



Learning System Goals, Objectives and Measures

Purpose/Mission of the MCHA and Its Learning System Processes

The Marion County Health Alliance (MCHA) was formed in 2015 as an integrating organization to foster collaboration between community organizations within health and healthcare as well those across multiple sectors of society to achieve a unified vision for community health improvement. Rooted in the concepts of the Institute for Healthcare Improvement’s Triple Aim (www.ihl.org) of simultaneous focus on improving community health outcomes, improving the experience of healthcare and reducing per capita costs, the Alliance has grown to more than 75 member organizations who together have developed learning system processes to both guide the selection of the community’s and the MCHA’s portfolio of community health improvement projects and to establish monitoring and reporting systems that can measure the impact of these projects on overall community health.

The foundation of this learning system are the over-arching goals, areas of focus and intermediate objectives and measures that the Alliance has identified. These goals, areas of focus and objectives and measures are resultant of the intensive community health needs assessment and community health improvement planning activities that spawned both the MCHA and the goals and objectives themselves. Table 2 below indicates the monitoring levels and the purpose of each in the Alliance’s learning system for community health improvement.

Table 1. Monitoring levels in the MCHA learning system for community health improvement.

Monitoring Level	Purpose
Triple Aim Goal	The Triple Aim goals, established for Marion County and based on the IHI Triple Aim concept, are the over-arching, long-term vision for the community. All other areas for improvement, intermediate outcomes and other areas to consider must address and be directly and logically tied to these over-arching community health improvement goals.
Areas for Improvement	These areas of improvement are those areas, identified from the ongoing community health needs assessment and community health improvement planning efforts of the MCHA, that are consistent with the vision articulated in the established over-arching Triple Aim goals.
Intermediate Outcomes	These are SMART (specific, measurable, achievable, realistic and time-sensitive) objectives that are directly linked to the areas for improvement. These intermediate outcome measures are the “meat and potatoes” of the MCHA community health improvement learning system. These are the intermediate objectives that are periodically measures to determine if the community is making meaningful (as articulated in its Triple Aim goal vision) an impact on its health status and health outcomes. These measures are not only those to determine collective community impact but they should also inform the development of measurable objectives of projects of individual community projects and interventions. If community partners utilize these intermediate outcomes or other outcomes directly related to these outcomes, the improvement learning system will maintain its integrity.
Other Areas to Consider	These are either other identified areas of importance, also substantiated by ongoing community health needs assessment and improvement planning, or highly specific areas within areas of improvement that warrant consideration. These other areas to consider may be sources of future areas for improvement and intermediate

Table 1. Monitoring levels in the MCHA learning system for community health improvement.

Monitoring Level	Purpose
	outcomes.

Triple Aim Objectives, Areas of Improvement, Intermediate Objectives and Other Areas to Consider

This section describes in detail the specific elements for Marion County for each of the four monitoring levels. Table 2 delineates the specific Triple Aim over-arching goals and the source(s) of the target measure and of the baseline and ongoing measurement data for the goals.

Table 2. Triple Aim goals for Marion County.

Triple Aim Goal	Data and Target Source(s)
<p><i>Goal 1a: Improve Health Outcomes (Premature Death)</i> The Marion County age-adjusted years of potential life lost before age 75 (YPLL) rate per 10,000 persons (baseline 2010-12 of 8,734) will decrease to the Florida rate (2010-12 target of 6,893) by December 31, 2025.</p> <p>Goal 1b: Improve Health Outcomes (Health Outcomes Rankings) The Marion County Health Outcomes county ranking, as measured by Robert Wood Johnson’s <i>County Health Rankings</i>, will increase from the 49th ranked county in Florida and into the Top 10 counties in Florida by December 31, 2025.</p>	<p>2015 County Health Rankings; University of Wisconsin Population Health Institute; Robert Wood Johnson Foundation; see <i>Health Outcomes/Length of Life/Premature Death</i> (reported indicator); or Florida Department of Health Vital Statistics (indicator derived from raw data)</p> <p>This indicator is extracted from the Robert Wood Johnson <i>County Health Rankings</i> on an annual basis to track progress (www.countyhealthrankings.org).</p>
<p><i>Goal 2: Improve Patient or Resident Experience</i> The Marion County Health Factors county ranking, as measured by Robert Wood Johnson’s <i>County Health Rankings</i>, will increase from the 34th ranked county in Florida and into the Top 10 counties in Florida by December 31, 2025.</p>	<p>This indicator is extracted from the Robert Wood Johnson <i>County Health Rankings</i> on an annual basis to track progress (www.countyhealthrankings.org).</p>
<p><i>Goal 3: Reduce Per Capita Cost</i> The per capita health care costs of Marion County residents will increase at or below the rate of the consumer price index through December 31, 2025.</p>	<p>MCHA will model Marion per capita costs on IHI models to measure these costs locally and will determine what CPI measures to compare increases/decreases against on an annual basis for progress reporting. <u>Baseline measures currently under development and will be distributed upon completion.</u></p>

