



2022



MARION COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

AUGUST 2022





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EXECUTIVE SUMMARY

Background

In April 2022, the Florida Department of Health and AdventHealth Ocala, as collaborative leaders and partners, launched the 2022 Community Health Needs Assessment (CHNA) process in Marion County. The overarching assessment purpose is two-fold; that is, first, to uncover or substantiate the health needs and health issues in Marion County and better understand the causes and contributing factors to health and quality of life in the county and secondly, to prioritize those identified gaps and concerns so that pressing issues can be addressed through collective community action.

Although partners in the health arena for some time, the 2022 comprehensive needs assessment cycle represents a new level of cooperation for the Florida Department of Health in Marion County and AdventHealth Ocala, as it is the first time these organizations have formally worked in concert to complete a community health needs assessment. AdventHealth Ocala conducts a comprehensive needs assessment every three taxable years in compliance with Internal Revenue Service (IRS) requirements for non-profit hospitals. As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Marion County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health needs assessment process every five years. A critical part of the assessment process is the involvement of a diverse, broad, and representative group of community partners and members from throughout Marion County. This body, called the 2022 Marion County CHNA Steering Committee, with more than 100 invited members, guided the process and assured that the health needs and issues of all Marion County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between public and private health institutions in Marion County for the larger goal of improving health outcomes and quality of life for all residents of Marion County.

Process and Methodology

This comprehensive health needs assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Strategies to establish the assessment of health equity and health disparities have been included in the Marion County MAPP process. Use of the MAPP tools and techniques helped Marion County ensure that a collaborative and participatory process with a focus on wellness, quality of life, and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

Assessments

Data generated from three core assessments informed the analysis, prioritization, and identification of community health priorities. These assessments are described in further detail below.

Community Health Status Assessment

Through the analysis of data on indicators of social determinants of health, community health status, and health system resources, this assessment answers the question: “How healthy is the community?”. Myriad secondary data sources were used to examine the health of Marion County, including the U.S. Census Bureau, the Florida Department of Health’s FLHealthCHARTS, the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, and the Florida Agency for Health Care Administration. Important findings pointed to rising

and persistently higher than state rates of morbidity and mortality for Marion County residents related to heart disease, cancer, diabetes, Alzheimer’s disease, Chronic Lower Respiratory Disease (CLRD), mental health problems, unintentional injuries, and suicide. Data also pointed to disparities in health outcomes by race, ethnicity, and geography.

Community Themes and Strengths Assessment

Broad participation of the community at large is a critical part of this assessment that seeks to understand “What is important to the community?” and “How is health and quality of life perceived in the community?”. An electronic survey, available in both English and Spanish, was widely distributed, garnering more than 700 responses from community members. Likewise, healthcare and social service providers were surveyed for their unique perspectives on health with responses from more than 100 health and social service professionals collected. Marion County residents who responded to the survey expressed concerns regarding issues of healthcare service access, particularly primary and mental health care, mental/behavioral health including substance abuse, and access to meeting basic needs such as food, jobs, and affordable housing in safe neighborhoods. Health-related behaviors of concern were drug and alcohol use, tobacco use, poor nutrition, lack of physical activity, distracted driving, violence, not using healthcare resources appropriately, and loneliness/isolation.

Forces of Change Assessment

Through a facilitated discussion with community partners, this assessment collected qualitative data that sheds light on “What is occurring or might occur that affects the health of the community and/or health system?”. The CHNA Steering Committee identified trends such as an aging population, rising sexually transmitted disease rates, fluctuating immunization rates, and inflation as concerns. Factors, or characteristics unique to Marion County that could impact health, were listed as high rates of poverty, lower educational attainment, persistent and unsolved barriers to healthcare, along with county-wide transportation challenges, food deserts, and social isolation of some populations. Events that could impact health positively or negatively included mass shootings, county or municipal celebrations, an economic recession, elections, road expansions, disease outbreaks, and weather-related emergencies.

Identified Health Priorities

The CHNA Steering Committee members reviewed the assessment data and findings from the entire community health assessment process. After discussion and arriving at consensus, the Steering Committee arrived at the four strategic priority issue areas listed below:

- Access to Care, addressing:
 - ▶ Primary care
 - ▶ Provider shortages
 - ▶ Barriers to care including financial, physical, cultural, and attitudinal
 - ▶ Health literacy
- Behavioral Health, focusing on:
 - ▶ Mental health services across the lifespan
 - ▶ Substance abuse prevention and treatment
 - ▶ Mental wellness and community-based strategies for prevention

- Wellness and Primary Prevention, with emphasis on:
 - ▶ Community safety and injury prevention
 - ▶ Life skills education
 - ▶ Healthy behaviors and responsible health decision-making
- Healthy Aging, with a focus on:
 - ▶ Supportive care and services for the aging population
 - ▶ Services for persons with Alzheimer’s Disease and dementia
 - ▶ Housing and temporary sheltering for senior citizens in need

Action and Implementation

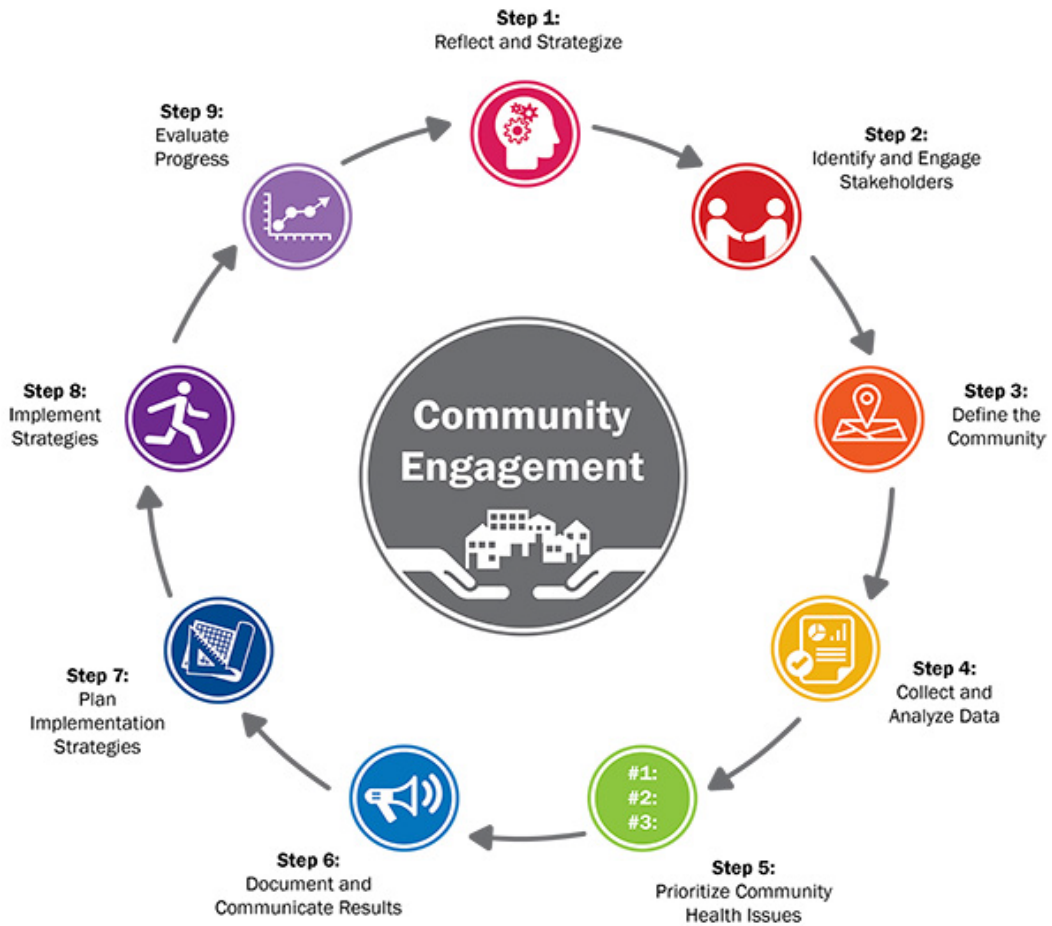
The next phase of a comprehensive assessment process is the development of an implementation plan or Community Health Improvement Plan (CHIP) with goals, strategies, measurable outcomes, and process objectives, with continuous monitoring and performance metrics. Community leaders and partners will continue to work together to address the identified issues, improve health outcomes, and make wise investments in the quality of life for Marion County residents.

FIGURE 1: MAPP PROCESS DIAGRAM



Source: National Association of County and City Health Officials (N.D.). Community Health Assessment and Improvement Planning. Retrieved August 8, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT



Source: Association for Community Health Improvement (N.D.). Community Health Assessment toolkit. Retrieved August 3, 2022. [https://www.healthycommunities.org/resources/community-health-assessmenttoolkit#:~:text=The%20Affordable%20Care%20Act%20requires,CHNA\)%20process%20every%20three%20years](https://www.healthycommunities.org/resources/community-health-assessmenttoolkit#:~:text=The%20Affordable%20Care%20Act%20requires,CHNA)%20process%20every%20three%20years)

ASSESSMENT METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex determinants of health, the community health assessment process is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the end user, this report has been separated into multiple components as follows:

- Executive Summary
- Assessment Methodology
- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Intersecting Themes and Key Considerations
- Appendices
 - ▶ Appendix A – Steering Committee Members List
 - ▶ Appendix B – Community Survey
 - ▶ Appendix C – Provider Survey
 - ▶ Appendix D – Community Assets and Resources

The Visioning Process

At their kick-off meeting on May 2, 2022, the Marion County Community Health Needs Assessment Steering Committee members completed a visioning exercise to define health, identify the characteristics of a healthy Marion County, envision the community health system of the future, and visualize needed resources, assets, and attributes to support such a system. Three categories of characteristics and attributes emerged along with needed actions to achieve the vision. The table below shows the consensus around attributes and factors that define health and a healthy Marion County. The word cloud below depicts terms that were frequently used to define health in Marion County.

FIGURE 3: VISIONING WORD CLOUD, MARION COUNTY, 2022

What is one word that describes your vision for a healthy Marion County?



Source: Marion County visioning exercise results, May 2, 2022, prepared using Mentimeter.com by WellFlorida Council, 2022

Through a facilitated process, Steering Committee members brainstormed several questions: 1) what characteristics, factors, and attributes are needed for a healthy Marion County? 2) what does having a healthy community mean? and 3) what are the policies, environments, actions, and behaviors needed to support a healthy community? Table 1 below lists the factors and attributes that Marion County partners felt are the key determinants of health, healthy outcomes, and a healthy community.

TABLE 1: VISIONING RESULTS, FACTORS AND ATTRIBUTES OF A HEALTH COMMUNITY, MARION COUNTY, 2022

Healthcare System Factors and Attributes	Behavior and Environment-related Factors and Attributes
Equitable access to healthcare services including primary, dental, mental health, and prenatal care	Safe and affordable housing and utilities, transportation, education, food, and recreation
Focus on prevention	Clean and protected environment and natural resources
Continuum of care that is coordinated	Personal and organizational health literacy
Person-centered care	Support for educational attainment, starting with VPK
Care provided in culturally appropriate manner	Recognition of unique needs of diverse populations (e.g., seniors, LGBTQ+, youth)
Ideal Health/Public Health System Attributes	Needed Actions to Achieve Vision
Data-driven	Remove silos
Inclusive	Add providers (primary care, dentists, specialty care)
Financially stable	Work for upstream policy change
Strong leadership	Institute data systems and policy for accurate, timely collection, analysis, sharing, and exchange
Silo-free	Increase access points
Uses resources and assets wisely	Improve communication and coordination
Develops, supports, and values its workforce	Reduce uninsured and under-insured rates

Source: Marion County visioning exercise results, May 2, 2022, prepared by WellFlorida Council, 2022

Proposed Vision Statements

Further discussion yielded the following proposed Vision Statements:

- A community where health is accessible to all
- Marion County is the national model for community health
- Marion County, through collaboration and integration, is recognized as the national model for community health
- With accessibility at its core, a healthy Marion County is a stigma-free, culturally competent, safe, and secure environment that provides integrated, collaborative care through a system that employs best practices, works towards upstream policy change, is data-driven and financially viable while advocating for equitable core services such as housing, education, transportation, and access to services and supports

At the following meeting on July 11th, these four options were put to a vote. The first and third options – “A community where health is accessible to all” and “Marion County, through collaboration and integration, is recognized as the national model for community health” – tied for the most votes. The core team selected “Marion County: A Community Where Health is Accessible to All” to break the tie.

2022 Marion County Community Health Needs Assessment Planning Process Timeline



Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the *2022 Marion County Community Health Needs Assessment Technical Appendix* which includes analysis of social determinants of health, community health status, and health system assessment. Indicators of the social determinants of health include, for example, socioeconomic demographics, poverty rates, population demographics, uninsured population estimates, and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, Center for Disease Control and Prevention (CDC's) Behavioral Risk Factor Surveillance Survey findings, and hospital utilization data. The health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Marion County. More information on ZCTAs as well as a list of ZCTAs for Marion County can be found in the Technical Notes section of the *2022 Marion County Community Health Needs Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name; for example, 32664 McIntosh.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health problems and needs of the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large. In order to determine provider's perspectives on the priority community health issues and quality of life issues related to health care, surveys were used to collect input from health care, behavioral health care, health education, and social services providers. The Steering Committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report.

Forces of Change Assessment

The Forces of Change Assessment component summarizes the findings from that assessment. The purpose of the Forces of Change Assessment is to identify forces – such as trends, factors, or events – that are influencing or may influence the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on July 11th, 2022, with the Marion County Community Health Needs Assessment Steering Committee and other invited community leaders. The Intersecting Themes and Key Considerations section presents a summary of the results from each of the above components. Recommendations for addressing the identified needs are listed in the Key Findings section.

Intersecting Themes and Key Considerations

The Intersecting Themes and Key Considerations component presents recurrent themes and noteworthy findings across the assessments. Identification and prioritization of strategic issues based on intersecting themes are discussed here as well. The narrative report concludes with a resource list of planning assets with promising, model practices as well as evidence-based interventions for addressing the identified issues.

Using the Community Health Needs Assessment

The 2022 Marion County Health Needs Assessment (CHNA) is intended to address the core MAPP assessments that are designated as key components of a best practice needs assessment designed by NACCHO and the CDC. The

identification of local health needs and health issues of the community comes from an analysis of the intersecting themes in each of these sections. The chief objectives of this CHNA are the following:

- To accurately depict the key health issues of Marion County based on common themes from the core MAPP assessments
- To identify strategic issues and some potential approaches to addressing these issues
- To inform the next phase of the MAPP-based assessment and health improvement planning process; that is, the development of the Community Health Improvement Plan (CHIP)
- To provide the community with a rich data compendium as a resource for ongoing program intervention and policy development and implementation as well as evaluation of community health improvement efforts and outcomes

Technical Appendix

While the 2022 Marion County Community Health Needs Assessment is undoubtedly a stand-alone document, the CHNA has been designed to work in concert with the accompanying *2022 Marion County Community Health Needs Assessment Technical Appendix* (referred to going forward as the 2022 Technical Appendix). Whereas the CHNA presents data and issues at a higher, more global level for the community, all of the data in the CHNA that has been used for identifying community health issues are addressed on a granular level of detail in the 2022 Technical Appendix. Thus, for most data that are addressed in the main CHNA, the 2022 Technical Appendix presents these data in finer detail, breaking down data sets where appropriate and when available. The 2022 Technical Appendix is an invaluable companion resource to the CHNA, as it allows the community to dig deeper into the issues in order to more readily understand the contributing factors, causes, and wide range of effects on health and quality of life.

COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

The Community Health Status Assessment highlights key findings from the *2022 Marion County Community Health Needs Assessment Technical Appendix*, referred to as the 2022 Technical Appendix. The assessment data was prepared by WellFlorida Council, Inc., using a diverse array of sources including the Florida Department of Health Office of Vital Statistics, the U.S. Census Bureau, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A community health status assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging issues. Data from this report can be used to explore and understand the health needs of Marion County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Health Care Access and Utilization
- Behavioral Risk Factors
- Health Disparities
- Social Determinants of Health

Many of the data tables in the 2022 Technical Appendix contain standardized rates for the purpose of comparing Marion County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the 2022 Technical Appendix so that users can refer to the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The 2022 Technical Appendix includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Marion County demographic and socioeconomic profile.

Population

The 2020 U.S. Census data provides the official counts of the population. At the time of compiling this report, only the total population by county and total population by race in each county were available from the 2020 U.S. Census Bureau. All other population data in the report is from the U.S. Census Bureau's American Community

Survey (ACS) 2016-2020. The American Community Survey contains estimates, not the official counts, because it is sent to only a sample of the population each year.

In 2020 the U. S. Census Bureau reported Marion County's population at 375,908 (Table 6, 2022 Technical Appendix; note that all subsequent tables referenced here can be found in the 2022 Technical Appendix unless otherwise noted). Although this population is growing slower than the state (11.1 percent change from 2010 Census in contrast to 14.9 for the state), it is projected to catch up and even grow slightly faster than the state in the coming decade (Table 4, 2022 Technical Appendix).

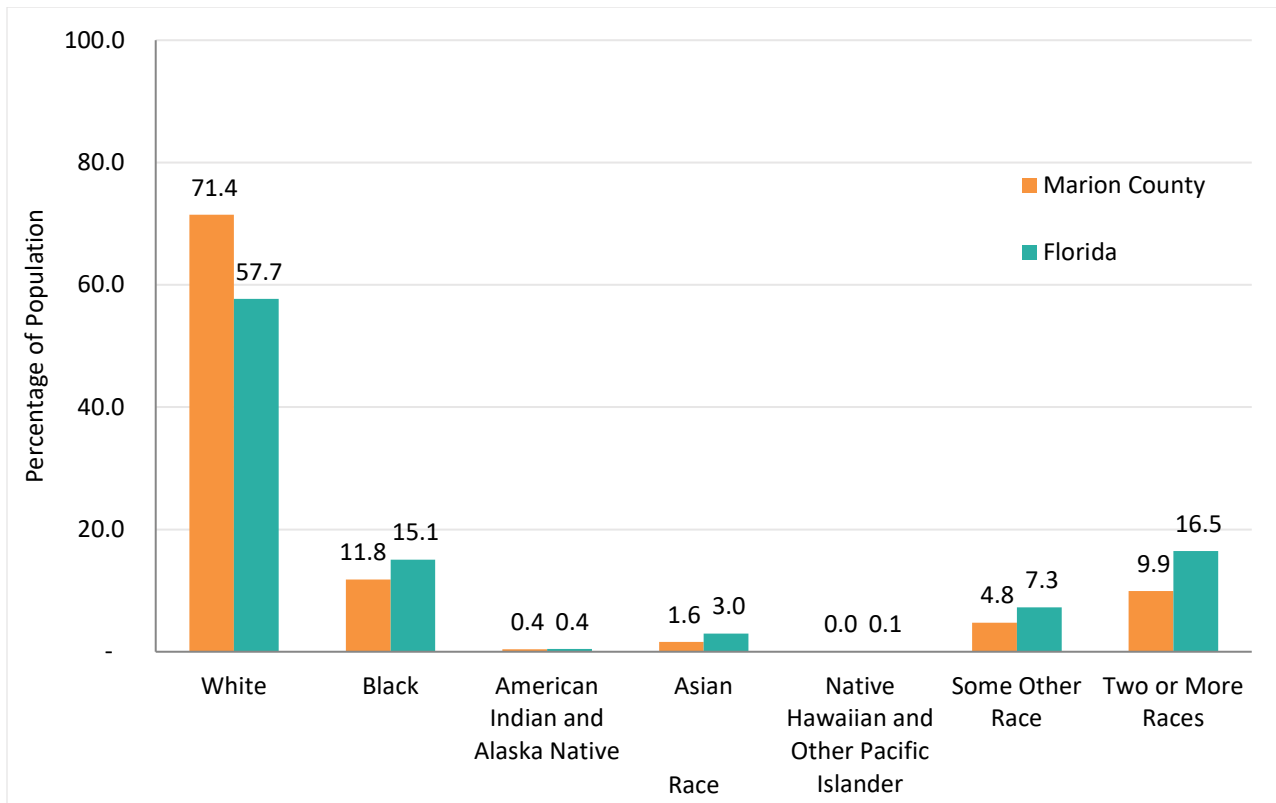
Average family size in Marion County is 2.94, marginally lower than the state average of 3.23. Average family size ranges from 2.00 in zip code tabulation area (ZCTA) 32681 Orange Lake and 2.40 to 3.44 within Ocala ZCTAs 34481 and 34472, respectively, with the largest mean family size outside of Ocala falling at 3.13 in 32113 Citra (Table 16, 2022 Technical Appendix).

Marion County has a higher than state average percentage of residents who are Veterans (12.3 in Marion compared to 8.4 in Florida) (Table 18, 2022 Technical Appendix). Marion County also has a far greater percentage of the population living in unincorporated areas as compared to the state, at 80.8 and 49.5 percent, respectively (Table 5, 2022 Technical Appendix). About 2.7 percent of the population, or 9,588 individuals, were housed in group quarters; group quarters include correctional institutions and nursing homes (Table 15, 2022 Technical Appendix).

Race

According to the U.S. Census Bureau's 2020 Census, Marion County's population was 71.4 percent White, 11.8 percent Black, 0.4 percent American Indian and Alaska Native, 1.6 percent Asian, 9.9 percent two or more races, and 4.8 percent some other race. Most of the limited American Indian and Alaskan Native and Asian populations live in Ocala or Dunnellon, as does the entirety of the Native Hawaiian and Other Pacific Islander population. Outside of Ocala, people identifying as Black primarily live in Reddick and Citra; within Ocala, 47.3 percent of the 34475 ZCTA are Black (Table 7, 2022 Technical Appendix). In comparison to Florida, Marion is less racially diverse, as seen in Figure 4 below.

FIGURE 4: TOTAL POPULATION BY RACE, MARION COUNTY, 2020



Source: Table 6, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022

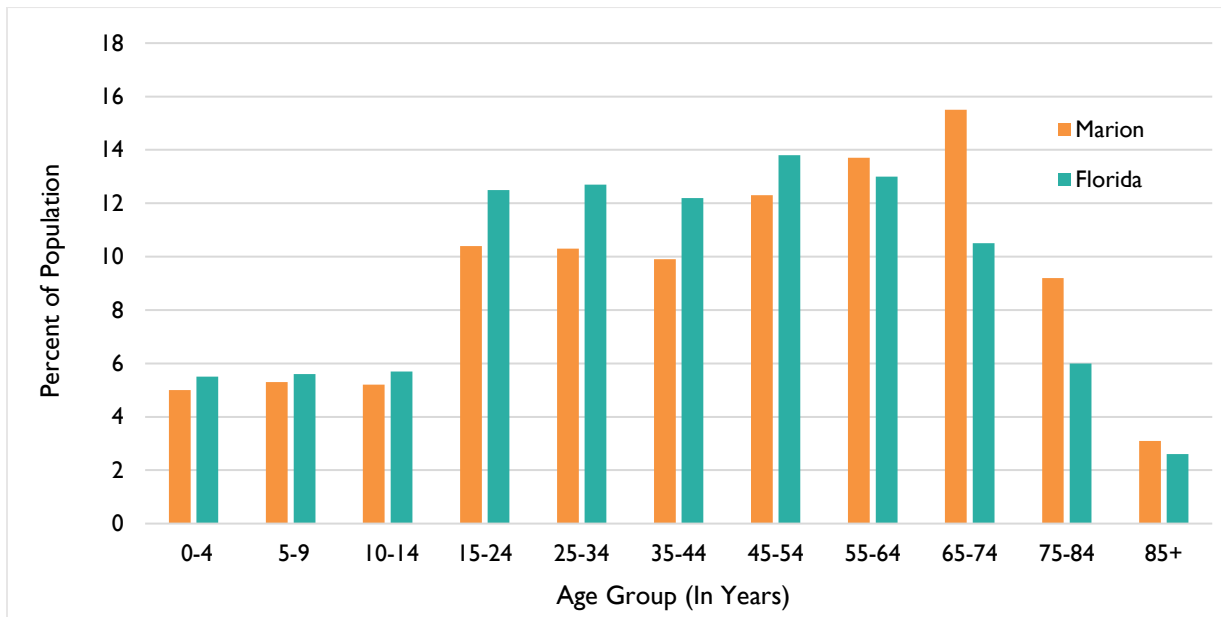
Sex

In Marion County, males represent 48 percent of the population and females represent 52 percent of the population (Table 9, 2022 Technical Appendix). According to these estimates, 32664 McIntosh is the most skewed towards females, with 59.1 percent of the population reporting as female.

Age

According to the ACS 2016-2020 estimates, Marion County has an older population than the state of Florida as a whole (Table 11, 2022 Technical Appendix). Persons aged 0 – 17 represent 18.7 percent of Marion’s population compared to 19.9 percent of Florida’s population, persons aged 18 – 64 represent 53.3 percent of Marion’s population compared to 52.5 percent of Florida’s population, and those 65 and older represent 28.9 percent of Marion’s population and 20.5 of Florida’s population. Of Marion County’s 24 occupied zip codes, seven (7) have more than a third of their population at 65 years of age and older, and eight (8) zip codes have less than half of their population at working ages 18-64, including McIntosh, Orange Lake, Dunnellon, Summerfield, and parts of Ocala (Table 10, 2022 Technical Appendix). Age distribution is important to note because the healthcare needs of older adults tend to be more intensive and expensive. The figure below illustrates the age distribution of Marion County residents compared to the state of Florida.

FIGURE 5: PERCENT OF POPULATION BY AGE GROUPS, 2016-2020



Source: Table 11, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022

On average, the Black population in Marion County is younger than the White population, with a much higher proportion of children. A similar comparison can be made between Hispanic residents and the overall county estimates, with Hispanics also being younger and having a much higher proportion of children (Tables 11-14, 2022 Technical Appendix).

Ethnicity

The U.S. Census Bureau ACS 2016-2020 estimates show that 13.7 percent of Marion County residents identified themselves as Hispanic or Latino. In Florida as a whole, about 25.8 percent of the population identifies as Hispanic or Latino. Outside of Ocala, Belleview has the highest percentage of Hispanic or Latino residents at 16.4 percent of 34420 (Table 8, 2022 Technical Appendix). According to these estimates, 35.4 percent of residents in the Ocala ZCTA 34473 identify as Hispanic or Latino.

Languages Spoken

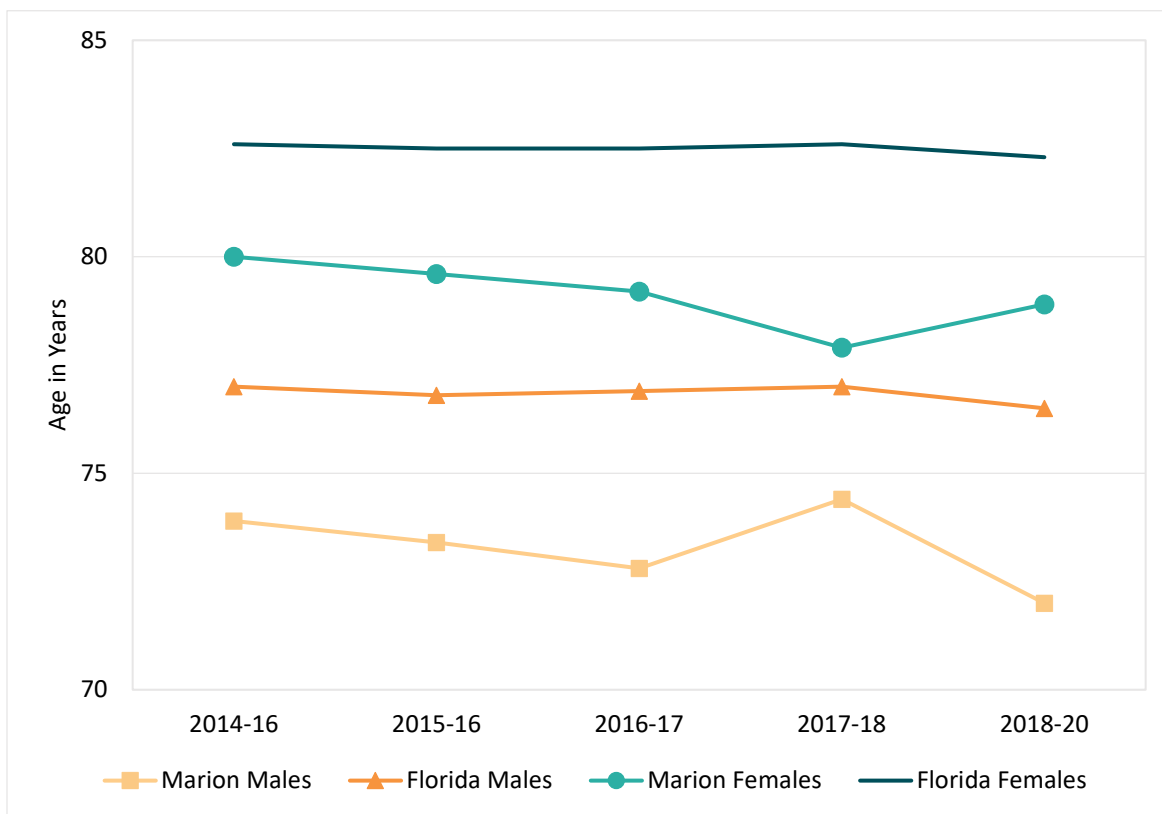
According to 2016-2020 ACS estimates, about 86.9 percent of the Marion County population over the age five years speaks only English compared to 70.6 percent in Florida. About 13.1 percent of Marion County residents speak other languages; in Florida, that figure is 29.4 percent. Among those over the age of five years in Marion County who speak another language, an estimated 32.4 percent rated their English skills as less than “very well” (Table 46, 2022 Technical Appendix).

Life Expectancy

Overall, life expectancy in Marion County was shorter than for the state of Florida as a whole, ranking as 60th out of 67 counties in the state. Data from the University of Washington, Institute for Health Metrics and Evaluation released in 2020 showed that male Floridians, without regard for racial classification, had an average life expectancy of 76.5 years, whereas in Marion County, the average life expectancy for males was 72 years. Life expectancy for females in Marion County was calculated to be 78.9 years – 6.9 years longer than male Marion County residents – whereas for females in Florida that figure was 82.3 years. In 2018-2020, the most recent time period for which complete data is available, differences by race and ethnicity were evident. Life expectancy for Marion County’s Black residents was 74.9 years compared to 75.3 years for White residents and 78.1 years for

Hispanic residents. Overall, Marion County residents lived an average of four (4) years less than the typical Florida resident at 75.4 years compared to 79.4 years (Table 3, 2022 Technical Appendix).

FIGURE 6: LIFE EXPECTANCY COMPARISON BY GENDER, MARION COUNTY AND FLORIDA, 2014-2016 THROUGH 2018-2020



Source: Table 3, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022

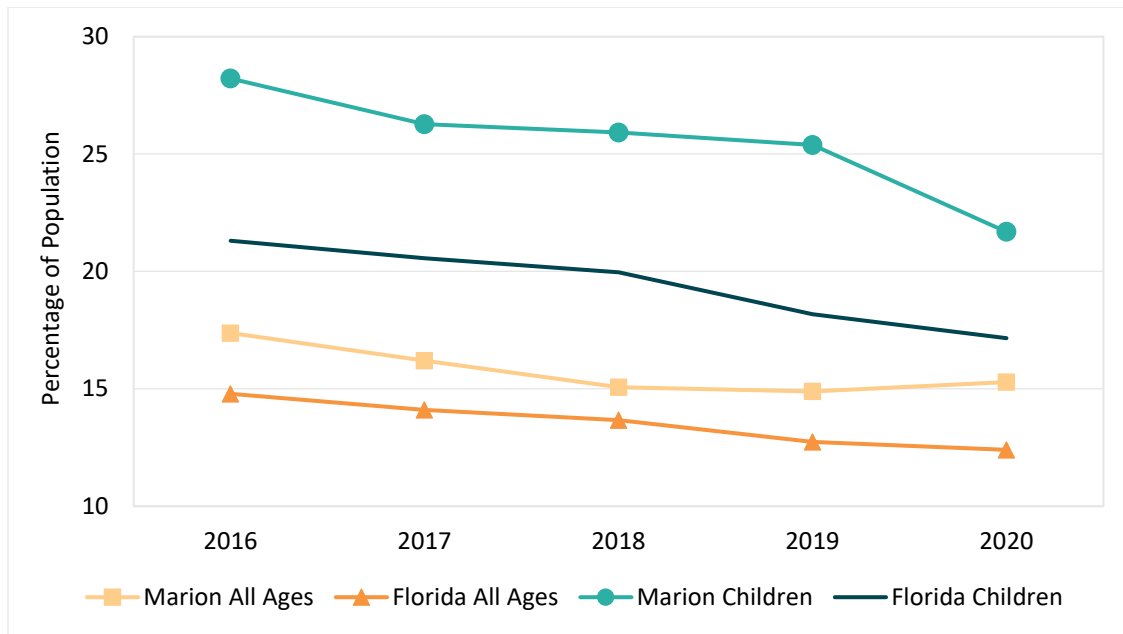
Economic Characteristics

Poverty

According to data from the U.S. Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals was higher in Marion County at 15.3 percent than the state of Florida (12.4 percent) in 2020. This was the first year since 2016 that the overall poverty rate increased in Marion County. Poverty rates were slightly lower among households (13.7 percent), family households (10.7 percent), and married families (6.1 percent), but much higher among families with a female head of household and no husband present (27.9 percent) (Tables 21 and 27, 2022 Technical Appendix).

The 2020 rates of children under the age of 18 living in poverty in Marion County were higher than the state rate at 21.7 and 17.2 percent, respectively, although this number has been steadily decreasing for the previous four (4) years (Table 21, 2022 Technical Appendix). Nearly half of the county’s zip codes had more than 25 percent of their children living in poverty (Table 24, 2022 Technical Appendix). The figure below depicts changes in the poverty rates for Marion County and the state from 2016 to 2020.

FIGURE 7: POVERTY ESTIMATES BY PERCENT, MARION COUNTY AND FLORIDA, 2016-2020



Source: Table 21, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

Poverty rates vary by geography in Marion County. The 2022 Technical Appendix includes a wealth of information about poverty and levels of poverty defined by the U.S. Federal Poverty Guidelines (Table 32, 2022 Technical Appendix). The Federal Poverty Guidelines indicate that for a family of four (4), an income less than 27,750 dollars constitutes living in poverty in the 48 contiguous states and the District of Columbia.

Table 22 of 2022 Technical Appendix provides the estimated number and percent of individuals and children living in poverty by zip code tabulation areas (ZCTA). According to these estimates, residents living in ZCTA 34475 Ocala experience poverty more than all other zip codes in Marion. 34475 Ocala has an estimated 42.8 percent of individuals living in poverty and of those 0 – 17 years of age, 75.6 percent are living in poverty. Outside of Ocala, 32617 Anthony has the highest percentages of individuals living in poverty at 31.6 percent, with 32134 Ft. McCoy having the largest percentage of children in poverty at 44.7 percent. Conversely, estimates for 32664 McIntosh place only 1.7 percent of all individuals living in poverty and 0 percent of children, while approximately 69.2 percent in Ocala (ZCTA 34481) and 100 percent of the population in 32681 Orange Lake live at 200 percent or above the poverty level (Table 22, 2022 Technical Appendix).

