



Pleasant Valley Hospital

*A partner of Cabell Huntington Hospital and the
Marshall University Joan C. Edwards School of Medicine*



Community Health Needs Assessment September 2019

Table of Contents

Introduction	2
About Us	3
Our Services	4
Our Location.....	5
Communities Served	6
Service Area Counties	7
Population	8
Economic Indicators	12
Wages.....	12
Household Income	13
Unemployment	14
Poverty	15
Education	16
County Health Rankings	18
Mental Illness.....	19
Pregnancy and Birth Data	20
Causes of Death	21
Results of Community Participation	22
Online Survey Results.....	22
Community Interview Results.....	26
Progress on PVH Initiatives	28
Summary of Findings.....	30
Community Health Priorities.....	31
Next Steps	33
Sources.....	33

Introduction

The Community Health Needs Assessment (CHNA) of Pleasant Valley Hospital (PVH) was conducted to identify health needs and assist with the development of an implementation strategy to address the identified priority needs. Information from the CHNA will assist key decision makers to make a positive impact on the health of the Hospital's service area. In addition, the CHNA responds to the community benefit regulatory requirements.

To assist with the completion of the CHNA, PVH retained Arnett Carbis Toothman LLP, a regional accounting firm specializing in healthcare with offices in West Virginia, Ohio, and Pennsylvania. The assessment was designed to ensure compliance with Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals which require tax-exempt hospitals to conduct a CHNA every three years to identify the community's health needs and adopt an implementation strategy to address those needs. In addition, community benefits must be reported on IRS Form 990, Schedule H.

It was the goal of the CHNA partners to produce a current profile of health status, wellness, health delivery and public-sourced opinions about health in Mason County and the surrounding communities. The process used a compilation of the most recent local, state and Federal data, as well as the opinions and concerns articulated by community stakeholders through surveys and interviews. The study also reviewed the prior implementation plan to assess the progress made since the last CHNA and to obtain community feedback related to the Hospital's previous CHNA.

The significant components of the CHNA include:

Service Area Definition, Population & Vital Statistics

Socioeconomic Characteristics of the Service Area

Health Status Indicators

Access to Care

Results of Community Participation

About Us

PVH is a 101-bed acute care hospital located in Point Pleasant, West Virginia. Since 1959, the Hospital has been committed to providing quality health care to Mason County, West Virginia and the surrounding communities. In addition to acute care services, the Hospital owns and operates the Pleasant Valley Nursing and Rehabilitation Center, a 100-bed skilled nursing facility. In 2013, PVH partnered with Cabell Huntington Hospital which provides a full range of resources through Marshall Health and the Edwards Comprehensive Cancer Center.



Jeff Noblin,
Chief Executive Officer

Putting Patients First

- First in the tri-county area to offer magnetic resonance imaging (MRI) and lithotripsy for the nonsurgical removal of kidney stones
- First in the area to offer single-room, family-centered maternity care
- First in the region to offer the ultrasonic removal of cataracts
- First to perform laparoscopic cholecystectomy, a gallbladder removal surgery that minimizes pain and scarring and allows for a quicker recovery
- First in the tri-county area to offer lung cancer screening

At PVH, our patients are our top priority. The PVH Board of Trustees, leadership team and medical staff continue to expand programs and services to meet the comprehensive health care needs of the region. It is our honor and privilege to care for you—our family, our friends, our neighbors. Our goal is to provide high-quality medical care in a timely and respectful manner.

*With a dedicated,
generous and
hardworking Board of
Trustees, the future of
Pleasant Valley
Hospital
is in good hands.*

Our Services

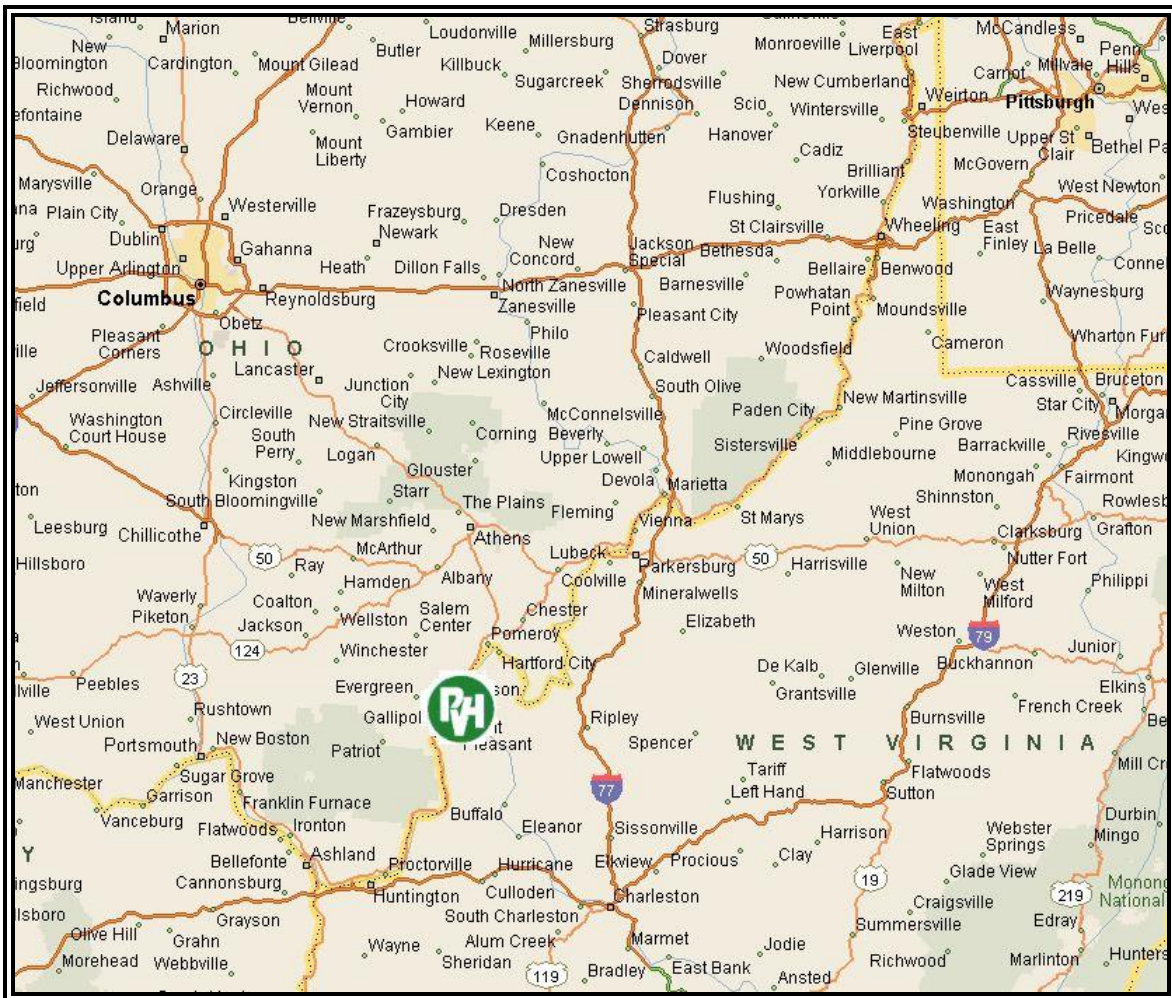
PVH is committed to providing patient friendly, quality health care to its communities. The hospital provides a continuum of care that includes the following services:

