

AdventHealth Ocala

2019 COMMUNITY HEALTH NEEDS ASSESSMENT



Florida Hospital Ocala Inc. d/b/a AdventHealth Ocala
Approved by the Hospital Board on: November 21, 2019
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Extending the Healing
Ministry of Christ



AdventHealth

2019 Community Health Needs Assessment

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Acknowledgements

This report was prepared by Kimberly Williams and Bradley McLarty, with contributions from members of the AdventHealth Ocala Community Health Needs Assessment Committee representing health leaders in our community and AdventHealth Ocala leaders.

A special thanks to Florida Department of Health in Marion County for their expertise and support in the collection and analysis of the data.

We are especially grateful to all those who participated in our household surveys and key informant interviews. Their contributions made this report possible and lay the groundwork as we continue to fulfill our mission of *Extending the Healing Ministry of Christ*.

1. EXECUTIVE SUMMARY

Goals

Adventist Health System/Sunbelt, Inc. d/b/a AdventHealth Ocala will be referred to in this document as AdventHealth Ocala or “The Hospital”. AdventHealth Ocala in Ocala, Florida conducted a community health needs assessment in 2019. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community’s health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish the Community Health Needs Assessment
- Use assessment findings to develop and implement a 2020-2022 Community Health Plan based on AdventHealth Ocala’s prioritized issues

Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth Ocala created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts, and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met three times in 2018-2019. They reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital, and helped develop the Community Health Plan to address the priority issues. *See Section 5 for a list of CHNAC members.*

Data

AdventHealth Ocala collected both primary and secondary data. The primary data included a joint community survey implemented in partnership with the Florida Department of Health in Marion County. Stakeholder interviews were conducted in addition to better understand the needs of the community.

Secondary data sources included internal Hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to AdventHealth Ocala over the past year. In addition, publicly available data from state and nationally recognized data sources was utilized. *See Section 7 for a list of data sources.*

Primary and secondary data was then compiled and analyzed in order to identify the top five aggregate issues from the various sources of data.

Community Asset Inventory

The next step was a Community Asset Inventory. This inventory was designed to help AdventHealth Ocala and the CHNAC to:

- Understand existing community efforts to address the 8-12 identified issues from aggregate primary and secondary data
- Prevent duplication of efforts as appropriate. *See Section 9 for the Asset Inventory.*

Selection Criteria

Using the data findings and the Community Asset Inventory, the CHNAC narrowed the list of five issues to four priority issues. The CHNAC used a priority selection tool that uses clearly defined criteria to select the top issues to address. *See Section 10 for the Priority Selection Report.*

The priority selection criteria included:

- A. Relevance: How important is this issue?
- B. Impact: What will we achieve by addressing this issue?
- C. Feasibility: Can we adequately address this issue?

Priority Issues to be Addressed

The priority issues to be addressed included:

1. Behavioral Health
 - a. Goal 1: To increase education and awareness related to behavioral health by engaging community members, public schools, community organizations and other community stakeholders
 - b. Goal 2: To increase community-level partnerships to enhance local efforts to address social determinants of health that impact mental health
2. Obesity/Overweight/Obese/Lack of Physical Activity and Diabetes
 - a. Goal 1: To increase access to diabetes education by supporting community organizations and other community stakeholders offering health education and resources
 - b. Goal 2: To implement strategies to support exiting community initiatives aimed to address the problem of obesity in the Hospital's primary service areas
3. Poor Dental Health and Uninsured/Underinsured (Lack of Medical Insurance)
 - a. Goal 1: To implement strategies to support community efforts to improve access to primary care and dental care providers
 - b. Goal 2: To increase partnerships with local community organizations with resources to offer community members assistance with gaining health insurance coverage
4. Low Food Access/Food Insecurity
 - a. Goal 1: To increase access to culturally appropriate nutritious food options in food desert or low income/low access areas by implementing the Food is Health program. The Food is Health Program is a community program for people who do not have the means or transportation to add fresh vegetables and fruits to their diet
 - b. Goal 2: To implement strategies to support existing community initiatives aimed to address the problem of low food access in the Hospital's primary service areas

See Section 11-12 for an explanation of priority issues which were chosen as well as those not chosen.

Approvals

On November 21, 2019 the AdventHealth Ocala Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2019 Community Health Needs Assessment was posted on the Hospital's website as well as <https://www.adventhealth.com/community-health-needs-assessments> prior to December 31, 2019.

Next Steps

The CHNAC will work with AdventHealth Ocala to develop a measurable 2020-2022 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2020.

2. ABOUT: ADVENTHEALTH OCALA

Transition To AdventHealth

In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our facility by AdventHealth Ocala.

AdventHealth Ocala is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth is a connected system of care for every stage of life and health. More than 80,000 skilled and compassionate caregivers in physician practices, Hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, holistic care. A Christian mission, shared vision, common values and service standards focus on whole-person health, and commitment to making communities healthier.

About AdventHealth Ocala

AdventHealth Ocala in Ocala, Florida is a 425-bed full-service community Hospital that originally opened in 1898. In August 2018, AdventHealth Ocala became a part of the AdventHealth network. The facility is 640,000 square feet and sits on 15-acres. Within the Hospital network there are two 24/7 ER facilities, one onsite and another offsite, to better meet the needs of Marion County. The onsite ER has both an adult and children's emergency department that has more than 50 combined beds with the ability to treat many conditions and injuries. Established in 2002, the offsite ER, AdventHealth TimberRidge ER, is a 24-hour full-service emergency department with 16 private rooms and was the first offsite ER in the state of Florida. The Hospital offers many inpatient services including, labor and delivery through The Baby Place®, Orthopedic unit, comprehensive cardiovascular surgery unit and a wound care center. AdventHealth Ocala is accredited by The Joint Commission and has received recognition from American Heart Association and American Stroke Association. They are an Accredited Chest Pain Center and a Certified Advanced Primary Stroke Center. To learn more about the Hospital's programs and services, visit AdventHealthOcala.com.

3. CHOOSING THE COMMUNITY

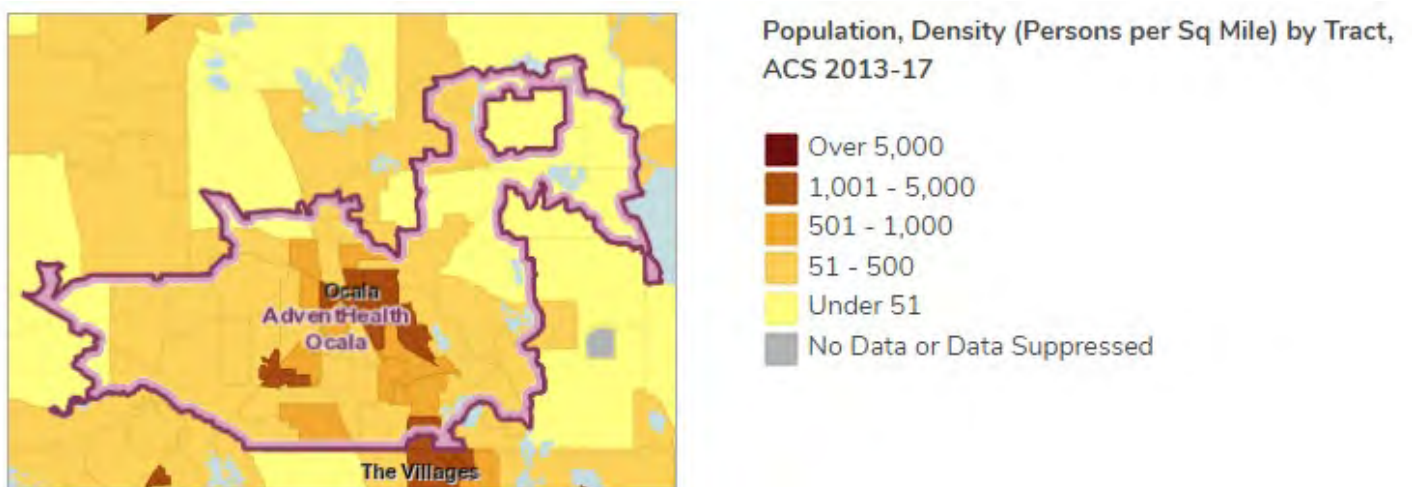
AdventHealth Ocala defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This includes Levy, Marion, and Putnam counties and the zip codes 32134 - Fort Mc Coy, 32179 – Ocklawaha, 34420 – Belleview, 34432 – Dunnellon, 34470 – Ocala, 34471 – Ocala, 34472 – Ocala, 34473 – Ocala, 34474 – Ocala, 34475 – Ocala, 34476 – Ocala, 34479 – Ocala, 34480 – Ocala, 34481 – Ocala, 34482 – Ocala, 34488 – Silver Springs, 34491 – Summerfield.

4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

In order to understand our community and the challenges faced, AdventHealth Ocala looked at both demographic information for the service area population, as well as available data on social determinants of health. According to the Center for Disease Control and Prevention, social determinants of health include conditions in the places where people live, learn, work and play, which affect a wide range of health risks and outcomes. A snapshot of our community demographics and characteristics is included below. *Secondary report data can be found in Appendix B.*

A total of 310,852 people live in the 1,263 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 246 persons per square mile, is greater than the national average population density of 90.88 persons per square mile.

