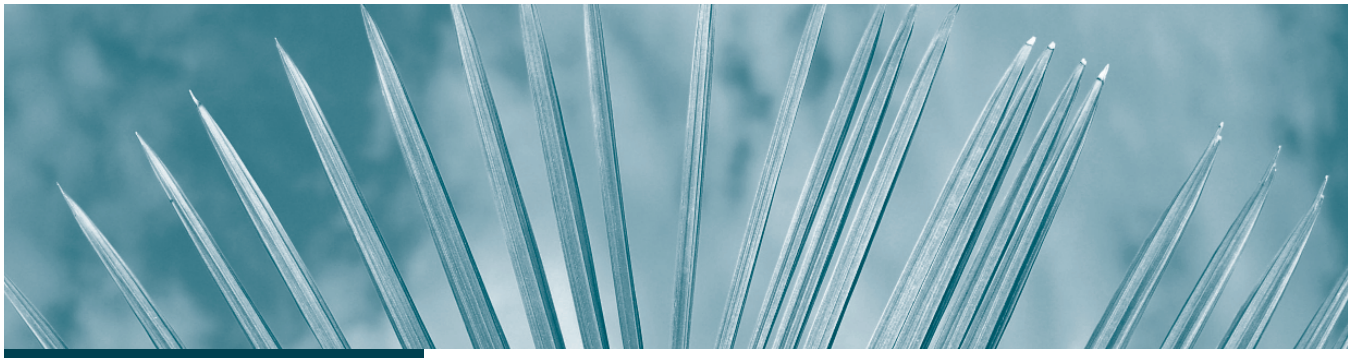

Community Health Improvement Plan

Putnam County

September 2012

WellFlorida Council

Working Together for Healthy Communities

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Overview

Community health needs assessment (CHNA) and community health improvement planning (CHIP) activities for Putnam County in 2012 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded, in part, by the Florida Department of Health through grant funds to the Putnam County Health Department (PCHD) that originated from the U.S. Department of Health and Human Services in its efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems. Additional support was provided by Family Medical and Dental Centers and Putnam Community Medical Center.

The MAPP process consists of six phases:

Phase 1 - Organizing for Success and Organizing for Success
Phase 2 - Visioning
Phase 3 - The Four MAPP Assessments
- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

Phase 4 - Identify Strategic Issues (CHIP activity)
Phase 5 - Formulate Goals and Strategies CHIP activity)
Phase 6 - Action Cycle (Program Planning, Implementation and Evaluation)

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 CTSA 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.

Collectively, the results of the four assessments provide input to the community in order to identify strategic issues and formulate goals and objectives, activities which comprise the core of a CHIP process. Ultimately, a cycle of actions will emerge that include program planning, program implementation and ongoing evaluation to improve community health. This document provides a brief summary of key findings in each of the four key MAPP assessment areas (CHSA, LPHSA, CTSA and FCA) and presents the Putnam County Community Health Improvement Plan.

Key Community Health Needs Assessment Issues

The following is a brief bulleted list of key insights each of the four assessments that comprised the MAPP CHNA. Ultimately, these key insights provided input to the CHIP process for Putnam County.

Community Health Status Assessment

Key insights 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 macroeconomic 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:

- inform, educate and empower people about health issues (EPHS 3);
- better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- 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 a 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. Key insights from Forces of Change Assessment, 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	Limited
Nationwide economic crisis	More uninsured More unemployed	Education and training Transform local workforce
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 (HIE)	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	Erosion of the local public health system Lack of understanding on	Opportunities to frame issues

Table 1. Key insights from Forces of Change Assessment, Putnam County, 2011.

