

West Virginia University Hospitals, Morgantown, WV

Monongalia County 2016 Community Health Needs Assessment

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Introduction

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and Implementation Plan to address the needs at least every three years. The regulations for the CHNA include defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community and public health; identifying resources; and prioritizing needs. After completing the CHNA, hospitals develop an Implementation Plan on those needs they will address; justify those they do not address; and describe strategies, collaborators, resources, and evaluation plans.

The 2016 Monongalia County CHNA incorporates the requirements described above and identifies the following prioritized needs:

1. Physical Health (Obesity and co-morbid conditions such as Diabetes)
2. Injury Control
3. Mental Health / Substance Abuse (drugs and alcohol)
4. Sexually Transmitted Diseases/Infections (STDs, STIs)

This document should serve as a roadmap in the development of the Implementation Plan, which will be developed during the months following the completion of the 2016 CHNA and specify planned actions to be taken by WVU Hospitals/Ruby Memorial Hospital ("Ruby Memorial") and collaborators, available resources, anticipated actions, and a plan for evaluating these activities.

About Ruby Memorial Hospital

WVU Hospitals includes the flagship hospital Ruby Memorial, WVU Children's Hospital, the Jon Michael Moore Trauma Center, and the Chestnut Ridge Center on the same campus in Morgantown. Ruby Memorial, a 531-bed tertiary care center, is the largest of eight hospitals in the WVU Medicine–West Virginia University Health System and the system's flagship institution. Ruby Memorial began operation in 1988 and serves as the primary teaching destination for West Virginia University's health professions schools, which are housed in the original hospital building (WVU Health Sciences Center), constructed in 1960.

The Hospital's statement of values includes a commitment to fulfill "our responsibility to improve the health status of the communities we serve," reflecting a systemic belief that healthy communities are important to the Hospital's mission.

Ruby Memorial is nearing the completion of a new 10-story, 139-bed tower to expand the WVU Children's Hospital's Neonatal Intensive Care Unit, the Emergency Department and the Jon Michael Moore Trauma Center. A new and larger Rosenbaum Family House and Child

Development Center was completed in recent years. An increase in 750 permanent jobs is anticipated, further increasing the importance of creating a strong, healthy, vibrant community.

Previous CHNA Findings

Ruby Memorial Hospital completed its most recent CHNA during the 2011 calendar year jointly with Monongalia General Hospital, a nearby hospital not affiliated with WVU Medicine. The following issues were identified as priority areas of focus in the 2011 CHNA based on a review of existing data, and a series of interviews and focus groups:

1. Obesity,
2. Diabetes,
3. Lung cancer,
4. Heart disease,
5. Low birth weight, and
6. Motor vehicle crashes and fatalities

WVU Hospitals used the following criteria for selecting an issue for implementation planning: 1) Identified through the CHNA process; 2) Ability to impact population health; and 3) Ability to measure impact of implementation efforts. The group has also identified the following guidelines: 1) Availability of historical data; 2) Repeatable data collection in place or can be readily established; and 3) Standards available from a recognized external entity.

It is important to note that the 2011 CHNA was published prior to the requirement for an in depth implementation plan. However, WVU Hospitals created an implementation plan for the organization and took part in a Monongalia County working group to develop an action plan to address the prioritized health needs. The WVU Hospitals 2013 Community Health Needs Assessment included prevention, intervention, and treatment initiatives; and programs and services designed to address, alone or in conjunction with other organizations, the six priority community health needs.

Definition of Community Served

For the 2016 process, the CHNA Leadership Team, in collaboration with Ruby Memorial defined the community served as the Monongalia County geographic area. The CHNA presented herein includes data about health needs from existing data sources and a survey of the perceived health needs of the residents of the county with special attention in data collection focused on the vulnerable low-income and rural populations of Monongalia County. This special area was defined by the Leadership Team as being outside of the Morgantown, WV city limits toward the western end of the County and individuals receiving health services at Milan Puskar Health Right and the Monongalia County Health Department (MCHD). The entire county of Monongalia

is designated urban by the Health Research Services Administration’s (HRSA) Office of Rural Health Policy.¹ However, the population density of Morgantown is much higher than the rest of the county. The following table is from the US Census Bureau and shows “Quick Facts” of Monongalia County:

Table 1 - Select Demographics, Monongalia County, WV (Source: US Census Quick Facts)

Population 2015	104,236
Population Change, 2010 to 2015	+8.4%
Under 18	16.1%
Race non-white or more than 1 race	8.5%
Hispanic or Latino	2.2%
High School Education or Higher	91.2%
Bachelor’s Degree or Higher	38.8%
Under 65 Uninsured	9.7%
Persons in Poverty	22.5%

Summarizing these demographics, Monongalia County is a predominantly white, non-hispanic, community with an interesting dichotomy regarding education, insurance, and income. The county has a higher percentage of persons living in poverty than the national average (14.8%), but it also has a lower percentage of uninsured persons under age 65 and higher percentage of college-educated persons than national averages (12.0% and 29.3%, respectively).

Methodology and Community Input Process

Ruby Memorial Hospital partnered with West Virginia University’s School of Public Health (WVU SPH) to complete this Needs Assessment using a robust community based process. This process was led by Drs. Lillian Smith and Thomas Bias in the Department of Health Policy, Management, and Leadership; and Dr. Christiaan Abildso in the Department of Social and Behavioral Sciences. The CHNA process began with a thorough review of the previous cycle’s needs assessment report. Although there were very pertinent and important findings in the report, it was agreed that this CHNA process would try to surpass the input from the previous needs assessment and focus on reaching a substantial number of individuals for input outside of the Morgantown area

¹ <ftp://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf>

and outside of the WVU Hospital organization. The process included review of secondary data, collection of primary data using a survey of community members' perceptions of health issues, and a community event on sociopolitical forces of change and community assets that impact population health.

