2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

ADOPTED BY BOARD RESOLUTION JUNE 28, 2016

Dear Community Resident:

Preston Memorial Hospital ("PMH") welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The "2016 Community Health Needs Assessment" identifies local health and medical needs and provides a plan to indicate how PMH will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, PMH, are meeting our obligations to efficiently deliver medical services.

PMH will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions. For most purposes, they may be ignored. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You,

Melissa Lockwood
President and Chief Executive Officer

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EXECUTIVE SUMMARY

Executive Summary

Preston Memorial Hospital ("PMH" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment ("CHNA") is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act ("ACA"), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures PMH identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital[1]. Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury[2].

Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders; and
- All available and qualified physicians are privileged.
- Specifically, the IRS requires:
    - Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;

[1] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements…and https://www.federalregister.gov/articles/2013/04/05/2013-07959/community-health-needs-assessments-for-charitable-hospitals
[2] As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at http://federalregister.gov/a/2012-15537

- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment, and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources); and
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site.

- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four);
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties[3]; and
- This report was developed under the guidance of IRS/Treasury 501(r)(3) regulations published in the December 2014 Federal Register.

[3] Section 6652

Approach

Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment;
    - Sources of data and dates retrieved;
    - Analytical methods applied;
    - Information gaps impacting ability to assess the needs; and
    - Identification of with whom the Hospital collaborated.
- The proposed regulations provide that a hospital facility's CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:
    1. Summarizes, in general terms, the input provided and how and over what time period such input was provided;
    2. Provides the names of organizations providing input and summarizes the nature and extent of the organization's input; and
    3. Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need, and the anticipated impact of those programs and resources on the health need.

The Hospital takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data, and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources to exist in their portion of the county[4].

Most data used in the analysis is available from public internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report of the appendix. No gaps were identified and data sources include[5]:

[4] Response to Schedule H (Form 990) Part V B 3 i
[5] Response to Schedule H (Form 990) Part V B 1 d, Part V B 3 i

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Preston County compared to all WV counties	June 13, 2016	2010 to 2014
www.census.gov/ & www.dhhr.wv.gov/	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends, and socio-economic characteristics	June 13, 2016	2010 to 2014
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	June 13, 2016	2014
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	June 13, 2016	2014
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	June 13, 2016	1989 through 2014
www.dataplace.org	To determine availability of specific health resources	June 13, 2016	2014
www.cdc.gov	To examine area trends for heart disease and stroke	June 13, 2016	2008 to 2014
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	June 13, 2016	2003 to 2014
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	June 13, 2016	2014
www.dhhr.wv.gov	To determine relative importance among top 10 causes of death	June 13, 2016	2014

Web Site or Data Source	Data Element	Date Accessed	Data Date
statecancerprofiles.cancer.gov	To determine WV ranking of cancer incidence rates	June 13, 2016	2008-2014
www.worldlifeexpectancy.com/usa/west-virginia-cancer & http://www.worldlifeexpectancy.com/usa/west-virginia-heart-disease	To determine Preston County cancer and CHD mortality rates	June 13, 2016	1999-2014

- In addition, we deployed a CHNA "Round 1" survey to our local expert advisors to gain local input as to local health needs and the needs of priority populations. Local expert advisors were local individuals selected to conform to the input required by the Federal guidelines and regulations[6].
- We received community input from eight local expert advisors. Survey responses started March 15, 2016 at 3:00 p.m. and ended with the last response on June 10, 2016 at 11:30 a.m.
- Information analysis augmented by local opinions showed how Preston County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what[7].

When the analysis was complete, we put the information and summary conclusions before our local group of experts[8], who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional statements of need, and new needs did emerge from this exchange[9]. Consultation with the local experts occurred again via an internet-based survey (explained below) during the period beginning June 17, 2016 and ending June 20, 2016.

With the prior steps identifying potential community needs, the local experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method that relies on a panel of experts. Experts answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts' forecasts from the previous round, as well as reasons provided for their judgments. The process encouraged experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this

[6] Response to Schedule H (Form 990) Part V B 3 h; complies with 501(r)(3)(B)(i)
[7] Response to Schedule H (Form 990) Part V B 3 f
[8] Part response to Schedule H (Form 990) Part V B 5
[9] Response to Schedule H (Form 990) Part V B 3 e

process decreases the range of answers and moves the expert opinions toward a consensus "correct" answer. The process stops when we identify the most pressing, highest priority, community needs.

