





DAVIS MEDICAL CENTER 2022 COMMUNITY HEALTH CARE NEEDS ASSESSMENT

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INTRODUCTION

The 2022 Community Health Needs Assessment (CHNA) of Davis Medical Center (Hospital) builds on and incorporates by reference the collaborative CHNA effort of the Hospital, area residents, and other community stakeholders. This process extends the previous Community Health Needs Assessment (CHNA) developed and published in 2019.

The research effort was conducted to identify healthcare issues and needs throughout the Hospital service area of Barbour, Pocahontas, Randolph, Tucker, Upshur, and Webster counties. Information from the CHNA will assist hospital leadership and decision-makers in developing a strategic plan and goals that positively impact the health of the population in the Hospital's service area. The results of the CHNA will enable the Hospital as well as other community providers to collaborate in their efforts to provide the necessary resources for the community members.

To assist with the CHNA process and completion, Davis Medical Center worked with Stadelman Consulting, a market research company located in Thomas, W.Va. 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.

The CHNA partners' goal was to produce a current profile of health status, wellness, health delivery, and general public-sourced opinions about healthcare services and resources in Randolph County and surrounding communities. The process used a compilation of the most recent local, state, and federally sourced data, as well as opinions and concerns articulated by community residents and stakeholders through surveys and interviews. The study also reviewed the prior implementation plan to assess the progress and community feedback related to the Hospital's plan.

The significant components of the Davis Medical Center 2022 CHNA include:

- Demographic Information
- Socioeconomic Characteristics of the Service Area
- Health Status Indicators
- Access to Care
- Results of Community Health Needs Online Survey
- Results of Key Stakeholder Online Survey



METHODOLOGY

This assessment has two goals. The first goal is to gather current and viable statistics and indicators on various healthcare issues in the service area. The second goal is to obtain an understanding of opinions and perceptions of community healthcare needs from residents and community stakeholders. This CHNA includes qualitative and quantitative research components – including a data profile and an online survey among residents and key stakeholders in the service areas.

Quantitative & Qualitative Data:

An online survey was conducted throughout the service area counties to obtain an understanding of community residents' perceptions and knowledge of healthcare issues, barriers, and services. A statistical data profile was also compiled to depict the population size, economic status, income status, and vitals, among other healthcare statistics.

Additionally, an online survey was conducted among key stakeholder interviews to gather perceptions and opinion data on community health care needs. The data was collected from various sectors, including public health and medical providers, emergency rescue representatives, child and youth services, and religious organizations. This data was used to give a greater internal perspective to the outlying members of the public health service sector.



II. BACKGROUND

HOSPITAL & COMMUNITY PROFILE

Hospital Profile

Davis Medical Center is a part of Davis Health System (DHS) which serves the needs of surrounding counties with professional, quality health care services. Davis Medical Center is located in Randolph County, Elkins, West Virginia.

It is an 80-bed acute care access hospital that provides excellent, high-quality care in a compassionate and cost-effective manner. The following services are represented:

Outpatient Center

- Family Practice plus mid-levels
- Pediatricians plus mid-level
- OB/Gynecologists plus mid-levels and walk-in clinic
- Pain Management Clinic with mid-level
- General Surgeons plus mid-level
- Orthopedic Surgeon plus mid-level
- Podiatrists
- Speech and Swallowing Center
- 11-bed Day Surgery Unit (renovated 2014)
- Outpatient Pharmacy
- Outpatient Diagnostics (General Radiology and Laboratory)
- Pre-Admission Offices
- Wound Care Acute Care

Acute Care

- 24/7 Emergency Department (\$2.5 Million Renovation)
- Day Surgery
- Inpatient Physical Therapy
- Hospitalists
- 9-Bed Intensive Care Unit (ICU)
- Clinical Decision Unit
- 24-Bed Private Med/Surgical Unit
- 30-Bed Medical/Surgical Unit
- Family Birthing Center
- O.R./Recovery Diagnostics



Diagnostics

- Digital Mammography
- CT
- MRI
- PET Scan
- General Radiology
- Stereotactic Breast Biopsies
- Ultrasound & Nuclear Medicine
- Laboratory (Histology, Microbiology and Pathology)
- Cardiac Stress Testing & Echo-Cardiology
- Blood Bank

On Campus

- Endoscopy Center
- Cancer Care Center
- Sleep Lab
- Davis House (free place of respite for cancer patients and their families)
- Davis Health System Foundation
- Cardiac Care (provided by West Virginia University) plus Cardiac Rehab System Facilities

259STAT

- Community Care Pharmacy

DirectCare of Elkins

- Walk-In Care

Buckhannon Medical Care

- Family Practice & Specialty Clinics (podiatry, nephrology, pediatrics)
- Telemedicine
- Gastroenterology
- Diabetes
- Surgical



Medical Specialties

(DHS & Affiliated Medical Staff)

- Acute Care
- Advanced Imaging Capabilities
- Allergy
- Anesthesiology
- Behavioral Health
- Birthing Center
- Cancer Center/screenings
- Cardiology/Cardiac Rehab
- Chemotherapy
- Direct Lab Access Testing
- Dentistry (Oral Surgery)
- Emergency Department Services
- Emergency Medicine
- ENT (Ear, Nose, Throat)
- Extensive Laboratory Services
- Family Practice
- Gastroenterology & Endoscopy
- General Practice
- General Surgery
- Gynecology
- Health Coach
- Hematology
- Home Health Care
- Internal Medicine
- Laboratory Services
- Mammography
- Medicare Wellness Visits
- Nephrology
- Nutrition
- Obstetrics
- Ophthalmology
- Optometry
- Orthopedics
- Pain Management
- Pathology
- Pediatrics
- Physician Specialists
- Podiatry
- Psychology
- Pulmonology
- Radiation Oncology
- Radiology/Diagnostics Services
- Sleep Center
- Surgical Services
- Telemedicine
- Therapy (Physical, Occupational, Respiratory)
- Transitional Care
- Women's Health
- Urology



Community Profile

Davis Medical Center and its subsidiaries are located in Elkins, West Virginia. Elkins is located approximately four hours west of Washington D.C., three hours south of Pittsburgh, Pennsylvania, and two hours north of Charleston, West Virginia. These communities are accessible by major interstates and secondary roadways.

Davis Medical Center's service area is defined based on the geographical location in which a majority of its patients occupy. The hospital's primary and secondary service areas consist of Randolph, Barbour, Pocahontas, Tucker, Upshur, and Webster counties.

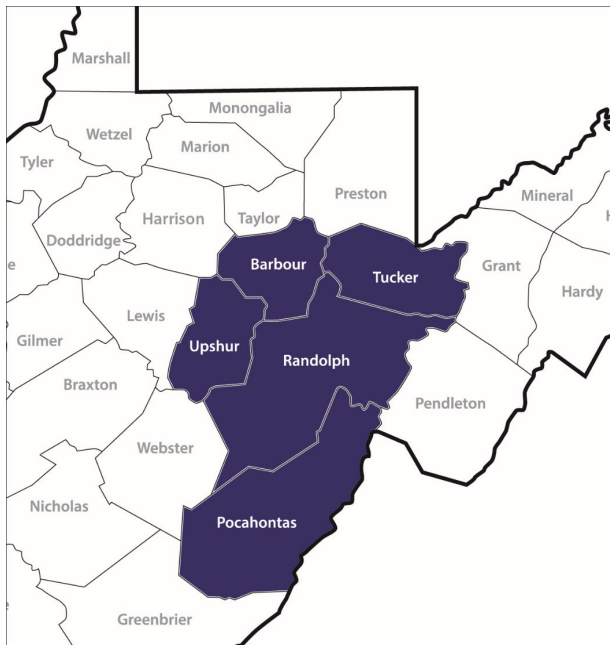




SERVICE AREA

A hospital's service area is defined as the geographic area from which a significant number of the patients utilizing the services reside. Although the community health needs assessment considers other types of healthcare providers, hospitals are the single largest provider of acute care services. For this expressed reason, the utilization of hospital services provides the clearest definition of the service area.

The service area of Davis Medical Center encompasses six counties – Barbour, Pocahontas, Randolph, Tucker, Upshur and Webster counties.



shows a summary of Davis Medical Center's inpatient discharges by zip code for 2021. A third (32%) of inpatient discharges were from the Elkins area, while one in ten (9%) were from the Belington area. Other areas where discharged patients live include Beverly (7%), Mill Creek (5%), Parsons (5%), Philippi (3%), Montrose (3%), and Buckhannon (2%).



Table 1
Summary of Inpatient Discharges by Zip Code
2021

ZIP CODE	CITY, STATE	DISCHARGES	% OF TOTAL DISCHARGES	CUMULATIVE %
26241	Elkins, WV	881	31.57%	31.57%
26250	Belington, WV	240	8.60%	40.16%
26253	Beverly, WV	196	7.02%	47.19%
26287	Parsons, WV	141	5.05%	52.24%
26280	Mill Creek, WV	129	4.62%	56.86%
26416	Philippi, WV	84	3.01%	59.87%
26283	Montrose, WV	83	2.97%	62.84%
26201	Buckhannon, WV	66	2.36%	65.21%
26264	Durbin, WV	60	2.15%	67.36%
26269	Hambleton, WV	48	1.72%	69.08%
26257	Coalton, WV	48	1.72%	70.80%
26273	Huttonsville, WV	42	1.50%	72.30%
26294	Valley Head, WV	35	1.25%	73.56%
26270	Harman, WV	33	1.18%	74.74%
26278	Mabie WV	29	1.04%	75.78%
26293	Valley Bend, WV	27	.97%	76.75%
All OTHER	Various	649	23.25%	100.00%
TOTAL		2,791	100.00%	



III. SERVICE AREA POPULATION AND VITAL STATISTICS

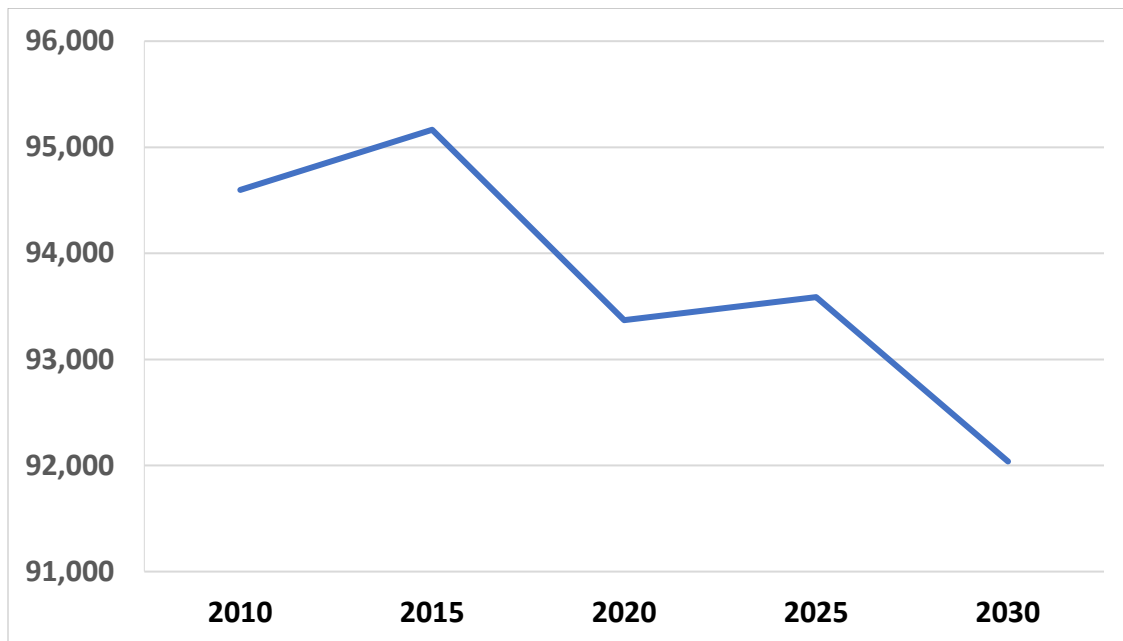
DEMOGRAPHICS

Population

The population in the service area was forecasted based on data provided by the U.S. Census Bureau (Census). The U.S. Census compiled demographical data based on 2010, 2015, and 2020 figures. This data was delineated to depict population trends in 2025 and 2030.

As seen in **Chart 1**, the area is predicting a decrease of nearly 1,300 from 2020 to 2030 in Davis Medical Center's service area. While the population is expected to fall, the utilization of services is not solely based on population but primarily defined by the age groups that account for the whole. The large senior population in the service area will place a steady demand on needed healthcare services.

