

Ruby Memorial Hospital

2018 Community Health Needs Assessment (CHNA)

Morgantown, WV

Prepared by Thomas Bias, Christiaan Abildso, and Emily Sarkees
West Virginia University Health Research Center
March 7, 2019

Contents

Background and Introduction	2
About Ruby Memorial Hospital	2
Previous CHNA Findings	3
Definition of the Community Served	3
Methodology and Community Input Process	4
Secondary Data	4
Primary Methods of Collecting and Analyzing Information	4
Community Health Needs Prioritization	7
Resources Potentially Available to Address the Significant Health Needs Identified	10
Conclusion	15
Appendices	16

List of Tables

Table 1 Select Demographic Data	4
Table 2 Community Health Concerns Survey Results	7
Table 3 Access to Healthcare and Medical Needs	8
Table 4 Identified Potential Resources/Ideas - Obesity	11
Table 5 Identified Potential Resources/Ideas - Substance Abuse	12
Table 6 Identified Potential Resources/Ideas - Mental Health	13
Table 7 Identified Potential Resources/Ideas - Cancer	14

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, including public health professionals; identifying resources; and prioritizing community health needs.

The 2018 Ruby Memorial Hospital CHNA incorporates the requirements described above and identifies the following prioritized needs:

- 1. Obesity and Associated Chronic Disease**
- 2. Substance Use and Mental Health Issues**
- 3. Cancer**

This document serves as a roadmap for the Implementation Plan, which will be developed during the months following the completion of the 2018 CHNA and specify planned actions to be taken by Ruby and collaborators, available resources, anticipated actions, and a plan for evaluating these activities. In addition to the requirement to conduct a CHNA, hospital leadership expressed the desire to go beyond regulatory requirements in serving patients and the community at large. To facilitate this goal, Ruby 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 representation of community members. This process was led by Dr. Tom Bias in the Health Research Center within the school. A CHNA leadership team was convened by Ruby including hospital and community leadership to inform and guide the process.

About Ruby Memorial Hospital

J.W. Ruby Memorial Hospital, the largest hospital in the WVU Medicine family, provides the most advanced level of care available to the citizens of West Virginia and bordering states. It is a 690-bed academic medical center that is home to WVU Medicine Children's, the only Level 1 trauma center in the state, several clinical programs, and the West Virginia University health schools. Ruby also boasts four urgent care locations, provides speciality care in more than 160 health areas, and provides general primary care for all ages at multiple locations.

Previous CHNA Findings

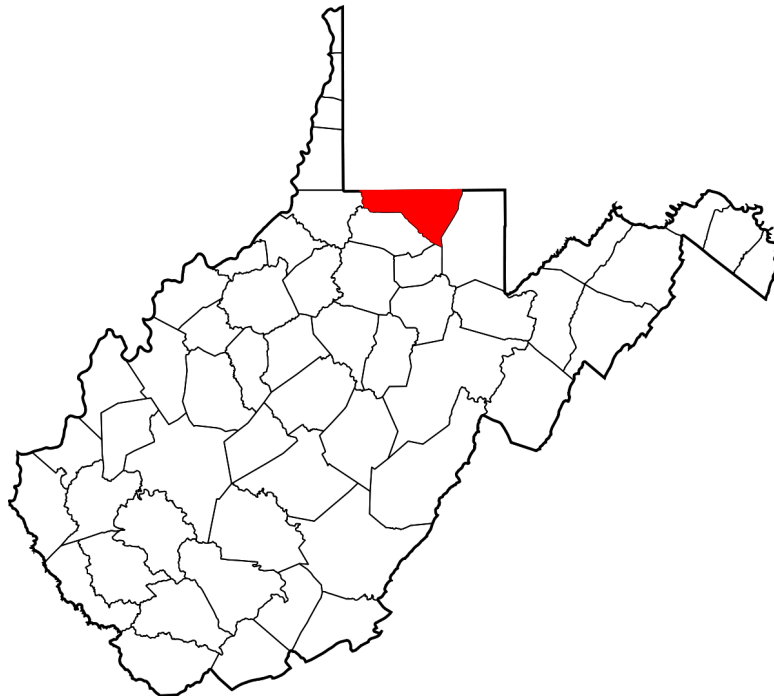
The most recent CHNA was adopted in 2016. It included a review of secondary data to assess socioeconomic characteristics, as well as key risk factors facing the county. Primary data was collected using a survey of community members' perceptions of health issues, and a community event focused on sociopolitical forces of change and community assets that impact population health. The final report identified four main community health priorities:

- Physical Health (obesity and co-morbid conditions such as diabetes)
- Injury Control
- Mental Health / Substance Abuse (drugs and alcohol)
- Sexually Transmitted Diseases/Infections (STDs, STIs)

Definition of the Community Served

For the 2018 process, the CHNA leadership team defined the community served as all of Monongalia county. Data collection was structured to allow the WVU team to analyze three different areas of the county based on respondents' proximities to each of the three high schools (discussed further below), acknowledging that reported needs of those living in or close to city limits may differ significantly from those living in more rural areas of the county.

Figure 1. Ruby Memorial Hospital's Service Area



The following table contains information from the US Census Bureau and shows the most current Quickfacts¹ for Monongalia County. It outlines some basic demographics, as well as information about health insurance coverage and poverty levels.

