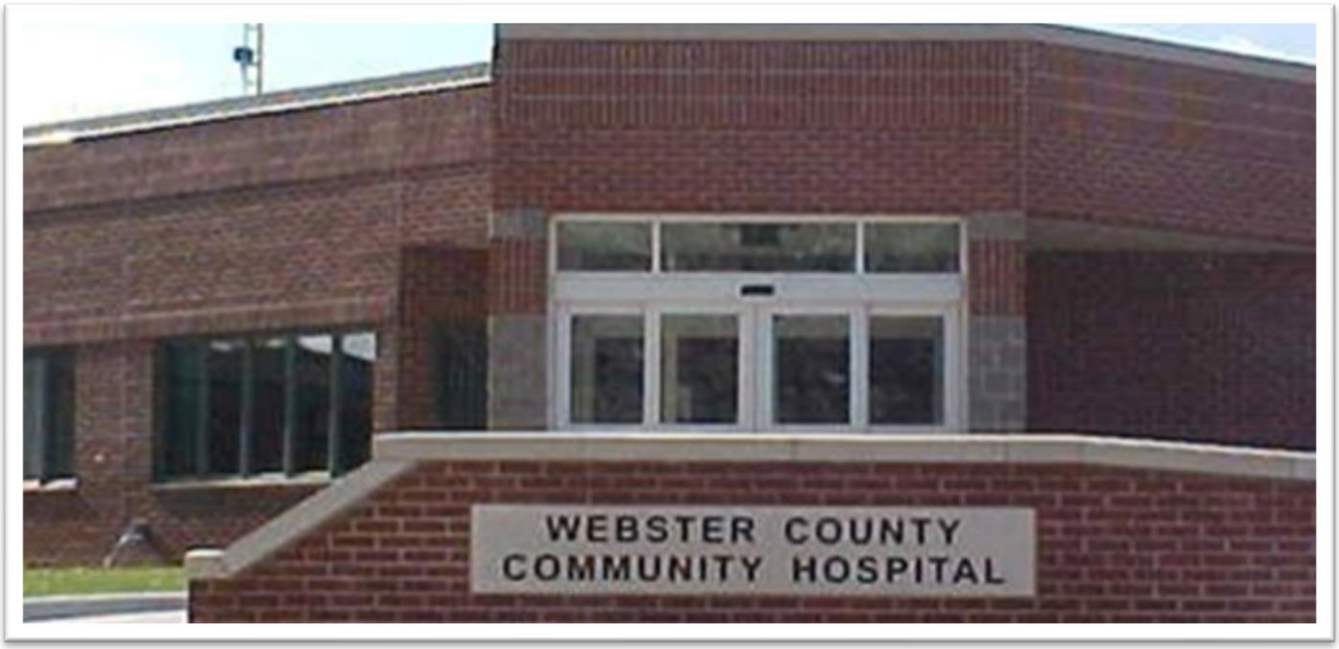
2024 Community Benefit Report *and* Report on 2022-2025 Implementation Strategies



DAVIS HEALTH SYSTEM | Webster MemorialHospital
Vandalia Health

Approved by the Webster Memorial Hospital Board of Trustees on November 18, 2025

The Community Benefit Report is made available to the public via the Webster Memorial Hospital website at https://www.davishealthsystem.org/ and is available upon request from the hospital facility.

