Florida HEALTH
Putnam County

Scott A. Rivkees, MD
State Surgeon General

Mary L. Garcia, Health Officer

A look at the health and well-being of Putnam County residents.

PUTNAM COUNTY COMMUNITY HEALTH ASSESSMENT 2021-2025

Putnam.FloridaHealth.gov

Published January 2021

This page is left intentionally blank.

Table of Contents

Executive Summary

PUTNAM COUNTY COMMUNITY HEALTH ASSESSMENT PROCESS

In the fall of 2020, the Putnam County community health assessment process launched as a step towards better understanding the health status and health needs of the community. The purpose of the community health assessment is to uncover or substantiate the health needs and health issues in Putnam County and better recognize the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Putnam County plays the lead role in the development of the community health assessment. As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Putnam County shows its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through the assessment process.

In the prior iteration of the Putnam County community health assessment, indicators across a spectrum were analyzed including the domains of demographics and socioeconomics, mortality and morbidity, and healthcare access, resources and utilization. As a product of the assessment process, strategic priority issues were established under four broad categories: healthy families and healthy babies, healthiest weight, behavioral health, and access to care. Linking to the previously identified strategic priority issues, new metrics in the 2020-2021 community health assessment process further explore food security, educational achievement, and public assistance utilization. Other enhancements place emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives, examination of pertinent local data on health behaviors and outcomes, healthcare seeking practices, and vulnerable populations. The Putnam County Community Health Assessment Steering Committee members (Steering Committee) were recruited by the Department of Health in Putnam County and participated in the community health assessment process including the identification of community partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Putnam County. A list of Steering Committee members is included in the Appendix.

The Florida Department of Health in Putnam County engaged the services of WellFlorida Council to assist with the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Putnam County along with 15 other north central Florida counties. The mission of WellFlorida Council is to forge partnerships in planning, research and service that build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools and services necessary to identify their most pressing issues (e.g. community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The 2020-2021 Putnam County community health assessment process took place under unprecedented conditions; that is, assessment activities proceeded during the Coronavirus (COVID-19) pandemic. This required changes in tactics for community engagement from in-person gatherings to virtual formats, flexibility in scheduling while the Florida Department of Health in Putnam County and partners responded to and performed emergency duties, and incorporating pandemic-related health concerns into primary data collection efforts.

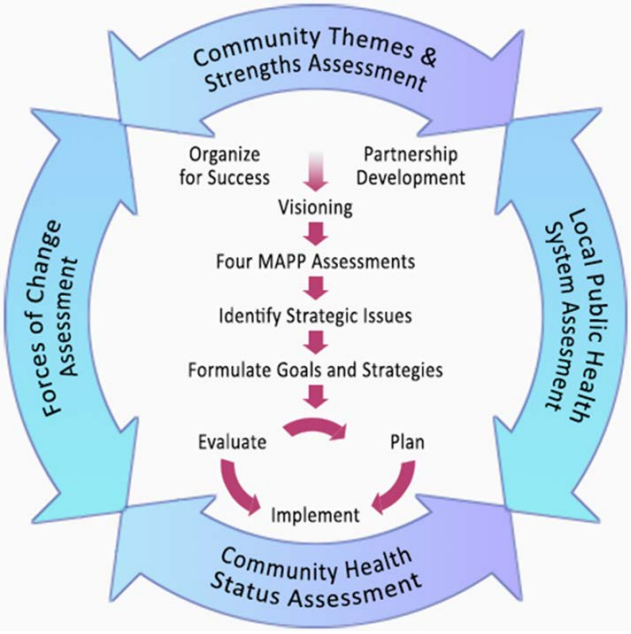
This community health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and health improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Putnam County employed a modified MAPP process, tailored to community needs and capacity. Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Putnam County MAPP process. Use of the MAPP tools and process helped Putnam County assure that a collaborative and participatory process with a focus on wellness, quality of life and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

The following core MAPP assessments, which lie at the heart of the MAPP process, were employed:

- Community Health Status Assessment
- Community Themes and Strengths Assessment

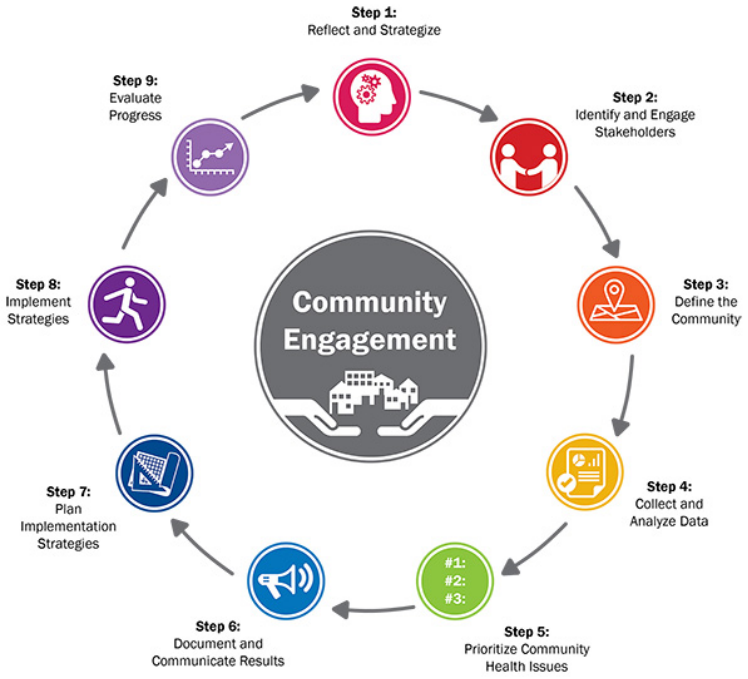
These MAPP assessments work in concert to reveal common themes and considerations in effort to hone in on the key community health needs. The findings from MAPP assessments are integrated into the 2020-2021 Putnam County Community Health Assessment.

FIGURE 1: MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning.* Retrieved November 18, 2020, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT



Source: Association for Community Health Improvement (N.D.). *Community Health Assessment toolkit.* Retrieved November 21, 2020, https://www.healthycommunities.org/resources/community-health-assessment-toolkit#:~:text=The%20Affordable%20Care%20Act%20requires,CHNA)%20process%20every%20three%20years.

The Putnam County Community Health Assessment Steering Committee took several actions to organize the 2020-2021 MAPP process. At their kick-off meeting on December 18, the Steering Committee reviewed and approved the MAPP process timeline, inventoried a current list of community partner agencies and stakeholders to identify unrepresented or underrepresented groups or populations in the community health assessment process, discussed the community health surveying process, and participated in an exercise to examine Putnam County's strengths, weaknesses, opportunities, and threats (SWOT) as they relate to their vision and goals for health in the county as well as best use of existing assets and resources.

Through a facilitated process, Steering Committee members brainstormed this overarching question: How can Putnam County use its assets and resources to improve health? Additional questions related to strengths considered unique resources and abilities, Putnam County's advantages, and recent achievements. The examination of weaknesses considered needed improvements, resources lacking and why, and any disadvantages. The discussion of opportunities centered on using strengths wisely, focusing on what can be done immediately, and capitalizing on trends in healthcare and public health that are changing. Threats and challenges considered obstacles, competing forces, and staying abreast of changing policies and regulations that could negatively health and health behaviors.

The table below lists the factors and attributes that Putnam County partners felt could be explored and employed towards improving health. The SWOT discussion focused on Putnam's unique set of assets, resources, and challenges that characterize the current landscape and offer a vision for the future.

TABLE 1: STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS (SWOT) DISCUSSION RESULTS, PUTNAM COUNTY, 2020

How Can Putnam County Use its Assets and Resources to Improve Health?	
Strengths (including unique resources, advantages, and achievements)	**Weaknesses** (including resources lacking, disadvantages, and needed improvements)
Outdoor recreation areas, trails	Communication challenges
City of Palatka recognition as 6th Trail Town	Lack of coordination for community events
Partnerships focused on health	Community apathy and lack of interest in programs and events focused on health
Strong nonprofit organizations that serve community needs	Overcoming generational ideas and mentality about health and health programs
High quality healthcare providers, more than other small, rural counties	Lack of reliable public transportation
Ability of partners to come together to find solutions, seek resources	Lacking a formal leadership council to guide efforts to improve health
Colleges with strong health career programs and student volunteers	Aging of healthcare professional workforce, in particular the general practitioners in Putnam
Opportunities (including using strengths, immediate actions needed, and trends)	**Threats and Challenges** (including obstacles, competing forces, changing policy and law)
Improving communication among providers	Continued lack of motivation to change, apathy
Sharing resources among healthcare providers	Growing poverty in the county
Recruitment of younger practitioners to replace those who retire	Losing access to healthcare services that are already limited
Increase health literacy and awareness	No Medicaid expansion
Creating a central calendar for county events	Appeal of unhealthy behaviors such as tobacco, alcohol, and drug use, eating fast foods
Convene a leadership council (composed of civic leaders, elected officials, healthcare professionals) to mobilize on health issues	Ability to address social determinants that lead to unhealthy conditions and quality of life; need to address as a whole, not piecemeal
Expand diversity in leadership	Getting to the root causes of unhealthy behaviors
Build on telehealth services	Hopelessness
Assure availability of broadband Internet service throughout county	Bias and stigma towards certain problems and conditions

Source: Putnam County Community Health Assessment Steering Committee Meeting notes, December 18, 2020

ASSESSMENT METHODOLOGY

ORGANIZATION OF THE COMMUNITY HEALTH ASSESSMENT REPORT

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the community health assessment is driven by quantitative and qualitative data collection and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the end user, this report has been separated into multiple components as follows:

USING THE COMMUNITY HEALTH ASSESSMENT

The Community Health Status Assessment provides a narrative summary of the data presented in the 2020-2021 Putnam County Community Health Assessment Technical Appendix (see Appendix TA) and includes analysis of social determinants of health, community health status, and healthcare system resources and utilization. Indicators of the social determinants of health include, for example, socioeconomic demographics, poverty rates, population demographics, and educational attainment levels. The community health status assessment includes County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey findings, and mortality and morbidity data. The healthcare system assessment includes indicators of assets and resources such as insurance coverage (public and private), Medicaid eligibility, hospital utilization data, and physician supply rate and health professional shortage areas.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health problems and needs of the community. In order to determine the community vision for health in Putnam County and the community's perspectives on priority community health issues and quality of life issues related to health, a survey was used to collect input from community members at large. Detailed descriptive analysis of survey responses is included in the

Community Themes and Strengths Assessment segment of this report. Qualitative primary data on Putnam County's strengths, weaknesses, opportunities and threats were collected from a discussion with community leaders and members who serve on the Steering Committee. This information was described earlier in this report and will be re-examined in the assessment as common themes are identified.

INTERSECTING THEMES AND KEY CONSIDERATIONS

The Intersecting Themes and Key Considerations component presents recurrent themes and noteworthy findings across the assessments. Identification and prioritization of strategic issues based on intersecting themes are discussed here as well. The narrative report concludes with a resource list of planning assets with promising and model practices as well as evidence-based interventions for addressing the identified issues.

USING THE COMMUNITY HEALTH ASSESSMENT

The 2020 Putnam County Health Assessment is designed to address the core MAPP assessments that are designated as key components of a best practice needs assessment designed by NACCHO. The identification of the global health needs and health issues of the community comes from an analysis of the intersecting themes in each of these sections. Overall, the main objectives of this CHA are the following:

- To accurately depict Putnam County's key health issues based on common themes from the core MAPP assessments;
- To identify strategic issues and some potential approaches to addressing those issues;
- To inform the next phase of the MAPP-based assessment and health improvement planning process; that is, the development of the Community Health Improvement Plan (CHIP);
- To provide the community with a rich data compendium not only for the creation of the CHIP but also as a resource for ongoing program, intervention, and policy development and implementation as well as evaluation of community health improvement efforts and outcomes.

TECHNICAL APPENDIX

The community health assessment narrative presents data and issues at a higher, more global level for the community. The data included in data tables and graphs in the document that have been used for describing community health issues are presented on a more granular level of detail in Appendix TA, called the *2020-2021 Community Health Assessment Technical Appendix* and referred to in the narrative as the Technical Appendix. The Technical Appendix presents these data in finer detail, breaking data sets down where appropriate and when available. The Technical Appendix is an invaluable companion resource to the community health assessment narrative report, as it allows the community to dig deeper into the issues in order to more fully understand contributing factors, causes, and wide range of effects on health and quality of life.

Community Health Status Assessment

INTRODUCTION

The Community Health Status Assessment highlights key findings from the *2020-2021 Putnam County Community Health Assessment Technical Appendix.* The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the Florida Department of Health Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A community health assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging needs. Data from this report can be used to explore and understand the health needs of Putnam County as a whole, as well as for specific demographic and socioeconomic subsets of the population.

The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Healthcare Resources, Access and Utilization
- Health Disparities and Health Equity

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 when incidence rates are low (i.e., the number of new cases is small). 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 Technical Appendix so that users can refer to the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics change over time, so do the health and healthcare needs of communities. It is important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The *2020-2021 Putnam County Community Health Assessment Technical Appendix* includes data on current population numbers and distribution by age, gender, and racial and ethnic group within the county. It also provides statistics on education, income, and poverty status.

It is important to note that these demographic and socioeconomic indicators can considerably affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness.

Noted below are some of the key findings from the Putnam County demographic and socioeconomic profile.

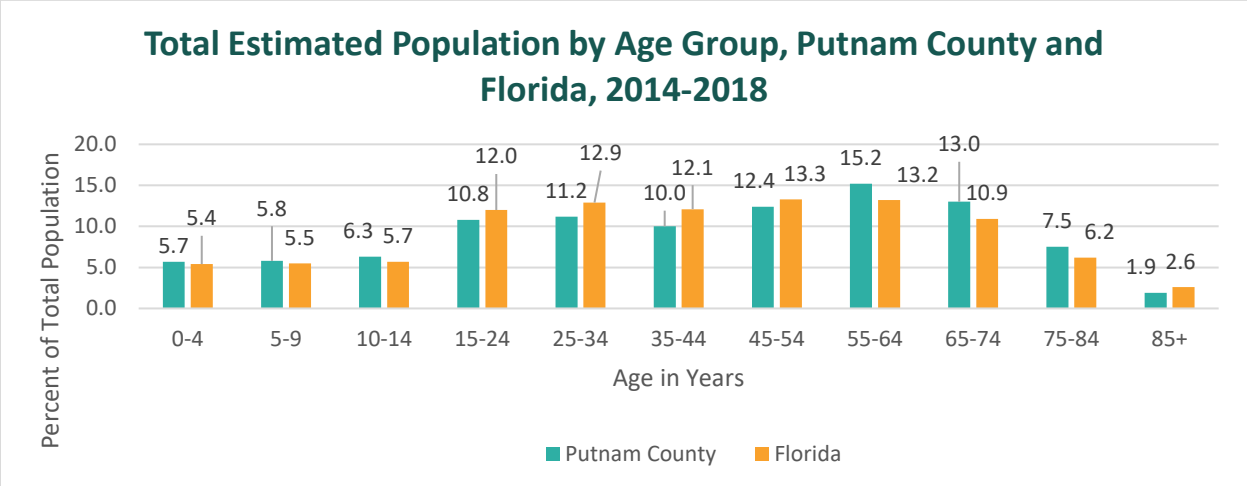
POPULATION OVERVIEW

According to the U.S. Census Bureau American Community Survey (ACS) 2014-2018 estimates, Putnam County's population numbered 72,766 as of December 13, 2019 (Table TA 4, Technical Appendix). ACS 2014-2018 estimates show that the proportion of male residents compared to female residents in Putnam County are about the same, similar to that of the state as a whole. Males represent 50.7 percent of the population in Putnam County while females represent 49.3 percent (Table TA 4, Technical Appendix). With respect to race and ethnicity, 79.9 percent of Putnam County residents identified as White, 16.1 percent identified as Black, and 9.9 percent identified as Hispanic or Latino (Table TA 4, Technical Appendix). The average household size was 2.5 individuals (Table TA 6, Technical Appendix).

AGE

Based on 2014-2018 ACS estimates, Putnam County had a lower proportion of middle-aged residents and a higher proportion of residents aged 65 years and older relative to the state of Florida (Table TA 4, Technical Appendix). The largest age group was between 55 to 64 years and comprised 15.2 percent of the Putnam County population; this was higher relative to the state proportion of 13.2 percent (Table TA 4, Technical Appendix). The second largest age group was between 65 to 74 years and comprised 13.0 percent of the Putnam County population; this was also higher relative to the state proportion of 10.9 percent. The figure below illustrates the age distribution of Putnam County residents compared to the state of Florida.

FIGURE 3: POPULATION BY AGE GROUPS, PUTNAM COUNTY AND FLORIDA, 2014-2018



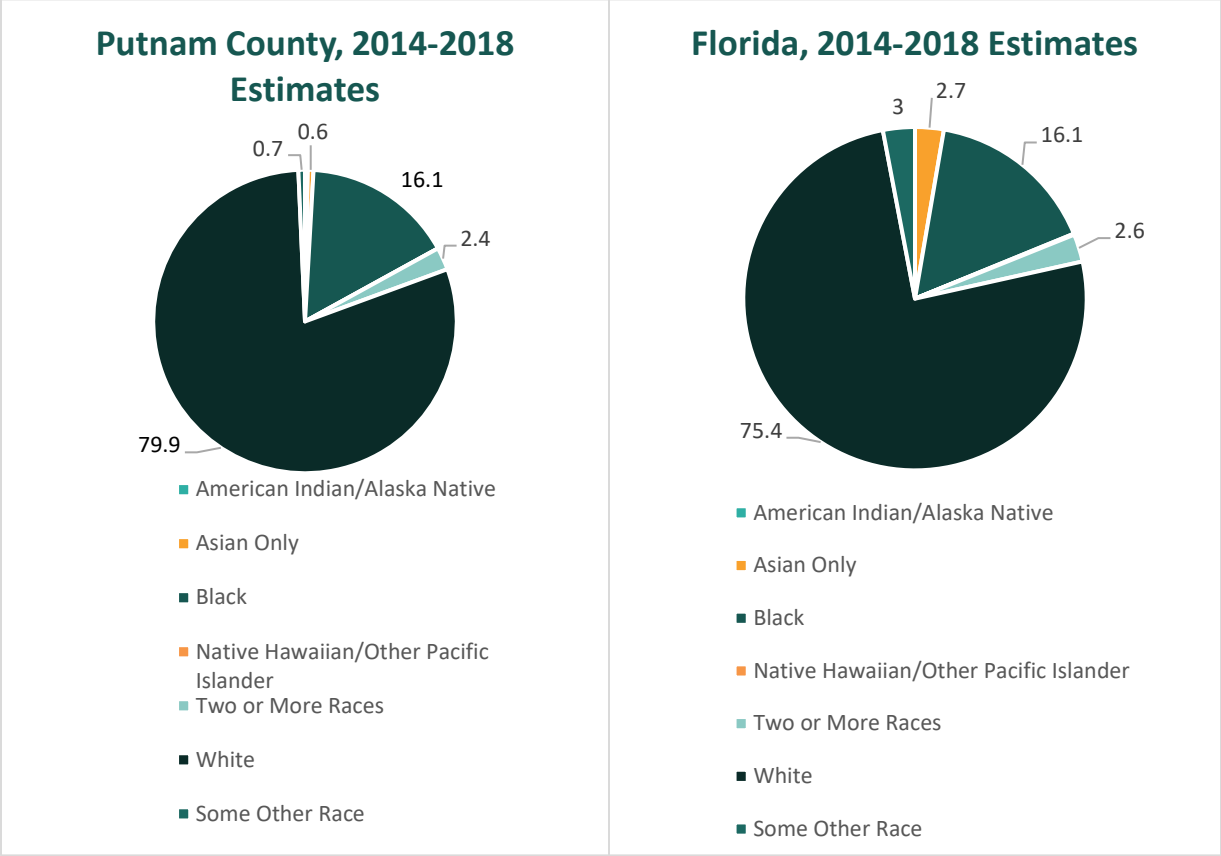
Source: Table TA 5, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

GENDER, RACE AND ETHNICITY

According to ACS 2014-2018 estimates, males represented 49.3 percent of the population, while females represented 50.7 percent (Table TA 4, Technical Appendix). With respect to race, 79.9 percent of Putnam County residents identified as White, 16.1 percent identified as Black, 2.4 percent identified as two or more races, 0.7 percent identified as some other race and the remainder at fractional percentages

identified as Asian, American Indian and Alaska Native, or Native Hawaiian and other Pacific Islander (Table TA 4, Technical Appendix). About 9.9 percent of residents identified as Hispanic or Latino (Table TA 4, Technical Appendix). Estimates of Putnam County's racial makeup are shown in the figure below.

FIGURE 4: ESTIMATED POPULATION BY RACE, PUTNAM COUNTY AND FLORIDA, 2014-2018



Source: Table TA 4, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

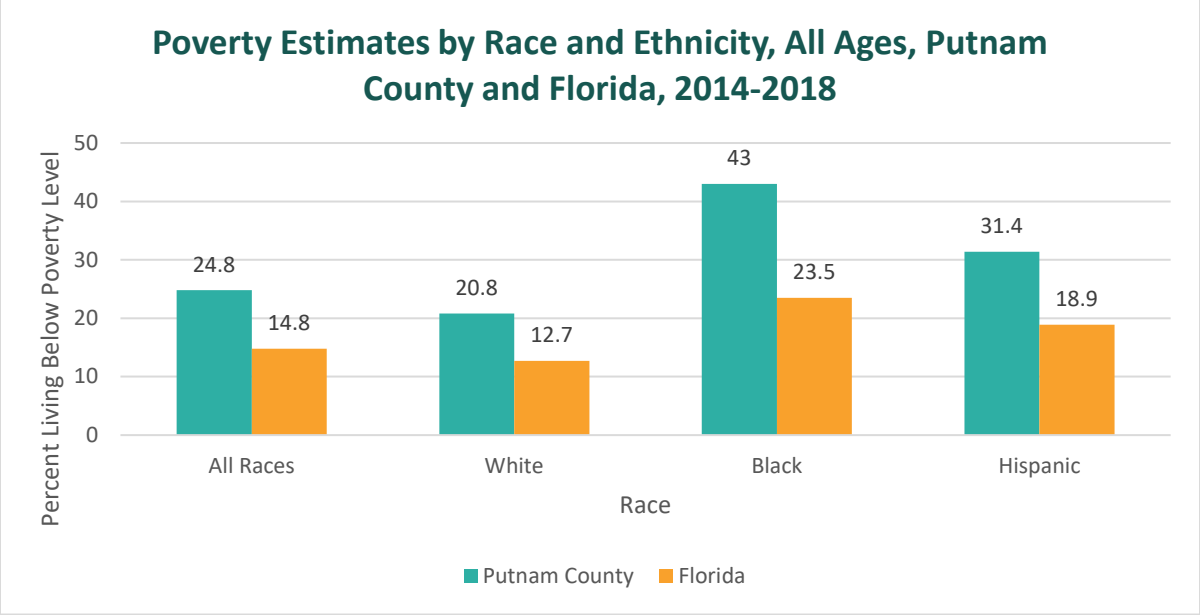
LIFE EXPECTANCY

Data from the FLHealthCHARTS portal showed that life expectancy in Putnam County was lower than state averages. Male Floridians, without regard for racial classification, had an average life expectancy of 77.0 years between 2017-2019, whereas in Putnam County, the average life expectancy for males was 70.6 years between 2017-2019 (Table TA 3, Technical Appendix). Life expectancy for female Floridians, without regard to racial classification, was estimated to be 82.6 years between 2017-2019, whereas females in Putnam County had a life expectancy of 76.8 years between 2017-2019 (Table TA 3, Technical Appendix). Since 2014, life expectancy for both males and females has declined in Putnam County according to 3-year estimates. Life expectancy was 77.6 years for Putnam County males and 83.4 for females during the 2014-2016 time period (Table TA 3, Technical Appendix).

ECONOMIC CHARACTERISTICS

POVERTY According to data from the ACS 5-Year Estimates for 2014-2018, the poverty rate for individuals living below poverty level in Putnam County was 24.8 percent, higher than the poverty rate for individuals living below poverty level at the state level (14.8 percent). The figures below compare the poverty rates in Putnam County to the state of Florida, with regard to racial and ethnic classification between 2014-2018 (Table TA 7, Technical Appendix). Trends indicate that when examining estimates of those who live below the poverty level by racial or ethnic group, Black residents of Putnam County have much higher rates of poverty compared to the state. Public assistance can represent another metric of poverty in a population. Data on public assistance from the Florida Department of Children and Families showed that 383 households in Putnam County accepted cash public assistance and 16,432 households accepted food stamps (Tables TA 16 and TA 17, Technical Appendix).

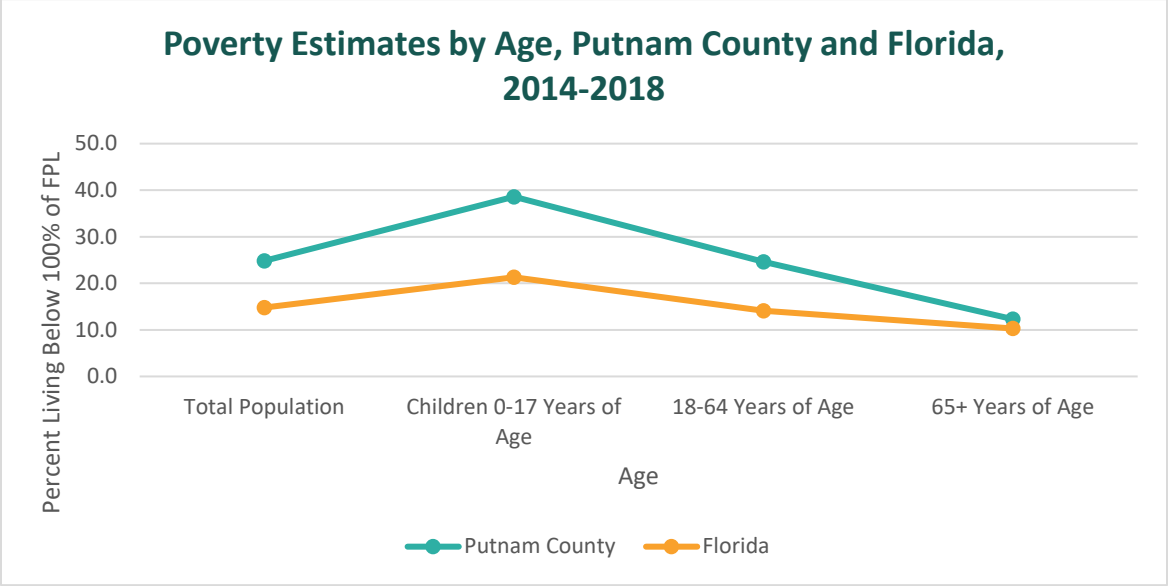
FIGURE 5: POVERTY ESTIMATES BY RACE AND ETHNICITY, ALL AGES, PUTNAM COUNTY AND FLORIDA, 2014-2018



Source: Table TA 7*, 2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

In regard to children between the ages 0-17 years living in poverty in Putnam County, 38.6 percent lived 100 percent below the federal poverty level (FPL) between 2014-2018; in comparison, 21.3 of children between the ages 0-17 in Florida live 100 percent below the FPL for the same year estimates. The following figure shows the poverty rate among varying age groups Putnam County and Florida between 2014-2018. When considering varying age categories, poverty rates among Putnam County residents are higher than those of the state of Florida as a whole (Table TA 7, Technical Appendix).

FIGURE 6: POVERTY ESTIMATES BY AGE, PUTNAM COUNTY AND FLORIDA, 2014-2018

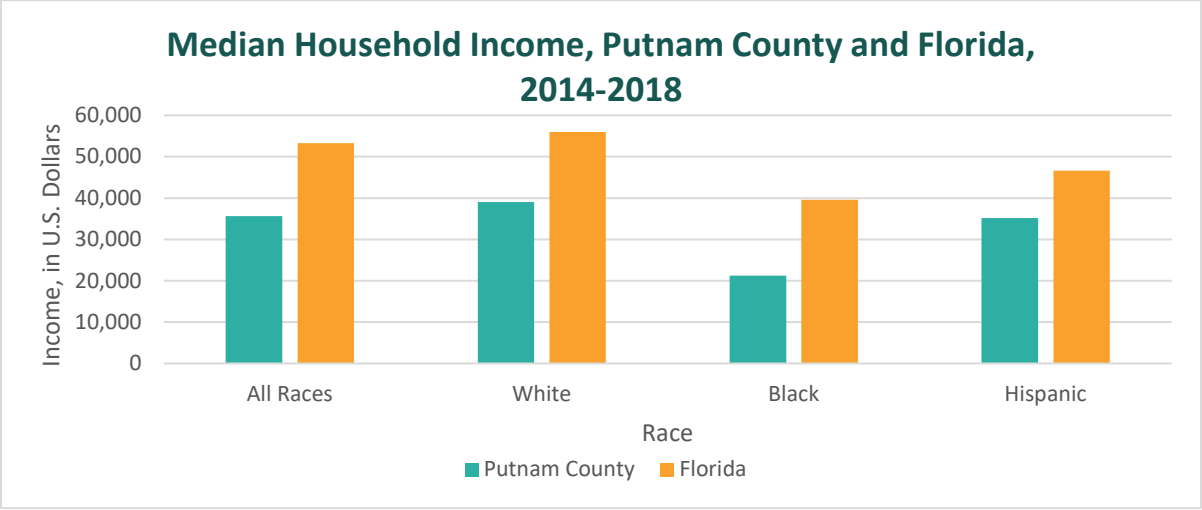


Source: Table TA 7*, 2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

Disparities among race and ethnicity were evident. In 2014-2018, 43.0 of the Black residents of Putnam County lived below the poverty level, as compared to 20.8 percent of White residents and 31.4 percent of Hispanic residents in Putnam County. The disparity was present at the state level as well, as 23.5 percent of Black residents lived below the poverty level, compared to 12.7 percent of White residents and 18.9 percent of Hispanic residents (Table TA 7, Technical Appendix). Although similar patterns of disparities were evident at the state level, the magnitude of disparity was greater for Putnam County residents. Overall, data suggest poverty affects people of color disproportionately throughout the state of Florida and in Putnam County.

INCOME Income levels in Putnam County were lower than for the state of Florida. According to the latest ACS data, the median annual household income for all races in Putnam County was estimated to be 35,649 dollars in comparison to Florida's 53,267 dollars. Notable differences in median household income were observed across racial groups at both the county and state level (see the figure below). In Putnam County, the White population had a median household income of 39,013 dollars compared to 21,231 dollars for the Black population. The median household income for the Hispanic population was 35,202 dollars (Table TA 9, Technical Appendix). The disparity between White and Black populations was observed at the state level as well with varying magnitude. The ratio of Black median household income to White median household income was 0.54 in Putnam County, much lower than the ratio of 0.71 at the state level (Table TA 9, Technical Appendix). There was also disparity noted between Hispanic and Black populations at the state level. The ratio of Black median household income to Hispanic median household income was 0.60 in Putnam County, lower than the ratio of 0.85 at the state level (Table TA 9, Technical Appendix).

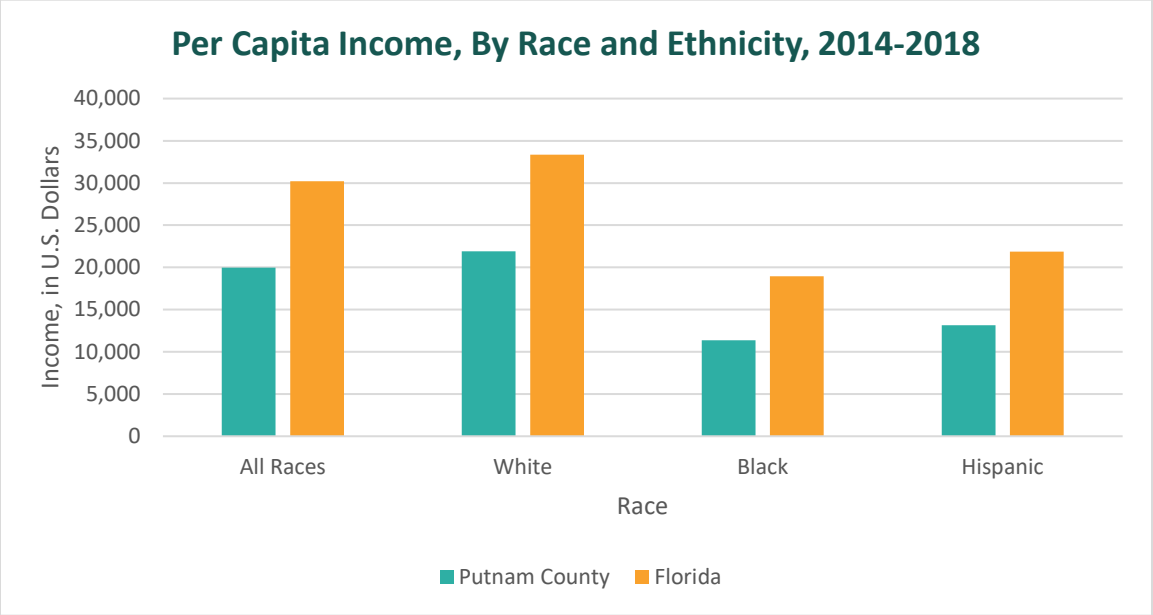
FIGURE 7: MEDIAN HOUSEHOLD INCOME, BY RACE AND ETHNICITY, PUTNAM COUNTY AND FLORIDA, 2014-2018



Source: Table TA 9, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

The pattern in the distribution of per capita income for 2014-2018 in Putnam County and the state was similar to that of median household income for all races with the Putnam County estimate of 19,976 dollars in comparison to 30,197 dollars at the state level. Racial and ethnic differences existed in per capita income at the county and state levels as demonstrated in the figure below. Per capita incomes for White residents (21,903 dollars) was notably high compared to Black residents (11,356 dollars) and Hispanic residents (13,158 dollars). At the state level, per capita income was higher for all racial and ethnic groups (Table TA 8, Technical Appendix).

FIGURE 8: PER CAPITA INCOME, BY RACE AND ETHNICITY, PUTNAM COUNTY AND FLORIDA, 2014-2018



Source: Table TA 8, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

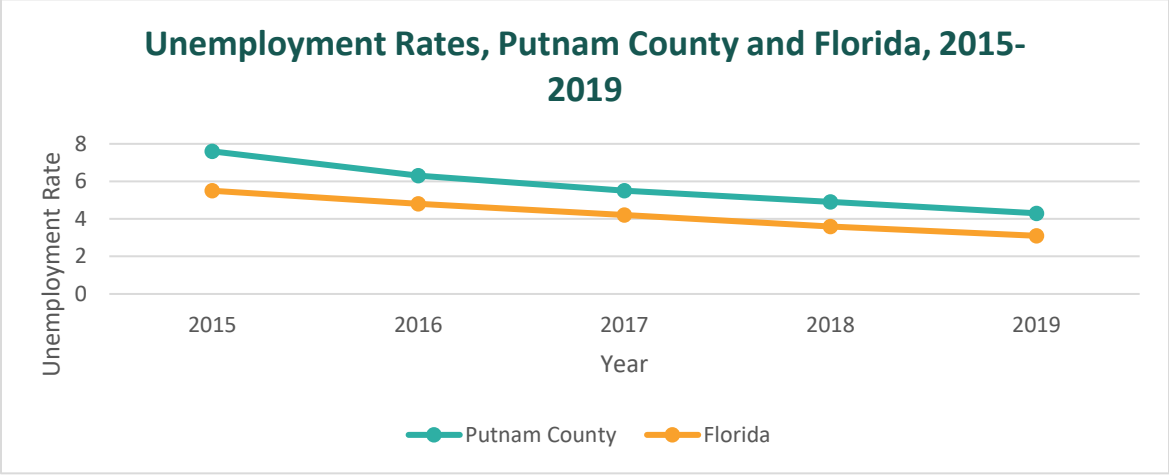
FOOD SECURITY The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides services, including supplemental food, nutrition education, and healthcare referrals, for postpartum women, infants, and young children. In 2019, there were 2,526 residents eligible for WIC who received services from the program in Putnam County, amounting to 66.9 percent of overall residents eligible for the program (Table TA 18, Technical Appendix). When compared to Florida's total residents eligible for WIC and those served by the program, Putnam County residents use services at a higher rate (5,167.6 per 100,000 residents) than the state (3,050.6 per 100,000 residents) (Table TA 18, Technical Appendix).

When examining the percent of students eligible for free or reduced lunch, Putnam County has exceeded the state's rates for all students between kindergarten and middle school since 2015. The percent of total Putnam County kindergarteners eligible for free or reduced lunch was 73.1 percent compared to 58.7 percent of the state's kindergarteners (Table TA 15, Technical Appendix). For elementary students, the percent of total Putnam County elementary students eligible for free or reduced lunch was 74.3 percent compared to 58.4 percent of the state's elementary students (Table TA 15, Technical Appendix). The percent of total Putnam County middle school students eligible for free or reduced lunch was 71.7 percent compared to 55.4 percent of the state's middle school students (Table TA 15, Technical Appendix).

EMPLOYMENT

The Florida Research and Economic Information Database Application (FREIDA) reports data on employment in Putnam County and the state of Florida. Recent estimates showed unemployment rates in Putnam County have been higher than the state rate for the last five years. The unemployment rate for Putnam County in 2019 was estimated at 4.3 percent of the labor force, compared to the state rate at 3.1 percent. The next figure shows that through 2019, unemployment had been on a steady decline since 2015 (Table TA 10, Technical Appendix).

FIGURE 9: UNEMPLOYMENT RATES, PUTNAM COUNTY AND FLORIDA, 2015-2019



Source: Table TA 10, *2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

EDUCATION

Health outcomes are also influenced in part by access to social and economic resources, including the quality of educational opportunities. According to estimates from ACS, most of Putnam County's population 25 years of age and older (60.7 percent) had a high school diploma, or some equivalence, as the highest completed level of education between 2014-2018 (Table TA 11, Technical Appendix). About 19.1 percent did not receive a high school diploma and 20.3 percent had a college degree, including Associate's, Bachelor's, Master's, Doctorate or other professional school degrees. Collectively, this represents a lower level of education compared to the state of Florida as a whole, which reported only 12.0 percent of residents with no high school diploma, and 39.0 percent of residents with a college degree (Table TA 11, Technical Appendix).

