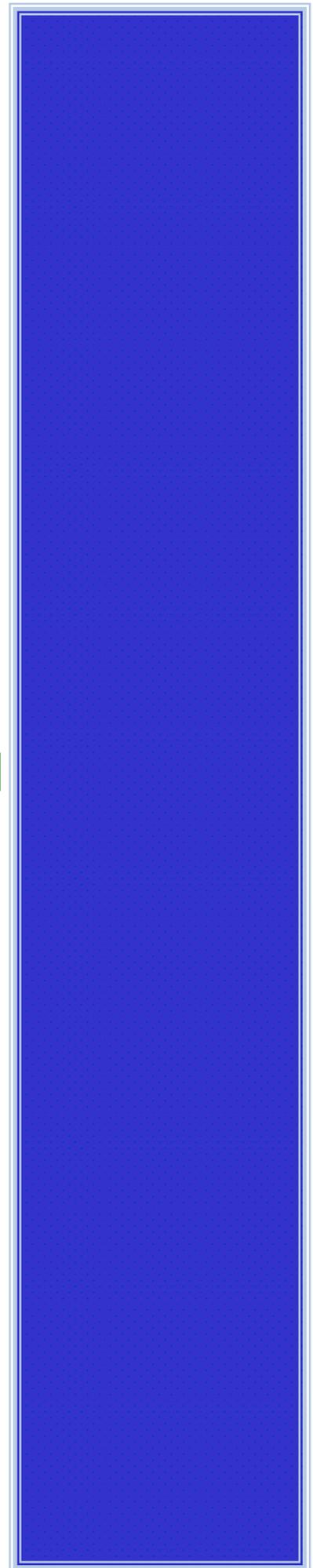


# Community Health Needs Assessment 2018



# Webster County Memorial Hospital

## **ABOUT US**

Webster County Memorial Hospital is a family hospital that holds your well being, health, and confidentiality in the highest regard. Our professional staff will treat you with the utmost respect, and our doctors take the time to really listen. Our hospital strives around every corner to maintain the best health of your entire family. Our doctors are fantastic when it comes to treating patients of all ages. They can even make a trip to the doctor fun for the little ones. We offer a wide range of medical treatments, 24-hour services and will do everything can to ensure your optimal health.

## **Mission**

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

## **Values**

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

## **Services**

- Primary Care
- Rural Health Clinic
- In-Patient Observation Services
- Swing-bed
- 24/7 Emergency Department
- Diabetic Education
- Out-Patient Nursing Services
- Nuclear Medicine
- Laboratory
- Physical, Respiratory Therapy
- Radiology, CT, MRI, Ultrasound
- Pulmonary Therapy
- Social Services
- Pharmacy
- Population Health

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## I. INTRODUCTION

The Community Health Needs Assessment (CHNA) of Webster County Memorial Hospital (Hospital) was conducted to identify health issues and community needs as well as provide information to key decision makers to make a positive impact on the residents of the hospital's service area. The results of the CHNA will enable the Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community.

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

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

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

The significant components of the CHNA include:

- Service Area Definition, Population & Vital Statistics
- Socioeconomic Characteristics of the Service Area
- Health Status Indicators
- Access to Care
- Results of Community Participation

#### Research Process

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

#### Key Areas of Opportunity

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

## Methodology

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

The data collection process utilized the following sources:

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

### Quantitative Data:

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

### Qualitative Data:

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

## II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

### *HOSPITAL & COMMUNITY PROFILE*

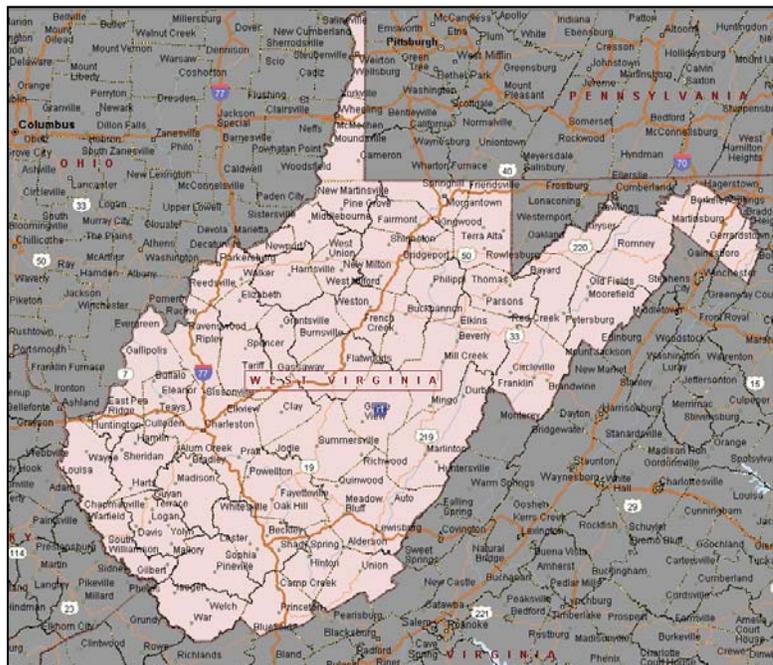
#### Hospital Profile

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



#### Community Profile

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



### III. SERVICE AREA

#### **DEFINED SERVICE AREA**

Webster County Memorial Hospital defined their service area based upon the geographical area in which a majority of their patients reside. As shown in Exhibit 1, 84.9% of the Hospital's patients reside in Webster County, the Hospital's location. For purposes of the needs assessment, the Hospital's primary service area consists of the following West Virginia Counties: Webster, Nicholas, and Braxton.

<b>Exhibit 1: Service Area</b>	
<b>County</b>	<b>% of Total Patients</b>
Webster	84.9%
Nicholas	7.7%
Braxton	2.8%
All other areas	4.6%

#### **POPULATION DEMOGRAPHICS**

Understanding the population demographics of the community served by the Hospital helped the hospital team understand characteristics unique to their community and can impact the identification of health needs. Notable for the service area when compared with West Virginia overall is a greater percentage of persons 65 years and over, as well as a steadily declining population based on trends from 2010 – 2017.

<b>Exhibit 2: 2017 Service Area Counties Community Demographics</b>					
	<i>Community Metric</i>	<i>Webster County</i>	<i>Nicholas County</i>	<i>Braxton County</i>	<i>West Virginia</i>
<b>Population</b>	Population, 2017 Estimate	8,372	25,043	14,237	1,815,857
	Population, Percent Change: April 1, 2010 to July 1, 2017	-8.5%	-4.5%	-1.9%	-2.0%
<b>Age</b>	Persons Under 5 Years	5.3%	5.4%	5.4%	5.5%
	Person Under 18 Years	20.4%	20.4%	19.9%	20.5%
	Persons 65 Years and Over	22.3%	21.0%	21.5%	18.8%
<b>Gender</b>	Female Persons	50.4%	50.6%	49.4%	50.5%
<b>Race</b>	White (alone)	97.9%	97.9%	97.5%	93.6%
	Black or African American (alone)	0.5%	0.3%	0.6%	3.6%
	American Indian and Alaska Native (alone)	0.1%	0.3%	0.4%	0.2%
	Asian (alone)	0.3%	0.4%	0.4%	0.8%
	Native Hawaiian and Other Pacific Islander (alone)	0.0%	0.0%	0.0%	0.0%
	Two or More Races	1.2%	1.1%	1.1%	1.7%
	Hispanic or Latino	0.7%	0.8%	0.7%	1.5%

Source: U.S. Census Bureau: State and County QuickFacts (2017)

## POPULATION PROJECTIONS

As shown in Exhibit 3, the population of the total service area is projected to decrease through 2030. The largest decrease in population is projected in Webster County. Braxton County is projected to remain stable through 2030.

