



# **Community Health Needs Assessment Report**

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## EXECUTIVE SUMMARY

### ***ABOUT JACKSON GENERAL HOSPITAL***

Jackson General Hospital is a not for profit critical access hospital serving the citizens of Jackson and surrounding counties 24/7/365. We employ a kind and caring complement of healthcare providers who are committed to the health and wellness of the community.

Our mission of “saving lives, changing lives with quality healthcare, one family at a time” promotes a welcoming attitude to every patient, regardless of their ability to pay. It is our vision to be the “healthcare provider of choice for our community” and it is our honor to serve patients. We believe in community and we believe in good health, as well as good healthcare. We gear our work toward a prevention focused, evidence-based approach. We are partners in health with many other organizations working collaboratively to address health issues, community needs and to share or support initiatives. One partner, WVU Medicine Camden Clark Medical Center, shared Jackson County population data compiled during their community needs assessment of the Mid-Ohio Valley.

Community Needs Assessments are conducted to better understand the needs of those we serve and to implement strategies to address issues like mental health and addictions, obesity, and access to care. We strive for quality, safety, and excellence, not because it is a government or payment requirement, but because it is the right thing to do! We care about our community. The health care needs assessment of Jackson County is the first step in a Local Health Care Initiative involving several health care entities within and around the local community. The health care needs assessment was completed by using the following strategies:

- Assembled an Health Advisory Committee comprised of representatives from community leaders, health care providers, and citizens to guide the assessment process
- Conducted primary data collection through surveys of providers, key informants, and the general population in collaboration with the WVU Medicine Mid- Ohio Valley Community
- Collected and analyzed secondary data sources such as US Census Data, state health statistics and behavioral risk assessments
- Created a comprehensive community health care services inventory

The specific goals of the health care needs assessment were to identify:

1. *Health Care Issues of the Community:* Prevalent health care issues and gaps in the current health services delivery in this region are explained. Health status and available health services are described.
2. *Vulnerable Populations:* The health care needs assessment identified persons with barriers to receiving health care services. Rural citizens are a vulnerable population in general due to the lack of specialty services and the required travel to obtain care for many health care needs. Children, seniors, and uninsured/under-insured citizens face the greatest barriers due to the lack of specific affordable services that are available for these populations. Low income populations further compound the barriers and subsequent access to health care.
3. *Disparities in the Health Care Services Delivery System:* Although many health care services are offered in the region, access is influenced by a number of factors. For

example, insurance status, income, and provider and community awareness all affect people's ability to access care.

4. *Health Care Resources in the Community:* An assessment was achieved through on-site interviews with providers, discussions with Health Advisory Committee members, and by collection of data pertaining to services in the area. This assessment created an inventory of health care services available in Jackson County.
5. *Next Steps:* The Health Advisory Committee developed a framework and a process for transitioning to next steps for meeting the health needs of Jackson County.

The following major health issues emerged from all data sources:

- Addictions - including drug/substance abuse, alcohol abuse, tobacco, and food - treatment options are needed for acute detox episodes, short term rehabilitation, continuing long-term rehabilitation, and addiction support programs
- Mental health – mental illness – adult and children –short and long-term treatment programs are necessary for improved mental health
- Obesity/unhealthy lifestyle – contributing to higher incidence of diabetes, heart disease, lung disease, hypertension – education and treatment options are needed to promote healthier lifestyles

Additional health issues were noted either in the health statistics or the survey results:

- Higher incidence of premature death
- The incidence of cancer in the county
- Higher incidence of high cholesterol

The Health Advisory Committee identified the following health care issues as a “priority” (these are not ranked by importance):

- Treatment of Addictions
  - Drug/substance abuse
  - Alcohol
  - Tobacco
  - Food
- Mental Health Treatment Services
- Outreach to Community and Providers
- Wellness Services
- Weight Management Services
- Poverty – lower income per capita, higher percentage of public assistance, higher incidence of unemployment, higher HUD assisted housing, higher incidence of children living in poverty
- Affordable Dental Care for Underserved Populations

The Health Advisory Committee is supportive of and committed to a multidisciplinary, regional advisory group to further develop and implement solutions to identify gaps in health care services. The Health Community Committee will work collaboratively to assure the action steps are continued and will meet quarterly to assess progress and develop additional strategies. Jackson General Hospital leadership will oversee and next steps. Findings by the Health Advisory Committee will be shared with the community leaders, funding agencies and community members to provide feedback about the results obtained and to promote involvement.

## INTRODUCTION

A community health care needs assessment of Jackson County purposed to determine the health needs of the community. This initiative provided useful information to develop programs that will lead to solutions to address the critical health care concerns found in the Health Care Needs Assessment.

The specific goals of the health care needs assessment were to identify:

1. Health Care Issues of the Community
2. Vulnerable Populations
3. Disparities in the Health Care Services Delivery System
4. Health Care Resources in the Community
5. Next Steps

Strategies to conduct the health care needs assessment included:

- Assembly of a Health Advisory Committee comprised of professional representatives, community leaders, and health care providers to guide the assessment process
- Collaboration with WVU Medicine Camden Clark Health Center and the mid-Ohio Valley on primary data collection through surveys of providers, key informants, and the general population
- Collection and analyzation of secondary data sources such as US Census Data, state health statistics, and behavioral risk assessments
- Creation of a comprehensive community health care services inventory

Findings from the health care needs assessment are presented in this report and organized in the following manner:

1. Presentation of Secondary Data – this data describes the characteristics of the population living in the study region (Jackson County) and was collected from various federal and state databases.
2. Presentation of Primary Data – primary data was obtained through provider interviews, a key informant survey, and a population survey conducted by WVU Medicine for Camden Clark Medical Center. This data provided perception of current health care issues and the community's response to these issues, as well as identifying access barriers.
3. Presentation of Findings and Analysis – based on research and analysis, gaps in the current health care system were identified and next steps recommended.
4. Next Steps – the results of the health care needs assessment were reviewed by the Health Advisory Panel and priorities for next steps were discussed.

## SECONDARY DATA ANALYSIS

### **Introduction**

The secondary data collected for the 2018 Community Needs Initiative was intended to assess the effect of the population profile on health care services utilization and to assist in planning future needs of the community. Secondary data is defined as data previously collected for other purposes or general information. This section describes the characteristics of the population and provides an inventory of the health services that are currently available in the community.

The secondary data section is comprised of:

- Demographic Indicators
- Health Statistics

- Behavioral Risk Statistics
- Community Health Services Inventory

### **Demographic Indicators**

Demographic data was collected through the United States Census Bureau website, using the most current (Census 2010) and American Fact finder search tools.

<b>Jackson County Health Outcomes Ranking 2018</b>			
<b>Jackson County Demographics</b>		<b>County</b>	<b>State</b>
Population		29,152	1,831,102
% below 18 years of age		21.6%	20.5%
% 65 and older		19.6%	18.8%
% Non-Hispanic African American		0.3%	3.5%
% American Indian and Alaskan Native		0.2%	0.2%
% Asian		0.3%	0.8%
% Native Hawaiian/Other Pacific Islander		0.1%	0.0%
% Hispanic		0.8%	1.5%
% Non-Hispanic white		97.3%	92.3%
% not proficient in English		0%	0%
% Females		50.4%	50.5%
% Rural		71.4%	51.3%

The total population in Jackson County is 29,152, which has not significantly changed over the previous CHNA report in 2015. Of the population in Jackson County, 50.4% of those are female, which is comparable with the State at 50.5%. The percentage of persons over 65 years remains consistent at 19.6%. Ninety-seven percent (97.3%) of the population in Jackson County is Non-Hispanic white, showing very little ethnic diversity within the county. According to the American FactFinder website, the projected population in Jackson County was actually reduced to 28,976 in 2017.

The median age in Jackson County is 42.9 years. For planning purposes, it should be noted that close to one third of the population (28.3%) is in the 45-64 year-old age group and will reach retirement age over the next 20 years. This can be a critical difference for health care needs assessment purposes.

Social & Economic Factors (Overall)						8/55
	Jackson County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
High school graduation	95%			95%	87%	
Some college	60%		51-69%	72%	54%	
Unemployment	6.4%			3.2%	6.0%	
Children in poverty	23%		16-29%	12%	24%	
Income inequality	4.5		3.7-5.3	3.7	4.9	
Children in single-parent households	25		16-34%	20%	34%	
Social associations	10.6			22.1	13.0	
Violent crime	176			62	306	
Injury deaths	81		66-96	55	107	
Additional Social & Economic Factors (not included in overall ranking) –						
Disconnected youth	21%			10%	17%	
Median household income	\$43,500		\$39,100-48,000	\$65,100	\$43,200	
Children eligible for free or reduced price lunch	44%			33%	49%	
Residential segregation - black/white				23	61	
Residential segregation - non-white/white	41			14	48	

Homicides				2	5	
Firearm fatalities	9		5-15	7	16	

<http://www.countyhealthrankings.org/app/west-virginia/2018/rankings/jackson/county/outcomes/overall/snapshot>

The mean median household income in the past 12 months (2013 dollars) was \$43,500 while that of the State was \$43,200. Twenty three percent of children are living in poverty (state is 24% while top performers in the United States are at 12%). Forty-four percent (44%) of children are eligible for free lunch at school. Weekend snack packs prepared by local churches and teachers supplement students with weekend food due to poor or no access.