Table 1. Select Demographic Data

	Monongalia County, West Virginia
Population	105,030
Residents under the age of 18	16.3%
Non-white or more than one race	10.0%
Hispanic or Latino	2.2%
High School education or higher (ages 25+)	91.7%
Bachelor’s degree or higher (ages 25+)	39.8%
Under 65 years old and uninsured	6.6%
Persons living in poverty	17.3%

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 related to Monongalia County, including census data and County Health Rankings Data (Appendix A). Using these reports as a springboard, the leadership team started the initial discussion around critical health needs. Primary data collection was comprised of a survey of community members’ perceptions of health issues and a community event focused on reviewing survey data, discussing community resources and assets that impact population health in Monongalia County, and working as a group to outline possible implementation strategies for each area of concern.

Primary Methods of Collecting and Analyzing Information

We utilized two primary sources of data to inform the CHNA: (1) a public input survey and (2) a community meeting. The public input survey was developed by the WVU SPH with the

¹ <http://www.census.gov/quickfacts>, 2017 estimates

leadership team following an iterative process. 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 from residents who are 18 or older. The survey link was distributed through email lists and social media and made available as hard copies in the community. Collection points included:

- Ruby staff and their contacts
- Social media outlets, including community and neighborhood pages
- Ruby's official website and newsletter
- City officials and their contacts
- The Shack Neighborhood House
- Milan Puskar Health Right
- Friendship House
- Morgantown Health & Wellness Commission
- Early Head Start staff and contacts

This survey was not intended to be a representative, scientific sample of residents of the county's population, but rather a mechanism to solicit the community's perception of their health needs, concerns, and "things that are working well" in Morgantown. Just under 700 surveys were completed by community members from the area. Noteworthy limitations included low response representation from males, from the lower-income population making less than \$30k/year, from those residing in the western end of the county, and from seniors ages 65 or older. Despite these limitations, when analyzed closely, there was not noteworthy variation in health concerns reported by these demographics (Appendix C).

Additional information was collected through a community meeting hosted by Ruby leadership on October 23, 2018. This session, open to the public and with broad stakeholder representation, solicited input on community health needs and sought to identify groups and organizations already providing essential services. As a group, the survey data was reviewed and strategies for improving health outcomes in the most-reported topic areas were discussed. About 30 community members participated in this event. More detail on the makeup of this session is found below.

The survey results were reported back to the leadership team in aggregate, but also broken down by income, age, and education to ensure there were no significant differences in responses between differing groups. Community input from the event was compiled into a

document summarizing the work of that day. Feedback was categorized by health concern - along with community input about existing resources, ideas and suggested new strategies for each - for dissemination to the leadership team and those in attendance at the meeting.

Leadership Team and Community Organizations Involved

The following roles were represented on Ruby'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 in October and were charged as a group with collaborative discussion of primary and secondary data to determine health priorities.

Leadership Team

- Hospital Foundation, Community Outreach: Stephanie Bock, Director of PR, Community Relations
- Vulnerable Population Representation: Christopher McCormick and Meghan Kline, Population Health for WVU Medicine system; Laura Jones, Director of Milan Puskar Health Right
- Reporting of Community Benefit: Sara Fazenbaker, Senior Tax Accountant, WVU Medicine
- Key Contact: Shannon Mcallister, Executive Director of Telehealth & Physician Affiliate Program
- Coordinator: Lisa Hoover, Senior Executive Assistant
- Community-oriented Physician: David Hubbard, MD
- Other hospital and community Leaders:
 - Nancy Vest
 - David Harshbarger
 - Kelly Taylor
 - Penny Womeldorff
 - Ryan Stansbury

Additionally, input was collected at the community meeting held in Morgantown in October. The following organizations from local government, business, and non-profit organizations were represented at this meeting. Representatives from these organizations held discussions in small groups to compile a working list of existing resources, programs, policies, and ideas to address each area of concern. They also worked in their small groups and as part of a larger discussion to formulate some new suggestions to address each.

Organizations Represented at Community Meeting

- Monongalia County Schools
- Mountain Line Transit Authority
- Monongalia County Starting Points
- Morgantown City Council
- United Way of Mon and Preston Counties
- Mon River Trails Conservancy
- The Shack Neighborhood House
- St. Ursula’s Food Pantry & Outreach
- WVU Medicine staff and students

Community Health Needs Prioritization

The leadership team met in December 2018 to review the data collected through the survey and community event and identify priority areas for developing implementation strategies. The WVU SPH reviewed survey data (Appendix C), including responses to the three most important health problems or issues in the three areas of the county (see table below).

Table 2. Community Health Concerns Survey Results

Morgantown High School	University High School	Clay-Battelle High School
Obesity - 56.2%	Obesity - 71.8%	Drug Abuse - 55.2%
Drug Abuse - 48.2%	Drug Abuse - 43.0%	Obesity - 51.7%
Mental Health Problems - 19.5%	Alcohol Abuse - 19.0%	Cancer - 20.7%

Health issues were largely consistent when comparing the the three areas of the county, considering the number of respondents from each:

Morgantown High School area - downtown/city limits - 319

University High School area - outskirts of town - 152

Clay-Battelle High School area - western end of the county - 30

For example, drug abuse and obesity were the top two in all areas of the county, with some variation showing in the third of the top three topics. Health problems in aggregate varied slightly across age, income levels, and education (Appendix C), but not in a way that affected prioritization decisions.

