Healthy Vision 2020: A Comprehensive Community Health Improvement Plan for Cabell County

Cabell-Huntington Health Department
Regional Health Connect
May 2016

The Cabell-Huntington Health Department (CHHD) is pleased to present the Healthy Vision 2020: A Comprehensive Community Health Improvement Plan for Cabell County. This Plan was created among the Regional Health Connect (RHC), an infrastructure of partners representing a wide variety of organizations, established as a collaborative and community participatory process to drive health improvement in the county. The purpose of RHC is to ‘align community organizations to positively impact health’. Without the diligent work and commitment of these partners this document would not exist. Cabell County’s needed health improvements can only occur in conjunction with strategic and coordinated efforts, as well as recognition of the complex factors that influence health in the tri-state area. Subsequently, a community health improvement process in Cabell County requires a community-based, systematic, and consistent approach that creates a dynamic network of health promotion through specific goals, measurable outcomes, and strong partnerships.

HEALTHY VISION 2020 focuses on six priority health issues, identified by Regional Health Connect partners and equal in importance, upon which the community will work together to improve health. From November 2015 to May 2016, the RHC used the September 2015 updated community health assessment, along with the 2012 community health assessment, to identify the most critical health issues. The RHC, in collaboration with CHHD then established a workgroup for each of the six priorities to collectively guide and plan strategically around each issue. The goals, objectives, and strategies contained in this Plan are aimed toward improving the lives of all Cabell county residents and aligning with national priorities for quality health care. The Cabell-Huntington Health Department is confident that the strong and committed partners of Regional Health Connect will move this plan forward in a successful manner.

All interested parties are encouraged to review this document and determine what role they can play in the future of the public’s health. Regional Health Connect is open to all partners and the community at large. There are multiple challenges, but also tremendous opportunities, for every individual and entity to play a critical role. This includes, but is not limited to, hospitals, the health department, health care providers and clinics, nonprofit organizations, schools and universities, law enforcement, social services, and individuals.

Sincerely,

[Signature]
Michael Kilkenny, MD, Physician Director
Cabell-Huntington Health Department
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INTRODUCTION

Effective community health improvement planning that provides a countywide, systematic, and consistent approach linking health promotion to measurable change in health outcomes and optimal delivery of services is critical. This Regional Health Connect - Community Health Improvement Plan (HEALTHY VISION 2020) is a concise implementation plan that sets out goals, identifies data-driven priorities through measurable objectives, and provides a process for managing and measuring progress. The Plan is part of a framework to focus the efforts of participating partners on primary, secondary and tertiary prevention efforts to impact Cabell County’s most pressing population health issues. The long-term goal for each issue, and the accountability measures of HEALTHY VISION 2020 have been established in alignment with national priorities such as Healthy People 2020 and using evidence-based strategies such as those found in the Guide to Community Preventive Services.

HEALTHY VISION 2020 incorporates the work of each of the priority issue workgroups, where workgroup members have dedicated their time and expertise over the past six months to develop this document. The Plan is a concise document that is intended to serve as a guide and a tool for health improvement planning for the Cabell-Huntington Health Department (CHHD), as well as all community partners and stakeholders in Cabell County. It outlines an approach that generates goals and performance measures for accomplishing the overall vision of the Regional Health Connect.

The ongoing process of implementing HEALTHY VISION 2020 will bring together stakeholders and CHHD staff on a periodic, regular basis to review health priorities, progress, and accountability measures as part of ongoing evaluation. Important to this process will be the need to evaluate new health data that provides indication of the need for additional or emerging health or system infrastructure priorities in the county, as well as help us understand current priorities. Annually, CHHD will provide a community health assessment update to reflect such new information.

HEALTHY VISION 2020 is not intended to be a final report or end document. It is intended to be the beginning of a process that will monitor and evaluate health priorities and system infrastructure in an ongoing manner in Cabell County. HEALTHY VISION 2020 provides an approach that is structured and specific to guide decisions, but flexible enough to respond to new health challenges and change as determined by the partner experts in each of the priority workgroups. Its’ inclusive process represents a framework for all stakeholders.
REGIONAL HEALTH CONNECT

Recognizing that the health of our population is driven not only by access to health care, but is also dependent on multiple social, environmental, and community factors, in January 2015, the Cabell-Huntington Health Department began hosting Regional Health Connect as a forum for community members from all sectors to come together each month to discuss topics critical to the population health of our region. The forum is open to all community partners and is inclusive of all those who in some way influence health and health indicators in our region. This includes but is not limited to, elected officials, businesses, hospitals, health care providers, public health, mental health, public safety, public and private schools, secondary educational institutions, long term care, nonprofit organization, civic groups, community health centers, faith-based organizations (Appendix A).

Meetings of the Regional Health Connect are held at 8:00 AM on the last Tuesday of each month at the Cabell-Huntington Health Department. Monthly topics will be established as those of greatest interest to forum partners such that the format is community driven in an effort to establish opportunities to improve understanding of specific issues/topics, enhance communication, exchange information, share expertise, strengthen partnerships, and empower partners and their collaboration to support and improve the health in the region.

In addition, Regional Health Connect partners provided guidance and partnership in updating the 2015 Community Health Assessment data from May through August. Subsequently, partners conducted a strategic prioritization process to identify the county’s most critical health issues in September 2015. This Plan was developed in accordance with the process and expertise established by the Regional Health Connect, which oversees its implementation. The role of Regional Health Connect is to assure effective community health improvement planning that provides a county-wide, systematic, and consistent approach to linking health promotion to measurable change in health outcomes. The ongoing process of implementing this Plan will include meetings of the Regional Health Connect and priority issue workgroup members on a regular basis to review health priorities, progress, and accountability measures as part of ongoing evaluation. Of equal importance is the need to evaluate new health data that provides indication of the need for additional or emerging health or system infrastructure priorities in the county.
OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PLAN

What is the Community Health Improvement Plan?
The Community Health Improvement Plan (Plan) is a strategic and systematic effort to address priority health issues in a community as identified from a community health assessment process. The Plan provides a framework for recommended actions to be undertaken and used by community partners (e.g. health care organizations and providers, nonprofit organizations, schools and universities, governmental officials, etc.) to drive health improvement. The 2016-2020 Regional Health Connect - Community Health Improvement Plan represents recognition that where people live, work, and play, as well as the social and economic factors of the community, are as important to achieving good health as is adequate access to quality health services. In 2012, the Cabell-Huntington Health Department was engaged in a comprehensive community health assessment, aligning those efforts with those of the Cabell Huntington Hospital, St. Mary’s Medical Center, and Wayne County Health Department in Huntington. In 2015, a comprehensive update of the 2012 assessment was developed and the Regional Health Connect was launched. The Community Health Improvement Plan is the next step in a comprehensive and systematic approach to health. Analysis of direct input from the community, along with health, social and economic data, the Regional Health Connect identified the top six health issues in Cabell County as chronic obstructive pulmonary disease (COPD), diabetes, mental health, physical activity, substance abuse, and tobacco. The Plan establishes goals and measurable objectives that will be evaluated over time, and provides the foundation for the strategies that will be carried out and acted upon. This Plan is for the residents of Cabell County, and is intended to be implemented not by the Health Department, but by the many community partners that participate in Regional Health Connect, and are directly engaged with the community every day. This Plan is a comprehensive implementation approach that sets out goals, identifies data-driven priorities, and provides a process for managing and measuring progress.

How to Use the Community Health Improvement Plan
The health priorities in this Plan were derived through a strategic process of prioritization and consensus among Regional Health Connect partners, and were both data and consensus driven. Once these priorities were identified, a workgroup was formed for each priority issue. It is important to note that the selected issues, in most cases, align with national health priorities and selected public health priorities identified by the Centers for Disease Control and Prevention (CDC) as Winnable Battles. This Plan is intended to serve as a strategic framework for community health improvement. It is considered to be ‘living’ document, and will be updated and modified as resources and factors influencing health change. The Plan was developed with the explicit intent that all community partners, representing all sectors, can work together by incorporating and aligning the goals and objectives with those of their own organizations.
RHC Community Health Improvement Planning Process

The Regional Health Connect, in partnership with the Cabell-Huntington Health Department, utilized a strategic and deliberate framework for planning. The process began with utilization of the Community Health Assessment to establish priority health issues in Cabell County, establishing workgroups for each priority health issue, and development of a goal, objectives and strategies for implementation by each workgroup. As strategies are implemented a process is in place to maintain documentation, track, and report progress, and to utilize continuous quality improvement methods when needed following evaluation.
HEALTHY VISION 2020 Timeline

The timeline below depicts each of the steps in the RHC Community Health Improvement Planning Process, where the timeline and process will be ongoing with implementation, monitoring, evaluation, and reporting.
Cabell County

OVERVIEW
Cabell County, West Virginia is the community defined for the use of new and/or updated data reflecting the health of the population for this 2016-2020 Community Health Improvement Plan. Located in the southwestern portion of West Virginia, the County borders Kentucky and Ohio, the county is 281 square miles in size, with 342.8 persons per square mile, compared to the West Virginia average of 77.1 persons per square mile, making it one of the most populated counties in the state (U.S. Census Bureau, 2016). The total estimated population of the County in 2015 was 96,844 (U.S. Census Bureau, 2016). The County has one city (Huntington), one town (Milton), one village (Barboursville), 15 unincorporated communities, and four census-designated places (U.S. Census Bureau, 2016).

