Community Health Improvement Plan

Marion County, Florida

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WellFlorida Council

Working Together for Healthy Communities

Participating Agencies

Marion County Community Health Improvement Plan Steering Committee

Ginger Carroll, FACHE
Chief Executive Officer, West Marion Community Hospital
Ocala Health

Kerrie Jones Clark
Chief Executive Officer
Heart of Florida Health Center

Timothy S. Dean
Dean Law Firm, LLC

Jeff Feller
Chief Executive Officer
WellFlorida Council

Nathan Grossman, MD
Director
Marion County Health Department

Dyer Michell
President
Access to Healthcare, Inc.

Gina Peebles
Director
Marion County Parks and Recreation

Mary Ellen Poe
Chief Executive Officer
Hospice of Marion County and Its Affiliated Companies, Inc.

Charles R. Powell
Chief Executive Officer
The Centers

Maureen Quinlan
President
United Way of Marion County

Mike Robertson
V.P. Strategic Planning & Marketing
Munroe Regional Medical Center

Suzanne Santangelo
Director of Marketing
Ocala Health

Loretha Tolbert-Rich
Chief Executive Officer – Ocala Community Care
Marion County Sheriff's Office

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Overview

The Community Health Improvement Plan (CHIP) Steering Committee has endeavored throughout 2011 and 2012 to identify a CHIP for Marion County. The Public Health Accreditation Board (PHAB) defines CHIP as:

> "…a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way."

The CHIP process began with a comprehensive health needs assessment of Marion County. The Marion County CHIP Steering Committee utilized the Center for Disease Control (CDC) and National Association of City and County Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) model to engage WellFlorida Council (www.wellflorida.org), the statutorily designated (F.S. 408.033) local health council that serves Marion County, to conduct the community health needs assessment. The MAPP technique for needs assessment includes four key elements:

- Community Themes and Strengths Assessment (CTSA) – probes residents to gain a deeper understanding of the issues that they feel are important regarding community health.
- Local Public Health System Assessment (LPHSA) – utilizes the Ten Essential Public Health Services and performance standards for each to determine the extent to which all of the entities and organizations that contribute to public health are collectively achieving these standards.
- Community Health Status Assessment (CHSA) – identifies priority community health and quality of life issues through extensive data analysis.
- Forces of Change Assessment (FCA) – identifies forces, trends and events such as legislation, technology and other impending changes that affect the way a community and its health system operate and that may help or hinder community health improvement.

NACCHO/CDC designed these four assessments to gather comprehensive information about the health of a community's residents and the nature of a community's local health system. During the MAPP process, the CHIP Steering Committee formed a Core Community Support Team (CCST) with more than 50 partners from the community who represented not only many different areas of health and well-being but also government, education, businesses and social

services sectors. During four community workshops, the CCST assisted in the review of information gathered from available health databases as well as data and information generated from community meetings, focus groups and surveys. Under the auspices of the needs assessment process, this information was collected and analyzed to take a closer look at the health of the people who live in the county as well as the things in the county that affect their health status.

The Marion County MAPP Community Health Needs Assessment was completed and released in Spring 2012. Ultimately, the CHIP Steering Committee with insights from the CCST, utilized the results of the MAPP assessment process to formulate this CHIP for Marion County. In simple terms, a CHIP is designed to do the following:

- Prioritize health conditions which impact residents.
- Develop goals, measurable objectives and implementation strategies to address the top health priorities.
- Incorporate health plan goals and strategies into day-to-day activities of community partners.
- Annually review progress on goals, objectives, and strategies.

The following sections detail the methodology the CHIP Steering Committee followed to complete the CHIP and presents the CHIP itself.

The Marion County CHIP Process

Methodology

In order to refine issues and strategies obtained during the community health needs assessment process, the CHIP Steering Committee re-visited all of the data and information elements of the community health needs assessment. This review preliminarily determined the key issues and the common themes in Marion County's greatest problem areas. The CHIP Steering Committee utilized a sequence of in-person and online work sessions to identify key issues; prioritize key issues; identify strategies for priority issues; and establish objectives for strategy activity to preliminarily identify some critical next steps to jumpstart community-wide implementation of the CHIP.

