

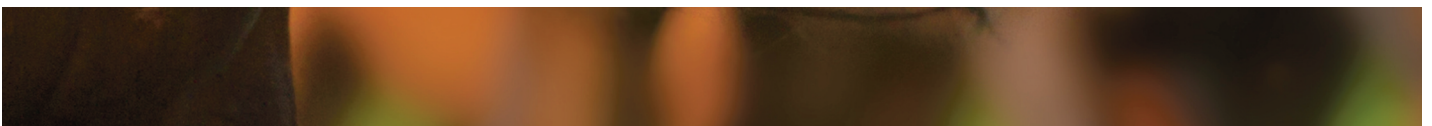


2019



MARION COUNTY

COMMUNITY HEALTH ASSESSMENT





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# Introduction to Community Health Assessments

## MARION COUNTY COMMUNITY HEALTH ASSESSMENT PROCESS

The Marion County Community Health Assessment process was launched in July of 2018, continuing a strong commitment to better understanding the health status and health needs of the community. The purpose of the community health assessment is to uncover or substantiate the health needs and health issues in Marion County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Marion County has historically played the lead role in the development of the community health assessments. As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Marion County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process. Enhancements to the 2018-2019 community health assessment process include an emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives; inclusion of pertinent local data on health behaviors and outcomes, health care seeking costs, vulnerable populations, and environmental concerns; convening of special health topics data workgroups to foster the fuller understanding of health-related metrics and indicators; and direct involvement of key community partners and citizens. The Marion County Community Health Assessment Steering Committee members (Steering Committee) were recruited by the Health Officer of the Florida Department of Health in Marion County. The Steering Committee participated in all elements of the community health assessment including the identification of community partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Marion County. A list of Steering Committee members can be found in the Appendix.

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

The comprehensive health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Marion County MAPP process. Use of the MAPP tools and process helped Marion County

assure that a collaborative and participatory process with a focus on wellness, quality of life and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

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

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

These MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. The findings from the MAPP assessments are integrated into the 2019 Marion County Community Health Assessment.

## METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the community health assessment is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the end user, this report has been separated into multiple components as follows:

- Executive Summary: Community Health Status Assessment
- Community Themes and Strengths Assessment
  - Community Member Survey Analysis
  - Focus Group Analysis
- Forces of Change Assessment
- Key Findings
- Appendix
  - Steering Committee Members List
  - Forces of Change Materials
  - Community Survey
  - Focus Group Materials

The Executive Summary provides a narrative summary of the data presented in the *2019 Marion County Community Health Assessment Technical Appendix* which includes analysis of social determinants of health, community health status, and health system assessment. Indicators of the social determinants of health include, for example, socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey findings, and hospital utilization data. The health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas. Where available and pertinent, zip code tabulation area (ZCTA) and census tract-level data are examined and analyzed for Marion County.

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health problems and needs of the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large. The Steering Committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report.

The Forces of Change Assessment component summarizes the findings from that assessment. The purpose of the Forces of Change Assessment is to identify forces—such as trends, factors, or events--that are or will influence the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on April 5, 2019 with the Marion County Community Health Assessment Steering Committee and other invited community leaders.

The Key Findings section presents a summary of the results from each of the above components. Recommendations for addressing the identified needs are listed in the Key Findings section.

# Executive Summary: Community Health Status Assessment

## INTRODUCTION

The Executive Summary: Community Health Status Assessment highlights key findings from the *2019 Marion County Community Health Assessment Technical Appendix*. The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the Florida Department of Health Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A community health assessment is a 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 as well as emerging issues. Data from this report can be used to explore and understand the health needs of Marion County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Health Care Access and Utilization
- Geographic and Racial and Ethnic Disparities

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Marion County and its individual zip code tabulation areas and census tracts to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). 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 *2019 Technical Appendix* so that users can refer to the numbers and the rates in context.

## DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics change over time, so do the health and healthcare 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 *2019 Marion County Community Health Assessment Technical Appendix* includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, 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 healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Marion County demographic and socioeconomic profile.

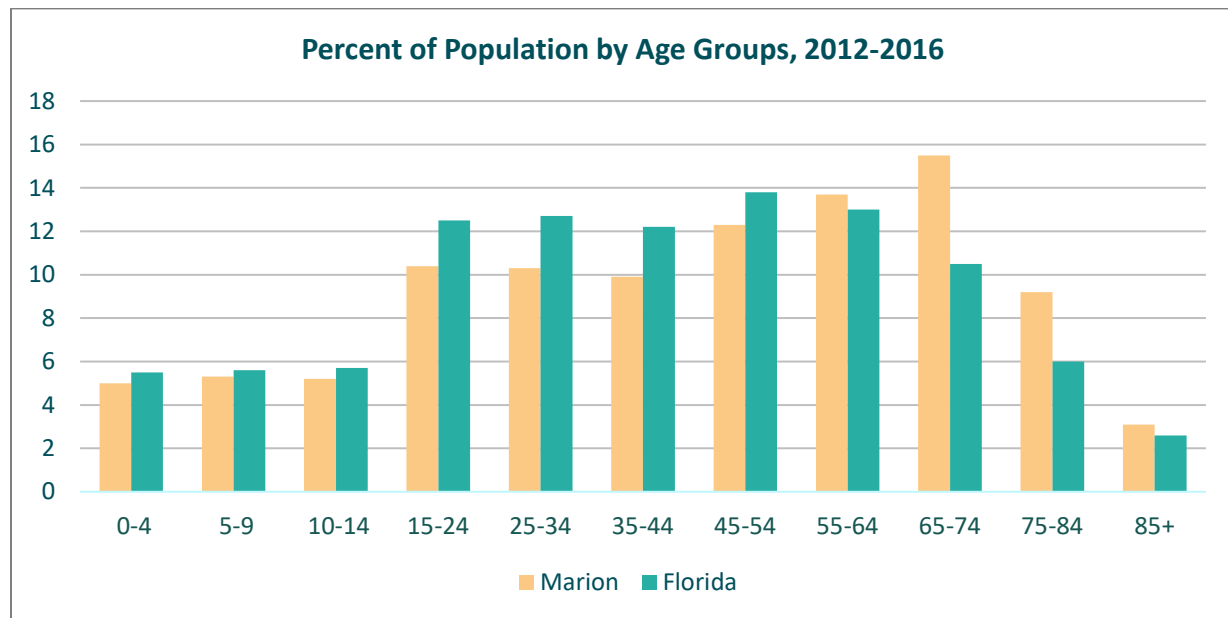


## POPULATION

In 2010 the U. S. Census Bureau reported Marion County's population at 331,298 (Table 6 in the *2019 Marion County Community Health Assessment Technical Appendix*; note that all subsequent tables referenced here can be found in the technical appendix unless otherwise noted). According to the U.S. Census Bureau's American Community Survey (ACS) estimates for 2012-2016, Marion County's population was 340,341 with males representing 48.1 percent of the population and females at 51.9 percent (Table 34), 81.8 percent White, 12.7 percent Black and 11.9 percent Hispanic (Tables 30-32). About 2.5 percent of the population, or 8,239 individuals, were housed in group quarters; group quarters include correctional institutions and nursing homes (Table 22). Urban Marion County was home to 69 percent of the population (Table 28).

According to 2010 U. S. Census data, Marion County had an older population than the state of Florida as a whole (Table 12). This was also seen in 2012-2016 U.S. Census estimates beginning with the age group of 55 to 64 year olds which represented 13.7 percent of Marion County's population compared to 13.0 percent for Florida. Persons aged 65 to 74 years in Marion County represented 15.5 percent of the total population compared to 10.5 percent for the state (Table 36). There are two zip code tabulation areas (ZCTA) where those 65 years of age and older represent 100 percent (32681 Orange Lake) and 56.7 percent (34481 Ocala) of the population and several at more than 40 percent including ZCTA 34491 (Summerfield) at 47.6 percent, 32664 (McIntosh) at 40.8 percent and 34476 (Ocala) at 40.7 percent. Age distribution is important to note because the healthcare needs of older adults tend to be more intensive and expensive. The figure below illustrates the age distribution of Marion County residents compared to the state of Florida.

**FIGURE 1: POPULATION BY AGE GROUPS, 2012-2016.**

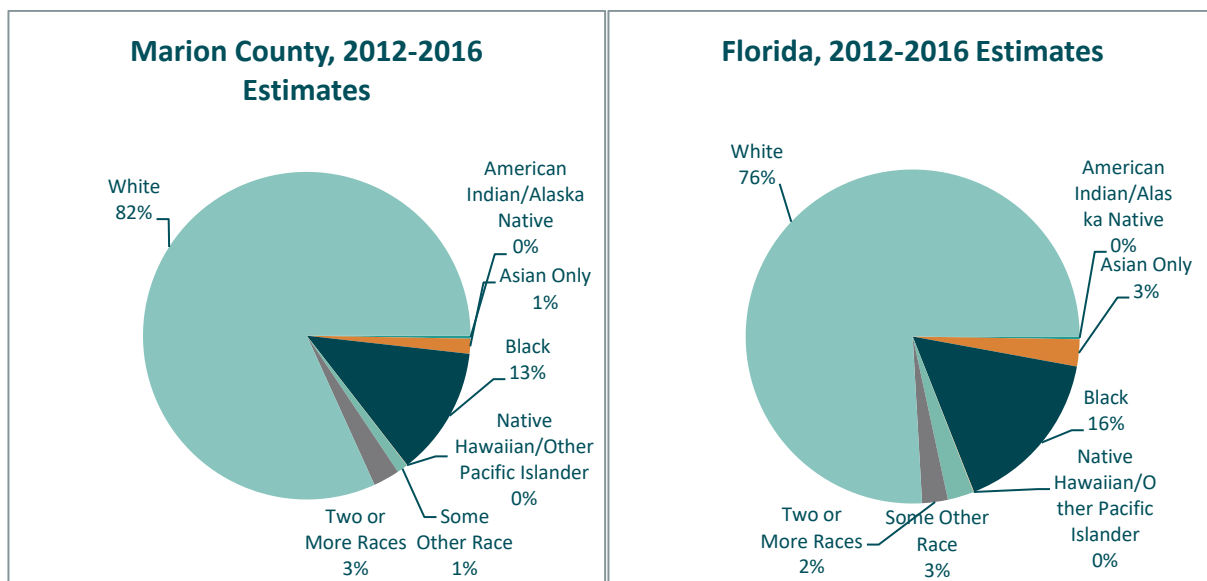


Source: Table 36, *2019 Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

## RACE AND ETHNICITY

The U.S. Census Bureau 2012-2016 estimates show that 81.8 percent of the Marion County population was White, 12.7 percent Black, with the remainder at fractional percentages representing Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race or two or more races (Table 30). About 11.9 percent of Marion County residents identified themselves as Hispanic or Latino. In Florida as a whole, about 24.1 percent of the population identifies as Hispanic or Latino (Table 32). These estimates of Marion County's racial makeup are shown in Figure 2 below (Table 30).

**FIGURE 2: ESTIMATED POPULATION BY RACE, 2012-2016.**



Source: Table 30, 2019 *Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

## LANGUAGES SPOKEN

According to 2012-2016 ACS estimates, about 88.7 percent of the Marion County population over the age five (5) years speak only English compared to 71.7 percent in Florida. About 11.3 percent of Marion County residents speak other languages; in Florida that figure is 28.3 percent. Those over the age of five (5) years in Marion County who speak English less than “very well” was estimated at 29.4 percent (Table 93).

## LIFE EXPECTANCY

Overall, life expectancy in Marion County was shorter than for the state of Florida as a whole. Data from University of Washington, Institute for Health Metrics and Evaluation for released in 2013, showed that male Floridians, without regard for racial classification, had an average life expectancy of 76.3 years, whereas in Marion County, the average life expectancy for males was 74.3 years. Life expectancy for females in Marion County was calculated to be 80.3 years whereas for females in Florida as a whole that figure was 81.6 years. In 2009, the latest year for which complete data are available, differences among races were

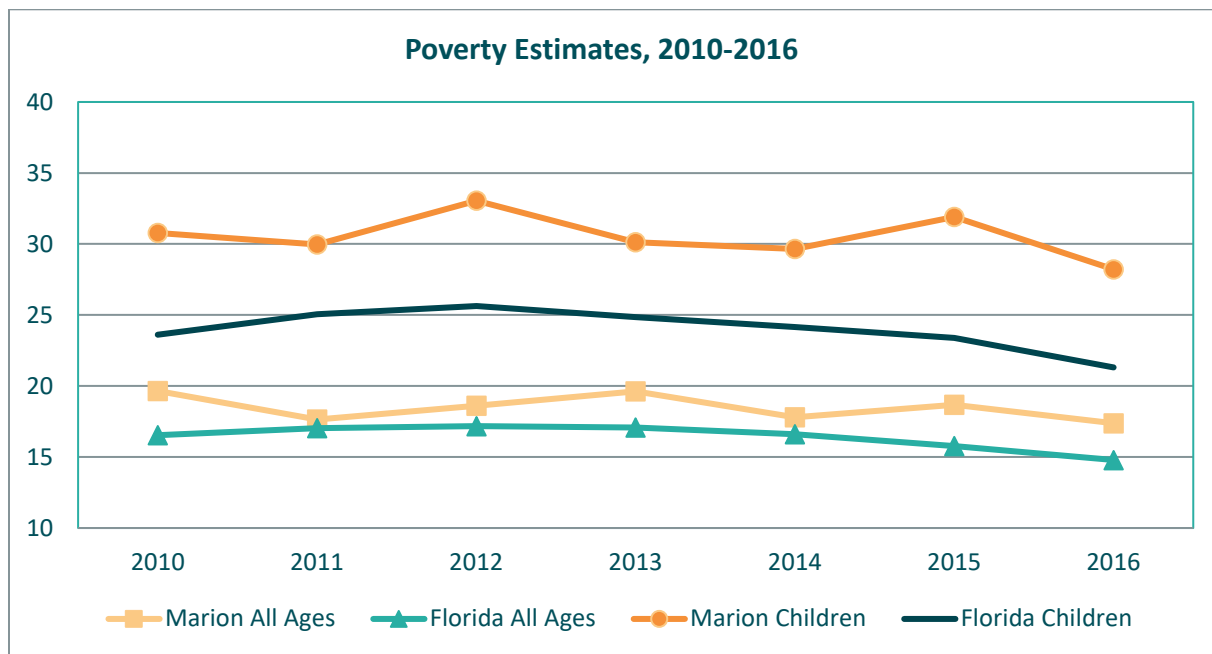
evident. Life expectancy for Marion County's Black males was 68.9 years compared to 74.9 years for White males and 76.9 years for Black females compared to 81.3 years for White females in Marion County (Table 3).

## ECONOMIC CHARACTERISTICS

### Poverty

According to data from the U. S. Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals was higher in Marion County at 17.4 percent than the state of Florida (14.8 percent) in 2016. With regard to children under the age of 18 living in poverty, the 2016 rates for Marion County were higher than the state rate at 28.2 and 21.3 percent, respectively (Table 56). The figure below depicts changes in the poverty rates for Marion County and the state from 2010 to 2016 (Table 56).

FIGURE 3: POVERTY ESTIMATES BY PERCENT, 2010-2016.



Source: Table 56, *2019 Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

Poverty rates vary by geography in Marion County. The *2019 Marion County Community Health Assessment Technical Appendix* includes a wealth of information about poverty and levels of poverty defined by the U.S. Federal Poverty Guidelines (Table 77) by ZCTA and census tracts broken out by age, gender, race, ethnicity, and household when data were available (Tables 57-70). According to data from the ACS for 2012-2016, the largest percentages of individuals of all ages living at 100-200 percent of poverty were found in Reddick (ZCTA 32686) at 37.0 percent and Ocklawaha (32179) at 34.4 percent (Table 61). When examined by age

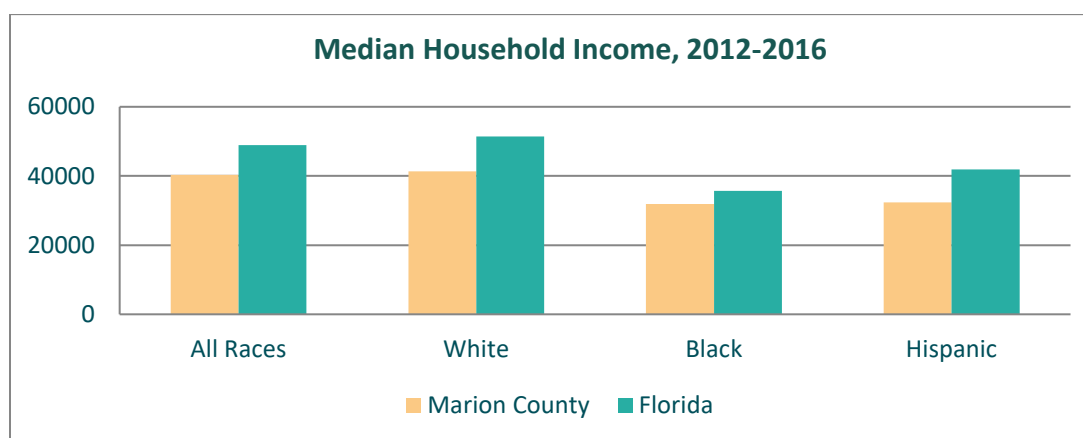
and geography these data showed that 37.6 percent of children 0 to 17 years of age in the Weirsdale ZCTA 32195 lived at 100-200 percent of poverty, followed closely by 37.3 percent of children in Ocklawaha (32179). By comparison, in Florida as a whole 25.4 percent of children were categorized as living at the same poverty level (Table 61). For Marion County residents aged 65 years and older, estimates showed that 45.5 percent lived at 100-200 percent of poverty in Citra (32113), 43.6 percent in Anthony (32617), and 42.5 percent in Weirsdale (32195; Table 61).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Marion County. The ACS data for 2012-2016 indicate that 17.3 percent of males in Marion County had lived in poverty in the past 12 months compared to 19.1 percent of females. These percentages are higher than state level percentages at 15.0 percent and 17.1 percent, respectively (Table 63). At the same time, there was a much larger disparity between racial and ethnic categories with an estimated 16.0 percent of Whites living in poverty, 29.9 percent of Blacks living in poverty, and 31.0 percent of Hispanics living in poverty in Marion County. For Florida as a whole an estimated 13.7 percent of Whites, 26.2 percent of Blacks and 20.9 percent of Hispanics had lived in poverty for the past 12 months during that same period (Table 65).

### Income

Income levels in Marion County are lower than for the state of Florida. Looking at 2012-2016 ACS data, the median household income for all races in Marion County was estimated to be 40,295 dollars in comparison to 48,900 dollars for Florida. There were differences in median household income by race and ethnicity at the county and state levels. The median income for Whites in Marion County was 41,344 dollars and 31,941 dollars for Blacks. Median income for Hispanics in Marion County was 32,324 dollars. Median household incomes for all these groupings in Marion County were below the state levels of 48,900 dollars (all races), 51,444 dollars (Whites), 35,722 dollars (Blacks), and 41,909 dollars (Hispanics), respectively (Table 71). Figure 4 presents 2012-2016 median income data for Marion County and Florida. .

**FIGURE 4: MEDIAN HOUSEHOLD INCOME, 2012-2016.**

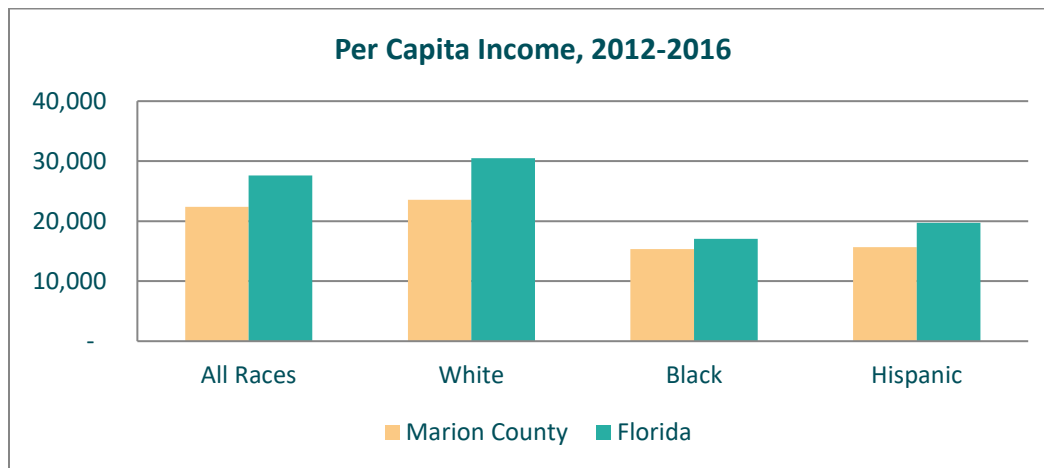


Source: Table 71, 2019 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019



The pattern in the distribution of per capita income in Marion County and the state was similar to that of median household income for all races with a Marion County estimate of 22,390 dollars in comparison to 27,598 dollars at the state level. Similar racial and ethnic differences existed in per capita income at the county and state levels as can be seen in the figure below. Per capita incomes for Whites at 23,552 dollars, Blacks at 15,337 dollars and Hispanics at 15,684 dollars were below the state figures of 30,505 dollars, 17,044 dollars and 19,727 dollars, respectively; Table 75).

**FIGURE 5: PER CAPITA INCOME, 2012-2016.**



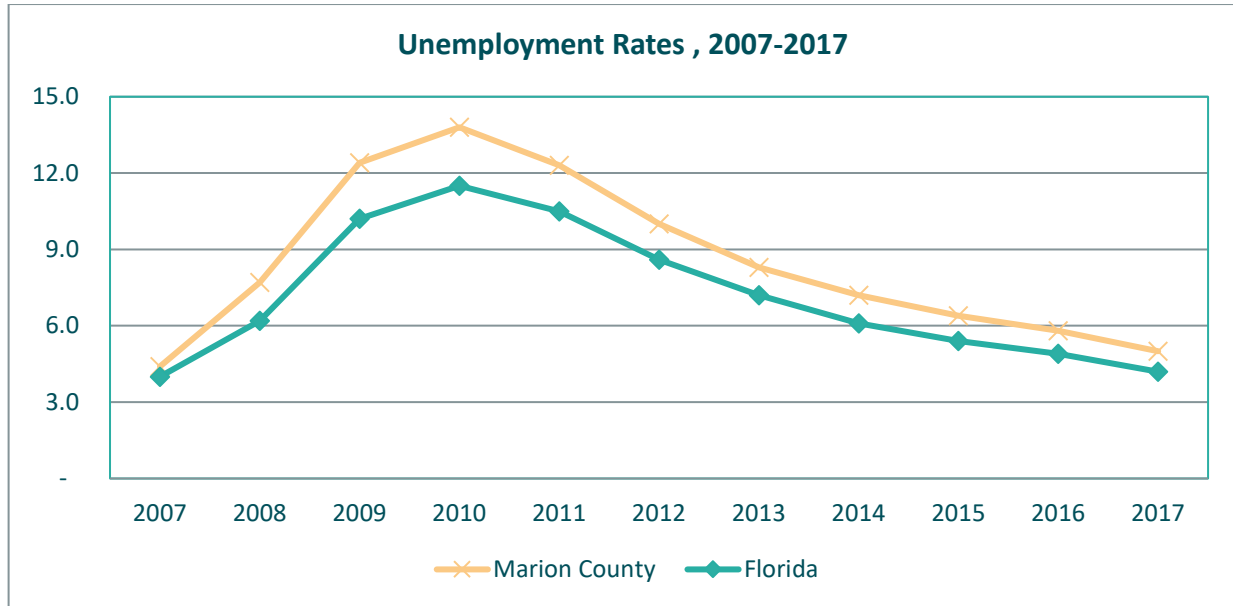
Source: Table 75, 2019 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

Estimated household income varied by geography in Marion County. The 2012-2016 ACS estimates showed 77.4 percent of households in Orange Lake (ZCTA 32681) and 20.3 percent of households in Ocala (34475) had incomes of less than 10,000 dollars in the past 12 months. According to 2012-2016 data, the Ocala ZCTA 34472, which has the most households in Marion County, had 18.1 percent of households in the 60,000-99,999 dollar income category followed by 15.9 percent in the 20,000-29,999 dollar bracket (Table 80).

## EMPLOYMENT

Recent data on employment in Marion County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Marion County has been similar to the state rate and it followed the same trend as the state in its decline for a number of years. In 2017, the unemployment rate in Marion County was 5.0 percent; the state rate was 4.2 percent. Recent unemployment rates for the county and the state are the lowest they have been since just before the Great Recession of 2008-2009. The recent trends in unemployment in Marion County and the state can be seen in the figure below (Table 85).

**FIGURE 6: UNEMPLOYMENT RATES, 2007 – 2017**



Source: Table 85, 2019 *Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

## EDUCATION

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. From 2011-2016 graduation rates in Marion County were slightly higher than state rates. In the 2016-2017 academic year, Marion County graduation rates dipped to 78.5 percent which was lower than the state rate of 82.3 percent. Marion County dropout rates have remained below state rates. Most recently the dropout rate in Marion County was 0.6 percent compared to 1.8 percent for the state (Table 91). Of Marion County’s population 25 years of age and older, 59.0 percent had a high school diploma as their highest level of education compared to 49.7 percent for the state of Florida. Marion County lagged in the estimated percentage of the population aged 25 and older that hold college degrees (Associate, Bachelor’s, Master’s, Doctorate and professional school degrees) at 27.4 percent compared with 37.4 percent for Florida as a whole (Table 89).

## MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Marion County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As previously noted, certain

demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities. While Marion County is similar to Florida in many health indicators, some differences exist. Noted below are some key facts and trends in the mortality and morbidity rates in Marion County.

### COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH), a 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 multifactorial 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 (9 measures)
  - b. Clinical care (7 measures)
  - c. Social and economic (9 measures)
  - d. Physical environment (5 measures)

Throughout the years, some County Health Rankings methodology and health indicators have changed. Thus, caution is urged in making year-to-year comparisons. The data are useful as an annual check on health outcomes, contributing factors, resources and relative status within a region and state. The County Health Rankings add to data a community can consider in assessing health and determining priorities.

The County Health Rankings are available for 2010 through 2019. In the latest rankings, out of 67 counties in the state, Marion County ranked 40<sup>th</sup> for health factors and 52<sup>nd</sup> for health outcomes for an overall ranking of 52<sup>nd</sup>. Contributing to Marion County’s ranking in the health factors category are higher scores in the areas of clinical care at 18<sup>th</sup> and 33<sup>rd</sup> for health behaviors. In 2019, Marion County’s lowest score was in the category of length of life at 59<sup>th</sup> out of 67 (Table 1 and Maps 1 and 2).

**TABLE 1: COUNTY HEALTH RANKINGS BY CATEGORY FOR MARION COUNTY, 2010 – 2019.**

Area/Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
HEALTH OUTCOMES	45	49	48	44	41	42	49	43	49	52
<i>Mortality/Length of Life</i>	43	43	46	44	44	48	47	48	50	59
<i>Morbidity/Quality of Life</i>	53	53	49	50	36	39	51	36	40	41
HEALTH FACTORS	36	44	44	39	40	38	34	36	38	40
<i>Health Behavior</i>	30	32	37	39	43	42	26	28	33	33

Area/Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<i>Clinical Care</i>	23	21	17	20	21	30	23	23	18	18
<i>Social &amp; Economic Factors</i>	51	57	55	52	49	49	47	50	53	51
<i>Physical Environment</i>	23	22	49	37	20	19	39	50	45	43

Source: Table 85, *2019 Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

## CAUSES OF DEATH

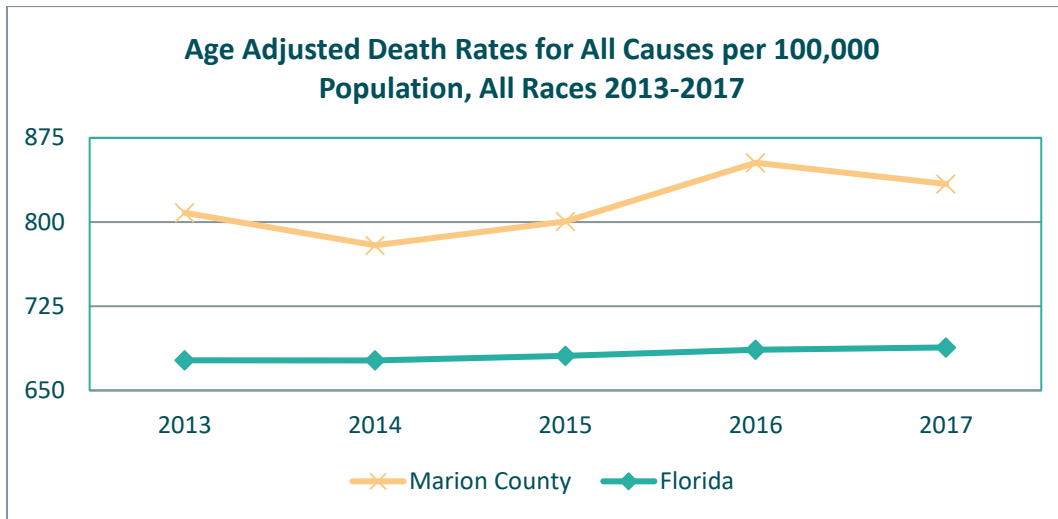
Data in the *2019 Marion County Community Health Assessment Technical Appendix* are reported in the form of crude and age-adjusted death rates. Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-adjusted rates are most commonly utilized for reporting public health data and are frequently used to compare rates of health events affected by confounding factors in a population over time.

