



WEIRTON MEDICAL CENTER

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COMMUNITY HEALTH NEEDS ASSESSMENT

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WELCOME



COMMUNITY HEALTH NEEDS ASSESSMENT

WEIRTON MEDICAL CENTER

Our Mission

At WMC, our mission is to provide exceptional, compassionate healthcare every day.

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COMMUNITY MESSAGE

Weirton Medical Center (WMC) is proud to present its 2022 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the primary service area of Weirton Medical Center. This report also includes secondary/disease incidence and prevalence data from Brooke and Hancock counties in West Virginia, the primary service area of the hospital. The data was reviewed and analyzed to determine the top priority needs and issues facing the region overall.

The primary purpose of this assessment was to identify the health needs and issues of the community of Brooke and Hancock counties in West Virginia defined as the primary service area of Weirton Medical Center. The CHNA also provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, as well as other community providers, to more strategically identify community health priorities, develop interventions, and commit resources to improve the health status of the region.

Improving the health of the community is the foundation of the mission of Weirton Medical Center, and an important focus for everyone in the service region, individually and collectively. In addition to the education, patient care, and program interventions provided through the hospital, we hope that the information in this CHNA will encourage additional activities and collaborative efforts to improve the health status of the communities that Weirton Medical Center serves.

Thank you for being a part of our community.



At WMC, our mission is to provide exceptional, compassionate healthcare every day.

COMMUNITY HEALTH NEEDS ASSESSMENT 2022



WEIRTON MEDICAL CENTER

Weirton Medical Center (then Weirton General Hospital) was founded in 1953 by a group of community leaders in the City of Weirton. The Hospital was initially located in the Weircrest addition of Weirton, north of the city. In 1978 a new facility, renamed Weirton Medical Center, was built on a 20-acre campus located near the US Route 22 corridor adjacent to the West Virginia/Pennsylvania border.

Weirton Medical Center, or WMC, is a 238-bed acute care hospital located on US Route 22 in Weirton, WV. Serving patients from West Virginia, eastern Ohio and Western Pennsylvania, WMC also operates over 50 ancillary locations throughout the tri-state region. With over 1400 employees, WMC is proud to be one of the largest employers in northern West Virginia.

OUR MISSION

At WMC, our mission is to provide exceptional, compassionate healthcare every day.

EXECUTIVE SUMMARY

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community. The CHNA process also promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population's health. The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community.

Facilitated by Strategy Solutions, Inc., a planning and research firm with its mission to create healthy communities, this CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. The process has taken into account input from those who represent the broad interests of the communities served by Weirton Medical Center, including those with knowledge of public health, the medically underserved, and populations with chronic disease.

The 2022 Weirton Medical Center CHNA was conducted to identify primary health issues, current health status, and health needs to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions, and direct resources to improve the health of people living in the community. This CHNA includes a detailed examination of the following areas as seen in Figure 1 below.

Figure 1: CHNA Report Chapters

01 | Introduction

02 | Executive Summary

03 | Methodology

04 | Demographics

05 | Primary Service Area

06 | Community and Hospital Resources

07 | Evaluation

08 | General Findings

- Access to Quality Health Services
- Chronic Disease
- Physical Activity and Nutrition
- Tobacco Use
- Mental Health and Substance Use Disorder
- Healthy Environment
- Healthy Women, Mothers, Babies and Children
- Infectious Disease
- Injury

09 | Prioritization

10 | Review & Approval

Source: 2022 Strategy Solutions, Inc.

To support this assessment, data from numerous qualitative and quantitative sources were used to validate the findings, using a method called triangulation outlined in Figure 2.

Figure 2: Data Collected



Source: 2022 Strategy Solutions, Inc.

Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the West Virginia Department of Health and Human Services, the Centers for Disease Control, as well as Healthy People 2030, County Health Rankings and the US Census Bureau. Aggregate utilization data was included from WMC patient records (no private patient information was ever transmitted to Strategy Solutions, Inc.).

Demographic data was collected from Claritas-Pop-Facts Premier, 2021, Environics Analytics. Primary data collected specifically for this study were based on the primary service area which included Brooke and Hancock counties in West Virginia. WMC conducted 5 stakeholder interviews with individuals representing broad and diverse community perspectives.

The goal of this assessment was to identify community health priorities and ways in which WMC may impact these priorities. The following community health issues were identified in this year's CHNA as well as in discussion with hospital leadership.

- Cancer Disease Prevention
- Infant and Child Mortality
- Increase in Preventative/Primary Care Access

Review and Approval

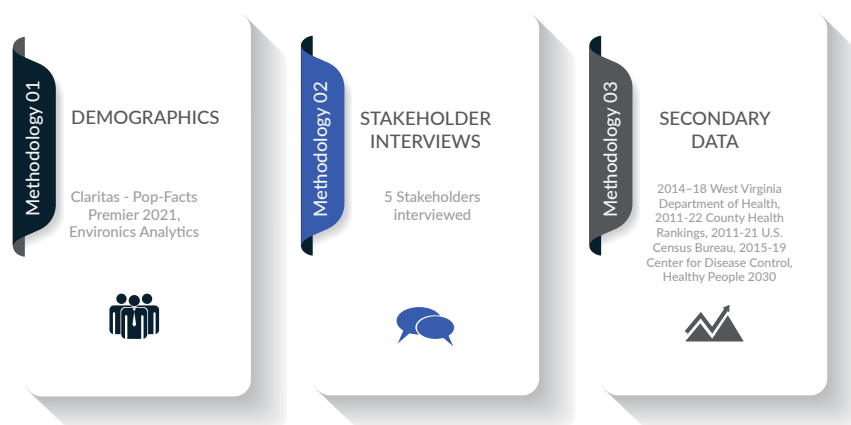
The Weirton Medical Center Board of Directors approved the hospital's CHNA on June 28, 2022.

METHODOLOGY

Consistent with IRS guidelines at the time of data collection, Weirton Medical Center defined its primary service area as Brooke and Hancock counties in West Virginia.

Figure 3 is a summary of the methodology used to create the 2022 Weirton Medical Center CHNA report.

Figure 3: WMC 2022 CHNA Methodology Summary



Source: 2022 Strategy Solutions, Inc.