## Health Statistics

**The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute presented the 2018 West Virginia County Health Rankings** document to provide a snapshot of how healthy county residents are by comparing their overall health and the factors that influence their health with other counties in the State. All of the County Health Rankings are based upon health outcomes, health factors, and programs and policies. The health outcomes describe the current health of the county and are influenced by a set of health factors. Their outcomes may be affected by community-based programs and policies designed to alter their distribution in the community.

Health outcomes rankings are based on equal weighting of mortality (length of life) and morbidity (quality of life). Mortality rank is based on a measure of premature death: the years of potential life lost prior to age 75. The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. Four morbidity measures were combined – self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birth weight. Of the 55 counties in West Virginia, Jackson County ranked 23rd in mortality and 23rd in morbidity.

Health factors rankings are based on weighted scores of four types of factors:

- 1) Behavioral (30%) – tobacco use, diet and exercise, alcohol use, and unsafe sex
- 2) Clinical (20%) – access to care and quality of care
- 3) Social and economic (40%) – education, employment, income, family and social support and community safety
- 4) Physical environment (10%) – environmental quality and built environment.

Health Outcomes (overall)							23/55
Length of Life (overall)							23/55
		Jackson County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Premature death		8,900		7,600-10,300	5,300	9,800	

Quality of Life							24
	Jackson County	Trend	Error Margin	Top U.S. Performers	West Virginia		Rank (of 55)
Poor or fair health	20%		19-20%	12%	24%		
Poor physical health days	5.1		4.8-5.3	3.0	5.2		
Poor mental health days	5.1		4.8-5.3	3.1	5.2		
Low birthweight	9%		8-10%	6%	9%		
Additional Health Outcomes (not included in overall ranking) —							
Premature age-adjusted mortality	420			380-460	270	480	
Child mortality	60			40-100	40	60	
Infant mortality					4	7	
Frequent physical distress	15%			14-15%	9%	17%	
Frequent mental distress	15%			14-15%	10%	17%	
Diabetes prevalence	13%			11-16%	8%	14%	
HIV prevalence	61				49	113	
Health Factors							17
Health Behaviors							26

	Jackson County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Adult smoking	23%		22-24%	14%	25%	
Adult obesity	34%		29-39%	26%	36%	
Food environment index	7.8			8.6	7.0	
Physical inactivity	29%		25-33%	20%	29%	
Access to exercise opportunities	30%			91%	63%	
Excessive drinking	12%		12-13%	13%	12%	
Alcohol-impaired driving deaths	39%		31-47%	13%	32%	
Sexually transmitted infections	123.6			145.1	268.0	
Teen births	37		32-42	15	39	
Additional Health Behaviors (not included in overall ranking) —						
Food insecurity	14%			10%	15%	
Limited access to healthy foods	5%			2%	7%	
Drug overdose deaths	19		11-31	10	40	
Drug overdose deaths - modeled	20-21.9			8-11.9	52.0	

	Jackson County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Motor vehicle crash deaths	24		18-32	9	16	
Insufficient sleep	39%		38-40%	27%	40%	
<b>Clinical Care</b>						<b>16</b>
Uninsured	7%		6-8%	6%	7%	
Primary care physicians	2,920:1			1,030:1	1,270:1	
Dentists	2,430:1			1,280:1	1,920:1	
Mental health providers	1,820:1			330:1	890:1	
Preventable hospital stays	73		63-82	35	75	
Diabetes monitoring	85%		77-93%	91%	84%	
Mammography screening	65%		56-74%	71%	59%	
<b>Additional Clinical Care (not included in overall ranking) —</b>						
Uninsured adults	9%		7-10%	7%	9%	
Uninsured children	3%		2-4%	3%	3%	
Health care costs	\$10,405				\$10,179	
Other primary care providers	1,534:1			782:1	796:1	
<b>Physical Environment</b>						<b>49</b>
Air pollution - particulate	10.4			6.7	9.5	

	Jackson County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Drinking water violations	Yes					
Severe housing problems	10%		8-12%	9%	11%	
Driving alone to work	84%		80-88%	72%	82%	
Long commute - driving alone	44%		37-50%	15%	33%	

<http://www.countyhealthrankings.org/app/west-virginia/2018/rankings/jackson/county/outcomes/overall/snapshot>

***Notably, compared to the 2015 CHNA, Jackson County improved in the 2018 rankings of West Virginia counties (of a total of 55) in both health outcomes (23<sup>rd</sup> – previously ranked 30<sup>th</sup>) and health factors (17<sup>th</sup> – previously ranked 36<sup>th</sup>).***

- ***Specific health factors breakdown is as follows:***
  - ***26<sup>th</sup> (previously 41<sup>st</sup>) in health behaviors***
  - ***16<sup>th</sup> in clinical care (previously 39<sup>th</sup>)***
  - ***8<sup>th</sup> in social and economic factors (previously 26<sup>th</sup>)***
  - ***49<sup>th</sup> in physical environment (previously 14<sup>th</sup>)***

The following two tables depict a complete description of each associated Health Measure and the Data Source with the Years of Data for each measure. This comparison is between Jackson County and the State of West Virginia overall. Jackson County performed similar to the State in many categories.

## 2018 COUNTY HEALTH RANKINGS: MEASURES OF LOCAL/STATE

Measure	Description	State WV	Jackson CountyWV
<b>HEALTH OUTCOMES</b>			
Premature death	Years of potential life lost before age 75 per 100,000 population	9800	8900
Poor or fair health	% of adults reporting fair or poor health	24%	20%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	5.2	5.1
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	5.2	5.1
Low birthweight	% of live births with low birthweight (< 2500 grams)	9%	9%
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
Adult smoking	% of adults who are current smokers	25%	23%
Adult obesity	% of adults that report a BMI ≥30	36%	34%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.0	7.8
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	29%	29%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	63%	30%
Excessive drinking	% of adults reporting binge or heavy drinking	12%	12%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	32%	39%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	268	123.6
Teen births	# of births per 1,000 female population ages 15-19	39	37
<b>CLINICAL CARE</b>			
Uninsured	% of population under age 65 without health insurance	7%	7%
Primary care physicians	Ratio of population to primary care physicians	1270:1	2920:1
Dentists	Ratio of population to dentists	1920:1	2430:1
Mental health providers	Ratio of population to mental health providers	890:1	1820:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	75	73
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	84%	85%
Mammography screening	% of female Medicare ages 67-69 that receive mammography screening	59%	65%
<b>SOCIAL AND ECONOMIC FACTORS</b>			
High school graduation	% of ninth-grade cohort that graduates in four years	87%	95%
Some college	% of adults 25-44 with some post-secondary education	54%	60%
Unemployment	% of population aged 16 and older unemployed but seeking work	6.0%	6.4%
Children in poverty	% of children under age 18 in poverty	24%	23%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.9	4.5
Children in single-parent households	% of children that live in a household headed by single parent	34%	25%
Social associations	# of membership associations per 10,000 population	13.0	10.6
Violent crime	# of reported violent crime offenses per 100,000 population	306	176
Injury deaths	# of deaths due to injury per 100,000 population	107	81
<b>PHYSICAL ENVIRONMENT</b>			
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.5	10.4
Drinking water violations	% of population potentially exposed to water exceeding a violation limit during the past year		yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11%	10.4%
Driving alone to work	% of workforce that drives alone to work	82%	84%
Long commute – driving alone	Among workers who commute in their car alone, % commuting >30 minutes	33%	44%

## 2018 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics – Mortality files	2014-2016
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2016
	Poor physical health days	Behavioral Risk Factor Surveillance System	2016
	Poor mental health days	Behavioral Risk Factor Surveillance System	2016
	Low birthweight	National Center for Health Statistics – Natality files	2010-2016
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2016
<b>Diet and Exercise</b>	Adult obesity	CDC Diabetes Interactive Atlas	2014
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2015
	Physical inactivity	CDC Diabetes Interactive Atlas	2014
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2016
<b>Alcohol and Drug Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2016
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012-2016
	Teen births	National Center for Health Statistics – Natality files	
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2015
	Primary care physicians	Area Health Resource File/American Medical Association	2015
	Dentists	Area Health Resource File/National Provider Identification file	2016
	Mental health providers	CMS, National Provider Identification file	2017
<b>Quality of Care</b>	Preventable hospital stays	Dartmouth Atlas of Health Care	2015
	Diabetic monitoring	Dartmouth Atlas of Health Care	2014
	Mammography screening	Dartmouth Atlas of Health Care	2014
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	data.gov, supplemented w/ National Center for Education Statistics	2014-2015
	Some college	American Community Survey	
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2012-2016
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2016
	Income inequality	American Community Survey	2012-2016
<b>Family and Social Support</b>	Children in single-parent households	American Community Survey	2012-2016
	Social associations	County Business Patterns	2015
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting – FBI	2012-2014
	Injury deaths	CDC WONDER mortality data	2012-2016
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution – particulate matter <sup>1</sup>	CDC WONDER environmental data	2012
	Drinking water violations	Safe Drinking Water Information System	2016
<b>Housing and Transit</b>	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2010-2014
	Driving alone to work	American Community Survey	2012-2016
	Long commute – driving alone	American Community Survey	2012-2016

## **Community Health Care Services Inventory**

An assessment of health care services was accomplished in order to gain an understanding of the availability of health care services in Jackson County. This assessment was compiled through collaboration with the WVU Medicine Camden Clark Medical Center regional data, general data collection and by interviewing providers. Information was gathered to:

- Compile an inventory of all health care service providers
- Assess capacity for current and future demand in primary health care services

The following is a summary of the health care services available in Jackson County. The complete Community Health Care Services Inventory is located in Appendix A.

