



2020-2024



MARION COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

PUBLISHED: JANUARY 2020





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# Executive Summary of the Marion County Community Health Improvement Plan 2020-2024

## MARION COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

### **Strategic Priority: Access to Primary Prevention and Health Care**

- Goal AC1: Promote Community Wellness
- Goal AC2: Improve Access to Primary Care

### **Strategic Priority: Oral Health**

- Goal OH1: Improve Access to Oral Health Services
- Goal OH2: Improve Oral Health Through Expansion of Prevention Initiatives

### **Strategic Priority: Mental and Behavioral Health**

- Goal MBH1: Increase Access to Care for Mental Health and Substance Abuse Services

### **Strategic Priority: Education and Training**

- Goal ED1: Increase Opportunities for Education and Life Skills Development

### **Strategic Priority: Infrastructure: Housing and Transportation**

- Goal IN1: Increase Access to Safe, Sanitary and Affordable Housing
- Goal IN2: Increase Methods of Safe Transportation in Marion County

In July 2018, the Florida Department of Health in Marion County began a new community health assessment and health improvement planning cycle. Marion County community partners once again employed the

modified Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Guided by community partners in the Marion County Steering Committee for Health, the MAPP process yielded a wealth of data (see companion documents, [2019 Marion County Community Health Assessment](#) and [2019 Marion County Community Health Assessment Technical Appendix](#)) that were used to identify strategic priorities for the coming five years of 2020-2024. The strategic priorities include:

- **Access to Primary Prevention and Health Care Services:** Primary prevention efforts aim to prevent illness and injury before it occurs. Prevention encompasses environmental and policy change as well as education, behavior modification and long-term investments in systems that promote healthy living. In Marion County, the need for primary prevention in the areas of tobacco use and overweight and obesity among youth surfaced in secondary data and qualitative data findings. Although access to health care does not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Assessment findings pointed to barriers to both preventive services as well as healthcare resource access for Marion County residents. Access to healthcare was rated as the most important factor for a healthy community by 75 percent of survey respondents. Rates of emergency room use by Marion County residents for avoidable causes continue to rise, cost was a prohibitive factor in seeking healthcare services, and the limited evidence of efficiency and effectiveness of service coordination pointed to growing gaps in access to services.
- **Oral Health:** Oral health impacts physical, emotional, and social well-being. Poor oral health causes pain and disability, impacts school and work attendance and performance, and costs residents, taxpayers and healthcare systems millions of dollars to treat. Oral health problems have been linked to chronic diseases such as diabetes and heart disease and are exacerbated by tobacco use and consumption of sugar-sweetened foods and beverages. Assessment findings showed Marion County residents have high rates of emergency room use and avoidable hospitalizations for oral health issues, have lower than the state rate for routine annual dental care, and that there are low ratios of dentists for the population. Qualitative assessment findings showed that dental/oral health services were the third most difficult healthcare service to procure in Marion County and that cost was a barrier for almost 75 percent of those who reported not receiving needed dental care. Only about one-quarter of the Marion County population is served by optimally fluoridated water as shown in assessment findings. As fluoridation is currently the most cost-effective way to prevent dental caries and save in future dental treatment costs, a policy shift is the recommended priority for leaders in Marion County municipalities.
- **Mental and Behavioral Health:** Mental and physical health are equally important factors for overall health and quality of life. Mental and behavior health includes emotional, psychological and social well-being and impacts how stress is handled, interpersonal relationships, and healthy decision-making. Concerns about mental and behavior health and substance abuse surfaced in all three of the MAPP assessments. Secondary data review found that Marion County residents seek care for mental health problems in emergency rooms at higher rates than for the state. About a quarter (26.2 percent) of Marion County adults reported that poor mental or physical health

interfered with activities of daily living in 14 of the past 30 days; for comparison the state rate was 18.6 percent. Community respondents to the health survey identified substance abuse (35.3 percent) and mental health problems (25.3 percent) as the top two most important health issues in Marion County. Further, substance/drug abuse was ranked by 71.9 percent of community survey respondents as the leading behavior with the greatest negative on health. Almost half (47.7 percent) of survey respondents indicated that mental and behavioral health services were the services most difficult to obtain in Marion County, followed by substance abuse counseling services which was ranked second with 33.7 percent of responses. Rapidly rising numbers of newborns affected by neonatal abstinence syndrome elevated this issue to the forefront in prioritizing health issues and populations at risk for poorer health outcomes.

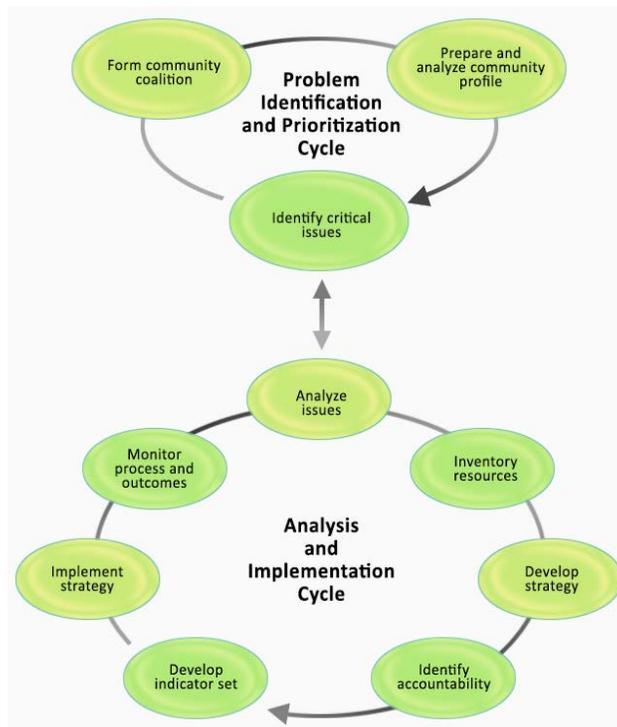
- **Education and Training:** The social determinants of health include education as a factor that can influence health behaviors and outcomes over the course of a lifetime. Educational attainment can be linked to income which impacts access to housing, food, and healthcare. Education, skills training and employment opportunities were subjects that were raised throughout the course of Marion County's community health assessment. When compared to the state rate, a lower percentage of Marion County residents complete college degrees, making overall education attainment an area of concern. Relatedly, about a third (30.7 percent) of community survey respondents said job opportunities for all levels of education was essential for a healthy community and 12.3 percent indicated employment was their biggest challenge in the past 12 months. Marion County partners and stakeholders deemed education and training as necessary and wise investments for future health and quality of life in the county.
- **Infrastructure: Housing and Transportation:** Housing and transportation are also among those social determinants of health that affect conditions under which people can live healthy and productive lives. Both the lack of affordable housing and transportation were identified as persistent challenges for the residents of Marion County. Affordable housing was among the top five most important factors for a healthy community rated by community survey respondents and homelessness was ranked as the third most pressing health problem in the county. The issue of reliable, affordable, accessible transportation surfaced in assessment discussions related to access to health and social services as well as in gauging Marion County residents' ability to travel to work, school, recreation, and during times of emergencies. Enhancing Marion County's infrastructure for housing and transportation was seen as a fitting priority for improving health in the county.

