2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Healthier Tomorrows

ValleyHealth
Hampshire Memorial Hospital

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EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Hampshire Memorial Hospital (HMH or the hospital) to identify community health needs and to inform the subsequent development of an Implementation Strategy to address those needs. The hospital's assessment of community health needs also responds to regulatory requirements.

As a dedicated Critical Access Hospital, Hampshire Memorial Hospital is a leader in high-quality medical care in Hampshire County and all of West Virginia. An affiliate of Valley Health System, Hampshire Memorial Hospital has extensive resources, advanced treatment solutions, and state-of-the-art technology. This equips the hospital to provide exceptional medical care and services to residents in the surrounding communities. Additional information regarding the hospital and its services is available at http://www.valleyhealthlink.com/hmh.

Valley Health System includes five other hospitals (Page Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, Warren Memorial Hospital and Winchester Medical Center) and operates a range of other healthcare facilities and services in Virginia, West Virginia and Maryland.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H.

As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve several objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.[1]

To be reported, community need for the activity or program must be established. Needs can be established by conducting a community health needs assessment.

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- *Who* in the community is most vulnerable in terms of health status or access to care?
- *What* are the unique health status and/or access needs for these populations?
- *Where* do these people live in the community?
- *Why* are these problems present?

The question of *how* the hospital can best address significant needs is subject of a separate Implementation Strategy.

Community Health Needs Assessment Adoption

This community health needs assessment was adopted by the Valley Health Board of Trustees with representation from Hampshire County on December 10, 2019.

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[1] Instructions for IRS form 990 Schedule H, 2018.

Methodology Summary

An already active Community Advisory Committee, augmented with additional invited community members, was used to help guide the hospital's Community Health Needs Assessment (CHNA) process. This committee included individuals who had previously served on various Valley Health Boards of Trustees, as well as the health director of the Lord Fairfax Health District, the president & CEO of the United Way of Northern Shenandoah Valley, the vice president of the NAACP-Winchester chapter, and clergy from local faith-based communities. Committee members also included representatives from Hampshire Memorial Hospital and across Valley Health.

Community health needs were identified by collecting and analyzing data and information from multiple sources. Statistics for numerous health status, health care access, and related indicators were analyzed, including comparisons to benchmarks where possible. The principal findings of recent health assessments conducted by other organizations were reviewed, as well.

Input from 56 groups/individuals was received through key informant interviews. These informants represented the broad interests of the community and included individuals with special knowledge of, or expertise, in public health.

A community health survey was administered between January 2, 2019 and March 31, 2019. The survey was translated into Spanish. A total of 2,429 completed surveys from across the region were received. Among those, 108 surveys were received from the Hispanic communities.

Valley Health applied a ranking methodology to help prioritize the community health needs, incorporating both quantitative and qualitative data throughout. Scores for the severity and scope of identified health needs were assigned and calculated using weighted averages that took multiple data sources into account. Major themes discussed in the community response sessions were compared to the scored health issues to aid in identifying the prioritized list of health needs.

Community health needs were determined to be "significant" if they were identified as problematic in at least three of the four following data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessment develop by other organizations, (3) community input provided by the key informants who participated in the interview process, or (4) the community health survey.

No information gaps have affected the hospital's ability to reach reasonable conclusions regarding priority community health needs.

HMH collaborated with the other Valley Health hospitals for this assessment: Page Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, Warren Memorial Hospital, and Winchester Medical Center.

Definition of the Community
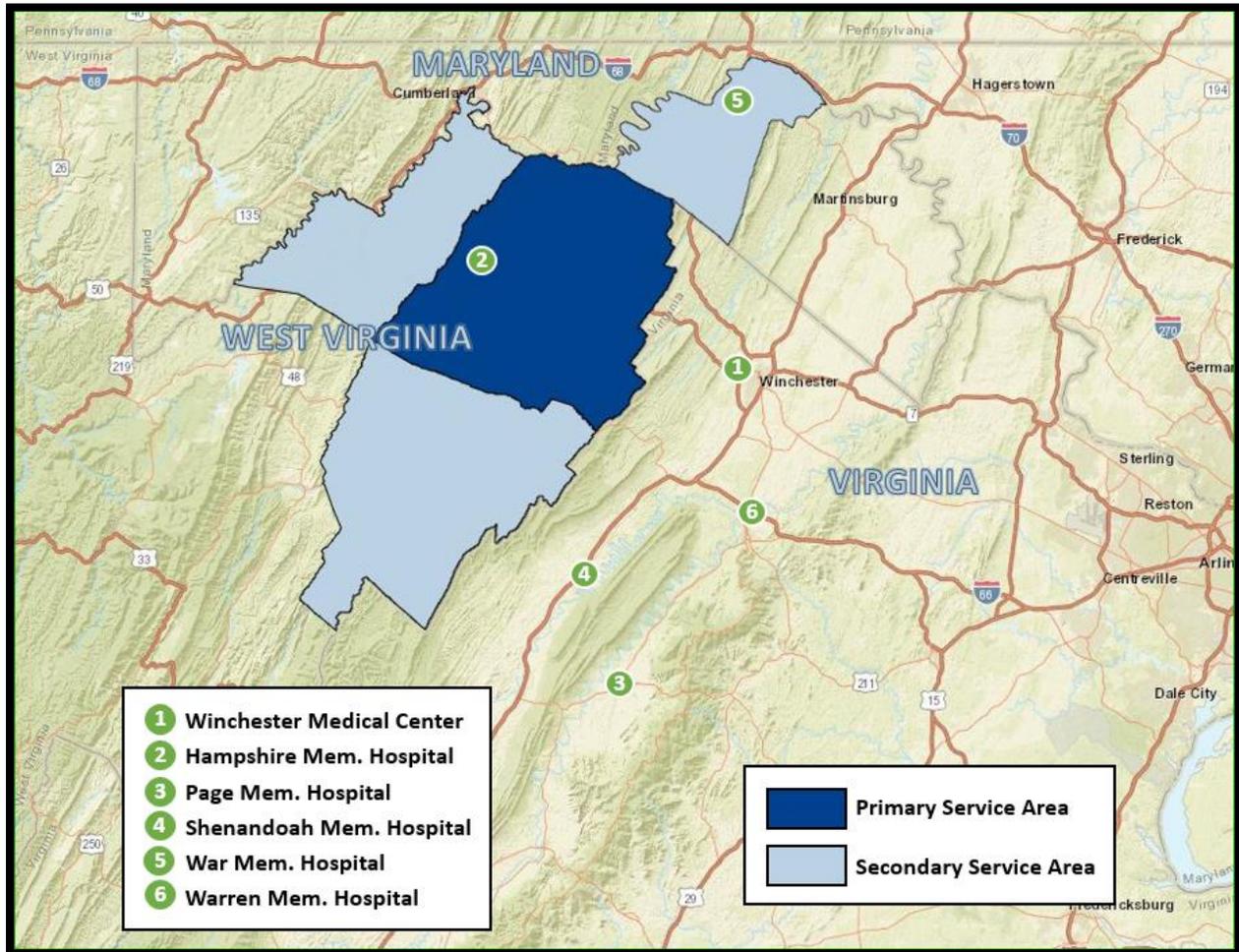
Source: ESRI 2019, Created by Planning and Business Development

Hampshire Memorial Hospital Community by the Numbers

- Community includes four counties in West Virginia: Hampshire, Hardy, Mineral, and Morgan.

- Total population in 2015: 82,916

- Projected population change between 2015 and 2020: -1.1%

- 85.1% of inpatient discharges and 84.0% of emergency department visits originated from the community

- Demographics:
  - 8.6% of population are 65+
  - 96.0% are White in 2018

Significant Community Health Needs

The CHNA identified and prioritized community health needs using the data sources, analytic methods, prioritization process and criteria described in the Methodology section. These needs are listed below in priority order and described on the following pages, with examples of the data supporting the determination of each health need as a priority. Further detail regarding supporting data, including sources, can be found in the CHNA Data and Analysis section of this report.

Prioritized Health Needs

1. Behavioral and Health Status Factors
2. Access to Primary, Preventive and Specialty Care
3. Social and Economic Factors
4. Mental Health and Substance Abuse

To provide insight into trends, a comparison to findings from HMH's August 2016 CHNA is included below the description and key findings of each priority need, and outlined below.

Prioritized Health Need #1:
Behavioral and Health Status Factors
Physical Activity, Obesity, and Chronic Diseases

A lack of physical activity and poor nutrition are contributing factors to being overweight. Obesity can also lead to a wide range of health problems and chronic diseases among all age groups. This includes high cholesterol, hypertension, diabetes, heart disease, stroke, and some cancers. Nationally, the increase in both the prevalence of being overweight and obesity and associated chronic diseases is well documented, and has negative consequences for individuals and society. Low-income and poverty often contribute to poor nutrition and to hunger.

Key Findings

- Food deserts are defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. HMH's community contains nine census tracts identified as food deserts. These are located in Hampshire, Hardy, Mineral and Morgan Counties (**Exhibit 38**).

- All schools in the HMH community were eligible for free and reduced-price lunches, indicating risks of poor nutrition and hunger. The highest percent of students receiving free or reduced lunches were located in Hardy County (**Exhibit 20B**).

- Commenting on the contributing factors to poor health status, interview participants mentioned nutrition and diet, low physical activity and exercise, and food insecurity. Many commented on both the lack of affordable, healthy food choices in some parts of the community.

- Morgan County showed a higher rate of access to exercise opportunities, than the other two counties that represent the HMH community as reported by *County Health Rankings* (**Exhibit 24B**).

- Physical inactivity was prominent in Hampshire, Hardy, and Morgan counties, all of which showed rates higher than the West Virginia average (**Exhibit 24B**).

Comparison to August 2016 CHNA: Physical Activity, Nutrition, and Obesity-related Chronic Diseases was one of the top health priority areas identified in WAR's August 2013 CHNA. Participants in key informant interviews in 2016 reported obesity and diabetes were the second and third most frequently mentioned "top health-related issues" in the community; heart disease, poor dietary choices, and not enough exercise were in the top ten.

Prioritized Health Need #2:
Access to Primary, Preventive and Specialty Care
Primary, Specialty and Dental Care

Access to primary and preventive health care services through a doctor's office, clinic or other appropriate provider is an important element of a community's health care system, and is vital to the health of the community's residents. The ability to access care is influenced by many factors, including insurance coverage and the ability to afford services, the availability and location of health care providers, an understanding of where to find services when needed, and reliable personal or public transportation.

Key Findings

- The HMH community is experiencing lower ratio rates when it comes to the number of primary care physicians per 100,000 population, and the number of dentists available within the region: in addition, there is a great need for mental health providers in Hampshire, Hardy, Mineral, and Morgan counties (**Exhibit 23C**).

- Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designations were present within Hampshire, Hardy, Morgan, and Mineral counties (**Exhibit 38**).

- Hampshire and Morgan counties have a higher adult obesity rate than the state averages (**Exhibit 23B**).

- Hampshire County showed a higher rate of access to exercise opportunities, than the other two counties that represent the War Memorial community as reported by *County Health Rankings*.

- Teen birth rates were higher for Hampshire County than the state average (**Exhibit 23B**).

- All of the counties in HMH's primary and secondary service areas have higher percentages of uninsured residents than West Virginia averages, according to the ESRI Community Profiles (**Exhibit 33**).

- Lack of accessible or reliable transportation to health care and a lack of providers who accept new Medicaid and even Medicare patients were the most frequently mentioned specific access to care issues in interviews, especially for low-income individuals and senior citizens.

Comparison to August 2016 CHNA: Access to Primary and Preventative Care was one of the top priorities identified in HMH's August 2016 CHNA. Access to affordable health care was one of the priority issues identified in HMH's August 2016 CHNA, for reasons including: a lack of providers relative to the population; affordability and uninsured; and the challenges of unemployment and low income.

Prioritized Health Need #3:
Social and Economic Factors
Poverty, Housing & Homelessness

Income levels, employment and economic self-sufficiency correlate with the prevalence of a range of health problems and factors contributing to poor health. People with lower incomes or who are unemployed/underemployed are less likely to have health insurance or the ability to afford out of pocket health care expenses. Lower income is associated with increased difficulty in securing reliable transportation, which impacts access to medical care and the ability to purchase an adequate quantity of healthy food on a regular basis. For these and other reasons, the assessment identified financial hardship and basic needs insecurity as a priority health need in the community.

Key Findings

- The HMH community as a whole has a higher percentage of households with incomes under $25,000 than the West Virginia average (29.1%). The highest portion of households with incomes under $25,000 in 2018 were located in Hampshire County at 35.7 percent (**Exhibit 14**).

- Within the HMH community, unemployment rates have decreased in every county for 2017. The most significant decrease in unemployment rates were reported in both Hampshire County at 0.9 percent, a decrease of 1.1 percent, and Hardy County at 3.1 percent, a decrease of 0.9 percent from the 2016 rate (**Exhibit 16A**).

- Poverty rates were higher than the national average for Hampshire County at 16.9 percent (**Exhibit 13A**).

- Participants in interviews believe that substandard housing and poverty were the top issues contributing to poor health status and limited care. Other income-related factors noted include difficulty with securing transportation to medical appointments and homelessness.

- In the survey, low income and financial challenges were reported. For survey respondents who reported not being able to always get the care they needed, affordability and lack of insurance coverage were the reasons most frequently mentioned.

Comparison to August 2016 CHNA: Financial Hardship and Basic Needs Insecurity was one of the top priorities identified in HMH's August 2016 CHNA. Low income and poverty was the fourth most frequently mentioned issue believed to contribute to poor health status and to access to care difficulties by participants in key informant interviews. Other income-related factors noted include difficulty with transportation access, homelessness, and food insecurity and hunger.

Mental Health

Mental and behavioral health includes both mental health conditions (e.g., depression, bi-polar) and behavioral problems (e.g., bullying, suicidal behavior). Poor mental and behavioral health causes suffering for both those afflicted and the people around them. It can negatively impact children's ability to learn in school, and adults' ability to be productive in the workplace and the ability to provide a stable and nurturing environment for their families. Poor mental or behavioral health frequently contributes to or exacerbates problems with physical health and illness.

Key Findings

- In HMH's community, all counties are designated as a Medically Underserved Area (MUA), or Medically Underserved Population. Mineral and Morgan counties reported shortages in all three categories: dental, mental, and primary care services.

- Mental and behavioral health was mentioned as a health status issue by key informants. Interviewees generally reported that the community's mental health needs have grown, while the mental health service capacity has not. Lack of available resources was reported.

- The major concern mentioned by key informants was the need for more providers to care for adults and children with mental and behavioral health issues.

- Another concern mentioned by key informants was the inability to connect patients with services needed. Wait times are for patients to see clinicians are very long.

Comparison to August 2016 CHNA: Mental and Behavioral Health was one of the top priorities identified in HMH's August 2016 CHNA. Interview participants described a wide range of mental health issues, including for example: bullying among youth, autism spectrum symptoms and diagnosis, depression among senior citizens adult and family stress and coping difficulties associated with unemployment and under-employment, a lack of affordable outpatient mental health professionals, and a lack of local inpatient treatment facilities. Interviewees also noted frequent dual diagnosis of mental health problems and substance abuse.

Substance Abuse

Substance abuse includes the use of illicit substances (e.g., cocaine, heroin, methamphetamine, and marijuana); misuse of legal over-the-counter and prescription medications; and abuse of alcohol. Substance abuse affects not only substance abusers, but those around them; negatively impacting health, safety and risky behaviors, including violence and crime, adult productivity, student ability to learn, and families' ability to function. Tobacco smoking is well documented to

be a risk factor for various forms of cancer, heart disease and other ailments, and to pose health risks for those exposed to secondhand smoke.

Key Findings

- A measure of alcohol-impaired driving deaths placed Hardy County in the bottom 51% of all West Virginia counties, according to *County Health Rankings* report.

- Rates of adult tobacco use in all of the four counties (Hampshire, Hardy, Mineral and Morgan) in eastern West Virginia were in the top 49% of counties in the state. Smoking across the community averaged 24 percent.

- Substance abuse was a major concern and mentioned frequently by key informant interview participants. It was portrayed as a growing and serious issue.

- Survey respondents reported substance abuse and mental health as top health issues for the HMH community.

Comparison to August 2016 CHNA: Substance abuse was one of the top priority issues identified in HMH's August 2016 CHNA. Interview participants frequently mentioned it as a serious issue. Focus groups identified substance abuse and mental health as a high health priority.

CHNA DATA AND ANALYSIS

METHODOLOGY
Data Sources and Analytic Methods

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and assists in identifying the highest-priority health needs.

Statistics for health status, health care access, and related indicators were analyzed and included data from local, state, and federal public agencies, community service organizations in the WMC community, and Valley Health. Comparisons to benchmarks were made where possible. Details from these quantitative data are presented in the report's body, followed by a review of the principal findings of health assessments conducted by other organizations in the community in recent years.

Input from persons representing the broad interests of the community was collected through: 56 individual/group interviews with over 200 key informants (January-March 2019); a community health survey with 2,429 respondents; and six community response sessions (April 2016) comprised of 20 additional community stakeholders where preliminary findings were discussed. Interviews and community response sessions included individuals with special knowledge of or expertise in public health, local and state health; agencies with current data or information about the health needs of the community; and leaders, representing the medically underserved, low-income, and minority populations, and populations with chronic disease needs. Feedback from community response session participants helped validate findings and prioritize identified health needs.

Collaborating Organizations

HMH collaborated with the other Valley Health hospitals for this assessment: Page Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, Warren Memorial Hospital, and Winchester Medical Center.

Valley Health's internal project team included Mark H. Merrill, president and CEO, Valley Health System; Tom Kluge, president of Hampshire Memorial Hospital and War Memorial Hospital; Elizabeth Savage, senior vice president/chief human resource officer (CHRO) and vice president of Community Health & Wellness; Chris Rucker, president of Valley Regional Enterprises; vice president, Valley Health Ambulatory Services, Tracy Mitchell, VHS director, Community Health & Wellness Services, Michael Wade, operations manager, Marketing and Communications; and Mary Welch-Flores, manager, Business Development.

The Community Advisory Committee (CAC), serving as the Community Health Needs Assessment Steering Committee, provided insight regarding the needs of the communities participating in the 2019 CHNA. The Steering Committee guides the process to ensure alignment with organizational mission and vision, and support of legislative mandates regarding CHNA

reporting. Members of the committee make sure those components of the CHNA are being adequately compiled and addressed, and that the project is completed with prioritized health needs.

Valley Health System's Community Health Needs Assessment steering committee included:

Gwen Borders-Walker, vice president, NAACP (Winchester, VA)
Pastor George Bowers, faith-based community member
Linda Caley, president, WMC Auxiliary (Winchester, VA)
Travis Clark, president, operations, Valley Health Southern Region; president, Shenandoah Memorial Hospital and Page Memorial Hospital
Rick Gladding, former chairman, SMH Board of Trustees (Woodstock, VA)
Peg Goodyear, president, WMC Auxiliary (Front Royal, VA)
Colin M. Green, MD, MPH, health director, Lord Fairfax Health District, Virginia Department of Health
Dr. Ray Grimm, former member, WMH Board of Trustees (Front Royal, VA)
Sharen Gromling, executive director, Our Health (Winchester, VA)
Floyd Heater, vice president, Valley Health Southern Region; president, Warren Memorial Hospital
Henry (Mac) Hobgood, former chairman, WMH Board of Trustees (Front Royal, VA)
Diane Kerns, former member, WMC Board of Trustees (Winchester, VA)
Tom Kluge, president, Hampshire Memorial Hospital and War Memorial Hospital
Tom Leslie, DDS, former member, War Board of Trustees (Berkeley Springs, WV)
Tom Linski, Jr., former member, SMH Board of Trustees (New Market, VA)
David Long, former member, PMH Board of Trustees (Luray, VA)
Richard (Dick) L. Masincup, former member, PMH Board of Trustees (Luray, VA)
Mark Merrill, president and CEO, Valley Health
Tracy Mitchell, VHS director, community health & wellness services
Grady (Skip) Philips, III, senior vice president, Valley Health; president Winchester Medical Center
Nadine Pottinga, president & CEO, United Way of Northern Shenandoah Valley
Elizabeth Savage, senior vice president/chief human resource officer (CHRO) and vice president of community health & wellness
Rabbi Scott Sperling, faith-based community member
Ethel Showman, former member, SMH Board of Trustees (Front Royal, VA)
Cathy Weaver, former member, PMH Board of Trustees (Luray, VA)
Mary Welch-Flores, manager, business development
Karen Whetzel, former member, SMH Board of Trustees (Woodstock, VA)
John Willingham, former member, WMC Board of Trustees (Winchester, VA)

Additionally, lists of the interviewees and community response session participants are provided in **Exhibits 63** through **66** of this report.