Members of the CHIP Steering Committee conducted five in-person works sessions (May 21, June 19, July 25, August 2 and September 13, 2012) to review the MAPP needs assessment and the priority issues identified and to refine those issues and formulate a response which ultimately became the CHIP. During the workshop process, in addition to in-person deliberations and consensus-building, the CHIP Steering Committee utilized SurveyMonkey and other internet-based activities to help foster development of the plan. WellFlorida Council provided technical and administrative assistance as well as facilitation for the Steering Committee work sessions.

During the May 21 and June 19 workshops, members dissected the priority issues identified and finalized the core set of priority issues. Between the second and third meetings, members participated in online priority ranking exercises utilizing SurveyMonkey in order to prioritize the list of issues based on their magnitude of importance in Marion County and the likelihood that these issues could be substantially and positively impacted through local efforts.

At the August 2 work session, members reviewed priority rankings and finalized a ranked list of all key issues. In addition, the Steering Committee brainstormed a list of strategies for each of the key priority issues. Prior to the final meeting, the CHIP Steering Committee shared additional potential strategies online.

The final work session was held on September 13, 2012. During this meeting, CHIP Steering Committee members finalized the primary strategies for each priority issue and identified goals and objectives for each of the major issue areas and strategies as well as critical next steps. To conclude the process, WellFlorida Council then compiled and consolidated all of the information generated during the in-person work sessions and online sessions to create the draft CHIP report. The Marion County CHIP Steering Committee then reviewed draft materials and approved the CHIP goals, strategies, objectives, next steps and this final draft report via email.

Focus on the Social Determinants of Health

During the MAPP and CHIP processes, Steering Committee members observed that there were two types of issues underlying the findings throughout the needs assessment. First, Steering Committee members noted that there was a clear set of "traditional" system and outcome issues that are almost always uncovered during needs assessment processes in Marion County and throughout north central Florida. These traditional system and outcome issues included disproportionate death and disease rates; low physician and provider ratios; inappropriate utilization of healthcare resources; rural healthcare access issues; and information and referral and patient navigation difficulties.

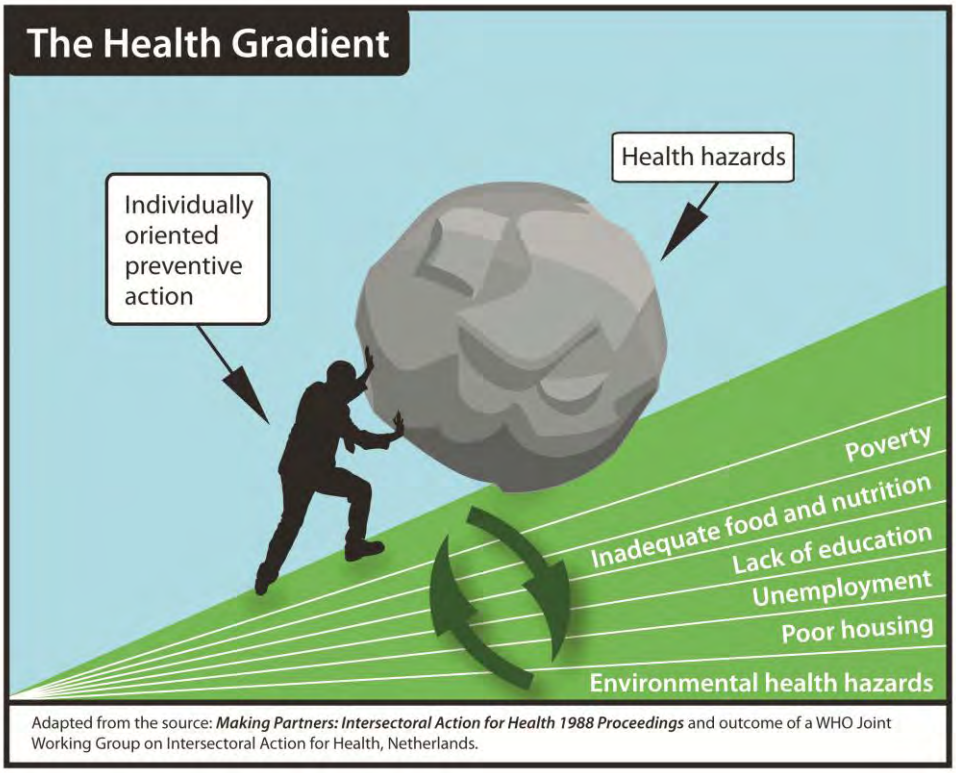
A second, more non-traditional set of issues, observed by the Steering Committee members centered on the social determinants of health access and health outcome that are more often than not the drivers of the traditional issues. Social determinants are quite often the root causes of traditional health care and health outcome issues. Sadly, these social determinants are not often dealt with proactively, but instead are dealt with reactively. Steering Committee members observed that this is the equivalent of choosing to manage a disaster rather than trying to prevent it.

