





## **BROADDUS HOSPITAL 2022 COMMUNITY HEALTH CARE NEEDS ASSESSMENT**

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## INTRODUCTION

The 2022 Community Health Needs Assessment (CHNA) of Broaddus Hospital (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, Harrison, Randolph, Taylor, Tucker, and Upshur counties. Information from the CHNA will assist hospital leadership and decision-makers in developing a strategic plan and goals that will 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, Broaddus Hospital 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 Broaddus Hospital 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

Broaddus Hospital is a part of Davis Health System (DHS) which serves the needs of surrounding counties with professional, quality health care services. The critical-access hospital is located in Philippi, Barbour County, West Virginia.

It offers a skilled nursing/long-term care center with a 60-bed and an outpatient center which delivers family care, behavioral health, and rehabilitation services. The following services are represented:

- Acute Care
- Emergency Services
- Family & Specialty Care
- Diagnostic Services (Radiology, CT, Ultrasound)
- Outpatient Services
- Mansfield Place (Skilled Nursing)
- Specialty Clinics
- Therapy Center
- Behavioral Health
- Laboratory

#### Community Profile

Broaddus Hospital is located in Philippi, West Virginia. Its 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 Barbour, Harrison, Randolph, Taylor, Tucker, and Upshur 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 Broaddus Hospital encompasses six counties – Barbour, Harrison, Randolph, Taylor, Tucker, and Upshur counties.





**Table 1** shows a summary of Broaddus Hospital’s inpatient discharges by zip code for 2021. Nearly a third (29%) of inpatient discharges were from the Philippi area, while more than one in ten were from the Belington (13%) and Elkins (11%) areas. Other areas where discharged patients live include: Buckhannon (6%), Kasson (4%), Montrose (2%), Beverly (2%), Volga (2%), Parsons (2%), Grafton (2%), and Flemington (2%).

**Table 1**  
**Summary of Inpatient Discharges by Zip Code**  
**2021**

ZIP CODE	CITY, STATE	DISCHARGES	% OF TOTAL DISCHARGES	CUMULATIVE %
26416	Philippi, WV	64	29.22%	29.22%
26250	Belington, WV	28	12.79%	42.01%
26241	Elkins, WV	23	10.50%	52.51%
26201	Buckhannon, WV	14	6.39%	58.90%
26405	Kasson, WV	8	3.65%	62.56%
26283	Montrose, WV	4	1.83%	64.38%
26253	Beverly, WV	4	1.83%	66.21%
26238	Volga, WV	4	1.83%	68.04%
18360	Stroudsburg, PA	3	1.37%	69.41%
26269	Hambleton, WV	3	1.37%	70.78%
26287	Parsons, WV	3	1.37%	72.15%
26354	Grafton, WV	3	1.37%	73.52%
18301	East Stroudsburg, PA	2	0.91%	74.43%
25309	South Charleston, WV	2	0.91%	75.34%
26218	French Creek, WV	2	0.91%	76.26%
26257	Coalton, WV	2	0.91%	77.17%
26275	Junior, WV	2	0.91%	78.08%
26347	Flemington, WV	2	0.91%	79.00%
All OTHER	Various	46	21.00%	100.00%
		<b>219</b>	<b>100.00%</b>	



### III. SERVICE AREA POPULATION AND VITAL STATISTICS

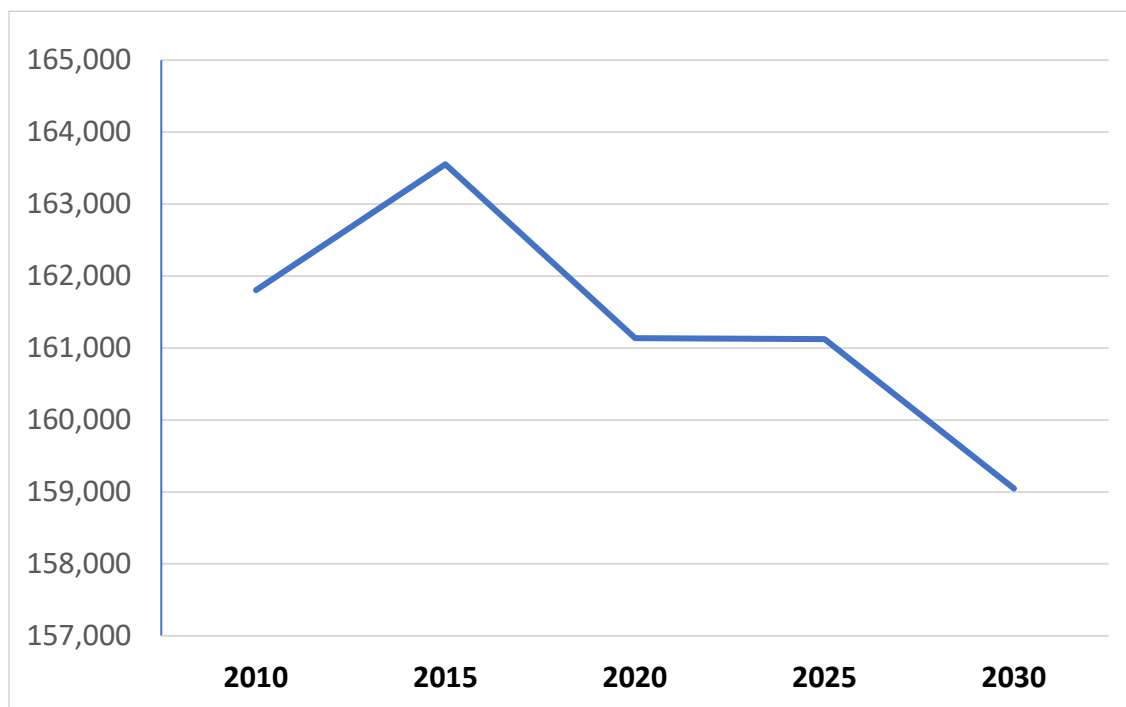
#### DEMOGRAPHICS

##### 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 2,000 from 2020 to 2030. While the population is expected to fall, the utilization of services is not solely based on population. It is 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)**



