

Community
Health
Needs
Assessment

2015



Camden
Clark

MEDICAL CENTER

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KEY FINDINGS:

- Wood County is the 31st largest county by size yet is the 5th most populous county.
- Wood County ranks 8th in the state in population per square mile.
- Wood County ranks 8th in the state in per capita income.
- Wood County ranks 4th in the state in the number of veterans living here.
- The fastest rate of population growth will be among the 65-85 year old groups with nearly 12,000 additional 65 year olds by the year 2020 within the hospital service area.
- The major causes of death are heart disease, lung, breast and colon cancers, respiratory disease and strokes.
- Leading causes of death are influenced by poor diets, obesity, smoking and lack of exercise.
- 28.8% of Wood County adults smoke.
- 30.4% of Wood County residents are obese.
- 13.3% of Wood County residents are treated for diabetes.
- 35.9% of Wood County residents are treated for high blood pressure.
- 39.7% of Wood County residents have high cholesterol.
- 37.9% of Wood County residents have arthritis.
- 10.4% of Wood County adult residents report binge drinking.
- 31.5% of Wood County residents receive disability payments.
- 7.3% of Wood County seniors live in poverty.
- 17% of the service area households are in poverty, affecting 15,024 persons.
- The area poverty rate among birth to age 5 is 23.3% and increasing.
- 1.7% of the Wood County population speaks a different language than English
- 18.3 minutes is the average travel commute time to work
- 88.8% of residents over age 25 are high school graduates
- 18.4% of residents over age 25 attained a Bachelor's degree or higher
- Median value of owner-occupied housing is \$106,400
- Wood County has 35,569 households with a median household income of \$42,287
- 105 building permits were issued in 2012
- 2.7% of Wood County residents work from home

Striving for a healthier community



For anyone who's made a resolution to be healthier, it doesn't take long to realize there is not just "one thing" that will accomplish that goal. Rather, to be healthy, we have to incorporate a variety of lifestyle changes and practices. Good health usually involves making a personal commitment to eat right, exercise, get enough sleep, manage stress and make overall individual decisions to become healthier. Former Surgeon General, C. Everett Koop, MD, stated, "far too often people realize the need for change from a hospital bed." Invest in yourself to put more life in your years and more years in your life.

It's no secret that where we live can have a significant impact on our health. Simply put, some communities are healthier than others. Moreover, there's a correlation between the health of a community and social and economic prosperity.

That being said, it's a reasonable assumption that a community can improve itself in a variety of ways by improving its health. To achieve that end, it is necessary to diagnose or assess the current "health" of a community to discern what factors are contributing to a poor rating.

It's important to remember that creating and maintaining a healthy community is a team effort in which community members and community agencies put forth a vast amount of effort, time and dedication to support such an initiative. Last year the Camden Clark Medical Center provided 50 different screenings, health fairs, support groups or community events at a cost of \$340,265.

Thus, a community health assessment is the initial step in which data is collected and analyzed. This data can then be used as a reference tool for community leaders and agencies to address critical public health issues.

At Camden Clark Medical Center, we're very concerned about the health of our patients as well as the health of our community.

As a hospital, we're concerned about your health issues. As an active member of the community, we're equally concerned about providing resources and programs to make sure the place we live remains healthy and prosperous. Good health is wealth, invest wisely!

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What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is a recurring comprehensive appraisal of community health. The Assessment is an attempt to measure health priorities of individuals and the community. It involves:

- gathering comparative data about health (fact and opinions);
- gathering information about available health resources in the community (assets);
- determining what issues are most critical for the community (priorities);
- building commitment and support to address community health needs (partnership).

The Assessment process gathers and analyzes numerous health facts and data such as census data, demographics, disease prevalence, health habits, mortality and morbidity data to identify and prioritize the health concerns of its people. Resources available in the community are compared with the assessment data to evaluate if resources available in the community are adequate to meet the needs of its citizens. Using this method, the hospital and community decision-makers can see the current health status and identify the primary concerns, issues and trends of the community and formulate strategies. Those strategies can be developed in the community to address and resolve identified issues.

Why Perform a Community Health Needs Assessment?

Health is not just the absence of illness, but the active pursuit of wellness. More and more people are recognizing that personal health is about more than the kind of services offered at the local hospital. Growing a healthy community is a process in which each community decides its own issues and develops its own responses. Conducting a Community Health Needs Assessment will start the community on the path of wellness by identifying resources in the community and matching these assets to issues the community identifies. In this way, the community can help change the direction of health services to better serve its members.

In compliance with the Patient Protection and Affordable Care Act, Camden Clark Medical Center is required by the federal government to perform a CHNA once every three years to maintain its 501 (c) 3 tax-exempt status. In addition, the hospital must make the CHNA widely available in the community for access by the public and other community organizations.

Camden Clark Medical Center

Camden Clark Medical Center (CCMC) was formed in 2011 with the merger of Camden-Clark Memorial Hospital and St. Joseph's Hospital. Simultaneously Camden Clark Medical Center affiliated with West Virginia United Health System.



The organization is a not for profit community based hospital, licensed with 248 acute care beds on the Memorial campus. Camden Clark Medical Center serves the Mid-Ohio Valley and surrounding region providing a wide range of professional services, offering the latest in medical technology and a highly trained staff of professionals. For more than a century Camden Clark has maintained a leadership role as the region's primary source for advanced health care and wellness

programs and has earned accreditation from The Joint Commission.