Cabell County lies along the Ohio River, and is considered to be a ‘tri-state area’ with regard to health care services due to its proximity to the borders of Kentucky and Ohio. In 2016, the County Health Rankings, sponsored by the Robert Wood Johnson Foundation, ranked Cabell County as the 37th healthiest county in West Virginia of all 55 counties for health outcomes (a gauge of the health status of a county) and 25th healthiest for health factors (those factors that influence the health of a county). The CDC’s 2015 Health Status Indicator Profile for Cabell County, which rated a total of 43 health indicators by comparing the county to all other counties in the U.S., reported 6 indicators (14%) to be in the highest or most favorable quartile, 13 (30%) to be in the middle quartiles, and 24 indicators (56%) to be in the lowest quartile. As of July 1, 2015, Cabell County was listed in the Federal Register as a Health Professional Shortage Area (HPSA) for primary care and mental health (Health Resources and Services Administration (HRSA), 2015). HPSA’s are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).
2015 Community Health Assessment Update Highlights

**Socioeconomic Indicators**

- 44.4% of individuals in the County, aged 16 and older, are not in the labor force. This is significantly higher when compared to the U.S.
- 35.9% of individuals in the county are receiving some level of supplemental Social Security Income.
- The proportion of adults having less than a high school education is 13.7% as compared to 16.1% for West Virginia and 13.9% for the U.S. and about 1 in 3 adults in Cabell County have a college degree, as compared to about 1 in 4 in the state and about 1 in 3 for the U.S.
- Median income in 2013 was $38,374, compared to $41,043 for West Virginia and $53,046 for the U.S.
- 22.1% of the population has an annual household income of less than $14,999 as compared to 12.6% in the U.S.
- The number of individuals living in poverty increased by nearly 5% in just 36 months, from 20.6% in 2010 to 25.2% in 2013. 1 in every 4 individuals and 1 in every 3 children in the County are living in poverty.
- The rate of uninsured increased from 14.4% in 2012 to 15.2% in 2013, while rates remained constant in West Virginia (14.4%) and the U.S.
- While there are adequate numbers of healthcare providers in the County, there are still a high proportion of individuals not accessing care due to cost barriers.

**Causes of Death**

- The leading causes of deaths in 2011 were: (1) Diseases of the Heart, (2) Malignant Neoplasms (cancer), (3) Chronic Lower Respiratory Disease, (4) Accidents, (5) Dementia, and (6) Stroke.
- This order is comparable to that for West Virginia with one exception: dementia is the fifth leading cause of death, occurring at a rate that is significantly higher than the state rate. The same is true for Alzheimer’s disease, the eighth leading cause of death.
- The percent of deaths occurring in 2011 were slightly higher than the percentage occurring in the state for the following age groups: 15 to 19, 35 to 44, 45 to 54, and 75 to 84 years of age.
- Life expectancy for females is 78 years of age and is the same as the median for the U.S.; however, for men, life expectancy is only 71 years, compared to the U.S. median of 75 years.

**Communicable Disease**

- Chlamydia rates have increased from a rate 3.5 in 2008 to 4.9 in 2012.
- The rate of gonorrhea has also increased from a rate of 0.8 in 2010 to 1.4 (nearly double) in 2012.
- The prevalence of HIV/AIDS in Cabell County as of 12/31/14 remains relatively low compared to other regions of the state.
- From 2012 to June 30, 2015, the County consistently had 8 to 10 cases of acute Hepatitis B and one case of chronic Hepatitis B reported each year.
• From 2012 to June 30, 2015, there was an increase in the number of confirmed cases of acute Hepatitis C. For cases of confirmed chronic Hepatitis C in individuals less than or equal to 25 years of age, the rate doubled from 2012 to 2013.

Chronic Disease Prevalence
• The biggest increase in chronic disease has been asthma rates, which have increased from 7.9% to 11.3% in just three years.
• Rates of diabetes and arthritis have remained unchanged, but are still significantly higher than national rates.
• While rates of heart disease continue to decrease, rates remain significantly higher than national rates.
• There have been modest decreases in rates of breast, colon-rectal, lung, and prostate cancer.

Behavioral Risk Factor Prevalence
• 1 in 3 people in Cabell County do not engage in regular physical exercise.
• In 2013, 84% of residents (nearly 9 out of every 10) were not eating 5 or more servings of fruits and vegetables daily.

Intermediate Risk Factor Prevalence
• From 2010 to 2013, the percentage of the respondents rating their health status as fair or poor increased from 22.3% to 24.6%.
• In Cabell County, nearly 1 in 4 residents have no consistent source of primary care, consistent with state and national statistics.
• Obesity rates increased from 23.2% in 2001 to 33.2% (1 in 3) in 2013, while state and national rates have leveled off.
• Hypertension among county residents has increased from 31.7% in 2009 to 33.7% for combined years of 2009-2013 and nearly 20% of Cabell County residents with hypertension were not taking an antihypertensive medication.
• High cholesterol rates remain at about 41%.

Quality of Life and Mental Health
• The total percent of adults reporting fair or poor health in Cabell County for 2006 to 2012 was 21.1%.
• 23.6% of the population in the region (1 in 4 people) has had some mental illness in the past year.
• 6.5% of the population in Region 5 (including Cabell County) has had a serious mental illness in the past year, compared to 5.9% for the state.
• The percentage of individuals having serious thoughts of suicide in Cabell County (2008-2010) was 4.0%, consistent with the percentage for the state of 4.2%.
Maternal Child Health

- 10.7% or more than 1 in every 10 newborns born in Cabell County are of low birthweight.
- Teen birth rates in Cabell County over the past 5 years have ranged from 43.9 to 48.3, while the U.S. had the lowest teen birth ever reported at 29.4 last year.
- In Cabell County in 2011, 24.9%, or 1 in every 4 pregnant women, used tobacco during pregnancy, compared to only 10.7% for the U.S.
- Cabell County is meeting Healthy People 2020 targets for the number of women receiving PAP screening tests.

Addiction

- Most recent trends in tobacco use for Cabell County depict an increase in use from 25.2% in 2010 to 29.3% in 2011.
- For binge drinking, most recent data depicts a slight increase from 9.9 in 2008 to 11.0 for the combined years of 2009-2013; however, this rate is below both state and national rates.
- A significant increase in heroin use, property crimes, 911 calls, and deaths due to overdose have been well documented and are currently receiving significant attention. Overdose rates are far greater than rates reported in other cities across the country.

Environmental Health

- 70% of Huntington residents live within ¼ of a mile of a park in the city itself, and 31% of people living in the county are located within one half mile from a park.
- In Cabell County, the annual average concentration of particulate matter, the PM2.5 was 13.3. When compared to ‘like’ counties in the U.S., Cabell ranks in the least favorable quartile, and in fact, is ranked near the bottom of that quartile.
- Based on 2008-2012 combined data, in Cabell County, the percentage of homes built prior to 1950 was 32.7%, the percentage of homes built between 1950 and 1979 was 40.1%, and the percent of vacant residential properties was 12.3%.
- In Cabell County, only 3.3% of people who are low-income ‘do not’ live close to a grocery store.
- In Cabell County, the percent of the population living within 150 meters of a Highway in 2010 was 4.0%.
METHODOLOGY FOR PRIORITIZATION AND IDENTIFICATION OF HEALTH ISSUES

AGENDA FOR PRIORITIZATION PROCESS

Regional Health Connect members were invited to participate in a half-day meeting which would determine the prioritization of Cabell County’s community health needs based on the 2012 Community Health Assessment and the 2015 Community Health Assessment Update. The following agenda was established and used for the meeting:

Regional Health Connect
Prioritization Meeting Agenda

<table>
<thead>
<tr>
<th>Date:</th>
<th>Tuesday, September 29th, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>8:00 a.m. – 11:00 a.m.</td>
</tr>
<tr>
<td>Location:</td>
<td>Cabell-Huntington Health Department</td>
</tr>
<tr>
<td></td>
<td>703 7th Ave.</td>
</tr>
<tr>
<td></td>
<td>Huntington, WV 25701</td>
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</table>

8:00 to 8:10 a.m. Welcome & Overview of Updated Community Health Assessment – Dr. Kilkenny

8:10 to 8:30 a.m. Overview of Prioritization Process

Silent Brainstorming

8:30 to 9:00 a.m. Grouping Ideas & Establishing Themes

9:00 to 9:45 a.m. Prioritization Using the Critical Weighting Method & PEARL Test

9:45 to 10:00 a.m. Break

10:00 to 10:30 a.m. Review of Critical Weighting & PEARL Test

10:30 to 11:00 a.m. The Final Four & Next Steps

Next Meeting Date – October 27th, 2015
Participants in the prioritization process included:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Adkins</td>
<td>Cabell-Huntington Health Department</td>
</tr>
<tr>
<td>Jerry Beckett</td>
<td>Cabell County Emergency Medical Services</td>
</tr>
<tr>
<td>Angela Henderson-Bentley</td>
<td>St. Mary’s Medical Center</td>
</tr>
<tr>
<td>Becky Bookwalter</td>
<td>Cabell Huntington Hospital</td>
</tr>
<tr>
<td>Lindsay Carter</td>
<td>Marshall University, Health Sciences Student,</td>
</tr>
<tr>
<td>Dr. Liz Casey</td>
<td>Marshall University, Health Sciences Program</td>
</tr>
<tr>
<td>Dr. Richard Crespo</td>
<td>Joan C. Edwards School of Medicine, Department of Family and Community Health</td>
</tr>
<tr>
<td>Laura Gilliam</td>
<td>United Way of the River Cities</td>
</tr>
<tr>
<td>Tim Hazelett</td>
<td>Cabell-Huntington Health Department</td>
</tr>
<tr>
<td>Sarah Holub</td>
<td>Phil Cline Family YMCA</td>
</tr>
<tr>
<td>Laura Johnson</td>
<td>Cabell-Huntington Health Department</td>
</tr>
<tr>
<td>Dr. Michael Kilkenny</td>
<td>Cabell-Huntington Health Department</td>
</tr>
<tr>
<td>Rodney Melton</td>
<td>Cabell-Huntington Health Department</td>
</tr>
<tr>
<td>Gordon Merry</td>
<td>Cabell County Emergency Medical Services</td>
</tr>
<tr>
<td>Teresa Mills</td>
<td>Cabell-Huntington Health Department</td>
</tr>
<tr>
<td>Casey Napier</td>
<td>Cabell-Huntington Health Department</td>
</tr>
<tr>
<td>Melissa Nelson</td>
<td>Marshall University, Health Sciences Student</td>
</tr>
<tr>
<td>Michelle Perdue</td>
<td>United Way of the River Cities</td>
</tr>
<tr>
<td>Rose Pettit</td>
<td>Recovery Point of Huntington</td>
</tr>
<tr>
<td>Dr. Bill Pewen</td>
<td>Marshall University, College of Health Professions</td>
</tr>
<tr>
<td>Lacie Pierson</td>
<td>Herald Dispatch</td>
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<tr>
<td>Chuck Ricks</td>
<td>Cabell County Community Service Organization</td>
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<tr>
<td>Andrea Roy</td>
<td>United Way of the River Cities</td>
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<tr>
<td>Jim Smallridge</td>
<td>CoventryCares of West Virginia</td>
</tr>
<tr>
<td>Tim Stewart</td>
<td>Cabell County Schools</td>
</tr>
<tr>
<td>Karen Yost</td>
<td>Prestera Center</td>
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</tbody>
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PRIORITIZATION PROCESS

Once the 2015 Community Health Assessment Update was completed, the identification of health problems facing Cabell County, and subsequently those issues to be addressed through the Community Health Improvement Plan were undertaken. Having a standard methodology that provided the foundation for prioritization was recognized as important and consisted of a series of deliberate steps in a process in order to identify the ‘right priorities’ to focus on to benefit the community. Each participating RHC member received a copy of the 2012 Community Health Assessment and the 2015 Community Health Assessment Update to review prior to the meeting scheduled for prioritization. A copy of a prioritization guide and outline in the pages that follow, originally developed by Purdue University Health Care Advisors, was used to support this process.
Guide for Prioritizing Opportunities for Improving the Community’s Health

Task: Identifying the Health and Wellness Priorities in Your Community

Once the community health assessment is complete, the focus is to begin to identify the health problems facing the community that they want to address as part of the Community Health Improvement Plan (CHIP). Having a standard way to develop your ideas and evaluate each as a priority is important. In the end, taking the time to go through these steps will prove valuable in selecting ‘the right priorities’ for your community to focus on.

Getting Started – The Affinity Diagram exercise will help to generate a number of possible areas to target in your CHIP and then organize them into natural groupings. Because of the interactive nature of this exercise, it enables everyone to participate. It will also help you not to be overwhelmed by the many possibilities, but to arrive at consensus for the remaining steps.

Step 1: Silent Brainstorming
Each person will need a pad of Post-It notes. Consider the following question:

What are the outcomes we need to improve in order to improve the overall health and wellness of Cabell County?

You will use the next 15 minutes to conduct a ‘silent brainstorming exercise,’ so that everyone is individually thinking about possible answers to the question above. Each person should record one response or idea on a separate Post-It note. Each person may identify up to 10 ideas – each on a separate Post-It note. When each person has recorded all of their possible topics, they should place them anywhere on the wall.

Step 2: Grouping Ideas into Like Themes
Now, for the next 15 minutes, everyone should participate together in ‘grouping’ the Post-It notes into common themes. The rules for this part are: 1) anyone can move any Post-It note; 2) no talking; and 3) you can move a Post-It that has already been moved. Your goal is to group the Post-It notes ‘where they best fit.’ Once you have grouped them and everyone is satisfied, you will create ‘header cards’ that serve as a label for the project area or issue represented in that group of Post-It notes that you have created as you discuss them. You are now identifying a larger theme for that grouping. When this is complete, your facilitators will provide you with the next steps using your Prioritization Worksheet.

15 MINUTE BREAK
Prioritizing Opportunities for Improving the Community’s Health Task: 
Identifying the Health and Wellness Priorities in Your Community

Step 3: The Critical Weighting Method and the PEARL Test
With the community issues identified, each group has now been given a worksheet with a set of issues to consider using the Prioritization Worksheet. Each group will complete part of the worksheet for those issues assigned to your table, report your scores to the facilitator, and identify a spokesperson to report out.

Prioritization will be completed using the Critical Weighting Method, which uses the following weighted criteria to prioritize each issue individually:

1) The ability to evaluate outcomes
2) The size of the problem in the community, based on the impacted population.
3) The seriousness of the problem

Each of these criteria will be considered separately and the results totaled. The total score will establish the relative priorities of the health problems.

1. **Ability to Evaluate Outcomes** Give each assigned issue in your group a numerical rating of 0 to 10 that represents the ability to evaluate the outcome of any given information. The more measureable the outcome is, the higher the number.

<table>
<thead>
<tr>
<th>Ability to Evaluate Outcomes</th>
<th>Outcome Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ability to evaluate outcomes</td>
<td>0</td>
</tr>
<tr>
<td>Perceptions only (anecdotal)</td>
<td>2</td>
</tr>
<tr>
<td>Perceptions + some data</td>
<td>4</td>
</tr>
<tr>
<td>Perceptions + data – surveys w/out ongoing evaluation</td>
<td>6</td>
</tr>
<tr>
<td>Perceptions + data – baseline data available for last year</td>
<td>8</td>
</tr>
<tr>
<td>Perceptions + data – baseline data available for several years to establish trends</td>
<td>10</td>
</tr>
</tbody>
</table>
Prioritizing Opportunities for Improving the Community’s Health Task: Identifying the Health and Wellness Priorities in Your Community

2. **Size of the Health Problem** Give each assigned issue in your group a numerical rating of 0 to 10 that represents the percentage of the overall population affected by the problem. The higher the percentage affected, the larger the number. Because this issue is considered more critical than the ability to evaluate outcomes, this score is multiplied by a factor of 2.

