

COMMUNITY HEALTH IMPROVEMENT PLAN

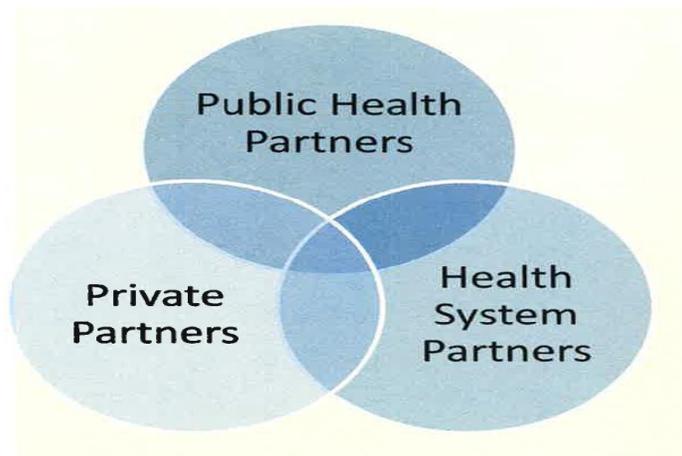
July 1, 2016 – June 30, 2019



MID-OHIO VALLEY COMMUNITY HEALTH IMPROVEMENT PLAN

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EXECUTIVE SUMMARY

The Mid-Ohio Valley Health Department (MOVHD) is a six county regional health office comprised of Calhoun, Pleasants, Ritchie, Roane, Wirt and Wood counties in West Virginia. The MOVHD is a member of the Mid-Ohio Valley Rural Health Alliance which is comprised of the executive leadership of 3 Critical Access Hospitals (Roane, Sistersville and Minnie Hamilton), 1 large hospital (WVU-Camden Clark Medical Center), 1 Mental Health Facility (Westbrook), 3 FQHCs (Ritchie Health Services, Wirt Health Services, Minnie Hamilton, Roane Family Health Care?), 1 College (WVU-Parkersburg), Workforce WV-Parkersburg, CAMC Partners in Health, the Center for Senior Living and the Mid-Ohio Valley Health Department. While not all counties served by the Rural Health Alliance are included in this Health and Community Needs Assessment, the majority are represented.

The objectives of the Community Health and Needs Assessment process were to:

- Determine the health problems most affecting households and communities of the Mid-Ohio Valley,
- Tabulate and analyze data provided from household surveys, focus groups and key informant interviews
- Utilize results to develop a Health Improvement Plan to address the needs of the community.

Findings of interest:

- Aging problems are a top household concern in 2005 and 2015, but have dropped as a community concern in 2015.
- Obesity and Cancer top the community concerns list in both 2005 and 2015.
- The top 5 household concerns: Aging, High Blood Pressure, Obesity, Heart Disease/Stroke and Dental Problems remain the same from 2005 to 2015.
- Alcohol/drug abuse is a community concern in 2015, but not a household concern.
- Diabetes moved up two slots from 7th in 2005's Community concerns to 5th in 2015,
- Mental health/child abuse and neglect appear as a community concerns in 2015, but were not a concern in 2005.

MISSION STATEMENT

Each of the (14) member organizations that comprise the Mid-Ohio Valley Rural Health Alliance has an individual organizational mission.

The mission of the Alliance is to ensure Better Care, Lower Costs and Improved Health Outcomes for the citizens of the Mid-Ohio Valley.

Better Care:

Through extensive collaboration, long range planning, sharing of information and knowledge and the development of standardized referral and follow-up procedures we will ensure that citizens of the Mid-Ohio Valley are cared for by the most appropriate caregiver which has been shown to increase satisfaction with care.

Lower Costs:

By ensuring that the right caregiver is providing the right care through reciprocal referrals and open communication within the system, we will begin to see lower costs both through savings in preventing expensive chronic diseases and by paying the right costs for the needed interventions. By providing lay-person interventions in evidence-based prevention programs we aim to determine if prevention can be offered more cost effectively, and if simultaneously, it will allow the medical providers to focus on managing those who need medical care and maximize the resources within our health care system.

Improved Health Outcomes:

By working together as a system and creating interventions and treatments around the individual, and by continually working to collaborate rather than compete, we can focus more resources and the right attention on the individual, who will be seen holistically by the continually improving system. It allows individual caregivers to focus and improve on professional skill-sets, with the knowledge and systematic accountability that partners in the system are doing the same to meet all the health needs of our population.

