United Hospital Center

2016 Community Health Needs Assessment (CHNA)

Harrison and Doddridge Counties, WV

Prepared by the West Virginia University School of Public Health
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Background and Introduction

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Plan at least every three years. The regulations for the CHNA include defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community and public health; identifying resources; and prioritizing community health needs.

The 2016 United Hospital Center (UHC) CHNA incorporates the requirements described above and identifies the following prioritized needs:

1. Cancer
2. Obesity/ Diabetes / Heart Disease
3. Drug Addiction (including opioid use and Neonatal Abstinence Syndrome (NAS))

This document serves as a roadmap for the Implementation Plan, which will be developed during the months following the completion of the 2016 CHNA and specify planned actions to be taken by UHC and collaborators, available resources, anticipated actions, and a plan for evaluating these activities. In addition to the requirement to conduct a CHNA, hospital leadership continually expressed the desire to go beyond regulatory requirements in serving patients and the community at large. To facilitate this goal, UHC partnered with West Virginia University's School of Public Health (WVU SPH) to complete this Needs Assessment using a robust community based process designed to engage a broad swath of community members. This process was led by Dr. Tom Bias and Emily Vasile in the Health Research Center within the school. A CHNA leadership team was convened by UHC including hospital and community leadership to inform and guide the process.

About United Hospital Center

United Hospital Center is the result of a merger between St. Mary's and Union Protestant hospitals in 1970. This bold move provides north central West Virginia with a regional community hospital that offers a vast array of services. The new UHC opened in 2010 and is located along I-79 in Bridgeport. The 692,000 square foot structure rises eight stories. It is designed around the environment with the patient, family, staff and community in mind—which includes enhanced patient privacy, a high level of technology integration and improved

access to care. The acute care facility has 292 private inpatient rooms and 24 observation rooms with a medical staff that consist of more than 140 primary care and specialty physicians. UHC employs more than 2,000 Associates and is a member of WVU Medicine (West Virginia United Health System).

Previous CHNA Findings

The most recent CHNA was conducted by UHC in 2013 and included a review of secondary data for both Harrison and Doddridge Counties to assess socioeconomic characteristics and key risk factors facing the counties. Primary research interviews were conducted with community leaders and leadership of public, private, voluntary health and welfare organizations to confirm or augment secondary research findings. The final report made recommendations listed below along with a plan for improvement and evaluation.

- Cardiovascular Disease (Heart Attack/ Stroke/ Hypertension)
- Cancer
- Diabetes
- Obstructive Lung Disease
- Physical Inactivity
- Access to Health Care Services for the Un and Underinsured/ Addressing Cost Issues
- Intentional Injury- Behavioral Health Component

A subsequent update to the 2013 CHNA evaluated progress made in each area for the 2012-'15 period including specific programs offered, approximate number of participants, other ongoing efforts and resources to address each priority area, and data for each area. This document is available here: http://www.uhcwv.org/2014CommunityNeedsAssessment.pdf. This update thoroughly accounted for each priority area, including specific individuals and community organizations involved. No written comments regarding the 2013 CHNA were received.

Definition of the Community Served

For the 2016 process, the CHNA leadership team, in collaboration with UHC leadership defined the community served as Harrison and Doddridge counties. This geographic area is consistent with the last CHNA conducted and represents UHC's primary service area. The CHNA presented here includes the perceived and data-supported health needs of the entire geographic counties with special attention in data collection focused on vulnerable populations of those living in the more rural areas of Harrison and Doddridge counties. This geographic area was defined by the

leadership team as being outside of Clarksburg and Bridgeport, WV city limits. Additionally, the leadership team defined low income as a special target population.

The following table is from the US Census Bureau and shows "Quickfacts[1]" for both counties:

Table 1 Select Demographic Data

	Harrison	Doddridge
Population 2015	68,714	8,178
Under 18	21.7%	17.4%
Race non-white or more than 1 race	1.7%	1.1%
Hispanic or Latino	1.6%	.7%
High School Education or Higher	87.1%	81.9%
Bachelor's Degree or Higher	20.2%	12.7%
Under 65 Uninsured	10.6%	10.6%
Persons in Poverty	13.9%	17.4%

[1] http://www.census.gov/quickfacts, 2015 estimates

Data from the WV Department for Health and Human Resources Behavioral Health Epidemiological Profiles cites median age and income as 42.1 years/ $40,556 and 43 years/ $32,063 for Harrison and Doddridge counties respectively. In summary, Harrison is less rural than Doddridge with a slightly higher educated population. The majority of residents from both counties are white (98-99%), consistent with the state.