Chart 1
Population of Service Area: 2010 – 2030
(Actual: 2010-2020; Estimated: 2025-2030)

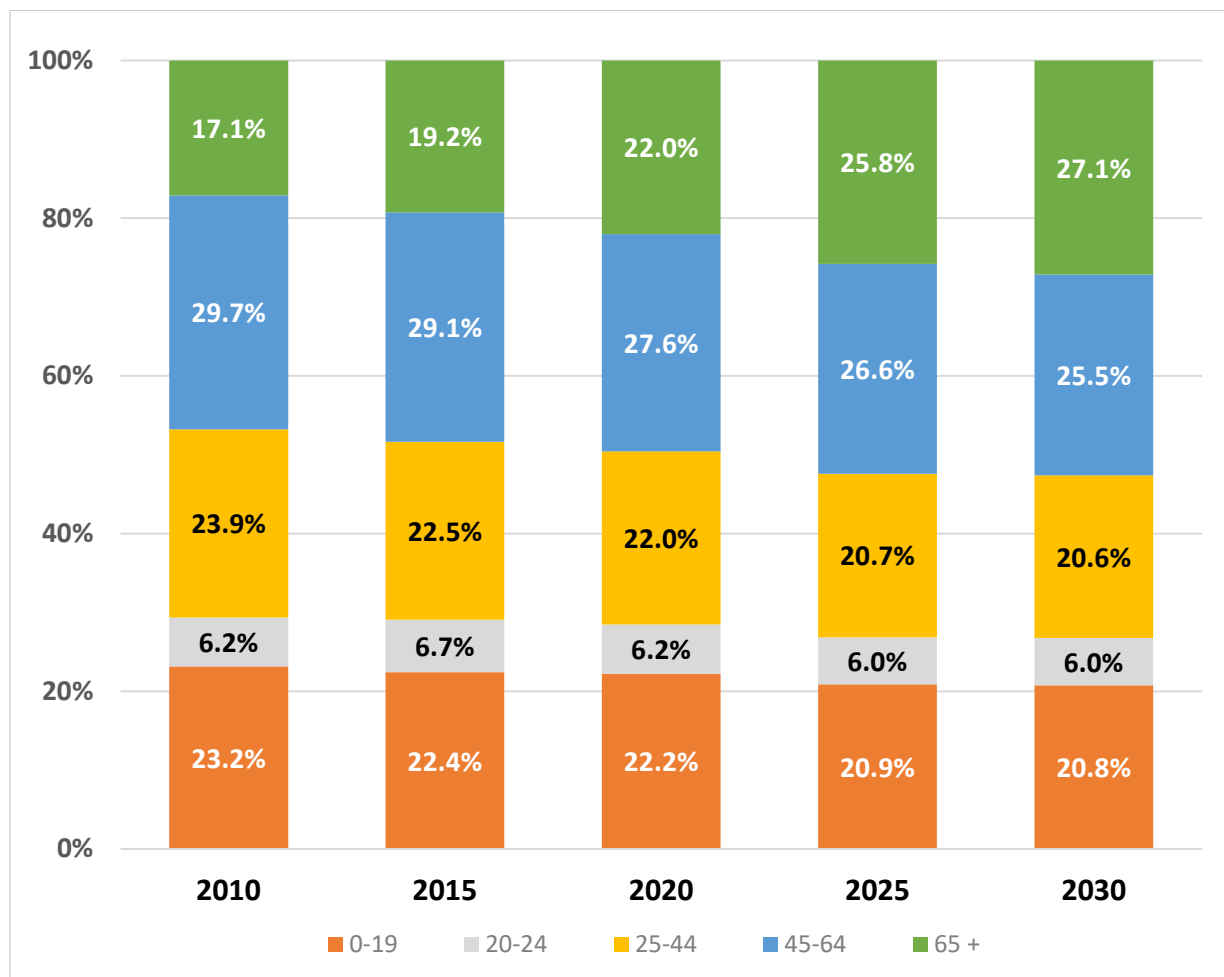


SOURCE: Bureau of Business and Economic Research, College of Business and Economics, West Virginia University, March 2017 and American Community Survey-2020 5-Year Estimates, US Census, S0101.



Chart 2 shows the actual age population segments of the service area in 2010, 2015, and 2020. It also shows future forecasts in 2025 and 2030 as quantified by the U.S. Census Bureau for West Virginia. The younger and middle age groups (0-19; 20-24; 25-44; and 45-64) throughout the service area gradually decrease, while the 65 and older population increases significantly. In 2030, it is anticipated that more than one in four (27%) residents in the service area will be 65 and over, compared to one in five (22%) in 2020.

Chart 2
Population of Service Area: 2000 – 2030
(Actual: 2010-2020; Estimated: 2025-2030)



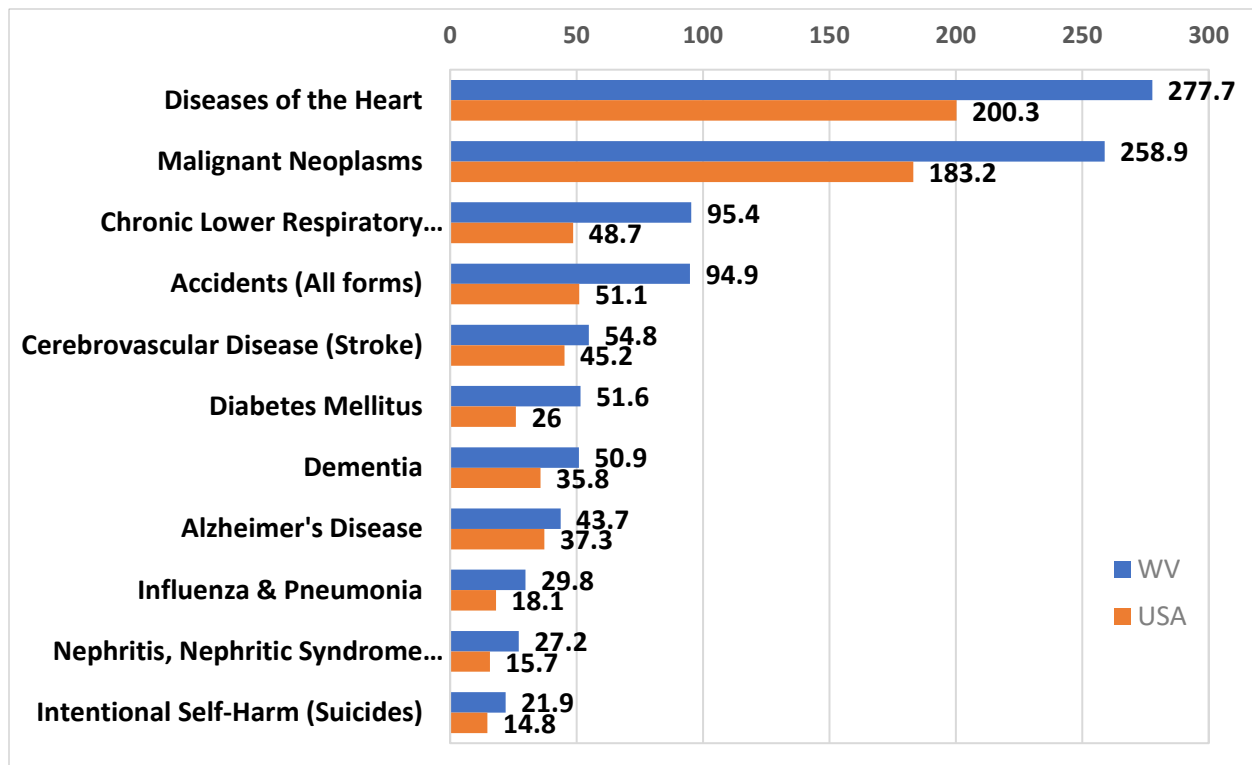
SOURCE: Bureau of Business and Economic Research, College of Business and Economics, West Virginia University, March 2017 and American Community Survey-2020 5-Year Estimates, US Census, S0101.



Vital Statistics

Chart 3 provides statistics on the leading causes of death for residents of West Virginia and the United States. The leading causes of death are determined by the average rate per 100,000 residents. The number of West Virginia residents who died in 2018 from Malignant Neoplasms and Diseases of the Heart is significantly higher than the national rate and other listed causes of death. West Virginia also had nearly twice as many residents die from “chronic lower respiratory disease” compared to the United States.

Chart 3
State and National Comparison of Rates
for Selected Causes of Death
2018



Source: 2018 West Virginia Vital Statistics, West Virginia Department of Health and Human Resources



State and National Comparisons of Rates for Selected Causes of Death 2018

Leading cause of death	West Virginia			United States		
	Number of Deaths	Rate per 100,000 Population	Percent of Total	Number of Deaths	Rate per 100,000 Population	Percent of Total
Diseases of the Heart	5,015	277.7	21.4%	655,381	200.3	23.1%
Malignant Neoplasms (Cancer)	4,676	258.9	19.9%	599,274	183.2	21.1%
Chronic Lower Respiratory Disease	1,723	95.4	7.3%	159,486	48.7	5.6%
Accidents, All Forms	1,713	94.9	7.3%	167,127	51.1	5.9%
Cerebrovascular Disease (stroke)	989	54.8	4.2%	147,810	45.2	5.2%
Diabetes Mellitus	932	51.6	4.0%	84,946	26.0	3.0%
Dementia	920	50.9	3.9%	117,202	35.8	4.1%
Alzheimer's Disease	790	43.7	3.4%	122,019	37.3	4.3%
Influenza & Pneumonia	539	29.8	2.3%	59,120	18.1	2.1%
Nephritis, Nephritic Syndrome & Nephrosis	491	27.2	2.1%	51,386	15.7	1.8%
Intentional Self-Harm	404	22.4	1.7%	48,344	14.8	1.7%
Total for Leading Causes	18,192	1,007.4	77.5%	2,212,095	676.1	77.9%
All Other Causes (Residual)	5,270	291.8	22.5%	627,110	191.7	22.1%
Total for All Causes	23,462	1,299.2	100.0%	2,839,205	867.8	100.0%

Source: 2018 West Virginia Vital Statistics, West Virginia Department of Health and Human Resources



IV. SOCIOECONOMIC INDICATORS EMPLOYMENT

EMPLOYMENT

Davis Health Systems is the top employer in Randolph County and the expanded service area, according to WorkForce West Virginia. Additional major employers that support the service area include:

- County Boards of Education
- Walmart Corporation
- Local Colleges
- Coal Companies (Arch Coal, Mettiki)
- WVU Medicine
- Huttonsville Correctional Center
- Regency West Virginia Ventures (hospitality services at state parks)
- Armstrong Hardwood Flooring
- Ski Resorts (Snowshoe, Timberline)

Table 2 details the percentage of the population employed by each major industry in the service area, West Virginia, and the United States. In West Virginia and the service area, nearly one in three residents work in the “education, health care, and social assistance industries,” while one in ten works in “retail services.” The service area tends to have slightly more people working in the “arts, entertainment and recreation” and “construction” areas than in West Virginia. The service area also tends to have fewer people working in the “professional and scientific industry” and “retail services” than in West Virginia and the United States.

Table 2
Employment by Major Industry
2020

Major Industries	Service Area	West Virginia	United States
Education, Health Care, and Social Assistance	28%	29%	24%
Retail Services	10%	12%	11%
Arts, Entertainment, and Recreation	10%	9%	8%
Construction	9%	7%	7%
Manufacturing	8%	8%	10%
Transportation and Warehousing	6%	6%	6%
Professional and Scientific	5%	8%	12%
Finance, Insurance and Real Estate	3%	5%	7%
Other Service Industries	4%	5%	5%
State and Local Government	7%	7%	5%
All Other Occupations	11%	4%	5%
TOTAL	100%	100%	100%

SOURCE: US Census, American Factfinder, Economic Characteristics (DP03), 2020



Table 3 presents an 11-year summary of unemployment rates for the counties within Davis Medical Center’s service area, West Virginia, and the United States. Overall, West Virginia has a similar unemployment rate as the United States. In 2021, one in 20 residents in West Virginia was unemployed. The unemployment rates decreased significantly among all counties from 2010 to 2021 by a percentage point. Upshur and Webster counties had the highest unemployment rate in 2021, 6.2% each, respectively, while Pocahontas County had the lowest unemployment rate, 5.0%.

