

Belmont Community Hospital

A DIVISION OF  WHEELING HOSPITAL

**Community Health Needs Assessment
September 2016**

Table of Contents

| | |
|--|----|
| Introduction | 2 |
| About Us | 3 |
| Community Profile | 4 |
| Service Area, Population, and Vital Statistics | 5 |
| Service Area | 5 |
| Population | 6 |
| Demographic Profile | 7 |
| Overview of the Community | 9 |
| Causes of Death | 10 |
| Socioeconomic Characteristics | 11 |
| Wages..... | 11 |
| Unemployment | 12 |
| Poverty | 13 |
| Income | 14 |
| Education | 15 |
| Qualified Pre-Kindergarten Program | 16 |
| Health Status Indicators..... | 17 |
| County Health Rankings | 17 |
| Physical Environment..... | 18 |
| Clinical Care..... | 19 |
| Mental Illness | 20 |
| Maternal and Child Health Indicators | 21 |
| Neonatal Abstinence Syndrome (NAS) | 22 |
| Results of Community Participation | 23 |
| Online Survey Results..... | 23 |
| Community Interview Results..... | 25 |
| Progress on Belmont Community Hospital and Wheeling Hospital, Inc.'s Initiatives | 27 |
| Summary of Findings..... | 29 |
| Community Health Priorities..... | 30 |
| Next Steps | 32 |
| Sources..... | 33 |

Prepared by:

Arnett Carbis Toothman LLP
101 Washington Street, East
P.O. Box 2629
Charleston, WV 25329

Report adopted by a designated committee of the Board of Directors on September 30, 2016.

Introduction

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

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

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

The significant components of the CHNA include:

- Service Area Definition, Population & Vital Statistics
- Socioeconomic Characteristics of the Service Area
- Health Status Indicators
- Access to Care
- Results of Community Participation

About Us

Established in 1914, Belmont Community Hospital is a 99-bed acute care hospital. In 1996, the Hospital became an affiliate of Wheeling Hospital, Inc. offering primary care and selected specialty services for the residents of the upper Ohio Valley.

The primary facility of the Hospital is located in Belmont County, Bellaire, Ohio. With a medical staff of more than 100 physicians representing virtually every specialty, the Hospital offers a full array of inpatient services including pediatrics, intensive care, orthopedic surgery, cardiac care, rehabilitation and mental health. The Hospital operates a 24-hour emergency department, and has three surgical suites.

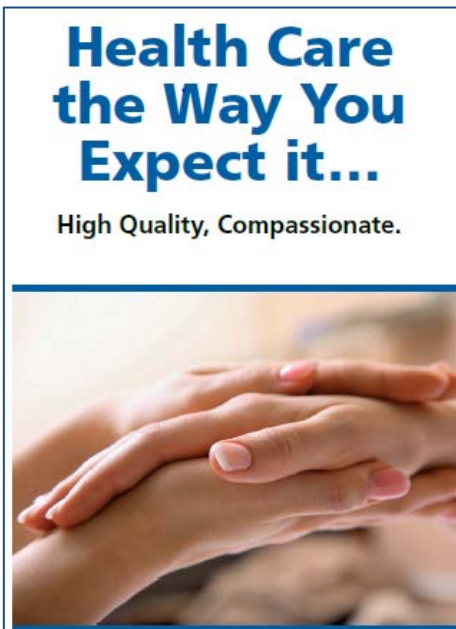
The Hospital also has a complete array of diagnostic testing and treatment services for inpatients and outpatients. These services include:

Inpatient:

Acute Care
Mental Health
Inpatient Rehabilitation
Acuity Hospital (LTAC)
Surgery

Outpatient:

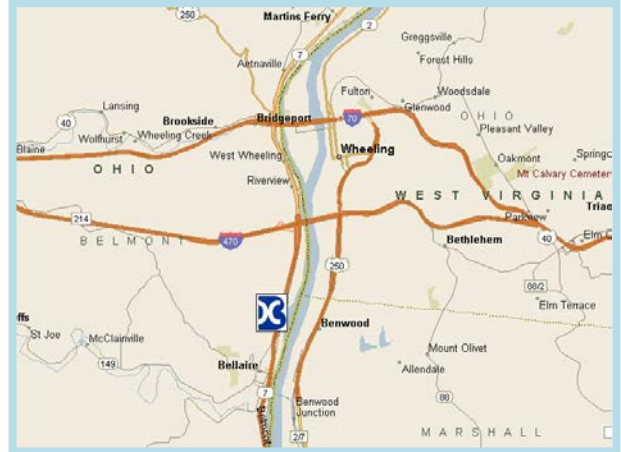
Emergency Room
Laboratory
Radiology
Rehabilitation
Respiratory Therapy
Women's Services
Schiffler Cancer Center



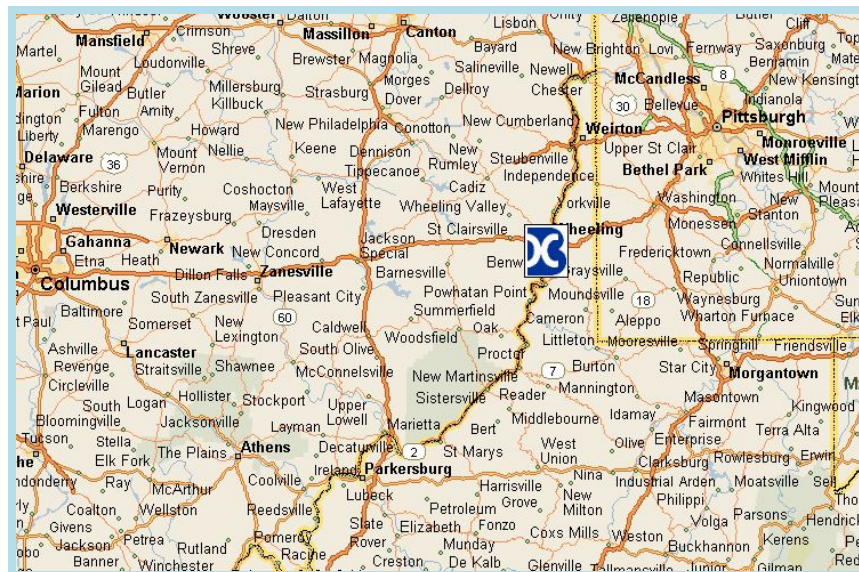
Belmont Community Hospital in Bellaire, and its six area health care centers, is part of the Wheeling Hospital family of health care services. That means you'll find the same high quality, genuine compassionate care that is legendary at all Wheeling Hospital facilities.

Community Profile

Belmont Community Hospital is located across the Ohio River from Wheeling, West Virginia in Bellaire, Ohio. The surrounding communities are located in north-western West Virginia and southeastern Ohio, which are approximately two hours east of Columbus (from the western-most portion of the service area) and one hour southwest of Pittsburgh, Pennsylvania. These communities are accessible by major interstates and secondary roads.



As shown in the map below, the Hospital and the surrounding communities are located in north-western West Virginia and southeastern Ohio, which are approximately two hours east of Columbus (from the western-most portion of the service area) and one hour southwest of Pittsburgh, Pennsylvania. These communities are accessible by major interstates and secondary roads.



Service Area, Population, and Vital Statistics

Service Area

The Hospital defined its service area based upon the geographical area in which a majority of its patients reside. As shown in Exhibit 1, a majority of the Hospital's patients reside in Belmont County, the Hospital's location. For the CHNA purposes, the Hospital's primary service area includes Belmont County, Ohio in addition to Ohio and Marshall Counties in West Virginia.

