



# 2024 Community Benefit Report and Report on 2023-2026 Implementation Strategies

Approved by the Mon Health Marion Neighborhood Hospital Board of Trustees on December 16, 2025

The Community Benefit Report is made available to the public via the Mon Health Marion Neighborhood Hospital website at <https://www.monhealth.com/mhnh/about-us-mhnh> and is available upon request from the hospital facility.

<b>#1</b>	<b>Mon Health Marion Neighborhood Hospital</b>
COMMUNITY HEALTH NEED	Chronic Disease Prevention
IDENTIFIED HEALTH ISSUE	Chronic Disease Prevention
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Ensure all residents have knowledge of, and equitable access to, the resources they need to maintain and improve their health.
STRATEGIC OBJECTIVE	Increase access to traditional and alternative places people can access healthcare.
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>Provide financial counseling to assist people acquire health insurance coverage.</li> <li>Host and participate in community health fairs, offering affordable preventive screenings.</li> <li>Provide a low-dose CT scan care pathway for patients with qualifying criteria and low self-pay pricing for patients not covered by insurance.</li> <li>Expand equitable access to telehealth visits by increasing technology know-how and use of telehealth among priority populations.</li> <li>Sponsor interns, residents, and fellows, and participate in youth career workshops and fairs to foster interest in healthcare professions</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>Number of job shadows</li> <li>Number of patients receiving Low dose CT scans</li> </ul>
TIMELINE	Ongoing
RESOURCES/PARTNERS/COLLABORATORS	Colleges, Marion rotary club, Marion chamber of Commerce
2024 PROGRESS	<p>15 job shadows completed</p> <p>Attended healthcare showcase to recruit and foster interest in health care professions</p> <p>2 Low Dose CT's completed in 2024</p>

<b>#2</b>	<b>Mon Health Marion Neighborhood Hospital</b>
COMMUNITY HEALTH NEED	Chronic Disease Prevention
IDENTIFIED HEALTH ISSUE	Chronic Disease Prevention
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Ensure all residents have knowledge of, and equitable access to, the resources they need to maintain and improve their health.
STRATEGIC OBJECTIVE	Increase availability of and access to community-based health and social services.

GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>• Host regular meetings with area health and social providers to facilitate networking, resource sharing, and joint community health improvement planning.</li> <li>• Support the Food Pantries and Backpack Program to provide in-person and mobile food resources for all residents and a year-round weekend food program for students.</li> <li>• Support, promote, and participate in community health events and wellness programs, targeting nutrition, tobacco cessation, and physical activity.</li> <li>• Support early health education and programming for youth</li> <li>• Provide a Registered Dietician-led nutrition program and a physician-guided weight-loss program.</li> <li>• Sponsor community blood drives in partnership with the American Red Cross.</li> <li>• Provide Heartsaver First Aid and CPR courses for community members and healthcare providers.</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of blood drives</li> <li>• Number of Community Events</li> </ul>
TIMELINE	Ongoing
RESOURCES/PARTNERS/ COLLABORATORS	Schools, American Red Cross, Marion High School, United Way, Tiger Valley United Way
2024 PROGRESS	<p>2 Blood Drives Completed      Back Pack with United Way      2 Food Drive Soup Opera Completed      New Leadership in Place for 2025, will focus on health education in 2026</p>

#3	<b>Mon Health Marion Neighborhood Hospital</b>
COMMUNITY HEALTH NEED	Chronic Disease Prevention
IDENTIFIED HEALTH ISSUE	Chronic Disease Prevention
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Ensure all residents have knowledge of, and equitable access to, the resources they need to maintain and improve their health.
STRATEGIC OBJECTIVE	Increase the proportion of older adults receiving needed social and community support.
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>• Partner with the senior center, library, churches, and other community-based organizations to promote and offer older adult health and social services.</li> <li>• Implement intentional opportunities for social interaction among older adults at health fairs and other community events.</li> </ul>

	<ul style="list-style-type: none"> <li>• Work to reengage older adults in community volunteer opportunities.</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of Volunteers</li> </ul>
TIMELINE	Ongoing
RESOURCES/PARTNERS/ COLLABORATORS	Marion County Senior Citizens, local nonprofits, WV caring
2024 PROGRESS	<p>3 Outreaches to establish volunteers  0 Volunteers to this point  New Leadership in Place for 2025, will focus on growing outreach within this area</p>

