WellFlorida Council
Working Together for Healthy Communities

MARION COUNTY, FLORIDA

2015 COMMUNITY HEALTH ASSESSMENT

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The 2015 Marion County Community Health Assessment (CHA) was supported by the following partners:

Executive Summary

THE MARION COUNTY COMMUNITY HEALTH ASSESSMENT (CHA) PROCESS

The Marion County Community Health Assessment process was launched in February of 2015 when seven (7) community partners came together to form the Marion County CHA Steering Committee. These partners are as follows:

- The Marion County Hospital District
- Florida Department of Health in Marion County
- Heart of Florida Health Center
- Hospice of Marion County
- Munroe Regional Medical Center
- Ocala Health
- The Centers

The 2015 CHA process is the continuation in Marion County of a long tradition of community health assessment work that has informed the development of substantial programmatic and policy enhancements and improvements throughout the years. This 2015 CHA represents the latest manifestation of this laudable history and is the follow-up to the 2012 Community Health Assessment and 2012-2015 Community Health Improvement Plan (CHIP), which was also supported and facilitated by a diverse collaborative of community partners.

The Marion County CHA Steering Committee engaged the services of WellFlorida Council to complete the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Marion along with 15 other north central Florida counties. The mission of WellFlorida Council is to forge community partnerships to improve community health. WellFlorida achieves this mission by providing communities the insights, tools and services necessary to identify their most pressing issues (e.g. community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The Marion County CHA Steering Committee and WellFlorida based the 2015 health assessment effort on a nationally recognized model and best practice for completing health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is:

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

At the heart of the MAPP process are the four core MAPP assessments. These are:

- Community Themes and Strengths Assessment (CTSA)
- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Forces of Change Assessment (FCA)

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. The four MAPP assessments are fully integrated into the 2015 Marion County CHA. Note that this document is a health needs assessment and that its purpose is to uncover or substantiate the health needs and health issues in Marion County. This report will not establish priority goals and objectives for addressing these issues or create a strategic plan for achieving those goals and objectives. These are the next phases of the MAPP process referred to as the Community Health Improvement Plan (CHIP).

ORGANIZATION OF THE COMMUNITY HEALTH ASSESSMENT (CHA) REPORT

The 2015 Marion County CHA is comprised of the following main sections:

- *Executive Summary*: This section includes an overview of the CHA process; description of the organization of the CHA report; insights on using the CHA; and a brief synopsis of the common themes and considerations identified in the needs assessment.
- *Community Profile*: Demographic and socioeconomic factors of the community often represent the health factors that drive health outcomes in a community. This section provides a profile of Marion County based on the demographic and socioeconomic factors that often say the most about a community's health outcomes and healthcare system.
- *Community Health Status*: This section is in essence the Community Health Status Assessment (CHSA) which is one of the four core MAPP assessments. Detailed in this section are various mortality and morbidity indicators that describe the overall health status of Marion County and compare that status (for most data) to Florida.
- *Healthcare Access and Utilization*: This section describes various healthcare access issues including insurance, provider supply and facility and service availability. In addition, a variety of utilization statistics are analyzed to determine the extent to which health services are utilized in Marion County.
- *Community Perspectives*: While the previous sections are largely based on in-depth quantitative analysis of existing community and health system administrative data sets, this section provides a qualitative perspective on health issues and the health system from the community at-large, and fulfills the MAPP requirement by providing the other three of the four core assessments. The Community Perspectives section is comprised of the Community Health Survey (a survey administered to residents, business leaders and physicians which represents the Community Themes and Strengths Assessment (CTSA), one of the four core MAPP assessments); the Local Public Health System Assessment (LPHSA); and the Forces of Change Assessment (FCA). Each of

these three elements are reliant upon diverse community input and thus are taken together to comprise the Community Perspectives section.

- *Recommendations and Next Steps*: This section begins with a brief summary of the intersecting themes that cut across all sections of the CHA and some of the key considerations generated from those common themes. Following the summary of these themes and considerations, this section details some general suggestions about how to move forward with the identified needs; provides some specific examples of approaches to address these needs; and discusses some community organization principles that will need to be addressed to ensure that true community health improvement is realized.

USING THE COMMUNITY HEALTH ASSESSMENT

The 2015 Marion County CHA is designed so that the three major sections: Community Profile; Community Health Status; and Community Perspectives address the four core MAPP assessments that are designated as key components of a best practice needs assessment design by NACCHO and the CDC. The identification of the global health needs issues of the community comes from an analysis of the intersecting themes in each of these sections. Overall, the main objectives of this CHA are the following:

- To accurately depict Marion County's key health issues based on common themes from the four core MAPP assessments;
- To identify potential strategic issues and some potential approaches to addressing those issues;
- To provide insight and input to the next phase of the MAPP assessment/improvement process (i.e. development of the Community Health Improvement Plan [CHIP]);
- To provide the community a rich data resource not only for the next phase of CHIP creation but also for ongoing resource and program development and implementation as well as evaluation of community health improvement.

While the 2015 Marion County Community Health Assessment is undoubtedly a stand-alone document, the CHA has been designed to work in concert with an accompanying Technical Appendix. While the CHA presents data and issues at a higher more global level for the community, all of the data in the CHA that has identified these global health issues for the community are addressed in granular level detail in the Technical Appendix. Thus, for most data that are briefly addressed in the main CHA, the Technical Appendix presents these data in a very fine level of detail breaking data sets down, for example, by ZIP code, race, ethnicity, gender, etc., where appropriate and when available. The Technical Appendix is an invaluable companion resource to the CHA, and it will allow the community to dig deeper into the issues identified to more readily understand the issues and where or for whom in the community these issues may be more pervasive.

The Technical Appendix is comprised of more than 250 tables, graphs, maps and supporting material across nearly 500 pages. The Technical Appendix is organized into the following major data sections:

- Demographics and Socioeconomics
- Mortality

- Mental Health
- Birth Data
- Health Behaviors
- Infectious Disease
- Healthcare Access and Utilization
- Issues of State Concern for 2015 (Substance Abuse, Cancer and Trauma)
- Geographic Information System (GIS) Maps of County Health Rankings, Poverty, Uninsured and Deaths
- Community Health Survey Full Responses – Residents
- Community Health Survey Full Responses – Business Leaders
- Community Health Survey Full Responses - Physicians
- Miscellaneous Data
- Technical Notes

Note that many of the data tables in this CHA report and in the Technical Appendix report contain standardized rates for the purpose of comparing Marion County to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates.

KEY OBSERVATIONS

Presented below are the intersecting themes which, in essence, comprise an overview of the major health needs/issues in Marion County. Following the intersecting themes are the key considerations which are the potential strategic areas of opportunity identified as a result of this Community Health Assessment.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants (identified in Health Factors data in Community Profile and FCA observations)
  - Lower Income
  - Higher Poverty
  - Lower Educational Attainment
  - Transportation Disadvantaged
  - Higher Unemployment
  - Health Factors Ranking Consistently in Lower 1/2 to 1/3 of Counties in Florida
- Health Status Measures (identified in Community Health Status data; FCA observations and Community Perspectives via Community Health Surveys)
  - Obesity, Poor Eating Habits and Inactivity Fueling Chronic Disease Issues
  - Heart Disease, Cancer, Diabetes and Stroke Death Burden
  - Unintentional Injuries Death Burden
  - Lower Life Expectancies

- Increased Years of Preventable Life Lost
- Health Outcome Disparities among Race and Ethnicities
- Health Outcome Ranking Consistently in Lower 1/2 to 1/3 of Counties in Florida
- Ranks in the Lower 1/3 among 12 National/State Peer Counties in the majority of the Center for Disease Control's (CDC) Community Health Status Indicators
- Many Poor Health Behaviors as Measured by CDC's Behavioral Risk Factor Surveillance Survey (BRFSS)
- Higher Incidence of Mental Health Issues Compared to Florida as a Whole
- Healthcare Access and Utilization (identified in Healthcare Access and Utilization data; FCA observations and Community Perspectives via Community Health Surveys)
  - Gaps in Knowledge of Services
  - Gaps in Knowledge of How to Use Services
  - Inappropriate Utilization of Services Due to Lack of Knowledge or Lack of Access to Appropriate Service
  - Lower Levels of Providers for the Population
  - Shortages of Primary Care
  - Gaps in Coordination
  - Food Deserts Exist in Marion County
  - Lower Levels of Exercise Opportunities
  - Lack of Dental Care (Especially for the Low Income)
  - Inappropriate Use of Hospitals Due to Mental Health and Substance Abuse Issues
  - Inappropriate Use of Hospitals Due to Dental Issues

KEY CONSIDERATIONS

- Promote Culture of Community Health as a System of Many Diverse Partners and Systems (Whole is Greater than the Sum of Its Parts)
- Foster a Unifying Community Organizing Principle and Capacity Building System around Shared Outcomes and Measures (Institute for Healthcare Improvement's Triple Aim)
- Create Core System Metrics to Monitor Performance of Community Health System and to Inform Collective and Individual Entity Investment in Community Health
- Develop Resource Availability and Appropriate Utilization Education Programs
- Enhance or Create Preventive Programs, Services and Resources to Address Behaviors that Lead to or Exacerbate Chronic Diseases (especially Cancer, Heart Disease, Stroke and Diabetes)
- Enhance or Create Programs to More Effectively (Health Outcome) and Efficiently (Cost and Patient Experience) Manage Chronic Disease (especially Cancer, Heart Disease, Stroke and Diabetes)
- Enhance or Create Programs to Address Obesity Epidemic and Promote Attainment of Healthy Weight

- Create Initiatives to Increase Availability of Primary Care, Dental and Mental Health Professionals and Services
- Consider Programs to Address Root Causes (Health Factors) of Systemic Community and Personal Health Issues (Employment, Income, Poverty, Education and Insurance)

The Recommendations and Next Steps Section of this CHA provides links to major national resources of best practices to address these key needs and health issues identified and articulated in the Intersecting Themes and Key Considerations. In addition, these major national resources have been used to identify some promising and evidence-based practices that are relevant to specific issues in Marion County. In addition to highlighting some specific interventions, these "next steps" also includes some discussion and recommendations on the structural components that will need to be in place in Marion County in order to comprehensively address the health needs and issues identified and to make meaningful and lasting community health improvements.

Community Profile

The health of a community does not exist nor is it created in a vacuum. The health of a community is a complex web of demographic, social and economic factors that all have implications for healthcare utilization, healthcare access and ultimately health outcome. The Community Profile is a catalogue of these factors that influence healthcare and health outcomes in these profound ways.

DEMOGRAPHIC CHARACTERISTICS

POPULATION GROWTH AND DENSITY

The 2015 population of Marion County is projected at nearly 350,000 persons, as seen in Table 1. Population dictates the magnitude of any social need or issue. With larger populations, comes a greater magnitude of the issue under consideration. Table 1 shows that the population of Marion County has and will consistently grow faster than the population of Florida as a whole. Thus, any health or healthcare trend that Florida is experiencing will most likely also be growing at a faster rate in Marion County than in Florida as a whole.

Population density is also an important consideration. Marion County has a much less dense population than Florida as a whole (Table 2). As one of the largest counties by land mass in the state of Florida, Marion demonstrates an interesting mix of semi-urban and suburban cities and unincorporated areas with vast expanses of very rural communities. Transportation issues are magnified in this type of environment as communities such as Marion are vast enough to need access to things such as public transportation but the population densities will not support public transportation on a wide scale.

TABLE 1. POPULATION ESTIMATES, MARION COUNTY AND FLORIDA, 2010-2040.

Year	Total	
	Marion County	Florida
Population		
2010 Census	331,298	18,801,310
2013 Estimate	335,008	19,259,543
2015 Projections	346,964	19,747,233
2020 Projections	380,302	21,149,697
2025 Projections	411,417	22,442,973
2030 Projections	440,330	23,608,972
2035 Projections	467,459	24,653,968
2040 Projections	490,241	25,603,577

TABLE 1. POPULATION ESTIMATES, MARION COUNTY AND FLORIDA, 2010-2040.

Year	Total	
	Marion County	Florida
Percent Change from 2013 Estimates		
To 2015 Projections	3.6	2.5
To 2020 Projections	13.5	9.8
To 2025 Projections	22.8	16.5
To 2030 Projections	31.4	22.6
To 2035 Projections	39.5	28.0
To 2040 Projections	46.3	32.9

Source: Bureau of Economic Business Resources: University of Florida, Population Projections by Age, Sex, Race and Hispanic Origin for Florida and Its Counties, 2013-2040.
Prepared by: WellFlorida Council, 2015.

TABLE 2. POPULATION DENSITY, MARION COUNTY, FLORIDA AND THE UNITED STATES, 2013.

Area	Total Population	Total Land Area (Sq. Mi.)	Population Density (per Sq. Mi.)
Marion County	335,503	1,584.1	210.5
Florida	19,091,156	19,747,233	356.1
United States	311,536,591	3,530,997.6	88.2

Source: American Community Survey, U.S. Census Bureau, 2009-2013 5-Year Estimates.
Prepared by: WellFlorida Council, 2015.

POPULATION ATTRIBUTES

While the Technical Appendix breaks down the population distribution into fine detail across all ZIP codes in Marion County, Table 3 provides a summary of key demographic attributes. In general, Marion County's population differs from Florida as a whole in some substantial ways. First, Marion County has a higher percentage of its population as white residents and a lower percentage as black residents. In addition, the percentage of Hispanic residents in Marion County is less than half of what it is for Florida as a whole. These numbers are important in the area of racial and ethnic disparities. A detailed look at the Technical Appendix will yield that racial and ethnic disparities in health access and health outcome do exist in Marion County. However, these disparities may be experience to a lesser degree in Marion County when compared to Florida as a whole that has higher percentages of black residents and Hispanic residents who are often overrepresented in many key community health access and outcome indicators. Table 4 and Figure 1

reinforce that while there is a substantial percentage of persons in Marion County that do not speak English, the rates of persons who speak English are much higher in Marion County than in Florida as a whole.

Another interesting population attribute in Marion County is its share of the senior adult population. Marion County has a much higher percentage of older residents than Florida with more than 26 percent of Marion County residents being over age 65. With such a high percentage of seniors living in the community, this puts a downward pressure on average household and family size as many of these seniors are living alone. The increased health needs of an aging population are experience more profoundly in communities such as Marion County with a substantially larger share of older adult population.

TABLE 3. SUMMARY OF KEY DEMOGRAPHIC CHARACTERISTICS, MARION COUNTY AND FLORIDA, 2013.

Category	Marion County	Florida
Total Population	333,503	19,091,156
Black (%)	12.7	16.0
White (%)	81.5	76.3
Hispanic (%)	11.2	22.9
Female (%)	48.0	48.9
Male (%)	52.0	51.1
0-17 (%)	19.2	21.0
18-64 (%)	54.5	61.2
65+ (%)	26.3	17.8
Total Households	137,726	7,920,802
Family Households	92,554	4,835,475
Average Household Size	2.35	2.48
Average Family Size	2.80	3.01

Source: American Community Survey, U.S. Census Bureau, 2009-2013 5-Year Estimates.
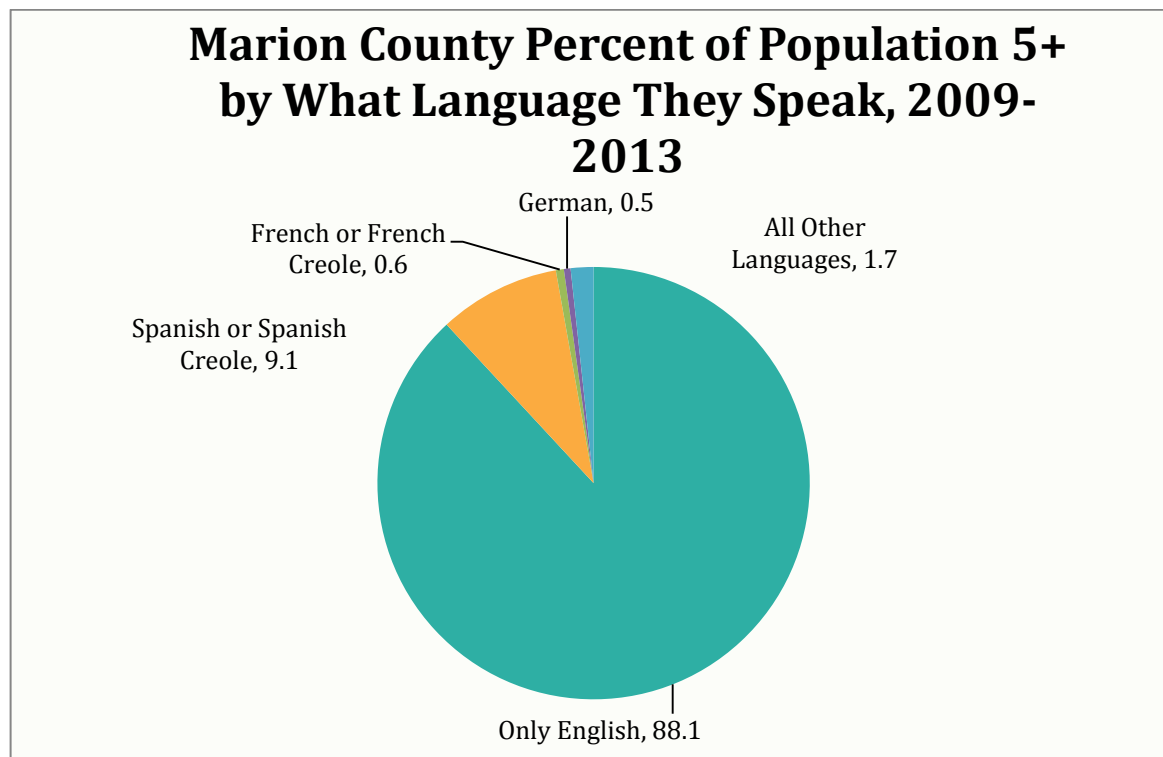Prepared by: WellFlorida Council, 2015.

TABLE 4. NUMBER AND PERCENT OF POPULATION 5 YEARS AND OLDER BY HOW WELL THEY SPEAK ENGLISH, MARION COUNTY AND FLORIDA, 2009-2013.

Area	Total Population 5+ Years of Age	Estimated Percent	Estimated Number	Estimated Percent	Estimated Number
		Speak Only English		Speak Other Languages	
Marion County	316,452	88.1	278,889	11.9	37,563
Florida	18,014,852	72.6	13,070,061	27.4	4,944,791

Source: US Census Bureau, American Community Survey, 2009-2013 5-Year Estimates, Table B16001.
Prepared by: WellFlorida Council, 2015.

FIGURE 1. POPULATION 5 AND OLDER BY WHAT LANGUAGE THEY SPEAK, MARION COUNTY AND FLORIDA, 2009-2013.

Marion County Percent of Population 5+ by What Language They Speak, 2009-2013

German, 0.5
French or French Creole, 0.6
Spanish or Spanish Creole, 9.1
All Other Languages, 1.7
Only English, 88.1

Source: US Census Bureau, American Community Survey, 2009-2013 5-Year Estimates, Table B16001.
Prepared by: WellFlorida Council, 2015.

The large senior population in Marion County most likely contributes to a larger percentage of the population with a disability. As seen in Table 5, the percentage of Marion County's population with a disability sits at 17.0 percent while it is only at 12.9 and 12.1 percent for Florida and the United States, respectively.

TABLE 5. POPULATION WITH DISABILITY, MARION COUNTY, FLORIDA AND THE UNITED STATES, 2009-2013.

Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Marion County	326,542	55,572	17.0
Florida	18,778,532	2,429,834	12.9
United States	306,448,480	37,168,876	12.1

Source: US Census Bureau, American Community Survey, 2009-2013 5-Year Estimates, Table B16001.
Prepared by: WellFlorida Council, 2015.

SOCIOECONOMIC FACTORS

Studies show that better economic health almost always implies better physical health. Income is a common measure used to determine the well-being of a population. The primary indicators of economic health for Marion County and Florida are provided in the sections that follow.

INCOME AND POVERTY

Table 6 shows that, regardless of type of income (median, mean or per capita) and regardless of racial or ethnic category, Marion County compares less favorably to Florida as whole. Across the board, Marion County's income levels are between 10 to 20 percent lower than the comparable Florida averages. In addition, Table 6 also shows that the national trend of income disparity between whites and blacks and Hispanics is also reflected in Marion County. White resident income levels across these measures are higher than their black and Hispanic peers in Marion County.

Income measures are important. Typically, when there is lower income on average then there may be less disposable income for things such as preventative healthcare, better nutritional choices and transportation options. With less income comes less access to these things and in general, health outcomes suffer in this type of environment.

The impact of these lower income levels play out in the poverty levels of residents in Marion County (Table 7). Nearly 20 percent of Marion County residents are in poverty compared to only (though substantial in its own right) 17 percent for Florida as a whole. Poverty estimates across all demographic characteristics in Table 7 show that Marion County compares poorly to Florida as a whole. Particularly distressing is the high rate of children in poverty in Marion County (30.1 percent compared to 24.8 percent for Florida as a whole)

and the dramatic difference between the percentage of white residents living in poverty versus black residents.

TABLE 6. INCOME BY RACE/ETHNICITY, MARION COUNTY AND FLORIDA, 2009-2013.

Category	Median ($)	Mean ($)	Per Capita ($)
Marion: All	39,453	52,739	21,992
Marion: Black	30,730	NA	13,965
Marion: White	40,727	NA	23,422
Marion: Hispanic	30,681	NA	15,754
Florida: All	46,956	66,368	26,236
Florida: Black	34,282	NA	15,993
Florida: White	49,641	NA	29,047
Florida: Hispanic	40,629	NA	18,524

Source: US Census Bureau, American Community Survey, 2009-2013 5-Year Estimates, Table B16001.
Prepared by: WellFlorida Council, 2015.

TABLE 7. SUMMARY OF KEY POVERTY CHARACTERISTICS, MARION COUNTY AND FLORIDA, 2013.

Category	Marion County	Florida
Persons	69,258	3,268,130
Persons (%)	19.6	17.0
Children in Poverty	18,724	982,272
Children (%)	30.1	24.8
Female (%)	17.0	15.3
Male (%)	19.1	17.3
Families (%)	13.1	12.8
Households (%)	15.7	15.4
Black Residents (%)	31.1	28.2
White Residents (%)	15.6	13.6
Hispanic Residents (%)	NA	NA

Source: American Community Survey, U.S. Census Bureau, 2009-2013 5-Year Estimates.
Prepared by: WellFlorida Council, 2015.

Table 8 shows that poverty rates in Marion County have stayed substantially higher than Florida and the United States. Overall poverty rates have been 20 to 30 percent higher in Marion than Florida and the United States between 2010 and 2013, while the poverty rates of children under 18 have been 30 to 40 percent higher in Marion than Florida and the United States. These income and poverty level indicators may be signs of access difficulties and markers of potentially poor health outcomes.

TABLE 8. NUMBER AND PERCENT OF PERSONS IN POVERTY ALL AGES AND 18 AND UNDER, MARION COUNTY, FLORIDA AND UNITED STATES, 2010-2013.

Area	All Ages					
	2010			2011		
	Total Population	Number in Poverty	Percent in Poverty	Total Population	Number in Poverty	Percent in Poverty
Marion County	322,505	63,368	19.6	323,769	57,104	17.6
Florida	18,436,765	3,048,621	16.5	18,652,058	3,178,155	17.0
United States	301,535,021	46,215,956	15.3	303,778,193	48,452,035	15.9
Area	2012			2013		
	Total Population	Number in Poverty	Percent in Poverty	Total Population	Number in Poverty	Percent in Poverty
Marion County	326,056	60,707	18.6	327,445	64,258	19.6
Florida	18,912,451	3,248,276	17.2	19,129,965	3,268,130	17.1
United States	306,086,063	48,760,123	15.9	308,196,783	48,810,868	15.8
Area	Under Age 18					
	2010			2011		
	Total Population	Number in Poverty	Percent in Poverty	Total Population	Number in Poverty	Percent in Poverty
Marion County	62,687	19,299	30.8	62,069	18,593	30.0
Florida	3,938,186	929,620	23.6	3,932,909	985,615	25.1
United States	73,024,577	15,749,129	21.6	72,802,773	16,386,500	22.5
Area	2012			2013		
	Total Population	Number in Poverty	Percent in Poverty	Total Population	Number in Poverty	Percent in Poverty
Marion County	62,229	20,564	33.0	62,140	18,724	30.1
Florida	3,944,810	1,011,096	25.6	3,953,274	982,272	24.8
United States	72,605,436	16,396,863	22.6	72,382,173	16,086,960	22.2

Source: US Census Bureau, Small Area Income and Poverty Estimates, 2010-2013.
Prepared by: WellFlorida Council, 2015.

UNEMPLOYMENT AND PUBLIC ASSISTANCE

Employment/unemployment is a critical factor in health access and ultimately health outcome. For most of us who are employed, health insurance is still something we can access as a part of our employment package. Typically, in periods of high unemployment, far fewer people have access to health insurance. Since 2004, Marion County has mirrored the trend in Florida in unemployment (Table 9). However, the unemployment rate, while trending as Florida has since 2004, has remained higher than Florida as a whole.

TABLE 9. UNEMPLOYMENT RATES BY YEAR, MARION COUNTY AND FLORIDA, 2004-2014.

Year	Marion County	Florida
2004	4.6	4.7
2005	3.7	3.8
2006	3.4	3.3
2007	4.4	4.0
2008	7.7	6.2
2009	12.4	10.2
2010	13.8	11.5
2011	12.3	10.5
2012	10.0	8.6
2013	8.3	7.2
2014	7.2	6.1

Source: Florida Research and Economic Database; Data generated by WellFlorida;
using Labor Market Analysis; http://fred.labormarketinfo.com, March 17, 2015.
Prepared by: WellFlorida Council, 2015.

While low incomes, poverty and unemployment are all indicators of economic (and therefore health outcome) vulnerability, the rates of public assistance are also a marker of economic health. Table 10 shows that Marion County has surpassed the rates of public assistance for Florida in three of the four major public assistance categories (households with social security income; households with supplemental security income; and households with food stamps). Again, these markers reflect the tenuous economic health for many residents in Marion County.

TABLE 10. INCOME AND PUBLIC ASSISTANCE, MARION COUNTY AND FLORIDA, 2009-2013.

Income or Assistance Category	2009-2013 ACS Estimates	
	Marion County	Florida
Total Number of Households	34,002	7,158,980
Per Capita Money Income In the Past 12 Months (All Races)	21,992	26,236
% of households w/Social Security Income	48.8	35.1
% of households w/Supplemental Security Income (SSI)	5.0	4.5
% of Households w/Cash Public Assistance Income	1.8	2.1
% of Households w/Food Stamps in the last 12 months	15.1	13.3

Source: ACS 2009-2013 Table S1902, and S2201. Prepared by WellFlorida Council, 2015.

EDUCATIONAL ATTAINMENT

Income/poverty levels and educational attainment are often looked at as among the most important predictors of a variety of potentially poor social outcome indicators including health outcomes. Table 11 shows that while nearly 74 percent of Marion County residents over the age of 25 have no more than a high school diploma, this number is only 65 percent for Florida as a whole. Besides being a predictor of potential poor health outcome, educational attainment may also be a predictor of what is called health literacy which is often described as the ability to make sense and navigate the complex instructions and guidelines of our health treatments and health systems.

TABLE 11. EDUCATIONAL ATTAINMENT (AGE 25 OR OLDER), MARION COUNTY AND FLORIDA, 2009-2013.

Category	Marion County	Florida
No High School Diploma (%)	15.0	13.9
High School Diploma (%)	58.8	50.8
College Degree (%)	26.2	35.3

Source: American Community Survey, U.S. Census Bureau, 2009-2013 5-Year Estimates.
Prepared by: WellFlorida Council, 2015.

TRANSPORTATION STATUS

Transportation is often cited most directly as the number one barrier to accessing care. Table 12 shows that Marion County compares about equally to Florida in most of the major transportation access categories established by the U.S. Census Bureau in its Marion Community Survey. However, the average travel time to work for those that rely on public transportation may be particularly telling. The average travel time to work of Marion County residents who rely on public transportation is more than twice the Florida average. And most likely, the folks most reliant on public transportation in Marion County are also the most economically vulnerable.

TABLE 12. TRANSPORTATION VARIABLES, MARION COUNTY AND FLORIDA, 2013.

Category	Marion County	Florida
	Households By Number of Available Vehicles (%)	
No Vehicle Available	2.0	3.0
1 Vehicle	25.3	24.9
2 Vehicles	44.9	45.5
3 or More Vehicles	27.8	26.6
Category	Method of Transportation to Work (%)	
Drives Alone	79.1	79.6
Works At Home	7.3	5.1
Carpools	8.9	9.4
Other Means	1.2	2.2
Walks	3.3	1.5
Public Transportation	0.1	2.1
Category	Average Travel Time to Work (Minutes)	
Drives Alone	25.0	25.5
Carpools	23.8	27.7
Public Transportation	100.8	47.3

Source: American Community Survey, U.S. Census Bureau, Table S0802 and B08181, 2013. Prepared by: WellFlorida Council, 2015.

Figure 2 maps these areas in Marion County where there are concentrations in census tracts of low income individuals with low vehicle access or are greater than 20 miles from a supermarket. While transportation may not be a global issue for the whole of Marion County, it remains a critical issue for the low income population of Marion County.

FIGURE 2. TRANSPORTATION DISADVANTAGED (LOW INCOME INDIVIDUALS WITH LOW VEHICLE ACCESS OR > 20 MILES FROM SUPERMARKET), 2013.
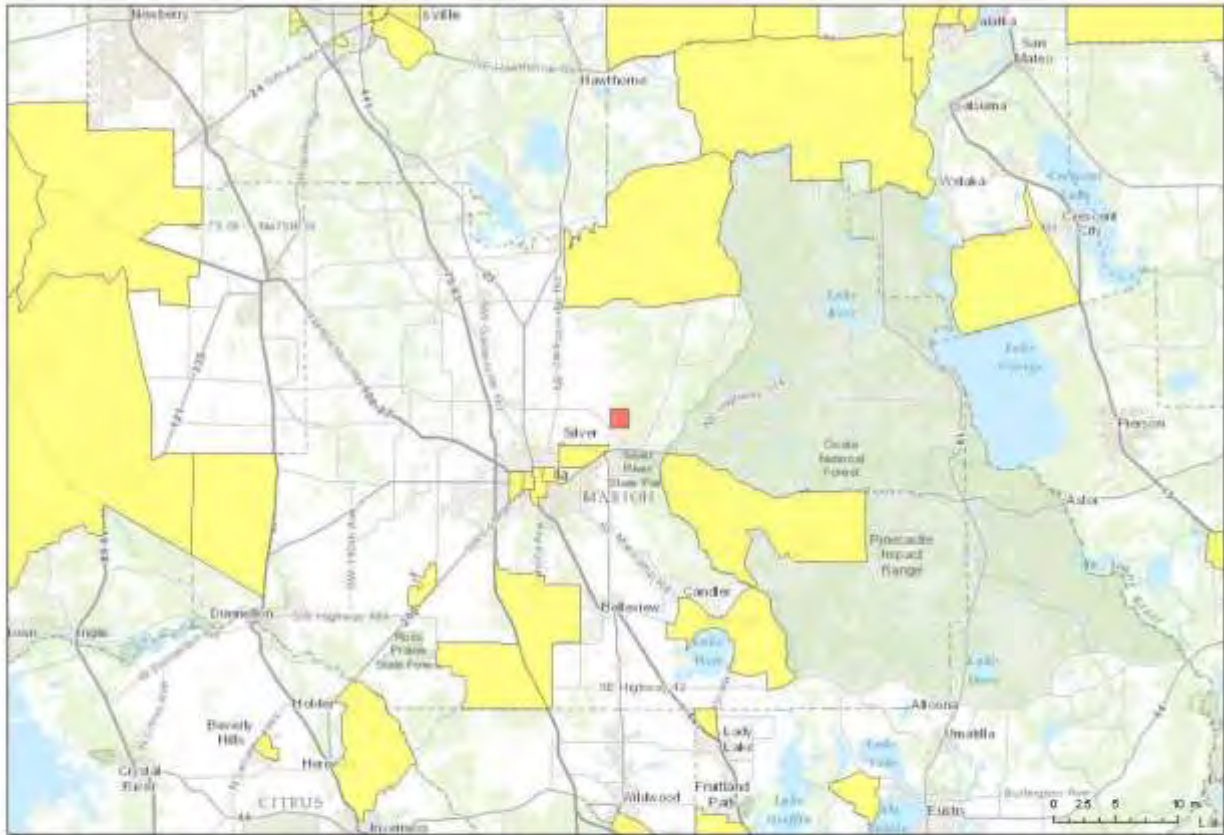
2015 Marion County Low Vehicle Access OR > 20 Miles from Supermarket

LILA using Vehicle Access

Date: 8/3/2015   Source: USDA Economic Research Service, ESRI. For more information: http://www.ers.usda.gov/data-products/food-access-research-atlas/documentation.aspx

Community Health Status

The Community Health Status (CHS) section represents results of the Community Health Status Assessment (CHSA) which is one of the four core MAPP assessments for community health assessment and community health improvement planning. This section is primarily extracted from the companion Technical Appendix document. The CHS data in this section and in the Technical Appendix were compiled and tabulated from multiple sources including, but not limited to, the United States Census Bureau; the Centers for Disease Control and Prevention; the Behavioral Risk Factor Surveillance System (BRFSS); the Florida Department of Health's Office of Vital Statistics; and the Florida Agency for Health Care Administration (AHCA); and other sources such as the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

Many of the data tables in this CHA report and in the Technical Appendix report contain standardized rates for the purpose of comparing Marion County to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates.

COUNTY HEALTH RANKINGS

Since 2010, the Population Health Institute at the University of Wisconsin, funded in part by the Robert Wood Johnson Foundation, has been compiling and reporting on the state-by-state county health rankings. They provide rankings in two major areas: health outcomes and health factors. There are a variety of indicators and sub-indicators that comprise these two major categories. Since 2010, Marion County has generally been in the lowest 1/2 to 1/3 of the counties in Florida in both health factors and health outcomes. Health factors are those things that contribute either positively or negatively to overall health. Health outcomes are the ultimate health outcomes in terms of the presence of disease (morbidity) and the occurrence of death (mortality) that are influenced by health factors. Table 13 shows that Marion County has hovered in the lower 1/2 to 1/3 of the rankings for both categories since their inception in 2010.