**Exhibit 1: Service Area
Summary of Inpatient Discharges by County (Descending Order)
July 2015 - August 2016**

| County (State) | Zip Code | Discharges | Percent of Total Discharges | Cumulative Percent |
|-----------------------|-----------------|-------------------|------------------------------------|---------------------------|
| Belmont (OH) | 43906 | 122 | 21% | 21% |
| Ohio (WV) | 26003 | 72 | 12% | 33% |
| Belmont (OH) | 43947 | 57 | 10% | 42% |
| Belmont (OH) | 43950 | 50 | 8% | 51% |
| Belmont (OH) | 43935 | 25 | 4% | 55% |
| Belmont (OH) | 43912 | 24 | 4% | 59% |
| Marshall (WV) | 26041 | 16 | 3% | 62% |
| Belmont (OH) | 43713 | 15 | 3% | 64% |
| Belmont (OH) | 43942 | 14 | 2% | 66% |
| Belmont (OH) | 43718 | 13 | 2% | 69% |
| Belmont (OH) | 43719 | 11 | 2% | 71% |
| Jefferson, OH | 43963 | 10 | 2% | 72% |
| Belmont (OH) | 43933 | 10 | 2% | 74% |
| Monroe (OH) | 43793 | 9 | 2% | 75% |
| All other zip codes | | | 25% | 100% |

*The primary service area of Belmont Community Hospital
includes counties from both West Virginia and Ohio.*

Population

As shown in Exhibit 2, the population of the total service area is projected to steadily decline through 2030.

Exhibit 2: Population - Total Service Area

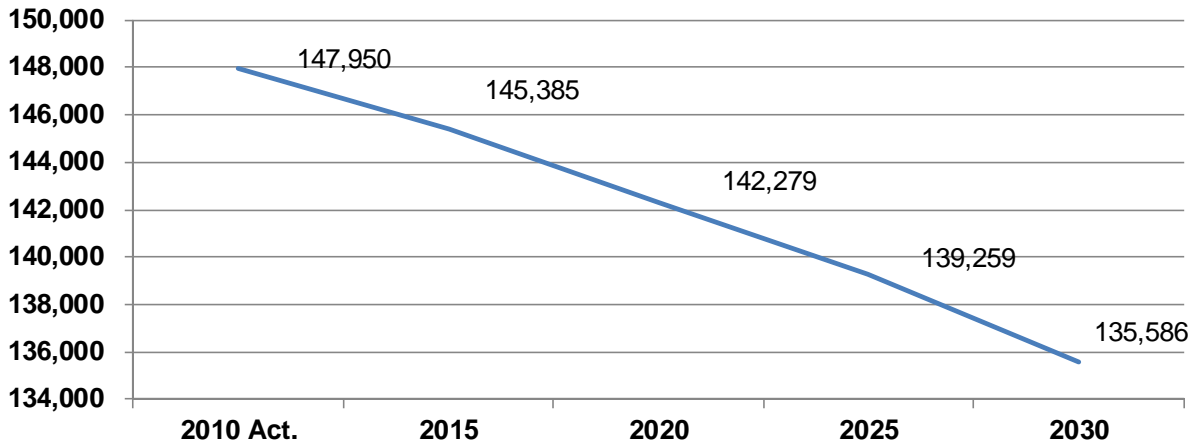


Exhibit 3 includes the population detail by service area counties. As shown below, Belmont County in Ohio has the highest population in the service area.

Exhibit 3: Population Projections

| County | State | 2010 Act. | 2015 | 2020 | 2025 | 2030 |
|---------------------------|-------|----------------|----------------|----------------|----------------|----------------|
| Ohio | WV | 44,443 | 43,624 | 42,616 | 41,503 | 40,200 |
| Belmont | OH | 70,400 | 69,760 | 68,880 | 68,270 | 67,330 |
| Marshall | WV | 33,107 | 32,001 | 30,783 | 29,486 | 28,056 |
| Total Service Area | | 147,950 | 145,385 | 142,279 | 139,259 | 135,586 |

Demographic Profile

Exhibit 4 presents quick facts data for the service area (average of four counties), the States of West Virginia and Ohio, and the United States.

| Exhibit 4: Quick Facts | | | | |
|--|----------------------|------------|---------------|---------------|
| Quick Facts | Service Area Average | Ohio | West Virginia | United States |
| Population | | | | |
| Population estimates, July 1, 2015, (V2015) | 48,066 | 11,613,423 | 1,844,128 | 321,418,820 |
| Population estimates base, April 1, 2010, (V2015) | 49,316 | 11,536,725 | 1,853,011 | 308,758,105 |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015) | -2.8 | 0.7 | -0.5 | 4.1 |
| Population, Census, April 1, 2010 | 49,317 | 11,536,504 | 1,852,994 | 308,745,538 |
| Age and Sex | | | | |
| Persons under 5 years, percent, July 1, 2015, (V2015) | 5.2 | 6.0 | 5.6 | 6.2 |
| Persons under 5 years, percent, April 1, 2010 | 5.2 | 6.2 | 5.6 | 6.5 |
| Persons under 18 years, percent, July 1, 2015, (V2015) | 19.4 | 22.6 | 20.6 | 22.9 |
| Persons under 18 years, percent, April 1, 2010 | 19.8 | 23.7 | 20.9 | 24.0 |
| Persons 65 years and over, percent, July 1, 2015, (V2015) | 19.8 | 15.9 | 18.2 | 14.9 |
| Persons 65 years and over, percent, April 1, 2010 | 17.9 | 14.1 | 16.0 | 13.0 |
| Female persons, percent, July 1, 2015, (V2015) | 50.6 | 51.0 | 50.6 | 50.8 |
| Female persons, percent, April 1, 2010 | 51.1 | 51.2 | 50.7 | 50.8 |
| Race and Hispanic Origin | | | | |
| White alone, percent, July 1, 2015, (V2015) (a) | 94.8 | 82.7 | 93.6 | 77.1 |
| White alone, percent, April 1, 2010 (a) | 95.1 | 82.7 | 93.9 | 72.4 |
| Black or African American alone, percent, July 1, 2015, (V2015) (a) | 2.9 | 12.7 | 3.6 | 13.3 |
| Black or African American alone, percent, April 1, 2010 (a) | 2.7 | 12.2 | 3.4 | 12.6 |
| American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a) | 0.2 | 0.3 | 0.2 | 1.2 |
| American Indian and Alaska Native alone, percent, April 1, 2010 (a) | 0.1 | 0.2 | 0.2 | 0.9 |
| Asian alone, percent, July 1, 2015, (V2015) (a) | 0.6 | 2.1 | 0.8 | 5.6 |
| Asian alone, percent, April 1, 2010 (a) | 0.5 | 1.7 | 0.7 | 4.8 |
| Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a) | 0.0 | 0.1 | Z | 0.2 |
| Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a) | 0.0 | Z | Z | 0.2 |
| Two or More Races, percent, July 1, 2015, (V2015) | 1.5 | 2.1 | 1.6 | 2.6 |
| Two or More Races, percent, April 1, 2010 | 1.4 | 2.1 | 1.5 | 2.9 |
| Hispanic or Latino, percent, July 1, 2015, (V2015) (b) | 1.0 | 3.6 | 1.5 | 17.6 |
| Hispanic or Latino, percent, April 1, 2010 (b) | 0.7 | 3.1 | 1.2 | 16.3 |
| White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015) | 93.9 | 79.8 | 92.3 | 61.6 |
| White alone, not Hispanic or Latino, percent, April 1, 2010 | 94.5 | 81.1 | 93.2 | 63.7 |
| Population Characteristics | | | | |
| Veterans, 2010-2014 | 4,314 | 834,358 | 155,150 | 20,700,711 |
| Foreign born persons, percent, 2010-2014 | 1.1 | 4.1 | 1.5 | 13.1 |
| Housing | | | | |
| Housing units, July 1, 2015, (V2015) | 22,987 | 5,156,307 | 885,475 | 134,789,944 |
| Housing units, April 1, 2010 | 23,181 | 5,127,508 | 881,917 | 131,704,730 |
| Owner-occupied housing unit rate, 2010-2014 | 73.5 | 66.9 | 73.0 | 64.4 |
| Median value of owner-occupied housing units, 2010-2014 | 93,667 | 129,600 | 100,200 | 175,700 |
| Median selected monthly owner costs -with a mortgage, 2010-2014 | 925 | 1,274 | 971 | 1,522 |
| Median selected monthly owner costs -without a mortgage, 2010-2014 | 315 | 442 | 292 | 457 |
| Median gross rent, 2010-2014 | 552 | 729 | 630 | 920 |
| Building permits, 2015 | 38 | 20,047 | 2,814 | 1,182,582 |
| Families and Living Arrangements | | | | |
| Households, 2010-2014 | 20,145 | 4,570,015 | 742,359 | 116,211,092 |
| Persons per household, 2010-2014 | 2.31 | 2.46 | 2.43 | 2.63 |
| Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014 | 89.0 | 85.4 | 88.3 | 85.0 |
| Language other than English spoken at home, percent of persons age 5 years+, 2010-2014 | 2.2 | 6.7 | 2.4 | 20.9 |
| Education | | | | |
| High school graduate or higher, percent of persons age 25 years+, 2010-2014 | 89.8 | 88.8 | 84.4 | 86.3 |
| Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014 | 19.8 | 25.6 | 18.7 | 29.3 |
| Health | | | | |
| With a disability, under age 65 years, percent, 2010-2014 | 11.8 | 9.7 | 14.4 | 8.5 |
| Persons without health insurance, under age 65 years, percent | 9.4 | 7.6 | 7.2 | 10.5 |