Table 3
Unemployment Rates of Service Area
2010-2021

Counties	2010	2015	2021
Upshur	9.3%	7.8%	6.2%
Webster	10.2%	7.4%	6.2%
Randolph	10.5%	6.9%	5.6%
Tucker	11.0%	6.0%	5.4%
Barbour	10.1%	7.2%	5.3%
Pocahontas	11.6%	8.0%	5.0%
West Virginia	8.6%	6.6%	5.1%
United States	9.6%	5.3%	5.4%

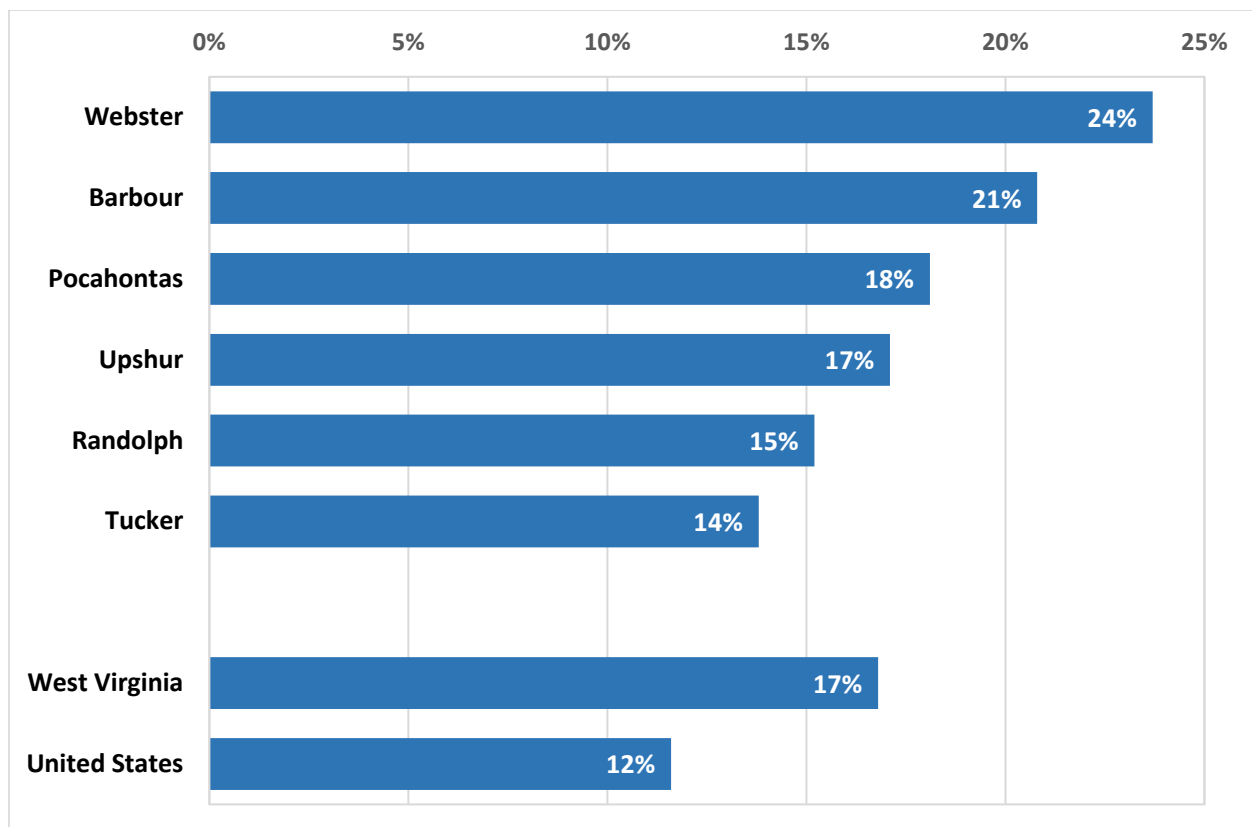
SOURCE: U.S. Bureau of Labor Statistics



INCOME

Chart 4 shows the percentage of adults living in poverty in 2020 for the counties included within the service area, West Virginia, and the United States. Overall, more than one in six (17%) West Virginia adults live in poverty, compared to over one in ten (12%) adults in the United States. Looking at the service area, Webster County has the highest percentage of adults living in poverty (24%), followed by Barbour County (21%), Pocahontas County (18%), and Upshur County (17%). Tucker County experienced the lowest poverty rate, with less than one in six (14%) adults living in poverty.

Chart 4
Percent of Adults Living in Poverty
2020



SOURCE: U.S. Census Bureau of American Factfinder, Quickfacts, 2020



Table 4 presents the median household and family income for the service area counties, West Virginia, and the United States in 2020. Household and family income in the service area counties and the state are significantly below the national average. Tucker County has the highest Median Household Income, followed by Randolph and Upshur counties. Looking at the Median Family Income, Tucker and Randolph counties have the highest figures, while Webster County has the lowest.

Table 4
Median Household and Family Income
2020

Counties	Median Household Income	Median Family Income
Tucker	\$47,527	\$57,143
Randolph	\$45,206	\$57,127
Upshur	\$40,802	\$56,691
Barbour	\$38,906	\$54,368
Pocahontas	\$37,642	\$55,179
Webster	\$33,358	\$43,789
West Virginia	\$48,037	\$61,707
United States	\$64,994	\$80,069

SOURCE: U.S. Census Bureau of American Factfinder, S1901, 5-year average



EDUCATION

The education levels of a population have been shown to correlate to its overall health and welfare. **Table 5** and **Chart 5** show the education levels of the counties in the service area, West Virginia, and the United States in 2020. Overall, residents in the service area counties tend to be less educated than residents in West Virginia. One in ten (9%) residents in the service area have a bachelor's or graduate degree, compared to 13% statewide. Additionally, nearly half (49%) of the residents in the service area are high school graduates, while one in ten (9%) don't have a high school diploma.

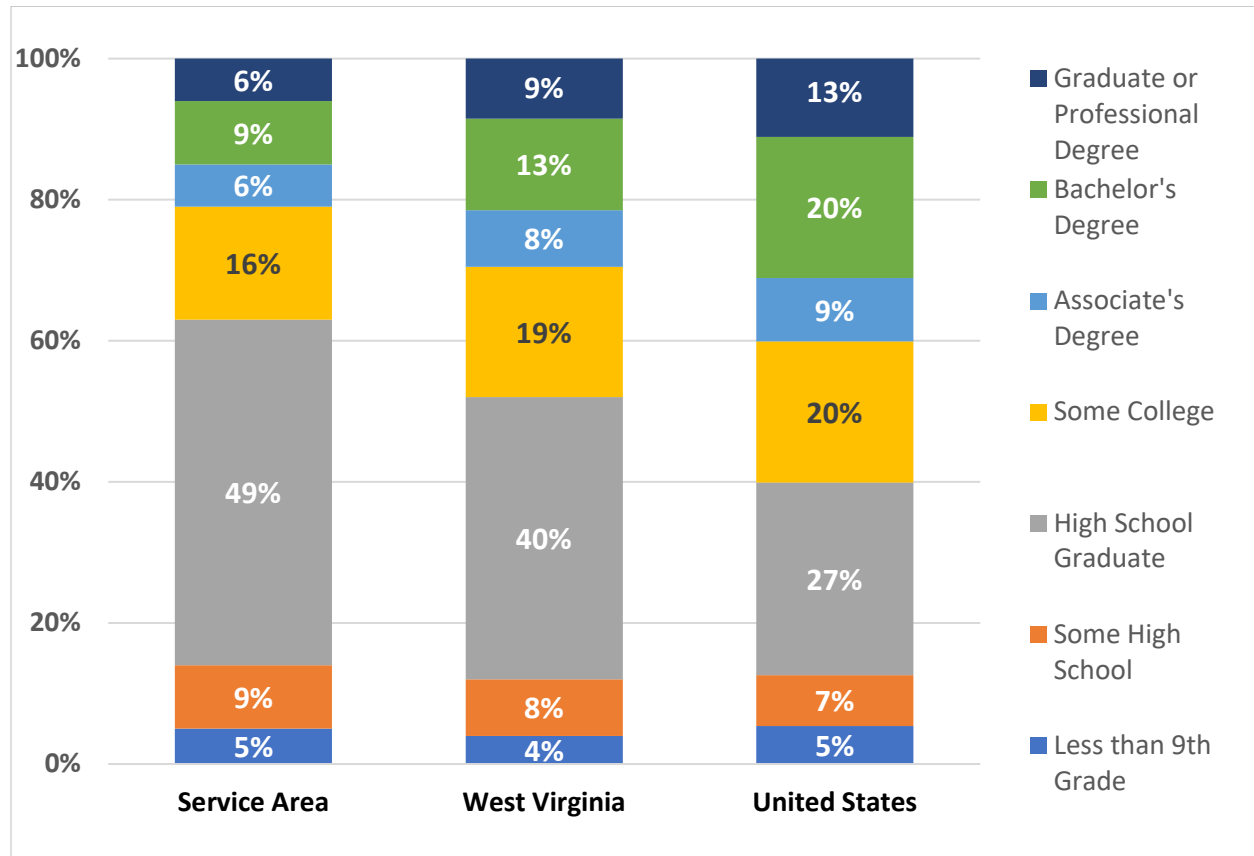
Table 5
Highest Level of Education Attained
2020

Counties	Less than 9th Grade	Some High School	High School Graduate	Some College	Associate degree	Bachelor's Degree	Graduate or Professional Degree
Randolph	4%	9%	50%	16%	5%	10%	6%
Barbour	4%	9%	51%	14%	9%	8%	6%
Tucker	3%	9%	46%	17%	6%	11%	9%
Pocahontas	6%	10%	47%	17%	7%	9%	5%
Upshur	5%	8%	51%	13%	6%	10%	6%
Webster	11%	12%	46%	16%	4%	6%	4%
AVERAGE	5%	9%	49%	16%	6%	9%	6%
West Virginia	4%	8%	40%	19%	8%	13%	9%
United States	5%	7%	27%	20%	9%	20%	13%

SOURCE: U.S. Census Bureau of American Factfinder, S1501, 5-year average



Chart 5
Highest Level of Education Attained
2020



SOURCE: U.S. Census Bureau of American Factfinder, S1501, 5-year average



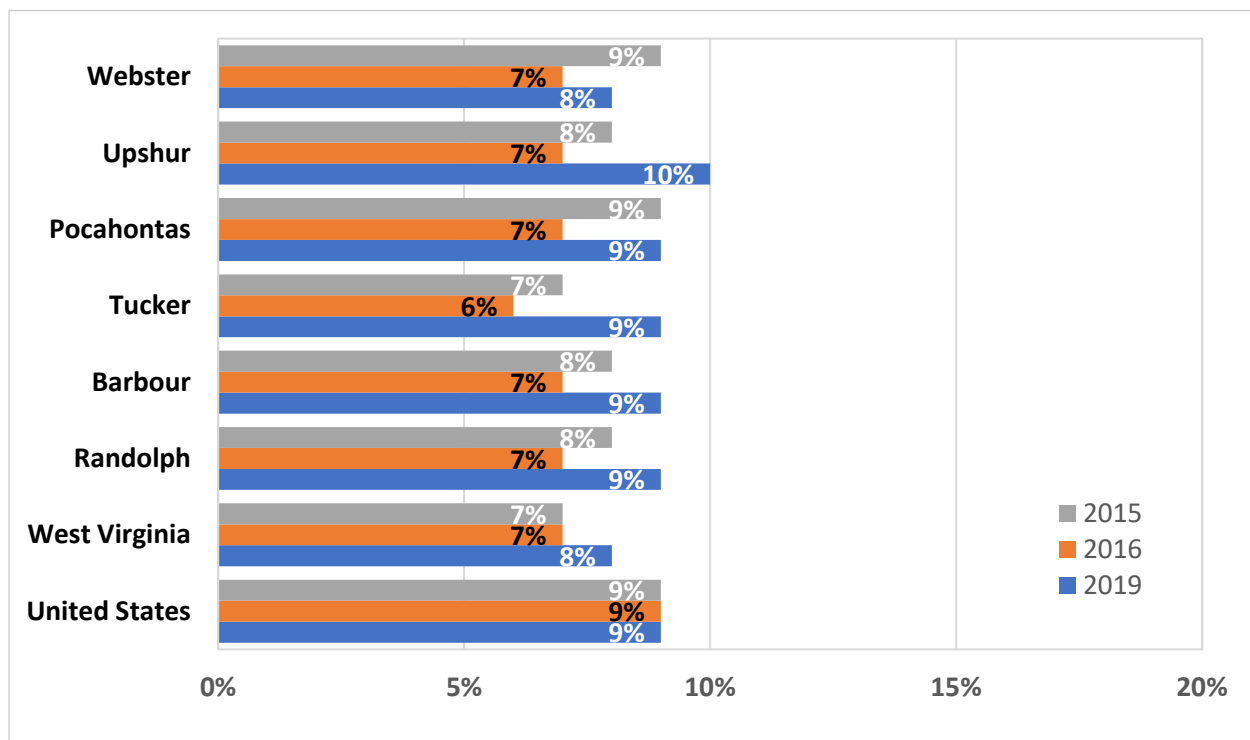
HEALTH INSURANCE

Since the Affordable Care Act's (ACA) coverage expansion began, about 35 million uninsured people nationwide have gained health insurance coverage. More than half of Americans under age 65 — about 156 million people — get their health insurance through an employer, while about one-quarter either have a plan purchased through the individual insurance market or are enrolled in Medicaid. Today, 43% of U.S. adults ages 19 to 64 are inadequately insured — nearly the same as in 2010 — though important shifts have taken place.

West Virginia is one of the states that elected to expand Medicaid eligibility. Medicaid coverage applies to adults with incomes up to 138% of the federal poverty level. According to healthinsurance.org, West Virginia has decrease its uninsured rate by 56% with Medicaid expansion. As of 2019, a total of 632,491 people, or a third of West Virginia's population, are covered by Medicaid/Chip. This is an increase of 174,116 in the number of people enrolled in health care from 2013 to 2019.