Prioritization Process and Criteria

Valley Health System applied a ranking methodology to prioritize the community health needs identified by the assessment, incorporating both quantitative and qualitative data throughout. Scores were calculated for each data category (secondary data, previous assessments, survey, and interviews) based on the number of sources measuring each health issue and the severity of the issue as measured by the data and as indicated by community input. Scores were averaged and assigned a weight for each data category: 40 percent, 10 percent, 10 percent, and 40 percent, respectively. All identified health issues were assigned scores for severity and scope. Major themes discussed by participants in the community response sessions were compared to the scored health issues.

Information Gaps

No information gaps have affected the hospital's ability to reach reasonable conclusions regarding priority community health needs.

DEFINITION OF COMMUNITY ASSESSED

HMH's community is comprised of four counties in West Virginia (35 ZIP codes). The hospital's primary service area (PSA) is Hampshire County. The secondary service area (SSA) is composed of Hardy, Mineral and Morgan counties in West Virginia (**Exhibit 1**). The hospital is located in Romney, West Virginia.

In 2018, the HMH community was estimated to have a population of 87,050 persons. Approximately 29 percent of the population resided in the primary service area (**Exhibit 1**).

Exhibit 1: Community Population, 2018

2018 DATA		
County/City	**Total Population 2018**	**Percent of Total Population**
PSA	**25,339**	**29.1%**
Hampshire County, WV	25,339	29.1%
SSA	**61,711**	**70.9%**
Hardy County, WV	14,560	16.7%
Mineral County, WV	28,678	32.9%
Morgan County, WV	18,473	21.2%
Total	**87,050**	**100.0%**
Virginia	8,566,397	4.21%
West Virginia	1,895,717	0.75%
Maryland	6,119,186	3.46%
USA	**330,088,686.00**	**4.20%**

Sources: Projections: ESRI Community Profiles for all PSA and SSA Counties

This community definition was validated by the geographic origins of HMH inpatients and emergency department encounters (**Exhibit 2**).

Exhibit 2: HMH Inpatient and Emergency Department Discharges, 2018

WMC Patient Discharge Volumes IP and ED, 2018				
County/City	**Number of Inpatient Discharges**	**Percent of Patient Discharges**	**Number of ED Discharges**	**Percent of ED Discharges**
PSA	**336**	**81.0%**	**7529**	**83.8%**
Hampshire County, WV	336	81.0%	7529	83.8%
SSA	**69**	**16.6%**	**995**	**11.1%**
Hardy County, WV	30	7.2%	327	3.6%
Mineral County, WV	18	4.3%	409	4.6%
Morgan County, WV	21	5.1%	259	2.9%
PSA and SSA Total	**405**	**97.6%**	**8524**	**94.8%**
Other areas	10	2.4%	464	5.2%
Total Discharges	**415**	**100.0%**	**8,988**	**100.0%**

Sources: Projections: ESRI Community Profiles for all PSA and SSA Counties

In 2018, the community accounted for 94.8 percent of the hospital's inpatients and emergency department discharges. The majority (83.8 percent) of the hospital's inpatients originated from the primary service area. Approximately 11.1 percent of emergency department visits originated from HMH's secondary service area (**Exhibit 2**).

Exhibit 3: Hampshire Memorial Hospital Community: four counties that comprise HMH's primary and secondary service areas.
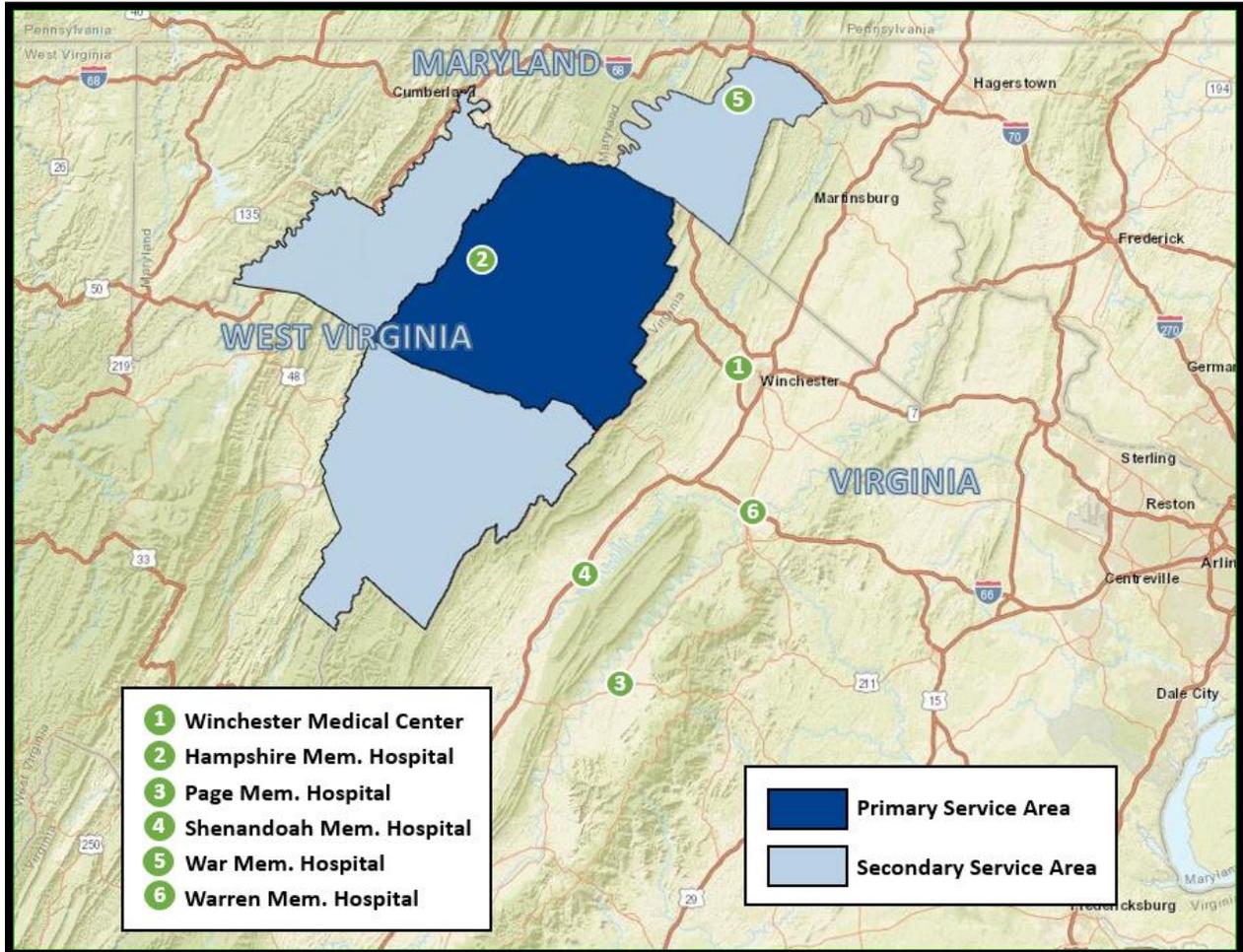
Source: ESRI 2019, Created by Planning and Business Development

SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in HMH's community.

Demographics

Population characteristics and change play a role in influencing the health issues of and service needed by communities. The total population in the HMH's community is expected to increase by 1.9 percent from 2018 to 2023 (**Exhibit 4**).

Exhibit 4: Percent Change in Population by County, 2018-2023

2018 DATA			
County/City	**Total Population 2018**	**Total Population estimates 2023**	**Percent Change in Population 2018-2023**
PSA	**25,339**	**26,117**	**3.1%**
Hampshire County, WV	25,339	26,117	3.1%
SSA	**61,711**	**62,589**	**5.2%**
Hardy County, WV	14,560	14,849	2.0%
Morgan County, WV	18,473	19,091	3.3%
Mineral County, WV	28,678	28,649	-0.1%
Total	**87,050**	**88,706**	**1.9%**

Source: Projections: ESRI Detailed Age Profiles PSA and SSA All counties

West Virginia's population is expected to increase by 0.75 percent between 2018 and 2023.[2] Morgan County has the largest projected population growth at 3.1 percent for HMH's community (**Exhibit 4**).

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[2] The Weldon Cooper Center for Public Service, University of Virginia. (2015). Retrieved from: www.coopercenter.org/demographics

Exhibit 5: Population Change by County, 2018-2023
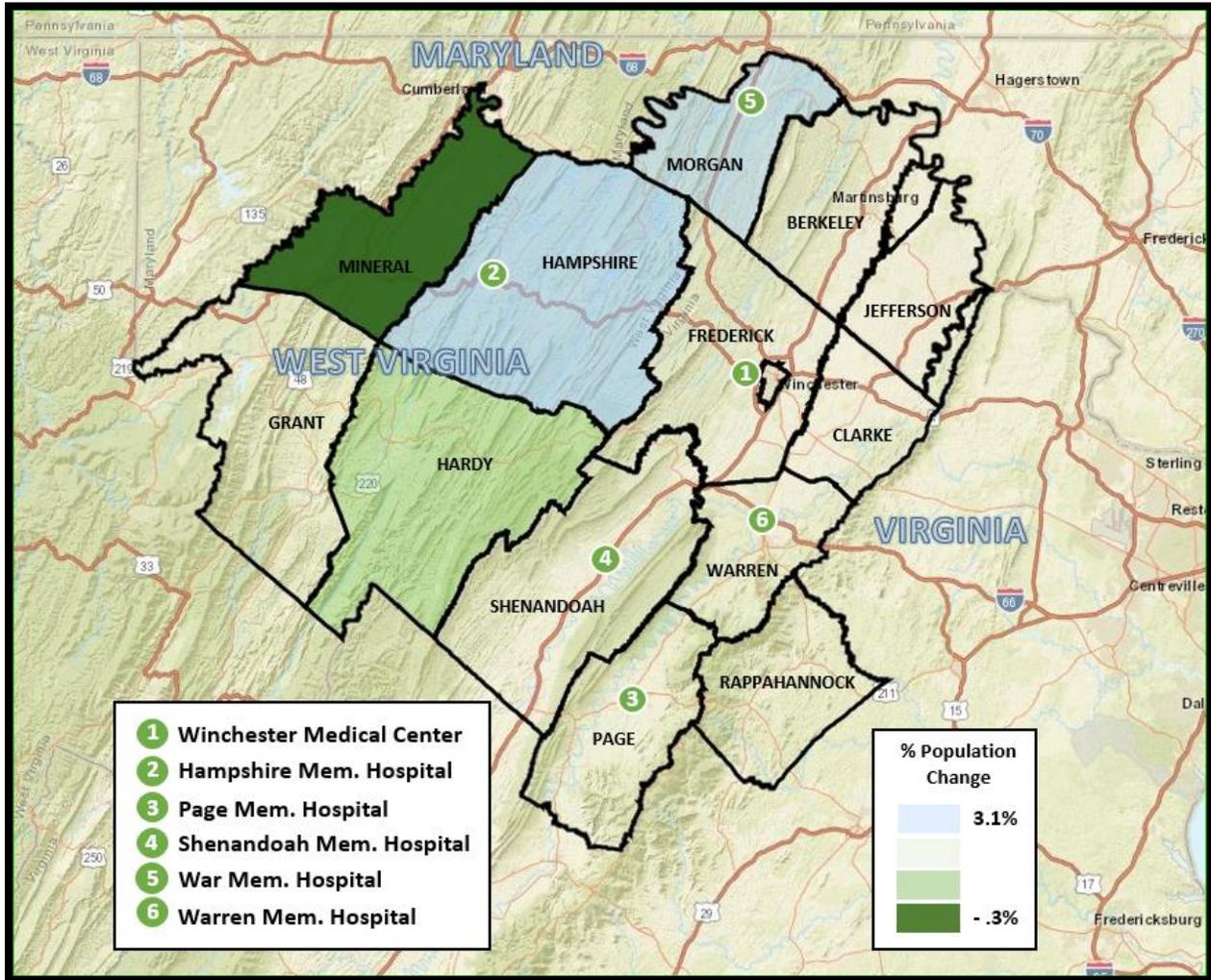
Source: ESRI 2019, Created by Planning and Business Development

Hardy and Morgan counties are expected to grow faster than the HMH community as a whole (approximately 0.3 –and 0.2 percent respectively), while Mineral County is projected to experience a population decline (**Exhibits 4 and 5**).

Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2018-2023

2018 DATA						
Age/Sex Total Population	Population 2014	Population 2018	% Growth 2014-2018	Population 2023	5 Year % Change 2018-2023	% total 2018 Population
Female 0-19	9,149	8,953	-2.2%	9,006	0.6%	10.3%
Male 0-19	9,977	9,675	-3.1%	9,881	2.1%	11.1%
Female 20-44	11,582	11,850	2.3%	11,305	-4.6%	13.6%
Male 20-44	12,022	12,306	2.3%	11,903	-3.3%	14.1%
Female 45-64	12,538	12,777	1.9%	12,438	-2.7%	14.7%
Male 45-64	12,484	12,819	2.6%	12,636	-1.4%	14.7%
Female 65+	8,108	9,864	17.8%	11,337	14.9%	11.3%
Male 65+	7,131	8,806	19.0%	10,200	15.8%	10.1%
Total	**82,991**	**87,050**	**4.7%**	**88,706**	**1.9%**	**100.0%**

Source: Projections: ESRI Detailed Age Profiles PSA and SSA All Counties

The number of residents aged 44 years and younger has increased by 0.1 percent since 2014, while the 45 and older age cohort, in total, has an increase of 9.0 percent. The 65+ age cohort experienced an 18.4 percent increase from 2014.

Exhibit 7: Percent of Population Aged 65+ by County, 2018
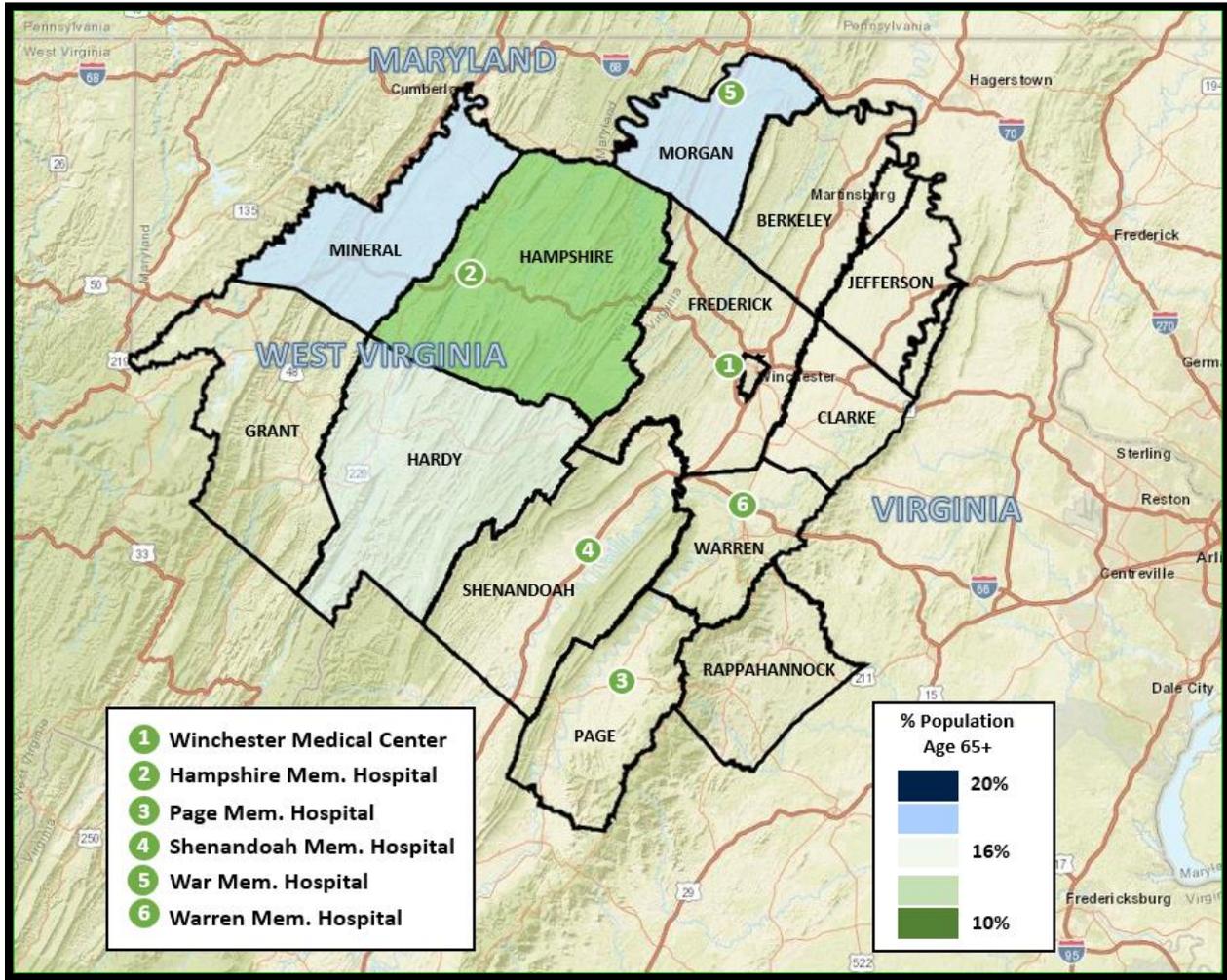
Source: ESRI 2019, Created by Planning and Business Development

At 17.0 percent, Mineral and Morgan counties have the highest percentage of people aged 65 and over. Hampshire County (15 percent) had the lowest percentage of people aged 65 and over at 6.3 percent (**Exhibit 7**).

Exhibit 8A: Distribution of Population by Race, 2018-2023

2018 DATA					
Race/Ethnicity	2018 Total	2023 Total	Percent Change in Population 2018-2023	Percent of Total 2018 Population	Percent of Total 2023 Population
American Indian and Alaska Native	211	230	9.2%	0.2%	0.3%
Asian	468	510	9.1%	0.5%	0.6%
Black or African American	1,847	2,076	12.4%	2.1%	2.3%
Native Hawaiian/Pacific Islander	25	26		0.0%	0.0%
Some other Race	509	628	23.3%	0.6%	0.7%
Two or more Races	1,405	1,635	16.4%	1.6%	1.8%
White	82,585	83,600	1.2%	94.9%	94.2%
Total	**87,050**	**88,706**	**1.9%**	**100.0%**	**100.0%**
Hispanic or Latino	1,706	2,117	24.1%	2.0%	2.4%
Not Hispanic or Latino	85,344	86,589	1.5%	98.0%	97.6%
Total	**87,050**	**88,706**	**1.9%**	**100.0%**	**100.0%**

Source: Projections: ESRI Community Profiles for all PSA and SSA Counties.

About 94.9 percent of the community's population is White compared to the previous assessment in 2016 at 95.9 percent. Non-White populations are expected to grow from 0.5 percent in 2016 to 1.5 percent of the total population during the years from 2018 to 2023. According to the ESRI Community Profiles, the Hispanic or Latino population is expected to increase 24.1 percent between 2018 and 2023 (**Exhibit 8A**).

