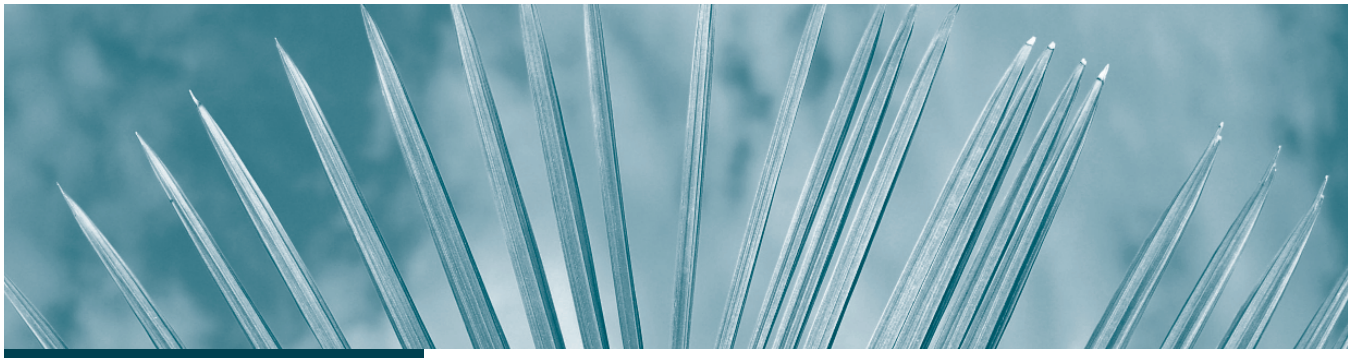

2012

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

Putnam County

WellFlorida Council

Working Together for Healthy Communities

ACKNOWLEDGEMENTS

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Putnam County Health Department

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

Overview

Community health needs assessment activities for Putnam County in 2011 have utilized the Mobilizing for Action through Planning and Parnterships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health through grant funds that originated from the U.S. Department of Health and Human Services in their efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process typically incorporates four key assessments:

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

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

This document provides a brief summary of key activities in each of the key MAPP assessment areas (CHSA, LPHSA, CTSA and FCA). A Technical Appendix accompanies this document separately and is a complimentary source of a vast array of critical health status, health outcome, health utilization and health access data for the community.

Key Issues

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

Community Health Status Assessment

Key issues of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Putnam County both on an individual and county-wide basis.

- Putnam County has a significantly higher overall age-adjusted mortality rate, nearly 26 percent higher than the state in 2008 (1,010.0 per 100,000 for Putnam vs. 796.9 per 100,000 for the state). When adjusting for age, residents of Putnam County fare worse than the state as a whole on age-adjusted death rates (AADRs) for nine of the top ten causes of death with an exception of AADR for heart disease.
- In both Putnam County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Putnam County as in the rest of the state. In particular, during 2006-2008, black residents in Putnam County had a 22% higher overall age-adjusted mortality rate compared to white residents (1091.8 and 894.1 per 100,000, respectively).
- Overall, poor health behaviors are generally on the rise in Putnam County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Putnam County's rate of avoidable hospitalizations is nearly 28% higher than the state rate.
- In October 2011, the US Census Small Area Health Insurance Estimates (SAHIE) program released 2009 estimates of health insurance coverage by age at the county-level for 2009. SAHIE estimated that 25.4% of the Putnam County adult population was uninsured compared to 24.2% for Florida.
- Putnam County is near the bottom 10% of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Putnam County are lower than state and national averages, and life expectancies of black residents are 5-6 years shorter than that of white residents.

Local Public Health System Assessment

The LPHSA asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

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

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

Based on the self-assessment of the cross-sectional group representing the local public health system partners, four of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 3, 4, 7 and 10.

Typically, Essential Public Health Service 10 is relatively more out of the direct control of the local public health system as it is generally dictated by geographical dynamics or macroceconomic trends and circumstances. However, the low scores for EPHS 3, 4 and 7 may indicate that there are opportunities in Putnam County in the following areas:

- to inform, educate and empower people about health issues (EPHS 3);
- to better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable (EPHS 7).

Community Themes and Strengths Assessment

Based on perceptions shared during Community Themes and Strengths Assessment (CTSA) focus groups, participants highlighted the following areas of concern:

- Disparities in Putnam County
  - Indigent, uninsured, and underinsured
  - Specific geographic areas, especially remote rural areas
  - Children
  - Elderly
  - Hispanic population: especially men
- Access to healthcare
  - limited transportation
  - affordability
  - uninsured and underinsured
  - not enough Medicaid and Medicare providers (especially specialties)
- Overall lack of specialty services
  - OB/GYN
  - Dental
- Availability of quality health care services
  - Many residents travel 40+ miles to access services
- Strong community-based organizations and faith-based organizations working together to help the community

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Putnam County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system. For the purposes of completing a Forces of Change Assessment:

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

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

The MAPP Needs Assessment Steering Committee, represented by the sponsoring partners, as well as the Core Community Support Team, a group representative of the local public health system partners, participated in the Forces of Change Assessment. Table 1-1 summarizes the forces of change identified for Putnam County and possible opportunities and/or threats that may need to be considered in any community health improvement or strategic planning process resulting from this MAPP assessment.

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

Forces	Threats	Opportunities
Lack of community focus	Lack of collective effort on issues that are of community-wide concern	Promotion of individual responsibility and accountability
Community perception of health care in Putnam County	Health care dollars are spent in other communities Residents travel unnecessarily for quality services that are available locally	Improve misconceptions that have lingered for years
Rural population creates transportation issues	Transportation limits access to care and adherence to ongoing treatments	
Nationwide economic crisis	More uninsured More unemployed	Education and training Transform local workforce
Increasing unemployment rate which has negative effect on health insurance coverage	More uninsured More unemployed	
Continued reduction of funding for health departments and community health centers and reduced reimbursement rates for all including hospitals	Fewer venues of health care access or limited access at existing venues	New partnerships
Legislative scrutiny on public health and its role	Negative perceptions on the role of public health Reduced funding	More efficient organizational structure
Unknown impact of state and national Medicaid and health care reform	Difficulty in creating short-term and long-term plans	Potential to save state government money
Emerging Health Information Exchanges	Security and privacy issues Lack of resources for sufficient community investment	Data available to facilitate consumer choices Data systems available to track and manage patients throughout the health system
Apathy and lack of commitment from city, county, state and	Erosion of the local public health system	

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

Forces	Threats	Opportunities
national leaders on public health issues	Lack of understanding on complexity of health issues and how they impact other issues such as economic development	
Lack of specialty care for the uninsured and Medicaid Populations	Lack of ability for patients to access Specialist Increase in avoidable poor medical outcomes Increase in inappropriate ER usage	Development of a program similar to Alachua County We Care (a voluntary physician referral program)
Cuts from Legislature	Decrease in health care availability More uninsured Effects on physical, dental and mental health	Reduced taxes More individual responsibility
Decreased property value	Less county revenue to fill in gaps and take care of county infrastructure	Less taxes More affordable housing
Medicaid reform	Lower reimbursement to Health Departments Less access, fewer providers taking Medicaid	Saving state government money
Dental access for Medicaid and uninsured	New Medicaid HMO for dental required Lack of dental access for patients Limited dental care leads to increased health care cost	Expand dental services More opportunities for dentist
Unemployment and workforce reductions	More uninsured More unemployed	Education and retraining
Uninsured patients inability to get medication	Not able to take care of medical issues More ER visits	Look at how we can get a pharmacy assistance program
Lack of free venues for exercise	Higher obesity rates Increased medical cost	More walking trails and other avenues for exercise
Increase in homeless population	Demand on uncompensated care Cost to school system to address Difficulty in health care delivery Increase law enforcement cost	Funding and partners to address problem
Contraction of state DOH and Health Dept mission	Decrease in safety net providers Limit in ability to respond to disasters	New partnerships Change in priorities

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

Forces	Threats	Opportunities
Lack of mental health access to uninsured	Increase in law enforcement cost Increase in family issues and strife	New partnerships

Source: Putnam County Forces of Change Assessment, December 2011.

