2012

Mobilizing for Action through Planning and Partnerships (MAPP) Health Needs Assessment

Marion County

WellFlorida Council

Working Together for Healthy Communities

ACKNOWLEDGEMENTS

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Section 1: Marion County Mobilizing through Action for Planning and Partnerships Executive Summary

Overview

Community health needs assessment activities for Marion County in 2012 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:
- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTAS allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Due to prioritization of limited resources, this 2011 MAPP assessment for Marion County focused on the CHSA, the LPHSA and the CTSA. This document provides a brief summary of key activities in each of these areas. A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

Key Issues

The following is a brief bulleted list of key issues for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Marion County both on an individual and county-wide basis.
- 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 AADR 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 displayed increase of 71 percent in Marion County (48.7 in 2005 and 83.4 in 2009) as opposed to an increase of nearly 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 2009, Marion County had an avoidable discharge rate (per 1,000 residents) of 13.7, which was slightly less than Florida rate of 14.2. A little over 30 percent of the year 2009 avoidable discharges were paid for by Medicaid.
- In October 2011, Small Area Health Insurance Estimates (SAHIE) report released in 2008 and 2009 assesses health insurance coverage by age at the county-level (Technical Appendix Report Table 121). In the year 2009, estimated, 24 percent of the Marion County adult population was uninsured compared to 24.9% for Florida.
- Marion County is near the bottom 25% of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- 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.

In general, Marion County compares less favorably than the state as a whole in many social determinant factors that drive health status and health outcome. As such, Marion County residents are generally less healthy, based on key health outcome statistics, than Floridians overall as the county's health ranking in the bottom 25% of Florida counties may attest.

Local Public Health System Assessment

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:
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 Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care 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

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, three 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 4, 7 and 9. However, the low scores for EPHS 3, 4 and 7 may indicate that there are opportunities in Marion County in the following areas:
- to better mobilize community partnerships to identify and solve health problems (EPHS 4);
- to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable (EPHS 7); and
- to evaluate effectiveness, accessibility, and quality of personal and population-based health services (EPHS 9).

Community Themes and Strengths Assessment

Based on perceptions shared during Community Themes and Strengths Assessment (CTSA) resident focus groups and physician surveys, participants highlighted the following key observations and themes emerged:

- Access to affordable care and a strong economy are essential to a healthy community.
- Health problems related to aging were identified as one of the major health issues in Marion County.
- Obesity and chronic diseases stemming from obesity are the major health problems in Marion County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Marion County may not be fully supportive making good personal health choices for all constituencies.
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Marion County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- Overall health-related quality of life is rated fair to good, and rarely viewed as very good to excellent.
- A continued and increased local focus will be required to overcome some of the most pressing issues and daunting challenges (rather than waiting for federal or state support and direction).
- The community-based and faith-based organizations are strong assets for Marion County and will be integral to community health improvement efforts.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. 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 local public health system.

- 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.

The Marion County Health Care Citizens Advisory Board, appointed by the County Commission, was asked to participate in the Forces of Change Assessment. Members of this Board include the local hospital administrator, the FQHC administrator, primary care providers, health department, and community leaders. Table 1-1 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.

Table 1-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
Events and direction of state legislature – policy and budget; information gap among legislators and people who empower the legislators (i.e. the public/voters)	Enables lobbyists to have more influence Ideology drives decisions and not good data and reasoned debate People do not vote	Educational campaigns Educating delegations Public can be educated and make better decisions Voting
Polarization of our society politically at all levels	Public pressure driving legislative decision not always based on rational analysis Without war chest you can't get your message out Local Tea Party is not separating national from local issues Actions based on anger and frustration Actions based solely on philosophical point of view and not careful assessment of needs	Successful mobilization of groups like the Team Party and the Occupy movement proves to people that legislators can be motivated to action Philosophies based on a blending of positions could be developed There is a silent majority out there Potential to respond to or engage the disenfranchised "middle"

Table 1-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
	and options Sense that compromise is bad Fear to speak out	
Continued high levels of unemployment	Will continue for a long time driving uninsurance Structural not cyclical Reducing median and per capita income Increasing poverty levels Continues to deteriorate our society Continuation of out-migration Moral decay resulting from unemployment spills over into classrooms	Activity among city, county, Chamber, EDC bringing in new jobs Education/re-education and training
Poverty/income levels of residents (getting worse) – impact on ability to have insurance and get healthcare; impact on provider abilities to exist	Students come with less resources to school system and thus less prepared From a health perspective, lower level of basic need met (nutrition, basic medical care, etc.)	Educate physicians to be aligned to the current state of poverty and how to address those folks or help them with costs Coordinate with un-traditional partners (e.g. the more recent efforts of Publix and Wal-Mart in terms of reduced and free medications) Approaching larger companies for social marketing
County's aging population needs more access to care than comparatively younger populations (though current societal focus and trends point towards a decrease of services, our local demand is increasing due to our aging population)	Increasing consumption of healthcare Limited capacity of healthcare despite increasing demand New service needs due to demands of aging population (all this in face of cuts to reimbursement) Risk is that the first impulse will be to stop providing services in order to stem the tide of demand Tremendous advances in healthcare have opened the door to tremendous amounts of	With seniors that move here, lots of skills that are being underutilized Bring younger people here to support aging adults (promoting generational relationships and develop a culture here to support this)

Table 1-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
	costs (both for early in life and late in life) Most healthcare expenditures later or at end of life	
Decreasing access to philanthropy	Extremely competitive environment Smaller pool of funders Less funds to allocate Are dollars staying locally or going to national pool? Enhanced call for accountability by funders may impact some traditional targets of philanthropy	Formation of community foundation (focus of community foundation) Expectation that new dollars will flow as a result of the community foundation Opportunity for local organizations to reinforce how local they are Funders desire to become more focused in contributions; really sensitive to outcomes
Long-standing shortage of primary care physicians (malpractice and reimbursement issues drive this; Florida regulations as well)	Financial and regulatory challenges to primary care physicians and those who desire to be primary care physicians Threat to quality of education to students (poor basic healthcare leads to poor school performance) Lack of residency slots in Florida for primary care residents Failure to meet primary care needs of population	Advocate for increased residency slots in Florida Increased number of residents in local hospitals Legal/tort reform May be beyond Marion County Legislative changes to increase pool of folks coming in Community recruitment/economic development and incentives Sharing physicians Changes to model of care (mid-levels)
People cannot afford primary care and go without care	Lack of motivation even if they have access or ability to access	Education on appropriate use and resources
Lack of insurance and significant cuts to federal and state budgets	Viability of public hospitals Viability of private physicians Viability of public health department Viability of FQHCs Creates enhanced competitive situation	Coordination Partnerships Increased tax support

Table 1-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
Private insurance can no longer subsidize other payor sources; far fewer companies purchasing for their employees; pool is smaller and thus cost of insurance is increasing	Currently insured are vulnerable due to cost of private insurance to become underinsured or uninsured	Coordination Partnerships Special projects to test new ideas and approaches
Hospitals do not have capital to do the work they have done in the past	Not be able to provide a full scope of services Limits to specialty services Limits to new services Patients go out of county for services Pressure for a smaller, cheaper hospital Potential adverse impact on quality Adverse impact on economic development	Consolidation Education
Emerging debate on what defines the "right" to healthcare	Drives a lot of the other decisions made throughout Where do the decisions go Potential to increase costs through additional mandates	Potential to reduce costs through limiting mandates or social norms for what is especially expensive end of life care
Globalization of economy	Increased competition for economic development Jobs move or locate elsewhere leaving more uninsured	Recruitment of new industries and jobs to region
The 24-hours news cycle and easy electronic access to data and news; because of this cycle people think they are informed	Lack of information regarding any positive or negative things going on in the healthcare community Because of enhanced accessibility, people believe they are more informed though they may only have more access to more data Too many sources; conflicting information Local media facing extreme threats and downsizing	Local information can drive the media Fill the void; lack of local information

Table 1-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
	Media losing some of its local focus because of regional control Lack of depth for information Shorter attention spans	
De-industrialization of Marion County; impacts insurance; employment; poverty	Contributes or reflects structural issues Fewer insured Increasing poverty Less employment in medium and highly skilled jobs that offer health insurance Continued loss of working population	Conversion to high tech Economic development around high tech
Decreases in patient knowledge of personal healthcare also increasing lack of personal responsibility	Increased reliance on healthcare and educational institutions Present to healthcare system sicker More expensive to take care of sicker folks	Education Coordination (e.g. Elder Options) Retail, business and other non-traditional partners
Loss of confidence in the ability to change; lack of belief that things are getting better soon; lack of belief that personal actions can have meaningful impact	Self-fulfilling prophecy Do not vote because it does not matter Easier to slide down than climb up	Attitude is a choice, therefor influence these attitudinal choices Motivate folks More people must be engaged in civic and political decision-making processes
Ongoing loss of the nuclear family	Lack of community and personal support structures	
Culture of negativity	Paralysis of traditional institutions to agree on bold actions needed Paralysis of individuals to participating in the local decision-making processes Lack of call for leadership	Potential for cultivating new attitudes
Economic factors make compliance difficult for patients	Lack of compliance produces poorer outcomes and drives system costs higher Hospital re-admission rates	New collaborations and partnerships for disease and adherence management

Table 1-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
	increase due to poor self-management	
Each generation is a little bit less informed and this is passed on	Data overload Too much data and not enough information	Develop information and decision support tools
Access to healthcare information is increasing	Privacy and security issues increased	Electronic health records Health information exchanges
Increasing healthcare regulation breeds uncertainty among providers	Difficulty in making plans for future	
Medicine in general continually makes advancements	People living longer raise overall and lifetime health system costs	People living longer with enhanced quality of life
Changing economy is forcing us to take a closer look at how we expend scare resources (such as healthcare resources)	Constant cuts Fewer resources though growing demand	Search for increased efficiency New partnerships New collaborations
Increasing substance abuse (esp. prescription drug abuse)	Tremendous costs to society Complicates adherence issues for other health conditions	

Source: Marion County Forces of Change Assessment, September 2011.

Some of the most compelling forces that generated the most discussion during the FCA analysis included:

- Uncertainty of the impact of national health reform and state health reform on local community health improvement initiatives and planning.
- Apparent political polarization within national, state and local governmental structures has affected local community health improvement efforts.
- While society appears to have access to more and more and ever-increasing amounts of data, it still may be relatively uninformed in key areas relating to personal and community health.
- The national, state and local economic downturn appears to be not just a business cycle but more of a structural shift in our national, state and local economies.
- Structural changes to the national, state and local economies point toward prolonged periods of increasing uninsured and stress on the healthcare safety net.
- Marion County's population is aging, and introducing through in-migration more seniors to its population. These seniors and thus Marion County will have an increasingly disproportionate demand for health services compared to communities with overall younger populations and Florida and throughout the nation.
- Legislative cuts and reimbursement re-structuring will create profound pressure on the ability for hospitals, the health department, the federally qualified health centers and other healthcare providers to maintain their usual and customary roles within the healthcare safety net.

Priority Strategic Health Issues

For the final phase of the needs assessment, the MAPP Needs Assessment Steering Committee reconvened to review the findings from each of the sections of the assessment as well as the issues identified at the Core Community Support Team's final brainstorming session in order to identify priority strategic health issues. Steering Committee members observed that there were two types of issues that seemed to be underlying the findings throughout the needs assessment. First, Steering Committee members commented 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 hospital resources and information; rural healthcare access issues; and referral and information and patient navigation difficulties.

A second, more non-traditional set of issues, according to the Steering Committee members centered on the social determinants of health access and health outcome that more often than not drive the traditional issues. The social determinants, according to the Steering Committee members, are quite often the root causes of traditional health care and health outcome issues and are not often dealt with directly at the expense of dealing with these traditional issues. Members of the Steering Committee opined that this is equivalent to managing a disaster instead of trying to prevent it. Even with a comparatively well-functioning and decently capacitated health system, as is Marion County, health outcomes can be quite poor due to the social determinants and health factors working against the best efforts and best intentions. This emphasis on social determinants of health is the prime focus of the Robert Wood Johnson Foundation's annual County Health Rankings, and it is this limitation of Marion County in these areas of critical health factors and social determinants that results Marion County's consistently low rankings.