Methodology and Community Input Process

The CHNA process began with a thorough review of the previous cycle's needs assessment report and included review of publicly available secondary data. Primary data collection was comprised of a survey of community members' perceptions of health issues and a community event focused on identifying sociopolitical forces of change and community assets that impact population health in Harrison and Doddridge counties.

Secondary Data

The leadership team reviewed secondary data related to Harrison and Doddridge counties including Census data (Table 1), County Health Rankings Data, the CDC Community Health Status Indicators, and WV Epidemiological profiles for both counties (combined as Appendix A). Using these reports as a springboard, the leadership team started the initial discussion around critical health needs in April, 2016.

Primary Methods of Collecting and Analyzing Information

The WVU SPH used an iterative process to develop the public input survey. During the initial leadership team meeting, each member was asked to develop a list of three of the most pressing health priorities facing the community to ensure those priorities were included in the electronic survey. Survey topics included questions about specific health issues, thoughts on overall health of the community, quality of life, access to healthcare and medical needs (including specialist care), risky behaviors, and demographic information including geographic location and income.

The survey (Appendix B) was collected both online and through hard copies. The survey link was distributed through email lists, social media, and local media outlets. It was also posted on UHC's website for about two months (May- June, 2016). The Harrison and Doddridge CHNA process was the focus of several newspaper, radio, and television news pieces during this period, which helped in spreading the survey more broadly throughout the community. Leadership team members distributed hard copies at local free clinics (Community Care WV and

Health Access), doctors' offices, a re-entry facility for offenders, several non-profit organizations, UHC waiting areas, and other locations.

The survey was not intended to be a representative, scientific sample of Harrison and Doddridge County residents but rather a mechanism to solicit the community's perception of their health needs. A total of 709 surveys were completed by community members from the two counties.

Additional information was collected through a community meeting held at UHC on June 28, 2016. This session, open to the public and with broad stakeholder representation, solicited input on community health needs, including forces of change in Harrison and Doddridge counties, and sought to identified groups and organizations already providing essential services. Over 50 community members participated in this event. More detail on the makeup of this session is found in the section below.

The survey results were reported back to the leadership team in aggregate, but also broken down between those who lived in Harrison and Doddridge counties, as well as by income and age, to ensure there were no significant differences in responses between differing groups. Analysis comparing responses received from more rural areas to those in and around downtown Clarksburg and Bridgeport was conducted to ensure no significant differences were present. Community input from the event was compiled into several documents summarizing the work of that day. This input was compiled in a fashion to make prominent priorities mentioned multiple times for dissemination to the leadership group and those in attendance at the meeting.

Community Organizations Involved

The following organizations were represented on UHC's CHNA leadership team and provided thorough input throughout the process of developing the CHNA. These individuals informed the public input survey and were instrumental in dissemination. Additionally, they identified and invited members of the community to the community meeting held on June 28th and were charged with the task of synthesizing all primary and secondary data to determine health priorities.

Leadership Team

- Community Oriented Physician- Josalyn Mann
- Hospital Board Member- Brian Jarvis
- Public Health Representative- Joseph "Chad" Bundy, Harrison County Health Department

- Hospital Foundation, Community Outreach- Mike Tillman, UHC CEO
- Vulnerable Population Representation
    - Tina Yoke, Harrison County United Way Executive Director
    - Jim Harris, Health Access Executive Director
    - Rick Simon, Community Care WV Executive Director
    - Rick Rock, Executive Director, Harrison County EMS
- Reporting of Community Benefit- Jim Rutkowski, CFO UHC
- Hospital Website- Matt Chisler, UHC Director of Public Relations
- Doddridge County- Ralph Sandora, Doddridge County Commissioner and Board Member of Health Department
- Additional Members- Linda Carte (UHC) and Bob Williams (United Summit Center, Executive Director)

Additionally, input was collected at the community meeting held at UHC on June 28th. The following organizations from local government, business, and non-profit organizations were represented at this meeting.