Exhibit 8B: West Virginia Counties Distribution of Population by Race, 2018-2023

Race/Ethnicity	Hampshire, WV		Hardy, WV		Mineral, WV		Morgan, WV	
	2018	2023	2018	2023	2018	2023	2018	2023
American Indian and Alaska Native	51	52	29	45	74	76	57	57
Asian	101	131	102	74	92	134	172	172
Black or African American	329	392	510	653	148	172	860	859
Native Hawaiian/Pacific Islander	25	26	0	0	0	0	0	0
Some other Race	76	78	320	416	55	76	57	57
Two or more Races	380	444	262	342	333	420	430	430
White	24,376	24,994	13,337	13,320	17,771	18,213	27,101	27,073
Total	**25,339**	**26,117**	**14,560**	**14,849**	**18,473**	**19,091**	**28,678**	**28,649**
Hispanic or Latino	405	522	728	935	314	401	258	258
Not Hispanic or Latino	24,934	25,595	13,832	13,913	18,159	18,690	28,420	28,391
Total	**25,339**	**26,117**	**14,560**	**14,849**	**18,473**	**19,091**	**28,678**	**28,649**

Source: Projections: ESRI Community Profiles for all PSA and SSA Counties.

Exhibits 9, 10, and 11 illustrate the locations in the community where the percentage of the population that is Asian, Black, and Hispanic or Latino were highest. The percentages of Asian and Black residents are highest in Hardy and Mineral counties. The percentage of Hispanic or Latino residents is highest in Hardy County

Exhibit 9: Percent of Population – Asian, 2018
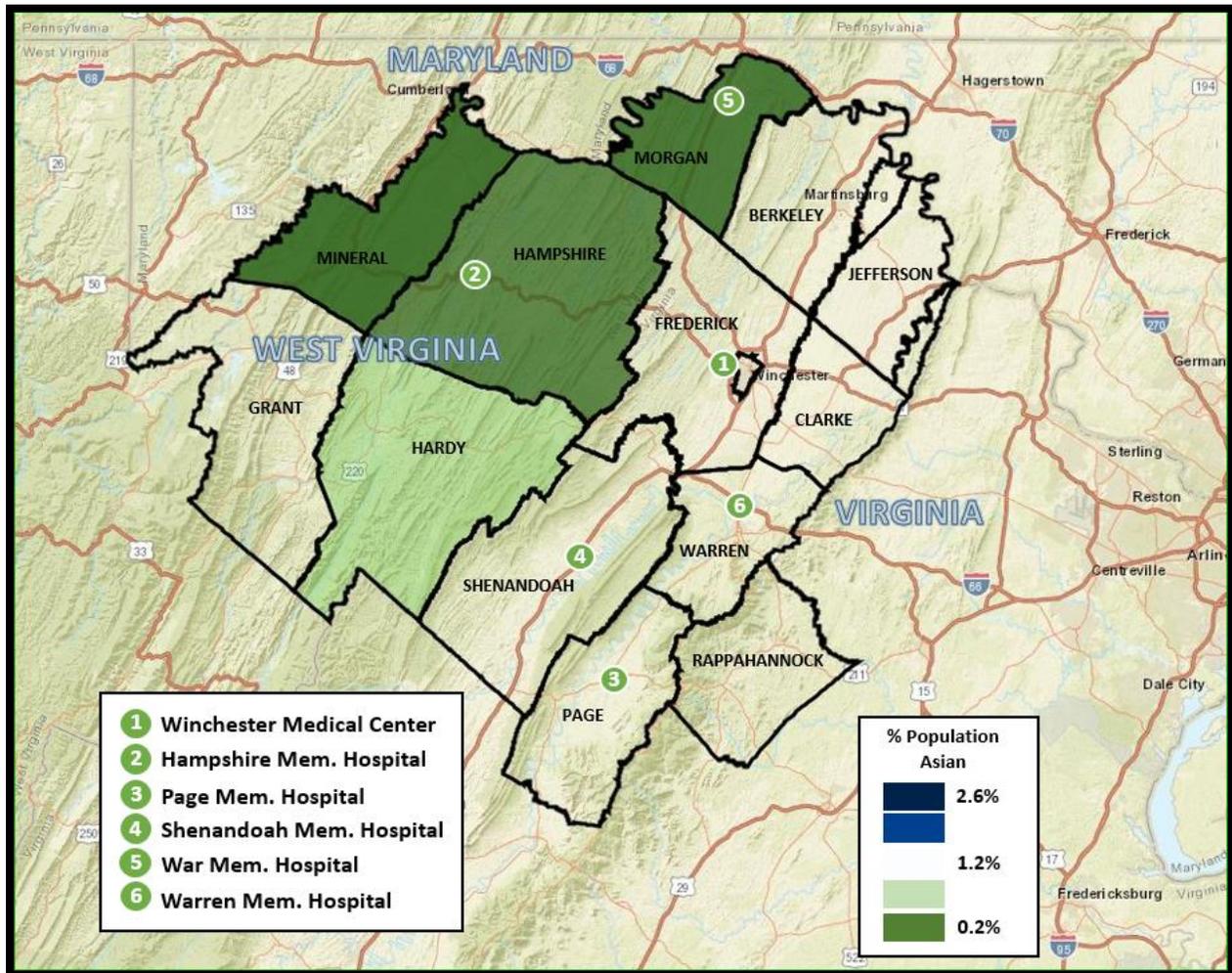
Source: ESRI 2019, Created by Planning and Business Development

Mineral County reported the highest percentage of Asian residents.

Exhibit 10: Percent of Population – Black, 2018

Source: ESRI 2019, Created by Planning and Business Development

Hardy and Mineral counties reported the highest percentages of Black residents
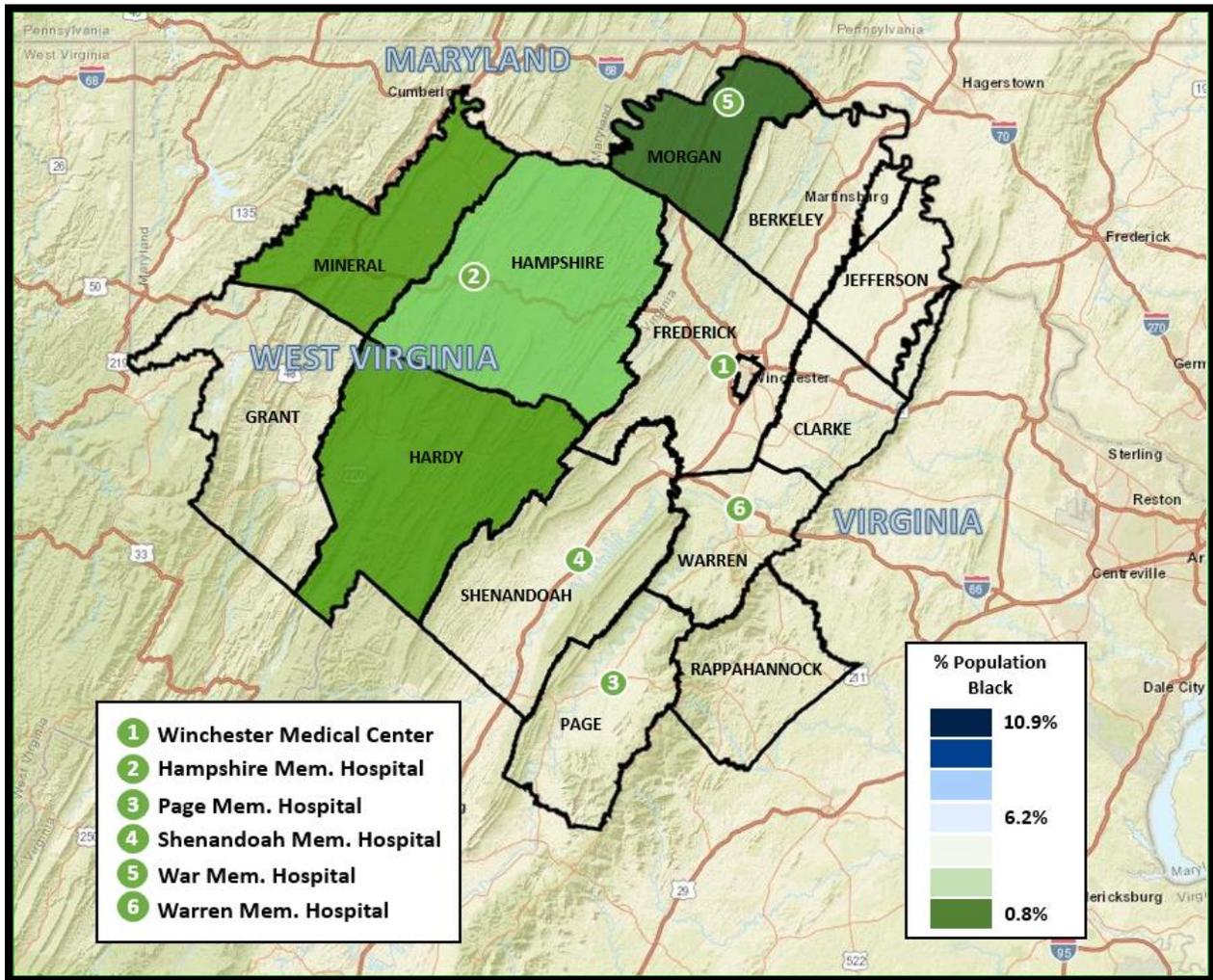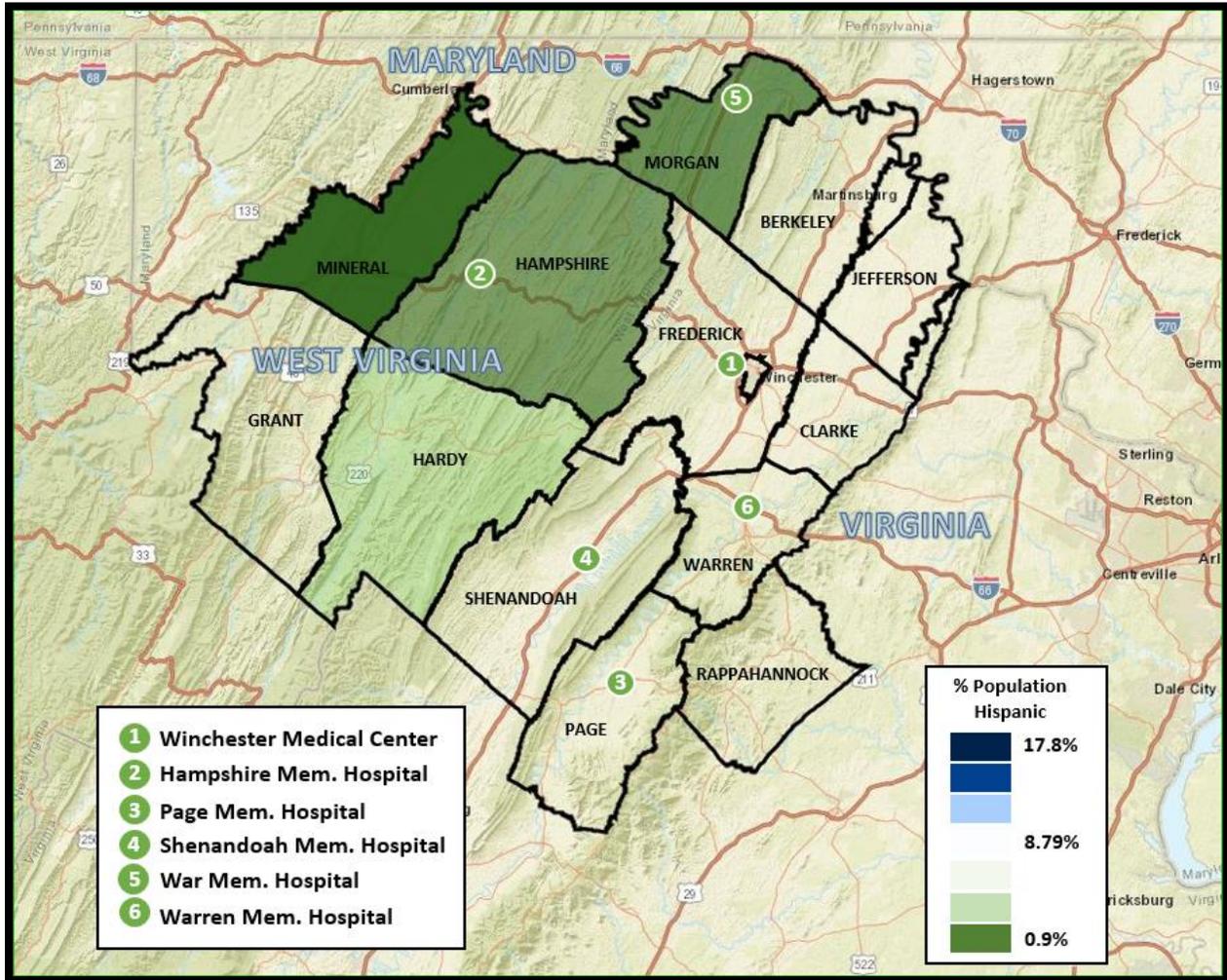
Exhibit 11: Percent of Population – Hispanic or Latino, 2018

Source: ESRI 2019, Created by Planning and Business Development

*Hardy County reported the highest percentage
of Hispanic or Latino residents.*

Exhibit 12: West Virginia Percent of Population – Not proficient in English, 2018

Language	Berkeley County, West Virginia Estimate	Grant County, West Virginia Estimate	Hampshire County, West Virginia Estimate	Hardy County, West Virginia Estimate	Jefferson County, West Virginia Estimate	Mineral County, West Virginia Estimate	Morgan County, West Virginia Estimate
2013-2017 DATA							
Total:	**42,456**	**4,372**	**9,676**	**5,561**	**20,808**	**11,274**	**7,118**
English only	39,738	4,236	9,500	4,992	19,060	10,844	6,888
Spanish:	1,294	75	92	317	934	258	190
Limited English speaking household[3]	**139**	**7**	**22**	**3**	**150**	**108**	**2**
Not a limited English speaking household	1,155	68	70	314	784	150	188
Other Indo-European languages:	793	47	84	111	456	39	26
Limited English speaking household	**13**	**-**	**-**	**37**	**-**	**-**	**-**
Not a limited English speaking household	780	47	84	74	456	39	26
Asian and Pacific Island languages:	391	-	-	121	267	133	14
Limited English speaking household	**13**	**-**	**-**	**33**	**73**	**-**	**3**
Not a limited English speaking household	378	-	-	88	194	133	11
Other languages:	240	14	-	20	91	-	-
Limited English speaking household	**-**	**-**	**-**	**20**	**-**	**-**	**-**
Not a limited English speaking household	240	14	-	-	91	-	-

Source: U.S. Census Bureau, ACS 5 year estimates, 2017.

At 21.4%, Morgan County shows a higher percentage of their Asian population that do not speak English.

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[3] A "limited English speaking household" is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English. By definition, English-only households cannot belong to this group. Previous Census Bureau data products have referred to these households as "linguistically isolated" and "Households in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English 'very well'." This table is directly comparable to tables from earlier years that used these labels.

Data regarding residents without a high school diploma, those who have a high school diploma, residents that have had some college, and those that have earned a college degree are presented in **Exhibit 13** by city and county, for West Virginia and the United States.

Exhibit 13: Other Socioeconomic Indicators, 2018

County/City	Population 25 + without a high school diploma	Population 25 + with high school diploma	Population 25 + with some college	Population 25 + with College Degree
2018 DATA				
PSA				
Hampshire, WV	19.0%	48.7%	14.3%	18.0%
SSA				
Hardy, WV	18.5%	45.9%	13.0%	22.6%
Mineral, WV	10.7%	47.4%	19.4%	22.4%
Morgan, WV	16.1%	39.5%	15.9%	28.5%
West Virginia	**13.8%**	**39.1%**	**17.8%**	**29.1%**
US	**12.3%**	**27.0%**	**20.5%**	**40.3%**

Source: Projections: ESRI Community Profiles for all PSA and SSA Counties.

Key findings include:

- Hampshire, Hardy, and Morgan counties in West Virginia had higher percentages of non-graduates than the state average of 13.8 percent.

- Morgan County had the highest percentage of residents who completed a college degree from the HMH community.
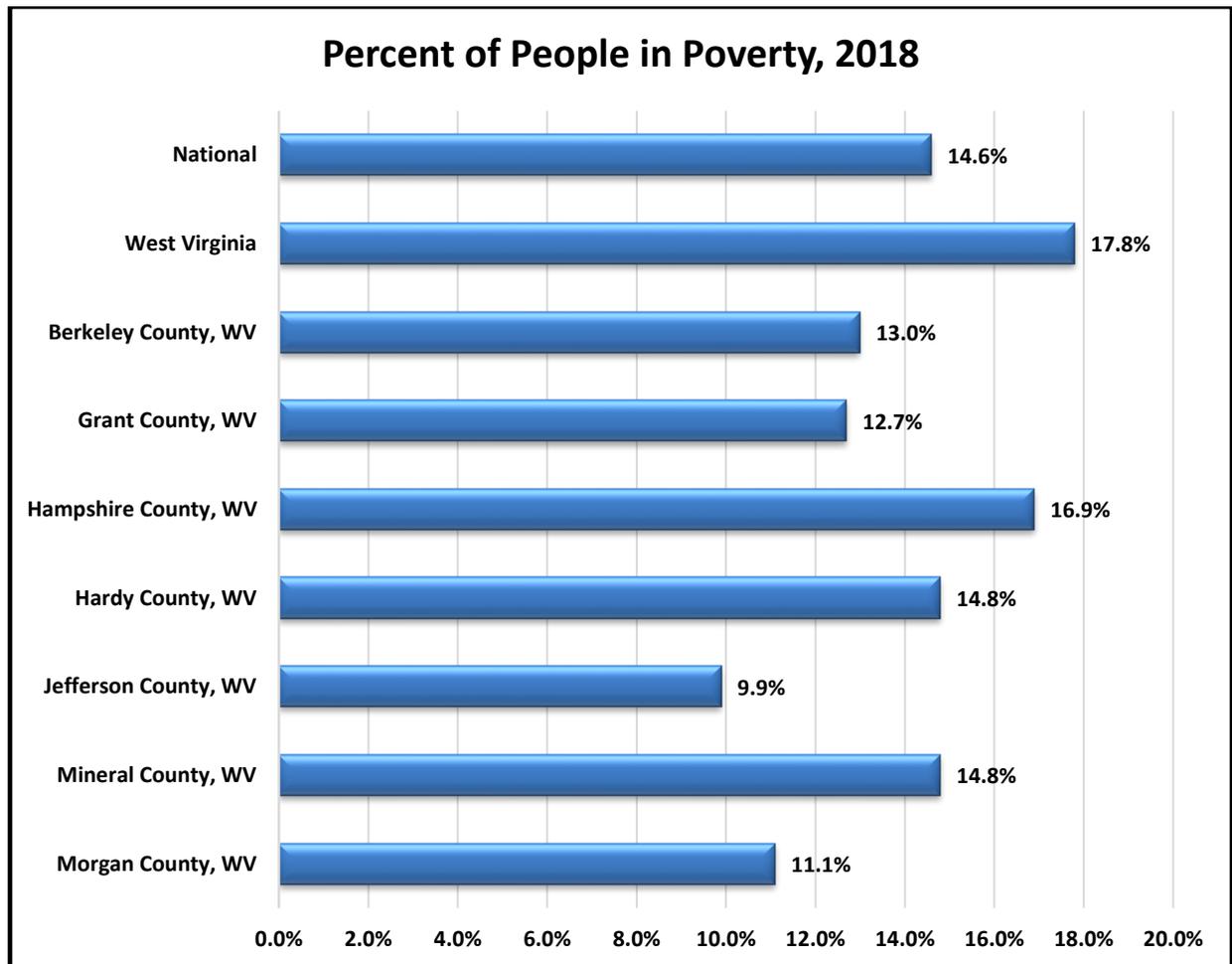
Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty, (2) household income, (3) unemployment rate, (4) crime, and (5) insurance status.

1. People in Poverty

Many health needs are associated with poverty. In 2018 approximately 14.6 percent of people in the U.S., and 17.8 percent of people in West Virginia reported living in poverty (**Exhibit 13**).

Exhibit 14A: Percent of People in Poverty, West Virginia Counties, 2018

Percent of People in Poverty, 2018

County	Percent
National	14.6%
West Virginia	17.8%
Berkeley County, WV	13.0%
Grant County, WV	12.7%
Hampshire County, WV	16.9%
Hardy County, WV	14.8%
Jefferson County, WV	9.9%
Mineral County, WV	14.8%
Morgan County, WV	11.1%

Source: U.S. Census Bureau, ACS estimates, 2018. Retrieved from:
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table

Hampshire, Hardy, and Mineral counties reported higher poverty rates than the national average. The poverty rates for all counties were lower than the West Virginia average (**Exhibit 14A**).