<table>
<thead>
<tr>
<th>Size of the Health Problem</th>
<th>Outcome Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 0.01% (fewer than 10 residents)</td>
<td>0</td>
</tr>
<tr>
<td>0.01% to 0.09% (10-99 residents)</td>
<td>2</td>
</tr>
<tr>
<td>0.1% to 0.9% (100 to 999 residents)</td>
<td>4</td>
</tr>
<tr>
<td>1.0% to 9.9% (1,000 to 9,999)</td>
<td>6</td>
</tr>
<tr>
<td>10% to 24.9% (10,000 to 24,999)</td>
<td>8</td>
</tr>
<tr>
<td>25% or more (more than 25,000)</td>
<td>10</td>
</tr>
</tbody>
</table>

3. **Seriousness of the Health Problem** Give each assigned issue in your group a numerical rating of 0 to 10 that represents the seriousness of the health problem – the more serious the problem, the greater the number. Recognizing that this rating is subjective, consider the following questions as you are using the criteria for rating seriousness:

- Is there public concern? Is there urgency to intervene?
- Does the issue lead to a high death or disability rate, or high hospitalization rate? Does it lead to premature illness or death over time?
- Is there actual or potential economic loss associated with this issue? Will the community have to bear the economic burden?
- What is the potential or actual impact on others in the community?

As the seriousness of the issue is considered more critical than the ability to evaluate the outcomes or the size of the problem, this score is multiplied by a factor of 3.

<table>
<thead>
<tr>
<th>Seriousness of the Health Problem</th>
<th>Outcome Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>No impact on community</td>
<td>0</td>
</tr>
<tr>
<td>Not serious, little impact on others</td>
<td>2</td>
</tr>
<tr>
<td>Moderately serious (illness, no general long term effect)</td>
<td>4</td>
</tr>
<tr>
<td>Serious, impacts others, increased hospitalization rates, some long term effects</td>
<td>6</td>
</tr>
<tr>
<td>Relatively Serious – increased impacts on others, increased death rates, long term effects on overall community.</td>
<td>8</td>
</tr>
<tr>
<td>Very Serious – higher death rates, premature deaths, great impact on other and overall community.</td>
<td>10</td>
</tr>
</tbody>
</table>
Prioritizing Opportunities for Improving the Community’s Health

Task: Identifying the Health and Wellness Priorities In Your Community

4. The PEARL Test

Once each health problem has been prioritized, apply the PEARL test to your assigned issues. This test is used to screen out health issues based on the following feasibility factors:

- **Propriety**: Is a plan for the health problem suitable for the community? Is this the best group to address the issue?
- **Economics**: Does it make economic sense to address the problem? Are there economic consequences in ‘not’ addressing it?
- **Acceptability**: Will the community accept working on this issue? Is it wanted?
- **Resources**: Is funding available or potentially available for the interventions needed? Are other resources needed and available?
- **Legality**: Do current laws allow the needed activities to be implemented? Does policy development need to happen first?

For each factor, the group must assign a ‘1’ (yes, the issue is feasible for this factor) or a ‘0’ (no, the issue is not feasible for this factor). The final PEARL score is calculated by multiplying the scores of all 5 factors together.

The Overall Prioritization Score is calculated by the Critical Weighting Criteria Score and the PEARL score. Health problems which receive a score of 0 (due to the outcome of the PEARL test) must either be eliminated or the group must agree to the development of a corrective action plan to ensure that potential health priorities will meet all give feasibility factors. Issues with the FOUR highest combined scores are identified as the most important to be addressed in your CHIP.
<table>
<thead>
<tr>
<th>Community Health Issue</th>
<th>Outcome (Rating x 1)</th>
<th>Size (Rating x 2)</th>
<th>Seriousness (Rating x 3)</th>
<th>Criteria Total Score ((O + Si + Se))</th>
<th>Propriety</th>
<th>Economics</th>
<th>Acceptability</th>
<th>Resources</th>
<th>Legality</th>
<th>Overall Score ((P \times Ex \times A \times R \times L))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>9</td>
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</tbody>
</table>
Summary of RHC Process
Participants were asked to silently brainstorm their responses to the following question, “What are the public health issues that need to be addressed in Cabell County,” based on the information and data compiled in the 2012 Community Assessment and 2015 Update. Each participant then participated in an Affinity Diagram by identifying the top ten health issues to answer the question, placing one issue on one post-it note page and placing their post-it notes on the wall. Next, all participants worked together to groups or categorize their responses into one set of final health issues facing Cabell County. Following categorization, over 240 post it notes were posted and categorized into 19 topics for the next steps of prioritization.
Affinity Topic Headers
At the conclusion of the affinity exercise and combining post it notes to create headers, participants had identified 19 topics to move to the Prioritization Worksheet.

<table>
<thead>
<tr>
<th>Affinity Topic Headers for Final Issues Needing Addressed in Cabell County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
</tr>
<tr>
<td>Alzheimer’s</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td>Chronic Respiratory Disease, including asthma</td>
</tr>
<tr>
<td>Communicable Disease</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Economic Development</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Environment</td>
</tr>
<tr>
<td>Health Care Access and Maintenance</td>
</tr>
<tr>
<td>Life Expectancy</td>
</tr>
<tr>
<td>Maternal Child Health</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
<tr>
<td>Physical Activity/Built Environment</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Tobacco</td>
</tr>
</tbody>
</table>
APPLYING THE CRITICAL WEIGHTING AND PEARL TEST
Having a standard methodology in order to identify the ‘right priorities’ to focus on to benefit the community is critical. Subsequently, RHC participants used the Criteria Weighting Method and PEARL test to evaluate and assign scores for the 19 health issues independently. Final results for all Affinity Header Topics are included in the Prioritization Table on the following page. Only two issues (economic development and environmental) received scores of zero following the application of the PEARL test.

Based on review and discussion, Regional Health Connect participants recommended a total of the following six health issues as the priorities for the Community Health Improvement Plan.

<table>
<thead>
<tr>
<th>Final Priority Health Issues</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Obstructive Pulmonary Disease, including asthma (COPD)</td>
<td>60</td>
</tr>
<tr>
<td>Diabetes</td>
<td>60</td>
</tr>
<tr>
<td>Mental Health</td>
<td>60</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>60</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>58</td>
</tr>
<tr>
<td>Tobacco</td>
<td>60</td>
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</tbody>
</table>
## Prioritization Worksheet

<table>
<thead>
<tr>
<th>Community Health Issue</th>
<th>Outcome (Rating x 1)</th>
<th>Size (Rating x 2)</th>
<th>Seriousness (Rating x 3)</th>
<th>Criteria Total Score (O + Si + Se)</th>
<th>Propriety</th>
<th>Economics</th>
<th>Acceptability</th>
<th>Resources</th>
<th>Legality</th>
<th>PEARL Score (P x Ex A x R x L)</th>
<th>Overall Score (Criteria x PEARL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco (2)</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>60</td>
</tr>
<tr>
<td>Alzheimer’s (2)</td>
<td>10</td>
<td>8</td>
<td>30</td>
<td>48</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>Mental Health (2)</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>60</td>
</tr>
<tr>
<td>Econ Dvpt. (1)</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
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<td>Obesity (1)</td>
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<td>24</td>
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<td>1</td>
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<td>1</td>
<td>54</td>
</tr>
<tr>
<td>Cancer (1)</td>
<td>10</td>
<td>16</td>
<td>30</td>
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<td>1</td>
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<td>Education (4)</td>
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</tr>
<tr>
<td>Diabetes (4)</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>60</td>
</tr>
<tr>
<td>Accidents (4)</td>
<td>10</td>
<td>4</td>
<td>18</td>
<td>32</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>32</td>
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<tr>
<td>Health Maintenance &amp; Access (3)</td>
<td>10</td>
<td>8</td>
<td>18</td>
<td>36</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>36</td>
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</tbody>
</table>
## TABLE 1 - Prioritization Worksheet

<table>
<thead>
<tr>
<th>Community Health Issue</th>
<th>Outcome (Rating x 1)</th>
<th>Size (Rating x 2)</th>
<th>Seriousness (Rating x 3)</th>
<th>Criteria Total Score (O + Si + Se)</th>
<th>Propriety</th>
<th>Economics</th>
<th>Acceptability</th>
<th>Resources</th>
<th>Legality</th>
<th>PEARL Score (P x Ex A x R x L)</th>
<th>Overall Score (Criteria x PEARL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy (3)</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Physical Activity/Built Environment (3)</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>60</td>
</tr>
<tr>
<td>Maternal child health (3)</td>
<td>10</td>
<td>12</td>
<td>24</td>
<td>46</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>46</td>
</tr>
<tr>
<td>Chronic Respiratory Disease (including asthma) (6)</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>60</td>
</tr>
<tr>
<td>Nutrition (6)</td>
<td>10</td>
<td>20</td>
<td>18</td>
<td>48</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>Environment (6)</td>
<td>4</td>
<td>20</td>
<td>18</td>
<td>42</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Communicable Disease (5)</td>
<td>10</td>
<td>8</td>
<td>30</td>
<td>48</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>Cardiovascular Disease (5)</td>
<td>10</td>
<td>16</td>
<td>30</td>
<td>56</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>56</td>
</tr>
<tr>
<td>Substance abuse (5)</td>
<td>8</td>
<td>20</td>
<td>30</td>
<td>58</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>58</td>
</tr>
</tbody>
</table>