DOMESTIC VIOLENCE

In 2019, there were 490 documented cases of domestic violence offenses in Putnam County, a rate of 671.1 per 100,000 population (Table TA 13, Technical Appendix). The state rate by comparison was 495.1 per 100,000 population (Table TA 31, Technical Appendix). The rate of documented cases of domestic violence in Putnam County have fluctuated both upward and downward since 2014. The state of Florida's documented domestic violence offense rate has steadily decreased since 2014.

TRANSPORTATION

Transportation can be a limiting factor on an individual's health, as it may be a root cause of lack of access to care. According to the ACS, in Putnam County, 3.7 percent of households have no vehicle available for use, while 2.9 percent of state residents have no vehicle (Table TA 13, Technical Appendix). Additionally, only 0.5 percent of Putnam County residents use public transportation to get to and from work, while 2.0 percent of Floridians use public transportation (Table TA 13, Technical Appendix). In Putnam County, 15.0 percent of the workforce lives 10-14 minutes from their job, while 14.0 percent live 60 or more minutes from their place of work (Table TA 14, Technical Appendix).

MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. 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. As previously noted, certain demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities. While Putnam County is similar to Florida in many health indicators, some differences exist. Noted below are some key facts and trends in Putnam County mortality and morbidity rates.

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH), a 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 multifactorial 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 (9 measures)

   b. Clinical care (7 measures)

   c. Social and economic (9 measures)

   d. Physical environment (5 measures)

Over the years, some County Health Rankings methodology and health indicators have changed. Thus, caution is urged in making year-to-year comparisons. The data are useful as an annual check on health outcomes, contributing factors, resources and relative status within a region and state. The County Health Rankings add to data a community can consider in assessing health and determining priorities.

The County Health Rankings are available for 2010 through 2020. In the latest rankings, out of 67 counties in the state, Putnam County ranked 66th for health outcomes and 67th, or last place, for health factors (Table TA 1, Technical Appendix). Putnam County's highest score was for the health factor of clinic care, in which it ranked 50th out of 67 counties (Table TA 1, Technical Appendix). Putnam County's worst scores were in the areas of health factors, health behaviors, health outcomes, and mortality, with rankings of 67th, 66th, 66th, and 66th, respectively (Table TA 1, Technical Appendix). Health factors include: health behaviors, clinical care, social and economic factors, and physical environment. Health outcomes include the categories of length of life and quality of life, each of which respectively have their own metrics. Health behaviors include metrics such as physical activity, teen birth rates, and alcohol or nicotine use, while mortality is a reflection of lifespan.

TABLE 2: COUNTY HEALTH RANKING BY CATEGORY FOR PUTNAM COUNTY, 2010-2020

Area/Category Putnam County	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
HEALTH OUTCOMES	66	66	65	66	65	65	65	64	66	66	66
Mortality/Length of Life	*66*	*66*	*63*	*66*	*66*	*66*	*64*	*61*	*66*	*66*	*66*
Morbidity/Quality of Life	*61*	*63*	*63*	*63*	*63*	*64*	*62*	*65*	*67*	*67*	*65*
HEALTH FACTORS	61	64	61	66	67	67	66	66	67	67	67
Health Behavior	*57*	*61*	*60*	*62*	*62*	*63*	*56*	*61*	*66*	*64*	*66*
Clinical Care	*58*	*53*	*47*	*48*	*50*	*52*	*54*	*60*	*59*	*49*	*50*

Area/Category Putnam County	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Social & Economic Factors	*63*	*65*	*65*	*66*	*66*	*67*	*67*	*66*	*66*	*66*	*64*
Physical Environment	*35*	*36*	*20*	*47*	*33*	*38*	*49*	*44*	*52*	*61*	*60*

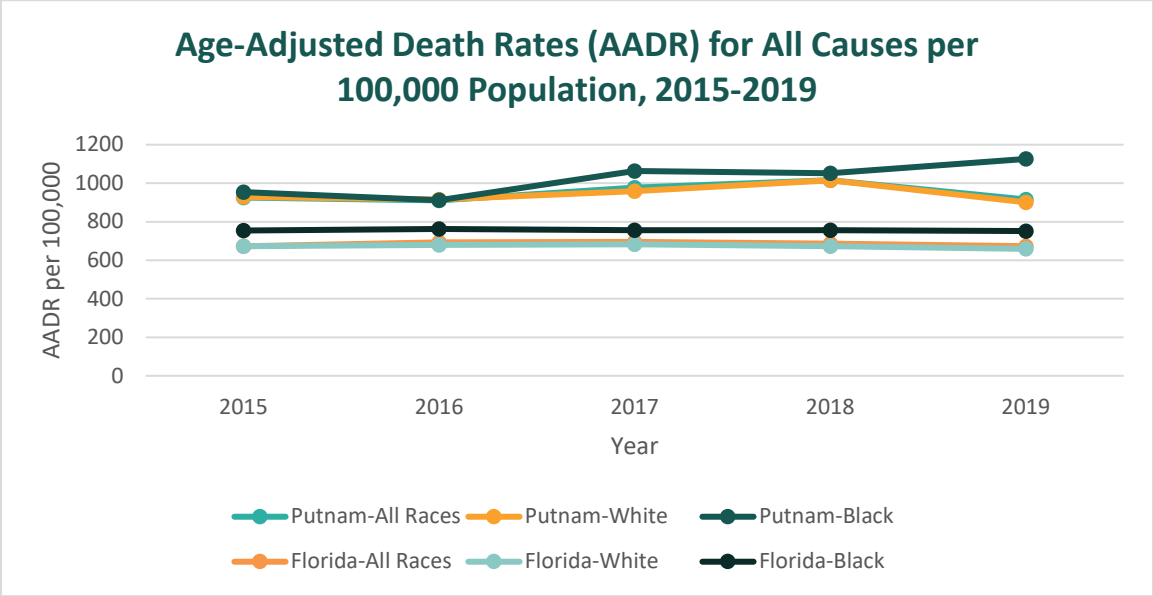
Source: Table TA 1, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

CAUSES OF DEATH

Mortality data in the *2020-2021 Putnam County Community Health Assessment Technical Appendix* are reported in the form of both crude and age-adjusted rates. Crude rates are used to report the overall burden of disease in the population, whereas age-adjusted rates are a standardized form that is most commonly used for public health data reporting. More specifically, age-adjusted rates allow for cross comparisons between different populations and ensure that any observed disparities are not due to differences in age distribution of the population.

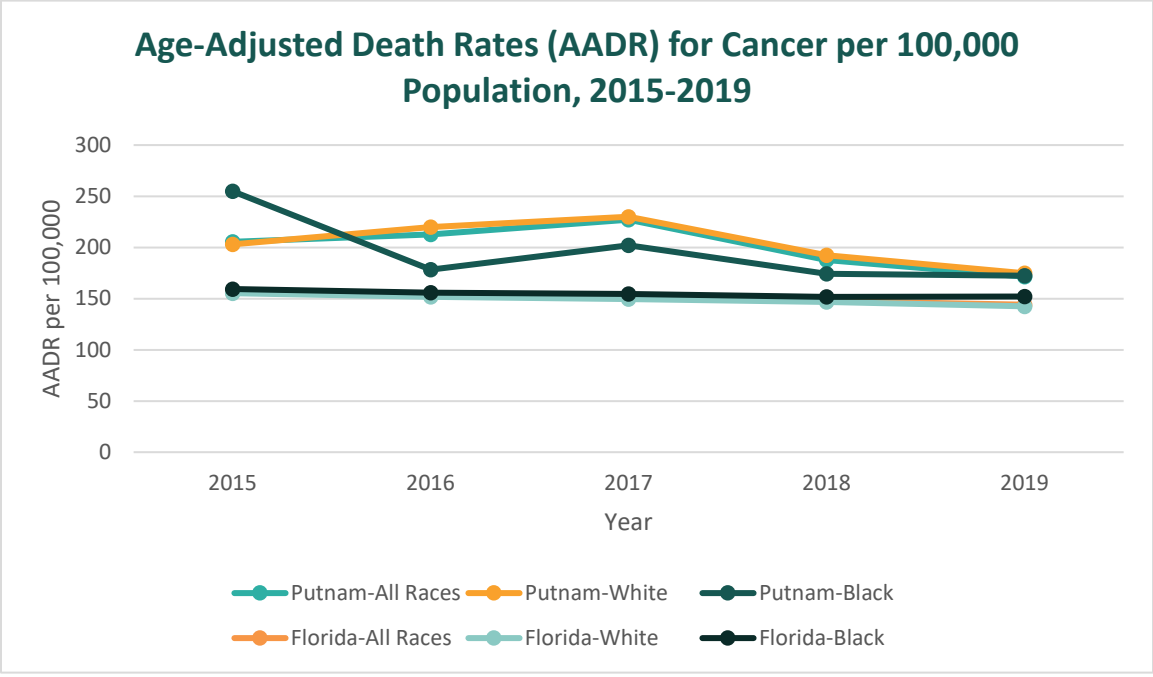
In terms of mortality, the age-adjusted death rate from all causes in 2019 was higher for Putnam County at 915.3 deaths per 100,000 population compared to the state of Florida at 673.8 deaths per 100,000 (Table TA 19, Technical Appendix). The next figure shows trends in age-adjusted all-cause mortality rates by race for Putnam County and Florida over time. In 2019, the top five (5) leading causes of death in Putnam County, regardless of race and ethnicity, were 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injury, and 5) Diabetes. These match the top five (5) causes of death at the state level with the exception of diabetes. At the state level, Heart Disease ranks first, followed by Cancer, Stroke, Unintentional Injury and CLRD (Table TA 19, Technical Appendix). The following seven figures show trends in age-adjusted death rates for the leading causes of death in Putnam County compared to the state of Florida. Age-adjusted rates are further broken down by race if the disease is a leading cause of death for both White and Black races (Tables 53-54, Technical Appendix).

FIGURE 10: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000, BY RACE, PUTNAM COUNTY AND FLORIDA, 2015-2019



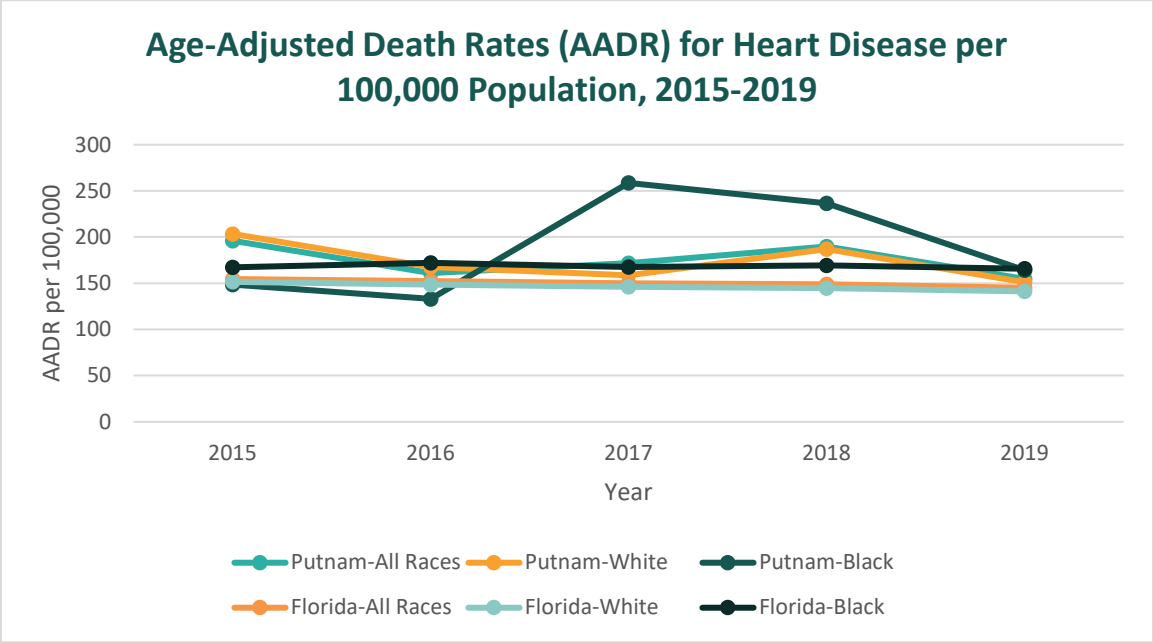
Source: Tables TA 19, 20, 21, *2020-2021 Putnam County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2021

FIGURE 11: AGE-ADJUSTED DEATH RATES FOR CANCER PER 100,000, BY RACE, PUTNAM COUNTY AND FLORIDA, 2015-2019



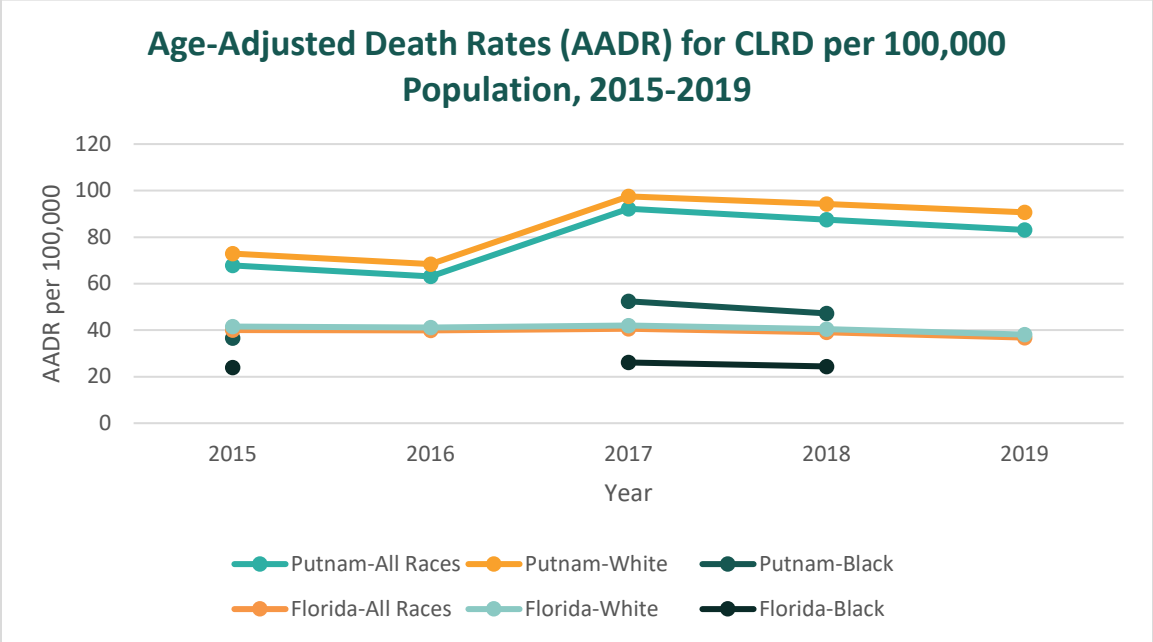
Source: Tables TA 19, 20, 21, *2020-2021 Putnam County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2021

FIGURE 12: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE PER 100,000, BY RACE, PUTNAM COUNTY AND FLORIDA, 2015-2019



Source: Tables TA 19, 20, 21, *2020-2021 Putnam County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2021

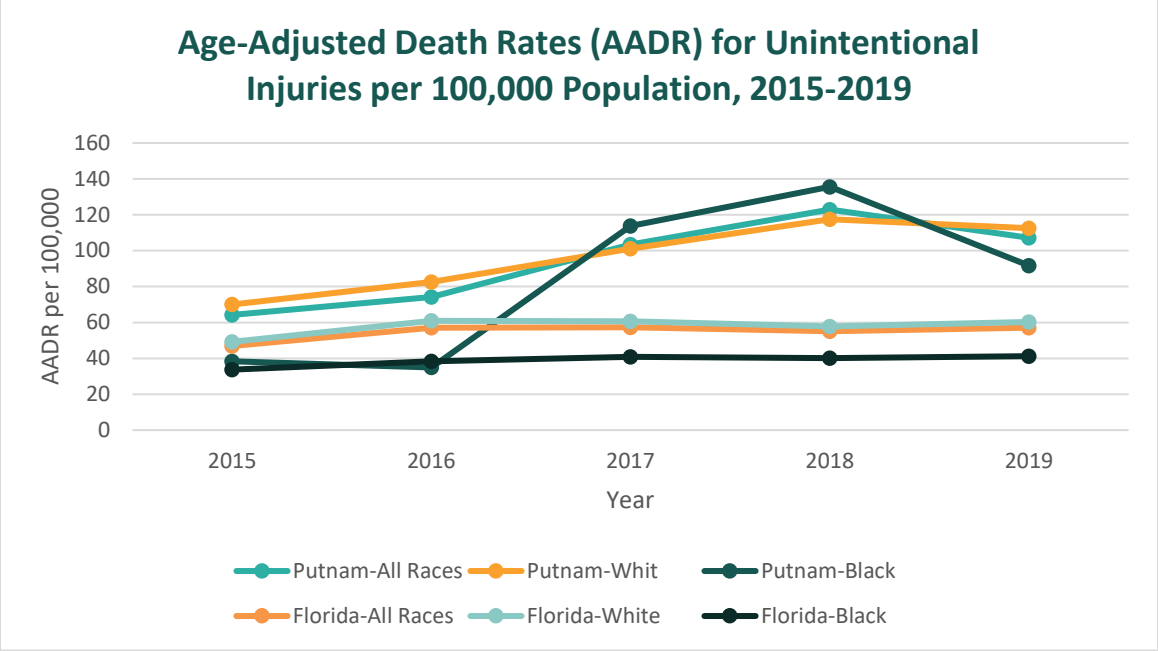
FIGURE 13: AGE-ADJUSTED DEATH RATES FOR CLRD PER 100,000, BY RACE, PUTNAM COUNTY AND FLORIDA, 2015-2019



Source: Tables TA 19, 20, 21, *2020-2021 Putnam County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2021.

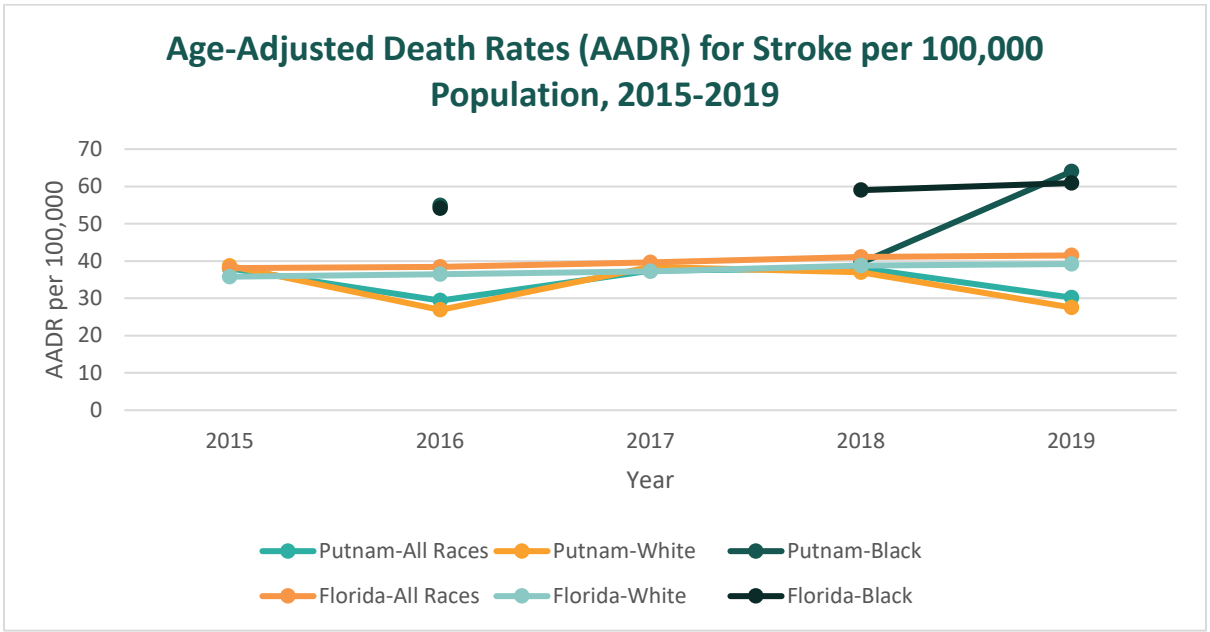
* CLRD was not a top-five leading cause of death for Black residents in 2016 and 2019.

FIGURE 14: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES PER 100,000, BY RACE, PUTNAM COUNTY AND FLORIDA, 2015-2019



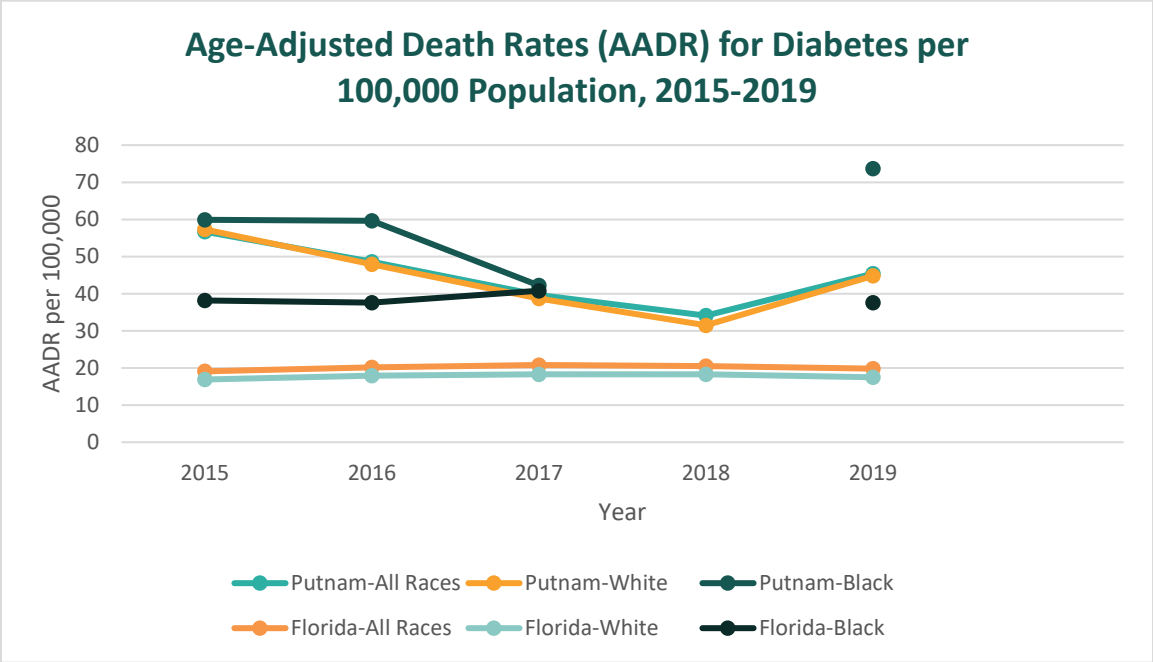
Source: Tables TA 19, 20, 21, *Putnam County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2021

FIGURE 15: AGE-ADJUSTED DEATH RATES FOR STROKE PER 100,000, BY RACE, PUTNAM COUNTY AND FLORIDA, 2015-2019



Source: Tabled TA 19, 20, 21, *2020-2021 Putnam County Community Health Assessment Technical Appendix,* prepared by WellFlorida Council, 2021
* Stroke was not a top-five leading cause of death for Black residents in 2016 and 2019.

FIGURE 16: AGE-ADJUSTED DEATH RATES FOR DIABETES PER 100,000, BY RACE, PUTNAM COUNTY AND FLORIDA, 2015-2019



Source: Tables TA 19, 20, 21, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021
* Diabetes was not a top-five leading cause of death for Black residents in 2018.

Overall, Putnam County experienced consistently high rates of mortality from all leading causes of death between 2015-2019 relative to the state. In 2019, the age-adjusted death rates for Cancer (171.5 deaths per 100,000 population) and Heart Disease (154.7 deaths per 100,000) in Putnam County were both higher than the state rates (144.1 per 100,000 and 145.1 per 100,000, respectively) (Table TA 19, Technical Appendix). Mortality rates among Putnam County residents were more than double relative to the state rate for CLRD (county rate of 83.1 per 100,000 versus state rate of 36.8 per 100,000), Unintentional Injury (county rate of 107.2 per 100,000 versus state rate of 57.0 per 100,000), and Diabetes (county rate of 45.4 per 100,000 versus state rate of 19.8 per 100,000) (Table TA 19, Technical Appendix).

Differences between racial groups were observed in mortality rates and patterns of disease. The Black population in Putnam County experienced consistently higher rates of Heart Disease and Diabetes. In 2019, Black Putnam County residents had a Heart Disease mortality rate of 164.2 per 100,000 (versus 151.1 per 100,000 among White residents) and a Diabetes mortality rate of 73.7 per 100,000 (versus 44.8 among White residents). Conversely, the White population in Putnam County experienced higher rates of Unintentional Injury. In 2019, White Putnam County residents had an Unintentional Injury mortality rate of 112.5 per 100,000 (versus 91.7 per 100,000 among Black residents). Overall, racial

subgroups within the county generally experienced higher rates of mortality than people of the same race throughout the state (Tables TA 19 and 20, Technical Appendix).

The leading causes of death between in 2019 in Putnam County were ranked for subgroups of race and ethnicity in the table below. Among differing racial and ethnic subgroups in Putnam County, Cancer is the highest ranking cause of death, compared to Heart Disease for the state as a whole. Among the Black population in both Putnam County and across the state, Diabetes ranked notably higher compared to the White population. Conversely, among the White population in Putnam County and across the state, CLRD ranked higher compared to the Black population.

Although the Hispanic population makes up 9.9 percent of the Putnam County community, the population numbers continue to be fairly low relative to racial subgroups. As such, caution is urged when interpreting significant differences and trends between the Hispanic population and racial groups in Putnam County. The top second and fourth causes of death among the Hispanic population in Putnam County were Cancer and Unintentional Injuries, respectively.

TABLE 3: TOP RANKINGS OF CAUSES OF DEATH BY RACE AND ETHNICITY FOR PUTNAM COUNTY AND FLORIDA, 2019

Rank of Cause of Death	**Putnam Ranking**			
	All Races	White Races	Black Races	Hispanic
1	Cancer	Cancer	Cancer	Cancer
2	Heart Disease	Heart Disease	Heart Disease	Unintentional Injuries
3	CLRD	CLRD	Diabetes and Unintentional Injuries (t)	
4	Unintentional Injuries	Unintentional Injuries		
5	Diabetes	Diabetes	Stroke	
Rank of Cause of Death	**Florida Ranking**			
	All Races	White Races	Black Races	Hispanic
1	Heart Disease	Heart Disease	Heart Disease	
2	Cancer	Cancer	Cancer	Cancer
3	Stroke	Stroke	Stroke	
4	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries
5	CLRD	CLRD	Diabetes	

t = tie in ranking; Rankings are based on the total number of deaths for the year of 2019

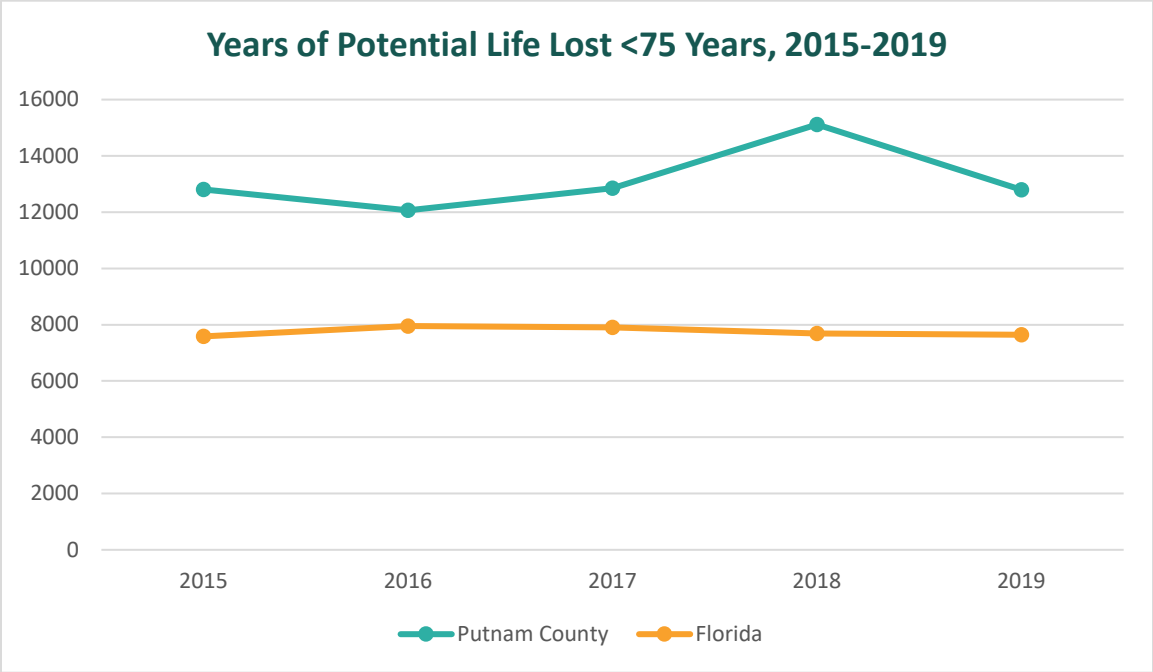
Source: Tables TA 19, 20, 21, 22, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

Of the top leading causes of death between 2017-2019, the highest age-adjusted mortality rates for Putnam residents were Heart Disease in the Black population (219.9 per 100,000 population) and Cancer in the White population (198.6 per 100,000 population) (Table TA 23, Technical Appendix). The second highest age-adjusted mortality rates for Putnam residents between 2017-2019 were Cancer in the Black population in Putnam County (183.2 per 100,000 population) and Heart Disease in the White population (165.3 per 100,000 population) (Table TA 23, Technical Appendix). Further breakdown of death rates for each of the top causes of death by race and ethnicity can be found in the Technical Appendix, Tables TA 19-23.

YEARS OF POTENTIAL LIFE LOST

Years of potential life lost is a reflection of premature death; that is, deaths of the younger populations in the community are reflected in the rates of years of potential life lost. It is a metric that accounts for the difference between age of death and average life expectancy. The next figure shows that the rate of years of life lost for Putnam County residents has been consistently higher than the state rate. In 2019, Putnam County experienced a rate of 12,793.7 years of life lost per 100,000 population, more than double the state rate of 7,646.8 per 100,000 (Table TA 24, Technical Appendix).

FIGURE 17: YEARS OF POTENTIAL LIFE LOST, <75 YEARS, PUTNAM COUNTY AND FLORIDA, 2015-2019



Source: Table TA 24, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

BEHAVIORAL RISK FACTORS

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) survey with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported data on individual chronic health conditions, risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. Indicators are divided into six broad categories: health status, health-related behaviors, health-related prevention, health-related quality of life, healthcare access, and oral health. As with all self-reported data, the report can be subject to individual biases in recall and reporting; however, it remains a crucial tool for holistic evaluation of health of a community. The most recent county-level data available for Putnam County were generated in 2016. Below are select findings from the BRFFS results (See Table TA 43 in the Technical Appendix for full details).

HEALTH STATUS Health status indicators reflect chronic disease burden. Putnam County reported higher rates of disease burden compared to the state of Florida for every major disease category in the BRFSS. This included higher rates of reported Arthritis, Asthma, Cancer, Cardiovascular Disease, Chronic Obstructive Pulmonary Disease (COPD), Depression, Diabetes, Disability, Kidney Disease, Vision Impairment, and Obesity in Putnam County. The reported rates of the following diseases were especially high relative to the state: Skin Cancer (14.3 percent versus 9.1 percent at the state level); past Heart Attack, Angina, Coronary Heart Disease or Stroke (16.6 percent versus 9.8 percent at the state level); Diabetes (22.1 percent versus 11.8 percent at the state level); Depression (19.9 percent versus 14.2 at the state level); and overweight or obese status (73.6 percent versus 63.2 percent at the state level) (Table TA 43, Technical Appendix).

HEALTH-RELATED BEHAVIORS When asked about lifestyle, Putnam County respondents reported predominantly worse rates of engagement in health-related behaviors relative to the state. Putnam County residents reported high engagement in tobacco use and exposure. Over a fifth (21.6 percent) reported being current smokers, compared to 15.5 percent at the state level. With respect to physical activity, 40.9 percent of Putnam County residents reported being sedentary, 62.5 percent reported insufficient activity, and only 40.7 percent met aerobic recommendations, slightly worse than state averages of 29.8 percent, 56.7 percent, and 44.8 percent, respectively (Table TA 43, Technical Appendix). Reported rates of marijuana use were lower at 5.9 percent compared to 7.4 percent in all of Florida. Respondents also reported lower rates of heavy or binge drinking (15.3 percent) and e-cigarette use (2.3 percent) compared to state averages (17.5 and 4.7 percent, respectively). (Table 98, Technical Appendix).

HEALTH-RELATED PREVENTION Preventative care measures in Putnam County were worse than state averages with the exception of adults aged 50 to 75 who had colorectal screening, adults less than 65 years of age who have ever been tested for HIV, and immunizations. Only 65.7 percent of women aged 50-74 years reported a mammogram in the past two years compared to the state average of 81.7 percent. For Cervical Cancer screening, 66.8 percent of women aged 21 to 65 in Putnam County had a pap test in the past three years, a lower rate than 78.8 percent at the state level. With respect to HIV screening, more than half (56.9 percent) of Putnam County adults younger than 65 years had ever been tested for HIV compared to 55.3 percent at the state level. Finally, 68.6 percent of Putnam County adults aged 50 to 75 reported having colorectal screening based on the most recent clinical guidelines

comparable to 67.3 percent at the state level (Table TA 43, Technical Appendix). The aforementioned indicators are of particular importance because they are supported by the U.S. Preventive Services Task Force (USPSTF) recommendations. The USPSTF is a nationally recognized panel of experts that make preventive health recommendations based on current, best available evidence (https://www.uspreventiveservicestaskforce.org/, accessed November 30th, 2020.

Immunization rates were comparable to state averages. Putnam County residents had higher rates of flu shots (41.2 percent) compared to the state (35.0 percent). Since 2005, only 52.6 percent of the population has had a tetanus shot, compared to the state rate of 52.9 (Table TA 43, Technical Appendix). The rate of pneumococcal vaccination in those over 65 years of age (61.9 percent) was lower than the state rate of 65.6 percent (Table TA 43, Technical Appendix).

HEALTH-RELATED QUALITY OF LIFE Putnam County respondents had worse performance than the state on all quality of life indicators. For example, more respondents at the county level (30.1 percent) reported "fair" or "poor" overall health compared to the state level (19.5 percent). A portion of respondents in the county (19.1 percent) reported poor physical or mental health that kept them from doing usual activities on 14 or more of the past 30 days (26.3 percent). Overall, 69.9 percent of respondents in the county reported "good" to "excellent" health compared to 80.5 percent of respondents in the state (Table TA 43, Technical Appendix).

HEALTHCARE ACCESS Healthcare access indicators demonstrated both increases and limitations to healthcare access in Putnam County. The percentage of adults in Putnam County with any type of health insurance (86.2 percent) was comparable to the state (83.7 percent). A similar percentage of adults reported having a personal doctor (79.9 percent) as well as having had a medical checkup in the past year (81.4 percent), compared to state averages of 72.0 percent and 76.5 percent, respectively. Yet, 18.4 percent of respondents in Putnam County reported that they could not see a doctor in the last year due to cost. Indicators demonstrated low access to dental care. A little over half of Putnam County residents, 53.2 percent, reported seeing a dentist in the last year which was notably lower than the state average of 63.0 percent (Table TA 43, Technical Appendix).

INFECTIOUS DISEASES

When examining rates of infectious disease diagnoses, Putnam County has a higher rate of bacterial sexually transmitted diseases (STDs), gonorrhea, and chlamydia than the state. Since 2016, rates of STDs, gonorrhea, and chlamydia have steadily increased, which is on par with trends for the state as a whole. Comparatively, syphilis, HIV, and AIDS diagnoses have been lower than that of the state since 2016, with the exception of an increase in AIDS diagnoses during the year of 2018. Please see Technical Appendix Table TA 44 for further breakdown of infectious disease diagnoses in Putnam County and across the state.

IMMUNIZATIONS

Timely vaccination throughout childhood is essential because it provides children with increased immunity against potentially life-threatening diseases before they are exposed to such agents. Vaccination is also essential for establishing "herd immunity", a state that protects individuals who cannot be vaccinated, including the elderly, infants, and the immunocompromised. The U.S. Food and Drug Administration (FDA) and the CDC assure vaccines are tested for safety and effectiveness. While some immunization indicators in Putnam County are higher than the state average, Putnam County has less adults over the age of 65 years old who have ever received a pneumonia vaccination (61.9 percent) than compared to the state rate (65.6 percent) (Table TA 43, Technical Appendix. Less adults have also received a tetanus shot since 2005 in Putnam County than in the state of Florida (52.6 percent and 52.9 percent, respectively) (Table TA 43, Technical Appendix).

MATERNAL HEALTH

BIRTHS From 2015-2019, there were a total of 4,140 births in Putnam County. Of the total births, 3,022 were births to White mothers while 958 were births to Black mothers (Table TA 37, Technical Appendix). During 2015-2019, the birth rate for all race and ethnicities stayed stable (Table TA 37, Technical Appendix).

INFANT DEATHS Infant mortality represents death of an infant in the first year of life; this measure only includes live birth infants. In 2019, there were ten (10) infant deaths in Putnam County. This translates to an infant death rate of 12.4 per 1,000 live births compared to the state rate of 6.0 deaths per 1,000 live births in the same time period (Table TA 38, Technical Appendix). Infant mortality data are available by race and ethnicity in the Technical Appendix; however, low population sizes pose a challenge to extracting meaningful trends from the data (Table TA 38, Technical Appendix).

LOW BIRTHWEIGHT (LBW) Closely related to infant deaths are low birthweight (LBW) births. Low birthweight is defined as weight of a newborn less than 2,500 grams. This condition is often associated with prematurity and health conditions leading to inadequate fetal nutrition. In 2019, there were a total of 98 LBW births in Putnam County. This translates to 12.1 percent of total births, higher than the rate for Florida of 8.8 percent. Disparities by race were evident at both the county and state level. In Putnam County, the Black population had an LBW birth rate of 16.0 percent, higher than among the White population (10.9 percent) and Hispanic population (14.3 percent). The magnitude of the disparity between racial groups in Putnam County was less than the disparity observed at the state level among the Black (14.0 percent), White population (7.2 percent), and Hispanic population (7.5 percent) (Table TA 39, Technical Appendix).

