Mon Health Medical Center

2020 Community Health Needs Assessment (CHNA)

Morgantown, WV

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Background and Introduction

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Plan at least every three years. The regulations for the CHNA include defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community, including public health professionals; identifying resources; and prioritizing community health needs.

The 2020 Mon Health Medical Center CHNA incorporates the requirements described above and identifies the following prioritized needs:

1. **Cancer**

2. **Substance Use & Abuse**

3. **Mental Health**

4. **Obesity**

In addition to the requirement to conduct a CHNA, hospital leadership expressed the desire to go beyond regulatory requirements in serving patients and the community as a whole, as well as to build upon work done in previous cycles and by other local partners wherever applicable. To facilitate this goal, Mon Health Medical Center (MHMC) has partnered with West Virginia University's School of Public Health (WVU SPH) to complete this Needs Assessment. This process was led by Dr. Tom Bias in the Health Research Center within the school. A CHNA leadership team including hospital and community leadership was convened to inform and guide the process.

This document serves as a roadmap for the Implementation Plan, which will be developed during the months following the completion of the 2020 CHNA. The Implementation Plan will specify activities developed by the hospital and collaborators, available resources, and strategies for evaluation.

Since adoption of the previous CHNA in 2017, MHMC has entered into an agreement with the Monongalia County Health Department and Ruby Memorial Hospital to complete a collaborative, county-wide CHNA with the WVU SPH team. The three-fold collaboration involves entities operating within varying tax years and CHNA cycles, requiring all three to work toward a common timeline for joint data collection and reporting moving forward from this year. This document is the final "individual" needs assessment conducted by MHMC, timed to serve as a building block for the first collaborative Monongalia County CHNA in future.

About the Hospital

Mon Health Medical Center opened in the early 1920s as Monongalia County Hospital. Creation of this hospital was led by the volunteer Women's Hospital Association and officially sanctioned by the county government in 1923. At the time, it was located in a portion of the County Poor House on what would later become Elmer Prince Drive, and moved locations once before being dedicated in its current location in 1977.

MHMC has functioned as a non-profit hospital since 1943, and the current facility was one of the first hospitals in the nation to be designed with a two-corridor system to facilitate greater privacy and comfort for patients. Today, the 164-bed hospital offers a full range of clinical services, owns and operates a number of physician practices, and is associated with Mon Health Sleep Center, Mon Health Wound & Vein Center, The Village at Heritage Point, Mon Health Equipment and Supplies, a Foundation and an Auxiliary. MHMC has a strong commitment to providing personalized care and service to residents of North Central West Virginia, Southwestern Pennsylvania, and the surrounding region.
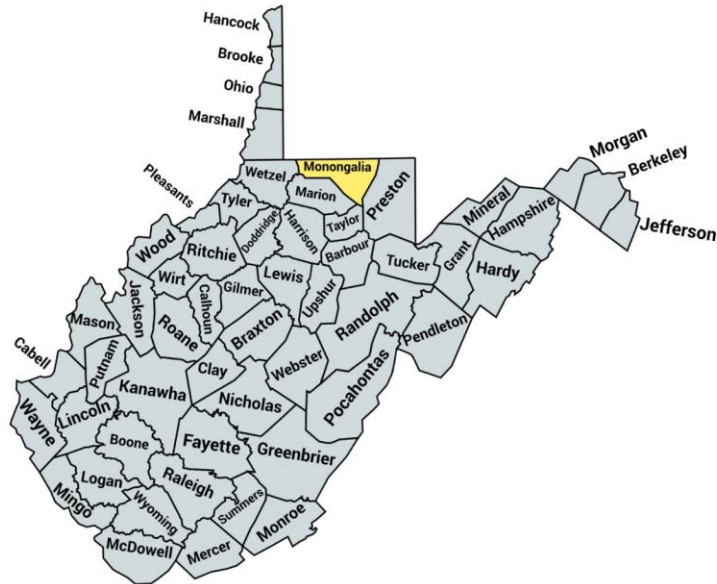
Previous CHNA Findings

The most recent CHNA was adopted in 2017. Key stakeholder interviews were conducted in the community - both internal and external to MHMC - and data collected by the WVU SPH was reviewed by the 2017 CHNA team. This information was considered along with relevant federal, state, and local data to determine the following priority health areas:

- **Cardiopulmonary Disease and Smoking**
- **Obesity, Diabetes, and Inactivity**
- **Cancer**
- **Mental Health, Substance Abuse, and Addiction**

Definition of the Community Served

To begin this cycle, as in previous cycles, MHMC defined their service area as the entire geographic region of Monongalia County. This area is home to both Morgantown - a college town with a population of about 31,000 residents - and much more rural communities with more aged populations. See Figure 1 below for a snapshot of the hospital's main service area.

Figure 1. Mon Health Medical Center Service Area

The table below contains information from the US Census Bureau and shows the most current Quickfacts[1] for Monongalia County. It outlines some basic demographics about the population, as well as information about health insurance coverage, education, and poverty levels as context for interpreting the survey data. Appendix A includes the full list of Quickfacts.