| Exhibit 4 continued | | | | |
|---|----------------------|----------------|---------------|---------------|
| Quick Facts | Service Area Average | Ohio | West Virginia | United States |
| Economy | | | | |
| In civilian labor force, total, percent of population age 16 years+, 2010-2014 | 56.7 | 63.5 | 54.2 | 63.5 |
| In civilian labor force, female, percent of population age 16 years+, 2010-2014 | 51.9 | 59.1 | 49.4 | 58.7 |
| Total accommodation and food services sales, 2012 (\$1,000) (c) | 123,775 | 20,652,777 | 4,036,333 | 708,138,598 |
| Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c) | 103,884 | 80,915,693 | 12,259,395 | 2,040,441,203 |
| Total manufacturers shipments, 2012 (\$1,000) (c) | 112,512 | 313,629,976 | 24,553,072 | 5,696,729,632 |
| Total merchant wholesaler sales, 2012 (\$1,000) (c) | 0 | 155,426,023 | 14,295,437 | 5,208,023,478 |
| Total retail sales, 2012 (\$1,000) (c) | 761,111 | 153,553,997 | 22,637,923 | 4,219,821,871 |
| Total retail sales per capita, 2012 (c) | 15,282 | 13,301 | 12,201 | 13,443 |
| Transportation | | | | |
| Mean travel time to work (minutes), workers age 16 years+, 2010-2014 | 21.9 | 23.1 | 25.6 | 25.7 |
| Income and Poverty | | | | |
| Median household income (in 2014 dollars), 2010-2014 | 41,788 | 48,849 | 41,576 | 53,482 |
| Per capita income in past 12 months (in 2014 dollars), 2010-2014 | 24,691 | 26,520 | 23,237 | 28,555 |
| Persons in poverty, percent | 16.6 | 14.8 | 17.9 | 13.5 |
| Businesses | | | | |
| Total employer establishments, 2014 | 1,135 | 250,535(1) | 37,354(1) | 7,563,085 |
| Total employment, 2014 | 18,679 | 4,636,844(1) | 575,228(1) | 121,079,879 |
| Total annual payroll, 2014 | 682,321 | 203,868,114(1) | 22,100,477(1) | 5,940,442,637 |
| Total employment, percent change, 2013-2014 | -0.8 | 1.1(1) | -0.1(1) | 2.4 |
| Total nonemployer establishments, 2014 | 2,329 | 757,764 | 89,044 | 23,836,937 |
| All firms, 2012 | 3,158 | 904,814 | 114,435 | 27,626,360 |
| Men-owned firms, 2012 | 1,704 | 510,078 | 63,112 | 14,844,597 |
| Women-owned firms, 2012 | 1,011 | 306,824 | 39,065 | 9,878,397 |
| Minority-owned firms, 2012 | 133 | 122,653 | 5,777 | 7,952,386 |
| Nonminority-owned firms, 2012 | 2,819 | 759,569 | 104,785 | 18,987,918 |
| Veteran-owned firms, 2012 | 373 | 91,316 | 12,912 | 2,521,682 |
| Nonveteran-owned firms, 2012 | 2,499 | 776,193 | 94,960 | 24,070,685 |
| Geography | | | | |
| Population per square mile, 2010 | 220.2 | 282.3 | 77.1 | 87.4 |
| Land area in square miles, 2010 | 314 | 40,861 | 24,038 | 3,531,905 |

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

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

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

(1) Includes data not distributed by county.

(a) Includes persons reporting only one race.

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

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

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

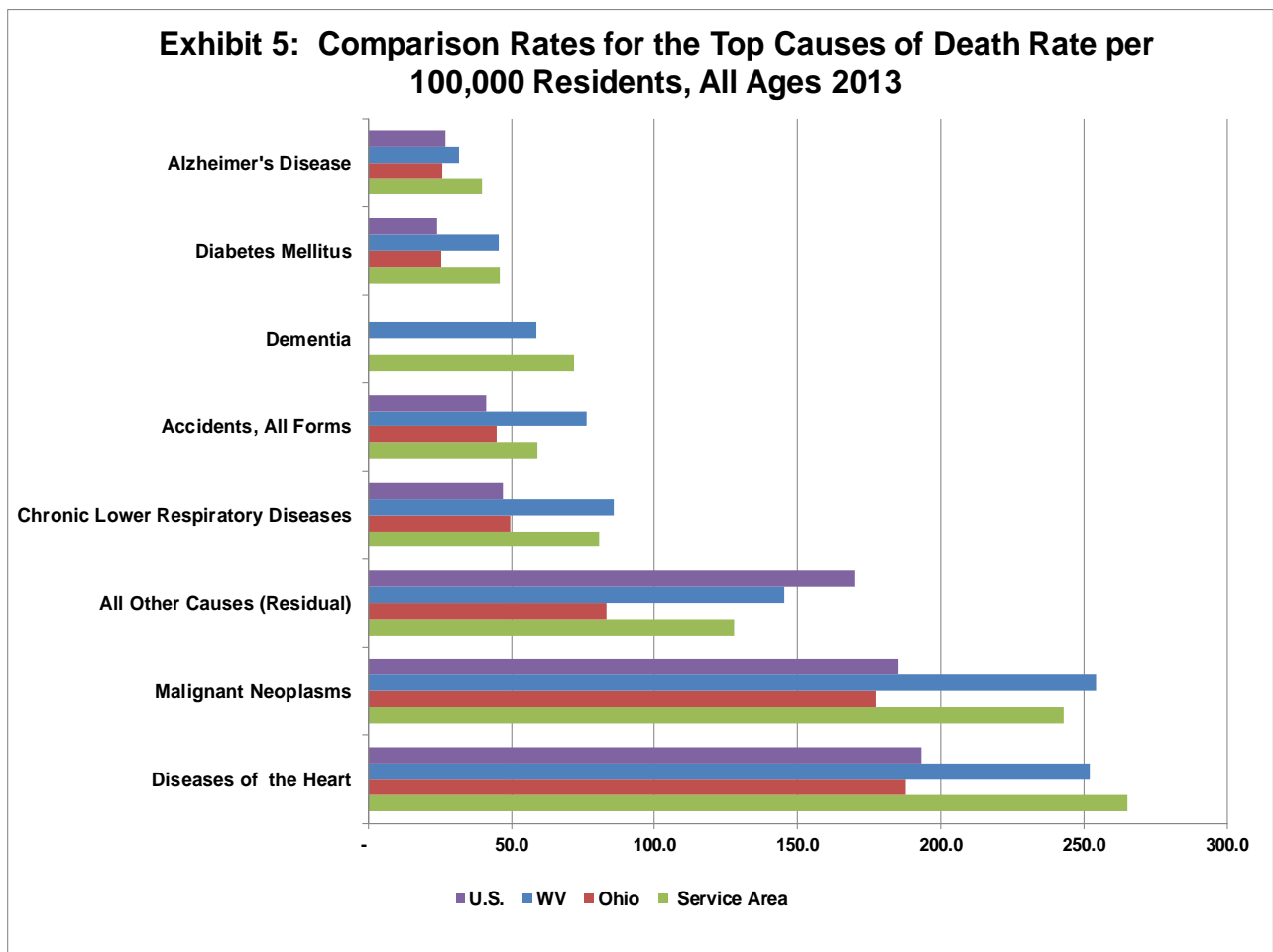
*Average travel time to work for the primary service area
is less than national and state averages.*