Through their careful analysis of needs assessment findings and community input, Steering Committee Members acknowledged that there were relevant key issues in the traditional health system and outcome areas as well as the non-traditional area of social determinants and health factors. The following represents the consensus priority issues in both the traditional and non-traditional issue domains.

<u>**Traditional Health System and Health Outcome Priority Issues**</u>
- Various national, state and local factors pointing towards escalating demand for access to quality health care.
  - o Marion County currently has primary care shortage, especially for safety net patients.
  - o Access to key specialties (especially dental and mental health care and especially for children and the uninsured or Medicaid recipients) is limited for many.
- Marion County compares relatively poorly to its counterparts throughout the state when it comes to health rankings.
- Residents of our most rural reaches of Marion County still have difficulty with access to care due to transportation issues.
- There is need and demand for a community-wide and cross-agency approach to the development of an integrated health resource information, referral and linkage system. This effort could be mobilized under "one umbrella" and deliver one consistent and uniform message across all partners.

- Because of the lack of access to preventive care, many patients entering the system tend to have more health related issues and are generally sicker than they would otherwise be.
- The cost and availability of private insurance is becoming an increasingly large barrier. What can the community do to address the access to and cost of private health insurance? How will this change if national health reform is validated or invalidated?
- Comprehensive community disease management education partnerships will be a key in driving down system-wide health costs and improving community health outcomes in Marion County.

Non-traditional Social Determinant and Health Factors Priority Issues

- Individuals, the health system and the community-at-large (i.e. businesses, elected officials, civic organizations, faith-based organizations, school system, etc.) all will have roles to play if Marion County is to meaningfully change the health and health outcomes of its residents. While there have been many disparate efforts to bring these three parties into alignment, social determinants of health system performance and health outcome cannot be changed without a comprehensive and coordinated effort from all quarters of the community and not just within and by the healthcare delivery system.
- There are not enough key and representative partners focusing on the social determinants of health outcomes and health system performance in a concerted manner.
- When framing the most pressing health issues in the community, the economic impact (on both individuals and the community-at-large) of an issue and its proposed solutions must be fully articulated.
- The community has not come together with one voice/message to clearly articulate the issues confronting the community and approaches the community should and could take to make a difference.
    - Engagement of the business and economic development community is an essential element in that this is not just a healthcare issue but an economic development and quality of life issue.
    - When approaching state and local elected officials, the community must approach them with a vision and solutions and not just the problems.
- A framework for a healthy Marion County is lacking a vision and a plan that addresses 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 the 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 ultimately their personal and community health.
    - Physical Environment - Safe parks; full-service grocery stores and/or farmers' markets; safe, walkable streets; less truck and bus 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 location to

reliable transportation that allows people to get to jobs, schools and healthcare—contributes to healthy people and healthy neighborhoods.

o 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.

Next Steps

As a result of the community input and the intensive discussion surrounding the priority health issues, the following potential next steps were identified:

1. Consider creating a private sector Marion County Health Advisory Committee in order to "shepherd" or "oversee" a strategic community health improvement plan (CHIP).
2. Create a formal strategic community health vision and community health improvement plan for Marion County with community-wide measurable goals and objectives addressing both the traditional and non-traditional (i.e. social determinant-based) priority issue areas.
3. Develop specific goals, objectives and action plan for the Marion County Health Advisory Committee consistent with these key strategic health issues.
4. Mobilize community partners as needed on specific goals and tasks.
5. Promote cities and local governments buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues).
6. Develop and distribute materials and information that, in plain language, inform the general public on the true personal costs and benefits of health decisions individuals may make and the true costs and benefits of the decisions we collectively make as a community.
7. Incorporate Health Impact Assessment (HIA) practices into public decision-making processes. HIA seeks to identify the health consequences of plans, projects and policies traditionally considered to be outside of the health sector domain.

Section 2: Marion County Community Health Status Assessment (CHSA)

Introduction

The Marion County Community Health Status Assessment (CHSA) is extracted from the companion document *Marion Community Health Status Assessment Technical Report.* The CHSA highlights key findings from the *Marion Community Health Status Assessment Technical Report*. The assessment data were compiled and tabulated from multiple sources including the United States Census Bureau, the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), the Florida Department of Health's Office of Vital Statistics, and Florida's Agency for Health Care Administration (AHCA). Other sources not listed in the technical report, such as the Population Health Institute (University of Wisconsin) and the Robert Wood Johnson Foundation also aided in the analyses.

Health needs assessment is the process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs and emerging needs.

Data from this report can be used to explore and understand the health needs of Marion County and its various communities and sub-populations, plan interventions, and apply for continuing and new program funding. The following summary is broken down into several components:

- Demographics and socioeconomics
- Mortality and morbidity
- Behavioral risk factors
- Health care access and utilization
- County health rankings and life expectancy

Many of the data tables in the technical 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. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

As a detailed analysis of this section will show, Marion County compares less favorably than the state as a whole in many social determinant factors that drive health status and health outcome. As such, Marion County residents are generally less healthy, based on key health outcome statistics, than Floridians overall as indicated in the county's health ranking (discussed at the end of this section).

Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues, and anticipate future health needs. The *Marion Community Health Status Assessment Technical Report* includes data on current population and its distribution by age,

gender, and racial group by political region (county zip code). It also provides estimates on future population growth in addition to statistics on education, employment, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to health care access, and heightened risk of acute and/or chronic illness. Noted below are some of the key findings from the Marion County demographic and socioeconomic profile.

Population

Population growth can fuel the demand for health care services and can magnify successes and failures a community has in terms of health behaviors and health outcomes.

- The 2010 Census places the population of Marion County at 331,298 residents. While the state population grew by 17.6 percent (15,982,378 in 2000 to 18,801,310 in 2010), Marion County had a much faster growth of 27.95 percent since the 2000 Census. By 2020, estimated growth will put the population at 398,204 residents, a little over twenty percent increase over 2010 population when the state population is estimated to grow by 13 percent over the same period (Technical Appendix Report Table 1, 3).
- The 2010 Census puts the White population in Marion County at 81 percent and Black population at 12.3 percent, while the state of Florida has 75% Whites and 16% Blacks. 10.9 percent of residents in Marion County are Hispanic or Latino whereas Florida average is 22.5 percent (Technical Appendix Report Table 4). Marion County is less racially and ethnically diverse than the state with over 23% lower Black population and over 51% lower Hispanic population as compared to Florida.
- As per the 2010 Census, 19.4 percent of the county's population is between 0 to 17 years old; 54.9 percent is between 18-64 years; 25.8 percent is above 65 years as compared to 17.3% in Florida; 11.5 percent is above 75 years as compared to 8.1% in Florida and 2.8 percent is above 85 years of age as compared to 2.3% in Florida (Technical Appendix Report Table 5).
- The population of children (0-17 years) in Marion County is over 9 percent less than the state but the county has a larger share of ageing population. The population of those above 65 years of age is more than 49 percent greater than the state; of those above 75 years of age is more than 41 percent greater than the state; and of those above 85 years of age is more than 21 percent greater than the state (Technical Appendix Report Table 5).
- Females outnumber males in Marion County— 92 males per 100 females (Technical Appendix Report Table 5).
- More Marion County residents live in rural areas compared to the state. In Marion County, 38.9 percent of the population resides in rural designations compared to the 10.7 percent for the state—a difference of over 260%. (Technical Appendix Report Table 10).

Economic Characteristics

Marion County is significantly afflicted with poverty. While there is considerable debate over the exact mechanism, it is generally agreed that poverty affects health adversely.

- The 2009 American Community Survey (Technical Appendix Report Table 15) estimated that 15.6 percent of Marion county residents live at or below 100 percent of poverty as compared to the state of Florida as a whole (14.9 percent).
- The 2010 Small Area Income and Poverty Estimates (Technical Appendix Report Table 14), further highlight the poverty among children, with 30.8 percent of individuals under the age of

18 living in poverty as compared to 23.6 percent in the state—a difference of over 30 percent. These recently released statistics also show 19.6% Marion County residents in poverty as compared to 16.5% at the state level.

- Based on the 2000 Census, the Ocala Zip Code Tabulation Areas (ZCTA) of 34474 and 34475, Citra (ZCTA 32113) and Reddick (ZCTA 32686) are the poorest areas of the county with 18% to 27% residents living below poverty threshold. 36.9% children live at or below the poverty threshold in Ocala ZCTA of 34475 (Map 2, Technical Appendix Report Table 16, 17).
- Poverty affects minorities disproportionately with 26.9% Black residents and 23% Hispanic residents estimated to live in poverty as compared to 10.8% White residents in the county (Technical Appendix Report Table 21, 22).
- For year 2010, Marion County's per capita income ($21,158) was 17 percent lower than the state of Florida ($25,768). The median and average household incomes for Marion County were $39,724 and $50,350 respectively—20 percent and 21.9 percent lower than the state of Florida ($49,910 and $64,516 respectively)(Technical Appendix Report Table 26).
- Unemployment rates in Marion County increased by 200 percent (4.6 % in 2004 vs. 13.8% in 2010) as compared to a 144 percent increase in Florida (4.7 % in 2004 vs. 11.5% in 2010). The unemployment at the county level exceeds the state in any given year since 2006. (Technical Appendix Report Table 27).
- In 2008, 88.6 percent of non-governmental business establishments in Marion County had less than 20 employees; 16.8 percent of private business establishments were retail trade and 44.7 percent belonged to service sector (Technical Appendix Report Tables 30, 31).

Educational Attainment

- According to year 2010 estimates (Technical Appendix Report Table 33), 21.8 percent of the adults over the age of twenty five in Marion County did not have a high school diploma, a difference of over 8% from the state where 20.7% have no high school diploma.
- Compared to the state (50.5%), higher percentage of county residents had completed high school (58.1%).
- 30% fewer Marion County residents have college degrees compared to the state—20.1% in Marion County vs. 29.4 % in Florida. Note that "college degree" includes Associate degrees, Bachelor's degrees, Master's degrees, Professional school degrees as well as Doctorate degrees.

Mortality and Morbidity

The most direct measures of health and well-being in a community are the rates of disease and death. In Marion County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. Marion County compares unfavorably to the state of Florida in terms of rates of several diseases and death. Noted below are some of the key facts of mortality and morbidity in Marion County.

- Heart Disease tops the leading causes of death in the state as well as Marion County (Technical Appendix Report Table 40).
- The top ten leading causes of death in 2009 (Technical Appendix Report Table 40) in Marion County are 1) Heart Disease, 2) Cancer, 3) Chronic Lower Respiratory Diseases (CLRD), 4) Unintentional Injuries, including motor vehicle accidents, 5) Stroke 6) Alzheimer's Disease 7)

Diabetes 8) Nephritis 9) Suicide and 10) Liver Disease.

- As seen in maps 4-10 and Technical Appendix Report Tables 45-56, the county areas encompassing ZCTAs 32113 Citra, 32617 Anthony, 32702 Altoona experience highest age-adjusted death rates (AADR) for various causes of mortality.
- During 2007-2009, when adjusting for age, residents of Marion County fare worse than the state as a whole on AADRs for nine of the top ten causes of death (Technical Appendix Report Table 44) with an exception of AADR for stroke. The overall age-adjusted mortality rate in between 2007-2009 for Marion County was 8.8 percent higher than the state (725.6 per 100,000 for Marion vs. 666.7 per 100,000 for the state).
- During 2007-2009, the AADR for liver disease in Marion County was over 28% higher than that of Florida (13.2 in Marion County vs. 10.2 in Florida); more than 19% higher for CLRD (44.2 in Marion County vs. 37.1 in Florida); more than 18% higher for suicide (16.2 in Marion County vs. 13.7 in Florida); more than 17% higher than that of Florida for Alzheimer's disease (18.6 in Marion County vs. 15.8 in Florida); more than 15% higher for unintentional injuries (50.7 in Marion County vs. 44.0 in Florida); more than 14% higher for nephritis (12.8 in Marion County vs. 11.2 in Florida); more than 13% higher for Cancer (182.4 in Marion County vs. 160.7 in Florida); close to 10% higher for heart disease (176.5 in Marion County vs. 155.0 in Florida) and more than 9% higher for diabetes (21.9 in Marion County vs. 20.0 in Florida).