Secondary Data

The Leadership Team reviewed secondary data related to Monongalia County including Census data (Table 1), County Health Rankings Data (Appendix A) and the CDC Community Health Status Indicators (Appendix B). Presentation of these reports started the initial discussion around critical health needs in Monongalia County.

Primary Methods of Collecting and Analyzing Information

The SPH used an iterative process to develop the community input survey. During the initial Leadership Team meeting in February, each member was asked to develop a list of three of the most pressing health priorities facing the county. This list was used for dual purposes, first to see if the Leadership Team's assessment would match public input solicited later. Second, the list helped make sure no major health need would be missed during the survey development period. As a result of the initial meeting of the Leadership Team, it was decided to take a very broad look at the community's health needs via input from the public.

Collecting Community Data about Health Priorities

WVU Hospitals partnered with WVU-SPH to obtain community input about residents' perspective on the most pressing public health needs in Monongalia County. A draft survey was developed by the WVU-SPH and shared with the Leadership Team for input at the first meeting in February, 2016. The priorities identified at this meeting were used in the survey.

An electronic survey was developed (Appendix C) and used to collect data online. The survey link was distributed through email lists, social media, and local news media. Leadership Team members helped distribute online survey email invitations and also recommended in-person data collection to overcome issues of internet inaccessibility and to reach low-income populations served by Health Right and the MCHD. Hard copies were distributed in numerous locations throughout the county, including the Mylan Puskar Health Right Clinic, MCHD, WVU Ruby Memorial Emergency Medicine Department and WVU Urgent Care waiting rooms, Senior Monongalians of Morgantown, St. Ursula's Food Pantry, Scott's Run Settlement House, Blacksville Dollar General Store, Smithtown Community Senior Center, and Clay Battelle Community Health Center.

The survey was not intended to be a representative, scientific sample of Monongalia County residents but rather a mechanism to solicit the community's perception of their health needs. The survey asked participants to assess the overall quality of health in Monongalia County, highest priority areas around health, and risk factors associated with health.

Leadership Team / Community Organizations Involved

A Leadership Team was convened by WVU Hospitals and included members from the groups listed below. Representatives were selected from multiple sectors to ensure broad representation on the Leadership team:

- Co-chair of the Leadership Team and Monongalia County Health Department Director: Dr. Lee Smith
- Co-chair of the Leadership Team, Chair of the WVU Hospital Pediatric Department, Director of the Rural Health Institute at WVU: Dr. Larry Rhodes
- A transportation official: Bill Austin, Executive Director, Morgantown Monongalia Metropolitan Planning Organization
- County elected official: Ed Hawkins, County Commission
- County School representation: Superintendent Frank Devono, County School Health Supervisor, Susan Haslebacher
- County Health Department representatives: Public Information Officer, Ted Krafczyk
- WVU Hospitals representative: Anthony Condia, WVU Healthcare Vice President of Marketing and Communications, Chief Nursing Officer of WVU Hospitals: Doug Mitchell, Chief Operating Officer of WVU Hospitals: Dr. Ron Pellegrino, WVU Hospitals Chief Development Officer and WVU Emergency Medicine, Dr. Todd Crocco
- Mylan Puskar Health Right Free-Clinic: Executive Director, Laura Jones
- Morgantown Chamber of Commerce: Chairman of the Board of Directors: Frank Vitale and Chamber president and CEO: Daniel Kimble

The Leadership Team members selected potential priorities to include in the community survey and finalized the CHNA priorities using the community input survey and available data. Additionally, Leadership Team members proved instrumental in obtaining the community survey responses and mobilizing community members to attend the community event, which was held on March 31, 2016 at the Mylan Park Community Center, a location outside of the Morgantown city limits. This session, open to the public and with broad stakeholder representation, solicited input on community health needs, including sociopolitical forces of change in Monongalia County and the essential services already being provided by organizations around the County that may help address the community health needs priority areas. A flyer (Appendix D) was circulated electronically by WVU SPH to a Monongalia

Community Resource List, which included 140 individuals representing multiple community-based organizations, and to e-mail listservs throughout the county and hospital community.

Forty-one people attended the event and provided input, as listed below:

Community Members in attendance, and organization represented:

- Adam Baus, WVU School of Public Health Services Research
- Cecil Pollard, WVU School of Public Health Services Research
- Holly Childs, Morgantown Area Economic Partnerships
- Danielle Conaway, WVU Health Sciences Marketing and Communications
- Jacquelyn Core, YMCA
- Darryl Duncan, CEO Monongalia Health System
- Beth Elyard, United Way Monongalia/ Preston Counties
- Evan Hansen, Downstream Strategies
- Louise Henry, WV Community Development Hub
- Ramona Rodriguez, WVU Hospital
- Diane Rogers, Monongalia County PFS Coordinator
- Marti Shamberger, Morgantown Mayor
- Jenny Selin, City of Morgantown, former mayor
- Daniel Shook, Greater Morgantown Safe Communities Initiative
- Suzanne Smart, Family Resource Center/ MIHOW
- Kelly Taylor, WV Healthy Start
- Penny Womeldorff, WV Healthy Start
- Leslie Willard, WVU Medicine Injury Prevention and Outreach
- Kevin Tephabock, American Cancer Society
- Seneca Horton, Starting Points
- Dorothy Devine, Starting Points
- Adele Douglass, Starting Points
- Jody Richmond, Starting Points
- Bonnie Harvey, Center for Women's Health
- George Huntzicker, Our Children Our Future

