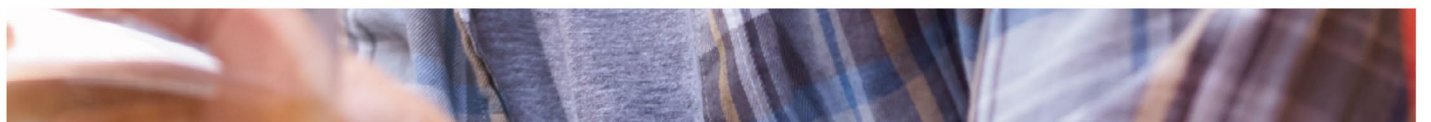




MARION COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

MAY 2023 - APRIL 2026 | PUBLISHED 5/1/23 Revised 5/1/25



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Executive Summary of the Marion County Community Health Improvement Plan 2023-2026

MARION COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

Strategic Priority: Healthy Aging

- Goal HA1: Increase supportive care and services for the aging population
- Goal HA2: Promote healthy, active aging for all ages

Strategic Priority: Access to Care

- Goal AC1: Enhance access to health-related resources
- Goal AC2: Reduce primary care provider shortages in Marion County

Strategic Priority: Wellness and Primary Prevention

- Goal WP1: Broaden availability of life skills and technical training for Marion County residents
- Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County

Strategic Priority: Behavioral Health

- Goal BH1: Reduce high utilization calls from adults for mental health services
- Goal BH2: Educate providers and the community on the availability and accessibility of behavioral health programs and services in Marion County
- Goal BH3: Expand access to behavioral health care facilities
- Goal BH4: Advocate for the adoption of a comprehensive tobacco control policy for Marion County's K-12 schools

The Florida Department of Health in Marion County and AdventHealth Ocala, as collaborative leaders and partners, launched the 2022 Community Health Needs Assessment (CHNA) process in April 2022. Once again, Marion County community partners used 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 the

2022 Marion County CHNA Steering Committee, the MAPP process yielded a wealth of data (see companion documents, 2022 Marion County Community Health Needs Assessment and 2022 Marion County Community Health Needs Assessment Technical Appendix) that were used to identify strategic priorities for the coming three years of 2023-2026. The strategic priorities include:

- **Healthy Aging:** Many factors influence healthy aging. Some, such as genetics, cannot be controlled but many factors can be managed to contribute to a productive, healthy, meaningful life. Adopting healthy behaviors, staying active and connected in the community, understanding and managing health conditions, and wisely using preventive and social services all play a role in healthy aging. According to the U.S. Census (2020) and related secondary data from the CHNA, about 30% of Marion County's population is aged 65 years and older, including nearly 10% who are aged 75-84 years and another 4% in the 85 years and older category. In seven of Marion County's 24 zip codes, more than a third of residents are aged 65 years and older. These data confirm that seniors comprise a large segment of the population and that the need for senior services is concentrated in certain geographic areas of the county. Primary data collected from residents points to aging issues as community concerns. Of the top ten most important health issues in Marion County, elderly caregiving and the availability of affordable assisted living facilities ranked seventh and eighth, respectively. Among the top behaviors with greatest negative impact on health was loneliness and isolation, selected by 14% of community survey respondents. Qualitative primary data from assessment discussions noted that a trend of concern for the future is the aging population with its potential for increasing health care service needs.
- **Access to Care:** Although access to health care does not necessarily prevent illness, early intervention and self-management resources can help to maintain quality of life and minimize premature death and disability. Assessment findings pointed to barriers in health care resource access for Marion County residents. Marion County has a total of ten locations (three dental, five primary care, two mental health) that are designated as Health Professional Shortage Areas and rates of physicians by various types that fall far below state rates. Assessment survey respondents, both the community at-large and health and social service providers and partners, ranked access to health care as the most important factor for a healthy community. In addition, access to primary care was ranked as the third most important issue to be addressed in Marion County by both community members and health care professionals and partners. Primary survey data collected on barriers to primary, dental, and mental health care shows cost, appointment availability, and insurance issues as notable impediments to receiving needed care. Open discussions with community partners as part of the CHNA process forces of

change assessment underscored that scarce health care provider and appointment availability are persistent limiting factors in the access landscape in Marion County.

- **Wellness and Primary Prevention:** Primary prevention efforts aim to prevent illness and injury before it occurs. Wellness includes actively making choices towards a healthy and fulfilling life. Prevention and wellness encompass education, health literacy, behavior modification and long-term investments in systems that promote healthy living. Education, as a fundamental factors that contribute to quality of life, was shown in the CHNA secondary data to be lagging in some regards in Marion County. Lower high school graduation rates and higher dropout rates compared to the state were found. The percentage of Marion County residents aged 25 and older who hold college degrees was also found to be lower than state rates. These observations were also made by community partners during open discussions. The need for primary prevention in the areas of tobacco use, overweight and obesity, lack of physical activity, and poor nutrition surfaced in both secondary and primary CHNA data. Higher than state rates for youth and adult tobacco use were notable as were continuing challenges with rates for overweight and obesity. Marion County adults face persistent health problems with chronic conditions such as diabetes, cardiovascular disease, stroke, and chronic lower respiratory disease. Marion County residents are hospitalized for ambulatory-care sensitive conditions (i.e., preventable) at higher than state rates. CHNA survey results show that community members as well as health care professionals and partners rated diabetes, overweight and obesity, and heart disease and stroke as among the top ten issues that need to be addressed. As a corollary, the most commonly identified negative behaviors were unhealthy eating, lack of physical activity, tobacco use, distracted driving, violence, and not using health and social services appropriately.
- **Behavioral Health:** Mental, behavioral, 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 behavioral health and substance abuse surfaced in all three of the MAPP assessments. The secondary data review found that Marion County residents seek care for mental health problems in emergency rooms at higher rates than for the state. Although rates of emergency room visits for mental health reasons by Marion County residents have decreased, these rates continue to notably exceed state rates (74.9 per 1,000 population versus 56.8, Marion County and Florida respectively, 2020, Table 90, CHNA Technical Appendix). Community respondents to the CHNA survey identified mental health problems and substance abuse as the top two most important health issues to be

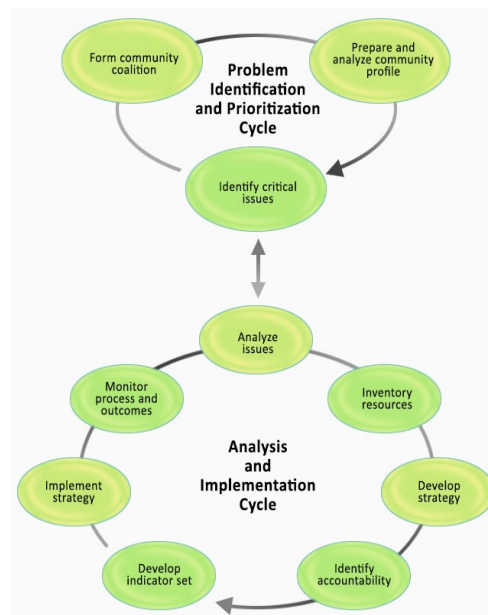
addressed in Marion County. Further, drug abuse was ranked by more than half of community survey respondents as the behavior with the greatest negative on health. Tobacco use ranked as the sixth behavior with negative impact. Mental or behavioral health surfaced as the most important health concern for Marion County's children according to survey respondents. Self-harm and suicide prevention and tobacco use also ranked high (sixth and seventh, respectively) in the community survey data. More than 40% of survey respondents indicated that mental and behavioral health services were the services most difficult to obtain in Marion County. Health care providers and community partners who responded to the CHNA survey concurred that mental health problems, substance use, and tobacco use are among the most important health issues in Marion County. Nearly three-quarters of providers and partners identified mental and behavioral health care and counseling as the health care service most difficult to obtain 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. MAPP 2.0 was released in 2022 reflecting the updated (2020) Ten Essential Public Health Services and innovations in community engagement, data collection and reporting, and community capacity assessment.

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: April 3, 2023

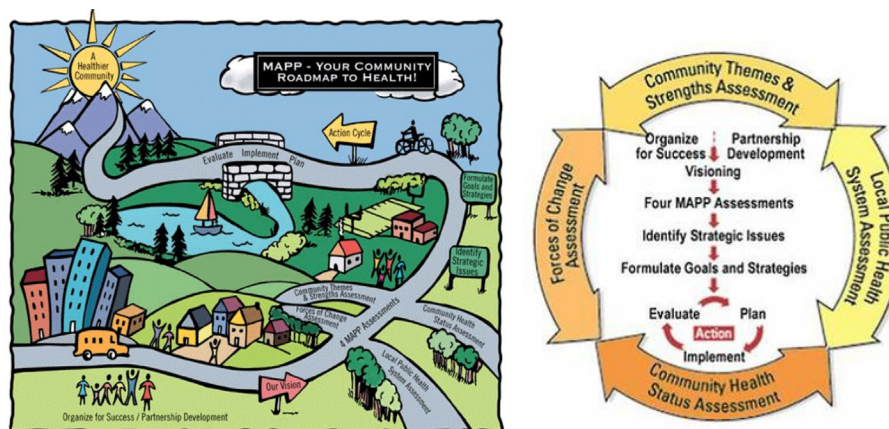
NACCHO and the CDC's vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

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

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

The findings from these three MAPP assessments informed the recognition 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.A.C.C.H.O.). *Community Health Assessment and Improvement Planning*. Retrieved April 3, 2023.

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 planning process "involves an ongoing, collaborative, community-wide effort to identify, analyze, and address health problems; assesses 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 (October 2022). *PHAB Acronyms and Glossary of Terms*. Retrieved April 3, 2023.

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 April 2022 and concluded in August 2022. The three phases of MAPP that constituted the community health assessment process are briefly described below. In the new year (2023), 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 needs assessment (CHNA) and health improvement planning process, the Florida Department of Health in Marion County and AdventHealth Ocala together 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 CHNA Steering Committee for Health members, other partners, and their affiliations can be found in the 2022 Marion County Community Health Needs Assessment report.

MAPP PHASE 2: VISIONING

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. Additional visioning results and the community's full definition of health and a healthy community are included in the appendix.

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
 - High rates of poverty by age, sex, geography
 - Less college-educated population
 - Persistent barriers to health care access
 - Lack of health care providers
 - Large geographic size of Marion County
 - Transportation challenges
 - Food deserts
 - Internet availability issues
 - Social isolation for some populations, most notably senior citizens in rural area
 - County-wide lack of walkability
- Trends
 - Increasing population
 - Aging population, increasing in age 75 years and older population segment
 - Rising sexually transmitted disease (STD) rates
 - Employment rates rising
 - More competition for hiring and retaining employees
 - Inflation
 - Wages not keeping up with rising housing costs
- Events
 - Mass shooting
 - County/city-wide celebrations and large community events
 - Economic recession
 - Seeking large grant for mental health care
 - Local, state, and national elections
 - Turnpike extension
 - Weather events including major hurricanes, tornados, and flooding
 - Disease outbreaks and emerging threats

Community Themes and Strengths:

The opinions, perspectives and concerns of Marion County residents and health care and social service providers and community partners were collected through the community themes and strengths assessment. The goal of this primary data collection activity was to better understand what is important to the community and barriers and obstacles to obtaining needed services. Two surveys were development and implemented. One survey sought input from adult Marion County residents while the second focused on hearing from health care and social service providers and community partners who served Marion County. There were 701 completed community surveys included in the analysis and 103 surveys included in the analysis from providers and partners. A convenience sampling method was used to collect survey data and results are not generalizable to the general population. Results showed that half (50.6%) of community survey respondents rated the overall health of Marion County residents as somewhat healthy. More than one-third of community survey respondents ranked mental health as the most important health issue to be addressed, followed closely by substance/drug abuse. Relatedly, drug abuse was by far ranked as the behavior with the greatest negative impact on health in Marion County. The most important health concerns for children in Marion County were identified as mental or behavioral health and nutrition and healthy eating. Other highlights from the analysis of the community survey are provided below. For detailed results, including those from the health care and social service provider and community partner survey, please refer to the 2022 Marion County Community Health Needs Assessment report.