In an effort to examine the health-related needs of the residents of the county-wide service area and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. WMC leadership and the consulting team made significant efforts to ensure that the entire primary service area, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying key stakeholders that represented various subgroups in the community.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Claritas-Pop-Facts Premier, 2021, Environics Analytics; disease incidence and prevalence data obtained from the West Virginia Departments of Health and Human Resources; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; American Community Survey and the Healthy People 2030 goals from HealthyPeople.gov. In addition, various health and health related data from the following sources were also utilized for the assessment including County Health Rankings (www.countyhealthrankings.org). Selected Emergency Department and inpatient utilization data from the hospital was also included. Economic data was obtained through the U.S. Census Bureau. Data presented are the most recent published by the source at the time of the data collection.

Stakeholder Interviews

WMC leadership identified target stakeholders to be interviewed. Strategy Solutions, Inc. developed the stakeholder interview guide and created all data collection tools. Strategy Solutions, Inc. staff scheduled and conducted five (5) interviews and entered data into the collection tools. Interview questions included the following topics: top community health needs, environmental factors driving the needs, efforts currently underway to address needs, what the hospital can do to address the health of the community and a priority to focus on. Table 1 is a listing of the stakeholders interviewed during March 2022.

Table 1: Stakeholder Interviews Conducted

Name	Title	Organization	Date of Interview
Michelle Chappell	Board Member	Hancock County Board of Education	March 22, 2022
	Program Manager	The Center for Rural Health Development-WV Immunization Network	
Jackie Huff	Administrator	Hancock County Health Department	March 22, 2022
Michael Bolen	Administrator	Brooke County Health Department	March 23, 2022
Dr Kelli Fournier	Primary Care Physician	Change Inc (Federally Qualified Health Clinic)	March 30, 2022
Lisa Noble	Pediatrician	Weirton Medical Center Physician Practices	March 31, 2022

Previous WMC CHNA Report

Weirton Medical Center welcomes community feedback on its CHNA and strives to continuously meet the needs and interests of its residents. No written comments were received from the community by WMC regarding the previous 2019 CHNA report. WMC invites the community to provide input via their website using the Contact Now feature ([click here](#)).

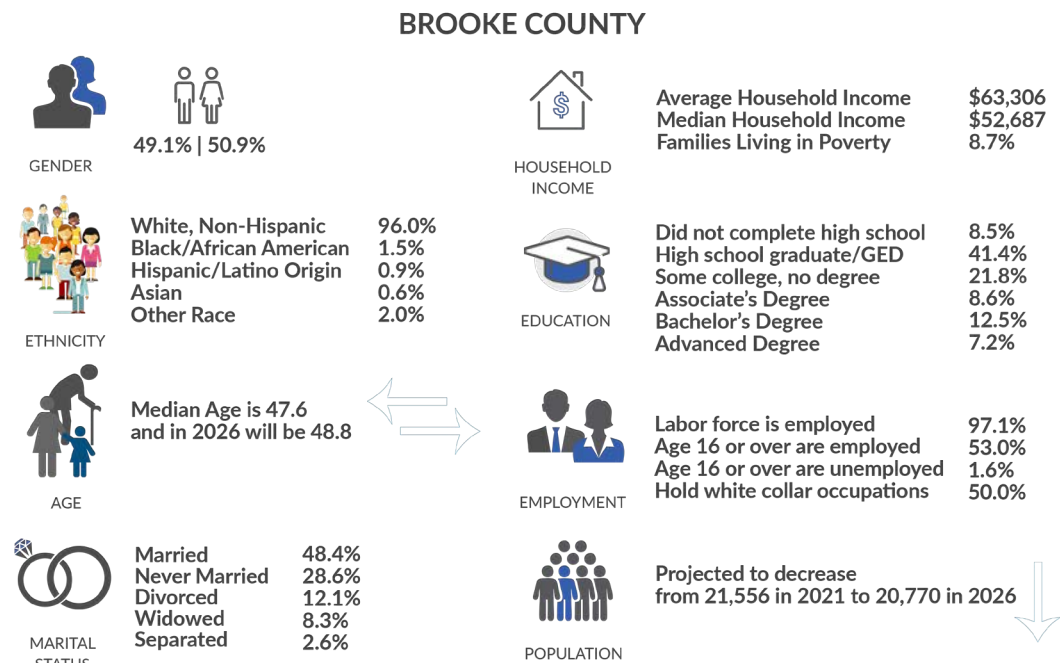


DEMOGRAPHICS

For purposes of this assessment, the WMC primary service area geography is defined as Brooke and Hancock counties in West Virginia. Demographic data for all of these counties was pulled from Claritas-Pop-Facts Premier, 2021, Environics Analytics and the U.S. Census Bureau – American Community Survey in order to report on the areas of: population, sex, race, age, marital status, educational status, household income, employment and poverty status, and travel time to work. Below are the demographic conclusions from this data.

The population in Brooke County, WV is projected to decrease from 21,556 in 2021 to 20,770 in 2026. There were slightly more females (50.9%) than males (49.1%). The population was predominantly Caucasian (96.0%). The median age was 47.6 and was projected to increase to 48.8. Over one in four residents (28.6%) had never been married, while 48.4% were married, 2.6% were separated, 12.1% were divorced and 8.3% were widowed. Just under one in ten residents (8.5%) did not complete high school, while 41.4% were a high school graduate, 12.5% had a bachelor's degree and 7.2% had an advanced degree. The average household income was \$63,306, with 8.7% of families living in poverty. Most (97.1%) of the labor force was employed. Summary of the demographics are shown in Figure 4 below.