OUR VALUES

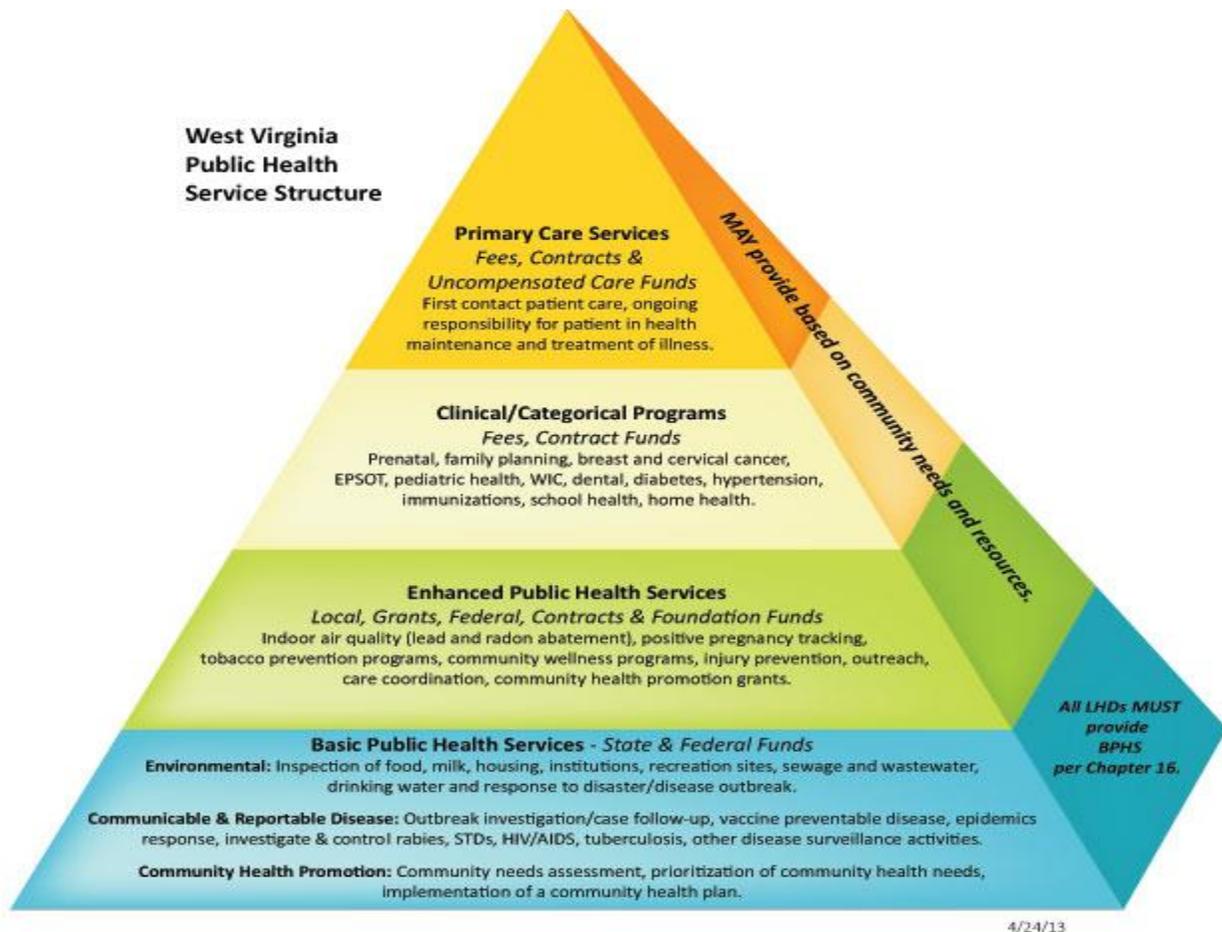
- *Teamwork* – We respect, support and value our co-workers and the knowledge that each individual brings to the organization.
- *Dependability, Trust, Integrity* – We serve the best interests of the public by adhering to the highest standards of truth, fairness and established codes of conduct.
- *Respect* – we value the diversity and uniqueness of every individual and continually strive to ensure equal treatment and opportunity for all. We earn and preserve trust through our behavior and the quality of our work.
- *Collaboration* – We develop positive relationships within and external to our organization. Our partnerships are critical for exchanging information, planning Objectives, sharing resources and ultimately, achieving our shared goals.
- *Purposefulness* – We believe in and continually support the mission and vision of our organization in the individual and collective work we do. We aspire to the provision of evidence-based programs and services that result in efficient and effective practices and outcomes.
- *Community Service* – We acknowledge and respect our roles as public servants. Understanding, addressing and striving to meet the needs of the communities in which we work is a top priority.
- *Creativity, Innovation, Responsiveness* – We are in a continuous search for improved and more efficient and effective processes. New ideas that seek to improve effectiveness and efficiency are welcomed.
- *Commitment to Excellence* – Mid-Ohio Valley Health Department and the Mid-Ohio Valley Rural Health Alliance will strive to achieve organizational excellence, both to ensure the quality of services provided and to create a workplace that fosters well-trained, creative and motivated staff.