During 2015, a community steering committee, the pre-cursor to the MCHA, partnered with WellFlorida Council (www.wellflorida.org), the regional health planning council, to conduct a community health needs assessment and begin preliminary development of community health improvement systems and strategies. After careful deliberation and community input, the following critical areas for improvement were identified:

- Chronic disease and premature death (especially due to cardiovascular disease)
- Poor health factors and health outcomes rankings
- High per capita and unnecessary or avoidable healthcare costs
- Tobacco use
- Healthy weight
- Appropriate use of medical care and uninsured medical care access (including mental health care)
- Appropriate use of dental care and uninsured dental care access
- Social determinants that are factors in health outcomes (especially educational attainment and children in poverty)

In addition, these other areas of improvement to consider were also identified for future monitoring and potential inclusion into the areas for improvement in order to generate intermediate objectives:

- Maternal and infant factors
 - Infant mortality
 - Pre-term births
 - Teen pregnancies
- Access to fluoridated water
- Chronic disease and premature death (cancer)
 - Screening
 - Incidence
 - Mortality

Table 3 identifies MCHA’s intermediate objectives for the current areas for improvement. Table 3 also delineates, for each objective, the source of the baseline and ongoing data and/or target measure as well as the Triple Aim over-arching goal or goals to which that objective is linked.

Table 3. Intermediate objectives categorized by area of importance and related Triple Aim goal.

Intermediate Objective	Area(s) of Improvement	Related Triple Aim Goal(s)	Data and Target Sources
Reduce the age-adjusted coronary heart disease death rate to the Healthy People 2020 goal of 103.4 deaths per 100,000 population by December 31, 2020 (See Needs Assessment for Marion County Baseline)	- Chronic disease and premature death - Poor health factors and health outcomes rankings	Goal 1a Goal 1b	Target: Healthy People 2020 Monitoring Data: Florida Department of Health Office of Vital Statistics
Reduce the age-adjusted diabetes death rate to the Healthy People 2020 goal of 66.6 deaths per 100,000 population by December 31, 2020 (See Needs Assessment for Marion County Baseline)	- Chronic disease and premature death - Poor health factors and health outcomes rankings	Goal 1a Goal 1b	Target: Healthy People 2020 Monitoring Data: Florida Department of Health Office of Vital Statistics
Reduce the percentage of adults age 18 and older who are current cigarette smokers to the Healthy People 2020 goal of 12.0 percent by December 31, 2020 (See Needs Assessment or CHARTS for Marion County Baseline)	- Chronic disease and premature death - Poor health factors and health outcomes rankings - Tobacco use	Goal 1a Goal 1b	Target: Healthy People 2020 Monitoring Data: Behavioral Risk Factor Surveillance System in Florida CHARTS, Florida Department of Health Office of Vital Statistics
Increase the proportion of adults age 20 and older who are at a healthy weight to the Healthy People 2020 goal of 33.9 percent by December 31, 2020 (See Needs Assessment or CHARTS for Marion County Baseline)	- Chronic disease and premature death - Poor health factors and health outcomes rankings - Healthy weight	Goal 1a Goal 1b Goal 2	Target: Healthy People 2020 Monitoring Data: Behavioral Risk Factor Surveillance System in Florida CHARTS, Florida Department of Health Office of Vital Statistics
Reduce the proportion of adults age 20 and older who are obese to the Healthy People 2020 goal of 30.5 percent by December 31, 2020 (See Needs Assessment or CHARTS for Marion County Baseline)	- Chronic disease and premature death - Poor health factors and health outcomes rankings - Healthy weight	Goal 1a Goal 1b Goal 2	Target: Healthy People 2020 Monitoring Data: Behavioral Risk Factor Surveillance System in Florida CHARTS, Florida Department of Health Office of Vital Statistics
Increase the proportion of persons with medical insurance to the Healthy People 2020 goal of 100 percent by December 31, 2020 (See Needs Assessment or CHARTS for Marion County Baseline)	- Poor health factors and health outcomes rankings - Appropriate use of medical care and	Goal 2 Goal 3	Target: Healthy People 2020 Monitoring Data: Behavioral Risk Factor Surveillance System in Florida CHARTS,

Table 3. Intermediate objectives categorized by area of importance and related Triple Aim goal.

