

**Community Health Needs
Assessment
2015**



Webster County Memorial Hospital

ABOUT US

Webster County Memorial Hospital is a 25-bed critical access hospital located in Webster Springs, Webster County, West Virginia. The Hospital has provided quality healthcare since 1951. Our staff remains dedicated to improving access to a variety of services that will continue to enhance the well-being of our community. Employees at the facility are highly trained and often go beyond their required duties to provide care for all hospital patients. Not only does the Hospital provide quality healthcare it is also one of the county's largest employers. With over 100 full-time employees the Hospital generates much needed economic activity in the region. The Hospital and its staff are extremely active in a variety of community activities. Such activities range from sports programs to community and county based committees.

Mission

Our mission is to provide excellent, high quality care in a compassionate and cost-effective manner.

Values

- Quality
- Integrity
- Service
- Pride
- Compassion
- Teamwork

Services

- 24-hour Emergency Care
- EMS-Ambulance Service
- Primary Care Clinic
- MDTV Telemedicine
- Swing Bed
- Nuclear Medicine
- Inpatient/Outpatient
- Laboratory
- Radiology, CT, Ultrasound, and Mammography
- Physical, Respiratory Therapy
- Cardiac Rehab

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I. INTRODUCTION

The Community Health Needs Assessment (CHNA) of Webster County Memorial Hospital (Hospital) was conducted to identify health issues and community needs as well as provide information to key decision makers to make a positive impact on the residents of the hospital's service area. 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.

To assist with the CHNA completion, Webster County Memorial Hospital retained Arnett Carbis Toothman LLP, a regional accounting firm with offices in West Virginia, Ohio and Pennsylvania. The assessment was designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals 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 meet those needs. In addition, community benefits must be reported on IRS Form 990, Schedule H. As described in the instructions to Schedule H, community benefit activities or programs: "seek to achieve a community benefit objective, including improving access to health service, enhancing public knowledge, and relief of a government burden to improve health.

The study considered services offered by healthcare providers in the area, population trends, socio-economic demographics and the region's overall sufficiency of mental healthcare providers in the community. Data was obtained from numerous health organizations as well as community leaders and hospital staff. This information was used to determine the Community's future health needs.

The assessment identified key risk factors based upon the population's medical history. Additionally, the assessment used socio-economic and demographic data to determine whether area healthcare providers adequately assess the Community's key risk factors. As part of this assessment and as prescribed by IRS section 501(r), this determination will be used in developing a forthcoming strategy to meet the Community's health needs. Furthermore, and as mandated by IRS section 501(r)(3)(B)(ii), the assessment, as well as the Hospital's strategy to meet the Community's health needs, will be made widely available to the public on the Hospital's website.

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

Research Process

- Statistical data profile of Webster County, West Virginia and surrounding areas
- Online survey results collected from hospital employees, residents and community stakeholders

Key Areas of Opportunity

- Access to Care
- Behavioral Health
- Drug & Alcohol Abuse
- Physical Activity & Nutrition
- Public Health Education

Methodology

The purpose of the study was to gather current statistics and qualitative feedback on the key health issues facing service area residents. This community health needs assessment (CHNA) included both quantitative and qualitative research components including data profile and stakeholder interviews.

The data collection process utilized the following sources:

- Bureau of Business and Economic Research, College of Business and Economics, West Virginia University
- West Virginia Bureau for Public Health
- West Virginia Department of Health and Human Resources
- US Department of Health and Human Resources
- The Robert Wood Johnson Foundation: County Health Rankings System
- U.S. Census Bureau
- United States Department of Agriculture, Economic Research Service
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Quantitative Data:

- Statistical Data Profile was compiled to depict the population, household, economic, education, income, vital, and other healthcare statistics.
- An online survey was conducted anonymously. Hard copy surveys were also distributed to those without internet access. The survey collected demographic information and health related information to assess the health status, health care access, and other needs of the community.

Qualitative Data:

- The online and hard copy surveys were distributed to hospital employees, residents and community leaders between January and May 2015. Information from those participants represented a variety of sectors including the Webster County Health Department, Board of Education, Family Resource Network, United National Bank, Catholic Charities, and the food pantry.

II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

HOSPITAL & COMMUNITY PROFILE

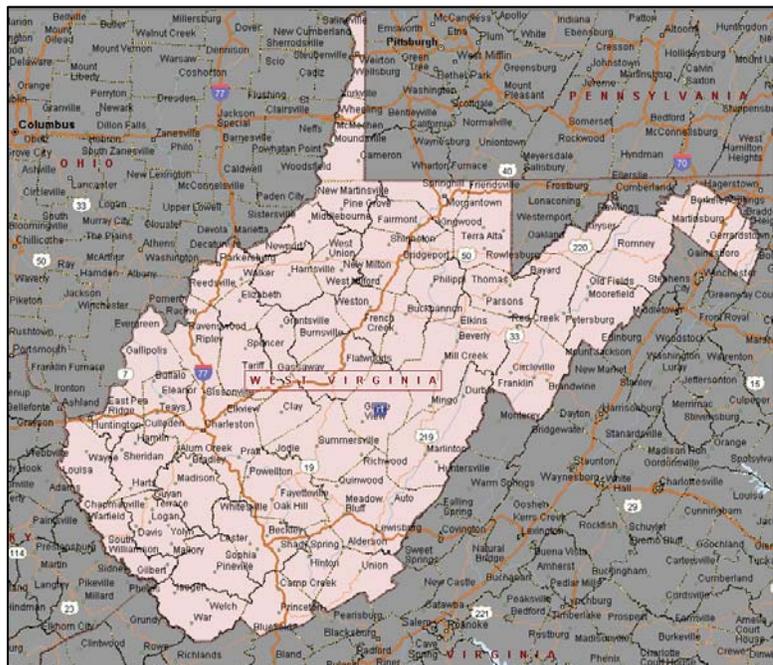
Hospital Profile

Webster County Memorial Hospital is a 25-bed critical access hospital located in Webster Springs, Webster County, West Virginia. The Hospital has provided quality healthcare since 1951.



Community Profile

Located in the rural, central part of West Virginia, the Hospital is in Webster Springs, Webster County West Virginia. Webster Springs is less than two hours east Charleston, West Virginia, about five hours west of Washington, D.C., and over three hours south of Pittsburgh, Pennsylvania.