- Allergy & Asthma
- Aquatic Therapy
- Audiology
- Bone Densitometry
- Bright Beginnings
- Cardiac Rehabilitation
- Cardio-Respiratory
- Cardiovascular Medicine
- Center for Arthritis and Joint Rehabilitation
- Chemotherapy
- Colonoscopy
- Comprehensive Breast Health Center
- CT Scan
- Edwards Comprehensive Cancer Center
- Emergency and Trauma Center
- Endoscopy
- Express Care
- Home Health and Hospice
- Home Medical Equipment
- Hospitalist
- Infusion Center
- Inpatient Surgery
- Internal Medicine
- Laboratory
- Long-term Nursing
- Lung Cancer Screening Center
- Mammography
- Mason County Schools On-Site Healthcare
- Massage Therapy
- MRI
- Neurology
- Nuclear Medicine
- Nursing and Rehabilitation Center
- Obstetrics and Gynecology
- Occupational Therapy
- Oncology and General Hematology
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Outpatient Surgery
- Outreach Laboratory Services
- Pastoral Care Services
- Pharmacy
- Preventive Health Screenings
- Primary Care
- Pulmonary Rehabilitation
- Radiology
- Respiratory Therapy
- Skilled Nursing
- Sleep Disorders Center
- Speech Therapy
- Sports Injury Rehabilitation
- Stereotactic Breast Biopsy
- Surgery
- Swing Bed (Short-Stay Rehabilitation)
- Therapy and Rehabilitation
- Total Joint Replacement
- Ultrasound
- Wellness Center
- Wound Center

Source: <http://pvalley.org/services-offered/>

Our Location

The Hospital and surrounding communities are located in west-central West Virginia, approximately two hours south of Columbus, Ohio, three and a half hours south-west of Pittsburgh, Pennsylvania, and one hour north-west of Charleston, West Virginia. The Hospital and surrounding communities are accessible by secondary roads.



Communities Served

PVH defined their service area based upon the geographical area in which a majority of their patients reside. Exhibit 1 provides a summary of the inpatient discharges by zip code for the Hospital's fiscal year (FY) 2018. As shown in this exhibit, 82% of the inpatient discharges reside in one of three counties: Mason, West Virginia, Gallia, Ohio, or Meigs, Ohio.

Exhibit 1: Summary of Inpatient Discharges by Zip Code (FY 2018)

Zip Code	County, State	Percentage of Total Discharges	Cumulative Percent
25550	Mason, WV	30%	30%
45631	Gallia, OH	10%	41%
25260	Mason, WV	6%	47%
25515	Mason, WV	5%	52%
25123	Mason, WV	4%	56%
25253	Mason, WV	4%	61%
25287	Mason, WV	4%	65%
25265	Mason, WV	4%	68%
45614	Gallia, OH	3%	71%
25106	Mason, WV	3%	74%
45769	Meigs, OH	3%	77%
45760	Meigs, OH	2%	79%
25247	Mason, WV	2%	81%
45771	Meigs, OH	2%	82%
All Other		18%	100%
Grand Total		100%	

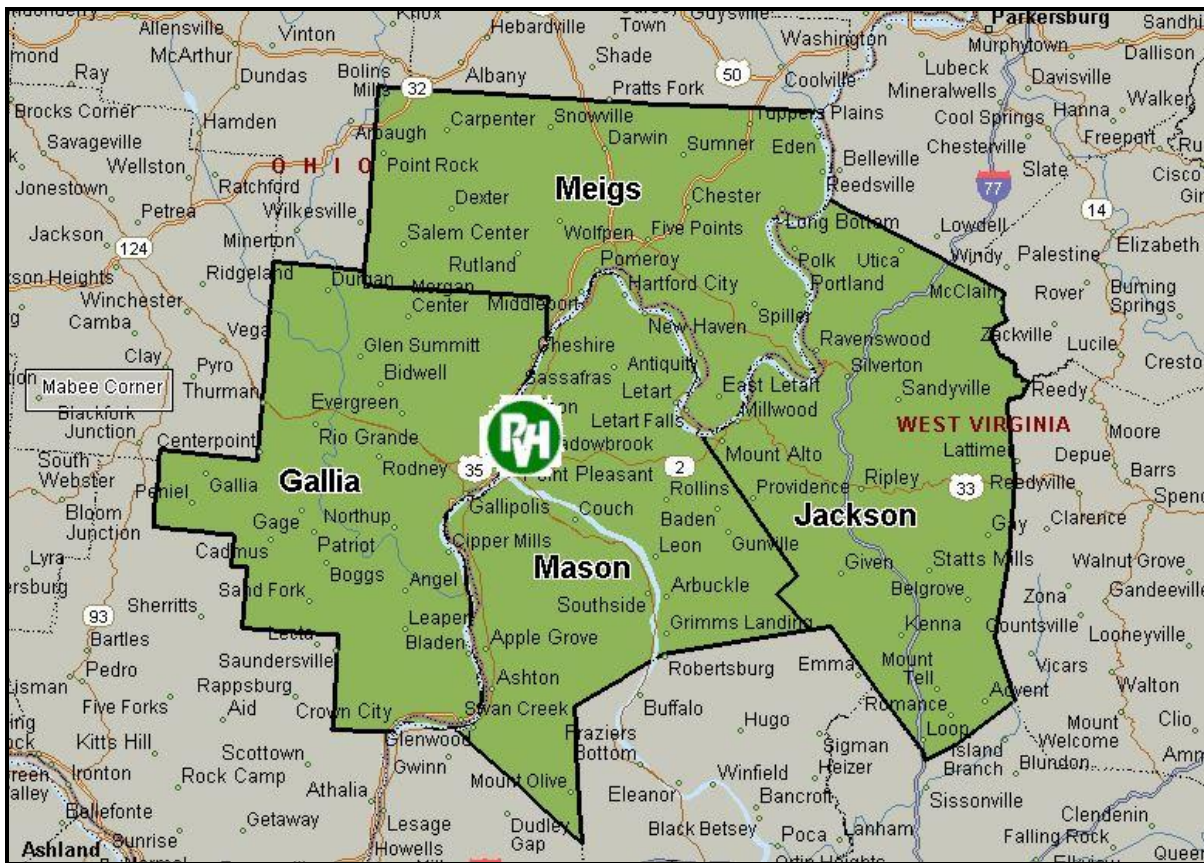
The zip code data was aggregated by county to and summarized in Exhibit 2. As shown in Exhibit 2, nearly 62% of the Hospital's patients reside in Mason County, West Virginia. Consistent with the 2016 CHNA, the following counties were selected as the primary service area: Mason and Jackson County in West Virginia and Gallia and Meigs County in Ohio.

Exhibit 2: Summary by County

County, State	Percentage of Total Discharges
Mason, WV	66.58%
Gallia, OH	16.34%
All Other	7.95%
Meigs, OH	7.58%
Jackson, WV	1.56%
Grand Total	100.00%

Service Area Counties

The following map identifies the geographic location of the service area counties. The Hospital is located in Point Pleasant, Mason County, West Virginia near the Ohio-West Virginia border.



Population

As shown in Exhibit 3, the population of the total service area is projected to steadily decrease through 2030.

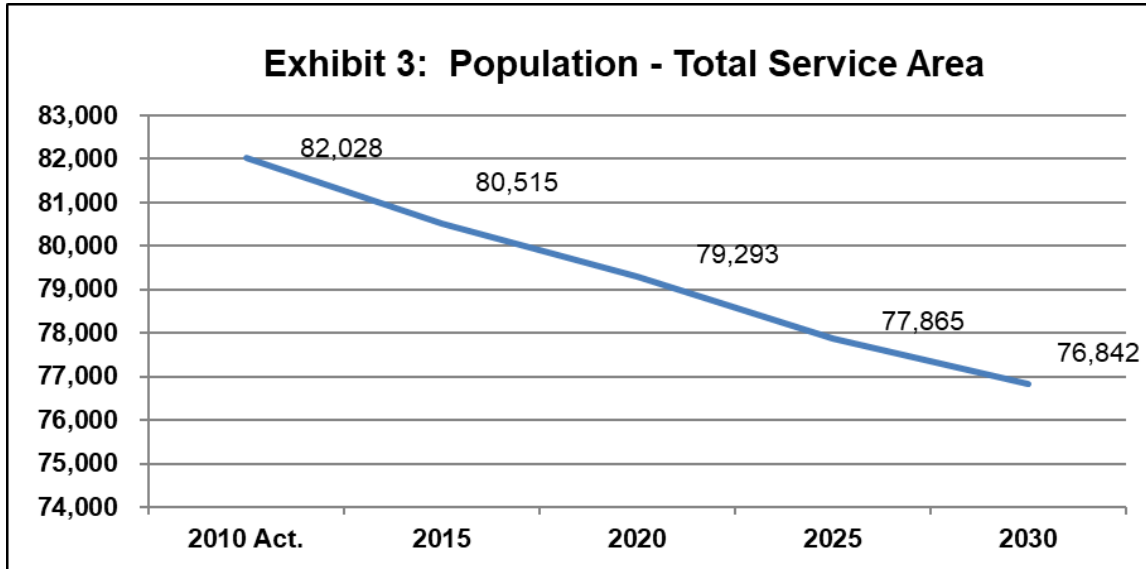


Exhibit 4 includes the population detail by each service area county. As shown below, Gallia County, Ohio has the highest population in the service area.

