



REYNOLDS MEMORIAL
HOSPITAL

**COMMUNITY HEALTH NEEDS ASSESSMENT
AND
IMPLEMENTATION STRATEGY**

September 2017

Date Approved 7/30/2017

Authorized Signature

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INTRODUCTION

With the enactment of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, tax-exempt hospitals require community health needs assessments (CHNA) and implementation strategies, which are approaches and plans to actively improve the health of communities served by health systems. These strategies provide hospitals and health systems with the information they need to deliver community benefits that can be targeted to address the specific needs of their communities. Coordination and management strategies based upon the outcomes of a CHNA, and implementing strategies, can improve the impact of hospital community benefits.

To adhere to the requirements imposed by the IRS, tax-exempt hospitals and health systems must:

- * Conduct a CHNA every three years.
- * Adopt an implementation strategy to meet the community health needs identified through the assessment.
- * Report how they are addressing the needs identified in the CHNA and a description of needs that are not being addressed, with the reasons why.

The Department of the Treasury and the IRS require a CHNA to include:

1. A description of the community served by the hospital facility and how the description was determined.
2. A description of the process and methods used to conduct the assessment.
 - * A description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs.
 - * A description of information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility.
 - * Identification of organizations that collaborated with the hospital/health system and an explanation of their qualifications.
3. A description of how the hospital organizations took into account input from persons who represent the broad interests of the community served by the hospital. In addition, the report must identify any individual providing input that has special knowledge of or expertise in public health. The report must also identify any individual providing input who is a "leader" or "representative" of populations.
4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such

health needs.

5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
6. A description of the needs identified that the hospital intends to address, the reasons those needs were selected, and the means by which the hospital will undertake to address the selected needs.

METHODOLOGY AND COMMUNITY INPUT PROCESS

The CHNA process for WVU Medicine - Reynolds Memorial Hospital included the collection and analysis of primary and secondary data. Both public and private organizations, such as faith-based organizations, government agencies, educational systems and health and human services entities were engaged to assess the needs of the community. In total, the primary data collection phase resulted in the contribution of thirteen (13) community stakeholders/leaders and community residents. The 2014 CHNA served as a baseline to provide a deeper understanding of the health, as well as the socioeconomic needs of the community.

Information gaps existed as secondary data was not always available specific to Marshall County. Additionally, secondary data was often four to seven years old, making it difficult to rely on its accuracy.

Primary data in the form of an online and a paper survey gathered feedback from community residents and health system staff. Thirteen (13) stakeholder interviews were conducted with individuals who represented a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health. A paper hand survey was used to gather a range of information from 221 community residents. Marshall County Health Department, the leading public health agency in the county and Marshall County Senior Citizens' Center collaborated by distributing community surveys.

A secondary data profile was compiled with, local, foundation, state and federal figures to provide essential information, insight and knowledge on a broad range of health and social issues. Collecting and examining information about different community aspects and behaviors help explain and identify factors that influence the community's health.

Information collected from secondary data provided reliable facts from multiple government and social agencies. The collection of a comprehensive database provides information to understand the health of a community overall. Data collected encompassed socioeconomic information, health statistics, demographics, mental health issues, etc. This report is a summary of primary and secondary data collected throughout the CHNA.

Reynolds Memorial Hospital provided the opportunity for the public to submit written comments on the facility's previous community health needs assessment report through their web page and by a press release published in area newspapers. This website will continue to allow for written community input on the facility's most recently conducted CHNA Report and implementation plan. WVU Medicine - Reynolds Memorial Hospital will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate hospital staff.

REYNOLDS MEMORIAL HOSPITAL

Reynolds Memorial Hospital is located in Glen Dale, Marshall County, eighty-five (85) miles north-west of West Virginia University Medicine, Morgantown, WV. The facility has seventy (70) acute beds and twenty (20) skilled beds, with 1849 admissions in 2016.

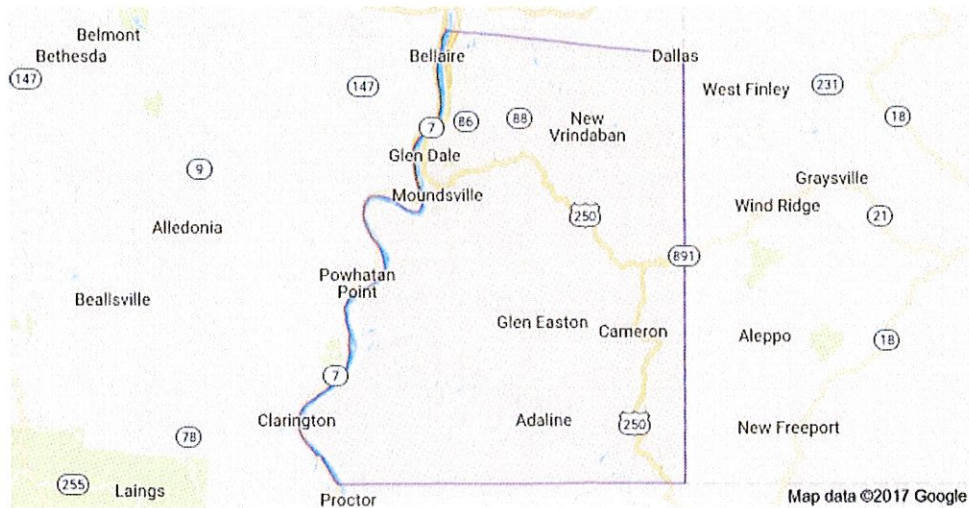
Mission: To provide quality care to patients and the community at a reasonable cost.