PRENATAL CARE The timing of entry into prenatal care can be an important marker of maternal and infant health. Ideally, prenatal care starts in the first 13 weeks of pregnancy, or the first trimester. In 2019, 61.4 percent of births in Putnam County received care in the first trimester. This was lower than the state rate of 68.2 percent. Among the White population in Putnam County, 60.4 percent of births received first trimester care (70.5 percent at the state level), compared to 62.8 percent among Black residents (61.2 percent at the state level) (Table TA 40, Technical Appendix). The Hispanic population had the lowest rate of first trimester care at 56.3 percent (68.1 percent at the state level) (Table TA 40,

Technical Appendix). Black woman were more likely to receive late or no prenatal care (11.2 percent of total births received late or none) (Table TA 41, Technical Appendix).

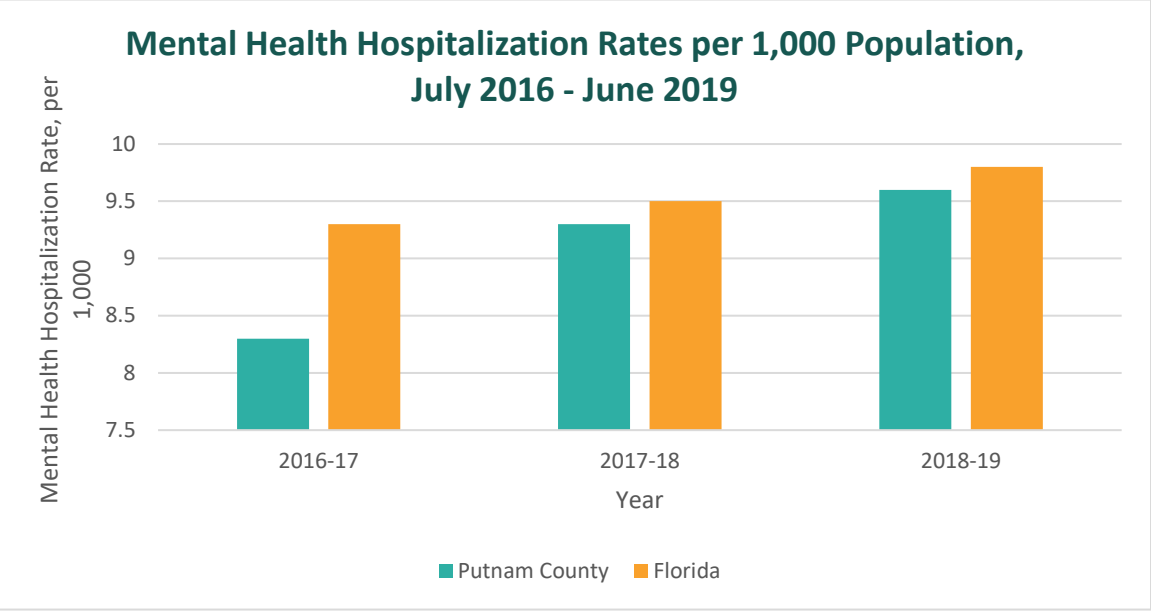
MENTAL HEALTH

Reviewing hospital discharge and emergency department data may yield insights into mental health status of a community. The National Institute of Mental Health estimates that approximately one in five adults in the United States suffers from a mental illness in a given year. Common mental health issues, including anxiety and depression, are interlinked with a variety of individual and public health issues, such as substance abuse, domestic violence, and suicide.

Estimates for 2015-2019 show that the rates of hospitalizations for mental health reasons among Putnam County residents of all ages, were consistently lower than state rates. In 2019, the estimated rate of hospitalization was 9.6 per 1,000 population in Putnam County compared to 9.8 per 1,000 population in the state of Florida. However, analysis across time reveals that the rates of hospitalizations for mental health reasons in Putnam County have been rising in recent years (see Figure 18). In 2015, the rate was only 5.6 per 1,000 hospitalizations (Table TA 26, Technical Appendix).

Subgroup analysis by age reveals that similar patterns are seen within the age groups 0 to 17 years and those aged 18 years and older. From July 2018-June 2019, the rate of hospitalizations for mental health reasons among 0 to 17-year-olds in Putnam County was 7.0 per 1,000 population compared to the state rate of 6.3 per 1,000 population. Among those 18 years and older in Putnam County, the rate was 10.3 per 1,000 population compared to 10.7 per 1,000 at the state level. Within both age groups, rates of hospitalization for mental health reasons have experienced an upward trend (Table TA 26, Technical Appendix).

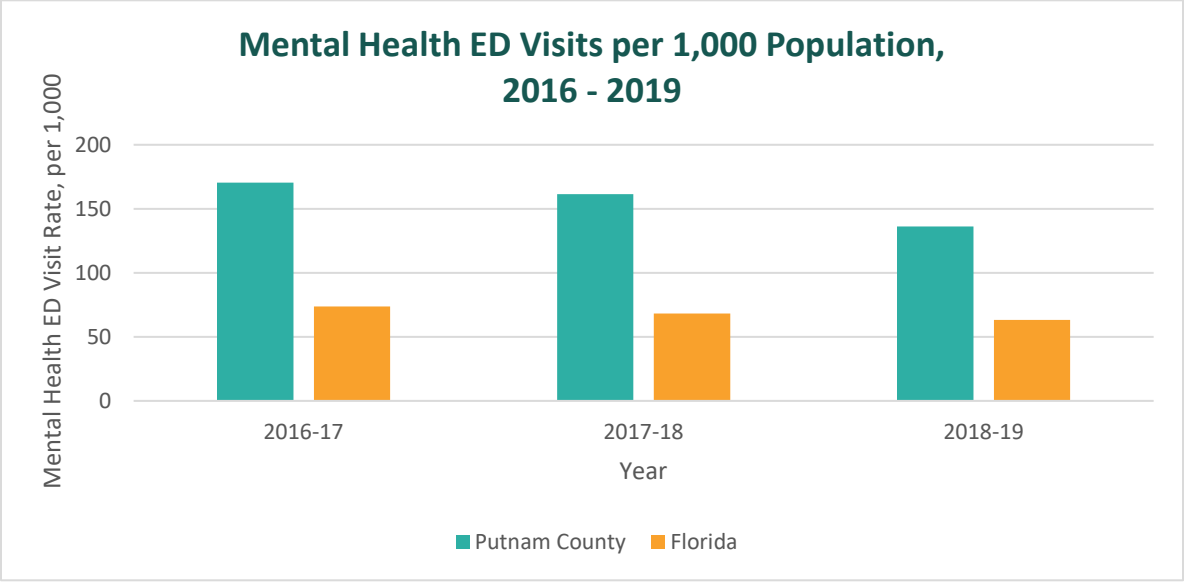
FIGURE 18: HOSPITALIZATIONS FOR MENTAL HEALTH REASONS, RATES PER 1,000 POPULATION FOR ALL AGES, PUTNAM COUNTY AND FLORIDA, 2015 – 2019



Source: Table TA 26, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

In contrast to hospitalization rates, emergency department (ED) visits for mental health reasons by Putnam County residents have exceeded state rates in recent years (see figure below). Estimates from July 2018-July 2019 show 9,952 ED visits for mental health reasons for Putnam County residents, which translates to a rate of 136.6 per 1,000 population. This was higher than the state rate of 63.2 per 1,000 population in the same time period. Subgroup analysis by age shows that rates of ED visits for mental health reasons are lower among children aged 0-17 years (18.0 per 1,000 population) compared to adults aged 18 and older (168.3 per 1,000) compared to the state rates of 11.5 per 1,000 and 76.0 per 1,000, respectively (Table TA 27, Technical Appendix).

FIGURE 19: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS, RATE PER 1,000 POPULATION, FOR ALL AGES PUTNAM COUNTY AND FLORIDA, 2015 – 2019



Source: Table TA 27, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

BAKER ACT INITIATIONS According to the most recent data from the University of South Florida, Department of Mental Health Law and Policy, the rates of involuntary exam initiations, commonly referred to as Baker Act initiations, increased in the decade between 2007 and 2017. (Table TA 28, Technical Appendix). Data are available on specific populations, including children under 18 years as well as adults 64 years and older. In the fiscal year 2015-2016, children aged under 18 years in Putnam County comprised 22.8 percent of all Baker Act initiations, higher than the state proportion 16.4 percent. Conversely, older adults aged 64 years and older in Putnam County comprised only 5.9 percent of Baker Act initiations, lower than the state proportion of 7.2 percent (Table TA 28, Technical Appendix). More data are available in the Technical Appendix to examine Baker Acts by initiator type (Tables TA 29-30, Technical Appendix).

SUICIDE Putnam County residents have had higher age-adjusted three year rates of suicide as compared to the state as a whole since 2008. Between 2008-2019, Putnam County rates have fluctuated from 17.8 per 100,000 population to 22.3 per 100,000 population; state rates have fluctuated from 13.8 per

100,000 population to 14.6 per 100,000 population. Putnam County's age-adjusted three year rate of suicide between 2017-2019 was 22.3 per 100,000 population, while the state's was 14.6 per 100,000 population.

OPIOID AND DRUGE USE The prevalence of Opioid Use Disorder continues to be of high concern at the regional, state and national levels. The most recent available data from the Florida Department of Health show that in 2018 Putnam County experienced ten (10) opioid overdose deaths. The ten (10) deaths translate to an age-adjusted death rate of 15.0 in Putnam County. By comparison, the state rate of opioid deaths was 18.7 per 100,000 population in 2018 (Table TA 35, Technical Appendix). Overall drug overdose deaths have seen an uptick as well. In 2015, there were three (3) drug overdose deaths in Putnam County, a rate of 5.8 deaths per 100,000. By comparison the state rate of drug overdose deaths was 13.1 per 100,000 in the same year (Table TA 35, Technical Appendix).

Neonatal Abstinence Syndrome (NAS) describes a combination of clinical symptoms in infants less than 28 days old who were exposed to opioid prescription or other illicit drugs during pregnancy. The syndrome is most commonly associated with opioids, but other substances, including nicotine, can be implicated. Due to ambiguities in diagnosis, there are challenges to standardization of screening in newborns. Thus, although rates of NAS are considered an important marker of opioid use disorder in the community, reported data may underestimate true prevalence of the syndrome. In the time period between 2015-2018, Putnam County had high rates of documented NAS compared to the state. Between 2015-2018, Putnam County had an average of 22.5 documented cases of NAS for the time period (Table TA 35, Technical Appendix). Other markers of drug use in Putnam County, including non-fatal opioid drug overdoses and drug arrests are presented in the technical appendix and demonstrate relatively stable rates (Tables TA 35-36, Technical Appendix).

OTHER SUBSTANCE USE INDICATORS Other substance use indicators included in the *2021 Putnam County Community Health Assessment Technical Appendix* relate to alcohol use disorder. The effects of excessive alcohol use have been highlighted in recent years due to the relation of alcohol with burden of chronic disease, particularly liver disease and mental health illness.

In 2016, 15.3 percent of Putnam County residents reported engagement in heavy or binge drinking, lower than the state rate of 17.5 percent (Table TA 32, Technical Appendix). Still, rates of chronic liver disease and cirrhosis, which can be a consequence of chronic alcohol use disorder, were higher in Putnam County compared to the state. In 2019, Putnam County had 19.0 cases of alcoholic liver disease per 100,000 population of selected liver deaths. This was higher than the state rate of 6.3 per 100,000 in the same time period (Table TA 33, Technical Appendix). In 2019, Putnam County had 27.4 cases of chronic liver disease and cirrhosis per 100,000 population of selected liver deaths. This was also higher than the state rate of 11.3 per 100,000 in the same time period (Table TA 33, Technical Appendix).

HEALTHCARE RESOURCES, ACCESS AND UTILIZATION

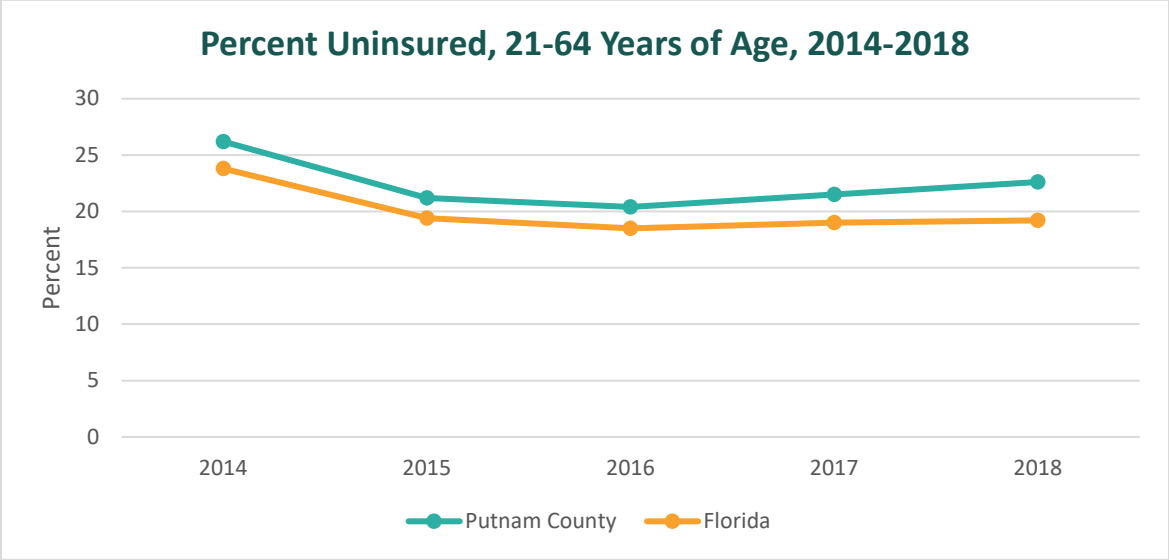
Health insurance and access to health care facilitate early detection and treatment of illness as well as promote crucial continuity of care to maintain quality of life and minimize premature death or disability.

It is therefore useful to consider insurance coverage and healthcare access in a community health assessment. The *2020-2021 Putnam County Community Health Assessment Technical Appendix* includes data on insurance coverage, both public and private, Medicaid eligibility, and healthcare utilization by payor source. Key findings from these data sets are presented below.

UNINSURED

In 2018, 22.6 percent of adults in Putnam County between the ages of 21-64 years were uninsured. This was higher than the state average, which showed 19.1 percent of adult Floridians as uninsured. The following figure, which depicts trends in the uninsured rates of this age group over time, shows that there was a decline in the uninsured population between 2014-2016 at both the state and county levels. Since then, the uninsured rates in Putnam County have progressively increased, slowly approaching the uninsured rate in 2014 (26.2 percent) (Table TA 12, Technical Appendix).

FIGURE 20: PERCENT OF UNINSURED POPULATION, 21-64 YEARS, PUTNAM COUNTY AND FLORIDA, 2014-2018



Source: Table TA 12, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

SHORTAGE AREAS

Health professional shortage areas (HPSAs) and Medically Underserved Areas (MUAs) are designations based on federal standards that indicate healthcare provider shortages in three (3) categories: primary care, dental health, and mental health. Shortages may be geographic-, population- or facility-based. The HPSA score of shortage areas is calculated using the following four key factors: population-to-primary care physician ratio, percent of population with incomes below 100.0 percent of the poverty level, infant mortality rate or low birth weight birth rate (whichever scores higher), and travel time or distance to the nearest available source of care (whichever scores higher). The maximum HPSA score that a facility can receive is 26. The higher the score the lower the access and utilization are of the healthcare facility. The

score is applied to a geographic area to determine the MUA index score which can range from 0 to 100. (Table TA 46, Technical Appendix). Putnam County HPSA and MUA scores are provided in the table below.

TABLE 4: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, PUTNAM COUNTY, 2020

HPSA Name	Type	HPSA Score	Designation Date	Update Date
Primary Care				
LI/MFW - Putnam County	Low Income Migrant Farmworker Population HPSA	20	3/11/1997	10/25/2018
Rural Health Care, Incorporated	Federally Qualified Health Center	21	11/12/2003	8/18/2019
Birth & Beyond	Rural Health Clinic	19	9/18/2020	9/18/2020
Kid Care Pediatrics PA	Rural Health Clinic	19	8/18/2019	8/18/2019
Dental Health				
LI-Putnam County	Low Income Population HPSA	20	2/9/2001	8/2/2018
Rural Health Care, Incorporated	Federally Qualified Health Center	26	11/12/2003	8/28/2019
Birth & Beyond	Rural Health Clinic	19	9/18/2020	9/18/2020
Kid Care Pediatrics PA	Rural Health Clinic	18	8/18/2019	8/28/2019
Mental Health				
Putnam County	Geographic HPSA	18	9/28/1987	5/12/2017
Rural Health Care, Incorporated	Federally Qualified Health Center	23	11/12/2003	8/28/2019
Birth & Beyond	Rural Health Clinic	18	9/18/2020	9/18/2020
Kid Care Pediatrics PA	Rural Health Clinic	19	8/18/2019	8/28/2019

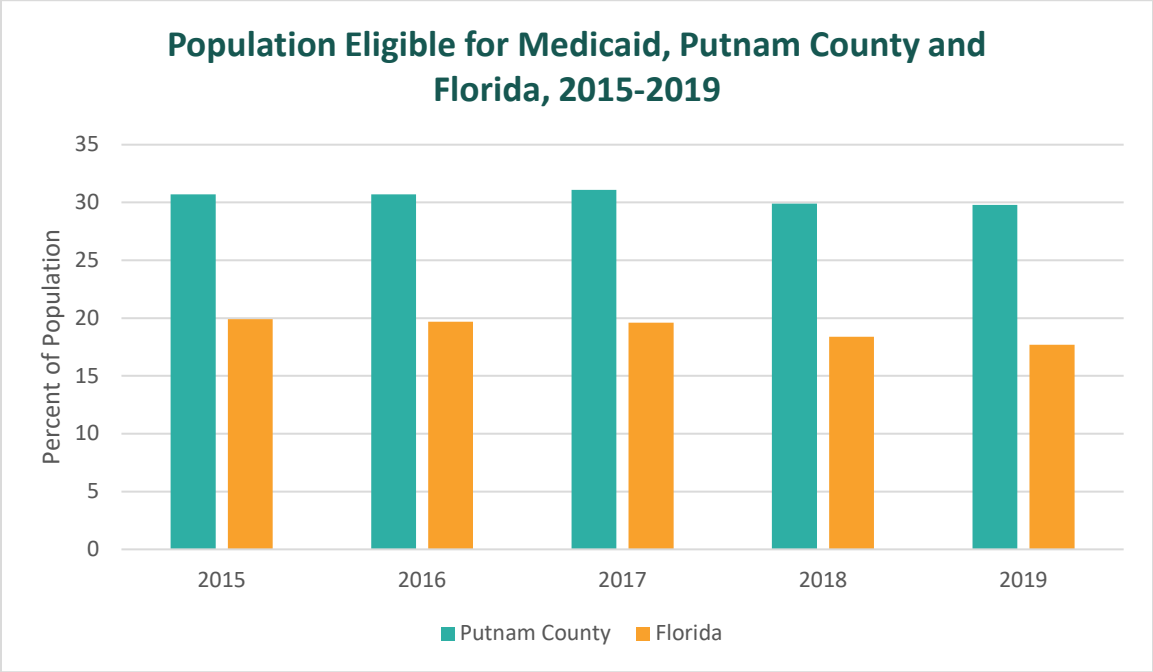
*The score represents the HPSA score developed for use by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score the greater the priority. MUA scores can range from 0 to 100 where the higher score indicates greater need.

Source: Table TA 46, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

MEDICAID

The term Medicaid eligible refers to those who both qualify for and receive Medicaid benefits. According to the FLHealthCharts portal, 29.8 percent of the Putnam County population was deemed Medicaid eligible in 2019. This was higher than the state proportion of 17.8 percent (Table TA 47, Technical Appendix). As of September 2019, 21,724 Putnam County residents were enrolled in Medicaid, or 29.8 percent of the county's residents; by comparison, 17.7 percent of the state's residents are enrolled in Medicaid (Table TA 48, Technical Appendix).

FIGURE 21: PERCENT OF POPULATION ELIGIBLE FOR MEDICAID, PUTNAM COUNTY AND FLORIDA, 2015-2019



Source: Table TA 48, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

PHYSICIAN, DENTIST AND OTHER HEALTHCARE PROFESSIONAL AVAILABILITY

In fiscal year 2018-2019, the rate of total physicians in Putnam County was 80.8 per 100,000 population, which was alarmingly lower than the state rate of 310.0 per 100,000 population (see table below). In terms of individual physician types, Putnam County has less providers than the state as a whole, across all specialty types. For the 2018-2019 fiscal year, the rates of family practice and internal medicine physicians in Putnam County were 6.8 per 100,000 population and 12.3 per 100,000 population, respectively (Table TA 50, Technical Appendix). The rates of obstetrics/gynecology and pediatrics physicians for the 2018-2019 fiscal year were 6.8 per 100,000 population and 9.6 per 100,000 population, respectively (Table TA 50, Technical Appendix).

TABLE 5: RATE OF PHYSICIANS BY TYPE PER 100,000 POPULATION, PUTNAM COUNTY AND FLORIDA, FISCAL YEARS 2014-15 – 2018-19

Type of Physician	2014-15	2015-16	2016-17	2017-18	2018-19
	Putnam County				
Family Practice Physicians	9.6	6.8	8.2	8.2	6.8
Internists	13.7	13.7	13.7	13.6	12.3
OB/GYN	9.6	8.2	6.8	6.8	6.8
Pediatricians	8.2	8.2	9.6	9.5	9.6
Total Physicians	100.2	94.5	90.3	88.5	80.8
	Florida				
Family Practice Physicians	18.7	14.0	14.1	18.8	19.2
Internists	48.7	48.7	47.9	46.9	47.5
OB/GYN	10.0	9.6	9.5	9.3	9.3
Pediatricians	18.4	17.7	17.7	21.9	22.0
Total Physicians	254.7	244.5	310.5	304.7	310.0

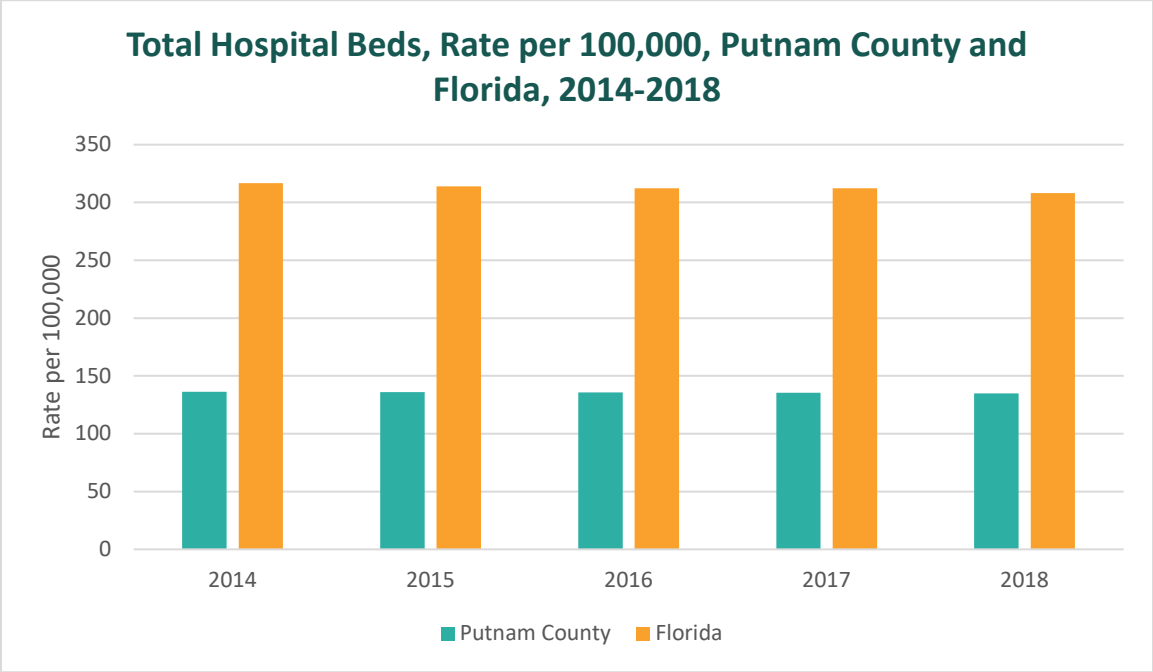
Source: Table TA 50, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

There were thirteen (13) dentists in Putnam County in fiscal year 2018-2019 for a rate of 17.8 per 100,000 population. By comparison, the state rate was 56.7 per 100,000. The number and rate of dental providers has decreased since the 2015-2016 fiscal year. (Table TA 50, Technical Appendix).

HEALTHCARE FACILITIES

Given its limited population size, Putnam County had a low absolute number of licensed healthcare facilities as of 2020. The density of facilities is lacking by many metrics. Putnam County had only one (1) healthcare clinic, furnishing a rate of 1.4 clinics per 100,000 population (Table TA 61, Technical Appendix). In comparison, the state of Florida has a rate of 12.6 healthcare clinics per 100,000 population. Putnam County has six (6) rural health clinics and one (1) hospital, furnishing a rate of 1.4 hospitals per 100,000 population, on par with the state's rate of 1.4 hospitals per 100,000 population (Table TA 61, Technical Appendix). In 2018, there were 99 total hospital beds, or 134.8 beds per 100,000 population compared to the state rate of 308.2 per 100,000 (Table TA 49, Technical Appendix). Figure 22 below shows five-year comparison rates for both Putnam County and the state of Florida.

FIGURE 22: TOTAL HOSPITAL BEDS, RATE PER 100,000, PUTNAM COUNTY AND FLORIDA, 2014-2018



Source: Table TA 49, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

According to the Centers for Disease Control and Prevention, potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g. dehydration) or worsening chronic conditions (e.g. congestive heart failure) that might not have required hospitalization had those conditions been managed successfully by primary care providers in outpatient settings. Because hospitalization data are gleaned at the time of discharge, the term “avoidable discharge” is utilized as a proxy for avoidable hospital admissions. It is important to note that all hospitalization data is subject to the patient’s residency and respective zip code, not the location of the hospital itself.

Given estimates for the 2018-2019 fiscal year, there were 1,309 avoidable discharges among the population aged 0-64 years, translating to a rate of 23.3 per 1,000 population. This was higher than the state rate of 12.8 per 1,000 population (Table TA 54, Technical Appendix). The 2018-2019 estimates were higher than the prior year (2017-2018), during which time 18.6 avoidable discharges per 1,000 population were documented for residents of Putnam County. Conversely, the state avoidable discharges had decreased between 2017-2018 and 2018-2019, as the rate fell from 13.2 per 100,000 population to 12.8 per 100,000 population (Table TA 54, Technical Appendix).

The ten (10) leading causes of avoidable discharges for Putnam County residents under the age of 65 years for 2018-2019 are shown in the table below (Table TA 56, Technical Appendix).

TABLE 6: TOP 10 REASONS FOR AVOIDABLE DISCHARGES, PUTNAM COUNTY, JULY 2018-JUNE 2019

Top 10 Reasons for Avoidable Discharges Putnam County, 2018-2019 (N=1,309)	
Avoidable Reason	Percent of Total (N)
Dehydration - volume depletion	43.0
Nutritional deficiencies	12.1
Chronic Obstructive Pulmonary Disease	11.8
Diabetes "B"	8.7
Congestive Heart Failure	7.6
Diabetes "A"	6.0
Cellulitis	4.9
Grand mal status and other epileptic convulsions	4.1
Gastroenteritis	2.8
Asthma	2.8

Source: Table TA 56, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021

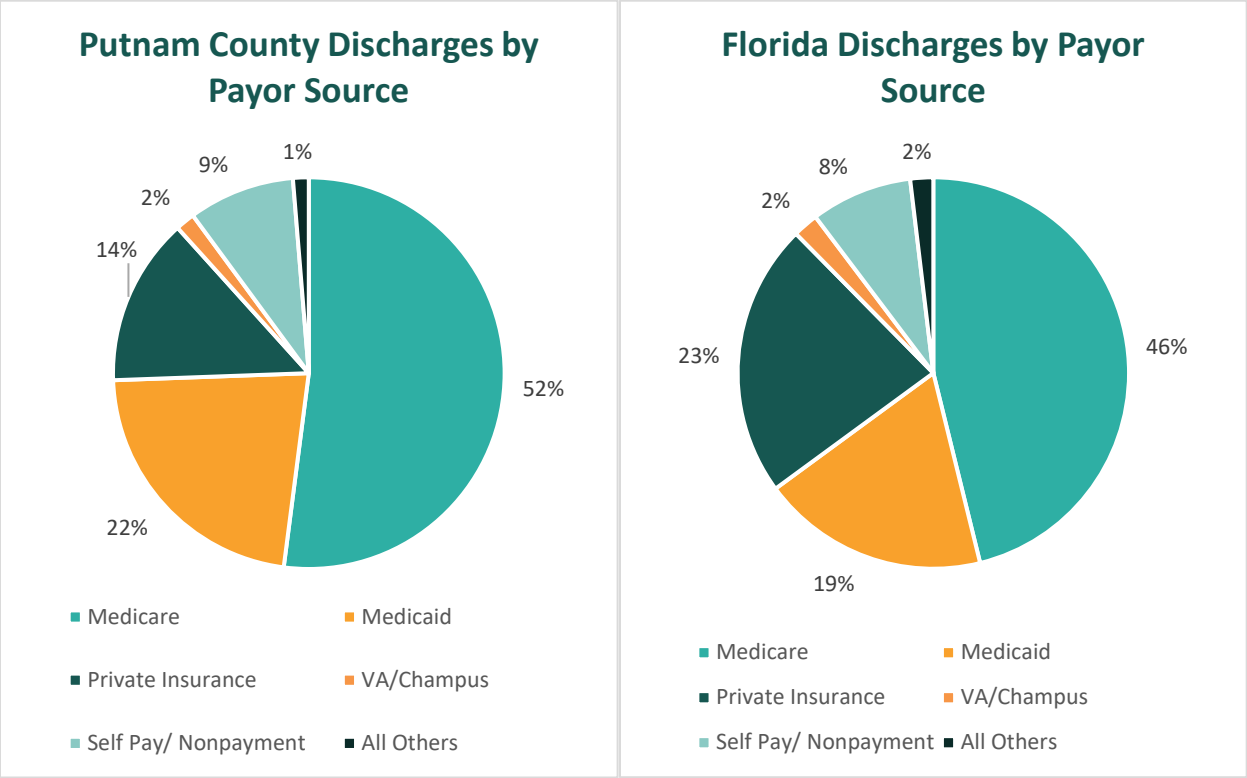
In fiscal year 2018-2019, there were a total of 48,462 emergency department (ED) visits for residents of Putnam County, representing a rate of 663.2 visits per 1,000 population (Table TA 57, Technical Appendix). This was higher than the state rate of 409.9 per 1,000 population. Out of total ED visits, 21,614 were deemed avoidable. This translated to a rate of 295.8 avoidable ED visits per 1,000 population, a rate higher than the state rate of 200.9 visits per 1,000 population in the same year (Table TA 60, Technical Appendix). The main reasons for the ED visits by Putnam County residents during the 2018 calendar year included cough, unspecified abdominal pain, unspecified fever, headache, and low back pain (Table TA 59, Technical Appendix).

PAYOR SOURCE

Data on all discharges by payor source for the July 2018-June 2019 fiscal year showed that the payor source for over half of hospitalizations (52.6 percent) was categorized as Medicare. Other payor sources, in descending order of proportion, included Medicaid (22.5 percent), private insurance (14.0 percent),

VA/Champus (1.7 percent), self-pay or non-payment (7.9 percent), and "all others" (1.3 percent) (see figure below for note about "all others") (Table TA 52, Technical Appendix). Between July 2018-June 2019, Medicare was the payor source for 30.5 percent of avoidable ED visits while Medicaid covered 29.0 percent, and private insurance covered 19.6 percent. Self-pay or non-payment comprised 18.8 percent of avoidable ED visits (Table TA 55, Technical Appendix).

FIGURE 23: PERCENT OF DISCHARGES, BY PAYOR SOURCE, PUTNAM COUNTY AND FLORIDA, JULY 2018-JUNE 2019



Source: Table TA 52, *2020-2021 Putnam County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2021. All other payor sources include Workers Compensation, Other State/Local Government, KidCare, and Commercial Liability Coverage

COMMUNITY RESOURCES AND ASSESTS FOR IMPROVING HEALTH

The resources and assets to improve and protect health in Putnam County fall into three broad categories including healthcare resources, community partner assets, and informational resources reflecting an array of evidence-based and model practices to draw upon. Putnam County's healthcare resources including facilities and providers are described in detail in the section above. While Putnam County has a shortage of healthcare providers and dentists relative to the size of its population, the community is not without healthcare resources including nursing homes, a hospital and two renal disease centers. The uninsured rate is near the state rate for Putnam County which indicates that the

majority of residents have access to some type of health insurance coverage. More than 21 percent of Putnam County residents received Medicaid benefits, a rate higher than the state as a whole.

Community partners and their organizations are invaluable, rich resources for improving individual and population health in Putnam County. Partners and individuals not only bring their talents, collaborative relationships, influence, and dedication but also the leadership, policy, and physical and fiscal assets needed to find innovative, sustainable, appropriate and feasible ways to improve and maintain health and quality of life in Putnam County. The 80-page *Putnam County Community Resource Directory*, updated March 2020, lists the wide variety of health and social services and resources available to Putnam County residents to support healthy, safe living and protect quality of life. Informational resources to guide the planning, implementation and evaluation of strategies to improve health are listed in the penultimate section of this community health assessment report. These resources outline evidence-based, model and promising practices to address the community health issues that emerged in this assessment. Among the resources are strategies for environmental change, policy development, behavior and lifestyle change, and community approaches to improving social determinants of health and health equity.

HEALTH DISPARITIES AND HEALTH EQUITY

The Centers for Disease Control and Prevention defines health disparities as "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations" (https://www.cdc.gov/healthyyouth/disparities/index.htm, accessed July 24th, 2020). Health equity is described as "the attainment of the highest level of health for all people" (https://www.cdc.gov/minorityhealth/publications/health_equity/index.html, accessed November 30th, 2020). The World Health Organization states that the social determinants of health – those conditions in which people are born, grow, live, work, and age – are principally responsible for health inequities (https://www.who.int/social_determinants/en/, accessed November 30th, 2020).

Health disparities, or differences in health status, were found during the course of the Putnam County Community Health Assessment. The assessment also examined potential forces of health inequity as outlined by the Prevention Institute. (https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20_Full_Report.pdf, Accessed November 30th, 2020). According to the Prevention Institute, determinants of health include 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality healthcare. The need for measurable indicators in each of these three (3) domains is emphasized. Below we summarize patterns of health disparity and potential indicators of health inequity for Putnam County.

HEALTH DISPARITIES

LIFE EXPECTANCY Estimates from 2017-2019 showed that life expectancy in Putnam County was lower compared to state averages. Male Floridians, without regard for racial classification, had an average life

expectancy of 77.0 years, whereas in Putnam County, the average life expectancy for males was 70.6 years. Life expectancy for female Floridians, without regard to racial classification, was estimated to be 82.6 years, whereas females in Putnam County had a life expectancy of 76.8 years (Table TA 3, Technical Appendix).

HEALTH RANKINGS In the latest County Health rankings, Putnam County ranked second to last place, or 66th place, for health outcomes. The county ranked last in the state for health factors, which includes the metrics of health behavior, clinical care, social & economic factors, and physical environment. Putnam County ranked second to last, or 66th, in mortality, which is a metric of lifespan (Table TA 1, Technical Appendix). Putnam also ranked third to last, or 65th, in morbidity, which is a metric of quality of life (Table TA 1, Technical Appendix).

MORBIDITY AND MORTALITY Our data on morbidity and mortality patterns in Putnam County showed higher overall mortality rates compared to the state, consistently high mortality rates from chronic disease, and disparate patterns of years of potential life lost based on race.

Overall mortality rates in Putnam County (925.3 deaths per 100,000) were higher than the mortality rate in the state of Florida as a whole 687.0 deaths per 100,000) (Table TA 19, Technical Appendix). Age-adjusted mortality rates for leading causes of disease, including Cancer (205.4 deaths per 100,000 population) and Heart Disease (196.0 deaths per 100,000) in Putnam County were higher than the state rates (156.1 per 100,00 and 154.5 per 100,000, respectively). Mortality rates that exceeded state averages were also observed with respect to CLRD (county rate of 67.8 per 100,000 versus state rate of 40.1 per 100,000), Unintentional Injuries (county rate of 64.2 per 100,000 versus state rate of 46.9 per 100,000), and Diabetes (county rate of 56.7 per 100,000 versus state rate of 19.1 per 100,000).

Unique patterns of disease were observed among Putnam County residents. Unintentional Injury rates are higher for White residents of Putnam County than Black residents. In 2019, the Unintentional Injury rate for White residents of Putnam County was 112.5 per 100,000 population; the state had a rate of 60.3 per 100,000 population (Table TA 21, Technical Appendix). Conversely, among the Black population in 2019, the Unintentional Injury rate was 91.7 per 100,000 at the county level; the state had a rate of 41.2 per 100,000 population (Table TA 21, Technical Appendix). In 2019, Black residents of Putnam had a higher cause of death rate for Diabetes (73.7 per 100,000 population) compared to the state (37.6 per 100,000 population) (Table TA 21, Technical Appendix).

Finally, the rate of years of potential life lost (YPLL), a reflection of premature death, for Putnam County residents has been consistently higher than the state rate. In 2019, Putnam County experienced a rate of 12,793.7 years of life lost per 100,000 population, more than the state rate of 7,646.8 per 100,000 (Table TA 24, Technical Appendix). Since 2016, the rate of YPLL has been higher for Black residents of Putnam County than White residents; the same trend can be observed at the state level. In 2019, the rate of YPLL for Black residents of Putnam County was 16,449.3 per 100,000 population, while White residents' rate of YPLL was 12,290.4 per 100,000 population (Table TA 24, Technical Appendix).

MATERNAL AND INFANT HEALTH The infant mortality rate was higher in Putnam County compared to the state. In 2019, there were ten (10) infant deaths in Putnam County. This translates to an infant death rate of 12.4 per 1,000 live births compared to the state rate of 6.0 deaths per 1,000 live births in the

same time period (Table TA 38, Technical Appendix). Racial and ethnic disparities were present with respect to prenatal care. Among the White population, 60.4 percent of births received first trimester care in 2019, compared to 62.8 percent among Black residents (Table TA 40, Technical Appendix). The Hispanic population had the lowest rate of first trimester care at 56.3 percent (Table TA 40, Technical Appendix).