# Overview of Community Health Improvement Planning

## COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

In the Institute of Medicine’s (IOM) 1997 publication *Improving Health in the Community*, the community health improvement planning process was described as the required framework within which a community takes a comprehensive approach to improving health. That framework includes assessing the community’s health status and needs, determining health resources and gaps, identifying health priorities, and developing and implementing strategies for action. Notably, in this comprehensive approach there are two cycles; that is, an assessment or problem identification and prioritization cycle followed by an implementation cycle. By 2000 the National Association of County and City Health Officials (NACCHO) in conjunction with the Centers for Disease Control and Prevention’s (CDC) Public Health Practice Office had developed Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic approach to community health improvement.

**FIGURE 1: COMMUNITY HEALTH IMPROVEMENT PLANNING FRAMEWORK, IOM, 1997.**



Source: J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) *Improving Health in the Community*, Washington, DC: National Academy Press. Retrieved: December 2, 2019, <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main>

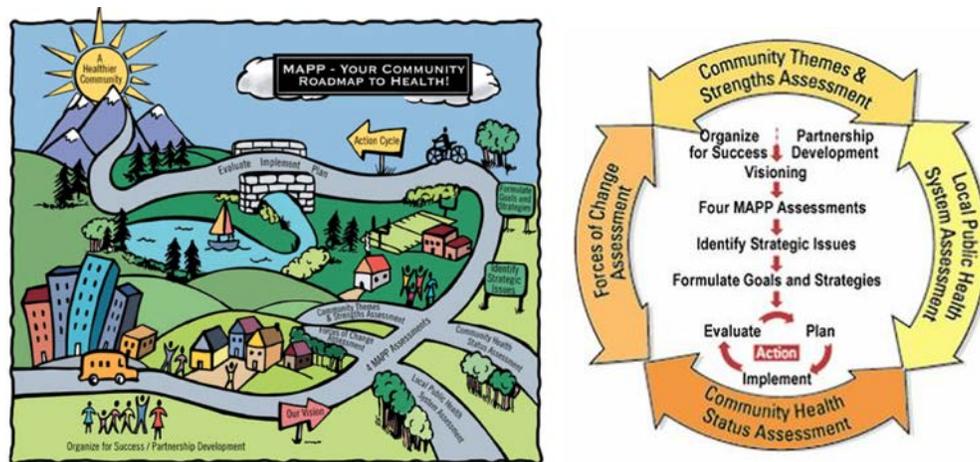
NACCHO and the CDC’s vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

At the heart of the Marion County MAPP process were the following core MAPP assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment

The findings from these three MAPP assessments informed the detection of common themes and issues in order to identify and prioritize the key community health needs. Prioritized strategic community health issues were documented and addressed in the MAPP action cycle phase to complete the comprehensive health improvement planning cycle.

**FIGURE 2: MOBILIZING FOR PLANNING THROUGH PLANNING AND PARTNERSHIPS (MAPP).**



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved December 2, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health, community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool “to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.” The community health improvement plan is described as a “long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process.” Further, the community health improvement process “involves an ongoing collaborative, community-wide effort to identify, analyze and address health problems; assess applicable data; develop measurable health objectives

and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.” Public Health Accreditation Board (December 2013). *PHAB Standards and Measures*. Retrieved December 2, 2019, <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>

## THE ROLE OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY IN COMMUNITY HEALTH IMPROVEMENT PLANNING

FIGURE 3: SOCIAL DETERMINANTS OF HEALTH (SDOH).



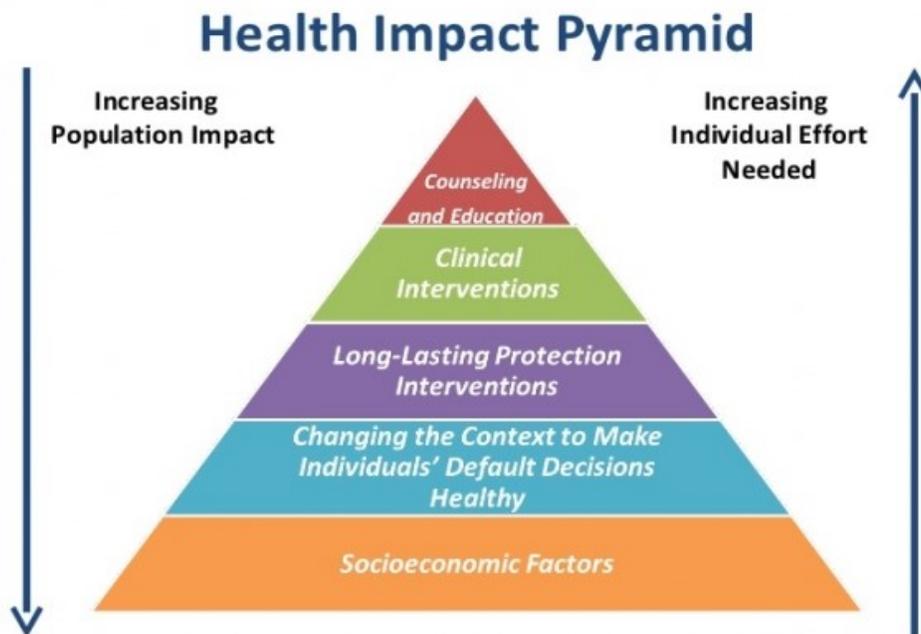
Source: Healthy People 2020: Social Determinants of Health,” Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved December 2, 2019, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social determinants of health (SDOH) include the “conditions in the environments in which people are born, live, learn, work, play and age that shape and affect a wide range of health, functioning, and quality of life outcomes and risks”. (About Social Determinants of Health,” World Health Organization, accessed December 2, 2019 [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)).