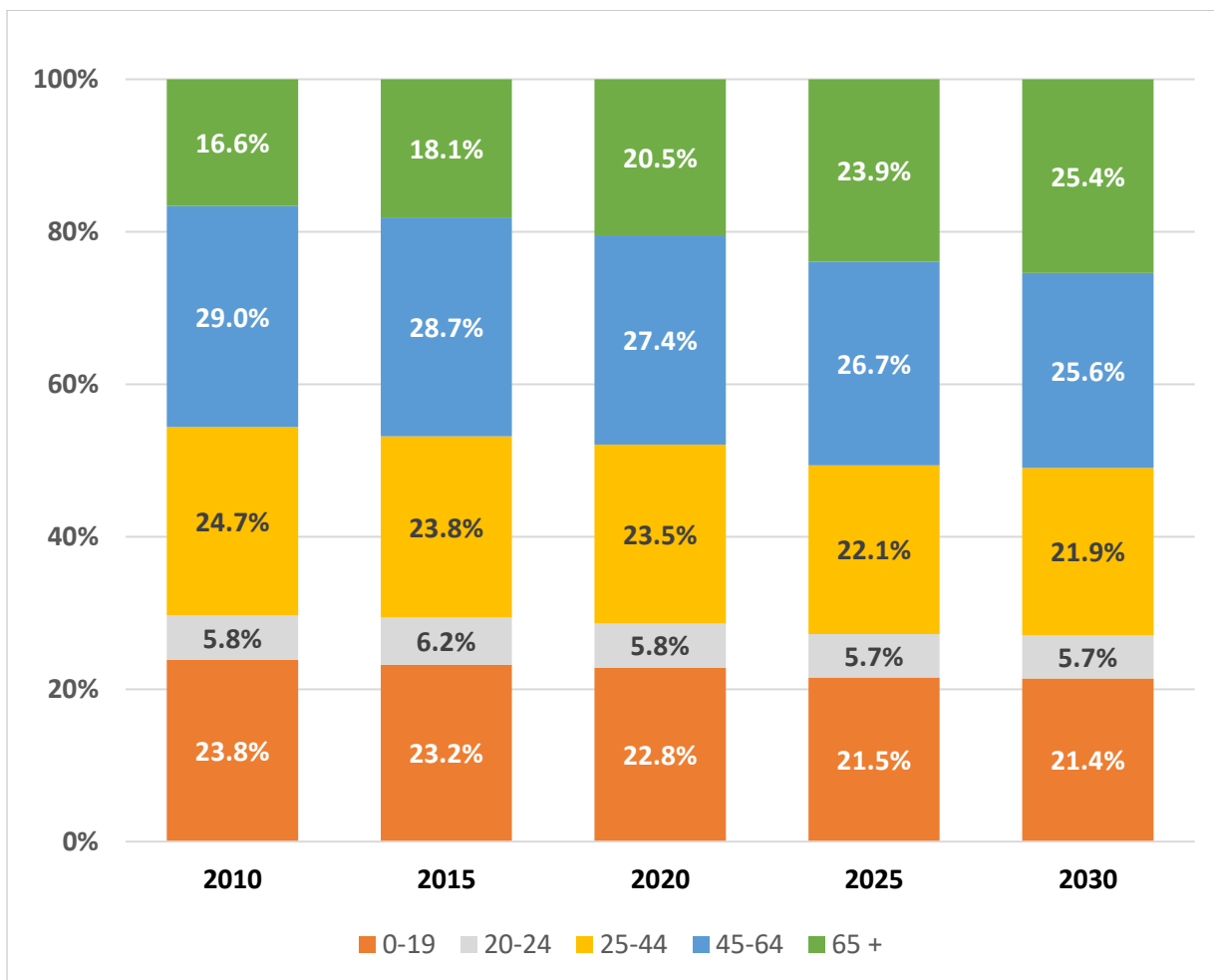
SOURCE: Bureau of Business and Economic Research, College of Business and Economics, West Virginia University, March 2017 and American Community Survey-2020 5-Year Estimates, US Census, S0101.





**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 continues to increase. In 2030, it is anticipated that one in four (25%) residents in the service area will be 65 and over, compared to one in five (21%) in 2020.

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



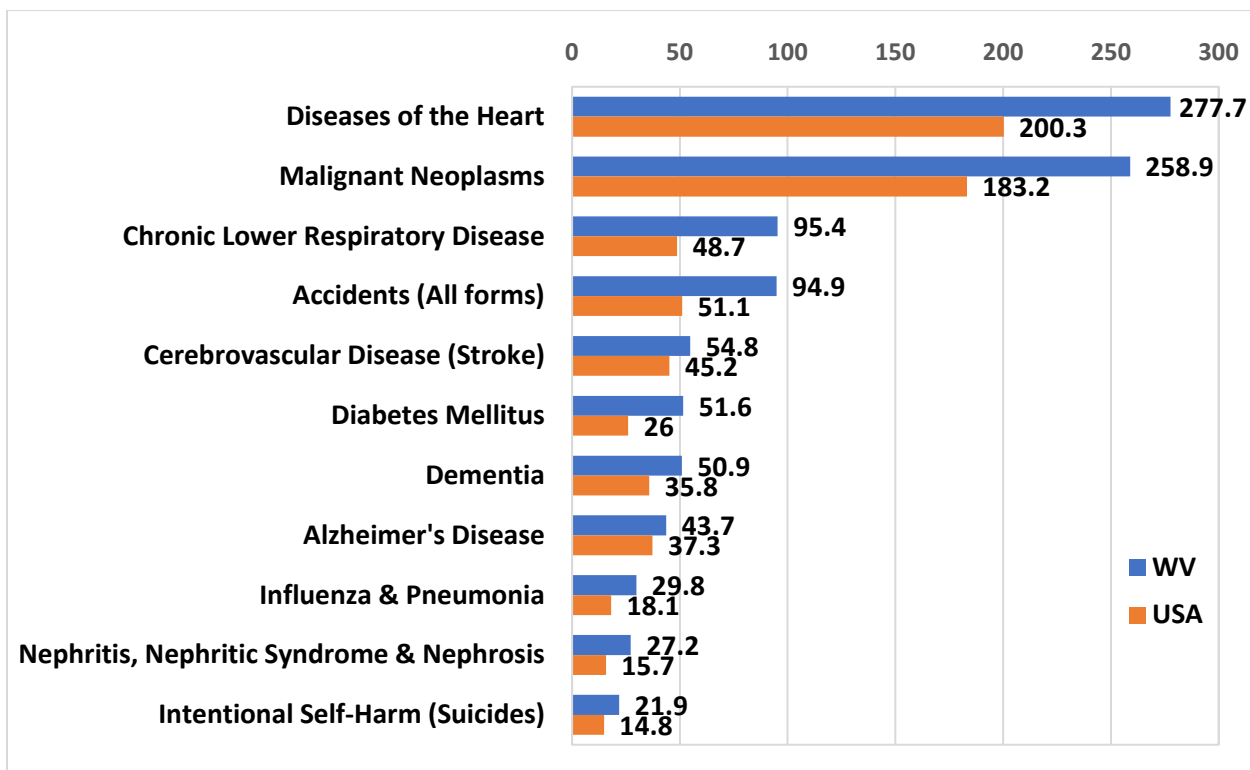
SOURCE: Bureau of Business and Economic Research, College of Business and Economics, West Virginia University, March 2017 and American Community Survey-2020 5-Year Estimates, US Census, S0101.



## 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%
<b>Total for Leading Causes</b>	<b>18,192</b>	<b>1,007.4</b>	<b>77.5%</b>	<b>2,212,095</b>	<b>676.1</b>	<b>77.9%</b>
All Other Causes (Residual)	5,270	291.8	22.5%	627,110	191.7	22.1%
<b>Total for All Causes</b>	<b>23,462</b>	<b>1,299.2</b>	<b>100.0%</b>	<b>2,839,205</b>	<b>867.8</b>	<b>100.0%</b>

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



## IV. SOCIOECONOMIC INDICATORS EMPLOYMENT

### EMPLOYMENT

In addition to Broaddus Hospital, the major employers that support Barbour County and the surrounding areas include:

- County Boards of Education
- Walmart Corporation
- Local Colleges
- Energy Companies (Arch Coal, Dominion)
- Aerospace Technologies
- Federal and county governments and agencies
- Biometrics
- Healthcare (Grafton City Hospital, WVU Medicine)

**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 “construction” area than in West Virginia. The service area also tends to have fewer people working in the “professional and scientific industry” and “finance, insurance, and real estate” 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	11%	12%	11%
Arts, Entertainment, and Recreation	9%	9%	8%
Construction	9%	7%	7%
Manufacturing	8%	8%	10%
Transportation and Warehousing	6%	6%	6%
Professional and Scientific	7%	8%	12%
Finance, Insurance and Real Estate	3%	5%	7%
Other Service Industries	4%	5%	5%
State and Local Government	8%	7%	5%
All Other Occupations	7%	4%	5%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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



**Table 3** presents an 11-year summary of unemployment rates for the counties within Broaddus Hospital’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 (5.1%) residents in West Virginia were unemployed. The unemployment rates decreased significantly among all counties from 2010 to 2021. Upshur County had the highest unemployment rate in 2021, 6.2%, while Taylor County had the lowest unemployment rate, 4.6%.