HEALTH INEQUITIES

Structural Drivers – Income and Poverty

INCOME Median income was lower in the county (35,469 dollars) compared to the state (53,267 dollars). Notable disparities were observed by race. In Putnam County, the White population had a median household income of 39,013 dollars compared to 21,231 dollars in the Black population (Table TA 9, Technical Appendix).

POVERTY Between 2014-2018, Putnam County had a notably higher poverty rate, 24.8 percent, than the state average (14.8 percent). Trends over time showed that poverty rates in Putnam County have been consistently high relative to the state (Table TA 7, Technical Appendix). Disparities in poverty were evident by race and ethnicity. ACS data for 2014-2018 showed that Black residents face poverty at twice the rate of the White residents in Putnam County. In regard to race, 43.0 percent of Black residents and 20.8 percent of White residents were estimated to live in poverty during this time period (Table TA 7, Technical Appendix). Poverty rates in this area of the county were much higher compared to state averages for Black and White residents (23.5 percent and 12.7 percent, respectively). Similarly, a larger proportion of Hispanic or Latino residents (31.4 percent) lived in poverty compared to the state's proportion of Hispanic or Latino residents (18.9 percent) (Table TA 7, Technical Appendix).

Community Determinants – Education and Norms and Culture

EDUCATION Most Putnam County residents (60.7 percent) had a high school diploma, or some equivalence, as the highest completed level of education between 2014-2018. About 19.1 percent did not receive a high school diploma and 20.3 percent had a college degree, including Associate's, Bachelor's, Master's, Doctorate or other professional school degrees. Collectively, this represents a lower level of education compared to the state of Florida as a whole, which reported only 12.0 percent of residents with no high school diploma, and 39.0 percent of residents with a college degree (Table TA 11, Technical Appendix).

NORMS AND CULTURE A component of health behaviors is rooted in norms and culture, which are in turn embedded in systems that make it difficult to change health behavior. High rates of CLRD in the county (see Health Disparities) are worrisome and may be linked to high engagement in tobacco use and exposure. In the 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey, over a fifth (21.6 percent) of Putnam County residents reported being smokers, much higher than the average of 15.5 percent at the state level (Table TA 43, Technical Appendix).

QUALITY HEALTHCARE Differential access to health care may be the driving force for some of the disparities mentioned earlier in this report, including disparate mortality rates, high chronic disease burden, lower prenatal care by race and ethnicity, and other chronic disease disparities. Putnam County had lower physician availability (80.8 physicians per 100,000 population) in 2018-2019 compared to the state (310.0 per 100,000 population) (Table TA 50, Technical Appendix). In terms of the breadth of specialty care, family practice physicians and internal medicine physicians were available for primary care specialty in Putnam County, as well as obstetrics and gynecology physicians and pediatricians. Despite having one hospital in the community, Putnam County had fewer hospital and/or acute care beds per capita (99 total hospital beds, or 134.8 beds per 100,000 population) compared to the state (308.2 per 100,000 population) (Table TA 49, Technical Appendix).

Limited healthcare access can manifest in avoidable hospitalizations and ED visits. There were 1,309 avoidable discharges among the population aged 0-64 years, translating to a rate of 23.3 per 1,000 population, which was higher than the state rate of 12.8 per 1,000 population (Table TA 60, Technical Appendix). There were 17,355 avoidable ED visits in Putnam County in 2017, translating to a rate of 237.7 per 100,000 population (Table TA 60, Technical Appendix). The state rate of avoidable ED visits was 192.8 per 100,000 population in 2017 (Table TA 60, Technical Appendix).

MENTAL HEALTH Mental health ED visits can indicate decreased access to outpatient mental health services. For Putnam County residents, ED visits for mental health reasons have exceeded state rates in recent years. Estimates for fiscal year 2018-2019 predict around 9,952 ED visits for mental health reasons for Putnam County residents, which translates to a rate of 136.3 per 1,000 population, which is higher than the state rate of 63.2 per 1,000 population during the same time period (Table TA 27, Technical Appendix). Unlike the ED visit rate, the rate of hospitalizations for mental health reasons were low relative to the state. During fiscal year 2018-2019, the estimated rate of hospitalization was 9.6 per 1,000 population for Putnam County residents compared to 9.8 per 1,000 population in the state of Florida (Table TA 26, Technical Appendix). The high use of emergency departments for mental health reasons coupled with low relative rates of hospitalizations for mental health reasons may indicate that there is a high volume of mental health issues of low acuity; that is, the data suggest many of the mental health disorders could be addressed in outpatient settings.

SUMMARY

In summary, the Putnam County Community Health Assessment and its companion *2021 Putnam County Community Health Assessment Technical Appendix* provide rich data resources to better understand the social, environmental, behavioral and healthcare factors that contribute to health status and health outcomes in Putnam County. The data and findings also point to the need for further in-depth exploration of some factors, gaps and root causes in order to improve health outcomes and quality of life in the county. There are health challenges and community concerns in the areas of dental and oral health, chronic disease, substance use disorder, and overall mortality. Data also point to multiple socioeconomic barriers to health, including lower income relative to the state and high poverty rates. Community interest, by leaders and the community at large, in improving the quality of life in Putnam

County may signal readiness for renewed primary prevention and wellness interventions, policy and environmental change.

Further, racial disparities in health and socioeconomic markers are generally higher than the for the state and neighboring counties. Areas for potential improvement include high rates of tobacco use and subsequent chronic lower respiratory disease burden; access to healthcare facilities and healthcare professionals; and access to primary, dental and mental health services. Health disparities and their root inequities need further consideration and assessment to more fully understand impacts on community health problems and their contributing causes. As evidenced in this community health assessment process and partners' commitment to community collaboration, these findings will inform and inspire the next cycle of community health improvement planning for Putnam County.

Community Themes and Strengths Assessment

COMMUNITY HEALTH SURVEY

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. Including a community's perspective of health and the healthcare experience is essential to fully understanding the health and quality of life landscape in a community. The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?" What factors define a healthy community?" and "What are the most important health problems in your community?" This assessment results in a fuller insight into community issues, concerns, and perceptions about quality of life through the lens of community members. For this integral part of the Putnam County Community Health Assessment, primary data were collected through a community health survey. Primary qualitative data were also collected through the facilitated SWOT discussion with community leaders and residents who serve on the Steering Committee. These data contribute perspectives on health from yet another dimension. The survey process and results are described below, followed by the findings from the SWOT discussion.

METHODOLOGY

A survey was developed to poll individuals about community health issues and the healthcare system from the perspective of residents. Disseminating the community health survey was a collaborative effort led by the Florida Department of Health in Putnam County with their community partners. For the purpose of this assessment, a community member was defined as any person 18 years of age or older who resides in Putnam County. Responses from individuals who did not meet the aforementioned criteria were not included in the data analysis. The survey included 16 core questions and eight (8) demographic items. Survey respondents may have been asked follow-up questions depending their responses to the core questions. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. The survey was accessible on internet-enabled devices including cellphones and tablets. The survey instrument was tested for readability. Prior to deployment, the electronic survey was pre-tested for functionality and ease of use.

For the community survey, a convenience sampling approach (i.e., respondents are selected based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on December 18, 2020 and remained available through January 3, 2021. The surveys were available electronically on WellFlorida's website and the link was shared by numerous community agencies via email distribution lists, listservs, Facebook and other social media postings. The eligible, completed surveys from 1,526 Putnam County residents were analyzed. The general demographic factors collected on survey respondents are presented in table below. Descriptive analysis identified themes and key points. The results are presented in the tables and figures that immediately follow.

SURVEY RESULTS

The following table summarizes demographic data of all respondents who met eligibility criteria. Participants were mostly male (62.0 percent), compared to female gender (36.6 percent). About 80 percent of survey respondents were between the ages of 18 to 39 years of age with the largest segment of the age distribution at 45.7 percent among those 30 to 39 years of age. With respect to race, a little more than half of participants identified as White or Caucasian (52.5 percent), followed by American Indian and Alaska Native (20.0 percent), Black or African American (11.8 percent), and two or more races (6.6 percent). Another 6.0 percent identified as Native Hawaiian or other Pacific Islander. Few participants identified as Asian (1.9 percent). Participants who identified as Hispanic (52.9 percent) outnumbered those who identified as Non-Hispanic (45.2 percent).

Level of education of participants was skewed toward higher levels of education. Almost three-quarters of participants (74.0 percent) completed a higher education degree, including technical, community college, Associate's, Bachelor's or graduate degree. Less than ten percent (9.2 percent) reported high school or GED as the highest level of education, and less than one percent (0.9 percent) of participants said they had completed less than a high school education. Annual income of respondents was distributed across multiple income ranges. About 16.3 percent of respondents reported annual household income below $20,000. The most frequently reported annual income levels were between $50,000 and $74,999 (13.2 percent), between $100,000 and $124,999 (11.9 percent), and between $20,000-$29,999 (11.8 percent). In the upper income ranges, 10.0 percent of respondents reported an annual household income between $150,000 and $174,999. Finally, 38.5 percent of respondents reported an annual household income of $100,000 and above. The most common employment status of respondents was full-time employment (58.7 percent), followed by part-time employment (9.9 percent) and self-employed (8.0 percent).

With respect to health insurance and funding of health care, 36.2 percent of respondents reported that they received health insurance through a job or a family member's job and 23.7 percent indicated they purchased health insurance on their own. Eleven (11) percent reported paying cash for healthcare services. Residents with Medicare comprised 43.8 percent of respondents while those with Medicaid comprised 29.6 percent. About four (4.0) percent of respondents said they did not have insurance.

PARTICIPANT PROFILE

TABLE 7. DEMOGRAPHIC SUMMARY OF PUTNAM COUNTY SURVEY RESPONDENTS, 2021

Demographic Indicator	Respondents N=1,526	
	Number	Percent
Gender		
Male	947	62.0
Female	558	36.6

Demographic Indicator	Respondents N=1,526	
	Number	Percent
Transgender	14	0.9
Other	1	0.1
Prefer not to answer	6	0.4
Age (years)		
18-24	129	8.4
25-29	400	26.3
30-39	698	45.8
40-49	149	9.8
50-59	55	3.6
60-64	37	2.4
65-69	28	1.8
70-79	25	1.6
80+	5	0.3
Race		
American Indian and Alaska Native	306	20.0
Asian	29	1.9
Black or African American	180	11.8
Native Hawaiian and Other Pacific Islander	92	6.0
Two or more races	100	6.6
White	801	52.5
Other	2	0.1
Prefer not to answer	16	1.0
Ethnicity: Hispanic/Latino/a/x or Spanish Origin		

Demographic Indicator	Respondents N=1,526	
	Number	Percent
No, not of Hispanic, Latino/a/x or Spanish origin	689	45.2
Yes, Mexican, Mexican American or Chicano/a	544	35.6
Yes, Puerto Rican	184	12.1
Yes, Cuban	69	4.5
Yes, another Hispanic, Latino/a/x or Spanish origin	11	0.7
Prefer not to answer	29	1.9
Highest Level of Education Completed		
Elementary or Middle School	14	0.9
High School or GED	139	9.2
Some College	240	15.7
Technical, Community College, 2-Year College or Associate's Degree	240	15.7
4-Year College/Bachelor's Degree	611	40.0
Graduate/Advanced Degree	278	18.3
Prefer not to answer	4	0.2
Annual Household Income		
Under $10,000	123	8.1
Between $10,000 and $19,999	125	8.2
Between $20,000 and $29,999	180	11.8
Between $30,000 and $49,999	155	10.2
Between $50,000 and $74,999	202	13.2
Between $75,000 and $99,999	136	8.9
Between $100,000 and $124,999	182	11.9
Between $125,000 and $149,999	129	8.4

Demographic Indicator	Respondents N=1,526	
	Number	Percent
Between $150,000 and $174,999	152	10.0
Between $175,000 and $199,999	88	5.8
$200,000 or more	37	2.4
Prefer not to answer	17	1.1
Current Employment Status (may indicate more than one)		
Full-Time	895	58.7
Part-Time	211	13.8
Full-Time student	79	5.2
Part-Time student	60	3.9
Homemaker	46	3.0
Retired	78	5.1
Self-employed	123	8.0
Unemployed	80	5.2
Work two or more jobs	52	3.6
Prefer not to answer	4	0.2
Other: Disabled	9	0.6
How Health Care is Paid For (may indicate more than one)		
Health insurance offered by your job or a family member's job	553	36.2
Health insurance that you pay on your own	362	23.7
Medicaid	451	29.6
Medicare	668	43.8
Military coverage/VA/TriCare	60	3.9
Pay cash	168	11.0

Demographic Indicator	Respondents N=1,526	
	Number	Percent
I do not have health insurance	61	4.0
Other: KidCare, UF Shands	2	0.1

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

OVERVIEW OF COMMUNITY SURVEY

There were 1,526 completed surveys included in the analysis. Survey questions spanned the following topics:

- Factors that most contribute to a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Access to primary, dental, and mental health care
- Reasons why individuals did not receive primary, dental, and/or mental health care
- Biggest challenges faced by community members
- Rating of community and individual health
- Impact of COVID-19
- Emergency preparedness

FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY Residents of Putnam County ranked access to health care, including primary care, specialty care, dental and mental health care, as the most important contributor to a healthy community (42.9 percent). The next most important contributors were access to nutritious and affordable foods (23.0 percent), safe neighborhoods (20.5 percent), affordable goods and services (19.7 percent), and awareness of health and social services (18.7 percent). Other factors, ranked in the top ten (10) by percent included job opportunities (18.3 percent), good schools (14.7 percent), affordable housing (14.4 percent), availability of first responders (14.4 percent) and affordable utilities (14.2 percent).

BEHAVIORS WITH NEGATIVE IMPACT ON HEALTH Residents rated substance abuse, particularly drug and alcohol abuse, as behaviors with great negative impact on health. Drug abuse was ranked as the behavior with greatest negative impact by a substantial percentage (41.2 percent), while alcohol use was ranked second by well over a quarter of respondents (28.2 percent). Other top ranked behaviors with negative impact included not using healthcare services appropriately (18.7 percent), distracted driving (18.5 percent), eating unhealthy food or drinking sugar sweetened beverages (17.6 percent), and lack of personal responsibility (17.5 percent). Other behaviors with negative impact that ranked in the top ten (10) by respondents included overeating (17.4 percent), tobacco use (16.87 percent), dropping out of school (14.7 percent), and poor race/ethnic relations (13.7 percent).

BIGGEST PROBLEMS FOR RESIDENTS IN PUTNAM COUNTY When respondents were asked about the biggest overall health problems for residents in Putnam County, not specific to the respondent, the most common answers were mental health problems (27.3 percent), access to primary/family care (24.1 percent), and access to long-term care services (21.8 percent). Other problems that were rated among the top ten (10) by percent included the lack of affordable assisted living facilities (15.3 percent), access to sufficient and nutritious foods (15.3 percent), Cancer (14.6 percent), dental problems (13.3 percent), obesity, 13.2 percent), substance abuse and drug abuse (13.0 percent), and age-related issues (11.0 percent).

ACCESS TO CARE IN PUTNAM COUNTY Dental or oral health care was rated by 29.2 percent of survey respondents as difficult to obtain in Putnam County. This was followed closely by physical therapy and related services (28.3 percent), primary/family care (28.2 percent), and mental/behavioral health care services (26.9 percent). A quarter (25.0 percent) of survey respondents said that specialty care was difficult to obtain. Also among the ten (10) most frequently cited services difficult to obtain were alternative medicine and therapies (21.7 percent), emergency room care (17.9 percent), laboratory services (17.4 percent), preventive care (17.2 percent), and substance abuse counseling services (15.2 percent).

With respect to primary care, 58.5 percent of respondents reported that they needed care in the last 12 months but had not received the care they needed. Of the respondents who indicated they had unmet needs, the most commonly cited barrier was availability of primary care providers (34.2 percent), followed by work-related issues (33.7 percent) and no available appointments or long waits for appointments (26.9 percent).

In the area of dental care, more than half of respondents (59.2 percent) reported that they had not received necessary care in the last 12 months. Of the respondents who indicated they had unmet needs, the availability of dentists (31.7 percent) was cited as a barrier. Other common barriers were long waits for appointments or no appointments available (30.8 percent), work-related issues (28.8 percent), and cost (26.7 percent). COVID-19, lack of specialty dentists, and dentists who accepted Medicaid were listed as other barriers.

With respect to mental health or substance use care, a little more than half (53.0 percent) of survey respondents reported that they had not received needed care. Among those with unmet needs, the most commonly cited barrier was the lack of availability of mental health care providers or therapists or counselors (39.7 percent), followed by work-related issues (29.2 percent), and long waits or no available appointments (26.0 percent). COVID-19-related issues and the poor quality of care were mentioned as other barriers.

RANKING OF BIGGEST CHALLENGES FOR INDIVIDUAL RESPONDENTS Almost a quarter of respondents (23.5 percent) reported employment as their biggest challenge in the past 12 months. Among the top five (5) most commonly reported challenges were access to a doctor or dentist (20.7 percent), affordable utilities (19.7 percent), mental health/depression (19.3 percent), and transportation (18.1 percent). Subgroup analysis by household income showed variations in challenges reported by income level. However, challenges with employment were reported in the top three (3) for all the income brackets

analyzed. For households making less than $20,000 in income, the most commonly reported challenge was employment (26.6 percent), transportation (22.6 percent), and housing (20.2 percent).For respondents with household income between $20,000-$49,999, the most common challenges were employment (23.6 percent), affordable utilities (21.5 percent), and housing (20.3 percent). For respondents with household income between $50,000-$99,999, the most common challenge was access to a doctor or dentist (26.3 percent), followed by affordable utilities (25.1 percent), and employment (22.2 percent). Finally, for respondents with household incomes of $100,000 or more, the most common challenge was mental health/depression (23.4 percent) followed closely by employment (23.3 percent), and access to a doctor or dentist (22.4 percent).

OVERALL AND SELF-REPORTED HEALTH OF PUTNAM COUNTY When asked to rate the overall health of Putnam County residents, 41.5 percent of respondents chose "healthy" while 41.2 percent chose "somewhat unhealthy". About ten (10.0 percent) of respondents rated Putnam County residents as "unhealthy" while 5.5 percent rated residents as "very healthy". When asked about their *own* personal health, 46.5 percent of respondents chose "healthy" and "somewhat healthy" (34.3 percent) most frequently. In contrast to the county as a whole, 12.0 percent of respondents rated their health "very healthy", and less than one percent (0.8 percent) rated their health "very unhealthy". The distribution of ratings of self-reported health were similar by household income. The "healthy" category was selected most frequently by three of the four income brackets, followed by "somewhat healthy" as the second most frequently selected rating by three of the four brackets. Notably, the highest percentage of survey respondents (17.7 percent) who selected "very healthy" were in the less than $20,000 annual household income bracket.

IMPACT OF COVID-19 ON HOUSEHOLDS AND HEALTH FACTORS The COVID-19 pandemic had negative impact on multiple household issues. The area with the highest proportion of negative impact was employment with 36.2 percent of respondents indicating negative impact. Other areas with high percentages of respondents reporting negative impact included transportation (33.3 percent), child care (31.5 percent), and schooling and education (29.8 percent).

With respect to health-related activities, more than half of respondents (59.7 percent) reported negative impact on obtaining healthcare services. About 39.6 percent of survey respondents indicated the pandemic had a negative impact on their ability to get dental care and mental health care (32.8 percent). Nearly a third (33.8 percent) reported a negative impact on physical activity while almost a quarter (24.5 percent) said the pandemic had negative impacts on their eating habits and nutrition. Interestingly, survey respondents also reported *positive impacts* associated with their health-related activities. Physical activity was reported as improved by 16.3 percent and 21.4 percent cited improvements in eating habits and nutrition. More than half (55.5 percent) of survey respondents indicated they wear a face mask or face covering when out in public; another 36.5 percent said they did so sometimes. More than three-quarters (76.1 percent) of respondents reported that they always (34.5 percent) or sometimes (41.6 percent) practice social distancing. About half (52.9 percent) of those who responded to the survey indicated they will get the Coronavirus vaccine when it becomes available. Another 30.8 percent said they would not get the vaccine while 15.6 percent said they were unsure or chose not to answer (0.7 percent).

EMERGENCY PLANNING The majority of respondents (61.0 percent) reported that their household has an emergency plan. About 34 percent of respondents reported no emergency plan and nearly 5.0 percent reported uncertainty.

RESULTS BY SURVEY ITEM

The tables and figures below summarize the responses to each survey item. At least the top five (5) responses are presented for each item.

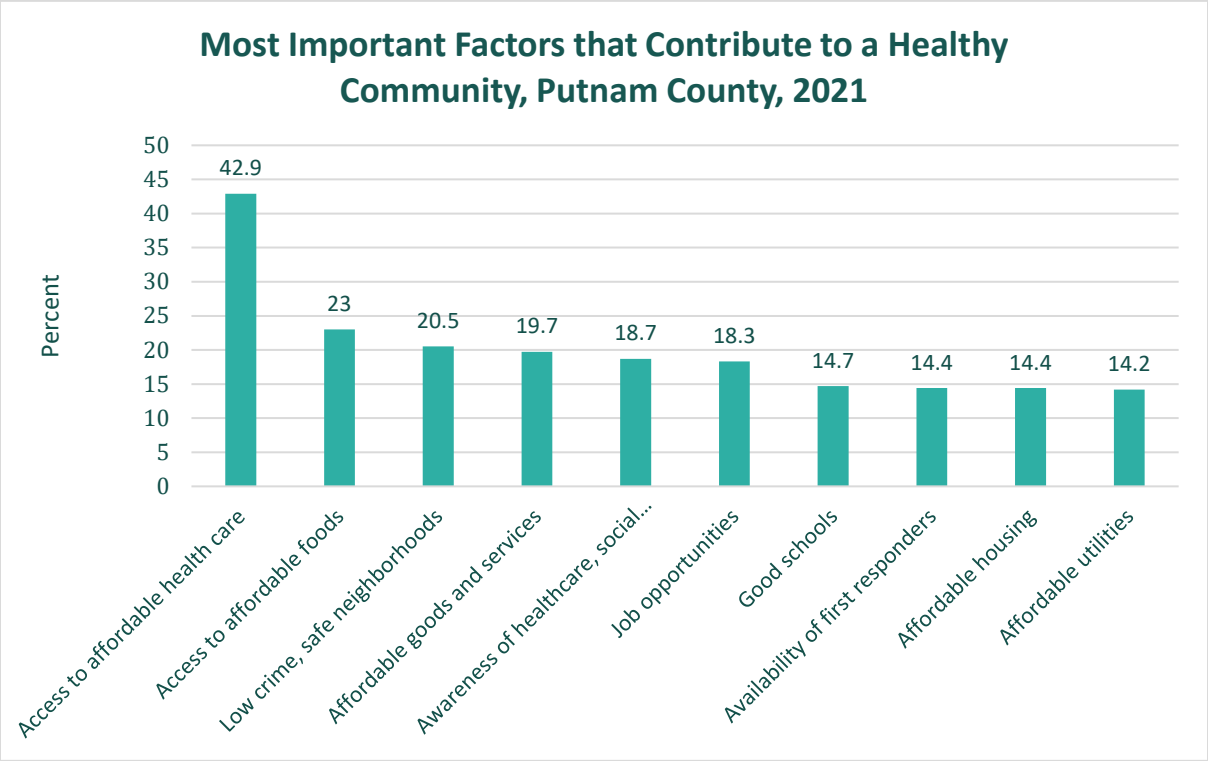
"What do you think contributes <u>most</u> to a healthy community? Choose THREE."

TABLE 8: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021

Rank	Factors (Percent of Responses)
1	Access to affordable health care including primary/family care, specialty care, dental and mental health care (42.9 percent)
2	Access to convenient, affordable and nutritious foods (23.0 percent)
3	Low crime, safe neighborhoods (20.5 percent)
4	Affordable goods and services (19.7 percent)
5	Awareness of health and social services (18.7 percent)
6	Job opportunities for all levels of education (18.3 percent)
7	Good schools (14.7 percent)
8, 9 (tie)	Availability of first responders, law enforcement, fire/rescue, EMS, emergency preparedness (14.4 percent)
	Affordable housing (14.4 percent)
10	Affordable utilities (14.2 percent)

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

FIGURE 23: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, PUTNAM COUNTY, 2021



Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

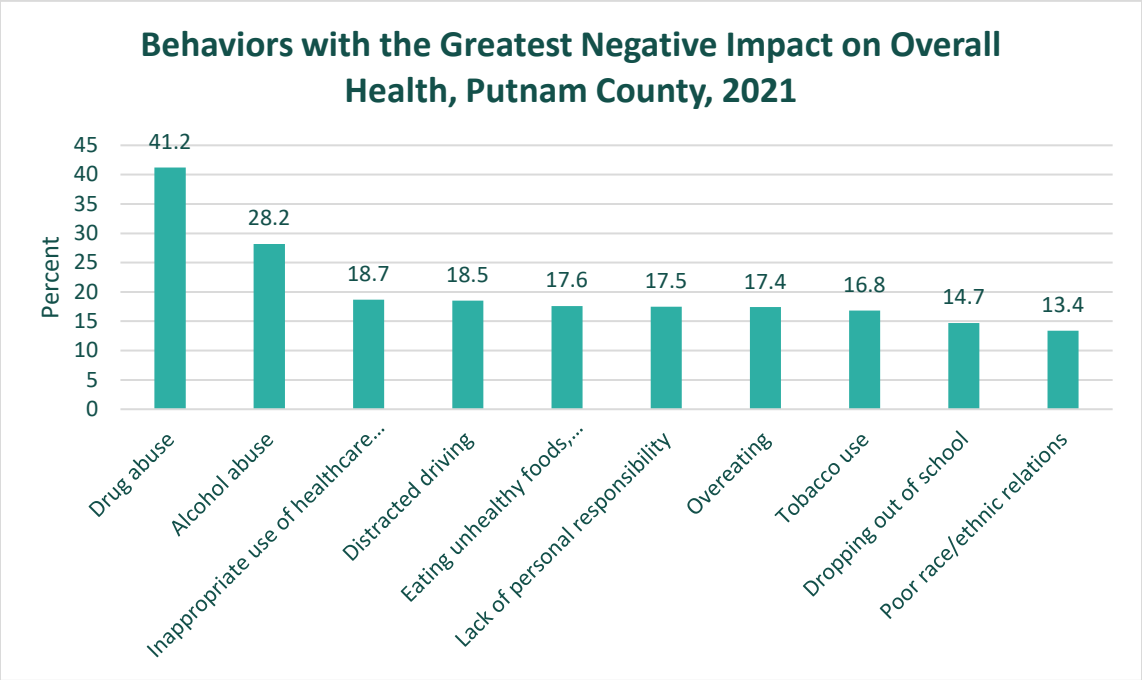
"What has the greatest negative impact on the health of people in Putnam County? Choose THREE."

TABLE 9: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021

Rank	Behaviors (Percent of Responses)
1	Drug abuse (41.2 percent)
2	Alcohol abuse (28.2)
3	Not using healthcare services appropriately (18.7 percent)
4	Distracted driving (18.5 percent)
5	Eating unhealthy foods/drinking sugar sweetened beverages (17.6 percent)
6	Lack of personal responsibility (17.5 percent)
7	Overeating (17.4 percent)
8	Tobacco use, vaping, chewing tobacco (16.8 percent)
9	Dropping out of school (14.7 percent)
10	Poor race/ethnic relations (13.7 percent)

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

FIGURE 24: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, BY PERCENT OF RESPONSES, PUTNAM COUNTY, 2021



Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"What 3 health issues are the biggest problems for residents of Putnam County? Choose THREE."

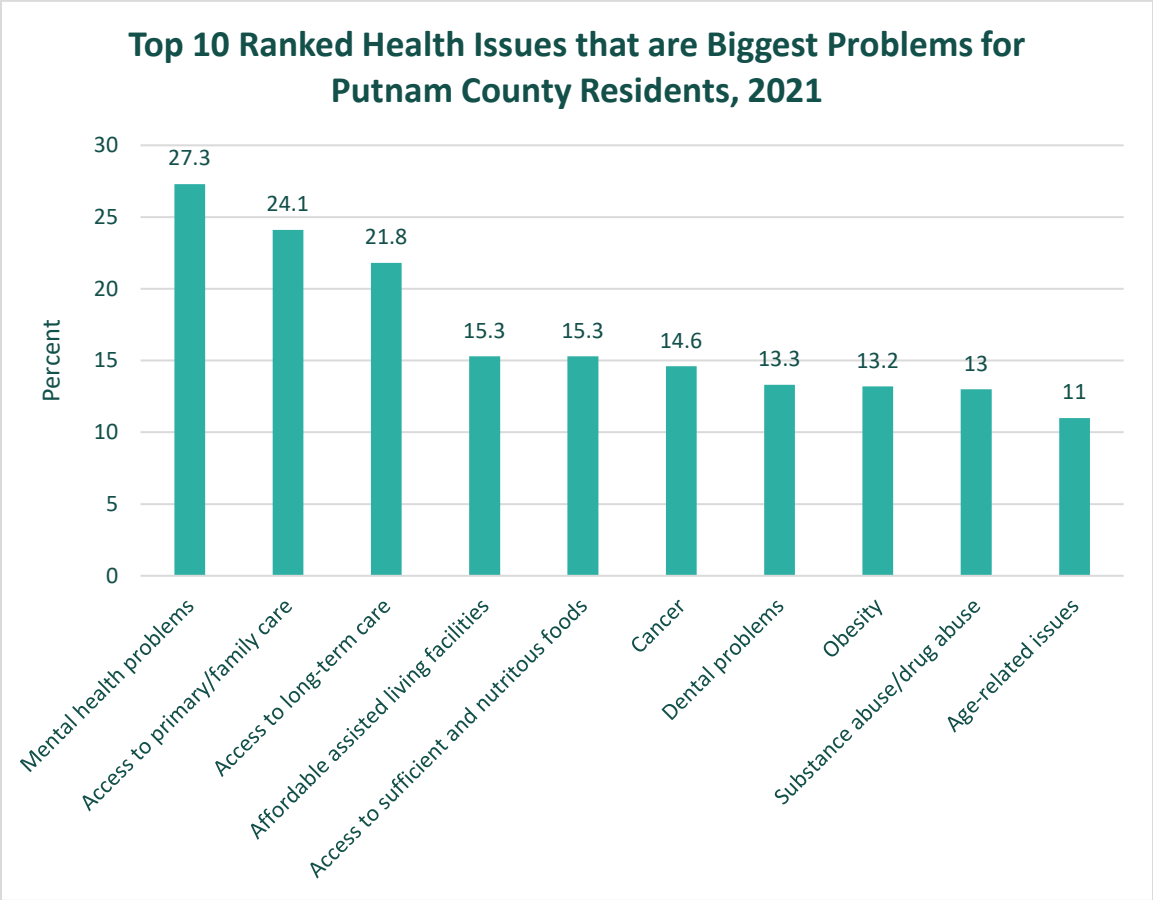
TABLE 10: HEALTH ISSUES THAT ARE THE BIGGEST PROBLEMS FOR RESIDENTS OF PUTNAM COUNTY, RANKED BY PERCENT OF RESPONSES, 2021

Rank	Health Problems (Percent of Responses)
1	Mental health problems (27.3 percent)
2	Access to primary/family care (24.1 percent)
3	Access to long-term care (21.8 percent)
4, 5 (tie)	Affordable assisted living facilities (lack of) (15.3 percent)
	Access to sufficient and nutritious foods (15.3 percent)
6	Cancer (14.6 percent)
7	Dental problems (13.3 percent)
8	Obesity (13.2 percent)
9	Substance abuse/drug abuse (13.0 percent)
10	Age-related issues (e.g., arthritis, hearing loss) (11.0 percent)
11	Sexually Transmitted Diseases (STDs) (10.9 percent)
12	Pollution (e.g., air, water, soil quality) (9.8 percent)

13	Child abuse/neglect (9.6 percent)
14	Motor vehicle crash injuries (9.4 percent)
15	Homicide (7.5 percent)
16	Respiratory/lung disease (7.3 percent)
17	Diabetes (6.9 percent)
18	Homelessness (6.7 percent)
19	Dementia (6.3 percent)
20	Rape/sexual assault (6.0 percent)
21	Infant death (5.8 percent)
22	Domestic violence (5.7 percent)
23	Elderly caregiving (5.1 percent)
24	Vaccine-preventable diseases (4.4 percent)
25	Disability (3.7 percent)
26	Firearm-related injuries (3.0 percent)
27	Tobacco use (including e-cigarettes, smokeless tobacco) (2.9 percent)
28	Heart disease and stroke (2.8 percent)
29	HIV/AIDS (2.6 percent)
30	Exposure to excessive and/or negative media and advertising (2.4 percent)
31	Stress (1.8 percent)
32	Suicide (1.4 percent)
33	High blood pressure (1.3 percent)
34	Teenage pregnancy (1.0 percent)
35	Other (affordable healthcare, childcare, housing, 0.4 percent total)

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

FIGURE 25: TOP 10 RANKED HEALTH ISSUES THAT ARE THE BIGGEST PROBLEMS FOR PUTNAM COUNTY RESIDENTS, BY PERCENT OF RESPONSES, 2021



Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"Which healthcare service are difficult for <u>you</u> to obtain in Putnam County? Choose ALL that apply."

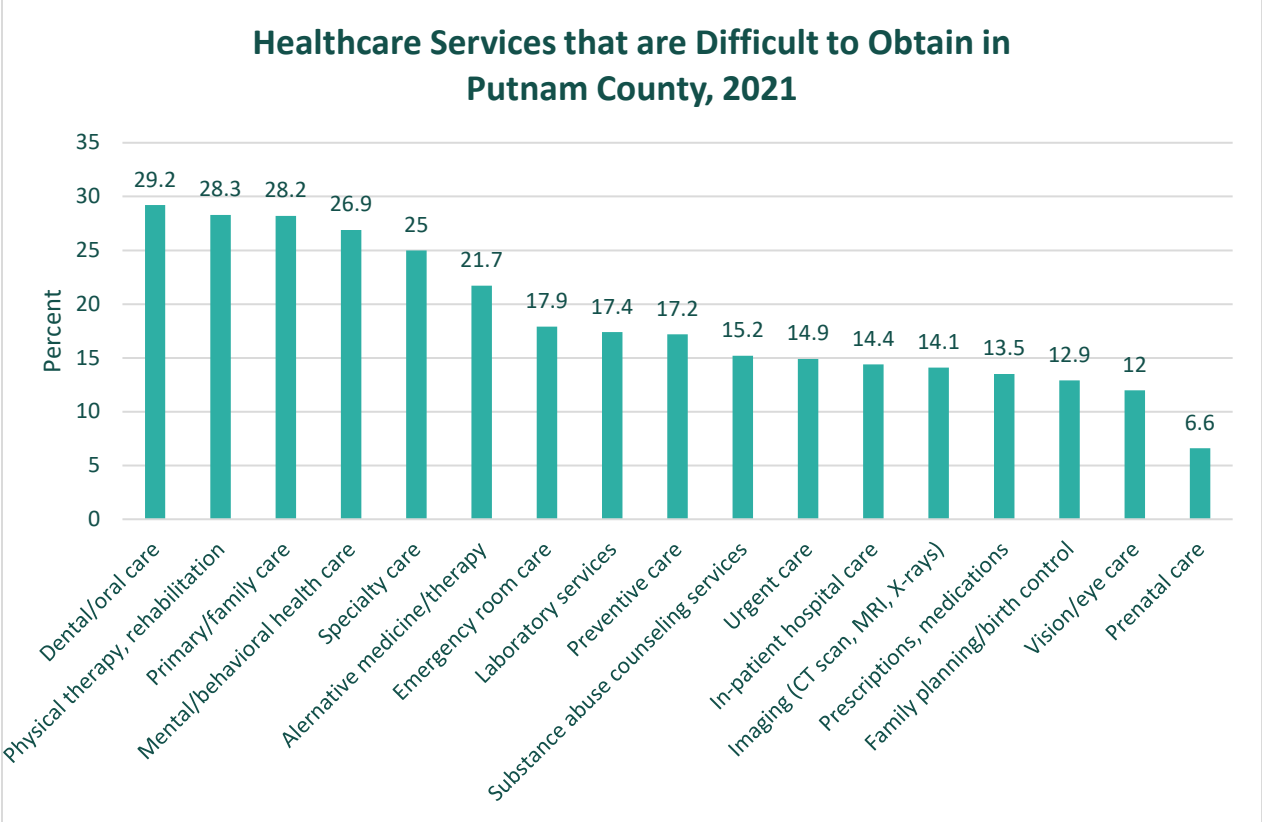
TABLE 11: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN PUTNAM COUNTY, RANKED BY PERCENT OF RESPONSES, 2021

Rank	Healthcare Services (Percent of Responses)
1	Dental/oral care (29.2 percent)
2	Physical therapy, rehabilitation therapy and services (28.3 percent)
3	Primary/family care (28.2 percent)
4	Mental/behavioral health care (26.9 percent)
5	Specialty care (25.0 percent)
6	Alternative medicine/therapy (e.g. acupuncture) (21.7 percent)
7	Emergency room care (17.9 percent)
8	Laboratory services (17.4 percent)
9	Preventive care (17.2 percent)
10	Substance abuse counseling services (e.g., drug, alcohol) (15.2 percent)

11	Urgent care (14.9 percent)
12	In-patient hospital care (14.4 percent)
13	Imaging (CT scan, mammograms, MRI, x-rays, etc) (14.1 percent)
14	Prescriptions, medications or medical supplies (13.5 percent)
15	Family planning/birth control (12.9 percent)
16	Vision/eye care (12.0 percent)
17	Family planning/birth control (6.6 percent)
18	Other: all are available (0.3 percent)

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

FIGURE 26: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021



Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"During the past 12 months, was there a time <u>you</u> needed primary care/family doctor for health care, but couldn't get it?" AND "What were the reasons <u>you</u> could not get the primary/family care you needed during the past 12 months? Choose ALL that apply."

TABLE 12: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021

Primary/Family Care	Response
Received needed care or didn't need care	41.5 percent
Did not receive needed care	58.5 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	22.6 percent
No appointments available or long waits for appointments	26.9 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	33.7 percent
Service not covered by insurance or have no insurance	18.9 percent
No primary care providers (doctors, nurses) available	34.2 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	10.1 percent
Transportation, couldn't get there	18.6. percent
Other: COVID-19-related (1.7 percent total)	

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"During the past 12 months, was there a time you needed dental care, including checkups, but didn't get it?" AND "What were the reasons you could not get the dental care you needed during the past 12 months? Choose ALL that apply."