Over the last five decades, health researchers and practitioners have changed the way we understand the factors that lead to chronic disease and affect poor health (or conversely that

prevent chronic disease and lead to good health). For most of the 20th century, health outcome was considered primarily the result of biomedical cause and effect and poor lifestyle choices. As early as 1948, the World Health Organization (WHO) declared that "more than the absence of disease, health is a state of complete, physical, mental and social well being and not merely the absence or presence of infirmity." This perspective set in motion the concepts of the social determinants of health that resonate throughout community health analysis today.

Social determinants are basically the social factors and conditions, including income, education, employment, housing and others that lead to healthy people and communities. Forty years after the WHO pronouncement, Health Canada developed a comprehensive list of what they called simply the *determinants of health*. These factors included income; social support; education and literacy; employment; working conditions; social environments; physical environments; personal health practices; coping skills; healthy child development; biology; genetic endowment; health services; gender; and culture. While clearly all of these factors have an impact on health outcome, the vast majority are social factors and not necessarily traditional health behaviors or related to biomedical cause and effect.

Figure 1. The Health Gradient – Individual Health is an Uphill Community Battle



The impact of these social determinants is powerfully communicated in Figure 1. Figure 1 is another effort of the WHO to communicate the uphill struggle that personal health is as the impact of health hazards is created or magnified by the presence of often seemingly intractable social factors and conditions.

Statistics recently compiled as part of the Marion County Community Health Needs Assessment show that these social determinant factors are firmly in place in Marion County. These factors include, to name but a few:

- Lower percentages of residents with high school and college educations;
- Unemployment at levels substantially higher than the state of Florida;
- Dramatically higher rates of children in poverty;
- Substantially higher percentages of single-parent homes;
- High percentages of the population with limited access to healthy foods;
- Per capita, median and average income levels much lower than state of Florida averages;
- Nearly 45 percent of the population either uninsured or utilizing Medicaid;
- Comparably limited access to recreational activities (in the 6th percentile for Florida).

With the uphill struggle Marion County residents have due to these social determinants, it is not surprising that:

- Marion County has a significantly higher overall age-adjusted mortality rate, nearly 9 percent higher than the state in 2007-09 (725.6 per 100,000 for Marion vs. 666.7 per 100,000 for the state). When adjusting for age, residents of Marion County fare worse than the state as a whole on age-adjusted death rates (AADRs) for nine of the top ten causes of death with an exception of age-adjusted mortality rate for stroke.
- In both Marion County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Marion County as in the rest of the state. In particular, during 2007-2009, black residents in Marion County had a 14% higher overall age-adjusted mortality rate compared to white residents (815.7 and 710.6 per 100,000 respectively).
- The rate of emergency department visits per 1,000 for mental health reasons increased 71 percent in Marion County (48.7 in 2005 and 83.4 in 2009) as opposed to an increase of only 37 percent at the state level (34.7 in 2005 and 47.7 in 2009).
- Overall, poor health behaviors are generally on the rise in Marion County as measured by the Behavioral Risk Factor Surveillance System (BRFSS) in nearly every major measurement category.

- In 2009, Marion County had an avoidable hospital discharge rate (per 1,000 residents) of 13.7. A little over 30 percent of the year 2009 avoidable discharges were paid for by Medicaid.
- Life expectancies of residents of Marion County are lower than state and national averages, and life expectancies of black residents are 5-6 years shorter than that of white residents, based on a University of Washington study.

The impact of these social determinants is also readily seen in the Robert Wood Johnson/University of Wisconsin (RWJF/UW) County Health Rankings, which have been published annually since 2010 (Table 1). RWJF/UW ranks the counties in Florida in a variety of health areas.