In the PMH process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and challenge conclusions developed from the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

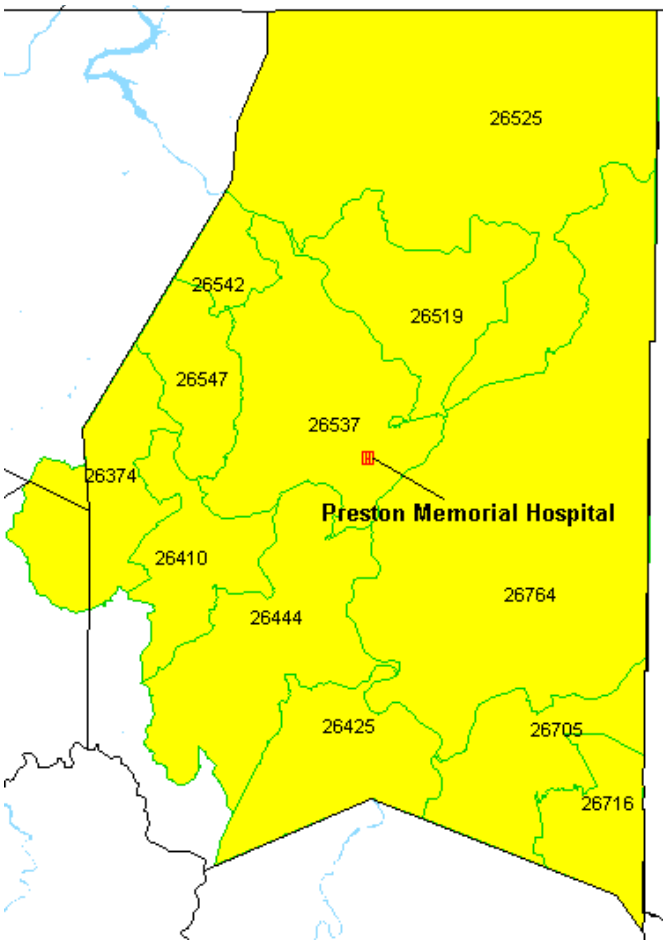
The regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs[10]. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves[11]. The determination of the break point, Significant Need as opposed to Other Need, was a qualitative interpretation by the PMH executive team where a reasonable break point in the descending rank order of votes occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any points to the need. Our criteria included the Significant Needs had to represent a majority of all cast votes. The Significant Needs also needed a plurality of Local Expert participation. When presented to the PMH executive team, the dichotomized need rank order (Significant vs. Other) identified which needs the hospital needed to focus upon in determining where and how it was to develop an implementation response.[12]

[10] Draft regulations page 30
[11] Draft regulations page 32
[12] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[13]



PMH defines its service area as Preston County in WV, which includes the following ZIP codes:

26374	Independence	26410	Newburg	26425	Rowlesburg
26444	Tunnelton	26519	Albright	26525	Bruceton Mills
26537	Kingwood	26542	Masontown	26547	Reedsville
26705	Aurora	26716	Eglon	26764	Terra Alta

In 2015, the Hospital received 81.6% of its patients from this area[14].

[13] Responds to IRS Form 990 (h) Part V B 3 a
[14] Internal Hospital ZIP origin data; Responds to IRS Form 990 (h) Part V B 3 a

Demographic of the Community[15]

The 2015 population for Preston County is estimated to be 33,940[16] and expected to increase at a rate of 1.3%. This is higher than the -0.5% projected WV growth, but lower than the 4.1% national growth. Preston County anticipates a population of 34,347 by 2018.

According to the population estimates utilized by the WV Department of Health and Human Resources, the 2016 median age for the county is 42.5 years[17], which is older than the State median age (41.7 years)[17], and the national median age (37.3 years)[18]. The 2016 Median Household Income for the area is $43,434[17], which is higher than the State median income of $39,550[17], but lower than the national median income of $53,657[19]. The Median Owner-Occupied Home Values for the area is $107,800[16], which is higher than the State value, but lower than the National value. Preston County's unemployment rate as of January, 2016 was 7.2%[20], which is worse than the 6.2%[20] statewide and 4.9%[21] national civilian unemployment rates.

The portion of the population in the county over 65 is 16.4%, above the State average of 14.6%[17]. 1.3% of the population is Black non-Hispanic and 97.4% is White non-Hispanic. The Hispanic population comprises 0.9% of the total[16].

Preston County, WV	Demographic Data[16]
2015 Population Estimate	33,940
Individuals below poverty level	14.1 %
Educational Attainment: Percent high school graduate or higher	82.7 %
Health Insurance Coverage: Percent uninsured	14.0 %
Median Housing Value	$ 107,800
Total Housing Units	15,071
Number of Companies	1,833

[15] Responds to IRS Form 990 (h) Part V B 3 b
[16]www.census.gov/quickfacts/table/PST045215/54077
[17]www.dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Research/Documents/County%20Profiles/Preston%20County%202014.pdf
[18]www.census.gov/population/age/data/files/2012/2012gender_table1.csv
[19]www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf
[20]data.bls.gov/map/MapToolServlet?state=54&datatype=unemployment&year=2015&period=M03&survey=la&map=county&seasonal=u
[21] data.bls.gov/timeseries/LNS14000000

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low-income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique healthcare needs or issues that require special attention[17].