Source: U.S. Census Bureau, ACS estimates, 2018. Retrieved from:
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1701&prodType=table

Exhibit 14B: Percent of People in Poverty by Race/Ethnicity, by County, 2017

% of Families & People Income Past 12 Months Below Poverty Level-By County and Ethnicity/Race				
County/City	**Poverty Level 2017**			
	White	**Black**	**Asian**	**Hispanic or Latino**
PSA				
Hampshire County, WV	16.9%	42.1%	0.0%	15.2%
SSA				
Hardy County, WV	14.3%	35.7%	0.0%	65.5%
Mineral County, WV	14.1%	36.3%	0.0%	24.5%
Morgan County, WV	10.7%	21.2%	33.8%	26.6%
WV	**17.10%**	**29.70%**	**15.10%**	**24.20%**
National	**12.0%**	**25.2%**	**11.9%**	**22.2%**

The Black population in Hampshire, Hardy, Mineral, and Morgan counties reported higher poverty rates than the White population. The Asian population in Morgan County also reported higher poverty rates than the national and state averages. The Hispanic or Latino population in Hardy County reported the highest poverty rates within the HMH Community (**Exhibit 14B**).

2. Household Income

The Federal Poverty Level (FPL) is used by many public and private agencies to assess household needs for low-income assistance programs. In the HMH community in 2014, two of the four counties (Hardy and Mineral counties) were above the state average for percent of families with incomes below $25,000, an approximation of the federal poverty level (FPL) for a family of four. **Exhibit 15** indicates the percent of lower-income households in the community.

Exhibit 15: Percent Lower-Income Households by County/City, 2018

2018 DATA		
County/City	**Median Household Income**	**Percent of Households Less than $25,000 in 2018[4]**
PSA		
Hampshire, WV	$38,357.00	35.7%
SSA		
Hardy, WV	$38,222.00	31.5%
Morgan, WV	$41,123.00	30.2%
Mineral, WV	$37,840.00	32.7%
West Virginia	**$43,555.00**	**29.1%**
US	**$58,100.00**	**20.6%**

Source: Projections: ESRI Community Profiles for all PSA and SSA Counties

The percentages of households in Hampshire, Hardy, Morgan and Mineral counties making less than $25,000 for a family of four exceeded the West Virginia average of 29.1 percent (**Exhibit 15**).

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[4] ESRI Community Profiles for all PSA and SSA Counties. Total is from 2018 Households by Income Category, Add <$15,000 and $15,000-$24,000 lines

Exhibit 16: Percent of Households with Incomes under $25,000 by County, 2018
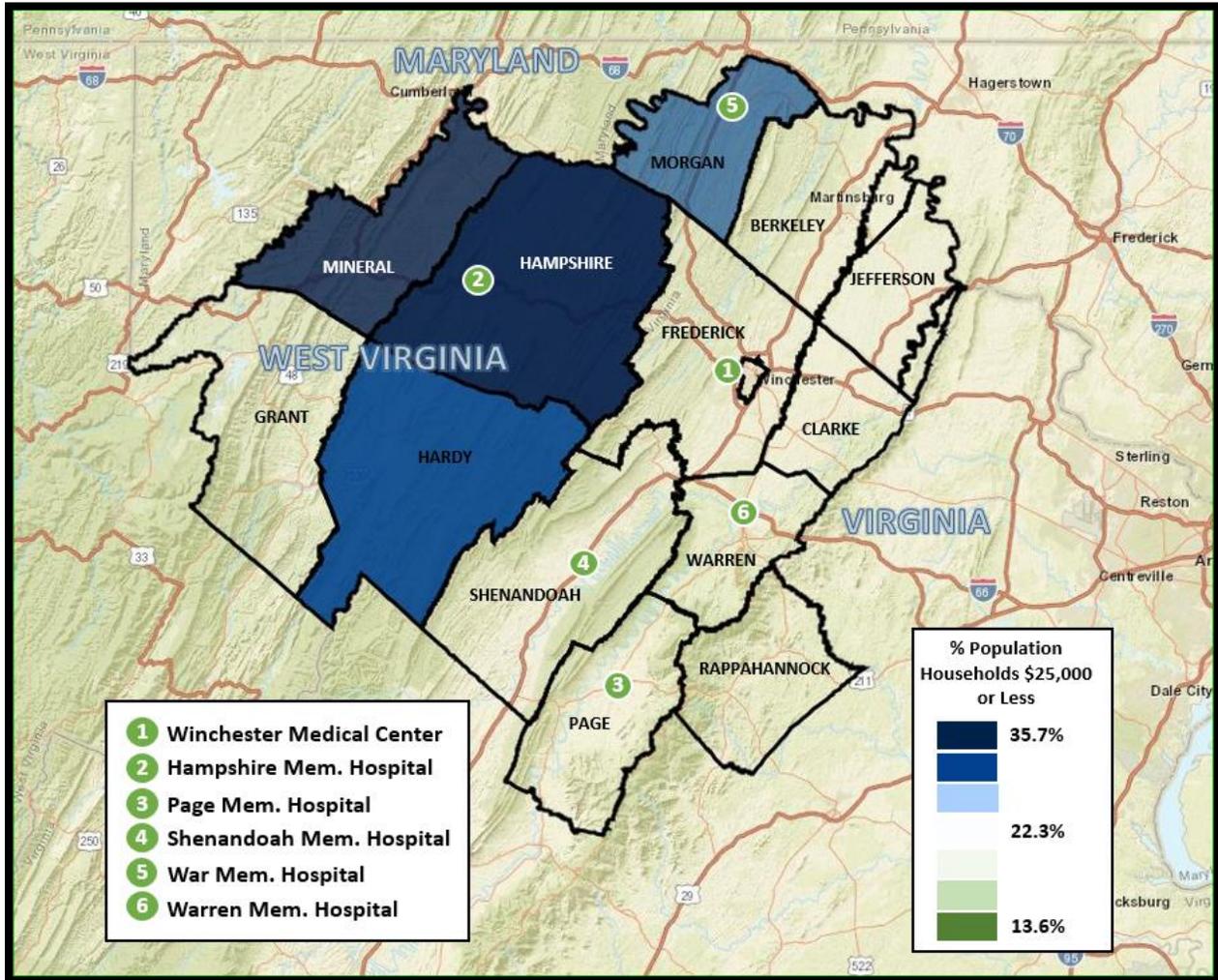
The highest proportions of households with incomes under $25,000 in 2018 were located in Hampshire and Mineral counties (**Exhibit 16**).
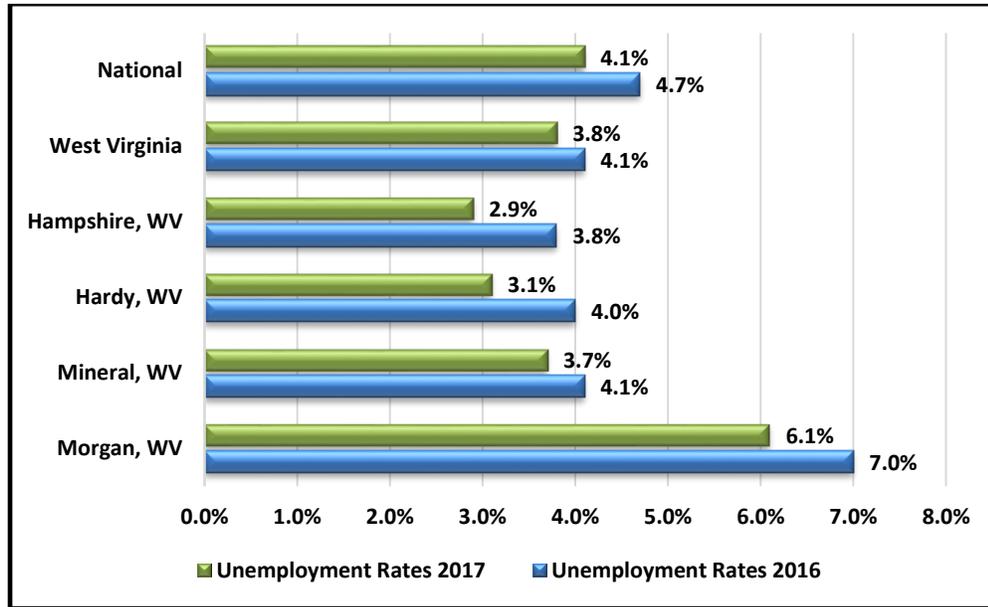
3. Unemployment Rates

Unemployment is problematic because many receive health insurance coverage through their (or a family member's) employer. If unemployment rises, employer based health insurance can become less available. The national unemployment rates have decreased significantly from 9.2 percent to 3.9 percent from 2014 to 2017. **Exhibit 17A** shows unemployment rates for 2016-2017.

Exhibit 17A: Unemployment Rates, West Virginia Counties, 2016 (in blue) and 2017 (in green)

Source: https://www.bls.gov/lau/#cntyaahttps://www.bls.gov/lau/#cntyaa, West Virginia, and US show 2018 Unemployment rates

Exhibit 17B: Unemployment Rates, 2016 and 2017

Unemployment Rates by County , State, National 2016 and 2017		
County/City	**Unemployment Rates 2016**	**Unemployment Rates 2017**
PSA		
Hampshire County, WV	3.8%	2.9%
SSA		
Hardy County, WV	4.0%	3.1%
Mineral County, WV	4.1%	3.7%
Morgan County, WV	7.0%	6.1%
WV	**4.1%**	**3.8%**
National	**4.7%**	**4.1%**

Source: US Census Bureau. Retrieved from: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_DP03&prodType=table

Between 2016 and 2017, unemployment rates decreased in the HMH community. Morgan County reported the highest unemployment rate at 6.1percent, higher than the West Virginia and national averages (**Exhibit 17B**).

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4. Insurance Status

Exhibit 18A: Uninsured Population, 2017
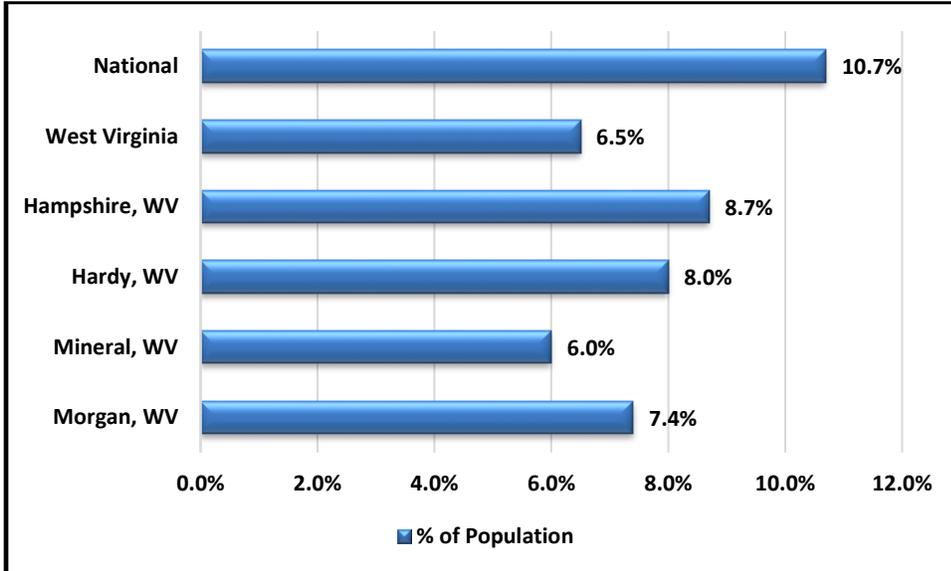
Source: Projections: ESRI Community Profiles for all counties in PSA and SSA, VA and WV State and National Profiles

- **Exhibit 18A** demonstrates that Hampshire, Hardy, and Morgan counties in the HMH community had uninsured rates higher than the state and national averages.

- In WV, the uninsured rate decreased from 13.2% to 6.5% during the reporting period. Medicaid expansion was adopted for all WV counties.

Exhibit 18B: Uninsured Rates by County, State, and National, 2017

Uninsured Rates by County , State, National, 2017	
County/City	**% of Population**
PSA	
Hampshire County, WV	8.7%
SSA	
Hardy County, WV	8.0%
Mineral County, WV	6.0%
Morgan County, WV	7.4%
WV	**6.5%**
National	**10.7%**

Source: Projections: ESRI Community Profiles for all counties in PSA and SSA, VA and WV State and National Profiles

Hampshire, Hardy and Morgan counties reported uninsured rates higher than the state average (**Exhibit 18B**).

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Exhibit 18C: Uninsured Populations by County, 2018
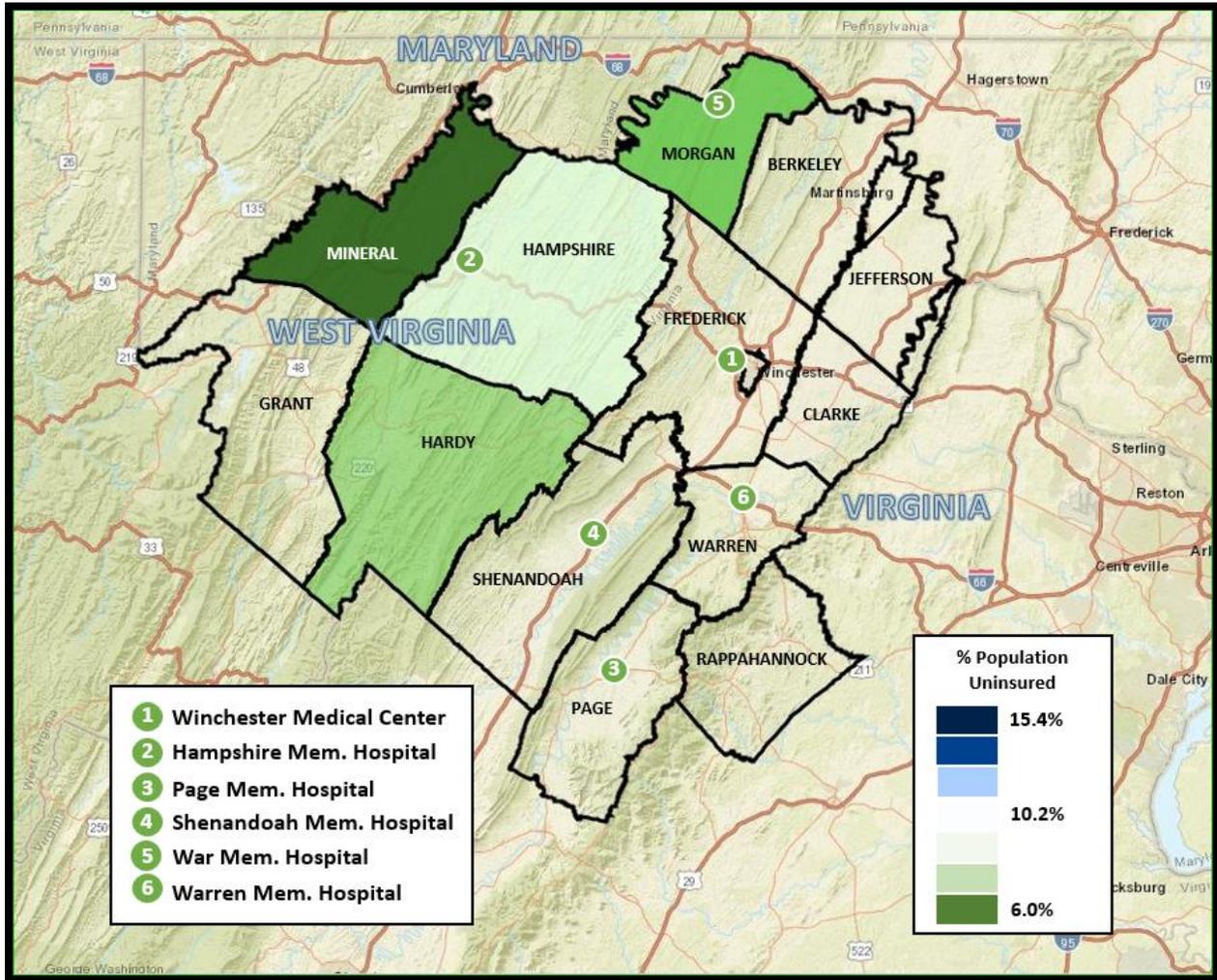
Source: ESRI 2019, Created by Planning and Business Development

In the HMH community, the county with the lowest percentage of uninsured people was Mineral County at 6.0 percent (**Exhibit 18C**).

5. Crime

Exhibit 19: Violent and Property Crime Rates per 100,000 Population, 2016

Crime Rates 2016											
County/City	Population	Violent crime	Murder and non-negligent manslaughter	Rape (revised definition)[5]	Robbery	Property crime	Burglary	Larceny-theft	Aggravated assault	Motor vehicle theft	Arson
PSA	**302,857**										
Hampshire	25,339	~	~	~	~	~	~	~	~	~	~
SSA	**218,544**										
Hardy	14,560	16	1	0	0	6	0	5	15	1	0
Mineral	28,678	17	0	1	1	60	16	42	15	2	3
Morgan	18,473	50	0	5	0	70	20	48	45	2	0
West Virginia Total	**1,895,717**	**302.0**	**4.0**	**27.3**	**35.2**	**235.5**	**2,034.7**	**484.9**	**1,447.3**	**102.5**	**N/A**

Sources: Violent crime counts retrieved from the Federal Bureau of Investigation, Uniform Crime Reports, 2013. Population 2014 estimates obtained from the U.S. Census Bureau, ACS 5 year estimates, 2014 -2019. Retrieved from: https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/tables/table-8/table-8-state-cuts/virginia.xls.

*Caution should be used when interpreting these rates; represents fewer than 10 incidents.
**Violent crime includes murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault; property crime includes burglary, larceny-theft, motor vehicle theft, and arson.

Mineral and Morgan counties had higher numbers of offenses for violent crimes, larceny-theft, aggravated assault, and violent crimes, than Hardy County (**Exhibit 19**).

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[5] 1. Rate per 100,000 inhabitants - Data shows the number of offenses reported within each county; 2 The figures shown in this column for the offense of rape were reported using the revised Uniform Crime Reporting (UCR) definition of rape. See the data declaration for further explanation; 3. The figures shown in this column for the offense of rape were reported using the legacy UCR definition of rape. See the data declaration for further explanation; 4. Data shown in this table do not reflect county totals but are the number of offenses reported by the sheriff's office or county police department

6. Eligibility for the National School Lunch Program

Schools participating in the National School Lunch Program are eligible to receive financial assistance from the United States Department of Agriculture (USDA) to provide free or reduced-price meals to low-income students. Schools with 40 percent or more of their student bodies receiving this assistance are eligible for school-wide Title I funding, designed to ensure that students meet grade-level proficiency standards (**Exhibit 20**).