<b>#4</b>	<b>Mon Health Marion Neighborhood Hospital</b>
COMMUNITY HEALTH NEED	Mental Health
IDENTIFIED HEALTH ISSUE	Mental Health
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Strengthen and support community initiatives that promote mental wellness, recovery, and resilience.
STRATEGIC OBJECTIVE	Improve access to mental health services and supports.
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>• Continue to explore partnership opportunities with Mon Health-affiliated hospitals and other area providers for psychiatric service referrals.</li> <li>• Host stakeholder meetings among social workers, population health team, team based care nurses and other identified staff to identify and connect patients in need of mental health services.</li> <li>• Strengthen and support community organizations providing youth mental health supports, including mentorship, relationship-building, and social emotional learning opportunities.</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of patients screened for depression</li> </ul>
TIMELINE	Ongoing
RESOURCES/PARTNERS/ COLLABORATORS	Marion County Senior Citizens
2024 PROGRESS	<p>Approximately 14,600 patient served in ED  100% screening of depression  New Leadership in Place for 2025, will focus on growing outreach within this area</p>

<b>#5</b>	<b>Mon Health Marion Neighborhood Hospital</b>
COMMUNITY HEALTH NEED	Mental Health
IDENTIFIED HEALTH ISSUE	Mental Health
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Strengthen and support community initiatives that promote mental wellness, recovery, and resilience.
STRATEGIC OBJECTIVE	Increase awareness of mental health to reduce stigma and fear of seeking treatment.
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>Conduct universal screenings in healthcare settings to identify individuals with mental health concerns.</li> <li>Support, promote, and participate in community mental health awareness efforts.</li> <li>Partner with the senior center to provide older adult mental health education and resilience activities (e.g., mindfulness, physical activity, coping skills).</li> <li>Create a community resource guide.</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>Number of screens for Mental Health</li> <li>Support, promote, and participate in community mental health awareness efforts.</li> </ul>
TIMELINE	Ongoing
RESOURCES/PARTNERS/COLLABORATORS	Mon Hospital, Marion County Senior Citizens, Fairmont EMS
2024 PROGRESS	<p>100% of ED patients if needed are provided a Resource Card for Mental Wellness</p> <p>New Leadership in Place for 2025, will focus on growing outreach within this area of community Health Awareness.</p>

<b>#6</b>	<b>Mon Health Marion Neighborhood Hospital</b>
COMMUNITY HEALTH NEED	Substance Use Disorder
IDENTIFIED HEALTH ISSUE	Substance Use Disorder
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Strengthen and support community initiatives to prevent the initiation of substance use and promote recovery
STRATEGIC OBJECTIVE	Improve access to treatment and services for substance use disorder.
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>Advocate for a Harm Reduction Program to provide a safe injection site and point of access and referral for medical treatment and social services.</li> <li>Provide the Recovery Care Program, following the Comprehensive Opioid Addiction Treatment (COAT) model, and offering support and services at the emergency</li> </ul>

	<p>department and in the community, including group therapy, weekly counseling, community-based meetings, recovery planning, and connections to other local resources.</p> <ul style="list-style-type: none"> <li>• Provide options for Medication-Assisted Treatment (MAT), detox, and inpatient programming for patients experiencing opioid addiction.</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of patients served through MAT program</li> </ul>
TIMELINE	Ongoing
RESOURCES/PARTNERS/ COLLABORATORS	Valley Health, Physician and community referrals
2024 PROGRESS	<p>100% of ED patients needing Resources are provided a Resource Card</p> <p>New Leadership in Place for 2025, will focus on growing outreach within this area</p>

<b>#7</b>	<b>Mon Health Marion Neighborhood Hospital</b>
COMMUNITY HEALTH NEED	Substance Use Disorder
IDENTIFIED HEALTH ISSUE	Substance Use Disorder
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Strengthen and support community initiatives to prevent the initiation of substance use and promote recovery
STRATEGIC OBJECTIVE	Increase awareness of substance use disorder to prevent initiation and reduce fear of seeking treatment.
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>• Conduct universal screenings in healthcare settings to identify individuals with substance use disorder.</li> <li>• Support, promote, and participate in community substance use disorder awareness and training efforts.</li> <li>• Partner with community programs to implement substance use disorder prevention curriculum to increase awareness and provide intervention tactics to help reduce the appeal of substances.</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of substance abuse screenings</li> </ul>
TIMELINE	Ongoing
RESOURCES/PARTNERS/ COLLABORATORS	Valley Health, Physician and community referrals
2024 PROGRESS	New Leadership in Place for 2025, will focus on growing outreach within this area