PUTNAM COUNTY, OHIO

Secondary Data Updates

to the

2010 Putnam County Community Health Assessment

2013

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This report was prepared by Genevieve Davison, MPH candidate, in fulfillment of a practicum requirement. Ms. Davison worked under the guidance of staff at the Center for Public Health Practice in the Ohio State University College of Public Health. This report is made possible, in part, by the Ohio Public Health Training Center, grant number UB6HP20203, from the Health Resources and Services Administration, DHHS, Public Health Training Center Program. Contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.

THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

Introduction

This report was created as a supplement to Putnam County's 2010 Community Health Assessment. Its purpose is to augment the survey data gathered in 2010 with secondary data regarding demographic and health information. This report will also serve as a resource for future community health improvement planning and for the Putnam County Health Department's upcoming PHAB (Public Health Accreditation Board) accreditation application.

The information contained in this report comes from a variety of secondary data sources including the United States Census Bureau, the United States Department of Labor, Bureau of Labor Statistics, and the Ohio Department of Health. Other information comes from the Putnam County Health Department and its community partners.

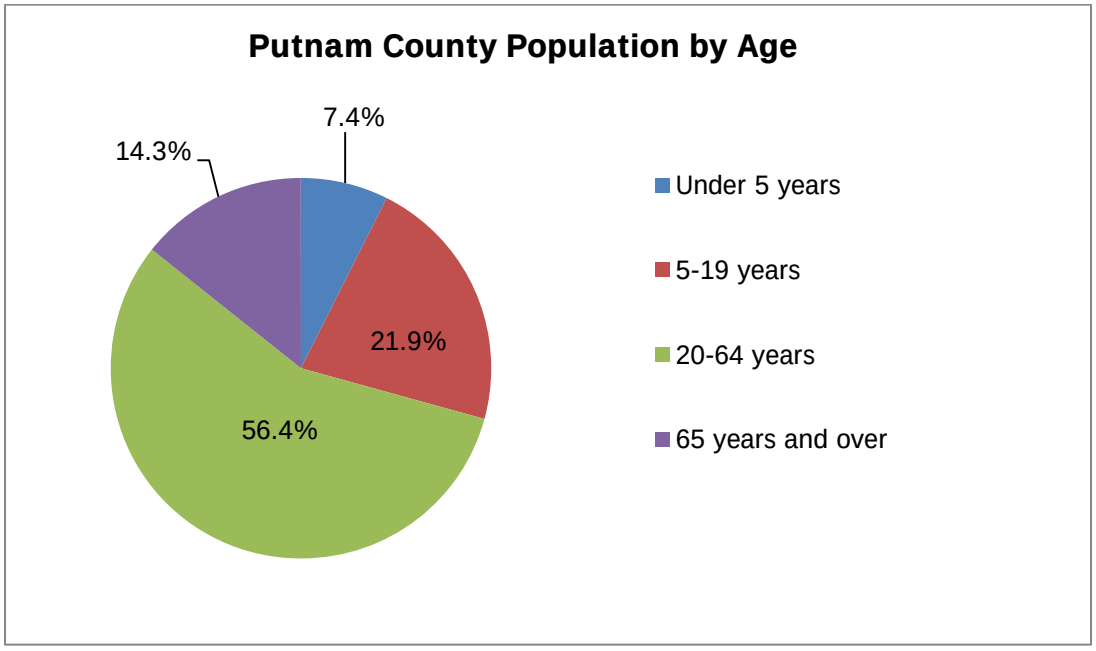
Community Profile

According to the 2010 census, Putnam County, Ohio has a population of 34,499 people. Of this, 29.3% are 19 years old or younger, and 14.3% are 65 years old or older. 95.7% of the county population is white, 50.0% of the population is male and 50.0% is female. Age and gender data for Putnam County are similar to both Ohio and the United States, but is the County is less racially diverse than both the state and the country.

Age

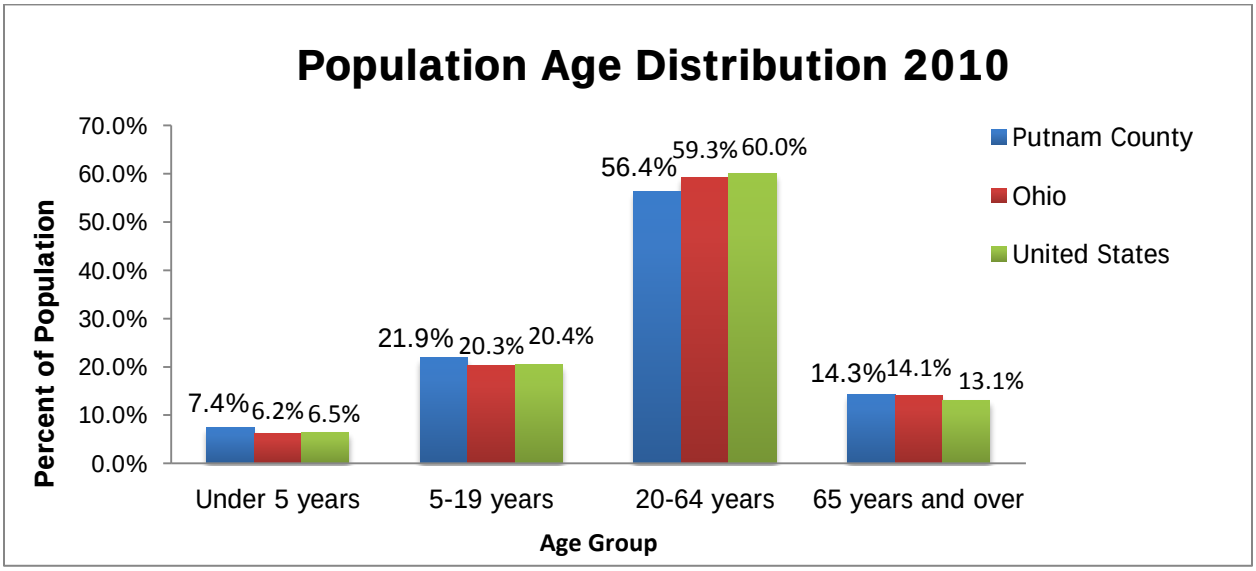
Age	Total	Percent
Under 5 years	2,566	7.4%
5-19 years	7,539	21.9%
20-64 years	19,464	56.4%
65 years and over	4,930	14.3%

1) *Source: 2010, U.S. Census Bureau, U.S. Census*

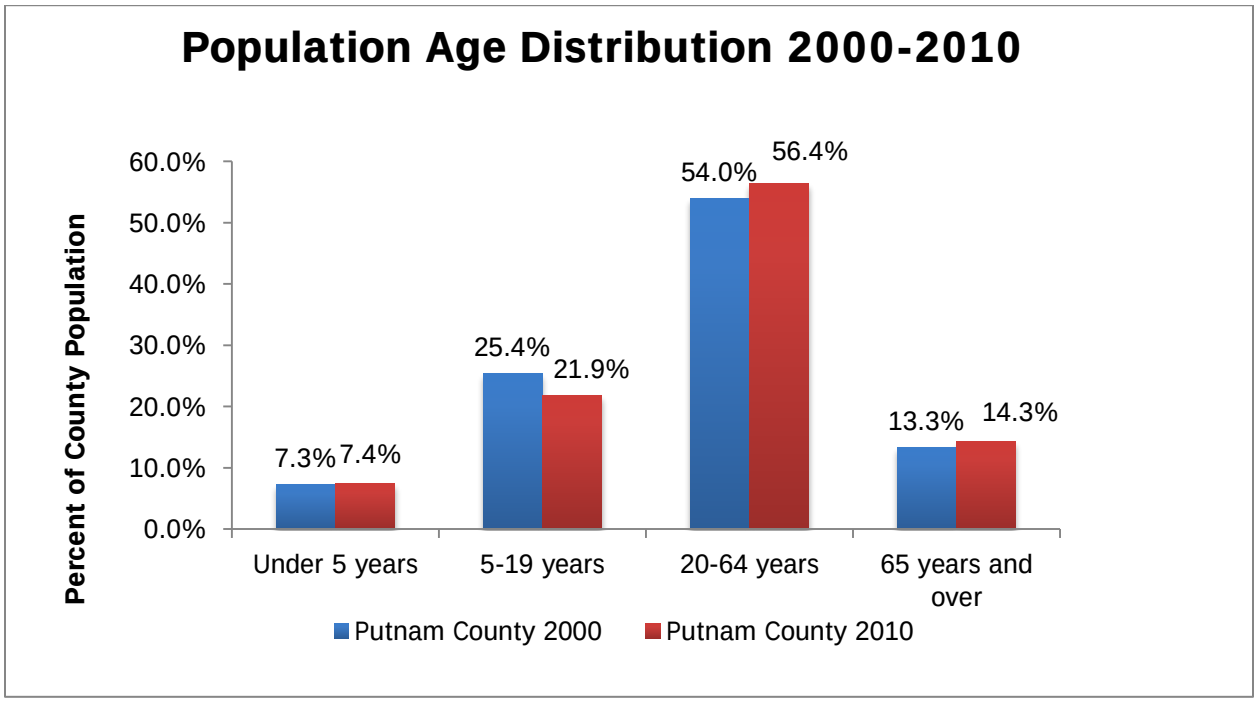


1) *Source: 2010, U.S. Census Bureau, U.S. Census*

Community Profile



1) *Source: 2010, U.S. Census Bureau, U.S. Census*



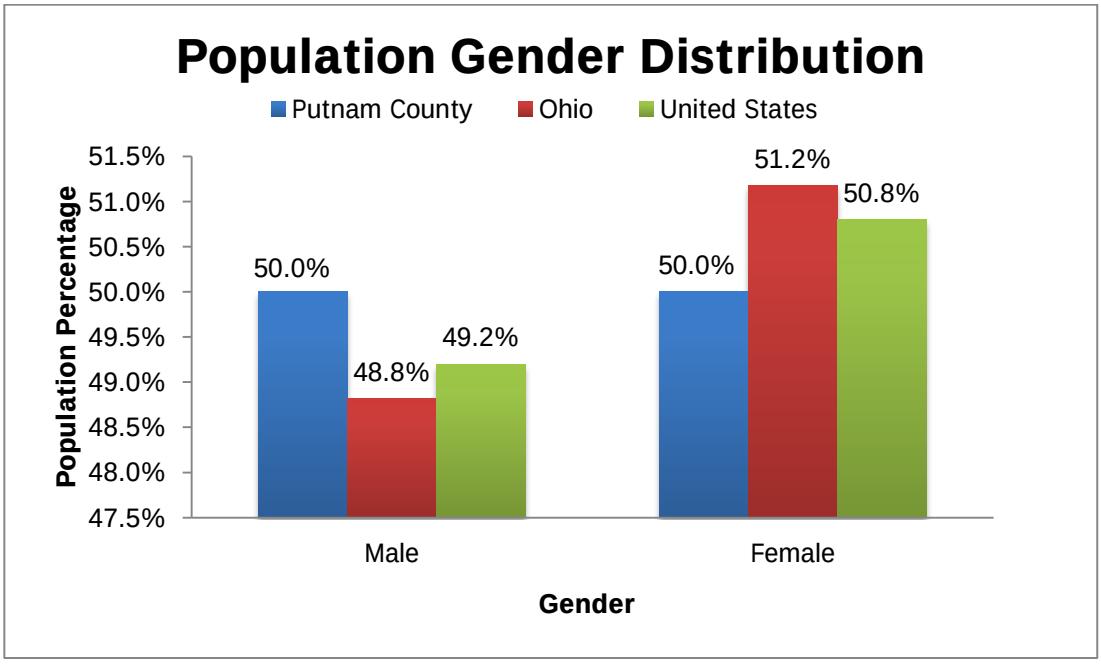
1) *Source: 2010, U.S. Census Bureau, U.S. Census*
2) *Source: 2000, U.S. Census Bureau, U.S. Census*

Race/Ethnicity

Race/Ethnicity	Putnam Total	Putnam Percent	Ohio Percent	U.S. Percent
White	33,012	95.7%	82.7%	72.4%
African American	94	0.3%	12.2%	12.6%
American Indian and Alaska Native	74	0.2%	0.2%	0.9%
Asian	81	0.2%	1.7%	4.8%
Native Hawaiian and Other Pacific Islander	4	0.0%	0.0%	0.2%
Some Other Race	921	2.7%	1.1%	6.2%
Two or More Races	313	0.9%	2.1%	2.9%
Hispanic or Latino (of any race)	1,890	5.5%	3.1%	16.3%

1) *Source: 2010, U.S. Census Bureau, U.S. Census*

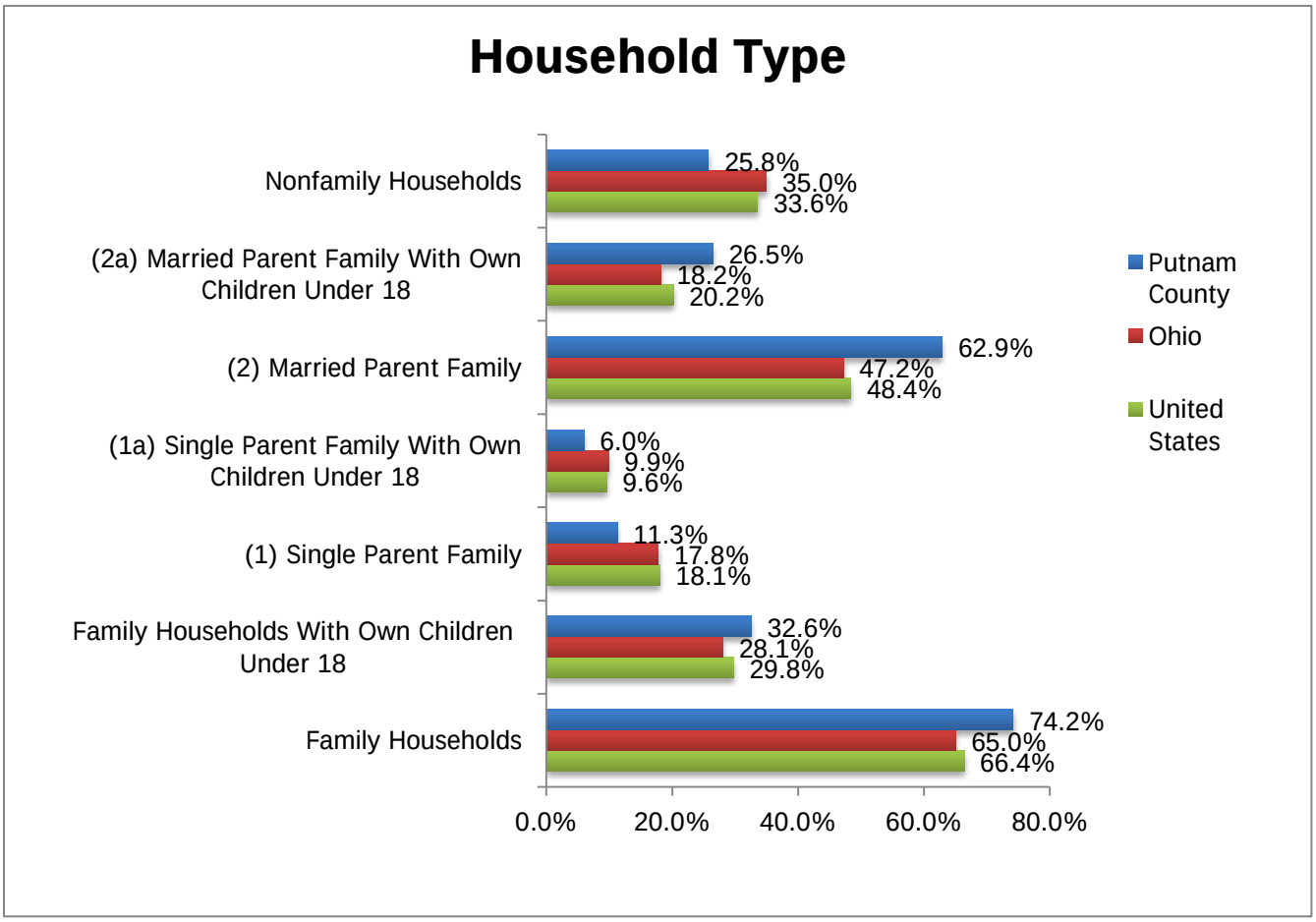
Gender



10) Source: 2010, U.S. Census Bureau, U.S. Census

Household and Marital Status

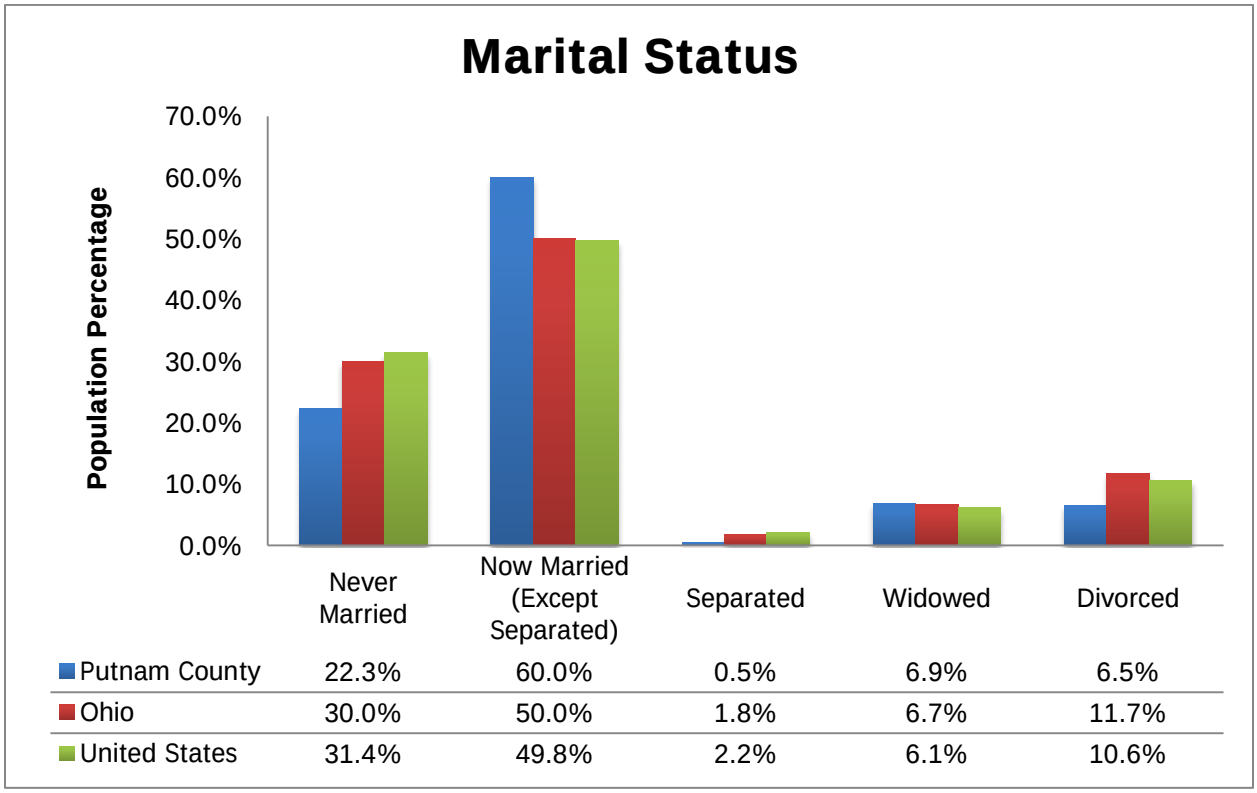
Compared to Ohio and the United States, more Putnam County households are family households and more family households consist of married parents and married parents with children, while fewer households consist of single parents.