**Primary Care Services:** On-site interviews were conducted with Primary Care Providers in Ripley and Ravenswood. Providers offered a full range of primary care services in office/clinics. Overall, wait times for appointments were within national recommendations for primary care and urgent care services. The majority of providers stated that there was capacity in the practice to increase their patient load without adding personnel.

**Emergency Care Services:** Emergency rooms and ambulance services are available to Jackson County citizens 24 hours a day, 7 days a week, and 365 days a year at Jackson General Hospital.

**Ambulance:** Jackson County EMS is funded through a bond levy, as well as by insurance billing. Emergency ambulance transfers are provided free of charge (no balance billing) to Jackson County residents. Jan Care ambulance services also provide emergent and non-emergent transport services in Jackson County on a fee-for-service basis.

**Dental Care Providers:** There are several dentists located both in Ravenswood and Ripley. Most accept WV Medicaid and CHIP insurance for low-income patients.

**Mental Health/Substance Abuse Services:** Westbrook provides drug and alcohol treatment, acute care, school care, and individual therapy on a fee for service, sliding scale payment option. They are the Medicaid contract provider for Jackson County. Psychiatric specialty care is available in Kanawha and Wood Counties.

**Physical Therapy:** Jackson General Hospital provides outpatient as well as inpatient physical therapy services to Jackson County citizens. Other outpatient physical therapy providers include Jackson County Physical Therapy in Ripley, Mountain State Physical Therapy in Ripley, and Physical Therapy Providers in Ravenswood.

**Pharmacy:** There are several retail pharmacies located in the towns of Ravenswood (Rite Aid – recently purchased by WalGreens, Ravenswood Drug, and River Valley 340B pharmacy) and in Ripley (Rite Aid/WalGreens, Fruth Pharmacy, Kroger Pharmacy, and Walmart Pharmacy) to provide pharmacy services to Jackson County citizens.

**Home Health Care:** Two home health agencies (Amedysis and Jackson County Home Health Agency) have physical offices located in Ripley, WV (Jackson County). There are several other agencies with offices outside of Jackson County that also provide home health services within the county.

**Public Health Nursing Services:** Public Health Nursing services in Jackson County are offered through the Jackson County Health Department. Broad duties include well-child checks,

immunization programs, family planning services, cancer screening programs, nutrition programs, and programs to assist seniors. Additional tasks mandated by the State include disaster planning, bioterrorism response, and community health issue responsibilities ranging from safe food and water to pandemic flu response.

**Domestic Violence Intervention:** Domestic Violence Intervention is provided through the Jackson County Court system.

**Health Professional Shortage Areas:** The Health Resources and Services Administration of the US Department of Health and Human Services has determined that certain geographical areas are considered health professional shortage areas based on the ratio of providers to population size, or a combination of population size and an unusually high need for providers. Unusually high need may be based on a higher than usual birth rate in the area, a high infant death rate, or more than 20% of the population having an income below the Federal poverty level.

- **Primary Care:** The ratio of population size to provider has been determined to be 3500:1. Jackson County is currently a HPSA for Primary Care with a score of 8.
- **Mental Health:** Jackson County is considered a HPSA for Mental Health Care with a score of 15, based on the criteria of a provider ratio of 6,000:1 for mental health professionals; 20,000:1 for a population to psychiatrist ratio and a score of 17 based on criteria of low income.
- **Dental Care:** Jackson County is currently considered a Dental Care HPSA with a score of 16, based on the criteria of low income.

### **Summary of Secondary Data**

Primary care, urgent care, and emergency care, as well as emergency transportation, are all present throughout the area. Twenty-four hour emergency care is available located in Ripley and is accessible to all Jackson County towns. Primary care providers have limited hours of availability and some are not taking new patients or are taking new patients only by referral. The secondary data, including the health care services inventory, revealed several areas of concern as follows:

Data compiled via the Community Commons organization for Jackson County signified multiple health indicators or health outcomes where Jackson County, WV, scored more poorly than West Virginia and the United States unless otherwise indicated. This included the following health indicators:

- 1) Lower income per capita (lower dollar amount)
- 2) Public assistance (higher percent of households with public assistance income)
- 3) Percent of population receiving SNAP benefits (higher percentage)
- 4) Population with bachelor's degree or higher (lower percentage)
- 5) Unemployment rate (higher percentage)
- 6) Food access (lower number of grocery and WIC stores per 100,000 population)
- 7) HUD assisted housing (higher number of units)
- 8) Overcrowded housing (higher percentage than WV)
- 9) Public transportation (lower percentage)
- 10) Recreation/fitness centers (lower number of establishments)
- 11) Access to dentists (lower number of dentists per 100,000 population)
- 12) Access to mental health providers (lower number of providers)

- 13) Access to primary care (lower number of primary care physicians/FQHC's)
- 14) High blood pressure management (higher percentage of adults not taking meds)
- 15) Preventable hospital events (higher percentage)
- 16) Alcohol consumption (higher percent than WV)
- 17) Inadequate fruit/vegetable consumption (higher percentage of adults with inadequate consumption)
- 18) Tobacco usage (higher percentage adults ever smoking 100 or more cigarettes and lower percentage with quit attempt past 12 months)
- 19) Walking or biking to work (lower percentage)

West Virginia scored more poorly in the following health outcomes measures:

- 1) Diabetes (Medicare population with higher percentage)
- 2) Heart Disease (Medicare population with higher percentage)
- 3) High blood pressure – Medicare and adult (higher percentage with HPB)
- 4) High cholesterol – Medicare and adult (higher percentage with diagnosis)
- 5) Mortality – cancer (high percentage age adjusted death rate)
- 6) Mortality – coronary heart disease (higher age adjusted death rate)
- 7) Mortality – heart disease (higher age adjusted death rate)
- 8) Mortality – lung disease (higher age adjusted death rate)
- 9) Mortality - motor vehicle accident (higher age adjusted death rate)
- 10) Overweight – higher percent of adults overweight

These indicators and outcomes align with the community respondent problem list as being directly or indirectly disease and/or economic related. These top issues were similar to the 2015 CHNA findings. Comparatively, small progress has been made between data compiled in 2015 to present (on a rolling calendar therefore unable to determine progress from 2016/2017 interventions).

The health care services inventory revealed:

- There is a shortage of local providers for primary care and several local physicians only selectively accepting new patients.
- There is a shortage of local dental care providers.
- There is a shortage of local providers for treatment of addictions
- There is a shortage of local providers for acute mental health treatment.
- There is a shortage of local providers for child psychiatry.
- There is a shortage of inpatient and residential treatment programs for drug and alcohol addiction in the County and State.

# PRIMARY DATA ANALYSIS

## **Introduction**

To gain an understanding of key health issues, a combination of in-person discussions with health providers/informants in the county area and surveys of Jackson County residents were conducted. Survey research is a leading form of data collection that provides for efficient collection of data over large populations, and can be done in person, by telephone, or through a public distribution mechanism.

The requirement and relevance of a Community Health Needs Assessment involves diverse healthcare discipline and community representation and it is important to align and work together developing and sharing the CHNA data. Jackson General Hospital and Jackson County residents participated in a recent Community Health Needs Assessment survey conducted by WVU Medicine for Camden Clark Memorial Center and the Mid-Ohio Valley region and that data is utilized for this CHNA, as well.

**Provider Interviews:** Interviews were conducted with providers in Jackson County in order to describe the project. In-person interviews were conducted with representatives from Jackson General Hospital, Coplin Center, and Jackson County Health Department. Services identified as deficient included 1) Ongoing and acute addictions and mental health treatment, 2) a vast number of health conditions related to obesity and poor lifestyle choices 3) care coordination for patients with chronic illnesses, and 4) educational resources to help citizens navigate through the health community.

**Surveys:** Information from local key informant coupled with a community health needs population survey conducted by WVU Medicine for Camden Clark Health System and the mid-Ohio Valley was utilized to gain information about a variety of topics including health status, behavioral health issues, and access to care. The requirement and relevance of a Community Health Needs Assessment involves diverse healthcare discipline and community representation and it is important to align and work together developing and sharing the CHNA data.

## **Key Informant Survey**

**Participants:** Key informants included Health Care Providers (MDs, Administrators, and Clinic staff), EMS Public Health Providers, Public Health Providers, Social Services Agencies Community, and Business leaders.

**Survey Methodology:** Key informants were requested to participate in the health care needs assessment process via a personal interview process. A population survey was shared by WVU Medicine Camden Clark Medical Center.

**Results of the Key Informant Survey:** All communities of the county were represented in the responses. Key informants were asked to respond to questions regarding health care and health service delivery issues in their community. Respondents were also asked to identify their perception of Jackson General Hospital and how the community is addressing key health care services. In addition, key informants were asked about potential solutions to health care issues and their priority for solving the identified issues.

1. Identification of the Importance of Health Care Issues and Current Perception of how the Community Addresses these Issues:

Key informants were asked to discuss the importance of several health care issues, health behaviors and issues related to accessing care. Additionally, key informants were asked to indicate their level of satisfaction with the community's response to health care issues.

