Community Health Improvement Plan

Marion County, Florida

July 2013

Participating Agencies

Marion County Community Health Improvement Plan Steering Committee

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Overview

The Community Health Improvement Plan (CHIP) Steering Committee endeavored throughout 2011 and 2012 to create a CHIP for Marion County that is aligned with the priority goals, strategies and objectives of national and state public health partners; and is relevant to the needs of our local communities. The Public Health Accreditation Board (PHAB) defines a CHIP as:

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

While only a relatively small team was involved in the creation of the CHIP, the entire community will be involved in its successful implementation and communication – why and how it was created, what it includes, who is responsible for success – is critically important to keep all partners and stakeholders engaged and aware of what is happening and how their actions and contributions help impact the plan's success. Communication began as the plan was being developed and will continue throughout implementation to report on progress, plan changes and key milestones achieved.

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

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

During the MAPP process, the CHIP Steering Committee formed a Core Community Support Team (CCST) with more than 50 partners from the community who represented not only many different areas of health and well-being but also government, education, businesses and social services sectors.

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

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

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

The CHIP Steering Committee utilized many assets and resources in creating the Community Health Needs Assessment (CHNA) and CHIP:

- Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control CDC)
- Community health needs assessment activities were funded by the Florida Department of Health through grant funds that originated with the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems
- A Core Community Support Team (CCST) comprised of 50 members
- Marion County Health Care Citizens Advisory Board, appointed by the County Commission
- A cross-sectional group representing local public health system partners (comprised of a local hospital administrator, a Federally Qualified Health Center (FQHC) administrator, primary care providers, health department Director and staffs, and community leaders)
- Marion County resident focus groups (9 Focus Groups – 2 via conference calls; 7 held at area hospitals, community organizations, residential communities, ad institutions of higher learning; participants for focus groups were recruited by advertisements posted at local shopping centers, the Marion County Health Department, churches, community centers, libraries, and through word-of-mouth recruiting)

- Physician surveys in cooperation the Marion County Medical Society, conducted via "blast broadcast FAX" (52 respondents)
- Data compiled and tabulated from the United States Census Bureau, the Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), the Florida Department of Health's Office of Vital Statistics, Florida's Agency for Health Care Administration (AHCA), the Population Health Institute (University of Wisconsin), and the Robert Wood Johnson Foundation
- Local Public Health System Assessment (LPHSA) report results from the National Public Health Performance Standards Program (NPHPSP is a collaborative of 7 national partners)
- County Health Rankings
- University of Washington, Institute for Health Metrics and Evaluation (HME) Study, June 2011
- Feedback from the residents of Marion County collected by the Marion County Health Department, Quality Assurance Office

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

The Marion County CHIP Process

Methodology

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

Members of the CHIP Steering Committee conducted five in-person work sessions (May 21, June 19, July 25, August 2 and September 13, 2012) to review the MAPP needs assessment and the priority issues identified and to refine those issues and formulate a response which ultimately became the CHIP.

As a part of the Work sessions, in addition to in-person deliberations and consensus-building, the CHIP Steering Committee utilized Survey Monkey (software application for conducting surveys) and other internet-centered activities to help foster development of the plan. The WellFlorida Council provided technical and administrative assistance as well as facilitation for the Steering Committee's work sessions.

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

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

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

Focus on the Social Determinants of Health

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

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

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

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

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

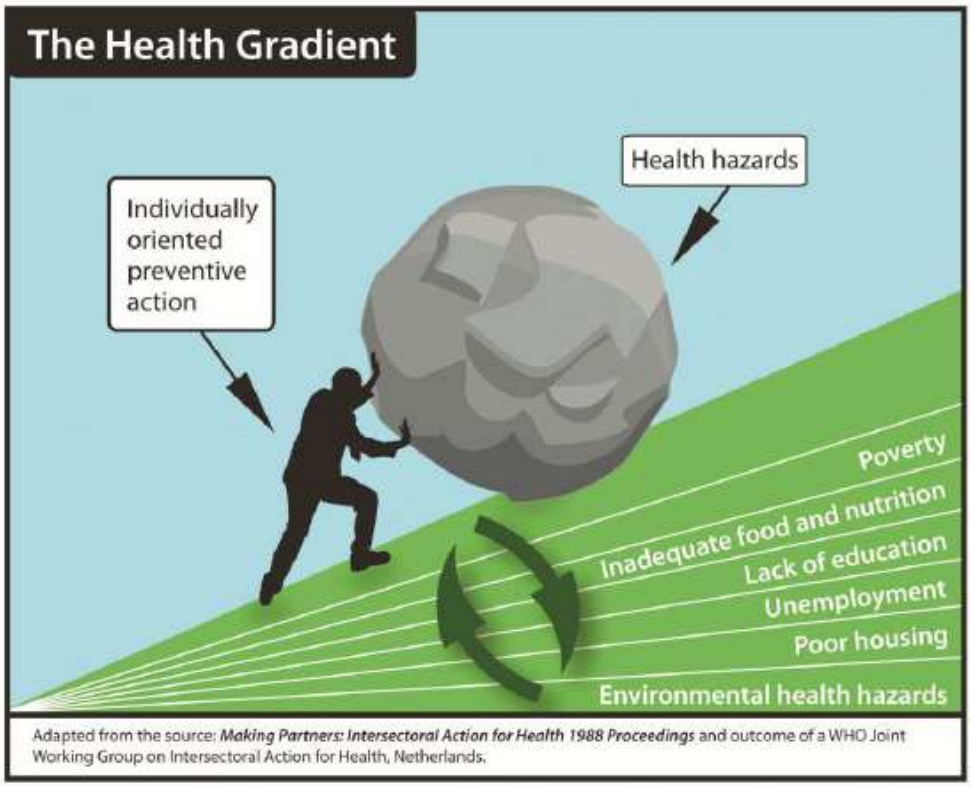

Figure 1. The Health Gradient – Individual Health is an Uphill Struggle for Our Community

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

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

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

- Marion County has a significantly higher overall age-adjusted mortality rate, nearly 9 percent higher than the state in 2007-09 (725.6 per 100,000 for Marion vs. 666.7 per 100,000 for the state). When adjusting for age, residents of Marion County fare worse than the state as a whole on age-adjusted death rates (AADRs) for nine of the top ten causes of death with an exception of age-adjusted mortality rate for stroke.
- In both Marion County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Marion County as in the rest of the state. In particular, during 2007-2009, black residents in Marion County had a 14% higher overall age-adjusted mortality rate compared to white residents (815.7 and 710.6 per 100,000 respectively).
- The rate of emergency department visits per 1,000 for mental health reasons increased 71 percent in Marion County (48.7 in 2005 and 83.4 in 2009) as opposed to an increase of only 37 percent at the state level (34.7 in 2005 and 47.7 in 2009).
- Overall, poor health behaviors are generally on the rise in Marion County as measured by the Behavioral Risk Factor Surveillance System (BRFSS) in nearly every major measurement category.
- In 2009, Marion County had an avoidable hospital discharge rate (per 1,000 residents) of 13.7. A little over 30 percent of the year 2009 avoidable discharges were paid for by Medicaid.
- Life expectancies of residents of Marion County are lower than state and national averages, and life expectancies of black residents are 5-6 years shorter than that of white residents, based on a University of Washington study.