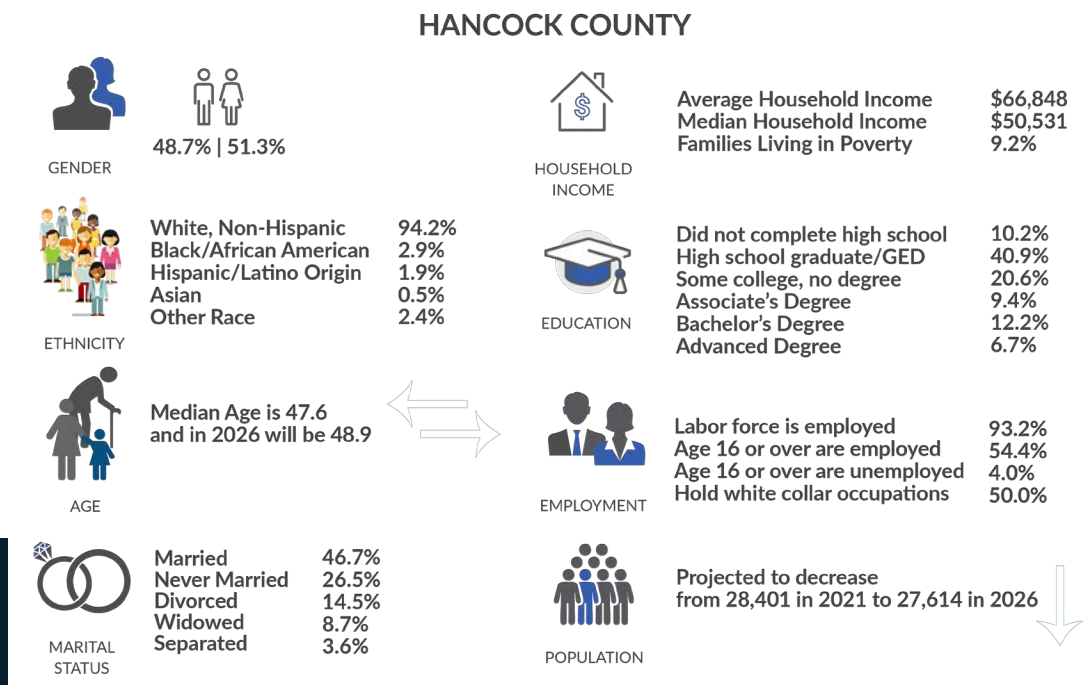
Figure 4: Brooke County, WV Demographics Summary



Source: Claritas-Pop-Facts Premier, 2021, Environics Analytics

The population in Hancock County, WV is projected to decrease from 28,401 in 2021 to 27,614 in 2026. There were slightly more females (51.3%) than males (48.7%). The population was predominantly Caucasian (94.2%). The median age was 47.6 and was projected to increase to 48.9. One in four residents (26.5%) had never been married, while 46.7% were married, 3.6% were separated, 14.5% were divorced and 8.7% were widowed. One in ten residents (10.2%) did not complete high school, while 40.9% were a high school graduate, 12.2% had a bachelor's degree and 6.7% had an advanced degree. The average household income was \$66,848, with 9.2% of families living in poverty. Most (93.2%) of the labor force was employed. Summary of the demographics are shown in Figure 5 below.

Figure 5: Hancock County, WV Demographics Summary



Source: Claritas-Pop-Facts Premier, 2021, Environics Analytics

PRIMARY SERVICE AREA

Weirton Medical Center's primary service area Brooke and Hancock counties in West Virginia.

Figure 6 shows the state of West Virginia with the counties in the primary service area noted with the blue circle.

Figure 6: State of West Virginia



The following shows the cities and zip codes in the primary service area.

BROOKE COUNTY

26030 Beech Bottom
26032 Bethany
26035 Colliers
26037 Follansbee
26070 Wellsburg
26075 Windsor Heights

HANCOCK COUNTY

26034 Chester
26047 New Cumberland
26056 New Manchester
26050 Newell
26062 Weirton

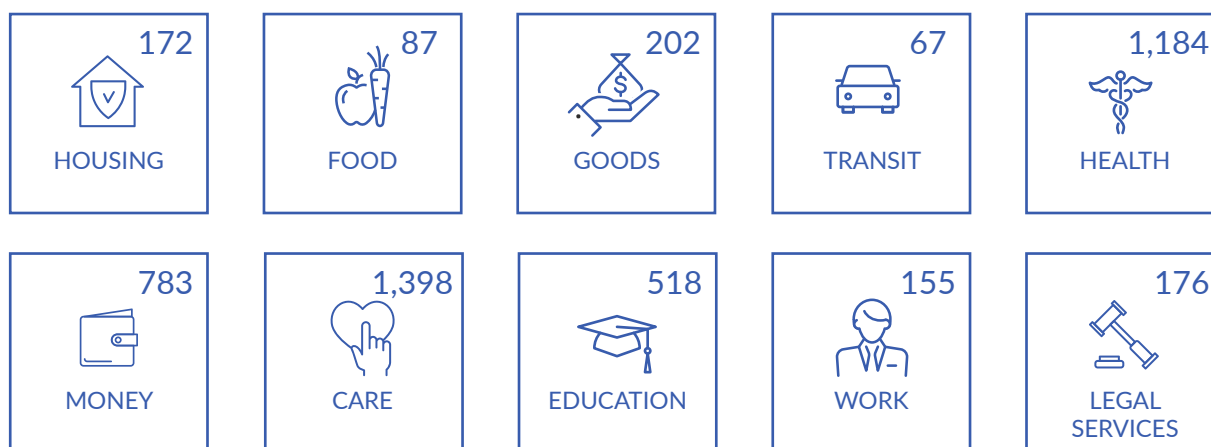
Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.

Hancock County is considered a Low Income Population HPSA for Primary Care, Dental Health and Mental Health. Hancock County is also Medically Underserved Area – Governor's Exception for Primary Care – Low Income.

COMMUNITY AND HOSPITAL RESOURCES

Resources that are available in WMC's service area to respond to the significant health needs of the community can be found in the United Way's 2-1-1 system. The 2-1-1 system is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services– for everyday needs and in crisis situations. Residents can search the United Way's vast database of services and providers to find the help they need. See Figure 6 for a summary of available resources by service category. For a complete listing of available services, please visit <https://wv211.auntbertha.com>.

Figure 7: Available Community Resources in 50 Mile Radius from WMC



Source: Weirton Medical Center

At Weirton Medical Center, we are proud to provide more programs and services than ever before. With cutting-edge technology and experienced physicians, WMC leads the way when it comes to providing services our patients need to make their lives healthier.

Table 2: Hospital Resources

Available Services at Weirton Medical Center	
Obstetrics & Gynecology	Vein Care
Primary Care	Physical Rehabilitation
Breast Care	Laboratory & Diagnostic
Pediatrics & Adolescence	Inpatient Care
Cancer Care	Home Health
Emergency Services	Wound Treatment
Robotic Surgery	Sleep Center
Orthopedic & Joint Care	Wellness & Prevention
Heart Health	The Pain Center

Source: Weirton Medical Center

Evaluation of the 2019 Weirton Medical Center Community Health Needs Assessment Implementation Strategies.