Organizations Represented at Community Meeting

- Birth to Three and Health Check- Joyce Anderson
- Harrison County Senior Center- Margaret Bailey
- Centra, WV Transit Authority- Anita Bower
- Harrison- Clarksburg Health Department- Joseph "Chad" Bundy
- Doddridge Health Department- Ralph Sandora
- Health Check- Joyce Anderson
- HealthSouth Mountainview- Lisa Perry
- Harrison County Schools- Frank Devono
- West Virginia Black Heritage Festival- Barbara Dillard, James Griffin, and Joyce Griffin
- FBI- Wesley Smittle and Megan Kimble
- United Way- Tina Kopp
- Ritchie Regional Health Center- Lisa Leach
- Literacy Volunteers of Harrison County- Jennifer Lopez
- Community Care of WV- Malcolm Brock
- Harrison County EMS- Steve McIntire
- Harrison County YMCA- Laura McMahon
- Harrison County Family Resource Network - Elizabeth Shahan
- Doddridge County Family Resource Network- Robin VanScoy
- Mid-Atlantic Aerospace Complex- Tracy Miller

- American Cancer Society- Kathy Molnar and Ryann Moore
- Clarksburg Mission- Chris Mullet
- Town of Anmoore Police Department- Don Quinn
- Teen Challenge- Mike Stewart
- Steptoe and Johnson - Richard "Dink" Yurko
- Hope, Inc.- Amy Snider
- UHC- John Fernandez, Robert Williams, Brian Jarvis (UHC Board), and Trey Currey

Community Health Needs Prioritization

The leadership team met in July, 2016 to review the data collected through the survey and community event and identify priorities. The WVU SPH presented survey data (Appendix C), including responses to the three most important health problems or issues in Harrison and Doddridge counties (see table below).

Table 2 Community Health Concerns Survey Results

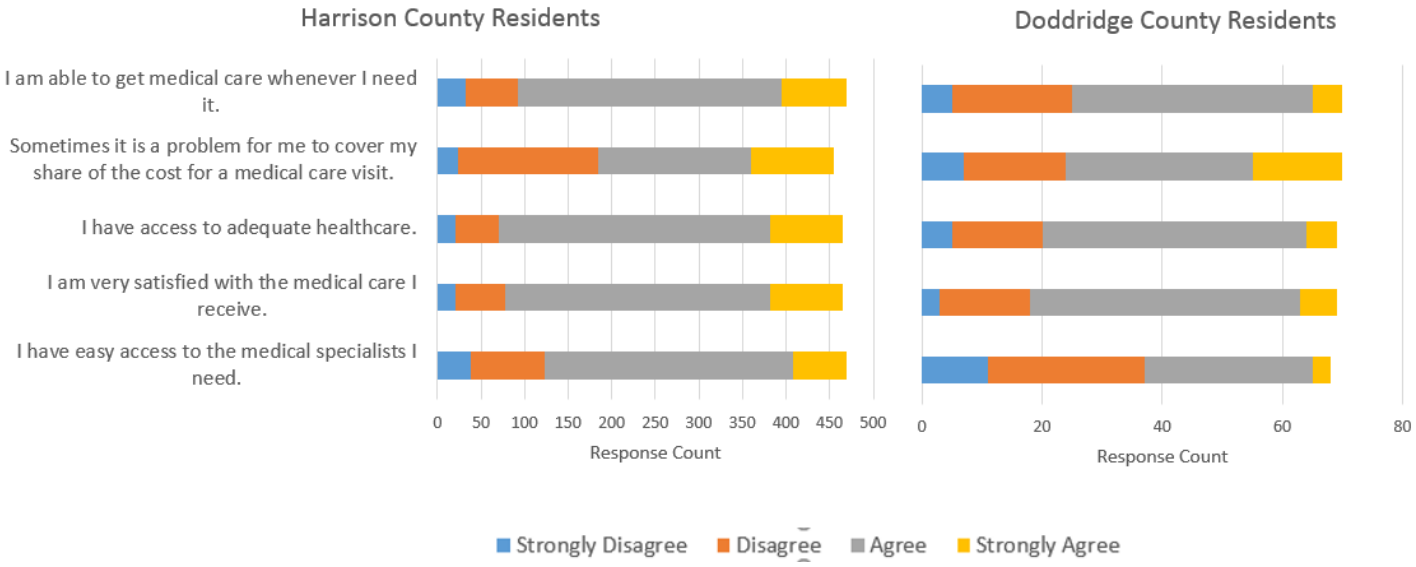
Harrison (n=455)	Doddridge (n=62)
Drug abuse, adults (56.9%)	Cancers (41.9%)
Drug abuse, youth (34.1%)	Income (25.8%)
Obesity (34.1%)	Diabetes (24.2%)
Cancers (24.4%)	Drug abuse, adults (24.2%)
Diabetes (20.2%)	Heart disease/ stroke (22.6%)
Income (15%)	Drug abuse, youth (21%)

Health issues were consistent across the two counties but differed in terms of rankings. For example, income was selected as one of the top three health priorities by nearly 26 percent of respondents from Doddridge County but only 15 percent of respondents from Harrison County. This is consistent with the demographic profiles of both counties as Doddridge has a higher percentage of residents living in poverty, 17.4 compared to 13.1 percent in Harrison. Also worth noting was that health problems in aggregate were consistent across ages (those 55+ and under), income levels, and the more rural population.