Chart 6 provides the uninsured rates from 2013 to 2019 for the service area, West Virginia, and the United States. The uninsured population has increased significantly in the service area from 2016 to 2019.

Chart 6
Uninsured Rates by County
2015-2019 Comparison



SOURCE: Countyhealthrankings.org



V. HEALTH STATUS INDICATORS

Many factors can influence a population's overall health and well-being including but not limited to health behaviors, social and economic factors, the physical environment, and access to clinical care. The Robert Wood Johnson Foundation tracks multiple indicators that provide insight into health behaviors and lifestyles. This Foundation's data findings are published annually in the County Health Rankings Report.

Table 6 shows the report's findings for West Virginia compared to the counties in the service area in 2019. For ease of comparison, all data have been converted on a percentage basis and represent the proportion of adults identified in each respective health status or physical environment category. The report also ranks West Virginia counties according to their summary measures of health outcomes and health factors.

As shown in **Table 6**, the results demonstrate that the health status indicators are similar among all counties. Many counties in the service area align closely with the state of West Virginia data. The data shows that the local population suffers from poor health due to obesity, inactivity, and lack of availability of healthy food ingredients. Nearly a third (30%) of the residents of Tucker County do not participate in any physical activity; however, 99% of the residents have access to opportunities. In Barbour County, only 13% of residents have access to exercise opportunities, while a third (36%) are obese. The Food Environment Index averages the area's eating habits and scales them based on health-conscious eating. Pocahontas County has the lowest score, while Tucker County has the highest score for the Food Environment Index.

Table 6
Health Behaviors Index
2019

Counties	West Virginia	Randolph County	Barbour County	Tucker County	Pocahontas County	Upshur County	Webster County
Adult Smoking	26%	26%	25%	23%	27%	26%	29%
Adult Obesity	40%	37%	36%	40%	40%	39%	44%
Excessive Drinking	15%	15%	13%	16%	15%	14%	13%
Physical Inactivity	30%	33%	33%	30%	34%	34%	37%
Access to Exercise Opportunities	50%	77%	13%	99%	93%	57%	32%
Food Environment Index	6.6	7.8	7.5	8.4	6.1	7.8	7.3
Health Behaviors Ranking		27	35	5	14	20	50

SOURCE: [Countyhealthrankings.org](https://countyhealthrankings.org), County Snapshots: West Virginia, University of Wisconsin Population Health Institute, Robert Woods Foundation

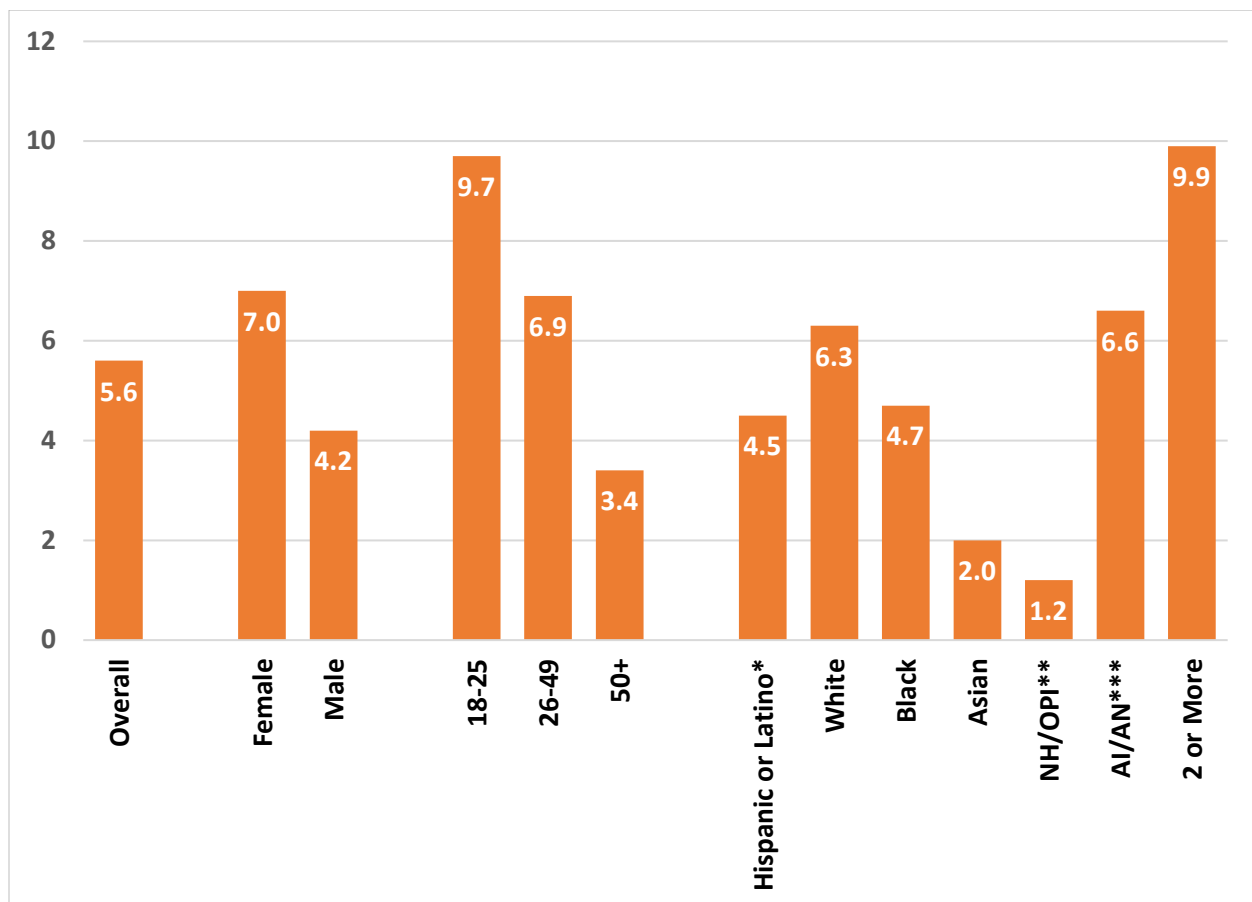


Mental Illness

Mental illness is among the leading causes of general disability nationally. Statistics show direct correlations between mental illness and a gradual degradation in the quality of life. Studies are performed on an annual basis in order to accurately assess the population's segmentation of mental health at both national and state levels.

Chart 7 shows the prevalence of Serious Mental Illness (SMI) among adults in the United States. Females and persons in the 18-25 age group show the greatest prevalence.

Chart 7
Prevalence of Serious Mental
Illness Among U.S. Adults
2020

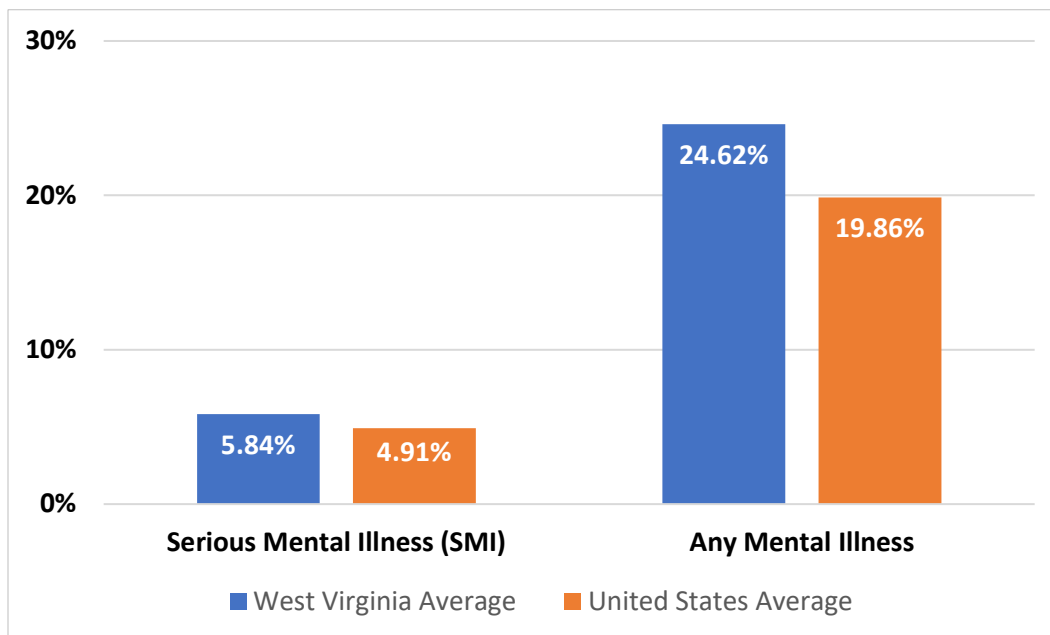


SOURCE: National Institute of Mental Health



Chart 8 shows the percentage of Adult Mental Illness among persons ages 18 and older. In West Virginia, an annual average of about 82,000 adults aged 18 or older (5.84% of all adults) in 2018–2019 had SMI in the past year. The yearly average percentage in 2018–2019 was slightly higher than the annual average percentage in 2014–2015.

Chart 8
Percentages of Adult Mental Illness
among Persons Ages 18 and Older
2018-2019



SOURCE: SAMHSA, National Survey on Drug Use



Healthy Mothers, Babies and Children

The well-being of mothers, babies, and children is a critical component of a community's overall health. Healthy babies and children help to improve the health of future generations. A review of public health data available included percentages of maternal smoking, low birth-weight situations, and teen pregnancy. According to the March of Dimes, the factors that increase the risk for low birth-weight babies include: fetal birth defects, maternal chronic health issues, maternal diabetes, maternal tobacco use, maternal infections, maternal alcohol and illicit drug use, placental problems, and inadequate weight gain.

Table 7
Pregnancy/Birth Data
2018

Selected Factors	West Virginia	Randolph County	Barbour County	Tucker County	Pocahontas County	Upshur County	Webster County
Birth Rate per 1,000 population	10.1	9.1	9.5	8.1	8.9	10.2	11.5
Number of Births	18,243	261	157	56	75	249	95
% of Births Delivered in the Hospital	99.4%	98.9%	100.0%	96.4%	100.0%	100.0%	100.0%
% of Low Birth Weight Events	9.4%	10.3%	8.3%	10.7%	5.3%	8.0%	10.5%
% of Births to Underage Mothers (<18)	1.5%	3.1%	0.6%	1.8%	0.0%	0.8%	2.1%
% of Births - Prenatal Care Began in 1st Trimester	79.1%	78.6%	77.1%	80.4%	77.3%	78.2%	72.3%
% of Births - Prenatal Care Began in 2nd Trimester	14.4%	14.0%	17.2%	14.3%	8.0%	14.9%	16.0%
% of Births - Prenatal Care Began in 3rd Trimester	4.7%	6.2%	3.2%	1.8%	12.0%	4.4%	9.6%
% of Births - No Prenatal Care	1.8%	1.2%	2.5%	3.6%	2.7%	2.4%	2.1%
PRF: Drug Use	9.3%	12.3%	8.9%	7.1%	4.0%	10.0%	8.4%
PRF: Tobacco Use	23.8%	31.2%	31.2%	16.1%	20.0%	25.8%	32.6%

Source: 2018 West Virginia Vital Statistics, West Virginia Department of Health and Human Resources