PEARL Test Score either a ‘1’ or ‘0’ for each
## Final HEALTHY VISION 2020 Priority Issues

<table>
<thead>
<tr>
<th>COPD</th>
<th><strong>COPD is the 3rd leading cause of death in Cabell County</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Deaths due to COPD are nearly double the rate for the U.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetes</th>
<th><strong>Deaths due to diabetes in Cabell County are nearly double the rate for the U.S.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 11.3% of Cabell County residents are living with diagnosed diabetes as compared to the U.S. median of 8.1%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
<th><strong>The average number of reported mentally unhealthy days per month among adults in Cabell County, WV is 4.7 days a month.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 21.1% of Cabell County residents report fair or poor health</td>
</tr>
<tr>
<td></td>
<td>• 23.6% of residents have had some mental illness in past year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th><strong>1 in 3 people in Cabell County are not engaged in regular physical exercise</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Obesity rates increased in the County from 23.2% in 2001 to 33.2% in 2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th><strong>Significant increase in heroin use, and deaths due to overdoses.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Overdose rates far greater than rates reported in other cities across the country.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco</th>
<th><strong>Smoking rates increased from 25.2% in 2010 to 29.3% in 2011.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• At least 1 in 4 women in Cabell County smoke during pregnancy.</td>
</tr>
</tbody>
</table>
FORMATION OF WORKGROUPS FOR RECOMMENDED HEALTH PRIORITIES

The six health priority goals listed below are presented in alphabetical order and are not prioritized. They represent what is determined to be needed to influence the factors most significantly affecting health and illness in Cabell County. The goals were identified based on the 2012 Community Health Assessment and the 2015 Community Health Assessment update, which included both primary and secondary data. In addition, it is recognized that each is influenced by associated behavioral, environmental, and social contextual factors.

In October and November, 2015, immediately after completion of the prioritization process, six workgroups were formed to address the recommended issues. In all, more than 70 partners/organizations were engaged in the six workgroups. Workgroups began meeting in November to identify their goal, establish objectives, and develop strategies for an implementation plan. With the release of HEALTHY VISION 2020, the workgroups continue to meet regularly to implement their strategies. Periodically, interim updates and reports are provided to the more than 140 RHC partners.

The goals for health improvement in Cabell County are to:

- Increase awareness of chronic obstructive pulmonary disease (COPD) through education about risks, screening opportunities, and available resources.

- Improve the health status of individuals living in Cabell County who are living with diabetes.

- Improve emotional and behavioral health (mental health), as a component of overall health status improvement in Cabell County.

- Improve health, fitness, and quality of life in Cabell County through daily physical activity.

- Reduce substance abuse in Cabell County.

- Improve smoking cessation rates of individuals in Cabell County who use tobacco products.

Each of the pages that follow comprise the plan for each HEALTHY VISION 2020 priority and represent a tremendous among of work and collaboration within each workgroup. While the priorities are presented in this Plan alphabetically and numbered accordingly, all are considered to be of equal importance.
Priority 1:
Chronic Obstructive Pulmonary Disease (COPD)

Goal
Increase awareness of COPD through education about risks, screening opportunities, and available resources.

Partner Organizations
Cabell-Huntington Health Department
Cabell Huntington Hospital
Ebenezer Medical Outreach
Huntington Information and Referral
Marshall University - School of Pharmacy
St. Mary’s Medical Center
St. Mary’s/Marshall University Cooperative School of Respiratory Care

Objective 1: By December 2016 create a community awareness and education campaign targeting those at risk for and with COPD and the public at large

• Strategy 1: Target the public via social media, videos and written materials, including in provider offices
• Strategy 2: Target 5 employers for pilot program on education/screening and conduct evaluation
• Strategy 3: Target youth by partnering with the HEALTHY VISION 2020 Tobacco Workgroup for youth education.
• Strategy 4: Target providers on evidenced-based guidelines for diagnosis, treatment, and management.

Objective 2: By October 2016, establish a sustainable county-wide screening program to identify 100 additional individuals at high risk of or with COPD using a brief survey tool and/or spirometry.

• Strategy 1: Develop screening tool for community.
• Strategy 2: Establish quarterly ‘Free Spirometry Day’ at the Ebenezer Outreach Clinic
• Strategy 3: Identify other locations/schedule for screenings in county.

Objective 3: By January 2016, develop COPD prescription drug education and resources.

• Strategy 1: Develop website for providers to access Rx resources based on insurance coverage.
• Strategy 2: Web-based reference/resource page for individuals w/COPD
• Strategy 3: Develop/promote inhaler education program, partnering w/pharmacy students and MRC.

Objective 4: By January, 2016 conduct cost analysis of smoking, with focus on COPD, in Cabell County to use in cessation campaign.

• Strategy 1: Develop strategy to conduct cost analysis study
• Strategy 2: Partner with HEALTHY VISION 2020 Tobacco Workgroup
• Strategy 3: Develop communication plan on cost of smoking.
Priority 2: Diabetes

Goal
To improve the health status of individuals in Cabell County who are living with or at risk of diabetes.

Objective 1: By December 31, 2016, develop and implement a comprehensive communication campaign for individuals with diabetes to identify at least two personal risk factors and two adverse outcomes of Type 2 diabetes (including diabetes prevention and management for those already diagnosed).

- Strategy 1: Edit CTG PSA’s; run them on the hospital TV circuits, health departments and other waiting rooms
- Strategy 2: Develop healthy menu option guide
- Strategy 3: Update HD website to include resources
- Strategy 4: Develop schedule for communication to community (Mom’s Everyday, PSAs, etc.)

Objective 2: By December 31, 2016, establish a county-wide diabetes screening program and schedule to increase the proportion of people who know their diabetes risk status

- Strategy 1: Incorporate assessment (CDC screener) into health fairs and other community events.
- Strategy 2: Offer CDC assessment and classes (DPP/DSMP) with online registration.
- Strategy 3: Develop new partnerships with employers, Huntington’s Kitchen and other partners.

Objective 3: By December 31, 2016, establish and coordinate a comprehensive, community-based system of educational programming, events, and resources targeting Type 2 Diabetes (prevention and disease management).

- Strategy 1: Plan for community events highlighting diabetes, including at Foodbanks
- Strategy 2: Target resources and education to at-risk populations by partnering with Housing Authority, Foodbanks and Huntington’s Kitchen
- Strategy 3: Maintain and promote webpage under Health Department HEALTHY VISION 2020

Partner Organizations
- Cabell-Huntington Health Department
- Cabell Huntington Hospital - Huntington’s Kitchen
- Joan C. Edwards School of Medicine – Department of Internal Medicine, Chertow Diabetes Center
- Facing Hunger Foodbank
- Joan C. Edward School of Medicine - Department of Family and Community Health

Priority 2: Diabetes

Goal
To improve the health status of individuals in Cabell County who are living with or at risk of diabetes.

Objective 1: By December 31, 2016, develop and implement a comprehensive communication campaign for individuals with diabetes to identify at least two personal risk factors and two adverse outcomes of Type 2 diabetes (including diabetes prevention and management for those already diagnosed).

- Strategy 1: Edit CTG PSA’s; run them on the hospital TV circuits, health departments and other waiting rooms
- Strategy 2: Develop healthy menu option guide
- Strategy 3: Update HD website to include resources
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Objective 2: By December 31, 2016, establish a county-wide diabetes screening program and schedule to increase the proportion of people who know their diabetes risk status

- Strategy 1: Incorporate assessment (CDC screener) into health fairs and other community events.
- Strategy 2: Offer CDC assessment and classes (DPP/DSMP) with online registration.
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- Strategy 1: Plan for community events highlighting diabetes, including at Foodbanks
- Strategy 2: Target resources and education to at-risk populations by partnering with Housing Authority, Foodbanks and Huntington’s Kitchen
- Strategy 3: Maintain and promote webpage under Health Department HEALTHY VISION 2020

Partner Organizations
- Cabell-Huntington Health Department
- Cabell Huntington Hospital - Huntington’s Kitchen
- Joan C. Edwards School of Medicine – Department of Internal Medicine, Chertow Diabetes Center
- Facing Hunger Foodbank
- Joan C. Edward School of Medicine - Department of Family and Community Health
**Priority 3: Mental Health**

**Goal**
To improve emotional and behavioral health, as a component of overall health, to improve the health status of individuals in Cabell County.