COMMUNITY SERVICE AREA

The community service area, for the purpose of this assessment, is defined as Marshall County, West Virginia; comprised in part of postal zip codes 26003, 26031, 26033, 26036, 26038, 26039, 26040, 26041, and 26055. However, the surrounding counties of Ohio and Wetzel, West Virginia; Belmont, Ohio; and Greene, Pennsylvania are served to a lesser degree. This is evidenced through reports which break down visits by zip code.

MAP AND DESCRIPTION OF COMMUNITY SERVED

Marshall County is a largely rural county in the Northern Panhandle of West Virginia, consisting of 312 square miles. Marshall County is situated twelve (12) miles south of Wheeling, WV, sixty-nine (69) miles southwest of Pittsburgh, PA and one hundred and fourteen (114) miles east of Columbus, Ohio. Its county seat is Moundsville.



MARSHALL COUNTY DEMOGRAPHIC DATA

Total Population	31,793
White	97.5%
Black	0.8%
Native American / Alaskan Native	0.2%
Asian	0.4%
Multiple Races	1.1%
Hispanic	1.1%

U.S. Census Bureau 2016 estimates

MARSHALL COUNTY SOCIO-ECONOMIC DATA

Persons in Poverty	12.6%
Unemployed	-1.1%
Uninsured < 65	9.2%
No High School Diploma	10.8%

U.S. Census Bureau 2015 estimates

KEY COMMUNITY HEALTH NEEDS

The health status of a community depends on many factors, including quality of health care, social and economic determinants, individual behaviors, heredity, education and the physical environment.

Healthy People 2020 creates targets for the nation for improving health status, promoting community health, and challenging individuals, communities and professionals to take specific steps to ensure that good health, as well as long life, are enjoyed by all. Because “health” is more than just the absence of disease, a focus on socioeconomic factors is required.

Socioeconomic status is often defined as the social and economic experiences that shape and frame a person’s lifestyle. The environment—in particular, where we work and live—as well as education, income and age play a significant role in an individual’s socioeconomic status. It is well documented that residents who are uneducated and have limited financial resources often experience challenges such as poor housing, limited employment advancement and a low quality of life. All of these challenges ultimately affect their health outcomes.

Children attending school in poor conditions may have low educational achievements and lack a rich educational infrastructure. Parents who struggle with employment opportunities will be less likely to afford educational resources for their children such as computers, tutors and books—materials which often assist students becoming successful.

Similarly, community residents living in neighborhoods that are underserved may face higher levels of stress if their community is plagued with crime, drugs and poverty. The increased tension due to the city’s social injustices and inequalities have produced higher levels of stress leading to civil unrest, mental and behavioral health problems, and the potential for increased use and abuse of drugs and alcohol products.

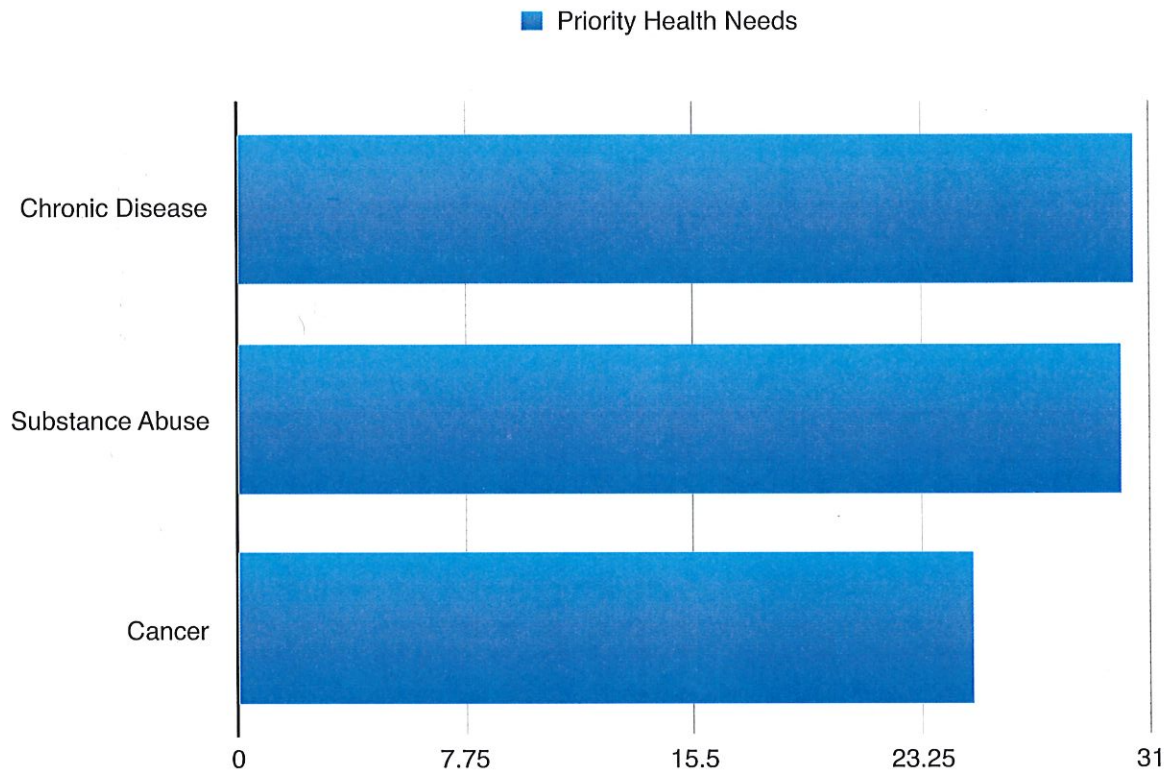
Residents in Marshall County are aware of the health and social inequalities and disparities that exist. Residents who have a low socioeconomic status have significant challenges when accessing resources and services.