The map below represents the service area where 75-80% of AdventHealth Ocala’s patients come from.



Source: US Census Bureau, [American Community Survey](#), 2013-17.

COMMUNITY DEMOGRAPHICS



Female 52.09%



Male 47.91%

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	5.16%	14.09%	6.92%	10.74%	9.98%	11.95%	13.62%	27.54%

RACE	Caucasian	African-American	Asian	Native American/Alaska Native	Native Hawaiian/Pacific Islander	Other Race	Multiple Races
%	81.86%	12.84%	1.55%	0.27%	0.07%	0.84%	2.57%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	13.09%	86.91%

Source: US Census Bureau, [American Community Survey](#). 2013-17.

DATA INDICATOR	DESCRIPTION	ADVENTHEALTH OCALA SERVICE AREA	FLORIDA AVERAGE
Poverty ¹	% Population in Poverty (Below 100% FPL)	17.5%	15.46%
Unemployment Rate ²	Unemployment Rate	7.3%	3.1%
Violent Crime ³	Violent Crime Rate (Per 100,000 Pop.)	441.5	472.1
Population with No High School Diploma ¹	% Population Age 25+ with No High School Diploma	13%	12.42%
Insurance ⁴	Uninsured Adults-% Without Medical Insurance	19.44%	18.44%
Insurance ⁴	Uninsured Children-% Without Medical Insurance	6.4%	6.58%
Food Insecurity Rate ⁵	Food Insecurity Rate	16.8%	16.2%
Population with Low Food Access ⁶	% Population with Low Food Access	31.94%	25.7%
Use of Public Transportation ¹	% Population Using Public Transit for Commute to Work (Age 16+)	0.42%	2%
Alcohol Consumption ⁷	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	17.1%	17.1%
Tobacco Usage ⁷	% Population Smoking Cigarettes (Age-Adjusted)	24.1%	18.9%

¹ US Census Bureau, [American Community Survey](#). 2013-17. ² US Department of Labor, [Bureau of Labor Statistics](#). 2019 - July. ³ Federal Bureau of Investigation, [FBI Uniform Crime Reports](#). Additional analysis by the [National Archive of Criminal Justice Data](#). Accessed via the [Inter-university Consortium for Political and Social Research](#). 2019. ⁴ US Census Bureau, [Small Area Health Insurance Estimates](#). 2017. ⁵ [Feeding America](#). 2017. ⁶ US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2015. ⁷ Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12.

Income - Per Capita Income

In the AdventHealth Ocala primary service area the per capita income is \$23,600.00. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in the Hospital primary service area is the average (mean) income computed for every man, woman and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
AdventHealth Ocala	310,853	\$7,336,086,364.00	\$23,600.00
Levy County, FL	39,713	\$835,670,200.00	\$21,042.00
Marion County, FL	343,778	\$8,112,601,600.00	\$23,598.00
Putnam County, FL	72,435	\$1,372,653,600.00	\$18,950.00
Florida	20,278,447	\$583,486,218,200.00	\$28,773.00
United States	321,004,407	\$10,008,063,515,700.00	\$31,177.00

Per Capita Income (\$)

● (\$23,600.00)
● Florida (\$28,773.00)
● United (\$31,177.00)

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Per Capita Income by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Levy County, FL	\$21,784.00	\$16,713.00	\$15,569.00	\$27,695.00	No data	\$22,061.00	\$11,088.00
Marion County, FL	\$24,765.00	\$15,152.00	\$43,629.00	\$15,151.00	\$27,328.00	\$21,061.00	\$18,644.00
Putnam County, FL	\$20,868.00	\$10,810.00	\$14,933.00	\$18,991.00	\$0.00	\$17,791.00	\$11,558.00
Florida	\$31,765.00	\$17,901.00	\$31,415.00	\$22,993.00	\$23,509.00	\$18,653.00	\$17,231.00
United States	\$34,221.00	\$21,117.00	\$36,158.00	\$18,822.00	\$22,685.00	\$17,051.00	\$17,948.00

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Households living with income below the Federal Poverty Level (FPL)

In the AdventHealth Ocala primary service area, 28.31% or 16,553 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL), which is higher than the state percentage of 22.29%. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
AdventHealth Ocala	302,818	58,483	16,553	28.31%
Levy County, FL	39,199	7,784	2,770	35.59%
Marion County, FL	333,886	63,072	18,094	28.69%
Putnam County, FL	70,789	15,161	6,701	44.2%
Florida	19,858,469	4,044,879	901,772	22.29%
United States	313,048,563	72,430,017	14,710,485	20.31%

Percent Population Under Age 18 in Poverty

0% 50%

- AdventHealth (28.31%)
- Florida (22.29%)
- United States (20.31%)

Data Source: US Census Bureau, *American Community Survey*. 2013-17. Source geography: Tract

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

A Community Health Needs Assessment Committee (CHNAC) was formed to help AdventHealth Ocala conduct a comprehensive assessment of the community. The committee included representation from the Hospital, public health officials and the broad community as well as representation from low-income, minority and other underserved populations. The committee met regularly throughout 2018-2019. Current CHNAC members include:

Community Members

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Bradford Tropello	Board Member	Marion County Literacy Council	Provide education and improve literacy rate in Marion County			x
Scott Quintal	President	Marion County United Way	Community Improvement	x	x	x
Karla Grimsley	CEO	Interfaith Emergency Services	Community Aid	x	x	x
Jamie Ulmer	CEO	Heart of Florida Health Center	Low income healthcare	x	x	x
William Kauffman	Assistant City Manager	City of Ocala	City needs and improvement	x	x	x
Craig Ackerman	Operations Director	Florida Department of Health in Marion County	Public Health, Community Health	x	x	x
Mark Lander	Administrator	Florida Department of Health in Marion County	Public Health, Community Health	x	x	x

Curt Bromund	Executive Director	Marion County Hospital District & Munroe Regional Health System	Create a specific initiative that will impact prioritized health concerns and promote healthier lifestyles of Marion County citizens	x	x	x
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AdventHealth Ocala Members

The following AdventHealth Ocala Team members provided leadership throughout the process:

- **Joe Johnson**, CEO
- **Bradley McLarty**, Wellness & Community Benefits Manager
- **Ryan Gerds**, Marketing Director
- **Gregory Cain**, Director of Mission & Ministry

6. PUBLIC HEALTH

Public health was represented throughout the Community Health Needs Assessment.

Marion County Public Health

The Marion County Community Health Assessment Steering Committee is a collaboration between the Florida Department of Health in Marion County and local community partners/organizations interested in identifying the health needs of the community. AdventHealth Ocala is an active part of the Marion County Community Health Assessment Steering Committee. The Administrator and Operations Director lent their expertise to assist in developing key strategies to deploy the Community Health Needs Assessment Survey and participated in the priority selection and asset inventory process.

The following Marion County employees provided public health leadership throughout the process:

- **Mark Lander** Administrator, Florida Department of Health in Marion County
- **Craig Ackerman** Operations Director, Florida Department of Health in Marion County

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

- a. Community Surveys: Florida Department of Health in Marion County worked together to launch a county-wide effort to engage the community to participate in the 2019 Community Health Needs Survey. The survey asked questions that aimed to better understand feedback from community members related to barriers to accessing care (including dental care, mental health care), challenges to accessing care for children's health (including care for special needs children), health behaviors and other social determinants of health. The Florida Department of Health in Marion County shared results from primary data collected from community surveys with the Community Health Needs Assessment Committee (CHNAC).

Community surveys were completed on-line and in person by participants in community settings. Local community organizations played a major role in engaging community members to participate in the survey. The on-line survey link was made accessible in a variety of ways to assure barriers to participating were addressed. For example, local community centers encouraged participation by providing access to a computer and/or iPad at community events for community members to access the on-line survey. In addition, paper copies of the survey were also provided to community partners interested in providing the survey to clients on site. Community surveys were also made available at local clinics, community events, department of motor vehicle locations and other community locations throughout the county.

- b. Stakeholder Interviews: Interviews were conducted by sending out a link by email to members of our Community Health Needs Assessment Committees (CHNACs) and completed on-line. As needed, reminders were sent out to CHNAC members to complete the on-line questionnaire.

Secondary Data

- a. Hospital Utilization: Top 10 inpatient and Emergency Department diagnoses by payer Hospital utilization data was provided by our AdventHealth Ocala finance department. Diagnoses were placed into general category descriptions and organized in Appendix C: Hospital Utilization & Emergency Room Data.

CHNAC members reviewed Hospital utilization data along with primary and secondary data, as well as the previously determined Florida Department of Health in Marion County priority areas to identify potential trends in the health of the community members residing in the Hospital's primary service area.

- b. The Engagement Network: Our secondary data was sourced from the Engagement Network. This is a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. The Engagement Network hosts a national Map Room with 15,000+ data layers, a Community Health Needs Assessment reporting tool with 80+ health-related indicators and a hub network with 30+ partner organizations using CARES technology.