Exhibit 4: Population Projections

County	State	2010 Act.	2015	2020	2025	2030
Mason	WV	27,324	27,005	26,653	26,415	26,162
Gallia	OH	30,934	29,900	29,010	28,150	27,510
Meigs	OH	23,770	23,610	23,630	23,300	23,170
Jackson	WV	29,211	29,158	29,183	28,891	28,558
Total Service Area		82,028	80,515	79,293	77,865	76,842

Overall population of the service area is expected to steadily decrease.

Demographic Profile

Exhibit 5 presents quick facts data for the service area, state of West Virginia and the United States.

Exhibit 5: Quick Facts				
Quick Facts	Service Area Average	Ohio	West Virginia	United States
Population				
Population estimates, July 1, 2018, (V2018)	27,127	11,689,442	1,805,832	327,167,434
Population estimates base, April 1, 2010, (V2018)	27,818	11,536,725	1,853,011	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018,	-2.5	1.3	-2.5	6.0
Population, Census, April 1, 2010	27,810	11,536,504	1,852,994	308,745,538
Age and Sex				
Persons under 5 years, percent, July 1, 2018, (V2018)	5.6	5.9	5.3	6.1
Persons under 5 years, percent, April 1, 2010	5.9	6.2	5.6	6.5
Persons under 18 years, percent, July 1, 2018, (V2018)	21.6	22.2	20.2	22.4
Persons under 18 years, percent, April 1, 2010	22.7	23.7	20.9	24.0
Persons 65 years and over, percent, July 1, 2018, (V2018)	20.1	17.1	19.9	16.0
Persons 65 years and over, percent, April 1, 2010	16.6	14.1	16.0	13.0
Female persons, percent, July 1, 2018, (V2018)	50.8	51.0	50.5	50.8
Female persons, percent, April 1, 2010	51.0	51.2	50.7	50.8
Race and Hispanic Origin				
White alone, percent, July 1, 2018, (V2018) (a)	96.6	81.9	93.5	76.5
White alone, percent, April 1, 2010 (a)	97.0	82.7	93.9	72.4
Black or African American alone, percent, July 1, 2018, (V2018) (a)	1.2	13.0	3.6	13.4
Black or African American alone, percent, April 1, 2010 (a)	1.1	12.2	3.4	12.6
American Indian and Alaska Native Alone Percent 2018	0.3	0.3	0.3	1.3
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	0.3	0.2	0.2	0.9
Asian alone, percent, July 1, 2018, (V2018) (a)	0.4	2.5	0.8	5.9
Asian alone, percent, April 1, 2010 (a)	0.3	0.1	0.0	0.2
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2018, (V2018) (a)	0.0	0.1	Z	0.2
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010(a)	0.0	Z	Z	0.2
Two or More Races, percent, July 1, 2018, (V2018)	1.4	2.3	1.8	2.7
Two or More Races, percent, April 1, 2010	1.2	2.1	1.5	2.9
Hispanic or Latino, percent, July 1, 2018, (V2018) (b)	1.0	3.9	1.7	18.3
Hispanic or Latino, percent, April 1, 2010 (b)	0.6	3.1	1.2	16.3
White alone, not Hispanic or Latino, percent, July 1, 2018, (V2018)	95.8	78.7	92.1	60.4
White alone, not Hispanic or Latino, percent, April 1, 2010	96.6	81.1	93.2	63.7
Population Characteristics				
Veterans, 2013-2017	2,026	752,153	138,508	18,939,219
Foreign born persons, percent, 2013-2017	0.6	4.3	1.6	13.4
Housing				
Housing units, July 1, 2018, (V2018)	12,900	5,217,423	893,778	138,537,078
Housing units, April 1, 2010	12,857	5,127,508	881,917	131,704,730
Owner-occupied housing unit rate, 2013-2017	77.1	66.1	72.7	63.8
Median value of owner-occupied housing units, 2013-2017	95,550	129,600	100,200	175,700
Median selected monthly owner costs -with a mortgage, 2013-2017	949	1,247	997	1,515
Median selected monthly owner costs -without a mortgage, 2013-2017	339	458	309	474
Median gross rent, 2013-2017	606	764	681	982
Building permits, 2018	6	24,221	2,887	1,328,827
Families and Living Arrangements				
Households, 2013-2017	10,758	4,633,145	737,671	118,825,921
Persons per household, 2013-2017	2.50	2.44	2.42	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	89.4	85.1	88.3	85.4
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.3	6.9	2.5	21.3
Education				
High school graduate or higher, percent of persons age 25 years+, 2013-2017	84.2	89.8	85.9	87.3
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	14.1	27.2	19.9	30.9

Exhibit 5 continued				
Quick Facts	Service Area Average	Ohio	West Virginia	United States
Health				
With a disability, under age 65 years, percent, 2013-2017	15.6	10.0	14.4	8.7
Persons without health insurance, under age 65 years, percent	7.7	7.0	7.5	10.2
Economy				
In civilian labor force, total, percent of population age 16 years+, 2013-2017	50.2	63.1	53.5	63.0
In civilian labor force, female, percent of population age 16 years+, 2013-2017	44.7	58.9	49.0	58.2
Total accommodation and food services sales, 2012 (\$1,000) (c)	28,283	20,652,777	4,036,333	708,138,598
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	105,720	80,915,693	12,259,395	2,040,441,203
Total manufacturers shipments, 2012 (\$1,000) (c)	0	313,629,976	24,553,072	5,696,729,632
Total merchant wholesaler sales, 2012 (\$1,000) (c)	68,224	155,426,023	14,295,437	5,208,023,478
Total retail sales, 2012 (\$1,000) (c)	245,971	153,553,997	22,637,923	4,219,821,871
Total retail sales per capita, 2012 (c)	8,687	13,301	12,201	13,443
Transportation				
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	31.0	23.4	25.7	26.4
Income and Poverty				
Median household income (in 2017 dollars), 2013-2017	41,204	52,407	44,061	57,652
Per capita income in past 12 months (in 2017 dollars), 2013-2017	22,257	29,011	24,774	31,177
Persons in poverty, percent	19.0	14.0	19.1	12.3
Businesses				
Total employer establishments, 2016	416	4,790,178	558,905	126,752,238
Total employment, 2016	5,774	4,790,178	558,905	126,752,238
Total annual payroll, 2016	224,638	218,466,744	21,637,981	6,435,142,055
Total employment, percent change, 2015-2016	3.8	1.5	-1.2	2.1
Total nonemployer establishments, 2017	1,294	785,833	88,343	25,701,671
All firms, 2012	1,769	904,814	114,435	27,626,360
Men-owned firms, 2012	946	510,078	63,112	14,844,597
Women-owned firms, 2012	581	306,824	39,065	9,878,397
Minority-owned firms, 2012	12	122,653	5,777	7,952,386
Nonminority-owned firms, 2012	1,677	759,569	104,785	18,987,918
Veteran-owned firms, 2012	166	91,316	12,912	2,521,682
Nonveteran-owned firms, 2012	1,480	776,193	94,960	24,070,685
Geography				
Population per square mile, 2010	62.0	282.3	77.1	87.4
Land area in square miles, 2010	447.93	40860.69	24038.21	3531905.43

This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable.