3) Source: 2007-2011, U.S. Census Bureau, American Community Survey

Community Profile

According to the 2007-2011 U.S. Census Bureau American Community Survey, Putnam County residents are more likely to be currently married and less likely to be separated or divorced compared to state and national averages.



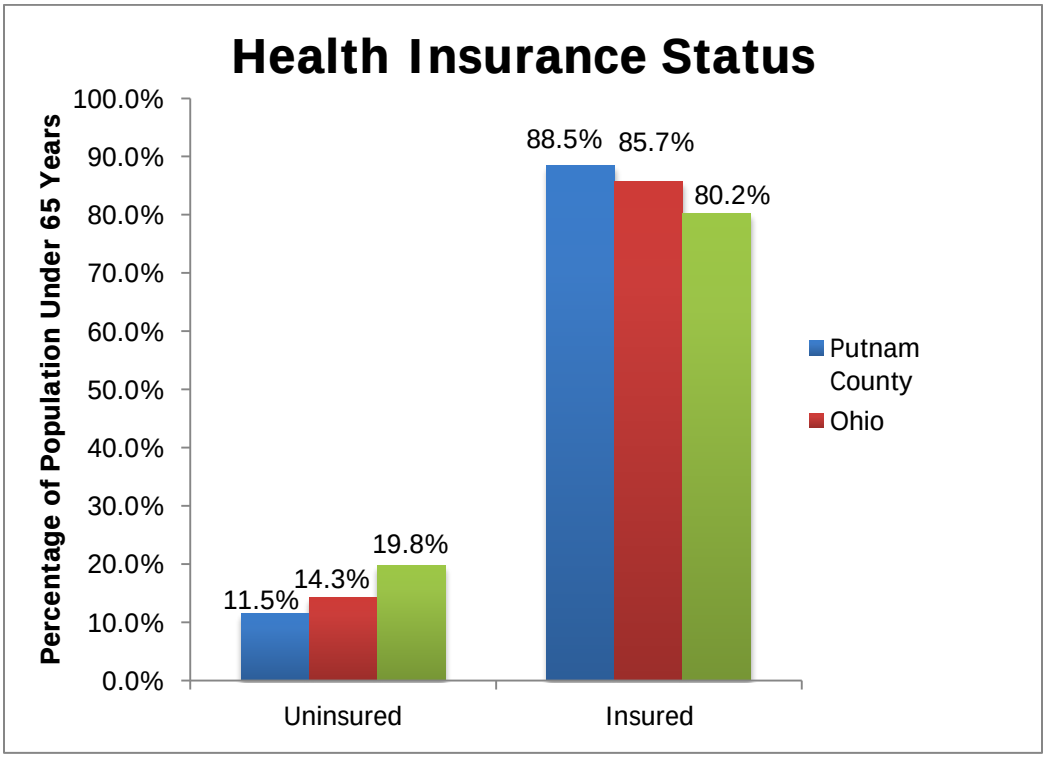
	Never Married	Now Married (Except Separated)	Separated	Widowed	Divorced
Putnam County	22.3%	60.0%	0.5%	6.9%	6.5%
Ohio	30.0%	50.0%	1.8%	6.7%	11.7%
United States	31.4%	49.8%	2.2%	6.1%	10.6%

3) *Source: 2007-2011, U.S. Census Bureau, American Community Survey*

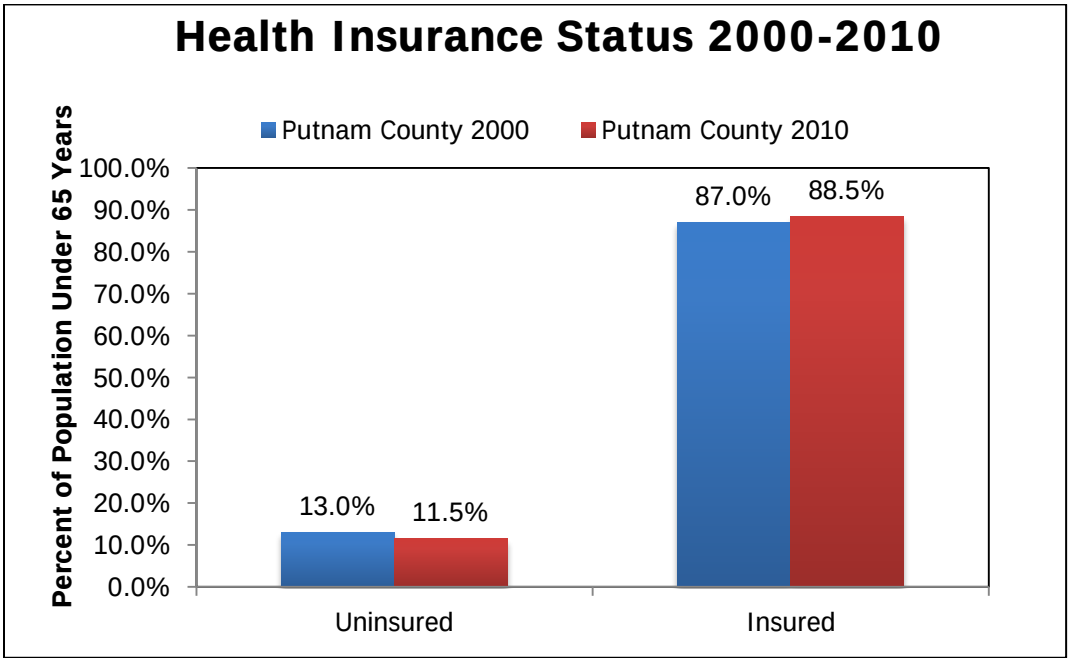
Health Insurance and Medicaid

Putnam County residents are more likely to have health insurance compared the nation and less likely to be enrolled in Medicaid compared to the state*. Between 2000 and 2010 the health insurance status of Putnam County residents improved slightly.

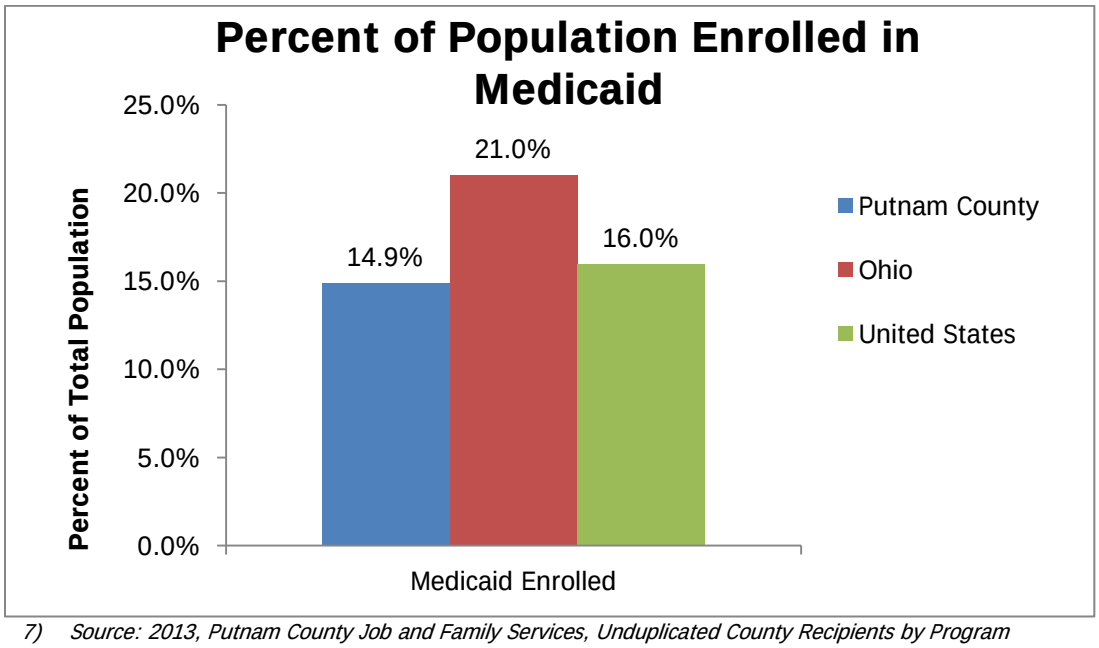
*Same-year comparison data could not be obtained for Medicaid enrollment. Comparisons should be made with caution.



4) *Source: 2010, U.S. Census Bureau, Small Area Health Insurance Estimates*
5) *Source: 2010, U.S. Census Bureau, Health Status, Health Insurance, and Medical Utilization Tables*



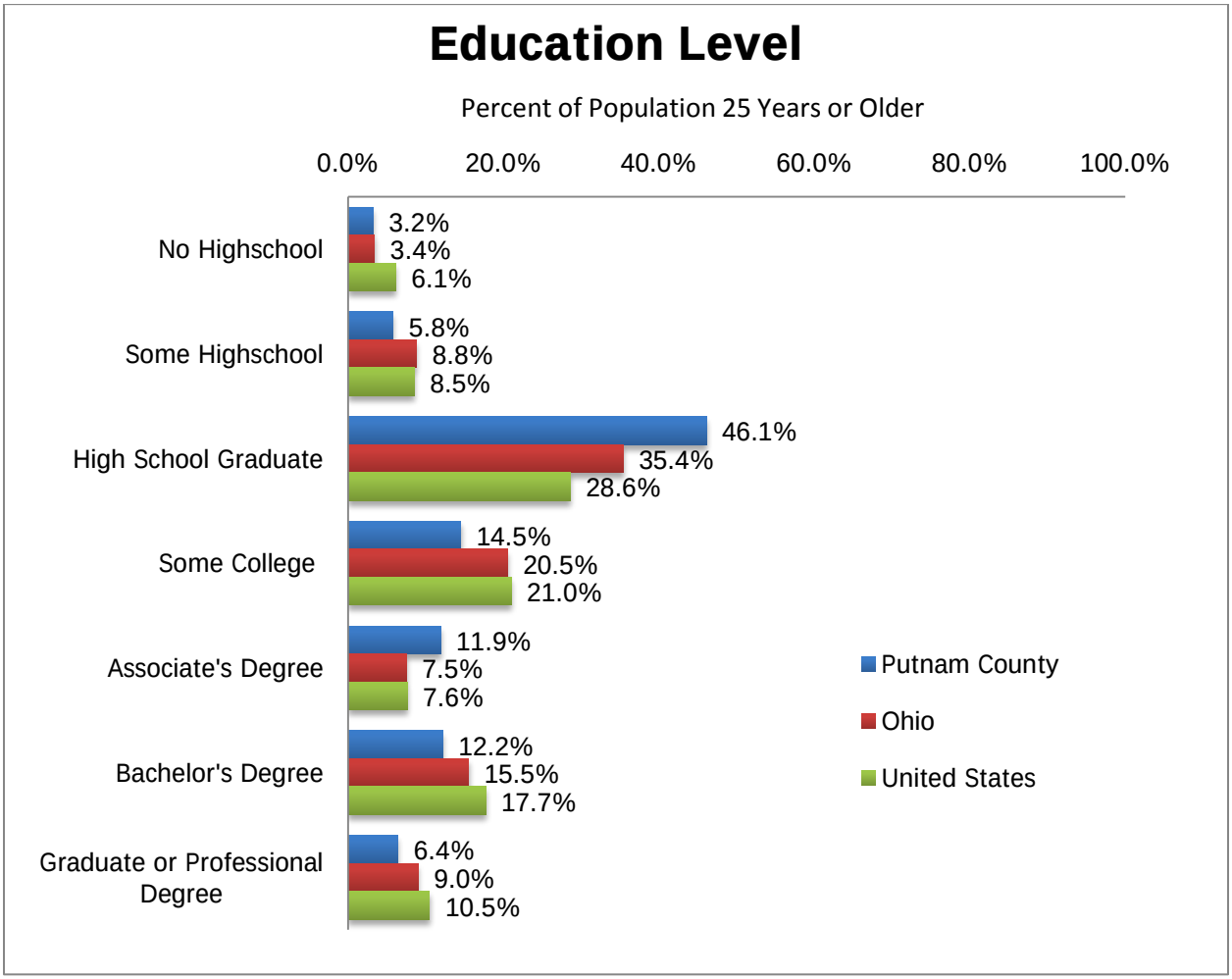
4) Source: 2010, U.S. Census Bureau, Small Area Health Insurance Estimates
6) Source: 2000, U.S. Census Bureau, Small Area Health Insurance Estimates



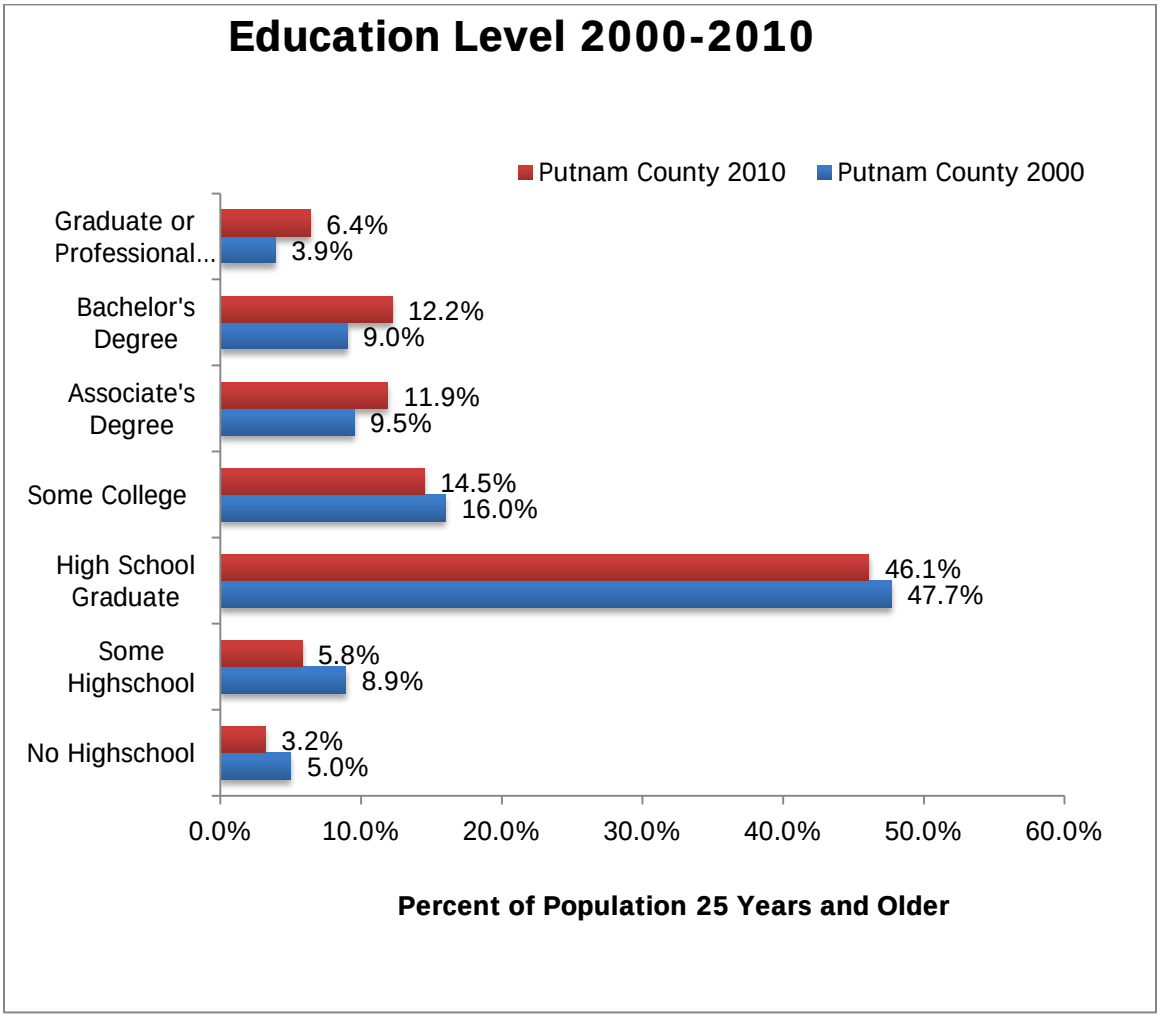
7) Source: 2013, Putnam County Job and Family Services, Unduplicated County Recipients by Program
8) Source: 2010, U.S. Department of Health and Human Services, Ohio Medicaid Statistics
9) Source: 2011, U.S. Census Bureau, Health Status, Health Insurance, and Medical Utilization Tables

Education Level and Degree

Compared to residents of Ohio or the United States, Putnam County residents who are 25 years or older, are more likely to have only a high school degree, are more likely to have obtained an Associate degree, and are less likely to have obtained a Bachelor or Graduate or Professional degree.



3) *Source: 2007-2011, U.S. Census Bureau, American Community Survey*

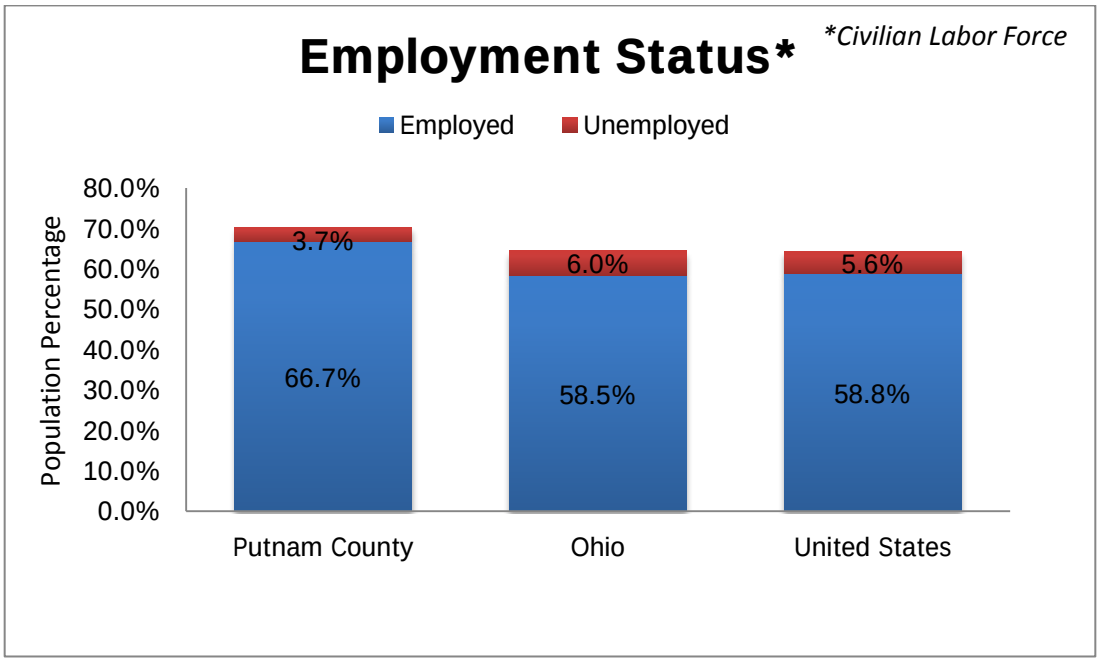


2) *Source: 2000, U.S. Census Bureau, 2000 Census*

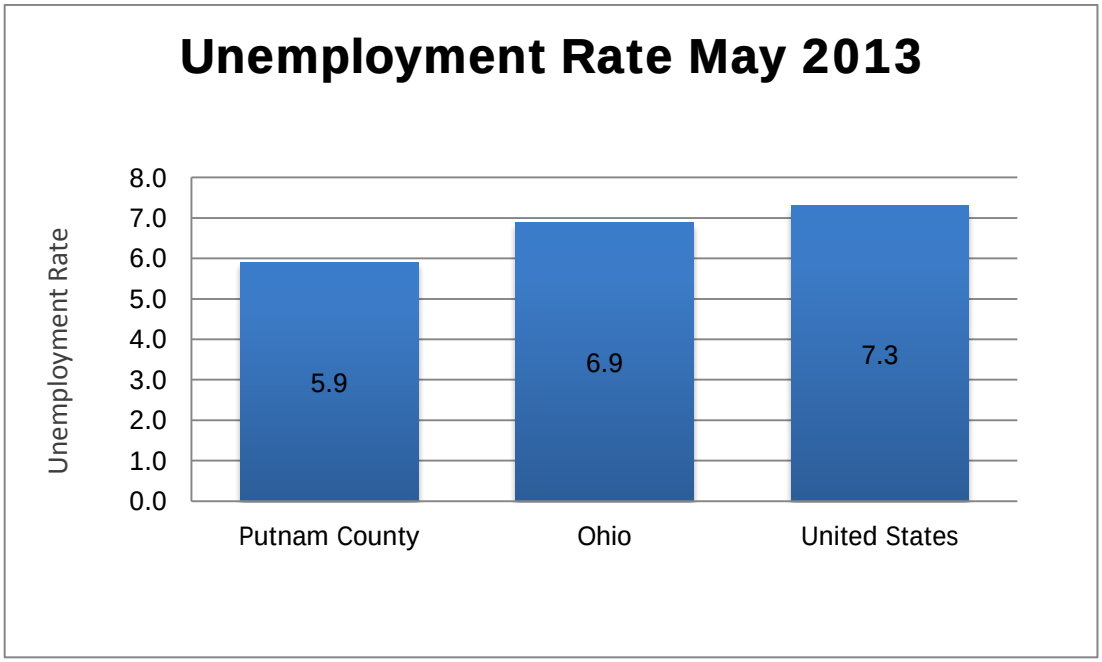
3) *Source: 2007-2011, U.S. Census Bureau, American Community Survey*

Employment/Income

According to the Bureau of Labor Statistics, as of 2013, Putnam County residents 16 years or older were less likely to be unemployed compared the state and the nation.