INTRODUCTION

The Mid-Ohio Valley Health Department (MOVHD) has led the process within the Mid-Ohio Valley Rural Health Alliance (MOVRHA) to collect and analyze the data for the Mid-Ohio Valley Community Health and Needs Assessment and this resulting Community Health Improvement Plan. It is a requirement of West Virginia Code that each local Board of Health, through their local health department, produce these documents to assist in guiding service provision. It is under Enhanced Public Health Services where most of the programming discussed in this document will be implemented in partnership with the members of the MOVRHA.

Basic Public Health Services

Basic public health services as defined in West Virginia State Code means services that are necessary to protect the health of the public. All West Virginia local health departments shall provide the three areas of basic public health services which includes Environmental Health, Communicable and Reportable Disease and Community Health Promotion. The image below illustrates the public health service structure in West Virginia and what services local health departments may provide.



WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?

A CHIP is long-term systematic effort to address public health problems in a community. The plan is based on the results of the Community Health and Needs Assessment, and is part of a community health improvement process. A community Health Improvement Plan is developed through a collaborative process, and defines a vision for the health of the community.

Mid-Ohio Valley Rural Health Alliance created a forum for collaboration among organizations that seek to develop an integrated healthcare delivery system by identifying the healthcare needs of our communities, sharing information, resources, and training to respond to community healthcare needs so that health outcomes in our communities will be improved. Counties represented by the Alliance include Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood.

MOVRA members include:

WVU Camden Clark Medical Center
Jackson General Hospital
Minnie Hamilton Health System
Mid-Ohio Valley Health Department
Roane Family Health Care
Roane General Hospital
Ritchie Regional Health Care
Sistersville General Hospital
Westbrook Health Services
Coplín Health System
Workforce WV
WVU Parkersburg
WV Partnership for Elder Living
CAMC Partners in Health

HOW TO USE A CHIP

This CHIP is a document to provide guidance to MOVHD, MOVRHA, partners and stakeholders on improving the health of our six county service area. This plan provides the framework to create a work plan to set priorities, coordinate resources, empower providers, and move the needle forward in our identified priorities. This plan serves as the basis for taking collective action and can facilitate improved collaboration (National Public Health Accreditation Board, 2014).

METHODS

In 2005, a project was conducted in the Mid-Ohio Valley region, COMPASS II, which included Jackson and Tyler Counties and Washington County, Ohio. As part of that project, a random household survey, focus groups and key informant interviews were conducted within the six counties served by MOVHD and MOVRHA.

In 2015, the part of the COMPASS II project that involved the random household survey, focus groups and key informant interviews was repeated using the same survey, focus group questions and key informant interview questions to allow for a 10 year comparison in the health and community needs of the Mid-Ohio Valley.

The methodology for the 2015 Comprehensive Assessment of Health and Community Needs in the Mid-Ohio Valley included:

- Adapted the 2005 survey to focus specifically on health needs (the original survey included questions related to development and political issues).
- Mailed survey was divided into two sections: household and community needs.
- Forty-six questions divided into ten groups: environmental, leisure, safety, social, economic, educational, transportation, health, health department usage, and sampling demographic information,
- Focus groups were held in the six counties,
- Interviews were conducted with key informants within the region.