The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data.

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

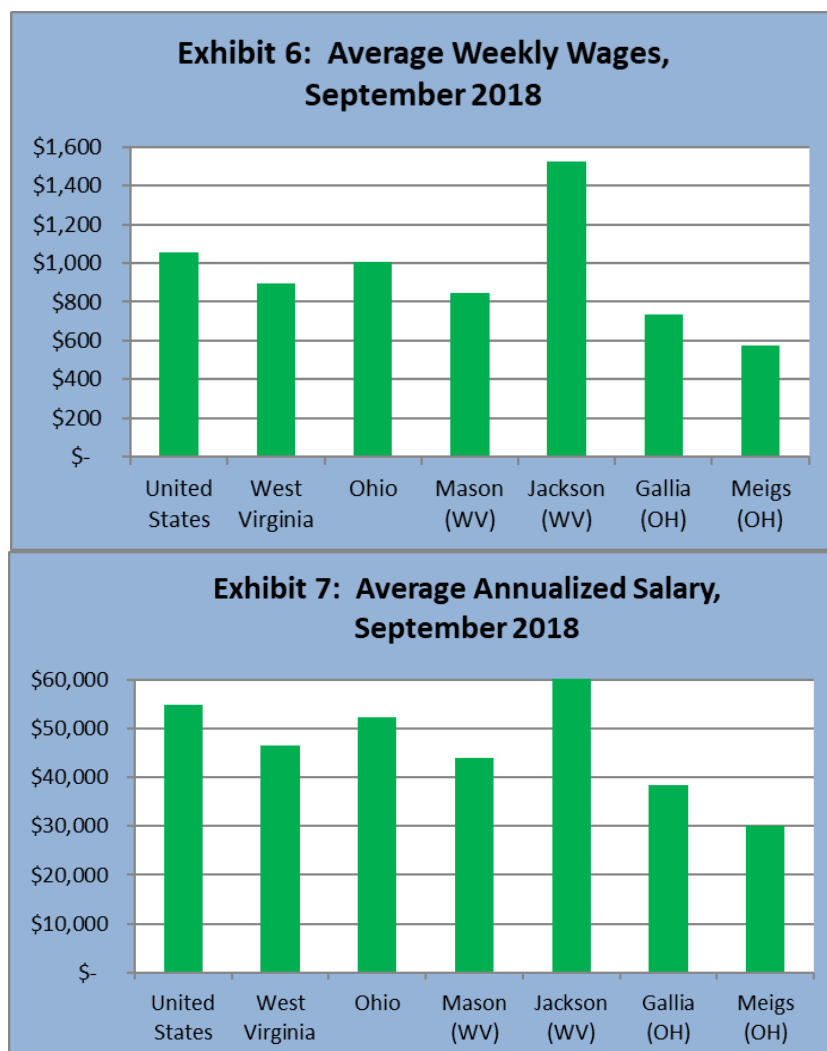
Overview of the Community

- The residents of the PVH service area are predominately White/Caucasians (96.6%) followed by Black or African American (1.2%).
- English is the primary language, although 1.3% noted a language other than English is spoken at home.
- The service area (84.2%) has a lower percentage of those with a high school diploma as compared to the states and the U.S (87.3%).
- 14.1% of those in the service area hold a bachelor's degrees or higher as compared to the West Virginia state average of 19.9% and Ohio state average of 27.2%. However, all are less than the U.S. average of 30.9%.
- Housing is generally stable and comparable between the service area and the states (Ohio & WV) with 89.4%, 85.1%, and 88.3% living in the same house one year and over, respectively.
- The service area (19%), West Virginia (19.1%), and Ohio (14%) have a higher percentage of those below the poverty level than of the United States (12.3%).
- The percentage of the population over 65 years in age was higher in the service area (20.1%), West Virginia (19.9%), and Ohio (17.1%) than the United States (16%).
- The median household income in the service area (\$41,204) and the state of West Virginia (\$44,061) is notably lower than the national average (\$57,652). The state of Ohio (\$52,407) is still lower though to a lesser degree.

Economic Indicators

Wages

Exhibit 6 includes the Average Weekly Wage, and Exhibit 7 annualizes those wages for the service area counties, Ohio, West Virginia, and the United States. All counties and their respective states were below the average wage for the United States with the exception of Jackson, West Virginia. Meigs County reported the lowest household wages.



Household Income

Exhibit 8 illustrates the median household income. All of the counties served by PVH have a lower median household income than the average households in their respective states. West Virginia has a household median income lower than Ohio, yet both states are below the national level.

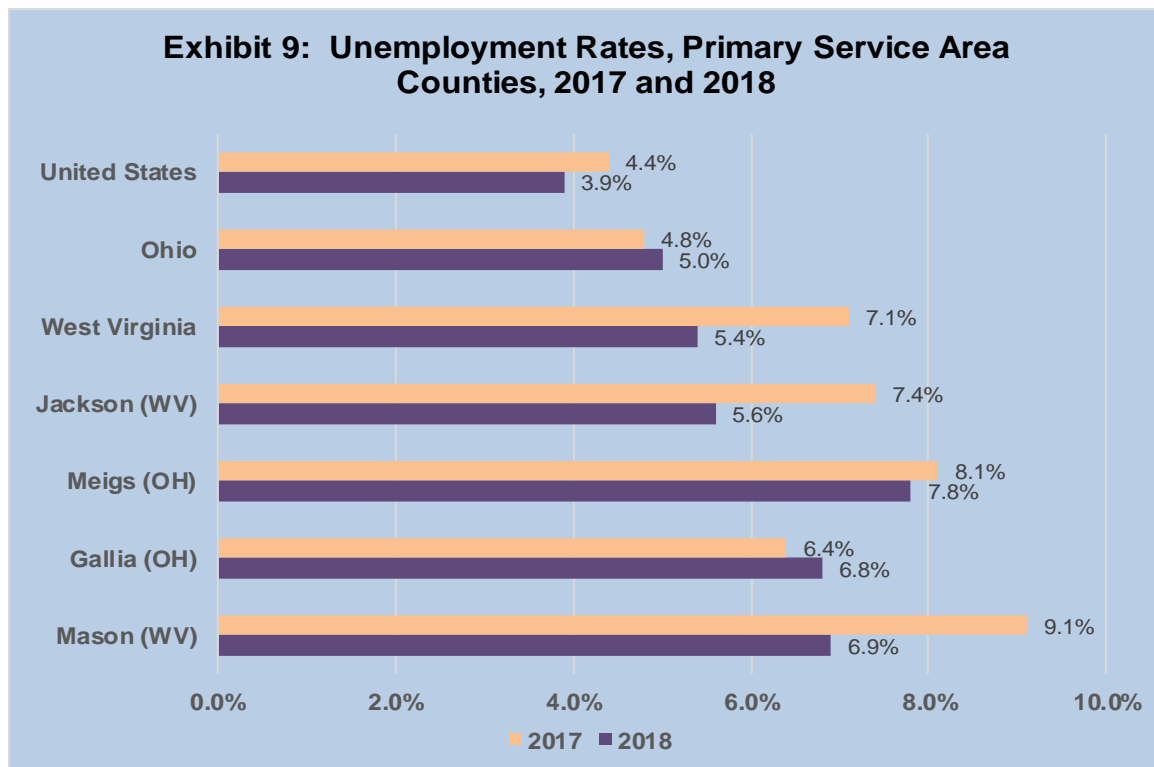


Exhibit 8: Median Household Income, 2013-2017

County/State	Median Household Income
Mason (WV)	\$38,977
Gallia (OH)	\$42,002
Meigs (OH)	\$42,105
Jackson (WV)	\$41,731
Total Service Area	\$41,204
West Virginia	\$44,061
Ohio	\$52,407
United States	\$57,652