Health Issues:

Heart disease, Hypertension, Obesity, Diabetes: Key informants listed Hypertension, High Blood Cholesterol, Obesity, and Diabetes are major health issues among Jackson County citizens. Heart Disease and Stroke were also ranked high. Obesity and Diabetes are major risk factors and precursors to heart disease and stroke. Key informant responses indicate they would like to see more attention given to these issues.

Sexually Transmitted Disease: Jackson County Health Rankings data confirms a higher incidence of sexually transmitted diseases, which was affirmed by Jackson County Health Department statistics.

Health Behavior:

Drug Abuse, Alcohol Abuse, Smoking and Chewing Tobacco Use: These issues were ranked highest in importance and respondents indicated they were not satisfied with the communities' reaction to these Health Behavior issues citing addictions (particularly drugs and alcohol) as a critical area of concern affecting a broad age span and is not gender or privilege specific. *Healthy People 2020* goals for substance abuse are to increase awareness and education, particularly beginning in youth, to reduce access and desire.

Depression and Suicide: Key informants were concerned with the community's response to mental health issues such as depression and suicide, which often is interrelated with personal or familial addictions. State and local rural health leaders find mental health and mental disorders to consistently be identified a rural health priority. The *Healthy People 2020* mental health and mental illness goal is to improve mental health and ensure access to appropriate, quality mental health services emphasizing access to treatment by mental health providers in rural areas.

Access to Services Issues:

Dental Care: Key informants were unaware of the decline in available dental care, particularly for low-income clients. Four dentists in Jackson County have retired within the past two years. Of the four professionals, only two have been replaced.

Mental Health Care: Key informants remain dissatisfied with the community's response to mental health care. Mental health issues are clearly important to key informants based on discussions related to health care access and health behaviors. Most recognized there are fewer qualified mental health providers and the system is overwhelmed.

It was agreed there remains a lack of Primary Care and Pediatric Care Physicians during key informant discussions. Mid-level providers (Nurse Practitioners and Physician Assistants) provide much of the primary care services to Jackson County patients (pediatric and adult), but there are many patients with co-morbidities requiring more involved care management. Key informants perceive that local physicians are not accepting new patients.

When key informants were asked what reasons they would give for their dissatisfaction with the community's response to the issues they have identified, they stated:

- Nonexistent Services (services were not available and fewer services for uninsured)

- Payment systems (too expensive and/or not covered by insurance or additional work up necessary before insurances authorize advanced testing/care)
- Lack of pertinent Community Education
- Lack of health care providers

Two new themes emerged when key respondents were asked what solutions they would propose to address these needs:

- The need for community education for health issues such as disease-specific conditions, immunizations, and behavioral related issues (alcohol and drug use and sexually transmitted disease)
- The need for public access (more providers) and for access to lower cost inpatient and outpatient mental health clinic services
- The need for patients to take responsibility for their own medical care and not totally rely on the health system to do it.
- The need for patients to follow the health plan developed for them

2. Identification of Gaps in the Current Health Care Service Delivery Model:

Key informants were asked to discuss gaps in the current health care delivery system for better understanding where gaps exist in the current delivery system and to evaluate if one or more segments of the population were disproportionately affected by these gaps.

Key informants identified vulnerable or underserved populations to include those working but do not have health insurance and those with health insurance plans with high deductibles. When Key informants were asked what issues necessitate travel outside of the immediate community for health care, they responded that primary and specialty care physicians are limited in Jackson County. Other reasons included having been referred elsewhere, or seeking a second opinion. Reports of health providers outside of Jackson County discouraging patients from having services performed in Jackson County, even if they were provided, citing a preference for the patient to use a lab or radiology provider they were more familiar with are still prevalent.

Key informants were also asked to identify specialty services that they would like to see added to the community. This question identifies gaps in services offered and services desired. Once these gaps are known, realistic solutions can be applied. Results of this question are given in the following table.

**Specialty Services to Add to the Community**

Acute/Detox/Substance Abuse Care
Pediatric care
Inpatient Cardiology Services
Health/Wellness services

Services respondents said they would most like to add Acute Detox and Substance Abuse Care, the addition of at least one pediatrician to the local community and availability of obstetrics locally so citizens would not have to travel to Parkersburg or Charleston for prenatal care. Respondents would also like to have more wellness and preventive services available. Key informants were asked to identify additional specialty care services that they would like to see added to the community. Respondents replied:

- Mental Health (acute crisis and long term care)
- Pediatric Specialists
- Primary Care physicians (not mid-level providers)

- Specialty Care providers (Cardiology, Neurology, Dermatology, Vascular)

3. Identification of Health Care Services that are not Meeting the Needs of the Community

To identify perceptions about current services in most need of improvement so future services can be planned, key informants were asked for their opinion. The following table shows the ranked responses in order of services most in need of improvement.

**Existing Services Most In Need of Improvement**

Substance Abuse Treatment
Mental Health Treatment
Family/General Practice accepting new patients
Pediatric Care
Obstetrics
Dermatology

Of the services currently offered in the county, the three most in need of improvement according to respondents are Substance/Alcohol Abuse Treatment, access to Primary Care Physicians, and Mental Health care.

When asked if there were any specific programs currently available in their community that needed improvement, the response was as follows:

- Tobacco cessation programs
- Effective weight management programs
- Effective wellness programs
- Low cost transportation to and from medical appointments

4. Identification of Process for Solving Health Care Service Issues

During the assessment process, key informants were asked what organizations or persons should be involved in addressing the identified needs. Key informants agreed that many organizations should be involved in the process of addressing health care needs in the community including government social services, private foundations, and nonprofit organizations. Elected officials were also named as these officials have a role in addressing the communities' health issues.

**Key Informant Survey Summary:** The results of the key informant survey indicated a desire for future planners to focus on the health care treatment of the following health issues:

- Alcohol and/or substance abuse treatment
- Mental health illnesses
- Pediatric care
- Primary care physicians
- Wellness/Preventive programs (tobacco cessation)
- Availability of specialists (neurology, dermatology)

Health care services for vulnerable populations such as children, seniors, uninsured and under-insured populations also require future attention according to results of the key informant survey. These health care services include:

- Senior services such as adult daycare
- Non-emergent medical transportation

## Population Survey Results

The requirement and relevance of a Community Health Needs Assessment involves diverse healthcare discipline and community representation and it is important to align and work together developing and sharing the CHNA data. Jackson General Hospital participated in a recent Community Health Needs Assessment survey conducted by WVU Medicine for the Mid-Ohio Valley region and that data is utilized for this CHNA, as well.

The following summary from the Community Health Perception Survey report specific to Jackson County WV and conducted with the WVU Medicine Camden Clark Medical Center and Mid-Ohio Valley survey includes the top 10 reported health problems or health issues as determined by Jackson County respondents comparing the responses to the overall respondent perception of the Mid-Ohio Valley. Notably, both groups of respondents determined drug abuse as being the number one issue/problem of the community.

<b>Demographic information</b>		
	<b>Jackson county respondents</b>	<b>Overall respondents</b>
Male	21.9%	17.6%
Female	78.1%	82.4%
18 to 25 years old	23.3%	7.3%
26 to 39 years old	30.2%	25.2%
40 to 54 years old	18.6%	29.9%
55 to 64 years old	20.9%	26.2%
65 to 80 years old	6.9%	10.8%
Over 80 years old	0%	0.7%
0 children under 18 in HH	61.9%	57.7%
1 child under 18 in HH	7.1%	16.8%
2 children under 18 in HH	16.7%	15.2%
3 children under 18 in HH	9.5%	5.6%
4 children under 18 in HH	0%	2.8%
5 children under 18 in HH	2.4%	1.2%
Greater than 5	2.4%	0.7%
Caring for live-in elderly adult	9.3%	8.4%
Less than \$20k HH income	13.9%	9.3%
\$20k - \$29,999	16.3%	14.7%
\$30k - \$49,999	25.6%	19.9%
\$50k - \$74,999	20.9%	21.1%
\$75k - \$99,999	4.7%	13.2%
Over \$100k annually	11.6%	13.3%
Prefer not to answer	6.9%	8.4%
Less than HS graduate	4.9%	2.5%
Diploma or equivalent	41.5%	32.8%
College degree or higher	53.7%	64.7%

<b>Top 10 reported “health problems” or “health issues”</b>		
	<b>Jackson county respondents</b>	<b>Overall respondents</b>
1.)	Drug abuse – 72.1%	Drug abuse – 70.1%
2.)	Obesity – 30.2%	Cancers – 36.6%
3.)	Diabetes – 25.6%	Obesity – 34.3%
4.)	Cancers – 23.3%	Diabetes – 21.6%
5.)	Alcohol abuse – 16.3%	Heart disease/stroke – 15.6%
6.)	Dental problems – 14%	Income (low income) – 14.3%
7.)	Mental health problems – 14%	Mental health – 14.2%
8.)	Child abuse/neglect – 9.3%	Air quality – 12.2%
9.)	Employment access – 9.3%	Alcohol abuse – 9.3%
10.)	Income (low income) – 9.3%	Tobacco/e-cig use – 8.2%

*For this question, respondents were asked to choose from a list what they think are the three most important health issues in their own county. These are the top 10.*