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and disparities have been eliminated:
    - Mechanical adverse events in patients receiving central venous catheter placement;
    - Deaths per 1,000 hospital admissions with abdominal aortic aneurysm repair over 18;
    - Postoperative respiratory failure over 18;
    - Admissions with iatrogenic pneumothorax over 18;
    - Hospital patient with an anticoagulant-related adverse drug event to low-molecular weight heparin; and
    - People age 12 and over whom needed treatment for illicit drug use and treatment received at specialty facility.
- Measures for which Blacks were worse than Whites and disparities worsened:
    - Adult current smokers with a checkup in the past year who received cessation advice;
    - Breast cancer diagnosed at advanced stage per 100,000 women over 40;
    - Those aged 12 and up who needed treatment for illicit drug use and received treatment at a specialty facility in the last 12 months; and,
    - Family caregivers who did to want more information about what to expect while a patient was dying;
- Measures for which Asians were worse than Whites and disparities have been eliminated:

  - Diabetes – adults with diagnosed diabetes who had their feet checked and received a dilated eye examination in a calendar year;
  - Patient Safety – Seniors who received an influenza vaccination in the last year;
  - Patient Safety – Adult patient who sometimes or never have good communication with doctors;
  - Patients under 70 with treated chronic kidney failure who received a transplant within 3 years of renal failure; and,
  - Patient Safety – Adults who had a visit in the last year whose health providers sometimes or never listened to them carefully.

- Measures for which Asians were worse than Whites and disparities worsened:
  - Respiratory Diseases – Admissions with iatrogenic pneumothorax per 1,000 discharges over 18.

Findings

Upon completion of the CHNA, PMH identified several issues within the Preston County community:

Conclusions from Public Input to Community Health Needs Assessment

Expert panelists participated in a survey asking opinions about their perception of local healthcare needs. In descending order of opinion, five topics were identified as being of "Major Concern" or "Most Important Issue to Resolve":

1. Obesity
2. Cancer
3. Affordable Care
4. Smoking and/or Controlled Narcotics
5. Coronary Heart Disease

Summary of Observations from Preston County Compared to All Other State Counties, in Terms of Community Health Needs

- In general, Preston County residents are about average health for State;
- In another health status classification, “Health Factors,” Preston County fares slightly worse, ranking 24 among the 55 counties. The clinical measure for preventable hospital stays and diabetic screening are better than the state average, but do not meet National benchmarks.

Mammography screening values are at state average, but do not meet National benchmarks. Clinical care measures on the uninsured and supply of dentists are worse than State averages and do not meet National benchmarks.

Conditions where improvement remains to achieving state average rates and then national goals include:

- Adult smoking;
- Adult obesity;
- Primary care physician supply; and
- Some college.

EXISTING HEALTH CARE FACILITIES, RESOURCES AND IMPLEMENTATION STRATEGY

Significant Health Needs

We used the priority ranking of area health needs by the local expert advisors to organize the search for locally available resources as well as the response to the needs by PMH[22]. The following list includes:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies PMH current efforts responding to the need;
- Establishes the Implementation Plan programs and resources PMH will devote to attempt to achieve improvements;
- Documents the Leading Indicators PMH will use to measure progress;
- Presents the Lagging Indicators PMH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, PMH is the major hospital in the service area. PMH is a 25 bed, critical access hospital located in Kingwood, WV. As of 2014, PMH is also an affiliate of Mon Health System in Morgantown, WV, which also includes Monongalia General Hospital (listed below as one of the nearest hospital facilities). The next closest facilities are outside the service area and include:

- Garrett Regional Medical Center – 55 bed acute care facility in Oakland, MD; 20.8 miles away from Kingwood (35 minutes)
- Monongalia General Hospital – 189 bed acute care facility in Morgantown, WV; 25 miles away from Kingwood (45 minutes); and
- Ruby Memorial Hospital- 522 bed acute care facility in Morgantown, WV; 25 miles away from Kingwood (45 minutes)
- Grafton City Hospital – 25 bed critical access hospital in Grafton, WV; 27.3 miles away from Kingwood (40 minutes)

All data items analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the PMH Implementation Plan utilizes

[22] Response to IRS Form 990 h Part V B 3 c

"Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In this application, Leading Indicators also must be within the ability of the hospital to influence and measure.

Significant Needs

1. Obesity - BMI measured obesity is measured at 34%, the state average and 3% above the U.S. median. 32% of the WV population is physically inactive, 4% above the U.S median. 58% of the WV population has adequate access to locations for physical activity, 4% below the U.S. median. Identified as the #1 significant health need by the expert panel.[24]

Problem Statement: Additional obesity reduction efforts including an emphasis on healthy eating are needed.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- PMH offers healthy food choices in the cafeteria.
- The Total Life Commitment program addresses obesity and weight reduction.
- The hospital sponsors the Trek Across WV program.
- The hospital participates in the "Healthy Holidays" program.
- The hospital participates in the "Walk from Obesity" program.
- The hospital conducts health fairs and obesity is included in the educational program.
- Personal Nutritional counseling is available for patients.
- The hospital offers free employee group fitness classes.
- The hospital offers "Diabetes Prevention" Seminars.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:[23]

- The hospital will increase the attendance to PMH sponsored and affiliated events (many listed above).
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH will initiate efforts by contacting each organization to establish a forum for effort collaboration.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- The focus of the implementation plan is the reduction of the rate of obesity resulting from public/patient participation in the fitness center exercise programs.