One of the objectives of the Patient Protection and Affordable Care Act (PPACA) is to identify ways to better coordinate health services to allow greater accessibility, while reducing health care costs for patients and caregivers. As a result, health care organizations are streamlining services and collaborating with community agencies and organizations to capitalize on the ability to share resources. By providing affordable health care insurance, a large portion of the previously uninsured population now has a pathway to affordable and accessible preventive services.

Three key need areas were identified during the CHNA process through the gathering of primary and secondary data from local, state and national resources, community

stakeholder interviews, web based and hand-distributed surveys. The identified community needs are depicted in order of priority in the graph below.

Graph 1: Key Community Health Needs



PRIMARY DATA

Key Informant Interviews

As part of the community health needs assessment process, thirteen (13) individuals were identified as representing broad interests of the community. These key informants were interviewed using an established set of questions designed to obtain specific data regarding health and other needs of the residents. This data will be used to guide the development and implementation of a strategic plan. The implementation strategy will focus on common indicators identified during the data collection portion of the process.

Key Informants

Russ Tucker, Child Protection Service Supervisor at the Moundsville office of WVDHHR
Patty Fast, Health Plan
Sandye Yoho, Director of Feeding Body and Soul Soup Kitchen
Shelly Glatzer, Executive Director of Moundsville Housing Authority
That Son Nguyen, Priest at St. Francis Xavier Church
Kathy Brown, Director of Wheeling Health Right
Joyce Howard, Director of Moundsville Senior Center
Robert Miller, Marshall County Commissioner
Dara Pond, Administrator at Marshall County Health Department
Vickey Battista, Executive Director at Benwood-McMechen Housing Authority
Rose Hart, Director of Appalachian Outreach, Inc
Michael Hince, Superintendent of Marshall County Schools
David Nally, MD, Reynolds Memorial Hospital

Summary

Key informants were asked to identify the three biggest challenges for Marshall County. The leading responses were drugs, unemployment and affordable housing. When asked what was best about living in the county, the majority of respondents stated that people in the community looked out and took care of one another. The major need identified by informants was the need for more education in health; taking care themselves including education on navigating the healthcare system. The major barrier for the community was transportation, which was also identified as the ranking barrier to hospital services. Home care services led in services which need to be expanded in the community.

When key informants were asked their opinion regarding the strengths of the hospital, three responses tied; the efficiency of the the hospital, the friendliness of the staff, and the hospital's relationship with WVU Medicine.

Questions and Responses

The following are the questions asked of interviewees and a summarization of their responses.

1. What are the major population groups your organization serves and what services do you provide?

Part 1:

Children and families in Marshall County
Medicare and Medicaid Populations
Commercial, private and government funded insured
Individuals 50-80 years of age
Elderly
Disabled
Low income
Parishioners
Underinsured
Homeless
Uninsured
60 years of age and over
Residents of Marshall County
General public
Single moms
Those at or near poverty
Children and adults

Part 2

Transportation for the elderly
Home health
Alzheimer's respite care
Medicare counseling
Social recreational activities
Clinical services
Primary care
Disease control and prevention
Safe housing
Self sufficiency - referrals
Provision of building supplies to maintain safe and sanitary housing
Referrals to supporting agencies
Education
Child and adult protective services
Child support
WV Works
Food
Healthcare services
Prescriptions
Wellness outreach
Ministering

2. What are the major needs of this group?

Help with medications
Help with activities
Food

- Support for grandparents raising grandchildren
- Financial assistance for medications (including OTC meds) and food
- Transportation
- Technology for schools
- Continuing education for teachers
- Better healthcare for the elderly, such as screenings
- A recreational center for the senior population
- Access to adult dental care
- Access to affordable medications
- Access to breast cancer and rectal screenings
- Lack of family members to help the elderly
- More business and jobs in the area
- Coordinated healthcare with PCPs and across healthcare agencies
- Nutritional and physical education
- Childcare
- Under-employment
- Inflation due to gas well industry driving up costs (supply and demand)
- Middle class only able to afford the basics
- Mental health counseling
- Education on individual health needs for parents and children (engagement in own healthcare)
- Inability to navigate healthcare system (lack of advocates)
- Drug prevention and treatment, including prescription drugs
- Unable to afford out of pocket expense for healthcare
- Affordable health insurance

3. What evidence do you see of their needs?

- Absenteeism (medical excuses)
- Reports from many sources
- Assessments
- HETIS reporting
- Statistics on access to care
- Utilization of services
- Healthcare indicators
- Meeting with individuals served
- Medical cost submissions
- Elderly comment regarding lack of physical and social activities during winter months
- Number of referrals received
- Number of calls received requesting services
- Patients report difficulties in cost of medications and out-of-pocket medical expenses
- Individuals request assistance
- Observation of declining physical and mental health
- Unfair wages
- Inadequate services to cover needs of the community
- Waiting list for services
- Documentation of obesity, hypertension, and lack of physical activity
- Needs assessment surveys
- Reports from city managers
- Individuals in group reporting directly