Racial and Ethnic Disparity

- Cancer, heart disease, diabetes, stroke and unintentional injuries figured in the top causes of deaths for Black, White and Hispanic residents. Suicide, influenza and liver disease made it to the top causes for White residents only. Hypertension and homicide were among unique top ten causes of deaths for Blacks (Technical Appendix Report Tables 41, 42, 43).
- During 2007-2009 (Technical Appendix Report Table 44), Blacks in Marion County have a 14% higher overall age-adjusted mortality rate compared to Whites (815.7 and 710.6 per 100,000 respectively). The Hispanics have an overall AADR of over 26 percent lower (519.2 per 100,000) than Whites and over 36 percent lower than Blacks.
- During 2007-2009 (Technical Appendix Report Table 44), Blacks had AADR for diabetes at over 118 percent greater than Whites (42.7 and 19.5 per 100,000 respectively); Blacks had AADR for nephritis at over 150 percent greater than Whites (28.1 and 11.2 per 100,000 respectively); AADR for stroke at over 56 percent greater than Whites (45.4 and 29.1 per 100,000 respectively); AADR for heart disease at over 22 percent greater than Whites (211.2 and 172.2 per 100,000 respectively); and AADR for Alzheimer's at over 26 percent greater than Whites (23.1 and 18.2 per 100,000 respectively).
- On the other hand, CLRD, unintentional injuries and suicide affect Whites disproportionately. During 2007-2009, the age-adjusted death rate for CLRD among White residents was more than 74 percent greater than Black residents and more than 160 percent greater than Hispanic residents — Black (26.0), White (45.3) and Hispanic (17.4) (Technical Appendix Report Table 44). During 2007-2009, the AADR for unintentional injuries among White residents was more than 60 percent greater than Black residents and more than 48 percent greater than Hispanic residents — Black (33.1), White (53.1) and Hispanic (35.7) (Technical Appendix Report Table 44).A disparity was also seen among AADR (per 100,000) for suicide where White residents have an AADR more than 300 percent greater than Black residents—AADR for White was 17.6, Black was 4.3.
- While Hispanic residents had AADRs lower than their White and Black counterparts on the top ten causes of mortality in the county, the age-adjusted death rate for liver disease among

Hispanic residents was more than 98 percent greater than Florida's Hispanic average— 8.2 in Marion County Hispanics vs. 16.3 in Florida Hispanics. The AADR for Marion County's Hispanics were also greater than their state counterparts for stroke, unintentional injuries, Alzheimer's disease and suicide (Technical Appendix Report Table 44).

Birth Outcomes

In 2009, there were 3,584 births in Marion County (Technical Appendix Report Table 73). While there may be notable discrepancies in standardized rates between the state and county figures, it is important to note that the actual numbers in any given year are small. Key findings with regards to birth outcomes include:

- Birth rates (rate per 1,000 residents) in Marion County have trended lower than Florida between 2000 and 2009. In 2009, Marion County had overall birth rate of 10.8 births per 1,000 residents compared to Florida's birth rate of 11.8. Birth rate for Hispanics outpaced that of Blacks and Whites in the county between 2001 and 2008 (Technical Appendix Report Table 74).
- Early access to prenatal care has been relatively poor in Marion County compared to the state since 2000 (Technical Appendix Report Table 80). While 62.2 percent women received care in the first trimester in Marion County, 69.5 percent women in the state received care in the first trimester during 2005-2009 (Technical Appendix Report Table 94)—11% poorer than the state. Racial and ethnic disparities are evident in access to prenatal care with 54.9% Black, 63.8% White and 56.8% Hispanics receiving prenatal care during first trimester.
- The 2005-2009 infant mortality rates per 1,000 live births show racial disparity—Blacks have an infant mortality rate more than 122 percent greater than the Whites. The infant mortality rates for Blacks, Whites and Hispanics in the county are higher than the state— Marion County Blacks 15.6, Marion County Whites 7.0, Marion County Hispanics 5.7; Florida Blacks 13.2 ,Florida Whites 5.3 and Florida Hispanics 5.8 (Technical Appendix Report Table 92).
- The percentage of low birthweight newborns also demonstrates a pattern of racial disparity. The percentage of low birthweight among Blacks was more than 86% greater than Whites—13.4 percent of Black births were low birthweight as compared to 7.2% White births from 2005-2009 (Technical Appendix Report Table 93). The Hispanics in Marion County had 5.8% low birthweight as compared to 7.1% for the state's Hispanics for this same period.
- Between 2001 and 2009, teen birth rates (births to mothers aged 15-17) in Marion County have surpassed the state every year. In 2009, Marion County had teen birth rate 46.62 percent higher than the state (26.1 births per 1,000 teen females compared to 17.8 per 1,000 teen females for the state) (Technical Appendix Report Table 84). Teen birth rate was also higher among the minority population of the county— Black (44.6) and Hispanic (28.8) compared to Whites (22.3).

Mental Health

Reviewing hospital discharge data is one way to gauge the health status of a community. The National Institute of Mental Health estimates that approximately 26.2 percent of the adult population in the United States suffers from a diagnosable mental illness in a given year. Common mental health disorders such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

- Marion County has had a lower overall rate of hospitalizations for mental health reasons compared to the state from 2005-2009 (Technical Appendix Report Table 68). However, the hospitalization rate increased by over 34% between 2005 and 2009 for the county when the

state experienced an increase of 7% (Marion County: 4.6 and 6.2 hospitalizations per one thousand in 2005 and 2009 respectively; Florida: 7.1 and 7.6 hospitalizations per one thousand in 2005 and 2009 respectively).

- The rate of emergency department visits per 1,000 for mental health reasons displayed increase of 71 percent in Marion County (48.7 in 2005 and 83.4 in 2009) as opposed to an increase of nearly 37 percent at the state level (34.7 in 2005 and 47.7 in 2009) (Technical Appendix Report Table 69).

- In children between 4-17 years, the rate of Baker Act (involuntary exam) initiations in Marion County has been consistently higher than the state—in 2008, it was 904.3 vs. 553.7—63% difference (Technical Appendix Report Table 70). In seniors, this rate has been consistently lower than the state since 2003 and was 241.9 in Marion County as compared to 288.5 in Florida for the year 2008 (Technical Appendix Report Table 70).

- Since 2000, domestic violence offense rates (per 100,000) for Marion County have been consistently higher than the state. In 2009, Marion County had a domestic violence offense rate that was more than 45% greater than the state— 899.2 and 619.3 respectively (Technical Appendix Report Table 71).

Behavioral Risk Factors

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Marion County is for 2010. Below are some highlights from the BRFSS data (Technical Appendix Report Table 96).

- The reported health status and quality of life indicators show that Marion County is doing significantly worse than the state on 2010 measures for percentage of adults with good to excellent overall health (77.1% vs. 82.9%).

- As an indicator of healthcare access and coverage, 80.4% of adults reported having any type of health insurance coverage as compared to 83% in the state of Florida in 2010. Significantly higher percentage of adults reported that they could not see a doctor at least once in the past year due to cost in Marion County as compared to Florida—25.2% in Marion County vs. 17.3% in the state.

- A significantly higher percentage of adults and seniors reported having ever received a pneumonia vaccination in the county—41.3% adults and 76.9% seniors in the county compared to 30.6% and 69.9% in the state respectively.

- In 2007, 36.1 percent Marion County residents met moderate physical activity recommendations and 21.9 percent met vigorous physical activity recommendations.

- In 2010, 41.5 percent adults had diagnosed high blood cholesterol in the county as compared to 38.6% in the state.

- Over twelve percent adults were diagnosed with diabetes in Marion County in the year 2010 as compared to 10.4 percent in the state—over 17 % greater than the state.

- 38.4 percent of adults in Marion County were diagnosed with hypertension in the year 2010 (20 percent increase over 2002 measures). This indicator continues to be higher than the percentage for Florida (34.3 percent in the year 2010).

- Marion County saw a significant decrease in the percentage of adults age 50 and older who

receive blood stool test for colorectal cancer—26.7% in 2007 and 17.7% in 2010—a decrease of 33 percent.

- The county significantly improved on prostate cancer screening—from 65.2% in 2007 to 82.4% in 2010—over 13% higher than the state which had reported that 72.6% men 50 years or older had received a PSA test in the past two years.
- Significantly lower percentage of women 18 years of age and older had received a pap test in the past year—45.7% in Marion County vs. 57.1% in the state for the year 2010.
- Marion County had fewer percentages of adults who had never smoked compared to the state—45.9% and 53% respectively in 2010.
- In 2010, Marion County fared significantly worse on measures of oral health as compared to the state—55.9% adults visited a dentist or dental clinic compared to 64.7% in state; 64.7% adults had a permanent tooth removed because of tooth decay or gum disease compared to 53% in the state; 51.6% adults had their teeth cleaned in the past year compared to 60.9% in the state.
- New measures on disability rates in Marion County were added as part of BRFSS indicators in 2007. Available data for 2010 show that the percentage of Marion County residents who are limited in any way because of physical, mental or emotional problems is significantly higher than the state—30.6% in Marion County vs. 24.3% adults in the state. The percentage of adults who use special equipment because of a health problem was also higher in the county—15% vs. 9.3% in the state.

Health Care Access and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long term management resources can help to maintain a quality of life and minimize premature death. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The *Marion Community Health Status Assessment Technical Report* includes data on insurance coverage, both public and private, Medicaid enrollment, and health care expenditures by payor source. Key findings from these data sets are presented below.

- The Florida Health Insurance Study (FHIS) initiated by the Florida legislature provides reliable estimates of the percentage and number of Floridians without health insurance. It focuses on Floridians under age 65; since virtually all Americans age 65 or older have some health coverage through Medicare. According to the 2004 FHIS, 20.3 percent of the population was uninsured in Marion County, which is little more than five percent higher than the percentage of uninsured Floridians (Technical Appendix Report Table 37). As seen in Map 3, Ocala ZCTAs of 34473, 34474 and 34475 have the highest percentage of uninsured residents in the county—25.1%, 22.5% and 24.6% respectively.
- The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. According to the 2007 estimates, 25.3 percent of the Marion County adult population was uninsured compared to 24.2% for Florida (Technical Appendix Report Table 37).
- In October 2011, SAHIE released 2008 and 2009 estimates of health insurance coverage by age at the county-level (Technical Appendix Report Table 121). In the year 2009, estimated, 24 percent of the Marion County adult population was uninsured compared to 24.9% for Florida.
- Medicaid enrollees increase by over 25% between 2005 and 2010 in Marion County—from 13.6% in 2005 to 17.1% in 2010; which was similar to Florida's increase of over 24%—from 12.5% in 2005 to 15.6% in 2010 (Technical Appendix Report Table 104).

- Little over twenty one percent clients requested medical assistance for HMO Physicians Health Plan, over 17% for prescription drugs, over 15% for inpatient hospital and over 13% for home and community based services. Total Medicaid expenditures in Marion County for the period of July 2007-April 2008 exceeded 75 million dollars ($75,128,793.24) and that for the state exceeded ten billion dollars ($10,220,028,494.40) (Technical Appendix Report Table 106).
- The rate of hospital and nursing home beds per 100,000 population was lower in Marion County as compared to Florida for any year between 2002 and 2009. The rate of hospital beds per 100,000 population in Marion County in the year 2009 was 238.5 compared to Florida's 319.1 (Technical Appendix Report Table 107). The rate of nursing home beds per 100,000 population in Marion County in the year 2009 was 414.8 compared to Florida's 438.6 (Technical Appendix Report Table 108).
- The rate of total physicians per 100,000 residents (fiscal year 2008-09) is more than 61 percent lower in Marion County than in Florida. The rates are 116.1 and 298.6, respectively (Technical Appendix Report Table 95).
- The rate of licensed dentists per 100,000 is more than 41 percent lower in Marion County (fiscal year 2009-10), 36.3 as compared to 61.9 for the state (Technical Appendix Report Table 111).
- In 2009, there were a total of 49,929 hospital discharges in Marion County. 47.8 percent of these had Medicare as their payor source, 19% had Medicaid as payor source, 23.6% had private insurance as payor source, 1.2% had VA/Champus as payor source and 6.9% were self pay/ charity (Technical Appendix Report Table 113).
- The most frequent reason of hospitalization was associated with septicemia and psychoses (Technical Appendix Report Table 114).
- In 2009, Marion County had an avoidable discharge rate (per 1,000 residents) of 13.7, which was slightly less than Florida rate of 14.2 (Technical Appendix Report Table 115). A little over 30 percent of the year 2009 avoidable discharges were paid for by Medicaid; 21.8% were paid for by Medicare; 25.5% were paid for by private insurance in Marion County (Technical Appendix Report Table 116). The top five reasons for avoidable hospitalizations in 2009 were: 1) Dehydration/volume depletion; 2) Cellulitis; 3) Chronic Obstructive Pulmonary Disease; 4) Congestive heart failure; 5) Asthma (Technical Appendix Report Table 117).
- In 2009, Medicaid was the largest payor source for avoidable emergency department(ED) visits in Marion County. From 2005 to 2009, number of avoidable ED visits has increased by over 12 percent with 34 % being reimbursed by Medicaid in 2009 in Marion County as compared to 28.2% for the same year for the state of Florida (Technical Appendix Report Table 118).
- The highest rate of avoidable ED visits per 1,000 population was observed in ZCTA 32617 Anthony and 32195 Weirsdale—898.2 and 877.9 respectively when the county's rate was 182.5 and the state's rate was 142 in the year 2009—a difference of over 380 percent (Technical Appendix Report Table 120).