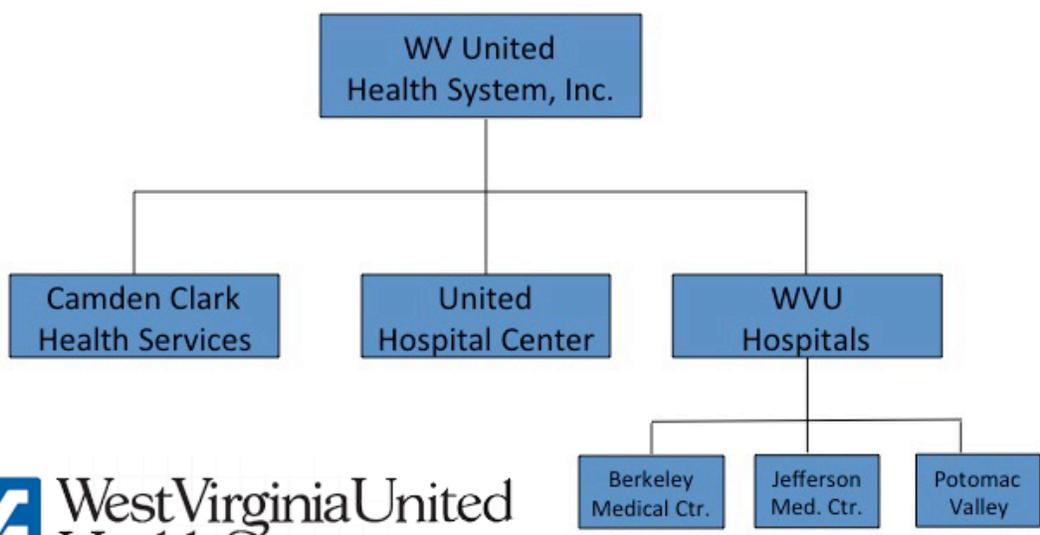
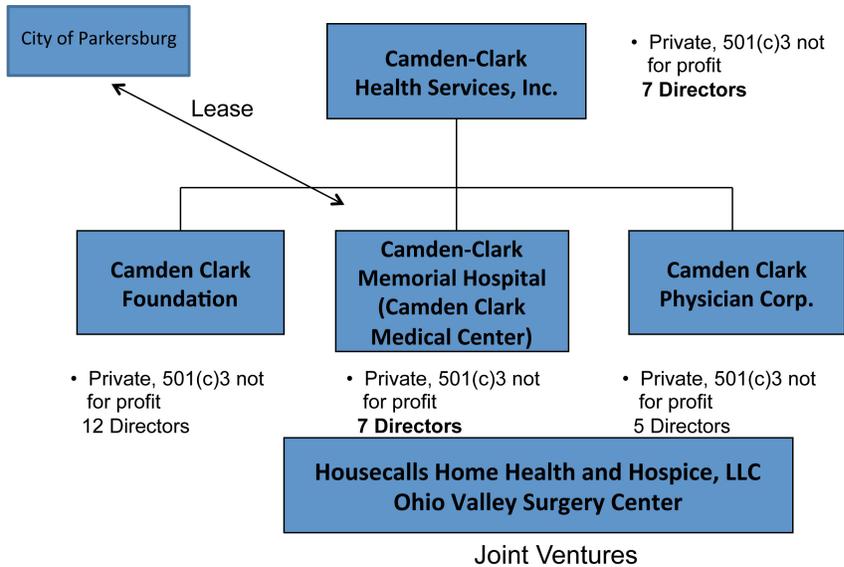
Camden-Clark Health Services, Inc. is the parent company for the healthcare system, which includes the medical center, a professional physician corporation, a wellness and fitness center, a foundation and a joint-venture home health and hospice organization. The affiliation with the West Virginia United Health System created the fifth largest health care organization in the state of West Virginia.

Our Mission

To meet the health care needs of our community for a lifetime.

Our Vision

Camden Clark Medical Center will be the leading regional medical center, known for high quality, comprehensive, state-of-the-art health care.



Defining Our Community

Wood County is located along the central western edge of the state and is bordered by the Ohio River and intersected by I-77 and Route 50. Wood County was formed in 1798 and named after James Wood, a brigade general in the American Revolutionary War and Governor of Virginia from 1796 to 1799.

Wood County is the 31st largest of the 55 West Virginia counties with 366.26 square miles, yet is the 5th most populous county with 86,956 residents. Wood County ranks 8th in the state in per capita income at \$22,890 and 8th in population per square mile with 237.4 people. The county ranks 4th in the state in the number of resident veterans with 8,600 (www.indexmundi.com).

To better understand the people of the community it is necessary to evaluate geography, cultures, employment, educational levels, incomes, and ages. Below are the QuickFacts about Wood County from the US Census Bureau with 2010 actual data or 2013 estimates.

Wood County, West Virginia

Geography QuickFacts	Wood County	West Virginia
 Land area in square miles, 2010	366.26	24,038.21
 Persons per square mile, 2010	237.4	77.1
 FIPS Code	107	54
 Metropolitan Statistical Area	Parkersburg-Vienna, WV Metro Area	
People QuickFacts	Wood County	West Virginia
 Population, 2013 estimate	86,569	1,854,304
 Population, 2010 (April 1) estimates base	86,956	1,852,999
 Population, percent change, April 1, 2010 to July 1, 2013	-0.4%	0.1%
 Population, 2010	86,956	1,852,994
 Persons under 5 years, percent, 2013	5.7%	5.5%
 Persons under 18 years, percent, 2013	21.4%	20.6%
 Persons 65 years and over, percent, 2013	18.1%	17.3%
 Female persons, percent, 2013	51.7%	50.6%
 White alone, percent, 2013 (a)	96.4%	93.8%
 Black or African American alone, percent, 2013 (a)	1.2%	3.6%
 American Indian and Alaska Native alone, percent, 2013 (a)	0.2%	0.2%
 Asian alone, percent, 2013 (a)	0.6%	0.8%
 Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Z	Z

Two or More Races, percent, 2013	1.4%	1.5%
Hispanic or Latino, percent, 2013 (b)	0.9%	1.4%
White alone, not Hispanic or Latino, percent, 2013	95.6%	92.7%

Living in same house 1 year & over, percent, 2009-2013	88.9%	88.1%
Foreign born persons, percent, 2009-2013	0.8%	1.4%
Language other than English spoken at home, pct age 5+, 2009-2013	1.7%	2.4%
High school graduate or higher, percent of persons age 25+, 2009-2013	88.8%	83.9%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	18.4%	18.3%
Veterans, 2009-2013	8,194	159,448
Mean travel time to work (minutes), workers age 16+, 2009-2013	19.1	25.5
Housing units, 2013	40,112	879,449
Homeownership rate, 2009-2013	73.1%	73.4%
Housing units in multi-unit structures, percent, 2009-2013	14.5%	12.0%
Median value of owner-occupied housing units, 2009-2013	\$106,400	\$98,500
Households, 2009-2013	35,569	741,390
Persons per household, 2009-2013	2.41	2.43
Per capita money income in past 12 months (2013 dollars), 2009-2013	\$24,042	\$22,966
Median household income, 2009-2013	\$42,287	\$41,043
Persons below poverty level, percent, 2009-2013	16.2%	17.9%
Business QuickFacts	Wood County	West Virginia
Private nonfarm establishments, 2012	2,101	37,906 ¹
Private nonfarm employment, 2012	33,106	579,583 ¹
Private nonfarm employment, percent change, 2011-2012	-2.8%	2.0% ¹
Nonemployer establishments, 2012	4,352	89,213

Total number of firms, 2007	5,173	120,381
Women-owned firms, percent, 2007	26.5%	28.1%

Merchant wholesaler sales, 2007 (\$1000)	330,697	11,036,467
Retail sales, 2007 (\$1000)	1,712,248	20,538,829
Retail sales per capita, 2007	\$19,847	\$11,340
Accommodation and food services sales, 2007 (\$1000)	157,906	2,553,258
Building permits, 2012	105	2,718

Key Characteristics

POPULATION CHANGE:

The area population declined 1.2% over the last decade. The most dramatic change in population identifies Baby Boomers as they enter the over age 65 population. Author Mary Finn Maples described a forthcoming “Silver Tsunami” with dramatic increases in 65, 75 and 85 year olds expected to use greater healthcare resources in their senior years. The hospital service area will see an additional 12,000 seniors by 2020. Many of those seniors will be more active and delay retirement. They will be a computer savvy generation with greater knowledge of their own health. Concerns are raised for the poorest and middle income seniors who may have difficulty paying for expenses such as home maintenance repairs yet wish to remain independent in their own homes. Fewer seniors have support from adult children as they have moved from the area. Transportation, nutrition, lack of social interaction, and chronic disease management are identified generational issues. There will be an increased need for geriatric care and expected demand for healthcare professionals.