TABLE 13: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021

Dental Care	Response
Received needed care or didn't need care	40.8 percent
Did not receive needed care	59.2 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	26.7 percent
No appointments available or long waits for appointments	30.8 percent
No dentists available	31.7 percent
Service not covered by insurance or have no insurance	19.1 percent
Transportation, couldn't get there	17.6 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	28.8 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	8.8 percent
Other: COVID-19 related (0.7 percent), no specialists, Medicaid not accepted (total other = 1.4 percent)	

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

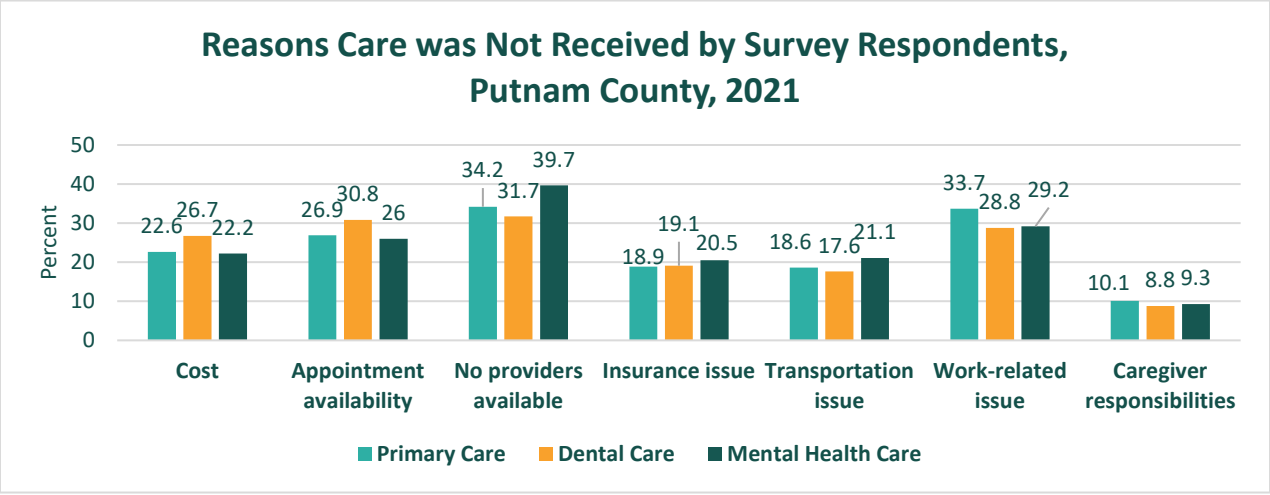
"During the past 12 months, was there a time you needed to see a therapist or counselor for a mental health or substance use issue, but didn't?" AND "What prevented you from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply."

TABLE 14: SEEN BY A THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021

Therapist or Counselor Seen for a Mental Health or Substance Use Issue	Response
Received needed care or didn't need care	47.0 percent
Did not receive needed care	53.0 percent
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	22.2 percent
No appointments available or long waits for appointments	26.0 percent
No mental health providers or substance use therapists or counselors available	39.7 percent
Service not covered by insurance or have no insurance	20.5 percent
Transportation, couldn't get there	21.1 percent
Work-related issue (e.g., work schedule conflict, no paid leave, no time off)	29.2 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	9.3 percent
Other: COVID-19 related issues (0.6 percent); quality (0.6 percent) (total other = 1.2 percent)	

Source: *Putnam County Health Community Survey*, 2021. Prepared by WellFlorida Council, 2021

FIGURE 27: REASONS DENTAL, PRIMARY AND MENTAL HEALTH/SUBSTANCE USE CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, PUTNAM COUNTY, BY PERCENT OF THOSE WHO DID NOT RECEIVE NEEDED CARE*, 2021



Source: *Putnam County Community Health Survey*, 2021. Prepared by: WellFlorida Council, 2021. *Those who did not receive care: Primary care = 58.5 percent, Dental = 59.2 percent, Mental health/substance use care = 53.0 percent

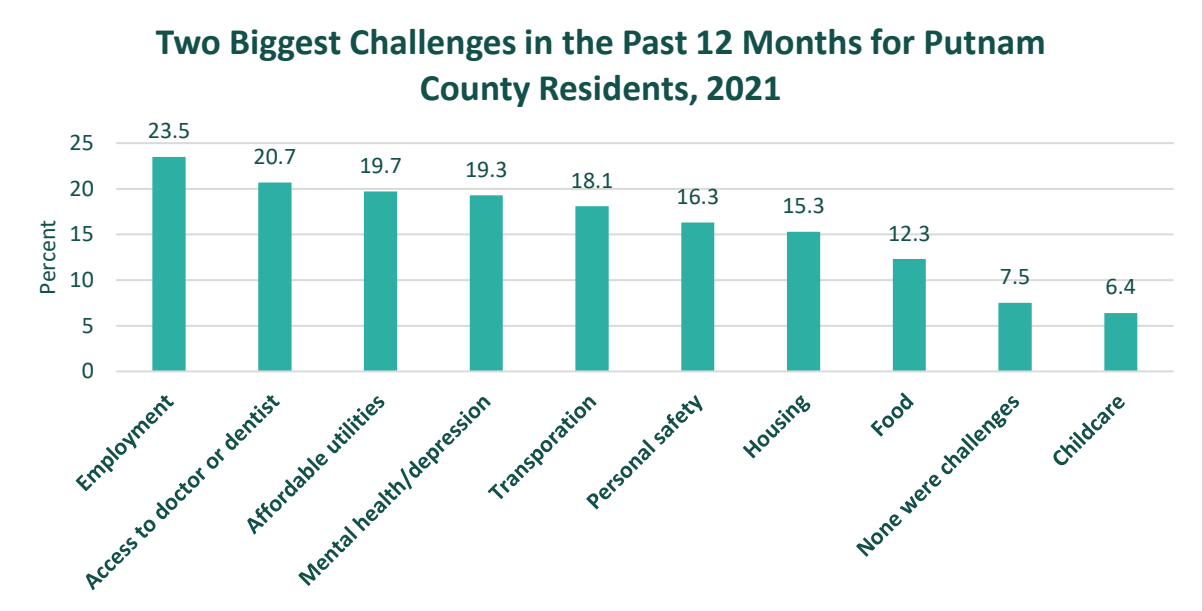
"In the past 12 months, what were your biggest challenges? You must choose at least ONE (1) option. You may choose up to TWO (2)."

TABLE 21: RANKING OF TWO BIGGEST CHALLENGES IN THE PAST 12 MONTHS FOR RESIDENTS OF PUTNAM COUNTY, RANKED BY PERCENT OF RESPONSES, 2021

	Challenges (Percent of Responses)
Rank	
1	Employment (job) (23.5 percent)
2	Access to doctor or dentist (20.7 percent)
3	Affordable utilities (19.7 percent)
4	Mental health/depression (19.3 percent)
5	Transportation (18.1 percent)
6	Personal safety (16.3 percent)
7	Housing (15.3 percent)
8	Food (having enough nutritious food) (12.3 percent)
9	None were challenges for me in the last 12 months (7.5 percent)
10	Childcare (6.4 percent)
Other: COVID-19 related (0.3 percent)	

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

FIGURE 28: RANKING OF TWO BIGGEST CHALLENGES IN THE PAST 12 MONTHS FOR PUTNAM COUNTY RESIDENTS, RANKED BY PERCENT OF RESPONSES, 2021



Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

TABLE 22: TWO BIGGEST CHALLENGES, BY HOUSEHOLD INCOME, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021

Challenges (Top 3 in Shaded Boxes)	Less than $20,000	$20,000-$49,999	$50,000-$99,999	$100,000 or more
Food (having enough nutritious foods)	11.3	12.2	18.9	9.4
Affordable utilities	19.8	21.5	25.1	16.0
Transportation	22.6	18.2	11.8	20.0
Housing	20.2	20.3	11.5	13.1
Employment	26.6	23.6	22.2	23.3
Childcare	6.0	6.3	5.3	7.5
Access to doctor or dentist	11.7	18.6	26.3	22.4
Personal safety	6.9	11.6	18.0	22.3
Mental health/depression	10.5	15.5	17.5	23.4
None	3.2	7.2	12.1	5.3

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"Overall, how healthy are the people in Putnam County?" AND "How do you rate your own personal health?"

TABLE 23: OVERALL RATING OF HEALTH OF PUTNAM COUNTY RESIDENTS AND PERSONAL HEALTH, BY PERCENT, 2021

Rating	Overall	Personal
Very unhealthy	1.8 percent	0.8 percent
Unhealthy	10.0 percent	5.7 percent
Somewhat healthy	41.2 percent	34.3 percent
Healthy	41.5 percent	46.5 percent
Very healthy	5.5 percent	12.7 percent

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

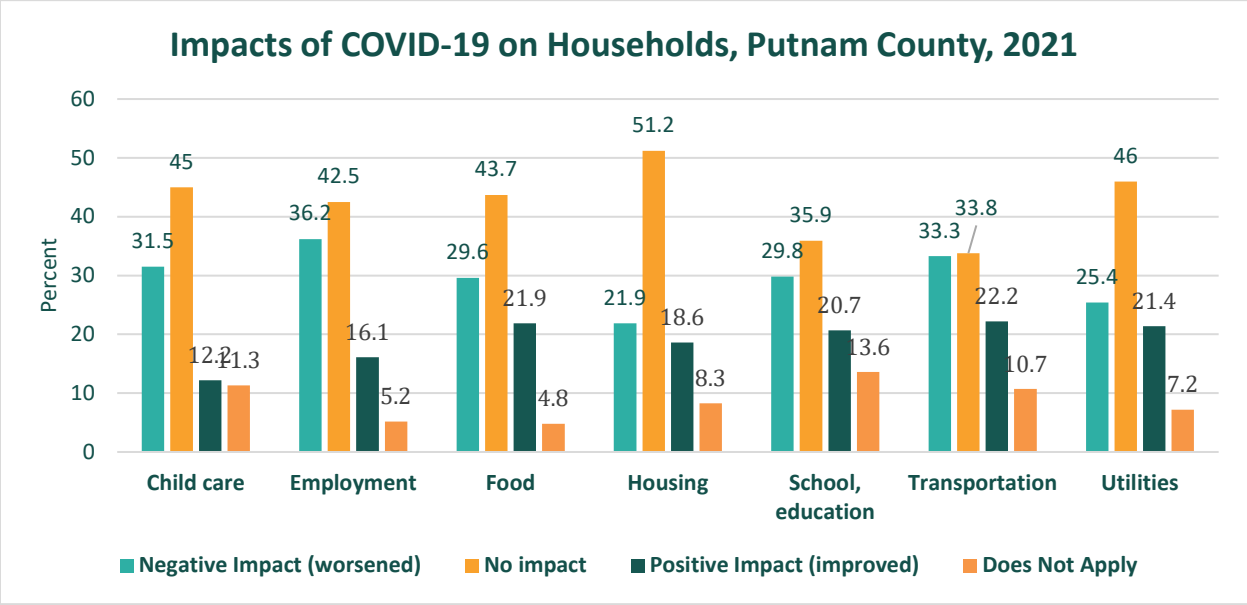
TABLE 24: SELF-REPORTED HEALTH, BY HOUSEHOLD INCOME, PUTNAM COUNTY, BY NUMBER OF RESPONSES, 2021

	Less than $20,000	$20,000-$49,999	$50,000-$99,999	$100,000 or more
Very unhealthy	0.8	0.9	1.2	0.5
Unhealthy	7.3	6.0	3.6	6.0
Somewhat healthy	35.1	40.3	32.2	32.0
Healthy	39.1	39.7	51.8	50.1
Very healthy	17.7	13.1	11.2	11.4

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"How has the Coronavirus (COVID-19) pandemic impacted your household?"

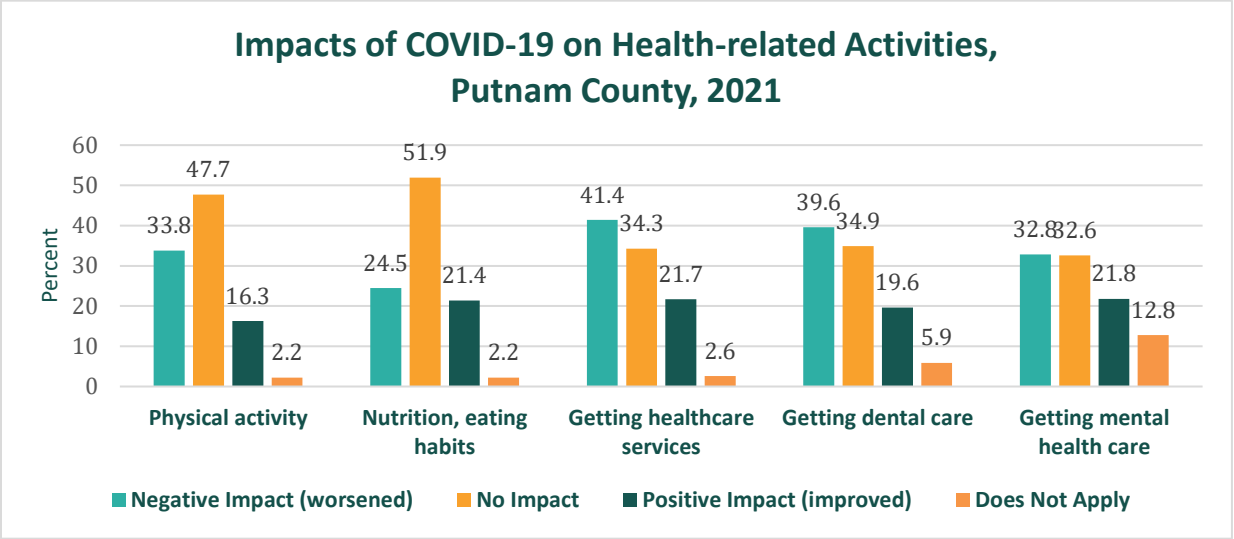
FIGURE 29: IMPACTS OF COVID-19 ON RESPONDENT HOUSEHOLD, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021*



Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"How has the Coronavirus (COVID-19) pandemic impacted your health-related activities?"

FIGURE 30: IMPACTS OF COVID-19 ON RESPONDENT HEALTH-RELATED ACTIVITIES, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021



Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"Did you or a member of your household delay getting healthcare services because of the pandemic?"

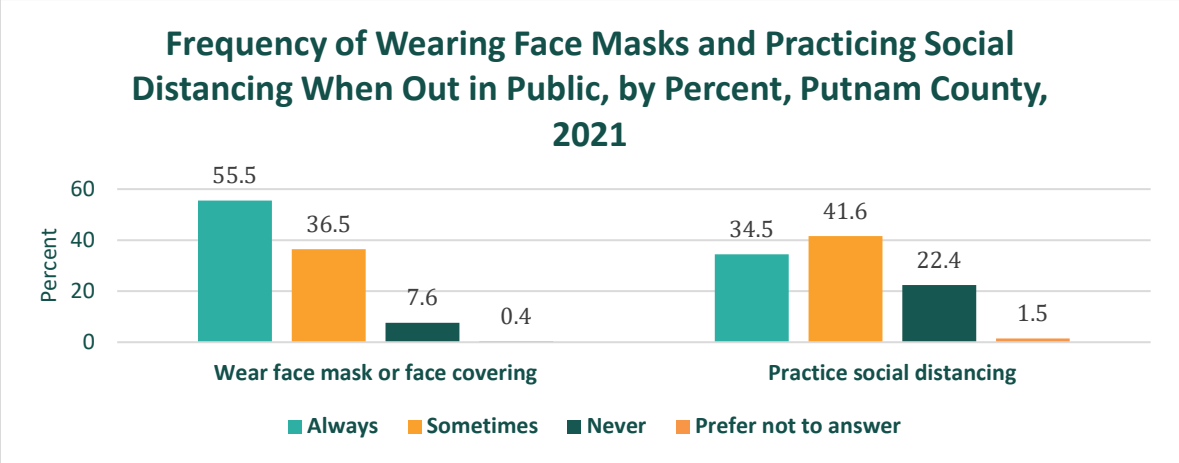
TABLE 25: DELAY OF GETTING HEALTHCARE SERVICES BY RESPONDENT HOUSEHOLD DUE TO PANDEMIC, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021

Household Delayed Healthcare Services as Reported by Survey Respondents, 2021	
Yes	59.7 percent
No	35.3 percent
Not Sure	5.0 percent

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"When out in public, how frequently do you wear a face mask or face covering and practice social distancing?"

FIGURE 31: FREQUENCY OF WEARING OF FACE MASKS AND PRACTICING SOCIAL DISTANCING, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021



Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"When it becomes available, will you get the Coronavirus vaccine?"

TABLE 26: INTENTION TO GET CORONAVIRUS VACCINE, BY PERCENT OF RESPONSES, PUTNAM COUNTY, 2021

Reported Intention to Get Coronavirus Vaccine, Survey Respondents, 2021	
Yes	52.9 percent
No	30.8 percent
Not Sure/Don't know	15.6 percent
Prefer not to answer	0.7 percent

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

"Does your household have an emergency plan (a plan of action for when a disaster or emergency such as a hurricane threatens)?"

TABLE 27: RESPONDENT HOUSEHOLDS WITH EMERGENCY PLANS, PUTNAM COUNTY, BY PERCENT OF RESPONSES, 2021

Household has Emergency Plan	
Yes	61.0 percent
No	34.1 percent
Not sure/Don't know	4.9 percent

Source: *Putnam County Community Health Survey*, 2021. Prepared by WellFlorida Council, 2021

KEY FINDINGS FROM COMMUNITY HEALTH SURVEY

HEALTH BEHAVIORS Putnam County residents emphasized the importance of health-related behaviors throughout the survey, particularly substance use. For example, drug abuse was by far ranked the number one behavior (41.2 percent) with greatest negative impact on health in the community. Alcohol use (28.2 percent), distracted driving (18.5 percent), and unhealthy eating habits (17.6 percent) were also ranked fourth and fifth, respectively. Access to affordable and nutritious foods contributes to the ability to make healthy eating decisions; this access was ranked as the fourth biggest problem for the residents of Putnam County. Other lifestyle factors beyond substance use were perceived as influential as well. Lack of personal responsibility (17.5 percent), overeating (17.4 percent), and tobacco use (16.8 percent) were ranked as top behaviors with negative impact.

ACCESS TO HEALTH CARE—PRIMARY, SPECIALTY, DENTAL AND MENTAL HEALTH CARE Many respondents reported health care needs that went unmet over the last year. About 58.5 percent of respondents reported that they did not receive needed primary care, and about 53 percent reported that they did not receive needed mental health or substance use therapy or care. Availability of providers and appointment availability were frequently cited as barriers. When respondents were asked about the biggest challenges that they faced as individuals, those in two of the higher income brackets reported access to a doctor or dentist among their top three challenges in the past year.

DENTAL CARE Limited access to dental and oral care was a theme among survey responses. Dental and oral care was ranked as the most difficult service to obtain, with almost 30 percent of respondents reporting difficulties. Further, a large portion of respondents (59.2 percent) reported that they did not receive necessary dental care in the last 12 months. The main barriers to dental and oral care were the availability of dentists (31.7 percent) and long waits or no appointments available (30.8 percent). Closures and limited hours due to the COVID-19 pandemic may have limited appointment availability, and COVID-19 related issues were often listed as an "other" barrier.

Other healthcare services that were cited as difficult to obtain included physical therapy and rehabilitation services (28.3 percent), primary/family care (28.2 percent) and mental health care (26.9 percent). Shortages in these services may be linked to the low density of facilities in rural areas.

SOCIAL DETERMINANTS OF HEALTH Survey respondents reported recent challenges (i.e., in the past 12 months) related to basic needs. Employment was ranked as the top challenge by 23.5 percent of respondents. This was closely followed by access to a doctor or dentist (20.7 percent) and affordable utilities (19.7 percent). Challenges with transportation (18.1 percent), personal safety (16.3 percent), housing (15.3 percent), and having sufficient food (12.3 percent) ranked in the top ten. Further, access to sufficient and nutritious foods was ranked as the fourth biggest problem, out of 35 problems, for the county as a whole. These topics fall into the category of social determinants of health. These determinants create conditions in the environments where people live, learn, work and play that affect a vast array of health and quality of life outcomes (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health, retrieved January 11, 2021). The concept of social determinants of health dictates that overall stability and access to non-health resources, such as secure employment and funds, are directly linked to health. Our results support this connection between health and social determinants. For households on the lower range of income (less than $20,000), the most commonly reported challenges were employment, transportation, and housing. Likewise, for households making between $20,000-$49,999, common challenges included employment, affordable utilities and housing. This contrasts somewhat with higher income respondents ($50,000 and above) whose most common challenge were access to a doctor or dentist, utilities, and employment. These data suggest that the lower income groups who reported difficulty accessing resources linked to the social determinants of health, also reported lower self-ratings of personal health. Some respondents who reported annual household income of less than $20,000 rated their health as “unhealthy” and “very unhealthy” at higher rates than the other three income brackets. However, the highest percentage of respondents reporting their health as “very healthy” at 17.7 percent is among those in the lowest income bracket.

IMPACT OF COVID-19 Many survey respondents in Putnam County reported the negative impact of COVID-19 on multiple household issues. Employment was particularly impacted by the COVID-19 pandemic compared to other household areas. Other common negatively impacted issues were transportation (33.3 percent), child care (31.5 percent), and schooling and education (29.8 percent).

These results raise concern for financial security, particularly for households with children. Further, a large portion of respondents reported negative impact of COVID-19 on various health-related activities. Many respondents indicated negative impact on the ability to obtain dental care (39.6 percent). Obtaining dental care was particularly impacted and was the only health-related activity for which negative impact (39.6 percent) was higher than no impact (34.9 percent). Over 40 percent of respondents indicated negative impact on obtaining health care (41.4 percent) and physical activity (33.8 percent). Not all impact was negative. Interestingly, 16.3 percent of respondents reported positive impact on physical activity, and 21.4 percent reported positive impact on nutrition. About 92 percent of survey respondents said they always or sometimes wear a face mask or face covering when out in public. Three-quarters (76.1 percent) said when in public they always or sometimes practice social distancing. Slightly more than half of respondents (52.9 percent) indicated they intend to get the Coronavirus vaccine when it becomes available.

SURVEY LIMITATIONS The limitations of the survey include the potential for self-reporting bias, limited sample size, and sampling method. Self-reporting bias is potentially present in all data that rely on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, for example. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in other areas of the technical appendix. Sample size also limits the analytical ability of our data. Subgroup analysis was not performed for dimensions of race, for example, because there were insufficient responses in each category to arrive at meaningful conclusions. A convenience sampling method was used and may result in an under- and/or over-sampling of certain groups in the population. This sampling method is a commonly used, acceptable methodology for community surveys. Although results cannot be generalized to the entire Putnam County population, the data provide useful insights into opinions and perspectives on health, health priorities, health resources, and gaps.

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS (SWOT) DISCUSSION

As described earlier, Steering Committee members launched the community health assessment process by brainstorming how Putnam County could improve health and quality of life through the use of its assets, resources, strengths and opportunities while recognizing and balancing its challenges and perceived threats. The strengths discussion considered unique resources and abilities, Putnam County's advantages, and recent achievements. The examination of weaknesses considered needed improvements, resources lacking and why, and any disadvantages. The discussion of opportunities centered on using strengths wisely, focusing on what can be done immediately, and capitalizing on trends in healthcare and public health that are changing. Threats and challenges considered obstacles, competing forces, and staying abreast of changing policies and regulations that could negatively health and health behaviors. The qualitative, primary data are presented in Table 1. Content analysis was used to extract themes from the data to compile a list of issues for consideration in the prioritization process.

TABLE 30: THEMES FROM SWOT DISCUSSION WITH STEERING COMMITTEE MEMBERS, SORTED BY CATEGORIES, 2020

Social Determinants of Health
Poverty
Food insecurity
Limited employment opportunities
Strong health career program
Ability to address social determinants as a whole
Transportation
Health Status and Health Behaviors
Unhealthy behaviors such as tobacco, alcohol and drug use, poor nutrition

Poor food choices
Lack of nutrition education
Need to address root causes of unhealthy behaviors
Hopelessness
Bias and stigma about certain health conditions and health behaviors
Lack of motivation to change
Generational ideas and attitudes about health and health programs
Access to Care and Utilization of Healthcare Services and Resources
Lack of Medicaid expansion
Potential to build on telehealth
Aging healthcare professional workforce
Strong community partnerships
Community resources are shared widely
Communication improvements needed among community partners and organizations
Low health literacy on how to use health and social services appropriately
Lack of a leadership council or group to guide and promote health improvement efforts
Need for more diversity in community leadership related to health

Source: Putnam County Community Health Assessment Steering Committee Meeting notes, December 18, 2020

Intersecting Themes and Key Considerations

This section is divided into three parts. First, the Intersecting Themes and Key considerations are summarized in order to identify the key health needs and issues in Putnam County. Second is a section describing Strategic Issue Areas that were identified as part of the assessment process and includes some key considerations on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Putnam County. Third is a section dedicated to links to major national databases of community health improvement best practices that will be critical assets and resources for identifying proven effective programs and interventions that could be implemented in Putnam County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes or major health needs and issues in Putnam County as identified through the community health assessment process. The themes described below emerged from the assessments conducted as part of Putnam County's MAPP process. That process included the Health Status assessment through a comprehensive secondary data review and the Community Themes and Strengths Assessment conducted through primary data collection to hear community opinions and perspectives on health issues. These intersecting themes were also considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including social determinants of health, health status and health behaviors, health resources and utilization. Many of the key issues emerged as concerns across the intersecting theme areas shown below; however, each issue is only listed once.

INTERSECTING THEMES AND KEY CONSIDERATIONS

- Social Determinants of Health
    - Poverty with high rates among children
    - Income disparities by race and gender
    - Limited employment opportunities
    - Lower educational achievement
    - Unaffordable housing and utilities
    - Food insecurity
    - Physical personal safety and safe neighborhoods
    - Transportation
- Health Status and Health Behaviors
    - Rising and/or persistent high rates of:
        - Heart Disease
        - Cancer
        - Diabetes
        - Overweight and obesity

        - Chronic Lower Respiratory Disease
        - Mental health problems
        - Unintentional injuries
        - Infant mortality
        - Child abuse and neglect
        - Disparities in mortality among racial groups
        - Lower life expectancy and years of potential life lost (i.e., premature deaths)
    - Harmful behaviors, such as:
        - Tobacco use
        - Substance abuse
        - Poor nutrition and food choices
        - Distracted driving
        - Late or delayed prenatal care
        - Attitudes, bias and stigma about certain health conditions and behaviors
- Access to Care and Utilization
    - Few healthcare providers including physicians, dentists, mental health professionals
    - Aging healthcare professional workforce
    - Inappropriate use of Emergency Departments for routine primary, dental, and mental health care
    - Lack of Medicaid expansion
    - Low health literacy and challenges in navigating the healthcare system
    - Delayed care because of the pandemic

STRATEGIC PRIORITY ISSUE AREAS

The Putnam County Community Health Assessment Steering Committee dedicated its January 15, 2021 meeting to reviewing the data and findings from the entire community health assessment process include the secondary health data or Health Status Assessment, and Community Themes and Strengths primary data collection through the community survey and leader SWOT discussion. Steering Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern in Putnam County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale and purpose.

TABLE 31: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, PUTNAM COUNTY, 2021

Importance and Urgency	Impact	Feasibility	Resource Availability
•Issue severity •Burden to large or priority populations •Of great community concern •Focus on equity	•Potential effectiveness •Cross cutting or targeted reach •Ability to demonstrate progress	•Community capacity •Political will •Acceptability to the community	•Financial costs •Staffing •Stakeholder support •Time

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning.* Retrieved January 15, 2021, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues

To replace the in-person consensus discussion customarily used to identify strategic priority issues in the MAPP process, the Steering Committee members provided input through an electronic survey. Immediately following the January 15th video conference, Steering Committee members received a three-item electronic survey through which they rated each of the issues on two categories of criteria. The two categories were issue magnitude and confidence in the ability to positively impact the issue. Magnitude considered issue importance and urgency while the confidence criteria encompassed impact, feasibility and resource availability. Table 31 lists the characteristics of each criterion. In addition, Steering Committee members were also asked to select the three (3) issues they felt were the top priorities. Survey analysis used a composite score of the priority ranking, average magnitude score and average confidence score to arrive at the final ordering. Prioritization survey results, alongside the themes from the secondary and primary data reviews and Steering Committee discussion points, were scrutinized. The priority issues listed below will move forward for consideration in the Community Health Improvement Plan (CHIP).

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Access to Mental and Behavioral Healthcare Services, including
    - Substance misuse treatment for drug and alcohol
    - Counseling and prevention services
- Access to Primary Care and Preventive Services, including
    - Dental/oral healthcare
    - Chronic disease prevention
- Maternal and Child Health with emphasis on
    - Prenatal care for healthy birth outcomes including
        - Lower infant mortality and fewer low birthweight births

- Prevention of child abuse and neglect
- Sexual health services to prevent STDs

- Essential Services to Protect and Ensure Quality of Life, focusing on
  - Affordable, safe housing and utilities
  - Food insecurity
  - Job opportunities
  - Transportation

Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Putnam County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

KEY CONSIDERATIONS

- Promote a culture of community health as a collaborative of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental health problems, substance abuse, and tobacco use
- Enhance or create programs to more effectively and efficiently manage chronic diseases and oral health
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Enhance or create policy, programs and environmental change to address unintentional injuries
- Create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health, and examine social structures and institutions that contribute to health disparities and inequities

RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Putnam County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalog the best practices for addressing countless key community health issues. Each of these resources is designed a bit differently, but at the core, either provides a comprehensive and regularly updated list of promising and evidence-based practices or have an interface that allows partners to identify best practices based on the issue, type of intervention or target population. In general, these databases should be consulted prior to any type of intervention identification or prioritization with the community. Presented below are six of the most frequently utilized and widely respected databases of practices for improving community health.

Center for Disease Control and Prevention Community Health Improvement Navigator
http://wwwn.cdc.gov/chidatabase

County Health Rankings What Works for Health Database – University of Wisconsin Population Health Institute and Robert Wood Johnson
https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health

The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
https://www.thecommunityguide.org/

Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources

Evidence-Based Practices (EBP) Web Guide – Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
https://www.samhsa.gov/ebp-web-guide

Community Tool Box – The University of Kansa KU Work Group for Community Health and Development
http://ctb.ku.edu/en/databases-best-practices

One key feature of each of these resources is to qualify the quality of the evidence upon which these practices are deemed best practices. When reviewing practices at these sites, one must keep in mind the following qualifiers for the quality of and the type of evidence upon which the intervention is based:

Case-Control Study: A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.

Cohort Study: A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.

Cross-Sectional or Prevalence Study: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

Effective Practice: A program that has been scientifically evaluated and has quantitative measures of improvement but those measures are not statistically significant.

Evidence-Based: The study is of peer review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as "evidence-based" or as "low", "moderate" or "strong" depending on the strength of the statistical significance.

Evidence-Based (Low or Suggestive): While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

Evidence-Based (Moderate): While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.

Evidence-Based (Strong): The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g. medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.

Evidence of Ineffectiveness: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Expert Opinion: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Individual Study: Scientific evaluation of the efficacy of an intervention in a single study.

Insufficient Evidence: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

Mixed Evidence: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

Nonsystematic Review: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Peer-Reviewed: A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.

Pilot Study: A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.

Practice-based Example: A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.

Promising Practice/Good Idea: The program evaluation is limited to descriptive measures of success.

Randomized Control Trial: A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.

Scientifically Supported: Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Some Evidence: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Systematic Review: A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Systematic Review – Insufficient Evidence: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Systematic Review – Recommended: The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects.

They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Systematic Review – Recommended Against: The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

The following table presents results of a query of these best practices for some of the key health issue and needs areas in Putnam County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Putnam County and only need enhancement while others represent new opportunities.

TABLE 32: RESOURCES FOR COMMUNITY INTERVENTIONS

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15	Evidence-Based (Moderate)	Agency for Healthcare Research and Quality Innovations Exchange: Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status | AHRQ Health Care Innovations Exchange

Issue	Practice or Intervention	Effectiveness	Source
	primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.		
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).	Evidence-Based	The Community Guide: https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/dental-caries-cavities-community-water-fluoridation#:~:text=Community%20water%20fluoridation%20is%20the%20controlled%20adjustment%20of,preventing%20demineralization%20and%20enhancing%20remineralization%20of%20tooth%20enamel.
Distracted Driving	Evidence-Based Strategies/Interventions Review for Distracted Driving	Systematic Review	Texas Governor's EMS and Trauma Advisory Council, Injury Prevention Committee:

Issue	Practice or Intervention	Effectiveness	Source
	Literature review of peer-reviewed journals, government resources, injury prevention organizations and private corporations' publications. Focus is limited to interventions to reduce distracted driving.		https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IP-DistractedDriving.pdf
Infant Mortality and Maternal Child Health	Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.	Systematic Review	Cochrane Library of Systematic Reviews: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full
Infant Mortality and Maternal Child Health	Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI) e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI),	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi

Issue	Practice or Intervention	Effectiveness	Source
	providers assess patients' drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.		
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care	Systematic Review	Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home

Issue	Practice or Intervention	Effectiveness	Source
	managers, case management, patient education, and a supervising psychiatrist.		
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/violence-school-based-programs
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	University of North Carolina Center for Health Promotion and Disease Prevention supported by the United State Department of Agriculture: https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/
Nutrition	Video Game Play This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826

Issue	Practice or Intervention	Effectiveness	Source
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Division of Nutrition, Physical Activity, and Obesity: https://www.cdc.gov/physicalactivity/activepeoplehealthynation/strategies-to-increase-physical-activity/school-and-youth-programs.html
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results

Issue	Practice or Intervention	Effectiveness	Source
	increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module

Issue	Practice or Intervention	Effectiveness	Source
	and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity		=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/obesity-worksite-programs
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among

Issue	Practice or Intervention	Effectiveness	Source
	26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.		
Physical Activity	Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both. Transportation system interventions include one or more policies and projects designed to increase or improve the following: Street connectivity, Sidewalk and trail infrastructure, Bicycle infrastructure, Public transit infrastructure and access.	Systematic Review	Healthy People 2020: https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches

Issue	Practice or Intervention	Effectiveness	Source
	Land use and environmental design interventions include one or more policies, designs, or projects to create or enhance the following: • Mixed land use environments to increase the diversity and proximity of local destinations where people live, work, and spend their recreation and leisure time • Access to parks, and other public or private recreational facilities		
Physical Activity	Activity Bursts in the Classroom (ABC) Fitness Program Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616
Physical Activity	Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education	Systematic Review	The Community Guide:

Issue	Practice or Intervention	Effectiveness	Source
	Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following: •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities		https://www.thecommunityguide.org/topic/physical-activity
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Evidence-Based	The Hamilton Project: http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Poverty	What works? Proven approaches to alleviating poverty The resulting *What Works* report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are	Evidence-Based	University of Toronto, School of Public Policy & Governance: https://munkschool.utoronto.ca/mowatcentre/wp-content/uploads/publications/95_what_works_full.pdf

Issue	Practice or Intervention	Effectiveness	Source
	employing to better understand and address the complex factors of poverty.		
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.	Evidence-Based	National Institute of Health: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies
Substance Abuse	Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocols (TIPs) Series TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.	Best Practice	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf
Substance Abuse	Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family and society.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders
Tobacco Use	Evidence-based Interventions at a Glance	Systemic Review of Evidence-	Missouri Information for Community Assessment (MICA):

Issue	Practice or Intervention	Effectiveness	Source
	Each intervention specifies the target population, setting and strategies	Based Interventions	https://health.mo.gov/data/InterventionMICA/Tobacco/index_5.html
Tobacco Use	Cell Phone-based Tobacco Cessation Interventions Review of interventions that generally include cessation advice, motivational messages or content to distract from cravings.	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions
Tobacco Use	Mass Media Campaigns Against Tobacco Use Media campaigns use television, print, digital, social media, radio broadcasts or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use

Appendix

This appendix includes the following sections:

- Steering Committee Members and Community Health Assessment Partners
- Community Health Survey

STEERING COMMITTEE MEMBERS AND COMMUNITY HEALTH ASSESSMENT PARTNERS

Below is a list of community partners who assisted in the 2020-2021 Putnam County Community Health Assessment. This list is not meant to be exclusive. Our gratitude goes to our many community partners, local residents, non-profit organizations, healthcare professionals, school representatives, and many other community members who lent their support to this assessment and continue the community's health vision.

- Sica Bishop, Health Educator, Putnam County Health Department
- Cynthia D'Agostine, Program Consultant, Putnam County Health Department
- Karl Flagg, Pastor, Mt. Tabor First Baptist Church; Board Chairman, Putnam Community Medical Center
- Karin Flositz, Chief Executive Officer, Community Partnership for Children
- Mary L. Garcia, Administrator, Putnam County Health Department
- Christina Gillis, Circuit 7 Community Development Administrator, Florida Department of Children and Families
- Robyn Jernigan, Supervisor, Healthy Families, Putnam County Health Department
- Dana Jones, President, Putnam County Chamber of Commerce
- Carol Kazounis, Chronic Disease Program Director, Putnam County Health Department
- Wayne McClain, Chairman, Putnam Chamber of Commerce; Vice President, Beck Auto
- Sheila McCoy, Executive Director, Palatka Christian Service Center
- Kraig McLane, Vice Chairman, Putnam County Trails Council
- Melissa Miller, Senior Vice President, General Counsel, and Executive Director, St. Johns River State College
- Tom J. Rodgers, Pastor, Bethlehem Baptist Church
- Nancy Russo, Vice President, Putnam County, SMA Healthcare
- Sharon Spell, Transportation Director, Putnam County School District; Board Member, Palatka Housing Authority
- Laura M. Spencer, Chief Executive Officer, Aza Health, Rural Health Care
- Lynda Taurus, PCORP Program Manager, SMA Healthcare
- Randy Terry, One Chair, Board of Directors, One Ride Solutions, Inc.

