Putnam County Community Health Assessment Prioritization and Development of Health Improvement Priorities

January 2020

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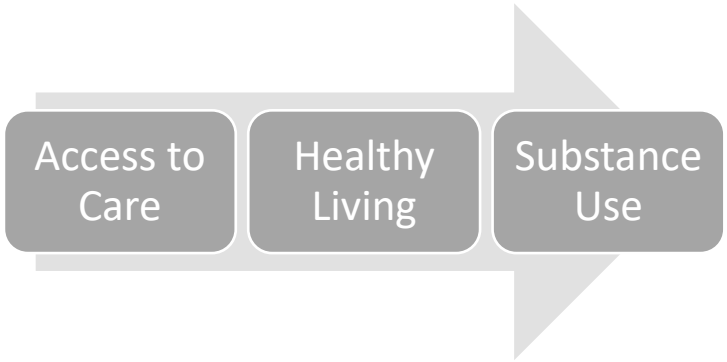
The Putnam County Health Department is pleased to present the results of the prioritization of the 2019 Community Health Assessment that will provide the foundation for comprehensive community health improvement planning for Putnam County. Priorities were established based on the participation of key stakeholders and community partners representing a wide variety of organizations and was based on the data in the most recent assessment. Important is the use of a collaborative and community participatory process to drive health improvement in the county. One opportunity of such an approach is to 'align community organizations to positively impact health'. Without the contributions and commitment of these partners this document would not exist.

Putnam 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 across the county. As efforts continue, the community health improvement process in Putnam County that follows will require a community-based, systematic, and consistent approach that creates a dynamic network of health promotion through specific goals, measurable outcomes, and strong partnerships.

Priorities for health improvement in Putnam County for 2020-2023 will focus on three priority areas, equal in importance, which were identified by the Health Department and community stakeholders. These are the areas the community will work together on to improve health:



The goals, objectives, and strategies that will subsequently be developed for a written Community Health Improvement Plan will be aimed toward improving the lives of all Putnam county residents and will align with national priorities for quality health care. The Putnam County Health Department is confident that the strong and committed partners that exist in the County 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 in Putnam County. Participation 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,

Cindy Farley, Chair
Putnam County Board of Health

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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 prioritization summary provides the foundation for the development of a concise implementation plan that will set forth our goals, identify data-driven priorities through measurable objectives, and provide a process for managing and measuring progress. The Plan that is developed will also provide a framework to focus the efforts of participating partners on primary, secondary and tertiary prevention efforts to impact Putnam County's most pressing population health issues. The long-term goal for each issue, and the accountability measures that are established will align with national priorities such as Healthy People 2020 and use evidence-based strategies such as those found in the Guide to Community Preventive Services.

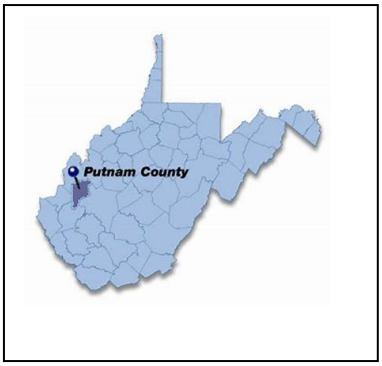
The ongoing process of developing and implementing the Health Improvement Plan that follows will bring together stakeholders and Health Department staff on a periodic, regular basis to review health priorities, progress, and accountability measures as part of ongoing evaluation. Important to this process 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.

This document is not intended to be a final report or end document. It is intended to be the beginning of a process that will establish the path forward in Putnam County. The approach that follows will be 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 that are established. Its' inclusive process represents a framework for all stakeholders.