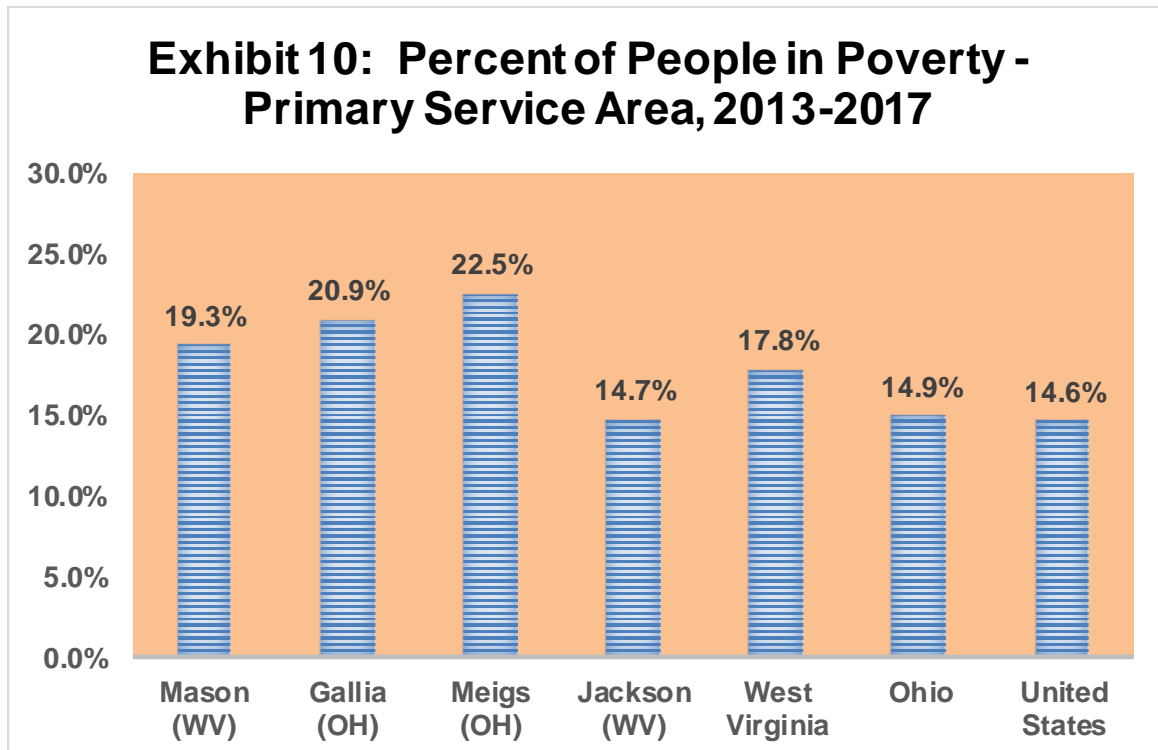
Unemployment

As shown in Exhibit 9, the Unemployment rate for West Virginia declined during the two-year period. Counties in the service area experienced mixed results of notable decreases or slight increases in the unemployment rate from 2017-2018. All counties in the service area experienced a higher rate than their respective states, and the nation.



Poverty

Exhibit 10 presents the percentage of adults living in poverty in 2013-2017 for the service area counties, West Virginia, Ohio, and the United States. The service area, West Virginia and Ohio were all above the national level of 14.6% for the five-year period.



Education

The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 11 presents the distribution of education levels for those 25 years and over in the service area, State of West Virginia and the United States for 2013-2017. Although the service area and the state had a higher level of those with a high school diploma only when compared to the United States average, the attainment of a bachelor's degree was lower in the service area than the United States average.



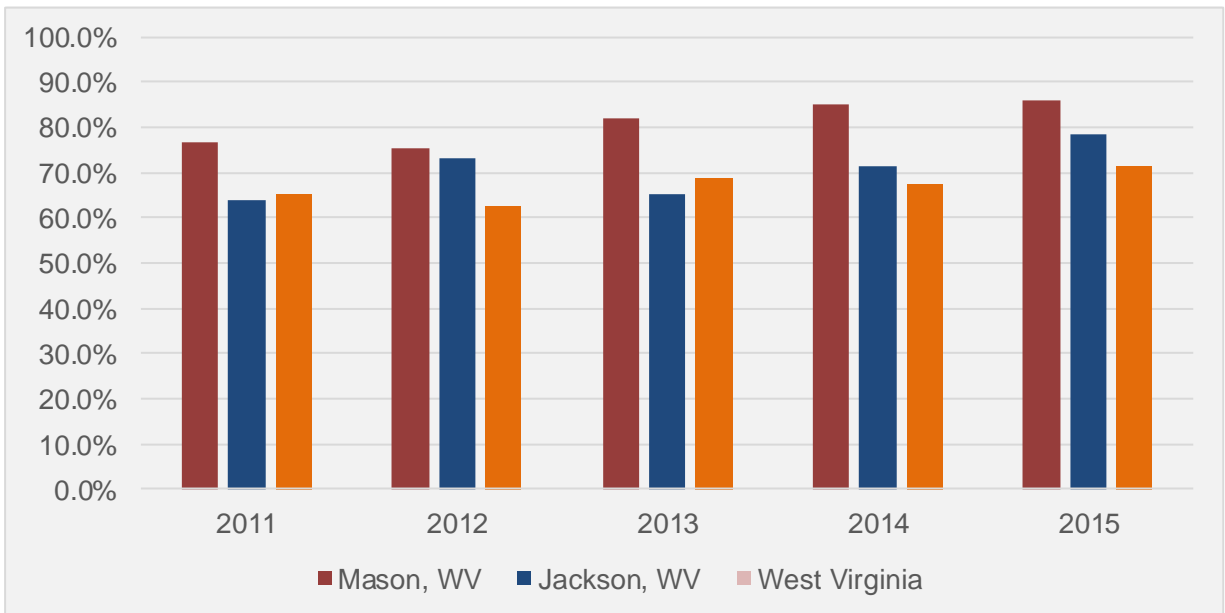
**Exhibit 11:
Highest Level of Education Attained
2013-2017**

	Service Area	West Virginia	Ohio	United States
Less than 9 th grade	4.99%	4.70%	2.90%	5.40%
Some high school	10.88%	9.40%	7.30%	7.20%
High school graduate	43.66%	40.60%	33.60%	27.30%
Some college	17.23%	18.50%	20.50%	20.80%
Associate's degree	9.02%	6.90%	8.50%	8.40%
Bachelor's degree	9.05%	12.00%	17.00%	19.10%
Graduate or professional degree	5.16%	7.90%	10.20%	11.80%

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

Access and participation in early education programs is another important determinant in the future success of students in a population. Exhibit 12 provides the percent of four-year-olds enrolled in a qualified pre-kindergarten program as of 2015. Enrollment rates for the counties in the service area average approximately 76% of the population which indicates that their four-year old children were enrolled in a qualified pre-kindergarten program. The data shows that the service area is slightly ahead of the State average.

Exhibit 12: Percent of Four-Year-Olds Enrolled in a Qualified Pre-Kindergarten Program 2015



County Health Rankings

County Health Rankings & Roadmaps (Rankings), a program of the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute. The Rankings examine a variety of health status indicators and ranks each county to the state in terms of “health factors” and “health outcomes.” These health outcomes and factors are composite measures based on several variables grouped into the following categories: health behaviors, clinical care, social and economic factors, and physical environment. Exhibit 13 provides the county’s ranking for each composite category.