TABLE 13. ROBERT WOOD JOHNSON AND UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS BY CATEGORY FOR MARION COUNTY, 2010-2015.

	2010	2011	2012	2013	2014	2015
HEALTH OUTCOMES	45	49	48	44	41	42
Mortality	43	43	46	44	44	48
Morbidity	53	53	49	50	36	39
HEALTH FACTORS	36	44	44	39	40	38
Health Behavior	30	32	37	39	43	42
Clinical Care	23	21	17	20	21	30
Social & Economic Factors	51	57	55	52	49	49
Physical Environment	23	22	49	37	20	19

Source: University of Wisconsin Population Health Institute, County Health Rankings website http://www.countyhealthrankings.org, 2010-2015. Prepared by: WellFlorida Council, 2015.

Table 14 shows a breakdown of the measures of the sub-indicators for each of the major indicators under health outcomes and health factors for 2015. The comparisons to the Florida averages make it easy to see why Marion County is either at or below the middle of the pack for its health factors and health outcomes rankings in 2015.

TABLE 14. COUNTY HEALTH RANKINGS FOR MARION COUNTY COMPARED TO FLORIDA, 2015.

	Marion County	Florida
HEALTH OUTCOMES (Rank of 67)	42	-
Length of Life (Rank of 67)	*48*	-
Premature death	8,734	6,893
Quality of Life (Rank of 67)	*39*	
Poor or fair health (Percent)	19.2	15.9
Poor physical health days	4.1	3.7
Poor mental health days	4.8	3.8
Low birthweight (Percent)	8.1	8.7
HEALTH FACTORS (Rank of 67)	38	-
Health Behaviors (Rank of 67)	*42*	-
Adult smoking (Percent)	21.0	18.0
Adult obesity (Percent)	31.0	25.8
Food Environment Index	6.7	7.0
Physical inactivity (Percent)	28.0	23.2
Access to exercise opportunities (Percent)	81.3	92.8
Excessive drinking (Percent)	14.5	15.9
Alcohol-impaired driving deaths (Percent)	30.6	29.2
Sexually transmitted infections rate	416.3	401.9
Teen birth rate	50.4	36.1
Clinical Care (Rank of 67)	*30*	-
Uninsured adults (Percent)	24.8	24.1
Primary care physicians	1893:1	1423:1
Dentists	2811:1	1874:1
Mental health providers	1196:1	744:1
Preventable hospital stay rate	53.0	59.3
Diabetic screening (Percent)	86.9	85.0
Mammography screening (Percent)	67.4	67.7

TABLE 14 CONT. COUNTY HEALTH RANKINGS FOR MARION COUNTY COMPARED TO FLORIDA, 2015.

	Marion County	Florida
Social & Economic Factors (Rank of 67)	*49*	-
High school graduation (Percent)	75.0	74.5
Some college (Percent)	49.4	60.1
Unemployment (Percent)	8.3	7.2
Children in poverty (Percent)	30.1	24.8
Income inequality (Ratio)	4.1	4.6
Children in single-parent households (Percent)	40.1	37.7
Social associations rate	7.7	7.3
Violent crime rate	505.7	514.3
Injury death rate	96.8	69.3
Physical Environment (Rank of 67)	*19*	-
Air pollution particulate matter days	11.4	11.4
Drinking water violations (Percent)	0.8	6.2
Severe housing problems (Percent)	18.2	22.5
Driving alone to work (Percent)	80.2	79.5
Long commute - driving alone (Percent)	31.3	37.5

Source: University of Wisconsin Population Health Institute, County Health Rankings website http://www.countyhealthrankings.org, 2015. Prepared by: WellFlorida Council, 2015.

Figure 3 provides a map of the rankings for health factors and health outcomes for 2015 for the 16 north central Florida counties that comprise local health council District 3 (also known as AHCA Districts 3A and 3B). This map highlights that Marion County compares less favorably to its similarly situated neighbors to the north and the south and, in terms of health rankings, shares more in common with some of the poorer counties in the District.

FIGURE 3. COUNTY HEALTH RANKINGS MAP OF NORTH CENTRAL FLORIDA COUNTIES, HEALTH FACTORS AND HEALTH OUTCOMES, 2015.
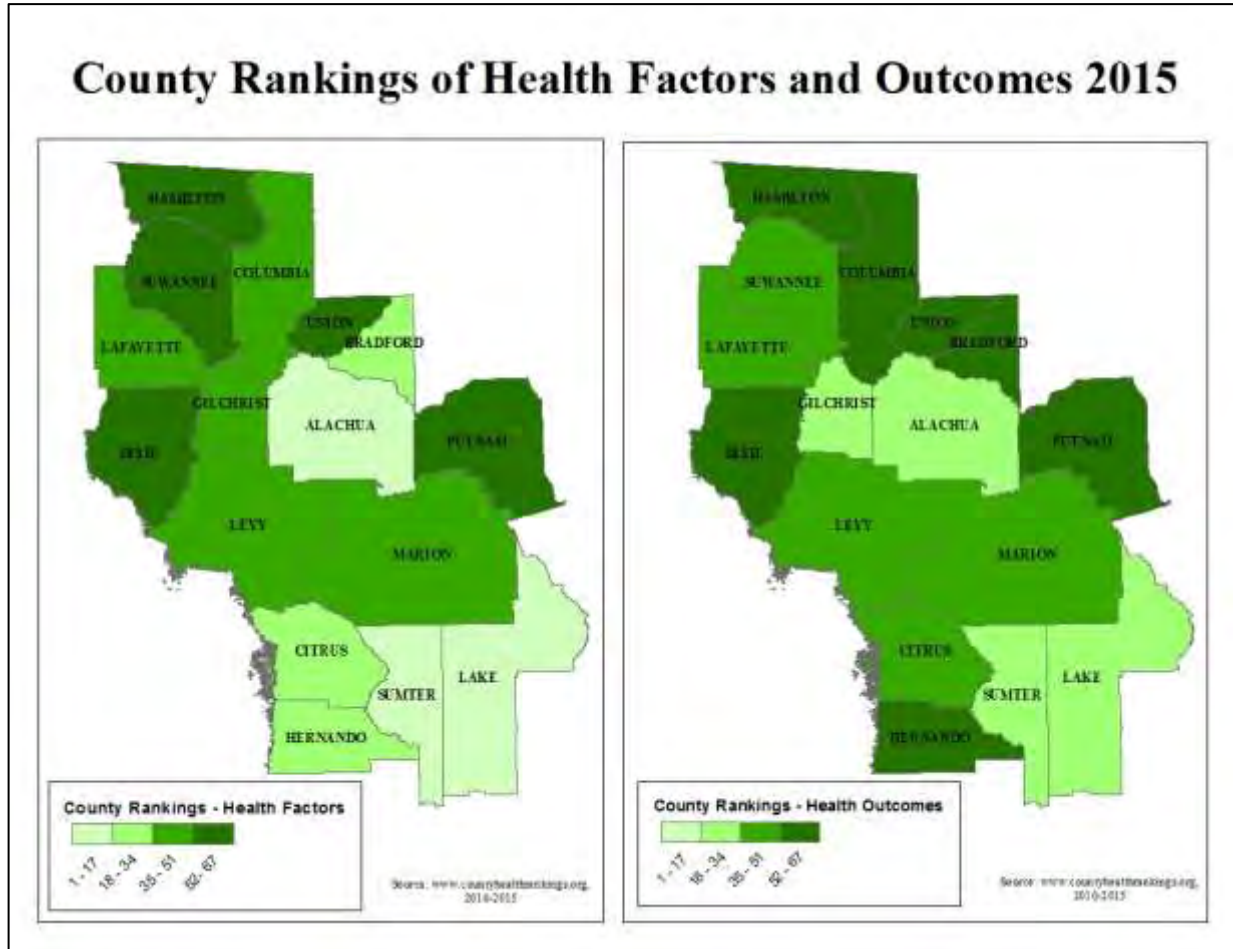
Prepared by: WellFlorida Council, 2015.

MORTALITY RATES AND MAJOR CAUSES OF DEATH

Mortality rates are often looked upon as a leading descriptor of the health of a community. Many of the leading causes of death, especially those attributable to heart disease, cancer, stroke, diabetes and unintentional injuries are highly susceptible to behavior modification, policy changes and risk reduction. Obviously, communities with a disproportionate amount of mortality compared to the averages are perceived to be less healthy.

Table 15 summarized the age-adjusted death rates for the leading causes of death in Florida for Marion County for all races/ethnicities, black residents, Hispanic residents and white residents. The rates in red in Table 15 are those where in 2013 Marion County compares less favorably to Florida as a whole. In fact, Marion County has a substantially higher mortality rate than the state for all 10 of the 10 leading causes of death in Florida.

White residents in Marion County have higher mortality rates than their peers in Florida for 9 of the top 10 leading causes of death, while black and Hispanic residents are higher than the state rates for 6 of the top 10 leading causes of death. A closer look inside the numbers in Table 15 also shows some interesting disparities between races and ethnicities across a variety of causes of death.

Figures 4 through 9 show that 2013 is no anomaly and that, in general, since 2004, Marion County's age-adjusted death rates for most of the leading causes of death have substantially exceeded the state rates for the major causes of death in Florida.

TABLE 15. AGE-ADJUSTED DEATH RATES FOR LEADING CAUSES OF DEATH BY RACE/ETHNICITY, MARION COUNTY AND FLORIDA, 2013.

| Cause	Marion County				Florida			
	All	White	Black	Hispanic	All	White	Black	Hispanic
All	804.5	809.6	796.3	607.3	679.3	672.2	741.8	530.3
Heart Disease	192.9	188.3	196.6	157.0	153.4	159.9	165.9	131.5
Cancer	183.5	192.3	145.9	107.0	158.7	151.7	157.9	118.5
CLRD	54.4	57.4	24.3	32.1	41.0	43.1	24.4	24.2
Unint. Injuries	60.1	62.8	39.2	34.4	38.8	41.7	26.5	24.0
MV Crashes	17.4	17.2	19.0	17.6	12.1	12.5	11.5	10.0
Stroke	31.8	29.4	53.2	31.4	31.3	29.4	46.0	27.0
Alzheimer's	23.4	23.8	19.4	25.1	17.5	17.8	14.4	18.6
Diabetes	27.7	27.0	45.6	30.5	19.6	17.2	40.5	17.6
Suicide	18.8	20.9	NA	5.6	13.8	15.7	NA	6.9
Nephritis	11.6	10.8	24.3	NA	11.4	10.1	23.1	NA
Liver Disease	13.8	14.4	NA	3.3	10.8	12.0	NA	7.6

Source: Florida Department of Health, Office of Vital Statistics, 2013. Prepared by: WellFlorida Council, 2015

Figure 4 shows that the age-adjusted heart disease death rates for Marion County residents has remained consistently higher than that of all Florida residents from 2004 to 2013. While Marion has largely followed the same trend as the state in terms of age-adjusted heart disease death rates, the rate in Marion County seems to be trending upward from 2010 to 2013, while the rate seems to be stabilizing during that same time period for the state of Florida.

FIGURE 4. AGE ADJUSTED DEATH RATES FOR HEART DISEASE, MARION COUNTY AND FLORIDA, 2004-2013.
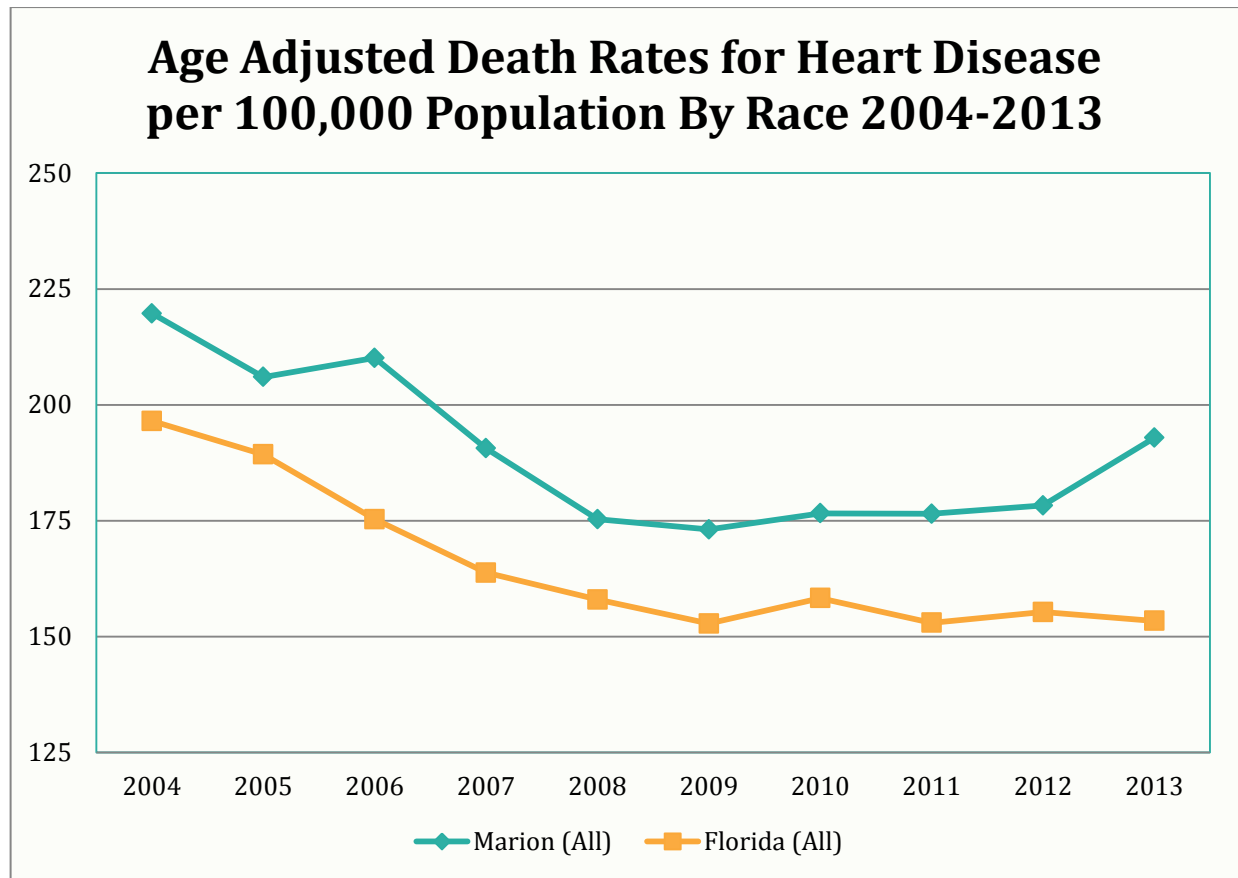
Age Adjusted Death Rates for Heart Disease per 100,000 Population By Race 2004-2013

Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by: WellFlorida Council, 2015.

Much like with heart disease, Figure 5 shows that the age-adjusted cancer death rates for Marion County residents has remained consistently higher than that of all Florida residents from 2004 to 2013. And again, while Marion has largely followed the same trend as the state in terms of age-adjusted cancer death rates, the rate in Marion County seems to be trending upward ever so slightly from 2011 to 2013, while the rate seems to be stabilizing during that same time period for the state of Florida.

FIGURE 5. AGE ADJUSTED DEATH RATES FOR CANCER, MARION COUNTY AND FLORIDA, 2004-2013.
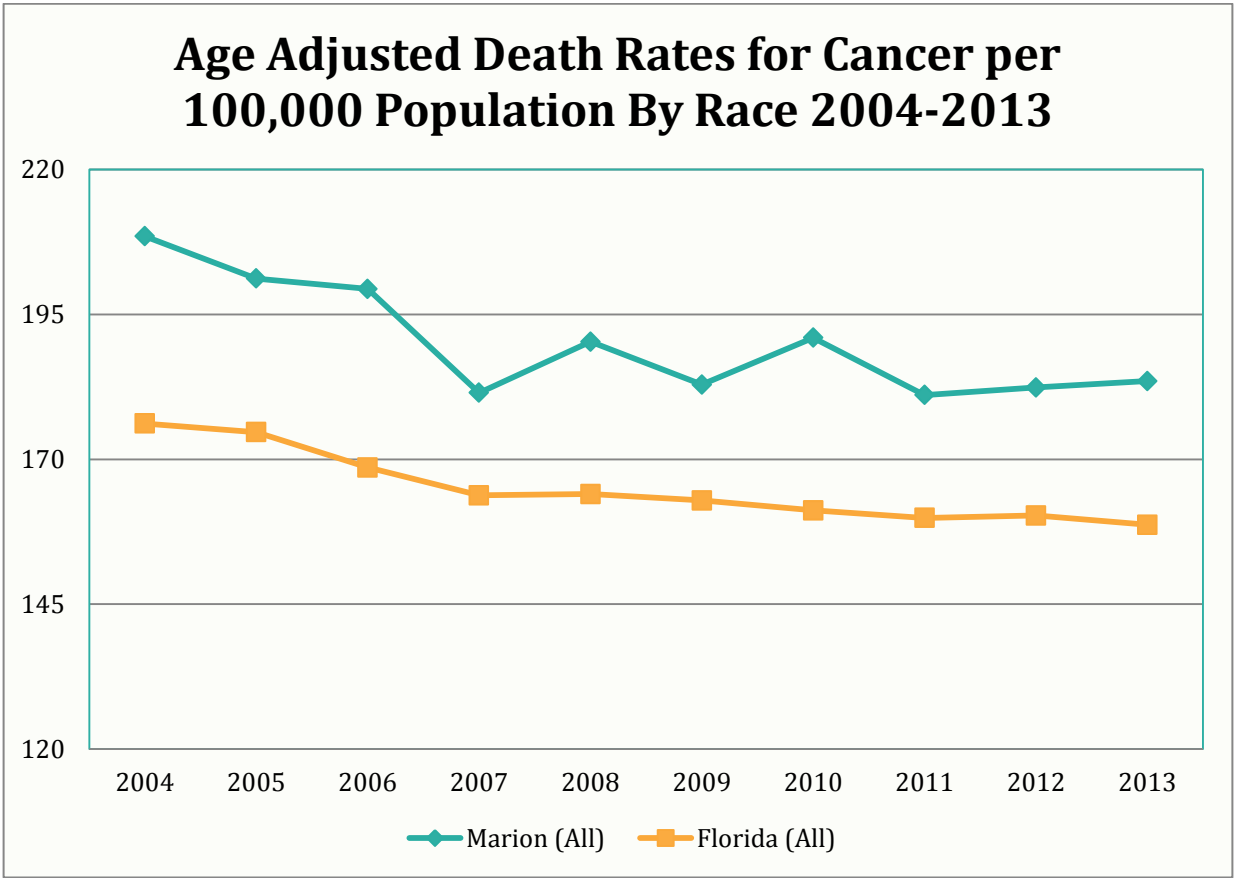
Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by: WellFlorida Council, 2015.

Figure 6 shows that age-adjusted death rates for chronic lower respiratory disease seem to be trending upward slightly for both Marion County and Florida between 2004 and 2013. Once again, like the other leading causes of death, the Marion County age-adjusted death rates have substantially exceeded the Florida rates since 2004, and there appears to be a sharp upward trend occurring in Marion County in these rates since 2011.

FIGURE 6. AGE ADJUSTED DEATH RATES FOR CHRONIC LOWER RESPIRATORY DISEASE, MARION COUNTY AND FLORIDA, 2004-2013.
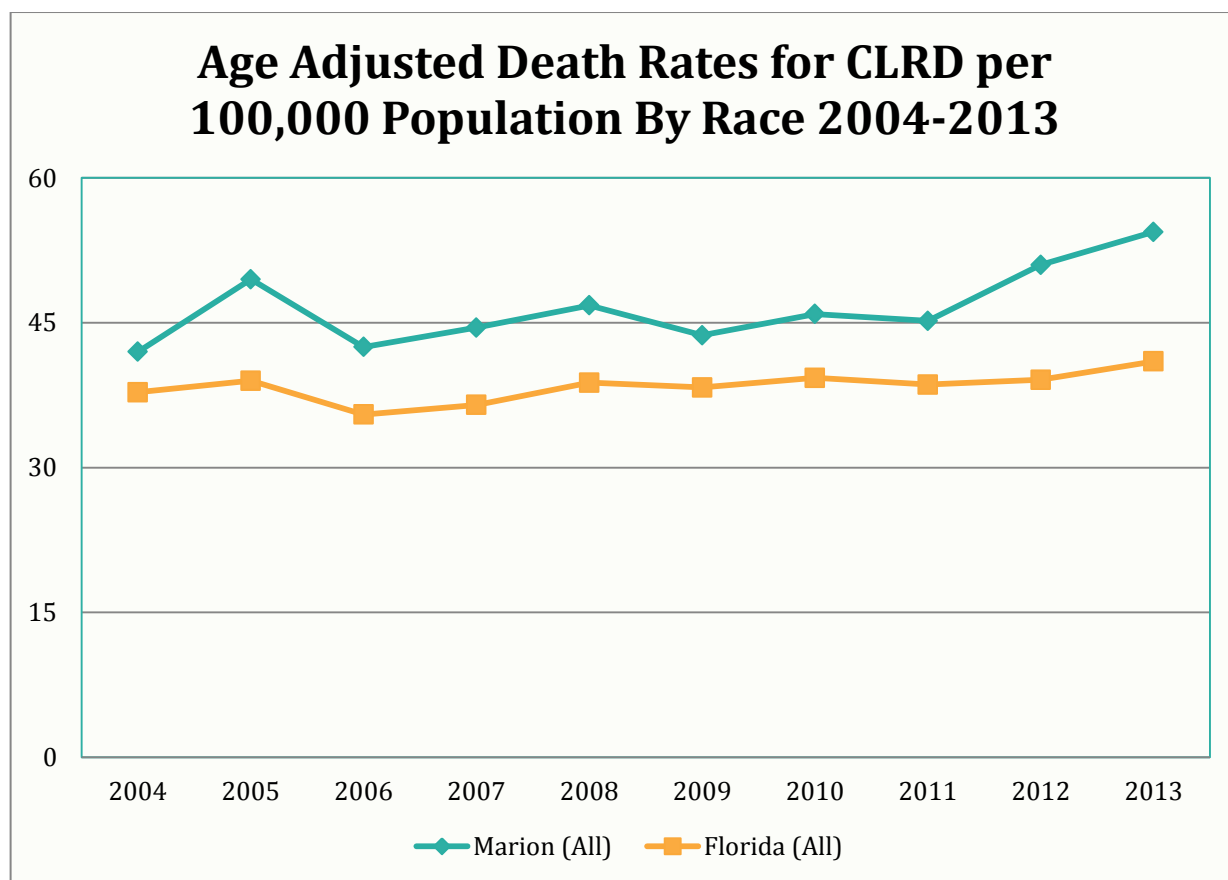
Age Adjusted Death Rates for CLRD per 100,000 Population By Race 2004-2013

Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by: WellFlorida Council, 2015.

Since 2008, the gap between the age-adjusted death rates for unintentional injury in Marion County and Florida have widened significantly. Since 2007, while the state has enjoyed a slight downward trend in these death rates, the death rates in Marion County have risen sharply. Fortunately, from 2012 to 2013 there was a sizable drop in the rate, but it still is too early to tell if Marion County will begin to experience the same slight downward trend that the state is experiencing.

FIGURE 7. AGE ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURY, MARION COUNTY AND FLORIDA, 2004-2013.
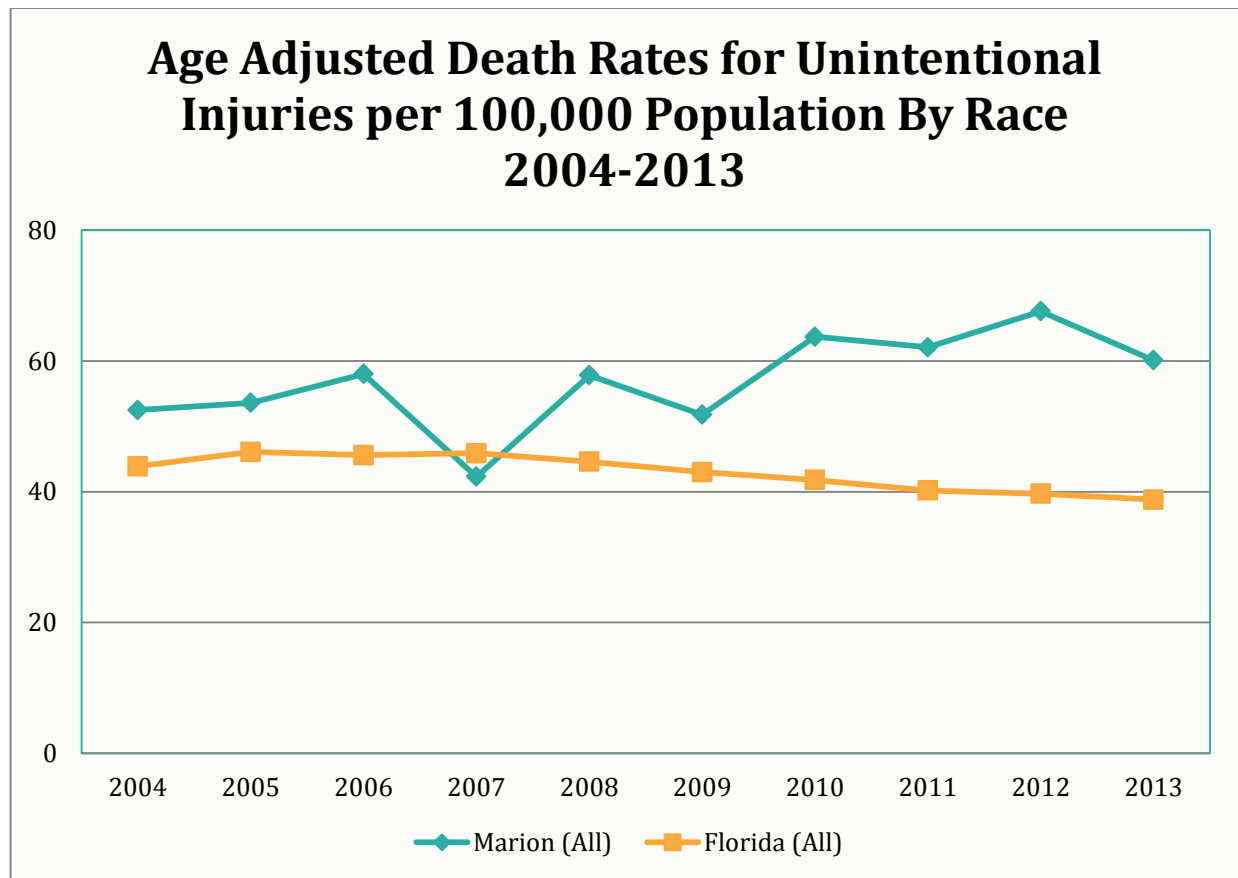
Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by WellFlorida Council, 2015.

Between 2004 and 2013, the age-adjusted death rate for diabetes has held relatively steady. However, in Marion County, after experiencing a decent decrease from 2005-2008, rates have generally fluctuated with a slightly upward trend. In addition, the rates in Marion County have ranged from being slightly higher than the state of Florida to markedly higher than the state of Florida from 2009-2013.

FIGURE 8. AGE ADJUSTED DEATH RATES FOR DIABETES, MARION COUNTY AND FLORIDA, 2004-2013.
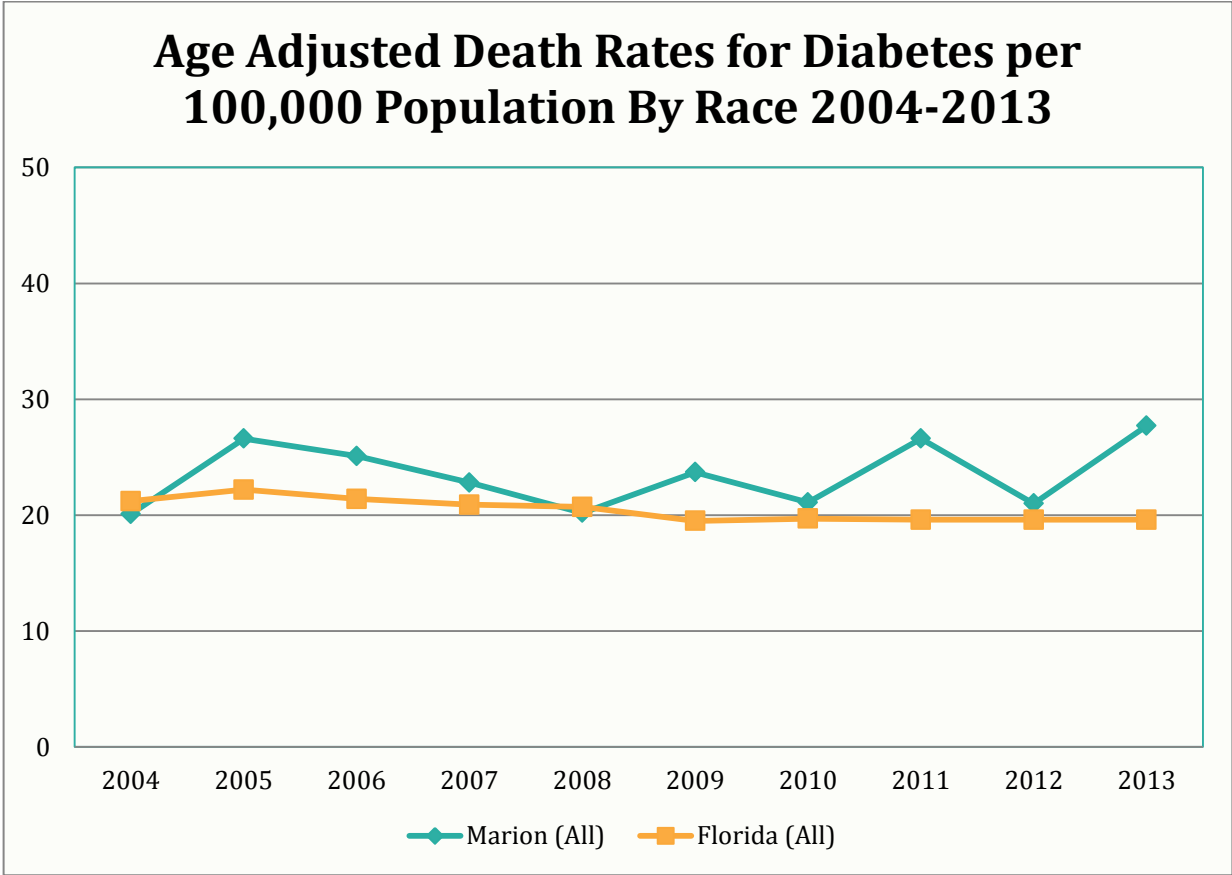
Age Adjusted Death Rates for Diabetes per 100,000 Population By Race 2004-2013

Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by: WellFlorida Council, 2015.

Since 2008, the age-adjusted death rates for Alzheimer's Disease in Marion County have been substantially higher than those for Florida. And while the state rate has more or less remained stable, aside from a dip in 2012, the death rate appears to be trending upward while the state's death rate remains relatively stable.
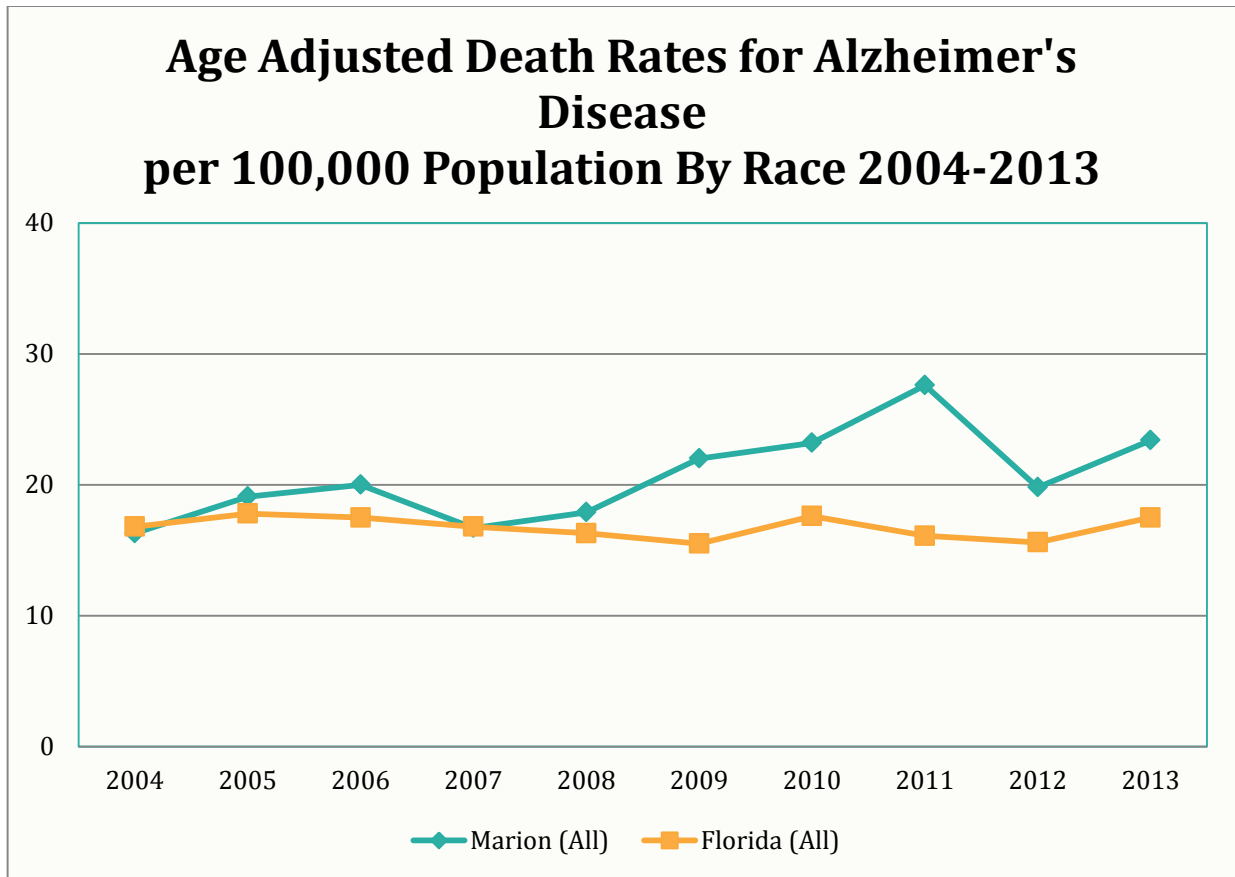
Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by: WellFlorida Council, 2015.