Priority Strategic Health Issues

To conclude the MAPP assessment, the Core Community Support Team, a group representative of the local public health system partners, was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Putnam County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. The identified issues and concerns were consolidated into a set of key issues. Participants then voted on which of these consolidated key issues were the most important in Putnam County, thus creating a set of priority issues. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

Priority issues were established as follows:

1. Inappropriate use of healthcare and misuse and abuse of the system caused by sense of entitlement among some; lack of personal responsibility among some; lack of understanding of how to use the health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some. (26 votes)
    a. Measure and hold accountable.
    b. Create wealth that improves health outcomes.
    c. Change the culture of tolerance.
    d. Educate the community on the true cost of their behavior.
    e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
    f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues. (16 votes)
    a. Utilize the school system as a vehicle to educate students and parents (e.g. fire prevention).
    b. Public service announcements/education on the quality and quantity of services in Putnam County (provide examples of positive experiences).
    c. County level branding that brands the entire healthcare system and not just one provider or entity (e.g. Got Milk advocates for milk in general and not just one provider of milk) - requires partnership for everyone to agree on the branding and not to work in silos.
    d. Cultivate ownership of the issues and the effort needed to improve Putnam.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services. (16 votes)
    a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).

   b. Develop a system that will get physicians to accept a certain number of equitable safety-net services.
   c. Hold the medical society responsible and engage them in these efforts.
   d. Cultivate a system of locally owned providers (agriculture community as a model).
4. Lack of community participation and engagement and need for community-wide teamwork and lack of community participation. (13 votes)
   a. Agriculture community as a model.
   b. Heart of Putnam Coalition.
   c. Core Community Support Team - meetings should be periodic to keep people involved
   d. Targeted group of people to get the job done - accountability.
   e. Clear message to the community with clear expectations - if you deliver the community will be with you.
   f. Community buy-in.
   g. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.
   h. Are we asking ourselves the internal questions: "Is there something I can do better to improve Putnam?" Let us acknowledge the things we can do better.

Next Steps

Potential next steps were identified as follows:

1. Create a formal strategic health vision for Putnam County with community-wide measurable goals and objectives.
2. Consider creating a private sector Putnam County Health Advisory Committee in order to the "shepherd" or "oversee" a strategic community health improvement plan.
3. Develop specific goals, objectives and action plan for the Putnam County Health Advisory Committee consistent with these key strategic health issues.
4. Mobilize community partners as needed on specific goals and tasks.
5. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues).
6. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.

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

Introduction

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

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

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

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

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Putnam County to the state of Florida as a whole. It is advisable to interpret these rates with caution and consideration especially when the number of new cases (incidence) is relatively low. Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and health care needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues, and in some cases to anticipate future health needs. The *Putnam Community Health Status Assessment Technical Report* includes data on current population and its distribution by age, gender, and racial group by county zip code. It also provides estimates on future population growth. Also included are measures of education, employment, income, and poverty status. Noted below are some of the key findings from the Putnam County demographic and socioeconomic profile.

Population

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

- The 2010 census places the population of Putnam County at 74,364 residents. While the state population grew by 17.6 percent (15,982,378 in 2000 to 18,801,310 in 2010), Putnam County had a much slower growth of 5.5 percent since the 2000 Census (Technical Appendix Report Table 107). By 2020, estimated growth will put the population at 76,777 residents, a little over three percent increase over 2010 population when the state population is estimated to grow by 13 percent over the same period (Technical Appendix Report Table 1).
- The 2010 Census puts the White population in Putnam County at 77.3 percent and Black population at 16.2 percent, which is similar to the state. Nine percent of residents in Putnam County are Hispanic or Latino whereas Florida average is 22.5 percent (Technical Appendix Report Table 108).
- As per the 2010 Census, 22.6 percent of the county's population is between 0 to 17 years old; 58.5 percent is between 18-64 years; 18.9 percent is above 65 years; 8.2 percent is above 75 years and 2 percent is above 85 years of age. The percentage of children (0-17 years) is over 6 percent greater than the state and the percentage of those above 65 years of age is more than nine percent greater than the state (Technical Appendix Report Table 109).
- Females slightly outnumber males in Putnam County— 98 males per 100 females (Technical Appendix Report Table 109).

Economic Characteristics

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

- The 2009 American Community Survey (Technical Appendix Report Table 110) estimates that 28.5 percent of Putnam county residents live at or below 100 percent of poverty. The percent of Putnam County's population living at or below the poverty threshold is more than 90 percent higher than the state of Florida as a whole (28.5% in Putnam County versus 14.9% in Florida).
- The 2010 Small Area Income and Poverty Estimates, further highlight the poverty among children, with 38.2 percent of individuals under the age of 18 living in poverty as compared to 23.6 percent in the state—a difference of over 61 percent (Technical Appendix Report Table 10). The same difference of over 61 percent is also observed for poverty at all ages—with 26.7 percent of individuals of all ages living in poverty in the county as compared to 16.5 percent in the state.
- The Crescent City Zip Code Tabulation Area (ZCTA) of 32112, Interlachen (ZCTA 32148) and Pomona Park (ZCTA 32181) are the poorest areas of the county with about one in four adults living in poverty. 44.5% children live at or below the poverty threshold in Crescent City (Map 1, Technical Appendix Report Table 12).
- For year 2010, Putnam County's per capita income ($18,034) was 30 percent lower than the state of Florida. The median and average household incomes for Putnam County were $34,398 and $45,201 respectively—31 percent and 29.9 percent lower than the state of Florida (Technical Appendix Report Table 17).
- Unemployment rates in Putnam County increased by 130 percent (5.2 % in 2004 vs. 12.0% in 2009) as compared to a 123 percent increase in Florida (4.7 % in 2004 vs. 10.5% in 2009). The unemployment at the county level exceeds the state in any given year. (Technical Appendix

Report Table 18).

- In Putnam County, 91.5 percent of non-governmental business establishments had less than 20 employees; 18.1 percent of private business establishments were retail trade and 43.7 percent were service sector businesses (Technical Appendix Report Tables 21, 22).

Educational Attainment

- According to year 2010 estimates (Technical Appendix Report Table 23), 29.6 percent of the adults over the age of twenty five in Putnam County did not have a high school diploma which is over 47 percent higher than the state.
- Compared to the state (50.5%), higher percentage of county residents had completed high school (56.4%).
- A smaller percentage of Putnam County residents have college degrees compared to the state; adult population with college degrees in Putnam County is more than 52 percent lower than Florida (14% in Putnam County vs. 29.4 % in Florida).

Mortality and Morbidity

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

- Heart Disease tops the leading causes of death in the state whereas Cancer is the topmost leading cause of deaths in Putnam County (Technical Appendix Report Table 27). It is notable that while the age-adjusted death rate (AADR) for Cancer between 2006-2008 was 218.0 in Putnam County, it was over 25 percent lower in the state at 162.3 (Technical Appendix Report Table 31).
- The top ten leading causes of death in 2008 (Technical Appendix Report Table 27) in Putnam County were 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Diseases (CLRD), 4) Unintentional Injuries, including motor vehicle accidents, and 5) Diabetes 6) Stroke 7) Alzheimer's Disease 8) Nephritis 9) Influenza & Pneumonia and 10) Hypertension. As seen in maps 4-10, the county areas encompassing ZCTAs 32139 Georgetown, 32140 Florahome, and 32187 San Mateo experience a geographic disparity for various causes of mortality.
- The overall age-adjusted mortality rate in 2008 for Putnam County was over 26 percent higher than the state (1,010.0 per 100,000 for Putnam vs. 796.9 per 100,000 for the state). When adjusting for age, residents of Putnam County fare worse than the state as a whole on AADRs for nine of the top ten causes of death (Technical Appendix Report Table 27) with an exception of AADR for heart disease.
- In 2008, the AADR for Cancer in Putnam County was close to 27% higher than that of Florida (204.6 in Putnam County vs. 161.2 in Florida); more than 89% higher for CLRD (72.0 in Putnam County vs. 38.0 in Florida); more than 48% higher for unintentional injuries (65.5 in Putnam County vs. 44.2 in Florida); more than 114% higher for Diabetes (43.6 in Putnam County vs. 20.3 in Florida); more than 38% higher for influenza (13.9 in Putnam County vs. 8.5 in Florida); and more than 91% higher for hypertension (13.0 in Putnam County vs. 6.8 in Florida).