Despite the high marks in the rankings for Marion County's healthcare system, whose clinical care rank among Florida counties has risen from 23rd in 2010 to 17th in 2012, the overall health outcomes and health factors rankings of the county persist in the bottom 25% of counties in Florida. Even with the high clinical care rankings, Marion County currently ranks 49th in morbidity and 46th in mortality in the state primarily fueled by its extremely low rankings in the areas of health factors that represent social determinants of health such as social and economic factors; health behaviors; and physical environment, which collectively represent 80 percent of the county health ranking score (Figure 2).

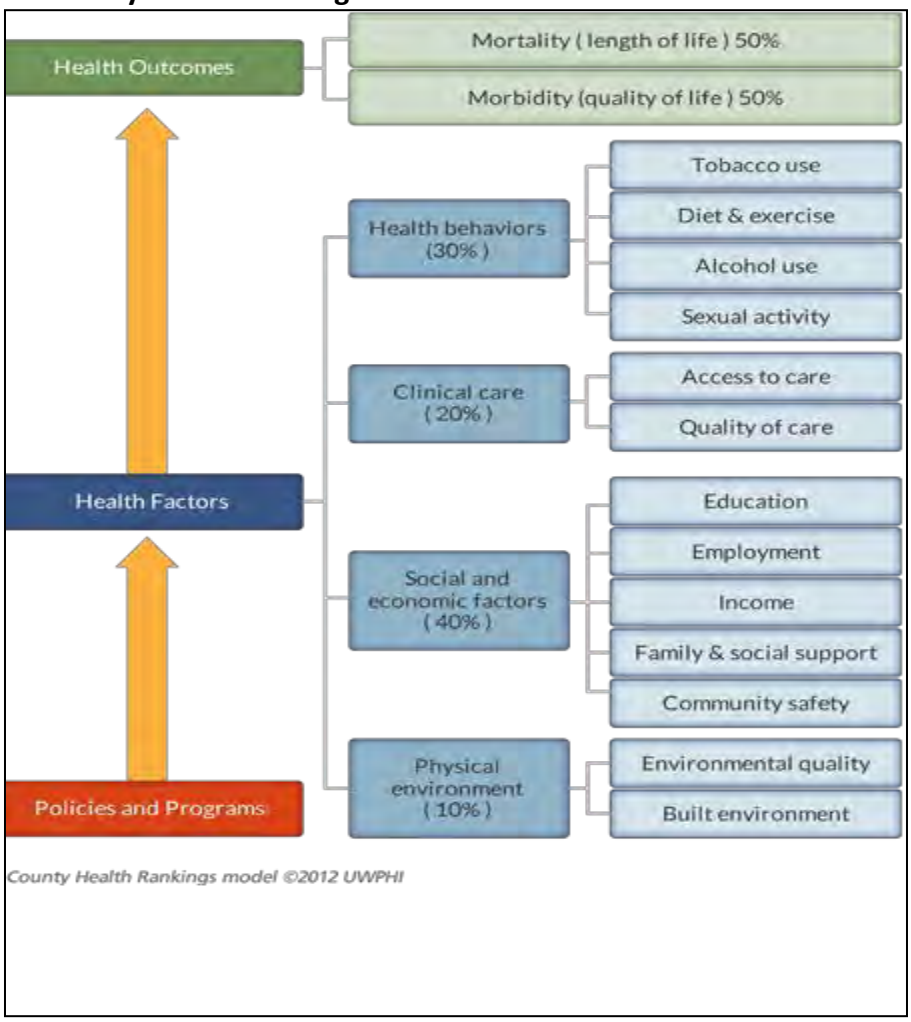
The message is clear that despite Marion County's increasingly improving efforts in clinical care delivery, the community as a whole has become less healthy as social determinant pressures have mounted.

Table 1. County Health Rankings (among Florida's 67 Counties) for Marion County, 2010-2012.

Category	2010	2011	2012
HEALTH OUTCOMES	**45**	**49**	**48**
Mortality	43	43	46
Morbidity	53	53	49
HEALTH FACTORS	**36**	**44**	**44**
Health Behaviors	30	32	37
Clinical Care	23	21	17
Social and Economic Factors	51	57	55
Physical Environment	23	22	49

Source: *County Health Rankings*, Robert Wood Johnson and University of Wisconsin Population Health Institute, 2012.