Among those 65 and older, Marion County has a lower percentage living in poverty compared to the state; however, this difference of 2.1 percentage points is entirely offset by those living between 100-200 percent of poverty, which is 3.3 percentage points higher in Marion County than in the state (Table 24, 2022 Technical Appendix).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Marion County. As in Florida, females in Marion are more likely to live in poverty than males (16.8 percent and 14.1 percent, respectively) (Table 25, 2022 Technical Appendix). In Marion County, 13.5 percent of White residents live in poverty compared to 11.5 percent of White Florida residents. As in Florida, Black residents experience poverty at higher rates than their White counterparts. Slightly more than 27 percent of Black Marion County residents live in poverty compared to nearly 21 percent in Florida. Hispanics living in Marion County also experience poverty more than the county as a whole and more than their Hispanic Florida counterparts. Slightly more than 21 percent of

Marion County Hispanics live in poverty as compared to 16.4 percent in Florida. Another way to put this in context is to look at the number of zip codes with more than a quarter of the population living in poverty. Among the Hispanic community, there are nine (9); among Black residents, there are 10; within the White population, there is only one (1) (Table 26, 2022 Technical Appendix).

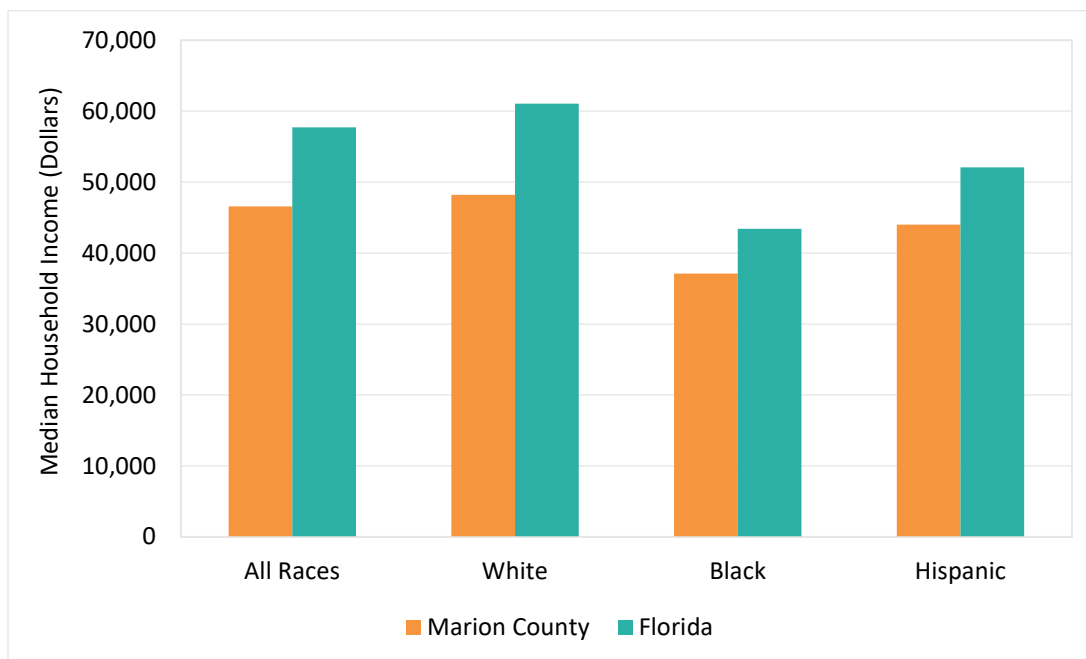
ALICE Households

Asset Limited, Income Constrained, Employed (ALICE) households is a metric designed to capture those earning above the Federal Poverty Level but still not earning enough to make ends meet. Thirty-six (36.0) percent of households in Marion County qualify as ALICE households, compared to 32.0 percent for the state, with 40.0 percent of 65 and Over Households being ALICE households in Marion County. This highlights an important disparity in resources among seniors, with many 65 plus households struggling to make ends meet (Table 35, 2022 Technical Appendix).

Income

Income levels in Marion County are lower than for the state of Florida. Looking at 2016-2020 ACS data, the median household income for all races in Marion County was estimated to be 46,587 dollars in comparison to 57,703 dollars for Florida. There were differences in median household income by race and ethnicity at the county and state levels. The median income for Whites in Marion County was 48,195 dollars, 37,130 dollars for Blacks, and 44,032 dollars for Hispanics. Median household incomes for all these groupings in Marion County were below the state levels of 61,065 dollars (Whites), 43,418 dollars (Blacks), and 52,092 dollars (Hispanics), respectively (Table 29, 2022 Technical Appendix). Figure 8 presents the 2016-2020 median income data for Marion County and Florida.

FIGURE 8: MEDIAN HOUSEHOLD INCOME, MARION COUNTY AND FLORIDA, 2016-2020

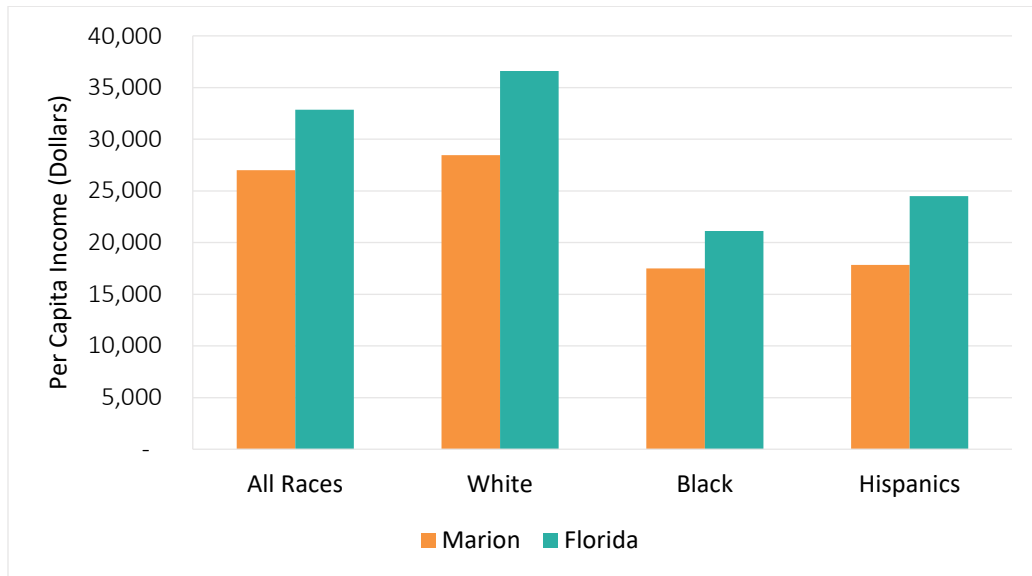


Source: Table 29, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022

Per capita income in Marion County is less than per capita income in the state across all races and by individual races. The per capita income estimate for all races in Marion County of 26,990 dollars is less than the 32,848 dollars at the state level (Table 31, 2022 Technical Appendix). Per capita incomes for Whites at 28,445 dollars, Blacks at

17,502 dollars and Hispanics at 17,828 dollars were below the state figures of 36,601 dollars, 21,120 dollars, and 24,498 dollars, respectively.

FIGURE 9: PER CAPITA INCOME, MARION COUNTY AND FLORIDA, 2016-2020



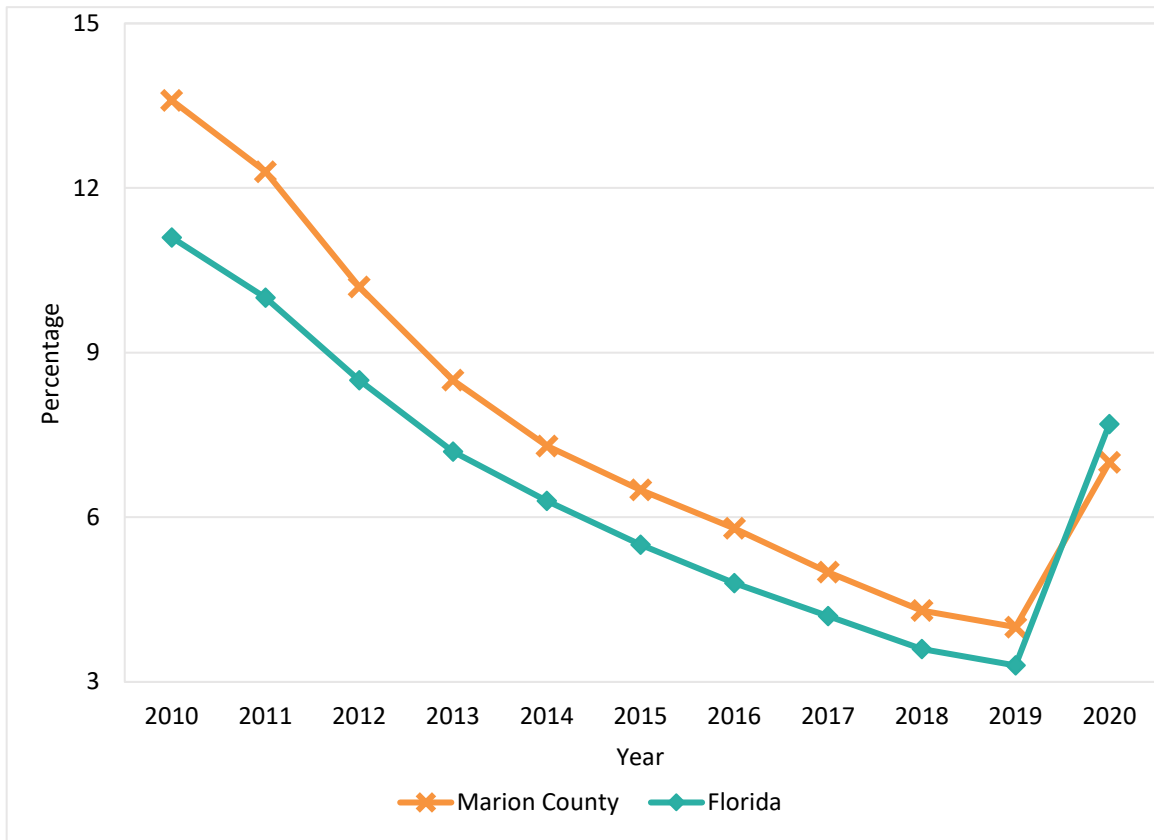
Source: Table 31, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022

Employment

Recent data on employment in Marion County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Marion County has been higher than the state rate every year since 2010 through 2019. In 2019, the unemployment rate in Marion County was 4.0 percent; the state rate was 3.3 percent. However, in 2020 the unemployment rate grew to 7.0 percent in Marion and 7.7 percent in Florida. This increase is likely due to impacts from the COVID-19 pandemic (Table 39, 2022 Technical Appendix). Within Marion County, the highest unemployment rate for 2020 was seen in Ft. McCoy at 14.6 percent, following by Citra at 11.6 percent (Table 40, 2022 Technical Appendix).

The recent trends in unemployment in Marion County and the state can be seen in the figure below.

FIGURE 10: UNEMPLOYMENT RATES, MARION COUNTY AND FLORIDA, 2010-2020



Source: Table 39, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022

Education

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. From 2016-2021, graduation rates in Marion County were slightly lower than state rates. In the 2020-2021 academic year, Marion County graduation rates were 86.5 percent in contrast to the state rate of 90.1 percent. Marion County dropout rates have historically been higher than state rates from the 2016-2017 school year through 2019-2020; however, for school year 2020-2021, Marion’s dropout rate of 2.5 percent was less than Florida’s rate of 3.2 percent (Table 44, 2022 Technical Appendix). Of Marion County’s population 25 years of age and older, 57.9 percent had a high school diploma as their highest level of education compared to 48 percent for the state of Florida. Marion County lagged in the estimated percentage of the population aged 25 and older that holds college degrees (Associate, Bachelor’s, Master’s, Doctorate, and professional school degrees) at 30.1 percent compared with 40.5 percent for Florida as a whole (Table 43, 2022 Technical Appendix).

Food Insecurity

As depicted in Table 47 of the 2022 Technical Appendix, Marion County has a higher percentage of students eligible for free/reduced lunch than the state at each grade level, with 63.6 percent of children in pre-K qualifying in 2022, 66.1 percent of kindergarteners, 63.5 percent of elementary students, and 64.9 percent of middle school students. In particular, we see the greatest discrepancy between Marion County and the state among kindergarten students, where the state not only comes in at 12.7 percentage points less than Marion County with 53.4 percent of students eligible, but also is the only category where Marion County has been increasing the percentage of eligible students

for the past three (3) years, while the state steadily decreases, widening the gap observed (Table 47, 2022 Technical Appendix).

Within Marion County, the number of eligible individuals for the Special Supplemental Food Program for Women, Infants, and Children (WIC) has varied from 2014 to 2021, with the most recent rate estimate being 3,340.3 per 100,000 population, higher than the state's estimate of 2,890.5 per 100,000. Marion County also sees a smaller percentage of the WIC-eligible being served, with the 2021 estimate of 51.2 percent falling far behind the state estimate of 63.0 percent. This percentage of WIC-eligible people reached has been decreasing fairly steadily in both the county and the state for the past eight (8) years, but the drop in Marion County has been especially dramatic (Table 48, 2022 Technical Appendix).

The number of food stamp clients has oscillated wildly over the past 16 years, with a respectable increase in 2020 of 19.62 percent, likely due to the pandemic. This sharp climb was not as pronounced as the state's increase in food stamp clients during this first year of the pandemic, which increased by 26.76 percent (Table 50, 2022 Technical Appendix). Both numbers have since decreased. Similar trends can be observed among food stamp households, Temporary Assistance for Needy Families (TANF) clients, and TANF families (Tables 50 and 51, 2022 Technical Appendix).

Mortality and Morbidity

Disease and death rates are some of the most direct and traditional measures of health and well-being in a community. Marion County ranks as 60th out of 67 counties in the state for mortality, 40th for morbidity, and 51st for all health outcomes (Table 1, 2022 Technical Appendix), as shown in Table 2 below. This deficit is especially marked in the death rates for the county: 879.2 deaths per 100,000 population, in contrast to 698.4 deaths in the state, even after adjusting for age (Table 57, 2022 Technical Appendix).

With respect to Table 2 below, counties are ranked relative to the health of other counties in the same state on the following summary measures:

- I. Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- II. Health Factors – rankings are based on weighted scores of four types of factors:
 - a. Health Behaviors (9 measures)
 - b. Clinical Care (7 measures)
 - c. Social and Economic (8 measures)
 - d. Physical Environment (5 measures)

For more detailed information please check <http://www.countyhealthrankings.org/ranking-methods>.

TABLE 2: COUNTY HEALTH RANKINGS BY CATEGORY FOR MARION COUNTY 2010-2022

Area/Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
HEALTH OUTCOMES	45	49	48	44	41	42	49	43	49	52	53	54	51
<i>Mortality/Length of Life</i>	43	43	46	44	44	48	47	48	50	59	64	59	60
<i>Morbidity/Quality of Life</i>	53	53	49	50	36	39	51	36	40	41	44	47	40
HEALTH FACTORS	36	44	44	39	40	38	34	36	38	40	38	38	38
<i>Health Behavior</i>	30	32	37	39	43	42	26	28	33	33	32	35	41
<i>Clinical Care</i>	23	21	17	20	21	30	23	23	18	18	23	29	23
<i>Social & Economic Factors</i>	51	57	55	52	49	49	47	50	53	51	51	47	46
<i>Physical Environment</i>	23	22	49	37	20	19	39	50	45	43	48	53	23

PLEASE NOTE: DO NOT COMPARE 2016 RANKS FOR QUALITY OF LIFE AND HEALTH BEHAVIORS WITH PREVIOUS RANKS. In previous RWJ releases, the CDC provided BRFSS data with estimates based on seven years of combined data. 2016 Ranks, used only 2014 data to construct estimates. Historically, BRFSS was based on landline telephones. In 2011, cell-only users were included for the first time. RWJ said that the data from 2011 onward could not be easily combined with earlier years to create the RWJ county estimates. CDC doesn't release data when there are fewer than 50 responses, so in about 90 percent of the counties, in order to get more than 50, they would combine seven years of survey responses. CDC only provided 2014 county-by-county data to RWJ this year, using a different modeling technique so they could include cell phone data. The Health Rankings are a point in time ranking and really shouldn't be compared to other years due to changes in data sources, time frames and any other methodology changes.

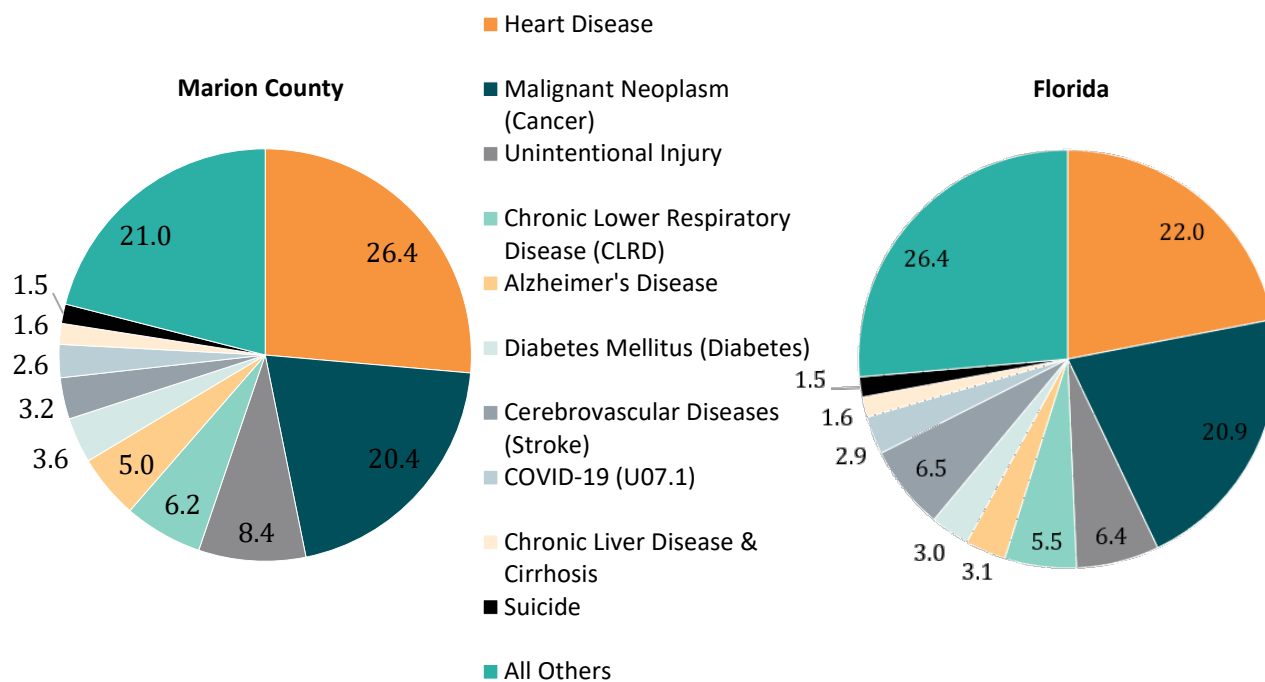
Source: University of Wisconsin Population Health Institute, County Health Rankings website <http://www.countyhealthrankings.org>, 2010-2022. Prepared by: WellFlorida Council, 2022.

Causes of Death

In Marion County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues; that is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. Specifically, Marion County and Florida both had heart disease and cancer as their top two ranked causes of death, both of these causes leading by a large margin. Between 2018-2020, heart disease accounted for approximately 26.4 percent of all deaths in Marion County, as well as 22.0 percent of all deaths in Florida; cancer accounted for 20.5 percent of deaths in the county and 20.9 percent of deaths in the state (Table 56, 2022 Technical Appendix). Even after controlling for age, both causes of death present rates that are much higher for the county compared to the state, particularly heart disease, which led at an age-adjusted death rate of 210.3 deaths per 100,000 population in Marion County, compared to 145.7 deaths per 100,000 in the state (Table 58, 2022 Technical Appendix). Chronic Lower Respiratory Disease (CLRD), Alzheimer's disease, diabetes, stroke, and liver disease all also made the top ten for both Marion County and the state. However, unintentional injury came in as 3rd for the County among all racial groups, while it came in at 4th at the state level. The age-adjusted death rate for unintentional injury in Marion County is more than double that of the state, scoring in at 73.5 deaths per 100,000 population compared to just 34.9 for the state, claiming 8.4 percent of all county deaths and 6.4 percent of all state deaths (Table 58, 2022 Technical Appendix). Some additional highlights include COVID-19 coming in as the 5th and 6th leading cause of death for Blacks and Hispanics, respectively, while for Whites COVID-19 is only the 8th leading cause of death (Table 52, 2022 Technical

Appendix). It is also notable that the majority of these conditions did not show improvement from 2016 – 2020, with deaths due to all causes, heart disease, cancer, unintentional injuries, Alzheimer’s disease, diabetes, and liver disease all seeing an overall increase in the five (5) year span (Table 60, 2022 Technical Appendix).

FIGURE 11: PERCENTAGE OF DEATHS BY CAUSE OF DEATH FOR ALL RACES IN MARION COUNTY AND FLORIDA, 2018-2020



Source: Table 56, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022

Differences In Causes of Death by Sex

Between males and females, it is evident that males are more likely to die from all causes both in Marion County and the state, with all cause age-adjusted mortality rates at 1,142.3 deaths per 100,000 for males and only 766.8 deaths for females in Marion County. This disparity seems to be particularly driven by the top three (3) causes of death for the county – heart disease, cancer, and unintentional injury – where males have approximately 71 percent, 34 percent, and 111 percent higher death rates, respectively. Males are also 78 percent more likely to die from diabetes, 82 percent more likely to die from COVID-19, and 229 percent more likely to die from liver disease. On the other hand, females are more likely than males to die from Alzheimer’s disease, stroke, and essential hypertension in Marion County (Tables 53, 64, and 65, 2022 Technical Appendix).

Differences In Causes of Death by Race and Ethnicity

Examining death rates and causes of death by race and ethnicity is an important tool for identifying health disparities. As in other parts of the state, Black residents of Marion County have higher mortality rates due to heart disease, diabetes, stroke, and COVID-19, while White races are more likely to die from cancer, unintentional injury, CLRD, and suicide. These disparities are particularly staggering with respect to diabetes and COVID-19, where the Black population is approximately 1.8 times and 2.2 times as likely to die, respectively, and suicide, from which the White population is more than 4.5 times as likely to die (Table 59, 2022 Technical Appendix). Furthermore, at both

the state and county level homicide only made the top 10 causes of death among Black races (Table 52, 2022 Technical Appendix). From the perspective of ethnic disparities, Hispanics overall have a lower age-adjusted mortality rate than all races (Table 57, 2022 Technical Appendix), but still have higher mortality rates within the categories of Alzheimer’s disease, diabetes, and stroke (Table 58, 2022 Technical Appendix).

TABLE 3: TOP 10 RANKINGS FOR CAUSES OF DEATH BY RACE AND ETHNICITY, MARION COUNTY AND FLORIDA, 2018-2020

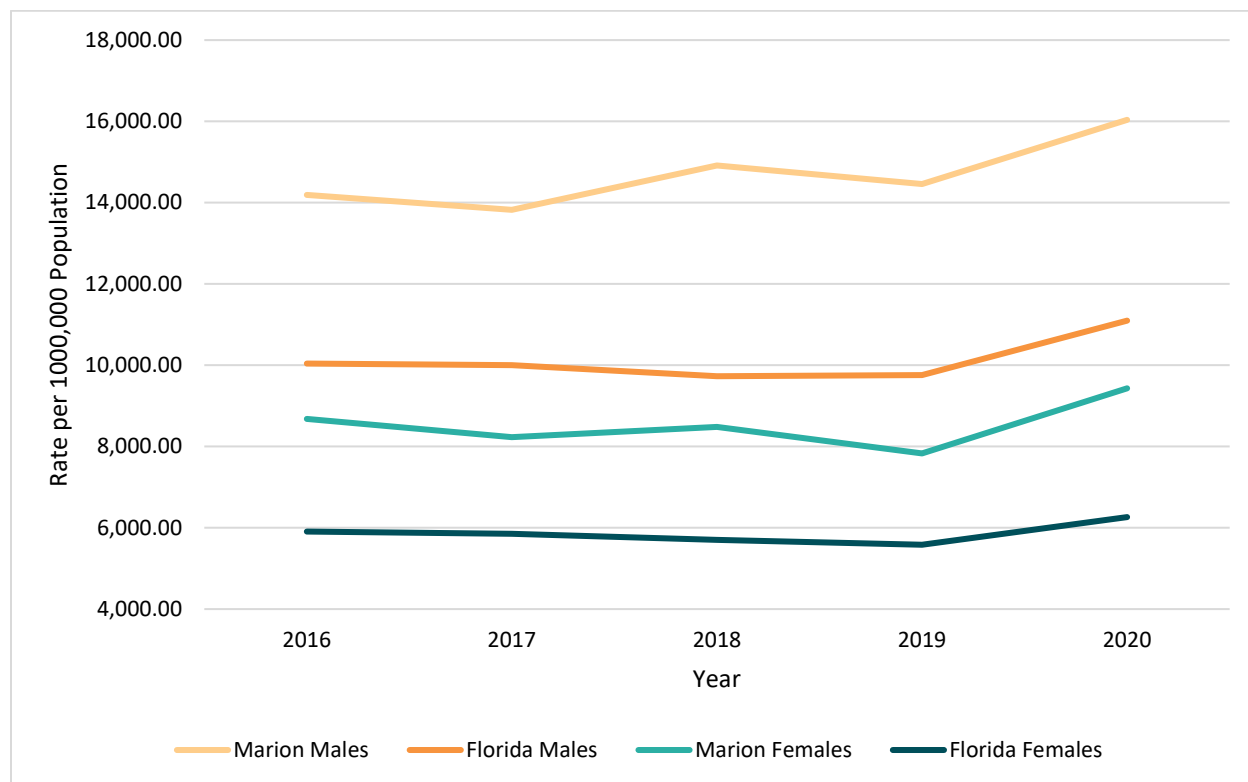
Rank of Cause of Death	Marion County			
	All Race	White Races	Black Races	Hispanics
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Cancer	Cancer	Cancer
3	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury
4	CLRD	CLRD	Diabetes	Diabetes
5	Alzheimer's Disease	Alzheimer's Disease	COVID-19 (U07.1)	Alzheimer's Disease
6	Diabetes	Diabetes	Alzheimer's Disease	COVID-19 (U07.1)
7	Stroke	Stroke	Stroke	Stroke
8	COVID-19 (U07.1)	COVID-19 (U07.1)	CLRD	CLRD
9	Liver Disease	Liver Disease	Homicide	Liver Disease
10	Suicide	Suicide	Hypertension	Suicide
Rank of Cause of Death	Florida Ranking			
	All Races	White Races	Black Races	Hispanics
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Cancer	Cancer	Cancer
3	Stroke	Unintentional Injury	Stroke	Stroke
4	Unintentional Injury	Stroke	Unintentional Injury	Unintentional Injury
5	CLRD	CLRD	Diabetes	COVID-19 (U07.1)
6	Alzheimer's Disease	Alzheimer's Disease	COVID-19 (U07.1)	Alzheimer's Disease
7	Diabetes	Diabetes	CLRD	CLRD
8	COVID-19 (U07.1)	COVID-19 (U07.1)	Homicide	Diabetes
9	Liver Disease	Liver Disease	Nephritis	Liver Disease
10	Suicide	Suicide	Essential Hypertension	Suicide

Source: Table 52, 2022 Marion County Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022

Years of Potential Life Lost

In general, mortality is well-depicted by years of potential life lost (YPLL) for those under the age of 75, which is much higher in Marion County than in the state, as seen in Figure 12 below. These rates are also much higher for males than females (Table 84, 2022 Technical Appendix). The primary causes contributing to these rates are, in order from greatest to least effect: unintentional injury, cancer, heart disease, suicide, and diabetes mellitus. All of these have higher rates of YPLL than the rest of the state (Table 85, 2022 Technical Appendix).

FIGURE 12: YEARS OF POTENTIAL LIFE LOST <75 FOR MALES AND FEMALES, MARION COUNTY AND FLORIDA, 2016-2020



Source: Table 84, 2022 *Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2022

Suicide

Suicide was a top ten cause of death from 2018-2020 in Marion County for All races, White races, and Hispanics, with White races in particular being 4.5 times as likely to die from suicide compared to Black races (Table 59, 2022 Technical Appendix). Additionally, we see that males are more likely than females to die from suicide (Table 53, 2022 Technical Appendix). Among children, suicide is ranked as the 4th leading cause of death in the county, at odds with being only the 6th leading cause of death in the state. It is also notable that suicide is the 2nd leading cause of death among 18–44-year-olds – the same as for the state (Table 54, 2022 Technical Appendix).

By Zip Code

The highest rates of mortality in Marion County for 2018-2020 were found in zip code 32664 McIntosh at a rate of 1,267.3 age-adjusted deaths per 100,000 population and zip code 34488 Silver Springs, coming in at 1,259.9 deaths (Table 66, 2022 Technical Appendix). McIntosh leads in deaths due to heart disease, Alzheimer's disease, and

stroke, while Silver Springs leads in heart disease, cancer, unintentional injury, CLRD, and diabetes-related mortality (Tables 67-74, 2022 Technical Appendix).

Childhood Mortality

The death rate due to all causes of mortality for children aged 0-17 in Marion County from 2018-2020 came in at 75.6 deaths per 100,000 population compared to 49.9 deaths for the state, with the leading causes of death being perinatal conditions, unintentional injuries, congenital malformations, suicide, homicide, and cancer. With respect to the state, children within Marion County are more than twice as likely to die from unintentional injuries or suicide (Table 75, 2022 Technical Appendix). Infants are also consistently slightly more at risk in Marion County than the state for sudden unexpected infant death (SUID), congenital and chromosomal anomalies, perinatal conditions, and unintentional suffocation and strangulation (Tables 80 and 81, 2022 Technical Appendix).

Cancer Mortality

As mentioned earlier, age-adjusted death rates for cancer are higher in Marion County than in the state. We see this especially in trachea, bronchus, and lung cancer (41.0 deaths per 100,000 population in Marion County as compared to 33.6 in the state), breast cancer (12.4 compared to 10.2), and esophagus cancer (5.4 compared to 3.5). For the vast remaining majority of cancers, cancer rates for each type of cancer are slightly higher or approximately equal to the state's rate (Table 110, 2022 Technical Appendix).

Cancer mortality by race is moderately higher among the White population than the Black population in Marion County. From 2018-2020, these rates were calculated as 172.3 deaths per 100,000 population for Whites and 145.3 deaths for Blacks. Among both populations, these deaths can be contributed primarily to the categories of trachea, bronchus, and lung cancer, colon, rectum, and anus cancer, and breast cancer (Table 111, 2022 Technical Appendix). The cancer death rate among those of Hispanic ethnicity is lower at 118.1 deaths per 100,000, and although this rate is driven by the same aforementioned categories of cancer, it is also partially attributable to liver and intrahepatic bile ducts cancer, which is the 2nd leading cause of cancer deaths among Hispanics at 12.1 deaths per 100,000, nearly double the rate for the state (Table 113, 2022 Technical Appendix).

By sex, we observe much higher rates of cancer mortality for males than females. Among males in Marion County between 2018-2020, the death rate is approximately 201.2 deaths per 100,000 total population, while only 140.3 deaths per 100,000 among females. These rates are approximately 20 percent and 15 percent higher than the state, respectively. As would be expected, breast cancer deaths are much more prevalent among females as the second leading cause of female cancer deaths at 23.0 percent of female cancer deaths in Marion County. Trachea, bronchus, and lung cancer, the leading cause of cancer death for both sexes, is particularly notable among males, accounting for approximately half of all male cancer deaths compared to a third of all female cancer deaths (Tables 114 and 115, 2022 Technical Appendix).

Cancer Incidence

Cancer incidence varies widely by type of cancer, race, and ethnicity, as can be observed in Table 116 of the 2022 Technical Appendix. Some highlights include bladder cancer rates being four (4) times as high for Whites compared to Blacks; ovarian cancer being nearly twice as high among Hispanics compared to the whole population; and stomach cancer being more than twice as high among Blacks compared to Whites. In general, most forms of cancer are less prevalent among the Hispanic population, especially lung cancer, which for Hispanics is less than half the rate of the whole county.

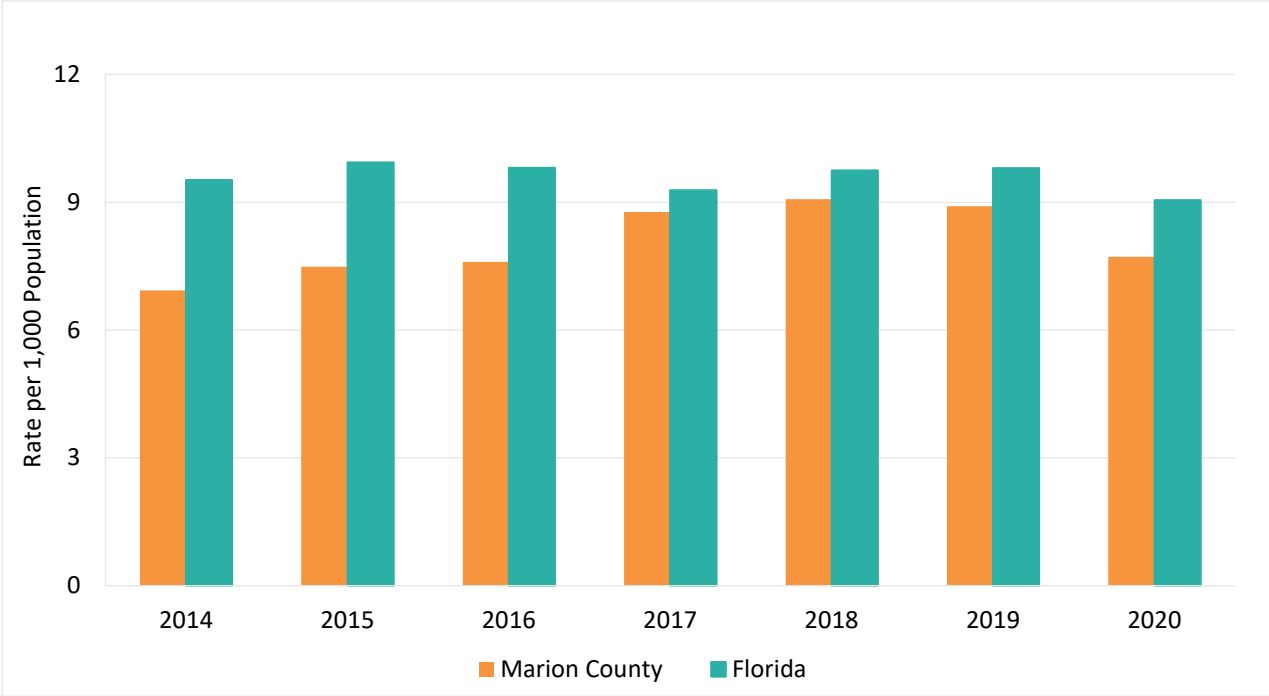
Mental Health

Hospital discharge and emergency data may yield useful insights into the mental health status of a community. The National Institute of Mental Health estimates that nearly one in five (5) U.S. adults lives with some form of mental illness. Common mental health issues, including anxiety and depression, are interlinked with an array of individual and public health issues, including behavioral health concerns such as substance abuse, domestic violence, and suicide, as well as physical health conditions, such as chronic diseases, management of stress hormones, and hypertension.