Racial and Ethnic Disparity

- Cancer, heart disease, diabetes and stroke figured in the top causes of deaths for Black, White and Hispanic residents. Nephritis, Alzheimer's disease and suicide made it to the top causes for White residents only. Liver disease, homicide, and HIV/AIDS were among unique top ten causes of deaths for Blacks (Technical Appendix Report Tables 28, 29, 30).
- During 2006-2008 (Technical Appendix Report Table 31), Blacks in Putnam County have a 22% higher overall age-adjusted mortality rate compared to Whites (1091.8 and 894.1 per 100,000 respectively). The Hispanics have an overall AADR of over 46 percent lower (478.1 per 100,000) than Whites and over 56 percent lower than Blacks.
- During 2006-2008 (Technical Appendix Report Table 31), Blacks had AADR for diabetes at over 31 percent greater than Whites (56.6 and 43.0 per 100,000 respectively); AADR for stroke at over 116 percent greater than Whites (84.4 and 38.9 per 100,000 respectively)and AADR for hypertension at over 211 percent greater than Whites (34.9 and 11.2 per 100,000 respectively). The disparity was also seen among age-adjusted death rates for nephritis— Black (42.0), White (14.5) and Hispanic (10.7) and heart disease — Black (183.2), White (169.5) and Hispanic (91.2).
- On the other hand, CLRD and suicide affect Whites disproportionately. During 2006-2008, the age-adjusted death rate for CLRD among White residents was more than 44 percent greater than Black residents and more than 228 percent greater than Hispanic residents — Black (49.9), White (72.3) and Hispanic (22.0) (Technical Appendix Report Table 31). A disparity was also seen among AADR (per 100,000) for suicide where White residents have an AADR more than 849 percent greater than Black residents—AADR for White was 20.9, Black was 2.2.
- While Hispanic residents had AADRs lower than their White and Black counterparts on the top ten causes of mortality in the county, the age-adjusted death rate for Alzheimer's disease among Hispanic residents was more than 11 percent greater than Florida's Hispanic average—21.3 in Putnam County Hispanics vs. 19.0 in Florida Hispanics and the AADR for hypertension was more than 317 percent greater than Florida's Hispanic average—21.3 in Putnam County Hispanics vs. 5.1 in Florida Hispanics (Technical Appendix Report Table 31).

Birth Outcomes

In 2008, there were 1,009 births in Putnam County (Technical Appendix Report Table 60). While there may be notable discrepancies in standardized rates between the state and county figures, it is important to note that the actual numbers in any given year are small. Key findings with regards to birth outcomes include:

- Birth rates (rate per 1,000 residents) in Putnam County have trended higher than Florida between 2001 and 2008. In 2008, Putnam County had overall birth rate of 13.5 births per 1,000 residents compared to Florida's birth rate of 12.3. Birth rate for Hispanics continues to outpace that of Blacks and Whites in the county (Technical Appendix Report Table 61).
- Early access to prenatal care has been relatively poor in Putnam County compared to the state since 1999 (Technical Appendix Report Table 70). While 59.6 percent women received care in the first trimester in Putnam County, 69.9 percent women in the state received care in the first trimester during 2004-2008—14% poorer than the state. Racial and ethnic disparities are evident in access to prenatal care with 51.7% Black, 62.1% White and 52.1% Hispanics receiving prenatal care during first trimester (Technical Appendix Report Table 71).
- The 2004-2008 infant mortality rates per 1,000 live births show racial disparity—Blacks have an infant mortality rate more than 146 percent greater than the Whites. The infant mortality rates

for Blacks, Whites and Hispanics in the county are higher than the state— Putnam County Blacks 19.7, Putnam County Whites 8.0, Putnam County Hispanics 11.7; Florida Blacks 13.2 ,Florida Whites 5.4 and Florida Hispanics 5.6 (Technical Appendix Report Table 65).

- The percentage of low birthweight newborns also demonstrates a pattern of racial disparity. The percentage of low birthweight among Blacks was more than 116% greater than Whites—16.9 percent of Black births were low birthweight as compared to 7.8% White births from 2004-2008 (Technical Appendix Report Table 68). The Hispanics in Putnam County had 6.7% low birthweight as compared to 7.1% for the state's Hispanics for this same period.
- Between 1999 and 2008, teen birth rates (births to mothers aged 15-17) in Putnam County surpassed the state every year. In 2008, the teen birth rate in Putnam County was 142 percent higher than the state (49.3 births per 1,000 teen females compared to 20.4 per 1,000 teen females for the state) (Technical Appendix Report Table 75). Teen birth rate was also higher among the minority population of the county— Black (76.7) and Hispanic (70.4) compared to Whites (41.2).

Mental Health

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

- Putnam County has had a lower overall rate of hospitalizations for mental health reasons compared to the state from 2005-2009 (Technical Appendix Report Table 53). For population ages 18 and above, Putnam County saw 6.6 per 1,000 hospitalizations in 2009 vs. 8.8 per 1,000 hospitalizations in Florida.
- The rate of emergency department visits per 1,000 mental health reasons displayed an increase of 29 percent between in Putnam County (94.3 in 2005 and 122.2 in 2008) as opposed to an increase of nearly 25 percent at the state level (34.7 in 2005 and 43.3 in 2008) (Technical Appendix Report Table 54).
- In 2008, the rate of Baker Act (involuntary exam) initiations was lower in Putnam County 551.0 vs. 699.3 for Florida. In children between 4-17 years, the rate of Baker Act (involuntary exam) initiations in Putnam County was 291.0 vs. 553.7 in Florida for year 2008 (Technical Appendix Report Table 56). In seniors, this rate was 131.2 in Putnam County as compared to 288.5 in Florida (Technical Appendix Report Table 57).
- Since 2001, domestic violence offense rates (per 100,000) for Putnam County have been consistently higher than the state. In 2008, Putnam County had a domestic violence offense rate that was more than 93% greater than the state— 1160.6 and 601.3 respectively (Technical Appendix Report Table 58).

Behavioral Risk Factors

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent

data available for Putnam County is from 2010. Below are some highlights from the BRFSS data (Technical Appendix Report Table 83).

- The reported health status and quality of life indicators show that Putnam County is doing significantly worse than the state on 2010 measures for percentage of adults with good to excellent overall health (74.1% vs. 82.9%), and the percentage of adults who always or usually receive the social and emotional support they need (69.5% vs. 79.5% in the state). This trend continues for adults reporting good physical and mental health.
- In 2007, 36.2 percent Putnam County residents met moderate physical activity recommendations and 20.7 percent met vigorous physical activity recommendations.
- 14.3 percent adults had ever had a heart attack, angina or coronary heart disease in Putnam County—over 40 percent greater than the state (10.2%) in the year 2010.
- For the same year, 36.2 percent adults had diagnosed high blood cholesterol in the county as compared to 38.6% in the state.
- Over fourteen percent of adults were diagnosed with diabetes in Putnam County in the year 2010 as compared to 10.4 percent in the state—over 40 % greater than the state.
- 39.8 percent of adults in Putnam County were diagnosed with hypertension in the year 2010 (28 percent increase over 2002 measures). This indicator continues to be higher than the percentage for Florida (34.3 percent in the year 2010).
- Putnam County has reduced the percentage of current adult smokers—a decrease of over 14 percent from 2002 when 27.5% were current smokers to 23.6% current smokers in 2010, which is still above the state's percentage of current smokers in year 2010 at 17.1%.
- In 2010, the percentage of adults who engage in heavy or binge drinking was significantly higher in Putnam County—9.7% vs. 15% in Florida. Putnam County fared significantly better than the state on measures of drunk driving— only 0.2% adults drove a vehicle after consuming too many alcoholic drinks, a statistic that is 89% lower than the state's average of 1.9%.
- In 2010, 78.4% of adults reported having any type of health insurance coverage as compared to 83% in the state of Florida. For the same year however, the percentage of adults who could not see a doctor at least once in the past year due to cost was more than 28 percent greater in Putnam County as compared to the state of Florida (22.2% in Putnam County vs. 17.3% in Florida).
- In 2010, Putnam County fared significantly worse on measures of oral health as compared to the state—46.2% adults visited a dentist or dental clinic compared to 64.7% in the state, more than 28% lower than the state.
- New measures on disability rates in Putnam County were added as part of BRFSS indicators in 2007. Available data for 2010 show that the percentage of Putnam County residents who are limited in any way because of physical, mental or emotional problems is significantly higher than the state—31.2% in Putnam County vs. 24.3% adults in the state.
- Putnam County residents had significantly higher percentage of adults who had been told that they have some form of arthritis—46.5% in Putnam County vs. 32% for Florida. Percentage of adults who are limited in any way in any usual activities because of arthritis or chronic diseases was more than 70% higher than the state—14.9% in the state vs. 25.4%.