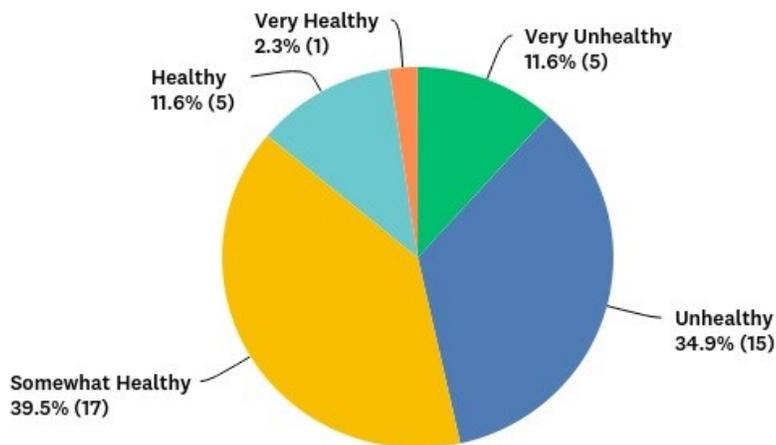
<b>Top 10 reported risky behaviors believed to impact overall community health</b>		
	<b>Jackson county respondents</b>	<b>Overall respondents</b>
1.)	Drug abuse – 95.4%	Drug Abuse – 92.8%
2.)	Lack of exercise – 46.5%	Alcohol abuse – 45.3%
3.)	Tobacco/e-cig use – 41.9%	Lack of exercise – 45.3%
4.)	Bad eating choices – 39.5%	Bad eating choices – 42.0%
5.)	Alcohol abuse – 34.9%	Cell use while driving – 40.8%
6.)	Overeating – 27.9%	Tobacco/e-cig use – 37.7%
7.)	Impaired driving – 23.3%	Overeating – 33.5%
8.)	Cell use while driving – 20.9%	Impaired driving – 30.8%
9.)	Dropping out of HS – 16.3%	Unsafe sex – 17.0%
10.)	Discrimination – 9.3%	Dropping out of HS – 14.5%

*For this question, respondents were able to choose from a list any number of items to reflect what they see as the riskiest behaviors. These are the top 10.*

<b>Insurance coverage, personal health and habits</b>		
	<b>Jackson county respondents</b>	<b>Overall respondents</b>
Pay cash for medical care	9.8%	13.0%
Private insurance	73.2%	80.5%
Medicaid	22.0%	10.3%
Medicare	12.2%	14.0%
Veterans Administration	2.4%	2.7%
Indian Health Services	0%	0%
Have been told by a health professional that they have high blood pressure	34.9%	43.9%
Have been told by a health professional that they have high cholesterol	32.6%	38.5%
Have been told by a doctor that they have diabetes	11.6%	16.0%

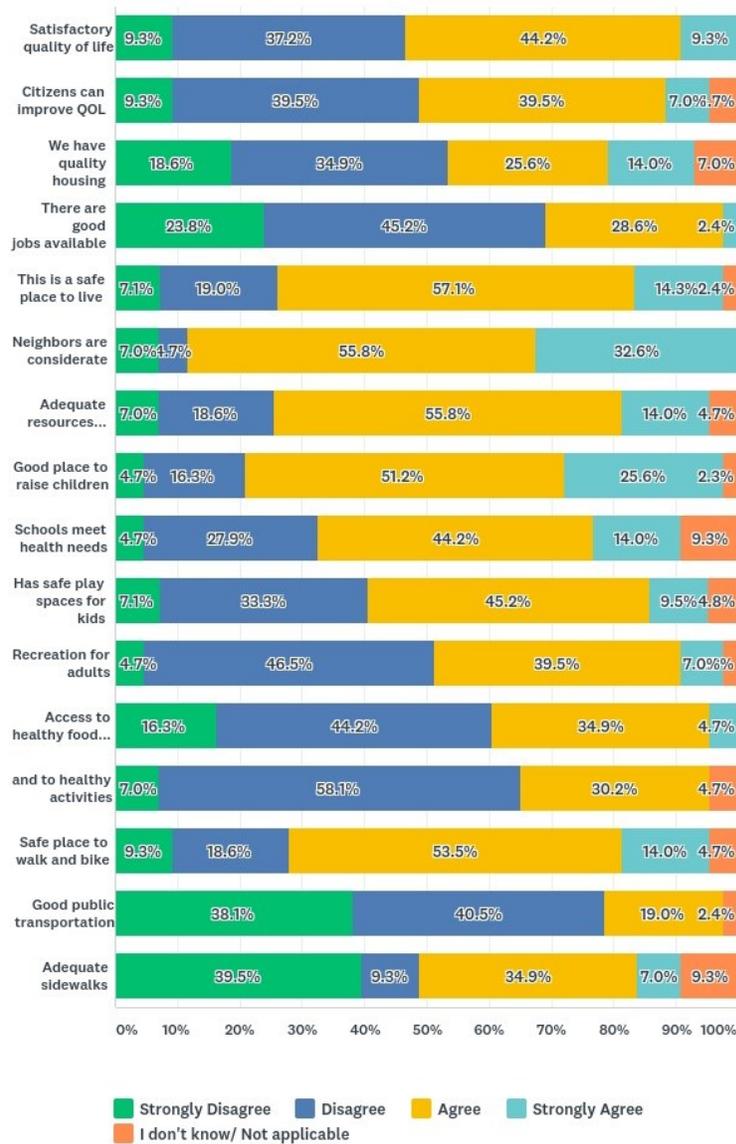
Smoke daily	20.9%	13.5%
Smoke some days	4.7%	5.4%
Never smoke	74.4%	81.1%
Have smoked at least 100 cigarettes in lifetime	38.1%	43.0%
Eat vegetables daily	44.2%	42.5%
4-6 days a week	44.2%	36.5%
1-3 days a week	11.6%	19.6%
Never eat vegetables	0%	1.4%
Eat fruit daily	25.6%	23.4%
4-6 days a week	34.9%	33.6%
1-3 days a week	30.2%	39.0%
Never eat fruit	9.3%	4.0%
	<b>Jackson county respondents</b>	<b>Overall respondents</b>
30 minutes of moderate physical activity daily	30.2%	17.3%
5-6 days a week	9.3%	18.9%
3-4 days a week	34.9%	28.8%
1-2 days a week	18.6%	22.3%
Do not exercise	7.0%	12.7%

### Q3 How would you rate your County as a "Healthy Community"?



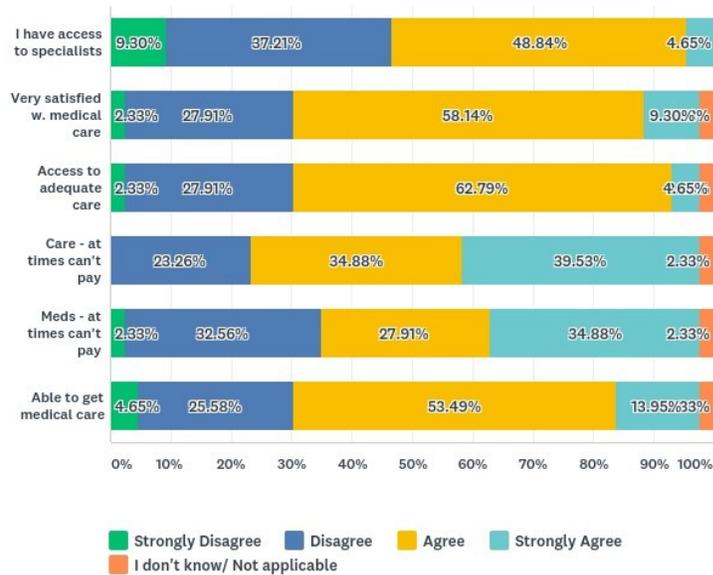
\*Overall respondents to the above question indicated they believed their own county to be mostly *unhealthy* (42.9%), followed by *somewhat healthy* (39%), *very unhealthy* (13.7%), *healthy* (3.9%) and *very healthy* (.5%)

Q5 Please indicate your level of agreement with each of the following statements about your County:



\*Overall respondents to the above question indicated much of the same, aside from more environment-specific items like public transportation and sidewalks that are unique to Jackson County.

Q6 Please indicate your level of agreement with each of the following statements about your County:



\*Overall respondents to the above question indicated much the same. Jackson county respondents indicate that they are sometimes unable to cover their portion of medical care or medication costs at a slightly higher rate than the overall respondents. Responses from Jackson County also indicate that they are slightly less able to access medical care whenever they need it when compared to the overall.

**Population Survey Summary:** The results of the population survey indicated a need to focus on increasing the availability of health care services such as:

- Substance abuse (drugs, alcohol, tobacco) treatment
- Treatment of Obesity
- Diabetes Care
- Cancer Prevention
- Affordable dental care
- Mental Health identification/treatment
- Prevention of child abuse and neglect
- Improved employment opportunities

According to results of the population- based survey, future attention is needed to breakdown the following barriers to care:

- Insurance issues (not having insurance or insurance not being accepted locally)
- The need to travel out of the area to obtain desired services which is inconvenient and can be unaffordable to the patient
- The lack of non-emergent transportation for medical care

Results of the population survey indicated a need for increased community awareness of:

- Prevention and treatment for addictions – drugs and alcohol
- Tobacco cessation programs
- Education on effects of obesity and importance of healthy diet and access to exercise

## **Findings**

**Health Care Issues:** Jackson County respondents agreed with the overall WVU Community Survey respondents that several health care issues were of concern and these health care issues were also noted to be of concern in the health statistics data.