Leadership Team members in attendance at the Community Event:

- Bill Austin, Executive Director of MMMPO
- Dr. Todd Crocco, WVU Department of Emergency Medicine and WVU Chief Development Officer
- Laura Jones, Executive Director of Mylan Puskar Health Right Free-Clinic
- Ted Krafczyk, Public Information Officer, Monongalia County Health Department

- Dr. Larry Rhodes, Co-chair of Leadership Team and WVU Hospital Pediatric Chairman and Director of the WVU Rural Health Institute
- Commissioner Ed Hawkins, Monongalia County Commissioner

Community Health Needs Prioritization

The Leadership Team met in April, 2016 after the community event, and again in June, 2016, to review results of community input from the event, the survey data, and publicly available health data. The WVU SPH presented the data collected in the survey, including responses to the three most important health problems or issues in Monongalia County (see table below). A total of 932 surveys were completed by Monongalia County residents.

The survey results were reported in April to the Leadership Team in aggregate and also broken down by zip code to allow for comparison between those who lived in four different geographic locations in Monongalia County – Eastern (zip code 26508), Central (26505), Center-West (26501), and Western (26521 and higher).

In a follow-up meeting of the Leadership Team in June, the survey results were viewed along with community input about the forces of change and essential services from the community event. Community survey responses showed that the 10 most frequently cited health issues among the top three concerns in the County were as follows:

Table 2. Community Health Concerns Survey Results

Health Issue	Percent Response
Obesity	44.0%
Drug abuse by adults	33.8%
Mental health problems	19.3%
Drug abuse by youth	18.2%
Connectivity to infrastructure through public transit/ walking/ biking	17.5%
Diabetes ("sugar")	16.9%
Alcohol abuse by adults	14.1%
Cancers	13.6%
Air quality	13.0%
Homelessness	12.3%

Differences were noticeable by geography. Respondents from the more population dense, urban Central and Center-West areas **more often** selected air quality, bicycle safety, food insecurity/hunger, or pedestrian safety than other respondents. Conversely, Western area

respondents selected “Connectivity to infrastructure through public transit/walking/biking” far **less often** than all other respondents and selected oral health, child abuse/neglect, and drug abuse by youth **more often** than all other respondents. This pattern fairly accurately portrays the health issues often of more concern in urban areas (Central and Center-West) compared with issues more often prevalent in more rural, lower income areas (Western).

Leadership Team members were separated into two groups to review and discuss the survey results. The groups then reported noteworthy points to the larger group where results were written on a large sheet of paper. These large, umbrella issues were:

Group One	Group Two
Physical Health (chronic disease)	Diabetes/ Obesity
Mental Health (drugs/ alcohol)	Substance Abuse (opioids, provider education)
Injury Control (motor vehicle crashes, ATV, boating accidents, gun, pedestrian, bicycle crashes, and elderly falls)	Alcohol (binge-drinking)

Next, the two groups reviewed County Health Rankings data for Monongalia County, Community Health Status Indicators (CHSI), and WV Department of Health and Human Services Behavioral Health and Epidemiological County data for trends. After small group discussion, the teams reported back to the larger group to highlight items where the county data supported or diverged from community survey results. One item was added by Leadership Team Group #2 based on these data: Sexually Transmitted Diseases/Infections (STDs/STIs).

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

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

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

Figure 1

Prioritization of Health Issues

	Control	No Control
Knowledge	Do It	Influence
No Knowledge	Get Help	Stay Away

The prioritization matrix was filled out independently by each group and reported to the larger group for discussion. Results of the prioritization exercise are presented in Table 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.

Table 3 Results of Leadership Team Prioritization Exercise

Health Issue	Total Score
Physical Health (obesity/diabetes)	61
Injury Control	55.4
Substance Abuse/ Mental Health (drugs)	54.6
Substance Abuse/ Mental Health (alcohol)	53.8
STDs/STIs	45

Both groups concluded that many of the health priorities are interrelated and multi-faceted issues. The consensus decided to combine numbers 3 and 4 to have an overall list of 4 health priority areas to address. The group’s overarching ideas were combined to form a more concise list of the following priorities: (1) Physical Health (Obesity/Diabetes), (2) Substance Abuse/Mental Health (Drugs and Alcohol), (3) Injury Control, (4) STDs/STIs.

Leadership Team members felt that many of the leading physical and mental health issues were interrelated and could very likely be addressed using complementary interventions by many of the potential partners identified at the Community Event.

Resources Potentially Available to Address the Significant Health Needs Identified

One of the key findings from the Community Event and the subsequent conversations among the Leadership Team was that many significant and important resources exist in the community, and many sociopolitical forces could be leveraged to improve community health. These resources, outlined in the forces of change and essential health service documents available as Appendices F and G, provide support for many of the community health priorities identified through this CHNA. These lists were used to begin the process of for creating an implementation plan to address the priorities identified.

The draft list is presented below, and will be revised during the implementation planning process to follow the approval of this CHNA.