The SDOH include factors such as socioeconomic status, education, neighborhood and physical environment, employment and social networks as well as access to health care. Addressing social determinants of health is important for improving health and reducing health disparities. Research suggests that health behaviors such as smoking and diet and exercise, are the most important determinants of premature death. There is growing recognition that social and economic factors shape individuals' ability to engage in healthy behaviors. Evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

The five-tier health impact pyramid depicts the potential impacts of different types of public health interventions. Efforts that address the SDOH are at the base of the pyramid, indicating their higher potential for positive impact. Interventions at the pyramid base tend to be effective because of their broad societal reach. CHIP interventions are targeted at all levels to attain the best and most sustainable health benefits.

**FIGURE 4: HEALTH IMPACT PYRAMID.**



Source: Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4):590-595. Retrieved December 2, 2019 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

# Marion County Community Health Improvement Plan (CHIP) Process

## METHODOLOGY

Development of the Marion County CHIP is a continuation of the community health assessment process using the modified MAPP model. Community health assessment work began in July 2018 and concluded in May 2019. The three phases of MAPP that constituted the community health assessment process are briefly described below. Soon after finalizing the community health assessment, Marion County partners launched into planning for the CHIP process and completed the final two MAPP phases.

### MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

To assure a successful community health assessment and health improvement planning process, the Florida Department of Health in Marion County engaged partners to plan a process that built upon existing relationships, used resources wisely, and demonstrated a commitment to making positive, collective impact on health and quality of life in Marion County. A listing of the Marion County Steering Committee for Health members, other partners, and their affiliations can be found in the [2019 Marion County Community Health Assessment](#) report.

### MAPP PHASE 2: VISIONING

At their first meeting on July 27, 2018, the Marion County Steering Committee for Health members completed a visioning exercise to define health and the characteristics of a healthy Marion County. Among the categories of attributes were easily and equitably accessible health, dental and mental healthcare services; people empowered with information and skills to make good health decisions and engage in healthy behaviors; focus on populations that experience barriers to health and quality of life; and community collaboration for improved health and quality of life. Visioning results are included in the Appendix. The word cloud below depicts terms that were frequently used to define health in Marion County.

FIGURE 5: VISIONING WORD CLOUD, MARION COUNTY, 2018.



Source: Marion County visioning exercise results, July 27, 2018, prepared using WordItOut by Enideo by WellFlorida Council, 2019

### MAPP PHASE 3: THREE MAPP ASSESSMENTS

Each of the three assessments in the modified MAPP process gathered data to form a comprehensive picture of health status, health behaviors, and health resources in Marion County. Key findings and highlights from each of the assessments are summarized below.

#### *Forces of Change:*

Marion County community partners identified forces and related opportunities and threats, either current or in the future, that could affect or influence health and quality of life in the county, region, state and nation. Through a facilitated discussion they identified trends, factors and events along with the opportunities and threats associated with each. Discussions considered social, economic, political, technological, environmental, scientific, legal and ethical factors, trends and events. The most commonly mentioned forces of change identified are listed below.

- Factors
  - Generational poverty
  - Widespread homelessness
  - Persistent issue of overweight and obesity
  - Lack of affordable housing
  - Shortage of healthcare and dental care providers
  - Water fluoridation is lacking in most communities
  - Struggling and failing schools
  - Built environment impedes access to recreation areas and safe places for physical activity
- Trends
  - Increasing population diversity
  - Aging population
  - More people living in poverty
  - Rising electronic nicotine device use
  - Rising cocaine and methamphetamine use
  - Rising infectious disease rates
  - Higher cost of living including utilities, rent, food
- Events
  - Weather events including hurricanes, extreme heat and flooding
  - State and local implementation of changing marijuana laws
  - School mental health program funding
  - Airport expansion
  - 2020 U.S. Census
  - 2020 presidential election

### *Community Themes and Strengths:*

Through the community themes and strengths assessment, the opinions, perspectives and concerns of Marion County residents were collected. This assessment sought to better understand what is important to the community and barriers and obstacles to obtaining needed services. There were 935 completed community surveys included in the analysis. Although a convenience sampling method was used to collect survey data and results are not generalizable to the general population, the racial and ethnic composition of survey respondents was somewhat similar to Marion County's population. That is, about 10 percent of survey respondents were Black and 15.7 percent were Hispanic compared to 13.4 and 13.2 percent, respectively, for Marion County as a whole. Results showed that about 60 percent of survey respondents rated the overall health of Marion County residents as somewhat healthy and 63 percent felt they had the social support they needed. More than one-third ranked substance/drug abuse as the most important health problem in Marion County followed by mental health problems and homelessness. Relatedly, drug abuse was by far ranked as the behavior with the greatest negative impact on health in Marion County. Other highlights from the analysis are provided below. For detailed results, please refer to the [2019 Marion County Community Health Assessment](#).