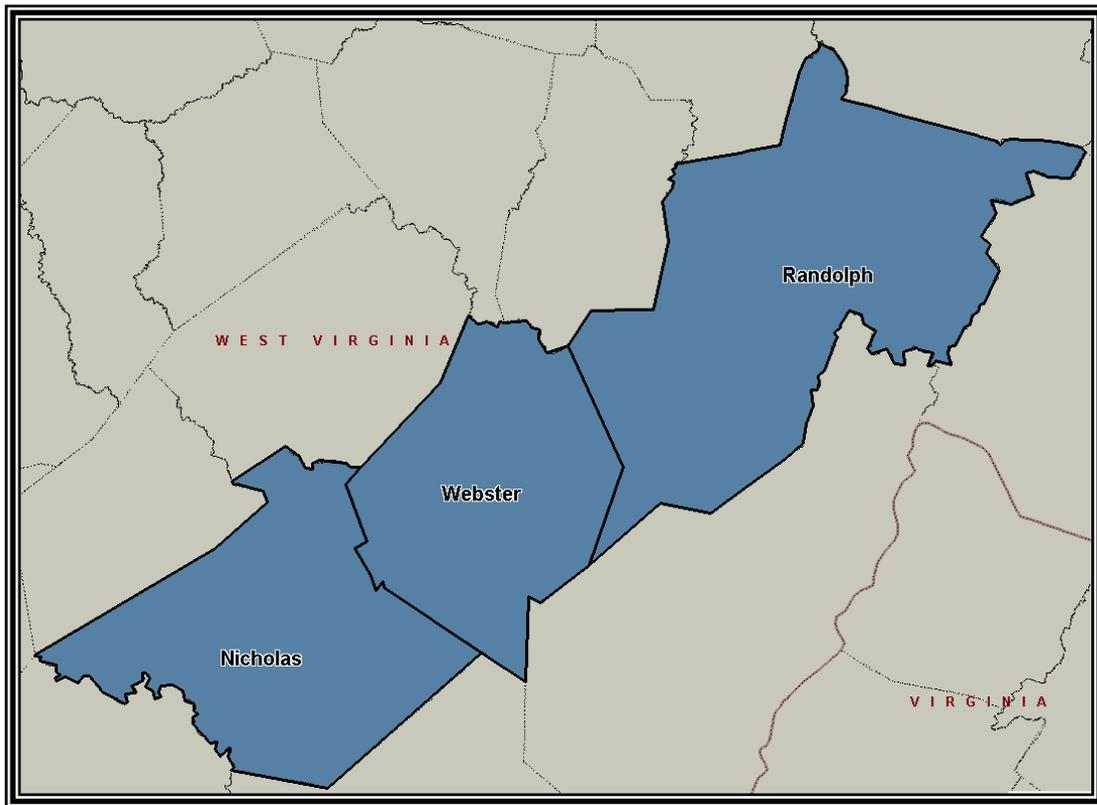


III. SERVICE AREA, POPULATION, AND VITAL STATISTICS

SERVICE AREA

Webster County Memorial Hospital defined their service area based upon the geographical area in which a majority of their patients reside. As shown in Exhibit 1, 91.2% of the Hospital's patients reside in Webster County, the Hospital's location. For purposes of the needs assessment, the Hospital's primary service area consists of the following West Virginia Counties: Webster, Nicholas, and Randolph. The following map identifies the geographic location of each county.

Exhibit 1: Service Area	
County	% of Total Patients
Webster	91.2%
Nicholas	3.1%
Randolph	1.5%
All other areas	4.2%



POPULATION

As shown in Chart 1, the population of the total service area is projected to steadily decrease through 2030. The largest decrease in population is projected in Webster County. Randolph County is projected to remain stable during the projection period.

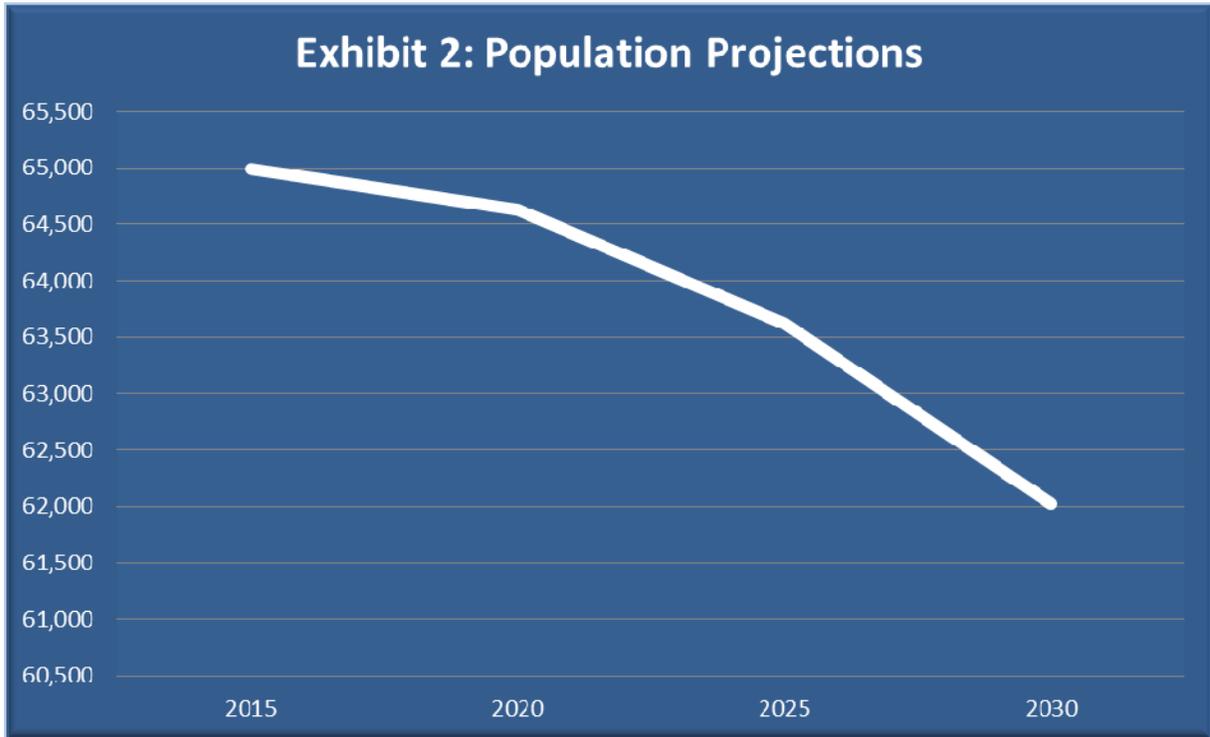


Exhibit 3 includes the detailed population projections for the counties in the service area.