YEARS OF POTENTIAL LIFE LOST

Premature deaths are often measured as deaths that occur before a person reaches an expected advanced age. This age is most usually indicated as 75 years. These types of premature deaths are also often considered to be highly preventable, and because they are considered highly preventable, they are categorized as potential life lost. We define the years between when the person dies and this marker age of 75 then as years of potential life lost (YPLL). Thus, people who die before the age of 75 are defined as having lost some potential years of life. YPLL is therefore an estimate of premature mortality and deaths among younger persons contribute more to the YPLL measure than do deaths among older persons.

Not surprisingly, as Marion County, as seen in previous tables and figures, far exceeds the state rates in the leading causes of death in Florida, the County also compares very poorly to the state when it comes to YPLL. While the state has been witnessing a fairly substantial decrease in YPLL rate since 2004, Marion County's rate continues to fluctuate wildly. However, more importantly, Marion County's YPLL rate continued to be 20 to 30 percent higher than the state rate throughout 2004-2013.

FIGURE 10. YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75, MARION COUNTY AND FLORIDA, 2004-2013.
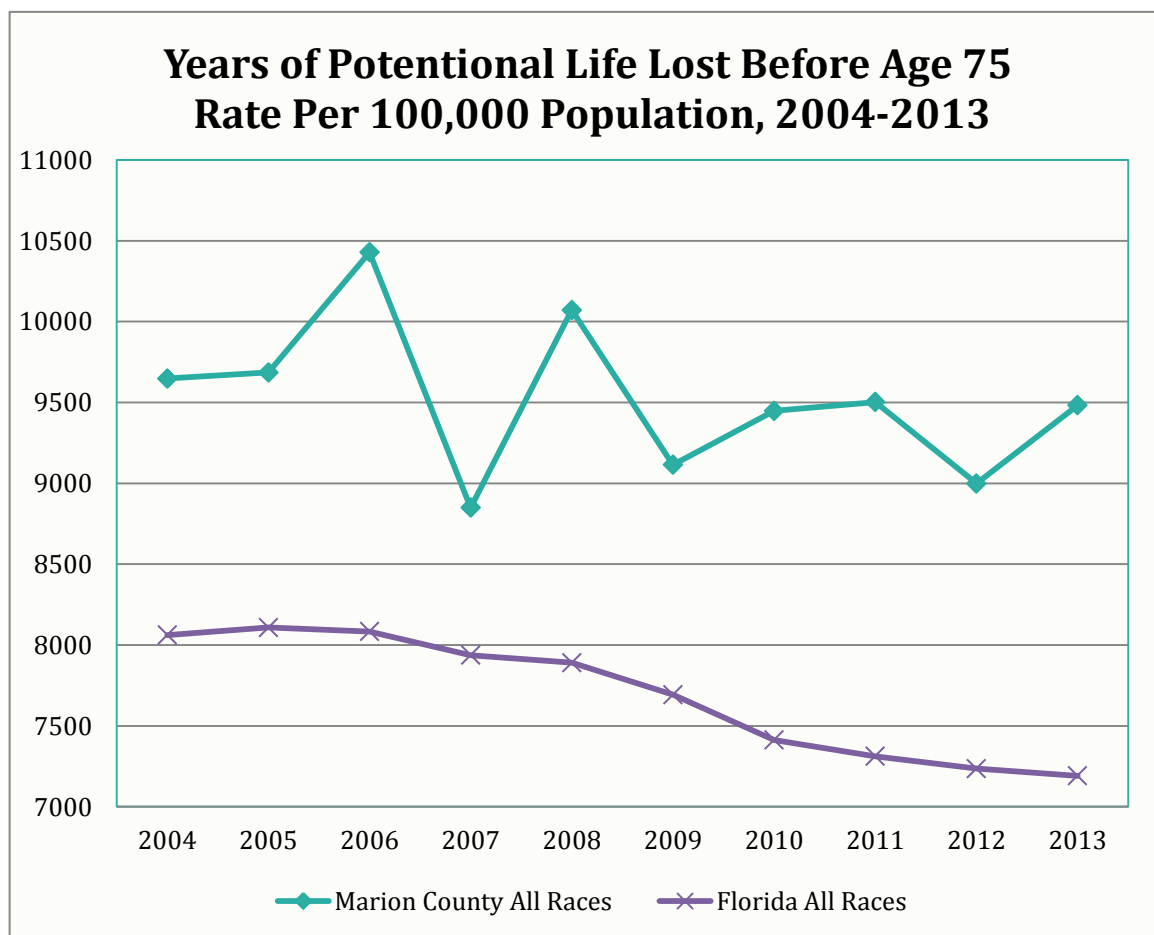
Source: FloridaCharts, 2015. Prepared by: WellFlorida Council, 2015.

Table 16 details the YPLL rates for all of the 5 leading causes of death, and again, not surprisingly, Marion County rates across all of these causes, is substantially higher than that of the state.

TABLE 16. SELECTED CAUSES OF DEATH FOR YEARS OF POTENTIAL LIFE LOST UNDER 75, MARION COUNTY AND FLORIDA, 2011-2013. *

Cause of Death	Average Number of YPLL Under 75	Rate Per 100,000 Population
Marion County (Avg Population Under 75 = 295,347)		
All Causes	27,551	9,328.3
Heart Disease (1)	4,428	1,499.4
Cancer (2)	6,506	2,202.8
CLRD (3)	1,199	406.1
Unintentional Injuries (4)	4,269	1,445.4
MV Crashes	1,865	631.5
Stroke (5)	699	236.8
Florida (Avg Population Under 75 = 17,510,337)		
All Causes	1,268,795	7,246.0
Heart Disease (1)	179,632	1,025.9
Cancer (2)	289,792	1,655.0
CLRD (3)	37,476	214.0
Unintentional Injuries (4)	184,591	1,054.2
MV Crashes	73,769	421.3
Stroke (5)	32,276	184.3

* Numbers in ()'s are ranking for Florida for 2009-2013.
The data presented above is for the 2011-2013 time period even though the number of deaths ranking are based on the 2009-2013 time period.
Source: Florida Department of Health, Office of Health Statistics & Assessment, Bureau of Vital Statistics, reports generated by WellFlorida; using Health Indicators Query System; http://www.Floridacharts.com; (April 13, 2015). Prepared by: WellFlorida Council, 2015.

CENTERS FOR DISEASE CONTROL COMMUNITY HEALTH STATUS INDICATOR RANKINGS

Since its establishment in 2000, the CDC's Community Health Status Indicators (CHSI) tool has provided county groupings that allow the health status of individual counties to be compared to those of "peer" counties across the U.S. for 43 key community health status indicators.

Selection of the method and variables for the peer county groupings was based on an iterative process that was guided by the advice of subject matter experts (internal and external to CDC) including representatives from academia and architects of the original CHSI. Multiple possible methods exist for choosing county comparison groups, and varying results would be expected based upon the method and the choice of criteria

for defining peers. Therefore, several candidate statistical methods were evaluated for identifying peer counties. Once the peer county identification method was finalized and approved, the final peer county analysis yielded 89 peer groupings based on the following 19 county-level equivalent variables for all 3,143 U.S. counties:

- Population size
- Population growth
- Population density
- Population mobility
- Percent children
- Percent elderly
- Sex ratio
- Percent foreign born
- Percent high school graduates
- Single parent households
- Median home value
- Housing stress
- Percent owner-occupied housing units
- Median household income
- Receipt of government income
- Household income
- Overall poverty
- Elderly poverty
- Unemployment

The peer county process yielded the following peer counties for Marion County:

- Martin County, Florida
- Sarasota County, Florida
- Collier County, Florida
- Henderson County, North Carolina
- Manatee County, Florida
- Brevard County, Florida
- Volusia County, Florida
- Brunswick County, North Carolina
- Lee County, Florida
- St. Lucie County, Florida
- Loudon County, Tennessee

- Chatham County, North Carolina

Figure 11 provides a summary snapshot of the Community Health Status Indicators report for Marion County as prepared in July 2015. This report shows that Marion County is only in the better or most favorable quartile with its peer counties for 2 of the 43 community health status indicators. Marion County is in the middle two quartiles of peers for 18 of the 43 indicators. And Marion County is in the bottom quartile of peer counties for 23 of the 43 community health status indicators. The CDC CHSI report confirms and validates much of the community health status data presented in the report thus far and also much of the data that is yet to be presented in this CHA.

LIFE EXPECTANCY

The experience of higher mortality rates across the board for the 10 leading causes of death in Marion County is also manifested in one other critical community health status marker: life expectancy. Tables 17A and 17B (broken down by gender) show life expectancy data for all races and by race as estimated by the Institute for Health Metrics and Evaluation at the University of Washington. The Institute has compiled data for nearly three decades for all counties in the United States. Typically, the Institute's estimates lag about 5 years due to the statistical estimation procedures that are employed. Tables 17A and 17B show the life expectancy estimates for Marion County, Florida and the United States from 2001-2010 (the most recently available 10-year period).

Table 17A details the life expectancy for males during the 10-year period. During this period, the life expectancy estimates for all races, black residents and white residents are consistently lower in Marion County than both Florida and the United States. In addition, the life expectancy of white residents is substantially higher than black residents year in and year out, pointing to a major national racial disparity in health trend that is mirrored in Marion County.

Female residents in Marion County are not immune to this life expectancy shortfall. While the differences between the life expectancies of female residents in Marion County generally do not differ as much from the Florida and United States numbers as their male counterparts, the life expectancy rates for Marion County females are still consistently lower than Florida and the United States. In addition, the racial disparity trend is also seen between females of different races in Marion County.

FIGURE 11. CENTERS FOR DISEASE CONTROL, COMMUNITY HEALTH STATUS INDICATOR REPORT, MARION COUNTY, 2015.
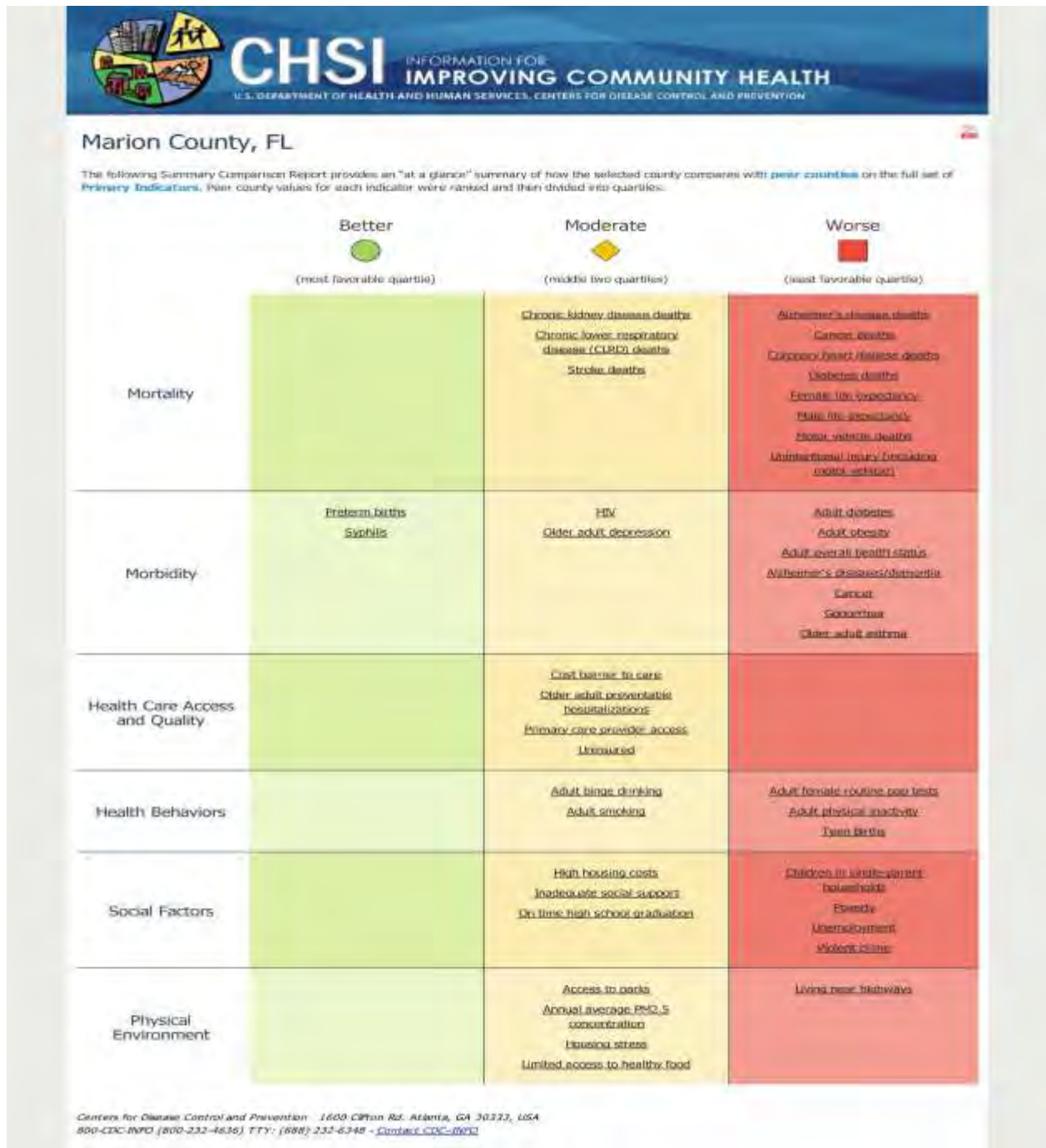
Source: http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/FL/Marion/, 2015.

TABLE 17A. LIFE EXPECTANCY FOR MALES BY RACE AND YEAR, MARION COUNTY AND FLORIDA, 2001-2010.

Year	Marion County			Florida			United States		
	All	White	Black	All	White	Black	All	White	Black
2001	73.4	74.1	67.5	74.7	75.3	69.5	74.4	75.0	68.3
2002	73.4	74.1	67.6	74.9	75.6	69.7	74.5	75.1	68.5
2003	73.4	74.1	67.5	75.0	75.6	70.1	74.7	75.3	68.7
2004	73.3	74.0	67.5	75.3	75.8	70.4	75.1	75.7	69.2
2005	73.5	74.2	67.8	75.3	75.8	70.8	75.1	75.7	69.2
2006	73.7	74.4	67.9	75.5	76.0	71.1	75.4	75.9	69.6
2007	73.9	74.6	68.2	75.9	76.4	71.4	75.6	76.1	70.0
2008	74.0	74.7	68.3	76.1	76.5	72.0	75.9	76.3	70.7
2009	74.2	74.9	68.9	76.5	76.9	72.7	76.2	76.7	71.2
2010	74.3	NA	NA	76.3	NA	NA	76.1	NA	NA

TABLE 17B. LIFE EXPECTANCY FOR FEMALES BY RACE AND YEAR, MARION COUNTY AND FLORIDA, 2001-2010.

Year	Marion County			Florida			United States		
	All	White	Black	All	White	Black	All	White	Black
2001	80.2	80.8	75.9	80.4	81.1	75.2	79.7	80.2	75.4
2002	79.8	80.4	75.5	80.5	81.2	75.7	79.8	80.3	75.5
2003	79.8	80.3	75.5	80.7	81.4	76.2	80.0	80.4	75.8
2004	79.8	80.3	75.5	80.9	81.5	76.7	80.3	80.7	76.2
2005	79.9	80.4	75.5	81.2	81.8	77.1	80.3	80.7	76.3
2006	80.2	80.8	75.8	81.5	82.1	77.2	80.6	81.0	76.6
2007	80.9	81.4	76.6	81.8	82.3	78.0	80.8	81.2	77.1
2008	80.6	81.1	76.5	81.9	82.3	78.5	80.9	81.2	77.5
2009	80.8	81.3	76.9	82.1	82.6	78.8	81.3	81.5	77.9
2010	80.3	NA	NA	81.6	NA	NA	80.8	NA	NA

Source: University of Washington, Institute for Health Metrics and Evaluation, Data Download at
http://www.healthmetricsandevaluation.org/news-events/news-release/life-expectancy-in-us-counties-2013.
Prepared by: WellFlorida Council, 2015.

MATERNAL AND CHILD HEALTH

Table 18 portrays a summary of maternal and child health indicators for 2013 for Marion County by race and ethnicity. While the Technical Appendix provides extensive longitudinal information on all of these indicators at the ZIP code level, the data for 2013 (the most recently available year at the time of compilation of this report) is provided as a snapshot and is representative of the longitudinal trends in Marion County. As with other data sets highlighted in this report, many of the maternal and child health data in this CHA report and in the Technical Appendix contain standardized rates for the purpose of comparing Marion County to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates.

The major maternal and child health indicators summarized in Table 18 include:

- Infant death rate;
- Low birthweight;
- Access to first trimester prenatal care;
- Late or no prenatal care;
- Teen birth rate; and
- Teen repeat birth rate.

Infant death rate is one such indicator that we must take caution in analyzing as noted above. Infant mortality is one of the most widely used indicators of the overall health status in a community. Table 18 shows that the overall infant mortality rate for Marion County is higher than the state as a whole in 2013 as are the rates for black, white and Hispanic babies. As noted above, however, these numbers may be influenced by the relatively small number (though any number is no less tragic) of infant deaths annually.

The indicators marked in red are those in which Marion County compares less favorably than Florida. As with mortality indicators presented earlier in the Community Health Status section, maternal and child health indicators also appear to be an area of concern in Marion County due to the across the board poor comparison with Florida as a whole (though the issues of relatively small numbers of occurrences must be acknowledged when scrutinizing these indicators).

TABLE 18. MATERNAL HEALTH INDICATORS BY RACE/ETHNICITY, MARION COUNTY AND FLORIDA, 2013.

Category	Marion County				Florida			
	All	Black	White	Hispanic	All	Black	White	Hispanic
Total Births	3,338	669	2,540	479	215,194	48,737	153,278	59,083
Total Birth Rate	9.9	15.2	10.1	13.0	11.1	15.2	10.1	13.0
Infant Deaths	26	9	17	4	1,318	517	707	261
Infant Death Rate	7.8	13.5	6.7	8.4	6.1	10.6	4.6	4.4
Low Brthwght. (%)	7.8	13.0	6.6	6.9	8.5	12.9	7.2	7.1
First Trimester Care (%)	59.6	54.6	61.1	59.1	74.3	67.2	76.7	75.3
Late or No Care (%)	7.0	6.7	7.1	6.3	4.5	6.1	4.0	4.3
Teen Births (15-17) Rate	17.2	22.9	16.0	19.1	10.5	16.2	9.0	11.6
Repeat Teen Births (%)	9.0	13.0	7.9	11.8	7.4	9.0	6.5	8.1

Source: Florida Department of Health, Office of Vital Statistics, 2013. Prepared by: WellFlorida Council, 2015.

MENTAL HEALTH

The mental health status of a community is also a critical marker of overall health status and the quality of life within a community. Tables 19-22 and Figure 12 detail some of the most important mental health indicators for a community in order to provide meaningful insights into the mental health status of Marion County residents.

Interestingly, as seen in Table 19, the rates of hospitalization due to mental health reasons for Marion County residents (for all ages, children and adults) consistently lag behind the rates for Florida from 2009-2013. However, mental health hospitalization rates do not often paint a complete picture. Are these rates lower because of the mental health status of the population at large in Marion County is better than that of Florida as a whole and thus Marion County residents need less hospitalization? Or is mental health bed capacity strained such that it is difficult for Marion County residents to get into inpatient treatment facilities? Further analysis outside of the CHA process is warranted on these questions.

However, in order to offer additional insights, the CHA looks at a variety of other mental health factors and indicators as well.

TABLE 19. NUMBER AND RATE OF HOSPITALIZATIONS PER 1,000 FOR MENTAL HEALTH REASONS FOR SELECTED AGE GROUPS, 2009-2013.

Area/Year	All Ages		0 - 17 Years of Age		18+ Years of Age	
	Number	Rate	Number	Rate	Number	Rate
Marion County						
2009	2,047	6.2	57	0.8	1,990	7.6
2010	2,156	6.5	92	1.5	2,064	7.7
2011	2,236	6.7	77	1.2	2,159	8.0
2012	2,348	7.0	44	0.7	2,304	8.5
2013	2,193	6.5	67	1.1	2,126	7.8
Florida						
2009	143,044	7.6	13,464	3.2	129,580	8.9
2010	153,625	8.2	14,913	3.7	138,712	9.4
2011	162,326	8.6	17,024	4.3	145,302	9.7
2012	170,928	9.0	18,480	4.6	152,448	10.2
2013	177,770	9.2	20,209	5.0	157,561	10.3

Source: Agency for Health Care Administration Detailed Discharge Data, 2009-2013; Florida Department of Health, Office of Health Statistics & Assessment, reports generated using Population Estimates System; http://www.Floridacharts.com; (April 14, 2015).Prepared by: WellFlorida Council, 2015.

Analysis of the emergency department visits for mental health reasons (Table 20) tells a different story than hospitalization data (Table 19). As seen below, the emergency department visits for mental health reasons for all ages, children and adults have been dramatically higher for Marion County residents than for Florida as a whole between 2009-2013. In fact, these rates have ranged between 45 to slightly more than 100 percent higher during this time period.

TABLE 20. NUMBER AND RATE OF EMERGENCY DEPARTMENT VISITS PER 1,000 FOR MENTAL HEALTH, MARION COUNTY AND FLORIDA, 2009-2013. *

Area/Year	All Ages		0 - 17 Years of Age		18+ Years of Age	
	Number	Rate	Number	Rate	Number	Rate
Marion County						
2009	27,573	83.4	1,491	22.1	26,082	99.1
2010	29,573	89.3	1,506	23.8	28,067	104.8
2011	36,158	108.8	1,554	24.6	34,604	128.6
2012	34,910	104.4	1,714	27.0	33,196	122.5
2013	28,704	84.9	1,487	23.3	27,217	99.3
Florida						
2009	897,467	48.0	38,594	9.3	858,873	59.1
2010	951,181	50.5	40,231	10.1	910,950	61.4
2011	1,011,792	53.4	42,887	10.7	968,905	64.9
2012	1,067,371	56.1	45,569	11.3	1,021,802	68.0
2013	1,074,417	55.6	45,094	11.1	1,029,323	67.5

* ICD 9 Codes 290 - 316.99 were used in determining mental health visits. The main reason category as well as all diagnosis codes were looked at to pull off the mental health visits.
Please note that this data only includes emergency department visits in which emergency department registration occurs and the patient is not admitted for inpatient care at the reporting entity.
Source: Agency for Health Care Administration Emergency Department Visit Data, 2009-2013; Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using Population Estimates System; http://www.Floridacharts.com; (April 14, 2015). Prepared by: WellFlorida Council, 2015.

The age-adjusted rates for suicide are also telling. As seen in Figure 12, between 2004-2013 the age-adjusted death rates for suicide in Marion County have been consistently higher than for Florida as a whole. Perhaps even more troubling is that while the Florida rates appear to be levelling off, the Marion County rates appear to be demonstrating an increasing trend since 2010.

FIGURE 12. AGE ADJUSTED DEATH RATES FOR SUICIDE, MARION COUNTY AND FLORIDA, 2004-2013.
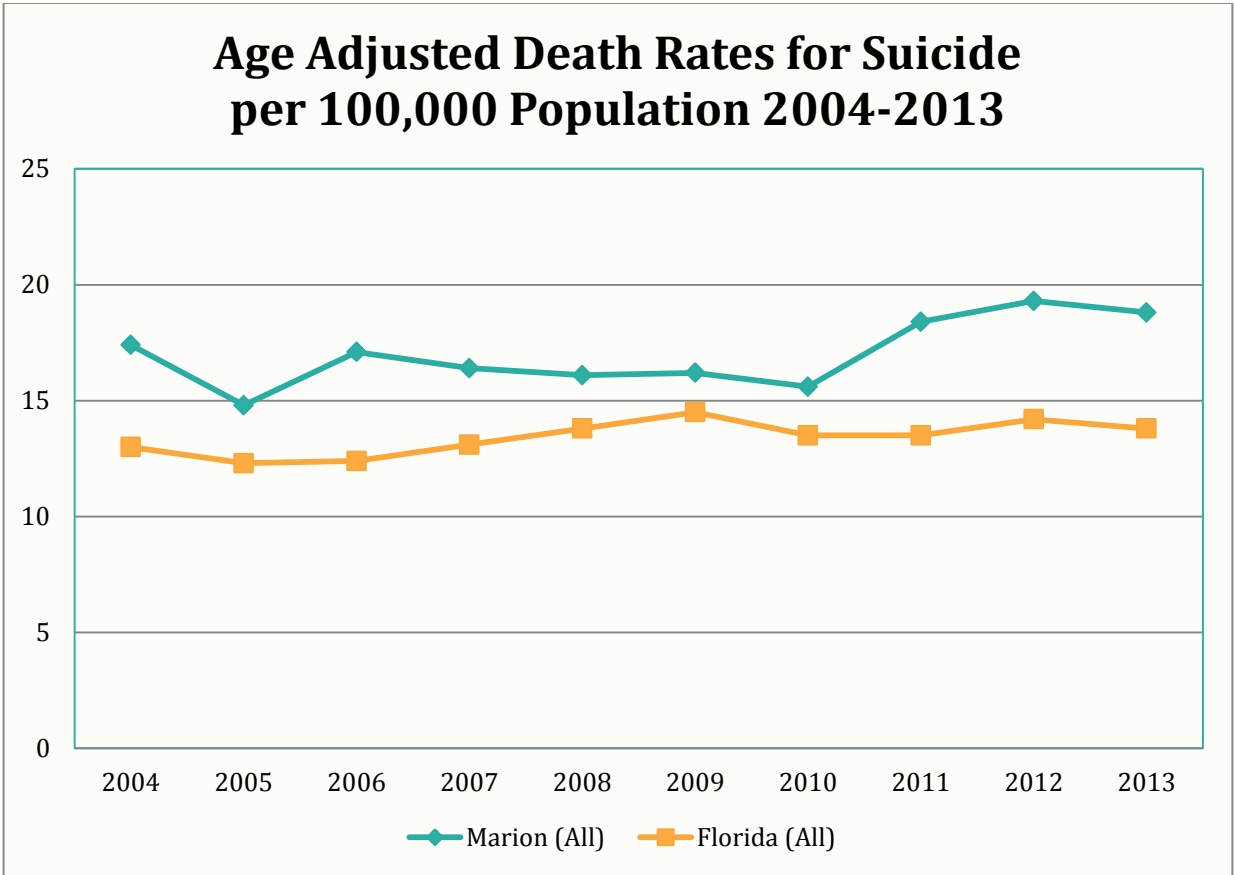
Age Adjusted Death Rates for Suicide per 100,000 Population 2004-2013

Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by: WellFlorida Counci, 2015.

Domestic violence rates are another community indicator of mental health status. Table 21 does reflect that between 2004 and 2013, both the Marion County and the state domestic violence rates have trended downward. However, in 2013, the Marion County domestic violence rate was still 33.2 percent higher than the rate for Florida as a whole. On average, the Marion County domestic violence rates ranged between 30 to 50 percent higher than the state rate between 2004-2013.

TABLE 21. TOTAL NUMBER AND RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES, MARION COUNTY AND FLORIDA, 2004 - 2013.

Area	Number	Rate Per 100,000	Number	Rate Per 100,000
	2004		2005	
Marion County	2,474	849.3	2,231	735.3
Florida	119,772	685.3	120,386	673.4
	2006		2007	
Marion County	2,369	751.2	2,625	809.0
Florida	115,170	631.5	115,150	622.4
	2008		2009	
Marion County	2,615	794.4	2,974	899.1
Florida	113,123	607.0	116,547	622.9
	2010		2011	
Marion County	2,882	869.9	2,977	896.0
Florida	113,378	602.4	111,681	589.8
	2012		2013	
Marion County	2,708	809.5	2,518	745.0
Florida	108,046	567.4	108,030	559.2

Source: Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using the Health Indicators System; http://www.Floridacharts.com; (April 14, 2015).
Prepared by: WellFlorida Council, 2015.

One final marker of community mental health status is the Baker Act initiation rate. The Baker Act is a legal procedure whereby persons with mental health issues who have been deemed to be a danger to themselves or others may be mandated to undergo an involuntary mental health exam. Table 22 shows that from 2009 to 2011 the Marion County Baker Act initiation rates were substantially higher than the state rates. However, the data shows that in 2012 and 2013 the Marion County rates have dipped below the state rates.

TABLE 22. TOTAL NUMBER AND RATE PER 100,000 POPULATION OF INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) FOR RESIDENTS, MARION COUNTY AND FLORIDA, 2009-2013.

Year	Marion County		Florida	
	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons
2009	2,829	855.2	136,120	727.5
2010	3,050	920.6	143,347	761.7
2011	3,073	924.9	150,466	794.7
2012	2,702	807.7	157,352	826.3
2013	2,806	830.2	171,744	889.0

Source: University of South Florida; Department of Mental Health Law and Policy, Annual Report of Baker Act Data, Summary Data, 2009-2013; Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using Population Estimates System; http://www.Floridacharts.com; (April147, 2015). Prepared by: WellFlorida Council, 2015.

HEALTH BEHAVIORS

The presence of good health behaviors and the absence of poor health behaviors is the cornerstone of a healthy community. Because of this, the national and state governments have invested substantial resources to understanding the health behaviors of residents throughout the United States both at the state and county level. This Health Behaviors section details selected health behaviors that regardless of source, are based primarily on the national, state and county-level surveys of behavior conducted as part of the CDC's Behavioral Risk Factor Surveillance System.

OBESITY

As seen in Figure 13, between 2004-2013 Florida has been consistently lower than the United States in terms of the percentage of the adults who are obese. However, during this same time period, the percentage of adults in Marion County who are obese has been substantially higher than the United States and dramatically higher than Florida as a whole. Obesity is a critical risk factor for chronic disease and is a major indicator of poor health status.

Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2012

Legend: Marion County, FL — Florida — United States

Source: Community Commons Needs Assessment Data Generator, http://www.communitycommons.org/chna/, queried July 2015.

PHYSICAL ACTIVITY

Not surprisingly, physical activity, or the lack thereof, often goes hand-in-hand with obesity. As seen in Figure 14, the rates of adult physical inactivity in Florida and the United States largely mirrored each other between 2004 and 2012. During that same time period, the rates of physical inactivity were substantially higher in Marion County than Florida and the United States.

Given the physical inactivity rates seen in Figure 14, it is not unexpected to see that the percentage of adults with no leisure time physical activity is dramatically higher for both males and females in Marion County based on 2012 estimates (Figure 15). On relative basis, Marion County males compare much less favorably to their state and national peers than do females. However, it is noteworthy that the percentage of adults with no leisure time physical activity is generally higher in females than males, indicating a national gender disparity that is also playing out in Marion County.

FIGURE 14. PHYSICAL INACTIVITY IN ADULTS, MARION COUNTY, FLORIDA AND THE UNITED STATES, 2004-2012.
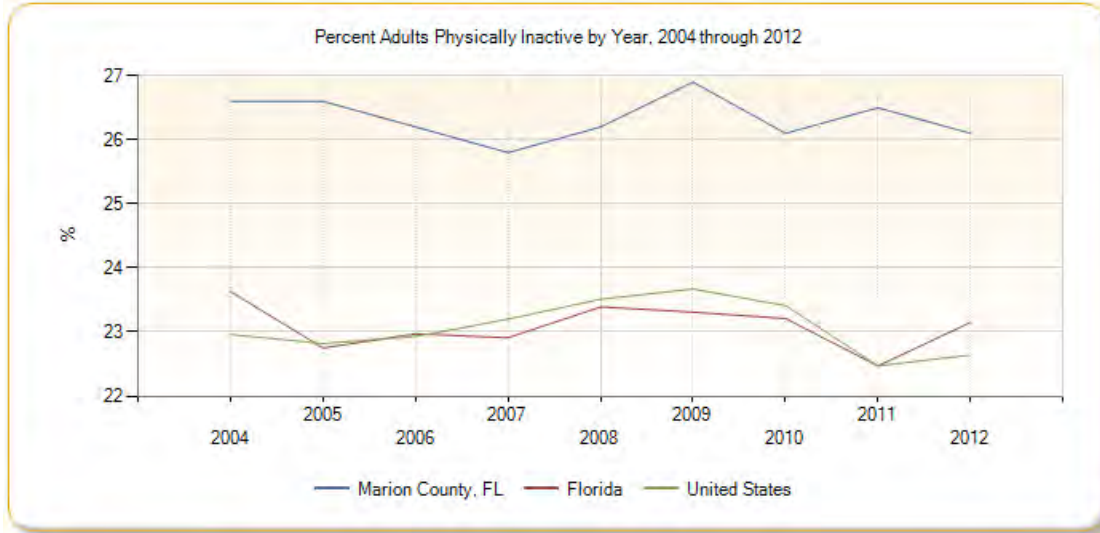
Source: Community Commons Needs Assessment Data Generator, http://www.communitycommons.org/chna/, queried July 2015.

FIGURE 15. ADULTS WITH NO LEISURE TIME PHYSICAL ACTIVITY BY GENDER, MARION COUNTY, FLORIDA AND THE UNITED STATES, 2012.
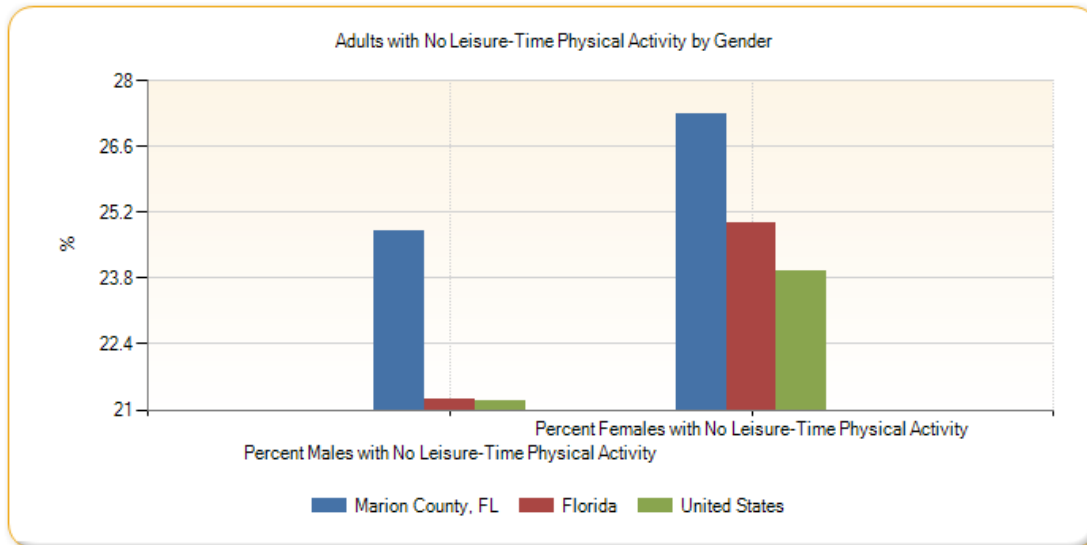
Source: Community Commons Needs Assessment Data Generator, http://www.communitycommons.org/chna/, queried July 2015.