Forces	Threats	Opportunities
issues	complexity of health issues and how they impact other issues such as economic development	

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

Putnam County CHIP Methodology

To conclude the MAPP community health needs 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 due to 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.
    a. Measure and hold accountable.
    b. Create wealth (through economic development opportunities) that improves health outcomes.
    c. Change the culture of tolerance.
    d. Educate the community on the true individual and community cost of poor individual health choices and 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. Educational opportunities should start as young as possible.
    g. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
    a. Utilize the school system as a vehicle to educate students and parents (e.g. integrate parent health fairs with student physicals events).
    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 community health improvement effort in Putnam County 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 County.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
    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. Find way to bolster or support We Care, the current voluntary physician referral program in Putnam County.
4. Need for community-wide teamwork and lack of community participation.
   a. Core Community Support Team - meetings should be periodic to keep people involved
   b. Targeted group of people to get the job done - accountability.
   c. Clear message to the community with clear expectations - if you deliver the community will be with you.
   d. Community buy-in.
   e. 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.
5. Capitalize on the health care economic development as a spin-off of growth around The Villages and its environs.

In order to create the Putnam County Community Health Improvement Plan, a Putnam County CHIP Work Group was formed from among key members of the Core Community Support Team. Members of the CHIP Work Group included representation from:

- Putnam County Health Department
- Putnam Community Medical Center
- Family Medical and Dental Centers
- Putnam County Government
- Putnam County Emergency Medical Services
- Private Physicians

Members of the Putnam County CHIP Work Group met in-person for three workshops (June 11, July 18, and August 22, 2012) to take the input of the MAPP needs assessment and the priority issues identified and formulate a response to those issues which ultimately became the CHIP. During the workshop process, in addition to in-person deliberations and consensus-building, the CHIP Work Group utilized SurveyMonkey and other internet-based activities to help foster the plan. WellFlorida Council, the statutorily designated (F.S. 408.033) local health council that serves Putnam County, provided technical and administrative assistance as well as facilitation for the Work Group workshops.

During the June 11 workshop, members dissected the priority issues identified and finalized the core set of priority issues. Between the first and the second meetings, members participated in online priority ranking exercises utilizing SurveyMonkey in order to prioritize the list of issues based on their magnitude of importance in Putnam County and the likelihood that these issues could be substantially positively impacted through local efforts.

At the July 18 workshop, members reviewed priority rankings and finalized a ranked list of all key issues. In addition, the Work Group brainstormed a list of strategies for each of the key priority issues. Between the second and the third meetings, the Work Group employed a SurveyMonkey process similar to the issue prioritization survey in order to prioritize the key strategies for each key issue.

The final in-person workshop was held on August 22, 2012. During this meeting, Work Group members finalized the priority strategies for each priority issue and also identified goals and objectives for each of the major issue areas and strategies. WellFlorida Council then consolidated all of the information generated during the in-person workshops and during online sessions to create the draft CHIP report.

Members reviewed draft materials and then approved the CHIP goals, strategies and objectives and this final draft report via email.

Putnam County CHIP (Goals, Strategies and Objectives)

A key component of Putnam County's CHIP is to create a permanent and ongoing health issues task force or coordinating body to lead community projects to address health issues and to shepherd ongoing needs assessment and community health improvement activities. As such, the following Putnam County CHIP is presented as goals, strategies and objectives and the Putnam County CHIP Work Group hopes and recommends and that the newly formed Community Coordinating Team will specify a detailed action plan that includes key activities, lead roles, community resources, targeted dates for key activities and evaluation measures. The Work Group believes that the consensus building that will ensue around the development of the detailed action plan will foster the growth and the development of the Community Coordinating Team.

GOAL 1 Strengthen the community's ability to impact health issues through a comprehensive community-wide partnership with a focus on collaboration, information sharing, communication and education regarding the impact of pressing community health issues and opportunities for improving community health.

Strategy 1.1 Develop a Community Coordinating Team (CCT) to inform and influence the community and lead initiatives to address community health.

Objective 1.1.1: The Community Coordinating Team will be formed and fully functional by March 2013.

Strategy 1.2 Inform and educate key constituencies, especially elected officials, policymakers and funders, regarding the importance of community health in order to insure that health is elevated to a priority issue.