Overview of the Community

- The residents of the Hospital service area are predominately White/Caucasians (94.8%), followed by Black or African America (2.9%).
- English is the primary language, though 2.2% speak a language other than English at home.
- The service area has a higher percentage of those with a high school diploma as compared to the states and the U.S.
- 19.8% of those in the service area hold a bachelor's degree which is the same as the West Virginia percentage. However, both are significantly less than the Ohio and U.S. averages of 25.6% and 29.3%, respectively.
- Housing is generally stable and comparable between the service area and the States of Ohio and West Virginia with 89%, 85.4%, and 88.3% living in the same house 1 year and over, respectively.
- The service area and the States of Ohio and West Virginia have a higher percentage of those below the poverty level than the United States, although Ohio is much closer to the national average.
- The age of the population in the service area (19.8%) and West Virginia (18.2%) is older than the United States (14.9%) average, with the percentage of the population over 65 years in age being noted.
- The median household income in the service area (\$41,788) and the State of West Virginia (\$41,576) is notably lower than the national average (\$53,482). The State of Ohio (\$48,849) is also lower, though to a lesser degree.

Causes of Death

Exhibit 5 reflects the leading causes of death for residents of the service area, the states of West Virginia and Ohio, and the United States. The leading causes of death are determined by the average rate per hundred-thousand residents. Diseases of the Heart ranks highest among the causes with malignant neoplasms as second highest. Alzheimer's disease ranks lowest among the selected top causes of death in West Virginia while malignant neoplasms rank the highest.

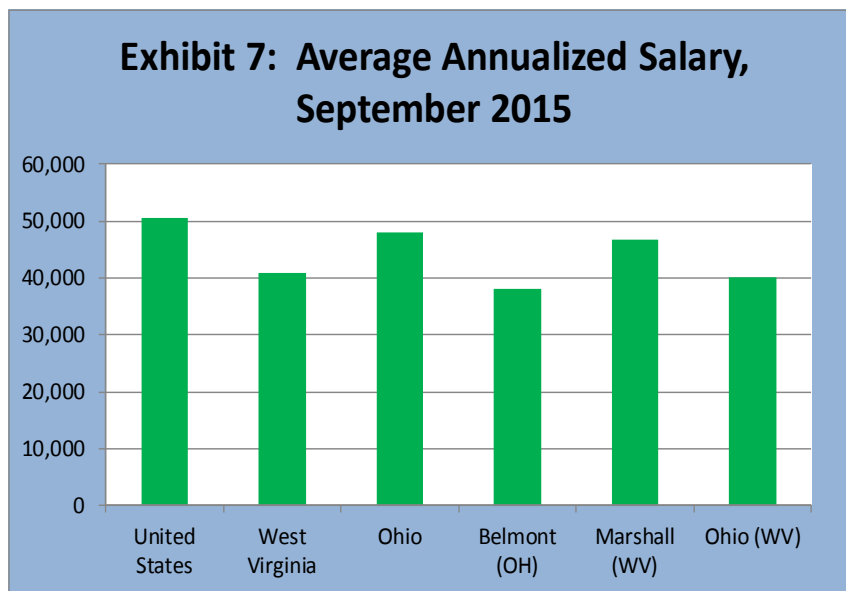
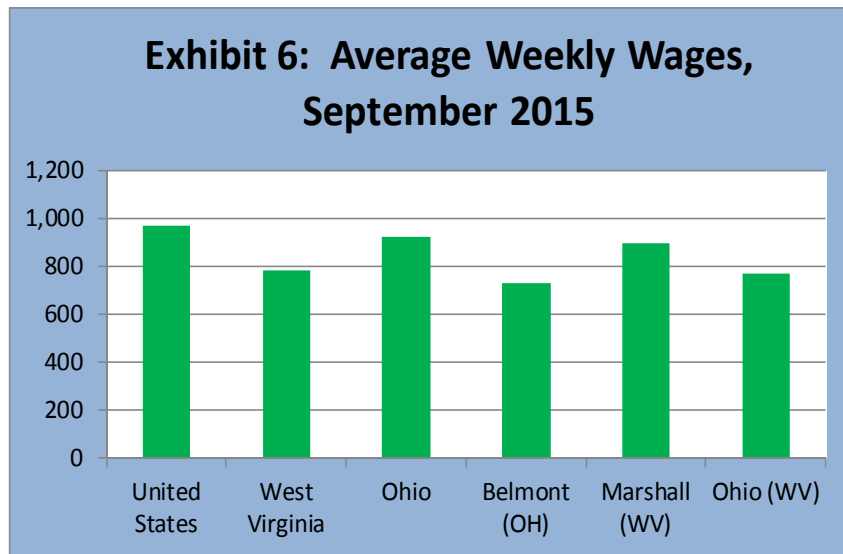


Note: Service area data includes 2008 data for Belmont County, Ohio.

