part-time employment
o Home maker
o Self-employed
o Retired
o Unemployed
o Temporary worker (agricultural, medical, etc.)
o Working multiple jobs

54. What racial group(s) do you identify as? Select ALL that apply.
□ Black / African American
□ White
□ American Indian / Alaska Native
□ Native Hawaiian / Pacific Islander
□ Multiracial
□ Asian
□ Other race (please specify) _____

55. Are you of Hispanic, Latino, or Spanish origin?
o No
o Yes – Mexican American, Mexican, Chicano
o Yes – Puerto Rican
o Yes – Cuban
o Yes – another Hispanic origin

56. Are there any other ethnicities you identify as? For example – Chinese, Pakistani, Bahamian, Haitian, Ecuadorian, Honduran, Guatemalan, Greek, German, Irish, Syrian, etc.
o No
o Yes (please specify) _____

57. What is your current age?_____

58. What is your gender?
o Man
o Woman
o Transgender man
o Transgender woman
o Other (please specify)
_____

59. What is the highest level of education you have completed?
o Less than high school
o High school / GED
o Technical or community college
o Some college

- o Associate's degree
- o Bachelor's degree
- o Graduate degree or Professional degree

60. If you had the resources you needed, would you pursue a higher level of education? Select one.
- o Yes, a college or university degree
- o Yes, a trade or technical certification (HVAC, welding, plumbing, etc.)
- o No (Skip to Question 62)

61. What kept you from pursuing further education? Select one.
- o I attained my career goals
- o I was not able to attend further education due to childcare obligations
- o I was temporarily incarcerated
- o Work obligations (I was unable to work and go to school at the same time)
- o I could not continue due to lack of accommodation for my disability
- o I could not find a program/university that accommodated my language needs
- o I lacked the financial resources to pursue a higher degree

62. What is your current marital status?
- o Married
- o Divorced
- o Separated
- o Widowed
- o Never married

63. What is the main language you use at home? Select one.
- o English
- o Spanish
- o Creole
- o Other (please specify) _____

64. What is the combined annual income of everyone living in your household?
- o Less than $25,000
- o $25,000 to $34,999
- o $35,000 to $49,999
- o $50,000 to $74,999
- o $75,000 to $99,999
- o $100,000 to $149,999
- o $150,000 or more
- o I prefer not to answer

End of Survey

Thank you for your time taking this survey!

The results of this survey will be used to inform the improvement of Alachua County programs, services, education, and outreach in your community.
As a final reminder, your responses are anonymous and cannot be used to identify you in any way.
If you would like to participate in our raffle to win a $100 gift card, please write your email address and phone number below so we can contact you if you win:

Email address: _____

Phone number: _____

Please return this form to:
Florida Department of Health in Alachua County
224 SE 24th Street
Gainesville, FL 32641
If you have any questions about this survey, please contact (850) 354-5414 or info@knowli.com.

Appendix C: Essential Public Health Services

To increase its relevance to community partners outside the health and human service sectors, the MAPP 2.0 process describes 10 Essential Public Health Services (EPHS) for the CPA, a framework intended to help communities identify systemic solutions to public health inequities. Organizations often perform many of these services. The ten Essential Public Health Services are as follows:

- **Health Equity Capacity:** Assesses each partner's understanding and commitment to health equity and related concepts, their role in addressing inequities, and analysis of currently implemented interventions, programs, and services at the individual, organizational, systemic, and structural levels.
- **Community Engagement:** Assesses each partner's relationship with, and relative power in, the community. How they successfully engage in meeting community needs. And provide opportunities for the community to participate in shaping programs, services, or other activities designed to help them.
- **Resources:** Assesses partner resources to meet community needs and how those resources are aligned to meet the needs of specific subpopulations.
- **Community Linkages:** Assesses capacity to coordinate and align with other partners and stakeholders within the community system to improve overall quality, efficiency, and effectiveness of programs, services, and interventions to address inequities. Also assesses how partners are building allies and networks with those holding power.
- **Leadership:** Assesses each partner's leadership support around achieving equity as it relates to their mission and participation in the MAPP 2.0 process.
- **Workforce:** Each partner assesses whether their respective workforce is skilled, sufficient, and representative of community demographics to meet community needs and address inequities.
- **Policy Analysis:** Assesses each partner's internal organizational policies from an equity lens, and the effect of public policies on their ability to impact inequities in the community. These results can be used to identify concrete strategies for organizational, community, and public policy level changes.
- **Data Access and Systems:** Inventories available assessments and data available across partners that may inform and contribute to the larger CHA. Also, explores

opportunities for data sharing and transparency across the community. And assesses each partner's data infrastructure for ongoing monitoring and evaluation to track its own impact on inequities and identify opportunities for shared measurement and evaluation in the community health improvement process.

Forces of Change: Provides a structure for each partner organization to reflect on the forces of change impacting its work and future scenario planning to identify potential obstacles or opportunities for promoting health equity.

Appendix D: MAPP 2.0 CPA Meeting Activities

Orientation Meeting

The purpose of the orientation meeting was to discuss the intended goals, processes, and outcomes of the CPA. This gave community partners the opportunity to critically assess their individual systems and capacities. The orientation meeting was co-facilitated by two members of Knowli Data Science, one virtually and one in-person, along with four supporting Knowli facilitators. The meeting consisted of an overview of the updated MAPP 2.0 Framework, goals of the CPA, and three main activities: (1) Defining Health Equity, (2) Organizational Activities and Essential Public Health Services (EPHS), and (3) Rich Picture Analysis of the Local Public Health System (LPHS).

Defining Health Equity

Participants were led through a group discussion on how they define health equity and what health equity means to them. Following this, participants were presented with a definition of health equity proposed by Paula Braveman and colleagues (2017). Participants discussed what they might add or revise from this definition, ending the activity by agreeing upon a common definition of health equity.

Organizational Activities and EPHS

The EPHS framework and its purpose, outlined in Appendix C of this report, were presented to participants. Once familiar with each of the EPHSs, participants were led through a mapping activity to identify which EPHSs may be underrepresented, and which may already be adequately or robustly represented by the services of the partner organizations. Participants brainstormed their organization's main activities and wrote them on sticky notes, using physical sticky notes for those attending in-person or Google Slides for those attending virtually. These sticky notes were then sorted into the EPHS which most closely aligned. Finally, participants reconvened to discuss which EPHSs were well represented by their organizational activities, and which were underrepresented.

Rich Picture Analysis of the LPHS

Participants were sorted into small groups and given vignettes of fictional patients who would be navigating the Alachua County public health system. Each group was tasked with identifying the structural and individual-level factors affecting the health of the person described in their vignette, then creating a diagram to illustrate these factors using pictures, words, or drawings. Following this, each group conducted an Internal Strengths and Weaknesses, External Opportunities, and Threats (SWOT) analysis of the EPHS, which most closely aligns with the need and conditions of the person described in their vignette. Finally, participants reconvened and completed a debrief activity with the larger group.

Follow-Up Discussions

Knowli Data Science and DOH-Alachua hosted two follow-up meetings to discuss the preliminary findings of the CPA survey with participants. The follow-up meetings consisted of four main activities: (1) a Mission and Values Alignment activity, (2) On the River activity, (3) a focus group discussion, and (4) a Praxis Project's Self-Assessment activity.

Mission and Value Alignment

Participants were presented with a series of prompts related to their organizations' orientations and tasked with responding whether they agree, disagree, or are neutral. Prompts include statements such as "my organization is just starting to explore the concept of equity" and "staff at my organization regularly discuss structural forces, systems of inequality, and other forms of oppression," among others. To conclude this activity, participants reconvened to discuss their answers with the larger group.

On the River

Public health's upstream/downstream metaphor and accompanying diagram were presented to participants. Each participant was then tasked with brainstorming their organization's activities on sticky notes and attaching them to the stream diagram where they believe that activity belongs. Participants then reconvened for a larger group discussion of the trends and patterns observed during the activity, and how reallocations of funds and resources could affect the potential to move interventions, services, and programs further upstream.

Focus Group

The last half of the second follow-up meeting was dedicated to generating respectful and open dialogue among the partners. Topics of discussion included the CPA survey findings, barriers to improving public health in Alachua County, and potential solutions moving forward. Prompts for conversation were divided into two domains: (1) Organizational Mission and Values Alignment with Health Equity and Root Causes and (2) Upstream versus Downstream Health Factors, and Community Health.

Praxis Project Self-Assessment

Participants were presented with the Praxis Project's Working Principles for Health Justice and Racial Equity Organizational Self-Assessment. Each participant was asked to read the principles listed and note which ones they do regularly, which they would like to do but do not practice, and which they have questions or comments about. Following this, participants reconvened for a large group discussion to share their reflections from the activity.

Appendix E: CPA Survey Instrument

Community Partner Assessment

Overview

Thank you for taking the Mobilizing for Action through Planning and Partnerships (MAPP) Community Partner Assessment (CPA) Survey. This process helps to identify how we will improve our community's health together.

Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare. Public health is more than healthcare. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in MAPP, whom they serve, what they do, and their capacities and skills to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact.

The responses to this survey will be summarized in our Community Health Assessment (CHA). They will be used to develop a Community Health Improvement Plan (CHIP) to improve health in our community.

Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CHA report.

Survey Length

This survey should take 20-30 minutes to complete.

Name of Your Organization

_____

Please indicate how much your organization focuses on the following social and economic conditions impacting health. For your convenience, the definitions for each determinant of health are provided with each prompt.
How much of your organization's work is dedicated to **Economic Stability?**

By this, we mean the connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.

- A lot
- A little
- Not at all
- Unsure

How much of your organization's work is dedicated to **Education Access and Services?**

By this, we mean the connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.

- A lot
- A little
- Not at all
- Unsure

How much of your organization's work is dedicated to **Healthcare Access and Quality?**

By this, we mean the connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.

- A lot
- A little
- Not at all
- Unsure

How much of your organization's work is dedicated to **Neighborhoods and Built Environments?**

By this, we mean the connections between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.

- A lot
- A little
- Not at all
- Unsure

How much of your organization's work is dedicated to **Social and Community Contexts?**

By this, we mean the connections between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.

- A lot
- A little
- Not at all
- Unsure

Which of the following topics/issues does your organization aim to address? Select all that apply:

- Arts and culture
- Criminal legal system
- Disability/independent living
- Early childhood development/childcare
- Education
- Community economic development
- Economic security
- Environmental justice/climate change
- Religion and faith
- Family well-being
- Financial institutions (e.g., banks, credit unions)
- Food access and affordability (e.g., food bank)
- Food service/restaurants
- Gender discrimination/equity
- Government accountability
- Healthcare access/utilization
- Housing
- Human services
- Immigration
- Jobs/labor conditions/wages and income
- Land use planning/development
- LGBTQIA+ discrimination/equity
- Parks, recreation, and open space
- Public health
- Public safety/violence
- Racial justice
- Older adult care
- Transportation
- Utilities
- Veterans' issues
- Violence
- Youth development and leadership

Which of the following health topics does your organization work on? Select all that apply:

- My organization does not work on health topics
- Cancer
- Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- Family/maternal health
- Immunizations and screenings
- Infectious disease

- Injury and violence prevention
- HIV/STD prevention
- Healthcare access/utilization
- Health equity
- Health insurance/Medicare/Medicaid
- Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- Physical activity
- Tobacco and substance use and prevention
- Supplemental Nutrition Assistance Program (SNAP)
- Special supplemental nutrition program for Women, Infants, and Children (WIC)
- A health topic not listed here (please write below):

_____

We would like to know more about the individuals that your organization serves. Please answer the following questions about the characteristics of the community you serve.
Please select the extent to which your organization serves the following populations in Alachua County:

	No, this is **not** our target population.	**Yes,** we provide **general services,** and these populations can access them	**Yes**, our services and resources **are specifically designed** to support these populations
People in specific racial/ethnic groups	○	○	○
Pregnant persons	○	○	○
Older adults	○	○	○
Children and adolescents	○	○	○
People in specific sex and gender groups	○	○	○
Native and Indigenous populations	○	○	○
Immigrants, refugees, and asylum seekers	○	○	○
People in the disability community	○	○	○
Lesbian, Gay, Bisexual, Trans, and Queer people	○	○	○
People who have trouble paying bills for things such as housing, utilities, healthcare, food, childcare	○	○	○
People without stable housing	○	○	○

People experiencing substance addictions	○	○	○
People involved in the criminal/legal system	○	○	○
People experiencing poverty and/or unemployment	○	○	○

Which racial/ethnic populations does your organization work with? Select all that apply.

- Black or African American
- Hispanic/Latinx
- Caribbean
- African
- Middle Eastern
- Asian/Asian American
- Pacific Islander/Native Hawaiian
- Native American or Indigenous Groups
- Native Hawaiian or Other Pacific Islander
- Alaska Native
- White
- European
- Other (please write below):

_____

Does your organization work with people who speak English as a second language?

- ○ Yes
- ○ No
- ○ Unsure

We would now like to know more about your organization's commitment to equity. Please answer the following questions about your organization's focus on diversity, equity, and inclusion.

We have **at least one person** dedicated to addressing diversity, equity, and inclusion **internally** in our organization.

- ○ Agree
- ○ Disagree
- ○ Unsure

We have **at least one person** dedicated to addressing inequities **externally** in our community.

- ○ Agree
- ○ Disagree
- ○ Unsure

We have **a team** dedicated to advancing equity/addressing inequities inside and outside our organization.

- Agree
- Disagree
- Unsure

Advancing equity/addressing inequities **is included in all or most staff job requirements**.

- Agree
- Disagree
- Unsure

If your organization has a shared definition of equity or health equity, please copy, and paste it below. If not, please proceed to the next question.

_____

We would now like to learn more about the resources and practices of your organization. Please answer the following questions about your organization's practices and your affiliation with the organization.

Please select all of the specific practices that your organization current engages in from the list below:

- We hire staff from specific groups that mirror our target populations and their experiences
- We hire staff/interpreters who speak the language/s of our target populations
- We support leadership development in our target populations
- We have leadership who speak the language/s of our target populations
- Our organization is physically located in neighborhood/s of our target populations
- We receive many clients from our target populations
- We receive many referrals from our target populations
- We work closely with community organizations from our target populations
- We do extensive outreach to our target populations

What languages does your organization use to communicate with the communities it serves? Select all that apply:

- English
- Spanish
- French/Creole
- Korean
- Chinese (Mandarin, Cantonese, Hokkien, etc.)
- Arabic
- Sign Language
- Braille
- One or more languages not listed here (please write below):

_____

Please indicate what languages your organization engages in the following activities. Select all that apply:

	Speaks	Holds Public Meetings	Distributes Media/ Educational Materials	None
English	•	•	•	•
Spanish	•	•	•	•
French/Creole	•	•	•	•
Korean	•	•	•	•
Chinese (Mandarin, Cantonese, Hokkien, etc.)	•	•	•	•
Arabic	•	•	•	•
Sign Language	•	•	•	•
Braille	•	•	•	•
One or more languages not listed here (please write below):	•	•	•	•

Which of the following roles are held by people who are members of the groups that your organization serves? Select all that apply.

- Leadership
- Management
- Administrative/Frontline Staff
- None of the above

Has your organization participated in a Community Health Assessment (CHA) previously?

- ○ No, this is the first.
- ○ Yes (If yes, when was your last year of participation?)

_____

- ○ Unsure

Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?

- ○ Yes (Please describe below what power they have over final decisions)

_____

- ○ No
- ○ Unsure

To whom is your organization accountable?

By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may

be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. Select all that apply:

- Mayor, governor, or other elected executive official
- City council, board of supervisors/commissioners, or other elected legislative officials
- State government
- Federal government
- Tribal government
- Foundation
- Community members
- Members of the organization
- Customers/clients
- Board of directors/trustees
- Shareholders
- Voting members
- National/parent organization
- Other _____

We would like to know more about the overall capacity of your organization. Please answer the following questions about your organization's capacities and strengths (departments within larger organizations such as hospitals, universities, and local governments should answer for their specific department).

Organizational Capacities Related to the 10 Essential Public Health Services

One goal of this assessment is to help describe how each partner organization contributes to your local public health system. The 10 statements below describe activities needed for the public health system (e.g., assessment, communication, community engagement).

Please select whether your organization regularly does the following activities. Select all that apply:

- ***Assessment:*** My organization conducts assessments of living and working conditions and community needs and assets.
- ***Investigation of Hazards:*** My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- ***Communication and Education:*** My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
- ***Community Engagement and Partnerships:*** My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
- ***Policies, Plans, Laws:*** My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- ***Legal and Regulatory Authority:*** My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- ***Access to Care:*** My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- ***Workforce:*** My organization supports workforce development and can help build and support a diverse, skilled workforce.
- ***Evaluation And Research:*** My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- ***Organizational Infrastructure:*** My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- ***Strategy Not Listed Here*** (please write below):

_____

Are there any other core competencies or strengths not included on the list above that your organization does?

- Yes (Please describe)

_____

- No

What is your organization's annual budget?

- under $50,000
- $50,000-$99,999
- $100,000-$499,999
- $500,000-$999,999
- $1,000,000 or higher

How many staff or volunteers does your organization currently employ/rely on?

- Less than 10
- 10-49
- 50-99
- 100-499

- 500 or more

Approximately how many clients does your organization serve on an annual basis?

- Less than 50
- 50-99
- 100-499
- 500 or more

Does your organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?

- Yes
- No (Please elaborate)

  _____
- Unsure (Please elaborate)

  _____

General Capacities and Strengths

Which of the following strategies does your organization use to do your work? Select all that apply:

- ***Research and Policy Analysis:*** Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.
- ***Social and Health Services:*** Providing services that reach clients and meet their needs (including clinical and healthcare services).
- ***Organizing:*** Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.
- ***Communications:*** Messaging that resonates with communities, connects them to an issue, or inspires them to act.
- ***Leadership Development:*** Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.
- ***Litigation:*** Using legal resources to reach outcomes that further long-term goals.
- ***Advocacy and Grassroots Lobbying:*** Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.
- ***Alliance and Coalition-Building:*** Building collaboration among groups with shared values and interest.
- ***Arts and Culture:*** Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.
- ***Campaigns:*** Using organized actions that address a specific purpose, policy, or change.
- ***Healing:*** Addressing personal and community trauma and how they connect to larger social and economic inequalities.
- ***Inside-Outside Strategies:*** Coordinating support from organizations on the "outside" with a team of like-minded policymakers on the "inside" to achieve common goals.

- ***Integrated Voter Engagement:*** Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.
- ***Movement-Building:*** Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.
- ***Narrative Change:*** Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.
- ***Strategy Not Listed Here*** (please write below):

_____

One goal of MAPP is to help build the collective capacity of our network and connect partners to help build their capacities. What capacities would you like to grow as an organization, including any mentioned above?

_____

This final set of questions asks about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public.
Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

- Yes (Please describe below)

_____

- No
- Unsure

Can you share the assessments you described above with the MAPP collaborative?

- Yes
- No
- Unsure
- Not applicable - My organization does not conduct assessments.

What data does your organization collect on an ongoing basis? Select all that apply:

- Demographic information about clients or members
- Access and utilization data about services provided and to whom
- Evaluation, performance management, or quality improvement information about services and programs offered
- Data about health status
- Data about health behaviors
- Data about social and economic conditions impacting health (e.g., housing, education, or other conditions)
- Data about systems of power, privilege, and oppression
- We don't collect data
- Other: _____

Can you share any of that data with the MAPP collaborative?

- Yes, already being shared

- Yes, can share
- No
- Unsure

How does your organization collect data? Select all that apply:

- Surveys
- Focus groups
- Interviews
- Feedback forms
- Photovoice or other participatory research
- Notes from community meetings
- Videos
- Secondary data sources
- Electronic health records
- Data tracking systems
- Other: _____

What skills does your organization's members have? Select all that apply:

- Survey design and analysis
- Secondary data analysis
- Needs assessment
- Focus group facilitation
- Interviewing
- Detailed note-taking or transcription
- Participatory research
- Facilitators of community or town hall meetings
- Asset mapping
- Mapping/visualization skills
- Other quantitative or qualitative methods:

_____

Which of the following methods of community engagement does your organization use most often? Select all that apply:

- Customer/patient satisfaction surveys
- Fact sheets
- Open houses
- Presentations
- Billboards
- Videos
- Public comment
- Focus groups
- Community forums/events
- Surveys
- Community organizing
- Advocacy

- House meetings
- Interactive workshops
- Polling
- Memorandums of understanding (MOUs) with community-based organizations
- Citizen advisory committees
- Open planning forums with citizen policing
- Community-driven planning
- Consensus building
- Participatory action research
- Participatory budgeting
- Social media
- Other: _____

When you host community meetings, do you offer: Select all that apply:

- Stipends or gift cards for participation
- Interpretation/translation to other languages including sign language
- Food/snacks
- Transportation vouchers if needed
- Childcare if needed
- Accessible materials for low literacy populations
- Virtual ways to participate
- Not applicable
- Other: _____

Appendix F: Supplemental Community Partners' Characteristics

TABLE F1. COMMUNITY PARTNER SERVICES AND POPULATIONS SERVED

Organization	Sector	Subject Areas	Populations Served
Alachua County Community Support Services	Government	Social Services, Housing, Crisis Intervention	Children and Families, Veterans, Sexual Assault Victims, Low Income Residents
Bread of the Mighty Food Bank	Non-Profit	Food Security and Access	Children, Seniors, Low Income Families, Veterans, People Experiencing Homelessness
Children's Trust	Government	Youth Programs, Summer Youth Camps and Programs, After-School Programs	Children and Families
City of Gainesville - Bike Ped	Government	Bicycle and Pedestrian Transportation	Gainesville Residents
City of Gainesville - Fire Rescue	Government	Fire Prevention, Emergency Assistance	Gainesville Residents
City of Gainesville - Vision Zero	Government	Transportation and Safety	Gainesville Residents
Community Hospice	Non-Profit	Hospice and Palliative Care	Older Adults, Families
DOH-Alachua	Government	Public Health	Alachua County Residents
DOH-Alachua - Minority Health and Health Equity	Government	Public Health	Alachua County Residents, Racial and Ethnic Minorities, Other Minorities
DOH-Alachua - We Care Referral Network	Government	Public Health	Alachua County Residents
Episcopal Children's Services	Non-Profit	Head Start / Early Head Start	Children and Families
Feeding Florida	Non-Profit	Food Security and Access	Children, Seniors, Low Income Families, Veterans, People Experiencing Homelessness
Feeding NorthEast Florida	Non-Profit	Food Security and Access	Children, Seniors, Low Income Families, Veterans, People Experiencing Homelessness
Gainesville For All (GNV4ALL)	Non-Profit	Family Support, Education, Criminal Justice, Health, and Transportation	Children, Families, People Experiencing Homelessness, Racial Minorities, Low Income Residents
Gainesville Opportunity Center	Non-Profit	Mental and Behavioral Health, Career Readiness	Adults Living with Chronic Mental Illness
Gainesville Thrives	Non-Profit	Literacy, Education	Infants, Toddlers, Children, Expectant Parents, Families
Helping Hands Clinic	Non-Profit	Homelessness, Access to Care	People Experiencing Homelessness
Meridian Behavioral Health Care (MBHCI)	Non-Profit	Mental and Behavioral Health	People Affected by Mental Illness and Substance Use Disorders

Rural Women's Health Project (RWHP)	Non-Profit	Migrant Population, Language Access	Immigrants, Spanish Speakers, Women Living with HIV, Agricultural Workers
SNAP-Ed	Government	Food Security and Access	Low Income Residents and Families
Suwannee River Area Health Education Center (SRAHEC)	Non-Profit	Chronic Disease Prevention, Tobacco Cessation, Health Care Literacy	Individuals with Basic Health Needs, Health Professionals, and Students
Tobacco Free Alachua	Government	Tobacco Prevention and Cessation	Alachua County Residents
UF College of Dentistry	Government	Community Dentistry	Adults and Children
UF Health Science Center Libraries	Government	Education, Research, Training	UF Students, Campus Visitors, General Public
UF Healthstreet	Government	Access to Care, Health Education, Community Health	Gainesville Residents
UF Health Shands Hospital	Government	Health Care	Gainesville Residents
Well Florida	Non-Profit	Consulting, Non-Profit Management, Program Evaluation	Government Agencies, Non-Profits, Those with HIV/AIDS, Women and Families

Notes: Not all partners completed all parts of the CPA, which will result in different partners appearing in Appendix G displays.

TABLE F2. DEDICATED TIME OF ORGANIZATIONAL WORK BY SECTOR

Organization Name	Economic Stability	Education Access and Services	Healthcare Access and Quality	Neighborhoods and Built Environments	Social and Community Contexts
Feeding Florida SNAP-Ed	A lot	A lot	Not at all	A lot	A little
Episcopal Children's Services Inc.	A lot	A lot	A lot	A lot	A lot
Meridian Behavioral Healthcare	A little	A little	A lot	A little	A little
Tobacco Free Alachua	Not at all	Not at all	Not at all	Not at all	Not at all
Community Hospice & Palliative Care	A lot	A lot	A lot	A little	A lot
DOH - Alachua County	A lot	A little	A lot	A lot	A little
ACPS Food & Nutrition Services	A lot	A lot	Not at all	A lot	Not at all
Children's Trust of Alachua County	A little	A lot	A lot	A little	Not at all
City of Gainesville	A lot	A little	A little	A lot	A lot
Suwannee River Area Health Education Center (AHEC)	A little	A lot	A lot	Not at all	Not at all
Park, Recreation and Cultural Affairs	A lot	A lot	A little	A lot	A lot
Gainesville Community Reinvestment Area	A lot	A little	A little	A lot	A lot
City of Gainesville Public Works	A little	Not at all	Not at all	A lot	A little
We Care Physician Referral Network	Not at all	Not at all	A lot	Not at all	Not at all
University of Florida College of Dentistry	A lot	A lot	A lot	A lot	A lot
Alachua County Department of Community Support Services	A lot	A little	A lot	A lot	A little
Gainesville For All	A lot	A lot	A little	A lot	A lot
Feeding Florida SNAP-Ed	A lot	A lot	Not at all	A lot	A little

Notes: Not all partners completed all parts of the CPA, which will result in different partners appearing in Appendix G displays.