The following major health issues emerged from all data sources:

- Drug/Substance and Alcohol Abuse - treatment options are needed for acute detox episodes, short term rehabilitation and long term rehabilitation programs
- Obesity and Diabetes - the incidence of Obesity and Diabetes, as well as Heart Disease is high among the population
- Cancer Care – early identification and treatment programs
- Dental problems – access to affordable dental care
- Mental health treatment for adults and children

**Current Health Care Services Not Meeting the Needs of the Community:** Services currently offered in the community may not adequately meet the needs of the community.

Key informants and the general population agreed that the following health care services were not meeting the needs of the community and therefore, require more consideration:

- Treatment for addictions – drugs, alcohol, tobacco, food
- Mental health treatment options
- Unhealthy living – poor eating habits, smoking, alcohol consumption

**Health Care Services that are Unavailable Locally:** Key informants and the general population both identified the following services as being unavailable locally. The lack of these services are may be associated with adverse health care outcomes as in the case of alcohol and substance abuse or may be a preference as with long term care and pediatric services:

- Substance abuse treatment
- Acute detox treatment
- Medical and Surgical specialists – neurology, cardiology, dermatology

## **Conclusion**

The *Healthy People (HP)* initiative has been in effect since 2000 and is beneficial to communities when reviewing community data and developing strategies to improve health. The HP initiative outlines a comprehensive set of goals aimed at improving the nation's health and reducing health disparities. One specific goal since implementation is Health Communication, which historically is a barrier to achieving results.

Healthy People exists to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

The Healthy People 2020 policy agenda includes 42 topics with nearly 600 objectives that run the gamut of issues — from increasing the number of people with insurance to cutting use of tanning beds to increasing the proportion of quality, health-related websites. A number of new topic areas include adolescent health, LGBT health, preparedness, global health, and sleep health.

Healthy People 2020 emphasizes the concept of social determinants of health — that is, the notion that health is impacted by many social, economic, and environmental factors that extend far beyond individual biology of disease. This means that improving health requires a broad approach to promote a health-in-all-policies approach that creates environments where the healthy choice is the easy choice.

In addition to objectives focused on individuals, Healthy People 2020 emphasizes an ecological approach to disease prevention and health promotion. The 2020 policy agenda gives priority to addressing the range of personal, social, economic, and environmental factors that influence health — including goals on the development of policies at both the state and community levels that help make people’s surroundings more conducive to healthier lifestyles.

## 2020 Leading Health Indicators Topics

The Leading Health Indicators (LHIs) are composed of 26 indicators organized under 12 topics. The Healthy People 2020 LHIs are:

### Access to Health Services

- Persons with medical insurance (AHS-1.1)
- Persons with a usual primary care provider (AHS-3)

### Clinical Preventive Services

- Adults receiving colorectal cancer screening based on the most recent guidelines (C-16)
- Adults with hypertension whose blood pressure is under control (HDS-12)
- Persons with diagnosed diabetes whose A1c value is greater than 9% (D-5.1)
- Children receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by age 19–35 months (IID-8)

### Environmental Quality

- Air Quality Index >100 (EH-1)
- Children exposed to secondhand smoke (TU-11.1)

### Injury and Violence

- Injury deaths (IVP-1.1)
- Homicides (IVP-29)

### Maternal, Infant, and Child Health

- All Infant deaths (MICH-1.3)
- Total preterm live births (MICH-9.1)

### Mental Health

- Suicide (MHMD-1)
- Adolescents with a major depressive episode in the past 12 months (MHMD-4.1)

### Nutrition, Physical Activity, and Obesity

- Adults meeting aerobic physical activity and muscle-strengthening objectives (PA-2.4)
- Obesity among adults (NWS-9)
- Obesity among children and adolescents (NWS-10.4)
- Mean daily intake of total vegetables (NWS-15.1)

### Oral Health

- Children, adolescents, and adults who visited the dentist in the past year (OH-7)

### **Reproductive and Sexual Health**

- Sexually active females receiving reproductive health services (FP-7.1)
- Knowledge of serostatus among HIV-positive persons (HIV-13)

### **Social Determinants**

- Students graduating from high school 4 years after starting 9th grade (AH-5.1)

### **Substance Abuse**

- Adolescents using alcohol or illicit drugs in past 30 days (SA-13.1)
- Binge drinking in past month—Adults (SA-14.3)

### **Tobacco**

- Adult cigarette smoking (TU-1.1)
- Adolescent cigarette smoking in past 30 days (TU-2.2)

Based on the research and analysis, the Health Advisory Committee will utilize the Health People 2020 goals and information when during the next phase of an improved health initiative.

The following table lists areas of need, unmet needs, resources and partners for meeting the needs and strategies for better addressing and meeting the needs. Many of the resources/partners are located within Jackson County and others are online or within the Mid-Ohio Valley.

<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
Substance/drug abuse/addiction and mental health services	<ul style="list-style-type: none"> <li>• Westbrook, Inc.,</li> <li>• BOMAR group</li> <li>• Needle exchange– Jackson County Health Department</li> <li>• Netflix Heroin(e) program - resources referenced</li> <li>• Neonatal facilities in hospitals for babies born with addiction</li> <li>• Boys and Girls Club</li> <li>• Help4WV - resources, detox</li> <li>• Too Good for Drugs curriculum</li> <li>• Oxford House</li> <li>• Big Brothers / Big Sisters</li> <li>• Drug Coalitions</li> <li>• Hearts Made Whole</li> <li>• Appalachian Recovery Inpatient - Lancaster, OH/Cambridge/Zanesville treatment centers</li> <li>• “PATCH” program</li> <li>• Recovery Point</li> <li>• WV Attorney General’s Office - promoting programs</li> <li>• Worthington Addiction Clinic</li> <li>• Wyatt House</li> <li>• Serenity House</li> <li>• DHHR</li> <li>• Mountwood Park</li> <li>• Drug Court</li> <li>• Narcotics Anonymous</li> <li>• ACS Smoking Cessation</li> <li>• Westbrook Health Services</li> <li>• Ryan Brown Grant</li> <li>• Celebrate Recovery</li> <li>• CRAFT support, counseling &amp; wellness</li> <li>• White Oak Recovery</li> <li>• Treating opiates w/grace</li> <li>• Hopeddealers.com</li> <li>• Drug Free coalition</li> </ul>	<p>Additional providers</p> <p>Engaged community members</p> <p>Care for children of addicts</p>	<p>Recruit providers (Nurses, MLPs, MD)</p> <p>addiction child development programs to stop the cycle</p> <p>need an inpatient addiction facility in Jackson Co</p> <p>respite care for grandparents who are taking in grandkids</p> <p>more foster homes</p> <p>places to put kids</p> <p>job re-entry programs</p> <p>skilled nursing facility equipped to handle addicted patients</p> <p>peer support programming for addicted patients</p> <p>relocation assistance</p> <p>Drug Free clubs in schools</p> <p>Seek local funding</p>

<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
Management of Chronic Illness (Diabetes, Heart and Lung Disease)	<ul style="list-style-type: none"> <li>● Diabetic Educators - inpatient CCMC, JGH dietitian</li> <li>● Dining with Diabetes - cooking classes Emmanuel Baptist Parkersburg</li> <li>● Suicide prevention/education/intervention</li> <li>● Home referral program at Health South for increasing quality of life of patients</li> <li>● Sisters Health Foundation</li> <li>● Suicide Prevention Resource Center</li> <li>● Action Alliance for Suicide Prevention</li> <li>● American Foundation for Suicide Prevention</li> <li>● Home Health Program</li> <li>● Contact Phil Schenk - The West Virginia Partnership for Elder Living, Inc.</li> <li>● National Diabetes Screening - Stanford Dept.</li> <li>● Rotary Blood Screening</li> <li>● Outpatient Endocrine Center</li> <li>● Health fairs / Screenings</li> <li>● Insurance incentives</li> <li>● Heart health promotion</li> <li>● WIC</li> </ul>	Outreach Education	<p>Coordinate with regional providers to offer local specialty care</p> <p>Increase access to recreational options &amp; facilities</p> <p>Increase access to quality public transportation</p> <p>Grow &amp; expand care management programs</p> <p>Community Health Workers providing home visits</p> <p>Increase Diabetes self-management / prevention classes</p>

<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
Income inequality, Access to care for low income residents	<ul style="list-style-type: none"> <li>• Jackson General Hospital charity care guidelines</li> <li>• Morad Hughes Health Center (RHC) sliding fee scale</li> <li>• River Valley Health and Wellness Center (FQHC) sliding fee scale</li> <li>• Jackson County Health Department</li> <li>• Jackson County Economic Development Corp (keeping employers &amp; attractions)</li> <li>• First time homebuyer loan programs / down payment assistance programs</li> <li>• Habitat for Humanity</li> <li>• Bridges to Careers</li> <li>• Learn to Earn</li> <li>• EITC</li> <li>• Workforce WV</li> <li>• Career Advantage</li> <li>• Churches</li> <li>• Drug assistance programs</li> <li>• DHHR</li> <li>• WVU-P</li> <li>• INSPIRE</li> <li>• Work Force Investment</li> <li>• Community Resources Inc.</li> <li>• Free Lunch Program</li> <li>• CIRCLES (poverty intervention program)</li> </ul>	Outreach Coordination of care	Screening of low income residents  Provide education to Jackson County Citizens  Develop additional programs to provide assistance to those in need
Services for seniors	Jackson County Commission on Aging, Loved Ones, Home Health agencies, Ravenswood Care Center, the Caring Place	Outreach Timely referrals to appropriate agencies Adult Day Care Center availability	Implement adult daycare Improve private duty sitter options
Insurance issues (not having insurance or not being accepted locally)	CHIP program, insurance exchange in preparation for healthcare reform, charity care programs, sliding fee schedules	Outreach Education Assistance with application process	Collaborate with local resources to establish a resource connection to coordinate care. Assist patients with information about insurance qualifications, costs, etc. Work with state authorities to assist people to apply for health insurance through health exchanges