Respondents from all areas of the county expressed overall agreement with statements about topics such as general safety of the area and Morgantown being a safe place to raise children.

Respondents also indicated that they largely believe Morgantown to be home to quality child care options, sufficient supports for families and individuals in times of stress and need, and good quality health and physical education in the public school system. Residents reported being slightly less satisfied with availability of public transportation, jobs, access to affordable fresh foods, and the availability of accessible, healthy recreational activities for all ages. The lowest overall reported levels of satisfaction pertained to the condition/availability of sidewalks and general safety when walking and biking, and to the availability of safe, affordable, sufficient housing options.

More generally, Monongalia county residents were mostly in agreement about perceptions of health - about three quarters of residents perceive the overall population to be “unhealthy” or “somewhat unhealthy”. About a third reported the perspective that their fellow residents believe that they can make Monongalia county a better place to live, either individually or collectively. Slightly more than this reported satisfaction with overall quality of life in the area, and about half believe that neighbors know and trust one another.

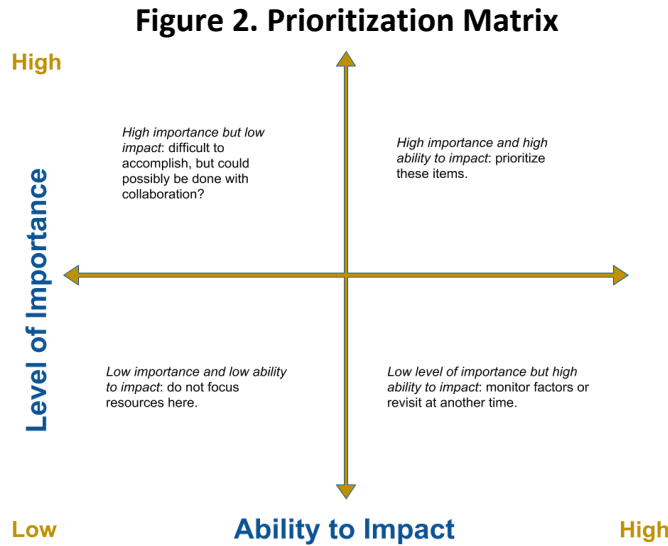
In terms of access to healthcare and other medical needs (see Table 3 below), the majority of respondents report having access to adequate medical care when needed, easy access to specialists, overall satisfaction with the quality of care received, and the ability to typically be able to afford their portion of medical care and medications. (Note that many respondents reported that these questions were not applicable to them.)

Table 3. Access to Healthcare and Medical Needs

	Agree	Disagree
I have access to the specialists I need	40.5%	16.4%
I am very satisfied with my medical care	38.8%	20.9%
I have access to adequate healthcare	42.5%	12.5%
At times I can't pay for my portion of my medical care	23.2%	58.6%
At times I can't pay for my portion of my medication	16.9%	71.3%
I am able to get medical care when I need it	38.2%	20.2%

At the December prioritization meeting, leadership team members revisited common priority areas as indicated by survey results. Utilizing a prioritization matrix (Figure 2, below) to guide discussion, the group considered the degree to which the hospital can realistically affect health

outcomes for each, endeavors already underway for each, as well as level of importance relative to the reach of their impact.



Within this discussion of where and how the hospital can realistically have an impact, what they could accomplish with collaboration with partners, and what topics to monitor and revisit at a later time, the list of top health concerns was pared down and reconfigured to the three that will be the focus moving forward with implementation planning.

- 1.) **Obesity and related chronic disease** – This topic is of very high importance according to the survey data from the community, and is already an existing focus of some hospital programming. Hospital leadership feels that Ruby has the capacity to affect health outcomes for residents in these areas via existing and new strategies, and is prioritizing it as one of the three implementation topics.
- 2.) **Substance use/abuse and mental health issues** – Similarly, the hospital and local partners see undeniable high need in this area, combined with pervasive community concern, and see an ability to strategize activities around these topics, particularly via close collaboration with Chestnut Ridge Hospital.
- 3.) **Cancer** - Both primary and secondary datasets reflect community concern for and need to address this health topic. Hospital leadership feels that Ruby has the capacity to continue existing efforts and implement new ones that will work to lower rates of cancer in the community.

Hospital leadership did take the time to discuss some of the issues beyond the “top four” identified at the community meeting. Low income, for example, is something that the hospital recognizes as a community and statewide concern, and it is something about which more than ten percent of survey respondents report as a health issue. However, the team recognizes that it is a larger problem that cannot be addressed with the resources and tools available to Ruby right now. Similarly, cost of healthcare and food insecurity appear in the top concerns of the community, but the leadership team acknowledges that these are systemic issues over which they have little control, and are choosing to focus Ruby’s resources on the areas where it can have the most widespread impact on residents and families. Leadership has not discounted these other topics entirely, and will keep them in mind to revisit at a later time, recognizing that potential collaborations with future partners could change the scope of their impact.