Population By Gender, 2008 - 2012

Geographic Area	0 to 4		5 to 17		18 to 64		Over 64	
	M	F	M	F	M	F	M	F
Wood County, West Virginia	2,569	2,477	7,093	6,793	25,864	27,299	5,795	8,461
Hospital Service Area	3,899	3,666	10,879	10,252	40,434	41,238	9,284	12,758

Source: [U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013.](#)

The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.

County	Over 65 in 2010	Over 65 in 2020*	% change	total population 2010	total population 2020	% of total population increase	% 65 & over in 2010	% 65 & over in 2020
Calhoun	1,385	2,020	45.85%	7,627	7,702	0.98%	18.16%	26.23%
Jackson	4,293	6,721	56.56%	28,000	30,799	10.00%	15.33%	21.82%
Pleasants	1,122	1,566	39.57%	7,514	7,506	-0.11%	14.93%	20.86%
Ritchie	1,576	2,531	60.60%	10,343	10,651	2.98%	15.24%	23.76%
Roane	2,282	3,487	52.80%	15,446	14,487	-6.21%	14.77%	24.07%
Tyler	1,579	2,275	44.08%	9,592	8,536	-11.01%	16.46%	26.65%
Wirt	894	1,383	54.70%	5,873	5,621	-4.29%	15.22%	24.60%
Wood	13,608	18,698	37.40%	87,986	87,197	-0.90%	15.47%	21.44%

Christiadi, PhD. (2010). *Why West Virginia Population is Aging Faster than the U.S.*, West Virginia University: Bureau of Business and Economic Research, College of Business and Economics. Elder Population Changes in West Virginia by County 2010-2020.

POVERTY:

Local poverty rates have increased faster than state averages. Poverty affects different ages as follows:

Senior poverty rate 8.8%

School aged children ages 5-17 18.5%

Pre-school aged children ages birth to 4 36.9%

In Wood County, household poverty is worst among female head of households at 6.7% followed by married couples at 3.9%.

Change in Poverty Rate, 2000 - 2012

Geographic Area	Persons in Poverty, 2000	Poverty Rate, 2000	Persons in Poverty, 2012	Poverty Rate, 2012	Change in Poverty Rate, 2000 - 2012
Wood County, West Virginia	11,424	13.2	15,024	17.6	4.4
Hospital Service Area	19,570	14.7	23,877	18.3	3.6
West Virginia	273,986	15.5	323,978	18.0	2.5

Source: [U.S. Census Bureau, Small Area Income and Poverty Estimates \(SAIPE\), 2012](#). Estimates for 2011 were released in December 2012.

Households in Poverty, 2008 - 2012

Geographic Area	Total Households, 2008/2012	Households in Poverty, 2008/2012	% Households in Poverty, 2008/2012
Wood County, West Virginia	35,783	5,642	15.8
Hospital Service Area	53,931	9,180	17.0
West Virginia	742,674	129,761	17.5

Source: [U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013](#).

Poverty Rate Change for Children under Five, 2000 - 2012

Geographic Area	Children 0-4 in Poverty, 2000	Poverty Rate, 2000	Children 0-4 in Poverty, 2012	Poverty Rate, 2012	Change in Poverty Rate, 2000 - 2012
Wood County, West Virginia	1,348	25.8	1,764	35.6	9.7
Service Area	2,135	27.4	2,615	36.0	8.6
West Virginia	27,891	26.9	30,809	30.1	3.3

Source: [U.S. Census Bureau, Small Area Income and Poverty Estimates \(SAIPE\), 2012](#).

Poverty Rate Change for Children Ages Five to Seventeen, 2000 - 2012

Geographic Area	Children 5-17 in	Poverty Rate,	Children 5-17 in	Poverty Rate,	Change in
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	Poverty, 2000	2000	Poverty, 2012	2012	Poverty Rate, 2000 - 2012
Wood County, West Virginia	2,475	17.2	2,911	22.0	4.8
Hospital Service Area	4,283	19.3	4,674	23.3	4.0
West Virginia	57,526	20.1	62,933	23.2	3.1

Source: [U.S. Census Bureau, Small Area Income and Poverty Estimates \(SAIPE\), 2012.](#)

Seniors in Poverty, 2008 - 2012

Geographic Area	Seniors	Seniors in Poverty	Senior Poverty Rate
Wood County, West Virginia	14,273	1,046	7.3
Hospital Service Area	22,051	1,951	8.8
West Virginia	290,314	28,848	9.9

Source: [U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013.](#)
The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.

UNEMPLOYMENT:

Major industries in the region include polymer production, governmental accounting, healthcare, window and door manufacturing, call centers, distribution centers, tourism and oil and gas. Over a 5-year period the regional unemployment rate has dropped from over 10% in 2010 to 6.5% in 2014. While a major employer Coldwater Creek closed their doors, Marcellus Shale oil and gas exploration and drilling have increased considerably in the region. Supporting those workers' needs, motels have been constructed, and restaurants and convenience stores have documented increased related business. Project Ascent has announced tentative intentions for development of an Ethane Cracker facility in Wood County to convert natural gas byproducts into related products widely used in multiple industries.

Employment/Unemployment Information, August 2014

Geographic Area	Labor Force	Employment	Unemployment	Unemployment Rate
Wood County, West Virginia	39,238	36,857	2,381	6.1
Hospital Service Area	57,615	53,860	3,755	6.5
West Virginia	802,082	749,027	53,055	6.6

Source: [U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, October 1, 2014.](#)

HOUSEHOLD INCOME:

Wood County median annual income exceeds the state average and is higher than most surrounding counties at \$42,065. The Wood County workforce includes 38,750 workers according to data from Work Force WV. 6% of those workers are self-employed, 14% work for the government and 80% work for private companies. 2.7% of workers work from home. The average commute to work time in Wood County is 18.3 minutes with surrounding counties varying from 27-32 minutes. 84.2% of Wood County residents work within Wood County.

Median Annual Household Income, 2012

Geographic Area	Median Household Income (\$)
Wood County, West Virginia	42,065
West Virginia	40,188

Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates (SAIPE)*, 2012. Estimates for 2012 were released in December 2013.

EDUCATIONAL ATTAINMENT:

11.67% of Wood County residents did not complete high school. Some elderly residents could not complete high school because of family or work duties or war enlistment. 25.2% of the Wood County population entered college but only 8.5% completed Associate Degrees, 12.5% completed Bachelor's Degrees and 6.4% attained Graduate or Professional Degrees. Approximately 3,348 Wood County residents are enrolled as college students. Returning Veterans are among those students who have enrolled for other job training. New popular degree programs in the area include culinary arts, agriculture, pipeline welding, medical assistants, and medical coding.

Percent Attaining Educational Levels, 2008 - 2012

Geographic Area	% No High School Diploma	% High School Only	% Some College	% Associates	% Bachelors	% Graduate or Professional
Wood County, West Virginia	11.67	35.9	25.2	8.5	12.5	6.4
West Virginia	16.60	40.9	18.5	6.1	11.0	6.9

Source: U.S. Census Bureau, *American Community Survey, 2012 Data Release, December 2013*. The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.