Socioeconomic Characteristics

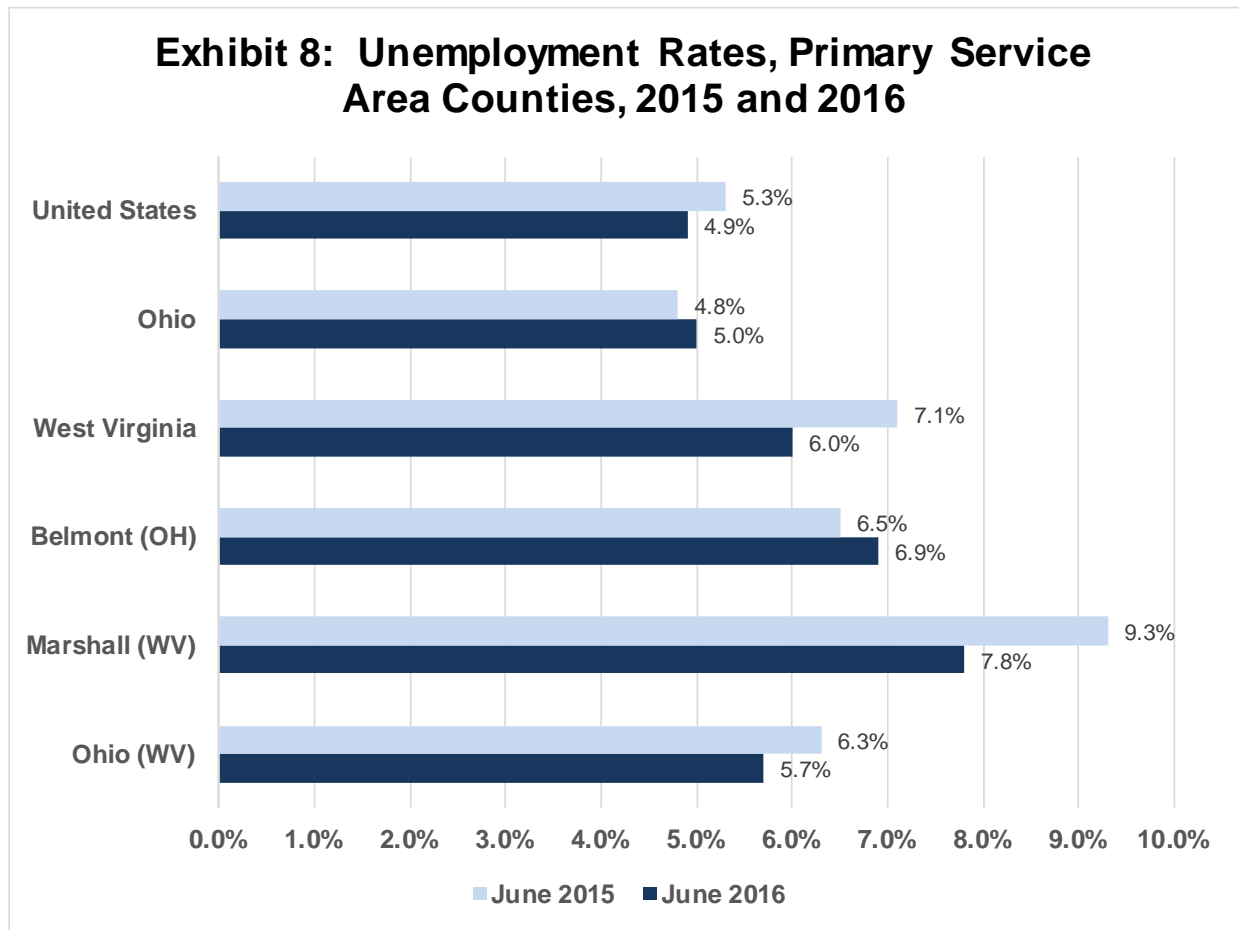
Wages

Exhibit 6 includes the average weekly wage, and Exhibit 7 annualizes those wages for the service area counties, Ohio, West Virginia, and the United States. All counties and states were below the wages of the United States. The highest wage among service area counties was reported in Marshall County while Belmont County reported the lowest.



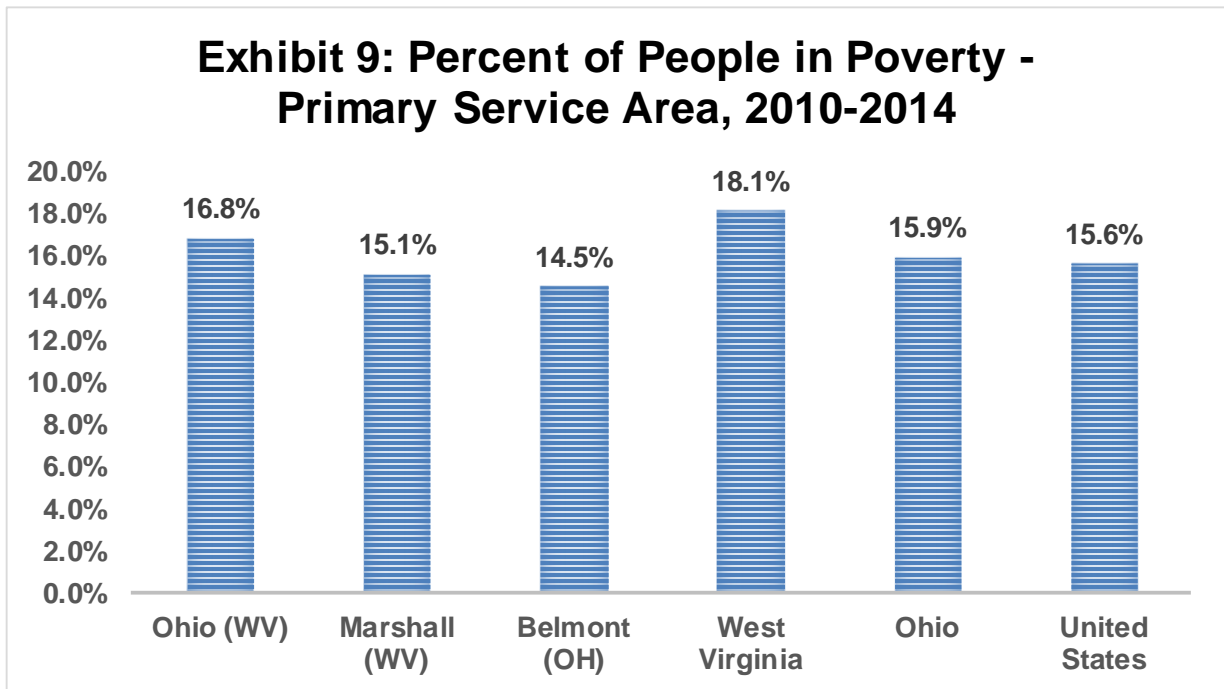
Unemployment

As shown in Exhibit 8, the unemployment rate for West Virginia declined during the two-year period, while Ohio's rate increased slightly. Belmont County experienced an increase in the unemployment rate from 2015-2016, while the remaining two service area counties experienced a decrease. At the state level, Ohio is very close to the national average, while West Virginia is still higher. Ohio County is much closer to the national average than the other counties in the service area.



Poverty

Exhibit 9 presents the percentage of adults living in poverty in 2010-2014 for the service area counties, West Virginia, Ohio, and the United States. As Exhibit 9 illustrates, two of the three counties are below the national average. Ohio County (WV) had the highest percentage of adults living in poverty at 16.8% with Belmont County (OH) as the lowest at 14.5%. The States of Ohio (15.9%) and West Virginia (18.1%) were above the national level of 15.6% for the four-year period.



Poverty remains prevalent across the nation.

Income

Exhibit 10 presents the median household income and percentage of households with supplemental security income (SSI) for the service area counties, the States of West Virginia and Ohio, and the United States. All of the service area counties were below the State of Ohio and the national level. Belmont County was the highest among service counties.



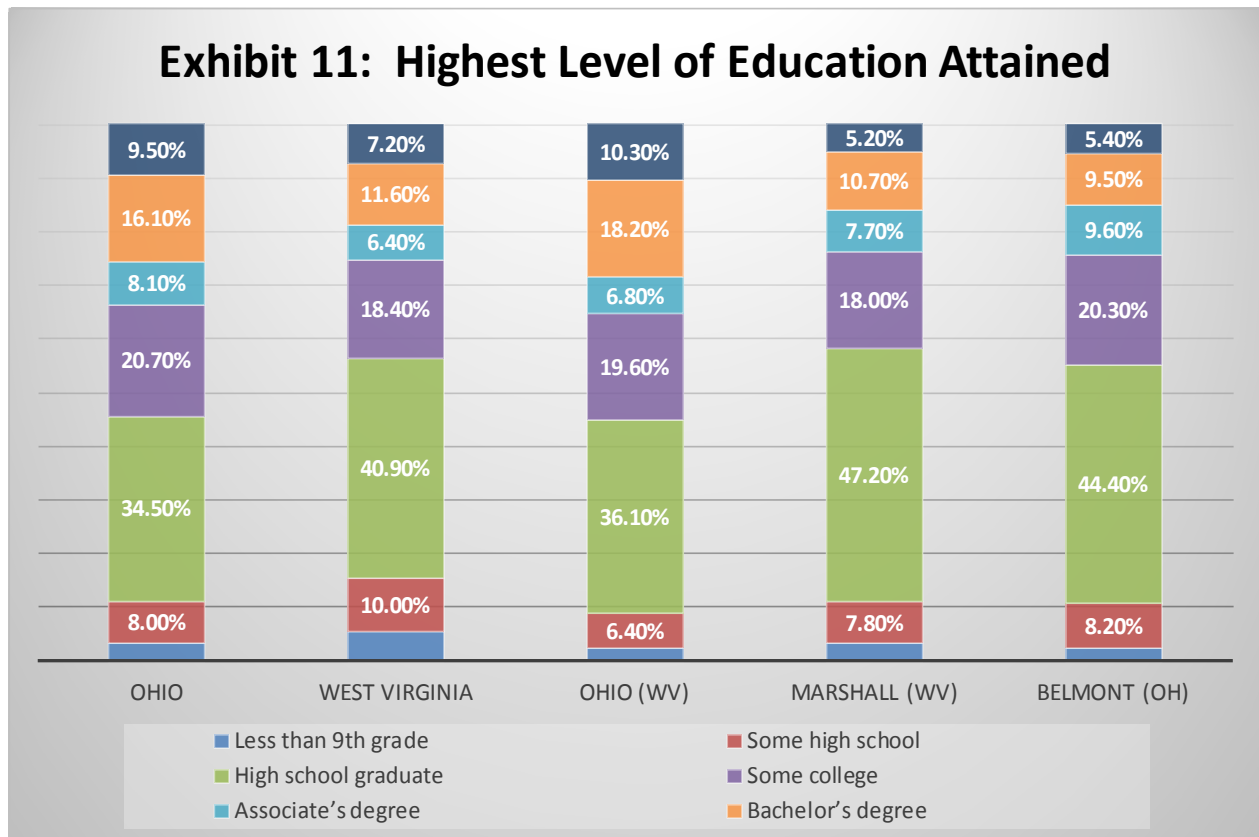
Exhibit 10: Median Household Income, 2010-2014

| County/State | Median Household Income |
|---------------------------|-------------------------|
| Ohio (WV) | \$40,342 |
| Marshall (WV) | \$41,978 |
| Belmont (OH) | \$43,045 |
| Total Service Area | \$41,788 |
| West Virginia | \$41,576 |
| Ohio | \$48,849 |
| United States | \$53,482 |

The median household income for the service area is \$41,788, over \$11,000 less than the national median.