County Health Rankings

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Health is viewed as a multi-factorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

I.   Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

II.   Health Factors--rankings are based on weighted scores of four types of factors:
     a.   Health behaviors (6 measures)
     b.   Clinical care (5 measures)
     c.   Social and economic (7 measures)
     d.   Physical environment (4 measures)

The Rankings are available for years 2010 and 2011. In the year 2010, Marion County ranked 36th for health factors and 45th for health outcomes. In 2011 (Technical Appendix Report Table 122), Marion County's ranking fell to 44th for health factors and 49th for health outcomes. It is notable that Marion County has significantly worse rates than the state of Florida as a whole on the measures of premature deaths, poor or fair health, poor physical health days, poor mental health days, motor vehicle crash death rate, teen birth rate and children in poverty. On the other hand the county is faring significantly better than the state of Florida on the measure of preventable hospital stays as seen in the table below.

**Table 2- 1: Key Observations from Marion County Health Rankings, 2011.**

Measure	Marion County	State	National benchmark (90th percentile)
Premature death: Years of potential life lost before the age of 75 per 100,000 population (age-adjusted)	9,414	7,896	5,564
Poor or fair health: The percent of adults reporting poor or fair health (age-adjusted)	20%	16%	10%
Poor physical health days: Average number of physically unhealthy days reported in past 30 days (age-adjusted).	4.5	3.5	2.6
Poor mental health days: Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.7	3.5	2.3
Motor vehicle crash death rate: Motor vehicle crash deaths per 100,000	28	19	12
Teen birth rate per 1000 females in ages 15-19 years	61	45	22
Preventable hospital stays: Hospitalization rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	51	65	52
Children in poverty: Percent of children under age 18 in poverty	27%	18%	11%

Source: University of Wisconsin Population Health Institute, September 2011

Life Expectancy

In June 2011, a study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington released a complete time series for life expectancy for all US counties from 1987 to 2007 for each sex, for all races combined, for Whites, and for Blacks. Nationally, life expectancy increased 4.3 years for men and 2.4 years for women between 1987 and 2007. Given below are graphical illustrations of overall life expectancy rates for Marion County residents in comparison with their state counterparts as well as all US males and females from 1987-2007. Life expectancy of White men in Marion County was 74.6 years, nearly 1.5 years behind the state and national average in 2007. Black men in Marion County lived nearly five to six years shorter than their White counterparts at the county-level and slightly over 3 years behind the national and the state average for Black men (Technical Appendix Report Table 123).
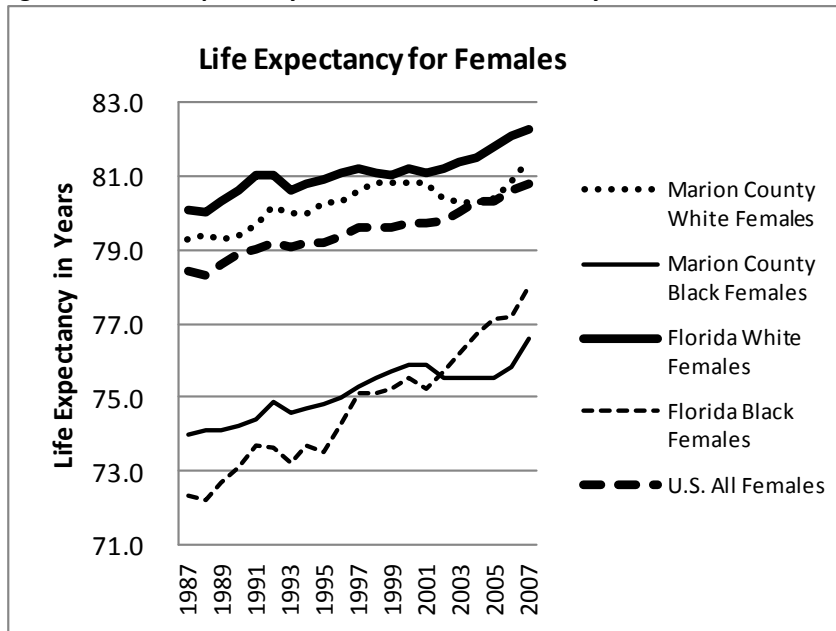
Figure 2-1: Life Expectancy in Males, Marion County, Florida and U.S., 1987-2007.
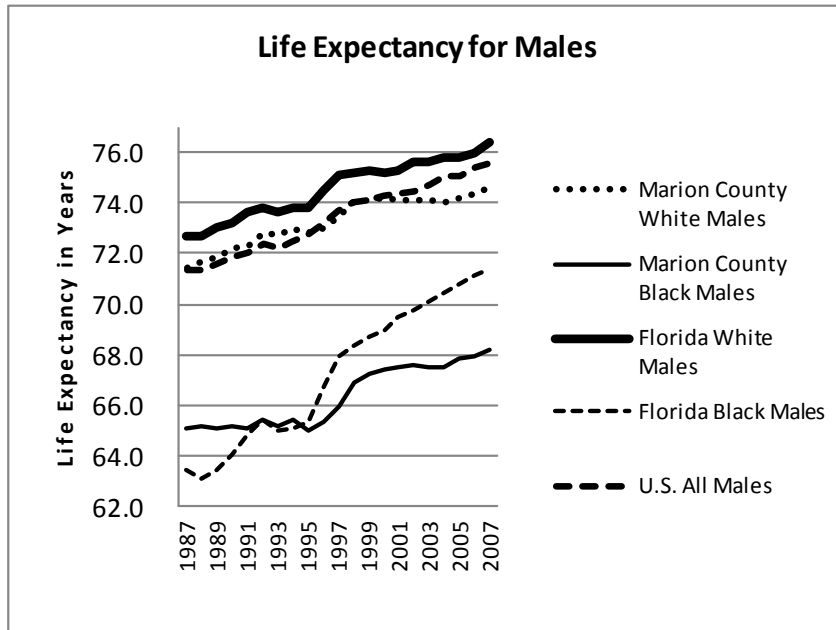
Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

Across the last two decades from 1987-2007, the life expectancies for both Black and White women in Marion County were lower than their respective state and national averages. Life expectancy for Black women in 2007 was 76.6 years in Marion County. Racial disparity is evidenced again as Black Marion County women live nearly 5-6 years shorter than their White counterpart in the county (81.4 years in 2007), state (82.3 years in 2007) and nation (81.2 years in 2007).

Figure 2-2: Life Expectancy in Females, Marion County, Florida and U.S., 1987-2007.

Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

The life expectancy for women in Marion County took a downward plunge at the beginning of the first decade of 21st century but showed a steady increase after 2005. The life expectancies for both men and

women in Marion County are significantly below the state average as seen in the graphs below, in addition to men lagging behind the national average for life expectancy.

Figure 2-3: Life Expectancy Comparison for All Males, Marion County, Florida, U.S., 1987-2007.
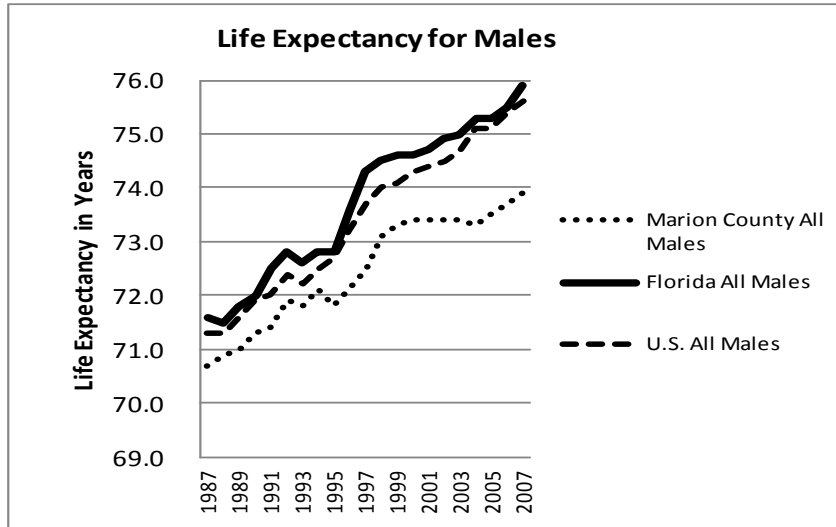
Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

Figure 2-4: Life Expectancy Comparison for All Females, Marion County, Florida, U.S., 1987-2007.
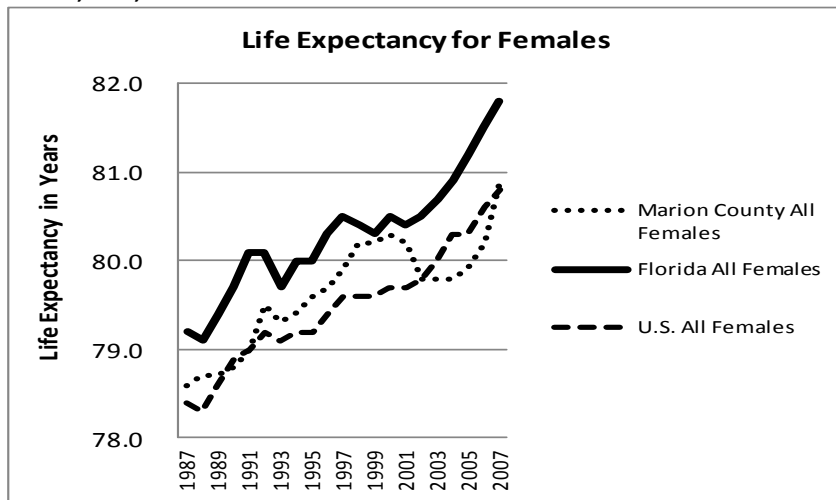
Source: Institute for Health Metrics and Evaluation, Adult Life Expectancy by US County 1987-2007.

Researchers at IHME suggest looking at high rates of obesity, tobacco use, and other preventable risk factors for an early death as the leading drivers of the gap.

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Section 3: Marion County Community Themes and Strengths Assessment (CTSA)

Introduction

Listening to and gauging the perspectives of the community are essential to any community-wide initiative. The impressions and thoughts of community residents can help pinpoint important issues, highlight possible solutions and feed into the identification of strategic issues. The Community Themes and Strengths Assessment (CTSA) is reliant upon community perspectives answers the questions such as: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and an identification of key assets and deficits of community assets.

To gain a better understanding of these issues for Marion County, the needs assessment process employed two major approaches: community focus groups with residents and a survey of Marion County physicians. These approaches were selected in order to obtain the thoughts, opinions and concerns of those that experience the health system and health outcomes first hand: the residents who seek care and experience outcomes and the physicians who provide care and witness outcomes. In the discussion below, community focus groups with residents are addressed first followed by the physician survey. The section concludes with an overview of the key issues in common among both residents and physicians.

Community Focus Groups

Methodology

The purpose of a focus group is to listen and gather information from community members. It is a way to better understand how people feel or think about an issue, product or service. As part of the 2011 MAPP Community Needs Assessment process to identify community themes and strengths, individuals were recruited to participate in nine focus groups in Marion County.