Health Care Access and Utilization

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long term management resources can help to maintain a quality of life and minimize

premature death. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The *Putnam Community Health Status Assessment Technical Report* includes data on insurance coverage, both public and private, Medicaid enrollment, and health care expenditures by payor source. Key findings from these data sets are presented below.

- The Florida Health Insurance Study (FHIS) initiated by the Florida legislature provides reliable estimates of the percentage and number of Floridians without health insurance. It focuses on Floridians under age 65; since virtually all Americans age 65 or older have some health coverage through Medicare. According to the 2004 FHIS, 20.4 percent of the population was uninsured, which is little more than six percent higher than the percentage of uninsured Floridians (Technical Appendix Report Table 24).
- The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. According to the 2007 estimates, 21.7 percent of the Putnam County adult population was uninsured compared to 24.2% for Florida (Technical Appendix Report Table 110).
- In October 2011, SAHIE released 2009 estimates of health insurance coverage by age at the county-level (Technical Appendix Report Table 110). In the year 2009, an estimated 25.4 percent of the Putnam County adult population was uninsured compared to 24.2% for Florida.
- 17,062 or 22.5 percent of the population in Putnam County were Medicaid enrollees in the year 2008—80% greater than Florida which had 12.5 percent enrollees (Technical Appendix Report Table 90).
- A little over 21% of clients requested medical assistance for home and community based services, over 18% for HMO Physicians Health Plan, over 16% for prescription drugs and 15% for inpatient hospital. Total Medicaid expenditures in Putnam County for the period of July 2007-April 2008 equaled $28,444,480.65, while the total Medicaid expenditures for the state equaled $10,220,028,494 (Technical Appendix Report Table 91, 92).
- The rate of total physicians per 100,000 residents (fiscal year 2008-09) is more than 61 percent lower in Putnam County than in Florida. The rates are 116.1 and 298.6, respectively (Technical Appendix Report Table 95).
- The rate of licensed dentists per 100,000 is more than 63 percent lower in Putnam County (fiscal year 2008-09), 22.7 as compared to 62.6 for the state (Technical Appendix Report Table 96).
- In 2008, there were a total of 57,513 hospital discharges in Putnam County. 54.8 percent of these had Medicare as their payor source, 20.6% had Medicaid as the payor source, 16.5% had private insurance as the payor source, 1.3% had VA/Champus as the payor source and 6% were self pay/ charity. It is notable that 18.9 percent of Putnam County residents are over the age of 65 compared to 17.3 percent in the state (Technical Appendix Report Table 99,109).
- The most frequent reason of hospitalization was associated with septicemia, psychoses and major joint replacement/reattachment (Technical Appendix Report Table 100).
- Between 2007 and 2009, Putnam County had an avoidable discharge rate (per 1,000 residents) of 17.8, which was more than 28 percent greater than the Florida rate of 13.8 (Technical Appendix Report Table 101). A little over 28 percent of the year 2009 avoidable discharges were paid for by Medicaid; 18.3% were paid for by Medicare; 31.2% were paid for by private insurance in Putnam County (Technical Appendix Report Table 102). The top five reasons for avoidable hospitalizations in 2009 were: 1) Dehydration/volume depletion; 2) Chronic Obstructive Pulmonary Disease; 3) Cellulitis; 4) Asthma; 5) Congestive heart failure (Technical Appendix Report Table 103).
- In 2008, Medicaid was the largest payor source for avoidable emergency department(ED) visits in Putnam County. From 2005 to 2008, number of avoidable ED visits has increased by over 22

percent with 39 % reimbursed by Medicaid in Putnam County (Technical Appendix Report Table 104).

County Health Rankings

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

I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
II. Health Factors--rankings are based on weighted scores of four types of factors:
    a. Health behaviors (6 measures)
    b. Clinical care (5 measures)
    c. Social and economic (7 measures)
    d. Physical environment (4 measures)

The Rankings are available for years 2010 and 2011. In the year 2010, Putnam County ranked 61st for health factors and 66th for health outcomes. In the following year (Technical Appendix Report Table 111), Putnam County's ranking fell to 64th for health factors and remained unchanged for health outcomes. It is notable that Putnam County has significantly worse rates than the state of Florida as a whole on the following measures:

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

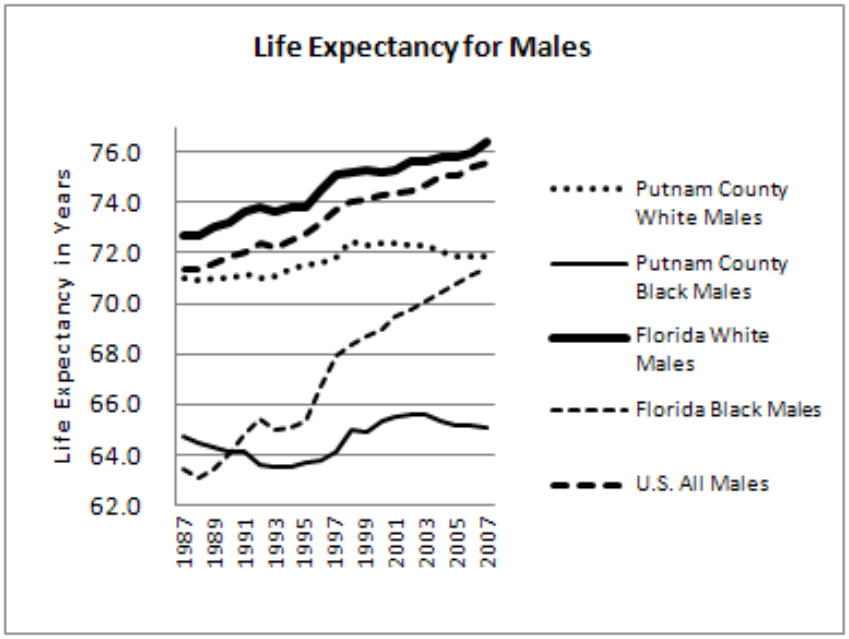
Measure	Putnam County	State	National benchmark (90th percentile)
Premature death: Years of potential life lost before the age of 75 per 100,000 population (age-adjusted)	12,596	7,896	5,564
Poor or fair health: The percent of adults reporting poor or fair health (age-adjusted)	24%	16%	10%
Low birthweight: Percent of live births with low birthweight (<2500 gms)	9.9%	8.5%	6.0%
Adult smoking: Percent of the adult population that report smoking >=100 cigarettes AND currently smoking	29%	20%	15%
Adult obesity: Percent of adults that report a body mass index (BMI) greater than or equal to 30	30%	24%	25%
Motor vehicle crash death rate: Motor vehicle crash deaths per 100,000	32	19	12
Teen birth rate per 1000 females in ages 15-19 years	76	45	22
Preventable hospital stays: Hospitalization rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	82	65	52
Diabetic screening: The percent of diabetic Medicare enrollees that receive HbA1c screening.	69%	82%	89%
Children in poverty: Percent of children under age 18 in poverty	34%	18%	11%

Source: University of Wisconsin Population Health Institute, September 2011

Life Expectancy

In June 2011, a study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington released a complete time series for life expectancy for all US counties from 1987 to 2007 for each sex, for all races combined, for Whites, and for Blacks. Nationally, life expectancy increased 4.3 years for men and 2.4 years for women between 1987 and 2007. Given below are graphical illustrations of overall life expectancy rates for Putnam County residents in comparison with their state counterparts as well as all US males and females from 1987-2007. Life expectancy of white men in Putnam County has been at 72 years for a decade (from 1997-2007), nearly four years less than the state and national average in 2007. Black men in Putnam County lived nearly five to six years shorter than their white counterparts at the county-level and nearly ten years behind the national and state average (Technical Appendix Report Table 121).