Table 4. Draft List of Opportunities and Partnerships for Implementation Planning

Priority Area	Community Education Grants and Opportunities	Potential Partners
Physical Health (Obesity/Diabetes)	<ol style="list-style-type: none"> 1. WVU Extension 2. WVU School of Nursing 3. WVU School of Public Health 	<ol style="list-style-type: none"> 1. Blacksville Health Center 2. Mylan Puskar Health Right 3. Try This 4. Diabetic Coalition 5. Local Hospitals (Mon General/Ruby) 6. Pharmacies 7. Dentists
STDs/STIs	Provide and disseminate information and education to the following partners to ensure that as many of the residents/ citizens in the county have preventative information concerning STDs/STIs	Develop and/or strengthen partnerships with the following: <ol style="list-style-type: none"> 1. County Assisted Care Facilities 2. WVU (Dr. Judith Feinberg, School of Medicine) 3. WVU Student Health 4. Mylan Health Right 5. Mon County Health Department
Substance Abuse/Mental Health (Alcohol/ Drug)	Proactively approach the WV state legislature affect state policies in regards to drinking and prescriptions, (i.e. policies regarding police presence in bar establishments, prescription	<ol style="list-style-type: none"> 1. WV Legislature 2. WV Board of Education-youth drug education program 3. Mylan Puskar Health Right 4. WV Healthcare Providers

	<p>enforcement policies on pain medications)</p> <p>Drug education for youth</p> <p>With a forum of healthcare providers, design a score-card to be used throughout the state to rate substance among patients</p>	
<p>Injury Control</p>	<p>Develop and/or continue to work with partners on workplace safety and encourage employee safety through education and policies.</p> <p>Develop and/or continue relationships to work with Mon County municipalities to improve environmental transportation policies.</p> <p>Work with WV Legislature to continue connecting communities with partners on safety issues to promote safer communities</p> <p>Complete Streets Legislation established a Complete Streets Advisory Board to provide education and recommendations to municipalities for restructuring infrastructure to</p>	<ol style="list-style-type: none"> 1. WVU ICRC 2. NIOSH 3. Mon County Municipalities 4. AARP 5. DOH 6. WV Legislature 7. Safe Communities Initiative 8. Chamber of Commerce

	<p>make it safer for all modes of transportation.</p> <p>More residents are using alternate modes of transportation in order to get to businesses and work. Work with local Chamber of Commerce on safer ways to promote transportation to and from businesses.</p>	
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Conclusion

The 2016 CHNA process successfully identified four priorities that WVU Hospitals/Ruby Memorial Hospital will focus on to impact community health:

1. Physical Health (Obesity and co-morbid conditions such as Diabetes)
2. Injury Control
3. Mental Health / Substance Abuse (drugs and alcohol)
4. Sexually Transmitted Diseases/Infections (STDs, STIs)

It was important to keep this list short in order to make it manageable and to focus the forthcoming implementation plan around items that could be tackled successfully and with sufficient resources, rather than overcommitting to many different issues. In the coming months, this process will lead to the completion of an implementation plan for activities centered on these health needs. A cornerstone of this plan will involve coordination and awareness of existing resources and partners in the community.

Appendices

Appendix A: County Health Rankings Data, Monongalia County

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Monongalia (ML)

	Monongalia County	Error Margin	Top U.S. Performers [^]	West Virginia	Rank (of 55)
Health Outcomes					2
Length of Life					1
Premature death	5,761	5,182-6,339	5,317	9,351	
Quality of Life					13
Poor or fair health	16%	13-19%	10%	22%	
Poor physical health days	4.0	3.4-4.6	2.5	4.9	
Poor mental health days	4.2	3.5-4.9	2.4	4.4	
Low birthweight	7.7%	7.1-8.4%	6.0%	9.5%	
Additional Health Outcomes (not included in overall ranking)					
Premature age-adjusted mortality	326.4	303.2-349.6	274.0	458.5	
Child mortality	48.6	32.5-69.7	41.4	66.2	
Infant mortality	6.6	4.6-8.6	4.9	7.8	
Diabetes prevalence	10%	8-12%	8%	13%	
HIV prevalence	103		40	93	
Health Factors					2
Health Behaviors					1
Adult smoking	18%	15-21%	14%	26%	
Adult obesity	28%	25-32%	25%	33%	
Food environment index	7.1		8.7	7.7	
Physical inactivity	25%	21-28%	21%	34%	
Access to exercise opportunities	79%		85%	52%	
Excessive drinking	13%	11-16%	10%	10%	
Alcohol-impaired driving deaths	33%		14%	35%	
Sexually transmitted infections	430		123	232	
Teen births	14	13-16	20	45	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	15%		10%	15%	
Limited access to healthy foods	10%		1%	6%	
Drug poisoning deaths	8		6	19	
Motor vehicle crash deaths	10	8-13	10	20	
Clinical Care					5
Uninsured	17%	15-19%	11%	18%	
Primary care physicians	880:1		1,051:1	1,306:1	
Dentists	896:1		1,392:1	2,130:1	
Mental health providers	570:1		521:1	1,291:1	
Preventable hospital stays	87	80-95	46	103	
Diabetic monitoring	79%	73-86%	90%	83%	
Mammography screening	62.3%	55.5-69.0%	70.7%	57.4%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	20%	17-22%	13%	23%	
Uninsured children	5%	3-7%	5%	5%	
Health care costs	\$9,968	\$9,965-9,970		\$9,901	
Other primary care providers	534:1		1,032:1	1,097:1	
Could not see doctor due to cost	13%	10-16%	8%	17%	
Social & Economic Factors					3
High school graduation	77%		93%	78%	
Some college	70.2%	66.2-74.2%	70.2%	52.1%	
Unemployment	4.9%		4.4%	7.3%	
Children in poverty	17%	13-21%	13%	25%	
Inadequate social support	18%	15-21%	14%	19%	

