



# Community Health Needs Assessment 2014

# COMMUNITY HEALTH NEEDS ASSESSMENT

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## I. EXECUTIVE SUMMARY

The Community Health Needs Assessment (CHNA) of Monongalia General Hospital (Hospital) was conducted to identify health issues and community needs as well as provide information to key decision makers to make a positive impact on the health of the hospital's service area. The results of the CHNA will enable Monongalia General Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community.

To assist with the CHNA process and completion, Monongalia General Hospital retained Arnett Foster Toothman PLLC, a regional accounting firm with offices in West Virginia and Ohio. The assessment was designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals which require tax-exempt hospitals to conduct a CHNA every three years to identify the community's health needs and adopt an implementation strategy to meet those needs.

The study considered services offered by healthcare providers in the area, population trends, socio-economic demographics and the region's overall sufficiency of healthcare providers in the community. Data was obtained from numerous health organizations as well as interviews with community leaders, hospital staff and the Hospital's Board of Directors. This information was used to determine the Community's future health needs.

The assessment identified key risk factors based upon the population's medical history (e.g. heart disease and diabetes). Additionally, the assessment used socio-economic and demographic data to determine whether area

healthcare providers adequately assess the Community's key risk factors. As part of this assessment and as prescribed by IRS section 501(r), this determination will be used in developing a forthcoming strategy to meet the Community's health needs. Furthermore, and as mandated by IRS section 501(r)(3)(B)(ii), the assessment, as well as the Hospital's strategy to meet the Community's health needs, will be made widely available to the public.

The significant components of the CHNA include:

- \* Service Area Definition and Patient Origin
- \* Service Area Population & Vital Statistics
- \* Socioeconomic Characteristics of the Service Area
- \* Health Status Indicators
- \* Access to Care
- \* Results of Community Participation

### Research Process

- Statistical data profile of Monongalia County, West Virginia and surrounding areas
- Online survey
- Key Informant interviews with community stakeholders

### Key Areas of Opportunity

- Access to Care
- Behavioral Health
- Drug & Alcohol Abuse
- Physical Activity & Nutrition
- Public Health Education
- Tobacco Use

## II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

### HOSPITAL & COMMUNITY PROFILE

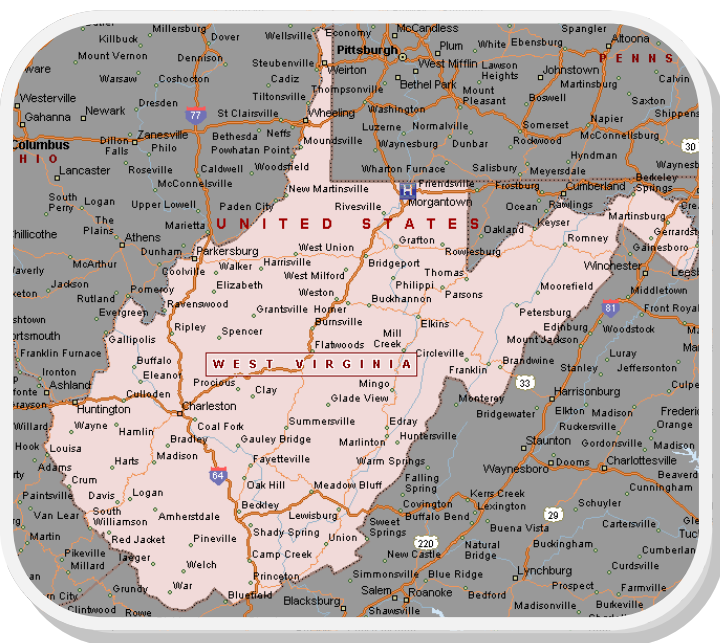
#### Hospital Profile

Monongalia General Hospital (Hospital) is part of the Monongalia Health System (System). The Hospital has a strong commitment to providing personalized care and service with compassion and respect to North Central West Virginia and the surrounding region. The Hospital is a 189-bed not-for-profit hospital and provides a continuum of care, including the following services:



- \* Birth Center
- \* Cancer Care
- \* Cardiac Care
- \* Critical Care
- \* Diabetes Care
- \* Diagnostic Services
- \* Emergency/Trauma Care
- \* Family Medicine
- \* Gastroenterology
- \* Gynecology
- \* Home Care
- \* Imaging
- \* Laboratory
- \* Neurology
- \* Orthopedics
- \* Pulmonary Care
- \* Surgical Services
- \* Treatment Services
- \* Urology
- \* Women’s Services

#### Community Profile



The Hospital is located in Morgantown, a North Central city of West Virginia. Morgantown is located two and one-half hours north of Charleston, West Virginia, less than four hours west of Washington, D.C., and one and one-half hours south of Pittsburgh, Pennsylvania. The Hospital and surrounding communities are accessible by major interstate highways and secondary roads.

Monongalia General Hospital defined their service area based upon the geographical area in which a majority of their patients reside. The Hospital’s service area consists of the following West Virginia Counties: Monongalia, Marion, Preston, Harrison and Randolph.

## ***Methodology***

The purpose of the study was to gather current statistics and qualitative feedback on the key health issues facing service area residents. This community health needs assessment (CHNA) included both quantitative and qualitative research components including data profile and stakeholder interviews.

The data collection process utilized the following sources:

- Bureau of Business and Economic Research, College of Business and Economics, West Virginia University
- West Virginia Department of Health and Human Resources
- US Department of Health and Human Resources
- Centers for Disease Control and Prevention: National Diabetes Surveillance System
- The Annie E. Casey Foundation: Kids Count Data Center
- The Henry J. Kaiser Family Foundation
- The Robert Wood Johnson Foundation: County Health Rankings System
- U.S. Census Bureau
- United States Department of Agriculture, Economic Research Service
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- West Virginia Health Care Authority

### Quantitative Data:

- Statistical Data Profile was compiled to depict the population, household, economic, education, income, vital, and other healthcare statistics.
- An online survey was conducted anonymously. The survey collected demographic information and health related information to assess the health status, health care access, and other needs of the community.

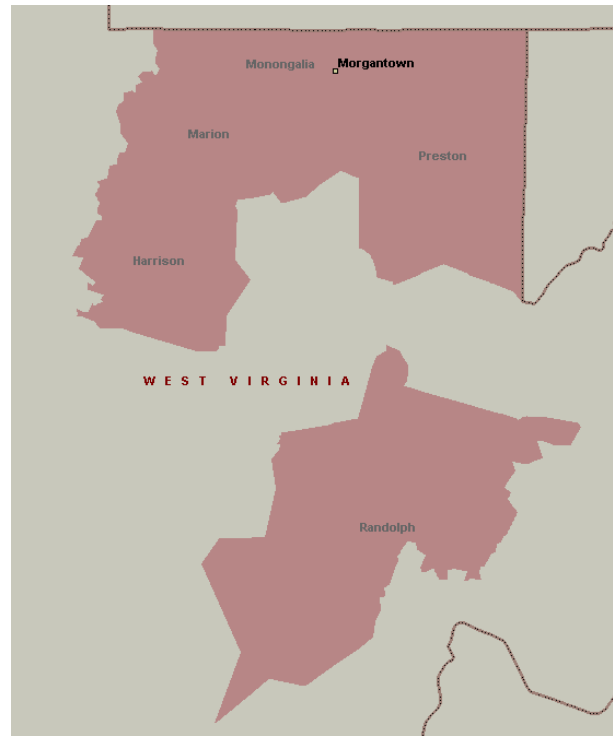
### Qualitative Data:

- Key Informant Interviews were conducted with key community leaders. Information from fifteen participants represented a variety of sectors including public health and medical providers, community resources, and a religious organization.

### III. SERVICE AREA POPULATION AND VITAL STATISTICS

#### SERVICE AREA

A service area is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of healthcare providers, hospitals are the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the service area. The service area counties for Monongalia General Hospital includes Monongalia, Marion, Preston, Harrison and Randolph counties.



Based on the hospital discharge data of patient discharges for calendar year 2012, the service area is represented by the zip codes shown in Exhibit 1. As seen in this exhibit, the bulk of the service area is concentrated in Monongalia County, West Virginia.

**Exhibit 1 - Summary of Inpatient Discharges by Zip Code (2012)**

Zip Code	County, State	Discharges	Percent of Total Discharges	Cumulative Percent
26508	Monongalia, WV	1,379	19%	19%
26505	Monongalia, WV	1,125	15%	34%
26554	Marion, WV	933	13%	46%
26501	Monongalia, WV	876	12%	58%
26525	Preston, WV	359	5%	63%
26354	Taylor, WV	278	4%	67%
26537	Preston, WV	273	4%	71%
26541	Monongalia, WV	192	3%	73%
26570	Marion, WV	186	3%	76%
26241	Randolph, WV	185	3%	78%
26542	Preston, WV	171	2%	81%
26444	Preston, WV	146	2%	83%
26301	Harrison, WV	142	2%	84%
26416	Barbour, WV	141	2%	86%
21550	Garrett, PA	139	2%	88%
26547	Preston, WV	120	2%	90%
26330	Harrison, WV	116	2%	91%
26582	Marion, WV	103	1%	93%
15349	Greene, PA	97	1%	94%
26201	Upshur, WV	96	1%	95%
26764	Preston, WV	94	1%	97%
26519	Preston, WV	84	1%	98%
15478	Fayette, PA	83	1%	99%
15474	Fayette, PA	77	1%	100%
Source: WVHCA 2012 Uniform Bill Discharges		7,395	100%	

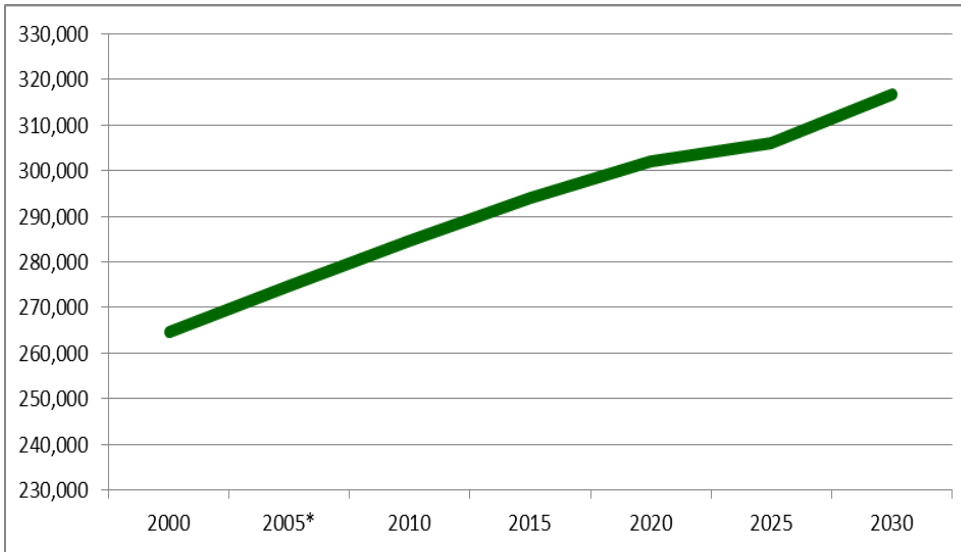


## DEMOGRAPHICS

### Population

The population in the service area was forecasted based on data provided by the U.S. Census Bureau. The U.S. Census Bureau has compiled population and demographic data based on the 2000 and 2010 census. This data was extrapolated to estimate population trends from 2000 through 2030. As seen in Chart 1, the population of the service area is projecting a steady increase through at least 2020, slightly decline through 2025 and another steady increase to 2030. While the total population is expected to grow, the utilization of healthcare services is not solely based on the population, but rather largely defined by the age groups that make up the total population. The aging population provides for a steady demand for healthcare services.