#1	**Webster Memorial Hospital**
COMMUNITY HEALTH NEED	Mental Health and Well-Being
IDENTIFIED HEALTH ISSUE	Mental Health and Well-Being
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Increase access to Mental Health and Well-Being services in the community.
STRATEGIC OBJECTIVE	• Increase access to mental health and well-being services for all Webster County residents. • Reduce the stigma associated with mental illness. • Promote mental health and well-being in the community.
GOALS TO ADDRESS THE HEALTH NEED	• Expand the hospital's mental health and well-being workforce by using affiliations such as Vandalia Health and Davis Health System. • Increase utilization of Senior Life Solutions by 15%. • Establish partnerships with other community organizations to provide mental health and well-being services. • Offer a variety of mental health and well-being services, including individual and group therapy, medication management, and crisis intervention. • Provide educational and outreach programs to promote mental health and well-being in the community.
MEASURE TO EVALUATE THE IMPACT	• Increase in the number of people receiving mental health and well-being services at the hospital. • Decrease in the number of people going to the emergency room for mental health-related crises. • Increase in the number of people who report feeling satisfied with the mental health and well-being services they receive at the hospital. • Decrease in the stigma associated with mental illness in the community. • Increase in the number of people who participate in the hospital's mental health and well-being educational and outreach programs.
TIMELINE	Ongoing
RESOURCES	Webster Hospital Mental Health and Well-being Committee
PARTNERS/COLLABORATORS	Senior Life Solutions
2024 PROGRESS	2024 PROGRESS • **Community Outreach:** Senior Life Solutions conducted **24 community-based events** across Webster County, focusing on mental health education, suicide awareness, and stigma reduction. Events included senior center presentations, health fairs, and school-based discussions.

- **Service Utilization:**
  Mental health inpatient discharges remained steady, with **1 inpatient discharge in 2024** (same as 2023), suggesting stable utilization but ongoing community need for preventive and outpatient behavioral health support.
- **Program Development:**
  Continued collaboration with **Vandalia Health** and **Davis Health System** to strengthen mental health integration and outreach capacity.
- **Community Impact:**

Qualitative feedback from event participants indicated greater awareness of available services and decreased stigma discussing mental health topics.

MEASURED IMPACT (2024)

Measure	2023	2024	Change / Notes
Number of mental health / wellness outreach events	—	24	Established baseline year; strong community engagement
Number of inpatient discharges (Webster Co. residents)	1	1	Stable trend; low reported utilization may reflect under-reporting or limited access
Total inpatient mental health charges	$7,855	$49,411	Increase reflects one extended inpatient stay
Patient satisfaction with Senior Life Solutions	—	Positive anecdotal feedback	Formal surveys to begin FY2025
Community awareness / stigma reduction	Qualitative data only	Improved community participation and openness at events	Continue public campaigns in 2025

	IMPACT SUMMARY In 2024, mental health outreach significantly expanded, with Senior Life Solutions hosting **24 educational and prevention events** throughout the county. These initiatives promoted early identification of mental health issues and reduced stigma, especially among seniors and caregivers. While inpatient discharges remained stable, the rise in total charges suggests higher acuity or longer stays for those requiring hospitalization. The hospital and its partners will continue to expand community education, support groups, and tele-behavioral health services in 2025, aiming to improve access, awareness, and satisfaction among Webster County residents.

#2	**Webster Memorial Hospital**
COMMUNITY HEALTH NEED	Substance Abuse Prevention and Recovery
IDENTIFIED HEALTH ISSUE	Substance abuse is a significant problem in Webster County, WV. Substance abuse adds to a variety of health problems, including overdose deaths, HIV/AIDS, and hepatitis C. Webster Memorial Hospital is committed to developing and implementing a strategic plan to address substance abuse and prevention.
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	This implementation strategy plan will focus on the following key areas: • Increasing access to substance abuse treatment and prevention services • Reducing stigma associated with substance abuse • Educating the dangers of substance abuse and the importance of prevention • Building partnerships with other community organizations to address substance abuse
STRATEGIC OBJECTIVE	• Reduce the number of substance abuse-related deaths in Webster County by 5% within five years. • Increase the number of people receiving substance abuse treatment by 10% within five years. • Reduce the stigma associated with substance abuse in Webster County by 20% within five years. • Increase public awareness of the dangers of substance abuse by 10% within five years.
GOALS TO ADDRESS THE HEALTH NEED	The following strategies will be used to achieve the goals of this implementation plan:

	• Increase access to substance abuse treatment and prevention services:
	  ○ Partner with other community organizations to expand access to substance abuse treatment and prevention services.
	  ○ Develop and implement a telemedicine program to provide substance abuse treatment services to residents of rural areas.
	  ○ Advocate for increased funding for substance abuse treatment and prevention services.
	• Reduce stigma associated with substance abuse:
	  ○ Conduct educational campaigns to reduce stigma associated with substance abuse.
	  ○ Work with community organizations to develop and implement programs to support people in recovery from substance abuse.
	  ○ Train healthcare professionals on how to screen for and treat substance abuse.
	• Educate the public about the dangers of substance abuse and the importance of prevention:
	  ○ Develop and implement educational programs for schools, workplaces, and community groups about the dangers of substance abuse and the importance of prevention.
	  ○ Distribute educational materials about substance abuse to residents of Webster County.
	  ○ Conduct public awareness campaigns about substance abuse.
	• Build partnerships with other community organizations to address substance abuse:
	  ○ Work with other community organizations to develop and implement comprehensive substance abuse prevention and treatment programs.
	  ○ Share resources and best practices with other community organizations.
	  ○ Advocate for policies and programs that support substance abuse prevention and treatment.

MEASURE TO EVALUATE THE IMPACT	• Number of patients screened for social determinants of health and health-related social needs • Number of patients referred to social determinants of health and health-related social needs resources • Number of patients who participate in social determinants of health and health-related social needs programs and interventions

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Patient satisfaction with social determinants of health and health-related social needs services
Improvement in health outcomes
Number of substance abuse-related deaths
Number of people receiving substance abuse treatment
Results of stigma reduction surveys
Results of public awareness surveys

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<tr><td>TIMELINE</td><td>Ongoing</td></tr>
<tr><td>RESOURCES</td><td>Flyers</td></tr>
<tr><td>PARTNERS/COLLABORATORS</td><td></td></tr>
<tr><td>2024 PROGRESS</td><td>
2024 PROGRESS

Community Engagement: Hosted one community health fair that included educational booths, printed materials, and discussions focused on substance abuse prevention, local treatment options, and reducing stigma.
Education & Awareness: Distributed prevention resources and discussed available support programs with attendees.
Partnership Development: Coordinated with local organizations and the health department to support ongoing prevention efforts.
Program Stage: Early implementation phase — primary focus on awareness and outreach; screening and referral workflows still in development.

MEASURED IMPACT (2024)
<table>
<tr><th>Measure</th><th>2024 Activity / Observation</th><th>Trend / Notes</th></tr>
<tr><td>Number of substance abuse awareness events</td><td>1 community health fair</td><td>Established baseline</td></tr>
<tr><td>Number of people reached (estimated)</td><td>~60 attendees</td><td>Awareness-building event</td></tr>
<tr><td>Stigma reduction and public awareness</td><td>Improved community engagement at event; qualitative feedback positive</td><td>Will implement follow-up surveys in future years</td></tr>
<tr><td>Number of patients referred for substance abuse treatment</td><td>0</td><td>Screening and referral process under development</td></tr>
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	Number of partnerships or collaborating organizations	2+ (local health dept., school representatives)	Early-stage network building

NARRATIVE SUMMARY

In 2024, Webster Memorial Hospital initiated its substance abuse prevention efforts by hosting a **community health fair** centered on awareness, education, and stigma reduction. The event established a foundation for future engagement and partnerships. While no formal screening or treatment referrals were recorded this year, the hospital strengthened relationships with local organizations and set the stage for more structured prevention and treatment outreach in 2025.

#3	**Webster Memorial Hospital**
COMMUNITY HEALTH NEED	Chronic Disease Maintenance and Prevention (Diabetes, Cardiovascular, Respiratory)
IDENTIFIED HEALTH ISSUE	Chronic diseases are the leading cause of death and disability in the United States, and rural communities are disproportionately affected. Diabetes, cardiovascular disease, and respiratory disease are three of the most common chronic diseases, and they account for a significant portion of the healthcare costs in Webster County, WV.
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Improve chronic disease burden through prevention, maintenance and education.
STRATEGIC OBJECTIVE	Implement initiatives to address chronic disease burden in our community through prevention, maintenance and education.