[23] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 6. a. and 6. B.
[24] www.countyhealthrankings.org/west-virginia

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The number of attendees from Hospital-sponsored events and active Employee Wellness Program participants:
    - 1-year participation: 158 individuals (calendar year 2015)
    - 143 Employees participating.

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- The adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0.
    - 2012 (most recent value) = 34%[25]

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Preston Memorial Hospital Medical Staff, address and phone #s available at: http://www.prestonmemorial.org
Preston School District 400 Kingwood Drive, Kingwood WV 26537 Ph: (394) 329-0580
Main Street Kingwood P.O Box 357 Kingwood WV 26537 Ph: (304) 329 2727
Preston County Extension 1115 West Court, Kingwood WV 26537 Ph: (304)329-1401
Meals on Wheels c/o Preston County Senior Citizens 421 ½ East Main Street, Kingwood, WV 26537 Ph: 304-329-0464
Weight Watchers Route 7 Ph: (304) 284-0606
3 Guys Fitness Gym Masontown WV26542 Ph (304) 980-2047
Maintain Don't Gain Program c/o Health Department, 106 Main Street, Kingwood WV Ph: (304) 329-0097
Health Department Screening Program 106 Main Street, Kingwood WV Ph: (304) 329-0097

[25]www.dhhr.wv.gov/publichealthquality/statepublichealthassessment/Documents/2012%20State%20Health%20Profile%20Final%20May%202013.pdf

2. Cancer - Cancer is the #2 cause of death in Preston County and West Virginia. Preston County ranks 26th in cancer incidence of West Virginia Counties. Death rate is 263/100,000[26] individuals. Identified as a significant health need by the expert panel.

Problem Statement: The death rate from cancer needs to be reduced.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital diagnoses and treats cancer.
- The hospital provides digital mammograms.
- The hospital provides screening colonoscopies.
- The hospital offers low cost prostate screening at health fairs.
- The hospital offers breast and cervical cancer screenings.
- The hospital has a free mammography program for qualifying patients.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- The hospital has increased the number of opportunities for low cost screenings.
- Coordinating efforts with the organizations listed below offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH initiated efforts by contacting each organization to establish a forum for effort collaboration.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- Earlier detection and treatment of cancer will lead to a decrease in cancer deaths.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The number of low cost screening programs offered and number of patients that benefited:
    - Currently three programs (Breast & Cervical Screening Program, PMH Pink Fund, and Tag's Free Mammography Program)
    - Breast & Cervical Screening Program: PMH Pink Fund: 5, Tag's Free Mammography Program: 6.

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- The cancer death rate for Preston County:
    - 1999-2014 = 183.43[27]

[26] statecancerprofiles.cancer.gov
[27] www.worldlifeexpectancy.com/usa/west-virginia-cancer

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Preston Memorial Hospital Medical Staff, address and phone #s available at: http://www.prestonmemorial.org
Mon General Hospital Cancer Center P.O. Box 9083, Morgantown WV 26506
West Virginia University Mobile Breast Mammography (Bonnie Wells Wilson- Bonnie's Bus) P.O Box 9300 Morgantown WV 26506
West Virginia Cancer Information Specialist Information, WV Comprehensive Cancer Program 350 Capitol Street, Room 514, Charleston WV 25301 Ph (304) 365-4193
American Cancer Society 122 High Street, Kingwood WV Ph: (304) 296-8155

3. Affordability - Healthcare needs to be affordable with increased insurance coverage, especially for employers with less than 50 employees.

Problem Statement: The population of the community needs to have better access to affordable healthcare.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital offers low cost screening programs.
- The hospital offers low cost fitness center memberships.
- The hospital has a financial assistance program with discounted or free care for qualified patients.
- A new hospital facility was constructed in order to provide low-cost services, locally, to the community of Preston County.
- The hospital offers low cost fitness center memberships. The hospital offers health fairs to provide low-cost screenings and tests and to educate patients on financial-assistance matters

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- The Hospital will increase attendance at annual health fair events to better provide discounted service to members of the community.
- The Hospital will continue to participate in 340b Drug Discount Program in order to help keep prescription drug costs low for local patients

- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH initiated efforts by contacting each organization to establish a forum for effort collaboration.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- The number of individuals obtaining Medicaid Coverage under the Medicaid Expansion Program of the Affordable Care Act will increase.
- The amount of gross revenue generated from sales of 340b drugs.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The yearly attendance at all Hospital health fairs:
  - Currently zero 725 individuals
- The average, yearly gross revenue for 340b is approximately $115,000 per year

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- A decrease in the number of uninsured in Preston County.
  - 2010-2014 = 14.02%[28]

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Preston Memorial Hospital Medical Staff, address and phone #s available at: http://www.prestonmemorial.org
Senior Services 421 ½ East Maine Street, Kingwood, WV 26537 Ph: (304) 3290464
Preston High School PINK OUT Partnership C/O Preston Memorial Hospital Administration 300 S. Price St., Kingwood, WV 26537 Ph: (304) 329-1400

4. Smoking/Abuse of Controlled Narcotics- 27.9% of Preston County residents are smoking, 1% above the state average.

Problem Statement: The smoking rate for the Preston County population needs to be reduced.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital has a tobacco free campus.
- The hospital expanded services in Cardiopulmonary Services.
- The hospital provides care plans at the time of discharge for smoking cessation.

