

**PRESTON MEMORIAL HOSPITAL
KINGWOOD, WV**

**2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND
IMPLEMENTATION PLAN**

APPROVED BY BOARD RESOLUTION JULY 30, 2019

Dear Community Resident:

Preston Memorial Hospital (“PMH”) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The *2019 Community Health Needs Assessment* identifies local health and medical needs and provides a plan to indicate how PMH will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, PMH, are meeting our obligations to efficiently deliver medical services.

PMH will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit it provides in responding to documented community need. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You,

Melissa Lockwood
President and Chief Executive Officer

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EXECUTIVE SUMMARY

Executive Summary

Preston Memorial Hospital ("PMH" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment ("CHNA") is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act ("ACA"), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures PMH identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital. In addition to completing a CHNA, and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care;
- Billing and collections; and
- Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders; and
- All available and qualified physicians are privileged.
- Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment, and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources); and
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital website.

Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four);

- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties; and
- This report was developed under the guidance of IRS/Treasury 2011-52 as modified by the Draft Federal Regulations published in the April 5, 2013 Federal Register.

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment;
 - Sources of data and dates retrieved;
 - Analytical methods applied;
 - Information gaps impacting ability to assess the needs; and
 - Identification of with whom the Hospital collaborated.
- The proposed regulations provide that a hospital facility's CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:
 - 1) Summarizes, in general terms, the input provided and how and over what time period such input was provided;
 - 2) Provides the names of organizations providing input and summarizes the nature and extent of the organization's input; and
 - 3) Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need, and the anticipated impact of those programs and resources on the health need.

The Hospital takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data, and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources to exist in their portion of the county.

Most data used in the analysis is available from public internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report of the appendix. No gaps were identified and data sources include:

Web Site or Data Source	Data Element	Date Accessed	Data Date
http://www.countyhealthrankings.org/app/west-virginia/2019/rankings/preston/county/outcomes/overall/snapshot	Assessment of health needs of Preston County compared to all WV counties	April 19, 2019	2019
https://www.census.gov/quickfacts/fact/table/prestoncountywestvirginia,US/PST045218	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends, and socio-economic characteristics	April 19, 2019	2010 to 2018
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	April 24, 2019	2019
www.caringinfo.org and www.nhpco.org	To identify the availability of hospice programs in the county	April 27, 2019	2019
http://www.healthdata.org/united-states-west-virginia	To examine the prevalence of diabetic conditions and change in life expectancy	May 9, 2019	2007-2017
www.cdc.gov	To examine area trends for heart disease and stroke	May 9, 2019	2014 to 2016
www.broadstreet.io	To identify potential needs among a variety of resource and health need metrics	June 13, 2019	2003 to 2018
www.dhhr.wv.gov/publichealthquality/statepublichealthassessment/Documents/2012%20State%20Health%20Profile%20Final%20May%202013.pdf	To determine relative importance among top 10 causes of death	May 10, 2019	2012

https://www.worldlifeexpectancy.com/usa/west-virginia-heart-disease https://www.worldlifeexpectancy.com/usa/west-virginia	To determine Preston County mortality rates	April 24, 2019	1999-2017
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- In addition, we deployed a CHNA survey with open-ended questions to our local expert advisors to gain local input as to local health needs and the needs of priority populations. Local expert advisors were local individuals selected to conform to the input required by the Federal guidelines and regulations.
- Information analysis augmented by local opinions showed how Preston County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what.

When the analysis was complete, we put the information and summary conclusions before our local group of experts, who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional statements of need.