In terms of overall mortality, the age-adjusted death rate from all causes for all races in 2017 was higher in Marion County than it was at the state level at 833.8 as compared to 688.3 per 100,000 population, respectively (Table 102). The figure below shows the trends in the age-adjusted mortality rates for all causes for Marion County and Florida for 2013-2017.

The top five (5) leading causes of death, for all races and ethnicities, in Marion County for 2013-2017 were 1) heart disease, 2) cancer, 3) chronic lower respiratory disease (CLRD), 4) unintentional injuries, and 5) Alzheimer's Disease. The top three causes of death in Florida as a whole are the same as those in Marion County. For Florida, stroke is the fourth leading cause followed by unintentional injuries in fifth place (Table 102). While the leading cause of death rankings may be similar, age-adjusted death rates for Marion County residents differ widely from state rates (Table 102). Figures 7 through 12 below show the age-adjusted death rate trends in the leading causes of death for Marion County and for Florida. Maps 3-8 display age-adjusted death rates per 100,000 population by poverty level for all causes, heart disease and cancer in Marion County by zip codes and census tracts.

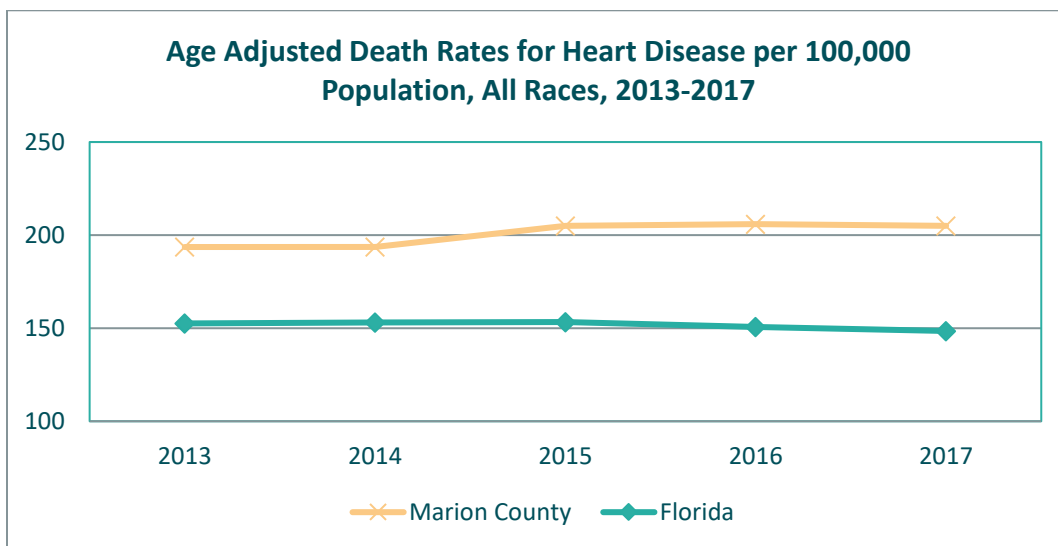


**FIGURE 7: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000, ALL RACES, MARION COUNTY AND FLORIDA, 2013 – 2017.**



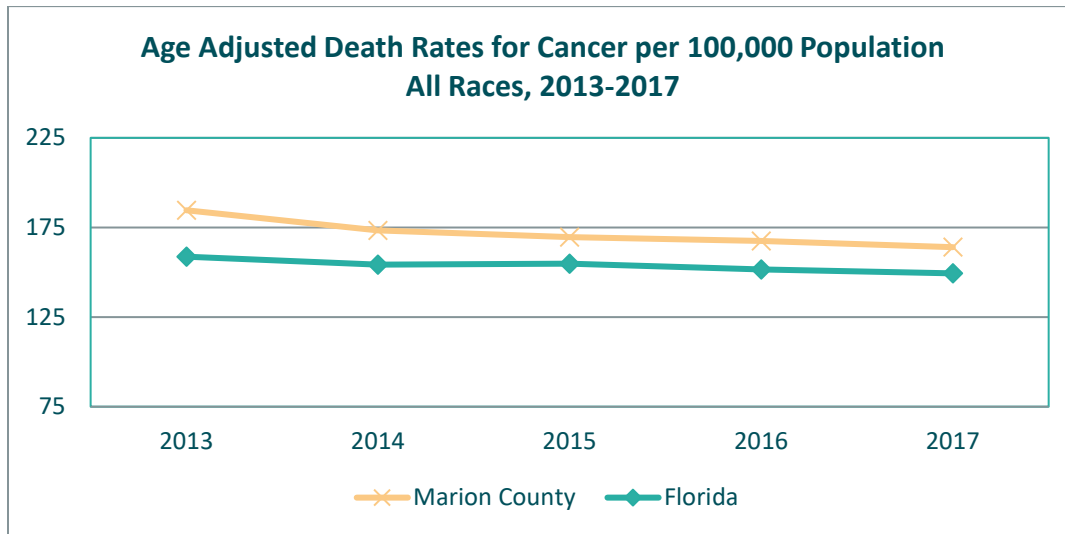
Source: Table 102, 2019 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

**FIGURE 8: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE PER 100,000, ALL RACES, MARION COUNTY AND FLORIDA, 2013 – 2017.**



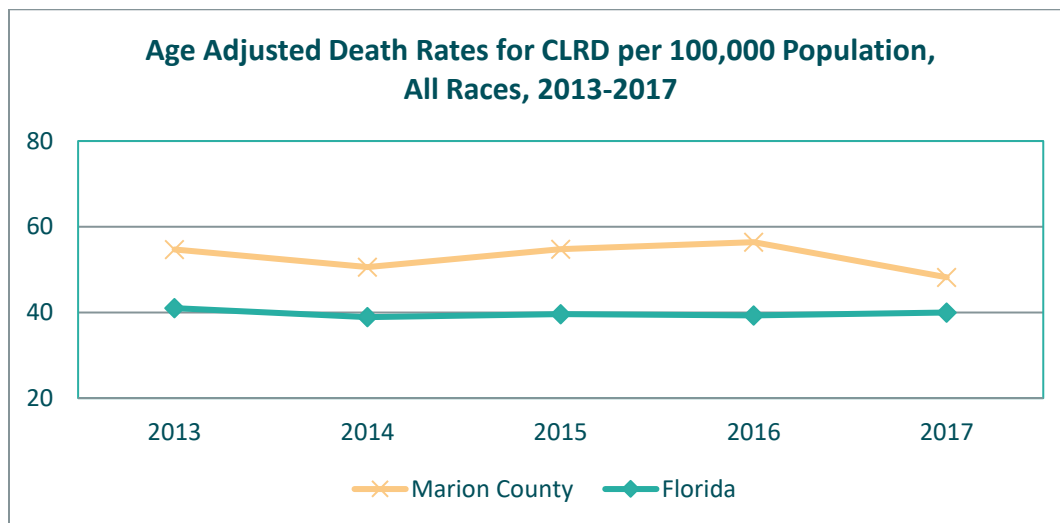
Source: Table 102, 2019 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

**FIGURE 9: AGE-ADJUSTED DEATH RATES FOR CANCER PER 100,000, ALL RACES, MARION COUNTY AND FLORIDA, 2013 – 2017.**



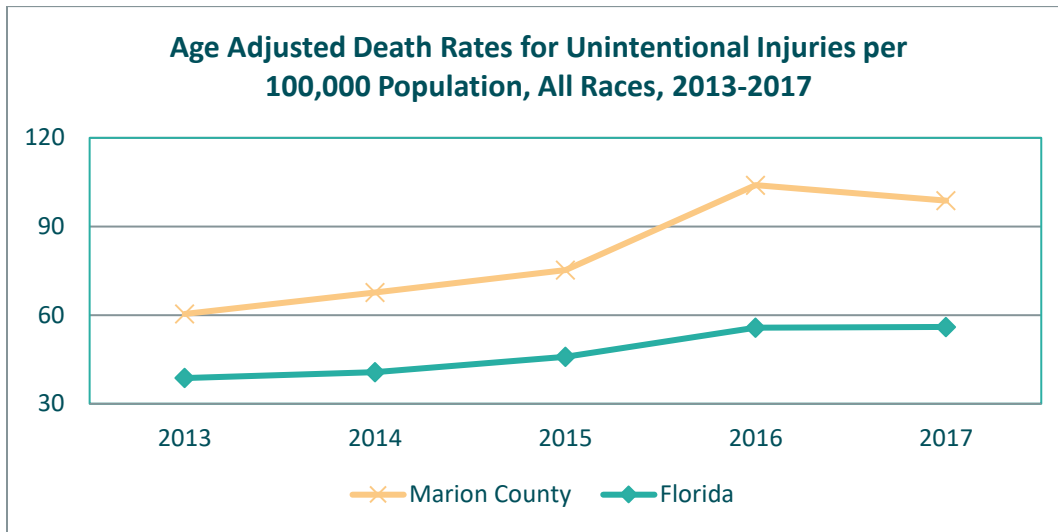
Source: Table 102, *2019 Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

**FIGURE 10: AGE-ADJUSTED DEATH RATES FOR CLRD PER 100,000, ALL RACES, MARION COUNTY AND FLORIDA, 2013 – 2017.**



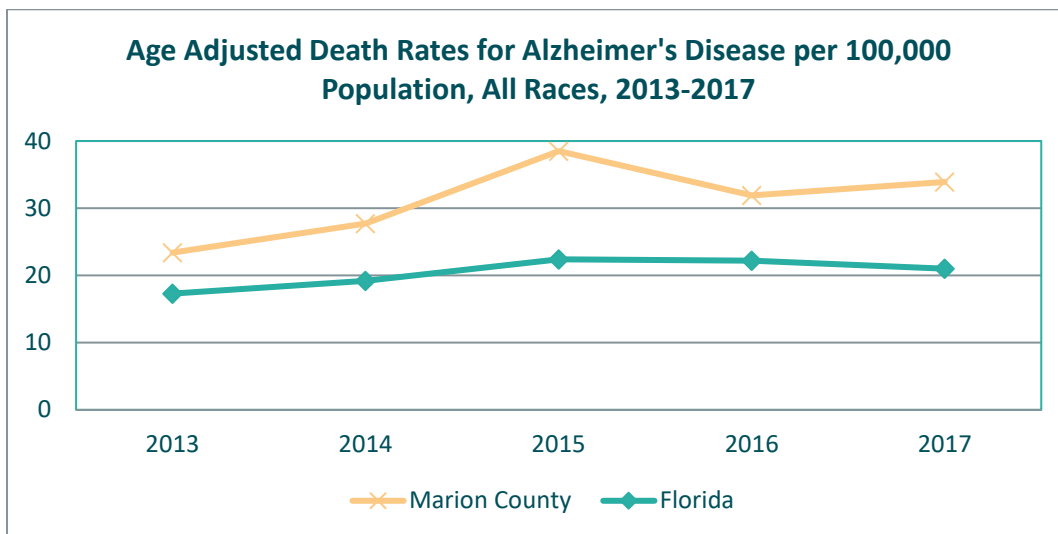
Source: Table 102, *2019 Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

**FIGURE 11: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES PER 100,000, ALL RACES, MARION COUNTY AND FLORIDA, 2013 – 2017.**



Source: Table 102, 2019 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

**FIGURE 12: AGE-ADJUSTED DEATH RATES FOR ALZHEIMER'S DISEASE PER 100,000, ALL RACES, MARION COUNTY AND FLORIDA, 2013 – 2017**



Source: Table 102, 2019 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

Some disparities can be seen in age-adjusted death rates by race and ethnicity in Marion County. The all-cause death rate per 100,000 population in 2013-2017 for Whites was 715.1 compared to 881.7 for Blacks, both exceeding the state rates of 681.5 and 860.2, respectively. For the same period, for heart disease deaths the age-adjusted rate was 199.7 for Whites and 230.2 for Blacks with the Marion County rate for Blacks exceeding the state rates of 232.3. From 2013-2017 for Hispanics in Marion County, age-adjusted death rates were lower than White, Black and state rates for Hispanics for all causes, heart disease, cancer, and CLRD. Hispanics had the highest age-adjusted death rates for Alzheimer's Disease in Marion County at 26.6 per 100,000 population, exceeding the state Hispanic rate of 18.8 and the county rates for all races, Blacks and Whites at 15.5, 12.9 and 15.7, respectively. Unintentional injury death rates for Whites at 57.7, Blacks at 50.9, and Hispanics at 43.8 in Marion County for 2013-2017 exceeded state rates of 39.7, 36.9, and 33.5 per 100,000 population (Table 108).

In Marion County differences in age-adjusted death rates by geography can be seen for 2013-2017. For heart disease, Marion County's rate of 224.27 per 100,000 exceeded the 154.3 state rate while the Silver Springs (ZCTA 34488) rate of 364.3 was the county's highest, followed by 283.7 in McIntosh (32664) and 275.5 in Ocala (34475, Table 110). Similarly for cancer deaths, the Marion County rate of 197.2 per 100,000 exceeded the 155.3 state rate with rates more than twice the state rate in McIntosh (32664) at 385.5 and Silver Springs (34488) at 313.8 per 100,000 (Table 111). CLRD age-adjusted death rates were highest in Silver Springs (34488) at 136.4 which was more than three times the state rate of 40.3 and nearly twice the Marion County rate of 69.6 per 100,000 (Table 112). Likewise, the unintentional injury death rate in Marion County of 71.7 was higher than the state rate of 48.5 and the highest rates were in Silver Springs (34488) at 161.0, in Ocklawaha (32179) at 149.4 and in Ft. McCoy (32134) at 127.6 per 100,000 population (Table 113). Three Marion County ZCTAs in Ocala had age-adjusted death rates for Alzheimer's Disease that were at least twice the state rate of 21.0 per 100,000 population. Those rates were 53.7, 46.0, and 44.0 for ZCTAs 34479, 34474, and 34480, respectively (Table 114). Age-adjusted death rates for stroke were highest in Ocala (34475) at 55.9 and Silver Springs (34488) at 55.6 per 100,000 population (Table 115) while the same held true for diabetes with rates of 55.7 and 53.8 in Ocala (34475) and Silver Springs, respectively (34488, Table 116).

### *Causes of Death by Age Groups*

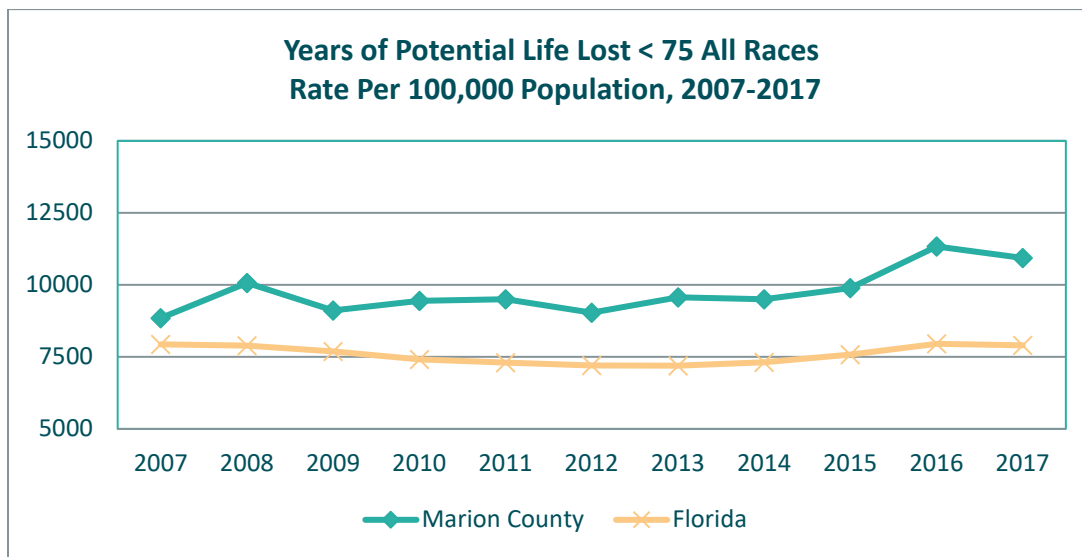
The leading causes of death among those aged 0 to 17 years in Marion County in 2013-2017 were perinatal period conditions, unintentional injuries including motor vehicle crashes, congenital malformations and homicide. For Florida as a whole for this age group, the top causes of death were the same. For those aged 18 to 44 years of age in Marion County, the leading causes of death were unintentional injuries including motor vehicle crashes, suicide, heart disease, cancer and homicide. The top cause of death for 45 to 64 year olds in Marion County were cancer, heart disease, unintentional injury including motor vehicle crashes, CLRD, and diabetes (Table 132).

### *Years of Potential Life Lost*

The concept of years of potential life lost (YPLL) estimates the number of years of life lost due to premature death. The measure helps quantify social and economic loss due to premature death and emphasizes causes

of death affecting younger age groups. From 2007-2017 in Marion County, YPLL rates per 100,000 population have been notably higher for all races, Blacks, Whites and Hispanics as well as males and females when compared to state rates. In Marion County in 2017, the YPLL for all races was 10,929 compared to 7,903.7 for the state. The 2017 YPLL rate per 100,000 population for Whites in Marion County at 11,147.6 was 42.4 percent higher than the state rate of 7,829. Notably, the YPLL for 2017 for Hispanics in Marion County was 8,078.2 or 71.6 percent higher than the state YPLL for Hispanics at 4,706.3 per 100,000 population (Table 131). When examined by select causes of death, some striking differences between Marion County and state YPLL rates were seen. The Marion County YPLL rate for CLRD for 2013-2017 at 459.3 was almost double the state rate of 231.2 per 100,000. For 2013-2017, the Marion County YPLL rate for diabetes deaths was 386.6 compared to 220.4 per 100,000 population, or 75.4 percent higher (Table 133). Figure 13 displays the trends in YPLL for all races in Marion County and Florida.

**FIGURE 13: YEARS OF POTENTIAL LIFE LOST FOR ALL RACES, MARION COUNTY AND FLORIDA, 2007 – 2017.**



Source: Table 131, 2019 Marion County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

### BEHAVIORAL RISK FACTORS

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) survey with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported 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 county-level data available for Marion County is for 2016.

Below are some highlights from the BRFSS data (See Table 183 for full details):

**Overweight and Obesity:** The data for Marion County indicate that the percentages of adults who were overweight (37.0 percent) and adults who are obese (31.2 percent), and adults who are overweight or obese (68.2 percent) exceeded rates for Florida (35.8, 27.4 and 63.2 percent, respectively). The percent of adults in Marion County who reported having a healthy weight was 29.9 percent, below the state rate of 34.5 percent. Relatedly, more Marion County adults reported being sedentary (36.0 percent) and inactive or insufficiently active (59.2 percent) compared to state rates of 29.8 and 56.7 percent, respectively. Fewer Marion County adults met aerobic recommendations (41.9 percent) when compared to 44.8 percent for Florida.

**Tobacco Use:** About 19.1 percent of Marion County adults reported being current smokers while in the state as a whole the percentage of adult smokers was shown at 15.5. The percentage of Marion County adults who reported never being a smoker was 52.8 percent compared to 58 percent for Florida adults. Fewer Marion County adults who were current smokers attempted to quit smoking in the past year (54.7 percent) compared to for Florida as a whole (62.1 percent). The percentage of adults in Marion County who are current e-cigarette users at 5.1 percent was somewhat higher than the state rate (4.7 percent, Table 183).

**Health Status:** Marion County adults reported higher than state rates for numerous health conditions. About 34.4 percent of Marion County adults reported having some form of arthritis which is higher than the state rate of 24.8 percent. Likewise, asthma was more reported to be more prevalent with 9.0 percent of Marion County adults currently having asthma; the state rate was 6.7 percent. Many more Marion County adults (10.6 percent) said they had ever had any type of cancer except skin cancer compared to the state as a whole (7.5 percent). About 14.0 percent of Marion County adults reported ever having had a heart attack, angina, coronary heart disease or stroke; 4.6 percent ever had a stroke and 8.6 percent ever had a heart attack compared to 9.8, 3.5 and 5.2 percent, respectively for Florida. Having chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis was reported by 13.0 percent of Marion County adults compared to 7.1 percent for Florida as a whole. A diabetes diagnosis was reported by 16.6 percent of Marion County adults compared to 11.8 percent for the state. More Marion County adults said they had kidney disease (5.8 percent), suffered from visual impairment (8.5 percent) and used special equipment because of a health problem (13.1 percent) compared to 3.2, 5.8 and 13.1 percent, respectively for the state (Table 183).

**Health-related Quality of Life:** Fewer Marion County adults said their health was good to excellent (74.3 percent) when compared to the state (80.5 percent). Relatedly, 25.7 percent of Marion County adults said their overall health was fair or poor; statewide it was 19.5 percent. More Marion County adults reported having had poor physical health (19.6 percent) and poor mental health (12.9 percent) on 14 or more of the past 30 when compared to state rates of 11.4 and 12.9 percent, respectively. Marion County adults also reported having a higher average number of days in the past 30 days with unhealthy physical health at 5.7 days compared to 4.0 days statewide. More than a quarter of Marion County adults (26.2 percent) said poor physical or mental health kept them from

doing usual activities on 14 or more of the past 30 days; for Florida, 18.6 percent reported that same status (Table 183).

**Health Care Access:** According to BRFSS indicators, Marion County adults were on par with or perform better than state rates for certain measures of health care access. Marion County adults reported somewhat higher rates of health insurance coverage at 85.5 percent compared to 83.7 percent for the state. About 81.4 percent of adults said they had a medical checkup in the past year and 77.4 percent indicated they had a personal doctor. Both rates are higher than state rates of 76.5 and 72.0 percent, respectively. More Marion County adults reported that they had Medicare coverage at 51.3 percent compared to the 37.9 percent state rate. Marion County adults received some cancer screenings at rates higher than for the state. The percentage of men ages 50 years and older who had ever had a prostate specific antigen (PSA) test at 72.3 percent was higher than the 67.5 percent state rate. More Marion County women aged 50 to 74 years had a mammogram in the past two years at 82.7 percent than statewide at 81.7 percent (Table 183).

There were also challenges in health care access for Marion County adults. More adults in Marion County reported that cost was a barrier to seeing a doctor for care in the past year at 19.2 percent when contrasted with the state rate of 16.6 percent. Only 59.4 percent of Marion County adults reported having seen a dentist in the past year; the state rate was 63.0 percent (Table 183).

## INFECTIOUS DISEASES

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. These diseases can be spread, directly or indirectly, from one person to another. Among these are Sexually Transmitted Diseases (STDs) that include Gonorrhea, Chlamydia and Infectious Syphilis. Data from 2006-2016 show that STD rates in Marion County have been lower than state rates with the exception of 2006 rates. Most recently, the Marion County STD rate of 483.8 per 100,000 population was well below the state rate of 587.6 (Table 184). Enteric diseases are those infectious diseases caused by viruses and bacteria that enter the body through the mouth or intestinal system. From 2006-2016 enteric disease rates in Marion County were lower than state rates. The 2016 enteric disease rate for Marion County was somewhat lower at 54.2 per 100,000 than the state rate of 56.9 (Table 184). Zoonotic disease, or infectious diseases of animals that can cause disease when transmitted to humans, fluctuated widely for the reporting period of 2006-2016 but were consistently above state rates. Marion County's 2016 rate of 32.3 per 100,000 was decidedly higher than the state rate of 18.1 (Table 184). Human immunodeficiency virus (HIV) infection case rates and Acquired Immune Deficiency Syndrome (AIDS) case rates from 2006-2017 in Marion County were below state rates. In 2017, Marion County's HIV infection case rate was 11.9 per 100,000 population and 6.0 for AIDS infection cases as compared to the state rates of 24.1 and 9.9 per 100,000, respectively (Table 186). Vaccine-preventable diseases have sporadically been public health challenges in Marion County. Vaccine-preventable diseases include Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus and Polio. In 2009, 2011, 2014, and most recently in 2016, Marion County's case rates of vaccine-preventable disease exceeded state rates. The 2016 Marion County case rate of 6.6 per 100,000 was higher than the state rate of 5.3 (Table 185).



## MATERNAL HEALTH

### *Births*

In 2017 for all races there were 3,496 births in Marion County for a birth rate of 9.9 per 1,000 live births which is lower than the state rate of 10.9 per 1,000. The 2017 birth rate for Marion County Blacks at 14.4 per 1,000 births was the same as the state rate for Blacks. The birth rate for Hispanics in Marion County in 2017 was 12.6 per 1,000 live births which was slightly lower than the state rate of 13.0 (Table 146). For 2010 through 2017 birth rates for Whites and Blacks in Marion County tended to remain steady; Hispanic birth rates in Marion County for the same period show somewhat wider fluctuations. Marion County birth rates for all races, Whites, and Blacks were lower than state rates for those eight years (Table 146). From 2010-2017 the Marion County rates of births to teens ages 15-17 years of age of all races, Whites, Blacks, and Hispanics have been higher than state rates with the exception of one year, 2012, when rates for Blacks and Hispanics fell below state rates and in 2017 for Hispanics. In 2017, the Marion County rates of births to teens were 13.1, 20.0, 11.1 and 8.8 per 1,000 live births for all races, Blacks, Whites and Hispanics, respectively, compared to 7.3, 10.9, 6.4 and 9.1 per 1,000 live births statewide for the same groups, respectively (Table 152).

### *Infant Deaths*

In 2017 there were 27 infant deaths for all races in Marion County resulting in an infant mortality rate of 7.7 per 1,000 live births which was higher than the 6.1 state rate. For the period of 2010-2017 Marion County infant mortality rates for all races and for Hispanics were higher than state rates. From 2010-2017, infant mortality rates for Blacks were higher than state rates with the exception of 2011 and 2017. Similarly, White infant mortality rates exceeded state rates for all but one year, 2012. The most recent (2017) Marion County infant mortality rates were 10.4 for Blacks, 6.0 for Whites, and 12.6 for Hispanics compared to state rates of 10.8, 4.4 and 5.2 per 1,000 live births, respectively (Table 147). Maps 9 and 10 show the Marion County infant mortality rates by poverty level by zip codes and census tracts. It is important to note that the actual numbers in any given year are small, thus the rates of infant death can vary substantially from year to year. When raw numbers are low they can have a high impact on the standardized rates. In this case, the rates can be used to compare groups within a population but they cannot be used to characterize the problem.

### *Low Birthweight (LBW)*

Closely related to infant deaths are Low Birth Weight (LBW) births. In 2017, there were 321 LBW births for all races in Marion County, representing 9.2 percent of total births which was higher than the 8.8 percent state rate. In Marion County in 2017 the percentage of LBW births was highest among Blacks at 13.4 percent with Whites at 8.3 percent and Hispanics at 5.9 percent of births. In 2017, the Marion County LBW birth rates for all races and Whites were higher than the state rates of 8.8 and 7.2 percent, respectively, and lower for Marion County Blacks and Hispanics compared to 13.8 and 7.3 percent, respectively, statewide (Table 148). From 2010-2017 in Marion County, the percent of births that received first trimester care were below state rates for all years and for all races and ethnicities. Most recently in 2017, the percent of Marion County births that received first trimester care were 53.9 percent for all races, 44.7 percent for Blacks, 56.4 percent

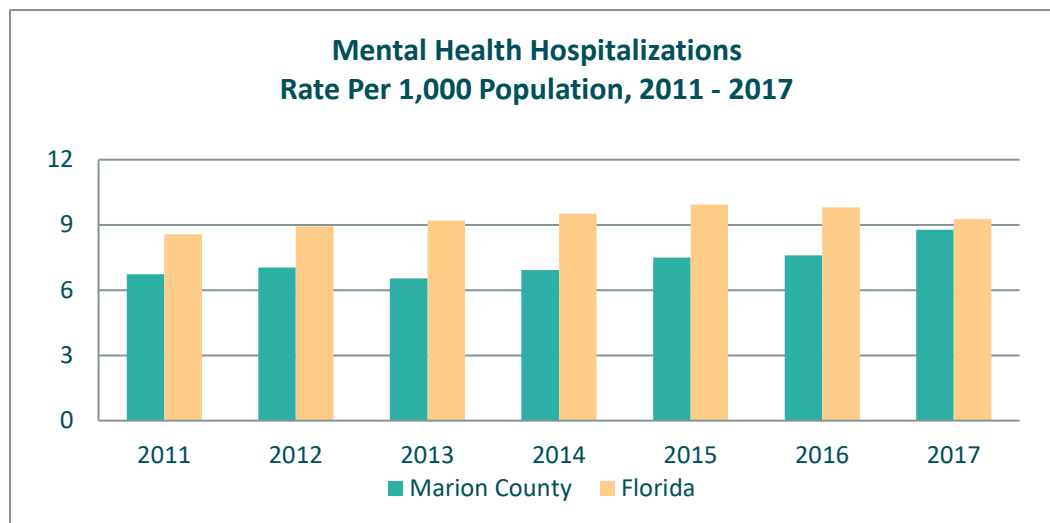
for Whites, and 54.4 percent for Hispanics. Comparable state rates for 2017 were 68.8, 60.8, 71.4, and 69.8 percent, respectively (Table 150).

## MENTAL HEALTH

Reviewing hospital discharge data is one method of gauging the mental health status of a community. The National Institute of Mental Health estimates that approximately one in five adults in the United States suffers from a mental illness in a given year. Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

For 2011-2017, the rates of hospitalizations for mental health reasons for Marion County residents of all ages, those from 0 to 17 years of age, and those aged 18 years and older have remained below state rates with the exception of those 18 years and older in 2017 when the Marion County rate of 10.3 per 1,000 was almost equal to the state rate of 10.2 (Table 137). The data for Marion County and Florida mental health hospitalizations are shown in the figure below.