4. What are the barriers for this group?

Financial stability
Transportation
Access to counseling
Education services for low income
Childcare for working mothers in the evening
Education on proper housekeeping
Misunderstanding what is available in the community
Perception of fairness
An environment that permits a spectrum which allows all elements to make a community
Access to care
Access to dentists for Medicare population
Rising costs
Parking at Reynolds Memorial Hospital
The stigma of being labeled a senior citizen
Self-barriers - need more education on health issues
Caseloads are too high and budget cuts don't allow for more staff
Stress levels of staff are high due to workload
Drug use is worse than in the last 23 years
Medicaid/Medicare population knowing where to go for services
Under-employment causes loss of Medicaid benefits
Lack of resources for winter activities
Need help making decisions

5. What services need expansion or improvement in the way they are delivered?

Adult oral health services for low income, uninsured middle-class and Medicare population
Transportation to access primary care services
Help with medication costs
Help with utility expense
A homeless shelter
Providing three meals per day
Home health care
Education for the elderly on the healthcare system
Registered nurses and counselors in every school
Drug treatment and prevention services
More mental health services
Home care and aide services
Delivery of groceries
Exercise programs for the elderly
Smoking cessation programs
Health care guides
Additional storage for supplies to help those in need
Expand emergency services available in the county
Breast cancer screening and treatment services
Colorectal cancer screening and treatment services
More time to spend with each patient

6. What would you say are the best aspects of living in Marshall County?

Close knit community
Organizations work well together to meet the needs of the community
Neighbors check on each other
The people of nice
Low crime
Small town - everyone knows everyone
Friendliness
Cooperation
Caring for each other
Good people
Different atmosphere
Spectrum of interest of the people in the county
Sense of community
Spirit in Marshall County
Relationship Reynolds Memorial Hospital has with WV University
Dr. Hess taking the lead
Resources available
Community supports downtown businesses
Great school system
Grand Vue Park
Strand Theater
Sense of belonging in schools
Work well with law enforcement
Outreach
Community participation
Recreational opportunities
Healthcare availability (hospital, urgent care, health department)
Willingness to help others
Family oriented

7. What would you say are the three biggest challenges facing Marshall County?

Drugs (illegal/misuse of prescriptions)
Crime
Unemployment
Good paying jobs
Lack of work ethic
No shelter for the homeless
Transportation
Large deductibles on insurance plans
Recreation for teenagers
Challenging economy
Lack of focus/support on young families
Pipeline industry - community is worried
Available affordable housing (without it there will be homelessness)
Public transportation

Under-employment
Outdated housing
Lack of food service establishments
Inadequate stores of all types in the community
Growth of the community
Future jobs for future generations
Access to care - very rural county/geography
Access to dental care
High death rate from breast cancer
Don't have all types of practitioners in the county
Young people don't know how to care for themselves
Wealth from gas and oil has created two populations (wealthy/poor)
What will the healthcare system look like?
Poor health rates
Struggling low-income families

In thinking of how well WVU Medicine - RMH's delivery system works:

8. What are their strengths?

Seem to be community minded
Open to meeting community's needs, even if it means thinking outside the box
Great at partnering with other county organizations
The opportunity to have access to top primary care physicians and services
Quality access to care is a huge boon to Marshall County
A tie to the community
Their Breakthru detox program with follow-up (first real step in area to address drug problems)
New merger will provide back-up strengths and allow for the moving of revenues
Growth with affiliation with WVU - increasing capabilities
Increased access to services such as oncology center and life flight
More competitive with other hospitals in the region
Organization and leadership of WVU
Small facility which is friendly
Smaller setting runs smoother than a larger setting
Cleanliness of the facility
Great doctors, nurses and staff
Efficiency
Promptness

9. What are their weaknesses?

Overcoming past perceptions
Patients' doctors are affiliated with other hospitals in the area
Lack of speciality doctors
Duplicating lab tests
Long waits for testing
Assigning appointments, then not putting them on the schedule
Inability to provide dialysis services
Not providing car service when sending patients off site for services

The ability of remaining a small inpatient hospital may not be a possibility
Need to look at different ways of delivering care, especially specialty care
Not providing transportation to Morgantown for the low income transfers
Will take time to offer full staffing in all area
The need for broader services
The need to gain mass within the hospital
The need for more physicians
Replacement of old equipment (surgical center, HVAC)
Inadequate parking
More information needs to be shared with the community on upcoming changes

10. What gaps in services exist or barriers keep people from using services already available?

Physicians are located at other hospitals
Insurance costs
Deductible/Co-pay costs
Transportation
People might think the equipment is old because it is a small hospital (not up-to-date)
Parking
Tradition of going to another hospital
People go to other hospitals for broader services and specialists
Following physicians who have moved from private practice to join a hospital
Individuals' fears of being judged for their needs
Image of hospital is changing, which can take some time to adjust to
Perception of hospital is changing
Socio-economic reasons
Need to offer more heart surgeries so patients don't have to go elsewhere
Lack of knowledge on what's available
Ignorance of the healthcare system

11. What examples of duplication exist or are that may be improved?

Reynolds Rapid Care should be at the hospital or in close proximity
Need dialysis at the hospital
Need better inpatient physical therapy services
Laboratory
X-ray
Physical therapy
Reynolds can't provide some services at lower rates
Need to be more involved in health fairs in the community

The last community health needs assessment, published in 2014, identified the following needs:

- A. Enhanced healthcare services in cardiology, oncology, pulmonary medicine and neurology.
- B. Additional primary care physicians.
- C. Partnering with other community organizations to combat drug abuse.
- D. Partnering with other health providers to bring some high cost, low volume tertiary care to the community
- E. Offering education to the community on health related issues.

