Mid-Ohio Valley
Health Department

Promoting Health · Preventing Disease · Protecting the Public

**2022- 2027
Mid-Ohio Valley
Community
Health
Improvement
Plan**

RURAL HEALTH ALLIANCE

MID-OHIO VALLEY

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Respectfully Signed and Date Submitted

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2022- 2027 Mid-Ohio Valley Community Health Improvement Plan
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Executive Summary

About the Mid-Ohio Valley Health Department

The Mid-Ohio Valley Health Department (MOVHD) is the only regional health department in West Virginia. MOVHD serves Calhoun, Pleasants, Ritchie, Roane, Wood and Wirt Counties. Regionalization in 1982 has allowed for designing and implementing regional programs that affects many of our communities and residents. MOVHD offers Clinical, WIC, Environmental Health, Community Health and Threat Preparedness & Response services.

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.

About the Mid-Ohio Valley Rural Health Alliance

The Mid-Ohio Valley Rural Health Alliance (the Alliance) represents a unique coalition of healthcare organizations and entities spanning ten counties. These organizations have joined together because of a desire to share resources and coordinate the use of limited resources, more efficiently and effectively.

The Alliance works on projects to assure continuity of care, community health, education and shared services.The shared vision is to improve the health status of the communities served by the Alliance. This is defined as the ten county area population (estimated at 180,000) served by the Mid-Ohio Valley Rural Health Alliance.

Alliance Goals
- **Access-** Ensure access to healthcare in the rural areas of the Mid-Ohio Valley through the developments of a coordinated system of care
- **Communications**- Improve electronic communication among providers to enhance primary care services.
- **Sustainability**- Achieve economies of scale for provider sustainability and reallocate resources to community health improvement initiatives.

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 Medicine-Camden Clark Medical Center), 1 Mental Health Facility (Westbrook), 3 FQHCs (Ritchie Health Services, Coplin Health Services (Wirt Health Services), Minnie Hamilton and 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 Alliance are included in this Health and Community Needs Assessment, the majority are represented.

Input for the 2022- 2027 Mid-Ohio Valley Community Health Improvement Plan was given from the following individuals and their respective organizations:

Sarah Barton Coplin Health Systems	Malcolm A Lanham Jr Mid-Ohio Valley Health Department
Lynn L. McCormick Mid-Ohio Valley Rural Health Alliance	Kathy Osborne Ritchie Regional Health Center
Samantha Shawley- Brzoska West Virginia University, School of Public Health	Amy K. Snodgrass WVU Institute for Community and Rural Health

Overview of Fall 2020 Greater Mid-Ohio Valley Community Needs Assessment

- Critical Population Observations
  - The population profile of the Greater Mid-Ohio Valley raises numerous concerns. Most notably, an aging population is associated with:
    - An increase in the dependency ratio (i.e., there will be more people claiming benefits and fewer people working and paying income taxes).
    - Increased government spending on health care.
    - Higher tax burdens on those who work.
    - A shortage of workers.
  - Additionally, the demand for families and/or friends to assume care-taking responsibilities for an aging population is often unmet when younger generations are leaving the region for enhanced economic, educational, and/or social opportunities.
- Critical Economic Observations
  - In 2020, the unemployment rates in the Greater Mid-Ohio Valley were higher than that in the United States, with the exception of April, May, and June when several counties outpaced the US in that measure. The variance may be attributable to states re-opening at different speeds and, in some cases, closing again as the COVID-19 pandemic lingered
  - Population Below Poverty Level, Percent- *(US Census Bureau, American Community Survey 2014-2018*)
    - Roane County- 20.9%
    - Calhoun County- 18.9%
    - Wirt County 18.9%
    - Ritchie County- 17%

