

JACKSON GENERAL HOSPITAL HEALTH NEEDS IMPLEMENTATION STRATEGY



General Information

Contact Person: Stephanie McCoy, CEO

Date of Written Plan: May 29, 2018

Date Written Plan Was Adopted by Authorized Governing Body: May 29, 2018

Date Written Plan Was Required to Be Adopted: September 30, 2018

Authorized Governing Body that Adopted the Written Plan: Jackson General Hospital Board of Directors

Was the Written Plan Adopted by Authorized Governing Body On or Before the 15th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed? Yes No

Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: June 23, 2015

Name and EIN of Hospital Organization Operating Hospital Facility: Community Health Association dba Jackson General Hospital, 55-0462730

Address of Hospital Organization: 122 Pinnell Street, PO Box 720, Ripley, WV 25271

**This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment. This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes Jackson General Hospital's planned response to the needs identified through the 2015 Community Health Needs Assessment (CHNA) process, and also includes a 2017 progress update. For information about Jackson General Hospital's 2015 CHNA process and for a copy of the report please visit www.jacksongeneral.com

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ABOUT JACKSON GENERAL HOSPITAL

Jackson General Hospital is a not for profit critical access hospital serving the citizens of Jackson and surrounding counties 24/7/365. We employ a kind and caring complement of healthcare providers who are committed to the health and wellness of the community.

Our mission of “saving lives, changing lives with quality healthcare, one family at a time” promotes a welcoming attitude to every patient, regardless of their ability to pay. It is our vision to be the “healthcare provider of choice for our community” and it is our honor to serve patients. We believe in community and we believe in good health, as well as good healthcare. We gear our work toward a prevention focused, evidence-based approach. We are partners in health with many other organizations working collaboratively to address health issues, community needs and to share or support initiatives.

We conduct Community Needs Assessments to better understand the needs of those we serve and to implement strategies to address issues like mental health and addictions, obesity, and access to care. We strive for quality, safety, and excellence, not because it is a government or payment requirement, but because it is the right thing to do! We care about our community!

ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

The health care needs assessment of Jackson County is the first step in a Local Health Care Initiative involving several health care entities of the community. The project team completed the health care needs assessment using the following strategies:

- Assembled an Advisory Panel comprised of representatives from community leaders, health care providers, and citizens to guide the assessment process
- Conducted primary data collection through surveys of providers, key informants, and the general population
- Collected and analyzed secondary data sources such as US Census Data, state health statistics and behavioral risk assessments
- Created a comprehensive community health care services inventory

The specific goals of the health care needs assessment were to identify:

1. *Health Care Issues of the Community:* Prevalent health care issues and gaps in the current health services delivery in this region are described. Health status and available health services as described.
2. *Vulnerable Populations:* The health care needs assessment identified persons with barriers to receiving health care services. Rural citizens are a vulnerable population in general due to the lack of specialty services and the required travel to meet many health care needs, and this region provides no exception. Children, seniors, and uninsured/under-insured citizens face the greatest barriers due to the lack of specific services that are available for these populations. If these populations are also of low income, this further compounds the barriers and subsequent access to health care.

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3. *Disparities in the Health Care Services Delivery System:* Although many health care services are offered in the region, access is influenced by a number of factors. For example, insurance status, income, and provider and community awareness all affect people's ability to access care.
4. *Health Care Resources in the Community:* An assessment was accomplished through on-site interviews with providers, interviews with Advisory Committee members, and collection of data pertaining to services in the area. This assessment created an inventory of health care services available in the Local Health Care Initiative region.
5. *Next Steps:* The project team along with the Advisory Committee developed a framework and a process for transitioning to Phase II of the Local Health Care Initiative.

