

# Wheeling Hospital, Inc.



## Community Health Needs Assessment September 2016



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## Mission

Wheeling Hospital, Inc. (Hospital) is a Catholic Hospital that serves as a health ministry, providing compassionate care to people of all faiths in a loving, spiritual environment. God gives us the responsibility to carry out His mission of healing and to promote the well-being of our employees and our community. In doing so, we, the Wheeling Hospital family, fulfill our mission through our:

**H**ealing  
**U**nderstanding  
**M**inistry  
**A**dvanced Technology  
**N**urturance  
  
**T**radition  
**O**ngoing Education  
**U**nity  
**C**are  
**H**ope



Multiple acute care hospitals as well as many other providers of community health and primary and specialty care services serve the Wheeling area and surrounding communities. While the unique missions of each group define the types of services they provide, all healthcare organizations in the Wheeling area focus on delivering high quality health services to the populations they serve. The following report will cover the services available to the residents of the Wheeling area and the surrounding communities.

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## Introduction

The Community Health Needs Assessment (CHNA) of Wheeling Hospital, Inc. was conducted to identify health needs and assist with the development of an implementation strategy to address the identified health needs of the Hospital's service area. Information from the CHNA will assist key decision makers in creating a positive impact on the health of the Hospital's service area. In addition, the CHNA responds to the community benefit regulatory requirements.

To assist with the completion of the CHNA, the Hospital retained Arnett Carbis Toothman LLP, a regional accounting firm specializing in health care. The assessment was designed to ensure compliance with Internal Revenue Service (IRS) guidelines for tax-exempt hospitals which require them to conduct a CHNA every three years to identify the community's health needs and adopt an implementation strategy to address those needs. In addition, the amount of community benefits provided must be reported on IRS Form 990, Schedule H.

It was the goal of the CHNA partners to produce a current profile of health status, wellness, health care delivery and public opinions about health care in Ohio County, West Virginia and the surrounding communities served by the Hospital. The process used a compilation of the most recent local, state and federal data, as well as the opinions and concerns articulated by community stakeholders through surveys and interviews. The study also reviewed the prior implementation plan to assess the progress made since the last CHNA and to obtain community feedback related to the Hospital's previous CHNA.

The significant components of the CHNA include:

- Service Area Definition, Population & Vital Statistics
- Socioeconomic Characteristics of the Service Area
- Health Status Indicators
- Access to Care
- Results of Community Participation

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## Background

Wheeling Hospital, Inc. is a 247-bed acute care hospital in Wheeling, West Virginia. The Hospital has served the Northern Panhandle of West Virginia, Eastern Ohio and parts of Pennsylvania longer than any other hospital in West Virginia. It was founded in 1850 by Bishop Richard V. Whelan and Dr. Simon Hulihan and is owned by the Diocese of Wheeling-Charleston.

In addition to the Hospital, the complex includes the Bishop Joseph H. Hodges Continuous Care Center, Wheeling Dialysis Center, and the Howard Long Wellness Center. Connected to the hospital are four medical office buildings where approximately 80 physicians have their private offices. In addition, in 2012 the hospital opened Tower 5, a seven-story, state-of-the-art facility that features a new 23,000-square-foot Emergency/Trauma Center, a Center for Pediatrics, private patient rooms, as well as cardiovascular, surgical and medical intensive care units.



**Tower 5**

The Wheeling Clinic, a division of Wheeling Hospital, houses more physician offices and the Visiting Nurse Services of Wheeling Hospital. Belmont Community Hospital, Belmont Community Health Center, Colerain Health Center, Powhatan Health Center, Shadyside Health Center, St. Clairsville Health Center, all in Ohio, and Wellsburg Clinic in Brooke County, WV, are also affiliates of Wheeling Hospital.

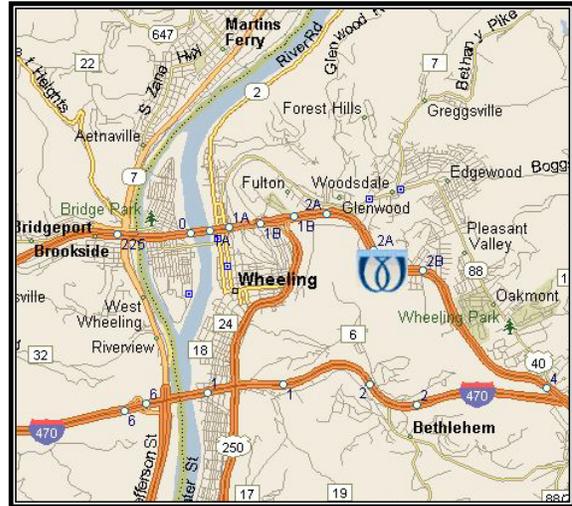
The Hospital's Medical Education Department includes residencies in family medicine and osteopathic medicine.



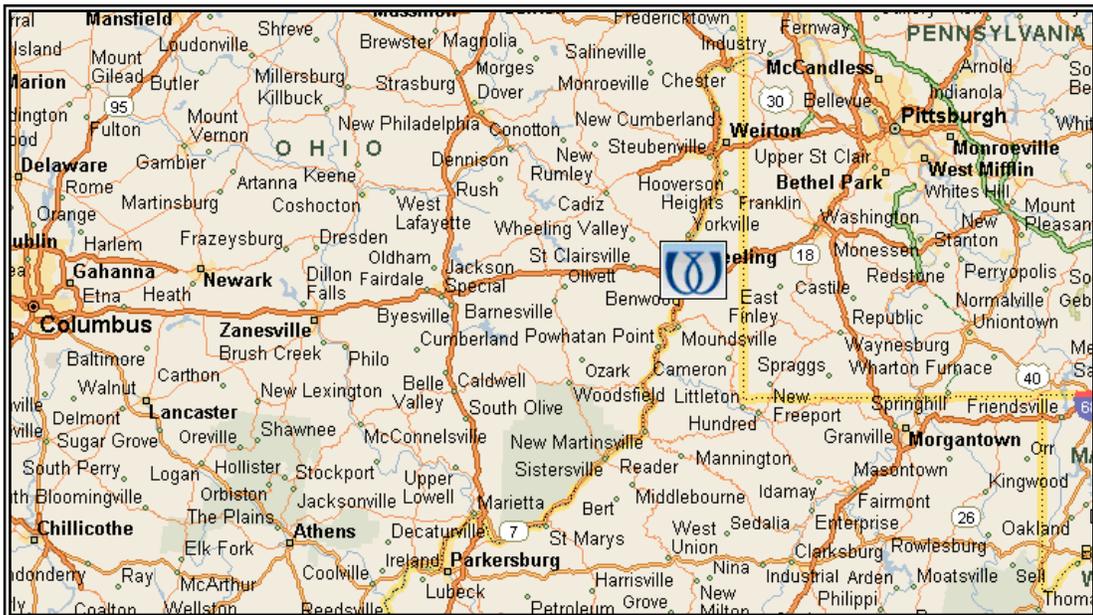
A full range of medical care is available at the Hospital, including cardiac catheterization, open heart surgery, electrophysiology, laser surgery, kidney dialysis, cancer treatment, sports medicine, corporate health and wellness programs. The Hospital is essential to the community and continues to develop strategies to be effective and efficient in providing necessary health care services.

## Community Profile

The Hospital is located adjacent to Interstate 70 in Wheeling, West Virginia. The City of Wheeling encompasses approximately 13.9 square miles of land in the northern panhandle of the State. Wheeling is located along the Ohio River bordering both Ohio and Pennsylvania in the northern panhandle of West Virginia.



As shown in the map below, the Hospital serves the surrounding communities located in north-western West Virginia and southeastern Ohio. The Hospital is approximately two hours east of Columbus (from the western-most portion of the service area) and one hour southwest of Pittsburgh, Pennsylvania. These communities are accessible by major interstates and secondary roads.