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[1] http://www.census.gov/quickfacts, 2019 estimates

Table 1. Select Demographic Data

	Monongalia County
Population	105,612
Residents under the age of 18	16.3%
Non-white or more than one race	10.2%
Hispanic or Latino	2.1%
High School education or higher (ages 25+)	92.3%
Bachelor's degree or higher (ages 25+)	41.3%
Under 65 years old and uninsured	7.4%
Persons living in poverty	18.3%

Methodology and Community Input Process

The CHNA process began with a thorough review of the previous cycle's needs assessment. It also included a review of publicly available secondary data related to Monongalia County, including census data and County Health Rankings Data (Appendix B). As in the prior CHNA cycle, the WVU School of Public Health had recently surveyed the county as part of Ruby Memorial Hospital's CHNA process. This primary data collection consisted of a survey of community members' perceptions of health issues, administered both online and via hard copies to target a wide representation of community members.

To add to this dataset and ensure accurate representation of the experiences of anyone under-represented in survey data, collection and analysis was followed by a community event attended by stakeholders representing an assortment of populations and areas of expertise. This event focused on reviewing survey data, discussing experiences of those under-represented, and brainstorming community resources and assets that impact population health in the area.

This comprehensive primary data collection was thorough and timely, and was later presented to the MHMC leadership team for review. Those in the room found this data to be consistent with known public health issues and their experiences providing services in Monongalia County. However, they also wished to capture the perspectives of a more broad assortment of stakeholders and of their own clinicians, who they knew could accurately convey the health concerns and experiences of the MHMC patient population. To achieve this, leadership worked

with WVU SPH to develop and administer a supplemental survey tool throughout their own Monongalia County network. At the conclusion of this supplemental data collection, with a more robust snapshot of community health perceptions, the team was able to prioritize health topics to address through provision of community benefit.

Primary Methods of Collecting and Analyzing Information

Two primary sources of data informed the CHNA: (1) the recent public survey and (2) a second survey tool created specifically to supplement the original dataset and gather additional perspective from MHMC stakeholders. The public survey included questions about perceptions of general health of community members, quality of life, access to healthcare and medical needs, personal habits, and demographic information including age, education, and income.

The community survey (Appendix C) was collected both online and as paper copies from residents who were 18 or older. As the survey link was distributed through email lists and other digital avenues, recipients were encouraged to share it with their own personal and professional contacts. Some of the collection points and contact lists included:

- Healthcare providers, staff and their contacts
- Social media outlets, including community and neighborhood pages
- Hospital official website and newsletter
- City officials and their contacts
- The Shack Neighborhood House
- Milan Puskar Health Right
- Friendship House
- Morgantown Health & Wellness Commission
- Early Head Start staff and contacts

This survey was not intended to be a representative, scientific sample of residents of the county's population, but rather a mechanism to solicit the community's perception of their health needs, concerns, and "things that are working well" in Monongalia County. Just under 700 surveys were completed by community members from the area. Noteworthy limitations included low response representation from males, from the lower-income population making less than $30k/year, from those residing in the western end of the county, and from seniors ages 65 or older. Despite these limitations, when analyzed closely, there was not noteworthy variation in health concerns reported by these demographics (Appendix D).

In addition to the Monongalia County resident survey, the supplemental survey (Appendix E) referenced above was created to give MHMC stakeholders an opportunity to provide input as well. Knowing that the health concerns expressed in the original county survey remain accurate

for the MHMC patient population, this second tool was crafted to solicit stakeholder input and allow for any additional commentary.

A summary (Appendix F) of this supplemental survey data was presented back to hospital leadership. Respondents outlined their own concerns, which largely fell in line with existing survey data. Respondents were also given the opportunity to rank "top concerns" from 1-10 based on their expertise and knowledge of where MHMC could impact health outcomes.

The single exception to the resulting data was the inclusion of COVID-19 as a topic. The supplemental survey tool was being administered as the pandemic was arriving in the United States, and it appeared in the data and quickly rose to the "top 3" during the duration of data collection. MHMC is currently doing much in real time to address this ongoing public health crisis and to monitor its effects on the community. Although they have chosen not to prioritize it for the purposes of this process, provision of services and benefits surrounding this health topic will be ongoing indefinitely and remains a central focus of MHMC's efforts and resources at the time of this report.

Leadership Team and Community Organizations Involved

The following roles were represented on the MHMC CHNA leadership team and provided input throughout the process of developing the CHNA. These individuals were charged as a group with discussing use of the original Monongalia County dataset from the WVU SPH, methodology for collecting additional data, and they identified members of the community for inclusion in the supplemental data collection. They were responsible for collaborative discussion of primary and secondary data to determine health priorities.