Top ranked most important health issues to address in Marion County included:

- Mental health (34.0% of survey respondents selected this)
- Substance/drug abuse (31.8%)
- Access to primary care (23.8%)
- Homelessness (19.7%)
- Access to sufficient, nutritious foods) (19.1%)

Behaviors with the greatest negative impact in Marion County included:

- Drug abuse (51.9%)
- Eating unhealthy foods/drinking sugar-sweetened beverages (31.5%)
- Lack of personal responsibility (30.8%)
- Lack of physical activity (23.7%)

Health care services that were rated as the most difficult to obtain in Marion County included:

- Mental/behavioral health care (41.7%)
- Dental care (25.5%)
- Specialty care (22.4%)

- Alternative medicine and therapies (21.1%)

Barriers to accessing dental, primary and mental health care experienced by survey respondents in the past 12 months most commonly cited were:

- Cost (57.3% dental care, 36.1% primary care, 54.0% mental health care)
- Insurance-related issues (48.4% dental care, 33.7% primary care, 45.4% mental health care)
- Appointment availability (44.0% dental care, 74.6 primary care, 43.6% mental health care)

Personal challenges reported by survey respondents:

- Needed emergency food in past 12 months (11.3%)
- Often or sometimes worried about food running out before having money to buy more (7.6 and 14.4%, respectively)
- Lived on the street, in a car or in a temporary shelter in the past 2 years (1.9%)
- Worried that in the next two months they may not have stable housing (5.9%)
- Had utilities shut off in the past 12 month for not paying utility bill(s) (3.1%)
- Experience depression and anxiety (41.5%)
- Have high blood pressure, hypertension (40.2%)
- Have obesity as a health problem (34.5%)
- Have diabetes (15.4%)

Community Health Status:

A comprehensive review of secondary data for Marion County examined demographic indicators, mortality and morbidity, health care access and utilization, and geographic characteristics. The *2022 Marion County Community Health Needs Assessment* report and *2022 Marion County Community Health Needs Assessment Technical Appendix* were developed as part of this assessment and serve as community resources for planning and decision making. The key findings that emerged from the overall community health status review are highlighted below.

Data show Marion County has continuing challenges with issues as listed below (table references are from the *2022 Marion County Community Health Needs Assessment Technical Appendix* unless otherwise noted).

- Poverty [\$46,587 median household income, all races, Marion County, \$57,703 Florida (Table 29, 2016-2020); \$26,990 per capita income, all races Marion County, \$32,848 Florida (Table 31, 2016-2020); 36.0% Asset Limited, Income Constrained, Employed (ALICE) households Marion County, 32.0% Florida, *2016 United Way ALICE Report*]

- Limited employment opportunities [7.0% unemployment Marion County, 7.7% Florida (Table 39, 2020)]
- Barriers to education and job training [86.5% high school graduation rate Marion County, 90.1% Florida (Table 44, 2020-2021); 30.1% college degree as the highest level of school completed Marion County, 40.5% Florida (Table 43), 2016-2020]
- Health care service access [208.3 total physicians/100,000 Marion County, 314.0/100,000 Florida; 38.9 dentists/100,000 Marion County, 56.7/100,000 Florida (Tables 129, 130, 2020-2021)]

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 2020, 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 60, *2022 Marion County Community Health Needs Assessment Technical Appendix*) as well as infant mortality for which Marion County exceeded the state rate for 2018-2020 (Table 101, *2022 Marion County Community Health Needs Assessment Technical Appendix*).

- Heart Disease (216.0/100,000 Marion County, 145.8/100,000 Florida)
- Cancer (178.9/100,000 Marion County, 138.7/100,000 Florida)
- Unintentional Injuries including alcohol-confirmed motor vehicle crash fatalities (122.4/100,000 Marion County, 73.9/100,000 Florida)
- Chronic Lower Respiratory Disease (43.7/100,000 Marion County, 34.2/100,000 Florida)
- Diabetes (35.4/100,000 Marion County, 23.2/100,000 Florida)
- Infant Mortality (7.8/1,000 live births Marion County, 6.0/1,000 live births Florida, 2018-2020)

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 persistent 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 2022 Marion County Community Health Needs Assessment Technical Appendix unless otherwise noted):

- Mental health problems [18.7% adults with depressive disorder Marion County, 17.7% Florida; 18.3% adults whose poor physical or mental health kept them from doing usual activities of daily living on 14 or more of the past 30 days Marion County, 18.3% Florida (Table 117, 2017-2019)]
- Substance and drug abuse [11.4/100,000 alcohol-confirmed motor vehicle crash injuries Marion County, 12.0/100,000 Florida (Table 96, 2020)]
- Tobacco use including e-cigarettes and smokeless tobacco products [18.3% adults who are current smokers Marion County, 14.8% Florida; 3.3% adults current e-cigarette users Marion County, 7.5% Florida (Table 117, 2017-2019)]
- Overweight and obesity [35.0% adults who are obese Marion County, 27.0 Florida; 66.8% adults who are overweight or obese Marion County, 64.6% Florida (Table 117, 2017-2019)]
- Late entry into prenatal care [55.2% of births that received first trimester care, all races, Marion County, 69.3% Florida (Table 103, 2018-2020)]

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 health care services. Utilization and health professional shortage data illuminated the depth of access to care issues in Marion County. The major issues related to health care 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 74.9, Florida rate at 56.8 (Table 90, 2020); preventable Emergency Department visit rate per 1,000 population for oral health reasons for Marion County residents at 11.5, Florida rate at 5.8 (Table 131, 2020)]
- Lack of health care providers and services, specialty care physicians, and dentists [208.3 total physicians/100,000 Marion County, 314.0/100,000 Florida; 38.9 dentists/100,000 Marion County, 56.7/100,000 Florida (Tables 129, 130, 2020-2021)]

- Rising costs of health care and prescription drugs [percent of hospital discharges by payor sources for Marion County residents at 53.9% for Medicare, 17.9% Medicaid, 17.0% private insurance, 7.2% self or non-payment; for Florida 45.4% Medicare, 18.6% Medicaid, 23.6% private insurance, 7.8% self or nonpayment (Table 136. 2020); 19.1% Marion County adults who could not see a doctor in the past year due to cost, 16.0% Florida (Table 117)]
- Lack of affordable health insurance with sufficient coverage [11.7% civilian population uninsured, Marion County; 12.7% Florida (Table 38. 2016-2020); percent uninsured by age groups, under 65 years of age Marion County at 16.9%, Florida 16.4%; ages 18-64 Marion County at 20.5%, Florida 19.4% (Table 37, 2015-2019)]

MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES

An essential component of bridging the community health needs 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 August 3, 2022, the Marion County CHNA Steering Committee identified strategic priorities. The process included the review of the community health status data, community themes and strengths findings from the community and health care and social service and partner surveys, and forces of change issues. The steering committee discussed the characteristics of strategic priorities to assure a common understanding of issue 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, identified common themes, and picked their top five strategic priority issues. All attendees then participated in a facilitated consensus discussion and multi-voting to identify the final strategic priorities. After a slight pause to address emerging public health concerns and local issues, in February 2023 the 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, 2023

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 	<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 April 5, 2023.

Strategic Priority Issue Areas Identified

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

MAPP PHASE 5: FORMULATE GOALS AND STRATEGIES

The purpose of this phase is for community partners to develop goals, identify strategies, write measurable objectives, and build action plans for each of the strategic priority areas. At its February 22, 2023, meeting, the Marion County CHNA Steering Committee began this work. After reviewing the

data and key findings from the three MAPP assessments, the group reconfirmed and refined the strategic priority issue statements, organized into action planning workgroups with one group for each strategic priority area, and began work on writing objectives and action plans. The four-hour February meeting was followed by a similar meeting on March 1, 2023, where community partners refined and finished writing action plans. Subject matter experts contributed evidence-based and promising practices which were 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, and data source. Action plans note milestone activities, identify a lead entity, specify performance measures for the activity, list resources needed, and have a tracking and status indicator.

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 CHNA Steering Committee and an annual CHIP review. If appropriate, revisions to the CHIP and/or action plans will be made and documented.

MARION COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

February – April 2022	Organizational meetings, partner identification, timeline development
May 2, 2022	Community health needs assessment kick-off meeting, visioning
April – June 2022	Secondary data collection and analysis
May 2 – June 10, 2022	Primary data collection via community and provider surveys
July 11, 2022	Presentation of secondary and primary data, forces of change
August 3, 2022	Review of findings from secondary data and primary data
	Reach consensus on strategic priority issues
August 31, 2022	Marion County CHNA Report is released
December 2022	Core Team organizational discussions, CHIP timeline development
February 20, 2023	Core Team meeting to set CHIP meeting roles, resources, expectations
February 22, 2023	CHIP Workgroup meeting to write goals, objectives, action plans

March 1, 2023	CHIP Workgroup meeting to finalize goals, objectives, action plans
March 23, 2023	Core Team meeting to review CHIP goals, objectives, action plans
April 30, 2023	2023-2026 Marion County Community Health Improvement Plan published
May 1, 2023	Marion County Community Health Improvement Plan launch

Marion County CHIP Goals, Strategies, Objectives and Related Resources

There are four strategic priority areas in the 2023-2026 Marion County community health improvement plan. 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, and listing of any proposed policy changes. Please see the appendices for the action plan template and the action plan compendium that will be updated regularly to reflect progress towards achieving objectives and goals.

Strategic Priority: Healthy Aging (HA)	
Goal HA1: Increase supportive care and services for the aging population	
Strategy HA1.1: Promote, expand, and/or establish partnerships with the faith-based community to enhance caregiver support groups resources	
Objective HA1.1.1: By April 30, 2026, increase the number of caregiver support groups from 6 (2022) to 15	
Strategy HA1.2: Establish, staff, and promote dementia caregiver workshops	
Objective HA1.2.1: By April 30, 2026, increase the annual number of dementia caregiver workshops from 12 (2022) to 16	
Strategy HA 1.3: Promote and expand training on dementia for local first responders	
Objective HA 1.3.1: By April 30, 2026, increase the number of first responders who receive dementia training from 90 (2022) to 400	
Strategy HA1.4: Expand or amend contracts with assisted living facilities (ALFs), skilled nursing facilities (SNFs), hotels, shared housing opportunities, and referrals for senior citizens	
Objective HA1.4.1: By April 30, 2026, increase the number of seniors in unsafe housing who have been transitioned into safer environments from 25 (2022) to 150	
Strategy HA1.5: Open or establish dining sites that serve senior citizens in underserved areas	
Objective HA1.5.1: By April 30, 2026, increase the number of dining sites from 3 (2022) to 6	
Strategy HA1.6: Increase number of community partners to the High Utilizer Task Force so they can refer and divert high utilizers to the high utilizer program	
Objective HA1.6.1: By April 30, 2026, increase the number of high utilizers of emergency services aged 60 and older who are diverted or referred to Community Services from 17 (2022) to 34	