Exhibit 3: Population Projections Data				
County	2015	2020	2025	2030
Webster	8,930	8,624	8,232	7,795
Nicholas	26,173	25,878	25,304	24,485
Randolph	29,893	30,134	30,084	29,740
Total Service Area Population	64,996	64,636	63,620	62,020

Source: Population Trends in West Virginia through 2030. Christiadi, Ph.D., West Virginia University College of Business and Economics, Bureau of Business and Economic Research.

DEMOGRAPHIC PROFILE

To identify the health needs of the population, it is important to have some understanding of the demographics. Exhibit 4 presents census data for the service area, state of West Virginia and the United States.

Exhibit 4			
People	Service Area	West Virginia	USA
Population estimates, July 1, 2014, (V2014)	64,090	1,850,326	318,857,056
Population, Census, April 1, 2010	64,792	1,852,994	308,745,538
Persons under 5 years, percent, July 1, 2013, (V2013)	5.6	5.5	6.3
Persons under 18 years, percent, July 1, 2013, (V2013)	20.0	20.6	23.3
Persons 65 years and over, percent, July 1, 2013, (V2013)	19.4	17.3	14.1
Female persons, percent, July 1, 2013, (V2013)	49.8	50.6	50.8
White alone, percent, July 1, 2013, (V2013) (a)	97.7	93.8	77.7
Black or African American alone, percent, July 1, 2013, (V2013) (a)	0.7	3.6	13.2
American Indian and Alaska Native alone, percent, July 1, 2013, (V2013) (a)	0.3	0.2	1.2
Asian alone, percent, July 1, 2013, (V2013) (a)	0.4	0.8	5.3
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2013, (V2013) (a)		Z	0.2
Two or More Races, percent, July 1, 2013, (V2013)	1.0	1.5	2.4
Hispanic or Latino, percent, July 1, 2013, (V2013) (b)	0.6	1.4	17.1
White alone, not Hispanic or Latino, percent, July 1, 2013, (V2013)	97.1	92.7	62.6
Veterans, 2009-2013	5,388	159,448	21,263,779
Housing units, July 1, 2013, (V2013)	32,416	879,449	132,802,859
Owner-occupied housing unit rate, 2009-2013	77.8	73.4	64.9
Households, 2009-2013	25,748	741,390	115,610,216
Persons per household, 2009-2013	2.4	2.43	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2009-2013	90.7	88.1	84.9
Language other than English spoken at home, percent of persons age 5 years+, 2009-2013	0.8	2.4	20.7
High school graduate or higher, percent of persons age 25 years+, 2009-2013	78.6	83.9	86
Bachelor's degree or higher, percent of persons age 25 years+, 2009-2013	13.9	18.3	28.8
With a disability, under age 65 years, percent, 2009-2013	14.6	14.2	8.4
Persons without health insurance, under age 65 years, percent	18.4	16.8	15.3
Mean travel time to work (minutes), workers age 16 years+, 2009-2013	26.0	25.5	25.5
Median household income (in 2013 dollars), 2009-2013	34,995	41,043	53,046
Per capita income in past 12 months (in 2013 dollars), 2009-2013	60,741	22,966	28,155
Persons in poverty, percent	21.4	18.5	14.5

The vintage year (e.g., V2014) refers to the final year of the series (2010 thru 2014). Different vintage years of estimates are not comparable.

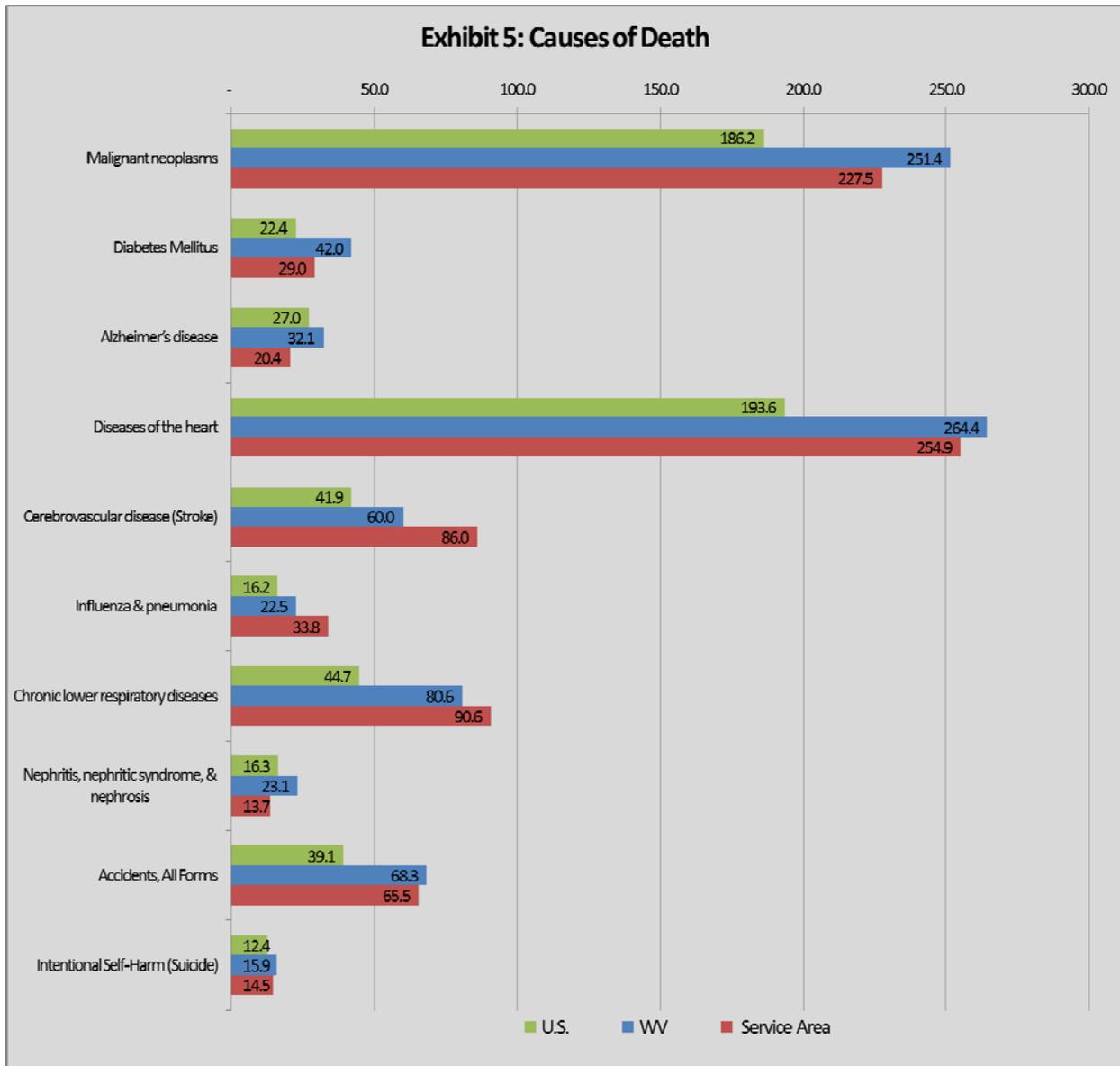
(1) Includes data not distributed by county.
 (2) Data may be subject to publication minimums that vary by industry and geography.
 FN: Footnote on this item in place of data
 NA: Not available
 S: Suppressed; does not meet publication standards
 X: Not applicable
 Z: Value greater than zero but less than half unit of measure shown