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## Service Area, Population, and Vital Statistics

### Service Area

The Hospital defined their service area based upon the geographical area in which a majority of their patients reside. As shown in Exhibit 1, 32% of the Hospital's patients reside in Ohio County, the Hospital's location. For CHNA purposes, the Hospital's primary service area includes Belmont County in Ohio, Brooke County, Marshall County, and predominately Ohio County in West Virginia.

**Exhibit 1: Service Area**  
**Summary of Inpatient Discharges by County (Descending Order)**  
**7/1/2014 - 6/30/2015**

<b>County (State)</b>	<b>Discharges</b>	<b>Percent of Total Discharges</b>	<b>Cumulative Percent</b>
OHIO (WV)	3,679	32.2%	32%
BELMONT (OH)	3,555	31.1%	63%
MARSHALL (WV)	1,239	10.8%	74%
BROOKE (WV)	487	4.3%	78%
Other(s)	2,229	19.5%	98%
10 or less Disch.	253	2.2%	100%
	<b>11,442</b>	<b>100.0%</b>	

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*The primary service area of Wheeling Hospital, Inc. includes counties from both West Virginia and Ohio.*

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## Population

As shown in Exhibit 2, the population of the total service area is projected to steadily decline through 2030.

**Exhibit 2: Population - Total Service Area**

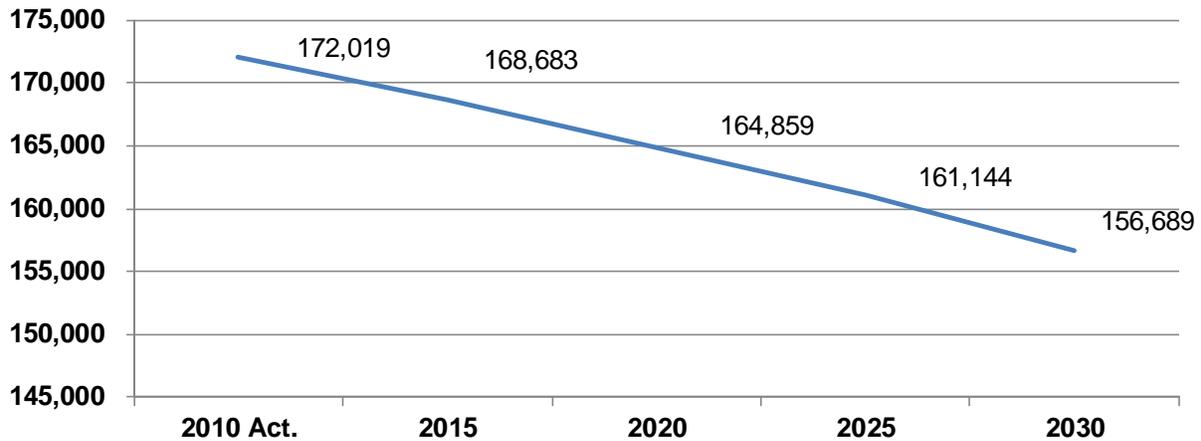


Exhibit 3 includes the population detail by service area counties. As shown below, Belmont County in Ohio has the highest population in the service area.

**Exhibit 3: Population Projections**

County	State	2010 Act.	2015	2020	2025	2030
Ohio	WV	44,443	43,624	42,616	41,503	40,200
Belmont	OH	70,400	69,760	68,880	68,270	67,330
Marshall	WV	33,107	32,001	30,783	29,486	28,056
Brooke	WV	24,069	23,298	22,580	21,885	21,103
<b>Total Service Area</b>		<b>172,019</b>	<b>168,683</b>	<b>164,859</b>	<b>161,144</b>	<b>156,689</b>

## Demographic Profile

Exhibit 4 presents quick facts data for the service area (average of four counties), the states of West Virginia and Ohio, and the United States.

Exhibit 4: Quick Facts				
Quick Facts	Service Area Average	Ohio	West Virginia	United States
<b>Population</b>				
Population estimates, July 1, 2015, (V2015)	41,887	11,613,423	1,844,128	321,418,820
Population estimates base, April 1, 2010, (V2015)	43,005	11,536,725	1,853,011	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	-2.8	0.7	-0.5	4.1
Population, Census, April 1, 2010	43,005	11,536,504	1,852,994	308,745,538
<b>Age and Sex</b>				
Persons under 5 years, percent, July 1, 2015, (V2015)	4.9	6.0	5.6	6.2
Persons under 5 years, percent, April 1, 2010	5.1	6.2	5.6	6.5
Persons under 18 years, percent, July 1, 2015, (V2015)	19.0	22.6	20.6	22.9
Persons under 18 years, percent, April 1, 2010	19.6	23.7	20.9	24.0
Persons 65 years and over, percent, July 1, 2015, (V2015)	20.4	15.9	18.2	14.9
Persons 65 years and over, percent, April 1, 2010	18.2	14.1	16.0	13.0
Female persons, percent, July 1, 2015, (V2015)	50.7	51.0	50.6	50.8
Female persons, percent, April 1, 2010	51.2	51.2	50.7	50.8
<b>Race and Hispanic Origin</b>				
White alone, percent, July 1, 2015, (V2015) (a)	95.2	82.7	93.6	77.1
White alone, percent, April 1, 2010 (a)	95.6	82.7	93.9	72.4
Black or African American alone, percent, July 1, 2015, (V2015) (a)	2.6	12.7	3.6	13.3
Black or African American alone, percent, April 1, 2010 (a)	2.4	12.2	3.4	12.6
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	0.2	0.3	0.2	1.2
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	0.1	0.2	0.2	0.9
Asian alone, percent, July 1, 2015, (V2015) (a)	0.5	2.1	0.8	5.6
Asian alone, percent, April 1, 2010 (a)	0.5	1.7	0.7	4.8
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)	0.0	0.1	Z	0.2
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)	0.0	Z	Z	0.2
Two or More Races, percent, July 1, 2015, (V2015)	1.5	2.1	1.6	2.6
Two or More Races, percent, April 1, 2010	1.3	2.1	1.5	2.9
Hispanic or Latino, percent, July 1, 2015, (V2015) (b)	1.0	3.6	1.5	17.6
Hispanic or Latino, percent, April 1, 2010 (b)	0.7	3.1	1.2	16.3
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)	94.4	79.8	92.3	61.6
White alone, not Hispanic or Latino, percent, April 1, 2010	95.1	81.1	93.2	63.7
<b>Population Characteristics</b>				
Veterans, 2010-2014	3,733	834,358	155,150	20,700,711
Foreign born persons, percent, 2010-2014	1.1	4.1	1.5	13.1
<b>Housing</b>				
Housing units, July 1, 2015, (V2015)	19,961	5,156,307	885,475	134,789,944
Housing units, April 1, 2010	20,127	5,127,508	881,917	131,704,730
Owner-occupied housing unit rate, 2010-2014	73.7	66.9	73.0	64.4
Median value of owner-occupied housing units, 2010-2014	91,325	129,600	100,200	175,700
Median selected monthly owner costs -with a mortgage, 2010-2014	920	1,274	971	1,522
Median selected monthly owner costs -without a mortgage, 2010-2014	311	442	292	457
Median gross rent, 2010-2014	559	729	630	920
Building permits, 2015	32	20,047	2,814	1,182,582
<b>Families and Living Arrangements</b>				
Households, 2010-2014	17,631	4,570,015	742,359	116,211,092
Persons per household, 2010-2014	2.30	2.46	2.43	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	89.4	85.4	88.3	85.0
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	2.1	6.7	2.4	20.9
<b>Education</b>				
High school graduate or higher, percent of persons age 25 years+, 2010-2014	90.0	88.8	84.4	86.3
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	19.1	25.6	18.7	29.3
<b>Health</b>				
With a disability, under age 65 years, percent, 2010-2014	11.6	9.7	14.4	8.5
Persons without health insurance, under age 65 years, percent	9.3	7.6	7.2	10.5