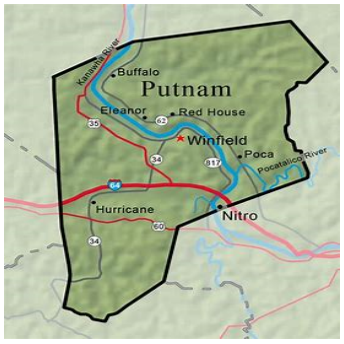
Putnam County

OVERVIEW

Putnam County, West Virginia was the community defined for evaluation of new and/or updated data reflecting the health of the population for the Community Health Assessment upon which prioritization was based. The county is located in the southcentral portion of West Virginia, surrounded by five adjacent counties, and is part of the Huntington-Ashland, WV-KY-OH Metropolitan Statistical Area. Putnam County is 346 square miles in size, with 160.5 persons per square mile, compared to the West Virginia average of 77.1 persons per square mile (U.S. Census Bureau, 2010). The total estimated population of the County in 2018 was 56,682 and has consistently increased in population size since 2010 (U.S. Census Bureau, 2019). Putnam County has two cities (Hurricane and Nitro), five towns, three census-designated places, and 12 unincorporated communities (U.S. Census Bureau, 2019). Putnam County lies along Interstate-64 between two of the largest cities in the state, Charleston and Huntington.



In 2019, the County Health Rankings, sponsored by the Robert Wood Johnson Foundation, ranked Putnam County as the 3rd healthiest county in West Virginia of all 55 counties for health outcomes (a gauge of the health status of a county) and 1st healthiest for health factors (those factors that influence the health of a county). Over the past six years the ranking has improved from 12th in the state to 3rd most recently for health outcomes and has consistently maintained ranking as 1st for health factors. Putnam County is also listed in the Federal Register as a Health Professional Shortage Area (HPSA) for primary care, mental health care, and dental care (Health Resources and Services Administration, 2019). Health Professional Shortage Areas (HPSAs) 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).



Putnam County Community Health Assessment
Highlight of Findings

COMMUNTY DATA

Socioeconomic Indicators

- Where many counties in WV have seen a decrease in population, especially over recent years, Putnam County has seen a consistent growth in population from 54,950 in 2010 to 56,792 in 2017.
- The total civilian labor force in the county was estimated to be 58% of the total population in 2016, as compared to 53.8% for West Virginia.
- 91.9% of adults have a high school degree or higher compared to 85.9% for West Virginia and 87.3% for the U.S.
- From 2012 to 2017, the percent of individuals who are high school graduates or higher has increased from 88.9% to 91.9% and the percent having a bachelor's degree or higher has increased from 23.8% to 24.9%.
- Median income in 2017 was $59.111 as compared to $44,061 for West Virginia and represents a continued trend of increasing income; however, overall this indicator continues to be less than that for the U.S.
- The largest percentage of household incomes in Putnam County (18.6%) fell between $50,000 and $74,999, consistent with WV and the U.S; however, 14.0% of the population in the county has a household income of $35,000 to $49,999 and 20.0% have a household income of less than $24,999 (10.6% less than $14,900).
- The percentage of individuals over 18 years living in poverty from 2013 to 2017 has decreased from 11.3% in 2013 to 9.2% in 2017 and remains much below the rate for WV.
- The percentage of children under 18 years living in poverty has decreased significantly from 17.0% in 2013 to 9.6% in 2017 and in 2017 remains well below the State and national levels.
- The percentage of adults over 65 years of age living in poverty has consistently increased over the past five years, from 5.7% in 2013 to 9.1% in 2017.
- From 2013 to 2017, uninsured rates for all individuals decreased from 10.9% to 6.3%. For children 18 years and under, uninsured rates decreased from 5.7% to 3.2% for that same period.
- The primary care provider ratio of 920:1 was the second lowest in the last five years in Putnam County and significantly lower than the ratio in either West Virginia or the U.S; and for the period of 2013 to 2017 the mental health provider ratio has also seen a consistent decrease from 1,820:1 to 1,350:1 in the county.

Causes of Death

- The leading causes of deaths in 2015 were: (1) Malignant neoplasms (cancers), (2) Diseases of the heart, (3) Accidents, (4) Dementia, (5) Chronic lower respiratory disease, and (6) Stroke.
- The 'order' for leading cause of deaths is comparable to that for West Virginia however it should be noted that the following rates for dementia, Alzheimer's and influenza/pneumonia are significantly higher in Putnam County than for WV.
- The percent of deaths occurring in 2015 was slightly higher than the percentage occurring in the state for the age group of 25-34 years.
- In Putnam County, life expectancy for females is 77.4 years of age, which is comparable to the U.S. life expectancy rate of 77.9 years. The average age at death in Putnam County was 73.4 years in 2015 as compared to 72.2 years for West Virginia.