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.

Overview of the Community

- The residents of the Webster County Memorial Hospital primary service area are predominately White/Caucasians (97.7%) followed by Black/African American (0.7%).
- English is the primary language, though 0.8% speaks other than English at home.
- Nicholas and Randolph Counties have a slightly lower percentage of those with a high school diploma as compared to the state and the U.S, while Webster County is significantly lower.
- 19.1% of those in Randolph County hold a bachelor's degrees or higher as compared to the state average of 18.3%. However, all counties in the service area are significantly less than the U.S. average of 28.8%.
- For those living in the same house 1 year and over, the service area is higher than the state with 90.7% and 88.1%, respectively.
- Approximately 3.3% of West Virginia's veterans live in the service area.
- The service area and the State of West Virginia have a higher percentage of those below the poverty level than of the United States.

Exhibit 5 reflects the leading causes of death for residents of the service area, the State of West Virginia and the United States. The leading causes of death are determined by the average rate per thousand residents. Diseases of the heart ranks highest among the causes with malignant neoplasms as second highest. Intentional self-harm (suicide) ranks lowest among the selected top causes of death, but represents a rate of 15.9 of 100,000 West Virginians in the service area.



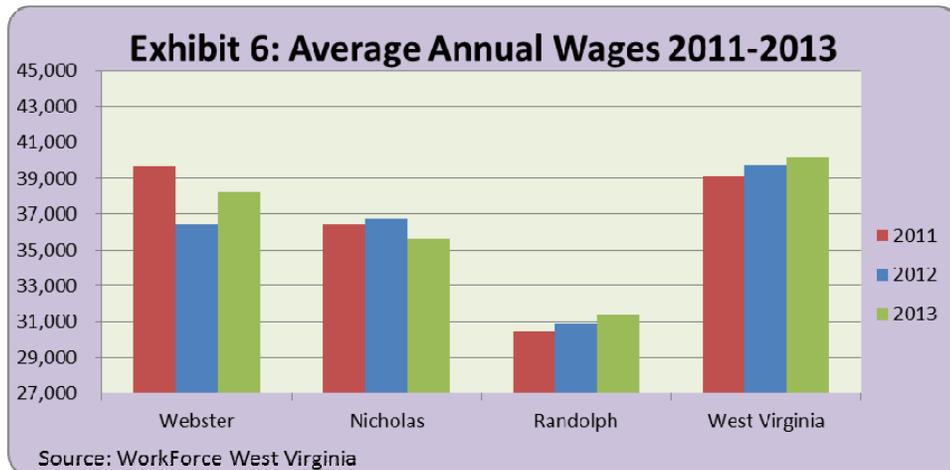
Rate per 100,000 population

Source: West Virginia Vital Statistics 2010. WVDHHR Bureau for Public Health, Health Statistics Center

IV. SOCIOECONOMIC CHARACTERISTICS

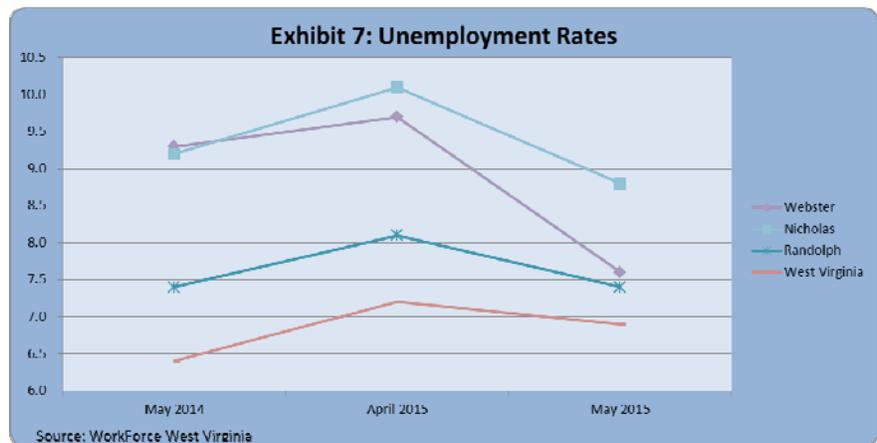
WAGES

Only one of the service area counties along with the State of West Virginia experienced a steady increase in the average annual salaries. Webster and Nicholas Counties experienced fluctuations during the three year period. The lowest average annual salary was in Randolph County. The three year average for Randolph was reported at \$30,910, with the highest of \$38,097 reported in Webster County.



UNEMPLOYMENT

As shown in Exhibit 7, all counties of the service area as well as the state experienced an increase in the unemployment rate for the one year period of May 2014 to April 2015. However, for the one month period from April to May 2015, the unemployment rate decreased for all counties of the service area and West Virginia.



INCOME

Exhibit 8 presents the percentage of adults living in poverty in 2009-2013 for the service area counties and the State of West Virginia. As Exhibit 8 illustrates, Webster County had the highest percentage of adults living in poverty at 25.2%. The lowest percentage was in Randolph County with the State of West Virginia 2% above at 17.9%.