TABLE F3. PARTNERS' POPULATION TARGETING EFFORTS FOR SERVICES

Name of Your Organization	Black or African American	Hispanic/ Latinx	Caribbean	Middle Eastern	Asian/ Asian American	Pacific Islander/ Native Hawaiian	Native American or Indigenous Groups	Native Hawaiian/ Pacific Islander	Alaska Native	White	European	Organization Comments:
Feeding Florida SNAP-Ed	X	X	X	X	X	X	X	X	X	X	X	
Episcopal Children's Services Inc.	X	X	X	X	X	X	X	X	X	X	X	All Races are welcome to apply for services.
Meridian Behavioral Healthcare	X	X	X	X	X	X	X	X	X	X	X	
Tobacco Free Alachua												We have no target ethnicity.
Community Hospice & Palliative Care	X	X	X	X	X	X	X	X	X	X	X	
DOH - Alachua County	X	X	X	X	X	X	X	X	X	X	X	
ACPS Food & Nutrition Services	X	X	X	X	X	X	X	X	X	X	X	We serve all ethnic populations equally.
Children's Trust of Alachua County	X	X	X	X	X	X	X	X	X	X	X	All
City of Gainesville	X	X	X	X	X	X	X	X	X	X	X	
Suwannee River Area Health Education Center (AHEC)	X	X	X	X	X	X	X	X	X	X	X	

Park, Recreation and Cultural Affairs	X	X	X	X	X	X	X	X	X	X	X	
Gainesville Community Reinvestment Area	X	X	X	X	X	X	X	X	X	X	X	
City of Gainesville Public Works	X	X	X	X	X	X	X	X	X	X	X	
We Care Physician Referral Network	X	X	X	X	X	X	X	X	X	X	X	
University of Florida College of Dentistry	X	X	X	X	X	X	X	X	X	X	X	
Alachua County Department of Community Support Services	X	X	X	X	X	X	X	X	X	X	X	
Gainesville For All	X	X	X		X					X		

Notes: Not all partners completed all parts of the CPA, which will result in different partners appearing in Appendix G displays.

TABLE F4. ORGANIZATIONS' LANGUAGE ACCOMMODATION CAPACITY

Organization Name	Do you employ someone with a primary language other than English?	Languages Organizations Can Accommodate								
		English	Spanish	French, Creole	Korean	Chinese	Arabic	American Sign Language	Braille	Provide a Language Service
Feeding Florida SNAP-Ed	Yes	X	X							
Episcopal Children's Services Inc.	Yes	X	X	X						
Meridian Behavioral Healthcare	Yes	X	X					X		
Tobacco Free Alachua	Yes	X								
Community Hospice & Palliative Care	Yes	X	X							
DOH - Alachua County	Yes	X	X	X	X	X	X	X		X
ACPS Food & Nutrition Services	Yes	X	X	X	X	X	X	X	X	
Children's Trust of Alachua County	Yes									
City of Gainesville	Yes	X	X						X	
Suwannee River Area Health Education Center (AHEC)	Yes	X	X	X						
Park, Recreation and Cultural Affairs	Yes	X	X	X		X		X		
Gainesville Community Reinvestment Area	Yes	X	X	X						
City of Gainesville Public Works	Yes	X	X							
We Care Physician Referral Network	Yes	X	X							

University of Florida College of Dentistry	Yes	X	X							
Alachua County Department of Community Support Services	Yes	X	X	X	X	X	X	X	X	X
Gainesville For All	Unsure	X								

Notes: Not all partners completed all parts of the CPA, which will result in different partners appearing in Appendix G displays.

TABLE F5. ORGANIZATIONS' DATA COLLECTION ACTIVITIES

Organization Name	Types of Data Organization Collect on Clients and Members								Can you data share?
	Demographics	Access and Utilization	Service Evaluation	Health Status	Health Behaviors	SECIH	Social Systems	Information of other programs	
Feeding Florida SNAP-Ed	X	X	X		X				Unsure
Episcopal Children's Services Inc.	X	X	X	X	X	X			Unsure
Meridian Behavioral Healthcare	X	X	X	X	X	X			Unsure
Tobacco Free Alachua		X		X					Unsure
Community Hospice & Palliative Care	X	X	X	X		X			Unsure
DOH - Alachua County	X	X	X	X	X	X			Yes, can share
ACPS Food & Nutrition Services	X	X							Yes, already being shared
City of Gainesville	X		X			X			Unsure
Suwannee River Area Health Education Center (AHEC)	X	X	X	X	X	X			Yes, already being shared
Park, Recreation and Cultural Affairs	X	X	X						Yes, can share
Gainesville Community Reinvestment Area	X	X	X						Yes, can share
City of Gainesville Public Works									Unsure
We Care Physician Referral Network	X	X	X	X					Yes, already being shared
University of Florida College of Dentistry	X	X		X					Yes, can share
Alachua County Department of Community Support Services								X	Yes, already being shared
Gainesville For All	X	X				X			Unsure

Notes: Not all partners completed all parts of the CPA, which will result in different partners appearing in Appendix G display.

TABLE F6. ORGANIZATIONS' HEALTH TOPIC FOCI

Organization Name	Cancer	Chronic disease	Family/ maternal health	Immunizations and screenings	Infectious disease	Injury and violence prevention	HIV/STD prevention	Healthcare access/ utilization	Health equity	Health insurance/ Medicare/ Medicaid	Mental or behavioral health	Physical activity	Tobacco and substance use and prevention	SNAP	Special supplemental nutrition program for WIC	Other Topic
Feeding Florida SNAP-Ed														X		
Episcopal Children's Services Inc.			X	X				X			X				X	
Meridian Behavioral Healthcare		X					X	X		X	X		X			
Tobacco Free Alachua	X	X											X			
Community Hospice & Palliative Care	X	X			X			X	X	X						Caregiver support
DOH - Alachua County		X	X	X	X	X	X	X	X	X		X	X		X	Emergency Preparedness, Environmental Health
ACPS Food & Nutrition Services																Nutrition
Children's Trust of Alachua County			X	X				X	X		X					
City of Gainesville						X			X		X					
Suwannee River Area Health Education		X											X			

Center (AHEC)																
Park, Recreation and Cultural Affairs			X								X	X				
Gainesville Community Reinvestment Area																
City of Gainesville Public Works																
We Care Physician Referral Network	X	X						X	X							Dental Health
University of Florida College of Dentistry		X						X	X							Oral health
Alachua County Department of Community Support Services								X	X		X		X			
Gainesville For All	X	X	X	X	X		X	X	X	X	X	X		X		

Notes: Not all partners completed all parts of the CPA, which will result in different partners appearing in Appendix G displays.

Appendix G: CCA Focus Group Questionnaire

Focus Group Facilitator Guide

Introduction (5 mins)
PowerPoint: Slide 1
Good morning/afternoon, everyone. Welcome to the Alachua County Community Context Assessment focus group. My name is (name) and I am a (position) from Knowli Data Science. We are proud to partner with Alachua County and its local community partners. In conducting these focus groups, we are excited to hear from you about the health and healthcare issues in your community. Thank you so much for being here today.

PowerPoint: Slide 2
The purpose of the Community Context Assessment is to get your insights, your expertise, and your perspectives on social systems in your community, as well as how to improve how these systems impact the health of the county. This assessment is part of a group of assessments aimed at understanding the health status and needs of Alachua County.

PowerPoint: Slide 3
Today, we want to know more about the strengths, assets, and physical environment of your community and how it impacts community health. We also want to know how changes in the past, as well as more recent changes, are also having an impact.

For those new to focus groups, what you can expect is that our discussions will be guided by a set of questions. I will ask you all questions throughout our discussion. Please feel free to speak up at any time. The aim is to have a dynamic discussion about health in your community, so building off each other's comments is highly encouraged. If you do not understand a question, please speak up and let me know. We want to make sure everyone has an opportunity to have their voice heard and feel comfortable responding in this group. While the feedback you give us will be included in the assessment, your personal identity will not be included in any reports so that you will remain anonymous in any reports that use this data.

Please be kind to each other and respectful of the opinions of others. Open and honest opinions are critical in understanding the community health needs in Alachua County. We know your time is valuable and appreciate you taking your time today to participate in this focus group.

Before we begin, do you have any questions?

Domain 1: Community Strengths and Assets (12 mins.)
PowerPoint: Slide 4 (2 min)
We are going to start off by asking a couple questions about the strengths and assets in your community. For strengths, this could be things like skills, education, job experience, or community organizing. Strengths and assets may also include things that may not typically be seen as valuable but still contribute to community health, like activism, community celebrations, fellowship, the arts, or having a shared identity in the community.

Questions:
PowerPoint: Slide 5 (5 mins)

1. Thinking back on the examples given for a community's assets and strengths, is there anything about your community that you enjoy or are proud of that may be an asset or strength for your community?

PowerPoint: Slide 6 (5 mins)

2. What are some examples of ways that these community assets and strengths can be used to improve community health and help address health inequities in your community?

Domain 2: Built Environment (17 mins)
PowerPoint: Slide 7 (2 mins)
Next, we are going to look at the built environment within your community. By built environment, we mean "the human-made surroundings that influence overall community health, including the individual behaviors that drive health" (CDC, 2023). This could be things like housing, schools, businesses, sidewalks, bike lanes, public transportation, public art, hospitals, and grocery stores. The idea is to consider how community members interact with their physical environment and how it impacts health. For example, this might mean thinking about the accessibility of housing and public transportation in Alachua County and how it impacts the health of the community.

Questions:
PowerPoint: Slide 8 (10 mins)

3. Thinking back on the examples of assets and resources of your community's environment, what are some examples of important ones that exist in your community? Probe: Do these resources differ across neighborhoods?

PowerPoint: Slide 9 (5 mins)

4. Thinking about how members interact with community resources, in what ways can they be addressed to improve community health and health inequities experienced in your community?

Domain 3: Forces of Change (17 mins)
PowerPoint: Slide 10 (2 mins)
Finally, we want to explore how current and historical forces of change shape the community and the health in Alachua County. To do this, we are using a health equity lens in identifying forces that impact local public health systems and the community from things that occurred in the past, are currently happening now, or may occur in the future. We can understand these forces by categories, such as trends like an aging population or climate change, factors or discrete elements like a community's rural setting, or events like health emergencies and communicable diseases or recent legislative changes. These types of changes can be social, economic, political, environmental, technological, legal, and more. The idea is to examine how these forces shape Alachua County, its community health, and structural inequities.

Questions:

PowerPoint: Slide 11 (10 mins)

5. Thinking back on the examples given for forces of change in your community, which communities would you say are impacted more? Probe: Who do you think may benefit from these conditions? How? Why?

PowerPoint: Slide 12 (5 mins)

6. What are some examples of the health department helping to address how forces of change have negatively impacted your community?

Wrap up (5 mins)

PowerPoint: Slide 13 (3 mins)

We have covered a lot of ground in understanding the health status and needs of Alachua County. Before we conclude, is there anything that we talked about today that made you think of something relevant that we didn't already discuss, and you would like to mention?

PowerPoint: Slide 14 (2 mins)

Thank you all for participating in today's discussion and for providing your stories. What we have discussed today will be collected and be a part of a community health assessment report for Alachua County. Your feedback will help inform the report on the health needs of the community. Have a wonderful day!

Appendix H: Issue Profile 1 – Insurance Coverage and Barriers to Access

Overuse of elevated care resources and underuse of preventative health care led to poorer health outcomes and higher health care costs. Minority populations experience unique barriers to obtaining preventative health care services.

Data Suggesting the Problem

CCA participants noted that those with fewer local providers, many often look to urgent care when they are sick or injured, increasing use of emergency care over preventative care.

Contributing Factors

The two primary factors contributing to low use of preventative care are barriers in access to primary care as well as insufficient education and outreach. The most frequently cited reason among CSA respondents for difficulty accessing primary care is a lack of available appointments (53 percent), followed by the location of primary care providers being too far from home (23 percent). Participants of the CCA and CPA noted that most providers are concentrated in the Gainesville metropolitan area and are not as accessible to residents in rural areas of the county. CCA participants discussed the need for more nutrition education among the community, as well as greater use of preventative care rather than urgent or emergency care.

Inequities and Disparities

Several priority populations experienced greater difficulty accessing preventative health care services compared to the overall sample:

- Veterans
- Residents experiencing homelessness
- Racial minorities

Community Strengths and Assets

Alachua County boasts much higher rates of available primary care providers (43.4 for every 100,000 residents) compared to the state (18.8 per 100,000) (Florida Health Charts, 2022).

Appendix I: Issue Profile 2 – Low Rates of Screenings and Vaccinations

Rates of screenings and vaccinations are lower in Alachua County than in the state overall. Underuse of preventative health care could be a contributing factor to low rates of screenings and vaccinations.

Data Suggesting the Problem

Child (ages 9-17) vaccination rates for human papillomavirus (HPV) in Alachua County lag those of the state overall (Florida Health CHARTS, 2022). Similarly, CSA respondents reported low-to-moderate rates of HPV (33 percent) and hepatitis A vaccination (45 percent). Respondents also noted low-to-moderate rates of stool screenings (39 percent), hearing exams (44 percent), and colonoscopies (50 percent).

Contributing Factors

The three primary factors contributing to low rates of vaccinations and screenings are a general lack of community awareness and knowledge, a lack of doctor referrals, and high service costs. CSA respondents commonly reported not knowing where to receive health care services as a barrier to receiving screenings and vaccinations, particularly for the HPV vaccine.

The most frequently cited reason among CSA respondents for not having health screenings (for all screenings except eye and dental exams) was the exam not being recommended or referred by their doctor. The primary barrier reported for not receiving eye and dental exams was cost.

Inequalities and Disparities

Several priority populations experienced lower rates of screenings and vaccinations compared to the overall sample:

- Racial minorities, particularly Asian, multiracial, and “other” race residents
- Male respondents

Community Strengths and Assets

CPA partners discussed the need for a central health and health care information repository to increase community awareness and accessibility and pointed to the development of FindHelp.org as a currently available resource that could be expanded.

Appendix J: Issue Profile 3 – Differential Access to Community Resources and Assistance

While Alachua County is rich in community resources, residents of East Gainesville and in rural areas of the county face unique barriers to accessing health care and assistance programs.

Data Suggesting the Problem

Among CSA respondents with children under five years old who do not use WIC services, half (50 percent) cited not being sure if they were eligible for WIC benefits as their primary barrier. Some WIC services are less widely known than others, with the least known benefits being the age eligibility requirements (44 percent), nutritional counseling and supplemental foods (49 percent), and providing breast pumps (49 percent). Further, most CSA respondents (55 percent) with severe food insecurity reported not knowing how to access their local food banks.

Contributing Factors

The two primary factors contributing to unequal access to community resources and assistance are insufficient outreach to rural areas and a general lack of community awareness.

CPA partners noted that holding events in rural areas can be costly and does not often result in sufficient turnout to justify the investment. Further, grants are often restricted to programs within Gainesville city limits, making these programs more difficult to access for rural residents. CPA partners also highlighted that residents often do not know which organizations provide different forms of aid and assistance.

Community Strengths and Assets

Despite barriers to community awareness and accessibility of available resources and aid, there is a high overall use of WIC services among CSA respondents. Most respondents with children under five years old (81 percent) reported having used WIC services and benefits. Also, the community has several partners who specialize in connecting families with services.

Appendix K: Issue Profile 4 – Safety and Cost of Living

Residents of Alachua County face rising costs in various sectors including health care, food, housing, and utilities. For example, racial and gender minorities are particularly vulnerable to experiencing moderate or higher food insecurity.

Data Suggesting the Problem

CSA findings reveal high costs of living among residents, particularly with respect to housing and health care, are difficult for Alachua County residents. Affordable utilities are the top concern facing Alachua County residents (50 percent of respondents), followed by affordable housing (48 percent), and health care affordability and accessibility (43 percent). Further, most residents (60 percent) reported experiencing moderate-to-severe food insecurity. Which means they have run out of food, skipped a meal, or been unable to afford healthy and nutritious food in the last month. Additionally, secondary data highlights severe rent cost burden among Alachua County residents. Most renters in the Alachua County (52 percent) have rents costing 35 percent or more of their monthly household income (American Community Survey, 2022).

Inequalities and Disparities

Several priority populations experienced greater difficulty with safe and affordable costs of living compared to the overall sample:

- Low-income residents

  CSA findings reveal more frequent childcare breakdowns among those making less than $25,000 in income compared to other income groups.
- Disabled residents

  Most CSA respondents do not have disability-accessible housing, and just over half (55 percent) indicate that they would benefit from making their homes more accessible.

Appendix L: Issue Profile 5 – Disparities in Diabetes and Hypertension

Some populations in Alachua County experience hypertension and diabetes at higher rates than other residents. In some cases, this may be related to differing rates of amputations and hospitalizations.

Data Suggesting the Problem

CSA shows that Black residents are more likely than other racial groups to have hypertension (or high blood pressure), while Hispanic residents (of any race) are more likely to have diabetes than non-Hispanic residents. Additionally, secondary data shows higher rates of diabetes-related amputations and hospitalizations among Black residents than White residents in Alachua County, a rate nearly three times higher (Florida Health Charts, 2022).

Contributing Factors

The primary factor contributing to differences in diabetes and hypertension is the underuse of preventative care services and behaviors. A quarter of CSA respondents who have diabetes reported not having their feet examined by a doctor, while 28 percent reported not checking their blood sugar daily. Further, nearly half (44 percent) of CSA respondents who have diabetes reported never having attended a diabetes class. The most frequently cited barriers to attending diabetes classes were a lack of awareness of the classes and a lack of understanding their importance.

Appendix M: Issue Profile 6 – Disparities in Maternal and Infant Health

While Alachua County has better overall maternal and infant health outcomes than the state, there are wide differences in priority groups. Residents belonging to priority populations experience higher infant mortality rates, low birth weight and preterm births, and higher maternal mortality compared to the overall population.

Data Suggesting the Problem

Secondary data shows higher rates of maternal morbidity and mortality, infant mortality, as well as low birth weights and preterm births among Black people in Alachua County. Rates of severe maternal morbidity for Black residents in Alachua County (20.1 per 1,000 deliveries) are double that of White residents (10.1 per 1,000 deliveries) (Florida Health CHARTS, 2022). According to state data, Black mothers enter prenatal care in the first trimester at lower rates than White mothers (da Silva et al., 2022). Overall, Alachua County has over double the rate of maternal deaths (37.4 per 100,000) compared to that of the state (15.2 per 100,000) (Florida Health CHARTS, 2022).

Contributing Factors

The two key factors contributing to differences in maternal and infant health are low access to family planning and prenatal care and low cultural competency among providers. For example, 6 percent of CSA respondents reported difficulty accessing family planning services, while 5 percent have difficulty accessing prenatal and pregnancy care. The primary barrier to accessing these health care services is a low availability of appointments with 35 percent of CSA respondents reporting this issue. Certain racial groups experienced unique barriers to accessing family planning and prenatal care such as language barriers (“other” race residents) and finding the health care system too complicated (American Indian residents). Further, there is often a disconnect between providers and patients. CPA partners noted that some care providers are not culturally competent and might see other cultural approaches to breastfeeding and other pre- or post-natal practices as “incorrect.”

Appendix N: Issue Profile 7 – High Rates of Mental Issues and Access to Care

Chronic mental health conditions are a common issue for many Alachua County residents, but particularly for certain groups. Veterans, homeless residents, those suffering from high food insecurity, and residents who are unemployed are particularly vulnerable to psychological distress.

Data Suggesting the Problem

Mental health disorders are the most frequently reported chronic health condition experienced by CSA respondents, at a rate nearly double that of the state (27 percent in Alachua County versus 12 percent at the state level) (Florida Health CHARTS, 2022).

Contributing Factors

The primary factor contributing to high rates of mental health issues is an overall difficulty accessing mental health care services. Mental health care is the second most difficult health care service to access among CSA respondents (22 percent of those reporting difficulty). The most frequently reported reason for difficulty accessing these services was a lack of available appointments (57 percent). For Asian, American Indian, and multiracial residents, their main barrier to accessing mental health care services was not knowing where to receive such care.

Inequities and Disparities

Several priority populations experienced higher scores on the psychological distress scale compared to the overall sample:

- Veterans
- Those experiencing homelessness
- Those experiencing high food insecurity
- Unemployed residents

Appendix O: CSA Technical Appendix

This appendix begins on the next page.

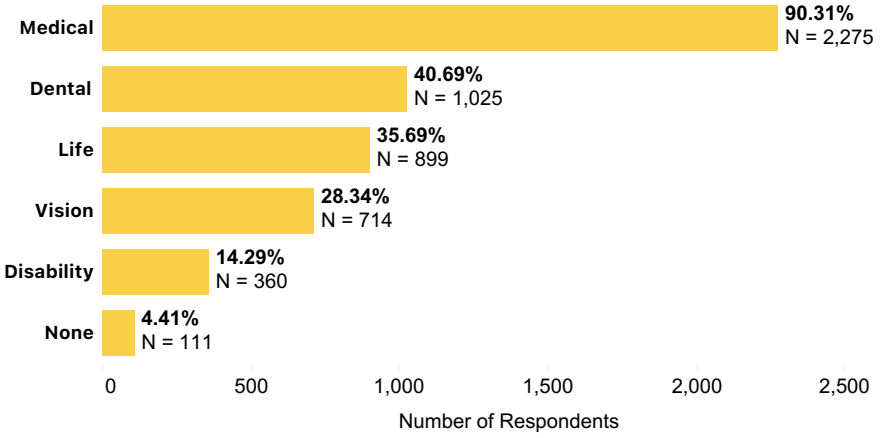
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Health Insurance

QUESTION 1

"What insurance(s) do you currently have?

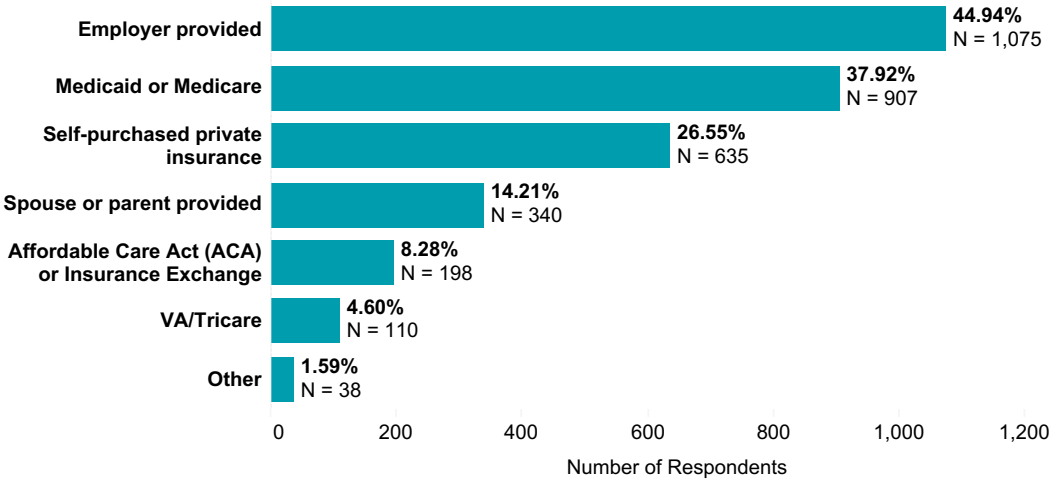
Select ALL that apply."



QUESTION 2

"How do you get your insurance?

Select ALL that apply."

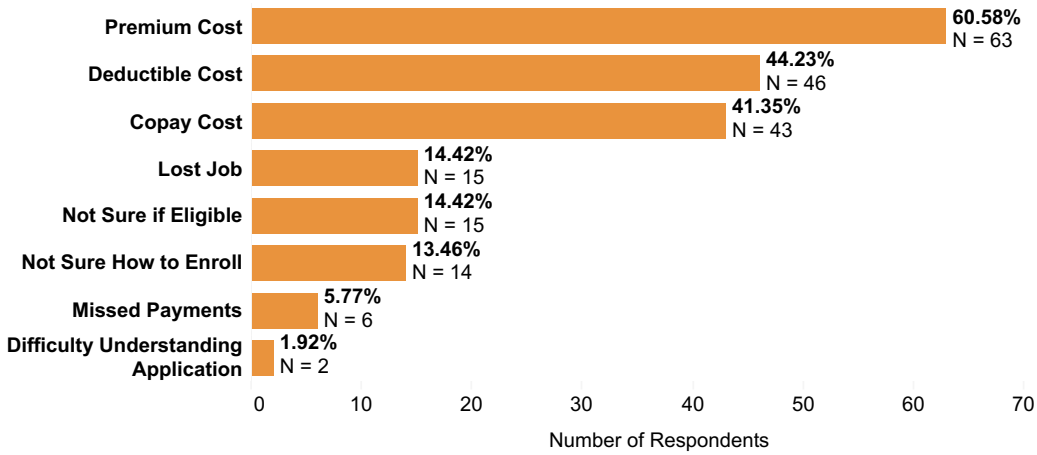


QUESTION 3

Among respondents who indicated they do not have health insurance:

"If you do not have health insurance, why not?

Select ALL that apply."



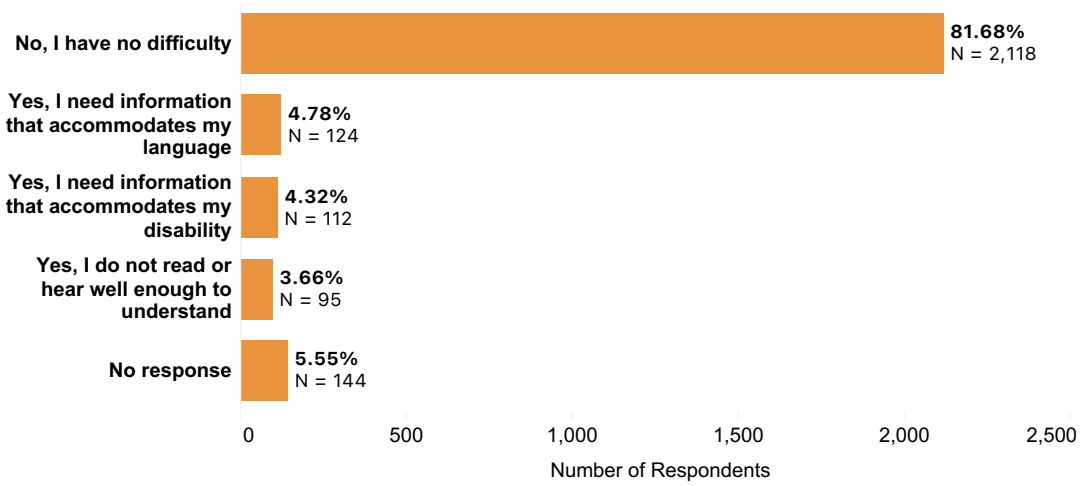
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Health Information

QUESTION 4

"Do you have difficulty understanding the information your doctor(s) share with you?