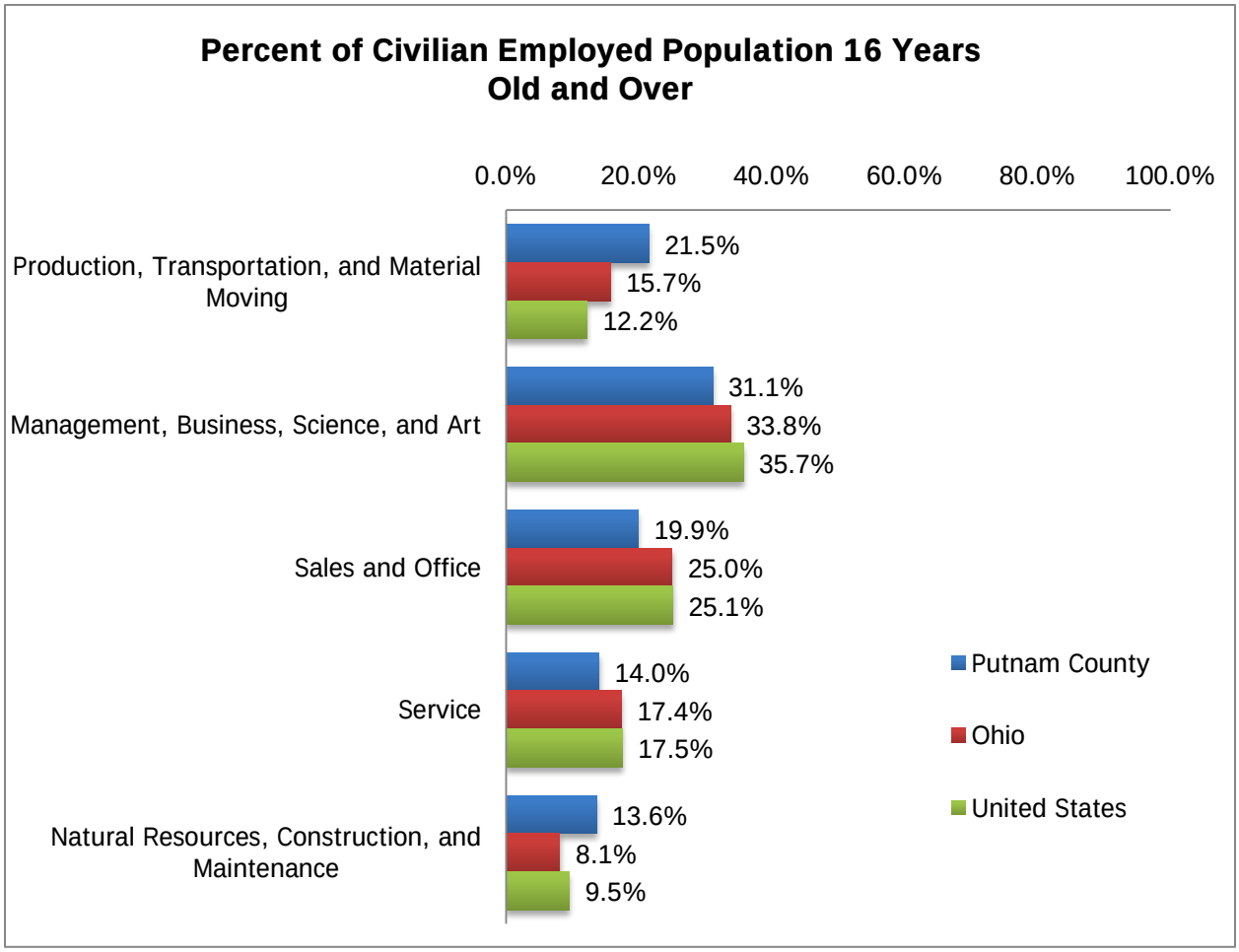
3) *Source: 2007-2011, U.S. Census Bureau, American Community Survey*



10) *Source: 2013, Ohio Department of Job and Family Services, Ranking of Ohio County Unemployment Rates*
11) *Source: 2013, United States Department of Labor, Bureau of Labor Statistics*

Community Profile

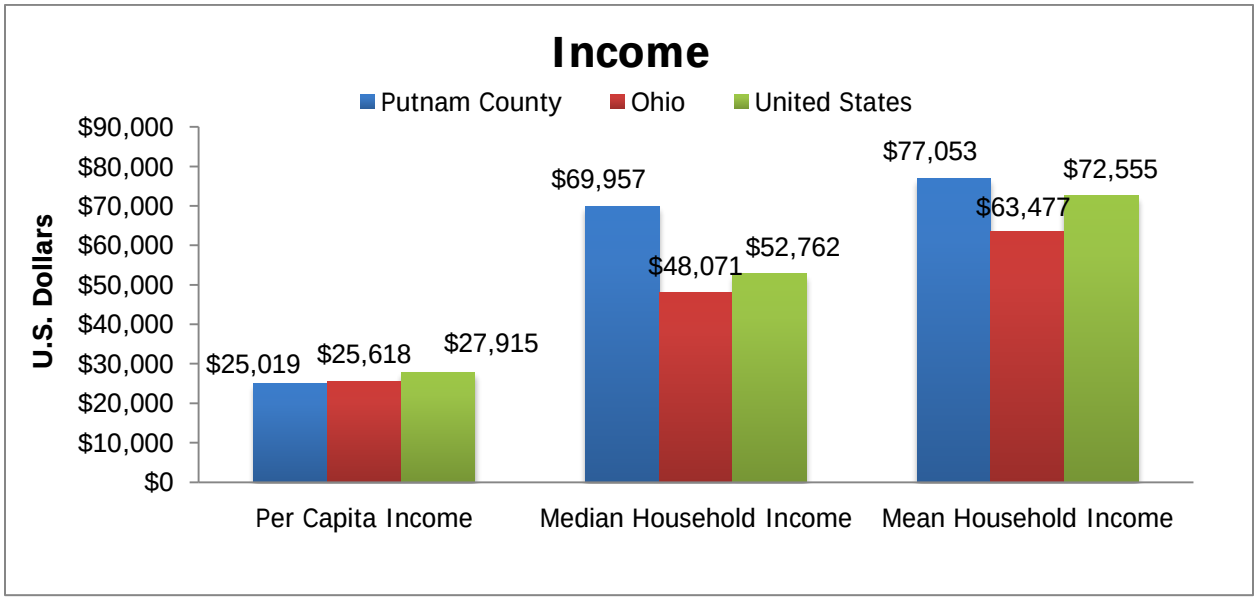
Putnam County residents are more likely to work in Production, Transportation, and Material Moving, and Natural Resources, Construction, and Maintenance compared to Ohio and U.S. residents. Most Putnam County residents 16 years and older work in Management, Business, Science, and Art, Production, Transportation, and Material Moving, or Sales and Office.



3) Source: 2007-2011, U.S. Census Bureau, American Community Survey

Community Profile

The Per Capita income of Putnam County residents is similar to that of the state and the nation, but the median and mean household income for Putnam County is greater than that of Ohio or the United States.



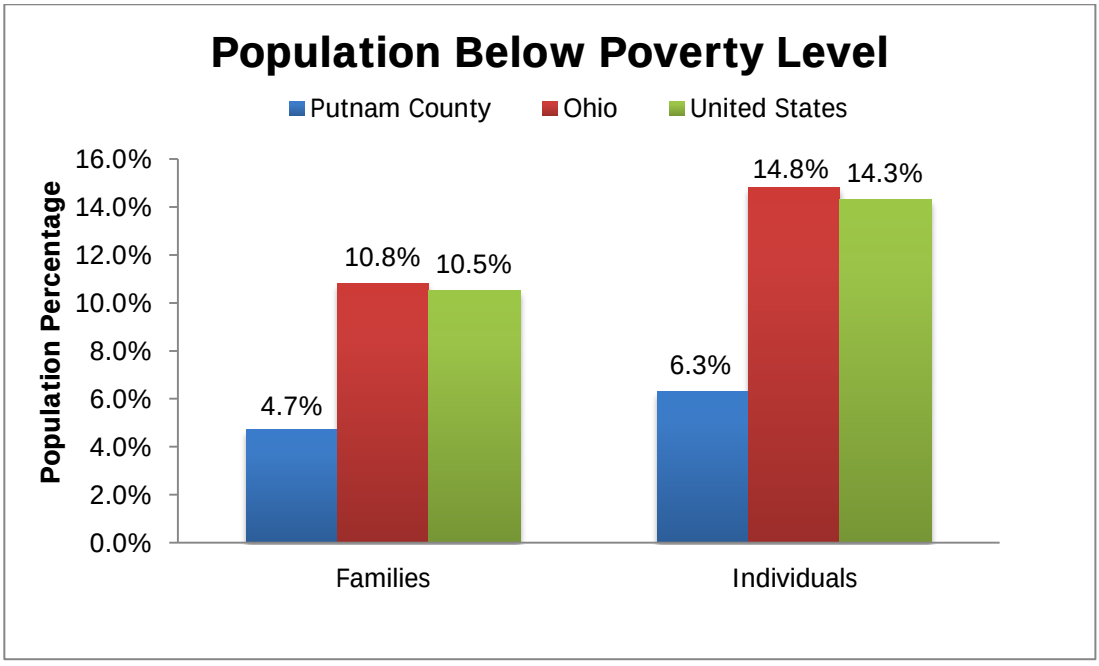
3) *Source: 2007-2011, U.S. Census Bureau, American Community Survey*

Poverty Status

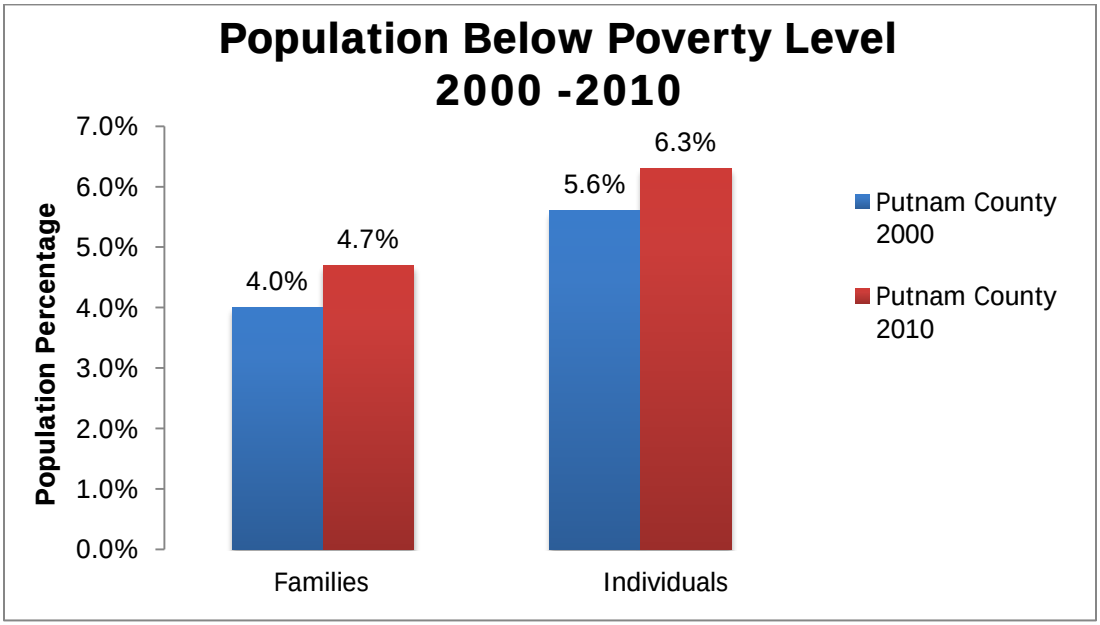
Both families and individuals in Putnam County are less likely to be below the poverty line compared to families and individuals in Ohio and the United States. However, it is worth noting that based on the rates reported above:

- almost 2,174 individuals in Putnam County are living below the poverty level; and,
- over 455 families in Putnam County are living below the poverty level.

Poverty in 2010 were similar to those in 2000 but may have increased slightly.



3) *Source: 2007-2011, U.S. Census Bureau, American Community Survey*



2) *Source: 2000, U.S. Census Bureau, 2000 Census*

3) *Source: 2007-2011, U.S. Census Bureau, American Community Survey*

Health Indicators

This section presents data relative to health status indicators and behaviors, including life expectance, obesity, and physical activity.

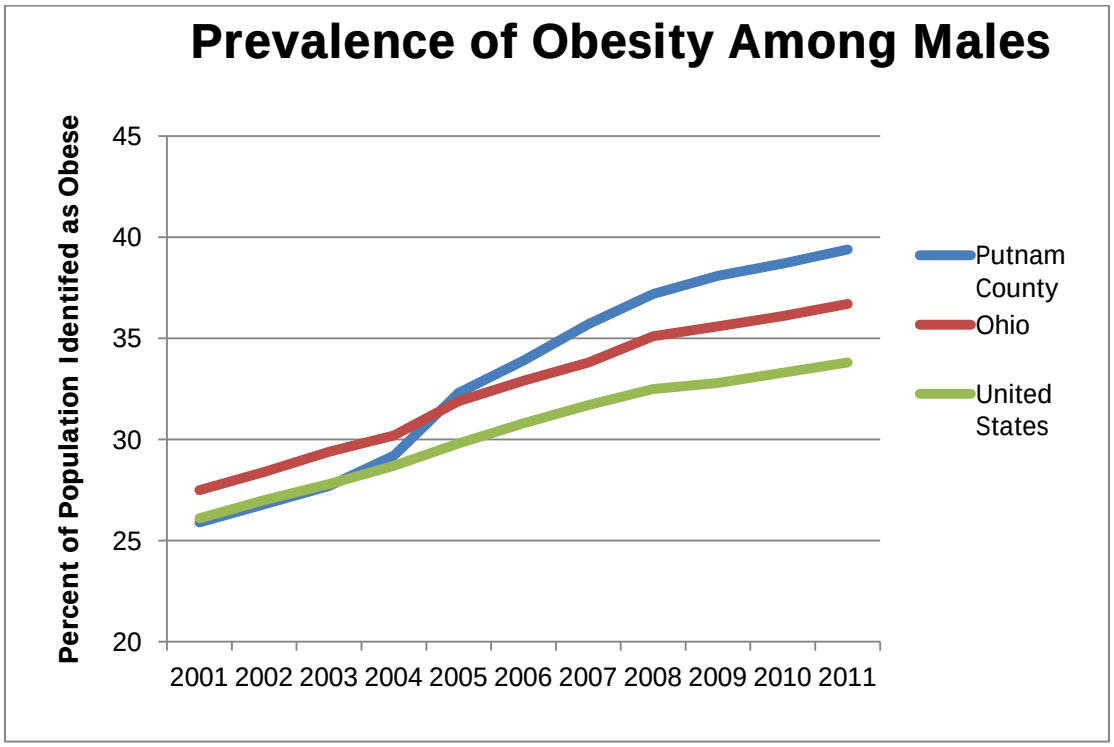
Basic Health Indicators

Life Expectancy, Hypertension, Obesity, and Physical Activity			
	Putnam County	**Ohio**	**U.S.**
Life Expectancy (Years)[13]			
Males	77.0	75.0	76.1
Females	81.2	79.7	80.8
Hypertension (Prevalence)[14]			
Males	35.7%	40.6%	38.5%
Females	39.0%	40.3%	38.1%
Obesity (Prevalence)[15]			
Males	39.4%	36.7%	33.6%
Females	37.8%	38.5%	36.1%
Sufficient Physical Activity[16]			
Males	54.5%	55.4%	56.3%
Females	50.9%	50.9%	52.6%

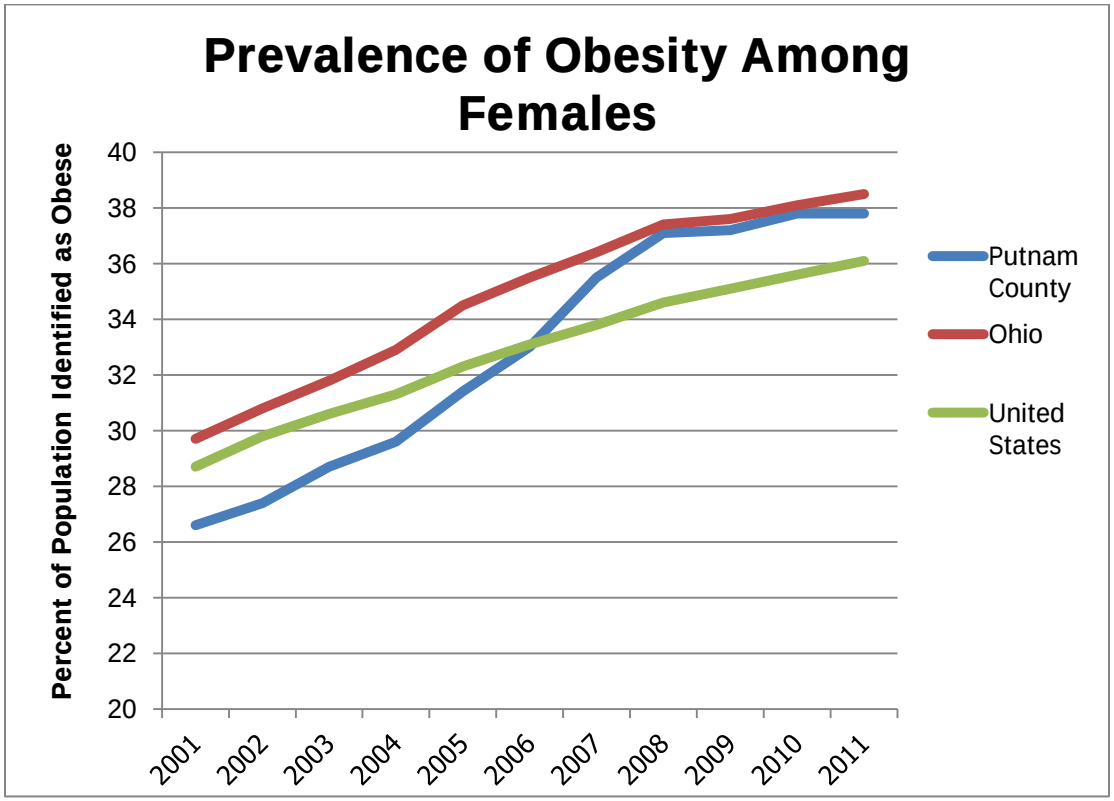
12) *Source: 2010, Institute for Health Metrics and Evaluation, U.S. Health Map, Life Expectancy*
13) *Source: 2009, Institute for Health Metrics and Evaluation, U.S. Health Map, Hypertension*
14) *Source: 2011, Institute for Health Metrics and Evaluation, U.S. Health Map, Obesity*
15) *Source: 2011, Institute for Health Metrics and Evaluation, U.S. Health Map, Physical Activity*

Obesity Trends

The prevalence of obesity has risen for both men and women in Putnam County between 2001 and 2011. The prevalence of obesity has also increased in Ohio and the United States during the same time period. Currently, rates of obesity in Putnam County males are higher compared to Ohio and the United States while rates of obesity among Putnam County females are similar to Ohio rates and higher than national rates.