<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
Weight management programs	<ul style="list-style-type: none"> <li>● Local physicians</li> <li>● Weight Watcher's online</li> <li>● WVU Extension - Wood Co.: Nutrition &amp; cooking classes</li> <li>● Community Fitness Center</li> <li>● WV food link</li> <li>● Temple Challenge (physical fitness program @ CCMC)</li> <li>● Farmers Market - SNAP benefits accepted</li> <li>● Kim Tieman, Benedum Foundation</li> <li>● Country fresh stops - WVU-P</li> <li>● ACS Healthy Living</li> <li>● Senior Sneakers</li> <li>● Memorial Health System's healthy eating program - Opens Thursday</li> <li>● Try This WV</li> <li>● SNAP/WIC</li> <li>● Bariatric program MMH</li> <li>● MHHC (weight loss management)</li> <li>● American Cancer Society - Active for Life</li> <li>● American Cancer Society - materials &amp; screenings</li> <li>● Cancer.org</li> </ul>	Outreach weight management clinics obesity support	<p>Development of weight management programs</p> <p>Development of wellness programs</p> <ul style="list-style-type: none"> <li>● Soul Mates –</li> <li>● Walk with a doc – JGH</li> </ul> <p>Health fairs at churches</p> <p>School programs</p> <p>Community walking programs</p> <p>Community gardens</p> <p>Walking trails at schools and community playgrounds</p> <p>Insurance incentives</p> <p>Adult outdoor playground in Ravenswood</p> <p>Increased walkability (sidewalks) and recreation activities</p> <p>Healthy choices at food pantries</p>
Tobacco cessation	<ul style="list-style-type: none"> <li>● Local physicians,</li> <li>● Jackson General Hospital smoking cessation education,</li> <li>● Jackson County Health Department</li> <li>● Tobacco cessation programs</li> <li>● Medicare Quitline</li> <li>● Raze for teens</li> <li>● Advocating for tobacco tax increase annually</li> <li>● Great American smoke-out Nov. 16</li> </ul>	Outreach Education	<p>Develop smoking cessation programs with continuing support</p> <p>Raise legal smoking age to 21 in Jackson County</p>

<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
Lack of affordable non-emergent transportation for medical care, particularly for home bound individuals	Fee for service EMS services, Commission on Aging bus, Little Kanawha Bus	Outreach Additional non-emergent transport services	Coordinate with local citizens to develop a transportation system affordable to Jackson County Citizens
Emergency preparedness	Jackson County Health Department Jackson County EMS Jackson General Hospital	Outreach	Coordinate with local authorities to provide education to the community Create and distribute emergency preparedness checklists Create and distribute emergency preparedness kits

## NEXT STEPS

This health care needs assessment is the cornerstone of improved health for the community and imperative for future strategic planning. Setting priorities cannot be accomplished without gaining an understanding of the community's health care needs and concerns. Addressing the health care service issues identified during the assessment is the next step in the planning process.

The Health Advisory Committee will develop a framework and a process for transitioning to the next phase of meeting the needs of Jackson County, WV. During this transition, the Health Advisory Panel will:

- Review the health care needs assessment report and identified health care service opportunities
- Review the current health care service delivery model
- Identify other groups or individuals that need to be involved in planning process
- Identify what resources are needed for program development and implementation
- Set priorities for moving forward

### **Results of Advisory Panel Planning Meeting**

**Presentation of Survey Results:** The Health Advisory Committee agreed the survey results were consistent with their professional judgment and their personal experiences. With the input provided by key informant and population surveys, a comprehensive community health care needs assessment is complete.

**Action Steps:** After discussing the results of the health care needs assessment, a consensus of priorities for action and determination of next steps was accomplished. To better and ideally, more positively, affect the implementation strategy from a different strategic viewpoint, consideration was given to break down the problem list by categories with related subcategories as follows:

- 1) Addiction
  - a. Drugs
  - b. Alcohol
  - c. Tobacco
  - d. Food
  - e. Other
- 2) Mental Health
  - a. Mental illness
  - b. Child psychiatry
- 3) Obesity/unhealthy lifestyle
  - a. Diabetes
  - b. Heart disease
  - c. Lung disease
  - d. Hypertension

Educating the community and providers about available resources and coordination of such resources is critical to the strategic planning process. The Health Advisory Committee discussed several strategies for accomplishing these very important steps:

- Maintain the committee to guide the process and provide sustainability

- Work to establish funding to development a community resources/navigator for health services coordination and education
- Development of materials to support education
- Development of grant opportunities to support education and coordination of resources

The multidisciplinary advisory group expects to further develop and implement solutions to the identified gaps in health care services. The Health Advisory Committee will work collaboratively to assure the action steps are continued and will meet quarterly to review progress and establish additional goals.

**Conclusion:** The Health Advisory Committee reaffirmed the community health care needs assessment process is valuable for the following reasons:

- Provides information about gaps in both services and knowledge of services
- Provides secondary data that supports survey findings, anecdotal perceptions, and demographic considerations regarding services needed
- Promotes change
- Provides community awareness and a collective sense of purpose to serve citizens
- Provides a forum to express the current concerns
- Provides structure to a complicated process

## APPENDIX A: Community Resources Register

Name	Work Number	Home Number	Cellular Number	Pager Number	Emergency Contact/Number
Wendy Staats	372-2634	273-4236	532-8199		Heath 531-0733 David 531-0067
Tena Casto	372-2634	372-5358	532-7823		372-2509 father Lora 372-2405
Jonathan Graziani	372-2634	489-3364	532-7693		916-3765 Emelia
Amy Haskins	372-2634	373-0017	531-4128		532-2472 Jeff
Carolyn Humphreys	372-2634	895-3977			895-3704 Clarence Durst
Dr. Snyder	372-7617	372-4467	531-3077	800-982-2327 #5522	
Jo Ellen Wilson	372-2634	786-6430	<b>514-4694</b>		Hazel Chambers (h) 512-5022 cell 531-0495

Office	Contact	Work Number	Cellular Number	Pager Number
WV Bureau Epi		558-5358 558-4117 1-800-423-1271		1-800-882-5135
Threat Preparedness	Jerry Rhodes Donnie Haynes	558-6900		340-2133 1-877-364-5573
State Health Officer	Rahal Gupta	558-2971		540-5719
State Lab		558-3530		361-9080 361-9066 Rabies
WV Office Emergency Services		558-5380		
PH Admin	Amy Atkins	550-8870		
FBI		346-3232		
Local Office OES	Walt Smittle	372-2000	373-2208	372-2593
State Fire Marshall		558-2191	558-2537	1-800-233-fire

### Media/Communications

Station Name	Station Broadcast	Phone/Fax/Email	Area Covered
WCHS TV 8 and Fox 11			
WSAZ	Shelly Slater	<a href="mailto:shelly.slater@wsaz.com">shelly.slater@wsaz.com</a> (304) 340-4633 (304)340-4649 fax	
WSAZ Channel 13	Anna Baxter	<a href="mailto:anna.baxter@wsaz.com">anna.baxter@wsaz.com</a> <a href="mailto:news@wsaz.com">news@wsaz.com</a> (304) 340-4646 (304) 340-4649 fax (304) 389-8630 Cell	
WOWK	Craig McKee	(304) 720-6555 <a href="mailto:cmckee@wowktv.com">cmckee@wowktv.com</a>	343-6138 1-800-234-WOWK
WTAP	<a href="mailto:news@wtap.com">news@wtap.com</a>	485-6397	422-4107

Contact Name	Station Broadcast	Phone/Fax/Email	Area Covered
Sudden Link	Fax 304 Would not give 5/31/13	1-800 490-9604 485-7433	Jackson/Wood/Kanawha
Community Antenna	Arthur Cooper	420-2470 1-800-339-4002 Fax 304 420-2474 <a href="mailto:acooper@cascable.com">acooper@cascable.com</a>	Jackson/ Wood

## Radio Stations

Station Name	Contact Name	Phone/Fax/Email	Area Covered
WCEF	Ric Shannon	372-9800 (Station) 372-9811 (Fax) or 372-9803	Jackson/Mason/Roane/ Kanawha/Wood
WLWS	thewolf@wirefire.com	273-2544	Jackson/Wood
WQBE	Jeff Whitehead	(304)342-3136 Fax(304)342-3136 Fax (304) 342-3118 <a href="mailto:Jeff@wqbe.com">Jeff@wqbe.com</a>	Kanawha/Jackson
WMOV	Greg Gack	(304) 273-2544 Fax (304) 868-2600 <a href="mailto:greg@wmov1360.com">greg@wmov1360.com</a>	
The Bear or Foggy 99		424-6955 fax 485-4565 office	Wood/Jackson
101 River	Teresa Roark	373-0100 740 339-1117 cell	373-0101 fax <a href="mailto:troark@1015theriver.net">troark@1015theriver.net</a>
Results Radio	Julie Ann Williams	422-3154 (new lines) 485-1230	424-6955