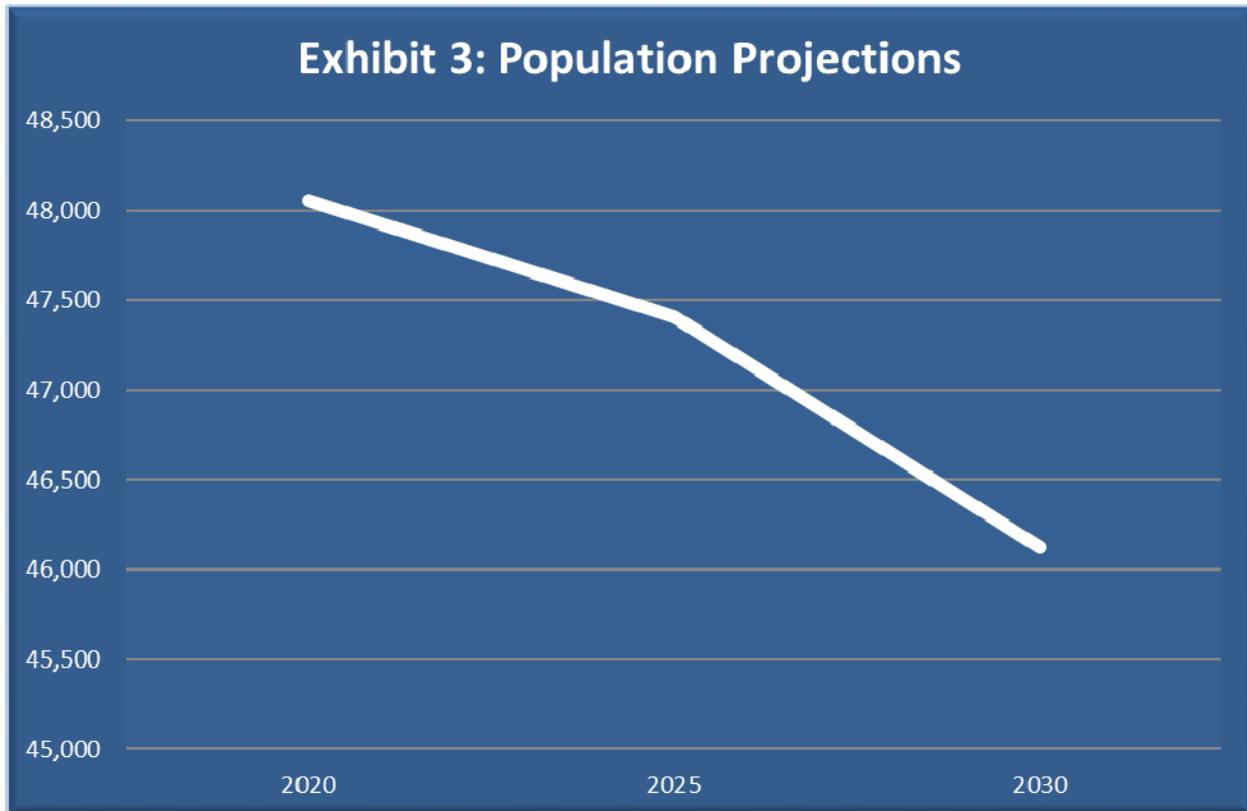


Exhibit 3 includes the detailed population projections for the counties in the service area.

County	2020	2025	2030
Webster	8,469	8,241	7,820
Nicholas	25,106	24,734	24,022
Braxton	14,481	14,432	14,282
<b>Total Service Area Population</b>	<b>48,056</b>	<b>47,407</b>	<b>46,124</b>