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

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

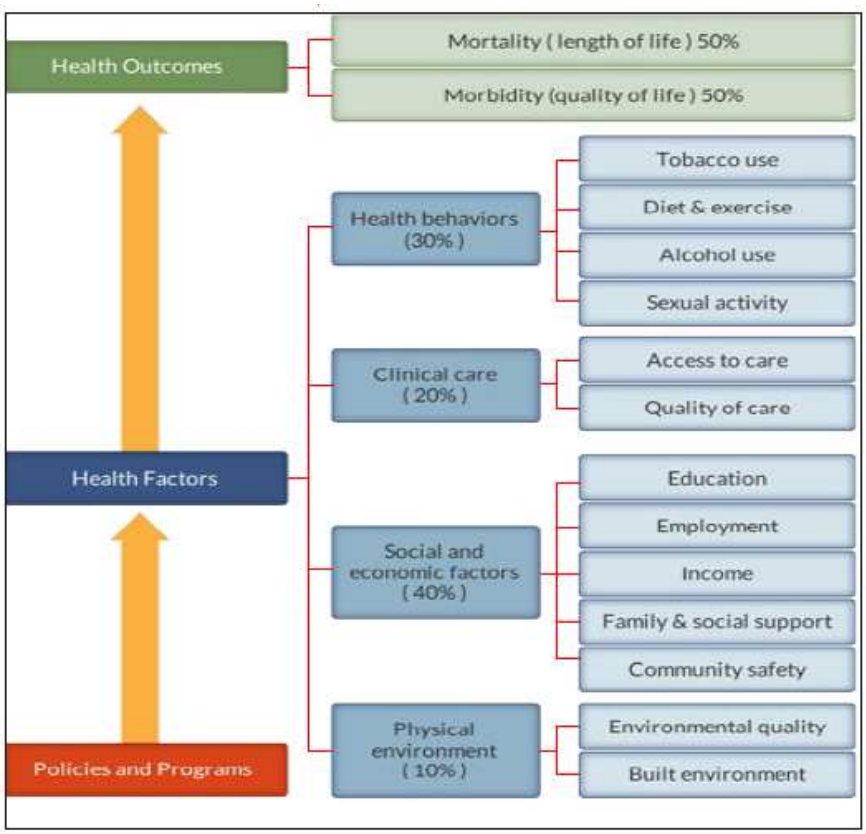

Figure 2. Robert Wood Johnson/ University of Wisconsin Population Health Institute County Health Rankings Model

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

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

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

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

Key Health Issues to be Addressed at the Local Level

The following is a list of key health issues identified during the Marion County Community Health Needs Assessment process that can be addressed at the local level, and are community health priorities:

- The social determinants of health are not adequately addressed in Marion County.
- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Marion County both on an individual and county-wide basis.
- Unemployment at levels substantially higher than the state of Florida.
- Marion County has a significantly higher overall age-adjusted mortality rate, nearly 9 percent higher than the state in 2007-09 (725.6 per 100,000 for Marion vs. 666.7 per 100,000 for the state). When adjusting for age, residents of Marion County fare worse than the state as a whole on age-adjusted death rates (AADRs) for nine of the top ten causes of death with an exception of AADR for stroke.
- Life expectancies of residents of Marion County are lower than state and national averages, and life expectancies of black residents are 5-6 years shorter than that of white residents
- In both Marion County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Marion County. In particular, during 2007-2009, black residents in Marion County had a 14% higher overall age-adjusted mortality rate compared to white residents (815.7 and 710.6 per 100,000 respectively).
- High percentages of the population with limited access to healthy foods.
- Lower percentages of residents with high school and college educations.
- Comparatively limited access to recreational activities (in the 6th percentile for Florida)
- Overall, poor health behaviors are generally on the rise in Marion County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Marion County is near the bottom 25% of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.

Community Health Priorities

After a careful study of the health needs assessment and the key issues identified by the assessment, the CHIP Steering Committee reached consensus on four community health priorities that cut across the key health issues. A focused public health plan must be developed that addresses social determinants in the following domains that impact health outcomes:

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

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

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

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

Marion County CHIP Goals, Strategies and Objectives

The Marion County Community Health Improvement Plan (CHIP) has three (3) goals and five (5) identified strategies to achieve these goals. Unlike many strategic plans, each individual strategy is not tied to a specific goal, but rather as all three of these goals are interrelated, the strategies will work together to achieve the end state to which these goals collectively aspire. In short, all strategies will contribute to each goal.

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

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

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

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

Coordinating Agency: United Way of Marion County, Maureen Quinlan, President

Objective A.1: By May 2013, an initial collaborative partnership will be formed and fully functional, with a Steering Committee comprised of the following members: Ginger Carroll, FACHE, Chief Executive Officer, West Marion Community Hospital (Ocala Health); Kerrie Jones Clark, Chief Executive Officer, (Heart of Florida Health Center); Timothy S. Dean, (Dean Law Firm, LLC); Jeff Feller, Chief Executive Officer, (WellFlorida Council); Nathan Grossman, M.D., Director, (Marion County Health Department); Dyer Michell, President, (Access to Healthcare, Inc.); Gina Peebles, Director, (Marion County Parks and Recreation); Mary Ellen Poe, Chief Executive Officer, (Hospice of Marion County and Its Affiliated Companies, Inc.); Charles R. Powell, Chief Executive Officer, (The Centers); Maureen Quinlan, President, (United Way of Marion County); Mike Robertson, V.P. Strategic Planning & Marketing, (Munroe Regional Medical Center); Suzanne Santangelo, Director of Marketing, (Ocala Health); and Loretha Tolbert-Rich, Chief Executive Officer, Ocala Community Care, (Marion County Sheriff's Office).

Success Indicator: A press conference and media release announcing the completion of a Community Health Needs Assessment and Community Health Improvement Plan by the target date of May 2013.

Potential Next Steps:

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

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

Coordinating Agency: Marion County Health Department, Nathan Grossman, M.D., Director

Objective B.1: By August 2013, conduct at least two initial public presentations of an ongoing community campaign to inform the public on personal health issues, behaviors and their costs to individuals and the public.

Success Indicator: The CHIP Steering Committee, lead by Maureen Quinlan, President of the United Way of Marion County, will form a public health education "Speaker's Bureau" and complete at least two scheduled public presentations to inform the public on personal health issues, behaviors and their costs to individuals and the public by the target date of August 2013. Ms. Evelyn J. James, MSW, Health Education Supervisor with the Marion County Health Department will have a leading role in this endeavor.

Potential Next Steps:

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

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

Coordinating Agency: United Way of Marion County, Maureen Quinlan, President

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

Success Indicator: The CHIP Steering Committee, lead by Maureen Quinlan, will utilize a public health education "Speaker's Bureau" as a means to inform policy makers and community leaders on the true costs of community health issues and health policies on at least two occasions by the target date of August 2013. Ms. Evelyn J. James, MSW, Health Education Supervisor with the Marion County Health Department will have a leading role in this endeavor.

Potential Next Steps:

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

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

Coordinating Agency: Marion County Health Department, Cheryl Brown, Acting Administrator

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

Success Indicator: The CHIP Steering Committee, lead by Maureen Quinlan, will collaborate with the managing entities of existing community information and referral resources (i.e. 211 and information and referral systems to fully integrate the community health information and referral system by the target date of November 2013.

Potential Next Steps:

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

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

Coordinating Agency: United Way of Marion County, Maureen Quinlan, President

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

Success Indicator: The CHIP Steering Committee, lead by Maureen Quinlan, will utilize a public health education "Speaker's Bureau", the Marion County Health Department website, and press conferences with media releases as a means to carry out the first phase of a campaign to inform and educate the public on how and when to use which community health resources. At least two events utilizing at least one of the methods cited will be conducted by the target date of August 2013. Ms. Evelyn J. James, MSW, Health Education Supervisor with the Marion County Health Department will have a leading role in this endeavor.

Potential Next Steps:

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

It may take several years to show measurable progress related to some of the strategies and health objectives in the plan. The most notable progress to date is associated with the "potential next steps". Refer to the progress report in Appendix B for details.

Planning for the Future Health of Care in Marion County

The CHIP is a plan for the entire public health care system in the communities that comprise Marion County. All of our residents are stakeholders in the system—state and local government, health care providers, employers, community groups, colleges and schools, individuals and families. The CHIP allows loosely-networked system partners to coordinate for more efficient, targeted and integrated health improvement efforts.

As a result of the mid-cycle evaluation of our implementation progress, policy changes have been made and, in some cases policies have been developed as needed to accomplish the health strategies and objectives included in the CHIP.