Leadership Team

- Kristina Adrian - MHS Executive Director of Growth and Marketing
- Kim Colebank - MHS Communications Officer
- Mary Edwards, DO - Vice President of Clinical Affairs, MHMC
- Karen Friggens - Vice President of Physician Services, MHMC
- Mark Gilliam - MHS Chief Information Officer, MHMC Chief Administrative Officer
- David Goldberg - President and CEO, MHS
- Luella Gunter - Executive Director of Philanthropy, MHS
- Cindy Johnson - MHS Interim Chief Human Resources Officer
- Gregory Nelcamp, MD - MHS Senior Vice President of Clinical Affairs
- Edward Phillips - MHS Chief Legal Officer
- Candi Powers - MHS Chief Revenue Cycle Officer
- Jack Schwartz - MHS Chief Information Officer
- Joy Solomita - MHS Interim Chief Nursing Officer
- Lisa Simon - MHS Chief Financial Officer

- Breana Smith - Strategic Implementation Manager
- Romeo Tan - HR consultant
- Bradford Warden, MD - Executive Director of Heart and Vascular Services

Community Health Needs Prioritization

Following the collection of supplemental data, leadership discussed the totality of information available, working to identify priority areas for developing implementation strategies.

With leadership, WVU SPH reviewed the summarized survey data, including overall responses to the three most important health problems or issues. The original data was analyzed in various ways, including a look at responses broken down by proximity to area high schools (Table 2). This provided a snapshot of perspectives across population densities, from the downtown area to more rural parts of Monongalia County.

Table 2. Community Health Concerns Survey Results

Morgantown High School	University High School	Clay-Battelle High School
Obesity - 56.2%	Obesity - 71.8%	Drug Abuse - 55.2%
Drug Abuse - 48.2%	Drug Abuse - 43.0%	Obesity - 51.7%
Mental Health Problems - 19.5%	Alcohol Abuse - 19.0%	Cancer - 20.7%

Health issues were largely consistent when looking at things like area of residence, age, gender, income level, and other demographic variables. For example, drug abuse and obesity consistently appeared at the top of data breakdowns by race and ethnicity, gender, income levels, and in homes both with and without children. Health concerns varied slightly in priority when analyzed in these ways, but not significantly enough to affect prioritization decisions. Those working with populations of residents in Monongalia County agreed that the outcomes of this survey accurately represent the concerns and challenges of those they serve.

Respondents from all areas of the county expressed overall agreement with statements about topics such as general safety of the area and Morgantown being a safe place to raise children. Respondents also indicated that they largely believe Morgantown to be home to quality child care options, sufficient social supports for families and individuals in times of stress and need, and good quality health and physical education in the public school system. Residents reported being slightly less satisfied with availability of public transportation, jobs, access to affordable fresh foods, and the availability of accessible, healthy recreational activities for all ages. The lowest overall reported levels of satisfaction pertained to the condition/availability of sidewalks

and general safety when walking and biking, and to the availability of safe, affordable, sufficient housing options.

More generally, Monongalia county residents were mostly in agreement about perceptions of health - about three quarters of residents perceive the overall population to be "unhealthy" or "somewhat unhealthy". About a third reported the perspective that their fellow residents believe that they can make Monongalia county a better place to live, either individually or collectively. Slightly more than this reported satisfaction with overall quality of life in the area, and about half believe that neighbors know and trust one another.

In terms of access to healthcare and other medical needs (see Table 3 below), the majority of respondents report having access to adequate medical care when needed, easy access to specialists, overall satisfaction with the quality of care received, and the ability to typically be able to afford their portion of medical care and medications. (Note that many respondents reported that these questions were not applicable to them.)

Table 3. Access to Healthcare and Medical Needs

	Agree	Disagree
I have access to the specialists I need	40.5%	16.4%
I am very satisfied with my medical care	38.8%	20.9%
I have access to adequate healthcare	42.5%	12.5%
At times I can't pay for my portion of my medical care	23.2%	58.6%
At times I can't pay for my portion of my medication	16.9%	71.3%
I am able to get medical care when I need it	38.2%	20.2%

During the prioritization process, leadership revisited common priority areas within the context of discussions and data. When considering where and how the hospital can realistically have an impact, what they could accomplish with collaboration with partners, and what topics to monitor and revisit at a later time, the list of top health concerns was pared down and reconfigured to the three that will be the focus moving forward with implementation planning.

   1.)   **Cancer** – This topic is of very high importance according to the survey data from the community, the relevant secondary data, and discussions with community stakeholders. Programs and partnerships addressing this significant concern are already in place at MHMC. Hospital leadership sees ways to build upon these partnerships, as

well as explore new strategy ideas. In light of all of the above, this topic was identified as a high priority for strategy development.

2.)   Substance Use & Abuse – Among the top health concerns revealed in all of the data were substance use & abuse. This ongoing community and state issue is also being addressed via existing programs and partnerships with stakeholders, with further room for expansion and new strategies as this problem persists in the County. Perhaps due to Morgantown's designation as a "college town", alcohol appears a bit more in this County's survey data when compared to other areas of the state - for this reason, it will be included and considered along with other substances here.

3.)   Mental Health Problems - Community concern about mental health was very evident in the survey data and discussion - this includes resident struggles with mental health, access to treatment options, and stigma surrounding these issues. In light of this and the ongoing need to find placement for patients needing a treatment bed or crisis stabilization, the hospital is making this topic a high priority.

4.)   Obesity - Hospital leadership feels that obesity, which is also addressed via existing and ongoing programming, is a topic whose health outcomes can be affected by continued work and exploration of new strategies and partnerships.