Top ranked health-related problems in Marion County included:

- Substance and drug abuse (35.3 percent)
- Mental health problems (25.3 percent)
- Homelessness (22.1 percent)
- Access to affordable assisted living facilities (19.0 percent)
- Obesity (18.0 percent)

Behaviors with the greatest negative impact in Marion County included:

- Drug abuse (71.9 percent)
- Eating unhealthy foods/drinking sugar-sweetened beverages (30.2 percent)
- Lack of personal responsibility (27.9 percent)
- Alcohol abuse (21.8 percent)
- Distracted driving (20.4 percent)

Healthcare services that were rated as the most difficult to obtain included:

- Mental and behavioral health care (47.7 percent)
- Substance abuse counseling services (33.7 percent)
- Dental care (32.9 percent)
- Alternative medicine and therapies (32.8 percent)
- Specialty care (24.5 percent)

Barriers to accessing dental, primary and mental health care most commonly cited were:

- Cost (74.2 percent dental care, 57.0 percent primary care, 61.3 percent mental health care)

- Insurance-related issues (57.0 percent dental care, 39.5 percent primary care, 41.3 percent mental health care)
- Lack of providers (9.7 percent dental care, 11.0 primary care, 32.7 percent mental health care)

### **Community Health Status:**

A comprehensive review of secondary data for Marion County examined demographic and socioeconomic indicators, mortality and morbidity, healthcare access and utilization, and geographic and racial and ethnic disparities. The [2019 Marion County Community Health Assessment](#) and [2019 Marion County Community Health Assessment Technical Appendix](#) were developed as part of this assessment and serve as community resources for planning and decision making. In addition, the Marion County Steering Committee for Health hosted five special topics workshops to further study data and evidence-based practices related to health issues of particular concern and population groups at higher risk for poorer health outcomes in Marion County. Each workshop was two hours in length and was open to steering committee members and other stakeholders. These topical areas included mental health and substance abuse, social determinants of health, chronic diseases, healthcare access, and senior health. The key findings that emerged from the overall community health status review and the topical data reviews are highlighted below.

### **Social Determinants of Health**

As described earlier, the SDOH have been shown to have impacts on overall health. In addition, the SDOH can cause health disparities that are often rooted in social and economic disadvantages. Data show Marion County has continuing challenges with SDOH-related issues as listed below (table references are from the [2019 Marion County Community Health Assessment Technical Appendix](#) unless otherwise noted).

- Poverty [\$40,295 median household income, all races, Marion County, \$48,900 Florida (Table 71); \$22,390 per capita income, all races Marion County, \$27,598 Florida (Table 75); 36.0 percent Asset Limited, Income Constrained, Employed (ALICE) households Marion County, 32.0 percent Florida, *2016 United Way ALICE Report*]
- Limited employment opportunities [5.0 percent unemployment Marion County, 4.2 percent Florida (Table 85)]
- Barriers to education and job training [78.5 high school graduation rate Marion County, 82.3 Florida (Table 91); 27.4 percent college degree as the highest level of school completed Marion County, 37.4 Florida (Table 90)]
- Lack of affordable housing [17.4 percent in poverty all ages Marion County, 14.8 percent Florida (2016, Table 56)]
- Healthcare service access [208.2 total physicians/100,000 Marion County, 310.6/100,000 Florida; 37.2 dentists/100,000 Marion County, 55.8/100,000 Florida (Tables 203, 204)]

### **Health Status**

Disease and death rates are the most direct measures of health and well-being in a community. 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. While Marion County is similar to Florida in many health indicators, some differences exist. In Marion County for 2017, the age-adjusted death rates of the leading causes of death for all races that are higher than state rates include the five causes listed below (Table 102, [2019 Marion County Community Health Assessment Technical Appendix](#)) as well as infant mortality for which Marion County exceeded the state rate for 2017 (Table 147, [2019 Marion County Community Health Assessment Technical Appendix](#)).

- Heart Disease (204.9/100,000 Marion County, 148.5/100,000 Florida)
- Cancer (164.0/100,000 Marion County, 149.4/100,000 Florida)
- Chronic Lower Respiratory Disease (48.2/100,000 Marion County, 40.0/100,000 Florida)
- Diabetes (31.6/100,000 Marion County, 20.7/100,000 Florida)
- Unintentional Injuries including alcohol-related motor vehicle crash deaths (98.7/100,000 Marion County, 56.0/100,000 Florida)
- Infant Mortality (7.7/1,000 live births Marion County, 6.1/1,000 live births Florida)

#### Health Behaviors and Conditions that Contribute to Poor Health Outcomes

Health behavior data pointed to serious challenges facing Marion County residents. The issues listed below require multi-faceted approaches to improve existing health problems with simultaneous primary prevention strategies to help ensure healthy futures for all segments of the population. The chronic conditions and behaviors that were considered as priority health issues include the following (table references are from the [2019 Marion County Community Health Assessment Technical Appendix](#) unless otherwise noted):

- Mental health problems [17.3 percent adults with depressive disorder Marion County, 14.2 percent Florida; 26.2 percent adults whose poor physical or mental health kept them from doing usual activities of daily living Marion County, 18.6 percent Florida (Table 183)]
- Substance and drug abuse [7.2/100,000 alcohol-suspected motor vehicle crash deaths Marion County, 4.6/100,000 Florida (Table 143)]
- Tobacco use including e-cigarettes and smokeless tobacco products [19.1 percent adults who are current smokers Marion County, 15.5 percent Florida; 5.1 percent adults current e-cigarette users Marion County, 4.7 percent Florida (Table 183)]
- Dental and oral health issues [59.4 percent adults who had seen a dentist in the past year Marion County, 63.0 percent Florida; 58.5 percent adults who had a permanent tooth removed because of decay or gum disease Marion County, 47.3 percent Florida (Table 183)]
- Overweight and obesity [31.2 percent adults who are obese Marion County, 27.4 Florida; 68.2 percent adults who are overweight or obese Marion County, 63.2 percent Florida (Table 183)]
- Late entry into prenatal care [8.3 percent births that received late (third trimester) or no prenatal care, all races, Marion County, 6.2 percent Florida (Table 151); 53.9 percent births that received care in first trimester, all races Marion County, 68.8 percent Florida (Table 150)]

### Geographic, Racial and Ethnic Disparities

Some disparities were found in the course of Marion County's community health assessment process and these preventable differences were given serious consideration and importance in CHIP discussions. Areas of particular concern include:

- Differences in poverty rates for children, adults and between Whites, Blacks and Hispanics by geography [37.6 percent of children 0 to 17 years of age living at 100-200 percent of poverty in Weirsdale; 45.5 percent of adults 65 years and older living at 100-200 percent of poverty in Citra; 37.0 percent of individuals of all ages living at 100-200 percent of poverty in Reddick (Table 61); 19.1 percent of Marion County females lived in poverty in the past 12 months, 17.3 percent of Marion County males; 37.7 percent of females and 39.6 percent of males in Ocala (34475 zip code) lived in poverty in the past 12 months (Table 63); 29.9 percent of Blacks, 31.0 percent of Hispanics and 16.0 percent of Whites lived in poverty in the past 12 months (Table 65)]
- Differences in mortality rates among Whites, Blacks and Hispanics for Heart Disease, Cancer, and Diabetes (age-adjusted death rates per 100,000 population for Heart Disease for Whites at 204.9 for Blacks at 221.6, for Hispanics at 168.7; age-adjusted death rates per 100,000 population for Cancer for Whites at 169.2, for Blacks at 125.5, for Hispanics at 130.7; age-adjusted death rates per 100,000 population for Diabetes for Whites at 28.9, for Blacks at 58.7, for Hispanics at 37.9 (Tables 103-105)]
- Lagging first trimester care rates for Whites, Blacks and Hispanics when compared to state rates [56.4 percent of births that received first trimester care for Marion County Whites, 44.7 percent for Blacks, 54.4 percent for Hispanics; state rates for Whites at 71.4 percent, 60.8 percent for Blacks and 69.8 percent for Hispanics (Table 150)]

### Health Care Resources and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Communities with rural pockets such as those found in Marion County face many barriers in accessing healthcare services. Utilization and health professional shortage data illuminated the depth of access to care issues in Marion County. The major issues related to healthcare resources, access and utilization fall into the groups listed below.

- Inappropriate use of Emergency Departments for routine primary, mental health, and dental care [rate of Emergency Department visits per 1,000 population for mental health reasons Marion County residents, all ages at 94.7, Florida rate at 71.4 (Table 137); preventable Emergency Department visit rate per 1,000 population for oral health reasons for Marion County residents at 15.7, Florida rate at 9.5 (Table 205)]
- Lack of healthcare providers and services, specialty care physicians, and dentists [208.2 total physicians/100,000 Marion County, 310.6/100,000 Florida; 37.2 dentists/100,000 Marion County, 55.8/100,000 Florida (Tables 203, 204)]

- Rising costs of health care and prescription drugs [percent of hospital discharges by payor sources for Marion County residents at 51.9 percent for Medicare, 19.0 percent Medicaid, 18.7 percent private insurance, 7.0 percent self or non-payment; for Florida 45.8 percent Medicare, 19.5 percent Medicaid, 22.8 percent private insurance, 7.9 percent self or nonpayment (Table 209); 19.2 percent Marion County adults who could not see a doctor in the past year due to cost, 16.6 percent Florida (Table 183)]
- Lack of affordable health insurance with sufficient coverage [15.2 percent civilian population uninsured, Marion County; 16.4 percent Florida (Table 83); percent uninsured by age groups, under 65 years of age Marion County at 15.9 percent, Florida 15.4; ages 18-64 Marion County at 19.4 percent, Florida 18.4 percent (Table 82)]

#### MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES

An essential component of bridging the community health assessment with the development of a community health improvement plan includes identifying strategic issues, formulating goals and strategies and implementation. These steps are also referred to as MAPP phases four through six. On May 7, 2019, the Marion County Steering Committee for Health identified strategic priorities. The process included the review of the community health status data, community themes and strengths findings from the community survey, and forces of change issues. The steering committee discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. Prioritization criteria included issue importance, urgency, impact, feasibility and resource availability. Table 1 below lists the characteristics of each criterion. First in small workgroups, participants reviewed, discussed and identified common themes. All attendees then participated in a facilitated consensus discussion to identify the final strategic priorities. In June 2019, Marion County community partners transitioned from the assessment phase to the community health improvement plan development phase of MAPP.

TABLE 1: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, MARION COUNTY, 2019.

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

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved December 2, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

### Strategic Priority Issue Areas Identified

- Access to Primary Prevention and Health Care Services with focus on
  - Community wellness
  - Access to primary care
- Oral Health including
  - Access to oral health services
  - Expansion of prevention initiatives
- Mental and Behavioral Health including
  - Access to care for mental health conditions and substance abuse treatment services
- Education and Training including
  - Opportunities for education and life skills development
- Infrastructure: Housing and Transportation focusing on
  - Access to safe, sanitary and affordable housing
  - Methods of safe transportation in Marion County

### MAPP PHASE 5: FORMULATE GOALS AND STRATEGIES

The purpose of this phase is for community partners to develop goals, identify strategies and write measurable objectives for each of the strategic priority areas. At its June 6, 2019 meeting, the Marion County Steering Committee for Health embarked on this work. After reviewing the data and key findings from the three MAPP assessments, the group reconfirmed and refined the strategic priority issue statements, and set a timeline for developing the final CHIP, and organized into action planning workgroups. Using the work accomplished at the in-person meeting, the groups remained in contact electronically to dissect the proposed goal statements, enhance and add strategies and craft objectives. Evidence-based and promising practices were researched, considered and included as appropriate. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure, data source, and identification of a lead entity.

### MAPP PHASE 6: ACTION CYCLE

The action cycle includes implementation and evaluation as well as opportunities to incorporate continuous quality improvement strategies. The Marion County CHIP action cycle is not only guided by the goals, strategies and objectives set through the MAPP process but the action plans developed for CHIP objectives. Progress, challenges, and accomplishments of the Marion County CHIP will be monitored and tracked by semi-annual reporting to the Marion County Steering Committee for Health and an annual CHIP review. If appropriate, revisions to the CHIP and/or action plans will be made and documented.