Resources: Nancy Renyhart Center for Dementia Education (NRCDE), Marion Senior Services, Marion County High Utilizer Task Force, Florida Department of Health in Marion County, Marion County Sheriff's Office, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment
Goal HA2: Promote healthy, active aging for all ages
Strategy HA2.1: Policy change on city and county advisory board targets
Objective HA2.1.1: By April 30, 2026, increase the percentage of members of advisory boards who are younger than 60 years of age
Strategy HA2.2: Promote intergenerational activities
Objective HA2.2.1: By April 30, 2026, increase the number of Marion County seniors placed in part-time work by Senior Resource Foundation from 3 (2022) to 10
Resources: Marion Senior Services, Marion County Board of County Commissioners, City of Ocala leaders, Senior Resource Foundation, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment
Strategic Priority: Access to Care (AC)
Goal AC1: Enhance access to health-related resources
Strategies AC1.1: Establish integrated health communication system and health information exchange system (HIE) for interagency patient information and referral exchange, promote coordination among mobile health and dental care units to serve Marion County, enhance referrals among provider organizations, deliver coordinated health services and education
Objective AC1.1.1: By April 30, 2026, reduce the rate of ambulatory care sensitive hospitalization from all conditions for Marion County residents aged 0 to 64 years by 1% from 1,095.5 per 100,000 population (2021) to 1,084.5 per 100,000 population
Resources: FreeD.O.M. Clinic, Langley Medical Center, Heart of Florida Health Center, Florida Department of Health in Marion County, United Way of Marion County 2-1-1, Marion County Children's Alliance, media communication partners, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment
Goal AC2: Reduce primary care provider shortages in Marion County
Strategies AC2.1: Enhance provider recruitment approaches, expand scopes of practice for select professions, explore expanded use of community health workers (CHWs) and CHW programs
Resources: Marion County Hospital District, Ocala Fire Rescue, Heart of Florida Health Center, Langley Health Services, Florida Department of Health in Marion County, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment

Strategic Priority: Wellness and Primary Prevention	
Goal WP1: Broaden availability of life skills and technical training for Marion County residents	
Strategies WP1.1: Improve access to life skills education, offer life skills educational opportunities to all age groups	
Objective WP1.1.1: By April 30, 2026, increase the annual number of Strong Families program graduates from 65 (2022) to 80	
Strategies WP1.2: Promote technical and professional training, education, licensure, and certification through community-based higher education, outreach to different age groups including adolescents, teens, young adults, focus outreach on organizations such as Marion County Literacy Council, Boys and Girls Clubs, Career Source, GED programs, Pace Center for Girls, Kids Central, youth in foster care	
Objective WP1.2.1: By April 30, 2026, increase the number of College of Central Florida Allied Science and Nursing graduates by 5% from 307 (2022) to 322, based on past three-year average	
Resources: United Way of Marion County, Marion County Literacy Council, Boys and Girls Clubs, Career Source, Marion County Public Schools, Pace Center for Girls, Kids Central, Florida Department of Health in Marion County, Strong Families curriculum and national resources, College of Central Florida, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment	
Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County	
Strategies WP2.1: Promote access to behavior change and lifestyle modification education, provide chronic disease self-management instruction and resources, promote attainment and maintenance of good health through health education	
Objective WP2.1.1: By April 30, 2026, reduce ambulatory care-sensitive hospitalizations due to diabetes for Marion County residents under the age of 65 by 5% from 205.0 per 100,000 population under 65 (2021) to 194.7 per 100,000	
Objective WP2.1.2: By April 30, 2026, increase the number of participants in culinary medicine and nutrition classes offered by the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) by 5% from 587 (2022) to 616	
Objective WP2.1.3: By December 31, 2025, increase the amount of produce distributed in Marion County through the AdventHealth Food is Health® program by 20% from 1,673 pounds (2022) to 2,000 pounds	
Resources: Marion County Diabetes Consortium and its participating partner agencies (Florida Department of Health in Marion County, Marion County Hospital District, Elder Options, AdventHealth Ocala, Heart of Florida Health Center, University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS), One Stop Health, Faithfully Guided, Estella Byrd Whitman Wellness and Community Resources Center, and Dynamic Therapy and Wellness, evidence-based chronic disease self-management curriculum), Marion County Hospital District, AdventHealth Ocala Food is Health® program, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment	

Strategic Priority: Behavioral Health	
Goal BH1: Reduce high utilization calls for mental health services from adults	
Strategies BH1.1: Conduct case staffing research on high utilizers, focus on adult residents under 60 years old	
Objective BH1.1.1: By January 31, 2026, reduce the annual number of high utilization calls for behavioral health services by 15% from 224 (2022) to 190	
Resources: SMA Healthcare, Marion County Sheriff's Office, High Utilization Task Force, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment	
Goal BH2: Educate providers and the community on the availability and accessibility of behavioral health programs and services in Marion County	
Strategies BH2.1: Create marketing assets and dissemination plan to reach Marion County parents with the intention to share the availability of youth behavioral health services/resources	
Objective BH2.1.1: By January 31, 2026, a marketing campaign about the availability of youth behavioral health services and resources in Marion County will have reached 10,000 adult individuals, as measured by the number of marketing materials disseminated electronically from a baseline of 0 (2022)	
Strategy BH2.2: Convene the Opioid and Addiction Task Force quarterly for provider education sessions to share information on behavioral health programs and resources, create a database of MOUD/MAT providers in the community to increase provider awareness and promote patient participation	
Objective BH2.2.1: By January 31, 2025, 7 quarterly education sessions will have been hosted for community providers detailing available behavioral health resources, as evidenced by marketing/communication plans and sign-in sheets	
Resources: Community Council Against Substance Abuse (CCASA), Opioid and Addiction Task Force and their Education and Prevention Subcommittee, AdventHealth Ocala, ResourceMarion.org, Mental Health First Aid curriculum, Heart of Florida Health Center, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment	
Goal BH3: Expand access to behavioral health care facilities	
Strategy BH3.2: Offer more treatment modalities to women with children	
Objective BH3.2.1: By January 31, 2024, residential treatment services for women will expand to include women with children and pregnant women as evidenced by the expansion of SMA treatment services from 0 female-specific beds to 24	

Strategy BH3.3: Offer peer support and recovery services to pregnant women and women in early postpartum period in Marion County to increase opportunities for long-term recovery and impact the infant's future health outcomes, encourage partners and Florida Department of Children and Families (DCF) to advocate for policy change for expanded resources for pregnant women in treatment
Objective BH3.3.1: By April 30, 2026, decrease Neonatal Abstinence Syndrome cases by 50% from 22 (2020) to 11
Strategy BH3.4: Determine needed resources including funding, staffing, and facilities to construct a central receiving facility
Objective BH3.4.1: By January 31, 2025, establish a central receiving facility in Marion County at SMA Healthcare
Resources: SMA Healthcare, Park Place at Beacon Point Peers, Heart of Florida Health Center, Florida Department of Health in Marion County, Florida Department of Children and Families, obstetricians and pregnancy care providers in Marion County, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment
Goal BH4: Advocate for the adoption of a comprehensive tobacco control policy for Marion County's K-12 schools
Strategies BH4.1: Stakeholders will conduct review of policy best practices and available policy resources to devise a policy that can clear appropriate School District channels and be presented for School Board approval for the 2023-2024 school year
Objective BH4.1.1: By December 31, 2024, Marion County Public Schools and Marion County School Board will pass (i.e., approve) a comprehensive K-12 tobacco control policy that adheres to the Florida Department of Health, Bureau of Tobacco Free Florida's best practices for schools
Resources: Tobacco-Free Partnership of Marion County, Marion County Hospital District, Marion County Public Schools, Florida Department of Health Bureau of Tobacco Free Florida, model policies, see also Appendix D, Community Assets and Resources in the 2022 Marion County Community Health Needs Assessment

Marion County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies, and objectives in the Marion County CHIP align with state and national initiatives. These include the Florida Department of Health's State Health Improvement Plan for 2022-2026 and Healthy People 2030. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Marion County residents.

Marion County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026
Strategic Priority: Healthy Aging (HA)	
Objective HA1.1.1: By April 30, 2026, increase the number of caregiver support groups from 6 (2022) to 15	HP 2030: DH-D01 Florida SHIP: AD3, AD3.1, AD3.2, AD3.3
Objective HA1.2.1: By April 30, 2026, increase the annual number of dementia caregiver workshops from 12 (2022) to 16	HP 2030: DH-D01 Florida SHIP: AD1, AD1.2, AD 1.3, AD1.4
Objective HA 1.3.1: By April 30, 2026, increase the number of first responders who receive dementia training from 90 (2022) to 400	HP 2030: DIA-02 Florida SHIP: AD2, AD2.1
Objective HA1.4.1: By April 30, 2026, increase the number of seniors in unsafe housing who have been transitioned into safer environments from 25 (2022) to 150	HP 2030: SDOH-04, DH-04 Florida SHIP: SEC3, SEC3.1, SEC4, SEC4.2
Objective HA1.5.1: By April 30, 2026, increase the number of dining sites from 3 (2022) to 6	HP 2030: NWS-01 Florida SHIP: SEC3, SEC3.3
Objective HA1.6.1: By April 30, 2026, increase the number of high utilizers of emergency services aged 60 and older who are diverted or referred to Community Services from 17 (2022) to 34	HP 2030: OA-03 Florida SHIP: SEC2
Objective HA2.1.1: By April 30, 2026, increase the percentage of members of advisory boards who are younger than 60 years of age	Florida SHIP: SEC3

Marion County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026
Objective HA2.2.1: By April 30, 2026, increase the number of Marion County seniors placed in part-time work by Senior Resource Foundation from 3 (2022) to 10	HP 2030: SDOH-02 Florida SHIP: SEC4
Strategic Priority: Access to Care	
Objective AC1.1.1: By April 30, 2026, reduce the rate of ambulatory care sensitive hospitalizations from all conditions for Marion County residents aged 0 to 64 years by 1% from 1,095.5 per 100,000 population (2021) to 1,084.5 per 100,000 population	HP 2030: AHS-04, HDS-09, HDS-D01, HDS-D02, HDS-D04, OA-05, OA-06, OA-07, RD-D01, RD-D02, RD-D04 Florida SHIP: CD2, CD2.4, CD4, CD4.2
Strategic Priority: Wellness and Primary Prevention	
Objective WP1.1.1: By April 30, 2026, increase the annual number of Strong Families program graduates from 65 (2022) to 80	HP 2030: EMC-01, EMC-02, SDOH-03 Florida SHIP: SEC1, SEC3
Objective WP1.2.1: By April 30, 2026, increase the number of College of Central Florida Allied Science and Nursing graduates by 5% from 307 (2022) to 322, based on past three-year average	HP 2030: SDOH-06, ECBP-D08 Florida SHIP: SEC1, SEC1.1
Objective WP2.1.1: By April 30, 2026, reduce ambulatory care sensitive hospitalizations due to diabetes for Marion County residents under the age of 65 by 5% from 205.0 per 100,000 population under 65 (2021) to 194.7 per 100,000	HP 2030: D-01, D-02, D-03, D-04, D-06, D-07, D-08, D-09, MPS-D02, OA-05, D-D01 Florida SHIP: CD2, CD2.1, CD4, CD4.2
Objective WP2.1.2: By April 30, 2026, increase the number of participants in culinary medicine and nutrition classes offered by the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) by 5% from 587 (2022) to 616	HP 2030: NWS-03, NWS-10 Florida SHIP: CD6, CD6.1
Objective WP2.1.3: By December 31, 2025, increase the amount of produce distributed in Marion County through the AdventHealth Food is Health® program by 20% from 1,673 pounds (2022) to 2,000 pounds	HP 2030: NWS-03, NWS-10 Florida SHIP: CD6, CD6.1, SEC3, SEC3.3
Strategic Priority: Behavioral Health	