CIGARETTE SMOKING

Another particularly troubling behavior is cigarette smoking, which is also a commonly known factor in the generation of chronic disease issues. Table 23 shows that for 2012, the age-adjusted percentage of adults who smoke cigarettes is substantially higher than the state and the nation. In fact, Marion County adult smoking rate is 27.5 percent higher than the Florida rate and 33.1 percent higher than the national rate.

TABLE 23. CIGARETTE SMOKING IN ADULTS, MARION COUNTY, FLORIDA AND UNITED STATES, 2012.

Area	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Marion County	55,775	21.0	24.1
Florida	2,642,932	18.0	18.9
United States	41,491,223	17.8	18.1

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse, 2006-12.

SELECTED BEHAVIORS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

A total of five county-level BRFSS surveys have been conducted in Florida since 2002, with the most recent being in 2013. There are literally hundreds of indicators in the county-level BRFSS if you consider that each indicator is broken down by race, ethnicity, gender and age where appropriate and when available. In order to hone in on the behavior issues where Marion County compares less favorably to the state, Table 24 summarizes health behaviors from the survey that meet both of the following two conditions:

- Marion County was worse in the 2013 BRFSS compared to the 2010 BRFSS; and
- Marion County was worse that the state in the 2013 BRFSS.

In specific, each of these indicators that meet these two conditions are not related. However, there are some common themes in these BRFSS indicators in which Marion County is not comparing well to itself (2010 to 2013 difference) and not comparing well to Florida (based on 2013). First, many of these indicators are related to chronic disease. Second, many of these indicators are related to screening opportunities. And third, many of these indicators are highly susceptible to preventative interventions.

TABLE 24. SELECTED BEHAVIORS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2010 AND 2013.

Indicator	Is Marion County Worse:	
	In 2013 than in 2010?	Than Florida in 2013?
Cancer Screening/Colorectal		
Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	Yes	Yes
Cancer Screening/Women's Health		
Percentage of women who have had a hysterectomy	Yes	Yes
Cardiovascular Disease		
Percentage of adults who have ever had a stroke	Yes	Yes
Percentage of adults who have ever been told they had coronary heart disease, heart attack or stroke	Yes	Yes
Diabetes		
Percentage of adults who have ever been told they had diabetes	Yes	Yes
Percentage of adults with diabetes who had an annual foot exam	Yes	Yes
Percentage of adults with diabetes who ever had diabetes self-management education	Yes	Yes
Hypertension Awareness and Control		
Percentage of adults who have ever been told they had hypertension	Yes	Yes
Injury Prevention		
Percentage of adults who "always" or "nearly always" used seat belts when driving or riding in a car	Yes	Yes

Source: Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using the Health Indicators System; http://www.Floridacharts.com; (April 14, 2015). Prepared by: WellFlorida Council, 2015.

RACIAL, ETHNIC AND GEOGRAPHIC HEALTH DISPARITIES

As noted in various places in the Community Health Status overview, Marion County is not immune to the racial, ethnic and geographic disparities in terms of social determinants, health outcomes and health access that plague our nation. Health status often varies dramatically between the various racial and ethnic groups; between rural versus urban residents; between persons in different ZIP codes; and between groups with varying levels of income. This CHA has been designed to tease out the global health issues and needs for Marion County as a whole. A keener analysis of the Technical Appendix, which provides a very fine level

of detail breaking data sets down, for example, by ZIP code, race, ethnicity, gender, etc., where appropriate and when available, clearly shows that these disparities are indeed present in Marion County and must be addressed. Any community health improvement plan or any specific community health intervention developed must acknowledge the challenges that these disparities represent to making meaningful and lasting improvements to health outcomes and health access in Marion County. The Technical Appendix will be a critical resource for further analyzing the populations or geographic areas and specific issues or root causes on which to focus in order to ameliorate these health disparities.

Healthcare Access and Utilization

According to the U.S. Department of Health and Human Services' *Healthy People 2020*, access to comprehensive, quality healthcare services is important for increasing the possibility of a healthy life and increasing the quality of life. In addition, comprehensive access is important in achieving health equity. The Healthcare Access and Utilization section details a vast array of indicators to determine health access and utilization levels of key health services in Marion County. Where these indicators compare less favorably to Florida as a whole or are trending in the wrong directions, there may be a need to enhance access or to foster the appropriate and timely utilization of these services. Once again, this section provides a higher level, more global overview of Marion County as a whole. For a detailed analysis and breakdown by race, ethnicity, ZIP code and gender, please consult the Marion County Technical Appendix that accompanies this CHA report.

HEALTHCARE ACCESS

The Healthcare Access section details the following key indicators as markers of healthcare access:

- the Uninsured;
- Medicaid enrollees;
- Health Professional Shortage Areas;
- Physician supply;
- Acute care and nursing home beds;
- Pre-natal care access;
- Healthy food access; and
- Fitness facility access.

UNINSURED

Table 25 shows that the non-elderly uninsured rates have remained comparable to the Florida rates between 2009-2013. Nevertheless, nearly 1 in 4 non-elderly residents continued to go without health insurance from 2009-2013. These rates do not yet take into account the effects of the availability of the Affordable Care Act's Health Insurance Marketplace. When available, the rates for 2014 and 2015 provide additional information. In all likelihood, as a substantial number of high-population states have taken advantage of federal subsidies and expanded their Medicaid programs (Medicaid is classified as insurance coverage), the Florida uninsured rates (and thus Marion County rates), even with individuals signing up for the Health Insurance Marketplace may be substantially higher than the national rates.

TABLE 25. NUMBER AND PERCENT UNINSURED FOR THE UNDER 65
POPULATION, MARION COUNTY AND FLORIDA, 2009-2013.

Year	Marion County			Florida		
	Total Number	Uninsured		Total Number	Uninsured	
		Total Estimated	Percent Estimated		Total Estimated	Percent Estimated
2009	239,878	57,391	23.9	14,977,174	3,735,524	24.9
2010	238,980	59,070	24.7	15,210,949	3,853,392	25.3
2011	238,379	57,753	24.2	15,338,984	3,804,839	24.8
2012	237,978	59,064	24.8	15,446,393	3,724,873	24.1
2013	236,734	57,134	24.1	15,538,084	3,775,449	24.3

Source: U.S. Census Bureau, Small Area Health Insurance Estimates, State and County by Demographic and Income
Characteristics, 2009-2013 table generated by WellFlorida; http://www.census.gov/did/www/sahie/index.html.
Prepared by: WellFlorida Council, 2015.

MEDICAID

As seen in Table 26, the rates of Medicaid enrollment have been substantially higher for Marion County
residents than for Florida as a whole during 2002-2013. This is not unexpected given the numbers
regarding income and poverty that were addressed in the Community Profile section. Taken together, in
2013 for example, Marion County's combined estimated uninsured and Medicaid enrollee population of
127,681 comprised more than 38 percent of Marion County's total population. Clearly, a substantial portion
of Marion County's population is vulnerable to health coverage access issues.

TABLE 26. MEDIAN MONTHLY MEDICAID ENROLLMENT NUMBERS AND RATES
PER 100,000 FOR MARION COUNTY AND FLORIDA, 2002-2013.

Year	Marion County		Florida	
	Number	Rate	Number	Rate
2002	35,534	13,065.0	2,102,401.0	12,575.7
2003	34,029	12,125.1	2,056,610.0	12,045.0
2004	36,141	12,407.3	2,144,415.0	12,270.3
2005	40,776	13,439.6	2,216,268.0	12,397.6
2006	40,109	12,718.3	2,186,843.0	11,990.9
2007	38,256	11,790.5	2,109,988.0	11,404.8
2008	52,965	16,090.7	2,637,603.0	14,152.6

TABLE 26. MEDIAN MONTHLY MEDICAID ENROLLMENT NUMBERS AND RATES PER 100,000 FOR MARION COUNTY AND FLORIDA, 2002-2013.

Year	Marion County		Florida	
	Number	Rate	Number	Rate
2009	53,674	16,226.0	2,678,520.0	14,314.6
2010	59,204	17,869.5	2,995,439.0	15,916.0
2011	61,881	18,624.5	3,128,693.0	16,524.1
2012	NA	NA	NA	NA
2013	70,542	20,872.0	3,611,417.0	18,693.7

The median enrollment in Medicaid is the number where, over 12 months of enrollment, half are more than this number median and half are below this number.
Source: Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using the Health Resources Available System; http://www.Floridacharts.com; (April 15, 2015).
Prepared by: WellFlorida Council, 2015.

HEALTH PROFESSIONAL SHORTAGE AREAS DESIGNATION

The federal Department of Health and Human Services periodically evaluates entire counties, special populations within counties and special facilities within counties as Health Professional Shortage Areas (HPSA) or Medically Underserved Areas (MUA). Provider shortages are identified for primary, dental and mental healthcare as part of HPSA designation. A general index of underservice is specified as part of the MUA designation process.

Table 27 shows that for primary care in Marion County, there is 1 special population and 6 facilities designated as suffering from primary care provider shortages. In addition, for dental care, there is 1 special population and 5 facilities designated as having dental provider shortages, while for mental healthcare, there is 1 special population and 4 facilities designated as having provider shortages.

The index of medical underservice is a complex formula compiled regularly by the U.S. Department of Health and Human Services that incorporates a variety of demographic, socioeconomic, health status and health access indicators. A score of 62 and below is an indicator of medical underservice. An entire county, a specific geographic area within a county or a special population within a county can be designated as a MUA. While all of Marion County has not been designated as an MUA, based on current calculations, with a score of 50.9, the low-income and migrant farmworker populations have been designated as MUAs.

TABLE 27. HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) AND MEDICALLY UNDERSERVED AREAS (MUA), 2015.

Type	Name	Score
Dental Designations		
HPSA Population	Low Income/Migrant Farmworker - Marion County	15
Comprehensive Health Center	Heart of Florida Health Center, Inc.	0
Correctional Facility	Lowell Reception Center	6
Correctional Facility	Lowell Correctional Institution	6
Correctional Facility	Lowell Correctional Institution Annex	6
Correctional Facility	Marion Correctional Institution	6
Mental Health Designations		
HPSA Population	Low Income - Marion County	16
Correctional Facility	Lowell Reception Center	6
Correctional Facility	Lowell Correctional Institution Annex	6
Correctional Facility	Marion Correctional Institution	12
Comprehensive Health Center	Heart of Florida Health Center, Inc.	0
Primary Medical Care Designations		
HPSA Population	Low Income - Marion County	17
Correctional Facility	Lowell Reception Center	6
Correctional Facility	Lowell Correctional Institution	3
Correctional Facility	Lowell Correctional Institution Annex	3
Correctional Facility	Marion Correctional Institution	3
Comprehensive Health Center	Heart of Florida Health Center, Inc.	0
Rural Health Center	Dr. Bellam Medical Clinic	0
Medically Underserved Area Designations		
MUA	Marion County-Low Income/Migrant Farm Workers	50.9

Source: U.S. Department of Health and Human Services Administration, reports generated by WellFlorida; using the Shortage Areas: HPSA by State & County System; http://www.hrsa.gov (April 16, 2015).
Prepared by: WellFlorida Council, 2015.

PHYSICIAN AND DENTIST SUPPLY

While the rates of dentists in Marion County and the state have held steady between 2008 to 2014, Marion County has consistently had a slightly lower rate of dentists than Florida over that time (Figure 16).   The overall physician rates are another matter, however. While the Marion County and Florida rates seem to be demonstrating the same slightly increasing trend between 2008 to 2014, the Marion County physician rates have been substantially lower than those of the state (Figure 16).

Table 28 provides some further detail on these physician rates. The federal government defines primary care providers as family practice physicians, internists, OB/GYNs and pediatricians. This table shows that across the board in each of these primary care specialties Marion County has trailed the state rate from 2008 to 2014. The data in Figure 16 and Table 28 suggest a growing primary care shortage in Marion County compared to residents of Florida as a whole.

TABLE 28. THE RATE OF PHYSICIANS BY TYPE PER 100,000 POPULATION, MARION COUNTY AND FLORIDA, FISCAL YEARS, 2008-09 - 2013-14.

Type of Physician	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
	Marion County					
Family Practice Physicians	11.9	14.2	19.6	19.9	20.6	20.7
Internists	32.2	27.5	36.5	39.1	40.1	41.1
OB/GYN	5.2	4.8	4.8	4.8	4.5	5.0
Pediatricians	7.9	6.1	8.5	7.8	7.5	8.6
Total Physicians	161.3	158.7	179.6	185.4	184.7	187.6
	Florida					
Family Practice Physicians	16.5	16.7	23.5	23.9	24	25.5
Internists	41.3	35.7	46.7	48.1	49.3	51.8
OB/GYN	8.7	6.8	9.7	9.8	9.9	9.9
Pediatricians	16.7	13.0	20.9	21.3	19.5	23
Total Physicians	227.0	227.5	255.6	260.2	265.7	275.7

Source: Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using the Health Indicators System; http://www.Floridacharts.com; (April 15, 2015).
Prepared by: WellFlorida Council, 2015.

FIGURE 16. TOTAL PHYSICIAN AND DENTISTS RATES, MARION COUNTY AND FLORIDA, 2008-2014.

Total Physicians and Dentists Rate Per 100,000 Population, 2008-2014
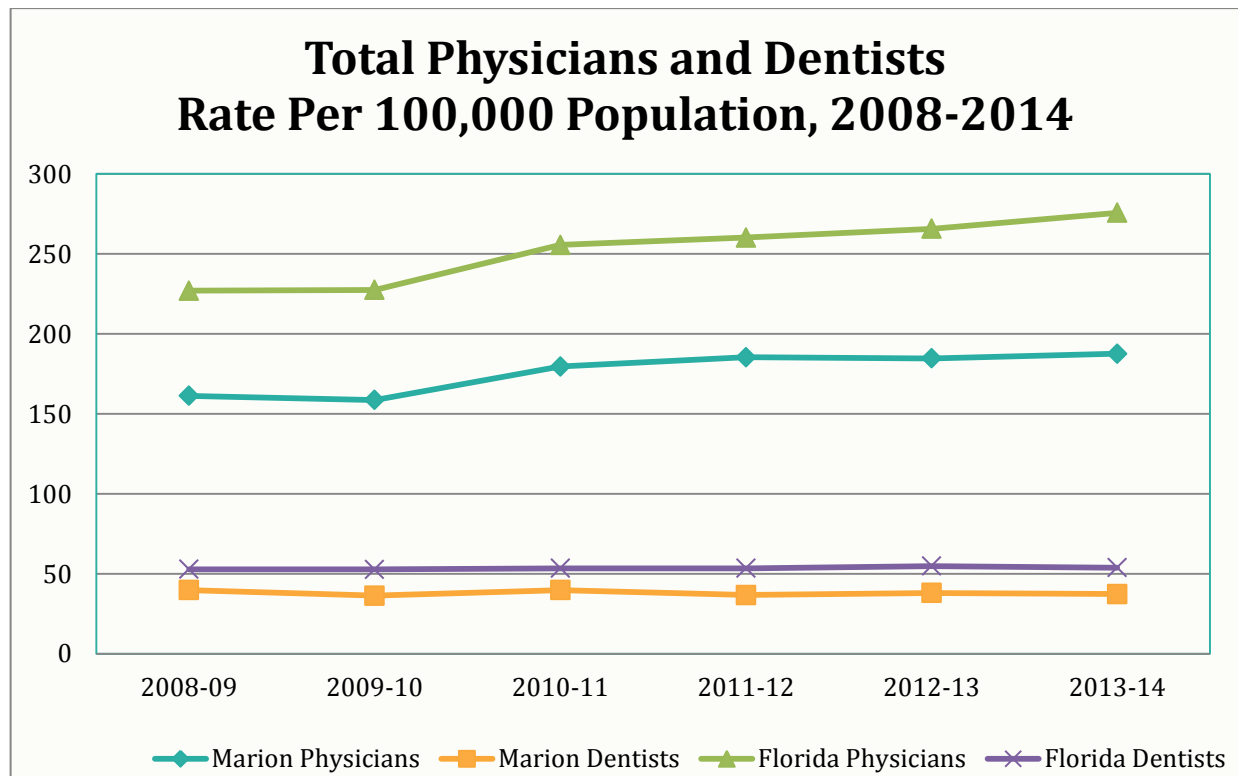
Source: Florida Department of Health Licensure Data, FloridaCharts, 2008-2014. Prepared by: WellFlorida Council, 2015.

ACUTE CARE AND NURSING HOME BEDS

Figures 17 and 18 show the hospital acute care and nursing home bed rates, respectively. Between 2005 and 2014, the hospital acute care bed rates for both Marion County and the state have remained approximately level. However, the acute care bed rate in Marion County has been consistently below the state rate. Nursing home bed rates in Marion County have demonstrated a similar trend since 2011 (Figure 18), though both Marion County's and the state's rates have been slightly decreasing.

**Acute Care Beds
Rate Per 100,000 Population,
2005 - 2014**
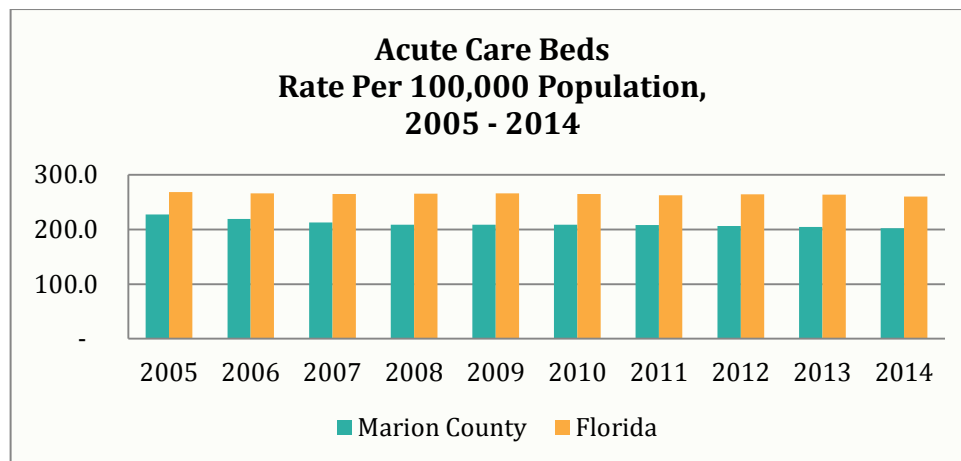
Source: Florida Agency for Health Care Administration, 2005-2014. Prepared by: WellFlorida Council, 2015.

**Nursing Home Beds
Rate Per 100,000 Population,
2005 - 2014**
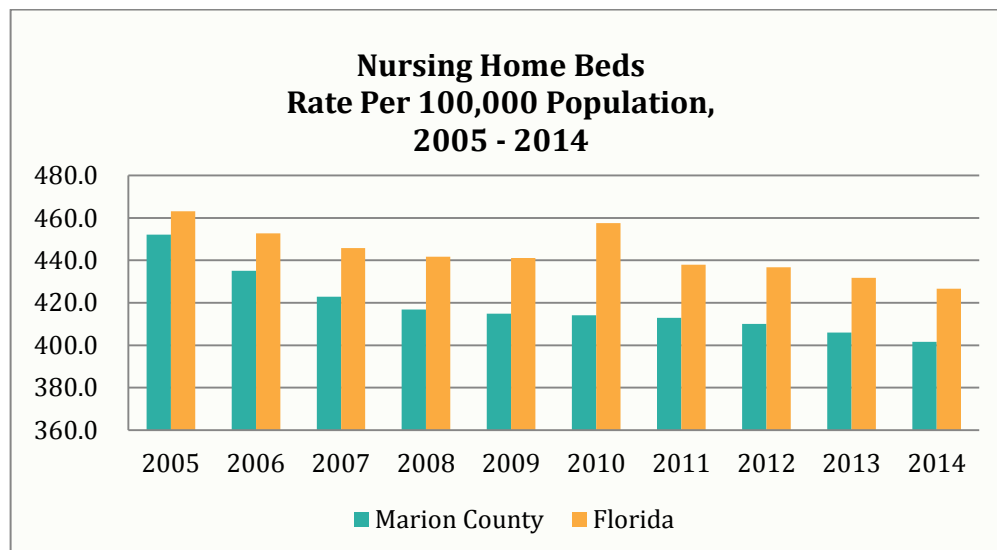
Source: Florida Agency for Health Care Administration, 2005-2014. Prepared by: WellFlorida Council, 2015.

PRENATAL CARE ACCESS

Timely access to prenatal care influences many maternal and child health outcomes. As seen in the Community Health Status section, Marion County had challenges in 2013 when it came to percentage of first trimester births that received prenatal care and the percentage of births that received late (first visit in third trimester) or no prenatal care. Figures 19 and 20 show that Marion County has been on the wrong side of that equation, not only in 2013, but from 2004 to 2013. Marion County has lagged the Florida percentages

for births that have received care in the first trimester from 2004 to 2013 and has, unfortunately, exceeded the Florida rates for the percentage of births that received later or no prenatal care during that same time period.

FIGURE 19. EARLY ENTRY INTO PRENATAL CARE, MARION COUNTY AND FLORIDA, 2004-2013.
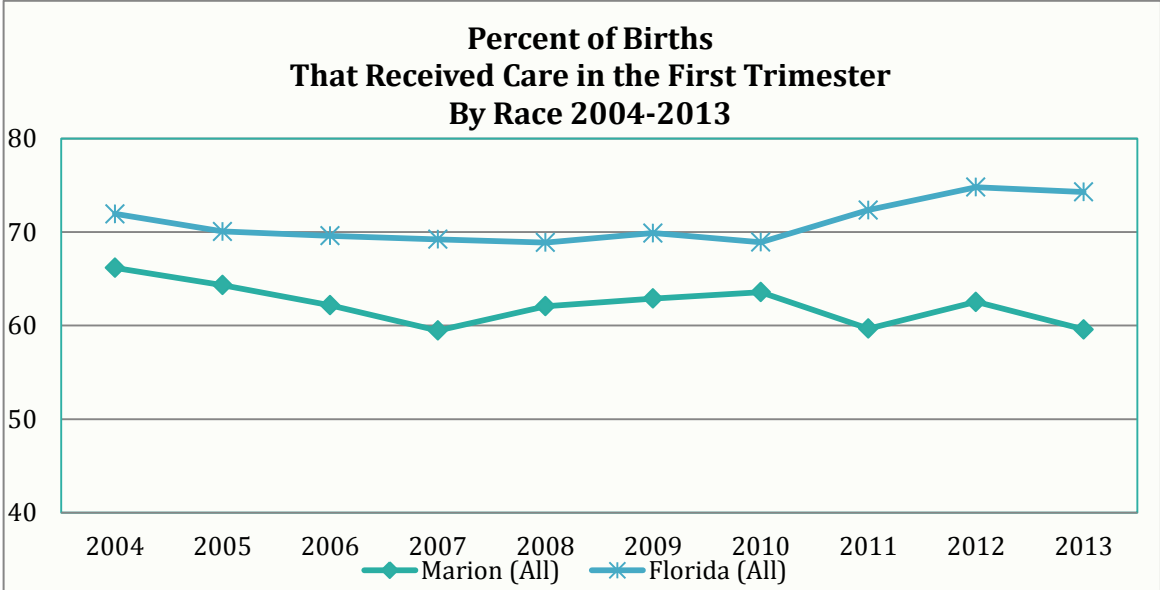
Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by: WellFlorida Council, 2015.

FIGURE 20. LATE ENTRY INTO PRENATAL CARE, MARION COUNTY AND FLORIDA, 2004-2013.
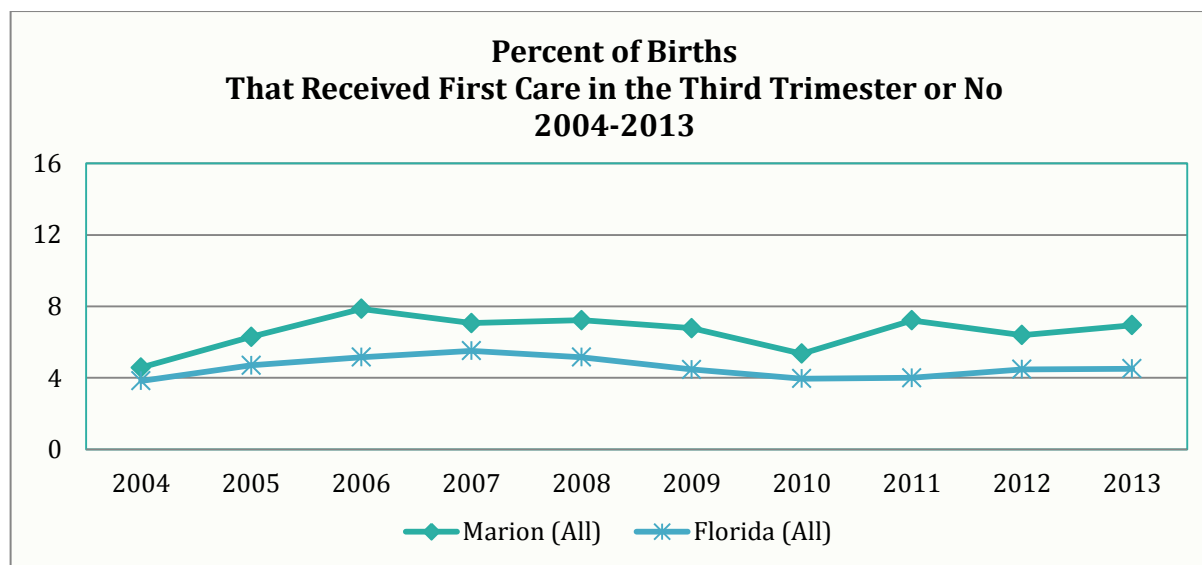
Percent of Births
That Received First Care in the Third Trimester or No
2004-2013

Source: Florida Department of Health, Office of Vital Statistics, 2004-2013. Prepared by WellFlorida Council, 2015.

HEALTHY FOOD ACCESS

Healthy food access is also an important access marker that may ultimately contribute to individual and community health status. Table 29 shows that for 2011, the percentage of population in census tracts with no healthy food access (16.3%) and the percentage of population in census tracts with low food access (41.4%) exceed the state percentagesl

TABLE 29. PERCENT OF POPULATION WITH ACCESS TO FOOD AND HEALTHY FOOD, MARION COUNTY, FLORIDA AND UNITED STATES, 2011.

Area	Total Population	% Population in Tracts with No Food Access	% Population in Tracts with no Healthy Food Access	% of Population in Tracts with Low Healthy Food Access
Marion County	331,298	0.0	16.3	41.4
Florida	18,801,308	0.4	10.4	38.3
United States	312,474,470	1.0	18.6	30.8

Source: Community Commons Needs Assessment Data Generator, http://www.communitycommons.org/chna/, queried July 2015.

ACCESS TO FITNESS FACILITIES

Having access to fitness facilities and opportunities is also critical to maintaining good health, especially a healthy weight. In general, as seen in Figure 21, Florida is a state with poor access to fitness facilities

compared to the United States as a whole. Florida has lagged substantially behind the nation in access to these facilities between 2008 to 2013. And while Florida has lagged behind the nation, Marion County has lagged even further behind Florida. These lack of recreation and fitness facilities for Marion County residents may be telling signs that contribute to future poor health status for individuals and the community at-large.

FIGURE 21. RATE OF FITNESS FACILITIES PER 100,000 POPULATION, MARION COUNTY, FLORIDA AND THE UNITED STATES, 2008-2013.

Recreation and Fitness Facilities,
 Rate per 100,000 Population by Year, 2008 through 2012
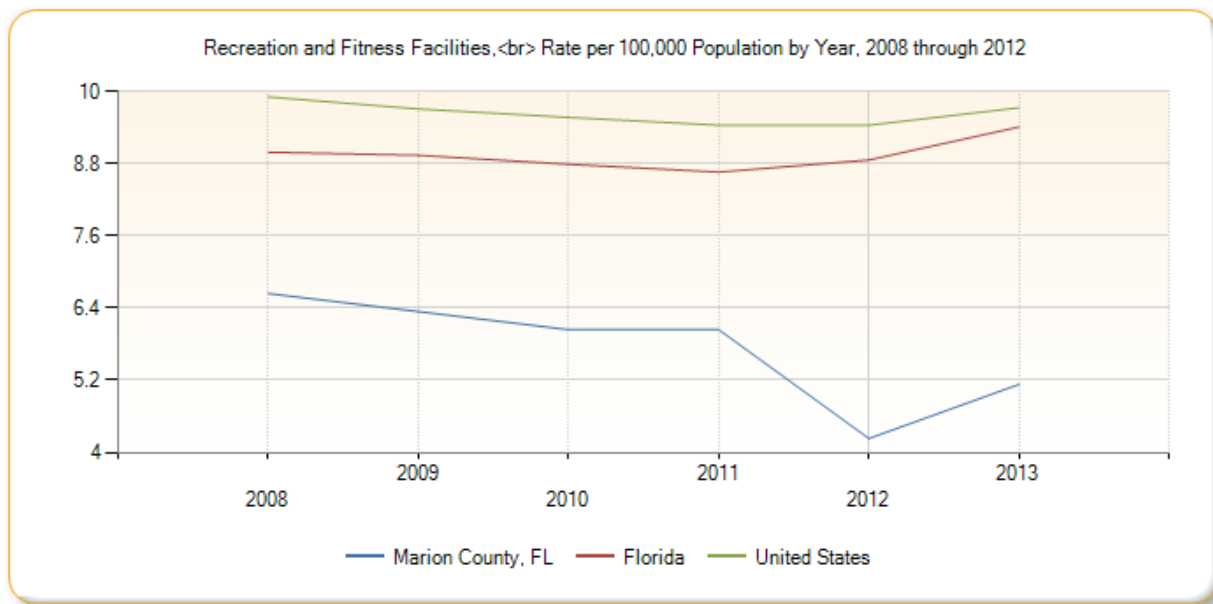
Source: Community Commons Needs Assessment Data Generator, http://www.communitycommons.org/chna/, queried July 2015.

HEALTHCARE UTILIZATION

The Healthcare Utilization section details the following key indicators as markers of healthcare access:

- Hospitalization and emergency department utilization rates;
- Avoidable hospitalizations;
- Avoidable emergency department rates;
- Mental and dental health hospitalization and emergency department utilization rates; and
- Low income population access to dental care.

HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS

Figures 22 and 23 portray that from 2009 to 2013, Marion County residents utilized hospital inpatient facilities as well as hospital emergency departments at rates greater than residents of Florida as a whole. As

these rates are not age-adjusted, they may be indicative of use patterns of a generally older and therefore, on average, sicker population.

FIGURE 22. HOSPITALIZATION RATE, MARION COUNTY AND FLORIDA, 2009-2013.
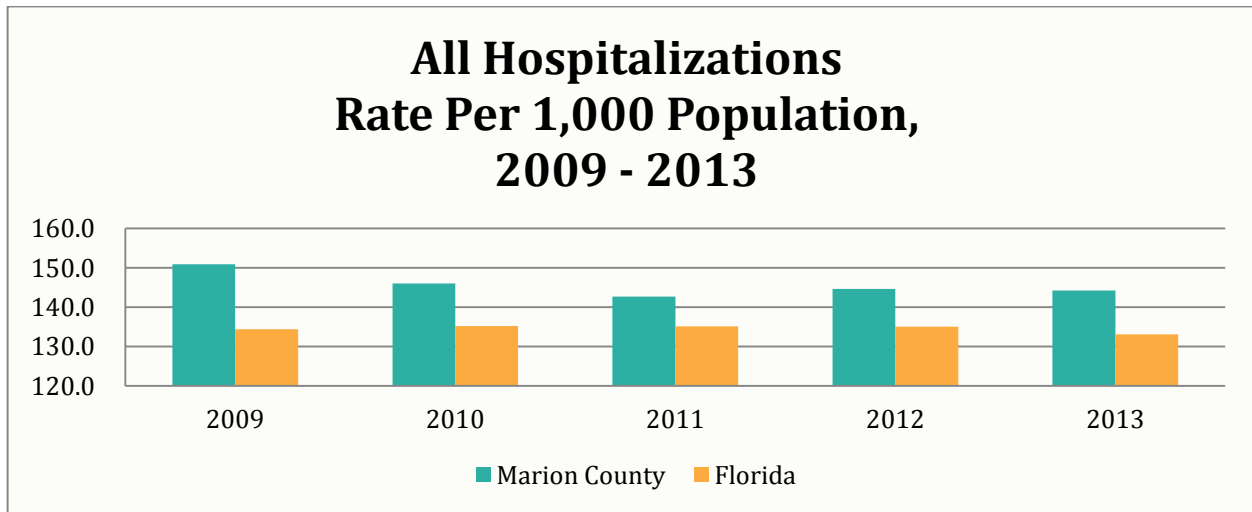
**All Hospitalizations
Rate Per 1,000 Population,
2009 - 2013**

Marion County ■ Florida

Source: Florida Agency for Health Care Administration, Hospital Discharge Data, 2009-2013. Prepared by: WellFlorida Council, 2015

FIGURE 23. EMERGENCY DEPARTMENT VISIT RATE, MARION COUNTY AND FLORIDA, 2009-2013.
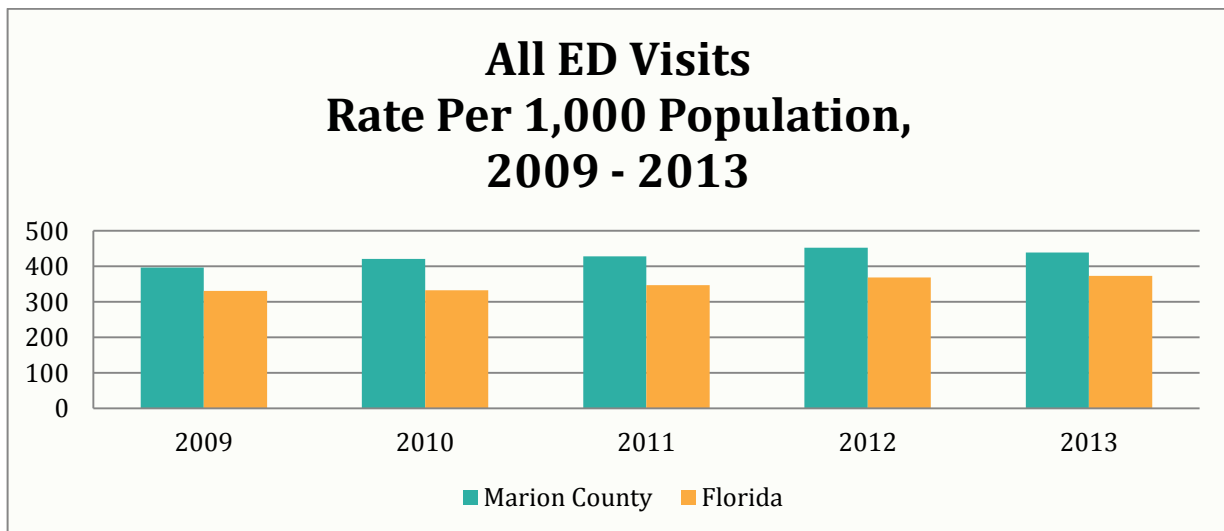
**All ED Visits
Rate Per 1,000 Population,
2009 - 2013**

Marion County ■ Florida

Source: Florida Agency for Health Care Administration, Hospital Discharge Data, 2009-2013. Prepared by: WellFlorida Council, 2015.