The following major health issues emerged from all data sources:

- Addictions - including drug/substance abuse, alcohol abuse, tobacco, and food - treatment options are needed for acute detox episodes, short term rehabilitation, continuing long-term rehabilitation, and addiction support programs
- Mental health – mental illness – adult and children –short and long-term treatment programs are necessary for improved mental health
- Obesity/unhealthy lifestyle – contributing to higher incidence of diabetes, heart disease, lung disease, hypertension – education and treatment options are needed to promote healthier lifestyles

Additional health issues were noted either in the health statistics or the survey results:

- Higher incidence of premature death
- The incidence of cancer in the county
- Higher incidence of high cholesterol

The Health Advisory Committee identified the following health care issues as a “priority” (these are not ranked by importance):

- Treatment of Addictions
 - Drug/substance abuse
 - Alcohol
 - Tobacco
 - Food
- Mental Health Treatment Services
- Outreach to Community and Providers
- Wellness Services
- Weight Management Services
- Poverty – lower income per capita, higher percentage of public assistance, higher incidence of unemployment, higher HUD assisted housing, higher incidence of children living in poverty
- Affordable Dental Care for Underserved Populations
- Transportation

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The Health Advisory Committee is supportive of and committed to a multidisciplinary, regional advisory group to further develop and implement solutions to identify gaps in health care services. The Health Community Committee will work collaboratively to assure the action steps are continued and will meet quarterly to assess progress and develop additional strategies. Jackson General Hospital leadership will oversee and next steps. Findings by the Health Advisory Committee will be shared with the community leaders, funding agencies and community members to provide feedback about the results obtained and to promote involvement.

Introduction

Three major sources of information were used to analyze the health care needs of the area. These were 1) secondary databases and the Health Care Services Inventory, 2) the key informant survey, and 3) the population survey. Each source offered a unique insight into the needs of the community and when joined provided a clearer assessment of the community's health care needs.

Findings

Health outcomes rankings are based on equal weighting of mortality (length of life) and morbidity (quality of life). Mortality rank is based on a measure of premature death: the years of potential life lost prior to age 75. The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. Four morbidity measures were combined – self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birth weight. Of the 55 counties in West Virginia, Jackson County ranked 23rd in mortality and 23rd in morbidity.

Health factors rankings are based on weighted scores of four types of factors:

- 1) Behavioral (30%) – tobacco use, diet and exercise, alcohol use, and unsafe sex
- 2) Clinical (20%) – access to care and quality of care
- 3) Social and economic (40%) – education, employment, income, family and social support and community safety
- 4) Physical environment (10%) – environmental quality and built environment.

Notably, compared to the 2015 CHNA, Jackson County improved in the 2018 rankings of West Virginia counties (of a total of 55) in both health outcomes (23rd – previously ranked 30th) and health factors (17th – previously ranked 36th).

- *Specific health factors breakdown is as follows:*
 - *26th (previously 41st) in health behaviors*
 - *16th in clinical care (previously 39th)*
 - *8th in social and economic factors (previously 26th)*
 - *49th in physical environment (previously 14th)*

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Primary care, urgent care, and emergency care, as well as emergency transportation, are all present throughout the area. Twenty-four hour emergency care is available located in Ripley and is accessible to all Jackson County towns. Primary care providers have limited hours of availability and some are not taking new patients or are taking new patients only by referral. The secondary data, including the health care services inventory, revealed several areas of concern as follows:

Data compiled via the Community Commons organization for Jackson County signified multiple health indicators or health outcomes where Jackson County, WV, scored more poorly than West Virginia and the United States unless otherwise indicated. This included the following health indicators:

- 1) Lower income per capita (lower dollar amount)
- 2) Public assistance (higher percent of households with public assistance income)
- 3) Percent of population receiving SNAP benefits (higher percentage)
- 4) Population with bachelor's degree or higher (lower percentage)
- 5) Unemployment rate (higher percentage)
- 6) Food access (lower number of grocery and WIC stores per 100,000 population)
- 7) HUD assisted housing (higher number of units)
- 8) Overcrowded housing (higher percentage than WV)
- 9) Public transportation (lower percentage)
- 10) Recreation/fitness centers (lower number of establishments)
- 11) Access to dentists (lower number of dentists per 100,000 population)
- 12) Access to mental health providers (lower number of providers)
- 13) Access to primary care (lower number of primary care physicians/FQHC's)
- 14) High blood pressure management (higher percentage of adults not taking meds)
- 15) Preventable hospital events (higher percentage)
- 16) Alcohol consumption (higher percent than WV)
- 17) Inadequate fruit/vegetable consumption (higher percentage of adults with inadequate consumption)
- 18) Tobacco usage (higher percentage adults ever smoking 100 or more cigarettes and lower percentage with quit attempt past 12 months)
- 19) Walking or biking to work (lower percentage)