[28] http://assessment.communitycommons.org/CHNA/Report.aspx?page=2&id=770

- The hospital provides a no smoking discount for employee health insurance.
- The hospital has adopted programs for medical providers to improve tracking and reduce prescribing of narcotic drugs.
- The hospital has organized a "Pain Task Force" and has adopted AHA guidelines in order to better evaluate and control stewardship of pain-relieving drugs.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- The hospital implemented a smoking cessation program for the community with at least 3 sessions per year.
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH initiated efforts by contacting each organization to establish a forum for effort collaboration.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- A decrease in the smoking rate of the population.
- A decrease in the prescribing of narcotic drugs to patients.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The number of stop smoking program offerings:
    - Currently three per year.

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- Preston County residents self-report currently smoking cigarettes some days or every day:
    - 2014 (most recent value) = 27.9%[17]

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Preston Memorial Hospital Medical Staff, address and phone #s available at: http://www.prestonmemorial.org
RAZE program in Schools c/o American Lung Association of West Virginia Contact Megan Simpson Ph: (304)342-6600
Health Department charged with enforcement of the no smoking ordinance 106 Maine Street Kingwood WV 26537 Ph: (304) 329-0097
Regional Tobacco Prevention Specialist. Beverly Keener Ph: (304) 577-1950
Regional Community Transition Grant for smoke free communities Contact: Katie Salesky http://www.Katie.A.Salesky@wv.gov

5. Coronary Heart Disease - #1 cause of death in Preston County. Preston County death rate of CHD is 258.6/100,000 compared to the state as a whole 192.92/100,000. It is higher than expected. The incidence of CHD is 52.8% higher than expected compared to national norms. Preston County ranks 18th in CHD mortality rates of West Virginia counties. [28]

Problem Statement: The death rate from Coronary Heart Disease should be reduced.

PMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- PMH diagnoses and treats heart disease.
- The hospital treats and refers patients for interventional cardiology.
- The hospital provides low cost cholesterol screening.
- The hospital participates in the "Wear Red for Women" program.
- The hospital personnel are AHA CPR certified.
- EKG transmissions from the ambulance to the ED for diagnosis.
- The hospital provides a Cardiology Clinic so patients do not have to travel for services.
- The hospital participates in and draws blood for the statewide "Cardiac Kids" Program.
- The hospital expanded Cardiopulmonary Services for patients.
- The hospital opened a Cardiac Rehab Center in 2016.
- The hospital added additional cardiology clinic days available, locally, to patients.

PMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Preston Memorial Hospital conducted a team study between 2014 and 2015 to open a Cardiac Rehab Center. The Center opened its doors in May of 2015.
- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how PMH services can benefit their initiatives. PMH initiated efforts by contacting each organization to establish a forum for effort collaboration.

ANTICIPATED RESULTS FROM PMH IMPLEMENTATION PLAN

- Increase in education, rehabilitation, and services for patients.

LEADING INDICATOR PMH WILL USE TO MEASURE PROGRESS:

- The number of Cardiac Rehab Center patients from May-June 2016:
    - Currently 15

LAGGING INDICATOR PMH WILL USE TO IDENTIFY IMPROVEMENT

- CHD death rate per 100,000 population:
    - 1999-2014 = 258.6 [29]

[29] www.worldlifeexpectancy.com/usa/west-virginia-heart-disease

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Preston Memorial Hospital Medical Staff, address and phone #s available at: http://www.prestonmemorial.org
Shirley Ann Kimble Training Center at West Virginia University Hospital 304 Collins Ferry Road, Morgantown WV 26506 Ph: (304) 2931329
Cardiac Kids Program Kingwood Elementary School 207 W. Price, Kingwood, WV 26537 Ph: (3040 329=1035

Overall Community Need Statement and Priority Ranking Score

Significant Needs Where Hospital Has Implementation Responsibility

1. Obesity
2. Cancer
3. Affordability
4. Tobacco Use/Abuse of Controlled Narcotics
5. Coronary Heart Disease

Significant Needs Where Hospital Did Not Develop Implementation Plan

None.

Other Needs Where Hospital Developed Implementation Plan

None

Other Identified Needs Where Hospital Did Not Develop Implementation Plan

6. Diabetes
7. Physicians
8. Transportation
9. High Blood Pressure
10. Stroke
11. High Cholesterol
12. Mental Health/Suicide
13. Alcohol/Drug Abuse

Overall Evaluation of Prior Needs Assessment Initiatives

In 2013, the Hospital conducted its first Community Health Needs Assessment and identified similar needs of the community. Simiar to this year, the Hospital designed initiatives as a result of feedback received. The following is an evaluation of the impact of the actions identified in 2013.