**Table 3**  
**Unemployment Rates of Service Area**  
**2010-2021**

Counties	2010	2015	2021
Upshur	9.3%	7.8%	6.2%
Randolph	10.5%	6.9%	5.6%
Tucker	11.0%	6.0%	5.4%
Barbour	10.1%	7.2%	5.3%
Harrison	7.6%	6.2%	4.7%
Taylor	7.7%	5.8%	4.6%
West Virginia	8.6%	6.6%	5.1%
United States	9.6%	5.3%	5.4%

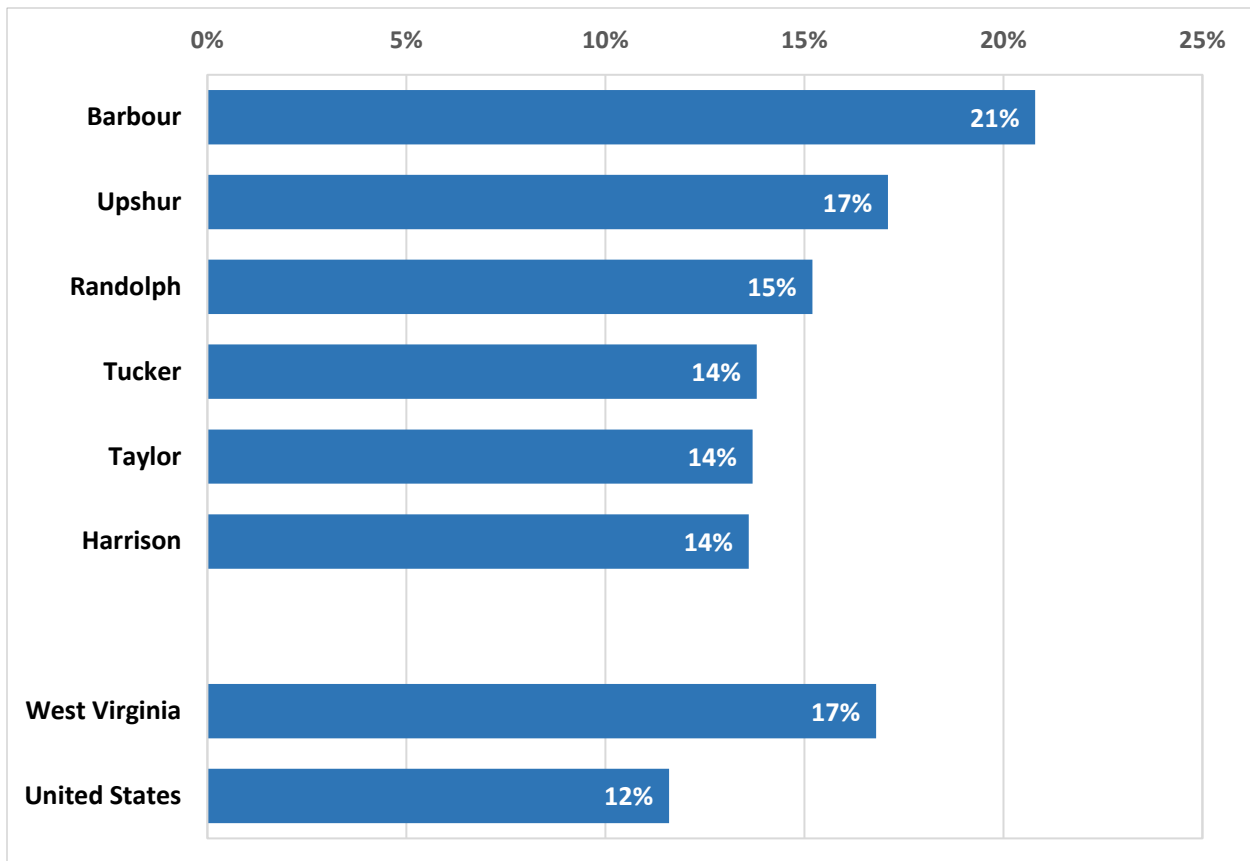
SOURCE: U.S. Bureau of Labor Statistics



## 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, Barbour County has the highest percentage of adults living in poverty (21%), followed by Upshur County (17%) and Randolph County (15%). Tucker, Taylor, and Harrison counties experienced the lowest poverty rates, 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. Households and family income in the service area counties and the state are significantly below the national average. Harrison and Taylor counties have the highest Median Household Income, followed by Tucker and Randolph counties. Looking at the Median Family Income Harrison County has the highest figure, while Barbour County has the lowest.

**Table 4**  
**Median Household and Family Income**  
**2020**

Counties	Median Household Income	Median Family Income
Harrison	\$52,134	\$69,842
Taylor	\$52,958	\$62,229
Tucker	\$47,527	\$57,143
Randolph	\$45,206	\$57,127
Upshur	\$40,802	\$56,691
Barbour	\$38,906	\$54,368
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 (11%) residents in the service area have a bachelor’s degree, compared to 13% statewide. Additionally, nearly half (47%) of the residents in the service area are high school graduates, while one in ten (8%) don’t have a high school diploma.

**Table 5**  
**Highest Level of Education Attained**  
**2020**

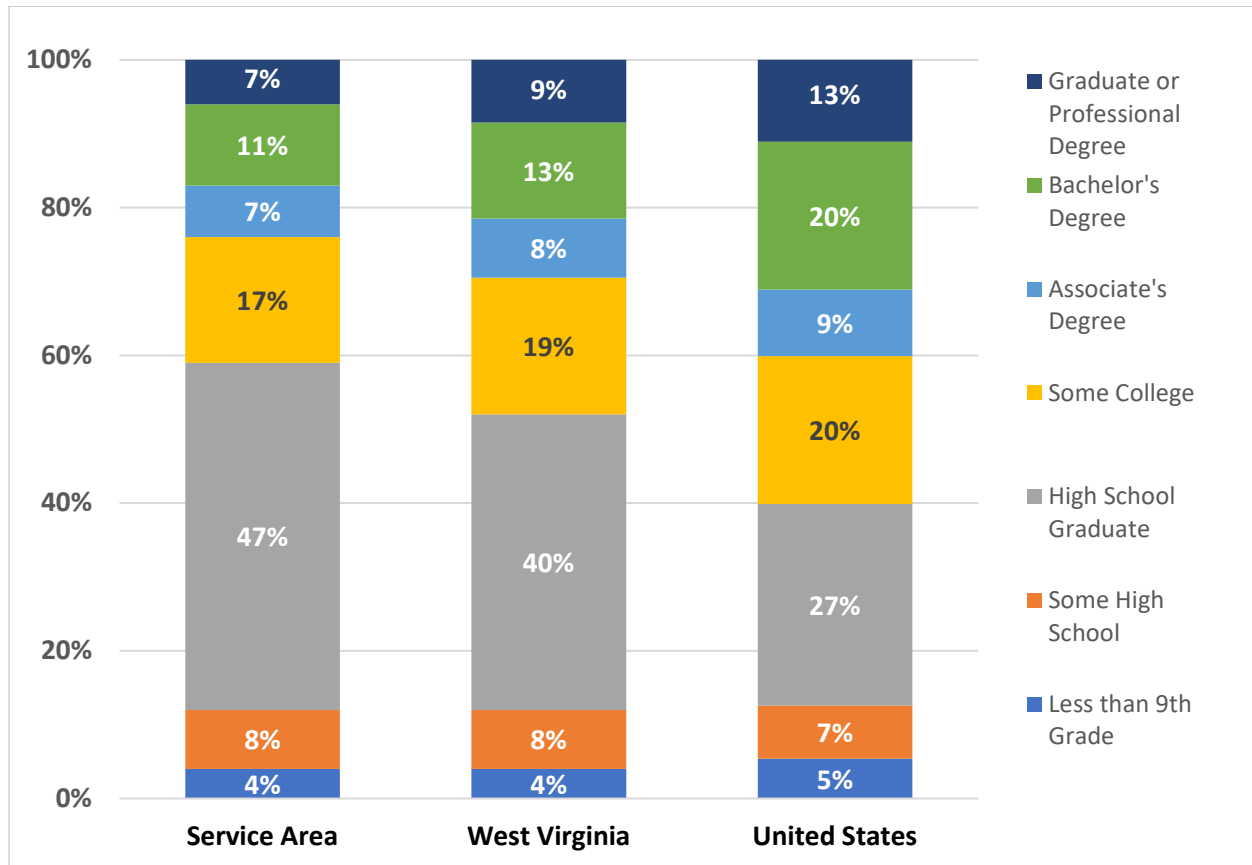
Counties	Less than 9th Grade	Some High School	High School Graduate	Some College	Associate degree	Bachelor's Degree	Graduate or Professional Degree
Randolph	4%	9%	50%	16%	5%	10%	6%
Barbour	4%	9%	51%	14%	9%	8%	6%
Tucker	3%	9%	46%	17%	6%	11%	9%
Harrison	3%	8%	38%	21%	7%	14%	8%
Upshur	5%	8%	51%	13%	6%	10%	6%
Taylor	4%	7%	46%	18%	7%	13%	5%
<b>AVERAGE</b>	<b>4%</b>	<b>8%</b>	<b>47%</b>	<b>17%</b>	<b>7%</b>	<b>11%</b>	<b>7%</b>
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