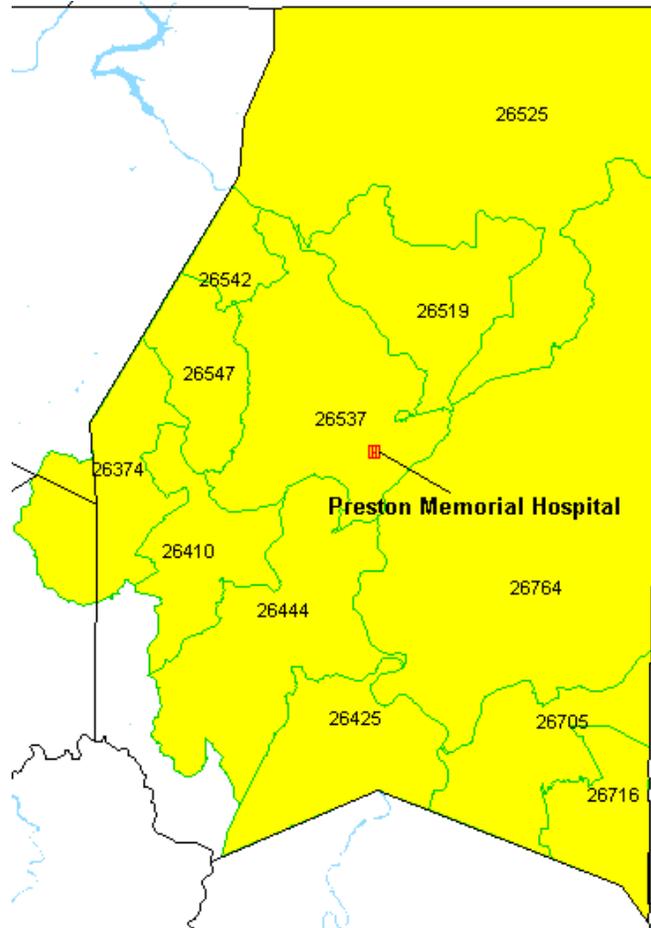
In the PMH process, each local expert was asked to answer a series of open-ended questions to glean qualitative data. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs being prioritized for addressing immediately.

The regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. The determination of the break point, Significant Need as opposed to Other Need, was a qualitative interpretation by the PMH executive team where a reasonable break indicated by the number of local experts identifying the need.

FINDINGS

Findings

Definition of Area Served by the Hospital Facility



PMH defines its service area as Preston County in WV, which includes the following ZIP codes:

26374	Independence	26410	Newburg	26425	Rowlesburg
26444	Tunnelton	26519	Albright	26525	Bruceton Mills
26537	Kingwood	26542	Masontown	26547	Reedsville
26705	Aurora	26716	Egлон	26764	Terra Alta

Demographics of the Community

The 2018 population for Preston County was 33,679 with a decrease rate of -0.09%, which is lower than the state decrease rate of -0.71%.

According to the population estimates utilized by the WV Department of Health and Human Resources, the 2018 median age for the county was 42.6 years, which is older than the State median age of 40 making West Virginia the oldest state in the US.

The 2017 Median Household Income for the area is \$46,673, which is higher than the State median income of \$44,061, but lower than the national median income of \$57,652. The Median Owner-Occupied Home Values for the area is \$106,600, which is lower than the State and National values. Preston County's unemployment rate as of March 2019 was 5.0%, which is lower than the 5.3% statewide rate, but is higher than the 3.6% national civilian unemployment rates.

The portion of the population in the county over 65 is 19.6%, above the State average of 19.4%. 1.2% of the population is Black non-Hispanic and 97.4% is White non-Hispanic. The Hispanic population comprises 1.1% of the total.

Preston County, WV	Demographic Data ¹⁶
2018 Population Estimate	33,839
Individuals below poverty level	17.5%
Educational Attainment: Percent high school graduate or higher	84.6%
Health Insurance Coverage: Percent uninsured	8.3%
Median Housing Value	\$106,600
Total Housing Units	15,156
Number of Companies	1,876

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low-income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general

population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique healthcare needs or issues that require special attention.