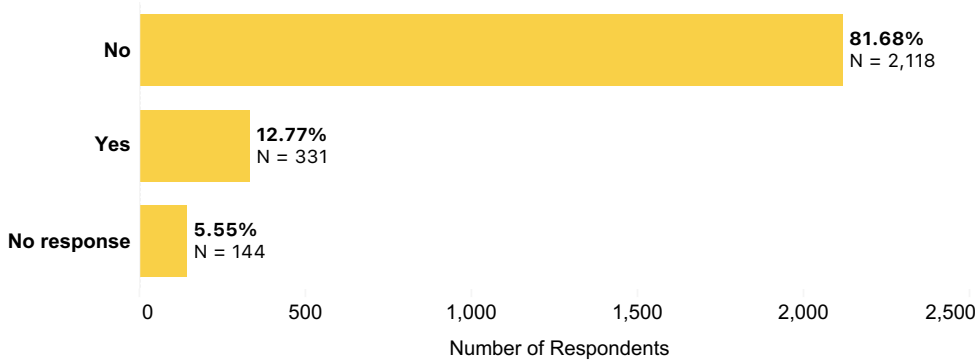
Select one."



QUESTION 5

"Do you have trouble reading or understanding your prescription instructions?

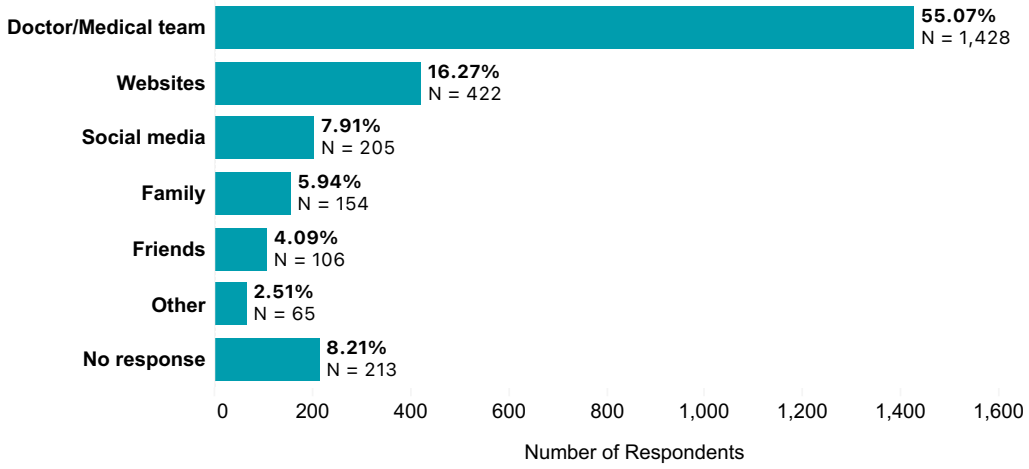
Select one."



QUESTION 6

"Where do you primarily get your health information?

Select one."



DATA VISUALIZATION: CSA SURVEY QUESTIONS

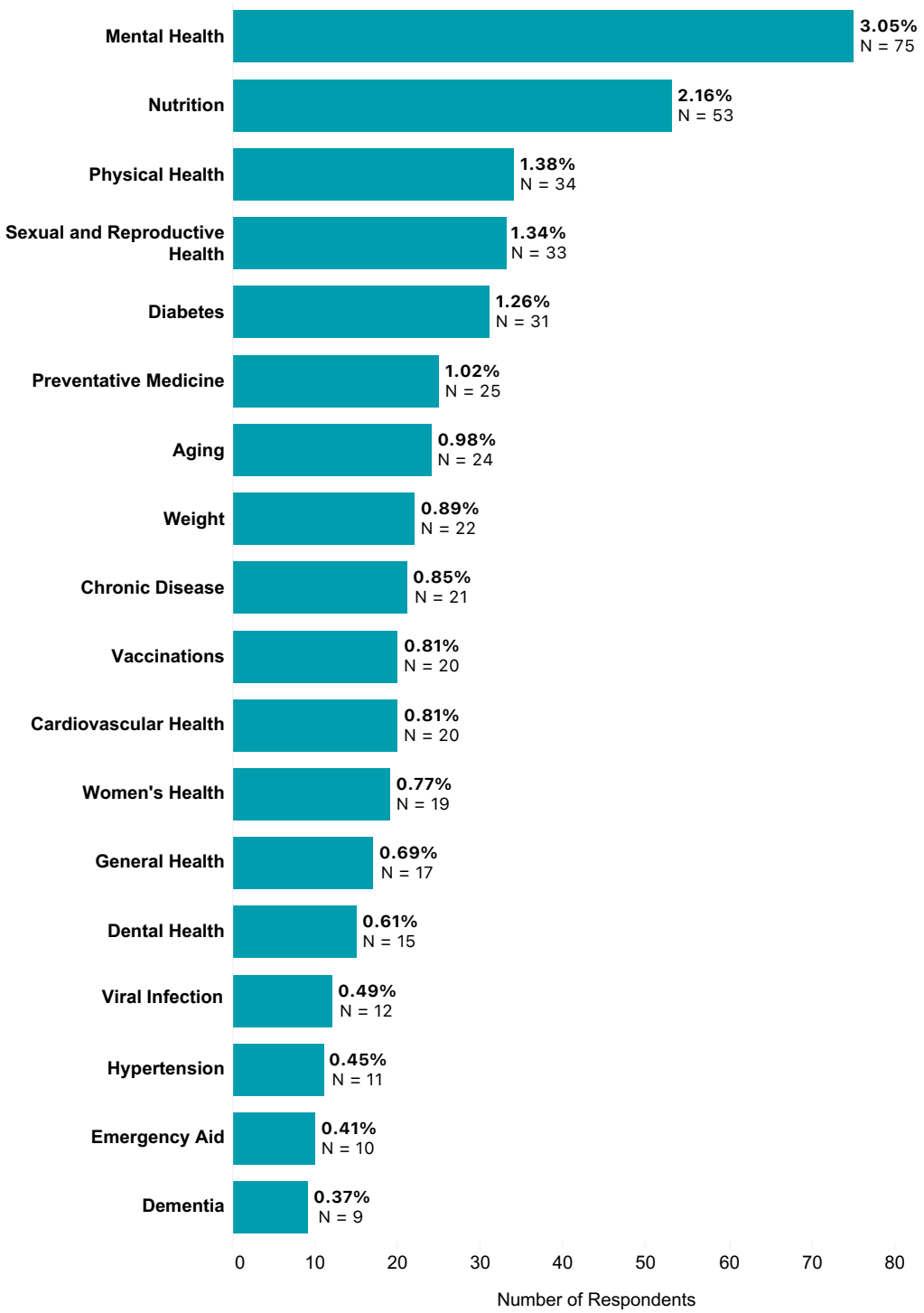
Topic: Health Education Topics

QUESTION 7

"What health issues do you want more education on?

(Open Response)"

Responses aggregated into buckets, Top 20 issues presented here.



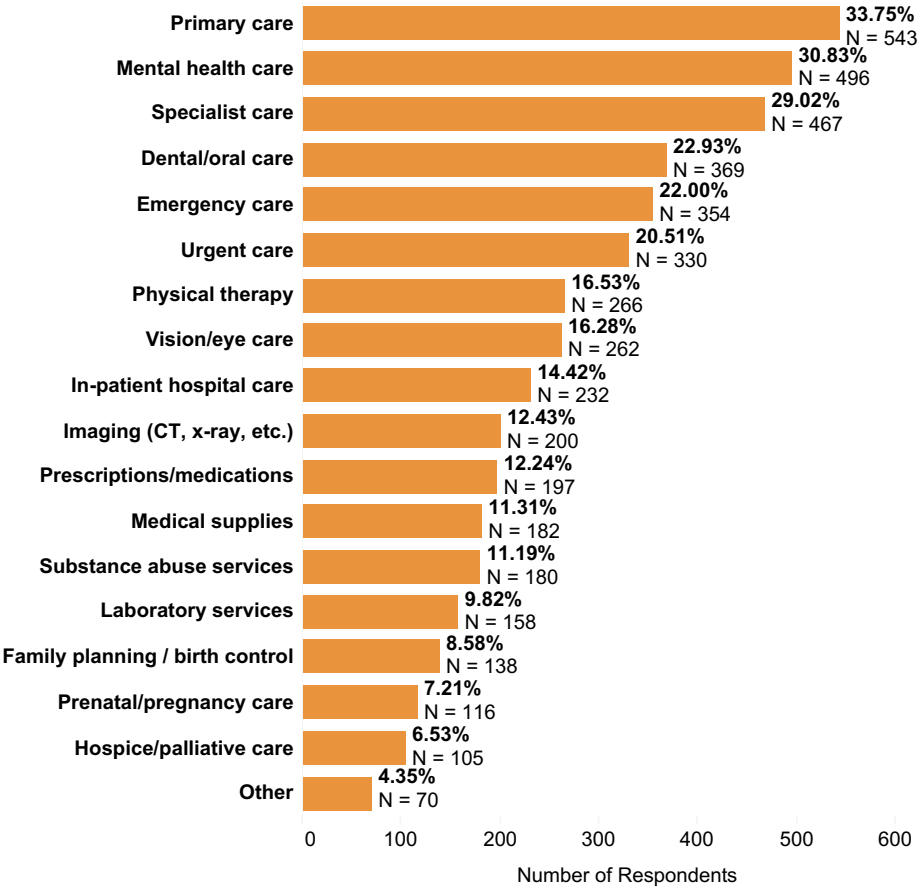
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Health Services Utilization and Accessibility

QUESTION 8

"Which health care services are difficult for you to obtain in Alachua County?

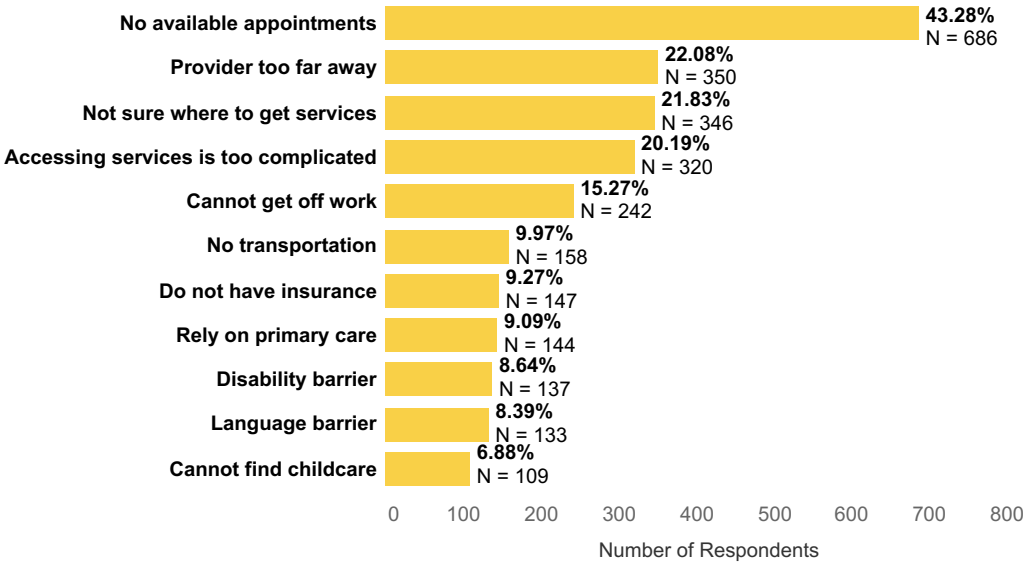
Select ALL that apply."



QUESTION 9

"What makes those services difficult for you to obtain?

Select ALL that apply."



DATA VISUALIZATION: CSA SURVEY QUESTIONS

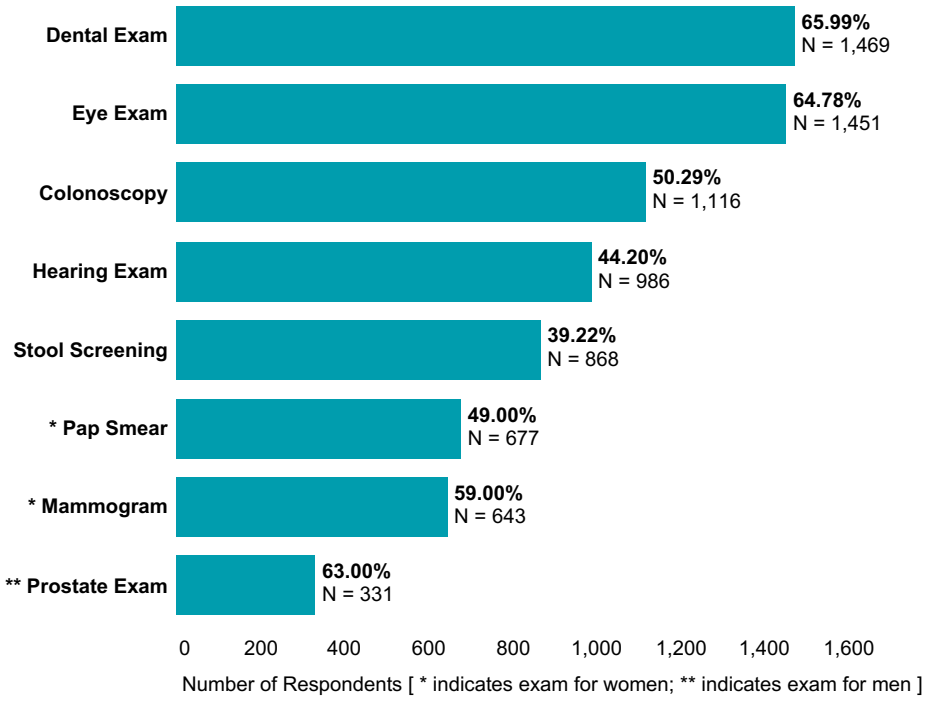
Topic: Health Screenings Access, Part 1

QUESTION 10

"People have tests or screenings to help catch problems with their health early on. Some of these are recommended every year, some every few years.

Have you had a(n) _____?

Select ALL that apply."

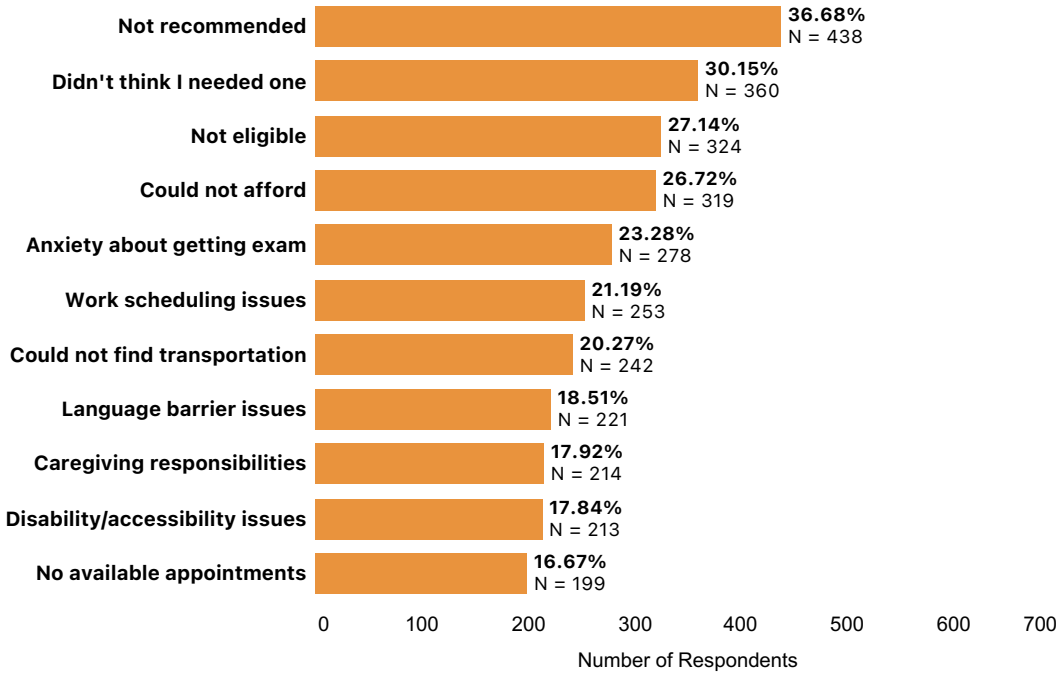


QUESTION 11

"What prevented you from getting these tests or screenings?

Select ALL that apply."

Exam: Colonoscopy



DATA VISUALIZATION: CSA SURVEY QUESTIONS

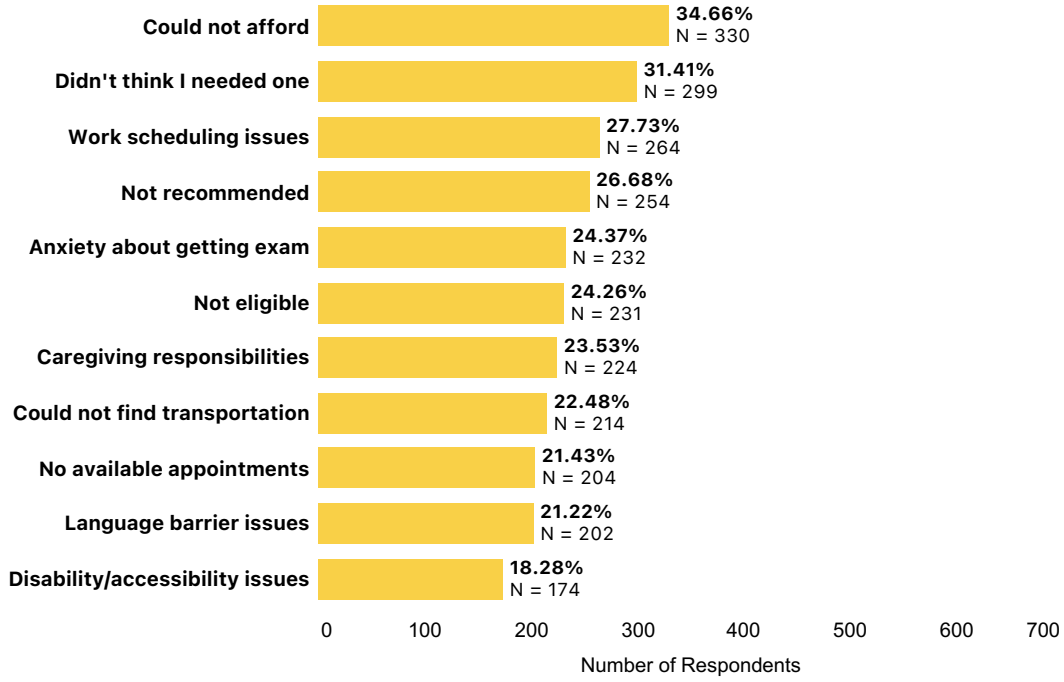
Topic: Health Screenings Access, Part 2

QUESTION 11
CONTINUED

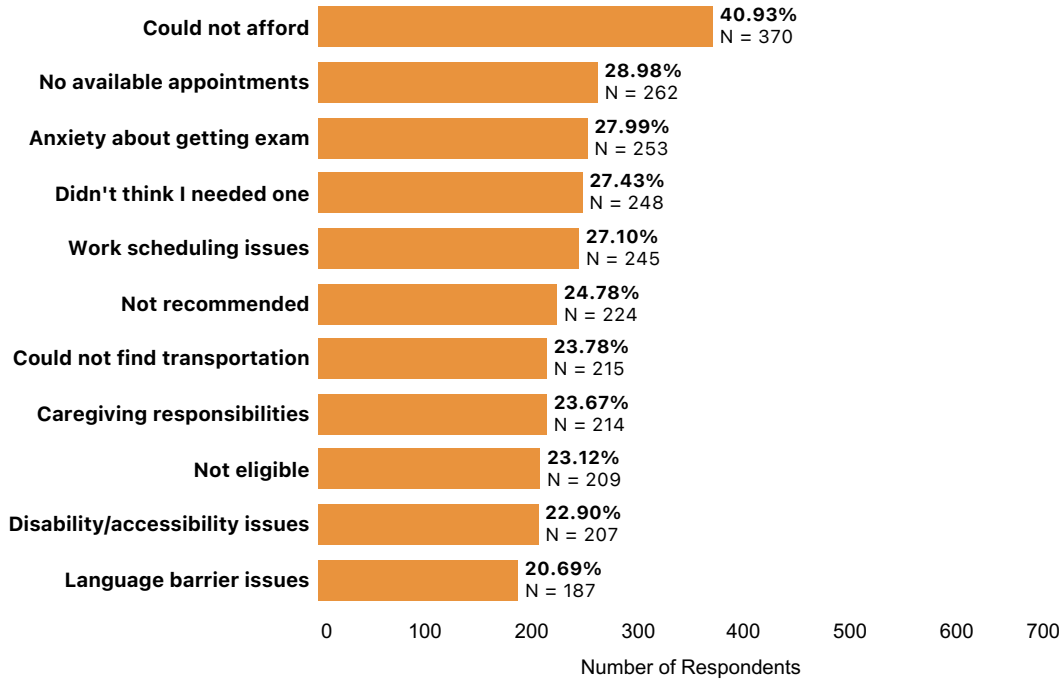
"What prevented you from getting these tests or screenings?

Select ALL that apply."

Exam: Eye Exam



Exam: Dental Exam



DATA VISUALIZATION: CSA SURVEY QUESTIONS

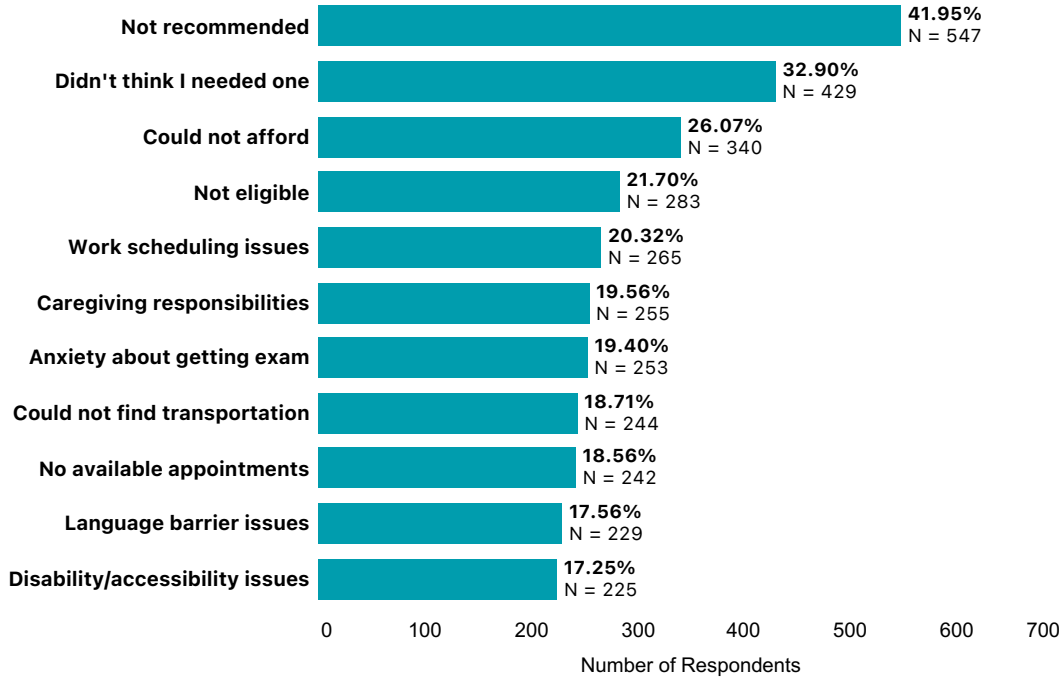
Topic: Health Screenings Access, Part 3

QUESTION 11
CONTINUED

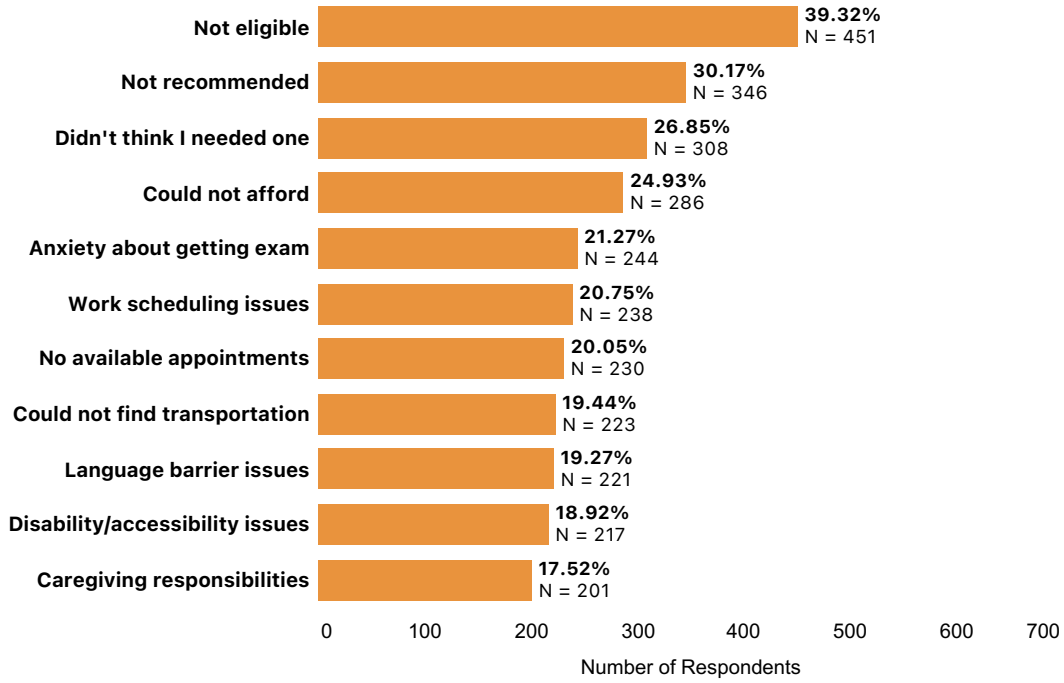
"What prevented you from getting these tests or screenings?

Select ALL that apply."