## Newspapers

Newspaper Name	Contact Name	Phone/Fax/Email	Area Covered
Jackson Newspapers	Roger	373-6373 372-5544 (fax) <a href="mailto:greg@jacksonnewspapers.com">greg@jacksonnewspapers.com</a>	Jackson County
Gazette		348-5140	348-1233
Daily Mail		348-5140	348-4847
Parkersburg News		(304) 485-1891 1-800-642-1997 FAX 485-5102	Jackson County Wood County

## Jackson County Schools

School Name	Contact Name	Telephone	Fax
Gilmore Elementary	Jennifer Knopp	273-3511	273-9560
Evans Elementary	Matt Howery	372-7333	372-7317
Kenna Elementary	Sonya White	372-7343	372-7313
Ravenswood Grade	Jane Graham	273-5391	273-5392
Fairplain Elementary	Melissa Browning	372-7340	372-7347
Henry J. Kaiser	Amber Hardman	273-2692	273-3029
Cottageville Elem	Traci Lemasters	372-7330	
Ripley Elementary	Janet Postlethwaite Jonathon Melhorn	372-7345	372-7364
Ripley Middle School	Tim Brown Jeff Haskins	372-7350	372-7332
Ripley High School	Bev Shatto Jeff Banton	372-7355	372-7334
Ravenswood Middle	Gary Higgonbotham Sharon Carroll	273-5480	
Ravenswood High	Jimmy Frashier	273-9301	273-9556
Roane Jackson Tech	Ben Cummings Todd Layhew	372-7335	372-7336
JCBOE	Blaine Hess	372-7300	
School Transportation	Jeanne Sayre	372-7320	
JCBOE	Lisa Martin	372-7309	372-7312

## Key Partners

Partner Organization	Contact Name	Telephone	Fax
American Red Cross	Joyce Chapman	273-3410	
County Commission	Mitch Morrison	(304) 273-5859	(304) 373-2220
County Commission	Dick Waybright	273-4480 (home)	514-3750 (cell)
County Commission	Mike Randolph	372-6785 (home)	514-3488 CC cell
WV Watch	Bruce DeWees	373-2298	373-6291
Poison Control		1-800-222-1222 388-9698	
Board of Health	James T. Hughes, Chair	372-4661	<a href="mailto:hughesjimmd@yahoo.com">hughesjimmd@yahoo.com</a>
Board of Health	Margaret Ritchie	273-4442	
Board of Health	Dr. James McCoy	273-3083	<a href="mailto:jmccov_41@yahoo.com">jmccov_41@yahoo.com</a>
Board of Health	Joyce Robinson	372-5867	
Board of Health	Terri Ranson	372-6505	<a href="mailto:terriranson@yahoo.com">terriranson@yahoo.com</a>

### Law Enforcement

WV State Police		372-7850	
JC Sheriff	Tony Boggs	372-3462	372-6291
Ripley City	Jim Fridley	372-4711	
Ravenswood City	Lance Morrison	273-3500 273-4560 (H) <a href="mailto:ravenswoodpolice@kvinet.com">ravenswoodpolice@kvinet.com</a>	273-9306
Local OES	Walter Smittle	372-2011	372-2000
State Fire Marshall		1-800-233-3473	
FBI		346-3232	
WV Watch	Bruce DeWees	372-3462	

### Fire Stations

Facility Name	Contact Name	Telephone	Fax
Ripley Fire Dept.	Rick Gobble	372-9271	
Ravenswood Fire	Craig Blackhurst	273-9251	
Cottageville Fire	Mike Morrison	372-5959	
Silverton Fire	Lee Thomas	273-5510	
Southern Jackson Co.	Lori Pierson	372-4106	
State Fire Marshall		1-800-233-3473	

### Physicians

Practice Name	Physician Name	Telephone	Fax
Jackson Medical Center	Dr. Craig Swann	(304)372-3506 <a href="mailto:Duprs2@aol.com">Duprs2@aol.com</a>	(304) 372-3523
Dr. William Casto	Dr. William Casto <a href="mailto:wjcasto@hotmail.com">wjcasto@hotmail.com</a>	372-1444	372-1445
Family Medical Center	Arif Malik	372-9191	372-9213
River Valley Health and Wellness Center	Dr. Greer Christina Estrada, MD Murrta Bollinger, C/FNP	273-1033	273-1034
Vadiya Urology Center	Shirkand Vaidya	372-6680	675-5001
James Gaal	James Gaal, DO Amy DeLong, FNP	372-4402	372-9221
Eye, ears, nose, throat	John Wade	372-5668	675-1245
Morad Hughes Center and Walmart	Steven Eshenaur, DO Sue Meadows, FNP Kevin Boyce, PA-C	373-1578	3731534

	Sara Haile, PA-C Erin Randolph, FNP Victoria Boldman, FNP		
Asthma & Allergy	Dr. Chandra Dumar	372-3033	372-3058
Surgical Associates	Carl Overmiller, MD Jeffrey Barton, DO Brian Brown, MD Peter Pantelidis, MD Greg D'Eramo, MD	373-0133	373-0497
Coplin Clinic		275-3301	275-4798
Fresenius Medical Care Dialysis Center	Michelle Kunkel Kenda Lawrence <a href="mailto:Michelle.kunkel@fmc-na.com">Michelle.kunkel@fmc-na.com</a> <a href="mailto:Clinic4191@fmc-na.com">Clinic4191@fmc-na.com</a>	373-0420	373-0421
Primary Family Care	Shirin Morad, MD Jenny Simon, FNP	304.372.1740	304.372.3069

### Hospitals

Facility Name	Contact Name	Telephone	Fax
Jackson General	Stephanie McCoy <a href="mailto:smccoy@jacksongeneral.com">smccoy@jacksongeneral.com</a>	304-373-1475	
Jackson General	Edwina Waybright	373-1477	
Infection Control	Pattie Swann	373-1622	373-0044

### Nursing Homes

Facility Name	Contact Name	Telephone	Fax
Elder Care	Jennifer Jeffrey <a href="mailto:ewadmin@vanguardbhc.com">ewadmin@vanguardbhc.com</a>	372-5115	372-4113
Ravenswood Care Center	Phyllis Myers Jamie Sheppard	273-9482	273-9236
Ravenswood Village	Tabatha Amos, NHA	273-9385	273-9387

### Laboratories

Facility Name	Contact Name	Telephone	Fax
Jackson General	Beverly Smith <a href="mailto:bsmith@jacksongeneral.com">bsmith@jacksongeneral.com</a>	373-1563	372-5624
State lab		558-3530 ext. 2110 988-1829 (home)	558-2006
Lab Corp		1-800-282-7013 1-800-352-3141 1-800-282-7300	746-0945

### Veterinarians

Facility Name	Contact Name	Telephone	Fax
Jackson Animal Clinic	Anne Gentry, DMV	372-3802	372-4580
Ripley Paws	Tammy Barrickman, DMV	372-3323	372-3325
Town & County Vet	Paul Shockey, DMV	372-5709	372-5385
Animal Shelter		372-6064	372-6064

### Pharmacies

Facility Name	Contact Name	Telephone	Fax
Fruth's Pharmacy		372-1605	372-2256
Rite Aide/Walgreen's/Ripley		372-7448	372-8619
Rite Aide/ Ravens.		273-4496	273-9426

Wal-Mart		372-4487	372-6221
Kroger		372-5292	372-7668

### Mental Health

Facility Name	Contact Name	Telephone	Fax
Westbrook Health	John Thompson, emergency preparedness	372-6833 ext. 302  Home 373-0379 <a href="mailto:johnndt@westbrookhealth.com">johnndt@westbrookhealth.com</a>	372-6894
Coordination Council on Independent Living	Tammy Sampson	485-9834	485-9837

### Dentists

Facility Name	Contact Name	Telephone	Fax
Hunt & Motes	Meegan Hunt Ted Motes	372-4011	372-1850
Dental Center	Daniel Whyte <a href="mailto:danielowhytedds@yahoo.com">danielowhytedds@yahoo.com</a>	372-3222	372-2164
Perrine & Staunton Family Dentistry, PLLC	Perrine Staunton	372-5725	
Nathan Walls	Nathan Walls	304-372-4009	

### Child Care Centers

Facility Name	Contact Name	Telephone	Fax
Good Shepherd Family Day Care	Jodi Skeen	304-273-5015	304-273-5015
Kiddy Korner	Christal Randolph	304-372-2205	304-372-6679
A Child's Care	Donna Keeney	304-372-3934	
Precious Memories Kiddy Care LLC	Patricia Kelly	304-372-7120	
Ravenswood Head Start	Pam Scritchfield	304-273-3491	304-343-1053
Ripley Head Start	Carole Abbott	304-373-1130	304-343-1053
Step by Step Child Care	Kathryn Randolph	304-532-1851	
Kinder Care	Karen Spencer	304-372-6722	304-372-6722
PATCH	Shannon Faber	304-373-1076	304-927-8084

### Public Service Districts

Facility Name	Contact Name	Telephone	Fax
Cottageville	Tandi Martin	372-4317	
Evans		372-8600	372-8997
Ravenswood		273-4111	372-2603
Ripley		372-3782	372-6693
Silverton		273-9621	273-9621
Southern Jackson		372-2622	372-8476

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