Hospitalization and Emergency Department (ED) Usage

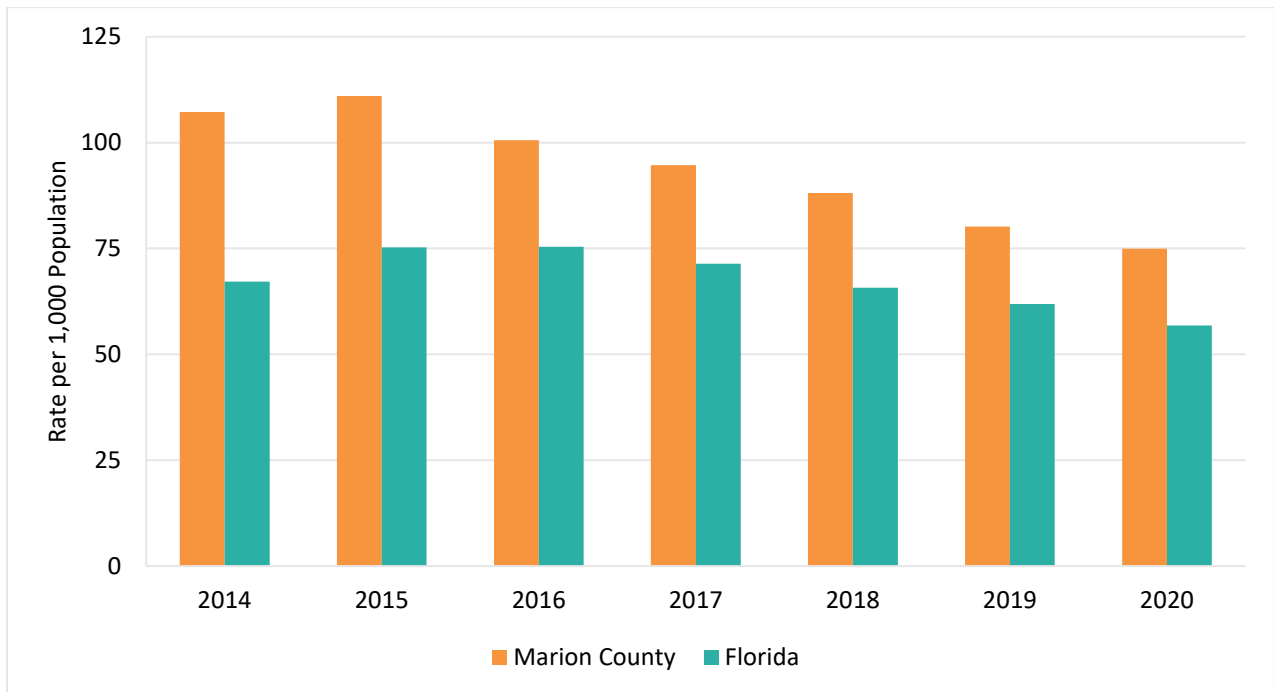
From 2014-2020, mental health hospitalizations have been consistently lower for Marion County residents than the state, especially among children, with an estimated rate of only 1.3 hospitalizations per 1,000 visits compared to 5.9 for the state. Contrarily, mental health ED visits by Marion County residents have been at a consistently higher rate for this seven (7) year period, although this rate is decreasing. In 2020, 74.9 ED visits per 1,000 were for mental health reasons for Marion County residents, compared to 56.8 for the state. This difference is seen for both children and adults (Table 90, 2022 Technical Appendix).

FIGURE 13: MENTAL HEALTH HOSPITALIZATIONS RATE PER 1,000 POPULATION, MARION COUNTY AND FLORIDA, 2014-2020



Source: Table 90, 2022 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 14: MENTAL HEALTH ED VISITS RATE PER 1,000 POPULATION, MARION COUNTY AND FLORIDA, 2014-2020



Source: Table 90, 2022 *Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2022

Hospitalizations and ED Visits by Zip Code

According to discharge data from the Florida Agency for Health Care Administration, the zip codes with the highest rates of hospitalizations for mental health reasons in 2020 were 32664 McIntosh at 22.4 hospitalization per 1,000, 34488 Silver Springs at 21.5, and 32686 Reddick at 20.8. All of these were recent increases, possibly associated with the COVID-19 pandemic, but these increases were not seen in other parts of the county. In fact, hospitalization rates for mental health for county residents overall have decreased between 2018-2020. Those geographic areas with the highest rates of ED visits for mental health reasons were 34475 Ocala at 140.0 ED visits per 1,000 visits, 34488 Silver Springs at 127.7 visits, and 34470 Ocala at 107.9 visits followed closely by 32179 Ocklawaha at 106.4 visits (Table 91, 2022 Technical Appendix).

Involuntary Exam Initiations (Baker Acts)

The rate of Baker Acts among children who live in Marion County is 2,463.6 per 100,000 persons, double the rate of the state at 1,240.0 exams. Among adults 65+, the Marion County Baker Act rate is 24.4 percent less than the state rate (Table 92, 2022 Technical Appendix). Within Marion County, a greater percentage of Baker Acts are initiated by law enforcement than at the state level – 74.6 percent compared to 51.3 percent – instead of Ex Parte Orders by a court or a Professional Certificate from a health professional (Table 93, 2022 Technical Appendix).

Substance Abuse

Adults in Marion County are generally less likely to report engaging in heavy or binge drinking compared to the state (Table 94, 2022 Technical Appendix). However, Marion County still sees consistently higher alcoholic liver disease death rates (11.6 versus 7.8 deaths per 100,000 population) and chronic liver disease and cirrhosis death rates (18.0 versus 13.0 deaths per 100,000 population) than the state at large (Table 95, 2022 Technical Appendix).

Moreover, even though Marion County generally reported a lower rate of total motor vehicle traffic crashes within the state, the county consistently had more alcohol-confirmed motor vehicle traffic crashes, injuries, and fatalities from 2016-2019, as well as drug-confirmed motor vehicle traffic crashes, injuries, and fatalities (Table 96, 2022 Technical Appendix).

Domestic Violence

According to the Florida Department of Law Enforcement’s Domestic Violence 2019 Annual Report, when compared to the state, Marion County had higher rates of murder, rape, fondling, aggravated assault, and simple assault. Table 4 below illustrates these figures in detail. To expand, in 2019 Marion County witnessed a murder rate that was approximately 5.9 times that of the state, a rate of rape nearly 2.6 times that of the state, more than double the rate of fondling, and nearly double the rates of aggravated and simple assault (Table 98, 2022 Technical Appendix). Marion County has seen a wide fluctuation in the number of domestic violence offenses, with 2020 showing the highest recorded rate with 1,015.9 offenses per 100,000 population. Meanwhile, the state has been steadily trending downward for over a decade, measuring only 492.2 offenses per 100,000 population in 2020, less than half the rate in Marion County (Table 99, 2022 Technical Appendix).

TABLE 4: TOTAL NUMBER AND RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES BY TYPE, MARION COUNTY AND FLORIDA, 2019

Type of Offense	Marion County Population (360,421)		Florida Population (21,208,589)	
	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Murder	19	5.3	200	0.9
Manslaughter	0	0.0	21	0.1
Rape	83	23.0	1,891	8.9
Fondling	34	9.4	922	4.3
Aggravated Assault	488	135.4	15,946	75.2
Aggravated Stalking	2	0.6	97	0.5
Simple Assault	2,730	757.4	84,260	397.3
Threat/Intimidation	16	4.4	1,618	7.6
Stalking	1	0.3	343	1.6
Total	3,373	935.9	105,298	496.5

Source: Florida Department of Law Enforcement; Domestic Violence Annual Report, 2019. Prepared by: WellFlorida Council, 2022.

Maternal and Infant Health

Pregnant women are a particularly vulnerable and integral component of society, making their health and well-being fundamental to any community health assessment. This section examines numerous statistics related to and measures of maternal and infant morbidity and mortality within Marion County and the state of Florida.

Birth Rates

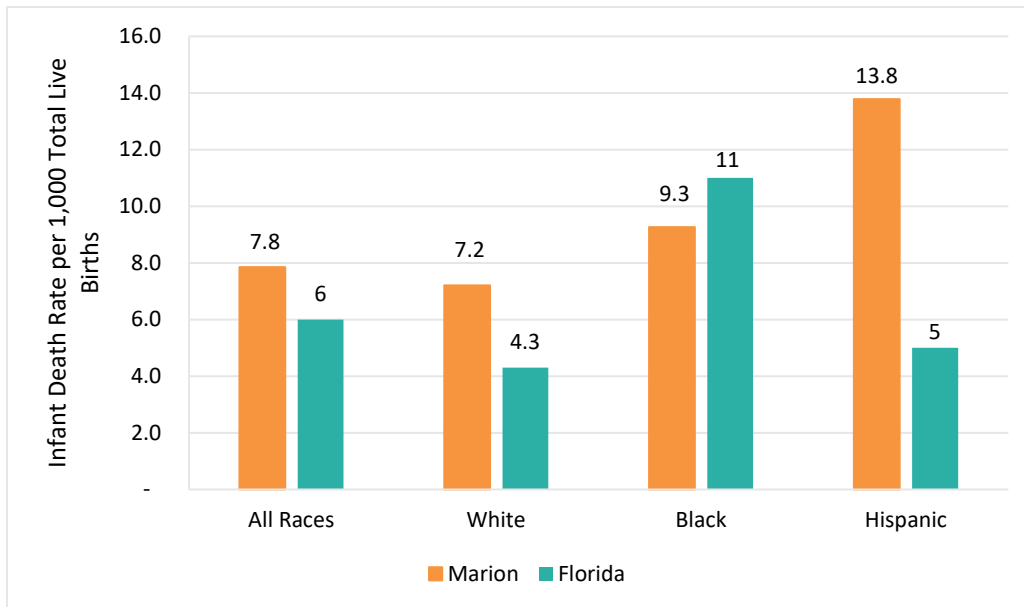
Marion County has marginally lower birth rates than the state overall, with only 9.5 births per 1,000 total population estimated for 2018-2020 in contrast to 10.2 for the state. The highest birth rates in the county are all seen in Ocala zip codes; precisely in 34475, 34470, and 34479 at 15.5, 13.5, and 12.5 births per 1,000 total population, respectively. Outside of Ocala, the highest rate is 11.9 births and is found in 34420 Belleview (Table 100, 2022 Technical Appendix).

With respect to race, Black birth rates are much higher than those among Whites. For the 2018-2020 estimate, White birth rates were estimated at 9.2 births per 1,000 total population, compared to 14.0 for Blacks and 11.2 for Hispanics. By zip code, we see that the highest rates of White births are all in Ocala, in particular zip codes 34475, 34473, and 34472. The largest rates of Black births are in 34488 Silver Springs at 31.7 births per 1,000 total population, followed by Ocala zip codes 34470 (27.6 births per 1,000 total population) and 34480 (19.8 births per 1,000 total population); also of note, 32195 Weirsdale has shown a threefold increase from 2016-2020, now up to 19.4 Black births per 1,000 population. Among Hispanics, the highest birth rates are all seen in Ocala zip codes – 34475 (18.3 births per 1,000 population), 34470 (16.8 births per 1,000 population), and 34479 (14.6 births per 1,000 population). Outside of Ocala, the highest Hispanic birth rate is placed at 14.0 births per 1,000 total population in 34488 Silver Springs (Table 100, 2022 Technical Appendix).

Infant Deaths

Infant deaths are rare occurrences consisting of very small sample sizes, causing rates to vary considerably by zip code. For Marion County as a whole, infant death rates are higher than the state but trending down, coming in at 7.8 infant deaths per 1,000 total live births compared to 6.0 for the state in 2020. The zip codes with the highest rates are 32113 Citra with five (5) infant deaths and a rate of 24.9 deaths per 1,000 live births, 32686 Reddick with two (2) infant deaths and a rate of 14.0 deaths, and 34474 Ocala with eight (8) infant deaths and a rate of 13.4 deaths. By race, infant death rates are 7.2 per 1,000 total live births among the White population, 9.3 among the Black population, and the highest rate as well as the only rate that has been increasing between 2016-2020 is 13.8 among the Hispanic population (Table 101, 2022 Technical Appendix).

FIGURE 15: INFANT DEATH RATES PER 1,000 TOTAL LIVE BIRTHS BY RACE AND ETHNICITY, MARION COUNTY AND FLORIDA, 2018-2020



Source: Table 101, 2022 *Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2022

Low Birthweight Births

The rate of low birthweight births for Marion County is on par with the rest of the state, with 7.8 percent of White babies having a low birthweight, 12.6 percent of Black babies, and 7.8 percent of Hispanic babies in 2018-2020. The rates of low birthweight babies have been decreasing since 2016 for the White and Black communities, but increasing among the Hispanic community (Table 102, 2022 Technical Appendix).

First Trimester Care

The percentage of births that received care in the first trimester is lower in Marion County than for the state overall, coming in at 55.2 percent of births compared to 69.3 percent of births. This rate has seen very little improvement in recent years. Four (4) zip codes in Marion County saw less than half of their births receiving first trimester care: 34482 Ocala, 34488 Silver Springs, 34475 Ocala, and 32664 McIntosh. There are clear differences by race, with 56.7 percent of White births receiving first trimester care compared to 49.8 percent of Black births. 53.0 percent of Hispanic births received first trimester care. The lowest rates among all three categories were 35.3 percent of Hispanic births receiving first trimester care in 32113 Citra, 35.7 percent of Hispanic births in 32617 Anthony, and 38.5 percent of Black births in 34481 Ocala (Table 103, 2022 Technical Appendix).

Teen Births

Within Marion County, 1.7 percent of births in 2020 were to teens aged 15-17 years old, which is slightly higher than the state rate of 1.0 percent. The highest rates of teen births were identified in zip codes 32686 Reddick (3.5 percent), 32195 Weirsdale (2.9 percent), and 34420 Belleview (2.7 percent). Overall, these rates are decreasing. Among White births, only 1.4 percent are to teens; among Hispanic births, 1.7 percent. Black births are nearly twice as likely to be to teen mothers at 2.6 percent of all Black births in Marion County, and Black teen birth rates by zip code also hold the three highest rates among all three categories: 7.7 percent of Black births in 34481 Ocala, 8.3 percent in 32195 Weirsdale, and 10.2 percent in 34420 Belleview (Table 104, 2022 Technical Appendix).

Governmental Program Supports

For the 2018-2020 estimates, approximately 64.0 percent of all Marion County births were paid for by Medicaid, compared to only 47.2 percent at the state level. This increases to 79.9 percent of Black births in Marion County, and multiple zip codes saw 100 percent of Black births being covered by Medicaid (Table 105, 2022 Technical Appendix). The percentage of mothers participating in WIC is also higher than the state on average, comprising 50.4 percent of Marion County births and only 41.4 percent of the state. In particular, 63.2 percent of Black mothers participated in WIC, nearly double the 32.8 percent of White mothers who participated. Hispanic mothers also exceeded the county rate at 63.7 percent participating in WIC (Table 106, 2022 Technical Appendix).

Health Behaviors

A number of health outcomes and conditions are associated with certain health decisions and behaviors. When interpreted in the context of environmental and social determinants of health, these measures can reflect the accessibility and acceptability of certain health interventions in a community. Such information can help refine understanding of a community's health mindset and guide interventions towards improving health behaviors.

Sexually Transmitted Diseases (STDs)

All categories of STDs, including HIV/AIDS, had lower rates for Marion County adults compared to the state. However, rates of Gonorrhea were increasing in the county until 2018, and rates of Syphilis and Chlamydia were increasing through 2019. All STD rates dropped off in 2020, likely due to the COVID-19 pandemic (Tables 118 and 119, 2022 Technical Appendix). HIV/AIDS cases have steadily dropped from 2016-2020 in both the county and the state (Table 119, 2022 Technical Appendix).

COVID-19

As of June 16th, 2022, Marion County COVID-19 cases per 100,000 population were lower than for the state, and 63.0 percent of individuals five (5) years of age or older have been vaccinated. This is lower than the state percentage of 74.0 percent vaccinated (Tables 120 and 121, 2022 Technical Appendix).

Immunizations

The 2017-2019 BRFSS data shows that adults in Marion County have similar flu and pneumonia vaccination rates to those in the state of Florida (Table 117, 2022 Technical Appendix). Florida Department of Health Bureau of Immunization data shows that in 2021 immunization rates among kindergartners and 7th graders were slightly better than those for the state at 95.4 percent and 97.2 percent immunized, respectively (Table 122, 2022 Technical Appendix).

Behavioral Risk Factor Surveillance System (BRFSS)

The following health behavior data is from the Behavioral Risk Factor Surveillance System (BRFSS). The Florida Department of Health conducts the BRFSS survey with financial and technical assistance from the CDC. This state-based telephone surveillance system collects self-reported data from adults on individual chronic health conditions, risk behaviors, and preventive health practices related to the leading causes of morbidity and mortality in the United States. In addition to the annual state-level BRFSS survey, the Florida Department of Health conducts county-level BRFSS surveying every three (3) years. As with all self-reported data, the information can be subject to individual biases in recall and reporting; however, it remains a vital tool for holistic evaluation of community health and a rich source of county-level data on health behaviors. All the information in this subsection refers to the 2017-2019 data in Table 117 in the 2022 Technical Appendix.

As would be expected with an older population, Marion County residents scored higher than the state for prevalence of a number of chronic conditions including arthritis, cancer, cardiovascular disease, COPD, and depression. Similarly, disability rates were slightly higher across all indicators. Cholesterol awareness measures were comparable to those of the state.

Indicators of health care access and coverage were all slightly better for Marion County than the state. Marks for health status and quality of life are generally slightly worse for Marion County than the state. HIV testing rates are lower than the state rates. Hypertension, although more prevalent in the county than the state, appears to be better managed, with 81.2 percent of adults in Marion County with hypertension currently taking high blood pressure medication compared to 77.8 percent of the state. Additionally, kidney disease is slightly more prevalent in this county (4.9 percent versus 4.0 percent).

There are higher percentages of current and former tobacco smokers among Marion County adults than in Florida in general. On the contrary, there are lower rates than the state of current and former e-cigarette users in Marion County.

Cancer Screening

According to 2016 BRFSS data, colorectal cancer and prostate cancer screening rates and indicators were all better for Marion County residents than for the overall state of Florida (Tables 107 and 108, 2022 Technical Appendix). Indicators for women's health cancer screenings varied significantly, with pap smear indicators being generally on par with the state and breast cancer screening rates being on par or slightly worse. For example, 54.5 percent of women 40 years of age or older in 2016 stated that they received a mammogram in the past year in Marion County, compared to 60.8 percent of the state (Table 109, 2022 Technical Appendix).

Obesity and Overweight

According to the BRFSS, although a lower percentage of adults are overweight in Marion County compared to the state (31.8 percent versus 37.6 percent), a greater percentage are obese (35.0 percent versus 27.0 percent), and the combined rate of all obese and overweight adults continues to be greater than the state. In total, two-thirds of the Marion County population is overweight or obese. On the related topic of physical activity, approximately a third of adults are sedentary in Marion County, with only 30.2 percent meeting muscle strengthening recommendations – both measures being worse than the state (Table 117, 2022 Technical Appendix).

Health Care Access and Utilization

Health Professional Shortage Areas (HPSA)

Health Professional Shortage Areas, or HPSA, are geographic regions, populations, or institutions identified by the U.S. Health Resources and Services Administration (HRSA) as having a shortage of primary medical, dental, or mental health providers. Within Marion County, there are three (3) dental care locations, five (5) primary care locations, and two (2) mental health locations that are high priority HPSA shortage areas. The same report also identified Low Income/Migrant Farm Workers as a Medically Underserved Area, or MUA, in Marion County (Table 124, 2022 Technical Appendix).

TABLE 5: HPSA SHORTAGE AREA AND MUA BY TYPE AND SCORE, MARION COUNTY, 2022

Type	Name	HPSA Designation Last Updated Date	Score *
Dental Care			
Low Income Migrant Farmworker Population HPSA	LI/MFW - Marion County	09-10-2021	13
Correctional Facility	Florida Women's Reception Center	05-06-2020	3
Correctional Facility	Lowell Correctional Institution	05-11-2022	3
Correctional Facility	Marion Correctional Institution/Work Camp	05-11-2022	3
Federally Qualified Health Center	Heart of Florida Health Center, Inc.	09-10-2021	26
Federally Qualified Health Center	Project Health, Inc.	09-11-2021	26
Rural Health Clinic	Deven Medical Center	09-12-2021	17
Rural Health Clinic	Kids Health Alliance PA	09-11-2021	17
Rural Health Clinic	Premier Pediatrics, LLC	09-10-2021	18
Primary Care			
Low Income Population HPSA	LI - Marion County	09-10-2021	18
Correctional Facility	Florida Women's Reception Center	05-06-2020	3
Correctional Facility	Lowell Correctional Institution	05-11-2022	3
Correctional Facility	Marion Correctional Institution/Work Camp	05-11-2022	12
Federally Qualified Health Center	Heart of Florida Health Center, Inc.	09-10-2021	22
Federally Qualified Health Center	Project Health, Inc.	09-11-2021	21
Rural Health Clinic	Deven Medical Center	09-12-2021	17
Rural Health Clinic	Kids Health Alliance PA	09-11-2021	18
Rural Health Clinic	Premier Pediatrics, LLC	09-10-2021	18

* The score represents the HPSA score developed for use by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score the greater the priority.

Source: U.S. Department of Health and Human Services Administration, reports generated by WellFlorida; using the Shortage Areas: HPSA by State & County System; <http://www.hrsa.gov> (June 20, 2022).

Prepared by: WellFlorida Council, 2022.

TABLE 5 CONT.: HPSA SHORTAGE AREA AND MUA BY TYPE AND SCORE, MARION COUNTY, 2022

Type	Name	HPSA Designation Last Updated Date	Score *
Mental Health			
Low Income Population HPSA	LI - Marion County	09-10-2021	15
Correctional Facility	Florida Women's Reception Center	05-06-2020	3
Correctional Facility	Lowell Correctional Institution	05-11-2022	6
Correctional Facility	Marion Correctional Institution/Work Camp	05-11-2022	12
Federally Qualified Health Center	Heart of Florida Health Center, Inc.	09-10-2021	16
Federally Qualified Health Center	Project Health, Inc.	09-11-2021	24
Rural Health Clinic	Deven Medical Center	09-12-2021	17
Rural Health Clinic	Kids Health Alliance PA	09-11-2021	15
Rural Health Clinic	Premier Pediatrics, LLC	09-10-2021	16
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area	Low Income/Migrant Farm Worker - Marion County	04-20-2009	50.9

* The score represents the HPSA score developed for use by the National Health Service Corps(NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score the greater the priority.

Source: U.S. Department of Health and Human Services Administration, reports generated by WellFlorida; using the Shortage Areas: HPSA by State & County System; <http://www.hrsa.gov> (June 20, 2022).

Prepared by: WellFlorida Council, 2022.

Environmental Health

Community water supplies and fluoridated water supplies are both much lower within Marion County than the state at large. In 2019, only 62.2 percent of Marion County residents had access to community water supplies, and only 26.2 percent had access to fluoridated water supplies. Florida's numbers overshadow these by a large margin at 95.0 percent having access to community water supplies and 78.1 percent having access to fluoridated water supplies (Table 123, 2022 Technical Appendix).

Insurance

According to the U.S. Census Bureau, Small Area Health Insurance Estimates for 2019, the number of those uninsured under the age of 19 in Marion County at 7.2 percent is similar to that of the state at 7.6 percent. For those 18-64 years of age, the rate was slightly higher than the state at 20.5 percent for the county versus 19.4 percent for the state (Table 37, 2022 Technical Appendix). Overall, among noninstitutionalized civilians there was a small decrease in the rate of the uninsured in Marion County, at 11.7 percent compared to 12.7 percent for the state (Table 38, 2022 Technical Appendix).

Medicaid Data

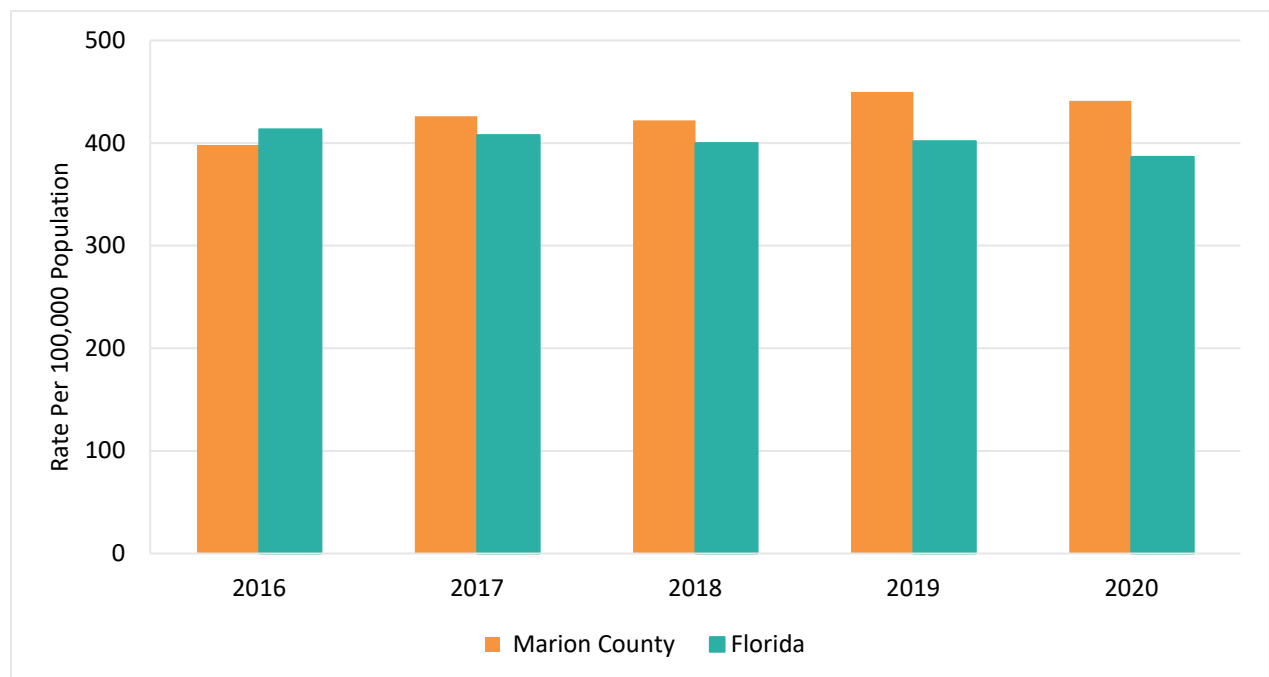
As of 2021, the percent of the population eligible for Medicaid in Marion County was higher than the state in all age categories except for those 65 and older. It is particularly notable that among those 0-18 years of age, 68.8 percent were eligible for Medicaid in Marion County compared to 55.1 percent in the state. Furthermore, 20.7 percent of adults aged 19-64 were eligible for Medicaid in the county, while only 14.3 percent were eligible across the state (Table 125, 2022 Technical Appendix). The enrollment rate for Medicaid was also higher in Marion County than Florida in general (Table 126, 2022 Technical Appendix).

Facilities

The number of physical medical facilities is an important resource within any community. Compared to the state of Florida and based on estimates from 2020 Florida HealthCHARTS data, Marion County has less than a third the number of adult daycare centers per 100,000 population and about 65 percent as many assisted living facilities. These numbers are particularly concerning given that the Marion County population distribution has a higher percentage of older residents than the state in general. Marion County also has only about half the rate of health care clinics. However, an asset to the county is their higher rate of rural health clinics at 3.4 per 100,000 population compared to 0.7 for the state (Table 128, 2022 Technical Appendix).

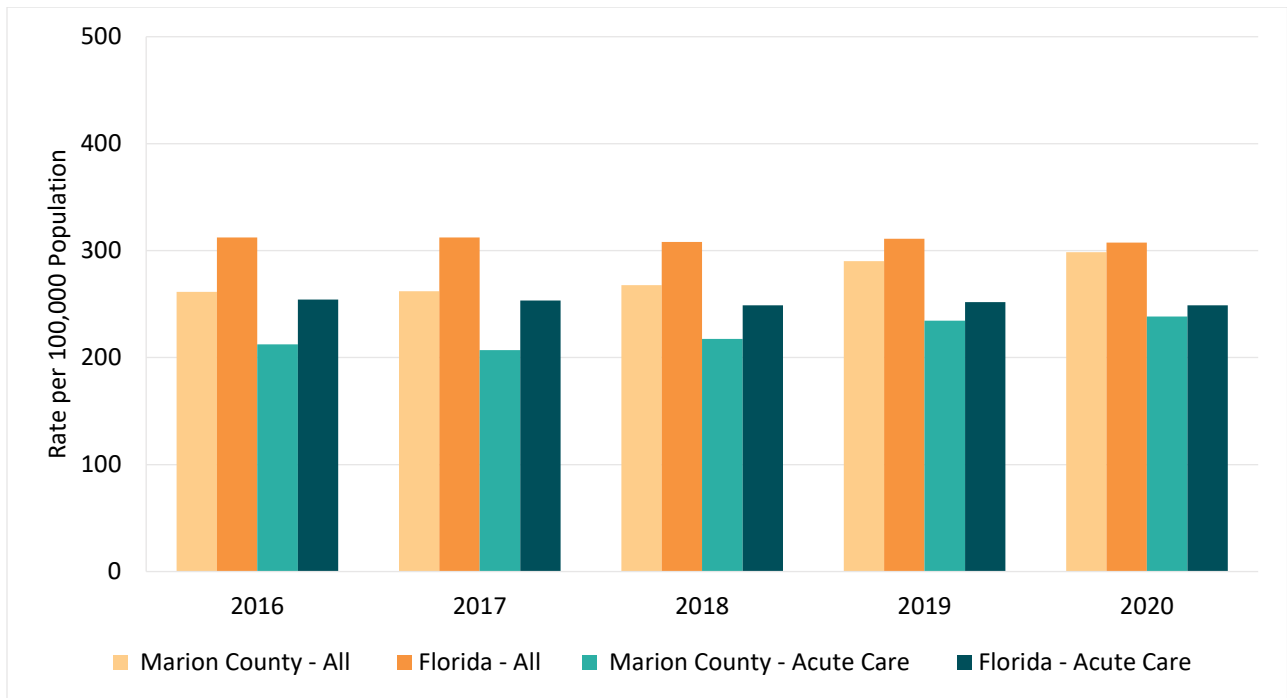
The following figures demonstrate healthcare facility resources in Marion County and the state by the number of nursing home beds, all hospital beds, acute care beds, and specialty hospital beds. In summary, Marion County has a higher rate per 100,000 population of nursing home beds, rehabilitation beds, adult psychiatric beds, and adult substance abuse beds, as well as a lesser rate of all hospital beds and acute care beds as compared to the state.

FIGURE 16: RATE OF NURSING HOME BEDS PER 100,000 POPULATION, MARION COUNTY AND FLORIDA, 2016-2020



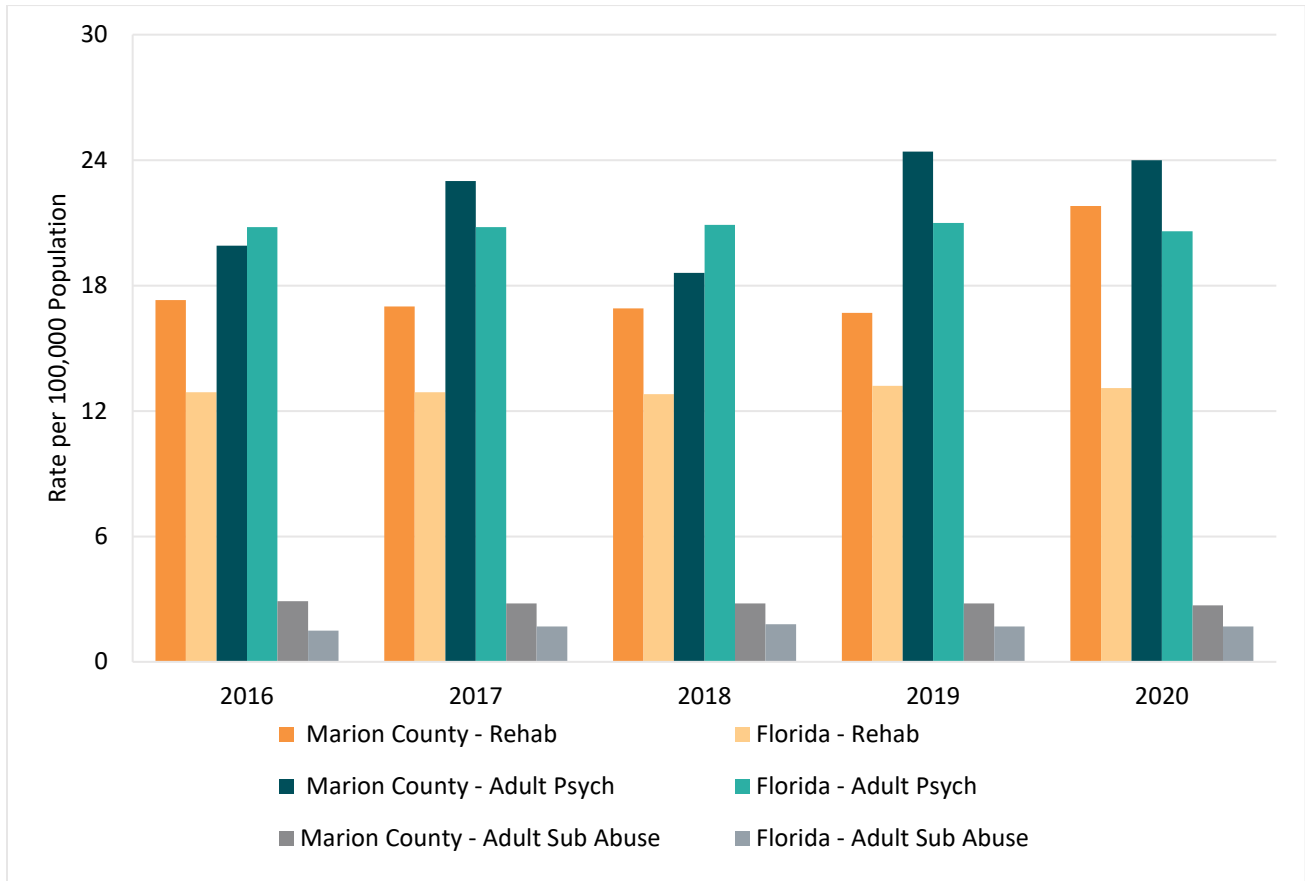
Source: Table 128, 2022 *Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2022

FIGURE 17: RATE OF TOTAL HOSPITAL BEDS AND ACUTE CARE BEDS, MARION COUNTY AND FLORIDA, 2016-2020



Source: Table 128, 2022 *Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2022

FIGURE 18: SPECIALTY HOSPITAL BEDS BY TYPE, RATE PER 100,000 POPULATION, 2016-2020



Source: Table 128, 2022 *Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2022

Providers

The number of and rate of medical providers in a region can have enormous impact on access to and quality of care. Every type of physician reported by Florida HealthCHARTS is less prevalent in Marion County than in the state. Pediatricians are particularly scarce, with a rate of 7.9 physicians per 100,000 population. The state rate is 2.77 times this number at 21.9 pediatricians per 100,000 population (Table 129, 2022 Technical Appendix). Dentists are also present at a particularly low rate: 38.9 providers per 100,000 population compared to 56.7 for the state in fiscal year 2020-21 (Table 130, 2022 Technical Appendix).