Exam: Hearing Exam



Exam: Mammogram



DATA VISUALIZATION: CSA SURVEY QUESTIONS

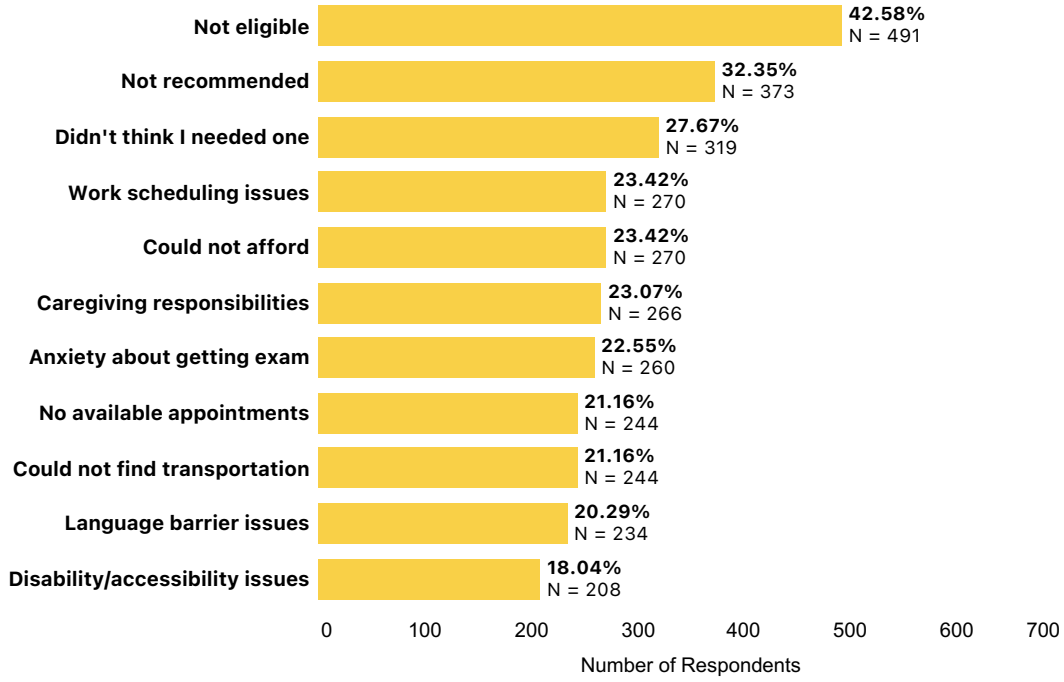
Topic: Health Screenings Access, Part 4

QUESTION 11
CONTINUED

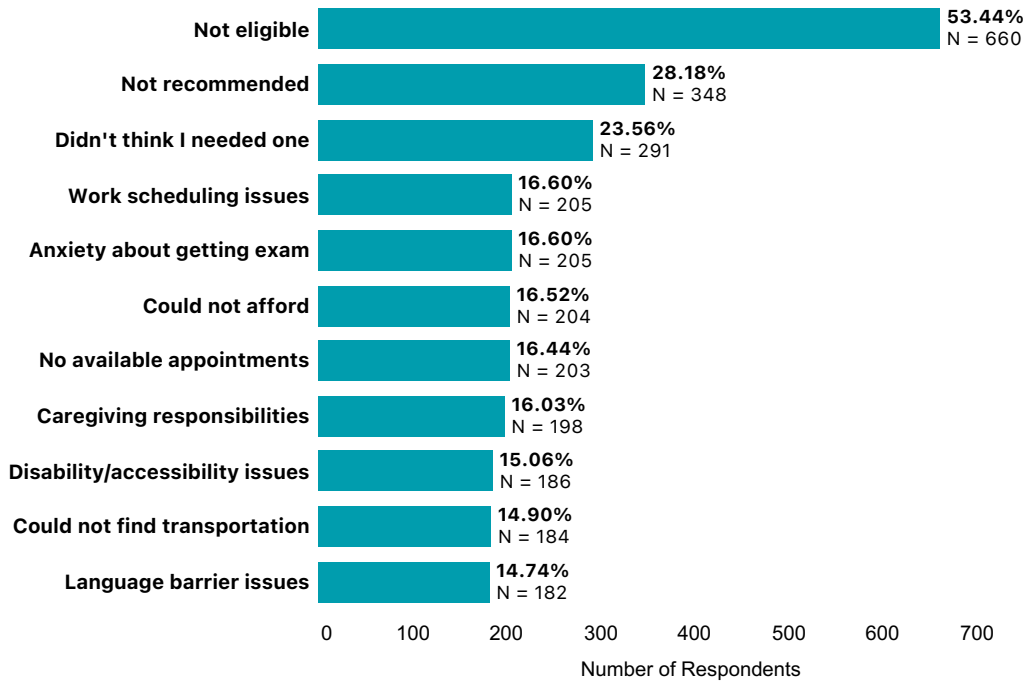
"What prevented you from getting these tests or screenings?

Select ALL that apply."

Exam: Pap Smear



Exam: Prostate Exam



DATA VISUALIZATION: CSA SURVEY QUESTIONS

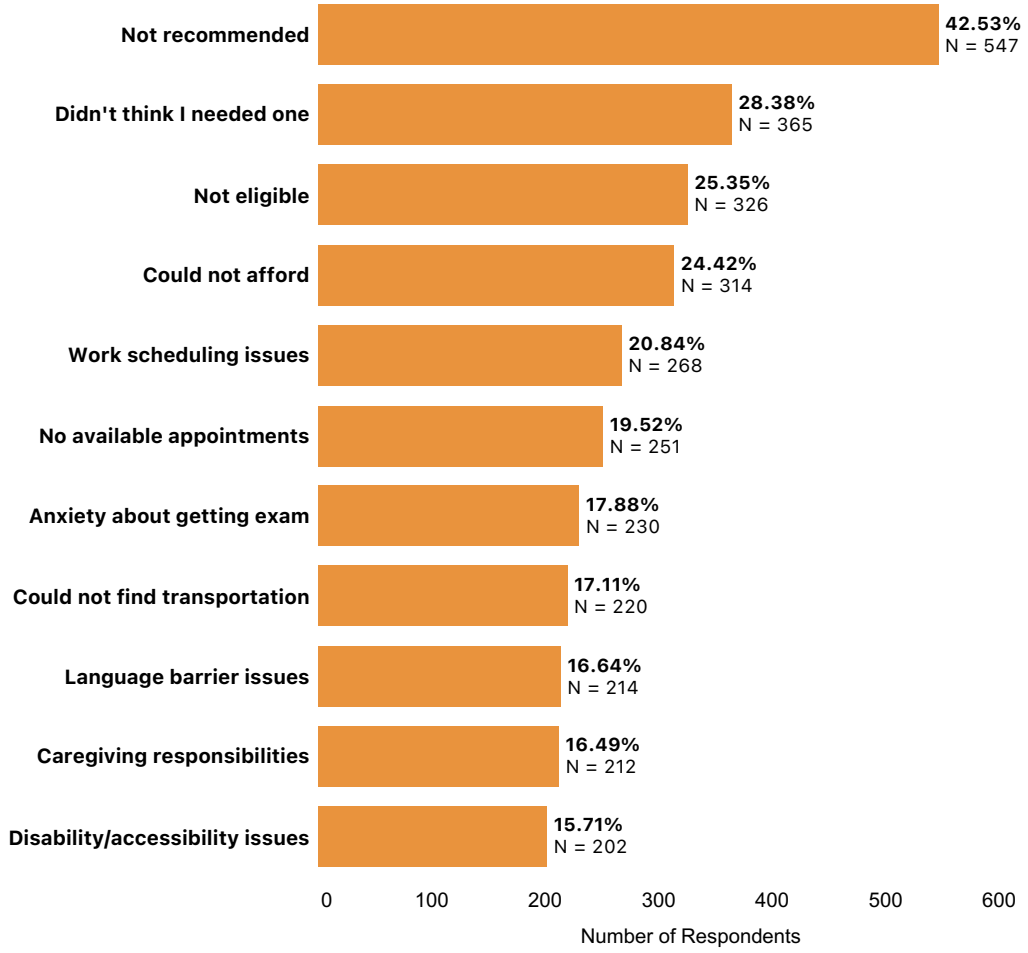
Topic: Health Screenings Access, Part 5

QUESTION 11
CONTINUED

"What prevented you from getting these tests or screenings?

Select ALL that apply."

Exam: Stool Exam

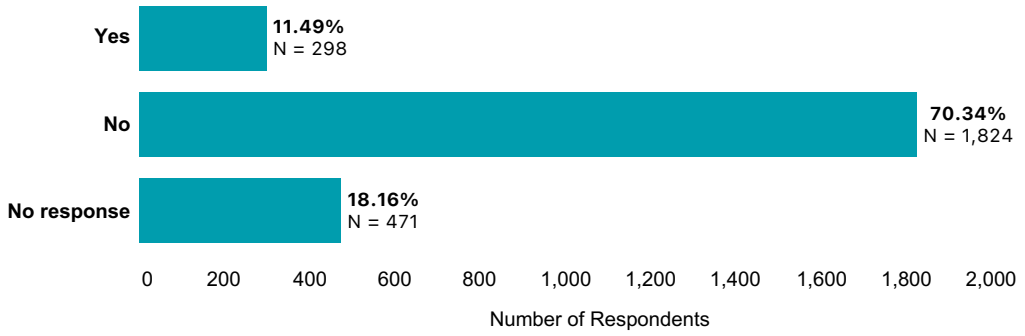


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Diabetes Prevalence and Management

QUESTION 12

"Do you have diabetes?"

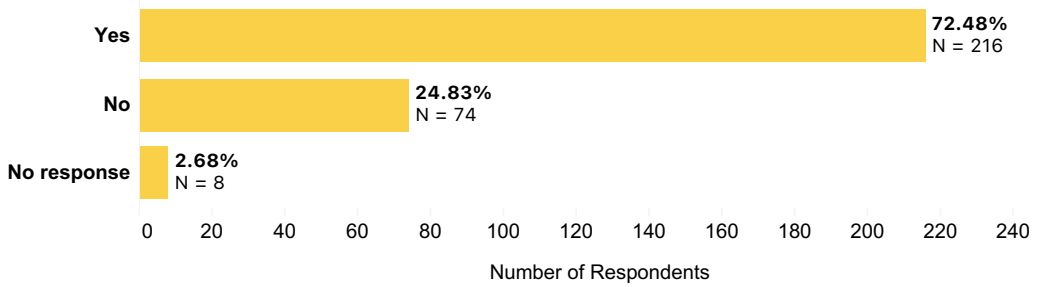


QUESTION 13

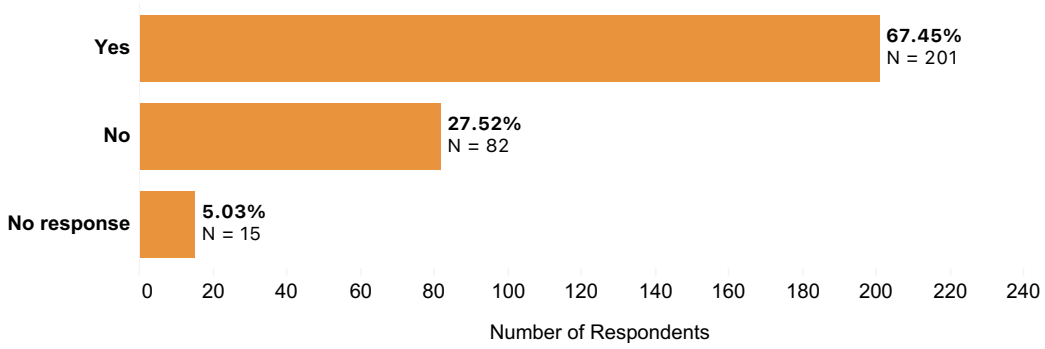
Among those respondents who identified as having diabetes:

"Have you done any of the following?"

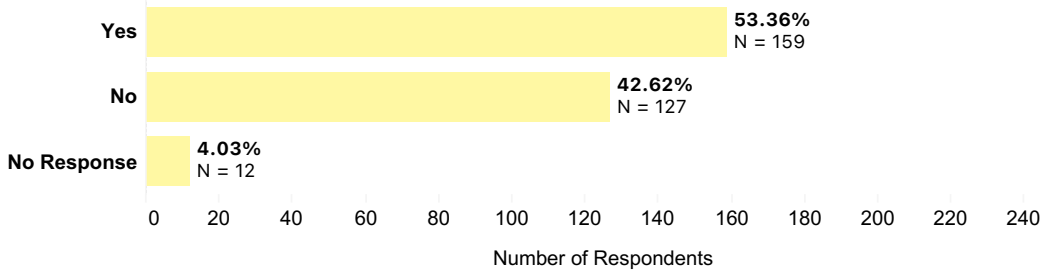
Had a doctor examine your feet in the past year



Check your blood sugar daily or several times a day



Attended a diabetes class



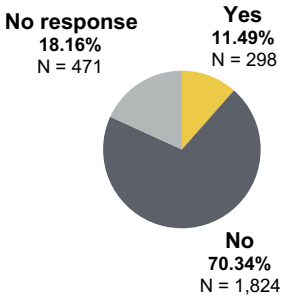
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Focus on Diabetes Management Classes

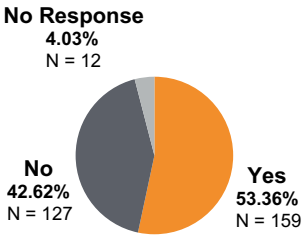
CONTEXT

DIABETES AND CLASS PARTICIPATION

Q11. "Do you have diabetes?"



Q13. If yes: "Have you attended a diabetes class?"

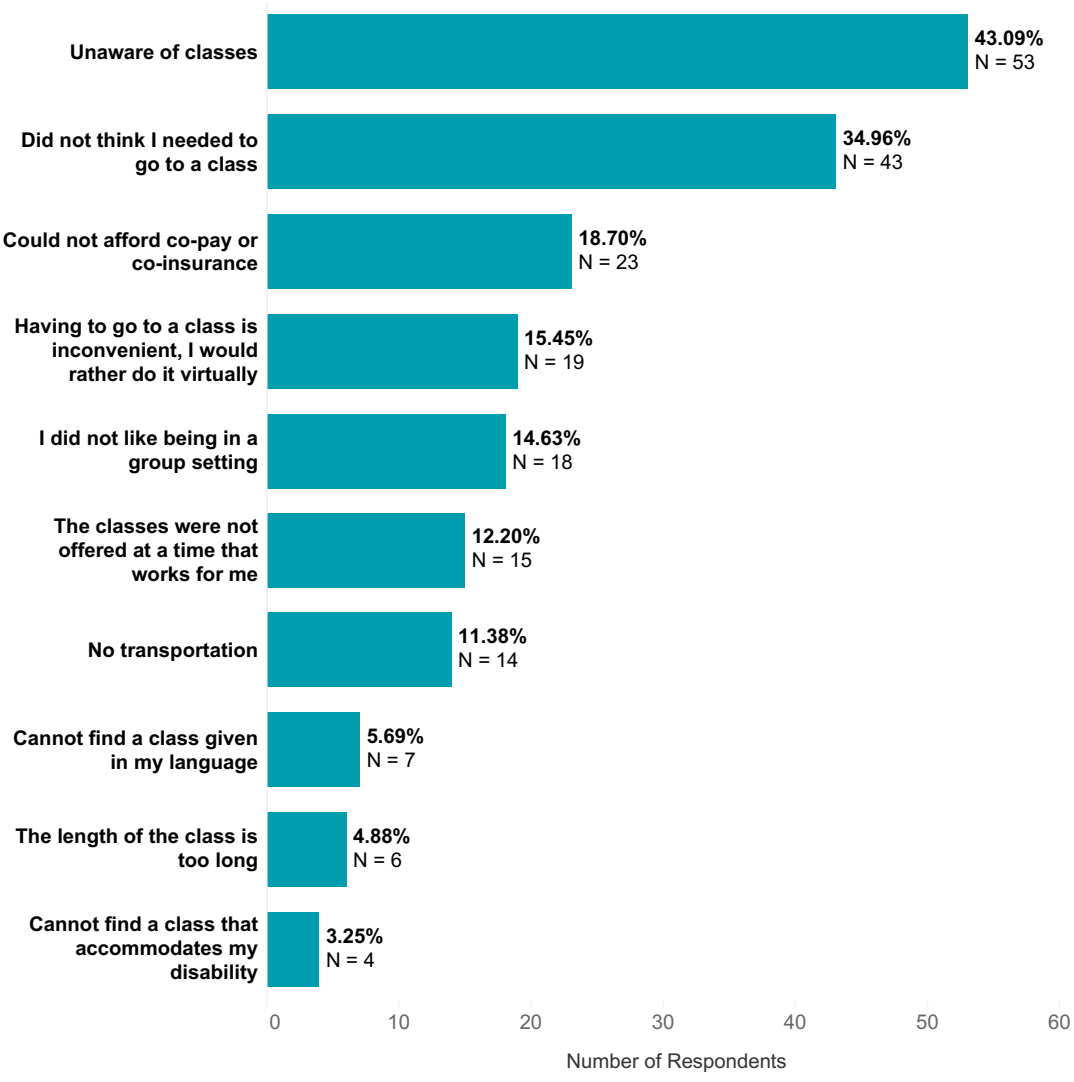


QUESTION 14

Among those respondents who identified as having diabetes, and who did not attend diabetes classes:

"What prevented you from attending a diabetes class?

Select ALL that apply."

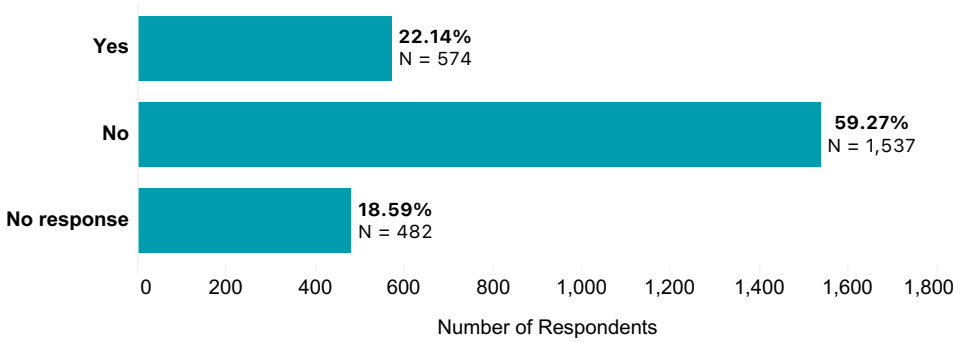


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Hypertension Prevalence and Management

QUESTION 15

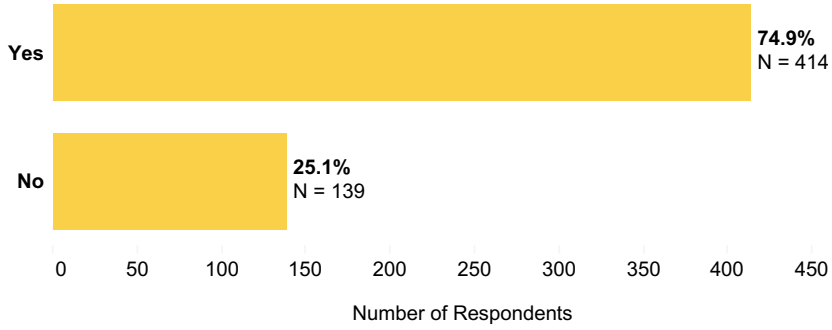
"Do you have high blood pressure?"



QUESTION 16

Among those respondents who identified as having high blood pressure:

"Do you check your blood pressure regularly?"

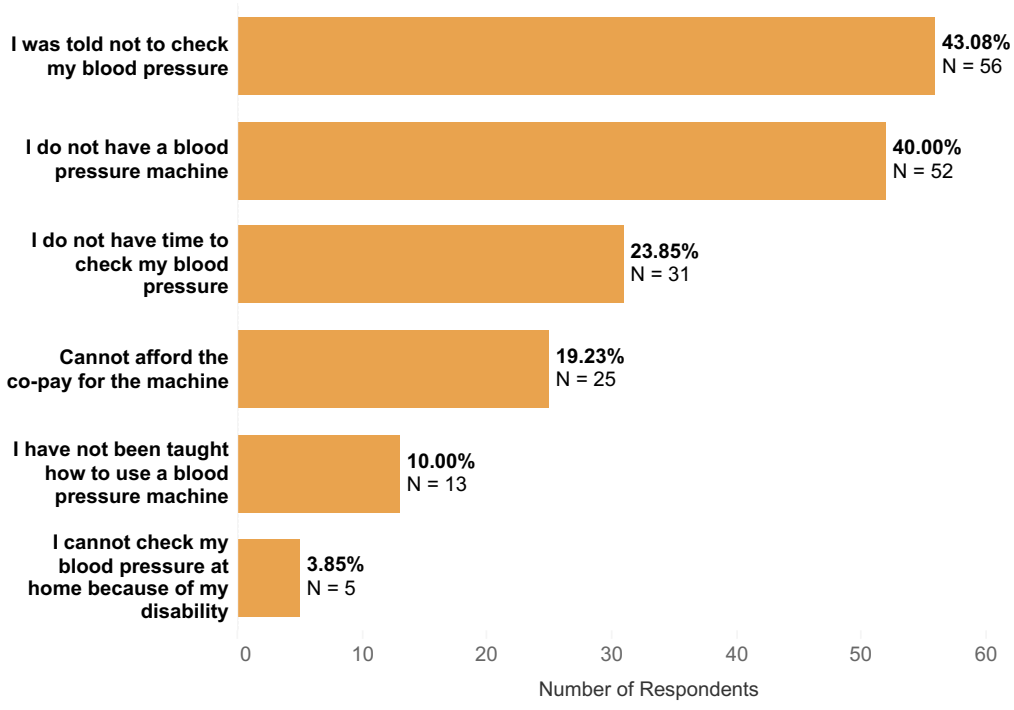


QUESTION 17

Among those respondents who identified as having high blood pressure and who do not check their blood pressure regularly:

"What is preventing you from checking your blood pressure regularly?

Select ALL that apply."

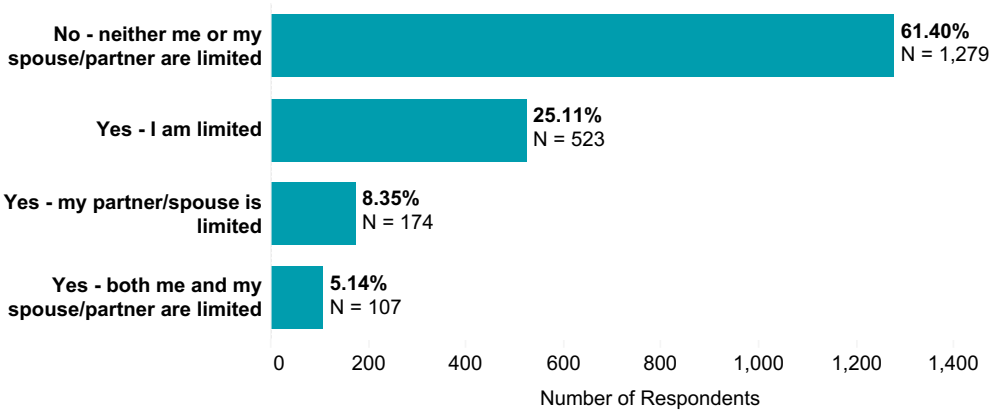


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Health, Ability, and Well-Being, Part 1

QUESTION 18

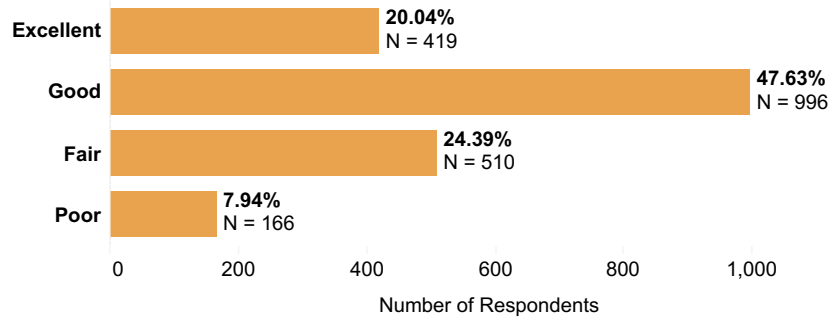
"Does any disability or chronic disease limit you and/or your spouse or partner from fully participating in work, school, housework, exercise, running errands, or other activities?"



QUESTION 19

"How would you rate your health?

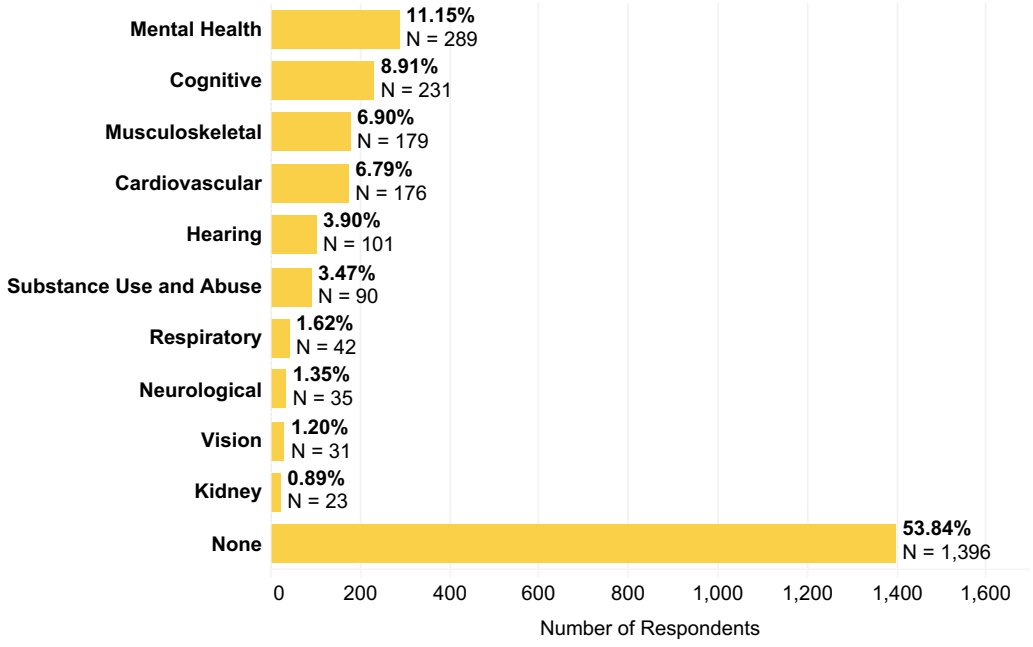
Select one."



QUESTION 20

"Do you currently have any of the following chronic health issues or disabilities?

Select ALL that apply."



DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Health, Ability, and Well-Being, Part 2

QUESTION 21

DISTRESS SCALE

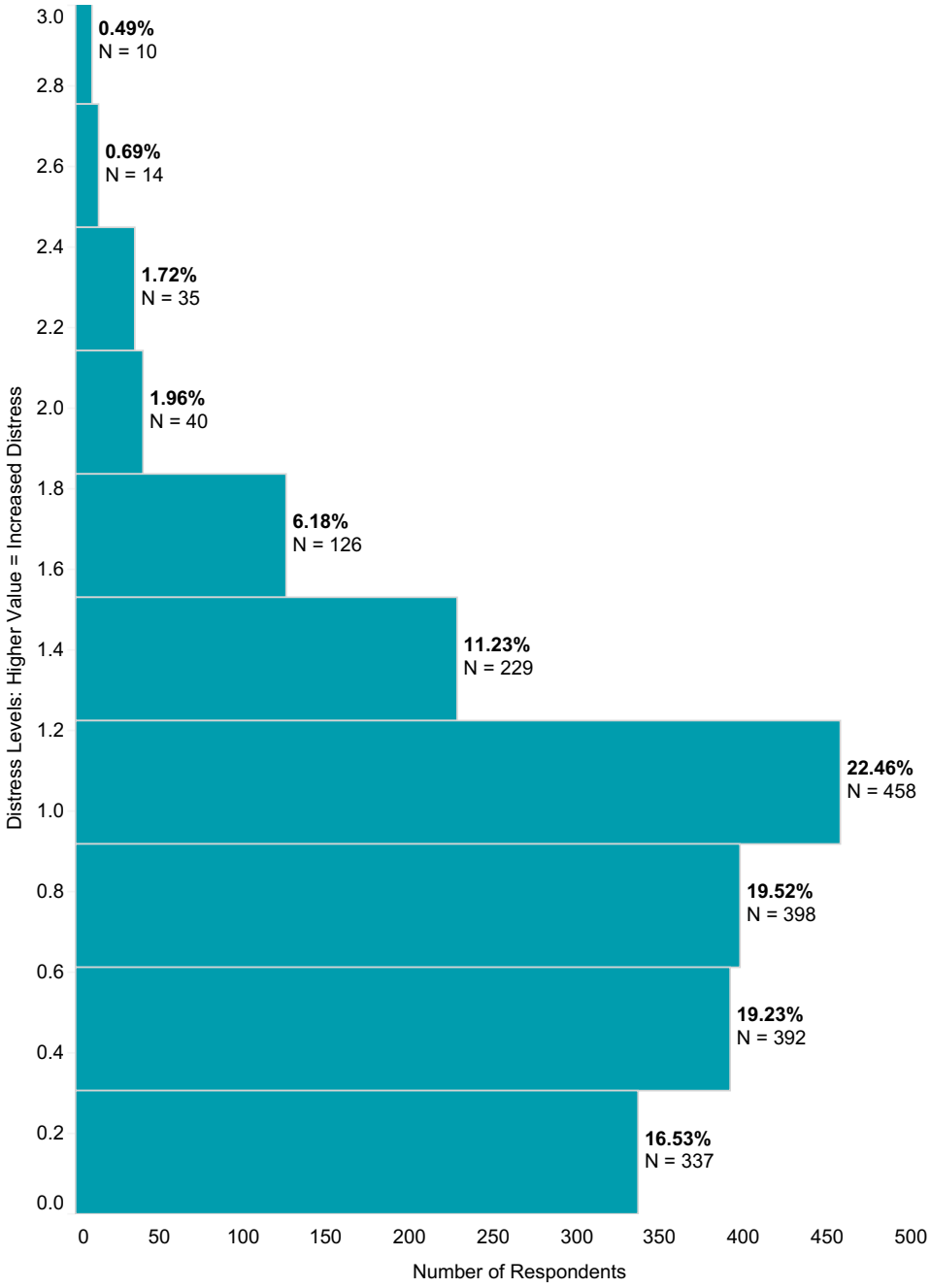
"During the last 30 days, how often did you feel…

- **Nervous or Anxious**
- **Hopeless**
- **Restless**
- **Depressed**
- **Everything Was an Effort**
- **Worthless"**

Respondents selected one of the following responses for each item:

- **None of the time**
- **Some of the time**
- **Most of the time**
- **All of the time**

Individual responses were first converted into a numeric values and transformed into a continuous quantitative index value. Higher values indicate higher levels of distress.

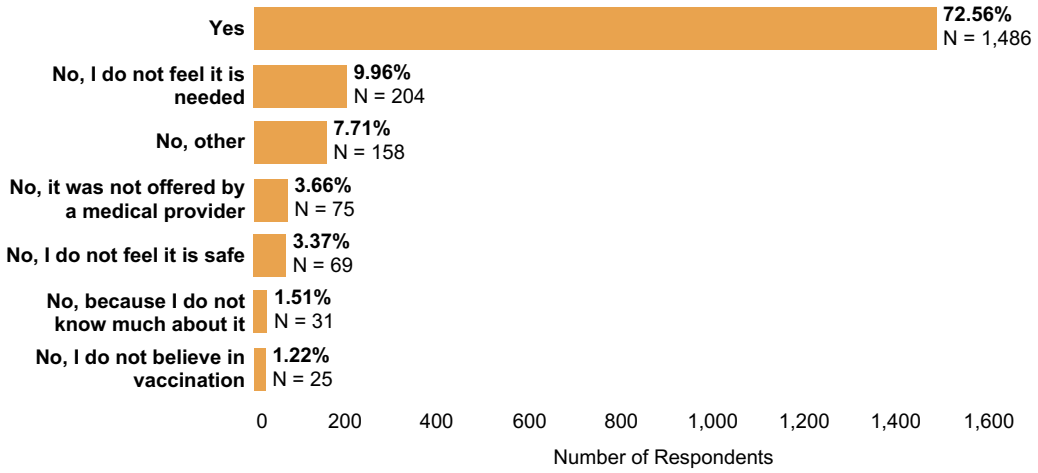


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Vaccinations and Immunizations, Part 1

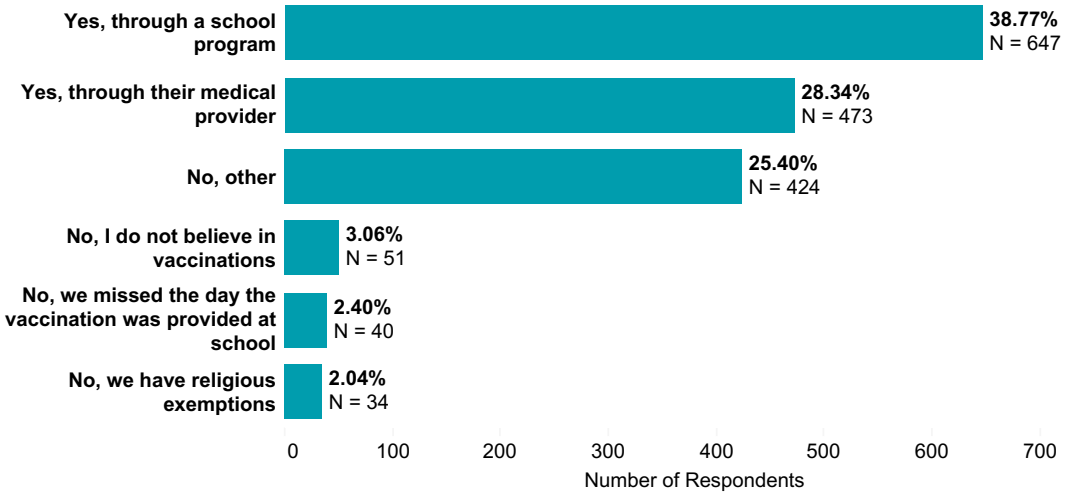
QUESTION 22

Did you receive the influenza (Flu) vaccine?



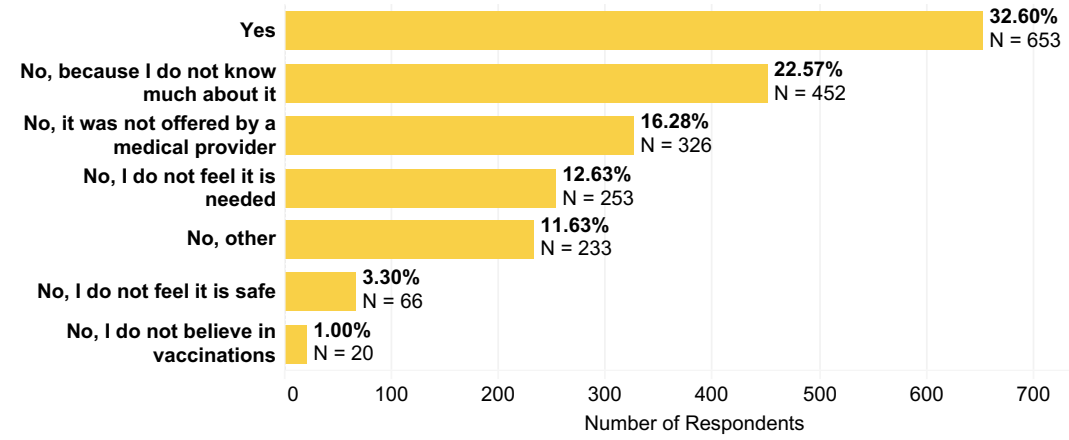
QUESTION 23

If you have school-aged children, did you get your children vaccinated for influenza (The Flu)?



QUESTION 24

"Have you received the HPV vaccine?"

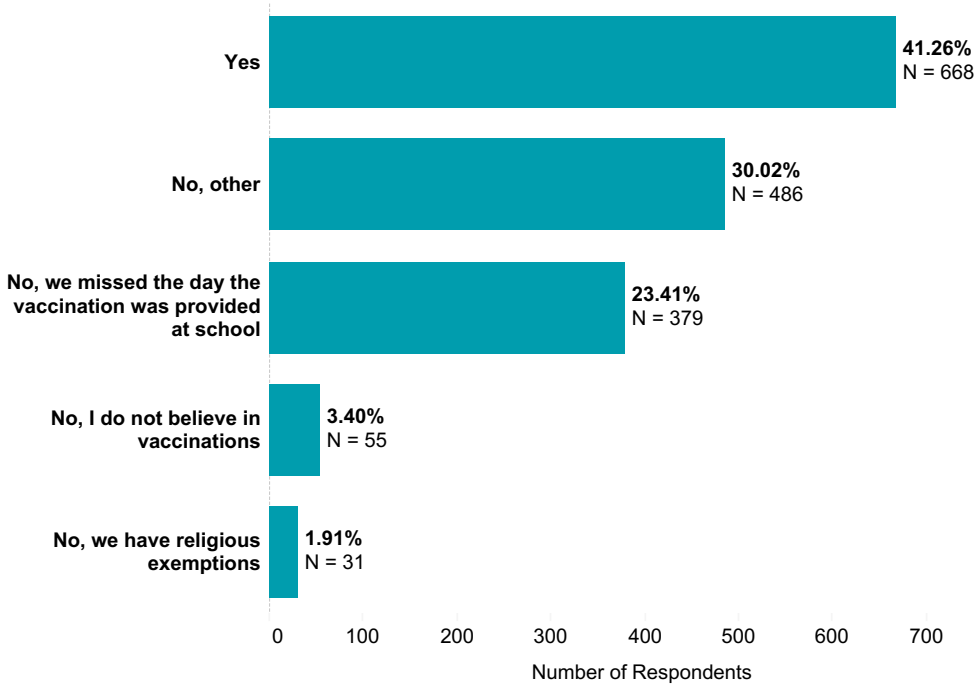


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Vaccinations and Immunizations, Part 2

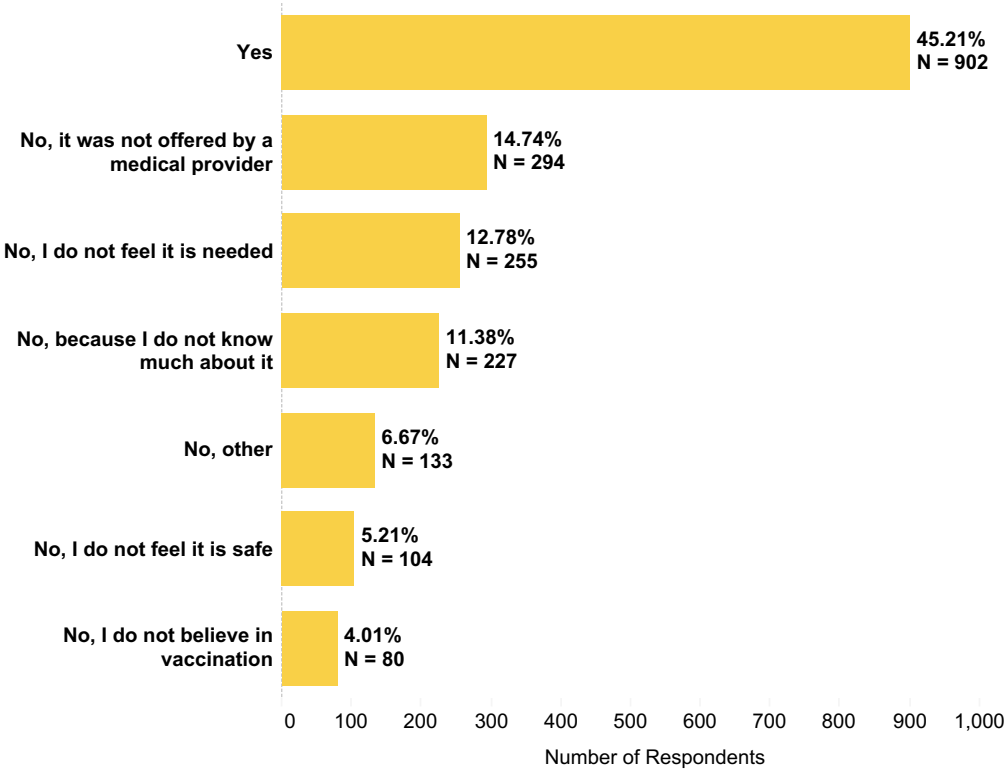
QUESTION 25

"If you have children ages 9 – 18, have they received the HPV vaccine?"



QUESTION 26

"Have you ever received the Hepatitis A vaccine?"



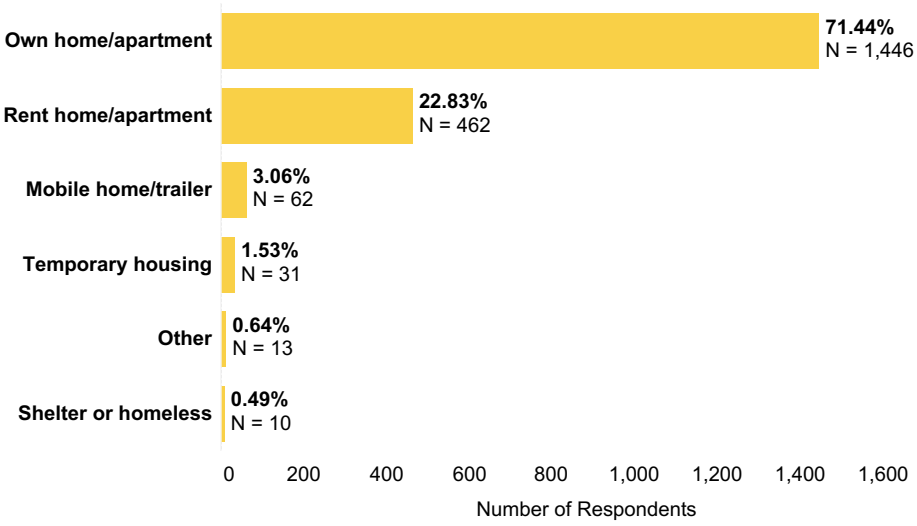
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Housing

QUESTION 27

"In what type of housing do you live?

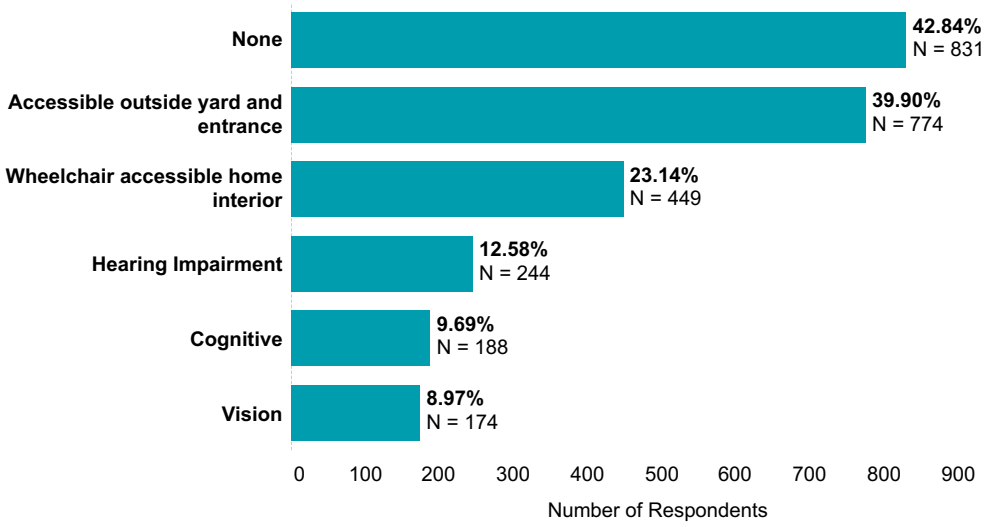
Select one."



QUESTION 28

"Is your housing accessible for disabilities in any of the following ways?

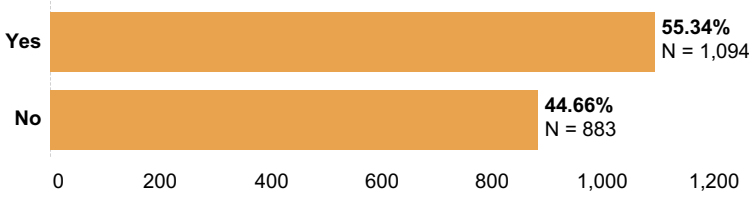
Select ALL that apply."



QUESTION 29

"Would you or anyone in your household beneift from altering your housing to be more accessible?

Select one."



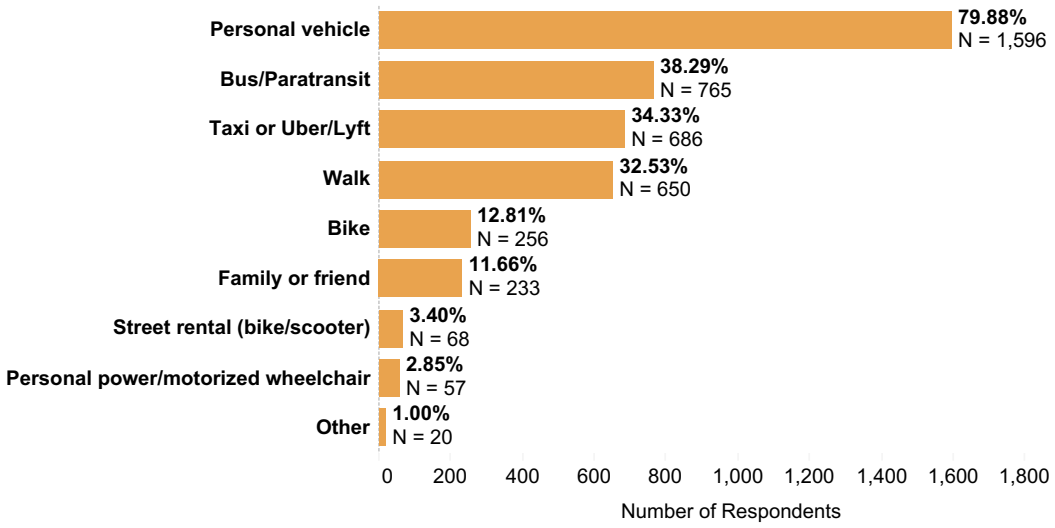
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Transportation

QUESTION 30

"What methods do you use for transportation for things like shopping, doctor appointments, getting to work, or running errands?

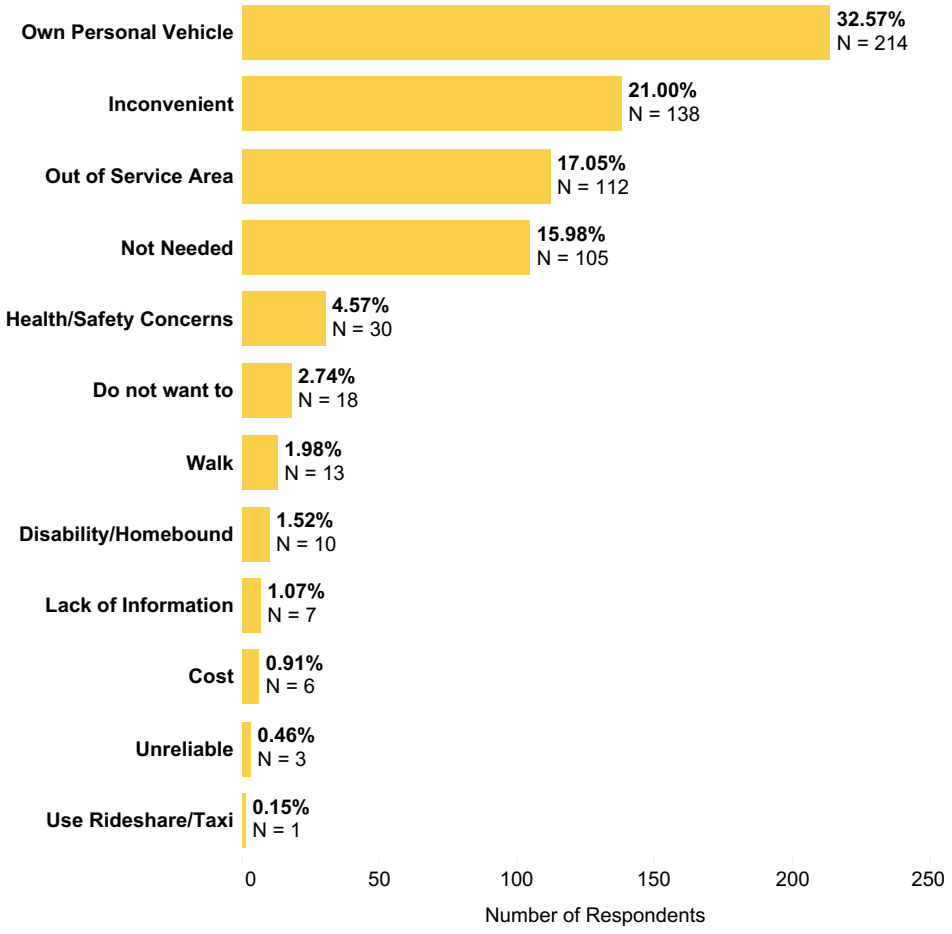
Select ALL that apply."



QUESTION 31

"If you do not use public transportation, what is preventing you?

Select ALL that apply."



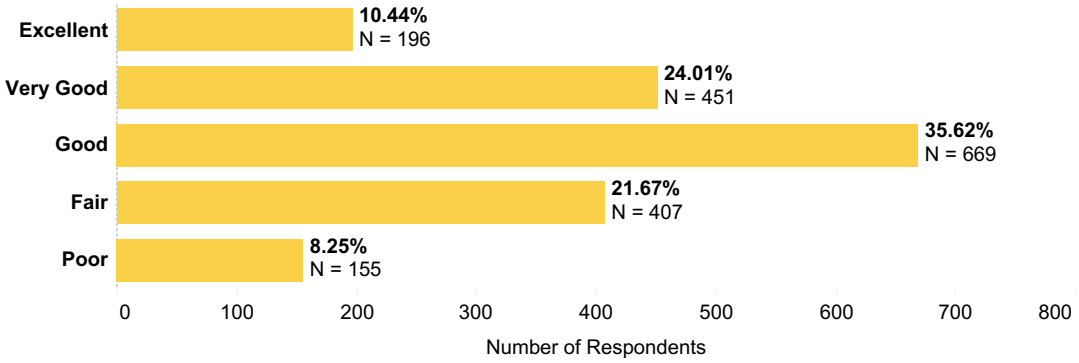
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Social and Community Context, Part 1

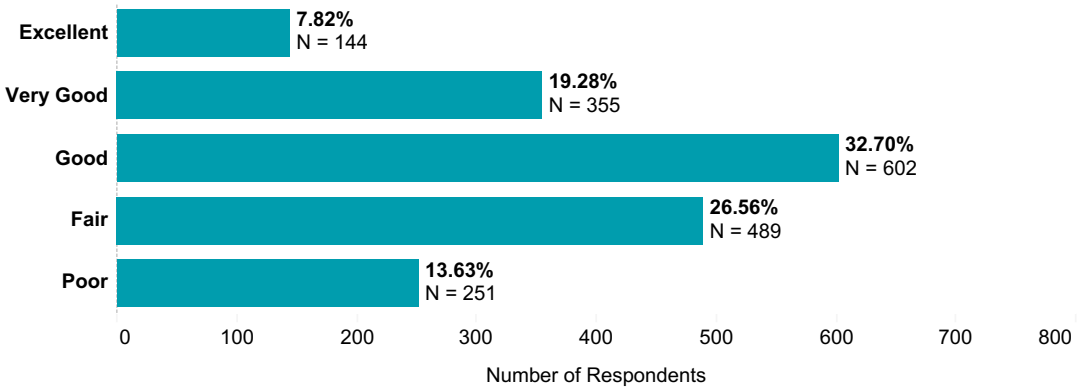
QUESTION 32

"How would you rate Alachua County on the following factors?"

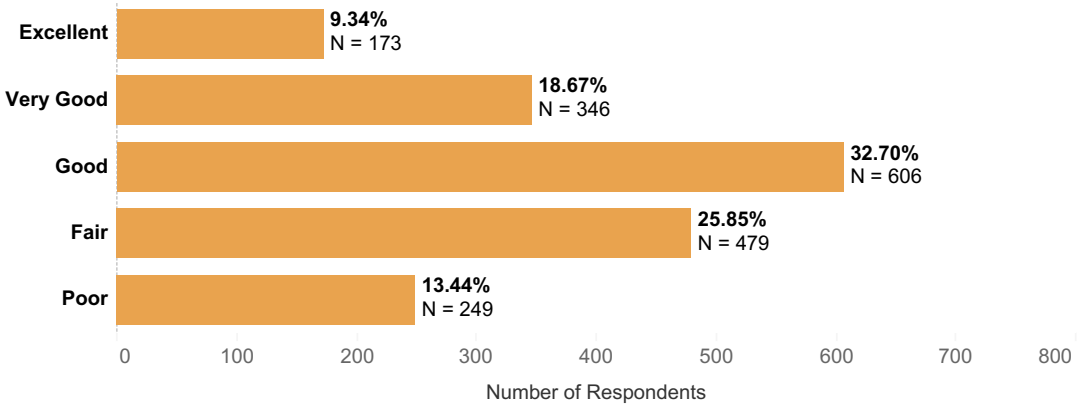
ADA accessible businesses and public buildings



Access to information about community and social services (housing, literacy, insurance, navigation, etc.) and opportunities for asssistance.