Policy changes:

While the Marion County Health Department became a *de facto* lead for the initiation of the original Community Health Needs Assessment and CHIP, it has been resolved that the community health system must be championed by a broad spectrum of community partners. The CHIP Steering Committee voted to recognize the United Way of Marion County as the lead agency for the Marion Community Health System.

New policy:

Broader participation by community partners is needed for revitalization of the Marion County health system to be realistically achievable; therefore, the CHIP Steering Committee will seek additional members from business, education, and faith-based organizations.

No other policy changes are indicated at this time, due to the fact that sufficient data for decision-making is not available at this early stage of the CHIP implementation.

A Call to Action

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

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

Members of the CHIP Steering Committee and the Core Community Support Team who initiated the MAPP needs assessment and who worked on this community health improvement plan realized that the first "next step" must be to expand the current community partnerships, infrastructure and collaboration to lead efforts to implement this plan and actualize the vision of:

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

Accountable persons and organizations have been designated to champion or coordinate implementation of the strategies in the CHIP. This has been widely communicated, as is evidenced by the following excerpts from a Marion County Health Department press release dated March 20, 2013, with the headline, "County Health Rankings Reinforce Need for Communitywide Health Improvement Effort":

"As we track our progress, we are reminded there is no finish line in our efforts for better health." Marion County leaders have come together to work toward a healthier community after hearing the results of Marion's Community Health Improvement Plan. The plan addresses community health problems and provides a strategy for improvement. It follows research published in the Marion County Health Needs Assessment, as well as the County Health Rankings. The Florida Department of Health in Marion County, in partnership with the United Way of Marion County, is leading the charge to improve the health of the community by drawing from the expertise of the community.

"These problems aren't new in Marion County," said Maureen Quinlan, president of the United Way of Marion County. "This report reinforces the need for the entire community to work together to improve health in Marion County. This is why the United Way is using the Community Health Improvement Plan as our framework for identifying needs and finding solutions in Marion County. With the entire community involved, we can put all our resources together and have the best chance to deliver solid, long-lasting results."

"The health of the community isn't just a Health Department project," said Dr. Nathan Grossman, Marion County Health Department director. "***No single organization owns this; the entire community has to take ownership of its health***. **Transforming the health of the residents of Marion County will happen as the entire community transforms itself to think of health as more than just health care."**

Much of the effort required to launch the collaborative community partnerships has rested with the original CHIP Steering Committee (see the acknowledgements page in the plan); however, as new partners are designated from Marion County businesses, local and state government, philanthropic organizations, education, community and faith-based organizations they will help increase the momentum of our efforts to transform the health system in Marion County.

WHAT COMMUNITY PARTNERS CAN ACCOMPLISH BY WORKING TOGETHER

There is renewed national awareness of what state and local government, the private sector, philanthropic organizations, community and faith-based organizations, and concerned individuals can do to improve public health when we act in a united way as partners.

State and Local Governments Can:

- ✓ Facilitate collaboration among diverse sectors (e.g., planning, housing, transportation, energy, education, environmental regulation, agriculture, business associations, labor organizations, health, and public health) when making decisions likely to have a significant effect on health.
- ✓ Include health criteria as a part of decision making (e.g., policy making, land use, and transportation planning).
- ✓ Conduct comprehensive community health needs assessments and develop state and community health improvement plans.
- ✓ Strengthen and enforce housing and sanitary code requirements and ensure rapid remediation or alternative housing options.
- ✓ Participate in national voluntary accreditation of health departments.
- ✓ Increase delivery of clinical preventive services by Medicaid and Children's Health Insurance Program (CHIP) providers.
- ✓ Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.
- ✓ Create interoperable systems to exchange clinical, public health, and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services and other social services.
- ✓ Use data to identify populations at greatest risk and work with communities to implement policies and programs that address highest priority needs.
- ✓ Improve coordination, collaboration, and opportunities for engaging community leaders and members in prevention.

Businesses and Employers Can:

- ✓ Ensure that homes and workplaces are healthy, including eliminating safety hazards, ensuring that buildings are free of water intrusion, indoor environmental pollutants (e.g., radon, mold, tobacco smoke).
- ✓ Adopt practices to increase physical activity and reduce pollution (e.g., workplace flexibility, rideshare and vanpool programs, park-and-ride incentives, telecommuting options).
- ✓ Identify and implement green building siting, design, and construction that over time will improve the environment and health.
- ✓ Adhere to best practices to promote safety and health, including participatory approaches to hazard identification and remediation as well as supervisory and worker training.
- ✓ Provide incentives for employees and their families to access clinical preventive services.
- ✓ Provide opportunities for workplace prevention activities, including preventive screenings.
- ✓ Partner with local resources such as libraries and literacy programs to enhance employees' ability to identify and use reliable health information.

Community, Non-Profit, and Faith-Based Organizations Can:

- ✓ Convene diverse partners and promote strong cross-sector participation in planning, implementing, and evaluating community health efforts.
- ✓ Implement processes to ensure that people are actively engaged in decisions that affect health.
- ✓ Inform people about the range of preventive services they should receive and the benefits of preventive services.
- ✓ Support use of retail sites, schools, churches, and community centers for the provision of evidence-based preventive services.
- ✓ Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).
- ✓ Support community health workers, patient support groups, and health coaches.
- ✓ Bring together professionals from a range of sectors (e.g., transportation, health, environment, labor, education, and housing) with community representatives to ensure that community health needs and barriers are addressed.
- ✓ Help ensure that prevention strategies are culturally, linguistically, and age appropriate, and that they match people's health literacy skills.

Health Care Systems, Insurers and Clinicians Can:

- ✓ Partner with state and local governments, business leaders, and community-based organizations to conduct a comprehensive community health needs assessment and develop community health improvement plans.
- ✓ Support integration of prevention and public health skills by cross-training health care practitioners to implement prevention strategies.
- ✓ Inform patients about the benefits of prevention services and offer recommended clinical preventive services.
- ✓ Adopt and use certified electronic health records and personal health records.
- ✓ Establish patient reminder systems for preventive services (e.g., mailing cards, sending e-mails, or making phone calls when a patient is due for a preventive health service and electronic clinical health records with reminders or cues).
- ✓ Create linkages with and connect patients to community resources (e.g., tobacco quit lines), family support, and education programs.
- ✓ Facilitate coordination among diverse care providers (e.g., clinical care, behavioral health, community health workers, complementary and alternative medicine).
- ✓ Communicate with patients in an appropriate manner so that patients can understand and act on their advice and directions.
- ✓ Train and hire more qualified staff from underrepresented racial and ethnic minorities and people with disabilities.

Early Learning Centers, Schools, Colleges and Universities Can:

- ✓ Integrate appropriate core public health competencies into relevant curricula (e.g., nursing, medicine, dentistry, allied health, pharmacy, social work, education) and train professionals to collaborate across sectors to promote health and wellness.
- ✓ Implement policies and practices that promote healthy and safe environments (e.g., air quality, mold problems, reducing exposure to pesticides and lead, ensuring that drinking water sources are free from bacteria and toxins, implementing and enforcing tobacco-free policies).
- ✓ Train providers (e.g., doctors, nurses, dentists, allied health professionals) to use health information technology and offer patients recommended clinical preventive services as a routine part of their health care.
- ✓ Conduct outreach to increase diversity (e.g., racial/ethnic, income, disability) in health care and public health careers.
- ✓ Develop and implement local strategies to reduce health, social, and environmental conditions that affect school attendance and chronic absenteeism.

Individuals and Families Can:

- ✓ Visit their health care providers to receive clinical preventive services.
- ✓ Access various media to learn about health and prevention.
- ✓ Use alternative transportation (e.g., biking, walking, public transport, car pooling).
- ✓ Purchase energy efficient products, support local businesses, and recycle.
- ✓ Participate in community prevention efforts.
- ✓ Use community resources (e.g., libraries, literacy programs) to improve their ability to read, understand, and use health information.

Afterword

The Marion County Community Health Improvement Plan includes an *Annual Evaluation Report*, documenting progress made during 2012-2013 related to CHIP implementation and monitoring of performance measures (see Appendix B).

