

# Grant Memorial Hospital

Community Health Needs Assessment

2016



# Grant Memorial Hospital

## ***ABOUT US***

Grant Memorial Hospital (Hospital) is a not-for-profit critical access facility serving the valley of the Potomac Highlands which includes citizens of Grant, Hardy, Pendleton, Hampshire and Mineral Counties. Grant Memorial Hospital has a combined 25 licensed inpatient beds and 20 long term care beds. The facility is supported by more than 350 employees and a medical staff of over 15.

Grant Memorial Hospital is owned by the Grant County Commission and operated by a Board of Trustees appointed by the Grant County Commissioners. Facilities, services and programs of the hospital are available to all individuals regardless of race, sex, age, handicap, creed, national origin, color or ability to pay.

**Grant Memorial Hospital**

**Confidence - Commitment - Compassion ... Close To Home!**

## Table of Contents

<b>INTRODUCTION .....</b>	<b>4</b>
<b>COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW .....</b>	<b>7</b>
<b>SERVICE AREA POPULATION AND VITAL STATISTICS.....</b>	<b>8</b>
<b>SOCIOECONOMIC CHARACTERISTICS OF THE SERVICE AREA .....</b>	<b>14</b>
<b>HEALTH STATUS INDICATORS.....</b>	<b>17</b>
<b>RESULTS OF COMMUNITY PARTICIPATION.....</b>	<b>20</b>
<b>SUMMARY OF FINDINGS.....</b>	<b>28</b>

## INTRODUCTION

The Community Health Needs Assessment (CHNA) of Grant Memorial 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 health 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 process and completion, Grant 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 healthcare providers in the community. Data was obtained from numerous health organizations as well as interviews with community leaders and hospital staff. This information was used to determine the Community's future health needs. The study also reviewed the prior implementation plan to assess the progress and community feedback related to the Hospital's plan.

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 Grant County, West Virginia and surrounding areas
- Online survey
- Key Informant interviews with community stakeholders

#### Key Areas of Opportunity

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

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 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. 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:

- Key Informant Interviews were conducted with key community leaders between March and April 2016. Participants represented a variety of sectors including public health and medical providers, children and youth services, and community resources.

# COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

## HOSPITAL and COMMUNITY PROFILE

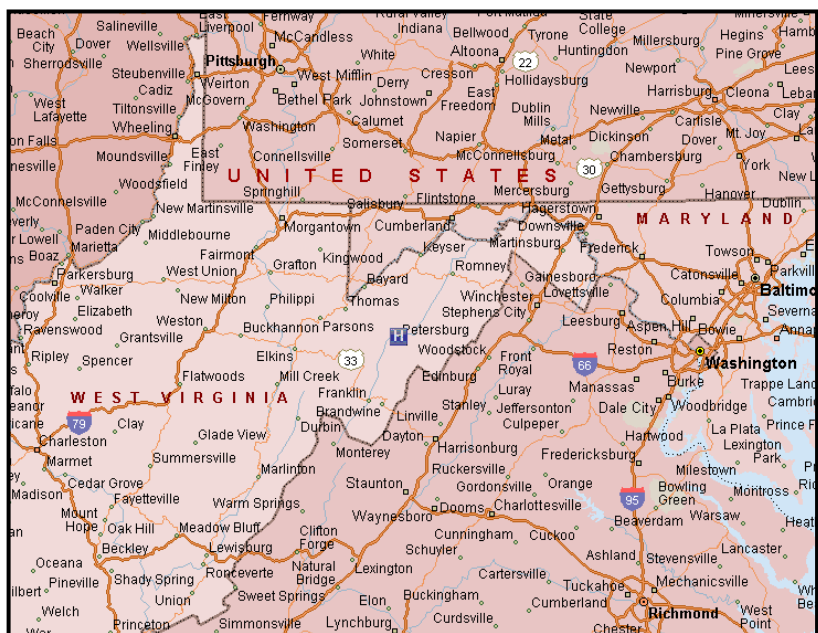
### Hospital Profile

Grant Memorial Hospital is committed to providing patient friendly, quality health care to its communities. The not-for-profit critical access facility serves the valley of the Potomac Highlands which includes citizens of Grant, Hardy, Pendleton, Hampshire and Mineral Counties. Grant Memorial Hospital has a combined 25 licensed inpatient beds and 20 long term care beds. The facility is supported by more than 350 employees and a medical staff of over 15. Grant Memorial Hospital is owned by the Grant County Commission and operated by a Board of Trustees appointed by the Grant County Commissioners. The Hospital provides a continuum of care that includes the following services:

- ◇ Acute Care
- ◇ Cardio-pulmonary Rehab
- ◇ Emergency Department
- ◇ General Surgery
- ◇ Laboratory Services
- ◇ Long-term care
- ◇ Pharmacy
- ◇ Physician Services
- ◇ Radiology
- ◇ Rehabilitation
- ◇ Surgery

### Community Profile

The Hospital and surrounding communities are located in north-eastern West Virginia, approximately three and one-half hours north of Charleston, three hours south of Pittsburgh, Pennsylvania and two and one-half hours west of Washington D.C. The Hospital and surrounding communities are accessible by secondary roads.



# SERVICE AREA, POPULATION, AND VITAL STATISTICS

## SERVICE AREA

Grant Memorial Hospital defined their service area based upon the geographical area in which a majority of their patients reside. As shown in Exhibit 1, the top zip codes for the Hospital's inpatient discharges include Grant, Hardy, Pendleton and Mineral Counties in West Virginia. However, for purposes of the needs assessment, the Hospital's primary service area was selected based upon the cumulative total for each county, therefore, only Grant, Hardy and Pendleton Counties in West Virginia were selected.