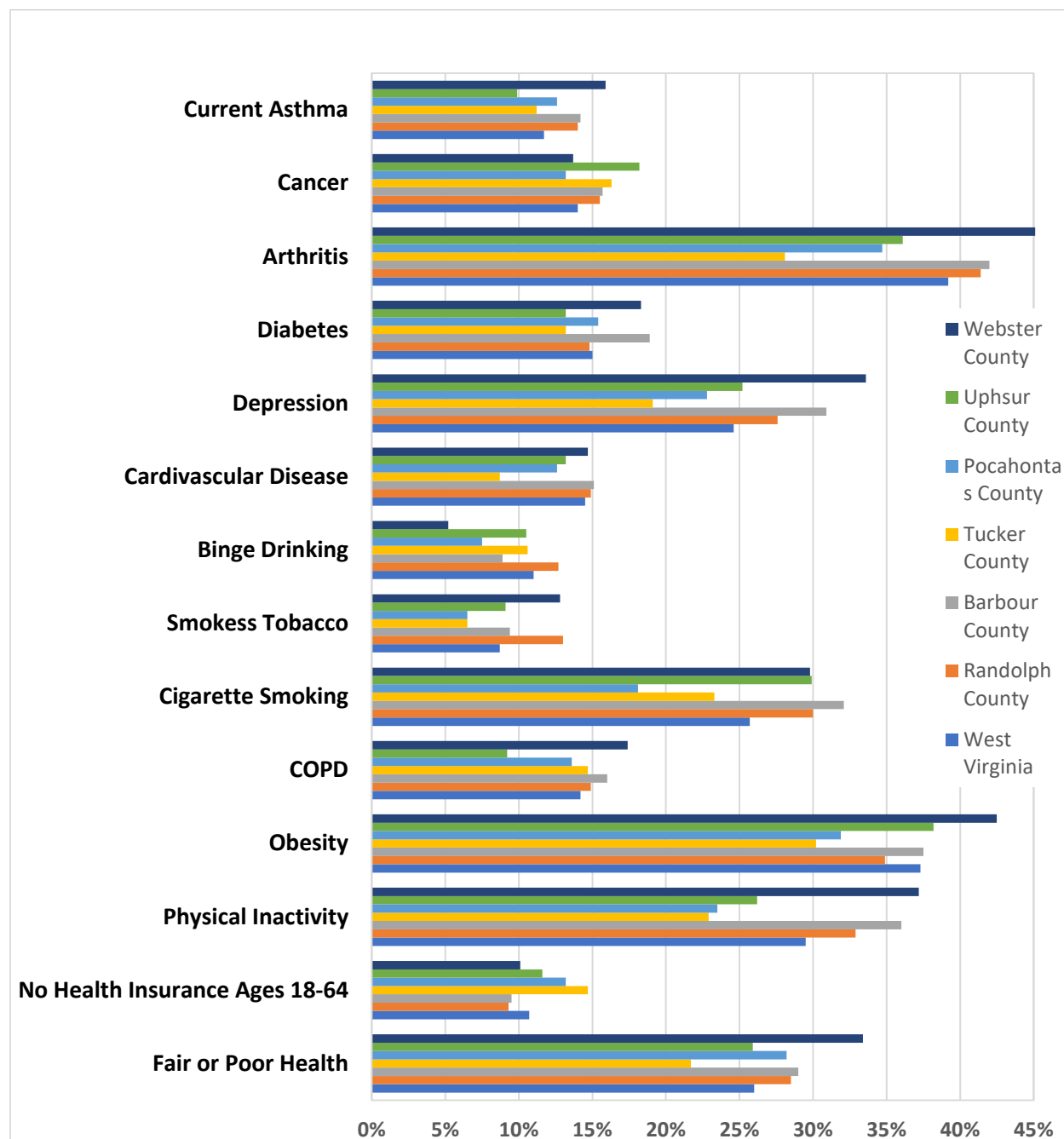
As shown in **Table 7**, the percentage of mothers who didn't receive prenatal care until the third trimester in the service area ranged from 12% in Pocahontas County to 1.8% in Tucker County. The state average is 4.7%. Looking at the low birth rate, three of the counties were below the state average of 9.4%, except for Randolph (10.3%), Tucker (10.7%), and Webster (10.5%) counties. Randolph County (3.1%) has the highest percentage of births to mothers under the age of 18, while Pocahontas County had no recorded births to underage mothers. Statewide, nearly a quarter (23.8%) of mothers reported smoking during pregnancy. In the service area, Webster County had the highest percentage, 32.6%, while Tucker County had the lowest, 16.1%.



BRFSS Findings

The Behavioral Risk Factor Surveillance System (BRFSS) measures many factors that can affect populous health. **Chart 9** shows the risk factors for the service area and West Virginia. Some of the variables recorded included: lack of proper insurance, addictive habits like binge drinking, chronic ailments, COPD, and arthritis.

Chart 9
BRFSS Findings 2018



SOURCE: West Virginia BRFSS, 2018



Substance Abuse

Table 8 and **Table 9** summarize marijuana and illicit drug usage, drug dependence of abuse, and those needing but not receiving treatment for illicit drug usage in West Virginia and the United States. These statistics are based on the 2019-2020 National Survey on Drug Use and Health (NSDUH). References to “Past Month” and “Past Year” are related to statistics from 2018.

West Virginia has a higher illicit drug use disorder population as a whole than what is estimated to be the national average.

**Table 8 - West Virginia
Selected Drug Usage Estimated Numbers
(Percent Averages) by Age Group
2019-2020**

WEST VIRGINIA	12+	17-25	18-25	26+	18+
Illicit Drugs					
Past Month Illicit Drug Use	10.94%	6.13%	25.40%	9.43%	11.38%
Past Year Marijuana Use	13.98%	10.10%	34.17%	11.57%	14.33%
Past Month Marijuana Use	9.48%	6.24%	22.55%	7.99%	9.77%
Past Month Use of Illicit Drugs Other than Marijuana	3.12%	1.49%	5.98%	2.90%	3.27%
Past Year Cocaine Use	1.96%	0.18%	4.96%	1.73%	2.12%
Past Year Nonmedical Pain Relief Use	3.48%	2.06%	5.00%	3.42%	3.61%
Past Year Dependence, Abuse and Treatment					
Illicit Drug Use Disorder	7.48%	5.98%	19.23%	6.01%	7.62%
Substance Use Disorder	14.26%	6.96%	29.01%	12.98%	14.93%
Needing But Not Receiving Treatment for Illicit Drug Use	6.30%	4.15%	12.14%	5.58%	6.54%



Table 9 - United States
Selected Drug Usage Estimated Numbers
(Percent Averages) by Age Group
2019-2020

UNITED STATES	12+	17-25	18-25	26+	18+
Illicit Drugs					
Past Month Illicit Drug Use	13.24%	7.71%	24.43%	12.15%	13.79%
Past Year Marijuana Use	17.73%	11.66%	34.98%	15.76%	18.33%
Past Month Marijuana Use	11.66%	6.63%	23.02%	10.48%	12.16%
Past Month Use of Illicit Drugs Other than Marijuana	3.38%	1.81%	5.44%	3.24%	3.53%
Past Year Cocaine Use	1.93%	0.36%	4.80%	1.66%	2.08%
Past Year Nonmedical Pain Relief Use	3.44%	1.93%	4.63%	3.43%	3.59%
Past Year Dependence, Abuse and Treatment					
Illicit Drug Use Disorder	6.64%	4.85%	14.56%	5.63%	6.82%
Substance Use Disorder	14.54%	6.34%	24.39%	13.97%	15.35%
Needing But Not Receiving Treatment for Illicit Drug Use	6.28%	4.76%	14.18%	5.24%	6.43%

SOURCE: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019-2020.



VI. COMMUNITY HEALTH CARE ACCESS

Federally Designated Areas

The federal government recognizes the vulnerability of populations with limited access to healthcare professionals. To combat the potential effects of a shortage of healthcare workers providing primary care and dental services, special designations have been established to identify healthcare shortages in areas and strive to improve patient service reimbursement as well as other incentives. The following is a brief description of these designations:

- **Health Professional Shortage Area (HPSA):** HPSAs may be rural or urban areas, a population, or a public/nonprofit medical facility. The designation is based on population-to-physician ratios, as seen in Table 10. There are separate qualifications for shortages in primary care, dental, and mental health services.
- **Medically Underserved Area (MUA):** MUAs consider several health and welfare variables of a population, including age, poverty, and infant mortality, in addition to the number of actively practicing physicians in the area.
- **Medically Underserved Populations (MUP):** Areas that do not meet the qualifications of MUA designation may still qualify for MUP status if there are unusual local conditions that are a direct or indirect obstacle to access to healthcare services.

As population shifts occur within areas and practicing locations of healthcare professionals, the criteria used for initial federal shortage designations is periodically reassessed. Some areas previously noted as having a shortage may have seen an influx of healthcare service workers and may no longer meet the requirements for designation.

Inversely, if an area sees a departure of healthcare professionals, this area potentially qualifies for a healthcare shortage designation. While the patient service area has not been considered for shortage designation in earlier years for the categories listed above as of the date of this report, all areas within the service area do fall into one or more of the healthcare shortage designations, and all counties in the service area garnish the status of an MUA.



Primary Care and Dental Services

Access to primary care and dental services is critical to a community's overall health. An assessment of the health needs of service area residents should consider the availability of primary care and dental services from all sources within the community. A primary care physician treats many mental health patients for illnesses such as depression and others; therefore, access to primary care directly impacts mental health treatment.

Table 10 shows the rate of primary care physicians and dentists for 2019 in ratio form. Regarding dentists, Barbour County has the highest number of persons per dentist. The remaining counties in the service area, as well as West Virginia as a whole, are significantly higher than the national average. Although Randolph County shows a ratio of Primary Care Physicians comparable to the state and national ratios, the other counties fall significantly higher and above the national benchmark. Webster and Pocahontas counties have the highest ratio of persons per primary care physician, 2,700 to 1 and 2,750 to 1, respectively. The table does not include mid-level medical practitioners, another primary care source.

Table 10
Primary Care Physicians and Dentists
Ratio Based on Population
2019

Counties	Primary Care Physicians	Dentists
Randolph	1,430:1	2,180:1
Barbour	2,350:1	3,290:1
Tucker	2,280:1	1,700:1
Pocahontas	2,750:1	2,730:1
Upshur	1,610:1	2,200:1
Webster	2,700:1	2,010:1
West Virginia	1,270:1	1,740:1
United States	1,200:1	1,210:1

SOURCE: [Countyhealthrankings.org](https://www.countyhealthrankings.org)



County Health Departments

County health departments strive to provide a broad spectrum of preventive and primary care services designed to improve residents' general health and wellness by pledging to give optimal community-based healthcare services to its residents. These departments focus on health promotion, disease prevention, and direct intervention through planning and professional delivery. **Table 11** serves as a summary of the services provided by each respective health department's website.

Table 11
Summary of Services Provided by County Health Departments
2021

HEALTH DEPARTMENT SERVICE	BARBOUR	POCAHONTAS	RANDOLPH	TUCKER	UPSHUR	WEBSTER
Behavioral Health	X					
Breast/Cervical Center Screening	X	X	X			
Cancer Information Specialist			X			
Community Education	X	X	X	X	X	X
Counseling	X		X			
Dental Services					X	
Environmental Services	X	X	X	X	X	X
Epidemiology	X	X	X	X	X	X
Family Planning	X	X	X			X
General Health	X	X	X	X	X	X
HIV/AIDS Care	X	X	X	X	X	X
Immunizations	X	X	X	X	X	X
Lab Screening						
Psychiatric Evaluation	X					
Right From the Start	X					
STD Prevention & Care	X	X	X	X	X	X
Threat Preparedness	X	X	X	X	X	X
Tuberculosis	X	X	X	X	X	X
Wise Women Program			X			
Women, Infants and Children Program	X		X	X		X

SOURCE: Obtained Information from Respective Health Department.



The service area is comprised of only one general acute care, not-for-profit hospital (Davis Medical Center), which provides inpatient, outpatient, and emergency healthcare services to the residents of each respective area. The following table includes the hospital information along with the services they provide:

PRIMARY SERVICE AREA					
Hospital	Davis Medical Center	Broaddus Hospital	Webster County Memorial Hospital	Pocahontas Memorial Hospital	Saint Joseph's Hospital
WV County	Randolph	Barbour	Webster	Pocahontas	Upshur
Hospital Type	General Acute	Critical Access	Critical Access	Critical Access	Critical Access
Emergency Services					
Emergency Department	X	X	X	X	X
Other Services					
Behavioral Health	X	X			
Community Outreach	X			X	
Home Health	X				X
Hospice					
IV Therapy	X	X			
Lithotripsy	X				
Obstetrics	X				X
Respite Care		X		X	
Rural Health Clinic			X	X	
Sleep Studies	X				X
Wound Care	X	X		X	X
Surgery					
Inpatient Surgery	X				X
Orthopedics	X				X
Special Care					
Intensive Care Unit (ICU)	X				X



	Davis Medical Center	Broadus Hospital	Webster County Memorial Hospital	Pocahontas Memorial Hospital	Saint Joseph's Hospital
Diagnostic Imaging					
Computerized Tomography (CT)	X	X	X	X	X
DEXA Scan Bone Densitometry	X	X			
Digital Mammography	X	X	X	X	X
Digital X-Ray	X	X	X		X
Echocardiography	X	X	X	X	
General Radiology	X	X	X	X	X
Magnetic Resonance Imaging (MRI)	X	X	X		X
Nuclear Imaging	X		X		
Position Emission Tomography (PET)	X				
Single Photon Emission Computerized Tomography (SPECT)					X
Ultrasound	X	X	X	X	X
Oncology Services					
Cancer Program	X				
Chemotherapy	X				X
Orthopedic Services					
Joint Replacement	X				
Subprovider Units					
Skilled Nursing		X			X
Swing Beds		X	X	X	X
Cardiovascular Services					
Cardiac Rehab	X				X
Rehabilitation					
Physical Therapy	X	X	X	X	
Occupational Therapy		X		X	
Respiratory Therapy	X	X	X	X	
Speech Therapy	X	X		X	



Table 12 shows the short-term, long-term, and specialty-care inpatient beds for the acute care and critical access hospitals in the service area.