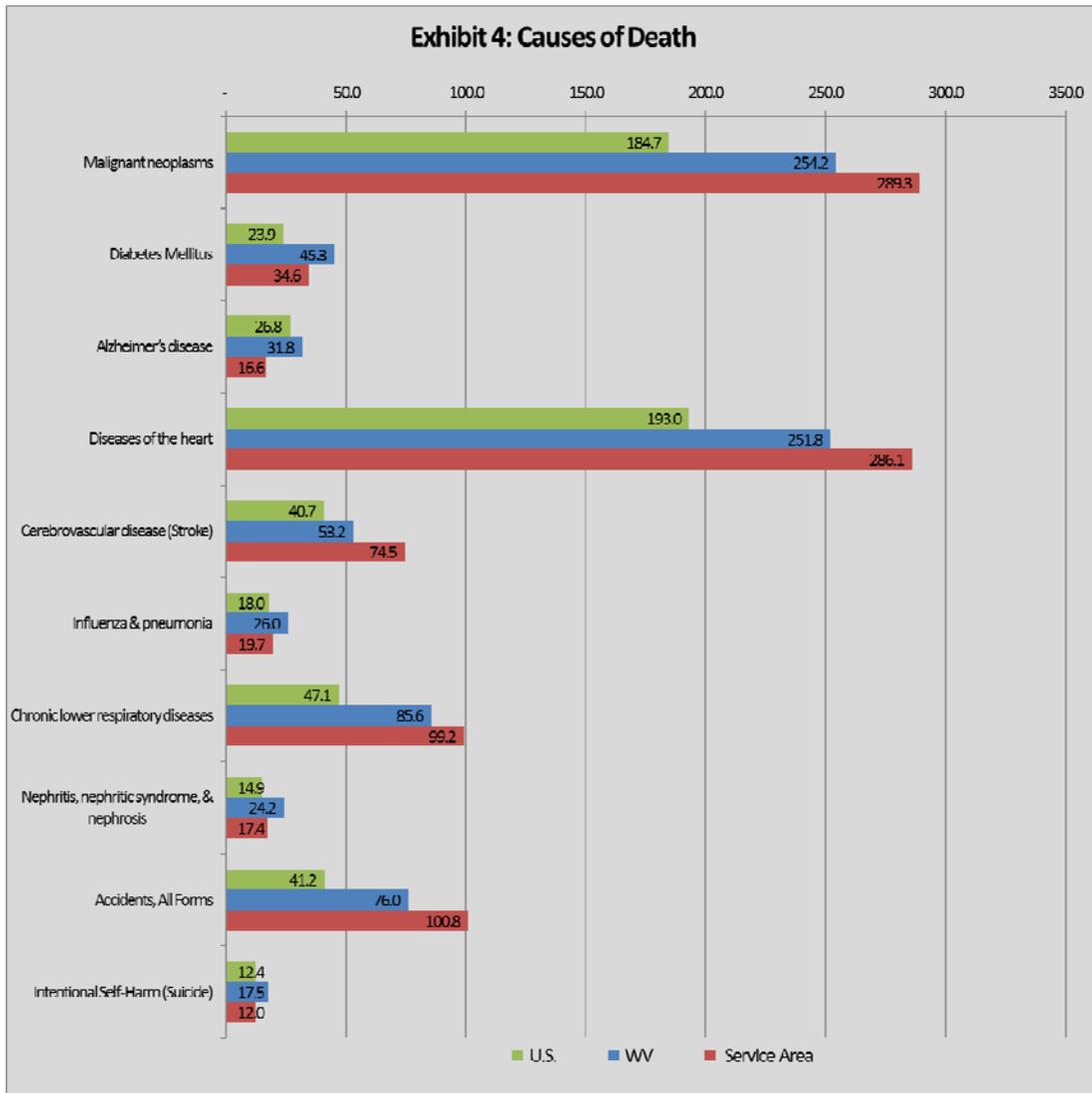
Source: *Population Trends in West Virginia through 2030*. Christiadi, Ph.D., West Virginia University College of Business and Economics, Bureau of Business and Economic Research.

## IV. HEALTH DATA FOR SERVICE AREA RESIDENTS

### HEALTH OUTCOMES

#### Leading Causes of Death

The 2013 leading causes of death data for this community shows that cancer (malignant neoplasms) and diseases of the heart are the major causes of death in the service area. These outweigh the third leading cause of mortality by more than 5 times as many deaths.



Rate per 100,000 population  
Source: West Virginia Vital Statistics 2013.

### Suicide Rate

As shown in Exhibit 5, the highest suicide rate of 19.4 was reported in Nicholas County while the lowest of 13.3 was reported in Braxton County. The state rate of 15.8 was within the range of the service area rates.

**Exhibit 5: Suicide Rate**

County	Deaths	Suicide Crude Rate per 100,000
Webster County	20	Unreliable
Nicholas County	91	19.4
Braxton County	35	13.3
<b>West Virginia</b>	<b>5,220</b>	<b>15.8</b>

Source: CDC, Underlying Cause of Death, 1999-2016

### Premature death

Premature death reflects attention on preventable deaths by reviewing the years of potential life lost before age 75 (YPPL-75). For example, a death at age 50 contributes 25 years of life lost. The most recent data available for this measure is 2014 – 2016 and is expressed as a rate per 100,000 service area residents. The service area rate shows that the three counties included in the service area average more years of life lost when compared with the State of West Virginia, and significantly, more years of life lost when compared with the top U.S. performers.