### Exhibit 1 - Summary of Inpatient Discharges

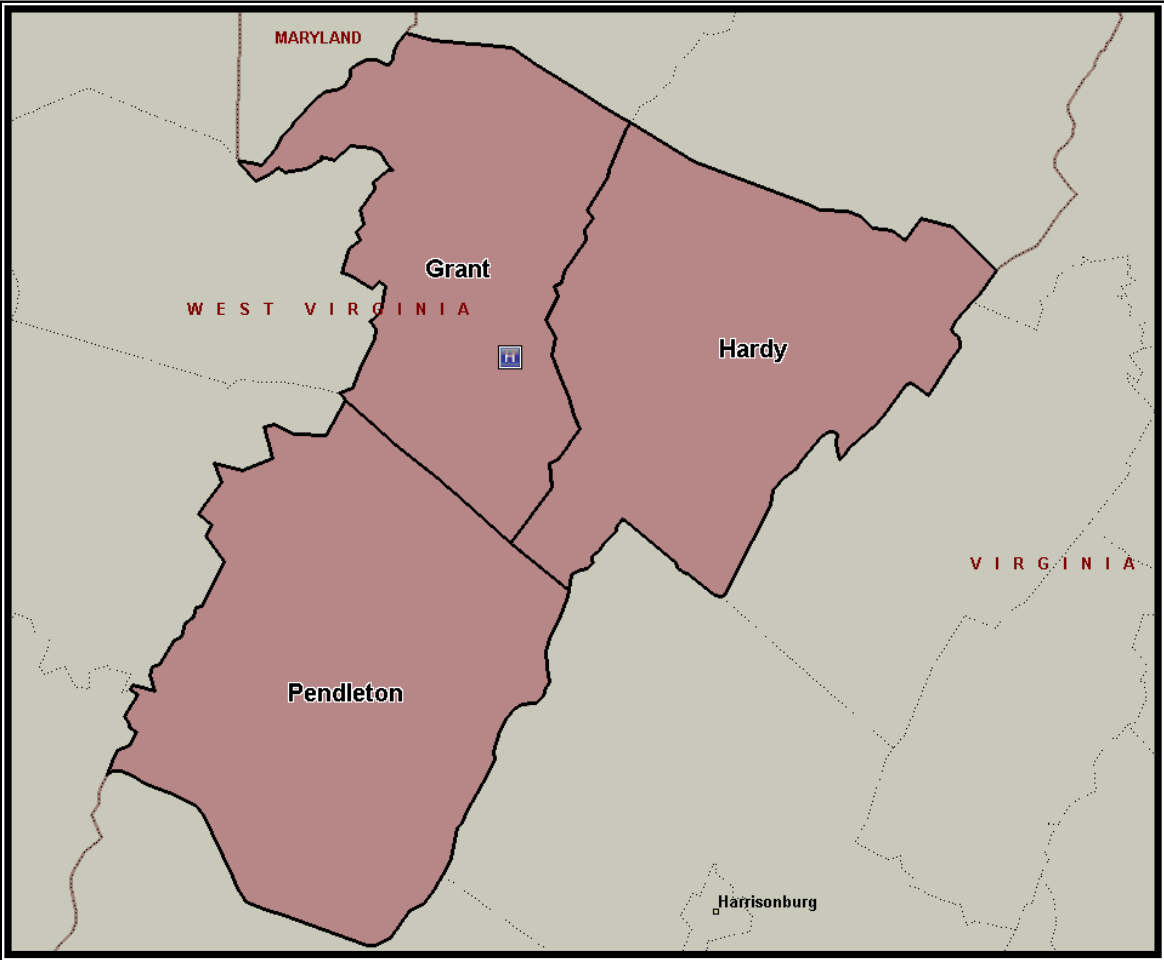
#### Summary of Inpatient Discharges by Zip Code (Descending Order)

7/1/14 - 6/30/15

Zip Code	County, State	Discharges	Percent of Total Discharges	Cumulative Percent
26847	Grant, WV	541	32%	32%
26836	Hardy, WV	387	23%	54%
26833	Grant, WV	125	7%	61%
26807	Pendleton, WV	82	5%	66%
26726	Mineral, WV	66	4%	70%
26855	Grant, WV	63	4%	74%
26866	Pendleton, WV	44	3%	76%
26818	Hardy, WV	43	3%	79%
26845	Hardy, WV	41	2%	81%
26884	Pendleton, WV	32	2%	83%
26804	Pendleton, WV	31	2%	85%
26814	Pendleton, WV	20	1%	86%
26851	Hardy, WV	18	1%	87%
26852	Hampshire, WV	17	1%	88%
26731	Grant, WV	16	1%	89%
26710	Mineral, WV	16	1%	90%
26812	Hardy, WV	16	1%	91%
26815	Pendleton, WV	15	1%	92%
26743	Mineral, WV	14	1%	92%
26704	Hampshire, WV	13	1%	93%
26801	Hardy, WV	11	1%	94%
26802	Pendleton, WV	11	1%	94%
26757	Hampshire, WV	11	1%	95%
26755	Hampshire, WV	11	1%	96%
All Other	-----	73	4%	100%
		1,717	100%	

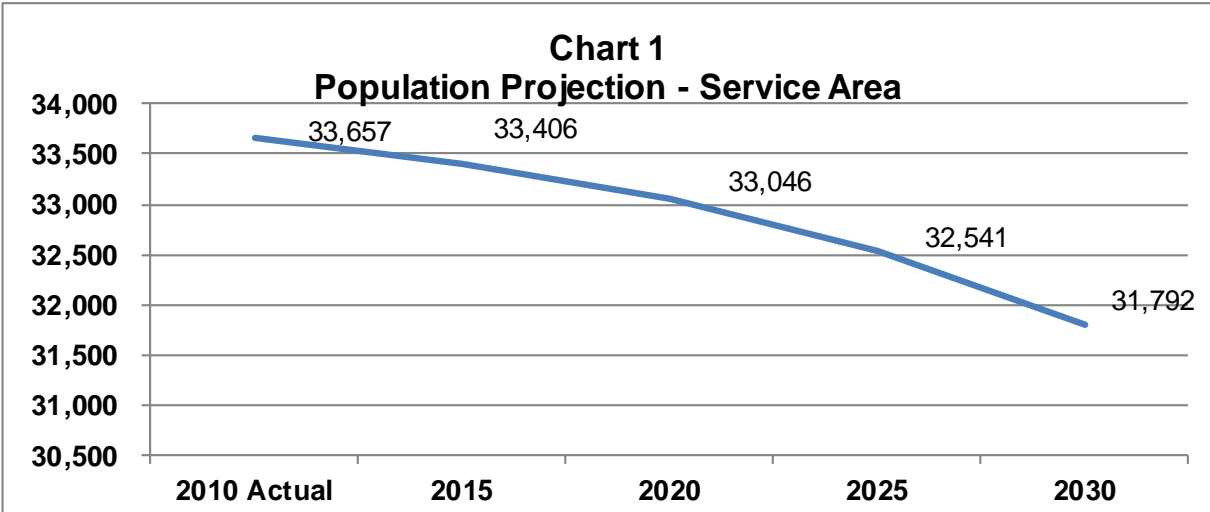


The following map identifies the geographic location of the primary service area counties.