One trained focus group facilitator conducted nine focus groups. Two focus groups were held via conference calls; the remaining seven focus groups were held at hospitals, community organizations, residential communities, and institutions of higher learning. A total of 108 individuals participated in the nine focus groups and had the following demographic profile: 30.6% males, 69.4% females, 43.5% White, 29.6% Black, 23.1% Hispanic, 1.9% Asian/Pacific Islander, and 1.9% self-identified as having more than one race. The ages of participants, who were 50+ years of age accounted for 30.6%, 40-49 years old accounted for 18.5%, 30-39 years old 17.6%, 20-29 years old 26.9% and 18-20 years old 6.5%.

Participants for these groups were recruited by advertisements posted at local shopping centers, the Marion County Health Department, churches, community centers, libraries and through word-of-mouth

recruiting. A $20.00 stipend was offered as a participation incentive at the conclusion of each meeting. A $20.00 gift card was also mailed to participants who took part in a focus group via conference call. Participant recruitment began approximately two weeks prior to the first focus group meeting. Participant registration was undertaken through a designated telephone line at the WellFlorida Council.

One facilitator acted as discussion moderator and note-taker. The meetings were audio recorded with the permission of all participants. After introduction and explanation of meeting format, eleven questions were sequentially presented to participants for discussion. Focus group protocols and questions were developed by the WellFlorida Council using the national Mobilizing for Action through Planning and Partnerships (MAPP) guidelines for the Community Themes and Strengths Assessment.

Focus Group Questions and Answer Summaries

Q1. What does a "Healthy Community" mean to you?

Brief Summary
Participants defined a healthy community in various ways. All of the groups stated that having access to affordable health care services for all community members was an essential element of a "healthy community". Major emphasis was put upon living a healthy lifestyle including outdoor exercising, proper nutrition, and preventative health care services. Several groups mentioned having lower rates of disease and illness and having a community where people worked together to address health care concerns as major components of a healthy community. One group described a healthy community as a community in which people are physically, mentally, spiritually, and holistically healthy. Furthermore, the community should have enough facilities to meet the needs of its residents.

Notable Quotes
"A community where employment is viable, health care is affordable, and environment is safe."

"A community where everyone has equal access to health care services."

"Lower rates of disease and improved (health) outcomes would define a healthy community."

"A healthy community is where if someone needs anything others are there for them—if you are sick and need a helping hand, you have someone."

"A place where you have consciousness to ask for help when you need it and offer it when you can."

Q2. What are the most important factors for creating a healthy community?

Brief Summary
Funding was the top priority for all participants for creating a healthy community. Other top priorities included core leadership, finance, and creating new approaches to address health care concerns. Other groups frequently discussed outdoor spaces, affordable access to nutritious food, and access to health insurance.

Notable Quotes
"In order to have a healthy community we must have access to care for those that are uninsured."

"As long as we can educate ourselves about what resources are around us, we can do things."

"Participation in the community is a major influence on others, we all must be involved."

"Having facilities and infrastructure to provide quality health care must be in place."

Q3. In general, how would you rate the health and quality of life in Marion County?

Brief Summary

Opinions varied across the groups that health and the quality of life were both good and bad in Marion County. Many people cited that the close proximity to a major city, hospitals, open spaces, outdoor recreation, and knowing your neighbors were good aspects to quality of life in Marion County. However, those living in rural areas were more likely to mention problems with access to health services, pharmacies, and other support services. When asked to rate the health and quality of life on a scale of 1(the worst) to 10(the greatest), participants gave Marion County an average score of 5.21. A majority of participants noted that the health and quality of life had "declined" in the past few years, but most felt this was a universal problem that stemmed from the economic decline and loss of employment and benefits.

Notable Quotes

"Unemployment and loss of benefits is the biggest contributor to the decline of health in Marion County."

"The reason I would say it has declined is because of the economy, but this is not just here in Marion County, it's everywhere."

"We are seeing a large influx of new residents in Marion County; this is most likely due to changing family and economic structures. Many people are combining families in order to survive. Children are moving back with parents and more grandparents are raising grandchildren."

"Rising costs and lower incomes are keeping people from living a healthy lifestyle. It's much cheaper to buy junk food than fruits or vegetables."

Q4. What are the pressing health related problems in our community?

Brief Summary

There was consensus among all of the groups that the aging population and children have the most pressing health issues in the county. Most of the groups mentioned obesity, cancer, heart problems, and the number of people with chronic disease in Marion County as vital concerns for the community.

Notable Quotes

"The numbers of homeless and malnourished children in Marion County has risen dramatically since the recession hit."

"Many schools are now providing backpacks filled with non-perishable foods to send with school aged children so they will have food to eat on the weekends."

"Seniors are being forced to choose between medications and food. The elderly just seem to be affected the most because of their fixed incomes and higher costs for health care."

"It seems that if we as a community focused more on prevention and offered preventative health care services for free, that people will utilize these services. Especially now with the recession."

Q5. Why do you think we have these problems in our community?

Brief Summary

All of the focus groups mentioned high unemployment rates, lack of affordable health services, and lack of health insurance as reasons for the occurrence of health issues in the community. All of the groups also noted that these were universal problems and not necessarily specific to Marion County. Several groups mentioned limited healthy food choices and rising costs of healthier foods. Lack of recreation and afterschool activities for teenagers were thought to help fuel drug and alcohol use and mentioned as reasons that account for the high percentage of teen pregnancy in the county.

Notable Quotes

"Marion County is being hit the same way everywhere else has (economic conditions)."

"Our neighborhood is such that we have many all you can eat buffets for dinners but not many gyms and recreation? What do you do on Friday night?"

"We eat a lot but there is not much physical activity."

"Lack of education about the resources available has contributed to these issues."

"It seems the resources are so limited and you have to jump through so many hoops to get any help that people give up and choose unhealthy options."

Q6. Are there people or groups of people in Marion County whose health or quality of life may not be as good as others?

Brief Summary

The homeless, poor/uninsured, and the elderly were mentioned by all of the focus groups as populations whose quality of life may not be as good as others. These special populations also have problems with transportation which decrease their access to needed services. Several focus groups mentioned children from low-income families. Other indicated places such as the National Forest and south western portions of the county as having lower quality of life. The Hispanic Focus Groups mentioned Hispanic men as a high priority.

Notable Quotes

"There are limited bus routes and bus stops and they only run until 9:00 PM."

"Dunnellon has lost services—No WIC services there anymore."

"There are lots of non-profits here, but they are all overwhelmed."

Hispanic Men: "they are stubborn and they don't admit that they have a problem. They think if I say I have a problem they don't want to miss work and say for example that it is indigestion. They are worried about working and bringing money home for the family. Now you see that in women too."

"It seems there used to be pockets of poor people or neighborhoods that were low-income, but since the recession you see it everywhere. Our neighborhoods are filled with foreclosed homes, multiple family homes, and it just seems to be a hard time for everyone."

Q7. What strengths and resources do you have in your community to address these problems?

Brief Summary

Focus groups mentioned faith-based communities, the Marion County Health Department, Heart of Florida, Munroe Regional Medical Center, and Ocala Regional Medical Center of Marion County as major strengths of the community.

Notable Quotes

"We have a lot of resources now, but the need is so great that those resources are used up quickly."

"We are fortunate to have the health department and Heart of Florida to offer sliding fee scale services."

"Both hospitals here are top notch, they offer a lot of educational services to the community free of charge."

"Churches are the biggest and best resource we have in Marion County. We are seeing more churches work together to offer more services here."

Q8. What barriers, if any, exist to improving health and quality of life in Marion County?

Brief Summary
There was consensus among all of the groups that lack of insurance, being underinsured, and transportation as the leading barriers to accessing health care in the county. All focus groups also mentioned the economy, lack of jobs, and lack of knowledge about resources available as barriers to improving health and quality of life.

Notable Quotes
"There is just not enough public transportation available, and the bus system is not reliable."

"Since the recession hit, we have a lot of people needing services that previously were employed and had insurance, and now they are out of work and have no means to pay for doctors or medications."

"Local government is not going after funding opportunities."

"Not enough advertising and promotion and awareness about existing resources."

"Access to the (community center gym) building is limited during day—nothing for after hours."

"People have wrong information about who can use the gym and other community center facilities."

Q9. Do you think that your community provides enough places to receive routine medical care, or is it necessary to go outside of your town?

Brief Summary
All focus groups cited that there were enough primary care facilities to offer services. The groups also stated there was not enough free or sliding-fee-scale primary care. Almost every group identified transportation and lack of insurance as reasons for not being able to access primary routine medical care. Lack of information on what is available in the community was also prevalent.

"We have plenty of primary care, but its finding a doctor that will take Medicaid or Medicare is the problem."

"There are plenty of primary care doctors, but there are very few, if any, that sees or offer appointments after 5:00 PM".

Q10. Which health care services do you think are missing in your community?

Brief Summary
Specialty care services were mention most often as reasons for going out of county for health care services. There was consensus among all of the groups that affordable eye and dental care was the primary service missing in their community. Even though most participants did state there were plenty

of dentists, the affordability of the services made people travel to other counties. Two focus groups stated mental health services were not offered readily.

Notable Quotes

"There are dentists for those who can afford to pay (insurance), but there were not any locations here for the low-income and uninsured. I was sent to Shands in Gainesville and all they did was pull the tooth."

"I went to the local hospital to have my baby, and they sent me all the way to Gainesville, for no reason, I didn't even have any complications."

"I had a personal experience I had to go to Orlando and Tampa Moffitt Center for Cancer care. The resources here could not meet my needs. I had to travel and had to rely on my friends and family for transportation back and forth."

"I had a fracture and they had me in cast for a long time in Ocala and I wasn't getting better and I had to go to Gainesville."

Q11. What needs to be done to address these issues?

Brief Summary

Answers varied considerably across each focus group. The common themes among the groups were:

- The need to work in collaboration with other resources in the area to make an impact.
- Community involvement and neighbors helping neighbors will make a difference in the community.
- Less federal government regulations and more proactive local government.
- Focusing on the quality of health care services over quantity of patients is needed.

Primary Areas of Concern

The common themes and topics of concern among focus groups participants included:

- Groups that may be experiencing disparities in Marion County
    o Hispanic men
    o Geographic areas (especially the more rural areas)
    o Children
    o Elderly
- Access to healthcare issues driven by:
    o limited transportation
    o affordability
    o uninsured and underinsured
    o economic downturn
    o lack of Medicaid specialty providers (and in some cases Medicare specialty) providers
- Overall lack of specialty services
- Perceptions of ample supply/availability of quality health care services
- Acknowledgement of strong community-based organizations (CBO) and faith-based organizations (FBO) working together to help the community

Physician Surveys

Methodology

The Marion County MAPP Needs Assessment Steering Committee worked with WellFlorida Council to formulate a physician survey that would touch upon some of the same topics addressed during the focus groups. Working in cooperation with the Marion County Medical Society, the surveys were distributed during January 2012 via blast broadcast fax. Respondents were given the choice of completing the survey by hand and faxing their responses or using SurveyMonkey to submit their responses. Fifty-two (52) respondents submitted responses to the survey. Coupled with the resident focus groups, 160 individuals thus participated in the CTSA process and weighed in with their perspectives of the health of Marion County.

Summary of Physician Responses

Tables 3-1 through 3-7 detail the physician survey responses. Table 3-1 shows that of the physicians surveyed, the following were the most important factors in <u>defining a healthy community</u>:
- Good jobs and a healthy economy (50.0%)
- Accessibility and affordability of health care (42.3%)
- Healthy behaviors and lifestyles (40.4%)
- Good schools (34.6%)
- High levels of personal responsibility (32.7%)

Each of these five factors was selected as important by at least one out of every three physicians responding to the survey.

Table 3-1: Question 1 - In the following List, what do you think are the THREE most important Factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)?

Response	Number	Percent
Good jobs and healthy economy	26	50.0
Accessibility and affordability of health care	22	42.3
Healthy behaviors and lifestyles	21	40.4
Good schools	18	34.6
High level of personal responsibility	17	32.7
Low crime/safe neighborhoods	9	17.3
Amply supply of primary and specialty physicians	8	15.4
Strong family life	6	11.5
Clean environment	5	9.6
Good place to raise children	5	9.6
Low infant deaths	5	9.6
Communication among providers and agencies	3	5.8

Table 3-1: Question 1 - In the following List, what do you think are the THREE most important Factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)?