12. Do you believe those needs identified to be addressed were consistent with your opinions of health needs of the community over the last three years? Why or why not?

Part 1.

All participants answered yes.

Part 2.

Has been evidenced through referrals
Hit the primary needs
These issues needed to be addressed
Some are still valid to this date
They align with poor health rates in community
On the right track with partners
All needed to be addressed

In response, the hospital developed a plan to address each of the areas identified in the previous question. By using the plan as a guide, the following actions were taken:

- * A cardiologist was employed by the hospital; an oncology center is being developed; a Telestroke program was implemented; a new service was implemented for asthma patients.
- * Hired three primary care physicians; opened an urgent care office; one other primary care physician established in the area.
- * Partnered with Breakthru to implement a medical drug withdrawal program; partnered with local law enforcement by providing them with biohazard sharps containers for hypodermic needle disposal.
- * Partnered with Health Net Life to station a life flight helicopter in the county; Marshall County Schools allows the use of the high school parking lot as a landing site for the helicopter.
- * Offered educational materials through the cancer resource center; offered educational programs such as Safety Town for children; provides CPR classes; participates with Partners in Education with two Marshall County Schools.

13. Do you think the hospital has been successful in addressing the identified needs? What more do you think they could do?

Part 1.

All participants answered yes

Part 2.

What has been accomplished is incredible
Need more OB/GYN and pediatric physicians in the county
Need more health education
Don't think oncology can be done well in such a small facility

Love the tele-stroke program
 Great young primary care physicians in the area
 Likes life flight
 Need to work more with physicians on prescribing narcotics
 Good job with education
 The pain center is great, but need to be open more hours (full-time)
 Need to be more involved with other substance abuse initiatives
 Need to offer advanced CPR classes
 Have come a long way with leadership, vision and WVU
 Giving it a conscientious effort, just build on it
 Whole image has changed in the last five years
 Building along a good path with ongoing growth and evaluation as opposed to a fixed facility
 Doing a good job addressing them.
 Need better connections to organizations that are working in the community on prevention and early intervention
 Future plans are really good
 Oncology center is needed
 Keep making improvements
 Overcome stigma
 Ability to make referrals to Breakthru program is great

The Results of the Responses

The responses of the informants varied widely. Responses that were similar were grouped and a simple percentage method was used to prioritize results. Participants provided multiple responses to questions, therefore percentages will not add up to 100%. The results are as follows:

1. What are the major needs of this group?

- 31% felt there they needed more health education
- 23% felt they needed assistance with the cost of medications (Rx and OTC)
- 23% felt transportation was a need
- 23% felt they needed oral health services, especially adults
- 16% felt they needed help with access to healthcare
- 7% all other responses

2. What evidence do you see of their needs?

- 54% received reports individuals in groups or from other individuals/agencies
- 16% have waiting lists for services individuals request
- 7% all other responses

3. What are the barriers for this group?

- 47% reported transportation as the biggest barrier to services
- 39% reported educational barriers
- 23% reported financial instability
- 23% reported access to care
- 16% reported childcare
- 7% all other responses

4. What services need expansion or improvement in the way they are delivered?
(This question is in regard the the agency the informant represents.)

- 23% reported the need for more home care help for clients
- 16% reported the need for more adults oral health services
- 16% reported the need for more mental health services
- 16% reported the need for a health care navigation system
- 7% all other responses

5. What would you say are the best aspects of living in Marshall County?

- 54% felt people look out for and take care of one another
- 31% felt the people are good/friendly/nice
- 31% felt it is a close-knit community
- 31% felt most agencies work well together
- 16% felt there is a great school system
- 16% felt there are good recreational opportunities
- 16% felt there was a strong sense of community
- 7% all other responses

6. What would you say are the three biggest challenges facing Marshall County?

- 62% drugs
- 47% unemployment
- 31% affordable housing and homelessness
- 23% transportation / access to care
- 7% all other responses

7. What are their strengths? (referring to RMH)

- 23% felt the hospital is efficient
- 23% felt it is a friendly facility
- 23% felt the relationship with WVU-Medicine to be a strength
- 16% felt the hospital is community-minded
- 16% felt the hospital was a good partner with other agencies
- 7% all other responses

8. What are their weaknesses? (referring to RMH)

- 23% felt the hospital lacked speciality physicians or specialty services
- 7% all other responses

9. What gaps in services exist or barriers keep people from using services already available?

- 39% felt transportation was a barrier to services
- 23% felt people have an unfavorable perception of the hospital
- 23% felt people were unknowledgeable of the services provided or the healthcare system
- 16% felt the expense of insurance co-pays and deductibles was an obstacle
- 7% all other responses

10. What examples of duplication exist or areas that may be improved?

- 7% all responses

Community Surveys

A survey was developed to collect specific information from county residents and those seeking services at Reynolds Memorial Hospital. The information collected via this tool will be analyzed and prioritized to aid in the finalization of the community health needs assessment and in the development of an implementation strategy.

The survey was made available through the hospital's Facebook page, and by distributing paper copies through outpatient registration, the Marshall County Health Department and the Marshall County Senior Citizen Center.