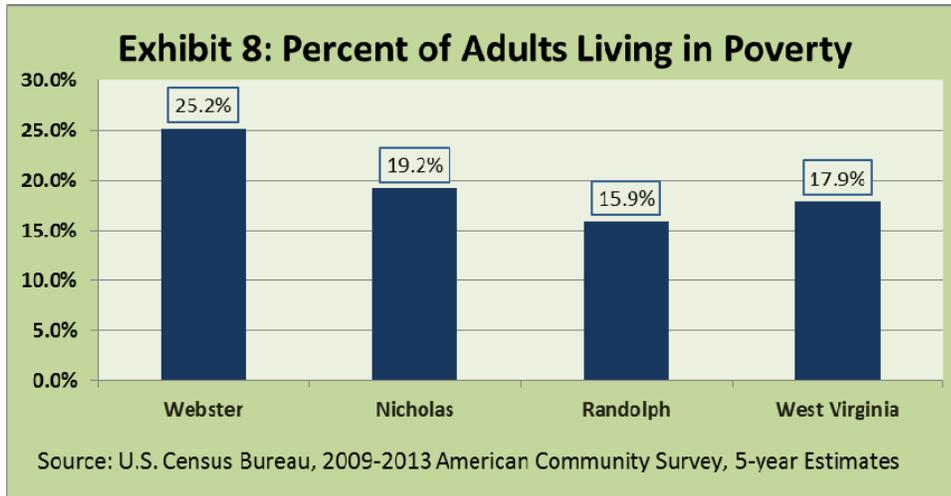


Exhibit 9 presents the median household and family income for the service area counties and the State of West Virginia. All counties in the service area were below the State of West Virginia for Median Household Income and Median Family Income. The service area county with the highest Median Household Income was Nicholas County. However, Randolph County was highest Median Family Income.

Exhibit 9: Median Household and Family Income

Location	Median Household Income	Median Family Income
Webster County	\$27,645	\$34,786
Nicholas County	\$40,064	\$48,275
Randolph County	\$37,276	\$48,547
State of West Virginia	\$41,043	\$52,165

Source: U.S. Census Bureau, 2009-2013 American Community Survey

EDUCATION

The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 10 presents the distribution of education levels for those 25 years and over in the service area, State of West Virginia and the United States for 2009-2013. Although the service area and the state had a higher level of high school graduates when compared to the United States average, the attainment of a college degree was lower in the service area than the United States average.

Exhibit 10: Education Attainment-25 years and over

	Service Area	West Virginia	United States
Less than 9 th grade	8.2%	5.9%	5.9%
Some high school	10.8%	10.2%	8.0%
High school graduate (includes equivalency)	46.6%	40.7%	28.1%
Some college, no degree	13.8%	18.5%	21.2%
Associate's degree	5.0%	6.3%	7.8%
Bachelor's degree	9.0%	11.3%	18.0%
Graduate or professional degree	6.7%	7.1%	10.8%

SOURCE: U.S. Census Bureau American FactFinder, 2009-2013 American Community Survey

V. HEALTH STATUS INDICATORS

Mental Health Indicators

Exhibit 11 indicates the availability of mental health providers for each county included in the primary service area. Only one of the service area counties indicate a greater availability of providers in the county than in the state of West Virginia. Although mental

County	Mental Health Providers	People/Provider Ratio
Webster	2	4,447:1
Nicholas	14	1,855:1
Randolph	39	754:1
West Virginia	1,925	963:1

Source: County Health Rankings, 2014

health providers are available in the community, other factors affect utilization. Barriers such as cost, social perception/stigma, location, transportation issues, and lack of awareness of services will contribute to underutilization of services.

County Health Rankings

Exhibit 12 includes selected data from the County Health Rankings for the service area and the State of West Virginia. As shown in the exhibit, Nicholas County residents reported the highest number of physically unhealthy days while also reporting the lowest percentage access to exercise opportunities.

Exhibit 12: County Health Rankings

County	Physically Unhealthy Days ¹	Mentally Unhealthy Days ²	Percent Excessive Drinking ³	Adult Obesity ⁴
Webster	5.3	3.7	n/a	32%
Nicholas	5.4	4.5	9%	34%
Randolph	5.2	4.6	8%	35%
West Virginia	4.9	4.4	10%	33%

Source: County Health Rankings, 2014

¹Average number of physically unhealthy days reported in past 30 days (age-adjusted)

²Average number of mentally unhealthy days reported in past 30 days (age-adjusted)

³Binge plus heavy drinking

⁴Percentage of adults that report a BMI of 30 or more

n/a-data not available

Suicide Rate

As shown in Exhibit 13, the highest suicide rate of 18.2 was reported in Nicholas County while the lowest of 14.1 was reported in Randolph County. The state rate of 14.8 was within the range of the service area rates.

Exhibit 13: Suicide Rate

County	Deaths	Suicide Crude Rate per 100,000
Webster County	14	Unreliable
Nicholas County	62	18.2
Randolph County	53	14.1
West Virginia	3,510	14.8

Source: CDC, Underlying Cause of Death, 1999-2011

Mental Illness

Exhibit 8 presents statistics for mental illness among persons aged 18 or older at a national level and for West Virginia for 2011 and 2012. West Virginia was listed as having the highest rate for serious mental illness and was third highest for any mental illness. SAMHSA defines mental illness based on diagnostic criteria in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). As noted in The NDSUH Report dated February 28, 2014:

“Any mental illness (AMI) among adults aged 18 or older is the presence of any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria. Among adults with a disorder, those adults whose disorder caused substantial functional impairment (i.e., a disorder that substantially interfered with or limited one or more major life activities) are defined as having serious mental illness (SMI) and have the most urgent need for treatment. In 2012, only 62.9 percent of adults with SMI (6.0 million people) had received mental health treatment nationally in the past 12 months.

**Exhibit 14: State Estimates of Adult Mental Illness
Persons Aged 18 and Older**

Location	Serious Mental Illness %	Any Mental Illness %
<i>National Average</i>	3.97	18.19
<i>West Virginia</i>	5.48	21.38

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2011 (revised October 2013) and 2012.

Youth Risk Behavior Surveys

CDC's Youth Risk Behavior Surveillance System (YRBSS) monitors a wide range of priority health risk behaviors among representative samples of high school students at the national, state, and local levels. National, state and large urban school district surveys are conducted every two years among students through the United States. Middle school was defined as 6th-8th grade and High School was defined as 9th-12th grade.