Exhibit 13: County Health Rankings Among Service Area Counties, 2018				
Indicator Category	Mason*	Jackson*	Gallia**	Meigs**
Health Outcomes	39	23	84	80
Length of Life	42	23	84	73
Quality of Life	39	24	84	85
Health Factors	38	17	57	75
Health Behaviors	48	26	57	74
Clinical Care	29	16	22	68
Social & Economic Factors	24	8	74	82
Physical Environment	44	49	30	7

Key	
Top 50th percentile of counties (Better)	
25th to 49th percentile of counties	
Bottom 25th percentile of counties (Worse)	

* County rank among 55 West Virginia counties

** County rank among 88 Ohio counties

Mental Illness

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services, is charged with reducing the impact of substance abuse and mental illness on America's communities. Each year, SAMHSA publishes the most recent annual results from the National Survey on Drug Use and Health (NSDUH) is a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 or older. The NSDUH also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems. An adult with Any Mental Illness (AMI) was defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs). Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Exhibit 14 presents statistics of mental illness taken from the NSDUH for those aged 18 or older at a national level and for West Virginia for 2015-2016. West Virginia compared unfavorably to the nation for those with SMI or AMI.

Exhibit 14:
State Estimates of Adult Mental Illness Among Persons Aged 18 or Older
2015-2016

Location	Serious Mental Illness %	Any Mental Illness %
National Average	4.4	18.6
West Virginia	5.2	20.90

SOURCE: State Estimates of Substance Use and Mental Disorders, 3/21/2019
<http://www.samhsa.gov/data/reports-by-geography?tid=672&map=1>

Pregnancy and Birth Data

The well-being of mothers and babies is a critical component of a community's overall health. Healthy pregnancies help to provide a better start in life and improve the health of future generations. Exhibit 13 displays the Maternal and Child Health Indicators for the PVH community. It also includes, when available, the state average for the corresponding indicators.

Exhibit 15: Maternal and Child Health Indicators by County						
Indicator	Mason (WV)	Jackson (WV)	West Virginia	Gallia (OH)	Meigs (OH)	Ohio
Low birth weight infants	10.0%	7.7%	9.6%	8.7%	7.7%	8.5%
Teen birth rate (< 20)	11.7%	7.1%	8.6%	-	-	-
No prenatal care in 1st trimester	20.8%	20.7%	21.4%	-	-	-
Fetal death ratio*	7.1	17.8	7.0	-	-	-

*Fetal death ratio = (fetal deaths/live births) X 1,000 in each respective county.

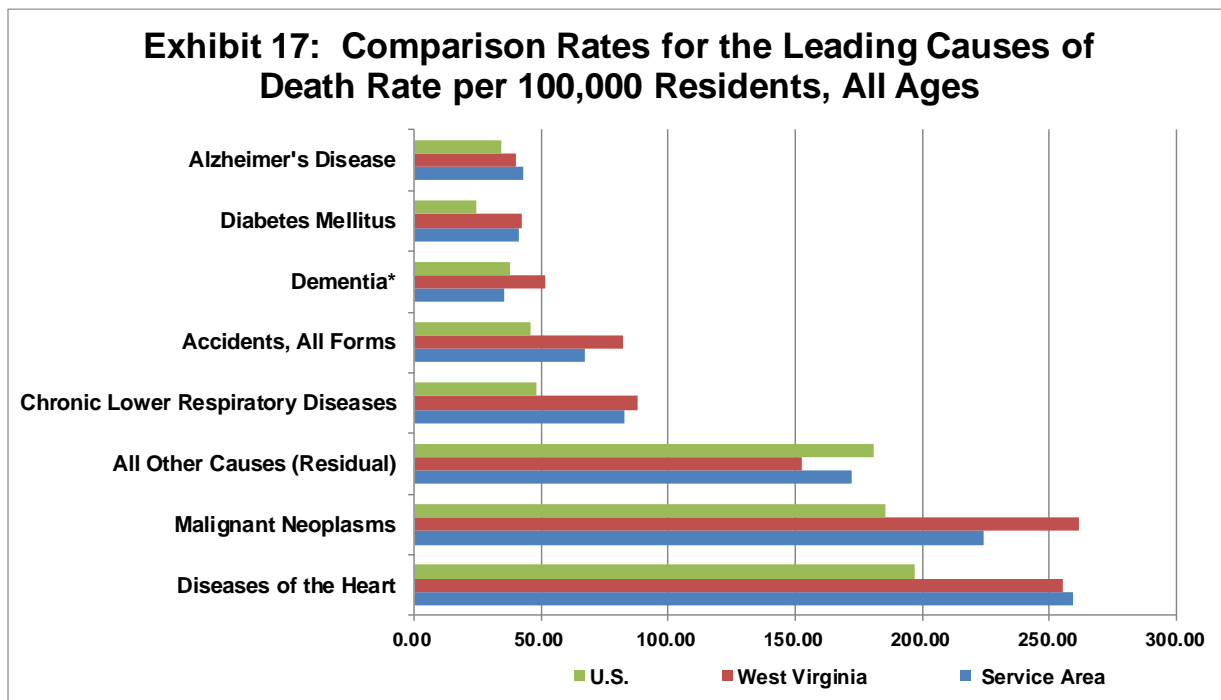
**Ohio data based on preliminary 2018 data. West Virginia is based on the most recently available 2015 data.

Key	
Rates unreliable due to availability or sample size	-
Ranging from better than state up to 10% worse than state	
10-50% worse than state	
50-75% worse than state	
> 75% worse than state	

Maternal and child health indicators were comparatively unfavorable in Mason and Jackson County.

Causes of Death

Exhibit 16 reflects the leading causes of death for residents of the service area, the State of West Virginia and the United States. The leading causes of death are determined by the average rate per thousand residents. Diseases of the heart ranks highest among the causes with malignant neoplasms as second highest.



Results of Community Participation

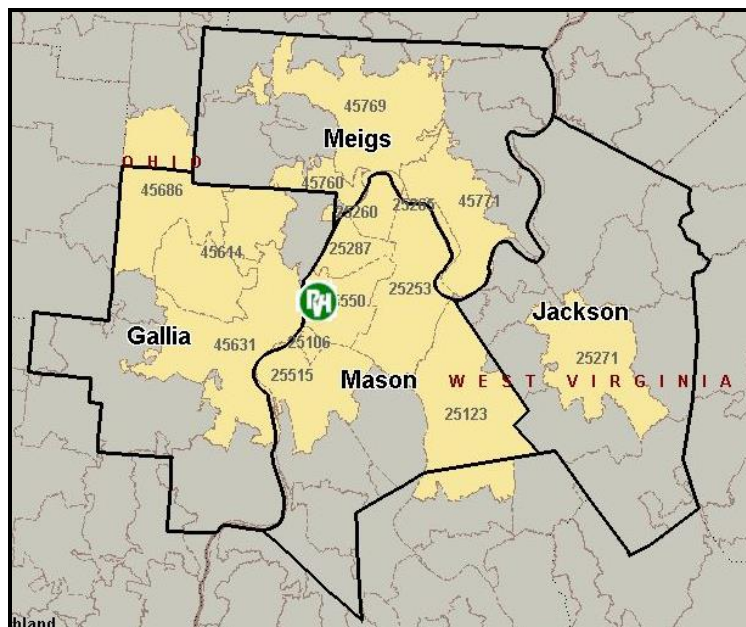
Online Survey Results

The community health needs assessment includes anonymous survey results using an online survey website, which was disseminated to employees, patients and the community. Survey responses were collected between June and September 2019.

Respondent Zip Codes

The online survey results were received from residents in the following zip codes:

25550	45769	25271	25250	34631
45631	45771	25287	25502	45623
25253	25265	45614	25503	45658
25123	45760	45686	25520	45674
45779	25106	25187	26164	45692
25515	25260	25241	26265	45750



Respondent Age Groups

The survey requested that participants provide various demographic data. The ages of participants who responded were: 18-24 (.1%), 25-40 (29%), 41-64 (59%) and 65 or older (11.9%).