There were a total of 201 surveys completed. Questions offering multiple options do not add to one-hundred percent, and questions which should equal one-hundred percent may not when participants left questions unanswered. This should not be a consideration when evaluating the results.

Eighty-five percent (85%) of participants were women, and fifteen percent (15%) were male.

1. When asked to rate their health, participants reported as follows:

Excellent	10%
Very good	30%
Good	43%
Fair	15%
Poor	2%

2. They asked to identify the top three health issues facing the community.

Overweight/Obesity	56%
Drug addiction	55%
Cancer	48%
Diabetes	40%
Heart disease	29%
Mental health issues	17%
Joint or back pain	17%
Alcohol abuse	13%

High blood pressure	12%
Lung disease	9%
None	3%
Stroke	2%

3. They were asked what issues prevented them from accessing health care.

None	59%
Unable to pay co-pays or deductibles	17%
Lack of availability of doctors	16%
No insurance and unable to pay for care	9%
Fear (Not ready to face/discuss health problem)	8%
Transportation	4%
Don't understand the need to see a doctor	3%
Don't know how to find a doctor	2%
Language barriers	0%
Cultural beliefs	0%

4. They were then asked what was needed to improve the health of family and friends.

Healthier food	45%
Free or affordable health screenings	42%
Wellness services	38%
Specialty physicians	36%
Recreational facilities	36%
Job opportunities	34%
Substance abuse rehabilitation services	31%
Mental health services	23%
Transportation	15%
I don't know	9%

5. They were asked what health issues they need information about.

Exercise/Physical activity	28%
Nutrition	25%
Diabetes	23%
Mental health/Depression	18%
Emergency preparedness	16%
Heart disease	14%
Blood pressure	14%
Cancer	13%
Cholesterol	11%
Drug and alcohol abuse	11%
Quit smoking	10%
Routine well checkup	7%
Eating disorders	6%
Dental screenings	6%
Vaccinations/Immunizations	5%
Falls prevention in the elderly	4%

Prenatal care	3%
HIV/AIDS and STDs	1%

6. They were asked to identify where they receive most of their health information.

Doctor/Health care provider	74%
Internet	59%
Family and friends	23%
Hospital	21%
Newspapers/Magazines	18%
Worksite	14%
TV	14%
Facebook/Twitter	10%
School/College	10%
Health department	6%
Library	4%
Radio	2%

7. They were asked to identify where they receive care for their immediate health needs.

Family doctor	68%
Urgent care center	52%
Emergency room	21%

8. They were also asked if the 2013 health needs assessment priorities were accurate, in their opinion.

Yes	84%
No	6%
Don't know	9%

9. They were then asked if the hospital was successful in addressing the priorities.

Yes	78%
No	5%
Don't know	15%

SECONDARY DATA

COUNTY HEALTH RANKINGS AND ROAD MAPS

A publication from the University of Wisconsin Population Health Institute, School of Medicine and Public Health in collaboration with the Robert Wood Johnson Foundation.

2017 County Health Rankings - West Virginia

Marshall County ranked fifth in the state for Health Outcomes, which was based on an equal weighting of length and quality of life; and followed Upshur, Monongalia, Putnam and Jefferson in ascending order. However, the county ranked twenty-third in the state in Health Factors, which takes into consideration health behaviors, clinical care, social and economic factors, and the physical environment.

Regarding quality of life, Marshall County 19% reported having poor or fair health as compared to the state percentage of 24%.

In health factors, Marshall County's uninsured residents (9%) were fewer than the state as a whole (11%). There was a higher ratio of patients to primary care physicians (2,490:1) as compared to the statewide ratio (1,290:1). The same is true of the ratio of dentists to patients, Marshall County at 2,460:1 as compared to the state ratio of 1,960:1; and mental health providers with Marshall County at 6,400:1, with the state as a whole at 950:1.

Marshall County is also behind in diabetes monitoring (76%) as compared with the state (84%); and mammography screening (53%) compared with the state (59%).

In social and economic factors, Marshall County rated better than the state in high school graduation, some college, children in poverty, income inequality, children in single-parent households, social associations, violent crime and injury deaths. The county had a higher rate of unemployment (8.4%) than the state (6.7%).

There were more air pollution - particulate matter per day with Marshall County at 11, as compared to the state at 9.5.

US Census Bureau

2015 Quick Facts

Households in the county - 15,801, with 74.4% of homes occupied by homeowners.

Language other than English spoken at home was 1.8%.

Female population was at 50.8%.

The median household income was \$45,182, with a per capita income of \$23,543.

**WV Bureau for Public Health
Bureau for Behavioral Health and Health Facilities**

2014 Behavioral Health Epidemiological County Profile

Behavioral Risk Factors - Marshall County ranked tenth in the state for arthritis at 42.1%, which was significantly higher than the state at 35.2%. The county also ranked eleventh in the state for high cholesterol at 46.6%, which was higher than the state at 39.9%.

Alcohol Consumption - The county was ranked seventh in the state for adult binge drinking, 11.6% compared to the state rate of 9.4%.

Tobacco Consumption - The county was ranked 37th in adult cigarette smoking at 24.1%, as compared to the state rate of 26.9%.

Tobacco Consequences - The county ranked eleventh in the state in cardiovascular disease. The 2006-2010 mortality rates record Marshall County at 429.7, significantly higher than the state at 367.3.