Exhibit 4 continued				
Quick Facts	Service Area Average	Ohio	West Virginia	United States
<b>Economy</b>				
In civilian labor force, total, percent of population age 16 years+, 2010-2014	56.1	63.5	54.2	63.5
In civilian labor force, female, percent of population age 16 years+, 2010-2014	51.3	59.1	49.4	58.7
Total accommodation and food services sales, 2012 (\$1,000) (c)	92,831	20,652,777	4,036,333	708,138,598
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	120,727	80,915,693	12,259,395	2,040,441,203
Total manufacturers shipments, 2012 (\$1,000) (c)	494,733	313,629,976	24,553,072	5,696,729,632
Total merchant wholesaler sales, 2012 (\$1,000) (c)	0	155,426,023	14,295,437	5,208,023,478
Total retail sales, 2012 (\$1,000) (c)	630,040	153,553,997	22,637,923	4,219,821,871
Total retail sales per capita, 2012 (c)	13,944	13,301	12,201	13,443
<b>Transportation</b>				
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	23.1	23.1	25.6	25.7
<b>Income and Poverty</b>				
Median household income (in 2014 dollars), 2010-2014	42,358	48,849	41,576	53,482
Per capita income in past 12 months (in 2014 dollars), 2010-2014	24,346	26,520	23,237	28,555
Persons in poverty, percent	16.2	14.8	17.9	13.5
<b>Businesses</b>				
Total employer establishments, 2014	950	250,535(1)	37,354(1)	7,563,085
Total employment, 2014	15,810	4,636,844(1)	575,228(1)	121,079,879
Total annual payroll, 2014	578,047	203,868,114(1)	22,100,477(1)	5,940,442,637
Total employment, percent change, 2013-2014	-1.0	1.1(1)	-0.1(1)	2.4
Total nonemployer establishments, 2014	1,987	757,764	89,044	23,836,937
All firms, 2012	2,643	904,814	114,435	27,626,360
Men-owned firms, 2012	1,416	510,078	63,112	14,844,597
Women-owned firms, 2012	870	306,824	39,065	9,878,397
Minority-owned firms, 2012	107	122,653	5,777	7,952,386
Nonminority-owned firms, 2012	2,367	759,569	104,785	18,987,918
Veteran-owned firms, 2012	309	91,316	12,912	2,521,682
Nonveteran-owned firms, 2012	2,100	776,193	94,960	24,070,685
<b>Geography</b>				
Population per square mile, 2010	232.6	282.3	77.1	87.4
Land area in square miles, 2010	258	40,861	24,038	3,531,905

This geographic level of poverty and health estimates is not comparable to other geographic levels of these estimates.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable.

The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.

(1) Includes data not distributed by county.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data.

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

*Average travel time to work for the primary service area  
is less than national and state averages.*

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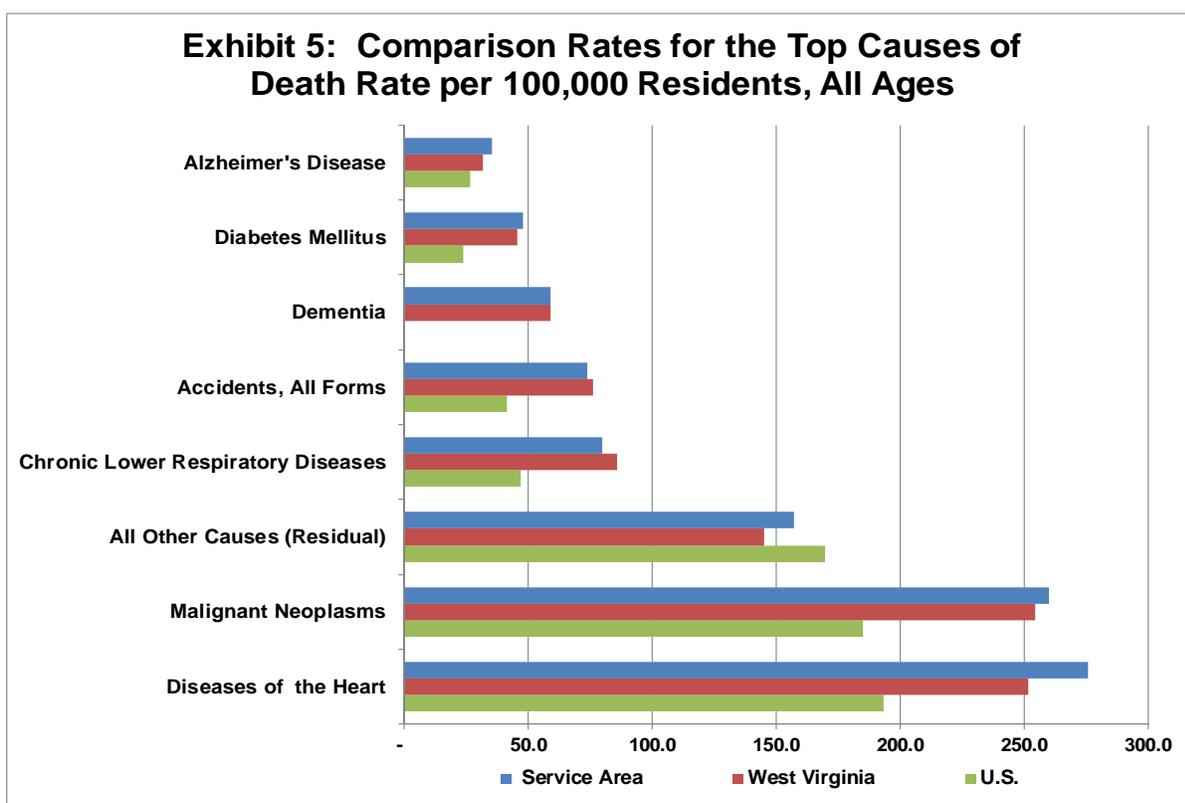
## Overview of the Community

- The residents of the Hospital service area are predominately White/Caucasians (94%), followed by Black or African America (3.6%).
- English is the primary language, though 2.3% speak a language other than English at home.
- The service area has a higher percentage of those with a high school diploma as compared to the states and the U.S.
- 18.7% of individuals in the service area hold a bachelor's degree which is the same as the West Virginia percentage. However, both are significantly less than the Ohio and U.S. averages of 25.6% and 29.3%, respectively.
- Housing is generally stable and compares favorably between the service area. 89.1% of the residents live in the same house one year or more.
- The service area and the States of Ohio and West Virginia have a higher percentage of those below the poverty level than the United States, although Ohio is much closer to the national average.
- The age of the population in the service area (19.8%) and West Virginia (18.2%) is older than the United States (14.9%) average, with the percentage of the population over 65 years in age being noted.
- The median household income in the service area (\$41,545) and the State of West Virginia (\$41,576) is notably lower than the national average (\$53,482). The State of Ohio (\$48,849) is also lower, though to a lesser degree.

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## Causes of Death

Exhibit 5 reflects the leading causes of death for residents of the service area, the State of West Virginia and the United States. The leading causes of death are determined by the average rate per hundred-thousand residents. Diseases of the heart ranks highest among the causes with malignant neoplasms as second highest. Alzheimer's disease ranks lowest among the selected top causes of death in West Virginia while malignant neoplasms rank the highest.