**FIGURE 14: HOSPITALIZATIONS FOR MENTAL HEALTH REASONS, RATES PER 1,000 POPULATION FOR ALL AGES, MARION COUNTY, 2011 – 2017.**

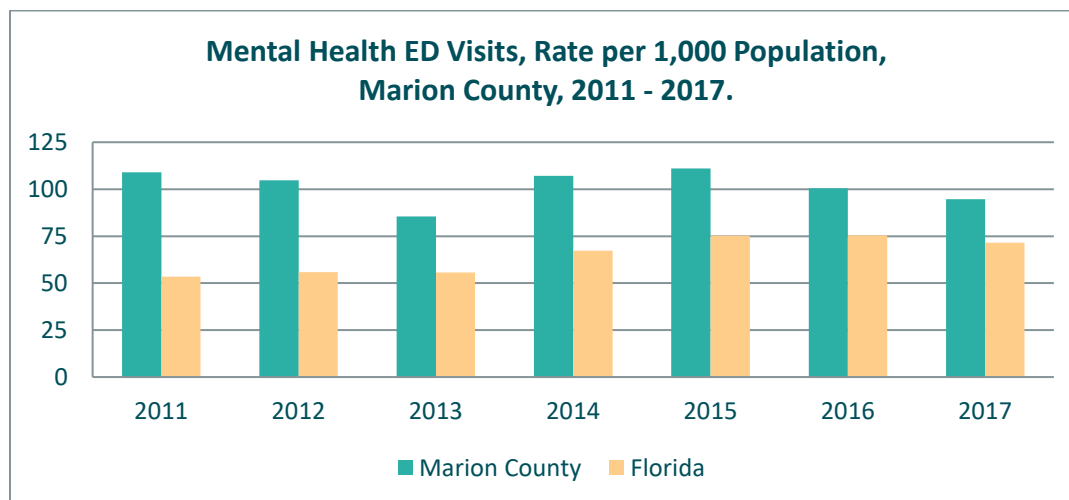


Source: Table 137, *2019 Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

In Marion County and the state of Florida the numbers and rates of emergency department (ED) visits for mental health reasons have increased in recent years. For the 2011-2017 reporting period, the Marion County rates of ED visits per 1,000 population for all ages, for those aged 0 to 17 years and those aged 18 years and older for mental health reasons have exceeded state rates. In 2017 Marion County rates for all ages, 0 to 17 and 18 and older were 94.7, 20.5, and 111.7 per 1,000 population, respectively, compared to state rates of 71.4, 12.1, and 86.4 per 1,000 population, respectively (Table 138). These data are shown in

Figure 15 for Marion County and for Florida. Map 11 displays mental health emergency department visits by Marion County residents by zip code.

**FIGURE 15: MENTAL HEALTH ED VISITS, RATE PER 1,000 POPULATION, MARION COUNTY, 2011 – 2017.**



Source: Table 138, *2019 Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

The rates and numbers of involuntary exam initiations, commonly referred to as Baker Act initiations, have fluctuated over the most recent reporting period of 2009-2015. Most recently in 2015, Marion County rate at 917.6 were below the state rate of 973.8 per 100,000 population (Table 140).

## 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 quality of life and minimize premature death and disability. It is therefore useful to consider insurance coverage and health care access in a community health assessment. The *2019 Marion County Community Health Assessment Technical Appendix* includes data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payor source. Key findings from these data sets are presented below.

### UNINSURED

In 2016 in Marion County, individuals under the age of 65 without health insurance constituted 15.9 percent of the total county population making the rate almost the same as the state rate of 15.4 percent. For the reporting period of 2010-2016, Marion County's rates of uninsured population under the age of 65 have paralleled state rates. This same pattern was seen for the uninsured population under the age of 19 years in

Marion County. Most recently that rate was 6.4 percent compared to the state's 6.6 percent (Table 82). Since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009 uninsured rates in Marion County have taken a similar path to the state rates in their decline (Table 82). In Marion County, the highest percentages of those who are uninsured were found in East Lake Weir (ZCTA 32133) at 40.2 percent, in Citra (32113) at 26.4 percent, and Ocala (34475) at 22.0 percent (Table 83).

### SHORTAGE AREAS

Health professional shortage areas (HPSAs) and Medically Underserved Areas (MUAs) are designations based on Federal standards that indicate health care provider shortages in three (3) categories: primary care, dental health, and mental health. Shortages may be geographic-, population- or facility-based. The HPSA score of shortage areas is calculated using the following four key factors: population-to-primary care physician ratio, percent of population with incomes below 100.0 percent of the poverty level, infant mortality rate or low birth weight birth rate (whichever scores higher), and travel time or distance to the nearest available source of care (whichever scores higher). The maximum score that a facility can receive is 26. The higher the score the lower the access and utilization are of the healthcare facility. The score is applied to a geographic area to determine the MUA index score (Table 195). Marion County HPSA and MUA scores are provided in Table 2 below.

### MEDICAID

In 2017, approximately 21.7 percent of Marion County residents of all ages received Medicaid benefits (also termed being Medicaid eligible), which is higher than the state rate at 19.4 percent. When segmented by age, Marion County also exceeded state percentages for Medicaid eligibles among those 0 to 18 years of age at 61.1 percent and 14.0 percent for those 19 to 64 years of age; comparable state rates were 51.1 and 9.7 percent, respectively (Table 199). By geography in 2015, the Marion County ZCTAs with the highest percentages of Medicaid eligibles were in Ocala (34475 and 34473) at 39.7 and 34.8 percent, respectively, followed by Silver Springs (34488) at 32.9 percent (Table 198). In 2017, Marion County's rate of median monthly Medicaid enrollment of 21,723.1 per 100,000 population was higher than the state rate of 19,607.4 (Table 200).

### PHYSICIAN AND DENTIST AVAILABILITY

In fiscal year 2017-2018, the rate of total physicians in Marion County was 208.2 per 100,000 population which was higher than rates from 2010-2015 but significantly lower than the state rate of 310.6 (Table 203). Total physician types includes family practice physicians, internists, obstetrics/gynecology, and pediatricians. There were 131 dentists in Marion County in fiscal year 2017-2018 for a rate of 37.2 per 100,000 population; the state rate was 55.8 per 100,000. Between 2007 and 2018, the number of dentists in the county remained relatively steady. Even at its highest rate in 2010-2011 of 39.8 per 100,000 population, the rate of dentists in Marion County was significantly below the state rate of 53.4 (Table 204).

**TABLE 2: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, MARION COUNTY 2018.**

Type	Name	HPSA Designation Last Updated Date	Rural Status	Score *
Primary Medical Care				
Single County	Marion County		Partially Rural	
Low Income Population HPSA	Low Income - Marion County	12/26/2017	Partially Rural	17
Correctional Facility	Lowell Annex Correctional Institution	8/2/2018	Non-Rural	6
Correctional Facility	Lowell Correctional Institution	11/5/2013	Non-Rural	3
Correctional Facility	Lowell Reception Center	10/4/2012	Non-Rural	6
Correctional Facility	Marion Correctional Institution	8/28/2013	Non-Rural	3
Federally Qualified Health Center	Heart of Florida Health Center, Inc.	3/1/2009	Non-Rural	0
Rural Health Clinic	Dr. Bellam Medical Clinic	11/3/2003	Non-Rural	0
Low Income Migrant Farmworker Population HPSA	Low Income/Migrant Farmworker - Marion County	11/24/2017	Partially Rural	18
Mental Health				
Single County	Marion County		Partially Rural	
Correctional Facility	Lowell Correction Institution - Annex	11/5/2013	Non-Rural	6
Correctional Facility	Lowell Reception Center	10/4/2012	Non-Rural	6
Correctional Facility	Marion Correctional Institution	8/9/2013	Non-Rural	12
Federally Qualified Health Center	Heart of Florida Health Center, Inc.	3/1/2009	Non-Rural	0
Dental				
Single County	Marion County		Partially Rural	
Correctional Facility	Lowell Annex Correctional Institution	8/2/2018	Non-Rural	6
Correctional Facility	Lowell Correctional Institution	11/5/2013	Non-Rural	6
Correctional Facility	Lowell Reception Center	10/4/2012	Non-Rural	6
Correctional Facility	Marion Correctional Institution	6/27/2013	Non-Rural	6
Federally Qualified Health Center	Heart of Florida Health Center, Inc.	3/1/2009	Non-Rural	0
Low Income Population HPSA	Low Income - Marion County	10/25/2018	Partially Rural	17
Type	Name	MUA/P Designation Date - MUA/P Update Date		Index of Medical Underservice Score
Medically Underserved Area				
Medically Underserved Area	Low Income/Migrant Farm Workers - Marion County	9/26/01 - 4/2/09	Partially Rural	50.9

\*The score represents the HPSA score developed for use by the National Health Service Corps in determining for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority.

Source: Table 195, *2019 Marion County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

## HEALTH CARE FACILITIES

There are numerous licensed health care facilities in Marion County, although some types are limited. Each year from 2007 to 2016 the Marion County rate for nursing home beds was slightly below state rates. The 2017 rate per 100,000 population of nursing home beds in Marion County grew to 426.1 and exceeded the state rate of 407.6 (Table 202). Although hospital beds have been available in Marion County for the reporting period of 2007 to 2017 and in fact have grown in number, the rates of total hospital beds have been consistently lower than state rates. For comparison purposes, the 2017 Marion County rate for total hospital beds was 262.2 while the state rate was 312.3 per 100,000 (Table 202). Some facility types that are notably available in Marion County at rates that exceeded state rates in 2018 included adult family care homes, ambulatory surgical centers, and rural health clinics. Marion County fell short of state rates for adult day care centers, assisted living facilities, home health agencies, home medical equipment providers, and nurse registries (Table 201).

## AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

According to the Centers for Disease Control and Prevention (CDC), potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. In Marion County in 2017, there were 2,465 avoidable discharges among the population aged 0-64 years of age for a rate of 10.1 per 1,000 population. This was lower than the state rate of 14.4. However, there were numerous ZCTAs in Marion County that had avoidable discharge rates higher than county and state rates. From 2015-2017, the highest rates were found in Weirsdale (32195) at 31.4, Silver Springs (34488) at 25.6 and Ocklawaha (32179) at 23.8 per 1,000 population (Table 207). In 2017 for Marion County residents there were 253 preventable dental hospitalizations, or 83.8 percent of all dental hospitalizations which was somewhat higher than the state rate of 82.8 percent (Table 206). Relatedly, in 2017 data show that 96.2 percent of Emergency Department (ED) visits for dental issues by Marion County residents were preventable (Table 205). Map 12 shows dental ED visits for Marion County residents by zip code. The main reasons for the ED visits by Marion County residents in 2017 included cough, unspecified abdominal pain, fever, headache, and chest pain; more than 76 percent of reasons were classified as “other” (Table 215). The ten leading causes of avoidable discharges in Marion County in 2017 for those under the age of 65 were as follows (Table 212):

1. Dehydration – volume depletion
2. Chronic Obstructive Pulmonary Disease
3. Nutritional deficiencies
4. Diabetes “B”
5. Grand mal status and other epileptic convulsions
6. Congestive heart failure
7. Cellulitis
8. Diabetes “A”
9. Asthma
10. Gastroenteritis

## HEALTH DISPARITIES AND HEALTH EQUITY

The Centers for Disease Control and Prevention defines health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.” (<https://www.cdc.gov/healthyyouth/disparities/index.htm> accessed, accessed June 4, 2019). Health equity is described as “the attainment of the highest level of health for all people.” ([https://www.cdc.gov/minorityhealth/publications/health\\_equity/index.html](https://www.cdc.gov/minorityhealth/publications/health_equity/index.html), accessed June 4, 2019). The World Health Organization states that the social determinants of health—those conditions in which people are born, grow, live, work and age—are principally responsible for health inequities. ([https://www.who.int/social\\_determinants/en/](https://www.who.int/social_determinants/en/) accessed June 4, 2019)

Some notable health disparities, or differences in health status, were found in the course of the Marion County community health assessment and are described below. The assessment also examined available indicators of structural drivers and community determinants of health inequity as identified by the Prevention Institute in their recent publication ([https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20\\_Full\\_Report.pdf](https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20_Full_Report.pdf), accessed June 4, 2019). Those potential drivers of health inequity in Marion County are also highlighted below.

### HEALTH DISPARITIES

**Mortality.** Some racial and ethnic disparities were noted in Marion County’s mortality rates. From 2013-2017 the leading causes of death among Marion County Whites, Blacks and Hispanics were heart disease and cancer. CLRD was ranked third for Whites while diabetes and unintentional injuries tied for third for Blacks and unintentional injuries and Alzheimer’s Disease tied for third among Hispanics (Table 97). Despite these commonalities in leading causes of death ranking, differences in mortality rates for specific conditions were seen. In 2017, the age-adjusted death rates for heart disease and cancer for Blacks were 221.6 and 125.5 per 100,000 population compared to 204.9 and 169.2 for Whites, and 168.7 and 130.7 for Hispanics, respectively (Tables 103-105). In 2017, the age-adjusted death rate for diabetes was highest for Blacks at 58.7 per 100,000 population compared to 28.9 for Whites and 37.9 for Hispanics. These rates all exceeded the state rates for the respective races and ethnicity (Tables 103-105). The age-adjusted death rate in 2017 for unintentional injuries was highest among Whites at 104.2, followed by Hispanics at 81.6 and Blacks at 75.5 per 100,000. Again, all rates far exceeded the state rates of 60.6, 34.3, and 40.8 for those races and ethnicity, respectively (102-105). Maps 3-8 display age-adjusted death rates per 100,000 population by poverty level for all causes, heart disease and cancer in Marion County by zip codes and census tracts.

**Maternal and Child Health.** Infant mortality rates for all races and for Hispanics were higher than state rates in Marion County from 2010-2017. From 2010-2017, infant mortality rates for Blacks were higher than state rates with the exception of 2011 and 2017 (Table 147). In Marion County in 2017, the percentage of low birthweight births (LBW) births was highest among Blacks at 13.4 percent with Whites at 8.3 percent and Hispanics at 5.9 percent of births (Table 148). For the reporting period of 2010-2017, Marion County Whites, Blacks and Hispanics lagged in the percent of births that received first trimester care compared to state rates (Table 150). For 2017, disparities were seen in first trimester care rates for Marion County Black



births at 44.7 percent, for Hispanic births at 54.4 percent, and for White births at 56.4.0 percent, all of which were below state rates of 60.8, 69.8, and 71.4 percent, respectively (Table 150). Maps 9 and 10 show the Marion County infant mortality rates by poverty level by zip codes and census tracts.

## HEALTH INEQUITIES

**Life expectancy by geography.** Life expectancy in Marion County was shorter than for the state of Florida. Data showed that male Floridians, without regard for racial classification, had an average life expectancy of 76.3 years, whereas in Marion County, the average life expectancy for males was 74.3 years. Life expectancy for females in Marion County was calculated to be 80.3 years whereas for females in Florida as a whole that figure was 81.6 years. In 2009, the latest year for which complete data are available, differences among races were evident. Life expectancy for Marion County's Black males was 68.9 years compared to 74.9 years for White males and 76.9 years for Black females compared to 81.3 years for White females in Marion County (Table 3).

**Poverty.** Geographic pockets of poverty were evident in the 2012-2016 ACS data. The highest rates for individuals of all ages living at 100-200 percent of poverty were found in Reddick (ZCTA 32686) at 37.0 percent and Ocklawaha (32179) at 34.4 percent (Table 61). Rates for children 0 to 17 years of age living at 100-200 percent of poverty were highest in the Weirsdale ZCTA 32195, followed closely by 37.3 percent of children in Ocklawaha (32179, Table 61). For those aged 65 years and older, estimates showed that 45.5 percent lived at 100-200 percent of poverty in Citra (32113), 43.6 percent in Anthony (32617), and 42.5 percent in Weirsdale (32195; Table 61).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Marion County. The ACS data for 2012-2016 indicate that 17.3 percent of males in Marion County had lived in poverty in the past 12 months compared to 19.1 percent of females (Table 63).. At the same time, there was a much larger disparity between racial and ethnic categories with an estimated 16.0 percent of Whites living in poverty, 29.9 percent of Blacks living in poverty, and 31.0 percent of Hispanics living in poverty in Marion County (Table 65).

## SUMMARY

In summary, the *Marion County Community Health Assessment* and its companion *2019 Marion County Community Health Assessment Technical Appendix* provide rich data resources to better understand the social, environmental, behavioral and health care factors that contribute to health status and health outcomes in Marion County. The data and findings also point to the need for further in-depth exploration of some factors, gaps and root causes in order to improve health outcomes and quality of life in the county. An emerging and rapidly changing health issue revolves around mental health and wellness, substance use disorders, and the resources and services needed to prevent and treat these problems. There are health challenges in the areas of maternal and infant health as manifested in infant mortality, timely entry into prenatal care and births to mothers who smoke. Data point to oral health as a health issue of significance in Marion County. From the scarcity of dentists to the availability of fluoridated community water, oral health

outcomes for many in Marion County suffer. Also of note, is Marion County's high rate of tobacco use that can be linked to many serious health issues such as Asthma, COPD, and cancer. Unintentional injuries, including the many sustained in motor vehicle crashes, are preventable but continue to be leading causes of death and disability. Lower incomes and barriers to health care resources contribute to rising overweight and obesity and prevalence of cardiovascular disease and diabetes. The impacts of barriers to primary care, mental health care and dental care can be seen in steady rises in physical, mental and oral health problems, and are manifested in Emergency Department visits and avoidable hospitalizations. The demographics of Marion County's population with its larger proportion of older adults present challenges and opportunities for assuring sufficient and quality health care resources across the lifespan.

## Community Themes and Strengths Assessment

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the healthcare experience are essential to fully understanding a community's health. The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?" "What factors define a healthy community?" and "What are the most important health problems in your community?" This assessment results in a strong understanding of community issues, concerns, and perceptions about quality of life through the lens of community members and providers.

### COMMUNITY HEALTH SURVEYS

#### METHODOLOGY

A survey was developed to poll individuals about community health issues and the healthcare system from the perspective of Marion County residents. For the purpose of this assessment, a community member was defined as any person 18 years of age or older who resides in Marion County; this included seasonal residents. Responses from individuals who did not meet the aforementioned criteria were not included in the data analysis. The survey included 32 questions and eight (8) demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A paper version of the electronic survey was available upon request. Responses from completed paper surveys were hand-entered into the Qualtrics® database. The survey instrument was tested for readability. Prior to deployment, the electronic version of the survey was pre-tested for functionality and ease of use.

For the community survey, a convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on February 1 and was available through April 30, 2019. The surveys were available electronically on WellFlorida's website with the link shared by numerous community agencies. At the time the survey closed there were 1,154 community surveys in the electronic database classified as follows: 196 incomplete surveys, 22 surveys ineligible due to non-residence in Marion County, one (1) ineligible due to age, netting 935 completed, eligible surveys. The survey completion rate was calculated at 80.8 percent; note that the 22 surveys deemed ineligible due to residency requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from 935 Marion County residents (927 year round, 8 seasonal) were analyzed. The general demographic factors collected on respondents who completed surveys are presented in Table 3 below. Tabulated results from survey items are presented in Tables 3-18 and Figures 16-25 below.

**TABLE 3: DEMOGRAPHICS OF MARION COUNTY SURVEY RESPONDENTS, FROM COMPLETED ELIGIBLE SURVEYS, 2019.**

Demographic Indicator	Marion County n= 935	
	Number	Percent
<b>Age</b>		
18-24	28	3.0
25-29	50	5.3
30-39	150	16.0
40-49	162	17.3
50-59	228	24.4
60-64	116	12.4
65-69	80	8.6
70-79	95	10.2
80 or older	20	2.1
Prefer not to answer	6	<1.0
<b>Gender</b>		
Male	149	15.9
Female	779	83.3
Transgender	0	0
Prefer not to answer	7	.8
Other	0	0
<b>Race</b>		
American Indian/ Alaskan Native	5	0.5
Asian Pacific Islander	5	0.5
Black or African American (Non-Hispanic)	101	10.8
Two or More Races	28	3.0
White (Non-Hispanic)	725	77.6
Prefer not to answer	61	6.6
Other	10	1.0
<b>Hispanic/Latino Ethnicity</b>		
Not of Hispanic, Latino or Spanish origin	787	83.8
Mexican, Mexican American or Chicano	9	1.0
Puerto Rican	51	5.5
Cuban	10	1.1
Prefer not to answer	53	5.8
Other	25	2.8
<b>Highest Level of School Completed</b>		

Demographic Indicator	Marion County n= 935	
	Number	Percent
Elementary/Middle	16	1.7
High school diploma, GED	149	15.9
Some college, no degree	170	18.2
Technical or trade school	117	12.5
4-Year college/Bachelor's degree	255	27.3
Graduate/Advanced degree	197	21.0
Prefer not to answer	23	2.5
Other (Associate Degree n = 4)	8	<1.0
<b>Current Employment Status (may include more than one status)</b>		
Employed full-time	479	51.2
Employed part-time	94	5.8
Full-time student	8	<1.0
Part-time student	15	1.6
Retired	202	21.6
Self-employed	42	4.5
Unemployed	62	6.6
Work two or more jobs	21	2.2
Prefer not to answer	12	1.3
Other: disabled (n=24, 2.6 percent)	41	4.4
<b>How Health Care is Paid For (may include more than one option)</b>		
Health insurance offered from your job or a family member's job	471	50.4
Health insurance that you pay on your own	146	15.6
I do not have health insurance	102	10.9
Medicaid	104	11.1
Medicare	207	22.1
Military coverage/Tricare	30	3.2
Pay cash	80	8.6
Other: Free clinic/charity care (n = 3), did not want to answer (n = 3)	12	1.3
<b>Combined Household Income</b>		
Less than \$10,000	73	7.8
\$10,00 - \$19,999	108	11.6
\$20,000 - \$29,999	101	10.8
\$30,000 - \$49,999	151	16.1

Demographic Indicator	Marion County n= 935	
	Number	Percent
\$50,000 - \$74,999	159	17.0
\$75,000 - \$99,999	98	10.5
\$100,000 - \$124,999	53	5.6
\$125,000 - \$149,999	27	2.9
\$150,000 - \$174,999	23	2.5
\$175,000 - \$199,999	12	1.3
\$200,000 or more	25	2.7
I prefer not to answer	105	11.2
<b>Zip Code of Residence</b>		
32113	19	2.0
32133	1	<1.0
32134	14	1.5
32179	15	1.5
32195	3	<1.0
32617	10	1.0
32664	4	<1.0
32681	1	<1.0
32686	11	1.1
34420	30	3.2
34431	26	2.8
34432	26	2.8
34470	77	8.2
34471	123	13.2
34472	72	7.7
34473	51	5.5
34474	43	4.6
34475	47	5.0
34476	63	6.7
34479	50	5.3
34480	64	6.8
34481	53	5.7
34482	53	5.7
34488	39	4.2
34491	26	2.8
<b>Other:</b> Prefer not to answer, don't know, other zip codes = 14 or 1.5 percent		

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

## OBSERVATIONS FROM COMMUNITY SURVEY

Figures below summarize the responses to the overarching survey questions. In general, the top ten responses for each question are presented. Questions on the following topics are included in the analysis:

- Factors that most contribute to a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Reasons why individuals did not receive dental, primary, and/or mental care
- Ease and/or difficulty in obtaining and understanding information about health
- Rating of community and individual health

Tables and figures show the percentages of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of completed surveys included in the analysis was 935.

**“What do you think contributes most to a healthy community? Choose 3.”**

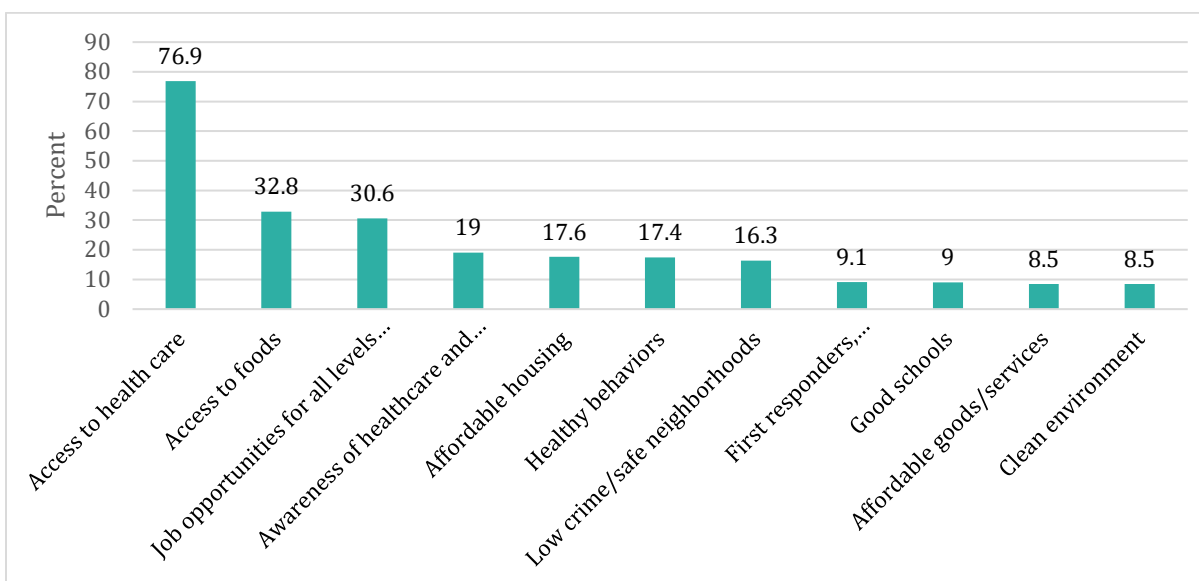
**TABLE 4: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Rank	Factors (Percent of Responses)
1	Access to health care including primary care, specialty care, dental and mental health care (76.9 percent)
2	Access to convenient, affordable and nutritious foods (32.8 percent)
3	Job opportunities for all levels of education (30.6 percent)
4	Awareness of health care and social services (19.0 percent)
5	Affordable housing (17.6 percent)
6	Healthy behaviors (17.4 percent)
7	Low crime/safe neighborhoods (16.3 percent)
8	First responders, Fire/Rescue EMS, emergency preparedness (9.1 percent)
9	Good schools (9.0 percent)
10 tie)	Affordable goods/services (8.5 percent) clean environment (8.5 percent)

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.