Exhibit 20A: Public School Students Eligible for Free or Reduced-Price Lunches, School Year 2018 - 2019
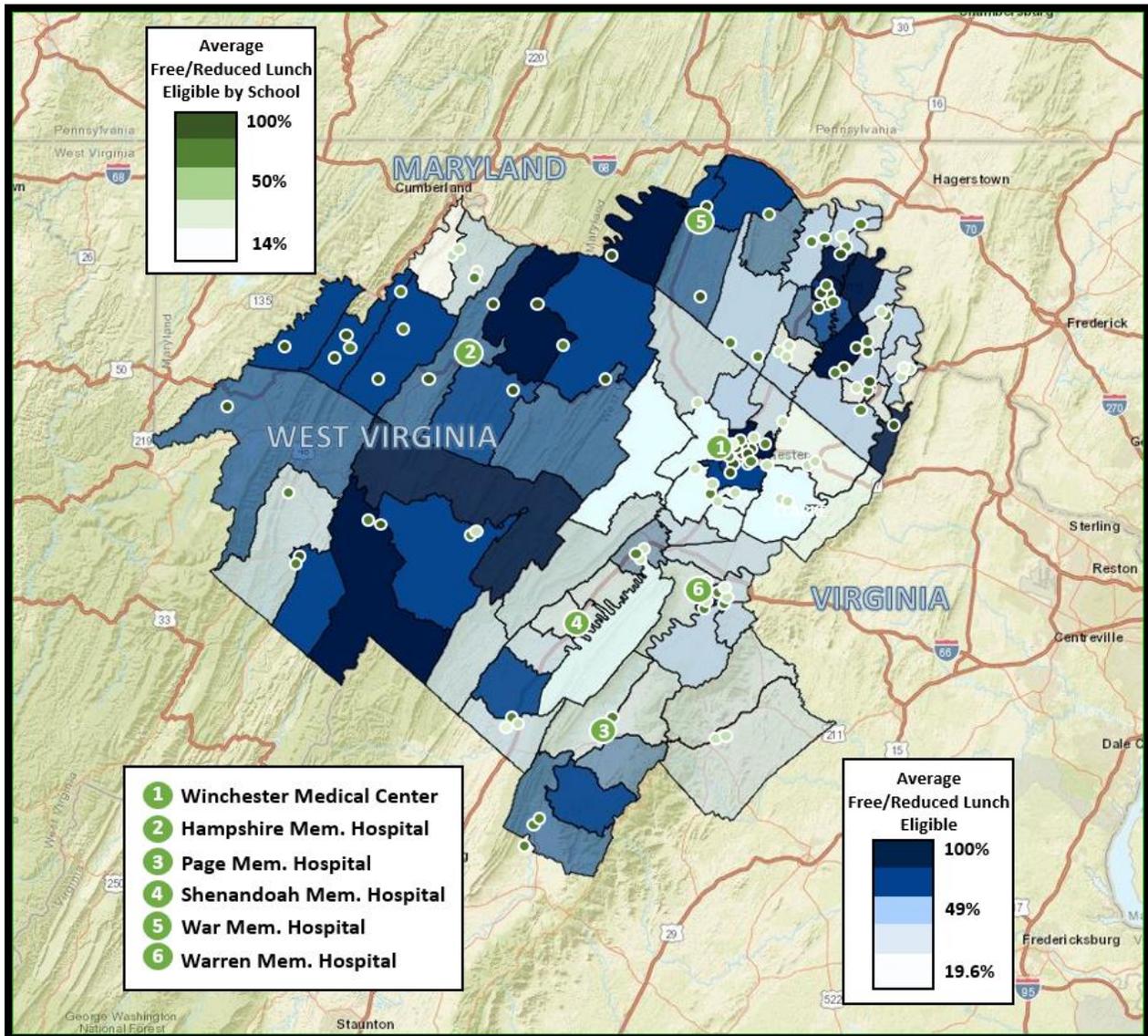
Source: Northern Shenandoah Valley Regional Commission

In the HMH community, there were 23 schools eligible for Title 1 funds (**Exhibit 20A**).

Exhibit 20B: West Virginia Department of Education - County Percent Need Data for Claim Date October 1, 2015

County	Number of Students	Free Eligible	Free %	Reduced Lunch Eligible	Reduced Lunch %	Total Free / Reduced	Total % Free / Reduced Lunch
Hampshire County Public Schools	3,414	1,888	55.30%	241	7.06%	2,129	62.4%
Hardy County Public Schools	2,491	1,592	63.91%	111	4.46%	1,703	68.4%
Mineral County Public Schools	4,439	2,184	49.20%	337	7.59%	2,521	56.8%
Morgan County Public Schools	2,533	1,776	70.11%	0	0.00%	1,776	70.1%

Source: West Virginia Department of Education, Retrieved from: https://wvde.state.wv.us/ocn-download/PlaybookInfo/DataStatistics/Percent_Needy_2016_CEO_Ungrouped.pdf

The National School Lunch Program state allocation for West Virginia was $213,153. In the HMC community, all schools in West Virginia were eligible for Title 1 funds. The highest percentage of students receiving free or reduced lunches for the HMH Community was in Hardy County (**Exhibit 20B**).

7. Changing Health Care

West Virginia Medicaid Expansion

On Thursday, May 2, 2013, Governor Earl Ray Tomblin joined by U.S. Sen. Rockefeller, President and CEO of United Health System Tom Jones, and CEO of Thomas Health Systems Steve Dexter, announced the decision to expand Medicaid in West Virginia.

Exhibit 21: Medicaid Expansion by County, 2016

County	Number of People
Hampshire, WV	2,037
Hardy, WV	1,304
Mineral, WV	2,026
Morgan, WV	1,506
Total People with Medicaid (insurance)	**20,514**

Source: West Virginia Department of Health and Human Services, West Virginia Bureau for Medical Services, 2019. Retrieved from: https://dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx

In 2016, Hampshire County had the most people enrolled in Medicaid.

Local Health Status and Access Indicators

This section examines health status and access to care data for the HMH community. Data sources include (1) County Health Rankings, (2) West Virginia Department of Health, and (3) Behavioral Risk Factor Surveillance System. Indicators also were compared to Healthy People 2020 goals.

8. County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county/city within each commonwealth or state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: length of life (years of potential life lost before age 75), quality of life (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days), health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and physical environment (air & water, housing & transit). *County Health Rankings* is updated annually. *County Health Rankings* relies on data from 2011 to 2017.

Exhibits 22 illustrates each county's ranking for each composite category in 2019. Rankings indicate how each county in West Virginia ranked compared to the 55 counties in the state. A rank of one indicates the best county/city in the state. Indicators are shaded based on the county's percentile for the state or commonwealth ranking. For example, Hampshire, Hardy and Jefferson Counties Clinical Care physical environment was more than 75 percent worse than the U.S. average, and the cell in the table for the county was shaded to reflect this.

Exhibit 22: County Rank among 55 West Virginia Counties, 2019
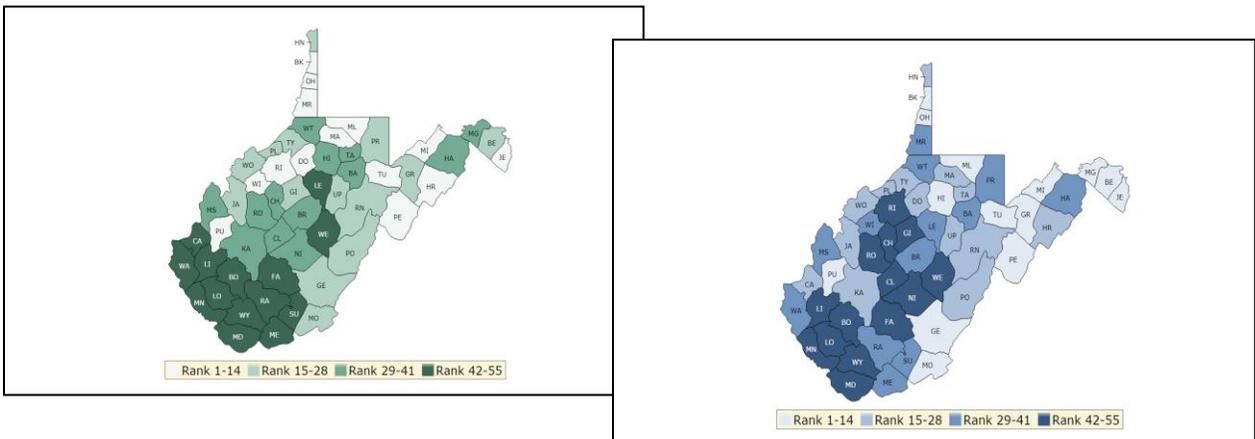
Exhibit 23: County Rank among 55 West Virginia Counties, 2019

Indicator Category	Berkeley		Grant		Hampshire		Hardy		Jefferson		Mineral		Morgan	
Comparison for Previous CHNA	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019
Health Outcomes	14	25↓	11	21↓	26	32↓	19	13	1	1	13	10	13	35↓
Length of Life (50%)	22	30↓	6	5	28	35↓	15	15	3	3	14	10	14	38↓
Quality of Life (50%)	13	18↓	27	36↓	17	21↓	23	12	2	12↓	19	20↓	19	24↓
Health Factors[6]	20	9	22	11	43	32	40	22	2	3↓	5	6↓	5	5
Health Behaviors (30%)	43	34	21	20	36	24	41	12	3	12↓	2	11↓	2	3↓
Clinical Care (20%)	8	13↓	25	25	51	46	35	49↓	15	49↓	36	9	36	32
Social & Economic Factors (40%)	8	4	24	15	41	26	38	22	1	22↓	3	8↓	3	5↓
Physical Environment (10%)	46	27	5	2	15	24↓	11	6	42	6	38	5	38	15

Source: 2019 County Health Ranking
↓ = If ranking has changed from previous 2016 assessment.

WV Health Outcomes Key	
Rank 1-14	
Rank 15-28	
Rank 19-41	
Rank 42-55	

WV Health Factors Key	
Rank 1-14	
Rank 15-28	
Rank 19-41	
Rank 42-55	

[6] Health Factors is a weighted average based on health behaviors, clinical care, social & economic factors and physical environment.

Exhibit 24A: County/City Data Compared to U.S. Average, West Virginia Counties, 2019

2019	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Health Outcomes	**25**	**21**	**32**	**13**	**1**	**10**	**38**	**~**
Length of Life	**30**	**5**	**35**	**15**	**3**	**10**	**38**	**~**
Premature Death (Years of Potential Life Lost Rate)	9,647	7,372	10,535	8,792	7,197	7,984	11,410	10,473
Quality of Life	**18**	**36**	**21**	**12**	**1**	**20**	**24**	**~**
Poor or Fair Health (Percent Fair/Poor)	24%	22%	22%	22%	21%	18%	23%	20%
Poor Physical Health Days (Physically Unhealthy Days)	5.2	4.9	5.2	4.9	4.8	4.4	5.2	5
Poor Mental Health Days (Mentally Unhealthy Days)	5.2	5.2	5.1	5.1	4.9	4.5	4.9	4.9
Low Birthweight (Percent LBW)	9%	8%	10%	9%	9%	8%	8%	10%

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 24B: County/City Data Compared to U.S. Average, West Virginia Counties, 2019

2019	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Health Factors	9	11	32	22	3	6	5	~
Health Behaviors	34	20	24	12	2	11	3	
Adult Smoking (Percent Smokers)	23%	21%	22%	20%	19%	22%	20%	25%
Adult Obesity (Percent Obese)	35%	37%	38%	37%	35%	34%	38%	36%
Food Environment Index	8	7.7	6.8	7.3	8.9	7.7	8.1	6.9
Physical Inactivity (Percent Physically Inactive)	28%	30%	26%	29%	22%	26%	25%	28%
Access to Exercise Opportunities (Percent with Access)	44%	37%	48%	67%	55%	62%	63%	60%
Excessive Drinking (Percent)	12%	13%	11%	11%	11%	16%	13%	12%
Alcohol-impaired Driving Deaths (Percent)	37%	29%	32%	35%	35%	20%	11%	31%
Sexually Transmitted Infections (Chlamydia Rate)	277.9	144.5	81.4	151.6	263.8	189.4	97.0	261.4
Teen Births	36	31	46	40	37	19	32	23

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 24C: County/City Data Compared to U.S. Average, West Virginia Counties, 2019

2019	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Clinical Care	**8**	**25**	**51**	**35**	**15**	**9**	**36**	~
Uninsured (Percent)	6%	7%	9%	8%	6%	6%	7%	7%
Primary Care Physicians (Ratio)	2,230:1	1,960:1	4,660:1	4,630:1	1,880:1	3,050:1	1,960:1	1,270:1
Dentists (Ratio)	1,920:1	2,330:1	2,930:1	1,960:1	3,130:1	3,020:1	3,540:1	1,860:1
Mental Health Providers (Ratio)	618:1	1,300:1	1,680:1	2,290:1	1,480:1	1,240:1	1,970:1	832:1
Preventable Hospital Stays (Rate)	5,194	6,071	4,815	5,984	4,060	4,620	3,641	5,683
Mammography Screening (Percent)	36%	44%	39%	39%	33%	49%	33%	38%
Flu Vaccinations	46%	38%	38%	30%	39%	43%	42%	41%

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Lower than state average	
Higher than state average	

Exhibit 24D: County/City Data Compared to U.S. Average, West Virginia Counties, 2019

2019	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Social and Economic Factors	**4**	**15**	**26**	**22**	**1**	**8**	**5**	**~**
High School Graduation (Graduation Rate)	89%	94%	95%	84%	93%	89%	97%	94%
Some College (Completion Rate)	55%	57%	45%	41%	46%	62%	51%	52%
Unemployment (Rate)	5.20%	3.70%	5.60%	3.90%	5.00%	3.10%	5.40%	4.00%
Children in Poverty (Percent in Poverty)	24%	17%	22%	26%	22%	12%	22%	19%
Income Inequality (Ratio)	4.9	3.9	4.5	4.2	4	4.2	4.2	3.9
Children in single-parent households	34%	36%	26%	39%	39%	24%	34%	18%
Social Associations (Association Rate)	12.9	8.7	11.9	9.9	11.5	9.8	14.2	14.7
Violent Crime (Rate)	330	168	224	227	429	187	242	407
Injury Deaths (Rate)	114	121	72	122	91	91	84	133

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 24E: County/City Data Compared to U.S. Average, West Virginia Counties, 2019

2019	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Physical Environment	**27**	**2**	**24**	**6**	**43**	**5**	**15**	~
Air Pollution - Particulate Matter (Average Daily PM2.5)	9.6	9.7	8.1	8.6	8.2	9.6	8.7	12.7
Drinking Water Violations (Presence of Violations)	N/A	No	No	Yes	Yes	Yes	No	N/A
Severe Housing Problems (Percent)	11%	14%	9%	11%	8%	13%	9%	15%
Driving Alone to Work (Percent Driving Alone)	82%	83%	82%	80%	79%	80%	82%	77%
Long Commute-Driving Alone (Percent)	33%	38%	33%	56%	30%	53%	37%	38%

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 24(A-E) highlights the following comparatively unfavorable indicators:

- Adult obesity in Hampshire, Hardy, and Morgan counties;
- The supply of primary care physicians, dentists, and mental health providers in HMH's community;
- Percent of children in poverty in Hardy County;
- Unemployment rates in, Hampshire and Morgan counties;
- The rate of social associations;
- Percent of female Medicare enrollees that received mammography screenings in Morgan County;
- High school graduation rates for Hardy County;
- Percent of workforce that drives alone to work in Hampshire, Hardy, Mineral and Morgan counties; and
- Percent of workers who commute in their car alone and drive more than 30 minutes in Hardy and Mineral counties.

9. West Virginia Department of Health and Human Resources

The Centers for Disease Control and Prevention data includes indicators regarding a number of health issues. In **Exhibits 25** through **33**, cells are shaded if the mortality rate for a county in the HMH community exceeded the West Virginia average by more than ten percent for that condition. Supplemental cancer incidence data were also gathered from the Centers for Disease Control and Prevention.

Exhibit 25: Leading Causes of Death by West Virginia County/City, 2017

	Hampshire	Hardy	Morgan	Mineral	WV	National
Total Deaths All Ages						
Total Deaths Rate						
Malignant Neoplasms (Cancer) Rate	202.46	169.79	205.64	197.93	**179.44**	**152.49**
Diseases of Heart Rate	210.48	238.9	204.9	241.79	**191.98**	**165.04**
Cerebrovascular Diseases Rate	41.33	52.55	41.55	47.31	**41.78**	**37.59**
Chronic Lower Respiratory Diseases Rate	50.47	48.37	45.48	52.14	**64.26**	**40.92**
Alzheimer's Disease Rate	18.32	20.96	40.17	23.61	**30.55**	**31.04**
Diabetes Mellitus Rate	34.19	29.46	26.1	30.6	**33.98**	**21.45**
Nephritis and Nephrosis Rate	18.17	18.69	23.18	17.67	**17.11**	**13.01**
Septicemia Rate	11.28	16.36	15.36	14.92	**14.63**	**10.56**
Influenza and Pneumonia Rate	15.11	27.01	18.55	16.06	**18.16**	**14.3**
Suicide Rate	15.12	16.27	18.28	17.14	**21.06**	**14.01**
Chronic Liver Disease Rate	12.24	11.18	10.39	11.34	**13.97**	**10.88**
Primary Hypertension & Renal Disease Rate	9.78	7.44	5.77	13.75	**13.05**	**9**

Source: West Virginia World Life Expectancy, 2017

According to West Virginia World Life Expectancy, Mineral County compared unfavorably to the national level on ten indicators reporting 10 – 49 percent worse than the national average. Mortality due to cancer, heart disease, and cerebrovascular disease were greater than West Virginia and national averages (**Exhibit 25**).

Key	
Rates unreliable due to small sample size sample size	~
Ranging from better than National up to 10% worse than National	
10-49% worse than National	
50-74% worse than National	
> 75% worse than National	

Exhibit 26: Motor Vehicle Injury-Related Mortality and Suicide Rates by County, 2017

2017					
County/City	**Crashes**	**Fatalities**	**Injuries**	**Death Rate Per 1,000 Drivers**[7]	**Suicide Rate**[8]
PSA					
Hampshire County, WV	~	~	~	72.8	15.1
SSA					
Hardy County, WV	~	~	~	58.8	16.3
Mineral County, WV	~	~	~	46.7	17.1
Morgan County, WV	~	~	~	67.4	18.3
WV	~	1,892	~	100.3	21.1
National	~	~	~	49.4	14.0

Source: Virginia Department of Transportation, 2017, and World Life Expectancy, 2017.

The counties in the HMH community all reported lower rates of mortality related to suicide than the state average (**Exhibit 26**).

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[7] Virginia data retrieved from https://www.dmv.virginia.gov/safety/crash_data/crash_facts/crash_facts_17.pdf
West Virginia data retrieved from: https://www.worldlifeexpectancy.com/usa/west-virginia-accidents
[8] West Virginia data retrieved from: https://www.worldlifeexpectancy.com/usa/west-virginia-accidents

Exhibit 27: Cancer Mortality Rates by County, 2015

Cancer Mortality Rates by County, 2011-2015 Data						
	Hampshire, WV	Hardy, WV	Morgan, WV	Mineral, WV	WV	National
All Cancers	**197**	**172.3**	**191**	**182.5**	**193.1**	**163.5**
Colorectal	21.9	~	21.1	14.9	**18.4**	**14.5**
Lung and Bronchus	60.5	44.9	53.7	58.4	**58.8**	**43.4**
Breast	21.8	~	~	19.7	**22.2**	**20.9**
Prostate	~	~	~	~	**17.6**	**19.5**

Source: Conduent Platform retrieved from https://www.valleyhealthlink.com/About-Us/Community-Benefit.aspx, Rates are per 100,000 population.

Key	
Rates unreliable due to small sample size	~
Rates higher than both WV and National averages	

Hampshire and Morgan County residents experienced cancer mortality rates higher than the West Virginia and national averages for colorectal cancer. Hampshire County reported cancer mortality rates higher than both the West Virginia and national averages for lung and bronchus (**Exhibit 27**).

Exhibit 28: Cancer Incident Rates by County, 2015

Cancer Incidence Rates by County, 2015 Data						
	Hampshire, WV	**Hardy, WV**	**Morgan, WV**	**Mineral, WV**	**WV**	**National**
All Cancers	**462.4**	**377.4**	**407.9**	**446.7**	**469.9**	**441.2**
Colorectal	52.5	36.4	42.9	36.9	**47.0**	**39.2**
Lung and Bronchus	83.7	63.2	69.1	78.9	**80.3**	**60.2**
Breast	101.2	80.6	112.2	113.9	**116.3**	**124.7**
Prostate	71.6	84.3	85.3	83.1	**94.7**	**109.0**

Source: Conduent Platform retrieved from https://www.valleyhealthlink.com/About-Us/Community-Benefit.aspx, Rates are per 100,000 population.

Key	
Rates unreliable due to small sample size	~
Rates higher than both WV and National averages	

Hampshire County residents experienced cancer mortality rates higher than the West Virginia and national averages for colorectal cancer. Reported incidence rates of lung and bronchus cancers are higher in all counties in the HMH community than the West Virginia and national averages (**Exhibit 28**).