Exhibit 6: Premature Death			
Years of Life Lost Before Age 75 Per 100,000 Residents (Data from 2014 - 2016)	Service Area	West Virginia Average	Top U.S. Performers
	10,000	9,800	5,300
Source: County Health Rankings and Roadmaps (2018)			

## HEALTH FACTORS

Health factors influence the health of a community and are measured by four different factors: health behaviors, clinical care, the physical environment, and social and economic factors. Each of these factors encompasses several measures, all adding up to what is known as the social determinants of health. The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

### Health Behaviors

Health behaviors describe the individual choices community members make that impact their overall health. Behaviors related to tobacco use, diet and exercise, alcohol and drug use, and sexual activity are measures against Kentucky and national rates. Notable for the service area are high rates of adult smoking, drug overdose deaths, teen births, physical inactivity, and adult obesity when compared with top U.S. performers. Rates within the service area are generally on par with rates in the State of West Virginia as a whole.

Exhibit 7: Health Factors: Health Behaviors					
Health Behaviors	Webster County	Nicholas County	Braxton County	West Virginia	Top U.S. Performers
<b>Health Behaviors Related to Alcohol and Drug Use</b>					
Adult Smoking Rate	24%	22%	22%	25%	14%
Excessive Drinking Rate	11%	13%	11%	12%	13%
Drug Overdose Deaths Per 100,000 Residents	42	47	19 modeled, zero listed	40	10
<b>Health Behaviors Related to Sexual Activity</b>					
Sexually Transmitted Infections Per 100,000 Residents	136	58	90	268	145
Teen Births Per 100,000 Residents	53	43	43	39	15
<b>Health Behaviors Related to Diet and Exercise</b>					
Physical Inactivity Rate	31%	34%	32%	29%	20%
Adult Obesity Rate	39%	38%	35%	36%	26%
Sources: County Health Rankings and Roadmaps (2018)					

In addition to overall health behaviors of the residents of the service area, health behavior of youth within the service area are indicative of potential future health needs of the community. CDC's Youth Risk Behavior Surveillance System (YRBSS) monitors a wide range of priority health risk behaviors among representative samples of high school students at the national, state, and local levels. National, state and large urban school district surveys are conducted every two years among students throughout the United States. High School was defined as 9<sup>th</sup>-12<sup>th</sup> grade and Middle School was defined as 6<sup>th</sup>-8<sup>th</sup> grade.

### Exhibit 8: West Virginia, High School Youth Risk Behavior Survey

Alcohol and Other Drug Use	Percentage		Percentage Increase/Decrease
	2017	2015	
Ever drank alcohol (at least one drink of alcohol, on at least 1 day during their life)	64.4	65.1	-1.1%
Had their first drink of alcohol before age 13 years (other than a few sips)	19.4	18.4	5.4%
Currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)	27.9	31.1	-10.3%
Usually got the alcohol they drank by someone giving it to them (during the 30 days before the survey, among students who currently drank alcohol)	39.8	39.7	0.3%
Reported 10 or more as the largest number of drinks they had in a row (within a couple of hours, during the 30 days before the survey)	6.9	7.4	-6.8%
Ever used marijuana (also called grass, pot, or weed, one or more times during their life)	35.1	34.7	1.2%
Tried marijuana for the first time before age 13 years (also called grass, pot, or weed)	8.8	8.4	4.8%
Currently used marijuana (also called grass, pot, or weed, one or more times during the 30 days before the survey)	18.5	16.5	12.1%
Ever used synthetic marijuana (also called "K2," "Spice," "fake weed," "King Kong," "Yucatan Fire," "Skunk," or "Moon Rocks," one or more times during their life)	8.3	14.6	-43.2%
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	6	4.6	30.4%
Ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	7	9.4	-25.5%
Ever used heroin (also called "smack," "junk," or "China White," one or more times during their life)	3.4	3.5	-2.9%
Ever used methamphetamines (also called "speed," "crystal," "crank," or "ice," one or more times during their life)	4.6	4.7	-2.1%
Ever used ecstasy (also called "MDMA," one or more times during their life)	4.3	6.7	-35.8%
Ever took steroids without a doctor's prescription (pills or shots, one or more times during their life)	3.7	4.6	-19.6%
Ever injected any illegal drug (used a needle to inject any illegal drug into their body, one or more times during their life)	2.5	3.5	-28.6%
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	24	25.9	-7.3%