AVOIDABLE HOSPITALIZATIONS AND AVOIDABLE EMERGENCY DEPARTMENT VISITS

And while Figures 22 and 23 may or may not be indicative of customary usage patterns for a population with the age distribution of Marion County, Figures 24 and 25 as well as Table 30 reveal a bit more about the usage patterns of Marion County residents.

FIGURE 24. AVOIDABLE HOSPITALIZATION RATE, MARION COUNTY AND FLORIDA, 2009-2013.
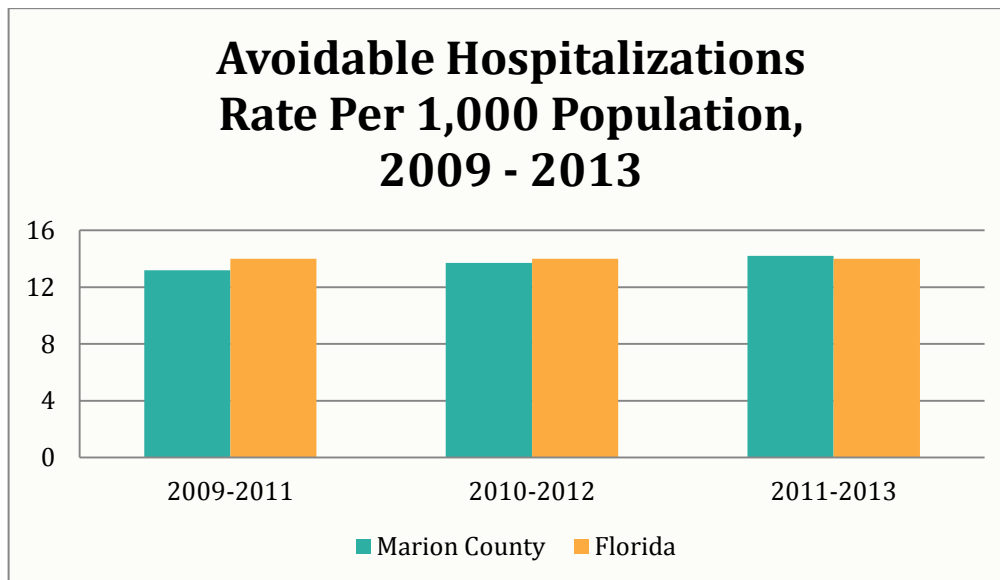
Avoidable Hospitalizations Rate Per 1,000 Population, 2009 - 2013

Source: Florida Agency for Health Care Administration, Hospital Discharge Data, 2009-2013. Prepared by: WellFlorida Council, 2015.

FIGURE 25. AVOIDABLE EMERGENCY DEPARTMENT VISIT RATE, MARION COUNTY AND FLORIDA, 2009-2013.
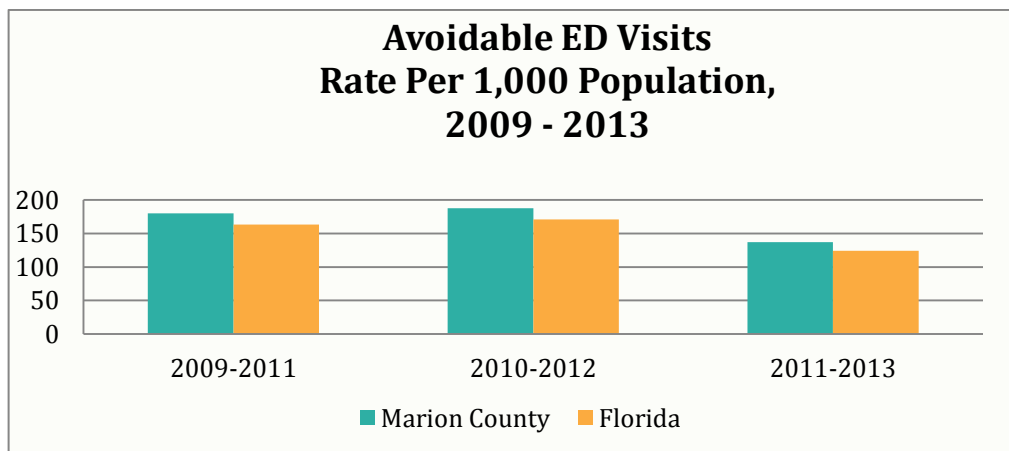
Avoidable ED Visits Rate Per 1,000 Population, 2009 - 2013

Source: Florida Agency for Health Care Administration, Hospital Discharge Data, 2009-2013. Prepared by: WellFlorida Council, 2015.

Figure 24 provides a snapshot of hospitalizations from 2009-2013 that could have been avoided with timely access to primary care. The algorithm to identify these avoidable hospitalizations was developed at New York University and has been widely researched and validated. A more thorough description of this methodology is provided in the Technical Notes in the Technical Appendix. Figure 24 shows that Marion County avoidable hospitalization rates have remained steady with Florida rates. These numbers do vary considerably though for different geographic populations and insurance categories so the Technical Appendix should be consulted for a deeper understanding of these rates.

Similar algorithms for avoidable emergency department visits have also been developed (see Technical Notes in Technical Appendix). Unlike avoidable hospitalizations, Marion County does compare less favorably than Florida in terms of avoidable emergency department visits. And of course, like avoidable hospitalization rates, these numbers to vary considerably though for different geographic populations and insurance categories so the Technical Appendix should be consulted for a deeper understanding of these rates.

Table 30, however, does explain some of the issues high emergency department use and high avoidable emergency department use in Marion County. First, mental health emergency department visit rates have been dramatically higher in Marion County than in Florida from 2009 to 2013. During that same time period, oral health emergency department visits have also been substantially higher than the state of Florida rates. Already high emergency department overall, mental health and dental health utilization rates are further exacerbated by the avoidable oral health emergency department visits which ranged from 50 to 75 percent higher in Marion County compared to Florida from 2010 to 2013.

TABLE 30. SELECTED MENTAL HEALTH AND DENTAL HEALTH HOSPITALIZATION OR VISIT RATES PER 1,000 POPULATION, MARION COUNTY RESIDENTS AND FLORIDA, 2009-2013.

Type	Year	Marion County	Florida
Mental Health Emergency Department Visits (Tech. Appendix Table 91)	2009	83.4	48.0
	2010	89.3	50.5
	2011	108.8	53.4
	2012	104.4	56.1
	2013	84.9	55.6
Preventable Dental Hospitalizations (Tech. Appendix Table 196)	2009	0.6	0.6
	2010	0.8	0.7
	2011	0.9	0.7
	2012	0.9	0.7
	2013	0.9	0.8
All Oral Health Emergency Department Visits (Tech. Appendix Table 195)	2009	12.4	8.0
	2010	14.9	8.2
	2011	15.1	8.5
	2012	14.9	8.7

TABLE 30. SELECTED MENTAL HEALTH AND DENTAL HEALTH HOSPITALIZATION OR VISIT RATES PER 1,000 POPULATION, MARION COUNTY RESIDENTS AND FLORIDA, 2009-2013.

	2013	14.7	9.0
	2009	11.7	7.4
Avoidable Oral Health Emergency Department Visits (Tech. Appendix Table 195)	2010	14.1	7.5
	2011	14.2	7.8
	2012	13.7	8.0
	2013	13.3	8.1

Source: Marion County Technical Appendix, 2015, Tables 142, 148, 145, 150, 90, 91, 196 and 195.
Prepared by: WellFlorida Council, 2015.

DENTAL CARE

One final indicator of health access is access to dental care for the low income population. From 2003 to 2012, between 24 and 36 percent of the low income population in Florida had regular access to dental care. During this same time period, between 17 and 30 percent of Marion County low-income residents had regular access to dental care. These low-income dental access numbers and the amount of emergency department visits (both regular and avoidable) for dental care suggest access to dental care may be an issue.

TABLE 31. NUMBER AND PERCENT OF LOW INCOME PERSONS WITH ACCESS TO DENTAL CARE, MARION COUNTY AND FLORIDA, 2003-2012.

Year	Marion		Florida	
	Number	Percent	Number	Percent
2003	5,433	14.6	530,964	24.7
2004	5,770	14.9	561,529	25.5
2005	7,614	18.9	568,055	25.2
2006	9,069	21.8	561,878	24.4
2007	9,825	23.0	599,086	25.6
2008	10,619	24.6	675,574	28.7
2009	12,412	28.7	689,062	29.3
2010	12,785	29.6	855,656	36.4
2011	9,856	17.3	742,484	23.4
2012	13,309	21.9	808,489	24.9

Source: Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using the Health Indicators System; http://www.Floridacharts.com; (April 15, 2015).
Prepared by: WellFlorida Council, 2015.

Community Perspectives

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community perspective of health and the healthcare experience are essential to fully understanding a community's health.

The Marion County CHA has utilized three approaches to generate community perspectives on health and the healthcare system in Marion County. First, a community survey of citizens, business leaders and physicians was conducted. The observations from these surveys basically comprise NACCHO's Community Themes and Strengths Assessment (CTSA) which is one of the four assessments of the MAPP needs assessment process. Second, the Local Public Health System Assessment (LPHSA) was conducted (also one of the NACCHO core MAPP assessments). And third, the Forces of Change Assessment (FCA) was conducted (also one of the core MAPP assessments).

COMMUNITY SURVEY

METHODOLOGY

Three similar though slightly different surveys were created to query individuals about community health issues and healthcare system perspectives: citizen's survey; business leader's and physician's survey. As representative random sampling procedures would have been quite costly given the limited budget, a convenience sampling approach (basically distributing the surveys widely wherever you can) was utilized for all three surveys.

The Marion County CHA Steering Committee members assisted with the distribution of citizen surveys both through their organizations and by helping WellFlorida link with key community partners. The Marion County Chamber and Economic Partnership as well as the Marion Regional Manufacturer's Association were essential in distributing the business leader survey. And the hospitals and the Marion County Medical Society supported dissemination of the physician survey.

Together, there were 959 respondents to the various surveys: 861 residents; 72 business leaders; and 26 physicians. The survey instruments for citizens, business leaders and physicians can be seen in Appendix A that is part of this document. The full, detailed results of each survey are provided in the Technical Appendix which accompanies this document.

Even with convenience sampling, it is often desired to try and approximate the community population as best as possible. Table 32 provides a demographic comparison of the citizen's survey respondents compared to the citizens of Marion County as a whole. In general, the survey respondents are not entirely representative of the Marion population as a whole, as women, senior adults and white residents are over-represented in the respondent group. However, while the insights obtained from the citizen and the other two surveys are extremely valuable to the CHA process, they cannot be generalizable to all Marion County residents, to all business leaders or to all physicians.

Demographics	2014 Population		Survey Responses	
	Number	Percent	Number	Percent
Age Group				
0-17	61,017	18.2	0	0.0
18-24	25,014	7.5	30	4.1
25-29	17,283	5.2	68	9.3
30-39	31,993	9.6	106	14.5
40-49	37,354	11.2	173	23.6
50-59	45,619	13.6	162	22.1
60-64	24,436	7.3	89	12.1
65 or over	91,996	27.5	105	14.3
Total *	334,712	100.0	733	100.0
Gender				
Male	160,758	48.0	110	15.0
Female	173,954	52.0	611	83.6
Other	0	0.0	10	1.4
Total **	334,712	100.0	731	98.6
Racial/Ethnic Group				
White (Non-Hispanic)	238,797	71.3	554	75.7
Black or African American (Non-Hispanic)	42,265	12.6	76	10.4
Asian/Pacific Islander	5,338	1.6	8	1.1
American Indian,Eskimo or Aleut	1,488	0.4	2	0.3
Multiracial/Multiethnic	7,715	2.3	8	1.1
Other	10,858	3.2	19	2.6
Hispanic/Latino	28,251	8.4	65	8.9
Total ***	334,712	100.0	732	100.0

TABLE 32. COMPARISON OF DEMOGRAPHICS IN COUNTY (2014) TO THE DEMOGRAPHICS OF THE MARION COUNTY CITIZEN SURVEY RESPONDENTS (2015).

Source: Marion County Citizen's Community Health Survey, 2015. Survey respondent totals may not add up to the 861 respondents as the demographic questions were optional. Prepared by WellFlorida Council, 2015.

OBSERVATIONS

Tables 33 through 42 summarize the over-arching community health and healthcare issues questions that were asked of all three groups: citizens, business leaders and physicians. In general, the top five or only the leading responses for each questions for each of the three groups is presented. Questions regarding the following topics are included in this analysis:

- Most important factors for a healthy community Table 33);
- Most important health problems in the community (Table 34);

- Behaviors with greatest impact on overall health (Table 35);
- Health issues identified as somewhat or big problem (Table 36);
- Very confident or confident of community making impact on health issue (Table 37);
- Not very confident on community making impact on health issue (Table 38);
- Rating of community and individual health (Table 39);
- Healthcare issues identified as somewhat or big problem (Table 40);
- Very confident or confident of community making impact on healthcare issue (Table 41); and
- Not very confident of community making impact on healthcare issue (Table 42);

Each Table shows the total number of overall respondents for each type of respondent (citizens – 861; business leaders – 72; and physicians – 26) and the percentage of each type of respondent that indicated the given response for a question.

Some noteworthy observations from the Tables include:

- Citizens, business leaders and physicians all agree on the top three factors that make a healthy community: good jobs and a healthy community; access to healthcare; and healthy behaviors and healthy lifestyles (Table 33).
- Obesity, mental health, aging problems, heart disease and stroke were the consensus as the most important health problems in Marion County (Table 34). Though many of the other leading responses are also based on chronic disease issues.
- There was less consensus among the respondents on the health behaviors that have the greatest impact on overall health. While citizens and business leaders had eating unhealthy foods, not exercising and drug abuse in their top 3, physicians identified tobacco use as the behavior with the greatest impact on overall health (Table 35).
- Citizens and business leaders identified overweight and obesity as the leading somewhat or big problem in the community, while physicians indicated mental illness and sexual abuse (Table 36). It should be noted that the physician group is very small compared to the citizen and business leader groups and the distribution of results for that group may be influenced by the small number of respondents.
- Respondents were also asked how confident they were in the community making an impact on the health issue, and the health issues that came in the top 2 for all 3 groups include heart disease and diabetes (Table 37).
- The consensus issues that all three groups were not very confident in the community's ability to make an impact include: mental illness, overweight and obesity and cancer (Table 38).
- The challenges of the psychology of community health improvement are on full display in Table 39. All three groups believe that the overall health of the community is unhealthy or very unhealthy while they believe their own personal health is much better.
- Similar to the questions on health issues, Tables 40-42 asks questions about healthcare (system) issues. Not surprisingly, citizens and business leaders identified cost of health insurance and cost of

healthcare as the leading healthcare problems. Physicians, on the other hand, had a tie between cost of health insurance and lack of knowledge about how to use available healthcare as the main healthcare issue. In fact, lack of knowledge about what is available and how to use what is available scored highly in all three groups (Table 40).

- Citizens and business leaders indicated that they were most confident in the community's ability to address the knowledge gap issues identified (Table 41). Physicians, however, indicated that they were most optimistic on the community's ability to address senior healthcare issues.

- Not surprisingly, the cost of health insurance and the cost of healthcare are issues that all three groups did not have very much confidence in the community addressing (Table 42).

TABLE 33. MOST IMPORTANT FACTORS FOR A HEALTHY COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Good jobs and a healthy economy (50.6)	Good jobs and a healthy economy (70.8)	Good jobs and healthy economy (53.9)
2	Access to health care (49.1)	Access to health care (41.7)	Access to health care (46.2)
3	Healthy behaviors and healthy lifestyles (40.4)	Healthy behaviors and healthy lifestyles (36.1)	Healthy behaviors and healthy lifestyles (38.5)
4	Low crime/safe neighborhoods (30.3)	Good schools (26.4)	Low crime/safe neighborhoods (34.6)
5	Good schools (20.6)	Low crime/safe neighborhoods (20.8)	Good schools (30.8)

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council, 2015.

TABLE 34. MOST IMPORTANT HEALTH PROBLEMS IN COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Obesity (48.7)	Obesity (47.1)	Obesity (57.7)
2	Mental health (33.3)	Mental health problems (35.7)	Heart disease and stroke (57.7)
3	Heart disease and stroke (26.4)	Aging problems (28.6)	Aging problems (38.5)
4	Diabetes (24.1)	Cancer (27.1)	Diabetes (34.6)
5	Cancer (24.4)	Heart disease and stroke (25.7)	Cancer (19.2)

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by WellFlorida Council, 2015.

TABLE 35. BEHAVIORS WITH GREATEST IMPACT ON OVERALL HEALTH, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Eating unhealthy foods (43.7)	Not exercising (53.6)	Tobacco use (69.2)
2	Drug abuse (38.0)	Drug abuse (50.7)	Overeating (61.5)
3	Not exercising (32.6)	Eating unhealthy foods (40.6)	Not exercising (38.5)
4	Alcohol abuse (30.3)	Alcohol abuse (27.5)	Not using healthcare services appropriately (34.6)
5	Tobacco use (28.1)	Overeating (26.1)	Eating unhealthy foods (11.5) Violence (11.5)

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council, 2015.

TABLE 36. HEALTH ISSUES IDENTIFIED AS SOMEWHAT OR BIG PROBLEM, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Overweight and obesity (93.7)	Overweight and obesity (92.4)	Mental illness (87.5)
2	Alcohol and drug abuse (91.1)	Heart disease (89.4)	Sexual abuse (87.5)
3	Diabetes (90.6)	Diabetes (87.9)	Cancer (83.3) Diabetes (83.3) Smoking and tobacco use (83.3) Overweight and obesity (83.3) Alcohol and drug abuse (83.3)
4	Heart disease (90.3)	Cancer (86.4) Alcohol and drug abuse (86.4)	
5	Smoking and tobacco use (88.4)		

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council.

TABLE 37. VERY CONFIDENT OR CONFIDENT OF COMMUNITY MAKING IMPACT ON HEALTH ISSUE, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Heart disease (37.48)	Heart disease (37.9)	Heart disease (33.4)
2	Diabetes (35.6)	Diabetes (34.9)	Diabetes (25.0)
3	Smoking and tobacco use (31.4)	Overweight and obesity (34.9) Alcohol and drug abuse (34.9) Suicide (34.9)	Pollution (20.8)
4	Overweight and obesity (31.1)		Cancer (16.7) Smoking and tobacco use (16.7)
5	Pollution (29.4)		

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council.

TABLE 38. NOT VERY CONFIDENT IN COMMUNITY MAKING IMPACT ON HEALTH ISSUE, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Mental illness (32.2)	Mental illness (31.8)	Overweight and obesity (54.2)
2	Cancer (31.9)	Overweight and obesity (30.3)	Mental illness (50.0)
3	Alcohol and drug abuse (30.9)	Cancer (30.3)	Cancer (45.8)
4	Smoking and tobacco use (28.3)	Alcohol and drug abuse (22.7)	Sexual abuse (37.5) HIV/AIDS (37.5) Alcohol and drug abuse (37.5)
5	Overweight and obesity (28.2)	Smoking and tobacco use (19.7) Suicide (19.7)	

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council, 2015.

TABLE 39. RATING OF COMMUNITY AND INDIVIDUAL HEALTH, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Rating	Citizens (861)		Business (72)		Physicians (26)	
	Community (%)	Individual (%)	Community (%)	Individual (%)	Community (%)	Individual (%)
Healthy/ Very Healthy	7.5	52.6	12.3	65.6	4.2	56.5
Unhealthy/ Very Unhealthy	38.0	10.1	30.8	1.6	25.0	8.7
Main Response	Somewhat healthy (54.6)	Healthy (42.1)	Somewhat Healthy (56.9)	Healthy (47.5)	Somewhat Healthy (70.8)	Somewhat Healthy (34.8)

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council, 2015.

TABLE 40. HEALTHCARE ISSUES IDENTIFIED AS SOMEWHAT OR BIG PROBLEM, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Cost of health insurance (95.1)	Cost of health insurance (95.2)	Cost of health insurance (82.6)
2	Cost of healthcare services (92.9)	Cost of healthcare services (87.3)	Lack of knowledge about how to use available healthcare services (82.6)
3	Lack of knowledge of what healthcare services are available (84.5)	Lack of knowledge about what healthcare services are available (84.1)	Lack of knowledge about what healthcare services are available (73.9)
4	Lack of knowledge of how to use available healthcare services (84.1)	Lack of knowledge of how to use available healthcare services (79.4)	Cost of healthcare services (69.6)
5	Long wait times in hospital emergency departments (72.7)	Lack of primary care or family doctors (41.3)	Lack of primary care or family doctors (60.9) Limited healthcare services for children (60.9)

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council, 2015.

TABLE 41. VERY CONFIDENT OR CONFIDENT IN MAKING AN IMPACT ON HEALTHCARE ISSUE, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Lack of knowledge of what healthcare services are available (35.4)	Lack of knowledge of what healthcare services are available (52.46)	Limited healthcare services for senior adults (43.5)
2	Lack of knowledge of how to use available healthcare services (34.9)	Lack of knowledge of how to use available healthcare services (50.8)	Lack of knowledge of what healthcare services are available (34.8)
3	Limited health care services for senior adults (33.8)	Limited health care services for senior adults (41.0)	Quality of healthcare services (34.8)
4	Lack of primary care or family doctors (31.1)	Lack of community concern about health issues (39.4)	Lack of knowledge on how to use available healthcare services (26.1)
5	Lack of specialty care doctors (30.2)	Quality of healthcare services (34.4)	Lack of specialty care doctors (26.1) Limited healthcare services for children (26.1)

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council, 2015.

TABLE 42. NOT VERY CONFIDENT IN MAKING AN IMPACT ON HEALTHCARE ISSUE, TOTAL NUMBER OF EACH RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2015.

Factor	Citizens (861)	Business (72)	Physicians (26)
1	Cost of health insurance (64.4)	Cost of health insurance (82.0)	Cost of health insurance (65.2)
2	Cost of health care services (56.8)	Cost of health care services (68.9)	Cost of health care services (56.5)
3	Long wait times in hospital emergency rooms (40.9)	Long wait times in doctors' offices (60.7)	Long wait times to get an appointment with a doctor (30.4)
4	Long wait times in doctors' offices (40.5)	Long wait times in hospital emergency rooms (52.5)	Long wait times in hospital emergency rooms (30.4)
5	Healthcare services for the poor (36.6)	Long wait times to get appointment with doctor (52.5)	Lack of community concern about health issues (30.4)

Source: Community Health Survey of Citizens, Business Leaders and Physicians, 2015. Prepared by: WellFlorida Council, 2015.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

METHODOLOGY

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (ES) as a framework. The 10 essential services are as follows:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 2 - Diagnose and Investigate Health Problems and Health Hazards
- ES 3 - Inform, Educate, and Empower People about Health Issues
- ES 4 - Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 - Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 7 - Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 8 - Assure a Competent Public and Personal Healthcare Workforce
- EHS 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
- EHS 10 - Research for New Insights and Innovative Solutions to Health Problems

Within the Local Instrument, each ES includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards. The response options are as follows:

- No Activity - 0% or absolutely no activity.
- Minimal Activity - Greater than zero, but no more than 25% of the activity described within the question is met.
- Moderate Activity - Greater than 25%, but no more than 50% of the activity described within the question is met.
- Significant Activity - Greater than 50%, but no more than 75% of the activity described within the question is met.
- Optimal Activity - Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

 While the abbreviated version of the LPHSA tool and scores for the Marion County LPHSA sessions are included in Appendix B which is part of this CHA document, the more comprehensive instrument is provided in the Technical Appendix accompanying this report.

The LPHSA was completed in June and July 2015. In June 2015, the Marion County CHA Steering Committee convened a group of community leaders to complete the LPHSA for ES1, ES3, ES4, ES5, ES7 and ES9. In July 2015, the Florida Department of Health convened a group to complete the LPHSA for the remaining essential services.

OBSERVATIONS

Based on the self-assessment of the cross-sectional group representing the local public health system partners, seven of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 3, 4, 5, 7, 8, 9 and 10. However, typically, Essential Services 1, 3, 4, 7 and 9 are much more the purview of the broader community. Thus, because ES 3, 4, 7 and 9 scored below 50 during the LPHSA process (see Figure 26), meaning moderate or less performance against the standards and because they largely fall under the purview of the broader community, they are substantive developmental issues for the community at-large. Once again, Essential Services 3, 4, 7 and 9 include:

- ES 3 - Inform, Educate, and Empower People about Health Issues
- ES 4 - Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 7 - Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- EHS 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

A closer look at Essential Services 3, 4, 7 and 9 yields that they are the cornerstones of collaborative community health improvement, and that in order for meaningful and substantive change to occur in these three areas, a community collaborative approach should be pursued.

Summary of Average Essential Service (ES) Performance Score

Category	Score
Average Overall Score	48.2
ES 1: Monitor Health Status	63.9
ES 2: Diagnose and Investigate	66.0
ES 3: Educate/Empower	47.2
ES 4: Mobilize Partnerships	38.5
ES 5: Develop Policies/Plans	50.0
ES 6: Enforce Laws	63.6
ES 7: Link to Health Services	40.6
ES 8: Assure Workforce	45.3
ES 9: Evaluate Services	37.5
ES 10: Research/Innovations	29.2
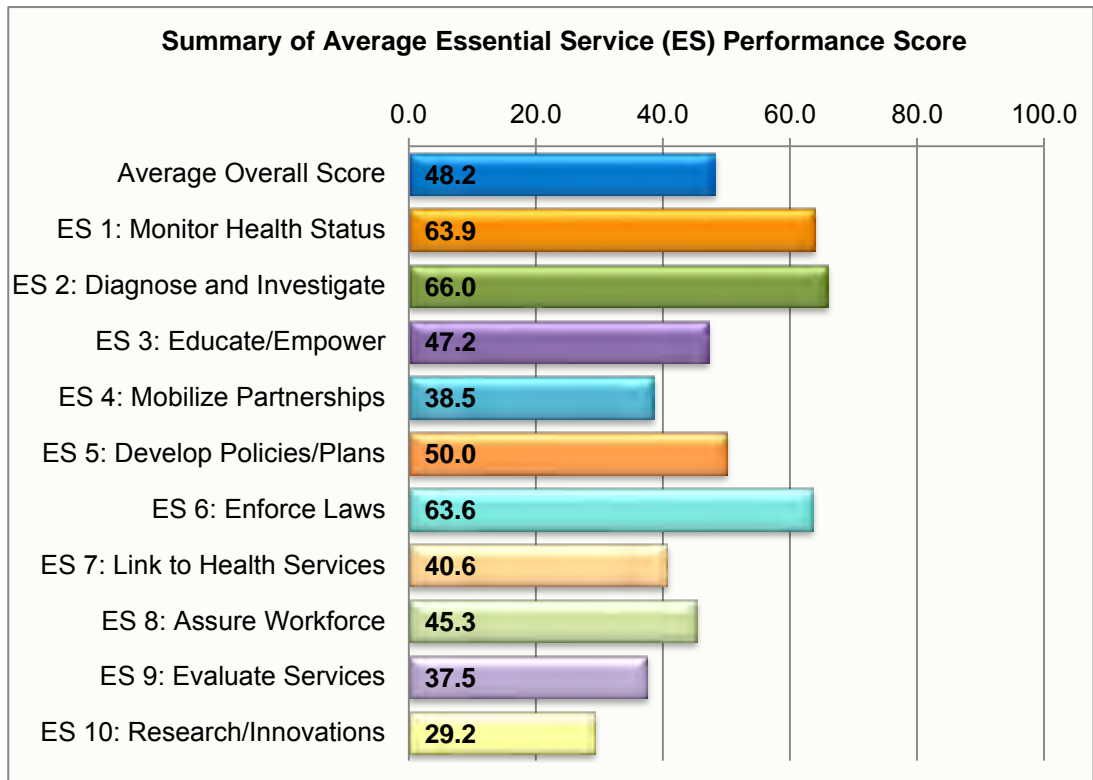
Source: Marion County LPHSA, 2015.

FORCES OF CHANGE ASSESSMENT

METHODOLOGY

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment (FCA). The Marion County Forces of Change Assessment is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes.

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

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues. In June 2015, the Marion County CHA Steering Committee convened a group of

more than 40 community leaders to participate in this Forces of Change Assessment. Prior to the meeting, WellFlorida Council distributed a forces of change brainstorming tool as well as a threats and opportunities worksheet and encouraged invitees to the meeting to begin to brainstorm the possible forces that may hinder or help the community in its quest for community health improvement. Table 43 summarizes the forces of change identified for Marion county and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

OBSERVATIONS

Some of the most compelling forces that generated the most discussion during the Forces of Change Assessment session included (Table 43):

- Social Trends
  - Inappropriate use of emergency department
  - Increasing prevalence of overweight and obesity
  - Increasing mental health issues
  - Smoking and tobacco use
  - Cultural shifts in body image acceptance
- Economic Trends
  - Enhanced recruitment of new businesses and economic activity
  - Physicians becoming employees of health systems or large groups rather than forming small private practices
  - Despite improving economy, the unemployment rate in Marion County lags slightly behind the state
- Political/Governmental Trends
  - The reach of the Affordable Care Act
  - Proliferation of the importance of the Robert Wood Johnson County Health Rankings
- Technological/Scientific
  - Proliferation of medical information to the consumer
  - Increased use of technology in treatment and care management
- Environmental/Geographic
  - Movement towards health and the built environment
- Legal/Ethical
  - Legalization of medical marijuana
- Factors
  - Large older population
  - Geographically dispersed
  - Moderate to low incomes
  - Limited transportation
  - Popular snowbird destination

- Large combined Medicaid and uninsured population
- High prevalence of mental health and substance abuse issues
- Events
  - Reduction and ultimate elimination of Low Income Pool funding
  - Increased local hospital capacity
  - Amount of new/leadership turnover in key community agencies
  - Change in Munroe Regional Medical Center leasing status
  - Ongoing support of the Partnership to Improve Community Health Grant from the CDC at Heart of Florida Health Center

A detailed analysis of Table 43 will show a complete assessment of potential threats and opportunities associated with each of the above and all of the trends, factors and events identified. Ultimately, this FCA endeavor will help inform the community health improvement planning processes that will follow the release and dissemination of this CHA.