Potential Resources

Each of the top priorities identified in the 2018 CHNA are consistent with concerns raised in 2016. Although differing in ranking this time around, all but cancer continue to be reported as main health concerns in the area.

In addition to resources already available at Ruby, the following tables document organizations with missions aimed at addressing top health concerns identified during the community meeting, as well as ideas for each topic. Appendix D 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 point for drafting potential interventions in the forthcoming implementation plan.

Table 4. Identified Potential Resources: Obesity

Obesity	
Resources / Policy / etc.	Ideas
Active Living by Design website (urban planning)	Awareness promotion for exercise opportunities
Bariatric support group	BOPARC Funding - update older facilities
Bicycle-friendly community	Children's playsets - accessible/active/social
Bike clubs	Create community resource guide and educate primary care providers
Community Gardens	Boys on the Run
Conscious Harvest	Expand UW resource guide to include activities for physical activity
Cooking classes for community	Farmer's Markets accepting SNAP/WIC
Daily Mile (school-based)	Finding Wellness (free)
Farm to Families program for fresh foods	Grocery store make-up - accessible/healthy
Farmer's Market accepting SNAP/WIC	Grow Your Own Food promotions
Finding Wellness	Kinetic Krrriculum
Food Pharmacy	Menu prompts to healthier foods in restaurants
Girls on the Run	Promote fruits in grocery stores
Kidematics	Rail Trail - more trails/more connections
Hiking trails	School education
	Walk 100 Miles in 100 Days
Milan Puskar health Right	"Walking School Bus" program
Mon County Schools nutrition programs	
Pantry Plus More	
Rail Trail	
Running Events	

Table 5. Identified Potential Resources: Substance Abuse

Substance Abuse	
Resources / Policy / etc.	Ideas
AA / NA meetings in community	Affordable child care
Ascension Recovery Services	Downtown food trucks - healthy food and water; promote during peak alcohol consumption times
Celebrate Recovery	Drop-in center for homeless with SA/MH problems
CRC Teen Prevention Clinic	Funding - more trained counselors/expand services
COAT Program	LogistiCare improvements
Drug Court	Partnership and education in schools
Drug dogs / security at schools	Peer Recovery - more points of entry/funding
Drug Endangered Children Project (via Monongalia Co. CAC)	Prison-based mentorship programs - Kennedy Center <ul style="list-style-type: none"> - Job interviews - Family activities
Drug take-back day	Public health education on SA
Education	Transitional housing for SA/MH
Friendship House	
Harm reduction expansion / needle exchange	
Jacob's Ladder	
John D. Goode	
Light Project (MPHR needle exchange)	
Long-term treatment center opening in March	
Medication Assisted Treatment	
Naloxone first responder programs	
Reorganization of Neuroscience	
Sober Living residences <ul style="list-style-type: none"> - Oxford House 	

Table 6. Identified Potential Resources: Substance Abuse

Mental Health	
Resources / Policy / etc.	Ideas
Bartlett House	Arts & community & connection - downtown mural project
Caritas House	Blue light/unplugged time
Carruth Center	Connection (right tribe)
Center for Excellence in Disabilities	C-SSRS training for first responders
Chestnut Ridge	Decriminalize mental health - point of entry to inpatient CRC feels like going to jail
De-escalation training in schools	Employee assistance program
Early Head Start	Financial assistance
Essential Foundations, PLLC	Full time MH counselors in all schools
Handle with Care	LogistiCare improvements
Healthy Minds	Local resources needed <ul style="list-style-type: none"> - NAMI - MHA - B4 Stage 4 - Drop-in center for homeless with SA/MH problems - Meditation trainings for all ages/various venues - Supportive housing, group homes, transitional housing
Lakewood	Mandatory mental health education in schools
Milan Puskar Health Right	Mental Health Court
Meals on Wheels	Nature time
Natural Resilience	Purpose Workshops
Pediatric Neurodevelopment Center	Public health education re: MH
Quinn Curtis Center	Stop putting mental health patients who are waiting for commitment hearings in jail cells

Right From the Start	www.heartmath.com
School-based resilience education programs	
Starting Points	
United Summit Center	
Valley Healthcare	
WellTree	

Table 7. Identified Potential Resources: Cancer

Cancer	
Resources / Policy / etc.	Ideas
Bonnie's Bus	Bonnie's Bus program expansion
Health fairs	Cancer prevention
Home environmental testing	Chemical-free foods and homes
Insurance coverage	Education: environmental protection
Mary Babb Randolph Cancer Center	Education: value of health
Mobile Lung Cancer	Environmental protection
NCWV Community Action	Financial assistance
Screenings	Free lung cancer screenings
Water testing	Policy support on clean water and air
WVU Extension - lead testing	Support for clean water
	Walk-in mammography

Conclusion

The 2018 CHNA identified three health priorities to guide Ruby's efforts to improve the health of community members. These priorities are:

- 1. Obesity and associated chronic disease (diabetes/heart health)**
- 2. Substance abuse and mental health issues**
- 3. Cancer**

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, build upon past success, and include past efforts to address health needs identified in the 2016 CHNA. In the coming months, this process will lead to the completion of an implementation plan for activities centered on these health needs.