**POPULATION**

As shown in Chart 1, the population of the total service area is projected to steadily decline through 2030.



Source: WVU College of Business and Economics – “Population Trends in West Virginia through 2030”, March 2014

Table 1 includes the population detail by primary service area county. As shown below, Hardy County has the highest population in the service area.

**Table 1: Population Projections**

County	2010 Actual	2015	2020	2025	2030
Grant	11,937	11,918	11,881	11,803	11,671
Hardy	14,025	14,093	14,131	14,125	13,972
Pendleton	7,695	7,395	7,034	6,613	6,149
<b>Total Service Area</b>	<b>33,657</b>	<b>33,406</b>	<b>33,046</b>	<b>32,541</b>	<b>31,792</b>

Source: WVU College of Business and Economics – “Population Trends in West Virginia through 2030”, March 2014

## DEMOGRAPHIC PROFILE

Exhibit 2 presents quick facts data for the service area, state of West Virginia and the United States.

Exhibit 2			
Quick Facts	Service Area	West Virginia	United States
<b>Age</b>			
Persons under 5 years, percent, July 1, 2014, (V2014)	5.0	5.5	6.2
Persons under 18 years, percent, July 1, 2014, (V2014)	19.3	20.5	23.1
Persons 65 years and over, percent, July 1, 2014, (V2014)	22.2	17.8	14.5
<b>Race and Hispanic Origin</b>			
White alone, percent July 1, 2014, (V2014) (a)	96.0	93.7	77.4
Black or African American alone, percent, July 1, 2014, (V2014) (a)	2.1	3.6	13.2
American Indian and Alaska Native alone, percent, July 1, 2014, (V2014) (a)	0.2	0.2	1.2
Asian alone, percent, July 1, 2014, (V2014) (a)	0.5	0.8	5.4
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2014, (V2014) (a)	0.0	0.0	0.2
Two or More Races, percent, July 1, 2014, (V2014)	1.1	1.6	2.5
Hispanic or Latino, percent, July 1, 2014, (V2014) (b)	2.0	1.5	17.4
White alone, not Hispanic or Latino, percent, July 1, 2014, (V2014)	94.4	92.5	62.1
<b>Housing</b>			
Median value of owner-occupied housing units, 2010-2014	111,167	100,200	175,700
Median selected monthly owner costs -with a mortgage, 2010-2014	905	971	1522
Median selected monthly owner costs -without a mortgage, 2010-2014	256	292	457
Median gross rent, 2010-2014	608	630	920
<b>Families and Living Arrangements</b>			
Households, 2010-2014	12,624	742,359	116,211,092
Persons per household, 2010-2014	2.58	2.43	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	92.4	88.3	85.0
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	2.8	2.4	20.9
<b>Education</b>			
High school graduate or higher, percent of persons age 25 years+, 2010-2014	80.9	84.4	86.3
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	12.9	18.7	29.3
<b>Health</b>			
With a disability, under age 65 years, percent, 2010-2014	11.9	14.4	8.5
Persons without health insurance, under age 65 years, percent	12.4	10.4	12.0
<b>Economy</b>			
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	92,665	12,259,395	2,040,441,203
Total retail sales, 2012 (\$1,000) (c)	285,630	22,637,923	4,219,821,871
Total retail sales per capita, 2012 (c)	24,275	12,201	13,443
<b>Transportation</b>			
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	27.0	25.6	25.7
<b>Income and Poverty</b>			
Median household income (in 2014 dollars), 2010-2014	38,039	41,576	53,482
Per capita income in past 12 months (in 2014 dollars), 2010-2014	20,720	23,237	28,555
Persons in poverty, percent	16.3	18.3	14.8

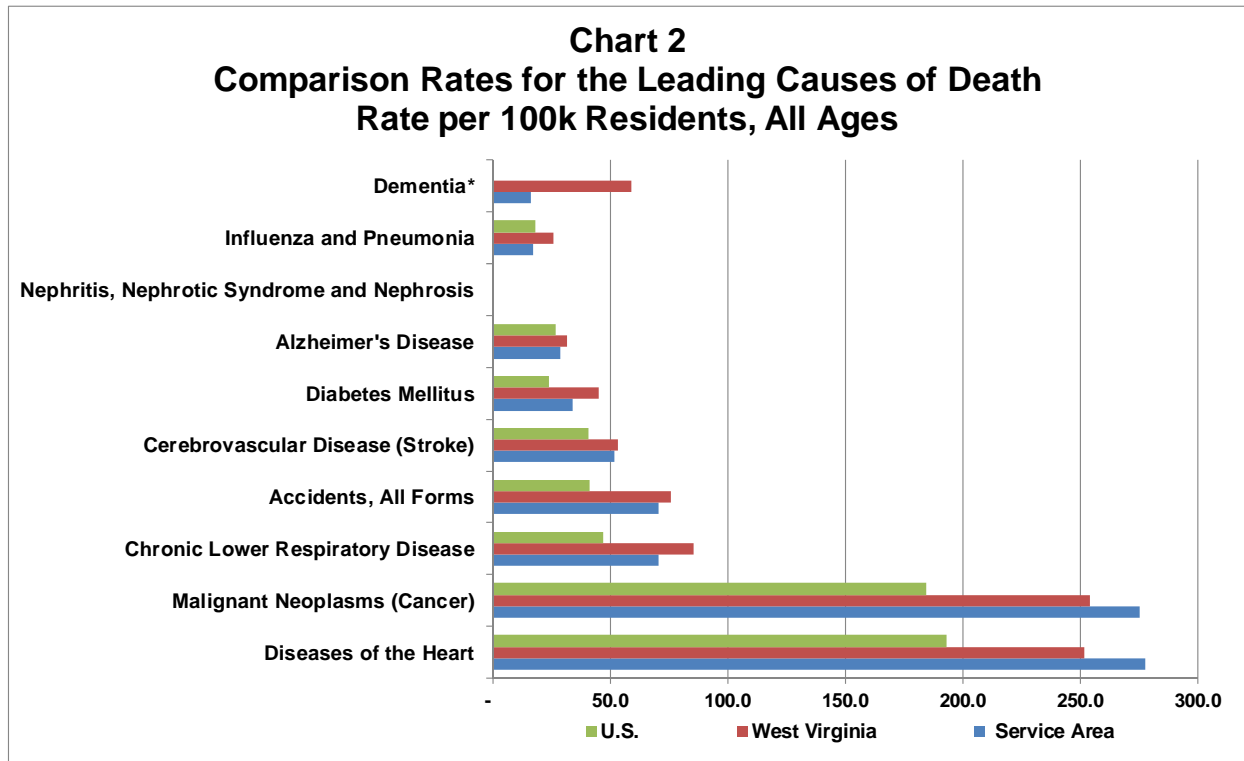
This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates  
The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.  
(a) Includes persons reporting only one race  
(b) Hispanics may be of any race, so also are included in applicable race categories  
(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data  
D: Suppressed to avoid disclosure of confidential information