West Virginia scored more poorly in the following health outcomes measures:

- 1) Diabetes (Medicare population with higher percentage)
- 2) Heart Disease (Medicare population with higher percentage)
- 3) High blood pressure – Medicare and adult (higher percentage with HPB)
- 4) High cholesterol – Medicare and adult (higher percentage with diagnosis)
- 5) Mortality – cancer (high percentage age adjusted death rate)
- 6) Mortality – coronary heart disease (higher age adjusted death rate)

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- 7) Mortality – heart disease (higher age adjusted death rate)
- 8) Mortality – lung disease (higher age adjusted death rate)
- 9) Mortality - motor vehicle accident (higher age adjusted death rate)
- 10) Overweight – higher percent of adults overweight

These indicators and outcomes align with the community respondent problem list as being directly or indirectly disease and/or economic related. These top issues were similar to the 2015 CHNA findings. Comparatively, small progress has been made between data compiled in 2015 to present (on a rolling calendar therefore unable to determine progress from 2016/2017 interventions).

The health care services inventory revealed:

- There is a shortage of local providers for primary care and several local physicians only selectively accepting new patients.
- There is a shortage of local dental care providers.
- There is a shortage of local providers for treatment of addictions
- There is a shortage of local providers for acute mental health treatment.
- There is a shortage of local providers for child psychiatry.
- There is a shortage of inpatient and residential treatment programs for drug and alcohol addiction in the County and State.

Health Care Issues: Jackson County respondents agreed with the overall WVU Community Survey respondents that several health care issues were of concern and these health care issues were also noted to be of concern in the health statistics data.

The following major health issues emerged from all data sources:

- Drug/Substance and Alcohol Abuse - treatment options are needed for acute detox episodes, short term rehabilitation and long term rehabilitation programs
- Obesity and Diabetes - the incidence of Obesity and Diabetes, as well as Heart Disease is high among the population
- Cancer Care – early identification and treatment programs
- Dental problems – access to affordable dental care
- Mental health treatment for adults and children

Action Steps: After discussing the results of the health care needs assessment, a consensus of priorities for action and determination of next steps was accomplished. To better and ideally, more positively, affect the implementation strategy from a different strategic viewpoint, consideration was given to break down the problem list by categories with related subcategories as follows:

- 1) Addiction
 - a. Drugs
 - b. Alcohol
 - c. Tobacco

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- d. Food
- e. Other
- 2) Mental Health
 - a. Mental illness
 - b. Child psychiatry
- 3) Obesity/unhealthy lifestyle
 - a. Diabetes
 - b. Heart disease
 - c. Lung disease
 - d. Hypertension

Educating the community and providers about available resources and coordination of such resources is critical to the strategic planning process. The Health Advisory Committee discussed several strategies for accomplishing these very important steps:

- Maintain the committee to guide the process and provide sustainability
- Work to establish funding to development a community resources/navigator for health services coordination and education
- Development of materials to support education
- Development of grant opportunities to support education and coordination of resources

The multidisciplinary advisory group expects to further develop and implement solutions to the identified gaps in health care services. The Health Advisory Committee will work collaboratively to assure the action steps are continued and will meet quarterly to review progress and establish additional goals.