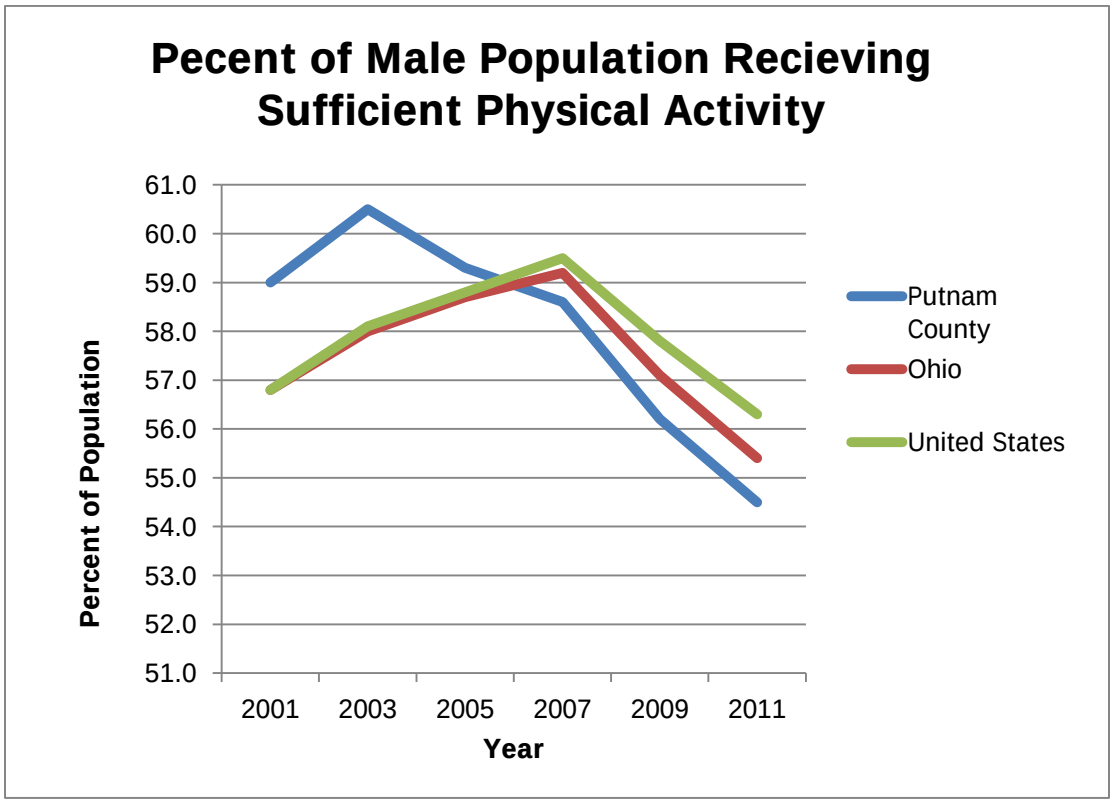
14) Source: 2011, Institute for Health Metrics and Evaluation, U.S. Health Map, Obesity



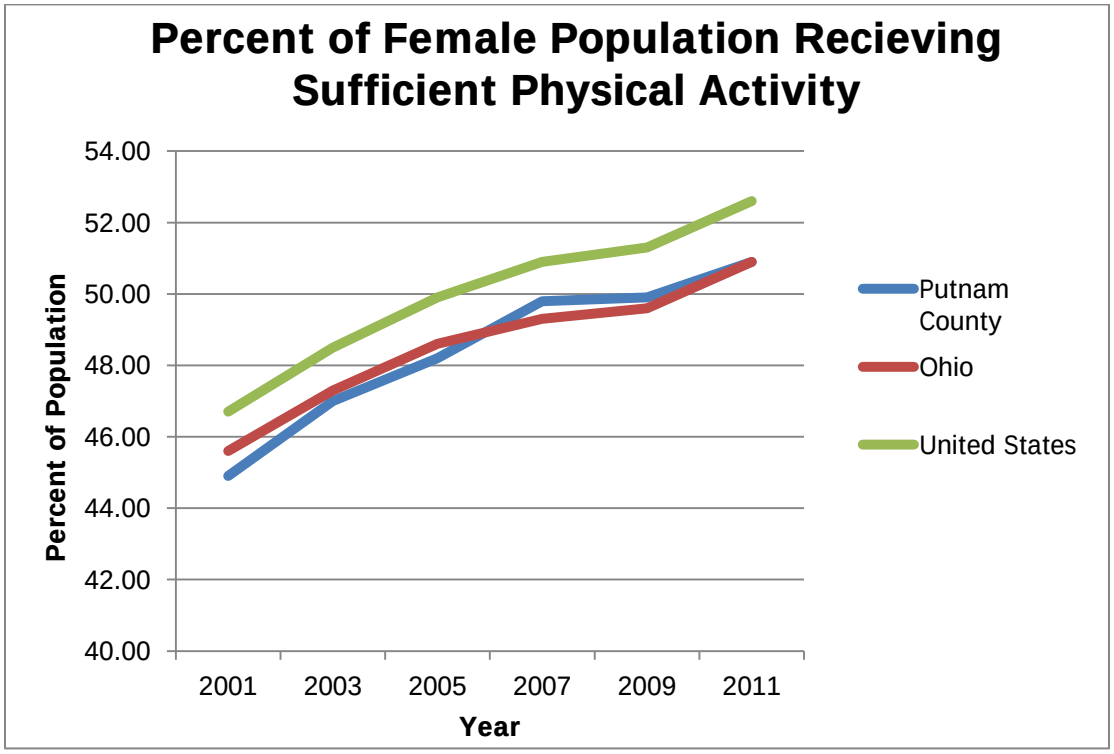
14) *Source: 2011, Institute for Health Metrics and Evaluation, U.S. Health Map, Obesity*

Physical Activity Trends

The percent of the male population of Putnam County receiving sufficient physical activity has seen a marked decrease since 2003, while the percent of the female population of Putnam County receiving sufficient physical activity has increased steadily since 2001.



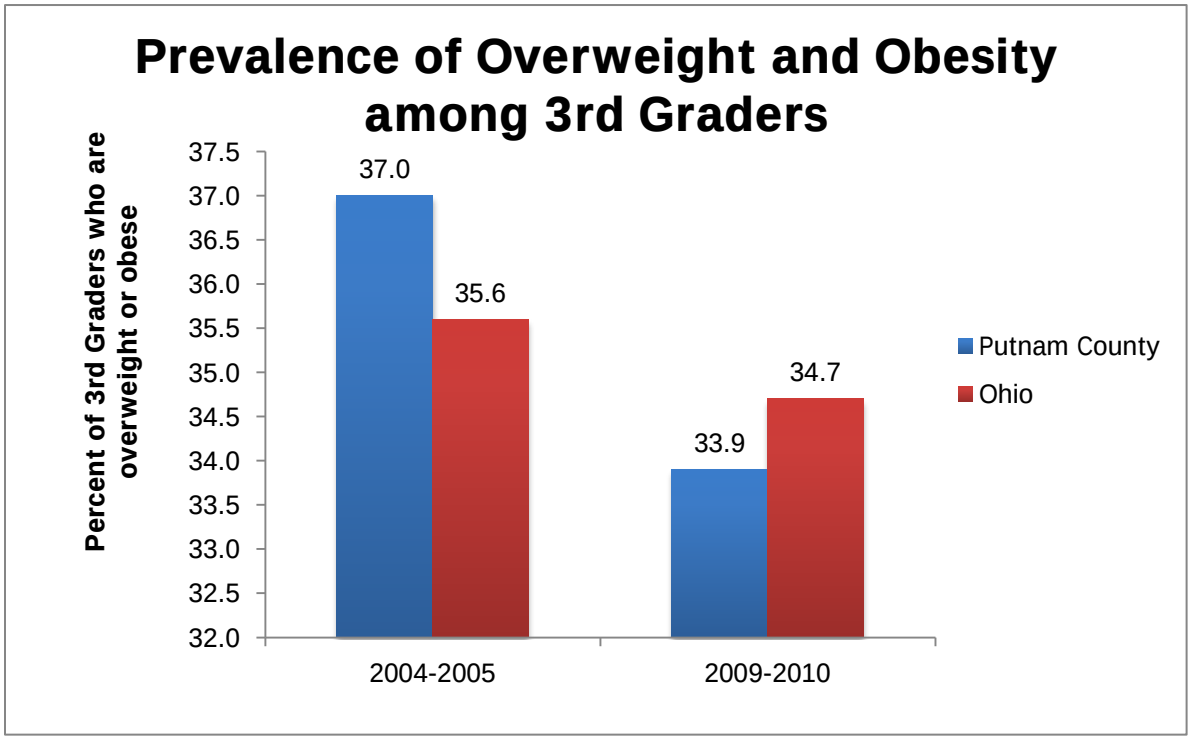
15) *Source: 2011, Institute for Health Metrics and Evaluation, U.S. Health Map, Physical Activity*



15) *Source: 2011, Institute for Health Metrics and Evaluation, U.S. Health Map, Physical Activity*

Prevalence of Overweight and Obesity among 3rd Graders

The prevalence of overweight and obesity in Putnam County 3rd graders has decreased and is now lower than the state prevalence, however, approximately one third of 3rd graders in the county are overweight or obese.



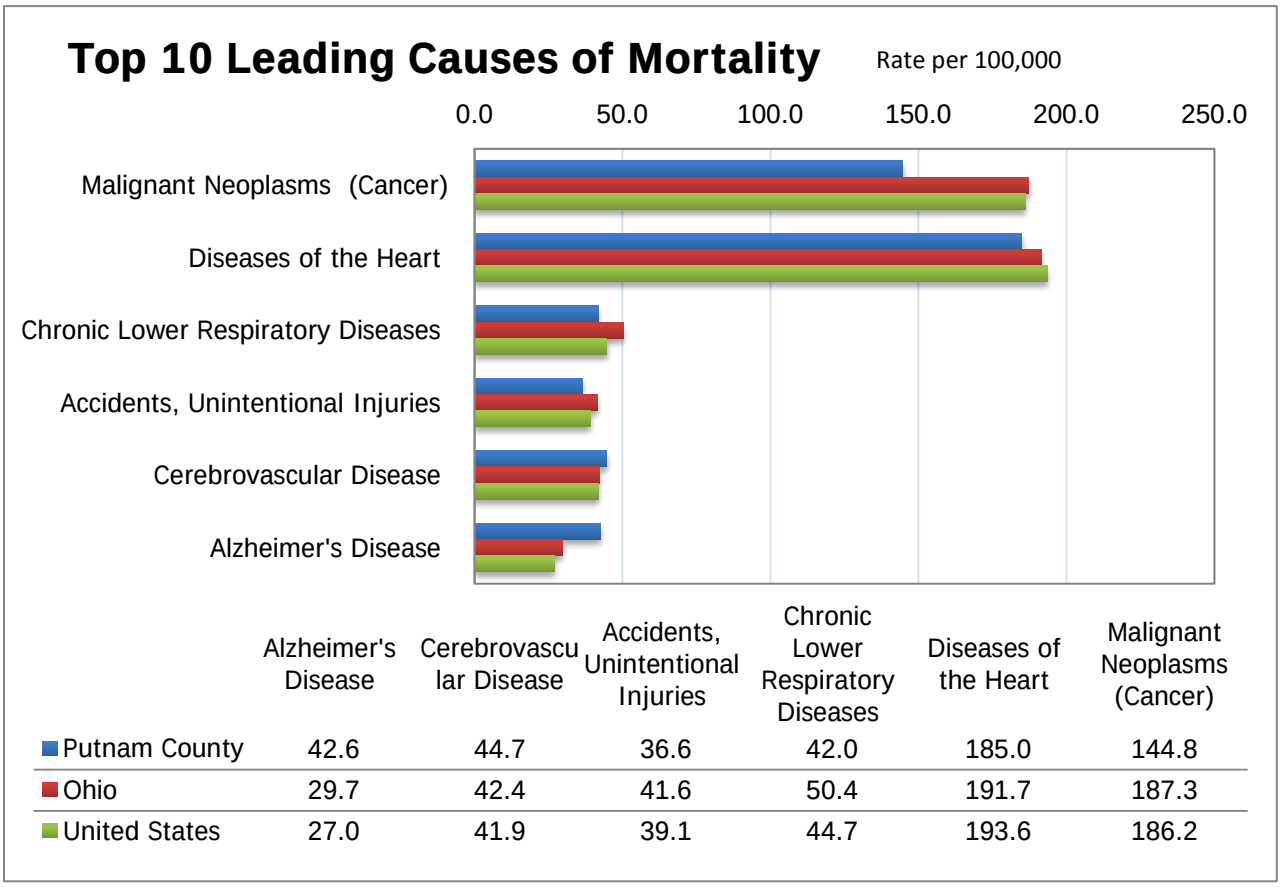
16) *Source: 2004-2010, Ohio Department of Health, Report on the Body Mass Index of Ohio's Third Graders*

Death & Illness

This section presents data relative to leading causes of mortality, and cancer incidence and mortality.

Leading Causes of Mortality

As with Ohio and the United States, the top six leading causes of death in Putnam County are Heart Disease, Cancer, Chronic Lower Respiratory Diseases, Cerebrovascular Disease, Alzheimer's disease, and Accidents and Unintentional Injuries. The rate of cancer in Putnam County is lower compared to Ohio or the United States, while the rate of Alzheimer's disease is higher.

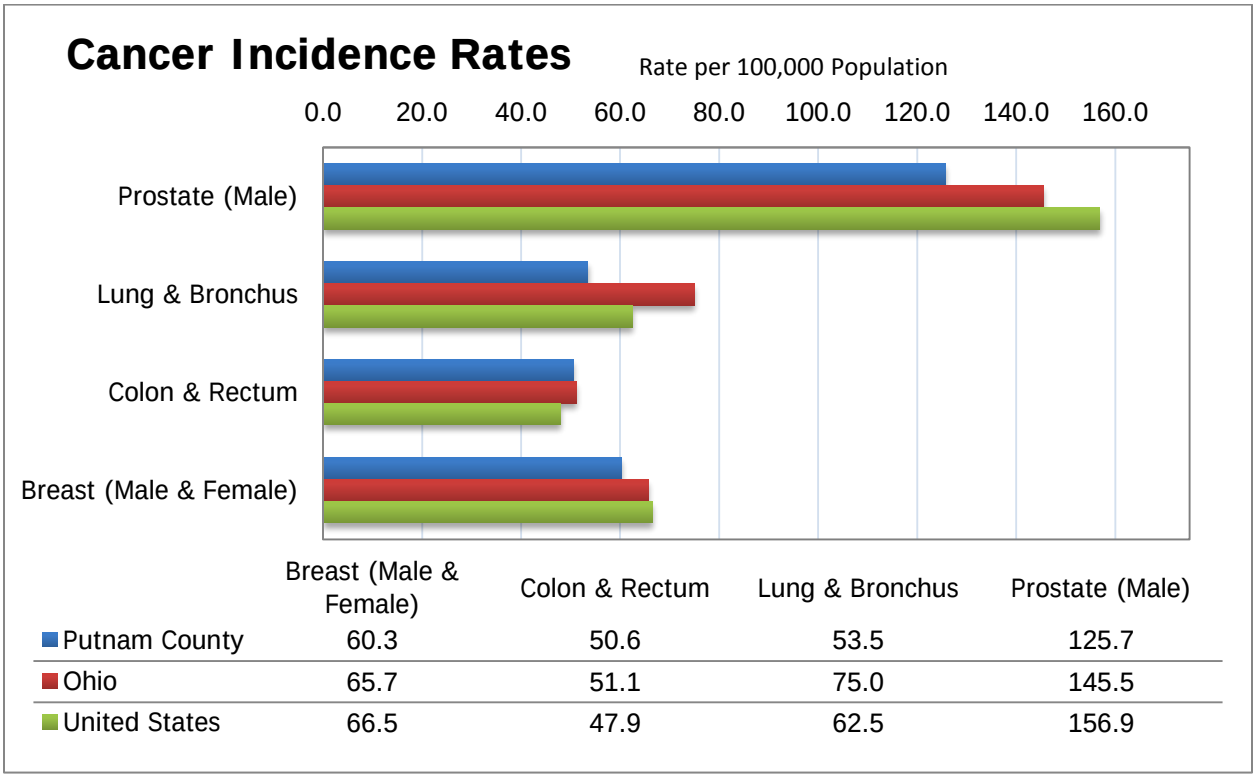


	Alzheimer's Disease	Cerebrovascular Disease	Accidents, Unintentional Injuries	Chronic Lower Respiratory Diseases	Diseases of the Heart	Malignant Neoplasms (Cancer)
Putnam County	42.6	44.7	36.6	42.0	185.0	144.8
Ohio	29.7	42.4	41.6	50.4	191.7	187.3
United States	27.0	41.9	39.1	44.7	193.6	186.2

17) Source: 2010, Ohio Department of Health, Death – Data and Statistics
18) Source: 2010, Centers for Disease Control and Prevention, Mortality Data

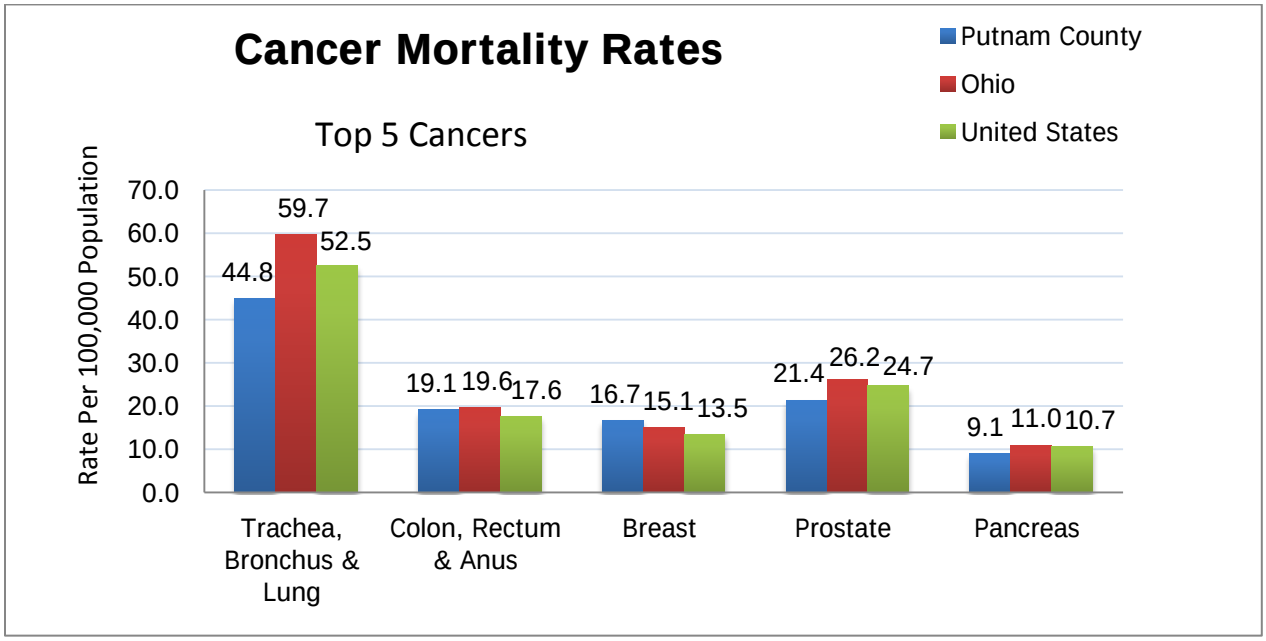
Cancer Incidence and Mortality

Putnam County residents have lower incidence rates of Prostate, Lung & Bronchus, and Breast cancer compared to Ohio and the United States and similar incidence rates of Colon & Rectum cancer. Compared to the State and the Nation, Putnam County residents have lower mortality rates from Trachea, Bronchus & Lung cancer, and Prostate cancer and similar mortality rates from cancers of the Colon, Rectum and Anus, Breast, and Pancreas.