DATA SOURCES:

- a. US Census Bureau, Decennial Census, 2000-2010
- b. US Census Bureau, American Community Survey, 2013-17
- c. Feeding America, 2014
- d. US Census Bureau, Small Area Health Insurance Estimates, 2016
- e. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
- f. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
- g. US Department of Labor, Bureau of Labor Statistics, 2018 – August
- h. Federal Bureau of Investigation, FBI Uniform Crime Reports, 2012-14
- i. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015
- j. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015
- k. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2015
- l. US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, April 2016
- m. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, March 2018
- n. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12
- o. Centers for Disease Control and Prevention, National Vital Statistics System, Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-10
- p. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015
- q. State Cancer Profiles, 2011-15
- r. State Cancer Profiles, 2009-13
- s. Centers for Medicare and Medicaid Services, 2015
- t. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
- u. Centers for Disease Control and Prevention, National Vital Statistics System, 2012-16
- v. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10

8. COMMUNITY COLLABORATION

The AdventHealth Ocala Community Health Needs Assessment is the product of a cross county-wide collaborative process with the Florida Department of Health in Marion County.

The Marion County Community Health Assessment Steering Committee is a collaboration between the Florida Department of Health in Marion County and local community partners/organizations interested in identifying the health needs of the community. AdventHealth Ocala is an active part of the Marion County Community Health Assessment Steering Committee.

Collaborators

The Marion County Community Health Assessment Steering Committee collectively worked together with the CHNAC to provide resources and strategies to complete a county-wide Community Health Needs Assessment.

9. DATA SUMMARY

Primary and Secondary Data: High Level Findings

Once all primary and secondary data was collected, this was then analyzed and categorized into top 8-10 priorities per source of data. These results are listed by source in the tables below.

Primary and secondary data was presented to the CHNAC. Each committee member received copies of the reports. The AdventHealth Ocala financial department presented admission data for inpatient and the Emergency Department including diagnosis, payer source and zip codes for 2018.

Top Priorities determined from the Florida Department of Health in Marion County Community Health Needs Assessment (CHNA) Prioritization Meeting					
1	Access to Primary Prevention and Health Care Services	3	Mental and Behavioral Health	5	Infrastructure: Housing Transportation
2	Oral Health	4	Education and Training		

Top Priorities determined from the Florida Department of Health in Marion County Community Surveys					
1	Social Determinants of Health	3	Chronic Disease	5	Mental Health and Substance Abuse
2	Health Care Utilization and Access	4	Senior Health		

Top Priorities for AdventHealth Ocala Primary Service Ares determined from Secondary Data provided by The Engagement Network/ Secondary Needs Assessment Tool					
1	Lack of Physical Activity/Overweight/Obesity levels; Population with Diagnosed Diabetes	3	Cardiovascular Disease (High cholesterol, Blood Pressure, Stroke, and Heart Disease)	5	Poor Dental Health and Uninsured/Underinsured (Lack of Medical Insurance)
2	Tobacco Use/ Smoking Cigarettes	4	Low Food Access; Food Insecurity Rate		

Top Priorities determined from Inpatient Hospital Utilization					
1	Single liveborn infant, delivered vaginally	5	Chronic obstructive pulmonary disease with (acute) exacerbation	9	Pneumonia, unspecified organism
2	Sepsis, unspecified organism	6	Hypertensive heart disease with heart failure	10	Post-term pregnancy
3	Non-ST elevation (NSTEMI) myocardial infarction	7	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease		
4	Single liveborn infant, delivered by cesarean	8	Encounter for full-term uncomplicated delivery		

Top Priorities determined from Emergency Department Hospital Utilization					
1	Acute upper respiratory infection, unspecified	5	Fever, unspecified	9	Otitis media, unspecified, right ear
2	Acute pharyngitis, unspecified	6	Vomiting, unspecified	10	Acute bronchitis, unspecified
3	Urinary tract infection, site not specified	7	Chest pain, unspecified		
4	Viral infection, unspecified	8	Other chest pain		

Primary and Secondary Data: Aggregate Community Health Needs

At a subsequent CHNAC meeting the top needs from each primary and secondary data source were presented. The committee discussed in an open forum as they compared the needs identified by the County with the top needs specific to the communities nearest the Hospital's primary service area.

After discussions concluded about the similarities and differences of the health needs data, as well as other experiences with providing care and services to address these identified health needs, committee members were then asked to select their top five issues by voting anonymously (list were provided) and the results were then shared with the larger group. Committee members agreed on their top five priorities based on the potential for pulling together community resources and partnerships to develop specific, measurable, attainable, relevant, and time-based goals to develop a collaborative community health plan.

Aggregate Priorities				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Behavioral Health (Mental Health & Substance Abuse/Tobacco Use)	Underserved, low – income populations	Adults age 18 and older	32134, 32179, 34420, 34432, 34470, 34471, 34472, 34473, 34474, 34475, 34476, 34479, 34480, 34481, 34482, 34488, 34491
2	Obesity/Overweight/Obese Lack of Physical Activity and Diabetes	Underserved, low – income, populations	Adults age 18 and older	32134, 32179, 34420, 34432, 34470, 34471, 34472, 34473, 34474, 34475, 34476, 34479, 34480, 34481, 34482, 34488, 34491
3	Poor Dental Health and Uninsured/Underinsured (Lack of Medical Insurance)	Underserved populations, community	Adults age 18 and older	32134, 32179, 34420, 34432, 34470, 34471, 34472, 34473, 34474, 34475, 34476, 34479, 34480, 34481, 34482, 34488, 34491
4	Low Food Access/Food Insecurity	Underserved, minority, low-income populations, community focus.	Adults age 18 and older and children	32134, 32179, 34420, 34432, 34470, 34471, 34472, 34473, 34474, 34475, 34476, 34479, 34480, 34481, 34482, 34488, 34491
5	Cardiovascular Disease (High cholesterol, Blood Pressure, Stroke, and Heart Disease)	Underserved, minority, low-income populations, community focus.	Adults age 25 and older	32134, 32179, 34420, 34432, 34470, 34471, 34472, 34473, 34474, 34475, 34476, 34479, 34480, 34481, 34482, 34488, 34491

10. COMMUNITY ASSET INVENTORY

In order to help AdventHealth Ocala’s CHNAC determine the community health priorities where they could make a meaningful difference, the Hospital conducted a Community Asset Inventory related to the top five identified community health needs. The inventory was designed to help the CHNAC narrow the five needs to three to four priority issues.

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Behavioral Health (Mental Health & Substance Abuse/Tobacco Use)	The Centers Behavioral health centers; The Vines Centers; Beacon Point; Marion County Public Schools, Florida Department of Health in Marion County; University of Florida Area Health Education Centers Tobacco Cessation Programs; Tobacco Free Assistance Program, Marion County Opioid Task Force; Marion County Children’s Alliance	Inpatient and outpatient behavioral health services; Worksite Wellness Program; Wellness Center;
Obesity/Overweight/Obese Lack of Physical Activity and Diabetes	Heart of Florida Health Centers; Marion County School Board- Diabetes education program; Active Marion Project; Food and Nutrition in Schools (FANS) Program; Marion County public parks; Frank DeLuca YMCA Center	Worksite Wellness Program; Wellness Center; Diabetes Education Center; Outpatient Nutritional consultations; Bariatric Program; Silver Sneakers Programs
Poor Dental Health and Uninsured/Underinsured (Lack of Medical Insurance)	Department of Health Oral Health program; Heart of Florida Health Center Oral health program; Langley Medical programs; Freedom Clinic Events; Interfaith Advocacy Group	MD Save Program; Financial Assistance
Low Food Access/Food Insecurity	Ocala Farmers Market; First Steps Food Bank; Interfaith Emergency Services; Salvation Army	Food is Health Program
Cardiovascular Disease (High cholesterol, Blood Pressure, Stroke, and Heart Disease)	Marion County American Heart Association, Heart of Florida Health Center, Florida Department of Health in Marion County Heart Health+ program, Elder Helpline (1-800-96-ELDER), University of Florida IFAS Extension	Primary Stroke Center, Wellness Center, Health Education

11. PRIORITY SELECTION

Priority Selection using the RATING & PRIORITIZING KEY HEALTH ISSUES WORKSHEET

The top five issues identified from the CHNAC data review of household data, key informant survey responses, and the top inpatient and ED admissions data were reviewed and discussed again alongside the asset inventory to identify the top priorities.

The Rating & Prioritizing Key Health Issues Worksheet shown below was utilized to throughout the discussion. The criteria were incorporated into a discussion format to guide the conversation and help the CHNAC to rate each priority.

1. Relevance: How important is this issue?
2. Impact: What will we achieve by addressing this issue?
3. Feasibility: Can we adequately address this issue?