Persons Lacking Basic Prose Literacy Skills, 2003

Geographic Area	Estimated Population over 16	Percent Lacking Literacy Skills
Wood County, West Virginia	68,384	11

Hospital Service Area	105,333	12
West Virginia	1,418,672	13

Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, State and County Estimates of Low Literacy, 2003.

RACE/ETHNICITY:

West Virginia has minimal racial or ethnic diversity compared to other parts of the United States. The state and regional population is primarily Caucasian at 96.4%. Females comprise 51.4% of the county population. 1.1% of the population was born in a foreign country and now resides locally.

Population By Race, 2008 - 2012

Geographic Area	White		Black		American Indian		Asian		Native Hawaiian		Mixed Race	
	M	F	M	F	M	F	M	F	M	F	M	F
Wood County, West Virginia	40,357	43,368	549	436	31	104	191	251	23	39	595	722
Hospital Service Area	62,796	65,581	653	467	89	146	195	263	23	39	1,392	1,264
West Virginia	852,462	884,907	31,565	26,695	1,637	1,297	5,860	6,834	350	181	17,228	17,472

Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008 through 2012.

MORTALITY & MORBIDITY:

Heart disease and cancers are the leading causes of adult deaths locally. Heart disease is influenced by unhealthy habits of smoking, a sedentary lifestyle, and poor nutritional choices. The Cancer Registry database indicates breast cancer followed by lung cancer as the most prevalent cancers in area women. Prostate and lung cancer are the most prevalent in area men. Cancer survival rates are much higher when cancers are detected early. Screenings are available for early detection of breast cancer, cervical cancer, lung cancer and colon cancer.

Selected Causes of Resident Deaths: Number and Rate* for Wood County, West Virginia, 2011

Top 4 Causes of Death	Number	Rate/1,000 Population
Cardiovascular Disease	368	423.2
Malignant Neoplasms (cancer)	219	251.9
Respiratory Diseases	57	65.6
Cerebrovascular Disease (stroke)	54	62.1
Total Wood County Deaths	989	11.4/100,000 population

West Virginia Bureau for Public Health *Rates for total deaths are per 1,000 population. Rates for fetal deaths, deaths under 1 year and deaths Health Statistics Center, 2014 under 28 days are per 1,000 live births. All other rates are per 100,000 population unless otherwise noted.

BIRTH THROUGH YOUNG ADULT DATA:

Camden Clark Medical Center delivered 1,363 babies in 2010, and serves as a regional delivery site as smaller Critical Access Hospitals have stopped delivering babies. The Cesarean Section birth rate was 24.4% compared to the state average of 21.0%. November was the most likely month of birth followed by May. 1 in 8 babies was born to a teen mother. 9.1% of babies had low birth rates likely linked to smoking. West Virginia has the highest rate of smoking while pregnant, in the nation. 23.3% of Wood County mothers smoked during their pregnancy compared to the national average of just 8.9%. Young adult male suicides and drug overdoses have been on the increase.

Health Issue	Wood County	WV
Infant Mortality Rate 2011	9.2	7.4 (Per 1,000 live births)
Child Death Rate Ages 1-14	22.0	22.3 (Per 100,000 children)
Low Birth Rate Babies	9.1%	9.3%
Teen Births 2010	51.60	45.0 (Per 1,000 births)
Births to Unmarried Teens	11.8%	10.5%
Teen Injury Deaths	26.4	50.2 (Per 100,000 teens)
Births With Early Prenatal Care	84.3%	86.3%
Drug Overdose Deaths*	13.4	26.8 (Per 100,000 population, 2006-2010)
Suicide*	15.2	15.9 (Per 100,000 population, 2006-2010)

<http://datacenter.kidscount.org/>. The Annie E. Casey Foundation

* WV Health Statistics Center, Wood County Behavioral Health Epidemiological County Profile, Feb. 2014.

PREVENTIVE HEALTH RISK FACTORS:

The American Cancer Society estimates that 80% of diseases can be prevented by adopting healthy habits¹. *America's Health Ranking 2014*² rated West Virginia at 44th of the 50 states. The state has some of the highest national rates for smoking, obesity, childhood obesity, physical inactivity, and diabetes and cancer deaths. The Milken Institute reports nearly 1.3 million cases of seven common chronic diseases (cancers, diabetes, heart disease, hypertension, stroke, mental disorders and pulmonary conditions) were reported in West Virginia in 2003. Those conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. Treatment of those conditions cost \$2.3 billion and lost productivity from being too ill to go to work totaled \$8.1 billion³.

Former Surgeon General C. Everett Koop stated "Far too often patients realize the need for change from a hospital bed". Now may be your time to change to healthier habits. Adopting new health habits can reduce hospitalizations and medical expenditures later in life. Extensive research conducted by the Mayo Clinic quantified risk factors as reported in the *Journal of Occupational Environmental Medicine*⁴ in 2012 as follows:

- \$1,274 – Annual savings in medical and prescription costs from quitting smoking
- \$1,850 – Annual savings in medical cost by reducing obesity to normal weight
- \$1,022 – Annual savings in medical costs by exercising regularly for a one year period

Heart disease, numerous cancers, respiratory diseases and strokes, the leading causes of death locally can be greatly reduced by quitting smoking, losing weight, eating a more balanced diet with fresh fruits and vegetables and exercising regularly. **GOOD HEALTH IS WEALTH!** Make the time to invest in your own health and put more life in your years and more years in your life.

Adult Behavioral Health Risk factors 2007-2011:

Indicator	Wood	WV	Rank in WV
Fair/Poor Health	22.5%	23.6%	36
No Health Insurance (Adults)	21.4%	21.7%	36
Obesity	30.4%	31.8%	41
Diabetes	13.3%	11.8%	20
High Blood Pressure	35.9%	34.6%	30
High Cholesterol	39.7%	39.9%	35
Cardiovascular Disease	13.2%	12.6%	24
Asthma	7.8%	8.8%	38
Arthritis	37.9%	35.2%	24
Cigarette Smoking	28.8%	26.9%	19
Disability	31.5%	28.4%	16
Binge Drinking	10.4%	9.4%	18

Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System. WV has 55 counties. Rank of 1 equals highest rate (Worst) in the state and rank of 55 is the lowest rate (Best).

National Survey On Drug Use and Health Data (NSDUH):

Risk Factor	Region 3*	WV
Alcohol use among persons 12 and older 2008-2010	37.2%	39.6%
Alcohol use among 12-20 year olds	20.8%	23.4%
Binge drinking among 12-20 year olds	15.2%	15.9%
Tobacco use† among persons 12 and older 2008-2011	40.1%	39.3%
Illicit drug use last month ages 12 and up	7.0%	8.1%
Marijuana use last month ages 12 and up	4.9%	5.8%
Nonmedical use of painkillers last month ages 12 and up	5.0%	5.7%
Serious mental illness in last year ages 12 and up	5.8%	5.9%
Any mental illness in last year ages 12 and up	21.0%	22.5%
Had serious thoughts of suicide in past year	4.7%	4.2%
Chronically Homeless (Wood County Only) 114 sheltered	7.0%	

*Region 3 includes Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood Counties.