	Breast (Male & Female)	Colon & Rectum	Lung & Bronchus	Prostate (Male)
Putnam County	60.3	50.6	53.5	125.7
Ohio	65.7	51.1	75.0	145.5
United States	66.5	47.9	62.5	156.9

19) *Source: 2003-2007, Ohio Department of Health, Ohio Cancer Incidence Surveillance System*
20) *Source: 2003-2007, National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program*



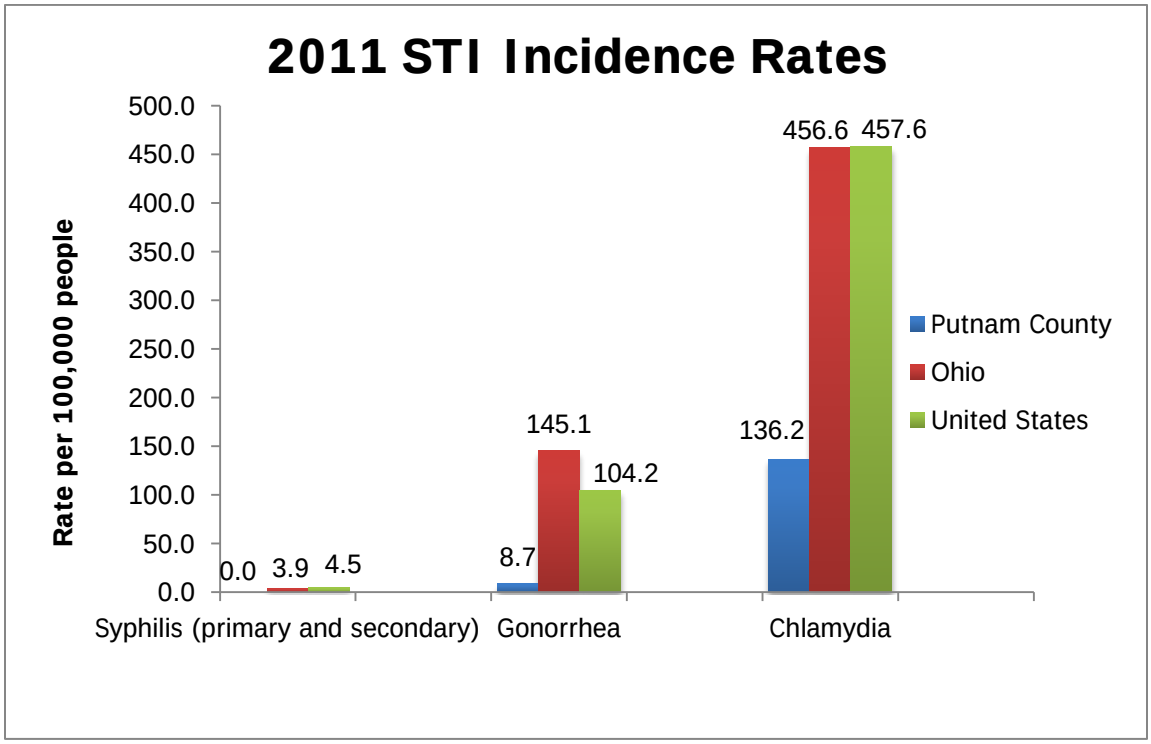
19) Source: 2003-2007, Ohio Department of Health, Ohio Cancer Incidence Surveillance System
20) Source: 2003-2007, National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program

According to the Ohio Department of Health Report, *Cancer Incidence and Mortality among Ohio Residents 2003-2007:*

- The four leading sites of cancer mortality were lung and bronchus, colon and rectum, breast, and pancreas. Nearly 53 percent of total cancer deaths were associated with these sites.
- Lung and bronchus was the leading site of cancer death for both males and females, followed by prostate and colon and rectum cancers for males and breast and colon and rectum cancers for females.
- The number of cancer cases for all sites combined increased with advancing age until ages 75-79 years, followed by a decline among persons age 80 years and older. The average annual rate of cancer incidence, however, continued to increase through ages 80-84 years.
- The number of cancer deaths for all sites combined increased with advancing age until ages 75-79 years, followed by a decline among persons age 80 years and older. The average annual rate of cancer mortality, however, continued to increase through age 85 years and older.

Sexually Transmitted Infections

Putnam County has lower incidence rates of Syphilis, Gonorrhea, and Chlamydia compared to Ohio and the United States.



21) 2011, Ohio Department of Health, STD Data and Statistics

22) 2011, Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance

Birth, Infant Mortality, Neonatal/Post-neonatal Mortality, and Induced Abortion Rate

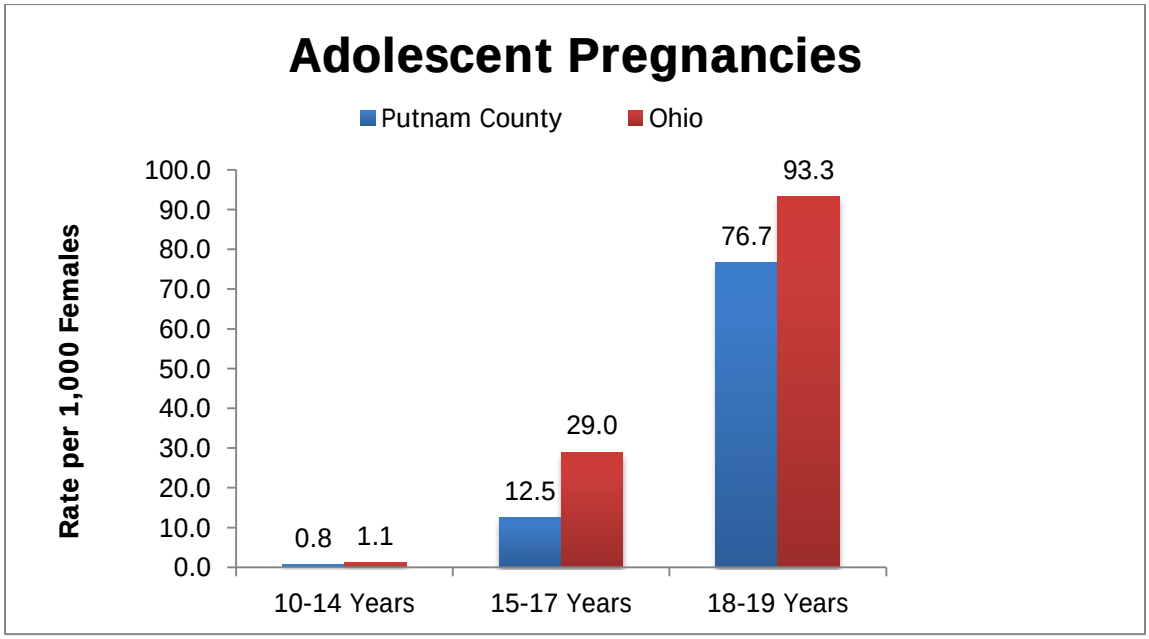
In 2010, the birth rate in Putnam County was greater than the overall birth rate in Ohio while the total induced abortion rate was lower.

	Putnam Total	Putnam Rate/1,000	Ohio Rate/1,000
Births	483	79.9	62.2
Infant Mortality	4	*	7.7
Neonatal Mortality	2	*	5.2
Post-neonatal Mortality	2	*	3.5
Induced Abortion Rate	20	3.3	11.5

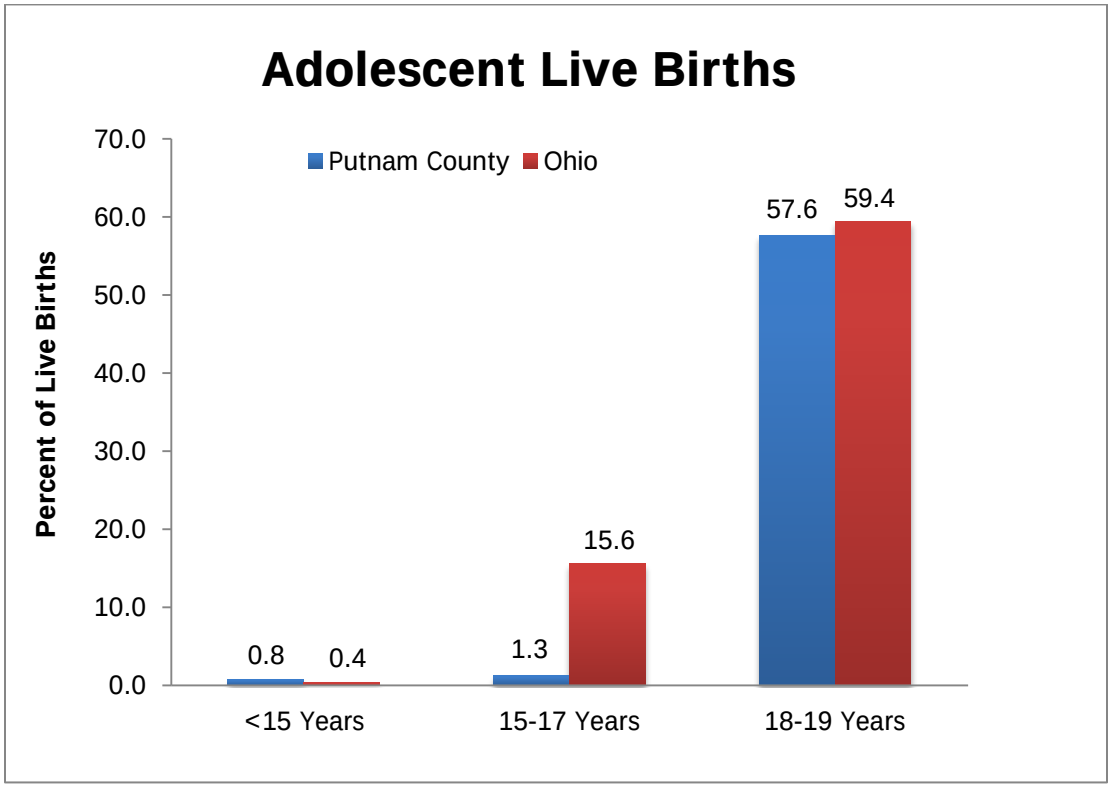
23) Source: 2010, Ohio Department of Health, Vital Statistics, Birth Statistics
24) Source: 2010, Ohio Department of Health, Induced Abortions in Ohio

Adolescent Pregnancies and Live Births

Putnam County had lower rates of pregnancy in adolescents 19 years or younger compared to Ohio. Putnam County also had lower percentages of live births among adolescents 15-17 years old.



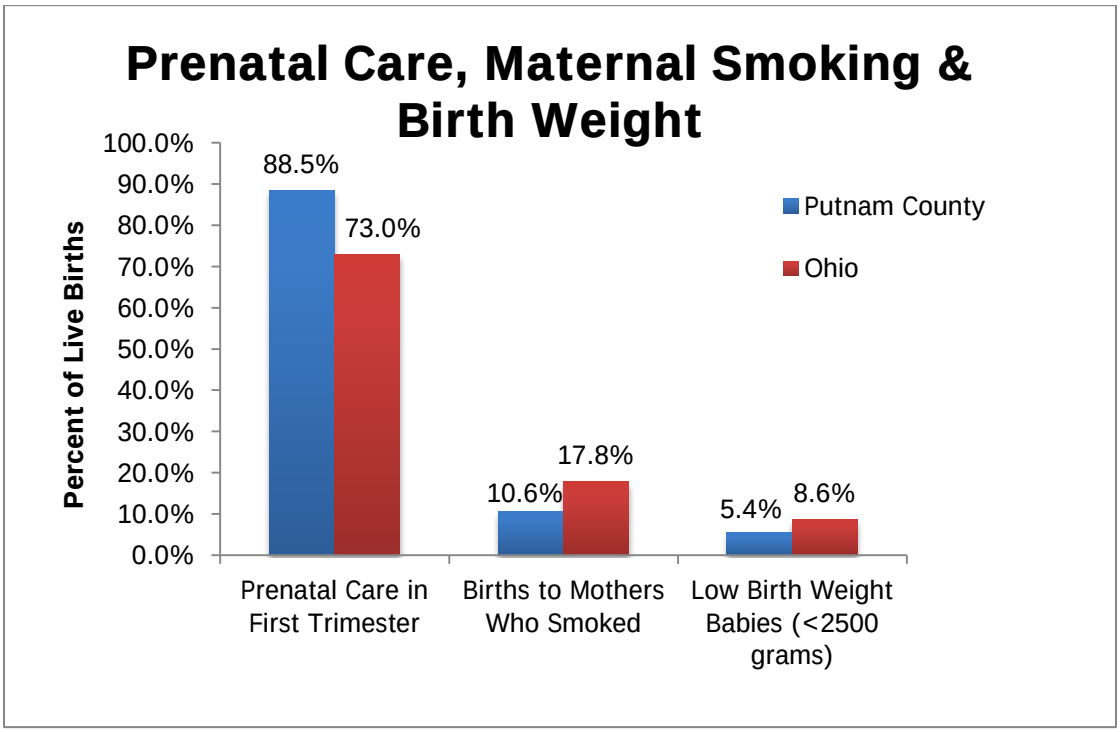
25) Source: 2010, Ohio Department of Health, Teen Pregnancy Statistics



23) Source: 2010, Ohio Department of Health, Vital Statistics, Birth Statistics

Prenatal Care, Maternal Smoking and Birth Weight

Women in Putnam County are more likely to receive prenatal care during their first trimester of pregnancy compared to Ohio women, less likely to smoke during pregnancy, and less likely to give birth to low birth weight babies.



23) Source: 2010, Ohio Department of Health, Vital Statistics, Birth Statistics

Dental & Oral Health

Dental care and oral health in Putnam County is of mixed status. Third grade students in Putnam County have lower levels of untreated tooth decay and toothache compared to Ohio, but fewer have access to sealants and 18.6% of residents under the age of 18 have never visited a dentist. Additionally, the ratio of population to dentist is much higher in Putnam County compared to Ohio. However, the percentage of Putnam County residents who could not receive needed dental care was lower or similar for all age groups compared to Ohio. One hundred percent of the county has access to fluoridated potable water.

Percent of Medicaid-eligible Population with Dental visit	Putnam County	Ohio
0-2 Years	5.7%	7.9%
3-18 Years	40.5%	45.9%
19-16 Years	30.7%	31.1%
65+ Years	28.1%	22.3%

26) Source: 2011, Ohio Department of Health, Oral Health Data & Reports

Community Dental Disease Prevention	Putnam County	Ohio
Percent of population served by optimally fluoridated potable water	100.0%	91.9%
Number of schools eligible for school-based sealant programs	3	1492
Number of schools participating in school-based sealant programs	0	737

26) Source: 2011, Ohio Department of Health, Oral Health Data & Reports

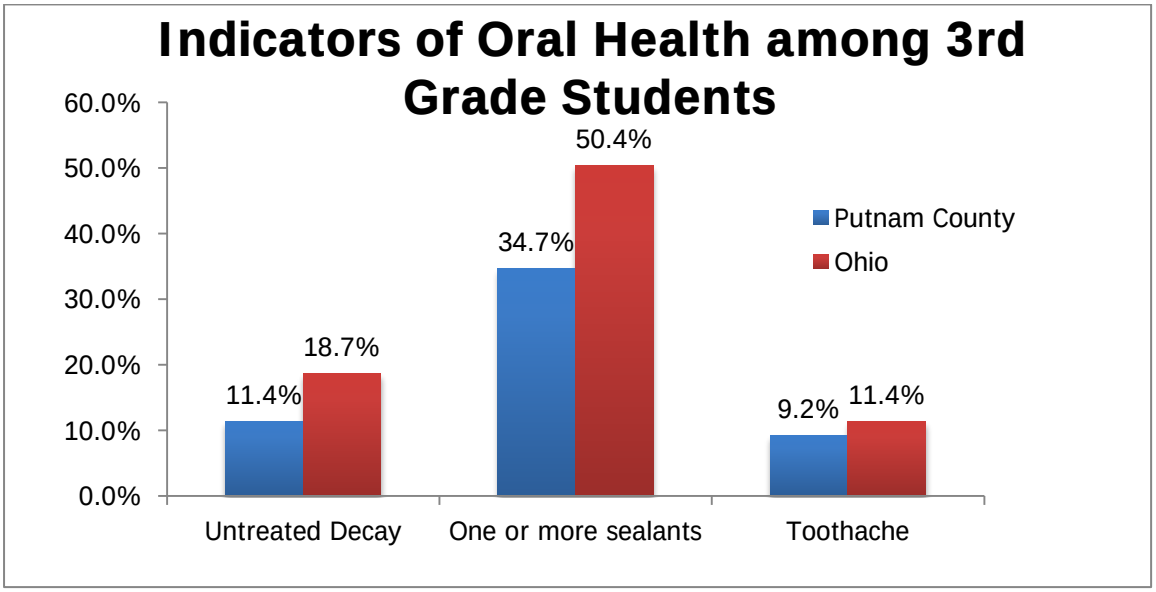
Dental & Oral Health

Dental Care Resources	Putnam County	Ohio
Number of licensed dentists	7	6161
Number of Primary care dentists (general and pediatric)	6	5051
Ratio of population per dentist	4,911:1	1,874:1
Number of dentists who treated Medicaid patients	2	1,904
1-50 dental patients	0	620
51-249 dental patients	1	388
250+ dental patients	1	896
Ratio of Medicaid population per dentist who treats Medicaid patients	2,266:1	1,277:1
Number of OPTIONS dentists	2	963
Ratio of low-income patients per OPTIONS dentist	3,795:1	3,817:1
Number of safety net dental clinics	0	112
Number of Dental Health Professional Shortage Areas (HPSA)	0	71

26) Source: 2011, Ohio Department of Health, Oral Health Data & Reports

Oral Health Care Access of Children and Adults	Putnam County	Ohio
Percent with a dental visit in the last year		
<18 Years	69.5%	75.8%
18-64 Years	78.8%	60.3%
65+ Years	67.3%	56.0%
Percent who have never visited a dentist		
<18 Years	18.6%	12.4%
18-64 Years	N/A	N/A
65+ Years	N/A	N/A
Percent uninsured for dental care		
<18 Years	14.8%	17.0%
18-64 Years	21.8%	36.4%
65+ Years	78.3%	60.4%
Percent who could not receive needed dental care		
<18 Years	2.3%	4.4%
18-64 Years	5.2%	14.8%
65+ Years	5.2%	4.8%

26) Source: 2011, Ohio Department of Health, Oral Health Data & Reports



26) Source: 2011, Ohio Department of Health, Oral Health Data & Reports

Mental Health/Alcohol & Drug Diagnoses

In 2013, 730 Putnam County residents utilized Pathways Counseling Center in Ottawa, OH, for mental health related issues. The primary diagnoses of this group are shown in the following table.