1. Additional obesity reduction efforts including an emphasis on healthy eating are needed.
    i. The Hospital desired to increase membership of fitness centers from 78 individuals. As a result of the 2015 move to a new hospital, fitness center square footage was reduced. However, even though the decrease, the Hospital maintains north of 100 indivudals enrolled as members in the fitness center.
2. The death rate from cancer needs to be reduced.
    i. The Hospital intended to increase the opportunities for low-cost screenings from 3 per year in 2013. Each year since 2013, the Hospital has surpassed that number – with multiple events per year benefiting more patients. The total number of patients benefited in the most recent year was 11 – split among the 3 events. The approximate death-rate has decreased 183 from 186 in those 3-years.
3. Healthcare needs to be affordable.
    i. The hospital intended to be a resource for individuals who need assistance with obtaining coverage under the Affordable Care Act, and the Hospital had hoped to increase patients enrolled in Medicaid Expansion from 0 in 2013. As with all areas of West Virginia, the Medicaid Expansion has seen large increases in enrollment.
4. The smoking rate for the Preston County population needs to be reduced.
    i. The Hospital intended to implement several smoking sessation programs in the community to aid in the decrease in the smoking rate. The self-reported, rate of smoking decreased from 27% in 2011 to 14% in 2014. Additionally, the Hospital performed, at least, 3 smoking programs each year.
5. The death rate from Coronary Heart Disease should be reduced.
    i. The Hospital intended to begin initiatives related to the hunting population and their proclivity for Acute Myocardial Infarction. Due to the affiliation with Mon Health System in 2014, focus was shifted in order to provide more cardiac care for the community and to leverage on the System's expertise in cardiac care. Cardiology clinic was increased as well as a cardiac rehab center was planned and opened subsequently to address the needs of cardiac care for the community.

APPENDICES

Appendix A – Process to Identify and Prioritize Community Need[30]

A total of 8 local expert advisors participated in an online survey offering opinions regarding their perceptions of community health needs. The following is an analysis of their responses:

The first question was open-ended. "What do you believe to be the most important health or medical issue confronting the residents of your County?"

Specific verbatim comments received were as follows:

- "Obesity"
- "The most important health/medical issue is health literacy. We have the same chronic conditions found over the state in the same proportions (diabetes, hypertension, coronary artery disease, etc), however health literacy tends to be much lower here so it is more difficult to help patients manage their complex chronic medical conditions."
- "Tobacco use"
- "Overuse of narcotics"
- "Access to Mental Health Services, transportation, Ambulance Issues"

Our second question to the local experts was, "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e., people with certain situations), which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what."

Specific verbatim comments received were as follows:

- "1) Obesity - Educational intervention 2) Smoking - Education, smoking ordinance 3: Diabetes - Education, obesity, lipid control"
- "We need to do community outreach and work more on patient education efforts in our clinics and inpatient settings to improve health literacy. We desperately need to increase the mental health support we have in the community. It takes 6 months to 1 year locally for patients to access mental health resources. This is true for mood disorders and thought disorders, but also for addiction treatment. I think PMH could help a great deal by partnering with WVU in telepsych services. These are the biggest areas that we could directly impact. I think by improving these areas we will decrease the severity and incidence of the common chronic health conditions that we see every day."
- "People need to take more responsibility for their health, we need or areas for physical activity and we need more dietary support and smoking cessation support."
- "Patients today are facing multiple chronic illnesses related to obesity. I believe the hospital plays an important role in improving the wellness of our community we cannot

[30] Responds to IRS Schedule H (990) Part V B 3. g. and V B 3. h

do this alone. Changing behavior is a complicated task. It will take coordinated community wide resources to make a difference."