Children in single-parent households	25%	21-29%	20%	31%
Violent crime	365		64	305
Injury deaths	49	42-55	49	86

Additional Social & Economic Factors (not included in overall ranking)

Median household income	\$41,503	\$37,700-45,306	\$58,383	\$40,188
Children eligible for free lunch	32%		24%	44%
Homicides			2	5

Physical Environment

48

Air pollution - particulate matter	13.6		9.5	13.2
Drinking water violations	0%		0%	3%
Severe housing problems	17%	15-18%	9%	11%
Driving alone to work	78%	77-80%	71%	82%
Long commute - driving alone	24%	21-26%	15%	32%

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.
 Note: Blank values reflect unreliable or missing data

2014

Appendix B: Community Health Status Indicators, Monongalia County



Monongalia County, WV

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

Better

 (most favorable quartile)

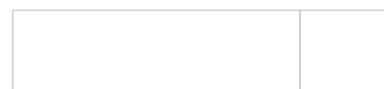
Moderate

 (middle two quartiles)

Worse

 (least favorable quartile)

Mortality		<u>Alzheimer's disease deaths</u> <u>Cancer deaths</u> <u>Female life expectancy</u> <u>Male life expectancy</u> <u>Motor vehicle deaths</u> <u>Stroke deaths</u>	<u>Chronic kidney disease deaths</u> <u>Chronic lower respiratory disease (CLRD) deaths</u> <u>Coronary heart disease deaths</u> <u>Diabetes deaths</u> <u>Unintentional injury (including motor vehicle)</u>
Morbidity	<u>Cancer</u>	<u>Alzheimer's diseases/dementia</u> <u>Gonorrhea</u> <u>HIV</u> <u>Preterm births</u> <u>Syphilis</u>	<u>Adult diabetes</u> <u>Adult obesity</u> <u>Adult overall health status</u> <u>Older adult asthma</u> <u>Older adult depression</u>
Health Care Access and Quality	<u>Primary care provider access</u>	<u>Uninsured</u>	<u>Cost barrier to care</u> <u>Older adult preventable hospitalizations</u>
Health Behaviors		<u>Adult binge drinking</u> <u>Adult female routine pap tests</u> <u>Adult physical inactivity</u> <u>Teen Births</u>	<u>Adult smoking</u>
Social Factors	<u>Children in single-parent households</u> <u>High housing costs</u> <u>Unemployment</u>	<u>Poverty</u> <u>Violent crime</u>	<u>Inadequate social support</u> <u>On time high school graduation</u>
Physical Environment	<u>Housing stress</u>	<u>Access to parks</u> <u>Limited access to healthy food</u> <u>Living near highways</u>	<u>Annual average PM2.5 concentration</u>



Appendix C: Monongalia County Community Health Perception Survey

Monongalia County Community Health Perception Survey

Please take a moment to complete the following survey. The survey should take less than 10 minutes to complete. The purpose of this survey is to get your input about community health topics and concerns in your community. This survey will be used to help guide the Community Health Needs Assessment taking place in Monongalia County. The community partners will use the results of this survey and other information to identify the most pressing health issues which can be addressed through community action. Your responses will NOT be associated with you in anyway. If you have previously completed this survey, please ignore this. Remember, your opinion is important to us! Thank you for your time and please contact us if you have any questions concerning this survey. Our contact information is at the end of this survey.

1. Are you a Monongalia County resident?

Yes

No

Monongalia County Community Health Perception Survey

Health Issues in Monongalia County

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

Monongalia County Community Health Perception Survey

Monongalia County Citizens' Thoughts on Health

3. How would you rate Monongalia County as a "Healthy Community"?

- Very Unhealthy Unhealthy Somewhat Healthy Healthy Very Healthy

* 4. In the following list, what do you think are the **3 most important "health problems" or "health issues"** in Monongalia County?

- | | | |
|---|--|--|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Drug abuse by adults | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Aging problems (e.g. arthritis, hearing/vision loss) | <input type="checkbox"/> Drug abuse by youth | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Alcohol abuse by adults | <input type="checkbox"/> Food Insecurity/ Hunger | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Alcohol abuse by youth | <input type="checkbox"/> Gun-related injuries | <input type="checkbox"/> Pedestrian Safety |
| <input type="checkbox"/> Bicycle Safety | <input type="checkbox"/> Heart disease/ stroke | <input type="checkbox"/> Respiratory/ lung disease/ asthma |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Child Abuse/ Neglect | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Connectivity to infrastructure through public transit/ walking/ biking | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Violence (e.g. crime, sexual assault, domestic violence, rape, homicide, suicide) |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Infant death | |
| <input type="checkbox"/> Diabetes ("sugar") | <input type="checkbox"/> Infectious diseases | |

Other (please specify)