Response	Number	Percent
Affordable housing	2	3.8
Low adult death and disease rates	2	3.8
Low level of child abuse	2	3.8
Parks and recreation	2	3.8
Awareness of resources	1	1.9
Other *	2	3.8

* Included: (1) Long range planning with concern of future generations and (2) Good leadership in community.
Source: 2012 Marion County Physician Survey.

Table 3-2 details what physician respondents felt were the most important health problems in the community. The following problems were all identified by at least one out of every four physician respondents:

- Obesity (61.5%)
- Aging problems (46.2%)
- Heart disease and stroke (40.4%)
- Diabetes (28.0%)
- Mental health problems (25.0%)

Table 3-2: Question 2 - In the following List, what do you think are the THREE most important "health problems" in the community (those problems which have the greatest impact on overall community health)?

Response	Number	Percent
Obesity	32	61.5
Aging Problems	24	46.2
Heart Disease and Stroke	21	40.4
Diabetes	15	28.8
Mental Health Problems	13	25.0
Cancers	11	21.2
Domestic Violence	6	11.5
Teenage Pregnancy	5	9.6
Child Abuse/Neglect	4	7.7
High Blood Pressure	4	7.7
Dental Problems	3	5.8
Infectious Diseases	3	5.8

Table 3-2: Question 2 - In the following List, what do you think are the THREE most important "health problems" in the community (those problems which have the greatest impact on overall community health)?		
Response	**Number**	**Percent**
Infant Death	2	3.8
Motor Vehicle Crash Injuries	2	3.8
HIV/AIDS	1	1.9
Homicide	1	1.9
Respiratory/Lung Disease	1	1.9
Sexuality Transmitted Diseases	1	1.9
Firearm-Related Injuries	0	-
Rape/Sexual Assault	0	-
Suicide	0	-
Other *	7	13.5

* Includes (1) Do not have a third (2) Poor self management of chronic disease (3) unhealthy lifestyles (4) patient inaccessibility to care (5) substance abuse (6) asthmas (7) prescription drug issues(use, prescription, monitoring, trafficking, etc.)
Source: 2012 Marion County Physician Survey.

Physicians were also asked "what are the most important risky behaviors in Marion County (those which have the greatest impact on the overall health of the community)." As seen in Table 3-3, the following risky behaviors were selected by at least one out of every four physician respondents as the most impactful:

- Being overweight (64.7%)
- Tobacco use (56.9%)
- Drug abuse (39.2%)
- Alcohol abuse (37.3%)
- Poor eating habits (31.4%)
- Lack of exercise (29.4%)

These results are consistent with the physicians' perspectives that obesity is the most pressing health problem in Marion County. Interestingly and perhaps understandably, obesity and poor health habits in terms of exercise and eating were not mentioned as frequently or cited with as much importance by residents compared to physicians.

Table 3-3: Question 3 - In the following List, what do you think are the THREE most risky health behaviors for this community (those behaviors which have the greatest impact on overall community health)?

Response	Number	Percent
Being Overweight	33	64.7
Tobacco Use	29	56.9
Drug Abuse (Including Prescription Drug Abuse)	20	39.2
Alcohol Abuse	19	37.3
Poor Eating Habits	16	31.4
Lack of Exercise	15	29.4
Dropping Out of School	8	15.7
Not Getting Immunizations to Prevent Disease	5	9.8
Violence	4	7.8
Unsafe Sex	2	3.9
Poor Dental Hygiene	1	2.0
Not Using Birth Control	1	2.0
Racism	0	-
Not Using Seat Belts/ Child Safety Seats	0	-
Other	0	-

Source: 2012 Marion County Physician Survey.

Given the responses cited in Tables 3-2 and 3-3, it may not be surprising that the majority of the physicians responding to the survey rated Marion County "fair" as a "healthy community" and only 10% rated Marion County as "very good" or "excellent" (Table 3-4).

Table 3-4: Question 4 - How would you rate Marion County as a "healthy community" (choose only one)?

Response	Number	Percent
Poor	4	8.2
Fair	27	55.1
Good	13	26.5
Very Good	5	10.2
Excellent	0	-
Don't Know	0	-

Source: 2012 Marion County Physician Survey.

Table 3-5 shows that the vast majority of physician respondents rated the overall health-related quality of life in Marion County as either "fair" or "good".   This is consistent with the views of the residents participating in focus groups regarding overall quality of life. Resident participants were asked to rate on a scale of 1 (the worst) to 10 (the best) the overall quality of life. Their average rating was 5.21.

Table 3-5: Question 5 - How would you rate the overall health-related quality of life in Marion County (choose only one)?

Response	Number	Percent
Poor	1	2.0
Fair	22	44.9
Good	22	44.9
Very Good	3	6.1
Excellent	1	2.0
Don't Know	0	-

Source: 2012 Marion County Physician Survey.

As seen in Table 3-6, nearly 39% of the physician respondents rated the overall accessibility to health care for residents as "good" while nearly 31% rated it as "poor". Slightly more than 6% rated accessibility as "excellent" but clearly the vast majority of the respondents rated the accessibility as fair to good.

Table 3-6: Question 6 – What would you say is the overall accessibility to health care for residents of Marion County?

Response	Number	Percent
Poor	2	4.1
Fair	15	30.6
Good	19	38.8
Very Good	9	18.4
Excellent	3	6.1
Don't Know	1	2.0

Source: 2012 Marion County Physician Survey.

Finally, physicians were asked to rank Marion County's abilities (i.e. strengths, characteristics and resources available) to address the County's most pressing health and health care issues. With "1" being at the lowest level and "10" being at the highest levels, the average physician response to this question

was 5.4, indicating perhaps average amount of confidence in Marion County's abilities to address the most pressing issues confronting it (Table 3-7).

Table 3-7: Question 7 - On a scale of 1 to 10 with "1" being at the lowest level and "10" being at the highest level, how would you rate Marion County's overall internal strengths, characteristics and resources to address the County's most pressing health and health care issues and needs?

Response	Number	Percent
1	0	-
2	1	2.1
3	3	6.3
4	9	18.8
5	13	27.1
6	10	20.8
7	8	16.7
8	3	6.3
9	1	2.1
10	0	-

The average score for the question was 5.4.
Source: 2012 Marion County Physician Survey.

Key Themes among Community and Physicians

Analysis of the resident and physician participant response from the CTSA process yields the following key observations and themes:

- Access to affordable care and a strong economy are essential to a healthy community.
- Health problems related to aging were identified as one of the major health issues in Marion County.
- Obesity and chronic diseases stemming from obesity are the major health problems in Marion County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Marion County may not be fully supportive making good personal health choices for all constituencies.
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Marion County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- Overall health-related quality of life is rated fair to good, and rarely viewed as very good to excellent.
- A continued and increased local focus will be required to overcome some of the most pressing issues and daunting challenges (rather than waiting for federal or state support and direction).

- The community-based and faith-based organizations are strong assets for Marion County and will be integral to community health improvement efforts.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.

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Section 4: The National Public Health Performance Standards Program (NPHPSP) – Local Public Health System Assessment (LPHSA) Results

The NPHPSP Report of Results

Introduction

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.

> The NPHPSP is a collaborative effort of seven national partners:
> - Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
> - American Public Health Association (APHA)
> - Association of State and Territorial Health Officials (ASTHO)
> - National Association of County and City Health Officials (NACCHO)
> - National Association of Local Boards of Health (NALBOH)
> - National Network of Public Health Institutes (NNPHI)
> - Public Health Foundation (PHF)

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.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

About the Report

Calculating the Scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS 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.

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.

Understanding Data Limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and sub-question responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for

guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of Results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes.   The long-version of these results is available upon request.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments. Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

Tips for Interpreting and Using NPHPSP Assessment Results

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results

either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine Performance Scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 4-1) and in ascending order (Figure 4-2). Additionally, Figure 4-3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the Range of Scores within Each Essential Service and Model Standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the sub questions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the Context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.
Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the Optional Priority Rating and Agency Contribution Questionnaire Results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores

in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

Final Remarks

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

Performance Assessment Instrument Results

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" Table 4-1 (below) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

As seen in Table 4-1, three of the ten Essential Services scored 50 or below (**bold** in the table below), which indicates a self-assessment of moderate or less performance against the standards.   These low scores for EPHS 4, 7, and 9 may indicate that there are opportunities in Marion County to better mobilize community partnerships to identify and solve health problems; to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable; and to evaluate effectiveness, accessibility, and quality of personal and population-based health services.

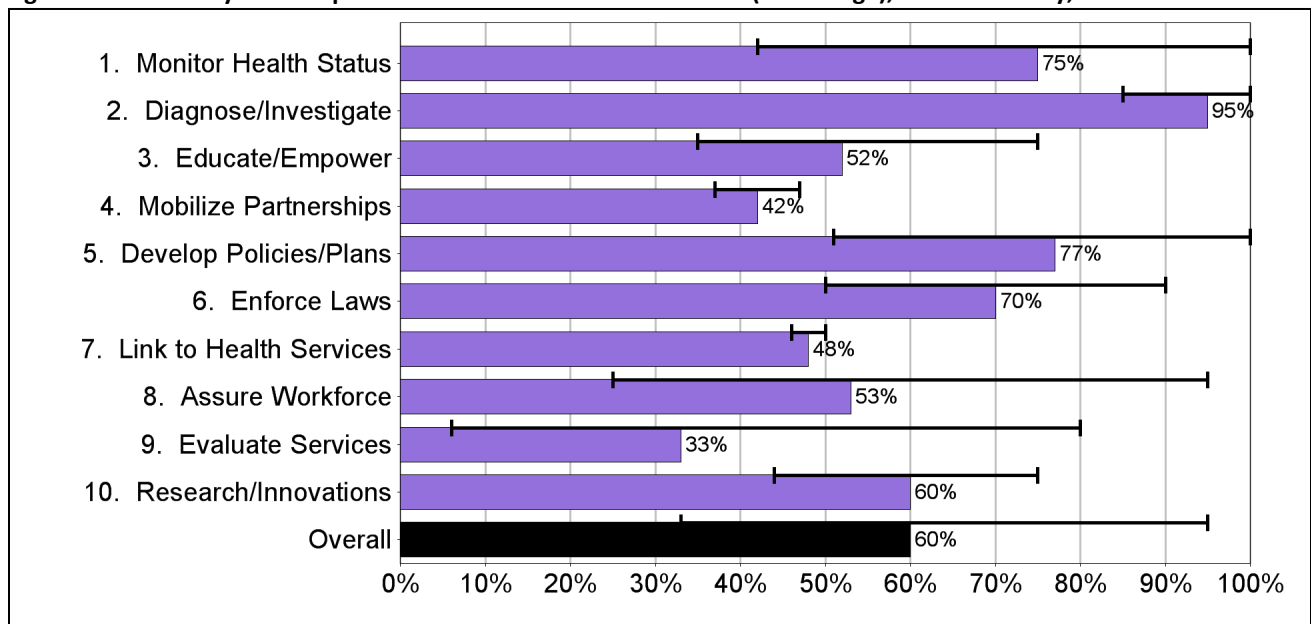Figure 4-1 (below) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses for the various questions asked within the Essential Service and an overall score. Areas of wide range may warrant a closer look in Figure 4 or the raw data.

Table 4-1: Summary of performance scores for local public health system by Essential Public Health Service (EPHS), Marion County, 2011.

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	75
2	Diagnose And Investigate Health Problems and Health Hazards	95
3	Inform, Educate, And Empower People about Health Issues	52
4	**Mobilize Community Partnerships to Identify and Solve Health Problems**	**42**
5	Develop Policies and Plans that Support Individual and Community Health Efforts	77
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	70
7	**Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable**	**48**
8	Assure a Competent Public and Personal Health Care Workforce	53
9	**Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services**	**33**
10	Research for New Insights and Innovative Solutions to Health Problems	60
Overall Performance Score		61

Source: Local Public Health System Assessment Scoring Results, Marion County, September 2011.