Drug Consequences - The county ranked 25th in the state in 2012 at 432.2, slightly lower than the state rate of 506.5.

West Virginia Vital Statistics 2010

The most recent Vital Statistics publication available at the time of the creation of this document was published in 2013. The total deaths reported for the county was 388, with 33.8% of them being from major cardiovascular disease. Another 22.2% (86) of deaths were from malignant neoplasms

Marshall County Health Department

Community Health Needs Assessment 2016

A community survey was conducted with 300 participants and completed in May 2016.

The top four health problems identified were obesity (20.66%), drug usage (18.6%), cancer (14%), and tobacco usage (11%).

The top four desired changes in the health of the county were less drug use (38%), less tobacco use (31%), weight loss (25%) and more physical activity (23%).

COMMUNITY HEALTH NEEDS PRIORITIZATION

Prioritization team:

David Hess, MD, CEO
Alex Inclan, CFO
Bob Truex, Director of Dietary Services
Chad Richmond, DO, Emergency Room Physician
Yvonne McKinney, Co-Director of Public Relations and Marketing
Leanne Goddard, Co-Director of Public Relations and Marketing
Pattie Kimpel, Interim CNO
Erin Parker, Social Services
Teddi Grimm, Breakthru Community Outreach
Roxanne James, ACO Coordinator
Kari Stillion - Resource Finding Clerk
Heather Leonard, Dietician

The prioritization team met in June 2017 to review the data collected through the survey, key informant interviews and secondary data for the purpose of prioritizing identified health needs.

Representatives from West Virginia University School of Public Health and RMH consultant, Ronda Francis, presented analytical results of data collected (Appendix A), including responses to the three most important health problems in Marshall County.

Marshall County (n=201)	
Overweight/Obesity (56%)	Drug Addiction (55%)
Cancer (48%)	Diabetes (40%)
Heart Disease (29%)	Mental Health Issues (17%)
Joint and Back Pain (17%)	Alcohol Abuse (13%)
High Blood Pressure (12%)	Lung Disease (9%)

Table 1

At the June prioritization meeting, prioritization team members were divided into three groups for small group discussion of the survey. Each group was given prioritization matrices to identify each health issue and score it based on a list of criteria listed below.

- * Size: how many people are affected? (1-10)
- * Seriousness: death, hospitalizations, disability (1-10)
- * Equity: are some groups affected more than others? (1-10)
- * Importance (1-3)
- * Control (1-3)

Each group reported back on common priority areas as indicated by survey results.. Those results are displayed below.

Group 1	Group 2	Group 3
Substance abuse including alcohol	Chronic disease including obesity & joint and back pain	Chronic disease including obesity & joint and back pain
Chronic disease including obesity & joint and back pain	Substance abuse including alcohol	Substance abuse including alcohol
Cancer	Cancer	Cancer

Table 2

Results of the prioritization exercise are presented in Table 3. Note that averages are used where both groups ranked the same issue. The group highlighted the issues with the highest scores and discussed each.

HEALTH ISSUE	TOTAL
Chronic disease including obesity, smoking, and joint and back pain	30.4
Substance abuse including alcohol	30
Cancer	25

Table 3

After some discussion, it was decided to group overweight/obesity, diabetes, cardiovascular disease, lung disease including smoking, and joint and back pain to form the category of chronic disease. It was also decided to include alcohol abuse with substance abuse. Cancer was deemed a clear and straightforward area of focus.

Several issues were identified as reasons individuals were unable to access care. The inability to pay deductibles and copays, lack of availability of doctors, no insurance and the inability to pay for health care, fear of facing health problems, and transportation were the top reasons. The prioritization team noted this as an area to be aware of, but it was not deemed a priority for the purpose of this needs assessment.

Ultimately the group settled on the umbrella priority areas of:

1. Chronic Disease
2. Substance/Alcohol Abuse
3. Cancer

CONCLUSIONS

WVU - Reynolds Memorial Hospital worked to meet the requirements of the federally required CHNA by gathering secondary data and doing new primary research to understand the community's perception of health needs and prioritize health needs.

After making this CHNA report publicly available in 2017, the hospital will develop individual implementation plans based on this data.

APPENDIX A

Data Analysis

Prioritizing Health Needs

The following information has been collected from 13 key informants through and interview process; 201 community surveys; 2016 Marshall County Health Department Community Health Needs Assessment; and through various statistical sources. The reason you are receiving this is to aid in the prioritization process which will be done on June 27. There will be discussion on how this information is important to the community and how Reynolds Memorial Hospital can best use it to address the needs identified.

While reviewing this data it is important to know that RMH is not required to address every need identified through the primary and secondary data collection process. You will be led through a system of classifying the needs in a way that will assign a numerical weight which will establish the leading issues. You will then select several on which to focus your efforts. An implementation strategy will be developed at a future date. You may be asked to participate in that process.

The Data

Overweight/Obesity

56% of community survey participants felt this was among the top three health issues facing the county. 45% of the participants thought healthier food would improve health. 28% wanted information on exercise/physical activity and 25% wanted information on nutrition (the two top scoring responses).

Key informants did not identify this as a need.

The Marshall County Health Department 2016 Community Health Needs Assessment (CHNA) indicated 20.66% of 300 survey participants felt obesity was the leading health problem, which topped the list. 23% of participants would like to see more physical activity in the county in the future.

The 2014 Behavioral Health Epidemiological County Profile, a publication from the WV Bureau for Public Health, ranked Marshall County at 39th in the state, with 32.3% of the population being obese.