EVALUATION

WMC includes the active promotion of community health as part of the overall mission to provide exceptional, compassionate healthcare. The declaration of a Federal emergency in March 2020 in response to the COVID-19 pandemic had a significant effect on WMC's ability to conduct community health activities due to CDC and government directed service limitations. However, WMC was able to continue in a limited form the activities and 2019 CHNA Goals and Action Plan.

Goal: Address the unhealthy lifestyle choices prevalent among residents in the service area such as smoking, poor nutrition and physical activity that contribute to health conditions such as chronic lung diseases, heart disease, obesity and diabetes.

Free Screenings and Community Education

2019

WEEKLY | Blood Pressure clinics at Kiwanis meeting

MONTHLY | Community First Aid Class (excluding January and December)
Community CPR (excluding January and December)

APRIL | Vein Screening

MAY | Skin screening by dermatologist

JUNE | School sports physicals for students including baseline EKGs

SEPT. | 5K race; proceeds purchased AED for Tri State Soccer Association
Breast Fest for Breast Cancer Awareness
Breast Screenings
School Fair at Weirton Heights Elementary with education on healthy eating and exercise
Baseline concussion testing for area high school students

OCT. | Breast Screenings

DEC. | Prostate Screening

2020

- WEEKLY** | Blood Pressure clinics at Kiwanis meetings (only held February through May due to COVID-19)
- MONTHLY** | Community First Aid Class (only held February through May due to COVID-19)
Community CPR (only held February through May due to COVID-19)
- FEB.** | CPR Class at Village Pharmacy
- MARCH** | CPR Class at Village Pharmacy
- MAY** | CPR Class at Village Pharmacy
Hernia Screening
- JUNE** | CPR Class at Village Pharmacy
- AUGUST** | CPR Class at Village Pharmacy
- SEPT.** | Breast Fest for Breast Cancer Awareness
Breast Screenings
Baseline concussion testing for area high schools
- OCT.** | CPR Class at Village Pharmacy
Breast Screenings
- DEC.** | Prostate Screening

2021

- MONTHLY** | Community First Aid Class (only held February, March and November due to COVID-19)
Community CPR (only held February through May due to COVID-19)
- JUNE** | School sports physicals for students
- SEPT.** | Baseline concussion for area high schools
Breast Screenings
- OCT.** | Breast Screenings
- DEC.** | Prostate Screening

Evaluate the need for low dose CT lung cancer screening

After review of the potential number of patients and the capital and regulatory requirements of establishing a low dose CT screening program, WMC determined this program was not feasible. At present, physicians utilize a normal lung CT for evaluation of lung cancer patients.

Free Prostate Screenings with discounted PSA test

WMC offered prostate screenings during December 2019, 2020, and 2021. WMC added a \$20 PSA to the available test panel for consumer directed lab tests which is a low cost lab screening panel (\$50) that can be ordered directly by patients.

Perform Mammography Blitz

Breast screenings were conducted during September and October 2019, 2020 and 2021. WMC put on Breast Fest in September of 2019 and 2020.

Implement the HealthyU Wellness Program

Due to limited clinical staff availability, this program was unable to be finalized.

Goal: Address the community epidemic of drug and alcohol abuse by implementing new services, providing alternatives and preventing over prescription of pain medication

Continue neonatal abstinence program with neonatal patient navigator

WMC has continued and expanded its commitment to the neonatal abstinence program including being awarded a program grant for recovery of drug addicted mothers by the West Virginia Perinatal Partnership.

Perform constant evaluation of drug distribution in the Emergency Department

WMC updated the Chronic Pain Policy for Emergency patients in 2022 to reflect revised standards and restrictions regarding the distribution of pain medication. Specifically, chronic pain medications are not distributed by the WMC Emergency Department and patients are advised in the treatment process.

Develop Guidelines for Physician Practices for Narcotic Administration

WMC Physician Practices updated the policies and process for physicians regarding the prescription of controlled substances consistent with the passage of WV Code 16-54-1 Opioid Reduction Act. The revised policy includes specific guidelines and limitations on the prescription of controlled substances along with patient contracts and mandatory testing required for the distribution of certain controlled substances.

HOSPITAL UTILIZATION DATA

Table 3 shows utilization of inpatient service centers for years 2019, 2020 and 2021. The number of visits by inpatient service center fluctuated with the highest number of visits reported in 2019. There was a decrease in outpatient visits, emergency room visits and observation beds in 2020 with all increasing in 2021. Home health visits have increased each year.

Table 4 shows utilization of ambulatory service centers for years 2019, 2020 and 2021. The number of discharges from an ambulatory service center fluctuated with the highest discharges in 2020. Adult and Pediatric services had the highest number of discharges in 2020 while Independent Rehabilitation Facility has the highest in 2019.

Table 5 shows the Top 10 services by DRG for year 2019, 2020 and 2021. Data is only reported for the Top 10 for each year. The following were among the Top 10 for all 3 years:

- NORMAL NEWBORN
- SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC
- HEART FAILURE AND SHOCK WITH MCC
- SIMPLE PNEUMONIA AND PLEURISY WITH MCC
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC
- VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC
- INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC

Table 3 Utilization of Inpatient Service Centers

Service Center	2019	2020	2021
Outpatient Visits	227,504	200,446	204,608
Emergency Room Visits	38,038	31,491	27,039
Ambulatory Surgery (Number of procedures or patients)	4,528	3,996	4,015
Observation Beds (Number of Visits)	6,759	4,955	5,089
Home Health (Number of home care visits)	46,043	48,458	50,177
Total	322,872	265,960	286,913

Source: Weirton Medical Center, 2022

Table 4 Utilization of Ambulatory Service Centers

Discharges			
Service Center	2019	2020	2021
Adult and Pediatric (General Routine Care)	5,132	5,313	5,082
Independent Rehabilitation Facility	170	149	161
Total	5,302	5,462	5,243

Source: Weirton Medical Center, 2022

Table 5 Top 10 DRG by Total Cases

DRG	2019	2020	2021
	Cases	Cases	Cases
NORMAL NEWBORN	302	348	291
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	270	281	266
HEART FAILURE AND SHOCK WITH MCC	216	212	163
SIMPLE PNEUMONIA AND PLEURISY WITH MCC	192	240	157
CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	165	201	121
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	164	254	220
RENAL FAILURE WITH CC	117	-	-
RENAL FAILURE WITH MCC	116	-	-
INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	42	56	51
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	40	-	-
RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	-	-	343
RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT >96 HOURS	-	-	26
CELLULITIS WITHOUT MCC	-	-	102
PULMONARY EDEMA AND RESPIRATORY FAILURE	-	83	-
ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITH MCC	-	113	-

NOTE: A dash (-) indicates that DRG was not among the Top 10 for that year

Source: Weirton Medical Center, 2022

GENERAL FINDINGS

Health Status

Measures of general health status provide information on the health of a population, especially through the monitoring of life expectancy, health life expectancy, years of potential life lost, physically and mentally unhealthy days, self-assessed health status, limitation of activity, and chronic disease prevention.