Appendices

- A. Secondary Data - Health Rankings for Monongalia County
- B. Community Survey
- C. Survey Data Summary: Age, Income and Education Breakdowns
- D. Full Resource Guide

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Monongalia (ML), WV X	Centre (CE), PA X PEER COUNTY	Lee (LE), AL X PEER COUNTY	Charlottesville City (CV), VA X PEER COUNTY	Clarke (CK), GA X PEER COUNTY
Health Outcomes					
Length of Life					
Premature death	6,400	3,900	8,000	6,100	6,800
Quality of Life					
Poor or fair health	18%	14%	19%	19%	23%
Poor physical health days	4.7	3.5	4.2	4.0	4.6
Poor mental health days	4.7	3.8	4.4	3.9	4.3
Low birthweight	8%	6%	8%	7%	9%
Health Factors					
Health Behaviors					
Adult smoking	20%	15%	19%	19%	22%
Adult obesity**	30%	29%	30%	27%	26%
Food environment index**	7.2	7.9	6.3	7.4	4.9
Physical inactivity**	25%	17%	25%	20%	22%
Access to exercise opportunities	93%	74%	59%	100%	87%
Excessive drinking	18%	23%	18%	19%	17%
Alcohol-impaired driving deaths	26%	23%	25%	33%	18%
Sexually transmitted infections**	524.8	343.3	507.0	574.6	602.0
Teen births	12	4	19	16	16
Clinical Care					
Uninsured	6%	8%	12%	14%	18%
Primary care physicians	810:1	1,380:1	2,010:1	360:1	1,490:1

	Monongalia (ML), WV X	Centre (CE), PA X PEER COUNTY	Lee (LE), AL X PEER COUNTY	Charlottesville City (CV), VA X PEER COUNTY	Clarke (CK), GA X PEER COUNTY
Dentists	860:1	1,760:1	3,380:1	1,170:1	1,830:1
Mental health providers	440:1	570:1	1,270:1	120:1	400:1
Preventable hospital stays	53	47	42	32	40
Diabetes monitoring	81%	88%	85%	87%	86%
Mammography screening	59%	72%	60%		68%
Social & Economic Factors					
High school graduation**	85%	92%	90%	87%	80%
Some college	71%	71%	72%	76%	70%
Unemployment	4.3%	4.2%	5.3%	3.3%	5.6%
Children in poverty	15%	12%	18%	20%	30%
Income inequality	6.6	5.0	6.3	6.9	6.9
Children in single-parent households	27%	21%	35%	35%	42%
Social associations	10.4	12.0	8.4	20.6	9.8
Violent crime**	284	91	275	454	372
Injury deaths	58	43	54	44	44
Physical Environment					
Air pollution - particulate matter	9.6	9.9	11.1	8.7	10.2
Drinking water violations	No	Yes	No		No
Severe housing problems	17%	20%	20%	21%	25%
Driving alone to work	75%	68%	85%	60%	75%
Long commute - driving alone	22%	22%	28%	12%	18%

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

Monongalia (ML)

County Demographics

	County	State
Population	104,622	1,831,102
% below 18 years of age	16.6%	20.5%
% 65 and older	11.4%	18.8%
% Non-Hispanic African American	3.8%	3.5%
% American Indian and Alaskan Native	0.2%	0.2%
% Asian	3.5%	0.8%
% Native Hawaiian/Other Pacific Islander	0.1%	0.0%
% Hispanic	2.1%	1.5%
% Non-Hispanic white	88.3%	92.3%
% not proficient in English	1%	0%
% Females	48.5%	50.5%
% Rural	26.9%	51.3%

	Monongalia County	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Health Outcomes					2
Length of Life					2
Premature death	6,400	5,800-7,000	5,300	9,800	
Years of Potential Life Lost Rate	6,400				
Years of Potential Life Lost Rate (Black)	7,800				
Years of Potential Life Lost Rate (White)	6,600				

	Monongalia County	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Quality of Life					3
Poor or fair health **	18%	17-19%	12%	24%	
Poor physical health days **	4.7	4.5-4.9	3.0	5.2	
Poor mental health days **	4.7	4.5-4.9	3.1	5.2	
Low birthweight	8%	7-9%	6%	9%	
% LBW	8%				
% LBW (Black)	10%				
% LBW (White)	8%				

Additional Health Outcomes (not included in overall ranking)					
Premature age-adjusted mortality	330	310-350	270	480	
Age-Adjusted Mortality	330				
Age-Adjusted Mortality (Black)	430				
Age-Adjusted Mortality (White)	340				
Child mortality	80	60-110	40	60	
Infant mortality	7	6-10	4	7	
Frequent physical distress	14%	14-15%	9%	17%	
Frequent mental distress	14%	14-15%	10%	17%	
Diabetes prevalence	9%	8-11%	8%	14%	
HIV prevalence	105		49	113	

Health Factors					
Health Behaviors					7
Adult smoking **	20%	19-21%	14%	25%	
Adult obesity	30%	27-33%	26%	36%	
Food environment index	7.2		8.6	7.0	
Physical inactivity	25%	22-28%	20%	29%	
Access to exercise opportunities	93%		91%	63%	
Excessive drinking **	18%	17-19%	13%	12%	
Alcohol-impaired driving deaths	26%	19-33%	13%	32%	
Sexually transmitted infections	524.8		145.1	268.0	
Teen births	12	11-14	15	39	
Teen Birth Rate	12				
Teen Birth Rate (Black)	13				
Teen Birth Rate (White)	13				