### MARION COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

June 2018	Organizational meetings, partner identification, timeline development
July 27, 2018	Community health assessment kick-off meeting, visioning

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September 2018 – March 2019	Secondary data collection and analysis
January 24 – April 30, 2019	Primary data collection via community survey
March 1, 2019	Presentation of preliminary overview of secondary data
March 28, 2019	Special topics workshops: Mental Health and Substance Abuse, Social Determinants of Health, Chronic Diseases, Healthcare Access and Utilization, and Senior Health
April 5, 2019	Secondary data review and forces of change assessment meeting
May 2019	CHIP organizational meetings, partner identification, timeline development
May 7, 2019	Presentation of community health assessment findings and prioritization
May 14 and 15, 2019	Focus groups on special topic of Mental Health and Substance Abuse
June 6, 2019	CHIP goal and strategy writing workshops
October 8, 2019	CHIP action planning workshops: Access to Primary Prevention and Health Care Services, and Oral Health
October 10, 2019	CHIP action planning workshops: Mental and Behavioral Health, and Education and Training
October 11, 2019	CHIP action planning workshops: Infrastructure: Housing and Transportation
January 2020	2020-2024 Marion County Community Health Improvement Plan published
January 13, 2020	Presentation of Marion County Community Health Improvement Plan

## Marion County CHIP Goals, Strategies, Objectives and Related Resources

The Marion County 2020-2024 CHIP focuses on five strategic priority areas. For each priority issue at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring and reporting. Each goal area has its own action plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms as well as background on related evidence-based strategies and programs, listing of proposed policy changes, and notations of health disparity and equity concerns. Please see the Appendix for the action plan template and the separate companion action plan compendium that will be updated regularly to reflect progress towards achieving objectives and goals.

<b>Strategic Priority: Access to Primary Prevention and Health Care Services</b>
<b>Goal:</b> AC1 Promote Community Wellness
<b>Strategy:</b> AC1.1 Decrease tobacco access, increase educational opportunities in middle schools, and increase treatment in high schools
<b>Objective:</b> AC1.1.1 By December 31, 2024, reduce the number of middle school and high school students who used cigarettes, cigars, smokeless tobacco, or electronic vapor products in the last 30 days from 20.1 percent to 18 percent.
<b>Strategy:</b> AC 1.2 Increase access to healthy affordable foods within food deserts, increase education on healthy eating options and increase participation in physical activity
<b>Objective:</b> AC1.2.1 By December 31, 2024, reduce the Marion County middle and high school obesity rate from 17.5 percent (2018) to 15.0 percent.
<b>Resources:</b> QuitDoc, Community Council Against Substance Abuse (CCASA), Marion County Public Schools, Students Working Against Tobacco (SWAT) clubs, Marion County Health Department, Marion County Sheriff's Office, Suwannee River Health Education Center (AHEC), Marion County Hospital District, Active Marion Project (AMP), Fitness and Nutrition in Schools (FANS)
<b>Goal:</b> AC2 Improve Access to Primary Care
<b>Strategy:</b> AC2.1 Increase the number of individuals using free clinics, reduce the uninsured rates, and increase the number of services provided by We Care
<b>Objective:</b> AC2.1.1 By December 31, 2024, decrease the number of adults who could not see a doctor in the past year due to cost from 19.2 percent (2016) to 16 percent
<b>Strategy:</b> AC2.2 Increase Medicaid providers who will see high risk pregnancies and provide resource guide to pregnant women
<b>Objective:</b> AC2.2.1 By December 31, 2024, decrease the number of women receiving late or no prenatal care from 9.8 percent to 6.8 percent
<b>Resources:</b> United Way, 2-1-1 service, Marion County Health Department, Marion County Board of County Commissioners, Marion County Medical Society, Heart of Florida Health Center, Langley Medical Center, AdventHealth Ocala, Marion County Heroin and Opioid Task Force

<b>Strategic Priority: Oral Health</b>
<b>Goal:</b> OH1 Improve Access to Oral Health Services
<b>Strategy:</b> OH1.1 Increase mobile and portable clinic dental availability in high risk neighborhoods, increase evening and weekend dental appointment availability, and strengthen referral system
<b>Objective:</b> OH1.1.1 By December 31, 2024, reduce the oral health emergency department visit rate by 10 percent from 15.8 per 1,000 to 14.3 per 1,000
<b>Objective:</b> OH1.1.2 By December 31, 2024, increase the percentage of adults who have visited a dentist or dental clinic in the past year from 59.4 percent to 65 percent
<b>Resources:</b> United Way 2-1-1 system, Marion County Health Department, Marion County Dental Consortium, Freed.O.M. Clinic, Langley Medical Center, Heart of Florida Health Center, College of Central Florida
<b>Goal:</b> OH2 Improve Oral Health Through Expansion of Prevention Initiatives
<b>Strategy:</b> OH2.1 Educate municipalities and water system operators on funding available to add fluoridation to water systems, enlist the help of local dentists and other fluoridation champions to promote fluoridation, and make fluoridation a measureable objective for the newly-formed dental consortium
<b>Objective:</b> OH2.1.1 By December 31, 2024, increase the percentage of Marion County population receiving optimally fluoridated water from 25.2 percent to 28.0 percent
<b>Resources:</b> Marion County Dental Consortium, Florida Department of Health, Florida Dental Association, University of Florida College of Dentistry
<b>Strategic Priority: Mental and Behavioral Health</b>
<b>Goal:</b> MBH1 Increase Access to Care for Mental Health and Substance Abuse Services
<b>Strategy:</b> MBH1.1 Reduce time a potential client waits to engage in mental health services, increase number of mental health treatment beds, increase mental health telemedicine, increase Mental Health First Aid and other training and education
<b>Objective:</b> MBH1.1.1 By December 31, 2024, decrease rate of emergency department visits per 1,000 for mental health reasons from 100.5 (2016) to 90 per 1,000
<b>Strategy:</b> MBH1.2 Increase number of at-risk women using long-acting reversible contraceptive (LARC), substance abuse inpatient treatment beds, and capacity within Marion County for high-risk pregnancies
<b>Objective:</b> MBH1.2.2 By December 31, 2024, decrease the number of Neonatal Abstinence Syndrome cases by 50 percent from 64 (2018) to 32
<b>Resources:</b> Marion County Hospital District, AdventHealth Ocala, Ocala Regional Medical Center, The Centers, Langley Medical Center, Substance-Exposed Newborn Task Force, Healthy Start of North Central Coalition
<b>Strategic Priority: Education and Training</b>
<b>Goal:</b> ED1 Increase Opportunities for Education and Life Skills Development
<b>Strategy:</b> ED1.1 Create partnerships to increase resources, expand referral opportunities, and establish classes in locations throughout the county
<b>Objective:</b> ED1.1.1 By December 31, 2024, increase the percentage of individuals who complete post-secondary education by 2 percent (from 27.9 percent to 28.5 percent (2017))
<b>Objective:</b> ED1.1.2 By December 31, 2024, increase Strong Families Initiative annual graduation rate by 80 participants per year (2017) to 300