Gender, Marital Status and Race

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

- Gender: 22% were male and 78% were female.
- Marital Status: 26%-Single, 55%-Married, 16%-Divorced, and 2%-Widowed, and 1%- Separated.
- Race: 96% indicated Caucasian.

Household

Respondents indicated the following household characteristics:

- 33% have children under the age of 18 in their household
- Number in household ranged from 1 to 5:

1: 14% 2: 27% 3: 33% 4: 17% 5: 4% 6: 3%
7: 2%

Income

Household income varied among survey-takers:

\$0-\$24,999:	27%	\$125,000-\$149,999:	.1%
\$25,000-\$49,999:	21%	\$150,000-\$174,999:	2%
\$50,000-\$74,999:	22%	\$175,000-\$199,999:	2%
\$75,000-\$99,999:	18%	\$200,000 and up:	.9%
\$100,000-\$124,999:	7%		

Education

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

Employment

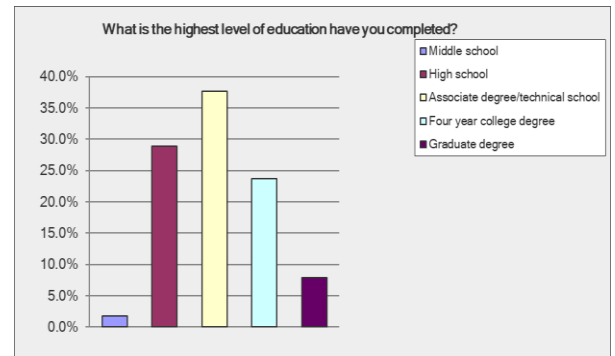
In a separate question, surveyors were asked to provide their employment status. Approximately 80.7% of respondents indicated they are employed full time, 5.3% are employed part time, and 7% are retired.



Insurance Carriers

Since the Affordable Care Act’s (ACA) coverage expansion began, about 16.4 million uninsured people nationwide have gained health insurance coverage. In 2014, the uninsured rate in West Virginia was 10.9%, down from 17.6% in 2013. Due to the new coverage options for young adults, employees may add or keep children on their insurance policy until they turn 26 years old. This has afforded coverage to over 2.3 million young adults nationwide that would otherwise been uninsured. As part of the ACA, states were able to expand Medicaid coverage to individuals with family incomes at or below 133% of the federal poverty level. Due to this expansion, over 170,000 West Virginians and approximately 11.2 million nationwide gained Medicaid or Children’s Health Insurance Program (CHIP) coverage.

Participants of the survey were asked to identify their primary insurance carrier, if any. 3.5% selected Medicaid, 86% selected Private Insurance 7.9% selected Medicare, and the remaining 2.6% selected either no insurance or “Other” and entered a response. These responses included Aetna, Care Source, and Tricare.



Dental Health Care

63% received dental care in the past 12 months. Barriers that prevent residents from seeing a dentist include cost, lack of insurance, and to a lesser extent location/proximity.

Routine Health Care

Respondents were asked:

“Did you and/or your family use a primary care physician/family doctor for most of your routine health care?” 93% indicated “Yes” while 7% indicated “No.” Over 84% with those using a primary care physician (PCP) indicated they are able to get an appointment when needed and over 87% are satisfied with the quality of care received at their PCP’s office. For those not having a primary care physician, respondents included a community health care center/clinic, urgent care center, and specialist. 1% of responses indicated using an emergency department. 24% of respondents indicated they delayed health care due to lack of money and/or insurance.

Health Issues

Participants were asked to indicate for which conditions have they or someone in their household received treatment. The top three responses were diabetes/high blood pressure followed by high cholesterol and depression/anxiety disorders. The least selected conditions were Long-term acute care services, bariatrics/obesity, and substance abuse.

Community Interview Results

Input was solicited from those representing the broad interests of the community in August and September of 2019. Discussions included the health needs of the community, barriers to healthcare access, opportunities for improvement, perception of PVH and feedback on PVH's initiatives. The following organizations were selected to provide feedback.

Mason County Commission

Mason County Health Department

Mason County Prevention Coalition

Mason County School System

PVH Administration

Apple Grove Polymer Plant



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



Voice from the Community:

“Together, we are making highly specialized medicine available here in the community we all call home.”

Community Health Concerns

All stakeholders believe that there are many health-related problems in the community. The most frequently identified health concerns in the community were obesity, substance abuse, mental health, along with the related illnesses. Contributing factors to these concerns include unhealthy lifestyles, physical inactivity, tobacco use, and lack of education to maintain healthy living standards.

Quality and Access to Services

In general, transportation, lack of education, cost or lack of health insurance was cited as issues for many residents in the service area. While public transportation is available, it does not include routes in the rural areas. Those living in poverty, as well as the elderly can also face issues in finding transportation to doctor's appointments and medical facilities. Many calls are made to the 911 service line for Non-Emergency Medical Transport. There are, however, some specialties that those interviewed feel the service area could expand upon, such as orthopedics, urology, surgery, obstetrics, additional nurse practitioners, expanded neurology, and behavioral health services. It was pointed out that expanded services at the Wellness Center has helped in improving activity in the community.

Perception of PVH

PVH is vital to the community it serves. Some stakeholders praised the Hospital Administration, and most indicated an improving perception of the Hospital, especially in the last three years. The affiliation with Cabell Huntington Hospital and improved advertising were noted as assisting in improving the perception. However, limited resources are recognized, and reimbursement reductions negatively affect the Hospital's ability to upgrade and update as necessary. New doctors as well as the increased specialist availability provide improved physician choices for patients. Some

*Voice from the Community:
"The improvements they are focusing
on are good for the community."*

doctors, which patients love, were also noted as positive aspects. PVH will navigate through challenges, operate as effectively and efficiently, while continuing to provide quality health care.

Progress on PVH Initiatives

Following the completion of the 2013 CHNA, six important health concerns were prioritized. The list and noted improvements since the previous CHNA are as follows:

Illegal Drug Use & Prescription Drug Abuse

The hospital is encouraging and working on potential Naloxone education for Mason County. Naloxone is the generic drug name for a rescue medication often carried by first responders which immediately reverses the effects of opioid overdose via injection or nasal spray. It is a direct life-saving drug.

Doctors have taken stronger positions and adopted a more proactive approach to their patient cases which minimizes the use of more dangerous opioid type painkillers. This approach helps patients manage their pain better, with less risk of future opioid addiction that has occurred nationwide, and is particularly prevalent in this region, due to overreliance on certain prescriptions.

Chronic Diseases (lung, heart and diabetes)

PVH has gained access through the partnership additional physicians and through recruitment a midlevel to provide care for patients with heart disease and diabetes. The hospital is currently seeking a pulmonologist to care for patients who suffer with chronic lung diseases. Tim Damron, MD, Cardiologist, treats patients at PVH Monday through Thursday and performs heart catheterizations at Cabell Huntington Hospital on Fridays. Dr. Damron and Kevin Gladis, board certified family nurse practitioner, also provide a Congestive Heart Failure (CHF) clinic at PVH. Sheena Pramod, MD, is a nephrologist from Marshall Health. Dr. Pramod provides care for patients who suffer from kidney disease and diabetes.

Tobacco Use

Steps have been made by PVH and the surrounding community to address the concerns regarding this noted health priority. The local indoors festivals and county fairs are tobacco free, which limits exposure to first and secondhand smoke at public events. The Health Department and PVH provide classes to increase education related to smoking cessation. The Hospital maintains its Tobacco Free campus and offers Lung Cancer screenings. Vaping was consistently pointed out as a concern for the community. 2019 interviewees pointed out that vaping education in the schools would be helpful.