RELEVANCE <i>How important is the issue?</i>	IMPACT <i>What will we achieve by addressing this issue?</i>	FEASIBILITY <i>Can we adequately address this issue?</i>
<ul style="list-style-type: none"> • Size of problem (ex. % population) • Severity of problem (ex. Cost to treat, lives lost) • Urgency to solve problem; community concern • Linked to other important issues 	<ul style="list-style-type: none"> • Availability of solutions/proven strategies • Builds on or enhances current work • Significant consequences of not addressing issue now 	<ul style="list-style-type: none"> • Availability of resources (staff, community partners, time, money) to address issue • Political capacity/will • Community/social acceptability • Appropriate socio-culturally • Can identify easy, short-term wins

RATING & PRIORITIZING KEY HEALTH ISSUES

	Relevance		Impact		Feasibility		
Behavioral Health (Mental Health & Substance Abuse/Tobacco Use)	22	+	21	+	32	=	75
Obesity/Overweight/Obese <i>Lack of Physical Activity</i> and Diabetes	24	+	22	+	18	=	64
Poor Dental Health and Uninsured/Underinsured (Lack of Medical Insurance)	19	+	16	+	13	=	48
Low Food Access/Food Insecurity	18	+	17	+	13	=	48
Cardiovascular Disease (<i>High cholesterol, Blood Pressure, Stroke, and Heart Disease</i>)	16	+	14	+	11	=	41

RATIONALE FOR PRIORITY ISSUES THE HOSPITAL WILL ADDRESS

Relevance	Impact	Feasibility
i. Behavioral Health (Mental Health & Substance Abuse/Tobacco Use)		
<p>In the AdventHealth Ocala primary service areas (PSA), the rate of death due to self-harm (suicide) is 19 (per 100,000 population), which is higher than the state rate of 14 (per 100,000 population). Roughly 20% of the Medicare-fee-for-service PSA population are depressed, which is slightly higher than the state average of 18%.</p> <p>Mental health disorders are the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34.</p>	<p>Mental Health First Aid, Support groups,</p> <p>Severe emotional, behavioral, and physical health problem of our community member, decreased enjoyment of life</p>	<p>The community has a strong network of existing mental health/behavioral health resource available.</p> <p>The Centers Behavioral health centers; The Vines Centers; Beacon Point; Marion County Public Schools, Florida Department of Health in Marion County, University of Florida Area Health Education Centers Tobacco Cessation Programs, Tobacco Free Assistance Program, Marion County Opioid Task Force, Marion County Children’s Alliance</p>
ii. Obesity/Overweight/Obese Lack of Physical Activity and Diabetes		

<p>In the AdventHealth Ocala primary service area (PSA), 31% of adults are obese (BMI greater than 30), which is higher than the state average of 26.6%. Additionally, 37% of adults in the PSA are considered overweight (BMI between 25 and 30) and 30% of adults aged 20 and older self-report no leisure time for physical activity.</p> <p>Obesity can cause serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers.</p> <p>In the AdventHealth Ocala primary service area, 10% (33,664) of adults have been diagnosed with diabetes, which is higher than the state average of 9%.</p> <p>Diabetes as an indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.</p>	<p>Nutrition (healthy eating) and diabetes education classes, Home Delivered Meals/ nutrition education/ nutrition counseling</p> <p>Increased poor health, increase in Emergency Department visits, increased mortality from heart disease</p>	<p>Community resources are available to address the health priority.</p> <p>Food is Health, CHIP, Free Community Health Lectures American Diabetes Association, Heart of Florida Health Centers; Marion County School Board- Diabetes education program; Active Marion Project; Food and Nutrition in Schools (FANS) Program; Marion County public parks; Frank DeLuca YMCA Center</p>
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iii. Poor Dental Health and Uninsured/Underinsured (Lack of Medical Insurance)

<p>In the AdventHealth Ocala primary service area, the access to dentists rate is 38 per 100,000 (in 2015r), as compared to the state rate of 56.</p> <p>Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth, and the surrounding craniofacial (skull and face) structures is central to a person’s overall health and well-being. Lack of access to dental care for all ages remains a public health challenge.</p> <p>In the AdventHealth Ocala primary service area, 19% of adults (slightly higher than the state average of 18%) and 6% of children are uninsured or without medical insurance. Access to health care as an indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.</p>	<p>Access to health care is the equitable use of health services to achieve the highest level of health. Barriers to accessing health care services include cost of care, insurance coverage, availability of services, and culturally competent care. Failure to overcome these barriers leads to delayed care, health complications, and financial burdens.</p> <p>If social determinants of health are not addressed, this will lead to increased poor health and increased Emergency Department visits.</p> <p>Difficulty accessing health care—doctor appointments, routine checkups, health education—leads to overall poor health.</p>	<p>Community resources are available to address the health priority.</p> <p>There’s an opportunity to partner and increase joint efforts with Heart of Florida Health Centers and Florida Department of Health in Marion County improve access to care.</p>
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iv. Low Food Access/Food Insecurity

<p>In the AdventHealth Ocala primary service area, a total of 50,435 households are food insecure, which represents an estimated 16.8% of the total population that experienced food insecurity at some point during the 2014 report year but are ineligible for State or Federal nutrition assistance. Furthermore, an estimated 28% (16,007) of the population under age 18 experienced food insecurity at some point during the 2014 report year.</p> <p>Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Low food access is defined as living more than half a mile from the nearest supermarket, supercenter, or large grocery store.</p>	<p>The ability to easily access and afford food greatly influences diet and overall health.</p> <p>People who have low food access face greater barriers to access affordable and healthy food, which can negatively affect health and wellness.</p> <p>Food insecurity increases risks for obesity.</p>	<p>Community resources are available to address the health priority.</p> <p>Ocala Farmers Market; First Steps Food Bank; Interfaith Emergency Services; Salvation Army, Food is Health Program</p>
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RATIONALE FOR PRIORITY ISSUES THE HOSPITAL WILL NOT ADDRESS

Relevance	Impact	Feasibility
1. Cardiovascular Disease (High cholesterol, Blood Pressure, Stroke, and Heart Disease)		
<p>Heart disease is the leading cause of death in the U.S. The major risk factors for heart disease are high blood pressure, high cholesterol, being overweight/obese, and having an unhealthy diet. One in four deaths in the U.S. are due to heart disease.</p> <p>In the AdventHealth Ocala primary service area (PSA), the rate of death due to heart disease per 100,000 population is roughly 196, which is higher than the state rate of 150. The percentage of adults in the PSA with high blood pressure is 30% (71,776), 42% (111,261) of adults have high cholesterol, and 7% (21,006) have been diagnosed with heart disease.</p>	<p>By managing blood pressure and cholesterol, eating a healthy diet and incorporating physical activity daily, the risk of developing heart disease could be greatly reduced.</p>	<p>Community resources are available to address the health priority.</p> <p>Marion County American Heart Association, Heart of Florida Health Center, Florida Department of Health in Marion County Heart Health+ program, Elder Helpline (1-800-96-ELDER), University of Florida IFAS Extension, Primary Stroke Center, Wellness Center, Health Education</p>

12. PRIORITY ISSUES TO BE ADDRESSED

The following four issues WILL be addressed for the following reasons below:

- a. Magnitude and severity of the problem.
- b. Community's capacity and willingness to act on the issue.
- c. Ability to have a measurable impact on the issue.
- d. Availability of Hospital and community resources.
- e. Hospital's ability to contribute finances and resources to address the health concern.

Priority #1: Behavioral Health (Mental Health & Substance Abuse/Tobacco Use)

Description of the problem: The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability for adults, children, and adolescents. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior and suicide. Mental health disorders are the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34. In the AdventHealth Ocala primary service areas (PSA), the rate of death due to self-harm (suicide) is 19 per 100,000 population, which is higher than the state rate of 14 per 100,000 population. Roughly 20% of the Medicare-fee-for-service PSA population are depressed, which is slightly higher than the state average of 18%.

Since 1964, 20 million people in the U.S. have died from using tobacco. Tobacco use can cause a wide range of health issues including cancer, heart disease, diabetes, oral health diseases and harmful reproductive effects. More than 30 million adults in the U.S. smoke cigarettes and more than 50 million are exposed to secondhand smoke, which is just as harmful as smoking. Secondhand smoke can still cause heart disease and lung cancer in nonsmokers and as well as asthma, sudden infant death syndrome (SIDS) and other respiratory infections in infants and children. In the AdventHealth Ocala primary service area, an estimated 50,096.34, or 21%, of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. In the Hospital PSA, 24.1% of Adults are currently smoking cigarettes, which is higher than the state percentage of 19%.

Excessive use of alcohol can have immediate health effects, including unintentional injury, violence, alcohol poisoning, risky sexual behaviors, and miscarriage among pregnant women. It can also have long-term health effects, including high blood pressure, heart disease, liver disease, dementia, depression and cancer. Underage drinking, or alcohol consumption by those under the age of 21, has been linked to death from alcohol poisoning, suicide, unintentional injury and alcohol dependence later in life. In the U.S., excessive alcohol use was the cause of 1 in 10 deaths among adults between the ages of 20-64. In 2010, people under the age of 21 accounted for 189,000 ER visits for injuries and other conditions related to alcohol use. In the AdventHealth Ocala primary service area, an estimated 34,566, or 15% of adults aged 18 and older self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers and untreated mental and behavioral health needs.