**Chart 1**  
**Population of the Service Area: 2000-Estimated 2030**

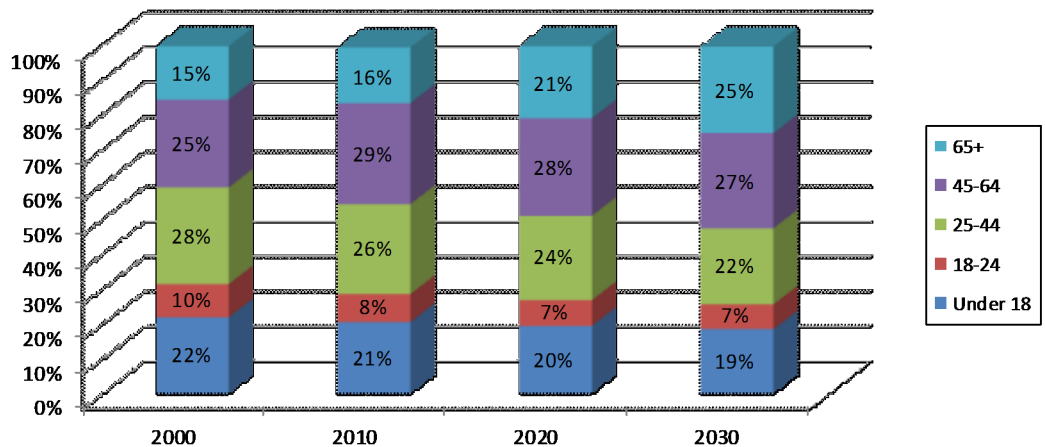


SOURCE: [http://www.be.wvu.edu/demographics/documents/WVPopProjectionbyCounty2011\\_001.pdf](http://www.be.wvu.edu/demographics/documents/WVPopProjectionbyCounty2011_001.pdf)

As seen in Chart 1, the population of the service area is projecting a steady increase through at least 2020, slightly decline through 2025 and another steady increase to 2030. While the total population is expected to grow, the utilization of healthcare services is not solely based on the population, but rather largely defined by the age groups that make up the total population. The aging population provides for a steady demand for healthcare services.

**Chart 2**  
**West Virginia**  
**Actual & Projected Population by Age Distribution**

Chart 2 presents the actual population in years 2000 and 2010 and the population projections by age category for the years 2020 and 2030 for West Virginia. As shown in this chart, the age category that utilizes healthcare services the most, 65 years and over, is projected to increase approximately 10% over the projected period.

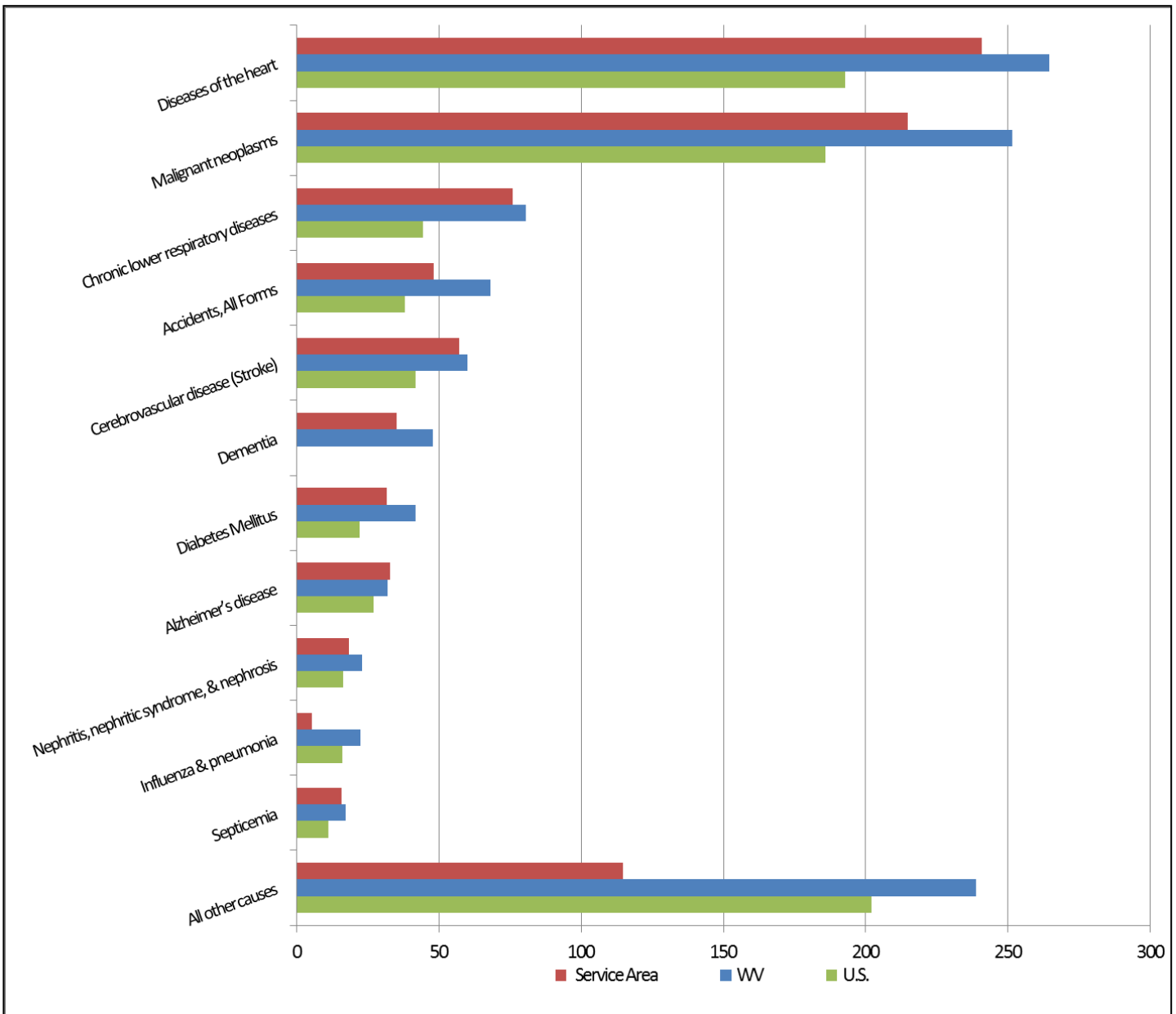


SOURCE: "Population Projections for West Virginia Counties." Bureau of Business and Economic Research, College of Business and Economics, West Virginia University, August 2011.

## Vital Statistics

Chart 3 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 thousand residents.

**Chart 3**  
**Service Area and United States**  
**Comparison of Rates for Selected Causes of Death**  
**2010**



Source: <http://www.wvdhhr.org/bph/hsc/pubs/vital/2010/2010Vital.pdf>



## IV. SOCIOECONOMIC CHARACTERISTICS OF THE SERVICE AREA

### EMPLOYMENT

Exhibit 2 details the percentage of those employed by each major industry of the service area, the State of West Virginia and the United States.

In addition to Monongalia General Hospital, the major employers that support the city of Morgantown and the surrounding areas include:

- West Virginia University
- West Virginia University Hospitals
- Mylan Pharmaceuticals, Inc.
- Monongalia County Board of Education
- University Health Associates
- Teletech Customer Care Management (WV), Inc.
- Walmart Associates, Inc.
- The Kroger Company

**Exhibit 2  
Employment by Major Industry  
2012**

Major Industries	Service Area	West Virginia	United States
Education, health care and social assistance	27%	26%	23%
Retail services	10%	12%	12%
Manufacturing	9%	9%	11%
Arts, entertainment and recreation	9%	9%	9%
Professional and scientific	6%	7%	11%
Construction	8%	7%	7%
Transportation and warehousing	5%	6%	5%
Finance, insurance and real estate	4%	4%	7%
Other service industries	5%	5%	5%
State and local government	8%	6%	5%
All other occupations	9%	9%	7%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: [http://factfinder2.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

**Exhibit 3  
Unemployment Rates  
Five Year Average**

Exhibit 3 presents the five-year average resident unemployment rates for the counties in the service area, the State of West Virginia and the United States for 2008-2012. As Exhibit 3 illustrates, the unemployment rates are below that of the state and U.S. in all but one county in the service area.

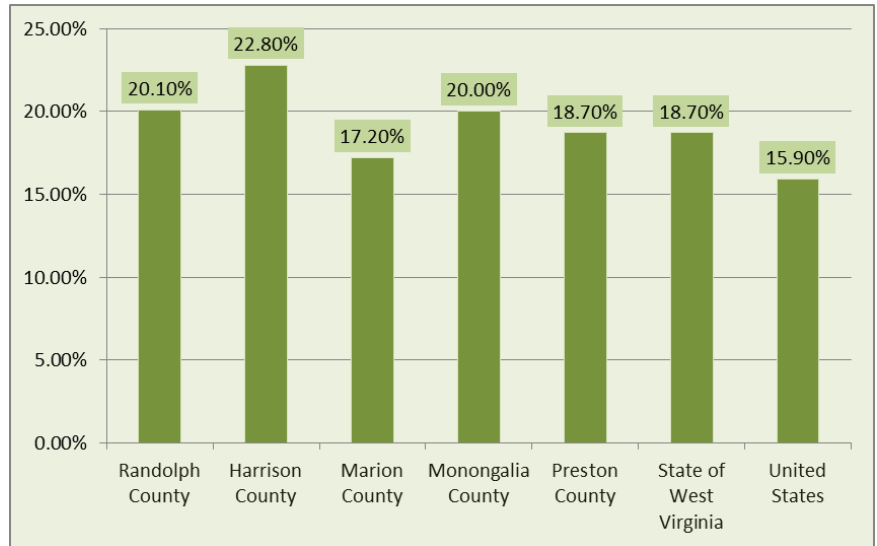
Counties	2008-2012
Harrison County	6.90%
Marion County	5.40%
Monongalia County	6.20%
Preston County	6.70%
Randolph County	8.20%
<b>State of West Virginia</b>	<b>7.50%</b>
<b>United States</b>	<b>8.70%</b>

SOURCE: U.S. Census Bureau American FactFinder, Economic Characteristics.

**INCOME**

**Exhibit 4  
Percent of Adults Living in Poverty  
2011**

Exhibit 4 presents the change in the percentage of adults living in poverty in 2011 for the counties included in the service area, the State of West Virginia and the United States. As Exhibit 4 illustrates, Harrison County experienced the highest percentage of adults living in poverty while Marion County experienced the lowest percentage. Preston was equal to the State of West Virginia percentage, yet all counties in the service area and state were higher than the United States.