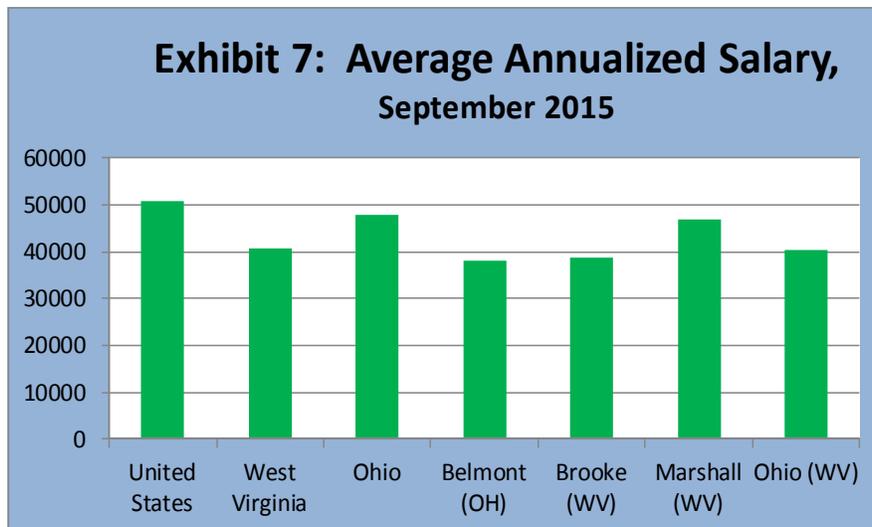
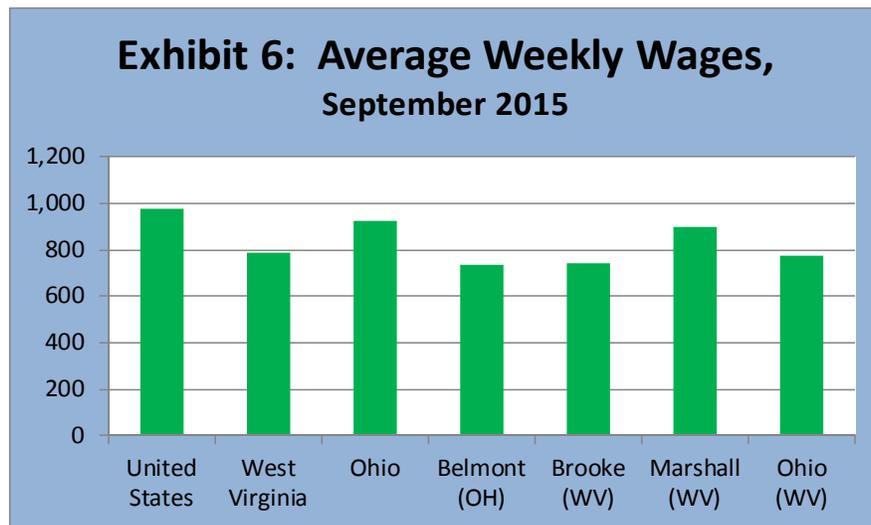


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## Socioeconomic Characteristics

### Wages

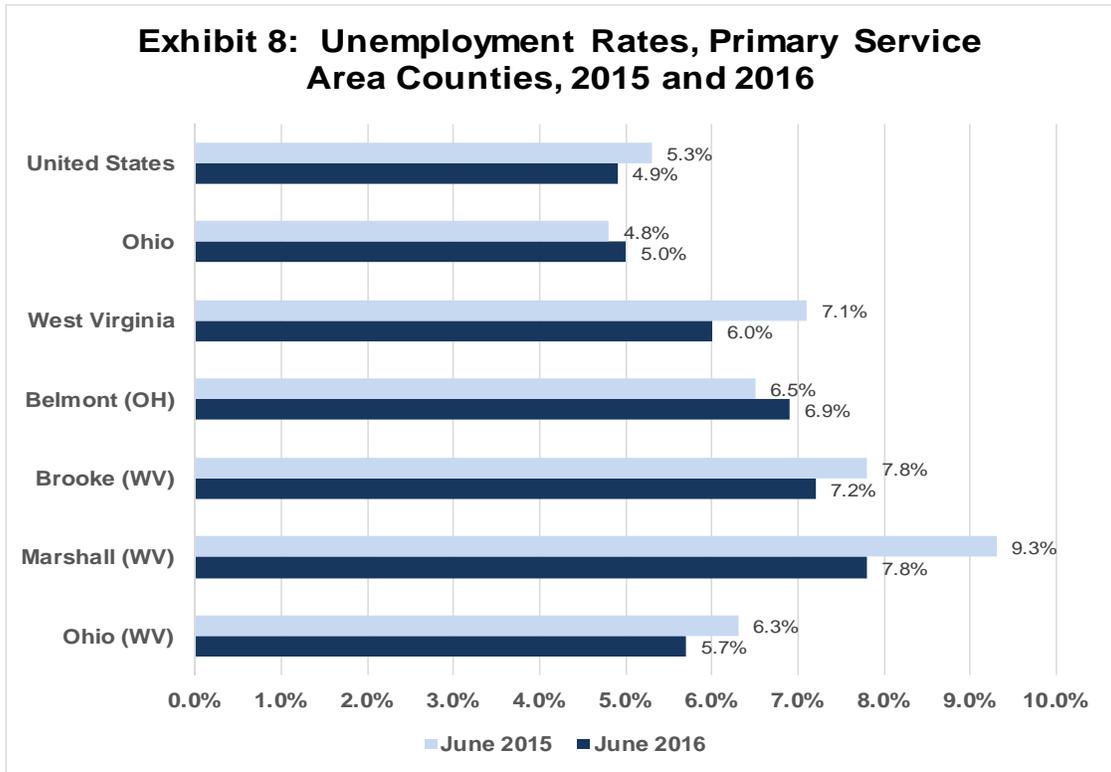
Exhibit 6 illustrates the average weekly wage, and Exhibit 7 annualizes those wages for the service area counties, Ohio, West Virginia, and the United States. All counties and the State of West Virginia were below the average wage rates of the United States. The highest average wage in the service area counties was reported in Marshall County while Belmont County reported the lowest.



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## Unemployment

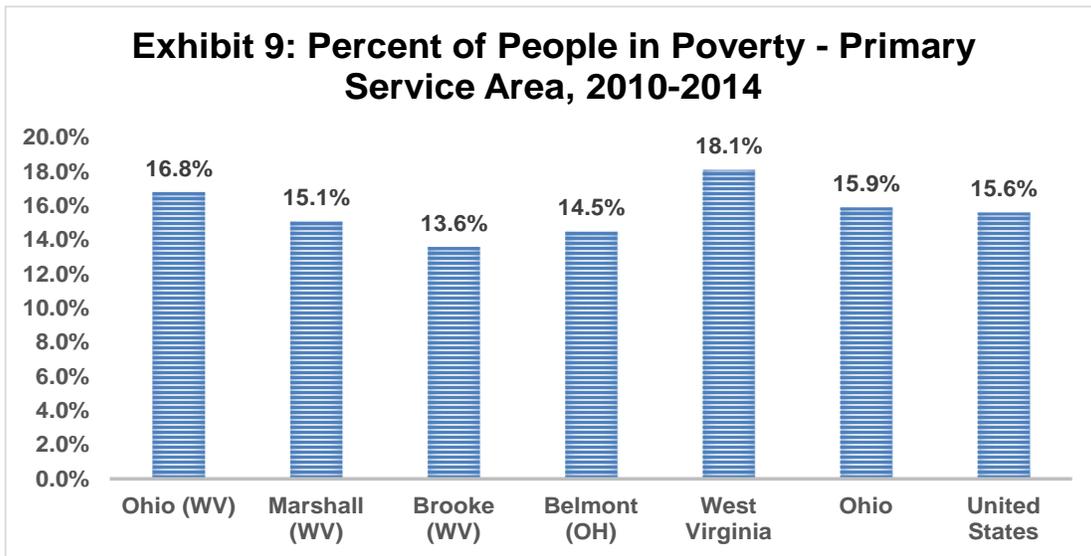
As shown in Exhibit 8, the unemployment rate for West Virginia declined during the two-year period, while Ohio's rate increased slightly from 4.8% to 5.0%. With the exception of Belmont, all counties in the service area experienced a decrease in the unemployment rate from 2015-2016. At the state level, Ohio is very close to the national average, while West Virginia is still higher. Ohio County is much closer to the national average than the other counties in the service area.