Priority #2: Obesity/Overweight/Obese Lack of Physical Activity and Diabetes

Description of the problem: Obesity occurs when an individual's weight is higher than what is considered healthy. Obesity can be caused by behavioral and genetic factors. Other factors that contribute to obesity is the built environment, for example where you live and if you have access to healthy food and the ability to exercise outside. Obesity can cause serious health complications including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers. From 2015–2016, obesity affected about 93 million adults and 13 million children in the U.S. In the AdventHealth Ocala primary service area (PSA), 31% of adults are obese (BMI greater than 30) which is higher than the state average of 26.6%. Additionally, 37% of adults in the PSA are considered overweight (BMI between 25 and 30) and 30% of adults aged 20 and older self-report no leisure time for physical activity.

Diabetes is the seventh leading cause of death in the U.S. affecting 29 million people. More than 80 million people in the U.S. are pre-diabetic meaning they are at an increased risk of developing diabetes in the next few years. When diabetes goes untreated it can lead to more serious health issues such as vision loss, heart disease, stroke, nerve and kidney diseases. In the AdventHealth Ocala primary service area, 10% (33,664) of adults have been diagnosed with diabetes, which is higher than the state average of 9%. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Priority #3: Poor Dental Health and Uninsured/Underinsured (Lack of Medical Insurance)

Description of the problem: Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth, and the surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Lack of access to dental care for all ages remains a public health challenge. In the AdventHealth Ocala primary service area, the access to dentists' rate (per 100,000 pop.) is 38 (in 2015 year), as compared to the state rate of 56.

Access to health care is the equitable use of health services to achieve the highest level of health. Barriers to accessing health care services include cost of care, insurance coverage, availability of services and culturally competent care. Failure to overcome these barriers leads to delayed care, health complications and financial burdens. Accessing healthcare services is vital to prevent and treat diseases thereby reducing the likelihood of disability and premature death. In the AdventHealth Ocala primary service area, 19% of adults (slightly higher than the state average of 18%) and 6% of children are uninsured or without medical insurance. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Priority #4: Low Food Access/Food Insecurity

Description of the problem: Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Low food access is defined as living more than half a mile from the nearest supermarket, supercenter, or large grocery store. The ability to easily access and afford food greatly influences diet and overall health. People who have low food access face greater barriers to access affordable and healthy food which can negatively affect health and wellness. Food insecurity also increases risks for obesity. In the AdventHealth Ocala primary service area, a total of 50,435 households are food insecure, which represents an estimated 16.8% of the total population that experienced food insecurity at some point during the 2014 report year but are ineligible for State or Federal nutrition assistance. Furthermore, an estimated 28% (16,007) of the population under age 18 experienced food insecurity at some point during the 2014 report year.

13. PRIORITY ISSUES THAT WILL NOT BE ADDRESSED

The following issue WILL NOT be addressed for the following reasons below:

Description of the problem: Heart disease is the leading cause of death in the U.S. The major risk factors for heart disease are high blood pressure, high cholesterol, being overweight/obese, and having an unhealthy diet. One in four deaths in the U.S. are due to heart disease. By managing blood pressure and cholesterol, eating a healthy diet and incorporating physical activity daily, the risk of developing heart disease could be greatly reduced. In the AdventHealth Ocala primary service area (PSA), the rate of death due to heart disease per 100,000 population is roughly 196, which is higher than the state rate of 150. The percentage of adults in the PSA with high blood pressure is 30% (71,776), 42% (111,261) of adults have high cholesterol, and 7% (21,006) have been diagnosed with heart disease.

The CHNAC agreed that this issue is an important issue for the community. The Hospital decided that addressing this individual problem would be positively impacted by efforts to address food security, access to care and obesity.

14. NEXT STEPS

The CHNAC will work with AdventHealth Ocala and other community partners to develop a measurable Community Health Plan for 2020-2022 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2020.

15. WRITTEN COMMENTS REGARDING 2016 NEEDS ASSESSMENT

AdventHealth Ocala was acquired in 2018 and was part of a for-profit Hospital system. Therefore, the Hospital did not conduct a community health need assessment or create a community health plan. The Hospital is conducting a community health needs assessment for the first time this year (2019).

16. REVIEW OF STRATEGIES UNDERTAKEN IN THE 2017 COMMUNITY HEALTH PLAN

AdventHealth Ocala was acquired in 2018 and was part of a for-profit Hospital system. Therefore, the Hospital did not conduct a community health need assessment or create a community health plan. The Hospital is conducting a community health needs assessment for the first time this year (2019).

APPENDIX A: PRIMARY DATA SURVEY & PRIMARY DATA RESULTS

2019 Community Health Needs Survey

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

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

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.

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: _____

2019 Community Health Needs Survey Results

Community surveys were completed in collaboration with the Marion County community health assessment efforts. Surveys were administered in paper format as well as online. Surveys were offered in both English and Spanish languages.

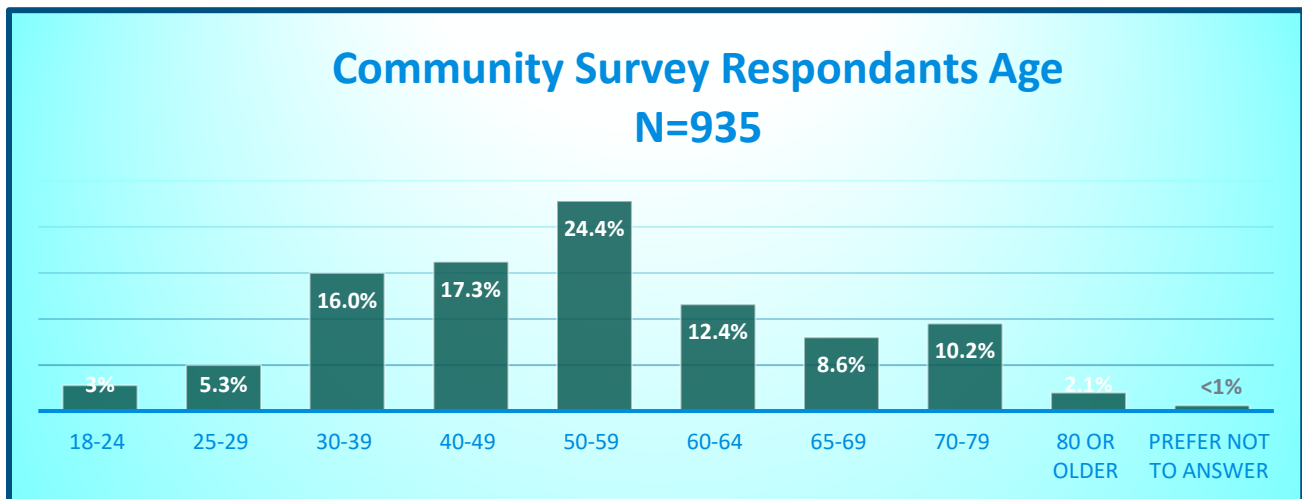
The aggregate results are shown below.

Survey Results – Respondent Demographics

A total of 935 Marion County residents completed the Community Health Needs Assessment (CHNA) survey. (196 incomplete surveys, 22 ineligible surveys due to non-residence) Approximately 83% of community residents who participated in the survey were female and roughly 16% were male. Below shows community residents participation in the survey by age/race/ethnicity.



- **935 Total Respondents** from Marion County
- **83.3% Female**
- **79.6% White**
- **7.6% Hispanic or Latino**
- **10.8% African American**



Graph 1. CHNA survey participation by age in Marion County, Florida
2019 Community Health Needs Assessment

COMMUNITY HEALTH SURVEY RESULTS CONTINUED

SURVEY DEMOGRAPHIC INFORMATION

The tables below provide additional demographics and survey results about survey participants in the CHNA survey in Marion County, Florida. CHNA survey results were useful in helping the CHNAC better understand the community and identify priority areas of need to address in the Community Health Plan.

TABLE 2: DEMOGRAPHICS OF MARION COUNTY SURVEY RESPONDENTS, FROM COMPLETED ELIGIBLE SURVEYS, 2019.

DEMOGRAPHIC INDICATOR	N = 935	
GENDER	#	%
Male	149	15.9
Female	779	83.3
Transgender	0	0
Prefer not to answer	7	0.8
Other	0	0
RACE	#	%
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
Hispanic/Latino Ethnicity	#	%
Not of Hispanic, Latino or Spanish origin	787	83.8
Mexican, Mexican American or Chicano	9	1.0
Puerto Rican	51	5.1
Cuban	10	1.1
Prefer not to answer	53	5.8
Other	25	2.8
Highest Education Completed	#	%
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
Current Employment Status (may include more than one status)	#	%
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
How Health Care is Paid For (may include more than one option)	#	%
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
Combined Household Income	#	%
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
\$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

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

To review the 2019 Marion County Community Health Assessment in its entirety, please click on the link below:
http://marion.floridahealth.gov/programs-and-services/_documents/marion_cha_2019.pdf

OBSERVATIONS FROM MARION 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 health 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.