WHERE WE ARE MAKING A DIFFERENCE

No areas were prevalent from the secondary data.



WHAT THE COMMUNITY IS SAYING

This was not an area mentioned by community stakeholders.





WHERE THERE ARE OPPORTUNITIES

Fair or Poor Health

In West Virginia, the percentage of adults who report their health as fair or poor increased between 2013 and 2022 in Brooke (18.0% to 22.0%) and Hancock (16.8% to 23.6%) counties. In 2022, the percentage reporting health as fair or poor in the state of West Virginia was 24.3% while the nation was 17.0%. Both counties were lower than the state, although higher than the nation.

ACCESS TO QUALITY HEALTHCARE

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community.

According to Healthy People 2030, barriers or social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the barriers of health—including both social and physical determinants.



WHERE THERE ARE OPPORTUNITIES

Broadband Connectivity

The percentage of households with broadband internet connection in Brooke County (76.4%) was just below that of the state (78.9% for 2022).



WHERE WE ARE MAKING A DIFFERENCE

Health Insurance

Between 2013 and 2022, the percentage of uninsured individuals decreased in Brooke (16.4% to 7.0%) and Hancock (16.1% to 8.5%) counties. In 2022, the percentage of uninsured individuals in the state of West Virginia was 8.1%, with Brooke County lower than the state and Hancock County comparable.

Broadband Connectivity

The percentage of households with broadband internet connection in Hancock County (82.3%) was just above that of the state (78.9%) for 2022.



WHAT THE COMMUNITY IS SAYING

Stakeholders identified limited transportation as a barrier to access services. They indicated that there is a city bus, but it runs limited routes. They talked about the challenges of transporting people to specialists outside of the area. One even noted that they have patients they serve who walk to their appointments even in the winter because they do not have transportation. Another mentioned that people miss appointments because they do not have transportation.

It was also noted that there are a lot of individuals on Medicaid which impacts where they can receive services. This is further complicated by proximity to Pennsylvania and Ohio and the inability to cross state lines for care. People could go to Pittsburgh for care, which is closer than WVU Medical, but they are not allowed to. One noted that this is a particular challenge for children's care.

Another noted that there is limited broadband access in rural areas which makes accessing telehealth or other services difficult. Most also noted that the area is fortunate to have health care providers and subspecialties. They commented that there is not much that is not available; although some noted more outreach could be done outside of Weirton. One also mentioned a general stigma to physician care with people thinking they can get better care in Pittsburgh.



CHRONIC DISEASE

Conditions that are long-lasting, relapse, in remission, and have continued persistence are categorized as chronic diseases.



WHERE THERE ARE OPPORTUNITIES

Cancer

The breast cancer incidence rate was higher in Brooke (135.8) and Hancock (130.1) counties in 2014-2018 when compared to the state of West Virginia (118.7). The rate for both counties and state have remained steady over the past 5 years.

In 2021, a lower percentage of women had received a mammogram screening in Brooke (34.0%) and Hancock (35.0%) counties when compared to the state of West Virginia (39.0%).

The ovarian cancer incidence rate was higher in Hancock County (14.4) in comparison to the state of West Virginia (12.0) in 2014-2018. Data was not available for Brooke County. Mortality data was not available for either county.

The lung and bronchus cancer incidence rate in 2014-2018 was higher in Brooke County (81.5) when compared to the state of West Virginia (79.0). In 2015-2019, the mortality rate was also higher in the county (53.1) compared to the state (51.6).

During this time the prostate cancer incidence rate was higher in Brooke County (104.0) when compared to the state of West Virginia (94.3).

In 2014-2018 the liver and bile duct cancer rate was higher in Brooke County (8.6) when compared to the state of West Virginia (7.6). Mortality data was not available.

Obesity

Between 2013 and 2022, the percentage of adults who are obese increased in Brooke (36.0% to 37.6%) and Hancock (32.4% to 37.3%) counties. In 2022, the percentage of adults considered obese in the state of West Virginia was 39.7%, with all two counties lower in comparison.

Heart Related

In 2014-2018 the prevalence of cardiovascular disease was higher in Brooke County (16.7%) when compared to the state (14.5%).

In 2018, the prevalence of heart attack rate was higher in Brooke (16.7) and Hancock (10.8) counties when compared to the state (8.6).

That year, the prevalence of stroke rate was also higher in Brooke (19.6) and Hancock (16.7) counties when compared to the state (4.8).

Asthma

In 2014-2018, the prevalence of current asthma was higher in Brooke County (13.0%) when compared to the state (11.7%).



WHERE WE ARE MAKING A DIFFERENCE

Diabetes

Between 2013 and 2022, the percentage of adults with diabetes decreased in Brooke (15.5% to 10.8%) and Hancock (14.0% to 11.8%) counties. In 2022, the percentage of adults with diabetes in the state of West Virginia was 13.0% and the nation was 9.0%. Both counties were lower than the state and higher than the nation.

Cancer

Brooke (469.4) and Hancock (482.4) counties had a lower cancer incidence rate in 2014-2018 in comparison to the state of West Virginia (483.5). The rate has decreased over the past 5 years in Hancock County and remained fairly steady in Brooke County as well as the state. In 2015-2019, Hancock County (161.7) has a lower cancer mortality rate when compared to the state of West Virginia (180.2), with the county and state rate decreasing since the 5 years prior. Mortality data was not available for Brooke County.

In 2015-2019, the breast cancer mortality rate was lower in Hancock County (17.7) when compared to the state of West Virginia (21.6), while the rate in Brooke County (21.3) was comparable. Compared to the 5 years prior, the rate remained steady in Brooke County, while decreasing in Hancock County and the state.