2015 Random Household Surveys

In order to ensure randomized surveys were distributed evenly throughout the region based on the population of each county, MOVHD contracted with SW Resources to send out the surveys. There were limitations of the data:

- Survey response rate (6.01%)
- Skewed sample (age range, ethnicity/race, sex).
- Skewed representation based on income demographics.

Focus Groups

Each focus group was unique in its participants, but each group was asked the same questions. General population focus groups occurred in Calhoun, Pleasants, Ritchie, Roane and Wirt counties. In Wood County, three focus groups were held within specific populations – alcohol users and substance users that receive treatment from WestBrook Mental Health Services and a group of disabled individuals and their caregivers that receive treatment from the ARC of Wood County.

First, the facilitator provided a brief introduction to the Community Needs Assessment process and ensured that every participant signed in. The facilitators emphasized that the participants input is vital in helping to identify and prioritize needs, create solutions, and plan for services.

The facilitator then explained that the group would spend a few minutes identifying their concerns for their community in the area of health and health related services. Following that discussion, participants were asked to identify any resources currently available in their community to address the problems identified. And, finally participants were asked to identify any barriers for accessing the services.

The facilitator explained that the goal was not to evaluate or judge any one person's opinions or experiences, but rather to capture the thinking of as many people as possible. Prior to beginning the session, participants were offered the opportunity to ask questions about the process of the focus group. When all participants were satisfied that they understood their role and responsibilities and that of the facilitator, then the focus group questions were introduced to the groups.

Key Informant Interviews

Key Informant interviews were conducted as the third arm of the process. Household surveys informed us about issues within the communities and within households from the perspective of random community members that received the mailed surveys. Then, the focus groups informed us of the priority needs of our communities from the perspective of individuals that access the services provided by community organizations. Finally, the Key Informant Interviews informed us of the priority needs of our community from the perspective of service providers, business owners and key community leaders.

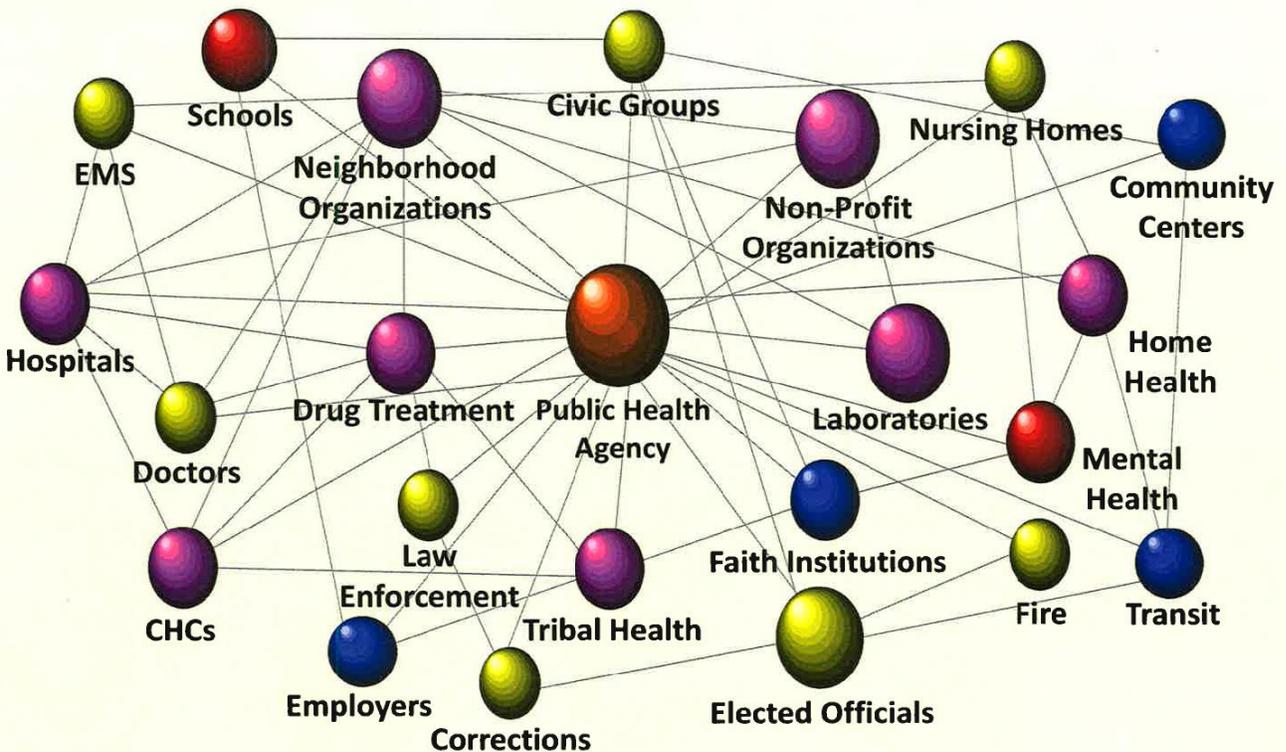
MOBILIZING FOR ACTION FOR PLANNING AND PARTNERSHIP (MAPP)