In order to monitor progress on implementation of strategies in the CHIP, the Steering Committee reconvened during the period March – June 2013 to allow stakeholders and partners in the Marion County health system to participate in the task of assessing progress made on implementing strategies included in the community health improvement plan and community efforts to take the "next steps" proposed in the plan.

Recognizing that the CHIP is a dynamic plan has great significance for the success of the community collaborative. The plan may need periodic revision based on a completed objective, a newly identified priority, a change in responsibilities, or a change in resources and assets available within the community. All aspects of the plan, and its identified tasks and timelines are monitored for progress, and adjustments will be made when indicated to ensure that the plan remains relevant to community health needs. All changes will be made in collaboration with partners and stakeholders from Ocala/Marion County.

In addition to the public health priorities, goals, strategies and objectives originally included in the plan, measurable progress indicators have been incorporated in order to effectively monitor implementation of the CHIP strategies.

Arguably, implementation of the health improvement plan is one of the most important parts of the process. The CHIP Steering Committee recognizes the critical importance of monitoring, reviewing and reporting on implementation progress. While overall responsibility for monitoring progress rests with the Steering committee, the committee members concur with the Marion CHD Health Director that the appropriate agency for monitoring CHIP strategies is the health department. The CHD Quality Assurance and Performance Improvement office will monitor progress on implementing the strategies included in the plan and report to the Steering Committee.

The following S.M.A.R.T. objectives* have been added to the CHIP (see Appendix A):

> Objective 8.1.3: By June 30, 2013, and annually thereafter, a report of progress on implementing strategies included in the Community Health Improvement Plan (CHIP) will be developed by the Marion County Health Department in partnership with a cross-section of stakeholders in the plan and delivered to the CHIP Steering Committee on a semiannual basis.
>
> Objective 8.1.4: By June 30, 2013, and annually thereafter, a report of the actions taken related to implementing strategies to improve health (as stated in the Marion County Community Health Improvement Plan) will be developed by the Marion County Health Department in partnership with a cross-section of stakeholders cited in the plan and delivered to the CHIP Steering Committee.
>
> Objective 8.1.5: By June 30, 2013, and at least every 6 months thereafter, a health improvement strategy planning session will be convened by the CHIP Steering Committee to discuss: "How are we doing?, What is going well, and why?, What is not going well, and why?, and What changes or improvements are needed regarding the plan strategies?".
>
> ***S**pecific, **M**easurable, **A**ttainable, **R**ealistic, **T**imely

ACTION ITEM FOR PRODUCING THE CHIP MID-CYCLE UPDATE: **Marion County Health Department**

COORDINATING AGENCY: **United Way of Marion County**

PARTNERS AND STAKEHOLDERS

MARION COUNTY: **Access to Healthcare, Inc, Dean Law Firm, LLC, Heart of Florida Health Center, Hospice of Marion County and Its Affiliated Companies, inc, Marion County Health Department, Marion County Parks and Recreation, Marion County Sheriff's Office, Munroe Regional Medical Center, Ocala Health, The Centers, United Way of Marion County, WellFlorida Council, West Marion Community Hospital, and the residents of Marion County**

STATE & NATIONAL: **American Red Cross, Army Corps of Engineers, Air Force, Centers for Disease Control and Prevention (CDC), Civil Air Patrol, Coast Guard, Customs and Boarder Protection, Homeland Security, Humane Society, Disaster Center, Department of Defense, Department of Energy, Department of Justice, Environmental Protection Agency, Federal Bureau of Investigation (FBI), Federal Communications Commission (FCC), FEMA, Health and Human Services (HHS), Army National Guard, Marine Corps, Navy, Salvation Army, U.S. Department of Agriculture (USDA), USDA Fire Service**

CHIP Alignment with National, State and Local Priorities

Aligned with:

- ✓ ***The National Prevention Strategy (NP)***
- ✓ ***Healthy People 2020 (HP2020)***
- ✓ ***Florida State Strategic Plan (DOH)***
- ✓ ***Florida State Health Improvement Plan (SHIP)***
- ✓ ***Florida Sterling Council (FSC)***
- ✓ ***Florida Governor's Priorities (FGP)***
- ✓ ***Public Health Accreditation Board (PHAB) Standards & Measures***

 = Key Strategy or Objective

†Continued – Goal or Strategy immediately above is repeated.

Strategic Issue Area: Health Protection and Promotion

Goal 1: Protect the Population from Health threats.

Strategy	Objective
Strategy 1.1: *Prevent and control infectious disease.*	
†See Strategy above	Objective 1.1.1: By Dec. 31, 2015, increase the percentage of two-year-olds who are fully immunized from 86.6% (2011) to 90%. *(NP, SHIP, HP2020, FGP)*
†See Strategy above	Objective 1.1.2: By Dec. 31, 2015, decrease bacterial STD case rate among females 15-to-24 years of age to less than or equal to 2,605 per 100,000 population. *(SHIP, HP2020)*
†See Strategy above	Objective 1.1.3: By Dec. 31, 2013, achieve 90% or better rate of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis. *(DOH)*
†See Strategy above	Objective 1.1.4 By Dec. 31, 2015, reduce the TB case rate from 4.4 per 100,000 (2010) to 3.5 per 100,000. *(SHIP, HP2020)*
†See Strategy above	Objective 1.1.5 By Dec. 31, 2015, increase the number of identified foodborne disease outbreaks from 2.69 (2011) per million population to 3.09 per million population. *(DOH)*
†See Strategy above	Objective 1.1.6 By Dec. 31, 2015, reduce the AIDS case rate per 100,000 from 18.2 (2011) to 17.2. *(HP2020)*
†See Strategy above	Objective 1.1.7 By Dec. 31, 2015, Increase the percentage of currently enrolled AIDS Drug Assistance Program (ADAP) clients who routinely picked up ADAP medications each month to 85%. *(DOH, SHIP)*
†See Strategy above	Objective 1.1.8 By Dec. 31, 2015, reduce the number of new HIV infections in Florida from 4,577 (2009) per year to 2,778 per year with particular focus on the elimination of racial and ethnic disparities in new HIV infections. *(SHIP)*

†See Strategy above		Objective 1.1.9: By Dec. 31, 2013, percentage of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis will be 80% or greater. *(DOH)*
†See Strategy above		Objective 1.1.10 By Dec. 31, 2013, increase the number of selected reportable disease cases of public health significance reported from CHDs within 14 days of notification to greater than 75%. *(DOH)*
†See Strategy above		Objective 1.1.11 By Mar. 31, 2013, conduct a CHD consortia-level assessment of the current tuberculosis control program and recommend program priorities and resource allocation. *(DOH)*
†See Strategy above		Objective 1.1.12 By Dec. 31, 2013, implement a new system of care for the statewide tuberculosis program. *(DOH)*
†See Strategy above		Objective 1.1.13 By Dec. 31, 2015, increase by 10% the proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate time frame (as defined by the standard established in the CHD Snapshot Guidance for Epidemiology Measures document). *(DOH)*
†See Strategy above		Objective 1.1.14: By Dec. 31, 2013, Composite Annual Score of Core Epidemiology Measures will be 75% or greater. *(SHIP)*
†See Strategy above		Objective 1.1.15 By Dec. 31, 2014, develop a plan that enables interoperability across appropriate disease surveillance systems. *(DOH, SHIP*)
†See Strategy above		Objective 1.1.16: By Dec. 2013, reduce enteric disease rate per 100,000 from 59.2 to 51.7. *(SHIP)*
†See Strategy above		Objective 1.1.17: By Dec. 2013, reduce bacterial meningitis and bacteriemia disease rate per 100,000 to 0.20. *(SHIP)*
†See Strategy above		Objective 1.1.18: By Dec. 2013, decrease the TB case rate to 3.5 per 100,000 of population. (*SHIP*)
†See Strategy above		Objective 1.1.19: By Dec. 2013, decrease the AIDS case rate to 20.5 per 100,000 population.
†See Strategy above		Objective 1.1.20: By Dec. 2013, percentage of contacts to sputum AFB smear-positive TB patients who are evaluated for infection and disease will be 90% or greater. *(SHIP, HP2020)*
†See Strategy above		Objective 1.1.21: By Dec. 2013, achieve 93% treatment completions for TB patients completing therapy within 12 months of initiation of treatment. *(SHIP, HP2020)*
†See Strategy above		Objective 1.1.22: By Dec. 2013, percentage of newly diagnoses LTBI patients that have completed treatment will be 79% or greater. *(SHIP, HP2020)*
†See Strategy above		Objective 1.1.23: By Dec. 2013, amount of CHD wasted/spoiled/expired vaccine will be equal to or less than 3% or $5,000; whichever is smaller. *(DOH, SHIP)*