The colon and rectum cancer incidence rate was lower in Brooke (42.5) and Hancock (41.9) counties in comparison to the state of West Virginia (46.1) for years 2014-2018, with both counties showing a decrease over the past 5 years. In 2015-2019, the mortality rate was lower in Brooke (12.0) and Hancock (16.1) counties when compared to the state (17.0), with both showing a decrease since the prior 5 years.

The lung and bronchus cancer incidence rate in 2014-2018 was lower in Hancock County (71.2) when compared to the state of West Virginia (79.0). In 2015-2019, the mortality rate in Hancock County (48.4) was lower compared to the state (51.6) and had decreased from the rate 5 years prior.

During this timeframe, the prostate cancer incidence rate was lower in Hancock County (93.5) when compared to the state of West Virginia (94.3), and the county rate has been decreasing. The prostate mortality rate in 2015-2019, was lower in Hancock County (15.5) when compared to the state (16.8) and has decreased since the 5 years prior. Mortality data was not available for Brooke County.

In 2014-2018 the liver and bile duct cancer rate was lower in Hancock County (7.2) when compared to the state of West Virginia (7.6). Mortality data was not available.

Heart Related

In 2014-2018, the prevalence of cardiovascular disease was also significantly lower in Hancock County (10.8%) when compared to the state (14.5%).

Asthma

In 2014-2018, the prevalence of current asthma was significantly lower in Hancock County (8.1%) when compared to the state (11.7%).

Respiratory

In 2014-2018, the prevalence of COPD lower in Brooke (13.8%) and Hancock (11.1%) counties when compared to the state (14.2%).



WHAT THE COMMUNITY IS SAYING

Stakeholders talked about the obesity problem in the community, with one specifically noting the problem among children. They talked about the impact that the lack of access to healthy food and safe recreation is having on youth, resulting in the high prevalence of obesity.

One noted that the drug abuse and components of that had led to an increase in liver and bile duct cancer. This individual noted that drug users who have viral Hepatitis turn to chronic Hepatitis can manifest in cancers.

Others mentioned diabetes, asthma, cancer and heart related conditions as top health needs in the community.



PHYSICAL ACTIVITY AND NUTRITION

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a healthy weight are critical to good health.



WHERE THERE ARE OPPORTUNITIES

Physical Activity

In Hancock County the percentage of adults who report physical inactivity increased from 28.8% in 2013 to 31.4% in 2022, which was higher than the state of West Virginia (29.5%), nation (26.0%) and Healthy People 2030 Goal (21.2%).

Access to Exercise Opportunities

The percentage of adults with access to exercise opportunities decreased in Brooke County from 85.3% in 2014 to 57.9% in 2022. In 2022, the percentage for the state of West Virginia was 49.9%, the county having a higher percentage of adults with access.

Access to Healthy Foods

The percentage of residents with limited access to healthy foods increased in Hancock County from 8.9% in 2013 to 17.4% in 2022, which was higher than the state of West Virginia (7.5%) and nation (6.0%).

Free or Reduced Lunch

The percentage of students receiving free or reduced lunch increased in Hancock County from 41.3% in 2013 to 44.4% in 2022, although lower than the state of West Virginia (52.0%) and nation (52.0%).



WHERE WE ARE MAKING A DIFFERENCE

Physical Activity

The percentage of adults who report physical inactivity has decreased in Brooke County from 35.7% in 2013 to 30.6% in 2022. The percentage for the state of West Virginia in 2022 was 29.5%. Although the percentage has decreased for the county it remains higher than the state, nation (26.0%) and Healthy People 2030 Goal (21.2%).

Access to Exercise Opportunities

The percentage of adults in Hancock County with access to exercise opportunities increased from 67.5% in 2014 to 76.9% in 2022, which was higher than the state of West Virginia (49.9%) and just below the nation (80.0%).

Food Insecurity

The percentage of individuals with a food insecurity has decreased in Brooke County from 14.4% in 2014 to 11.5% in 2022, which was lower than the state of West Virginia (13.5%), comparable to the nation (11.0%), but above the Healthy People 2030 Goal (6.0%). The same is true for Hancock County (16.1% to 11.8%).

Access to Healthy Foods

The percentage of residents with limited access to healthy foods decreased in Brooke County from 6.3% in 2013 to 4.8% in 2022, which was lower than the state of West Virginia (7.5%) and nation (6.0%).

Free or Reduced Lunch

The percentage of students receiving free or reduced lunch has decreased in Brooke County from 38.9% in 2013 to 32.3% in 2022, which was lower than the state of West Virginia (52.0%) and nation (52.0%).



WHAT THE COMMUNITY IS SAYING

Stakeholders identified access to food as a big problem in the community. They noted that the local grocery store closed at the beginning of the pandemic so the community has to rely on the dollar store for grocery shopping. They spoke of the challenges educating people to shop in a healthier way to accommodate the limited groceries that are available at the dollar store. One did note that there is a market in Brooke County with fresh fruit and vegetables. Others mentioned that there are not many options other than fast food and the restaurants that are in the community offer more bar food, not healthy options. Some suggested the need for another grocery store or a community garden. One also mentioned the impact this has on the health of the children in the community noting there is a lot of obesity among that population. They also noted that the schools offer backpack programs to provide nutritious food to the children.

It was noted that there are limited places for children to play outside that are safe. There are no parks or green spaces downtown. They noted that while there are playgrounds at the schools they are closed after school. It was noted that there is a community pool and park uptown but children living downtown with lower socioeconomic status are unable to access them. Another mentioned that sidewalks are limited for people even to get out and walk. They noted that there is a state park but if you do not have transportation people are not able to access it through public transit.

TOBACCO USE

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.



WHERE THERE ARE OPPORTUNITIES

The percentage of adults who smoke has increased in Hancock County from 22.6% in 2013 to 24.8% in 2022, which was lower than the state of West Virginia (26.1%), although higher than the nation (16.0%) and Healthy People 2030 Goal (16.2%).

In 2014-2018, a higher percentage of adults reported currently smoking in Brooke (26.6%) and Hancock (27.1%) counties when compared to the state (25.7%). During this timeframe a higher percentage also reported using smokeless tobacco in Brooke County 9.9% when compared to the state (8.7%).



WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults who smoke in Brooke County decreased from 26.1% in 2013 to 23.7% in 2022, which was lower than the state of West Virginia (26.1%), although higher than the nation (16.0%) and Healthy People 2030 Goal (16.2%).

In 2014-2018, a lower percentage of adults reported using smokeless tobacco in Hancock County (5.8%) when compared to the state (8.7%).



WHAT THE COMMUNITY IS SAYING

One stakeholder talked about the increased use of tobacco on school property as well as the fact that middle school students are being expelled for vaping. It was also noted that a lot of adults smoke, which increased during the pandemic.

MENTAL HEALTH AND SUBSTANCE USE DISORDER

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.



WHERE THERE ARE OPPORTUNITIES

Mental Health

The percentage of individuals who report frequent mental distress increased between 2016 and 2022 in Brooke (13.4% to 19.6%) and Hancock (13.9% to 20.2%) counties. In 2022, the percentage of individuals who report frequent mental distress in the state of West Virginia was 22.3% and the nation was 14.0%. Brooke and Hancock counties had a higher percentage when compared to the state and nation.

The number of poor mental health days reported has increased from 3.9 in 2013 to 6.1 in 2022 in Brooke County, which was lower compared to the state (6.6) but higher than the nation (4.5). Poor mental health days also increased in Hancock County (4.5 to 6.3) during this timeframe.

The percentage of residents reporting insufficient sleep in Brooke County increased from 34.3% in 2016 to 42.1% in 2022, which was comparable to the state (42.5%) and higher than the nation (35.0%). The same is true for Hancock County (34.2% to 43.1%).

Substance Use

In 2014-2018, a significantly higher percentage of adults in Brooke County (18.0%) reported binge drinking when compared to the state of West Virginia (11.0%).



WHERE WE ARE MAKING A DIFFERENCE

Mental Health

In 2014-2018, the percentage of adults in Hancock County (20.5%) with depression was lower in comparison to the state (24.5%), while the percentage in Brooke County (24.6%) was comparable.

Substance Use

The percentage of adults who report excessive drinking in Brooke County has remained steady between 2013 (15.7%) and 2022 (15.2%), with a decrease noted from 2021 (16.1%). In 2022, the percentage for the county was comparable to the state of West Virginia (15.2%) and lower than the nation (20.0%). The same is true for Hancock County which decreased from 15.3% to 14.8% during this time period.



WHAT THE COMMUNITY IS SAYING

Stakeholders talked about the need for behavioral health services in the community and the lack of existing services. One talked about the fact that services are even more scarce for children. They noted that there are not enough providers for inpatient stabilization or intensive acute treatment. They talked about the need for clinical psychologists who work with children and young adults and noted behaviorists are in desperate need. People have to travel up to 2 hours away to see a provider or receive treatment so they often go once and do not go back. It was also noted that existing providers are overstretched results in long wait times to get an appointment.

Stakeholders also talked about the opioid problem in the community. In general, one observed that drug use has increased during the pandemic. One noted that this is something they are seeing not only in adults, but they have started to see among youth as well. Students are modifying vapes instruments with opioids. They also spoke of the impact with legislation suppressing harm reduction programs and the concern over increased rates of Hepatitis and HIV. Some also noted that they usually see mental health and substance use go hand in hand.

One talked about the impact mental health has on overall health and wellbeing. Another mentioned the need to address stigma around mental health.



HEALTHY ENVIRONMENT

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather, as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information.



WHERE THERE ARE OPPORTUNITIES

Air Quality

In 2021, the air-pollution particulate matter rate in Brooke County (9.1) was higher than the state of West Virginia (7.8).

Unemployment

Between 2021 and 2022, the unemployment rate increased in Brooke (5.2% to 9.0%) and Hancock (5.2% to 10.0%) counties. In 2022, the unemployment rate in the state of West Virginia was 8.3%, with both counties having a higher rate.



WHERE WE ARE MAKING A DIFFERENCE

High School Graduation

Between 2014 (89.0%) and 2022 (96.0%) the percentage of students graduating high school increased in Brooke County and in 2022 was higher than the state of West Virginia (91.5%) and the nation (86.0%). The same is true for Hancock County (80.0% to 97.0%).

Violent Crime

In 2022, the violent crime rate per 100,000 was lower in Brooke (130.5) and Hancock (142.7) counties when compared to the state (329.9).

Children's Living Environment

Between 2013 and 2022, the percentage of children living in poverty decreased in Brooke (23.0% to 16.8%), and Hancock (25.6% to 17.8%) counties. In 2022, both were below the state of West Virginia (20.3%) but above the nation (16.0%).

During this time the percentage of children living in single parent homes decreased in Brooke (33.4% to 29.1%) and Hancock (34.7% to 26.8%) counties. In 2022 the percentage of children living in single parent homes in West Virginia was 24.3% with both counties having a higher percentage.

Housing

Between 2014 and 2022, the percentage of residents with severe housing problems decreased in Brooke County (9.3% to 8.9%). Hancock County did not change (11.0% to 10.9%). In 2022, the percentage of residents with severe housing problems in the state of West Virginia was 11.1%, with the counties falling just below.



WHAT THE COMMUNITY IS SAYING

Stakeholders talked about the lack of jobs with family sustaining wages and that people may be working 4 jobs just to get by. They noted that the overall economics of the community contribute to people making unhealthy choices or falling into unhealthy patterns.



HEALTHY WOMEN, MOTHERS, BABIES AND CHILDREN

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community. One commented on the connection between obesity and chronic conditions.



WHERE THERE ARE OPPORTUNITIES

Low Birth Weight

Between 2013 (7.2%) and 2022 (9.0%) the percentage of low birth weight babies increased in Hancock County, although in 2022 was just below the state of West Virginia (9.5%).

Infant and Child Mortality

In 2022, the child mortality rate (64.4) was higher in Brooke County in comparison to the state of West Virginia (57.7) and the nation (50.0). Recent infant mortality data was not available for the county. Infant and child mortality data was not available for Hancock County.



WHERE WE ARE MAKING A DIFFERENCE

Low Birth Weight

The percentage of low birthweight babies has not changed much in Brooke County between 2013 (8.7%) and 2022 (8.6%), and in 2022 was lower than the state of West Virginia (9.5%) and slightly higher than the nation (8.0%).

