Mon Health Medical Center

2020 Community Health Needs Assessment (CHNA)

Morgantown, WV

Prepared by Thomas Bias, Christiaan Abildso, and Emily Sarkees
West Virginia University Health Research Center

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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

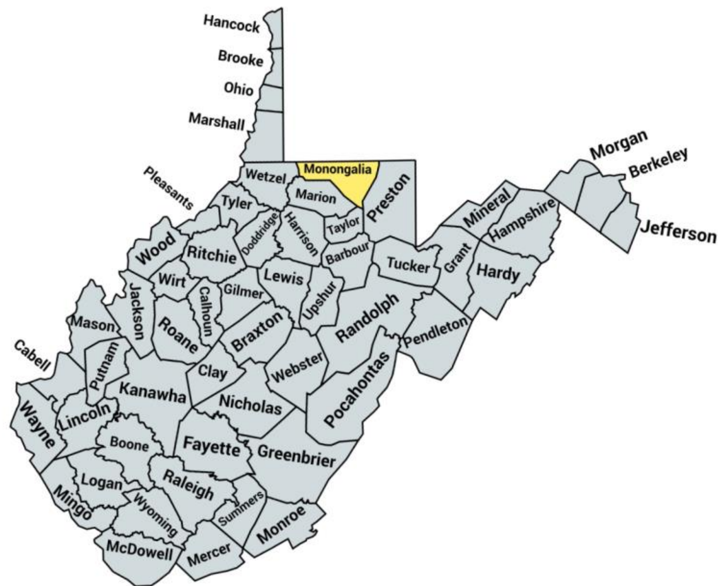
The most recent CHNA was adopted in 2017. Key stakeholder interviews were conducted in the community - both internal and external to MHMC - and data collected by the WVU SPH was reviewed by the 2017 CHNA team. This information was considered along with relevant federal, state, and local data to determine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

[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