Marion County CHIP Objectives	<ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026
Objective BH1.1.1: By January 31, 2026, reduce the annual number of high-utilization calls for behavioral health services by 15% from 224 (2022) to 190	HP 2030: MHMD-07, MHMD-R01, MPS-02, SU-D04 Florida SHIP: MW1
Objective BH2.1.1: By January 31, 2026, a marketing campaign about the availability of youth behavioral health services and resources in Marion County will have reached 10,000 adult individuals, as measured by the number of marketing materials disseminated electronically from a baseline of 0 (2022)	HP 2030: EMC-04, EMC-D04, EMC-D05, MICH-18, MHMD-04, MHMD-05, SU-05, SU-06, SU-18, SU-R01 Florida SHIP: ISV4, ISV4.1, MCH1, MCH1.3
Objective BH2.2.1: By January 31, 2025, 7 quarterly education sessions will have been hosted for community providers detailing available behavioral health resources, as evidenced by marketing/communication plans and sign-in sheets	HP 2030: HC/HIT-R01, HC/HIT-02, HC/HIT-D11 Florida SHIP: MW1
Objective BH3.2.1: By January 31, 2024, residential treatment services for women will expand to include women with children and pregnant women as evidenced by the expansion of SMA treatment services from 0 female-specific beds to 24	HP 2030: MICH-D01, SU-15, SU-D01, MHMD-07 Florida SHIP: MCH1, MCH1.5, MCH2, MCH2.1, MCH3, MCH3.1, MCH3.2, MCH3.3
Objective BH3.3.1: By April 30, 2026, decrease Neonatal Abstinence Syndrome cases by 50% from 22 (2020) to 11	HP 2030: SU-07, SU-18, MICH-09, MICH-11, MICH-D02 Florida SHIP: MCH2, MCH2.2
Objective BH3.4.1: By January 31, 2025, establish a central receiving facility in Marion County at SMA Healthcare	HP 2030: SU-01 Florida SHIP: MW1
Objective BH4.1.1: By December 31, 2024, Marion County Public Schools and Marion County Public School Board will pass (i.e., approve) a comprehensive K-12 tobacco control policy that adheres to the Florida Department of Health, Bureau of Tobacco Free Florida's best practices for schools	HP 2030: TU-04, TU-05, TU-06, TU-07, TU-08, TU-09, TU-10 Florida SHIP: MW3

Appendix

This Appendix includes the following sections:

- Marion County Community Health Improvement Plan (CHIP) Partners
- Marion County Visioning Results
- Marion County CHIP Implementation Action Plan template
- Marion County CHIP Action Plan
- Marion County CHIP 2024 Update
- Marion County CHIP 2025 Update

MARION COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PARTNERS

- Craig Ackerman, Florida Department of Health in Marion County
- Jeremiah Alberico, SMA Healthcare Ocala
- Alexandria Askew, Langley Health Services
- Jesse Blair, Ocala Fire Rescue
- Ann Burnett, FreeD.O.M. Clinic USA, Inc.
- Sarah Catalanotto, Suwannee River Area Health Education Center
- Jessica Cole, Marion County Hospital District
- Monica DaSilva, Florida Department of Health in Marion County
- Greg Davis, Marion County Public Schools
- Rebecca Elliott, UF/IFAS Extension
- Paul Fletcher, Marion County Community Services
- Robin Ford, City of Ocala, Office of Homeless Prevention
- Megan Geiger, Heart of Florida Health Center
- Kristy Hodson, AdventHealth Ocala
- Hilary Jackson, Community Council Against Substance Abuse
- Cassandra Jackson, Marion Senior Services
- Mark Lander, Florida Department of Health in Marion County
- Robin Lanier, SMA Healthcare Ocala
- Melissa Marino, Florida Department of Health in Marion County
- Jennifer Martinez, Marion Senior Services
- Travis McAllister, Park Place at Beacon Point
- Beth McCall, Marion County Children's Alliance
- Rod McGinnes, College of Central Florida

- Bradley McLarty, AdventHealth Ocala
- Beth Nelson, United Way of Marion County
- Yasmin Ramasco, Heart of Florida Health Center
- Richard Rivera, HCA Florida Ocala Hospital
- Frances Santiago, Langley Health Services
- Lanie Shirey, Hospice of Marion County
- Clint Smith, Marion County Sheriff's Office
- Kenetta Sutton-Wilson, Suwannee River Area Health Education Center
- Bill Thompson, Florida Department of Health in Marion County
- Loretha Tolbert-Rich, Marion County resident
- Debra Velez, Marion County Hospital District
- Maclyn Walker, Heart of Florida Health Center
- Kimberly Williams, AdventHealth West Florida Division
- Heather Wyman, Heart of Florida Health Center

MARION COUNTY VISIONING RESULTS

Characteristics of a Healthy Marion County

Visioning Exercise – May 2, 2022

The facilitated discussion with community partners challenged community partners to define health, identify the characteristics of a healthy community, envision the Marion County community health system of the future, and to visualize needed resources, assets, and attributes needed to support such a system. Four categories of attributes of health and a healthy Marion County emerged and are listed in the table below.

Characteristics of a Healthy Marion County and Attributes that Define Health	
Health care System Factors and Attributes	Behavior and Environment-related Factors and Attributes
Access to health care services including primary, dental, mental health, and pre-natal 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
	Recognition of unique needs (e.g., seniors, youth)
Ideal Health/Public Health System Attributes	Needed Actions to Achieve Vision
Data-driven	Remove silos
	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 CHNA Meeting, May 2, 2022, Prepared by WellFlorida Council, 2022

MARION COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

2023-2026 Marion County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority:					
Goal:					
Strategy:					
Objective:					
Data Source:					
Background on Strategy: Source or Evidence-base: Policy Change (yes/no):					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress

MARION COUNTY CHIP ACTION PLANS

Strategic Priority: Healthy Aging (HA)					
Goal HA1: Increase supportive care and services for the aging population					
Strategy HA1.1: Promote, expand, and/or establish partnerships with the faith-based community to enhance caregiver support groups resources					
Objective HA1.1.1: By April 30, 2026, increase the number of caregiver support groups from 6 (2022) to 15					
Data Source: Nancy Renyhart Center for Dementia Education (NRCDE)					
Background on Strategy: Source or Evidence-base: 1) Benjamin Rose Institute on Aging and Family Caregiver Alliance, Active Caregiving: Empowering Skills, 2) National Academies of Science, Engineering, and Medicine, Meeting the Challenge of Caring for Persons Living with Dementia and their Care Partners and Caregivers: A Way Forward Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Gain commitment from local churches to host monthly caregiver support groups	Lanie Shirey, NRCDE	Scheduled dates for support groups	Community-based organizations that are willing to host support groups	April 30, 2026	
Formalize commitments	Lanie Shirey, NRCDE	Written or documentation of handshake agreements	Partner organization leadership agreement	April 30, 2026	
Recruit support group leaders	Lanie Shirey, NRCDE	Number of group leaders recruited	Community contacts	April 30, 2026	

Train support group leaders	Lanie Shirey, NRCDE	Number of group leaders who complete training	Trainers, training curriculum	April 30, 2026	
Promote availability of support groups	Lanie Shirey, NRCDE	Promotional flyer distribution	Graphic design, printing and electronic media, contact lists, social media and internet hosting capability, staff or volunteers to do paper flyer distribution	April 30, 2026	

Strategic Priority: Healthy Aging (HA)					
Goal HA1: Increase supportive care and services for the aging population					
Strategy HA1.2: Establish, staff, and promote dementia caregiver workshops					
Objective HA1.2.1: By April 30, 2026, increase the annual number of dementia caregiver workshops from 12 (2022) to 16					
Data Source: Nancy Renyhart Center for Dementia Education (NRCDE)					
Background on Strategy: Source or Evidence-base: 1) Agency for Healthcare Research and Quality, Interventions to Prevent Age-Related Cognitive Decline, Mild Cognitive, Impairment, and Clinical Alzheimer's-type Dementia, 2) Agency for Healthcare Research and Quality, Care Interventions for People Living Dementia and Their Caregivers Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Secure commitments from community partners to host and promote workshops (e.g., One Health Center Ocala, 55+ communities)	Lanie Shirey, NRCDE	Scheduled dates for workshops	Community-based organizations and groups willing to host and promote workshops	April 30, 2026	
Formalize commitments	Lanie Shirey, NRCDE	Written or documentation of handshake agreements	Partner organization leadership agreement	April 30, 2026	
Coordinate staffing and resources for scheduled workshops	Lanie Shirey, NRCDE	Staffing schedule	NRCDE staff, Hospice of Marion County volunteers, workshop materials	April 30, 2026	

Collect workshop attendance and impact evaluation data	Lanie Shirey, NRCDE	Number of workshop attendees, number of attendees completing pre- and post Virtual Dementia Tour surveys	NRCDE Staff, Hospice of Marion County volunteers, evaluation tools	April 30, 2026	
Promote availability of workshops	Lanie Shirey, NRCDE	Promotional flyer distribution	Graphic design, printing and electronic media, contact lists, social media and internet hosting capability, staff or volunteers to do paper flyer distribution	April 30, 2026	

Strategic Priority: Healthy Aging (HA)					
Goal HA1: Increase supportive care and services for the aging population					
Strategy HA 1.3: Promote and expand training on dementia for local first responders					
Objective HA 1.3.1: By April 30, 2026, increase the number of first responders who receive dementia training from 90 (2022) to 400					
Data Source: Nancy Renyhart Center for Dementia Education (NRCDE)					
Background on Strategy: Source or Evidence-base: 1) Alzheimer’s Association, Approaching Alzheimer’s First Responder Training, 2) Arkansas Geriatric Education Collaborative, Dementia Training for First Responders, Policy Change (yes/no): Yes. Training policy change that requires first responders complete dementia training. Organizations impacted include Marion County Fire Rescue, Marion County Sheriff’s Office, Ocala Fire Rescue, Ocala Police Department.					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Provide dementia education/training for Marion County Fire Rescue, Marion County Sheriff’s Office, Ocala Fire Rescue and Ocala Police Dept.	Lanie Shirey, NRCDE	Scheduled Understanding Dementia for First Responders presentations and Virtual Dementia Tour trainings, impact analysis of pre and post Virtual Dementia Tour surveys	NRCDE staff and Hospice of Marion County volunteers	April 30, 2026	

Coordinate scheduling of training sessions with first responder organizations including Marion County Fire Rescue, Marion County Sheriff's Office, City of Ocala Fire Rescue and City of Ocala Police Department	Lanie Shirey, NRCDE	Training session schedule	Commitment from partner organizations, NRCDE staffing schedule, Hospice of Marion County volunteer schedule	April 30, 2026	
Deliver training workshops	Lanie Shirey, NRCDE	Workshop attendance records, workshop evaluation results	Understanding Dementia for First Responder curriculum and materials, Virtual Dementia Tour materials, pre- and post- impact evaluation surveys	April 30, 2026	
Collaborate with partner agencies on written policy for dementia training requirements for first responders	Lanie Shirey, NRCDE	Written policy statement	Training policy expertise, agency leadership support	April 30, 2026	

Strategic Priority: Healthy Aging (HA)					
Goal HA1: Increase supportive care and services for the aging population					
Strategy HA1.4: Expand or amend contracts with assisted living facilities (ALFs), skilled nursing facilities (SNFs), hotels, shared housing opportunities, and referrals for senior citizens					
Objective HA1.4.1: By April 30, 2026, increase the number of seniors in unsafe housing who have been transitioned into safer environments from 25 (2022) to 150					
Data Source: Marion Senior Services and Marion County Community Services					
Background on Strategy: Source or Evidence-base: 1) U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Housing for Seniors: Challenges and Solutions – Communities Support Seniors with Aging-Friendly Policies and Housing Challenges of Rural Seniors, 2) Justice in Aging, How to Prevent and End Homelessness Among Older Adults Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Marion Senior Services and Marion County Community Services will work to increase number of referrals for home improvements to establish safer environments	Jennifer Martinez, Marion Senior Services	Track number of referrals to Community Services	Staff time, community partner agencies, facilities	April 30, 2026	

Strategic Priority: Healthy Aging (HA)					
Goal HA1: Increase supportive care and services for the aging population					
Strategy HA1.5: Open or establish dining sites that serve senior citizens in underserved areas					
Objective HA1.5.1: By April 30, 2026, increase the number of dining sites from 3 (2022) to 6					
Data Source: Marion Senior Services					
Background on Strategy: Source or Evidence-base: 1) National Council on Aging, How to Power Up Your Congregate Meal Program for Older Adults, 2) U.S. Department of Health and Human Services, Administration for Community Living, Congregate Meals: Creativity and Innovation, 3) U.S. Department of Agriculture, Nutrition Programs for Seniors Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Work with churches, City of Ocala or Marion County Parks and Recreation sites for possible site partnerships	Jennifer Martinez, Marion Senior Services	Number of dining sites	Partners willing to form partnerships to meet the site and operational needs of program	April 30, 2026	