TABLE 6: RATE OF PHYSICIANS BY TYPE PER 1,000 FOR MARION COUNTY AND FLORIDA, FISCAL YEARS 2016-17 THROUGH 2020-21

Type of Physician	2016-17	2017-18	2018-19	2019-20	2020-21
	Marion County				
Family Practice Physicians	12.7	12.8	16.3	17.5	16.6
Internal Medicine	39.8	37.2	35.5	34.7	35.1
OB/GYN	4.9	5.1	5.1	5.0	4.6
Pediatricians	8.4	8.2	8.4	8.1	7.9
Total Physicians	166.9	210.5	206.3	204.7	208.3
Florida					
Family Practice Physicians	14.0	14.1	18.8	19.2	19.2
Internal Medicine	48.7	47.9	46.9	47.5	47.3
OB/GYN	9.6	9.5	9.3	9.3	9.2
Pediatricians	17.7	17.7	21.9	22.0	21.9
Total Physicians	244.5	310.5	304.7	310.0	314.0

Source: Table 129, 2022 Marion County Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022

Dental Hospitalizations and Emergencies

It is not surprising that with a comparatively lower rate of dentists in Marion County, many residents seek care for preventable dental conditions in the hospital and Emergency Departments (ED). Preventable dental hospitalization rates are scarcely higher than Florida at 1.0 preventable hospitalizations per 1,000 population in Marion County compared to 0.8 for the state. 34488 Silver Springs and 34475 Ocala lead the county in preventable dental hospitalization rates, accompanied by 32664 McIntosh and 32134 Ft. McCoy (Table 132, 2022 Technical Appendix).

The rate of preventable dental ED visits in the county in 2020 was 11.5 per 1,000 population, very nearly double the state’s rate of 5.8. These numbers have been improving in recent years (Table 131, 2022 Technical Appendix). The leading zip codes for preventable dental ED visits were 34475 Ocala (30.7 ED visits per 1,000 population), 34488 Silver Springs (18.6 visits), and 34470 Ocala (18.3 visits).

Hospitalizations and Emergency Department Usage

The hospital discharge rate per 1,000 population for Marion County residents for 2020 was 147.8 compared to the state rate of 118.7. From 2018-2020, 34488 Silver Springs consistently presented the highest discharge rates, closing 2020 with a discharge rate of 245.8 per 1,000 population. However, the average length of stay (ALOS) for these discharges was slightly less than that of the state at 4.9 days compared to 5.2 days (Table 135, 2022 Technical Appendix).

From 2018-2020, Medicare was consistently the primary payor sources for discharges, making up 53.9 percent of discharges in the county and 45.4 percent of discharges in the state. The next most common payor sources were, in order: Medicaid, private insurance, self-pay/non-payment, and VA/Tri-Care (Table 136, 2022 Technical Appendix).

The Florida Agency for Health Care Administration calculates estimated avoidable discharges and patient days among those less than 65 years of age. Avoidable discharge rates in 2020 were notably higher for Marion County residents than for Florida at 16.6 discharges per 1,000 population and 11.5 discharges per 1,000 population, respectively. Marion County had a smaller avoidable ALOS compared to the state at 5.5 days versus 5.9 days (Table 138, 2022 Technical Appendix).

Examination by payor source reveals that the lower ALOS was driven by patient days among those with private insurance. In 2020, the other two leading payor sources, Medicare and Medicaid, saw more patient days on average for Marion County residents than the state. The same trend was seen in percentages of avoidable discharges (Table 139, 2022 Technical Appendix).

The primary cause for avoidable discharges under the age of 65 for 2020 was by far dehydration, accounting for 51.4 percent of avoidable discharges within Marion County. The next top three (3) are 9.4 percent for nutritional deficiencies, 7.1 percent for diabetes “B”, and 6.9 percent for Chronic Obstructive Pulmonary Disease (COPD). All these causes were consistently in the top five (5) reasons for avoidable discharges for those under the age of 65 (Table 140, 2022 Technical Appendix).

The ED visit rate per 1,000 population in 2019 was 388.5 for Marion County resident, a tremendous decrease from the 511.3 of the previous year and lower than the state rate of 412.8 visits. The avoidable ED visit rate per 1,000 population also decreased from 218.1 in 2018 to 201.1 in 2019 for Marion County residents; however, this rate remained higher than the state’s 2019 rate of 190.7. By a large margin, the zip code with the largest ED visit rate was 34475 Ocala at 717.3 visits per 1,000 population. This region also had the highest avoidable ED visit Rate at 380.5 visits per 1,000 population (Table 141, 2022 Technical Appendix).

The most common payor source for ED Visits in Marion County in 2020 was Medicaid at 30.4 percent of visits, followed by Medicare, then Private Insurance. In contrast, Private Insurance was the primary payor source for ED visits in the state at 28.0 percent of visits, with Medicaid then Medicare ensuing.

Incarceration Rates

Incarceration rates in Marion County have been consistently slightly higher than the state for the past five (5) years, settling at 2.8 incarcerations per 1,000 population in 2021 compared to 2.5 for the state (Table 144, 2022 Technical Appendix). Inmate admissions for the 19 years of age and older population are also consistently higher, coming in at 172.8 per 100,000 population in 2021 compared to 104.0 for the state (Table 145, 2022 Technical Appendix).

Housing Costs

Housing data reflects more affordable living conditions in Marion County, with various encouraging statistics for housing costs and housing problems compared to the state. For example, only 26.3 percent of occupied households in Marion County had monthly housing costs of 30 percent or more of household income, while the state rate was 34.7 percent. Similarly, 49.3 percent of renter-occupied housing units in Marion County had gross rent costs of 30 percent or more of household income, compared to 56.4 percent of the state. In summary, according to the 2016-2020 ACS, 13.7 percent of the county population suffered severe housing problems, while the state saw severe housing problems for 19.2 percent of the population. More details can be found in Table 148 of the 2022 Marion County Technical Appendix.

Community Resources and Assets for Improving Health

The Marion County community has a number of resources and assets at hand to improve and protect the health of the population. This capital may be organized into three broad categories: healthcare resources, community assets, and informational resources.

With respect to the healthcare system, many Marion County residents utilize Medicaid and Medicare. Medicaid is the most common payor for births and ED visits, as well as the second most common payor for discharges; Medicare is the most common payor for all hospital discharges. Furthermore, as of 2020, approximately 23.6 percent of Marion County residents were enrolled in Medicaid (Tables 105, 126, and 136, 2022 Technical Appendix). A significant portion of the population also participates in nutritional assistance programs such as WIC for mothers, food stamps, and free and reduced lunches for school-aged children (Tables 47, 48, and 50, 2022 Technical Appendix). Finally, compared to the state, Marion County has more rural health clinics, higher childhood vaccination rates, and a greater rate of nursing home beds, rehab beds, adult psychiatric beds, and adult substance abuse beds (Tables 122, 127, and 128, 2022 Technical Appendix).

Community assets include both physical attributes of the county itself as well as social tools such as strong, collaborative partnerships and behavioral or economic trends that may or may not be directly related to individual health. With respect to the former, Marion County is ranked in the top half of counties for its physical environment, a designation well-supported by the number and variety of parks maintained throughout the area (Table 1, 2022 Technical Appendix). Furthermore, although far less than the state and in need of improvement, the county does have community and fluoridated water supplies that cover some portions of the population (Table 123, 2022 Technical Appendix). Regarding social assets held by the community, Appendix A lists the Steering Committee members involved in this Community Health Needs Assessment process. These individuals are just some of the partners that bring their talents, relationships, influence, and dedication to the table in designing innovative, sustainable, and appropriate plans for improving and maintaining the health and quality of life of Marion County. This county also has the advantages of higher rates of health insurance coverage, lower unemployment rates, and lower high school dropout rates than the state, as of 2020 (Tables 38, 39 and 44, 2022 Technical Appendix). Finally, as expanded upon previously, housing is less financially burdensome in Marion County as compared to the state, a powerful asset considering Florida's recent increase in housing costs (Table 148, 2022 Technical Appendix).

Lastly, informational resources to guide the planning, implementation, and evaluation of strategies to improve community health are listed in the Resources for Community Interventions: General Approaches and Specific Opportunities section of this community health needs assessment report. These resources outline evidence-based practices and widely accepted models in addressing community health issues, such as those that emerged in this assessment. Among the resources are strategies for environmental change, policy development, behavior and lifestyle change, and community approaches to improving social determinants of health and health equity. Additionally, Appendix D provides a list of specific community assets and resources that may prove to be potential outlets for or partners in designing community interventions.

Health Disparities and Inequities

Throughout this community health status assessment, we have highlighted disparities in health outcomes by sex, race, ethnicity, and geography. The following section serves to consolidate and underscore some of the key findings related to these health disparities.

Health Disparities

Health disparities are defined by the Center for Disease Control and Prevention (CDC) as “preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities”

(<https://www.cdc.gov/aging/disparities/index.htm>, accessed 8/2/2022). Simply put, health disparities are preventable differences in health outcomes between subgroups of a population. Some of these patterns can be drawn out from the data for Marion County and are detailed below.

Life Expectancy

Marion County life expectancy falls into the lowest quartile in the state, with residents possessing an average life expectancy of 75.4 years while Floridians on average enjoy 79.4 years of life. A particularly noticeable disparity exists between males and females, with females in Marion County expected to live 6.9 years longer on average than male Marion County residents at 78.9 years compared to 72 years. A similar pattern is seen at the state level (Tables 2 and 3, 2022 Technical Appendix).

Morbidity and Mortality

The data on morbidity and mortality patterns in Marion County reflects an abundance of chronic health issues associated with an older population, as well as critical mental health needs and disease disparities by race and ethnicity.

Overall, mortality rates for Marion County (879.2 deaths per 100,000 population) were approximately 26 percent higher than the state (698.4 deaths per 100,000). Males are more likely to die from all causes at 1,142.3 deaths per 100,000 population compared to 766.8 deaths for females in Marion County. Males have higher death rates by heart disease, cancer, unintentional injury, diabetes, COVID-19, and liver disease. On the other hand, Marion County females are more likely than males to die from Alzheimer’s disease, stroke, and essential hypertension (Tables 53, 57, 64, and 65, 2022 Technical Appendix).

Black residents have higher mortality rates both within the county and throughout the state, in part due to heart disease, diabetes, stroke, and COVID-19. White residents are more likely to die from cancer, unintentional injury, CLRD, and suicide. The greatest disparities in death rates are due to diabetes and COVID-19, where the Black population is approximately 1.8 times and 2.2 times as likely to die, respectively, and suicide, from which the White population is more than 4.5 times as likely to die. Furthermore, homicide made it into the top 10 causes of death exclusively among Black residents. From the perspective of ethnic disparities, Hispanics overall have a lower age-adjusted mortality rate than all races, but still have higher mortality rates within the categories of Alzheimer’s disease, diabetes, and stroke (Tables 60-64, 2022 Technical Appendix).

Maternal and Infant Health

Infant deaths, although rare, were still more common in Marion County than the state of Florida as a whole, occurring at a rate of 7.8 infant deaths per 1,000 total live births for the county in 2020 compared to 6.0 for the state. By race, infant death rates were 7.2 deaths per 1,000 total live births among the White population, 9.3 deaths among the Black population, and the highest rate as well as the only rate that has been increasing between 2016-2020 was 13.8 deaths per 1,000 total live births among the Hispanic population. The rates of low birthweight babies born to Marion County mothers have also only been increasing among the Hispanic population, accounting for 7.8 percent of Hispanic births, 7.8 percent of White births, and 12.6 percent of Black births (Tables 101 and 102, 2022 Technical Appendix).

From 2018-2020, the percentage of births that received care in the first trimester was lower in Marion County than for the state overall, coming in at 55.2 percent of births compared to 69.3 percent of births, with little improvement in recent years. There are clear differences by race, with 56.7 percent of White births receiving first trimester care compared to 49.8 percent of Black births. 53.0 percent of Hispanic births received first trimester care (Table 103, 2022 Technical Appendix).

In Marion County, 1.7 percent of births in 2020 were to teens aged 15-17 years old, which was slightly higher than the state rate of 1.0 percent, although these rates are decreasing. Among births to Whites, only 1.4 percent were to teens; among Hispanic births it was 1.7 percent. Black births were nearly twice as likely to be to teen mothers at 2.6 percent of all Black births in Marion County (Table 104, 2022 Technical Appendix).

For the same 2018-2020 estimates, approximately 64.0 percent of all Marion County births were paid for by Medicaid, compared to only 47.2 percent at the state level. These numbers increased to 79.9 percent of Black births in Marion County, within which multiple zip codes saw 100 percent of Black births being covered by Medicaid (Table 105, 2022 Technical Appendix). The percentage of mothers participating in WIC was also higher than the state on average, comprising 50.4 percent of Marion County births and only 41.4 percent of the state. In particular, 63.2 percent of Black mothers participated in WIC, nearly double the 32.8 percent of White mothers that participated. Hispanic mothers also came in above the county average at 63.7 percent participating in WIC (Table 106, 2022 Technical Appendix).

Health Inequities

Health equity is defined by the CDC as “the state in which everyone has a fair and just opportunity to attain their highest level of health” (<https://www.cdc.gov/nchstp/healthequity/index.html>, accessed 8/2/2022). Therefore, health inequities are “systematic differences in health outcomes” (<https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>, accessed 8/2/2022). These health inequities are commonly caused or influenced by social determinants of health – the conditions in the environments in which people are born, live, learn, work, play, worship, and age (<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>, accessed 8/2/2022). According to the Prevention Institute, these conditions can generally be allotted to one of three domains: 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality healthcare services (<https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20 Full Report.pdf>, accessed 8/2/2022).

Structural Drivers – Income, Poverty, and Food Insecurity

Poverty

According to data from the U.S. Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals was higher in Marion County than the state at 15.3 percent in Marion and 12.4 percent in Florida in 2020. This was the first year since 2016 that the overall poverty rate increased in Marion County. The 2020 rates of children under the age of 18 living in poverty in Marion County were also higher than the state rate at 21.7 and 17.2 percent, respectively, although this number has been steadily decreasing for the previous four years. Nearly half of the county’s zip codes have more than 25 percent of their children living in poverty. Among those 65 and older, Marion County has a lower percentage living in poverty compared to the state; however, this difference is entirely offset by those living between 100-200 percent of poverty, which is 3.3 percentage points higher in Marion County than in the state (Tables 21-24, 2022 Technical Appendix).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Marion County. As in Florida, females in Marion are more likely to live in poverty than males (16.8 percent and 14.1

percent, respectively). In Marion County from 2016-2020, 13.5 percent of White residents lived in poverty compared to 11.5 percent of White Florida residents. As in Florida, Black residents experience poverty at higher rates than their White counterparts. Slightly more than 27 percent of Black Marion County residents lived in poverty compared to nearly 21 percent in Florida. Furthermore, slightly more than 21 percent of Marion County Hispanics lived in poverty as compared to 16.4 percent in Florida. Another way to put this in context is to look at the number of zip codes with more than a quarter of the population living in poverty. Among the Hispanic community, there are nine (9); among Black residents, there are 10; within the White population, there is only one (1) (Tables 25 and 26, 2022 Technical Appendix).

Income

Income levels in Marion County were lower than for the state of Florida between 2016 and 2020. The per capita income estimate for all races in Marion County was 26,990 dollars, only about 82 percent of the 32,848 dollars average per capita income at the state level. Per capita incomes for Whites at 28,445 dollars, Blacks at 17,502 dollars, and Hispanics at 17,828 dollars were below the state figures of 36,601 dollars, 21,120 dollars, and 24,498 dollars, respectively. This means that, on average, Black residents of Marion County are earning 61.5 percent of the average income of their White counterparts, while Hispanic residents earn approximately 66.1 percent of the average income of the county as a whole (Table 31, 2022 Technical Appendix).

Food Insecurity

Marion County has a higher percentage of students eligible for free or reduced lunch compared to the state at each grade level, with 63.6 percent of children in pre-K qualifying in 2022, 66.1 percent of kindergarteners, 63.5 percent of elementary students, and 64.9 percent of middle school students. In particular, we see the greatest discrepancy in free or reduced lunch eligibility between Marion County and the state among kindergarten students, where the state not only comes in at 12.7 percentage points less than Marion County with 53.4 percent of students eligible, but also is the only category where Marion County has been increasing the percentage of eligible students for the past three years, while the state steadily decreases, widening the gap observed (Table 47, 2022 Technical Appendix).

In Marion County, the number of WIC-eligible individuals has varied from 2014 to 2021, with the most recent rate estimate being 3,340.3 per 100,000 population, higher than the state's estimate of 2,890.5 per 100,000. Marion County also saw a substantially smaller percentage of the WIC-eligible being served, with the 2021 estimate of 51.2 percent falling far behind the state estimate of 63.0 percent. This percentage of WIC-eligible people reached has been decreasing fairly steadily in both the county and the state for the past eight (8) years, but the drop in Marion County has been especially dramatic (Table 48, 2022 Technical Appendix).

Community Determinants – Education

The majority of Marion County residents aged 25 years or older had a high school diploma as their highest level of education, at 57.9 percent, compared to 48 percent for the state of Florida. Combined with 30.1 percent of this subgroup of the county population holding some college degrees (40.5 percent for the state), this leaves only 12.0 percent of the county population with no high school diploma, similar to the state rate of 11.5 percent. These estimates are based on data collected between 2016 – 2020 (Table 43, 2022 Technical Appendix). Marion County's graduation rates were distinctly lower than the state at 86.5 percent versus 90.1 percent, respectively, but the county also held marginally lower dropout rates for 2020 at 2.5 percent compared to 3.2 percent for the state (Table 44, 2022 Technical Appendix).

Quality Healthcare Services

Differential access to health care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, increased low birthweight birth rates, lower prenatal care by race and/or ethnicity, as well as other disease outcome differences. Every physician specialty recorded in Marion County was less prevalent than at the state level, including family practice physicians, OB/GYNs, and pediatricians (Table 129, 2022 Technical Appendix). Lesser access to this first line of care can often manifest in high rates of avoidable discharges and ED visits, such as those seen in Marion County. For example, Marion County had an avoidable discharge rate of 16.6 discharges per 1,000 population compared to the state rate of 11.5 discharges in 2020, as well as an avoidable ED visit rate of 201.1 per 1,000 population in the county versus a state rate of 190.7 visits per 1,000 population in 2019 (Tables 138 and 141, 2022 Technical Appendix).

A similar trend can be observed among oral health ED visits and hospitalizations. Practicing dentists are available at a particularly low rate in Marion County: 38.9 providers per 100,000 population compared to 56.7 for the state in the fiscal year 2020-21. Hence, it comes as no surprise that the rate of preventable dental ED visits for Marion County residents in 2020 was 11.5 visits per 1,000 population, very nearly double the state's rate of 5.8 (Tables 130 and 131, 2022 Technical Appendix).

Priority Populations

The analysis above of health disparities found throughout Marion County as well as the Community Health Status Assessment as a whole may be used to direct interventions towards particular priority populations that are affected by negative health outcomes more than others in the community. These priority populations ought to be relevant to the Marion County community, and their needs should be supported by secondary and primary data. These groups include, in no particular order:

- Racial minorities, especially the Black population
- Ethnic minorities, especially the Hispanic population
- Children, especially with respect to behavioral health needs
- Rural residents
- Pregnant women and mothers
- Older residents

Summary

In summary, the Marion County Community Health Needs Assessment and accompanying 2022 Marion County Community Health Needs Assessment Technical Appendix contain a wealth of information and insight into the social, environmental, behavioral, and healthcare factors associated with health status and health outcomes in Marion County, as well as data resources to further analyze these elements of the community and guide future planning and interventions. These findings, while pointing towards the need for further in-depth exploration of certain factors, gaps, and root causes, provide a foundation for guiding discussions and plans to improve health outcomes and quality of life for Marion County residents.

Marion County faces a number of challenges typical of an aging community, including high rates of chronic diseases, low income, and limited providers of health and other social services. The number of healthcare providers is also limited by the rural nature of parts of Marion County, which contributes to difficulties with community education and isolation. Although uptake of certain healthy behaviors is encouraging throughout the

county, with high rates of cancer screenings and chronic disease management, several other health outcomes associated with individual behaviors demand improvement, such as high teen pregnancy rates, rising STD rates, domestic violence, and the number of deaths due to suicide. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial income gaps, and food insecurity. Health disparities and the underlying inequities require further research and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and robust community health needs assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Marion County.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the healthcare experience are essential to fully understanding a community's health. The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?", "What factors define a healthy community?", and "What are the most important health problems in your community?". This assessment results in a strong understanding of community issues, concerns, and perceptions about quality of life through the lens of community members and healthcare and social service providers.

Community Health Surveys

Methodology

A community survey was developed to poll individuals about community health issues and the healthcare system from the perspective of Marion County residents. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in Marion County. Responses from individuals who did not meet these criteria were not included in the data analysis. The survey included 37 core questions with additional items depending on responses, and 15 demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A web link and QR code made the survey accessible on any internet-enabled device, including smartphones. The survey was available in English and Spanish. Prior to deployment, the electronic survey was pre-tested for readability, functionality, and ease of use.

A similar survey was developed to collect input specifically from healthcare and community partners who provide healthcare and social services in Marion County. Healthcare providers included professionals such as physicians, dentists, and advanced registered nurse practitioners; community partners included social service workers, counselors, and others who provide community-based services. The electronic survey had 11 questions and five (5) demographic items and was available in both English and Spanish.

For the community survey, a convenience sampling approach (respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on May 2 and was available through June 10, 2022. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed there were 1,123 community surveys in the electronic database classified as follows: 407 incomplete surveys, 13 surveys ineligible due to non-residence in Marion County, and two (2) ineligible due to age, netting 701 completed, eligible surveys. Two (2) surveys were completed in Spanish; the remaining 699 were completed in English. The survey completion rate was calculated at 63.8 percent; note that the 15 surveys deemed ineligible due to residency or age requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from 701 Marion County residents were analyzed. Because of the small number of surveys completed in Spanish, the English and Spanish surveys were analyzed together. The general demographic factors collected on respondents who completed surveys are presented in Table 8 below. Tabulated results from survey items are presented in the following Tables 9 – 41 and Figures 19 - 27.

Limitations

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of the Marion County population. The demographic data below reveals that respondents on average were more

White, female, educated, and employed compared to the general population. There is also potential for self-reporting bias. Self-reporting bias may be present in any data that rely on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in the technical appendix.

TABLE 7: DEMOGRAPHICS OF MARION COUNTY SURVEY RESPONDENTS, FROM COMPLETED ELIGIBLE SURVEYS, 2022

Demographic Indicator	Survey Respondents n= 701	
	Number	Percent
Age		
18-24	13	1.9
25-34	50	7.1
35-44	117	16.7
45-54	121	17.3
55-64	167	23.8
65-74	184	26.2
75 and older	49	7.0
Gender Identity		
Man	101	14.4
Woman	586	83.6
Non-binary	1	<0.1
Other	4	0.7
Prefer not to answer	9	1.3
LGBTQ+ Identity (Do you identify as LGBTQ+?)		
Yes	46	6.6
No	647	92.3
Prefer not to answer	8	1.1
Racial Identity		
American Indian/Alaskan Native	2	<0.1
Asian	8	1.1
Black or African American	30	4.3
Native Hawaiian or Other Pacific Islander	1	<0.1
Two or More Races	21	3.0
White	599	85.5
Other	4	< 0.1

Prefer not to answer	36	5.1
Hispanic/Latinx Origin		
Not Hispanic or Latinx origin	620	88.5
Of Hispanic or Latinx origin	55	7.8
Prefer not to answer		3.7
Highest Level of School Completed		
Elementary/Middle	5	<1.0
High school diploma, GED	73	10.4
Technical, community college, 2-yr college or Associate's degree	147	21.0
4-Year college/Bachelor's degree	191	27.3
Graduate/Advanced degree	176	25.1
Some college	99	14.1
Other	7	1.0
Prefer not to answer	3	<1.0
Current Employment Status (may include more than one status)		
Employed full-time	338	42.5
Employed part-time	53	6.4
Full-time student	13	1.6
Part-time student	10	1.3
Homemaker	41	5.2
Retired	214	26.7
Self-employed	47	5.9
Unemployed	7	<1.0
Work two or more jobs	20	2.5
Disabled, not able to work	38	4.8
Other (caregiver = 6; on leave = 2)	8	<1.0
Prefer not to answer	6	<1.0
U.S Military Service		
Veteran	45	6.4
Active Duty	1	<1.0
National Guard or Reserves	1	<1.0
Does not apply to me	647	92.4
Prefer not to answer	6	<1.0
How Health Care is Paid For (may include more than one option)		
Health insurance offered from your job or a family member's job	372	40.8

Health insurance that you pay on your own	158	17.3
I do not have health insurance	27	2.9
Medicaid	34	3.6
Medicare	229	25.1
Military coverage/Tricare	22	2.4
Pay cash	68	7.5
Other	4	<1.0
Number of People Currently Living in Your Home (including yourself)		
One (1)	101	14.4
Two (2)	336	47.9
Three (3)	105	15.0
Four (4)	102	14.6
Five (5)	36	5.1
Six (6) or more	21	3.0
Languages Mainly Spoken at Home		
Chinese	1	<1.0
English	669	95.4
Spanish	18	2.6
German	1	<1.0
Other (2 each – Portuguese, American Sign Language; 1 each Tagalog, Marathi)	6	<1.0
Combined Household Income		
Less than \$10,000	8	1.1
\$10,000 - \$19,999	21	3.0
\$20,000 - \$29,999	42	6.0
\$30,000 - \$49,999	99	14.1
\$50,000 - \$74,999	111	15.8
\$75,000 - \$99,999	112	16.0
\$100,000 - \$124,999	79	11.3
\$125,000 - \$149,999	39	5.6
\$150,000 - \$174,999	22	3.1
\$175,000 - \$199,999	11	1.6
\$200,000 or more	38	5.4
I prefer not to answer	119	17.0
Zip Code of Residence		
32113	8	1.1
32134	10	1.0

32162	1	<1.0
32179	7	1.0
32195	3	<1.0
32617	5	<1.0
32664	8	1.1
32667	4	<1.0
32686	4	<1.0
34420	25	3.6
34431	11	1.6
34432	22	3.1
34470	47	6.7
34471	92	13.1
34472	54	7.7
34473	27	3.9
34474	29	4.1
34475	21	3.0
34476	58	8.3
34479	35	5.0
34480	72	10.3
34481	75	10.7
34482	41	5.8
34488	12	1.7
34491	30	4.3

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

Observations from Community Survey

Figures below summarize the responses to the overarching survey questions. In general, the top ten responses for each question are presented. Questions on the following topics are included in the analysis:

- Factors that most contribute to a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Reasons why individuals did not receive dental, primary, and/or mental care
- Rating of community and individual health
- Personal health behaviors and experiences

Tables and figures show the percentages of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of completed surveys included in the analysis was 701.

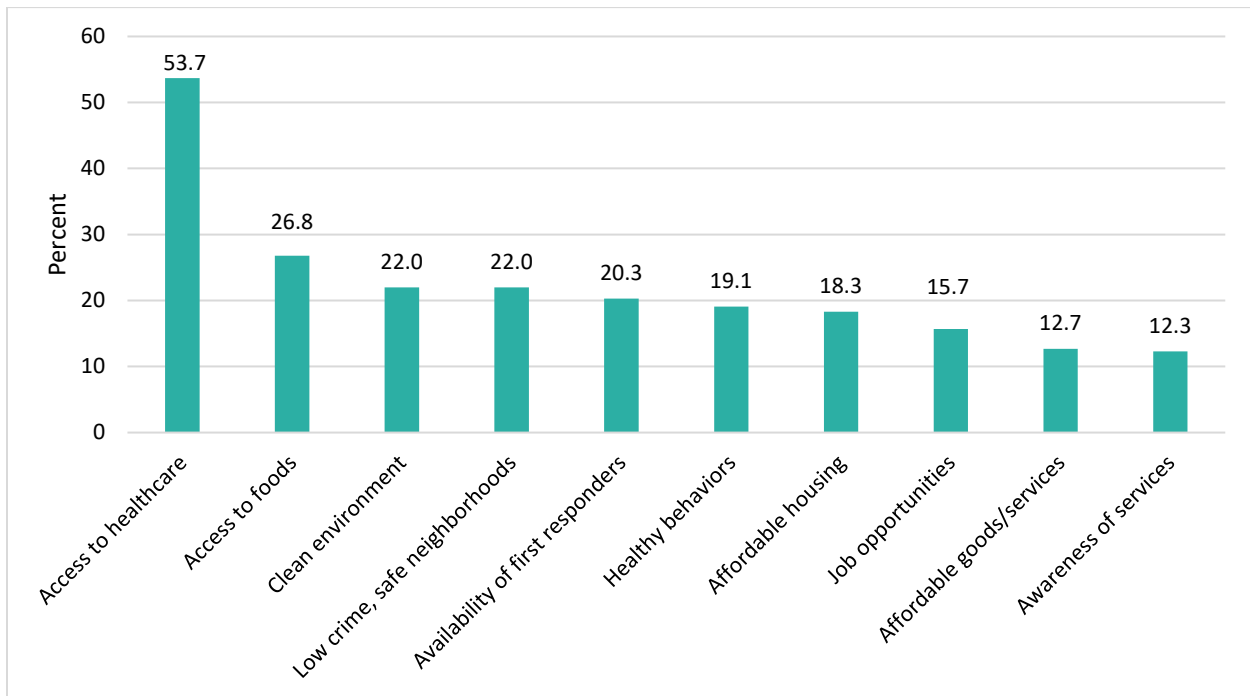
“Which factors or attributes do you think contribute most to having a healthy community? Choose 3.”

TABLE 8: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, BY PERCENT OF RESPONSES, 2022

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental and mental health care (53.7 percent)
2	Access to convenient, affordable, and nutritious foods (26.8 percent)
3, 4 tie	Clean environment (22.0 percent)
	Low crime/safe neighborhoods (22.0 percent)
5	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (20.3 percent)
6	Residents engaging in healthy behaviors (19.1 percent)
7	Affordable housing (18.3 percent)
8	Job opportunities for all levels of education (15.7 percent)
9	Affordable goods and services (12.7 percent)
10	Awareness of health care and social services (12.3 percent)

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 19: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, MARION COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

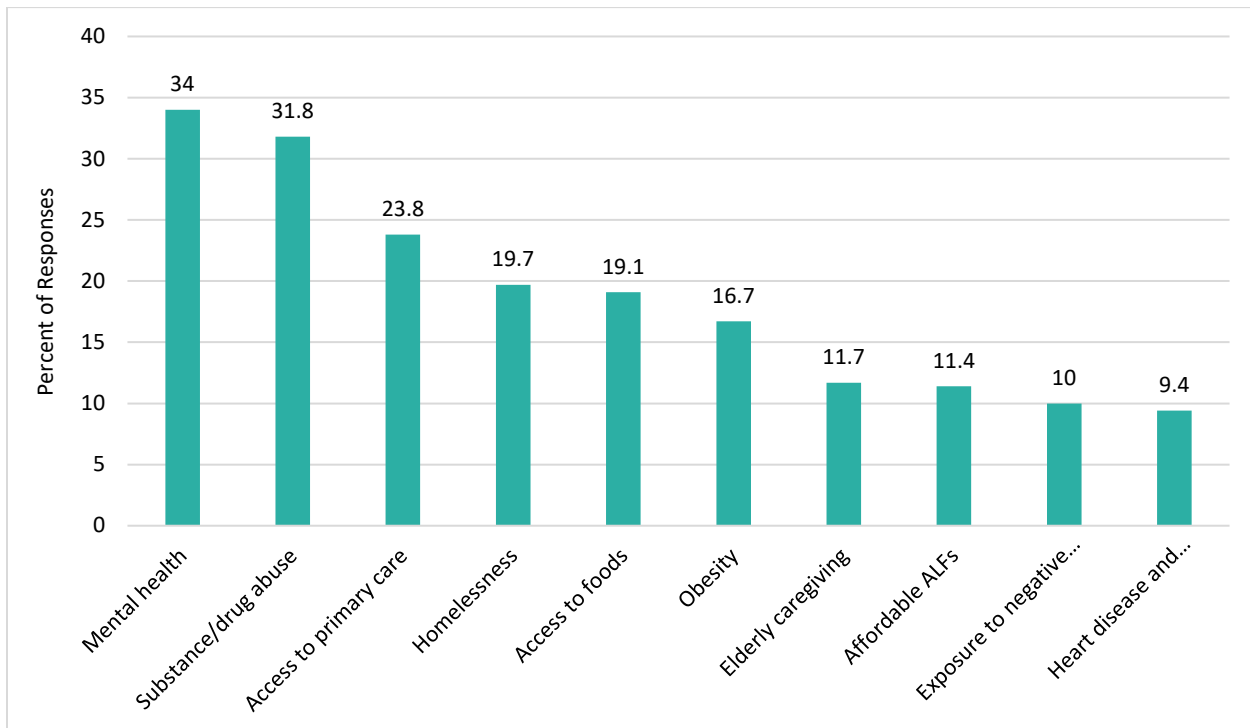
“Which THREE (3) health issues are the most important to address to improve the health of people in Marion County? Please choose up to THREE (3).”