Figure 4-1: Summary of EPHS performance scores and overall score (with range), Marion County, 2011.
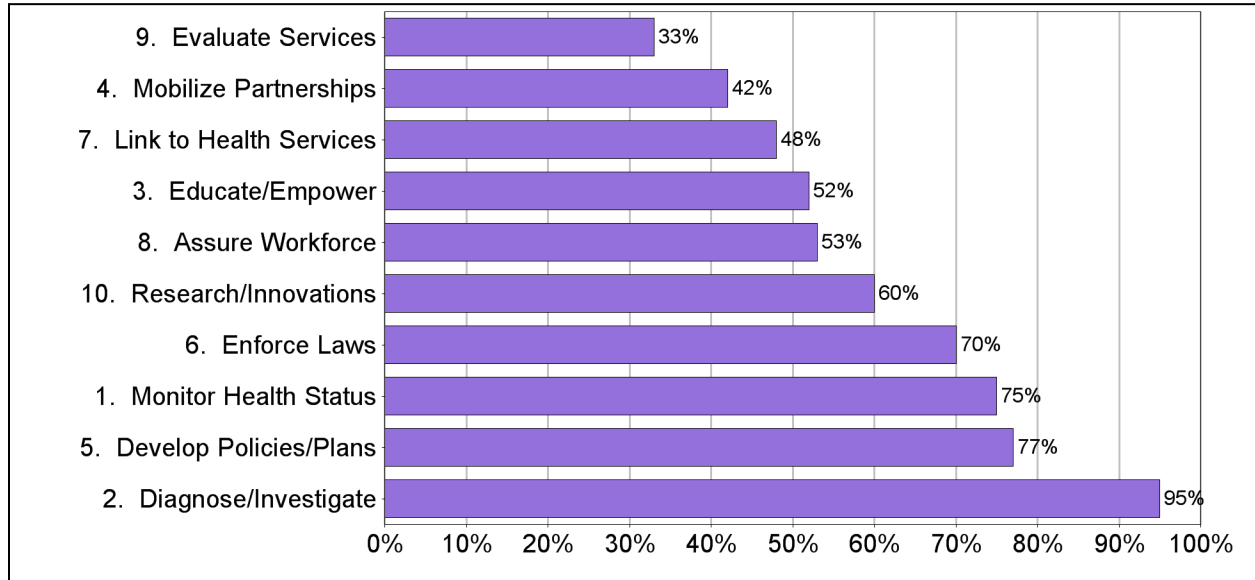

Source: Local Public Health System Assessment Scoring Results, Marion County, September 2011.

Figure 4-2 (below) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 4-3 (below) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4-2: Rank ordered performance scores for each Essential Service, Marion County, 2011.

Source: Local Public Health System Assessment Scoring Results, Marion County, September 2011.

Figure 4-3: Rank ordered performance scores for each Essential Service, by level of activity, Marion County, 2011.
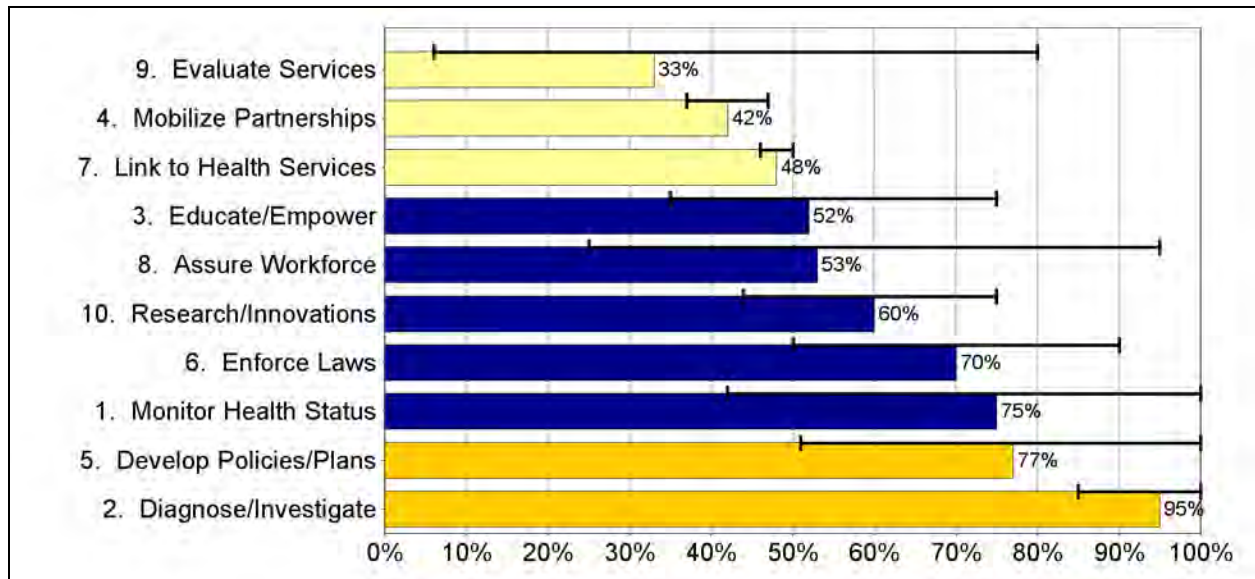
Source: Local Public Health System Assessment Scoring Results, Marion County, September 2011.

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Section 5: Marion County Forces of Change Assessment (FCA)

Introduction

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement 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 local public health system.

- 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.

Methodology and Results Summary

The MAPP Needs Assessment Steering Committee coordinated response to the Forces of Change Assessment with the Access to Healthcare, Incorporated board. Members of the Steering Committee (which includes representatives of the Marion County Health Department, Munroe Regional Health System, Ocala Regional Health System, Heart of Florida Health Center, The Centers and Hospice of Marion County) as well as the Access to Healthcare, Inc. together brought a cross-sectional group of Marion County key leaders to discuss potential forces of change.

The Steering Committee approved circulated the FCA tool during September 2011 to generate response and perspective regarding these "forces of change". Respondents to the FCA instrument were asked to answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The comprehensive group of key community leaders and concerned citizens met on September 16, 2011 to participate in a community exercise on the forces of change. During the meeting, all attendees were encouraged to participate in the forces of change brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county's healthcare system and health outcomes.

Table 5-1 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.

Table 5-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
Events and direction of state legislature – policy and budget; information gap among legislators and people who empower the legislators (i.e. the public/voters)	Enables lobbyists to have more influence Ideology drives decisions and not good data and reasoned debate People do not vote	Educational campaigns Educating delegations Public can be educated and make better decisions Voting
Polarization of our society politically at all levels	Public pressure driving legislative decision not always based on rational analysis Without war chest you can't get your message out Local Tea Party is not separating national from local issues Actions based on anger and frustration Actions based solely on philosophical point of view and not careful assessment of needs and options Sense that compromise is bad Fear to speak out	Successful mobilization of groups like the Team Party and the Occupy movement proves to people that legislators can be motivated to action Philosophies based on a blending of positions could be developed There is a silent majority out there Potential to respond to or engage the disenfranchised "middle"
Continued high levels of unemployment	Will continue for a long time Driving uninsurance Structural not cyclical Reducing median and per capita income Increasing poverty levels Continues to deteriorate our society Continuation of out-migration Moral decay resulting from unemployment spills over into classrooms	Activity among city, county, Chamber, EDC bringing in new jobs Education/re-education and training
Poverty/income levels of residents (getting worse) – impact on ability to have insurance and get healthcare;	Students come with less resources to school system and thus less prepared	Educate physicians to be aligned to the current state of poverty and how to address those folks or

Table 5-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
impact on provider abilities to exist	From a health perspective, lower level of basic need met (nutrition, basic medical care, etc.)	help them with costs Coordinate with un-traditional partners (e.g. the more recent efforts of Publix and Wal-Mart in terms of reduced and free medications) Approaching larger companies for social marketing
County's aging population needs more access to care than comparatively younger populations (though current societal focus and trends point towards a decrease of services, our local demand is increasing due to our aging population)	Increasing consumption of healthcare Limited capacity of healthcare despite increasing demand New service needs due to demands of aging population (all this in face of cuts to reimbursement) Risk is that the first impulse will be to stop providing services in order to stem the tide of demand Tremendous advances in healthcare have opened the door to tremendous amounts of costs (both for early in life and late in life) Most healthcare expenditures later or at end of life	With seniors that move here, lots of skills that are being underutilized Bring younger people here to support aging adults (promoting generational relationships and develop a culture here to support this)
Decreasing access to philanthropy	Extremely competitive environment Smaller pool of funders Less funds to allocate Are dollars staying locally or going to national pool? Enhanced call for accountability by funders may impact some traditional targets of philanthropy	Formation of community foundation (focus of community foundation) Expectation that new dollars will flow as a result of the community foundation Opportunity for local organizations to reinforce how local they are Funders desire to become more focused in contributions; really sensitive to outcomes
Long-standing shortage of primary care physicians (malpractice and	Financial and regulatory challenges to primary care physicians and those who desire	Advocate for increased residency slots in Florida Increased number of residents in

Table 5-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
reimbursement issues drive this; Florida regulations as well)	to be primary care physicians Threat to quality of education to students (poor basic healthcare leads to poor school performance) Lack of residency slots in Florida for primary care residents Failure to meet primary care needs of population	local hospitals Legal/tort reform May be beyond Marion County Legislative changes to increase pool of folks coming in Community recruitment/economic development and incentives Sharing physicians Changes to model of care (mid-levels)
People cannot afford primary care and go to where they can go	Lack of motivation even if they have access or ability to access	Education on appropriate use and resources
Lack of insurance and significant cuts to federal and state budgets	Viability of public hospitals Viability of private physicians Viability of public health department Viability of FQHCs Creates enhanced competitive situation	Coordination Partnerships Increased tax support
Private insurance can no longer subsidize other payor sources; far fewer companies purchasing for their employees; pool is smaller and thus cost of insurance is increasing	Currently insured are vulnerable due to cost of private insurance to become underinsured or uninsured	Coordination Partnerships Special projects to test new ideas and approaches
Hospitals do not have capital to do the work they have done in the past	Not be able to provide a full scope of services Limits to specialty services Limits to new services Patients go out of county for services Pressure for a smaller, cheaper hospital Potential adverse impact on quality Adverse impact on economic development	Consolidation Education

Table 5-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
Emerging debate on what defines the "right" to healthcare	Drives a lot of the other decisions made throughout Where do the decisions go Potential to increase costs through additional mandates	Potential to reduce costs through limiting mandates or social norms for what is especially expensive end of life care
Globalization of economy	Increased competition for economic development Jobs move or locate elsewhere leaving more uninsured	Recruitment of new industries and jobs to region
The 24-hours news cycle and easy electronic access to data and news; because of this cycle people think they are informed	Lack of information regarding any positive or negative things going on in the healthcare community Because of enhanced accessibility, people believe they are more informed though they may only have more access to data Too many sources; conflicting information Local media facing extreme threats and downsizing Media losing some of its local focus because of regional control Lack of depth of information Shorter attention spans	Local information can drive the media Fill the void/vacuum and the lack of local information
De-industrialization of Marion County; impacts insurance; employment; poverty	Contributes or reflects structural issues Fewer insured Increasing poverty Less employment in medium and highly skilled jobs that offer health insurance Continued loss of working population	Conversion to high tech Economic development around high tech
Decreases in patient knowledge of personal healthcare also increasing lack of personal responsibility	Increased reliance on healthcare and educational institutions Present to healthcare system sicker	Education Coordination (e.g. Elder Options) Retail, business and other non-traditional partners

Table 5-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
	More expensive to take care of sicker folks	
Loss of confidence in the ability to change; lack of belief that things are getting better soon; lack of belief that personal actions can have meaningful impact	Self-fulfilling prophecy Do not vote because it does not matter Easier to slide down than climb up	Attitude is a choice, therefor influence these attitudinal choices Motivate folks More people must be engaged in civic and political decision-making processes
Ongoing loss of the nuclear family	Lack of community and personal support structures	
Culture of negativity	Paralysis of traditional institutions to agree on bold actions needed Paralysis of individuals to participating in the local decision-making processes Lack of call for leadership	Potential for cultivating new attitudes
Economic factors make compliance difficult for patients	Lack of compliance produces poorer outcomes and drives system costs higher Hospital re-admission rates increase due to poor self-management	New collaborations and partnerships for disease and adherence management
Each generation is a little bit less informed and this is passed on	Data overload Too much data and not enough information	Develop information and decision support tools
Access to healthcare information is increasing	Privacy and security issues increased	Electronic health records Health information exchanges
Increasing healthcare regulation breeds uncertainty among providers	Difficulty in making plans for future	
Medicine in general continually makes advancements	People living longer raise overall and lifetime health system costs	People living longer with enhanced quality of life
Changing economy is forcing us to take a closer look at how we expend scare resources (such as healthcare resources)	Constant cuts Fewer resources though growing demand	Search for increased efficiency New partnerships New collaborations

Table 5-1. Forces of Change Assessment results, Marion County, 2011.