Strategy 1.2: *Prevent and reduce illness, injury and death related to environmental factors.*

†See Strategy above 	Objective 1.2.1 By Dec. 31, 2014, Annual Comprehensive Environmental Health Score (ACEHS) will be 90% or greater. *(DOH, SHIP)*
†See Strategy above	Objective 1.2.2 By Sept. 30, 2013, and annually ensure that 90% of illness outbreaks associated with a regulated facility have an environmental assessment or inspection done within 48 hours of initial outbreak report. *(DOH, SHIP)*
†See Strategy above	Objective 1.2.3 By Dec. 31, 2014, the CHD will complete the Environmental Public Health Performance assessment, use data to determine gaps and opportunities, and create health plans. *(DOH, SHIP)*
†See Strategy above	Objective 1.2.4: By Dec. 2013, achieve less than or equal to 9 Days of Exceedance for beach water samples per quarter. *(SHIP)*
†See Strategy above	Objective 1.2.5: By Dec. 2013, less than 1% of child care facilities are cited for a Class 1 Violation in any one quarter. *(SHIP)*
†See Strategy above	Objective 1.2.6: By Dec. 2013, achieve satisfactory food establishment routine inspection level greater than or equal to 90%. *(SHIP)*
†See Strategy above	Objective 1.2.7: By Dec. 2013, achieve satisfactory inspection level for group care facilities (all non child care) at greater than or equal to 90%. *(SHIP)*
†See Strategy above	Objective 1.2.8: By Dec. 2013, achieve AQI measures in the Good Range greater than or equal to 85% of days. *(SHIP)*
†See Strategy above	Objective 1.2.9: By Dec. 2013, achieve less than or equal to 10% of water treatment facilities found to be noncompliant. *(SHIP)*
†See Strategy above	Objective 1.2.10: By Dec. 2013, achieve a composite annual score on Environmental Health Onsite Sewage Program Evaluations of at least 80%. *(SHIP)*
†See Strategy above	Objective 1.2.11: By Dec. 2013, achieve a composite annual score on Environmental Health Community Program Evaluations of at least 80%. *(SHIP)*
†See Strategy above	Objective 1.2.12: By Dec. 2013, achieve an annual score on Environmental Health Water Program Evaluations of at least 80%. *(SHIP)*
Strategy 1.3: *Minimize loss of life, illness, and injury from natural or man-made disasters. (SHIP)*	
†See Strategy above 	Objective 1.3.1: By Dec. 2013, CHD will achieve a composite annual preparedness score of 5.0. *(SHIP, DOH)*
†See Strategy above	Objective 1.3.2: By Dec. 2013, achieve at least 85% participation on 800 megahertz radio checks. *(SHIP)*
†See Strategy above	Objective 1.3.3: By Dec. 31, 2013, complete After Action Reports and Improvement Plans within 30 days of an exercise or real event. *(SHIP)*

Strategy 1.4: *Ensure that systems and personnel are available to effectively manage all hazards. (SHIP)*	
†**See Strategy above**	Objective 1.4.1: Annually, ensure pre-identified staff covering Public Health and Medical incident management command roles can report to duty within 60 minutes or less. *(SHIP)*
Strategy 1.5: *Prevent and reduce intentional and unintentional injuries.*	
†**See Strategy above**	Objective 1.5.1: By Dec. 31, 2015, reduce the rate of deaths from all causes of external injury among Florida resident children ages 0–14 from 9.0 per 100,000 to 7.6 per 100,000 in those Florida counties with existing state-local injury prevention partnerships with their local Safe Kids chapter or coalition.* *(NP, SHIP, DOH)* *Includes Marion County
†**See Strategy above**	Objective 1.5.2: By Dec. 31, 2015, decrease the rate of death from falls among persons aged 65 and over in Florida from 59.7 per 100,000 (2011) to 50.
†**See Strategy above**	Objective 1.5.3: By Dec. 2015, decrease unintentional injury death rate for all age groups per 100,000 population from 40.2 to 38. *(SHIP)*

Goal 2: Reduce Chronic Disease Morbidity and Mortality. (HP2020)

Strategy 2.1: *Increase the proportion of adults and children who are at a healthy weight. (HP2020)*	
†**See Strategy above**	Objective 2.1.1: By Dec. 31, 2015, increase the percentage of adults who have a healthy weight from 34.9% (2010) to 40.0%. Note: a healthy weight is a Body Mass Index (BMI) of 18.5 to 24.9. (*NP, HP2020*)
†**See Strategy above**	Objective 2.1.2: By Dec. 31, 2015, decrease the percentage of WIC children aged 2 and above who are overweight or at risk of overweight from 29.5% (2010) to 28.5%. *(SHIP)*
†**See Strategy above**	Objective 2.1.3: By Dec. 31, 2015, increase the percentage of students in grades 1,3, and 6 who are identified as being at normal weight from 60% (2011-2012) to 63%.
†**See Strategy above**	Objective 2.1.4: By Dec. 31, 2015, decrease the percentage of students in grades 6-12 reporting BMI at or above the 95th percentile from 11.6% (2010) to 10%.
Strategy 2.2: *Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure. (NP, DOH, SHIP, HP 2020)*	
†**See Strategy above**	Objective 2.2.1 By Dec. 31, 2015, reduce current smoking rates among adults from 17.1% (2010) to 14.5%. *(NP, DOH, SHIP, HP2020)*
†**See Strategy above**	Objective 2.2.2 By Dec. 31, 2015, reduce current cigarette use among youth, ages 11-17, from 8.3% (2010) to 7.5%. *(SHIP, HP2020)*

†See Strategy above	Objective 2.2.3 By Dec. 31, 2015, reduce the percentage of adults who were exposed to secondhand smoke at home during the past 7 days from 8.6% (2010) to 7.7%. *(SHIP, HP2020)*
†See Strategy above	Objective 2.2.4 By Dec. 31, 2015, reduce the percentage of youth, ages 11-17, who were exposed to secondhand smoke in a room or car during the past 7 days from 50.3% (2010) to 45.3%. *(SHIP, HP2020)*
†See Strategy above	Objective 2.2.5 By June 30, 2015, reduce the percentage of youth, ages 11-17, who use tobacco products *other than cigarettes from 14.1% (2010 Florida Youth Tobacco Survey) to 12.7%. *(SHIP, HP2020)* **Other tobacco products include smokeless tobacco, snus, and cigars*
†See Strategy above	Objective 2.2.6 By June 30, 2015, reduce the percentage of adults who use tobacco products *other than cigarettes from 5.6% (2008 BRFSS) to 4.8%. *(SHIP, HP2020)* **Other tobacco products include smokeless tobacco, snus, and cigars*

Goal 3: Improve Maternal and Child Health.

Strategy 3.1: *Reduce infant mortality.*	
†See Strategy above	Objective 3.1.1 By Dec. 31, 2015, reduce the infant mortality rate from 6.4 (2011) per 1,000 live births to 6.1. *(SHIP)*
†See Strategy above	Objective 3.1.2 By Dec. 31, 2015, reduce the black infant mortality rate from 12.0 (2011) per 1,000 live births to 10.9. *(SHIP, PHAB)*
Strategy 3.2: *Increase the proportion of adults and children who are at a healthy weight.*	
†See Strategy above	**(No current CHD Objective)**
Strategy 3.3: *Meet special health care needs of children.*	
†See Strategy above	Objective 3.3.2 By Dec. 31, 2015, increase the percentage of 8-year-old Medicaid-eligible children who have received dental sealants on their molar teeth from 14% (2010) to 17%. *(SHIP)*
†See Strategy above 	Objective 3.3.3: By Dec. 2013, increase the percent of WIC infants who were ever breastfed to 81.9%. *(SHIP)*
†See Strategy above	Objective 3.3.4: By Dec. 2013, decrease percent of repeat births to mothers ages 15 to 19 to 14%.
†See Strategy above	Objective 3.3.5: By Dec. 2013, decrease percent of late or no prenatal care to no more than 5.5%.