Source: CDC Youth Risk Behavior Surveillance System  
'—' = Data not available

### Exhibit 9: West Virginia, Middle School Youth Risk Behavior Survey

Alcohol and Other Drug Use	Percentage		Percentage Increase/Decrease
	2017	2015	
Ever drank alcohol (at least one drink of alcohol, on at least 1 day during their life)	64.4	65.1	-1.1%
Had their first drink of alcohol before age 13 years (other than a few sips)	19.4	18.4	5.4%
Currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)	27.9	31.1	-10.3%
Usually got the alcohol they drank by someone giving it to them (during the 30 days before the survey, among students who currently drank alcohol)	39.8	39.7	0.3%
Reported 10 or more as the largest number of drinks they had in a row (within a couple of hours, during the 30 days before the survey)	6.9	7.4	-6.8%
Ever used marijuana (also called grass, pot, or weed, one or more times during their life)	35.1	34.7	1.2%
Tried marijuana for the first time before age 13 years (also called grass, pot, or weed)	8.8	8.4	4.8%
Currently used marijuana (also called grass, pot, or weed, one or more times during the 30 days before the survey)	18.5	16.5	12.1%
Ever used synthetic marijuana (also called "K2," "Spice," "fake weed," "King Kong," "Yucatan Fire," "Skunk," or "Moon Rocks," one or more times during their life)	8.3	14.6	-43.2%
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	6.0	4.6	30.4%
Ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	7.0	9.4	-25.5%
Ever used heroin (also called "smack," "junk," or "China White," one or more times during their life)	3.4	3.5	-2.9%
Ever used methamphetamines (also called "speed," "crystal," "crank," or "ice," one or more times during their life)	4.6	4.7	-2.1%
Ever used ecstasy (also called "MDMA," one or more times during their life)	4.3	6.7	-35.8%
Ever took steroids without a doctor's prescription (pills or shots, one or more times during their life)	3.7	4.6	-19.6%
Ever injected any illegal drug (used a needle to inject any illegal drug into their body, one or more times during their life)	2.5	3.5	-28.6%
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	24.0	25.9	-7.3%

Source: CDC Youth Risk Behavior Surveillance System

## Clinical Care

Clinical care refers to access to care (measured by the uninsured rate and the ratio of community residents to providers) and the quality of care (measured by preventable hospital stays). Notable for Webster County is a larger ratio of residents to one primary care physician and ratio of residents to one mental health provider when compared with the State of West Virginia and top U.S. performers.

Exhibit 10: Health Factors: Clinical Care					
<i>Clinical Care Measures</i>	<i>Webster County</i>	<i>Nicholas County</i>	<i>Braxton County</i>	<i>West Virginia</i>	<i>Top U.S. Performers</i>
Uninsured Rate	9%	7%	9%	7%	6%
Preventable Hospital Stays Per 1,000 Medicare Enrollees	71	78	69	75	35
Ratio of Residents to One Primary Care Physician	1,750:1	1,110:1	1,800:1	1,270:1	1,030:1
Ratio of Residents to One Mental Health Provider	8,650:1	1,580:1	2,410:1	890:1	330:1

Sources: County Health Rankings and Roadmaps (2018)

## Physical Environment

Physical environment factors include air and water quality, as well as housing and transit. Transportation is often considered when measuring housing affordability, so it is included here to better understand the overall affordability of life in the counties making up the service area. The service area reports lower levels of air pollution when compared with the State of West Virginia as a whole, however remains higher than the top U.S. performers. Service area residents spend significantly more of their household income on housing and transportation when compared with the top U.S. performers.

Exhibit 11: Health Factors: Physical Environment					
<i>Physical Environmental Measures</i>	<i>Webster County</i>	<i>Nicholas County</i>	<i>Braxton County</i>	<i>West Virginia</i>	<i>Top U.S. Performers</i>
Air Pollution - Particulate Matter	8.2	8.9	8.9	9.5	6.7
% of Residents Affected by Drinking Water Violations	None Noted	None Noted	None Noted	NA	NA
% of Residents with Severe Housing Problems	11%	10%	11%	11%	9%
% of Household Income Spent on Housing and Transportation	70%	57%	66%	NA	Less than 45%
Transit Ridership % of Workers	1%	0%	1%	NA	NA
Transit Access	0.0	0.0	0.0	NA	10

Source: County Health Rankings and Roadmaps (2018)  
Housing and Transportation Affordability Index (2015)

## Social and Economic Factors

Social and economic factors encompass education, employment, income, family and social support, and community safety. Notable for the service area are higher rates of income inequality when compared with top U.S. performers, as well as lower percentages of residents having attended college. Unemployment rates in the service area are also higher on average than the average for the State of West Virginia and significantly higher than the top U.S. performers.