Conclusion

Based on the research and analysis, the project team identified the following health care service issues that should be explored during the next phase of Local Health Care Initiative:

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<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
Substance/drug abuse/addiction and mental health services	<ul style="list-style-type: none"> • Westbrook, Inc., • BOMAR group • Needle exchange– Jackson County Health Department • Netflix Heroin(e) program - resources referenced • Neonatal facilities in hospitals for babies born with addiction • Boys and Girls Club • Help4WV - resources, detox • Too Good for Drugs curriculum • Oxford House • Big Brothers / Big Sisters • Drug Coalitions • Hearts Made Whole • Appalachian Recovery Inpatient - Lancaster, OH/Cambridge/Zanesville treatment centers • “PATCH” program • Recovery Point • WV Attorney General’s Office - promoting programs • Worthington Addiction Clinic • Wyatt House • Serenity House • DHHR • Mountwood Park • Drug Court • Narcotics Anonymous • ACS Smoking Cessation • Westbrook Health Services • Ryan Brown Grant • Celebrate Recovery • CRAFT support, counseling & wellness • White Oak Recovery • Treating opiates w/grace • Hopedealers.com • Drug Free coalition 	<p>Additional providers – family practice, GYN, oncology,</p> <p>Engaged community members</p> <p>Care for children of addicts</p>	<p>Recruit providers (Nurses, MLPs, MD)</p> <p>addiction child development programs to stop the cycle</p> <p>need an inpatient addiction facility in Jackson County</p> <p>respite care for grandparents who are taking in grandkids</p> <p>more foster homes</p> <p>job re-entry programs</p> <p>skilled nursing facility equipped to handle addicted patients</p> <p>peer support programming for addicted patients</p> <p>relocation assistance</p> <p>Drug Free clubs in schools</p> <p>Seek local funding</p>

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<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
Management of Chronic Illness (Diabetes, Heart and Lung Disease)	<ul style="list-style-type: none"> ● Diabetic Educators - inpatient CCMC, JGH dietitian ● Dining with Diabetes - cooking classes Emmanuel Baptist Parkersburg ● Suicide prevention/education/intervention ● Home referral program at Health South for increasing quality of life of patients ● Sisters Health Foundation ● Suicide Prevention Resource Center ● Action Alliance for Suicide Prevention ● American Foundation for Suicide Prevention ● Home Health Program ● Contact Phil Schenk - The West Virginia Partnership for Elder Living, Inc. ● National Diabetes Screening - Stanford Dept. ● Rotary Blood Screening ● Outpatient Endocrine Center ● Health fairs / Screenings ● Insurance incentives ● Heart health promotion ● WIC 	Outreach Education	<p>Coordinate with regional providers to offer local specialty care</p> <p>Increase access to recreational options & facilities</p> <p>Increase access to quality public transportation</p> <p>Grow & expand care management programs</p> <p>Community Health Workers providing home visits</p> <p>Increase Diabetes self-management / prevention classes</p>

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<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
<p>Income inequality, Access to care for low income residents</p>	<ul style="list-style-type: none"> • Jackson General Hospital charity care guidelines • Morad Hughes Health Center (RHC) sliding fee scale • River Valley Health and Wellness Center (FQHC) sliding fee scale • Jackson County Health Department • Jackson County Economic Development Corp (keeping employers & attractions) • First time homebuyer loan programs / down payment assistance programs • Habitat for Humanity • Bridges to Careers • Learn to Earn • EITC • Workforce WV • Career Advantage • Churches • Drug assistance programs • DHHR • WVU-P • INSPIRE • Work Force Investment • Community Resources Inc. • Free Lunch Program • CIRCLES (poverty intervention program) 	<p>Outreach Coordination of care</p>	<p>Screening of low income residents</p> <p>Provide education to Jackson County Citizens</p> <p>Develop additional programs to provide assistance to those in need</p>
<p>Services for seniors</p>	<p>Jackson County Commission on Aging, Loved Ones, Home Health agencies, Ravenswood Care Center, the Caring Place</p>	<p>Outreach Timely referrals to appropriate agencies Adult Day Care Center availability</p>	<p>Implement adult daycare Improve private duty sitter options</p>