Hospital leadership did take the time to discuss some of the other issues raised in the county and supplemental surveys, including the new inclusion of COVID-19, as noted earlier in this report. Food insecurity and low income, as further examples, are topics that the hospital recognizes as significant concerns. To provide support in this area, MHMC's overarching Mon Health System sponsors a local food program, Pantry Plus More. Pantry Plus More is a school-based program that provides food, hygiene, and other necessities to Monongalia County students and their families. These issues will remain in consideration as new programs and partnerships may arise, and as the ongoing pandemic sees more pressing need in these areas. If it is found that there is an opportunity that will change the scope of the hospital's ability to impact these or other topics, the team may choose to bring them back to the table for further discussion.

Conclusion

The 2020 CHNA identified four health priorities to guide Mon Health Medical Center's efforts to improve the health of community members. These topics are largely consistent with health concerns raised in the previous cycle, and are:

1. **Cancer**

2. **Substance Use & Abuse**

3. **Mental Health Problems**

4. **Obesity**

This succinct list of priorities will guide the implementation planning process. Implementation strategies will aim to address these issues using existing resources and partnerships with other community organizations where possible, build upon past success, and include past efforts to address health needs identified in the previous CHNA. In the coming months, this process will lead to the completion of an implementation plan for activities centered on these health needs. Looking forward, MHMC will be poised to conduct their next CHNA as part of the three-fold, county-wide collaborative with the Monongalia County Health Department and Ruby Memorial Hospital.

Appendices

A.   Secondary Data - Full Quickfacts for each county
B.   Secondary Data - Health Rankings & Roadmaps for each county
C.   Community Health Perceptions Survey
D.   Community Health Perceptions Survey Summary
E.   MHMC Supplemental Stakeholder Survey
F.   Supplemental Stakeholder Data summary

The 2020 Census is Happening Now. Respond Today.

QuickFacts

Monongalia County, West Virginia

QuickFacts provides statistics for all states and counties, and for cities and towns with a **population of 5,000 or more**.

Table

All Topics ▼	Monongalia County, West Virginia
Population estimates, July 1, 2019, (V2019)	**105,612**
👤 **PEOPLE**	
Population	
Population estimates, July 1, 2019, (V2019)	**105,612**
Population estimates, July 1, 2018, (V2018)	106,420
Population estimates base, April 1, 2010, (V2019)	96,184
Population estimates base, April 1, 2010, (V2018)	96,190
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	9.8%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	10.6%
Population, Census, April 1, 2010	96,189
Age and Sex	
Persons under 5 years, percent	⚠ 5.0%
Persons under 18 years, percent	⚠ 16.3%
Persons 65 years and over, percent	⚠ 12.6%
Female persons, percent	⚠ 48.4%
Race and Hispanic Origin	
White alone, percent	⚠ 89.8%
Black or African American alone, percent (a)	⚠ 4.0%
American Indian and Alaska Native alone, percent (a)	⚠ 0.2%
Asian alone, percent (a)	⚠ 3.6%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.1%
Two or More Races, percent	⚠ 2.3%
Hispanic or Latino, percent (b)	⚠ 2.1%
White alone, not Hispanic or Latino, percent	⚠ 88.1%
Population Characteristics	
Veterans, 2014-2018	5,127
Foreign born persons, percent, 2014-2018	5.7%
Housing	
Housing units, July 1, 2018, (V2018)	45,074
Owner-occupied housing unit rate, 2014-2018	56.2%
Median value of owner-occupied housing units, 2014-2018	$188,700
Median selected monthly owner costs -with a mortgage, 2014-2018	$1,268
Median selected monthly owner costs -without a mortgage, 2014-2018	$351
Median gross rent, 2014-2018	$820
Building permits, 2019	26
Families & Living Arrangements	
Households, 2014-2018	38,856
Persons per household, 2014-2018	2.56
Living in same house 1 year ago, percent of persons age 1 year+, 2014-2018	78.8%
Language other than English spoken at home, percent of persons age 5 years+, 2014-2018	7.6%
Computer and Internet Use	
Households with a computer, percent, 2014-2018	90.4%
Households with a broadband Internet subscription, percent, 2014-2018	83.4%
Education	
High school graduate or higher, percent of persons age 25 years+, 2014-2018	92.3%
Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018	41.3%
Health	
With a disability, under age 65 years, percent, 2014-2018	9.0%

Persons without health insurance, under age 65 years, percent	⚠ 7.4%

Economy

In civilian labor force, total, percent of population age 16 years+, 2014-2018	59.6%
In civilian labor force, female, percent of population age 16 years+, 2014-2018	55.9%
Total accommodation and food services sales, 2012 ($1,000) (c)	253,516
Total health care and social assistance receipts/revenue, 2012 ($1,000) (c)	1,513,845
Total manufacturers shipments, 2012 ($1,000) (c)	2,034,340
Total merchant wholesaler sales, 2012 ($1,000) (c)	340,944
Total retail sales, 2012 ($1,000) (c)	1,608,609
Total retail sales per capita, 2012 (c)	$16,033

Transportation

Mean travel time to work (minutes), workers age 16 years+, 2014-2018	20.7

Income & Poverty

Median household income (in 2018 dollars), 2014-2018	$49,926
Per capita income in past 12 months (in 2018 dollars), 2014-2018	$30,641
Persons in poverty, percent	⚠ 18.3%