**Partner Organizations**
American Addiction Centers -- Addiction Recovery Centers -- Cabell-Huntington Health Department -- Huntington VAMC -- Information and Referral -- KVC Behavioral Healthcare -- Prestera Center -- Recovery Point Huntington -- River Park Hospital -- The Word House -- Valley Health Systems -- West Virginia Bureau for Behavioral Health

**Objective 1:** By August 1, 2016, develop a social marketing campaign using three key messages and a tag line to promote understanding of emotional and behavioral health for all residents of Cabell County.

- Strategy 1: Develop an awareness video with distribution plan that will address stigmas of mental health, including the actions we want people to take, and incorporates recovery stories.
- Strategy 2: Establish target population to reach (e.g. young people, postpartum, veterans, high risk, etc.)
- Strategy 3: Establish marketing and distribution plan, including potential funders/sponsors.

**Objective 2:** By August 1, 2016 develop a current resource list that is available in a brochure, on website, etc. for addiction services and substance abuse, and update every 3 months.

- Strategy 1: Develop a current resource list for brochure and website of resources.
- Strategy 2: Develop marketing distribution plan for brochure of resources.
- Strategy 3: Evaluate effectiveness of resource list utilization
- Strategy 4: Update resources quarterly
| Objective 1: By December 31, 2017, develop a city walkability program in Huntington. | • Strategy 1: By December 31, 2016 develop a model/pilot walkability project from Marshall University to downtown Huntington, including evaluation of program utilization by community.  
• Strategy 2: Jan to Dec 2017 develop plan and seek funding for expansion of the walkability program |
|---|---|
| Objective 2: By December 31, 2017, improve workforce wellness opportunities offered by local employers. | • Strategy 1: Gain a better understanding of current physical activity offerings by local employers and effectiveness of use by employees by conducting a survey, interviews, etc.  
• Strategy 2: Identify barriers, opportunities, resources needed for improvements.  
• Strategy 3: Develop a plan to support effectiveness in employee engagement in workforce wellness offered by local employers |
| Objective 3: By December 31, 2017, develop innovative opportunities to engage at-risk populations of all ages in daily physical activity. | • Strategy 1: Outreach to existing resources for people who are at-risk, engage the community to learn about experiences and create a plan to improve resources/access.  
• Strategy 2: Identify existing resources, what is used, what is needed (within the resources for people in existing social services, ie: Housing Authority property, homeless shelter, community centers, etc.)  
• Strategy 3: Develop programs for implementation and conduct evaluation (e.g. rotating programs, use of mobile unit, neighborhood block parties, etc.)  
• Strategy 4: Partnership with substance abuse recovery programs to create alternative community and recreational space to maintain success, including evaluation plan (Phoenix Multi-sport model: http://www.phoenixmultisport.org/). |

**Goal**

To improve health, fitness, and quality of life in Cabell County through daily physical activity.

**Partner Organizations**

American Heart Association/American Stroke Association – Cabell-Huntington Health Department -- City of Huntington -- Greater Huntington Parks and Recreation District -- Information and Referral -- Marshall University Exercise Science -- Marshall University Rec Center -- Phil Cline Family YMCA -- St. Mary’s Medical Center -- United Way of the River Cities
Goal
To reduce substance abuse in our community.

Objective 1: By January 2017, develop and implement a county-wide education and training plan to increase awareness around substance abuse that will reach at least 500 individuals, including youth, individuals with addictions, significant others of individuals with addictions, and pregnant women with addiction.

- Strategy 1: Support implementation of a youth education outreach program in all primary and secondary schools in Cabell County.
- Strategy 2: Develop educational resource packets that incorporate testimonials (success stories), effects during pregnancy, Help4WV, community-based treatment and support groups, etc.
- Strategy 3: Develop master list of partners to distribute educational resource packets.
- Strategy 4: Distribute resource packets.
- Strategy 5: Attend support groups and other events to promote awareness in the community.
- Strategy 6: Weekly, offer classes to the community on “Signs of an Overdose and Naloxone Administration.”
- Strategy 7: Support training of all first responders on Naloxone administration.
- Strategy 8: Offer Marshall University SBIRT and Motivational Interview Training to all health professionals in Cabell County.
- Strategy 9: Incorporate SAMHSA opioid overdose toolkit into training activities as appropriate.
- Strategy 10: Develop written evaluation plan.

Objective 2: By January 2018, decrease overdose deaths in Cabell County by 50% (from 70 to 35 per year or less).

- Strategy 1: Assist and support the Harm Reduction Program (HRP) and HRP Advisory Group to increase naloxone availability.
- Strategy 2: Implement distribution of educational packets (consistent with above) in the community, in the first responder field, emergency departments, etc.
- Strategy 3: Monitor overdose death rates quarterly.
- Strategy 4: Identify additional resources and funding to support sustainability of all efforts.
- Strategy 5: Develop written evaluation plan.

Partner Organizations
Addiction Recovery Centers -- American Addiction Centers – Cabell County Emergency Medical Services – Cabell-Huntington Health Department – Cabell Huntington Hospital – First Choice Services -- Huntington VAMC -- Marshall University Student Health -- Mayor’s Office of Drug Control Policy -- Prestera Center -- St. Mary’s Medical Center – The Word House -- United Way of the River Cities
**Priority 6: Tobacco**

**Goal**
To improve cessation rates of individuals in Cabell County who use tobacco products.

**Objective 1:** By December 31, 2017, implement a cessation awareness campaign to reduce tobacco use by 1% in Cabell County among residents that use tobacco products.

- **Strategy 1:** Establish subgroup to develop marketing campaign.
- **Strategy 2:** Research CDC and evidence based information for the campaign.
- **Strategy 3:** Identify and market CDC tobacco education/prevention materials, including e-cigarette information.
- **Strategy 4:** Identify agency partners who will promote the social norms marketing campaign across Cabell County (e.g., parks, recreation areas, shopping areas, businesses).
- **Strategy 5:** Include the West Virginia Quit Line information on marketing information.

**Objective 2:** Establish and coordinate a comprehensive community based referral system for tobacco cessation and promote the West Virginia Quit Line to reach all Cabell County residents.

- **Strategy 1:** Identify Cabell County physicians who will be champions for tobacco cessation.
- **Strategy 2:** Promote the West Virginia Quit Line information and other referral sources to the community.
- **Strategy 3:** Gather information on hospitals who are conducting screenings on employees and patients.
- **Strategy 4:** Utilize Marshall Medical School and Pharmacy School to engage and education patients in cessation options and to assist with promoting tobacco treatment referrals.
- **Strategy 5:** Promote the services of a Certified Tobacco Treatment Specialist at St. Mary’s and the Cabell-Huntington Health Department.
- **Strategy 6:** Host a training for health care workers on tobacco cessation.
- **Strategy 7:** Host a grand rounds event to discuss tobacco data and promote cessation services.

**Objective 3:** By January 1, 2017, develop a written sustainability plan.

- **Strategy 1:** Develop a work group to identify funding opportunities.
- **Strategy 2:** Work with community partners and agencies to research identifiable funding sources.