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## Poverty

Exhibit 9 presents the percentage of adults living in poverty in 2010-2014 for the service area counties, West Virginia, Ohio, and the United States. As Exhibit 10 illustrates, three of the four counties are below the national average. Ohio County (WV) had the highest percentage of adults living in poverty at 16.8% with Brooke County (WV) as the lowest at 13.6%. Ohio (15.9%) and West Virginia (18.1%) as states were above the national level of 15.6% for the four-year period.



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*Poverty remains prevalent across the nation.*

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## Income

Exhibit 10 presents the median household income for the service area counties, the States of West Virginia and Ohio, and the United States. All of the service area counties were below the Ohio and national level, but higher than the West Virginia level, except for Ohio County (WV). Brooke County (WV) was higher than the other service area counties.



**Exhibit 10: Median Household Income,  
2010-2014**

County/State	Median Household Income
Ohio (WV)	\$ 40,342
Marshall (WV)	\$ 41,978
Brooke (WV)	\$ 44,067
Belmont (OH)	\$ 43,045
<b>Total Service Area</b>	<b>\$ 42,358</b>
<b>West Virginia</b>	<b>\$ 41,576</b>
<b>Ohio</b>	<b>\$ 48,849</b>
<b>United States</b>	<b>\$ 53,482</b>

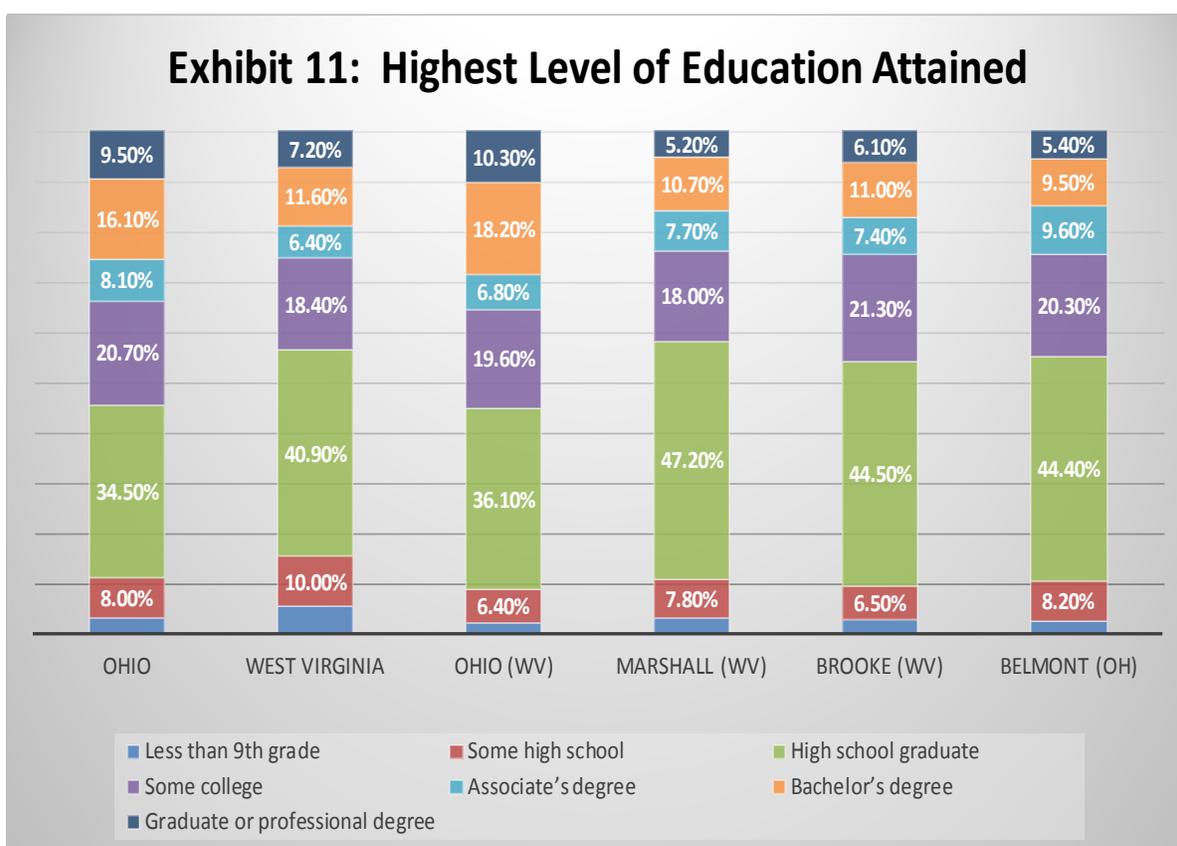
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*The median household income for the service area is \$42,358,  
over \$11,000 less than the national median.*

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## Education

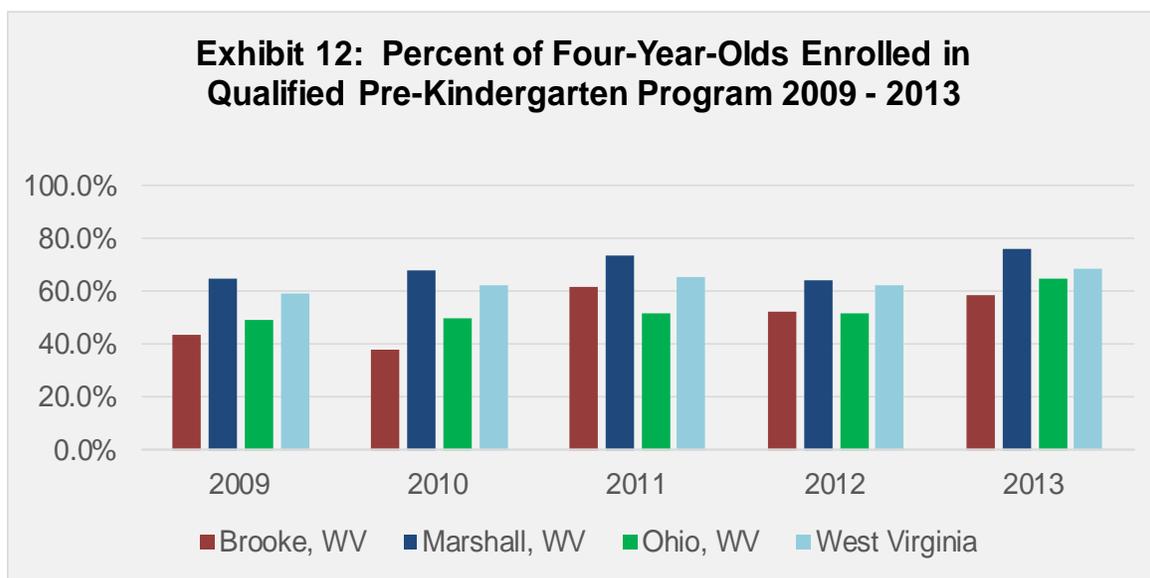
The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 11 presents the distribution of education levels for those 25 years and older in the service area, and for the States of West Virginia and Ohio for 2010-2014. The more rural counties of the service area and West Virginia as a state had a higher level of those with a high school diploma only when compared to Ohio or Ohio County (WV). The percentage of those who attained a college degree was also lower in the rural service area counties as well.



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## Qualified Pre-Kindergarten Program

Access and participation in early education programs is another important predictor of the future success of students in a population. Exhibit 12 illustrates the percent of four-year-olds enrolled in a pre-kindergarten program 2009 - 2013. As shown in this exhibit, approximately 58% of four-year-olds were enrolled in a qualified pre-kindergarten program. The data shows that the service area is in line with the state average.