Additional Health Behaviors (not included in overall ranking)					
Food insecurity	16%		10%	15%	
Limited access to healthy foods	7%		2%	7%	
Drug overdose deaths	19	14-24	10	40	
Drug overdose deaths - modeled	12-13.9		8-11.9	52.0	

	Monongalia County	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Motor vehicle crash deaths	9	7-12	9	16	
Insufficient sleep	37%	36-38%	27%	40%	
Clinical Care					
Uninsured	6%	5-7%	6%	7%	1
Primary care physicians	810:1		1,030:1	1,270:1	
Dentists	860:1		1,280:1	1,920:1	
Mental health providers	440:1		330:1	890:1	
Preventable hospital stays	53	47-59	35	75	
Diabetes monitoring	81%	75-87%	91%	84%	
% Receiving HbA1c	81%				
% Receiving HbA1c (Black)	86%				
% Receiving HbA1c (White)	81%				
Mammography screening	59%	53-66%	71%	59%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	7%	6-8%	7%	9%	
Uninsured children	3%	2-4%	3%	3%	
Health care costs	\$10,200			\$10,179	
Other primary care providers	342:1		782:1	796:1	
Social & Economic Factors					
High school graduation	85%		95%	87%	4
Some college	71%	67-75%	72%	54%	
Unemployment	4.3%		3.2%	6.0%	
Children in poverty	15%	11-18%	12%	24%	
% Children in Poverty	15%				
% Children in Poverty (Black)	43%				
% Children in Poverty (Hispanic)	48%				
% Children in Poverty (White)	15%				
Income inequality	6.6	6.0-7.2	3.7	4.9	
Children in single-parent households	27%	23-30%	20%	34%	
Social associations	10.4		22.1	13.0	
Violent crime	284		62	306	
Injury deaths	58	51-64	55	107	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth	6%		10%	17%	
Median household income	\$49,700	\$45,900-53,600	\$65,100	\$43,200	
Household Income	\$49,700				
Household income (Black)	\$28,900				
Household income (Hispanic)	\$28,000				
Household income (White)	\$48,100				
Children eligible for free or reduced price lunch	36%		33%	49%	
Residential segregation - black/white	53		23	61	
Residential segregation - non-white/white	40		14	48	
Homicides	3	2-4	2	5	
Firearm fatalities	12	9-15	7	16	
Physical Environment					
Air pollution - particulate matter **	9.6		6.7	9.5	21
Drinking water violations	No				
Severe housing problems	17%	15-18%	9%	11%	
Driving alone to work	75%	74-77%	72%	82%	
% Drive Alone	75%				
% Drive Alone (Black)	63%				
% Drive Alone (Hispanic)	53%				
% Drive Alone (White)	80%				
Long commute - driving alone	22%	20-23%	15%	33%	

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.
 Note: Blank values reflect unreliable or missing data
 ** Data should not be compared with prior years

Ruby Memorial Hospital Community Health Perceptions Survey

Q1 Please take a moment to complete the following survey - it should take less than 10 minutes to complete. The purpose of this survey is to get your input about community health concerns in your county. This survey will be used to help guide the Community Health Needs Assessment taking place in your county. The community partners will use the results of this survey, along with other information, to identify the most pressing health issues which can be addressed through community action. **Your responses will not be associated with you in any way.** If you have previously completed this survey, please disregard. Remember, your opinion is important to us!

Thank you for your time and please contact us if you have any questions concerning this survey or need help completing it. Emily Sarkees, WVU School of Public Health - edillama@hsc.wvu.edu

Are you a resident of Monongalia County?

Yes

No

Q2 Below is a list of public high schools in Monongalia County. Please choose the one that is closest to where you reside.

Morgantown High School (located in residential South Park - adjacent to downtown Morgantown)

University High School (located on Baker's Ridge Road - northeast of city limits)

Clay-Battelle High School (located in Blacksville - western end of the county)

Q3 In your opinion, what is the most important health problem or health issue for residents of your County?

Q4 Thinking about your county overall, what helps keep residents healthy?

Q5 Thinking specifically about your own experience, what local places, programs, or organizations have helped you or someone close to you focused on personal wellbeing?

Q6 How would you rate your County as a "Healthy Community"?

- Very Unhealthy
- Unhealthy
- Somewhat Unhealthy
- Healthy
- Very Healthy

Q7 In the following list, what do you think are the 3 most important "health problems" or "health issues" in your County? **Please choose ONLY 3.**

Air quality	Food insecurity/hunger	Obesity
Aging problems (e.g. arthritis, hearing/vision loss)	Gun-related injuries	Physical/cognitive ability
Alcohol abuse	Heart disease/stroke	Respiratory/lung disease/asthma
ATV (4-wheeler) crashes	High blood pressure	Sexually transmitted diseases and infections
Bicycle & pedestrian safety	HIV/AIDS	Teenage pregnancy
Cancers	Homelessness	Tobacco use – smoking/vaping
Child abuse/neglect	Inadequate housing	Tobacco use – chewing tobacco