Source: U.S. Census Bureau-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 Grant Memorial Hospital service area are predominately White/Caucasians (96%) followed by Black or African American (2.1%).
- English is the primary language, though 2.8% speak other than English at home.
- The service area has a lower percentage of those with a high school diploma as compared to the state and the U.S.
- 12.9% of those in the service area hold a bachelor's degrees or higher as compared to the state average of 18.7%. However, both are significantly less than the U.S. average of 29.3%.
- Housing is generally stable and comparable between the service area and the state with 92.4% and 88.3% living in the same house 1 year and over, respectively.
- The service area and the State of West Virginia have a higher percentage of those below the poverty level than of the United States.

Chart 2 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. Nephritis, Nephrotic Syndrome and Nephrosis ranks lowest among the selected top causes of death in West Virginia while Malignant Neoplasms ranks the highest.



Source: West Virginia Department of Health & Human Resources Bureau for Public Health, "West Virginia Vital Statistics 2013"

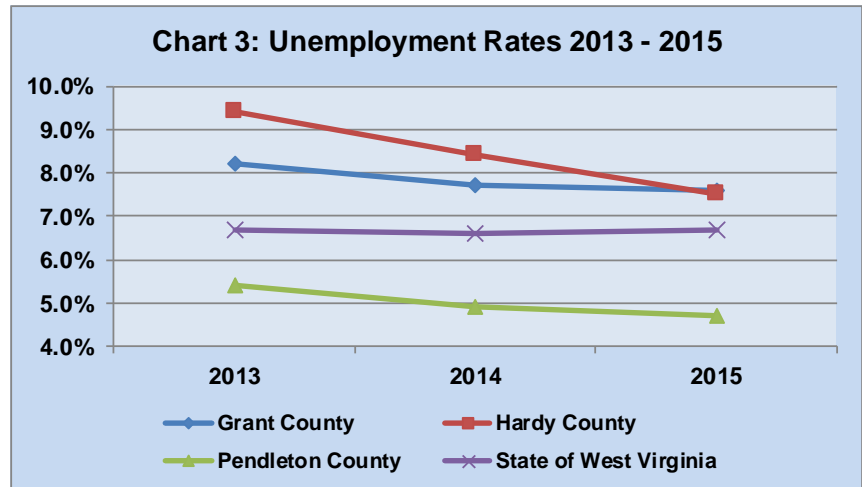
Source: [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_07.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_07.pdf), p. 17

\*Dementia: N/A for the U.S.

# SOCIOECONOMIC CHARACTERISTICS

## UNEMPLOYMENT

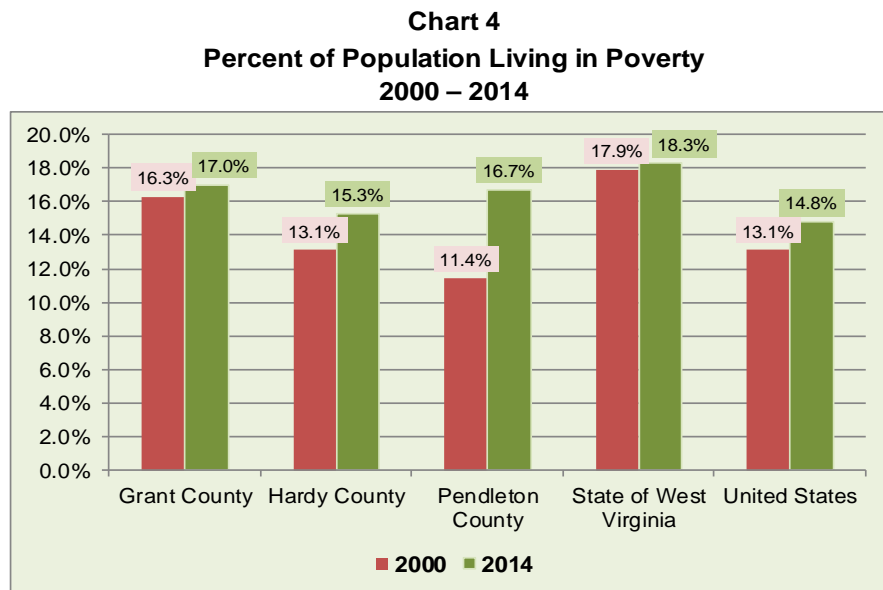
As shown in Chart 3, the Unemployment rate for West Virginia remained relatively constant during the three year period. However, all counties in the service area experienced a decrease in the unemployment rate from 2013-2015. The only county in the service area to experience a lower rate than the state was Pendleton County.



WorkForce West Virginia Annual Averages 2015 - [www.lmi.workforcewv.org](http://www.lmi.workforcewv.org)

## INCOME

Chart 4 presents the percentage of adults living in poverty in 2000-2014 for the service area counties, West Virginia, and the United States. As Chart 4 illustrates, all counties experienced an increase for the fourteen year period. Grant County had the highest percentage of adults living in poverty in 2014 at 17% with Hardy County as the lowest at 15.3%. The service area and the state were above the national level of 14.8% for the fourteen year period.