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*Marshall County has consistently higher enrollment than other West Virginia service area counties.*

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## Health Status Indicators

### County Health Rankings

Exhibits 13 and 14 include selected data from the University of Wisconsin Population Health Institute, County Health Rankings 2016 for the service area, State of West Virginia, and U.S. median. Exhibit 13 illustrates unfavorable indicators such as the percentage of adults who smoke, who are obese, and excessively drink alcohol, in addition to a favorable indicator of those with access to exercise. As shown in Exhibit 13, all counties within the service area were either at or within 6% of the state performances for the negative indicators. Between one-fourth and one-fifth of the adults in the service area counties and the state smoke while one-third are obese. With regard to access to exercise opportunities, close to 50% reported adequate access in most counties with 83% indicating adequate access in Ohio County.

Exhibit 13: Health Behaviors/Outcomes						
Health Status Indicator	Ohio, WV	Marshall, WV	Brooke, WV	Belmont, OH	West Virginia	Ohio
Adult smoking	24%	22%	22%	21%	27%	21%
Adult obesity	29%	33%	35%	33%	34%	30%
Food environment index	6.9	6.8	7.3	7.3	7.3	6.9
Physical inactivity	22%	28%	33%	33%	32%	26%
Access to exercise opportunities	82%	56%	46%	53%	58%	83%
Excessive drinking	12%	12%	12%	18%	10%	19%
Alcohol-impaired driving deaths	25%	38%	25%	30%	33%	35%
Sexually transmitted infections	313.1	244.8	146.7	274.1	277	460.2
Teen births	36	42	24	39	45	34

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*Adult obesity is affecting one-third of the service area population.*

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## Physical Environment

Exhibit 14 includes environmental factors such as air pollution, drinking water violations, housing problems and work commute information. The service area has worse air pollution compared to the states, and slightly better housing problems. Driving alone to work was very consistent across the service area and states. With regards to drinking water violations, Marshall and Belmont Counties incurred violations, while Brooke and Ohio Counties had none.

**Exhibit 14: Physical Environment 2016**

Environmental Factor	West Virginia	Ohio	Brooke, WV	Marshall, WV	Ohio, WV	Belmont, OH
Air pollution - particulate matter	13.2	13.5	14.0	13.7	13.9	13.8
Drinking water violations			No	Yes	No	Yes
Severe housing problems	11%	15%	9%	9%	10%	8%
Driving alone to work	82%	84%	84%	84%	81%	87%
Long commute - driving alone	33%	29%	38%	30%	23%	28%

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*Air pollution and drinking water violations are important environmental factors.*

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## Clinical Care

Exhibit 15 includes clinical care statistics and rankings for the service area counties and States of Ohio and West Virginia. The service area compared unfavorably to Ohio but favorable to West Virginia for those uninsured. Preventable hospital stays were notably less for Ohio County, WV than any of the other service area counties. Diabetic monitoring and mammography screening were consistent with state averages. Ohio County, WV also performed better than other service area counties for the clinical care state ranking, being the top ranked county in West Virginia.

**Exhibit 15: Clinical Care**

Measure	West Virginia	Ohio	Brooke, WV	Marshall, WV	Ohio, WV	Belmont, OH
Uninsured	18%	13%	15%	17%	16%	13%
Preventable Hospital Stays	93	65	88	108	65	93
Diabetic Monitoring	84%	85%	81%	77%	79%	83%
Mammography Screening	58%	60%	53%	57%	64%	60%
Ranking for Clinical Care			29	38	1	69

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*Ohio County ranked 1<sup>st</sup> in West Virginia for Clinical Care!*

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## Mental Illness

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services, is charged with reducing the impact of substance abuse and mental illness on America's communities. Each year, SAMHSA publishes the most recent annual results from the National Survey on Drug Use and Health (NSDUH) as a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 or older.

The NSDUH also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems. An adult with Any Mental Illness (AMI) was defined as having any mental, behavioral, or emotional disorder in the past year that met the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Edition (DSM-IV) criteria (excluding developmental and substance use disorders).

Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities.

Exhibit 16 presents statistics of mental illness taken from the NSDUH for those aged 18 or older at a national level and for West Virginia for 2013-2014.

**Exhibit 16: State Estimates of Adult Mental Illness Among Persons Aged 18 or Older 2013-2014**

Location	Serious Mental Illness	Any Mental Illness
	%	%
National Average	4.15	18.29
West Virginia	5.46	21.15

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*West Virginia compared unfavorably to the nation for those with SMI or AMI.*

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## Maternal and Child Health Indicators

The well-being of mothers, babies and children is a critical component of a community's overall health. Healthy pregnancies help to provide a better start in life and improve the health of future generations. A review of available public health data included percentage of low birth weight infants, teen birth rate, no prenatal care in the 1<sup>st</sup> trimester, and the fetal death ratio. Exhibit 17 displays the Maternal and Child Health Indicators for the community. It also includes, when available, the state average for the corresponding indicators. Brooke County reported rates 10-50% worse than the State for low birth weight infants, teen birth rate (<20), and no prenatal care in the 1<sup>st</sup> trimester. Marshall County reported rates 10-50% worse than the State for teen birth rate (<20).

Exhibit 17: Maternal and Child Health Indicators by County						
Indicator	Ohio (WV)	Brooke (WV)	Marshall (WV)	West Virginia	Belmont (OH)	Ohio
Low birth weight infants	10.4%	9.4%	6.9%	9.4%	-	7.0%
Teen birth rate (< 20)	8.5%	8.3%	12.8%	10.4%	-	-
No prenatal care in 1 <sup>st</sup> trimester	15.6%	22.9%	16.9%	18.5%	-	-
Fetal death ratio*	2.2	0.0	0.0	4.5	-	-

\*Fetal death ratio = (fetal deaths/live births) X 1,000 in each respective county.

\*\*Ohio data based on preliminary 2016 data. West Virginia is based on the most recently available 2013 data.

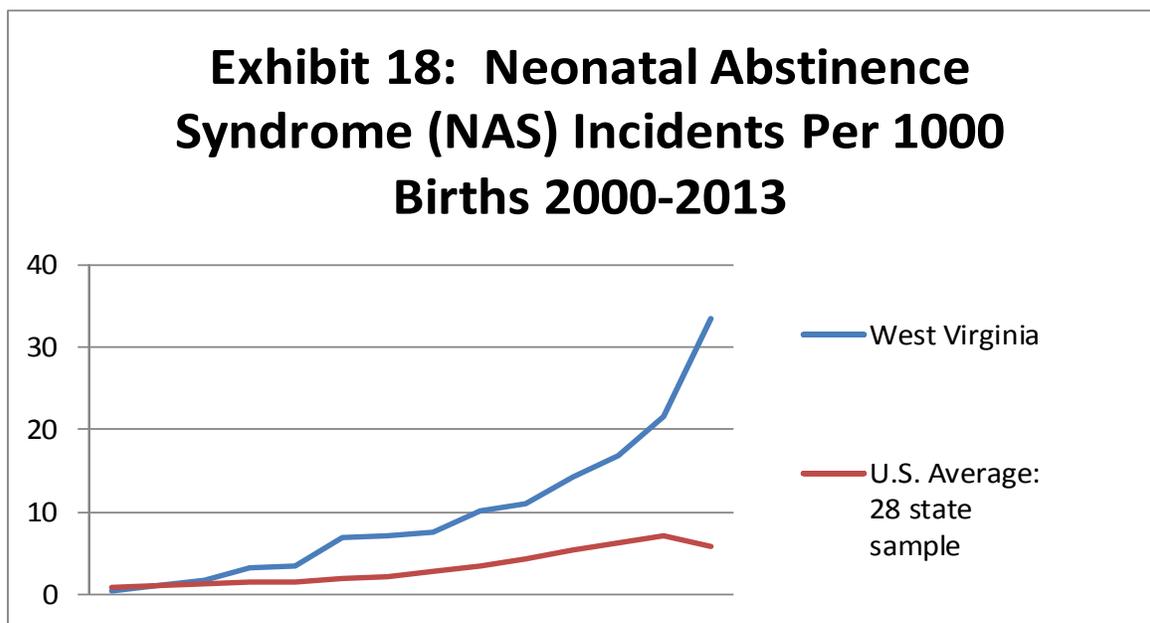
Key	
Rates unreliable due to availability or sample size	-
Ranging from better than State up to 10% worse than State	
10-50% worse than State	
50-75% worse than State	
> 75% worse than State	