MOVHD, in collaboration with the member organizations of MOVHRHA, will use the *Mobilizing for Action through Planning and Partnership (MAPP)* to guide us in our assessment and planning process. MAPP is a community-driven strategic planning process for community health assessment and planning. It is an interactive process that includes participatory decision-making and focuses on the public health system, not just one organization. The MAPP frameworks include these phases:

- **Formulate Goals and Objectives.** Goals answer the question, “what do we want to achieve by addressing this strategic issue?” Objectives answer the questions, “how do we want to achieve it?” and “what action is needed?”
- **The Action Cycle.** Planning for action includes recruiting key participants who are not currently involved in the process, developing objectives, and writing an action plan (National Association of County and City Health Officials, NACCHO, 2008)

The next step for 2016 is to move forward with the MOVHRHA team to begin the MAPP process.

All public, private, and voluntary entities that contribute to the public’s health in a community. A network of entities among community partners with differing roles, relationships, and interactions. All contribute to health and well-being.



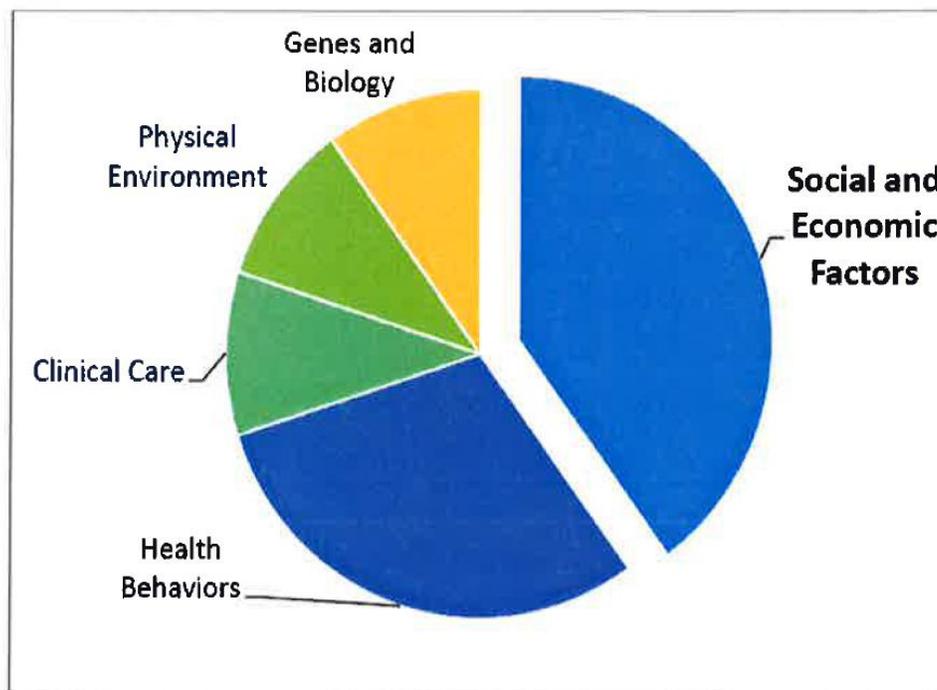
Source: CDC. (2015) National Public Health Performance Standards. Retrieved from <http://www.cdc.gov/stltpublichealth/>

SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES

MOVHD, in partnership with MOVRHA, used the following guiding principles to work on our CHIP:

- Social-ecological model: focusing on community and social factors to effect change over time
- Underlying issues: focusing upstream
- Actively engage: shared participation and input from all members results in greater impact
- Health Equity
- Policy, systems and environmental changes
- Evidence-based programs
- Promising Practices: consider programs and projects that have been identified as best practices.