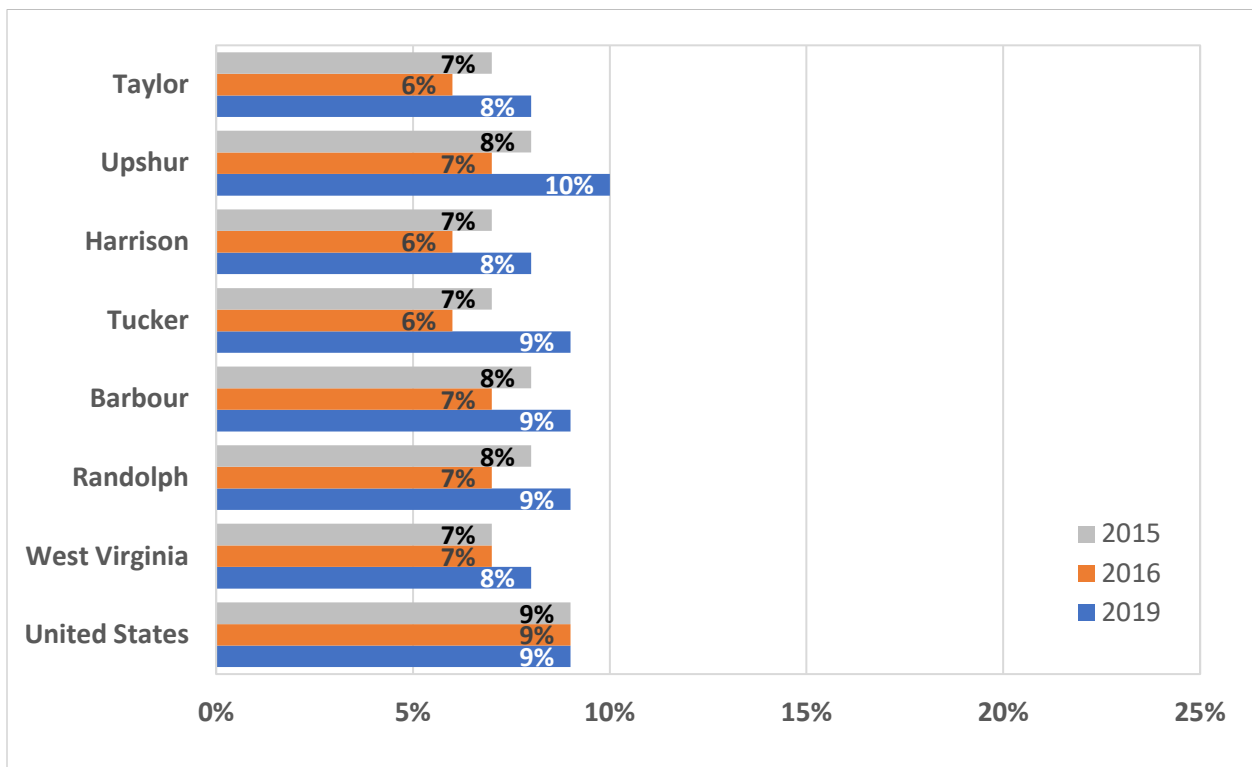
## HEALTH INSURANCE

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. Barbour 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	Harrison County	Uphsur County	Taylor County
Adult Smoking	26%	26%	25%	23%	24%	26%	26%
Adult Obesity	40%	37%	36%	40%	36%	39%	39%
Excessive Drinking	15%	15%	13%	16%	15%	14%	16%
Physical Inactivity	30%	33%	33%	30%	32%	34%	33%
Access to Exercise Opportunities	50%	77%	13%	99%	66%	57%	52%
Food Environment Index	6.6	7.8	7.5	8.4	8.1	7.8	-
Health Behaviors Ranking		27	35	5	8	20	36

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

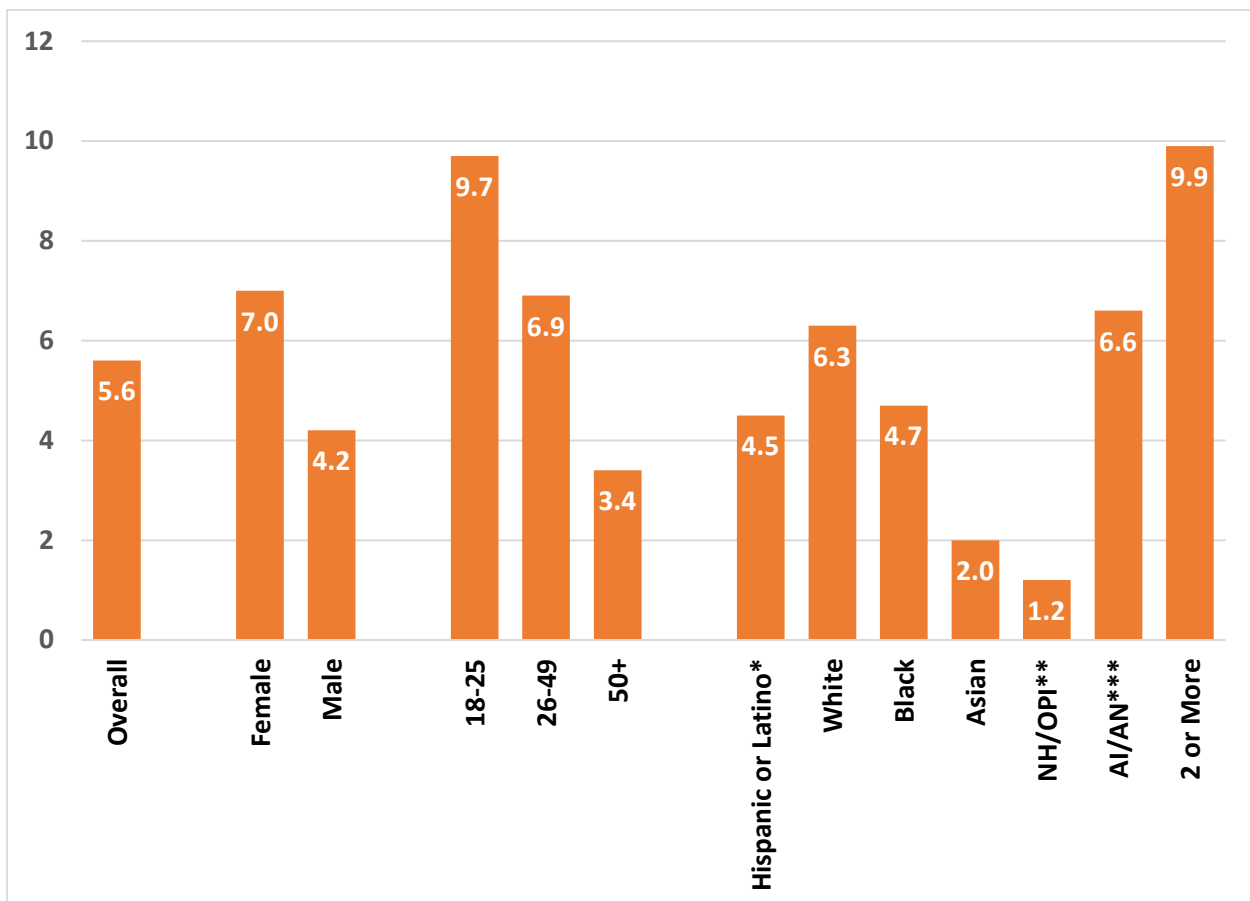


## Mental Illness

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.