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and disparities have been eliminated:
 - Mechanical adverse events in patients receiving central venous catheter placement;
 - Deaths per 1,000 hospital admissions with abdominal aortic aneurysm repair over 18;
 - Postoperative respiratory failure over 18;
 - Admissions with iatrogenic pneumothorax over 18;
 - Hospital patient with an anticoagulant-related adverse drug event to low-molecular weight heparin; and
 - People age 12 and over who needed treatment for illicit drug use and treatment received at speciality facility.
- Measures for which Blacks were worse than Whites and disparities worsened:
 - Adult current smokers with a checkup in the past year who received cessation advice;
 - Breast cancer diagnosed at advanced stage per 100,000 women over 40;
 - Those aged 12 and up who needed treatment for illicit drug use and received treatment at a specialty facility in the last 12 months; and,
 - Family caregivers who did not want more information about what to expect while a patient was dying;
- Measures for which Asians were worse than Whites and disparities have been eliminated:

- Diabetes – adults with diagnosed diabetes who had their feet checked and received a dilated eye examination in a calendar year;
- Patient Safety – Seniors who received an influenza vaccination in the last year;
- Patient Safety – Adult patient who sometimes or never have good communication with doctors;
- Patients under 70 with treated chronic kidney failure who received a transplant within 3 years of renal failure; and,
- Patient Safety – Adults who had a visit in the last year whose health providers sometimes or never listened to them carefully.
- Measures for which Asians were worse than Whites and disparities worsened:
 - Respiratory Diseases – Admissions with iatrogenic pneumothorax per 1,000 discharges over 18.

Findings

Upon completion of the CHNA, PMH identified several issues within the Preston County community:

Conclusions from Public Input to Community Health Needs Assessment

Expert panelists participated in a survey asking opinions about their perception of local healthcare needs. In descending order of opinion, nine topics were identified as being of "Major Concern" or "Most Important Issue to Resolve":

1. Obesity
2. Chronic Lung Disease
3. Opioid Abuse
4. Diabetes
5. Coronary Heart Disease

Summary of Observations from Preston County Compared to All Other State Counties, in Terms of Community Health Needs

- In general, Preston County residents are about average health for State;

- In another health status classification, “Health Factors,” Preston County fares slightly worse, ranking 29 among the 55 counties. The clinical measure for preventable hospital stays and diabetic screening are better than the state average, but do not meet National benchmarks. Mammography screening values are slightly above the state average, but do not meet National benchmarks. Clinical care measures on the uninsured and supply of dentists are worse than State averages and do not meet National benchmarks.

Conditions where improvement remains to achieving state average rates and then national goals include:

- Adult smoking;
- Adult obesity;
- Access to exercise opportunities;
- Primary care physician supply;
- High school graduation, and;
- Some college

EXISTING HEALTH CARE FACILITIES, RESOURCES AND
IMPLEMENTATION PLAN

Significant Health Needs

We used the priority ranking of area health needs by the local expert advisors to organize the search for locally available resources, as well as the response to the needs by PMH. The following list:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies PMH current efforts responding to the need;
- Establishes the Implementation Plan programs and resources PMH will devote to attempt to achieve improvements;
- Documents the Leading Indicators PMH will use to measure progress;
- Presents the Lagging Indicators PMH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, PMH is the major hospital in the service area. Since 2014, PMH has been part of the Mon Health System with sister hospitals in Mon Health Medical Center and Stonewall Jackson Memorial Hospital. PMH is a 25 bed, acute care medical facility located in Kingwood, WV. The next closest facilities are outside the service area and include:

- Garrett Regional Medical Center – 26 bed acute care facility in Oakland, MD; 20.8 miles away from Kingwood (35 minutes)
- Mon Health Medical Center – 189 bed acute care facility in Morgantown, WV; 25 miles away from Kingwood (55 minutes); and
- Ruby Memorial Hospital- 522 bed acute care facility in Morgantown, WV; 25 miles away from Kingwood (55 minutes)
- Grafton City Hospital – 25 bed critical access hospital in Grafton, WV; 27.3 miles away from Kingwood (45 minutes)

All data items analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the PMH Implementation Plan utilizes “Leading Indicators.”

Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In this application, Leading Indicators also must be within the ability of the hospital to influence and measure.

Significant Needs

1. Obesity - BMI measured obesity is measured at 36%, the state average and 3% above the U.S. median. 28% of the WV population is physically inactive, 4% above the U.S. median. 60% of the WV population has adequate access to locations for physical activity, 4% below the U.S. median. In Preston County, only 33% of the population has access to locations for physical activity in the form of a supervised workout facility. Identified as the #1 significant health need by the expert panel.