**FIGURE 16: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

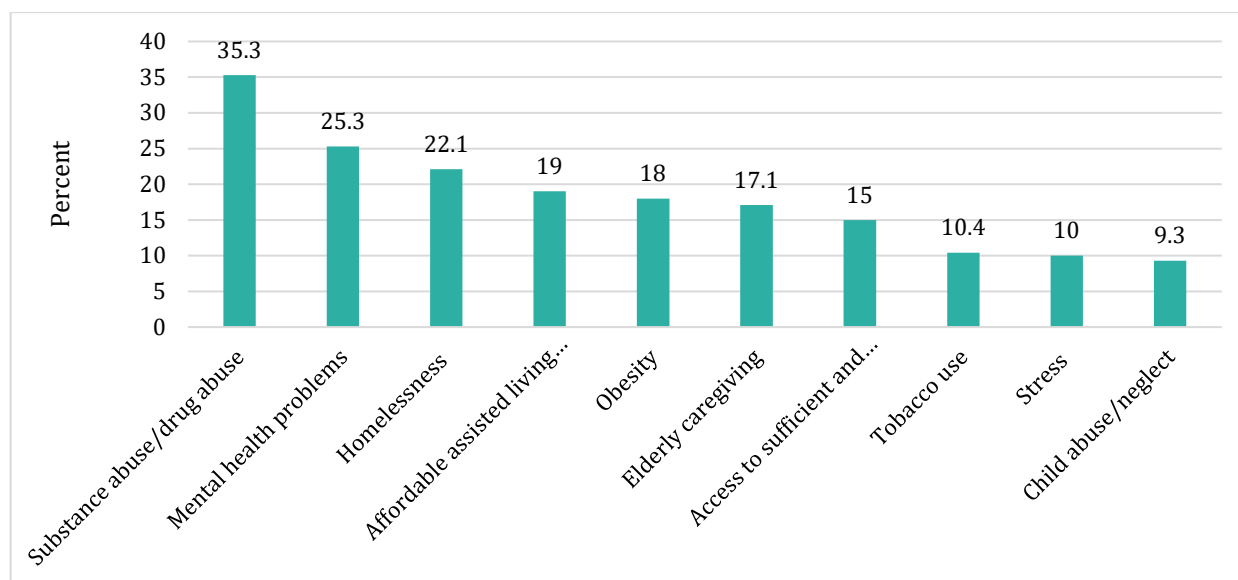
**“What 3 health issues are the biggest problems for residents of Marion County? Choose 3.”**

**TABLE 5: TOP 10 RANKED HEALTH PROBLEMS FOR RESIDENTS OF MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.**

Rank	Health Problems (Percent of Responses)
1	Substance abuse/drug abuse (35.3 percent)
2	Mental health problems (25.3 percent)
3	Homelessness (22.1 percent)
4	Affordable assisted living facilities (19.0 percent)
5	Obesity (18.0 percent)
6	Elderly caregiving (17.1 percent)
7	Access to sufficient and nutritious food (15.0 percent)
8	Tobacco use (10.4 percent)
9	Stress (10.0 percent)
10	Child abuse/neglect (9.3 percent)

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**FIGURE 17: TOP 10 RANKED HEALTH PROBLEMS FOR RESIDENTS OF MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

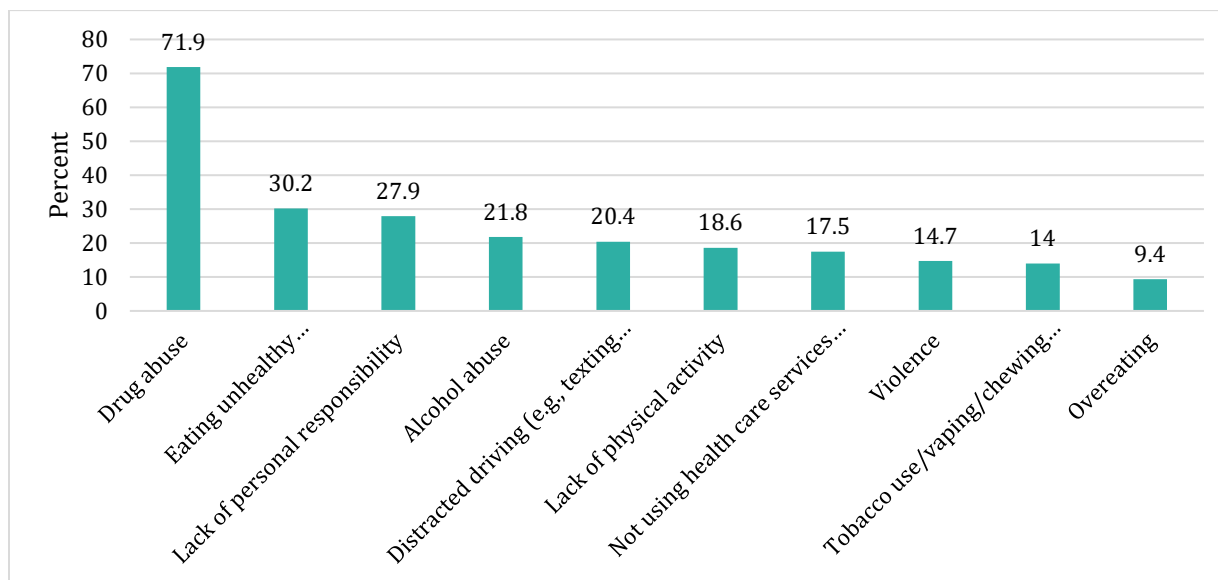
**“What has the greatest negative impact on the health of people in Marion County? Choose 3.”**

**TABLE 6: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Rank	Behaviors (Percent of Responses)
1	Drug abuse (71.9 percent)
2	Eating unhealthy foods/drinking sugar sweetened beverages (30.2 percent)
3	Lack of personal responsibility (27.9 percent)
4	Alcohol abuse (21.8 percent)
5	Distracted driving (e.g., texting while driving; 20.4 percent)
6	No physical activity or insufficient physical activity (18.6 percent)
7	Not using health care services appropriately (17.5 percent)
8	Violence (14.7 percent)
9	Tobacco use/vaping/chewing tobacco (14.0 percent)
10	Overeating (9.4 percent)

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**FIGURE 18: TOP 10 RANKED BEHAVIORS WITH THE GREATEST NEGATIVE IMPACT ON HEALTH, MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“Which health care service are difficult to obtain in Marion County? Choose ALL that apply.”**

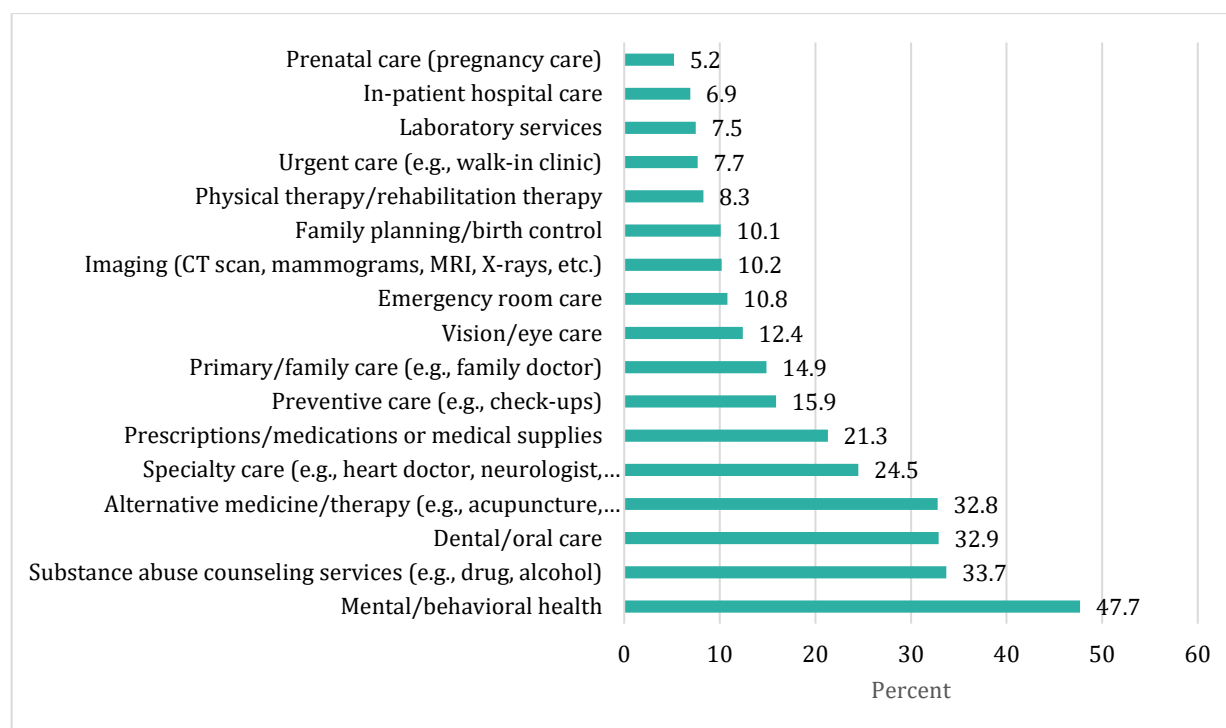
**TABLE 7: HEALTH CARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.**

Rank	Health Care Service
1	Mental/behavioral health services (47.7 percent)
2	Substance abuse counseling (e.g., drug, alcohol) (33.7 percent)
3	Dental/oral health care (32.9 percent)
4	Alternative medicine/therapy (e.g., acupuncture, naturopathy) (32.8 percent)
5	Specialty care (e.g., heart doctor, neurologist) (24.5percent)
6	Prescriptions/medications or medical supplies (21.3 percent)
7	Preventive care (e.g., check-ups) (15.9 percent)
8	Primary/family care (e.g., family doctor) (14.9 percent)
9	Vision/eye care (12.4 percent)
10	Emergency room care (10.8 percent)
11	Imaging (e.g., CT scan, mammograms, MRI, X-ray) (10.2 percent)
12	Family planning/birth control (10.1 percent)
13	Physical therapy/rehabilitation therapy (8.3 percent)

14	Urgent care (7.7 percent)
15	Laboratory services (7.5 percent)
16	In-patient hospital care (6.9 percent)
17	Prenatal care (5.2 percent)
Other: All are accessible (4.4 percent), affordable care/services (1.0 percent)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**FIGURE 19: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN, MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“During the past 12 months, was there a time you needed dental care, including checkups, but didn’t get it?” AND “What were the reasons you could not get the dental care you needed during the past 12 months? Choose ALL that apply.”**

**TABLE 8: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Dental Care	Response
Received needed care or didn't need care	59.1 percent
Did not receive needed care	40.9 percent
<b>Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	74.2 percent
No appointments available or long waits for appointments	20.5 percent
No dentists available	9.7 percent
Service not covered by insurance or have no insurance	57.0 percent
Transportation, couldn't get there	5.5 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	7.7 percent
Other: lack of time, motivation (1.0 percent)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“During the past 12 months, was there a time you needed primary care/family doctor for health care, but couldn't get it?” AND “What were the reasons you could not get the primary/family care you needed during the past 12 months? Choose ALL that apply.”**

**TABLE 9: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Primary/Family Care	Response
Received needed care or didn't need care	80.7 percent
Did not receive needed care	19.3 percent
<b>Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	57.0 percent
No appointments available or long waits for appointments	27.3 percent
No primary care providers (doctors, nurses) available	11.0 percent
Service not covered by insurance or have no insurance	39.5 percent
Transportation, couldn't get there	8.7 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	8.1 percent
Other: issues with quality of care, availability of “good” doctors (<1.0 percent)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

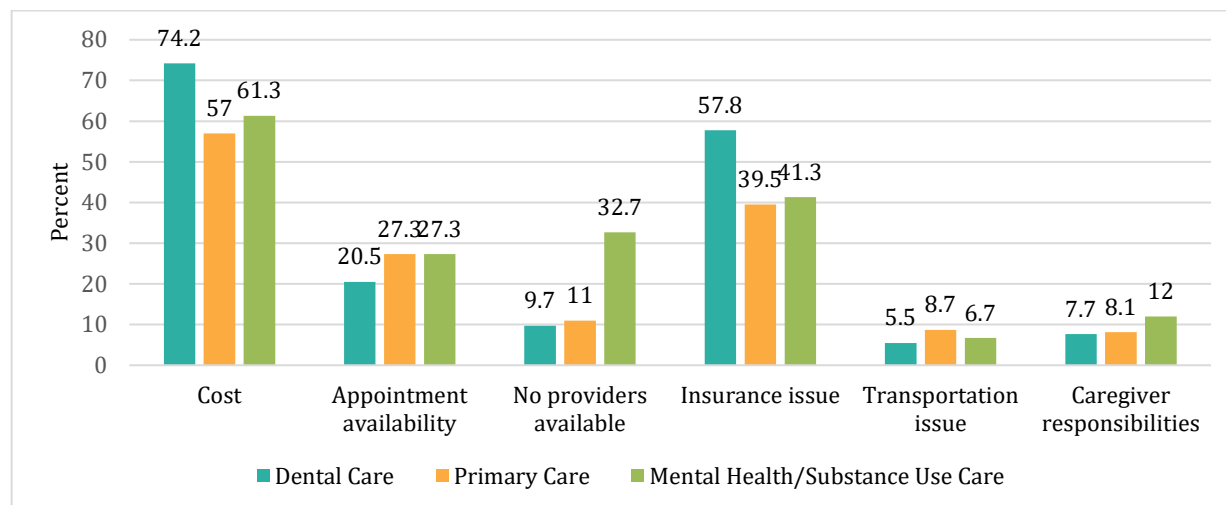
**“During the past 12 months, was there a time you needed to see a therapist for a mental health or substance use issue, but didn’t?” AND “What prevented you from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”**

**TABLE 10: SEEN BY A THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Therapist or Counselor Seen for a Mental Health or Substance Use Issue	Response
Received needed care or didn’t need care	83.9 percent
Did not receive needed care	16.1 percent
<b>Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	61.3 percent
No appointments available or long waits for appointments	27.3 percent
No mental health providers or substance use therapists or counselors available	32.7 percent
Service not covered by insurance or have no insurance	41.3 percent
Transportation, couldn’t get there	6.7 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	12.0 percent
Other: fear, stigma, turned away by provider, didn’t know where to go (1.5 percent combined)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**FIGURE 20: BARRIERS TO CARE EXPERIENCED BY SURVEY RESPONDENTS, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“During the past 12 months, was there a time your child or children in your care needed dental care, including checkups, but didn't get it?” AND “What prevented your child or children in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply.”**

**TABLE 11: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Dental Care	Response
Received needed care or didn't need care	79.2 percent
Did not receive needed care	20.8 percent
Do not have children in my care	49.0 percent
<b>Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	63.2 percent
No appointments available or long wait for appointments	30.5 percent
No dentists available	20.0 percent
Service not covered by insurance or have no insurance	64.2 percent
Transportation, couldn't get there	6.3 percent
Other: none	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“During the past 12 months, was there a time your child or children in your care needed to see a primary/family care doctor for health care but couldn't?” AND “What prevented your child or children in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply.”**

**TABLE 12: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Primary/Family Care	Response
Received needed care or didn't need care	91.9 percent
Did not receive needed care	8.1 percent
Do not have children in my care	49.0 percent
<b>Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	48.6 percent
No appointments available or long wait for appointments	29.7 percent
No primary care providers (doctors, nurses) available	13.5 percent
Service not covered by insurance or have no insurance	48.6 percent
Transportation, couldn't get there	13.5 percent



Other: none

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

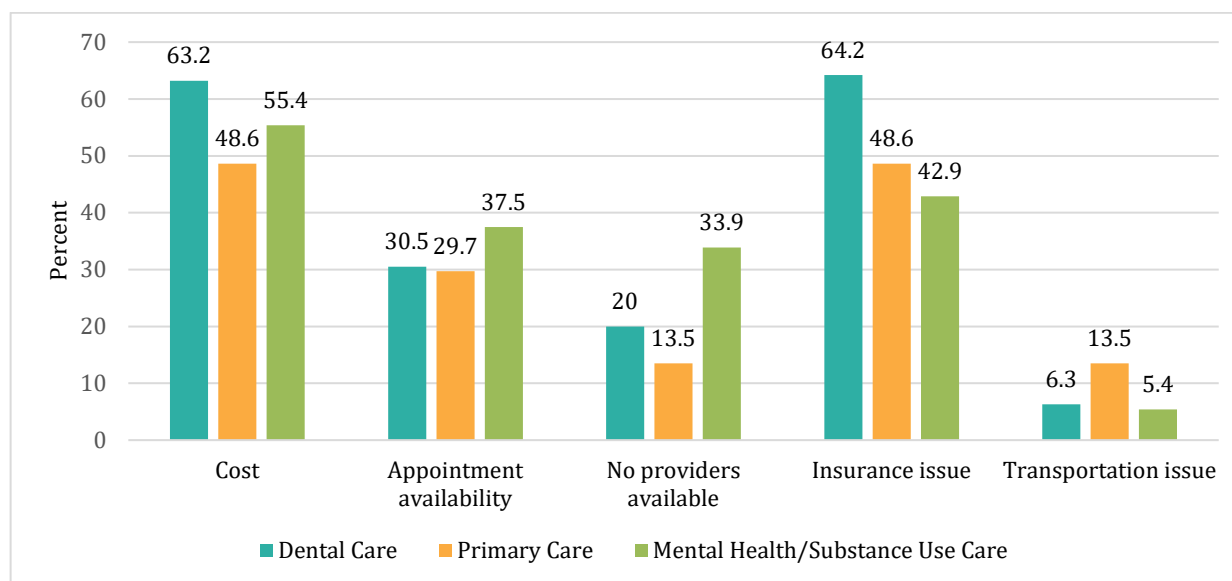
**“During the past 12 months, was there a time when your child or children in your care needed to see a therapist or counselor for a mental health or substance use issues, but didn’t?” AND “What prevented your child or children in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”**

**TABLE 13: CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT SEEN BY THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue	Response
Received needed care or didn’t need care	87.7 percent
Did not receive needed care	12.3 percent
Do not have children in my care	49.0 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	55.4 percent
No appointments available or long wait for appointments	37.5 percent
No mental health care providers or substance use therapists or counselors available	33.9 percent
Service not covered by insurance or have no insurance	42.9 percent
Transportation, couldn’t get there	5.4 percent
Other: No pediatric specialists available (<1.0 percent)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**FIGURE 21: BARRIERS TO CARE EXPERIENCED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“During the past 12 months, was there a time when an adult in your care needed dental care, including checkups, but didn't get it?” AND “What prevented the adult in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply.”**

**TABLE 14: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN THE CARE OF SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Dental Care	Response
Received needed care or didn't need care	62.4 percent
Did not receive needed care	37.6 percent
Do not have an adult in my care	62.3 percent
<b>Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	78.0 percent
No appointments available or long wait for appointments	20.5 percent
No dentists available	9.5 percent
Service not covered by insurance or have no insurance	55.9 percent
Transportation, couldn't get there	8.7 percent
Other: needed specialist, chose not to go (<1.0 combined total)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“During the past 12 months, was there a time when an adult in your care needed primary/family care, including checkups, but didn't get it?” AND “What prevented the adult in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply.”**

**TABLE 15: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN THE CARE OF SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Primary/Family Care	Response
Received needed care or didn't need care	81.3 percent
Did not receive needed care	18.7 percent
Do not have an adult in my care	62.3 percent
<b>Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	63.5 percent
No appointments available or long wait for appointments	22.2 percent
No primary/family care providers (doctors, nurses) available	11.1 percent
Service not covered by insurance or have no insurance	47.6 percent
Transportation, couldn't get there	19.0 percent
Other: work-related issue (<1.0 percent)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“During the past 12 months, was there a time when an adult in your care needed to see a therapist or counselor for a mental health or substance use issues, but didn't?” AND “What prevented the adult in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”**

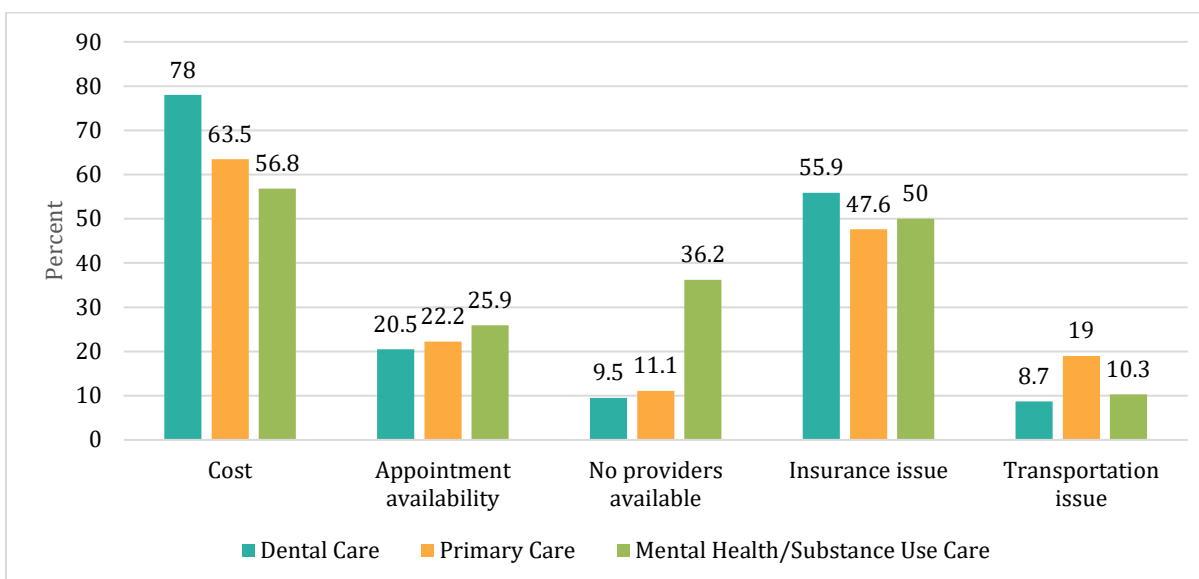
**TABLE 16: ADULT IN THE CARE OF SURVEY RESPONDENT SEEN BY THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue	Response
Received needed care or didn't need care	82.8 percent
Did not receive needed care	17.2 percent
Do not have an adult in my care	62.3 percent
<b>Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)</b>	
Cost	56.8 percent
No appointments available or long wait for appointments	25.9 percent
No mental health care providers or substance use therapists or counselors available	36.2 percent

Service not covered by insurance or have no insurance	50.0 percent
Transportation, couldn't get there	10.3 percent
Other: referral issue (<1.0 percent)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**FIGURE 22: BARRIERS TO CARE EXPERIENCED BY ADULT IN THE CARE OF SURVEY RESPONDENT, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“In the last 12 months, what were your three biggest challenges? Choose at least 1. You may choose up to 3.”**

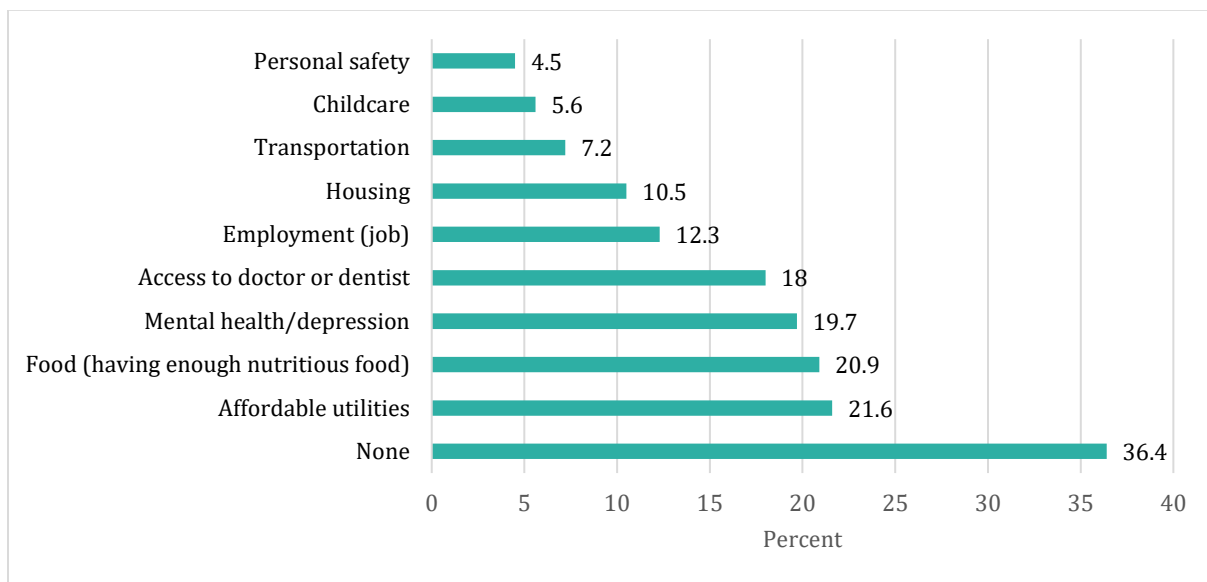
**TABLE 17: RANKING OF BIGGEST CHALLENGES IN THE LAST 12 MONTHS FOR RESIDENTS OF MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.**

Challenges (Percent of Responses)	
Rank	
1	None were challenges for me in the last 12 months (36.4 percent)
2	Affordable utilities (21.6 percent)
3	Food (having enough nutritious food) (20.9 percent)
4	Mental health/depression (19.7 percent)
5	Access to doctor or dentist (18.0) percent)
6	Employment (job) (12.3 percent)
7	Housing (10.5 percent)

8	Transportation (7.2 percent)
9	Childcare (5.6 percent)
10	Personal safety (4.5 percent)
Other: chronic health issues, caregiving, affordability of healthcare (2.0 percent combined total)	

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

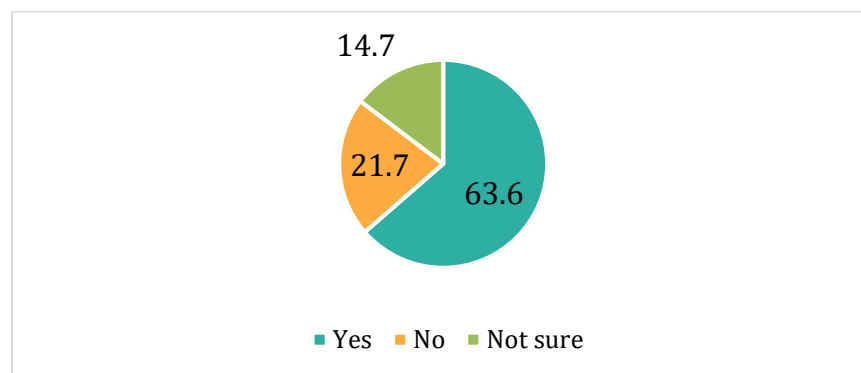
**FIGURE 23: BIGGEST CHALLENGES EXPERIENCED IN THE PAST 12 MONTHS BY SURVEY RESPONDENTS, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“I have enough people I can ask for help at any time.”**

**FIGURE 24: SOCIAL SUPPORT AS INDICATED BY HAVING “ENOUGH PEOPLE I CAN ASK FOR HELP AT ANY TIME,” MARION COUNTY, BY PERCENT, 2019.**



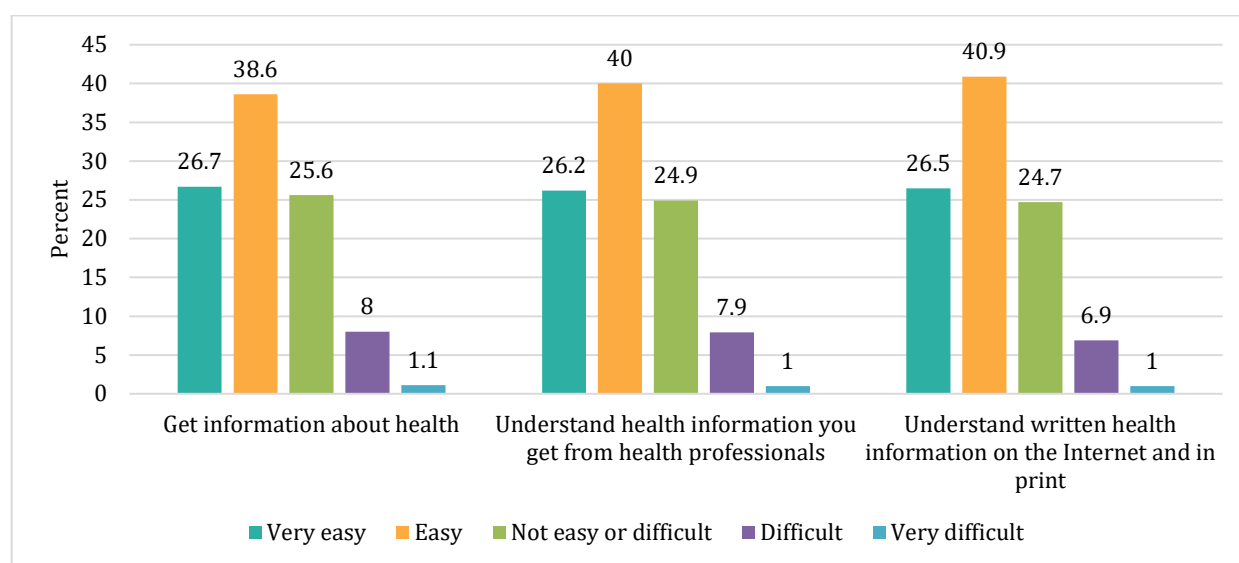
Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“How easy or difficult is it to get information about health if you need to?”**

**“How easy or difficult is it to understand the health information you get from doctors, nurses and other health professionals?”**

**“How easy or difficult is it to understand the written health information on the Internet and in printed handouts?”**

**FIGURE 25: RATING OF EASE OF USE OF HEALTH INFORMATION, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.**



Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

**“Overall, how healthy are the people in Marion County?” AND “How do you rate your own personal health?”**

**TABLE 18: OVERALL RATING OF HEALTH OF MARION COUNTY RESIDENTS AND PERSONAL HEALTH, BY PERCENT, 2019.**

Rating	Overall	Personal
Very unhealthy	3.0 percent	0
Unhealthy	28.6 percent	11.0 percent
Somewhat healthy	60.9 percent	42.0 percent
Healthy	7.5 percent	36.6 percent
Very healthy	0	10.4 percent

Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

## KEY FINDINGS FROM COMMUNITY SURVEY

The demographic data on Marion County survey respondents showed some correlation with recent U.S. Census data for the county. About 78 percent of survey respondents identified themselves as White Non-Hispanic, 10.8 percent Black or African American and 16.2 percent Hispanic or Latino compared to the latest U.S. Census estimates (2013-2017) of 82 percent White, 13 percent Black or African American and 10.4 percent Hispanic. Many more survey respondents in Marion County were female (83.3 percent). Geographic representation of survey respondents was seen with 13.2 percent from Ocala (34471) where about 7.5 percent of the county population resides. Another 8.2 percent were from the 34470 zip code of Ocala where 5.4 percent of the population live, and the third largest percentage of survey respondents at 7.7 percent resided in the 34472 zip code of Ocala, home to about 8.6 percent of the county's population. About one-fifth (21.0 percent) of Marion County survey respondents hold graduate or advanced degrees and more than a quarter (27.3 percent) report having a four-year college degree. About half of the survey respondents were employed full-time (51.2 percent) and carried health insurance through an employer (50.4 percent). About ten percent (10.9 percent) reported having no health insurance. Survey respondents reported a wide range of annual combined household incomes. At 17.0 percent, the range of \$50,000 to \$74,999 was the largest segment followed by 16.1 percent of survey respondents reporting incomes of \$30,000 to \$49,999. About half (51.0 percent) of survey respondents said they have a child or children in their care while 37.7 percent indicated they have an adult in their care.