Forces	Threats	Opportunities
Increasing substance abuse (esp. prescription drug abuse)	Tremendous costs to society Complicates adherence issues for other health conditions	

Source: Marion County Forces of Change Assessment, September 2011.

Some of the most compelling forces that generated the most discussion during the meeting included:
- Uncertainty of the impact of national health reform and state health reform on local community health improvement initiatives and planning.
- Apparent political polarization within national, state and local governmental structures has affected local community health improvement efforts.
- While society appears to have access to more and more and ever-increasing amounts of data, it still may be relatively uninformed in key areas relating to personal and community health.
- The national, state and local economic downturn appears to be not just a business cycle but more of a structural shift in our national, state and local economies.
- Structural changes to the national, state and local economies point toward prolonged periods of increasing uninsured and stress on the healthcare safety net.
- Marion County's population is aging, and introducing through in-migration more seniors to its population. These seniors and thus Marion County will have an increasingly disproportionate demand for health services compared to communities with overall younger populations and Florida and throughout the nation.
- Legislative cuts and reimbursement re-structuring will create profound pressure on the ability for hospitals, the health department, the federally qualified health centers and other healthcare providers to maintain their usual and customary roles within the healthcare safety net.

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Section 6: Identification of Priority Strategic Health Issues

Background

On January 25, 2012, Jeff Feller of WellFlorida Council presented the recently completed results of the Marion County Local Public Health System Assessment (LPHSA); the Marion County Community Health Status Assessment (CHSA); the Community Themes and Strengths Assessment (CTSA); and the Forces of Change Assessment (FCA) to members of the Marion County Mobilizing for Action through Planning and Partnerships (MAPP) Core Community Support Team. The Core Community Support Team is comprised of a cross-section of community leaders and concerned individuals who have knowledge and an interest in health issues, health care delivery and health outcomes in Marion County. This presentation was designed to provide the impetus to the initial phase of ongoing strategic healthcare planning and community health improvement planning which will ultimately become the focus of Marion County's health and healthcare vision for the next 2-3 years.

Mr. Feller's presentation followed the following outline:
   I.   Overview of Key Issues from CHSA
   II. Overview of Key Issues from the CTSA
   III. Presentation of the Results of the LPHSA
   IV. Overview of the Forces of Change Assessment
   V.   Strategic Issues Identification Worksheet
   VI. Facilitation of Discussion on Strategic Issues Identified by MAPP Core Community Support Team
   VII. Selection of Potential Priority Strategic Issues (Consensus Discussion) from the LPHSA

In his overview of the CHSA, Mr. Feller reviewed a variety of key observations in Marion County's socioeconomic and demographic data; morbidity and mortality data; and healthcare access and utilization data. He also provided summary results of the CTSA, which was comprised of focus group discussions with citizens, and the LPHSA for Marion County.

Upon reviewing the CHSA, the CTSA, the LPHSA and the FCA, Mr. Feller then led a facilitated discussion on the most pressing health issues in Marion County. Issues and concerns were brainstormed and then these issues and concerns were refined into a core set of key issues. This core set of key issues was then taken back to the Needs Assessment Steering Committee and reviewed once again and compared to all of the results from each needs assessment section and all of the community input generated during the assessment process in order to refine the core set of key issues into the priority strategic health issues for Marion County. The following sections detail the brainstorming of issues and the identification of the final priority strategic health issues for Marion County.

Brainstorming of Issues

During the facilitated brainstorming session, participants identified the following issues regarding Marion County health care and health outcomes:

- Various national, state and local factors pointing towards escalating demand for access to quality health care.
    - o Marion County currently has primary care shortage, especially for safety net patients.
    - o Access to key specialties (especially dental and mental health care and especially for children and the uninsured or Medicaid recipients) is limited for many.
- Marion County compares relatively poorly to its counterparts throughout the state when it comes to health rankings.
    - o What are we willing to do to change this?
    - o Is this a reflection of access to care, system issues or of social determinant issues rooted in population socioeconomics and demographics? Consensus is that most of it is related to social determinant issues.
- Marion County is somewhat unique compared to other Florida counties in regards to how tax dollars are allocated to healthcare and hospitals.
- There is need and demand for a community-wide and cross-agency approach to the development of an integrated health resource information, referral and linkage system. This effort could be mobilized under "one umbrella" and deliver one consistent and uniform message across all partners.
    - o Perhaps utilize or enhance 211 mechanism to support more health services referrals
    - o Hospital health resource service lines do a large volume.
    - o Marion Senior Services is another model.
    - o Existing resources to work together to create a community-wide system of information and referral.
    - o A consolidation or clearinghouse of existing resources and some joint marketing may be warranted.
- Transportation Issues
    - o Residents of our most rural reaches of Marion County still have difficulty with access to care due to transportation issues.
    - o Children with special health care needs have difficulty getting to care due to transportation issues.
    - o Indigent clients that might otherwise qualify for community-based get mental health care but cannot reach the facility due to location of facility in relation to the currently existing bus route.
- Health department rural and mobile clinics have been helpful in the past when adequately funded in overcoming the access barriers due to transportation for some. Can some of these efforts be enhanced, resurrected or replicated through new collaborations?
- Healthcare safety net and critical health system partners should come together with one voice/message to clearly articulate the issues confronting the community and approaches the community should and could take to make a difference.
    - o Engaging the business and economic development community is essential in that this is not just a healthcare issue but an economic development and quality of life issues.

- o When approaching state and local elected officials, the community must approach them with "solutions" and not just the problems.
- Comprehensive community disease management education partnerships will be a key in driving down system-wide health costs and improving community health outcomes in Marion County.
  - o Addresses federal focus on hospital re-admission rates.
  - o Takes advantage of emerging health information exchange infrastructure and data.
- When framing the most pressing health issues in the community, the economic impact of an issue and its proposed solutions must be fully articulated.
- Though the school system is strained under many disparate mandates, there may be opportunities to partner with schools in the areas of school-based clinics, school-based wellness programs and education campaigns directed at both the student and the parent.
- Community education campaigns must engage children early to be most efficacious and cost-effective in the long-term.
- The cost and availability of private insurance is becoming an increasingly large barrier. What can the community do to address the access to and cost of private health insurance? How will this change if national health reform is validated or invalidated?
- Patients are presenting themselves to the health system sicker than ever due to lack of access to preventive care.

Identification of Priority Strategic Health Issues

For the final phase of the priority Strategic Health Issues process, the MAPP Needs Assessment Steering Committee reconvened to review the findings from each of the sections of the needs assessment as well as the issues identified at the Core Community Support Team's final brainstorming session. Steering Committee members observed that there were two types of issues that seemed to be underlying the findings throughout the needs assessment. First, Steering Committee members commented 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 hospital resources and information; rural healthcare access issues; and referral and information and patient navigation difficulties.

A second, more non-traditional set of issues, according to the Steering Committee members centered on the social determinants of health access and health outcome that more often than not drive the traditional issues. The social determinants, according to the Steering Committee members, are quite often the root causes of traditional health care and health outcome issues and are not often dealt with directly at the expense of dealing with these traditional issues. Members of the Steering Committee opined that this is equivalent to managing a disaster instead of trying to prevent it. Even with a comparatively well-functioning and decently capacitated health system, as is Marion County, health outcomes can be quite poor due to the social determinants and health factors working against the best efforts and best intentions. This emphasis on social determinants of health is the prime focus of the Robert Wood Johnson Foundation's annual County Health Rankings, and it is this limitation of Marion County in these areas of critical health factors and social determinants that results Marion County's consistently low rankings.

Through their careful analysis of needs assessment findings and community input, Steering Committee Members acknowledged that there were relevant key issues in the traditional health system and outcome areas as well as the non-traditional area of social determinants and health factors. The following represents the consensus priority issues in both the traditional and non-traditional issue domains.

Traditional Health System and Health Outcome Priority Issues
- Various national, state and local factors pointing towards escalating demand for access to quality health care.
  - Marion County currently has primary care shortage, especially for safety net patients.
  - Access to key specialties (especially dental and mental health care and especially for children and the uninsured or Medicaid recipients) is limited for many.
- Marion County compares relatively poorly to its counterparts throughout the state when it comes to health rankings.
- Residents of our most rural reaches of Marion County still have difficulty with access to care due to transportation issues.
- There is need and demand for a community-wide and cross-agency approach to the development of an integrated health resource information, referral and linkage system. This effort could be mobilized under "one umbrella" and deliver one consistent and uniform message across all partners.
- Because of the lack of access to preventive care, many patients entering the system tend to have more health related issues and are generally sicker than they would otherwise be.
- The cost and availability of private insurance is becoming an increasingly large barrier. What can the community do to address the access to and cost of private health insurance? How will this change if national health reform is validated or invalidated?
- Comprehensive community disease management education partnerships will be a key in driving down system-wide health costs and improving community health outcomes in Marion County.

Non-traditional Social Determinant and Health Factors Priority Issues
- Individuals, the health system and the community-at-large (i.e. businesses, elected officials, civic organizations, faith-based organizations, school system, etc.) all will have roles to play if Marion County is to meaningfully change the health and health outcomes of its residents. While there have been many disparate efforts to bring these three parties into alignment, social determinants of health system performance and health outcome cannot be changed without a comprehensive and coordinated effort from all quarters of the community and not just within and by the healthcare delivery system.
- There are not enough key and representative partners focusing on the social determinants of health outcomes and health system performance in a concerted manner.
- When framing the most pressing health issues in the community, the economic impact (on both individuals and the community-at-large) of an issue and its proposed solutions must be fully articulated.
- The community has not come together with one voice/message to clearly articulate the issues confronting the community and approaches the community should and could take to make a difference.
  - Engagement of the business and economic development community must occur because this is not just a healthcare issue but an economic development and quality of life issue.

o When approaching state and local elected officials, the community must approach them with a vision and solutions and not just the problems.

- A framework for a healthy Marion County is lacking a vision and a plan that addresses the following social domains that impact health outcomes:
  - o 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 the social determinants of health influenced by economics gives people not only a path to opportunity but a path to health and wellness.
  - o 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 ultimately their personal and community health.
  - o Physical Environment - Safe parks; full-service grocery stores and/or farmers' markets; safe, walkable streets; less truck and bus 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 location to reliable transportation that allows people to get to jobs, schools and healthcare—contributes to healthy people and healthy neighborhoods.
  - o 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.

Potential Next Steps

As a result of the community input and the intensive discussion surrounding the priority health issues, the following potential next steps were identified:

1. Consider creating a private sector Marion County Health Advisory Committee in order to "shepherd" or "oversee" a strategic community health improvement plan (CHIP).
2. Create a formal strategic community health vision and community health improvement plan for Marion County with community-wide measurable goals and objectives addressing both the traditional and non-traditional (i.e. social determinant-based) priority issue areas.
3. Develop specific goals, objectives and action plan for the Marion County Health Advisory Committee consistent with these key strategic health issues.
4. Mobilize community partners as needed on specific goals and tasks.
5. Promote city and local government buy-in to strategic and community health improvement planning by educating and informing as to the direct and indirect costs of not addressing the priority strategic health issues.
6. Develop and distribute materials and information that, in plain language, inform the general public on the true personal costs and benefits of health decisions individuals may make and the true costs and benefits of the decisions we collectively make as a community.

7. Incorporate Health Impact Assessment (HIA) practices into public decision-making processes. HIA seeks to identify the health consequences of plans, projects and policies traditionally considered to be outside the health sector domain.