**Partner Organizations**
- Cabell County Family Resource Network
- Cabell-Huntington Health Department
- Joan C. Edwards School of Medicine
- Marshall University Student Health
- Marshall University SBIRT
- St. Mary’s Medical Center
- United Way of the River Cities
## Alignment with State and National Priorities

<table>
<thead>
<tr>
<th>Community Health Issue</th>
<th>Cabell County Goal</th>
<th>WV 2016 State Health System Innovation Plan</th>
<th>Healthy People 2020 Goal</th>
<th>CDC Winnable Battles</th>
<th>National Prevention Strategy Recommendations</th>
<th>National Quality Strategy</th>
<th>Million Hearts</th>
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</thead>
<tbody>
<tr>
<td>COPD</td>
<td>Increase awareness of COPD through education about risks, screening opportunities, and available resources.</td>
<td>See Tobacco objectives below</td>
<td>Promote respiratory health through better prevention, detection, treatment, and education efforts (Respiratory Diseases)</td>
<td>Prevent the initiation of tobacco use, promote quitting, and ensure smoke-free environments</td>
<td>Tobacco Free Living Support comprehensive tobacco free and other evidence-based tobacco control policies</td>
<td>Healthy People/Healthy Communities:</td>
<td>Improving quality of care for the ABCS of heart health including:</td>
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<td>Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act).</td>
<td>Improve health of population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.</td>
<td>- Smoking cessation</td>
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<td>Expand use of tobacco cessation services.</td>
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<td>Working with communities to promote wide use of best practices to enable healthy living</td>
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  - See Tobacco objectives below
  - Promote respiratory health through better prevention, detection, treatment, and education efforts (Respiratory Diseases)
  - Prevent the initiation of tobacco use, promote quitting, and ensure smoke-free environments
  - **Tobacco Free Living**
    - Support comprehensive tobacco free and other evidence-based tobacco control policies
    - Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act).
    - Expand use of tobacco cessation services.
    - Use media to educate and encourage people to live tobacco free.
  - Healthy People/Healthy Communities:
    - Improve health of population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.
    - Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
  - Million Hearts
    - Improving quality of care for the ABCS of heart health including:
      - Smoking cessation
| Diabetes | To improve the health status of individuals in Cabell County who are living with or at risk of diabetes. | Reduce risks of developing diabetes in those with prediabetes or those with risk factors such as family history, obesity or advanced age. | Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM. | Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices. | Healthy Eating | Increase access to healthy and affordable foods in communities. | Implement organizational and programmatic nutrition standards and policies. | Improve nutritional quality of the food supply. | Help people recognize and make healthy food and beverage choices. | Healthy People/Healthy Communities: | Improve health of population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care. | Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease. | Working with communities to promote wide use of best practices to enable healthy living | Activating the public to lead a heart-healthy lifestyle. |
| Mental Health | To improve emotional and behavioral health, as a component of overall health, to improve the health status of individuals in Cabell County. | Improve mental health through prevention and by ensuring access to appropriate, quality mental health services. | Mental and Emotional Well-Being: Facilitate social connectedness and community engagement across the lifespan. Provide individuals and families with the support necessary to maintain positive mental well-being. Promote early identification of mental health needs and access to quality services. | Healthy People/Healthy Communities: Improve health of population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease. Working with communities to promote wide use of best practices to enable healthy living. |
## Alignment with State and National Priorities

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>To improve health, fitness, and quality of life in Cabell County through daily physical activity</th>
<th>Increase the percentage of WV citizens that follow healthy nutrition and physical activity recommendations.</th>
<th>Improve health, fitness, and quality of life through daily physical activity.</th>
<th>Support all Americans in achieving optimal health by making nutritious foods and physical activity easy, attractive, and affordable choices.</th>
<th>Active Living</th>
<th>Healthy People/Healthy Communities:</th>
<th>Activating the public to lead a heart-healthy lifestyle.</th>
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<td>Increase prevalence of leisure-time activity among adults and youth.</td>
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<td>Support workplace policies and programs that increase physical activity.</td>
<td>Promote and strengthen school and early learning policies and programs that increase physical activity.</td>
<td>Improve health of population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.</td>
<td>Facilitate access to safe, accessible, and affordable places for physical activity.</td>
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<td>Increase the prevalence of met physical activity recommendations of 150 minutes of aerobic activity and two days of muscle strengthening activity among WV adults.</td>
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<td>Support physical activity levels and provide education, counseling, and referrals.</td>
<td>Promote and strengthen school and early learning policies and programs that increase physical activity.</td>
<td>Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.</td>
<td>Assess physical activity levels and provide education, counseling, and referrals.</td>
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| Substance Abuse | To reduce substance abuse in our community. | Reduce substance abuse to protect the health, safety, and quality of life for all, especially children. | Prevent new HIV infections and ensure quality health care for persons living with HIV | Preventing Drug Abuse and Excessive Alcohol Abuse | Healthy People/Healthy Communities:  
Improve health of population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.  
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<td>Keep adult non-smokers from starting and provide engagement and self-management support for adult smokers to cease using tobacco products.</td>
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<td>Keep child-bearing age women non-smokers from starting and provide engagement and self-management support for pregnant mothers to avoid or cease using tobacco products.</td>
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<td>Reduce risks of developing complications of diseases associated with tobacco use.</td>
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<td>Reduce illness, disability, death related to tobacco use and secondhand smoke exposure.</td>
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IMPLEMENTATION
The components included in this report represent a strategic framework for a data-driven, community-based participatory Community Health Improvement Plan. HEALTHY VISION 2020 is designed to be implemented by organizations throughout the community in concert with the workgroups. Through the Community Health Assessment process, we identified six top threats to the health of our communities. We know that these six threats: COPD, Diabetes, Mental Health, Physical Activity, Substance Abuse, and Tobacco Use are responsible for much of the premature illness and death in Cabell County. These threats affect quality of life, and where people live, work, and play in Cabell County.

The CHIP identifies these health issues as six high priority areas for work over the next five years. In each of the priority areas, there will be consideration given to the socioeconomic determinants of health and health equity (at risk populations) as improvement plans are developed for implementation. This will include, but not be limited to, social factors such as education, income, housing and neighborhoods.

The CHIP will utilize evidence-based strategies and promising practices, as well as innovative strategic thinking in each of the six priority areas by community partners, as content experts. In all, there 58 strategies to be carried out over the course of the next 5 years to address the top health threats. The strategies were selected based on the evidence-base for each, as well as what is realistic in an environment of constrained resources. While some strategies focus on changing individual behavior, others focus on changing the context or environment in which a behavior occurs, so that residents have opportunity for healthier choices. Some strategies are intended to target all residents, while others at risk populations or neighborhoods.

The CHIP provides a framework of recommended actions that will be implemented toward meeting objectives and achieving the stated goals. HEALTHY VISION 2020 is also part of a larger Cabell County effort to be engaged in shaping our environments in ways that promote and optimize health. Through the Mayor’s offices and other key stakeholders, health status, and the environment of the community in which health can occur is a priority. This Plan is a call for all organizations and individuals to become engaged in the identified strategies for improving health in Cabell County.

MONITORING, EVALUATION and SUSTAINABILITY
Workgroups will continue to meet regularly, with technical support of the Cabell-Huntington Health Department. Workgroups will maintain agendas, sign-in sheets and minutes of their ongoing work and will work from strategic action plans to monitor and track activities. Specific performance targets, individuals responsible for activities and resources needed are reflected in ‘Action Plans, separate from this document. In addition, workgroups will also provide regular updates periodically to the RHC.

As implementation is carried out, it is envisioned that partnerships and resources will be strengthened. The RHC will continue to serve as the CHIP Advisory Group, providing oversight of the plan, progress, and process. Membership of both the RHC and the workgroups will be expanded as needed to support the scope of the activities being undertaken. The RHC will dedicate time quarterly for Workgroup Progress Updates and oversee an annual written CHIP update. The community will be engaged in an ongoing manner and in many ways through the workgroup implementation strategies. Finally, the CHHD will host RHC webpages for each of the workgroups to engage stakeholders and the public.
APPENDIX A
Regional Health Connect Members

Addiction Recovery Centers
Aetna/Coventry Cares
American Addiction Centers
American Heart Association/American Stroke Association
Bellefonte Hospital, KY
Cabell County Community Service Organization
Cabell County Emergency Medical Services
Cabell County Family Resource Network
Cabell County Schools
Cabell County Substance Abuse Prevention Partnership
Cabell-Huntington Health Department
Cabell-Huntington Health Department Board of Health
Cabell Huntington Hospital - Center for Lung Health
Cabell Huntington Hospital - Chief Medical Officer
Cabell Huntington Hospital - Strategic Marketing and Planning
Chamber of Commerce
Chertow Diabetes Center
City of Huntington
CONTACT Rape Crisis Center
Ebenezer Medical Outreach, Inc.
Family Care Health Centers
First Choice Services
First Steps
Greater Huntington Parks and Recreation District
Greif Recovery After a Substance Passing - GRASP
HER Place
Herald Dispatch
Hoops Family Children's Hospital
Hospice of Huntington
Huntington Facing Hunger Foodbank
Huntington VAMC
Huntington's Kitchen
Information and Referral
Information and Referral
Joan C. Edwards School of Medicine
Joan C. Edwards School of Medicine - Community and Family Health
Joan C. Edwards School of Medicine - Family and Community Health
Joan C. Edwards School of Medicine - Geriatrics
Joan C. Edwards School of Medicine - Internal Medicine
Joan C. Edwards School of Medicine - Pediatrics
Kanawha Charleston Health Department
King's Daughters Medical Center, KY
KVC Behavioral Healthcare
Lily's Place
Marshall University
Marshall University Childhood - Development Academy
Marshall University - Exercise Science
Marshall University - College of Health Sciences
Marshall University - Informatics
Marshall University - President
Marshall University - Recreation Center
Marshall University School of Pharmacy
Marshall University - School of Physiotherapy/Geriatrics
Marshall University - Student Health
Mayor of Ashland, KY
Mayor of Huntington, WV
Mayor's Office of Drug Control Policy
Mayor's Office of Drug Control Policy/Huntington Fire Department
Mission Tri-State
Neighboring Initiative
PEIA
Phil Cline Family YMCA
Prestera Center
Recovery Point Huntington
Senator Manchin
Skills for Success/Hospice of Southern West Virginia
St. Mary's Medical Center - Care Coordination Program
St. Mary's Medical Center - Hospitalist Program
St. Mary's Medical Center - Marketing and Communication
St. Mary's Medical Center - Foundation
St. Mary's Medical Center - Patient Experience Program
St. Mary's Medical Center
St. Mary's Medical Center
St. Mary's/ Marshall University Cooperative School of Respiratory Care
State Health Commissioner
TEAM for WV Children/ MSHF
The Word House
Trinity Church
United Way of the River Cities
Valley Health Systems
Verizon Wireless
Wayne County Health Department
West Moreland Teen Center
Western Regional Jail/CHHD Board Member
Regional Health Connect
Meeting Agenda