Communicable Disease

- Chlamydia rates in Putnam County demonstrated an increase from 2011 to 2013 and then decreased increased in 2014 and 2015 to the lowest rate in the past five years.
- The number of cases of gonorrhea in Putnam County, for the period 2011 to 2015, ranged from 9 to 26 with a notable increase noted from 11 (2014) to 26 (2015) which was the 9th highest rate of all WV counties that year.
- Among West Virginia counties, Putnam County is located in one of two regions with the next to the highest rates of HIV/AIDS. Based on data reported by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB. Prevention, HIV prevalence rates at the county level for Putnam County from 2007 to 2015 have increased from a rate of 33 per 100,000 to 55 per 100,000, respectively.

Chronic Disease Prevalence

- The percentage of the population with arthritis, asthma, cancer, cardiovascular disease, depression, diabetes, hypertension, obesity, and obesity/overweight in Putnam County is notably lower than for WV, but higher than reported for the U.S.
- 32.9% of Putnam County residents indicated being obese, as compared to 35.6% for West Virginia and 28.9% for the U.S.
- In Putnam County, diabetes is the 9th leading cause of death and the percentage of the population who have ever been told they have diabetes is 11-12%.
- 31.4% of the population in the county have not engaged in physical activity (outside of work) in the past 30 days.

Quality of Life and Mental Health

- The percentage of the population reporting their health to be poor or fair in Putnam County is approximately 23.4% (1 in 4).
- 22.1% of residents (as compared to 23.1% for WV) responded they have been told they have a depressive disorder.

Maternal Child Health

- In 2015 there were a total of 601 births by county of residence for Putnam County, with birth rates remaining stable over the past five years.
- Only 0.4% of infants were born to mothers who were less than 18 years of age in 2015.
- 9.3% (nearly one of every ten) of newborns in 2015 were low birthweight compared to 9.6% in West Virginia and 8.0% in the U.S.
- About 1 in every 10 women who become pregnant did not seek care until the second trimester, 3.2% did not seek care until the third trimester and 0.9% did not receive prenatal care during pregnancy.
- 14.0% of women residing in Putnam County used tobacco during pregnancy, which is the lowest reported percentage in the state; however, the smoking rate among pregnant women in the U.S. in 2014 was only 8.4%.

Substance Use/Misuse

- Most recent trends in tobacco use for Putnam County depict a tobacco use rate of 18.0% for the year 2016, lower than the rate of 25.0% in WV.
- The percentage of adults reporting excessive drinking has increased in Putnam County for the period 2012-2016 from 9% to 14%.
- In 2017, HIDTA reported 16-38 deaths in Putnam County due to drug overdose, as compared to counties with lowest overdose rates of 0 to 5 and highest overdose rates of 89-194.
- In 2017, there were 17 overdoses involving fentanyl, 6 overdoses involving heroin, 1 involving cocaine, and 10 overdoses involving methamphetamine.

COMMUNITY SURVEY.

- A community-based survey was distributed throughout Putnam County with a total of 149 responses and specific effort made to capture surveys from all zip codes and all ages.
- Opportunities related to quality of life that may be explored based on community feedback included transportation, adequate sidewalks, adequate parks and recreation, health and wellness activities, and access to healthy, affordable foods.
- Managing weight and substance abuse prevention and treatment were the top 'Health Behaviors/Issues' people wanted more information about.
- Issues most affecting quality of life in Putnam county were identified as poverty and substance abuse/misuse.
- 90% of respondents identified their health status as good, very good, or excellent.
- The highest prevalence of existing health conditions included high blood pressure, high cholesterol, obesity and depression/anxiety.
- 94% of respondents indicated they participate in some type of physical activity outside of work.
- 20% responded they had difficulty accessing health care in the past 12 months.