Marion County respondents felt the most important factors for a healthy community were access to health care, access to sufficient and nutritious food, job opportunities, awareness of healthcare and social services and affordable housing. Notably, many of these factors are recognized as social determinants of health. For their county, Marion County respondents ranked the behaviors with the greatest negative impact on overall health as drug abuse, unhealthy eating, lack of personal responsibility, alcohol abuse, and distracted driving. Consistent with those rankings was the selection of Marion County's most important health problems. These were substance/drug abuse, mental health problems, homelessness, access to affordable assisted living facilities and obesity. Marion County residents ranked the following as the health care services most difficult to obtain: mental/behavioral health care, substance abuse counseling services, dental/oral health care, alternative medicine/therapy, and specialty care services. The existence of barriers to receiving health care, in particular dental, primary, and mental health care, was a common theme. About 40.9 percent of Marion County survey respondents said they did not get the dental care they needed and of those, 74.2 percent said cost was a barrier as was insurance coverage (57.8 percent). Almost a fifth (19.3 percent) of Marion County survey respondents reported not receiving needed primary care with cost (57.0 percent) and insurance coverage (39.5 percent) being the most common issues. Survey respondents said that 16.8 percent did not receive needed mental health/substance use care and cited cost (61.3 percent), no insurance coverage (41.3 percent), and no available appointments (27.3 percent) as barriers.

In Marion County, 51 percent of survey respondents said they were responsible for getting dental, primary and mental health care for a child or children under the age of 18. Of those, 20.8 percent reported not getting dental care for children due to cost (63.2 percent) and lack of or insufficient insurance coverage

(64.2 percent). Primary care was not secured by 8.1 percent of child caregivers for their children with the primary barriers being cost and lack of insurance coverage or insufficient coverage (48.6 percent each). Another 12.3 percent of Marion County survey respondents who were responsible for children reported not getting the needed mental health care for their child or children. Cost (55.4 percent) and insurance issues (42.9 percent) once again were cited as barriers followed by appointment availability at 37.5 percent and lack of mental health care providers (33.9 percent).

More than one-third (37.7 percent) of survey respondents reported having an adult in their care. They indicated similar barriers to care for those adults in their care. About 37.6% did not receive dental care with cost being the primary barrier (78.0 percent). Nearly 19 percent of adults in the care of survey respondents missed getting primary care because of cost (63.5 percent) and insurance issues (47.6 percent). While cost (56.8 percent) and insurance issues (50.0 percent) were impediments to the 17.2 percent of adults in the care of survey respondents receiving mental health/substance use care, the lack of providers (36.2%) also proved to be a substantial hurdle.

When asked to list the biggest challenges experienced in the past months, more than one-third (36.4 percent) of survey respondents said that they had none of the challenges. However, about one-fifth reported affordable utilities (21.6 percent), having enough nutritious food (20.9 percent) and mental health/depression (19.7 percent) as recent personal issues. Notably, in a separate question, 21.7 percent of survey participants indicated that they did not have sufficient social support with another 14.7 percent saying they were not sure if they had “enough people I can ask for help at any time.”

Procuring and understanding information about health were easy tasks according to survey respondents. More than 65 percent said that it was very easy or easy to get health information, understand the health information provided by health professionals, and understand written health information on the Internet or in print. It is noteworthy that as many as 8.0 percent of survey participants indicated it was difficult to get and understand information about health.

Marion County survey respondents rated overall health of county residents as somewhat healthy (60.9 percent) to unhealthy (28.6 percent) while they rated their personal health status as somewhat healthy (42.0 percent) to healthy (36.6 percent).

Community survey respondents consistently expressed concerns about access to health care in general and mental health care in particular. Marion County residents who participated in the survey also said they recognize the conditions, such as lack of affordable housing and food, and job opportunities, as well as the behaviors that contribute to poor health outcomes and quality of life. On a positive note, many survey respondents indicated they are not experiencing adverse barriers to healthy living and voiced their shared concern for these community health issues.



## FOCUS GROUPS

### METHODOLOGY

Two (2) focus groups were facilitated to better understand the challenges and experiences of a priority population in Marion County; that is, adults with and/or recovering from substance use disorders. The focus group script was designed and implemented with final approval from the Marion County Community Health Assessment Core Team and select subject matter experts. Focus group participants were recruited by community partners from among adults who were current participants in court-ordered substance use programs in Marion County. Trained facilitators conducted the focus groups using a script, which included a brief introduction, completion of informed consent forms and a demographic survey, and a series of questions asked sequentially. Please see the Appendix for the focus group materials. The following focus groups were facilitated:

Date	Location	Time	Number of Participants
May 14, 2019	Ocala Consulting and Prevention	6:00 – 7:00 pm	17
May 15, 2019	Ocala Consulting and Prevention	10:00 – 11:00 am	10

TABLE 19. MARION COUNTY FOCUS GROUP PARTICIPANT DEMOGRAPHICS, 2019.

Indicator	OCP Group 1, N = 17		OCP Group 2, N = 10	
	Number	Percent	Number	Percent
<b>Age</b>				
18-29	5	29.5	4	40
30-39	4	23.5	3	30
40-49	7	41.3	0	0
50-59	1	5.7	3	30
60-64	0	0	0	0
65+	0	0	0	0
<b>Gender</b>				
Male	12	70.6	6	60
Female	5	29.4	4	40
<b>Race and Ethnicity</b>				
Asian	0	0	0	0
Black	3	17.6	1	10
Native American/Alaskan Native	0	0	0	0

Indicator	OCP Group 1, N = 17		OCP Group 2, N = 10	
	Number	Percent	Number	Percent
Native Hawaiian and other Pacific Islander	0	0	0	0
Two or More Races	2	11.8	0	0
White	12	70.6	9	90
Other	0	0	0	0
Hispanic/Latino	0	0	0	0
<b>Highest Level of Education Completed</b>				
Less than high school	4	23.5	1	10
High school graduate	11	64.7	5	50
Some college, no degree	1	5.9	1	10
Associate's Degree	0	0	1	10
Bachelor's Degree	1	5.9	1	10
Graduate or Professional Degree	0	0	1	10
No Answer	0	0	0	0
<b>Type of Health Insurance (may choose more than one type)</b>				
Private insurance through work or retirement	2	11.8	1	10
Private insurance purchased through Obamacare	1	5.9	0	0
Medicaid	2	11.8	1	11
Medicare	0	0	2	30
VA/Tricare	1	5.9	0	0
No health insurance	11	64.7	6	60
<b>Zip Code of Residence</b>				
32113	0	0	2	20
32134	1	5.9	0	0
32640	1	5.9	0	0
34429	1	5.9	0	0
34432	1	5.9	0	0
34434	0	0	1	10
34470	5	29.2	3	30
34471	1	5.9	1	10
34472	2	11.8	0	0
34475	1	5.9	0	0
34474	0	0	1	10
34476	1	5.9	0	0
34478	0	0	1	10

Indicator	OCP Group 1, N = 17		OCP Group 2, N = 10	
	Number	Percent	Number	Percent
34479	1	5.9	0	0
34480	1	5.9	0	0
34488	1	5.9	1	10

Source: Marion County Community Health Needs Assessment Focus Groups 2019, prepared by WellFlorida Council, 2019.

## SUMMARY AND KEY THEMES

Across the two focus groups, common themes emerged. These included substance use in Marion County, services for those with substance use disorders in Marion County, barriers to services, and experiences with law enforcement, criminal justice system and other governmental and service agencies. Each of these is described in the subsequent section on key themes. The Appendix includes the detailed responses by focus group that may further enlighten issues that surfaced from the particular groups. Themes represent common issues and their supporting factors as articulated by focus group participants in the two sessions. The themes are presented below with a list of the contributing factors commonly mentioned by focus group participants. It is important to note that while these focus group findings are not generalizable to the entire population of Marion County, the information provides valuable insights into and indications of the experiences, perceptions, opinions and attitudes about substance use and related health behaviors, issues and resources, quality of life factors and Marion County's ability to address these problems.

### Key Themes

#### Theme: Substance Use in Marion County

- Widespread drug use in Marion County and can be found in
  - Young teens to older adults
  - All income groups
  - All races
  - All parts of the county (city, rural and suburban)
- Changes in drug use
  - More people are using drugs
  - Kids are using drugs at younger age
- Changes in the drugs
  - More methamphetamine and heroin use
  - Drugs are more potent
  - Quality of drugs is questionable

Focus group participants agreed that the substance use problem in Marion County has worsened. They felt substance use has become more widespread with users from age groups starting in the early teens to senior citizens. Participants said that substance use problems do not “discriminate” and can be found in all races and income brackets. They agreed that there was much more methamphetamine and heroin use and that marijuana use, while common, was a minor problem compared to the other drugs. Focus group participants

felt there has been a change in the drugs themselves with some becoming more potent, issues with poor quality, and questionable mixtures of substances.

**Theme: Services for Those with Substance Use Disorders in Marion County**

- No beds for residential treatment
- Limited services at The Centers
- Drug Court
- Amnesty Program

Participants in both focus groups concurred that services for people with substance use disorders were expensive and difficult to find in Marion County. They also agreed that if a person had health insurance or money that person would be more likely to get assistance for their substance use problem. It was also felt that even having insurance was not always sufficient because people are turned away if their policies do not cover those services or facilities are at capacity. The groups discussed the lack of residential treatment beds in Marion County and the futility of the two-day treatment afforded by the Baker Act. Drug Court and the Amnesty Program were mentioned as available resources along with limited services at The Centers. The role of personal motivation was brought up as an important factor in finding services and that those deep in addiction do not want help. A few participants thought that over the past year finding assistance and services in Marion County had gotten a little easier and that services are there if you look hard enough. A particular counselor at The Centers was mentioned by several participants as one of the best resources in Marion County.

**Theme: Barriers to Seeking and Receiving Assistance and Services**

- Personal motivation and attitudes
- Perceptions
- Cost
- Transportation
- Facility issues

Personal motivation and attitude were cited in both focus groups as driving forces both in pursuing and blocking the receipt of services and assistance. Not recognizing that one had a substance use problem and not wanting to change were often mentioned as reasons for not getting assistance. Some focus groups participants said they did not want to change and/or thought they were functioning well with the problem. Many participants talked about pride, embarrassment and the stigma attached to seeking help for a substance use issue as deterrents. Practical issues that presented barriers included costs, lack of insurance, and no transportation. Participants said the transportation issue worsened when losing one's driver's license and/or having a car impounded was part of a legal action. Racial discrimination was discussed and those who had experienced unfair treatment by law enforcement officers and caregivers gave examples. Facility issues such as the shortage of beds and providers were mentioned as well as the lack of professionalism by facility staff.

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**Theme: Interactions with Law Enforcement, Criminal Justice System and Other Governmental and Service Agencies**

- Inconsistencies in penalties and sentences for drug offenses
- Treatment with disrespect, false assumptions and racial bias
- Failure of social service agencies

Many participants in both focus groups expressed resentment, anger, dismay and frustration about the perceived lack of fairness and consistency in how law enforcement officers and the criminal justice system handle substance use cases. Participants described numerous incidents where people received varying penalties for seemingly the same offenses. They felt law enforcement officers often made assumptions and treated people with disrespect and showed bias based on race. Participants suggested that law enforcement officers should offer assistance first, then handle legal issues after the person was stabilized. There was clear agreement across both groups that Marion County needs services to help substance users before they become involved with law enforcement and the criminal justice system. Many agreed that going to jail does not help an addiction problem but Drug Court and the Amnesty Program can put people on the road to recovery. Some focus group participants felt they received no assistance nor support from the school system for their children while they were managing their own substance use issue. Most participants were of the opinion that schools should offer drug prevention education not only to elementary school children but continue through middle and high school. Several participants mentioned needing assistance from an agency such as the Florida Department of Children and Families (DCF) but said they did not want DCF involvement because of negative consequences. The role of parents in preventing children from using drugs was discussed. There was agreement among participants that parents are ultimately responsible, yet many parents are unprepared themselves and there is no parenting assistance. Similar to the suggestion for pre-intervention services for substance users, participants suggested having an alternative to DCF to turn to before family and parenting problems escalate.

## Forces of Change Assessment

### METHODS

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

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

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On April 5, 2019, the Marion County Steering Committee team convened a group of community leaders to participate in this Forces of Change Assessment. In advance of this meeting, Steering Committee members were provided with a summary of the secondary data findings, data presentations from the five special topics workshops, and given electronic access to the *2019 Marion County Community Health Assessment Technical Appendix*. Invited participants were encouraged to become familiar with the current data on demographics, health conditions and behaviors and health care resources. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes and quality of life. The tool used to conduct this activity can be found in the Appendix. The *Forces of Change for Marion County* table on the following pages summarizes the forces 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.

<b>Forces Of Change For Marion County - FACTORS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	<b>FACTORS</b>	<b>THREATS POSED</b>	<b>OPPORTUNITIES CREATED</b>
<b>Social/Behavioral</b>	Generational poverty	Inability to break poverty cycle; impact on health and quality of life	Many intervention points in lifespan; shared efforts of many partners needed
	Homelessness	Individuals, families exposed to health and safety risks, food insufficiency; discrimination and segregation in the community	Address multidimensional issues that lead to homelessness; educate community on issue
	Narcan use may be encouraging repeat opioid overdoses	Sustained opioid use; questioning of Narcan use; overdose deaths	Study of Narcan use, its risks, benefits, outcomes
	Hispanic/Latino community delays seeking healthcare and services due to fear of prosecution for immigration status	Delayed healthcare can result in poor health outcomes, higher costs of care	Outreach through culturally and linguistically appropriate means
	Low health literacy	Inappropriate use of healthcare services; poorer health outcomes; higher healthcare cost	Health education/literacy strategies provided by culturally and linguistically appropriate programs/interventions
	Few food banks	Food insufficiency, hunger	Locate food banks in geographic areas to meet needs
	Overweight and obesity	Contributes to incidence and prevalence of chronic diseases and conditions; associated with higher healthcare costs	Nutrition and physical activity education, resources and programs; chronic disease self-management programs
	Strong arts culture	Preservation of arts for future generations	Enlist arts community to partner with other partners to enhance quality of life through engagement in arts
	Active, engaged religious communities	Underserved populations, isolated individuals and groups that may be missed could be reached	Promote health ministries among religious communities; invite to

<b>Forces Of Change For Marion County - FACTORS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
		through trusted faith-based partnering	partner on community health issues
<b>Social/ Government</b>	Challenges where mental health, law enforcement, criminal justice systems intersect	Homicide, suicide, substance abuse rates increase; strain on resources for all;	Diversion programs; law enforcement/first responder training
	Strong Veterans Administration (VA) healthcare system	Assuring continuing quality of care and ability to meet growing need; advancing age of veterans	Wise use of VA resources and services, coordination of care
<b>Social/Economic</b>	Medicaid as primary payor source	Health insurance not accepted by local providers; few providers accept Medicaid for medical and/or dental services; health care professionals move out of Marion County	Contract negotiations; explore dental/medical professional recruiting strategies through HRSA rural health programs
	Shortage of dentists who accept Medicaid as payment	Delayed dental care can result in poorer health outcomes; increased costs for emergency room treatment; prevention and wellness not engrained in lifestyles	Explore mobile services, telemedicine; partner with larger regional health systems; negotiate higher Medicaid rates
	Lack of Alzheimer's Disease care	Poor care, quality of life and outcomes for Alzheimer's patients; burden on families to provide care	Explore service expansion options for range of healthcare facilities (e.g., hospitals, SNFs, ALFs, hospice)
<b>Economic</b>	Industrial traffic	Heavy equipment damages road, bridge infrastructure; no mechanism to recoup maintenance and repair costs; increased traffic congestion	Policy, regulation for business and industry expansion to address infrastructure costs
	Mobile home housing stock in poor condition	Substandard housing puts residents at health and safety risk; pose threat during severe weather events	Government and business community solutions



<b>Forces Of Change For Marion County - FACTORS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	<b>FACTORS</b>	<b>THREATS POSED</b>	<b>OPPORTUNITIES CREATED</b>
	24-hour day care not available	Employees miss work, lose jobs; children left under- or unsupervised	Business opportunity to meet unfilled need
	Few healthy drive-through food options	Poor food choices and eating habits; contributes to chronic disease prevalence	Unmet need could be business venture for entrepreneurs; educate consumers on how to prepare healthy meals
<b>Government/ Political</b>	Failing schools	Foundational education not adequately provided to children; wasted school resources	School funding legislation; school performance standards
	Public transportation lacking	Inefficient use of limited public transportation resources; residents not able to commute to school, jobs, healthcare	Public/private innovation
	Lack of fluoridated water	Poor dental health; higher costs for dental care across lifespan	Education on benefits, costs, risks; advocacy for change in local policy
	Diversion programs to keep offenders from entering criminal justice system	Assure resources to continue programs	Expand current programs, follow DJJ models
<b>Technology Innovation</b>	Telemedicine not used widely	Acceptance of virtual medicine as viable alternative to in-person services; may be limited to certain medical disciplines; requires investment by health care organizations; depends on Internet access; service coverage by health insurance	Improves access to health care; cost reduction; more efficient use of health care provider time and resources
<b>Environmental</b>	Walkability limited	Limits safe places for physical activity and recreation for residents of all ages and abilities; healthy habits not developed and maintained	Pursue grants to finance infrastructure changes; advocate policy change by local governments to support health-related issues

<b>Forces Of Change For Marion County - TRENDS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	<b>TRENDS</b>	<b>THREATS POSED</b>	<b>OPPORTUNITIES CREATED</b>
<b>Social/ Behavioral</b>	Increase in population diversity	Inability to plan and provide culturally and linguistically appropriate services; unserved populations at risk for health problems	Cultural diversity, better ethnic and race relations, and intergenerational relations
	Aging population is increasing	Higher demands for healthcare and social services to serve senior citizens; housing may not meet safety and mobility needs	Expansion of businesses that serve senior citizens; housing market expansion; jobs; seniors can share knowledge, experience; volunteer pool
	Decrease in number of “snowbirds” who are part-time residents	Must have housing and services to attract full-time residents; negative economic impact of fewer visitors; difficult for organizations to plan with changing pattern	Attract residents and visitors to Marion County through marketing; study impact of migration on local economy and services
	Rising number of grandparents raising grandchildren	Economic and health burden to those raising grandchildren; preservation of cultural and family values	Address generational poverty and health issues; intergenerational approach to family integrity
	More sex trafficking	At-risk youth and undocumented individuals targeted; connection with other negative health behaviors and illegal activity	Collaboration for prevention, early intervention, enforcement by health, justice system, law enforcement, social service partners
	Empathy overload more evident	Disinterested, disengaged population stay uninformed and uninvolved in addressing issues	Clear advocacy and policy education; collaboration to eliminate duplication of efforts and cross-messaging
	Anti-vaccine sentiments and questioning of science more common	Individuals and groups put at higher risk for disease and poor health outcomes	Education; legal and regulatory protections
	Increased collaboration among partners to solve community problems	Sustaining efforts; competition for funding and resources	Leadership opportunities are emerging; partnering for collective impact creates climate of accountability and responsibility

## Forces Of Change For Marion County - TRENDS

*(Prepared by WellFlorida Council – April 2019)*

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
	Rise in e-cigarette use and other nicotine products	Health-related issues attributed to tobacco and nicotine use; failure to recognize health risk associated with e-cigarettes and smokeless tobacco; acceptance of generational smoking/tobacco use	Policy change to restrict use of e-cigarettes and alternate nicotine delivery methods; policy, law and regulation enforcement; prevention education and support for addiction recovery
	Cocaine and methamphetamine use on the rise	Rise in addiction and related health, social, family and legal issues; law enforcement and criminal justice system resource strain	Prevention, early identification and intervention education and programs needed; seek funding/grants to address
	Infectious disease rates increasing	Rising rates connected to substance abuse	Identification of root causes of rising disease rates; prevention education; seek program, grant/funding support for local, region, state, federal sources
	Domestic violence on the rise	Physical and emotional harm to individuals and families; impact on education and employment of victims	Enhance programs and resources; work with partners to address multiple factors that contribute to the issue
	Substance-exposed babies now in school system	Meeting the educational, health and social needs of children; resources and expertise in schools may be lacking and/or strained	Prevention and early identification and intervention for pregnant/new mothers and their infants; collaborative solutions among partners including education, health, social services, law enforcement, criminal justice, social services
	Increased suicide in jails	Needless loss of life; unrest among jail population; increased shortage of trained professionals employed in correctional system	Mental health, law enforcement, criminal justice collaboration for solutions; early risk identification and intervention

<b>Forces Of Change For Marion County - TRENDS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	<b>TRENDS</b>	<b>THREATS POSED</b>	<b>OPPORTUNITIES CREATED</b>
<b>Social/ Economic</b>	High percentage of uninsured clients seeking care	People delay or forego needed care resulting in poor health outcomes; inadequate health insurance doesn't cover needed services; high premium costs, high plan deductibles and co-pays; medical practices may not accept plans; insurance creates barrier rather than increase access; certain groups impacted to greater extent such as senior citizens	Maximize available public benefit programs; educate public on how to navigate health care system; put emphasis on prevention, quality of life and wellness
	Access to insulin is increasingly more common problem	Medication rationing; missed doses of critically important medication can lead to poor health outcomes; higher costs for more intense care later in the course of medical problems/disease	Closer consultation with health care providers to find individual solutions; take advantage of drug assistance programs (governmental, pharmaceutical companies); involve corporate partners that dispense meds (Wal-Mart, CVS, Walgreens); include health care costs in financial education classes
<b>Economic</b>	Low unemployment rates and fewer skilled and unskilled workers in job applicant pools	College-educated residents move elsewhere to find fulfilling work in their professions; service industry workers struggle to make living wages; fewer workers to support aging population	Strategic economic planning by government, private sector, academic, and community partners
	Rising cost of utilities and practice of utility bundling	Exposure to extreme heat, cold, no water/sewer, inability to cook and refrigerate foods and medicines; more homelessness	Public/private partnerships and ventures to address utility issues

<b>Forces Of Change For Marion County - TRENDS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	<b>TRENDS</b>	<b>THREATS POSED</b>	<b>OPPORTUNITIES CREATED</b>
<b>Government/ Political</b>	More active involvement of Marion County Sheriff's Office with partners to address opioid issue	Must build trust and mutual respect; share assets and accountability	Shared resources and solutions for impactful interventions and outcomes
<b>Environment</b>	Traffic congestion increasing	Pollution, traffic crashes and road rage incidents; detracts from appeal of area	Short- and long-range planning with government, private industry, environmental groups
	Climate change	Degradation of natural resources; impact on human, animal and plant life	Seek local, regional, state and federal support and resources; advocate for policy and regulation to protect environment

<b>Forces Of Change For Marion County - EVENTS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	<b>EVENTS</b>	<b>THREATS POSED</b>	<b>OPPORTUNITIES CREATED</b>
<b>Social</b>	Local school shooting	Response to events causes added costs for school system security; highlights deficiencies in school resources for student health and counseling services; political ramifications due to opposing views on gun control	Open discussion on issues such as mental health, gun control, privacy; youth involvement in policy development and legislation; physical improvements to schools
<b>Social/Economic</b>	AdventHealth new to community	Competition with other healthcare provider organizations	Expanded healthcare access; new community partner; job opportunities in healthcare
<b>Economic</b>	Tourism industry expansion (e.g., Conference Center, airport, aquatic center)	Impacts on physical environment, demands on infrastructure (e.g., roads, law enforcement, utilities); need for skilled workers	Economic growth; expanded diversity of local industry; job opportunities; business contributions to tax base
	5G Internet	Capacity of hard- and software to accommodate new technology; lack of skilled workers	Wider and faster access to Internet-based resources; training and job opportunities
	Autonomous vehicles	Roads and drivers may not be ready to accommodate vehicles	Collaboration among industry, academia, government
<b>Economic/ Governmental</b>	Marijuana legalization	Window drug may increase drug use; early prevention education needed for children; laws, regulations, enforcement must be applied equally	New businesses, economic development around CBD industry
	School mental health funding and program implementation	Added demand on school system resources	Provide expanded services to students and families; early identification and intervention of problems
	Family First Act implementation	Insufficient resources to reach all in need	Fewer children in foster care system; better resources for mental health treatment and parenting

<b>Forces Of Change For Marion County - EVENTS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
	Bail-setting limits change	Unequal or improper application of bail limits; higher bail amounts imposed	Eliminate financial inequity in criminal justice system; relief to overburdened court system
	Single-use plastics regulations	Enforcement will stretch already limited resources; public acceptance will take time; impact on businesses unknown	Protection of environment; need for innovation to find alternatives
<b>Governmental</b>	Leadership changes: <ul style="list-style-type: none"> <li>• New school superintendent next year</li> <li>• New CEO at The Centers</li> <li>• New governor</li> <li>• New DCF secretary</li> <li>• New state surgeon general</li> <li>• New secretary of Dept of Elder Affairs</li> <li>• New sheriff next year</li> <li>• New emergency management director</li> </ul>	Leadership change in the governor's office has ripple effect on state agencies; change in state's health priorities; different priorities at the county level that could divert resources away from health issues; potential changes in school policy and practices that are detrimental to health-related issues	Focus on different or new health priority issues for the state, county and school system; new priorities and focus may have positive impacts on health and the environment
	Reinstatement of Florida's Office of Drug Control	Efforts required to re-establish authority of the office; duplication of existing efforts and programs	Coordinated, statewide resources and response to substance use issues
	Immunization exemption changes	Continued misuse/abuse of immunization exemption provisions; exposure to vaccine-preventable diseases	Educate on established science of immunizations; improved immunization rates
	Tobacco 21	Public opposition; must educate on health benefits, limited economic impact	Continued education campaigns on all nicotine delivery systems; better health outcomes, reduction of chronic diseases and conditions

<b>Forces Of Change For Marion County - EVENTS</b> <i>(Prepared by WellFlorida Council – April 2019)</i>			
	<b>EVENTS</b>	<b>THREATS POSED</b>	<b>OPPORTUNITIES CREATED</b>
	Primary enforcement of texting while driving	Enforcement resources strained; education required on risks and penalties; continued update of law when new technologies apply	Road/highway safety improved
	Death penalty law changes proposed	Will of the people of Florida not reflected in the application of death penalty	Thorough, unbiased review of death penalty law in Florida
	2020 Census	Inaccurate count of Marion County residents, resulting in reduction of representation in U.S. Congress and loss of funding	Public education on importance and purpose of census; advocacy to elected officials to assure fair and accurate count is conducted
<b>Environment</b>	Hurricanes and storms including rain events and flooding	Changing frequency and intensity of weather events taxes resources for emergency preparedness, response and recovery; financial losses to home and business owners; detrimental impacts on the environment effects agriculture, natural resources, tourism	Seek grants and federal/state programs for emergency preparedness, environmental protection, agriculture, eco-tourism
	Park beautification	Diversion of funding from other infrastructure projects	More green space for recreation and physical activity, community events
	Springs Protection Act put on hold	End or temporary stop of nitrogen reduction program	Environmental policy advocacy
	Statewide connection of bike trails	Bicycle safety must be promoted; safe access to trails needs to be provided; continued maintenance	Recreation and physical activity resource; eco-tourism asset



## Intersecting Themes and Key Considerations

This section is divided into three parts. First, the Intersecting Themes and Key considerations are summarized in order to identify the key health needs and issues in Marion County. Second is a section describing Strategic Issue Areas that were identified as part of the assessment process and includes some key considerations on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Marion County. Third is a section dedicated to links to major national databases of community health improvement best practices that will be critical resources for identifying proven effective programs and interventions that could be implemented in Marion County.

### INTERSECTING THEMES AND KEY CONSIDERATIONS

Shared below are the intersecting themes which present an overview of the major health needs and issues in Marion County as identified through the community health assessment process. The themes described below emerged from the three assessments conducted as part of Marion County's MAPP process. That process included the Health Status Assessment through a comprehensive secondary data review, the Forces of Change process of identifying opportunities and threats that currently impact and pose potential future threats and opportunities to health, and lastly, the Community Themes and Strengths Assessment conducted through primary data collection to hear community opinions and perspectives on health issues. These intersecting themes were also considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including social determinants of health, health status and health behaviors, health resources, and community infrastructure. Many of the key issues emerged as concerns across the four intersecting theme areas shown below; however, each issue is only listed once.

### INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

#### Social Determinants of Health

- Poverty
- Lack of employment opportunities, jobs that pay living wages
- Lack of affordable housing and utilities
- Food insufficiency, food deserts
- Homelessness
- Education/academic resources and training opportunities needed; financial literacy lacking
- Support services and resources for parenting, affordable childcare

#### Health Status and Health Behaviors

- Morbidity and Mortality (rising and/or higher than state rates)
  - Cancer
  - Cardiovascular Disease, Heart Disease

Chronic Lower Respiratory Disease, Chronic Obstructive Pulmonary Disease

Diabetes

Unintentional Injuries including alcohol-related motor vehicle crash injuries and deaths

Alzheimer's Disease

Suicide

Health disparities

Infant mortality

Late entry into prenatal care

Child health and safety

Mental health problems

Trauma-impacted children

Substance and drug abuse

Tobacco use including e-cigarette and smokeless tobacco products

Emerging infectious diseases, vaccine-preventable diseases

Distracted driving

Violence and domestic violence

Dental and oral health issues

Overweight and obesity

Poor nutrition and food choices

Lack of physical activity and healthy recreational activity

Loneliness and social isolation

Resilience, ability to recover from adverse life events

#### Health Care Resources and Utilization

Inappropriate use of Emergency Departments for routine primary, dental and mental health care

Lack of health care providers and services, specialty care physicians, and dentists

Lack of affordable health insurance and sufficient health insurance coverage

Rising costs of health care and prescription medication

Healthcare services and social support for senior citizens, the aging population, Veterans

#### Community Infrastructure and Environment

Threats to natural resources and the environment, water and air quality, changing frequency and intensity of weather events including hurricanes

Lack of reliable and affordable public transportation

Limited walkability, lack of coordinated planning efforts

Challenges with technology use and Internet access, use of social media

Overburdened criminal justice system

Policy and enforcement related to violence and access to firearms

## STRATEGIC PRIORITY ISSUE AREAS

The May 7th meeting of the Marion County Community Health Assessment Steering Committee was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review or Health Status Assessment, Forces of Change analysis, and the Community Themes and Strengths primary data collection via the community surveys. The committee discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. Prioritization considerations included issue importance, urgency, impact, feasibility and resource availability. A facilitated consensus workshop moved the discussion from creating the list of issues (shown above) to identifying the intersecting themes. Through the consensus process the intersecting themes converged into six (6) broad topic areas of mental health and substance abuse, access to care and services, education and training, infrastructure, healthy behaviors, and social determinants of health. Steering Committee members then used a second round of consensus discussions to arrive at the four (4) broad strategic priority issue categories shown below. Steering Committee members agreed that further refinement of the strategic issue labels and definitions of the scope of each will be done prior to crafting the community health improvement plan. The priority issue areas below will move forward for consideration in the Marion County Community Health Improvement Plan (CHIP).

### STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Access to Primary Prevention and Healthcare Services with focus on
  - Dental care
  - Primary prevention and wellness, primary care
  - Mental and behavioral health and wellness including
    - Substance abuse prevention and treatment for children, adults, families
  - Health education and promotion, and health literacy on appropriate use of healthcare services and resources
- Healthy Behaviors including
  - Healthy eating and nutrition
  - Physical activity and the environments and policies that encourage activity
  - Preconception health, healthy pregnancies and birth outcomes
  - Tobacco use prevention and cessation
- Infrastructure that Supports Conditions under which People can be Healthy
  - Affordable housing and utilities
  - Public transportation
- Education and Training
  - Supporting and enhancing educational opportunities including vocational and skills-based training
  - Life skills education including financial literacy and parenting skills development

Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Marion County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

### KEY CONSIDERATIONS

- Promote a culture of community health as a system of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental health problems, substance abuse, and tobacco use
- Enhance or create programs to more effectively and efficiently manage chronic diseases and oral health
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Enhance or create policy, programs and environmental change to address unintentional injuries and suicide
- Create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes (social determinants of health)

### INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

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

- Center for Disease Control and Prevention Community Health Improvement Navigator  
<http://wwwn.cdc.gov/chidatabase>
- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation  
<http://www.countyhealthrankings.org/policies/>
- The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force  
<http://www.thecommunityguide.org/index.html>
- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services  
<https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>
- Evidence-Based Practices (EBP) Web Guide – Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services  
<https://www.samhsa.gov/ebp-web-guide>
- Community Tool Box – The University of Kansas KU Work Group for Community Health and Development  
<http://ctb.ku.edu/en/databases-best-practices>

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

*Case-Control Study:* A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.

*Cohort Study:* A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.

*Cross-Sectional or Prevalence Study:* A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

*Effective Practice:* A program that has been scientifically evaluated and has quantitative measures of improvement but those measures are not statistically significant.

*Evidence-Based:* The study is of peer review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as “evidence-based” or as “low”, “moderate” or “strong” depending on the strength of the statistical significance.

*Evidence-Based (Low or Suggestive):* While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

*Evidence-Based (Moderate):* While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.

*Evidence-Based (Strong):* The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g. medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.

*Evidence of Ineffectiveness:* Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

*Experimental Study:* An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

*Expert Opinion:* Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

*Experimental Study:* An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

*Individual Study:* Scientific evaluation of the efficacy of an intervention in a single study.

*Insufficient Evidence:* Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

*Mixed Evidence:* Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

*Nonsystematic Review:* A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection

of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

*Peer-Reviewed:* A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.

*Pilot Study:* A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.

*Practice-based Example:* A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.

*Promising Practice/Good Idea:* The program evaluation is limited to descriptive measures of success.

*Randomized Control Trial:* A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.

*Scientifically Supported:* Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

*Some Evidence:* Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

*Systematic Review:* A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

*Systematic Review – Insufficient Evidence:* The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

*Systematic Review – Recommended:* The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

*Systematic Review – Recommended Against:* The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

The following table presents results of a query of these best practices for some of the key health issue/needs areas in Marion County and are worthy of consideration as community interventions. Some of these best

practices may already be in place in Marion County and need enhancement while others represent new opportunities.

**TABLE 20: PROMISING INTERVENTIONS.**

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients">http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients</a>
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3841">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3841</a>
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status  The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status">http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status</a>
Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism">http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism</a>



Issue	Practice or Intervention	Effectiveness	Source
	knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.		
Dental Health	<p>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</p> <p>The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).</p>	Evidence-Based	<p>The Community Guide:</p> <p><a href="http://www.thecommunityguide.org/oral/schoolsealants.html">http://www.thecommunityguide.org/oral/schoolsealants.html</a></p>
Dental Health	<p>Preventing Dental Caries: Community Water Fluoridation</p> <p>The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.</p>	Systematic Review	<p>The Community Guide:</p> <p><a href="http://www.thecommunityguide.org/oral/fluoridation.html">http://www.thecommunityguide.org/oral/fluoridation.html</a></p>
Distracted Driving	<p>Evidence-Based Strategies/Interventions Review for Distracted Driving</p> <p>Literature review of peer-reviewed journals, government resources, injury prevention organizations and private corporations' publications. Focus is limited to interventions to reduce distracted driving.</p>	Systematic Review	<p>Texas Governor's EMS and Trauma Advisory Council, Injury Prevention Committee:</p> <p><a href="https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IP-DistractedDriving.pdf">https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IP-DistractedDriving.pdf</a></p>
Infant Mortality and Maternal Child Health	<p>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.</p>	Systematic Review	<p>Cochrane Library of Systematic Reviews</p> <p><a href="https://www.cochranelibrary.com/cd/sr/doi/10.1002/14651858.CD001055.pub5/full">https://www.cochranelibrary.com/cd/sr/doi/10.1002/14651858.CD001055.pub5/full</a></p>
Infant Mortality and Maternal Child Health	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening</p>	Systematic Review	<p>The Community Guide</p> <p><a href="https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi">https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</a></p>

Issue	Practice or Intervention	Effectiveness	Source
	and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients' drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.		
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2020: <a href="https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders">https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders</a>
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: <a href="https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home">https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home</a>
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: <a href="https://www.thecommunityguide.org/findings/violence-school-based-programs">https://www.thecommunityguide.org/findings/violence-school-based-programs</a>
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/it-ems/mind-exercise-nutritiondo-it-mend-program">http://wwwn.cdc.gov/CHIdatabase/it-ems/mind-exercise-nutritiondo-it-mend-program</a>
Nutrition	Video Game Play	Evidence-Based	Healthy Communities Institute:

Issue	Practice or Intervention	Effectiveness	Source
	This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.		<a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3826">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3826</a>
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/it-ems/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices">http://wwwn.cdc.gov/CHIdatabase/it-ems/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</a>
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/it-ems/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of">http://wwwn.cdc.gov/CHIdatabase/it-ems/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</a>
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers,	Evidence-Based	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/it-ems/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results">http://wwwn.cdc.gov/CHIdatabase/it-ems/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results</a>

Issue	Practice or Intervention	Effectiveness	Source
	healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/it-ems/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase">http://wwwn.cdc.gov/CHIdatabase/it-ems/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase</a>
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/it-ems/text4diet-a-text-message-based-intervention-for-weight-loss">http://wwwn.cdc.gov/CHIdatabase/it-ems/text4diet-a-text-message-based-intervention-for-weight-loss</a>
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=4003">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=4003</a>
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3542">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3542</a>
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: <a href="http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3209">http://cdc.thehcn.net/index.php?controller=index&amp;module=PromisePractice&amp;action=view&amp;pid=3209</a>
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: <a href="http://www.thecommunityguide.org/obesity/workprograms.html">http://www.thecommunityguide.org/obesity/workprograms.html</a>
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time	Systematic Review	The Community Guide: <a href="https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among">https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among</a>

Issue	Practice or Intervention	Effectiveness	Source
	and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.		
Physical Activity	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/it-ems/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices">http://wwwn.cdc.gov/CHIdatabase/it-ems/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</a>
Physical Activity	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: <a href="http://wwwn.cdc.gov/CHIdatabase/it-ems/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of">http://wwwn.cdc.gov/CHIdatabase/it-ems/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</a>
Physical Activity	Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active	Systematic Review	Healthy People 2020: <a href="https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches">https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches</a>

Issue	Practice or Intervention	Effectiveness	Source
	<p>transportation, leisure-time physical activity, or both.</p> <p>Transportation system interventions include one or more policies and projects designed to increase or improve the following: Street connectivity, Sidewalk and trail infrastructure, Bicycle infrastructure, Public transit infrastructure and access.</p> <p>Land use and environmental design interventions include one or more policies, designs, or projects to create or enhance the following:</p> <ul style="list-style-type: none"> <li>Mixed land use environments to increase the diversity and proximity of local destinations where people live, work, and spend their recreation and leisure time</li> <li>Access to parks, and other public or private recreational facilities</li> </ul>		
Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p><a href="http://cdc.thehcn.net/index.php?module=promisepractice&amp;controller=index&amp;action=view&amp;pid=3616">http://cdc.thehcn.net/index.php?module=promisepractice&amp;controller=index&amp;action=view&amp;pid=3616</a></p>
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> <li>Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones)</li> <li>Physical education lesson plans that incorporate fitness and circuit training activities</li> </ul>	Systematic Review	<p>The Community Guide:</p> <p><a href="http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html">http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</a></p>

Issue	Practice or Intervention	Effectiveness	Source
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Evidence-Based	The Hamilton Project: <a href="http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years">http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years</a>
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: <a href="http://evidencebasedprograms.org/about/employment-and-welfare">http://evidencebasedprograms.org/about/employment-and-welfare</a>
Poverty	What works? Proven approaches to alleviating poverty The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.	Evidence-Based	University of Toronto, School of Public Policy & Governance: <a href="https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf">https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf</a>
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.	Evidence-Based	National Institute of Health: <a href="https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies">https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies</a>
Substance Abuse	Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocols (TIPs) Series TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.	Best Practice	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: <a href="https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf">https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf</a>
Substance Abuse	Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family and society.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: <a href="https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders">https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders</a>
Tobacco Use	Evidence-based Interventions at a Glance Each intervention specifies the target population, setting and strategies	Systemic Review of Evidence-Based Interventions	Missouri Information for Community Assessment (MICA) <a href="https://health.mo.gov/data/InterventionMICA/Tobacco/index_5.html">https://health.mo.gov/data/InterventionMICA/Tobacco/index_5.html</a>



Issue	Practice or Intervention	Effectiveness	Source
Tobacco Use	<p>Cell Phone-based Tobacco Cessation Interventions</p> <p>Review of interventions that generally include cessation advice, motivational messages or content to distract from cravings.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings</p> <p><a href="http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions">http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions</a></p>
Tobacco Use	<p>Mass Media Campaigns Against Tobacco Use</p> <p>Media campaigns use television, print, digital, social media, radio broadcasts or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings</p> <p><a href="http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use">http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use</a></p>



## Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Maps 1- 12
  - Map 1. County Health Outcome Rankings, District 3, 2019.
  - Map 2. County Health Factor Rankings, District 3, 2019.
  - Map 3. Age-Adjusted Death Rates by Poverty Level for All Causes by Census Tracts for Marion County, 2013-2017.
  - Map 4. Age-Adjusted Death Rates by Poverty Level for All Causes by Census Tracts for Selected Census Tracts in Marion County, 2013-2017.
  - Map 5. Age-Adjusted Death Rates by Poverty Level for Heart Disease by Census Tracts for Marion County, 2013-2017.
  - Map 6. Age-Adjusted Death Rates by Poverty Level for Heart Disease by Census Tracts for Selected Census Tracts in Marion County, 2013-2017.
  - Map 7. Age-Adjusted Death Rates by Poverty Level for Cancer by Census Tracts for Marion County, 2013-2017.
  - Map 8. Age-Adjusted Death Rates by Poverty Level for Cancer by Census Tracts for Selected Census Tracts in Marion County, 2013-2017.
  - Map 9. Infant Mortality Rates by Poverty Level for All Causes by Census Tracts for Marion County, 2013-2017.
  - Map 10. Infant Mortality Rates by Poverty Level for All Causes by Census Tracts for Selected Census Tracts in Marion County, 2013-2017.
  - Map 11. Mental Health Emergency Department Visits Rates by Zip Code, Marion County, CY 2017.
  - Map 12. Dental Emergency Department Visits Rates by Zip Code, Marion County, CY 2017.
- Forces of Change Materials
- Community Health Survey
- Focus Group Materials

## STEERING COMMITTEE MEMBERS AND OTHER PARTNERS

### STEERING COMMITTEE MEMBERS

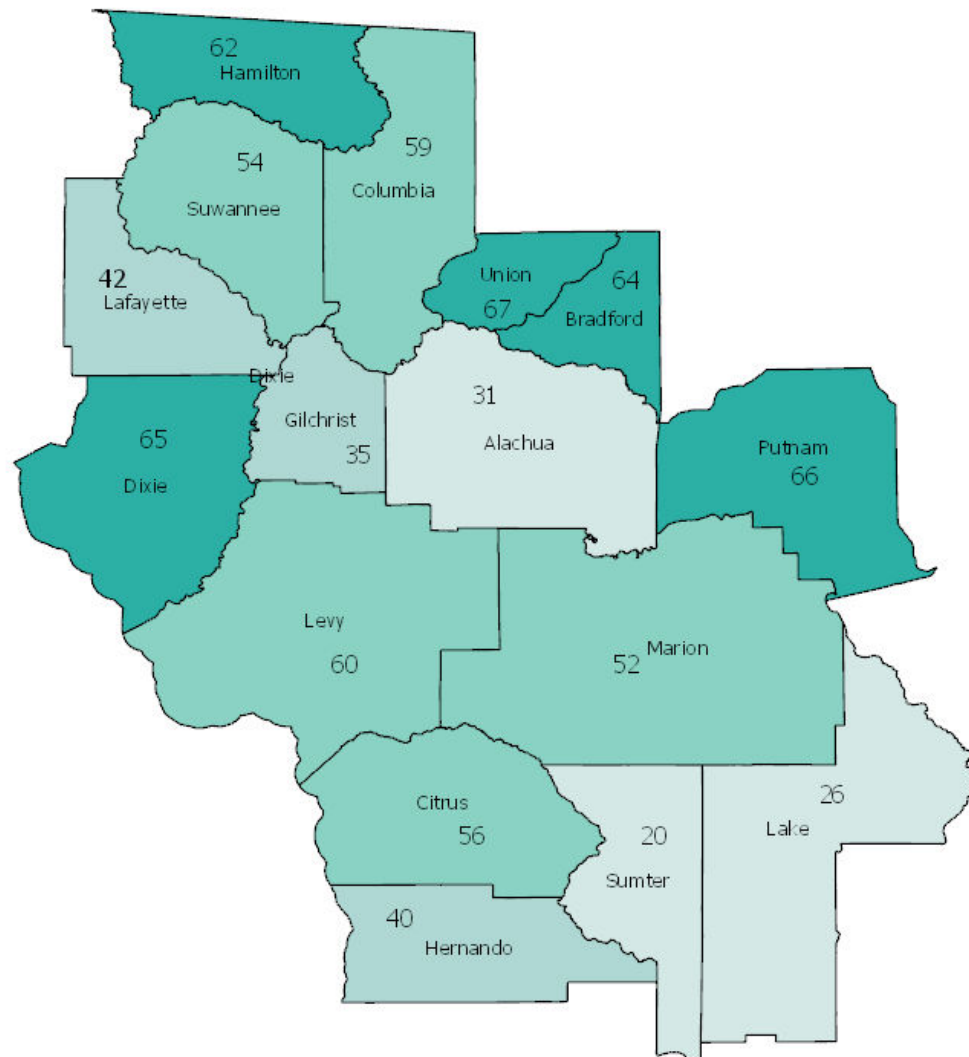
- Craig Ackerman, Florida Department of Health in Marion County
- Steve Blank, The Centers
- Curt Bromund, Marion County Hospital District
- Ann Burnett, FreeD.O.M. Clinic USA, Inc.
- Nancy Castillo, Marion County Children's Alliance
- Sarah Catalanotto, Suwannee River Area Health Education Center
- Meaghan Crowley, Florida Department of Health in Marion County
- Vanessa DiPiazza, Marion County Children's Alliance
- Lauren Fischer, QuitDoc Foundation
- Robin Ford, Ocala Police Department
- Dale French, CareerSource Citrus Levy Marion
- Patrick Gilman, Marion County Health Alliance
- Michael Gilmer, Florida Department of Health in Marion County
- Michael Griggs, AdventHealth
- Cassandra Jackson, Marion Senior Services
- Christy Jergens, Florida Department of Health in Marion County
- Mike Jordan, Alternative Courts
- Jessica Kummerle, College of Central Florida
- Mark Lander, Florida Department of Health in Marion County
- Brianna Liles, Marion County Hospital District
- Cheryl Martin, Marion County Community Services
- Bradley McLarty, AdventHealth
- Carali McLean, Heart of Florida Health Center
- Kelsey Mears, Marion County Parks and Recreation
- Donnie Mitchell, Marion County Community Services
- Mark Paugh, College of Central Florida
- Erin Peterson, Healthy Start of North Central Florida
- Cheri Potter, Marion County Public Schools
- Scot Quintel, United Way of Marion County
- Wendy Resnick, UF Health
- Kevin Sheilley, Ocala / Marion County Chamber & Economic Partnership
- Michelle Stone, Marion County Board of County Commissioners
- Rebecca Tull, Marion County Hospital District
- Jamie Ulmer, Heart of Florida Health Center
- Maclyn Walker, Heart of Florida Health Center
- Kimberly Williams, AdventHealth
- Debra Wise-Velez, Kids Central, Inc.
- Kathleen Woodring, CareerSource Citrus Levy Marion
- Tara Woods, Ocala Police Department
- Heather Wyman, Marion County Hospital District

#### OTHER PARTNERS

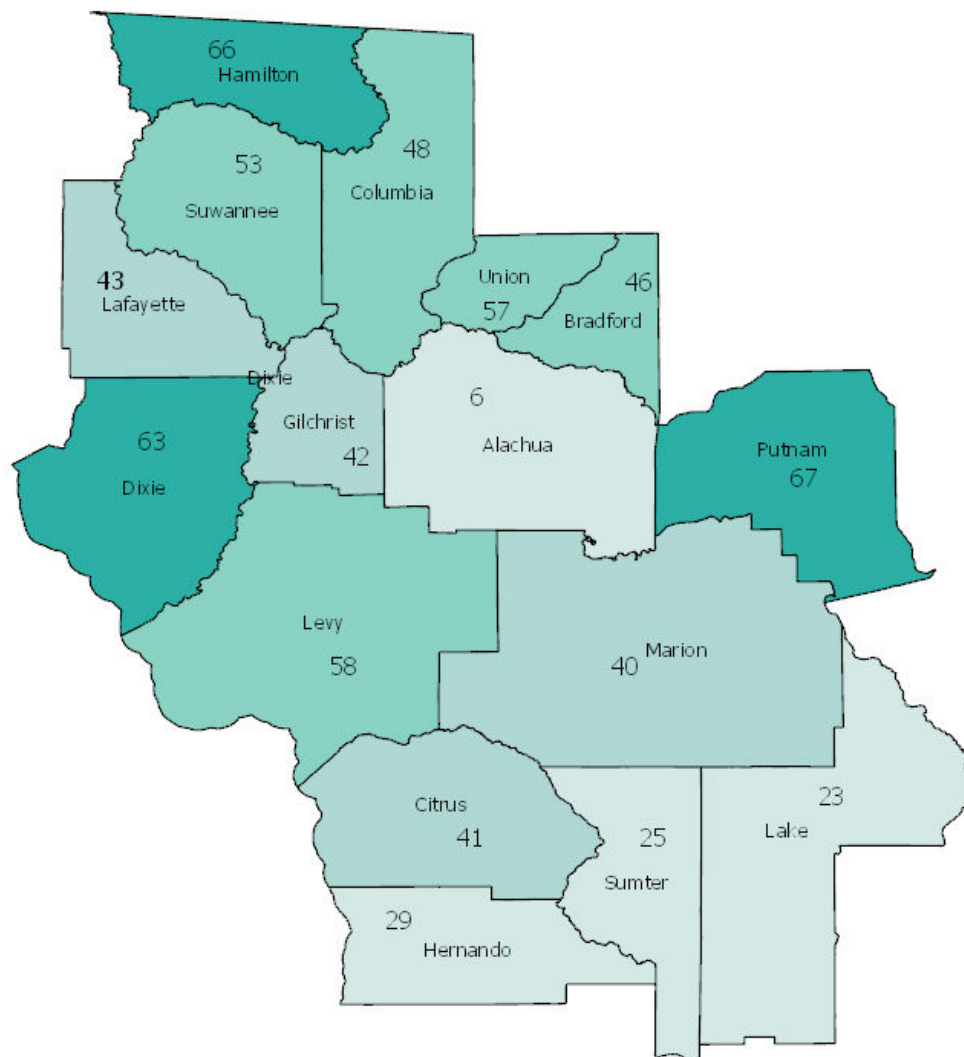
- Rick Bourne, Hospice of Marion County
- Tom Chase, Langley Health Services
- Jim Couillard, Marion County Parks and Recreation
- Tabatha Downey, Heart of Florida Health Center
- Jessica Gilbert, Kids Central, Inc.
- James Henningsen, College of Central Florida
- John Kerley, Marion County Public Schools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

MAPS 1 – 12

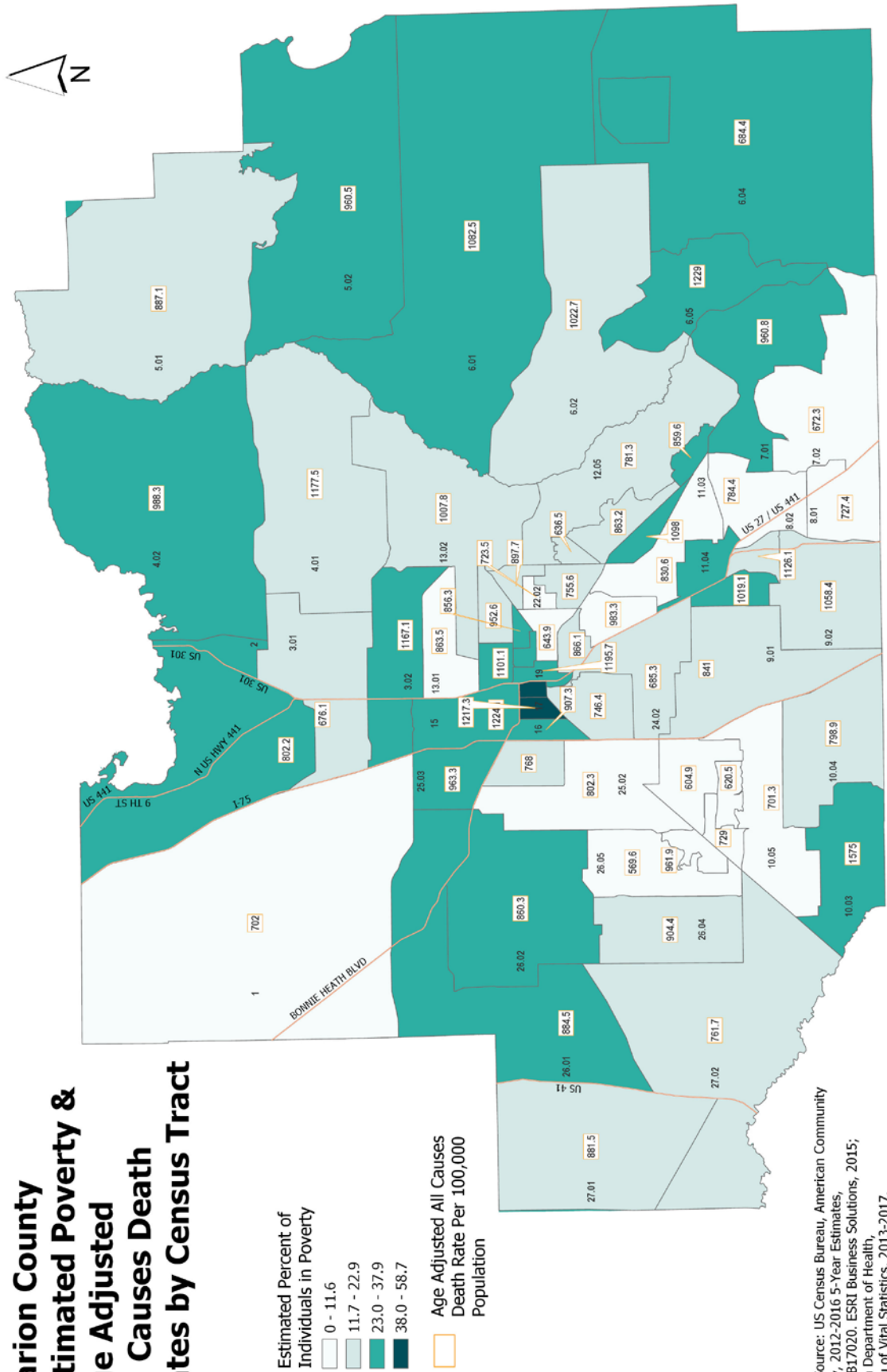
## County Health Outcome Rankings, 2019



## County Health Factor Rankings, 2019



# Marion County Estimated Poverty & Age Adjusted All Causes Death Rates by Census Tract



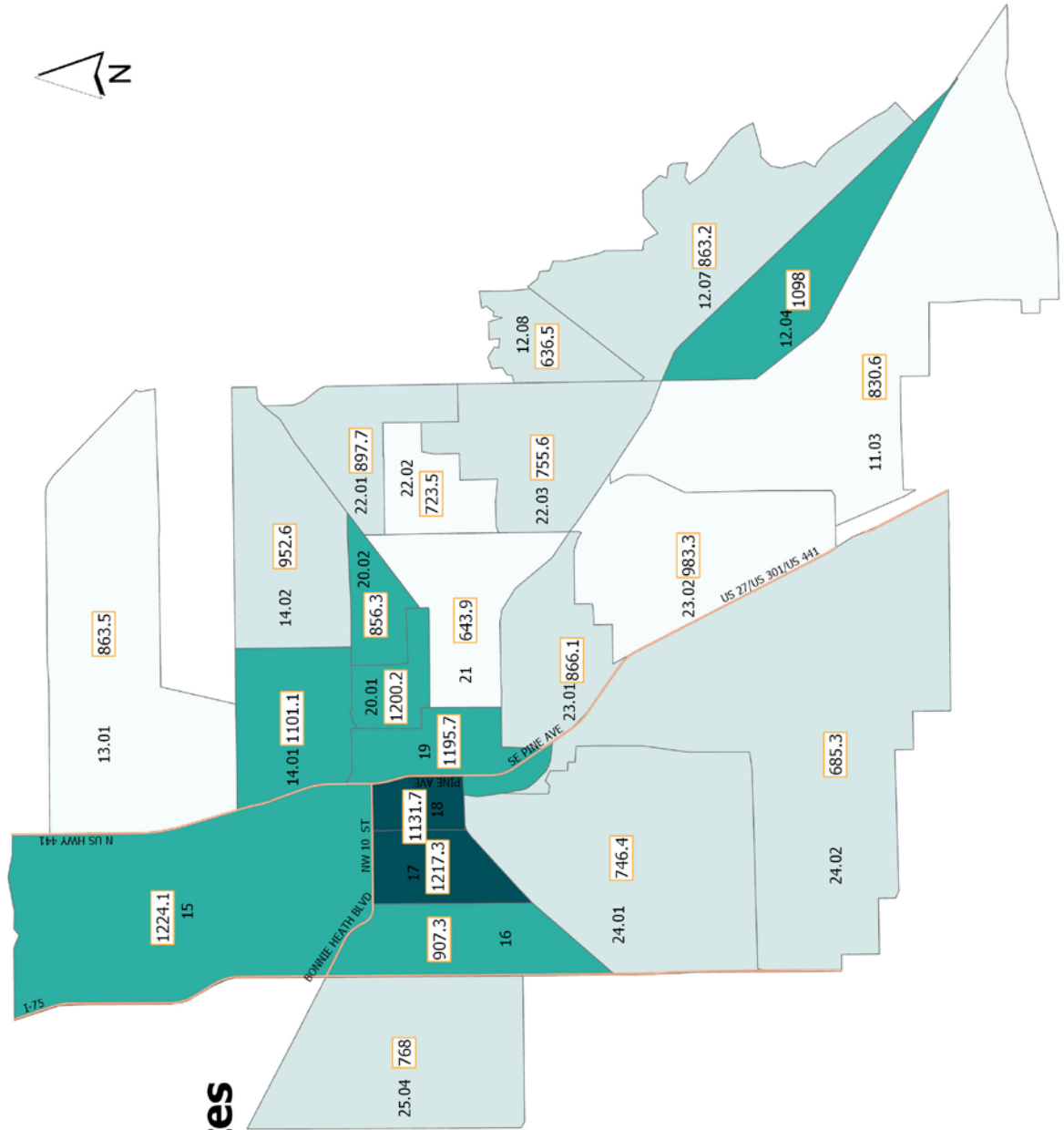


# Ocala Area Estimated Poverty & Age Adjusted All Causes Death Rates by Census Tract

Estimated Percent of  
Individuals in Poverty

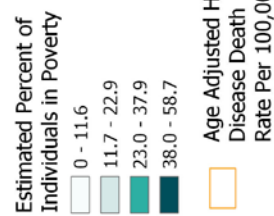


Age Adjusted All Cause  
Death Rate Per 100,000  
Population



Data Source: US Census Bureau, American Community Survey, 2012-2016 5-Year Estimates, Table B17020. ESRI Business Solutions, 2015; Florida Department of Health, Bureau of Vital Statistics, 2013-2017.