Objective 1.2.1: The Community Coordinating Team will develop the central messages and implement a communications campaign by June 2013.

Strategy 1.3 Create a unified message that promotes the value of investment in community health improvement activities to community leaders, policymakers and funders.

Objective 1.3.1: The community collaborative will develop the message regarding the value of investment in community health improvement and implement a communications campaign by June 2013.

GOAL 2 Reduce the inappropriate utilization of healthcare including clinics, emergency medical services and hospitals (especially emergency rooms).

Strategy 2.1 Create a unified messaging campaign and develop and distribute materials that educate the public on how, when and under what conditions to utilize community health resources.

Objective 2.1.1: By August 2013, implement the community campaign to inform the public on best practices for using health resources.

Strategy 2.2 Conduct a provider and agency education campaign to inform providers and agencies on best practice referral practices that are most effective and efficient for Putnam County.

Objective 2.2.1: Create and implement a provider and agency education campaign detailing best practice referral practices that are most effective and efficient for Putnam County by August 2013.

Strategy 2.3 Integrate or create a community protocol for utilization of existing community health information and referral systems to increase efficiency, efficacy and cost effectiveness.

Objective 2.3.1: Create an integrated health information and referral system utilizing existing community information and referral resources by August 2013.

GOAL 3 Enhance access to primary and specialty care safety net services.

Strategy 3.1 Develop and implement a community physician and provider recruitment strategy, utilizing creative partnerships with economic development efforts, that focus on Putnam County's most persistent healthcare provider shortages (such as psychiatrists, other mental health service providers and dentists).

Objective 3.1.1: Work with the local Chambers of Commerce and existing Putnam County economic development initiatives to identify potential community recruitment strategies that are adapted from current local economic development philosophy to target the healthcare sector by December 2013.

Objective 3.1.2: By March 2014, the Community Coordinating Team will propose a strategic community recruitment plan for healthcare providers in Putnam County.

Strategy 3.2 Investigate the potential for development of a voluntary specialty physician referral program for indigent patients (known as WeCare in many communities) in Putnam County.

Objective 3.2.1: By July 2013, the Community Coordinating Team will study the feasibility of the development and implementation of a voluntary specialty physician referral program (WeCare) in Putnam County.

Putnam County Community Health Improvement Plan: Next Steps

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

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

In this respect, Putnam County and the health challenges its citizens face are no different. Members of the Core Community Support Team that were critical to the MAPP needs assessment and members of the CHIP Work Group both realize that the first step is to formulate the community group that will lead efforts to implement and grow this plan with the hopes of:

- Creating a healthier community and better quality of life;
- Increasing the visibility of public health and an understanding of what truly is the "local public health system;"
- Anticipating and managing change;
- Creating a stronger local public health infrastructure; and
- Engaging the community and creating community ownership for community health issues.

Thus, the "first" of the next steps that will be critical to implementation of the overall Putnam County CHIP and resultant action steps, subsequent MAPP assessments and ongoing community health improvement planning will be the development of the Community Coordinating Team. Key constituencies that worked on the MAPP assessments and the CHIP will now focus on putting together the framework for a Community Coordinating Team that will lead community health improvement activities; monitor the implementation of the CHIP annually, and conduct ongoing community health needs assessment and community health improvement planning activities.

2013 Putnam County Community Health Improvement Plan Update

Update Overview

The focus of the 2013 update of the Putnam County Community Health Improvement Plan was to bring the plan into alignment with Public Health Accreditation Board standards for community health improvement planning. As such, the update includes the following components:

- An update to the goals, strategies and objectives to make them more consistent with the SMART format; that is the goals and strategies are tied to objectives that are **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-sensitive.
- Identification for each strategy of potential key leads and partners for implementation.
- Potential performance indicators (or interim measures of success).
- Alignment of goals and objectives of local plan with state and national priorities.
- Potential policy implications or policy actions that may need to be taken for implementation.

The sections that follow detail each of these components.