📊 BUSINESSES

Businesses

Total employer establishments, 2017	2,409
Total employment, 2017	47,846
Total annual payroll, 2017 ($1,000)	2,213,718
Total employment, percent change, 2016-2017	1.8%
Total nonemployer establishments, 2017	5,796
All firms, 2012	7,117
Men-owned firms, 2012	3,897
Women-owned firms, 2012	2,390
Minority-owned firms, 2012	438
Nonminority-owned firms, 2012	6,325
Veteran-owned firms, 2012	759
Nonveteran-owned firms, 2012	5,838

🌐 GEOGRAPHY

Geography

Population per square mile, 2010	267.1
Land area in square miles, 2010	360.06
FIPS Code	54061

About datasets used in this table

Value Notes

⚠ Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info ⓘ icon to row in TABLE view to learn about sampling error.

The vintage year (e.g., V2019) refers to the final year of the series (2010 thru 2019). *Different vintage years of estimates are not comparable.*

Fact Notes
- **(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

Value Flags
- **-** Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper open ended distribution.
- **D** Suppressed to avoid disclosure of confidential information
- **F** Fewer than 25 firms
- **FN** Footnote on this item in place of data
- **N** Data for this geographic area cannot be displayed because the number of sample cases is too small.
- **NA** Not available
- **S** Suppressed; does not meet publication standards
- **X** Not applicable
- **Z** Value greater than zero but less than half unit of measure shown

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 an Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Robert Wood Johnson Foundation

Monongalia (ML)
2020 Rankings

County Demographics

	County	State
Population	106,420	1,805,832
% below 18 years of age	16.3%	20.2%
% 65 and older	12.6%	19.9%
% Non-Hispanic Black	3.9%	3.5%
% American Indian & Alaska Native	0.2%	0.3%
% Asian	3.6%	0.8%
% Native Hawaiian/Other Pacific Islander	0.1%	0.0%
% Hispanic	2.1%	1.7%
% Non-Hispanic White	88.1%	92.1%
% not proficient in English	0%	0%
% Females	48.4%	50.5%
% Rural	26.9%	51.3%

	Monongalia County	Error Margin	Top U.S. Performers ^	West Virginia	Rank (of 55)	
Health Outcomes						1
Length of Life						1
Premature death	6,500	5,900-7,100	5,500	10,800		
Quality of Life						3
Poor or fair health **	19%	19-20%	12%	24%		
Poor physical health days **	4.7	4.5-4.9	3.1	5.3		
Poor mental health days **	4.7	4.5-4.9	3.4	5.5		
Low birthweight	8%	7-9%	6%	9%		
Additional Health Outcomes (not included in overall ranking)						
Life expectancy	79.0	78.4-79.6	81.1	74.8		
Premature age-adjusted mortality	320	300-340	270	500		
Child mortality	70	50-90	40	60		
Infant mortality	8	6-11	4	7		
Frequent physical distress	14%	14-15%	9%	17%		
Frequent mental distress	15%	15-15%	11%	18%		
Diabetes prevalence	9%	8-11%	7%	15%		
HIV prevalence	103		41	114		
Health Factors						2
Health Behaviors						4
Adult smoking **	20%	19-21%	14%	26%		
Adult obesity	30%	27-33%	26%	37%		
Food environment index	7.3		8.6	6.7		
Physical inactivity	21%	19-24%	20%	29%		
Access to exercise opportunities	82%		91%	59%		
Excessive drinking **	18%	17-18%	13%	12%		
Alcohol-impaired driving deaths	28%	21-35%	11%	27%		
Sexually transmitted infections	376.1		161.4	228.0		
Teen births	11	10-12	13	34		
Additional Health Behaviors (not included in overall ranking)						
Food insecurity	15%		9%	15%		
Limited access to healthy foods	7%		2%	7%		
Drug overdose deaths	27	21-33	10	50		
Motor vehicle crash deaths	8	6-10	9	16		
Insufficient sleep	37%	36-38%	27%	40%		
Clinical Care						2
Uninsured	7%	6-8%	6%	8%		
Primary care physicians	760:1		1,030:1	1,290:1		
Dentists	780:1		1,240:1	1,810:1		
Mental health providers	400:1		290:1	770:1		
Preventable hospital stays	5,760		2,761	6,149		
Mammography screening	47%		50%	39%		

Flu vaccinations	47%		53%	41%	

Additional Clinical Care (not included in overall ranking)

Uninsured adults	8%	7-10%	7%	9%	
Uninsured children	2%	2-3%	3%	3%	
Other primary care providers	280:1		665:1	660:1	

Social & Economic Factors					3
High school graduation	90%		96%	89%	
Some college	72%	68-76%	73%	55%	
Unemployment	4.1%		2.6%	5.3%	
Children in poverty	14%	9-18%	11%	23%	
Income inequality	6.0	5.4-6.6	3.7	4.9	
Children in single-parent households	27%	23-31%	20%	34%	
Social associations	10.1		18.4	13.1	
Violent crime	250		63	330	
Injury deaths	64	57-71	58	119	