- Dental care and health care specialists were the types of care individuals had difficulty accessing.
- Reasons they had difficulty accessing care were health insurance coverage inadequate or deductible too high.

COMMUNITY PARTNER SURVEY RESULTS

- The top three target populations having the greatest unmet need were those with a substance use disorder, mental health need or low income.
- The top 3 health risks/risky behaviors identified for youth were drug use, child abuse and unsafe driving habits.
- The top 3 health risks/risky behaviors identified for adults were drug use, obesity and affordable health care.
- The top 3 health risks/risky behaviors identified for older adults were affordable prescriptions, social isolation, and affordable health care.
- The top three community and/or environmental factors in the county were lack of access to community recreation, lack of access to healthy foods, and public safety.

METHODOLOGY FOR PRIORITIZATION AND IDENTIFICATION OF COMMUNITY HEALTH ISSUES

AGENDA FOR PRIORITIZATION PROCESS

Putnam County stakeholders/partners were invited to participate in a half-day meeting which would determine the prioritization of Putnam County's community health needs based on the recent Community Health Assessment. The following agenda was established and used for the meeting:

Community Health Assessment Prioritization

Location: Putnam County Health Department
Date: Friday, November 8, 2019
Time: 12:00 p.m. to 3:00 p.m.

12:00 p.m.	**Welcome and Overview of the Meeting Day**
12:10 p.m.	**Review and Discussion of Key Findings**
12:45 p.m.	**Prioritization Steps 1 and 2**
1:15 -1:30 p.m.	**BREAK**
1:30 – 2:15 p.m.	**Prioritization Steps 3 and 4**
2:15 – 2:30 p.m.	**Review and Discussion of Health Improvement Priorities**
2:30 - 2:45 p.m.	**Determination of Final Health Improvement Priorities and Establishing Next Steps**

PARTICIPANTS

Participants in the prioritization process included:

Prioritization Partner Participants

Name	Organization
Mayor Randy Barrett	City of Winfield
Frank Chapman	Putnam County Emergency Management
Amy Connelly	Putnam Wellness Coalition
Ellis Connelly	Faith Based
Kerri Cooper	United Way Central WV
Cindy Farley	Putnam County Health Department
Larry Frye	Putnam County Commission
Danielle Gillispie	Putnam County Schools
Ashley Alford Glance	Putnam County Chamber of Commerce
Lolita Kirk	Putnam County Health Department
Deb Koester	WV Local Health, Inc
Wanda Marks	Charleston Area Medical Center
E Michael Robie	Charleston Area Medical Center
Jenni Sutherland	Putnam County Aging Program
Eric Tarr	WV State Senate
Mary Lynn Tran	Great Rivers Regional System for Addiction Care
Evan Young	Putnam Wellness Coalition

PRIORITIZATION PROCESS

Once the Community Health Assessment was completed, the identification of health problems facing Putnam 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 stakeholder received a copy of the Community Health Assessment as part of the prioritization meeting. 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.

Prioritizing Opportunities for Improving the Community's Health
Task: Identifying Health Improvement Priorities in Putnam County

Once the community health assessment report is complete, it is necessary to identify the health issues facing the community that you want to address as part of an improvement plan. Having a standard way to develop your ideas and evaluate each idea as a priority is important. In the end, taking the time to go through these steps will prove valuable in selecting 'the right priorities' to focus on.

Getting Started – The Affinity Diagram
Using this tool/exercise will help to generate a number of possible areas to target your improvement efforts 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 as a team – 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 most important issues we need to address in order to improve/enhance health in Putnam 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 5 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 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' working as a group. One 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. 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

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 the worksheet for those issues, 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. **<u>Ability to Evaluate Outcomes</u>**

   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 measurable the outcome is, the higher the number.

Ability to Evaluate Outcomes	Outcome Rating
No ability to evaluate outcome	0
Perceptions only (anecdotal)	2
Perceptions + some data	4
Perceptions + data – surveys w/out ongoing evaluation	6
Perceptions + data – baseline data available for last yr.	8
Perceptions + data – baseline data available for several years to establish trends	10

2. **Size of the Health Problem**

   Next, 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.

