Healthy in the Hills Network
Community Health Needs Assessment
Mingo County, West Virginia
December 19th, 2019

Contents

You talked, we listened

Building a culture of health in our community means understanding needs of the people that the Healthy in the Hills Network serves. By sharing ideas and testing solutions, we shape decisions based on the identified health barriers and learn from the perspectives of residents in the area.

Process

To understand the Mingo and Pike County communities where we live, work and play, the Healthy in the Hills Network and Williamson Health & Wellness Center conducted a Community Health Needs Assessment. In collecting data for the Community Health Needs Assessment, the network held a several meetings and reached out the community at large and a target group of engaged Network members and residents. The University of Virginia helped to facilitate community design of priorities based on identified needs. The network committed to making decisions together throughout the process.

Diversity of Data Sources

In addition to the publicly available data, the sources for the CHNA will include:

- Community data from partners (ARH, Coalfield CAP, STOP)
- Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)
- Race Equity Map Coalition Assessment Tool
- Forums and interviews with individuals with lived experience and partners

In collecting data for the assessment, the Network reached out to those in the area who are each committed to developing CHNAs for their organizations every three years. These organizations include Appalachian Regional Hospital (ARH), Coalfield Community Action Partnership (Coalfield CAP) and Williamson Health and Wellness Center. Data from each of the organizations was collected.

PRAPARE

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help providers understand the social determinants of health that impact patients. PRAPARE is a standardized patient risk assessment tool and a process of collection of resources to identify and act on issues related to the social determinants of health in the community.

In 2018, the National Association of Community Health Centers connected with the West Virginia Primary Care Association (WVPCA) to select two West Virginia health clinics, including WHWC, to participate in a Train the Trainer program for PRAPARE. The WVPCA described the opportunity, "Health Centers and PCAs are using the data to define and document the increased complexity of their patients, transform care with integrated services and community partnerships to meet the needs of their patients, advocate for change in their communities, and demonstrate the value they bring to patients, communities, and payers. "

In January 2019, WHWC appointed a team to use the PRAPARE screening tool in gathering patient risk assessment data and committed to sharing PRAPARE data and analysis with the Network. The data collection began in June 2019, and preliminary data was shared with the Network in September and December of 2019.

Race Equity Map Coalition Assessment Tool

The Race Equity Map is a Coalition Self-Assessment Tool Assessment developed in collaboration with the 100 Million Healthier Lives (100MLives) initiative, the Wandersman Center and community partners. The Race Equity Map was created to help community collaborations think about where they are in their journey to address race, racism and equity. In 2019, members of the Network were invited to participate in beta-testing of the tool which is divided into four sections: people and power, culture, systems change and financial resources. In our community, we see that equity discussions require trust, patience and active listening. Talking about equity can lead individuals to recognize their own biases, an important step in understanding systemic issues that drive health disparities and inequity.

Forums, Interviews and Surveys

The Network data collection includes perspective from people living in the community who have experienced social determinants of health and health equity barriers firsthand. Using the PRAPARE data and the Coalfield CAP data as a guidepost, the Network worked to design questions for forums and interviews. A patient forum was held in November and the guests for the annual Coalfields Got Talent event were also interviewed and surveyed. While the sampling at the Patient Forum was a small group of 12 people, that setting allowed for deep discussions to take place. The Coalfields Got Talent event was attended by more than 200 people and provided a more diverse sampling from the community on diverse community health topics.

Community Meetings

The Community Health Needs Assessment development required several community meetings with diverse stakeholders. An Extension Team was formed to drive the process forward. The Extension Team first met in January of 2019 and then connected in-person and convened by email throughout the process.

In order to gather PRAPARE data, a meeting was held with Williamson Health and Wellness Center staff on January 8th. PRAPARE data collection began in June of 2019, and the first reports for PRAPARE data were generated in September.

A “Simply Better” meeting was held on May 23rd to collect data and stories regarding community needs and to talk with community members about key issue areas and data sources. A “Narrowing the Focus” meeting was held December 13th in order to share the CHNA data for feedback from the community before the document was approved.

Community Profile

Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support, families struggle to thrive, and employers are hesitant to launch or expand businesses in the area. The Network exists to fill that gap by addressing the social determinants of health that residents face.