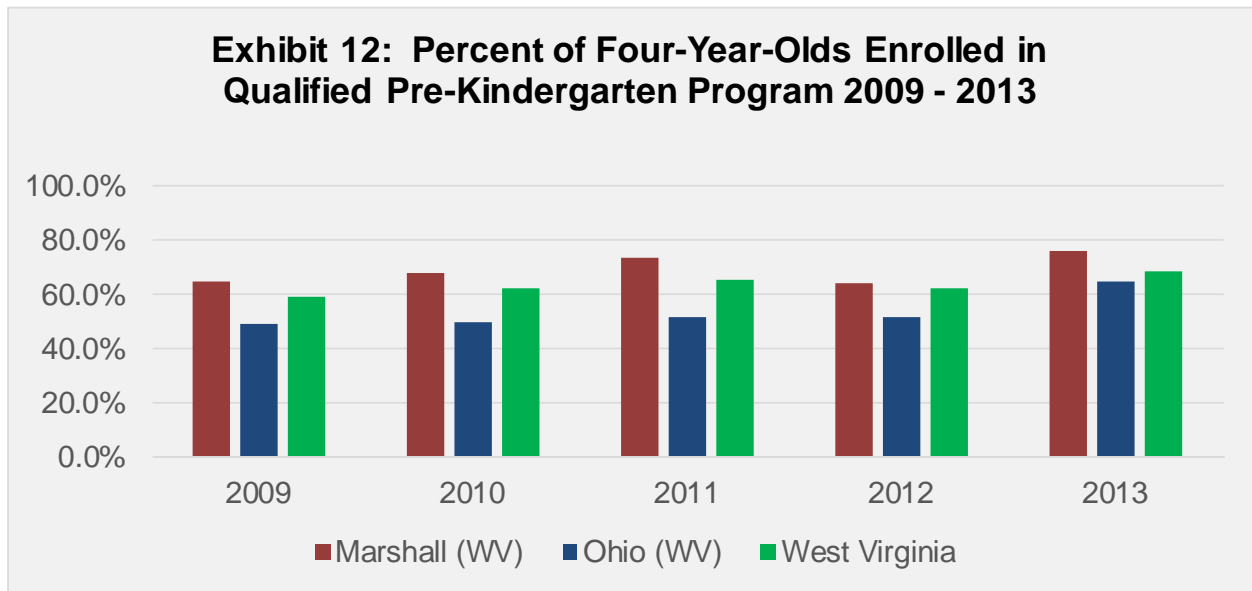
Education

The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 11 presents the distribution of education levels for those 25 years and older in the service area, and for the States of West Virginia and Ohio for 2010-2014. The more rural counties of the service area and West Virginia as a state had a higher level of those with a high school diploma only when compared to Ohio or Ohio County (WV) where Wheeling is located. The attainment of a college degree was also lower in the rural service area counties as well.



Qualified Pre-Kindergarten Program

Access and participation in early education programs is another important determinant in the future success of students in a population. Exhibit 12 provides the percent of four-year-olds enrolled in a pre-kindergarten program as of 2013. Enrollment rates for the counties in the service area average approximately 61% of the population which indicates that their four-year-old children were enrolled in a qualified pre-kindergarten program. The data shows that the service area is in line with the state average.



*Note: data not available for Belmont (OH) and State of Ohio.

Marshall County has consistently higher enrollment than other West Virginia service area counties.

Health Status Indicators

County Health Rankings

Exhibits 13 and 14 include selected data from the University of Wisconsin Population Health Institute, County Health Rankings 2016 for the service area, State of West Virginia, and U.S. median. Exhibit 13 includes unfavorable indicators such as the percentage of adults who smoke, who are obese, and excessively drink alcohol, in addition to a favorable indicator of those with access to exercise. As shown in Exhibit 13, all counties within the service area were either at or within 6% of the state performances for the negative indicators. Between one-fourth and one-fifth of the adults in the service area counties and the state smoke while one-third are obese. With regard to access to exercise opportunities, close to 50% reported adequate access in most counties with 82% indicating adequate access in Ohio County.

| Exhibit 13: Health Behaviors/Outcomes | | | | | |
|---------------------------------------|----------|--------------|-------------|---------------|-------|
| Health Status Indicator | Ohio, WV | Marshall, WV | Belmont, OH | West Virginia | Ohio |
| Adult smoking | 24% | 22% | 21% | 27% | 21% |
| Adult obesity | 29% | 33% | 33% | 34% | 30% |
| Food environment index | 6.9 | 6.8 | 7.3 | 7.3 | 6.9 |
| Physical inactivity | 22% | 28% | 33% | 32% | 26% |
| Access to exercise opportunities | 82% | 56% | 53% | 58% | 83% |
| Excessive drinking | 12% | 12% | 18% | 10% | 19% |
| Alcohol-impaired driving deaths | 25% | 38% | 30% | 33% | 35% |
| Sexually transmitted infections | 313.1 | 244.8 | 274.1 | 277 | 460.2 |
| Teen births | 36 | 42 | 39 | 45 | 34 |

Adult obesity is affecting one-third of the service area population.

Physical Environment

Exhibit 14 includes environmental factors such as air pollution, drinking water violations, housing problems and work commute information. The service area has slightly worse air pollution compared to the states, and slightly less severe housing problems. Driving alone to work was very consistent across the service area and states. With regards to drinking water violations, Marshall and Belmont Counties incurred violations, while Ohio County had none.

Exhibit 14: Physical Environment 2016

| Environmental Factor | West Virginia | Ohio | Marshall, WV | Ohio, WV | Belmont, OH |
|------------------------------------|----------------------|-------------|---------------------|-----------------|--------------------|
| Air pollution - particulate matter | 13.2 | 13.5 | 13.7 | 13.9 | 13.8 |
| Drinking water violations | | | Yes | No | Yes |
| Severe housing problems | 11% | 15% | 9% | 10% | 8% |
| Driving alone to work | 82% | 84% | 84% | 81% | 87% |
| Long commute - driving alone | 33% | 29% | 30% | 23% | 28% |

Air pollution and drinking water violations are important environmental factors.

Clinical Care

Exhibit 15 includes clinical care statistics and rankings for the service area counties and States of Ohio and West Virginia. The service area compared unfavorably to Ohio but mildly favorable to West Virginia for those uninsured. Preventable hospital stays were notably less for Ohio County, WV than any of the other service area counties. Diabetic monitoring and mammography screening were consistent with state averages. Ohio County, WV also performed better than other service area counties for the clinical care state ranking, being the top ranked county in West Virginia.

Exhibit 15: Clinical Care

| Measure | West Virginia | Ohio | Marshall, WV | Ohio, WV | Belmont, OH |
|----------------------------|---------------|------|--------------|----------|-------------|
| Uninsured | 18% | 13% | 17% | 16% | 13% |
| Preventable Hospital Stays | 93 | 65 | 108 | 65 | 93 |
| Diabetic Monitoring | 84% | 85% | 77% | 79% | 83% |
| Mammography Screening | 58% | 60% | 57% | 64% | 60% |
| Ranking for Clinical Care | | | 38 | 1 | 69 |

Ohio County ranked 1st in West Virginia for Clinical Care!