Source: NSDUH, 2008-2010. † Use defined as used in the past month, includes smoking, chewing, snuff, cigars or pipes.

Healthcare Workforce in Wood County

Profession	# In Wood Co. Workforce	Density/10,000 Population
RNs	848	Below national average
LPNs	366	Above national average
MDs	164	Below national average
Pharmacists	104	Below national average
Dental Hygienists	91	Above national average
Nurse Practitioners	52	Below national average

DOs	47	Above national average
Dentists	41	Below national average
Physician Assistants	26	Equal national average

2012 Health Care in West Virginia: A Workforce Analysis, The West Virginia Rural Health Association with data analysis by the West Virginia Rural Health Research Center. Funding by the Claude Worthington Benedum Foundation.

With successful governmental efforts to insure more West Virginians, the demand for access to the local primary care workforce will increase. Much of the hospital secondary service area continues to have identified professional shortage areas for physicians and dentists, resulting in long drives to access care outside their local community. *A Workforce Supply and Demand Analysis Report*⁵ from October 2014, by the National Center for the Analysis of Healthcare Data projects even more populous Wood County needs additional psychiatrists, oncologists, general surgeons, gastroenterologists and endocrinologists to meet the near future needs. The Bureau of Labor Statistics indicates that 30% of physicians are age 55 or older⁵. Nearly one third of physicians may retire during the timeframe when the over age 65 population increases rapidly creating a greater need for physician care.

The Healthcare Change Challenge

The Patient Protection and Affordable Care Act (PPACA) was signed into law March 23, 2010. It was amended by the Health Care & Education Affordability Reconciliation Act, which was signed into law March 30, 2010. Together, the legislation provides health insurance coverage to 32 million uninsured people by 2019 at a cost estimated to be \$940 billion over 10 years (2010-2019).

The legislation was passed to resolve the issue of 51 million uninsured Americans, to slow insurance premiums that have risen 131% over the last 10 years where an average family of four pays more than \$13,000 annually in premiums. Individuals will be required to obtain coverage or face a penalty. If program eligibility was met, uninsured West Virginia residents had options to enroll in Medicaid, enroll in the Children’s Health Insurance Program (CHIP) or purchase insurance plans through a created Insurance Exchange. Highmark Blue Cross Blue Shield was the only company to offer Exchange products for purchase. Approximately 17% of the state population was uninsured in 2013, but as of January of 2015, that number has been successfully reduced to 6.6% with an additional 100,000 residents being insured⁶.

Governmental reimbursement is shifting to reward healthcare providers who deliver high quality and cost efficient treatments rather than being volume based. Providers are required to collect and enter more data such as race, ethnicity and primary language into sophisticated computer systems with the expectation that data can be shared between care givers to reduce duplication.

Medical Home Model and Accountable Care Organizations are two new buzz-words to describe the highly coordinated and integrated comprehensive healthcare delivery models anticipated in the future. Providers of healthcare services will need to form collaborative relationships to provide patients with a well-coordinated continuum of care. Success under this new model will require heightened awareness of the community served and analysis of the health needs and resources available to care for the patient population at risk. The development of a strategic plan supported by a data such as this Community Health Needs Assessment is paramount to the

successful development, sustainability and growth of Camden Clark Medical Center and other providers using this data.

Responses To Identified Issues

This assessment tool identifies a number of health risks, issues, influences, and trends that threaten the health of the community. Efforts toward preventive health measures, chronic disease management, and enhanced treatment methods are described through major disease processes and the hospital services that address those risks.

PREVENTATIVE HEALTH

Prevalent Community Risk Factors:

- Obesity, childhood obesity and overweight
- High smoking and oral tobacco use
- Sedentary lifestyle with little regular exercise
- High cholesterol, lipids or triglyceride levels

Strategy:

- 1) Encourage personal wellness through individual decision making to adopt healthy habits
- 2) Encourage Worksite Wellness Programs in area businesses
- 3) Encourage physician referrals to community lifestyle improvement programs

Services Available:

Camden Clark Health & Wellness Center

The Health & Wellness Center is a medically based supervised fitness center with medical oversight, clinical integration and a highly qualified staff. Members benefit from expert guidance from licensed, credentialed or certified staff on exercise, nutrition and healthy lifestyle habits. Every member's first visit includes a personalized health risk assessment. The initial assessment includes a blood pressure check, resting pulse, height and weight, body composition, medical and lifestyle questionnaire, and equipment orientation. A Fitness Specialist will review results and write a 12-week exercise prescription to follow. Services are customized to individual needs. The well-equipped modern facility includes:

- Pool with lap lanes
- Hot tub
- Steam room
- Sauna
- Racquetball courts
- Cardiovascular equipment
- STRIVE versatile equipment
- Basketball gym
- Therapeutic Massage Therapy
- Personal Trainers
- Nutrition coaching with a dietitian
- Free weight
- Group exercise

The Center is open daily with convenient hours to accommodate busy schedules. More information is available at 304-424-2348 or BFIT@CCMH.ORG.

Camden Clark Lifetime Partners

Lifetime Partners is a free exclusive organization for those ages 55 and older. Members can join the SoleMates Walking Club at the Grant Central Mall to enjoy a safe climate controlled place to

walk regularly and remain active. Members can learn about good health, take advantage of exclusive member benefits and savings, receive a no-cost prescription card, enjoy interesting activities and interact with new found friends. More information is available at 304-424-2055 or at www.camdenclark.org.

The Sleep Center at Camden Clark

Research shows that an adequate amount of sleep is essential for good health. Most people fall asleep at night with ease and wake up refreshed for the next day, but approximately 20% of the population suffers from some form of sleep disorder. Everyone gets tired but not everyone gets enough sleep. Excessive weight can increase the risk of sleep apnea, a condition when you quit breathing momentarily. The Sleep Center evaluates and treats all sleep disorders such as sleep apnea, snoring, narcolepsy sleepwalking, Rapid Eye Movement (REM) sleep disorders, and restless leg syndrome. Patients come to the hospital at night and have sensors applied to them and are monitored by closed circuit television and microphones. State-of-the art equipment monitors brain waves, eye movement, breathing, blood oxygen levels, heart rate and muscle activity during sleep. Physicians interpret the results and make recommendations on how to sleep and feel better.

Other Community Services:

River City Running Club	Bike and walking trails
Parkersburg Rowing Club	Zumba classes
Aerobic classes	YOGA Classes
Gymnastics	Senior Exercise Program
Organized sports programs	Parkersburg Half Marathon
Community health fairs and screenings	National Health & Fitness Day

Cardiovascular Services

Camden Clark Medical Center offers comprehensive, state of the art Cardiovascular Services to the Mid-Ohio Valley and surrounding areas. From diagnosis to treatment, patients and families experience excellence in their care. Diagnosing and successfully treating heart disease takes a team of qualified and committed doctors, nurses and support staff. Open heart surgery, cardiac catheterization, coronary and peripheral angioplasty and stenting, echocardiography, and cardiac rehabilitation are some of the services we directly provide to our community.