Table 12
Available Hospital Beds in the Primary Service Area
2021

Hospital	LICENSED BEDS	STAFFED BEDS
Davis Memorial Hospital		
Acute	71	71
ICU	9	9
Skilled Nursing	-	-
Total	80	80
Broaddus Hospital		
Acute & Swing	12	12
ICU	-	-
Skilled Nursing	60	60
Total	72	72
Webster County Memorial Hospital		
Acute	25	25
ICU	-	-
Skilled Nursing	-	-
Total	25	25
Pocahontas Memorial		
Acute & Swing	25	25
ICU	-	-
Skilled Nursing	-	-
Total	25	25
St Joseph's Hospital		
Acute & Swing	25	25
ICU	-	-
Skilled Nursing	26	26
Total	51	51
Total		
Acute & Swing	158	158
ICU	9	9
Skilled Nursing	86	86
Total	253	253

SOURCE: West Virginia Health Care Authority: Uniform Financial Reports



Services Provided

A hospital's market share relative to others in the market area may be based mainly on the services required by patients and the availability of those services in each facility. While all the hospitals in the service area provide short-term acute care services, a number of these hospitals provide specialized inpatient and outpatient services to meet the needs of residents in their communities. These technical services complement other services offered within the facility as well as those provided by other healthcare providers operating in the service area.

Inpatient Services

The majority of hospitals within the service area provide short-term acute care services to adult and pediatric patients; however, skilled nursing and long-term care (LTC) inpatient services are also offered by these hospitals. **Table 13** shows the inpatient discharges by patient type for the hospitals in the service area.

Table 13
Inpatient Discharges by Hospital
by Patient Type
2021

	Davis Medical Center	Broadus Hospital	Webster County Memorial Hospital	Pocahontas Memorial Hospital	St. Joseph's Hospital
Adults & Pediatrics	1,945	75	123	142	914
ICU	406				188
Nursery	200				314
Skilled Nursing		28			
Swing Bed		116	39	60	74
Other LTC					
TOTAL	2,791	219	162	202	1,490

SOURCE: UFR via WVHCA, Annual Reports, 2021



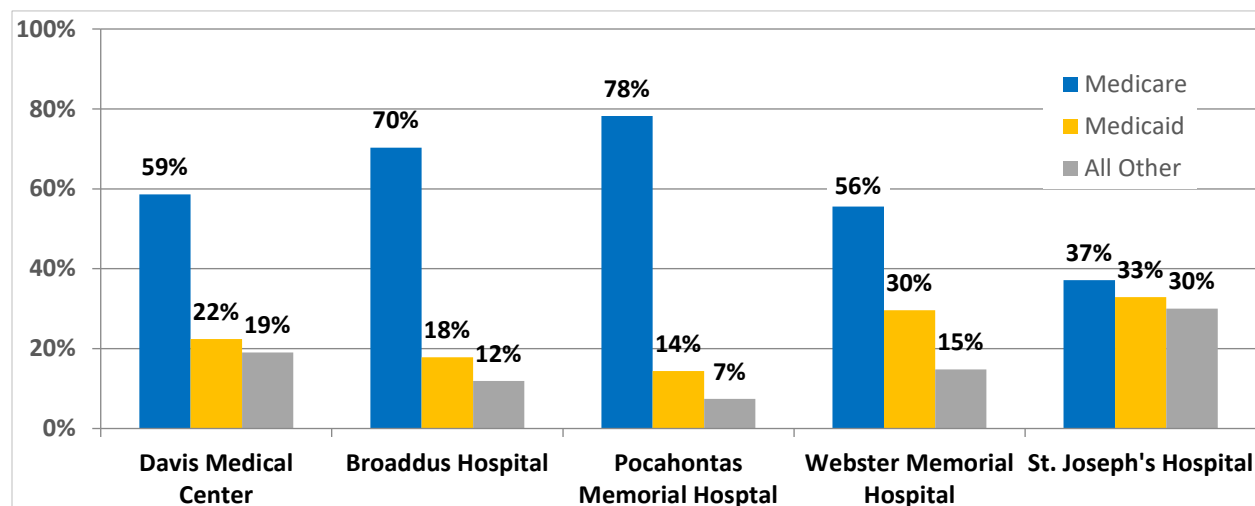
Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. FQHCs include community health centers, migrant health centers, health care for the homeless centers, public housing primary care centers, and outpatient health programs or facilities operated by a tribe or tribal organization or an urban Indian organization. The primary purpose of the FQHC Program is to enhance the provision of primary care services in medically underserved urban and rural communities. FQHCs within the Davis Medical Center service area include:

- St. George Medical Clinic, Tucker County
- Mountaintop Healthcare, Tucker County
- Belington Medical Clinic, Barbour County
- Community Care of West Virginia, Upshur County
- Little Meadow Health Center, Randolph County
- Valley Health Care, Randolph County
- Harman Health Center, Randolph County
- Hillsboro Clinic, Pocahontas County
- Community Care of Marlinton, Pocahontas County
- Community Care of Greenbank, Pocahontas County

Chart 10 showcases the inpatient discharges by the payer for each hospital in 2021. As the data indicates, Medicare patients make up a significant portion of each hospital's discharges for four of the five hospitals in the service area. Medicaid is a significant payer for three of the facilities – accounting for greater than 20% of payments.

Chart 10
Inpatient Discharges by Hospital by Payer
2021

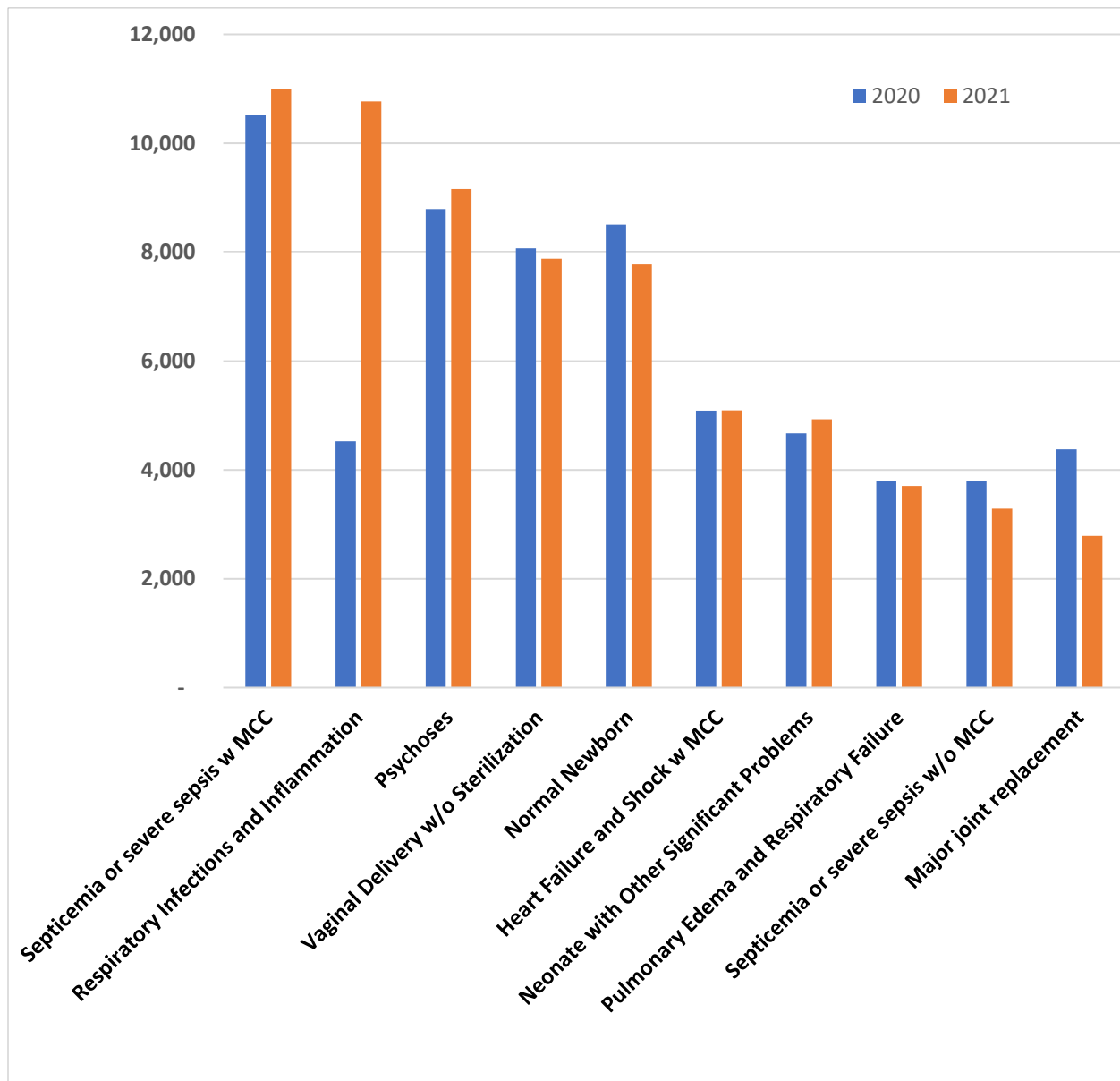


SOURCE: UFR via WVHCA, Annual Reports, 2021



Chart 11, WV Top 10 Diagnosis-Related Groups (MSDRGs) 2020-2021, reveals each of the top MSDRGs by volume and the number of discharges in the two years polled. The chart shows that MSDRG Septicemia is the primary diagnosis based on discharge volume, followed by Respiratory Infections and Inflammation. This information indicates that mental health is a significant issue in West Virginia, and further emphasis should be taken to provide additional mental health services.

Chart 11
WV Top 10 Diagnosis-Related Groups (MSDRGs)
2020-2021





Outpatient Services

All hospitals in the service area provide an extensive range of outpatient diagnostic, emergency, and surgical services. As with inpatient services, most hospitals offer specialized outpatient services that meet the particular needs of local residents. **Table 14** presents the outpatient visits by each specific hospital, detailed by the type of service provided to the patient.

Table 14
Outpatient Visits by Hospital by Patient Service
2021

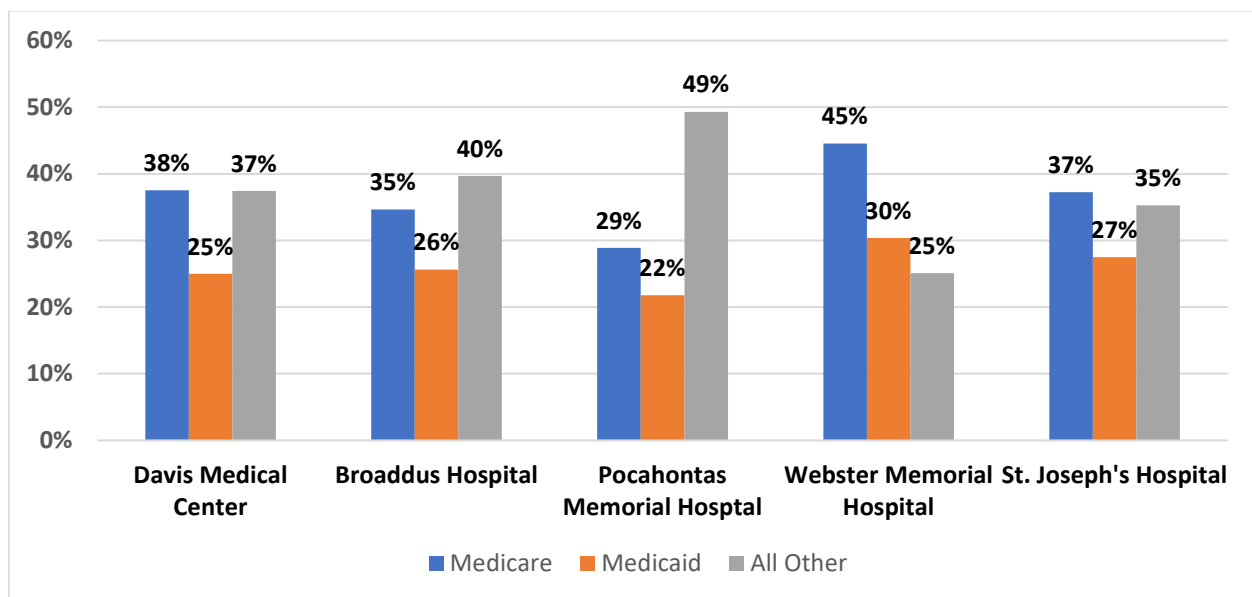
	Davis Medical Center	Broadbush Hospital	Pocahontas Memorial Hospital	Webster Memorial	St. Joseph's Hospital
Diagnostic & General Outpatient	64,829	12,829	10,471	17,606	37,977
Emergency Room	23,179	5,852	3,598	4,141	15,047
Ambulatory Surgery	9,600	-	-	-	3,049
Observation Beds	1,944	152	602	369	1,335
Clinic	88,953	6,998	11,420	7,068	22,415
Home Health	-	-	-	-	-
Hospice	-	-	-	-	-
TOTAL	188,505	25,831	26,091	429,184	79,823

SOURCE: Internal Hospital Data & WVHCA, Uniform Financial Reports (UFRs)



Chart 12 indicates the outpatient visits by the payer for each hospital in 2021. As shown in the chart, Medicare patients make up a significant portion of each hospital's outpatient business, followed closely by Medicaid patients. However, the distribution of payers is more varied than for inpatient services. Several commercial insurances make up a sizable portion of the hospital's outpatient population base. This situation has manifested as a direct result of younger populations being treated in an outpatient setting and not requiring further hospitalization at the rate of older populations. In addition, younger people are statistically seen to use emergency services more frequently.