Estimated Percent of  
Individuals in Poverty

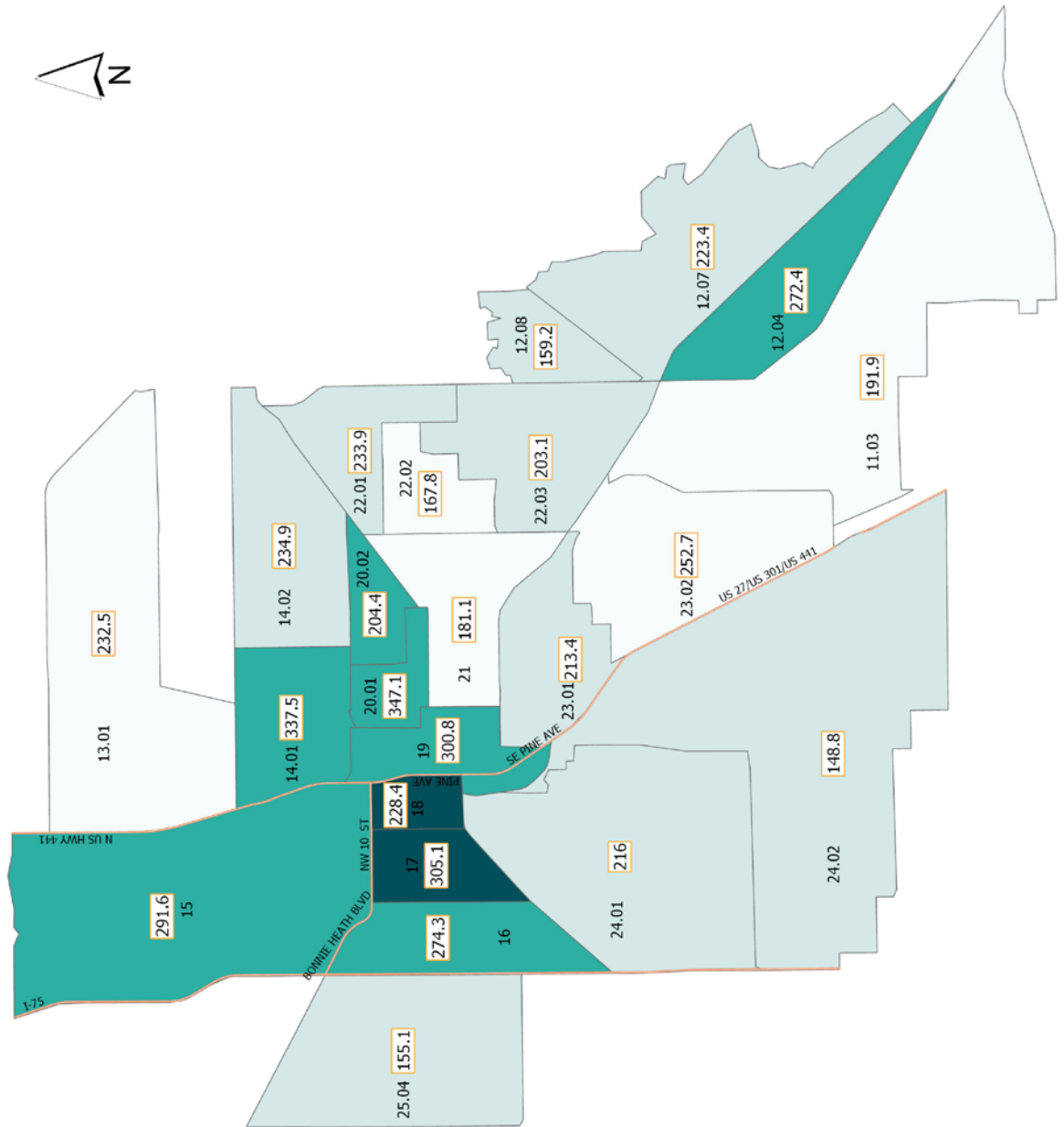
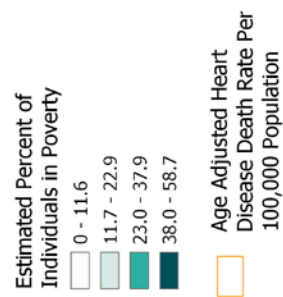


Data Source: US Census Bureau, American Community Survey, 2012-2016 5-Year Estimates, Table B17020. ESRI Business Solutions, 2015; Florida Department of Health, Bureau of Vital Statistics, 2013-2017.





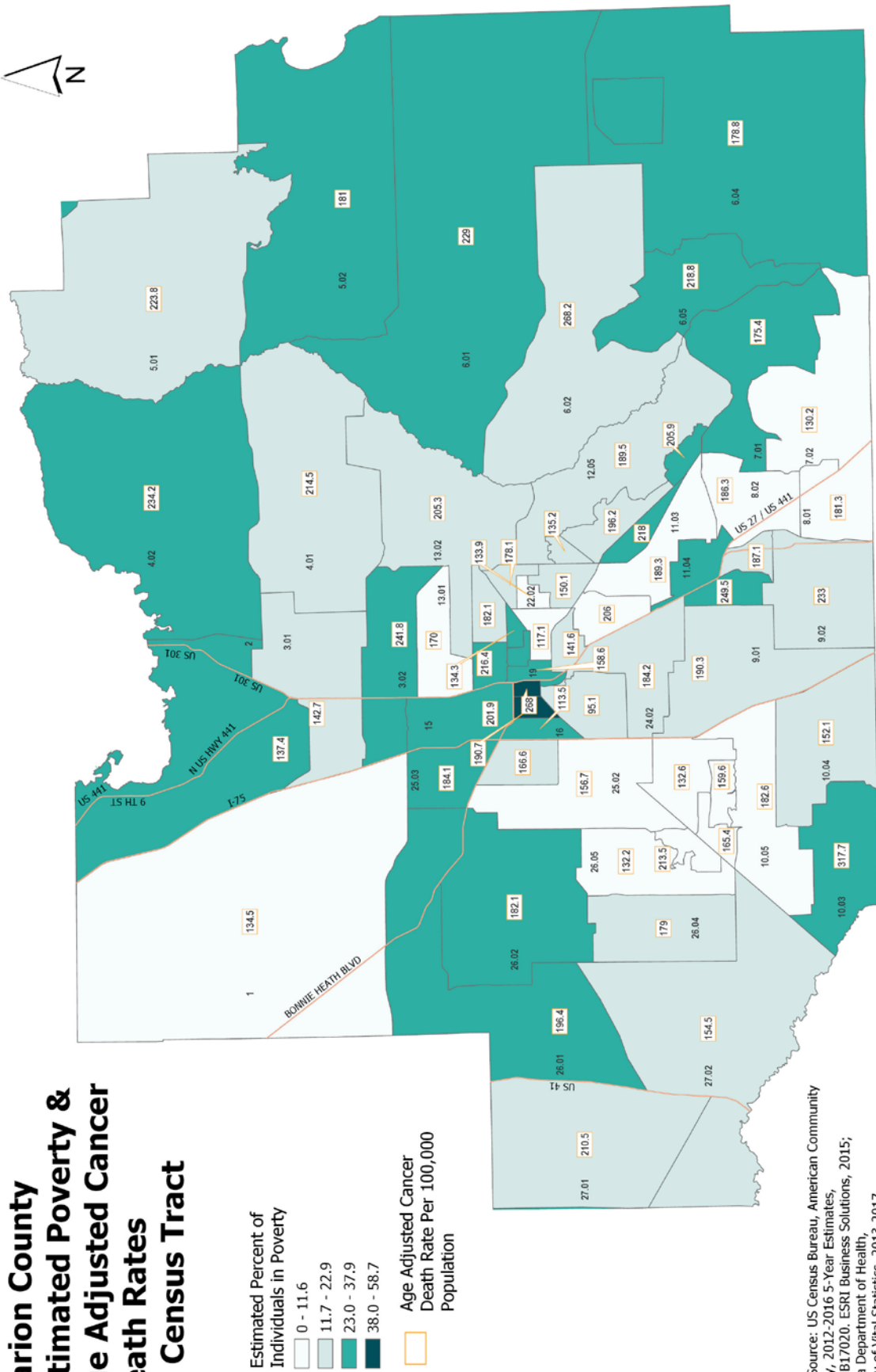
# Ocala Area Estimated Poverty & Age Adjusted Heart Disease Death Rates by Census Tract



Data Source: US Census Bureau, American Community Survey, 2012-2016 5-Year Estimates, Table B17020. ESRI Business Solutions, 2015; Florida Department of Health, Bureau of Vital Statistics, 2013-2017.



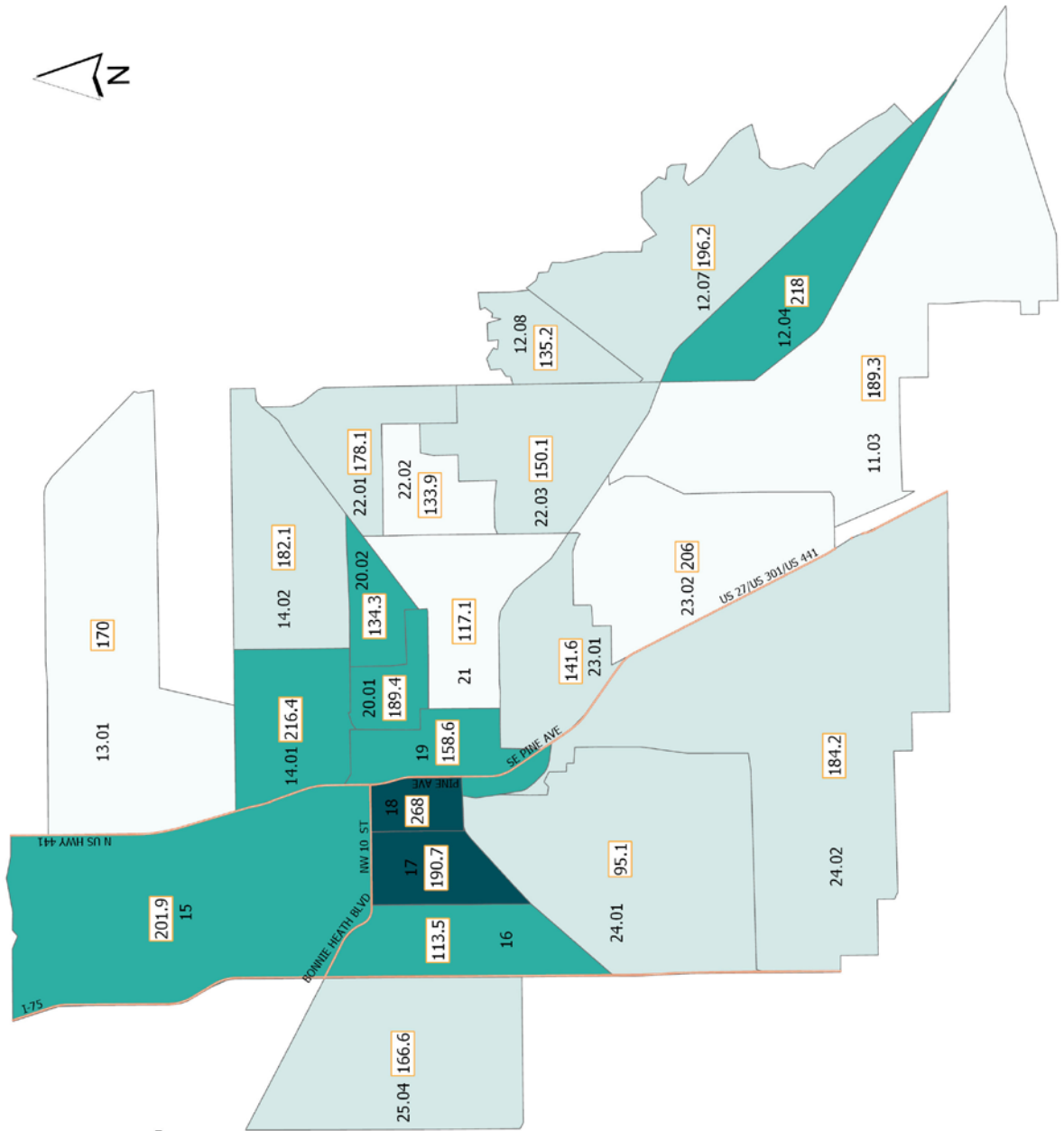
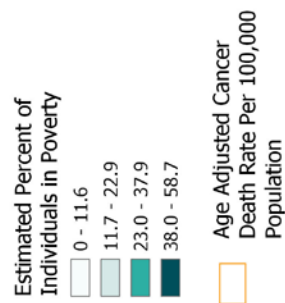
# Marion County Estimated Poverty & Age Adjusted Cancer Death Rates by Census Tract



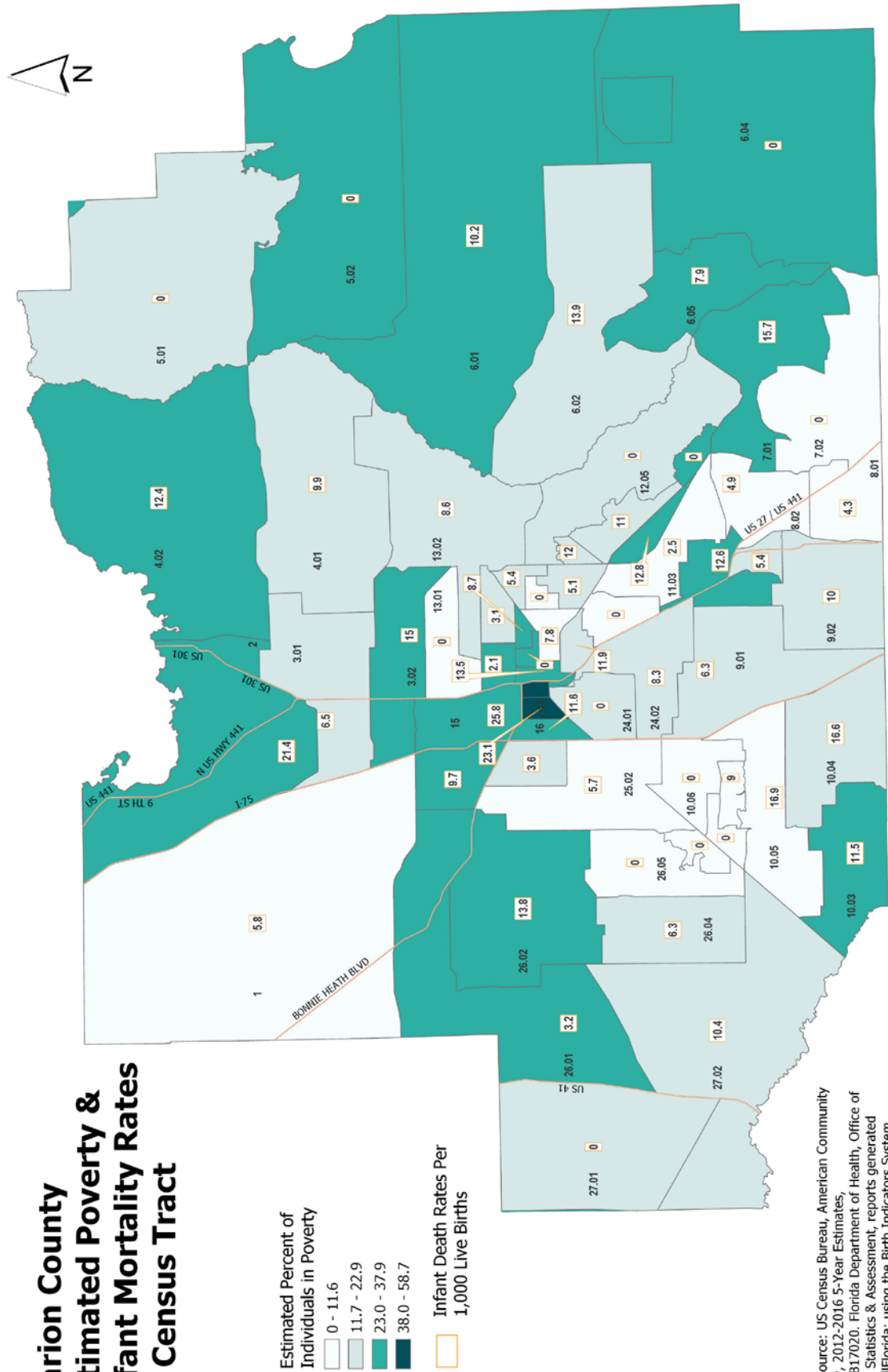
Data Source: US Census Bureau, American Community Survey, 2012-2016 5-Year Estimates, Table B17020. ESRI Business Solutions, 2015; Florida Department of Health, Bureau of Vital Statistics, 2013-2017.



# Ocala Area Estimated Poverty & Age Adjusted Cancer Death Rates by Census Tract



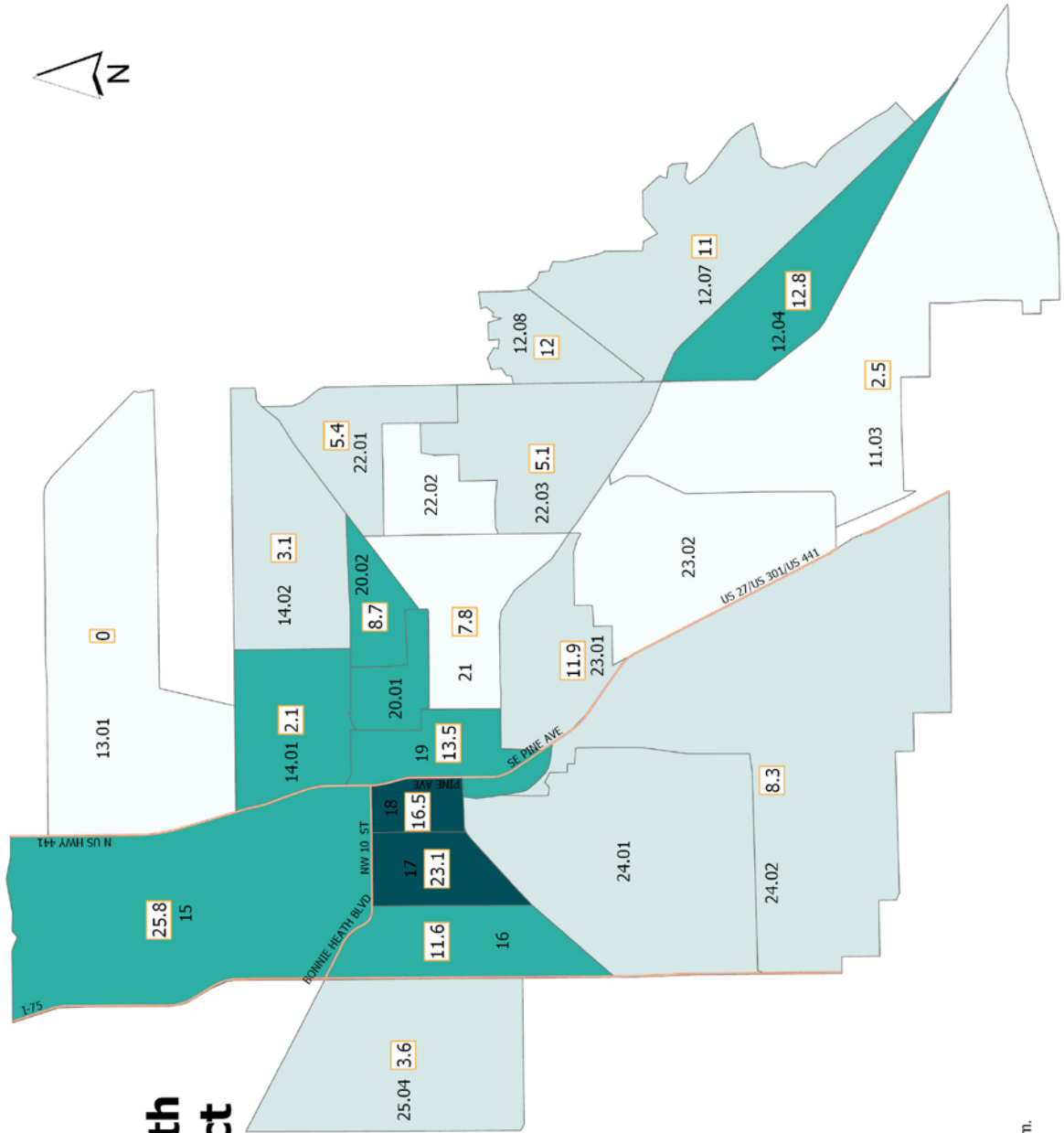
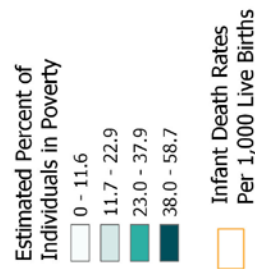
## Marion County Estimated Poverty & Infant Mortality Rates by Census Tract



Data Source: US Census Bureau, American Community Survey, 2012-2016 5-Year Estimates, Table B17020. Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida, using the Birth Indicators System.

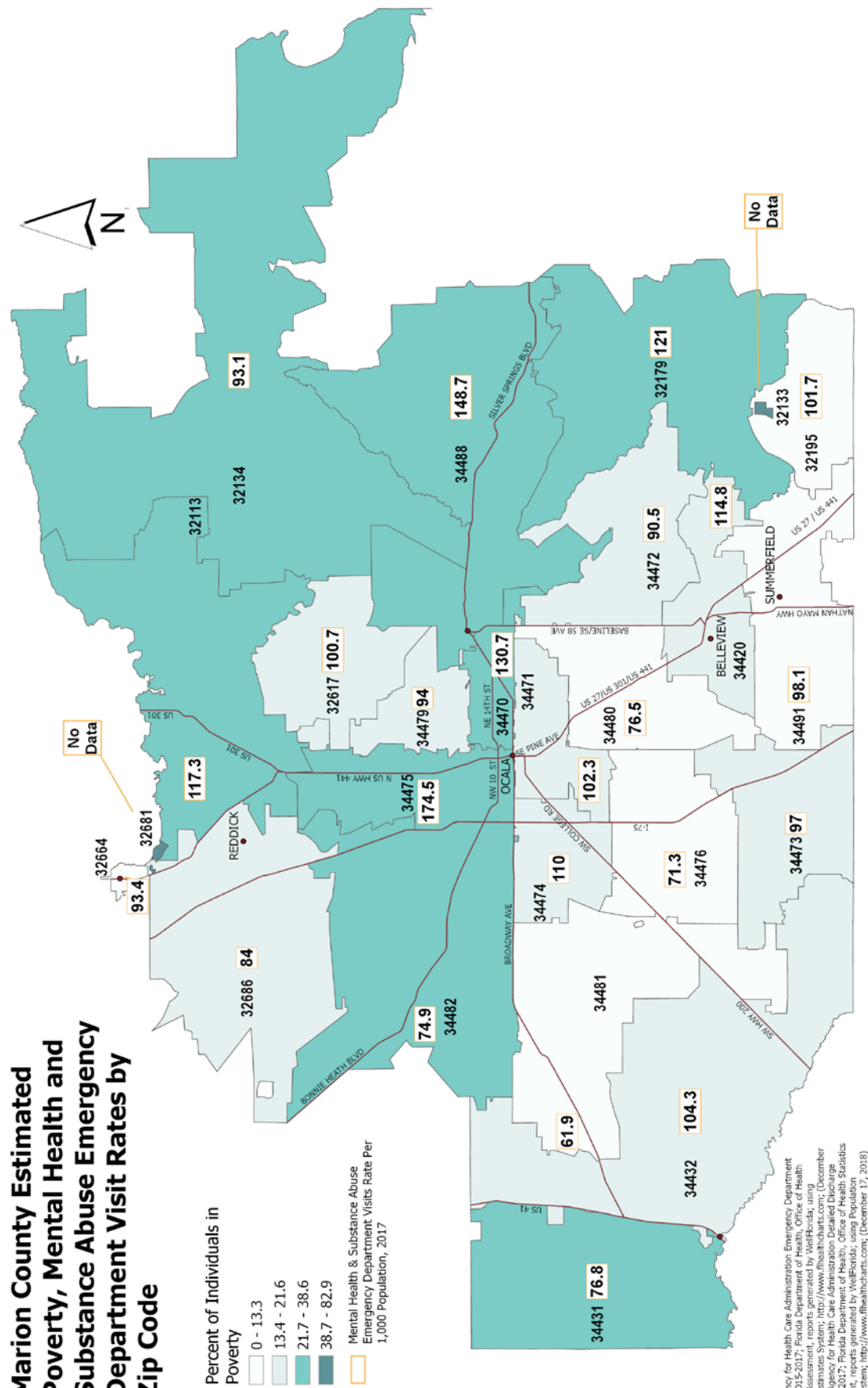


# Ocala Area Estimated Poverty & Infant Mortality Death Rates by Census Tract



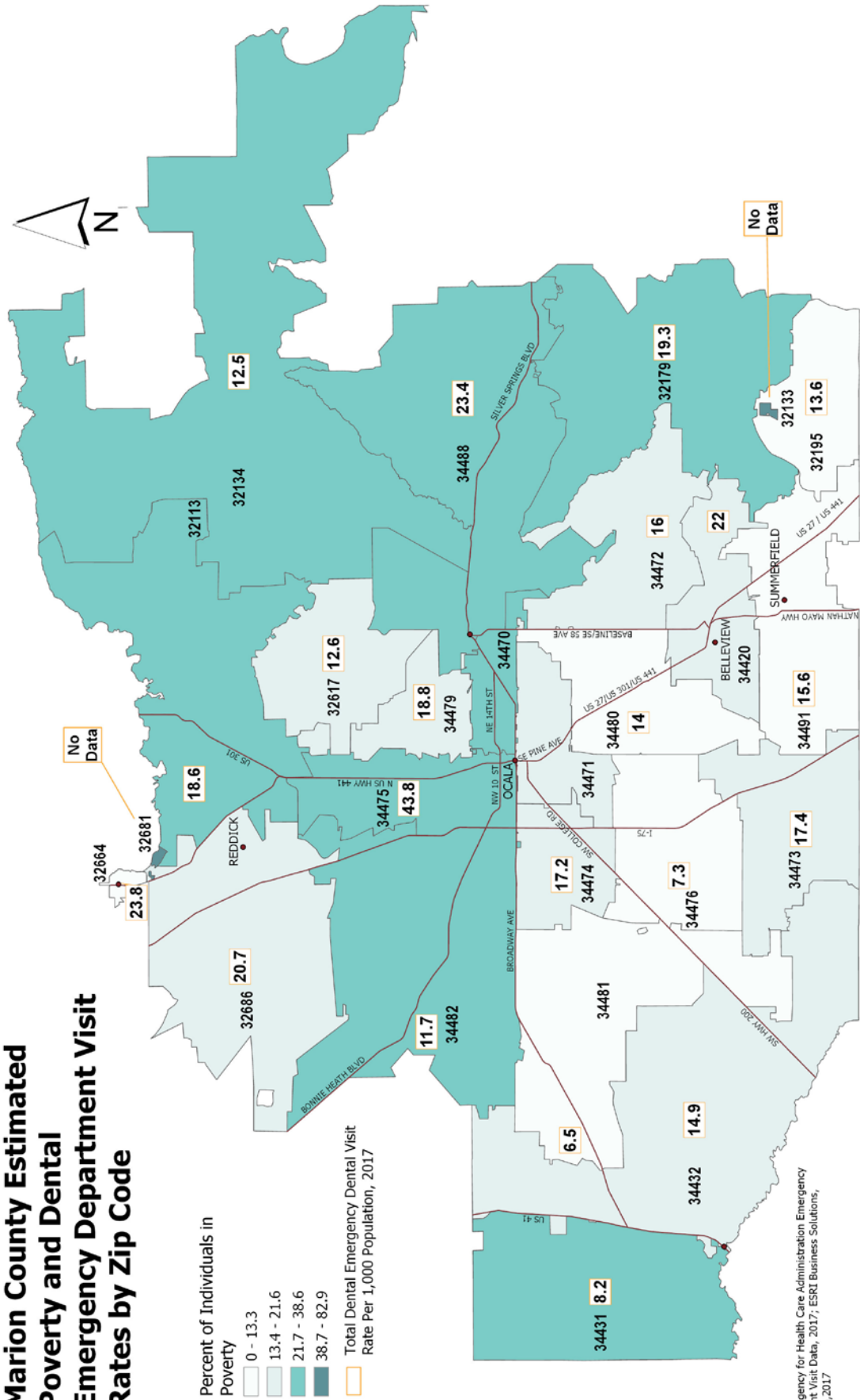
Data Source: US Census Bureau, American Community Survey, 2012-2016 5-Year Estimates, Table B17020. Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using the Birth Indicators System.