Currently, more than 29% of Mingo County residents live in households with an income below the Federal Poverty Level. Race disparities are apparent in the county; an estimated 40% of Caucasian children live in poverty compared to 72% of African American children. Roughly 13% (1,409 of 10,910) of all county households have no motor vehicles, based on the latest 5-year American Community Survey

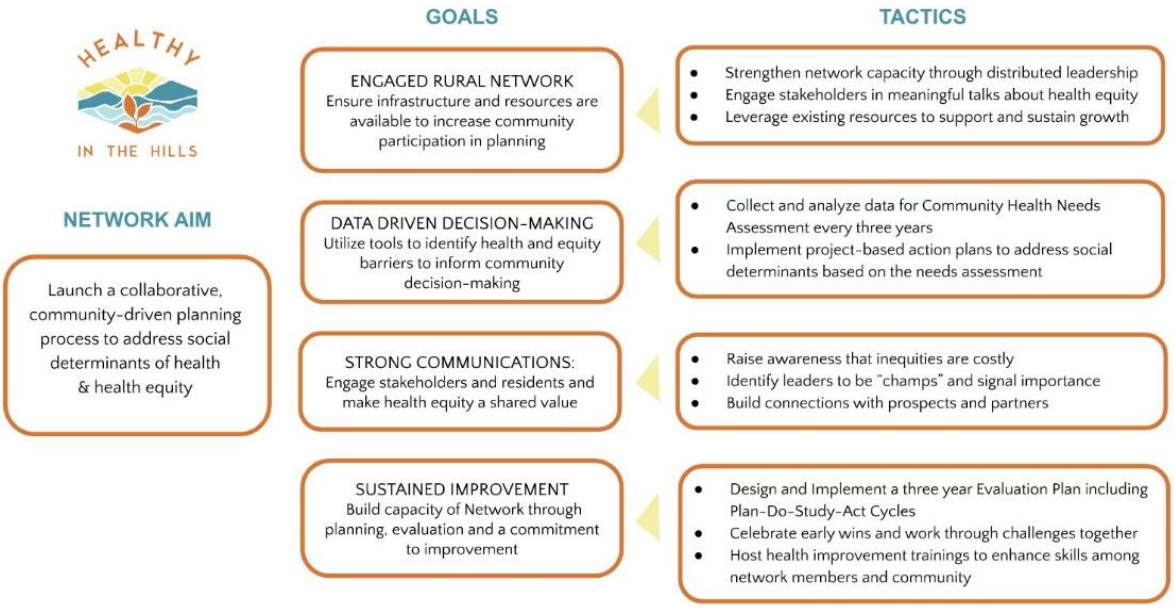
estimates. More than 10,000 people in Mingo County (42.4% of the population) receive SNAP benefits and 60.07% of public school students are eligible for free/reduced price lunch. There are 4,559 people, 25.63% of the total county population aged 25 and older, without a high school diploma. Just over 1,000 young people, ages 16-19, are not currently enrolled in school and are not employed[1].

In 2014, Williamson, WV was recognized as a Robert Wood Johnson Foundation Culture of Health prize winner. This recognition positioned the Network to learn from peer communities about strategies for health improvement and to share evidence-based approaches and promising practices with rural communities facing similar challenges.

With a growing business community and increased access to broadband, we expect an increase in available job opportunities. The Network aims to address the social determinants of health and health equity barriers to ensure the changing local economy impacts the community at large.

Social Determinants of Health Framework

The Network set out to address key social determinants of health and health equity issues. The graphic below illustrates the aim, goals, and tactics of the Network's Community Health Improvement Plan.



According to the CDC, there are five factors that contribute to a person's state of health:

- Biology and genetics such as sex and age
- Individual behavior such as alcohol use, smoking, drug use, and unprotected sex
- Social environment such as gender, income, discrimination factors
- Physical environment that includes where a person lives and what the living conditions are
- Health services such as access to healthcare and having or not having health insurance

[1] Center for Applied Research and Engagement Systems (CARES) at the University of Missouri (2019, February 15). *Health Indicators Report*. Retrieved from: engagementnetwork.org