Strategic Priority: Healthy Aging (HA)					
Goal HA1: Increase supportive care and services for the aging population					
Strategy HA1.6: Increase number of community partners to the High Utilizer Task Force so they can refer and divert high utilizers to the high utilizer program					
Objective HA1.6.1: By April 30, 2026, increase the number of high utilizers of emergency services aged 60 and older who are diverted or referred to Community Services from 17 (2022) to 34					
Data Source: Marion County Sheriff's Office					
Background on Strategy: Source or Evidence-base: 1) The Council of State Governments, Justice Center, Tips for Successfully Implementing a 911 Dispatch Diversion Program, 2) U.S. Department of Health and Human Services, Health Resources and Services Administration, Rural Health Information Hub, Community Paramedicine Models for Reducing Use of Emergency Resources, 3) Healthcare Information and Management Systems Society, High Utilizer Care Plan Project: A Network Initiative to Decrease Inappropriate Healthcare Resource Utilization among High-Risk Patients Case Study Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Track number of at-risk seniors who are diverted from High Utilizer Task Force and/or referred to social services	Jennifer Martinez, Marion Senior Services	Number of high utilizers whose needs are met	First responder partnerships	April 30, 2026	
Identify community partners to join High Utilizer Task Force	High Utilizer Task Force	Number of community partners identified	Staff time	April 30, 2026	
Recruit community partners to attend High Utilizer Task Force	High Utilizer Task Force	Number of partners recruited	Staff time	April 30, 2026	

Strategic Priority: Healthy Aging (HA)					
Goal HA2: Promote healthy, active aging for all ages					
Strategy HA2.1: Policy change on city and county advisory board targets					
Objective HA2.1.1: By April 30, 2026, increase the percentage of members of advisory boards who are younger than 60 years of age					
Data Source: City of Ocala and Marion County Board of County Commissioners					
Background on Strategy: Source or Evidence-base: 1) Center for Health Care Strategies, Best Practices for Convening a Community Advisory Board, 2) Urban Institute, Tools and Resources for Project-Based Community Advisory Boards Policy Change (yes/no): Yes, city and county policy on advisory board membership composition					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Determine baseline and targets	Jennifer Martinez, Marion Senior Services (MSS)	Baseline count, projected target count	Staff time, advisory board policy and membership lists	Aug 31, 2023	
Meet with the City of Ocala leadership to propose change	Jennifer Martinez, MSS	Meeting completion	Schedule availability, list of boards and current charters	Sept 30, 2023	
Meet with Marion County leadership to propose change	Jennifer Martinez, MSS	Meeting completion	Schedule availability, list of boards and current charters	Sept 30, 2023	
Review charters	Jennifer Martinez, MSS	Obtain charters	Staff time, Public Record	Sept 30, 2023	
Revise charters (If Necessary)	Jennifer Martinez, MSS	Complete edits if necessary	Staff time, Public Record	Sept 30, 2023	

Determine median Age target	Jennifer Martinez, MSS	Establish target age	Staff time, Public Record	Sept 30, 2023	
Recruit advisory board members	Jennifer Martinez, MSS	Number and demographics of new advisory board members	Staff time, community relations and communications	Sept 30, 2023, and ongoing through 2026	
Conduct annual review of advisory board composition	Jennifer Martinez, MSS	Annual review report	Staff time	Sept 30, 2024, and ongoing through 2026	

Strategic Priority: Healthy Aging (HA)					
Goal HA2: Promote healthy, active aging for all ages					
Strategy HA2.2: Promote intergenerational activities					
Objective HA2.2.1: By April 30, 2026, increase the number of Marion County seniors placed in part-time work by Senior Resource Foundation from 3 (2022) to 10					
Data Source: Marion Senior Services and Senior Resource Foundation					
Background on Strategy: Source or Evidence-base: 1) Harvard Business Review, The Case for Hiring Older Workers, 2) U.S. Government Accountability Office, Older Workers: Some Best Practices and Strategies for Engaging and Retaining Older Workers Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Increase recruitment activities (sites and seniors)	Phyllis Silverman	Number of recruitment activities	Partners willing to form/meet the physical site and operational needs of program	April 30, 2026	
Gain commitment from community partners to host intergenerational events	Jennifer Martinez, Marion County Senior Services	Scheduled dates	Youth Programs/Partners	April 30, 2026	

Strategic Priority: Access to Care (AC)					
Goal AC1: Enhance access to health-related resources					
Strategies AC1.1: Establish integrated health communication system and health information exchange system (HIE) for interagency patient information and referral exchange, promote coordination among mobile health and dental care units to serve Marion County, enhance referrals among provider organizations, deliver coordinated health services and education					
Objective AC1.1.1: By April 30, 2026, reduce the rate of ambulatory care sensitive hospitalizations from all conditions for Marion County residents aged 0 to 64 years by 1% from 1,095.5 per 100,000 population (2021) to 1,084.5 per 100,000 population					
Data Source: FLHealthCHARTS					
Background on Strategy: Source or Evidence-base: 1) Agency for Healthcare Research and Quality, Chartbook on Care Coordination, Preventable Emergency Department Visits, 2) U.S. Census Bureau, Most Vulnerable More Likely to Depend on Emergency Rooms for Preventable Care, 3) Centers for Disease Control and Prevention, National Prevention Information Network, Health Communication Strategies and Resources Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Determine feasibility of establishing a county-wide integrated health communication system	Heart of Florida Health Center Langley Health Services	Written feasibility plan	Staff time and expertise, partner agency collaboration	April 30, 2024	
Increase awareness of existing health and human services by promoting the United Way of Marion County 2-1-1	Marion County Children's Alliance United Way of Marion County	Number of social media hits, website traffic, 2-1-1 referrals	Staff time and expertise, access to internet-based health communication media	April 30, 2024	

Promote and increase community-based health screening events among high-risk populations (defined as persons with low income and/or persons who are un- or under-insured)	Florida Department of Health in Marion County	Numbers of health screening events	Staff time, health care provider services and expertise, health education and promotion services and resources, screening supplies	April 30, 2026	
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Strategic Priority: Wellness and Primary Prevention (WP)					
Goal WP1: Broaden availability of life skills and technical training for Marion County residents					
Strategy WP1.1: Improve access to life skills education, offer life skills educational opportunities to all age groups					
Objective WP1.1.1: By April 30, 2026, increase the annual number of Strong Families program graduates from 65 (2022) to 80					
Data Source: United Way of Marion County					
Background on Strategy: Source or Evidence-base: 1) Harvard University, Center on the Developing Child, Building the Skills Adults Need for Life: A Guide for Practitioners, 2) U.S. Department of Health and Human Services, Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders – A report of the U.S. Surgeon General, Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Revise and update Strong Families curriculum and program	United Way of Marion County	Revised program materials	Staff time and expertise, funding or grants for materials	April 30, 2024	
Develop and launch classes delivered by mobile units and/or on virtual platforms	United Way of Marion County	Mobile class schedule Virtual class schedule	Mobile training units, trained instructors, access to virtual platforms, Wi-Fi hotspots	April 30, 2024	
Recruit participants, advertise program	United Way of Marion County	Numbers of participants	Staff time, community partner communications	April 30, 2024, and ongoing	

Deliver Strong Families curriculum, evaluate program effectiveness that may include measures of changes in participant employment, income, housing stability, education advancement	United Way of Marion County	Numbers of program graduates, course evaluation report	Staff time, instructors, course materials and supplies, evaluation expertise	April 30, 2026	
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Strategic Priority: Wellness and Primary Prevention (WP)					
Goal WP1: Broaden availability of life skills and technical training for Marion County residents					
Strategies WP1.2: Promote technical and professional training, education, licensure, and certification through community-based higher education, outreach to different age groups including adolescents, teens, young adults, focus outreach on organizations such as Marion County Literacy Council, Boys and Girls Clubs, Career Source, GED programs, Pace Center for Girls, Kids Central, youth in foster care					
Objective WP1.2.1: By April 30, 2026, increase the number of College of Central Florida Allied Science and Nursing graduates by 5% from 307 (2022) to 322, based on past three-year average					
Data Source: College of Central Florida, Office of Institutional Effectiveness					
Background on Strategy: Source or Evidence-base: 1) U.S. Institute of Medicine, Committee on Health Professions Education, Health Professions Education: A Bridge to Quality, 2) U.S. Health Resources and Services Administration, Rural Health Information Hub, Recruitment and Retention for Rural Health Facilities Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Increase student enrollment in allied science and nursing programs	College of Central Florida	Numbers of enrolled students and graduates	Staff time, funding for outreach and promotion	April 30, 2024	
Promote allied science and nursing professions, and related educational opportunities, in Marion County high schools	College of Central Florida	Numbers of high schools reached, numbers of students reached	Staff time, funding for outreach and promotion, school system partners	Sept. 30, 2023, and ongoing	
Promote allied science and nursing professions and related educational opportunities in the community	College of Central Florida	Numbers of organizations reached, numbers of persons reached	Staff time, funding for outreach and promotion, community partners	Sept. 30, 2023, and ongoing	

Strategic Priority: Wellness and Primary Prevention (WP)					
Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County					
Strategies WP2.1: Promote access to behavior change and lifestyle modification education, provide chronic disease self-management instruction and resources, promote attainment and maintenance of good health through health education					
Objective WP2.1.1: By April 30, 2026, reduce ambulatory care sensitive hospitalizations due to diabetes for Marion County residents under the age of 65 by 5% from 205.0 per 100,000 population under 65 (2021) to 194.7 per 100,000					
Data Source: FLHealthCHARTS					
Background on Strategy: Source or Evidence-base: 1) U.S Preventive Services Task Force, The Community Guide, Diabetes Management: Interventions Engaging Community Health Workers, 2) U.S. Preventive Services Task Force, The Community Guide, Diabetes Management: Intensive Lifestyle Interventions for Patients with Type 2 Diabetes Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Deliver increased number of chronic disease self-management classes	Florida Department of Health in Marion County Diabetes Consortium*	Number of classes held; goal of 5 per year	Trained educators, course materials and supplies, community partners to promote classes	April 30, 2026	
Improve referral pathway	Marion County Diabetes Consortium*	Written centralized referral process	Best practice models for community-based referrals, Marion County community partners and providers	April 30, 2024	

Expand numbers of chronic disease self-management class participants	Florida Department of Health in Marion County Marion County Hospital District	Number of class participants; increase of a minimum of 50 per year	Staff time, materials for outreach, communication with community partners	April 30, 2024, and each year	
Expand numbers of self-management educators/instructors	Florida Department of Health in Marion County Marion County Hospital District	Number of trained educators/instructors; baseline of 10 to expand to 20	Train the trainer resources, subject matter experts, volunteer recruitment expertise, materials and training resources	April 30, 2026	
Implement inpatient self-management education to prevent readmissions	AdventHealth Ocala	Number of patients receiving education; baseline is zero (0)	Trained educators, materials and resource	April 30, 2024	
Recruit, train, and employ bi-lingual self-management course educators	Marion County Diabetes Consortium*	Number of bi-lingual educators; baseline is zero (0), goal is one (1)	Recruitment and training resources, community partner relationships	April 30, 2026	
*The Marion County Diabetes Consortium is composed of several community partners including the Florida Department of Health in Marion County, Marion County Hospital District, Elder Options, AdventHealth Ocala, Heart of Florida Health Center, University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS), One Stop Health, Faithfully Guided, Estella Byrd Whitman Wellness and Community Resources Center, and Dynamic Therapy and Wellness					