Exhibit 12: Social and Economic Factors					
Social and Economic Measures	Webster County	Nicholas County	Braxton County	West Virginia	Top U.S. Performers
High School Graduation	93%	91%	88%	87%	95%
Some College	38%	46%	38%	54%	72%
Unemployment	8.3%	8.8%	8.6%	6.0%	3.2%
Income Inequality (the ratio of household income at the 80th percentile to that at the 20th percentile)	5.0	4.6	5.0	4.9	3.7
Social Associations (number of associations per 10,000 residents)	9.1	12.9	11.1	13.0	22.1
Violent Crimes Per 100,000 Residents	Zero Listed	752	221	306	62

Source: County Health Rankings and Roadmaps (2018)

Both Webster and Braxton Counties, along with the state of West Virginia saw increasing income per capita from 2013 through 2015. Nicholas County income per capita increased from 2013 to 2014, however decreased in 2015. Per capita income in the service area is significantly less than the per capita income for the State of West Virginia as a whole.

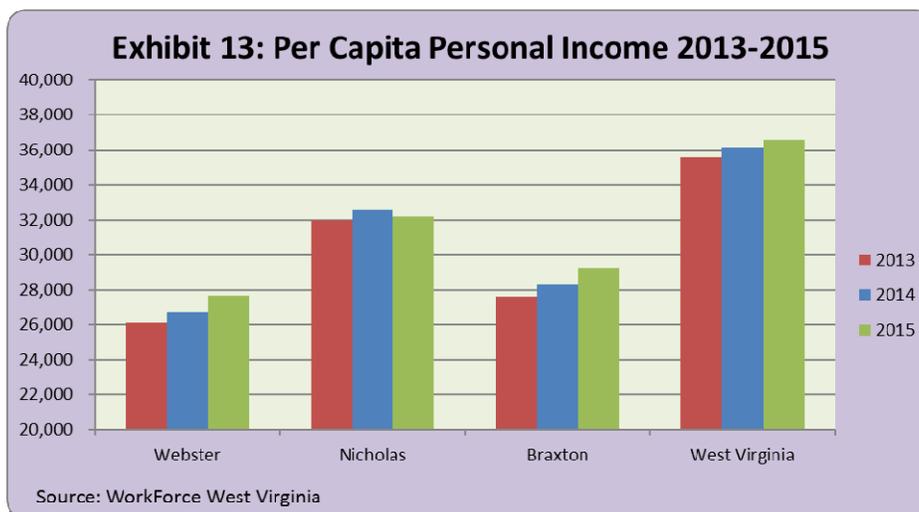


Exhibit 14 presents the percentage of adults living in poverty from 2012 - 2016 for the service area counties and the State of West Virginia. As Exhibit 12 illustrates, Webster County had the highest percentage of adults living in poverty at 30%. The lowest percentage was the State of West Virginia at 17.9%.