Monongalia County Community Health Perception Survey

Quality of life in Monongalia County

5. Please indicate your level of agreement with each of the following statements about Monongalia County:

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/ Not applicable
I am satisfied with the quality of life in Monongalia County.	<input type="radio"/>				
All residents believe that they, individually or collectively, can make Monongalia County a better place to live.	<input type="radio"/>				
There is sufficient, safe, and affordable housing in Monongalia County.	<input type="radio"/>				
There are jobs available in Monongalia County.	<input type="radio"/>				
Monongalia County is a safe place to live.	<input type="radio"/>				
Neighbors know and trust one another and look out for one another.	<input type="radio"/>				
There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need.	<input type="radio"/>				
Monongalia County is a good place to raise children.	<input type="radio"/>				
The public education system in Monongalia County adequately meets the health needs of our children. (e.g. school food, PE, etc.)	<input type="radio"/>				
There are an adequate number of safe places for children to play and exercise in Monongalia County.	<input type="radio"/>				
Monongalia County has adequate and safe access to recreation and exercise opportunities for adults.	<input type="radio"/>				
Monongalia County has adequate access to affordable healthy foods.	<input type="radio"/>				
Monongalia County has adequate health and wellness activities.	<input type="radio"/>				
Monongalia County is a safe place to walk and bike.	<input type="radio"/>				
Monongalia County has sufficient public transportation.	<input type="radio"/>				
There are adequate sidewalks in Monongalia County.	<input type="radio"/>				

Monongalia County Community Health Perception Survey

Access to healthcare and medical needs in Monongalia County

6. Please indicate your level of agreement with each of the following statements about Monongalia County:

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/ Not applicable
I have easy access to the medical specialists I need.	<input type="radio"/>				
I am very satisfied with the medical care I receive.	<input type="radio"/>				
I have access to adequate healthcare.	<input type="radio"/>				
Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	<input type="radio"/>				
I am able to get medical care whenever I need it.	<input type="radio"/>				

Monongalia County Community Health Perception Survey

Risky Behaviors in Monongalia County

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol abuse by adults | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Texting/cell phone while driving |
| <input type="checkbox"/> Alcohol abuse by youth | <input type="checkbox"/> Overeating | <input type="checkbox"/> Tobacco use/ or electronic cigarette use by adults |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Tobacco use/ or electronic cigarette use by youth |
| <input type="checkbox"/> Drug Abuse by adults | <input type="checkbox"/> Not getting "shots" to prevent disease | <input type="checkbox"/> Not using seat belts and/ or child safety seats |
| <input type="checkbox"/> Drug Abuse by youth | <input type="checkbox"/> Social Exclusion and discrimination (e.g. exclusion of a group based on race, religion, gender, sexual orientation, etc.) | <input type="checkbox"/> Unsafe sex |

Other (please specify)

Monongalia County Community Health Perception Survey

Please provide the following information. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers.

8. Please enter your address OR a significant street crossing near your home or your street address.
(No Rural Routes or PO Box addresses, please – only the physical address)

This is being used to learn more about access to healthy options and possible health issues related to specific areas of Monongalia County, not to identify you or send you anything.

Address 1:

Address 2:

Zip Code:

9. What is your gender?

Female

Male

10. What is your age range?

18 to 25 Years

26 to 39 Years

40 to 54 Years

55 to 64 Years

65 to 80 Years

Over 80 Years

11. What is your marital status?

- Married/ cohabitating
- Divorced
- Never married
- Separated
- Widowed

Other (please specify)

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

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

13. Do you care for an elderly adult in your household?

- Yes
- No

14. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

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

- White/ Caucasian
- Asian
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander

Other (please specify)

16. What is your approximate average household income?

- Less than \$20,000
- \$20,000 To \$29,000
- \$30,000 to \$49,000
- \$50,000 to \$74,000
- \$75,000 to \$99,999
- Over \$100,000

17. What is the highest level of education you have completed?

- Less than high school graduate
- High School Diploma or equivalent
- College degree or higher

Other (please specify)

18. How do you pay for your health care?

I pay cash

I have health insurance (e.g. private insurance, Blue Cross Blue Shield, HMO, through my employer)

Medicaid

Medicare

Veterans Administration

Indian Health Services

Other (please specify)

Monongalia County Community Health Perception Survey

Thank You!

Thank you for your time and response!
If you would like more information about this community project, please contact us at:
jecoffman@hsc.wvu.edu or 304-293-6283
WVU School of Public Health
PO Box 9190, Health Sciences Center
Morgantown, WV 26505

Appendix D: Community Event Electronic Invitation

Appendix E: Community Health Needs Prioritization Matrix

Appendix F: Monongalia County Forces of Change

Monongalia County Community Health Needs Assessment for Ruby Memorial Hospital and Monongalia County Health Department

Forces of Change Brainstorming Results

Forces (trends, events, factors)	Opportunities Created	Threats Posed
Social & Educational	Growth of housing:	Growth of housing:
	- Increase income	- Losing greenspace
	- Increase affordable housing	- Losing identity of town
	- Increase job opportunities	- Planning /zoning throughout the county
	- Broader tax base	- Increase traffic
		- Less mobile/active people due to lack of connectivity
		- Services burdened with more people moving into the area
K-12 graduation rate varies in the county.	K-12 graduation rate varies in the county.	K-12 graduation rate varies in the county.
- Track what is working well in the county high schools to implement those strategies in the schools that need it.	- Transferring of k-12 kids into the county suppresses the opportunity of all schools to see how to improve what is needed, share ideas for best practices	
- Increase programs to help K-12 students graduate		
WVU:	WVU:	WVU:
- Increase social aspects	- Transient population (WVU students)	- Tax issues (tax exempt)
- Increase resources	- Size (ownership of number of buildings in the town)	- Mobility – transient
- Increase early education resources		