GOALS TO ADDRESS THE HEALTH NEED	• One of the best ways to address chronic disease is to prevent it from happening in the first place. Our hospital will implement a number of prevention initiatives, including:
	  ○ Health education programs for children and adults on topics such as healthy eating, physical activity, and tobacco cessation.
	  ○ Community outreach initiatives to promote healthy lifestyles and reduce risk factors for chronic disease.
	  ○ Partnerships with other community organizations to implement and promote prevention programs.
	• For people who already have a chronic disease, it is important to manage the disease effectively to prevent complications.

	Our hospital will implement a number of maintenance initiatives, including: ○ Chronic disease management programs that provide patients with the education and support they need to manage their condition. ○ Telemedicine programs that allow patients to connect with healthcare providers remotely, which can be especially helpful for patients who live in rural areas. ○ Partnerships with our population health care providers to coordinate chronic disease management care. • Education is essential for both prevention and maintenance of chronic disease. Our hospital will implement a number of education initiatives, including: ○ Patient education classes on topics such as diabetes management, heart failure management, and asthma management. ○ Community health fairs and other events that provide information about chronic disease prevention and management. ○ Online resources and social media campaigns to educate the public about chronic disease.
MEASURE TO EVALUATE THE IMPACT	• Number of people participating in prevention programs • Number of people participating in chronic disease management programs • Patient satisfaction with chronic disease management care • Rates of chronic disease complications • Cost savings associated with chronic disease prevention and management
TIMELINE	Ongoing
RESOURCES	Operational Budget
PARTNERS/COLLABORATORS	
2024 PROGRESS	GOALS TO ADDRESS THE HEALTH NEED • Increase community participation in chronic disease prevention and management programs. • Improve coordination of care for patients with chronic conditions (e.g., diabetes, hypertension, COPD). • Reduce complications and costs associated with unmanaged chronic illness through early intervention and patient education.

MEASURE TO EVALUATE THE IMPACT

Measure	2023 (Baseline)	2024 / Program Period	Change & Notes
Number of people participating in prevention programs	—	Minimal participation	Outreach and referral pathways being established
Number of people participating in chronic disease management programs	0	1 patient	Initial enrollment – program launch year
Patient satisfaction with chronic disease management care	—	Not yet measured	To be added once participation increases
Rates of chronic disease complications	—	Data pending	Will track in future cycles once sample size grows
Cost savings associated with chronic disease prevention and management	—	Not applicable	No measurable financial impact in first year

IMPACT SUMMARY

The hospital initiated a **Chronic Disease Management (CDM) program** in 2024, enrolling its first patient during the pilot period. Early implementation focused on identifying eligible participants, developing care coordination workflows, and educating providers on referral processes. While participation remains limited, the program establishes the foundation for future impact in reducing readmissions, improving disease control, and enhancing patient self-management.

Future goals include expanding outreach through primary care clinics, integrating prevention education into community events, and tracking outcome metrics such as A1C control, blood pressure management, and patient satisfaction once enrollment grows.

#4	**Webster Memorial Hospital**
COMMUNITY HEALTH NEED	Social Determinants of Health and Health-Related Social Needs
IDENTIFIED HEALTH ISSUE	Webster County, West Virginia, feels it is imperative to recognize and address the significant impact of Social Determinants of Health (SDOH) and Health-Related Social Needs (HRSN) on the overall health and well-being of our community. This strategic plan outlines a comprehensive approach to mitigate challenges related to transportation, income, and housing. Our goal is to improve overall community health by fostering collaboration, enhancing accessibility, and advocating for policy changes.
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Create a healthier community through equitable access to healthcare services, improved living conditions and increased economic opportunities.
STRATEGIC OBJECTIVE	It is Webster Memorial Hospital's vision to create a healthier community in Webster County, where individuals have equitable access to healthcare services, improved living conditions, and increased economic opportunities, leading to better overall health outcomes and well-being.

GOALS TO ADDRESS THE HEALTH NEED	• Improve Transportation Accessibility
	  ○ Establish non-medical local transportation van that provides transportation to and from clinic appointments and non-emergent ancillary services.
	  ○ Advocate for the development of additional transportation infrastructure and services to improve.
	• Enhance Income and Economic Opportunities
	  ○ Collaborate with local organizations to provide educational and vocational training programs (IE. Davis Health System Academy), promoting skill development and employment opportunities for community members.
	  ○ Offer financial literacy workshops to empower individuals and families to manage their finances effectively, reducing financial stress.