**Marion County Estimated  
Poverty, Mental Health and  
Substance Abuse Emergency  
Department Visit Rates by  
Zip Code**



Source: Agency for Health Care Administration Emergency Department Visit Data, 2015-2017; Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using Population Estimates System; <http://www.flhealthcharts.com>; (December 17, 2018). Agency for Health Care Administration Detailed Discharge Data, 2015-2017; Florida Department of Health, Office of Health Statistics & Assessment, reports generated by WellFlorida; using Population Estimates System; <http://www.flhealthcharts.com>; (December 17, 2018).

## Marion County Estimated Poverty and Dental Emergency Department Visit Rates by Zip Code



Source: Agency for Health Care Administration Emergency Department Visit Data, 2017; ESRI Business Solutions, Population, 2017



## FORCES OF CHANGE MATERIALS

### Forces of Change Brainstorming Worksheet

The following worksheet is designed for the Marion County CHA Steering Committee and invited guests for the Forces of Change brainstorming session. In small groups or individually, please complete this Forces of Change Brainstorming Worksheet in preparation for the discussion that will follow.

#### **What are Forces of Change?**

**Forces are a broad all-encompassing category** that includes trends, events, and factors.

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

#### **What Kind of Areas or Categories Are Included?**

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

#### **How To Identify Forces of Change**

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

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



## Forces of Change Brainstorming Worksheet

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

Worksheet Example: Factors, events and trends affecting Marion County:

Example 1: Stagnant economy

Example 2: Changes to Affordable Care Act

Example 3: Rise in opioid use and other substance abuse issues

Factors, events and trends affecting Marion County:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_

If you have any questions, please do not hesitate to contact Chris Abarca at 352-727-3767 or [cabarca@wellflorida.org](mailto:cabarca@wellflorida.org)

## SURVEY MATERIALS

### COMMUNITY MEMBER SURVEY



Dear Neighbor,

What are the most important health and health care issues in Marion County? The Florida Department of Health in Marion County and WellFlorida Council, the local health planning council, invite you to answer this Community Health Needs Assessment survey between Friday, February 1, 2019 and Tuesday, April 30, 2019. Community leaders will use your answers to build a healthier community. Your answers will not be used to identify you.

This survey has 41 questions and should take about 20 minutes to finish.

We are using a raffle to give away ten (10) gift cards worth \$30 each. To enter the raffle:

1. You must be 18 years old to participate.
2. Answer all questions on the survey.
3. Give us your phone number and/or email address so that we can reach you if you are a winner. Your phone number and/or email address will remain confidential.

Please answer the survey only once. Completing more than one survey will not increase your chances to win a gift card.

If you have any questions about this survey or the survey process, you may contact Christine Abarca at WellFlorida Council ([www.wellflorida.org](http://www.wellflorida.org)). The phone number is 352-727-3767 and her e-mail address is [cabarca@wellflorida.org](mailto:cabarca@wellflorida.org).

Thank you for sharing your views about health with us!

*You must be at least 18 years of age and live in Marion County to participate in this survey.*

### 1. What is your age?

- ☐ Yes, I am 18 years of age or older
- ☐ No, I am 17 years of age or younger. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Marion County.*

### 2. Where do you live? Choose 1

- ☐ I live in Marion County
- ☐ I am a seasonal resident of Marion County
- ☐ I do not live in Marion County. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Marion County.*

### 3. What is your zip code?

- |                             |                             |   |
|-----------------------------|-----------------------------|---|
| <input type="radio"/> 32113 | <input type="radio"/> 34420 | <input type="radio"/> 34476                 |
| <input type="radio"/> 32133 | <input type="radio"/> 34431 | <input type="radio"/> 34479                 |
| <input type="radio"/> 32134 | <input type="radio"/> 34432 | <input type="radio"/> 34480                 |
| <input type="radio"/> 32179 | <input type="radio"/> 34470 | <input type="radio"/> 34481                 |
| <input type="radio"/> 32195 | <input type="radio"/> 34471 | <input type="radio"/> 34482                 |
| <input type="radio"/> 32617 | <input type="radio"/> 34472 | <input type="radio"/> 34488                 |
| <input type="radio"/> 32664 | <input type="radio"/> 34473 | <input type="radio"/> 34491                 |
| <input type="radio"/> 32681 | <input type="radio"/> 34474 | <input type="radio"/> Other, please specify |
| <input type="radio"/> 32686 | <input type="radio"/> 34475 |   |

#### 4. What do you think contributes most to a healthy community? Choose 3

- ☐ Access to health care including primary/family care and specialty care, dental care and mental health care
  - ☐ Access to convenient, affordable and nutritious foods
  - ☐ Affordable goods/services
  - ☐ Affordable housing
  - ☐ Affordable utilities
  - ☐ Arts and cultural events
  - ☐ Awareness of health care and social services
  - ☐ Clean environment
  - ☐ First responders, Fire/Rescue/EMS, emergency preparedness
  - ☐ Good place to raise children
  - ☐ Good race/ethnic relations
  - ☐ Good schools
  - ☐ Healthy behaviors
  - ☐ Job opportunities for all levels of education
  - ☐ Low crime/safe neighborhoods
  - ☐ Low level of child abuse
  - ☐ Low level of domestic violence
  - ☐ Low preventable death and disease rates
  - ☐ Low rates of infant and childhood deaths
  - ☐ Parks and recreation
  - ☐ Places of worship
  - ☐ Public transportation system
  - ☐ Religious or spiritual values
  - ☐ Strong economy
  - ☐ Strong family ties
  - ☐ Other, please specify
-

**5. What has the greatest negative impact on the health of people in Marion County? Choose 3**

- ☐ Alcohol abuse
- ☐ Distracted driving (e.g., texting while driving)
- ☐ Dropping out of school
- ☐ Drug abuse (cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)
- ☐ Eating unhealthy foods/drinking sugar sweetened beverages
- ☐ Lack of personal responsibility
- ☐ Lack of sleep
- ☐ Lack of stress management
- ☐ Lack of physical activity
- ☐ Loneliness or isolation
- ☐ Not getting immunizations to prevent disease (e.g., flu shots)
- ☐ Not using birth control
- ☐ Not using health care services appropriately
- ☐ Not using seat belts/child safety seats
- ☐ Overeating
- ☐ Racial/ethnic relations
- ☐ Starting prenatal care late in pregnancy
- ☐ Tobacco use/vaping/chewing tobacco
- ☐ Unsafe sex
- ☐ Unsecured firearms
- ☐ Violence
- ☐ Other, please specify \_\_\_\_\_

**6. Which health care services are difficult to obtain in Marion County? Choose ALL that apply**

- |   |   |   |
|---|---|---|
| <input type="radio"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) | <input type="radio"/> Prescriptions/medications or medical supplies                       | <input type="radio"/> Laboratory services                     |
| <input type="radio"/> Dental/oral care  | <input type="radio"/> Preventive care (e.g., check-ups)                                   | <input type="radio"/> Mental/behavioral health                |
| <input type="radio"/> Emergency room care   | <input type="radio"/> Primary/family care (e.g., family doctor)                           | <input type="radio"/> Physical therapy/rehabilitation therapy |
| <input type="radio"/> Family planning/birth control   | <input type="radio"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) | <input type="radio"/> Vision/eye care                         |
| <input type="radio"/> In-patient hospital care  | <input type="radio"/> Substance abuse counseling services (e.g., drug, alcohol)           | <input type="radio"/> Prenatal care                           |
| <input type="radio"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.)                      | <input type="radio"/> Urgent care (e.g., walk-in clinic)                                  | <input type="radio"/> Other, please specify _____             |

**7. What 3 health issues are the biggest problems for residents of Marion County? Choose 3**

- |   |  |
|---|--|
| <input type="radio"/> Access to sufficient and nutritious foods                   | <input type="radio"/> Homelessness   |
| <input type="radio"/> Access to long-term care                                    | <input type="radio"/> Homicide   |
| <input type="radio"/> Access to primary/family care                               | <input type="radio"/> Infant death   |
| <input type="radio"/> Affordable assisted living facilities                       | <input type="radio"/> Mental health problems   |
| <input type="radio"/> Age-related issues (e.g., arthritis, hearing loss)          | <input type="radio"/> Motor vehicle crash injuries   |
| <input type="radio"/> Cancer  | <input type="radio"/> Obesity  |
| <input type="radio"/> Child abuse/neglect   | <input type="radio"/> Pollution (e.g., water, air, soil quality)                                   |
| <input type="radio"/> Dementia  | <input type="radio"/> Rape/sexual assault  |
| <input type="radio"/> Dental problems   | <input type="radio"/> Respiratory/lung disease   |
| <input type="radio"/> Diabetes  | <input type="radio"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) |
| <input type="radio"/> Disability  | <input type="radio"/> Stress   |
| <input type="radio"/> Domestic violence   | <input type="radio"/> Substance abuse/drug abuse   |
| <input type="radio"/> Elderly caregiving  | <input type="radio"/> Suicide  |
| <input type="radio"/> Exposure to excessive and/or negative media and advertising | <input type="radio"/> Tobacco use (includes e-cigarettes, smokeless tobacco use)                   |
| <input type="radio"/> Firearm-related injuries                                    | <input type="radio"/> Teenage pregnancy  |
| <input type="radio"/> Heart disease and stroke                                    | <input type="radio"/> Vaccine preventable diseases (e.g., flu, measles)                            |
| <input type="radio"/> High blood pressure   | <input type="radio"/> Other, please specify  |
| <input type="radio"/> HIV/AIDS  |  |

---

**8. During the past 12 months, was there a time you needed dental care, including check-ups, but didn't get it?**

- ☐ Yes. Please go to Question 9.
- ☐ No. I got the dental care I needed or didn't need dental care. Please go to Question 10.

**9. What were the reasons you could not get the dental care you needed during the past 12 months? Choose ALL that apply.**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ My responsibilities as a caregiver for another person (child or adult) keep me from getting the care I need for myself
- ☐ Other, please specify \_\_\_\_\_

**10. During the past 12 months, was there a time when your child or children in your care needed dental care, including check-ups, but didn't get it?**

- ☐ Yes. Please go to Question 11.
- ☐ No. My child or children in my care got the dental care they needed or didn't need dental care. Please go to Question 12.
- ☐ I do not have children. Please go to Question 12.

**11. What were the reasons your child or children in your care did not get the dental care they needed during the past 12 months? Choose ALL that apply.**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Service not covered by insurance or no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify \_\_\_\_\_

**12. During the past 12 months, was there a time when an adult in your care needed dental care, including check-ups, but didn't get it?**



- ☐ Yes. Please go to Question 13.
- ☐ No. The adult in my care got the dental care they needed or didn't need dental care. Please go to Question 14.
- ☐ I do not have an adult in my care. Please go to Question 14.

**13. What were the reasons the adult in your care did not get the dental care they needed during the past 12 months? Choose ALL that apply.**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Service not covered by insurance or no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify \_\_\_\_\_

**14. During the past 12 months, was there a time when you needed to see a primary care/family care doctor for health care but couldn't?**

- ☐ Yes. Please go to Question 15.
- ☐ No. I got the health care I needed or didn't need care. Please go to Question 16.

**15. What were the reasons you could not get the primary/family care you needed during the past 12 months? Choose ALL that apply**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No primary care providers (doctors, nurses) available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ My responsibilities as a caregiver for another person (child or adult) keep me from getting the care I need for myself
- ☐ Other, please specify \_\_\_\_\_

**16. During the past 12 months, was there a time when your child or children in your care needed to see a primary/family care doctor for health care but couldn't?**

- ☐ Yes. Please go to Question 17.
- ☐ No. My child or children in my care got the health care they needed or didn't need care. Please go to Question 18.
- ☐ No. I do not have children. Please go to Question 18.

**17. What were the reasons you could not get the primary/family care your child or children in your care needed during the past 12 months? Choose ALL that apply.**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No primary care providers (doctors, nurses) available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify \_\_\_\_\_

**18. During the past 12 months, was there a time when an adult in your care needed primary/family care but didn't get it?**

- ☐ Yes. Please go to Question 19.
- ☐ No. The adult in my care got the primary/family care they needed or didn't need primary/family care. Please go to Question 20.
- ☐ I do not have an adult in my care. Please go to Question 20.

**19. What were the reasons the adult in your care did not see a primary/family care provider during the past 12 months? Choose ALL that apply.**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No primary/family care providers available
- ☐ Service not covered by insurance or no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify \_\_\_\_\_

**20. During the past 12 months, was there a time when you needed to see a therapist or counselor for a mental health or substance use issue but didn't?**

- ☐ Yes. Please go to Question 21.
- ☐ No. I received the mental health or substance use care I needed or didn't need mental health or substance use care. Please go to Question 22.

**21. What were the reasons you did not see a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No mental health care providers available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ My responsibilities as a caregiver for another person (child or adult) keep me from getting the care I need for myself
- ☐ Other, please specify \_\_\_\_\_

**22. During the past 12 months, was there a time when your child or children in your care needed to see a therapist or counselor for a mental health or substance use issue but didn't?**

- ☐ Yes. Please go to Question 23.
- ☐ No. My child or children in my care got to see a counselor or a therapist when they needed mental health care. Please go to Question 24.
- ☐ No. I do not have children. Please go to Question 24.

**23. What were the reasons your child or children in your care did not see a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No mental health care providers available
- ☐ Service not covered by insurance or have no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify \_\_\_\_\_

**24. During the past 12 months, was there a time when the adult in your care needed to see a therapist or counselor for a mental health or substance use issue but didn't?**

- ☐ Yes. Please go to Question 25.
- ☐ No. The adult in my care got the mental health or substance use care they needed or didn't need mental health or substance use care. Please go to Question 26.
- ☐ I do not have an adult in my care. Please go to Question 26.

**25. What were the reasons the adult in your care did not get the mental health or substance use care they needed during the past 12 months? Choose ALL that apply.**

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No mental health care providers or substance use therapists or counselors available
- ☐ Service not covered by insurance or no insurance
- ☐ Transportation, couldn't get there
- ☐ Other, please specify \_\_\_\_\_

**26. In the last 12 months, what were your three biggest challenges? Choose at least 1. You may choose up to 3.**

- ☐ Food (having enough healthy food)
- ☐ Paying my utility bills
- ☐ Transportation
- ☐ Housing
- ☐ Employment (job)
- ☐ Childcare
- ☐ Access to doctor or dentist
- ☐ Personal safety
- ☐ Mental Health/Depression
- ☐ None of the above were challenges for me in the past 12 months
- ☐ Other (please specify) \_\_\_\_\_

**27. I have enough people I can ask for help at any time.**

- ☐ Yes
- ☐ No
- ☐ Not sure

**28. How easy or difficult is it to get information about health if you need it?**

- ☐ Very easy
- ☐ Easy
- ☐ Not easy nor difficult
- ☐ Difficult
- ☐ Very difficult

**29. How easy or difficult is it to understand health information from doctors, nurses and other health professionals?**

- ☐ Very easy
- ☐ Easy
- ☐ Not easy nor difficult
- ☐ Difficult
- ☐ Very difficult

**30. How easy or difficult is it to understand written health information on the Internet and in printed handouts?**

- ☐ Very easy
- ☐ Easy
- ☐ Not easy nor difficult
- ☐ Difficult
- ☐ Very difficult

**31. Overall, how healthy are the people in Marion County?**

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy

**32. How do you rate your health?**

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy

**Describe yourself. This information is confidential and will not be shared. You will not be identified.**

**33. What is your age?**

- ☐ 0-17
- ☐ 18-24
- ☐ 25-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80 or older
- ☐ I prefer not to answer

**34. What is your gender?**

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ I prefer not to answer
- ☐ Other (please specify) \_\_\_\_\_

**35. Are you of Hispanic, Latino, or Spanish origin? Choose 1**

- ☐ No, not of Hispanic, Latino or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin  
(please specify) \_\_\_\_\_
- ☐ I prefer not to answer

**36. What racial group do you most identify with? Choose 1**

- ☐ American Indian and Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Two or more races
- ☐ White
- ☐ I prefer not to answer
- ☐ Other (please specify) \_\_\_\_\_

**37. What is the highest level of school you have completed?**

- ☐ Elementary/Middle School
- ☐ High school diploma or GED
- ☐ Technical/Community College
- ☐ 4-year College/Bachelor's degree
- ☐ Graduate/Advanced degree
- ☐ Some college
- ☐ I prefer not to answer
- ☐ Other (please specify) \_\_\_\_\_

**38. Which of the following best describes your current employment status? Choose ALL that apply.**

- ☐ Employed (Full-Time)
- ☐ Employed (Part-Time)
- ☐ Full-Time Student
- ☐ Part-Time Student
- ☐ Home maker
- ☐ Retired
- ☐ Self-Employed
- ☐ Unemployed
- ☐ Work two or more jobs
- ☐ I prefer not to answer
- ☐ Other (please specify) \_\_\_\_\_

**39. How do you pay for health care? Choose ALL that apply.**

- ☐ Health insurance offered from your job or a family member's job
- ☐ Health insurance that you pay on your own
- ☐ I do not have health insurance
- ☐ Medicaid
- ☐ Medicare
- ☐ Military coverage/VA/Tricare
- ☐ Pay cash
- ☐ Other (please specify) \_\_\_\_\_

**40. What is the combined annual income of everyone living in your household? Choose 1.**

- |  |  |
|--|--|
| <input type="radio"/> Less than \$10,000   | <input type="radio"/> \$100,000 to \$124,999 |
| <input type="radio"/> \$10,000 to \$19,999 | <input type="radio"/> \$125,000 to \$149,999 |
| <input type="radio"/> \$20,000 to \$29,999 | <input type="radio"/> \$150,000 to \$174,999 |
| <input type="radio"/> \$30,000 to \$49,999 | <input type="radio"/> \$174,000 to \$199,999 |
| <input type="radio"/> \$50,000 to \$74,999 | <input type="radio"/> \$200,000 or more      |
| <input type="radio"/> \$75,000 to \$99,999 | <input type="radio"/> I prefer not to answer |



**41. Did you complete this survey at a community event?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**Is there anything else you'd like to tell us? Please provide your comments below.**

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**Do you want to participate in our raffle to win a \$30 gift card? If you do, write in your email address or phone number so we can contact you if you win.**

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

## FOCUS GROUP MATERIALS



### Community Health Needs Assessment Focus Groups

#### Script and Questions

May 14 and 15, 2019

Hello and welcome to our focus group. A focus group essentially just gives you an opportunity to talk with people who have something in common. I'd like to thank you for joining our *discussion* group as we talk about your experiences and opinions on getting the healthcare and social services you need in Marion County. We'll talk for about 60 minutes.

My name is \_\_\_\_\_ and I work with the WellFlorida Council. WellFlorida is a nonprofit organization that provides services in 16 counties in the center of the state. We work on many projects related to improving health and health care services in this region. You may be familiar with some of these including Healthy Start Coalitions, HIV screening and testing services, and rural health care partnerships.

The information you give us may become part of the Marion County Community Health Plan.

I want to tell you a few rules before we get started. The first rule is that everything you say will stay between us. We will not include your name in the written report. You may notice a tape recorder that is recording what we are saying. I will be audio recording as well as taking notes today to help make the written report of our talk. As stated in the informed consent that you all read and agreed to before we started, your identities will be kept confidential and all recorded names will be pseudonyms. Once the recorded audio has been accurately transcribed, the recordings will be destroyed.

As a second group rule, please do not repeat what we talk about today outside of this room. It is important that we trust each other because we want you to feel comfortable talking.

The only other rule that I need you to respect is to speak only one person at a time. We don't want to miss anything anyone says, so it is important not to talk over one another or break into separate conversations.

I have some questions that are designed to make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you think of along the way if they related to health, health care, quality of life and wellness in this area.

Are there any questions about the focus group or what we are going to do today?

## Focus Group Questions

### Priority Population: Adults in Court-ordered Substance Use Programs, Marion County

1. How widespread is the substance abuse/misuse problem in Marion County? Have you noticed changes in the problem (e.g., how many people are impacted, who's using (kids, teens, young adults, older people), where the problem is found)?
2. Tell me about your experiences or attempts to get help or services in Marion County for a substance abuse problem.
  - a. What types of services were you looking for?
  - b. Did you get the services you needed? Why or why not?
3. What prevented you from getting the help and services you needed (or what were the barriers)?
4. What worked well with getting help and services?
5. In general, what do you think should happen to people with substance abuse issues who come into contact with police officers for infractions of the law?
6. What should not happen to people with substance abuse issues who come into contact with the police for infractions of the law?
7. If someone came to you with an addiction problem, where would send them for help?

Anything else you'd like to comment on?



## Statement of Informed Consent

I, \_\_\_\_\_, agree to participate in this focus group being conducted by WellFlorida Council regarding the Marion County Community Health Needs Assessment.

I understand that this focus group interview will last no more than 1 hour and will be audio taped.

I understand that my participation in this focus group is entirely voluntary, and that if I wish to withdraw from the focus group or to leave, I may do so at any time, and that I do not need to give any reasons or explanations for doing so. If I do wish to withdraw from the focus group, I understand that this will have no effect on my relationship with the WellFlorida Council or any other organization or agency.

I understand that to prevent violations of my own or other's privacy, I have been asked not to talk about any of my own or other's private experiences that may be too personal to share in a group setting. I also understand that I have an obligation to respect the privacy of other members of the group. Therefore, I will not discuss any personal information that is shared during this focus group outside of this group.

I understand that all the information I give will be kept confidential, and that the names of all people in the focus group will be kept confidential. The recording of this focus group will only be heard by approved WellFlorida staff and will be destroyed upon completion of the final report.

I understand that I will receive an incentive for participating in this focus group and that my participation may help others in the future. The incentive consists of an insulated cooler bag with a small supply of food.

The facilitators of the focus group have offered to answer any questions I may have about the focus group and what I am expected to do.

**I have read and understand this information, and I agree to take part in the focus group.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Focus Group Demographic Survey – Marion  
County Community Health Needs Assessment**



**Age:**

- ☐ 18 - 29
- ☐ 30 - 39
- ☐ 40 - 49
- ☐ 50 - 59
- ☐ 60 - 64
- ☐ 65+

**Race:**

- ☐ White
- ☐ Black
- ☐ Asian
- ☐ Native Hawaiian and other Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ Two or More Races
- ☐ Other \_\_\_\_\_

**I am:**

- ☐ Male
- ☐ Female
- ☐ Transgender

**Highest Level of Education I completed**

- ☐ Less than high school graduate
- ☐ High School graduate (includes GED)
- ☐ Some College No Degree
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate or professional degree

**Zip Code of Residence:** \_\_\_\_\_

**I am Hispanic**

- ☐ Yes
- ☐ No

**Type of Insurance:**

- ☐ Private Insurance through work or retired from work
- ☐ Private Insurance through Obamacare/Health Insurance Marketplace
- ☐ Medicaid
- ☐ Medicare
- ☐ VA/Tri-Care
- ☐ No Health Insurance
- ☐ Other \_\_\_\_\_

## Marion County Community Health Assessment

### Focus Group Notes

May 14 and 15, 2019 held at OCP, Ocala, FL

#### Adults in Court-ordered Substance Misuse/Abuse Programs

1. How widespread is the substance abuse/misuse problem in Marion County? Have you noticed changes in the problem (e.g., how many people are impacted, who's using (kids, teens, young adults, older people), where the problem is found)?

##### May 14<sup>th</sup> Group:

- Problem is everywhere in Marion County
- It doesn't discriminate
- It seems to get worse each year
- People from every age group, race, income group are using drugs
- Kids and adults are using drugs
- Change in how many people are using drugs (more people)
- Drugs themselves have changed
  - not just weed, now it's heroin and meth
  - drugs have gotten stronger (more potent)
  - can't always be sure of what's in them
  - lower quality of drugs
- Level of drugs has increased and kids are starting to do drugs at a younger age

##### May 15<sup>th</sup> Group:

- Very widespread and getting worse
- Rampant
- in the 'hood and everywhere
- Poor and wealthy people use drugs, but rich people can get drugs and help if they want it
- People from 25-30 heavy into it, but from 14-60 year old are users
- Drugs don't discriminate
- Change in meth and heroin use (more users), people are hitting the streets to get what they used to get with a prescription

2. Tell me about your experiences or attempts to get help or services in Marion County for a substance abuse problem.

- a. What types of services were you looking for?
- b. Did you get the services you needed? Why or why not?

##### May 14<sup>th</sup> Group:

- Services are there but the person has to be motivated to find them and go after them
- No beds for residential treatment, people get turned away for services
- Must have insurance to get services, sometimes even having money isn't enough because you get turned away without insurance

- Treatment is expensive
- Marion County has lost services because they closed
- Medication management service isn't free any more
- Only get two days treatment when Baker Act'ed and it's not enough to help, it does no good
- Need to have a connection to get into services. There are so many people who need services and not enough so you have to know someone who can get you in
- The Centers has only limited services
- Police can do random blood tests if they think you're doing drugs

May 15<sup>th</sup> Group:

- At first, it wasn't obvious where to go for help but in the past 1 ½ years, there's more help out there
- People don't know where to go for help
- When in active addiction, you don't know about help and don't want it
- Got help in another county, then moved here
- Drug Court was the only place that helped me

3. What prevented you from getting the help and services you needed (or what were the barriers)?

May 14<sup>th</sup> Group:

- Partying, didn't want to
- Needed to escape from problems
- Didn't recognize that I had a problem
- Pride
- Money, couldn't afford to and didn't have insurance
- Was doing ok with self-treatment
- Was good at balancing work and my habit, didn't think I needed to
- Was sick
- Unprofessional staff at facilities
- Race is an issue for Black people when trying to get help, especially when the police are involved

May 15<sup>th</sup> Group:

- Embarrassment
- Stigma
- No insurance, no money
- Facilities were full
- Transportation, no bus route to facilities and some people lose their license
- Have to be persistent, if you're told "no" you have to keep asking

4. What worked well with getting help and services?

May 14<sup>th</sup> Group:

- The only thing that worked for me was getting put in jail
- Amnesty program through the Police Dept, wouldn't have gotten help otherwise
- Amnesty program guarantees you a bed
- Having money works well, but not everyone has money

- There's racial discrimination, it's evident in how police treat people. If you're not the right race, things aren't going to be good for you

May 15<sup>th</sup> Group:

- Drug Court
- Getting arrested
- Being motivated, wanting to change
- going to detox
- Help from family

5. In general, what do you think should happen to people with substance abuse issues who come into contact with police officers for infractions of the law?

May 14<sup>th</sup> Group:

- Police officer doesn't get to decide what happens, it should be left to a judge
- Get a ticket and then go to court to see the judge
- Depends on what crime is being committed. Minor offenses should be let slide
- Police should be more understanding, not assume the worst about you
- Police should offer help and resources, not punishment
- The fines and sentences should be the same for the same kind of offenses. One cop tosses the weed, another hauls you off to jail. You never know what's going to happen to you.
- Marijuana is a minor drug so you shouldn't get into as much trouble
- Cops can take your drugs and works but let you go
- Cops need more training on how to treat people, treat people with respect
- Need a pre-intervention service, something that helps before you get in trouble
- Some kind of assessment where it's decided if you get treatment or go to jail

May 15<sup>th</sup> Group:

- Provide help first, then deal with the legal stuff
- Should go to rehab before drug court
- Going to jail doesn't help addiction
- Penalties for infractions should be uniform, lower fines or ticket for weed
- Pot users clog up the court system and use resources that hard core users need

6. What should not happen to people with substance abuse issues who come into contact with the police for infractions of the law?

May 14<sup>th</sup> Group:

- Not go directly to jail
- Don't give help or treatment (they should get treatment)
- Should not be disrespected

May 15<sup>th</sup> Group:



- Be charged without knowing what drugs were found in your body, sometimes you don't know what's in the stuff you buy
- Don't make assumptions about people
- Don't take away driver license for misdemeanor offenses
- Don't go rogue, police should do everything according to same protocol
- Don't make a big scene out of an arrest
- Police should not be able to search the car without their consent

7. If someone came to you with an addiction problem, where would send them for help?

May 14<sup>th</sup> Group:

- Tell them to get religion, go to church
- Tell them to call on a higher power, inner strength or get help from a support group
- Talk to a friend or former addict
- If they have money and insurance, send them for psychiatric therapy
- To their parents
- Schools
  - high school and middle school needs to teach about drugs, it's not just for elementary school kids
  - need to educate so that drug use isn't normalized, many kids think it is because of what they see at home and where they live
- Parents
  - have responsibility to teach kids right from wrong
  - trying too hard to be a friend instead of a parent
  - can't discipline without threat of DCF involvement

May 15<sup>th</sup> Group:

- OCP
- AA meetings (no meetings between 1-5 pm in Marion County)
- Steve at The Centers
- Detox
- Internet to find peer support
- Church
- Hot-line or 211

Other comments:

May 14<sup>th</sup> Group:

- Young people (mainly teens) are becoming parents at such a young age that they haven't had enough time to mature; this creates a cycle of problems because of a lack of maturity
- Sobriety Village will be opening soon
- Drug industry and the financial motivation will keep the drug problem going
- For-profit prisons make arresting people good for business
- There's no money in the cure for drug addiction
- Doctors are motivated to prescribe drugs

- Instead of sending money to fight foreign problems, we need to take care of people and problems here in U.S.

May 15<sup>th</sup> Group:

- People need help before you get in trouble with the law
- Need an alternative to calling DCF, must be some way to get help before getting DCF involved
- School system is no help to parents with drug problems
  - reinstitute drug education
  - include as part of sex and health education
- There needs to be more resources
- There should be a mandatory drug education course in middle and high school as well as education about addiction