A sense that people with disabilities are welcomed and valued in all settings



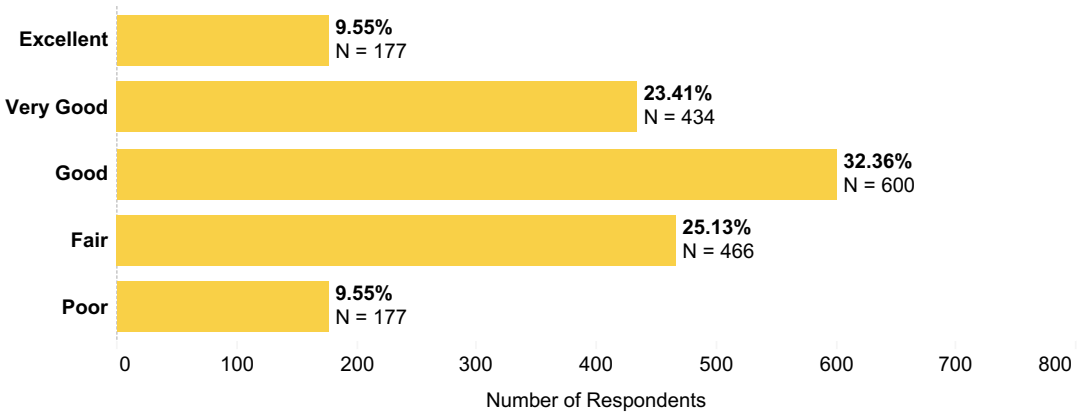
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Social and Community Context, Part 2

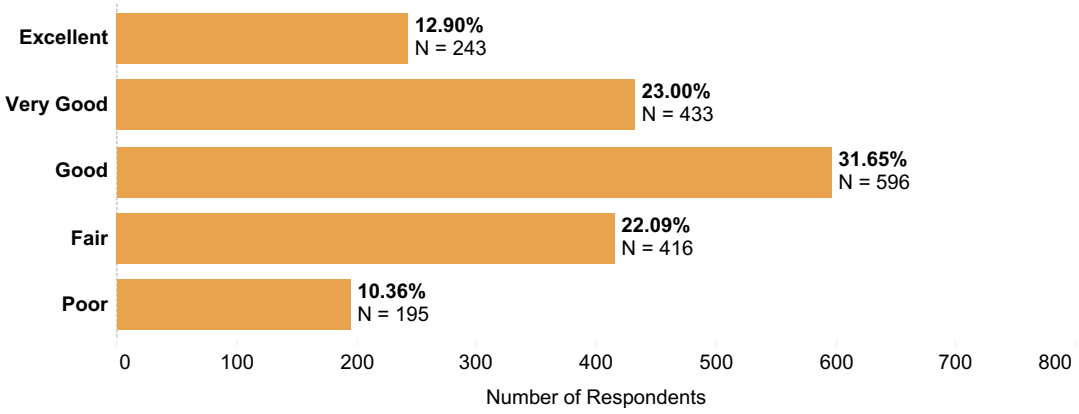
QUESTION 32
CONTINUED

"How would you rate Alachua County on the following factors?"

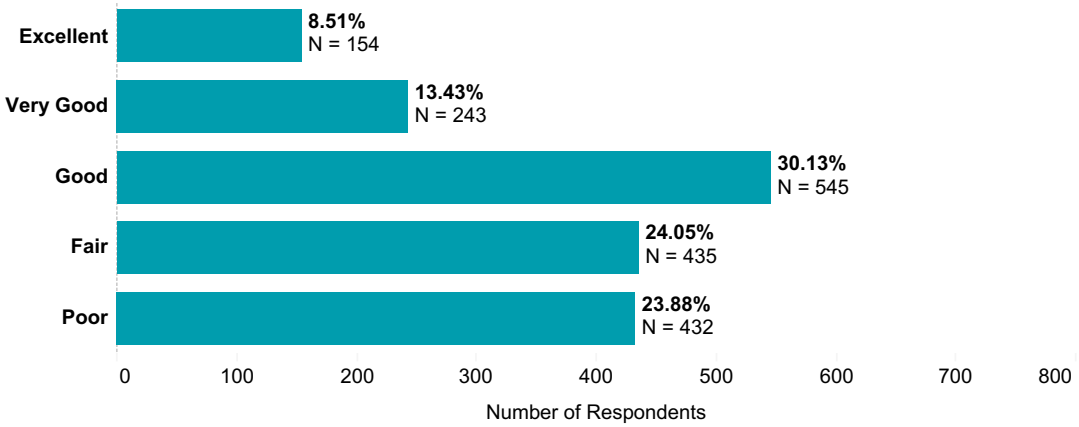
A sense that people of all genders are welcome



Quality health care



Housing that is affordable, ADA accessible, and adapted to your needs



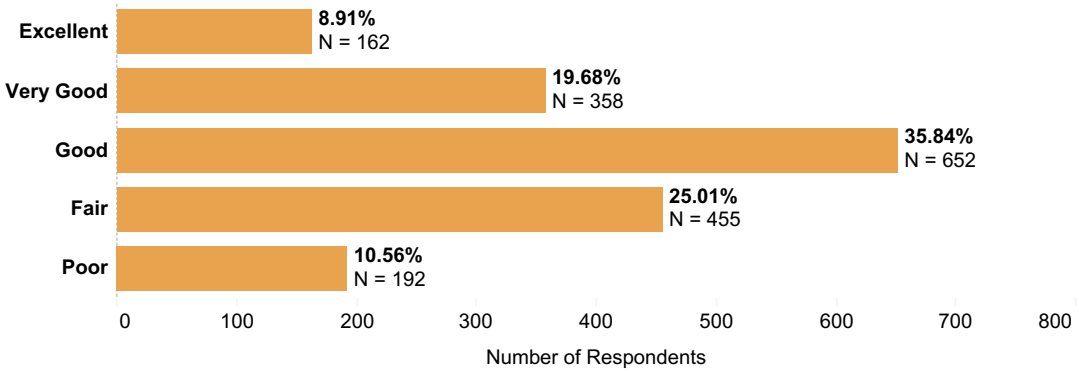
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Social and Community Context, Part 3

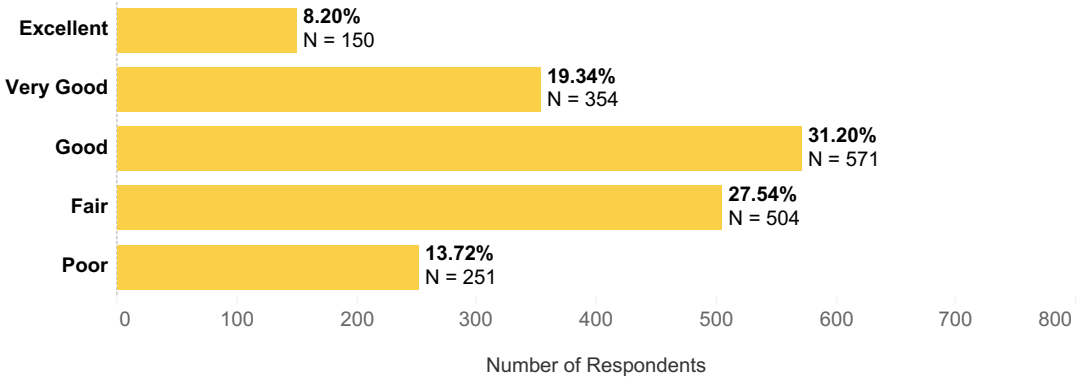
QUESTION 32
CONTINUED

"How would you rate Alachua County on the following factors?"

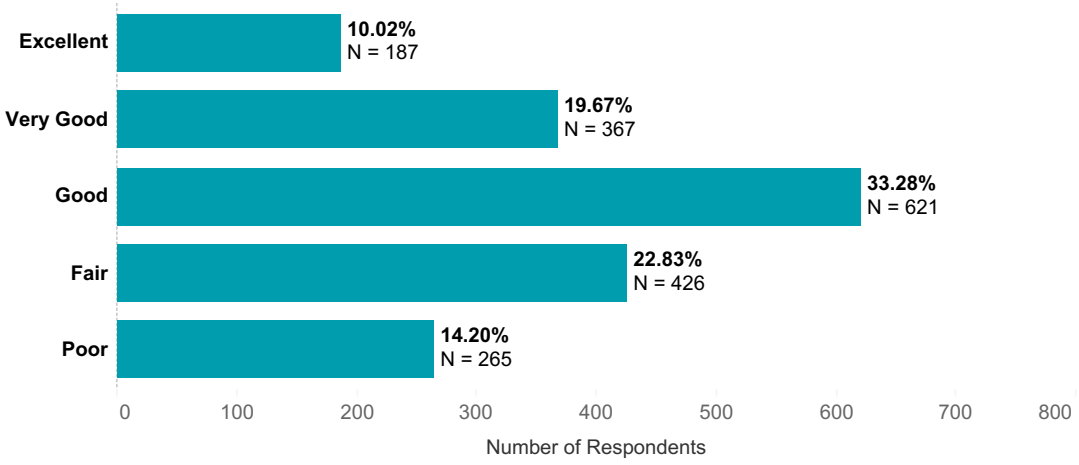
Businesses and government agencies that can accommodate non-English languages



A sense that individuals who speak languages other than English are welcomed and valued in all settings



A sense that older adults are welcomed and valued in all settings



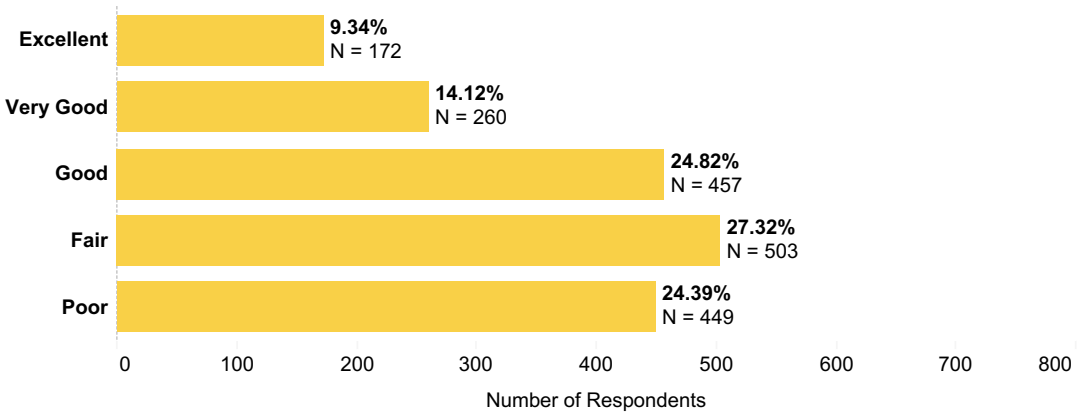
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Social and Community Context, Part 4

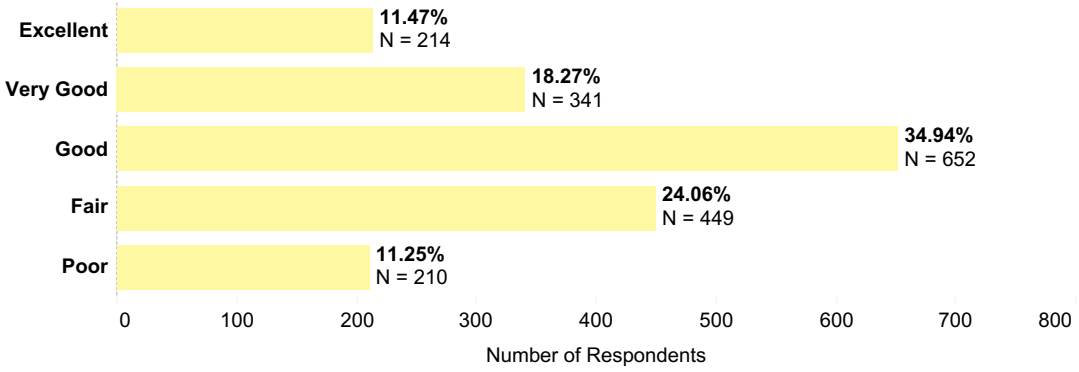
QUESTION 32
CONTINUED

"How would you rate Alachua County on the following factors?"

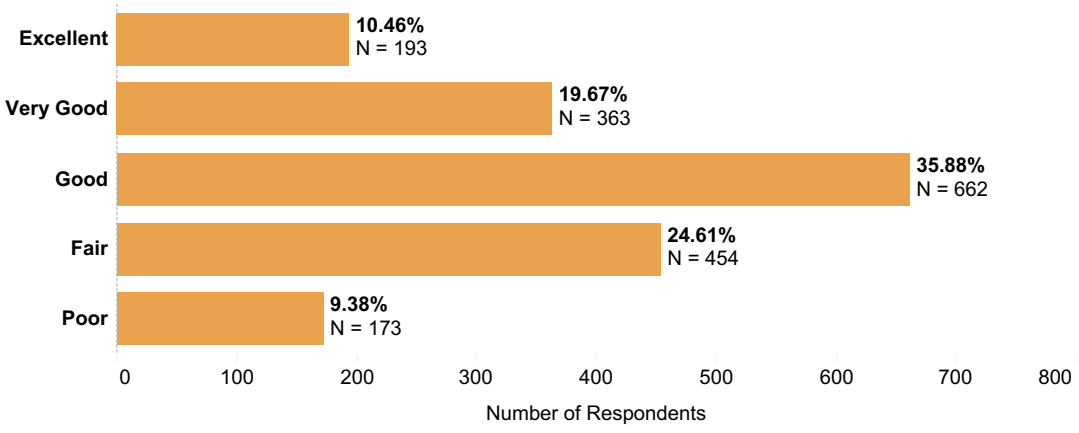
Affordable senior living houses and homes



A wide range of opportunities for you to be social and interact with your neighbors and friends



Reliable, ADA accessible, and safe transportation options for you to get around including walking, biking, transit, as well as driving



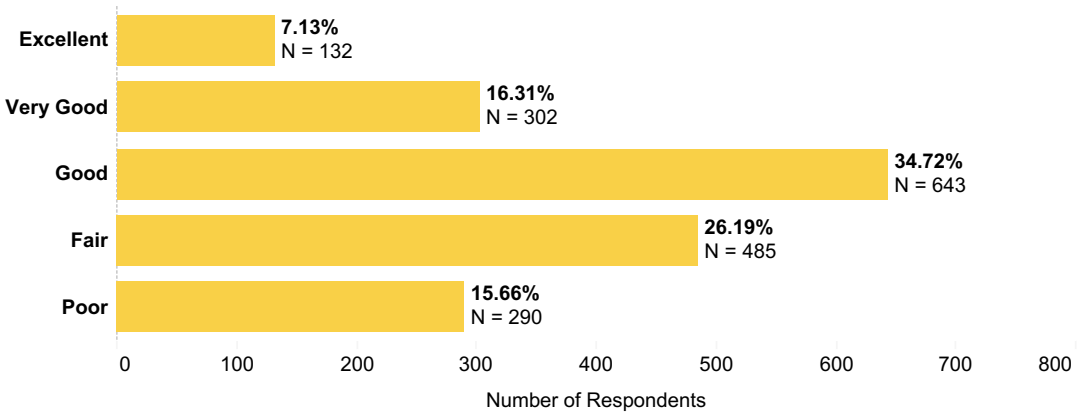
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Social and Community Context, Part 5

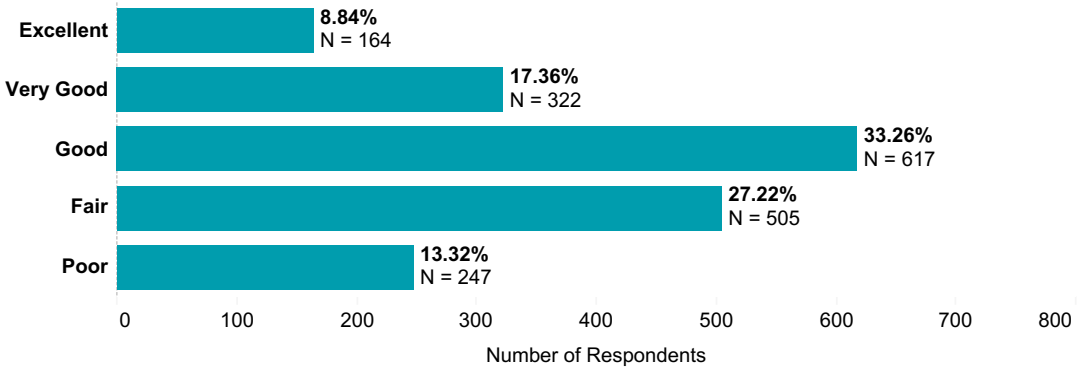
QUESTION 32
CONTINUED

"How would you rate Alachua County on the following factors?"

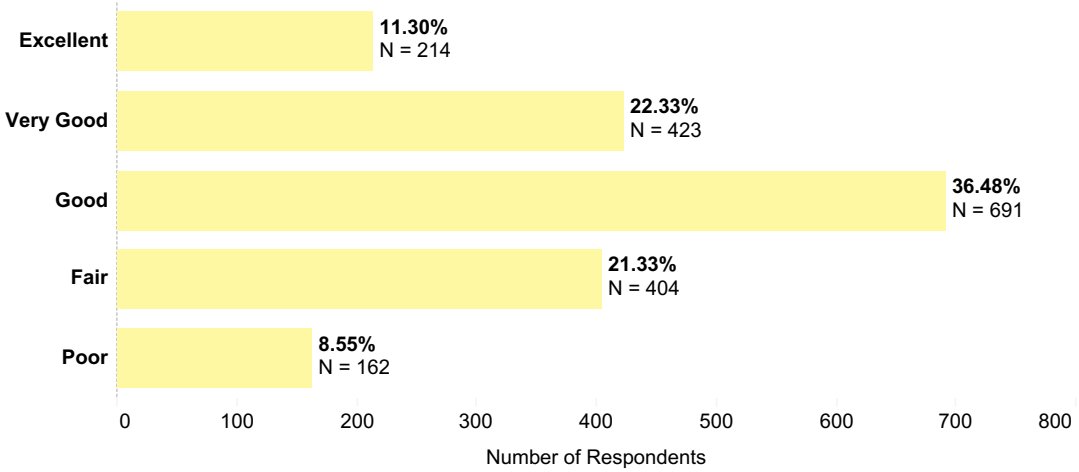
A wide range of employment and entrepreneurship opportunities



Opportunities to get involved in your local government and advocate for issues you care about



Safe, ADA accessible, and enjoyable parks and recreation places



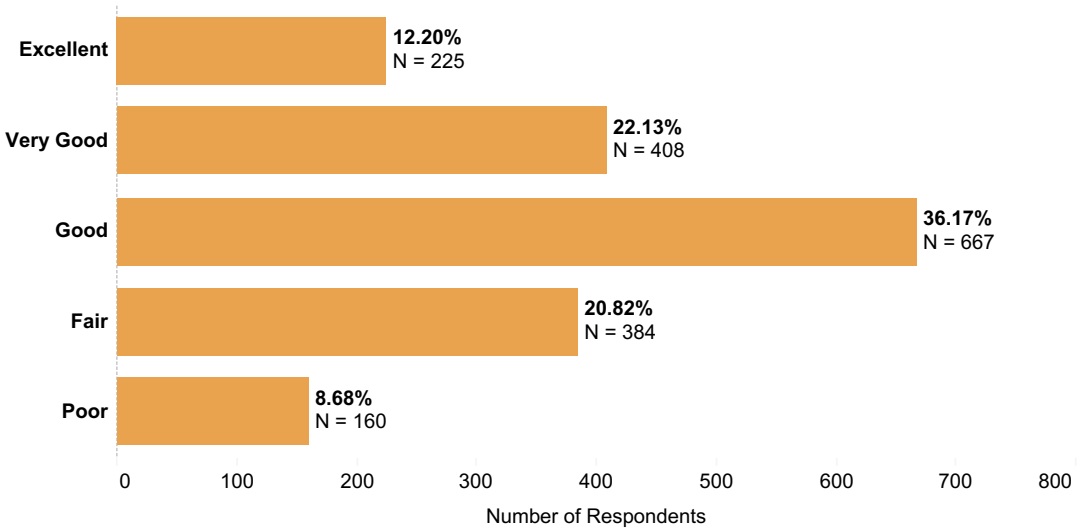
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Social and Community Context, Part 6

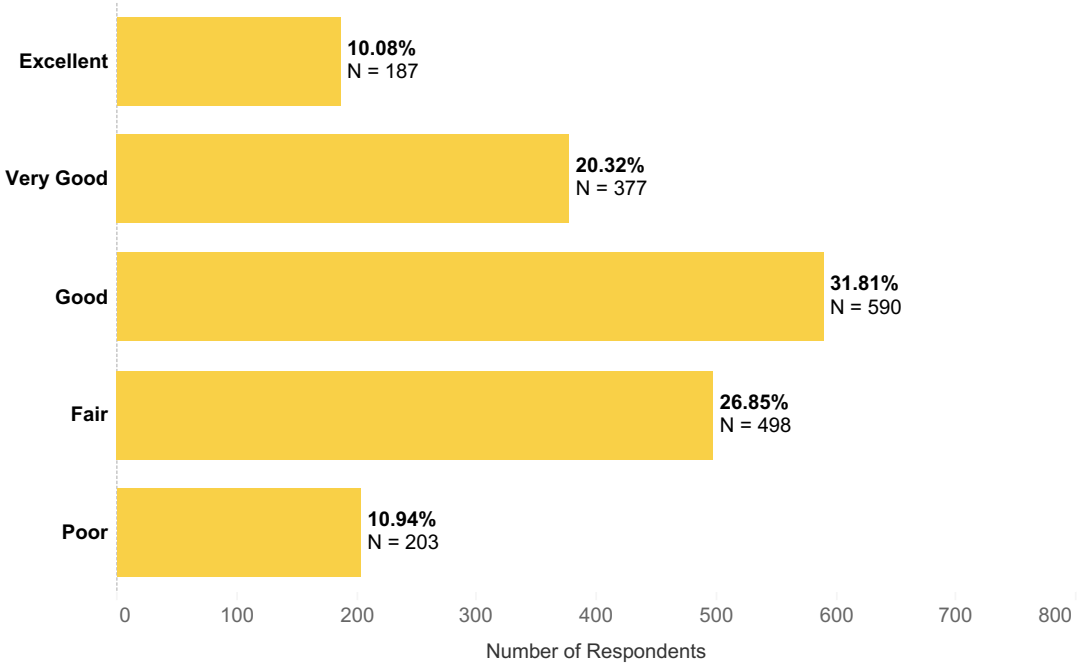
QUESTION 32
CONTINUED

"How would you rate Alachua County on the following factors?"

A sense that veterans are welcomed and valued in all settings



Community-based wellness and supportive services (senior centers, etc.)

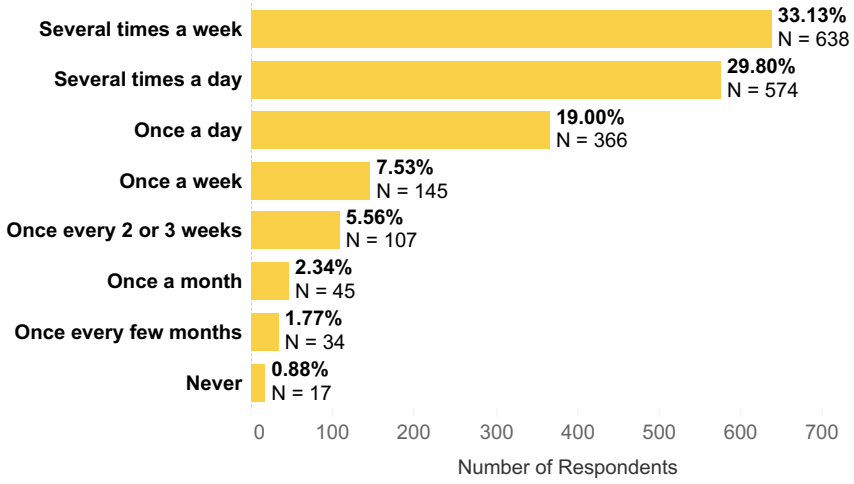


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Social Connection, Internet, and Information Access

QUESTION 33

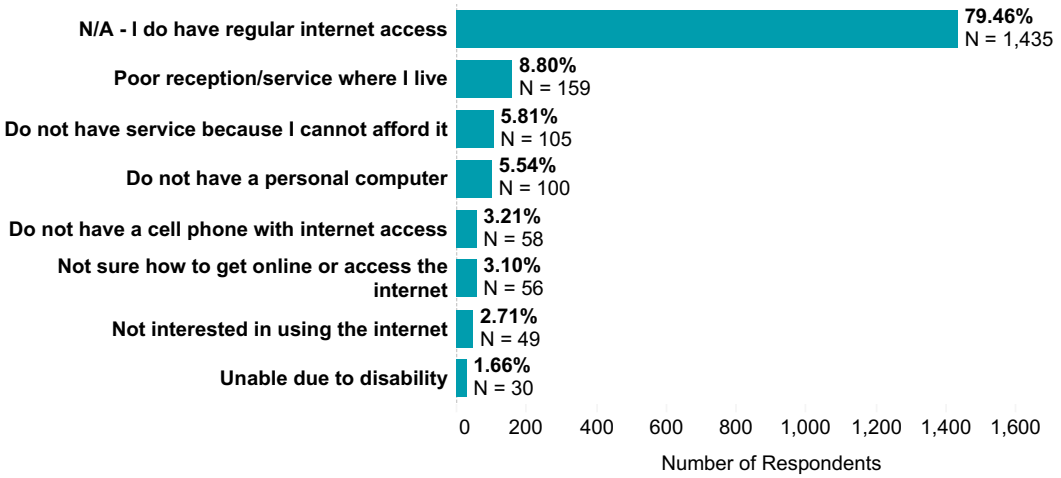
"How often do you have contact with family, friends, neighbors who do not live with you? This interaction could be by phone, in person, email, or social media (such as Facebook, Twitter, etc.."