Source: USDA Economic Research Service

Exhibit 3 presents the median household income for the service area counties, the State of West Virginia and the United States. Two of the service area counties were below the state and national level. Grant County was not only higher than the other service area counties, but also the state level.

**Exhibit 3  
Median Household Income and Family Income  
2010-2014 (5 Year Estimate)**

<b>County</b>	<b>State</b>	<b>Median Household Income</b>	<b>Median Family Income</b>
Grant	WV	\$41,600	\$49,369
Hardy	WV	\$36,465	\$45,692
Pendleton	WV	\$36,052	\$49,712
<b>Total Service Area</b>		<b>\$38,039</b>	<b>\$48,258</b>
<b>State of West Virginia</b>		<b>\$41,576</b>	<b>\$52,875</b>
<b>United States</b>		<b>\$53,482</b>	<b>\$65,443</b>

SOURCE: U.S. Census Bureau American FactFinder, American Community Survey 5-Year Estimates

## **EDUCATION**

The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 4 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 2009-2014. Although the service area and the state had a higher level of those with a high school diploma only when compared to the United States average, the attainment of a college degree was lower in the service area than the United States average.

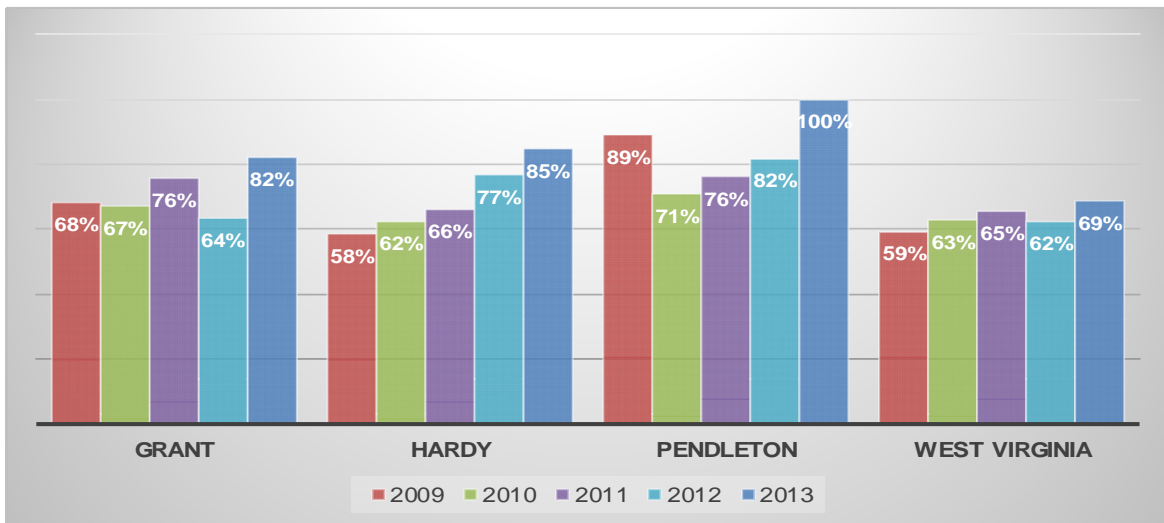
**Exhibit 4  
Highest Level of Education Attained  
2009-2014**

	<b>Service Area</b>	<b>West Virginia</b>	<b>United States</b>
Less than 9th grade	8.5%	5.5%	5.8%
9th to 12th grade, no diploma	10.6%	10.0%	7.8%
High school graduate (includes equivalency)	49.6%	40.9%	28.0%
Some college, no degree	13.1%	18.4%	21.2%
Associate's degree	5.4%	6.4%	7.9%
Bachelor's degree	7.9%	11.6%	18.3%
Graduate or professional degree	4.9%	7.2%	11.0%

SOURCE: US Census Bureau / USDA

Access and participation in early education programs is another important determinant in the future success of students in a population. Chart 5 provides the percent of four-year-olds enrolled in a pre-kindergarten program during 2009-2013. Enrollment rates for the counties in the service area average approximately 75% of the population which indicates that four-year old children were enrolled in qualified pre-kindergarten programs. The data shows that the service area is above the State average.

**Chart 5**  
**Percent of Four-Year-Olds Enrolled in a**  
**Qualified Pre-Kindergarten Program**  
**2009-2013**



Source: KidsCount.org



# HEALTH STATUS INDICATORS

## County Health Rankings

Exhibits 5 through 7 include selected data from the University of Wisconsin Population Health Institute, County Health Rankings 2015 for the service area, and the State of West Virginia. Exhibit 5 includes unfavorable indicators as the percentage of adults in poor/fair health, who smoke or are obese. As shown in Exhibit 5, all counties within the service were either at or within 10% of the state performance for the negative indicators. Approximately one-fifth of the adults in the service area counties and the state are reportedly in poor/fair health or smoke while one-third are obese

**Exhibit 5  
Health Behaviors  
2015**

Health Status Indicator	West Virginia	Grant	Hardy	Pendleton
Adults in fair / poor health	22%	24%	17%	14%
Adult smoking	26%	17%	24%	16%
Adult obesity	33%	36%	31%	36%
Excessive drinking	10%		12%	
Health behaviors county ranking (of 55)		10	25	3

Source: CountyHealthRankings.org

Exhibit 6 includes environmental factors such air pollution, drinking water violations, housing problems and work commute information. The service area and the state performances compared closely for air pollution, housing problems, and commuting to work, while comparing favorably with regards to drinking water violation problems.

**Exhibit 6  
Physical Environment  
2015**

Environmental Factor	West Virginia	Grant County	Hardy County	Pendleton County
Air Pollution <sup>1</sup>	13.2	13.1	13	13.1
Drinking Water Violations	3%	0%	1%	0%
Severe Housing Problems	11%	9%	8%	12%
Driving Alone to Work	82%	79%	79%	74%
Long Commute - Drving Alone	32%	35%	28%	45%
County ranking		3	2	5

Source: CountyHealthRankings.org

<sup>1</sup>Average daily density of fine particulate matter in micrograms per cubi meter (PM2.5)

**Clinical Care**

Exhibit 7 includes clinical care statistics and rankings for the service area counties and the state. The service area compared closely to the state for those uninsured, diabetic monitoring and Mammography screenings. Grant County was comparable to the state for preventable hospital stays while Hardy and Pendleton Counties were favorable comparable to the state. Hardy also performed better than other service area counties for the clinical care state ranking.