Exhibit 29: Communicable Disease by County and Health District, 2016

Communicable Diseases by County, Virginia and West Virginia 2016			
County/Region	**Chlamydia**	**Gonorrhea**	**Lyme Disease Incidence Rate**[9]
PSA			
Hampshire County, WV	125.2	20.9	~
SSA			
Hardy County, WV	185.4	7.1	~
Mineral County, WV	187.9	24.8	~
Morgan County, WV	108.3	11.4	~
West Virginia	222.8	70.2	16.2
National (2017)	528.8	170.58	9.1

Source: West Virginia Lyme Disease Incidence Rate, MSN, 2016

Key	
Rates unreliable due to small sample size	~
Ranging from better than state average up to 10% worse	
11-49% worse than state average	
50-74% worse than state average	
> 75% worse than state average	

In 2016, Hampshire, Hardy, Mineral and Morgan counties reported incidence rates lower than the state and national averages for HMH's community (**Exhibit 29**).

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[9] West Virginia data, 2017 retrieved from: https://www.msn.com/en-us/health/medical/worst-states-for-lyme-disease/ar-AAy7KoV

Exhibit 30: Maternal and Child Health Indicators by County/City and State, 2016

Indicator, 2016	Hardy, WV	Hampshire, WV	Mineral, WV	Morgan, WV	WV	National
Low birth weight infants	8.9	9.9	11.8	6.8	8.9	8.3
Very low birth weight infants	1.5	2.6	1.9	1.8	1.6	1.4
Teen pregnancy rate 10-19**	9.4	10.2	12.7	23.6	13.7	18.8
No prenatal care in first trimester	19.4	26.9	19.4	24.8	22.5	23
Infant mortality rate	6.6	13.2	7.2	8.8	7.3	5.9

Sources: Virginia Department of Health, 2016, and Conduent Platform retrieved from https://www.valleyhealthlink.com/About-Us/Community-Benefit.aspx
**Rates per 1,000 live births.

Key	
Rates unreliable due to small sample size	~
Ranging from better than VA up to 10% worse than VA	
11-49% worse than VA	
50-74% worse than VA	
> 75% worse than VA	

Infant mortality rates were reported to be 75 percent worse that West Virginia for Hampshire County. Hampshire County reported rates of no prenatal care in the first trimester more than 25 percent higher than the West Virginia average. In Morgan County, teen pregnancy rates for 10-19 year old population were 50 percent or higher than the West Virginia average of 13.7 percent. Infant mortality rates were reported to be higher in Hampshire and Morgan counties for HMH's Community (**Exhibit 30**).

10. Behavioral Risk Factor Surveillance System

Data collected by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) are based on a telephone survey that gathers data on various health indicators, risk behaviors, healthcare access, and preventive health measures. Data is collected for the entire U.S. Analysis of BRFSS data can identify localized health issues and trends, and enable county, state (or Commonwealth), or nation-wide comparisons.

Exhibit 31 compares BRFSS indicators to state and U.S. averages for the community's West Virginia counties.

Exhibit 31: BRFSS Indicators and Variation from the State of West Virginia, 2015

Indicator 2015		Hampshire, WV	Hardy, WV	Morgan, WV	Mineral, WV	WV
Health Behaviors	Binge drinkers[10]	9.9%	DSU	10.1%	7.2%	**9.3%**
	Excessive drinkers[11]	11.4%	11.4%	12.0%	12.5%	**11.8%**
	Current smoker	21.6%	20.4%	20.4%	22.2%	**24.8%**
	No physical activity in past 30 days	36.1%	29.4%	25.3%	26.0%	**27.8%**
Access	Unable to visit doctor due to cost	~	~	~	~	**14.8%**
	Rate of primary care providers (PCP) per 100,000	21	22	51	33	**79**
	Do not have health care coverage under 65	8.7%	8.0%	7.4%	6.0%	**6.5%**
	Overweight or obese	38.0%	36.5%	38.4%	33.9%	**36.3%**
Health Conditions	Told have diabetes[12]	11.4%	10.9%	12.5%	12.3%	**12.7%**
	Poor mental health > number of days/month[13]	5.1%	4.9%	4.9%	4.9%	**5.2%**
Mental Health	Poor physical health > number of days/month[14]	4.9%	4.8%	5.0%	5.2%	**5.2%**
Overall Health	Social-emotional support lacking: Adults (percent)	14.9%	23.8%	21.2%	15.6%	**19.1%**
	Reported poor or fair health	21.8%	20.6%	19.7%	22.6%	**24.1%**

Source: CDC BRFSS, 2015, DSU=Data Statistically Unreliable

In Morgan and Mineral counties, the percentage of people who reported being excessive drinkers or heavy drinkers was higher than the West Virginia average. Hampshire, Hardy and Morgan counties had four or more indicators that were worse than the West Virginia average. The obesity indicator was higher in three of the four counties compared to the West Virginia's average (**Exhibit 31**).

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[10] *Adult males having five or more drinks on one occasion; adult females having four or more drinks on one occasion.
[11] **Adult men having more than two drinks per day; adult women having more than one drink per day.
[12] Total, Adults Aged 20+ Years, Age-Adjusted Percentage, Virginia, 2015
[13] Average number of reported mentally unhealthy days per month among adults 18 years and over
[14] Average number of reported physically unhealthy days per month among adults 18 years of age and over

Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSCs, frequently referred to as Prevention Quality Indicators or PQIs) throughout WMC's community.

ACSC are eighteen health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[15] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes. In Exhibits 32, 34, and 35 cells are shaded if the value is at all worse than West Virginia averages, with darker shading indicating the value is more than 25 percent worse than West Virginia.

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[15] Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, accessed online at http://archive.ahrq.gov/data/hcup/factbk5/factbk5d.htm on June 28, 2013.

1. County-Level Analysis by Payer

Exhibit 32: HMH Discharges for ACSC by County and Payer[16], 2018

County/Service Area	Blue cross	Medicaid	Medicare	Other	Commercial	Self
Percentage of IP ACSC Discharges to Total ACSC Discharges						
PSA	**5.1%**	**11.2%**	**79.4%**	**0.0%**	**3.7%**	**0.5%**
Hampshire, WV	5.1%	11.2%	79.4%	0.0%	3.7%	0.5%
SSA	**6.5%**	**9.7%**	**80.6%**	**0.0%**	**3.2%**	**0.0%**
Hardy, WV	15.4%	0.0%	84.6%	0.0%	0.0%	0.0%
Mineral, WV	0.0%	22.2%	77.8%	0.0%	0.0%	0.0%
Morgan, WV	0.0%	11.1%	77.8%	0.0%	11.1%	0.0%
Total	**5.2%**	**10.8%**	**79.9%**	**0.0%**	**3.6%**	**0.4%**

Source: Valley Health System, 2018 Inpatient Data.

Medicare patients had the highest proportion of discharges for ACSCs. Self-pay patient (typically uninsured individuals) had shown a decrease from 2.3 percent in 2016 to 0.4 percent for ACSC. Hardy County had the highest percentage of Medicaid discharges for HMH's community (**Exhibit 32**).

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[16] Discharges from all Valley Health System hospitals.

2. County-Level Analysis

Exhibit 33: Inpatient Discharges[17] for ACSC by County and Zip for HMH, 2018
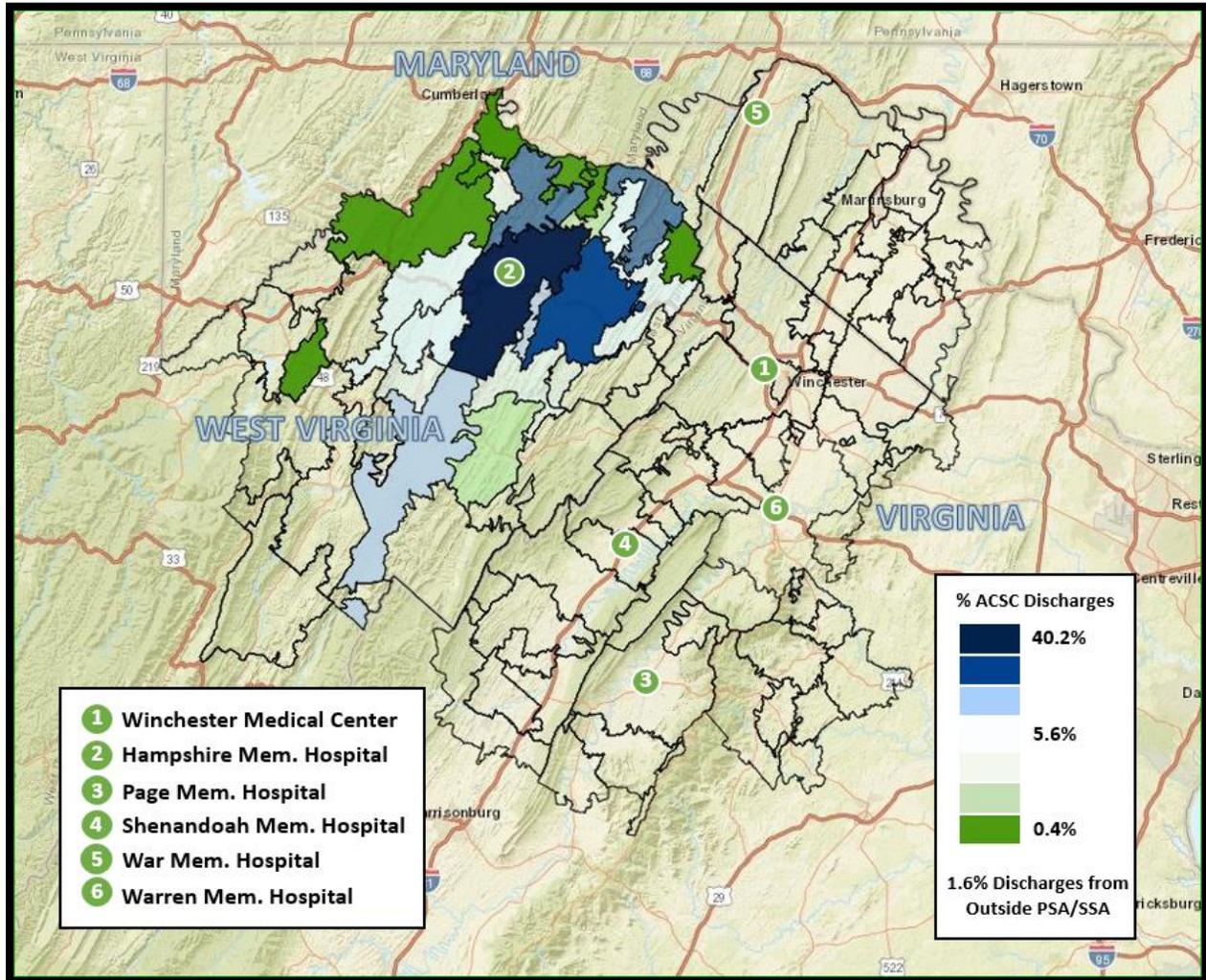
Source: Northern Shenandoah Valley Regional Commission, Analysis of data from Valley Health System, 2015.

The highest percentage of ACSC discharges were from zip codes: 26704 in Hampshire County (Augusta, 23.7%), and 26836 in Hardy County (Moorefield, 31.5%) within the HMH community (**Exhibit 33**).

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[17] 2018 Discharges are from all Valley Health hospitals.

11. Hospital-Level Analysis

Exhibit 34: ACSC Inpatient (IP) Discharges by Hospital, 2018

IP ACSC Discharges by Hospital 2018			
Entity Name	**Total IP ASCS Discharges**	**Total IP Discharges**	**Percentage of IP ACSC Discharges to Total IP Discharges**
Hampshire Memorial Hospital	249	415	60.0%
Page Memorial Hospital	294	751	39.1%
Shenandoah Memorial Hospital	1,213	1,505	80.6%
War Memorial Hospital	230	487	47.2%
Warren Memorial Hospital	1,570	1,816	86.5%
Winchester Medical Center	12,410	23,155	53.6%
Total	**15,966**	**28,129**	**56.8%**

Source: Valley Health System, 2018 Inpatient Data.

Page Memorial and War Memorial Hospitals had the lowest percent of ACSC discharges of all hospitals in Valley Health. Shenandoah Memorial Hospital had the highest percent of ACSC discharges for 2015 (**Exhibit 34**).

Exhibit 35: Discharges for ACSC by Condition and Age, Hampshire Memorial Hospital, 2018

Discharges for ACSC by Condition and age for HMH, 2018					
Condition	**0 to 17**	**18 to 39**	**40 to 64**	**65 +**	**Total**
Heart failure	~	~	2	12	14
Pneumonia	~	1	7	20	28
Asthma	~	~	~	~	0
Urinary tract infection	~	~	1	13	14
Diabetes	~	1	1	5	7
Dehydration	~	~	~	6	6
Hypertension	~	~	~	~	0
Angina	~	~	~	~	0
Appendix	~	~	~	~	0
Total	**0**	**2**	**11**	**56**	**69**
Percent Total	**0.0%**	**2.9%**	**15.9%**	**81.2%**	**100.0%**

Source: Valley Health System, 2018 Inpatient Data[18].

The top three ACSC conditions at HMH were bacterial pneumonia, urinary tract infection, and heart failure for patients aged 65+ years old. Patients aged 65 years and over had the highest percentage of discharges for ACSC conditions (**Exhibit 35**).

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[18] Discharges from all Valley Health System hospitals. *Heart failure codes (428.1, I11.0, I50.21, I50.23, I50.31, I50.33, I50.9), **Pneumonia codes (J15.9, 482.9, J18.9, J13, J18.9, J11.00, J15.6, 480.9, 481, 482, 482.1, 486, 487, J10.00, J15.7, P23.6, A40.3, J12.9), ***Asthma codes (J45.901, J45.42, 493.92, 493.01, 493.02, 493.21, J45.902, J45.41, J45.909, J45.42, 493.92), ****Diabetes codes (648.01, E10.10, O24.410, O24.419, O24.420, O24.429, E10.11, E10.621, E10.69, E11.21, E11.43, E11.52, E11.621, E10,69, E11.21, E11.43, E11.52, E11.621, E11.628, E11.649, E11.65, E11.69, E09.65, E10.649, E11.40, E11.51)

Community Need Index™ and Food Deserts

12. Dignity Health Community Need Index™

Dignity Health, a California-based hospital system, developed and has made available for public use a *Community Need Index™* (CNI) that measures barriers to health care access by county/city and ZIP code.[19] The index is based on five social and economic indicators:

1. **Income Barrier**
   - Percentage of households below poverty line, with head of household age 65 or more
   - Percentage of families with children under 18 below poverty line
   - Percentage of single female-headed families with children under 18 below poverty line
2. **Cultural Barrier**
   - Percentage of population that is minority (including Hispanic ethnicity)
   - Percentage of population over age 5 that speaks English poorly or not at all
3. **Education Barrier**
   - Percentage of population over 25 without a high school diploma
4. **Insurance Barrier**
   - Percentage of population in the labor force, aged 16 or more, without employment
   - Percentage of population without health insurance
5. **Housing Barrier**
   - Percentage of households renting their home

The CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

Exhibit 36 presents the *Community Need Index™* (CNI) score of ZIP codes in the community by each county in the Hampshire Memorial Hospital community, weighted by the CNI score and population of each.

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[19] Accessed online at http://cni.chw-interactive.org/ on June 28, 2013.

Exhibit 36: Community Need Index™ Score by County and ZIP Code, 2018

SERVICE AREA	COUNTY	CITY/TOWN NAME	ZIP	CNI SCORE
Primary	Hampshire, WV	Augusta	26704	2.8
Primary	Hampshire, WV	Bloomery	26817	2.0
Primary	Hampshire, WV	Capon Bridge	26711	2.4
Primary	Hampshire, WV	Green Spring	26722	2.4
Primary	Hampshire, WV	High View	26808	2.2
Primary	Hampshire, WV	Levels	25431	2.6
Primary	Hampshire, WV	Purgitsville	26852	2.4
Primary	Hampshire, WV	Rio	26755	3.0
Primary	Hampshire, WV	Romney	26757	3.6
Primary	Hampshire, WV	Shanks	26761	3.2
Primary	Hampshire, WV	Slanesville	25444	2.4
Primary	Hampshire, WV	Springfield	26763	2.4
Secondary	Hardy, WV	Baker	26801	2.6
Secondary	Hardy, WV	Fisher	26818	3.0
Secondary	Hardy, WV	Lost City	26810	2.8
Secondary	Hardy, WV	Mathias	26812	2.4
Secondary	Hardy, WV	Milam	26838	2.6
Secondary	Hardy, WV	Moorefield	26836	3.4
Secondary	Hardy, WV	Old Fields	26845	2.6
Secondary	Hardy, WV	Wardensville	26851	2.4
Secondary	Mineral, WV	Burlington	26710	2.0
Secondary	Mineral, WV	Elk Garden	26717	3.2
Secondary	Mineral, WV	Fort Ashby	26719	2.0
Secondary	Mineral, WV	Keyser	26726	3.4
Secondary	Mineral, WV	New Creek	26743	1.6
Secondary	Mineral, WV	Piedmont	26750	4.4
Secondary	Mineral, WV	Ridgeley	26753	2.4
Secondary	Mineral, WV	Wiley Ford	26767	2.8
Secondary	Morgan, WV	Berkeley Springs	25411	2.8
Secondary	Morgan, WV	Great Cacapon	25422	2.4
Secondary	Morgan, WV	Paw Paw	25434	3.0

Exhibit 37: Community Need Index™ Score by County and ZIP Code, 2018
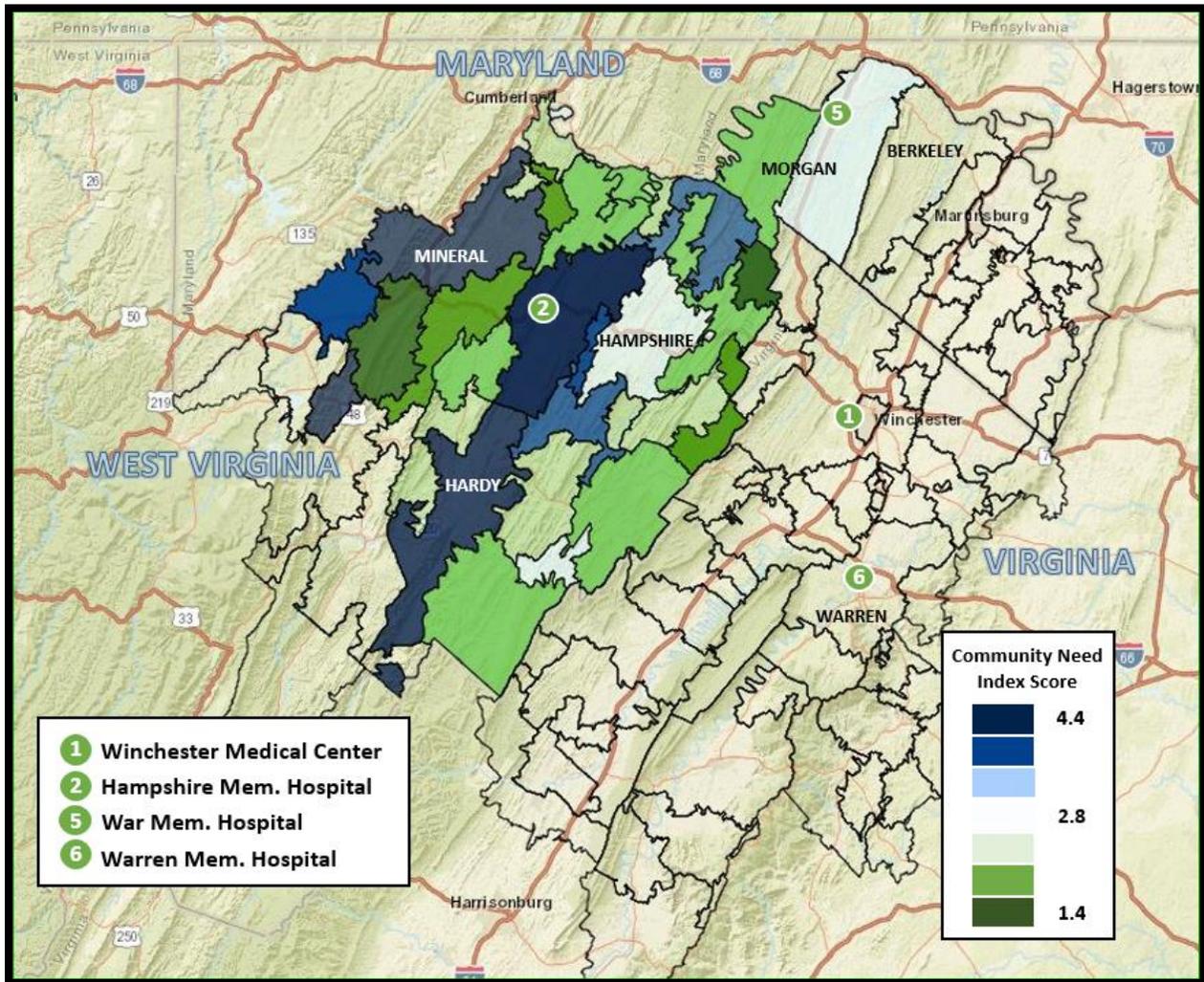
Source: ESRI 2019, Created by Planning and Business Development

ZIP codes 26750, (Piedmont, Mineral County), and 26757 (Romney, Hampshire County) scored in the "Highest Need" category (ranges from 3.6 – 4.4). Areas of middle to high need are located in substantial parts of Hampshire, Hardy, Mineral, and Morgan counties (**Exhibit 37**).