Updated Goals, Strategies and Objectives

Table 2 represents the updates to the goals, objectives and strategies from the 2012 CHIP process as well as the addition of performance measures and potential key leads and partners. Activity of the CHIP work group was limited upon completion of the CHIP in 2012 and to date the Community Coordinating Team has not been formed. However, the CHIP work group did reconvene in May 2013 to reconsider components of the 2013 CHIP update for Putnam County.

Table 2. Putnam County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 1 - Strengthen the community's ability to impact health issues through a comprehensive community-wide partnership with a focus on collaboration, information sharing, communication and education regarding the impact of pressing community health issues and opportunities for improving community health.	Objective 1.1 A CHIP Community Coordinating Team (CCT) will be formed and fully functional by March 2013. Objective 1.2 The Community Coordinating Team will develop the central messages and implement a communications campaign by June 2013. Objective 1.3 The community collaborative will develop the message regarding the value of investment in community health improvement and implement a communications campaign by June 2013.	Strategy 1.A Develop a CHIP Community Coordinating Team to inform and influence the community and lead initiatives to address community health.	• Group formed. • Charter developed. • Number of partners participating. • Meetings scheduled. • Number of meetings held. • Number of projects completed. • Level of implementation of the CHIP.	• Putnam County Health Department • Azalea Health • Putnam Community Medical Center • Emergency Medical Services • Faith-based groups • School system • Local government • Businesses • Law enforcement • Community-based organizations
		Strategy 1.B Inform and educate key constituencies, especially elected officials, policymakers and funders, regarding the importance of community health in order to insure that health is elevated to a priority issue.	• Updated needs assessment. • Model created for reporting and communicating health outcomes and costs and impact of those outcomes. • Number of presentations made. • Number of persons exposed to information. • Website hits on partner websites who link to the information. • Number of policies informed by this mechanism.	• Community Coordinating Team • Media • Local government • Residents/voters • Putnam County Health Department • Putnam Community Medical Center • Azalea Health • Faith-based groups
		Strategy 1.C Create a unified message that promotes the value of investment in community health improvement activities to community leaders, policymakers and funders.	• Updated needs assessment. • Model created for reporting and communicating health outcomes and costs and impact of those outcomes. • Number of presentations made. • Number of persons exposed to information. • Website hits on partner websites who link to the information. • Number of policies informed by this mechanism.	• Community Coordinating Team • Putnam County Health Department • Putnam Community Medical Center • Azalea Health • Local government • Faith-based groups

Table 2. Putnam County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 2 - Reduce the inappropriate utilization of healthcare including clinics, emergency medical services and hospitals (especially emergency rooms).	Objective 2.1 By August 2013, implement the community campaign to inform the public on best practices for using health resources. Objective 2.2 Create and implement a provider and agency education campaign detailing best practice referral practices that are most effective and efficient for Putnam County by August 2013. Objective 2.3 Create an integrated health information and referral system utilizing existing community information and referral resources by August 2013. Objective 2.4 By December 31, 2016, decrease the preventable hospital discharge rate to 1,300 preventable discharges per 100,000 population under age 65 (Baseline: 1,488, AHCA, 2009-11).	Strategy 2.A Create a unified messaging campaign and develop and distribute materials that educate the public on how, when and under what conditions to utilize community health resources.	• Number of campaigns to target specific groups. • Number of exposures through social media. • Number of information events held. • Number of articles written by health care providers to write articles for newspaper (electronic media, blogs, etc). • Create provider/service directory of services; include Spanish version. • Number exposed to messages through mass media. • A communication network among businesses and agencies to inform residents of health services and activities in the county. • Number of avoidable hospitalizations.	• Putnam Community Medical Center • Azalea Health • Putnam County Health Department • Mental health providers • Community Coordinating Team • Emergency Medical Services
		Strategy 2.B Conduct a provider and agency education campaign to inform providers and agencies on best practice referral practices that are most effective and efficient for Putnam County.	• Guidelines, brochures or educational pieces developed. • Number of presentations made. • Number of providers and agencies receiving information through mass media and other sources. • Number of website hits to partner websites where information can be linked. • Measures of “appropriate” referral.	• Community Coordinating Team • Local media • Healthcare providers and agencies
		Strategy 2.C Integrate or create a community protocol for utilization of existing community health information and referral systems to increase efficiency, efficacy and cost	• Increased participation of agencies on existing system. • Increased use of system by residents.	• United Way of Putnam County • 211 System • Health and social service agencies.