Strategic Issue Area: Financial and Business Excellence

Goal 4: Improve Efficiency and Effectiveness.

Strategy 4.1: *Adopt certified electronic health record software.*	
†**See Strategy above**	Objective 4.1.1: By June 30, 2013, all CHD clinical sites will have adopted the DOH certified Electronic Health Record. *(SHIP)*
Strategy 4.2: *Connect agency providers and electronic health record systems in a network that consists of a state-level Health Information Exchange (HIE), Direct Secured Messaging and local health information exchanges and gateways.*	**(Strategy and Objectives addressed at state level)**
Strategy 4.3: *Implement tools, processes and methods that support accountability and provide transparency in DOH administrative management systems.*	
†**See Strategy above**	Objective 4.3.1: By Dec. 2013, supervisors and employees will achieve 90% compliance in certifying accuracy of time recorded on EARS/DARS within 7 calendar days of end of pay period. *(DOH, SHIP)*

Goal 5: Maximize Funding to Accomplish the Public Health Mission.

Strategy 5.1: *Maximize Medicaid and other third party revenue to help the CHD retain the infrastructure necessary to meet public health needs of the Marion County communities it serves.*	**(Strategy and Objectives addressed at state level)**
Strategy 5.2: *Review and update fee policies and fee schedules.*	**(Strategy and Objectives addressed at state level)**
Strategy 5.3: *Connect agency providers and electronic health record systems in a network that consists of a state-level Information Exchange and Direct Secured Messaging and local health information exchanges and gateways.*	
†**See Strategy above**	**(No current CHD Objective)**
Strategy 5.4: *Use* ***information technology and systems*** *to efficiently support disease prevention, intervention and epidemiological activities.*	
†**See Strategy above**	**(No current CHD Objective)**

Strategy 5.5: *Use public health information technology and systems to efficiently improve business practices.*	
†**See Strategy above**	Objective 5.5.2: By Dec. 2013, achieve 100% recovery of data on annual electronic data recovery test. *(PHAB)*
†**See Strategy above**	Objective 5.5.3: By Dec. 2013, percentage of items in compliance with DOH information security and privacy standards, as defined in the annual information security and privacy assessment will be 100%. *(SHIP, PHAB)*
Strategy 5.6: *Effectively manage Schedule C OCA cash balances.*	
†**See Strategy above**	Objective 5.6.1: By Dec. 2013, CHD will be compliant with requirement of Schedule C OCA cash balances related to Federal funds – zero balance 60 days after grant period ends.
†**See Strategy above**	Objective 5.6.2: By Dec. 2013, CHD will be compliant with requirement of Schedule C OCA cash balances related to State General Revenue and Trust funds – no negative cash balance.

Goal 6: Promote a Culture of Organizational Excellence.

Strategy 6.1: *Collect, track and use performance data to inform business decisions and continuously improve performance and quality. (PHAB)*	
†**See Strategy above**	Objective 6.1.1: By Dec. 31, 2013, Marion CHD will adopt and utilize the DOH performance management data system. *(SHIP)*
Strategy 6.2: *Maintain a sustainable performance management framework. (PHAB)*	
†**See Strategy above**	Objective 6.2.1 By Dec. 31, 2015, implement the components of a sustainable quality assurance system. *(PHAB)*
†**See Strategy above**	Objective 6.2.2 By Dec. 31, 2014, implement external customer satisfaction and complaint processes.
†**See Strategy above**	Objective 6.2.3 By Dec. 31, 2014, percentage of completed customer satisfaction surveys with a satisfactory or better rating will be 90%.
†**See Strategy above**	Objective 6.2.4 By Dec. 31, 2014, percentage of documented customer complaints acknowledged by end of next business day will be 100%.
Strategy 6.4: *Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions. (DOH, PHAB)*	
†**See Strategy above**	Objective 6.4.1: By Sept. 2013, CHD will have a strategic planning process that results in a plan with measurable goals and objectives to guide the activities of the CHD and is communicated to stakeholders. *(PHAB)*

†See Strategy above		Objective 6.4.2: By June 30, 2013, CHD will have implemented a collaborative community health assessment process resulting in a Community Health Improvement Plan (CHIP) with measurable outcome and goals within the last 5 years. *(PHAB)*
†See Strategy above		Objective 6.4.3: By Dec. 2014, CHD annually reviews effectiveness of at least one community partnership it participates in or leads. *(SHIP, PHAB)*
†See Strategy above		Objective 6.4.4: By Dec. 2014, percentage of CHD strategic plan activities on target for completion will be at least 80**%**. *(DOH, PHAB)*
†See Strategy above		Objective 6.4.5: By Dec. 2013, Marion CHD will develop, implement and sustain a comprehensive Quality Management Plan. *(DOH, PHAB).*
†See Strategy above		Objective 6.4.6: By Dec. 2013, reduce the number of worker's compensation incidents to 1.87 – 2.06% per 100 employees. *(DOH)*
†See Strategy above		Objective 6.4.7 By June 30, 2014, CHD will be accredited by the Public Health Accreditation Board. *(SHIP, PHAB)*
STRATEGY 6.5: *Implement and link health improvement planning at state and local levels.*		
†See Strategy above		Objective 6.5.1 By March 31, 2013, all state and local health improvement plans will be aligned. *(SHIP, PHAB)*
†See Strategy above		Objective 6.5.2 By Jan. 31, 2013, and regularly thereafter, convene to assess CHIP progress with partners. *(SHIP, PHAB)*
Strategy 6.6: *Integrate planning and assessment processes to maximize partnerships and community expertise in accomplishing goals.(NP, SHIP, PHAB)*		
†See Strategy above		Objective 6.6.1: By Dec. 31, 2014, increase public health presence in the local planning process by ensuring all CHDs will attend a minimum of one county planning board, planning review committee, or regional planning meeting. *(SHIP, PHAB)*
Strategy 6.7: *Support local efforts to revitalize communities.*		
†See Strategy above		Objective 6.7.1 By Oct. 31, 2013, DOH will forge partnerships with Housing and Urban Development and other local, regional and federal funding agencies to develop a model program for improving housing conditions for vulnerable populations. *(NP, SHIP, PHAB)*

Goal 7: Optimize Communications.

Strategy 7.1: *Develop, implement and improve internal and external communication strategies and plans.*	
†See Strategy above	Objective 7.1.1: By June 30, 2013, Marion CHD will deploy DOH rebranding to support unified messaging. *(DOH)*
†See Strategy above	Objective 7.1.2: By Dec. 31, 2015, evaluate internal and external communications tools and resources. *(DOH, PHAB)*
†See Strategy above	Objective 7.1.3: By Dec. 31, 2015, evaluate internal and external communications tools and resources. *(DOH, PHAB)*

Strategic Issue Area: Service to Customer and Community

Goal 8: Promote an Integrated Public Health System.