TABLE 9: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO ADDRESS FOR RESIDENTS OF MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Health Problems (Percent of Responses)
1	Mental health problems (34.0 percent)
2	Substance abuse/drug abuse (31.8 percent)
3	Access to primary/family care (23.8 percent)
4	Homelessness (19.7 percent)
5	Access to sufficient and nutritious food (19.1 percent)
6	Obesity (16.7 percent)
7	Elderly caregiving (11.7 percent)
8	Affordable assisted living facilities (11.4 percent)
9	Exposure to excessive and/or negative media and advertising (10.0 percent)
10	Heart disease and stroke (9.4 percent)

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 20: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO ADDRESS FOR RESIDENTS OF MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

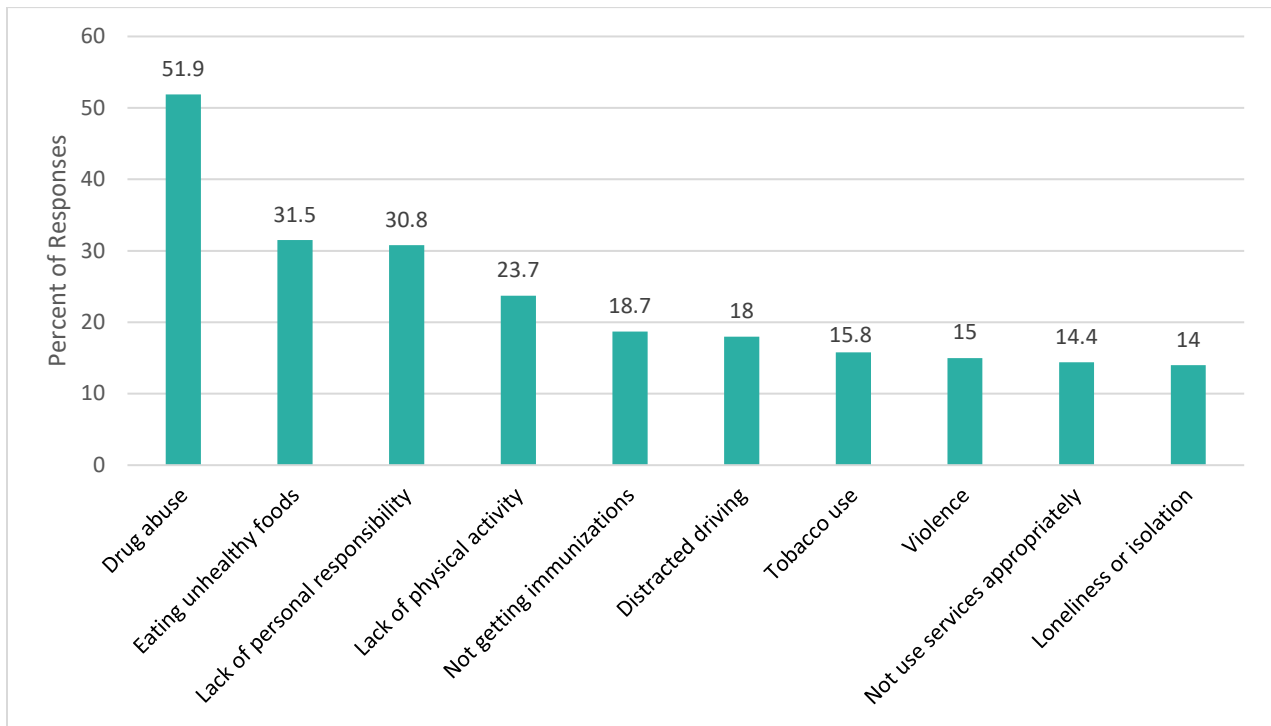
“What has the greatest negative impact on the health of people in Marion County? Choose 3.”

TABLE 10: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH IN MARION COUNTY, BY PERCENT OF RESPONSES, 2022

Behaviors (Percent of Responses)	
Rank	
1	Drug abuse (51.9 percent)
2	Eating unhealthy foods/drinking sugar sweetened beverages (31.5 percent)
3	Lack of personal responsibility (30.8 percent)
4	Lack of physical activity (23.7 percent)
5	Not getting immunizations to prevent disease (e.g., flu shots; 18.7 percent)
6	Distracted driving (such as texting while driving; 18.0 percent)
7	Tobacco use, vaping, chewing tobacco (15.8 percent)
8	Violence (15.0 percent)
9	Not using healthcare services appropriately (14.4 percent)
10	Loneliness or isolation (14.0 percent)

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 21: TOP 10 RANKED BEHAVIORS WITH THE GREATEST NEGATIVE IMPACT ON HEALTH IN MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

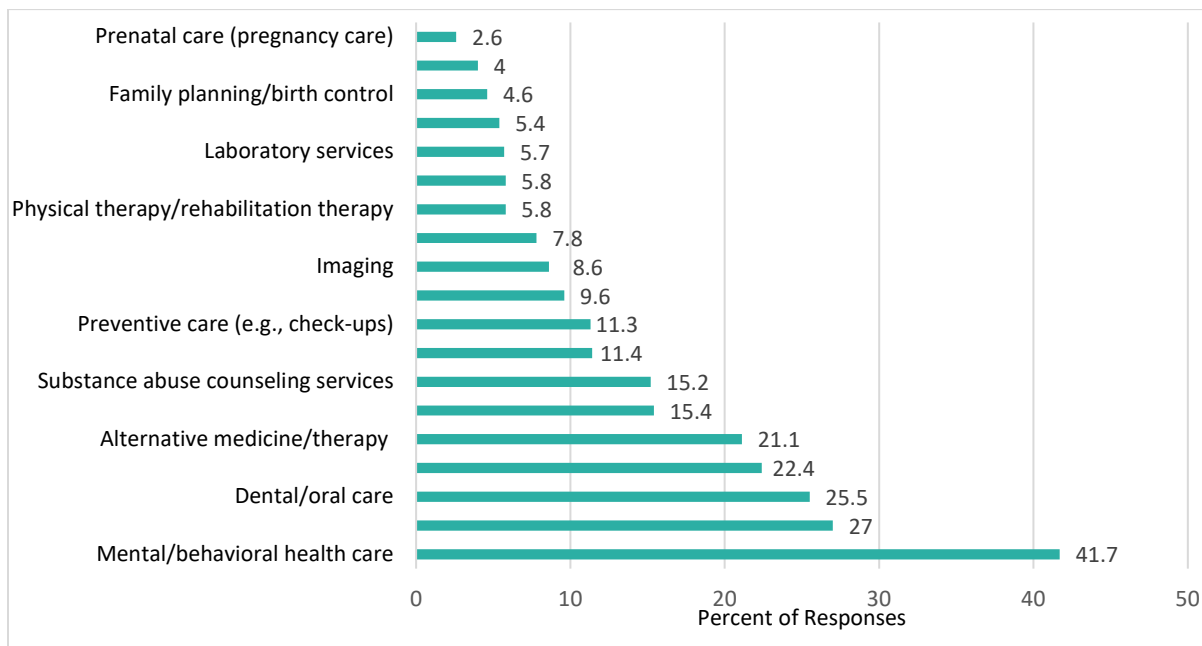
“Which healthcare services are difficult for you to obtain in Marion County? Choose ALL that apply.”

TABLE 11: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN MARION COUNTY RANKED BY PERCENT OF RESPONSES, 2022

Rank	Healthcare Service
1	Mental/behavioral health services (41.7 percent)
2	None of the above are difficult to obtain in Marion County (27.0 percent)
3	Dental/oral health care (25.5 percent)
4	Specialty care (e.g., heart doctor, neurologist) (22.4 percent)
5	Alternative medicine/therapy (e.g., acupuncture, naturopathy) (21.1 percent)
6	Primary/family care (e.g., family doctor) (15.4 percent)
7	Substance abuse counseling services (e.g., drug, alcohol; 15.2 percent)
8	Prescriptions/medications or medical supplies (11.4 percent)
9	Preventive care (e.g., check-ups) (11.3 percent)
10	Other (see below) (9.6 percent)
11	Imaging (e.g., CT scan, mammograms, MRI, X-ray; 8.6 percent)
12	Vision/eye care (7.8 percent)
13, 14 tie	Physical therapy/rehabilitation therapy (5.8 percent)
	Urgent care (5.8 percent)
15	Laboratory services (5.7 percent)
16	Emergency room care (5.4 percent)
17	Family planning/birth control (4.6 percent)
18	In-patient hospital care (4.0 percent)
19	Prenatal care (2.6 percent)
Other: (Related to specialists (4.1%); insurance (1.4%); affordability (1.3%); <1% each – none are difficult to obtain, dental, questionable quality, hospital care, VA care, transportation, organization/provider honesty, unsure)	

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 22: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“During the past 12 months, was there a time you needed to see a primary care/family doctor for health care, but couldn't?” AND “What were the reasons you could not get the primary/family care you needed during the past 12 months? Choose ALL that apply.”

TABLE 12: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Primary/Family Care	Response
Received needed care or didn't need care	75.9 percent
Did not receive needed care	24.1 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	36.1 percent
No appointments available or long waits for appointments	74.6 percent
No primary care providers (doctors, nurses) available	14.8 percent
Service not covered by insurance or have no insurance	33.7 percent
Transportation, couldn't get there	9.5 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	14.2 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	18.3 percent
Other: 4 each - COVID, care quality, finding provider; 2 each Medicaid issues, provider office practices, sanitary conditions; no problems	11.8 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“During the past 12 months, was there a time you needed dental care, including checkups, but didn't get it?” AND “What were the reasons you could not get the dental care you needed during the past 12 months? Choose ALL that apply.”

TABLE 13: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Dental Care	Response
Received needed care or didn't need care	67.9 percent
Did not receive needed care	32.1 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	57.3 percent
No appointments available or long waits for appointments	44.0 percent
No dentists available	16.9 percent
Service not covered by insurance or have no insurance	48.4 percent
Transportation, couldn't get there	4.4 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	8.4 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	16.0 percent
Other: 4 – COVID; 2 each – need specialized care, staffing issues; 1 each – phobia, physical access, Medicaid problem, too far to travel	5.8 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

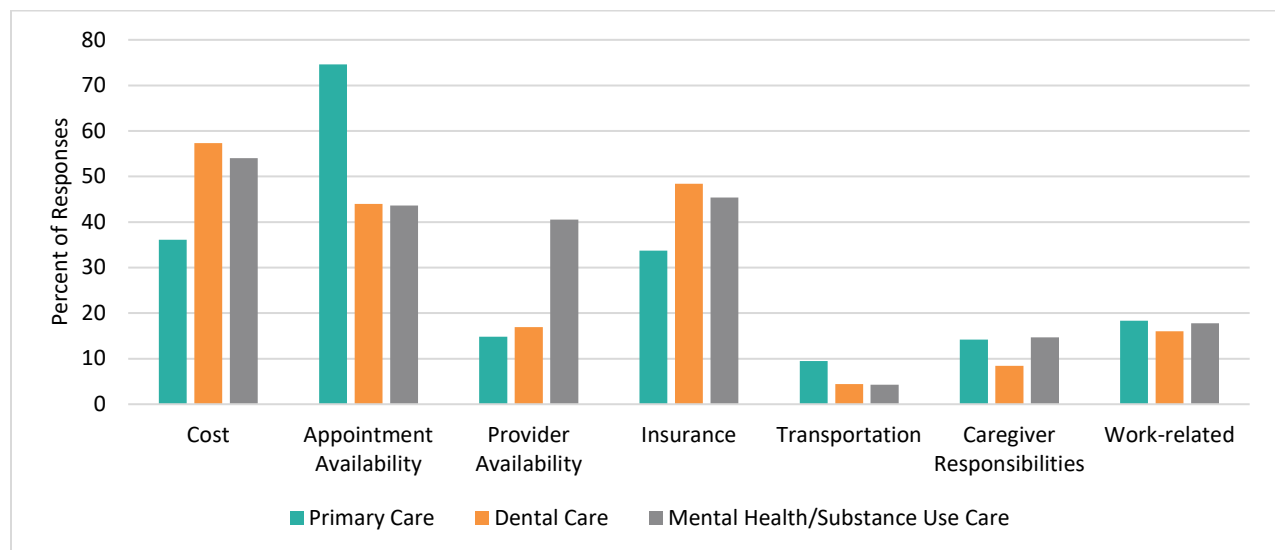
“During the past 12 months, was there a time you needed to see a therapist or counselor for a mental health or substance use issue, but didn't?” AND “What prevented you from seeing a therapist or counselor for a mental health or substance use issue during the past 12 months? Choose ALL that apply.”

TABLE 14: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN OR NOT SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Therapist or Counselor for Mental Health or Substance Use Issue	Response
Received needed care or didn't need care	76.7 percent
Did not receive needed care	23.3 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	54.0 percent
No appointments available or long waits for appointments	43.6 percent
No mental health care providers or no substance use therapists or counselors available	40.5 percent
Service not covered by insurance or have no insurance	45.4 percent
Transportation, couldn't get there	4.3 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	14.7 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	17.8 percent
Other: 4 each – cost, insurance; 2 each – quality, need specialized care, staffing; 1 each – stigma, Medicaid problem, too far to travel, no problems	9.8 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 23: BARRIERS TO CARE EXPERIENCED BY SURVEY RESPONDENTS, BY PERCENT OF RESPONSES, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022

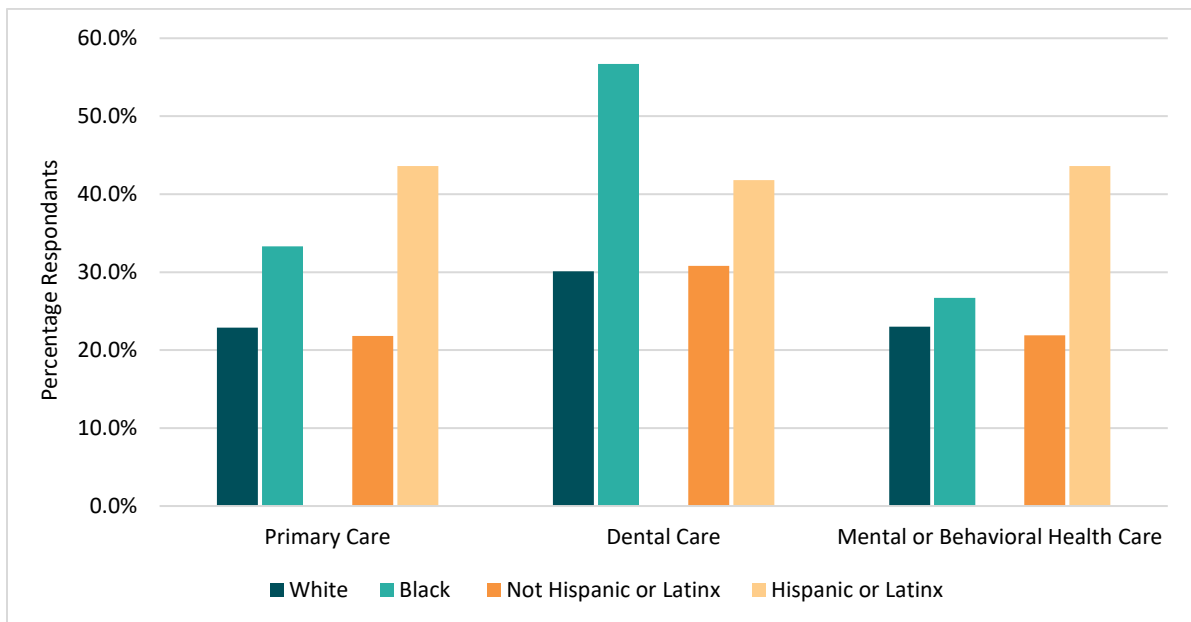
TABLE 15: INABILITY TO ACCESS CARE IN THE PAST 12 MONTHS BY RACE, ETHNICITY, AND INCOME, MARION COUNTY SURVEY RESPONDENTS, 2022

	Percentage Unable to Access Primary Care	Percentage Unable to Access Dental Care	Percentage Unable to Access Mental or Behavioral Health Care
Race			
White	22.9	30.1	23.0
Black	33.3	56.7	26.7
Ethnicity			
Not Hispanic or Latinx	21.8	30.8	21.9
Hispanic or Latinx	43.6	41.8	43.6
Annual Household Income*			
Less than \$30,000	38.0	54.9	25.4
\$30,000 - \$49,999	34.3	54.5	30.3
\$50,000-\$74,999	22.5	34.2	29.7
Greater than or equal to \$75,000	18.3	21.6	22.2

*Lowest income category was determined by combining the least number of income brackets from Table 8 necessary to represent more than 5% of respondents. The remaining income categories represent as equal as possible the remaining distribution of income among Marion County residents according to Table 3 of the 2022 Marion County Technical Appendix. The remaining respondents marked I prefer not to answer for this question.

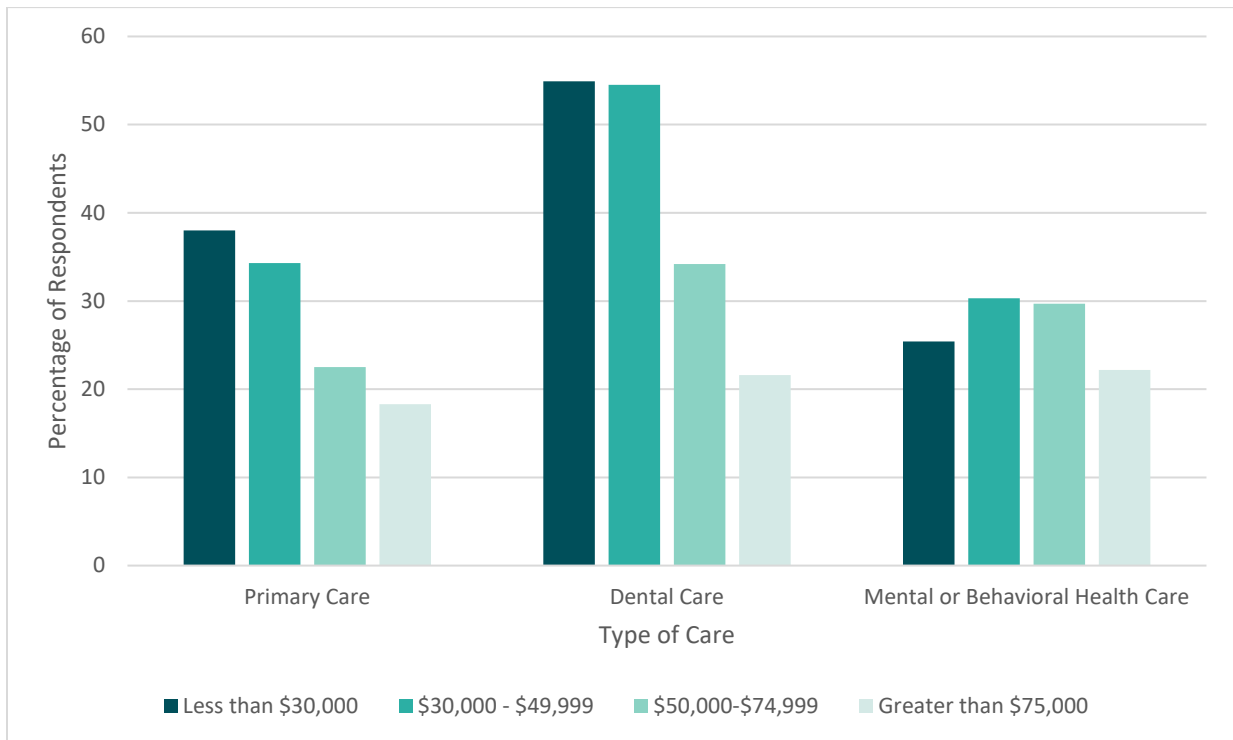
Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 24: INABILITY TO ACCESS CARE BY RACE AND ETHNICITY, MARION COUNTY SURVEY RESPONDENTS, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 25: INABILITY TO ACCESS CARE BY ANNUAL HOUSEHOLD INCOME, MARION COUNTY SURVEY RESPONDENTS, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Are you responsible for getting health, dental, and/or mental health or substance use care for an adult in your care?” AND “During the past 12 months was there a time when an adult in your care needed to see a primary care/family care doctor for health care but couldn’t?”

TABLE 16: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN CARE OF SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Survey Respondents Responsible for Getting Care for an Adult in Their Care	
Yes (n = 143)	20.4 percent
No (n = 558)	79.6 percent
Primary/Family Care	
Adult in your care received needed care or didn’t need care (n = 97)	67.8 percent
Adult in your care did not receive needed care (n = 46)	32.2 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	37.0 percent
No appointments available or long waits for appointments	56.5 percent
No primary care providers (doctors, nurses) available	23.9 percent
Service not covered by insurance or have no insurance	26.1 percent
Transportation, couldn’t get there	10.9 percent
Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)	21.9 percent
Other: 1 each – no problems, office closed, needed referral, couldn’t transport person	8.7 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“During the past 12 months was there a time when an adult in your care needed dental care, including check-ups, but didn’t get it?”

TABLE 17: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN CARE OF SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Dental Care	Response
Adult in your care received needed dental care or didn’t need care (n = 94)	65.7 percent
Adult in your care did not receive needed dental care (n= 49)	34.3 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	71.4 percent
No appointments available or long waits for appointments	30.6 percent
No dentists available	14.3 percent
Service not covered by insurance or have no insurance	42.9 percent
Transportation, couldn’t get there	10.2 percent
Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off	16.3 percent
Other: 1 each – age discrimination, too many other issues, no services available	6.1 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

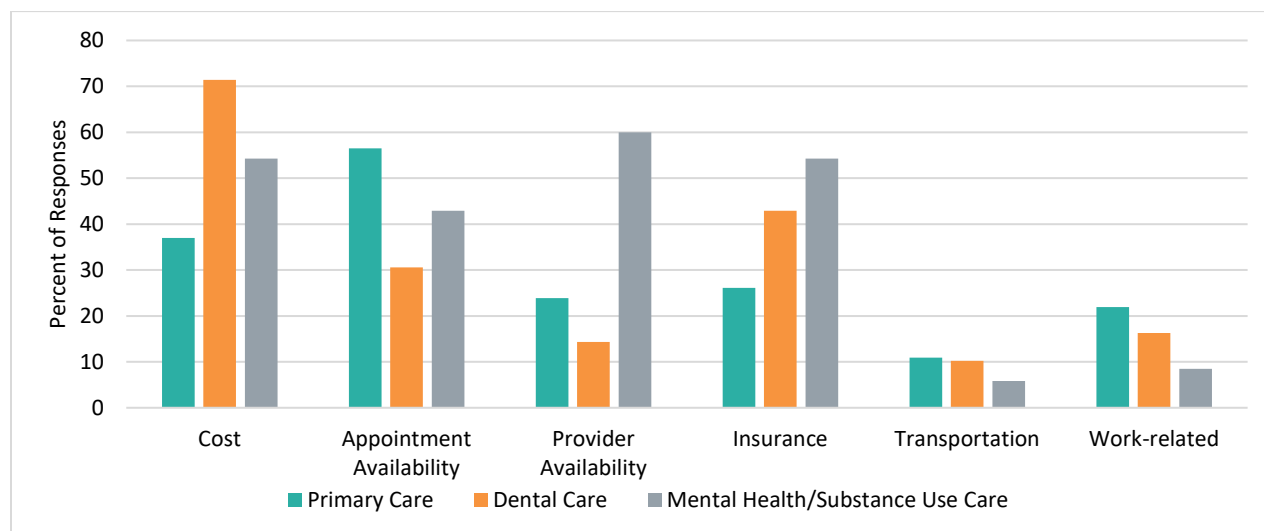
“During the past 12 months was there a time when the adult in your care needed to see a therapist or counselor for a mental health or substance use issue, but didn’t?”

TABLE 18: MENTAL HEALTH OR SUBSTANCE USE CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN CARE OF SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Mental Health or Substance Use Care	Response
Adult in your care received needed mental health or substance use care or didn’t need care (n=108)	75.5 percent
Adult in your care did not receive needed mental health or substance use care (n=35)	24.5 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	54.3 percent
No appointments available or long waits for appointments	42.9 percent
No mental health care or substance use care professionals available	60.0 percent
Service not covered by insurance or have no insurance	54.3 percent
Transportation, couldn’t get there	5.8 percent
Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)	8.5 percent
Other: 1 each – cost and availability, no good services available	5.8 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 26: BARRIERS TO CARE EXPERIENCED BY AN ADULT IN THE CARE OF SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022

“Are you responsible for getting health, dental and/or mental or behavioral health care for a child or children under the age of 18?” AND “During the past 12 months was there a time when a child or children in your care needed to see a primary care/family care doctor for health care but couldn’t?”

TABLE 19: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN CARE OF SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Survey Respondents Responsible for Getting Care a Child or Children Under the Age of 18	
Yes (n = 179)	25.5 percent
No (n = 522)	74.5 percent
Primary/Family Care	
Child or children in your care received needed care or didn’t need care (n = 132)	73.7 percent
Child or children in your care did not receive needed care (n = 47)	26.3 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	23.4 percent
No appointments available or long waits for appointments	68.1 percent
No primary care providers (doctors, nurses) available	21.3 percent
Service not covered by insurance or have no insurance	23.4 percent
Transportation, couldn’t get there	4.3 percent
Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)	17.0 percent
Other: 5 – COVID-related, 1 each – none, insurance, refused service because child not fully vaccinated	17.0 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“During the past 12 months was there a time when a child or children in your care needed dental care, including check-ups, but didn’t get it?”

TABLE 20: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN CARE OF SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Dental Care	Response
Child or children in your care received needed dental care or didn't need care (n = 126)	70.4 percent
Child or children in your care did not receive needed dental care (n= 53)	29.6 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	39.6 percent
No appointments available or long waits for appointments	64.2 percent
No dentists available	24.5 percent
Service not covered by insurance or have no insurance	34.0 percent
Transportation, couldn't get there	5.7 percent
Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)	22.6 percent
Other: 1 each – all of the above, no parents allowed with toddlers, no weekend or late day appointments, need autism-friendly dentist, unspecified reason	9.4 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

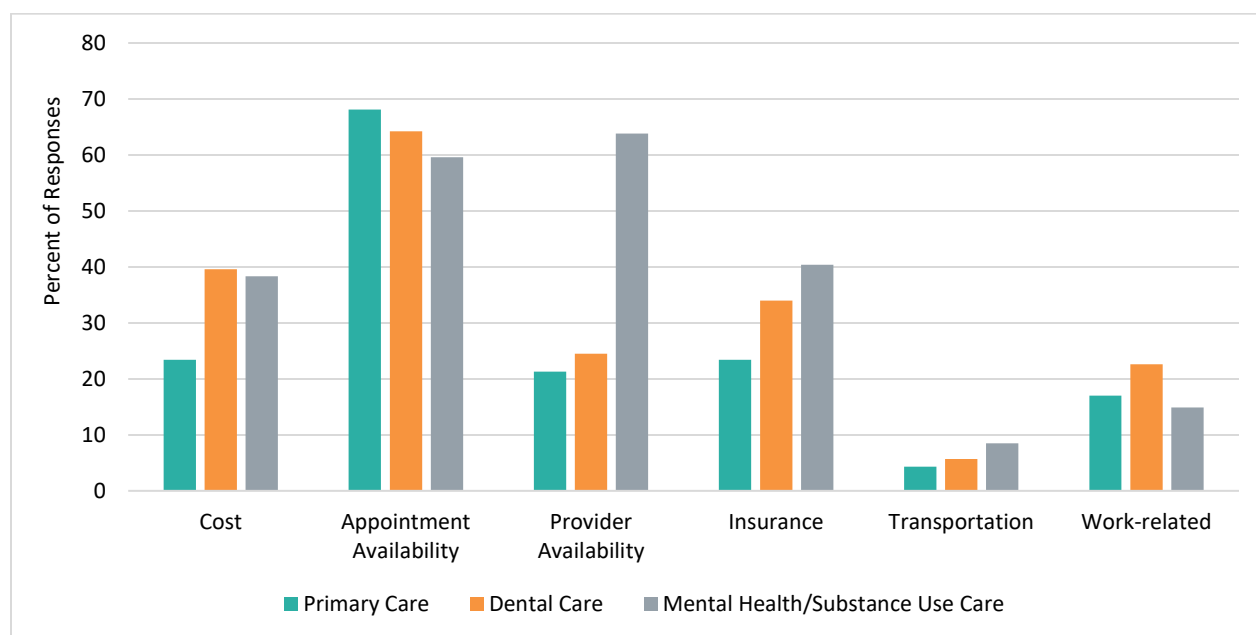
“During the past 12 months was there a time when a child or children in your care needed to see a therapist or counselor for a mental or behavioral health issue, but didn’t?”

TABLE 21: MENTAL OR BEHAVIORAL HEALTH CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN CARE OF SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022

Mental or Behavioral Health Care	Response
Child or children in your care received needed mental or behavioral health care or didn't need care (n = 132)	73.7 percent
Child or children in your care did not receive needed mental or behavioral health care (n = 47)	26.3 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	38.3 percent
No appointments available or long waits for appointments	59.6 percent
No mental or behavioral health care professionals available	63.8 percent
Service not covered by insurance or have no insurance	40.4 percent
Transportation, couldn't get there	8.5 percent
Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)	14.9 percent
Other: 2 each – need bi-lingual provider, would prefer telehealth option, 1 – long wait	10.6 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 27: BARRIERS TO CARE EXPERIENCED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, BY PERCENT OF RESPONSES, 2022



Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health? Please choose only ONE (1) answer.” AND “What is (are) the main reason(s) you used the hospital emergency room (ER) instead of going to a doctor’s office or clinic? Please choose ALL that apply.”

TABLE 22: NUMBER OF TIMES HOSPITAL EMERGENCY ROOM (ER) USED FOR OWN HEALTH ISSUE IN PAST 12 MONTHS AND REASONS FOR ER USE, BY SURVEY RESPONDENTS, BY PERCENT OF RESPONSES, 2022

Number of ER Visits in Past 12	Response
One (1) time	16.7 percent
Two (2) times	6.3 percent
Three to four (3-4) times	3.3 percent
Five to nine (5-9) times	0.6 percent
Ten (10) or more time	0.4 percent
I have not gone to a hospital ER about my own health in the past 12 months	72.8 percent
Main Reasons Hospital ER Used Instead of Doctor’s Office or Clinic (of those who reported hospital ER use in the past 12 months, n = 191)	
Needed care after hours and/or on weekend	48.2 percent
Long waits for appointments with my regular doctor or healthcare provider	14.7 percent
Emergency or life-threatening situation	51.3 percent
Don’t have a regular doctor or healthcare provider	3.1 percent
Cost	3.1 percent
Don’t have insurance	5.2 percent
Other: 6 – referred by doctor or urgent care; 5 – COVID-related, 1 each – pregnancy, afterhours, emergency, work-related emergency, surgery-related, pain meds needed, couldn’t be treated elsewhere	9.4 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

**“What do you think are the most important health concerns of children in Marion County?
From the list of topics below, please choose up to THREE (3).”**

TABLE 23: MOST IMPORTANT HEALTH CONCERNS OF CHILDREN IN MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Health Concerns of Children
1	Mental or behavioral health (45.9 percent)
2	Nutrition, healthy eating (36.4 percent)
3	Special needs (for example, physical, behavioral, developmental, emotional) (26.4 percent)
4	Physical activity (25 percent)
5	Obesity (23.3 percent)
6	Self-harm and suicide prevention (17.7 percent)
7	Tobacco and/or nicotine (for example, use of cigarettes, cigars, cigarillos, e-cigarettes (vaping), snuff, chew) (15.4 percent)
8	Dental or oral health (14.6 percent)
9	Alcohol or substance use (12.1 percent)
10	Attention-Deficit/Hyperactivity Disorder (ADHD) (11.0 percent)
11	Safe sex practices and teen pregnancy prevention (10.8 percent)
12	Immunizations (for example, common childhood vaccines) (10.3 percent)
13	Infectious Diseases including COVID-19 (8.3 percent)
14	Medically complex conditions (conditions with one or more severe chronic diagnoses) (6.3 percent)
15	Sexual identity (5.0 percent)
16	Injuries (4.3 percent)
17	Other (4.0 percent)
18	Diabetes (2.9 percent)
19	Asthma (2.6 percent)
20	Vision problems (eye health) (2.4 percent)
21	Healthy pregnancy and childbirth outcomes (not related to teen pregnancy) (2.0 percent)
22	Respiratory or breathing issues other than asthma (for example, cystic fibrosis) (1.3 percent)

Other: 7 – don’t know; 6 – family/parental issues; 3 – poor behavior/self-discipline; 2 each – lack of physical activity, abuse and neglect, all of the above; 1 each – teen driving, stress, lack of support for autistic youth, crime, human trafficking, lack work/study opportunities

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“From the list below, please select the most important concerns that affect child health and well-being in Marion County. Please choose up to THREE (3).”

TABLE 24: MOST IMPORTANT CONCERNS THAT AFFECT CHILD HEALTH AND WELL-BEING IN MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Concerns that Affect Child Health and Well-Being
1	Bullying and other stressors in school (38.7 percent)
2	Parenting education (for example, parenting skills for child development) (31.8 percent)
3	Hunger or access to healthy food (29.5 percent)
4	Domestic violence, child abuse, and/or child neglect (29.1 percent)
5	Social media (22.5 percent)
6	Family member's alcohol or substance use (21.4 percent)
7	Access to and/or affordable childcare (21.1 percent)
8	Safe neighborhoods and places for children to play (20.8 percent)
9	Crime and community violence (15.4 percent)
10	Educational needs (11.8 percent)
11	Housing (11.4 percent)
12	Access to benefits (for example, Medicaid, WIC, SNAP/food stamps) (11.0 percent)
13	Human trafficking (6.3 percent)
14	Transportation challenges (6.0 percent)
15	Lack of employment opportunities (4.1 percent)
16	Other (3.7 percent) (see below)
17	Language barriers (3.0 percent)
18	Traffic safety (2.7 percent)
19	Legal problems (<1.0 percent)
Other: 7 – parenting; 4 – don’t know; 2 each – all the above, no internet access, sexual identity; 1 each – poverty, poor food choices, lack of physical activity, disabilities, dental issues, pornography, human trafficking, hygiene, daycare access	

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“How has the Coronavirus (COVID-19) pandemic impacted your household? Please select one (1) response for each area listed.”

TABLE 25: IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HOUSEHOLD, BY PERCENT OF RESPONSES, 2022

Areas of Impact	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
	Percent			
Childcare (ability to get care for child/children)	15.0	19.4	1.7	63.9
Employment (ability to keep job, have steady income)	21.8	39.5	4.7	34.0
Food (have enough food to feed you and your family)	27.7	55.5	1.9	15.0
Housing (ability to find housing, pay rent or mortgage)	16.4	57.9	1.1	24.5
Schooling, education (ability to complete school-related assignments and programs)	18.4	28.0	1.9	51.8
Transportation (ability to use public transportation, shared ride services)	10.3	44.1	1.0	44.7
Utilities (ability to get and pay for electricity, gas, water, internet services)	18.1	60.5	1.0	20.4

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“How has the Coronavirus (COVID-19) pandemic impacted your health-related activities? Please select one (1) response for each activity listed.”

TABLE 26: IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HEALTH-RELATED ACTIVITIES, BY PERCENT OF RESPONSES, 2022

Areas of Impact	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
	Percent			
Physical activity, exercise	42.1	42.5	8.7	6.7
Nutrition, eating habits	32.5	52.2	7.3	8.0
Getting routine or needed healthcare services	41.7	47.8	2.4	8.1
Getting routine or needed dental care	38.8	50.9	1.1	9.1
Getting routine or needed mental health care	20.8	37.9	1.7	39.5

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Did you or a member of your household delay getting healthcare services because of the pandemic?”