Intermediate Objective	Area(s) of Improvement	Related Triple Aim Goal(s)	Data and Target Sources
	uninsured medical care access		Florida Department of Health Office of Vital Statistics (adults only); Small Area Health Insurance Estimate, US Census Bureau (all ages)
Increase the proportion of persons who had a usual primary care provider to the Healthy People 2020 goal of 83.9 percent by December 31, 2020 (See Needs Assessment or CHARTS for Marion County Baseline)	- Poor health factors and health outcomes rankings - Appropriate use of medical care and uninsured medical care access	Goal 2 Goal 3	Target: Healthy People 2020 Monitoring Data: Behavioral Risk Factor Surveillance System in Florida CHARTS, Florida Department of Health Office of Vital Statistics (adults only)
By December 31, 2020, the total preventable dental health emergency department visit rate of 13.3 per 1,000 population in 2013 will decrease by X% to X.X visits per 1,000 population for 2020 (See Needs Assessment for Baseline)	- High per capita and unnecessary or avoidable healthcare costs - Appropriate use of dental care and uninsured dental care access	Goal 2 Goal 3	Target: Derived Monitoring Data: Florida Agency for Health Care Administration Hospital Data Tapes
By December 31, 2020, the emergency department mental health visit rate will decrease by X% from 84.9 visits per 1,000 population in 2013 to X.X visits per 1,000 population in for 2020 (See Needs Assessment for Baseline)	- High per capita and unnecessary or avoidable healthcare costs - Appropriate use of medical care and uninsured medical care access	Goal 2 Goal 3	Target: Derived Monitoring Data: Florida Agency for Health Care Administration Hospital Data Tapes
Reduce the proportion of children (age 0-17) living in poverty to the Healthy People 2020 target by December 31, 2020 (See Needs Assessment for Baseline)	- Poor health factors and health outcomes rankings - Social determinants that are factors in health outcomes	Goal 2	Target: Healthy People is tracking but has not yet set a target. Monitoring Data: Small Area Income and Poverty Estimates, US Census Bureau
Reduce the proportion of all persons living in poverty to the Healthy People 2020 target by December 31, 2020 (See Needs Assessment for Baseline)	- Poor health factors and health outcomes rankings - Social determinants that are factors in health outcomes	Goal 2	Target: Healthy People is tracking but has not yet set a target. Monitoring Data: Small Area Income and Poverty Estimates, US Census Bureau
Increase the proportion of persons (age 18-24) who completed high school to the Healthy People 2020 target of 97.9 percent by December 31, 2020 (See Needs Assessment for Baseline)	- Poor health factors and health outcomes rankings - Social determinants that are factors in health outcomes	Goal 2	Target: Healthy People 2020 Monitoring Data: US Census Bureau

Using the Triple Aim Goals, Areas of Improvement and Intermediate Objectives

The goals, areas of improvement and objectives comprise the heart of the Marion County community health improvement learning system. These three components work in concert to provide focus to the

over-arching community health improvement mission of the Alliance and provide impact monitoring objectives to individual or groups of Alliance partners and their portfolio projects. The Triple Aim goals, areas of improvement and intermediate objectives are utilized to:

- Continually educate the MCHA partners, the public and the Marion County Hospital District on long-term health goals and the priority areas of community improvement;
- Identify data that must be captured to both feed the learning system and maintain momentum for change;
- Direct the MCHA and its partners in its development of the community portfolio of priority projects; and
- Suggest the community funding priorities for major potential funding partners such as the Centers for Disease Control; National Institutes of Health; the Robert Wood Johnson Foundation; and the Marion County Hospital District to name but a few.

In addition, for smaller scale and short-term community health interventions and projects that may not have the duration or scope to substantively impact the larger goals or intermediate objectives, the goals, areas of improvement and objectives provide the guidelines for the development of the measurable objectives of these smaller-in-scope projects. That is, when MCHA partners develop smaller-scale projects, there must be a clear link between their identified project measurable outcomes and the higher level goals, areas of improvement and intermediate objectives that are the focus of the overall community health improvement learning system for Marion County.

Role of the MCHA Data and Metrics Subcommittee

The MCHA Data and Metrics Subcommittee is responsible for coordinating the efforts of developing goals and objectives based upon ongoing MCHA community health needs assessment and community health improvement planning processes and recommending those goals and objectives to the MCHA at-large. The Data and Metrics Subcommittee also identifies measures and data sources for these goals and objectives. In addition, the Data and Metrics Subcommittee also provides technical assistance on improvement processes, impact measures and monitoring to MCHA partners for their individual or group portfolio projects, and identifies critical health data resources and interprets emerging health data and community health improvement progress for the general public.