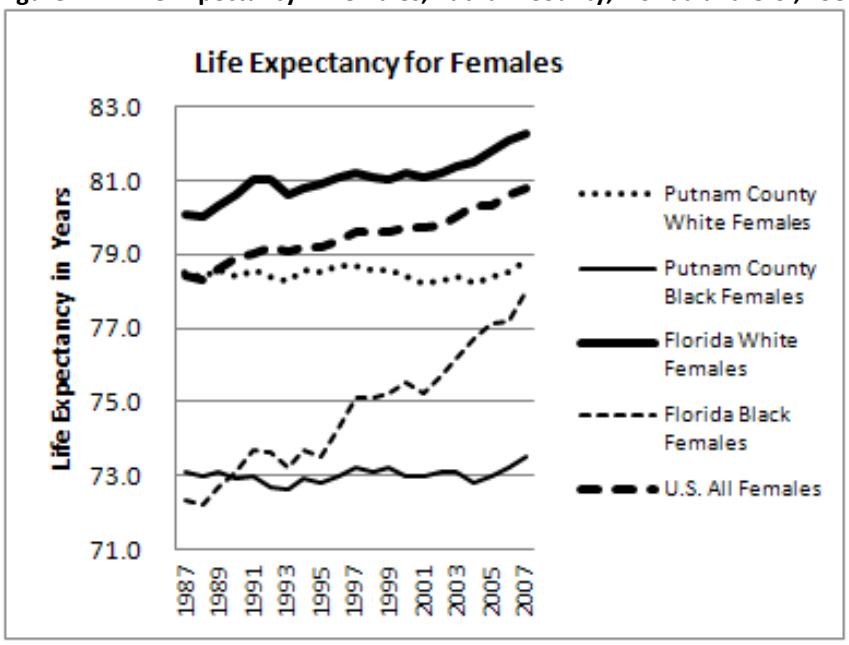
Figure 2-1: Life Expectancy in Males, Putnam County, Florida and U.S., 1987-2007.



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

The life expectancies for both Black and White women in Putnam County are lower than their respective state and national averages. The life expectancy for White women in Putnam County has plateaud around 78 years for two decades (from 1987-2007). Life expectancy for Black women in 2007 was 73.5 years in Putnam County compared to 78.8 for their White counterpart. Racial disparity is evidenced again as Black Putnam County women live nearly 5 years shorter than White women in the County and nearly eight years shorter than white women in the state and nation.

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



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

The life expectancies for both men and women in Putnam County are significantly below the state and national averages as seen in the graphs below. Researchers at IHME suggest looking at high rates of obesity, tobacco use, and other preventable risk factors for an early death as the leading drivers of the gap.

Figure 2-3: Life Expectancy Comparison for All Males, Putnam County, Florida, U.S., 1987-2007.

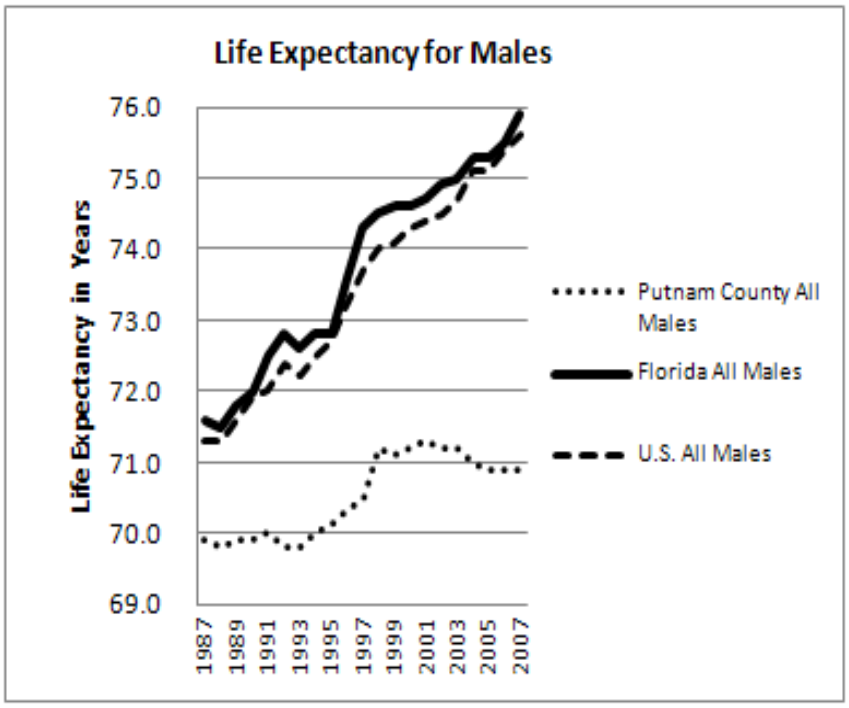
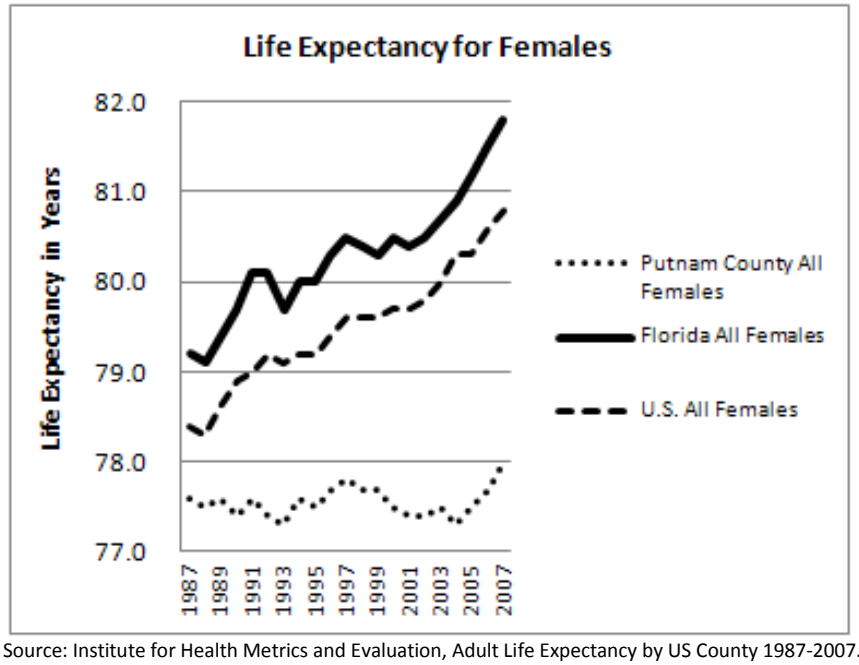


Figure 2-4: Life Expectancy Comparison for All Females, Putnam County, Florida, U.S., 1987-2007.



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

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

Introduction

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

Listening to and communicating with the community are essential to any community wide initiative. The impressions and thoughts of community residents can help pinpoint important issues and highlight possible solutions. More importantly, by involving community residents and listening to their concerns, every participant feels like an integral part of the process. The Community Themes and Strengths Assessment answers the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

Methodology

One or two trained focus group facilitators conducted six focus groups during the month of August and September 2011. Focus groups were held in East Palatka, Palatka, Crescent City, and Interlachen. Two focus groups were held in Crescent City and two were held in Interlachen. All focus groups were held at libraries and local churches. There were a total of 39 participants from the six focus groups with the following demographic profile: 25.6% males, 74.4% females, 71.8% white, 5.1% black, and 23.1% Hispanic. The ages of participants, who were 50+ years of age accounted for 61.5%, 40-49 years old accounted for 10.3%, 30-39 years old 17.9%, 20-29 years old 7.7% and 18-20 years old 2.6%.

Participants for these groups were recruited by advertisements posted at local shopping centers, health department, churches, community centers, libraries and through word of mouth recruiting. A $20.00 stipend was offered as a participation incentive and was issued to participants at the conclusion of each meeting. Participant recruitment began approximately two weeks prior to the first focus group meeting. Participant registration was made through a designated telephone line at the WellFlorida Council.

One facilitator acted as discussion moderator and the other as recorder. The meetings were audio tape recorded with the permission of all participants. After introduction and explanation of meeting format, eleven questions were sequentially presented to participants for discussion. Focus group protocols and questions were developed by WellFlorida Council, Inc. using the national MAPP guidelines for the Community Themes and Strengths Assessment.

Focus Group Questions and Answer Summaries

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

Brief Summary

There was consensus from all of the groups that having access to affordable healthcare services and having an active lifestyle, which includes a healthy diet, where people were physically and mentally fit were elements of a "healthy community". Having a community where people looked out for each other was also mentioned. Having local facilities available and job opportunities were cited by another focus group. One group mentioned that a healthy community is where people are physically, mentally, spiritually, and holistically healthy.