Primary Mental Health Diagnosis	
Diagnosis	Number
Adjustment Reactions	194
Depressive Disorders	189
Bipolar Disorders	98
Mood Disorders	62
Schizophrenia	56
Anxiety Disorders	40
Attention Deficit Disorders	35
Other	56
Total	730

27) Source: 2013, Pathways Counseling in Ottawa, OH, Statistics

In 2013, 190 Putnam County residents utilized Pathways Counseling Center for alcohol and drug related problems. The primary diagnoses for this group are listed in the following table.

Primary Alcohol/Drug Diagnosis	
Diagnosis	Number
Alcohol Dependence/Abuse	100
Cannabis Dependence/Abuse	38
Opioid Dependence/Abuse	20
Other	32
Total	190

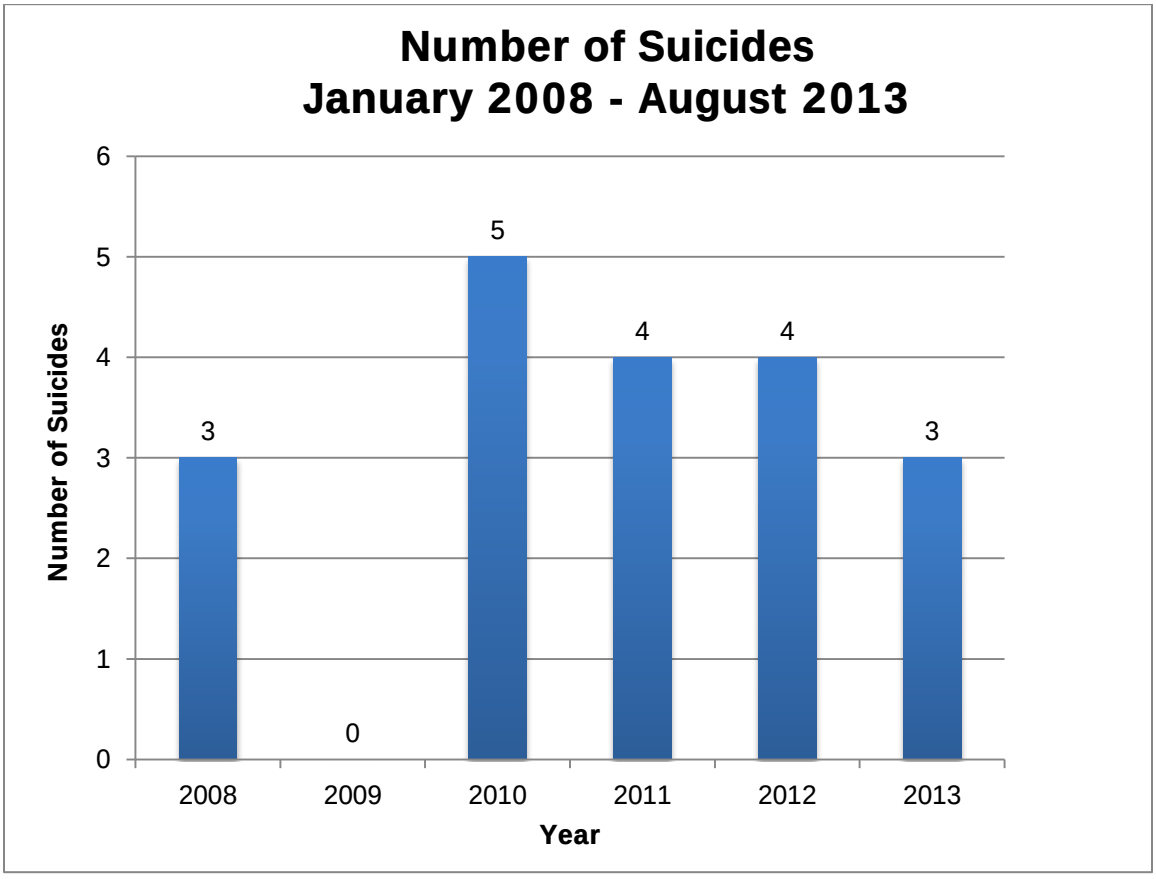
27) Source: 2013, Pathways Counseling in Ottawa, OH, Statistics

Suicide

Between January 2008 and August 2013 there were a total of 19 suicides in Putnam County. The mean age for this group was approximately 44 years old. The minimum age was 14 and the maximum age 76.

Gender	Number of Suicides
Male	15
Female	4

28) Source: 2008-2013, Putnam County Sheriff's Office, Putnam County Suicides



28) Source: 2008-2013, Putnam County Sheriff's Office, Putnam County Suicides

Youth PRIDE Data

The following data is taken from the 2012-2013 Putnam County Schools PRIDE Survey. This survey, administered to students in grades 6, 8, 10, & 12, focuses on Drug, Alcohol, & Tobacco use among students.

Core Measures

21.4% of Putnam County Students grades 6-12 reported using alcohol in the past 30 days; 8.7% reported using cigarettes or tobacco. Overall, a majority of students perceived some risk associated with the use of cigarettes or tobacco, alcohol, marijuana, and prescriptions drugs. Students were more likely to believe that their parents disapproved of the use of illicit substances than their peers.

Measure	Cig/Tobacco	Alcohol	Marijuana	Prescription Drugs
Past 30 Day Use	8.7	21.4	4.2	1.8
Perceived Risk	86.6	66.4	78.7	87.3
Parental Disapproval	92.8	90.1	96.3	96.4
Friends Disapproval	78.5	72.4	86.1	90.4

29) *Source: 2012-2013, Putnam County Schools/Secondary, Ottawa, OH, Pride Surveys Questionnaire for Grades 6 thru 12 Standard Report*

Percentage of Students Who Report Using Alcohol/Drugs

Tobacco/cigarettes, alcohol, and marijuana were the most common substances students reported using on an annual or monthly basis.

Drug	Annual	Monthly
Tobacco	13.3	6.9
Cigarettes	*	8.7
Alcohol	33.5	21.4
Marijuana	7.0	4.2
Cocaine	1.7	1.4
Inhalants	2.5	1.3
Hallucinogens	1.4	1.1
Heroin	1.4	1.1
Steroids	1.7	1.4
Ecstasy	1.6	1.2
Meth	1.4	1.1
Prescription Drugs	2.7	1.8
Over-the-Counter Drugs	2.5	1.6
Any Illicit Drug	8.9	5.1

29) *Source: 2012-2013, Putnam County Schools/Secondary, Ottawa, OH, Pride Surveys Questionnaire for Grades 6 thru 12 Standard Report*

Where Students Report Using Alcohol/Drugs

Students were most likely to report using tobacco, alcohol, and marijuana at a friend's house but were most likely to use prescription drugs at home.

Drug	At Home	At School	In a Car	Friend's House	Other
Tobacco	3.9	0.7	3.9	6.5	5.3
Alcohol	13.0	0.5	2.6	17.9	8.8
Marijuana	1.5	0.6	1.6	3.6	3.1
Prescription Drugs	1.3	0.5	0.4	0.8	0.8

29) *Source: 2012-2013, Putnam County Schools/Secondary, Ottawa, OH, Pride Surveys Questionnaire for Grades 6 thru 12 Standard Report*

When Students Report Using Alcohol/Drugs

Students were most likely to report using tobacco, alcohol, marijuana, and prescription drugs during the weekend and least likely to report using these substances at school.

Drug	Before School	During School	After School	Week Night	Weekend
Tobacco	2.0	0.4	3.6	3.8	9.4
Alcohol	0.8	0.2	1.5	2.5	27.1
Marijuana	0.9	0.5	1.3	1.5	5.1
Prescription Drugs	0.6	0.4	0.8	0.9	1.8

29) *Source: 2012-2013, Putnam County Schools/Secondary, Ottawa, OH, Pride Surveys Questionnaire for Grades 6 thru 12 Standard Report*

Youth PRIDE Data

Risk Factors for Alcohol/Drug Use

Factor	% at Risk
Guns NOT at School	3.7
Guns AT School	1.5
Gang Activity	1.8
Contemplate Suicide	5.2
Trouble With Police	15.4
Threaten A Student With a Gun, Knife or Club	1.3
Threaten To Hurt A Student By Hitting, Slapping or Kicking	11.7
Hurt A Student With A Gun, Knife or Club	1.0
Hurt A Student By Hitting, Slapping or Kicking	8.6
Been Threatened With a Gun, Knife or Club	2.4
Had A Student Threaten To Hit, Slap or Kick	18.3
Been Afraid A Student May Hurt You	13.7
Been Hurt By A Student With A Gun, Knife or Club	1.0
Been Hurt By A Student By Hitting, Slapping or Kicking	12.5

29) *Source: 2012-2013, Putnam County Schools/Secondary, Ottawa, OH, Pride Surveys Questionnaire for Grades 6 thru 12 Standard Report*

Protective Factors for Alcohol/Drug Use

Factor	% Protected
Make Good Grades	79.4
Attend Church or Synagogue	64.7
Take Part in Community Activities	32.1
Take Part in School Activities	44.9
Teachers Talk About the Dangers of Drugs	33.3
Parents Talk About the Dangers of Drugs	29.8

29) *Source: 2012-2013, Putnam County Schools/Secondary, Ottawa, OH, Pride Surveys Questionnaire for Grades 6 thru 12 Standard Report*

YBRS Comparative Data

The following statistics were culled from the *2011 Center for Disease Control's Ohio High School Youth Risk Behavior Survey* (OH YRBS):

- 27.1 percent of Ohio high school student respondents reported that they "Felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey."
- 14.3 percent of respondents had "Seriously considered attempting suicide."
- 9.1 percent of Ohio YRBS respondents had "Attempted suicide one or more times during the 12 months before the survey."
- 21.0 percent of Ohio YRBS respondents "Rode with a driver who had been drinking alcohol one or more times in a car or other vehicle during the past 30 days before the survey."
- 7.2 percent of respondents "Drove when drinking alcohol one or more times in a car or other vehicle in the past 30 days before the survey."
- 51.5 percent of respondents reported having "Ever tried smoking."
- 70.7 percent of OH YRBS respondents have "Ever had at least one drink of alcohol on at least one day during their life."
- 38.0 percent of respondents indicated that they "Had at least one drink of alcohol on at least one day in the past 30 days."
- 23.7 percent reported that they had engaged in binge drinking which is defined as having "five or more drinks of alcohol in a row within a couple of hours on at least one day" (in the past 30 days).
- 42.8 percent of OH YRBS respondents "Ever tried marijuana one or more times during their life."
- 3.1 percent of respondents have "Ever used heroin one or more times."
- 41.8 percent of respondents have "Had sexual intercourse with at least one person." (in the 3 months before the survey).

Of the sexually active respondents:

- 18.5 percent drank alcohol or used drugs before last sexual intercourse
- 77.2 percent did not use birth control pills before last sexual intercourse
- 10.2 percent did not use any method to prevent pregnancy

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3) 2007-2011, U.S. Census Bureau, American Community Survey
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25) 2010, Ohio Department of Health, Teen Pregnancy Statistics
26) 2011, Ohio Department of Health, Oral Health Data & Reports
27) 2013, Pathways Counseling in Ottawa, OH, Statistics
28) 2008-2013, Putnam County Sheriff's Office, Putnam County Suicides
29) 2012-2013, Putnam County Schools/Secondary, Ottawa, OH, Pride Surveys Questionnaire for Grades 6 thru 12 Standard Report

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Putnam County
Public Health System Assessment

Final Report November 2013

...a report of the local public health system assessment in Putnam County, Ohio

Prepared for the Putnam County Health Department by the Center for Public Health Practice at The Ohio State University's College of Public Health

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Overview

Introduction

In the summer of 2013, the Putnam County Health Department undertook an initiative to assess the public health system in Putnam County, Ohio. The primary purpose was to evaluate the current system with the intent to form new and stronger stakeholder collaborations, improve the quality and efficiency of the public health system's services, and ultimately, to improve the health of Putnam County residents. This effort was one component of an overall effort to update the community health assessment for the county. This report includes a description of the assessment project, process, and results.

Table of Contents

This report was prepared in November 2013 by the Center for Public Health Practice, located in the College of Public Health at the Ohio State University, for the Putnam County Public Health System Assessment project in Putnam County, Ohio. For information about this report or the project, contact Joanne Pearsol at 614-292-1085 or jpearsol@cph.osu.edu.

THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

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Project Description

Introduction

Beginning in the Summer of 2013, the Putnam County Health Department undertook an initiative to conduct an assessment of the public health system in their county. Version 3 of the National Public Health Performance Standards Program (NPHPSP) local assessment instrument was used. The NPHPSP assessment is based on the *Ten Essential Services of Public Health* and describes levels of optimal system functioning and aims to improve the quality and performance of public health service delivery. The assessment was conducted with the intention to provide the community with the following benefits:

- Measure and summarize the performance of the current public health system in Putnam County using nationally established performance standards and a methodology to conduct the assessment.
- Improve and/or establish connections with existing and new community partners, respectively, in order to better establish and strengthen collaborations that could ultimately contribute to advancing public health in Putnam County.
- Provide key information for use in quality improvement of the public health system, identification of priorities for development of a community health improvement plan, and, subsequently, to inform the agency's own strategic plan.

The Center for Public Health Practice (Center) at The Ohio State University College of Public Health provided technical assistance for planning, facilitating, and reporting for the assessment. The assessment was conducted during August and September 2013.

Twenty-six individuals representing nearly 20 different public health system contributors participated in the assessment of the system; the optional NPHPSP survey to prioritize services was also completed. The following sections describe the planning and processes used for the assessment.

Ten Essential Services of Public Health

1. *Monitor health status to identify community health problems*
2. *Diagnose and investigate health problems and health hazards in the community*
3. *Inform, education and empower people about health issues*
4. *Mobilize community partnerships to identify and solve health problems*
5. *Develop policies and plans that support individual and community health efforts*
6. *Enforce laws and regulations that protect health and ensure safety*
7. *Link people to needed personal health services and assure the provision of health care when otherwise unavailable*
8. *Assure a competent public health and personal health workforce*
9. *Evaluate the effectiveness, accessibility and quality of personal and population-based health services*
10. *Research for new insights and innovative solutions to health problems*

Project Description, *continued*

Planning

The Accreditation Coordinator at the Putnam County Health Department (PCHD) was the primary contact for the department and provided all communication with community partners, handled all meeting logistics, and served as convener of all meetings. (See Appendix A for the invitation flyer.) The Center for Public Health Practice (Center) provided process design, in-person and virtual meeting facilitation, data entry, and reporting.

Process

The design of the assessment process was influenced by the Center's past experiences with the assessment, anticipated schedules of targeted participants, and a desire to accommodate the desired timeline for the project. (Note that the process differs somewhat from that which is typically used for this assessment.) The process is briefly described below.

Orientation and Pre-Assessment Activities: A two hour, in-person orientation was held to introduce the assessment, the public health system and other associated concepts, as well as, to summarize the expectations for participation. Following the orientation and prior to the assessment, participating community stakeholders were pre-assigned to small groups based on expertise, area of contribution to public health services, and the desire to achieve balanced representation within each group. The groups would each address at least three Essential Services on the day of the assessment. Recorders (two volunteer students from a nearby university and a health department staff member) participated in a one-hour conference call to orient them to the assessment materials and expectations for the day of the assessment.

Assessment: The assessment took place in a single, full day. Following a brief re-orientation to the assessment and expectations for the day, each small group worked independently to assess the assigned Essential Services. Consensus scores for each assessment question were the goal; when not readily reached, a majority vote ruled. After working through a first Model Standard with a facilitator present to offer guidance and model the process, groups were expected to become self-facilitating. The facilitators then circulated regularly among the groups to answer questions and monitor time. The small group that finished first was tasked with assessing the final Essential Service. Finally, the entire large group gathered again to debrief the process and discuss next steps.

Prioritization: A few weeks following the assessment, a preliminary report of results was sent to a sub-group of volunteer participants for review and individual pre-prioritization via electronic survey. Using the results of the pre-prioritization as a starting point, the sub-group convened in person, with the facilitators joining via webinar, for two hours to discuss and assign a final priority score for each Model Standard.

The optional NPHPSP agency contribution assessment will be completed by PCHD representatives at a later date and is to be considered, along with the community health improvement plan and other inputs, to inform the agency's strategic plan.

continued

Project Description, *continued*

Process, *continued*

Agendas and evaluation summaries for the assessment-related meetings are included in Appendices B and C, respectively. For more information about this process, please contact Joanne Pearsol at the Center for Public Health Practice (jpearsol@cph.osu.edu).

Implementation

The following table lists the assessment implementation events.

Meeting	Purpose	Participants	Details
Orientation	Orient participants to the assessment purpose, the public health system, and process	23 public health system partners	Thursday, August 1, 2013 8:30 – 10:30 am Putnam County District Library, Ottawa, OH
System Assessment	Assess performance of public health system by completing system assessment instrument	26 public health system partners	Tuesday, August 13, 2013 8:30 am– 4:30 pm Putnam County District Library, Ottawa, OH
System Priority Questionnaire	Prioritize Model Standards according to importance to improve performance	13 system assessment participants	Monday, September 23, 2013 1:30 – 3:30 pm PCHD (Participants) Webinar (Facilitators)

Results

Scoring

The system assessment is based on the *Ten Essential Public Health Services* (see Appendix D for a detailed description of the services). For each service, there are two to four Model Standards that describe an optimal, or "gold standard," of performance. Each standard is followed by a series of questions with five response options related to an associated level of activity in which the public health system is engaged:

No activity (0%)	0% or absolutely no activity
Minimal activity (1 - 25%)	Greater than zero, but no more than 25% of the activity described within the question is met
Moderate activity (26 – 50%)	Greater than 25%, but no more than 50% of the activity described within the question is met
Significant activity (51 – 75%)	Greater than 50%, but no more than 75% of the activity described within the question is met
Optimal activity (76 – 100%)	Greater than 75% of the activity described within the question is met

Reading the Results

Following the assessment, performance scores and priority ratings were entered into a pre-formatted Excel spreadsheet provided by the Public Health Foundation. Results, including graphs and charts that were auto-generated by the Excel spreadsheet, are presented in the following pages.