Drug Addiction

55% of community survey participants felt this was among the top three health issues facing the county. 31% of participants felt substance abuse rehabilitation services are needed to improve health, and 11% want more information on drug and alcohol abuse.

62% of key informants felt drugs are in the top three biggest challenges facing the county.

The Marshall County Health Department 2016 CHNA indicated 18.6% of survey participants felt drug usage was the leading health problem, giving it the second highest rank.

According to the 2014 Behavioral Health Epidemiological County Profile (WVPHH) - The county ranked 25th in the state on drug consequences in 2012 at 432.2, lower than the state rate of 506.5.

Cancer

48% of the community survey participants felt this was among the top three health issues facing the county. 42% (2nd highest response) of participants felt free or affordable health screenings were needed to improve health.

Key informants did not recognize this as a need for the groups they serve.

The Marshall County Health Department 2016 CHNA indicated 14% of survey participants felt this was the number one health problem in the county, making it the third highest ranking problem.

The 2017 County Health Rankings (University of Wisconsin Population Institute) reported Marshall County is also behind in mammography screening (53%) compared with the state (59%).

The WV Vital Statistics 2010 (most recent version) reported 22.2% of the deaths in the county are from malignant neoplasms.

Diabetes

40% of community survey participants felt this was among the top three health issues facing the county. 45% of participants felt healthier food would improve health, and 42% (second highest scoring response) felt free or affordable health screenings was needed. 25% of participants felt that more information was needed on nutrition and 23% (third highest scoring response) wanted more information on diabetes.

Key informants did not recognize this as a need for the groups they serve.

Only 4% of the participants of the Marshall County Health Department 2016 CHNA survey felt diabetes was the top health problem in the county.

2017 County Health Rankings identified Marshall County as being behind in diabetes monitoring at 76%, as compared to the rest of the state at 84%.

WV Vital Statistics 2010 ranked the county at 45th in diabetes.

Heart Disease

29% of community survey participants felt this was among the top three health issues facing the county. 14% of participants want more information on heart disease and blood pressure; 11% want more information on cholesterol; and 10% want more information on tobacco cessation.

Key informants did not identify this as a need for the groups they served

6.33% of Marshall County Health Department 2016 CHNA survey participants felt heart problems was the top health concern.

WV Vital Statistics 2010 ranked Marshall County 21st in the state for cardiovascular disease. The total deaths reported for the county was 388, with 33.8% of them being from major cardiovascular disease.

2014 Behavioral Health Epidemiological County Profile shows the county also ranked eleventh in the state for high cholesterol at 46.6%, which was higher than the state at 39.9%. The county ranked eleventh in the state in cardiovascular disease.

Mental Health Issues

Of note - There are 6,400 county residents per every mental health provider in the county, with the state as a whole having one provider per every 950 residents.

17% of community survey participants felt this was among the top three health issues facing the county. 18% of participants want more information on mental health and depression. 23% of participants felt mental health services are needed to improve health.

16% of key informants reported the need for more mental health services.

Joint/Back Pain

17% of community health participants felt this was among the top three health issues facing the county.

Key informants did not identify this as need for the groups they serve.

2014 Behavioral Health Epidemiological County Profile identified Marshall County as being ranked tenth in the state for arthritis at 42.1%, which was significantly higher than the state at 35.2%.

Alcohol Abuse

13% of community survey participants felt this was among the top three health issues facing the county. 31% of participants thought substance abuse rehabilitation services were needed to improve health. 11% of participants want more information on drug and alcohol abuse.

Key informants did not identify this as a need for the groups they serve.

2014 Behavioral Health Epidemiological County Profile reported the county was ranked seventh in the state for adult binge drinking, 11.6% compared to the state rate of 9.4%.

Lung Disease

9% of community survey participants felt this was among the top three health issues facing the county. 10% of participants want more information on smoking cessation.

Key informants did not identify this as a need for the groups their serve.

The Marshall County Health Department 2016 CHNA indicated 11% of survey participants felt tobacco usage was the priority health problem in the county; another 4% felt it was lung diseases. 31% of participants would like to see less tobacco usage in the county.

Access to Care

17% of community survey participants reported the inability to pay co-pays or deductibles; 16% reported lack of availability doctors as preventing them from receiving care; 9% reported having no insurance and being unable to pay for care; and 8% reported fearing to discuss health problems.

36% of community survey participants felt speciality physicians were needed to improve the health of the community.

23% of key informants felt the groups they serve need assistance with the cost of medications (prescription and OTC); 39% felt lack of transportation was a barrier to receiving health care at the hospital; 23% felt there was a need for oral health services; 23% felt the public was unknowledgeable of the services the hospital provides; 16% felt the expense of insurance co-pays and deductibles was an obstacle; and 16% felt there was a need for help with accessing healthcare.

2017 County Health Rankings findings - Marshall County's uninsured residents (9%) were fewer than the state as a whole (11%). There was a higher ratio of patients to primary care physicians (2,490:1) as compared to the statewide ratio (1,290:1). The same is true of the ratio of dentists to patients, Marshall County at 2,460:1 as compared

to the state ratio of 1,960:1; and mental health providers with Marshall County at 6,400:1, with the state as a whole at 950:1. The county had a higher rate of unemployment (8.4%) than the state (6.7%).

U.S. Census Bureau, 2015 Quick Facts reports the median household income was \$45,182, with a per capita income of \$23,543 for Marshall County.