Notable Quotes

"Having a community work together to reach healthy goals."
"A healthy lifestyle would include exercising, eating healthy, and using prevention and education services."

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

Brief Summary

Communication and resources focusing on access to care were mentioned as important factors for creating a healthy community by all focus groups. This was followed by having recreational activities for both adults and children and having strong community involvement.

Notable Quotes

"A community that has essential services and a capable workforce to meet the health needs of the community."

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

Brief Summary

There was varying opinions from all of the groups that health and the quality of life was both good and bad in Putnam County. Many people cited that they liked the rural lifestyle such as having low crime, open space, low pollution and knowing your neighbors. However, living in rural areas created problems with access to health services, grocery stores, pharmacies and other needed services. When asked to rate the health and quality of life on a scale of 1(the worst) to 10(the greatest), participants gave Putnam County and average score of 3.44. The transportation issue was stated repeatedly in focus groups and continues to be reported as one of the greatest barriers for residents.

Notable Quotes

"A majority of our population is older and accessing services for this group is becoming harder and harder."

"Substance abuse, tobacco use, and access to affordable healthcare are issues that have been areas of concern for the community for years."

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

Brief Summary

There was consensus from all of the groups that obesity, cancer, and substance abuse are the pressing health issues in the county. For the older population, depression due to isolation from lack of transportation and financial hardships are problems in Putnam County. Smoking, drug abuse (prescription and illegal drugs), and alcohol are problems in the younger populations, especially since there are not more activities and entertainment aimed at this age group.

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

Brief Summary

All of the focus groups mentioned the lack of jobs, lack of available health services, and lack of health insurance as reasons why there are health issues in the community. All of the groups also mentioned the lack of recreational activities and resources such as parks, community pools, sidewalks, bike trails and playgrounds. Several communities mentioned limited healthy food choices and rising costs of healthier foods. Lack of recreation and afterschool activities for teenagers helps fuel drug and alcohol use and account for the high percentage of teen pregnancy in the county.

Notable Quotes

"Putnam County is one of the poorest counties in the State of Florida."
"The lower socioeconomic status of the county has led to low self-esteem of residents, which is a leading cause of depression, suicide, and neglect."

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

Brief Summary

The poor/uninsured and the elderly were mentioned by all of the focus groups as populations whose quality of life may not be as good as others. These groups also have problems with transportation which decrease their access to needed services. One group mentioned migrant farm workers have trouble finding providers who are bilingual and fear of immigration officials for those that lack citizenship. Another group mentioned African Americans and single parents as populations whose quality of life may not be as good as it can be due to lack of jobs, education, and access to care.

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

Brief Summary

All of the focus groups mentioned the faith-based communities of Putnam County as the strength of the community – people helping each other. Health fairs were also mentioned often as resources. One group cited the Ride Solution as strength and the health department as a resource. One group cited the Family Medical Center in their community as a strength. The

school board also contributes to the health of the community through education and mandating vaccinations.

Notable Quotes

"The churches are the best resource here. They go out of their way to help people in need."
"Now that the farmer markets accept EBT, it is so nice to be able to get fresh fruit and veggies."

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

Brief Summary

There was consensus from all of the groups that transportation is the leading barrier to access health care in the county. All focus groups mentioned the economy, lack of jobs, and lack of insurance as the seconding leading cause. Most residents said that they leave the county for specialty care, dentists, and mental health services. Participants cited that healthy food options in restaurants, schools and grocery stores are limited.

Notable Quotes

"Many residents feel they have to drive or die." (if they do not go out of county for health care they will die because they will not seek health care in county)
"People do not know about the resources available, and when they find out and try to access the resources is either out of funds or no longer in business."

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

Brief Summary

Only two focus groups, Central Palatka and East Palatka, cited that they had enough primary care services. The remaining groups stated there was not enough primary care and that the care that was offered is not of high quality. Almost every group identified transportation and lack of insurance for not being able to access primary routine medical care. Lack of information on what is available in the community was prevalent - several focus group members did not know certain services were available in their community when told by other participants.

Notable Quotes

"I have to go to Gainesville for all my medical care; they simply don't offer the services I need at the hospital."
"There are only three ob/gyn doctors for the entire county, and it is not enough."

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

Brief Summary

There was consensus from all of the groups that specialty care, substance abuse/mental health care and dental care were missing in their community. Even though there is a hospital in Palatka, most participants did not want to go there. Like the previous focus groups, there are mixed messages about the quality of care that is delivered at the community hospital, and thus it limits the places to receive routine medical care. Many participants went to hospitals in Gainesville or Jacksonville for routine medical care.

Notable Quotes

"Facilities exist for residents who have the financial means to pay (insurance), but there are not enough locations and options available for individuals who need financial assistance."
"It is a problem if you don't have transportation or can't afford the gas and you have to travel 30 miles to the closest hospital, here in Palatka."

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

Brief Summary

Every group cited the need for an economic incentive for businesses to locate in Putnam County. Some participants agreed that residents need to engage their government representatives and have more community involvement. Many groups stated that an affordable and available rural transit system needs to be improved. Several groups commented that the residents need to support their local providers so they don't leave. More information about what services are available needs to be communicated to residents. Two groups mentioned having a mobile clinic to serve their area more than one time per month.

Notable Quotes

"They need to allow non-EMS to do business here."
"We need to do something to encourage the youth to stay here, this population is getting older and older and the young are moving away."

Primary Topics of Concern among Residents

Based on perceptions shared during Community Themes and Strengths Assessment (CTSA) focus groups, participants highlighted the following areas of concern:

- Disparities in Putnam County
  - Indigent, uninsured, and underinsured
  - Specific geographic areas, especially remote rural areas
  - Children
  - Elderly
  - Hispanic population: especially men
- Access to healthcare
  - limited transportation

  - Affordability
  - Uninsured and underinsured
  - Not enough Medicaid and Medicare providers (especially specialties)
- Overall lack of specialty services
  - OB/GYN
  - Dental
- Availability of quality health care services
  - Many residents travel 40+ miles to access services
- Strong community-based organizations and faith-based organizations working together to help the community

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

The NPHPSP Report of Results

Introduction

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

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

About the Report

Calculating the Scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding Data Limitations

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

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

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

Presentation of Results

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

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

Tips for Interpreting and Using NPHPSP Assessment Results

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

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

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

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

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

Examine Performance Scores

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

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

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

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

Consider the Context

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

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

Use the Optional Priority Rating and Agency Contribution Questionnaire Results

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

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

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

Final Remarks

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

Performance Assessment Instrument Results

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

As seen in Table 4-1, four of the ten Essential Services scored 50 or below (**bold** in the table below), which indicates a self-assessment of moderate or less performance against the standards. Typically, Essential Public Health Service 10 is relatively more out of the direct control of the local public health system as this service is generally dictated by geographical dynamics or macroceconomic trends and circumstances. However, the low scores for EPHS 3, 4 and 7 may indicate that there are opportunities in Putnam County to inform, educate and empower people about health issues; better mobilize community partnerships to identify and solve health problems; and to link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.