QUESTION 34

"If you do NOT have internet service, why not?

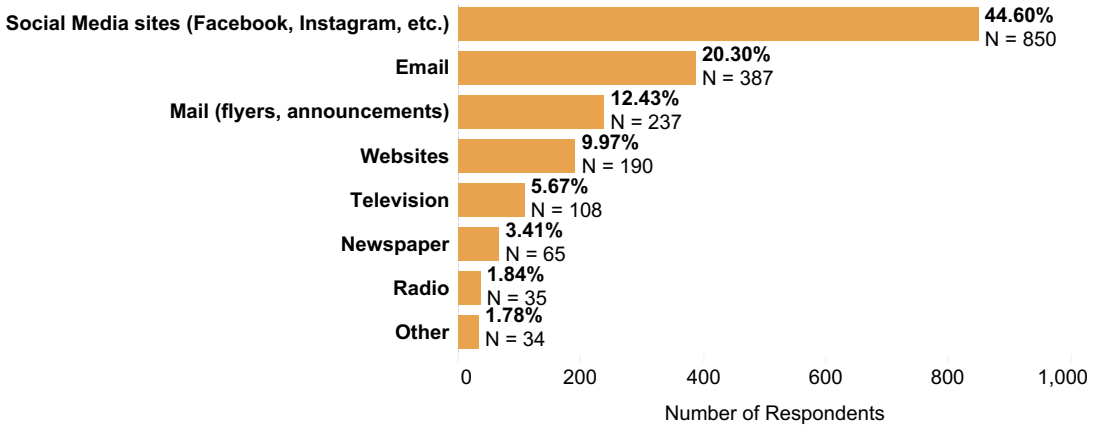
Select ALL that apply."



QUESTION 35

"In general, how do you prefer to learn about opportunities, services, events, or programs available to you in Alachua County?

Select one."



DATA VISUALIZATION: CSA SURVEY QUESTIONS

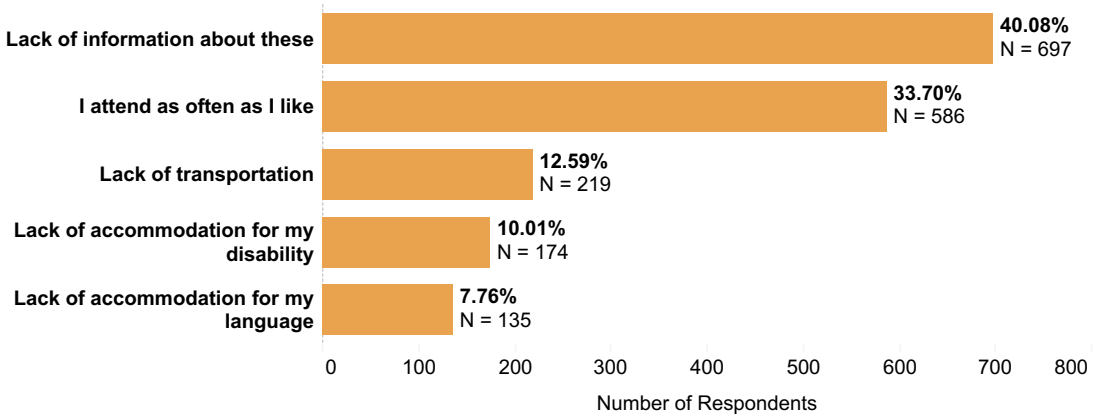
Topic: Attendance and Participation in Social and Community Events, Part 1

QUESTION 36

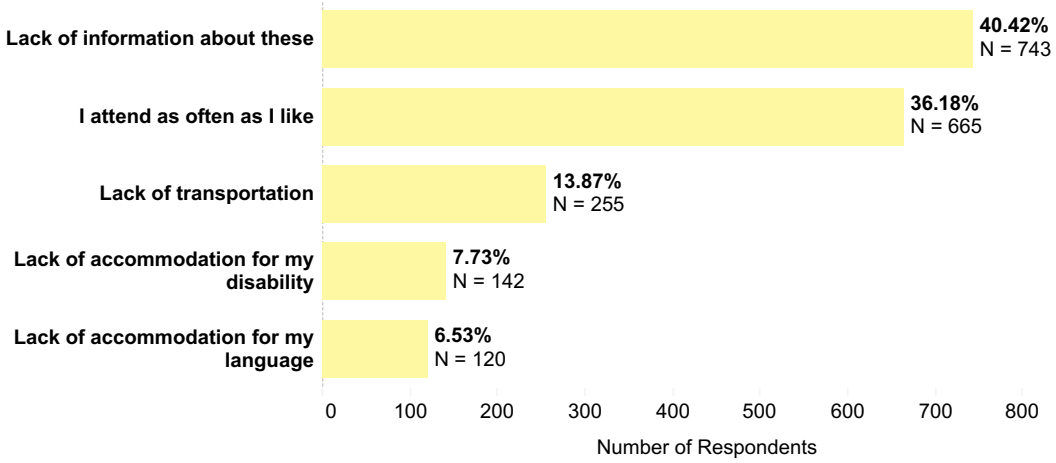
"What is preventing you from attending the following events more often?

Select ALL that apply."

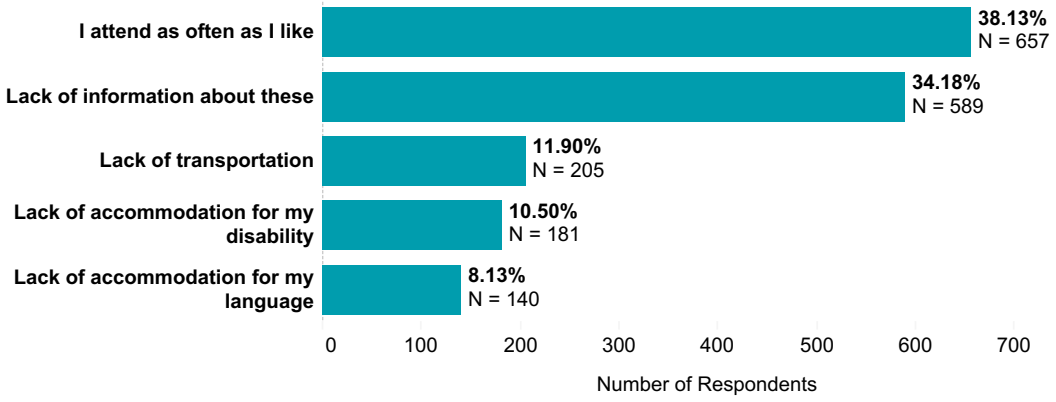
Local government meetings (school board, city council, etc.)



Health Fairs



Volunteering



DATA VISUALIZATION: CSA SURVEY QUESTIONS

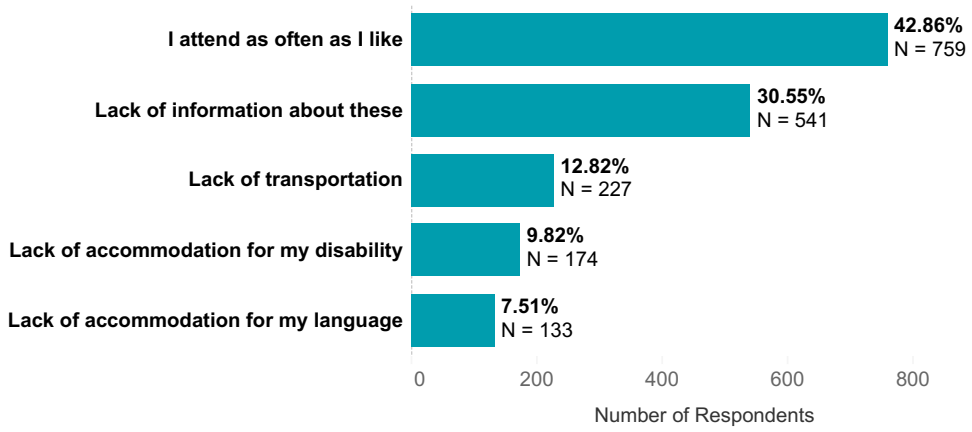
Topic: Attendance and Participation in Social and Community Events, Part 2

QUESTION 36
CONTINUED

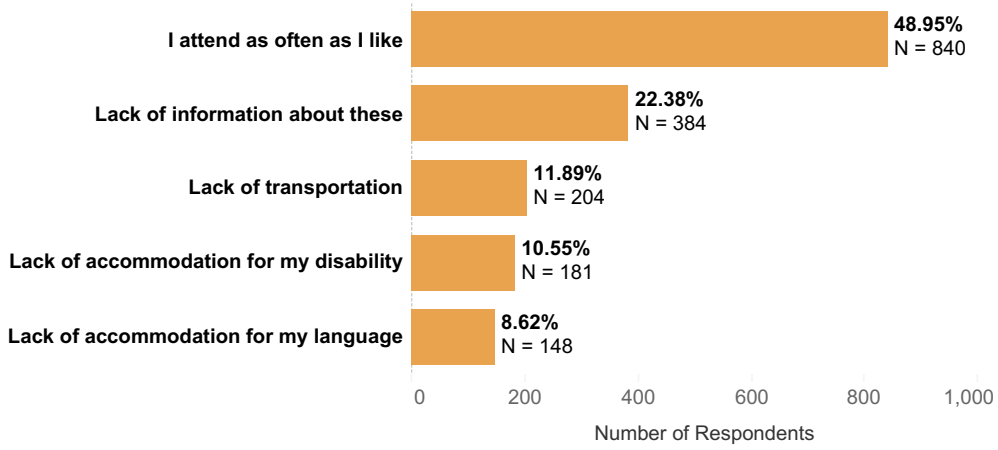
"What is preventing you from attending the following events more often?

Select ALL that apply."

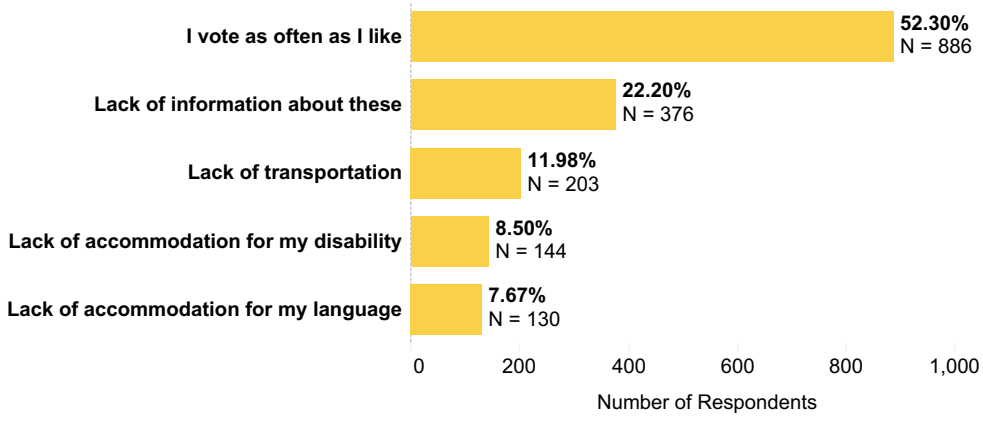
Arts and Cultural Events



Sporting Events



Voting



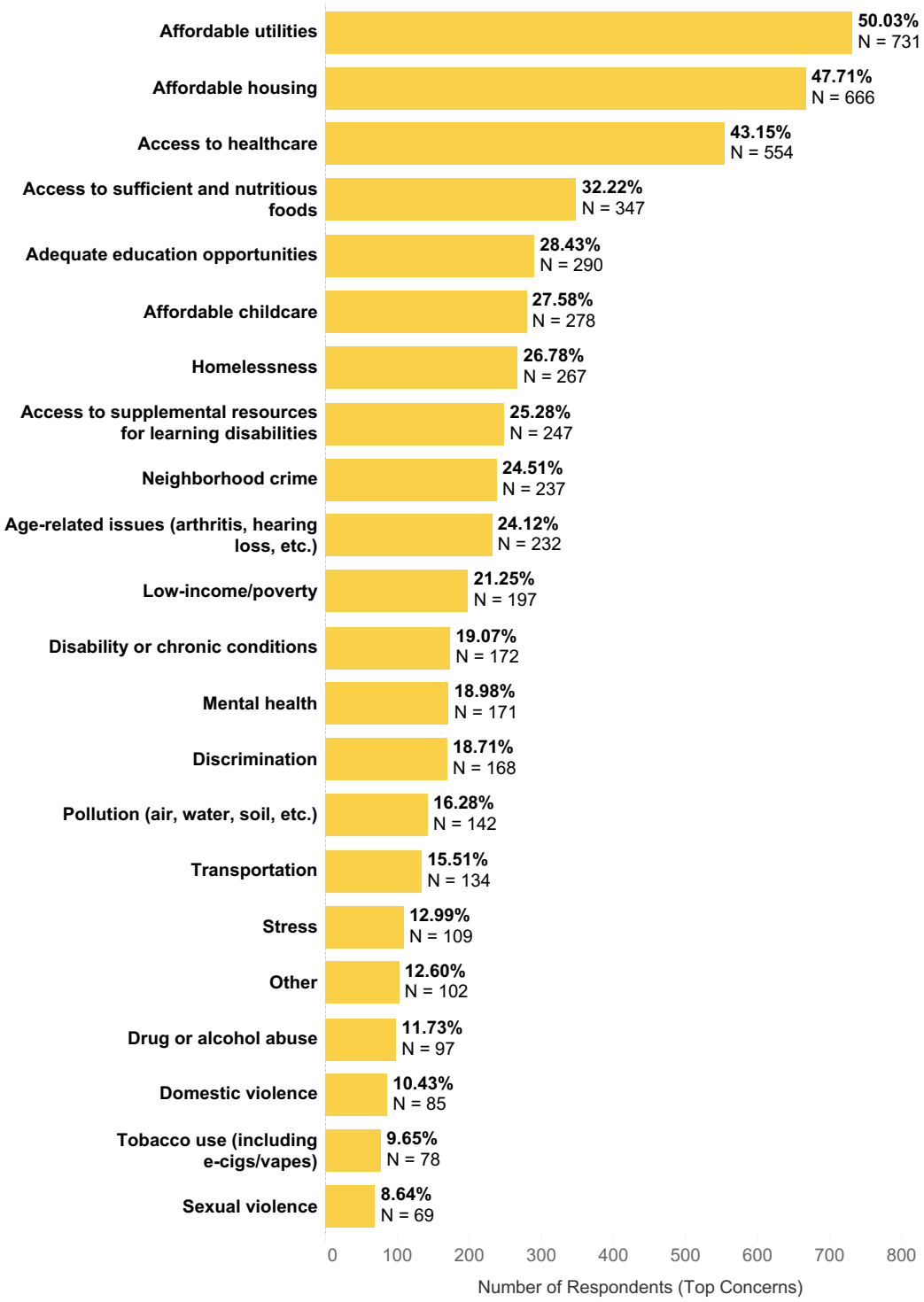
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Respondents' Top Concerns Living in Alachua County

QUESTION 37

"What are your top three concerns while living in Alachua County?

Select top THREE (3)."



DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Food Insecurity, Services, and Children's Resources, Part 1

QUESTION 38

FOOD INSECURITY SCALE

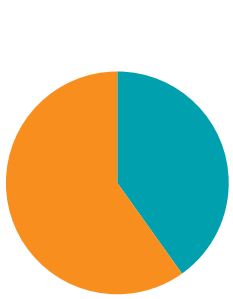
"During the last 12 months, was there a time when, because of lack of money or other resources, you…

- **Were worried you would not have enough food to eat**
- **Skipped a meal**
- **Were hungry but did not eat**
- **Unable to eat healthy and nutritious foods**
- **Ate less than you thought you should**
- **Ate only a few kinds of foods**
- **Ran out of food"**

Respondents selected "Yes" or "No" for each item.

Individual responses were first converted into a numeric values and transformed into a continuous quantitative index value, and constructed a cutoff indicating moderate food insecurity. Higher values indicate higher levels of food insecurity.

Food insecurity scale



Low
40.1%
N = 1,041

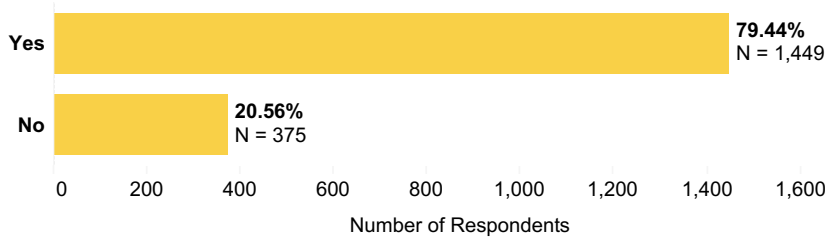
Moderate or higher
59.9%
N = 1,552

QUESTION 39

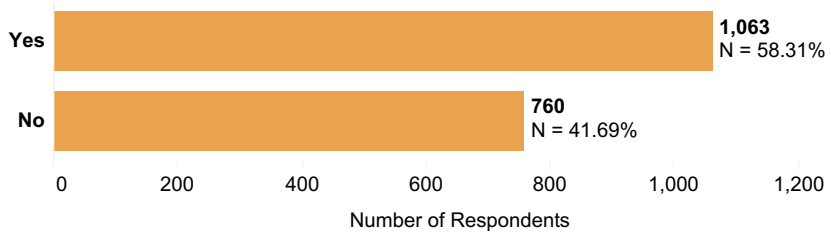
"Are you aware of the following food-related services and resources?

Check 'yes' if you are aware and 'no' if you were not aware."

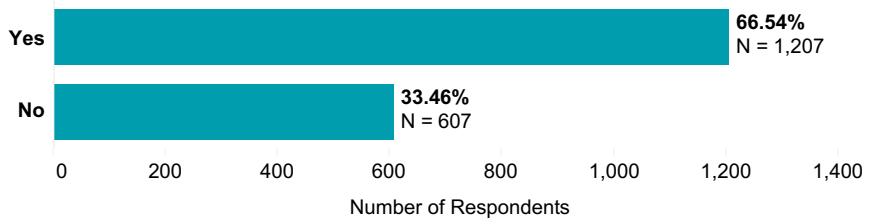
Where farmer's markets are located



How to enroll in food banks



Can use SNAP benefits at some farmer's markets



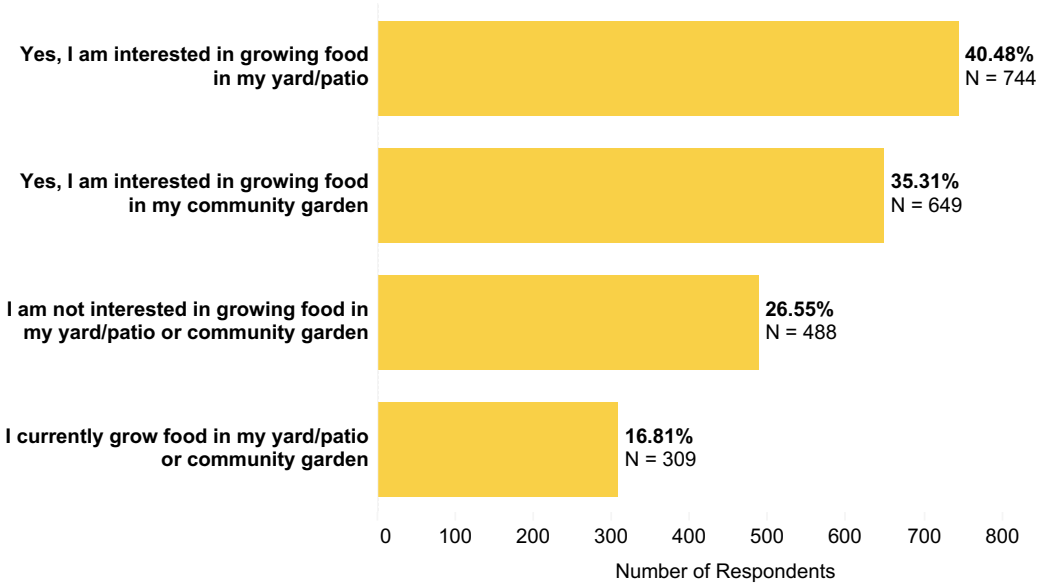
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Food Insecurity, Services, and Children's Resources, Part 2

QUESTION 40

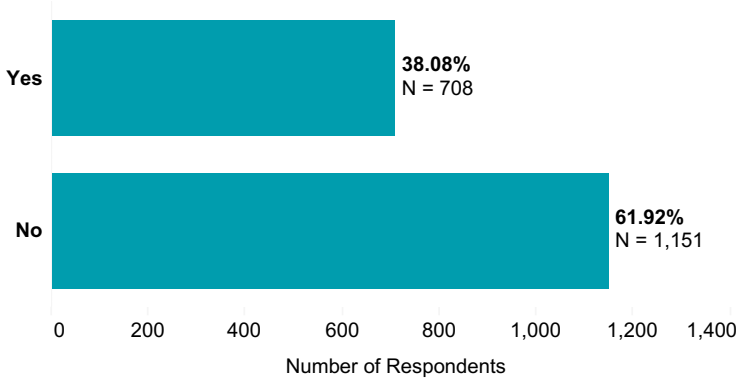
"Would you be interested in or able to grow food in your yard/patio or in a community garden?

Select ALL that apply."



QUESTION 41

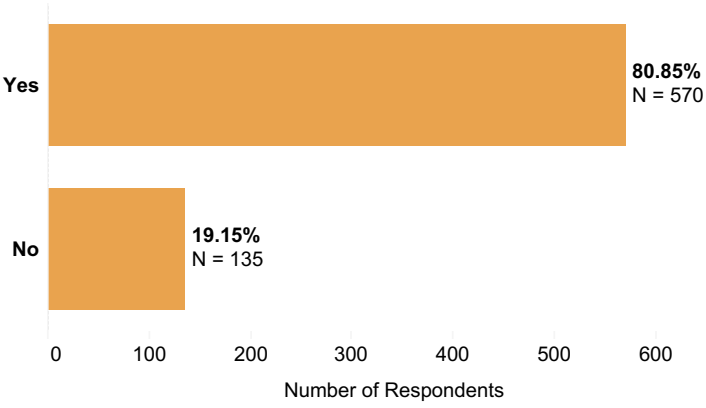
"Do you have a child under the age of five (5?"



QUESTION 42

Among respondents who indicated they have a child under the age of five (5):

"Have you ever used WIC services?"



DATA VISUALIZATION: CSA SURVEY QUESTIONS

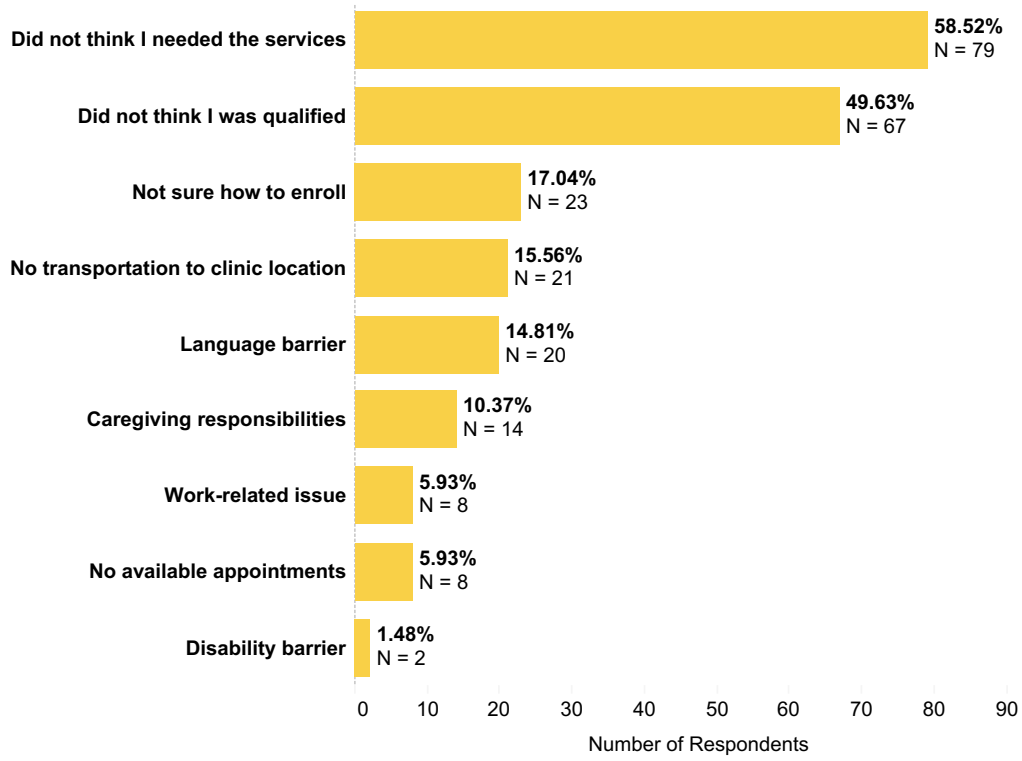
Topic: Food Insecurity, Services, and Children's Resources, Part 3

QUESTION 43

Among respondents who indicated they have a child under the age of five (5), who also indicated they have not used WIC services:

"What has prevented you from using WIC services?

Select ALL that apply."