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

Disconnected youth	2%	1-3%	4%	9%	
Reading scores	3.4		3.4	3.0	
Math scores			3.4	2.9	
Median household income	$51,100	$47,600-54,500	$69,000	$44,000	
Children eligible for free or reduced price lunch	41%		32%	55%	
Residential segregation - Black/White	39		23	61	
Residential segregation - non-white/white	32		14	49	
Homicides	2	1-4	2	5	
Suicides	14	10-17	11	19	
Firearm fatalities	12	9-15	8	17	
Juvenile arrests	20				

Physical Environment					26
Air pollution - particulate matter **	9.7		6.1	9.6	
Drinking water violations	No				
Severe housing problems	18%	17-20%	9%	11%	
Driving alone to work	77%	75-78%	72%	83%	
Long commute - driving alone	21%	19-23%	16%	33%	

Additional Physical Environment (not included in overall ranking)

Traffic volume	79			58	
Homeownership	56%	55-58%	81%	73%	
Severe housing cost burden	17%	15-18%	7%	10%	

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

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

Ruby Memorial Hospital Community Health Perceptions Survey

Q1 Please take a moment to complete the following survey - it should take less than 10 minutes to complete. The purpose of this survey is to get your input about community health concerns in your county. This survey will be used to help guide the Community Health Needs Assessment taking place in your county. The community partners will use the results of this survey, along with other information, to identify the most pressing health issues which can be addressed through community action. **Your responses will not be associated with you in any way.** If you have previously completed this survey, please disregard. Remember, your opinion is important to us!

 Thank you for your time and please contact us if you have any questions concerning this survey or need help completing it. Emily Sarkees, WVU School of Public Health - edillama@hsc.wvu.edu

 Are you a resident of Monongalia County?

◯ Yes

◯ No

Q2 Below is a list of public high schools in Monongalia County. Please choose the one that is closest to where you reside.

◯ Morgantown High School (located in residential South Park - adjacent to downtown Morgantown)

◯ University High School (located on Baker's Ridge Road - northeast of city limits)

◯ Clay-Battelle High School (located in Blacksville - western end of the county)

Q3 In your opinion, what is the most important health problem or health issue for residents of your County?

_____

Q4 Thinking about your county overall, what helps keep residents healthy?

_____

Q5 Thinking specifically about your own experience, what local places, programs, or organizations have helped you or someone close to you focused on personal wellbeing?

_____

Q6 How would you rate your County as a "Healthy Community"?

○ Very Unhealthy

○ Unhealthy

○ Somewhat Unhealthy

○ Healthy

○ Very Healthy

Q7 In the following list, what do you think are the 3 most important "health problems" or "health issues" in your County? **Please choose <u>ONLY 3</u>**.

Air quality	Food insecurity/hunger	Obesity
Aging problems (e.g. arthritis, hearing/vision loss)	Gun-related injuries	Physical/cognitive ability
Alcohol abuse	Heart disease/stroke	Respiratory/lung disease/asthma
ATV (4-wheeler) crashes	High blood pressure	Sexually transmitted diseases and infections
Bicycle & pedestrian safety	HIV/AIDS	Teenage pregnancy
Cancers	Homelessness	Tobacco use – smoking/vaping
Child abuse/neglect	Inadequate housing	Tobacco use – chewing tobacco

Dental problems	Income (low income)	Transportation
Diabetes ("sugar")	Infant death	Violence (e.g. crime, sexual assault, domestic violence, rape, homicide, suicide)
Drug abuse	Infectious disease	Water quality
Elderly support (in-home care, nursing facilities, etc.)	Mental health problems	Other:
Employment access	Motor vehicle crash injuries	

- -

8 Please indicate your level of agreement with each of the following statements about your County:

Quality of life in your County					
	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/Not applicable
I am satisfied with the quality of life in my County.	○	○	○	○	○
All residents believe that they, individually or collectively, can make your County a better place to live.	○	○	○	○	○
There is sufficient, safe, and affordable housing in my County.	○	○	○	○	○
There are jobs available in my County.	○	○	○	○	○
There is quality childcare available in my county.	○	○	○	○	○
My County is a safe place to live.	○	○	○	○	○
Neighbors know and trust	○	○	○	○	○

one another and look out for one another.					
There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need.	○	○	○	○	○
My County is a good place to raise children.	○	○	○	○	○
The public education system in my County adequately meets the physical health needs of our children. (e.g. school food, physical education/PE, etc.)	○	○	○	○	○
The public education system in my County adequately meets the health education needs of our children. (e.g. hygiene and personal care, pregnancy and STI prevention, etc.)	○	○	○	○	○
There are an adequate	○	○	○	○	○

number of safe places for children to play and exercise in my County.					
My County has adequate and safe access to recreation and exercise opportunities for adults.	○	○	○	○	○
My County has adequate access to affordable healthy foods.	○	○	○	○	○
My County has adequate health and wellness activities.	○	○	○	○	○
My County is a safe place to walk and bike.	○	○	○	○	○
My County has sufficient public transportation.	○	○	○	○	○
There are adequate sidewalks in my County.	○	○	○	○	○

- -

Q9 Please indicate your level of agreement with each of the following statements about your County:

Access to healthcare and medical needs in your County					
	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/Not applicable
I have easy access to the medical specialists I need.	○	○	○	○	○
I am very satisfied with the medical care I receive.	○	○	○	○	○

I have access to adequate healthcare.	○	○	○	○	○
Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	○	○	○	○	○
Sometimes it is a problem for me to cover my share of the cost of medication.	○	○	○	○	○
I am able to get medical care whenever I need it.	○	○	○	○	○

Q10 In your opinion, from the following list, what do you think are the most important "risky behaviors" in your County? Risky behaviors have the greatest impact on the overall health of the community.