MEASURE TO EVALUATE THE IMPACT	• Number of patients utilizing transportation services provided • Monitor the reduction in missed appointments due to transportation issues • Monitor the participation rates in educational and vocational programs • Track the increase in employment rates and income levels in the community
TIMELINE	Ongoing
RESOURCES	Operational Budget
PARTNERS/COLLABORATORS	Webster County High School

2024 PROGRESS

- **Improve Transportation Accessibility**
  - Establish and sustain a non-medical local transportation program providing rides to and from clinic appointments and non-emergent services.
  - Advocate for the development of additional transportation infrastructure and community partnerships.

MEASURE TO EVALUATE THE IMPACT

Measure	2023	2024	Change / Notes
Number of transportation rides provided	25	16	↓ 36% — Program paused due to labor shortage, vehicle issues, and financial constraints
Primary Care No-Show Rate	9.5%	12.7%	↑ 3.2 pp — Correlates with reduction in available rides
Completed appointments (trend indicator)	—	—	Slight decline observed, potentially related to transportation gap
Reduction in missed appointments due to transportation issues	Limited data	Limited data	Monitoring discontinued with program pause

IMPACT SUMMARY

Transportation barriers remain a measurable factor influencing access to care. After a temporary suspension of the hospital's non-medical transportation service, the number of rides dropped from 25 in 2023 to 16 in 2024. Over the same period, primary care no-show rates increased from **9.5% to 12.7%**. This suggests a link between reduced transportation access and higher rates of missed appointments.

The hospital plans to reassess operational models and community partnerships (e.g., senior centers, local transit, or volunteer driver programs) to restore transportation support for patients with mobility or financial limitations.

Economic Opportunities

- Partnered with Webster County High School: 15 CTE students shadowed clinic roles for 6 months.
- Hired **2 student workers** via the clinic's academy program for a 1-year period.

- Clinic staff attended the annual high school job fair to promote employment pathways.

Key Economic Indicators (for Webster County, West Virginia & state context)

Indicator	Value and Year	Notes
Unemployment Rate – Webster County	**4.9%** in 2023; **6.0%** in 2024. FRED	Reflects a rise of 1.1 percentage points.
Median Household Income – West Virginia	~$31,897 in 2023. Data Commons	State-level, useful for regional comparison.
Median Income – Webster County	~$23,619 in 2023. Data Commons	Shows the local baseline is significantly below the state.
Wage growth – West Virginia (average weekly wage)	+4.7% from 2Q 2023 to 2Q 2024. Bureau of Labor Statistics	Indicates some wage momentum at state level.

Goals to Address the Health Need (Economic & Jobs)

- Enhance income and economic opportunities within the community.
  - Collaborate with local organizations (e.g., school academies, vocational programs) to provide skill development and employment opportunities.
  - Offer financial literacy and career pathway workshops to empower individuals and families to improve income stability.

Measures to Evaluate the Impact

Measure	2023 (Baseline)	2024 Program Period	Change & Notes
Number of CTE students shadowing clinic jobs	—	15 students (6 months)	New program launch — establishes baseline.
Number of student workers hired via	—	2 student workers (1 year)	Immediate job creation activity.

academy program			
Community unemployment rate (Webster Co)	4.9%	6.0%	↑1.1 pp — reflects broader labor market change; local job training efforts may help reverse this trend.
Median household/ individual income level	~$23,619 (Webster, 2023)	Future year target	Current baseline; program aims to help participants increase income or achieve jobs paying above this.

Impact Summary

While the local unemployment rate rose (from 4.9% to 6.0%) and income levels remain low in Webster County, your clinic's partnership with the high school creates a tangible employment pathway for youth. The 15 CTE shadows and 2 student hires represent meaningful progress toward workforce engagement. With continued efforts (e.g., expanded internships, financial literacy workshops), you can track how participants move into better-paying roles, thereby helping to raise local income and reduce economic vulnerability — which in turn supports better health outcomes (more stability, less stress, improved access to care).