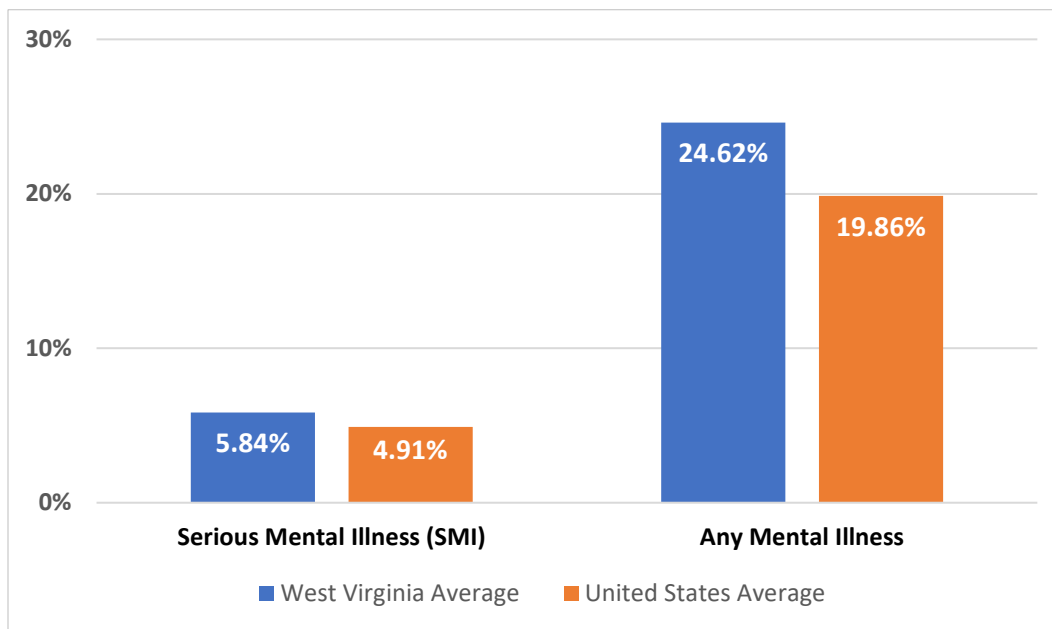
**Chart 7**  
**Prevalence of Serious Mental Illness Among U.S. Adults 2020**





**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	Harrison County	Upshur County	Taylor County
Birth Rate per 1,000 population	10.1	9.1	9.5	8.1	10.6	10.2	8.7
Number of Births	18,243	261	157	56	713	249	146
% of Births Delivered in the Hospital	99.4%	98.9%	100.0%	96.4%	100.0%	100.0%	99.0%
% of Low Birth Weight Events	9.4%	10.3%	8.3%	10.7%	10.4%	8.0%	16.4%
% of Births to Underage Mothers (<18)	1.5%	3.1%	0.6%	1.8%	1.4%	0.8%	2.7%
% of Births - Prenatal Care Began in 1st Trimester	79.1%	78.6%	77.1%	80.4%	78.5%	78.2%	76.0%
% of Births - Prenatal Care Began in 2nd Trimester	14.4%	14.0%	17.2%	14.3%	15.0%	14.9%	19.3%
% of Births - Prenatal Care Began in 3rd Trimester	4.7%	6.2%	3.2%	1.8%	5.6%	4.4%	3.6%
% of Births - No Prenatal Care	1.8%	1.2%	2.5%	3.6%	1.0%	2.4%	1.0%
PRF: Drug Use	9.3%	12.3%	8.9%	7.1%	9.0%	10.0%	4.8%
PRF: Tobacco Use	23.8%	31.2%	31.2%	16.1%	25.0%	25.8%	24.7%

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



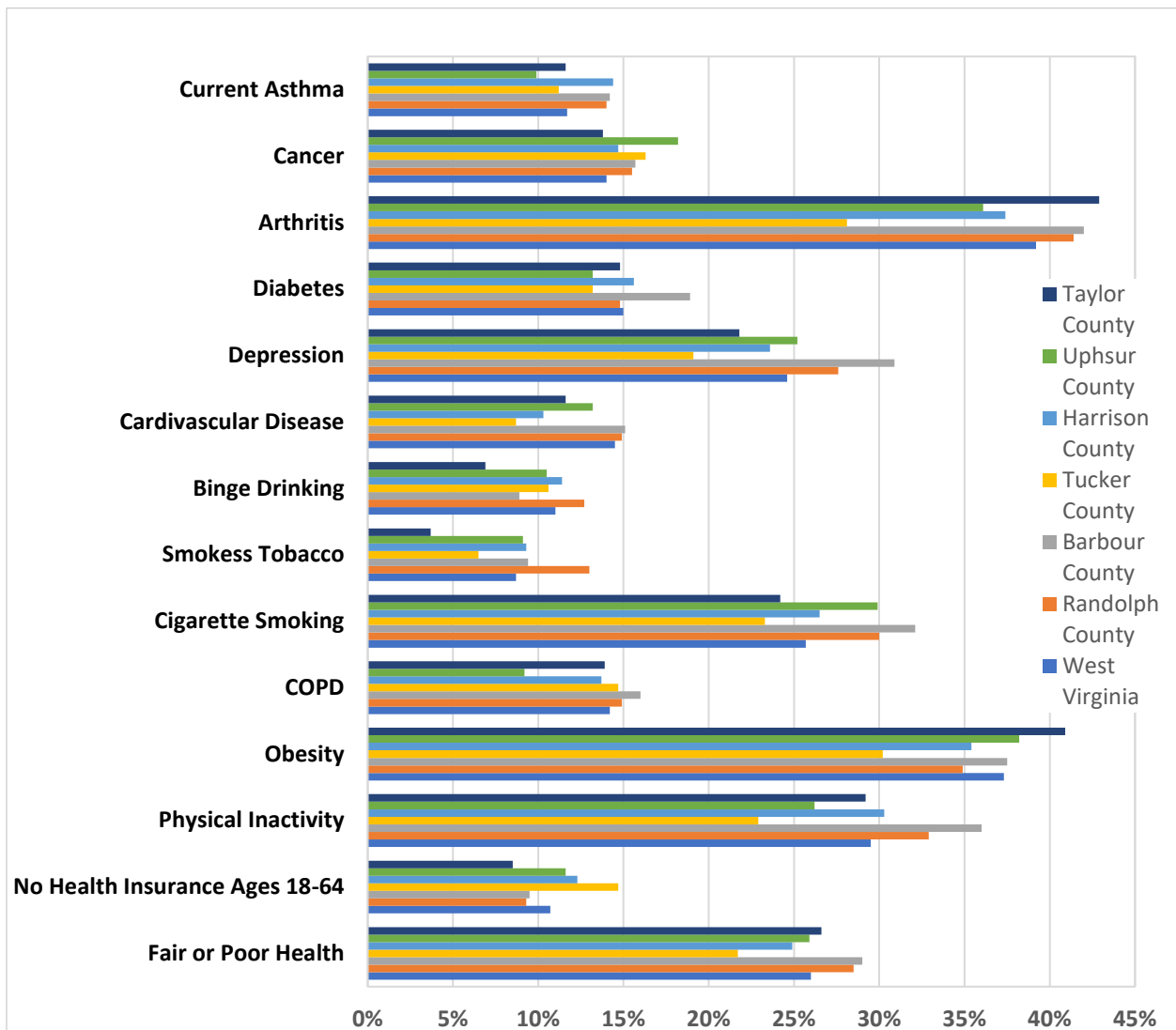
As shown in **Table 7**, the percentage of births with no prenatal care occurrences in the service area ranged from 4% in Tucker County to one percent in Harrison County. Examining low birth rate, four counties are above the state average of 9.4%, except for Barbour and Upshur counties. Randolph (3.1%) and Taylor (2.7%) counties have the highest percentage of births to mothers under the age of 18, while Barbour and Taylor counties had less than one percent of recorded births to underage mothers. Statewide, nearly a quarter (23.8%) of mothers reported smoked during pregnancy. Randolph and Barbour counties had the highest percentage, 31% each, while Tucker County (16.1%) had the lowest.