*Maternal and child health indicators were most comparatively unfavorably in Brooke County.*

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## Neonatal Abstinence Syndrome (NAS)

The low birth weight percentages noted above are partially caused by increased low births due to the drug and opioid abuse epidemic facing West Virginia and the northern panhandle region of the state. Exhibit 18 below illustrates a key pregnancy and birth statistic for West Virginia and much of the nation. Neonatal Abstinence Syndrome occurs when a pregnant mother continues to abuse drugs while pregnant and essentially gives birth to a baby who will be in drug withdrawal.



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## Results of Community Participation

### Online Survey Results

The CHNA includes anonymous survey results using an online survey website, which was disseminated to employees, patients and the community. Survey responses were collected between August and September 2016.

### Household

Respondents indicated the following household characteristics:

- 25% have children under the age of 18 in their household.
- 12% are caring for an elderly parent or grandparent.
- Number in household ranged from 1 to 7.

### Insurance Carriers

Since the Affordable Care Act's (ACA) coverage expansion began, about 16.4 million uninsured people nationwide have gained health insurance coverage. In 2014, the uninsured rate in West Virginia was 10.9%, down from 17.6% in 2013. Due to the new coverage options for young adults, employees may add or keep children on their insurance policy until they turn 26 years old. This has afforded coverage to over 2.3 million



young adults nationwide that would otherwise have been uninsured. As part of the ACA, states were able to expand Medicaid coverage to individuals with family incomes at or below 138% of the federal poverty level. Due to this expansion, over 170,000 West Virginians and approximately 11.2 million people nationwide gained Medicaid or Children's Health Insurance Program (CHIP) coverage.

Participants of the survey were asked to identify their insurance carrier, if any. 13.4% selected Medicaid, 44.9% selected private insurance, 30.3% selected Medicare, and 2.3% selected no insurance. The remaining 9.1% selected "Other" and entered a response. These responses included insurance such as Health Plan Secure Care, United Healthcare, Wheeling Hospital Charity Care, Coventry, Employer Group Plan, Cigna, Care Source, Blue Cross, Humana, and VA Care. 77% of those with Medicaid indicated that coverage was obtained through the Medicaid Expansion.

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## Dental Health Care

- 57% received dental care in the past 12 months.
- Barriers that prevent residents from seeing a dentist include cost and lack of insurance.



## Routine Health Care

Respondents were asked:

“Did you and/or your family have a primary care physician?” 94% indicated “Yes,” while 6% indicated “No.” Over 95% of those using a primary care physician (PCP) indicated they are able to get an appointment when needed and over 88% are satisfied with the quality of care received at their PCP’s office. For those not having a PCP, respondents included a community health care center/clinic, urgent care center, and emergency room/hospital as medical provider used for routine care. Nine responses indicated using an emergency department. 16% of respondents indicated they delayed health care due to lack of money and/or insurance.

## Health Issues

Participants were asked to indicate the conditions which they or someone in their household received treatment. Top responses included high blood pressure followed by high cholesterol, diabetes, and joint, bone or muscle pain. The least selected conditions were bariatrics/obesity, long-term acute care services, sexually transmitted diseases, and substance abuse.

Condition	Response Percent
High blood pressure	64.8%
High cholesterol	41.1%
Diabetes	33.6%
Joint, bone or muscle pain	28.0%
Depression/anxiety disorders	27.5%
Heart disease	21.3%
Cancer	19.5%
Sleeping disorders	14.7%
Neurology disorders	8.8%
Behavioral/mental health	8.3%
Bariatrics/obesity	2.1%
Long-term acute care	1.6%
Substance abuse	1.6%
Sexually transmitted diseases	0.3%

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## Community Interview Results

Input was solicited from those representing the broad interests of the community in August and September 2016. Individual interview discussions included the health needs of the community, barriers to health care access, opportunities for improvement, perception of Wheeling Hospital, Inc. and feedback on previous initiatives. The following organizations were selected to provide feedback;

*Belmont County Health Department*

*Belmont Behavioral Health & Rehab*

*Bishop J. Hodges, CCC*

*Catholic Charities*

*Wheeling Hospital Board of Directors*

*Wheeling Corporate Health*

*Wheeling Hospital Family Medicine*



Input from persons who represent the broad interests of the community served by the Hospital.



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## Community Health Concerns

All stakeholders believe that there are many health-related problems in the community. The most frequently identified health concerns in the community were obesity, substance abuse, elderly population, and behavioral health along with the related illnesses. Contributing factors to these concerns include unhealthy lifestyles, physical inactivity, tobacco use, and lack of education to maintain healthy living lifestyles.

## Quality and Access to Services

In general, transportation, parking, and cost were cited as issues for some residents in the service area. While public transportation is available, it may not include routes in the rural areas. Those living in poverty, as well as the elderly can also face issues in finding transportation to doctor's appointments and medical facilities. There are some specialties that those interviewed felt the service area could expand upon, such as behavioral health services, dermatology, neurology, urology, and woman health services.

## Perception of Wheeling Hospital, Inc.

The Hospital is vital to the community it serves. The general perception is very positive as the hospital is large enough to offer most services, and the facilities are newer than many options. The majority of the stakeholders do not believe there is a reason to leave the service area so long as the patient's needs were not exceedingly specialized. The Hospital is not without its challenges but they have a lot to offer and will continue to operate as effectively and efficiently as they can to provide quality health care.

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### ***Voice from the Community:***

*"Wheeling is the place to go, most prefer to come here."*

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## Progress on Wheeling Hospital Initiatives

The key focus areas for improvement outlined from the 2012 CHNA can be summarized into four umbrella categories, all of which have been, and continue to be, addressed through The Hospital's implementation plan. The categories and related initiatives are:

### ➤ Aging Population

- Identified space for Assisted Living and Independent Living facilities on the Hospital campus (still researching related and feasible solutions).
- Operating vehicles assisting non-driving elderly patients with transport to and from the Hospital and physician offices.
- Providing free taxi vouchers to patients without transport home after emergency room or inpatient unit visits.
- Additionally, the Hospital is building a replacement facility for the Bishop Joseph H. Hodges Continuous Care Center facility. This will be a state of the art facility providing skilled nursing and long-term care with private rooms and baths, large rooms and a de-institutionalized theme of décor. The facility will have a total of 144 beds which an increase of 24 beds from the current facility. The project has received Certificate of Need approval by the West Virginia Health Care Authority. Construction of the new facility began in the Summer of 2016.



**Bishop Joseph H. Hodges  
Continuous Care Center**

### ➤ Behavior Health Services and Obesity Issues

- Exploring outpatient behavioral service line at subsidiary, Belmont Community Hospital with local Psychiatry group.
- Smoking cessation classes.
- Pediatric endocrinologist and adult endocrinologist provide counseling and treatment related to obesity and diabetes.

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- Active recruitment of diabetic educators to meet heavy local demand.
  - Nutritional, exercise, and weight loss classes via Howard Long Wellness Center.
  - Monthly cholesterol and blood pressure screenings at no cost.