Middle School

Exhibit 15: West Virginia, Middle School Youth Risk Behavior Survey

Alcohol and Other Drug Use	Percentage		Percentage Increase/Decrease
	2013	2011	
Ever drank alcohol (other than a few sips)	29.6	36.1	-18.0%
Drank alcohol for the first time before age 11 years (other than a few sips)	12.7	16.2	-21.6%
Ever used marijuana	12.2	11.7	4.3%
Tried marijuana before age 11 years (for the first time)	3.1	3.1	0.0%
Ever used any form of cocaine (such as powder, crack, or freebase)	2.8	4.0	-30.0%
Ever used inhalants (sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high)	10.1	12.8	-21.1%
Ever took steroids without a doctor's prescription (pills or shots)	2.0	2.2	-9.1%
Ever took prescription drugs without a doctor's prescription (such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, during their life)	4.9	7.1	-31.0%

Source: CDC Youth Risk Behavior Surveillance System

High School

Exhibit 16: West Virginia, High School Youth Risk Behavior Survey

Alcohol and Other Drug Use	Percentage		Percentage Increase/Decrease
	2013	2011	
Ever had at least one drink of alcohol (on at least 1 day during their life)	69.6	68.5	1.6%
Drank alcohol before age 13 years (for the first time other than a few sips)	20.6	19.2	7.3%
Currently drank alcohol (at least one drink of alcohol on at least 1 day during the 30 days before the survey)	37.1	34.3	8.2%
Usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol)	38.9	44.0	-11.6%
Had five or more drinks of alcohol in a row (within a couple of hours on at least 1 day during the 30 days before the survey)	24.4	20.2	20.8%
Ever used marijuana (one or more times during their life)	39.0	36.9	5.7%
Tried marijuana before age 13 years (for the first time)	9.1	7.5	21.3%
Currently used marijuana (one or more times during the 30 days before the survey)	18.9	19.7	-4.1%
Ever used cocaine (any form of cocaine, such as, powder, crack, or freebase, 1 or more times during their life)	5.2	5.1	2.0%
Ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	9.2	9.8	-6.1%
Ever used ecstasy (also called "MDMA," one or more times during their life)	4.9	4.5	8.9%
Ever used heroin (also called "smack," "junk," or "China white," one or more times during their life)	2.1	3.0	-30.0%
Ever used methamphetamines (also called "speed," "crystal," "crank," or "ice," 1 or more times during their life)	3.6	3.7	-2.7%
Ever took steroids without a doctor's prescription (pills or shots, one or more times during their life)	3.6	3.8	-5.3%
Ever took prescription drugs without a doctor's prescription (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, one or more times during their life)	16.5	16.9	-2.4%
Ever injected any illegal drug (used a needle to inject any illegal drug into their body 1 or more times during their life)	2.1	2.2	-4.5%
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	17.1	17.3	-1.2%

Source: CDC Youth Risk Behavior Surveillance System

'—' = Data not available

Pregnancy and Birth Data

The well-being of mothers and babies 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 public health data available included prenatal care, pregnancy risk factors, percentage of low birth-weight births and teen pregnancy. Exhibit 17 includes pregnancy and birth data for the service area and the State of West Virginia. All counties of the service indicated a percentage of births with prenatal care that began in the first trimester higher than the state. All service counties reported alcohol use at or below the state rate, while only one county reported a rate above the state for tobacco use. Serious risks to babies whose mothers smoked during their pregnancy include Sudden Infant Death Syndrome (SIDS), low birth-weight, birth defects, attention deficit/hyperactivity disorder, neurodevelopmental disorders and behavioral/psychiatric disorders.¹

Exhibit 17: Pregnancy and Birth

Selected Factors	Service Area			West Virginia
	Webster County	Nicholas County	Randolph County	
Birth Rate per 1,000 Population	10.8	11.1	9.6	11.0
Number of Births	99	291	283	20,471
% of Births Delivered in Hospital	100.0%	100.0%	99.6%	99.3%
% of Low Birthweight Births (<2,500 grams)	10.1%	8.9%	7.1%	9.2%
% Births to Mothers Under 18	6.1%	4.1%	4.2%	3.5%
% of Births - Prenatal Care Began in the First Trimester	87.6%	84.5%	83.6%	83.1%
% of Births - Prenatal Care Began in the Second Trimester	11.3%	12.7%	14.6%	13.5%
% of Births - Prenatal Care Began in the Third Trimester	1.00%	2.1%	0.4%	2.8%
% of Births - No Prenatal Care	0.0%	0.7%	1.4%	0.6%
Pregnancy Risk Factor: Alcohol Use	0.0%	0.0%	0.4%	0.4%
Pregnancy Risk Factor: Tobacco Use	20.4%	18.3%	28.6%	26.3%

Sources: WV Vital Statistics, 2010. WVDHHR Bureau for Public Health, Health Statistics Center

¹ “Born Smoking-How West Virginia’s Perennial “Highest in the Nation” Pregnancy Smoking Rate is Putting Our Babies in Danger.” West Virginia KIDS COUNT.

VI. ACCESS TO CARE

FEDERALLY DESIGNATED AREAS

The Federal government recognizes the vulnerability of populations with limited access to health care professionals. To counter the potential effects of a shortage of professionals providing primary care and dental services, special designations have been developed to recognize health care shortage areas and provide enhancements in patient service reimbursement and other incentives. The following is a brief description of these designations:

- **Health Professional Shortage Area (HPSA):** HPSA designations are based on general HPSA designation criteria, plus additional guidelines specific to each of the three types of designations: primary care, dental and mental health services.
- **Medically Underserved Area (MUA):** MUAs consider several health and welfare statistics of a population, including poverty, age, and infant mortality, in addition to the number of physicians serving the area.
- **Medically Underserved Populations (MUP):** areas that do not meet the qualifications of MUA designation can qualify for MUP status if there are unusual local conditions that are a barrier to access for healthcare services.

As shifts occur in the population and of the practicing locations of healthcare professionals, the criteria used for initial Federal shortage designations is periodically reevaluated. Some areas previously designated as a shortage area may have seen an influx of healthcare professionals and no longer meet the requirements for designation. Conversely, if an area sees an out-migration of healthcare professionals, this area may qualify for a health shortage designation. As shown in Exhibit 18, two counties within this service area do fall into one or more of the healthcare shortage designations.

Exhibit 18
Federal Shortage Designations
As of June 29, 2015

County	Health Professional Service Area			Medically Underserved Area / Medically Underserved Population
	Primary Care	Dental	Mental Health	
Nicholas County	No	Yes	Yes	Yes
Webster County	No	Yes	Yes	Yes
Randolph County	No	Yes	Yes	No

VII. COUNTY HEALTH DEPARTMENTS

County health departments provide a broad range of preventive care and primary care services designed to improve the overall health and wellness of residents by providing or assuring the provision of community based health services. Through planning and direct service delivery, these departments focus on health promotion, disease prevention and direct intervention.