<p><b>Resources:</b> College of Central Florida, Marion County Public Schools, QuitDoc, Students Working Against Tobacco (SWAT) clubs, United Way, Strong Families participants, Marion County Hospital District</p>
<p><b>Strategic Priority: Infrastructure: Housing and Transportation</b></p>
<p><b>Goal:</b> IN1 Increase Access to Safe, Sanitary and Affordable Housing</p>
<p><b>Strategy:</b> IN1.1 Make housing more affordable</p>
<p><b>Objective:</b> IN1.1.1 By December 31, 2021 increase the number of supportive housing units (bedrooms) from 20 to 200</p>
<p><b>Resources:</b> Marion County Community Services, Ocala Community Development Services, Marion County Housing Finance Authority, U.S. Department of Housing and Urban Development, Marion County’s Florida Legislative Delegation, Quit Doc, United Way</p>
<p><b>Goal:</b> IN2 Increase Methods of Safe Transportation in Marion County</p>
<p><b>Strategy:</b> IN2.1 Improve public transportation services (routes, hours, access points) and use of non-traditional transportation services</p>
<p><b>Objective:</b> IN2.1.1 By December 31, 2024 increase promotion of Marion Transit at healthcare access points</p>
<p><b>Resources:</b> Marion Transit Senior Services, Marion County Council on Aging, Marion County Strategic Plan 2017-2021, Florida Commission for the Transportation Disadvantaged, Marion County Hospital District, Marion County Health Department, Heart of Florida Health Center, Langley Medical Center, AdventHealth Ocala, Ocala Regional Medical Center, The Centers, United Way 2-1-1 system</p>

## Marion County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies and objectives in the Marion County CHIP align with several state and national initiatives. These include the Florida Department of Health’s State Health Improvement Plan for 2017-2021, Healthy People 2020, the U.S. Department of Health and Human Services (HHS) Surgeon General’s Office National Prevention Strategy 2017, and HHS Office of Minority Health National Stakeholder Strategy for Achieving Health Equity. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Marion County residents.

<p><b>Marion County CHIP Objectives</b></p>	<ul style="list-style-type: none"> <li>• <b>HP 2020 = Healthy People 2020</b> (bold = exact match of objectives)</li> <li>• <b>Florida SHIP = Florida State Health Improvement Plan, 2017 – 2021</b></li> <li>• <b>NPS = National Prevention Strategy</b></li> <li>• <b>NSS Health Equity: National Stakeholder Strategy for Achieving Healthy Equity</b></li> </ul>
<p align="center"><b>Strategic Priority: Access to Primary Prevention and Health Care Services</b></p>	
<p>AC1.1.1 By December 31, 2024, reduce the number of middle school and high school students who used cigarettes, cigars, smokeless tobacco, or electronic vapor products in the last 30 days from 20.1 percent to 18 percent.</p>	<p><b>HP 2020:</b> TU-2, TU-3 <b>NPS:</b> Tobacco Free Living</p>
<p>AC1.2.1 By December 31, 2024, reduce the Marion County middle and high school obesity rate from 17.5 percent (2018) to 15.0 percent.</p>	<p><b>HP 2020:</b> PA-1, PA-2 (2.1, 2.2, 2.3, 2.4), PA-3 (3.1, 3.2, 3.3), <b>NWS-10.2, NWS-10.3</b> <b>Florida SHIP:</b> HW 1.1 <b>NPS:</b> Active Living</p>
<p>AC2.1.1 By December 31, 2024, decrease the number of adults who could not see a doctor in the past year due to cost from 19.2 percent (2016) to 16 percent</p>	<p><b>HP 2020:</b> AHS-1.1, AHS-1.3, AHS-6 <b>NPS:</b> Clinical and Community Preventive Services <b>NSS Health Equity:</b> Goal 3 Health System and Life Experience, Strategy 8: Access to Care</p>
<p>AC2.2.1 By December 31, 2024, decrease the number of women receiving late or no prenatal care from 9.8 percent to 6.8 percent</p>	<p><b>HP 2020:</b> MICH-10.1, MICH-10.2 <b>Florida SHIP:</b> MCH1.2, MCH2.1, MCH 2.3</p>
<p align="center"><b>Strategic Priority: Oral Health</b></p>	
<p>OH1.1.1 By December 31, 2024, reduce the oral health emergency department visit rate by 10 percent from 15.8 per 1,000 to 14.3 per 1,000</p>	<p><b>HP 2020:</b> OH-1, OH-2, OH-3, OH-4, OH-7 <b>NPS:</b> Clinical and Community Preventive Services</p>
<p>OH1.1.2 By December 31, 2024, increase the percentage of adults who have visited a dentist or</p>	<p><b>HP 2020:</b> OH-3, OH-4, OH-14 <b>NPS:</b> Clinical and Community Preventive Services</p>

dental clinic in the past year from 59.4 percent to 65 percent	
OH2.1.1 By December 31, 2024, increase the percentage of Marion County population receiving optimally fluoridated water from 25.2 percent to 28.0 percent	<b>NPS:</b> Clinical and Community Preventive Services <b>NSS Health Equity:</b> Goal 3 Health System and Life Experience, Strategy 8: Access to Care
<b>Strategic Priority: Mental and Behavioral Health</b>	
MBH1.1.1 By December 31, 2024, decrease rate of emergency department visits per 1,000 for mental health reasons from 100.5 (2016) to 90 per 1,000	<b>HP2020:</b> MHMD-5, MHMD-9, MHMD-10 <b>NPS:</b> Clinical and Community Preventive Services; Mental and Emotional Well-being <b>NSS Health Equity:</b> Goal 3 Health System and Life Experience, Strategy 8: Access to Care
MBH1.1.2 By December 31, 2024, decrease the number of Neonatal Abstinence Syndrome cases by 50 percent from 64 (2018) to 32	<b>HP2020:</b> MICH-11.4 <b>Florida SHIP:</b> BH 2.1
<b>Strategic Priority: Education and Training</b>	
ED1.1.1 By December 31, 2024, increase the percentage of individuals who complete post-secondary education by 2 percent (from 27.9 percent to 28.5 percent (2017))	<b>Florida SHIP:</b> HE 2.1 <b>NPS:</b> Empowered People
ED1.1.2 By December 31, 2024, increase Strong Families Initiative annual graduation rate by 80 participants per year (2017) to 300	<b>NPS:</b> Empowered People
<b>Strategic Priority: Infrastructure: Housing and Transportation</b>	
IN1.1.1 By December 31, 2021 increase the number of supportive housing units (bedrooms) from 20 to 200	<b>Florida SHIP:</b> HE 2.1 <b>NPS:</b> Empowered People; Injury and Violence-Free Living
IN2.1.1 By December 31, 2024 increase promotion of Marion Transit at healthcare access points	<b>NPS:</b> Injury and Violence-Free Living