Table 2. Putnam County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
		effectiveness.	• Increased reports of needs being met through system.	
GOAL 3 - Enhance access to primary and specialty care safety net services.	Objective 3.1 Work with the local Chambers of Commerce and existing Putnam County economic development initiatives to identify potential community recruitment strategies that are adapted from current local economic development philosophy to target the healthcare sector by December 2013. Objective 3.2 By March 2014, the Community Coordinating Team will propose a strategic community recruitment plan for healthcare providers in Putnam County. Objective 3.3 By July 2013, the Community Coordinating Team will study the feasibility of the development and implementation of a voluntary specialty physician referral program (WeCare) in Putnam County. Objective 3.4 By December 31, 2016, increase the rate of licensed physicians in Putnam County from a 2009-2011 rolling average of 115.0 per 100,000 residents to 109.0 per 100,000 population (Source: Florida CHARTS). Objective 3.5 By December 21, 2016, reduce the percentage of adult residents of Putnam County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.0%, 2010, Florida	Strategy 3.A Develop and implement a community physician and provider recruitment strategy, utilizing creative partnerships with economic development efforts that focus on Putnam County's most persistent healthcare provider shortages (such as psychiatrists, other mental health service providers and dentists).	• A formally developed partnership among agencies who recruit providers. • Number of joint marketing campaigns. • Number of potential recruited physicians exposed to campaigns. • Number of physicians who locate in Putnam County who cite impact of campaign in their decision.	• Local physicians • Putnam Community Medical Center • Azalea Health • Mental health providers • Putnam County Health Department • Businesses • Chamber of Commerce • Media • Local government • Community Coordinating Team

Table 2. Putnam County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	CHARTS).			

Alignment with State and National Priorities

The 2013 Putnam County Community Health Improvement Plan Update has been reviewed for alignment with the following state and national guidelines:

- Florida State Health Improvement Plan 2012-2015 (April 2012) from the Florida Department of Health
- Healthy People 2020 from the United States Department of Health and Human Services
- National Prevention Strategy – America's Plan for Better Health and Wellness (June 2011) from the National Prevention Council

Each objective under each goal was reviewed to determine where within each of these state or national guidelines the objective was in alignment. Table 3 summarizes where the 2013 Putnam County CHIP Update objectives align with the various state and national standards.

Table 3. Putnam County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
GOAL 1 - Strengthen the community's ability to impact health issues through a comprehensive community-wide partnership with a focus on collaboration, information sharing, communication and education regarding the impact of pressing community health issues and opportunities for improving community health.			
Objective 1.1 A CHIP Community Coordinating Team (CCT) will be formed and fully functional by March 2013.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 1.2 The Community Coordinating Team will develop the central messages and implement a communications campaign by June 2013.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 1.3 The community collaborative will develop the message regarding the value of investment in	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25

Table 3. Putnam County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
community health improvement and implement a communications campaign by June 2013.		Goals CR1, Pg. 19; HI4, Pg. 33	
GOAL 2 - Reduce the inappropriate utilization of healthcare including clinics, emergency medical services and hospitals (especially emergency rooms).			
Objective 2.1 By August 2013, implement the community campaign to inform the public on best practices for using health resources.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 2.2 Create and implement a provider and agency education campaign detailing best practice referral practices that are most effective and efficient for Putnam County by August 2013.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 2.3 Create an integrated health information and referral system utilizing existing community information and referral resources by August 2013.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 2.4 By December 31, 2016, decrease the preventable hospital discharge rate to 1,300 preventable discharges per 100,000 population under age 65 (Baseline: 1,488, AHCA, 2009-11).	Topic Area: Access to Health Services Objective(s): AHS-3;AHS-5; AHS-6	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18