TABLE 43. MAJOR FORCES OF CHANGE FORECASTED FOR MARION COUNTY, FLORIDA (JUNE 2015)

Trends		Threats Posed	Opportunities Created
Social	What we eat and drink is constantly changing	• Fad diets with questionable nutritional or health benefit • More unhealthy eating leading to more health issues	• Stimulus for development of interventions and education • Provides a focus for the CDC Partnership to Improve Community Health grant
	Increasing prevalence of overweight and obesity	• Increased cost to care • Poor health outcomes (especially those related to chronic disease) • Increasing rates of chronic disease	• Intervention and prevention possibilities • Heightened awareness of healthy weight and how weight effects health outcomes
	Inappropriate use of emergency department	• Longer wait times • Higher costs to facilities • Higher costs to patients • Higher costs to insurers	• Educational opportunities on appropriate use • Educational opportunity to show policymakers the cost of lack of access and inappropriate use of health system • Area where self-interest of many parties of the health system's best interests intersect
	People are working longer into life	• People not able to provide caregiving to relatives • Fewer jobs for younger people	• Experienced employees stay in healthcare system longer • Health benefits are maintained
	Cultural shifts in body image acceptance	• Shift to norm of acceptance of unhealthy weight • Makes it more difficult to reduce overweight and obesity as a society	• More open dialogue about overweight and obesity
	Increasing mental health issues	• Family instability • Strain on mental health services • Misuse of hospital emergency departments or overuse due to mental health issues • Increase in incidents interpreted and treated as crimes and not as a manifestation of illness	• Collaboration across multiple sectors • Partnerships to expand Mental Health First Aid • Expansion of mental health and drug courts
	Increasing teen birth rates or teen birth rates higher than state averages	• Often contributes to cycle of poverty • Family instability • Increase in single-parent families	• Intervention and educational programs
	Smoking and tobacco use rates continue to be much higher than the state averages	• Increased prevalence of chronic diseases • More resistance in passing smoking regulations and changing attitudes	• Less co-morbidities when smoking is reduced
Economic	Enhanced recruitment of new businesses and economic development activity	• Strain on infrastructure resources • Strain on ancillary resources such as healthcare • Diversion of tax dollars to business	• More businesses thus more potential partners • More persons employed with hopefully health coverage

TABLE 43. MAJOR FORCES OF CHANGE FORECASTED FOR MARION COUNTY, FLORIDA (JUNE 2015)

		development incentives	
	Nursing educator shortage	• Reduces nursing pool • Quality of care can suffer • Competition for limited supply of nurses	• Enhanced awareness of criticality of nursing profession to healthcare systems • Investment potential
	Physicians becoming employees of health systems or large groups rather than in private practice	• System is only way to reach doctors if you are a patient • Less distribution of physicians geographically • Access issues for patients	• Overhead cost savings • Fewer silos • Enhancements to continuum of care • Increase in accountable care concepts
	Rise of community health worker profession	• Community perceptions • Less need for other health professional positions • Quality management	• Certification programs • Conduits for community education • Closer link between community and health systems
	While economy is slowly recovering, the unemployment rates remain higher in Marion County than for the state	• Fewer persons with access to work-sponsored or work-coordinated health benefits • Those without regular source of coverage or care utilize emergency department as a main source of care	• Health Insurance Marketplace outreach • Partnerships that link persons who are unemployed to community sources of care
Political/Governmental	Proliferation of national, state and local importance of the Robert Wood Johnson Foundations County Health Rankings	• Often misleading • Decisions made based on limited or changing data sets • Lack of understanding by the community-at-large	• Can engage officials, leaders and media • Raises awareness of the community • Improvement benchmarks • Provides material for grantwriting opportunities • Linked to RWJF funding opportunities and technical assistance
	State Certificate of Need laws continue to become comparatively less stringent than a decade or more ago	• Deregulation may lead to lower quality of care • Increased competition for many resources that are already scarce	• Innovation less stymied
	The reach of the Affordable Care Act and the Health Insurance Marketplace continues to grow	• System and outcome differences in states that expanded Medicaid from those that did not • State legislature that is still largely unsupportive of this national initiative • More folks with coverage will increase demand for primary care which is already at a critical shortage	• More insurance coverage for more patients for the healthcare provider and health system communities • Outreach opportunities • Alter primary care delivery models
Technological/Scientific	Increased use of technology (treatment; telemedicine and electronic health records)	• Not all telehealth services compensated • Displaces employment • Initial investments drive costs in short-term	• Ability to access education and self-management utilities from anywhere • Enhances rural access

TABLE 43. MAJOR FORCES OF CHANGE FORECASTED FOR MARION COUNTY, FLORIDA (JUNE 2015)

		• Cost/benefit of high cost of enhanced technological treatment versus additional time of life or quality of life in question • High cost • Information security, confidentiality and HIPAA concerns	• Increases efficiency • Improves communication • Ability to extend life • Hospice and palliative care for remote and rural individuals
	Proliferation of medical information to the consumer	• Acting on information from unreliable sources • Information overload • Over-reliance on information from websites instead of providers when warranted	• Increasing health literacy • Information networks are pathways to personal and community health education
	Increasing use of e-cigarettes/vaping	• Eroding gains that have resulted in reduction in tobacco use over last decade • Long-term health effects not yet known	• Re-messaging the anti-tobacco and anti-smoking campaigns
	Use of social media is increasing	• Rapid proliferation of misinformation • Platforms are constantly evolving	• Increased exposure of personal and community health message to a broad base of population that uses social media • Rapid proliferation of education messages • Rapid proliferation of warning or emergency messages
Environmental/Geographic	Movement towards health and the built environment	• Requires cultural mindset shift to adopt many of the emerging concepts in design and building that support community health • Often viewed as costly and diverting funds from other areas • Often viewed as regulatory overreach when concepts enacted through building codes and design standards	• A healthier built environment makes it easier for persons to make better choices about personal health • This is a proven area of success in addressing racial and ethnic disparities in communities • Community Health optional element in comprehensive plans • Health in All Policies considerations
Legal/Ethical	Legalization of medical marijuana	• Perception that marijuana use is now socially acceptable • Increase in adverse effects of marijuana use	• Access for persons with health conditions that are actually aided by controlled use of medical marijuana
Factors (Marion has/is:)		**Threats Posed**	**Opportunities Created**
Large older adult population		• Consumption of health resources • Systems and policies organized around senior adult needs • Prevalence of chronic disease	• Large volunteer pool • Systems organized around large Medicare populations often develop many community resources
Popular snowbird destination		• Lack of continuity of care • Lack of full engagement into Marion County • Resources must be planned for peak loads which is often not efficient and cost effective	• Large volunteer pool • Economic impact on community • Source of best practices from other communities

TABLE 43. MAJOR FORCES OF CHANGE FORECASTED FOR MARION COUNTY, FLORIDA (JUNE 2015)

Large geographically/spread out	• Transportation challenges • Contributes to areas of food insecurity (food deserts) • Communities differ immensely and often look towards larger communities that are not in the county for partnerships	• Large area means ample opportunities for outdoor recreation opportunities • Development of mobile solutions • Impetus for telemedicine opportunities
Moderate income community compared to state averages	• Inability to afford health insurance • Limited income to invest in preventive care • Limited income for transportation • Limited income for proper nutrition	• Sensitive to policies and changes to systems that address social determinants such as poverty, income and education
Lower educational attainment on average compared to state	• Health literacy • System navigation • Less prepared workforce • Less informed personal health choices	• Opportunities to develop health literacy programs
High uninsured and Medicaid population	• Emergency department overuse • Lack of specialty care access • High levels of uncompensated or sub-optimally compensated patients	• These indicators drive investment from HRSA and other federal government entities • Health Insurance Marketplace outreach
High proportion of mental health and substance abuse issues	• Family instability • Strain on mental health services • Misuse of hospital emergency departments or overuse due to mental health issues • Increase in incidents interpreted and treated as crimes and not as a manifestation of illness	• Collaboration across multiple sectors • Partnerships to expand Mental Health First Aid • Expansion of mental health and drug courts
Limited transportation	• Difficulty accessing critical resources • Difficulty securing or travelling to places of employment	• Mobile outreach opportunities
Limited psychiatric resources	• Difficult to sustain treatment gains for persons with mental illness when resources are limited	• Community recruitment of psychiatric providers
Need for primary care physicians	• Wait to gain access to services • Difficult to find a primary care physician • Lack of a medical home or care manager	• Development of innovative alternatives (e.g. more use of ARNPs)
Big horse industry and good national reputation	• Many who support industry are low income without access to key resources	• Good for economic development • Partners with resources
WeCare Physician referral program	• Increasing volume of need for many critical specialty services of this volunteer network for the underserved	• Potential for replication or enhancement in dental and mental health communities
Good location along I-75 corridor	• Automobile accidents • Mobility for homeless population	• Quick access to various parts of county • Economic development advantage

TABLE 43. MAJOR FORCES OF CHANGE FORECASTED FOR MARION COUNTY, FLORIDA (JUNE 2015)

Access to University of Florida and Shands Healthcare System	• Competition with local health systems	• Access to advance research • Access to interns and residents in various programs • Access to specialists
Events (has or will soon happen)	**Threats Posed**	**Opportunities Created**
Reduction and elimination of Low Income Pool funding	• Heart of Florida emergency department diversion program at risk • Financial pressure on hospitals • Source of ongoing legislative contention	• Medicaid expansion more likely • Stimulate innovative thought • More collaborations and partnerships
Increased capacity at Wes Marion and Ocala Regional hospitals	• Increased competition for limited resources	• More services available for county
Amount of new leadership/turnover in community agencies	• Lack of institutional memory • Lack of insights on Marion County if leader is new to community • Existing partnerships often built on old relationships that may no longer exist	• Chance for new partnerships • With new people come new ideas and perspectives
Upcoming national elections (2016)	• Local issues buried in issues of national importance • Further politicization of health issues • Potential changes to Affordable Care Act	• New perspectives
Increased rail traffic (due to statewide rail developments)	• More traffic • More accidents	• More people using Marion's businesses • Increased economic activity
Supreme Court upholds Affordable Care Act	• Further politicization of health issues like Medicaid expansion • Shortages of primary care providers	• Medicaid expansion may be more likely • Outreach opportunities
Change in Munroe Regional leasing status	• Overcoming public misconceptions about for-profit and not-for-profit	• Development of conversion foundation to fund ongoing health improvement activities in Marion County
YMCA expansion	• Not affordable to everyone (though have scholarships)	• Enhancing community-based wellness opportunities
CDC Partnership to Improve Community Health grant	• Maintaining a long-term, comprehensive community partnership to improve community health	• Resources for policy, system and environmental change initiatives that impact large swaths if not all of the county

Recommendations and Next Steps

This section is divided into three parts. First, the Intersecting Themes and Key Considerations are summarized in order to identify the key health needs and issues in Marion County. Second, this section provides links to major national databases of community health improvement best practices that will be critical resources to identifying proven effective programs and interventions that could be implemented in Marion County. In addition, these national databases have been used to specify some of the of the most promising practices in some of the key issue areas identified for Marion County in the 2015 CHA. And finally, a discussion follows on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Marion County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes which, in essence, comprise an overview of the major health needs/issues in Marion County. Following the intersecting themes are the key considerations which are the potential strategic areas of opportunity identified as a result of this Community Health Assessment.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants (identified in Health Factors data in Community Profile and FCA observations)
    - Lower Income
    - Higher Poverty
    - Lower Educational Attainment
    - Transportation Disadvantaged
    - Higher Unemployment
    - Health Factors Ranking Consistently in Lower 1/2 to 1/3 of Counties in Florida
- Health Status Measures (identified in Community Health Status data; FCA observations and Community Perspectives via Community Health Surveys)
    - Obesity, Poor Eating Habits and Inactivity Fueling Chronic Disease Issues
    - Heart Disease, Cancer, Diabetes and Stroke Death Burden
    - Unintentional Injuries Death Burden
    - Lower Life Expectancies
    - Increased Years of Preventable Life Lost
    - Health Outcome Disparities among Race and Ethnicities
    - Health Outcome Ranking Consistently in Lower 1/2 to 1/3 of Counties in Florida
    - Ranks in the Lower 1/3 among 12 National/State Peer Counties in the majority of the Center for Disease Control's (CDC) Community Health Status Indicators

- Many Poor Health Behaviors as Measured by CDC's Behavioral Risk Factor Surveillance Survey (BRFSS)
- Higher Incidence of Mental Health Issues Compared to Florida as a Whole
- Healthcare Access and Utilization (identified in Healthcare Access and Utilization data; FCA observations and Community Perspectives via Community Health Surveys)
  - Gaps in Knowledge of Services
  - Gaps in Knowledge of How to Use Services
  - Inappropriate Utilization of Services Due to Lack of Knowledge or Lack of Access to Appropriate Service
  - Lower Levels of Providers for the Population
  - Shortages of Primary Care
  - Gaps in Coordination
  - Food Deserts
  - Lower Levels of Exercise Opportunities
  - Lack of Dental Care (Especially for the Low Income)
  - Inappropriate Use of Hospitals Due to Mental Health and Substance Abuse Issues
  - Inappropriate Use of Hospitals Due to Dental Issues

KEY CONSIDERATIONS

- Promote Culture of Community Health as a System of Many Diverse Partners and Systems (Whole is Greater than the Sum of Its Parts)
- Foster a Unifying Community Organizing Principle and Capacity Building System around Shared Outcomes and Measures (Institute for Healthcare Improvement's Triple Aim)
- Create Core System Metrics to Monitor Performance of Community Health System and to Inform Collective and Individual Entity Investment in Community Health
- Develop Resource Availability and Appropriate Utilization Education Programs
- Enhance or Create Preventive Programs, Services and Resources to Address Behaviors that Lead to or Exacerbate Chronic Diseases (especially Cancer, Heart Disease, Stroke and Diabetes)
- Enhance or Create Programs to More Effectively (Health Outcome) and Efficiently (Cost and Patient Experience) Manage Chronic Disease (especially Cancer, Heart Disease, Stroke and Diabetes)
- Enhance or Create Programs to Address Obesity Epidemic and Promote Attainment of Healthy Weight
- Create Initiatives to Increase Availability of Primary Care, Dental and Mental Health Professionals and Services
- Consider Programs to Address Root Causes (Health Factors) of Systemic Community and Personal Health Issues (Employment, Income, Poverty, Education and Insurance)

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

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

- *Center for Disease Control and Prevention Community Health Improvement Navigator*
  http://wwwn.cdc.gov/chidatabase
- *County Health Rankings Policy Database - University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation*

  http://www.countyhealthrankings.org/policies/
- *The Community Guide - U.S Department of Health and Human Services, Community Prevention Services Task Force*

  http://www.thecommunityguide.org/index.html
- *Healthy People 2020 Evidence-Based Resources - U.S. Department of Health and Human Services*

  http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources
- *Community Tool Box - The University of Kansas KU Work Group for Community Health and Development*

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

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

- *Case-Control Study*: A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.
- *Cohort Study*: A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.
- *Cross-Sectional or Prevalence Study*: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

- *Effective Practice*: A program that has been scientifically evaluated and has quantitative measures of improvement but those measures are not statistically significant.
- *Evidence-Based*: The study is of peer review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as "evidence-based" or as "low", "moderate" or "strong" depending on the strength of the statistical significance.
- *Evidence-Based (Low or Suggestive):* While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.
- *Evidence-Based (Moderate)*: While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.
- *Evidence-Based (Strong):* The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g. medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.
- *Evidence of Ineffectiveness*: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.
- *Experimental Study*: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.
- *Expert Opinion*: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.
- *Experimental Study*: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.
- *Individual Study*: Scientific evaluation of the efficacy of an intervention in a single study.
- *Insufficient Evidence*: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.
- *Mixed Evidence*: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.
- *Nonsystematic Review*: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method

of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

- *Peer-Reviewed*: A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.
- *Pilot Study*: A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.
- *Practice-based Example*: A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.
- *Promising Practice/Good Idea:* The program evaluation is limited to descriptive measures of success.
- *Randomized Control Trial*: A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.
- *Scientifically Supported*: Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.
- *Some Evidence*: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.
- *Systematic Review*: A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.
- *Systematic Review – Insufficient Evidence*: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.
- *Systematic Review – Recommended*: The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.
- *Systematic Review – Recommended Against*: The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

Table 44 presents results of a query of these best practices for some of the key health issue/needs areas in Marion County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Marion County and need enhancement while others represent new opportunities.

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status
Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	Reduced Absenteeism Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.		
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).	Evidence-Based	The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water	Systematic Review	The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.		
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all	Systematic Review	The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.		
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program
Nutrition	Video Game Play This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.		
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP)	Effective Practice	Healthy Communities Institute:

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescents and focused on long-term lifestyle changes in order to prevent the most long-term morbidity		http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.		
Physical Activity	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Physical Activity	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of

	TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.		
Issue	**Practice or Intervention**	**Effectiveness**	**Source**
	Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.		
Physical Activity	The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	enhancing street landscaping.		
Physical Activity	Activity Bursts in the Classroom (ABC) Fitness Program Activity Bursts in the Classroom (ABC) Fitness Program is a classroom based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616
Physical Activity	Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following: •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active	Systematic Review	The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities		
Tobacco	Financial incentives to promote smoking cessation: evidence from 11 quit and win contests In an effort to motivate smokers across New York State to stop smoking, tobacco control programs across the state held 'Quit and Win' incentive-based stop-smoking contests. These contests encouraged smokers to make a quit attempt by offering a chance to win cash prize (usually 1,000 dollars) for successfully stopping smoking for at least 1 month. Between 2001 and 2004, 11 different Quit and Win Contests involving 5,504 adult smokers were sponsored in different communities across New York State. Follow-up surveys were conducted 4 to 6 months after each contest ended to evaluate participants' success in quitting smoking.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/financial-incentives-to-promote-smoking-cessation-evidence-from-11-quit-and-win-contests
Tobacco	Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomized trial. Smoking cessation programs delivered via mobile phone text messaging show increases in self-reported quitting in the short term. We assessed the effect of an automated smoking cessation program delivered via mobile phone text messaging on continuous abstinence, which was biochemically verified at 6 months.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/smoking-cessation-support-delivered-via-mobile-phone-text-messaging-txt2stop-a-single-blind-randomised-trial
Tobacco	Nurse-Led Program Increases Provision of Cessation Counseling to Inpatients	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/nurse-led-program-increases-provision-of-cessation-

TABLE 44. BEST PRACTICES AND INTERVENTIONS FOR MARION COUNTY HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
	Who Smoke With assistance and support from a unit-based nurse champion, stroke unit nurses at Rhode Island Hospital with special training assess the smoking status of patients and encourage those who smoke to quit through bedside counseling, referral to an outpatient counseling program, and follow-up with their primary care provider.		counseling-to-inpatients-who-smoke
Tobacco	A randomized, controlled trial of financial incentives for smoking cessation. Smoking is the leading preventable cause of premature death in the United States. Previous studies of financial incentives for smoking cessation in work settings have not shown that such incentives have significant effects on cessation rates, but these studies have had limited power, and the incentives used may have been insufficient. In this study of employees of one large company, financial incentives for smoking cessation significantly increased the rates of smoking cessation	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-randomized-controlled-trial-of-financial-incentives-for-smoking-cessation
Tobacco	Provider reminder systems remind or encourage health professionals to support tobacco cessation among their patients. Such systems can include provider trainings, organizational protocols or referral processes, financial remuneration for providers, and materials such as self-help pamphlets and pharmacotherapy.	Scientifically Supported	County Health Rankings: http://www.countyhealthrankings.org/policies/health-care-provider-reminder-systems-tobacco-cessation

COMMUNITY HEALTH IMPROVEMENT PLANNING (CHIP)

Ultimately, any community health assessment must be used to make meaningful changes to the community that it addresses. According to the MAPP model, the CHA becomes input to a community health improvement process that is constant and ongoing. The CHA evaluates where a community is with its needs, and this CHA becomes the data input that drives the community health improvement plan (CHIP). Interventions and activities occur that ostensibly have an impact in the community. Ultimately, these processes, outputs, impacts and outcomes are measured via the CHA process and the cycle starts over again. However, in order to perpetuate this cycle of constant quality improvement of a community's health outcomes, a strong infrastructure must be in place to facilitate these dual iterative efforts of community health assessment and community health improvement planning.

COMMUNITY HEALTH IMPROVEMENT STRUCTURES

There are many models of community health improvement structures. These structures model how community health improvement actually occurs. However, despite the model, there must be a collaborative or partnership infrastructure in place to coordinate these efforts. Currently, some of the most well-documented models include the County Health Rankings; the Health Impact Pyramid; the Community Balanced Scorecard for Health; and the Institute for Healthcare Improvement's Triple Aim.

Figure 27 shows the County Health Rankings (CHR) scoring structure. Implicit in its structure is its model for community health improvement. Within the County Health Rankings model, policies and programs address health factors in four critical domains (health behaviors, clinical care, social and economic factors and physical environment) which in turn impact the health outcomes of the community.

FIGURE 27. COUNTY HEALTH RANKNIGS COMMUNITY HEALTH IMPROVEMENT MODEL.
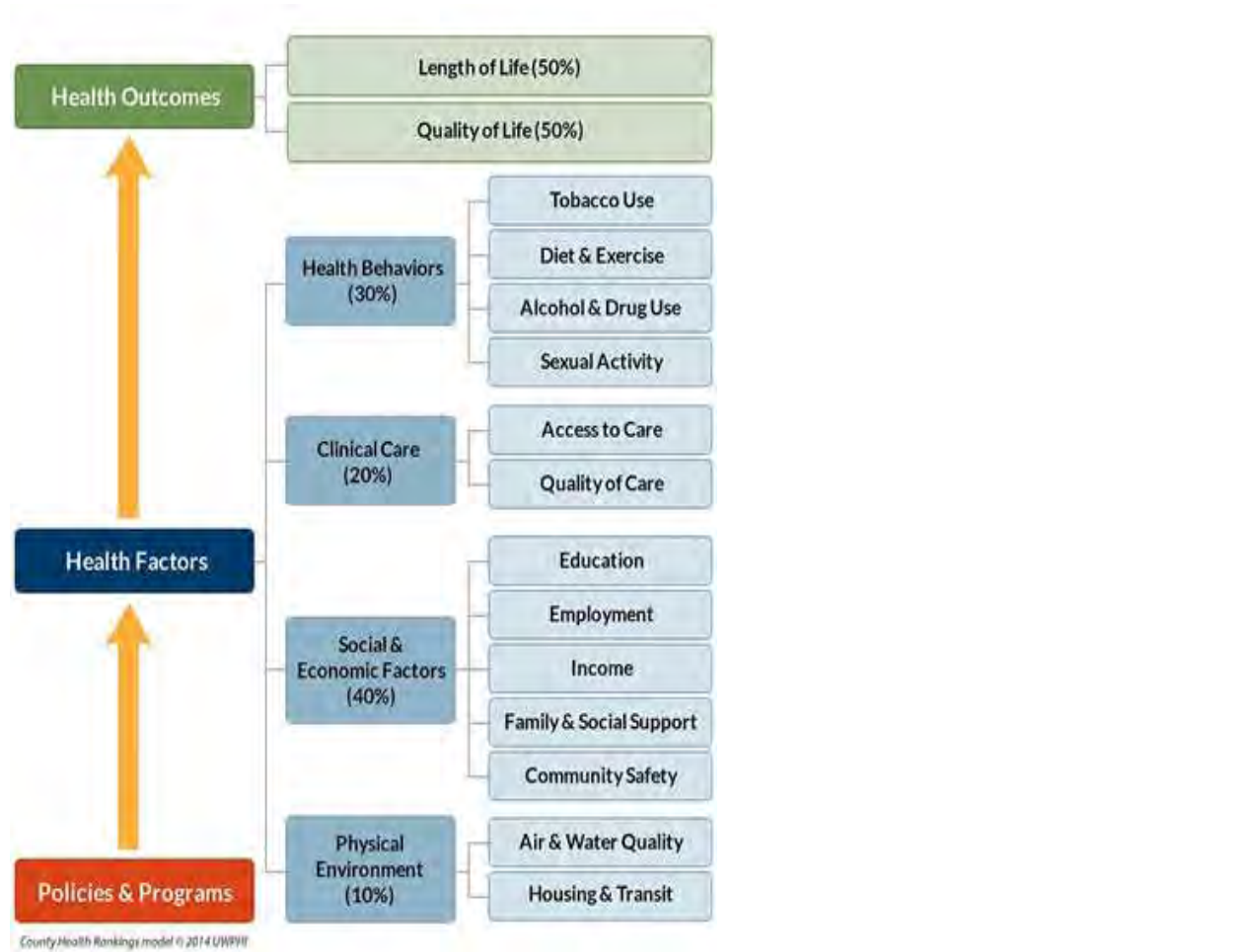
Source: Robert Wood Johnson County Health Rankings, www.countyheatlhrankings.org, 2015.

The Health Impact Pyramid (HIP) is another noteworthy model of community health improvement, as seen in Figure 28. The Health Impact Pyramid asserts that there is greater community-wide health improvement as we move from the more individually focused intervention tiers at the top of the pyramid to the more community-focused tiers at the base of the intervention. Of course the greatest community impact on health improvement is thus increasing as we move from the top of the tier to the bottom.

FIGURE 28. CDC HEALTH IMPACT PYRAMID CHIP MODEL.
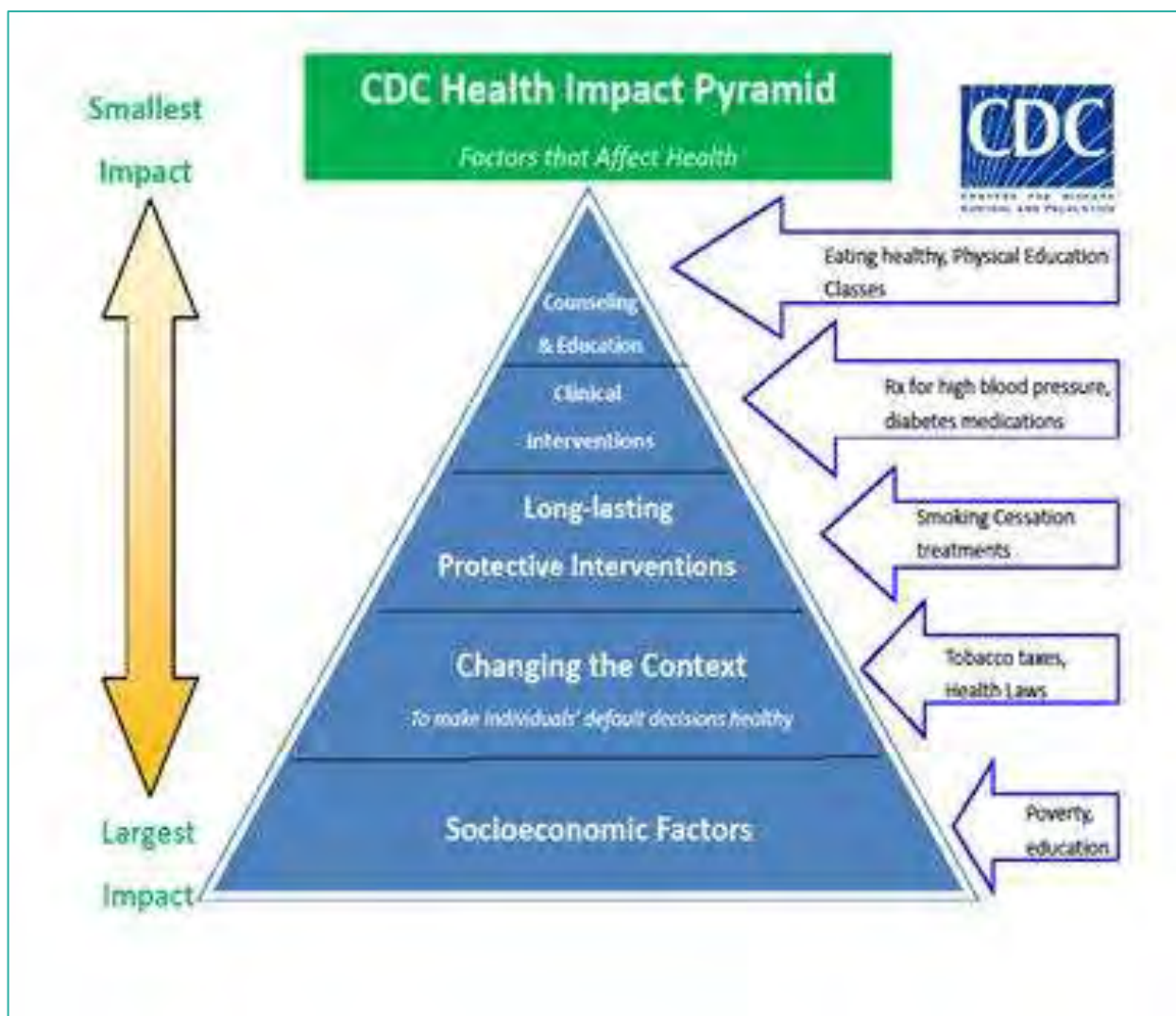
Source: Centers for Disease Control and Prevention, 2015.

The community balanced scorecard for health (CBSH), an example of which is seen in Figure 29, enables a local health partnership to view the community through four different lenses called "perspectives" that are arranged in ascending logical progression starting with community assets at the base of the scorecard. Thus, community process and learning is made more effective by sufficient community assets. And community implementation is made more effective by community process and learning. Then ultimately, community health status, which is defined as population health outcomes, are improved by more effective community implementation. Each tier rests on the tiers below it and therefore improvements made to each tier will eventually trickle up and have impact on the tier above it.

FIGURE 29. COMMUNITY BALANCED SCORECARD FOR HEALTH CHIP MODEL.
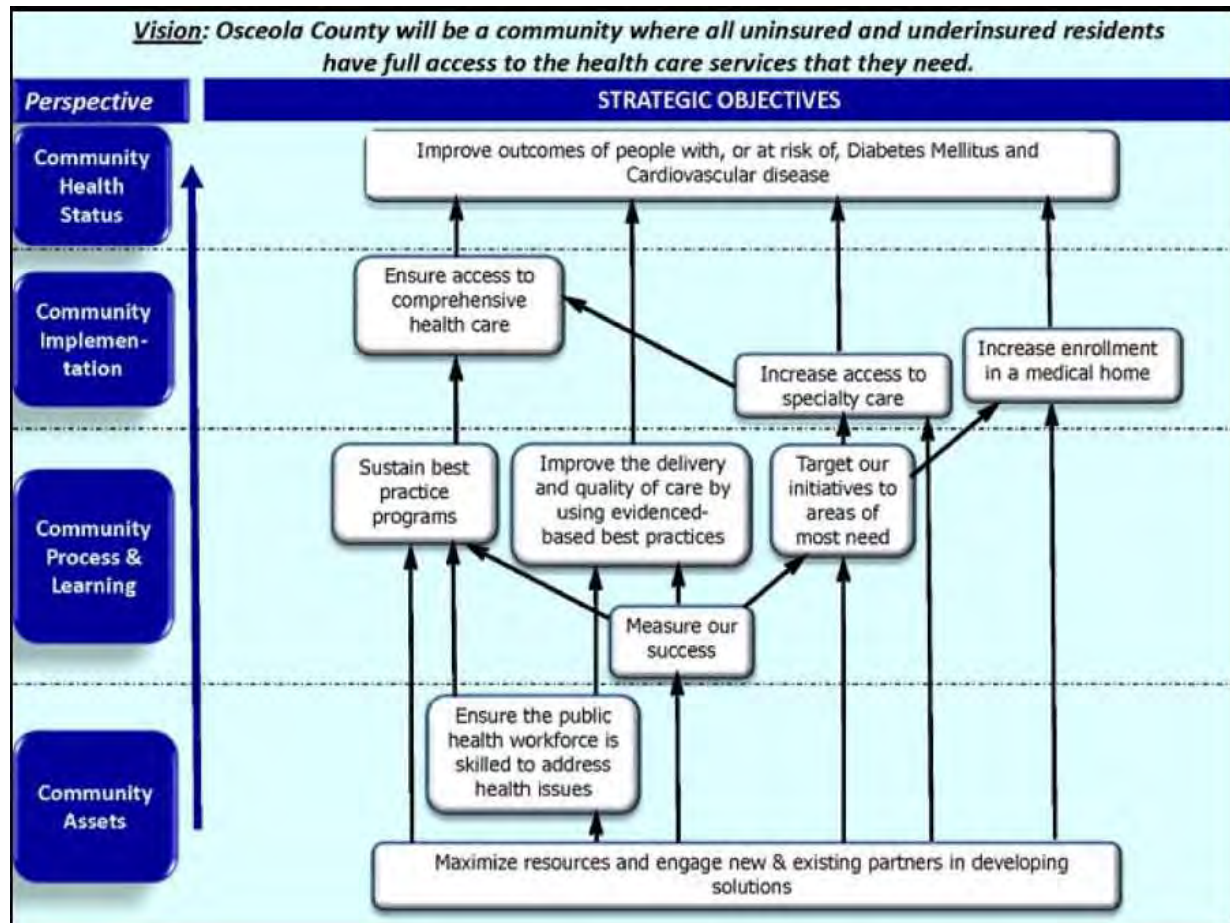
Source: http://icma.org/en/icma/knowledge_network/documents/kn/Document/303479/Osceola_County_Florida_Strategy_Map; International City/County Management Association, accessed July 2015.

COMMUNITY HEALTH IMPROVEMENT STRUCTURE RECOMMENDATIONS

One of the most compelling and relatively new approaches to community health improvement is the Triple Aim framework which was developed in 2007 by the Institute for Healthcare Innovation (IHI). Whether it is the CHR, the HIP or the CBSH, there is a top down or bottom up approach or perspective to the community health improvement efforts which promotes (though does not require explicitly) focusing within one tier of improvement before moving to the next tier. The IHI Triple Aim takes a different approach.

The Triple Aim, as seen in Figure 30, refers to community health improvement through the simultaneous pursuit of:

- Improving the patient experience (safe, effective, efficient, timely, equitable and patient-centered) of care;

- Improving the health of populations; and
- Reducing the per capita cost of care.
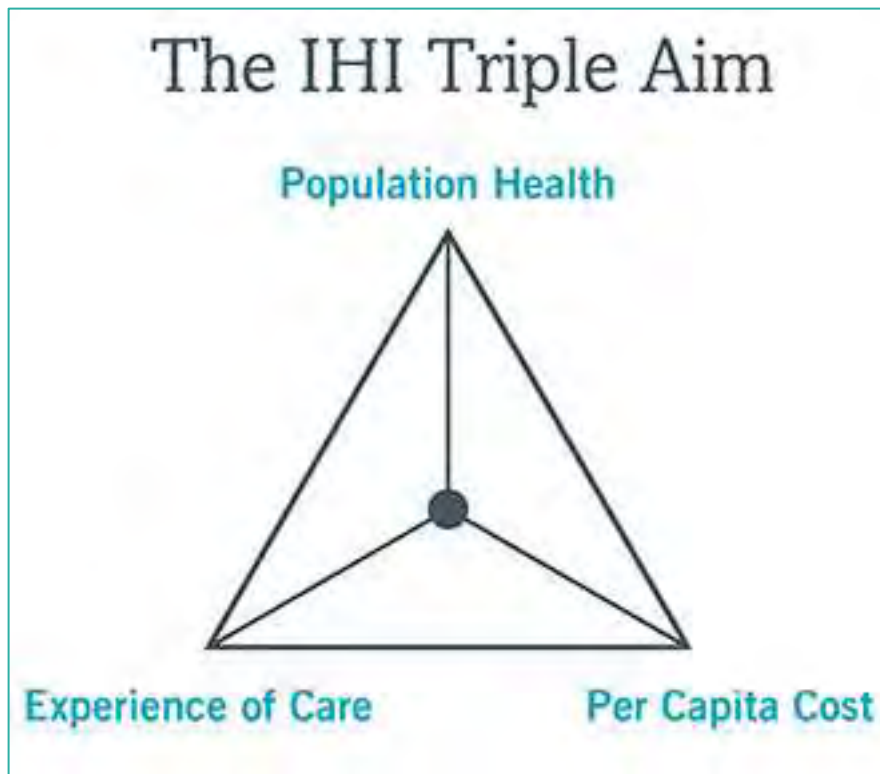
Source: Institute for Healthcare Improvement, 2015.

The Triple Aim is in actuality a single aim with three dimensions; dimensions that clearly encompass all of the different tiers within the three other major community health improvement models or perspectives.. The Triple Aim is an ambitious purpose that is not achievable through minor modifications of the status quo. The guiding principle of the Triple Aim is as follows:

> "...because no single sector alone has the capability to successfully pursue improving the health of a population, the Triple Aim explicitly requires that healthcare organizations, public health departments, social service entities, school systems and employers cooperate."

Fostering this cooperation requires an integrator that accepts responsibility for achieving the Triple Aim for the population. Whether the integrator is a new or existing structure or organization, some entity is needed to pull together the resources to support the pursuit of the Triple Aim. Once the integrator creates an appropriate governance structure, the integrator than must:

- lead the establishment of a clear purpose for the pursuit of the Triple Aim;
- facilitate the identification of a portfolio of projects and investments to support that pursuit; and
- help develop a cogent set of high-level measures to monitor progress towards community health improvement.