Figure 2. Robert Wood Johnsnon/University of Wisconsin Population Health Institute County Health Rankings Model.



After a careful study of the needs assessment and the key issues identified in the assessment, the CHIP Steering Committee concluded that Marion County is lacking a focused plan that addresses social determinants in the following social domains that impact health outcomes:

- *Economic Environment* - A solid economic environment entails commercial investment, a focus on providing jobs that take people out of poverty and offer healthcare coverage and businesses that provide healthy food options and healthy choices for residents. A positive economic environment sensitive to those social determinants of health influenced by economics gives people not only a path to opportunity but a path to health and wellness.
- *Social Environment* - A social environment that promotes strong social networks, partnership and cooperation can result in residents advocating for change, cultivating a community garden, volunteering or providing services in new ways that strengthen community ties, empower individuals to be advocates for themselves and change agents

for their communities and may ultimately lead to improvements in personal and community health.

- *Physical Environment* - Safe parks; full-service grocery stores and/or farmers' markets; safe, walkable streets; less traffic; well-maintained housing; and open spaces that encourage community gathering are all protective factors that contribute to the health of a community and have a positive impact on the health of residents. Likewise, residents' geographic access to opportunities—e.g. convenient to reliable transportation that allows people to get to jobs, schools and healthcare—contributes to healthy people and healthy neighborhoods.
- *Service Environment* - Distribution of healthcare services and other neighborhood-level services has a huge impact on the overall health of a community. Access to quality healthcare services, public safety, and community support services are all necessary for a healthy community. Reliable and regular sanitation service; mass transit that provides clean, safe, and reliable service; and responsive, caring public health providers all positively affect a community.

As such, the CHIP Steering Committee recommended that the CHIP for Marion County should articulate a plan for structures and strategies that focus community efforts on health improvement in these area of social determinants rather than specific disease states or narrowly defined health outcomes, with the knowledge that if a community infrastructure to attack health issues is coalesced, it could be brought to bear on specific health outcomes if needed. Additionally, the focus on social determinants and community structures for informing and educating individual health decisions as well as community policy decisions would cut across issues in many disease states and health outcomes (i.e. those identified as critical Community Health Status Assessment of the Marion County MAPP Community Health Needs Assessment) and would benefit all constituencies in Marion County.

As a result of MAPP community health needs assessment and CHIP planning processes, the CHIP Steering Committee identified three Community Health Improvement Goals for Marion County as detailed in the next section.

The Marion County CHIP: Goals, Strategies, Objectives and Next Steps

The Marion County Community Health Improvement Plan (CHIP) has three (3) over-arching goals and five (5) identified strategies to achieve these goals. Unlike many strategic plans, each

individual strategy is not tied to a specific goal, but rather as all three of these goals are intertwined and interrelated, the strategies will work together to achieve the end state to which these goals collectively aspire. In short, all strategies will contribute to each goal.

GOAL 1 Create community partnerships and infrastructure necessary to address the impact of social determinants on community health.

GOAL 2 Incorporate the impact on health outcomes and overall community health when planning for community initiatives and setting policy in all social domains: economic, social, physical and service environment

GOAL 3 Create a fully informed community that is aware of the personal and societal costs of personal health behaviors and decisions, as well as the personal and societal costs of policy decisions relating to community health.

Strategy A Develop an ongoing collaborative of diverse constituencies, not just those in the health sector, to address social determinants of health.

Objective A.1: The collaborative will be formed and fully functional by May 2013.

Potential Next Steps:

- Identification of key partners and constituencies.
- Develop framework for collaborative.
- Expose key partners, key constituencies and community to Needs Assessment and CHIP.
    - Presentation to United Way of Marion County Health, Income and Education Councils.
    - Presentation to Marion Board of County Commissioners, local city councils, the Marion County School Board, Ocala/Marion County Chamber and Economic Partnership.
    - Community event to inform about Needs Assessment and launch CHIP.
- Investigate potential for the United Way of Marion County to be the hub of this collaborative.
- Recruit participation to collaborative.
- Establish collaborative memorandum of agreement.
- Establish collaborative mission, vision and work plan.

Strategy B Develop a unified community message and focus in communicating personal health issues, behaviors and their costs to the public and conduct a coordinated campaign to inform the public on these issues.