Problem Statement: Additional obesity reduction efforts including an emphasis on access to exercise facilities is needed.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital sponsors the Trek Across WV program.
- The hospital participates in the “Healthy Holidays” program.
- The hospital participates in the “Walk from Obesity” program.
- The hospital conducts health fairs and obesity is included in the educational program.
- Personal Nutritional counseling is available for patients.
- The hospital sponsors fitness centers at two different locations for exercise and weight reduction.
- The hospital offers “Diabetes Prevention” Seminars.
- Kingwood community has opened two new facilities with employees receiving discounts or low-cost memberships.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- The hospital will partner with local fitness centers to increase the number of memberships.
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH will initiate efforts by contacting each organization to establish a forum for effort collaboration.
- Coordinating efforts with the organizations listed below to support and promote outdoor activities for obesity prevention.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- The focus of the implementation plan is the reduction of the rate of obesity resulting from public/patient participation in the fitness center exercise programs. Also, promote outdoor fitness during weather-appropriate months of the year.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- Monitor the number of exercise facilities in the community and promote employee memberships at low-cost rates.

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- Measure the number of Preston County residents with access to exercise facilities.
 - 2018 (most recent value) = 33%

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Preston Memorial Hospital Medical Staff, address and phone #s available at: http://www.prestonmemorial.org
Preston School District 400 Kingwood Drive, Kingwood WV 26537 Ph: (394) 329-0580
Main Street Kingwood P.O Box 357 Kingwood WV 26537 Ph: (304) 329 2727
Preston County Extension 1115 West Court, Kingwood WV 26537 Ph: (304)329-1401
Meals on Wheels c/o Preston County Senior Citizens 421 ½ East Main Street, Kingwood, WV 26537 Ph: 304-329-0464
Weight Watchers Route 7 Ph: (394) 284-0606
3 Guys Fitness Gym Masontown WV 26542 Ph (304) 980-2047
Maintain Don't Gain Program c/o Health Department, 106 Main Street, Kingwood WV Ph: (304) 329-0097
Health Department Screening Program 106 Main Street, Kingwood WV 26537 Ph: (304) 329-0097
Fit4You 427 Morgantown Street, Kingwood, WV 26537 Ph: (304) 771-1256
I Am Fit: Body-Mind-Soul Kingwood Shopping Plaza, Kingwood WV 26537

2. Chronic Lung Disease – Chronic Lung Disease is one of the primary causes of death in Preston County and West Virginia. Death rate is 54.9/100,000 individuals. Identified as a significant health need by the expert panel.

Problem Statement: The death rate from chronic lung disease needs to be reduced.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital implemented a Cardiac Rehab and Pulmonary Rehab Center in the last year.
- In April of 2019, PMH dedicated the Grace Anne Dorney (Koppel) Pulmonary Rehab Center at Preston Memorial Hospital.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- The hospital has increased the number of patients enrolled in pulmonary rehab.
- Coordinating efforts with the organizations listed below offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH wrote and received grant funding for our center.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- Access to treatment of chronic lung disease will lead to a decrease in these deaths and improve quality of life for those suffering with these conditions.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The number of patients enrolled in pulmonary rehab.

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:

Preston Memorial Hospital Medical Staff, address and phone #s available at: http://www.prestonmemorial.org
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Grace Anne Dorney Foundation 3300 Ponce de Leon Blvd. Coral Gables, Florida 33134
--

Claude W. Benedum Foundation 223 Fourth Ave #1400, Pittsburgh, PA 15222
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Local Preston County Primary Care Offices
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3. Opioid Abuse - Healthcare needs to be affordable with increased insurance coverage, especially for employers with less than 50 employees.

Problem Statement: The use of legal opioids and abuse of illegal opioids must be reduced.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital participates in a state-wide reduction program to minimize the prescribing of opioid pain medication.
- The hospital is exploring partnership with leading treatment organization, Ascension Recovery Services, to establish a program to reduce and deter opioid abuse in our community.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- The hospital acts as a resource for individuals who need assistance with obtaining treatment for opioid addiction.
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH initiated efforts by contacting each organization to establish a forum for effort collaboration.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- The number of individuals obtaining treatment will increase.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The number of individuals enrolled in treatment programs locally. Monitor the number of opioid addictions reported in our county.