**Exhibit 7  
Clinical Care  
2015**

Measure	West Virginia	Grant	Hardy	Pendleton
Uninsured	18%	19%	19%	22%
Preventable Hospital Stays	93	90	75	79
Diabetic Monitoring	84%	80%	85%	89%
Mammography Screening	58.3%	63.3%	61.1%	58.8%
Ranking for Clinical Care (of 55)		27	25	26

Source: CountyHealthRankings.org

**Mental Illness**

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services, is charged with reducing the impact of substance abuse and mental illness on America’s communities. Each year, SAMHSA publishes the most recent annual results from the National Survey on Drug Use and Health (NSDUH) is a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 or older. The NSDUH also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems. An adult with Any Mental Illness (AMI) was defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs). Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Exhibit 8 presents statistics of mental illness taken from the NSDUH for those aged 18 or older at a national level and for West Virginia for 2013-2014. West Virginia compared unfavorably to the nation for those with SMI or AMI.



**Exhibit 8**  
**State Estimates of Adult Mental Illness among Persons Aged 18 or Older**  
**2013-2014**

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

SOURCE: State Estimates of Substance Use and Mental Disorders, 12/16/2015

**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 11 illustrates pregnancy and birth data for the service area and West Virginia. The percentage of low birthweight births in the service area were at or below the state percentage. All service area counties reported alcohol use during pregnancy at or below the State rate, while only one county reported a rate below the State average for tobacco use during pregnancy. 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.



**Exhibit 9**  
**Pregnancy and Birth Data**  
**2013**

Selected Factors	Grant	Hardy	Pendleton	West Virginia
Birth Rate per 1,000 Population	10.7	10.6	9.1	11.2
Number of Births	128	148	70	20,829
% of Births Delivered in Hospital	100.0%	99.3%	97.1%	99.4%
% of Low Birthweight Births	10.2%	10.1%	11.4%	9.4%
% Births to Mothers Under 18	3.9%	4.1%	0.0%	2.7%
% of Births - Prenatal Care Began in First Trimester	78.9%	81.4%	88.6%	81.5%
% of Births - Prenatal Care Began in Second Trimester	20.2%	17.2%	11.4%	14.9%
% of Births - Prenatal Care Began in Third Trimester	0.9%	1.4%	0.0%	3.0%
% of Births - No Prenatal Care	0.0%	0.0%	0.0%	0.6%
Pregnancy Risk Factor: Alcohol Use	0.0%	0.0%	0.0%	0.4%
Pregnancy Risk Factor: Tobacco Use	24.2%	23.6%	21.4%	25.6%

Sources: West Virginia Vital Statistics

# RESULTS OF COMMUNITY PARTICIPATION

## ONLINE SURVEY RESULTS

The community health needs assessment includes anonymous survey results using an online survey website, which was disseminated to employees, patients and the community. Survey responses were collected between March and May 2016.

### Respondent Zip Codes

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

26292	26750	26810	26824	26847	26875
26726	26763	26812	26833	26851	26884
26731	26804	26814	26836	26855	29847
26743	26807	26818	26838	26866	

### Respondent Age Groups

The survey requested that participants provide various demographic data. The ages of participants who responded were 18-24 (5.7%), 25-40 (25.9%), 41-64 (54.0%) and 65 or older (14.4%).

### Gender, Marital Status and Race

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

- Gender: 17% were male and 83% were female.
- Marital Status: 10%-Single, 82%-Married, 6%-Divorced, 2%-Widowed, and 1% indicated Separated
- Race: 97% indicated Caucasian.

### Household

Respondents indicated the following household characteristics:

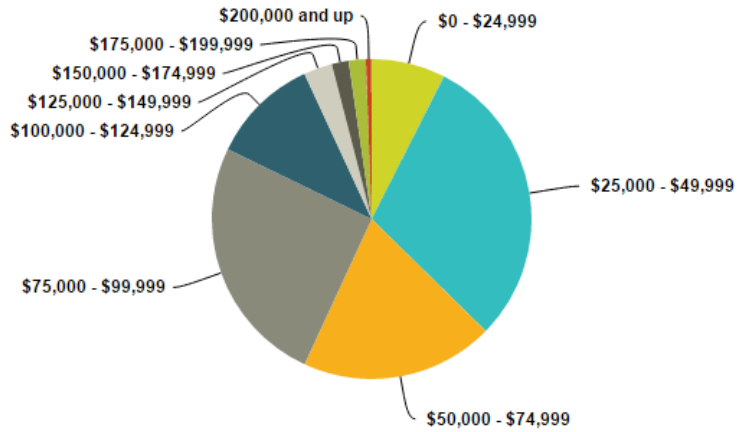
- 47% have children under the age of 18 in their household
- Number in household ranged from 1 to 5:

1: 6%                      2: 36%                      3: 24%                      4: 20%                      5: 10%                      6: 4%

## Income

Household income varied among survey-takers with the majority between \$25,000 and \$99,999:

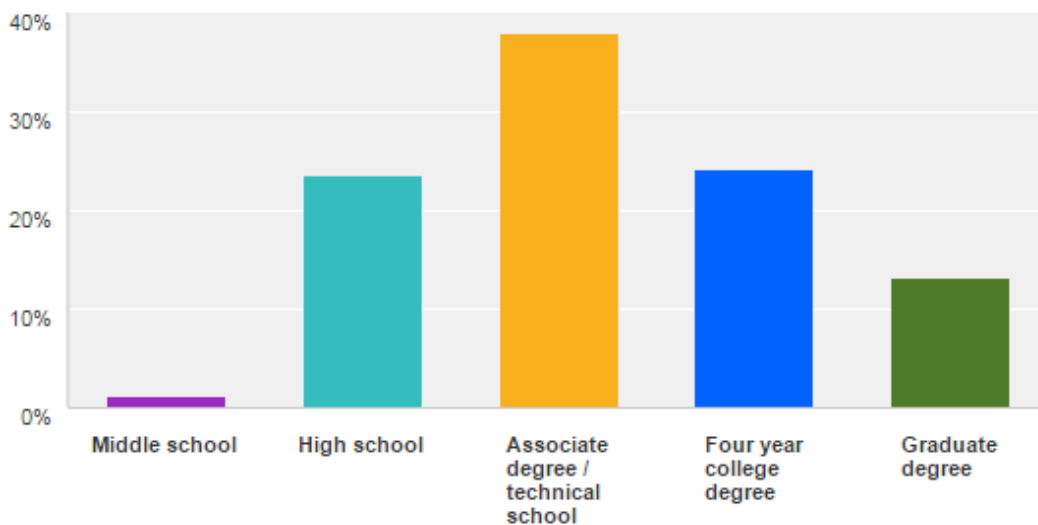
- \$0-\$24,999: 7%
- \$25,000-\$49,999: 30%
- \$50,000-\$74,999: 20%
- \$75,000-\$99,999: 25%
- \$100,000-\$124,999: 11%
- \$125,000-\$149,999: 3%
- \$150,000-\$174,999: 2%
- \$175,000-\$199,999: 2%
- \$200,000 and up: 1%