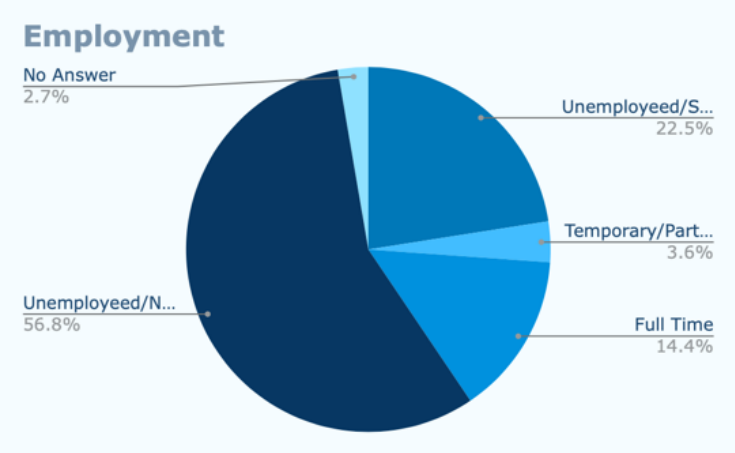
The Community Health Needs Assessment is focused on the social environment, physical environment and health systems. More information

Understanding Needs in the Community

The Network utilizes the following framework to present the findings from the Community Health Needs Assessment. Each of the following six categories have an impact on individual and community wellbeing. The Network will add additional healthcare system information to the Community Health Needs Assessment in January and February of 2020. Currently, the Food and Healthcare categories are combined.

Economic Stability

From the PRAPARE data, we found that nearly 80% of respondents were unemployed. While 23% of the unemployed were seeking work, as many as 57% were not seeking work. Only 14% reported as full time workers. We can see from the US Department of Labor secondary data, that Mingo County has a much higher unemployment rate than both WV and National levels.



Unemployment Rate	
County	
US	3.7 %
West Virginia	4.7 %
Mingo County	6.8 %

Digging deeper into this issue, we found job diversity and income as major barriers to employment and economic stability. Most say that there are not enough jobs in the area and that all jobs are found across the state line in Kentucky. Among the jobs that are available, the community attests that the quality and selection of the job is not worth the stress and lifestyle to go with it. Residents provided the example of working at a fast food restaurant as the type of jobs that are available.

Nepotism also plays a role and acts as a barrier for many within the community. This correlates with quantitative data regarding why we see so many unemployed who are not seeking work. People feel as if they will not receive the job if they apply and that the business will favor relatives or friends, due to the fact we are such a small town. So, we see a lot of people around here saying “Why even try?”

Community Leaders responded to questions about the economic stability in our community:

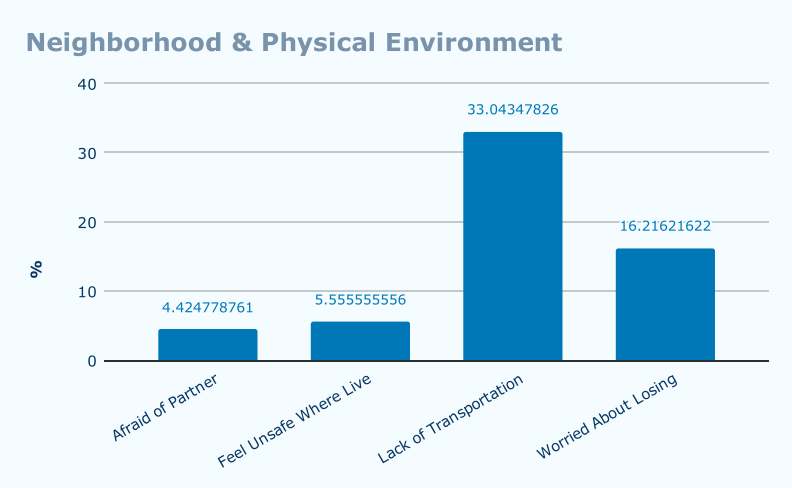
- "…[work] to build more relationships with employers, while simultaneously exploring ways to incubate and support employment-based social enterprises in those areas."
- "Collaboration, communication, and thinking in terms of a holistic, ecosystems-based approach are all particularly essential in our region…"
- "…diversity, equity, and inclusion are essential…"
- "We must diversify our economy as we develop our workforce and strengthen our infrastructure."

Neighborhood & Physical Environment

Looking at the data, the Network found that transportation, housing, and safety are all areas requiring further investigation and may be areas worth looking into for community interventions. Among those surveyed, 33% found that lack of transportation was a barrier, not simply for medical visits, but for daily tasks like getting groceries. Moreover, this affected the older population more than any other group due to a lack of public transportation within the area. Regarding public transportation, a lack of funding within the county was determined as a significant issue.