First, an overall summary of the *Ten Essential Public Health Services* performance scores and priority ratings are presented. This overall summary is followed by a detailed summary for each Essential Service and its associated Model Standards. Performance scores are displayed as a bar graph. Each Model Standard is also plotted on a priority-performance matrix. The priority-performance quadrants within the matrix should be interpreted as follows:

High priority, low performance	**Quadrant A** **May need increased attention**	**Quadrant B** **Important to maintain efforts**	High priority, high performance
Low priority, low performance	**Quadrant D** **May need little or no attention**	**Quadrant C** **Potential area to reduce**	Low priority, high performance

Finally, notes from the discussions regarding strengths and opportunities for improvement are presented. See Appendix E for the polling record and full discussion transcripts.

continued

Results, *continued*

Special Notes

Prior to basing action solely on these assessment results, it is worth noting several potential limitations. First, there was some discussion among planners regarding the impact that fatigue among participants may have had on the scores assigned for the final Essential Service that was discussed: *Was it given its due discussion?* Second, the electronic pre-prioritization process that preceded the webinar for determining the importance of improving performance for each Model Standard was complicated and may have been misunderstood by some of the respondents: *Were priority scores consistently based on the importance to* improve *performance or to* sustain *performance?* and, *How might the pre-prioritization scores have limited shaped the discussion during the final prioritization webinar?* Finally, the results presented in the priority matrix described in the previous section suggest increased or decreased attention be paid to services based on performance score and assigned priority rating for each Model Standard. Since the priority rating was completed by only a subset (n=13) of the overall participants (n=26), it represents the best thinking of that particular group only. These potential limitations should not diminish the value of the assessment or the results, but rather underscore the need to consider them in the context of other community data, assessments, and dialogue.

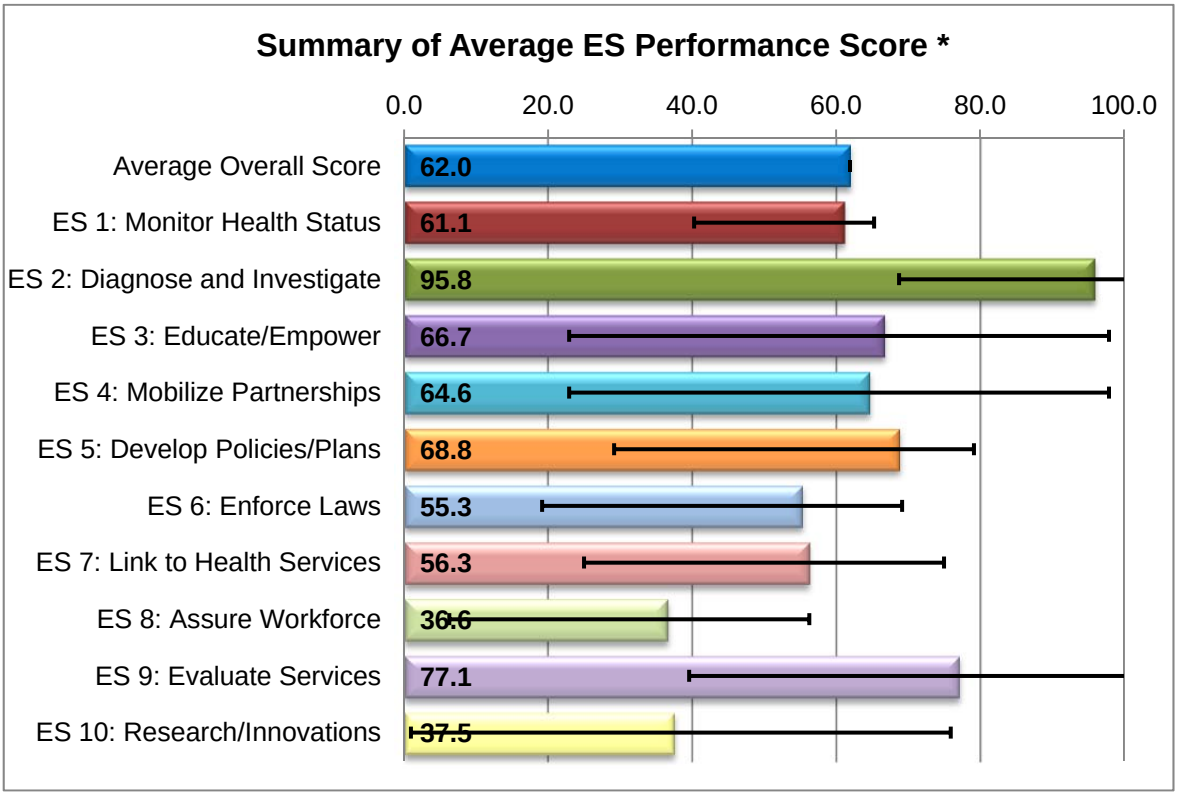
Results: Overall Summary

The table and bar chart below provide a summary of the performance scores and priority ratings for each of the *Ten Essential Public Health Services*. See Appendix F for an additional view of this information.

Performance Scores & Priority Ratings by Essential Service

Essential Service	Performance Score (0 -100%)	Priority Rating * (1 = low, 10 = high)
ES1: Monitor Health Status	61.1%	4.3
ES2: Diagnose and Investigate	95.8%	3.0
ES3: Educate & Empower	66.7%	9.3
ES4: Mobilize Partnerships	64.6%	7.0
ES5: Develop Policies & Plans	68.8%	5.5
ES6: Enforce Laws	55.3%	1.7
ES7: Link to Health Services	56.3%	9.0
ES8: Assure Workforce	36.6%	2.3
ES9: Evaluate Services	77.1%	2.3
ES10: Research & Innovation	37.5%	1.0
Overall Scores (Average)	62.0%	4.5

* Average priority score for all Model Standards associated with each Essential Service



* Black line within each bar depicts range of scores among Model Standards within each Essential Service

Results: Overall Summary, *continued*

The table below displays performance scores and priority ratings for each Model Standard, arranged under the four priority-performance matrix quadrants.

Quadrant A: *High priority, low performance* May need increased attention	**Quadrant B:** *High priority, high performance* Important to maintain efforts
Quadrant D: *Low priority, low performance* May need little or no attention	**Quadrant C:** *Low priority, high performance* Potential area to reduce

Performance Scores & Priority Ratings by Quadrant

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	8.4 Leadership Development	31.3	5
Quadrant A	7.1 Personal Health Services Needs	50.0	9
Quadrant A	5.3 CHIP/Strategic Planning	41.7	10
Quadrant A	3.2 Health Communication	50.0	10
Quadrant A	3.1 Health Education/Promotion	50.0	10
Quadrant A	1.1 Community Health Assessment	58.3	8
Quadrant B	7.2 Assure Linkage	62.5	9
Quadrant B	5.4 Emergency Plan	91.7	8
Quadrant B	4.2 Community Partnerships	66.7	9
Quadrant B	4.1 Constituency Development	62.5	5
Quadrant B	3.3 Risk Communication	100.0	8
Quadrant B	2.1 Identification/Surveillance	91.7	6
Quadrant C	9.3 Evaluation of LPHS	81.3	2
Quadrant C	9.2 Evaluation of Personal Health	75.0	1
Quadrant C	9.1 Evaluation of Population Health	75.0	4
Quadrant C	8.2 Workforce Standards	66.7	1
Quadrant C	6.3 Enforce Laws	70.0	2
Quadrant C	6.1 Review Laws	62.5	2
Quadrant C	5.1 Governmental Presence	83.3	1
Quadrant C	2.3 Laboratories	100.0	1
Quadrant C	2.2 Emergency Response	95.8	2
Quadrant C	1.3 Registries	75.0	1
Quadrant D	10.3 Research Capacity	31.3	1
Quadrant D	10.2 Academic Linkages	50.0	1
Quadrant D	10.1 Foster Innovation	31.3	1
Quadrant D	8.3 Continuing Education	40.0	2
Quadrant D	8.1 Workforce Assessment	8.3	1
Quadrant D	6.2 Improve Laws	33.3	1
Quadrant D	5.2 Policy Development	58.3	3
Quadrant D	1.2 Current Technology	50.0	4

Results: Essential Service # 1

Monitor Health Status to Identify Community Health Problems

Descriptions	Performance Scores	Priority - Performance Matrix

Model Standard 1.1

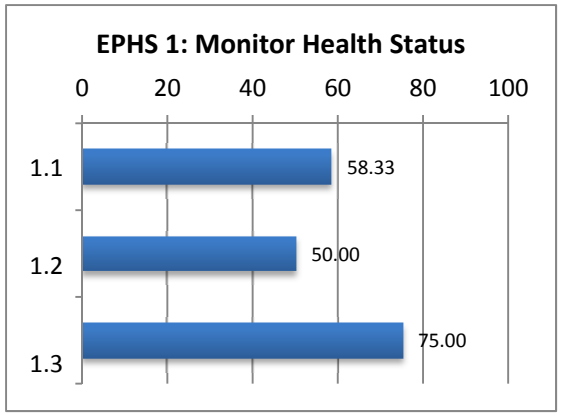
- Conduct regular community health assessment.
- Continuously update the community health assessment with current information.
- Promote the use of the community health assessment among community members and partners.

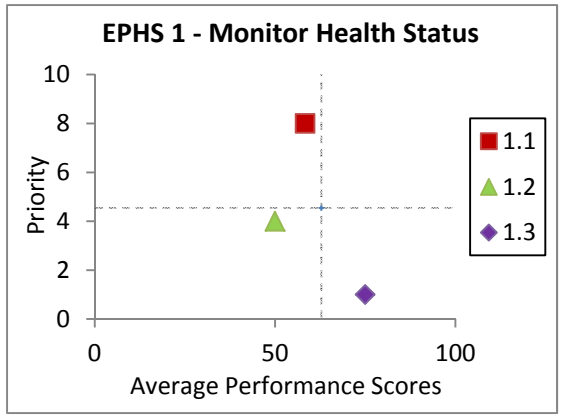
Model Standard 1.2

- Use the best available technology and methods to show data on the public health.
- Analyze health data to see where health problems exist.
- Use computer software to create charts, graphs, and maps which show trends and compare data.

Model Standard 1.3

- Collect data on specific health concerns to provide to population health registries in a timely manner.
- Use information from population health registries in community health assessments or other analyses.





Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 1.1: Population-Based Community Health Assessment	• Audience is known well, very engaged in community, very invested in community at large • Commitment by health department to do it every 3 years • Diversity in the way assessment is provided • Great opportunity to get to know what is needed in community (where do we spend the next 3 years)	• Social media • Once assessment is written, get it on a CDROM to give to physician- Mark Eckhart • HR departments, physicians • Schools, churches, etc. • Develop expectation of how broad it needs to be offered (maintain target audience) • A plan with specific goals that are within reach
MS 1.2: Current Technology to Manage and Communicate Population Health Data	• Specialization among areas. Just not collectively	• Communication between organizations • Getting information out
MS 1.3: Maintenance of Population Health Registries		

Results: Essential Service # 2

Diagnose and Investigate Health Problems and Health Hazards

Descriptions	Performance Scores	Priority - Performance Matrix

Model Standard 2.1

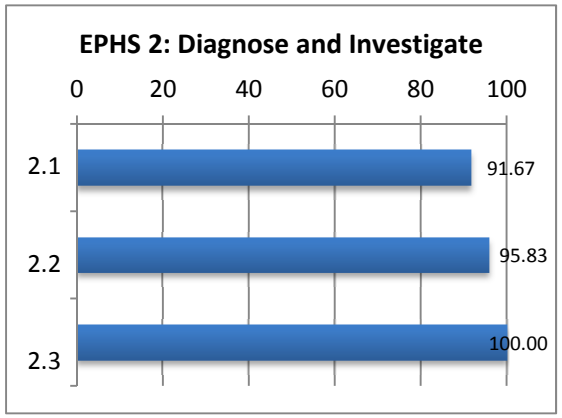
- Participate in a comprehensive surveillance system with partners.
- Provide and collect timely information on diseases and other health threats.
- Assure that the best available resources are used to support surveillance systems and activities.

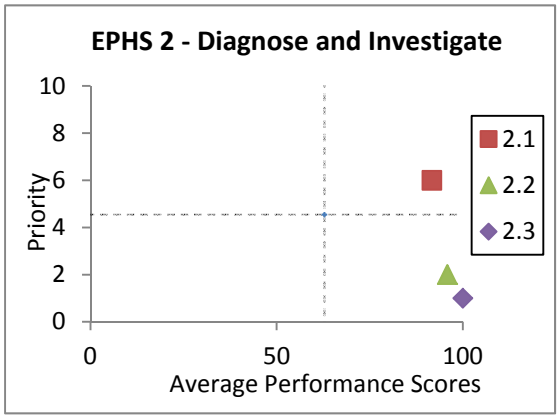
Model Standard 2.2

- Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents.
- Develop written rules to follow in the immediate investigation of public health threats and emergencies.
- Designate a jurisdictional Emergency Response Coordinator.
- Rapidly and effectively respond to public health emergencies.
- Identify personnel with the technical expertise to rapidly respond to public health emergencies.
- Evaluate emergency response exercises and incidents for effectiveness and opportunities for improvement.

Model Standard 2.3

- Have ready access to laboratories that can meet routine public health needs.
- Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies.
- Use only licensed or credentialed laboratories.
- Maintain a written list of rules related to laboratories, for handling samples, determining who is in charge of the samples, and reporting the results.





Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 2.1: Identification and Surveillance of Health Threats		• Emotional (suicide prevention) • School Surveillance
MS 2.2: Investigation and Response to Public Health Threats and Emergencies	• Good written plan	• Mass Fatality Plan • Train new people • Encourage identification of home bound people
MS 2.3: Laboratory Support for Investigation of Health Threats	• ODH is very progressive	

Results: Essential Service # 3

Inform, Educate, and Empower People about Health Issues

Descriptions

Model Standard 3.1

- Provide policymakers, stakeholders, and the public with analyses of community health status and recommendations for health promotion.
- Coordinate health promotion and education activities to reach individual, interpersonal, community, and societal levels.
- Engage the community in setting priorities, planning and implementing health activities.

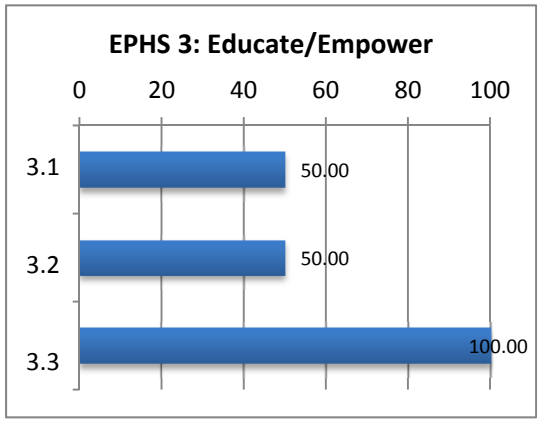
Model Standard 3.2

- Develop health communication plans for media and public relations and for sharing information among LPHS organizations.
- Use relationships with different media providers to share health information.
- Identify and train spokespersons on public health issues.

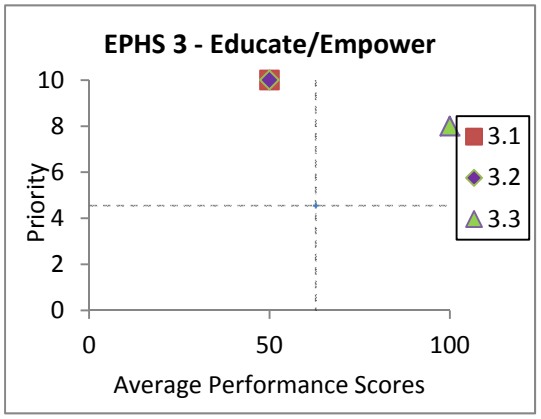
Model Standard 3.3

- Develop an emergency communications plan for each stage of an emergency.
- Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response.
- Provide crisis and emergency communication training for employees and volunteers.

Performance Scores



Priority - Performance Matrix



Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 3.1: Health Education and Promotion	• Good programs with significant level of information provided to most of population	
MS 3.2: Health Communication	• Each group has strong communication plans and efforts – each reaches its own target population well • Local public health system has its own trained and identified spokesperson	• More of our systems' individual departments • Need to stress matching message to target audience. • Public health department could assist employers in training potential spokespersons – to help ensure a cohesive/uniform message(s)
MS 3.3: Risk Communication	• Great at communications and providing services/info to community at large in times of risk/disaster.	• Elderly & other populations to be looked at even more carefully. • Perhaps provide generators for some groups • Work with media groups to go "all news" format in disasters

Results: Essential Service # 4

Mobilize Community Partnerships to Identify and Solve Health Problems

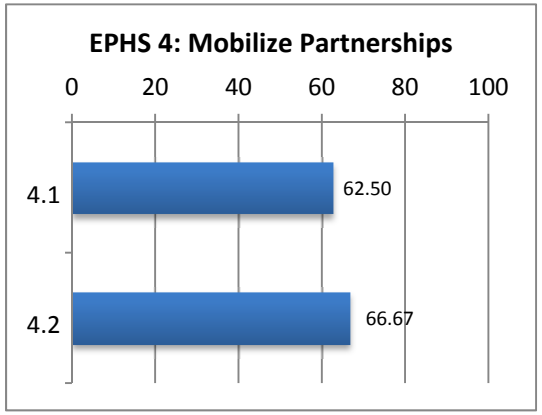
Descriptions	Performance Scores	Priority - Performance Matrix

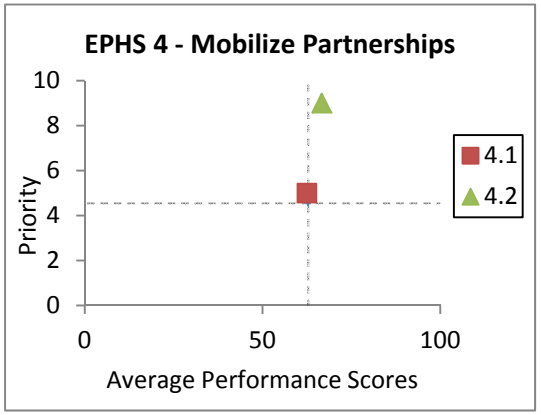
Model Standard 4.1

- Follow an established process for identifying key constituents related to overall public health interests and particular health concerns.
- Encourage constituents to participate in community health assessment, planning and improvement efforts.
- Maintain a directory of community organizations.
- Create forums for communication of public health issues.

Model Standard 4.2

- Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community.
- Establish a broad-based community health improvement committee.
- Assess how well community partnerships and strategic alliances are working to improve community health.





Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 4.1: Constituency Development	• Collaborate with each other excellent • Encourage all to participate actively • Good number of forums available. All needs addressed as they are identified.	• More current, comprehensive directory easily accessible to all • Pursue other avenues of reaching at risk segments of population; again, “thinking outside the box” for removing language barriers, education barriers, etc.
MS 4.2: Community Partnerships	• All agreed groups work well collaboratively • Broad-based assessments are always ongoing	• Specific community-wide Written policy needed • Small/individualized programs could do more assessments

Results: Essential Service # 5

Develop Policies and Plans That Support Individual and Community Health Efforts

Descriptions

Model Standard 5.1

- Support the work of a governmental local public health entity to make sure the essential public health services are provided.
- See that the local health department is accredited.
- Assure that the governmental local public health entity has enough resources.