Table 3. Putnam County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
GOAL 3 - Enhance access to primary and specialty care safety net services.			
Objective 3.1 Work with the local Chambers of Commerce and existing Putnam County economic development initiatives to identify potential community recruitment strategies that are adapted from current local economic development philosophy to target the healthcare sector by December 2013.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction: Clinical and Community Preventive Service, Pg. 18; Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 3.2 By March 2014, the Community Coordinating Team will propose a strategic community recruitment plan for healthcare providers in Putnam County.	Topic Area: Access to Health Services Objective(s): AHS-4;AHS-5	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18
Objective 3.3 By July 2013, the Community Coordinating Team will study the feasibility of the development and implementation of a voluntary specialty physician referral program (WeCare) in Putnam County.	Topic Area: Access to Health Services Objective(s): AHS-4;AHS-5	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18
Objective 3.4 By December 31, 2016, increase the rate of licensed physicians in Putnam County from a 2009-2011 rolling average of 115.0 per 100,000 residents to 109.0 per 100,000 population (Source: Florida CHARTS).	Topic Area: Access to Health Services Objective(s): AHS-4;AHS-5	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18
Objective 3.5	Topic Area: Access to	Strategic Issue Area:	Strategic Direction:

Table 3. Putnam County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
By December 21, 2016, reduce the percentage of adult residents of Putnam County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.0%, 2010, Florida CHARTS).	Health Services Objective(s): AHS-1;AHS-4;AHS-5	Access to Care Goal AC2, Pg. 23	Clinical and Community Preventive Service, Pg. 18

Potential Policy Implications

Community health improvement activities and initiatives require both a mix of policy and non-policy changes to accomplish objectives. The Public Health Accreditation Board standards encourage communities to closely review their CHIP objectives and to determine possible policy changes that may need to be made in order to facilitate reaching the desired measurable objective. Table 4 catalogs for each objective in the 2013 Putnam County Community Health Improvement Plan Update the policy changes that may be required or should be considered in order achieve the objective.

Table 4. Potential policy changes required to achieve objectives of Putnam County CHIP.

Objective	Potential Policy Change
GOAL 1 - Strengthen the community's ability to impact health issues through a comprehensive community-wide partnership with a focus on collaboration, information sharing, communication and education regarding the impact of pressing community health issues and opportunities for improving community health.	
Objective 1.1 A CHIP Community Coordinating Team (CCT) will be formed and fully functional by March 2013.	• If Community Coordinating Team wants to be recognized as an advisory board to the Board of County Commissioners, an ordinance will have to be passed to make the Team an official advisory board of the BOCC. • Otherwise, policies of the participating agencies will have to be developed to allow participation of designee(s) from each agency.
Objective 1.2 The Community Coordinating Team will develop the central messages and implement a communications campaign by June 2013.	• If part of county advisory board structure, there may need to be some policy relaxations to allow for creation and dissemination of messages. • Among participating (and potentially competing agencies), internal polices will have to be developed to the extent of message development, sharing and communication.
Objective 1.3 The community collaborative will develop the message regarding the value of investment in community health improvement and implement a communications campaign by June 2013.	• If part of county advisory board structure, there may need to be some policy relaxations to allow for creation and dissemination of messages. • Among participating (and potentially competing agencies), internal polices will have to be developed to the extent of message development, sharing and communication.

Table 4. Potential policy changes required to achieve objectives of Putnam County CHIP.