➤ **Educating the Community**

- Financial Assistance Plan (FAP) posted to educate patients.
- Financial counselors skilled in the Patient Protection and Affordable Care Act requirements available.
- Men's health seminars, cancer survivor support, and classes listed under other categories, etc...
- Third party Medicaid eligibility vendor contracted to assist patients.
- Counselors in the emergency, and other, departments assist and educate patients regarding available assistance programs.

➤ **Physician Shortages**

- Aggressive recruitment, discussion, and negotiation with potential recruits is continuous.
- Currently growing employed physicians to 80.
- Currently growing employed nurse practitioners and physician assistants to approximately 25.
- Considers recruitment strategies such as income guarantees and relocation assistance in order to attract the best candidates.

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## Summary of Findings

The goal of the CHNA was to identify health issues and community needs as well as provide information to key decision makers to create a positive impact on the health of the Hospital's service area. Statistical data was compiled to depict demographic and economic profiles while the surveys provided additional feedback with regard to community perception of the Hospital, availability of resources and challenges as it relates to their health care needs.

- The aging population will contribute to the highest growth in the 65 and older age category. An increase in the 65 and older age category contributes to an increase of Medicare beneficiaries with an increased need for services.
- For adults living in poverty in the service area, the highest percentage is in Ohio County (16.8%) and lowest is in Brooke County (13.6%). Many find themselves without insurance and seeking assistance from Medicaid, other programs, or simply delaying medical treatment.
- Marshall County (6.9%) had the lowest percentage of low birthweight births within the service area while Ohio (10.4%) had the highest.
- The highest percentage of births to mothers under the age of 18 was (3.7%) in Ohio County, West Virginia, and lowest in Brooke County (1.7%).
- Cigarette smoking was (21%-24%) for all service counties but just under the State of West Virginia at (27%).
- The health status indicator with the highest percentage within all service areas is adult obesity. The service area and state ranged from (29%-35%).

The results of the CHNA's quantitative and qualitative analysis, along with the input from members of the community, appears to indicate familiar common themes in the health needs of the Wheeling area and surrounding communities. These focus areas include the need for the following:

- Preventive care services
- Substance abuse rehabilitation facilities
- Additional community events focusing on health-related issues
- General health education for the primary service area

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## Community Health Priorities

The results of the CHNA will enable the Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community. After reviewing data sources providing demographic, population, socioeconomic, and health status information in addition to community feedback, health needs of the community were prioritized. The following community health issues were also identified in the prior CHNA of the Hospital. These issues have been selected again as the priority health issues to be addressed:

- Chronic Disease Management
- Unhealthy Lifestyles
- Drug and Alcohol Abuse

### ***Chronic Disease Management***

Priority conditions include obesity and diabetes. Obesity and unhealthy eating and activity habits give individuals a higher risk for liver and gallbladder disease, type 2 diabetes, high blood pressure, high cholesterol and triglycerides, coronary artery disease (CAD), stroke, sleep apnea and respiratory problems, osteoarthritis, and gynecological problems, among other conditions. Children who are obese are at risk for many of the same long-term health problems. If you have healthier habits or lose weight, your risk for these conditions is reduced.

**Resources:** The Hospital will continue to provide outreach and education to the residents of Wheeling, West Virginia and the surrounding communities. The Hospital will continue to provide diabetic and weight loss education to the community and hold health fairs to provide low cost preventive and educational services to the community.

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## **Unhealthy Lifestyles**

Unhealthy lifestyle choices contribute to other health conditions. Smoking, poor nutrition, and physical inactivity are prevalent among residents in the service area. Tobacco is the leading cause of preventable illness and death in the United States. It causes many different cancers as well as chronic lung diseases, such as emphysema and bronchitis, and heart disease. Community culture, lack of health care coverage, and low income can lead to unhealthy lifestyle choices.

**Resources:** The Hospital will continue to provide outreach and education for smoking cessation, proper nutrition and the importance of physical activity. In addition, the Hospital will continue to assist with health and wellness programs and provide the necessary resources for those seeking a healthy lifestyle through diet and exercise.

## **Drug and Alcohol Abuse**

Abuse of alcohol and illicit drugs is costly to our nation, exacting over \$400 billion annually in costs. The toll that drug and alcohol problems have on individuals is significant, as they are at increased risk for serious health problems, criminal activity, automobile crashes, and lost productivity in the workplace. But individuals with drug and alcohol problems are not the only ones who suffer. The families, friends, and communities also suffer greatly. The abuse of alcohol and drugs leads to multiple acute and chronic adverse health outcomes, as well as a variety of negative consequences within the family unit, poor performance in school, or difficulties at work. Alcohol abuse leads to decreased inhibitions and impaired judgments that influence reckless and sometimes aggressive behavior. It also leads to high rates of motor vehicle accidents and injuries/deaths. On a chronic basis, it can lead to anemia, hepatitis and cirrhosis, pancreatitis, cognitive effects due to brain damage, fetal alcohol syndrome, low birthweight, and other poor health outcomes. Substance abuse problems commonly occur in conjunction with mental health issues.

Illicit drug use was a recurring issue of concern in many of our interviews with community members. The problems of substance abuse involve three levels of intervention: prevention, screening, and detection. These three opportunities require determined, collaborative action involving public health, education, health care, and criminal justice systems at the community level.

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**Resources:** The Hospital will maintain its collaboration and referral network to address patients' needs with regards to addiction and abuse. The Hospital will continue to provide outreach and education to the residents of Wheeling and the surrounding communities.

## **Next Steps**

The CHNA report will be made publicly available on the Hospital's website and a hard copy available upon request. With the completion of the CHNA, the Hospital will establish an implementation plan which will use the Hospital's individual strengths and resources to best address their community's health needs and improve the overall health and wellbeing of residents of its service area.

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## Sources

The data collection process utilized the following sources:

- The Annie E. Casey Foundation – Kids Count data center - <http://datacenter.kidscount.org/>
- Bureau of Business and Economic Research, College of Business and Economics, West Virginia University - [http://www.be.wvu.edu/bber/outlook\\_pdfs/WheelingEconomicOutlook2016.pdf](http://www.be.wvu.edu/bber/outlook_pdfs/WheelingEconomicOutlook2016.pdf)
- CDC Center for Disease Control and Prevention – National Center for Health Statistics - [http://www.cdc.gov/nchs/ahcd/web\\_tables.htm](http://www.cdc.gov/nchs/ahcd/web_tables.htm)
- Ohio Development Services Agency - <https://development.ohio.gov/>
- Ohio Department of Health - <https://www.odh.ohio.gov/default.aspx>
- The Robert Wood Johnson Foundation: County Health Rankings System - <http://www.countyhealthrankings.org/>
- Substance Abuse and Mental Health Services Administration (SAMHSA) - <http://www.samhsa.gov/>
- U.S. Census Bureau - <https://www.census.gov/quickfacts/table/PST045215/00>
- U.S. Census Bureau - <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Department of Agriculture, Economic Research Service - <http://www.ers.usda.gov/>
- United States Department of Labor, Bureau of Labor Statistics - <http://www.bls.gov/>
- US Department of Health and Human Services - <http://www.hrsa.gov/shortage/>
- US Department of Health and Human Services - [https://nhqrnet.ahrq.gov/inhqrdr/National/benchmark/table/All\\_Measures/All\\_Topics](https://nhqrnet.ahrq.gov/inhqrdr/National/benchmark/table/All_Measures/All_Topics)
- West Virginia Bureau for Public Health - <http://www.dhhr.wv.gov/bph/Pages/default.aspx>
- West Virginia Department of Health and Human Resources – <http://www.wvdhhr.org/bph/hsc/statserv/CountyData.asp>
- West Virginia Health Care Authority - <http://www.hca.wv.gov/data/Reports/Pages/AnnualRP2015.aspx>
- West Virginia Health Statistics Center - <http://www.wvdhhr.org/bph/hsc/vital/>
- Wheeling, West Virginia - <http://www.wheelingwv.gov/index.php>