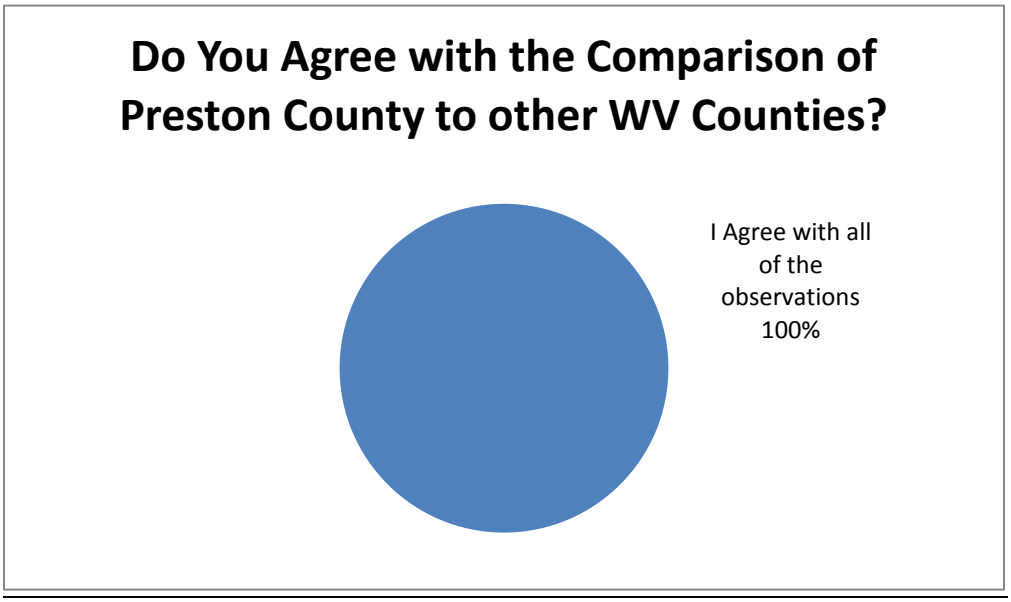
- "Yes. Obesity, diabetes, sedentary life style, tobacco use, substance abuse, lack of prenatal care, mental health. There needs to be collaborative community response. It does not fall to just one entity to deal with the issues."
- "Obesity related illnesses/conditions. The community leaders, businesses, and local government could develop and implement a plan to change public opinion about exercise and healthy food. More accessibility to affordable, healthy food options is also needed."
- "More of a qualitative effort b/w all community health organizations hospital/post-acute/home health/hospice and family practitioners for patient care."

Individuals Participating as Local Expert Advisors

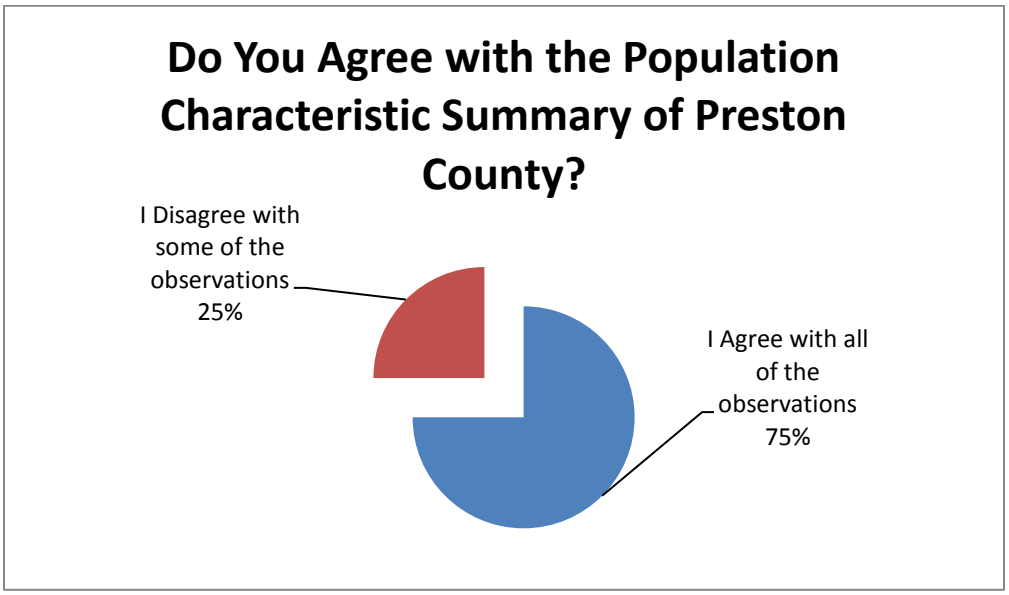
Organization	Position	Area of Expertise
Preston Memorial Hospital	Physician Liaison	Public Health
Preston Memorial Hospital	Physician	Family Medicine Physician
Milestone Family Practice	Physician	Physician
Preston Memorial Hospital	CEO	Hospital Executive and longtime community member
Preston Memorial Hospital	Board Member	Local pharmacy owner and long-time community member
Preston County Health Department	Administrator	Public Health
Preston Memorial Hospital	Wellness Coordinator	Health and Wellness
Pine Ridge	Executive Director	Long term care and post-acute rehab