## 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+
<b>Illicit Drugs</b>					
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%
<b>Past Year Dependence, Abuse and Treatment</b>					
Illicit Drug Dependence or Abuse	7.48%	5.98%	19.23%	6.01%	7.62%
Substance Abuse Dependence or Abuse	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**

<b>UNITED STATES</b>	<b>12+</b>	<b>17-25</b>	<b>18-25</b>	<b>26+</b>	<b>18+</b>
<b>Illicit Drugs</b>					
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%
<b>Past Year Dependence, Abuse and Treatment</b>					
Illicit Drug Dependence or Abuse	6.64%	4.85%	14.56%	5.63%	6.82%
Substance Abuse Dependence or Abuse	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, Harrison County is below the national benchmark of persons per dentist. The remaining counties in the service area and 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, Harrison County's ratio of 840 persons to one primary care physician falls significantly lower than the state and national average. 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
Harrison	840:1	1,130:1
Upshur	1,610:1	2,200:1
Taylor	2,780:1	3,340:1
West Virginia	1,270:1	1,740:1
United States	1,200:1	1,210:1

SOURCE: [Countyhealthrankings.org](http://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	HARRISON	RANDOLPH	TAYLOR	TUCKER	UPSHUR
Behavioral Health	X					
Breast/Cervical Center Screening	X	X	X	X		
Cancer Information Specialist			X			
Community Education	X	X	X	X	X	X
Counseling	X	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
HIV/AIDS Care	X	X	X	X	X	X
Immunizations	X	X	X	X	X	X
Lab Screening		X		X		
Psychiatric Evaluation	X					
Right From the Start	X	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	X			
Women, Infants and Children Program	X	X	X		X	

SOURCE: Obtained Information from Respective Health Department.



The service area is comprised of two general acute care, not-for-profit hospitals providing 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	Broaddus Hospital	Davis Medical Center	Grafton City Hospital	Saint Joseph's Hospital of Buckhannon	United Hospital Center
WV County	Barbour	Randolph	Taylor	Upshur	Harrison
Hospital Type	Critical Access	Acute Care	Critical Access	Critical Access	Acute Care
<b>Emergency Services</b>					
Emergency Department	X	X	X	X	X
<b>Other Services</b>					
Behavioral Health	X	X	X		X
Community Outreach					
Home Health		X		X	X
Hospice					X
IV Therapy	X	X	X		X
Lithotripsy		X			X
Obstetrics		X	X	X	X
Respite Care					
Rural Health Clinic			X		
Sleep Studies		X	X	X	X
Wound Care		X		X	X
<b>Surgery</b>					
Inpatient Surgery		X	X	X	X
Orthopedics		X	X	X	X
<b>Special Care</b>					
Intensive Care Unit (ICU)		X		X	X



Hospital	Broaddus Hospital	Davis Medical Center	Grafton City Hospital	Saint Joseph's Hospital of Buckhannon	United Hospital Center
<b>Diagnostic Imaging</b>					
Computerized Tomography (CT)	X	X	X	X	X
DEXA Scan Bone Densitometry	X	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	X
Nuclear Imaging		X			X
Position Emission Tomography (PET)		X			X
Single Photon Emission Computerized Tomography (SPECT)				X	x
Ultrasound	X	X	X	X	X
<b>Oncology Services</b>					
Cancer Program		X			X
Chemotherapy		X		X	X
<b>Orthopedic Services</b>					
Joint Replacement		X			X
<b>Subprovider Units</b>					
Skilled Nursing	X		X	X	X
Swing Beds	X		X	X	
<b>Cardiovascular Services</b>					
Cardiac Rehab		X		X	X
<b>Rehabilitation</b>					
Physical Therapy	X	X	X		X
Occupational Therapy	X				X
Respiratory Therapy					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
<b>Davis Memorial Hospital</b>		
Acute	71	71
ICU	9	9
Skilled Nursing	-	-
Total	80	80
<b>Broaddus Hospital</b>		
Acute & Swing	12	12
ICU	-	-
Skilled Nursing	60	60
Total	72	72
<b>Grafton City Hospital</b>		
Acute	15	15
ICU	10	10
Skilled Nursing	-	-
Total	25	25
<b>United Hospital Center</b>		
Acute & Swing	240	212
ICU	20	20
Skilled Nursing	32	32
Total	25	25
<b>St Joseph's Hospital</b>		
Acute & Swing	25	25
ICU	-	-
Skilled Nursing	26	26
Total	51	51
<b>Total</b>		
<b>Acute &amp; Swing</b>	<b>363</b>	<b>335</b>
<b>ICU</b>	<b>39</b>	<b>39</b>
<b>Skilled Nursing</b>	<b>118</b>	<b>118</b>
<b>Total</b>	<b>520</b>	<b>492</b>

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**

	Broaddus Hospital	Davis Medical Center	United Hospital Center	Grafton City Hospital	St. Joseph's Hospital
Adults & Pediatrics	75	1945	11168	238	914
ICU		406	581		188
Nursery		200	894		314
Skilled Nursing	28		667		
Swing Bed	116			96	74
Other LTC					0
		240			
<b>TOTAL</b>	219	2791	13310	334	1490



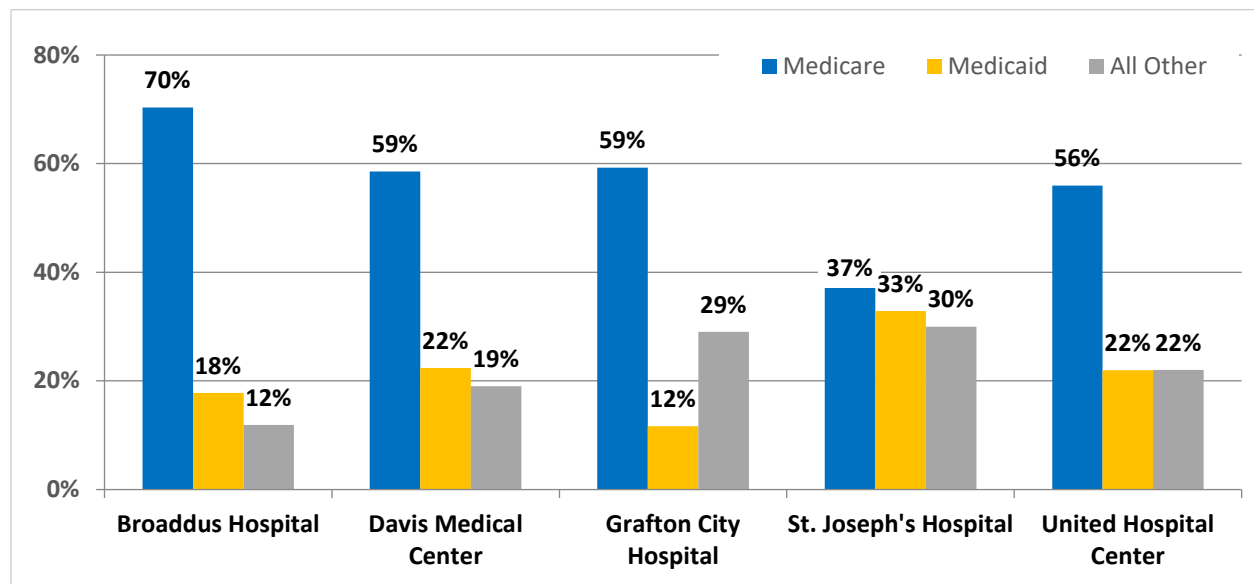
## Federally Qualified Health Centers

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
- Barbour Community Health Association, 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
- Preston-Taylor Community Health Centers, Inc., Taylor County
- Wellness Center Community Care of West Virginia, Harrison County