Teen Births

Between 2013 and 2022, the teen birth rate decreased in Brooke (26.4 to 20.0) and Hancock (36.5 to 22.9) counties. In 2022 the teen birth rate per 1,000 youth aged 15-19 in West Virginia was 28.4, with all counties lower in comparison.



WHAT THE COMMUNITY IS SAYING

This was not an area mentioned by community stakeholders.



INFECTIOUS DISEASES

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).



WHERE THERE ARE OPPORTUNITIES

COVID-19

When looking at COVID-19 related deaths between January 1, 2020 and December 31, 2020 per 100,000, the rate was higher in Brooke (94) and Hancock (122) counties when compared to the state (56).

HIV

HIV prevalence increased in Brooke County between 2013 (44.4) and 2022 (67.4), although in 2022 was lower in comparison to the state of West Virginia (129.2) and the nation (378.0).

Sexually Transmitted Infections

Between 2013 (123.9) and 2022 (201.3) the chlamydia rate increased in Hancock County, although remained lower in comparison to the state of West Virginia (313.0) and the nation (551.0).

Flu Vaccination

The percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination decreased in Brooke County from 48.0% in 2019 to 46.0% in 2022, although was higher than the state of West Virginia (42.0%).



WHERE WE ARE MAKING A DIFFERENCE

HIV

HIV prevalence decreased in Hancock County from 63.8 in 2013 to 51.9 in 2022, which was lower than the state of West Virginia (129.2) and the nation (378.0).

Sexually Transmitted Infections

The chlamydia rate has decreased in Brooke County from 162.0 in 2013 to 145.9 in 2022, and in 2022 was lower in comparison to the state of West Virginia (313.0) and the nation (551.0).

Flu Vaccination

The percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination increased in Hancock County from 44.0% in 2019 to 48.0% to 2022, which was higher than the state of West Virginia (42.0%).



WHAT THE COMMUNITY IS SAYING

One stakeholder expressed concern over the increasing prevalence of HIV or Hepatitis as a result of drug use and the suppression of harm reduction programs.



INJURY

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals.



WHERE THERE ARE OPPORTUNITIES

The motor vehicle crash rate has increased in Hancock County from 12.9 in 2013 to 13.6 in 2022, although in 2022 was lower than the state of West Virginia (15.9).

Between 2014 (25.0%) and 2022 (66.7%) the percentage of alcohol impaired driving deaths more than doubled in Brooke County and in 2022 was higher than the state of West Virginia (26.1%), nation (27.0%) and Healthy People 2030 Goal (28.3%).

Between 2016 and 2022, the drug overdose mortality rate increased in Brooke County (35.2 to 39.5), although in 2022 was lower in comparison to the state of West Virginia (56.8). The rate also increased in Hancock County (48.5 to 55.5).



WHERE WE ARE MAKING A DIFFERENCE

Between 2013 (11.1) and 2022 (7.0) the motor vehicle crash rate decreased in Brooke County and in 2022 was lower in comparison to the state of West Virginia (15.9) and the nation (12.0).

The percentage of alcohol impaired driving deaths decreased in Hancock County from 50.0% in 2014 to 30.0% in 2022, although in 2022 remained higher than the state of West Virginia (26.1%), nation (27.0%) and Healthy People 2030 Goal (28.3%).



WHAT THE COMMUNITY IS SAYING

This was not an area mentioned by community stakeholders.



PRIORITIZATION

The goal of this assessment was to identify community health priorities and ways in which WMC may impact these priorities. The results of the CHNA will enable WMC as well as other community providers to collaborate their efforts to provide the necessary resources to address the health needs of the community. Primary and secondary data were analyzed by Strategy Solutions, Inc. to identify areas of opportunity for the hospital to focus on. The following community health issues were identified in this year's CHNA as well as in discussion with hospital leadership.

- Cancer Disease Prevention
- Infant and Child Mortality
- Increase in Preventative/Primary Care Access

Cancer Disease Prevention

Serving a population that primarily resides in present or former industrial regions, cancer has a significant impact on the health of local residents. The cancer incident rate for breast, prostate and ovarian exceed the average rate for the state of West Virginia. Ultimately this higher incidence rate has a negative effect on the mortality statistics of the region. Due to the higher incidence rate of related cancers, having programs to educate and screen residents early can have a significant impact on the health of the region.

Resources: Through committed resources with the WMC Breast Center and All About Women service, WMC will continue to provide and expand cancer screening offerings for women's health to reduce the incidence of breast, ovarian and cervical cancers. WMC Communications will widely promote community awareness of these events in support of this goal.

Infant and Child Mortality

The child mortality rate for Brooke County exceeds the national average by 29% and the West Virginia average by 15%. In addition, there was an increase in the percentage of low-birth weight babies in the region. Much of this disparity is relatable to basic national demographic trends of lower income mothers and children. Low birth weight babies have a statistically higher rate of health conditions later in life than babies closer to standard birth weight.

Resources: WMC believes that committing specific resources dedicated to the promotion of maternal child health are the most effective ways to improve on these priorities. WMC and All About Women are committed to expanding maternal and child health access by continuing to expand resources with the addition of providers, physicians and nurse extenders. Additionally, WMC will continue to financially underwrite the establishment of a Maternal Child Coordinator who assists mothers in obtaining necessary care and access to services.

Increase in Preventative/Primary Care Access

Throughout the COVID pandemic, patients delayed medical care in many areas with none more critical than preventative care. As a result, WMC physicians have seen an increase in complications from lack of diabetic care, heart and cancer checkups and physician access. The duration of the pandemic has been a deterrent in regaining patient awareness to the importance of preventative and primary care.

Resources: WMC has begun the process of “normalizing” community activities to re-establish the importance of preventative care. Community screenings will be greatly expanded from pandemic levels with much emphasis on preventative care. WMC Physician Practices has also committed to expanding the level of primary care access for the region through the recruitment of new internal medicine and family practice physicians throughout the tri-state region.

The above significant needs will be addressed in Weirton Medical Centers’ Implementation Strategy, which will be published under a separate cover and accessible to the public.

REVIEW AND APPROVAL

The 2022 CHNA was presented and approved by the Weirton Medical Center Board of Directors on June 28, 2022. The Weirton Medical Center 2022 CHNA is posted on the hospital’s website (<https://www.weirtonmedical.com/>).





At Weirton Medical Center, our mission is to provide exceptional, compassionate healthcare every day.