Quality of life issues were consistent across counties. Respondents expressed support for statements about the quality of public schools, the counties as good places to raise children, adequate support networks, and statements about safety. Areas of improvement included access to safe, affordable housing and jobs. These quality of life concerns were consistent with the health concerns discussed above.

In terms of access to healthcare and other medical needs, Harrison County residents expressed greater overall satisfaction. Doddridge County residents expressed greater difficulty accessing specialists and some difficulty paying for medical care.

Table 3 Access to Healthcare and Medical Needs by County



At the July prioritization meeting, leadership team members were divided into three groups for small group discussion of the survey. Each group reported back on common priority areas as indicated by survey results. Those results are displayed below.

Group One	Group Two	Group Three
Opioid Abuse	Drug Abuse/ addiction (including alcohol and tobacco)	Drug Abuse- treatment specifically (including alcohol and tobacco)
Cancer (especially in Doddridge County)	Obesity/diabetes/ heart disease	Depression
	Cancer (especially in Doddridge)	

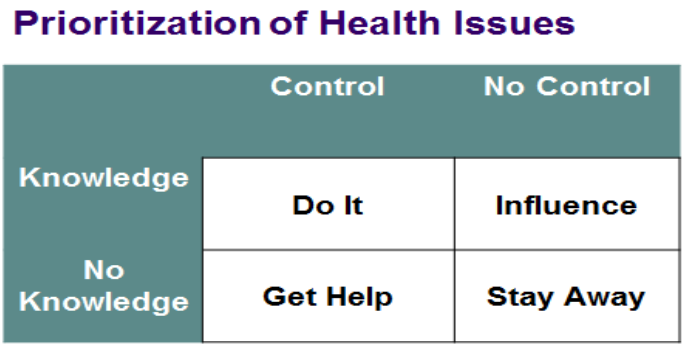
Next, each group reviewed the secondary data originally presented at the first meeting in April, 2016. Each group was asked to discuss where secondary data supports community health priorities. It was during this exercise that discussion around the *lack of sufficient data* around drug use and abuse came up. The group expressed the need for more county-specific data around drug use and abuse so that law enforcement and the community can respond appropriately. Additionally, it was noted that the demographic data of survey respondents was consistent with secondary demographic data, indicating confidence in the survey responses collected.

Finally, the two groups were given prioritization matrices (Appendix D) to identify each health issue and score it based on a series of criteria listed below:

- **Size: how many people are affected?**
- **Seriousness: death, hospitalizations, disability**
- **Equity: are some groups affected more than others?**
- **Importance**
- **Control**

Figure 1 was presented to illustrate the relationship between knowledge of the issue (importance) and control, aiming to help the leadership team focus on health issues where they had more control over possible interventions.

Figure 1 Prioritization Matrix



The prioritization matrix was filled out independently by each group and reported to the larger group for discussion. Results of the prioritization exercise are presented in Table 4. Note that averages are used where both groups ranked the same issue. The group highlighted the issues with the highest scores and discussed each.

Table 4 Prioritization Matrix Results

Health Issue	Total
Obesity/Cardiovascular Disease/ Diabetes	30
Opioids	29
Cancer	26
Neonatal Abstinence Syndrome	24
Drug Addiction	24
Childhood Diabetes	23
Access to Care	16

After some discussion among the group, it was decided that the issues of obesity, heart disease, and diabetes could be combined into one category with potential interventions that would impact all three health issues. Cancer was deemed a clear and straightforward area of focus. The group discussed improved access to cancer treatment as the primary issue with additional focus on navigation assistance for patients including assistance with drug-related issues. Several of the health issues dealt with drug abuse, including opioid abuse and addiction, and neonatal abstinence syndrome (NAS) were discussed as rooted in the issue of drug abuse. The group

decided to focus potential interventions on drug addiction with a special focus on opioids and NAS.

Despite the increased number of individuals with health insurance in West Virginia due to the expansion of Medicaid and coverage through the Health Insurance Marketplace, many patients visit the ER for routine care rather than a primary care setting. This was noted as a topic to be aware of but, after discussion, not deemed to be a priority area for the purposes of this Needs Assessment.

