Community Health Needs Assessment

December, 2019

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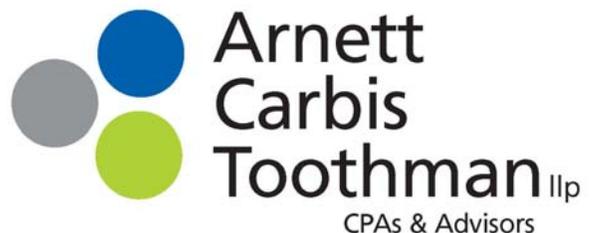
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Introduction

The Community Health Needs Assessment (CHNA) of Minnie Hamilton Health System (MHHS) was conducted to identify health needs and assist with the development of an implementation strategy to address the needs identified. Information from the CHNA will assist MHHS leadership with decisions that will have a positive impact on the health of the residents in MHHS's service area. I

To assist with the completion of the CHNA, Minnie Hamilton Health System retained Arnett Carbis Toothman LLP, a regional accounting firm specializing in healthcare with offices in West Virginia, Ohio, and Pennsylvania. The assessment was designed to ensure compliance with 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 address those needs.

The goal of this CHNA for Minnie Hamilton Health System was to develop an updated profile of health status, wellness, health delivery and overall health in the service area. The process used a compilation of the most recent local, state and Federal data, as well as the opinions and concerns articulated by community stakeholders through surveys and interviews. The study also reviewed the prior implementation plan to assess the progress made since the last CHNA in 2016 and to obtain community feedback related to MHHS's previous CHNA.

The significant components of the 2019 CHNA include:

- Community Profile

- Socioeconomic Characteristics

- Health Status Indicators

- Community Needs Survey

- Community Interview Results

- Prior Health Needs Initiatives

- Current Community Needs

Results of the CHNA for the above areas is compiled in the following sections of this report. The remainder of the report addresses the progress on the previous CHNA completed in 2016 and finally summarizes the current health needs of the community.

About Us

Minnie Hamilton Health System (MHHS) was formed in 1995 when Minnie Hamilton Community Health Center, a community health center, incorporated the building and operations of the struggling Calhoun General Hospital into its services. Today, Minnie Hamilton Health System has grown to include a comprehensive, vertically integrated health care delivery system comprised of a critical access hospital, community health center (FQHC), school-based health center sites, a nursing home unit, a swing bed unit, oral health care, rural health clinic, and 340B pharmacy services. In addition, MHHS sponsors several community-based services needed within the community, such as education and outreach events and threat preparedness services. Since its beginning, Minnie Hamilton Health System has evolved in response to the needs of the region.

Based upon the number of patients served, the primary service area was determined to include Calhoun, Gilmer, and Wirt Counties. Patients were also served that reside in Ritchie, Roane, and Braxton Counties.

The vision for the Community Health Planning process is a "high quality of life, health, and well-being for all people in Calhoun, Gilmer, and Wirt Counties." To achieve this vision, MHHS and its community partners has completed a comprehensive CHNA process, wherein Calhoun, Gilmer, and Wirt County residents were asked for input on priority health issues and community concerns, and data was accumulated from numerous sources. Information in this report describes the health status of Calhoun, Gilmer, and Wirt Counties and has led to the identification of the following critical health issues deemed priority by those who live, work, learn, and play in Calhoun, Gilmer, and Wirt Counties:

1. Illegal Drug Use & Substance Abuse

2. Poverty/Family Income & Unemployment

3. Tobacco use

4. Obesity and Related Diseases

5. Depression and Behavioral Health Needs

Our Location

Minnie Hamilton Health System is located in Grantsville, West Virginia which is located in central West Virginia. It is approximately three hours southeast of Columbus, Ohio, one and a half hours northeast of Charleston, West Virginia, and three and a half hours southwest of Pittsburgh, Pennsylvania.
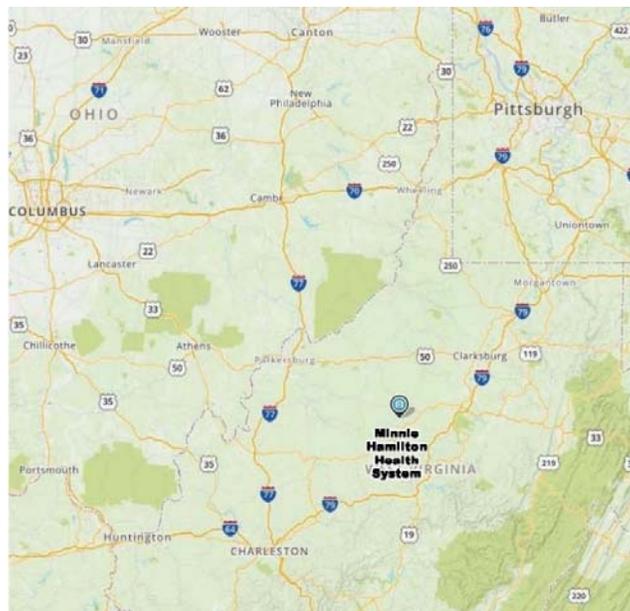
About Us

Service Area Counties

The following map shows the service area counties of the Hospital. MHHS is located in Calhoun County which is located between Wirt and Gilmer County. This central location is important for the residents of the three service area counties as they can readily access healthcare services without traveling far.

About Us

Our Services

Minnie Hamilton Health System is committed to providing patient friendly, quality health care to its communities. MHHS consists of multiple locations which provides a continuum of care that includes the following services:

Grantsville Operations
186 Hospital Drive
Grantsville, WV 26147

- 18 Acute Care and Swing Beds
- Long-Term Care – 24 beds
- Emergency Room, 24 hr. coverage
- Clinic Pediatric Services
- School Based Health/Dental Services
- Dental Services
- Cardiopulmonary Department
- Respiratory Therapy
- Cardio & Pulmonary Rehabilitation
- Physical Therapy
- Occupational and speech Therapy
- Radiology
- Mammography
- 16 slice CT Scan
- Ultrasound
- High Complexity Laboratory Services
- Social Services
- Outreach & Education Services
- Telehealth Services (Stroke, Psychiatry)
- Behavioral Health Services
- Family Planning
- Orthopedic
- Wound Care
- Infusion Therapy

Glenville Office
921 Mineral Road, Suite 101
Glenville, WV 26351

- Clinic Services
- Pediatric Services
- Behavioral Health Services
- Physical Therapy
- Moderate Complexity Laboratory Services
- Radiology Services
- Outreach & Education Services
- School Based Health Services
- Glenville State College student medical services
- Family Planning

Coplin Memorial Health Services
1301 Elizabeth Pike
Elizabeth, WV 26143

- Radiology Services
- Moderate Complexity Laboratory Services

Community Profile

Demographics

Demographics refer to the characteristics of a population. Examples of demographic information include age, race, gender, ethnicity, religion, income, education, home ownership, sexual orientation, marital status, family size, and health and disability status. Data for many of these important indicators was collected through the 2019 Community Health Needs Assessment.

Population

As shown in Chart 1, the population of the total service area is projected to steadily decline through 2030.

Chart 1
Population - Total Service Area

	2015 Estimate	2020	2025	2030
	21,590	21,195	21,001	20,545
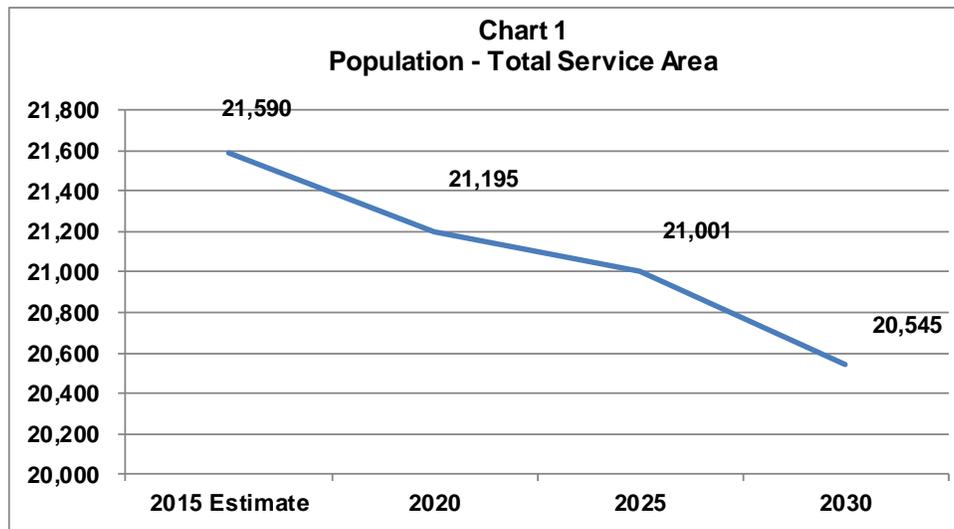
Source: WV Population Projection, Bureau of Business and Economic Research.

Table 1 includes the population by counties. As shown below Gilmer County, West Virginia has the highest population in the service area.

Table 1: Population Projections

County	2015 Estimate	2020	2025	2030
Calhoun	7,430	7,224	7,083	6,899
Gilmer	8,320	8,151	8,052	7,844
Wirt	5,840	5,820	5,866	5,802
Total Service Area Population	**21,590**	**21,195**	**21,001**	**20,545**

Source: WV Population Projection, Bureau of Business and Economic Research

Demographic Profile

Table 1A presents additional demographic information for the three counties, the service area, the state of West Virginia, and the United States.

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Community Profile

Table 1A						
Quick Facts	**Calhoun County**	**Gilmer County**	**Wirt County**	**Service Area**	**West Virginia**	**United States**
Age						
Persons under 5 years, percent	4.8	3.7	5.0	4.5	5.3	6.1
Persons under 18 years, percent	18.9	14.3	21.3	18.2	20.2	22.4
Persons 65 Years and over, percent	24.5	17.5	20.2	20.7	19.9	16.0
Race and Hispanic Origin						
White alone, percent	98.0	85.4	97.7	93.7	93.5	76.5
Black or African American alone, percent	0.3	11.0	0.4	3.9	3.6	13.4
American Indian and Alaska Native alone, percent	0.4	1.0	0.2	0.5	0.3	1.3
Asian alone, percent	0.2	0.8	0.3	0.4	0.8	5.9
Native Hawaiian and Other Pacific Islander alone, percent	0.0	0.1	0.0	0.0	0.0	2.7
Two or more Races, percent	1.0	1.7	1.3	1.3	1.8	2.7
Hispanic or Latino, percent	1.3	5.8	0.8	2.6	1.7	18.3
White alone, not Hispanic or Latino, percent	96.9	81.0	97.1	91.7	92.1	60.4
Housing						
Median value of owner-occupied houseing units, 2013-2017	79,900	91,600	81,400	84,300	111,600	193,500
Median selected monthly owner costs- with a mortgage, 2013-2017	703	728	777	736	997	1515
Median selected monthly owner costs- without a mortgage, 2013-2017	193	205	247	215	309	474
Median gross rent, 2013-2017	495	528	513	512	681	982
Families and Living Arrangements						
Households, 2013-2017	2,808	2,703	2,427	7,938	737,671	118,825,921
Persons per household, 2013-2017	2.64	2.45	2.39	2.49	2.42	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	92.0	82.6	93.9	89.5	88.3	85.4
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.8	5.2	0.8	2.6	2.5	21.3
Education						
High school graduate or higher, percent of persons age 25 years+, 2013-2017	75.3	81.4	84.8	80.5	85.9	87.3
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	10.6	16.0	7.5	11.4	19.9	30.9
Health						
With a disability, under age 65 years, percent, 2013-2017	17.6	13.5	17.5	16.2	14.4	8.7
Persons without health insurance, under age 65 years, percent	8.4	8.3	8.3	8.3	7.5	10.2
Economy						
Total health care and social assistance receipts/revenue, 2012 ($1,000)	16,956	14,197	4,062	35,215	12,259,395	2,040,441,203
Total retail sales, 2012 ($1,000)	27,265	38,293	19,762	85,320	22,637,923	4,219,821,871
Total retail sales per capita, 2012	3,584	4,385	3,380	11,349	12,201	13,443
Transportation						
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	33.1	31.1	35.0	33.1	25.7	26.4
Income and Poverty						
Median household income (in 2017 dollars), 2013-2017	36,279	37,175	38,936	37,463	44,061	57,652
Per capita income in past 12 months (in 2017 dollars), 2013-2017	19,696	18,207	19,747	19,217	24,774	31,177
Persons in poverty, percent	24.8	26.6	19.2	23.5	19.1	12.3

This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates
The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.
(a) Includes persons reporting only one race
(b) Hispanics may be of any race, so also are included in applicable race categories
(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data
D: Suppressed to avoid disclosure of confidential information

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

## Overview of the Community/Service Area

- The residents of the MHHS service area are predominately White/Caucasians (93.7%), followed by Black or African American (3.9%).

- English is the primary language, though 2.6% speak a language other than English at home.

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Community Profile

- 11.4% of individuals in the service area hold a bachelor's degree which is lower than the West Virginia percentage of 19.9%, however, both are significantly less than the U.S. average of 30.9%.
- Housing is generally stable and compares favorably between the service area. 89% of residents live in the same house one year or longer.

- The service area and the State of West Virginia have a higher percentage of residents below the poverty level compared to the United States.

- 20.7% of the service area population is 65 and older which is consistent with the state of West Virginia of 19.9% but significantly higher than the national average of 16.0%.

- The service area median household income of $37,463 and the State of West Virginia of $44,061 are notably lower than the national average of $57,652.

Leading Causes of Death

Chart 2 reflects the leading causes of death for residents of the service area, the State of West Virginia and the United States. The leading causes of death are determined by the average rate per hundred-thousand residents. Major Cardiovascular Disease is the highest among the causes with malignant neoplasms as second highest. West Virginia, as well as the service area, have a significantly higher death rate from diseases of the heart and malignant neoplasms compared to national averages.

Chart 2: Comparison Rates for the Top Causes of Death
Rate per 100,000 Residents, All Ages
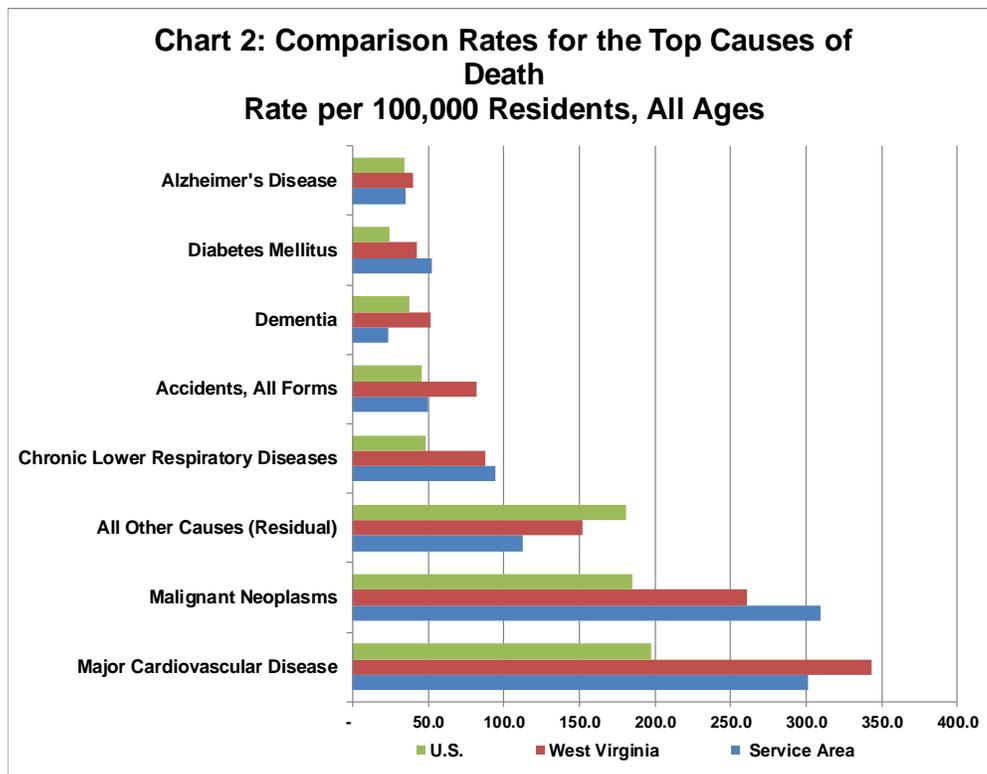
Source: West Virginia Department of Health & Human Resources Bureau for Public Health, "West Virginia Vital Statistics 2015"

Source: 2015 Vital Statistics Pg 141-154
DHHR, Bureau for Public Health, Health Statistics Center, Vital Statistics System, 2017

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Socioeconomic Characteristics

Statistics like age, sex, income and education are part of the Social Determinants of Health. These factors have been shown to affect a person's health outcomes. Understanding these factors can help organizations like MHHS improve health for each citizen of their service area.

Wages

Table 2 illustrates the average weekly wage and annualizes those wages for the service area counties, West Virginia, and the United States. All counties were below the average wage rates of the United States and West Virginia. The highest average wage in the service area counties was reported in Calhoun County while Wirt County reported the lowest.

Table 2: Wages

Area	Weekly Wage (1)		Annualized	
United States (2)	$	1,021	$	53,092
West Virginia	$	826	$	42,952
Calhoun	$	755	$	39,260
Gilmer	$	721	$	37,492
Wirt	$	577	$	30,004

(1) Average weekly wages were calculated using unrounded data.
(2) Totals for the United States do not include data for Puerto Rico or the Virgin Islands.
Unemployment Compensation for Federal Employees (UCFE) programs. Data are preliminary.

Source: Bureau of Labor Statistics. County Employment and Wages in West

Source: Bureau of Labor Statistics. County Employment and Wages in West Virginia-Third Quarter 2017

Unemployment

In Chart 3, it is shown that the service area counties have a higher unemployment rate than the State of West Virginia. Calhoun County has the highest unemployment rate at 10.40% compared to the State average of 5.30% in 2018. All counties within the service area have had a decline in unemployment from 2016-2018.

Chart 3: Unemployment Rates 2016-2018

	2016	2017	2018
West Virginia	6.10%	5.20%	5.30%
Calhoun	12.80%	10.80%	10.40%

Source: www.lmi.workforcewv.org. West Virginia Annual Averages 2018

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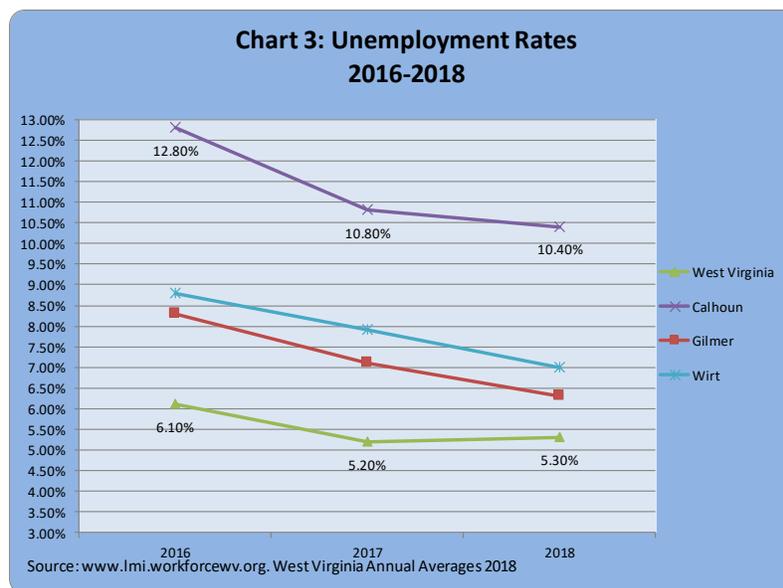
Socioeconomic Characteristics

Poverty

Table 3 and Chart 4 presents the percentage of the population living in poverty in 2016-2017 for the service area counties, West Virginia, and the United States. All of the counties are above the national average. Gilmer County had the highest percentage of the population living in poverty at 25.0% with Calhoun County as the lowest at 17.1%. West Virginia (17.8%) is above the national level of 14.6% for the two-year period.

Exhibit 4
Percent of Population Living in Poverty

	2016	2017	Change
Calhoun	15.9%	17.1%	7.55%
Gilmer	26.1%	25.0%	-4.21%
Wirt	15.2%	21.2%	39.47%
West Virginia	**17.7%**	**17.8%**	**0.56%**
United States	**15.1%**	**14.6%**	**-3.31%**

Source:https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
"Poverty Status in the Past 12 Months"

Chart 4: Percent of Population Living in Poverty

Source: factfinder.census.gov

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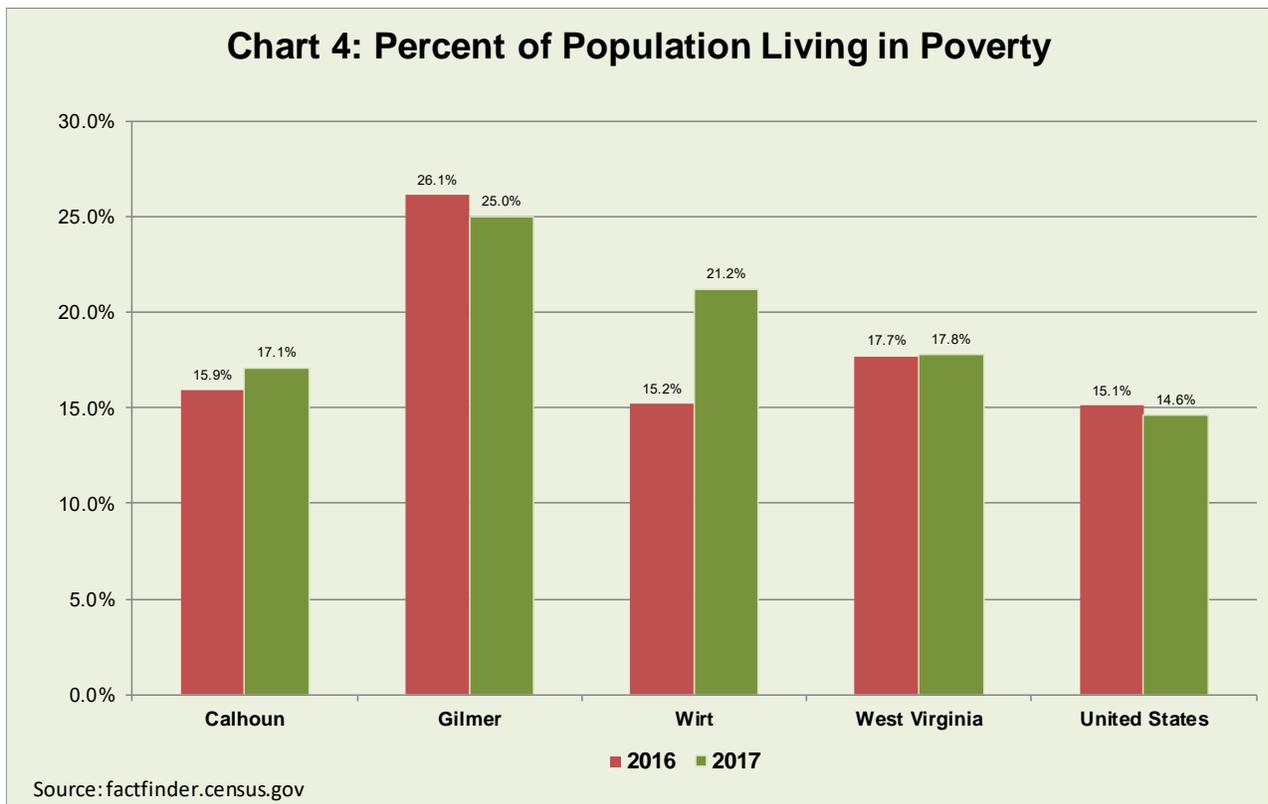
Socioeconomic Characteristics

Income

Table 4 presents the median household income for the service area counties, the State of West Virginia, and the United States. All of the service area counties were below the West Virginia and national level. Wirt County, WV was the highest of the service area counties.

Table 4
Median Household Income
2013-2017

County	State	Median Household Income
Calhoun	WV	$ 36,279
Gilmer	WV	$ 37,175
Wirt	WV	$ 38,936
Total Service Area		**$ 37,463**
State of West Virginia		**$ 44,061**
United States		**$ 57,652**

SOURCE: U.S Census Bureau, 2013-2017 American Community Survey

Education

The education levels of a population have been shown to correlate to its overall health and welfare. Table 5 presents the distribution of education levels for those 25 years and older in the service area, the State of West Virginia, and for the U.S. for 2013-2017. The service area counties had a higher percentage of individuals without a high school diploma but had a higher percentage with some college. The service area counties had a lower percentage of individuals with a bachelor's degree compared to West Virginia and the United States.

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Socioeconomic Characteristics

Table 5
Highest Level of Education Attained
2013-2017

	Service Area	West Virginia	United States
Less than a high school diploma	27.1%	14.1%	12.7%
High school diploma only	59.2%	40.6%	27.3%
Some college or associate's degree	33.7%	25.5%	29.1%
Bachelor's degree or higher	16.0%	19.9%	30.9%

SOURCE: US Census Bureau / USDA

Qualified Pre-Kindergarten Program

Access and participation in early education programs is another important predictor of the future success of students in a population. Chart 5 illustrates the percentage of four-year-olds enrolled in a pre-kindergarten program. As shown in this exhibit, the counties in the service area have consistently met or exceeded State enrollment percentage.

Chart 5
Percent of Four-Year-Olds Enrolled in a
Qualified Pre-Kindergarten Program

Source: http://datacenter.kidscount.org/

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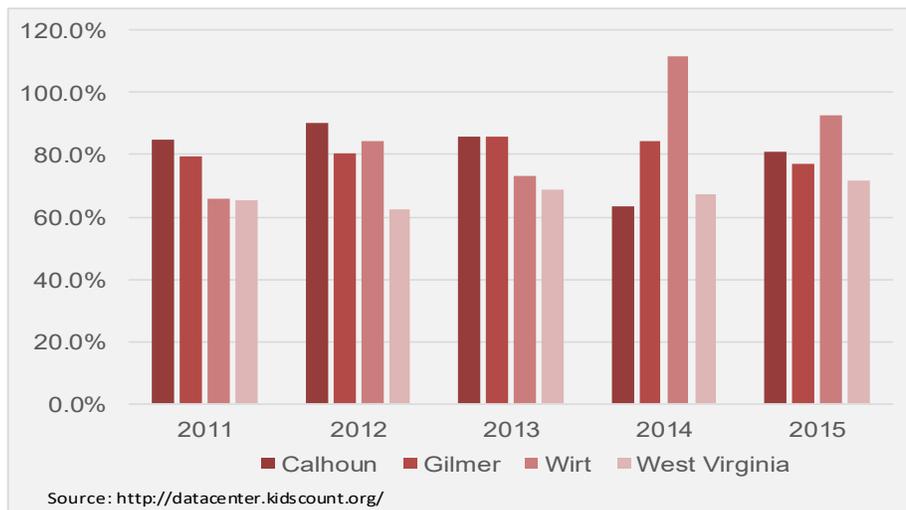
Health Status Indicators

Health status indicators provide an overview of a wide range of factors that affect our health. The following information is indicative of the poor health of the State of West Virginia including Calhoun, Gilmer and Wirt counties:

- West Virginia ranked 2nd highest nationally in the prevalence of general health of adults as either fair or poor.

- More than one-fourth of West Virginia adults (26.3%) considered their health to be either fair or poor.

- Fair or poor health was most common among groups of adults aged 55-64, those with less than a high school education, and those who have an annual household income of less than $15,000.

- West Virginia ranked 1st highest in the nation for the prevalence of poor physical health, poor mental health, and activity limitations due to poor physical or mental health.

As illustrated in the following tables, the three counties of Calhoun, Gilmer and Wirt have consistent health status indicators as the State of West Virginia noted above.

County Health Rankings

Tables 6 and 7 include selected data from the University of Wisconsin Population Health Institute, County Health Rankings 2019 for the service area, State of West Virginia, and U.S. median. Table 6 illustrates unfavorable indicators such as the percentage of adults who smoke, those that are obese, and those with access to exercise opportunities. As shown in the table, all counties within the service area were either at or within 3% of the state performance for the negative indicators, with the exception of access to exercise opportunities. Between one-fourth and one-fifth of the adults in the service area counties and the state smoke, while one-third are obese. With regard to access to exercise opportunities, the service area counties were well below the state and national level.

Table 6
Health Behaviors/Outcomes

Health Status Indicator	U.S. Median	West Virginia	Calhoun	Gilmer	Wirt
Adults in poor or fair health	12%	24%	23%	26%	23%
Adult smoking	14%	25%	23%	26%	23%
Adult obesity (BMI ≥ 30)	26%	36%	34%	38%	39%
Access to exercise opportunities	91%	60%	1%	31%	45%

Source: County Health Rankings & Roadmap 2019

Physical Environment

Table 7 includes environmental factors such as air pollution, drinking water violations, housing problems, and work commute information. The service area air pollution is in line with the State, which is higher than the nation. Driving alone to work was very consistent across the service area and State. With regards to drinking water violations, Calhoun and Gilmer Counties incurred violations while Wirt County did not.

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Health Status Indicators

Table 7
Physical Environment

Environmental Factor	U.S. Median	West Virginia	Calhoun	Gilmer	Wirt
Air Pollution [1]	6.1	9.6	9.7	9.5	9.9
Drinking Water Violations	*	*	Yes	Yes	No
Severe Housing Problems	9%	11%	6%	10%	6%
Driving Alone to Work	72%	82%	83%	76%	85%
Long Commute - Driving Alone	15%	33%	48%	42%	62%

*Violations reported for counties: Yes - indicates the presence of a violation, No - indicates no violation.
[1]Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)

Clinical Care

Table 8 includes clinical care statistics and rankings for the service area counties and State of West Virginia. Preventable hospital stays were well above the state and national level. The percentage of uninsured was in line with the State of West Virginia and lower compared to the United States. Diabetes prevalence and mammography screenings were consistent with state averages.

Table 8
Clinical Care

Measure	U.S. Median	West Virginia	Calhoun	Gilmer	Wirt
Uninsured	10%	7%	8%	7%	7%
Preventable Hospital Stays	4520	5683	6258	6842	6131
Diabetes Prevalence	9%	14%	13%	13%	15%
Mammography Screening	41%	38%	37%	27%	36%
Ranking for Clinical Care*			51	50	42

* Ranking out of the 55 West Virginia counties

SOURCE: https://www.countyhealthrankings.org/app/west-virginia/2019/compare/snapshot?counties=54_013%2B54_021%2B54_105

Mental Illness

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

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

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Health Status Indicators

Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities.
Table 9 presents statistics of mental illness published by the NSDUH for those aged 18 or older between 2016 and 2017.

Table 9
Past Year Mental Health Issues among Persons Aged 18 or Older
2016-2017

Location	Serious Mental Illness %	Any Mental Illness %
National Average	4.38	18.57
West Virginia	5.18	20.90

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use

and Health, 2016 and 2017

Pregnancy and Birth Data

The well-being of mothers and babies is a critical component of a community's overall health. Healthy pregnancies help to provide a better start in life and improve the health of future generations. Table 10 displays the Maternal Birth Factors for the three counties in the service area.

Table 10
Pregnancy and Birth Data
2015

Selected Factors	Calhoun	Gilmer	Wirt	WV
Birth Rate per 1,000 Population	8.2	6.9	9.9	10.7
Number of Births	61	61	61	19,778
% of Births Delivered in Hospital	100%	98%	100%	99.4%
% of Low Birthweight Births	9.8%	3.4%	8.6%	9.6%
% Births to Mothers Under 18	1.6%	1.7%	1.7%	2.1%
% of Births - Prenatal Care Began in First Trimester	73.8%	75.4%	82.5%	78.6%
% of Births - Prenatal Care Began in Second Trimester	19.7%	15.8%	12.3%	16.1%
% of Births - Prenatal Care Began in Third Trimester	3.3%	7.0%	1.8%	4.2%
% of Births - No Prenatal Care	3.3%	1.8%	3.5%	1.0%
Pregnancy Risk Factor: Drug Use	1.6	1.7	3.4	5.9%
Pregnancy Risk Factor: Tobacco Use	39.3	16.9	27.6	25.3%

Source: West Virginia Vital Statistics

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Community Needs Survey

Online Survey Results

The community health needs assessment includes anonymous survey results using an online survey website, which was made available to employees, patients and the community. Survey responses were collected between October and December 2019. A copy of the survey document is included in this report starting on page 28. Below is relevant information about the respondents and a summary of the key issues identified through this survey process.

Respondent Age Groups

The survey requested that participants provide various demographic data. The ages of participants who responded were: 18-24 (2.94%), 25-40 (44.12%), 41-64 (47.06%), and 65 or older (5.88%).

Gender, Marital Status and Race

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

- Gender: Male-17.65%, Female-82.35%

- Marital Status: Single-17.65%, Married-70.59%, Divorced-8.82%, Separated-2.94%

- Race: Caucasian-91.18%, Other-5.88%, Hispanic-2.94%

Household

Respondents indicated that 58.82% have children under the age of 18 in their household

Income

Household income varied among survey-takers:
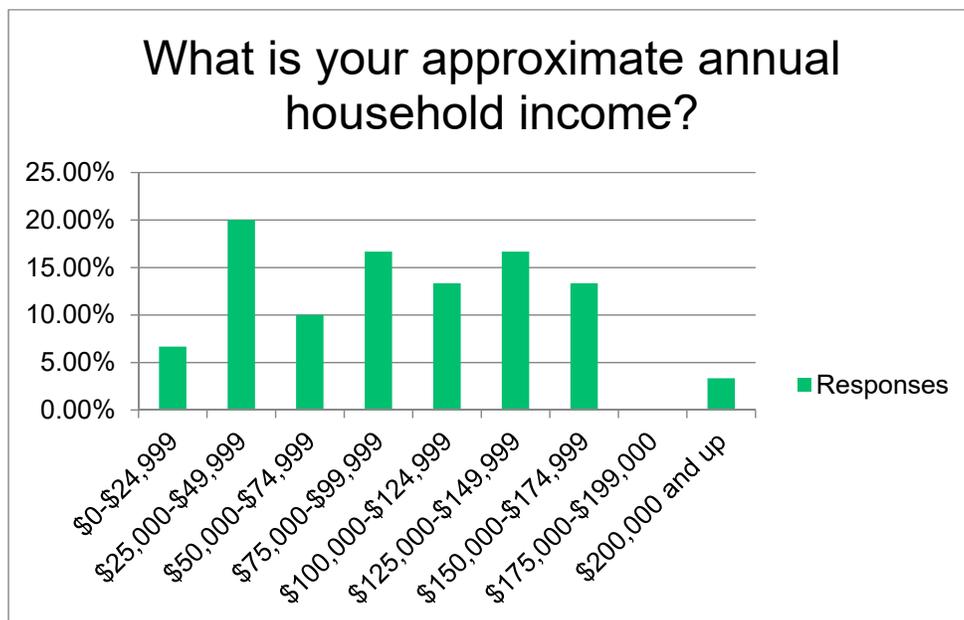
Community Needs Survey

Education

Respondents were asked: "What is the highest level of education you have completed?" Most respondents indicated they completed an education level of high school graduate or above.

What is the highest level of education you have completed?
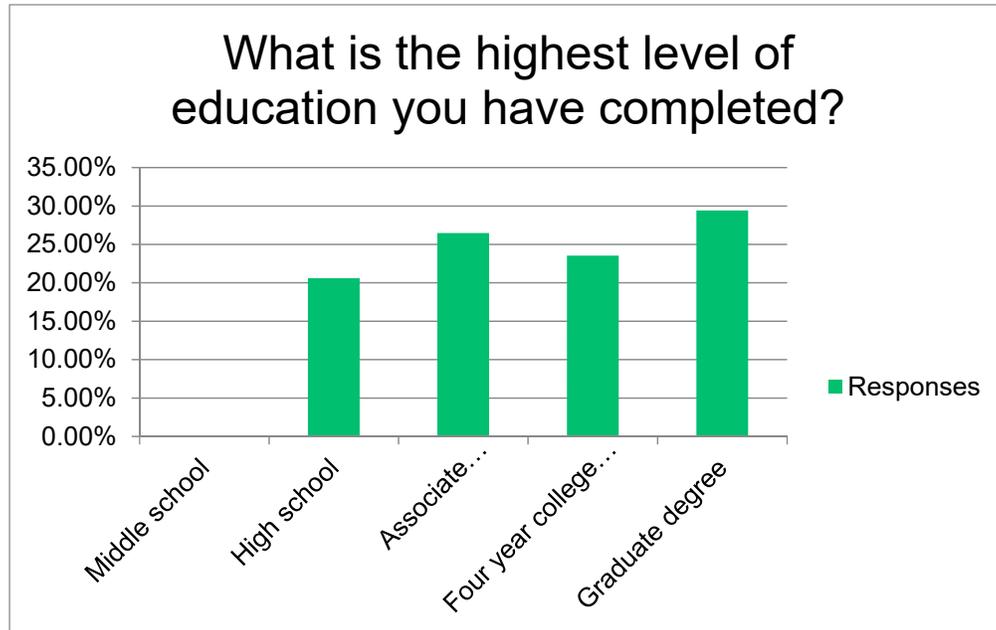
Employment

In a separate question, surveyors were asked to provide their employment status. Approximately 82.35% of respondents indicated they are employed full time, 8.82% are employed part time, and 5.88% are retired. 2.94% of the respondents stated they are disabled and not working.

Insurance

Since the Affordable Care Act's (ACA) coverage expansion began, more than 20 million uninsured people nationwide have gained health insurance coverage. As a result of the Affordable Care Act, the uninsured rate in West Virginia declined from 14 percent in 2013 to just 5.3 percent in 2018.

Participants of the survey were asked to identify their insurance carrier, if any. 79.41% selected Private Insurance and 2.94% selected private insurance purchased through the Marketplace. 2.94% selected Medicare and 2.94% selected Medicaid, while 8.82% stated they did not have insurance.

Dental Health Care

85.29% of the respondents received dental care in the past 12 months. Barriers that prevent residents from seeing a dentist include: cost, lack of insurance, and office is not accepting new patients.

Community Needs Survey

Routine Health Care

Respondents were asked: "Do you and/or your family have a primary care physician? 94.12% indicated "Yes". For those that responded "No", the main source of routine care was the emergency room and/or hospital.

29.41% of respondents indicated they or somebody from their household has delayed health care due to lack of money and/or insurance.

Health Issues

Participants were asked "Do you or someone in your household receive treatment for any health condition?" The top responses were high blood pressure and high cholesterol, depression and anxiety disorders, and joint/bone/muscle pain. Diabetes was also widely chosen. The least selected conditions were long-term acute care services, bariatrics/obesity, substance abuse, and sexually transmitted diseases.

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Community Interview Results

Input was solicited from those representing the broad interests of the community through a series of interviews conducted in November, 2019. These key leaders/stakeholders of the community provided valuable input to assist with the analysis of the health needs in Calhoun, Gilmer and Wirt Counties.

Leaders from the following organizations were selected to provide feedback through the interview process:

- Calhoun Family Resource Network

- Gilmer County Family Resource Network

- Glenville Center

- WVU Cancer Institute

- Calhoun Banks

Discussions included the following topics:

- Health needs of the community

- Barriers to healthcare access

- Opportunities for improvement

- Perception of Minnie Hamilton Health System

- Feedback on healthcare initiatives.

"Minnie Hamilton is dedicated to improving the health quality of life of all people in our service area through an innovative delivery system of services and education"

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

Community Interview Results

Health Needs of the Community

All stakeholders believe that there are many health related problems in the community. The most frequently identified health concerns in the community were:

- Substance abuse

- Mental health

- Cardiovascular disease

- Diabetes

- Cancer

Contributing factors to these concerns include:

- Unhealthy lifestyles

- Physical inactivity

- Drug abuse including tobacco and alcohol

- Lack of education to maintain healthy living standards.

Barriers to Healthcare Access

In general transportation, lack of certain services such as urgent care and specialty services, cost, and lack of health insurance were cited as issues for many residents in the service area. Those living in poverty, as well as the elderly, also face issues in finding transportation to doctor's appointments and medical facilities, especially when they need to travel out of the area for access to specialty services. Specialties that some believe the service area could expand on are: behavioral/mental health, depression/anxiety disorders, substance abuse, dialysis, oncology, and cardiology.

Opportunities for Improvement

There were several opportunities for improvement identified by the stakeholders interviewed. Following are the opportunities identified:

- Education regarding healthy living and health services available.

- More screening for cancer.

- Expand substance abuse programs.

- Provide more basic needs to vulnerable populations for items such as hygiene, cleaning, etc.

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Community Interview Results

Perception of Minnie Hamilton Health System

All of the stakeholders interviewed believe that Minnie Hamilton Health System is vital to the community it serves. The perception of MHHS is overall positive and many feel that the organization does a great job at providing services and adapting to the community needs. MHHS is important to the region in that it ensures primary care services are available locally for residents, regardless of ability to pay. MHHS is not without its challenges and there are areas that need improvement such as those discussed above in regard to improved access to services.

Feedback on Healthcare Initiatives

Below are comments from the stakeholders interviewed regarding the prior initiatives:

- Mental health and drug abuse areas still have significant unmet needs. Need more consistent education and transportation to target those in need.

- Oncology and cardiac specialties services need expanded and promoted.

- Need more transportation for low income and elderly.

- More focus on proper use of the Emergency Department.

- Need more focus and education for diabetes.

The stakeholders all commented on the progress that has been made at MHHS the last three years.

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Progress on Prior Health Needs Initiatives

Following the completion of the 2016 CHNA, ten important health concerns were prioritized. Below is the listing of the top 10 health issues reported in the 2016 CHNA:

1. Drug/substance abuse
2. Unemployment rate
3. Poverty
4. Low food access – food desert
5. Tobacco use
6. Obesity/overweight
7. Family income
8. Lack of social or emotional support
9. Housing
10. Depression

A summary of the prior health issues and noted improvements since the previous CHNA are as follows:

- **Illegal Drug Use and Substance Abuse**

   Implementation of this program was slowed by lack of ability to hire qualified staff. Late 2019 MHHS hired qualified staff and are moving forward with their BHS program initiatives. One of the key elements of the plan is the implementation of MAT (Medication Assistance Treatment) program. This continues to be a focus area as nearly 10% of our patients have indications of illicit drug use issue. As the opioid epidemic continues to grow especially in West Virginia this continues to be a high priority area.

- **Poverty/Family Income and Unemployment**

   Continue education and outreach programs to those who are most vulnerable regarding health and wellness programs available to them continues to be the most successful approach to addressing this issue. For example, MHHS's ability to utilize its uniqueness of having HRSA grant dollars to assist with sliding fees for majority of services is still not widely known. Efforts continue to be aimed at improvement of educational programs to community. One of the main goals of this initiative is to make it widely known that MHHS provides services regardless of the patient's ability to pay. MHHS plans to increase its financial counselor access by moving staff to the main facility in 2020. Progress was made over the past three years but this continues to be a very important area to insure that individuals in Calhoun, Gilmer and Wirt counties learn about the health resources available to them especially the younger population.

- **Tobacco Use**

   Continue use of education programs including but not limited to one on one counseling as a part of Primary Care visits as well as dental visits when tobacco use is identified or acknowledged. One of the more successful ways to reach the younger population is to utilize school based health centers as a hub to education. MHHS began staff reeducation in 2019, with focus on many areas, one being tobacco cessation programs. This will continue to be a priority area due to the high use of tobacco products that now include not only smoking and smokeless tobacco but vaping as well.

Progress on Prior Health Needs Initiatives

- **Obesity and Related Diseases**

  The prevalence of obesity in West Virginia is the highest in the nation at nearly 38 percent of the population. Some studies would indicate the MHHS service area has a lower obesity prevalence but it is still, and will continue to be, a problem that contributes to poor health. Some progress has been made in the past three years but this continues to be a big problem in the service area. Wellness programs are a huge priority for MHHS, but the availability of fitness facilities for exercise is poor. Certainly thinking outside of the box and trying to incorporate wellness and physical activities programs with community project such as cleanups at the parks, walking trials, and other similar activities will be incorporated into the program in the future. Community involvement in these type of activities is becoming a part of our wellness program initiative. Therefore, MHHS's plan is to begin utilizing other means other than normal workout facilities.

- **Diabetes control programs**.

  Diabetes and other related chronic conditions has been a big challenge but progress has been made in the past three years. MHHS has continued to provide education through various Community Outreach Programs that provide a wide range of education and learning opportunities. Education regarding the existing Chronic Care Management programs that include screenings, data analysis, as well as treatment programs, continue to be the most successful. A wide variety of other initiatives have been used that have been successful.

- **Depression and Behavioral Health Needs**

  Depression and Behavioral Health Needs continue to be a high priority area for MHHS as well. Some progress has been made but the lack of qualified professionals has been a challenge. There will be a continued emphasis on the promotion of new behavioral health programs with the recent hiring of qualified staff.

Current Health Needs

The goal of the Community Health Needs Assessment was to identify health issues and needs in the community, and to provide information to key decision makers to address the health needs of MHHS's service area. Statistical data was compiled to depict demographic and economic profiles while the surveys and interviews provided additional feedback on current healthcare needs and the many challenges facing the community and MHHS.

Below is a list of key facts that provided guidance to identify and prioritize the current health needs of the community.

- The <u>aging population</u> will contribute to the highest growth in the 65 and over age category. An increase in this age category contributes to an increase of Medicare beneficiaries with an increased need of services.

- The percentage of <u>adults living in poverty</u> in Gilmer and Wirt counties was at least 20%, while Calhoun was 17.1%. Many find themselves without insurance and seeking assistance from Medicaid, other programs, or simply delay medical treatment.

- Calhoun County (9.8%) had a high percentage of <u>low birthweight births</u> within the service area.

- <u>Tobacco Use</u> was 23%-26% for all service counties and the state of West Virginia which was significantly higher than the national average of 14%.

- The health status indicator with the highest percentage within all service areas is <u>adult obesity</u>. The service area and state of West Virginia ranged from 34%-39%, higher than the national average of 26%. Access to exercise opportunities was very low for all service areas ranging from 1% to 45% compared to the State of West Virginia's average of 60% and the national average of 91%.

Community Health Priorities

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

- Illegal Drug Use and Substance Abuse

- Poverty/Family Income and Unemployment

- Tobacco Use

- Obesity and Related Diseases

- Depression and Behavioral Health Needs

Current Health Needs

Illegal Drug Use and Substance Abuse

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

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

Poverty/Family Income and Unemployment

Poverty is considered a key driver of health status. Poverty and poor health are inseparably linked. Poverty has many dimensions that all work together to reduce opportunities, limit choices, undermine hope, and, as a result, threaten health. Poverty has been linked to higher prevalence of many health conditions, including increased risk of chronic disease, injury, deprived infant development, stress, anxiety, depression, and premature death. These health afflictions of poverty most burden at risk groups such as women, children, ethnic minorities and the disabled.

Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Although improvements have been made recently in these areas, mainly as a result of the resurgence of the oil and gas industry, the service areas of Calhoun, Gilmer and Wirt counties still have a much higher percent of the population living in poverty than national averages, and median household income is still far below State and National averages. These factors continue to impact the health outcomes for the residents of the service area and thus addressing the needs of this vulnerable population continues to be a high priority for MHHS. MHHS will address the specific needs and plans to address those needs in its Implementation Plan, which will include offering free/low cost screenings and other services.

Tobacco Use

Tobacco use harms nearly every organ of the body and is linked to leading causes of death such as cancer, cardiovascular disease, lung diseases, diabetes, and COPD. More than 16 million Americans are living with a disease caused by smoking. Smoking is the leading cause of preventable death and is responsible for more than 480,000 deaths per year in the United States. On average, smokers die 10 years earlier than nonsmokers.

Tobacco use continues to be a main problem for a large percentage of the population of the service area. Tobacco use is especially prevalent for the more vulnerable populations in Calhoun, Gilmer and Wirt counties including those under 18 years of age. Tobacco use and the resulting related health issues continues to be a priority for MHHS. Education and early screening has and will continue to be important

Current Health Needs

in the war on tobacco use. MHHS will continue to address this need and will outline its plans for the next three years in its Implementation Plan.

Obesity and Related Diseases

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

Obesity continues to be a critical health status indicator for the service area.   The percent of the population that is considered obese is significantly higher in the service area than national averages.   West Virginia ranks number 1 for the prevalence of obesity in its population with over 70 percent of the adult population considered obese.   MHHS will continue to include Obesity as one of its top health need concerns and will be addressed in its Implementation Plan through a combination of efforts that address physical activity, healthy diets, screening and testing for related health issues such as diabetes.

Depression and Behavioral Health Needs

Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks. Depression, even the most severe cases, can be treated. The earlier treatment can begin, the more effective it is. Depression is usually treated with medications, psychotherapy, or a combination of the two. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore. No two people are affected the same way by depression and there is no "one-size-fits-all" for treatment.

Depression continues to be a major concern for the health needs of the service area. MHHS continues to evaluate its ability to meet the needs of the service area and have undertaken various initiatives including but not limited to partnering with other providers. MHHS will continue to develop a plan to address the needs of those who deal with depression and related behavioral health issues, including obesity, low income/poverty, and drug use.

Next Steps

With the completion of the Community Health Needs Assessment, Minnie Hamilton Health System will establish an implementation plan which will use MHHS's individual strengths and resources to best address their community's health needs and improve the overall health and wellbeing of residents of its service area.

Community Needs Survey

Minnie Hamilton Health System

Minnie Hamilton Health System Community Health Needs Assessment
2019

Minnie Hamilton Health System is conducting a Community Health Needs Assessment (CHNA) Survey. By answering these questions, you will help us identify the most important health needs in your community. The information obtained from the CHNA will be used in the development of an action plan to improve the health of local community members. ***Please note that you will not be asked to supply your name to complete the survey. Respondents of the survey will remain anonymous.***

* 1. The zip code of my residence is:

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* 2. Have you or someone in your household used the services of Minnie Hamilton Health System in the past 12 months?

☐ Yes

☐ No

* 3. If not at Minnie Hamilton Health System, at which hospital were services received?

◯ Camden Clark-WVU Medicine

◯ Stonewall Jackson- Mon Health

◯ Roane General Hospital

◯ N/A

◯ Other (please specify)

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Community Needs Survey

[   ]

* 4. Why did you or someone in your household receive care at a hospital other than Minnie Hamilton Health System

○ Services not provided at Minnie Hamilton Health System.

○ Another hospital was able to perform the services more quickly and efficiently.

○ Perceived quality was higher at other facility.

○ Not Applicable

○ Other (please specify)

[   ]

* 5. What services do you use at Minnie Hamilton Health System? (please check all that apply)

☐ Emergency Room   ☐ Physical Therapy   ☐ Primary Care

☐ Radiology   ☐ Behavioral Health   ☐ None

☐ Other (please specify)

[   ]

* 6. On a scale of 1-5 (1-extremely dissatisfied, 5- extremely satisfied), how satisfied were you or someone in your household with the services you received at Minnie Hamilton Health System?

1	2	3	4	5	Not Applicable
○	○	○	○	○	○

7. Please explain why you were satisfied or dissatisfied.

[   ]

Community Needs Survey

* 8. What type of specialist have you or someone in your household been to and in which city did you received that care?

☐ Cardiology   ☐ Dermatologist   ☐ Ophthalmology

☐ Neurology   ☐ Oncology   ☐ Orthopedics

☐ Gastroenterology   ☐ Endocrinology   ☐ N/A

☐ Allergist   ☐ Obstetrics & Gynecology

9. In what city/cities did you consult with the specialist?

* 10. How much of a barrier are the following to receiving assistance for your needs?

	Not a barrier	A small barrier	A major barrier
Cost of assistance	○	○	○
Not eligible/do not qualify for assistance	○	○	○
Lack of transportation	○	○	○
Lack of childcare	○	○	○
Do not know where to go for assistance	○	○	○
Do not want to ask for assistance	○	○	○
Assistance is not in my area	○	○	○
Prior bad experience with	○	○	○

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Community Needs Survey

	Not a barrier	A small barrier	A major barrier
obtaining assistance			
Have to work during business hours of assistance provider	◯	◯	◯
Health or disability prevents me from seeking assistance	◯	◯	◯

* 11. Do you have children under age 18 living in your household?

◯ Yes   ◯ No

* 12. Do you care for an elderly parent/grandparent?

◯ Yes   ◯ No

* 13. Did you receive dental care in the past 12 months?

◯ Yes   ◯ No

* 14. If applicable, what barriers prevent you from seeing a dentist?

☐ Cost   ☐ Not accepting new patients

☐ Lack of insurance   ☐ Not applicable

☐ Location/proximity

☐ Other (please specify)

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[                              ]
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* 15. Do you and/or your family have primary care physician?

◯ Yes   ◯ No

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Community Needs Survey

16. If no, then what kind of medical provider do you use for routine care?

○ Community Health Center   ○ Specialist

○ Health Department   ○ N/A

○ Emergency room/hospital

○ Other (please specify)

[   ]

* 17. What is your employment status?

○ Full time   ○ Retired

○ Full time with benefits   ○ Disabled

○ Part time   ○ Unemployed-actively searching

○ Part time with benefits   ○ Unemployed- not actively searching

* 18. Have you or someone in your household delayed health care due to lack of money and/or insurance?

○ Yes   ○ No

19. Do you or someone in your household receive treatment for any of the following conditions? (select all that apply)

☐ Diabetes   ☐ Substance abuse   ☐ Depression/anxiety disorders

☐ High blood pressure   ☐ Behavioral/mental health

☐ Cancer   ☐ High cholesterol   ☐ Sexually transmitted diseases

☐ Long term acute care ☐ Heart disease   ☐ Joint, bone or muscle pain

☐ Bariatrics/obesity   ☐ Sleeping disorders   ☐ Neurology disorders

* 20. Please choose the three most important services which should be added or expanded within Minnie Hamilton Health System.

☐ Diabetes   ☐ Substance Abuse   ☐

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☐ High Blood Pressure ☐ Behavioral/Mental Health ☐ Depression/Anxiety Disorders

☐ Cancer ☐ High Cholesterol

☐ Long term acute care ☐ Heart Disease ☐ Sexually Transmitted Diseases

☐ Bariatrics/Obesity ☐ Sleeping Disorders ☐ Joint, Bone or Muscle Pain

☐ Neurology Disorders

☐ None

☐ Other (please specify)

[   ]

* 21. Please select your _primary_ insurance carrier or provider.

○ Medicare

○ Medicaid

○ Private Insurance (e.g. PEIA, BlueCross, Aetna, etc.)

○ Private Insurance - Purchased through ACA Health Insurance Marketplace (i.e. Healthcare.gov)

○ I do not have insurance

○ Other (please specify)

[   ]

* 22. What is your age?

○ Under 18   ○ 25-40   ○ 65 or older

○ 18-24   ○ 41-64

* 23. What is your gender?

☐ Male

☐ Female

☐ Other (please specify)

Community Needs Survey

[   ]

24. What is your marital status

○ Single

○ Married

○ Divorced

○ Widowed

○ Separated

○ Civil Union

25. What is your race

○ American Indian/Alaska Native

○ Asian

○ Multi-racial

○ Hispanic

○ African American

○ Caucasian

○ Other (please specify)

[   ]

26. How many people live in your household?

[   ]

27. What is your approximate annual household income?

○ $0-$24,999

○ $25,000-$49,999

○ $50,000-$74,999

○ $75,000-$99,999

○ $100,000-$124,999

○ $125,000-$149,999

○ $150,000-$174,999

○ $175,000-$199,000

○ $200,000 and up

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

○ Middle school

○ High school

○ Associate degree/technical school

○ Four year college degree

○ Graduate degree

29. Do you have any other thoughts on the healthcare provided in the community or by Minnie Hamilton Health System?

[   ]

Done
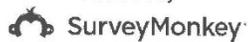
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Sources

The data collection process utilized the following sources:

- Bureau of Business and Economic Research, College of Business and Economics, West Virginia University –
  https://business.wvu.edu/centers/bureau-of-business-and-economic-research/data/population-data

- Centers for Disease Control and Prevention –
  http://www.cdc.gov/

- The Robert Wood Johnson Foundation: County Health Rankings System –
  http://www.countyhealthrankings.org/

- U.S. Census Bureau –
  https://www.census.gov/quickfacts/table/PST045215/00

- U.S. Census Bureau –
  http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

- U.S. Census Bureau –
  http://www.census.gov/did/www/sahie/index.html

- United States Department of Labor, Bureau of Labor Statistics –
  http://www.bls.gov/

- US Department of Health and Human Services –
  http://www.hrsa.gov/shortage/

- US Department of Health and Human Services –
  http://datawarehouse.hrsa.gov/default.aspx

- US Department of Agriculture –
  https://www.ers.usda.gov/data-products/county-level-data-sets/download-data/

- West Virginia Bureau for Public Health –
- http://www.dhhr.wv.gov/bph/Pages/default.aspx

- West Virginia Department of Health and Human Resources –
  http://www.wvdhhr.org/bph/hsc/statserv/CountyData.asp

- West Virginia Health Care Authority –
  http://www.hca.wv.gov/data/Reports/Pages/

- West Virginia Health Statistics Center –
  http://www.wvdhhr.org/bph/hsc/vital/