Factors Influencing Health and Well-Being



Tarlov, A.R. (1999). Public policy frameworks for improving population health. In N.E. Adler (Ed.), Socioeconomic status and health in industrial nations: Social, psychological, and biological pathways (pp. 281-293). New York Academy of Sciences.

One of the key findings from the Tarlov study (see diagram above) is that clinical care – which includes physician visits, hospital care, medication and other medical treatment, is delivered by practitioners in medicine, chiropractic, dentistry, psychiatry, nursing, pharmacy, allied health and other health care professionals contributes much less to health outcomes than do social and economic factors. Clinical care is often a response to existing health problems. Other factors, such as poverty, social connectedness, and safe physical environments actually serve to create health, resulting in improved health outcomes over the lifespan.

The study points out that it is important to recognize many factors affect health, and there is a dynamic relationship between people and their living environment. Where and how we live, work, plan and learn are all connected and necessary to consider when assessing the health of a community. Social determinates of health are the living and working conditions in which people are born, grow up, live, work, and age, including the systems developed to deal with illness (World Health Organization, 2008).

Health disparity is a population-based difference in health outcomes. A health inequity is a health disparity based on inequitable, socially-determined circumstances. It is possible to change a health inequity because it is based in social cause.

PRIORITY ISSUES AND OBJECTIVES

To determine which issues are priority issues in our community, we first looked at the top three priority issues within each county by household surveys, focus groups and key informants. Based on the number of times an issue was listed in the top three determined its priority order. The following issues are listed in priority order:

- Obesity and Alcohol/Drug Abuse (tied for #1)
- High Blood Pressure/Stroke and Cancer (tied for #2)
- Mental Health and Aging (tied for #3)
- Diabetes and Nutrition (tied for #4)
- Teen Pregnancy and Tobacco (tied for #5)

For the purpose of identification of the Top 10 Community Health Issues, we will focus on the 10 issues that made the Top 5. The SMART goals and objectives are provided below.

MOVHD/MOVRHA PRIORITY ISSUES, SMART GOALS AND OBJECTIVES

Priority Issue	Goals	OBJECTIVES
Obesity	By June 30, 2019, Increase by 5% the number of adults and children that report on the BRFSS engaging in physical activity weekly.	<ol style="list-style-type: none"> 1. MOVHD will increase community outreach efforts and screenings for weight and BMI and will continue to offer Group Lifestyle Balance program 2. MOVHD will continue to offer nutrition and physical exercise programs in the schools within the region. 3. FQHC's will emphasize identification and education for patients that are overweight during all visits 4. Hospitals will educate the public on weight loss programs provided in the region and educate the public on heart-healthy lifestyles 5. MOVRHA will work with city and county leaders to provide more opportunities for physical exercise through bicycle paths, walking trails, etc.
Alcohol/Drug Abuse	By August 2017, youth access to and use of alcohol/marijuana will decrease by 5% as measured through survey data resulting from anonymous surveys conducted within Parkersburg High Schools.	<ol style="list-style-type: none"> 1. MOVHD will use media outlets and presentations to disseminate information regarding youth usage rates to community as reported in the YRBS survey. 2. MOVRHA members will provide alcohol/marijuana educational brochures to community at any community events. 3. MOVRHA will include ads in various media regarding youth access points for alcohol/marijuana. 4. MOVHD will use the school mail out system to send postcards to each student's home during Prom and Graduation regarding the danger of alcohol/marijuana use. 5. MOVHD will provide annual packet of information to retailers selling alcohol/marijuana paraphernalia on proper carding techniques (as these shops normally sell cigarettes as well)