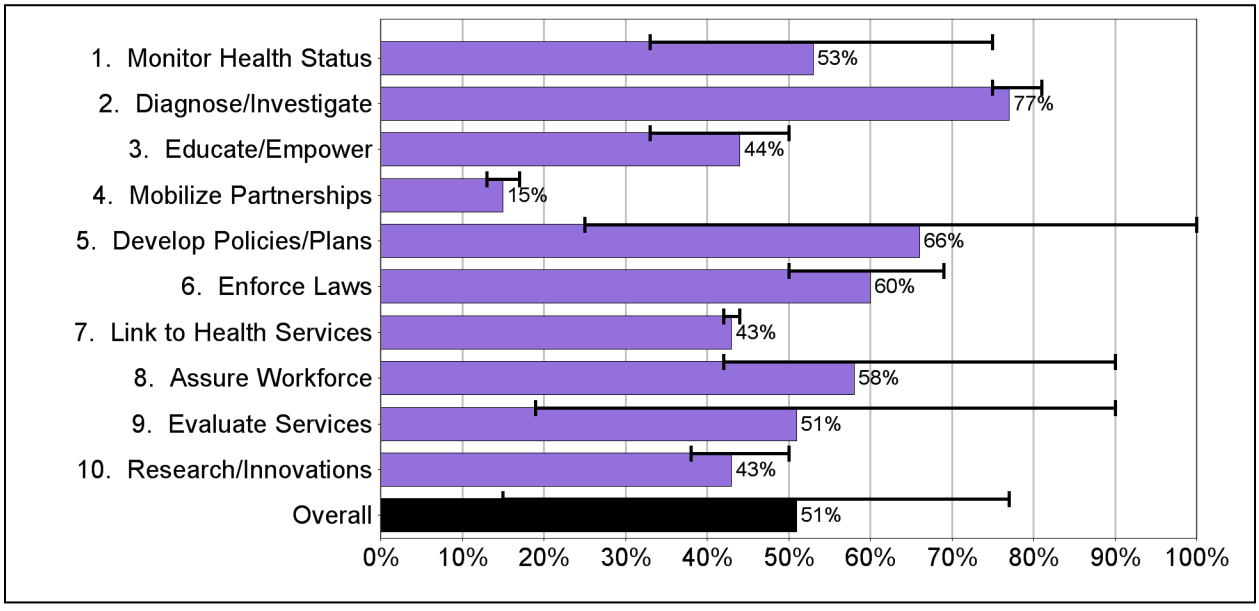
Figure 4-1 (below) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses for the various questions asked within the Essential Service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

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

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	53
2	Diagnose And Investigate Health Problems and Health Hazards	77
3	**Inform, Educate, and Empower People about Health Issues**	**44**
4	**Mobilize Community Partnerships to Identify and Solve Health Problems**	**15**
5	Develop Policies and Plans that Support Individual and Community Health Efforts	66
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	60
7	**Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable**	**43**
8	Assure a Competent Public and Personal Health Care Workforce	58
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	51
10	**Research for New Insights and Innovative Solutions to Health Problems**	**43**
Overall Performance Score		51

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

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

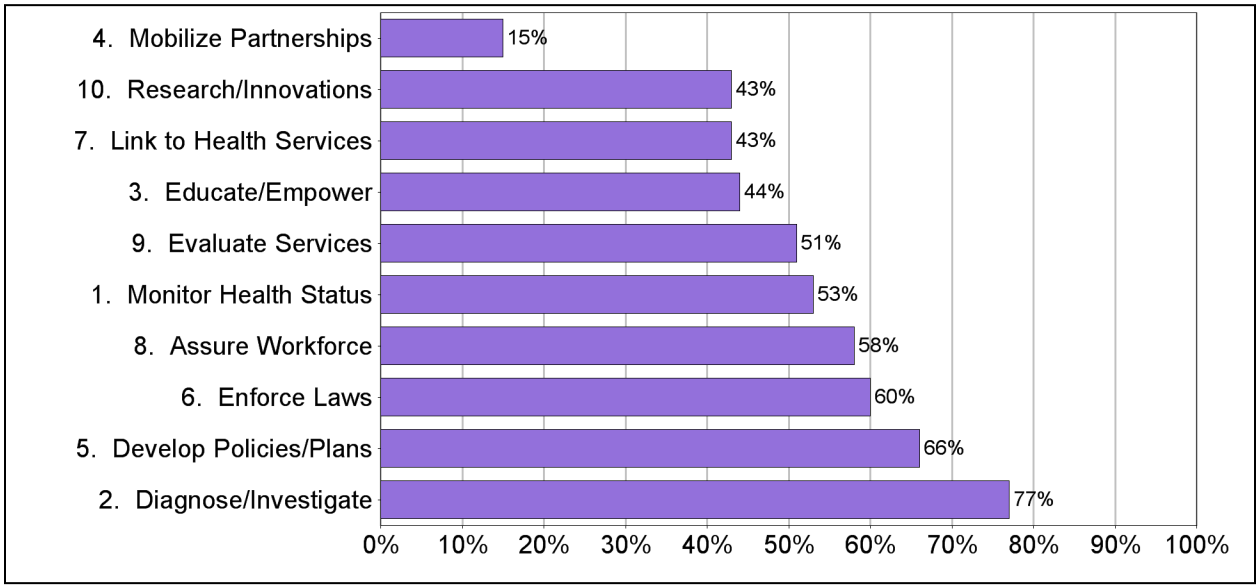


Source: Local Public Health System Assessment Scoring Results, Putnam County, September 2011.

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

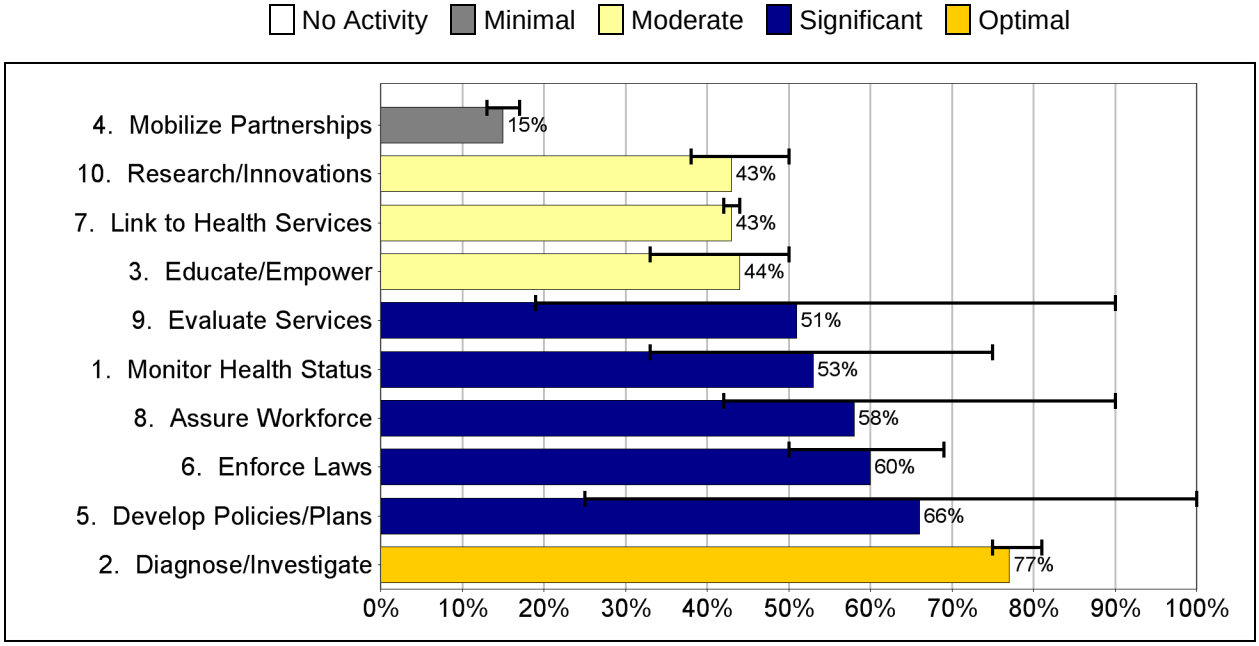
Figure 4-3 (below) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

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



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

Figure 4-3: Rank ordered performance scores for each Essential Service, by level of activity, Putnam County, 2011.



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

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

Introduction

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment (FCA). The *Putnam County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

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

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

Methodology and Results Summary

The MAPP Needs Assessment Steering Committee coordinated response to the Forces of Change Assessment. Members of this Committee included representatives of the Putnam County Health Department, Family Medical and Dental Centers, and Putnam Community Medical Center.

The Steering Committee circulated the FCA tool during December 2011 and January 2012 to generate response and perspective regarding these "forces of change." Respondents to the FCA instrument were asked to answer the following questions:
"What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" All members of the Advisory Board were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county's healthcare system and health outcomes.