- ■ Wood County- 16.7%
  - ■ Pleasants County 15.5%
- ● Critical Health Observations
  - ○ In 2017, the Robert Wood Johnson Foundation (RWJF) and the Appalachian Regional Commission (ARC) launched an innovative research initiative designed to provide a basis for understanding and addressing health issues in the Appalachian Region. Their initial report measured population health in Appalachia and documented disparities between the region and the nation. Pertinent findings from the initial research are shared below because they provide an overview of the health challenges in the Greater Mid-Ohio Valley.
    - ■ West Virginia's heart disease mortality rate is 19 percent higher than the national rate.
    - ■ West Virginia's cancer mortality rate is 17 percent higher than the national rate.
    - ■ West Virginia's COPD mortality rate is 53 percent higher than the national rate.
    - ■ West Virginia's stroke mortality rate is 19 percent higher than the national rate.
    - ■ West Virginia's diabetes mortality rate is 53 percent higher than the national rate.
    - ■ West Virginia's Years of Potential Life Lost (YPLL) rate is 47 percent higher than the national rate.
  - ○ Morbidity Rates in West Virginia
    - ■ The average adult in West Virginia reports feeling physically unhealthy 33 percent more often than the average American.
    - ■ The average adult in West Virginia reports feeling mentally unhealthy 31 percent more often than the average American.
    - ■ The prevalence of adult obesity is 34.1 percent in West Virginia, a mark higher than the 27.4 percent experienced in the nation.
  - ○ Behavioral Health in West Virginia
    - ■ The prevalence of depression among fee-for service Medicare beneficiaries in West Virginia is 18.5 percent, compared to 15.4 percent for the United States.
    - ■ The suicide rate in West Virginia is 27 percent higher than the national rate.
    - ■ The poisoning mortality rate in West Virginia is 110 percent higher than the national rate.
  - ○ Community Characteristics in West Virginia
    - ■ There are the same number of grocery stores per 1,000 population in West Virginia as in the United States.
    - ■ In West Virginia, 32.0 percent of people report being physically inactive, a figure higher than the 23.1 percent reported in the United States.
    - ■ In West Virginia, 23.9 percent of adults report being cigarette smokers, a figure higher than the 16.3 percent at the national level.
    - ■ The percentage of people receiving disability benefits is higher in West Virginia (9.1 percent) than in the United States (5.1 percent).
  - ○ Substance Use Disorders (i.e., substance use, substance abuse) are particularly concerning to the Greater Mid-Ohio Valley as demonstrated in the prevalence of community members citing that issue. According to the National Institutes of Health, research associates SUDs with numerous medical, psychiatric, psychological, spiritual, economic, social, family, and legal problems, including:
    - ■ Emotional burden on family members.

- Economic burden caused by money spent on substances or financial challenges associated with loss of jobs or reliance on public assistance.
- Relationship distress or dissatisfaction.
- Family instability that may result from abuse or violence, separation or divorce, or removal of children from the home.
- Social problems (e.g., housing instability, homelessness, criminal behaviors and incarceration, transmission of sexually transmitted infections, and less members of the workforce).

Other Findings of interest

The statistics listed below were compiled and released by County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/about-us (University of Wisconsin Population Health Institute, n.d.)

We have extracted some of the related information from the 2022 CHR&R report that was released April, 2022. https://www.countyhealthrankings.org/reports/2022-county-health-rankings-national-findings-report (University of Wisconsin Population Health Institute, n.d.)

At the following link, you will find an overview of all the statistics for the State of West Virginia. Out of this overview, we extracted a number of key findings as they relate to the region that is covered by the Mid-Ohio Valley Health Department. https://www.countyhealthrankings.org/app/west-virginia/2022/overview (University of Wisconsin Population Health Institute, n.d.)

Health Outcomes	West Virginia	Calhoun	Pleasants	Ritchie	Roane	Wirt	Wood
Poor or fair health	24%	29%	23%	27%	28%	28%	23%
Poor Physical Health days/ month	5.3	6.1	5.3	5.8	5.9	6.0	5.3
Poor Mental Health days/ month	6.6	6.8	6.2	6.6	6.7	6.8	6.2
Adult Obesity	40%	42%	40%	40%	40%	42%	40%
Physical Inactivity	30%	37%	32%	34%	35%	34%	31%
Frequent Physical Distress	17%	20%	16%	18%	19%	19%	17%
Frequent Mental Distress	22%	23%	20%	22%	22%	23%	20%
Diabetes Prevalence	13%	13%	12%	12%	13%	13%	11%

Health Outcomes (rank out of 55 WV Counties)		32	3	22	44	38	25/
Health Factors (rank out of 55 WV Counties)		50	19	36/	46	43	10

Areas of Focus

Why Metabolic Syndrome?

Frankly, the health statistics for our state and region have not changed a lot in the last 10 years. Our population is aging and suffers from multiple chronic diseases like obesity, hypertension, diabetes, cardiovascular disease and many more. Unfortunately, the chronic conditions are now reaching across multiple age groups from children to elderly.