Regarding our communities physical, lived environment, people feel a lack of safety to walk, do physical activity, and be active outdoors. Also, people within our community want to see more of an effort to clean up our communities so that they will be more encouraged and motivated to be active outdoors.

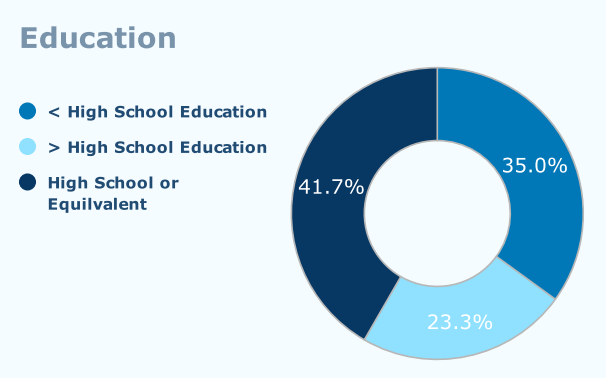
Housing was also a main issue, with 16% of the individuals surveyed reporting worries about losing housing in the future, siting that it is simply hard to pay the bills.

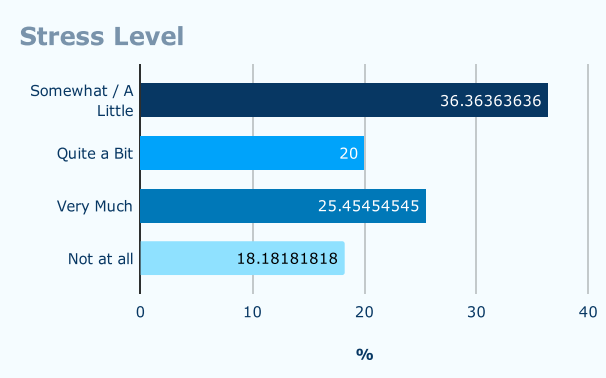


Over 250 people were asked, "What facilities/businesses does your community have in place right now to support a healthy, active lifestyle?" We received the following responses which were translated into a word cloud to make the qualitative data visually quantitative. The bigger the word, the more times it was provided as a response. We see "WHWC," "City Gym," "YMCA (Pikeville)," "Shake Senora," and "Williamson Memorial" as popular responses. We also see "Idk" and "None" as noticeable responses, which depicts the feeling that not enough is being done to support healthy lifestyles for families.

Education

Secondary data clearly indicates a lack of higher education within the community. Approximately 70% of respondents have a high school degree/equivalent or less. The community notes that there is a lack of jobs for people with higher education and discusses how trade jobs pay more in the area. This sheds light on the culture of not pursuing further education because there are not opportunities for jobs. Main findings demonstrate consistent associations between lower education and higher levels of stress and we found that 25% report as having 'Very Much' stress and 20% as 'Quite a Bit'.