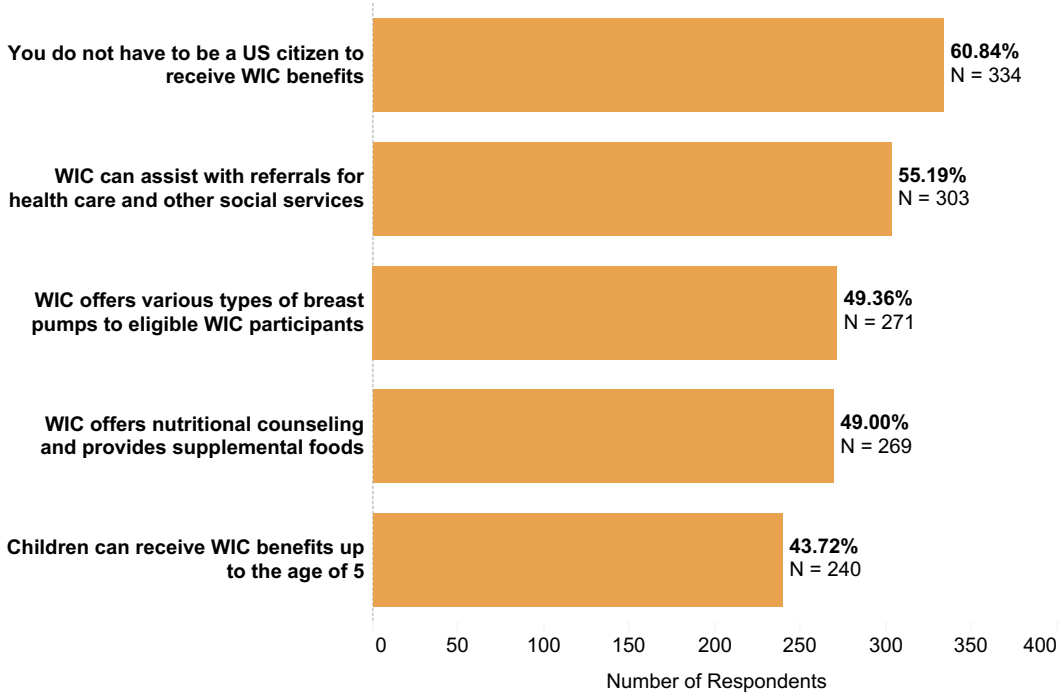


QUESTION 44

"Are you aware of the following WIC benefits and services?

Check 'yes' if you are aware and 'no' if you were not aware."

Displaying responses of 'Yes' = Respondent was aware.

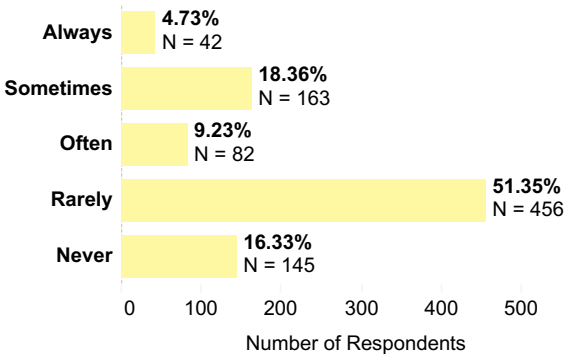


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Emergency Resources

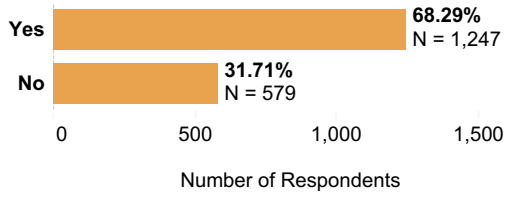
QUESTION 45

"If you have a child under 18 years old, within the past three (3 months, how often have you experienced childcare breakdowns (such as not being able to afford childcare, not being able to find childcare providers, not being able to find childcare that accommodates your child's needs, etc."



QUESTION 46

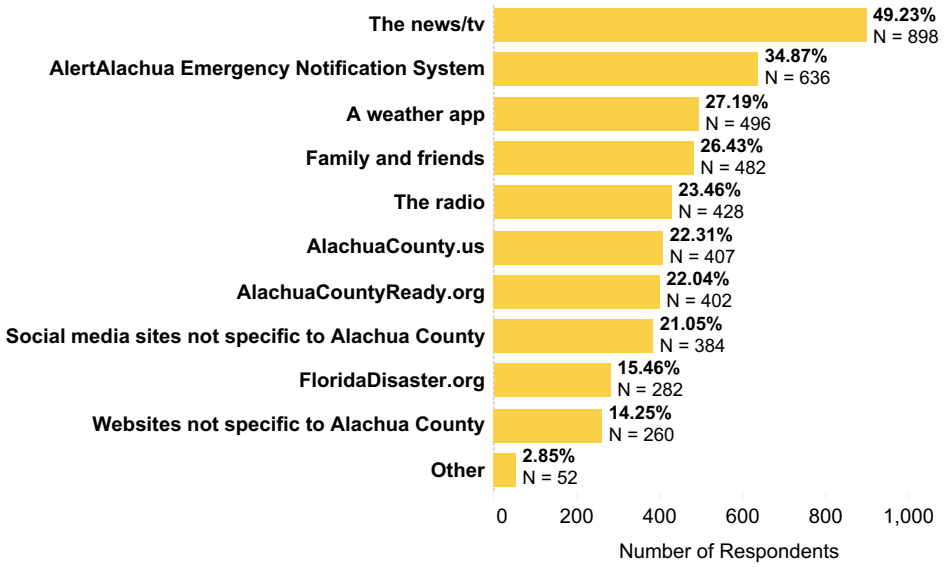
"Have you signed up for the AlertAlachua Emergency Notification System?"



QUESTION 47

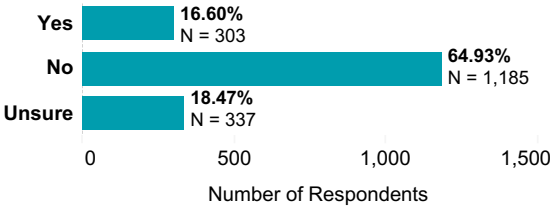
"Where do you learn about emergency preparedness in Alachua County?

Select all that apply."



QUESTION 48

"Do you qualify for the Special Needs Shelter?"



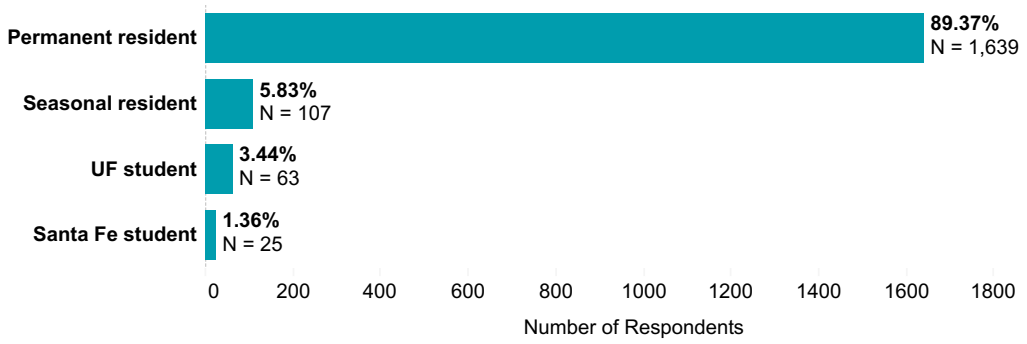
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Respondent Demographics, Part 1

QUESTION 49

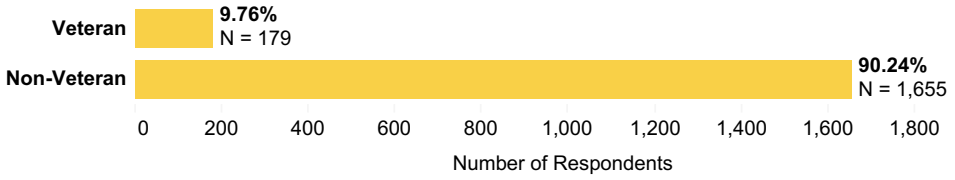
"In what capacity do you live in Alachua County?

Select one."



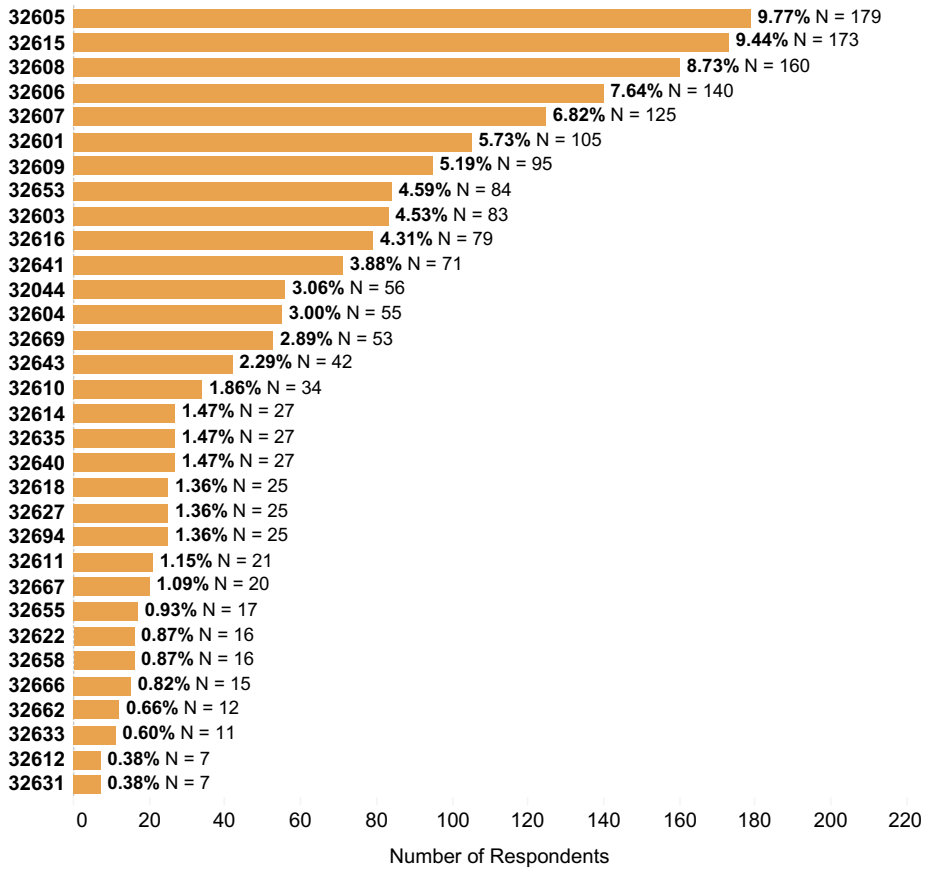
QUESTION 50

"Are you a Veteran?"



QUESTION 51

"In what zip code do you live?"

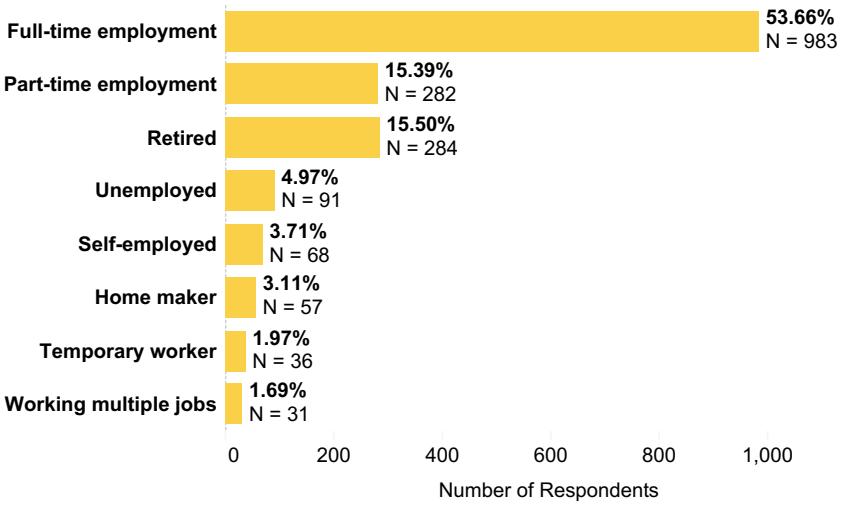


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Respondent Demographics, Part 2

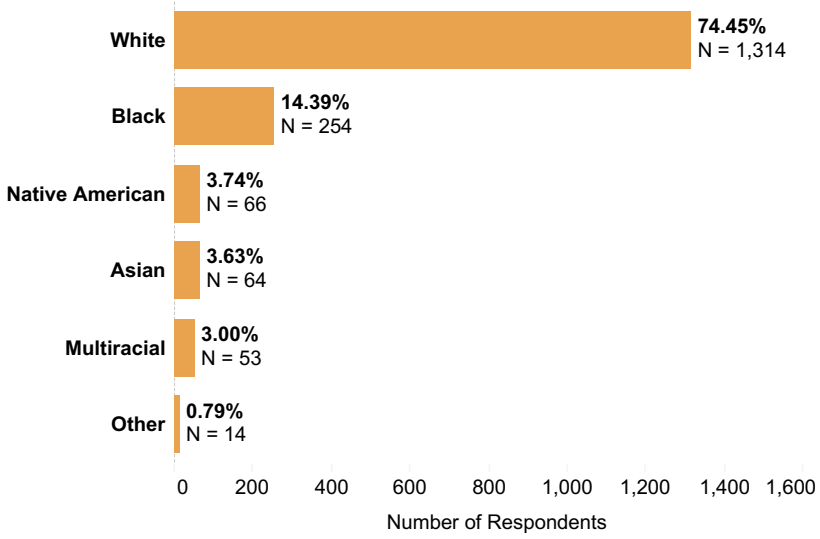
QUESTION 52

"Which of the following best describes your current employment status?"



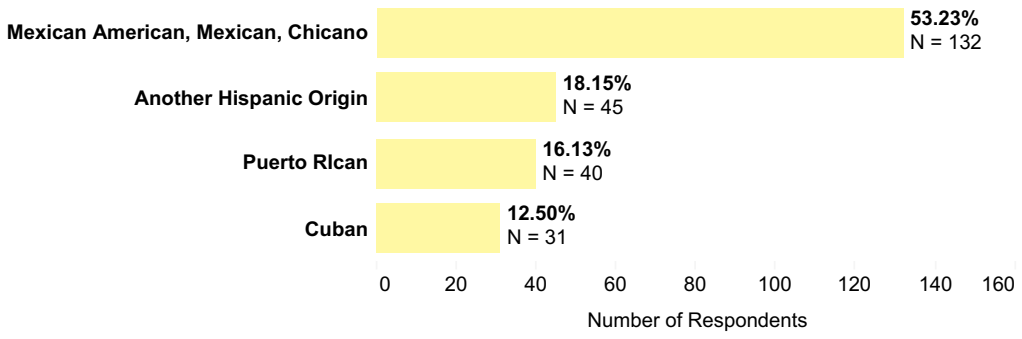
QUESTION 53

"What racial group do you identify as?"



QUESTION 54

"Are you of Hispanic, Latino, or Spanish origin?"



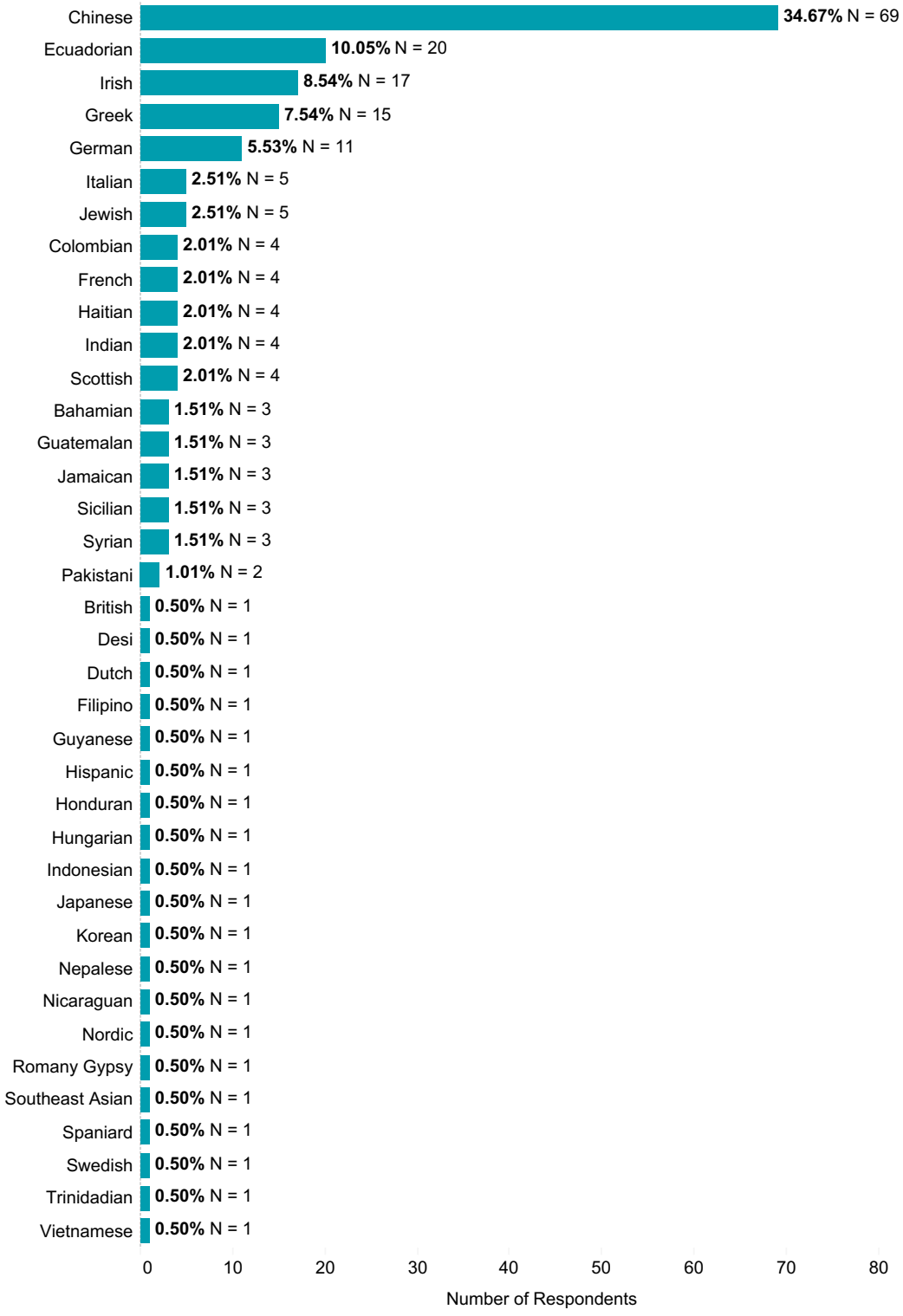
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Respondent Demographics, Part 3

QUESTION 55

"Are there any other ethnicities you identify as?

For example - Chinese, Pakistani, Bahamian, Haitian, Ecuadorian, Honduran, Guatemalan, Greek, German, Irish, Syrian, etc."

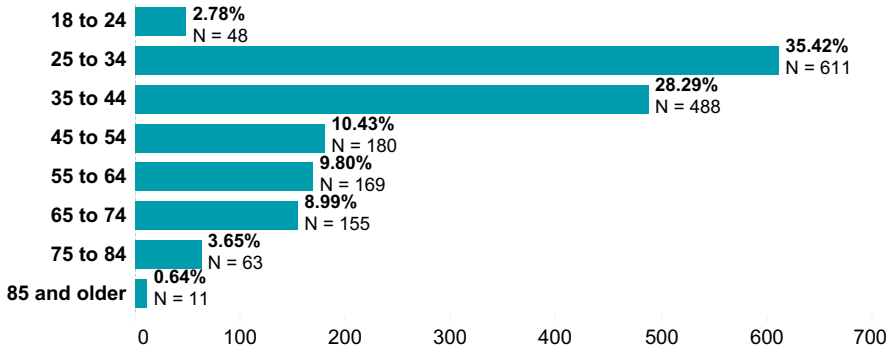


DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Respondent Demographics, Part 4

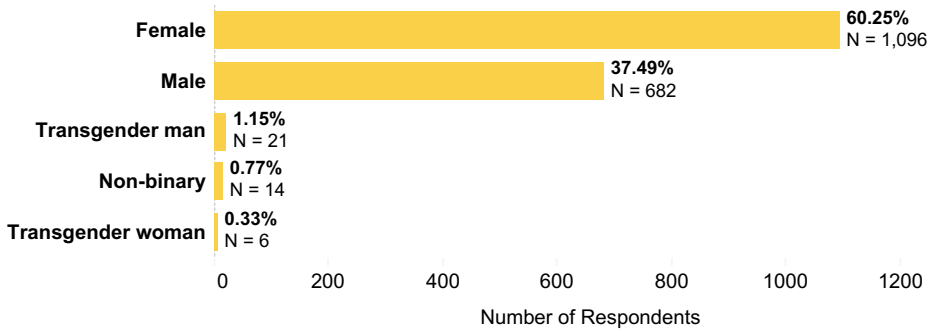
QUESTION 56

"What is your current age?"



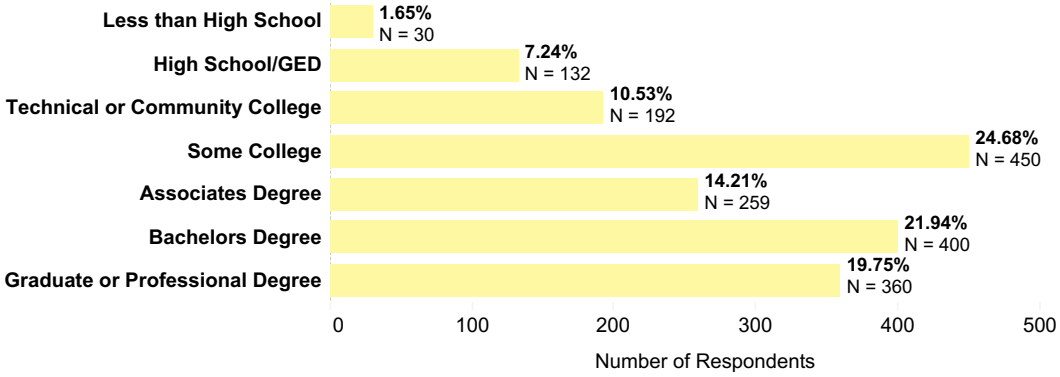
QUESTION 57

"What is your gender?"



QUESTION 58

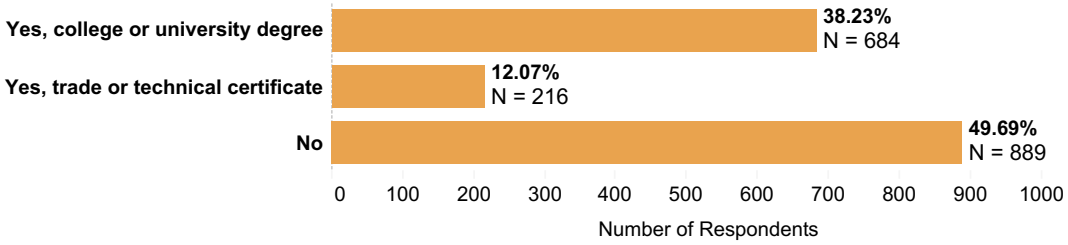
"What is the highest level of education you have completed?"



QUESTION 59

"If you had the resources you needed, would you pursue a higher level of education?

Select one."



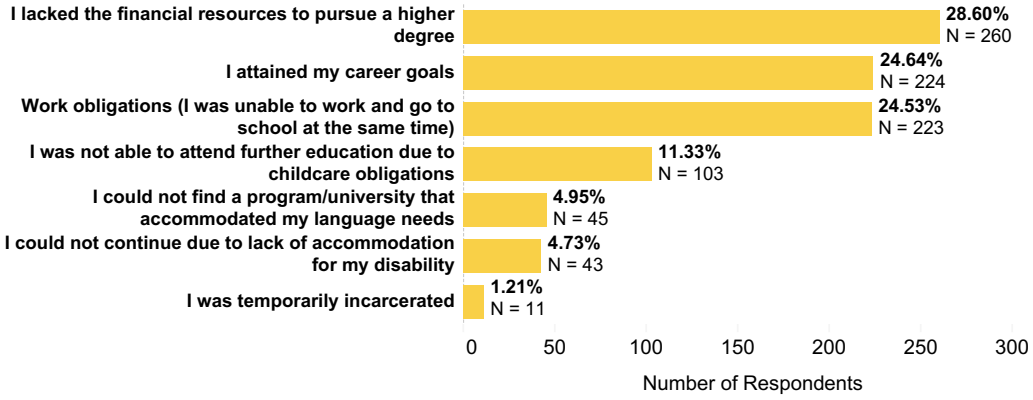
DATA VISUALIZATION: CSA SURVEY QUESTIONS

Topic: Respondent Demographics, Part 5

QUESTION 60

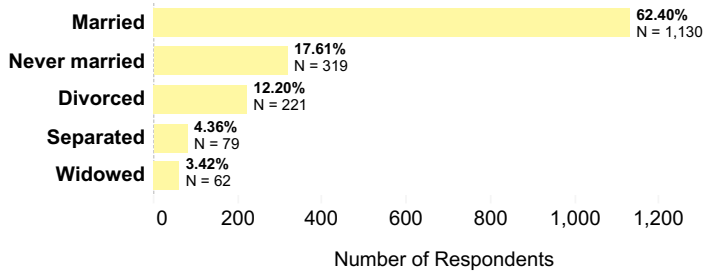
"What kept you from pursuing further education?

Select one."



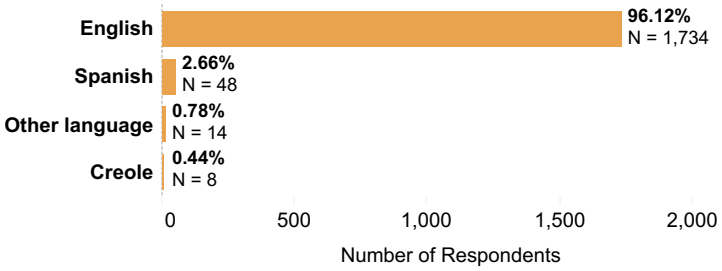
QUESTION 61

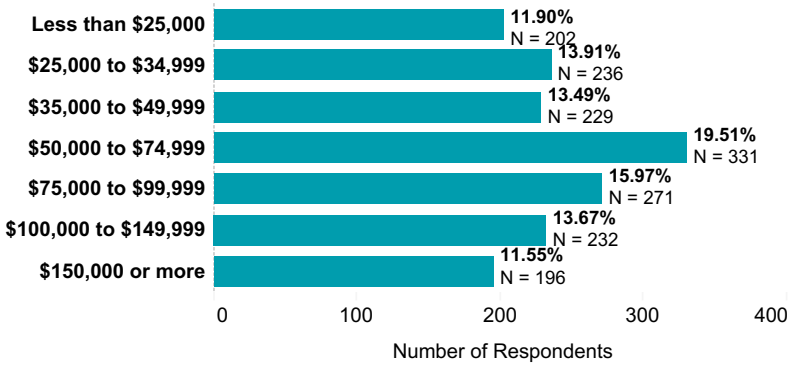
"What is your current marital status?"



QUESTION 62

"What is the main language you use at home?"



QUESTION 63

"What is the combined annual income of everyone living in your household?"