## Education

Respondents were asked: “What is the highest level of education you have completed?”

One percent of the respondents indicated an education level of middle school while the remaining respondents hold a high school diploma or above.



## Employment

In a separate question, surveyors were asked to provide their employment status. Approximately 70.7% of respondents indicated they are employed full time, 11.5% are employed part time, and 11.5% are retired and 4.6% are disabled. The remaining 1.7% are unemployed with approximately one-third actively searching for employment.

## Insurance Carriers

Since the Affordable Care Act's (ACA) coverage expansion began, about 16.4 million uninsured people nationwide have gained health insurance coverage. In 2014, the uninsured rate in West Virginia was 10.9%, down from 17.6% in 2013. Due to the new coverage options for young adults, employees may add or keep children on their insurance policy until they turn 26 years old. This has afforded coverage to over 2.3 million young adults nationwide that would otherwise been uninsured. As part of the ACA, states were able to expand Medicaid coverage to individuals with family incomes at or below 133% of the federal poverty level. Due to this expansion, over 170,000 West Virginians and approximately 11.2 million nationwide gained Medicaid or Children's Health Insurance Program (CHIP) coverage.



Participants of the survey were asked to identify their insurance carrier, if any. 15.5% selected Medicare, 4.6% selected Medicaid, 64.4% selected Private Insurance and 2.9% indicated they do not have insurance. The remaining 12.6% selected "Other" and entered a response. These responses included private insurance such as Employer Group Plan, Blue Cross, PEIA, and Cigna. 75% of those with Medicaid indicated that coverage was obtained through the Medicaid Expansion.

## Dental Health Care

- 77% received dental care in the past 12 months.
- Barriers that prevent residents from seeing a dentist include cost, lack of insurance, lack of transportation, and unable to take time off from work.



## Routine Health Care

Respondents were asked: “Did you and/or your family have a primary care physician?” 98% indicated “Yes” while 2% indicated “No.” Nearly 90% of those having a primary care physician (PCP) indicated they are able to get an appointment when needed and over 88% are satisfied with the quality of care received at their PCP’s office. For those not having a primary care physician, respondents included a community health care center/clinic, health department, emergency department, and an urgent care center.

41% of respondents indicated they delayed health care due to lack of money and/or insurance.

## *HEALTH ISSUES*

Participants were asked to indicate for which conditions have they or someone in their household received treatment. The top three responses were high blood pressure followed by high cholesterol and joint, bone or muscle pain. The least selected conditions were bariatrics/obesity, long term acute care services, and tobacco abuse/cessation.

High Blood Pressure	55.75%
High cholesterol	43.10%
Joint, bone or muscle pain	33.91%
Diabetes	23.56%
Depression/anxiety disorders	22.41%
None	17.82%
Heart disease	17.24%
Sleeping disorders	13.79%
Neurology disorders	8.62%
Cancer	8.05%
Behavioral/mental health	6.32%
Bariatrics/obesity	2.30%
Long term acute care	2.30%
Tobacco Abuse/Cessation	1.72%

## **PHYSICIAN/HEALTH CARE PROVIDER ONLINE SURVEY RESULTS**

A separate online survey was conducted to obtain feedback from physicians and health care providers. Survey responses were collected between April and May 2016.

### **Specialties Represented**

Family Practice	Mid-Level Practitioners	Urology
Emergency Medicine	Orthopedic Surgery	Other
Internal Medicine	Pediatrics	

### **Practice Patterns**

- 50% indicated they practice in an independent group.
- One-third of the providers are at 51-75% capacity while 56% are over 75% capacity.
- One third have been practicing medicine for over 25 years.
- 94.4% are accepting new patients.
- Top reason for not accepting new patients was that practice is at capacity.

### **Community Issues/Concerns**

Providers were asked to select the top three concerns related to community issues. Lack of jobs/unemployment was selected by 83% of the respondents followed by 67% for Education and then three responses at 22%: Abuse and Violence, Lack of safe, affordable places to exercise, and walking/bike paths and trails.

### **Service Expansion**

When asked to select the conditions/concerns for which services should be expanded at Grant Memorial Hospital, respondents indicated the following top five in order of responses:

Cancer, Substance abuse, Behavioral/mental health, Diabetes, and Heart Disease.



## **COMMUNITY INTERVIEW RESULTS**

Input was solicited from those representing the broad interests of the community in April 2016. Discussions included the health needs of the community, barriers to healthcare access, opportunities for improvement, perception of Grant Memorial Hospital and feedback on GMH's initiatives. The following organizations were selected to provide feedback.

*American Woodmark*  
*Celebrate Recovery*  
*Commission on Aging: Grant, Hardy*  
*County Board of Education: Hardy, Pendleton*  
*County Commisions: Grant, Hardy, Pendleton*  
*County Health Departments: Grant, Hardy Pendleton*  
*Dental Provider*  
*EA Hawse Health Care Center*  
*EA Hawse Nursing & Rehabilitation Center*  
*Food Pantry*  
*Grant County Bank*  
*Grant County Nursing and Rehabilitation*  
*Grant Memorial Home Health*  
*Grant Memorial Hospice*  
*Grant Memorial Hospital-Board of Directors*  
*Heritage Hearing*  
*Love Memorial Clinic*  
*Moorefield Wellness Center*  
*Pendleton Community Bank*  
*Pendleton County Senior and Family Services*  
*Pendleton Manor*  
*Petersburg High School Student/Intern*  
*Potomac Highlands Guild*  
*WVU Extension Office*



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



## Community Health Concerns

Most stakeholders believe that there are numerous major health related problems in the community. The most frequently identified health concerns in the community were chronic illnesses and drug addiction. Other major health related problems in the service area noted were mental health and aging population issues.