Strategic Priority: Wellness and Primary Prevention (WP)					
Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County					
Strategies WP2.1: Promote access to behavior change and lifestyle modification education, provide chronic disease self-management instruction and resources, promote attainment and maintenance of good health through health education					
Objective WP2.1.2: By April 30, 2026, increase the number of participants in culinary medicine and nutrition classes offered by the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) by 5% from 587 (2022) to 616					
Data Sources: UF/IFAS Marion Extension					
Background on Strategy: Source or Evidence-base: 1) U.S Preventive Services Task Force, The Community Guide, Diabetes Management: Interventions Engaging Community Health Workers, 2) U.S. Preventive Services Task Force, The Community Guide, Diabetes Management: Intensive Lifestyle Interventions for Patients with Type 2 Diabetes Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Increase the types of classes offered	UF/IFAS Marion County Hospital District	Number of training topics offered, class type (e.g., in person, virtual, self-study)	Staff time, curriculum development resources and expertise	April 30, 2026	
Increase class enrollment through recruitment, advertising, incentives	UF/IFAS Marion County Hospital District	Numbers of class participants, numbers of class/program graduates	Staff time, outreach supplies and resources	April 30, 2024, and ongoing	

Strategic Priority: Wellness and Primary Prevention (WP)					
Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County					
Strategies WP2.1: Promote access to behavior change and lifestyle modification education, provide chronic disease self-management instruction and resources, promote attainment and maintenance of good health through health education					
Objective WP2.1.3: By December 31, 2025, increase the amount of produce distributed in Marion County through the AdventHealth Food is Health® program by 20% from 1,673 pounds (2022) to 2,000 pounds					
Data Sources: AdventHealth Ocala Food is Health® program					
Background on Strategy: Source or Evidence-base: 1) U.S Preventive Services Task Force, The Community Guide, Diabetes Management: Interventions Engaging Community Health Workers, 2) U.S. Preventive Services Task Force, The Community Guide, Diabetes Management: Intensive Lifestyle Interventions for Patients with Type 2 Diabetes Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Schedule nutrition education classes	AdventHealth Ocala	Number of nutrition education classes supported	Training curriculum and supplies, instructors	December 31, 2025	
Identify and recruit participants	AdventHealth Ocala	Number of participants attending nutrition classes	Instructors, class supplies	December 31, 2025	
Evaluate nutrition class program effectiveness	AdventHealth Ocala	Number of participants redeeming at least five (5) produce vouchers	Evaluation plan, data collected throughout program	December 31, 2025	

Strategic Priority: Behavioral Health (BH)					
Goal BH1: Reduce high utilization calls for mental health services from adults					
Strategies BH1.1: Conduct case staffing research on high utilizers, focus on adult residents under 60 years old					
Objective BH1.1.1: By January 31, 2026, reduce the annual number of high utilization calls for behavioral health services by 15% from 224 (2022) to 190					
Data Source: Marion County Sheriff's Office (Officer Clint Smith)					
Background on Strategy: Source or Evidence-base: 1) The Council of State Governments, Justice Center, Tips for Successfully Implementing a 911 Dispatch Diversion Program, 2) U.S. Department of Health and Human Services, Health Resources and Services Administration, Rural Health Information Hub, Community Paramedicine Models for Reducing Use of Emergency Resources, 3) Healthcare Information and Management Systems Society, High Utilizer Care Plan Project: A Network Initiative to Decrease Inappropriate Healthcare Resource Utilization among High-Risk Patients Case Study Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify members to participate on the multi-agency team	Robin Lanier, SMA Healthcare; Clint Smith, MCSO	List of stakeholder participants	Staff time	August 31, 2023	
Identify current high utilizers of services from involved agencies from the last 12 months	Robin Lanier, SMA Healthcare; Clint Smith, MCSO	List of high utilizers	Staff time	December 31, 2023	
Create an actionable plan to address high utilizers needs that ensures they are referred to appropriate services and monitored for 90 days	Robin Lanier, SMA Healthcare; Clint Smith, MCSO	Actionable plans for identified high utilizers	Follow Up Case Manager	January 31, 2024	
Educate the community of less acute services available in the community	Robin Lanier, SMA Healthcare; Clint Smith, MCSO	Implementation of a marketing plan	Marketing budget Aggregate or locate a list/database	January 31, 2024	

Strategic Priority: Behavioral Health (BH)					
Goal BH2: Educate providers and the community on the availability and accessibility of behavioral health programs and services in Marion County					
Strategies BH2.1: Create marketing assets and dissemination plan to reach Marion County parents with the intention to share the availability of youth behavioral health services/resources					
Objective BH2.1.1: By January 31, 2026, a marketing campaign about the availability of youth behavioral health services and resources in Marion County will have reached 10,000 adult individuals, as measured by the number of marketing materials disseminated electronically from a baseline of 0 (2022)					
Data Source: ResourceMarion.org analytics from the Community Council Against Substance Abuse (CCASA), Opioid and Addiction Taskforce					
Background on Strategy: Source or Evidence-base: 1) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System, 2) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Adapting Evidence-based Practices for Under-resourced Populations, 3) U.S. Department of Health and Human Services, Office of the U.S. Surgeon General, Protecting Youth Mental Health Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Form a small committee of CCASA Members to review existing ResourceMarion.org website	Hilary Jackson; CCASA Committee	List of suggested enhancements for youth section of Resource Marion. org website	Staff time, community partners input	October 31, 2023	
Hire website designer to upgrade and optimize website for accessibility and function	Hilary Jackson; CCASA Committee	Upgraded and optimized ResourceMarion.org	Funding for website designer	November 30, 2023	
Create a marketing plan and needed marketing assets to promote ResourceMarion.org	Hilary Jackson; CCASA Committee	Marketing plan and new marketing assets	Staff time	November 30, 2023	

Create a ResourceMarion.org revision schedule to keep sources updated	Hilary Jackson; CCASA Committee	Revised schedule	Staff time	November 30, 2023	
Implement marketing plan to target audience (adult individuals) and record results of implementation quarterly	Hilary Jackson; CCASA Committee	Webpage analytics	Staff time	December 31, 2023, and quarterly through 2026	
Evaluate marketing plan to ensure target is met (as needed)	Hilary Jackson; CCASA Committee	Updated marketing plan (as needed)	Staff time, evaluation expertise	December 31, 2023, and quarterly through 2026	
Offer Mental Health First Aid (MHFA) certification classes	AdventHealth Ocala	Number of participants, increasing from 258 participants to 700	Staff time, certified instructors, community partners to host and promote MHFA	December 31, 2025	
Evaluate the application of concepts learned	AdventHealth Ocala	Number of participants who indicate use of skills and resources	Staff time, certified trainers, evaluation tool	December 31, 2025	

Strategic Priority: Behavioral Health (BH)					
Goal BH2: Educate providers and the community on the availability and accessibility of behavioral health programs and services in Marion County					
Strategy BH2.2: Convene the Opioid and Addiction Task Force quarterly for provider education sessions to share information on behavioral health programs and resources, create a database of MOUD/MAT providers in the community to increase provider awareness and promote patient participation					
Objective BH2.2.1: By January 31, 2025, 7 quarterly education sessions will have been hosted for community providers detailing available behavioral health resources, as evidenced by marketing/communication plans and sign-in sheets					
Data Source: Opioid and Addiction Task Force					
Background on Strategy: Source or Evidence-base: 1) U.S. Department of Health and Human Services, Office of the U.S. Surgeon General, Facing Addiction in America: The Surgeon General's Spotlight on Opioids, 2) U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Health Literate Care Model, 3) Centers for Disease Control and Prevention, Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the United States 4) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Retention Strategies for Medications for Addiction Treatment in Adults with Opioid Use Disorder Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Convene the Education and Prevention Subcommittee of the Opioid and Addiction Taskforce to determine a schedule, content, and format for education sessions	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Schedule, content, and format for 2023's three (3) educational workshops	Educational content, trainer, location (or virtual venue), materials	May 31, 2023	
Advertise quarterly education sessions to target audiences	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Marketing Plan	Staff time, community contacts	May 31, 2023, and ongoing until 2025	

Host education session#1	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Agenda, training materials, sign-in sheets	Educational content, trainer, location (or virtual venue), material	June 30, 2023	
Host Education session#2	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Agenda, training materials, sign-in sheets	Educational content, trainer, location (or virtual venue), material	August 31, 2023	
Host Education session#3	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Agenda, training materials, sign-in sheets	Educational content, trainer, location (or virtual venue), material	December 31, 2023	
Convene the Education and Prevention Subcommittee of the Opioid and Addiction Taskforce to determine a schedule, content, and format for education sessions	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Schedule, Content, and Format for 2024's 4 Educational Workshops	Educational content, trainer, location (or virtual venue), material	December 31, 2023	
Host education session#4	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Agenda, training materials, sign-in sheets	Educational content, trainer, location (or virtual venue), material	January 31, 2024	
Host education session#5	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Agenda, training materials, sign-in sheets	Educational content, trainer, location (or virtual venue), material	April 30, 2024	
Host education session#6	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Agenda, training materials, sign-in sheets	Educational content, trainer, location (or virtual venue), material	August 31, 2024	

Host education session#7	Opioid and Addiction Taskforce's Education and Prevention Subcommittee	Agenda, training materials, sign-in sheets	Educational content, trainer, location (or virtual venue), material	November 30, 2024	
Create an up-to-date database of MOUD/MAT providers in the community that details treatment options and other details	Opioid and Addiction Taskforce and Heart of Florida Health Center	Database website	Database website (funding, updating mechanism)	October 31, 2023	
Assist with education on MOUD/MAT services in our community, along with provider education at Heart of Florida Health Center	Opioid and Addiction Taskforce and Heart of Florida Health Center	Market availability of training opportunities to providers	Instructors, interested providers and partners	June 30, 2023, and ongoing until 2026	
Create and disseminate marketing asset for Behavioral Health Providers that directs them to the Database Website to view available MAT/MOUD treatment providers	Opioid and Addiction Taskforce and Heart of Florida Health Center	Behavioral health provider-facing marketing asset	Content for marketing asset, funding for printing, marketing plan	January 31, 2024	
Attend quarterly Opioid and Addiction Task Force meetings to ensure database stays current	Opioid and Addiction Taskforce and Heart of Florida Health Center	Updates to database	Staff time	Sept 30, 2023, and quarterly until 2026	
Review and Record Website Hits	Opioid and Addiction Taskforce and Heart of Florida Health Center	Number of website Hits Recorded	Website analytic capabilities	June 30, 2023, and quarterly until 2026	

Strategic Priority: Behavioral Health (BH)					
Goal BH3: Expand access to behavioral health care facilities					
Strategy BH3.2: Offer more treatment modalities to women with children					
Objective BH3.2.1: By January 31, 2024, residential treatment services for women will expand to include women with children and pregnant women as evidenced by the expansion of SMA treatment services from 0 female-specific beds to 24					
Data Source: SMA Healthcare (Robin Lanier)					
Background on Strategy: Source or Evidence-base: 1) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorder, 2) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants, 3) U.S. Health Resources and Services Administration, Maternal and Child Health, Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Complete building renovations for Women’s Residential Program (24 beds)	Robin Lanier, SMA Healthcare	Completion of construction	Construction budget, certificate of occupancy, staffing	May 31, 2023	
Expand services to include women with infants	Robin Lanier, SMA Healthcare	Enrollment of women with infants	Budget, staff time, expansion approval, outreach, referrals, community partner connections	October 31, 2023	
Explore daycare opportunities to further expand services to women with young children	Robin Lanier, SMA Healthcare	List of local daycare options for program participants	Staff time, programmatic expansion approval,	June 30, 2024	