TABLE 27: DELAYED GETTING HEALTHCARE DUE TO PANDEMIC, BY PERCENT OF RESPONSES, 2022

Delayed Care	Percent
Yes	52.4
No	44.4
Don't know, not sure	3.3

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Please tell us if you agree or disagree with each of the statements about your local community.”

TABLE 28: AGREEMENT WITH STATEMENTS ABOUT LOCAL COMMUNITY, BY PERCENT OF RESPONSES, 2022

Statement	Agree	Disagree	Not Sure
	Percent		
Illegal drug use and/or prescription medicine abuse is/are a problem in my community.	75.6	6.7	17.7
I have no problem getting the healthcare services I need.	56.9	34.8	8.3
We have great parks and recreation facilities.	66.6	16.1	17.3
Public transportation is easy to get to if I need it.	11.6	53.2	35.2
There are plenty of jobs available to those who want them.	57.2	23.8	19.0
Crime is a problem in my community.	55.2	24.3	20.5
Air pollution is a problem in my community.	18.8	51.5	29.7
I feel safe in my community.	70.6	18.5	10.8
There are affordable places to live in my community.	22.1	58.2	19.7
The quality of health care is good in my community.	50.4	30.4	19.3
There are good sidewalks for walking safely.	33.4	54.8	11.8
I am able to get healthy food easily.	68.3	27.4	4.3

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Below are some statements about your connections with the people in your life. Please tell us if you agree or disagree with each statement.”

TABLE 29: AGREEMENT WITH STATEMENTS ABOUT CONNECTIONS WITH PEOPLE IN YOUR LIFE, BY PERCENT OF RESPONSES, 2022

Statement	Agree	Disagree	Not Sure
	Percent		
I am happy with my friendships and relationships.	85.1	12.0	2.9
I have enough people I can ask for help at any time.	75.6	19.6	4.9
My relationships and friendships are as satisfying as I would want them to be.	71.9	23.0	5.2

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“In your day-to-day life, how often have any of the following happened to you?”

TABLE 30: FREQUENCY OF EXPERIENCES, BY PERCENT OF RESPONSES, 2022

Statements	At least once a week	A few times a month	A few times a year	Never	Prefer not to answer
	Percent				
You are treated with less courtesy or respect than other people	13.1	16.3	32.4	33.4	4.9
You receive poorer service than other people at restaurants or stores	3.4	8.0	27.0	56.9	4.7
People act as if they think you are not smart	6.0	9.0	23.7	57.1	4.3
People act as if they are afraid of you	0.7	2.7	7.8	85.6	3.1
You are threatened or harassed	2.0	3.7	15.0	75.5	3.9
People criticize your accent or the way you speak	2.1	2.7	10.6	81.6	3.0

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Thinking of the experiences mentioned in the previous question, what do you think is (are) the main reason(s) this happened? Please choose ALL that apply.”

TABLE 31: RANKING OF MAIN REASONS FOR EXPERIENCES, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Reasons
1	None of the above (40.4 percent)
2, 3 tie	Your gender (24.7 percent)
	Your age (24.7 percent)
4	Your weight (14.8 percent)
5	Your race (11.6 percent)
6	Some other aspect of your physical appearance (10.4 percent)
7	Your education or income level (10.3 percent)
8, 9 tie	Your ancestry or national origin (6.4 percent)
	Prefer not to answer (6.4 percent)
10	A physical disability (4.7 percent)
11	Your religion (4.3 percent)
12	Your height (3.9 percent)
13	Your sexual orientation (3.6 percent)

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“In the past 12 months, did you or someone living in your home ever get emergency food from a church, food pantry, or foodbank, or eat in a soup kitchen?” AND “Please indicate how true the following statement is: In the past 12 months I worried about whether our food would run out before we got money to buy more. Please choose ONE (1) answer.” AND “Please indicate how true the following statement: In the past 12 months the food that we bought just did not last and we did not have money to get more. Please choose ONE (1) answer.”

TABLE 32: VARIOUS INDICATORS OF FOOD INSECURITY, BY PERCENT OF RESPONSES, 2022

Indicator of Food Insecurity	Percent	
In past 12 months, ever get emergency food	Yes	11.3
	No	88.3
	Prefer not to answer	0.4
In past 12 months, worried about food running out before getting money to buy more	Often true	7.6
	Sometimes true	14.4
	Never true	75.6
	Prefer not to answer	2.4
In past 12 months, food bought did not last and did not have money to get more	Often true	6.3
	Sometimes true	11.7
	Never true	79.7
	Prefer not to answer	2.3

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Has there been any time in the past two (2) years when you were living on the street, in a car, or in a temporary shelter?” AND “Are you worried or concerned that in the next two (2) months you may not have stable housing that you own, rent, or where you can stay?” AND “In the past 12 months, has your utility company shut off your service for not paying your bills?”

TABLE 33: VARIOUS INDICATORS OF HOUSING INSECURITY, BY PERCENT OF RESPONSES, 2022

Indicator of Housing Insecurity	Percent	
	Any time in past two (2) years you were living on the street, in a car, or in a temporary shelter	Yes
No		97.6
Prefer not to answer		0.6
Worried that in the next two (2) months you may not have stable housing that you own, rent, or where you can stay	Yes, I am worried	5.9
	No, I am not worried	89.7
	Prefer not to answer	1.9
In past 12 months, utility company shut off your service for not paying bills	Yes	3.1
	No	96.3
	Prefer not to answer	0.6

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Overall, how healthy are the people in Marion County?” AND “How do you rate your health?”

TABLE 34: OVERALL RATING OF PERSONAL HEALTH AND HEALTH OF MARION COUNTY RESIDENTS, BY PERCENT OF RESPONSES, 2022

Rating	Overall	Personal
Very healthy	0.1 percent	5.6 percent
Healthy	4.0 percent	38.2 percent
Somewhat healthy	50.6 percent	43.5 percent
Unhealthy	29.0 percent	9.8 percent
Very unhealthy	6.7 percent	2.0 percent
Not sure	9.6 percent	0.9 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Have you ever been told by a doctor or other healthcare provider that you had any of the following health issues? Please choose ALL that apply.”

TABLE 35: HEALTH ISSUES MARION COUNTY SURVEY RESPONDENTS HAVE BEEN TOLD BY A DOCTOR THAT THEY HAVE, ORDERED BY PERCENT OF RESPONSES, 2022

Health Issues	Percent
Depression or anxiety	41.5
High blood pressure or hypertension	40.2
Obesity	34.5
None of these	20.3
Diabetes or high blood sugar	15.4
Cancer	11.3
Chronic Obstructive Pulmonary Disease (COPD)	7.0
Stroke	2.9
Prefer not to answer	1.7
HIV/AIDS	0.6

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“How often do you use any of these products: chewing tobacco, snuff, snus, dip, cigarettes, cigars, cigarillos (little cigars)? Please choose only ONE (1) answer.” AND “How often do you use any of these electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, vape pens? Please choose only ONE (1) answer.”

TABLE 36: FREQUENCY OF USE OF TOBACCO AND ELECTRONIC VAPOR PRODUCTS, BY PERCENT OF RESPONSES, 2022

Response	Chewing tobacco, snuff, snus, dip, cigarettes, cigars, cigarillos	e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, vape pens
I do not use these products	91.0 percent	94.6 percent
Once a day	1.4 percent	1.0 percent
On some days	2.1 percent	2.0 percent
More than once a day	4.3 percent	1.6 percent
Prefer not to answer	1.1 percent	0.8 percent

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Do you eat at least five (5) servings of fruit or vegetables every day?”

TABLE 37: FRUIT OR VEGETABLE CONSUMPTION, BY PERCENT OF RESPONSES, 2022

Health Issues	Percent
Yes (I eat at least five (5) servings of fruit or vegetables every day)	26.4
No (I do not eat at least five (5) servings of fruit or vegetables every day)	72.8
Prefer not to answer	0.8

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“How many times a week do you usually do 30 minutes or more of moderate intensity physical activity or walking that increases your heart rate or makes you breathe harder than normal?”

TABLE 38: FREQUENCY OF 30 MINUTES OR MORE OF PHYSICAL ACTIVITY OR WALKING, BY PERCENT OF RESPONSES, 2022

Frequency	Percent
5 or more times a week	20.1
3 to 4 times a week	25.1
1 to 2 times a week	35.0
None	19.5
Prefer not to answer	0.3

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Over the past 12 months, how often have you had thoughts that you would be better off dead or thoughts of hurting yourself in some way? Please choose ONE (1) answer.”

TABLE 39: FREQUENCY OF THOUGHTS ABOUT SELF-HARM IN PAST 12 MONTHS, BY PERCENT OF RESPONSES, 2022

Frequency	Percent
Never	79.3
Several times	11.6
On more than half the days in a year	1.0
Nearly every day	0.4
Prefer not to answer	6.8

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

“This question is about Adverse Childhood Experiences (ACEs) that may have happened during your childhood. This information will allow us to better understand how experiences that occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer, you may skip this section.

Please think back to the time before you were 18 years of age. From the list of events below, please check the events you experienced before the age of 18. Please choose ALL that apply.”

TABLE 40: OCCURRENCE OF ADVERSE CHILDHOOD EXPERIENCES (ACES), MARION COUNTY SURVEY RESPONDENTS (N=697), ORDERED BY PERCENT OF RESPONSES, 2022

Events Experienced	Percent
None of the above	32.0
Parent or adult verbally harmed you (for example, swore at, insulted, or put down)	31.4
Lived with anyone who was a problem drinker or alcoholic	29.1
Parents were separated or divorced	27.5
Lived with anyone who was depressed, mentally ill, or suicidal	26.7
Parent or adult physically harmed you (for example, a slap, hit, or kick)	23.8
Adult or anyone at least 5 years older touched you sexually	20.1
Parents or adults experienced physical harm (for example, a slap, hit, or kick)	15.9
Lived with anyone who used illegal drugs or who abused prescription medications	10.3
Adult or anyone at least 5 years older made you touch them sexually	10.2
Adult or anyone at least 5 years older forced you to have sex	6.7
Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility	5.2
Prefer not to answer	3.7

Source: Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

Key Findings From Community Survey

Access to Primary, Dental, and Mental Health Care

Access to care was the only factor that over half of respondents prioritized as contributing to having a healthy community. The majority of respondents (84.6 percent) did not consider primary care difficult to obtain; however, almost a quarter were unable to access primary care in the past 12 months. Additionally, needed dental care was not received by 32.1 percent in the past 12 months, and 23.3 percent of respondents answered that they were not able to see a therapist or counselor for a mental health or substance use issue in the last 12 months. Among those reporting that they did not access needed primary care, appointment availability was by far the primary barrier, although over a third of respondents also marked both cost and insurance coverage as factors. Cost and insurance were the main factors in preventing access to dental care and mental health/substance use care. Provider availability also was cited as a barrier to accessing mental health/substance use care by 40.5 percent of respondents.

A similar trend is seen in access to care for adult dependents, which applies to 143 individuals or 20.4 percent of respondents. Nearly a third of adults in care of the respondents did not receive necessary primary health care, over a third did not receive needed dental care, and approximately a quarter did not receive needed mental health or substance use care. Among those who did not receive care, the primary barrier identified was appointment availability for primary care, although more than 20 percent of respondents also cited cost, insurance coverage, provider availability, and issues related to work. Cost and insurance coverage were the top-ranked responses for dental care, followed by appointment availability, and provider availability was the primary barrier to mental health/substance use care, with cost, insurance coverage, and appointment availability also widely cited.

Over a quarter of respondents (25.5 percent) reported having children in their care. 26.3 percent of these children did not receive needed primary or family care, 29.6 percent did not receive needed dental care, and 26.3 percent did not receive needed mental or behavioral health care. The primary reasons cited for primary and dental care were appointment availability and long wait times, while a lack of mental health or substance use care was primarily attributed to provider availability (63.8 percent) with appointment availability as a close second (59.6 percent). Cost or insurance were cited as barriers to care by at least 20 percent of respondents in all three categories.

Mental Health and Substance Abuse Care

Themes of concern regarding mental health and substance use were prevalent across the survey results. Substance use is often interlinked with mental health, and access to mental health and substance use resources frequently go hand-in-hand. Mental health problems were identified as the greatest health issue in Marion County, selected by 34.0 percent of respondents, followed by substance and drug abuse (31.8 percent). Drug abuse was also the top-ranked negative health behavior in the community, identified by 51.9 percent of respondents, with the next closest behavior (eating unhealthy foods/drinking sugar sweetened beverages) trailing by more than 20 percentage points. Furthermore, mental/behavioral health services were considered difficult to obtain by 41.7 percent of respondents, more than any other form of health service. Despite being an area of concern and focus for community health, mental health and substance abuse resources are limited and difficult to access.

Health Behaviors

A number of health behaviors were highlighted by the Marion County community in this survey. Related to mental and behavioral health, the number one behavior with the greatest negative impact on the community was drug abuse, selected by 51.9 percent of respondents. The third greatest factor, lack of personal responsibility, could also be attributed to health behaviors. The second and fourth most selected behaviors, eating unhealthy foods/drinking sugar sweetened beverages and lack of physical activity, respectively, may point towards the state of obesity in the community, which is more prevalent in Marion County than in the state at large. Finally, on average, personal health was rated higher than overall community health, with 43.8 percent ranking personal health as “Healthy” or “Very Healthy” but only 4.1 percent ranking overall health of Marion County as “Healthy” or “Very Healthy”.

Healthcare Concerns for Children

The top ranked health concerns for children reflected similar trends to the aforementioned health behaviors: mental or behavioral health came out on top as 45.9 percent of respondents indicated it was a concern, followed by nutrition and healthy eating (36.4 percent) and special needs (26.4 percent). The other two categories garnering prioritization by more than a fifth of respondents are physical activity (25 percent) and a related topic, obesity (23.3 percent). Overall, eight (8) of the top 10 health concerns of children fall into the categories of mental and behavioral health or healthy weight, nutrition, and physical activity. Leading factors contributing to child health and well-being also largely fall under the categories of mental and behavioral health or healthy weight, nutrition, and

physical activity, with seven (7) of the top 10 concerns feasibly being described by these categories. In descending order, the top five (5) are: bullying and other stressors in school; parenting education; hunger or access to healthy food; domestic violence, child abuse, and/or child neglect; and social media.

Social Determinants of Health

With respect to access to care, Black respondents – who made up approximately 4.3 percent of survey respondents – were nearly 1.5 times as likely to have been unable to access primary care in the past 12 months and nearly two (2) times as likely to be unable to access dental care when compared to White respondents. Those of Hispanic or Latinx ethnicity, making up 7.8 percent of survey respondents, were also more likely to have been unable to access care in the past 12 months, especially primary care and mental or behavioral health care, for which they were twice as likely to have been unable to access care compared to those not of Hispanic or Latinx origin. Among those with an annual household income of 30,000 dollars or less, 38.0 percent were unable to access needed primary care in the past 12 months, more than double the amount unable to access primary care in the income bracket of greater than or equal to 75,000 dollars. Similarly, those households making 30,000 dollars or less are more than twice as likely to have been unable to access dental care in the past 12 months compared to the highest income bracket. We can also see a small association between lower income and greater inability to access mental or behavioral health care in all but the lowest income bracket.

Impact of COVID-19

Over half of respondents reported delaying getting some form of healthcare service due to the pandemic. The primary negative impacts of the pandemic were identified by community members as maintaining physical activity (42.1 percent), getting routine or needed healthcare services (41.7 percent), and getting routine or needed dental care (38.8 percent). Over a quarter of respondents also stated that the pandemic had a negative impact on their ability to obtain enough nutritious food for themselves and their households.

Observations from Provider Survey

Tables and figures below summarize the responses to the overarching questions that were asked of health care providers and community partners serving the residents of Marion County. There were 103 eligible, completed surveys included in the analysis. In general, the top five ranked responses for each question are presented. Each figure shows the percentage of providers and partners who indicated the given response for a question. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Healthcare resources that are difficult to obtain in Marion County
- Barriers to self-management of chronic diseases and conditions
- Rating of overall community health and accessibility of health care

TABLE 41: DEMOGRAPHICS OF MARION COUNTY HEALTHCARE, SOCIAL SERVICE PROVIDER, AND COMMUNITY PARTNER SURVEY RESPONDENTS, 2022

Demographics	Providers and Partners n = 103	
	Number	Percent
Age		
Less than 30	3	2.9
30-39	18	17.5
40-49	35	34.0
50-59	21	20.4
60-64	12	11.7
65-69	10	9.7
70-79	4	3.9
80 or older	0	0
Prefer not to answer	0	0
Gender Identity		
Male	26	25.2
Female	77	74.8
Transgender	0	0
Other	0	0
Prefer not to answer	0	0
Racial/Ethnic Identity		
American Indian or Alaska Native	0	0
Asian Pacific Islander	4	3.9
Black or African American (Non-Hispanic)	10	9.7
Hispanic or Latino	8	7.8
White (Non-Hispanic)	69	67.0
Multiracial/Multiethnic	1	1.0
Other (1 each: Asian-Indian, Indian American, Middle Eastern)	3	2.9
Prefer not to answer	8	7.8
Length of Time in Profession		
Less than 5 years	11	10.7
5-9 years	18	17.5
10-14 years	20	19.4
15-19 years	17	16.5
More than 20 years	34	33.0
Prefer not to answer	3	2.9

Type of Provider/Partner		
ARNP (all specialties and certifications)	9	8.7
Dentist	2	1.9
Dietitian/Nutritionist	0	0
Mental Health/Substance Use Counselor	4	3.9
Nurse	22	21.4
Occupational Therapist	1	1.0
Pharmacist	0	0
Physician	28	27.2
Physician Assistant	2	1.9
Physical Therapist	3	2.9
Social or Community Services	14	13.6
Speech/Language Pathologist	1	1.0
Other: (1 each) Medical Technologist, CNA/Home Health, Podiatrist, Physical Therapy Asst, Fundraising, Massage Therapy, Home Visiting, Dental Assistant, Dental Hygienist, Optometrist, DCF Investigator, Medical Assistant, Patient Care Technician; (2 each) Transportation, Non-medical community services	17	16.5
Physician (n=28) Specialties (could select all that apply)		
Addiction Medicine	2	7.1
Allergy/Immunology	2	7.1
Cardiology	1	3.6
Critical Care Medicine	1	3.6
Family Practice	4	14.3
Dermatology	2	7.1
Emergency Medicine	4	14.3
General Practice	7	25.0
Geriatrics	1	3.6
Gynecology	1	3.6
Hospitalist	3	10.7
Internal Medicine	4	14.3
Pediatrics	3	10.7
Pulmonology	1	3.6
Psychiatry	1	3.6
Other: Child Psychiatry	1	3.6

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

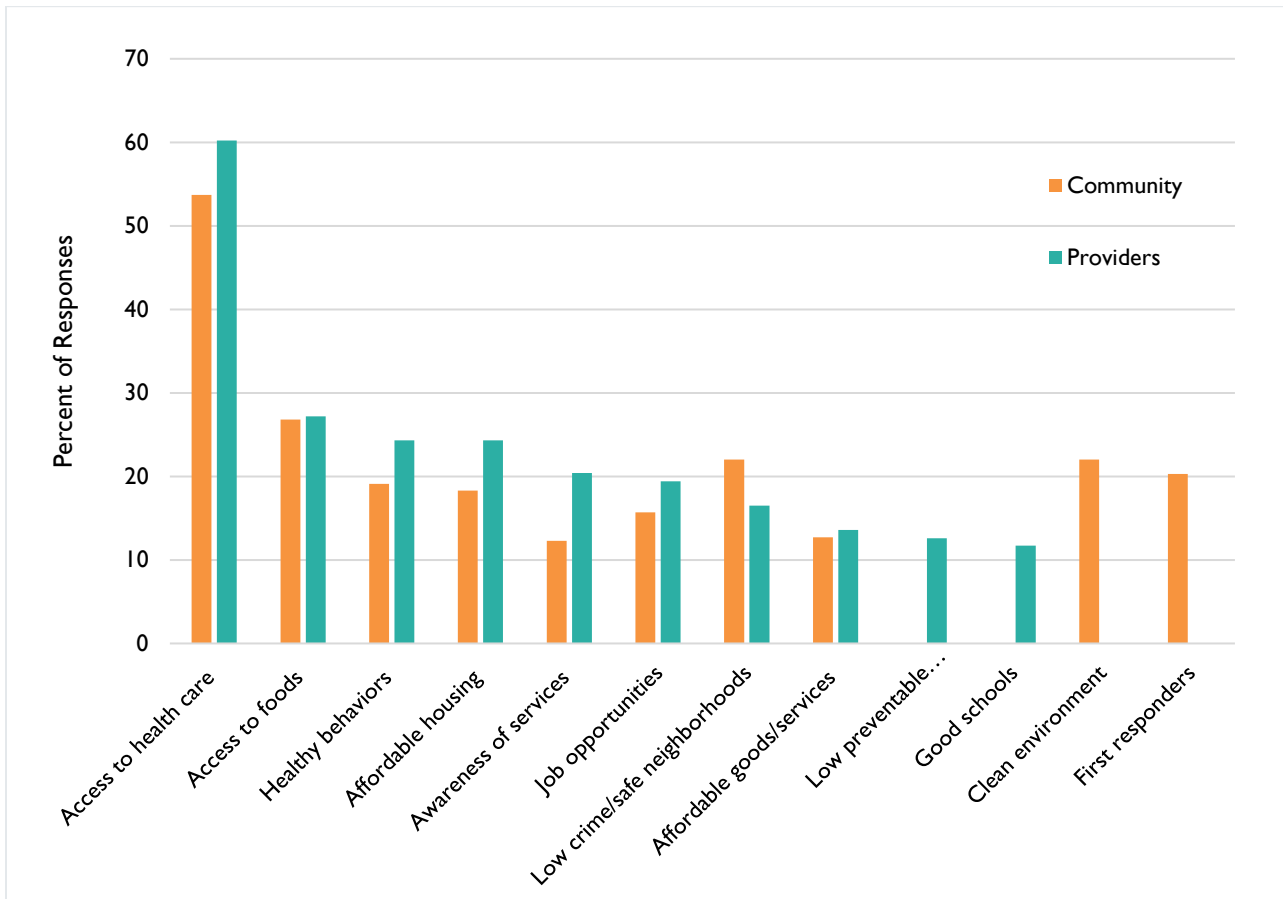
**“Which factors or attributes do you think contribute most to having a healthy community?
Please select three (3) choices.”**

TABLE 42: TOP 10 FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Rank	Factors (Percent)
1	Access to health care including primary and specialty care, dental, and mental health care (60.2)
2	Access to convenient, affordable, and nutritious foods (27.2)
3, 4 (tie)	Residents engaging in healthy behaviors (24.3)
	Affordable housing (24.3)
5	Awareness of health care and social services (20.4)
6	Job opportunities for all education levels (19.4)
7	Low crime/safe neighborhoods (16.5)
8	Affordable goods and services (13.6)
9	Low preventable death and disease rates (12.6)
10	Good schools (11.7)

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 28: COMPARISON OF TOP 10 FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, MARION COUNTY PROVIDERS AND COMMUNITY SURVEY RESPONDENTS, BY PERCENT OF RESPONSES, 2022



Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022 and Marion County Community Health Survey, 2022. Prepared by: WellFlorida Council, 2022.

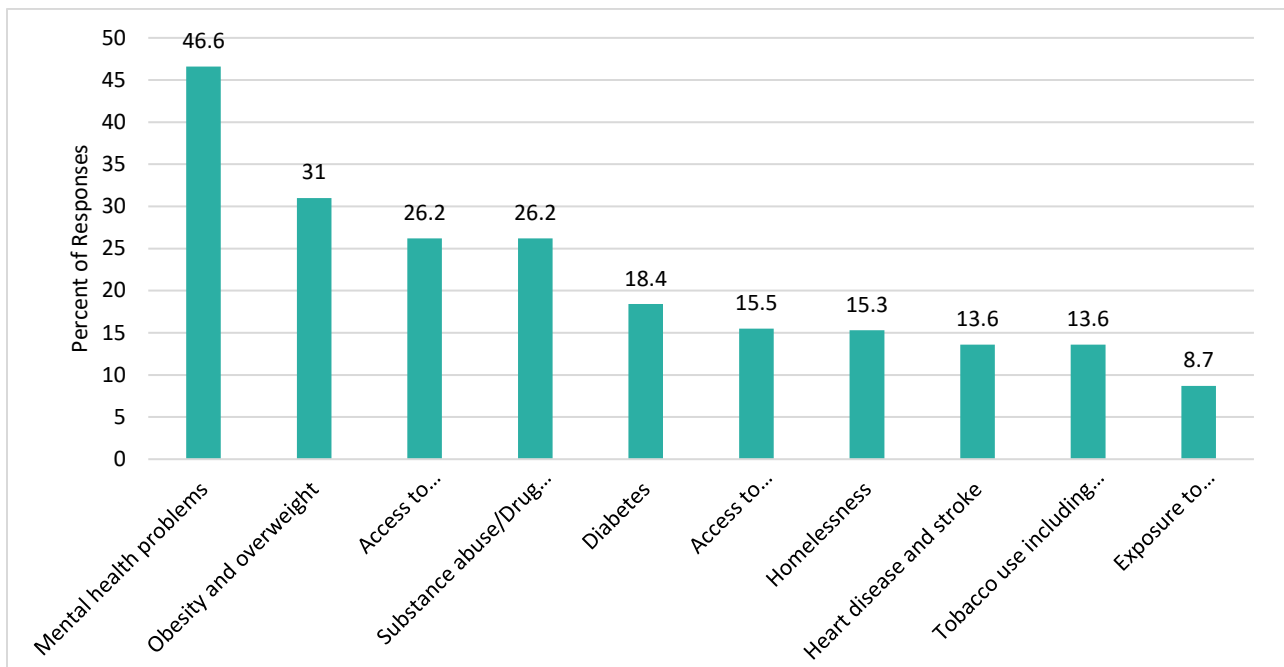
“Which three (3) health issues are the most important to address to improve the health of people in Marion County? Please choose up to three (3).”

TABLE 43: TOP 10 MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED TO IMPROVE HEALTH, RANKED BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL PROVIDERS AND COMMUNITY PARTNERS, 2022

Rank	Health Issue (Percent)
1	Mental health problems (46.6)
2	Obesity and overweight (31.0)
3, 4 tie	Access to primary/family care (26.2)
	Substance abuse/drug abuse (26.2)
5	Diabetes (18.4)
6	Access to sufficient and nutritious foods (15.5)
7	Homelessness (15.3)
8, 9 tie	Heart disease and stroke (13.6)
	Tobacco use including e-cigarettes and smokeless tobacco (13.6)
10	Exposure to excessive and/or negative media and advertising (8.7)

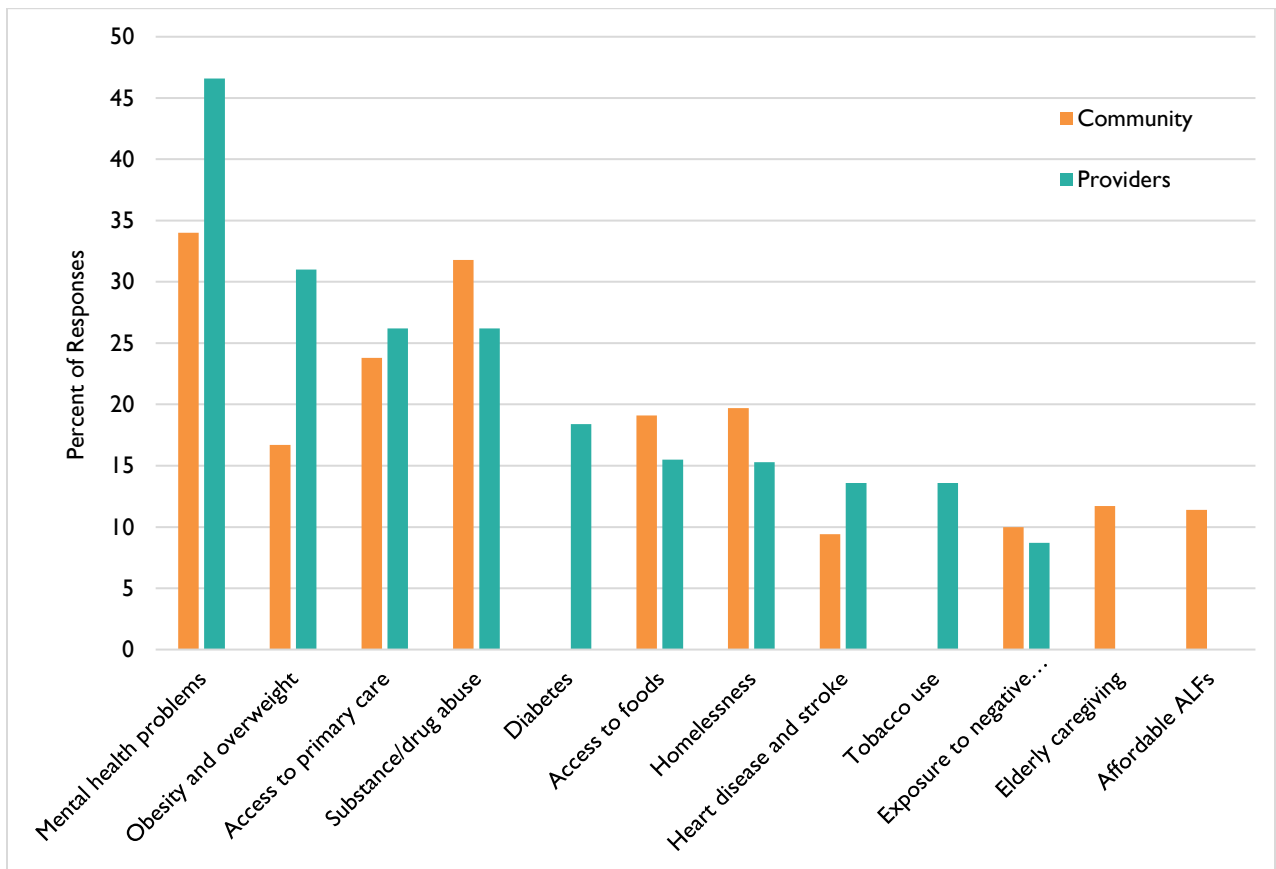
Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 29: TOP 10 MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED TO IMPROVE HEALTH, RANKED BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022



Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 30: COMPARISON OF TOP 10 MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED TO IMPROVE HEALTH, MARION COUNTY HEALTHCARE/SOCIAL PROVIDERS AND COMMUNITY PARTNERS, AND COMMUNITY SURVEY RESPONDENTS, BY PERCENT OF RESPONSES, 2022



Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

“What has the greatest negative impact on the overall health of people in Marion County? Choose three (3).”

TABLE 44: ISSUES OR BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, RANKED BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Rank	Behaviors (Percent)
1	Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) (43.7)
2	Lack of personal responsibility (41.7)
3	Eating unhealthy food/drinking sweetened beverages (40.8)
4	Not using health care services appropriately (25.2)
5	No or insufficient physical activity (21.4)
6	Tobacco use including e-cigarettes, smokeless tobacco (16.5)
7	Lack of stress management (15.5)
8	Loneliness or social isolation (14.6)
9	Violence (10.6)
10	Alcohol abuse (8.7)

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

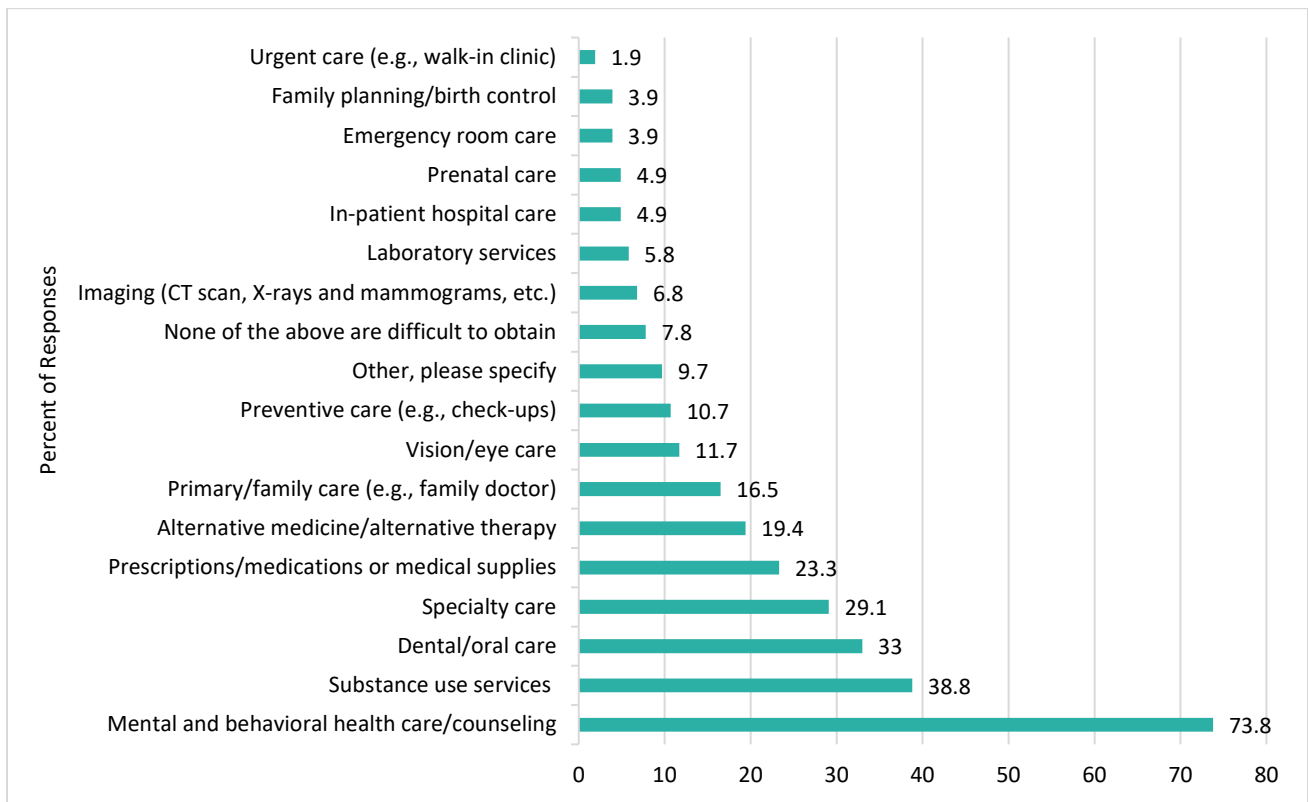
“What healthcare services are difficult to obtain in Marion County? Please select all that apply.”