Prevalent Community Risk Factors:

1. **STROKE** (Medical term: Cerebrovascular accident or CVA)

A **stroke** is a condition where a blood clot or ruptured artery or blood vessel interrupts or limits blood flow to an area of the brain. Strokes primarily affect the elderly or those with a history of diabetes, smoking, or ischemic heart disease. The results of a stroke may cause paralysis. Recognize stroke symptoms by remembering **FAST**:

Face drooping
Arm weariness
Speech Difficulty
Time to call 911

2. **High Blood Pressure** (Medical term: Hypertension)

High blood pressure is a common condition in which the force of the blood against your artery walls is high enough that it may eventually cause health problems, such as heart disease. Blood pressure is determined by the amount of blood your heart pumps and the amount of resistance to

blood flow in your arteries. The more blood your heart pumps and the narrower your arteries, the higher your blood pressure. You can have high blood pressure for years without any symptoms. Uncontrolled high blood pressure increases your risk of serious health problems, including heart attack and stroke.

3. Cardiovascular Disease of the heart and peripheral arteries

Heart disease is a broad term used to describe a range of diseases that affect your heart. The various diseases that fall under the umbrella of heart disease include diseases of your blood vessels, such as coronary artery disease; heart rhythm problems (arrhythmias); heart infections; and heart defects you're born with (congenital heart defects). The term "heart disease" is often used interchangeably with "cardiovascular disease." Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as infections and conditions that affect your heart's muscle, valves or beating rhythm, also are considered forms of heart disease. Two commonly treated conditions are:

Congestive Heart Failure (CHF) describes the failure of the heart to adequately meet the needs of organs and tissues for oxygen and nutrients. This decrease in cardiac output, the amount of blood that the heart pumps, is not adequate to circulate the blood returning to the heart from the body and lungs, causing fluid (mainly water) to leak from capillary blood vessels. This leads to symptoms that may include shortness of breath, weakness, swelling and water weight gain.

Peripheral arterial disease (P.A.D.) is a disease in which plaque (fats) builds up in the arteries that carry blood to your head, organs, and limbs. Plaque is made up of fat, cholesterol, calcium, fibrous tissue, and other substances in the blood.

Strategy:

1. Raise hypertension awareness through community screenings
2. Build community care coordination of services for congestive heart failure
3. Provide community screenings for early detection of peripheral artery disease
4. Raise awareness of stroke symptoms using the acronym FAST
5. Educate public and patients about adopting heart healthy habits
6. Raise awareness of local heart care services including open heart surgery
7. Provide electrophysiology (ablation) for atrial fibrillation treatment
8. Expand cardiac catheterization labs and utilization
9. Promote Pediatric Cardiology Clinic partnership with WVU
10. Promote worksite health screenings and risk reduction programs

Services Camden Clark currently provides:

1. Mended Hearts
2. Cardiac Rehab
3. Diagnostic, Interventional and Invasive Catheterization Labs
4. Adult Open Heart Surgery
5. Minimally Invasive Surgery
6. Echocardiography/Stress Testing
7. Pediatric Satellite Clinic
8. Cardiac Device Clinic
9. Cardiac Intensive Care Unit (CVICU)
10. Emergency squad to Emergency Room 12 Lead EKG telemetry monitoring
11. Emergency Department – STEMI Treatment (100% blockage of coronary artery)

Other Community Services:

1. American Heart Association activities
2. Wood County Schools LIFE Heart Healthy Screenings
3. Mid-Ohio Valley Health Department outreach programs
4. WV State Coalition on Stroke

Oncology (Cancer) Services

Camden Clark's Community Comprehensive Cancer Center

For more than 35 years, Camden Clark's Community Comprehensive Cancer Center has been influential in setting the pace for cancer care in the Mid-Ohio Valley. The cancer program, accredited by the American College of Surgeons' Commission on Cancer, reflects a commitment to provide the finest in cancer care. Healthcare professionals from a wide range of disciplines use a team approach to cancer treatment and prevention, contributing to each patient's individualized plan of care. Services include both medical and radiation treatment services.

Medical Oncology Services include:

- External Beam Radiation Therapy
- Immunotherapy
- Chemotherapy
- Hematology
- Clinical Trials
- Genetic Testing

Radiation Oncology Services include:

- Biotherapy
- Intensity-Modulated Radiation Therapy
- Image-Guided Radiation Therapy
- Respiratory Gating
- Prostate Seed Implant
- HDR Brachytherapy

Prevalent Community Risk Factors

1. Lung cancer

Lung cancer is the deadliest type of cancer for both men and women. Each year, more people die of lung cancer than of breast, colon, and prostate cancers combined. Lung cancer is more common in older adults and rare in people under age 45. Cigarette smoking is the leading cause of lung cancer. The more cigarettes you smoke per day and the earlier you started smoking, the greater your risk for lung cancer. There is no evidence that smoking low-tar cigarettes lowers the risk. However, lung cancer has occurred in people who have never smoked. Long term exposure to radon, asbestos and other chemicals may increase risks. Secondhand smoke (breathing the smoke of others) increases your risk for lung cancer. According to the American Cancer Society, an estimated 3,000 nonsmoking adults will die each year from lung cancer related to breathing secondhand smoke.

2. Breast cancer

Often, there are no symptoms of breast cancer, but signs of breast cancer can include a breast lump or an abnormal mammogram. Breast cancer stages range from early, curable breast cancer to metastatic breast cancer, with a variety of breast cancer treatments. There are different types of breast cancer. In addition, breast cancer in men is not uncommon and male breast cancer must be taken seriously.

3. Colorectal cancer

Colon, or colorectal, cancer is a cancer that starts in the large intestine (colon) or the rectum (end of the colon). According to the American Cancer Society, colorectal cancer is one of the leading causes of cancer-related deaths in the United States. However, early diagnosis can often lead to a complete cure. Almost all colon cancer starts in glands in the lining of the colon and rectum. When doctors talk about colorectal cancer, this is usually what they are talking about. There is no

single cause of colon cancer. Nearly all colon cancers begin as noncancerous (benign) polyps, which slowly develop into cancer. You have a higher risk for colon cancer if you:

- Are older than 60
- Are African American or eastern European descent
- Eat a diet high in red or processed meats
- Have cancer elsewhere in the body
- Have colorectal polyps
- Have inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- Have a family history of colon cancer
- Have a personal history of breast cancer
- Smoking cigarettes and drinking alcohol increase risks for colorectal cancer.