☐ Bad eating choices

☐ Alcohol abuse

☐ Dropping out of school

☐ Drug abuse

☐ Exclusion or discrimination based on race, religion, gender, sexual orientation, etc.

☐ Hand hygiene (washing)

☐ Impaired driving (drugs/alcohol)

☐ Lack of exercise

☐ Not getting "shots" to prevent disease

☐ Not using seat belts and/or child safety seats

☐ Overeating

☐ Texting/cell phone while driving

☐ Tobacco use/electronic cigarette use

☐ Unsafe sex

☐ Other (please specify) _____

Q11 What is your gender?

○ Female

○ Male

Q12 What is your age range?

○ 18 to 25 years

○ 26 to 39 years

○ 40 to 54 years

○ 55 to 64 years

○ 65 to 80 years

○ Over 80 years

Q13 What is your marital status?

○ Married/cohabitating

○ Divorced

○ Never married

○ Separated

○ Widowed

○ Other (please specify) _____

Q14 How many children under the age of 18 live in your household?

○ 0

○ 1

○ 2

○ 3

○ 4

○ 5

○ Greater than 5

Q15 Do you care for a live-in elderly adult in your household?

○ Yes

○ No

Q16 Are you of Hispanic or Latino origin or descent?

○ Yes, Hispanic or Latino

○ No, not Hispanic or Latino

Q17 Which of these groups would you say best describes your race?

○ White/Caucasian

○ Asian

○ Black or African American

○ American Indian or Alaskan Native

○ Native Hawaiian or Other Pacific Islander

○ Other (please specify) _____

Q18 What is your approximate average household income?

○ Less than $20,000

○ $20,000 to $29,999

○ $30,000 to $49,999

○ $50,000 to $74,999

○ $75,000 to $99,999

○ Over $100,000

○ Prefer not to answer

Q19 What is the highest level of education you have completed?

○ Less than high school graduate

○ High school diploma or equivalent

○ College degree or higher

○ Other (please specify) _____

Q20 Do you see a healthcare provider on a regular basis for physicals, screenings, or other preventative medicine?

○ Yes

○ No (if no, why not?) _____

Q21 How do you pay for healthcare? Please select all that apply.

○ I pay cash

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

○ Medicaid

○ Medicare

○ Veterans Administration

○ Indian Health Services

○ Other (please specify) _____

Q22 Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?

○ Yes

○ No

Q23 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

○ Yes

○ No

Q24 Have you ever been told by a doctor that you have diabetes ("sugar")?

○ Yes

○ No

Q25 How many days a week do you eat vegetables?

(Enter 0 – 7) _____

Q26 Not counting juice, how many days a week do you eat fruit?

(Enter 0 – 7) _____

Q27 How many days a week do you consume soda or other processed, sugary foods?

(Enter 0 – 7) _____

Q28 How many days a week do you get at least 30 minutes of moderate physical activity such as brisk walking, bicycling, gardening or anything else that causes some increase in breathing and heart rate?

(Enter 0 – 7) _____

Q29 Do you smoke cigarettes every day, some days, or not at all?

○ Every day

○ Some days

○ Not at all

Q30 Have you smoked at least 100 cigarettes in your entire life?

○ Yes

○ No

Q31 About how tall are you (in feet and inches)?

_____

Q32 About how much do you weigh (in pounds)?

_____

Ruby Memorial Hospital - Community Health Perceptions Survey Summary

Top 3 Health Problems by Geographic Location							
Overall (688)		MHS (319)		UHS (152)		CBHS (30)	
Obesity	60.8%	Obesity	56.2%	Obesity	71.8%	Drug Abuse	55.2%
Drug Abuse	46.8%	Drug Abuse	48.2%	Drug Abuse	43.0%	Obesity	51.7%
Mental Health Problems	18.4%	Mental Health Problems	19.5%	Alcohol Abuse	19.0%	Cancer	20.7%

(688 Total Survey Responses)

Top 3 Health Problems by Gender / Age							
Men (96)		Women (345)		Young Adults <40 (169)		Seniors 65+ (47)	
Obesity	63.2%	Obesity	60.6%	Obesity	61.7%	Obesity	63.8%
Drug Abuse	35.8%	Drug Abuse	50.4%	Drug Abuse	51.5%	Drug Abuse	27.7%
Alcohol Abuse	23.2%	Mental Health Problems	19.1%	Mental Health Problems	22.2%	Cancer	21.3%

(688 Total Survey Responses)