TABLE 45: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN MARION COUNTY, RANKED BY PERCENT OF RESPONSES, HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Rank	Healthcare Services (Percent)
1	Mental and behavioral health care/counseling services (73.8)
2	Substance use services (e.g., drug, alcohol use counseling) (38.8)
3	Dental/oral health care (33.0)
4	Specialty care (e.g., heart doctor, neurologist) (29.1)
5	Prescriptions/medications or medical supplies (23.3)
6	Alternative medicine/therapy (e.g., acupuncture, naturopathy) (19.4)
7	Primary/family care (e.g., family doctor) (16.5)
8	Vision/eye care (11.7)
9	Preventive care (e.g., check-ups) (10.7)
10	Other (9.7) (4 – affordable care, 1 each – pediatric specialty, adolescent/child behavioral care, indigent care, LGBTQ+ physical and mental health care, physically accessible care)
11	None of the above are difficult to obtain in Marion County (7.8)
12	Imaging (e.g., CT scan, mammograms, MRI, X-ray) (6.8)
13	Laboratory services (5.8)
14, 15 tie	In-patient hospital care (4.9)
	Prenatal care (4.9)
16, 17 tie	Emergency room care (3.9)
	Family planning/birth control (3.9)
18	Urgent care (e.g., walk-in clinic) (1.9)

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

FIGURE 31: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN MARION COUNTY, RANKED BY PERCENT OF RESPONSES, HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022



Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

**“How do you rate the overall accessibility to health care for residents of Marion County?
Please select one (1) choice.”**

TABLE 46: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR RESIDENTS OF MARION COUNTY, BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Rating	Percentage
Poor	5.8
Fair	44.7
Good	42.7
Very Good	6.8

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Overall, how healthy are the people in Marion County? Please select one (1) response.”

TABLE 47: RATING OF HEALTH OF MARION COUNTY RESIDENTS, BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Rating	Percentage
Very unhealthy	0
Unhealthy	37.8
Somewhat healthy	54.4
Healthy	3.9
Very healthy	3.9

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

“For your clients in Marion County with chronic diseases or conditions, what do you feel are the biggest barriers to the client being able to manage his or her own chronic disease or condition? Please select up to two (2) choices.”

TABLE 48: RATING OF BIGGEST BARRIERS TO CLIENTS MANAGING THEIR OWN CHRONIC DISEASE OR CONDITION, BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Barriers	Percentage
Cost	60.2
Lack of coverage by insurance company	39.8
Lack of knowledge	36.9
Self-discipline/motivation	30.1
Lack of access to sufficient time with a healthcare provider	18.4
Other (3: transportation; 2: all of the above; 1 each: siloed care, inconsistent care)	3.5
Inability to use technology effectively	2.0

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

“Have you found that some clients delay getting needed care during the pandemic?” AND “Have you found that some clients delay getting routine care (e.g., screenings, check-ups) during the pandemic?” AND “Have you observed any deleterious impacts or outcomes in patients’ health that can be linked to this delay in care?”

TABLE 49: RATING OF CLIENTS’ PANDEMIC-RELATED DELAYS IN GETTING CARE, BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Rating of Clients’ Pandemic-Related Delays in Care	Percentage
Clients delayed getting needed care during pandemic	
Yes	86.4
No	6.8
Unsure	6.8
Clients delayed getting routine care (e.g., screenings, check-ups) during pandemic	
Yes	91.3
No	3.9
Unsure	4.9
Observed deleterious impacts or outcomes linked to delayed care	
Yes	73.8
No	6.8
Unsure	19.4

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

“In your opinion, what impacts might pandemic-related delayed care have on access to healthcare services? Select all that apply.”

TABLE 50: RANKING OF EFFECTS OF PANDEMIC-RELATED DELAYED CARE ON HEALTHCARE ACCESS, BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Rank	Potential Impacts (Percentage)
1	Longer waits for services and appointments (63.1)
2	Increased use of Emergency Department services (49.5)
3	Increased need for routine and specialty healthcare services (42.7)
4	Significant impact to access (36.9)
5, 6 tie	Higher costs to clients (33.0)
	Increased use of urgent care facilities (33.0)
7	Continued use or expanded use of telemedicine technology (29.1)
8	Higher costs to providers (19.4)
9	Minimal impact to access (6.8)
10, 11 tie	No impact to access (3.9)
	Curtailed use of telemedicine technology (3.9)
12	Decreased need for routine and specialty healthcare services (2.9)
13	Other, please specify (1 each: lack of staff, more demand on non-profits) (1.9)
14	Shorter waits for services and appointments (1.0)

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

“What can leaders in Marion County do to help improve the health of your clients and other in the community? Please check all that apply.”

TABLE 51: WHAT MARION COUNTY LEADERS CAN DO TO HELP IMPROVE THE HEALTH OF CLIENTS AND OTHERS IN THE COMMUNITY, IN RANK ORDER BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Rank	Actions (Percentage)
1	Increase access to mental health services (69.9)
2	Focus on issues of the indigent and uninsured (53.4)
3, 4 tie	Provide education on appropriate use of available services (44.7)
	Increase access to dental services (44.7)
5	Provide education on services available (42.7)
6	Establish community partnerships to address issues collectively (39.8)
7	Increase outreach/health education programs (36.9)
8	Increase access to primary medical services (33.0)
9	Establish more community clinics (30.1)
10	Establish or enhance a community health information exchange (24.3)
11	Initiate efforts to bring more physicians to the community (23.3)
12	Create city/county ordinances to promote community health improvement (20.4)
13	Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure, and confidential environment) (10.7)
14	Other (2: patient education, 1 each: integrated practices, subsidize non-profit community clinics, local govt leaders should follow advice of local medical professionals, create non-profit independent health council, bring in more psychiatrists) (6.8)

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

“How did you hear about this survey? Please select one (1) response.”

TABLE 52: HOW SURVEY RESPONDENTS HEARD ABOUT SURVEY, BY PERCENT OF RESPONSES, MARION COUNTY HEALTHCARE/SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, 2022

Options	Percentage
Other (15: email, 5: WhatsApp, 4: work email, 3: COVID group, 2 each: Medical Society, health dept, committee, employer, email	35.9
Facebook	35.9
Through a family member, friend, or co-worker	21.4
Website, please specify (3: Marion County Medical Society)	2.9
Newspaper advertisement or article	1.9
Poster	1.0

Source: Marion County Healthcare/Social Service Provider and Community Partner Survey, 2022. Prepared by: WellFlorida Council, 2022.

Key Findings From Provider Survey

Survey Demographics

A diverse array of healthcare providers responded to this survey, with physicians and nurses comprising the largest portion of the respondents at 27.2 percent and 21.4 percent, respectively. The majority of providers identified as Non-Hispanic White, and approximately a third reported being in their profession for more than 20 years while only 10.7 percent had been in their profession for less than 5 years.

Health Behaviors and Priorities

Healthcare providers see room for improvement for community health, with only 7.8 percent of respondents ranking community health as “Very healthy” or “Healthy”, but fortunately none of the respondents chose the lowest category of “Very Unhealthy” for the community at large; the majority selected the middle ground of “Somewhat Healthy.” The top ranked factor selected by providers that contributed to community health was by far access to health care, with 60.2 percent identifying access to health care as one of their top three priorities. The next most common choice, access to convenient, affordable, and nutritious food was shared by only 27.2 percent of providers. These were also the top two (2) concerns of the community. Additionally, healthcare providers identified the same top three (3) greatest negative health behaviors in the community: drug abuse, lack of personal responsibility, and eating unhealthy food/drinking sweetened beverages. When identifying the most important health issues in Marion County, providers also agreed with the community in identifying mental health problems as the primary concern, but the second top issue (shared by 31.0 percent of provider respondents) was obesity and overweight, an issue that was not considered as important by the general community. Providers also selected mental and behavioral health services as most difficult to obtain, with the next largest category being that none of the above services are difficult to obtain in Marion County; however, over a quarter did posit that substance use services, dental/oral care, and specialty care services are also difficult to obtain.

Access and Barriers to Care

The top barriers that providers believe prevent clients from managing their own chronic conditions were cost (60.2 percent of respondents), lack of insurance coverage (39.8 percent), lack of knowledge (36.9 percent), and self-

discipline/motivation (30.1 percent). This is reflected in how respondents chose focus on issues of indigent and uninsured populations as the second most popular way that county leaders could help improve the health of the community. The top ranked way that county leaders could help improve the health of the community returned once again to increasing access to mental health services.

COVID-19

The overwhelming majority of providers observed clients delaying needed or routine care during the pandemic, with nearly three-quarters observing deleterious impacts or outcomes linked to delayed care.

FORCES OF CHANGE ASSESSMENT

Methods

One of the three MAPP assessments in the needs assessment process is the Forces of Change Assessment. The Forces of Change Assessment focuses on answering these questions: “What is occurring or what might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”. The Marion County Forces of Change Assessment aimed at identifying forces – such as trends, factors, and events – that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental, technological, or political factors in the region, state, or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On July 11, 2022, the Marion County Community Health Needs Assessment Steering Committee convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so participants would be familiar with Marion County demographics, health conditions and behaviors, healthcare resources, and perspectives of community members and providers. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The *Forces of Change for Marion County* table on the following pages summarizes the forces of change identified for Marion County, as well as possible opportunities and threats associated with these forces that may be considered in any strategic planning process resulting from this MAPP assessment.

Forces Of Change for Marion County - TRENDS

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Aging Community	Increased healthcare needs; reduced workforce; insufficient transportation; insufficient funding, especially for mental health and dementia patients	Volunteerism; mentorship; chronic disease management
	Increasing Population	Shortages in housing, transportation, healthcare, providers, schools, teachers, childcare; increased demand for social services; increased crime, use of natural resources, traffic, strain on infrastructure	Community growth planning; increased tax base; diversification of economy, population, and workforce
	Increase in STDs	Increase in types of STDs, resistant strains; strain on healthcare system, healthcare costs and complications; loss of life	Education, including senior education and decreasing teen pregnancy; increasing services, birth control/contraceptive availability, condom distribution machines; reducing stigma; potential to increase intimate and supportive social relationships
	Increased Need and Awareness of Need for Mental and Behavioral Health Services	Lack of providers, limited funding to hire more; many comorbidities; lack of conversation in families and potential for trauma due to family's response; gaps in services, such as having no residential therapeutic treatment in Marion County for children and no Central Receiving System (CRS); gaps in legislation; jail residents have high rate of mental illness; lack of support, especially in-patient treatment support	Increasing pediatric inpatient and outpatient services; awareness and affordability of services; decreased stigma, especially towards obtaining services; education of mental health and system of care; legislative advocacy; access to dementia-related services; diversity of providers, provider visa program, streamlining of licensing in the United States; community collaboration for continuity

Forces Of Change for Marion County - TRENDS

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
		for individuals upon hospital release directly following Baker Act; escalation of emotions and increased violence when first responders called to scene of mentally ill patient	of care and long-term and stable locations for care; multidisciplinary mental health providers on response teams; advocate for CRS; collaboration with leaders in faith-based communities, including training on mental health first aid and when to refer; mental health and community support for jail residents
Social/ Economic	Decreasing Unemployment	Increased cost of wages and loss of knowledge to employers due to increased competition for hiring and retaining staff, as well as difficulty finding workers; inflation; increased rent/housing costs	Increased wages and insurance availability to employees; increased creativity and creative hiring; increased diversity of types of jobs and services, as well as technology skills of work force; younger demographic and increased revenue and tax base in the community

Source: Prepared by WellFlorida Council, 2022.

Forces Of Change for Marion County - FACTORS

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Population Less College-Educated Compared to State	Lowers median income, decreases business opportunity and influx; less healthy county, less basic health knowledge	Trade and vocational training and workers, creative job opportunities; decrease stigma associated with not being college-educated; scholarships, internships, training programs to facilitate college education and access to state colleges
	Low Appointment and Provider Availability	Hospital readmissions, lack of providers and nursing staff; overtaxing emergency rooms for primary care needs, delay in diagnosis, not receiving preventative care nor follow-up care	Mobile healthcare, telehealth, free-standing clinics; expanding hours
Social/ Economic	High Rates of Children in Poverty	Increased child mortality, abuse, bullying, obesity, dental issues, malnutrition, lifelong complications and diseases, and healthcare and immunization needs; decreased kindergarten readiness and education attainment	Community collaboration, community gardens, sustainable farming, reduced food deserts; early learning, education and resources, vocational programs and training for parents
Environmental	Geographic Size	Transportation challenges, especially for those seeking healthcare; food deserts; elderly isolation; not walkable; hinders dissemination of education and information; lack of Wi-Fi, internet, and cellphone services/connection; those without housing may get lost and into trouble	Parks and recreation, including ecotourism; diverse natural resources and settings; physician home visits, telemedicine, other forms of mobile medicine

Source: Prepared by WellFlorida Council, 2022.

Forces Of Change for Marion County - EVENTS

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Mass Shooting	Lives lost; physical and emotional trauma to victims, families, and first responders	Improve EMS services and response time; improve school readiness and preparedness
	City/County Celebration	Pressure on and demand for law enforcement, city workers, and EMS services; shut down of transportation; violence; disease outbreak	Motivation to youth, community bonding, pride, and recognition; revenue
Social/ Economic	Receiving a Grant for Mental Health	One-time funding, lack of sustainability; applicant competition, restrictions on grant; duplication of services, provider shortage	Increase services, funding, collaboration; improve quality of services
	Turnpike Extension	Increased noise and air pollution; environmental damage and wildlife displacement; threat to rural land and farm-owners	Temporary jobs, increased revenue from tourism, travelers; long-term traffic congestion improvements
Economic	Recession	Decrease in financial resources, unemployment; increase in housing issues, homelessness; food insecurity, strain on food banks, increase in fast food chains; increased crime, child abuse, domestic violence, trauma, drug and alcohol abuse; increased need for free medical services	Outreach, collaboration; going back to basics, creative solutions; community gardens; reduce duplication of services; comprehensive education
Governmental	Elections	Philosophical approaches may restrict health services, social services, and other community-led and locally funded interventions; decrease budget to non-profits, services, Medicaid; divisiveness, lack of community representation; contextual education	Philosophical approaches to health services may increase diversity and creativity in addressing public health issues; educate new leaders

Forces Of Change for Marion County - EVENTS

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Environmental	Weather-Related Emergencies including Tornadoes and Major Hurricanes	Power outages, loss of housing, structural damage, road accessibility and traffic, flooding, loss of freshwater, communication failure; physical and mental trauma	Communicate with homeowner's insurance, housing improvements; community collaboration, preparedness planning and education; assessment of processes, shelter needs and accessibility for long-term care, communication, and alert systems
	Disease Outbreak	Community shutdown, small business closure and strain, unemployment, loss of revenue; supply chain disruption, strain on resources; loss of life, long term health issues, exacerbation of mental health issues, community and family trauma, stigma; increased pressure on healthcare systems; misinformation	Community collaboration; funding; preparedness; increased access to vaccinations; comprehensive education; increase diversity in response strategies

Source: Prepared by WellFlorida Council, 2022.

INTERSECTING THEMES AND KEY CONSIDERATIONS



This section is divided into three parts. First, intersecting themes and key considerations are summarized in order to identify the most important health needs and issues in Marion County. The second section describes the strategic issue areas that were identified as part of the assessment process and includes some key considerations for community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Marion County. Third is a section dedicated to resources from major national databases of community health improvement best practices that will be critical information sources for identifying proven, effective programs and interventions that could be implemented in Marion County.

Intersecting Themes and Key Considerations

The intersecting themes, recurring issues, and major health needs in Marion County as identified through the community health assessment process are listed below. The themes articulated below emerged from the three assessments conducted as part of Marion County's MAPP process. That process included the health status assessment through a comprehensive secondary data review, the community themes and strengths assessment that generated primary data collected from the community at large and healthcare providers to hear their opinions and perspectives on health issues, and a facilitated forces of change discussion with community partners to consider current and future influences on health, the healthcare and public health systems, and quality of life. These intersecting themes were considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including social determinants of health, health status and health behaviors, health resources, and community infrastructure. Many of the key issues emerged as concerns across the intersecting theme areas shown below; however, each issue is only listed once.

Intersecting Themes

- Social Determinants of Health
 - ▶ Poverty, particularly among children
 - ▶ Income disparities by race, gender, geography
 - ▶ Limited employment opportunities
 - ▶ Lower educational achievement
 - ▶ Rising costs of housing and utilities
 - ▶ Food insecurity
 - ▶ Violence and unsafe neighborhoods
- Health Status and Health Behaviors
 - ▶ Rising, persistent and/or higher than state rates of:
 - Heart Disease
 - Cancer
 - Diabetes

-
- Alzheimer’s Disease
 - Chronic Lower Respiratory Disease
 - Mental health problems
 - Unintentional injuries
 - Suicide
 - ▶ Harmful behaviors, such as:
 - Tobacco use
 - Substance abuse
 - Unsafe sex practices
 - Unplanned pregnancies among teens
 - Not getting recommended immunizations
 - ▶ Disparities in health outcomes
 - ▶ Emerging disease threats, both infectious and chronic
 - Healthcare Resources and Use
 - ▶ Healthcare provider shortages including medical and mental health professionals and dentists
 - ▶ Inappropriate and avoidable use of Emergency Departments for routine primary, dental, and mental health care
 - ▶ Growing and urgent need for mental and behavioral health services including services for children
 - ▶ Need for more focus on primary care, prevention, and well care
 - ▶ Inequities in healthcare access
 - ▶ Delayed care because of the pandemic
 - Community Infrastructure and Environmental Factors
 - ▶ Population growth, particularly among older populations
 - ▶ Threats to the environment and natural resources
 - ▶ Increasing frequency and intensity of weather-related emergencies

Strategic Priority Issue Areas

At its August 3, 2022 meeting, Marion County Community Health Needs Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process. Steering Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Marion County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose.

TABLE 53: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, MARION COUNTY, 2022

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul style="list-style-type: none"> • Issue severity • Burden to large or priority populations • Of great community concern • Focus on equity 	<ul style="list-style-type: none"> • Potential effectiveness • Cross cutting or targeted reach • Ability to demonstrate progress 	<ul style="list-style-type: none"> • Community capacity • Political will • Acceptability to the community 	<ul style="list-style-type: none"> • Financial costs • Staffing • Stakeholder support • Time

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved July 27, 2022, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

A facilitated consensus process moved the discussion from creating the list of issues to identifying the common themes. Through the consensus process themes converged into six (6) broad topic areas of access to care, behavioral health, education, safety, aging, and the built environment. After further debate and data review, the Steering Committee arrived at four (4) strategic priority issue areas. The Steering Committee checked for consensus and refined the issue labels to more concisely state the overarching theme of each along with consolidating the potential goal areas that will drive and support future interventions. The priority issue areas below will move forward for consideration in the Community Health Improvement Plan.

Strategic Priority Issue Areas Identified

- Access to Care, addressing:
 - ▶ Primary care
 - ▶ Provider shortages
 - ▶ Barriers to care including financial, physical, cultural, and attitudinal
 - ▶ Health literacy
- Behavioral Health, focusing on:
 - ▶ Mental health services across the lifespan
 - ▶ Substance abuse prevention and treatment
 - ▶ Mental wellness and community-based strategies for prevention
- Wellness and Primary Prevention, with emphasis on:
 - ▶ Community safety and injury prevention
 - ▶ Life skills education
 - ▶ Healthy behaviors and responsible health decision-making
- Healthy Aging, with a focus on:
 - ▶ Supportive care and services for the aging population

-
- ▶ Services for persons with Alzheimer’s Disease and dementia
 - ▶ Housing and temporary sheltering for senior citizens in need

Thoughtful consideration was also given to issues that were ultimately set aside. The Steering Committee decided that transportation, although a persistent problem in Marion County for a multitude of reasons, is being addressed as a countywide infrastructure and resource investment issue by county government. However, strategies to reduce transportation barriers to health care and social services will be considered in the community health improvement action plan. The issue of job opportunities and its relation to lifetime income and security was examined and debated. There was agreement on its importance and the group also agreed that some groups were disproportionately impacted, such as working families with children, single parents, and senior citizens. Weighing the importance of the issue, considering the community groups and agencies already tasked with addressing job and economic opportunities, and balancing feasibility and resources available for implementing new community health improvement plan activities, the Steering Committee tabled jobs and economic opportunities as a strategic priority.

Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors, and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Marion County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

Key Considerations

- Promote a culture of community health as a system of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services, and resources to address behaviors that lead to or exacerbate chronic conditions including mental health problems, substance abuse, and tobacco use
- Enhance or create programs to more effectively and efficiently manage chronic diseases and oral health
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Enhance or create policy, programs, and environmental change to address unintentional injuries and suicide
- Create initiatives to increase the availability of primary, specialty, dental, and mental health professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health, and examine social structures and institutions that contribute to health inequities

RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Resource Databases

Prior to any design or prioritization of interventions to address critical health needs and issues in Marion County, community partners ought to review existing databases of evidence-based and promising practices. These resources have been designed to catalog the best practices for addressing countless key community health issues and are a powerful tool in informing community initiatives. Each of these resources is designed differently, but at the core either provides a comprehensive and regularly updated list of promising and evidence-based practices or have an interface that allows partners to identify best practices based on the issue, type of intervention, or target population. In general, these databases should be consulted before intervention identification or prioritization begins within the community. Presented below are six of the most frequently utilized and widely respected databases of practices for improving community health.

County Health Rankings & Roadmaps – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

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

<https://thecommunityguide.org/>

Healthy People 2030 Evidence-Based Resources – U.S. Department of Health and Human Services

<https://health.gov/healthypeople/tools-action/browse-evidence-based-resources>

Evidence-Based Practices (EBP) Web Guide – Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

<https://www.samhsa.gov/ebp-web-guide>

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

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

Resource and Intervention Quality Assessment

One key feature of each of these resources is to assess the quality of the evidence upon which these practices are deemed best practices. When reviewing practices at these sites, one must keep in mind the following qualifiers for the quality of and the type of evidence upon which the intervention is based:

Case-Control Study: A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.

Cohort Study: A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.

Cross-Sectional or Prevalence Study: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

Effective Practice: A program that has been scientifically evaluated and has quantitative measures of improvement; however, those measures are not statistically significant.

Evidence-Based: The study is of peer-review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as “evidence-based” or as “low”, “moderate,” or “strong” depending on the strength of the statistical significance.

Evidence-Based (Low or Suggestive): While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

Evidence-Based (Moderate): While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.

Evidence-Based (Strong): The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g., medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.

Evidence of Ineffectiveness: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Expert Opinion: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

Individual Study: Scientific evaluation of the efficacy of an intervention in a single study.

Insufficient Evidence: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

Mixed Evidence: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

Nonsystematic Review: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Peer-Reviewed: A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.

Pilot Study: A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.

Practice-based Example: A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.

Promising Practice/Good Idea: The program evaluation is limited to descriptive measures of success.

Randomized Control Trial: A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.

Scientifically Supported: Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Some Evidence: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Systematic Review: A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Systematic Review – Insufficient Evidence: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Systematic Review – Recommended: The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Systematic Review – Recommended Against: The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

Resources for Community-Based Interventions

The following table presents best practices for some of the key health issues and needs in Marion County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Marion County and only need enhancement or support, while others may represent new opportunities. This table

should not be considered a comprehensive presentation of resources or potential interventions but should serve as an introduction to some of the successful practices and models in current use or that have been previously proven.

TABLE 54: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Access to Care	<p>Health insurance enrollment outreach & support Assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs; individuals may be uninsured or need assistance renewing coverage. Such programs can be offered by a variety of organizations, including the federal and state health insurance marketplaces, government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops, etc.) and are often supported through grants from federal agencies or private foundations.</p>	Scientifically Supported	<p>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support</p>
Access to Care for the Homeless	<p>Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review</p>	Systematic Review	<p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/</p>
Chronic Disease – Hypertension	<p>Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients</p>	Evidence-Based (Strong)	<p>https://pubmed.ncbi.nlm.nih.gov/23821088/</p>
Chronic Disease – Diabetes	<p>Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community-based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.</p>	Effective Practice	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841</p>

<p>Chronic Disease – Diabetes</p>	<p>Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism</p> <p>Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.</p>	<p>Evidence-Based (Moderate)</p>	<p>CDC Community Health Improvement Navigator:</p> <p>http://www.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism</p>
<p>Dementia Care, including Alzheimer’s</p>	<p>Healthy Brain Initiative Road Map 2018-2023</p> <p>Charts a course for state and local public health agencies and their partners. The Road Map prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments. Alignment of HBI Road Map actions with Essential Services of Public Health ensures that initiatives to address Alzheimer’s can be incorporated easily and efficiently into existing public health initiatives.</p>	<p>Non-systematic Review</p>	<p>CDC Healthy Brain Initiative</p> <p>https://www.cdc.gov/aging/healthybrain/roadmap.htm</p>
<p>Dementia Care, including Alzheimer’s</p>	<p>Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning</p>	<p>Systematic Review</p>	<p>https://www.ncbi.nlm.nih.gov/books/NBK55462/</p>
<p>Dementia Care, including Alzheimer’s</p>	<p>Public Health Approach to Alzheimer’s – How does public health address Alzheimer’s?</p> <p>Taking a life-course perspective for people who may eventually develop dementia or who are living with dementia, there are three major opportunities for public health intervention: Risk Reduction, Early Detection, and Safety and Quality of Care. Employing these opportunities, public health can intervene to lessen the burden of Alzheimer’s, just as public health has helped reduce the burden of heart disease, HIV/AIDS, and cancer.</p>	<p>Non-systematic Review</p>	<p>Alzheimer’s Association</p> <p>https://www.alz.org/professionals/public-health/public-health-approach</p>
<p>Dementia Care,</p>	<p>Process Evaluation of the NYU Caregiver Intervention-Adult Child</p>	<p>Evidence-Based</p>	<p>https://academic.oup.com/gerontologist/article/58/2/e107</p>

<p>including Alzheimer's</p>	<p>A noted limitation of dementia caregiver intervention research is a lack of focus on the mechanisms of successful programs. The purpose of this study was to conduct a process evaluation of the New York University Caregiver Intervention-Adult Child (NYUCI-AC) to describe its delivery and determine which of its components were associated with key outcomes (caregiver stress and well-being; care recipient residential care admission).</p>		<p>/3798179?login=false</p>
<p>Dental Health</p>	<p>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</p> <p>The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).</p>	<p>Evidence-Based</p>	<p>The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html</p>
<p>Dental Health</p>	<p>Preventing Dental Caries: Community Water Fluoridation</p> <p>The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.</p>	<p>Systematic Review</p>	<p>The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html</p>
<p>Housing</p>	<p>Medicaid Accountable Care Organizations: A Case Study with Hennepin Health</p> <p>As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated medical and social services to low-income Medicaid patients.</p>	<p>Case Study</p>	<p>https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf</p>
<p>Housing</p>	<p>Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project</p> <p>This pilot project, developed jointly by the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, was designed for disabled prisoners returning from</p>	<p>Experimental Study</p>	<p>https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-</p>

	<p>state prison to five Ohio cities. A process, impact, and cost evaluation employing a quasi-experimental design with multiple data sources found that RHO participants were significantly less likely to be rearrested or reincarcerated within one year of release and significantly more likely to be delivered substance abuse and mental health services, relative to a comparison group.</p>		<p>home-ohio-pilot-project</p>
<p>Infant Mortality and Maternal Child Health</p>	<p>Nurse-Family Partnership – Providing babies with the best start in life</p> <p>Partners mothers with registered nurses from pregnancy through a child's second birthday, allowing nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed—for the better.</p>	<p>Evidence-based</p>	<p>www.kingcounty.gov/nfp</p>
<p>Infant Mortality and Maternal Child Health</p>	<p>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.</p>	<p>Systematic Review</p>	<p>Cochrane Library of Systematic Reviews:</p> <p>https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</p>
<p>Mental Health</p>	<p>Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as</p>	<p>Systematic Review</p>	<p>Healthy People 2020:</p> <p>https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-</p>

	electronic medical records, telephone contact, and provider reminder mechanisms.		collaborative-care-management-depressive-disorders
Mental Health	<p>Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management</p> <p>Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.</p>	Systematic Review	<p>Healthy People 2020:</p> <p>https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home</p>
Mental Health	<p>School-Based Programs to Reduce Violence</p> <p>Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or teamwork. In this review, violence refers to both victimization and perpetration.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/violence-school-based-programs</p>
Nutrition	<p>Mind, Exercise, Nutrition...Do it! (MEND) Program</p> <p>The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.</p>	Evidence-Based	<p>SNAP-Ed Toolkit</p> <p>https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/</p>
Nutrition	<p>Video Game Play</p> <p>This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?contro</p>

	effects such as obesity and cardiovascular diseases among youth aged 10-12.		http://www.promisepractice.com/index.php?option=com_content&view=article&id=3826
Nutrition/ Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf
Nutrition/ Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	Evidence-Based (Moderate)	https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/
Nutrition	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-</p>	Evidence-Based	https://pubmed.ncbi.nlm.nih.gov/17495210/

	demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	<p>Text4Diet: A Text Message-based Intervention for Weight Loss</p> <p>Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity, and sedentary behaviors with the goal of promoting and sustaining weight loss.</p>	Evidence-Based	https://cdc.thehcn.net/promiseppractice/index/view?pid=3490
Obesity	<p>Health Education to Reduce Obesity (HERO)</p> <p>The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.</p>	Promising Practice/ Good Idea	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003</p>
Obesity	<p>Healthy Eating Lifestyle Program (HELP)</p> <p>Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542</p>
Obesity	<p>Pounds Off Digitally (POD)</p> <p>Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) and has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks,</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module</p>

	overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.		=PromisePractice&action=view&pid=3209
Obesity	<p>Obesity Prevention and Control: Worksite Programs</p> <p>Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.</p>	Systematic Review	<p>The Community Guide:</p> <p>http://www.thecommunityguide.org/obesity/workprograms.html</p>
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time</p> <p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among</p>
Physical Activity	<p>Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design</p> <p>Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed</p>	Systematic Review	<p>Healthy People 2020:</p> <p>https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches</p>

	to enhance opportunities for active transportation, leisure-time physical activity, or both.		
Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities 	Systematic Review	<p>The Community Guide:</p> <p>http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</p>
Poverty	<p>Policies to Address Poverty in America</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Evidence-Based	<p>The Hamilton Project:</p> <p>http://www.hamiltonproject.org/papers/filter/economic_security_poverty/polic</p>

			y_proposals/all_years
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:</p> <p>http://evidencebasedprograms.org/about/employment-and-welfare</p>
Poverty	<p>What works? Proven approaches to alleviating poverty</p> <p>The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.</p>	Evidence-Based	<p>University of Toronto, School of Public Policy & Governance:</p> <p>https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf</p>
Risky Health Behaviors	<p>Community Health Educator Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status</p> <p>Helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator:</p> <p>http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status</p>
Rural Health	<p>What Works? Strategies to Improve Rural Health</p> <p>This report outlines key steps toward building healthy communities along with some specific policies and programs that can improve health in rural areas.</p>	Non-systematic Review	https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health
Substance Abuse	<p>Principles of Drug Addiction Treatment: A Research-Based Guide</p> <p>This section provides examples of treatment approaches and components that have an evidence</p>	Evidence-Based	<p>National Institute of Health:</p> <p>https://www.drugabuse.gov/publicatio</p>

	<p>base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.</p>		<p>ns/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies</p>
<p>Substance Abuse</p>	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients’ drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.</p>	<p>Systematic Review</p>	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p>
<p>Substance Abuse</p>	<p>Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide</p> <p>Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family, and society.</p>	<p>Evidence-Based</p>	<p>National Institutes of Health, National Institute on Drug Abuse:</p> <p>https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders</p>
<p>Tobacco Use</p>	<p>Cell Phone-based Tobacco Cessation Interventions</p>	<p>Evidence-Based</p>	<p>University of Wisconsin Population Health</p>

	<p>Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.</p>		<p>Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions</p>
<p>Tobacco Use</p>	<p>Mass Media Campaigns Against Tobacco Use</p> <p>Media campaigns use television, print, digital, social media, radio broadcasts, or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco.</p>	<p>Evidence-Based</p>	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use</p>

APPENDIX A – STEERING COMMITTEE MEMBERS

- Craig Ackerman, Florida Department of Health in Marion County
- Thomas Agrusti, AdventHealth
- Rob Balmes, Ocala/Marion County Transportation Planning Organization
- Jesse Blair, Ocala Fire Rescue
- Lisa Bonitatis, Florida Department of Health in Marion County
- Ann Burnett, FreeD.O.M. Clinic USA
- Gregory Cain, AdventHealth Ocala
- Sarah Catalanotto, Suwannee River Area Health Education Center (AHEC)
- Kelly Conklin, Florida Department of Health in Marion County
- Monica DaSilva, Florida Department of Health in Marion County
- Greg Davis, Marion County Public Schools
- Sherry Duncan, Florida Department of Health in Marion County
- Laura Eatmon, AdventHealth Ocala
- Ashley Gerds, Community Foundation Ocala/Marion County
- Neelie Harmon, AdventHealth Ocala
- Michael Harris, Marion County Hospital District
- Kristy Hodson, AdventHealth Ocala
- Chad Houchin, AdventHealth Ocala
- Lynn Irish, Salvation Army
- Cassandra Jackson, Marion Senior Services
- Mary Anne Jackson, Florida Department of Health in Marion County
- Christy Jergens, Florida Department of Health in Marion County
- Erin Jones, Ocala / Marion County Chamber & Economic Partnership
- Angela Juaristic, Ocala Housing Authority
- David Kuhn, MD, Trinity Clinic
- Sarah Lambert, Marion County Parks and Recreation
- Mark Lander, Florida Department of Health in Marion County
- Robin Lanier, The Centers/SMA Healthcare Ocala
- Jessica Majoros, Marion County Parks and Recreation
- Cheryl Martin, Marion County Community Services
- Jennifer Martinez, Marion Senior Services
- Beth McCall, Marion County Children's Alliance
- Natalie McComb, AdventHealth Ocala
- Rod McGinnes, College of Central Florida Emergency Medical Services (EMS)
- Bradley McLarty, AdventHealth Ocala
- Randy Ming, Florida Department of Health in Marion County
- Andrew Montick, WellFlorida Council
- Beth Nelson, United Way of Marion County
- Violeta O'Connor, Florida Department of Health in Marion County
- Julie Paradiso, AdventHealth Ocala
- Erin Peterson, Healthy Start of North Central Florida
- John Podkamorski, National Alliance on Mental Illness (NAMI) Marion
- Trish Price, AdventHealth Ocala

-
- Brenda Rabadan, Marion County Hospital District
 - Caron Reid, Community Partnership School
 - Chip Rich, Marion County Community Services
 - Frances Santiago, Langley Health Services
 - Tracey Sapp, Florida Department of Health in Marion County
 - Andrea Simmons, Marion County Public Schools
 - Clint Smith, Marion County Sheriff's Office
 - Jonathan Spenn, DMD, Florida Department of Health in Marion County
 - Kenetta Sutton-Wilson, Suwannee River Area Health Education Center (AHEC)
 - William Thompson, Florida Department of Health in Marion County
 - Loretha Tolbert-Rich, Marion County resident
 - Michael Torres, MD, AdventHealth Ocala
 - Helen Urie, Marion County Community Services
 - Shelly Vickers, Healthy Start of North Central Florida
 - Maclyn Walker, Heart of Florida Health Center
 - Kimberly Williams, AdventHealth
 - Amy Wise, AdventHealth Care360
 - Alicia Wood, University of Florida (UF) Health
 - Heather Wyman, Heart of Florida Health Center

APPENDIX B – COMMUNITY HEALTH SURVEY

English ▼

Introduction



Dear Neighbor,

What are the most important health and healthcare issues in your community? The Florida Department of Health in Marion County and AdventHealth invite you to answer this community health needs assessment survey. The survey will be available from May 2 – June 10, 2022. Community leaders will use your answers to inform action towards promoting a healthier community.