- Lucia Valdivia-Sanchez, Director, Florida Migrant Interstate Program; North East Florida Educational Consortium
- Rhonda J. Williams, Community Member

Other Community Partner Organizations:

- Putnam County Board of County Commissioners
- Putnam County Sheriff's Office
- Putnam County Emergency Operations Center
- City of Palatka
- Putnam Blueways and Trails
- 7th Judicial Circuit, System of Care

SURVEY MATERIALS

2020-2021 Putnam County Community Health Survey

Dear Neighbor,
What are the most important health and healthcare issues in your community? The Florida Department of Health in Putnam County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Needs Assessment survey. The survey will be available from Friday, December 18 through Sunday, January 3, 2021. Community leaders will use your answers to take action towards a healthier community.

This survey has 16 core questions with some additional items depending on your answers. It should take about 10-15 minutes to finish the survey. Your answers cannot be used to identify you. Please answer the survey only once.

To be eligible to complete this survey:

- You must be at least 18 years old to participate.
- You must be a Putnam County resident.

If you would like to be entered into a drawing for a $20 gift card, please provide your phone number and/or email address so that we can reach you if you are a winner. Your phone number and/or email address will remain confidential. You must answer all the questions on the survey. Taking the survey more than once will not increase your chances to win.

If you have questions about this survey or the survey process, you may contact Christine Abarca, Senior Planner at WellFlorida Council via phone at 352-727-3767 or via email at cabarca@wellflorida.org.

The survey begins on the next page. Thank you for sharing your views about health with us!

COMMUNITY HEALTH SURVEY

YOU MUST BE AT LEAST 18 YEARS OF AGE AND A RESIDENT OF PUTNAM COUNTY TO PARTICIPATE IN THIS SURVEY.

1. What is your age?

O Yes, I am 18 years of age or older

O No, I am 17 years of age or younger. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Putnam County.*

2. Are you a resident of Putnam County?

O Yes, I am a Putnam County resident.

O No, I am not a Putnam County resident. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in your community.*

3. What do you think contributes most to a healthy community? Choose THREE (3).

- o Access to affordable health care including primary/family care and specialty care, dental care and mental health care
- o Access to convenient, affordable and nutritious foods
- o Affordable goods/services
- o Affordable housing
- o Affordable utilities
- o Availability of arts and cultural events
- o Awareness of health care and social services
- o Clean environment
- o Availability of first responders, Fire/Rescue/EMS, emergency preparedness
- o Good place to raise children
- o Good race/ethnic relations
- o Good schools
- o Job opportunities for all levels of education
- o Low crime/safe neighborhoods
- o Low level of child abuse
- o Low level of domestic violence
- o Low preventable death and disease rates
- o Low rates of infant and childhood deaths
- o Availability of parks and recreational opportunities
- o Choices of places of worship
- o Public transportation system
- o Religious or spiritual values
- o Strong economy
- o Strong family ties

- o Residents engaging in healthy behaviors
- o Other, please specify _____

4. What has the greatest negative impact on the health of people in Putnam County? Choose THREE (3).

- o Alcohol abuse
- o Distracted driving (e.g., texting while driving)
- o Dropping out of school
- o Drug abuse (cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)
- o Eating unhealthy foods/drinking sugar sweetened beverages
- o Lack of personal responsibility
- o Lack of sleep
- o Lack of stress management
- o Lack of physical activity
- o Loneliness or isolation
- o Not getting immunizations to prevent disease (e.g., flu shots)
- o Not using birth control
- o Not using healthcare services appropriately
- o Not using seat belts/child safety seats
- o Overeating
- o Racial/ethnic relations
- o Starting prenatal care late in pregnancy
- o Tobacco use/vaping/chewing tobacco
- o Unsafe sex
- o Unsecured firearms
- o Violence
- o Other, please specify _____

5. Which healthcare services are difficult for you to obtain in Putnam County? Choose ALL that apply.

- o Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)
- o Dental/oral care
- o Prescriptions/medications or medical supplies
- o Preventive care (e.g., check-ups)
- o Laboratory services
- o Mental/behavioral health

- O Emergency room care
- O Family planning/birth control
- O In-patient hospital care
- O Imaging (CT scan, mammograms, MRI, X-rays, etc.)
- O Primary/family care (e.g., family doctor)
- O Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)
- O Substance abuse counseling services (e.g., drug, alcohol)
- O Urgent care (e.g., walk-in clinic)
- O Physical therapy/rehabilitation therapy
- O Vision/eye care
- O Prenatal care (pregnancy care)
- O Other, please specify _____

6. What 3 health issues are the biggest problems for residents in Putnam County? Choose THREE (3).

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

_____

7. During the past 12 months, was there a time you needed dental care, including check-ups, but didn't get it?

- o Yes. .
- o No. I got the dental care I needed or didn't need dental care.

7a. What were the reasons you could not get the dental care you needed during the past 12 months? Choose ALL that apply

- O Cost
- O No appointments available or long waits for appointments
- O No dentists available
- O Service not covered by insurance or have no insurance
- O Transportation, couldn't get there
- O Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- O My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- O Other, please specify _____

8. During the past 12 months, was there a time when you needed to see a primary care/family care doctor for health care but couldn't get it?

- O Yes.
- O No. I got the health care I needed or didn't need care.

8a. What were the reasons you could not get the primary/family care you needed during the past 12 months? Choose ALL that apply

- O Cost
- O No appointments available or long waits for appointments
- O No primary care providers (doctors, nurses) available
- O Service not covered by insurance or have no insurance
- O Transportation, couldn't get there
- O Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- O My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- O Other, please specify _____

9. During the past 12 months, was there a time when you needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- O Yes.
- O No. I did not need to see a therapist or counselor for a mental health or substance use issue or I got the care I needed.

9a. What prevented you from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply

- O Cost
- O No appointments available or long waits for appointments
- O No mental health care providers or no substance use therapists or counselors available
- O Service not covered by insurance or have no insurance
- O Transportation, couldn't get there
- O Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- O My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- O Other, please specify _____

10. In the past 12 months, what were your biggest challenges? Choose up to TWO challenges. You must choose at least ONE (1) option. You may choose up to TWO (2).

- O Food (having enough nutritious food)
- O Affordable utilities
- O Transportation
- O Housing
- O Employment (job)
- O Childcare
- O Access to doctor or dentist
- O Personal safety
- O Mental Health/Depression
- O None of the above were challenges for me in the past 12 months
- O Other (please specify) _____

11. How has the Coronavirus (COVID-19) pandemic impacted your household? Please select one (1) response for each area listed.

	Negative impact (worsened or made more difficult	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Child care (ability to get care for child/children)	o	o	o	o
Employment (ability to keep job, have steady income)	o	o	o	o
Food (have enough food to feed you and your family)	o	o	o	o
Housing (ability to find housing, pay rent or mortgage)	o	o	o	o
Schooling, education (ability to complete school-related assignments and programs)	o	o	o	o
Transportation (ability to use public transportation, shared ride services)	o	o	o	o
Utilities (ability to get and pay for electricity, gas, water, Internet services)	o	o	o	o

12. How has the Coronavirus (COVID-19) pandemic impacted your health-related activities? Please select one (1) response for each activity listed.

	Negative impact (worsened or made more difficult	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Physical activity, exercise	o	o	o	o
Nutrition, eating habits	o	o	o	o
Getting routine or needed healthcare services	o	o	o	o
Getting routine or needed dental care	o	o	o	o
Getting routine or needed mental health care	o	o	o	o

13. Did you or a member of your household delay getting healthcare services because of the pandemic?

- o Yes
- o No
- o I don't know, not sure

14. When out in public, how frequently do you:

	Always	Sometimes	Never	Prefer Not to Answer
Wear a face mask or face covering?	o	o	o	o
Practice social distancing?	o	o	o	o

15. When it becomes available, will you get the Coronavirus vaccine?

- o Yes
- o No
- o Unsure/Don't know
- o Prefer not to answer

16. Does your household have an emergency plan (a plan of action for when a disaster or emergency such as a hurricane threatens)?

- O Yes
- O No
- O I don't know

17. Overall, how healthy are the people in Putnam County?

- O Very healthy
- O Healthy
- O Somewhat healthy
- O Unhealthy
- O Very unhealthy

18. How do you rate your health?

- O Very healthy
- O Healthy
- O Somewhat healthy
- O Unhealthy
- O Very unhealthy

Please describe yourself by answering the following questions. This information is confidential and will not be shared. You will not be identified.

19. What is your age?

- O 18-24
- O 25-29
- O 30-39
- O 40-49
- O 50-59
- O 60-64
- O 65-69
- O 70-79
- O 80 or older
- O I prefer not to answer

20. What is your gender?

- O Male
- O Female
- O Transgender
- O I prefer not to answer
- O Other (please specify) _____

21. Are you of Hispanic, Latino, or Spanish origin? Choose ONE

- O No, not of Hispanic, Latino or Spanish origin
- O Yes, Mexican, Mexican American, Chicano
- O Yes, Puerto Rican
- O Yes, Cuban
- O Yes, another Hispanic, Latino, or Spanish origin
  (please specify) _____
- O I prefer not to answer

22. What racial group do you most identify with? (Please select ONE choice)

- O American Indian and Alaska Native
- O Asian
- O Black or African American
- O Native Hawaiian and Other Pacific Islander
- O Two or more races
- O White
- O I prefer not to answer
- O Other (please specify) _____

23. What is the highest level of school you have completed?

- O Elementary/Middle School
- O High school diploma or GED
- O Technical/Community College, 2 year College or Associate's degree
- O 4-year College/Bachelor's degree
- O Graduate/Advanced degree
- O Some college
- O I prefer not to answer
- O Other (please specify) _____

24. Which of the following best describes your current employment status? Choose ALL that apply

- O Employed (Full-Time)
- O Employed (Part-Time)
- O Full-Time Student
- O Part-Time Student
- O Home maker
- O Retired
- O Self-Employed
- O Unemployed
- O Work two or more jobs
- O I prefer not to answer
- O Other (please specify) _____

25. How do you pay for health care? Choose ALL that apply

- O Health insurance offered from your job or a family member's job
- O Health insurance that you pay on your own
- O Medicaid
- O Medicare
- O Military coverage/VA/Tricare
- O Pay cash
- O I do not have health insurance
- O Other (please specify) _____

26. What is the combined annual income of everyone living in your household? Choose 1

- o Less than $10,000
- o $10,000 to $19,999
- o $20,000 to $29,999
- o $30,000 to $49,999
- o $50,000 to $74,999
- o $75,000 to $99,999
- o $100,000 to $124,999
- o $125,000 to $149,999
- o $150,000 to $174,999
- o $174,000 to $199,999
- o $200,000 or more
- o I prefer not to answer

27. Is there anything else you'd like to tell us? Please provide your comments below.

If you would like to be entered into the drawing for $20 gift card, please provide your phone number or email address so that we can contact you if you are a winner. Your phone number or email address will remain confidential.

Email address: _____

Phone number: _____

Thank you for taking the time to complete the survey. Your input is important and will help inform improvements to health and health care in Putnam County

Appendix TA: 2020-2021 Putnam County Community Health Assessment Technical Appendix with Technical Tables

Table of Contents: Technical Appendix

TABLE TA 1. COUNTY HEALTH RANKINGS BY CATEGORY FOR PUTNAM COUNTY, 2010-2020.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
HEALTH OUTCOMES	66	66	65	66	65	65	65	64	66	66	66
Mortality/Length of Life	*66*	*66*	*63*	*66*	*66*	*66*	*64*	*61*	*66*	*66*	*66*
Morbidity/Quality of Life	*61*	*63*	*63*	*63*	*63*	*64*	*62*	*65*	*67*	*67*	*65*
HEALTH FACTORS	61	64	61	66	67	67	66	66	67	67	67
Health Behavior	*57*	*61*	*60*	*62*	*62*	*63*	*56*	*61*	*66*	*64*	*66*
Clinical Care	*58*	*53*	*47*	*48*	*50*	*52*	*54*	*60*	*59*	*49*	*50*
Social & Economic Factors	*63*	*65*	*65*	*66*	*66*	*67*	*67*	*66*	*66*	*66*	*64*
Physical Environment	*35*	*36*	*20*	*47*	*33*	*38*	*49*	*44*	*52*	*61*	*60*

Source: University of Wisconsin Population Health Institute, County Health Rankings website http://www.countyhealthrankings.org, 2010-2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 2. COUNTY HEALTH RANKINGS FOR PUTNAM COUNTY COMPARED TO FLORIDA, 2020.

	Putnam County	Florida
HEALTH OUTCOMES (Rank of 67)	66	
Length of Life (Rank of 67)	*66*	
Premature death	12,710.0	7,260.0
Quality of Life (Rank of 67)	*65*	
Poor or fair health (Percent)	25.0	17.5
Poor physical health days	5.4	3.7
Poor mental health days	4.9	4.0
Low Birthweight (Percent)	10.4	8.7
HEALTH FACTORS (Rank of 67)	67	
Health Behaviors (Rank of 67)	*66*	
Adult smoking (Percent)	23.6	16.1
Adult obesity (Percent)	38.7	26.6
Food Environment Index	6.0	6.9
Physical inactivity (Percent)	36.8	25.9
Access to exercise opportunities (Percent)	51.0	88.7
Excessive drinking (Percent)	15.9	17.1
Alcohol-impaired driving deaths (Percent)	47.7	23.3
Sexually transmitted infections rate	465.5	476.6
Teen birth rate	46.0	21.4

*90th percentile, i.e., only 10% are better. Blank values reflect unreliable or missing data.
Source: University of Wisconsin Population Health Institute, County Health Rankings website http://www.countyhealthrankings.org, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 2 CONT. COUNTY HEALTH RANKINGS FOR PUTNAM COUNTY COMPARED TO FLORIDA, 2020.

	Putnam County	Florida
Clinical Care (Rank of 67)	*50*	
Uninsured adults (Percent)	17.2	16.0
Primary care physicians	2296:1	1379:1
Dentists	3708:1	1694:1
Mental health providers	1648:1	622:1
Preventable TA hospital stay rate	7,245.0	5,086.0
Mammography screening (Percent)	45.0	43.0
Flu Vaccinations (Percent)	37.0	43.0
Social & Economic Factors (Rank of 67)	*64*	
High school graduation (Percent)	72.1	82.3
Some college (Percent)	40.8	62.8
Unemployment (Percent)	4.8	3.6
Children in poverty (Percent)	33.3	20.0
Income Inequality (Ratio)	4.8	4.7
Children in single-parent households (Percent)	46.4	37.8
Social Associations rate	10.6	7.1
Violent crime rate	537.1	484.4
Injury death rate	125.0	78.9
Physical Environment (Rank of 67)	*60*	
Air Pollution Particulate Matter Days	8.0	8.2
Drinking water violations (Presence)	Yes	
Severe housing problems (Percent)	19.2	20.1
Driving alone to work (Percent)	81.0	79.4
Long commute - driving alone (Percent)	44.3	41.5

*90th percentile, i.e., only 10% are better. Blank values reflect unreliable or missing data.
Source: University of Wisconsin Population Health Institute, County Health Rankings website http://www.countyhealthrankings.org, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 3. LIFE EXPECTANCY BY GENDER, RACE, AND ETHNICITY, BY YEAR, PUTNAM COUNTY AND FLORIDA, 2013-2019.

Year	Putnam County						
	All	Males	Females	White	Black	Hispanic	Non-Hispanic
2013-2015	74.9	72.3	77.7	75.0	73.9	82.5	74.6
2014-2016	80.5	77.6	83.4	80.6	76.0	85.7	80.3
2015-2017	74.5	71.4	77.9	74.7	73.5	NA	74.1
2016-2018	73.8	70.7	77.2	74.1	72.3	80.5	73.4
2017-2019	73.6	70.6	76.8	74.2	70.5	81.2	73.0
	Florida						
	All	Males	Females	White	Black	Hispanic	Non-Hispanic
2013-2015	80.0	77.2	82.7	80.3	77.9	83.4	79.2
2014-2016	79.8	77.0	82.6	80.1	77.8	83.3	79.1
2015-2017	79.7	76.8	82.5	79.9	77.8	83.3	78.9
2016-2018	79.7	76.9	82.5	79.9	77.7	83.4	78.8
2017-2019	79.8	77.0	82.6	80.0	77.7	83.6	78.9

NA: There was not enough data to compute a valid estimate of life expectancy.
Source: www.flhealthcharts.com, November 17, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 4. TOTAL ESTIMATED POPULATION BY SELECTED DEMOGRAPHICS, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Demographics	Putnam County		Florida	
	Estimated Number	Percent of Total Population	Estimated Number	Percent of Total Population
Total Population	72,766		20,598,139	
Race				
American Indian/Alaska Native	212	0.3	58,115	0.3
Asian	415	0.6	559,168	2.7
Native Hawaiian and Other Pacific Islander	8	0.0	12,887	0.1
Black	11,707	16.1	3,316,376	16.1
Other	483	0.7	580,152	2.8
Two Or More Races	1,769	2.4	542,340	2.6
White	58,172	79.9	15,529,098	75.4
Ethnicity				
Hispanic	7,187	9.9	5,184,720	25.2
Non Hispanic	65,579	90.1	15,413,419	74.8
Gender				
Female	36,925	50.7	10,526,214	51.1
Male	35,841	49.3	10,071,925	48.9
Age Groups				
0-4	4,177	5.7	1,117,420	5.4
5-9	4,237	5.8	1,131,739	5.5
10-14	4,616	6.3	1,176,979	5.7
15-17	2,596	3.6	722,414	3.5
18-19	1,342	1.8	478,692	2.3
20-24	3,958	5.4	1,284,168	6.2
25-34	8,120	11.2	2,665,948	12.9
35-44	7,306	10.0	2,493,759	12.1
45-54	9,059	12.4	2,748,837	13.3
55-64	11,085	15.2	2,713,807	13.2
65-74	9,454	13.0	2,247,594	10.9
75-84	5,469	7.5	1,280,841	6.2
85+	1,347	1.9	535,941	2.6
75+	6,816	9.4	1,816,782	8.8
0-64	56,496	77.6	16,533,763	80.3
65+	16,270	22.4	4,064,376	19.7
0-17	15,626	21.5	4,148,552	20.1
18+	57,140	78.5	16,449,587	79.9

Source: US Census Bureau, American Community Survey, 5 Year Estimates, 2014-2018; Tables B01001, B02001, B01001I.
Prepared by: WellFlorida Council, 2020.

TABLE TA 5. TOTAL ESTIMATED POPULATION BY RACE AND AGE GROUP, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Age Groups	Putnam County							
	All Races		White Races		Black Races		Hispanics	
	Estimated Number	Percent	Estimated Number	Percent	Estimated Number	Percent	Estimated Number	Percent
Total Population	72,766		58,172		11,707		7,187	
0-4	4,177	5.7	2,786	4.8	941	8.0	756	10.5
5-9	4,237	5.8	3,023	5.2	868	7.4	706	9.8
10-14	4,616	6.3	3,364	5.8	995	8.5	865	12.0
15-17	2,596	3.6	1,936	3.3	513	4.4	408	5.7
18-19	1,342	1.8	1,032	1.8	308	2.6	224	3.1
20-24	3,958	5.4	2,959	5.1	941	8.0	532	7.4
25-29	4,288	5.9	3,172	5.5	845	7.2	529	7.4
30-34	3,832	5.3	2,907	5.0	726	6.2	496	6.9
35-44	7,306	10.0	5,935	10.2	1,272	10.9	986	13.7
45-54	9,059	12.4	7,380	12.7	1,380	11.8	637	8.9
55-64	11,085	15.2	9,317	16.0	1,465	12.5	476	6.6
65-74	9,454	13.0	8,297	14.3	868	7.4	317	4.4
75-84	5,469	7.5	4,919	8.5	436	3.7	231	3.2
85+	1,347	1.9	1,145	2.0	149	1.3	24	0.3
	Florida							
	All Races		White Races		Black Races		Hispanics	
	Estimated Number	Percent	Estimated Number	Percent	Estimated Number	Percent	Estimated Number	Percent
Total Population	20,598,139		15,529,098		3,316,376		5,184,720	
0-4	1,117,420	5.4	737,560	4.7	234,840	7.1	353,227	6.8
5-9	1,131,739	5.5	751,228	4.8	233,919	7.1	351,876	6.8
10-14	1,176,979	5.7	795,125	5.1	244,516	7.4	356,222	6.9
15-17	722,414	3.5	492,751	3.2	151,681	4.6	211,918	4.1
18-19	478,692	2.3	326,702	2.1	99,775	3.0	143,325	2.8
20-24	1,284,168	6.2	877,963	5.7	272,535	8.2	365,055	7.0
25-29	1,373,946	6.7	965,616	6.2	272,345	8.2	385,606	7.4
30-34	1,292,002	6.3	920,480	5.9	238,203	7.2	389,570	7.5
35-44	2,493,759	12.1	1,803,842	11.6	433,335	13.1	786,655	15.2
45-54	2,748,837	13.3	2,119,464	13.6	418,767	12.6	724,594	14.0
55-64	2,713,807	13.2	2,185,887	14.1	364,949	11.0	513,715	9.9
65-74	2,247,594	10.9	1,930,129	12.4	215,654	6.5	333,003	6.4
75-84	1,280,841	6.2	1,135,113	7.3	100,082	3.0	191,701	3.7
85+	535,941	2.6	487,238	3.1	35,775	1.1	78,253	1.5

Source: US Census Bureau, American Community Survey, 5 Year Estimates, 2014-2018; Tables B01001, B01001A, B01001B, B01001I.

Prepared by: WellFlorida Council, 2020.

TABLE TA 6. TOTAL ESTIMATED FAMILIES, HOUSEHOLDS AND AVERAGE FAMILY AND HOUSEHOLD SIZE, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Demographic	Putnam County	Florida
Total Households	28,264	7,621,760
Average Household Size	2.52	2.65
Total Married Couple Family Households	12,284	3,560,518
Average Household Size	3.13	3.21
Total Male Householder, No Wife Present Family Households	1,453	370,231
Average Household Size	3.93	3.78
Total Female Householder, No Husband Present Family Households	3,625	987,092
Average Household Size	3.79	3.83
Total Nonfamily Households	10,902	2,703,919
Average Household Size	1.23	1.32
Total Families	17,362	4,917,841
Average Family Size	3.20	3.27
Married Couple Families	12,284	3,560,518
Average Family Size	3.08	3.18
Male Householder, No Wife Present Families	1,453	370,231
Average Family Size	3.33	3.32
Female Householder, No Husband Present Families	3,625	987,092
Average Family Size	3.56	3.59

Source: US Census Bureau, American Community Survey, 5 Year Estimates, 2014-2018; Tables B011001, S1101.
Prepared by: WellFlorida Council, 2020.

TABLE TA 7. TOTAL ESTIMATED NUMBER AND PERCENT OF PERSONS BY LEVEL OF POVERTY FOR SELECTED DEMOGRAPHICS, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Selected Demographics	Putnam County		Florida	
	Estimated Number	Percent	Estimated Number	Percent
All Races	71,161		20,178,544	
Below Poverty Level	17,653	24.8	2,983,851	14.8
At or Above Poverty Level	53,508	75.2	17,194,693	85.2
White Races	57,034		15,258,206	
Below Poverty Level	11,837	20.8	1,943,450	12.7
At or Above Poverty Level	45,197	79.2	13,314,756	87.3
Black Races	11,273		3,196,776	
Below Poverty Level	4,843.00	43.0	750,616.00	23.5
At or Above Poverty Level	6,430	57.0	2,446,160	76.5
All Hispanics	7,138		5,113,554	
Below Poverty Level	2,242.00	31.4	965,888.00	18.9
At or Above Poverty Level	4,896	68.6	4,147,666	81.1
Total Population	71,161		20,178,544	
< 100 Percent of Poverty	17,653	24.8	2,983,851	14.8
100 - 199 Percent of Poverty	19,229	27.0	4,153,235	20.6
200 + Percent of Poverty	34,279	48.2	13,041,458	64.6
Total Children 0-17 Years of Age	15,081		4,083,160	
< 100 Percent of Poverty	5,820	38.6	870,505	21.3
100 - 199 Percent of Poverty	4,764	31.6	1,033,137	25.3
200 + Percent of Poverty	4,497	29.8	2,179,518	53.4
Total 18 - 64 Years of Age	40,073		12,099,254	
< 100 Percent of Poverty	9,870	24.6	1,700,420	14.1
100 - 199 Percent of Poverty	10,212	25.5	2,300,488	19.0
200 + Percent of Poverty	19,991	49.9	8,098,346	66.9
Total 65 + Years of Age	16,007		3,996,130	
< 100 Percent of Poverty	1,963	12.3	412,926	10.3
100 - 199 Percent of Poverty	4,253	26.6	819,610	20.5
200 + Percent of Poverty	9,791	61.2	2,763,594	69.2
Total Families	17,362		4,917,841	
Under 130 Percent of Poverty	4,418	25.4	775,857	15.8
130 to 149 Percent of Poverty	809	4.7	171,251	3.5
150 to 184 Percent of Poverty	1,445	8.3	316,583	6.4
185 + Percent of Poverty	10,690	61.6	3,654,150	74.3

Source: US Census Bureau, American Community Survey, 5 Year Estimates, 2014-2018; Tables B17020, B17020A, B1702B, B17020I, B17024, B17022.
Prepared by: WellFlorida Council, 2020.

TABLE TA 8. PER CAPITA INCOME BY RACE AND ETHNICITY, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Race/Ethnicity	Putnam County	Florida
All Races	$ 19,976.00	$ 30,197.00
White Races	$ 21,903.00	$ 33,351.00
Black Races	$ 11,356.00	$ 18,955.00
Hispanics	$ 13,158.00	$ 21,865.00

Source: US Census Bureau, American Community Survey, 5 Year Estimates, 2014-2018; Tables B19301, B19301A, B19301B, B19301I.
Prepared by: WellFlorida Council, 2020.

TABLE TA 9. MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Race/Ethnicity	Putnam County	Florida
All Races	$ 35,649.00	$ 53,267.00
White Races	$ 39,013.00	$ 56,008.00
Black Races	$ 21,231.00	$ 39,586.00
Hispanics	$ 35,202.00	$ 46,627.00

Source: US Census Bureau, American Community Survey, 5 Year Estimates, 2014-2018; Table S1901.
Prepared by: WellFlorida Council, 2020.

UNEMPLOYMENT

TABLE TA 10. TOTAL LABOR FORCE, NUMBER OF UNEMPLOYED AND PERCENT UNEMPLOYED, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Year	Putnam County			Florida		
	Labor Force	Unemployed	Percent Unemployed	Labor Force	Unemployed	Percent Unemployed
2015	27,214	2,078	7.6	9,594,000	523,000	5.5
2016	26,926	1,705	6.3	9,806,000	470,000	4.8
2017	27,068	1,481	5.5	10,063,000	424,000	4.2
2018	26,723	1,320	4.9	10,174,000	365,000	3.6
2019	26,563	1,150	4.3	10,337,000	321,000	3.1

Source: https://freida.labormarketinfo.com, November 17, 2020.
Prepared by: WellFlorida Council, 2020.

EDUCATION

TABLE TA 11. TOTAL ESTIMATED NUMBER AND PERCENT OF PERSONS BY LEVEL OF EDUCATION, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Level of Education	Putnam County		Florida	
	Estimated Number	Percent	Estimated Number	Percent
Total Population (25 +)	51,840		14,686,727	
No High School Diploma	9,887	19.1	1,769,489	12.0
High School Diploma	31,454	60.7	7,195,151	49.0
College Degree	10,499	20.3	5,722,084	39.0

Source: US Census Bureau, American Community Survey, 5 Year Estimates, 2014-2018; Table B15002.
Prepared by: WellFlorida Council, 2020.

TABLE TA 12. TOTAL ESTIMATED NUMBER AND PERCENT UNINSURED, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Year	Putnam County			Florida		
	Total Number	Number Uninsured	Percent Uninsured	Total Number	Number Uninsured	Percent Uninsured
	Under 65 Years of Age					
2014	55,723	12,024	21.6	15,741,454	3,176,171	20.2
2015	55,182	9,514	17.2	15,963,326	2,602,192	16.3
2016	54,886	9,034	16.5	16,142,766	2,478,194	15.4
2017	55,184	9,474	17.2	16,396,571	2,615,963	16.0
2018	55,100	9,993	18.1	16,563,259	2,673,659	16.1
	18 - 64 Years of Age					
2014	40,575	10,603	26.1	11,757,659	2,809,126	23.9
2015	40,132	8,500	21.2	11,930,518	2,324,052	19.5
2016	39,931	8,107	20.3	12,071,750	2,226,550	18.4
2017	40,027	8,534	21.3	12,272,578	2,333,172	19.0
2018	40,012	8,967	22.4	12,413,976	2,378,003	19.2
	21-64 Years of Age					
2014	38,379	10,062	26.2	11,107,723	2,647,827	23.8
2015	37,929	8,034	21.2	11,285,040	2,192,551	19.4
2016	37,773	7,706	20.4	11,421,043	2,108,879	18.5
2017	37,822	8,138	21.5	11,615,738	2,205,687	19.0
2018	37,786	8,527	22.6	11,746,884	2,244,480	19.1
	40-64 Years of Age					
2014	24,181	5,213	21.6	6,493,879	1,306,461	20.1
2015	23,810	4,105	17.2	6,574,253	1,057,132	16.1
2016	23,704	4,196	17.7	6,637,493	1,033,101	15.6
2017	23,585	4,431	18.8	6,731,734	1,092,181	16.2
2018	23,455	4,348	18.5	6,785,717	1,088,178	16.0
	50-64 Years of Age					
2014	16,286	3,142	19.3	3,961,204	708,689	17.9
2015	16,204	2,446	15.1	4,050,714	572,346	14.1
2016	16,137	2,699	16.7	4,115,058	569,910	13.8
2017	16,066	2,897	18.0	4,177,744	610,524	14.6
2018	15,875	2,686	16.9	4,208,538	598,103	14.2
	Under 19 Years of Age					
2014	15,935	1,531	9.6	4,201,730	406,126	9.7
2015	15,851	1,116	7.0	4,250,715	312,070	7.3
2016	15,722	1,010	6.4	4,291,510	282,464	6.6
2017	15,978	1,032	6.5	4,348,050	314,181	7.2
2018	15,906	1,123	7.1	4,379,093	331,182	7.6

Source: http://www.census.gov/did/www/sahie/index.html, November 17, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 13. PERCENT OF HOUSEHOLDS WITH WORKERS AGE 16 AND OVER BY NUMBER OF AVAILABLE VEHICLES AVAILABLE AND METHOD OF TRANSPORTATION TO WORK, PUTNAM COUNTY AND FLORIDA, 2014-2018.

	Putnam County	Florida
	Percent of Households By Number of Available Vehicles	
No Vehicle Available	3.7	2.9
1 Vehicle	22.9	23.3
2 Vehicles	42.0	44.8
3 or More Vehicles	31.4	29.0
	Method of Transportation to Work	
Drives Alone	84.1	84.3
Carpools	11.6	9.8
Public Transportation	0.5	2.0
Other	3.8	3.9

Source: US Census Bureau, American Community Survey, 2014-2018. Table S0802.
Prepared by: WellFlorida Council, 2020.

TABLE TA 14. PERCENT OF HOUSEHOLDS WITH WORKERS AGE 16 AND OVER BY TRAVEL TIME TO WORK, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Travel Time	Putnam County	Florida	Putnam County	Florida
	All Workers		Those That Drive Alone	
Less than 10 minutes	13.7	8.9	13.5	8.2
10 - 14 minutes	15.0	11.7	14.5	11.7
15 - 19 minutes	12.0	14.9	12.4	15.1
20 - 24 minutes	9.3	15.9	10.0	16.4
25 - 29 minutes	5.1	6.8	5.4	7.1
30 - 34 minutes	11.5	16.8	11.6	17.1
35 - 44 minutes	7.7	7.6	7.9	7.9
45 - 59 minutes	11.5	9.1	9.3	9.3
60 or more minutes	14.0	8.1	7.2	7.2
	Those That Carpool		Those That Use Public Transportation	
Less than 10 minutes	7.5	8.5	60.2	2.5
10 - 14 minutes	16.2	11.3	4.9	4.4
15 - 19 minutes	8.4	15.2	3.8	6.1
20 - 24 minutes	5.6	15.2	0.0	8.7
25 - 29 minutes	4.1	6.6	0.0	3.0
30 - 34 minutes	13.9	16.9	0.0	16.4
35 - 44 minutes	12.8	7.4	8.9	6.5
45 - 59 minutes	8.3	9.3	0.0	13.0
60 or more minutes	23.2	9.6	12.2	39.3

Source: US Census Bureau, American Community Survey, 2014-2018. Table S0802.
Prepared by: WellFlorida Council, 2020.

TABLE TA 15. PERCENT OF THE TOTAL STUDENTS THAT WERE ELIGIBLE FOR FREE OR REDUCED LUNCH BY TYPE OF STUDENTS DURING THE SCHOOL YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Year	Putnam County	Florida
	Kindergarten Students	
2015	81.6	61.2
2016	73.5	62.5
2017	76.8	61.1
2018	67.9	59.7
2019	73.1	58.7
	Elementary School Students	
2015	82.5	61.7
2016	73.1	62.4
2017	74.0	61.7
2018	67.7	60.5
2019	74.3	58.4
	Middle School Students	
2015	75.7	59.2
2016	65.2	58.6
2017	68.1	57.9
2018	64.1	57.2
2019	71.7	55.4

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 16. NUMBER OF FOOD STAMP CLIENTS AND FOOD STAMP HOUSEHOLDS BY YEAR AND PERCENT CHANGE FROM PREVIOUS YEAR, PUTNAM COUNTY AND FLORIDA, 2014-2019.

As of December of Each Year	Putnam County		Florida	
	Number	Percent Change From Previous Year	Number	Percent Change From Previous Year
	Food Stamp Clients			
2014	21,604		3,730,199	
2015	21,067		3,740,856	0.3
2016	18,703		3,315,735	(11.4)
2017	19,538		3,433,931	3.6
2018	18,145		3,120,917	(9.1)
2019	16,432		2,764,728	(11.4)
	Food Stamp Households			
2014	11,042		2,045,798	
2015	10,938		2,077,409	1.5
2016	9,071		1,759,551	(15.3)
2017	9,093		1,754,421	(0.3)
2018	8,395		1,603,220	(8.6)
2019	8,186		1,510,159	(5.8)

Source: https://www.myflfamilies.com/service-programs/access/StandardDataReports.asp, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 17. NUMBER OF TANF CLIENTS AND TANF FAMILIES BY YEAR AND PERCENT CHANGE FROM PREVIOUS YEAR, PUTNAM COUNTY AND FLORIDA, 2014-2019.

As of December of Each Year	Putnam County		Florida	
	Number	Percent Change From Previous Year	Number	Percent Change From Previous Year
	TANF Clients			
2014	797		87,711	
2015	734	(7.9)	84,138	(4.1)
2016	735	0.1	78,643	(6.5)
2017	592	(19.5)	67,600	(14.0)
2018	589	(0.5)	66,364	(1.8)
2019	521	(11.5)	59,729	(10.0)
	TANF Families			
2014	471		50,081	
2015	458	(2.8)	49,268	(1.6)
2016	485	5.9	47,665	(3.3)
2017	416	(14.2)	42,406	(11.0)
2018	415	(0.2)	42,777	0.9
2019	383	(7.7)	38,827	(9.2)

Source: https://www.myflfamilies.com/service-programs/access/StandardDataReports.asp, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 18. NUMBER AND PERCENT OF WIC ELIGIBLES AND THOSE SERVED FOR PUTNAM COUNTY AND FLORIDA, 2015-2019.