*SOURCE: United States Department of Agriculture, Economic Research Service.  
Data Sets: County-Level Poverty Data.*

Exhibit 5 presents the median household and family income for the service area counties, the State of West Virginia and the United States as of 2012. Marion County was comparable to West Virginia for Median Household Income with only one remaining county below the state average. However, all counties and the state were significantly below the United States average. For the Median Family Income, Monongalia County was greater than the United States average. Of the remaining counties, all but one were comparable to or better than the state average.

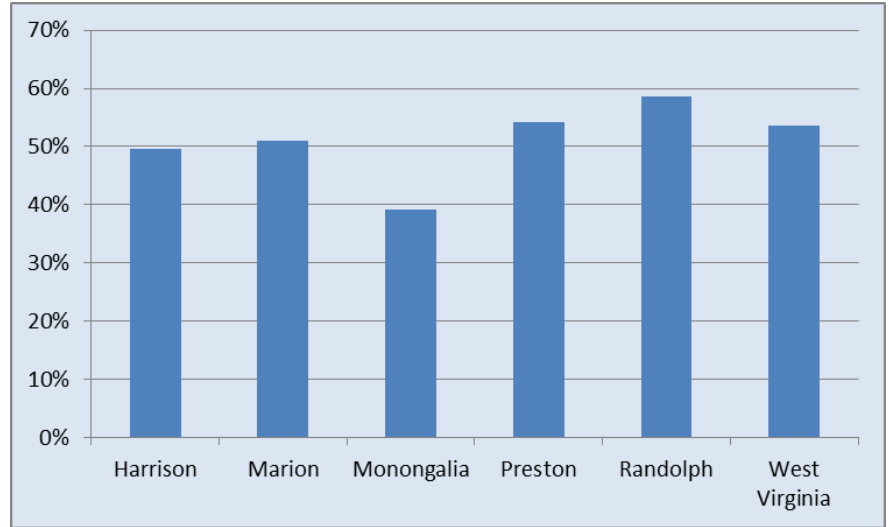
**Exhibit 5  
Median Household Income and Family Income  
2012**

<b>Location</b>	<b>Median Household Income</b>	<b>Median Family Income</b>
Harrison County	\$41,799	\$51,697
Marion County	\$40,827	\$54,274
Monongalia County	\$41,326	\$66,408
Preston County	\$45,538	\$52,438
Randolph County	\$37,350	\$49,949
<b>State of West Virginia</b>	<b>\$40,400</b>	<b>\$51,770</b>
<b>United States</b>	<b>\$53,046</b>	<b>\$64,585</b>

*SOURCE: U.S. Census Bureau American FactFinder, Economic Characteristics.*

**Chart 4**  
**Average Percent of Students Enrolled in School**  
**Approved for Free or Reduced Price Lunches**  
**2007 — 2011**

Chart 4 presents the average percentage of students enrolled in school who are approved for free or reduced price lunches for each county of the service area and the State of West Virginia for years 2007-2011. Research facilitated by the Annie E. Casey Foundation, and reported in Kids Count statistics, shows that the average percentage for each county in the service area ranged from approximately 39% to 59%. All counties were at or below the state average with the exception of Randolph county.



SOURCE: Kids Count Data Center, <http://datacenter.kidscount.org>

**EDUCATION**

The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 6 presents the distribution of education levels for the service area, State of West Virginia and the United States for 2008-2012. Although the service area had higher levels of high school graduates when compared to the United States average, the attainment of a college degree was lower in the service area than the United States average.

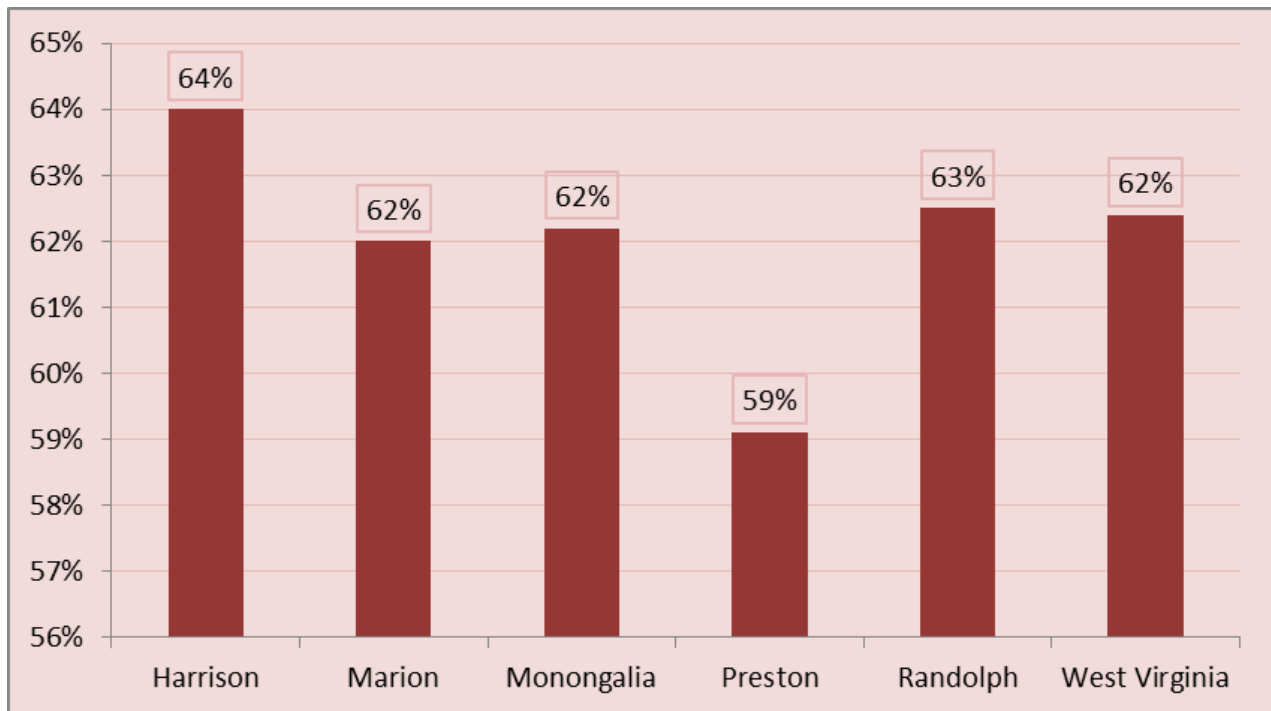
**Exhibit 6**  
**Highest Level of Education Attained**  
**2008—2012**

	Service Area	West Virginia	United States
Less than 9 <sup>th</sup> grade	4.51%	6.20%	6.40%
Some high school	9.20%	10.40%	9.10%
High school graduate	39.65%	40.90%	29.30%
Some college	17.81%	18.50%	20.30%
Associate’s degree	5.43%	6.10%	7.40%
Bachelor’s degree	13.43%	11.00%	17.40%
Graduate or professional degree	9.97%	6.90%	10.10%

SOURCE: U.S. Census Bureau American FactFinder, 2007-2011 American Community Survey

Access and participation in early education programs is another important determinant in the future success of students in a population. Chart 5 provides the percentage of four-year-olds enrolled in a pre-kindergarten program as of 2013. Enrollment rate averages for the counties in the service area range from 59% in Preston County to 64% in Harrison County. All counties were at or above the state average with the exception of Preston County.

**Chart 5**  
**Percentage of Four Year Olds Enrolled in a**  
**Qualified Pre-Kindergarten Program**  
**2013**



SOURCE: Kids Count Data Center, <http://datacenter.kidscount.org>



## V. HEALTH STATUS INDICATORS

There are many factors which can influence a population’s overall health and well-being including health behaviors, social and economic factors, physical environment and access to clinical care. The Robert Wood Johnson Foundation tracks multiple indicators that provide insight into health behaviors and lifestyle. This Foundation’s data findings are published annually in the County Health Rankings report. Exhibit 7 represents the report’s findings for the counties in the service area. For ease of comparison, all data has been converted to percentages and represents the proportion of adults identified in each respective health status or physical environment category. The report also ranks West Virginia counties according to their summary measures of health outcomes and health factors. Those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

As shown in Exhibit 7, the results in most categories reported under health status indicators are similar among all counties. Nearly each county rank of the service area counties falls within the top 50th percentile of counties in West Virginia. Monongalia county ranked the healthiest county.

**Exhibit 7  
Health Behaviors  
2013**

Health Status Indicator	West Virginia					
	Monongalia	Harrison	Marion	Preston	Randolph	
Adults in fair / poor health	22%	18%	18%	24%	22%	
Adult smoking	26%	23%	21%	30%	26%	
Adult obesity	33%	32%	35%	31%	34%	
Excessive drinking	10%	8%	10%	19%	9%	
Health behaviors county ranking	1	13	19	23	31	

SOURCE:

<http://www.countyhealthrankings.org/>

Exhibit 8 provides the results as of 2013 for physical environmental factors such as limited access to healthy foods and access to recreational facilities. While results varied among counties within the service area, this study did not consider the physical location of the recreational facilities within each county. Most likely, there’s an overlap in one’s proximity to recreational facilities in the service area. Randolph County ranked healthiest in West Virginia for Physical Environment.

**Exhibit 8  
Physical Environment  
2013**

Environmental Factor	Monongalia County	Harrison County	Marion County	Randolph County	Preston County
Limited access to healthy foods	10%	5%	5%	3%	6%
Access to recreational facilities	10	13	11	10	3
County ranking	43	26	31	4	40

Source: <http://www.countyhealthrankings.org/>

## Clinical Care

Chart 6 includes measures related to clinical care:

- **Uninsured:** percent of population under age 65 without health insurance. All counties in the service area counties were comparable to the state.
- **Preventable hospital stays:** hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees. For those in the service area, Monongalia county had the lowest rate while Randolph county had the highest.
- **Diabetic screening:** percent of diabetic Medicare enrollees that received the HbA1c screening. All service area counties were comparable to the state percentage.
- **Mammography screening:** percent of female Medicare enrollees that receive mammography screening. All counties were above the state percentage.

**Chart 6  
Clinical Care**

Measure	West Virginia	Harrison	Marion	Monongalia	Preston	Randolph
Uninsured	18%	19%	19%	17%	20%	20%
Preventable Hospital Stays	103	98	98	87	110	124
Diabetic Screening	83%	82%	80%	79%	87%	86%
Mammography Screening	57%	63%	58%	62%	60%	63%
Ranking for Clinical Care		11	23	5	36	19

SOURCE: <http://www.countyhealthrankings.org>. Data from 2011.

## Mental Illness

Exhibit 9 presents statistics for mental illness among persons aged 18 or older at a national level and for West Virginia from 2011 through 2012. West Virginia was listed as having one of the top five highest rates for both serious mental illness and any mental illness. Mental illness is one of the prime causes of disability on a national level.