Priority Issue	Goals	Objectives
Cancer/Tobacco	By June 30, 2019, reduce by 10% the number of adults and youth reporting current tobacco use in the Mid-Ohio Valley Region.	<ol style="list-style-type: none"> 1. MOVHD will increase community outreach efforts and screenings for tobacco use and will continue to improve referrals and increase access to primary care. 2. FQHC's and MOVHD will provide free smoking cessation programs and cessation aids. 3. MOVHD and partners will continue to push for smoke-free policies and work to create smoke-free outdoor facilities and events. 4. FQHC's and providers will advise tobacco using patients to quit at initial and subsequent visits and will refer to smoking cessation classes 5. MOVHRA will promote health and wellness programs and will support efforts to significantly increase the State tax on Tobacco.
Mental Health	By June 30, 2017?, mental health services will be a critical component of each MOVHRA members overall service plan.	<ol style="list-style-type: none"> 1. Westbrook will continue to partner with health care organizations throughout the region to ensure appropriate referrals are made for mental health services. 2. Westbrook will continue to pursue the use of telemedicine for provision of mental health services in rural areas.
Aging	By June 30, 2017?, services for the elderly will be a critical component of each MOVHRA members overall service plan.	<ol style="list-style-type: none"> 1. Move toward full community engagement in all prevention centered outreach efforts. 2. Reach out into the community to change health environments and create healthier lifestyles 3. Create reciprocal referrals within the health services delivery system to cover gaps in care.

Priority Issue	Goals	Objectives
Diabetes	By June 30, 2019, decrease the incidence of diabetes diagnosis by 5% among patients whose medical home is an FQHC in the Mid-Ohio Valley Region.	<ol style="list-style-type: none"> 1. MOVHD will provide screenings for pre-diabetes indicators, weight and BMI. MOVHD will continue to provide preventive services through DSMP (Diabetes Self-Management Program) 2. MOVHD will continue to provide healthy lifestyle classes. 3. FQHC's will cover A1C blood tests for the uninsured screened in the community and will refer individuals to MOVHD who are at risk for diabetes for healthy lifestyle coaching and education 4. MOVHRA will promote health and wellness programs and continue to support grant writing efforts for Diabetes Care Coordination projects.
Nutrition	By June 30, 2019, increase by 10% the number of churches and farmers markets actively engaged in nutritional programs.	<ol style="list-style-type: none"> 1. MOVHD will work with at least 5 churches to enter into a MOU stating churches will incorporate healthy choices in their food pantry as well as church functions throughout the MOVHD region. 2. MOVHD Educators will conduct at least two educational sessions on site at farmers' markets using some of the curriculum from the <i>Eating Smart, Being Active</i>. 3. MOVHRA members will work with one or more farmers' markets towards implementing EBT
Teen Pregnancy	By June 30, 2019, reduce the number of teen pregnancies in the MOVHD region by 5%.	<ol style="list-style-type: none"> 1. MOVHRA will work with the Board of Education, political leaders and school principals to ensure appropriate sex education is provided in the schools within the region. 2. MOVHD will continue to advertise and provide family planning services. 3. FQHC's and School Based Health Centers will continue to provide individual and group education to teens.

POVERTY AND UNEMPLOYMENT

Among key informants interviewed, poverty and unemployment ranked as the top two issues of concern. Socioeconomic concerns, while not definitive health care needs, are certainly social determinants of health. While MOVRHA members cannot establish goals and Objectives to put an end to poverty and unemployment, we wanted to acknowledge these important issues and their impact on the health of our population.

Poverty

The percentage of individuals living in poverty in the Mid-Ohio Valley region is 19.4%, compared to the state (18.3%) and national (15.5%) percentages. In Mid-Ohio Valley, 27.4% of individuals under 18 are living in poverty, a rate slightly higher than the national average (21.7%). The percentage of families living in poverty was considerably greater in families with 4 or more children in both Mid-Ohio Valley region and West Virginia

Unemployment

High rates of unemployment can affect the financial stability of individuals within a community, can lead to decreased expenditures for health care and can result in higher rates of uninsured. Unemployment rates have increased in five of the six counties within the Mid-Ohio Valley region. In 2015, the unemployment rate in MOV Region was 8.25%, an increase from 6.9% in 2014.

CONCLUSION

The Mid-Ohio Valley Health Department, as the lead agency to collect and analyze data for the Mid-Ohio Valley Community Health and Needs Assessment and this Health Improvement Plan began the process of data collection in June 2015. The process has taken one year to complete. It has taken the work of MOVHD staff and MOVRHA members to guide the work of this comprehensive look at the needs of our community. It is our goal to make lifelong changes in the health of our citizens. We are excited to continue our region's journey to good health. The Mid-Ohio Valley Board of Health has reviewed and approved of the Objectives included in this Health Improvement Plan.

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