Dental problems	Income (low income)	Transportation
Diabetes (“sugar”)	Infant death	Violence (e.g. crime, sexual assault, domestic violence, rape, homicide, suicide)
Drug abuse	Infectious disease	Water quality
Elderly support (in-home care, nursing facilities, etc.)	Mental health problems	Other:
Employment access	Motor vehicle crash injuries	

8 Please indicate your level of agreement with each of the following statements about your County:

Quality of life in your County					
	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/Not applicable
I am satisfied with the quality of life in my County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All residents believe that they, individually or collectively, can make your County a better place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is sufficient, safe, and affordable housing in my County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are jobs available in my County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is quality childcare available in my county.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My County is a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors know and trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

one another and look out for one another.					
There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My County is a good place to raise children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The public education system in my County adequately meets the physical health needs of our children. (e.g. school food, physical education/PE, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The public education system in my County adequately meets the health education needs of our children. (e.g. hygiene and personal care, pregnancy and STI prevention, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are an adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

number of safe places for children to play and exercise in my County.					
My County has adequate and safe access to recreation and exercise opportunities for adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My County has adequate access to affordable healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My County has adequate health and wellness activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My County is a safe place to walk and bike.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My County has sufficient public transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are adequate sidewalks in my County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

.....

Q9 Please indicate your level of agreement with each of the following statements about your County:

Access to healthcare and medical needs in your County					
	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/Not applicable
I have easy access to the medical specialists I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very satisfied with the medical care I receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have access to adequate healthcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes it is a problem for me to cover my share of the cost of medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to get medical care whenever I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 In your opinion, from the following list, what do you think are the most important "risky behaviors" in your County? Risky behaviors have the greatest impact on the overall health of the community.

- Bad eating choices
- Alcohol abuse
- Dropping out of school
- Drug abuse
- Exclusion or discrimination based on race, religion, gender, sexual orientation, etc.
- Hand hygiene (washing)
- Impaired driving (drugs/alcohol)
- Lack of exercise
- Not getting "shots" to prevent disease
- Not using seat belts and/or child safety seats
- Overeating
- Texting/cell phone while driving
- Tobacco use/electronic cigarette use
- Unsafe sex
- Other (please specify) _____

Q11 What is your gender?

Female

Male

Q12 What is your age range?

18 to 25 years

26 to 39 years

40 to 54 years

55 to 64 years

65 to 80 years

Over 80 years

Q13 What is your marital status?

- Married/cohabitating
 - Divorced
 - Never married
 - Separated
 - Widowed
 - Other (please specify) _____
-

Q14 How many children under the age of 18 live in your household?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - Greater than 5
-

Q15 Do you care for a live-in elderly adult in your household?

Yes

No

Q16 Are you of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, not Hispanic or Latino

Q17 Which of these groups would you say best describes your race?

White/Caucasian

Asian

Black or African American

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Other (please specify) _____

Q18 What is your approximate average household income?

- Less than \$20,000
 - \$20,000 to \$29,999
 - \$30,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 to \$99,999
 - Over \$100,000
 - Prefer not to answer
-

Q19 What is the highest level of education you have completed?

- Less than high school graduate
 - High school diploma or equivalent
 - College degree or higher
 - Other (please specify) _____
-

Q20 Do you see a healthcare provider on a regular basis for physicals, screenings, or other preventative medicine?

- Yes
- No (if no, why not?) _____

Q21 How do you pay for healthcare? Please select all that apply.

- I pay cash
- I have health insurance (e.g. private insurance, Blue Cross Blue Shield, HMO, through my employer)
- Medicaid
- Medicare
- Veterans Administration
- Indian Health Services
- Other (please specify) _____

Q22 Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?

- Yes
- No

Q23 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- Yes
 - No
-

Q24 Have you ever been told by a doctor that you have diabetes ("sugar")?

Yes

No

Q25 How many days a week do you eat vegetables?

(Enter 0 – 7) _____

Q26 Not counting juice, how many days a week do you eat fruit?

(Enter 0 – 7) _____

Q27 How many days a week do you consume soda or other processed, sugary foods?

(Enter 0 – 7) _____

Q28 How many days a week do you get at least 30 minutes of moderate physical activity such as brisk walking, bicycling, gardening or anything else that causes some increase in breathing and heart rate?

(Enter 0 – 7) _____

Q29 Do you smoke cigarettes every day, some days, or not at all?

Every day

Some days

Not at all

Q30 Have you smoked at least 100 cigarettes in your entire life?

Yes

No

Q31 About how tall are you (in feet and inches)?

Q32 About how much do you weigh (in pounds)?