**Exhibit 9  
State Estimates of Adult Mental Illness among Persons Aged 18 or Older  
2011-2012**

Location	Serious Mental Illness	Any Mental Illness
	%	%
National Average	3.97	18.19
West Virginia	5.48	21.38

SOURCE: State Estimates of Adult Mental Illness, The NSDUH Report, February 28, 2014

## Substance Abuse

Exhibit 10 summarizes the percentage of marijuana and illicit drug users by age group, the percentage of illicit drug dependence or abuse by age group, and the percentage of those needing but not receiving treatment for illicit drug use by age group in West Virginia and the United States. These statistics are based on the 2010-2011 National Survey on Drug Use and Health (NSDUH). References to “Past Month” and “Past Year” are related to statistics from 2010-2011.

### Exhibit 10 Selected Drug Use Percentages by Age Group 2010-2011

<b>West Virginia</b>				
<b>Measure</b>	<b>12+</b>	<b>12-17</b>	<b>18-25</b>	<b>26+</b>
<b>Illicit Drugs</b>				
Past Month Illicit Drug Use	8.04	10.08	22.08	5.67
Past Year Marijuana Use	10.37	13.61	28.79	7.20
Past Month Marijuana Use	5.98	7.33	19.69	3.74
Past Month Use of Illicit Drugs Other Than Marijuana	3.48	4.58	9.12	2.50
Past Year Cocaine Use	1.39	1.01	4.71	0.92
Past Year Nonmedical Pain Relieve Use	4.79	7.21	12.35	3.38
<b>Past Year Dependence, Abuse, and Treatment</b>				
Illicit Drug Dependence	2.09	2.45	7.73	1.18
Illicit Drug Dependence or Abuse	2.63	3.70	9.25	1.50
Needing But Not Receiving Treatment for Illicit Drug Use	2.32	3.32	8.53	1.27
<b>United States</b>				
<b>Measure</b>	<b>12+</b>	<b>12-17</b>	<b>18-25</b>	<b>26+</b>
<b>Illicit Drugs</b>				
Past Month Illicit Drug Use	8.82	10.12	21.49	6.46
Past Year Marijuana Use	11.55	14.13	30.38	7.95
Past Month Marijuana Use	6.94	7.64	18.78	4.80
Past Month Use of Illicit Drugs Other Than Marijuana	3.33	4.29	7.45	2.50
Past Year Cocaine Use	1.64	0.95	4.62	1.21
Past Year Nonmedical Pain Relieve Use	4.57	6.09	10.43	3.37
<b>Past Year Dependence, Abuse, and Treatment</b>				
Illicit Drug Dependence	1.84	2.54	5.36	1.14
Illicit Drug Dependence or Abuse	2.67	4.69	7.68	1.55
Needing But Not Receiving Treatment for Illicit Drug Use	2.40	4.34	7.05	1.34

SOURCE: <http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsae2011/Index.aspx>

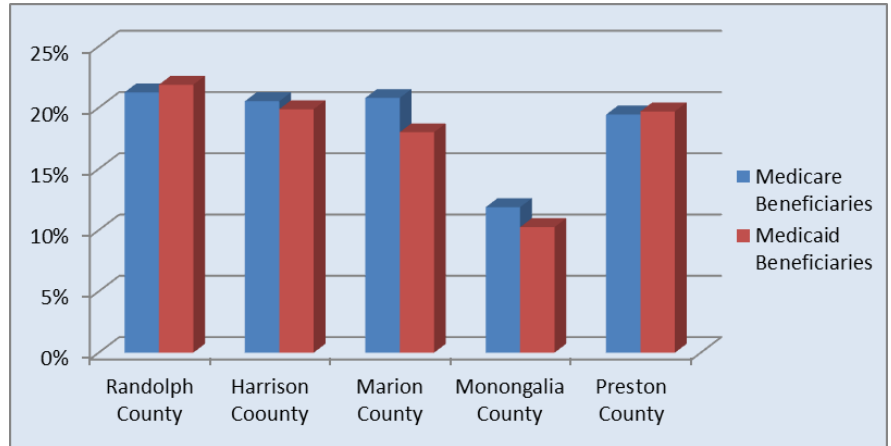


## Medicare and Medicaid Populations

High rates of Medicare and Medicaid beneficiaries in a community are an indicator of an older and/or indigent population.

Chart 7 shows the Medicare and Medicaid beneficiaries as a percent of the population by county within the service area as compared to the total population as of 2009. Two of the five service area counties contained higher Medicaid beneficiary rates than Medicare. In addition, the combined Medicare and Medicaid rates are nearly 40% in all but one county in the service area.

**Chart 7**  
**Medicare and Medicaid Beneficiaries as a Percentage of the Total Population**  
**2009**



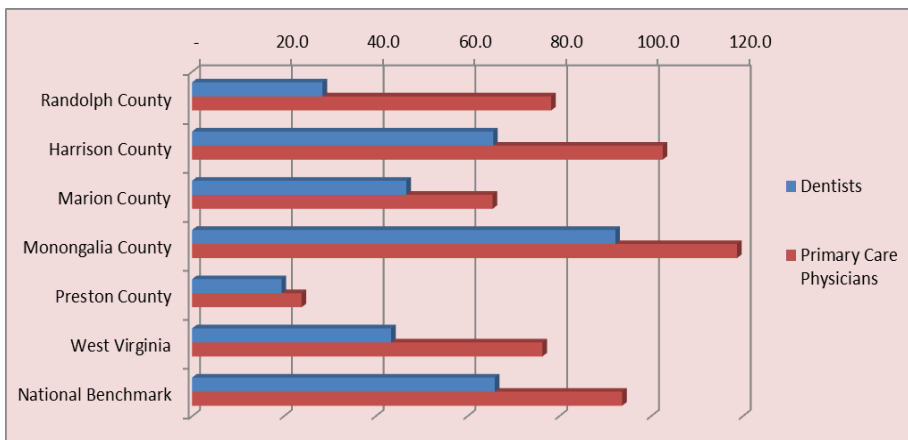
SOURCE: SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators – Access to Care by County

## Primary Care and Dental Services

Access to primary care and dental services is a critical component of a community’s overall health. An assessment of the health needs of service area residents should consider the availability of primary care and dental services from all sources within the community. A large number of mental health patients are actually treated by a primary care physician for illnesses such as depression and

others; therefore, access to primary care has a direct bearing on mental health treatment. Chart 8 presents the rate of primary care physicians and dentists for 2013 per 100,000 residents of each county. With regards to Dentists and Primary Care Physicians, only two counties are at or above the national benchmark. The remaining counties in the service area as well as West Virginia are significantly lower. The chart does not include mid-level practitioners which are another source of primary care services in the area.

**Chart 8**  
**Primary Care Physicians and Dentists Rate of Provider for Every 100,000 Persons**  
**2013**



SOURCE: <http://www.countyhealthrankings.org>

## Healthy Mothers, Babies and Children

The well-being of mothers, babies and children is a critical component of a community's overall health. Healthy babies and children help to improve the health of future generations. A review of public health data available included maternal smoking, percentage of low birth-weight births and teen pregnancy. According to the March of Dimes, the factors that increase the risk for low birth-weight babies include: fetal birth defects, maternal chronic health problems, maternal diabetes, maternal cigarette smoking, maternal infections, fetal infections, maternal use of alcohol and illicit drugs, placental problems, and inadequate weight gain.

As shown in Exhibit 11, only one county was higher than the state average for % of Low Birthweight Births. Preston County was at 10.8% while the remaining counties were below the state average of 9.2%. The highest percentage of births to mothers under the age of 18 was 4.2% in Randolph County. Over one-fourth of the mothers reportedly smoked during the pregnancy in three of the five service area counties as well as the state.

**Exhibit 11**  
**Pregnancy/Birth Data**

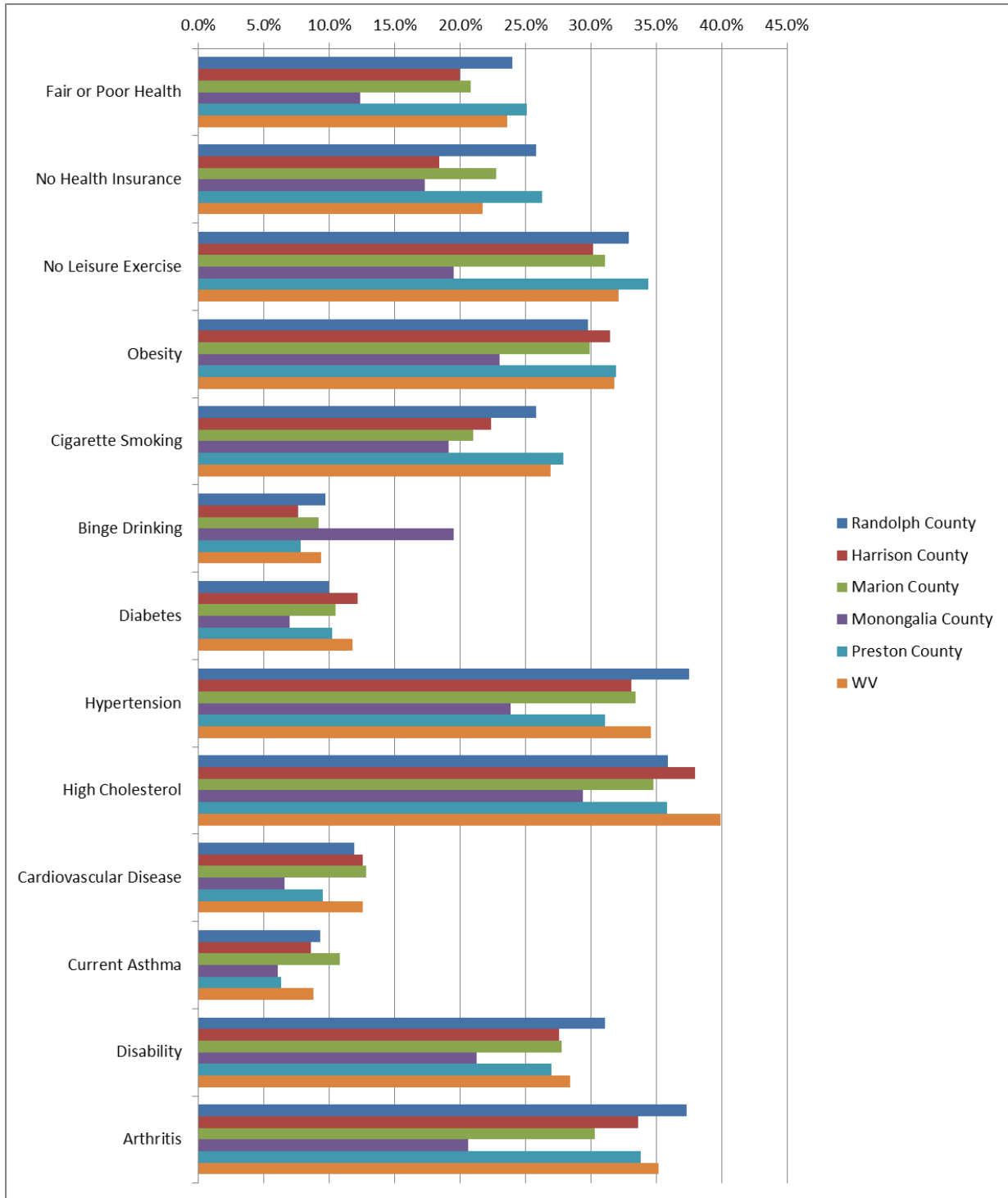
Selected Factors	SERVICE AREA					
	Randolph County	Harrison County	Marion County	Monongalia County	Preston County	WV
Birth Rate per 1,000 Population	9.6	11.5	12	10.1	9.9	11
Number of Births	283	798	677	974	332	20,471
% of Births Delivered in Hospital	99.6%	99.6%	99.4%	99.4%	99.7%	99.3%
% of Low Birthweight Births	7.1%	8.9%	9.2%	7.5%	10.8%	9.2%
% Births to Mothers Under 18	4.2%	2.5%	2.2%	1.8%	1.8%	3.4%
% of Births - Prenatal Care Began in First Trimester	83.6%	90.3%	82.3%	87.9%	83.2%	83.1%
% of Births - Prenatal Care Began in Second Trimester	14.6%	8.9%	15.6%	10.4%	12.9%	13.5%
% of Births - Prenatal Care Began in Third Trimester	0.4%	0.4%	1.60%	1.5%	2.8%	2.8%
% of Births - No Prenatal Care	1.4%	0.4%	0.4%	0.3%	1.0%	0.6%
Pregnancy Risk Factor: Alcohol Use	0.4%	0.0%	0.7%	0.6%	0.7%	0.4%
Pregnancy Risk Factor: Tobacco Use	28.6%	29.9%	22.9%	16.6%	30.7%	26.3%

SOURCE: WV Vital Statistics

## BRFSS Findings

The Behavioral Risk Factor Surveillance System measures a range of factors that can affect health. Chart 9 presents state survey results for the service area and West Virginia.

**Chart 9**  
**BRFSS Findings**



Source: West Virginia Behavioral Risk Factor Survey Report "published 9/2013"

## VI. ACCESS TO CARE

### Federally Designated Areas

The Federal government recognizes the vulnerability of populations with limited access to health care professionals. To counter the potential effects of a shortage of professionals providing primary care and dental services, special designations have been developed to recognize health care shortage areas and provide enhancements in patient service reimbursement and other incentives. The following is a brief description of these designations:

- **Health Professional Shortage Area (HPSA):** HPSAs may be rural or urban areas, a population group, or a public or nonprofit medical facility. Designation is based on population-to-physician ratios. There are separate qualifications for shortages in the areas of primary care, dental and mental health services.
- **Medically Underserved Area (MUA):** MUAs consider several health and welfare statistics of a population, including poverty, age, and infant mortality, in addition to the number of physicians serving the area.
- **Medically Underserved Populations (MUP):** Areas that do not meet the qualifications of MUA designation can qualify for MUP status if there are unusual local conditions that are a barrier to access for healthcare services.

As shifts occur in resident populations and of the practicing locations of healthcare professionals, the criteria used for initial Federal shortage designations is periodically reevaluated. Some areas previously designated as a shortage area may have seen an influx of healthcare professionals and no longer meet the requirements for designation. Conversely, if an area sees an out-migration of healthcare professionals, this area may qualify for a health shortage designation. While the patient service area as a whole is not considered for designation for the above categories, as of the date of this report two counties within this service area do fall into one or more of the healthcare shortage designations. Exhibit 12 provides the shortage designations for the areas comprising the primary and secondary service areas. While this exhibit presents the counties within the service area, the designation may only include portions within that county.

**Exhibit 12  
Federal Shortage Designations**

County	Health Professional Service Area			Medically Underserved Area / Medically Underserved Population
	Primary Care	Dental	Mental Health	
Harrison County	No	No	No	Yes
Marion County	No	No	No	No
Monongalia County	No	No	No	No
Preston County	Yes	No	No	Yes
Randolph County	No	Yes	Yes	No

SOURCE: <http://www.hrsa.gov/shortage/>

## Estimated Demand for Primary Care and Emergency Services

Utilization can be projected using national averages and population estimates. An important indicator regarding the future utilization of hospital outpatient and physician services is the size of the market for those services as determined by applying national average use rates to the population of the service area. Exhibits 13 and 14 summarize projected physician office visits and emergency department visits using national average use rates from the National Center for Health Statistics for the years 2010 and 2020.

**Exhibit 13**  
**Physician Office Visits and Emergency Department Visits**  
**Year 2010**

Age	Year 2010 Service Area Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Estimated Emergency Department Visits
0-14	44,362	2.68	118,890	0.412	18,277
15-44	123,346	2.24	276,295	0.4705	58,034
45-64	75,645	3.71	280,643	0.349	26,400
65+	41,278	6.656	274,746	0.5	20,639
<b>Total</b>	<b>284,631</b>		<b>950,575</b>		<b>123,351</b>

Population Projections : [http://www.be.wvu.edu/demographics/documents/WVPopProjectionbyCounty2011\\_001.pdf](http://www.be.wvu.edu/demographics/documents/WVPopProjectionbyCounty2011_001.pdf)

Physician & Emergency visits : [http://www.cdc.gov/nchs/ahcd/web\\_tables.htm](http://www.cdc.gov/nchs/ahcd/web_tables.htm)

**Exhibit 14**  
**Physician Office Visits and Emergency Department Visits**  
**Estimated Year 2020**

Age	Year 2020 Service Area Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Projected Emergency Department Visits
0-14	43,519	2.68	116,631	0.412	17,930
15-44	124,254	2.24	278,329	0.4705	58,462
45-64	74,198	3.71	275,275	0.349	25,895
65+	56,588	6.656	376,650	0.5	28,294
<b>Total</b>	<b>298,559</b>		<b>1,046,884</b>		<b>130,580</b>

Population Projections : [http://www.be.wvu.edu/demographics/documents/WVPopProjectionbyCounty2011\\_001.pdf](http://www.be.wvu.edu/demographics/documents/WVPopProjectionbyCounty2011_001.pdf)

Physician & Emergency visits : [http://www.cdc.gov/nchs/ahcd/web\\_tables.htm](http://www.cdc.gov/nchs/ahcd/web_tables.htm)

Based on an analysis of the current and future need for services, it appears the healthcare industry in the service area can sustain present utilization levels at physician offices and emergency departments. Examination of the population demographics suggest that the aging of the “baby boom” population would provide for stable demand in future years.

The following table includes hospital services information for those in the service area.

**Table 1  
Hospital Services**

Primary Service Area							
Hospital	Davis Memorial Hospital	Fairmont General	Louis A Johnson VA Medical Center	Monongalia County General	Preston Memorial	United Hospital Center	West Virginia University Hospital
WV County	Randolph	Marion	Harrison	Monongalia	Preston	Harrison	Monongalia
Hospital Type	General Acute	General Acute	General Acute	General Acute	Critical Access	General Acute	General Acute
<b>Emergency Services</b>							
Emergency Department	X	X		X	X	X	X
<b>Other Services</b>							
Behavioral Health		X	X				X
Community Outreach		X					X
Home Health	X	X		X		X	
Hospice			X	X		X	
IV Therapy	X			X		X	X
Lithotripsy	X	X		X		X	
Obstetrics	X	X		X		X	X
Respite Care							
Rural Health Clinic							
Sleep Studies	X	X		X	X	X	X
Wound Care		X		X		X	X
<b>Surgery</b>							
Inpatient Surgery	X	X	X	X	X	X	X
Orthopedics	X		X	X		X	X
<b>Special Care</b>							
Intensive Care Unit (ICU)	X	X		X		X	X
<b>Diagnostic Imaging</b>							
Computerized Tomography (CT)	X	X	X	X	X	X	X
DEXA Scan Bone Densitometry	X	X		X		X	X
Digital Mammography	X	X		X	X	X	X
Digital X-Ray	X	X		X	X	X	X
Echocardiography	X	X	X	X	X	X	X
General Radiology	X	X	X	X	X	X	X
Magnetic Resonance Imaging (MRI)	X	X		X		X	X
Nuclear Imaging	X	X		X	X	X	X
Position Emission Tomography (PET)	X	X		X		X	X
Tomography (SPECT)				X		X	X
Ultrasound	X	X	X	X	X	X	X
<b>Oncology Services</b>							
Cancer Program	X	X	X	X		X	X
Chemotherapy	X	X	X	X		X	X
<b>Orthopedic Services</b>							
Joint Replacement	X		X	X		X	X
<b>Subprovider Units</b>							
Skilled Nursing						X	X
Swing Beds					X		X
<b>Cardiovascular Services</b>							
Cardiac Rehab	X	X	X	X		X	X
<b>Rehabilitation</b>							
Physical Therapy	X	X	X	X	X	X	X
Occupational Therapy	X	X	X	X		X	X
Respiratory Therapy	X			X	X	X	X
Speech Therapy	X	X	X	X		X	X

Sources: Individual facilities websites, Uniform Financial Reports on file at the West Virginia Health Care Authority, American Hospital Directory

Exhibit 15 summarizes the short-term, long-term, and specialty-care inpatient beds for the hospitals in the service area.

**Exhibit 15**

**Available Hospital Beds in the Service Area, as of June 2012**

	Licensed Beds	Staffed Beds
<b>Fairmont General Hospital</b>		
Acute and Swing	130	47
ICU	14	6
Skilled nursing	-	-
Subprovider - IPF (psych)	63	43
	207	96
<b>Davis Memorial Hospital</b>		
Acute	81	81
ICU	9	9
Skilled nursing	-	-
	90	90
<b>Monongalia County General</b>		
Acute and Swing	163	159
ICU	26	26
Skilled nursing	-	-
	189	185
<b>Mountainview Regional Rehab Hospital</b>		
Subprovider - IRF (rehab)	80	80
	80	80
<b>United Hospital Center</b>		
Acute and Swing	240	213
ICU	20	20
Skilled nursing	32	32
	292	265
<b>West Virginia University Hospital</b>		
Acute and Swing	348	339
ICU	105	96
CCU	8	8
Skilled nursing	-	-
Subprovider - IPF (psych)	70	69
	531	512
<b>Preston Memorial Hospital</b>		
Acute and Swing	25	25
ICU	-	-
Skilled nursing	-	-
	25	25
<b>Total adult and pediatric beds</b>	<b>987</b>	<b>864</b>
<b>Total ICU</b>	<b>174</b>	<b>157</b>
<b>Total CCU</b>	<b>8</b>	<b>8</b>
<b>Total specialty beds</b>	<b>32</b>	<b>32</b>
<b>Total psych beds</b>	<b>133</b>	<b>112</b>
<b>Total rehab beds</b>	<b>80</b>	<b>80</b>
<b>Total</b>	<b>1,414</b>	<b>1,253</b>

SOURCE: West Virginia Health Care Authority Uniform Reports

**Services Provided**

The market share of a hospital relative to that of others in the market area may be based largely on the services required by patients and the availability of those services at each facility. While all hospitals in the service area provide short-term acute care services, some of these hospitals provide specialized inpatient and outpatient services that meet the specific needs of residents in the community. These specialized services complement other services provided within the facility and other healthcare providers operating in the service area.



## Inpatient Services

Most hospitals within the service area provide short-term acute care services to adult and pediatric patients, however there are also skilled nursing and long-term care inpatient services provided by these hospitals. Exhibit 18 presents the inpatient discharges by each patient type for all hospitals in the service area.

**Exhibit 16**  
**Inpatient Discharges by Hospital by Patient Type**  
**2012**

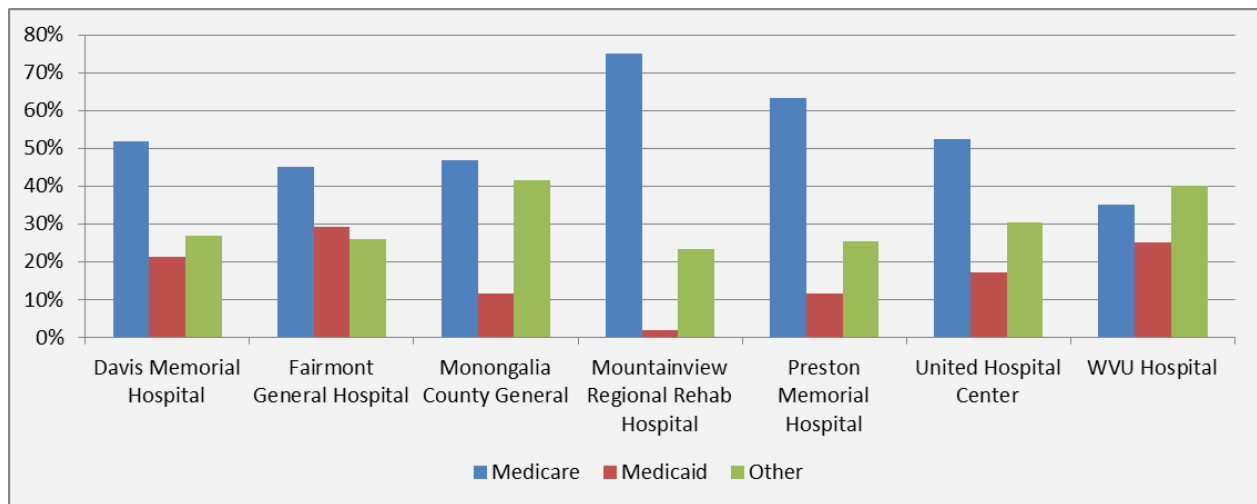
	Fairmont General Hospital	Davis Memorial Hospital	Monongalia County General	Mountainview Regional Rehab Hospital	Preston Memorial Hospital	United Hospital Center	West Virginia University Hospital
Adults and pediatrics	2,716	3,891	9,692	1,735	649	11,772	22,909
ICU	144	485	-	-	-	417	1,533
CCU	-	-	-	-	-	-	89
Nursery	373	371	932	-	-	962	1,008
Skilled Nursing Facility	-	-	-	-	-	621	200
Swing Bed - SNF	-	-	-	-	47	-	-
Nursing Facility	-	-	-	-	-	-	-
Other LTC	1,566	-	-	-	-	-	1,802
<b>Total</b>	<b>4,799</b>	<b>4,747</b>	<b>10,624</b>	<b>1,735</b>	<b>696</b>	<b>13,772</b>	<b>27,541</b>

SOURCE: West Virginia Health Care Authority, Annual Report, FY 2012

Note: In 2012, West Virginia University Hospitals converted 20 LTC beds to acute care beds.

Chart 10 presents the inpatient discharges by payer for each hospital in 2012. As shown in the chart, Medicare patients make up a significant portion of each hospital's discharges, over half for three of the four hospitals in the service area. For half of the hospitals in the service area, Medicaid accounts for over 20% of payments.

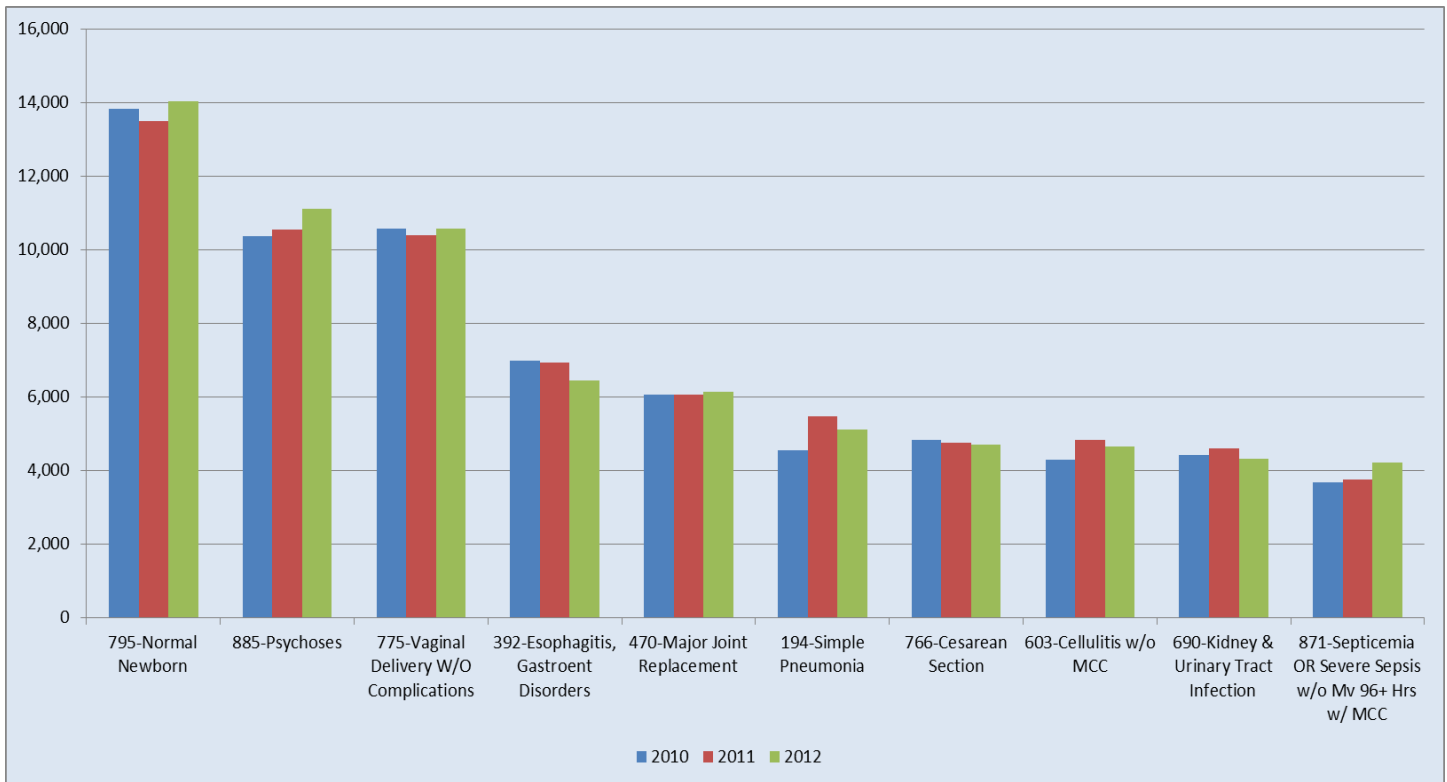
**Chart 10**  
**Inpatient Discharges by Hospital by Payer**  
**2012**



SOURCE: UFR via WVHCA (YODA), Annual Report 2012

Chart 11, WV Top 10 Diagnosis-Related Groups (MSDRGs) 2010-2012, shows each of the top 10 MSDRG by volume and the number of discharges for each of the years 2010, 2011 and 2012. The chart shows that MSDRG 885 Psychoses is the number two diagnosis based on discharge volume. This is another indication that mental health is a major problem in the state of West Virginia and that further focus needs to be given to providing additional mental health services.

**Chart 11**  
**WV Top 10 Diagnosis-Related Groups (MSDRGs)**  
**2010-2012**



Source: WVHCA 2013 Annual Report

## Outpatient Services

All hospitals in the service area provide a full range of outpatient diagnostic, emergency and surgical services. As with inpatient services, most hospitals provide specialized outpatient services that meet the particular needs of local residents. Exhibit 17 presents the outpatient visits by Hospital detailed by the type of service provided to the patient.

**Exhibit 17  
Outpatient Visits by Hospital by Patient Type  
2012**

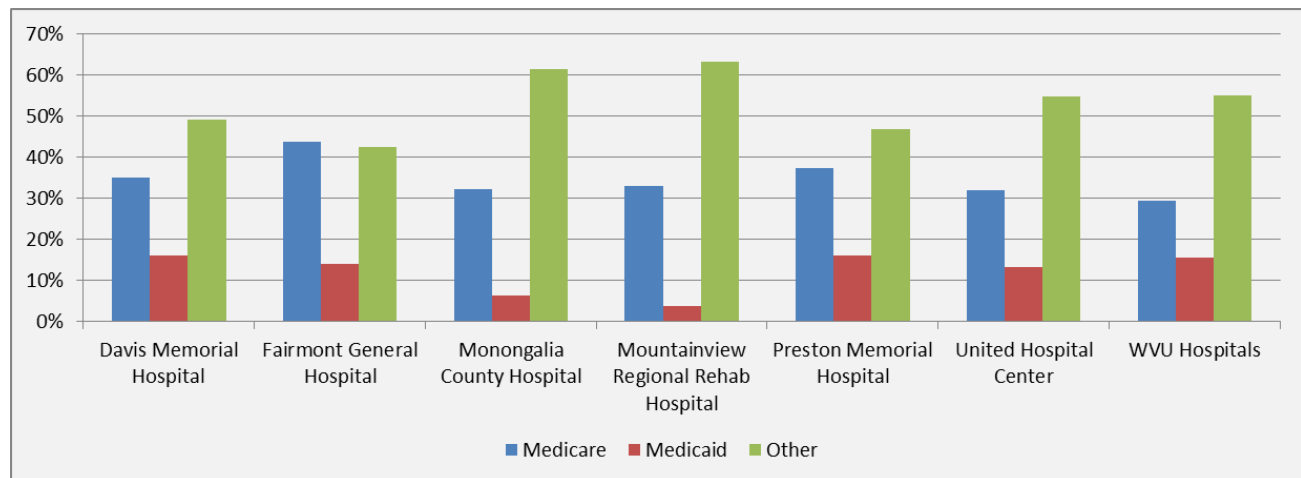
	Davis Memorial Hospital	Fairmont General Hospital	Monongalia County General	Mountainview Regional Rehab Hospital	Preston Memorial Hospital	United Hospital Center	WVU Hospitals
Diagnostic and general outpatient	91,598	91,041	119,127	8,302	42,864	250,140	575,761
Emergency room	23,719	31,952	23,211	-	8,571	46,212	30,682
Ambulatory surgery	8,264	3,016	11,867	-	922	9,258	10,598
Renal Dialysis	-	-	-	-	-	104	563
Observation Beds	2,695	2,407	3,317	-	706	3,648	5,721
Other Non Distinct	-	-	-	-	-	-	21,236
Home Health	-	11,062	-	-	-	25,665	-
Hospice	-	-	11,531	-	-	21,889	-
Clinic	21,781	-	836	-	-	55,960	8,039
<b>Total</b>	<b>148,057</b>	<b>139,478</b>	<b>169,889</b>	<b>8,302</b>	<b>53,063</b>	<b>412,876</b>	<b>652,600</b>

Source: WV Health Care Authority Uniform Financial Reports, FY 2012

Note: Hospice services Monongalia County General Hospital is now a partnership with Amedisys and Homecare a partnership with LHC Group.

Chart 12 presents the outpatient visits by payer for each Hospital in 2012. As shown in the chart, Medicare patients make up at least 30% of each hospital's outpatient business. A number of commercial insurances combine to make up a sizable portion of the Hospital's outpatient population base. This could be the result of younger populations being treated in an outpatient setting and not requiring hospitalization at the rate of the older population. In addition, younger populations typically use emergency services more frequently.

**Chart 12  
Outpatient Visits by Hospital by Payer  
FY 2012**



SOURCE: UFR via WVHCA (YODA), Annual Report 2012

## VII. COUNTY HEALTH DEPARTMENTS

County health departments provide a broad range of preventive care and primary care services designed to improve the overall health and wellness of residents by providing or assuring the provision of community based health services. Through planning and direct service delivery, these departments focus on health promotion, disease prevention and direct intervention.

Exhibit 18 provides a summary of the services provided by the county health departments located in the service area:

**Exhibit 18**  
**Summary of Services Provided by County Health Departments**

Health Department Service:	Randolph County	Harrison County	Monongalia County	Preston County	Marion County
Breast and cervical cancer screenings	X	X	X	X	X
Cancer Information Specialist	X				
Community education	X	X	X	X	X
Dental services			X		
Environmental services	X	X	X	X	X
Epidemiology	X				X
Family planning	X	X	X	X	X
General Health	X	X	X		
HIV / Aids	X	X	X	X	X
Immunizations	X	X	X	X	X
Lab screening				X	
Right from the Start		X		X	
Sexually transmitted diseases	X	X	X	X	X
Threat Preparedness	X	X	X	X	X
Tuberculosis	X	X	X	X	X
Wise Woman Program	X				
Women, Infants, and Children	X		X		

**SOURCE:** Obtained from the web pages of each respective county health department.

## VIII. RESULTS OF COMMUNITY PARTICIPATION

### ONLINE SURVEY RESULTS

The community health needs assessment includes anonymous survey results using an online survey website, which was disseminated to employees and patients of the hospital as well as other community locations. Survey responses were collected between May and June 2014.

#### Respondent Zip Codes

The online survey results were received from residents in the following zip codes:

25541      26301      26501      26505      26508      26525      26554

#### Respondent Age Groups

The survey requested that participants provide various demographic data. The ages of participants who responded were 18-24 (10%), 25-40 (40%), 41-64 (50%) and 65 or older (0%).

#### Gender, Marital Status and Race

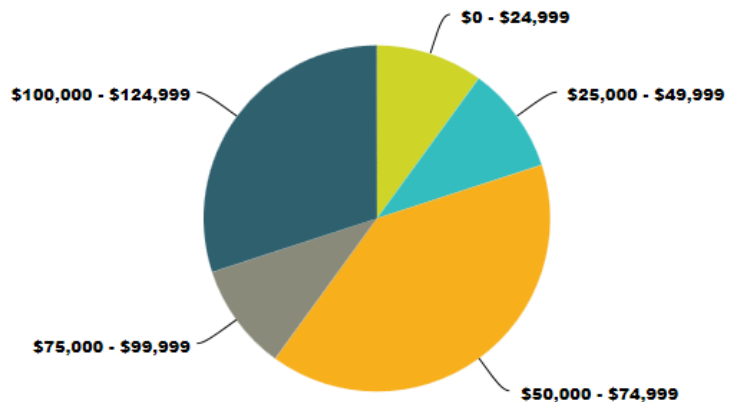
The survey respondents indicated the following information with regards to their gender, marital status and race:

- Gender: 30% were male and 70% were female.
- Marital Status: 60%-Married, 40%-Single, 0%-Divorced, 0%-Widowed, 0%-Separated/Civil Union
- Race: 90% indicated Caucasian.

#### Income

Household income varied among survey-takers:

- \$0-\$24,999: 10%
- \$25,000-\$49,999: 10%
- \$50,000-\$74,999: 40%
- \$75,000-\$99,999: 10%
- \$100,000-\$124,999: 30%
- \$125,000-\$149,999: 0%
- \$175,000-\$199,999: 0%
- \$200,000 and up: 0%

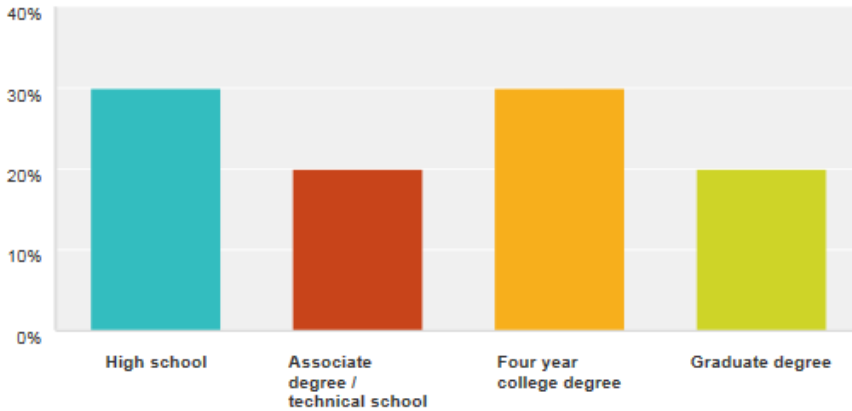


## Education

Respondents were asked:

“What is the highest level of education you have completed?”

All respondents indicated an education level of high school graduate or above.



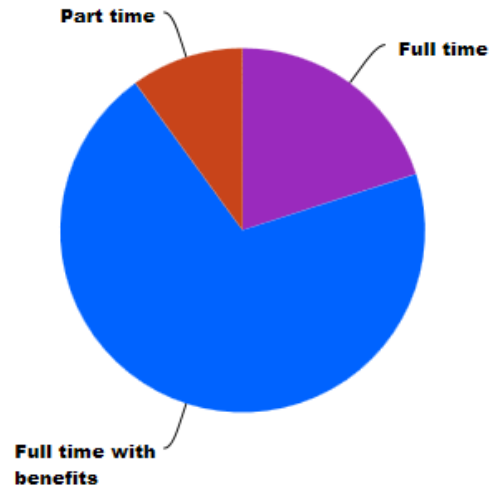
## Employment

In a separate question, surveyors were asked to provide their employment status. All respondents indicated they are working at least part time, with following percentages:

Part time: 10%

Full time: 20%

Full time with benefits: 70%



## Insurance Carriers

To further understand the potential barriers to health care, the participants were asked to list their insurance carrier. 70% of respondents indicated they are insured by a commercial carrier provided through their employer. The remaining 30% selected “Other” but manually entered the following responses: BC/BS, Health Plan, and United Health Care. Therefore, no participant indicated they are covered by Medicare or Medicaid, or are Self Pay.

## Dental Services

Respondents were asked:

“Did you receive dental care in the past 12 months?” 80% indicated “Yes” while 20% indicated “No.” For those not receiving dental care, cost and inconvenient office hours were the reasons.



## Routine Health Care



Respondents were asked:

“Do you use a primary care physician/family doctor for most of your routine health care?” 80% indicated “Yes” while 20% indicated “No.” For those not receiving services from a primary care provider, respondents indicated they use a hospital emergency room and an urgent care center for routine care.

## Health Conditions

Respondents were asked:

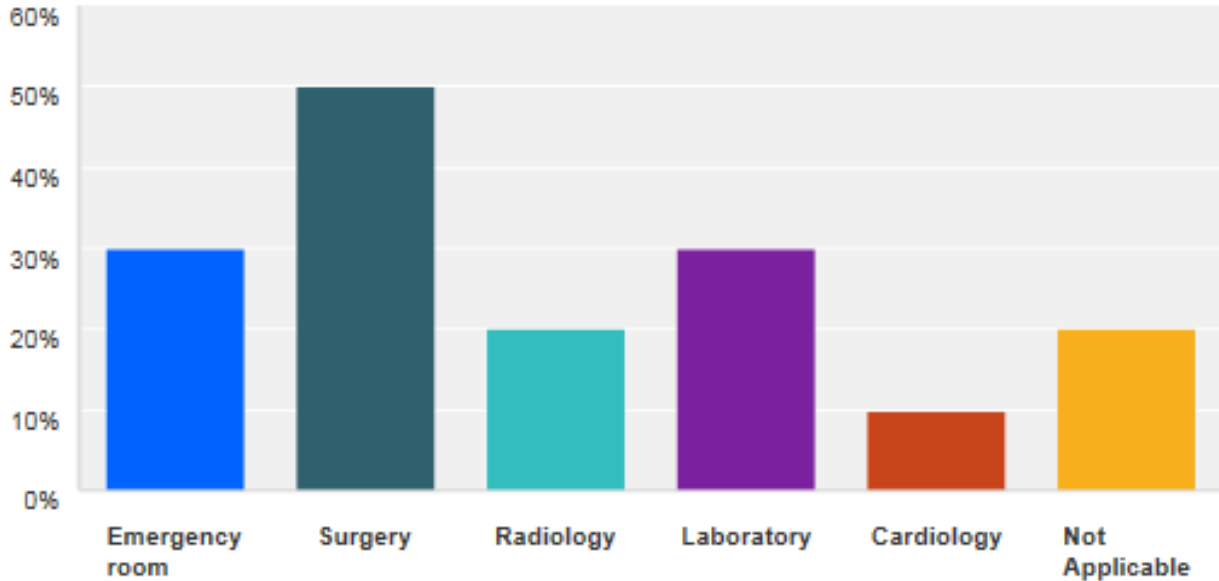
“Do you or someone in your household receive treatment for any of the following conditions?” As shown in the chart below, the top two conditions were high cholesterol and high blood pressure.

Answer Choices	Responses
High cholesterol	86%
High blood pressure	71%
Joint, bone or muscle pain	43%
Depression/anxiety disorders	29%
Cancer	14%
Bariatrics/obesity	14%
Behavioral/mental health	14%
Sleeping disorders	14%



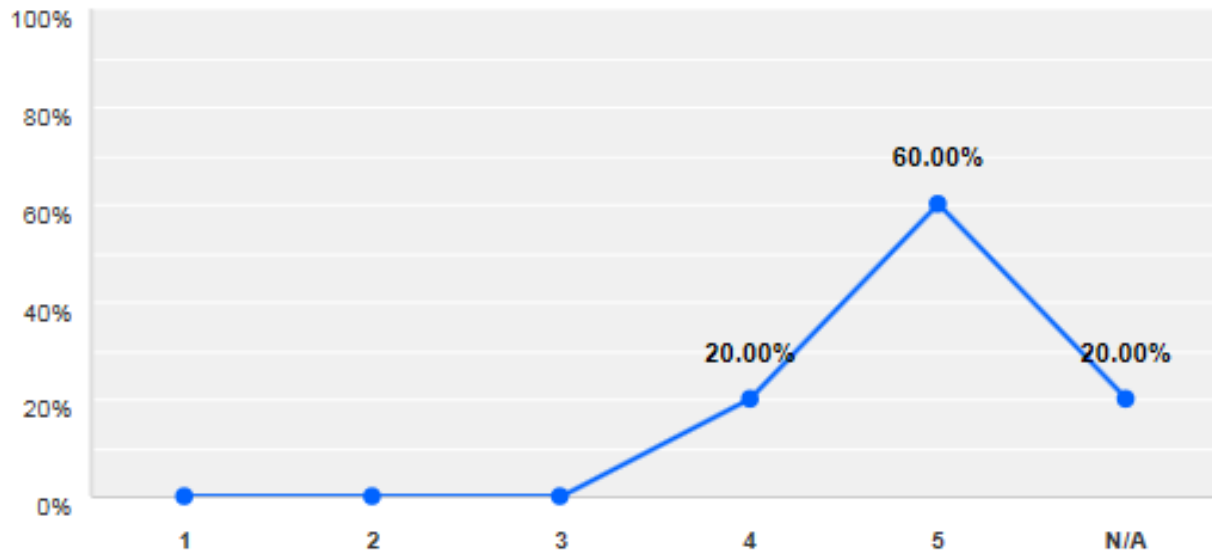
## Hospital Services

The respondents were asked which services were used while at Monongalia General Hospital. The following is the distribution of responses:



## Satisfaction

Participants were then asked to rank satisfaction level on a scale of 1 to 5 regarding the services at Monongalia General Hospital (1 was extremely dissatisfied and 5 was extremely satisfied) with the care provided. More than half of the respondents were extremely satisfied with the services that they or someone in their household received at Monongalia General Hospital.



## Specialists

Surveyors were next asked “What type of specialist have you or someone in your household been to in the past 24 months?”. The following summarizes their responses:

- Cardiology: 10%
- Gastroenterology: 10%
- General Surgery: 20%
- Oncology: 10%
- Orthopedic Surgery: 10%



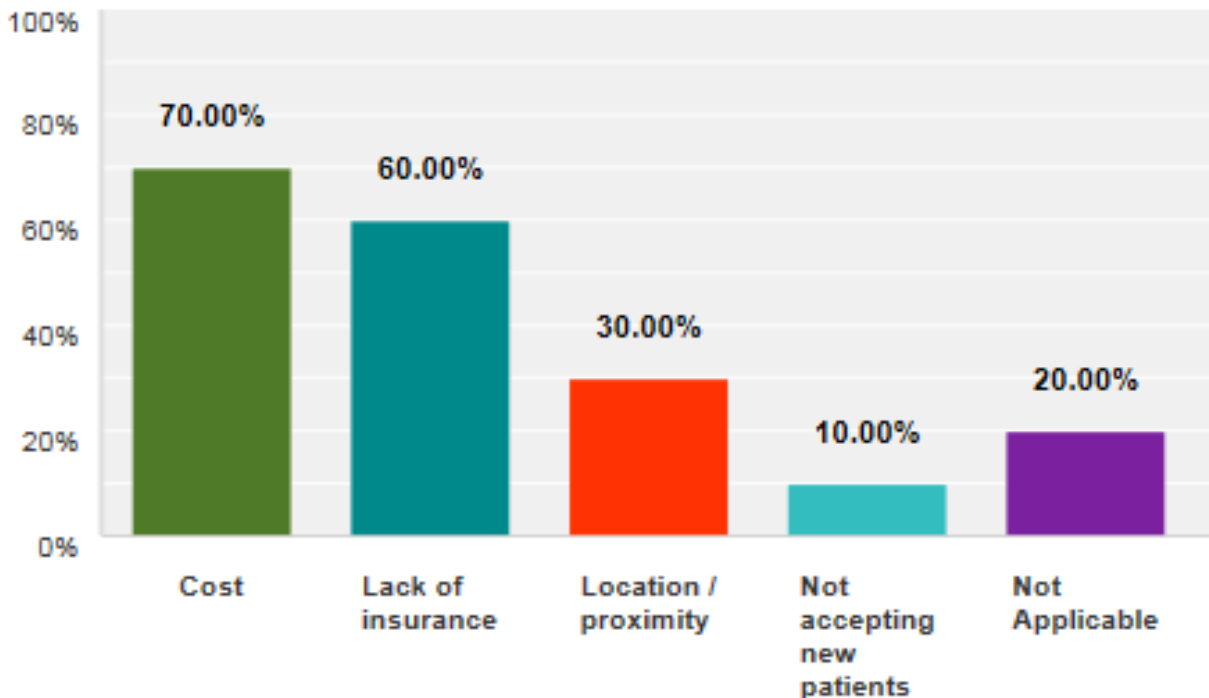
- Obstetrics & Gynecology: 10%
- Pulmonary: 10%
- Urology: 10%
- Not Applicable: 30%

## Barriers

In an effort to address significant barriers to health care in the area, the respondents were asked:

“What are the most significant barriers that keep people in the community from accessing health care when they need it?”

As shown in the chart below, the number one reason was cost.



### Additional/Expansion of Services

Surveyors were asked to indicate the three most important services which they felt should be added or expanded within the Monongalia General Hospital service area. Their responses are summarized below:

Answer Choices	Responses
▼ Cancer	43%
▼ Long Term Acute Care	43%
▼ Behavioral/Mental Health	43%
▼ Substance Abuse	29%
▼ Heart Disease	29%
▼ Depression/Anxiety Disorders	29%
▼ Diabetes	14%
▼ High Blood Pressure	14%
▼ Bariatrics/Obesity	14%
▼ Neurology Disorders	14%

## **COMMUNITY INTERVIEW RESULTS**

Selected stakeholders from the Hospital's service area provided valuable input through a series of individual interviews. Interviews were conducted in June 2014 and included discussions of the Community Health Needs in the service area:

- Current perceptions about the Hospital and overall health care in the service area
- Disparity of health between the urban and rural areas
- Type of health issues prevalent throughout the community
- Causes cited for prevalent health issues and barriers to receiving healthcare
- Potential solutions to overcoming barriers to care and decreasing prevalent health issues

In addition to hospital personnel, those interviewed included representatives from Monongalia Health Department, Mon Health Systems, West Virginia Family Grief, Milan Puskar Health Right, Arnett Foster Toothman, St. Thomas á Becket Episcopal Church, Stonerise Healthcare, and Sundale Nursing Home.

### **Health status of community serviced by Monongalia General Hospital**

Overall, those surveyed agreed that the general population of Morgantown was generally healthy. However, most felt that the communities in the surrounding areas had an overall lower level of physical wellbeing.

### **Disparity of health between the urban and rural areas**

With regards to the disparity of health between the urban and rural areas, the responses included the following:

- Limited access to primary care physicians, healthcare specialists, and dental care
- People might not be aware of what healthcare resources are available to them
- Difficulty accessing resources: longer drive times to access care sites, little or no internet access, hard to find parking in some areas of Morgantown
- Topography of area makes walking or riding a bike difficult
- Very limited public transportation in rural areas & public transportation in Morgantown is more geared towards the student population
- Few or no sidewalks for pedestrians, dangerous or even deadly to walk in road, even bike riding can be difficult & dangerous
- Tobacco use is more prevalent in surrounding areas

## **Types and causes of health issues prevalent throughout the community**

### **Types**

- Obesity
- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Disease/Stroke
- Cancer
- Dental issues
- Mental health issues
- Many common health issues caused by poor diet and lifestyle choices

### **Causes**

- Culture of acceptance of usage of tobacco and alcohol; this is more prevalent with the older generations, but has percolated down through generations down to today's youth
- Familial habits of poor diet choices: "meat & potatoes", "too much fast food", "limited knowledge of healthy eating habits"
- Fear of outcomes: some individuals will not seek medical help due to the fear of being sick
- Deferment of care: some individuals will not seek the care that they need until the problem becomes a major issue
- Some think that they can put off care and then take a "magic pill" to make themselves better
- Individuals may work in the coal industry and may have respiratory issues as a result

## **Barriers for Accessing Healthcare in the Hospital's Service Area**

- Limited options for wellness including limited access to fitness and exercise programs
- Primary care physicians often have lengthy wait times for appointments
- Deferment of care due to cost, access to care, and fear of outcomes
- Cost was often cited as a reason for health issues worsening: "insurance plans are expensive", "lower level insurance plans don't cover all needs and even subsidized premiums are an increased burden", "cost of prescription drugs", "dental care is hard to access and often too expensive & not covered by insurance", "gas for your car is expensive and drive times to receive care can be long", "child care is expensive"
- Lower literacy levels were credited for making the receipt of care more difficult: "healthcare language can be confusing, healthcare literature can be complicated, benefits are hard to understand"
- Inadequate space in drug & alcohol rehab programs
- Limited continuity of care: communication between different types of providers and different care locations is still lacking and has room for improvement

## Potential solutions identified by the interviewees

- Increase the public's knowledge of the importance of making healthy lifestyle choices
- Ensure that healthcare resources are available to all areas of the community
- Provide better access services,—specifically, dental care and mental health services
- Reduce the length of time individuals need to wait to receive a primary care visit: add more primary care locations/physicians
- Add drug & alcohol rehab facilities/programs
- Aide individuals in navigating the healthcare system: persons lacking internet access may have a more difficult time obtaining health insurance thru the health insurance exchange
- Increase competition in the healthcare market place in an effort to reduce premium cost
- Increase the availability and volume of dental care subsidies
- Streamline the continuity of patient care: some improvement with electronic medical records
- Better coordination of care between providers
- Create a mobile doctor's office that can "take patient care to the patient"
- Increased availability of exercise programs in all areas of the community
- Improve public transportation/increase availability of public transportation in rural areas
- More frequent community outreach functions such as "health fairs"
- Secure additional funding for charity programs that are already in existence

## IX. CONCLUSION

The goal of the needs assessment was to identify health issues and community needs as well as provide information to key decision makers to make 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 and interviews provided additional feedback with regards to community perception of the hospital, availability of resources and challenges as it relates to their healthcare needs.

While healthcare services are available in Morgantown, the general consensus is that those in the surrounding communities are unaware of the available resources, have limited access to care, are limited financially, and often defer treatment. In addition, the culture has contributed to poor diet, physical inactivity and increased abuse of tobacco, alcohol and prescription medication as well as illegal substances.

Based upon the results of the Community Health Needs Assessment, Monongalia General Hospital developed a three-year Implementation Strategy to address the following significant community health related needs:

- Increased education and promotion of community resources
- Utilize existing affiliations to promote healthier lifestyle choices
- Prevent chronic disease
- Improve overall health status

The medical, nursing and support staff of Monongalia General Hospital provide high tech / high touch care in a community hospital setting with a focus on providing patients with the best health care experience possible. The hospital has a strong commitment to providing personalized care and service with compassion and respect to North Central West Virginia and the surrounding region. A full range of services are provided everyday, including General Surgery, Cardiac Surgery, Cardiology, Orthopedics, the Zelda Stein Weiss Cancer Center, Imaging and the Hazel Ruby McQuain Birth Center.

The results of the CHNA has provided valuable insight to the contributing factors of health related issues faced by the residents of Monongalia County and the surrounding communities. It will assist Monongalia General Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community.