Exhibit 19 provides a summary of the services provided by the county health departments located in the service area:

Exhibit 19: County Health Departments

Health Department Service:	Webster County	Randolph County	Nicholas County
Breast and cervical cancer screenings	X	X	
Cancer Information Specialist		X	
Community education		X	X
Dental services	X		
Environmental services		X	
Epidemiology		X	
Family planning	X	X	
General Health	X	X	
HIV / Aids	X	X	X
Immunizations	X	X	X
Lab screening			X
Right from the Start			
Sexually transmitted diseases	X	X	
Threat Preparedness		X	
Tuberculosis	X	X	X
Wise Woman Program		X	
Women, Infants, and Children		X	

VIII. RESULTS OF COMMUNITY PARTICIPATION

SURVEY RESULTS

The community health needs assessment includes anonymous survey results using an online survey website, which was disseminated to employees and patients of the hospital, patients' family members, community leaders and residents of the service area. A link to the survey was included on the Hospital's website and shared through social media. For those without access to the internet, hard copy surveys were distributed and manually compiled. Survey responses were collected between January and May 2015, 226-online, 6-hard copy.

Respondent Zip Codes

The online survey results were received from residents in the following zip codes:

26288	26298	26205	26203
26206	26208	26222	26266

Respondent Age Groups

The survey requested that participants provide various demographic data. The ages of participants who responded were 18-24 (6.6%), 25-45 (47.2%), 46-65 (36.2%) and over 65 (10.0%).

Gender, Marital Status and Race

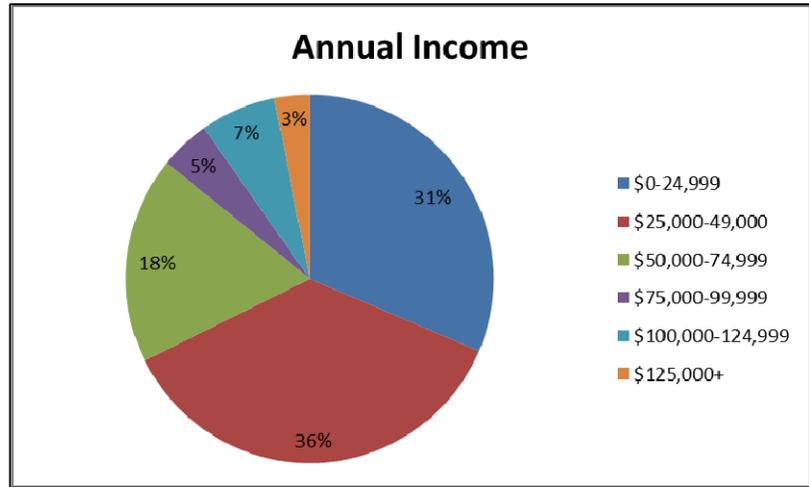
The survey respondents indicated the following information with regards to their gender, marital status and race:

- Gender: 19.7% were male and 80.3% were female.
- Marital Status: 14.3%-Single, 63.0%-Married, 13.9%-Divorced, 6.5%-Widowed, and 2.2%-Significant other
- Race: 99.6% indicated White (Caucasian)

Income

As shown in the adjacent chart, the majority of survey-takers reported annual household income of less than \$50,000.

\$0-\$24,999:	31%
\$25,000-\$49,999:	36%
\$50,000-\$74,999:	18%
\$75,000-\$99,999:	5%
\$100,000-\$124,999:	7%
\$125,000 and up:	3%

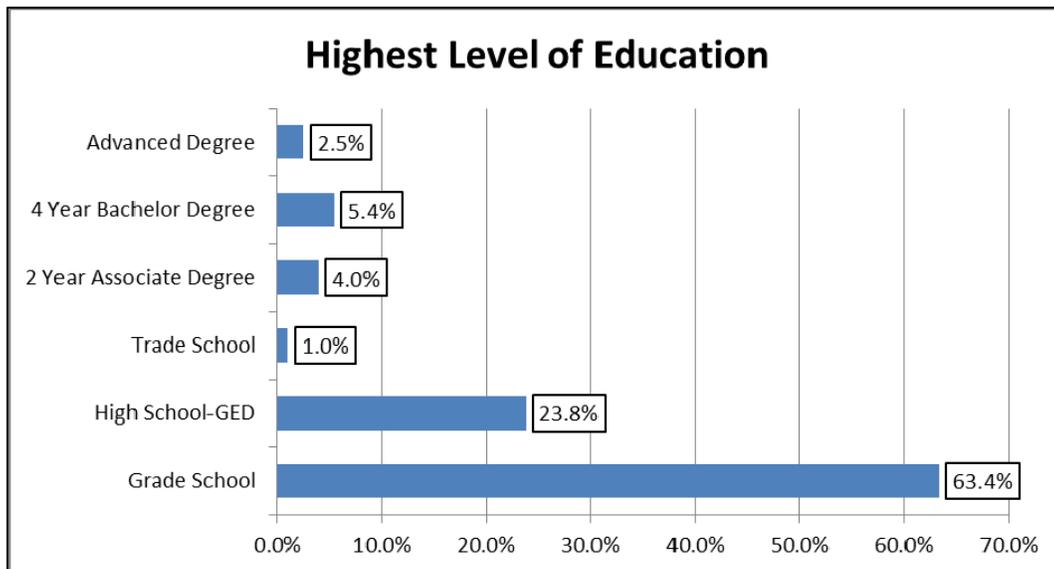


Education

Respondents were asked:

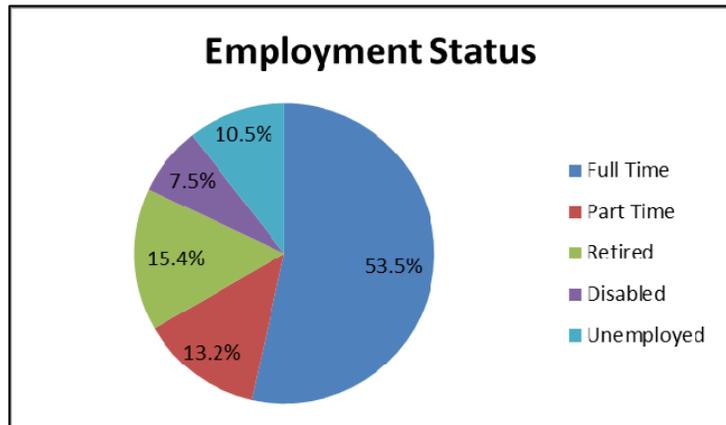
“What is the highest level of education you have completed?”

Less than 40% of all respondents indicated an education level of high school graduate or above.



Employment

In a separate question, surveyors were asked to provide their employment status. Over one half of the indicated they were working full time.