Year	Putnam County				
	Total Population	Number WIC Eligibles	Rate Per 100,000 Population	Number WIC Eligibles Served	Percent of WIC Eligibles That Were Served
2015	72,821	3,912	5,372.1	2,924	74.7
2016	73,004	3,701	5,070.3	2,952	79.8
2017	73,068	3,899	5,337.2	2,787	71.5
2018	73,422	3,899	5,311.4	2,824	72.4
2019	73,012	3,773	5,167.6	2,526	66.9
Year	Florida				
	Total Population	Number WIC Eligibles	Rate Per 100,000 Population	Number WIC Eligibles Served	Percent of WIC Eligibles That Were Served
2015	19,897,762	658,247	3,308.1	492,039	74.7
2016	20,231,092	663,786	3,281.0	479,129	72.2
2017	20,555,728	666,472	3,242.3	462,116	69.3
2018	20,957,705	666,473	3,180.1	451,935	67.8
2019	21,268,553	648,825	3,050.6	427,068	65.8

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

ALL RACES

TABLE TA 19. LEADING CAUSES OF DEATHS FOR ALL RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2015					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			966	1,326.5	925.3	191,488	962.4	687.0
Cancer	1	2	232	318.6	205.4	43,877	228.0	156.1
Heart Disease	2	1	210	288.4	196.0	45,199	235.6	154.5
CLRD	3	3	77	105.7	67.8	11,685	61.3	40.1
Diabetes	4	7	59	81.0	56.7	5,394	27.8	19.1
Unintentional Injury	5	5	51	70.0	64.2	10,346	53.5	46.9
Stroke	6	4	42	57.7	38.0	11,410	59.1	38.1
Alzheimers Disease	7	6	24	33.0	21.7	7,021	36.7	22.5
Liver Disease	8	10	13	17.9	13.5	3,075	16.0	12.2
Suicide	Tied 9	9	12	16.5	14.9	3,152	16.3	14.8
Septicemia	Tied 9	12	12	16.5	10.5	2,361	12.3	8.4
Hypertension	Tied 9	14	12	16.5	11.5	2,185	11.3	7.5

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 19 CONT. LEADING CAUSES OF DEATHS FOR ALL RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2016					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			963	1,319.1	910.8	197,236	974.9	693.3
Cancer	1	2	242	331.5	212.7	44,237	226.0	152.7
Heart Disease	2	1	179	245.2	161.0	45,625	234.4	152.2
CLRD	3	4	72	986.0	63.1	11,964	61.8	39.9
Unintentional Injury	4	3	66	90.4	74.2	12,522	63.9	57.1
Diabetes	5	7	52	71.2	48.6	5,780	29.3	20.2
Stroke	6	5	32	43.8	29.4	11,843	60.3	38.4
Alzheimers Disease	7	6	26	35.6	23.3	7,152	36.9	22.4
Liver Disease	8	8	19	26.0	18.1	3,225	16.5	12.4
Suicide	9	10	15	20.5	20.7	3,122	15.8	14.3
Influenza & Pneumonia	10	11	13	17.8	10.6	2,807	14.4	9.6

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 19 CONT. LEADING CAUSES OF DEATHS FOR ALL RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2017					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			1,025	1,402.8	977.0	203,353	989.3	695.4
Cancer	1	2	257	351.7	227.1	44,862	225.8	150.7
Heart Disease	2	1	191	261.4	171.6	46,159	233.2	149.8
CLRD	3	4	104	142.3	92.2	12,590	63.9	40.6
Unintentional Injury	4	3	80	109.5	103.5	12,812	64.3	57.3
Stroke	Tied 5	5	41	56.1	37.4	12,557	63.0	39.6
Diabetes	Tied 5	7	41	56.1	39.6	6,151	30.8	20.8
Alzheimers Disease	7	6	28	38.3	24.5	6,956	35.4	21.2
Liver Disease	8	10	20	27.4	24.3	3,080	15.5	11.7
Suicide	9	8	18	24.6	23.3	3,187	15.9	14.3
Hypertension	10	12	16	21.9	14.9	2,618	13.1	8.5

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 19 CONT. LEADING CAUSES OF DEATHS FOR ALL RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2018					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			1,091	1,485.9	1,015.5	205,461	980.4	687.0
Cancer	1	2	223	303.7	187.7	45,199	223.4	147.6
Heart Disease	2	1	218	296.9	189.8	46,929	232.4	148.9
CLRD	3	5	103	14.3	87.5	12,346	61.7	39.1
Unintentional Injury	4	4	89	121.2	122.9	12,616	62.1	55.1
Stroke	5	3	48	65.4	38.1	13,238	65.4	41.1
Diabetes	6	7	37	50.4	34.1	6,195	30.5	20.5
Nephritis	7	10	27	36.8	22.7	3,125	15.4	10.1
Suicide	8	8	24	32.7	29.6	3,552	17.5	15.7
Alzheimers Disease	9	6	22	30.0	18.6	6,711	33.5	20.2
Liver Disease	10	9	17	23.2	15.6	3,342	16.6	12.3

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 19 CONT. LEADING CAUSES OF DEATHS FOR ALL RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2019					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			997	1,365.5	915.9	206,975	973.2	673.8
Cancer	1	2	214	293.1	171.5	45,562	221.8	144.1
Heart Disease	2	1	173	236.9	154.7	47,044	230.2	145.1
CLRD	3	5	105	143.8	83.1	12,005	59.3	36.8
Unintentional Injury	4	4	77	105.5	107.2	13,213	64.2	57.0
Diabetes	5	7	51	69.9	45.4	6,158	29.8	19.8
Stroke	6	3	36	49.3	30.2	13,868	67.6	41.5
Liver Disease	7	10	26	35.6	27.4	3,186	15.6	11.5
Nephritis	8	9	16	21.9	13.9	3,242	15.7	10.1
Alzheimers Disease	Tied 9	6	15	20.5	12.3	6,531	32.1	19.0
Hypertension	Tied 9	11	15	20.5	12.7	2,737	13.4	8.5

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 20. LEADING CAUSES OF DEATHS FOR WHITE RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2015					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			841	1,435.1	928.1	166,393	1,074.0	672.5
Cancer	1	2	201	343.0	202.9	38,410	247.9	155.3
Heart Disease	2	1	190	324.2	203.4	39,868	257.3	151.5
CLRD	3	3	72	122.9	72.9	10,911	70.4	41.5
Diabetes	4	7	52	88.7	57.3	4,178	27.0	16.9
Unintentional Injury	5	5	45	76.8	70.0	9,004	58.1	49.2
Stroke	6	4	37	63.1	38.7	9,690	62.5	35.8
Alzheimers Disease	7	6	22	37.5	22.5	6,470	41.8	227.0
Liver Disease	8	9	12	20.5	15.3	2,814	18.2	13.1
Influenza & Pneumonia	9	11	11	18.8	10.4	2,319	15.0	8.9
Hypertension	Tied 10	14	10	17.1	11.2	1,755	11.3	6.6
Parkinsons Disease	Tied 10	12	10	17.1	9.9	2,093	13.5	7.7
Suicide	Tied 10	8	10	17.1	14.0	2,916	18.8	16.7

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.

Source: www.flhealthcharts.com; November 18, 2020.

Prepared by: WellFlorida Council, 2020.

TABLE TA 20 CONT. LEADING CAUSES OF DEATHS FOR WHITE RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2016					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			837	1,424.8	915.0	170,967	1,087.4	679.5
Cancer	1	2	217	369.4	220.0	38,614	245.6	151.9
Heart Disease	2	1	160	272.4	167.5	39,993	254.4	148.4
CLRD	3	3	69	117.5	68.4	11,092	70.5	41.2
Unintentional Injury	4	4	60	102.1	82.5	10,949	69.6	60.9
Diabetes	5	7	44	74.9	47.9	4,495	28.6	17.9
Stroke	6	5	26	44.3	26.9	10,085	64.1	36.5
Alzheimers Disease	7	6	22	37.5	22.6	6,631	42.2	22.7
Liver Disease	8	8	19	32.3	21.4	2,956	18.8	13.5
Suicide	9	9	12	20.4	18.4	2,844	18.1	16.0
Influenza & Pneumonia	10	11	11	18.7	10.2	2,405	15.3	9.3

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 20 CONT. LEADING CAUSES OF DEATHS FOR WHITE RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2017					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			882	1,500.8	959.2	176,022	1,104.0	682.7
Cancer	1	2	226	384.5	230.0	39,036	244.8	149.6
Heart Disease	2	1	159	270.5	158.6	40,311	252.8	146.2
CLRD	3	3	97	165.1	97.5	11,644	73.0	42.0
Unintentional Injury	4	4	66	112.3	101.1	11,086	69.5	60.6
Stroke	5	5	37	63.0	38.4	10,587	66.4	37.2
Diabetes	6	7	33	56.1	38.7	4,732	29.7	18.3
Alzheimers Disease	7	6	22	37.4	22.1	6,465	40.5	21.7
Liver Disease	Tied 8	9	17	28.9	23.9	2,807	17.6	12.7
Suicide	Tied 8	8	17	28.9	26.6	2,916	18.3	16.1
Hypertension	Tied 10	13	13	22.1	12.6	2,101	13.2	7.7
Influenza & Pneumonia	Tied 10	10	13	22.1	14.2	2,644	16.6	9.6

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 20 CONT. LEADING CAUSES OF DEATHS FOR WHITE RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2018					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			948	1,605.1	1,015.3	177,457.0	1,094.1	673.1
Cancer	1	2	198	335.2	192.3	39,307.0	242.3	146.8
Heart Disease	2	1	187	316.6	187.0	40,771.0	251.4	144.9
CLRD	3	3	97	164.2	94.2	11,452.0	70.6	40.4
Unintentional Injury	4	5	70	118.5	117.5	10,868.0	67.0	57.8
Stroke	5	4	41	69.4	37.0	11,236.0	69.3	38.8
Diabetes	6	7	31	52.5	31.5	4,813.0	29.7	18.3
Suicide	7	8	24	40.6	36.0	3,245.0	20.0	17.6
Alzheimers Disease	Tied 8	6	21	35.6	20.0	6,171.0	38.0	20.4
Nephritis	Tied 8	12	21	35.6	19.6	2,384.0	14.7	8.6
Liver Disease	10	9	16	27.1	17.6	3,044.0	18.8	13.3

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 20 CONT. LEADING CAUSES OF DEATHS FOR WHITE RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2019					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			858	1,462.8	900.7	178,237	1,084.2	659.1
Cancer	1	2	189	322.2	174.8	39,378	239.5	142.5
Heart Disease	2	1	151	257.4	151.1	40,893	248.7	141.2
CLRD	3	5	100	170.5	90.6	11,147	67.8	38.1
Unintentional Injury	4	4	67	114.2	112.5	11,426	69.5	60.3
Diabetes	5	7	42	71.6	44.8	4,728	28.8	17.5
Stroke	6	3	28	47.7	27.5	11,719	71.3	39.2
Liver Disease	7	9	22	37.5	26.4	2,925	17.8	12.6
Alzheimers Disease	8	6	13	22.2	12.1	6,020	36.6	19.3
Nephritis	Tied 9	10	12	20.5	12.2	2,507	15.2	8.8
Suicide	Tied 9	8	12	20.5	16.8	3,121	19.0	16.5

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.
Source: www.flhealthcharts.com; November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 21. LEADING CAUSES OF DEATHS FOR BLACK RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2015					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			113	939.9	953.3	20,964	626.7	755.1
Cancer	1	1	30	249.5	254.9	4,524	135.2	159.4
Heart Disease	2	2	17	141.4	148.4	4,494	134.4	167.2
Diabetes	3	5	7	58.2	59.9	1,056	31.6	38.2
CLRD	Tied 4	7	5	41.6	36.6	630	18.8	23.9
Unintentional Injuries	Tied 4	4	5	41.6	38.3	1,069	32.0	33.7
Cause of Death	County Ranking	State Ranking	2016					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			113	941.9	911.6	22,093	648.1	762.4
Cancer	1	2	23	191.7	178.2	4,603	135.0	155.8
Heart Disease	2	1	17	141.7	133.1	4,825	141.5	172.1
Diabetes	3	5	8	66.7	59.6	1,107	32.5	37.6
Stroke	4	3	6	50.0	54.9	1,454	42.7	54.1
Unintentional Injuries	5	4	5	41.7	34.9	1,259	36.9	38.4
Cause of Death	County Ranking	State Ranking	2017					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			126	1,052.5	1,063.9	22,814	657.4	755.9
Heart Disease	1	1	30	250.6	258.6	4,935	142.2	167.6
Cancer	2	2	26	217.2	202.1	4,781	137.8	154.6
Unintentional Injuries	3	4	12	100.2	113.7	1,382	39.8	40.8
CLRD	Tied 4	6	6	50.1	52.4	757	21.8	26.1
Diabetes	Tied 4	5	6	50.1	42.2	1,234	35.6	40.8

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.

Source: www.flhealthcharts.com; November 18, 2020.

Prepared by: WellFlorida Council, 2020.

TABLE TA 21 CONT. LEADING CAUSES OF DEATHS FOR BLACK RACES, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	2018					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			131	1,094.7	1,052.0	23,401	659.3	756.4
Heart Disease	1	1	29	242.3	236.4	5,132	144.6	169.5
Cancer	2	2	23	192.2	174.2	4,828	136.0	151.7
Unintentional Injuries	3	4	17	142.1	135.6	1,402	39.5	40.2
Stroke	Tied 4	3	6	50.1	39.5	1,681	47.4	59.0
CLRD	Tied 5	6	6	50.1	47.2	734	20.7	24.4
Nephritis	Tied 4	7	6	50.1	49.3	657	18.5	21.5
Cause of Death	County Ranking	State Ranking	2019					
			Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
All Causes			134	1,121.3	1,126.0	24,094	668.6	751.7
Cancer	1	2	24	200.8	172.4	5,052	140.2	152.1
Heart Disease	2	1	20	167.4	164.2	5,194	144.1	165.7
Diabetes	Tied 3	5	9	75.3	73.7	1,235	34.3	37.6
Unintentional Injuries	Tied 3	4	9	75.3	91.7	1,436	39.8	41.2
Stroke	5	3	8	66.9	64.0	1,818	50.4	60.9

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year.

Source: www.flhealthcharts.com; November 18, 2020.

Prepared by: WellFlorida Council, 2020.

TABLE TA 22. LEADING CAUSES OF DEATHS FOR HISPANICS, TOTAL NUMBER, CRUDE RATE PER 100,000, AND AGE ADJUSTED RATE PER 100,000 POPULATION BY YEAR, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Cause of Death	County Ranking	State Ranking	Putnam County			Florida		
			Total Deaths	Crude Rate	Age Adjusted Rate	Total Deaths	Crude Rate	Age Adjusted Rate
			2015					
All Causes			21	302.9	469.6	23,449	489.4	536.7
Heart Disease	1	1	5	72.1	126.3	5,677	118.5	131.7
			2016					
All Causes			23	327.8	486.5	25,051	504.8	54.1
Cancer	1	2	7	99.8	166.2	5,579	112.4	120.0
			2017					
All Causes			25	350.5	536.9	26,340	512.9	538.1
Cancer	1	2	8	112.2	151.6	5,705	111.1	116.5
			2018					
All Causes			41	549.7	823.0	27,240	505.1	518.1
Diabetes	1	7	6	80.4	117.3	971	18.9	18.5
Heart Disease	Tied 2	1	5	67.0	102.4	6,131	113.7	116.9
Unintentional Injuries	Tied 2	4	5	67.0	71.6	1,736	32.2	31.9
			2019					
All Causes			23	307.9	429.3	27,774	497.2	503.6
Cancer	1	2	6	80.3	108.9	6,075	108.8	109.5
Unintentional Injuries	2	4	5	66.9	89.3	1,922	34.4	34.1

* The causes of deaths in the table are based on the total number of deaths for Putnam County for each year only diseases with 5 or more deaths are shown.

Source: www.flhealthcharts.com; November 25, 2020.

Prepared by: WellFlorida Council, 2020.

TABLE TA 23. AGE ADJUSTED DEATH RATES PER 100,000 POPULATION FOR TOP LEADING CAUSES OF DEATHS FOR ALL RACES, PUTNAM COUNTY AND FLORIDA, 2017-2019. *

Cause of Death	Putnam County				Florida			
	All Races	Black Races	White Races	Hispanics	All Races	Black Races	White Races	Hispanics
All Causes	968.7	1,080.6	957.4	594.9	677.5	754.5	671.4	519.2
Cancer	195.1	183.2	198.6	114.8	146.1	152.7	146.2	113.3
Heart Disease	171.8	219.9	165.3	74.0	146.5	167.6	144.1	119.0
CLRD	87.6	46.7	94.1	38.9	38.1	24.4	40.1	22.4
Unintentional Injuries	111.0	113.8	110.1	66.1	55.1	40.7	59.6	33.4
Diabetes	39.7	56.0	38.3	56.9	20.3	38.8	18.0	18.5
Stroke	35.2	44.0	34.2	44.5	40.7	59.3	38.4	39.5
Alzheimers Disease	18.3	21.7	18.0	6.4	19.9	16.4	20.4	25.0
Liver Disease	22.5	18.9	22.7	12.2	11.6	5.9	12.9	7.9
Nephritis	15.7	33.5	14.1	32.3	10.1	20.7	8.8	8.0
Suicide	22.3	----	26.5	4.6	14.6	5.5	16.8	7.9

* The causes of deaths in the table are based on the total number of deaths for Putnam County for the three year period for all races.

Source: www.flhealthcharts.com; November 24, 2020.

Prepared by: WellFlorida Council, 2020.

TABLE TA 24. ALL CAUSES YEARS OF POTENTIONAL LIFE LOST UNDER 75 BY RACE AND ETHNICITY, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Race/Ethnicity	Putnam County		Florida	
	Count	Rate Per 100,000 Population	Count	Rate Per 100,000 Population
2015				
All Races	8,499	12,806.1	1,379,330	7,584.6
Black Races	1,453	12,729.0	291,094	9,051.6
White Races	6,859	12,972.4	1,038,531	7,446.8
Hispanics	21	469.6	23,449	536.7
2016				
All Races	8,022	12,064.6	1,469,175	7,953.2
Black Races	1,141	10,025.5	306,513	9,364.9
White Races	6,593	12,447.4	1,112,130	7,865.8
Hispanics	23	486.5	25,051	540.1
2017				
All Races	8,539	12,849.9	1,481,821	7,903.7
Black Races	1,887	16,618.2	306,645	9,214.0
White Races	6,447	12,188.1	1,121,232	7,829.0
Hispanics	36	536.9	26,340	538.1
2018				
All Races	10,050	15,115.1	1,468,856	7,692.7
Black Races	2,106	18,550.2	308,585	9,067.5
White Races	7,756	14,663.5	1,107,742	7,615.1
Hispanics	41	823.0	27,240	518.1
2019				
All Races	8,430	12,793.7	1,477,104	7,648.8
Black Races	1,867	16,449.3	312,004	9,042.7
White Races	6,427	12,290.4	1,112,529	7,574.0
Hispanics	23	429.3	27,774	503.6

Source: www.flhealthcharts.com; November 24, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 25. AGE ADJUSTED DEATH RATES AND CRUDE RATES PER 100,000 POPULATION FOR SUICIDE, PUTNAM COUNTY AND FLORIDA, 2008-2019.

Area	Average Number	Age Adjusted Death Rate	Crude Rate
2008-2010			
Putnam County	15.0	18.8	20.1
Florida	2,776.7	13.9	14.8
2011-2013			
Putnam County	12.7	17.8	17.3
Florida	2,859.7	13.8	15.0
2014-2016			
Putnam County	13.7	18.4	18.8
Florida	3,078.3	14.1	15.5
2017-2019			
Putnam County	18.0	22.3	24.6
Florida	3,388.7	14.6	16.2

Source: http://www.flhealthcharts.com; November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 26. NUMBER OF MENTAL HEALTH DISCHARGES AND RATE PER 1,000 POPULATION, PUTNAM COUNTY AND FLORIDA, JULY 2017 - JUNE 2019.

Area	Population	Total Number	Rate Per 1,000 Population
July 2016 - June 2017			
All Ages			
Putnam County	73,068	604	8.3
Florida	20,555,733	191,207	9.3
0-17 Years of Age			
Putnam County	15,621	76	4.9
Florida	4,132,220	22,234	5.4
18+ Years of Age			
Putnam County	57,447	528	9.2
Florida	16,423,513	168,973	10.3
July 2017 - June 2018			
All Ages			
Putnam County	73,422	683	9.3
Florida	20,957,705	199,288	9.5
0-17 Years of Age			
Putnam County	15,733	92	5.8
Florida	4,193,969	25,025	6.0
18+ Years of Age			
Putnam County	57,689	591	10.2
Florida	16,763,736	174,263	10.4
July 2018 - June 2019			
All Ages			
Putnam County	73,012	700	9.6
Florida	21,268,553	208,563	9.8
0-17 Years of Age			
Putnam County	15,525	109	7.0
Florida	4,240,077	26,849	6.3
18+ Years of Age			
Putnam County	57,487	591	10.3
Florida	17,028,476	181,714	10.7

MSDRGs 876, 880, 881, 882, 883, 885, 886, 887, 894, 895, 896, 897 are used to determine Mental Health.

Source: Agency for Health Care Administration Detailed Discharge Data, July 2016 - June 2019. www.flhealthcharts.com; November 25, 2020.

Prepared by: WellFlorida Council, 2020.

TABLE TA 27. NUMBER OF MENTAL HEALTH ED VISITS AND RATE PER 1,000 POPULATION, PUTNAM COUNTY AND FLORIDA, JULY 2017 - JUNE 2019.

Area	Population	Total Number	Rate Per 1,000 Population
July 2016 - June 2017			
All Ages			
Putnam County	73,068	12,452	170.4
Florida	20,555,733	1,514,005	73.7
0-17 Years of Age			
Putnam County	15,621	289	18.5
Florida	4,132,220	52,793	12.8
18+ Years of Age			
Putnam County	57,447	12,163	211.7
Florida	16,423,513	1,461,212	89.0
July 2017 - June 2018			
All Ages			
Putnam County	73,422	11,861	161.5
Florida	20,957,705	1,429,119	68.2
0-17 Years of Age			
Putnam County	15,733	260	16.5
Florida	4,193,969	48,309	11.5
18+ Years of Age			
Putnam County	57,689	11,601	201.1
Florida	16,763,736	1,380,810	82.4
July 2018 - June 2019			
All Ages			
Putnam County	73,012	9,952	136.3
Florida	21,268,553	1,343,404	63.2
0-17 Years of Age			
Putnam County	15,525	279	18.0
Florida	4,240,077	48,853	11.5
18+ Years of Age			
Putnam County	57,487	9,673	168.3
Florida	17,028,476	1,294,551	76.0

* ICD 9 Codes 290 - 317 were used in determining mental health visits. The main reason category as well as all diagnosis codes were looked at to pull off the mental health visits.

Source: Agency for Health Care Administration ED Visits Data, July 2016 - June 2019. www.flhealthcharts.com; November 25, 2020.

Prepared by: WellFlorida Council, 2020.

TABLE TA 28. NUMBER OF INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) BY AGE FOR RESIDENTS OF PUTNAM COUNTY AND FLORIDA, FISCAL YEAR 2015/2016.

	Putnam County		Florida	
	Number	Percent	Number	Percent
Total Examinations	561		199,944	
Percent Children < 18	128	22.8	32,791	16.4
Percent Older Adults 65+	33	5.9	14,376	7.2

Source: University of South Florida; Department of Mental Health Law and Policy, The Baker Act, Fiscal Year 2016/2017 Annual Report.
Prepared by: WellFlorida Council, 2020.

TABLE TA 29. NUMBER OF INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) BY INITIATOR TYPE FOR RESIDENTS OF PUTNAM COUNTY AND FLORIDA, FISCAL YEAR 2015/2016.

	Putnam County		Florida	
	Number	Percent	Number	Percent
Total Examinations	561		199,944	
At Public Receiving Facilities	398	70.9	119,646	59.8
By Initiator Type				
From Law Enforcement	263	46.9	100,612	50.3
From Mental Health Professionals	286	51.0	95,393	47.7
From Ex-Parte Order	12	2.1	3,939	2.0

Source: University of South Florida; Department of Mental Health Law and Policy, The Baker Act, Fiscal Year 2016/2017 Annual Report.
Prepared by: WellFlorida Council, 2020.

TABLE TA 30. NUMBER OF INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) FOR RESIDENTS OF PUTNAM COUNTY AND FLORIDA, FISCAL YEAR 2012/2013 - 2016/2017.

Fiscal Year	Putnam County					Florida				
	Total	Children < 18		Older Adults 65+		Total	Children < 18		Older Adults 65+	
		Number	Percent	Number	Percent		Number	Percent	Number	Percent
2012-2013	423	72	17.0	38	9.0	163,850	26,822	16.4	12,518	7.6
2013-2014	430	92	21.4	26	6.1	177,006	30,357	17.2	13,559	7.7
2014-2015	545	133	24.4	23	4.2	187,999	32,655	17.4	13,837	7.4
2015-2016	517	126	24.4	32	6.2	194,354	32,496	16.7	13,799	7.1
2016-2017	561	128	22.8	33	5.9	199,944	32,791	16.4	14,376	7.2

Source: University of South Florida; Department of Mental Health Law and Policy, The Baker Act, Fiscal Year 2016/2017 Annual Report.
Prepared by: WellFlorida Council, 2020.

TABLE TA 31. TOTAL NUMBER AND RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES, PUTNAM COUNTY AND FLORIDA, 2014 - 2019.

Area	Number	Rate Per 100,000	Number	Rate Per 100,000
	2014		2015	
Putnam County	529	729.0	558	766.3
Florida	106,882	545.9	107,666	541.1
	2016		2017	
Putnam County	549	752.0	498	681.6
Florida	105,640	522.2	106,979	520.4
	2018		2019	
Putnam County	516	702.8	490	671.1
Florida	104,914	500.6	105,298	495.1

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 32. PERCENT OF ADULTS WHO ENGAGE IN HEAVY OR BINGE DRINKING, PUTNAM COUNTY AND FLORIDA, 2002, 2007, 2010, 2013, 2016.

Area	2002	2007	2010	2013	2016
Putnam County	18	13.5	9.7	16.7	15.3
Florida	16.4	16.2	15.0	17.6	17.5

Source: http://www.flhealthcharts.com; November 17, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 33. NUMBER AND AGE-ADJUSTED RATE PER 100,000 POPULATION OF SELECTED LIVER DISEASE DEATHS, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Year	Alcoholic Liver Disease *				Chronic Liver Disease and Cirrhosis**			
	Putnam County		Florida		Putnam County		Florida	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2015	10	10.5	1,629	6.6	13	13.5	3,075	11.9
2016	9	10.5	1,728	6.8	19	18.1	3,225	12.2
2017	15	19.9	1,632	6.3	20	24.3	3,080	11.4
2018	8	6.4	1,841	6.9	17	15.6	3,342	12.0
2019	17	19.0	1,703	6.3	26	27.4	3,186	11.3

* ICD 10 Codes (K70)
** ICD 10 Codes (K70, K73-K74).
Source: www.flhealthcharts.com, November 18,2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 34. NUMBER AND RATE OF VARIOUS MOTOR VEHICLE TRAFFIC CRASHES, INJURIES AND DEATHS DUE TO ALCOHOL AND/OR DRUGS, PUTNAM COUNTY AND FLORIDA, 2016-2018.

Year	Putnam County		Florida	
	Number	Rate	Number	Rate
	Alcohol Confirmed Motor Vehicle Traffic Crashes (1)			
2016	25	34.2	5,216	25.8
2017	20	27.4	5,125	24.9
2018	23	31.3	5,106	24.4
	Drug Confirmed Motor Vehicle Traffic Crashes (2)			
2016	10	13.7	619	3.1
2017	11	15.1	668	3.2
2018	9	12.3	673	3.2
	Drug & Alcohol Confirmed Motor Vehicle Traffic Crashes (3)			
2016	8	11.0	349	1.7
2017	7	9.6	355	1.7
2018	9	12.3	386	1.8

(1) Any crash involving a driver or non-motorist who had a blood alcohol Content greater than 0.00, this excludes drug confirmed Individuals.
(2) A crash involving a driver and/or not-motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(3) A crash involving a driver and/or non-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
(4) Non-fatal injury of a person as a direct result of a crash involving a driver and/or non-motorist who had a blood alcohol content greater than 0.00, this excludes drug confirmed individuals.
(5) Non-fatal injury of a person as a direct result of a crash involving a driver and/or no-motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(6) Non-fatal injury of a person as a direct result of a crash involving a driver and/or not-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
(7) The death of a person as a direct result of a crash involving a driver and/or non-motorist who had a blood alcohol content greater than 0.00,this excludes drug confirmed individuals.
(8) The death of a person as a direct result of a crash involving a driver and/or motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(9) The death of a person as a direct result of crash involving a driver and/or non-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
Source: www.flhealthcharts.com, November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 34 CONT. NUMBER AND RATE OF VARIOUS MOTOR VEHICLE TRAFFIC CRASHES, INJURIES AND DEATHS DUE TO ALCOHOL AND/OR DRUGS, PUTNAM COUNTY AND FLORIDA, 2016-2018.

Year	Putnam County		Florida	
	Number	Rate	Number	Rate
	Alcohol Confirmed Motor Vehicle Traffic Crash Injuries (4)			
2016	17	23.3	3,157	15.6
2017	18	24.6	3,035	14.8
2018	16	21.8	2,984	14.2
	Drug Confirmed Motor Vehicle Traffic Crash Injuries (5)			
2016	5	6.8	541	2.7
2017	17	23.3	589	2.9
2018	8	10.9	559	2.7
	Drug & Alcohol Confirmed Motor Vehicle Traffic Crash Injuries (6)			
2016	4	5.5	254	1.3
2017	7	9.6	276	1.3
2018	1	1.4	324	1.5

(1) Any crash involving a driver or non-motorist who had a blood alcohol Content greater than 0.00, this excludes drug confirmed Individuals.
(2) A crash involving a driver and/or not-motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(3) A crash involving a driver and/or non-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
(4) Non-fatal injury of a person as a direct result of a crash involving a driver and/or non-motorist who had a blood alcohol content greater than 0.00, this excludes drug confirmed individuals.
(5) Non-fatal injury of a person as a direct result of a crash involving a driver and/or no-motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(6) Non-fatal injury of a person as a direct result of a crash involving a driver and/or not-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
(7) The death of a person as a direct result of a crash involving a driver and/or non-motorist who had a blood alcohol content greater than 0.00,this excludes drug confirmed individuals.
(8) The death of a person as a direct result of a crash involving a driver and/or motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(9) The death of a person as a direct result of crash involving a driver and/or non-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
Source: www.flhealthcharts.com, November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 34 CONT. NUMBER AND RATE OF VARIOUS MOTOR VEHICLE TRAFFIC CRASHES, INJURIES AND DEATHS DUE TO ALCOHOL AND/OR DRUGS, PUTNAM COUNTY AND FLORIDA, 2016-2018.

Year	Putnam County		Florida	
	Number	Rate	Number	Rate
	Alcohol Confirmed Motor Vehicle Traffic Crash Fatalities (7)			
2016	7	9.6	466	2.3
2017	2	2.7	374	1.8
2018	9	12.3	372	1.8
	Drug Confirmed Motor Vehicle Traffic Crash Fatalities (8)			
2016	7	9.6	324	1.6
2017	9	12.3	338	1.6
2018	9	12.3	348	1.7
	Drug & Alcohol Confirmed Motor Vehicle Traffic Crash Fatalities (9)			
2016	6	8.2	299	1.5
2017	6	8.2	274	1.3
2018	9	12.3	300	1.4

(1) Any crash involving a driver or non-motorist who had a blood alcohol Content greater than 0.00, this excludes drug confirmed Individuals.
(2) A crash involving a driver and/or not-motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(3) A crash involving a driver and/or non-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
(4) Non-fatal injury of a person as a direct result of a crash involving a driver and/or non-motorist who had a blood alcohol content greater than 0.00, this excludes drug confirmed individuals.
(5) Non-fatal injury of a person as a direct result of a crash involving a driver and/or no-motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(6) Non-fatal injury of a person as a direct result of a crash involving a driver and/or not-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
(7) The death of a person as a direct result of a crash involving a driver and/or non-motorist who had a blood alcohol content greater than 0.00,this excludes drug confirmed individuals.
(8) The death of a person as a direct result of a crash involving a driver and/or motorist who tested positive for drugs at the time of the crash, this excludes alcohol confirmed individuals.
(9) The death of a person as a direct result of crash involving a driver and/or non-motorist who had BOTH a BAC greater than 0.00 AND a positive drug test.
Source: www.flhealthcharts.com, November 18, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 35. TOTAL NUMBER (PROVISIONAL) AND AGE ADJUSTED DEATH RATE PER 100,000 POPULATION FOR OPIOID AND DRUG OVERDOSE AND NEONATAL ABSTINENCE SYNDROME NUMBER AND RATE PER 10,000 LIVE BIRTHS, PUTNAM COUNTY AND FLORIDA, 2015 - 2018.

Area	Number	Age-Adjusted Death Rate Per 100,000	Number	Age-Adjusted Death Rate Per 100,000	Number	Age-Adjusted Death Rate Per 100,000	Number	Age-Adjusted Death Rate Per 100,000
	Opioid Overdose Deaths							
	2015		2016		2017		2018	
Putnam County	3	5.8	6	9.7	3.0	6.1	10.0	15.0
Florida	2,538	13.1	3,923	20.3	4,280.0	21.9	3,727.0	18.7
	Drug Overdose Deaths							
	2015		2016		2017		2018	
Putnam County	5	7.3	8	12.0	7	11.7	13.0	21.2
Florida	3,241	16.6	4,884	25.0	5,617	27.2	4,977.0	24.5
	Neonatal Abstinence Syndrome From Birth Defects Registry							
	Number	Rate Per 10,000 Live Births	Number	Rate Per 10,000 Live Births	Number	Rate Per 10,000 Live Births	Number	Rate Per 10,000 Live Births
	2015		2016		2017		2018	
Putnam County	26	319.0	23	270.0	19	225.4	22.0	268.0
Florida	1,510	67.3	1,480	65.8	1503	67.2	1,375.0	62.1

Source: http://www.flhealthcharts.com; Opioid Dashboard, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 36. TOTAL NUMBER OF SELECTED OPIOID USE INDICATORS AND CONSEQUENCES, PUTNAM COUNTY AND FLORIDA, 2015 - 2018.

Indicator	Putnam County				Florida			
	2015	2016	2017	2018	2015	2016	2017	2018
	Health Status and Quality of Life							
Opioid Overdose Deaths	3	6	3	10	2,538	3,923	4,280	3,727
Drug Overdose Deaths	5	8	7	13	3,241	4,884	5,617	4,977
Opioid Overdose Age-Adjusted Death Rate Per 100,000 Persons	5.8	9.7	6.1	15.0	13.1	20.3	21.9	18.7
Drug Overdose Age-Adjusted Death Rate Per 100,000 Persons	7.3	12.0	11.7	21.2	16.6	25.0	27.2	24.5
Suspected Non-Fatal Opioid-Involved Overdose	90	25	6	15	7,300	11,911	15,600	11,820
Suspected Non-Fatal All Drug Overdose	187	71	20	50	28,732	33,721	37,696	35,102
All Drug Non-Fatal Overdose Emergency Department Visits	124	123	125	130	26,530	33,891	36,839	33,243
Opioid-Involved Non-Fatal Overdose Emergency Department Visits	NA	37	45	NA	5,614	13,285	16,138	12,715
All Drug Non-Fatal Overdose Hospitalizations	117	114	115	135	25,744	27,138	27,118	26,825
Opioid-Involved Non-Fatal Overdose Hospitalizations	NA	38	NA	34	5,649	8,538	8,433	7,496
Neonatal Abstinence Syndrome from Birth Defects Registry	26	23	19	22	1,510	1,480	1,503	1,375
from Birth Defects Registry Per 10,000 Live Births	319.0	270.0	225.4	268.0	67.3	65.8	67.2	62.1
Early Steps Clients Experiencing Neonatal Abstinence Syndrome	NA	0	0	0	NA	30	26	14
Florida Poison Information Network - Calls Related to Opioids	20	15	10	8	2,637	2,656	2,319	1,554

NA= Data not available.

Source: http://www.flhealthcharts.com; November 19, 2020.

Prepared by: WellFlorida Council, 2020.

TABLE TA 36 CONT. TOTAL NUMBER OF SELECTED OPIOID USE INDICATORS AND CONSEQUENCES, PUTNAM COUNTY AND FLORIDA, 2015 - 2018.

Indicator	Putnam County				Florida			
	2015	2016	2017	2018	2015	2016	2017	2018
	Drug-Related Consequences							
Drug Confirmed Traffic Crash Fatalities	6	7	8	3	263	304	305	116
Drug Confirmed Traffic Crash Injuries	7	4	5	1	268	332	334	138
Drug Suspected Traffic Crash Fatalities	4	6	5	2	209	234	235	99
Drug Suspected Traffic Crash Injuries	8	5	4	3	599	702	817	483
Annual Drug Arrests	392	473	723	646	114,984	114,550	124,163	134,396
Annual Adult Drug Arrests	387	460	713	634	108,650	108,966	118,673	128,992
Annual Juvenile Drug Arrests	5	13	10	12	6,334	5,584	5,490	5,404
	Prescription and Patient Measures							
Prescriptions Dispensed from In-State Prescribers	95,495	93,404	90,487	79,093	16,079,575	16,063,129	15,460,875	14,005,815
Number of Unique Patients	20,866	20,849	19,572	17,333	4,139,456	4,073,822	3,907,794	3,494,178
Number of Unique Prescribers	2,789	2,806	2,872	2,788	85,019	84,019	87,454	88,391
Prescriptions Dispensed Per Patient	4.6	4.5	4.6	4.6	3.9	3.9	4.0	4.0
Prescriptions Dispensed Per Prescriber	34.2	33.3	31.5	28.4	189.1	191.2	176.8	158.5

NA= Data not available.
Source: http://www.flhealthcharts.com; November 19, 2020.
Prepared by: WellFlorida Council, 2020.

BIRTHS

TABLE TA 37. TOTAL BIRTHS BY RACE AND ETHNNICITY, PUTNAM COUNTY AND FLORIDA, 2015-2019.

	Number				Rate			
	All Races	Black	White	Hispanics	All Races	Black	White	Hispanics
	2015							
Putnam County	815	191	595	121	11.2	15.9	10.2	3.1
Florida	224,273	49,109	160,830	63,978	11.3	14.7	10.4	13.4
	2016							
Putnam County	852	201	616	141	11.7	16.8	10.5	3.3
Florida	225,018	49,405	160,365	65,371	11.1	14.5	10.2	13.2
	2017							
Putnam County	843	208	597	113	11.5	17.4	10.0	2.9
Florida	223,579	49,801	158,088	66,674	10.9	14.4	9.9	13.0
	2018							
Putnam County	821	170	625	133	11.2	14.2	10.6	3.0
Florida	221,508	48,567	157,793	66,129	10.6	13.7	9.7	12.3
	2019							
Putnam County	809	188	589	126	11.1	15.7	10.0	2.9
Florida	220,010	48,155	155,825	67,681	10.3	13.4	9.5	12.1

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 38. TOTAL INFANT DEATHS BY RACE AND ETHNNICITY, PUTNAM COUNTY AND FLORIDA, 2015-2019.

	Number				Rate Per 1,000 Live Births			
	All Races	Black	White	Hispanics	All Races	Black	White	Hispanics
	2015							
Putnam County	8	1	5	2	9.8	5.2	8.4	16.5
Florida	1,400	558	711	307	6.2	11.4	4.4	4.8
	2016							
Putnam County	5	0	3	1	5.9	0.0	4.9	7.1
Florida	1,380	575	694	355	6.1	11.6	4.3	5.4
	2017							
Putnam County	7	3	4	1	8.3	14.4	6.7	8.8
Florida	1,355	536	696	350	6.1	10.8	4.4	5.2
	2018							
Putnam County	6	2	3	1	7.3	11.8	4.8	7.5
Florida	1,334	547	677	347	6.0	11.3	4.3	5.2
	2019							
Putnam County	10	7	2	0	12.4	37.2	3.4	0.0
Florida	1,328	524	682	332	6.0	10.9	4.4	4.9

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 39. TOTAL LOW BIRTHWEIGHT BIRTHS BY RACE AND ETHNNICITY, PUTNAM COUNTY AND FLORIDA, 2015-2019.

	Number				Percent of Births			
	All Races	Black	White	Hispanics	All Races	Black	White	Hispanics
	2015							
Putnam County	83	26	56	7	10.2	13.6	9.4	5.8
Florida	19,367	6,524	11,553	4,676	8.6	13.3	7.2	7.3
	2016							
Putnam County	91	27	59	16	10.7	13.4	9.6	11.3
Florida	19,661	6,834	11,492	4,715	8.7	13.8	7.2	7.2
	2017							
Putnam County	104	36	64	11	12.3	17.3	10.7	9.7
Florida	19,699	6,849	11,458	4,880	8.8	13.8	7.2	7.3
	2018							
Putnam County	76	28	47	6	9.3	16.5	7.5	4.5
Florida	19,271	6,725	11,239	4,695	8.7	13.8	7.1	7.1
	2019							
Putnam County	98	30	64	18	12.1	16.0	10.9	14.3
Florida	19,292	6,741	11,152	5,059	8.8	14.0	7.2	7.5

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 40. TOTAL BIRTHS THAT RECEIVED CARE IN FIRST TRIMESTER BY RACE AND ETHNICITY, PUTNAM COUNTY AND FLORIDA, 2015-2019.