Ruby Memorial Hospital - Community Health Perceptions Survey Summary

Top 3 Health Problems by Geographic Location							
Overall (688)		MHS (319)		UHS (152)		CBHS (30)	
Obesity	60.8%	Obesity	56.2%	Obesity	71.8%	Drug Abuse	55.2%
Drug Abuse	46.8%	Drug Abuse	48.2%	Drug Abuse	43.0%	Obesity	51.7%
Mental Health Problems	18.4%	Mental Health Problems	19.5%	Alcohol Abuse	19.0%	Cancer	20.7%

(688 Total Survey Responses)

Top 3 Health Problems by Gender / Age							
Men (96)		Women (345)		Young Adults <40 (169)		Seniors 65+ (47)	
Obesity	63.2%	Obesity	60.6%	Obesity	61.7%	Obesity	63.8%
Drug Abuse	35.8%	Drug Abuse	50.4%	Drug Abuse	51.5%	Drug Abuse	27.7%
Alcohol Abuse	23.2%	Mental Health Problems	19.1%	Mental Health Problems	22.2%	Cancer	21.3%

(688 Total Survey Responses)

Top 3 Health Problems by Income / Education / Kids							
Less than 30k/year (46)		More than 75k/year (210)		No college degree (62)		Kids in home (166)	
Drug Abuse	55.6%	Obesity	66.0%	Drug Abuse	50.8%	Obesity	56.7%
Obesity	33.3%	Drug Abuse	41.6%	Obesity	49.2%	Drug Abuse	44.5%
Mental Health Problems	28.9%	Mental Health Problems	17.7%	Mental Health Problems	24.6%	Mental Health Problems	18.3%

(688 Total Survey Responses)

We analyzed other data breakdowns to look for differences in top concerns, including:

- Those who have been told by a medical provider that they have an elevated BP, high cholesterol, or diabetes
- Those who report eating vegetables daily, or getting at least 30 minutes of physical exercise 5+ times per week, or being nonsmokers
- Those who state they do not have adequate access to healthcare, report dissatisfaction with quality of care, or an inability to afford care or medications
- Those who think that Mon County is not a good place to raise children or is generally an unsafe place to live

Differences between these respondents were found to be minimal, if there were any at all. Among these, every "group" reported obesity and drug abuse as their top two concerns. The third concern remained reflective of the breakdowns above, with only two exceptions: "homelessness" was #3 for those who think that Mon County is an unsafe place to live, and "low income" was #3 for those who think that this is not a good place to raise children.

Program/Organization	Contact	Health Priority Area
AA / NA Meetings	https://www.aawv.org/ https://www.na.org/meetingsearch/	2
Ascension Recovery Services	https://www.ascensionrs.com/	2
Bariatric support group	https://wvumedicine.org/ruby-memorial-hospital/services/wvu-specialty-clinics/surgery/bariatrics-weight-loss-surgery/?sub=bariatric-surgery-support-group-information	1
Bartlett House	(304) 292-0101	2
Bicycle Club - South Middle School	(304) 291-9340	1
Bonnie's Bus	http://www.wvucancer.org/cancer-prevention-control/bonnies-bus/	3
Caritas House	(304) 985-0021	2
Carruth Center	(304) 293-4431	2
Celebrate Recovery	https://www.celebraterecovery.com/	2
Center for Excellence in Disabilities	http://www.cedwvu.org/	2
Chestnut Ridge	https://medicine.hsc.wvu.edu/bmed/faculty-and-staff/wvu-hospitals-chestnut-ridge-center/	2
Conscious Harvest	https://www.consciousharvest.org/	1
COAT Program	(304) 598-6400	2
Daily Mile	https://www.thedailymile.org/	1
Drug Court	Rebecca Moore, BSN, JD, Drug Court Coordinator - 304-282-5734	2
Drug Endangered Children Project	Monongalia Co. CAC - (304) 598-0344	2
Early Head Start	(304) 291-9330	1
Essential Foundations PLLC	(304) 290-3286	2
Farm to Families Program	https://www.classy.org/campaign/farm-to-families-csa/c160252	1
Farmer's Market (accepts SNAP/WIC)	https://www.morgantownfarmersmarket.org/	1
Finding Wellness	https://wvumedicine.org/ruby-memorial-hospital/services/wvu-specialty-clinics/finding-wellness/	2
Friendship House	(304) 413-0068	2
Girls on the Run	(304) 685-4140	1
Handle with Care	http://www.handlewithcarewv.org/handle-with-care.php	2
Healthy Minds	(304) 598-4433	2
Jacob's Ladder	(304) 239-1214	2
John D. Goode	(304) 789-3143	2
Kidematics	https://kidematics.com/	1

Lakewood Center	(304) 598-6066	2
Light Project	https://mphealthright.org/light-program/	2
Mary Babb Randolph Cancer Center	(304) 598-4500	3
Meals on Wheels	(304) 599-1954	1
Mon County Schools Nutrition Program	(304) 291-9210	1
Naloxone	https://www.monchd.org/training-opportunities.html	2
Natural Resilience	(304) 381-2211	2
NCWV Community Action	https://ncwvcaacorp.net/	1, 2
Pantry Plus More	https://www.pantryplusmore.org/	1
Pediatric Neurodevelopment Center	https://wvmedicine.org/childrens/healthcare-services/neurodevelopmental-center/	2
Quinn Curtis Center	https://psychology.wvu.edu/about/quin-curtis-center	2
Rail Trail	http://www.montrails.org/rail-trail-maps/	1
Right From the Start	https://www.wvdhhr.org/rfts/	1
Starting Points	http://www.inhomefamilyed.com/monongalia_county/	1
United Summit Center	(304) 241-1708	2
Valley Healthcare	(304) 296-1731	2
WellTree	(304) 534-8447	2
WVU Extension	(304) 291-7201	1