Advice Received from Local Experts

Q. Do you agree with the comparison of Preston County to other WV counties?

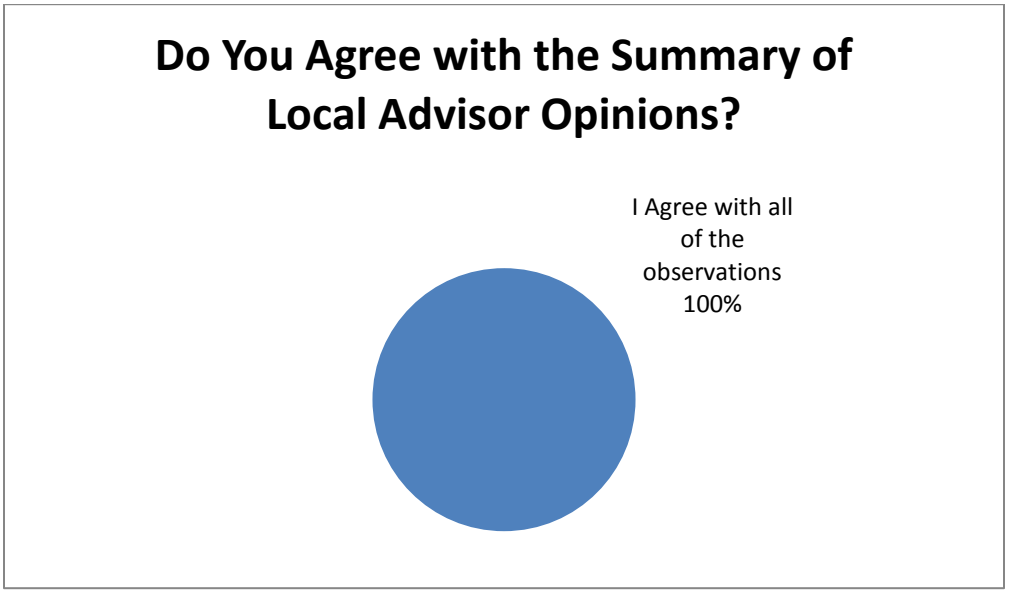


Q. Do you agree with the population characteristic summary of Preston County?



- "I believe that the 2016 unemployment rate would be greater than 6% as quoted."

Q. Do you agree with the summary of the following local advisor opinions and other data analyzed?



Appendix B – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule H Part V Section B (form 990)[18]

Community Health Needs Assessment Answers

1. ***Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?***
   Illustrative Answer – No
2. ***Was the hospital facility acquired or placed in to service as a tax-exempt hospital in the current year or the immediately preceding tax year? If "Yes," provide details of the acquisition in section C.***
   Illustrative Answer – No
3. ***During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9***

   Illustrative Answer – Yes

   If "Yes," indicate what the Needs Assessment describes (check all that apply):

   a. ***A definition of the community served by the hospital facility***
   b. ***Demographics of the community***
   c. ***Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community***
   d. ***How the data was obtained***
   e. ***The health needs of the community***
   f. ***Primary and chronic disease needs and health issues of uninsured persons, low-income persons, and minority groups***
   g. ***The process for identifying and prioritizing community health needs and services to meet the community health needs***
   h. ***The process for consulting with persons representing the community's interests***
   i. ***Information gaps that limit the hospital facility's ability to assess the community's health needs***
   j. ***Other (describe in Part VI)***

   Illustrative Answer – check a. through i. Answers available in this report are found as follows:

[18] Questions are drawn from 2014 f990sh.pdf Forms and may change when the hospital is to make its 990 h filing

1. a. – See Footnotes #15 (page 12) & #16 (page 12)

1. b. – See Footnotes #17 (page 12)

1. c. – See Footnote #22 (page 28)

1. d. – See Footnotes #7 (page 6)

1. e. – See Footnotes #11 (page 8)

1. f. – See Footnotes #9 (page 8)

1. g. – See Footnote #24 (page 42)

1. h. – See Footnote #6 (page 6); #8 (page8) & 24 (page 42)

1. i. – See Footnote #16 (page 6), #7 (page 6)

1. j. – No response needed

4. ***Indicate the tax year the hospital facility last conducted a CHNA: 20 _ _***

   Illustrative Answer – 2016
   See Footnote #1 (Title page)

5. ***In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted***

   Illustrative Answer – Yes
   See Footnotes #10 (page 8)

6. ***Was the hospital facility's Need Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.***

   Illustrative Answer – No

7. ***Did the hospital facility make its CHNA widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)***

   a. ***Hospital facility's website***
   b. ***Available upon request from the hospital facility***
   c. ***Other (describe in Part VI)***

   Illustrative Answer – check a. and b.
   The hospital will need to obtain Board approval of this report, document the date of approval, and then take action to make the report available as a download from its web site. It may also be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

8. ***If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):***
    a. ***Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA***
    b. ***Execution of an implementation strategy***
    c. ***Participation in the development of a community-wide plan***
    d. ***Participation in the execution of a community-wide plan***
    e. ***Inclusion of a community benefit section in operational plans***
    f. ***Adoption of a budget for provision of services that address the needs identified in the CHNA***
    g. ***Prioritization of health needs in its community***
    h. ***Prioritization of services that the hospital facility will undertake to meet health needs in its community***
    i. ***Other (describe in Part VI)***

    Illustrative Answer – check a, b, g, and h.

    6. a. – See footnote #23 (page 29)

    6. b. – See footnote #23 (page 29)

    6. g. – See footnote #14 (page 9)

    6. h. – See footnote #14 (page 9)

9. ***Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?***

    Illustrative Answer – Yes
    Part VI suggested documentation – See page 36

10. ***a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?***
    b. If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?
    c. If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

    Illustrative Answers – 8. a, 8 b, 8 c – No