Table 5-1 summarizes the forces of change identified for Putnam county and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

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

Forces	Threats	Opportunities
Lack of community focus	Lack of collective effort on issues that are of community-wide concern	Promotion of individual responsibility and accountability
Community perception of health care in Putnam County	Health care dollars are spent in other communities Residents travel unnecessarily for quality services that are available locally	Improve misconceptions that have lingered for years
Rural population creates transportation issues	Transportation limits access to care and adherence to ongoing treatments	
Nationwide economic crisis	More uninsured More unemployed	Education and training Transform local workforce
Increasing unemployment rate which has negative effect on health insurance coverage	More uninsured More unemployed	
Continued reduction of funding for health departments and community health centers and reduced reimbursement rates for all including hospitals	Fewer venues of health care access or limited access at existing venues	New partnerships
Legislative scrutiny on public health and its role	Negative perceptions on the role of public health Reduced funding	More efficient organizational structure
Unknown impact of state and national Medicaid and health care reform	Difficulty in creating short-term and long-term plans	Potential to save state government money
Emerging Health Information Exchanges	Security and privacy issues Lack of resources for sufficient community investment	Data available to facilitate consumer choices Data systems available to track and manage patients throughout the health system
Apathy and lack of commitment from city, county, state and national leaders on public health issues	Erosion of the local public health system Lack of understanding on complexity of health issues and how they impact other issues such as economic development	
Lack of specialty care for the uninsured and Medicaid Populations	Lack of ability for patients to access Specialist Increase in avoidable poor medical outcomes Increase in inappropriate ER usage	Development of a program similar to Alachua County We Care (a voluntary physician referral program)

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

Forces	Threats	Opportunities
Cuts from Legislature	Decrease in health care availability More uninsured Effects on physical, dental and mental health	Reduced taxes More individual responsibility
Decreased property value	Less county revenue to fill in gaps and take care of county infrastructure	Less taxes More affordable housing
Medicaid reform	Lower reimbursement to Health Departments Less access, fewer providers taking Medicaid	Saving state government money
Dental access for Medicaid and uninsured	New Medicaid HMO for dental required Lack of dental access for patients Limited dental care leads to increased health care cost	Expand dental services More opportunities for dentist
Unemployment and workforce reductions	More uninsured More unemployed	Education and retraining
Uninsured patients inability to get medication	Not able to take care of medical issues More ER visits	Look at how we can get a pharmacy assistance program
Lack of free venues for exercise	Higher obesity rates Increased medical cost	More walking trails and other avenues for exercise
Increase in homeless population	Demand on uncompensated care Cost to school system to address Difficulty in health care delivery Increase law enforcement cost	Funding and partners to address problem
Contraction of state DOH and local Health Dept mission	Decrease in safety net providers Limit in ability to respond to disasters	New partnerships Change in priorities
Lack of mental health access to uninsured	Increase in law enforcement cost Increase in family issues and strife	New partnerships

Source: Putnam County Forces of Change Assessment, January 2012.

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Section 6: Identification of Priority Strategic Health Issues

Background

On December 8, 2011, Jeff Feller of WellFlorida Council presented the recently completed results of the Putnam County Local Public Health System Assessment (LPHSA); the Putnam County Community Health Status Assessment (CHSA); and the Community Themes and Strengths Assessment (CTSA) to members of the Putnam County Mobilizing for Action through Planning and Partnerships (MAPP) Core Community Support Team. The Core Community Support Team is comprised of a cross-section of community leaders and concerned individuals who have knowledge and an interest in health issues, health care delivery and health outcomes in Putnam County. This presentation was designed to provide the impetus to the initial phase of ongoing strategic healthcare planning and community health improvement planning which will ultimately become the focus of Putnam County's health and healthcare vision for the next 2-3 years.

Mr. Feller's presentation followed the following outline:

I. Overview of Key Issues from CHSA
II. Overview of Key Issues from the CTSA
III. Presentation of the Results of the LPHSA
IV. Strategic Issues Identification Worksheet
V. Facilitation of Discussion on Strategic Issues Identified by MAPP Core Community Support Team
VI. Selection of Potential Priority Strategic Issues (Consensus Discussion) from the LPHSA

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

Upon reviewing the CHSA, the CTSA and the LPHSA, Mr. Feller then led a facilitated discussion on the most pressing health issues in Putnam County. Issues and concerns were brainstormed and then these issues and concerns were consolidated into a core set of key issues. Members then voted on which of these consolidated key issues areas were the most important in Putnam County, thus creating a set of priority issues. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

Brainstorming of Issues

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

- Lack of insurance (access)
- Transportation (access)
- Lack of information – e.g., free services available that people are unaware of
- Lack of communication
- Lack of education
- Mistrust
- Supply of medical providers (Do they accept Medicaid/Medicare/other types of third party payors?)
- Form of payment and misuse of Third Party Payor or Medicare or Medicaid or Uncompensated care
- Utilization of Emergency Medical Services as a way to be seen at the emergency room quicker (misuse of EMS)
- Unhealthy lifestyle
- Need community-wide teamwork
- Many entities are competing for the same piece of pie
- Racial disparities in health outcomes
- Knowledge of available resources
- Misinformation on quality of community health care providers: some of it is intentional; some unintentional
- Perception of what we have and what we do not have in terms of quality and quantity of medical providers in Putnam County
- Availability of free care for Medicaid is over-used because it is at no cost or a very low cost to the patient- misuse of the system and abuse of the system
- People must be responsible for their own care
- Sense of entitlement (generational)- people who cut back their work hours because it will keep them from qualifying for certain programs-protective of needy status
- Worker's compensation costs
- Programs may be provided, but if the community does not participate and utilize the programs available funding will be cut- (We can provide, but we can't get them to come); What is the reason? (cultural, mistrust, communication lacking, healthcare may not be a priority)
- Healthcare may not be a priority for some cultures
- Some people may refuse to accept charity care—("If I can't pay for it, I will go without it" mentality)
- Strategic education
- We can screen people—but if we do not have specialty care facilities to take those patient what can we do? Of the providers that are available, will they offer free services—there seems to be a lack of willingness to provide free care.
- Community acknowledgment of issues such as domestic violence/rape
- Easy access to contra-health activities such as drug abuse
- Access to mental health services—serious shortage area—we have wait time issues (takes a couple of months to go through the process)—many of our mental health patients come from

other counties—the physicians (specifically pediatricians) in the community do not write prescriptions for certain drugs—so patients must see a provider in another county

- Lack of no-cost or low-cost safe and healthful after-school opportunities for children

Identification of Priority Strategic Health Issues

After the brainstorming session, participants consolidated the various statements into key issue areas and then voted and ranked these key issues areas to derive priority strategic health issues. These issues will become the focus of ongoing strategic health and community health improvement planning for Putnam County. These priority strategic health issues (with the vote tally in parentheses) are as follows:

1. Inappropriate use of healthcare and misuse and abuse of the system caused by sense of entitlement among some; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some. (26 votes)
    a. Measure and hold accountable.
    b. Create wealth that improves health outcomes.
    c. Change the culture of tolerance.
    d. Educate the community on the true cost of their behaviors.
    e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
    f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues. (16 votes)
    a. Utilize the school system as a vehicle to educate students and parents (e.g. fire prevention).
    b. Public service announcements/education on the quality and quantity of services in Putnam County (provide examples of positive experiences).
    c. County level branding that brands the entire healthcare system and not just one provider or entity (e.g. Got Milk advocates for milk in general and not just one provider of milk) - requires partnership for everyone to agree on the branding and not to work in silos.
    d. Cultivate ownership of the issues and the effort needed to improve Putnam.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services. (16 votes)
    a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
    b. Develop a system that will get physicians to accept a certain number of equitable safety-net services.
    c. Hold the medical society responsible and engage them in these efforts.
    d. Cultivate a system of locally owned providers (agriculture community as a model).
4. Need for community-wide teamwork and lack of community participation. (13 votes)
    a. Agriculture community as a model.
    b. Heart of Putnam Coalition.
    c. Core Community Support Team - meetings should be periodic to keep people involved
    d. Targeted group of people to get the job done - accountability.

e. Clear message to the community with clear expectations - if you deliver the community will be with you.
f. Community buy-in.
g. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.
h. Are we asking ourselves the internal questions: "Is there something I can do better to improve Putnam?" Let us acknowledge the things we can do better.

Next Steps

Some next steps to consider:

1. Create a formal strategic health vision for Putnam County with community-wide measurable goals and objectives.
2. Consider creating a private sector Putnam County Health Advisory Committee in order to the "shepherd" or "oversee" a strategic community health improvement plan.
3. Develop specific goals, objectives and action plan for the Putnam County Health Advisory Committee consistent with these key strategic health issues.
4. Mobilize community partners as needed on specific goals and tasks.
5. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues).
6. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.