Decision was made by the group to focus on metabolic syndrome, instead of just focusing on "chronic disease" as we all felt that was too broad of a topic.

It is time for us to broadly address these topics.

What is Metabolic Syndrome?

(Taken from the American Heart Association's "What is Metabolic Syndrome" flier
https://www.heart.org/-/media/Files/Health-Topics/Answers-by-Heart/What-Is-Metabolic-Syndrome.pdf)

Metabolic syndrome is a group of five risk factors that can lead to heart disease, diabetes, stroke and other health problems. Metabolic syndrome is diagnosed when someone has three or more of these conditions:
- High blood glucose (sugar)
- Low levels of HDL ("good") cholesterol in the blood
- High levels of triglycerides in the blood
- Large waist circumference or "apple-shaped" body
- High blood pressure

Although each of these is a risk factor for cardiovascular disease, when a person has three or more and is diagnosed with metabolic syndrome, it increases the chance of developing a serious cardiovascular condition.

See these documents for diagnosis criteria:
OVERVIEW OF THE METABOLIC SYNDROME; AN EMERGING PANDEMIC OF PUBLIC HEALTH SIGNIFICANCE
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4111026/pdf/AIPM-9-78.pdf

Why Mental Health?

In the Community Health Needs Assessment, it was identified by the local residents that there has been an increase (even prior to COVID-19) in areas like substance use, depression and anxiety.

Also, if you look at the 2022 County Health Rankings & Roadmaps statistics above- you will see that residents in our region self-reported an average of 6.5 poor mental health days each month, as well as 21.6% of residents reported having frequent mental distress.

The statistics above does mention the substance use crisis that our state, region and local communities are facing. This substance use crisis is not just an opioid issue but is an issue for prescription medication, street drugs and even alcohol use as well.

Until recently, mental health has been a taboo subject that few people understood, much less wanted to talk about but has become apparent that this is an area that needs to be addressed broadly

Priorities of Work

Patient Empowerment

We want to empower individuals to take charge of their health and their family's health.

Many people do not know where to start when it comes to righting the problems with their health. One of the things that COVID-19 has taught us is that people want to know what they need to do to live healthy lives and they need the resources to do so.

Health Engagement

We want to engage people to take charge of their overall health. This would include getting them the resources for them to identify issues and help them to ask the right questions

Program & Service Accessibility

There are many agencies that have been actively engaged in battling these chronic diseases and mental health challenges, but one of the things that the community has told us is that they do not have access to these resources. The reasons for this are many and varied- some of this includes cost, transportation, not knowing about the programs and/ or services or because of a number of other social determinants. We want to eliminate a number of these barriers so that people can have access to the resources they need for their families and themselves can live a healthy life.

Goals & Measurements

1st Year-

- Establish baseline for partner programs and asset map of what is available in the community and throughout the Alliance's region.
- Establish a referral process and reporting process.
- Distribute information through fairs, health fairs, etc. Engage with people to get measurements like waist circumference, blood pressure checks, blood sugar checks, etc at events.
- Identify health related metrics from current, published Uniformed Data Systems (UDS) data or other reliable sources for participating community health centers and other partners.
- Engage with healthcare providers, fitness minded professionals and organizations on how they can empower the people of our region to utilize accessible services and programs- but also create plans that would increase the accessibility for those that cannot afford health and fitness programs and services.
- Use MOVE MORE MOV (www.movemoremov.com) as a repository to engage and empower people in accessible fitness and exercise activities. Direct more web traffic to MOVE MORE MOV for it to be the primary site that people can find information about fitness, exercise and other community activity events, much like Active Southern West Virginia (www.activeswv.org) is for Southern West Virginia.

2nd- 3rd Year-

- Continue and expand 1st year goals and measurements
- Measure the number of referrals to partner programs, and look at what programs have added people.
- Track MOVE MORE MOV website traffic and other partner related social media engagement.

3- 5 year

- Continue and expand 1st and 2nd- 3rd year goals and measurements
- Track various data sources to look for changes in related metrics
- Adjust improvement plan based on data and analysis from community partners

Contact For More Information

For more information regarding the 2022- 2027 Mid-Ohio Valley Community Health Improvement Plan, contact Malcolm Lanham, Community Health Director for the Mid-Ohio

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