The core components of WellFlorida's observations and recommendations derived from the 2015 Marion County Community Health Assessment include the following:

- Marion County should focus on the key health needs and issues addressed in the Intersecting Themes and Considerations section:
  - o Social determinants such as lower incomes; high poverty rates; and lower educational attainment are at the source of many of Marion County's needs and issues.
  - o Obesity, poor eating habits, cigarette use and inactivity are fueling chronic disease burdens.
  - o Marion has lower life expectancies and increased years of preventable life lost compared to Florida as a whole.
  - o County health factors and county health outcome rankings as well as the CDC Community Health Status Indicator data show that Marion fares comparatively more poorly than other similarly situated counties.
  - o Mental health issues are prevalent and substantially higher than for Florida as a whole.
  - o Shortages in primary care, mental healthcare and dental care exist.
  - o Excessive use of emergency room due to mental health and substance abuse issues.
  - o Excessive use of emergency room due to dental issues.
  - o Gaps in knowledge of services and how to use services appropriately still exist despite being a focal point in the 2012-2015 Community Health Improvement Plan.
- Individual community entities or collaboratives who are implementing interventions to address key health needs or issues should first address the major best-practices databases developed to help inform these efforts. In fact, investments in community initiatives that are not identified in these best-practices databases should be scrutinized carefully to determine if the investment will yield desired impacts. WellFlorida investigated some best practices for some key issue areas in Marion County and presented the best-practice interventions for consideration; however, the research into these community interventions and community need is constantly changing.
- Lack of a cohesive community health improvement partnership or alliance continues to be a major stumbling block for Marion County's community health improvement efforts.
- In order to ensure measurable and sustainable community health improvement, a community partnership formed and structured around the concepts of the Triple Aim is advisable. Early community health improvement plan efforts broke down when there was not group or collection of individuals to facilitate community-wide activities that were specified in the plan to yield meaningful and ongoing community health improvement; nor was there a unifying principle to drive community health improvement across multiple sectors and often competitive partners.

United we stand and divided we fall has been never truer than in the face of the daunting though doable task of improving our community's health and the quality and quantity of life for its residents.

APPENDIX A – Community Health Surveys

Citizen Survey Instrument

Citizen Survey Instrument (Spanish)

Business Leader Survey Instrument

Physician Survey Instrument

WellFlorida Council
Working Together for Healthy Communities

April 13 – June 7, 2015

Marion County…We Need to Hear Your Voice!

Dear Residents of Marion County:

The 2015 Marion County Community Health Assessment Steering Committee has been hard at work trying to identify the most pressing health issues in Marion County. But we need your help.

Together, the Steering Committee, representing a diverse array of health care facilities and providers in Marion County in partnership with WellFlorida Council, the region's local health council, are launching the 2015 Marion County Health Survey so that will give residents the opportunity to provide input into creation of the 2015 Marion County Community Health Assessment and Community Health Improvement Plan.

And in addition to doing something for the good of our community, you also have a chance to win **one of ten (10) $50.00 Visa gift cards** should you choose to participate and we draw your survey from among those surveys of individuals who indicate that they wish to be included in the drawing.

There are <u>three ways</u> to obtain the survey. <u>First</u>, go directly to the following website below (please note that you can also forward this link to others who you think should complete the survey):

https://www.surveymonkey.com/s/marionhealth2015

<u>Second</u>, call or email Jeff Feller at jfeller@wellflorida.org or (352) 313-6500, ext 108 for information on where you can pick up a printed copy of the survey to complete by hand.

<u>Third</u>, scan the Quick Response (QR) code below with your smart mobile device to be taken directly to the link for the survey on your mobile device

On behalf of the Steering Committee, I would like to thank you for taking the time to consider this very important survey and being a part of the community health assessment process.

Jeff Feller, Chief Executive Officer
WellFlorida Council

1785 NW 80th Blvd, Gainesville, FL 32606
Tel: (352) 313-6500 Fax: (352) 313-6515
www.wellflorida.org

2015 Marion County Community Health Assessment Citizen Survey

Community leaders need your input on the most pressing health and health care issues facing our community. Your responses will inform local community health improvement planning and assist in efforts in building a healthier community. Your individual responses to this survey will remain confidential. This survey should take approximately 10-15 minutes to complete.

In addition, at the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the $50 VISA gift cards that will be given away. If you are interested, you will be asked to provide a telephone number and/or e-mail address so that we may contact you for mailing information in the event that your completed survey is selected as a winner of a gift card. Again, your telephone number and/or e-mail will remain completely confidential.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Jeff Feller at WellFlorida Council (www.wellflorida.org). The phone number is 352-313-6500 and his e-mail address is jfeller@wellflorida.org.

*1. In the following list, what do you think are the three (3) most important factors for a Healthy Community? You must select EXACTLY three (3) choices.

- ☐ Low level of child abuse
- ☐ Religious or spiritual values
- ☐ Parks and recreation
- ☐ Strong family life
- ☐ Healthy behaviors and healthy lifestyles
- ☐ Excellent race/ethnic relations
- ☐ Low crime/safe neighborhoods
- ☐ Clean environnment
- ☐ Good place to raise children
- ☐ Other (please specify)

- ☐ Low infant deaths
- ☐ Emergency preparedness
- ☐ Low adult death and disease rates
- ☐ Arts and cultural events
- ☐ Good schools
- ☐ Access to health care (e.g. family doctor)
- ☐ Affordable housing
- ☐ Good jobs and healthy economy

*2. In the following list, what do you think are the three (3) most important Health Problems in our community? You must select EXACTLY three (3) choices.

☐ Sexually transmitted diseases   ☐ Pollution

☐ Rape/sexual assault   ☐ Homicide

☐ Cancer   ☐ Suicide

☐ Respiratory/lung disease   ☐ HIV/AIDS

☐ Firearm-related injuries   ☐ High blood pressure

☐ Diabetes   ☐ Motor vehicle crash injuries

☐ Domestic violence   ☐ Dental problems

☐ Infant death   ☐ Child abuse/neglect

☐ Obesity   ☐ Aging problems (e.g. arthritis, hearing loss, etc.)

☐ Heart disease and stroke   ☐ Mental health problems

☐ Infectious diseases (e.g. hepatitis, TB, etc.)   ☐ Teen pregnancy

☐ Other (please specify)

[   ]

*3. From the list below, please identify the three (3) Behaviors that you believe have the greatest impact on the overall health of people in our community? Please select EXACTLY three (3) choices.

☐ Tobacco use   ☐ Lack of maternity care

☐ Eating unhealthy foods   ☐ Not using seat belts/child safety seats

☐ Unsafe sex   ☐ Racism

☐ Unsecured firearms   ☐ Not using birth control

☐ Overeating   ☐ Not exercising

☐ Dropping out of school   ☐ Drug abuse

☐ Alcohol abuse   ☐ Not getting immunizations to prevent disease

☐ Violence   ☐ Not using health care services appropriately

☐ Other (please specify)

[   ]

*4. How much of a problem is each of the following health issues in our community?

	Not a problem at all (1)	A minor problem (2)	Somewhat of a problem (3)	A big problem problem (4)	Not sure
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart Disease	○	○	○	○	○
Mental Illness	○	○	○	○	○
Sexual Abuse	○	○	○	○	○
Smoking and Tobacco Use	○	○	○	○	○
HIV/AIDS	○	○	○	○	○
Overweight and Obesity	○	○	○	○	○
Pollution	○	○	○	○	○
Domestic Violence	○	○	○	○	○
Alcohol and Drug Abuse	○	○	○	○	○
Suicide	○	○	○	○	○

*5. For EACH of the following health issues, indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years?

	Not very confident (1)	Somewhat confident (2)	Confident (3)	Very confident (4)	Not sure
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart Disease	○	○	○	○	○
Mental Illness	○	○	○	○	○
Sexual Abuse	○	○	○	○	○
Smoking and Tobacco Use	○	○	○	○	○
HIV/AIDS	○	○	○	○	○
Overweight and Obesity	○	○	○	○	○
Pollution	○	○	○	○	○
Domestic Violence	○	○	○	○	○
Alcohol and Drug Abuse	○	○	○	○	○
Suicide	○	○	○	○	○

✳6. Health organizations say that more people are becoming overweight and obese these days. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, a minor reason or not a reason at all for the obesity problem.

	Major Reason	Minor Reason	Not a Reason at All	Not Sure
People do not know how to control their weight	○	○	○	○
People don't want to change	○	○	○	○
Healthy foods are expensive	○	○	○	○
Fast food is inexpensive and easy to find	○	○	○	○
There is too much unhealthy food and drinks for sale in schools	○	○	○	○
There is too much advertising of unhealthy foods	○	○	○	○
People don't discuss with their doctors	○	○	○	○
There are not enough places for people to be physically active outdoors	○	○	○	○
People spend too much time in front of TV, video games and computer screens	○	○	○	○
People don't have enough information about what is in their food	○	○	○	○

✳7. Some people believe that maintaining healthy weight is up to individuals and families to deal with on their own. Others feel it is something that the whole community including schools, government, health care providers and the food industry should deal with. Which of these responses most closely matches your feelings on this issue? You must select ONLY one (1) choice.

○ It's something individuals should deal with on their own

○ It's something whole communities need to deal with

○ Both have a role in dealing with the issue of healthy weight

○ I don't know

*8. For each of the following activities, please rate your likelihood to participate on a scale from "1" meaning HIGHLY UNLIKELY to "5" meaning HIGHLY LIKELY. You must rate your likelihood of participating for EACH of these activities.

	Highly Unlikely (1)	(2)	(3)	(4)	Highly Likely (5)	Not Applicable or Not Sure
Attend health fairs or forums	○	○	○	○	○	○
Attend healthy cooking classess	○	○	○	○	○	○
Attend nutrition classess	○	○	○	○	○	○
Use nature trails for walking or jogging	○	○	○	○	○	○
Take your children to low-cost summer or after-school activities that promote physical activity	○	○	○	○	○	○
Support community (City or County) resolutions that promote healthy eating and exercise	○	○	○	○	○	○
Support community (City or County) resoulltions that address tobacco use	○	○	○	○	○	○
Use low-cost exercise options	○	○	○	○	○	○
Visit Facebook pages or other social media concerning healthy eating and exercise	○	○	○	○	○	○
Visit safe parks if more were available	○	○	○	○	○	○

*9. For each of the questions below, please answer by responding between 1 and 5 with "1" meaning STRONGLY NO to "5" meaning STRONGLY YES. You must answer for each question.

	Stongly No (1)	No (2)	Neutral (3)	Yes (4)	Strongly Yes (5)	Not Sure
Are you satisfied with the quality of life in our community?	○	○	○	○	○	○
Is the community a safe place to live?	○	○	○	○	○	○
Is there a broad variety of health services in the community?	○	○	○	○	○	○
Is there a sufficient number of health and social services in the community?	○	○	○	○	○	○
Are there sufficient levels of trust, respect and willingness to work together to achieve community goals?	○	○	○	○	○	○
Are there networks of support (such as church groups,social service agencies, etc.) for individual and families during times of stress and need?	○	○	○	○	○	○
Is there a sense of civic responsibility and civic pride in shared accomplishments?	○	○	○	○	○	○

*10. How would you rate the overall health of our community? You must select EXACTLY one (1) choice.

○ Very unhealthy

○ Unhealthy

○ Somewhat healthy

○ Healthy

○ Very healthy

*11. How much of a problem is each of the following health care issues in our community?

	Not a problem at all (1)	A minor problem (2)	Somewhat of a problem (3)	A big problem problem (4)	Not sure
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of knowledge of how to use a available health care services	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care doctors	○	○	○	○	○
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Long wait times in hospital emergency rooms	○	○	○	○	○
Long wait times in doctors' offices	○	○	○	○	○
Long wait time in urgent care clinics	○	○	○	○	○
Health care services for the poor	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○

*12. For EACH of the following health care issues, indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years?

	Not very confident (1)	Somewhat confident (2)	Confident (3)	Very confident (4)	Not sure
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of knowledge of how to use a available health care services	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care doctors	○	○	○	○	○
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Long wait times in hospital emergency rooms	○	○	○	○	○
Long wait times in doctors' offices	○	○	○	○	○
Long wait time in urgent care clinics	○	○	○	○	○
Health care services for the poor	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Quality of health care services	○	○	○	○	○

Now we need to find out a little bit about yourself. While you are not required to answer these questions, responses to these questions will help us better understand the community's response to this survey.

✱13. How would you rate your own personal health? You must select EXACTLY one (1) choice.

○ Very unhealthy

○ Unhealthy

○ Somewhat healthy

○ Healthy

○ Very healthy

14. What is your age? Please select only one (1) choice.

○ 0-17

○ 18-24

○ 25-29

○ 30-39

○ 40-49

○ 50-59

○ 60-64

○ 65 or over

15. What is your gender/sex?

○ Male

○ Female

○ Other (please specify)

16. What racial/ethnic group to you most identify with?

○ White (non-Hispanic)

○ Black or African American (non-Hispanic)

○ Hispanic/Latino

○ Asian/Pacific Islander

○ American Indian, Eskimo or Aleut

○ Multiracial/Multiethnic

○ Other (please specify)

17. What is the level of school you have completed? You must choose EXACTLY one (1) response.

○ 12th grade or less, no diploma

○ High school diploma

○ Some college, no degree

○ Technical or trade school certificate

○ Associate's degree (i.e. AA or AS)

○ Bachelor's degree (i.e. BA or BS)

○ Master's degree (i.e. MA or MS)

○ Graduate degree or professional degree (i.e. PhD, MD, JD, etc.)

18. What type of health insurance do you currently have? You must select EXACTLY one (1) response.

○ Private insurance through work

○ Private insurance through Obamacare/Health Insurance Marketplace

○ Medicaid

○ Medicare

○ VA/Tri-Care

○ Have no health insurance

○ Other (please specify)

[   ]

*19. Are you participating in a management program for any of the following illnesses with the help of a doctor or health care provider?

	Yes	No
Arthritis	○	○
Congestive Heart Failure	○	○
Diabetes	○	○
High Blood Pressure or Hypertension	○	○
Kidney Disease	○	○
Lung Disease	○	○
Mental Illness	○	○
Obesity	○	○
Stroke	○	○

20. If you are interested in being considered in the drawing to win a $50 VISA gift card, please provide your email address or phone number. If your survey is drawn, you will be contacted by email or phone, whichever you prefer.

E-mail

Phone

Thanks so very much for your responses to this survey. Your responses will help community leaders identify opportunities for improving community health and building a healthier community.

Abril 13 – Junio 7, 2015

Marion…Necesitamos Escuchar Tu Voz!

Queridos residentes del Condado de Marion:

El Comité Directivo de Evaluación de la Salud Comunitaria del Condado de Marion en el 2015 ha estado trabajando fuertemente en un intento por identificar los problemas más urgentes de salud en el Condado de Marion, pero necesitamos de su ayuda.

El Comité Directivo, representando una diversa matriz de instituciones y profesionales de salud del Condado de Marion en asocio con WellFlorida Council, y junto con el consejo local de salud regional estamos lanzando La Encuesta de Salud del Condado de Marion del 2015. Esto le dará a los residentes la oportunidad de aportar en la creación de la Evaluación de la Salud Comunitaria y el Plan de Mejoramiento de la Salud Comunitaria del Condado de Marion para el 2015.

Además de hacer algo por el bien de nuestra comunidad, usted también tendrá la oportunidad de ganar **una de diez tarjetas de regalo VISA de $50.00 cada una,** si decide participar, y seleccionamos su encuesta entre las encuestas de las personas que hayan indicado su deseo de ser incluídos en el sorteo.

Existen tres maneras de conseguir la encuesta. Primera, vaya directamente a la siguiente página en internet (por favor note que usted puede reenviar este link a otros que usted crea deberían completar la encuesta):

https://www.surveymonkey.com/s/marionhealth2015esp

Segunda, llame o envíe un email a Jeff Feller a jfeller@wellflorida.org o al teléfono (352) 313-6500, ext 108 para conseguir información acerca de dónde puede encontrar una copia impresa de la encuesta para completarla a mano.

Tercero, escanee el código (QR) que está abajo, con su teléfono inteligente para que lo lleve directamente a la página donde se encuentra la encuesta.

En nombre del Comité Directivo, me gustaría agradecerle por tomarse el tiempo y considerar el participar en esta encuesta y hacer parte del proceso de evaluación de salud.

Jeff Feller, Director Ejecutivo
WellFlorida Council

Los líderes comunitarios necesitan su opinión acerca de los problemas de salud y servicios de salud más importantes que está enfrentando nuestra comunidad en el 2015. Sus respuestas aportarán información para la planeación del mejoramiento de la salud comunitaria local y ayudarán en la construcción de una comunidad saludable. Cada respuesta de esta encuesta es confidencial. El tiempo estimado para completar la encuesta es aproximadamente de 10 a 15 minutos.

Al final de la encuesta le preguntaremos si le gustaria participar para ganarse una de diez (10) tarjetas de regalo VISA con un valor de $50.00 cada una que estaremos sorteando. Si está interesado, le pediremos su número de teléfono y/o su dirección electrónica (email) para contactarlo y pedirle su dirección física en caso de que su encuesta sea seleccionada y sea uno de los ganadores de las tarjetas de regalo. Una vez más le aseguramos que su número de teléfono y su email serán completamente confidenciales.

Esta encuesta se está distribuyendo en varios puntos en el condado de Marion durante el 2015. Por favor complete la encuesta sólo una vez. Completar la encuesta varias veces no aunmentará sus posibilidades de ganar la tarjeta de regalo VISA.

Si usted esta completando esta encuesta en internet y no en papel, note que puede devolverse y cambiar sus respuestas cuantas veces quiera antes de salirse de la encuesta. Una vez salga de la encuesta no podrá recuperar o cambiar las respuestas.

Muchas gracias por aceptar ayudar a la comunidad al completar esta encuesta! Si tiene alguna pregunta acerca de la encuesta o el proceso para completarla, por favor contacte a Jeff Feller en WellFlorida Council (www.wellflorida.org). El número de teléfono es 352-313-6500 y su dirección electrónica es jfeller@wellflorida.org

*1. Cuáles piensa usted que son los 3 factores más importantes para tener una comunidad saludable? Debe escoger SOLAMENTE tres opciones de la siguiente lista.

☐ Bajo nivel de abuso infantil

☐ Buenos trabajos y una economía saludable

☐ Buenas escuelas

☐ Medio ambiente limpio

☐ Bajo ídice de mortalidad infantil

☐ Relaciones excelentes entre diferentes razas y etnicidades

☐ Vivienda a un costo accesible

☐ Parques y recreación

☐ Vida familiar sólida

☐ Otro (por favor especifique)

☐ Nivel de preparación para enfrentar emergencias

☐ Baja criminalidad/Vecindario Seguro

☐ Eventos culturales y artísticos

☐ Valores religiosos y morales

☐ Buen lugar para criar los hijos

☐ Acceso a servicios de salud (Médico familiar, etc)

☐ Comportamientos y estilos de vida saludables

☐ Bajos índices de muerte y enfermedad en adultos

✱2. Cuáles piensa usted que son los tres problemas de salud más importantes en nuestra comunidad? Debe seleccionar SOLAMENTE tres opciones de la siguiente lista.

☐ Mortalidad infantil

☐ Suicidio

☐ Problemas de la edad (artritis, pérdida de la function auditiva, etc)

☐ Homicidio

☐ Contaminación ambiental

☐ Problemas dentales

☐ VIH/SIDA

☐ Enfermedad respiratoria/pulmonar

☐ Presión arterial alta

☐ Violencia doméstica

☐ Enfermedades de transmisión sexual

☐ Otro (por favor especifique)

[   ]

☐ Obesidad

☐ Heridas por armas de fuego

☐ Cáncer

☐ Lesiones por choque de vehículos

☐ Diabetes

☐ Problemas de salud mental

☐ Violaciones/Abuso sexual

☐ Enfermedades infecciosas (hepatitis, tuberculosis, etc)

☐ Enfermedad cardíaca y derrames

☐ Abuso/negligencia infantil

☐ Embarazos en adolescentes

✱3. Por favor identifique los tres comportamientos que usted cree tienen el mayor impacto en el estado de salud general de la gente de nuestra comunidad. Por favor seleccione SOLAMENTE tres opciones de la siguiente lista.

☐ Armas sin seguro

☐ Violencia

☐ No uso de cinturón de seguridad/silla infantil de seguridad

☐ Abandono escolar

☐ Uso de cigarillo

☐ Falta de cuidado prenatal

☐ Falta de ejercicio

☐ Falta de vacunación para prevenir enfermedades

☐ Otro (por favor especifique)

[   ]

☐ No uso de métodos anticonceptivos

☐ Drogadicción

☐ Sexo inseguro

☐ Sobrealimentación

☐ Consumo de alimentos poco saludables

☐ Alcoholismo

☐ Racismo

☐ Uso inapropiado de los servicios de salud

*4. Para cada uno de los siguientes problemas de salud, seleccione la opción que describe mejor la gravedad del problema para nuestra comunidad.

	No es un problema (1)	Es un problema menor (2)	Representa algo de problema (3)	Es un problema mayor (4)	No estoy seguro
Cáncer	○	○	○	○	○
Diabetes	○	○	○	○	○
Enfermedad Cardíaca	○	○	○	○	○
Enfermedad mental	○	○	○	○	○
Abuso sexual	○	○	○	○	○
Uso de cigarrillo/Hábito de fumar	○	○	○	○	○
VIH/SIDA	○	○	○	○	○
Contaminación ambiental	○	○	○	○	○
Violencia Familiar	○	○	○	○	○
Abuso de alcohol y drogas	○	○	○	○	○
Suicidio	○	○	○	○	○

*5. Para cada uno de los siguientes problemas de salud, indíque qué tanto confía usted en que la comunidad puede tener un impacto grande sobre este problema en los próximos uno a tres años.

	No confío (1)	Confío un poco (2)	Tengo algo de confianza (3)	Confío mucho (4)	No estoy seguro
Cáncer	○	○	○	○	○
Diabetes	○	○	○	○	○
Enfermedad Cardíaca	○	○	○	○	○
Enfermedad mental	○	○	○	○	○
Abuso sexual	○	○	○	○	○
Uso de cigarrillo/hábito de fumar	○	○	○	○	○
VIH/SIDA	○	○	○	○	○
Sobrepeso y obesidad	○	○	○	○	○
Contaminación ambiental	○	○	○	○	○
Violencia Familiar	○	○	○	○	○
Abuso de drogas y alcohol	○	○	○	○	○
Suicidio	○	○	○	○	○

*6. Las organizaciones de salud dicen que actualmente más personas estan sufriendo de sobrepeso y obesidad. Abajo hay un listado the algunas causas de este problema. Para cada una de las posibles causas por favor indíque si usted piensa que esta causa es mayor, menor o no es una posible causa de obesidad.

	Mayor	Menor	No es causa	No estoy seguro
La gente no sabe como controlar su peso	○	○	○	○
La gente no quiere cambiar	○	○	○	○
Los alimentos saludables son costosos	○	○	○	○
La comida rápida es barata y fácil de encontrar	○	○	○	○
Hay demasiadas comidas y bebidas poco saludables para la venta en las escuelas	○	○	○	○
Hay demasiada publicidad de comida poco saludable	○	○	○	○
La gente no habla con los médicos	○	○	○	○
No hay suficientes lugares al aire libre para que la gente sea más activa físicamente	○	○	○	○
La gente pasa demasiado tiempo en frente del televisor, juegos de video, pantallas de computadores	○	○	○	○
La gente no tiene suficiente información acerca del contenido de la comida	○	○	○	○

*7. Algunas personas creen que mantener un peso saludable depende de cada individuo y familia. Otras sienten que es algo que debe ser manejado por la comunidad entera incluyendo escuelas, gobierno, los servicios de salud y la industria de alimentos. Cuáles de estas respuestas se hacerca más a lo que usted piensa y siente con respecto a este problema? Debe seleccionar SOLO una (1) opción.

○ Es algo que cada individuo debe manejar

○ Es algo que la comunidad entera debe manejar

○ Ambos tienen un papel en el manejo del problema del peso saludable

○ No sé

*8. Para cada una de las siguientes actividades, por favor indíque la probabilidad de que participe en ella. En una escala de "1" siendo POCO PROBABLE a "5" siendo ALTAMENTE PROBABLE. Debe calificar la probabilidad de participación para CADA una de estas actividades.

	Poco probable (1)	(2)	(3)	(4)	Altamente probable (5)	No aplica o no estoy seguro
Asistir a ferias o foros de salud	○	○	○	○	○	○
Asistir a clases de cocina saludable	○	○	○	○	○	○
Asistir a clases de nutrición	○	○	○	○	○	○
Usar caminos naturales para caminar o trotar	○	○	○	○	○	○
Llevar a sus hijos a actividades de verano de bajo costo o después de la escuela, que promuevan la actividad física	○	○	○	○	○	○
Apoyar las iniciativas de la comunidad (ciudad o condado) que promuevan la alimentación saludable y el ejercicio	○	○	○	○	○	○
Apoyar las iniciativas de la comunidad (ciudad o condado) que busquen prevenir el hábito de fumar o uso del cigarrillo	○	○	○	○	○	○
Usar opciones para hacer ejercicio a bajo costo	○	○	○	○	○	○
Visitar las paginas de Facebook u otras redes sociales relacionadas con la alimentación saludable y el ejercicio	○	○	○	○	○	○
Visitar parques seguros, si hubiera más disponibles	○	○	○	○	○	○

*9. Para cada una de las preguntas por favor responda calificando de 1 a 5. "1" siendo DEFINITIVAMENTE NO y "5" siendo DEFINITIVAMENTE SI. Debe seleccionar una respuesta para cada pregunta.

	Definitivamente no (1)	No (2)	Neutral (3)	Si (4)	Definitivamente si (5)	No estoy seguro
Está usted satisfecho con la calidad de vida en nuestra comunidad?	○	○	○	○	○	○
Es la comunidad un lugar seguro para vivir?	○	○	○	○	○	○
Hay una amplia variedad de servicios de salud en la comunidad?	○	○	○	○	○	○
Hay suficiente número de servicios sociales y de salud en la comunidad?	○	○	○	○	○	○
Hay suficientes niveles de confianza, respeto y voluntad para trabajar juntos y alcanzar objetivos comunitarios?	○	○	○	○	○	○
Hay redes de apoyo (como grupos de iglesia, oficinas de servicios sociales, etc) para los individuos y las familias durante tiempos de estrés y necesidad?	○	○	○	○	○	○
Hay un sentido de responsabilidad y orgullo cívico en los logros compartidos?	○	○	○	○	○	○

*10. Como calificaría la salud general de la comunidad? Debe seleccionar SOLAMENTE una (1) opción.

○ Muy poco saludable

○ Poco saludable

○ Algo saludable

○ Saludable

○ Muy saludable

*11. Para CADA uno de los siguientes problemas de los servicios de salud, por favor indíque qué tan grande cree usted que es este problema en nuestra comunidad.

	No es un problema (1)	Es un problema menor (2)	Representa algo de problema (3)	Es un problema mayor (4)	No estoy seguro
Costo de los servicios de salud	○	○	○	○	○
Costo de seguro de salud	○	○	○	○	○
Falta de conocimiento de los servicios de salud disponibles	○	○	○	○	○
Falta de conocimiento de como usar los servicios de salud disponibles	○	○	○	○	○
Falta de médicos familiares o de atención primaria	○	○	○	○	○
Falta de médicos especialistas	○	○	○	○	○
Servicios de salud limitados para niños (Menores de 18 años)	○	○	○	○	○
Servicios de salud limitados para adultos mayors (65 y más)	○	○	○	○	○
Largos tiempos de espera para conseguir una cita con un medico	○	○	○	○	○
Largos tiempos de espera en las salas de emergencia de los hospitales	○	○	○	○	○
Largos tiempos de espera en los consultorios médicos	○	○	○	○	○
Largos tiempos de espera en las clinícas de urgencias	○	○	○	○	○
Servicios médicos para los pobres	○	○	○	○	○
Falta de preocupación de la comunidad por los problemas de salud	○	○	○	○	○

*12. Para CADA uno de los siguientes problemas de salud, indíque qué tanto confía usted en que la comunidad puede causar un impacto substancial en los siguientes 1 a 3 años.

	Confío muy poco (1)	Confío algo (2)	Confío (3)	Confío mucho (4)	No estoy seguro
Costo de los servicios de salud	○	○	○	○	○
Costo de los seguros de salud	○	○	○	○	○
Falta de conocimiento de los servicios de salud que hay disponibles	○	○	○	○	○
Falta de conocimiento de cómo usar los servicios de salud disponibles	○	○	○	○	○
Falta de medicos familiares o de atención primaria	○	○	○	○	○
Falta de medicos especialistas	○	○	○	○	○
Limitados servicios de salud para niños (menores de 18 años)	○	○	○	○	○
Limitados servicios de salud para adultos mayors (65 y más)	○	○	○	○	○
Largos tiempos de espera para conseguir una cita médica	○	○	○	○	○
Largos tiempos de espera en las salas de emergencias de los hospitals	○	○	○	○	○
Largos tiempos de espera en los consultorios médicos	○	○	○	○	○
Largos tiempos de espera en las clínicas de urgencia	○	○	○	○	○
Servicios de salud para los pobres	○	○	○	○	○
Falta de preocupación de la comunidad por los problemas de salud	○	○	○	○	○
Calidad de los servicios de salud	○	○	○	○	○

*13. Cómo calificaría usted su propia salud? Debe escoger SOLAMENTE una (1) opción.

○ Muy poco saludable

○ Poco saludable

○ Algo saludable

○ Saludable

○ Muy Saludable

*14. Está usted participando en algún programa para el manejo de alguna de las siguientes enfermedades con la ayuda de un médico o profesional de salud?

	Sí	No
Artritis	○	○
Cáncer	○	○
Insuficiencia cardíaca congestiva	○	○
Diabetes	○	○
Presión arterial alta o hipertensión	○	○
Enfermedad renal	○	○
Enfermedad pulmonar	○	○
Enfermedad mental	○	○
Obesidad	○	○
Derrame	○	○

*15. Por favor seleccione la respuesta que describe MEJOR lo que usted piensa. Debe seleccionar sólo una (1) respuesta.

○ Espero vivir una vida más larga que el promedio de vida de las demás personas

○ Espero vivir una vida tan larga como el promedio de vida de las demás personas

○ Espero vivir una vida más corta que el promedio de vida de la mayoría de las personas

*16. Cuál es el problema de salud MAS importante en su vida? Debe seleccionar sólo una (1) opción.

- ○ Cosumo de alcohol
- ○ Alergias
- ○ Alzheimer o demencia
- ○ Lesión cerebral
- ○ Cáncer
- ○ Encargado del cuidado de otra persona
- ○ Costo de cuidado médico/dental
- ○ Discapacidad del desarrollo
- ○ Diabetes
- ○ Problemas dentales

- ○ Violencia familiar
- ○ Enfermedad cardíaca
- ○ VIH/SIDA
- ○ Heridas
- ○ Enfermedad renal
- ○ Falta de ejercicio
- ○ Falta de seguro de salud
- ○ Enfermedad hepática (hígado)
- ○ Enfermedad mental
- ○ La salud de un hijo

- ○ Problemas ortopédicos
- ○ Sobrepeso
- ○ Discapacidad física
- ○ Problemas visuales
- ○ Problemas auditivos
- ○ Problemas nutricionales
- ○ Embarazo
- ○ Derrame
- ○ Abuso de drogas
- ○ No hay un problema importante

- ○ Other (please specify)

17. En sus propias palabras, qué es lo más importante que usted podría hacer para mejorar su salud (limite su respuesta a 100 caracteres o menos) Si su respuesta es "nada" por favor escriba "nada".

Ahora necesitamos saber un poco sobre usted. Usted no está obligado a responder estas preguntas, pero sus respuestas nos ayudarán a entender mejor la respuesta de la comunidad a esta encuesta.

*18. Cuál es su código postal/ZIP code? Por favor escoja uno de esta lista.

○ 32111	○ 32686	○ 34476
○ 32113	○ 34420	○ 34477
○ 32133	○ 34421	○ 34478
○ 32134	○ 34430	○ 34479
○ 32179	○ 34431	○ 34480
○ 32182	○ 34432	○ 34481
○ 32183	○ 34470	○ 34482
○ 32192	○ 34471	○ 34483
○ 32195	○ 34472	○ 34488
○ 32617	○ 34473	○ 34489
○ 32634	○ 34474	○ 34491
○ 32663	○ 34475	○ 34492

○ Otro (por favor especifíque)

[   ]

*19. Cuál es la ciudad o pueblo donde usted vive? Por favor escoja uno de esta lista.

○ Anthony	○ Fairfield	○ Reddick
○ Belleview	○ Ft. McCoy	○ Silver Springs
○ Candler	○ Lowell	○ Sparr
○ Citra	○ Ocala	○ Summerfield
○ Dunnellon	○ Ocklawaha	○ Weirsdale
○ East Lake Weir	○ Orange Springs	

○ Otro (por favor especifíque)

[   ]

20. Esta encuesta se encuentra disponible en diferentes formatos: en papel, en internet con un link que lleva a la página web y en el teléfono inteligente con un código especial. Ha completado esta encuesta previamente durante el 2015 en alguno de estos formatos?

○ Sí

○ No

○ No recuerdo

21. Cuál es su edad? Por favor seleccione sólo una respuesta

○ 0-17

○ 18-24

○ 25-29

○ 30-39

○ 40-49

○ 50-59

○ 60-64

○ 65 o más

22. Cual es su género?

○ Masculino

○ Femenino

○ Otro (por favor especifíque)

23. Cuál es el grupo racial/étnico con el cual se identifíca?

○ Blanco (no-Hispano)

○ Negro o Afro Americano (no-Hispano)

○ Hispano/Latino

○ Asiático/Originario de las Islas del pacífico

○ Indio americano, Esquimal o Aleutiano

○ Multiracial/Multietníco

○ Otro (por favor especifíque)

24. Cuál es el nivel de educación que usted ha completado? Debe escoger SOLAMENTE una (1) respuesta.

○ Grado 12 o menos, sin diploma

○ Diploma de secundaria

○ Algo de universidad, sin diploma

○ Certificado de escuela técnica

○ Grado asociado (AA or AS)

○ Título profesional (BA or BS)

○ Licenciatura (MA or MS)

○ Tíitulo de posgrado o profesional (PhD, MD, JD, etc.)