Chart 12
Outpatient Visits by Hospital Payer
2021



SOURCE: Internal Hospital Data & WVHCA, Uniform Financial Reports (UFRs)



VII. COMMUNITY HEALTH & OUTREACH

Davis Medical Center strives to meet the health needs of our communities by providing education, prevention and screening programs throughout the region. Our Community Health Needs Assessment helps identify gaps in services and understanding that can be impacted by our interventions. Collaboration with other community agencies is an important way we maximize our outreach efforts. Despite the pandemic, Davis Medical Center has organized health education, preventative and screening events, and programs targeting cancer, heart disease, lung disease, obesity, diabetes and other conditions. The following paragraphs describe some of the activities that involve our outreach in the communities we serve.

Population Health and Patient Centered Medical Home

Davis Medical Center became a designated **Patient Centered Medical Home** in 2020. Patient-Centered Medical Home, or PCMH, is a care delivery model that facilitates necessary care when and where it is needed. Patient care and treatment is coordinated through a primary care physician to improve quality and patient experience, while keeping overall healthcare cost lower. Patients work in partnership with their physician and when appropriate, their family, creating an engaged and informed care team.

Our **Population Health** program is improving health and reducing disparities among different population groups. The program staff includes a director, health coaches, health navigators and a family nurse practitioner who makes visits to the home. The **Transitional Care Management, Chronic Care Management and Medicare Annual Wellness Visit** are essential in reducing unnecessary readmissions, and following the care of our vulnerable populations. During the pandemic, continued care was achieved through telehealth channels ensuring no one went without necessary care.

During the pandemic, we continued sharing preventive and wellness education to our community via social media and other digital channels. This was important due to mandatory lockdowns and stay-at-home orders.

Food Farmacy

In 2021, DMC initiated a **Food Farmacy** program to address community food insecurity. Patients are determined for the program according to medical and social/economic criteria and receive education, supplies and meal kits weekly. Six participants successfully ended the program in 2021. In 2022, we currently have 10 individuals/families participating in the program. Our goal is to continue to increase the number of participants annually with the goal of developing the program through our two-affiliate critical access hospitals in 2024.



Breast Health

Due to the pandemic, some breast health events like our Betty Gow Survivor Dinner, the Pink Out Game, Relay for Life, and Women's Health Day were postponed. However, we maintained a safe environment for employees and patients to still receive life-saving mammography services.

Through our Davis Health System Foundation, we offer a free mammogram program to patients who meet low-income guidelines. We also target women who have no insurance or a high-deductible plan. Our goal is to see that no woman delays a mammogram because of the inability to pay.

Community Covid Vaccination Clinics

During the height of the pandemic, DMC took the lead in our community for organizing, staffing and executing large-scale community vaccination clinics. We worked collaboratively with the local health department, Office of Emergency Management and local school systems, churches and volunteers to provide 12,343 vaccinations.

100 Miles in 100 Days

100 Miles in 100 Days is a 14-week self-directed walking/running program designed to encourage people to increase and track their levels of physical activity with a goal of reaching no less than 100 miles. It provides support for healthy weight maintenance to promote heart health, prevent cancer and reduce the risk of obesity-related conditions like diabetes.

Nutrition & Diabetes

Proper nutrition is a primary tool for managing many medical conditions including diabetes. Davis Medical Center offers diabetes education outreach capabilities through "telediabetes" services in neighboring Webster and Barbour counties. We also have been one of very few WV hospitals to become credentialed and deliver locally the CDC's Diabetes Prevention Program (DPP). This program, along with our Dining with Diabetes, grocery store tours, LifeSkills and diabetes education community workshops is providing valuable preventive education to those who have diabetes or who are at risk for diabetes.

With the addition of two new podiatrists at DMC, we have been able to provide community diabetic foot screenings at no cost. These screening events help individuals recognize signs of neuropathy and other problems associated with diabetes and feet.



Other Community Education & Outreach Activities

- Free Community Flu Shot Clinics
- Free Student Physicals
- Organ Donation Promotion
- Smoking Cessation Education and The Great American Smokeout
- Discounted Blood Screening Events
- Period Poverty Initiative – supply local Women’s Aid in Crisis with menstruation supplies
- Period Packs – supply local school system with period packs for students in need
- Healthy Heart Forum
- Elkins-Randolph County Senior Center Free Lunch Friday (monthly meal and health education)



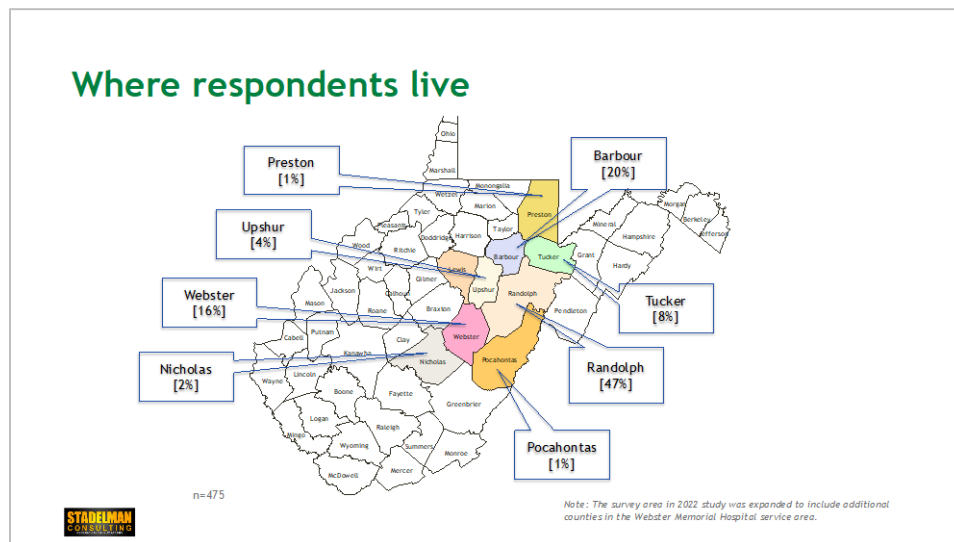
VIII. COMMUNITY VOICE

Objective & Methodology

The objective of this research effort was to assess the community health needs for the Davis Medical Center throughout its service area. The results of this study will provide important health information for Davis Health System and comply with required Internal Revenue Service (IRS) guidelines for charitable 501c(3) tax-exempt hospitals. It also will provide strategic direction.

The online survey was conducted among area residents who use the services at Davis Medical Center. The following West Virginia counties were targeted for this study: Barbour, Nicholas, Pocahontas, Randolph, Taylor, Tucker, Upshur, and Webster.

A total of 475 residents completed the survey. The online survey was conducted using Survey Monkey and promoted via Facebook ads and posts to help drive traffic to the survey.



The online interviews were conducted from June 10 to July 10, 2022. The survey took respondents an average of 18 minutes to complete the study. The margin of error for this study is ± 4.5 percentage points at the 95 confidence level.

The sponsor of the study was revealed during the survey process in order to gain confidence of the respondents. Additionally, an incentive was offered. If desired respondents entered their name into a contest to win one or five \$50 gift certificates.



Topics of questionnaire included:

- Social needs screening tool
- Family healthcare and insurance
- COVID-19 Vaccination & Testing
- Assessment of specialists
- Knowledge and awareness of healthcare providers
- Barriers
- Use of services at Davis Medical Center
- Demographics

Provided in this healthcare needs assessment report are the key findings of the research based on the objectives.

Key Findings

Social Needs Screening Tools

- Most residents currently have housing, with 6% saying they worry about the lack of housing now or losing it in the future.
- Most residents didn't experience any problems in their place of living. However, mold and water leaks are the top two problems for those who did.
- Nearly one in three residents worried their food would run out before they got money to buy more.
- One in ten residents say the lack of transportation has kept them from medical appointments, work, or running family errands.
- One in five residents has received threats from utility companies to shut off their services.
- While a majority have never experienced someone, including their family, physically hurting them, 3% of residents have.
- Two in five residents have experienced someone insulting or talking down to them, including their family.
- One in twenty residents say they have experienced someone threatening to harm them, including their family.
- Nearly one in three residents, including their family, have experienced someone screaming or cursing at them.



- Nearly one in three residents, including their family, have experienced someone screaming or cursing at them.
- While most residents don't need help, 3% say they would like assistance addressing their social needs.

Family Health Care and Insurance

- A majority of residents (94%) who live in the service area have a primary care physician. They are also able to easily get an appointment when needed (90%).
- Overall, residents are satisfied with the quality of care received at their primary care physician's office. Nearly half (46%) of the residents were "extremely satisfied," and two in five (41%) were "satisfied." Very few were dissatisfied (3%).
- Of those who don't have a primary care physician, half (n=11) said they routinely use Urgent Care or DirectCare, and slightly less than half (n=9) said they don't worry about routine healthcare.
- Most residents (63%) said they or someone in their household did not delay health care due to the lack of money and/or insurance. However, 37% said that they or someone in their household did delay health care.
- Three in five (61%) residents have insurance through a carrier such as BCBS, PEIA, Aetna, Health Plan, etc., while 13% have Medicaid and 10% have Medicare. Less than one in ten (5%) said they don't have any health insurance.
- Most residents (64%) obtained healthcare coverage through their or their spouse's employer, while one in ten (10%) said they have coverage through the PEIA. Just 5% of the residents purchased healthcare insurance themselves.
- Nearly two-thirds (62%) of the residents received dental care in the past 12 months. Of those who didn't receive care, cost (36%) was the primary barrier, followed by the lack of insurance (20%).

COVID-19 Vaccination & Testing

- A majority of residents have received at least two COVID-19 vaccinations. Two in five (41%) residents say they received two doses plus a booster, and a third (32%) received two doses. One in six (16%) residents hasn't received any COVID-19 vaccinations.
- A third of the residents received their COVID-19 vaccination at Davis Medical Center (29%) or a local pharmacy (29%). One in six (15%) received their vaccination at the local health department and one in ten (10%) at the community health center.



- A majority (86%) of residents have ever received a COVID-19 test. Of those, a third received the test at the local urgent care center (35%), took a home test (35%), or at Davis Medical Center (28%). One in six (15%) received a test at their doctor's office.

Assessment of Specialists

- Three in four (74%) rate their accessibility to health care in their area as "excellent" or "good," while one in four (26%) rate accessibility as "fair" or "poor."
- More than half (58%) of the residents said that someone in their household or themselves received treatment for high blood pressure. Residents said they or someone in the household also received treatment for depression/anxiety (50%), high cholesterol (38%), or Joint, bone or muscle pain (39%).
- Most (55%) residents said they received treatment from Davis Medical Center. More than one in four received care from West Virginia University Hospital in Morgantown (29%) or United Healthcare Center (28%).
- When asked about the type of specialist they went to in the past 24 months, over half (61%) said that someone in their household or themselves went to a family practitioner. Other healthcare specialists visited by residents include Cardiology (20%), Gastroenterology (22%), and Orthopedics (24%). One in ten (10%) did not see any specialists.
- Three in six (58%) residents consulted with a specialist in Elkins, while 43% consulted with a specialist in Morgantown.

Knowledge, Awareness & Barriers of Healthcare Providers

- Residents know the most about Davis Medical Center. Two in five (45%) said they know "a lot" about Davis Medical Center compared to 24% who knew "a lot" about West Virginia University Hospital, 18% knew "a lot" about Broaddus Hospital, and 15% knew "a lot" about Webster Memorial Hospital. Residents know the least about Fairmont Medical Center, Garrett Regional Medical Center, and Stonewall Jackson Memorial Hospital.
- When asked to rate healthcare providers, West Virginia University Hospitals received the highest score. Three in five (61%) residents said it was an "excellent or good" facility, followed by United Health Center (43%), Davis Medical Center (37%), and Mon Health (30%). One in five (22%) residents said Broaddus Hospital was an "excellent or good" healthcare provider, while one in ten (10%) said the same about Webster Memorial Hospital.
- A majority (96%) of residents say that the "quality of the physicians" is "very important" when choosing one hospital over another. Other important characteristics include



knowledgeable nurses and clinical staff; medical staff showing it cares; the quality of the hospital, and the hospital accepting my insurance. Being close to home is the least important attribute for residents when choosing a hospital.

- Cost and prior bad experiences with obtaining care are the largest barriers that prevent residents from going to a hospital. A majority say transportation (84%) is not a barrier, nor is lack of childcare (82%) or a disability (85%).