13. Food Deserts (Lack of Access to Nutritious and Affordable Food)

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a food desert, defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts. **Exhibit 38** illustrates the location of food deserts in the HMH community.

Exhibit 38: Food Deserts by Census Tract
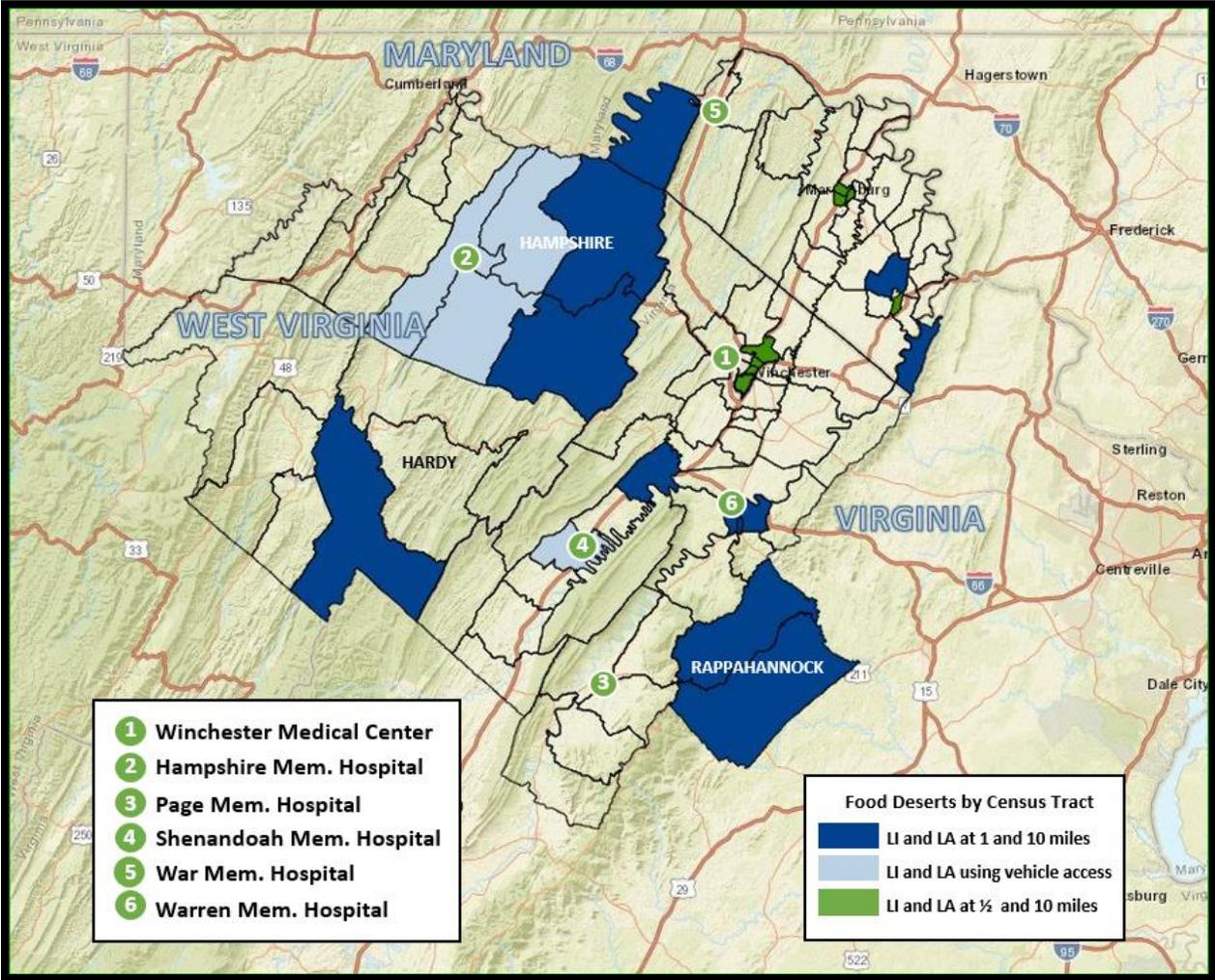
Sources: Northern Shenandoah Valley Regional Commission and the Economic Research Services, U.S. Department of Agriculture, 2015.

HMH's community contains nine census tracts identified as food deserts. These are located in Hampshire, Hardy, Mineral, and Morgan counties (**Exhibit 38**).

Overview of the Health and Social Services Landscape

This section identifies geographic areas and populations in the community that may face barriers accessing care due to medical underservice or a shortage of health professionals. The section then summarizes various assets and resources available to improve and maintain the health of the community.

14. Medically Underserved Areas, Communities, and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice (IMU)." The IMU calculation is a composite of the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population age 65 or over. Areas with a score of 62 or less are considered "medically underserved".[20]

Medically Underserved Area (MUA) – counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.

The Index of Medical Underservice designates MUAs as a subset of a Medically Underserved Community. Visit [Medically Underserved Areas and Populations](#) for more.

Medically Underserved Community (MUC) – a geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes.

As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

Medically Underserved Populations (MUPs) – federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services. The Index of Medical Underservice designates MUPs.

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[20] U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/muaps/index.html.

Exhibit 39: Medically Underserved Areas and Populations, 2018
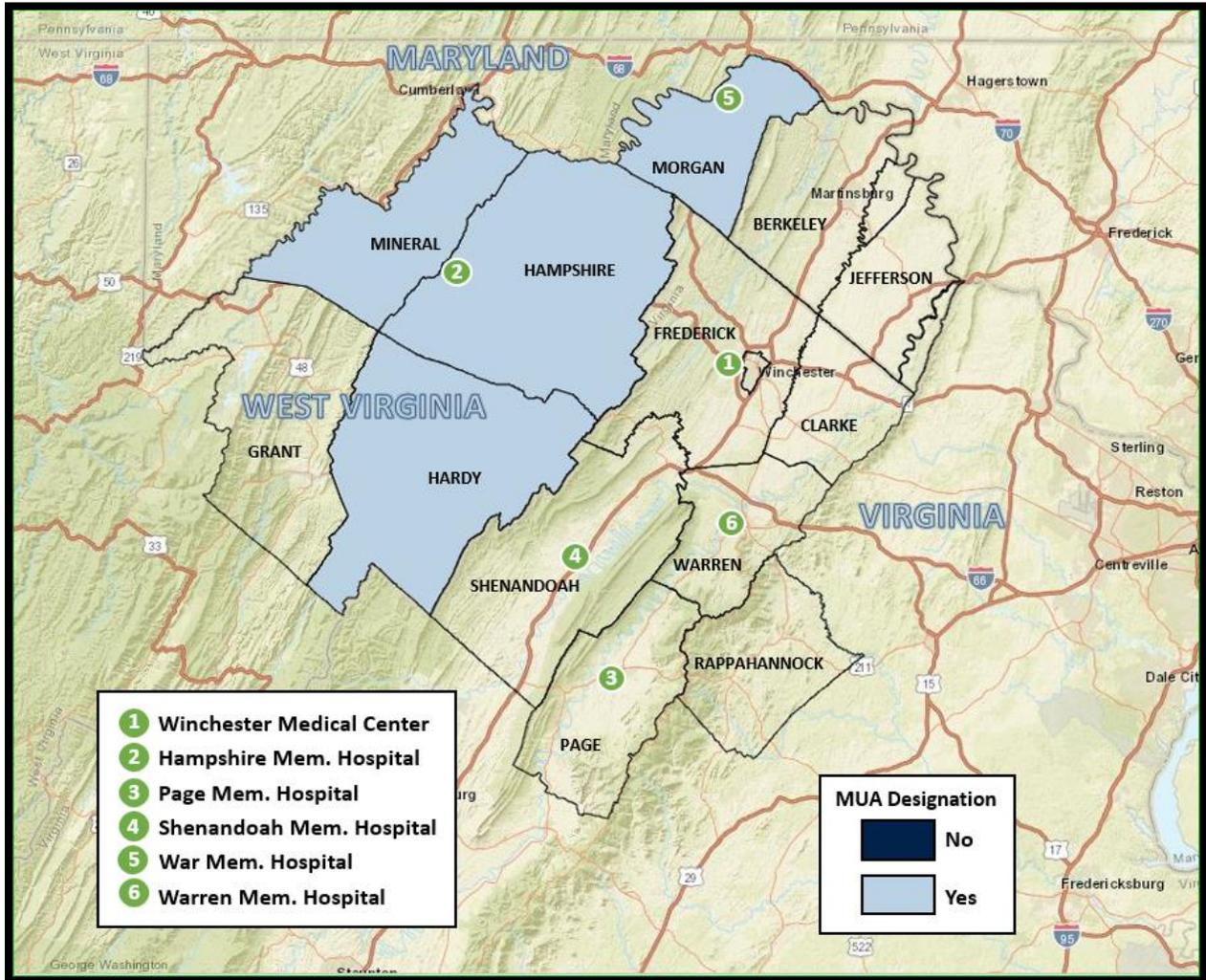
Source: Northern Shenandoah Valley Regional Commission, and Health and Human Services Administration, 2016.

Exhibit 39 shows areas designated by HRSA as medically underserved for mental, dental, and primary care professionals.

Exhibit 40: Medically Underserved Areas and Populations and Health Professional Shortage Areas, 2018[21]

Service Area Name	Designation Type	Primary State Name	Index of Medical Underservice Score	Status	Rural Status
Hampshire County	Medically Underserved Area	West Virginia	61.6	Designated	Partially Rural
Hardy Service Area	Medically Underserved Area	West Virginia	49.9	Designated	Rural
Jefferson Service Area	Medically Underserved Area	West Virginia	47.4	Designated	Non-Rural
Grant District	Medically Underserved Area	West Virginia	53.8	Designated	Rural
MCD (91296) Grant district					
Union District	Medically Underserved Area	West Virginia	61.7	Designated	Rural
MCD (93216) Union district					
Low Income - Morgan County	Medically Underserved Population	West Virginia	60.7	Designated	Rural
Low Income - Mineral County	Medically Underserved Population	West Virginia	63.6	Designated	Partially Rural

Source: Health and Human Services Administration, 2018

The HMH Community contains four MUAs located in Hampshire, Hardy, Mineral and Morgan counties (**Exhibit 40**).

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[21] HRSA, May 2018, Retrieved from: https://bhw.hrsa.gov/shortage-designation/muap

Other Facilities and Resources

1. Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. FQHCs throughout the state can be found at: https://www.findahealthcenter.hrsa.gov.

Federally Qualified Health centers are defined as community-based and patient-direct organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Health centers deliver care to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the nation's veterans

Exhibit 41: Federally Qualified Health Centers

Federally Qualified Health Centers					
Health Center Name	County	ZIP CODE	Street Address	City	State
SCH Healthy Smiles Dental	Berkeley County	25404-3800	58 Warm Springs Ave	Martinsburg	WV
SCH Martinsburg	Berkeley County	25401-2890	99 Tavern Rd	Martinsburg	WV
SCH Mobile	Berkeley County	25401-2890	99 Tavern Rd	Martinsburg	WV
SCH Behavioral Health	Jefferson County	25414-5719	44 Trifecta Pl	Charles Town	WV
Tri-State Community Health Center - Berkeley Springs	Morgan County	25411-6247	261 Berkmore Pl, Ste 1A	Berkeley Springs	WV
SCH Migrant Outreach	City of Winchester	22601-4929	867 Fairmont Ave	Winchester	VA
SCH Winchester	City of Winchester	22601-3054	1330 Amherst St	Winchester	VA
Mountaineer Community Health Center	Morgan County	25422	783 Winchester St	Great Cacapon	WV

Source: Health and Human Services Administration, 2018, retrieved from https://findahealthcenter.hrsa.gov/?zip=&radius=5&incrementalsearch=true

There are currently two FQHC sites operating in close proximity to the HMH community (**Exhibit 41**).

2. Local Clinics and Health Departments

In addition to the FQHCs, there are other clinics in the area that serve lower-income individuals. These include Sinclair Health Clinic (Winchester, VA), the St. Luke Community Clinic (Front Royal, VA), Shenandoah Community Health Clinic (Woodstock, VA), Page Free Clinic (Luray, VA), and the Good Samaritan Free Clinic of Martinsburg, WV (Martinsburg, WV).

In addition to these resources, Hampshire County Health Department, Hardy County Health Department, Mineral County Health Department, and Morgan County Health Department, also provide an array of services at locations throughout the region.

3. Hospitals

Exhibit 42 presents information on hospitals facilities that operate in the community.

Exhibit 42: List of Hospitals in the HMH Community

County/City	Hospital Name	Number of Beds	City	Zip Code
PSA				
Hampshire, WV	**Hampshire Memorial Hospital**	**25**	**Romney**	**26757**
Morgan, WV	War Memorial Hospital	25	Berkeley Springs	25411
SSA				
Mineral, WV	Potomac Valley Hospital	25	Keyser	26726

Source: Virginia Health Information, 2018, and for WV, American Hospital Directory, 2018.

4. Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[22]

Areas and populations in the HMH community are designated as HPSAs (**Exhibit 43**). Mineral, and Morgan counties are designated as primary medical care, dental, and mental health HPSAs, while Hardy and Hampshire counties are designated as mental health HPSAs and parts of Hampshire and Hardy counties also are considered dental HPSAs.

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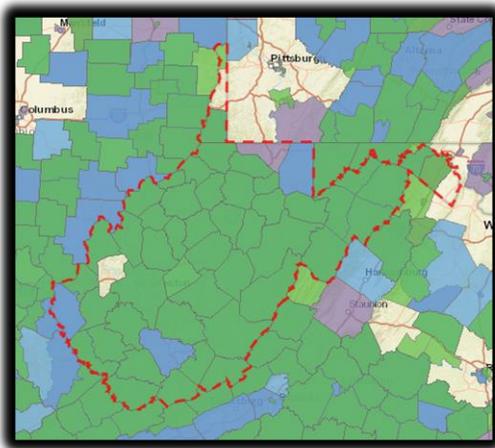
[22] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2019, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Exhibit 43A: Health Professional Shortage Areas Designation, 2018
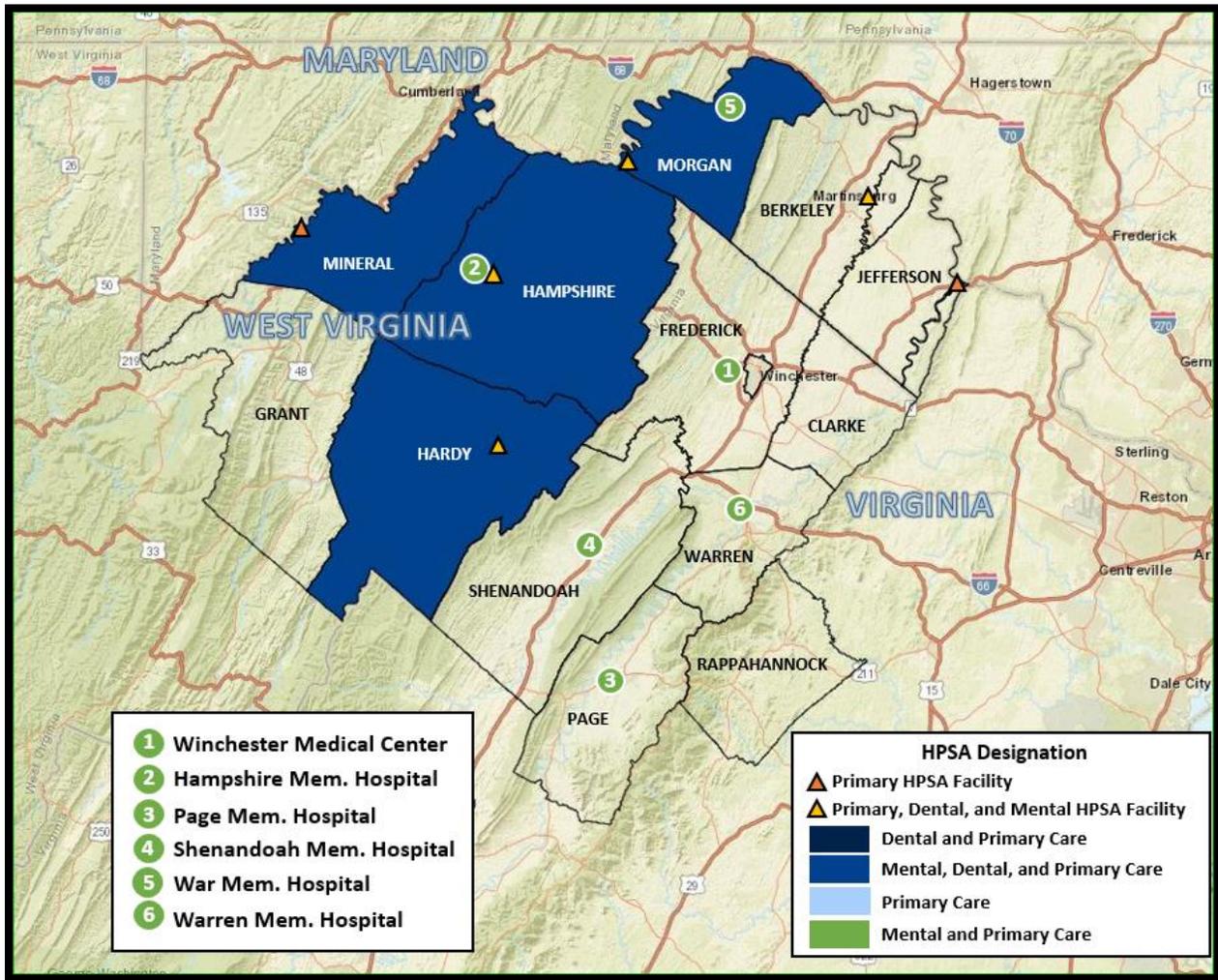
Source: ESRI 2019, Created by Planning and Business Development

Exhibit 43A shows Health Professional Shortage Areas (HPSA) designations that indicate health care provider shortages in primary care, dental health, or mental health.

Exhibit 43B: HPSA Shortage Areas in the HMH Community

Discipline	HPSA Name	Designation Type	HPSA Score	Designation Date	Rural Status
Primary Care	Hampshire County	Geographic HPSA	9	02/24/2014	Partially Rural
Dental Health	Hampshire County	Low Income Population HPSA	20	04/13/2017	Partially Rural
Dental Health	Hampshire Memorial Hospital	Rural Health Clinic	0	01/05/2007	Rural
Primary Care	Low Income-Hardy County	Low Income Population HPSA	18	2/23/2017	Rural
Primary Care	Low Income-Mineral County	Low Income Population HPSA	17	01/19/2010	Partially Rural
Mental Health	Low Income-Mineral County	Geographic HPSA	8	03/30/2017	Partially Rural
Dental Health	Low Income-Morgan County	Low Income Population HPSA	16	02/27/2013	Rural
Dental Health	Low Income-Hardy County	Low Income Population HPSA	18	03/28/2017	Rural
Primary Care	Low Income-Morgan County	Low Income Population HPSA	16	05/08/2012	Rural
Mental Health	Morgan County	Geographic HPSA	14	07/28/2017	Rural

Exhibit 44: Health Professionals Rates per 100,000 Population by County/City, 2019

Hampshire Memorial Hospital County	Primary Care Physicians		Dentists		Mental Health Providers	
	Number Primary Care Providers	Rate per 100,000 population	Number of Dental Providers	Rate per 100,000 population	Number of Mental Health Providers	Rate per 100,000 population
PSA						
Hampshire	5	21	8	34	14	60
SSA						
Hardy	3	22	7	51	6	44
Mineral	9	33	9	38	22	81
Morgan	9	51	5	28	9	51
West Virginia	**1443**	**79**	**974**	**54**	**2183**	**120**

Source: Data provided by County Health Rankings, 2019.