To be eligible to take the survey you must be at least 18 years old and a Marion County resident. This survey has 37 core questions with some additional items depending on your answers and 12 demographic items. It should take about 10-15 minutes to finish the survey. Please note that the survey contains some questions about personal health behaviors. This survey is anonymous and your answers cannot be used to identify you.

If you have questions about this survey or the community health assessment process, you can contact Kimberly Williams, Community Benefit Director, AdventHealth by phone at 813 803 4028 or via email at Kimberly.R.Williams@AdventHealth.com or Craig Ackerman, Operations Director, Florida Department of Health in Marion County by phone at 352 644 2588 or via email at Craig.Ackerman@flhealth.gov. The survey begins on the next page. Thank you for sharing your views about health with us.

Eligibility 2

What is your age?

- under 18 years of age.
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

Eligibility

What is the zip code where you live in Marion County?

- | | | |
|-----------------------------|-----------------------------|---|
| <input type="radio"/> 32113 | <input type="radio"/> 32686 | <input type="radio"/> 34475 |
| <input type="radio"/> 32133 | <input type="radio"/> 34420 | <input type="radio"/> 34476 |
| <input type="radio"/> 32162 | <input type="radio"/> 34431 | <input type="radio"/> 34479 |
| <input type="radio"/> 32134 | <input type="radio"/> 34432 | <input type="radio"/> 34480 |
| <input type="radio"/> 32179 | <input type="radio"/> 34470 | <input type="radio"/> 34481 |
| <input type="radio"/> 32195 | <input type="radio"/> 34471 | <input type="radio"/> 34482 |
| <input type="radio"/> 32617 | <input type="radio"/> 34472 | <input type="radio"/> 34488 |
| <input type="radio"/> 32664 | <input type="radio"/> 34473 | <input type="radio"/> 34491 |
| <input type="radio"/> 32667 | <input type="radio"/> 34474 | <input type="radio"/> I do not live in Marion County. |
| <input type="radio"/> 32681 | | |

Community Health Issues

Which factors or attributes do you think contribute **most** to having a healthy community? Please choose **THREE (3)**.

- | | |
|---|---|
| <input type="checkbox"/> Practice of religious or spiritual values | <input type="checkbox"/> Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low rates of infant and child deaths |

- | | |
|--|---|
| <input type="checkbox"/> Job opportunities for all levels of education | <input type="checkbox"/> Residents engaging in healthy behaviors |
| <input type="checkbox"/> Public transportation system | <input type="checkbox"/> Choices of places of worship |
| <input type="checkbox"/> Strong economy | <input type="checkbox"/> Good place to raise children |
| <input type="checkbox"/> Low preventable death and disease rates | <input type="checkbox"/> Low crime/ safe neighborhoods |
| <input type="checkbox"/> Availability of parks and recreational opportunities | <input type="checkbox"/> Clean environment (for example, water and air) |
| <input type="checkbox"/> Low level of domestic violence | <input type="checkbox"/> Low level of child abuse |
| <input type="checkbox"/> Affordable goods and services | <input type="checkbox"/> Access to convenient, affordable and nutritious foods |
| <input type="checkbox"/> Availability of arts and cultural events | <input type="checkbox"/> Affordable utilities |
| Good race/ethnic relations | Access to affordable health care including primary/family care and specialty care, dental care and mental health care |
| <input type="checkbox"/> | <input type="checkbox"/> Strong family ties |
| <input type="checkbox"/> Good schools | Other, please tell us |
| <input type="checkbox"/> Awareness of health care and social services | <input type="checkbox"/> <input style="width: 200px; height: 20px;" type="text"/> |

What has the **greatest negative** impact on the health of people in Marion County? Choose **THREE (3)**.

- | | |
|---|---|
| <input type="checkbox"/> Tobacco use, vaping, chewing tobacco | <input type="checkbox"/> Unsecured firearms |
| <input type="checkbox"/> Loneliness or isolation | <input type="checkbox"/> Starting prenatal care late in pregnancy |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Not using health care services appropriately |
| <input type="checkbox"/> Lack of stress management | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Distracted driving (such as texting while driving) | <input type="checkbox"/> Dropping out of school |
| <input type="checkbox"/> Lack of personal responsibility | <input type="checkbox"/> Not getting immunizations to prevent disease (e.g., flu shots) |
| <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Lack of physical activity |
| <input type="checkbox"/> Not using birth control | <input type="checkbox"/> Not using seat belts/child safety seats |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Eating unhealthy foods, drinking sugar-sweetened beverages |
| <input type="checkbox"/> | <input type="checkbox"/> Poor race/ethnic relations |

Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)

Unsafe sex

Other, please tell us

Which **THREE (3)** health issues are the **most important** to address to improve the health of people in Marion County? Please choose up to **THREE (3)**.

- | | |
|---|---|
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Age-related issues (e.g., arthritis, hearing loss) |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Elderly caregiving |
| <input type="checkbox"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Substance abuse/drug abuse | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) | <input type="checkbox"/> Affordable assisted living facilities |
| <input type="checkbox"/> Exposure to excessive and/or negative media and advertising | <input type="checkbox"/> Access to long-term care |
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Pollution (e.g., water, air, soil quality) | <input type="checkbox"/> Disability |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Tobacco use (includes e-cigarettes, smokeless tobacco use) | <input type="checkbox"/> Other, please tell us
<input type="text"/> |
| <input type="checkbox"/> Access to primary/family care | |

Overall, how **healthy** are the people in Marion County?

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy
- Not sure

Access to Healthcare Services

Which **healthcare services are difficult for you to obtain** in Marion County? Choose **ALL** that apply.

- | | |
|--|--|
| <input type="checkbox"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="checkbox"/> Dental/oral care |
| <input type="checkbox"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.) | <input type="checkbox"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) |
| <input type="checkbox"/> Vision/eye care | <input type="checkbox"/> Primary/family care (e.g., family doctor) |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Prenatal care (pregnancy care) |
| <input type="checkbox"/> Mental/behavioral health care | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> Preventive care (e.g., check-ups) | <input type="checkbox"/> In-patient hospital care |
| <input type="checkbox"/> Physical therapy/rehabilitation therapy | <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) |
| <input type="checkbox"/> Urgent care (e.g., walk-in clinic) | <input type="checkbox"/> Other, please tell us |
| <input type="checkbox"/> | <input type="checkbox"/> <input style="width: 150px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Prescriptions, medications or medical supplies | <input type="checkbox"/> None of the above are difficult to obtain in Marion County |
| <input type="checkbox"/> Emergency room care | |

During the past 12 months was there a time when you needed to see a **primary care/family care doctor** for health care but couldn't?

- Yes
- No. I got the health care I needed or didn't need care.

What were the reasons you could not get the **primary/family care** you needed during the past 12 months. Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No primary care providers (doctors, nurses) available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- Other, please tell us

During the past 12 months, was there a time you needed **dental care**, including check-ups, but didn't get it?

- Yes
- No. I got the dental care I needed or I didn't need dental care.

What were the reasons you could not get the **dental care** you needed during the past 12 months? Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.
- Other, please tell us

During the past 12 months, was there a time when you needed to see a **therapist or counselor for a mental health or substance use** issue, but didn't?

- Yes
- No. I did not need to see a therapist or counselor for a mental health or substance use issue or I got the care I needed.

What prevented you from seeing a **therapist or counselor for a mental health or substance use** issue during the past 12 months? Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No mental health care providers or no substance use therapists or counselors available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.
- Other, please tell us

In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health? Please choose only ONE (1) answer.

- One (1) time
- Two (2) times
- Three to four (3-4) times
- Five to nine (5-9) times
- Ten (10) or more times
- I have not gone to a hospital ER about my own health in the past 12 months

What is (are) the main reason(s) you used the hospital emergency room (ER) instead of going to a doctor's office or clinic? Please choose ALL that apply.

- Needed care after hours and/or on the weekend
- Long waits for an appointment with my regular doctor or healthcare provider
- Emergency or life-threatening situation
- Don't have a regular doctor or healthcare provider
- Cost
- Don't have insurance
- Other, please tell us

Are you responsible for getting health, dental and/or mental health or substance use care for an adult in your care?

- Yes
- No

During the past 12 months was there a time when an adult in your care needed to see a **primary care/family care doctor** for health care but couldn't?

- Yes
- No. The adult in my care got the care they needed or didn't need care

What were the reasons the adult in your care could not get the **primary/family care** they needed during the past 12 months? Choose ALL that apply.

- Cost

-
- No appointments available or long waits for appointments
 - No primary care providers (doctors, nurses) available
 - Service not covered by insurance or has no insurance
 - Transportation, couldn't get there
 - Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)
 - Other, please tell us

During the past 12 months, was there a time the adult in your care needed **dental care**, including check-ups, but didn't get it?

- Yes
- No. The adult in my care got the dental care they needed or didn't need dental care.

What were the reasons the adult in your care could not get the **dental care** they needed during the past 12 months? Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Service not covered by insurance or has no insurance
- Transportation, couldn't get there
- Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)
- Other, please tell us

During the past 12 months, was there a time when the adult in your care needed to see a **therapist or counselor for a mental health or substance use** issue, but didn't?

- Yes

-
- No. The adult in my care did not need to see a therapist or counselor for a mental health or substance use issue or they got the care they needed.

What were the reasons the adult in your care could not see a **therapist or counselor for a mental health or substance use issue** during the past 12 months? Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No mental health care providers or no substance use therapists or counselors available
- Service not covered by insurance or has no insurance
- Transportation, couldn't get there
- Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)
- Other, please tell us

Child Health

Are you responsible for getting health, dental and/or mental or behavioral health care for a child or children under the age of 18?

- Yes
- No

During the past 12 months was there a time when a child or children in your care needed to see a **primary care/family care doctor** for health care but couldn't?

- Yes
- No. The child or children in my care got the care they needed or didn't need care

What were the reasons the child or children in your care could not get the **primary/family care** they needed during the past 12 months? Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No primary care providers (doctors, nurses) available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)
- Other, please tell us

During the past 12 months, was there a time a child or children in your care needed **dental care**, including check-ups, but didn't get it?

- Yes
- No. The child or children in my care got the dental care they needed or didn't need dental care.

What were the reasons the child or children in your care could not get the **dental care** they needed during the past 12 months? Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)
- Other, please tell us

During the past 12 months, was there a time when a child or children in your care needed to see a **therapist or counselor for a mental or behavioral health** issue, but didn't?

- Yes
- No. The child or children in my care did not need to see a therapist or counselor for a mental or behavioral health issue or they got the care they needed.

What were the reasons a child or children in your care could not see a **therapist or counselor for a mental or behavioral health** issue during the past 12 months? Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No mental health care providers or no substance use therapists or counselors available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Issue related to my work/job (e.g., work schedule conflict, no paid leave, denied time off)
- Other, please tell us

What do you think are the **most important health concerns of children** in Marion County? From the list of topics below, please choose up to **THREE (3)**.

- | | |
|---|---|
| <input type="checkbox"/> Special needs (for example, physical, behavioral, developmental, emotional) | <input type="checkbox"/> Sexual identity |
| <input type="checkbox"/> Vision problems (eye health) | <input type="checkbox"/> Immunizations (for example, common childhood vaccines) |
| <input type="checkbox"/> Respiratory or breathing issues other than asthma (for example, cystic fibrosis) | <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nutrition, healthy eating |
| <input type="checkbox"/> Dental or oral health | <input type="checkbox"/> Mental or behavioral health |
| <input type="checkbox"/> Infectious Diseases including COVID-19 | <input type="checkbox"/> Safe sex practices and teen pregnancy prevention |

- Injuries
- Physical activity
- Alcohol or substance use
- Tobacco and/or nicotine (for example, use of cigarettes, cigars, cigarillos, e-cigarettes (vaping), snuff, chew)
- Healthy pregnancy and childbirth outcomes (this choice does not relate to teen pregnancy)
- Self-harm and suicide prevention
- Medically complex conditions (conditions with one or more severe chronic diagnoses)
- Obesity
- Diabetes
- Other, please tell us

From the list below, please select the **most important concerns that affect child health and well-being** in Marion County. Please choose up to **THREE (3)**.

- Safe neighborhoods and places for children to play
- Domestic violence, child abuse, and/or child neglect
- Housing
- Social media
- Crime and community violence
- Hunger or access to healthy food
- Access to and/or affordable childcare
- Access to benefits (for example, Medicaid, WIC, SNAP/food stamps)
- Language barriers
- Traffic safety
- Educational needs
- Family member's alcohol or substance use
- Transportation challenges
- Lack of employment opportunities
- Human trafficking
- Bullying and other stressors in school
- Parenting education (for example, parenting skills for child development)
- Legal problems
- Other, please tell us

Pandemic

How has the **Coronavirus (COVID-19) pandemic** impacted **your household**? Please select one (1) response for each area listed.

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Child care (ability to get care for child/children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment (ability to keep job, have steady income)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food (have enough food to feed you and your family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing (ability to find housing, pay rent or mortgage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schooling, education (ability to complete school-related assignments and programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation (ability to use public transportation, shared ride services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities (ability to get and pay for electricity, gas, water, Internet services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has the **Coronavirus (COVID-19) pandemic** impacted **your health-related activities**? Please select one (1) response for each activity listed.

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to me
Physical activity, exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition, eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine or needed health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine or needed dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to me
Getting routine or needed mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you or member of your household **delay getting healthcare services** because of the pandemic?

- Yes
- No
- I don't know, not sure

Social Environment

Please tell us if you agree or disagree with each of the statements below about **your local community**.

	Agree	Disagree	Not Sure
Illegal drug use and/or prescription medicine abuse is/are a problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no problem getting the healthcare services I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have great parks and recreation facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation is easy to get to if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of jobs available to those who want them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime is a problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air pollution is a problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Agree	Disagree	Not Sure
I feel safe in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are affordable places to live in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of health care is good in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good sidewalks for walking safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to get healthy food easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below are some statements about your **connections with the people in your life**. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
I am happy with my friendships and relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough people I can ask for help at any time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationships and friendships are as satisfying as I would want them to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your day-to-day life, how often have any of the following **happened to you?**

	At least once a week	A few times a month	A few times a year	Never	Prefer not to answer
You are treated with less courtesy or respect than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You receive poorer service than other people at restaurants or stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	At least once a week	A few times a month	A few times a year	Never	Prefer not to answer
People act as if they think you are not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they are afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are threatened or harassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People criticize your accent or the way you speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking of the experiences mentioned in the previous question, what do you think is (are) the **main reason(s) this happened?** Please choose **ALL** that apply.

- | | |
|---|--|
| <input type="checkbox"/> Your race | <input type="checkbox"/> Your age |
| <input type="checkbox"/> Your weight | <input type="checkbox"/> Your religion |
| <input type="checkbox"/> Your ancestry or national origin | <input type="checkbox"/> A physical disability |
| <input type="checkbox"/> Your gender | <input type="checkbox"/> Some other aspect of your physical appearance |
| <input type="checkbox"/> Your height | <input type="checkbox"/> Your sexual orientation |
| <input type="checkbox"/> Your education or income level | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to answer | |

In the past 12 months, did you or someone living in your home ever get **emergency food** from a church, food pantry or foodbank, or eat in a soup kitchen?

- Yes
 No
 Prefer not to answer

Please indicate how true the following statement is: In the past 12 months I worried about whether our **food would run out** before we got money to buy more. Please choose **ONE** (1) answer.

-
- Often true
 - Sometimes true
 - Never true
 - Prefer not to answer

Please indicate how true the following statement is: In the past 12 months the **food that we bought just did not last** and we did not have money to get more.. Please choose **ONE** (1) answer.

- Often true
- Sometimes true
- Never true
- Prefer not to answer

Has there been any time in the past two (2) years when you were **living on the street, in a car, or in a temporary shelter**?

- Yes
- No
- Prefer not to answer

Are you worried or concerned that in the next two (2) months you may not have **stable housing** that you own, rent or where you can stay?

- Yes, I am worried or concerned
- No, I am not worried or concerned
- Prefer not to answer

In past 12 months, has your utility company **shut off your service** for not paying your bills?

- Yes

-
- No
 - Prefer not to answer

Personal Health and Behaviors

How do you rate your **health**?

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy
- Not sure

How would you rate your **overall mental health** (including, for example, stress, depression, problems with emotions)? Please choose only **ONE** (1) answer.

- Excellent
- Very good
- Good
- Fair
- Poor
- Not sure

Have you ever been told by a doctor or other healthcare provider that you had any of the following **health issues**. Please choose **ALL** that apply.

- Cancer
- Diabetes or high blood sugar
- High blood pressure or hypertension
- Heart disease
- Depression or anxiety
- Obesity

-
- Stroke
 - Chronic Obstructive Pulmonary Disease (COPD)
 - HIV/AIDS
 - None of these
 - Prefer not to answer

How often do you use any of these products: chewing tobacco, snuff, snus, dip, cigarettes, cigars, cigarillos (little cigars)? Please choose only **ONE** (1) answer.

- I do not use these products
- Once a day
- On some days
- More than once a day
- Prefer not to answer

How often do you use any of these electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, vape pens? Please choose only **ONE** (1) answer.

- I do not use these products
- Once a day
- On some days
- More than once a day
- Prefer not to answer

Do you eat at least five (5) servings of fruit or vegetables every day?

- Yes
- No
- Prefer not to answer

How many times a week do you usually do 30 minutes or more of moderate intensity **physical activity or walking** that increases your heart rate or makes you breathe harder than normal?

- 5 or more times a week
- 3 to 4 times a week
- 1 to 2 times a week
- None
- Prefer not to answer

Over the past 12 months, how often have you had thoughts that you would be better off dead or thoughts of hurting yourself in some way? Please choose **ONE** (1) answer.

If you would like help or would like to talk about these issues, please call the National Suicide Prevention Hotline at 1-800-273-8255

- Never
- Several times
- On more than half the days in a year
- Nearly every day
- Prefer not to answer

This question is about **Adverse Childhood Experiences (ACEs)** that may have happened during your childhood. This information will allow us to better understand how experiences that occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer, you may skip this section.

Please think back to the time **before** you were 18 years of age. From the list of events below, please check the **events you experienced before the age of 18**. Please choose **ALL** that apply.

-
- Adult or anyone at least 5 years older forced you to have sex
 - Adult or anyone at least 5 years older made you touch them sexually
 - Parents were separated or divorced
 - Parent or adult verbally harmed you (for example, swore at, insulted, or put down)
 - Lived with anyone who served time or was sentenced to serve time in prison, jail or other correctional facility
 - Parent or adult physically harmed you (for example, a slap, hit, or kick)
 - Parents or adults experienced physical harm (for example, a slap, hit, or kick)
 - Lived with anyone who used illegal drugs or who abused prescription medications
 - Lived with anyone who was depressed, mentally ill, or suicidal
 - Adult or anyone at least 5 years older touched you sexually
 - Lived with anyone who was a problem drinker or alcoholic
 - None of the above
 - Prefer not to answer

Demographics

Please describe yourself by answering the following questions. This information is confidential and will not be shared. You will not be identified by answering these questions.

Are you of **Hispanic or Latinx origin**? Choose ONE.

- No, not of Hispanic or Latinx origin
- Yes, of Hispanic or Latinx origin
- Prefer not to answer

What **racial group** do you most identify with? Choose ONE.

- American Indian and Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- Two or more races

-
- White
 - I prefer not to answer
 - Other, please tell us

What is your **gender identity**?

- Man
- Woman
- Non-binary
- Identify in another way (please describe)
- Prefer not to answer

Do you identify as **LGBTQ+**? (Lesbian, gay, bisexual, transgender, queer (or questioning) and others)

- Yes
- No
- Prefer not to answer

What **language** do you **mainly** speak at home?

- | | |
|--|--|
| <input type="radio"/> Arabic | <input type="radio"/> Russian |
| <input type="radio"/> Chinese | <input type="radio"/> Spanish |
| <input type="radio"/> English | <input type="radio"/> Vietnamese |
| <input type="radio"/> French | <input type="radio"/> Another language, please tell us |
| <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> |
| <input type="radio"/> German | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Haitian Creole | |

How well do you speak **English**? Please choose **ONE** (1) answer.

-
- Very well
 - Well
 - Not well
 - Not at all
 - Prefer not to answer

What is the **highest level of school** you have completed?
Choose **ONE** (1) answer.

- Elementary/Middle School
- High School diploma or GED
- Technical, Community College, 2-year College or Associate's degree
- 4-year College/Bachelor's degree
- Graduate/Advanced degree
- Some college
- I prefer not to answer
- Other, please tell us

Which of the following best describes your current **employment status**? Choose **ALL** that apply.

- Employed (Full-time)
- Employed (Part-time)
- Full-time Student
- Part-time Student
- Homemaker
- Retired
- Disabled, not able to work
- Self-employed
- Unemployed
- Work two or more jobs
- I prefer not to answer
- Other, please tell us

U.S. Military Service: Are you:

- a Veteran
- on Active Duty
- in the National Guard or Reserves
- None of these apply to me
- Prefer not to answer

If you are a Veteran, on Active Duty, or in the National Guard or Reserves, do you receive **care at a Veterans Administration facility**?

- Yes
- No
- Prefer not to answer

How do you **pay for health care**? Choose **ALL** that apply.

- Health insurance offered from your job or a family member's job
- Health insurance that you pay on your own
- Medicaid
- Medicare
- Military coverage/VA/TriCare
- Pay cash
- I do not have health insurance
- Other, please tell us

What form of **transportation** do you use most often to go places? Please choose **ONE** (1) answer.

- Someone drives me
- I ride a bicycle
- I drive a motorcycle or scooter
- I take the bus
- I drive a car

-
- I take a taxi/cab
 - I walk
 - I take an Uber/Lyft or other paid ride service
 - Some other way
 - Prefer not to answer

Including yourself, how many people **currently live in your home**? Please choose **ONE (1)** answer.

- 1
- 2
- 3
- 4
- 5
- 6 or more

What is the **combined annual income** of everyone living in your household? Choose **ONE (1)** answer.

- | | |
|---|--|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$100,000 - \$124,999 |
| <input type="radio"/> \$10,000 - \$19,999 | <input type="radio"/> \$125,000 - \$149,999 |
| <input type="radio"/> \$20,000 - \$29,999 | <input type="radio"/> \$150,000 - \$174,999 |
| <input type="radio"/> \$30,000 - \$49,999 | <input type="radio"/> \$175,000 - \$199,999 |
| <input type="radio"/> \$50,000 - \$74,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$75,000 - \$99,999 | <input type="radio"/> I prefer not to answer |

Is there anything else you'd like to tell us? Please provide your comments below.

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APPENDIX C – PROVIDER SURVEY

English ▼

Block 1



Dear Health Care/Social Service Provider and Community Partner,

The Florida Department of Health in Marion County, in partnership with Advent-Health Ocala, are sponsoring a comprehensive Community Health Needs Assessment to be completed by October 31, 2022. We request your input, as a health care/social service provider and/or community partner, on the most pressing health and health care issues facing our community now and beyond 2022. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 11 questions and some demographic items. It should take no more than 10 minutes to complete.

This survey is being distributed throughout Marion County. The survey will be available from May 2 through June 10, 2022.

Thank you very much for your willingness to help the community by completing this survey. If you have any questions about this survey or the survey process, you may contact Kimberly Williams, Community Benefit Director, Advent-Health at email:

Kimberly.R.Williams@AdventHealth.com or by phone at 813 803 4028; or contact Craig Ackerman, Operations Director, Florida Department of Health in Marion County, at email: Craig.Ackerman@flhealth.gov or by phone at 352 644 2588.

Do you provide health care, social services or community services to Marion County residents?

- Yes
- No

You are not eligible to take this survey. Thank you for your interest in improving health in Marion County.

Default Question Block

What is your health care profession?

- Advanced Registered Nurse Practitioner (including all specialties and certification types)
- Dentist
- Dietitian/Nutritionist
- Mental Health Counselor/Substance Abuse Counselor
- Nurse
- Occupational Therapist
- Pharmacist
- Physician
- Physician Assistant
- Physical Therapist
- Speech Language Pathologist
- I provide social or community services
- I do not provide health care services.
- Other (please specify)

What are your main specialties? Please select all that apply.

- Addiction Medicine
- Endocrinology
- Neonatology
- Palliative Care
- Allergy/Immunology
- Gastroenterology
- Nephrology
- Pathology
- Anesthesiology
- General Practice
- Neurology
- Pediatrics

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Physical Medicine and Rehabilitation |
| <input type="checkbox"/> Cosmetic/Plastic Surgery | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Chiropractic Medicine | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Hematology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> ENT/Otolaryngology | <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Specialized Surgery |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Immunology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Osteopathic Medicine | <input type="checkbox"/> Other (please specify) |
| | | | <input type="text"/> |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pain Management | |

Which factors or attributes do you think contribute **most** to having a **healthy community**? Please select **three (3)** choices.

- | | |
|--|---|
| <input type="checkbox"/> Residents engaging in healthy behaviors | <input type="checkbox"/> Job opportunities for all education levels |
| <input type="checkbox"/> Low level of domestic violence | <input type="checkbox"/> Awareness of health care and social services |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Affordable housing |
| <input type="checkbox"/> Affordable goods/services | <input type="checkbox"/> Strong economy |
| <input type="checkbox"/> Availability of arts and cultural events | <input type="checkbox"/> Affordable utilities |
| <input type="checkbox"/> Access to convenient, affordable and nutritious foods | <input type="checkbox"/> Places of worship |
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Good race/ethnic relations | <input type="checkbox"/> Availability of first responders, |
| <input type="checkbox"/> | <input type="checkbox"/> Fire/Rescue/EMS, emergency preparedness |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Low preventable death and disease rates |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Strong family ties |
| <input type="checkbox"/> Practice of religious or spiritual values | <input type="checkbox"/> Availability of parks and recreation areas/centers |

- Low rates of infant and childhood deaths
- Good schools
- Access to health care including primary and specialty care, dental care and mental health care
- Other (please specify)

What has the **greatest negative impact** on the overall health of people in Marion County? Choose **three (3)**.

- Alcohol abuse
- Lack of sleep
- No or insufficient physical activity
- Overeating
- Eating unhealthy foods/drinking sweetened beverages
- Distracted driving (e.g., texting and driving)
- Lack of personal responsibility
- Loneliness or social isolation
- Not using birth control
- Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)
-
- Tobacco use including e-cigarettes, smokeless tobacco
- Poor race/ethnic relations, racism
- Dropping out of school
- Violence
- Starting prenatal care late in pregnancy
- Lack of or poor stress management
- Not using health care services appropriately
- Not getting immunizations to prevent disease (e.g., flu shots)
- Unsafe sex practices
- Unsecured firearms
- Not using seat belts/child safety seats
- Other (please specify)
-

Which **three (3) health issues** are the **most important to address** to improve the health of people in Marion County? Please choose up to **three (3)**.

- Child abuse/neglect
- Stress
- Access to long-term care
- Pollution (e.g. water and air quality, soil, etc.)
- Motor vehicle crash injuries
-

- | | |
|--|---|
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Affordable assisted living facilities | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Access to primary/family care | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Sexually transmitted diseases (STD's) (e.g., gonorrhea, chlamydia, hepatitis, etc.) | <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) |
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Tobacco use including e-cigarettes and smokeless tobacco | <input type="checkbox"/> Access to sufficient and nutritious foods |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Substance abuse/Drug abuse | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Age-related issues (e.g. arthritis, hearing loss) |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Obesity and overweight |
| <input type="checkbox"/> Infant death | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> | <input type="checkbox"/> <input style="width: 200px; height: 20px;" type="text"/> |

Which **healthcare services** are difficult to obtain in Marion County? Please select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Dental/oral care |
| <input type="checkbox"/> In-patient hospital care | <input type="checkbox"/> Prescriptions/medications or medical supplies |
| <input type="checkbox"/> Preventive care (e.g., check-ups) | <input type="checkbox"/> Urgent care (e.g., walk-in clinic) |
| <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) | <input type="checkbox"/> Imaging (CT scan, X-rays and mammograms, etc.) |
| <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Mental and behavioral health care/counseling |
| <input type="checkbox"/> Substance use services (e.g., alcohol and drug use counseling) | <input type="checkbox"/> Alternative medicine/alternative therapy |
| <input type="checkbox"/> Prenatal care | <input type="checkbox"/> Primary/family care (e.g., family doctor) |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> None of the above are difficult to obtain in Marion County |

Vision/eye care

Other, please specify

How do you rate the **overall accessibility to health care** for residents of Marion County? Please select **one (1)** choice.

- Poor
- Fair
- Good
- Very Good
- Excellent

Overall, how healthy are the people in Marion County? Please select one (1) response.

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

For your clients in Marion County with chronic diseases or conditions, what do you feel are the **biggest barriers to the client being able to manage his or her own chronic disease or condition**? Please select up to **two (2)** responses.

- Cost
- Inability to use technology effectively
- Lack of access to sufficient time with a health care provider
- Lack of coverage by insurance company
- Lack of knowledge
- Self-discipline/motivation
- Other (please specify)

Have you found that some clients **delay getting needed care** during the pandemic?

- Yes
- No
- Unsure

Have you found that some clients **delay getting routine care** (e.g., screenings, check-ups) during the pandemic?

- Yes
- No
- Unsure

Have you observed any deleterious **impacts or outcomes** in patients' health can be **linked to this delay in care**?

- Yes
- No
- Unsure

In your opinion, what **Impacts** might **pandemic-related delayed care** have **on access** to healthcare services? Select all that apply.

- No impact to access
- Minimal impact to access
- Significant impact to access
- Longer waits for services and appointments
- Shorter waits for services and appointments
- Increased need for routine and specialty healthcare services
- Decreased need for routine and specialty healthcare services
- Higher costs to clients
- Higher costs to providers

-
- Continued use or expanded use of telemedicine technology
 - Curtailed use of telemedicine technology
 - Increased use of Emergency Department services
 - Increased use of urgent care facilities
 - Other, please specify

What can leaders in Marion County do to help **improve the health of your clients and others in the community**? Please check all that apply.

- Create city/county ordinances to promote community health improvement
- Establish community partnerships to address issues collectively
- Establish more community clinics
- Establish or enhance a community health information exchange
- Focus on issues of the indigent and uninsured
- Increase access to dental services
- Increase access to mental health services
- Increase access to primary medical services
- Increase outreach/health education programs
- Initiate efforts to bring more physicians to the community
- Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure and confidential environment)
- Provide education on appropriate use of available services
- Provide education on services available
- Other (please specify)

The next items are general demographic questions.

What is your age?

-
- Less than 30
 - 30-39
 - 40-49
 - 50-59
 - 60-64
 - 65-69
 - 70-79
 - 80 or older
 - I prefer not to answer

What is your gender?

- Male
- Female
- Transgender
- I prefer not to answer
- Other (please specify)

What racial/ethnic group do you most identify with?

- American Indian or Alaskan Native
- Asian Pacific Islander
- Black or African American (Non-Hispanic)
- Hispanic or Latino
- Multiracial/Multiethnic
- White (Non-Hispanic)
- I prefer not to answer
- Other (please specify)

How long have you practiced in your profession?

- Less than 5 years
- 5-9 years
- 10-14 years

-
- 15-19 years
 - More than 20 years
 - I prefer not to answer

How did you hear about this survey? Please select **one (1)** response.

- Facebook
- Flyer
- Newspaper advertisement or article
- Poster
- Twitter post
- Through a family member, friend or co-worker
- Web site, please specify the web site
- Other, please specify

Is there anything else you'd like to tell us? Please provide your comments below.

Thanks so very much for completing the survey. Again, if you have any questions regarding the survey or the community health needs assessment process, please contact Kimberly Williams of AdventHealth at Kimberly.R.Williams@AdventHealth.com or Craig Ackerman of the Florida Department of Health in Marion County at Craig.Ackerman@flhealth.gov

Block 1

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APPENDIX D - COMMUNITY ASSETS AND RESOURCES

The following section compiles a list of Marion County organizations and resources that could be powerful assets in providing or designing community interventions. This is just a sample of the rich assortment of potential programs and partners in Marion County and should not be considered comprehensive.

AdventHealth Ocala Community Benefit Programs

AdventHealth Ocala has multiple programs to extend their health ministry to all residents of the community. These include Healthy Home, Mom 365, Prestige 55, Pediatric Orientation, and support groups for weight loss and diabetes management (Source: <https://www.adventhealth.com/hospital/adventhealth-ocala/community-outreach>).

College of Central Florida

Founded in 1957 as Central Florida Junior College, the College of Central Florida (CF) has grown to provide more than 150 affordable academic pathways, including Associate degrees, Bachelor's degrees, and certificates in a variety of academic and career fields (Source: <https://www.cf.edu/about-cf/>).

College of Central Florida Dental Program

In partnership with the Florida Department of Health in Marion County, the College of Central Florida Hampton Center serves as a National Health Service Corps site providing diagnostic, restorative, preventive, and educational dental care services (Source: <https://marion.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/dental/>).

Community Partnership Schools at College Park Elementary

The Community Partnership Schools model aims to form a long-term partnership among four core partners – a school district, a university or college, a community-based nonprofit, and a healthcare provider. This comprehensive model leverages the social and institutional capital of all partners. The goal is to remove barriers to learning and provide built-in support so students can achieve academic success and lifelong prosperity (Source: <https://www.uwmc.org/community-partnership-school>).

FreeD.O.M. Clinic USA

FreeD.O.M. provides free Dental, Optical, and Medical Care clinics for low income, no income, uninsured, and underinsured Marion County residents. This clinic is sponsored by the Marion County Hospital District (Source: <https://freedomclinicusa.org/>).

Heart of Florida Health Center

Heart of Florida Health Center (HFHC) is a health service provider with 10 locations in Ocala and surrounding Marion County cities. Services include family medicine, internal medicine, pediatric medicine, maternity care, gynecology, adult and pediatric dentistry, pharmacy, behavioral health, case management, and telehealth (Source: <https://www.myhfhc.org/>).

Langley Health Services

Langley Health Services (LHS) is a Federally Qualified Health Center (FQHC) with seven (7) sites located throughout Sumter, Marion, and Citrus Counties. As a non-profit, 501(c)(3) organization, LHS offers comprehensive primary healthcare services to patients regardless of their income level (Source: <https://langleyhealth.com/>).

Marion County Hospital District

A governmental agency created in 1965 to oversee healthcare for the residents of Marion County. Programs include the Active Marion Project (AMP), which challenges community members to healthier lifestyles through physical fitness and nutrition; Fitness and Nutrition in Schools (FANS), a chronic disease prevention program targeting physical fitness opportunities and nutrition in children; and Beacon Point, a comprehensive substance abuse and mental health facility (Source: <https://www.mchdt.org/>).

Marion County Public Schools

The Marion County Public School District oversees 60 facilities including schools, technical colleges and institutes, and juvenile detention centers. The school board and district present a rich assortment of community partners and relationships centered around education with a vision of “Helping Every Student Succeed” (Source: <https://www.marionschools.net/domain/3036>).