## Appendix

This Appendix includes the following sections:

- Marion County Steering Committee for Health Members
- Marion County Visioning Results
- Marion County CHIP Implementation Action Plan template

## MARION COUNTY STEERING COMMITTEE FOR HEALTH MEMBERS

### STEERING COMMITTEE MEMBERS

- Craig Ackerman, Florida Department of Health in Marion County
- Donald Baracskey, The Centers
- Steve Blank, The Centers
- Curt Bromund, Marion County Hospital District
- Ann Burnett, FreeD.O.M. Clinic USA, Inc.
- Nancy Castillo, Marion County Children's Alliance
- Sarah Catalanotto, Suwannee River Area Health Education Center
- Meaghan Crowley, Florida Department of Health in Marion County
- Vanessa DiPiazza, Marion County Children's Alliance
- Lauren Fischer, QuitDoc Foundation
- Robin Ford, Ocala Police Department
- Dale French, CareerSource Citrus Levy Marion
- Melanie Gaboardi, City of Ocala
- Patrick Gilman, Marion County Health Alliance
- Michael Gilmer, Florida Department of Health in Marion County
- Michael Griggs, AdventHealth
- Cassandra Jackson, Marion Senior Services
- Christy Jergens, Florida Department of Health in Marion County
- Mike Jordan, Alternative Courts
- Jessica Kummerle, College of Central Florida
- Mark Lander, Florida Department of Health in Marion County
- Amanda LaPone, Healthy Start of North Central Florida
- Brianna Liles, Marion County Hospital District
- Cheryl Martin, Marion County Community Services
- Rod McGinnes, College of Central Florida
- Bradley McLarty, AdventHealth
- Carali McLean, Heart of Florida Health Center
- Kelsey Mears, Marion County Parks and Recreation
- Donnie Mitchell, Marion County Community Services
- Mark Paugh, College of Central Florida
- Erin Peterson, Healthy Start of North Central Florida
- Cheri Potter, Marion County Public Schools
- Scot Quintel, United Way of Marion County
- Wendy Resnick, UF Health
- Frances Santiago, Langley Health Services

- Kevin Sheilley, Ocala / Marion County Chamber & Economic Partnership
- Tammy Slaughter, QuitDoc Foundation
- Michelle Stone, Marion County Board of County Commissioners
- Rebecca Tull, Marion County Hospital District
- Jamie Ulmer, Heart of Florida Health Center
- Debra Velez, Marion County Hospital District
- Maclyn Walker, Heart of Florida Health Center
- Tom Wilder, Marion Senior Services
- Kimberly Williams, AdventHealth
- Debra Wise-Velez, Kids Central, Inc.
- Kathleen Woodring, CareerSource Citrus Levy Marion
- Tara Woods, Ocala Police Department
- Heather Wyman, Marion County Hospital District
- Vicki Wynns, Langley Health Services
- Dennis Yonce, City of Ocala

#### OTHER PARTNERS

- Rick Bourne, Hospice of Marion County
- Tom Chase, Langley Health Services
- Jim Couillard, Marion County Parks and Recreation
- Tabatha Downey, Heart of Florida Health Center
- Jessica Gilbert, Kids Central, Inc.
- James Henningsen, College of Central Florida
- John Kerley, Marion County Public Schools
- Jennifer Martinez, Marion Senior Services
- Arthur Osberg, Ocala Health
- Mia Rager, Cradling Hands
- Davida Randolph, Ocala Housing Authority
- Diane Schofield, Hands of Mercy Everywhere
- Tammy Slaughter, QuitDoc Foundation
- Mark Vianello, Career and Technical Education
- Amber Windsor-Hardy, AdventHealth

## MARION COUNTY VISIONING RESULTS

### Characteristics of a Healthy Marion County

#### Visioning Exercise – July 27, 2018

Health care services that include

- Dental care
- Mental health care
- Substance use treatment and prevention
- Prenatal care

Barriers to health care addressed by having services that are

- Located for easy access
- Served by a transportation system
- Affordable and/or covered by insurance or public benefit programs
- Delivered in culturally and linguistically appropriate ways

Healthy behaviors that support

- Healthy food choices
  - Affordability of nutritious foods
  - Accessibility of foods, elimination of food deserts
  - Awareness of impacts of choices and behaviors
- Health literacy including knowledge of how and when to use health services and resources

Focus on populations that may experience barriers to health and quality of life, have health challenges

- Homeless
- People impacted by mental health and substance abuse problems
- Infants and children
- Senior citizens

Community attributes and resources include

- Affordable housing
- Incomes that support families and meet materials needs
- Community colleges and vocational programs to prepare youth and young adults for careers
- Parks and recreation programs for all ages and abilities
- Fluoridated water

Community leadership that

- Collaborates to reduce duplication, improve efficiency and resources for residents and to achieve collective impact
- Addresses health equity and disparities through data-informed policy
- Ensures people are prepared for disasters/emergencies and promotes resiliency



MARION COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

Marion County Community Health Improvement Plan (CHIP) Action Plan

<b>Strategic Priority:</b>					
<b>Goal:</b>					
<b>Strategy:</b>					
<b>Objective:</b>					
<b>Data Source:</b>					
<b>Background on Strategy:</b>					
<i>Source or Evidence-base:</i>					
<i>Policy Change</i> (yes/no):					
<i>Health equity or disparity to be addressed</i> (if applicable):					
<b>Action Plan:</b>					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress