



**Monongalia General Hospital
Community Health Needs Assessment**

Morgantown, West Virginia

June 01, 2017

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OVERVIEW

Executive Summary

Under the requirements set forth in Section 9007 of the Patient Protection and Affordable Care Act (the ACA) and IRS Notice 2011-52, non-profit tax-exempt hospitals must conduct a Community Health Needs Assessment (CHNA) and Implementation Plan every three years. The objectives of a CHNA are to identify significant health issues and needs in the communities served by a hospital, to determine the gaps that may exist in the services provided, and to provide the community with useful information in order to positively impact community residents.

Monongalia General Hospital (the Hospital), a non-profit general acute care hospital located in Morgantown, West Virginia, retained the services of Adept Health and Vizient, Inc. (Vizient) to assist with the CHNA process. Vizient provides healthcare planning, policy, business development, and consulting services with offices located nationwide. Vizient delivers comprehensive transformational strategies that address healthcare's most pressing challenges, including improving the quality of care, increasing efficiency, and driving growth and profitability. Adept Health is a wholly owned subsidiary of Novant Health and focuses on building partnerships with healthcare organizations to provide consulting services, management collaboration, and operational efficiencies. Adept Health's goal is to assist hospitals and the communities they serve through a wide range of partnership models that preserve local market ownership and autonomy while helping address partner needs across a continuum of offerings to deliver best-in-class services. Partnering with the Hospital since 2014, Adept Health has delivered on significant operational and strategic projects, including supply chain strategy, service line strategic planning, and medical staff development policy.

The primary goals of the CHNA include the following:

- Defining the patient population served by the Hospital and the communities from which this population originates;
- Determining community health needs and resources;
- Identifying significant gaps in the provision of services; and
- Mitigating barriers to meeting any needs that may exist and that the Hospital has the resources and expertise to successfully achieve through the development of an Implementation Plan.

Utilizing data from various sources and interviews with Hospital representatives and community stakeholders, the CHNA incorporates the aforementioned requirements and identifies the following prioritized health needs:

1. Cardiopulmonary Disease
2. Obesity/Diabetes/Inactivity
3. Cancer
4. Smoking
5. Mental Health/Substance Abuse/Addiction

The CHNA will guide the development of a separate Implementation Plan that will identify how the Hospital will address the identified needs, as well as a description of any needs that will not be addressed together with why the certain needs will not be addressed.

Details on the findings from the CHNA can be found in the following pages.

Hospital & Community Profile

Monongalia General Hospital Profile

The Hospital is a 189-bed general acute care hospital located in Morgantown, Monongalia County, West Virginia. Morgantown is 150 miles northeast of Charleston, West Virginia and 60 miles south of Pittsburgh, Pennsylvania.

The efforts to create Monongalia County Hospital, later known as Monongalia County General Hospital Company, were spearheaded in the early 1920s by the volunteer Women's Hospital Association and officially sanctioned by the Monongalia County government with the appointment of a voluntary board in 1923. In 1943, Monongalia County appointed an independent board of directors to govern the Hospital, and in 1972, the Hospital merged with St. Vincent Pallotti Hospital.

The Hospital is accredited by The Joint Commission. Today, the Hospital provides services to approximately 9,800 inpatients, 84,500 outpatients, and 31,200 emergency patients annually.

Programs and Services

The Hospital offers a full range of services, including general surgery, cardiac surgery, endoscopy services, orthopedic services, and emergency services. The Hospital also provides services at the following centers: the Warren T. Anderson M.D Center for Cardiac Care, the Zelda Stein Weiss Cancer Center, the Hazel Ruby McQuain Birth Center, and the Women's Imaging Center.

The Hospital owns and operates a number of physician practices, providing services that include primary care, obstetrics/gynecology, general surgical services, gynecologic surgery, cardiology, cardiothoracic surgery, oncology, neurology, urology, pulmonology, and gastroenterology.

Since 2014, the Hospital has expanded its physician practice locations by acquiring multiple clinic sites and has recently developed a Medical Office Park on the local campus in Morgantown. The Medical Office Park will house multiple physician specialties, including primary care and cardiology. Additionally, the Hospital has continued to expand its services, including the addition of radiation therapy, in order to meet the needs of its patients.

System Profile

Mon Health System, the parent company of the Hospital, was formed in 1982 to aid in strategic planning and to manage all of its affiliated entities under a common philosophy. The Hospital is the flagship member of Mon Health System.

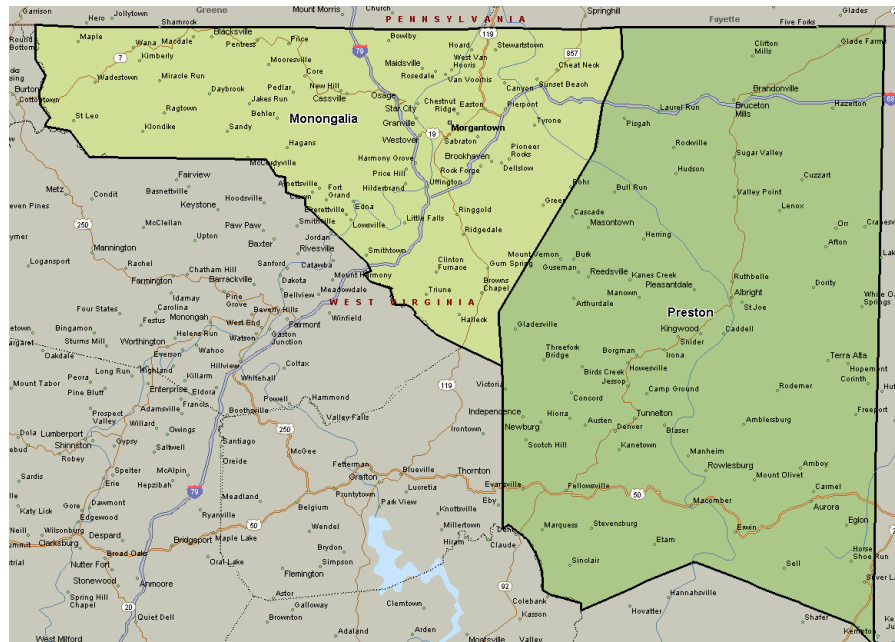
Mon Health System’s affiliates include the following:

- Preston Memorial Hospital, a 25-bed acute care, critical access hospital located in Kingwood, West Virginia
- Monongalia EMS, a provider of rescue and emergency transport services
- Mon HealthCare Equipment and Supplies, a medical product solutions provider
- The Village at Heritage Point, a retirement community located in Morgantown

Additional affiliations include HealthWorks Rehab and Fitness, HealthSouth Mountain View Rehabilitation Hospital, Morgantown Hospice, and the Surgical Eye Center of Morgantown.

Community Profile

For the purposes of this assessment, the Hospital’s service area is defined as Monongalia County and Preston County. Approximately 60% of the Hospital’s patients reside in these two counties. Monongalia County and Preston County have a population of just over 150,000.



METHODOLOGY

Process & Methodology

Developing an understanding of a community's health, social, and environmental needs allows healthcare organizations to design and implement strategies that focus on mitigating any challenges that at-risk populations may encounter when seeking healthcare services. A CHNA helps recognize a community's health needs related to prevention, detection, diagnosis, treatment, and follow-up.

Quantitative data from a variety of sources was collected and analyzed to depict population, household income, education, and other healthcare statistics. This includes data from an electronic survey conducted by West Virginia University's School of Public Health. Other sources of data include Esri, the US Census Bureau, the Centers for Disease Control and Prevention, and the Robert Wood Johnson Foundation. A complete list of sources is available in the Appendix. Qualitative data was collected through interviews with the Hospital's management, staff, physicians, and community stakeholders.

Where applicable, information about the service area was compared to that of the State of West Virginia and the United States. Once data was collected, analyzed, and interpreted, meetings were held with the Hospital's leadership to discuss key findings in order to refine findings and prioritize the gaps in community needs and services.

Information Gaps

A number of data limitations should be recognized when interpreting the results of the CHNA. For example, some of the data is not reported on a regular basis and is therefore several years old. Additionally, some of the data is available only at the state level, which does not allow for assessing the health indicators and needs at a more granular level (i.e., county and local levels). This CHNA also incorporates survey findings from West Virginia University's School of Public Health. The results of the survey are limited to Monongalia County and do not necessarily capture some of the views of the residents of neighboring Preston County. Further, the themes identified during the interviews were likely subject to the experience of the individuals selected to provide input. The findings of this CHNA may differ from those of others conducted in the community as a result of differences in data sources, communities assessed, and prioritization processes.

DEMOGRAPHICS

Population

The service area population is projected to increase by 17.1% between 2010 and 2021 to nearly 152,000 residents. This is higher than the statewide average (5.7%) and the national average (9.3%). For the same period, Monongalia County projects the greatest increase with 19.5% growth, followed by Preston County at 10.1%. The service area population represents approximately 7% of the statewide population of approximately 1.9 million residents.

POPULATION BY TERRITORY, 2010-2021				
Territory	2010 Actual	2016 Actual	2021 Forecast	2010-2021 ▲
United States	308,745,538	323,580,626	337,326,118	9.3%
West Virginia	1,852,994	1,914,436	1,959,308	5.7%
Monongalia County	96,189	106,262	114,916	19.5%
Preston County	33,520	36,240	36,913	10.1%
Service Area Total	129,709	142,502	151,829	17.1%

Source: Esri & US Census Bureau

Race & Ethnicity

Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

The Hispanic service area population totals only 2,736 residents. This represents 1.9% of the service area population, which is significantly lower than the national rate of 17.9% and similar to the statewide rate of 1.6%.

SERVICE AREA HISPANIC POPULATION, 2016					
Territory	Total Population	Non-Hispanic Population	Percent Population Non-Hispanic	Hispanic or Latino Population	Percent Population Hispanic or Latino
United States	323,580,626	265,659,694	82.1%	57,920,932	17.9%
West Virginia	1,914,436	1,883,805	98.4%	30,631	1.6%
Monongalia County	106,262	103,924	97.8%	2,338	2.2%
Preston County	36,240	35,841	98.9%	399	1.1%
Service Area Total	142,502	139,766	98.1%	2,736	1.9%

Source: Esri & US Census Bureau

The largest population cohorts in the Hospital’s service area are White (91.9%), Black (3.2%), and Asian (2.4%).

SERVICE AREA RACE, 2016									
Territory	White	Black	American Indian	Asian	Pacific Islander	Some Other Race	Two or More Races	Total %	Total Population
United States	68.9%	13.0%	1.0%	6.1%	0.2%	7.2%	3.6%	100%	323,580,626
West Virginia	93.1%	3.5%	0.2%	0.9%	0.0%	0.4%	1.8%	100%	1,914,436
Monongalia County	90.2%	3.8%	0.2%	3.2%	0.0%	0.4%	2.1%	100%	106,262
Preston County	97.0%	1.3%	0.2%	0.2%	0.0%	0.2%	1.0%	100%	36,240
Service Area Total	91.9%	3.2%	0.2%	2.4%	0.0%	0.4%	1.8%	100%	142,502

Source: Esri & US Census Bureau

Household Income

The service area household income is approximately 7% higher than West Virginia’s average of \$55,306, but approximately 30% lower than the national average of \$77,008. Approximately 16% of the service area residents earn over \$100,000 per year compared to 14% of West Virginia residents and 24% of residents nationwide. Between 2016 and 2021, the projected percentage of higher income households (\$150,000+) in the service area will grow to 6.6%.

SERVICE AREA HOUSEHOLD INCOME DISTRIBUTION, 2016											
Territory	\$0 - \$15,000	\$15 - \$24,999	\$25 - \$34,999	\$35 - \$49,999	\$50 - \$74,999	\$75 - \$99,999	\$100 - \$149,999	\$150 - \$199,999	\$200,000 +	Total %	Average
United States	12.5%	10.1%	10.1%	13.3%	17.7%	12.3%	13.4%	5.3%	5.4%	100%	\$77,008
West Virginia	16.7%	14.2%	12.3%	14.8%	18.0%	10.5%	9.2%	2.6%	1.8%	100%	\$55,306
Monongalia County	21.0%	12.3%	10.0%	12.4%	15.9%	10.8%	10.7%	3.7%	3.1%	100%	\$60,699
Preston County	12.5%	13.8%	12.2%	17.6%	22.8%	10.0%	7.5%	2.1%	1.4%	100%	\$54,520
Service Area Total	19.0%	12.7%	10.5%	13.6%	17.5%	10.7%	9.9%	3.3%	2.7%	100%	\$59,256

Source: Esri & US Census Bureau

SOCIOECONOMIC FACTORS

Social determinants of health, such as economic stability, education, and unemployment, affect access to care and a community’s ability to engage in healthy behaviors. Research has shown that indicators such as poverty, lower education levels, and in some instances, race or ethnicity, can be associated with greater risk factors and poorer health outcomes.

Education Levels

Americans with more education have been found to live longer, healthier lives than those with fewer years of schooling due to better jobs, higher incomes, access to healthcare benefits, and social and psychological benefits. The table below shows that the service area has a lower percentage of residents who have attained a Bachelor’s Degree (17.0%) when compared to the national average of 18.8%, but a higher percentage when compared to the statewide rate of 11.8%.

Monongalia County has a considerably higher percentage of residents aged 25 years and older who have attained a Bachelor’s Degree (20.5%) or graduate/professional degree (19.0%) than in Preston County (8.9% and 4.4%, respectively).

POPULATION 25+ BY EDUCATIONAL ATTAINMENT LEVEL, 2016					
	United States	West Virginia	Monongalia County	Preston County	Service Area
Total Population 25+	218,022,951	1,364,809	62,620	26,982	89,602
Less than 9th Grade	5.5%	4.7%	2.4%	5.3%	3.3%
9th - 12th Grade, No Diploma	7.3%	9.8%	5.7%	10.8%	7.2%
High School Graduate	23.6%	34.4%	24.7%	38.4%	28.9%
GED/Alternative Credential	4.0%	7.0%	5.8%	9.6%	6.9%
Some College, No Degree	20.9%	18.4%	16.8%	17.2%	17.0%
Associate Degree	8.2%	6.5%	5.0%	5.4%	5.1%
Bachelor's Degree	18.8%	11.8%	20.5%	8.9%	17.0%
Graduate/Professional Degree	11.6%	7.4%	19.0%	4.4%	14.6%

Source: Esri & US Census Bureau

Poverty

Poverty creates barriers to access including healthcare services, healthy food, and other necessities that contribute to poor health status. Within the service area, nearly 19.0% or 24,500 residents are living in households with income below the Federal Poverty Level. West Virginia (18.0%), including Monongalia County (19.6%) and Preston County (17.0%), has more residents living in poverty than on average nationwide (14.7%).

POPULATION LIVING IN POVERTY, 2015			
Territory	Total Population	Population in Poverty	Percent Population in Poverty
United States	313,476,400	46,153,077	14.7%
West Virginia	1,793,098	322,589	18.0%
Monongalia County	97,381	19,051	19.6%
Preston County	31,434	5,344	17.0%
Service Area Total	128,815	24,395	18.9%

Source: US Census Bureau, Small Area Income and Poverty Estimates

Employment

The table below details service area employment by major industry for those 16 years of age and older as compared to West Virginia and the United States.

EMPLOYMENT BY MAJOR INDUSTRY, 2016					
Industry	United States	West Virginia	Monongalia County	Preston County	Service Area
Agriculture/Mining	2.0%	4.0%	2.7%	8.9%	4.1%
Construction	6.2%	5.0%	3.6%	5.8%	4.1%
Manufacturing	10.2%	7.5%	6.0%	7.7%	6.4%
Wholesale Trade	2.7%	2.1%	1.4%	1.1%	1.3%
Retail Trade	11.3%	13.8%	11.6%	14.2%	12.2%
Transportation/Utilities	4.9%	5.7%	3.2%	6.7%	4.0%
Information	1.9%	1.1%	1.2%	0.9%	1.1%
Finance/Insurance/Real Estate	6.5%	4.1%	3.1%	3.4%	3.2%
Services	49.5%	49.5%	63.2%	45.6%	59.2%
Public Administration	4.7%	7.1%	4.1%	5.6%	4.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Esri & US Census Bureau

The table below details the employed population aged 16 years and older by occupation.

EMPLOYMENT BY MAJOR INDUSTRY, 2016					
Occupation	United States	West Virginia	Monongalia County	Preston County	Service Area
White Collar	60.5%	55.6%	63.9%	47.6%	60.2%
Services	18.4%	20.8%	21.7%	20.9%	21.5%
Blue Collar	21.1%	23.6%	14.5%	31.5%	18.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Esri & US Census Bureau

According to the West Virginia Department of Commerce, the top employers in Monongalia County in 2016 include the following:

- West Virginia University Hospitals
- West Virginia University School of Medicine
- West Virginia University Medical Corporation
- West Virginia University
- Monongalia County Board of Education
- Mylan Pharmaceuticals, Inc.
- Monongalia General Hospital
- Wal-Mart Associates, Inc.
- Teletech Services Corporation
- Gabriel Brothers, Inc.
- Kroger
- West Virginia University Research Corporation

The top employers in Preston County in 2016 include the following:

- Federal Prison System
- Preston County Board of Education
- Preston Memorial Hospital
- Wal-Mart Associates, Inc.
- Superior Reedsville Filtration, LLC
- Kingwood Center, LLC
- Hopemont State Hospital
- Preston Contractors, Inc.
- West Virginia Military Authority
- Preston County Commission

Unemployment creates financial instability and barriers to access including insurance coverage, healthcare services, healthy food, and other necessities that contribute to poor health status. In 2016, total unemployment in the service area was 4.8% for residents aged 16 years and older. This is lower than the nationwide and statewide unemployment rates of 5.9% and 5.8%, respectively.

UNEMPLOYMENT RATE, 2016			
Territory	Total Employed (Aged 16+)	Percent Employed	Percent Unemployed
United States	162,998,347	94.1%	5.9%
West Virginia	868,879	94.2%	5.8%
Monongalia County	80,462	95.4%	4.6%
Preston County	8,125	94.7%	5.3%
Service Area Total	88,587	95.2%	4.8%

Source: Esri & US Census Bureau

HEALTH INDICATORS

Many factors influence a population’s overall health and well-being, including health behaviors, environment, availability of healthcare services, and access to care. The Robert Wood Johnson Foundation, in partnership with the University of Wisconsin Population Health Institute, tracks various health indicators to provide insight into the health behaviors of different communities throughout the United States and publishes the data and findings online annually. The table below represents the findings for Monongalia County and West Virginia. Out of the 55 counties located in West Virginia, Monongalia County is ranked third overall for both health outcomes and health factors.

COUNTY HEALTH RANKINGS AND ROADMAPS: MONONGALIA COUNTY, 2016					
	Monongalia County	Error Margin	Top US Performers^	West Virginia	Rank (of 55*)
Health Outcomes					3
Length of Life					1
Premature Death	6,100	5,500-6,700	5,200	9,700	
Quality of Life					5
Poor or Fair Health	20%	19-21%	12%	24%	
Poor Physical Health Days	4.7	4.5-4.9	2.9	5.0	
Poor Mental Health Days	4.4	4.2-4.6	2.8	4.7	
Low Birthweight	8%	7-8%	6%	9%	
Health Factors					3
Health Behaviors					8
Adult Smoking	22%	21-23%	14%	27%	
Adult Obesity	27%	24-31%	25%	34%	
Food Environment Index	6.7		8.3	7.3	
Physical Inactivity	26%	23-29%	20%	32%	
Access to Exercise Opportunities	81%		91%	58%	
Excessive Drinking	15%	14-16%	12%	10%	
Alcohol-Impaired Driving Deaths	25%	18-32%	14%	33%	
Sexually Transmitted Infections	528.2		134.1	277.0	
Teen Births	14	12-15	19	45	
Clinical Care					4
Uninsured	16%	14-19%	11%	17%	
Primary Care Physicians	830:1		1,040:1	1,290:1	
Dentists	880:1		1,340:1	2,030:1	
Mental Health Providers	480:1		370:1	910:1	
Preventable Hospital Stays	55	49-60	38	81	
Diabetic Monitoring	81%	75-86%	90%	84%	
Mammography Screening	61%	55-68%	71%	58%	
Socio & Economic Factors					4
High School Graduation	82%		93%	82%	
Some College	72%	68-76%	72%	53%	
Unemployment	4.4%		3.5%	6.5%	
Children in Poverty	17%	13-21%	13%	25%	
Income Inequality	7.0	6.2-7.8	3.7	4.9	
Children in Single-Parent Households	26%	21-31%	21%	33%	
Social Associations	9.6		22.1	13.1	
Violent Crime	345		59	311	
Injury Deaths	52	46-59	51	93	
Physical Environment					39
Air Pollution - Particulate Matter	13.6		9.5	13.2	
Drinking Water Violations	No		No		
Severe Housing Problems	16%	14-17%	9%	11%	
Driving Alone to Work	77%	76-79%	71%	82%	
Long Commute - Driving Alone	23%	21-25%	15%	33%	

Source: County Health Rankings & Roadmaps, a Robert Wood Johnson Foundation Program

* There are 55 counties in West Virginia. 1st highest rate and 55th lowest rate

Note: Blank values reflect unreliable or missing data

^ 10th/90th percentile, i.e., only 10% are better

The table below represents the findings for Preston County and West Virginia. Out of the 55 counties located in West Virginia, Preston County is ranked 24th overall for both health outcomes and health factors.

COUNTY HEALTH RANKINGS AND ROADMAPS: PRESTON COUNTY, 2016					
	Preston County	Error Margin	Top US Performers [^]	West Virginia	Rank (of 55*)
Health Outcomes					24
Length of Life					16
Premature Death	8,300	7,100-9,500	5,200	9,700	
Quality of Life					26
Poor or Fair Health	21%	20-22%	12%	24%	
Poor Physical Health Days	4.6	4.4-4.8	2.9	5.0	
Poor Mental Health Days	4.5	4.3-4.7	2.8	4.7	
Low Birthweight	10%	9-11%	6%	9%	
Health Factors					24
Health Behaviors					31
Adult Smoking	24%	23-24%	14%	27%	
Adult Obesity	36%	31-41%	25%	34%	
Food Environment Index	7.8		8.3	7.3	
Physical Inactivity	35%	30-40%	20%	32%	
Access to Exercise Opportunities	21%		91%	58%	
Excessive Drinking	13%	12-13%	12%	10%	
Alcohol-Impaired Driving Deaths	36%	25-46%	14%	33%	
Sexually Transmitted Infections	186.2		134.1	277.0	
Teen Births	40	35-45	19	45	
Clinical Care					31
Uninsured	19%	17-21%	11%	17%	
Primary Care Physicians	4,230:1		1,040:1	1,290:1	
Dentists	4,220:1		1,340:1	2,030:1	
Mental Health Providers	5,630:1		370:1	910:1	
Preventable Hospital Stays	72	64-80	38	81	
Diabetic Monitoring	85%	78-92%	90%	84%	
Mammography Screening	58%	50-66%	71%	58%	
Socio & Economic Factors					19
High School Graduation	80%		93%	82%	
Some College	42%		72%	53%	
Unemployment	5.8%		3.5%	6.5%	
Children in Poverty	23%	17-29%	13%	25%	
Income Inequality	4.1	3.7-4.5	3.7	4.9	
Children in Single-Parent Households	26%	20-32%	21%	33%	
Social Associations	9.5		22.1	13.1	
Violent Crime	241		59	311	
Injury Deaths	77	64-91	51	93	
Physical Environment					9
Air Pollution - Particulate Matter	13.4		9.5	13.2	
Drinking Water Violations	No		No		
Severe Housing Problems	8%	6-10%	9%	11%	
Driving Alone to Work	79%	76-82%	71%	82%	
Long Commute - Driving Alone	45%	41-49%	15%	33%	

Source: County Health Rankings & Roadmaps, a Robert Wood Johnson Foundation Program

* There are 55 counties in West Virginia. 1st highest rate and 55th lowest rate

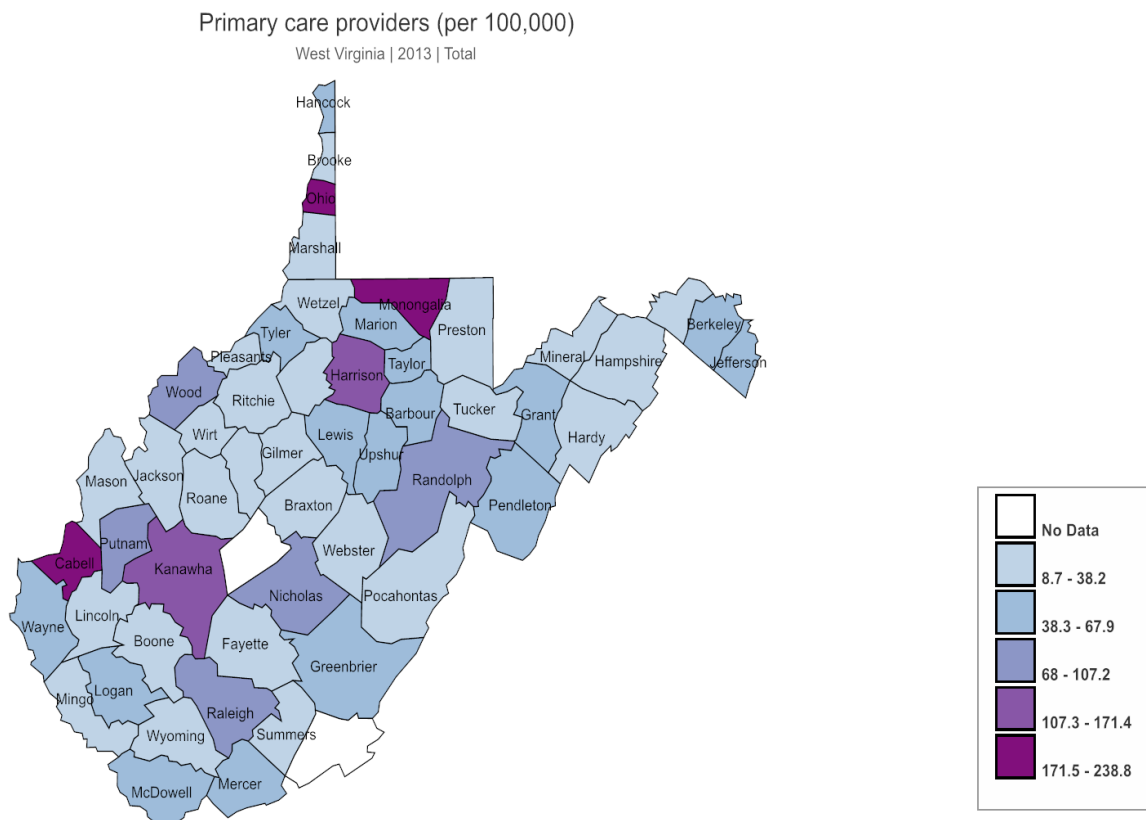
Note: Blank values reflect unreliable or missing data

[^] 10th/90th percentile, i.e., only 10% are better

Access to Primary Care

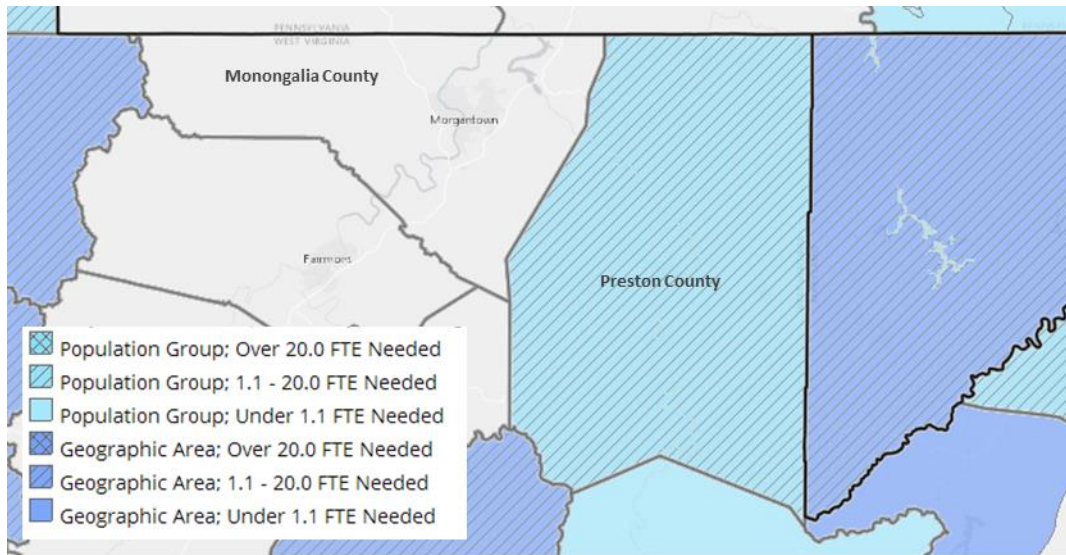
A lack of access to primary care presents barriers to preventative care and good health. The supply and accessibility of primary care physicians, the type or lack of insurance coverage, poverty level, transportation obstacles, and cultural and language competency affect access. Individuals in communities affected by barriers to primary care have shown increased rates of morbidity, mortality, and emergency department hospitalizations. These can all be reduced if local residents have access to primary care services including health screenings, routine tests, and vaccinations.

The maps below show the number of primary care physicians per 100,000 people in 2013 statewide and by county within West Virginia. Monongalia County has a high rate of 197.5 primary care physicians per 100,000 people, while Preston County has a low rate of 32.5 primary care physicians per 100,000 people. In West Virginia overall, the primary care physician rate per 100,000 people is approximately 82.6. Primary care physicians include those who practice general practice, internal medicine, obstetrics and gynecology, or pediatrics.

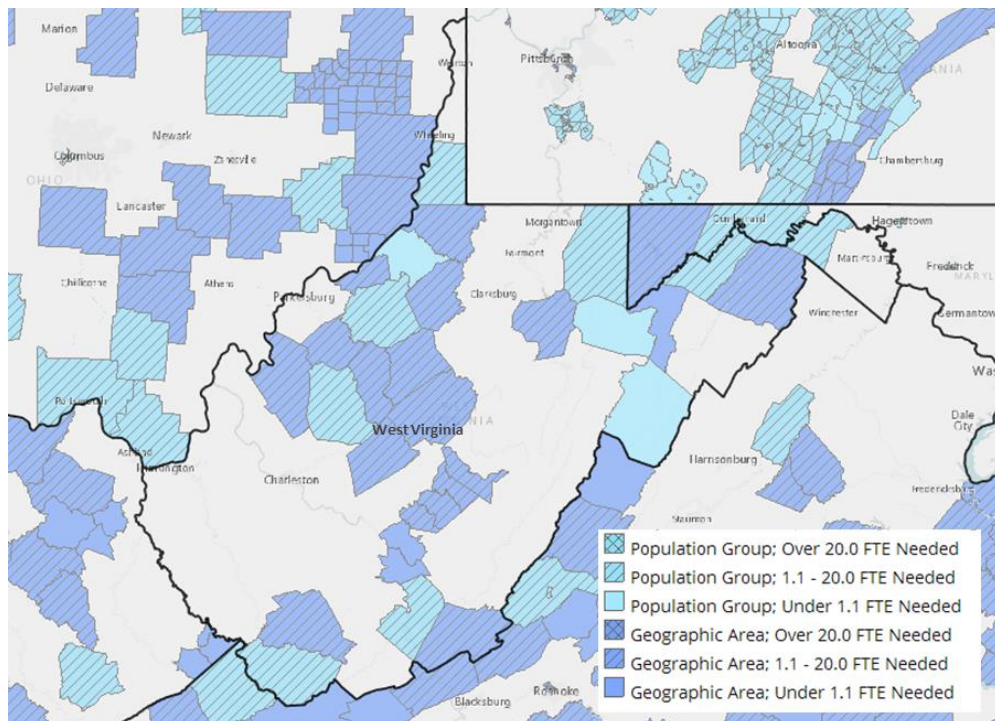


Data Source: AHRF (HRSA/BHP)
Centers for Disease Control and Prevention, National Center for Health Statistics, Health Indicators Warehouse. www.healthindicators.gov, Date accessed: February 8, 2017.

The maps below display the location and characteristics of Primary Care Health Professional Shortage Areas (HPSAs) in West Virginia and the service area. HPSAs are areas designated by the US Health Resources and Services Administration as having shortages of primary care, dental care, or mental health providers. Monongalia County is not classified as a HPSA; however, Preston County shows a need of between one and 20 primary care physicians to make up for primary care physician shortfalls within the county.



Source: Community Commons, HRSA HPSA Database April 2016

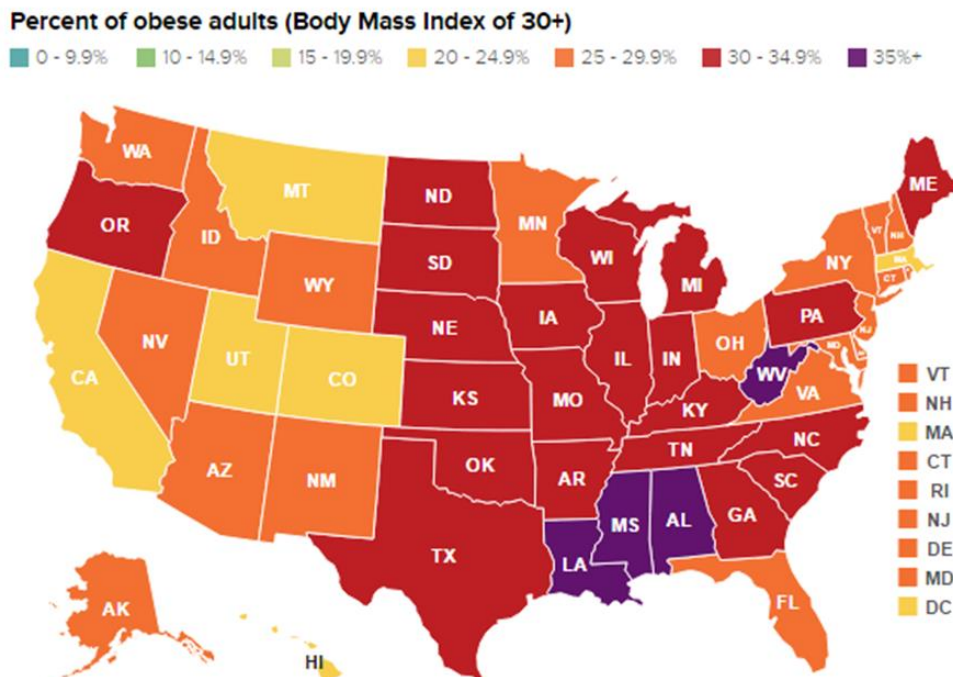


Source: Community Commons, HRSA HPSA Database April 2016

Obesity

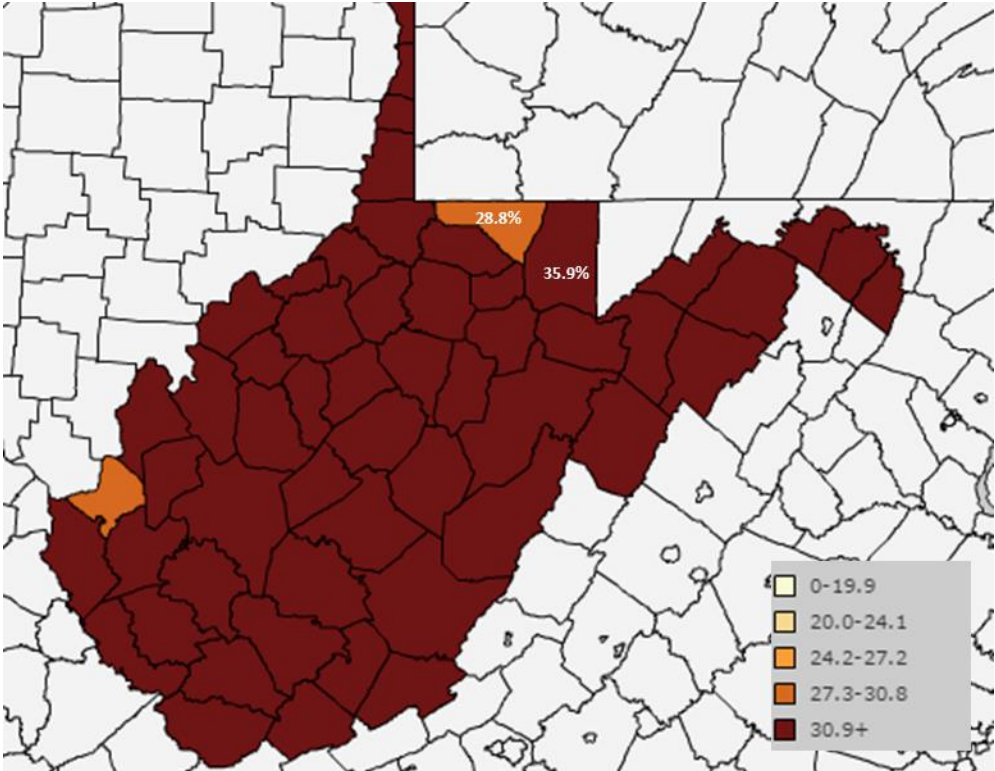
Excess weight or obesity may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Obesity-related conditions include many of the leading causes of preventable death, including heart disease, stroke, type 2 diabetes, and certain types of cancer. According to the Centers for Disease Control and Prevention, over 35% of the adult population in the United States is obese and nearly 20% of the youth/adolescent population is obese. Obesity affects a higher percentage of females, older adults aged 60 and over, and non-Hispanic Black and Hispanic adults than other populations. Obesity prevalence amongst children aged 2 to 5 years, children aged 6 to 11 years, adolescents aged 12 to 19 years, and adults in the United States is higher than the Healthy People 2020 targets of 9.4%, 15.7%, 14.5%, and 30.5%, respectively.

According to The State of Obesity, a project of the Trust for America's Health and the Robert Wood Johnson Foundation that compares data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, 35.6% of adults in West Virginia were considered obese in 2015. This is second only to Louisiana, which reported a slightly higher rate of 36.2%.



Source: The State of Obesity, 2015

The map below displays obesity rates by county in 2013 as reported by the Centers for Disease Control and Prevention. In 2013, the rate of adult obesity in Monongalia County was the lowest amongst all counties in West Virginia at 28.8%. This is slightly lower than the Healthy People 2020 benchmark of 30.5%. The rate of adult obesity in Preston County in 2013 was 35.9%, well above the Healthy People 2020 benchmark of 30.5%.



Source: Centers for Disease Control and Prevention, 2013

Mortality

Mortality statistics provided by the Centers for Disease Control and Prevention’s Community Health Status Indicators were accessed for the service area. The data compares Monongalia County and Preston County to selected peer counties according to variables such as population size and density, population by age, sex ratio, percent high school graduates, home value, household income, poverty, and unemployment.

For six of the 11 indicators, including female life expectancy, male life expectancy, Alzheimer’s disease, cancer, motor vehicle deaths, and stroke deaths, Monongalia County ranks as moderate in comparison with the peer counties. However, for five of the 11 indicators, including chronic kidney disease, chronic lower respiratory disease, coronary heart disease, diabetes, and unintentional injury, Monongalia County is classified in the least favorable quartile and ranks worse than the peer counties.

For nine of the 11 indicators, including female life expectancy, Alzheimer’s disease, chronic kidney disease, chronic lower respiratory disease, coronary heart disease, diabetes, motor vehicle deaths, stroke, and unintentional injury, Preston County ranks as moderate in comparison with the peer counties. For two of the 11 indicators, including male life expectancy and cancer, Preston County ranks better than the peer counties.

MORTALITY RATES, 2015 RATES PER 100,000 POPULATION				
Indicator	Monongalia County		Preston County	
Overall Female Life Expectancy	81.0	↔	79.6	↔
Overall Male Life Expectancy	76.1	↔	75.5	↗
Alzheimer's Disease	26.7	↔	27.1	↔
Cancer	165.9	↔	173.2	↗
Chronic Kidney Disease	21.9	↘	16.0	↔
Chronic Lower Respiratory Disease	50.9	↘	51.3	↔
Coronary Heart Disease	50.9	↘	150.1	↔
Diabetes	29.7	↘	25.9	↔
Motor Vehicle	9.7	↔	75.5	↔
Stroke	38.2	↔	46.1	↔
Unintentional Injury	41.1	↘	52.0	↔

Source: CDC's CHSI

↗ Most favorable quartile

↔ Middle two quartiles

↘ Least favorable quartile

Morbidity

Morbidity statistics provided by the Centers for Disease Control and Prevention’s Community Health Status Indicators were accessed for the service area. The data compares Monongalia County and Preston County to selected peer counties according to variables such as population size and density, population by age, sex ratio, percent high school graduates, home value, household income, poverty, and unemployment.

Monongalia County ranks as better in comparison with its peer counties for cancer. For five of the 11 indicators, including Alzheimer’s disease/dementia, gonorrhea, HIV, preterm births, and syphilis, Monongalia County ranks as moderate in comparison with the peer counties. For the remaining five indicators, including adult diabetes, adult obesity, adult overall health status, older adult asthma, and older adult depression, Monongalia County ranks worse than the peer counties.

Preston County ranks better in comparison with its peer counties for Alzheimer’s disease/dementia, gonorrhea, HIV, and syphilis. For six of the 11 indicators, including adult diabetes, adult obesity, adult overall poor health status, cancer, older adult depression, and preterm births, Preston County ranks as moderate in comparison with the peer counties. For older adult asthma, Preston County ranks worse than the peer counties.

MORBIDITY RATES, 2015				
PERCENTAGE OF POPULATION OR RATES PER 100,000 POPULATION				
Indicator	Monongalia County		Preston County	
Adult Diabetes	9.6%	↘	9.4%	↔
Adult Obesity	28.0%	↘	30.4%	↔
Adult Overall Poor Health Status	16.1%	↘	19.3%	↔
Alzheimer's Diseases/Dementia	10.5%	↔	8.3%	↗
Cancer	440.3	↗	443.2	↔
Gonorrhea	66.0	↔	8.9	↗
HIV	110.7	↔	51.8	↗
Older Adult Asthma	5.3%	↘	5.1%	↘
Older Adult Depression	17.0%	↘	12.9%	↔
Preterm Births	10.7%	↔	12.0%	↔
Syphilis	2.0	↔	0.0	↗

Source: CDC's CHSI

↗ Most favorable quartile

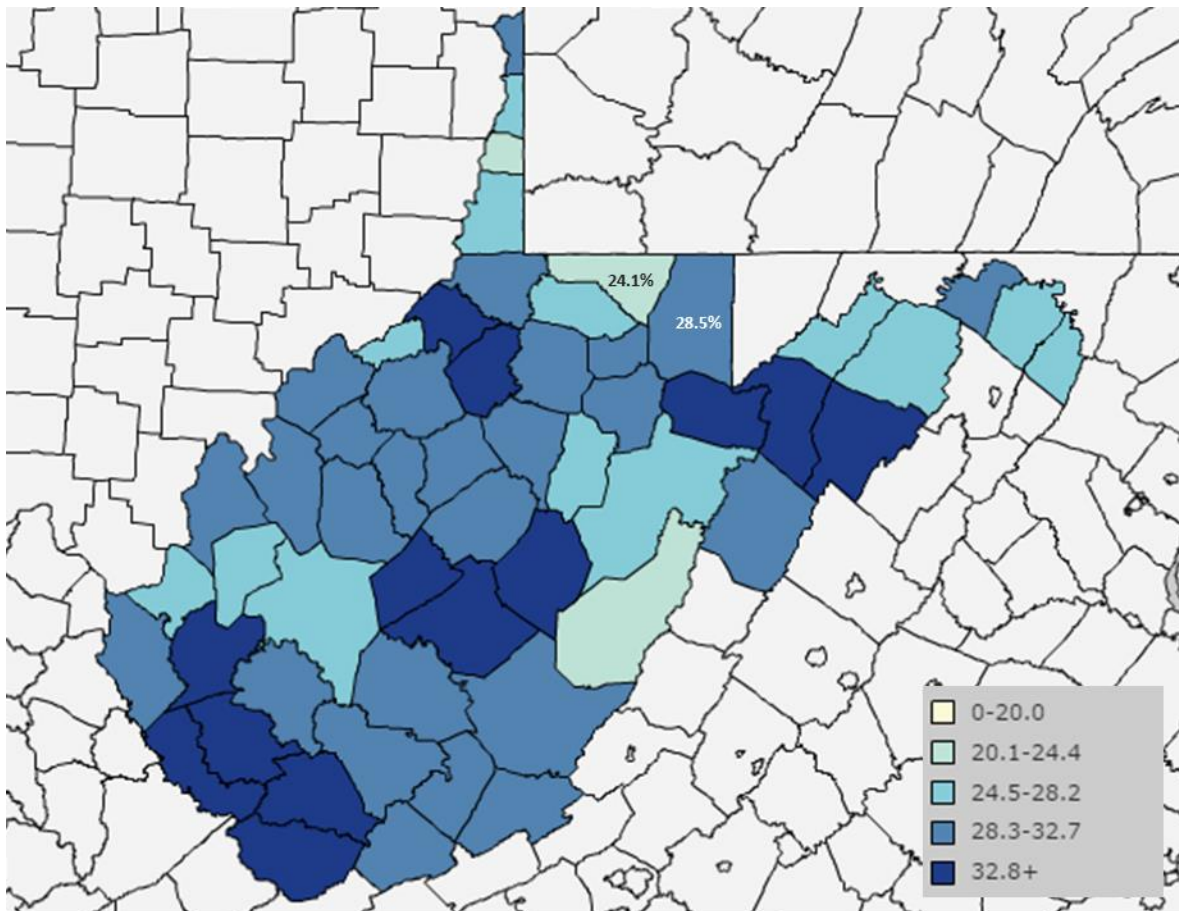
↔ Middle two quartiles

↘ Least favorable quartile

Physical Inactivity

People who are physically active tend to live longer and have a lower risk of developing heart disease, stroke, type 2 diabetes, depression, and some cancers. Physical activity can also help with weight control and may improve academic achievements in students. Current behaviors are determinants of future health, and physical inactivity may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

As part of the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, adults aged 18 years and older were asked the question, “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?,” to determine their level of physical inactivity. Within Monongalia County, approximately 24% of adults reported no physical activity compared to 29% of adults in West Virginia overall. Similar to the overall rate for West Virginia, nearly 29% of adults reported no physical activity in Preston County.



Source: Centers for Disease Control and Prevention, 2013

Substance Abuse

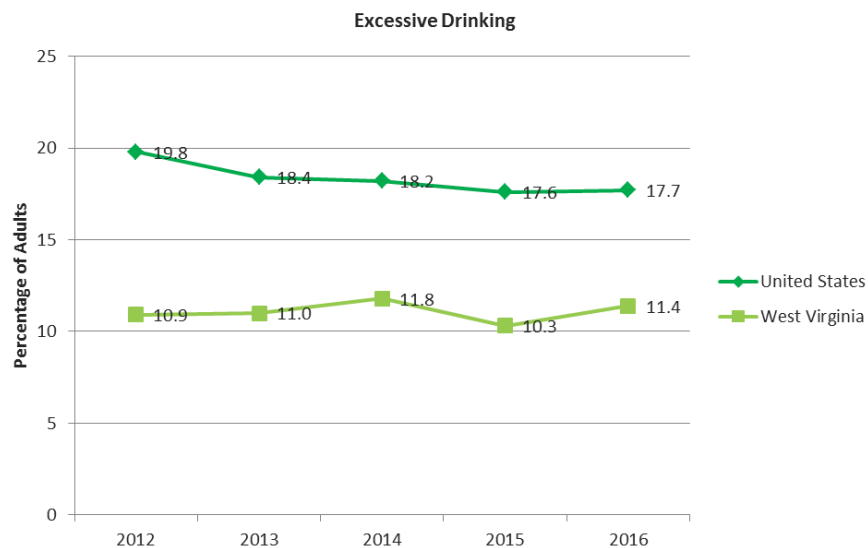
Alcohol consumption, tobacco use, and illicit drug use may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. The table below summarizes the number in thousands of illicit drug, alcohol, and tobacco users by age group in West Virginia according to the 2014-2015 National Survey on Drug Use and Health (NSDUH).

WEST VIRGINIA SELECTED DRUG USE BY AGE GROUP: ESTIMATED NUMBERS (IN THOUSANDS), 2014-2015					
Measure	12+	12-17	18-25	26+	18+
Illicit Drugs					
Past Year Marijuana Use	174	16	57	101	158
Past Month Marijuana Use	109	8	36	65	101
Past Year Cocaine Use	24	1	10	13	23
Past Year Heroin Use	6	0	2	4	5
First Use of Marijuana	16	7	7	2	9
Alcohol					
Past Month Alcohol Use	648	13	106	529	635
Past Month Alcohol Use (Individuals Aged 12 to 20)	45	-	-	-	-
Tobacco Products					
Past Month Tobacco Product Use	587	16	96	475	570
Past Month Cigarette Use	467	11	76	380	456
Past Year Alcohol Use Disorder					
Alcohol Dependence	42	1	10	32	41
Alcohol Use Disorder	86	4	22	61	83

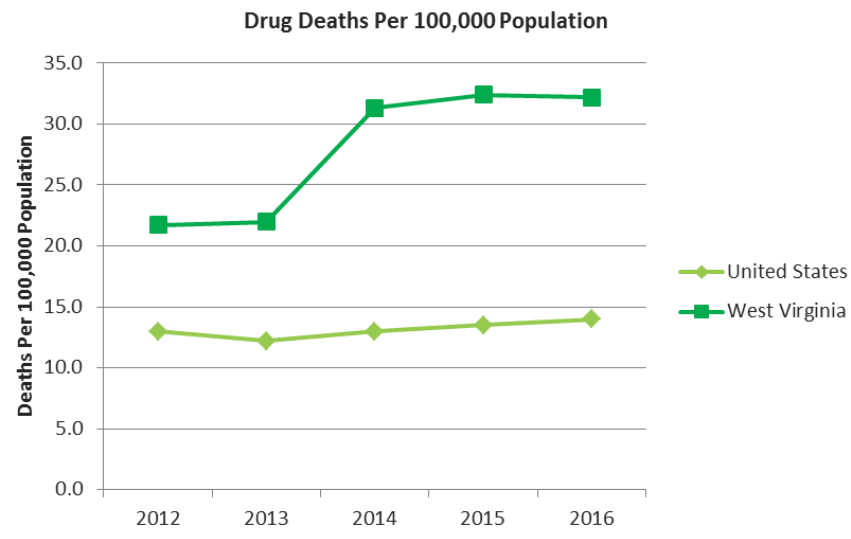
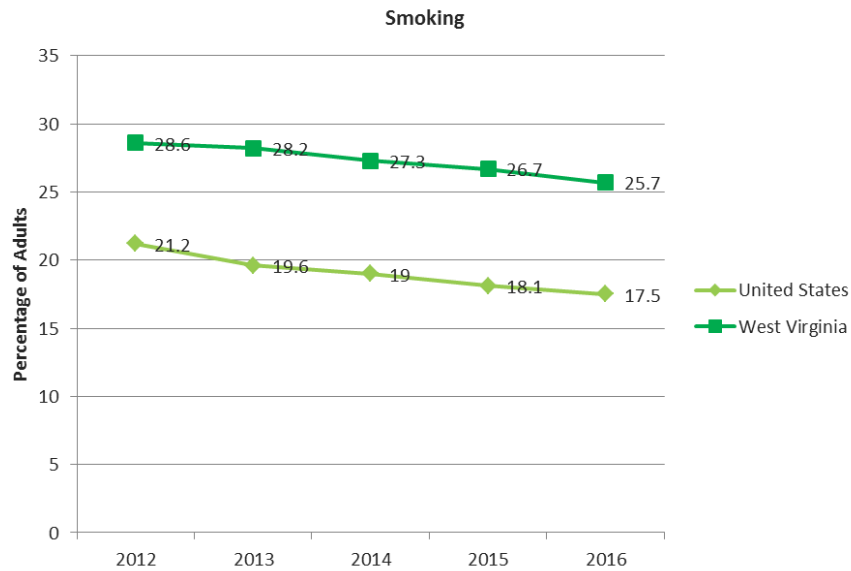
Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health

- Not available

According to the United Health Foundation's America's Health Rankings, West Virginia ranks the lowest nationwide in excessive drinking. As displayed in the chart below, in 2016, 11.4% of West Virginia adults reported either binge drinking or chronic drinking compared to 17.7% of adults nationwide.



The charts below summarize the percentage of smokers and number of drug deaths per 100,000 population in West Virginia and the United States. In 2016, West Virginia ranked the highest among the 50 states in both smoking and drug deaths. In 2016, 25.7% of adults in West Virginia were classified as smokers compared to 17.5% of adults nationwide. Further, drug deaths in West Virginia have increased from 22.0 per 100,000 population in 2013 to 32.4 per 100,000 population in 2016. In 2016, there were 14.0 drug deaths per 100,000 population nationwide. A recent study by the Centers for Disease Control and Prevention found that Hepatitis C cases in the Appalachian states, including Kentucky, Tennessee, West Virginia, and Virginia, more than tripled between 2006 and 2012. Hepatitis C can be transmitted by injecting drugs, including opioid and non-opioid substances.



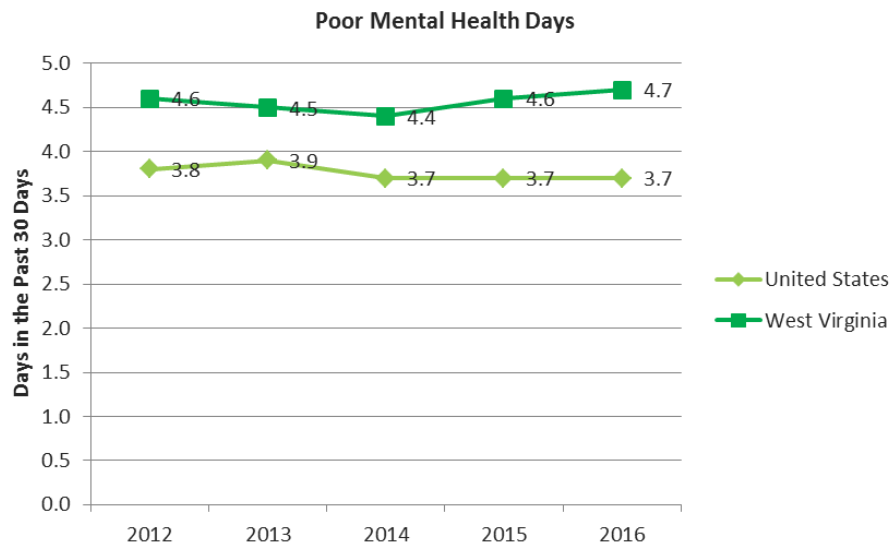
Mental Health

According to the Centers for Disease Control and Prevention, mental disorders, especially depressive disorders, are strongly related to the occurrence and course of many chronic diseases, including diabetes, cancer, cardiovascular disease, asthma, and obesity, as well as many risk behaviors for chronic disease, including physical inactivity, smoking, excessive drinking, and insufficient sleep. The table below summarizes the number of West Virginia residents in thousands with past year mental health issues according to the 2014-2015 National Survey on Drug Use and Health (NSDUH).

WEST VIRGINIA PAST YEAR MENTAL HEALTH ISSUES: ESTIMATED NUMBERS (IN THOUSANDS), 2014-2015					
Measure	12+	12-17	18-25	26+	18+
Past Year Mental Health Issues					
Major Depressive Episode	-	17	20	99	119
Serious Mental Illness	-	-	10	68	78
Any Mental Illness	-	-	39	261	301
Had Serious Thoughts of Suicide	-	-	15	46	61

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health
 - Not available

According to the United Health Foundation’s America’s Health Rankings, West Virginia ranked 48 out of 50 for poor mental health days during 2016. As shown in the chart below, adults in West Virginia reported poor mental health for 4.7 days out of 30 days compared to an average of 3.7 days nationwide.



According to the National Vital Statistics System, the suicide mortality rate between 2010-2014 in Monongalia County was 13.6 suicides per 100,000 population. This is higher than the Healthy People 2020 Target of 10.2 suicides per 100,000 population.

RESOURCES & UTILIZATION

Area Hospital Services & Beds

The following tables provide a snapshot into the availability of healthcare services in Monongalia County. The Hospital and West Virginia University Hospital are the primary providers of hospital services to the residents of Monongalia County. Preston Memorial Hospital is the primary provider of hospital services to the residents of Preston County.

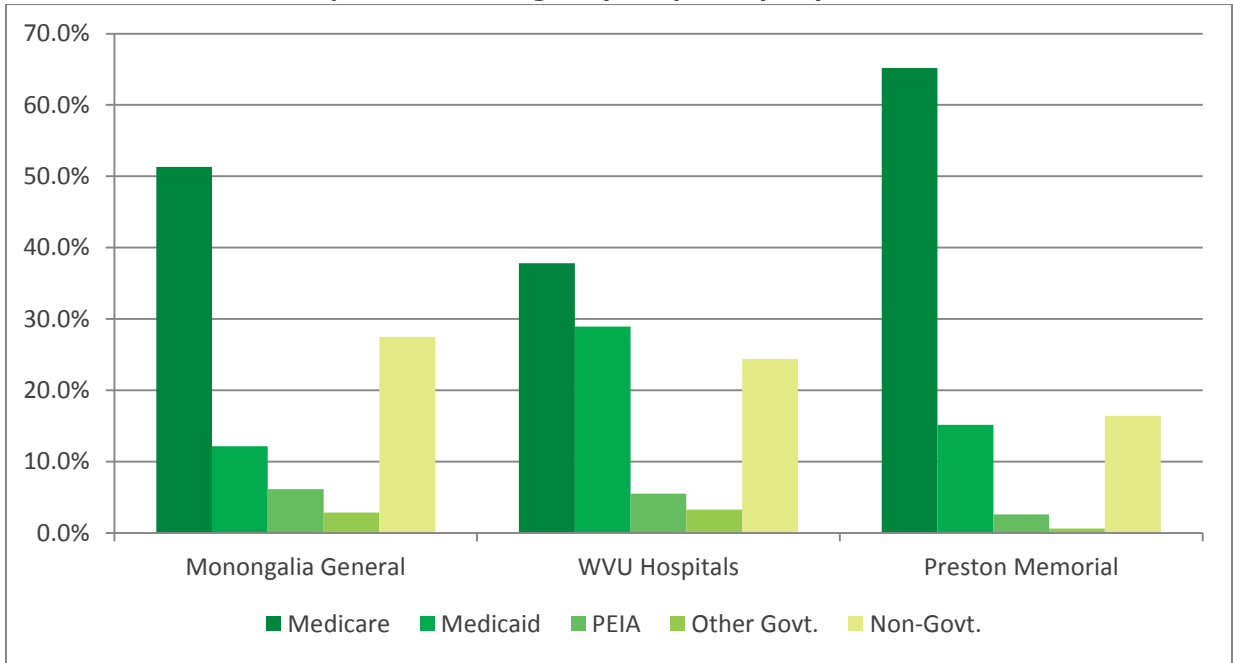
SERVICE AREA HOSPITAL SERVICES AVAILABILITY			
	Monongalia General Hospital	Preston Memorial Hospital	West Virginia University Hospital
West Virginia County Hospital Type	Monongalia General Acute	Preston Critical Access	Monongalia General Acute
Emergency Services			
Emergency Department	X	X	X
Other Services			
Behavioral Health			X
Community Outreach			X
Home Health	X		
Hospice	X		
IV Therapy	X		X
Lithotripsy	X		
Obstetrics	X		X
Respite Care			
Rural Health Clinic			
Sleep Studies	X	X	X
Wound Care	X		X
Surgery			
Inpatient Surgery	X	X	X
Orthopedics	X		X
Special Care			
Intensive Care Unit (ICU)	X		X
Diagnostic Imaging			
Computerized Tomography (CT)	X	X	X
DEXA Scan Bone Densitometry	X		X
Digital Mammography	X	X	X
Digital X-Ray	X	X	X
Echocardiography	X	X	X
General Radiology	X	X	X
Magnetic Resonance Imaging (MRI)	X		X
Nuclear Imaging	X	X	X
Positron Emission Tomography (PET)	X		X
Tomography (SPECT)	X		X
Ultrasound	X	X	X
Oncology Services			
Cancer Program	X		X
Chemotherapy	X		X
Orthopedic Services			
Joint Replacement	X		X
Subprovider Units			
Skilled Nursing			X
Swing Beds		X	X
Cardiovascular Services			
Cardiac Rehab	X		X
Rehabilitation			
Physical Therapy	X	X	X
Occupational Therapy	X		X
Respiratory Therapy	X	X	X
Speech Therapy	X		X

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

	Licensed Beds	Staffed Beds
Monongalia General Hospital		
Acute and Swing	163	159
ICU	26	26
Skilled Nursing	-	-
	189	185
West Virginia University Hospital		
Acute and Swing	348	339
ICU	105	96
CCU	8	8
Skilled Nursing	-	-
Subprovider - IPF (psych)	70	69
	531	512
Preston Memorial Hospital		
Acute and Swing	25	25
ICU	-	-
Skilled Nursing	-	-
	25	25
Total Beds		
Total Adult and Pediatric Beds	536	523
Total ICU	131	122
Total CCU	8	8
Total Psych Beds	70	69
Total	745	722

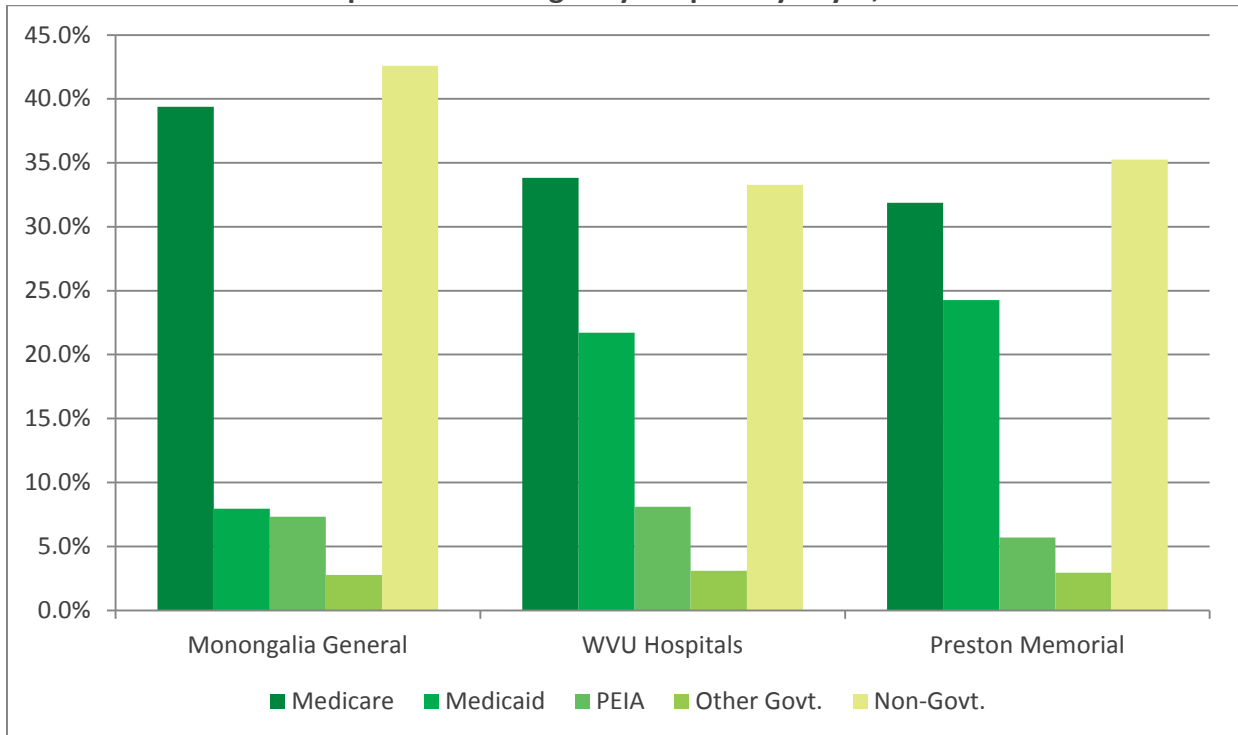
Source: West Virginia Health Care Authority Uniform Reports

Inpatient Discharges by Hospital by Payer, 2015



Source: UFR via WVHCA, Annual Report 2016

Outpatient Discharges by Hospital by Payer, 2015



Source: UFR via WVHCA, Annual Report 2016

COMMUNITY SURVEY RESULTS

Survey Process

West Virginia University Hospitals, a non-profit hospital provider, is also located in Morgantown. As part of its CHNA development process, West Virginia University’s School of Public Health developed an electronic survey that was distributed to members of the Monongalia County community. The survey was not intended to be a scientific or statistically valid sampling of the population. Instead, the survey was designed to collect both qualitative and quantitative data from Monongalia County communities in order to identify community-perceived health needs and themes within the service area.

Because both the Hospital and West Virginia University Hospitals have identified Monongalia County as their service area for the purposes of completing their community health needs assessments, this assessment utilizes the results of the survey as part of its data analysis.

Demographics of Survey Respondents

Which of these groups would you say best describes your race?	
Answer Choices	Responses
White/Caucasian	95.90%
Asian	1.37%
Black or African American	3.42%
American Indian or Alaskan Native	0.96%
Native Hawaiian or Other Pacific Islander	0.41%
Total Respondents	732

How do you pay for your health care?	
Answer Choices	Responses
I have health insurance (e.g., private, BCBS, HMO, through employer)	83.06%
Medicare	10.43%
Medicaid	9.35%
I pay cash	7.32%
Veterans Administration	1.49%
Indian Health Services	0.14%
Total Respondents	738

What is your gender?	
Answer Choices	Responses
Female	74.64%
Male	25.36%
Total Respondents:	757

Source: WVU School of Public Health external survey

In summary, the survey respondents are primarily White/Caucasian, female, and have access to private health insurance through their employer. The respondents are somewhat representative of Monongalia County in that over 90% of the county’s residents are White/Caucasian and there is a relatively low rate of uninsured individuals (less than 10% of those under age 65 in Monongalia County are uninsured). It is important to note that the respondents do not significantly represent Monongalia County’s population. For example, the majority of the survey respondents were female; however, in actuality, over 50% of Monongalia County residents are male according to the US Census Bureau.

Survey Results

The survey was designed to obtain a holistic view of the thoughts and opinions of Monongalia County residents pertaining to the overall state of health in the county. As displayed in the table below, key issues noted by survey respondents include obesity, drug abuse, mental health, infrastructure concerns, and diabetes.

In the following list, what do you think are the 3 most important "health problems" or "health issues" in Monongalia County?	
Answer Choices (Top 15)	
Obesity	43.85%
Drug Abuse by Adults	33.46%
Mental Health Problems	19.14%
Drug abuse by Youth	18.25%
Connectivity to Infrastructure through Public Transit/Walking/Biking	17.36%
Diabetes ("Sugar")	16.86%
Alcohol Abuse by Adults	13.94%
Cancers	13.69%
Air Quality	12.93%
Homelessness	12.42%
Alcohol Abuse by Youth	11.41%
Heart Disease/Stroke	10.90%
Violence (e.g., crime, sexual assault, domestic violence, rape, homicide, suicide)	9.89%
Pedestrian Safety	9.76%
Dental Problems	8.11%
Total Respondents:	789

Source: WVU School of Public Health external survey

KEY INFORMANT INTERVIEWS

Interview Findings

During the interview process, we interviewed various community experts and stakeholders (see the Appendix for the names of the interviewees). Throughout the key informant interviews, several themes emerged regarding healthcare services, vulnerable populations, gaps in services, and opportunities to enhance and improve upon the services currently provided by the Hospital.

Themes from Interview Input

Internal Stakeholders

Themes that emerged through interviews with internal stakeholders of the Hospital were relatively consistent, as well as illuminating. Stakeholders noted that the quality of life and health in Monongalia County is above average in relation to the remainder of the State of West Virginia, but is not great overall compared to many other regions of the United States. Issues exist in the realms of socioeconomic inequality, access to resources that maintain and improve health behaviors, and the lingering effects of the area's economic history as a mining town. There appears to be two distinct populations: those who value their health and those who do not.

Barriers to improving health in Monongalia County are plentiful. The terrain and geography of the area have an impact on the ability and interest of citizens of Monongalia County to engage in healthy activities such as walking and biking, but the general consensus seemed to focus on the lack of interest or access to key tenants of healthy lifestyles. Respondents noted scarcity in avenues for citizens to purchase fresh fruits and vegetables, as well as a lack of proactivity in the promotion of healthy lifestyles (i.e., health fairs offered only once per year). Education and health literacy have been shown to play a large part in a patient's willingness to engage in healthy behaviors. However, many of the interviewees mentioned that the lack of health education and literacy in Monongalia County has led to less responsibility on the part of patients regarding their health. Further, lack of education can lead to less access to higher paying jobs. The cost of living in Monongalia County was noted by the internal stakeholders as high, but the jobs/salaries in Monongalia County do not always seem conducive to the overall costs of living in the area.

Many of the interviewees also noted mental health and substance abuse as a growing barrier to improving health in Monongalia County, particularly substance abuse of opioids. According to the Centers for Disease Control and Prevention, drug overdoses, including those by heroin and other opioids, are now the leading cause of injury death, killing more Americans annually than motor vehicle accidents. The internal stakeholders were aware of this rising epidemic, especially in the State of West Virginia, and many felt that while other regions of West Virginia

have been more heavily impacted, substance abuse will continue to increase in Monongalia County.

Interview respondents also noted that the populations in Monongalia County with a lower health status or quality of life typically include the elderly/senior population, the poor and/or less educated population(s), former coal miners, smokers, and those that represent the more rural areas within Monongalia County. According to the internal interviewees, the smoking and mining populations often present more often with cardiopulmonary issues, including chronic obstructive pulmonary disease (COPD) and congestive heart failure. For the Monongalia County residents with a lower socioeconomic status, health may not be their first priority.

Overall, the majority of the internal stakeholders emphasized that the most critical health and quality of life issues in Monongalia County include diet and exercise, diabetes and obesity, smoking, COPD, congestive heart failure, behavioral health, drug and opioid addiction, and health literacy.

External and Community Stakeholders

The external interviews also provided a broad range of opinions as to the health status of the service area, but overall, the major issues discussed were consistent. The Morgantown area was recognized for having a higher quality of life and health than the western part of Monongalia County; however, many of the interviewees noted that like the rest of Monongalia County, Morgantown still falls behind in quality of life and health status compared to most of the United States.

Key issues noted in the external community interviews included the lack of access to pedestrian friendly transportation, the lack of affordable options for healthy lifestyle activities for those not affiliated with West Virginia University, a general disinterest in healthy lifestyles, drug use, dietary issues and physical inactivity, and the divide between the City of Morgantown and the more rural areas of Monongalia County.

A representative from the West Virginia University School of Public Health emphasized the need to increase walkability and ride-ability, including cycling access, in Monongalia County, and noted that doing so could help to positively impact the issues of obesity and physical inactivity. However, the terrain of Monongalia County is suboptimal, and barriers exist as a result.

Milan Puskar Health Right, a primary care clinic that provides care to low-income and uninsured residents, offered an informative perspective into the issue of addressing the needs of those without insurance or those who are underinsured. The need for increased support in the realms of behavioral health and addiction was noted, as was the need for a more pronounced focus on primary care for those of a lower socioeconomic status. The issue of intravenous drug use and preventing the spread of Hepatitis C (West Virginia ranks 2nd in the United States for the prevalence of Hepatitis C) were key tenets of this interview and are worth noting.

Many of the external community interviewees also emphasized obesity, cardiopulmonary disease, physical inactivity, and especially, access to transportation as key issues. Barriers exist with community constituents unable to reach sites of care (if they are available to them), which leads to missed appointments and, as a result, decreased health maintenance.

Overall, in parallel with the internal interviewees, the majority of the external interviewees stressed the key service area issues of obesity and diabetes, public transportation and connectivity to infrastructure, intravenous drug use and addiction, cardiopulmonary health, and lack of health resources for the poor and rural residents of Monongalia County.

IDENTIFIED COMMUNITY HEALTH NEEDS

Health Needs Prioritization

Quantitative and qualitative analyses were performed to determine the major health needs of the service area. A steering committee comprised of internal and community stakeholders utilized a prioritization matrix consisting of the major themes from internal and external interviews, survey results, and demographic indicators to identify the major needs of the service area. Steering committee members considered three major questions to rank order the issues:

1. How important is the issue?
2. How much control/knowledge does the Hospital have regarding the issue?
3. How much of the population will be affected or impacted?

The results were recorded, which led to a qualitative discussion around potential resources available, infrastructure initiatives already in place, and the practicality of impacting the community. From here, the major health needs were identified and prioritization commenced. Please refer to the Appendix for the prioritization matrix template. Based upon the results of the assessment, the CHNA identifies the following prioritized health needs:

1. Cardiopulmonary Disease / Smoking
2. Obesity/Diabetes/Inactivity
3. Cancer
4. Mental Health/Substance Abuse/Addiction

Potential Resources/Community Partners

The following list includes potential resources and community partners to address the health needs that were identified through the interviews and prioritization process.

1. Internal Resources
 - a. The Village at Heritage Point – retirement community located in Morgantown
 - b. Wedgewood Primary Care Practice – large primary care practice
 - c. Expanded health fair presence
 - d. Development of the Surgical Medical Home – used to address intraoperative opioid use
 - e. Primary care provider base
 - f. Diabetes coordinator and educational offerings
 - g. Smoking cessation course
 - h. Cardiac rehabilitation locations (recently added in Preston County)
 - i. Specialist provider base
 - j. Increased oncological screening opportunities

- k. Infusion Center
- 2. External Community-based Resources
 - a. Local organizations (gyms, churches, senior centers, health department, school system)
 - b. HighMark Blue Cross Blue Shield– diabetes coordinator and wellness counselor
 - c. Federally Qualified Health Centers
 - d. Milan Puskar Health Right Clinic
 - e. Valley Community Health – local mental health clinic in Monongalia County
 - f. American Cancer Society
 - g. American Heart Association
 - h. West Virginia Tobacco Prevention Program
 - i. Monongalia County Diabetes Coalition

PREVIOUS CHNA EFFORTS & PROGRESS

In the CHNA report published in 2014, a majority of the service area was concentrated in Monongalia County and found to be experiencing high rates of obesity, diabetes, chronic obstructive pulmonary disease (COPD), heart disease/stroke, cancer, dental issues, mental health issues and common health issues cause by poor diet and lifestyle choices. At that time, community stakeholders and facility staff concluded 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.

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

Mon General Hospital's 2014 Implementation Strategy was developed in response to the needs of the service area community members. While healthcare services are available in Morgantown, the general consensus was that those in the surrounding communities were unaware of the available resources, have limited access to care, are limited financially, and often defer treatment. In addition, the culture 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:

1. Increased education and promotion of community resources
2. Utilize existing affiliations to promote healthier lifestyle choices
3. Prevent chronic disease
4. Improve overall health status

Mon General Hospital focused on the following strategies to address the priorities identified in the 2014 needs assessment:

1. Increased education and promotion of community resources
 - Conducted Health Fair screenings including multiphasic, thyroid and PSA blood screenings as well as EKG and ultrasounds
 - The Zelda Stein Weiss Cancer Awareness and Early Detection Project
 - Sponsorship of Girls on the Run of North Central West Virginia
 - Free online Health Library as part of new Mon Health website
 - Leadership involvement in the following community organizations:
 - United Way of Monongalia and Preston Counties
 - Chamber of Commerce
 - American Heart Association
 - Milan Puskar Health Right
2. Utilize existing affiliations to promote healthier lifestyle choices
 - Expanded the primary care physician network (i.e. Wedgewood acquisition)
 - Opened new community physician facilities (i.e. Mannington, Fairmont and Waynesburg)
 - Established Cornerstone Teaching Health Center affiliation to increase supply of PCP's in area
 - Participation in local and regional disaster preparedness drills
 - Established the MedExpress Urgent Care relationship in 2015
 - Partnered with local elementary schools for targeted health and wellness education and early prevention
3. Prevent chronic disease
 - Diabetes educator provided education to community and employees
 - Phase 2 cardiac rehab program, including pulmonary rehab program
4. Improve overall health status
 - Charity care and provision of care regardless of ability to pay
 - The LifeStride Walking Program: a free, supervised walking program designed to emphasize cardiovascular conditioning.
 - Partnership with the American Cancer Society to provide the Look Good Feel Better program designed to help cancer patients look good and feel better about themselves as they undergo cancer treatment.
 - Telemedicine services provided to rural communities for cardiology, infectious disease and wound care
 - Established wellness coaching and health plan discounts to employees that participate in the wellness program and expanding to spouses in 2017

- Encouraged healthy eating options to employees through cafeteria menu selection changes and establishment of an on-site farmers market
- Expanded coverage of PCP's and encourage patients to establish ongoing relationships with their physicians

While 2014 included the above priorities, many similar priorities were identified for the 2017 Community Health Needs Assessment. For example, both the 2014 and 2017 assessments include a significant focus on education. A few of the key changes for 2017 include expanding overall health and wellbeing to specific diagnoses such as Cardiopulmonary Disease and Cancer. Additionally, responding to the growing use of opioid drugs in the local area and region, the 2017 assessment includes a mental health priority.

CONCLUSION

The purpose of the CHNA was to identify the major health priorities of the Hospital's designated service area and to provide insight into potential opportunities to improve the overall health and quality of life of the communities served by the Hospital. The 2017 CHNA process identified the following health priorities:

1. Cardiopulmonary Disease / Smoking
2. Obesity/Diabetes/Inactivity
3. Cancer
4. Mental Health/Substance Abuse/Addiction

The Hospital will develop an Implementation Plan to address the above health needs identified during the CHNA process. The Implementation Plan, which will be outlined in a separate report, will include coordination and acknowledgement of existing community resources and partners.

APPENDIX

Data Sources

- American Hospital Directory
- Centers for Disease Control and Prevention
- Community Commons
- Esri
- Health Resources and Services Administration
- Monongalia General Hospital
- Robert Wood Johnson Foundation
- Substance Abuse and Mental Health Services Administration
- Trust for America's Health
- United Health Foundation
- US Census Bureau
- West Virginia Department of Commerce
- West Virginia Health Care Authority
- West Virginia University Hospital
- West Virginia University School of Public Health

Interviewee List

Internal Interviews

- Dr. Chris Edwards, Director, Emergency Department, Mon Health System
- Dr. Brian Hawthorne, Vice President and Medical Director, Mon Health System
- Bill Hennessey, Executive Director of Foundation, Mon Health System
- Jeanette Lancaster, Executive Director, Mon HealthCare Equipment & Supplies
- Robert Milvet, Vice President, Physician Services, Mon Health System
- Daphne Scordato, Vice President, Patient Care Services, Mon Health System
- Wilma Sternthal, Executive Director, The Village at Heritage Point

External Interviews

- Laura Jones, Executive Director, Milan Puskar Health Right
- Tom Bias, Director, Health Research Center, WVU School of Public Health
- Steve LaCagnin, JD, Attorney, Jackson Kelly PLLC
- Dr. Susan Capelle, Urogynecologist, Independent
- Frank Ortiz, Practice Manager, Wedgewood Practice
- Dr. Charles Arthurs, Family Practice, Wedgewood Practice
- Cheryl Perone, Chief Executive Officer, Valley Community Health Center
- Bobbie Conklin, Marketing and Community Development, Steptoe and Johnson
- Janice Morris, Chief Executive Officer, Clay Batelle Health Services Association
- Bob White, Regional Epidemiologist, Monongalia County

Prioritization Matrix

Please rank on a scale of 1-5 with 1 being low and 5 being high.

Scoring: 1=Low 2=Moderately Low 3=Neutral 4=Moderately High 5= High

	<i>How important is the issue?</i>	<i>How much control/knowledge does Mon General have regarding the issue?</i>	<i>How much of the population will be affected or impacted?</i>	<i>Total</i>
Obesity/ Diabetes				
IV Drug Use/ Addiction				
Disinterest in Healthy Behaviors				
Mental Health / Substance Abuse				
Physical Inactivity				
Cardiopulmonary Health				
Infrastructure / Public Transportation				
Smoking				
Lack of resources in rural areas				
Cancers				
Sexually-Transmitted Infection				
Health Literacy				
Air Quality				