Davis Medical Care

- Most (73%) of residents used Davis Medical Center in the past two years. More than a third of those who haven't say it was due to a physician referral (38%), followed by another hospital being closer (34%).
- If not at Davis Medical Center, two in five (44%) residents received treatment at United Hospital Center, while one in four (27%) went to West Virginia University Hospitals in Morgantown. One in ten (9%) said they received care at Broaddus Hospital.
- The top three most used services at Davis Medical Center by the survey respondents include the emergency department (44%), DirectCare in Elkins (43%), family medicine (42%), and the laboratory (41%). Other popular services are mammography (25%), radiology (25%), and women's health care (25%).
- Overall, residents were satisfied with the treatment received at Davis Medical Center. A quarter (26%) were "extremely satisfied," and more than half (53%) were "satisfied." Very few (6%) were dissatisfied.
- Provided good care, quality of care, and quality of physicians were the top three reasons listed by residents for satisfaction with Davis Medical Center.
- When asked about the type of services they would like to see added at Davis Medical Center, one in five said obesity (21%), behavioral/mental health (20%), and depression/anxiety (20%). More than one in four (28%) weren't sure what services they would like to see added.

Broaddus Hospital

- A majority (79%) of residents have not used Broaddus Hospital in the past two years, while one in five (21%) said they used the hospital. More than half (53%) of those who haven't say it was due to another hospital being closer, followed by a physician referral (20%).
- If not at Broaddus Hospital, more than half (55%) of residents received treatment at Davis Medical Center, while a third (30%) went to West Virginia University Hospitals in Morgantown. One in four (24%) said they received care at United Hospital Center.



- The top three most used services at Broaddus Hospital by the survey respondents include the laboratory (49%) and the emergency department (41%). Other popular services are family care clinics (32%), radiology (26%), and mammography (12%).
- Overall, residents were satisfied with the treatment received at Broaddus Hospital. More than two in five (46%) were "extremely satisfied," and 39% were "satisfied." Just 7% were dissatisfied.
- Quality of care, caring and compassionate staff, and convenient location were the top three reasons listed by residents for satisfaction with Broaddus Hospital.
- When asked about the type of services they would like to see added at Broaddus Hospital, one in four said urgent care (24%), followed by depression/anxiety disorder (20%), joint, bone or muscle pain (18%), and rheumatology (16%). Over a quarter (28%) weren't sure what services they would like to see added.

Webster Memorial Hospital

- A majority (84%) of residents have not used Webster Memorial Hospital in the past two years, while one in six (16%) said they used the hospital. Of those who haven't, two-thirds (65%) say it was due to another hospital being closer, followed by unavailable services (10%).
- If not at Webster Memorial Hospital, three in five (61%) residents received treatment at Davis Medical Center, while a quarter went to West Virginia University Hospitals in Morgantown (30%) or United Health Center (27%). One in five (19%) said they received care at St. Joseph's Hospital.
- The top three most used services at Webster Memorial Hospital by the survey respondents include laboratory (67%), primary care (57%), and the emergency department (57%). Other popular services are rural health clinics (34%), pharmacies (33%), and radiology (32%).
- Overall, residents were satisfied with the treatment received at Webster Memorial Hospital. A third (34%) were "extremely satisfied," and a half (47%) were "satisfied." Just 5% were dissatisfied.
- Location, caring and compassionate staff, and quality of care were the top three reasons listed by residents for satisfaction with Webster Memorial Hospital.
- When asked about the type of services they would like to see added at Webster Memorial Hospital, one in four said joint, bone or muscle pain (28%), behavioral health (26%), rheumatology (25%), and urgent care (24%). One in ten (12%) weren't sure what services they would like to see added.



COMMUNITY INTERVIEW RESULTS

Input was solicited from those representing the broad interests of the community in August 2022 throughout Davis Medical Center's service area. The survey included questions about the health needs of the community, barriers to health care access, opportunities for improvement, perception of Davis Medical Center and feedback on the Hospital's initiatives.

Key stakeholders approached for input include community health centers, colleges, non-profit organizations, emergency medical services, health departments, development authorities, chamber of commerce, state and local government agencies, etc. as well as public officials and church leaders.

Provided in this healthcare needs assessment report are the key findings of the research based on the objectives.

Community Health Status

- Most stakeholders rate their community's health status as "fair," with a few saying it is "good." Overall, there is a consensus that there is room for improvement, especially when it comes to healthier lifestyles and substance use disorder issues.
- The "fair" rating is due to an aging population and low median income in rural communities. Several mentioned the lack of healthy food leads to poor nutrition and obesity and a lack of adequate healthcare specialists in communities, which leads to chronic health problems. A couple of people said that residents in rural areas don't practice preventive care due to the location of medical facilities.
- Accessibility to health care services depends on location. While stakeholders in Randolph and Upshur counties describe accessibility to healthcare as "excellent or good," Tucker County stakeholders rate accessibility to healthcare as "fair or poor." As one stakeholder said, "Most people have to travel to see any doctor for regular medical care. The county has no emergency room, and residents must travel at least 30 minutes to get to an ER."
- Some stakeholders feel that many residents avoid medical care due to lack of health insurance and financial constraints, especially among the older age groups and households. A couple of people mentioned the lack of low-cost healthy food not being available and exercise which leads to poor nutrition and obesity.

Community Health Concerns

- The top three top-of-mind health concerns are lack of resources (finances, health insurance, and medical clinics), diabetes, and substance use disorder. They said unhealthy lifestyles among low-income persons in communities often lead to diabetes, obesity, and other illnesses. "Diabetes is the result of unhealthy eating habits, inactivity, and not taking care of yourself," said one stakeholder.



- When asked to rate potential health concerns, stakeholders identified the cost of health care services, transportation, and substance abuse as the most significant problems in the communities. Other top concerns include domestic abuse, access to doctors, and access to dentists.
- While there are plenty of opportunities for residents to get outside easily and exercise, many stakeholders feel that people in the service area don't take advantage of it. Some bike, run, or hike the trails, but often people stay indoors. "Outdoor recreation is good, but it would be nice to have an indoor facility," said one stakeholder.
- Socioeconomic status and education prevent many individuals and families from being healthy. Eating fresh fruits and vegetables costs families more, and many aren't sure what "healthy" entails. "Health is not made a priority, and many residents don't take the time to put their health first. It is cheaper and easier not to eat healthy," said one stakeholder.

Perception of Davis Medical Center

- Most stakeholders have a positive opinion of Davis Medical Center and mentioned the vital role of the entity in the local communities. Some of the positives mentioned include having a pharmacy that delivers, offering urgent care services, partnering with West Virginia University Hospitals, and providing outreach educational programs.
- They also perceive Davis Medical Center as helping improve the health of community residents by offering classes and healthcare resources. Diabetes classes, health fairs, and numerous free events such as COVID vaccinations and testing at Davis Medical Center were mentioned by stakeholders as items the hospital is doing to improve the health of area residents.
- When asked about services stakeholders would like to see added or expanded, behavioral health and substance use top the list. Other important opportunities they would like to see expanded include depression/anxiety disorders, nutrition, obesity, and family care.
- Several stakeholders would like Davis Medical Center to invest in the area by expanding nutrition education and exercise programs. They recognize the hospital already offers a list of community programs but would like to see more services throughout all the counties in the service area.
- Many stakeholders want Davis Medical Center to partner with local community groups and agencies. The top organizations mentioned include schools and educational facilities, chambers of commerce, senior centers, family resource networks, and other healthcare providers and clinics.



Community Health Needs Implementation Plan Davis Medical Center March 2023



CHNA IMPLEMENTATION PLAN

1. Overview of Strategy Process

DMC departments of Quality and Population Health met with the CMO to discuss the results of the CHNA. The CMO also meets regularly with community members as part of the coalition to improve addiction treatment, transportation, and homelessness and has shared this information with this multi-disciplinary team.

1. The DMC team developed a strategy based on community needs in the areas of substance abuse, mental health, chronic disease management (focus on Chronic Obstructive Pulmonary Disease), food insecurity, and transportation insecurity.

Summary of the Community Health needs identified

Primary and secondary data, stakeholder interviews, and public responses to the CHNA were reviewed to identify and discuss community needs. The top health needs that were determined are those that are supported by data and raised by community stakeholders.

1. Substance abuse
2. Mental health
3. Chronic Disease Management (COPD)
4. Food insecurity
5. Transportation insecurity

IMPLEMENTATION PLAN

1. Substance abuse

Davis Health System has been actively addressing rising drug abuse in our communities. Key stakeholders in the organization remain active in the Randolph County Substance Coalition and have joined the coalitions to improve addiction treatment, transportation, and homelessness. These groups include nearly 45 professionals from various agencies who share a common goal to create opportunities for adult and child education and prevention of substance abuse. The ultimate goal of this coalition is to provide wrap-around addiction services beginning with the ED visit, including housing, legal aid, social aid, medication-assisted treatment, counseling, and job training with a further aim of incorporating local businesses to employ graduates of the program.

Davis Medical Center's Women's Health Care sponsors a Medication Assisted Treatment (MAT) Program for Mothers and Babies. This community partnership serves its patients, including the youngest and most vulnerable patients in the area. The director of Women's Healthcare works with the Perinatal Partnership in WV through a grant for the OMBHE program. DHS has also recently employed a full-time addiction recovery specialist to work at outlying and central clinics. She is assisting providers who are currently providing MAT in keeping their patients in recovery.

In 2020, Davis Health System put new emphasis on our No Tobacco Campus initiative that included the development of new policies outlining guidelines for tobacco usage³ in inpatients. Tobacco cessation is provided through DMC and the public health department.

Currently, the CMO is working with a nonprofit organization to apply for grants aimed at MAT provision as well as transportation. DHS will continue to address community needs in the methamphetamine and opioid epidemic by developing internal programs, patient educational



opportunities, and treatment plans. We will continue to collaborate with external partners on strategies and policies that will positively impact the local drug epidemic.

Measurement: Track the number of SUD patients being treated by the organization and the number that remain in successful recovery.

1. Mental Health

Goal: To improve the mental well-being of community members throughout their lifespan.

Current Resources:

- Appalachian Community Health
- Laurel Place (Geriatric Psychiatry Unit at Davis Medical Center)
- Licensed Clinical Social Workers at DMC Family Practice, inpatient, Laurel Place, and Women's Health
- Randolph County Schools programs such as Handle with Care
- Addition of outpatient psychiatry with PMH-NPs and the addition of a psychiatrist in August of 2023.

Objectives:

- Advocate for and collaborate with other community organizations to develop a comprehensive list of mental health resources in our service area.
- Increase awareness of mental health issues that affect the members of our community, provide education, and work to eliminate the stigma of mental health.
- Continue to monitor gaps in our community when it comes to access for mental health issues and work with other organizations to improve those gaps.

Measurement:

Track number of educational sessions provided/year and number of ED visits followed up with OP psychiatry appointment.

1. Chronic Disease Management (COPD)

Goal: Prevention and management of chronic disease to improve quality of life and decrease utilization of resources.

Current Resources:

- Davis Medical Center Population Health Department
- Davis Medical Center Nutrition Department
- Home Clinic visits with an NP
- Davis Medical Center and Elkins Middle School Healthy Eating Program
- Addition of Pulmonology to our staff
- Davis Medical Center Respiratory Therapy department – smoking cessation and pulmonary rehabilitation.
- COPD sprint through the Accountable Care Organization targeting patients with COPD and empowering them to utilize resources to improve exacerbations and reduce admissions.
- Multiple community education opportunities throughout the year.

Objectives:

- Continue to build on the Davis Medical Center Nutrition/Population Health collaboration for Diabetes Prevention Program and increase the number of participants year over year.
- Build on the Home Visits and the COPD sprint.



Measurement:

Number of COPD patients in the OP clinics. Track number signed up for COPD sprint and also look at hospitalizations and readmissions for our clinic COPD patients.

1. Food Insecurity

Goal: To provide healthful food and tools for cooking and shopping on a budget to families in need to improve their long-term health outcomes.

Current Resources:

- Mountaineer Food Bank
- Local food pantries
- Davis Medical Center Food Farmacy

Objectives:

- Continue to partner with Mountaineer Food Bank to provide weekly healthful meals to patients identified by our providers.
- Expand the Food Farmacy to resemble a grocery store with the free food available but also containing fresh ingredients that can be purchased to help make the endeavor sustainable.

Measurement:

Tracking number of patients involved in the program as well as A1c, weight, quality of life, and blood pressure at baseline, midway through 6 month program, at end of program, and 6 months after program end.

1. Transportation

Goal: To partner with community members and achieve a grant to fund two Vans that will be operated through Davis Health System and available for transportation to and from appointments.

Current Resources:

- Country roads Transit/Randolph County Senior Center
- Local Church Groups
- Ambulance services

Objectives:

- Continue to expand telemedicine and home visitation to help keep people in the community thus increasing compliance with attendance to specialty appointments due to the decrease in travel.
- Partner with Charleston Area Medical Center for specialty telehealth.
- Continue to work with outside organizations to keep the discussion of the transportation issue going.

Measurement:

Will be the tracking the grants applied for.