Mental Health

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services, is charged with reducing the impact of substance abuse and mental illness on America's communities. Each year, SAMHSA publishes the most recent annual results from the National Survey on Drug Use and Health (NSDUH) as a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 or older.

The NSDUH also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems. An adult with Any Mental Illness (AMI) was defined as having any mental, behavioral, or emotional disorder in the past year that met Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria (excluding developmental and substance use disorders).

Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities.

Exhibit 16 presents statistics of mental illness taken from the NSDUH for those aged 18 or older at a national level and for West Virginia for 2013-2014.

Exhibit 16: State Estimates of Adult Mental Illness Among Persons Aged 18 or Older 2013-2014

| Location | Serious Mental Illness | Any Mental Illness |
|------------------|------------------------|--------------------|
| | % | % |
| National Average | 4.15 | 18.29 |
| West Virginia | 5.46 | 21.15 |

West Virginia compared unfavorably to the nation for those with SMI or AMI.

Maternal and Child Health Indicators

The well-being of mothers, babies and children is a critical component of a community's overall health. Healthy pregnancies help to provide a better start in life and improve the health of future generations. A review of available public health data included percentage of low birth weight infants, teen birth rate, no prenatal care in the 1st trimester, and the fetal death ratio. Exhibit 17 displays the Maternal and Child Health Indicators for the community. It also includes, when available, the state average for the corresponding indicators. Brooke County reported rates 10-50% worse than the State for low birth weight infants, teen birth rate (<20), and no prenatal care in the 1st trimester. Marshall County reported rates 10-50% worse than the State for teen birth rate (<20).

| Exhibit 17: Maternal and Child Health Indicators by County | | | | | |
|--|-----------|---------------|---------------|--------------|------|
| Indicator | Ohio (WV) | Marshall (WV) | West Virginia | Belmont (OH) | Ohio |
| Low birth weight infants | 10.4% | 6.9% | 9.4% | - | 7.0% |
| Teen birth rate (< 20) | 8.5% | 12.8% | 10.4% | - | - |
| No prenatal care in 1 st trimester | 15.6% | 16.9% | 18.5% | - | - |
| Fetal death ratio* | 2.2 | 0.0 | 4.5 | - | - |

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

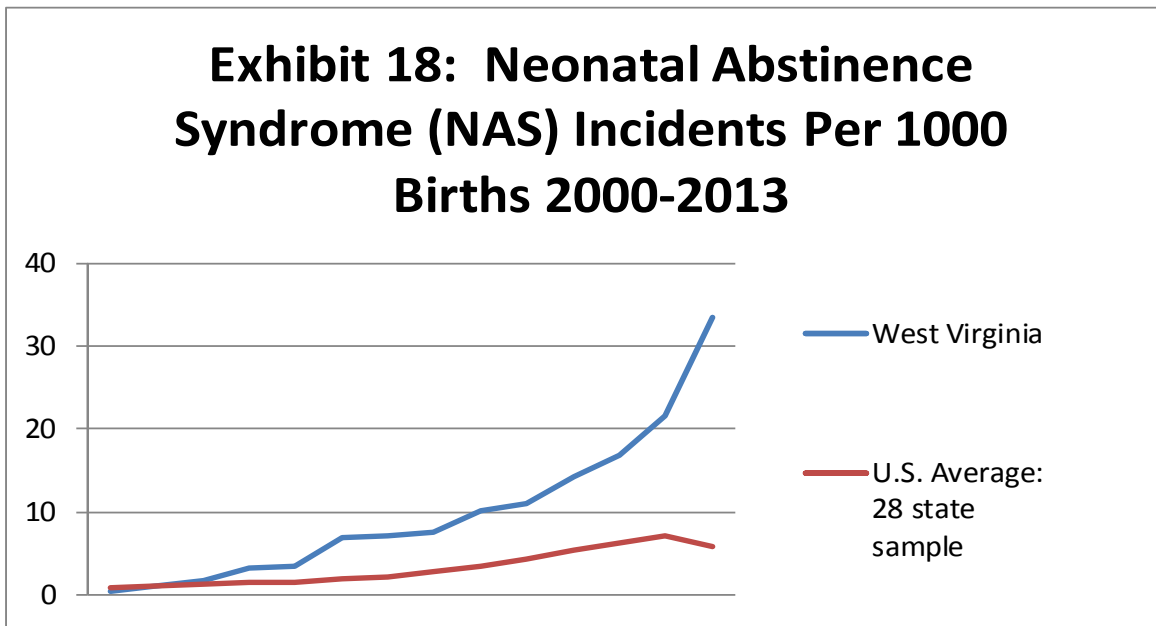
**Ohio data based on preliminary 2016 data. West Virginia is based on the most recently available 2013 data.

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

Maternal and child health indicators were most comparatively unfavorably in Brooke County.

Neonatal Abstinence Syndrome (NAS)

The low birth weight percentages noted above are partially caused by increased low births due to the drug and opioid abuse epidemic facing West Virginia and the northern panhandle region of the state. Exhibit 18 below illustrates a key pregnancy and birth statistic for West Virginia and much of the nation. Neonatal Abstinence Syndrome occurs when a pregnant mother continues to abuse drugs while pregnant and essentially gives birth to a baby who will be in drug withdrawal.



Results of Community Participation

Online Survey Results

The CHNA includes anonymous survey results using an online survey website, which was disseminated to employees, patients and the community. Survey responses were collected between August and September 2016.

Household

Respondents indicated the following household characteristics:

- 25% have children under the age of 18 in their household.
- 12% are caring for an elderly parent or grandparent.
- Number in household ranged from 1 to 7.

Insurance Carriers

Since the Affordable Care Act's (ACA) coverage expansion began, about 16.4 million uninsured people nationwide have gained health insurance coverage. In 2014, the uninsured rate in West Virginia was 10.9%, down from 17.6% in 2013. Due to the new coverage options for young adults, employees may add or keep children on their insurance policy until they turn 26 years old. This has afforded coverage to over 2.3 million



young adults nationwide that would otherwise have been uninsured. As part of the ACA, states were able to expand Medicaid coverage to individuals with family incomes at or below 138% of the federal poverty level. Due to this expansion, over 170,000 West Virginians and approximately 11.2 million people nationwide gained Medicaid or Children's Health Insurance Program (CHIP) coverage.

Participants of the survey were asked to identify their insurance carrier, if any. 13.4% selected Medicaid, 44.9% selected private insurance, 30.3% selected Medicare, and 2.3% selected no insurance. The remaining 9.1% selected "Other" and entered a response. These responses included insurance such as Health Plan Secure Care, United Healthcare, Wheeling Hospital Charity Care, Coventry, Employer Group Plan, Cigna, Care Source, Blue Cross, Humana, and VA Care. 77% of those with Medicaid indicated that coverage was obtained through the Medicaid Expansion.

Dental Care

- 57% received dental care in the past 12 months.
- Barriers that prevent residents from seeing a dentist include cost and lack of insurance.



Routine Health Care

Respondents were asked:

“Did you and/or your family have a primary care physician?” 94% indicated “Yes,” while 6% indicated “No.” Over 95% of with those using a primary care physician (PCP) indicated they are able to get an appointment when needed and over 88% are satisfied with the quality of care received at their PCP’s office. For those not having a PCP, respondents included a community health care center/clinic, urgent care center, and emergency room/hospital as medical provider used for routine care. Nine responses indicated using an emergency department. 16% of respondents indicated they delayed health care due to lack of money and/or insurance.