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- A decrease in the number of opioid addicted residents in Preston County.

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:

**Preston Memorial Hospital Medical Staff, address and phone #s available at:
<http://www.prestonmemorial.org>**

Valley Healthcare System 202 Tunnelton St, Kingwood, WV 26537 (304) 329-1059

Preston School District 400 Kingwood Drive, Kingwood WV 26537 Ph: (304) 329-0580

Ascension Recovery Services, Morgantown, WV 26505 Ph: (304) 241-4585

4. Diabetes- 12.3% of Preston County residents have diabetes, which is lower than the state average of 15.3%.

Problem Statement: The diabetes rate for Preston County residents needs to be reduced.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital hosts 3 health fairs per year with low-cost and free health screenings.
- The hospital holds Speakers' Bureaus about the top five CHNA-related illnesses in our county to provide education and screenings during these events.
- All primary care providers in our area monitor diabetes development, treatment, and maintenance.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- The hospital educates and promotes wellness through a variety of outreach activities.
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH initiated efforts by contacting each organization to establish a forum for effort collaboration.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- A decrease in the diabetes rate of the population.
- A decrease in the prescribing of diabetes drugs to patients.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The rate of diabetes per capita in Preston County.

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- A decrease in the epidemic rate of diabetes in Preston County.

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:

**Preston Memorial Hospital Medical Staff, address and phone #s available at:
<http://www.prestonmemorial.org>**

Health Department 106 Main Street Kingwood, WV 26537 Ph: (304) 329-0097

Raymond Wolfe Center, 134 S Price St, Kingwood, WV 26537 Ph: (304) 329-3644

Preston County Senior Citizens 421 ½ East Main Street, Kingwood, WV 26537 Ph: 304-329-0464

5. Coronary Heart Disease -West Virginia's rate of Coronary Heart Disease is 43.5%, which leads the country. Preston County's death rate of CHD is 247.05/100,000 compared to the state as a whole at 191.98/100,000. This is slightly decreased from the 2016 CHNA data. The incidence of CHD is higher than expected compared to national norms. Preston County remains 18th in CHD mortality rates of West Virginia counties.

Problem Statement: The death rate from Coronary Heart Disease should be reduced.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- PMH diagnosis and treats heart disease.
- The hospital treats and refers patients for interventional cardiology.
- The hospital provides low cost cholesterol screening.
- The hospital personnel are AHA CPR certified.
- EKG transmissions from the ambulance to the ED for diagnosis.
- The hospital provides a Cardiology Clinic so patients do not have to travel for services.
- The hospital participates in and draws blood for the statewide "Cardiac Kids" Program.
- The hospital expanded Cardiopulmonary Services for patients.
- The hospital opened a Cardiac Rehab Center in 2015.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continuing efforts to expand and improve Cardiopulmonary Services at PMH is ongoing.
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH initiated efforts by contacting each organization to establish a forum for effort collaboration.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- Decrease in the number of cardiac events for patients.
- Increase in education, rehabilitation, and services for patients.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The expansion of services offered to improve Cardiopulmonary Services.

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- CHD death rate per 100,000 population in 2018 = 247.05

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:

**Preston Memorial Hospital Medical Staff, address and phone #s available at:
<http://www.prestonmemorial.org>**

Shirley Ann Kimble Training Center at West Virginia University Hospital 304 Collins Ferry Road, Morgantown WV 26506 Ph: (304) 2931329

Cardiac Kids Program Kingwood Elementary School 207 W. Price, Kingwood, WV 26537 Ph: (304) 329-1035

Overall Community Need Statement and Priority Ranking Score

Significant Needs Where Hospital Has Implementation Responsibility

1. Obesity
2. Chronic Lung Disease
3. Opioid Abuse
4. Diabetes
5. Coronary Heart Disease

Significant Needs Where Hospital Did Not Develop Implementation Plan

None.

Other Needs Where Hospital Developed Implementation Plan

None

APPENDICES

Appendix A – County Comparison Data Questions for Feedback

Comparison chart was shared with respondents for open-ended feedback.