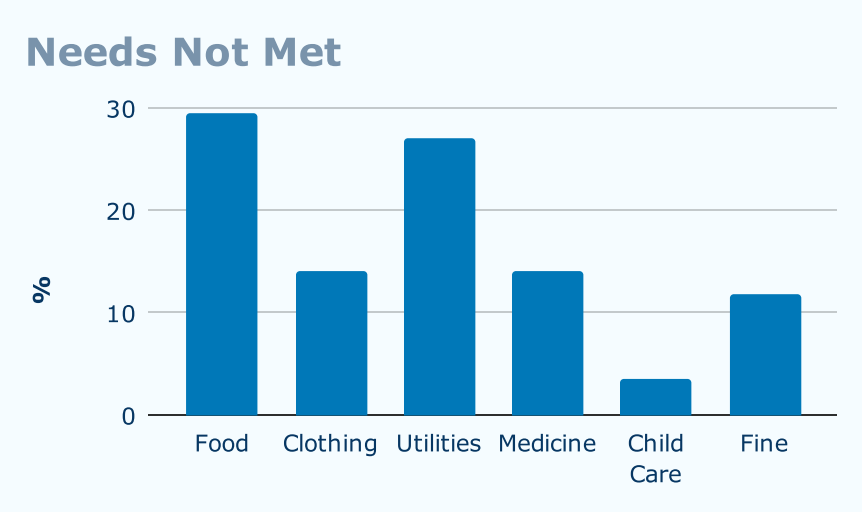




Food & Healthcare

Nearly 30% reported food as a need that is not being met for individuals and families. When questioned further, access to healthy options other than fast food posed the biggest problem for most. It is noteworthy that our community offers a local Farmers Market, Community Supported Agriculture "Veggie Boxes", and a Mobile Market during season (all offering SNAP discounts to make healthy food affordable) and healthy eating teams go to different locations and offer free cooking classes and healthy projects with kids and families. Thus, we found the real challenge is people do not know what is being offered within the community.

Regarding healthcare, the Network anticipates adding more data from healthcare providers in January and February of 2020.



Community Leaders when questioned about food access in our community:

- "Some have more than two in a family and visit pantries every week, some have grandchildren to raise (due to drug epidemic). They are typically okay at the beginning of the month, then run out at the end of the month…"
- "Finding healthy foods in our area is a barrier, as well as education."
- "You typically…can't afford to eat differently or go to the farmers market."
- "Incentivized education curriculum on basic cooking skills…would provide parent and child with nutrition education and hands on learning, [which] is needed.

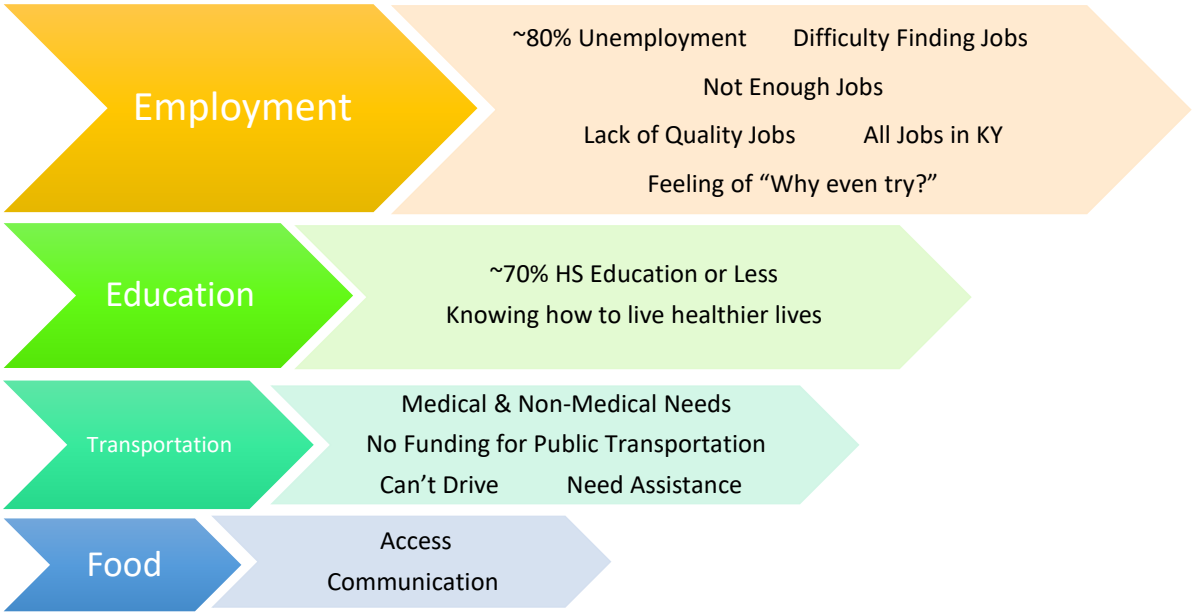
Community & Social Context

We posed the question to over 250 people in the community, "What would you like to see more of in the community?" We utilized a word cloud in order to quantify the qualitative data. We see "jobs," "activities," "community events," "family," "sports," "nutrition," "entertainment," and "community centers" as prevalent responses.

A significant takeaway is that people want more activity and options of things to do within the community. A major concern within the community is that there are not fun and safe avenues in the community for kids and adults to participate in. Many believe this lack of opportunity contributes to the drug abuse and homelessness issues that have become significant issues in the community today.

Actionable Priorities

The Community Health Needs Assessment data pointed to the following priority areas of need including Employment, Education, Transportation and Food Access.