Serve 100 women in the Women's Residential Program	Robin Lanier, SMA Healthcare	Enrollment of 100 women into the program	Staffing, clinical facilities, referrals	January 31, 2025	
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Strategic Priority: Behavioral Health (BH)					
Goal BH3: Expand access to behavioral health care facilities					
Strategies BH3.3: Offer peer support and recovery services to pregnant women and women in early postpartum period in Marion County to increase opportunities for long-term recovery and impact the infant’s future health outcomes, encourage partners and Florida Department of Children and Families (DCF) to advocate for policy change for expanded resources for pregnant women in treatment					
Objective BH3.3.1: By April 30, 2026, decrease Neonatal Abstinence Syndrome cases by 50% from 22 (2020) to 11					
Data Source: FLHealthCHARTS					
Background on Strategy: Source or Evidence-base: 1) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Center on Substance Abuse and Child Welfare, Neonatal Abstinence Syndrome, 2) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants, 3) U.S. Department of Health and Human Services, Health Resources and Services Administration, HRSA’s Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome Policy Change (yes/no): Yes, state agency policy on funding and resources for pregnant women in treatment for substance use disorder					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Work with DCF to advocate for policy/procedure changes to support mothers in treatment	Park Place at Beacon Point Peers; Travis McAllister, Valeria Clerci Rossi	Policy and/or procedure change documented	Staff time, community partner agency relationships	December 31, 2023	
Conduct Outreach and Education to target demographic on available resources	Park Place at Beacon Point Peers; Travis McAllister, Valeria Clerci Rossi	Number of women engaged in outreach and education services	Staff time, outreach materials, stakeholder and community partner relationships to engage priority population	May 31, 2023 and ongoing until 2026	

Continue one-to-one peer support efforts to pregnant women in Marion County	Park Place at Beacon Point Peers; Travis McAllister, Valeria Clerci Rossi	Number of women engaged in one-to-one peer Services	Staff time, outreach and education materials, trained peers	May 31, 2023 and ongoing until 2026	
Continue referrals to Nurse Family Partnership (NFP) for pregnant women and new mothers	Park Place at Beacon Point Peers; Travis McAllister, Valeria Clerci Rossi	Number of referrals sent to NFP	Staff time, community partner agency communication, up-to-date referral information	May 31, 2023 and ongoing until 2026	
Provide prenatal and post-partum care to women, including mental health counseling	Heart of Florida Health Center	Number of women receiving services	Providers and provider agency resources and support services	May 31, 2023 and ongoing until 2026	

Strategic Priority: Behavioral Health (BH)					
Goal BH3: Expand access to behavioral health care facilities					
Strategy BH3.4: Determine needed resources including funding, staffing, and facilities to construct a central receiving facility					
Objective BH3.4.1: By January 31, 2025 establish a central receiving facility in Marion County at SMA Healthcare					
Data Source: SMA Healthcare (Robin Lanier)					
Background on Strategy: Source or Evidence-base: 1) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Guidelines for Behavioral Health Crisis Care, Best Practice Toolkit Policy Change (yes/no): No					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Secure funding for a Central Receiving Facility	SMA Healthcare, Robin Lanier	Funding received	Data to support need, projected budget, funding	December 31, 2023	
Complete renovations on the Acute Care Services building	SMA Healthcare, Robin Lanier	Completed building renovations	Funding	September 30, 2024	
Receive designation and begin serving Marion County	SMA Healthcare, Robin Lanier	Patient census, numbers of clients served	State designation, funding, staffing, referrals	January 31, 2025	

Strategic Priority: Behavioral Health (BH)					
Goal BH4: Advocate for the adoption of a comprehensive tobacco control policy for Marion County's K-12 schools					
Strategies BH4.1: Stakeholders will conduct review of policy best practices and available policy resources to devise a policy that can clear appropriate School District channels and be presented for approval School Board approval for the 2023-2024 school year					
Objective BH4.1.1: By December 31, 2024, Marion County Public Schools and Marion County Public School Board will pass (i.e., approve) a comprehensive K-12 tobacco control policy that adheres to the Florida Department of Health, Bureau of Tobacco Free Florida's best practices for schools					
Data Source: Boarddocs.com, Marion County Public School System Policies					
Background on Strategy: Source or Evidence-base: 1) Centers for Disease Control and Prevention, Office on Smoking and Health, Summary of Scientific Evidence: Comprehensive Tobacco Control Programs, 2) U.S. Health Resources and Services Administration, Rural Health Information Hub, School-based Tobacco Prevention and Cessation Programs, 3) American Heart Association, Tobacco-Free Schools Policy Change (yes/no): Yes, enact comprehensive K-12 school system-wide tobacco control policy					
Action Plan:					
Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Make a policy recommendation that meets the 15 policy benchmarks recommended by The Public Health Law Center, American Heart Association, Neola, and the Tobacco Free Partnership of Marion County	Tobacco Free Partnership of Marion County; Marion County Hospital District	Recommended policy draft	Staff time	May 31, 2023	
Seek decision-maker approval to advance proposed policy to the Marion County Public School District's legal team	Tobacco Free Partnership of Marion County; Marion County Hospital District	Approval from Marion County Public Schools stakeholders to advance policy for legal review	MCPS stakeholder buy-in, legal expertise	May 31, 2023	

Place policy for board approval on School Board Agenda, in advance of 2023-24 school year	Marion County Public Schools	Policy vote, official proceedings or meeting minutes	MCPS stakeholder buy-in	Summer 2023	
Assist with policy implementation and communication, as needed	Tobacco Free Partnership of Marion County; Marion County Hospital District	Written requests for assistance and replies	Staff time	Sept 30, 2023, and ongoing until 2026	

REVISION HISTORY

2024 UPDATE

Date	Description of Change	Page
5/15/24	Objective HA1.1.1: By April 30, 2026, increase the number of caregiver support groups from 24-6 (2022) to 30-15	20
5/15/24	Objective WP2.1.2: By April 30, 2026, increase the number of participants in healthy-cooking-culinary medicine and nutrition classes offered by the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) by 5 percent% from 587 (2022) to 616	22
5/15/24	Objective WP2.1.3: By December 31, 2025, increase the percentage-amount of adults-in-produce distributed in Marion County through the AdventHealth Food is Health® program who report redeeming at least five (5) produce vouchers to access nutritious food for their families by 20% from a baseline of 57 percent to 68 percent 1,673 pounds (2022) to 2,000 pounds	22
5/15/24	Added additional alignment references to Objectives HA1.1.1, HA1.2.1, HA1.3.1, HA2.1.1, HA2.2.1, AC2.1.1, BH1.1.1, BH2.2.1, BH3.1.1, BH3.4.1, and BH4.1.1	25–28
5/15/24	Objective HA1.1.1: By April 30, 2026, increase the number of caregiver support groups from 24-6 (2022) to 30-15	25
5/15/24	Objective WP2.1.2: By April 30, 2026, increase the number of participants in healthy-cooking-culinary medicine and nutrition classes offered by the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) by 5 percent% from 587 (2022) to 616	26
5/15/24	Objective WP2.1.3: By December 31, 2025, increase the percentage-amount of adults-in-produce distributed in Marion County through the AdventHealth Food is Health® program who report redeeming at least five (5) produce vouchers to access nutritious food for their families by 20% from a baseline of 57 percent to 68 percent 1,673 pounds (2022) to 2,000 pounds	27
5/15/24	Objective HA1.1.1: By April 30, 2026, increase the number of caregiver support groups from 24-6 (2022) to 30-15	34
5/15/24	Objective WP2.1.2: By April 30, 2026, increase the number of participants in healthy-cooking-culinary medicine and nutrition classes offered by the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) by 5 percent% from 587 (2022) to 616	55
5/15/24	Objective WP2.1.3: By December 31, 2025, increase the percentage-amount of adults-in-produce distributed in Marion County through the AdventHealth Food is Health® program who report redeeming at least five (5) produce vouchers to access nutritious food for their families by 20% from a baseline of 57 percent to 68 percent 1,673 pounds (2022) to 2,000 pounds	56

2025 UPDATE

CHIP Table of Revisions				
Date of Revision	Description of Revision	Justification for Revision	Page(s) Affected	Revision Completed By
4/30/25	Removed SDOH content	DOH policy	7, 11	Craig Ackerman
4/30/25	Removed DEI content	DOH policy	8, 9, 11, 13, 17, 30-65	Craig Ackerman
4/30/2025	Abandoned Objective AC2.1.1	County-level data not available	21, 26, 49	Craig Ackerman
4/30/25	Updated Objective BH1.1.1 baseline and target	Data review revealed that the 2022 baseline was not accurate. Target adjusted accordingly. Language added to reflect that this is an annual target.	23, 27, 57	Craig Ackerman
4/30/25	Abandoned Strategy BH3.1 And Objective BH3.1.1	Funding unavailable	23, 27, 63	Craig Ackerman



Community Health Improvement Plan

Annual Review, May 2025

A Review of the May 2023 to April 2026 CHIP

Florida Department of Health in Marion County

Ron DeSantis

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Mark S. Lander

Health Officer and Administrator

Introduction

VISION STATEMENT

Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action

COMMUNITY HEALTH IMPROVEMENT PLAN DEVELOPMENT

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 April 2022 and concluded in August 2022. The three phases of MAPP that constituted the community health assessment process are briefly described below. In the new year (2023), 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 needs assessment (CHNA) and health improvement planning process, the Florida Department of Health in Marion County and AdventHealth Ocala together 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 CHNA Steering Committee for Health members, other partners, and their affiliations can be found in the 2022 Marion County Community Health Needs Assessment report.

MAPP PHASE 2: VISIONING

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. Additional visioning results and the community’s full definition of health and a healthy community are included in the appendix.

OVERVIEW OF COMMUNITY HEALTH IMPROVEMENT PLAN

Priority Area	Goals
Healthy Aging	<ul style="list-style-type: none"> • Goal HA1: Increase supportive care and services for the aging population • Goal HA2: Promote healthy, active aging for all ages
Access to Care	<ul style="list-style-type: none"> • Goal AC1: Enhance access to health-related resources • Goal AC2: Reduce primary care provider shortages in Marion County
Wellness and Primary Prevention	<ul style="list-style-type: none"> • Goal WP1: Broaden availability of life skills and technical training for Marion County residents • Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County
Behavioral Health	<ul style="list-style-type: none"> • Goal BH1: Reduce high utilization calls for mental health services from adults • Goal BH2: Educate providers and the community on the availability and accessibility of behavioral health programs and services in Marion County • Goal BH3: Expand access to behavioral health care facilities • Goal BH4: Advocate for the adoption of a comprehensive tobacco control policy for Marion County's K-12 schools
Healthy Aging	<ul style="list-style-type: none"> • Goal HA1: Increase supportive care and services for the aging population • Goal HA2: Promote healthy, active aging for all ages

Community Health Improvement Plan Annual Review Meeting

During the April 2025, Microsoft Teams meetings, Steering Committee members provided updates on the progress of the 2023–26 Marion County CHIP. Members shared successes and asked the Steering Committee to approve changes to CHIP objectives. The full Steering Committee approved changes April 30, 2025.