	West Virginia	Preston County, WV
Health outcomes		WV Rank: 22
Length of life		WV Rank: 11
Premature death	10500	8100
Quality of life		WV Rank: 32
Poor or fair health	24%	20%
Poor physical health days	5.2	5.2
Poor mental health days	5.2	4.8
Low birthweight	9%	10%
Health Factors		WV Rank: 29
Health Behaviors		WV Rank: 18
Adult smoking	25%	22%
Adult obesity	36%	35%
Food environment index	6.9	7.8
Physical inactivity	28%	28%
Access to exercise opportunities	60%	33%
Excessive drinking	12%	13%
Alcohol-impaired driving deaths	31%	31%
Sexually transmitted infections	261.4	156.2
Teen births	36	31
Clinical care		WV Rank: 36
Uninsured	7%	8%
Primary care physicians	1270 to 1	3070 to 1
Dentists	1860 to 1	3370 to 1
Mental health providers	830 to 1	8420 to 1
Preventable hospital stays	5683	5128
Mammography screening	38%	39%
High school graduation	89%	83%
Some college	55%	42%
Unemployment	5.20%	5.00%
Children in poverty	24%	23%
Income inequality	4.9	4.5
Children in single-parent households	34%	27%
Social associations	12.9	10.4
Violent crime	330	230
Injury deaths	114	93
Physical Environment		WV Rank: 21
Pollution - particulate matter	9.6	9.1

Drinking water violations		Yes
Severe housing problems	11%	9%
Driving alone to work	82%	80%
Morning commute - driving alone	33%	49%

Q. Do you agree with the comparison of Preston County to other WV counties?

Q. Do you agree with the population characteristic summary of Preston County?

Q. What do you believe to be the most important health or medical issue confronting the residents of Preston County?

Q. Do you perceive there are any primary and/or chronic disease needs, or potential health issues?

Appendix B – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule H Part V Section B (form 990)

Community Health Needs Assessment Answers

1. Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?

Illustrative Answer – No

2. Was the hospital facility acquired or placed in to service as a tax-exempt hospital in the current year or the immediately preceding tax year? If “Yes,” provide details of the acquisition in section C.

Illustrative Answer – No

3. During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (CHNA)? If “No,” skip to line 9

Illustrative Answer – Yes

If “Yes,” indicate what the Needs Assessment describes (check all that apply):

- a. A definition of the community served by the hospital facility**
- b. Demographics of the community**

- c. Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community*
- d. How the data was obtained*
- e. The health needs of the community*
- f. Primary and chronic disease needs and health issues of uninsured persons, low-income persons, and minority groups*
- g. The process for identifying and prioritizing community health needs and services to meet the community health needs*
- h. The process for consulting with persons representing the community's interests*
- i. Information gaps that limit the hospital facility's ability to assess the community's health needs*
- j. Other (describe in Part VI)*

4. Indicate the tax year the hospital facility last conducted a CHNA: 20 __ __

Illustrative Answer – 2013, 2016

5. In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

Illustrative Answer – Yes

6. Was the hospital facility's Need Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.

Illustrative Answer – No

7. Did the hospital facility make its CHNA widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)

- a. Hospital facility's website*
- b. Available upon request from the hospital facility*
- c. Other (describe in Part VI)*

Illustrative Answer – A and B

The hospital obtains Board approval of this report, documents the date of approval, and then takes action to make the report available as a download from its website.

- 8. If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):**
- a. Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA**
 - b. Execution of an implementation strategy**
 - c. Participation in the development of a community-wide plan**
 - d. Participation in the execution of a community-wide plan**
 - e. Inclusion of a community benefit section in operational plans**
 - f. Adoption of a budget for provision of services that address the needs identified in the CHNA**
 - g. Prioritization of health needs in its community**
 - h. Prioritization of services that the hospital facility will undertake to meet health needs in its community**
 - i. Other (describe in Part VI)**

Illustrative Answer – A, B, E, G, H

- 9. Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If “No,” explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?**

Illustrative Answer – Yes

- 10. a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?**
- b. If “Yes” to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?**
- c. If “Yes” to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?**

Illustrative Answers – 8. a, 8 b, 8 c – No