A feedback session with communities called “Narrowing our Focus” helped to refine the priorities above further. The meeting, facilitated with support from the University of Virginia, resulted in what the group called “Next Gen Priorities” and the details fell into four main categories:

- **Employment & Job Opportunities:** Increase quality job opportunities in the community; need a livable wage and a transferable skill; Support for business development, education (start-up financial, human, tech); support and opps for those with higher education and low education attainment
- **Transportation:** infrastructure for walking and bikes too, public transportation funding
- **Communication:** Broadband is needed; churches need to be engaged; face-to-face communication; newsletters for churches and schools; make contact; community conversation in a church social hall; add grocery store poster boards or similar; expanded formal communication plan; smaller hubs in other communities; smaller hubs could be started with community conversations first, one in each municipality in next 6 months; meetings become way to learn from lived experience of broader community.
- **Healthcare:** Substance abuse, mental health prevention, pre-emptive of other health issues; Counseling and monitoring,

Next Steps

In the community meeting on December 13th, some potential gaps in the data for the Community Health Needs Assessment were identified. The following responses will be reviewed by the Network prior to setting out the action plans for the Community Health Improvement Plan.

What is missing?

- Nutrition education for shopping. Supper in a sack. Superintendent of Schools may be an ally.
- More helps coming through superintendent for a range of healthy living issues
- Kids activities undermined by lack of employed adults
- Mental health is under-addressed. Lots of that related loss of jobs.
- Need track kids raised by grandparents. Stigma related to substance abuse is connected to this.
- Substance abuse and its impact on jobs, childcare, health. Parents who want kids to fail.
- More refinement of the numbers on employment – who is still looking, who can’t work, etc. Watch out for a sampling bias
- Additional information from healthcare systems

Codesign of Action Plans

Codesign involves connecting with individuals in the community to understand the values and beliefs of residents. The Network will host codesign sessions with the community in 2020 to troubleshoot the barriers identified in the Community Health Needs Assessment and to continue to prioritize health improvement projects.

The Network members will engage with community residents to build connections around one another's expectations and will discuss the types of support that all contributors involved in planning can provide to achieve common goals within the plan.

Our Network believes that short-term measurable goals and action plans keep people interested, engaged and accountable. Leading together to reach common goals requires action plans that define a clear path with activities, roles, and deadlines and track progress. Action plans divide tasks among individuals and/or committees who are ready, willing, and able to tackle activities on their own. The Network will launch a 100-day action lab to kick-off the first year and will revisits its action plans regularly to track progress, share accomplishments, discuss opportunities and barriers, and celebrate accomplishments.

Sustainability

The sustainability of the Network involves ongoing communication to maintain relationships among network members. Sustainability also requires strategic healthcare and economic development partnerships and fundraising.

Efforts to address non-medical factors in community health align with current healthcare trends among healthcare providers shifting to adapt to value-based payment models. The healthcare providers in our community are looking for ways to address the social determinants of health for their patients to improve outcomes and achieve cost savings. The Network provides a unique service to the community by addressing the social determinants of health collaboratively.

As part of a sustainability plan, the Network will leverage support from healthcare partners who see a value in the Network health improvement plan as it relates to value-based care. Specifically, Network activities could affect no-shows, readmissions, care coordination, patient experience and bundled payments.[2]

The Greater Williamson Community Development Corporation and WHWC have partnered to launch a Broadband Advisory Council. The Network aims to align efforts with the Broadband Advisory Council to watch for opportunities to leverage resources and build on one another's planning efforts. The broadband planners are driving equity and inclusivity by expanding access to rural communities.

In addition to building healthcare and economic development partnerships, the Network will continue to fundraise for planning, implementation and evaluation. The health improvement plan will require a combination of private, state and federal investment. In 2019, the Network (with WHWC as the fiscal agent) received sub-award from the Appalachian Regional Commission through the Wild Wonderful Healthy West Virginia initiative. The small grant will support the development of the health improvement action plans for the Network. WHWC will continue to fundraise to support Network activities and sustainability as the plan is carried out over the next three years.

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[2] Health Leaders Media (December 27, 2018). Five ways social determinants of health affect the revenue cycle. Retrieved from: https://www.healthleadersmedia.com/finance/5-ways-social-determinants-health-affect-revenue-cycle