Ultimately, the group settled on the umbrella priority areas of:

1. Cancer
2. Obesity/ Diabetes / Heart Disease
3. Drug Addiction (opioids and NAS)

Resources Potentially Available to Address the Significant Health Needs Identified

Several of the priorities identified in the 2016 CHNA are consistent with those identified in 2013, including cardiovascular disease, cancer, diabetes, and physical activity. Thus, resources identified in the 2013 CHNA may be relevant to address needs identified in 2016. For example, public outreach on the topic of cardiac risk identification and stroke symptoms could be continued or further developed to address priority area number two. Additionally, UHC's Cecil B. Highland & Barbara Highland Cancer Center is an accredited Comprehensive Community Cancer Center with a wide array of resources aimed at addressing the physical and emotional needs of cancer patients and their families. One such resource is the Clinical Navigator for Breast Health. This position assists breast cancer patients and their families through treatment, including providing education and resource mobilization.

In addition to resources already available at UHC, the following table documents organizations with missions aimed at addressing essential health services identified during the community meeting. Where noted, these organizations could aid in addressing the health priorities identified in this Needs Assessment. Appendix E is a full resource guide with more information about the essential health services and each organization, including contact information. This list is not meant to be exhaustive, but rather a starting off point for drafting potential interventions in the forthcoming implementation plan.

Organization	Essential Service	Priority
Alcoholics Anonymous	4	3
American Cancer Society	10	1
American Heart Association	10	1, 2
American Lung Association	3	1, 2
American Red Cross	2, 3	1, 2
Board of Education, Doddridge County	6	2
Board of Education, Harrison County	6	2
WV State Board of Examiners for Licensed Practical Nurses	8	1, 2, 3
WV Board of Social Work	8	3
Bureau for Behavioral Health and Health Facilities	6	3
Center for Disease Control	1, 2, 8	1, 2, 3
Celebrate Recovery	1	3
Clarksburg Water Board	2, 5, 6	
West Virginia Community Action Partnerships, Inc.	2, 4	
Community Care	5	1, 2, 3
County Health Department, Doddridge County	1, 2, 3, 4, 5, 7, 8, 9	1, 2, 3
County Health Department, Harrison-Clarksburg	1, 2, 3, 4, 5, 7, 8, 9	1, 2, 3
Drug Enforcement Agency	5	3
Department of Environmental Protection	2, 6	1, 2
Department of Health and Human Resources	1, 4, 7, 9	1, 2, 3
Division of Rehabilitation Services	7	3
Drug Free Clubs of America	1, 3	3
EMS- Harrison County	1, 7, 10	1, 2, 3
Family Resource Network	1, 3, 4, 10	1, 2, 3
Federal Bureau of Investigation	2, 4, 6	
US Food and Drug Administration	6	1, 2, 3
Harrison County Prevention Partnership	10	2, 3
Health Access	1, 3, 4, 7	1, 2, 3
Healthy Harrison	3, 4, 10	2
Help4WV.org	7	3
Highland Hospital - Clarksburg	4	
HOPE, Inc.	6	
Local Emergency Planning Committees	7	1
Lion's Club	4	

Literacy Volunteers of Harrison County	3	
The Clarksburg Mission	1, 3	
Occupational Safety Health Administration	8	2
Our Children, Our Future	5	1, 2
Try This WV	3, 5	1, 2, 3
United Hospital Center (UHC)	1, 2, 3, 4, 7, 9, 10	1, 2, 3
UHC Dare to Care	2	2
United Summit Center	1, 4	
United Way of Harrison County, Inc.	2, 4, 7	2
Urgent Care, Clarksburg	2	1, 2, 3
Wellness Council of West Virginia	1, 4	2
WV Birth to Three	7	1, 2, 3
WV Bureau for Public Health	2, 5, 6	1, 2, 3
WV College of Business	8	
WV Cares	8	
WV HealthCheck	1, 9	1, 2, 3
WVU Extension	3	
WVU Medicine	1, 2, 10	1, 2, 3
WVU School of Public Health	4, 9, 10	1, 2, 3
YMCA	3, 4, 7, 10	2

Conclusion

The 2016 CHNA identified three health priorities to guide UHC's efforts to improve the health of community members. These priorities are:

1. Cancer
2. Obesity/ Diabetes / Heart Disease
3. Drug Addiction (opioids and NAS)

This succinct list of priorities will guide the implementation planning process. Implementation activities will aim to address these issues using existing resources and partnerships with other community organizations where possible and building upon past success, including past efforts to address health needs identified in the 2013 CHNA. In the coming months, this process will lead to the completion of an implementation plan for activities centered on these health needs.

Appendices