Obesity related diseases

PVH has taken the following actions to address the obesity priority. A Nephrologist from Marshall Health works with diabetes patients to educate them on healthier eating and all primary care physicians have taken extra steps to help folks manage their diabetes. The team at PVH has focused on conducting more health fairs with the goal of increasing education and encouraging folks with diabetes to come to the Hospital for care. Mason County Prevention Coalition information is distributed at these health fairs as well. The Hospital also continues to offer services as well as healthy lifestyle programs and personal trainers at the Wellness Center.

Affordable prescription medications

To address the high cost of prescription medications, PVH has taken the following actions. The Hospital has continued its 340B program since its last CHNA. This allows them to provide discounted drugs to eligible patients that receive a covered service. In addition, prescription coupon and rebate promotions are highlighted during health fairs and supported by a key community partner, Fruth Pharmacy.

Sedentary lifestyle

PVH has addressed the sedentary lifestyle concern by encouraging more healthy activities by sponsoring 5K runs with their community partners. The hospital wellness center is open to both employees and the public. The Wellness Center increased classes available in addition to hiring another personal trainer. Additional community focused solutions include health fairs with a focus on healthy eating.

Summary of Findings

The goal of the Community Health Needs assessment is to identify health issues and community needs as well as provide information to key decision makers who will make positive change for the people who live in the hospital's service area. Statistical data was compiled to depict demographic and economic profiles while the surveys provided additional feedback with regards to community perception of the Hospital, availability of resources, and challenges as it relates to their healthcare needs.

- The aging population will contribute to the highest growth in the 65 and over age category. An increase in this age category contributes to an increase of Medicare beneficiaries with an increased need of services.
- The percentage of adults living in poverty in the main three service area counties was at least 20%, and neighboring Jackson County was at 16.7%. Many find themselves without insurance

and seeking assistance from Medicaid, other programs, or simply delay medical treatment.

- Jackson County (11.6%) and Mason County (9.3%) both had high percentages of low birthweight births within the service area.
- Cigarette smoking was 23%-27% for all service counties and the state of West Virginia but slightly lower for the state of Ohio at 21%.
- The health status indicator with the highest percentage within all service areas is physical inactivity. The service area and state of West Virginia ranged from 32%-38%, above the Ohio rate of 26%. Adult obesity is also prevalent with both states and the service area being between 30-36%.

The results of the Community Health Needs Assessment, along with the input from members of the community, appears to indicate common themes in the health needs of the Hospital's community. These focus areas include the need for increased access for the following:

- Preventive care services



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- Substance abuse rehabilitation facilities
 - Additional community events focusing on health-related issues
 - General health education for the primary service area

Community Health Priorities

The results of the CHNA will enable the Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community. After reviewing data sources providing demographic, population, socioeconomic, and health status information in addition to community feedback, health needs of the community were prioritized. The following community health issues were also identified in PVH's 2013 Community Health Needs Assessment. These issues have been selected again as the priority health issues to be addressed:

- Chronic Disease Management
- Unhealthy Lifestyles
- Drug and Alcohol Abuse

Chronic Disease Management

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

Resources: The Hospital will continue to provide outreach and education to the residents of Point Pleasant and the surrounding communities. With a Registered Dietician on staff, PVH will continue to provide diabetic and weight loss education to the community. The Hospital will continue to hold health fairs to provide low cost preventive and educational services to the community. With the implementation of

telemedicine services, PVH expects to provide wound care services including those for diabetics.

Unhealthy Lifestyles

Unhealthy lifestyle choices contribute to other health conditions. Smoking, poor nutrition, and physical inactivity are prevalent among residents in the service area. Tobacco is the leading cause of preventable illness and death in the United States. It causes many different cancers as well as chronic lung diseases, such as emphysema and bronchitis, and heart disease. Community culture, lack of health care coverage, and low income can lead to unhealthy lifestyle choices.

Resources: The Hospital will continue to provide outreach and education for smoking cessation, proper nutrition and the importance of physical activity. PVH will continue to assist with health and wellness programs and provide the necessary resources for those seeking a healthy lifestyle through diet and exercise.

Drug and Alcohol Abuse

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

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

Resources: The Hospital will maintain its collaboration and referral network to address patients' needs with regards to addiction and abuse. PVH will continue to provide outreach and education to the residents of Point Pleasant and the surrounding communities.

Next Steps

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

Sources

The data collection process utilized the following sources:

Bureau of Business and Economic Research, College of Business and Economics,
West Virginia University

West Virginia Bureau for Public Health

West Virginia Health Statistics Center

West Virginia Department of Health and Human Resources

US Department of Health and Human Resources

The Robert Wood Johnson Foundation: County Health Rankings System

U.S. Census Bureau

United States Department of Agriculture, Economic Research Service

Substance Abuse and Mental Health Services Administration (SAMHSA)

Ohio Development Services Agency

2019 Pleasant Valley Hospital Community Health Needs Assessment Implementation Plan

The Community Health Needs Assessment reflects input from the underserved, low-income and minority population in Pleasant Valley Hospital's primary service area.

Illegal and prescription drug use and alcohol abuse

1. Bright Beginning Unit assists babies born of addiction
 - Pleasant Valley Hospital tests all placentas to determine if babies are born with an addiction. Babies born of addiction are provided advanced medical care while in withdrawal.
 - The hospital anticipates the impact will meet this community need 100%.
2. Implemented an initiative that provided education for emergency and trauma center staff, equipment, and overdose reversal medication.
 - This initiative was completed during fiscal year 2017. Pleasant Valley Hospital participated with Cabell Huntington Hospital, Mason and Cabell County EMS, law enforcement representatives, community business leaders, community nonprofit agencies, and West Virginia Senator Mike Hall to provide overdose reversal medication to first responders and advanced education to emergency and trauma center staff and first responders.
3. The hospital implemented a service to help physicians monitor controlled medications.
 - GuideMed opened during the summer of 2017. GuideMed is an onsite program that helps healthcare providers meet opioid prescribing rules and best practices. GuideMed uses vigilant patient monitoring to prevent and identify the first signs of misuse. GuideMed helps Pleasant Valley Hospital providers monitor patients who are prescribed opioids. As patients are identified with an addiction, physicians work with patients to either step them down off the medication or send the patient to a substance abuse treatment facility.
4. In October 2019, the hospital implemented an inpatient substance abuse management service to assist victims of the opioid addiction crisis and alcohol abuse. The uniquely successful hospital service, BreakThru, addresses the distinct medical needs of patients taking the first steps to recovery in a safe, comfortable and confidential hospital environment.

Chronic Diseases

1. Increase access to highly specialized medical care
 - Through our partnership with Cabell Huntington Hospital and Marshall University Joan C. Edwards School of Medicine, the hospital continues to add key medical services to meet the unique needs of the community.
2. Community education and screening events

- The hospital holds health fairs throughout the year. The focus of these events is to provide the community with chronic disease education and free screenings. Events are open to the public and held throughout the year at the hospital and combined with other community events.

Tobacco use

Since 2013, Pleasant Valley Hospital has maintained a tobacco free campus. The hospital works with the Mason County Health Department to increase tobacco cessation education in the community. Additionally, the hospital maintains inpatient and outpatient tobacco cessation programs.

Affordable prescription medications

Pleasant Valley Hospital participates in the federal government 340B medication pricing program. The program reduces medication costs for hospitals who care for vulnerable patients in underserved areas of the country.

Sedentary lifestyle

The Wellness Center offers a wide selection of activities geared to those ages 8 years of age and older including: cardio kickboxing, circuit fitness, aerobics, and more at affordable rates. Aerobic classes are free to the community every Tuesday and Thursday.

Primary Care Providers recommend patients join the Wellness Center and work with a personal trainer.

The hospital sponsors a fitness program for Mason County students that promotes an active lifestyle and improves childhood obesity. The Git Up and Go program is available for all Mason County 3rd, 4th, 5th, and 6th grade students. All students participate to win Skyzone tickets, trophies, and special trips to an area gymnastic center.

The hospital also organizes 5k runs, weight loss challenge events with community partners.