4. Prostate cancer

Prostate cancer is cancer that starts in the prostate gland. The prostate is a small, walnut sized structure that makes up part of a man's reproductive system. It wraps around the urethra, the tube that carries urine out of the body. A common problem in almost all men as they grow older is an enlarged prostate. Prostate cancer is the most common cause of death from cancer in men over age 75. Prostate cancer is rarely found in men younger than 40. Men who are at higher risk include:

- African-American men
- Men who are older than 60
- Men who have a father or brother with prostate cancer

5. Bladder cancer

Bladder cancer is a cancer that starts in the bladder. The bladder is the body part that holds and releases urine. It is in the center of the lower belly area. In the United States, bladder cancers usually start from the cells lining the bladder (called transitional cells). The exact cause of bladder cancer is uncertain. However, several things may make you more likely to develop it:

- Cigarette smoking. Smoking greatly increases the risk of developing bladder cancer. Up to half of all bladder cancers in men and several in women may be caused by cigarette smoke.
- Chemical exposure at work. About one in four cases of bladder cancer is caused by coming into contact with cancer-causing chemicals at work. These chemicals are called carcinogens. Dye workers, rubber workers, aluminum workers, leather workers, truck drivers, and pesticide applicators are at the highest risk.
- Chemotherapy: The chemotherapy drug cyclophosphamide (Cytosan) may increase the risk of bladder cancer. Your doctor may prescribe a medicine to reduce this risk.
- Radiation treatment: Women who had radiation therapy to treat cervical cancer have an increased risk of developing bladder cancer.

Strategy:

1. Provide community smoking cessation methods
2. Encourage high-risk lung assessments by Primary Care physicians
3. Encourage regular self-breast exams and mammography
4. Encourage annual cervical checks
5. Promote Wear Blue Day to raise awareness of colon disease symptoms
6. Expand number of cancer nurse navigators

Services currently offered through the Community Comprehensive Cancer Center:

1. Aspire (wig consultant)
2. ACS Outreach Center
3. Clinical trials
4. Horizons of Hope
5. Susan G. Komen grant funds
6. Patient navigator
7. Lung screening
8. Community education
9. Tumor Board
10. Cancer Committee
11. Laryngectomy Support Group
12. Ostomy Support Group
13. Specialized cancer nursing unit
14. ACS/COC accreditation
15. Stereotactic breast biopsy

Other Community Services:

1. Relay for Life
2. WV Breast and Cervical Cancer Screening Program
3. Hospice
4. American Cancer Society
5. Man to Man program
6. Reach to Recover
7. Road to Recovery

Internal Medicine

Internal Medicine is a dynamic service line with specialties including Pulmonology, Infectious Diseases, Gastroenterology, and General Medicine. The services include the Intensive Care Unit Cardiac Care Unit, IV Team, Critical Care Resource Team and the Clinical Decision Unit.

Prevalent Community Risk Factors:

1. Diabetes

Diabetes means that blood glucose (often called blood sugar) is too high. Blood always has some glucose in it because the body needs glucose for energy. But too much glucose in the blood isn't conducive to good health. Glucose comes from food and is also made in the liver and muscles. Blood carries the glucose to all of the cells in the body. Insulin is a chemical (a hormone) made by the pancreas. The pancreas releases insulin into the blood. Insulin helps the glucose from food get into the cells. If the body does not make enough insulin or if the insulin doesn't work the way it should, glucose can't get into the cells. It stays in the blood instead. Blood glucose levels then get too high, causing pre-diabetes or diabetes.

2. COPD/Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases that block airflow during exhaling and make it increasingly difficult for to breathe. Emphysema and chronic asthmatic bronchitis are the two main conditions that make up COPD. In all cases, damage to the airways eventually interferes with the exchange of oxygen and carbon dioxide in the lungs. COPD is a leading cause of death and illness worldwide. Most COPD is caused by long-term smoking and can be prevented by not smoking or quitting soon after starting. This

damage to the lungs can't be reversed, so treatment focuses on controlling symptoms and minimizing further damage.

3. Dental Care

Studies show that poor dental health is connected to major health concerns and chronic diseases, such as cardiovascular disease, diabetes, respiratory illnesses, stroke, dementia and adverse pregnancy outcomes.

Strategy:

1. Enhance diabetes detection and care management
2. Increase smoking cessation awareness
3. Weight management education
4. Increase continuity of care for discharged patients
5. Enhance dental services in rural areas

What Camden Clark currently provides:

1. Breath by Breath pulmonary mobile services
2. Smoking cessation
3. Nutrition clinic
4. Diabetes Wellness Center
5. Pulmonary Rehab
6. Better Breathers Club
7. Bariatric surgery
8. Weight Loss Resource Center
9. SoleMates walking club

Other Community Services:

1. Local food movement – farmers market
2. HD weight management programs
3. Community Health Centers Diabetes education
4. SMILES for Life
5. HD enforcement of non-smoking

Emergency Services

Camden Clark's Trauma Center treats over 45,000 patients a year, more than any other area hospital. With 27 beds and 3 minor-care beds, this modern, 911-designated receiving hospital treats both adult and pediatric walk-in patients. The center is staffed with a dedicated team of physicians and nurses whose skill, experience and compassion ensure outstanding emergency care. Specialists, including orthopedists and general surgeons, consult in the Emergency Department. Patient-focused care is high quality, comprehensive, accessible, supportive and personalized.

Prevalent Community Risk Factors:

1. Nonuse of seatbelts
2. ATV accidents
3. Teen injury and deaths
4. Texting/cell phone use while driving
5. Drug overdoses
6. Suicide attempts
7. Alcohol related accidents

Strategy:

1. Promote teen safe driving campaigns
2. Develop trauma awareness programs for senior populations
3. Suicide prevention
4. Drug awareness and education
5. Increase depression screenings by physicians

What Camden Clark currently provides:

1. “Traumaroo” (up to age 8)
2. Trauma Nurses Talk Tough (high school)
3. Fall prevention education

Other Community Services:

1. Family and teen counseling services
2. School based drug education programs
3. Driving safety events

Women’s and Children’s Services

Camden Clark offers a personal and complete approach to women’s health care, including breast health services, wellness and nutritional and exercise guidance. The Women’s Center provides digital mammography, ultrasound, stereotactic breast biopsy and bone density testing. Camden Clark’s Special Delivery Unit specializes in family-centered care. The nursing staff is highly skilled in caring for the patient during labor, delivery and postpartum, and for the newborn baby. The unit includes:

- 9-bed Labor and Delivery suite
- 14-bed Postpartum suite
- Triage and Newborn Nursery
- 14-bed Pediatric Suite

Camden Clark’s Pediatric Unit has been remodeled to help make children feel more at ease in the hospital. From brightly colored kites on the curtains to the yellow ducks in the bathrooms, the department was decorated with a child in mind. Camden Clark’s nursing staff is specially trained in pediatric patient care.