Strategy 8.1: *Implement and link health improvement planning at state and local levels.*	
†See Strategy above	Objective 8.1.1: By March 31, 2013, Marion CHD will have produced a current (within the past 5 years) Community Health Improvement Plan. *(DOH, PHAB)*
†See Strategy above	Objective 8.1.2: By March 31, 2013, state and local health improvement plans will be aligned. *(DOH, PHAB)*
†See Strategy above	Objective 8.1.3: By June 30, 2013, and annually thereafter, a report of progress on implementing strategies included in the Community Health Improvement Plan (CHIP) will be developed by the Marion County Health Department in partnership with a cross-section of stakeholders in the plan and delivered to the CHIP Steering Committee. *(PHAB)* **(included in the Marion County Community Health Improvement Plan)**
†See Strategy above	Objective 8.1.4: By June 30, 2013, and annually thereafter, a report of the actions taken related to implementing strategies to improve health (as stated in the CHIP) will be developed by the Marion County Health Department in partnership with a cross-section of stakeholders cited in the plan and delivered to the CHIP Steering Committee. *(PHAB)* **(included in the Marion County Community Health Improvement Plan)**
†See Strategy above	Objective 8.1.5: By June 30, 2013, and at least every 6 months thereafter, a health improvement strategy planning session will be convened by the CHIP Steering Committee to discuss: "How are we doing?, What is going well, and why?, What is not going well, and why?, and What changes or improvements are needed regarding the plan strategies?". *(PHAB)* **(included in the Marion County Community Health Improvement Plan)**

Goal 9: Maximize Partnerships and Expertise of the Community in Improving Health.

Strategy 9.1: *Include a public health component in community planning processes to increase awareness and opportunity for the built environment to impact healthy behaviors. (SHIP)*	
†**See Strategy above**	Objective 9.1.1: By Dec. 31, 2014, the CHD will have public health attendance in community planning processes, including the Marion County planning board. *(SHIP, DOH, PHAB)*
Strategy 9.2: *Share effective strategies and messages that support the connection between the built environment and healthy behaviors. (SHIP, DOH, PHAB)*	
†**See Strategy above**	Objective 9.2.1: By March 30, 2014, the CHD will conduct training and/or educational presentations about the health benefits of the community resulting from the built environment. *(SHIP, DOH, PHAB)*

Goal 10: Assure Access to Health Care.

Strategy 10.1: *Increase access to care for underserved populations.*	
†**See Strategy above**	Objective 10.1.1: By July 1, 2013, Marion CHD in conjunction with local coalitions will develop a written plan to address the county's safety net primary health care needs. The plan should address primary care and oral health care provider roles in the community based on the assessment completed in objective 8.1.1, and be updated annually. *(DOH, SHIP, PHAB)*
†**See Strategy above**	Objective 10.1.2: By Dec. 2013, Increase the percentage of the population on community water systems receiving fluoridated water to 85%.*(NP)*
†**See Strategy above** 	Objective 10.1.3: By Dec. 2013, Increase the percentage of teen CHD family planning clients who adopt an effective or higher method of birth control to 85%. *(DOH)*
†**See Strategy above** 	Objective 10.1.4: By Dec. 2013, increase the percentage of CHD family planning clients served who have documentation of race and ethnicity in their records to 95%. *(SHIP)*
Strategy 10.2: *Provide equal access to culturally and linguistically competent care. (SHIP, HP2020)*	
†**See Strategy above**	Objective 10.2.1: By Dec. 2013, implement a Culturally and Linguistically Appropriate Services (CLAS) self-assessment tool. *(SHIP, HP2020)*

Goal 11: Expeditiously License All Healthcare Professionals Who Meet Statutorily Mandated Standards of Competency.

Strategy 11.1: *Provide an efficient licensure process that meets statutory requirements.*	**(Strategy and Objectives addressed at state level)**

Strategic Issue Area: Workforce Development

Goal 12: Attract, Recruit and Retain a Competent and Credentialed Workforce.

Strategy 12.1: *Implement a competency-based framework for recruitment and training.*		
†**See Strategy above**		Objective 12.1.1: By Dec. 31, 2013, 95% of position descriptions at Marion CHD will include competencies aligned to DOH core competencies framework. *(DOH, PHAB)*
†**See Strategy above**		Objective 12.1.2: By Dec. 31, 2015, 80% of employees will have documented Employee Development Plans that identify competency-based training. *(SHIP, DOH)*
†**See Strategy above**		Objective 12.1.3: By Dec. 31, 2014, percentage of employee Performance Evaluations completed within the required timeframe will be 100%. *(SHIP, DOH)*
Strategy 12.2: *Provide trainings and resources that support and develop current public health employees.*		
†**See Strategy above**		Objective 12.2.1: By Dec. 31, 2013, increase to 100% the percentage of current employees completing the mandatory DOH Training in accordance with DOH Training Policy. *(DOH)*
†**See Strategy above**		Objective 12.2.2: By Dec. 31, 2013, increase to 100% the percentage of new hires completing the mandatory DOH Training in accordance with DOH Training Policy. *(DOH)*
†**See Strategy above**		Objective 12.2.3: By Dec. 31, 2013, increase to 100% the percentage of newly hired supervisors that have completed Basic Supervisory Training Program (Human Resources Overview and Leadership Overview) within six months of hire into a supervisory position. *(DOH)*
†**See Strategy above**		Objective 12.2.4: By Dec. 31, 2013, CHD has a documented process to address employee satisfaction. *(PHAB)*
†**See Strategy above**		Objective 12.2.5: By Dec. 31, 2014, increase the overall CHD response rate on the Employee Satisfaction Survey to 70%. *(DOH)*
†**See Strategy above**		Objective 12.2.6: By Dec. 31, 2013, increase the percentage of employees responding to the Employee Satisfaction Survey who rate their overall level of satisfaction as very satisfied or satisfied to 80%. *(DOH)*

Goal 13: Ensure Partnerships, Systems and Processes to Support the Future Workforce.

Strategy 13.1: *Develop, sustain and improve a Marion CHD Workforce Development Plan to ensure continuity of competent and credentialed employees.*	
†**See Strategy above**	Objective 13.1.1: By June 30 of each year, 95% of activities identified in the Workforce Development Plan are completed on established schedule. *(DOH, PHAB)*
†**See Strategy above**	Objective 13.1.2: By Dec. 31, 2013, achieve no more than 10% of employees leaving Marion CHD annually. *(PHAB)*
†**See Strategy above**	Objective 13.1.3: By Dec. 2013, 4.2 Eighty % of employees training needs have been identified in an employee Development and Enhancement Plan. *(DOH)*

ALIGNED STATE & NATIONAL AGENCIES (KEY):

NP – National Prevention Strategy
EPHS – Essential Public Health Services
HP – Healthy People 2020
SHP – Florida State Health Improvement Plan (SHIP)
DOH – DOH Strategic Plan 2012-2015
FGP – Florida Governor's Priorities
PHA – PHAB Standards & Measures, Version 1.0

ACTION ITEM FOR PRODUCING THE CHIP ALIGNMENT DOCUMENT: **Marion County Health Department**

COORDINATING AGENCY: **United Way of Marion County**

PARTNERS AND STAKEHOLDERS

MARION COUNTY: **Access to Healthcare, Inc., Dean Law Firm, LLC, Heart of Florida Health Center, Hospice of Marion County and Its Affiliated Companies, inc., Marion County Health Department, Marion County Parks and Recreation, Marion County Sheriff's Office, Munroe Regional Medical Center, Ocala Health, The Centers, United Way of Marion County, WellFlorida Council, West Marion Community Hospital, and the residents of Marion County**

NATIONAL & STATE: **American Red Cross, Army Corps of Engineers, Air Force, Centers for Disease Control and Prevention (CDC), Civil Air Patrol, Coast Guard, Customs and Boarder Protection, Homeland Security, Humane Society, Disaster Center, Department of Defense, Department of Energy, Department of Justice, Environmental Protection Agency, Federal Bureau of Investigation (FBI), Federal Communications Commission (FCC), FEMA, Health and Human Services (HHS), Army National Guard, Marine Corps, Navy, Salvation Army, U.S. Department of Agriculture (USDA), USDA Fire Service**

Community Health Improvement Plan (CHIP) Evaluation of Progress in Implementing Strategies

1.0 Overview

This Mid-Cycle progress report (in lieu of a scheduled Annual Evaluation Report) addresses the requirements of Measure 5.2.4 A in the Public Health Accreditation Board (PHAB) *Standards & Measures, Version 1.0*.

"5.2.4.A Monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners."