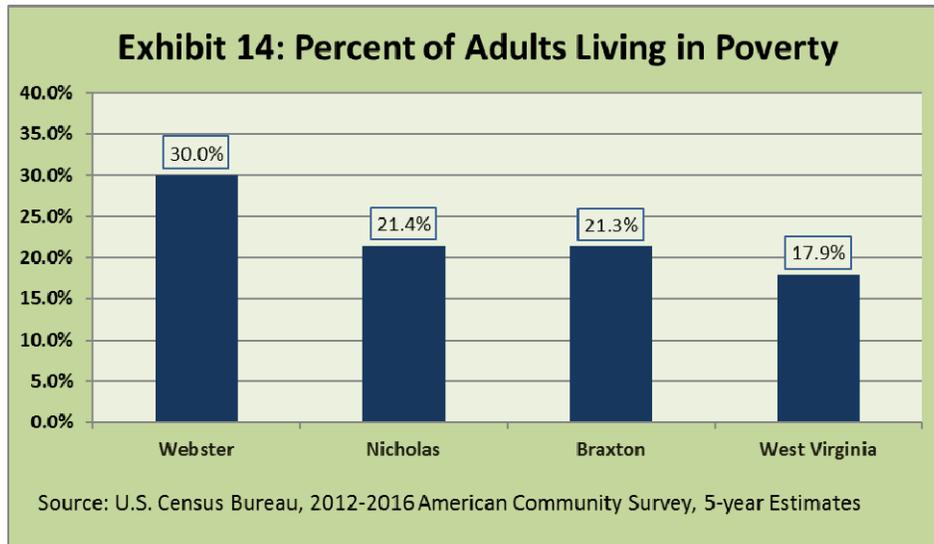


Exhibit 15 presents the median household income for the service area counties and the State of West Virginia. All counties in the service area were below the State of West Virginia for Median Household Income. The service area county with the highest Median Household Income was Nicholas County.

**Exhibit 15: Median Household Income**

<b>Location</b>	<b>Median Household Income</b>
Webster County	\$29,982
Nicholas County	\$39,901
Braxton County	\$38,092
<b>State of West Virginia</b>	<b>\$42,644</b>

Source: U.S. Census Bureau, 2012-2016 American Community Survey

## V. ACCESS TO CARE

### **FEDERALLY DESIGNATED AREAS**

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

- **Health Professional Shortage Area (HPSA):** HPSA designations are based on general HPSA designation criteria, plus additional guidelines specific to each of the three types of designations: primary care, dental and mental health services.
- **Medically Underserved Area (MUA):** MUAs consider several health and welfare statistics of a population, including poverty, age, and infant mortality, in addition to the number of physicians serving the area.
- **Medically Underserved Populations (MUP):** areas that do not meet the qualifications of MUA designation can qualify for MUP status if there are unusual local conditions that are a barrier to access for healthcare services.
- As shifts occur in the population and practicing locations of healthcare professionals, the criteria used for initial Federal shortage designations is periodically reevaluated. Some areas previously designated as a shortage area may have seen an influx of healthcare professionals and no longer meet the requirements for designation. Conversely, if an area sees an out-migration of healthcare professionals, this area may qualify for a health shortage designation. As shown in Exhibit 16, all counties in the service area qualify as shortage destinations.

**Exhibit 16  
Federal Shortage Designations  
As of June 26, 2018**

County	Health Professional Service Area			Medically Underserved Area / Medically Underserved Population
	Primary Care	Dental	Mental Health	
Nicholas County	Yes	Yes	Yes	Yes
Webster County	Yes	Yes	Yes	Yes
Braxton County	Yes	Yes	Yes	Yes

## VI. COUNTY HEALTH DEPARTMENTS

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

Exhibit 17 provides a summary of the services provided by the county health departments located in the service area:

**Exhibit 17: County Health Departments**

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

## VII. CONCLUSION

The goal of the needs assessment was to identify health issues and community needs as well as provide information to key decision makers to make a positive impact on the health of the hospital's service area. Statistical data was compiled to depict demographic and economic profiles while the surveys provided additional feedback with regards to community perception of the hospital, and availability of resources and challenges as it relates to their healthcare needs.

In addition to the evaluation of community data, the hospital evaluated the status of policies implemented based on the results of previous CHNA's. Initiatives are broken down into two main categories, increased education and promotion of community resources and promotion of healthier lifestyle choices.

### **Increased Education and Promotion of Community Resources**

1. Established advertising campaign to promote awareness of available resources.
2. Initiated telemedicine services with a cardiologist at Monongalia General Hospital.
3. Initiated community services, including blood pressure and cholesterol screenings.
4. Providing shadowing opportunities to local high school students to encourage the pursuit of careers in health care.

### **Healthier Lifestyle Choices**

1. Instituted a tobacco free policy at all facilities.
2. Offer tobacco cessation classes for employees as well as community education on smoking cessation.
3. Distribution of materials promoting good nutrition and physical activity through health fairs and distribution of educational materials.
4. Sponsored community projects that promote activities which encourage physical fitness and exercise for the family.

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

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

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

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