The meeting also updated members on progress toward the 2025 Community Health Needs Assessment (CHNA). This will begin the latest cycle of Marion County’s three-year community health improvement planning process and will provide data for the 2026–29 CHIP. Members were briefed on the results of the 2025 CHNA Prioritization Meeting, and the priorities selected:

1. Health Care Access & Quality
2. Behavioral Health
3. Exercise, Nutrition, and Weight
4. Economic Stability
5. Unintentional Injuries
6. Heart Disease and Stroke
7. Neighborhood and Built Environment
8. Cancer

The top three priorities to be published in the 2025 CHNA are:

1. Health Care Access & Quality
2. Mental Health and Mental Disorders
3. Nutrition and Healthy Eating

Progress

Priority	Goals	Objective	Baseline Value	Progress Measure	Target Value	Indicator Performance
Healthy Aging	Goal HA1: Increase supportive care and services for the aging population	Objective HA1.1.1: By April 30, 2026, increase the number of caregiver support groups from 24 (2022) to 30	6	6	15	Unmet
Healthy Aging	Goal HA1: Increase supportive care and services for the aging population	Objective HA1.2.1: By April 30, 2026, increase the annual number of dementia caregiver workshops from 12 (2022) to 16	12	11	16	Unmet
Healthy Aging	Goal HA1: Increase supportive care and services for the aging population	Objective HA 1.3.1: By April 30, 2026, increase the number of first responders who receive dementia training from 90 (2022) to 400	90	958	400	Met
Healthy Aging	Goal HA1: Increase supportive care and services for the aging population	Objective HA1.4.1: By April 30, 2026, increase the number of seniors in unsafe housing who have been transitioned into safer environments from 25 (2022) to 150	25	299	150	Met
Healthy Aging	Goal HA1: Increase supportive care and services for the aging population	Objective HA1.5.1: By April 30, 2026, increase the number of dining sites from 3 (2022) to 6	3	2	6	Unmet
Healthy Aging	Goal HA1: Increase supportive care and services for the aging population	Objective HA1.6.1: By April 30, 2026, increase the number of high utilizers of emergency services aged 60 and older who are diverted or referred to Community Services from 17 (2022) to 34	17	269	34	Met
Healthy Aging	Goal HA2: Promote healthy, active aging for all ages	Objective HA2.1.1: By April 30, 2026, increase the percentage of members of advisory boards who are younger than 60 years of age	TBD	0	TBD	Unmet
Healthy Aging	Goal HA2: Promote healthy, active aging for all ages	Objective HA2.2.1: By April 30, 2026, increase the number of Marion County seniors placed in part-time work by Senior Resource Foundation from 3 (2022) to 10	3	14	10	Met
Access to Care	Goal AC1: Enhance access to health-related resources	Objective AC1.1.1: By April 30, 2026, reduce the rate of ambulatory care sensitive hospitalization from all conditions for Marion County residents aged 0 to 64 years by 1% from 1,095.5 per 100,000 population (2021) to 1,084.5 per 100,000 population	1,095.5	1,226.6	1,084.5	Unmet
Access to Care	Goal AC1: Enhance access to health-related resources	Objective AC2.1.1: By April 30, 2026, increase the percentage of Marion County adults who had a medical checkup in past year by 1% from 83.4% (2019) to 84.2%	83.4%	No data	84.2%	Unmet

Priority	Goals	Objective	Baseline Value	Progress Measure	Target Value	Indicator Performance
Wellness and Primary Prevention	Goal WP1: Broaden availability of life skills and technical training for Marion County residents	Objective WP1.1.1: By April 30, 2026, increase the annual number of Strong Families program graduates from 65 (2022) to 80	65	58	80	Unmet
Wellness and Primary Prevention	Goal WP1: Broaden availability of life skills and technical training for Marion County residents	Objective WP1.2.1: By April 30, 2026, increase the number of College of Central Florida Allied Science and Nursing graduates by 5% from 307 (2022) to 322, based on past three-year average	307	286	322	Unmet
Wellness and Primary Prevention	Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County	Objective WP2.1.1: By April 30, 2026, reduce ambulatory care-sensitive hospitalizations due to diabetes for Marion County residents under the age of 65 by 5% from 205.0 per 100,000 population under 65 (2021) to 194.7 per 100,000	205	197.9	194.7	Unmet
Wellness and Primary Prevention	Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County	Objective WP2.1.2: By April 30, 2026, increase the number of participants in culinary medicine and nutrition classes offered by the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) by 5% from 587 (2022) to 616	587	1,587	616	Met
Wellness and Primary Prevention	Goal WP2: Foster healthy behaviors to lower chronic disease prevalence in Marion County	By December 31, 2025, increase the amount of produce distributed in Marion County through the AdventHealth Food is Health program by 20% from 1,673 pounds (2022) to 2,000 pounds.	1,673	3,255	2,000	Met
Behavioral Health	Goal BH1: Reduce high utilization calls for mental health services from adults	Objective BH1.1.1: By January 31, 2026, reduce the number of high utilization calls for behavioral health services by 15% from 573 (2022) to 487	573	105	487	Met
Behavioral Health	Goal BH2: Educate providers and the community on the availability and accessibility of behavioral health programs and services in Marion County	Objective BH2.1.1: By January 31, 2026, a marketing campaign about the availability of youth behavioral health services and resources in Marion County will have reached 10,000 adult individuals, as measured by the number of marketing materials disseminated electronically from a baseline of 0 (2022)	0	0	10,000	Unmet
Behavioral Health	Goal BH2: Educate providers and the community on the availability and accessibility of behavioral health programs and services in Marion County	Objective BH2.2.1: By January 31, 2025, 7 quarterly education sessions will have been hosted for community providers detailing available behavioral health resources, as evidenced by marketing/communication plans and sign-in sheets	0	6	7	Unmet

Priority	Goals	Objective	Baseline Value	Progress Measure	Target Value	Indicator Performance
Behavioral Health	Goal BH3: Expand access to behavioral health care facilities	Objective BH3.1.1: By January 31, 2025, operational planning will be completed, and facilities will be in early phases of construction, as evidenced by the creation of a formal operations plan and commencement of building construction on facilities for mental health and substance use disorder care	0	0	1	Unmet
Behavioral Health	Goal BH3: Expand access to behavioral health care facilities	Objective BH3.2.1: By January 31, 2024, residential treatment services for women will expand to include women with children and pregnant women as evidenced by the expansion of SMA treatment services from 0 female-specific beds to 24	0	24	24	Met
Behavioral Health	Goal BH3: Expand access to behavioral health care facilities	Objective BH3.3.1: By April 30, 2026, decrease Neonatal Abstinence Syndrome cases by 50% from 22 (2020) to 11	22	23	11	Unmet
Behavioral Health	Goal BH3: Expand access to behavioral health care facilities	Objective BH3.4.1: By January 31, 2025 establish a central receiving facility in Marion County at SMA Healthcare	0	1	1	Met
Behavioral Health	Goal BH4: Advocate for the adoption of a comprehensive tobacco control policy for Marion County's K-12 schools	Objective BH4.1.1: By December 31, 2024, Marion County Public Schools and Marion County Public School Board will pass (i.e., approve) a comprehensive K-12 tobacco control policy that adheres to the Florida Department of Health, Bureau of Tobacco Free Florida's best practices for schools	0	1	1	Met

LEADING ORGANIZATION:

The Florida Department of Health in Marion County served as the lead agency for development and monitoring of the 2023–26 Marion County Community Health Improvement Plan.

KEY PARTNERS:

The following Marion County community agencies were responsible for implementation of CHIP strategies and activities.

Healthy Aging

Hospice of Marion County
Nancy Renyhart Center for Dementia Education
Marion County Senior Services
Marion County High Utilizer Task Force
Senior Resource Foundation of Ocala

Wellness and Primary Prevention

United Way of Marion County
College of Central Florida
Florida Department of Health in Marion County
Marion County Diabetes Consortium
Marion County Hospital District
AdventHealth Ocala
University of Florida/Institute of Food and Agricultural Sciences Marion Extension

Access to Care

Heart of Florida Health Center
Langley Health Services
Florida Department of Health in Marion County
Marion County Hospital District
Ocala Fire Rescue

Behavioral Health400

SMA Healthcare
Marion County Sheriff's Office
Community Council Against Substance Abuse
AdventHealth Ocala
Opioid and Addiction Taskforce
Heart of Florida Health Center
Tobacco Free Partnership of Marion County
Marion County Hospital District

Other Key Partners:

FreeD.O.M. Clinic USA
Suwannee River AHEC
Marion County Community Services
Marion County Public Schools
City of Ocala Office of Homeless Prevention
Marion County Children's Alliance
Department of Veterans Affairs

PROGRESS OR RESULTS OF IMPLEMENTATION:

One activity that was designed to improve health in Marion County was in the Wellness and Primary Prevention priority area.

The activity was to provide fresh produce to the community to help improve health and address food insecurity in the community. The desired outcome was to support Objective WP2.1.3: “By December 31, 2025, increase the amount of produce distributed in Marion County through the AdventHealth Food is Health program by 20% from 1,673 pounds (2022) to 2,000 pounds.

Members of AdventHealth, the Florida Department of Health in Marion County, the Marion County Hospital District, the University of Florida Institute of The University of Florida’s Institute of Food and Agricultural Sciences (UF/IFAS), and other partners, joined forces to provide chronic disease management and prevention education to the community. Participants who attended the classes could choose to take home locally grown fresh produce provided by a local farmer.

Partners estimated that Marion County participants would be willing to take home as much as 2,000 pounds of produce by the end of 2025. By the end of 2024, Marion County participants has taken more than 3,200 pounds of produce back after completing classes. Throughout the multi-county AdventHealth West Florida Division more than 25,000 pounds of fresh produce had been distributed.

ACCOMPLISHMENTS:

- Objective BH1.1.1 to reduce the number of high utilization calls for behavioral health services by 15% from 573 (2022) to 487 was ahead of schedule. By the end of 2024, work by partners had reduced the number of calls to 105.
- Objective BH3.4.1 to establish a central receiving facility in Marion County was completed early. SMA Healthcare was designated the Central Receiving System for Marion County in July 2024.
- Objective HA1.3.1 to increase the number of first responders who receive dementia training from 90 (2022) to 400 was ahead of schedule. By the end of 2024, partners had trained 958 first responders.
- Objective HA1.6.1 to By April 30, 2026, increase the number of high utilizers of emergency services aged 60 and older who are diverted or referred to Community Services from 17 (2022) to 34 was ahead of schedule. By the end of 2024, partners had diverted 269 high utilizers.
- Objective WP2.1.2 to increase the number of participants in culinary medicine and nutrition classes offered by the University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) by 5 percent from 587 (2022) to 616 was ahead of schedule. By the end of 2024, partners had increased the number of participants to 1,587.
- Objective WP2.1.3 to increase the amount of produce distributed in Marion County through the AdventHealth Food is Health program by 20% from 1,673 pounds (2022) to 2,000 pounds was ahead of schedule. By the end of 2024, partners had distributed 3,255 pounds of produce.

Revisions

Initial Strategy/Activity	Priority	Goal	Objective	Strategy	Activity	Baseline	Progress Measure	Plan Target
	Access to Care	Goal AC2: Reduce primary care provider shortages in Marion County	Objective AC2.1.1: By April 30, 2026, increase the percentage of Marion County adults who had a medical checkup in past year by 1% from 83.4% (2019) to 84.2%			83.4%	No data	84.2%
Revised Strategy/Activity	Priority	Goal	Objective	Strategy	Activity	Baseline*	Progress Measure*	Plan Target
			Abandoned					

REVISION MADE:

Objective was abandoned by the Steering Committee due to the lack of county-level data reported by the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System. The CDC last reported this data in 2019 and is now only reporting statewide data.

Initial Strategy/Activity	Priority	Goal	Objective	Strategy	Activity	Baseline	Progress Measure	Plan Target
	Behavioral Health	Goal BH1: Reduce high utilization calls for mental health services from adults	Objective BH1.1.1: By January 31, 2026, reduce the number of high utilization calls for behavioral health services by 15% from 573 (2022) to 487	Strategies BH1.1: Conduct case staffing research on high utilizers, focus on adult residents under 60 years old		573	105	487
Revised Strategy/Activity	Priority	Goal	Objective	Strategy	Activity	Baseline*	Progress Measure*	Plan Target
			Objective BH1.1.1: By January 31, 2026, reduce the annual number of high utilization calls for behavioral health services by 15% from 224 (2022) to 190			224		190

REVISION MADE:

Data review revealed that the 2022 baseline was not accurate. Target adjusted accordingly. Language added to reflect that this is an annual target.

Initial Strategy/Activity	Priority	Goal	Objective	Strategy	Activity	Baseline	Progress Measure	Plan Target
	Behavioral Health	Goal BH3: Expand access to behavioral health care facilities	Objective BH3.1.1: By January 31, 2025, operational planning will be completed, and facilities will be in early phases of construction, as evidenced by the creation of a formal operations plan and commencement of building construction on facilities for mental health and substance use disorder care	Strategies BH3.1: Establish a treatment facility for chronically homeless residents with mental health problems and substance use disorder		0	0	1
Revised Strategy/Activity	Priority	Goal	Objective	Strategy	Activity	Baseline*	Progress Measure*	Plan Target
			Abandoned	Abandoned				

REVISION MADE:

Objective and strategy were abandoned by the Steering Committee as funding for the facility was not approved by the Legislature.