	Number				Percent of Total Births			
	All Races	Black	White	Hispanics	All Races	Black	White	Hispanics
	2015							
Putnam County	516	121	374	74	63.3	63.4	62.9	61.2
Florida	161,643	31,994	119,588	46,567	72.1	65.1	74.4	72.8
	2016							
Putnam County	558	139	398	69	65.5	69.2	64.6	48.9
Florida	157,084	30,804	115,893	45,962	69.8	62.3	72.3	70.3
	2017							
Putnam County	521	134	365	58	61.8	64.4	61.1	51.3
Florida	153,842	30,280	112,913	46,569	68.8	60.8	71.4	69.8
	2018							
Putnam County	523	111	400	78	63.7	65.3	64.0	58.6
Florida	152,514	29,795	112,469	45,581	68.9	61.3	71.3	68.9
	2019							
Putnam County	497	118	356	71	61.4	62.8	60.4	56.3
Florida	150,090	29,472	109,833	46,098	68.2	61.2	70.5	68.1

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 41. TOTAL BIRTHS THAT RECEIVED LATE (3RD TRIMESTER) OR NO PRENATAL CARE BY RACE AND ETHNICITY, PUTNAM COUNTY AND FLORIDA, 2015-2019.

	Number				Percent of Total Births			
	All Races	Black	White	Hispanics	All Races	Black	White	Hispanics
	2015							
Putnam County	55	15	40	10	6.7	7.9	6.7	8.3
Florida	11,127	3,178	7,129	2,959	5.0	6.5	4.4	4.6
	2016							
Putnam County	48	8	35	10	5.6	4.0	5.7	7.1
Florida	12,126	3,519	7,677	3,257	5.4	7.1	4.8	5.0
	2017							
Putnam County	50	6	40	7	5.9	2.9	6.7	6.2
Florida	13,784	4,130	8,645	3,811	6.2	8.3	5.5	5.7
	2018							
Putnam County	60	7	50	10	7.3	4.1	8.0	7.5
Florida	14,176	3,994	9,112	3,913	6.4	8.2	5.8	5.9
	2019							
Putnam County	68	21	45	9	8.4	11.2	7.6	7.1
Florida	14,824	4,036	9,540	4,275	6.7	8.4	6.1	6.3

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 42. TOTAL BIRTHS BY PAYOR SOURCE FOR ALL BIRTHS, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Payor Source	Putnam County		Florida	
	Number	Percent	Number	Percent
	2015			
Medicaid	633	77.7	109,511	48.8
Private Insurance	146	17.9	97,266	43.4
Self-Pay	28	3.4	14,246	6.4
Other	0	0.0	2,609	1.2
Unknown	8	1.0	641	0.3
All Births	815	100.0	224,273	100.0
	2016			
Medicaid	668	78.4	109,026	48.5
Private Insurance	155	18.2	97,871	43.5
Self-Pay	13	1.5	14,512	6.4
Other	2	0.2	2,760	1.2
Unknown	14	1.6	849	0.4
All Births	852	100.0	225,018	100.0
	2017			
Medicaid	622	73.8	109,225	48.9
Private Insurance	186	22.1	96,801	43.3
Self-Pay	26	3.1	13,700	6.1
Other	1	0.1	2,911	1.3
Unknown	8	0.9	942	0.4
All Births	843	100.0	223,579	100.0
	2018			
Medicaid	599	73.0	106,695	48.2
Private Insurance	191	23.3	97,417	44.0
Self-Pay	20	2.4	13,344	6.0
Other	4	0.5	3,026	1.4
Unknown	7	0.9	1,026	0.5
All Births	821	100.0	221,508	100.0
	2019			
Medicaid	588	72.7	102,636	46.7
Private Insurance	182	22.5	99,923	45.4
Self-Pay	25	3.1	13,527	6.1
Other	5	0.6	2,878	1.3
Unknown	9	1.1	1,046	0.5
All Births	809	100.0	220,010	100.0

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 43. COMPARISON OF SELECTED BRFSS INDICATORS FOR PUTNAM COUNTY AND FLORIDA, 2016.

Indicator	Putnam County	Florida
Health Status Indicators		
Arthritis		
Percentage of adults who have been told they have some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia	40.8	24.8
Asthma		
Percentage of adults who currently have asthma	9.9	6.7
Percentage of adults who have ever had asthma	13.9	11.0
Cancer Prevalence		
Percentage of adults who have ever been told they had skin cancer	14.3	9.1
Percentage of adults who have ever had any other type of cancer except skin cancer	12.2	7.5
Cardiovascular Disease		
Percentage of adults who have ever had a stroke	6.6	3.5
Percentage of adults who have ever had a heart attack, angina or coronary heart disease, or stroke	16.6	9.8
Percentage of adults who have ever had angina or coronary heart disease	8.8	4.7
Percentage of adults who have ever had a heart attack	8.6	5.2
COPD		
Percent of adults who have chronic obstructive pulmonary disease, emphysema, or chronic bronchitis	16.1	7.1
Depression		
Percentage of Adults who have a depressive disorder	19.9	14.2
Diabetes		
Percentage of adults with diagnosed diabetes	22.1	11.8
Average age at which diabetes was diagnosed	52.7	48.2
Percentage of adults with pre-diabetes	10.5	9.4

Source:www.flhealthcharts.com; November 20, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 43 CONT. COMPARISON OF SELECTED BRFSS INDICATORS FOR PUTNAM COUNTY AND FLORIDA, 2016.

Indicator	Putnam County	Florida
Health Status Indicators Continued		
Disability		
Percentage of adults who are limited in any way in any activities because of physical, mental or emotional problems (Among adults who have had at least one day or poor mental or physical health)	33.8	21.2
Percentage of adults who use special equipment because of a health problem	20.3	9.9
Kidney Disease		
Percentage of adults who have kidney disease	5.3	3.2
Vision Impairment		
Percentage of adults who are blind or have serious difficulty seeing, even when wearing glasses	10.3	5.8
Overweight & Obesity		
Percentage of adults who are overweight	30.1	35.8
Percentage of adults who are obese	43.5	27.4
Percentage of adults who are overweight or obese	73.6	63.2
Percentage of adults who have a healthy weight (BMI 18.5 to 24.9)	24.4	34.5
Health-Related Behavior Indicators		
Alcohol Consumption		
Percentage of adults who engage in heavy or binge drinking	15.3	17.5
Marijuana Use		
Percentage of adults who used marijuana or hashish during the past 30 days	5.9	7.4
Physical Activity & Nutrition		
Percentage of adults who are sedentary	40.9	29.8
Percentage of adults who are inactive or insufficiently active	62.5	56.7
Percentage of adults who meet muscle strengthening recommendations	26.7	38.2
Percentage of adults who meet aerobic recommendations	40.7	44.8

Source:www.flhealthcharts.com; November 20, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 43 CONT. COMPARISON OF SELECTED BRFSS INDICATORS FOR PUTNAM COUNTY AND FLORIDA, 2016.

Indicator	Putnam County	Florida
Health-Related Behavior Indicators Continued		
Tobacco Use & Exposure		
Percentage of adults who are current smokers	21.6	15.5
Percentage of adults who are former smokers	32.1	26.5
Percentage of adults who have never smoked	46.3	58.0
Percentage of adult current smokers who tried to quit smoking at least once in the past year	47.6	62.1
Percentage of adults who are current e-cigarette users	2.3	4.7
Percentage of adults who are former e-cigarette users	17.3	15.5
Percentage of adults who have never used e-cigarettes	80.4	79.8
Health-Related Prevention Indicators		
Cancer Screening/Breast		
Percentage of women 40 years of age and older who received a mammogram in the past year	55.8	60.8
Percentage of women aged 50 - 74 who had a mammogram in the past 2 years	65.7	81.7
Cancer Screening/Cervical		
Percentage of women 18 years of age and older who received a Pap test in the past year	34.1	48.4
Percentage of women aged 21 to 65 who had a Pap test in the past 3 years	66.8	78.8
Percentage of women who have had a hysterectomy	30.8	22.7
Percentage of women 18 years of age and older who received a HPV test in the past 5 years	33.9	36.7
Cancer Screening/Prostate		
Percentage of men 50 years of age and older who received a PSA test in the past two years	49.0	54.9
Percentage of men ages 50 years of age and older who have ever had a PSA test	62.6	67.5

Source:www.flhealthcharts.com; November 20, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 43 CONT. COMPARISON OF SELECTED BRFSS INDICATORS FOR PUTNAM COUNTY AND FLORIDA, 2016.

Indicator	Putnam County	Florida
Health-Related Prevention Indicators Continued		
Cancer Screening/Colorectal		
Percentage of adults 50 years of age and older who received a blood stool test in the past year	13.2	16.0
Percentage of adults 50 years of age and older who have ever had a blood stool test	35.0	36.0
Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	52.0	53.9
Percentage of adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	67.5	69.2
Percentage of adults aged 50 to 75 who had colorectal screening, based on the most recent clinical guidelines	68.6	67.3
HIV/AIDS		
Percentage of adults less than 65 years of age who have ever been tested for HIV	56.9	55.3
Percentage of adults less than 65 years of age who had an HIV test in the past 12 months	20.7	19.7
Percentage of adults who had ever been tested for HIV	44.4	46.9
Injury Prevention		
Percentage of adults 45 years of age and older who had a fall-related injury in the past 12 months	14.2	9.9
Percentage of adults who "always" or "nearly always" use a seatbelt when riding in a car	94.3	95.0
Immunization		
Percentage of adults who received a flu shot in the past year	41.2	35.0
Percentage of adults age 65 and older who received a flu shot in the past year	63.1	57.6
Percentage of adults who have ever received a pneumococcal vaccination	38.8	34.6
Percentage of adults age 65 and older who have ever received a pneumonia vaccination	61.9	65.6
Percentage of adults who have received a tetanus shot since 2005	52.6	52.9

Source:www.flhealthcharts.com; November 20, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 43 CONT. COMPARISON OF SELECTED BRFSS INDICATORS FOR PUTNAM COUNTY AND FLORIDA, 2016.

Indicator	Putnam County	Florida
Health-Related Quality of Life		
Percentage of adults who said their overall health was "fair" or "poor"	30.1	19.5
Percentage of adults with good to excellent overall health	69.9	80.5
Percentage of adults who had poor mental health on 14 or more of the past 30 days	12.8	11.4
Percentage of adults who had poor physical health on 14 or more of the past 30 days	19.5	12.9
Percentage of adults with good physical health for the past 30 days	80.5	87.1
Percentage of adults with good mental health for the past 30 days	87.2	88.6
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	6.2	5.7
Percentage of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days	19.1	18.6
Average number of unhealthy physical days in the past 30 days	5.9	4.0
Average number of unhealthy mental days in the past 30 days	3.9	3.6
Health Care Access & Coverage		
Percentage of adults with any type of health care insurance coverage	86.2	83.7
Percentage of adults who have a personal doctor	79.9	72.0
Percentage of adults who could not see a doctor in the past year due to cost	18.4	16.6
Percentage of adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people).	51.5	37.9
Percentage of adults who had a medical checkup in the past year	81.4	76.5
Oral Health		
Percentage of adults who have seen a dentist in the past year	53.2	63.0
Percentage of adults who had a permanent tooth removed because of tooth decay or gum disease *	67.2	47.3

Source:www.flhealthcharts.com; November 20, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 44. TOTAL BACTERIAL STDS, GONORRHEA, CHLAMYDIA, TOTAL SYPHILIS, HIV DIAGNOSES AND AIDS DIAGNOSES RATES PER 100,000 POPULATION, PUTNAM COUNTY AND FLORIDA, 2015-2019.

Year	Putnam County	Florida	Putnam County	Florida
	Bacterial STDs		Gonorrhea	
2015	655.0	613.1	144.2	121.6
2016	579.4	648.7	126.0	139.2
2017	636.4	684.3	151.9	154.1
2018	747.7	706.9	196.1	155.8
2019	882.0	758.0	280.8	174.9
	Chlamydia		Total Syphilis	
2015	495.7	455.5	15.1	36.0
2016	445.2	468.2	8.2	41.2
2017	468.1	486.5	16.4	43.6
2018	524.4	499.9	27.2	51.1
2019	549.2	525.5	52.0	57.5
	HIV Diagnoses		AIDS Diagnoses	
2015	11.0	23.6	8.2	10.7
2016	11.0	23.7	9.6	10.4
2017	6.8	23.1	9.6	9.9
2018	19.1	22.7	17.7	9.1
2019	15.1	21.6	6.8	8.8

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 45. PERCENT OF POPULATION SERVED BY COMMUNITY WATER SYSTEMS AND PERCENT OF POPULATION RECEIVING FLUORIDATED WATER, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Year	Putnam County	Florida
	Percent of Population Served by Community Water Systems	
2014	35.2	97.0
2015	36.2	97.5
2016	36.7	97.1
2017	36.5	96.6
2018	36.3	95.1
	Percent of Population Receiving Fluoridated Water	
2014	0.0	76.6
2015	0.0	77.0
2016	0.0	77.0
2017	0.0	77.3
2018	0.0	77.4

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 46. HPSA SHORTAGE AREA AND MUA, PUTNAM COUNTY, 2020.

HPSA Name	Type	HPSA Score	Designation Date	Update Date
Primary Care				
LI/MFW - Putnam County	Low Income Migrant Farmworker Population HPSA	20	3/11/1997	10/25/2018
Rural Health Care, Incorporated	Federally Qualified Health Center	21	11/12/2003	8/18/2019
Birth & Beyond	Rural Health Clinic	19	9/18/2020	9/18/2020
Kid Care Pediatrics PA	Rural Health Clinic	19	8/18/2019	8/18/2019
Dental Health				
LI-Putnam County	Low Income Population HPSA	20	2/9/2001	8/2/2018
Rural Health Care, Incorporated	Federally Qualified Health Center	26	11/12/2003	8/28/2019
Birth & Beyond	Rural Health Clinic	19	9/18/2020	9/18/2020
Kid Care Pediatrics PA	Rural Health Clinic	18	8/18/2019	8/28/2019
Mental Health				
Putnam County	Geographic HPSA	18	9/28/1987	5/12/2017
Rural Health Care, Incorporated	Federally Qualified Health Center	23	11/12/2003	8/28/2019
Birth & Beyond	Rural Health Clinic	18	9/18/2020	9/18/2020
Kid Care Pediatrics PA	Rural Health Clinic	19	8/18/2019	8/28/2019

Source: http://www.hrsa.gov November 20, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 47. NUMBER OF MEDICAID ELIGIBLES AND PERCENT OF TOTAL POPULATION PUTNAM COUNTY AND FLORIDA AS OF DECEMBER OF EACH YEAR, 2015-2019.

Area/Year	Total Population	Medicaid Eligibles	
		Number	Percent
As of December 2015			
Putnam County	72,821	22,379	30.7
Florida	19,897,762	3,991,317	20.1
As of December 2016			
Putnam County	73,004	22,686	31.1
Florida	20,231,092	4,058,164	20.1
As of December 2017			
Putnam County	73,068	22,296	30.5
Florida	20,555,733	3,996,972	19.4
As of December 2018			
Putnam County	73,422	21,953	29.9
Florida	20,957,705	3,868,723	18.5
As of December 2019			
Putnam County	73,012	21,745	29.8
Florida	21,268,553	3,779,655	17.8

Source: www.flhealthcarts.com, November 20, 2020. Monthly Medicaid Eligibles Report,
Prepared by: WellFlorida Council, 2020.

TABLE TA 48. MONTHLY MEDICAID ENROLLMENT RATES PER 100,000 POPULATION, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Year	Putnam County		Florida	
	Number	Percent	Number	Percent
2015	22,328	30.7	3,959,891	19.9
2016	22,442	30.7	3,979,899	19.7
2017	22,711	31.1	4,030,447	19.6
2018	21,984	29.9	3,846,917	18.4
2019	21,724	29.8	3,766,453	17.7

* As of September of each year.
Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 49. NUMBER OF TOTAL HOSPITAL BEDS, TOTAL NURSING HOME BEDS RATE PER 100,000 POPULATION, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Year	Putnam County		Florida	
	Number	Rate	Number	Rate
	Total Hospital Beds			
2014	99	136.4	62,021	316.8
2015	99	135.9	62,462	313.9
2016	99	135.6	63,209	312.4
2017	99	135.5	64,197	312.3
2018	99	134.8	64,585	308.2
	Total Nursing Home Beds			
2014	337	464.4	83,414	426.0
2015	337	462.8	83,613	420.2
2016	337	461.6	83,611	413.3
2017	337	461.2	83,785	407.6
2018	337	459.0	83,779	399.8

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 50. NUMBER OF LICENSED DENTISTS AND PHYSICIANS BY TYPE AND RATES PER 100,000 POPULATION, PUTNAM COUNTY AND FLORIDA, 2014-2018.

Year	Putnam County		Florida		Putnam County		Florida	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
	Licensed Dentists				Licensed Physicians			
2014-2015	17	23.3	11,635	58.5	73	100.2	50,679	254.7
2015-2016	16	21.9	10,986	54.3	69	94.5	49,456	244.5
2016-2017	15	20.5	11,641	56.6	66	90.3	63,825	310.5
2017-2018	13	17.7	11,475	54.8	65	88.5	63,849	304.7
2018-2019	13	17.8	12,066	56.7	59	80.8	65,937	310.0
	Family Practice				Internal Medicine			
2014-2015	7	9.6	3,729	18.7	10	13.7	9,696	48.7
2015-2016	5	6.8	2,838	14.0	10	13.7	9,847	48.7
2016-2017	6	8.2	2,892	14.1	10	13.7	9,843	47.9
2017-2018	6	8.2	3,945	18.8	10	13.6	9,835	46.9
2018-2019	5	6.8	7,086	19.2	9	12.3	10,100	47.5
	OB/GYN (OBG -Obstetrics and Gynecology				Pediatricians			
2014-2015	7	9.6	1,992	10.0	6	8.2	3,654	18.4
2015-2016	6	8.2	1,942	9.6	6	8.2	3,573	17.7
2016-2017	5	6.8	1,957	9.5	7	9.6	3,640	17.7
2017-2018	5	6.8	1,957	9.3	7	9.5	4,586	21.9
2018-2019	5	6.8	1,981	9.3	7	9.6	4,685	22.0

Source: www.flhealthcharts.com, November 19, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 51. TOTAL DISCHARGES, PATIENT DAYS AND ALOS, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019. *

Area	Total Population	Discharges	Patient Days	Rate Per 1,000 Total Population	ALOS *
July 2016 - June 2017					
Putnam County	73,068	12,122	58,919	165.9	4.9
Florida	20,555,733	2,609,601	12,756,195	127.0	4.9
July 2017 - June 2018					
Putnam County	73,422	12,260	57,846	167.0	4.7
Florida	20,957,705	2,722,876	13,355,981	129.9	4.9
July 2018 - June 2019					
Putnam County	73,012	12,841	60,057	175.9	4.7
Florida	21,268,553	2,736,168	13,262,950	128.6	4.8

* ALOS is the Average Length of Stay.

Source: Agency for Health Care Administration Detailed Discharge Data, July 2016 - June 2019.

Prepared by: WellFlorida Council, 2020.

TABLE TA 52. TOTAL DISCHARGES AND PATIENT DAYS BY PAYOR SOURCE, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019.

Payor	Putnam County				Florida			
	Discharges		Patient Days		Discharges		Patient Days	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
July 2016 - June 2017								
Medicare	6,375	52.6	33,328	56.6	1,188,861	45.6	6,524,015	51.1
Medicaid	2,731	22.5	11,693	19.8	516,285	19.8	2,430,060	19.1
Private Insurance	1,700	14.0	6,886	11.7	600,568	23.0	2,486,621	19.5
VA/Champus	208	1.7	1,027	1.7	52,934	2.0	241,798	1.9
Self Pay/Charity	953	7.9	4,396	7.5	202,219	7.7	802,367	6.3
All Others *	155	1.3	1,589	2.7	48,734	1.9	271,334	2.1
Total	12,122	100.0	58,919	100.0	2,609,601	100.0	12,756,195	100.0
July 2017 - June 2018								
Medicare	6,484	52.9	32,958	57.0	1,254,153	46.1	6,854,669	51.3
Medicaid	2,754	22.5	11,903	20.6	525,505	19.3	2,524,081	18.9
Private Insurance	1,670	13.6	7,569	13.1	615,782	22.6	2,576,025	19.3
VA/Champus	203	1.7	910	1.6	55,037	2.0	238,334	1.8
Self Pay/Charity	971	7.9	3,711	6.4	219,522	8.1	878,911	6.6
All Others *	178	1.5	795	1.4	52,877	1.9	283,961	2.1
Total	12,260	100.0	57,846	100.0	2,722,876	100.0	13,355,981	100.0
July 2018 - June 2019								
Medicare	6,687	52.1	34,025	56.7	1,262,797	46.2	6,801,169	51.3
Medicaid	2,873	22.4	12,389	20.6	514,957	18.8	2,480,961	18.7
Private Insurance	1,779	13.9	7,181	12.0	620,018	22.7	2,572,310	19.4
VA/Champus	206	1.6	751	1.3	56,738	2.1	237,896	1.8
Self Pay/Charity	1,133	8.8	4,921	8.2	229,228	8.4	901,957	6.8
All Others *	163	1.3	790	1.3	52,430	1.9	268,657	2.0
Total	12,841	100.0	60,057	100.0	2,736,168	100.0	13,262,950	100.0

* All Others include Workers Compensation, Other State/Local Government, Other and KidCare.

Source: Agency for Health Care Administration Detailed Discharge Data, July 2016 - June 2019.

Prepared by: WellFlorida Council, 2020.

TABLE TA 53. TOTAL NUMBER OF DISCHARGES AND PATIENT DAYS FOR THE TOP 10 DRGS PER YEAR, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019.

Diagnosis-Related Group (DRG)	Discharges	Patient Days	ALOS *
July 2016 - June 2017			
Vaginal Delivery without Complicating Diagnoses (775)	444	965	2.2
Normal Newborn (795)	444	876	2.0
Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours with MCC (871)	378	2,596	6.9
Psychoses (885)	367	2,638	7.2
Major Joint Replacement or Reattachment of Lower Extremity without MCC (470)	312	873	2.8
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders without MCC (392)	280	775	2.8
Chronic Obstructive Pulmonary Disease with MCC (190)	269	1,185	4.4
Heart Failure and Shock with MCC (291)	244	1,097	4.5
Neonate with Other Significant Problems (794)	208	467	2.2
Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization without MCC (287)	196	571	2.9
All Others	9,002	46,876	5.2
Total	12,144	58,919	4.9
July 2017 - June 2018			
Vaginal Delivery without Complicating Diagnoses (775)	449	984	2.2
Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours with MCC (871)	439	2,758	6.3
Psychoses (885)	426	2,418	5.7
Normal Newborn (795)	415	818	2.0
Major Joint Replacement or Reattachment of Lower Extremity without MCC (470)	326	890	2.7
Heart Failure and Shock with MCC (291)	325	1,780	5.5
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders without MCC (392)	248	766	3.1
Neonate with Other Significant Problems (794)	208	485	2.3
Pulmonary Edema and Respiratory Failure (189)	199	1,209	6.1
Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization without MCC (287)	171	434	2.5
All Others	9,054	45,304	5.0
Total	12,260	57,846	4.7

* ALOS is the Average Length of Stay.
Source: Agency for Health Care Administration Detailed Discharge Data, July 2016 - June 2019.
Prepared by: WellFlorida Council, 2020.

TABLE TA 53 CONT. TOTAL NUMBER OF DISCHARGES AND PATIENT DAYS FOR THE TOP 10 DRGS PER YEAR, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019.

Diagnosis-Related Group (DRG)	Discharges	Patient Days	ALOS *
July 2018 - June 2019			
Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours with MCC (871)	562	3,376	6.0
Normal Newborn (795)	488	951	1.9
Psychoses (885)	433	2,705	6.2
Heart Failure and Shock with MCC (291)	389	1,885	4.8
Vaginal Delivery without Sterilization/D & C Without CC/MCC (807)	323	685	2.1
Major Joint Replacement or Reattachment of Lower Extremity without MCC (470)	313	849	2.7
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders without MCC (392)	256	700	2.7
Pulmonary Edema and Respiratory Failure (189)	209	1,149	5.5
Neonate with Other Significant Problems (794)	184	411	2.2
Kidney and Urinary Tract Infections without MCC (690)	160	519	3.2
All Others	9,524	46,827	4.9
Total	12,841	60,057	4.7

* ALOS is the Average Length of Stay.
Source: Agency for Health Care Administration Detailed Discharge Data, July 2016 - June 2019.
Prepared by: WellFlorida Council, 2020.

AVOIDABLES

TABLE TA 54. TOTAL NUMBER OF AVOIDABLE DISCHARGES AND RATE PER 1,000 POPULATION, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019.

Area	Average Population 0-64 years of age	Total Avoidable Discharges	Rate Per 1,000 Population
July 2016 - June 2017			
Putnam County	57,054	1,135	19.9
Florida	16,481,878	218,605	13.3
July 2017 - June 2018			
Putnam County	56,872	1,060	18.6
Florida	16,760,374	220,438	13.2
July 2018 - June 2019			
Putnam County	56,073	1,309	23.3
Florida	16,926,938	217,422	12.8

Source: Agency for Health Care Administration Detailed Discharge Data, July 2016 - June 2019; www.flhealthcharts.com, November 24, 2020.
Prepared by: WellFlorida Council, 2020.

TABLE TA 55. TOTAL AVOIDABLE DISCHARGES AND PATIENT DAYS BY PAYOR SOURCE, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019.

Payor	Putnam County				Florida			
	Discharges		Patient Days		Discharges		Patient Days	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
July 2016 - June 2017								
Medicare	320	28.2	2,104	33.3	48,097	22.0	284,476	25.3
Medicaid	352	31.0	2,019	32.0	61,460	28.1	337,974	30.1
Private Insurance	237	20.9	1,169	18.5	61,985	28.4	310,228	27.6
VA/Champus	26	2.3	79	1.3	5,181	2.4	23,509	2.1
Self Pay/Charity	184	16.2	844	13.4	36,788	16.8	141,056	12.5
All Others *	16	1.4	95	1.5	5,094	2.3	27,049	2.4
Total	1,135	100.0	6,310	100.0	218,605	100.0	1,124,292	100.0
July 2017 - June 2018								
Medicare	297	28.0	1,472	29.9	48,855	22.2	289,470	24.9
Medicaid	329	31.0	1,647	33.4	60,848	27.6	349,213	30.0
Private Insurance	200	18.9	881	17.9	61,785	28.0	319,325	27.4
VA/Champus	27	2.5	87	1.8	5,155	2.3	23,241	2.0
Self Pay/Charity	191	18.0	777	15.8	38,205	17.3	150,581	12.9
All Others *	16	1.5	62	1.3	5,590	2.5	31,628	2.7
Total	1,060	100.0	4,926	100.0	220,438	100.0	1,163,458	100.0
July 2018 - June 2019								
Medicare	399	30.5	2,404	35.4	47,822	22.0	280,578	24.5
Medicaid	380	29.0	2,009	29.6	57,450	26.4	337,508	29.5
Private Insurance	256	19.6	1,160	17.1	62,560	28.8	317,247	27.7
VA/Champus	14	1.1	46	0.7	5,047	2.3	24,981	2.2
Self Pay/Charity	246	18.8	1,093	16.1	39,109	18.0	154,652	13.5
All Others *	14	1.1	74	1.1	5,434	2.5	29,025	2.5
Total	1,309	100.0	6,786	100.0	217,422	100.0	1,143,991	100.0

* All Others include Workers Compensation, Other State/Local Government, Other and KidCare.
Source: Agency for Health Care Administration Detailed Discharge Data, July 2016 - June 2019.
Prepared by: WellFlorida Council, 2020.

TABLE TA 56. TOP 10 REASONS FOR AVOIDABLE DISCHARGES FOR < 65 YEARS OF AGE, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019.

Avoidable Reason	Number	Percent of Total (N)
July 2016 - June 2017 (N = 1,135)		
Dehydration - volume depletion	432	38.1
Chronic Obstructive Pulmonary Disease	184	16.2
Nutritional Deficiencies	108	9.5
Congestive Heart Failure	99	8.7
Diabetes "B"	97	8.5
Cellulitis	63	5.6
Diabetes "A"	47	4.1
Grand mal status and other epileptic convulsions	42	3.7
Gastroenteritis	32	2.8
Asthma	31	2.7
July 2017 - June 2018 (N = 1,060)		
Dehydration - volume depletion	450	42.5
Chronic Obstructive Pulmonary Disease	122	11.5
Nutritional Deficiencies	121	11.4
Diabetes "B"	99	9.3
Congestive Heart Failure	65	6.1
Cellulitis	57	5.4
Diabetes "A"	57	5.4
Grand mal status and other epileptic convulsions	52	4.9
Asthma	38	3.6
Gastroenteritis	18	1.7
Kidney/Urinary Infection	18	1.7
July 2018 - June 2019 (N = 1,309)		
Dehydration - volume depletion	563	43.0
Nutritional Deficiencies	158	12.1
Chronic Obstructive Pulmonary Disease	154	11.8
Diabetes "B"	114	8.7
Congestive Heart Failure	99	7.6
Diabetes "A"	79	6.0
Cellulitis	64	4.9
Grand mal status and other epileptic convulsions	54	4.1
Gastroenteritis	37	2.8
Asthma	36	2.8

* All Others include Workers Compensation, Other State/Local Government, Other and KidCare.
Source: Agency for Health Care Administration Detailed Discharge Data, July 2016 - June 2019.
Prepared by: WellFlorida Council, 2020.

ALL

TABLE TA 57. TOTAL EMERGENCY DEPARTMENT VISITS AND RATE PER 1,000 TOTAL POPULATION, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019. *

Area	Total Population	ED Visits	Rate Per 1,000 Total Population
July 2016 - June 2017			
Putnam County	73,068	48,462	663.2
Florida	20,555,733	8,425,209	409.9
July 2017 - June 2018			
Putnam County	73,422	51,005	694.7
Florida	20,957,705	8,578,373	409.3
July 2018 - June 2019			
Putnam County	73,012	50,738	694.9
Florida	21,268,553	8,589,439	403.9

Source: Agency for Health Care Administration Emergency Department Visit Data, July 2016 - June 2019.
Prepared by: WellFlorida Council, 2020.

TABLE TA 58. TOTAL EMERGENCY DEPARTMENT VISITS BY PAYOR SOURCE, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019.

Payor	Putnam County		Florida	
	Number	Percent	Number	Percent
July 2016 - June 2017				
Medicare	8,979	18.5	1,553,175	18.4
Medicaid	20,784	42.9	2,800,561	33.2
Private Insurance	7,367	15.2	2,112,248	25.1
VA/Champus	638	1.3	159,174	1.9
Self Pay/Charity	9,885	20.4	1,519,823	18.0
All Others *	809	1.7	280,228	3.3
Total	48,462	100.0	8,425,209	100.0
July 2017 - June 2018				
Medicare	9,486	18.6	1,645,739	19.2
Medicaid	21,213	41.6	2,724,683	31.8
Private Insurance	7,917	15.5	2,169,143	25.3
VA/Champus	747	1.5	167,445	2.0
Self Pay/Charity	10,800	21.2	1,584,054	18.5
All Others *	842	1.7	287,309	3.3
Total	51,005	100.0	8,578,373	100.0
July 2018 - June 2019				
Medicare	9,655	19.0	1,699,725	19.8
Medicaid	20,335	40.1	2,613,499	30.4
Private Insurance	7,575	14.9	2,200,399	25.6
VA/Champus	661	1.3	171,009	2.0
Self Pay/Charity	11,543	22.8	1,606,203	18.7
All Others *	969	1.9	298,604	3.5
Total	50,738	100.0	8,589,439	100.0

* All Others include Workers Compensation, Other State/Local Government, Other and KidCare.

Source: Agency for Health Care Administration Emergency Department Visit Data, July 2016 - June 2019.

Prepared by: WellFlorida Council, 2020.

TABLE TA 59. TOTAL NUMBER OF EMERGENCY DEPARTMENT VISITS BY MAIN REASON FOR VISIT FOR THE LEADING CAUSES PER YEAR, PUTNAM COUNTY, JULY 2016 - JUNE 2019.

Main Reason for Visit	Putnam County		Florida	
	Number	Percent of Total	Number	Percent of Total
July 2016 - June 2017				
Cough (R05)	2,647	5.5	390,641	4.6
Unspecified abdominal pain (R10.9)	2,458	5.1	381,321	4.5
Headache (R51)	1,894	3.9	285,810	3.4
Low back pain (M54.5)	1,629	3.4	216,270	2.6
Fever, unspecified (R50.9)	1,615	3.3	323,386	3.8
Acute pharyngitis, unspecified (J02.9)	1,230	2.5	137,930	1.6
Rash and other nonspecific skin eruption (R21)	1,094	2.3	171,250	2.0
Nausea with vomiting, unspecified (R11.2)	1,083	2.2	155,325	1.8
Chest pain, unspecified (R07.9)	1,052	2.2	268,788	3.2
Shortness of breath (R06.02)	1,005	2.1	118,395	1.4
All Others	32,755	67.6	5,976,093	70.9
Total	48,462	100.0	8,425,209	100.0
July 2017 - June 2018				
Cough (R05)	3,698	7.3	469,419	5.5
Unspecified abdominal pain (R10.9)	2,414	4.7	358,333	4.2
Headache (R51)	1,937	3.8	289,508	3.4
Fever, unspecified (R50.9)	1,869	3.7	341,317	4.0
Low back pain (M54.5)	1,584	3.1	213,341	2.5
Other specified disorders of teeth and supporting structures (K08.89)	1,310	2.6	101,689	1.2
Rash and other nonspecific skin eruption (R21)	1,215	2.4	164,324	1.9
Nausea with vomiting, unspecified (R11.2)	1,148	2.3	148,430	1.7
Chest pain, unspecified (R07.9)	1,143	2.2	262,289	3.1
Shortness of breath (R06.02)	1,127	2.2	128,405	1.5
All Others	33,560	65.8	6,101,318	71.1
Total	51,005	100.0	8,578,373	100.0

Source: Agency for Health Care Administration Emergency Department Visit Data, July 2016 - June 2019.
Prepared by: WellFlorida Council, 2020.

TABLE TA 59 CONT. TOTAL NUMBER OF EMERGENCY DEPARTMENT VISITS BY MAIN REASON FOR VISIT FOR THE LEADING CAUSES PER YEAR, PUTNAM COUNTY, JULY 2016 - JUNE 2019.

Main Reason for Visit	Putnam County		Florida	
	Number	Percent of Total	Number	Percent of Total
July 2018 - June 2019				
Cough (R05)	3,579	7.1	420,913	4.9
Unspecified abdominal pain (R10.9)	2,340	4.6	354,408	4.1
Fever, unspecified (R50.9)	2,158	4.3	335,186	3.9
Headache (R51)	1,888	3.7	291,730	3.4
Low back pain (M54.5)	1,455	2.9	211,696	2.5
Rash and other nonspecific skin eruption (R21)	1,323	2.6	168,018	2.0
Other specified disorders of teeth and supporting structures (K08.89)	1,291	2.5	99,513	1.2
Chest pain, unspecified (R07.9)	1,205	2.4	262,005	3.1
Nausea with vomiting, unspecified (R11.2)	1,151	2.3	154,626	1.8
Acute pharyngitis, unspecified (J02.9)	1,121	2.2	130,243	1.5
All Others	33,227	65.5	6,161,101	71.7
Total	50,738	100.0	8,589,439	100.0

Source: Agency for Health Care Administration Emergency Department Visit Data, July 2016 - June 2019.
Prepared by: WellFlorida Council, 2020.

AVOIDABLE EMERGENCY DEPARTMENT VISITS

TABLE TA 60. TOTAL NUMBER OF AVOIDABLE EMERGENCY DEPARTMENT VISITS AND RATE PER 1,000 POPULATION, PUTNAM COUNTY AND FLORIDA, JULY 2016 - JUNE 2019.

Area	Total Population	Total Avoidable ED Visits	Rate Per 1,000 Population
Calendar Year 2015			
Putnam County	73,068	21,614	295.8
Florida	20,555,733	4,129,754	200.9
Calendar Year 2016			
Putnam County	73,422	17,167	233.8
Florida	20,957,705	4,198,334	200.3
Calendar Year 2017			
Putnam County	73,012	17,355	237.7
Florida	21,268,553	4,101,492	192.8

* ED Visits are classified into four categories using the NYU Algorithm: (1) Non Emergent, (2) Emergent/primary care treatable TA, (3) Emergent/emergency department care required but preventable TA/avoidable, (4) Emergent/emergency department care required, not preventable TA/avoidable. Therefore, the first three were combined to create the total number of avoidable ED visits.

Source: Broward Regional Health Planning Council, http://healthdata.brhpc.org/Default.aspx?pid=nyualgo, November 25, 2020; www.flhealthcharts.com, November 25, 2020.

Prepared by: WellFlorida Council, 2020.

FACILITIES

TABLE TA 61. LICENSED HEALTH CARE SERVICE FACILITIES AND RATE PER 100,000 POPULATION, PUTNAM COUNTY AND FLORIDA, 2020.

Facility Type *	Putnam County (Total Population = 73,137)		Florida (Total Population = 21,599,535)	
	Number	Rate	Number	Rate
Assisted Living Facilities	9	12.3	3,134	14.5
Clinical Laboratory	30	41.0	13,475	62.4
Comprehensive Outpatient Rehabilitation Facility	1	1.4	37	0.2
End-Stage Renal Disease Center	2	2.7	516	2.4
Health Care Clinic	1	1.4	2,722	12.6
Health Care Clinic Exemption	9	12.3	3,737	17.3
Home Health Agencies	6	8.2	2,044	9.5
Home Health Agency Exemption	2	2.7	205	0.9
Home Medical Equipment Provider	2	2.7	1,208	5.6
Homemaker & Companion Services	9	12.3	2,547	11.8
Hospitals	1	1.4	305	1.4
Nursing Homes	3	4.1	702	3.3
Prescribed Pediatric Extended Care Center	1	1.4	119	0.6
Rehabilitation Agency	1	1.4	234	1.1
Rural Health Clinics	6	8.2	154	0.7

* Only ones that are in Putnam County are listed.

Source: Floridahealthfinder.gov/facility locator, December 7, 2020; Flhealthcharts.com, December 7, 2020.

Prepared by: WellFlorida Council, 2020.