**Chart 10** showcases the inpatient discharges by 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**

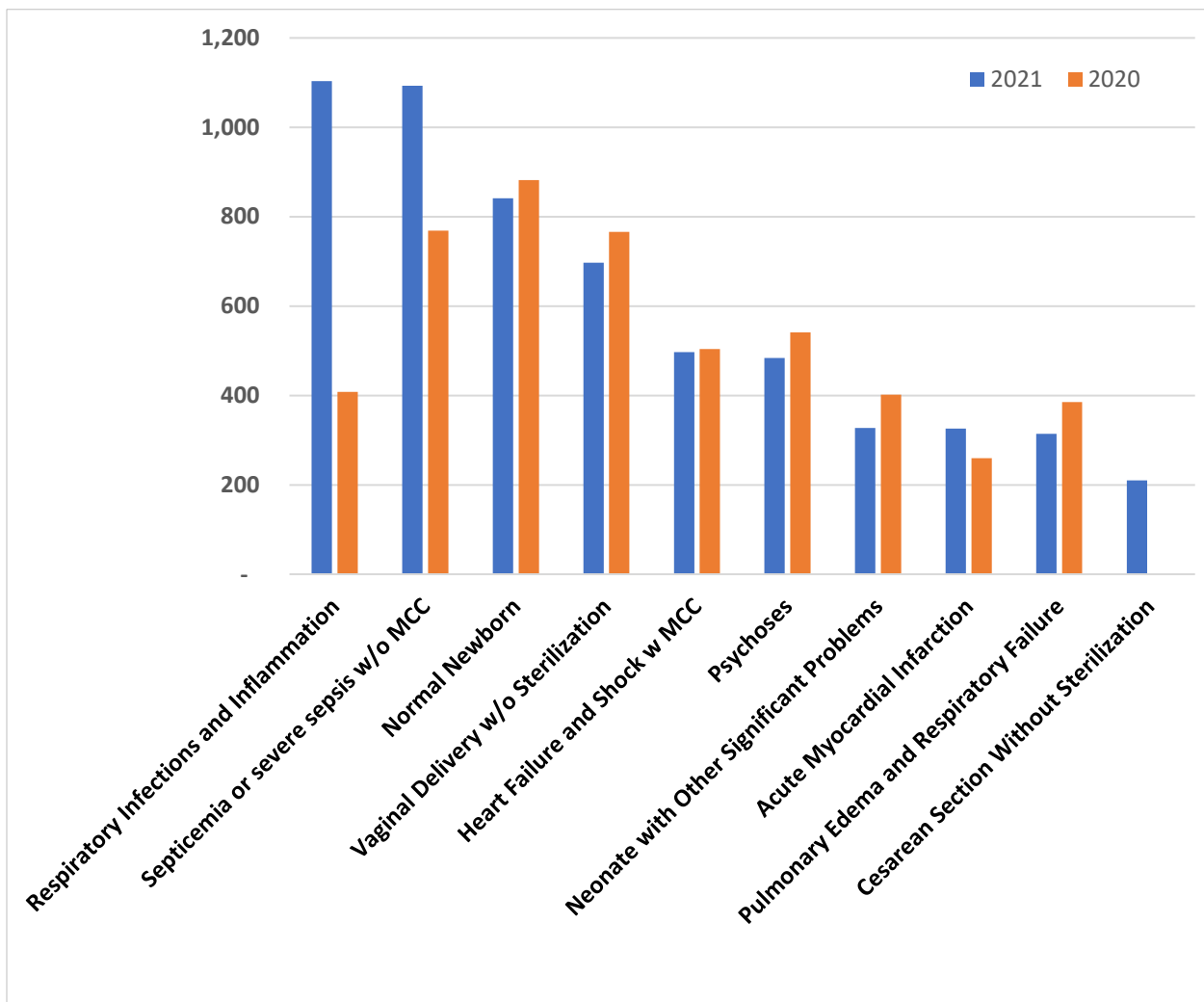


SOURCE: UFR via WVHCA, Annual Reports, 2021



**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 Respiratory Infections and Inflammation is the primary diagnosis based on discharge volume, followed by Septicemia. 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**

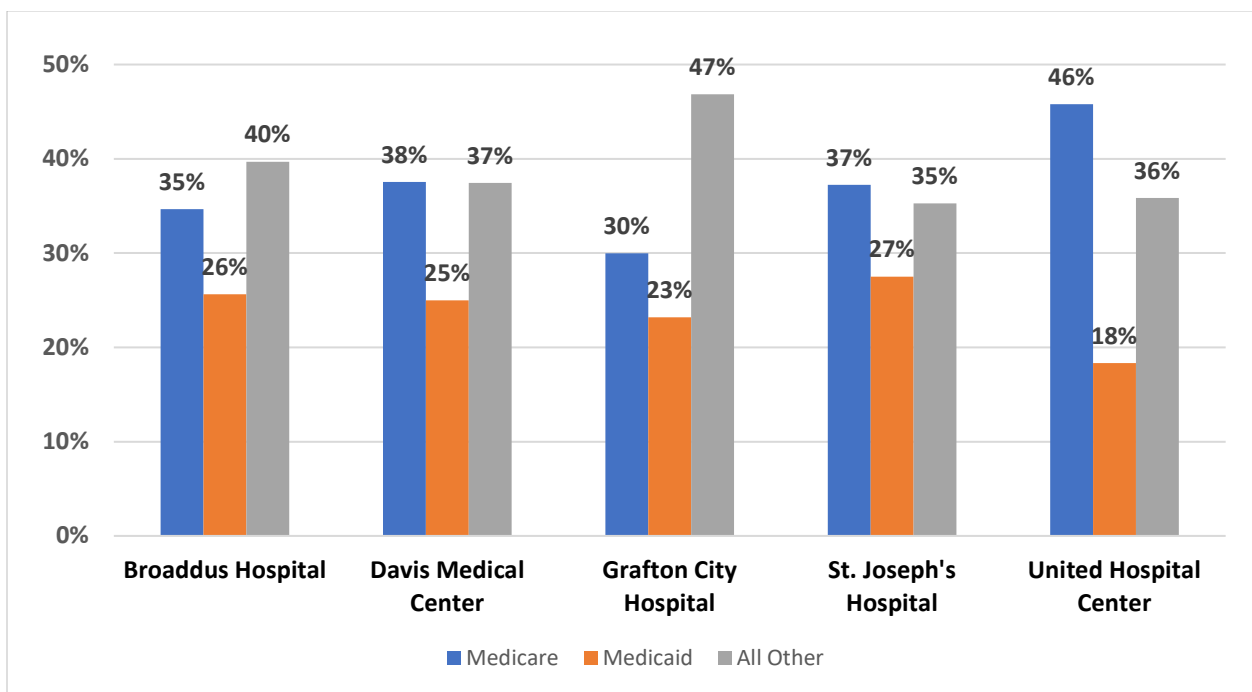
	Broaddus Hospital	Davis Medical Center	Grafton City Hospital	St Joseph's Hospital	United Hospital Center
Diagnostic & General Outpatient	12,829	64,829	47,118	37,977	208,143
Emergency Room	5,852	23,179	4,990	15,047	37,740
Ambulatory Surgery	-	9,600	258	3,049	19,395
Observation Beds	152	1,944	655	1,335	3,165
Clinic	6,998	88,953	14,836	22,415	183,479
Home Health	-	-	-	-	204
Hospice	-	-	-	-	-
<b>TOTAL</b>	<b>25,831</b>	<b>188,505</b>	<b>67,857</b>	<b>79,823</b>	<b>452,126</b>

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 Health System 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, Broaddus Hospital has organized health education, preventative and screening events, and programs targeting cancer, heart disease, lung disease, obesity, diabetes and other conditions.