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<p>Insurance issues (not having insurance or not being accepted locally)</p>	<p>CHIP program, insurance exchange in preparation for healthcare reform, charity care programs, sliding fee schedules</p>	<p>Outreach Education Assistance with application process</p>	<p>Collaborate with local resources to establish a resource connection to coordinate care. Assist patients with information about insurance qualifications, costs, etc. Work with state authorities to assist people to apply for health insurance through health exchanges</p>
<p><u>AREA OF NEED</u></p> <p>Weight management programs</p>	<p><u>RESOURCES/PARTNERS</u></p> <ul style="list-style-type: none"> • Local physicians • Weight Watcher’s online • WVU Extension - Wood Co.: Nutrition & cooking classes • Community Fitness Center • WV food link • Temple Challenge (physical fitness program @ CCMC) • Farmers Market - SNAP benefits accepted • Kim Tieman, Benedum Foundation • Country fresh stops - WVU-P • ACS Healthy Living • Senior Sneakers • Memorial Health System’s healthy eating program - Opens Thursday • Try This WV • SNAP/WIC • Bariatric program MMH • MHHC (weight loss management) • American Cancer Society - Active for Life • American Cancer Society - materials & screenings • Cancer.org 	<p><u>UNMET NEED</u></p> <p>Outreach weight management clinics obesity support</p>	<p><u>STRATEGY</u></p> <p>Development of weight management programs</p> <p>Development of wellness programs</p> <ul style="list-style-type: none"> • Soul Mates – • Walk with a doc – JGH <p>Health fairs at churches</p> <p>School programs Community walking programs</p> <p>Community gardens</p> <p>Walking trails at schools and community playgrounds</p> <p>Insurance incentives</p> <p>Adult outdoor playground in Ravenswood</p> <p>Increased walkability (sidewalks) and recreation activities</p> <p>Healthy choices at food pantries</p>

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Tobacco cessation	<ul style="list-style-type: none"> Local physicians, Jackson General Hospital smoking cessation education, Jackson County Health Department Tobacco cessation programs Medicare Quitline Raze for teens Advocating for tobacco tax increase annually Great American smoke-out Nov. 16 	Outreach Education	Develop smoking cessation programs with continuing support Raise legal smoking age to 21 in Jackson County
<u>AREA OF NEED</u>	<u>RESOURCES/PARTNERS</u>	<u>UNMET NEED</u>	<u>STRATEGY</u>
Lack of affordable non-emergent transportation for medical care, particularly for home bound individuals	Fee for service EMS services, Commission on Aging bus, Little Kanawha Bus	Outreach Additional non-emergent transport services	Coordinate with local citizens to develop a transportation system affordable to Jackson County Citizens
Emergency preparedness	Jackson County Health Department Jackson County EMS Jackson General Hospital	Outreach	Coordinate with local authorities to provide education to the community Create and distribute emergency preparedness checklists Create and distribute emergency preparedness kits

OUR STRATEGY FOCUS;

Jackson General Hospital and other community organizations joined the WV Rural Health Organization in a partnership with Sisters Health Foundation, the Mid-Ohio Valley Rural Health Alliance, the Mid-Ohio Valley Health Department, and the Bernard McDonough Foundation in the Wild, Wonderful, And Healthy WV meetings/trainings throughout 2018 and 2019. These sessions focus on how to work across sectors in the community to develop a collaborative Community Health Improvement Plan (CHIP) that serves to reduce health disparities and improve the economic viability in communities. Future regional trainings are designed and offered to help advance community health improvement work.

In August 2018, Marshall Health received a \$2 million funding award from the Merck Foundation to support the development of a ‘Great Rivers Regional System of Addiction Care’ in Cabell, Jackson, Kanawha, and Putnam counties. This funding is the result of recognition by the Merck Foundation that in each county there are many tremendous efforts ongoing to address substance use disorders in terms of prevention, treatment and recovery that are making a difference in the lives of those with a substance use disorder. The intent of this funding opportunity is simply to support local community partners, who are the decision makers and

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experts in the four counties, to develop a comprehensive and coordinated systems level approach among all of your efforts to reduce overdoses and overdose deaths, increase treatment and treatment retention, and enhance public health education to save lives and improve health outcomes and to eventually understand the integration of services across all four counties as a region.

A meeting of community shareholders is planned for October, 2018 to consider all services and what strategies could be developed to further integrate all efforts to provide a seamless continuum of care for individuals with substance abuse disorders. Each partner was charged with developing a strategic plan. A follow up regional meeting is planned for December, 2018.