Top 3 Health Problems by Income / Education / Kids							
Less than 30k/year (46)		More than 75k/year (210)		No college degree (62)		Kids in home (166)	
Drug Abuse	55.6%	Obesity	66.0%	Drug Abuse	50.8%	Obesity	56.7%
Obesity	33.3%	Drug Abuse	41.6%	Obesity	49.2%	Drug Abuse	44.5%
Mental Health Problems	28.9%	Mental Health Problems	17.7%	Mental Health Problems	24.6%	Mental Health Problems	18.3%

(688 Total Survey Responses)

We analyzed other data breakdowns to look for differences in top concerns, including:
- Those who have been told by a medical provider that they have an elevated BP, high cholesterol, or diabetes
- Those who report eating vegetables daily, or getting at least 30 minutes of physical exercise 5+ times per week, or being nonsmokers
- Those who state they do not have adequate access to healthcare, report dissatisfaction with quality of care, or an inability to afford care or medications
- Those who think that Mon County is not a good place to raise children or is generally an unsafe place to live

Differences between these respondents were found to be minimal, if there were any at all. Among these, every "group" reported obesity and drug abuse as their top two concerns. The third concern remained reflective of the breakdowns above, with only two exceptions: "homelessness" was #3 for those who think that Mon County is an unsafe place to live, and "low income" was #3 for those who think that this is not a good place to raise children.

Mon Health Medical Center Community Health Needs Assessment Stakeholder Survey

Mon Health Medical Center is conducting a Community Health Needs Assessment, an IRS-mandated process required of all non-profit hospitals. Please take a few minutes to complete this brief survey, which will provide valuable insight to MHMC leadership as they work to determine which areas of community concern will be addressed through community benefit efforts. Thank you!

1.) As a stakeholder in the MHMC community, which of the following describes you or your work? Please check all that apply.

☐ MHMC Administration or Board of Directors

☐ Health care provider

☐ Member of state, local, or regional governmental public health department, or other public health entity (e.g. State Office of Rural Health)

☐ Work with medically under-served, low-income, and/or minority populations

☐ Local government official

☐ Local school district representative

☐ None of the above

2.) In your opinion, what is the single most pressing health problem or related issue for members of your community?

_____

3.) Available community survey data indicate that the topics below are the overall "top ten" most pressing health - or health-related - concerns in the area. Please rank each topic from 1 (highest) to 10 (lowest) by dragging and dropping them according to your own experience and knowledge. Note: numbers will update automatically as they are moved.

_____ Obesity
_____ Substance use/abuse
_____ Mental health problems
_____ Alcohol abuse
_____ Low income
_____ Food insecurity/hunger
_____ Tobacco use (smoking/vaping)
_____ Cancer
_____ Bicycle & pedestrian safety
_____ Homelessness

4.) Using the same list, please rank each topic from 1 (highest) to 10 (lowest) by dragging and dropping them based on the hospital's capacity to impact these priority health needs from your knowledge of the hospital's mission, community partners/projects, resources, or other insight you may have.

_____ Obesity
_____ Substance use/abuse
_____ Mental health problems
_____ Alcohol abuse
_____ Low income
_____ Food insecurity/hunger
_____ Tobacco use (smoking/vaping)
_____ Cancer
_____ Bicycle & pedestrian safety
_____ Homelessness

5.) If you feel comfortable doing so, please indicate the name of your organization. This information will not be used for the purpose of identifying respondents, but will be incorporated into the final CHNA report when summarizing the nature and extent of community input into this process. This final report will be posted publicly on the hospital website following formal adoption by the Board of Directors in May 2020.

_____

MHMC Community Health Needs Assessment
Supplemental Survey Data Summary

Respondents: 24

"In your opinion, what is the single most pressing health problem?"
(number of times each topic was entered in this open-ended question is shown)
- Obesity - 6
- COVID-19 - 5
- Access to care - 3
- Substance use/abuse - 3
- Cardiovascular health - 2
- Mental health - 2
- (followed by several one-off topics)

Available survey data was shown to respondents in the form of a "top ten" list, and respondents were asked to rank them in two ways:
1.) Rank their own "top ten" according to experience and knowledge
2.) Rank topics MHMC is most able to impact, according to their own knowledge of the hospital's mission, resources, or other insight.

Existing Community Data	Most Pressing Topics (as ranked by respondents)	MHMC Ability to Impact (as ranked by respondents)
Obesity	Obesity	Cancer
Substance use/abuse	Substance use/abuse	Substance use/abuse
Mental health problems	*Alcohol abuse	Mental health problems
*Alcohol abuse	Mental Health Problems	Obesity
Low income	Food insecurity/hunger	*Alcohol abuse

- Does MHMC leadership wish to prioritize topics based solely on existing data (column one)?
- Does MHMC leadership wish to prioritize topics based also on additional feedback shown in columns two and three?
- Does MHMC wish to include viral disease in the discussion - the only new highly-ranked concern that came from the supplemental survey? *(MHMC is the first hospital to have the issue show up in survey data.)*

  *We don't often see alcohol abuse in the top concerns as its own stand-alone topic; we do see it combined with other forms of substance abuse, or indicated as one of the top "risky behaviors".