		- Student teachers – not as much of a commitment
Technology & Environmental	Diversity in education	
	New advancement for connectivity	Low tech. literacy
	Screen time education	Too dependent on technology
	Educational programs for safe-tech. use	Lack of cell service
	Job opportunities	Tech. abuse (scams)
	Nicer housing	Unaffordable (relocating out of county)
	Less emission – sustainable energy	Bad air from power plants
	Enforce zoning	Infrastructure (walkability/biking)
	Environmental organizations	Water quality
	Clean air ordinance (smoke-free)	runoff
Medical & Scientific	Mandatory emissions test on vehicles	
	ACA (Obamacare)	ACA (Obamacare) too complicated
	Medicaid expansion	Drug epidemic
	Expanded APRN scope of practice	Obesity/culture
	WVU, Mon General centralized in Morgantown	Poverty
	Growth	Low minimum wage
	Itinerant medical professionals	Political climate in WV
	Biking Infrastructure	Leaves outlying areas without access
	Pedestrian Infrastructure	Loss of money from state and county
	Practice-based research	Lack of jobs for graduated physicians to stay in the area
Business & Economics	Increased communication between those who have health data – data for compilation for public use	For-profit healthcare
		Transportation
		Lack of knowledge about accessing and using health care.
Business & Economics	Better collaboration from all major employers	Excessive amount of auto exhaust pollution
	Greater demand for public transportation	Business growth that does not contribute to the tax base

Political & Legal

Need for community-wide planning and zoning	Limited workforce because of an increase of substance abuse
Increase affordable young professional and family housing	Lack of internet
	Lack of shared vision on economic priorities
	Limited affordable housing
	Too many student housing complexes being built
	Transient population
	Landlord neglect – which leads to poor infrastructure and an eyesore in neighborhoods
Substance abuse policies and policy makers putting resources in to treat the abusers rather than punish the them	Welfare recipients, drug testing, may lose benefits and increase poverty
Added treatment centers to work with substance abusers rather than just provide them with a prescription and send them out the door	PEIA budget cuts
Increase the type and access of treatment centers	Social service budget cuts - Federal, state, county, city Levies
Drug court for both juvenile and adults with prescription regulations	Tax revenues
Increase the efficiency and collaboration of community resources (hospitals, Public Health, non-profits, etc.)	- SNAP policy
ACA – increase funding for facilities and mental health services. Integration of services	Appalachian individualism among policy makers
	Funding is harder to access (ARC)
	ACA money could go away

Appendix G: Monongalia County Essential Health Services

Monongalia County Community Health Needs Assessment for Ruby Memorial Hospital and Monongalia County Health Department

Local Public Health Systems (what businesses/services are already in the area that address the 10 essential public health services) – Results

Essential service #1: Monitor health status to identify community health problems

- Trauma Registry: Traces injuries and can identify patterns and types of injuries by geographic location. Can use data to implement education plans
- WVU Medicine
- Mon General Hospital
- WVU, WVU Extension and WVU School of Public Health
 - WVU Health Research Center: utilizes qualitative and quantitative data software and collaborates with state and federal grants
- WV DOH/ MPO- Bike, Pedestrian, Auto Injuries and safety Issues
- Monongalia County Starting Points
 - Developmental evaluations through MIHOW program ages birth-3
 - Administers assessments on abuse in the home
- Monongalia County Health Department
- Appalachian Regional Committee or (Commission?)
- NIOSH
- CDC
- Monongalia County Diabetes Coalition
- Heart Institute
- WVU Monongalia County Assessment
- Downstream Strategies
- Adverse Childhood Experience Coalition
- Coordinating Council on Homelessness
- WV Coalition to End Homelessness
- Coal Mine companies
- Natural gas Companies
- Employers

- Milan Puskar Health Right
- National Organizations at the local level: American Cancer Society, Heart, Diabetes Lung
- Schools
- FQHCs (Federally Qualified Health Centers)

Essential service #2: Diagnose and investigate health problems and health hazards in the community

- Monongalia County Fire Department/ Police Department
- WVU Hospitals/ Mon General Hospital
 - Feed information to the Health Department
- Private Physician Offices and Clinics
- WVU and specific schools (Pharmacy, Medicine, Nursing, Public Health)
 - WVU Environmental Health and Safety
 - WVU Injury Control Research Center
- WV Office of Epidemiology
- Monongalia County Health Department
- Milan Puskar Health Right
 - Other Free Health and Pharmacy clinics “minute clinics”
- WV Bureau of Public Health
- Trauma Registry: Traces injuries and can identify patterns and types of injuries by geographic location. Can use data to implement education plans
- CDC
- NIOSH
- Environmental groups (i.e. Friends of Decker’s Creek, Friends of Cheat)
- Labor Unions
- Schools

Essential service #3: Inform, educate, and empower individuals and communities about health issues

- Family Resource Network
- Connecting Link
- WVU
 - WVU School of Public Health
 - WVU Healthy Start (HAPI Project & Navigator Project)
 - WVU Extension
 - WVU Prevention Research Center
 - WVU Medicine: Trauma Related education (alcohol use, school-age safety activities, distracted driving)

- Mon General Hospital:
 - Promotes health through health fairs, employer fairs and clinics as well as public service announcements and marketing of available screenings
 - Offers health library on-line for public education
 - Sponsors elementary school level education on careers in the health field
- Center of Excellence in Women's Health
- Home Visitation programs (Schools)
- YMCA
- Early Childhood Programs
- Valley Health Care
- FQHCs
- Schools
- Fire, Police
- SA Prevention Coalition
- American Red Cross
- Pro-performance and other fitness centers
- Girls on the Run
- Monongalia County Health Department
- Monongalia County Prevention Coalition
- Safe Communities Initiative (SCI)/ Collaborative coalition focused on safety and health
- United Way
- The Shack/ Mountaineer Boys and Girls Club
- Our Children Our Future/ Try This Coalition
- Milan Puskar Health Right
- The Community Development Hub
- Engage employees and employers in wellness activities
- Discuss health care challenges in our local area, such as drug abuse, obesity, homelessness, etc. and identify resources and help others