Prevalent Community Risk Factors:

1. Low-birth weight infants
2. Teen pregnancy
3. Lactation
4. Pre 39-week births

Strategy:

1. Encourage smoking cessation during pregnancy and secondhand smoke in the home
2. Raise awareness of breast feeding
3. Consider pediatric surgical specialist
4. Support teen pregnancy prevention programs
5. Increase full-term pregnancies greater than 39 weeks gestation
6. Recruitment of primary care providers for the underserved patients ages 16 to 18
7. Additional Sexual Assault Nurse Examiner certified nurses

What Camden Clark currently provides:

1. Brain Under Construction Zone
2. WV Perinatal Collaborative
3. Breast Feeding Alliance
4. Prenatal classes
5. Breastfeeding classes – Lactation consultants
6. Bilirubin clinic – testing for newborn jaundice
7. Sibling classes
8. Friends and Family Infant CPR

What the community currently provides:

1. Mid-Ohio Valley Health Department
2. WIC
3. HealthCheck
4. Immunizations
5. CHIPS
6. Jefferson Health and Wellness Center

Behavioral Health

Camden Clark's Behavioral Health Unit offers individualized care in a warm, supportive atmosphere. The professional team begins by doing a thorough evaluation to help determine what is causing a patient's distress and how to best help. The clinical team will check to see if there are any underlying medical or biochemical origins of these symptoms. The team will then work with patients, family and other health care professionals to develop an appropriate course of treatment. This includes individual meetings with psychiatrists, group therapy and educational programs.

Prevalent Community Risk Factors:**1. Alcohol Misuse**

There are three main types of alcohol misuse – hazardous, harmful and dependent drinking. This is determined by the amount of alcohol consumed on a regular basis.

Hazardous drinking

Hazardous drinking is defined as when a person drinks over the recommended weekly limit of alcohol (21 units for men and 14 units for women). It is also possible to drink hazardously by binge drinking, even if a person is within the weekly limit. Binge drinking involves drinking a large amount of alcohol in a short space of time – eight units in a day for men and six units in a day for women.

Harmful drinking

Harmful drinking is when a person drinks over the recommended weekly amount of alcohol and experiences health problems that are directly related to alcohol such as:

- depression
- an alcohol-related accident, such as a head injury
- acute pancreatitis (inflammation of the pancreas)
- high blood pressure (hypertension)
- cirrhosis (scarring of the liver)
- some types of cancer, such as mouth cancer and bowel cancer
- heart disease

Dependent drinking

Alcohol is both physically and psychologically addictive. It is possible to become dependent on it. Being dependent on alcohol means that a person feels that they are unable to function without alcohol, and the consumption of alcohol becomes an important, or sometimes the most important, factor in their life. Depending on their level of dependence, a person can experience withdrawal symptoms if they suddenly stop drinking alcohol. Withdrawal symptoms can be both physical and psychological.

2. Depression

Many people with a depressive illness never seek treatment. But the majority, even those with the most severe depression, can get better with treatment. Medications, psychotherapies, and other methods can effectively treat people with depression. Depression is a mental illness that can be costly and debilitating to sufferers. Depression can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, cardiovascular disease, cancer, diabetes, and obesity. Depression also can result in increased work absenteeism, short-term disability, and decreased productivity.

3. Anxiety

Anxiety is an unpleasant feeling of apprehensiveness. It often includes physical symptoms. If anxiety becomes debilitating and chronic, it may be diagnosable as an anxiety disorder. Anxiety that continues without relief can lead to a condition called distress -- a negative stress reaction. Distress can disturb the body's internal balance or equilibrium, leading to physical symptoms such as headaches, an upset stomach, elevated blood pressure, chest pain, sexual dysfunction, and problems sleeping. Emotional problems can also result from distress. These problems include depression, panic attacks, or other forms of anxiety and worry. Research shows that stress also can bring on or worsen certain symptoms or diseases. Stress is linked to six of the leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver and even suicide.

4. Drug Addiction

As with many other conditions and diseases, vulnerability to addiction differs from person to person. Genetics, mental health, family and social environment all play a role in addiction. Risk factors that increase vulnerability for addiction include:

- Family history of addiction
- Abuse, neglect, or other traumatic experiences in childhood
- Mental disorders such as depression and anxiety
- Early use of drugs
- Administration—smoking or injecting a drug may increase its addictive potential

Many types of prescription drugs are abused. Currently there is a growing, deadly epidemic of prescription painkiller abuse in West Virginia and across the country. Wood County has seen a rise in prescription drug overdose deaths of nearly 25% since 2002.

Strategy:

1. Increase utilization of Crisis Stabilization Units
2. Enhance Child/adolescent psychiatry
3. Promote Addiction support programs
4. Develop medical detoxification beds
5. Enhance geriatric inpatient psych services

6. Safeguard prescription medications in the home

What Camden Clark Medical Center currently provides:

1. SBIRT – Screening, Brief and Intermittent Referral and Treatment
2. NAAA Group
3. Pharmacological support for acute psych/medical detox
4. ER/Inpatient psych screening
5. Provide diversion beds for the state
6. Screening for depression and anxiety
- 7.

Other Community Services:

1. Westbrook Health Services
2. ACT – Assertive Community Treatment
3. Crisis Stabilization Units

Community Benefits Provided by Camden Clark Medical Center

With a mission “To meet the health care needs of our community for a lifetime,” Camden Clark Medical Center, in 2014, provided 50 different screenings, health fairs, support groups, and community health events valued at \$340,265:

Name of Event/Program
Breastfeeding Class
GEMS (Girls Enrichment through Mentoring and Shadowing) program
Infant and Child Safety and CPR
Community Baby Shower
Condensed Childbirth Class
Sibling Class
Wood County 5th Grade Health/Career Fair
Wood County 8th Grade Health/Career Fair
Cancer Prevention and Early Detection Program by Physician
Cancer Prevention and Early Detection Program by Oncology Staff
Cancer Support Group (<i>Horizons of Hope</i>)
High Risk Lung Screening – Reduced Cost CT
Community Health Expo
Laryngectomy Support Group
Lifetime Partners Cholesterol/Glucose Screenings
Lifetime Partners Community Speakers
Lifetime Partners Bone Density Screenings
Lifetime Partners Community Health Fairs/Events
Lifetime Partners “Dinner with a Doc” and “Walk with a Doc”
Lifetime Connection Newsletter
Lifetime Partners Medicare Seminars
Lifetime Partners Health Education Day
Lifetime Partners PSA Screening
Mid-Ohio Valley Senior Expo
SoleMates Walking Club
Water Exercise Classes (New Program)
National Health & Fitness Day (New Program)
National Health Care Decisions Day
Health Fair for Partners in Education
Leadership Academy Community Service
Diabetes Education (Local Community Groups)
Better Breathers Club - Pulmonary Rehab Support Group
Cardiac Rehab Support Group

Rehabilitation Newsletter
Lung Disease Screening/Health Fair
Vascular Screens and Reduced Cost Blood Screens
Medical Tent for Parkersburg Half Marathon
Pink Mammogram Fund
Relay for Life
CCMC Community Health Watch Radio Show WLTP 910 AM
Chamber of Commerce of Mid-Ohio Valley Business Expo
CCMC Community Health Forum live TV show on WTAP
Rotary Blood Screening
St. Mary's Professional Women's Association
First Energy Health Fair
Donate Life WV Hospital Challenge
America Heart Association
Wake The World
Teddy Bear Clinic
Camp Catch Your Breath

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Additional information provided by:

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- Roane General Hospital
- Ritchie Regional Health Care
- West Virginia Partnership for Elder Living
- Mid-Ohio Valley Rural health Alliance