Objective	Potential Policy Change
GOAL 2 - Reduce the inappropriate utilization of healthcare including clinics, emergency medical services and hospitals (especially emergency rooms).	
Objective 2.1 By August 2013, implement the community campaign to inform the public on best practices for using health resources.	• If part of county advisory board structure, there may need to be some policy relaxations to allow for creation and dissemination of messages. • Among participating (and potentially competing agencies), internal polices will have to be developed to the extent of message development, sharing and communication.
Objective 2.2 Create and implement a provider and agency education campaign detailing best practice referral practices that are most effective and efficient for Putnam County by August 2013.	• If part of county advisory board structure, there may need to be some policy relaxations to allow for creation and dissemination of messages. • Among participating (and potentially competing agencies), internal polices will have to be developed to the extent of message development, sharing and communication. • Some physician practices policies may need to be changed on an individual hospital, clinic or physician basis.
Objective 2.3 Create an integrated health information and referral system utilizing existing community information and referral resources by August 2013.	• Agencies that could potentially participate or that should be participating in the existing services such as 211 need to alter their policies to ensure that their organization is participating. • If local government(s) are going to be more involved with disseminating information regarding these information and referral resources, they may need to change some of their policies and procedures for their own internal information and referral resources.
Objective 2.4 By December 31, 2016, decrease the preventable hospital discharge rate to 1,300 preventable discharges per 100,000 population under age 65 (Baseline: 1,488, AHCA, 2009-11).	• Ability to pay is one of the biggest drivers of this measure. Evolving changes in national health reform and Medicaid reform will impact this. However, additional policy changes to enhance coverage of the underserved, especially in Florida who has not yet to date embraced expansion, may be needed. • Local healthcare provider practices may need to change to dis-incentivize poor use behaviors and incentivize good use behaviors of health resources.
GOAL 3 - Enhance access to primary and specialty care safety net services.	
Objective 3.1 Work with the local Chambers of Commerce and existing Putnam County economic development initiatives to identify potential community recruitment strategies that are adapted from current local economic development philosophy to target the healthcare sector by December 2013.	• Local government policies on how local government economic development subsidies are used may be needed. • Policy changes or focus on stimulating the healthcare sector of the economy of business groups such as the Chamber of Commerce may be required.
Objective 3.2 By March 2014, the Community Coordinating Team will propose a strategic community recruitment plan for healthcare providers in Putnam County.	• Hospitals, clinics and individual practices, while still continuing to recruit to meet their own needs, may need to alter their policies somewhat to contribute to this communitywide effort and branding of Putnam County as a destination for healthcare providers.
Objective 3.3 By July 2013, the Community Coordinating Team will study the feasibility of the development and implementation of a voluntary specialty physician referral program (WeCare) in Putnam County.	• Individual providers and clinics may have to alter policies on how they provide indigent and charity care. • Individual providers and clinics may have to alter policies on how they make specialty referrals for indigent and charity care.

Table 4. Potential policy changes required to achieve objectives of Putnam County CHIP.

Objective	Potential Policy Change
Objective 3.4 By December 31, 2016, increase the rate of licensed physicians in Putnam County from a 2009-2011 rolling average of 115.0 per 100,000 residents to 109.0 per 100,000 population (Source: Florida CHARTS).	• Local government policies on how local government economic development subsidies are used may be needed. • Policy changes or focus on stimulating the healthcare sector of the economy of business groups such as the Chamber of Commerce may be required. • Hospitals, clinics and individual practices, while still continuing to recruit to meet their own needs, may need to alter their policies somewhat to contribute to this communitywide effort and branding of Putnam County as a destination for healthcare providers.
Objective 3.5 By December 21, 2016, reduce the percentage of adult residents of Putnam County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.0%, 2010, Florida CHARTS).	• Individual providers and clinics may have to alter policies on how they provide indigent and charity care. • Individual providers and clinics may have to alter policies on how they make specialty referrals for indigent and charity care. • Ability to pay is one of the biggest drivers of this measure. Evolving changes in national health reform and Medicaid reform will impact this. However, additional policy changes to enhance coverage of the underserved, especially in Florida who has not yet to date embraced expansion, may be needed.

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