Essential service #4: Mobilize community partnerships to identify and solve health problems

- Monongalia County EMS: Works with law enforcement, fire, police and other (University) to provide safe events and rapid response
- Mon General Hospital: Promotes biometric screenings, flu shots, prevention vaccines, etc.
- MMMPO: Identifies and encourages active transportation opportunities to improve physical activity as alternatives to vehicles
- WVU
 - WVU Medicine
 - WVU Extension
 - WVU SPH
- Mon County Health Department
- Mon County Prevention Coalition

- FRN
- United Way
- Food Coalition
- Mountains of Hope
- Early Childhood Home Visitation Programs
- ACA Navigators and assistors
- Safe (Health and Safety) Communities Initiative/ Collaboration (collects data, action items) Works between WVU, cities, and counties
- Center of Excellence in Women's Health

Essential service #5: Develop policies and plans that support individual and community health efforts

- Morgantown City Council
- Monongalia County Commission
- Begin by introducing to the inter-governmental council that currently meets for an introduction
- WVU
 - WVU School of Public Health/ Health Research Center
- Monongalia County Health Department
 - Smoke Free
- Board of Health Department
- Safe Communities Initiative/ Collaborative
- American Cancer Society
- American Red Cross
- Vaccines
- Early Childhood Intervention/ feeding/ Birth-3
- Schools
- Monongalia County EMS: participates in MECCA 911 planning and response
- Mon General Hospital: participates in area wide disaster planning
- MMMPO: Identifies health issues as part of transportation plan. Mobilize resources to address issues
- Create partnerships by bringing employers together to discuss health issues; support planned events such as health fairs
- Encourage employers to offer their employees health care benefits
- Volunteer fire department: protecting health and safety with limited resources

Essential service #6: Enforce laws and regulations that protect health and ensure safety

- City Councils
- County Commission and county agencies
- Law enforcement agencies (traffic laws)
- Firehouse safety & Fire Marshall
- NIOSH
- WV Department of Environmental Protection
- EPA: Environmental Protection Agency
- FDA: Food and Drug Administration
- NIH
- Monongalia County Health Department
 - Food Handlers
 - Produce code and regulations for health and safety
- ABC (Alcohol Beverage Control)
- SYNAR
- OSHA
- Mental Hygiene Commissioner
- Hospitals

Essential service #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- United Way agencies like Health Right, etc.
- Senior Centers
- Funded programs that encourage collaboration for vulnerable populations
- Provides funding for these agencies as well as evaluate them and also appoint Board Members to certain agencies
- FRN
- Monongalia County Health Department
- Safe Communities Initiative/ Collaboration (SCI)
- Monongalia County Prevention Coalition
- WVU Health Research Center (WVU SPH)
- Church Leadership: Link people in need to other church members and services
- Community centers, like the Shack, connect people to these services
- ACA facilitators and navigators
- HAPI Project
- Head Start and early education programs
- Connecting Link

- Bartlett House
- 211
- Web Resources
- CHN
- Insurance

Essential service #8: Assure a competent public and personal health care workforce

- Support of local workforce training organizations and institutions, such as MTEC, WV Junior College, etc. for healthcare training programs
- WVU Hospital and subsidiaries
 - WVU Environmental Health and Safety
- Mon General Hospital and subsidiaries
 - Family physician residency, clinical rotations of students in Nursing, Respiratory, ultrasound, X-ray, etc.
 - Option of Baldrige Criteria?
- WVU School of Public Health
- Monongalia County Health Department
- WVU Trauma Center
- Support educational Initiatives
- OSHA
- NIOSH
- Educational Services
- Ross
- Laurel Business College
- Milan Puskar Health Right (Internships)
- State and Federal Regulations

Essential service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

- Community Score Card: pros/ cons. Can be a simple document with data behind it.
 - Similar to “kids count”
 - Deliver a “state of the area”
 - Summary Document 1/year given to city, county, hospitals, and others every year
- WVU (and community partners)
 - WVU Medicine/ Hospitals
 - WVU School of Public Health
 - WVU Health Research Center

- Monongalia General Hospital
- CMS/ Federal Agencies
- Consumer Publications
- Collaboration/ consolidation of existing resources
- Work with planning commission, MPO and other planning organizations
- Monongalia General Hospital/ Mon Health System: plans and monitors services provided based on the community need

Essential service #10: Research for new insights and innovative solutions to health problems

- WVU
 - WVU Medicine & Nursing
 - Education, evidenced-based research practices and policies (Using evidence-based data to provide practical efforts to specific health related issues i.e. injury prevention)
 - WVU Health Research Center and School of Public Health
 - WVU Student Projects
- Girls on the Run program
- Community Centers: Home visitor programs, respite care for parents
- NIOSH
- SCI (Safe Communities Initiative/ Collaborative)
- Federal Research Grants
- WV Community Development Hub
- Monongalia County Health Department
- Monongalia General Hospital
 - Reprints public health related funding to local and state health departments
- MYLAN
- Collaboration with all the above mentioned entities and all be willing to work at a county level while giving recognition to the insights and solutions.