**Date:** Tuesday, September 29th, 2015

**Time:** 8:00 a.m. – 11:00 a.m.

**Location:** Cabell-Huntington Health Department
703 7th Ave.
Huntington, WV 25701

8:00 to 8:10 a.m. Welcome & Overview of Updated Community Health Assessment – Dr. Kilkenny

8:10 to 8:30 a.m. Overview of Prioritization Process
Silent Brainstorming

8:30 to 9:00 a.m. Grouping Ideas & Establishing Themes

9:00 to 9:45 a.m. Prioritization Using the Critical Weighting Method & PEARL Test

9:45 to 10:00 a.m. Break

10:00 to 10:30 a.m. Review of Critical Weighting & PEARL Test

10:30 to 11:00 am The Final Four & Next Steps

**Next Meeting Date** – October 27th, 2015
Regional Health Connect
Meeting Agenda

**Date:** Tuesday, August 25th, 2015

**Time:** 8:00 a.m. – 9:00 a.m.

**Location:** Cabell-Huntington Health Department
703 7th Ave.
Huntington, WV 25701

I. Opening Remarks

II. Welcome

III. Review the updated Community Health Assessment

IV. Next Meeting Date – September 29th, 2015

The September 29th Regional Health Connect will be a special meeting from 8 AM to 11 AM for those who are able to attend all or part of the morning to prioritize the highest issues based on the current Assessment data. Once those priorities are identified, we will be forming workgroups to establish measurable goals and objectives that are carried out within the community to address those issues. Your participation and expertise are key elements to success of this process for our community so please save this date on your calendar and plan to attend.

V. Closing Remarks
Regional Health Connect
Meeting Agenda

Date: Tuesday, January 26, 2016
Time: 8:00 a.m. – 9:30 a.m.
Location: Cabell-Huntington Health Department
703 7th Avenue
Huntington, WV 25701

VI. Welcome/Introductions

VII. Community Health Improvement Plan (CHIP) Overview and Workgroup Updates:
   a. COPD-Workgroup member representative
   b. Diabetes-Veronica Hordubay, Huntington’s Kitchen Manager, Cabell Huntington Hospital
   c. Mental Health-Cathy Davis, Adolescent Health Initiative Coordinator-Valley Health
   d. Physical Activity- Sarah Holub, Health and Wellness Director, Phil Cline Family YMCA
   e. Substance Abuse-Amy Saunders, Marshall University Student Health
   f. Tobacco-Teresa Mills, Regional Tobacco Prevention Coordinator

VIII. 2016 Community Health Assessment (CHA) Update

IX. Open Discussion

X. Closing Remarks

**Next Meeting Date – February 23, 2016 @ 8:00 a.m.**
Regional Health Connect

Meeting Agenda

Date: Tuesday, June 28th, 2016

Time: 8:00 a.m. – 9:00 a.m.

Location: Cabell-Huntington Health Department
703 7th Avenue
Huntington, WV 25701

I. Welcome/Introductions

II. Community Health Improvement Plan workgroup presentations
   a. COPD
   b. Diabetes
   c. Mental Health
   d. Physical Activity
   e. Substance Abuse
   f. Tobacco

III. Open Discussion

IV. Closing Remarks
APPENDIX C
Acknowledgement of HEALTHY VISION 2020 Workgroup Members

COPD WORKGROUP
Dr. Chris Gillette, Marshall University School of Pharmacy
Dr. Hay, Marshall University, School of Pharmacy
Chris Henderson, St. Mary’s Medical Center, MU Cooperative School of Respiratory Care
Barbara Koblinsky, Cabell-Huntington Health Department
Taylor Lundy, Information & Referral
Jim Perrine, Cabell-Huntington Center for Lung Health
Valerie Smith, St. Mary’s Medical Center
Mike Stacy, Cabell-Huntington Health Department
Chris Trotter, St. Mary’s Medical Center, MU Cooperative School of Respiratory Care
Dr. Samantha Wright, Marshall University School of Pharmacy

DIABETES WORKGROUP
Elizabeth Adkins, Cabell-Huntington Health Department
Gerry Bryant, Joan C. Edwards School of Medicine, Internal Medicine Chertow Diabetes Center
Dr. Richard Crespo, Joan C. Edwards School of Medicine, Department of Family and Community Health
Bethany Freeman, Facing Hunger Foodbank
Veronica Hordubay, Cabell-Huntington Hospital - Huntington’s Kitchen
Taylor Lundy, Information & Referral
Anise Nash, Joan C. Edwards School of Medicine, Internal Medicine Chertow Diabetes Center
Dr. Rob Powell, Marshall University Exercise Science and Diabetes Exercise Center
Heather Venoy, Joan C. Edwards School of Medicine, Internal Medicine Chertow Diabetes Center

MENTAL HEALTH WORKGROUP
David Clay, The Word House
Cathy Davis, Valley Health
Dana Greider, Addiction Recovery Centers
Taylor Lundy, Information & Referral
Donna Midkiff, River Park Hospital
Erin Osborne, KVC Behavioral Healthcare
Greg Perry, Recovery Point of Huntington
Dave Sanders, WV DHHR Behavioral Health Services
Chuck Weinberg, Huntington VAMC
Chris Wiertz, American Addiction Centers
Karen Yost, Prestera
PHYSICAL ACTIVITY WORKGROUP
Elizabeth Adkins, Cabell-Huntington Health Department
Dr. Liz Casey, Marshall University Health Science
Laura Gilliam, United Way of the River Cities
Sarah Holub, Phil Cline YMCA
Stacey Leep, Greater Huntington Parks and Recreation District
Taylor Lundy, Information & Referral
Dr. Rob Powell, Marshall University Exercise Science and Diabetes Exercise Center
David Sheils, St. Mary’s Medical Center
Bre Shell, City of Huntington
Heather Smith, Marshall University Recreation Center
Marjan Washington, PEIA

SUBSTANCE ABUSE WORKGROUP
Becky Bookwalter, Cabell Huntington Hospital
Rochelle Bragan-Huntington VAMC
David Clay, The Word House
Ken Fitzwater, Prestera Center
Dana Greider, Addiction Recovery Centers
Tim Hazelett, Cabell-Huntington Health Department
Jim Johnson, Mayor’s Office of Drug Control Policy
Scott Lemley, Mayor’s Office of Drug Control Policy
Gordon Merry, Cabell County Emergency Medical Services
Kim Miller, Prestera Center
Kathleen Napier, Cabell-Huntington Health Department
Lyn Patterson, St. Mary’s Medical Center
Michelle Perdue, United Way of the River Cities
Connie Priddy, Cabell County Emergency Medical Services
Jan Radar, Mayor’s Office of Drug Control Policy
Robin Rowe, St. Mary’s Medical Center
Andrea Roy, United Way of the River Cities
Amy Saunders, Marshall University Student Health
Chris Wiertz, American Addiction Centers

TOBACCO WORKGROUP
Elizabeth Adkins, Cabell-Huntington Health Department
Debbie Bowyer, Family Resource Network
Dr. Deutsch, Community Member
Teresa Mills, Cabell-Huntington Health Department
Michelle Perdue, United Way of the River Cities
Amy Saunders, Marshall University Student Health
Rhonda Sheridan, St. Mary’s Medical Center