The purpose of this report is to assess the efforts of the Florida Department of Health in Marion County to ensure that the implementation of the Community Health Improvement Plan (CHIP) is evaluated, and that the plan is revised as indicated by those evaluations.

The reason we conduct this evaluation is – effective implemented plans are dynamic. The Marion County CHIP may need periodic revision based on a completed objective, a newly identified priority, a change in responsibilities, a change in resources and assets, or as is the case for this mid-cycle evaluation, changes are needed to conform to the requirements for National Public Health Accreditation.

All aspects of the CHIP, and its identified tasks and timelines, are monitored for progress by the Marion County Health Department Office of Quality Assurance and Performance Improvement, in collaboration with the CHIP Steering Committee, which represents a broad spectrum of community stakeholders, partners and opinion leaders in our community. Adjustments will be made as indicated by this evaluation to ensure that the plan remains relevant. These adjustments are described in a companion document to this DOH internal report, titled the *Marion County Community Health Improvement Plan Mid-cycle Update*.

2.0 Evaluation Methodology

Throughout 2012, the Marion County CHIP Steering Committee and a Core Community Support Team (CCST) of more than 50 diverse community partners worked together to develop Marion County's health needs assessment and ultimately a CHIP for the County.

The collaboration included the United Way of Marion County, West Marion Community Hospital, Heart of Florida Health Center, WellFlorida Council, Dean Law Firm, LLC, Access to Healthcare, Inc., Marion County Parks and Recreation, Hospice of Marion County and Its Affiliated Companies, Inc., The Centers, Munroe Regional Medical Center, Ocala Health, Marion County Sheriff's Office, and many members of the Marion community.

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

Steering committee members presented the health needs assessment and improvement plans to community stakeholders and opinion leaders during a Jan. 14 meeting at the United Way of Marion County.

The CHIP addresses community health problems and provides strategies for improvement. It reflects the research data published in the Marion County Health Needs Assessment and the Robert Wood Johnson/University of Wisconsin County Health Rankings.

In order to conduct this mid-cycle evaluation of CHIP implementation progress, the CHIP Steering Committee was reconvened in March 2013 to revisit the data and information elements of the community health needs assessment, and gauge CHIP impact on the Marion County Health system to date. This review determined whether satisfactory progress is being made in implementing the CHIP, including:

- Progress related to health improvement strategies
- Monitoring of health outcomes
- Conformance with PHAB Standards and Measures related to the CHIP

The CHIP Steering Committee utilized in-person and online work sessions to identify and prioritize possible issues; and propose remedial actions. The Steering Committee will preliminarily take some critical next steps to preserve the momentum achieved, and to make mid-cycle adjustments to ensure that the plan remains relevant.

All changes are being developed in collaboration with the partners and stakeholders involved in the CHIP planning process.

As required by PHAB Measure 5.2.4 A, the Marion County Health Department has the task of providing annual evaluation reports on progress in implementing the community health improvement plan.

This report documents that implementation progress, including:

- Monitoring progress in meeting performance measures
- Description of the progress made on health indicators defined in the plan
- Changes to the plan needed to ensure that the plan conforms to the national public health accreditation requirements in the PHAB *Standards & Measures, Version 1.0*
- Identification of critical "next steps"

3.0 Progress Results Related to "Next Steps" Cited in the CHIP

While it may take several years to show measurable progress in some health indicators defined in the plan, and the Marion County CHIP is still in the preliminary stage of implementation, there *is* progress to be reported:

3.1 Formation of an ongoing community collaborative – As a result of the mid-cycle evaluation of our implementation progress, policy changes have been made and, in some cases policies have been developed as needed to accomplish the health strategies and objectives included in the CHIP.

While the Marion County Health Department became a *de facto* lead for the initiation of the original Community Health Needs Assessment and CHIP, it was resolved that the community health system must be championed by a broad spectrum of community partners. The CHIP Steering Committee voted to recognize the United Way of Marion County as the lead agency for the Marion Community Health System.

Broader participation by community partners is needed for revitalization of the Marion County health system to be realistically achieved; therefore the CHIP Steering Committee will seek additional members from business, education, faith-based and other organizations.

3.2 Identification of the most pressing issues related to social determinants – The CHIP Steering Committee reconvened during the period March – June 2013 to allow stakeholders and partners in the Marion County health system to participate in the task of assessing progress made on implementing strategies included in the community health improvement plan and community efforts to take the "next steps" proposed in the plan. Recognizing the limited community resources available at this early stage of implementation, the committee members have identified a list of key health issues identified during the Marion County health needs assessment process that can be addressed at the local level with the community resources currently available.

3.3 Identification of key messages to the Marion community – The CHIP Steering Committee has added a new member from the Health Department whose primary responsibility is health education in the community at large. In addition, the Marion CHD Public Information Officer has been an invited guest at Steering Committee meeting on a regular basis.

3.4 Conducting initial presentations to Board of County Commissioners, local city councils, the Marion County School Board, and Ocala/Marion County Chamber of Economic Partnership – Excellent progress can be reported in this important area. A "speaker's bureau" has been created by the CHIP Steering Committee and is active in scheduling and presenting messages to the organizations positioned to "make a difference" in Marion County.

3.5 Development of a plan for regular and ongoing updates to the Board of County Commissioners, local city councils, the Marion County School Board, and Ocala/Marion County Chamber and Economic Partnership – See paragraphs 3.3, 3.4 and 3.6.

3.6 Investigation of a potential annual workshop or summit on health issues and the social determinants of health – The Steering Committee will pursue the possibility of placing some of its members on several high-level local government and other boards as an initial step toward "summit" type public forums for issues related to the Marion County health care system.

3.7 Description of other actions and/or changes that will result from the progress evaluation:

3.7.1 – Changes and additions to the CHIP

Changes and additions to the CHIP are described in the Marion County Community Health Improvement Plan *Mid-cycle Update*.

3.7.2 – Alignment with state & national entities

Alignment with state and national entities is demonstrated in Appendix A of the Marion County Community Health Improvement Plan *Mid-cycle Update.*

3.7.3 – Compliance with PHAB Standards

Additional evidence of alignment between community priorities and state and national priorities should be included in the CHIP.

3.7.4 – Monitoring performance measures

The CHIP Steering Committee concurs with the Marion CHD Health Director that the appropriate agency for monitoring CHIP performance measures is the health department. The task will be carried out by the FTE Quality Assurance and Performance Improvement Coordinator employed by the CHD.

3.7.5 – Critical to Success factor; revitalization of the Marion County health system

Revitalization of the Marion Community health system will require an "incremental approach", whereby the early partners will need to demonstrate success with at least one initiative to generate community support. In the near-term, this will be accomplished by careful selection of projects to be funded by the United Way of Marion County during 2013-2014.

3.7.6 – Adopt "Community Partners" artwork as the standard depiction of the Marion County collaborative health system

ACTION ITEM FOR PRODUCING THE PROGRESS REPORT: **Marion County Health Department**

COORDINATING AGENCY: **United Way of Marion County**

PARTNERS AND STAKEHOLDERS

MARION COUNTY: **Access to Healthcare, Inc., Dean Law Firm, LLC, Heart of Florida Health Center, Hospice of Marion County and Its Affiliated Companies, inc., Marion County Health Department, Marion County Parks and Recreation, Marion County Sheriff's Office, Munroe Regional Medical Center, Ocala Health, The Centers, United Way of Marion County, WellFlorida Council, West Marion Community Hospital, and the residents of Marion County**

NATIONAL: **American Red Cross, Army Corps of Engineers, Air Force, Centers for Disease Control and Prevention (CDC), Civil Air Patrol, Coast Guard, Customs and Boarder Protection, Homeland Security, Humane Society, Disaster Center, Department of Defense, Department of Energy, Department of Justice, Environmental Protection Agency, Federal Bureau of Investigation (FBI), Federal Communications Commission (FCC), FEMA, Health and Human Services (HHS), Army National Guard, Marine Corps, Navy, Salvation Army, U.S. Department of Agriculture (USDA), USDA Fire Service**