Objective B.1: By August 2013, implement a community campaign to inform the public on personal health issues, behaviors and their costs to individuals and the public.

Potential Next Steps:

- Form ongoing community collaborative.
- Identify most pressing social determinant issues.
- Identify cost impact data tied to personal health issues and behaviors.
- Identify key messages.
- Formulate communications plan.
- Formulate media plan.
- Monitor to determine effectiveness of messaging.

Strategy C Develop a unified community message and focus in communicating community health issues and policies to policy makers and community leaders and conduct regular coordinated campaigns to inform these constituencies on the true costs of these community health issues and policies.

Objective C.1: By August 2013, implement an initial campaign, as part of an ongoing strategy, to inform policy makers and community leaders on the true costs of community health issues and health policies.

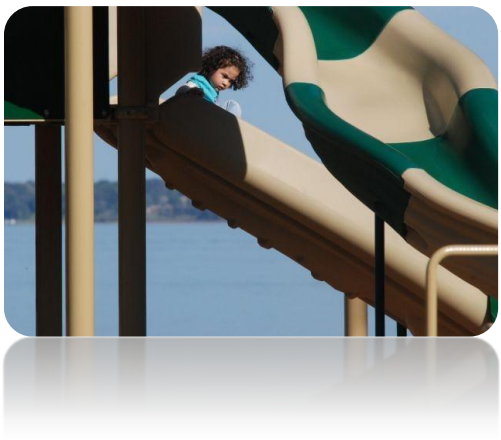
Potential Next Steps:

- Form ongoing community collaborative.
- Identify most pressing social determinant issues.
- Identify key messages.
- Conduct initial presentations to Board of County Commissioners, local city councils, the Marion County School Board, and Ocala/Marion County Chamber and Economic Partnership.
- Develop plan for regular and ongoing updates to the Board of County Commissioners, local city councils, the Marion County School Board, and Ocala/Marion County Chamber and Economic Partnership.
- Investigate potential of annual workshop or summit on health issues and the social determinants of health.

Strategy D Enhance or develop a central source for community health resources information and referral (for both patients/users and providers) and community protocols for use, and market this system in a unified fashion.

Objective D.1: By November 2013, the collaborative partnership will fully integrate the community health information and referral system utilizing existing community information and referral resources (i.e. 211 and information and referral systems of collaborative partners).

Potential Next Steps:



- Form ongoing community collaborative.
- Review existing formal community information and referral systems (e.g. 211) to determine if comprehensive and up-to-date health information is included.
- Review community and provider use patterns of the health information portions of the formal information and referral systems to identify potential areas of improvement.
- Formulate a unified community protocol among community collaborative partners for use and marketing of the formal information and referral system.
- Investigate informal information and referral systems and how they may be integrated into the formal system.
- Develop a system that ensures that information and referral sources are regularly updated in the system.

Strategy E Create a joint campaign that informs and educates the public on how and when to use which community health resources (for improved navigation, lower system costs and better outcomes).

Objective E.1: By November 2013, the collaborative partnership will implement a community education campaign on how to best navigate and utilize community health resources.

Potential Next Steps:

- Form ongoing community collaborative.
- Identify most pressing social determinant issues.
- Identify key messages.
- Formulate communications plan.
- Formulate media plan.
- Monitor to determine effectiveness of messaging.

Call to Action

As stated in Robert Wood Johnson's 2010 portfolio about vulnerable populations *A New Way to Talk about the Social Determinants of Health*:

> "…No institution alone can restore a healthy America that nurtures families and communities. That will require leadership, and a partnership of business, government and civic and religious institutions."

In this respect, Marion County and the health challenges its citizens face are no different. Members of the Core Community Support Team who fostered the MAPP needs assessment and members of the CHIP Steering Committee who have worked on this improvement plan both realized that the first step is to formulate the community partnerships, infrastructure and collaboration necessary to lead efforts to implement this plan with the vision of:

- Increasing the visibility of public health and an understanding of what truly is the "local public health system."
- Encouraging the business community and employers to take a leadership role in the health of their employees and the communities in which they live.
- Anticipating and managing change.
- Building a stronger local public health infrastructure.
- Engaging the community and creating community ownership for community health issues.
- Creating a healthier community, better quality of life and healthier lives for all in Marion County.