TABLE 3: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.

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

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.

GRAPH 2: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, MARION COUNTY, BY PERCENT OF RESPONSES, 2019.

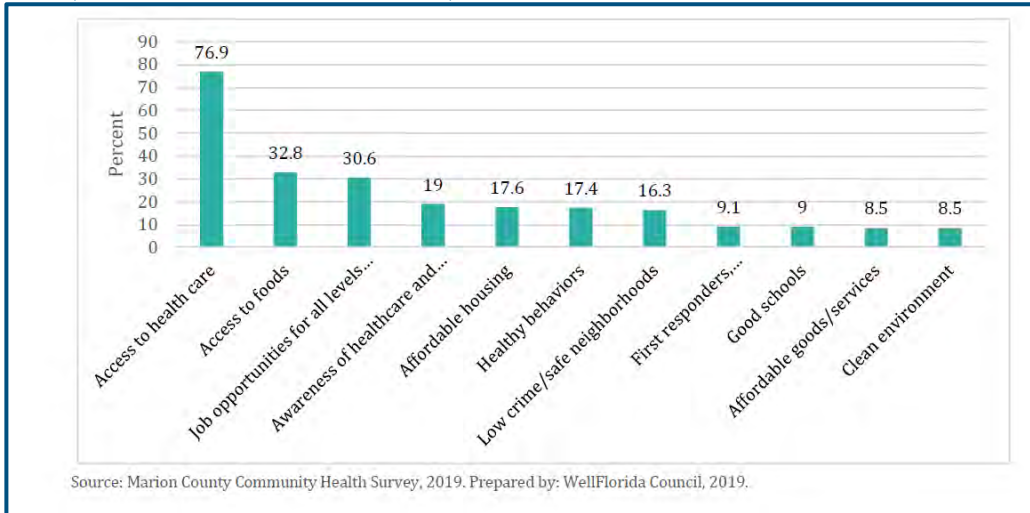


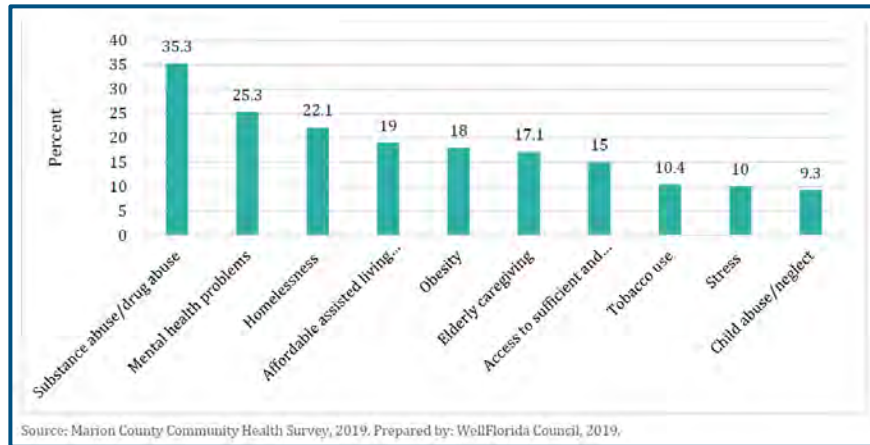
TABLE 4: TOP 10 RANKED HEALTH PROBLEMS FOR RESIDENTS OF MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

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

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)

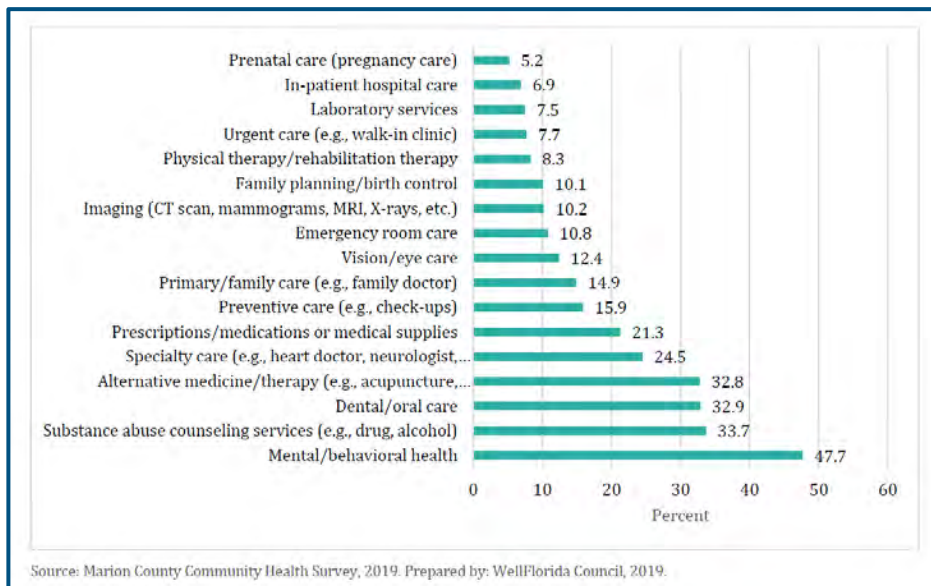
Source: Marion County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

GRAPH 3: TOP 10 RANKED HEALTH PROBLEMS FOR RESIDENTS OF MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.



GRAPH 4: HEALTH CARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

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



GRAPH 5: RANKING OF BIGGEST CHALLENGES IN THE LAST 12 MONTHS FOR RESIDENTS OF MARION COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

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

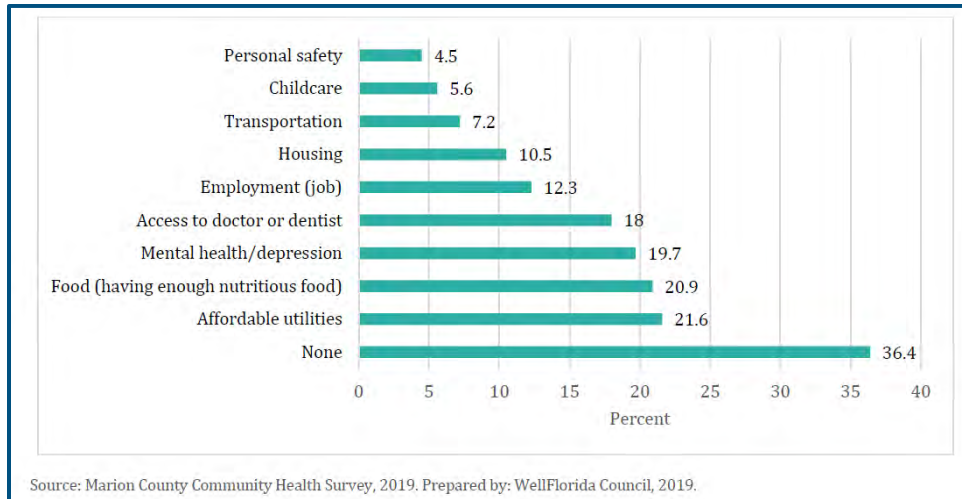
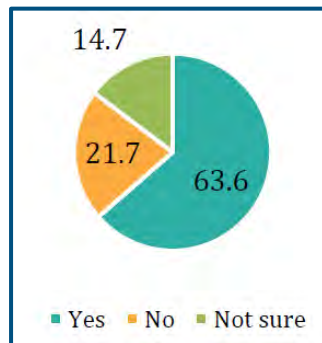


FIGURE 1: SOCIAL SUPPORT AS INDICATED BY HAVING “ENOUGH PEOPLE I CAN ASK FOR HELP AT ANY TIME,” MARION COUNTY, BY PERCENT, 2019.

SURVEY QUESTION: “I have enough people I can ask for help at any time.”



STAKEHOLDER SURVEY RESULTS

Targeted interviews with community stakeholders were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. A total of 5 interviews were completed in October through November 2019.

Stakeholders were identified by the Collaborative partnership and contacted by email with an electronic link to the interview questions shown below. Stakeholders represented leaders and/or representatives of organizations that serve low – income, minority, and other underserved populations’

Community Health Needs Assessment - Key Informant Questionnaire

Please send any comments or questions to Kimberly Williams by email at Kimberly.R.Williams@AdventHealth.com

Thank you very much for your time and cooperation.

* 1. Please enter your name and organization.


Name

Organization

* 2. Please SELECT ALL the counties in which you provide your organization provides services or programs

<input type="checkbox"/> Hillsborough County	<input type="checkbox"/> Highlands County
<input type="checkbox"/> Inyo County	<input type="checkbox"/> Loudoun County
<input type="checkbox"/> Madison County	<input type="checkbox"/> Marion County

Others (please specify):

0 of 10 answered 

* 3. Could you tell us a little about yourself, your background, and your organization? If applicable, please share the following in your response: *What is your organization's mission? Does your organization provide direct care or operate as an advocacy organization?*

* 4. We would like your perspective on the major health needs/issues in the community. Please share the following in your response: *What are the top priority health issues that your organization is dealing with? What do you think are the factors that are contributing to these health issues?*

5. If your organization provides services or programs in multiple counties in the region, are there geographic differences in the health needs or issues each community faces?