25. Qué tipo de seguro de salud tiene actualmente? Debe seleccionar SOLAMENTE una (1) respuesta.

○ Seguro privado a través de su empleo

○ Seguro privado a través del programa de salud de Obama/Mercado abierto de seguros de salud

○ Medicaid

○ Medicare

○ VA/Tri-Care

○ No tengo seguro de salud

○ Otro (por favor especifíque)

[   ]

26. Si está interesado en participar en el sorteo para ganar una tarjeta de regalo VISA de $50, por favor incluya su dirección electrónica (e-mail) o su número de teléfono. Si su encuesta es seleccionada, lo contactaremos por e-mail o teléfono, cualquiera sea su preferencia. Si está completando esta encuesta a mano y no en el computador, por favor escriba claramente su información.

e-mail [   ]

Teléfono [   ]

2015 Marion County Community Health Assessment Citizen Survey

Muchas gracias por responder esta encuesta. Sus respuestas ayudarán a los líderes comunitarios a identificar oportunidades para mejorar la salud de la comunidad y construír una comunidad más saludable. Una vez más, si tiene alguna pregunta, por favor contacte a Jeff Feller en WellFlorida Council al teléfono 352-313-6500 o al e-mail jfeller@wellflorida.org. Si quiere cambiar alguna de las respuestas puede usar el botón PREV para devolverse y leer las preguntas. Presione DONE cuando haya terminado la encuesta.

![WellFlorida Council - Working Together for Healthy Communities]

April 13 – June 7, 2015

Marion County Business Leaders…We Need to Hear Your Voice!

Dear Business Leaders of Marion County:

The 2015 Marion County Community Health Assessment Steering Committee has been hard at work trying to identify the most pressing health issues in Marion County. But we need your help.

Together, the Steering Committee, representing a diverse array of health care facilities and providers in Marion County in partnership with WellFlorida Council, the region's local health council, are launching the 2015 Marion County Health Survey so that will give residents the opportunity to provide input into creation of the 2015 Marion County Community Health Assessment and Community Health Improvement Plan.

And in addition to doing something for the good of our community, you also have a chance to win **one of ten (10) $50.00 Visa gift cards** should you choose to participate and we draw your survey from among those surveys of individuals who indicate that they wish to be included in the drawing.

There are three ways to obtain the survey. First, go directly to the following website below (please note that you can also forward this link to others who you think should complete the survey):

https://www.surveymonkey.com/s/marionhealth2015bl

Second, call or email Jeff Feller at jfeller@wellflorida.org or (352) 313-6500, ext 108 for information on where you can pick up a printed copy of the survey to complete by hand.

Third, scan the Quick Response (QR) code below with your smart mobile device to be taken directly to the link for the survey on your mobile device

On behalf of the Steering Committee, I would like to thank you for taking the time to consider this very important survey and being a part of the community health assessment process.

Jeff Feller, Chief Executive Officer
WellFlorida Council

1785 NW 80th Blvd, Gainesville, FL 32606
Tel: (352) 313-6500 Fax: (352) 313-6515
www.wellflorida.org

Community leaders need your input on the most pressing health and health care issues facing our community. Your responses will inform local community health improvement planning and assist in efforts in building a healthier community. Your individual responses to this survey will remain confidential. This survey should take approximately 10-15 minutes to complete.

In addition, at the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the $50 VISA gift cards that will be given away. If you are interested, you will be asked to provide a telephone number and/or e-mail address so that we may contact you for mailing information in the event that your completed survey is selected as a winner of a gift card. Again, your telephone number and/or e-mail will remain completely confidential.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Jeff Feller at WellFlorida Council (www.wellflorida.org). The phone number is 352-313-6500 and his e-mail address is jfeller@wellflorida.org.

*1. In the following list, what do you think are the three (3) most important factors for a Healthy Community? You must select EXACTLY three (3) choices.

☐ Access to health care (e.g. family doctor)

☐ Emergency preparedness

☐ Low adult death and disease rates

☐ Clean environnment

☐ Excellent race/ethnic relations

☐ Affordable housing

☐ Good schools

☐ Good place to raise children

☐ Healthy behaviors and healthy lifestyles

☐ Other (please specify)

☐ Arts and cultural events

☐ Parks and recreation

☐ Low level of child abuse

☐ Low infant deaths

☐ Religious or spiritual values

☐ Strong family life

☐ Good jobs and healthy economy

☐ Low crime/safe neighborhoods

＊2. In the following list, what do you think are the three (3) most important Health Problems in our community? You must select EXACTLY three (3) choices.

☐ Firearm-related injuries	☐ Motor vehicle crash injuries
☐ Aging problems (e.g. arthritis, hearing loss, etc.)	☐ Suicide
☐ Respiratory/lung disease	☐ Obesity
☐ HIV/AIDS	☐ Pollution
☐ Rape/sexual assault	☐ High blood pressure
☐ Dental problems	☐ Homicide
☐ Heart disease and stroke	☐ Cancer
☐ Mental health problems	☐ Infectious diseases (e.g. hepatitis, TB, etc.)
☐ Child abuse/neglect	☐ Domestic violence
☐ Sexually transmitted diseases	☐ Diabetes
☐ Infant death	☐ Teen pregnancy
☐ Other (please specify)	

[ ]

＊3. From the list below, please identify the three (3) Behaviors that you believe have the greatest impact on the overall health of people in our community? Please select EXACTLY three (3) choices.

☐ Overeating	☐ Unsafe sex
☐ Dropping out of school	☐ Tobacco use
☐ Not using birth control	☐ Violence
☐ Eating unhealthy foods	☐ Unsecured firearms
☐ Alcohol abuse	☐ Not getting immunizations to prevent disease
☐ Not using seat belts/child safety seats	☐ Drug abuse
☐ Racism	☐ Not exercising
☐ Lack of maternity care	☐ Not using health care services appropriately
☐ Other (please specify)	

[ ]

2015 Marion County Community Health Assessment Business Leader

*4. How much of a problem is each of the following health issues in our community?

	Not a problem at all (1)	A minor problem (2)	Somewhat of a problem (3)	A big problem problem (4)	Not sure
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart Disease	○	○	○	○	○
Mental Illness	○	○	○	○	○
Sexual Abuse	○	○	○	○	○
Smoking and Tobacco Use	○	○	○	○	○
HIV/AIDS	○	○	○	○	○
Overweight and Obesity	○	○	○	○	○
Pollution	○	○	○	○	○
Domestic Violence	○	○	○	○	○
Alcohol and Drug Abuse	○	○	○	○	○
Suicide	○	○	○	○	○

*5. For EACH of the following health issues, indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years?

	Not very confident (1)	Somewhat confident (2)	Confident (3)	Very confident (4)	Not sure
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart Disease	○	○	○	○	○
Mental Illness	○	○	○	○	○
Sexual Abuse	○	○	○	○	○
Smoking and Tobacco Use	○	○	○	○	○
HIV/AIDS	○	○	○	○	○
Overweight and Obesity	○	○	○	○	○
Pollution	○	○	○	○	○
Domestic Violence	○	○	○	○	○
Alcohol and Drug Abuse	○	○	○	○	○
Suicide	○	○	○	○	○

*6. Health organizations say that more people are becoming overweight and obese these days. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, a minor reason or not a reason at all for the obesity problem.

	Major Reason	Minor Reason	Not a Reason at All	Not Sure
People do not know how to control their weight	○	○	○	○
People don't want to change	○	○	○	○
Healthy foods are expensive	○	○	○	○
Fast food is inexpensive and easy to find	○	○	○	○
There is too much unhealthy food and drinks for sale in schools	○	○	○	○
There is too much advertising of unhealthy foods	○	○	○	○
People don't discuss with their doctors	○	○	○	○
There are not enough places for people to be physically active outdoors	○	○	○	○
People spend too much time in front of TV, video games and computer screens	○	○	○	○
People don't have enough information about what is in their food	○	○	○	○

*7. Some people believe that maintaining healthy weight is up to individuals and families to deal with on their own. Others feel it is something that the whole community including schools, government, health care providers and the food industry should deal with. Which of these responses most closely matches your feelings on this issue? You must select ONLY one (1) choice.

○ It's something individuals should deal with on their own

○ It's something whole communities need to deal with

○ Both have a role in dealing with the issue of healthy weight

○ I don't know

*8. For each of the following activities, please rate your likelihood to participate on a scale from "1" meaning HIGHLY UNLIKELY to "5" meaning HIGHLY LIKELY. You must rate your likelihood of participating for EACH of these activities.

	Highly Unlikely (1)	(2)	(3)	(4)	Highly Likely (5)	Not Applicable or Not Sure
Attend health fairs or forums	○	○	○	○	○	○
Attend healthy cooking classess	○	○	○	○	○	○
Attend nutrition classess	○	○	○	○	○	○
Use nature trails for walking or jogging	○	○	○	○	○	○
Take your children to low-cost summer or after-school activities that promote physical activity	○	○	○	○	○	○
Support community (City or County) resolutions that promote healthy eating and exercise	○	○	○	○	○	○
Support community (City or County) resoultions that address tobacco use	○	○	○	○	○	○
Use low-cost exercise options	○	○	○	○	○	○
Visit Facebook pages or other social media concerning healthy eating and exercise	○	○	○	○	○	○
Visit safe parks if more were available	○	○	○	○	○	○

*9. For each of the questions below, please answer by responding between 1 and 5 with "1" meaning STRONGLY NO to "5" meaning STRONGLY YES. You must answer for each question.

	Stongly No (1)	No (2)	Neutral (3)	Yes (4)	Strongly Yes (5)	Not Sure
Are you satisfied with the quality of life in our community?	○	○	○	○	○	○
Is the community a safe place to live?	○	○	○	○	○	○
Is there a broad variety of health services in the community?	○	○	○	○	○	○
Is there a sufficient number of health and social services in the community?	○	○	○	○	○	○
Are there sufficient levels of trust, respect and willingness to work together to achieve community goals?	○	○	○	○	○	○
Are there networks of support (such as church groups,social service agencies, etc.) for individual and families during times of stress and need?	○	○	○	○	○	○
Is there a sense of civic responsibility and civic pride in shared accomplishments?	○	○	○	○	○	○

*10. How would you rate the overall health of our community? You must select EXACTLY one (1) choice.

○ Very unhealthy

○ Unhealthy

○ Somewhat healthy

○ Healthy

○ Very healthy

*11. How much of a problem is each of the following health care issues in our community?

	Not a problem at all (1)	A minor problem (2)	Somewhat of a problem (3)	A big problem problem (4)	Not sure
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of knowledge of how to use a available health care services	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care doctors	○	○	○	○	○
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Long wait times in hospital emergency rooms	○	○	○	○	○
Long wait times in doctors' offices	○	○	○	○	○
Long wait time in urgent care clinics	○	○	○	○	○
Health care services for the poor	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○

*12. For EACH of the following health care issues, indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years?

	Not very confident (1)	Somewhat confident (2)	Confident (3)	Very confident (4)	Not sure
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of knowledge of how to use a available health care services	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care doctors	○	○	○	○	○
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Long wait times in hospital emergency rooms	○	○	○	○	○
Long wait times in doctors' offices	○	○	○	○	○
Long wait time in urgent care clinics	○	○	○	○	○
Health care services for the poor	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Quality of health care services	○	○	○	○	○

13. Which of the following BEST describes the offering of health insurance by your business/employer? Please choose ONLY ONE response.

☐ My business/employer does not offer health insurance

☐ My business/employer offers health insurance but does NOT subsidize employee premiums

☐ My business/employer offers health insurance and DOES subsidize employee premiums

☐ I am a sole proprietor and purchase my own health insurance

☐ I am a sole proprietor and DO NOT have health insurance

*14. Which of the following wellness benefits does your business/employer offer to employees?

	Yes	No
Flus shots or other immunizations	○	○
Classes in nutrition/healthy living	○	○
Employee Assistance Program (EAP)	○	○
Weight loss program	○	○
Biometric screening (is a health examination that measures an employee's risk factors such as cholesterol, blood pressure, stress and nutrition, for example)	○	○
Health risk assessment (includes questions about medical history, health status and lifestyle which is designed to identify the risks of the person being assessed)	○	○
Lifestyle or behavior coaching	○	○
Wellness newsletter	○	○
Web-based resources for healthy living	○	○
Smoking cessation program	○	○
Gym membership discounts or on-site exercise facility	○	○

Other (please specify)

[   ]

*15. What types of incentives does your business/employer offer for participation in wellness activities? Please check ALL that apply.

☐ Salary/wage increases

☐ Bonus payments

☐ Reduced health insurance premiums

☐ Discounts on programs or services

☐ Additional leave time

☐ Special awards and recognitions

☐ Not sure

☐ Other (please specify)

[   ]

Now we need to find out a little bit about yourself. While you are not required to answer these questions, responses to these questions will help us better understand the community's response to this survey.

*16. How would you rate your own personal health? You must select EXACTLY one (1) choice.

○ Very unhealthy

○ Unhealthy

○ Somewhat healthy

○ Healthy

○ Very healthy

17. What is the size of your business or employer's business? Please choose ONLY ONE response.

- ○ 1 employee
- ○ 2-9 employees
- ○ 10-19 employees
- ○ 20-24 employees
- ○ 25-49 employees
- ○ 50-99 employees
- ○ 100-499 employees
- ○ 500 or more employees
- ○ Not sure

18. What is your age? Please select only one (1) choice.

- ○ 0-17
- ○ 18-24
- ○ 25-29
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60-64
- ○ 65 or over

19. What is your gender/sex?

- ○ Male
- ○ Female
- ○ Other (please specify)

[   ]

20. What racial/ethnic group to you most identify with?

○ White (non-Hispanic)

○ Black or African American (non-Hispanic)

○ Hispanic/Latino

○ Asian/Pacific Islander

○ American Indian, Eskimo or Aleut

○ Multiracial/Multiethnic

○ Other (please specify)

[   ]

21. What is the level of school you have completed? You must choose EXACTLY one (1) response.

○ 12th grade or less, no diploma

○ High school diploma

○ Some college, no degree

○ Technical or trade school certificate

○ Associate's degree (i.e. AA or AS)

○ Bachelor's degree (i.e. BA or BS)

○ Master's degree (i.e. MA or MS)

○ Graduate degree or professional degree (i.e. PhD, MD, JD, etc.)

22. What type of health insurance do you currently have? You must select EXACTLY one (1) response.

○ Private insurance through work

○ Private insurance through Obamacare/Health Insurance Marketplace

○ Medicaid

○ Medicare

○ VA/Tri-Care

○ Have no health insurance

○ Other (please specify)

[   ]

23. What is the greatest ongoing threat to the productivity of employees of your employer's or your business? Please select ONLY ONE response.

○ Family issues

○ Lack of proper training

○ Absenteeism or poor performance due to health issues

○ Lack of personal responsibility or accountability

○ Other (please specify)

[   ]

24. If you are interested in being considered in the drawing to win a $50 VISA gift card, please provide your email address or phone number. If your survey is drawn, you will be contacted by email or phone, whichever you prefer.

E-mail [   ]

Phone [   ]

Thanks so very much for your responses to this survey. Your responses will help community leaders identify opportunities for improving community health and building a healthier community.

April 13 – June 7, 2015

Marion County Physicians…We Need to Hear Your Voice!

Dear Physicians of Marion County:

The 2015 Marion County Community Health Assessment Steering Committee has been hard at work trying to identify the most pressing health issues in Marion County. But we need your help.

Together, the Steering Committee, representing a diverse array of health care facilities and providers in Marion County in partnership with WellFlorida Council, the region's local health council, are launching the 2015 Marion County Health Survey so that will give residents the opportunity to provide input into creation of the 2015 Marion County Community Health Assessment and Community Health Improvement Plan.

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Jeff Feller, Chief Executive Officer
WellFlorida Council

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Tel: (352) 313-6500 Fax: (352) 313-6515
www.wellflorida.org

Community leaders need your input on the most pressing health and health care issues facing our community in 2015 and beyond. Your responses will inform local community health improvement planning and assist in efforts in building a healthier community. Your individual responses to this survey will remain confidential. This survey should take approximately 10-15 minutes to complete.

In addition, at the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the ten (10) $50 VISA gift cards that will be given away. If you are interested, you will be asked to provide a telephone number and/or e-mail address so that we may contact you for mailing information in the event that your completed survey is selected as a winner of a gift card. Again, your telephone number and/or e-mail will remain completely confidential.

Please note that if you are completing this survey online and not on paper, you can go back and change your responses as many times as you would like prior to exiting the survey if you would like to reconsider your responses. Once you exit, however, you will not be able to change or retrieve your responses.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Jeff Feller at WellFlorida Council (www.wellflorida.org). The phone number is 352-313-6500 and his e-mail address is jfeller@wellflorida.org.

*1. In the following list, what do you think are the three (3) most important factors for a Healthy Community? You must select EXACTLY three (3) choices.

☐ Strong family life   ☐ Arts and cultural events

☐ Religious or spiritual values   ☐ Good jobs and healthy economy

☐ Low adult death and disease rates   ☐ Low infant deaths

☐ Access to health care (e.g. family doctor)   ☐ Good place to raise children

☐ Good schools   ☐ Healthy behaviors and healthy lifestyles

☐ Low level of child abuse   ☐ Clean environnment

☐ Affordable housing   ☐ Parks and recreation

☐ Low crime/safe neighborhoods   ☐ Emergency preparedness

☐ Excellent race/ethnic relations

☐ Other (please specify)

[   ]

✱2. In the following list, what do you think are the three (3) most important Health Problems in our community? You must select EXACTLY three (3) choices.

☐ Obesity   ☐ Cancer

☐ Suicide   ☐ Sexually transmitted diseases

☐ Dental problems   ☐ Rape/sexual assault

☐ Infectious diseases (e.g. hepatitis, TB, etc.)   ☐ Heart disease and stroke

☐ Domestic violence   ☐ Motor vehicle crash injuries

☐ Firearm-related injuries   ☐ Respiratory/lung disease

☐ Diabetes   ☐ Pollution

☐ Aging problems (e.g. arthritis, hearing loss, etc.)   ☐ Child abuse/neglect

☐ Infant death   ☐ HIV/AIDS

☐ Mental health problems   ☐ High blood pressure

☐ Homicide   ☐ Teen pregnancy

☐ Other (please specify)

[   ]

✱3. From the list below, please identify the three (3) Behaviors that you believe have the greatest impact on the overall health of people in our community? Please select EXACTLY three (3) choices.

☐ Not exercising   ☐ Dropping out of school

☐ Lack of maternity care   ☐ Not using seat belts/child safety seats

☐ Violence   ☐ Racism

☐ Not using birth control   ☐ Eating unhealthy foods

☐ Unsecured firearms   ☐ Drug abuse

☐ Overeating   ☐ Unsafe sex

☐ Not getting immunizations to prevent disease   ☐ Alcohol abuse

☐ Tobacco use   ☐ Not using health care services appropriately

☐ Other (please specify)

[   ]

✱4. For EACH of the following health issues, indicate how much of a problem you believe the health issue is in our community?

	Not a problem at all (1)	A minor problem (2)	Somewhat of a problem (3)	A big problem problem (4)	Not sure
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart Disease	○	○	○	○	○
Mental Illness	○	○	○	○	○
Sexual Abuse	○	○	○	○	○
Smoking and Tobacco Use	○	○	○	○	○
HIV/AIDS	○	○	○	○	○
Overweight and Obesity	○	○	○	○	○
Pollution	○	○	○	○	○
Domestic Violence	○	○	○	○	○
Alcohol and Drug Abuse	○	○	○	○	○
Suicide	○	○	○	○	○

✱5. For EACH of the following health issues, indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years?

	Not very confident (1)	Somewhat confident (2)	Confident (3)	Very confident (4)	Not sure
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart Disease	○	○	○	○	○
Mental Illness	○	○	○	○	○
Sexual Abuse	○	○	○	○	○
Smoking and Tobacco Use	○	○	○	○	○
HIV/AIDS	○	○	○	○	○
Overweight and Obesity	○	○	○	○	○
Pollution	○	○	○	○	○
Domestic Violence	○	○	○	○	○
Alcohol and Drug Abuse	○	○	○	○	○
Suicide	○	○	○	○	○

*6. Health organizations say that more people are becoming overweight and obese these days. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, a minor reason or not a reason at all for the obesity problem.

	Major Reason	Minor Reason	Not a Reason at All	Not Sure
People do not know how to control their weight	○	○	○	○
People don't want to change	○	○	○	○
Healthy foods are expensive	○	○	○	○
Fast food is inexpensive and easy to find	○	○	○	○
There is too much unhealthy food and drinks for sale in schools	○	○	○	○
There is too much advertising of unhealthy foods	○	○	○	○
People don't discuss with their doctors	○	○	○	○
There are not enough places for people to be physically active outdoors	○	○	○	○
People spend too much time in front of TV, video games and computer screens	○	○	○	○
People don't have enough information about what is in their food	○	○	○	○

*7. Some people believe that maintaining healthy weight is up to individuals and families to deal with on their own. Others feel it is something that the whole community including schools, government, health care providers and the food industry should deal with. Which of these responses most closely matches your feelings on this issue? You must select ONLY one (1) choice.

- ○ It's something individuals should deal with on their own
- ○ It's something whole communities need to deal with
- ○ Both have a role in dealing with the issue of healthy weight
- ○ I don't know

✲8. For each of the following activities, please rate your likelihood to participate on a scale from "1" meaning HIGHLY UNLIKELY to "5" meaning HIGHLY LIKELY. You must rate your likelihood of participating for EACH of these activities.

	Highly Unlikely (1)	(2)	(3)	(4)	Highly Likely (5)	Not Applicable or Not Sure
Attend health fairs or forums	○	○	○	○	○	○
Attend healthy cooking classess	○	○	○	○	○	○
Attend nutrition classess	○	○	○	○	○	○
Use nature trails for walking or jogging	○	○	○	○	○	○
Take your children to low-cost summer or after-school activities that promote physical activity	○	○	○	○	○	○
Support community (City or County) resolutions that promote healthy eating and exercise	○	○	○	○	○	○
Support community (City or County) resoultions that address tobacco use	○	○	○	○	○	○
Use low-cost exercise options	○	○	○	○	○	○
Visit Facebook pages or other social media concerning healthy eating and exercise	○	○	○	○	○	○
Visit safe parks if more were available	○	○	○	○	○	○

✲9. For each of the questions below, please answer by responding between 1 and 5 with "1" meaning STRONGLY NO to "5" meaning STRONGLY YES. You must answer for each question.

	Stongly No (1)	No (2)	Neutral (3)	Yes (4)	Strongly Yes (5)	Not Sure
Are you satisfied with the quality of life in our community?	○	○	○	○	○	○
Is the community a safe place to live?	○	○	○	○	○	○
Is there a broad variety of health services in the community?	○	○	○	○	○	○
Is there a sufficient number of health and social services in the community?	○	○	○	○	○	○
Are there sufficient levels of trust, respect and willingness to work together to achieve community goals?	○	○	○	○	○	○
Are there networks of support (such as church groups,social service agencies, etc.) for individual and families during times of stress and need?	○	○	○	○	○	○
Is there a sense of civic responsibility and civic pride in shared accomplishments?	○	○	○	○	○	○

*10. How would you rate the overall health of our community? You must select EXACTLY one (1) choice.

○ Very unhealthy

○ Unhealthy

○ Somewhat healthy

○ Healthy

○ Very healthy

*11. For EACH of the following health care issues, indicate how much of a problem you believe the health care issue is in our community?

	Not a problem at all (1)	A minor problem (2)	Somewhat of a problem (3)	A big problem problem (4)	Not sure
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of knowledge of how to use a available health care services	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care doctors	○	○	○	○	○
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Long wait times in hospital emergency rooms	○	○	○	○	○
Long wait times in doctors' offices	○	○	○	○	○
Long wait time in urgent care clinics	○	○	○	○	○
Health care services for the poor	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○

*12. For EACH of the following health care issues, indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years?

	Not very confident (1)	Somewhat confident (2)	Confident (3)	Very confident (4)	Not sure
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of knowledge of how to use a available health care services	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care doctors	○	○	○	○	○
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Long wait times in hospital emergency rooms	○	○	○	○	○
Long wait times in doctors' offices	○	○	○	○	○
Long wait time in urgent care clinics	○	○	○	○	○
Health care services for the poor	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Quality of health care services	○	○	○	○	○

*13. For your patients with chronic diseases or conditions, what do you feel is the BIGGEST barrier to a patient being able to manage her or his own chronic disease or condition? Please select ONLY ONE response.

○ Cost

○ Lack of education

○ Inability to use technology effectively

○ Self-discipline/motivation

○ Lack of coverage by insurance company

○ Lack of access to sufficient time with me or my staff

○ Other (please specify)

[   ]

*14. What can the community do to help improve the health of your patients and others in the community? Please check ALL that apply.

☐ Increase outreach/health education programs

☐ Increase access to primary medical services

☐ Establish community partnerships to address issues collectively

☐ Establish more community clinics

☐ Provide education for residents on services available

☐ Provide education for residents on appropriate use of available services

☐ Create city/county ordinances to promote community health improvement

☐ Increase access to mental health services

☐ Initiate efforts to bring more physicians to the community

☐ Promote use of personal health records

☐ Establish or enhance a community health information exchange

☐ Focus on issues of the indigent and uninsured

☐ Other (please specify)

[   ]

*15. What can the community do to help improve the health of your patients and others in the community? Please check ALL that apply.

☐ Increase outreach/health education programs

☐ Increase access to primary medical services

☐ Establish community partnerships to address issues collectively

☐ Establish more community clinics

☐ Provide education for residents on services available

☐ Provide education for residents on appropriate use of available services

☐ Create city/county ordinances to promote community health improvement

☐ Increase access to mental health services

☐ Initiate efforts to bring more physicians to the community

☐ Promote use of personal health records

☐ Establish or enhance a community health information exchange

☐ Focus on issues of the indigent and uninsured

☐ Other (please specify)

[   ]

*16. Do you provide or participate in a chronic disease management program for your patients for any of the following illnesses?

	Yes	No
Arthritis	○	○
Cancer	○	○
Congestive Heart Failure	○	○
Diabetes	○	○
High Blood Pressure or Hypertension	○	○
Kidney Disease	○	○
Lung Disease	○	○
Mental Illness	○	○
Obesity	○	○
Stroke	○	○

*17. How would you rate your own personal health? You must select EXACTLY one (1) choice.

○ Very unhealthy

○ Unhealthy

○ Somewhat healthy

○ Healthy

○ Very healthy

Now we need to find out a little bit about yourself. While you are not required to answer these questions, responses to these questions will help us better understand the community's response to this survey.

18. Is your primary medical practice in Marion County? You must select EXACTLY one (1) choice.

○ Yes

○ No

19. What is your age? Please select only one (1) choice.

○ Less than 30

○ 30-39

○ 40-49

○ 50-59

○ 60-64

○ 65 or over

20. What is your gender?

○ Male

○ Female

○ Other (please specify)

[_____]

21. What racial/ethnic group to you most identify with?

○ White (non-Hispanic)

○ Black or African American (non-Hispanic)

○ Hispanic/Latino

○ Asian/Pacific Islander

○ American Indian, Eskimo or Aleut

○ Multiracial/Multiethnic

○ Other (please specify)

[   ]

22. How long have you practiced medicine in Marion County? Please choose only ONE.

○ Less than 5 years

○ 5-9 years

○ 10-14 years

○ 15-19 years

○ More than 20 years

23. How long have you practiced medicine? Please choose only ONE.

○ Less than 5 years

○ 5-9 years

○ 10-14 years

○ 15-19 years

○ More than 20 years

24. What are your MAIN physician specialties? Please check all that apply.

- ☐ Addiction Medicine
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Cardiology
- ☐ Cosmetic/Plastic Surgery
- ☐ Chiropractic Medicine
- ☐ Critical Care Medicine
- ☐ ENT/Otolaryngology
- ☐ Family Practice
- ☐ Internal Medicine
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ General Practice

- ☐ General Surgery
- ☐ Geriatrics
- ☐ Gynecology
- ☐ Hematology
- ☐ Immunology
- ☐ Infectious Diseases
- ☐ Internal Medicine
- ☐ Neonatology
- ☐ Nephrology
- ☐ Neurology
- ☐ Nuclear Medicine
- ☐ Obstetrics and Gynecology
- ☐ Obstetrics
- ☐ Oncology
- ☐ Opthamology

- ☐ Orthopedics
- ☐ Orthopedic Surgery
- ☐ Osteopathic Medicine
- ☐ Pain Management
- ☐ Palliative Care
- ☐ Pathology
- ☐ Pediatrics
- ☐ Physical Medicine and Rehabilitation
- ☐ Pulmonology
- ☐ Psychiatry
- ☐ Radiology
- ☐ Specialized Surgery
- ☐ Sports Medicine
- ☐ Trauma Surgery

- ☐ Other (please specify)

  [_____]

25. If you are interested in being considered in the drawing to win a $50 VISA gift card, please provide your email address or phone number. If your survey is drawn, you will be contacted by email or phone, whichever you prefer.

E-mail [_____]

Phone [_____]

Thanks so very much for your responses to this survey. Your responses will help community leaders identify opportunities for improving community health and building a healthier community. Once again, if you have any questions, please contact Jeff Feller of WellFlorida Council at 352-313-6500 or jfeller@wellflorida.org.

APPENDIX B – Local Public Health System Assessment Instrument and Performance Scores

Overview of the Local Public Health System Assessment Processes (LPHSA)

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services (as defined by the National Association of County and City Health Officials and the Centers for Disease Control) being provided to our community?"

To review the LPHSA and its components from the NACCHO website, please go to:
http://www.naccho.org/topics/infrastructure/mapp/framework/phase3lphsa.cfm

The 10 Essential Services are:
1. **Monitor Health Status to Identify Community Health Problems**
2. Diagnose and Investigate Health Problems and Health Hazards
3. **Inform, Educate and Empower People about Health Issues**
4. **Mobilize Community Partnerships to Identify and Solve Health Problems**
5. **Develop Policies and Plans that Support Individual and Community Health Efforts**
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. **Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable**
8. Assure a Competent Public Health and Personal Healthcare Workforce
9. **Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services**
10. Research for New Insights and Innovative Solutions to Health Problems

The **highlighted** Essential Services are traditionally those services that are shared through a widespread network of community partners. Those that are not highlighted are traditionally predominantly, though not solely, coordinated through local public health departments. For the purpose of our LPHSA meeting on Wednesday, June 24, we will focus on the more jointly coordinated Essential Services: 1, 3, 4, 5, 7 and 9.

Process:
- Meeting will be held at College of Central Florida, Wednesday, June 24 from 9:00 am until 4:00 pm. Refreshments and lunch will be provided.
- Each of the seven Community Health Assessment Steering Committee partner organizations have invited up to five (5) members to the meeting to participate in the LPHSA.
- Jeff Feller has coordinated meeting details with each of the invitees.
- Jeff Feller has provided background materials on the LPHSA so that invitees may familiarize themselves with the Essential Services to be discussed. In addition, some of the specific discussion questions have also been provided.
- The meeting on June 24 will be facilitated by Christine Abarca of the Florida Department of Health in Pasco County. Ms. Abarca is a MAPP Community Health Assessment expert and a certified reviewer with the Public Health Accreditation Board (PHAB). She will begin her session with a short educational presentation on what the LPHSA is and why it is important.

- During the meeting on June 24, attendees will be guided through a standard set of questions that will allow the group to evaluate to what extent Marion County and its partners are collectively achieving each (of the highlighted above) Essential Services. An electronic, instantaneous voting tabulation system will be used to streamline the process.
- The results of this Local Public Health System Assessment provides insights on systemic issues that may exist in Marion County and these issues will be paired with the community health factors and community health outcomes analysis from the Community Health Status Assessment (i.e. the data and the survey results) to identify key issues.

NOTE: We are have negotiated with the Institute for Healthcare Improvement (IHI) to present to the group regarding the Triple Aim for Populations. The Triple Aim for Improving the Health of Populations is: Population Health, the Care Experience and Per Capita Cost. IHI will present from 1:00 pm until 2:00 pm on June 24. This presentation will be part of the LPHSA meeting.

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	50
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	25
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	75
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	50
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	50
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	

2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	75
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	75
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	50
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	50
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	50

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	25
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	25
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	50
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	25

3.2.3	Identify and train spokespersons on public health issues?	25
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	75

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	25
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	25
4.2.2	Establish a broad-based community health improvement committee?	25
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	50
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	25

5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	25
5.2.3	Review existing policies at least every three to five years?	25
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	25
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	25
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	75
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	75

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	50
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	50
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	75
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	75

6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	25
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	25
7.1.4	Understand the reasons that people do not get the care they need?	25
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	25
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	75
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	25
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	50
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	25
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	25
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	25

8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	25
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	25
9.1.3	Identify gaps in the provision of population-based health services?	25
9.1.4	Use evaluation findings to improve plans and services?	25
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	25
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	25
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	50

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	

10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	25
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	25
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	25
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	25
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

APPENDIX C – Forces of Change Assessment Instrument

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for Community Health Assessment Steering Committee members and invited guests to use in preparing for the Forces of Change brainstorming session. Please have each attendee/invitee complete this Forces of Change Brainstorming Worksheet and the accompanying Threats and Opportunities Analysis Worksheet (separate document) prior to the meeting on June 17, 2015 and bring both completed Worksheets to the meeting.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.
- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:
- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change - outside of Marion County's direct control - that affect the local health care system, local health outcomes or overall community health; forces that may hinder or enhance Marion County's ability to improve community health outcomes.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Forces of Change Brainstorming Worksheet

Using the information from the previous page, brainstorm a list of the Forces of Change that you believe will be the most important **within the next three (3) years**, including **factors**, **events**, and **trends** (see definitions of these terms on previous page). Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

If you have any questions, please do not hesitate to contact Jeff Feller at jfeller@wellflorida.org or 352-313-6500, x108.

Forces of Change - Threats and Opportunities Worksheet

For each of the Forces of Change you identified in the Forces of Change Brainstorming Worksheet, identify up to two (2) potential threats posed and/or two (2) potential opportunities created for the health system or community health outcomes. Forces can bring both threats and opportunities and it is critical to understand both possibilities for sound community health improvement planning. Continue onto another page if needed. If you have any questions, please do not hesitate to contact Jeff Feller at jfeller@wellflorida.org or 352-313-6500, x108.

Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		