Insurance Carriers

To further understand the potential barriers to health care, the participants were asked to list their insurance carrier. 16.9% indicated Medicare, 19.0% indicated Medicaid, and 26.2% indicated Self Pay or Other. 37.9% of respondents indicated they are insured by private insurance (Blue Cross, PEIA, etc.).

Routine Health Care



Respondents were asked:

“Do you have a family or personal doctor?” 87% indicated “Yes” while 13% indicated “No”. For those not having a family or personal doctor, respondents indicated they use a walk-in clinic, hospital emergency room, and an urgent care center.

For those having avoided or delayed care due to lack of money or insurance, 14% delayed a doctor’s visit while 12% delayed going to the hospital emergency room.

Dental Health Care

- 43% of respondents indicated they lack dental coverage for themselves and their family.

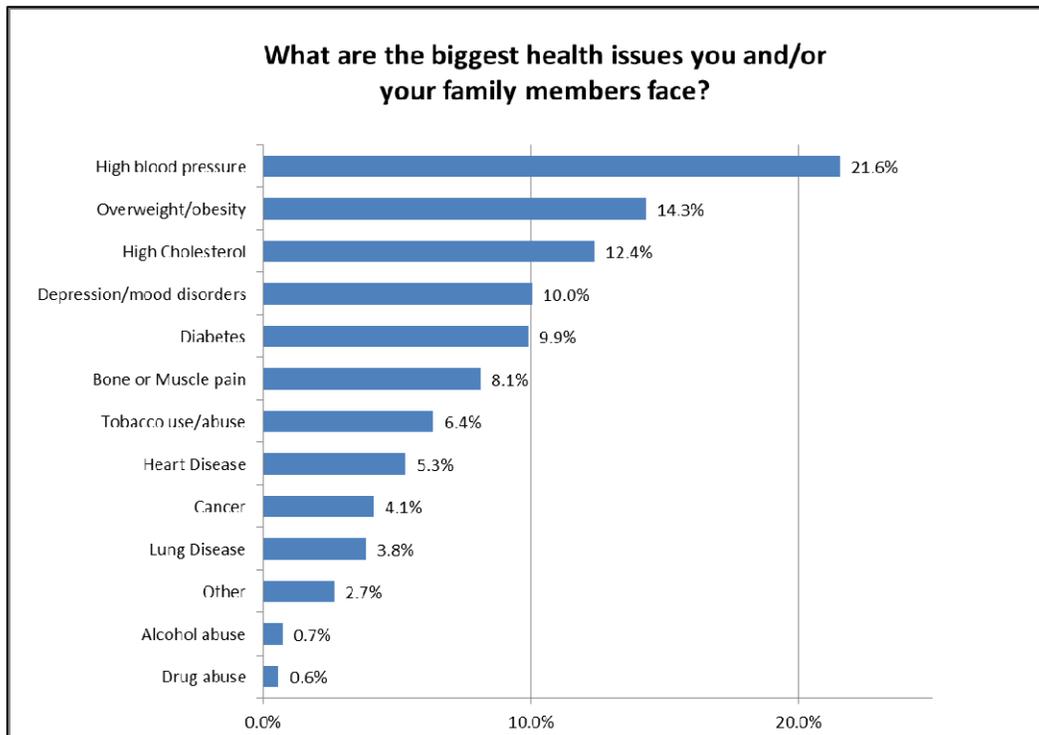


Lifestyle Choices/Environment

- 65% indicated they would rate their overall health as “Excellent”.
- 63% are active on a regular basis.
- For those not active on a regular basis, reasons given included health problems, lack of time, don’t like it and no access to a fitness center.

Health Issues

Respondents were asked the biggest health issues they face. The highest percentage was high blood pressure followed by obesity and high cholesterol.



Hospital Satisfaction

On a scale of 1-Extremely Dissatisfied to 5-Extremely Satisfied, respondents were asked to rank their satisfaction with care received at Webster County Memorial Hospital. Nearly 75% rated their satisfaction as a “3” or above.

Organizations Represented

The online and hard copy surveys were distributed to hospital employees, residents and community leaders between January and May 2015. The following table provides information regarding the organizations represented by the external interviewees.

Informants Providing Input

Webster County Health Department	The Webster County Health Department provides following services: Health, Environmental and Threat Preparedness. Health Services includes a variety of services contributing to one's overall well being: Breast & Cervical Cancer Screening, Communicable & Reportable Disease Investigation & Reporting, Family planning, Fluoride, General Health, HIV/Aids/STDs, Immunizations, and Tuberculosis Programs. This broad array of services and educational information is accessible and available to all residents.
Webster County Board of Education	Webster County Schools have a long history of academic excellence and award-winning student clubs and organizations. They provide an environment for the students that offers a challenging curriculum along with a sense of responsibility.
Family Resource Network	<p>The Webster County Family Resource Network believes that all families/individuals have the right to develop to their full potential as productive members of our communities and to be supported in that effort. Therefore, the mission of the Webster County Family Resource Network is to:</p> <ul style="list-style-type: none"> • increase community awareness of individual and family needs • coordinate and develop services to meet the needs of the citizens in Webster County • develop a spirit of cooperation among agencies, groups, organizations and individuals who provide services in Webster County • promote community based service to prevent out of home and out of county placements for our children
Webster Springs Outreach Center (Catholic Charities)	Center houses a thrift store that is supported by Parish groups in West Virginia and Maryland. It provides food, basic needs and emergency assistance. Additionally a Parish in Charles Town sends a summer work camp group annually to make necessary home repairs for eligible homeowners.

IX. CONCLUSION

The goal of the needs assessment was to identify health issues and community needs as well as provide information to key decision makers to make 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 regards to community perception of the hospital, availability of resources and challenges as it relates to their healthcare needs.

While healthcare services are available in Webster Springs, many service area residents are limited financially, and may defer treatment. In addition, the culture has contributed to unhealthy lifestyles, physical inactivity and increased abuse of tobacco, alcohol and prescription medication as well as illegal substances.

Based upon the results of the Community Health Needs Assessment, Webster County Memorial Hospital developed a three-year Implementation Strategy to address the following significant community health related needs:

- Increased education and promotion of community resources
- Utilize existing affiliations to promote healthier lifestyle choices
- Chronic disease maintenance and prevention (Diabetes, Cardiovascular, Respiratory)
- Improve overall health status

The results of the CHNA has provided valuable insight to the contributing factors of health related issues faced by the residents of Webster County and the surrounding communities. It will assist Webster County Memorial Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community.