* 6. Which groups in your community appear to struggle the most with these issues you've identified and how does it impact their lives? Please consider the following in your response: *Are there specific challenges that impact low-income, under-served/uninsured persons experience? Are there specific challenges that impact different racial or ethnic groups in the community? Are there specific challenges that impact different groups based on age or gender in the community?*

* 7. What barriers or challenges might prevent someone in the community from accessing health care or social services? (Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)

* 8. Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? (If including specific organizations in response, please include name and type of program)

* 9. What services or programs do you feel could potentially have the greatest impact on the needs that you've identified?

* 10. Is there anything additional that should be considered for assessing the needs of the community?

STAKEHOLDER SURVEY RESULTS

The following top health needs emerged from the stakeholder interviews below:

1. Lack of Affordable Housing
2. Mental Health and Substance Abuse
3. Access to Healthcare (Lack of Health Insurance, Poverty, Uninsured or Underinsured Residents.)
4. Health Literacy (Adults)
5. Obesity

Some key quotes from Community Stakeholders are provided below:

Health Topics	
Lack of Affordable Housing	<p>"I see the greatest impact if our communities had programs that connect the indigent with case workers to support them in getting benefits and services and ongoing contact to keep them well. A free Walk in Clinic for the uninsured with no or very limited income. More affordable housing options!"</p>
Mental Health and Substance Abuse)	<p>"The factor contributing to these issues is the lack of ability of people to find and/or navigate the services that do exist. We need social workers on the streets and in the trenches because most only ask for help when they reach the level of crisis. By that time the issues are so complex and compounded it's overwhelming for the person and the agencies trying to help."</p> <p>"Low income/uninsured people in Marion County really struggle with accessing mental health services."</p> <p>"Lack of identification cards, Lack of money, Lack of mental capacity</p>
Access to Healthcare (Lack of Health Insurance, Poverty, Uninsured or Underinsured Residents.)	<p>"Our organization deals with....those who are uninsured and underinsured, also there is a much smaller middle class in Ocala and Marion County. There's a high number of uninsured or underinsured residents."</p> <p>"I see all ages, races and genders being negatively impacted by virtue of being low-income, mentally ill and/or mentally handicapped. Poverty at the most extreme level affects all ages, races, genders, etc."</p> <p>"Barriers.... income, education, transportation"</p> <p>"I see the greatest impact if our community had a true Hospital District that has a multilayer approach to health care for all Marion County residents. Starting with free clinics, the FQHC, Hospital District and two Hospitals."</p>
Health Literacy (Adults)	<p>"Lack of knowledge about what programs are available. Health literacy is part of the issue as many adults cannot understand what health issues they have, how to treat the issue, how to read instructions/prescriptions/bills, etc.</p>
Obesity	<p>"Our community is challenged with overall health & wellness, obesity is a problem too."</p>

Strengths of the Marion County Community

“Beacon Point is a new outpatient provider for mental health and substance abuse services.”

“The number of non-profits in the community that provides services to fill In the gaps.”

“FreeDOM Clinic USA – Tied in with Beacon Point; Fifth Public Guardianship Corp; The Centers; Marion County Literacy Council; Farmer's Markets”

“Interfaith Emergency Services offers case management and a facility where people can get free medical assistance as well as assistance with medications. FreeDOM Clinic provides free mental health, dental and vision services. Langley offers free dental services Health Dept offers vaccinations and screenings Heart of FL offers medical services on a sliding scale.”

APPENDIX B: SECONDARY DATA REPORT

AdventHealth Ocala Needs Assessment Report - Quick Facts

Location

AdventHealth Ocala (Service Area)

Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	310,853	20,278,447
	Population Age 65+	85,603	3,926,889
	Percent Population Age 65+	27.54%	19.36%
Population Age 0-18	Total Population	310,853	20,278,447
	Population Age 0-17	59,851	4,111,582
	Percent Population Age 0-17	19.25%	20.28%
Population Age 18-64	Total Population	310,853	20,278,447
	Population Age 18-64	165,399	12,239,976
	Percent Population Age 18-64	53.21%	60.36%
Total Population	Total Population	310,852	20,278,447
	Total Land Area (Square Miles)	1,263	53,634.01
	Population Density (Per Square Mile)	246	378.09
Change in Total Population	Total Population, 2000 Census	232,325	15,982,378
	Total Population, 2010 Census	297,584	18,801,310
	Total Population Change, 2000-2010	65,259	2,818,932

	Percent Population Change, 2000-2010	28.09%	17.64%
Female Population	Total Population	310,853	20,278,447
	Female Population	161,931	10,364,086
	Percent Female Population	52.09%	51.11%
Hispanic Population	Total Population	310,852	20,278,447
	Non-Hispanic Population	270,148	15,263,432
	Percent Population Non-Hispanic	86.91%	75.27%
	Hispanic or Latino Population	40,703	5,015,015
	Percent Population Hispanic or Latino	13.09%	24.73%
Male Population	Total Population	310,853	20,278,447
	Male Population	148,921	9,914,361
	Percent Male Population	47.91%	48.89%

Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
Violent Crime	Total Population	303,825	19,536,492
	Violent Crimes	1,342	92,236
	Violent Crime Rate (Per 100,000 Pop.)	441.5	472.1
Population with No High School Diploma	Total Population Age 25+	229,491	14,396,066
	Population Age 25+ with No High School Diploma	29,836	1,787,348
	Percent Population Age 25+ with No High School Diploma	13%	12.42%
Poverty - Population Below 100% FPL	Total Population	302,818.08	19,858,469
	Population in Poverty	52,935.26	3,070,972
	Percent Population in Poverty	17.5%	15.46%

Insurance - Uninsured Adults	Total Population Age 18 - 64	158,857	12,071,750
	Population with Medical Insurance	127,974	9,845,200
	Percent Population with Medical Insurance	80.6%	81.56%
	Population Without Medical Insurance	30,883	2,226,550
	Percent Population Without Medical Insurance	19.44%	18.44%
Insurance - Uninsured Children	Total Population Under Age 19	59,856	4,291,510
	Population with Medical Insurance	56,024	4,009,046
	Percent Population with Medical Insurance	93.6%	93.42%
	Population Without Medical Insurance	3,833	282,464
	Percent Population Without Medical Insurance	6.4%	6.58%
Income - Per Capita Income	Total Population	310,853	20,278,447
	Total Income (\$)	\$7,336,086,364.00	\$583,486,218,200.00
	Per Capita Income (\$)	\$23,600.00	\$28,773.00
Unemployment Rate	Labor Force	119,079	10,365,951
	Number Employed	110,419	10,047,379
	Number Unemployed	8,660	318,572
	Unemployment Rate	7.3%	3.1%
Lack of Social or Emotional Support	Total Population Age 18+	238,523	14,682,954
	Estimated Population Without Adequate Social / Emotional Support	48,940	3,127,469
	Crude Percentage	20.5%	21.3%
	Age-Adjusted Percentage	19.8%	21.2%
Teen Births	Female Population Age 15 - 19	8,278	597,095
	Births to Mothers Age 15 - 19	417	21,555
	Teen Birth Rate (Per 1,000 Population)	50.37	36.1

Food Insecurity Rate	Total Population	299,523	19,893,297
	Food Insecure Population, Total	50,435	3,227,600
	Food Insecurity Rate	16.8%	16.2%
Poverty - Children Below 100% FPL	Total Population	302,818	19,858,469
	Population Under Age 18	58,483	4,044,879
	Population Under Age 18 in Poverty	16,553	901,772
	Percent Population Under Age 18 in Poverty	28.31%	22.29%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
Use of Public Transportation	Total Population Employed Age 16+	107,667	8,907,171
	Population Using Public Transit for Commute to Work	456	180,231
	Percent Population Using Public Transit for Commute to Work	0.42%	2%
Population with Low Food Access	Total Population	297,583	18,801,310
	Population with Low Food Access	95,044	4,831,135
	Percent Population with Low Food Access	31.94%	25.7%

Clinical Care

Data Indicator	Indicator Variable	Location Summary	State Average
Access to Dentists	Total Population, 2015	308,240	20,271,272
	Dentists, 2015	118	11,304
	Dentists, Rate per 100,000 Pop.	38.4	55.8
Cancer Screening - Sigmoidoscopy or Colonoscopy	Total Population Age 50+	116,519	5,497,252
	Estimated Population Ever Screened for Colon Cancer	71,086	3,628,186
	Crude Percentage	61%	66%
	Age-Adjusted Percentage	56.3%	61.5%