Size of the Health Problem	Outcome Rating

Less than 0.01% (Fewer than 10 residents)	0
0.01% to 0.09% (10 to 99 residents)	2
0.1% to 0.9% (100 to 999)	4
1.0% to 9.9% (1,000 to 9,999)	6
10% to 24.9% (10,000 to 24,999)	8
25% or more (more than 25,000)	10

3. Seriousness of the Health Problem

You must also 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 bare 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.

Seriousness of the Health Problem	**Outcome Rating**
No impact on community.	0
Not serious, little impact on others	2
Moderately serious (illness, no general long term effect)	4
Serious – impacts others, increased hospitalization rates, some long term effects	6
Relatively Serious – increased impacts on others, increased death rates, long term effects on overall community.	8
Very Serious – higher death rates, premature deaths, great impact on others and overall community.	10

4. The PEARL Test

Finally, 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 highest combined scores are identified as the most important to be addressed. The total number of issues to be addressed should be carefully considered at this time.

Prioritization 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 Putnam County," based on the information and data compiled in the recent Community Assessment. Each participant then participated in an Affinity Diagram by identifying the top 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 Putnam County. Following categorization, over 70 post it notes were posted and categorized 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 11 topics to move to the Prioritization Worksheet.

Affinity Topic Headers for Final Issues Needing Addressed in Cabell County
Accident Prevention
Aging – Senior Living
Cancers
Chronic Disease Management
Communicable Disease
Community Supports
Healthcare Access & Cost
Healthy Living
Immunizations
Mental Health
Substance Use

APPLYING THE CRITICAL WEIGHTING AND PEARL TEST TO ESTABLISH FINAL PRIORITIES

Having a standard methodology to identify the 'right priorities' to focus on to benefit the community is critical. Subsequently, forming two groups, Putnam County prioritization participants used the Criteria Weighting Method and PEARL test to evaluate and assign scores for the 11 health issues independently, with one group evaluating five topics and the other group evaluating six topics. Final results for all Affinity Header Topics, including the Criteria Weighting Score and the Final Score when PEARL applied. are included in the Prioritization Tables below. Only two issues (community supports and substance use) received scores of zero following the application of the PEARL test. A score of zero does not eliminate a topic, but brings attention to factors to be addressed if the community prioritizes it in the plan.

Group 1 Critical Weighting and PEARL Test Results

Results of Critical Weighting and PEARL Test	Criteria Score	Final Score When PEARL Applied
Accident Prevention	46	46
Chronic Disease Management	52	52
Community Supports	34	**0**
Mental Health	38	38
Substance Use	52	**0**

Group 2 Critical Weighting and PEARL Test Results

Results of Critical Weighting and PEARL Test	Criteria Score	Final Score When PEARL Applied
Aging – Senior Living	44	44
Cancers	52	52
Communicable Disease	50	50
Healthcare Access & Cost	52	52
Healthy Living	60	60
Immunizations	60	60

Two final scores changed from the original criteria weighting score to a "0" when the PEARL test was applied. Those topics were 1) Community Supports with the rationale for the change being lack of funding support to have a measurable impact; and 2) Substance Use with the rationale being that addressing some aspects of this topic may not be acceptable to the community. Following further discussion, participants recommended a total of three issues or topics as the priorities for the Community Health Improvement Plan that will be developed. Due to the significant nature of the substance use epidemic participants maintained this as a priority and will address challenges/barriers as they move forward that were identified in this process

- **Access to Care** – will include access to mental health services, community health workers, community paramedicine, quick response teams, transportation, and other identified barriers
- **Healthy Living** – will include accident prevention, cancer prevention and early detection, chronic disease management, communicable disease, healthy aging, and immunizations
- **Substance Use** - will include planning related to prevention, early intervention, treatment, and recovery to assure a continuum of care for the community related to substance use disorders

The next steps in the health improvement planning process will include the creation of three workgroups to develop goals, strategies and key performance indicators as a 'roadmap' for wellness in Putnam County.