Health Issues

Participants were asked to indicate the conditions which they or someone in their household received treatment. Top responses included high blood pressure followed by high cholesterol, diabetes, and joint, bone or muscle pain. The least selected conditions were bariatrics/obesity, long-term acute care services, sexually transmitted diseases, and substance abuse.

| Condition | Response Percent |
|-------------------------------|------------------|
| High blood pressure | 64.8% |
| High cholesterol | 41.1% |
| Diabetes | 33.6% |
| Joint, bone or muscle pain | 28.0% |
| Depression/anxiety disorders | 27.5% |
| Heart disease | 21.3% |
| Cancer | 19.5% |
| Sleeping disorders | 14.7% |
| Neurology disorders | 8.8% |
| Behavioral/mental health | 8.3% |
| Bariatrics/obesity | 2.1% |
| Long-term acute care | 1.6% |
| Substance abuse | 1.6% |
| Sexually transmitted diseases | 0.3% |

Community Interview Results

Input was solicited from those representing the broad interests of the community in August and September 2016. Individual interview discussions included the health needs of the community, barriers to health care access, opportunities for improvement, perception of Belmont Community Hospital and feedback on previous initiatives. The following organizations were selected to provide feedback:

Belmont County Health Department

Belmont Behavioral Health & Rehab

Bishop J. Hodges, CCC

Catholic Charities

Wheeling Hospital Board of Directors

Wheeling Corporate Health

Wheeling Hospital Family Medicine



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



Community Health Concerns

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

Quality and Access to Services

In general, transportation, parking, and cost were cited as issues for some residents in the service area. While public transportation is available, it may not include routes in the rural areas. Those living in poverty, as well as the elderly can also face issues in finding transportation to doctor's appointments and medical facilities. There are some specialties that those interviewed felt the service area could expand upon, such as behavioral health services, dermatology, neurology, urology, and woman health services.

Perception of Belmont Community Hospital

Belmont Community Hospital is vital to the community it serves. The general perception is improving, and most negatives observations regard the age of the Hospital, or the town of Bellaire, OH rather than specific service issues. The majority of the stakeholders do not believe there is a reason to leave the service area so long as the patient's needs were not exceedingly specialized. Belmont Community Hospital is not without its challenges but they have a lot to offer and will continue to operate as effectively and efficiently as they can to provide quality health care.

Progress on Belmont Community Hospital and Wheeling Hospital, Inc.'s Initiatives

The key focus areas for improvement outlined from the 2012 CHNA can be summarized into four umbrella categories, all of which have been, and continue to be, addressed through the Hospital's implementation plan. The categories and related initiatives are:

➤ **Aging Population**

- Identified space for Assisted Living and Independent Living facilities on the Hospital campus (still researching related and feasible solutions).
- Operating vehicles assisting non-driving elderly patients with transport to and from the Hospital and physician offices.
- Providing free taxi vouchers to patients without transport home after emergency room or inpatient unit visits.
- Additionally, Wheeling Hospital, Inc. is building a replacement facility for the Bishop Joseph H. Hodges Continuous Care Center facility. This will be a state of the art facility providing skilled nursing and long-term care with private rooms and baths, large rooms and a de-institutionalized theme of décor. The facility will have a total of 144 beds which is an increase of 24 beds from the current facility. The project has received Certificate of Need approval by the West Virginia Health Care Authority. Construction of the new facility began in the Summer of 2016.

➤ **Behavior Health Services and Obesity Issues**

- Exploring outpatient behavioral service line at Belmont Community Hospital with local Psychiatry group.
- Smoking cessation classes.
- Pediatric endocrinologist and adult endocrinologist provide counseling and treatment related to obesity and diabetes.
- Active recruitment of diabetic educators to meet heavy local demand.
- Nutritional, exercise, and weight loss classes via Howard Long Wellness Center.
- Monthly cholesterol and blood pressure screenings at no cost.

➤ **Educating the Community**

- Financial Assistance Plan posted to educate patients.
- Financial counselors skilled in the Patient Protection and Affordable Care Act requirements available.
- Men's health seminars, cancer survivor support, and classes listed under other categories, etc.
- Third party Medicaid eligibility vendor contracted to assist patients.
- Counselors in the emergency, and other, departments assist and educate patients regarding available assistance programs.

➤ **Physician Shortages**

- Aggressive recruitment, discussion, and negotiation with potential recruits is continuous.
- Currently growing employed physicians to 80.
- Currently growing employed nurse practitioners and physician assistants to approximately 25.
- Considers recruitment strategies such as income guarantees and relocation assistance in order to attract the best candidates.

Summary of Findings

The goal of the CHNA was to identify health issues and community needs as well as provide information to key decision makers to create a positive impact on the health of the Hospital's service area. Statistical data was compiled to depict demographic and economic profiles while the surveys provided additional feedback with regard to community perception of the Hospital, availability of resources and challenges as it relates to their health care needs.

- The aging population will contribute to the highest growth in the 65 and older age category. An increase in the 65 and older age category contributes to an increase of Medicare beneficiaries with an increased need for services.
- For adults living in poverty in the service area, the highest percentage is in Ohio County (16.8%) and lowest is in Brooke County (13.6%). Many find themselves without insurance and seeking assistance from Medicaid, other programs, or simply delaying medical treatment.
- Marshall County (6.9%) had the lowest percentage of low birthweight births within the service area while Ohio (10.4%) had the highest.
- The highest percentage of births to mothers under the age of 18 was (3.7%) in Ohio County, West Virginia, and lowest in Brooke County (1.7%).
- Cigarette smoking was (21%-24%) for all service counties but just under the State of West Virginia at (27%).
- The health status indicator with the highest percentage within all service areas is adult obesity. The service area and state ranged from (29%-35%).

The results of the CHNA's quantitative and qualitative analysis, along with the input from members of the community, appears to indicate familiar common themes in the health needs of the Wheeling area and surrounding communities. These focus areas include the need for the following:

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

Community Health Priorities

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

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

Chronic Disease Management

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

Resources: The Hospital will continue to provide outreach and education to the residents of Bellaire, Ohio and the surrounding communities. Belmont Community Hospital in conjunction with Wheeling Hospital, Inc. will continue to provide diabetic and weight loss education to the community. The Hospital will continue to hold health fairs to provide low cost preventive and educational services to the community.

Unhealthy Lifestyles

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

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

Drug and Alcohol Abuse

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

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

Resources: The Hospital will maintain its collaboration and referral network to address patients' needs with regard to addiction and abuse. Belmont Community Hospital will continue to provide outreach and education to the residents of Wheeling and the surrounding communities.

Next Steps

The CHNA report will be made publicly available on the Hospital's website and a hard copy available upon request. With the completion of the CHNA, Belmont Community Hospital in conjunction with Wheeling Hospital, Inc. will establish an implementation plan which will use the Hospital's individual strengths and resources to best address their community's health needs and improve the overall health and wellbeing of residents of its service area.

Sources

The data collection process utilized the following sources:

- The Annie E. Casey Foundation – Kids Count Data Center - <http://datacenter.kidscount.org/>
- Bureau of Business and Economic Research, College of Business and Economics, West Virginia University - http://www.be.wvu.edu/bber/outlook_pdfs/WheelingEconomicOutlook2016.pdf
- CDC Center for Disease Control and Prevention – National Center for Health Statistics - http://www.cdc.gov/nchs/ahcd/web_tables.htm
- Ohio Development Services Agency - <https://development.ohio.gov/>
- Ohio Department of Health - <https://www.odh.ohio.gov/default.aspx>
- The Robert Wood Johnson Foundation: County Health Rankings System - <http://www.countyhealthrankings.org/>
- Substance Abuse and Mental Health Services Administration (SAMHSA) - <http://www.samhsa.gov/>
- U.S. Census Bureau - <https://www.census.gov/quickfacts/table/PST045215/00>
- U.S. Census Bureau - <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Department of Agriculture, Economic Research Service - <http://www.ers.usda.gov/>
- United States Department of Labor, Bureau of Labor Statistics - <http://www.bls.gov/>
- U.S. Department of Health and Human Services - <http://www.hrsa.gov/shortage/>
- U.S. Department of Health and Human Services - https://nhqrnet.ahrq.gov/inhqrdr/National/benchmark/table/All_Measures/All_Topics
- West Virginia Bureau for Public Health - <http://www.dhhr.wv.gov/bph/Pages/default.aspx>
- West Virginia Department of Health and Human Resources – <http://www.wvdhhr.org/bph/hsc/statserv/CountyData.asp>
- West Virginia Health Care Authority - <http://www.hca.wv.gov/data/Reports/Pages/AnnualRP2015.aspx>
- West Virginia Health Statistics Center - <http://www.wvdhhr.org/bph/hsc/vital/>