Model Standard 5.2

- Contribute to new or modified public health policies by engaging in activities that inform the policy development process.
- Alert policymakers and the community of the possible public health impacts from current and/or proposed policies.
- Review existing policies at least every three to five years.

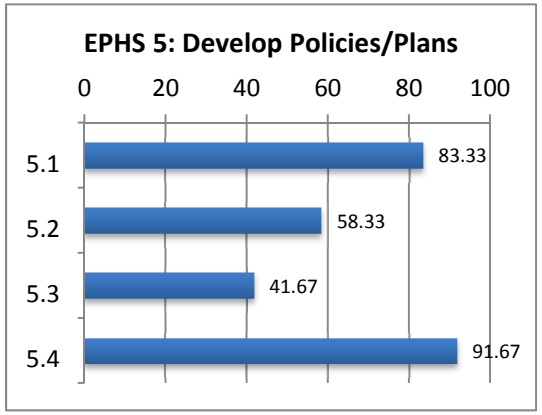
Model Standard 5.3

- Establish a community health improvement process that uses information from both the community health/needs assessment and the perceptions of community members.
- Develop strategies to achieve community health improvement objectives.
- Connect organizational strategic plans with the Community Health Improvement Plan.

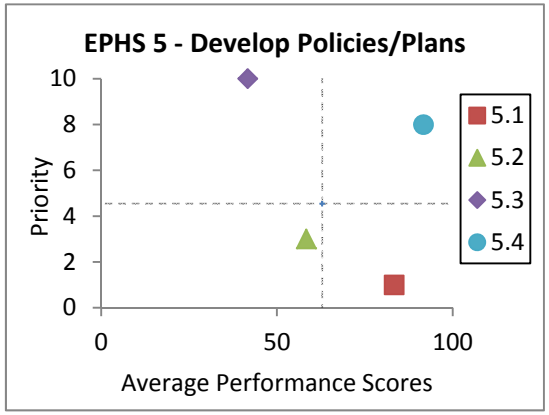
Model Standard 5.4

- Support a work group to develop and maintain preparedness and response plans.
- Develop a plan that defines when it would be used, who would do what, what procedures would be put in place, and what protocols would be followed.
- Test the plan through regular drills and revise the plan as needed, at least every two years.

Performance Scores



Priority - Performance Matrix



Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 5.1: Governmental Presence at the Local Level		
MS 5.2: Public Health Policy Development	• Individualization/customization	
MS 5.3: Community Health Improvement Process and Strategic Planning		• Linking strategic plan with a CHIP • Within organizations like manufacturing
MS 5.4: Plan for Public Health Emergencies	• Have had lots of events, very practiced	• Expanded testing • PIO spokespeople

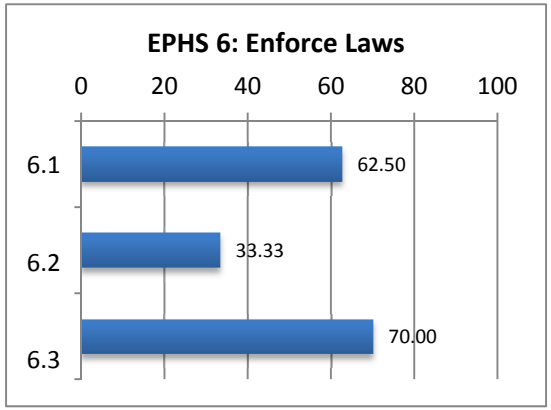
Results: Essential Service # 6

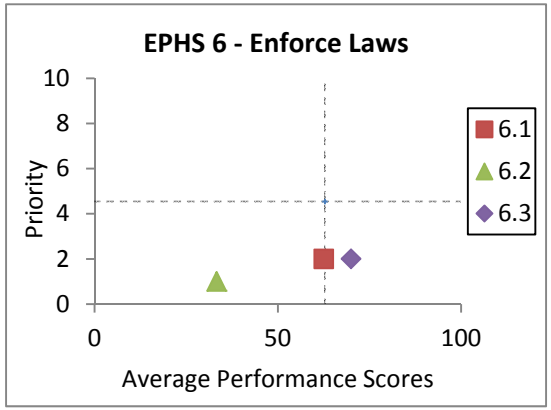
Enforce Laws and Regulations That Protect Health and Ensure Safety

Descriptions	Performance Scores	Priority - Performance Matrix

Model Standard 6.1

- Identify public health issues that can be addressed through laws, regulations, or ordinances.
- Stay up-to-date with current laws, regulations, and ordinances related to public health on the federal, state, and local levels.
- Review existing public health laws, regulations, and ordinances at least once every five years.
- Have access to legal counsel for assistance when reviewing laws, regulations, or ordinances.
- Involvement with local board of health or local government?





Note: Priority scores for each model standard can be found In Appendix F.

Model Standard 6.2

- Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances.
- Participate in changing/creating new laws, regulations, and ordinances related to public health.
- Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances.
- Evaluating the impact of policies, laws, regulations and ordinances

Model Standard 6.3

- Identify organizations that have the authority to enforce public health laws, regulations, and ordinances.
- Assure that a local health department has the authority to act in public health emergencies.
- Assure that all enforcement activities related to public health codes are done within the law.
- Inform and educate individuals and organizations about relevant laws, regulations, and ordinances. Evaluate how well local organizations comply with public health laws.

	Strengths	Opportunities
MS 6.1: Review and Evaluation of Laws, Regulations, and Ordinances	• Response is very quick to questions and concerns • A lot of agencies are well informed in their role in public health. Quick consensus • Continuity and quality of staffing in the agencies (not much turnover)	• Connecting with village and town officials. Needs jointly and locally
MS 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances		• Developing a mechanism to carry out the process of changing laws and regulation
MS 6.3: Enforcement of Laws, Regulations, and Ordinances	• System collaboration	• Seeking additional funding for education

Results: Essential Service # 7

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Descriptions

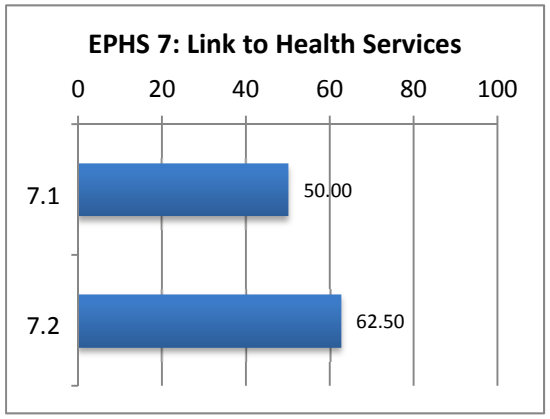
Model Standard 7.1

- Identify groups of people in the community who have trouble accessing or connecting to personal health services.
- Identify all personal health service needs and unmet needs throughout the community.
- Defines roles and responsibilities for partners to respond to the unmet needs of the community
- Understand the reasons that people do not get the care they need.

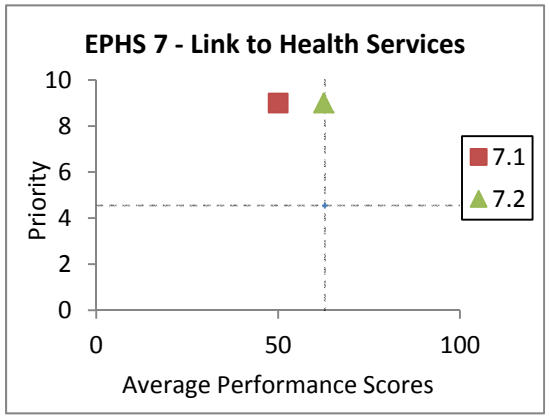
Model Standard 7.2

- Connect (or link) people to organizations that can provide the personal health services they may need.
- Help people access personal health services, in a way that takes into account the unique needs of different populations.
- Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs).
- Coordinate the delivery of personal health and social services so that everyone has access to the care they need.

Performance Scores



Priority - Performance Matrix



Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 7.1: Identification of Personal Health Service Needs of Populations	• Many helpful services available for seniors	• Need to establish a clearer outline of individual departments roles and responsibilities
MS 7.2: Assuring the Linkage of People to Personal Health Services	• Provide great amount of information and help to seek services	• Seek to deal with barriers such as language and educational levels – spending more time following up after directing client to assistance.

Results: Essential Service # 8

Assure a Competent Public Health and Personal Health Care Workforce

Descriptions

Model Standard 8.1

- Set up a process and a schedule to track LPHS jobs and the knowledge, skills, and abilities that they require.
- Review the info from the workforce assessment and use to find and address gaps in the local public health workforce.
- Provide information from the workforce assessment to other community organizations.

Model Standard 8.2

- Make sure that all members of the public health workforce have the required certificates, licenses, and education.
- Develop and maintain job standards and position descriptions.
- Base the hiring and performance review of public health workforce in public health competencies.

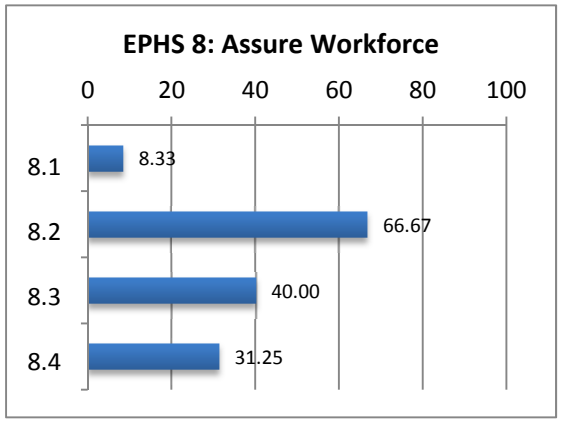
Model Standard 8.3

- Identify education and training needs and encourage the workforce to participate in education and training.
- Provide ways for workers to develop core skills related to essential public health services.
- Develop incentives for workforce training.
- Create and support collaborations between organizations within the public health system for training and education.
- Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health.

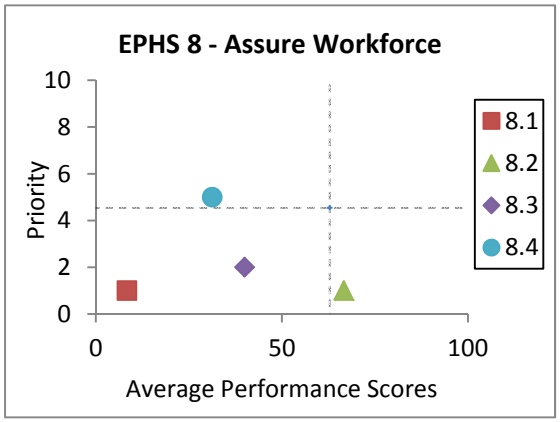
Model Standard 8.4

- Provide access to formal and informal leadership development opportunities for employees.
- Create a shared vision of community health and the public health system.
- Ensure that organizations and individuals have opportunities to provide leadership.
- Provide opportunities for the development of leadership representative of the diversity within the community.

Performance Scores



Priority - Performance Matrix



Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 8.1: Workforce Assessment, Planning, and Development	• Everybody knows their own work force.	• Knowing what is being done overall. • Coming up with a master list that is county wide.
MS 8.2: Public Health Workforce Standards	• Everyone does checking of own licensing	
MS 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring	• Professional training within individual organizations	• Identifying major resources to be able to help
MS 8.4: Public Health Leadership Development		• Leadership development program (maybe every 3 years)

Results: Essential Service # 9

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

Descriptions

Model Standard 9.1

- Evaluate how well population-based health services are working.
- Assess whether community members are receiving services and are satisfied with the approaches to preventing disease, illness, and injury.
- Identify gaps in the provision of population-based health services.
- Use evaluation findings to improve plans and services.

Model Standard 9.2

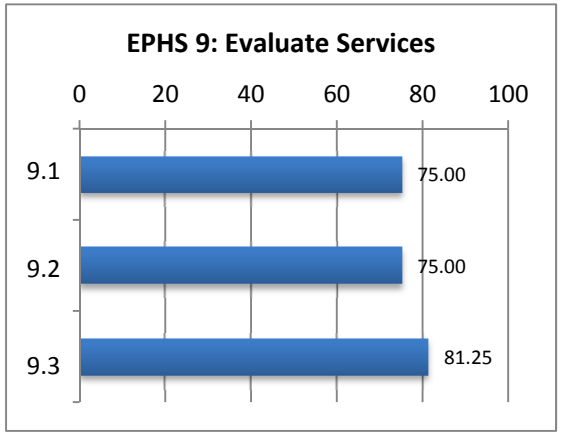
- Evaluate the accessibility, quality, and effectiveness of personal health services.
- Compare the quality of personal health services to established guidelines.
- Measure satisfaction with personal health services.
- Use technology to improve quality of care or communication among health care providers.
- Use evaluation findings to improve services and program delivery and modify strategic plans.

Model Standard 9.3

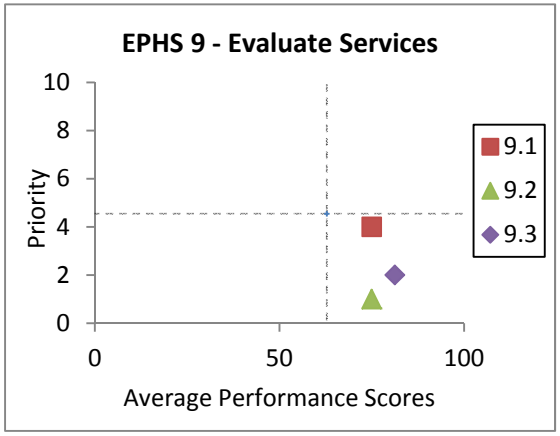
- Identify all public, private, and voluntary organizations that provide Essential Public Health Services.
- Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services.
- Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services.

Use results from the evaluation process to improve the LPHS.

Performance Scores



Priority - Performance Matrix



Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 9.1: Evaluation of Population-Based Health Services	• Use the data in evaluation to improve planning and services • Programs have actually been developed from studies Short term outcomes	
MS 9.2: Evaluation of Personal Health Services	• Use evaluations to come up with new and improved programs • System itself is doing well	
MS 9.3: Evaluation of the Local Public Health System	• Follow through of improvement • Identification process and gathering of partners	

Results: Essential Service # 10

Research for New Insights and Innovative Solutions to Health Problems

Descriptions

Model Standard 10.1

- Provide staff with the time and resources to conduct studies that test new solutions to public health problems.
- Suggest ideas about what currently needs to be studied in public health to organizations that do research.
- Keep up with information from other agencies and organizations about current best practices in public health.
- Encourage community participation in research.

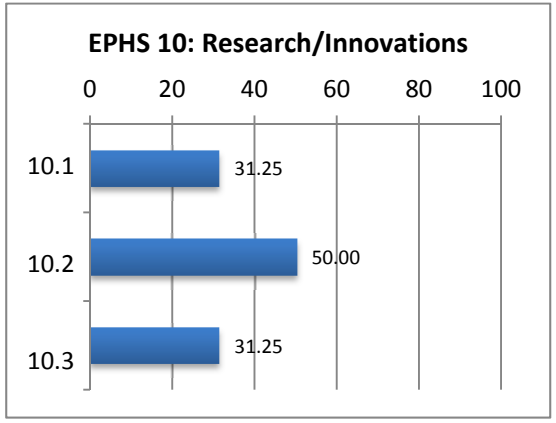
Model Standard 10.2

- Develop relationships with colleges, universities, or other research organizations arrangements to work together.
- Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research.
- Encourage colleges, universities, and other research organizations to work together with LPHS organizations.

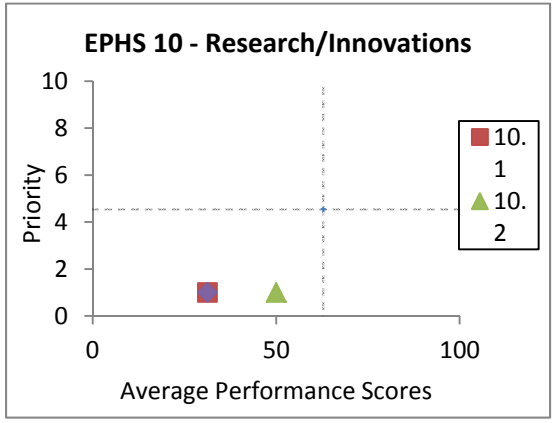
Model Standard 10.3

- Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies.
- Support research with the necessary infrastructure and resources.
- Share findings with public health colleagues and the community broadly.
- Evaluate public health systems research efforts throughout all stages of work.

Performance Scores



Priority - Performance Matrix



Note: Priority scores for each model standard can be found In Appendix F.

	Strengths	Opportunities
MS 10.1: Fostering Innovation	• Open to participation in available research studies	• Seek to form more relationships with staff from neighboring areas and universities who may assist us in being part of if not conducting relevant studies
MS 10.2: Linkage with Institutions of Higher Learning and/or Research	• All groups represented regularly Participate in job shadowing; field trainings, etc. – to train themselves and to help educate and train members of the public	• Seek to form more relationships with staff from neighboring areas and universities who may assist us in being part of if not conducting our own relevant studies
MS 10.3: Capacity to Initiate or Participate in Research	• Willingness to share findings and to participate in any available studies	

Recommendations

Introduction The Putnam County Health Department is committed to using these results, along with other health and community data, to create a community health improvement plan (CHIP). Together with community partners, they will consider all of the available data, interpret the results, and assign meaning to them. This section contains three recommendations for interpreting the results of this system assessment.

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1 Consider the LPHSA performance scores in conjunction with the priority ratings. Those model standards with performance falling in Quadrant A – low performance, high priority (see table on page 7) - may provide the greatest and most immediate opportunity for improvement. These include:

a. Model Standard 1.1 Population-based Community Health Profile
b. Model Standard 3.1: Health Education and Promotion
c. Model Standard 3.2: Health Communication
d. Model Standard 5.3: Community Health Improvement Process and Strategic Planning
e. Model Standard 7.1: Identification of Personal Health Service Needs of Populations
f. Model Standard 8.4: Leadership Development

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2 As the results of this assessment are considered along with other community data to determine public health system (community health improvement plan) and agency priorities (strategic plan), planners should consider the following questions (adapted from the NPHPSP Local Implementation Guide):

a. In what areas is the public health system strongest?
b. In what areas is the public health system weakest?
c. How well does this match your perceptions and experiences of our public health system? What surprises are there?
d. Why do we perform better in some areas and worse in others?
e. Has strong performance in certain areas benefited our community? Have our weaknesses hurt us in the past? How?
f. What are the most important results that our public health system must deliver for our community? Consider all health data and assessments that are available. To achieve these results, in what areas must our public health system (or agency) excel?
g. To improve performance within our priority areas, what do we need to do? What are our next steps?
h. To get better results, we should begin to shift some resources and attention away from [*what*] and towards [*what*]? To make this shift, what do we need to do?

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3 Once priorities are selected, and where additional illumination regarding those priority areas is desired, review the notes captured during the assessment discussion. These notes (Appendix E) will provide additional context to the quantitative data presented in this report, and may also reveal specific strengths, weaknesses, and opportunities for improvement related to selected priorities. This information may also be useful as the PCHD and its partners identify specific strategies or action steps to address specific priorities that are identified.

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