Cancer Screening - Mammogram	Total Medicare Enrollees	43,041	1,861,794
	Female Medicare Enrollees Age 67-69	3,514	161,850
	Female Medicare Enrollees with Mammogram in Past 2 Years	2,486	109,429
	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	70.8%	67.6%
Cancer Screening - Pap Test	Female Population Age 18+	200,634	11,566,352
	Estimated Number with Regular Pap Test	137,637	8,894,525
	Crude Percentage	68.6%	76.9%
	Age-Adjusted Percentage	73.1%	78.8%
Facilities Designated as Health Professional Shortage Areas	Primary Care Facilities	7	138
	Mental Health Care Facilities	4	125
	Dental Health Care Facilities	5	127
	Total HPSA Facility Designations	16	390
Lack of Prenatal Care	Total Births	12,857.82	906,594
	Mothers Starting Prenatal Care in First Semester	6,815.24	603,986
	Mothers with Late or No Prenatal Care	5,799.05	250,800
	Prenatal Care Not Reported	243.53	51,808
	Percentage Mothers with Late or No Prenatal Care	45.1%	27.7%
Federally Qualified Health Centers	Total Population	100,498	18,801,310
	Number of Federally Qualified Health Centers	6	406
	Rate of Federally Qualified Health Centers per 100,000 Population	5.97	2.16
Lack of a Consistent Source of Primary Care	Survey Population (Adults Age 18+)	301,215	14,671,272
	Total Adults Without Any Regular Doctor	66,275	3,638,104
	Percent Adults Without Any Regular Doctor	22%	24.80%
Preventable Hospital	Total Medicare Part A Enrollees	33,926	1,506,764

Events	Ambulatory Care Sensitive Condition Hospital Discharges	16,000	80,828
	Ambulatory Care Sensitive Condition Discharge Rate	47.2	53.6

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	State Average
Alcohol Consumption	Total Population Age 18+	238,523	14,682,954
	Estimated Adults Drinking Excessively	34,566	2,334,590
	Estimated Adults Drinking Excessively (Crude Percentage)	14.5%	15.9%
	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	17.1%	17.1%
Physical Inactivity	Total Population Age 20+	244,856	15,678,149
	Population with no Leisure Time Physical Activity	76,174	3,874,964
	Percent Population with no Leisure Time Physical Activity	29.9%	23.6%
Tobacco Usage - Current Smokers	Total Population Age 18+	238,523.02	14,682,954
	Total Adults Regularly Smoking Cigarettes	50,096.34	2,642,932
	Percent Population Smoking Cigarettes (Crude)	21%	18%
	Percent Population Smoking Cigarettes (Age-Adjusted)	24.1%	18.9%

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
Mortality - Lung Disease	Total Population	306,031	19,929,487
	Average Annual Deaths, 2007-2011	314	11,363
	Crude Death Rate (Per 100,000 Pop.)	102.54	57.02
	Age-Adjusted Death Rate (Per 100,000 Pop.)	53.03	38.55
Mortality -	Total Population	306,031	19,929,487

Unintentional Injury	Average Annual Deaths, 2010-2014	295	10,015
	Crude Death Rate (Per 100,000 Pop.)	96.45	50.25
	Age-Adjusted Death Rate (Per 100,000 Pop.)	75.87	44.43
Mortality - Heart Disease	Total Population	306,031	19,929,487
	Average Annual Deaths, 2010-2014	1,119	44,078
	Crude Death Rate (Per 100,000 Pop.)	365.59	221.17
	Age-Adjusted Death Rate (Per 100,000 Pop.)	195.46	149.9
High Blood Pressure (Adult)	Total Population (Age 18+)	238,523	14,682,954
	Total Adults with High Blood Pressure	71,776	4,155,276
	Percent Adults with High Blood Pressure	30.09%	28.3%
Cancer Incidence - Lung	Estimated Total Population	55,805	2,771,859
	New Cases (Annual Average)	433	16,548
	Cancer Incidence Rate (Per 100,000 Pop.)	77.7	59.7
Mortality - Premature Death	Total Population	297,560	56,417,393
	Total Premature Death, 2014-2016	1,654	256,433
	Total Years of Potential Life Lost, 2014-2016 Average	25,907	4,112,576
	Years of Potential Life Lost, Rate per 100,000 Population	8,706	7,290
Cancer Incidence - Prostate	Estimated Total Population (Male)	26,680	1,300,513
	New Cases (Annual Average)	289	12,667
	Cancer Incidence Rate (Per 100,000 Pop.)	108.6	97.4
Cancer Incidence - Breast	Estimated Total Population (Female)	25,779	1,330,172
	New Cases (Annual Average)	308	15,430
	Cancer Incidence Rate (Per 100,000 Pop.)	119.8	116
Cancer Incidence -	Estimated Total Population (Female)	15,336	1,048,314

Cervix	New Cases (Annual Average)	17	933
	Cancer Incidence Rate (Per 100,000 Pop.)	11.1	8.9
Cancer Incidence - Colon and Rectum	Estimated Total Population	51,814	2,653,116
	New Cases (Annual Average)	204	9,790
	Cancer Incidence Rate (Per 100,000 Pop.)	39.5	36.9
Obesity	Total Population Age 20+	245,211	15,687,277
	Adults with BMI > 30.0 (Obese)	73,331	4,162,381
	Percent Adults with BMI > 30.0 (Obese)	30.5%	26.6%
Overweight	Survey Population (Adults Age 18+)	292,176	14,014,811
	Total Adults Overweight	109,153	5,146,693
	Percent Adults Overweight	37.4%	36.7%
Diabetes (Adult)	Total Population Age 20+	245,684	15,705,775
	Population with Diagnosed Diabetes	33,664	1,715,434
	Population with Diagnosed Diabetes, Age-Adjusted Rate	10.4%	9.22%
Poor General Health	Total Population Age 18+	238,523	14,682,954
	Estimated Population with Poor or Fair Health	49,872	2,525,468
	Crude Percentage	20.9%	17.2%
	Age-Adjusted Percentage	19.2%	15.9%
Mortality - Suicide	Total Population	306,031	19,929,487
	Average Annual Deaths, 2010-2014	62	3,063
	Crude Death Rate (Per 100,000 Pop.)	20.37	15.37
	Age-Adjusted Death Rate (Per 100,000 Pop.)	18.93	14.09
Mortality - Homicide	Total Population	306,031	19,929,487
	Average Annual Deaths, 2010-2014	19	1,202

	Crude Death Rate (Per 100,000 Pop.)	6.28	6.03
	Age-Adjusted Death Rate (Per 100,000 Pop.)	7.01	6.39
Mortality - Cancer	Total Population	306,031	19,929,487
	Average Annual Deaths, 2010-2014	974	43,286
	Crude Death Rate (Per 100,000 Pop.)	318.2	217.19
	Age-Adjusted Death Rate (Per 100,000 Pop.)	174.82	152.86
Mortality - Stroke	Total Population	306,031	19,929,487
	Average Annual Deaths, 2010-2014	176	10,042
	Crude Death Rate (Per 100,000 Pop.)	57.64	50.39
	Age-Adjusted Death Rate (Per 100,000 Pop.)	30.62	33.87
High Cholesterol (Adult)	Survey Population (Adults Age 18+)	262,780	11,691,020
	Total Adults with High Cholesterol	111,261	4,898,256
	Percent Adults with High Cholesterol	42.34%	41.90%
Heart Disease (Adult)	Survey Population (Adults Age 18+)	300,154	14,681,551
	Total Adults with Heart Disease	21,006	822,348
	Percent Adults with Heart Disease	7%	5.6%
Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	52,167	2,222,669
	Beneficiaries with Depression	10,174	420,851
	Percent with Depression	19.5%	18.9%
Poor Dental Health	Total Population (Age 18+)	235,587	14,682,954
	Total Adults with Poor Dental Health	59,039	2,635,605
	Percent Adults with Poor Dental Health	25.1%	18%
	Total Births	16,534	1,133,160
	Total Infant Deaths	149	7,932

Infant Mortality	Infant Mortality Rate (Per 1,000 Births)	9	7
Low Birth Weight	Total Live Births	34,363	1,585,346
	Low Weight Births (Under 2500g)	2,871	137,925
	Low Weight Births, Percent of Total	8.35%	8.7%
Asthma Prevalence	Survey Population (Adults Age 18+)	300,981	14,756,311
	Total Adults with Asthma	42,918	1,841,437
	Percent Adults with Asthma	14.3%	12.5%

<https://ahs.engagementnetwork.org>, 1/9/2019

APPENDIX C: HOSPITAL UTILIZATION & EMERGENCY ROOM DATA

Below are the top 10 diagnoses for AdventHealth Ocala in 2018.

Inpatient Admissions

1. SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
2. SEPSIS, UNSPECIFIED ORGANISM
3. NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
4. SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
5. CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION
6. HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
7. HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
8. ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY
9. PNEUMONIA, UNSPECIFIED ORGANISM
10. POST-TERM PREGNANCY

Emergency Room Admissions

1. ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED
2. ACUTE PHARYNGITIS, UNSPECIFIED
3. URINARY TRACT INFECTION, SITE NOT SPECIFIED
4. VIRAL INFECTION, UNSPECIFIED
5. FEVER, UNSPECIFIED
6. VOMITING, UNSPECIFIED
7. CHEST PAIN, UNSPECIFIED
8. OTHER CHEST PAIN
9. OTITIS MEDIA, UNSPECIFIED, RIGHT EAR
10. ACUTE BRONCHITIS, UNSPECIFIED