The following list describes some of the activities that involve our outreach in the communities we serve.

### Drug Prevention

Community-based drug prevention includes a combination of evidence-based interventions and education in various settings, community-wide public awareness activities, and public health collaborations.

- Bright Futures Drug Prevention Coalition – Broaddus Collaborative
- Barbour Co. Opioid Harm Litigation Settlement group
- National Save a Life (opioid education and Naloxone distribution)

### Behavioral Health

Broaddus Hospital strives to ensure access to behavioral health care and supportive programs.

- Partnership with BCHA/Brandon Wellness Center Behavioral Health (youth behavioral health)
- Suicide Awareness Month – Luminary Ceremony
- Senior Life Solutions attended or developed the following events for 2022
  - Moral Distress, COVID Ethical Challenges and the New Urgency of Clinical Ethics in Patient Care – Healthcare providers
  - Randolph Co. Fair – Senior Day – Free depression screenings - Open to community
  - Barbour Co. Fair – Senior Day – Free depression screenings- Open to community
  - Suicide Awareness event- Luminaries - Open to community
  - Workforce Summit for Behavioral Health and Emergency Medical Services – Improve access to services - Healthcare providers
  - Women’s Health Fair DMC – Free depression screenings – Way’s to build motivation - Open to community



### **Community Collaborations**

- Prevention Works (work training for youth)
- Barbour/Randolph Veterans Coalition
- Arch Resources Community Action Panel (Arch CAP)
- Barbour County Covid Resource Management group
- United Way
- LEPC (Local Emergency Preparedness Council)
- Barbour County 911/OEM Advisory Board
- Barbour County Airport Authority
- Emergency Department Community Liaison
  
- Brownton Helping Hands (Poverty and Education)
- Chestnut Ridge Epicenter (poverty and education)
- Barbour Healthy Community Collaborative
- Relay for Life
- US Dept. of Veterans Affairs (homelessness and access to care)

### **Community Screenings & Education Events**

- Breast Cancer Awareness Month
- Donate Life, CORE (organ donation)
- Free Student Physicals
- Free Flu Clinics
- Community Discounted Blood Screening
- \$99 Low-Dose Lung Screenings



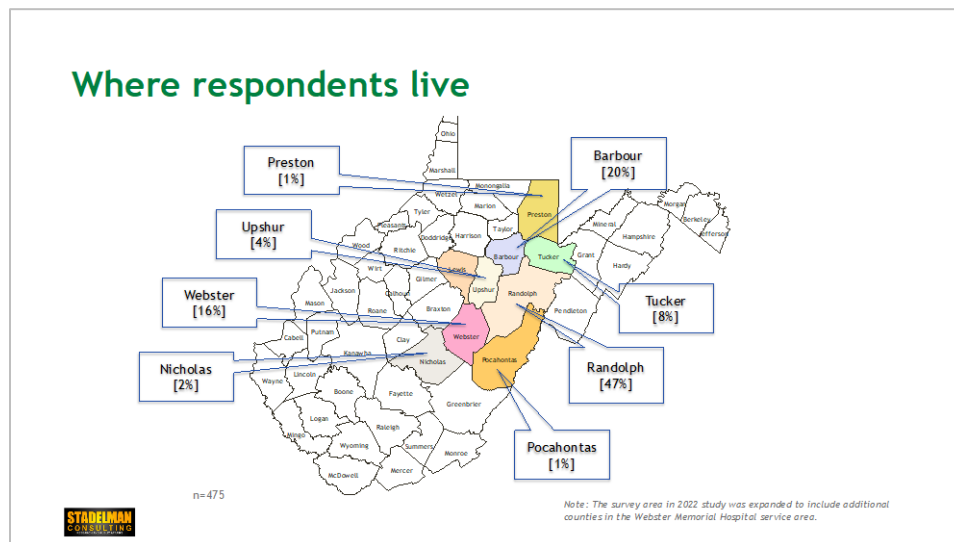
## VIII. COMMUNITY VOICE

### 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  $\pm 4.5$  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.





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. The full report with charts and the questionnaire with results are attached in the appendix.

## 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 haven'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%).

### 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.



## COMMUNITY INTERVIEW RESULTS

Input was solicited from those representing the broad interests of the community in August 2022 throughout Broaddus Hospital's service area. The survey included questions about the health needs of the community, barriers to healthcare access, opportunities for improvement, perception of Broaddus Hospital, 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 "poor." Overall, there is a consensus that there is room for improvement, especially when it comes to healthier lifestyles, diabetes, and substance use disorder issues.
- The "fair" rating is due to rural communities' high poverty rate and low median income. Several mentioned the lack of healthy food choices and healthy lifestyles lead to poor nutrition, leading to chronic health problems. Some people feel there are abundant residents in rural areas with diabetes, heart disease, or obesity.
- Accessibility to health care services is good in the service area, with a few describing it as "excellent." They see a lack of adequate healthcare specialists and limited providers. As one stakeholder said, "County residents have reasonable access to care through Broaddus Hospital, local clinics, and physician offices; however, most critical or specialized care requires travel outside the county."
- Some stakeholders feel that many residents avoid medical care due to a lack of health insurance and financial constraints, especially among the older age groups and households. A couple of people mentioned the lack of dentists in the area.

### Community Health Concerns

- The top two top-of-mind concerns are the lack of resources (finances, health insurance, and medical clinics) and tobacco and drug use. They said unhealthy lifestyles among low-income persons in communities often lead to diabetes, obesity, and other illnesses. "Obesity, lack of exercise and healthy eating from kids to seniors. They purchase soda and high-sugar snacks, which are cheaper as opposed to healthy foods," said one stakeholder.



- When asked to rate potential health concerns, stakeholders identified transportation, cost of health care services, access to healthy foods, and substance abuse as the most significant problems in the communities. Other top concerns include access to dentists, affordable housing, and access to health insurance.
- 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. There are some who kayak, bike and run, but often people stay indoors.
- 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 a healthy meal looks like. "We have a lot of socioeconomic and level of education disparities that also contribute to the knowledge base on health in the county," said one stakeholder.

### Perception of Broaddus Hospital

- Most stakeholders have a good opinion of Broaddus Hospital. While services may be limited, they know the hospital plays a vital role in the community's health.
- Some of the positives mentioned include having access to emergency care, good providers at the facility, long-term care, and substance use disorder programs. They also recognize the hospital is leading community health prevention events by offering a healthy communities initiative and 100 miles in 100 days.
- When asked about services stakeholders would like to see added or expanded, obesity tops the list. Other important opportunities they would like to expand behavioral health, depression/anxiety disorders, endocrinology, nutrition, sleeping disorders, substance abuse, joint, bone or muscle pain.
- Several stakeholders would like Broaddus Hospital to invest in the area by providing nutrition education and exercise programs. They recognize the hospital already offers a list of community programs but would like to see more services. "Continue to try and educate patients about their health," one stakeholder said.
- Many stakeholders want Broaddus Hospital to partner with local community groups and agencies. The top organizations mentioned include health departments, senior centers, emergency services, family resource networks, local businesses, and other healthcare providers and clinics (BCHA).