---

***Voice from the Community:***  
*“This hospital is vital to this tri-county area.”*

---

## Quality and Access to Services

In general, transportation is an issue for many residents in the service area. While public transportation provides service to Petersburg, it does not include routes in the rural areas. Those living in poverty, as well as the elderly can also face issues in finding transportation to doctor’s appointments and medical facilities. However, many stakeholders interviewed still feel that the lack of easily obtainable transportation discourages people from seeking out medical care. Many stakeholders also felt there is a shortage of primary care physicians (PCP) and residents of the community do not have a PCP. In addition, financial hardships across the service area cause costs, or perceived costs, to limit patients’ willingness to seek treatment which leads to utilizing the Emergency room as a primary care provider.

---

***Voice from the Community:***  
*“For what they are able to do, they do well.”*

---

## Perception of Grant Memorial Hospital

With regard to the perception of Grant Memorial Hospital, stakeholders indicated the overall perception as being mixed, both positive and negative. The convenience of GMH provides a first stop small community hospital for quality care for most medical conditions without traveling out of the service area is greatly appreciated. Specific doctors and some departments are thought highly of, but the emergency room has a negative perception. Many in the community prefer to go to the larger facilities available at Winchester, Virginia instead.

## Progress on GMH Initiatives

---

***Voice from the Community:***  
*“Miracles happen.”*  
*“We’re lucky to have them.”*

---

Most stakeholders believe that there have been great strides from Grant Memorial Hospital in regards to initiatives. The healthy Saturdays have received high praise and are considered efficient and a great cost saver. Some additional education about the programs could be useful, as some were not aware of their existence.

## Future Success of Grant Memorial Hospital

Discussions relating to the future of Grant Memorial Hospital were consistent among interviewees. All participants believed GMH was vital to the community and must continue to offer progressive services to residents. However, there have been great strides made in the efforts of service expansion and active communication and participation in the community. Some stakeholders noted the need to renovate and expand the emergency department. Interviewees also noted a need for continued improvement in the outreach and education programs for the under privileged and low income citizens. Programs should focus on preventative services to avoid the non-emergent use of emergency department, as well as programming for tobacco and obesity. Interviewees noted a lack of quality substance abuse rehabilitation centers in the service area.

On February 15, 2016, The Grant Memorial Trust Foundation along with Grant Memorial Hospital purchased approximately 59 acres of land from Stephen Dolly located on Route 42 in Petersburg, WV to utilize as the new site for a building replacement project for Grant Memorial Hospital. The GMH Strategic Planning Committee has initiated plans to move forward with this building replacement program to be completed within the next 5-7 years. Interviewees were asked how important they feel this is to the community. 52.9% indicated it is very important with 20.7% indicating somewhat important. Then, they were asked to indicate which new services/amenities they would like to see included at the replacement facility. The top three responses were private rooms, cafeteria expansion, and increased parking.

## SUMMARY OF FINDINGS

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.

- The aging population will contribute to the highest growth in the 65 and over age category. An increase in the 65 and older age category contributes to an increase of Medicare beneficiaries with an increased need of services.
- All service area counties experienced an increase in the percentage of adults living in poverty. Many find themselves without insurance and seeking assistance from Medicaid or other programs or simply delay medical treatment.
- Pendleton County had the highest percentage of low birthweight births within the service area.
- The highest percentage of births to mothers under the age of 18 was 4.19% in Hardy County.
- Cigarette smoking was highest in Hardy County, WV at 24% and they reported the highest rate of tobacco use during pregnancy.
- The health status indicator with the highest percentage within all service areas is adult obesity.
- 36% of those in Grant and Pendleton Counties suffer from obesity.

The results of the community health needs assessment quantitative and qualitative analysis, along with the input from members of the community, appears to indicate common themes in the health needs of the Petersburg, West Virginia area and surrounding communities that should be the focus for further service development. These focus areas include the need for the following:

- Preventive care services;
- Substance abuse rehabilitation facilities;
- Additional Community events focusing on health related issues;
- General health education for the primary service area;
- Adolescent, adult, and geriatric behavioral health services;
- Transportation for the impoverished and elderly unable to drive.

## COMMUNITY HEALTH PRIORITIES

The goal of this assessment was to identify community health priorities and ways in which GMH may address those priorities. The results of the CHNA will enable the Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community. After reviewing data sources providing demographic, population, socioeconomic, and health status information in addition to community feedback, health needs of the community were prioritized. The following community health issues were also identified in the prior CHNA of GMH. These issues have been selected as the priority health issues to be addressed:

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

### ***Chronic Disease Management***

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

**Resources:** The Hospital hosts events to provide outreach and education to the residents of Petersburg and the surrounding communities. Designated as “Healthy Saturdays”, these events provide low or no cost health and blood screening services which helped to provide care many would not otherwise receive.

### ***Unhealthy Lifestyles***

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

**Resources:** The Hospital will continue to provide outreach and education for smoking cessation, proper nutrition and the importance of physical activity. Healthy Saturdays have been well received and provide additional opportunities for education to the community. GMH will monitor the services provided to identify additional needs of the community.

### ***Drug and Alcohol Abuse***

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

cognitive effects due to brain damage, fetal alcohol syndrome, low birthweight, and other poor health outcomes. Substance abuse problems commonly occur in conjunction with mental health issues.

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

**Resources:** The Hospital will maintain its collaboration and referral network to address patients' needs with regards to addiction and abuse. GMH will continue to provide outreach and education to the residents of Petersburg and the surrounding communities.

## **NEXT STEPS**

With the completion of the Health Needs Assessment, Grant Memorial Hospital will establish an implementation plan which will use the Hospital's individual strengths and resources to best address their community's health needs and improve the overall health and wellbeing of residents of its service area.