Primary care physician and dental availability are below West Virginia averages in all areas (**Exhibit 44**).

5. Other Community Resources

There is a wide range of agencies, coalitions, and organizations available in the region served by Hampshire Memorial Hospital. 2-1-1 West Virginia maintains a large database to help refer individuals in need to health and human services in West Virginia. In West Virginia, the program is a collaborative project of the United Ways of West Virginia and can be found at http://www.wv211.org/what-we-do.

The other organizations accessible through the 211 West Virginia provide the following types of services and resources include:

- Alzheimer's assistance
- Basic human needs (food banks, shelters, rent or utility assistance)
- Child care referral centers
- Child development
- Consumer counseling
- Crisis intervention
- Disability services
- Domestic violence programs
- Education
- Energy assistance
- English as a second language classes
- Family counseling
- Financial assistance
- HIV/AIDS programs
- Home health care
- Homeless services
- Legal assistance
- Maternal and child health care
- Mentorship opportunities
- Parenting programs
- Physical and mental resources
- Senior services
- Support for children, youth and families (examples: after school programs, tutoring, mentorship programs, family resource centers)
- Substance abuse
- Suicide prevention
- Transportation
- Volunteer opportunities
- Work initiatives (examples: educational and vocational training programs)

United Way of the Eastern Panhandle Partner Agency List is available at
https://www.uwayep.org/partner-agencies.

- American Red Cross
- BE-Hive, A Family Inspiration Place, Inc.
- Berkeley County Backpack Program
- Berkeley Senior Services
- BlackCat Music Cooperative
- Boys & Girls Club of the Eastern Panhandle
- CASA of the Eastern Panhandle
- Catholic Charities West Virginia, Inc.
- CCAP/Loaves & Fishes
- CenterPointe Church
- Children First Child Development Center
- Children's Home Society of WV
- Church Without Walls Ministries, Inc.
- Community Alternatives to Violence
- Community Networks, Inc.
- Destiny Baptist Church
- EVAK K9 Search and Rescue Team, Inc.
- Faith Community Coalition for the Homeless
- For Love of Children (The Outdoor Education Center)
- Girl Scouts Nation's Capital
- Good Samaritan Free Clinic
- Good Shepherd Interfaith Volunteer Caregivers, Inc.
- Horses with Hearts
- Junior Mentoring Programs (JUMP)
- Leetown Science Center
- Martinsburg Renew, Inc.
- Meals on Wheels of Berkeley County
- Meals on Wheels of Jefferson County
- Morgan County Partnership
- Morgan County Starting Points
- Norborne Preschool & Day Care Center, Inc.
- Panhandle Home Health, Inc.
- Partnership for Affordable Housing
- Potomac Valley Audubon Society
- PurposeFULL Paws
- Shepherdstown Day Care
- Spring Mills High School
- Wildwood Middle School
- WV Coalition to End Homelessness

6. Food Pantries and Soup Kitchens

Exhibit 45: Food Pantries in the HMH Community

Free Food Pantries		
Berkeley County	**Address/Phone**	**Hours**
Church Without Walls	Martinsburg, WV (304) 260-9509	Tuesdays 10:00 am – 1:00 pm 3rd Saturday 10:00 am – 1:00 pm
Loaves and Fishes	Martinsburg, WV (304) 267-2810	Call for hours
Martinsburg Work 4 WV Center	Martinsburg, WV 25403 (304) 267-0030	Mondays – Thursdays 8:30 am – 5:00 pm Fridays 9:00 am – 5:00 pm
One-Stop	Martinsburg, WV 25401 (304) 263-25401	Daily 9:00 am – 1:00 pm
Salvation Army	Martinsburg, WV 25401 (304) 267-4612 (serves Berkeley, Jefferson, and Morgan Counties)	Mondays – Fridays 9:00 am – 12:00 pm 1:00 pm – 3:00 pm
Snyder's Bible Chapel	Hedgesville, WV 25427 (304) 676-2786	3rd Tuesdays 9:00 am – 12:00 pm
Mineral County	**Address/Phone**	**Hours**
Faith In Action, Inc.	71 James Street Keyser, WV 26726 (304) 788-5331	Monday – Friday 8:00 am – 5:00 pm
Morgan County	**Address/Phone**	**Hours**
Amazing Grace Food Pantry	Christian Church Road Capon Bridge, WV 26711 (304) 856-2773	Tuesdays 9-11AM and 6:30-8PM
Morgan County Emergency Assistance Team	Berkley Springs, WV 25411 (304) 258-2487	Tuesdays and Fridays 9:00 am – 3:00 pm
Saint Vincent De Paul Society	Berkeley Springs, WV 25411 (3040) 258-1311	Call for available hours

Source: Homeless Shelter Director, Helping The Needy of America, 2018, Retrieved from https://www.homelessshelterdirectory.org/cgi-bin/id/cityfoodbanks.cgi?city=Berkeley%20Springs&state=WV

Findings of Other Recent Community Health Needs Assessments

Valley Health also considered the findings of other needs assessments published since 2016. Fourteen such assessments conducted in the Hampshire Memorial Hospital area are referenced here, with highlights and summary points below.

1. Morgan County Public Schools, 2013-2014

Morgan County Schools conducted a survey, the "2013-2014 Morgan County Schools Pride Survey,"[23] of the county's high school students, which was compared to the "Monitoring the Future" national survey.

Key findings relevant to this CHNA include:

- Morgan County high school students had lower rates of tobacco usage by 7th, and 10th graders, compared to the national average.
- Morgan County 7th and 9th graders had lower alcohol usage rates than the national average.
- Morgan County 6th and 8th graders had higher rates of marijuana usage than the national average.
- Morgan County 7th, 8th, and 10th had higher rates of prescription drug abuse than the national averages.

2. West Virginia Statewide Housing Needs Assessment, 2014

The West Virginia Housing Development Fund engaged Vogt Santer Insights to conduct a statewide housing needs assessment:[24] The assessment provides a comprehensive housing assessment that focuses on the current and anticipated housing need in each of the 55 counties. A detailed analysis of each county has been conducted to include demographic trends, economic and housing market performance, household income projections and anticipated market demand with the focus on affordable housing.

Because it presents some of the same housing concerns as this CHNA, many of its findings are comparable. Items of particular note include:

- Hampshire county had the highest projected growth among senior (age 55 and older) renter households with incomes between 41 percent and 60 percent over Area Median Household Income (AMHI) in the next five years. Hampshire county also showed the lowest projected growth among families under age 55 for rental households.

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[23] Morgan County Schools. (2013-2014). Morgan County Student Pride Survey Results.
[24] West Virginia Community Action Partnership. (2012). *Believe in West Virginia: Assessment of Needs Report.* Retrieved, 2013 from: http://www.wvcommunityactionpartnership.org/pdfs/2012needsassesment.pdf

PRIMARY DATA ASSESSMENT

Community input (primary data) was gathered through the design and administration of a community health survey and through key informant interviews. This section summarizes findings from the process.

Community Survey Findings

The community health survey questionnaire was completed by 2,472 residents from the Valley Health community, 108 of these surveys were from the Hispanic population. There were 330 residents that completed the survey from HMH's community.

HMH's survey of community health consisted of questions about a range of health status and access issues, as well as respondent demographic characteristics. The survey was made available from January – March 2019 on Valley Health's web site and was widely publicized at the Valley Health Community Wellness Festival, Lord Fairfax Community College, and at a Mexican Consulate event on the Our Health, Inc. campus.

The survey was also available via e-mail distribution lists, computer kiosks throughout the region, partner organizations, mass mailing, newsletters, social media, and websites. The questionnaire was available in English and Spanish, and paper copies were available on request.

1. Respondent Characteristics

Of the 330 surveys from HMH's community:

Almost 77 percent of respondents were female, and 57.4 percent were between the ages of 25 and 64. The ethnicity breakdown showed 84 percent of the population were White, and 9.3 percent identified as Black or African American. The majority of respondents reported being married (62.2 percent) and employed full time (47.5 percent). The majority of respondents speak English in the home.

Exhibits 46 through 62 summarizes responses from residents of the HMH's community.

Exhibit 46: Total Survey Respondents by County/City, 2019

County	Number of Respondents	Percent of Respondents
PSA	**163**	**49.4%**
Hampshire, WV	163	49.4%
SSA	**167**	**50.6%**
Hardy, WV	28	8.5%
Mineral, WV	43	13.0%
Morgan, WV	96	29.1%
Totals:	**330**	**100.0%**

Source: Valley Health Community Survey, 2019

Hampshire County had the highest percentage of respondents. Residents from the SSA accounted for 50.6 percent of respondents (**Exhibit 46**).

Exhibit 47: Survey Respondents by Age, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
15 – 24	5.6%	126	20.4%	22
25 – 34	11.6%	261	33.3%	36
35 – 44	15.5%	349	20.4%	22
45 – 54	19.1%	431	15.7%	17
55 – 64	19.1%	430	0.0%	0
65 – 74	15.9%	359	0.9%	1
75+	13.1%	295	0.0%	0
Answered Question		**2251**		**98**
Skipped Question		**113**	**10**	**10**

Source: Valley Health Community Survey, 2019.

The highest percentage of English-speaking respondents were aged 45-55 and 55-64. The highest percentage of Spanish-speaking 25-34 years of age. Approximately 13.1 percent of total respondents were 75+ years old (**Exhibit 47**).

Exhibit 48: Survey Respondents by Sex, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Female	72.5%	1713	52.8%	57
Male	21.3%	504	23.1%	25
Answered Question		2217		82
Skipped Question		147		26

Source: Valley Health Community Survey, 2019.

The highest percent of English surveys received were from female population at 72.5 percent; and 52.8 percent of females completed the Spanish surveys (**Exhibit 48**).

Exhibit 49: Survey Respondents by Ethnicity, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
White	88.8%	2020	3.7%	4
Black or African American	20.1%	111	0.9%	1
Hispanic or Latino	8.9%	49	81.5%	88
Asian	3.3%	18	0.0%	0
Two or more races	10.5%	58	2.8%	3
Other (please specify)	3.4%	19	1.9%	2
Answered Question		2275		98
Skipped Question		89		10

Source: Valley Health Community Survey, 2019.

The White population was the largest group to respond to the English survey at 88.8 percent. There was an increase of Black or African American participants this year at 20.1 percent compared to 2016 at 2.4 percent (**Exhibit 49**).

Exhibit 50: Survey Respondents by Marital Status, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Co-habiting	3.9%	90	11.1%	12
Divorced	9.5%	216	5.6%	6
Married	61.7%	1408	21.3%	23
Not married/single	15.0%	343	24.1%	26
Widowed	9.8%	224	0.9%	1
Answered Question		2281		78
Skipped Question		83		40

Source: Valley Health Community Survey, 2019.

A majority of the surveys received were from married or co-habiting individuals for both the English and Spanish survey respondents (**Exhibit 50**).

Exhibit 51: Survey Respondents by Education Attainment, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
College degree or higher	52.2%	1234	9.3%	10
Did not complete high school(enter highest grade level completed below)	4.9%	115	47.2%	51
High school diploma or GED	18.8%	444	25.0%	27
Other	1.1%	26	0.0%	0
Some college	19.0%	449	1.9%	2
Answered Question		1760		90
Skipped Question		63		18

Source: Valley Health Community Survey, 2019.

Most of the English surveys received were from individuals who have earned a college degree or a high school diploma. Among the Spanish survey respondents, 47.2 percent had not completed high school and 25.0 percent had earned a high school diploma or GED (**Exhibit 51**).

Exhibit 52: Survey Respondents by Income, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Less than $15,000	8.6%	204	27.8%	30
$15,000 - $24,999	9.4%	223	24.1%	26
$25,000 - $34,999	7.1%	167	13.9%	15
$35,000 - $49,000	10.8%	255	11.1%	12
$50,000 - $74,999	19.7%	465	2.8%	3
$75,000 - $99,999	12.9%	305	1.9%	2
Over $100,000	23.0%	543	1.9%	2
Answered Question		**2162**		**90**
Skipped Question		**202**		**18**

Source: Valley Health Community Survey, 2019.

Individuals from all income levels were represented in the survey results. Although somewhat evenly distributed, the highest percentage of English survey respondents indicated income over $100,000 (23%), followed by those with income range $50,000 – $74,999 (19.7%). The highest number of respondents to the Spanish surveys indicated income levels of less than $15,000 (27.8%) a decrease from 2016 at 36.4 percent (**Exhibit 52**).

Exhibit 53: Survey Respondents by Employment Status, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Full time	49.6%	1172	40.7%	44
Part time (one job)	7.8%	184	13.0%	14
Part time (more than one job)	2.1%	49	1.9%	2
Retired	25.0%	592	0.9%	1
Student	2.6%	61	1.9%	2
Unemployed	3.8%	90	13.0%	14
Other (please specify)	4.9%	116	2.8%	3
Answered Question		**2264**		**80**
Skipped Question		**100**		**28**

Source: Valley Health Community Survey, 2016.

Of the English survey respondents, 49.6 percent reported that they had a full-time job. Over 40 percent of the Spanish survey respondents reported had a full-time job, and 13 percent stated they were unemployed (**Exhibit 53**).

Exhibit 54: Language Spoken in Home, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
English	94.7%	2238	1.9%	2
Spanish	1.1%	27	82.4%	89
Other (please specify)	1.6%	14	1.2%	2
Answered Question		2279		89
Skipped Question		85		17

Source: Valley Health Community Survey, 2019.

English and Spanish are most frequently spoken in the homes of the respective survey respondents (**Exhibit 54**).

Exhibit 55: Physical Activity - Children, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
1-2 Days a Week	6.1%	144	18.5%	20
3-4 Days a Week	12.6%	298	21.3%	23
5-6 Days a Week	13.2%	311	7.4%	8
Every Day (7 days a week)	10.4%	245	8.3%	9
Less than 1 day a week	9.9%	235	11.1%	12
Answered Question		1233		72
Skipped Question		1131		36

Source: Valley Health Community Survey, 2019.

Of the English survey respondents, 13.2 percent reported that their children had some form of physical activity five to six times of week, and over 20 percent of the Spanish survey respondents reported their children had some form of physical activity three to four times a week (**Exhibit 55**).

2. Access Issues

Exhibit 56: Locations Where Respondents Received Routine Healthcare

Response	Response Count	Spanish Survey Response Count
Traditional medical office (MD, APN, PA)	2147	37
Urgent care facility or store-based walk-in clinic	598	13
Free or low-cost clinic or health center	102	46
Local Health Department clinic	71	20
Provider of alternative medicine	122	5
Hospital emergency room	223	19
No routine medical care received	48	7
Other (please specify)	72	1

Source: Valley Health Community Survey, 2019.

Survey question 7 asked about access to care and where patients choose to go for routine care. A majority of the English survey respondents stated that they went to a traditional medical office for routine care; however, most of the Hispanic respondents reported that they went to a free or low-cost clinic or health center for care (**Exhibit 56**).

Exhibit 57A: Respondent Ability to Receive Needed Care, by Type of Care (English)

Response	Always	N/A	Never	Rarely	Sometimes	(blank)
Basic medical care	2001	7	13	42	267	
Dental care	1955	6	13	37	264	22
Mental health care	1866	6	13	38	260	11
Medical specialty care (cardiology, neurology, etc.)	1928	6	13	41	262	20
Medicine and medical supplies	1941	6	13	41	263	22
Pregnancy care	1855	6	13	40	257	17
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	1949	6	13	41	263	25

Source: Valley Health Community Survey, 2019.

Exhibit 57A suggests that most English survey respondents indicated that they "always" had the ability to access needed care. Basic medical, dental care, mental health, access to proper medicines, routine screenings, and pregnancy care were identified for HMH's community.

Exhibit 57B: Respondent Ability to Receive Needed Care, by Type of Care (Spanish)

Response	Always	Never	Rarely	Sometimes	(blank)
Basic medical care	30	6	9	47	**0**
Dental care	20	3	8	36	**22**
Mental health care	18	3	8	33	**11**
Medical specialty care (cardiology, neurology, etc.)	20	3	8	32	**20**
Medicine and medical supplies	19	3	8	30	**22**
Pregnancy care	18	3	6	32	**17**
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	30	6	9	47	**25**

Source: Valley Health Community Survey, 2019.

Exhibit 57B suggests that most Spanish survey respondents indicated that they "sometimes" had the ability to access needed care." Basic medical and pregnancy care were identified for HMH's community.

Exhibit 58A: Access Barriers to Receiving Needed Care, by Service Type (English)

Response	Can't afford it / too expensive	Can't get appointment	Inconvenient hours	Lack of medical providers	Lack of transportation	Language barrier	Other
Basic medical care	90	26	17	17	10	4	17
Dental care	81	17	15	13	8	3	15
Mental health care	80	19	16	15	8	3	14
Medical specialty care	79	18	16	15	7	3	13
Medicine and medical supplies	80	17	15	15	8	4	14
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	77	16	16	14	7	3	15

Source: Valley Health Community Survey, 2019.

Basic medical care, dental care, mental health care, and access to proper medicines were the most frequently identified barriers.

Exhibit 58A summarizes reasons why respondents have been unable to access these services. Cost and lack of insurance were the most frequently identified access barriers. [Respondents also identified they were unable to get appointments, hours were not convenient for basic medical care]. Among those choosing "other," most responses cited either cost or a lack of need for services as the reason they did not access care.

Exhibit 58B: Access Barriers to Receiving Needed Care, by Service Type (Spanish)

Response	Can't afford it / too expensive	Can't get appointment	Inconvenient hours	Lack of medical providers	Lack of transportation	Language barrier	Other
Basic medical care	23	1	2	1	3	1	5
Dental care	18	1	2	1	1	1	3
Mental health care	15	1	1	1	1	1	3
Medical specialty care	13	1	1		1		3
Medicine and medical supplies	14	1	1	1	1		2
Prenatal Care	10	1		1	1		1
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	14		2	1	1	1	1

Source: Valley Health Community Survey, 2019.

Exhibit 58B summarizes reasons why respondents have been unable to access these services. Cost of insurance was the most frequently identified access barrier for the Spanish survey respondents.

Exhibit 59: How do you pay for healthcare?

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Cash (no insurance)	6.0%	143	61.1%	66
Charity care	0.4%	9	1.9%	2
Medicaid	3.7%	87	7.4%	8
Medicare	18.3%	433	1.9%	2
Other (please specify)	4.0%	95	3.7%	4
Private health insurance (for example: Anthem, Blue Cross, HMO)	65.2%	1541	10.2%	11
Veterans' Administration	1.0%	24	0.9%	1
Answered Questions		**1773**		**94**
Skipped Questions		**50**		**14**

Source: Valley Health Community Survey, 2016.

Exhibit 59 shows that 65.2 percent of English survey respondents have private health insurance coverage and 18.3 percent have Medicare coverage. Those without health insurance were much more likely to use free or low-cost clinics and health centers or hospital emergency rooms for routine healthcare. The Spanish surveys indicated that 61.1 percent of that respondent population paid cash for their healthcare, that only 10.2 percent had private insurance.

3. Health Issues

Exhibit 60A English Survey Respondents

Question: Which of the following do you believe are the three most important factors for a healthy community? Check only 3.

Issue	Count	Percent Responded
Jobs and stable economy	1191	48.2%
Access to health care (e.g., family doctor)	1040	42.1%
Safe place to raise children	889	36.0%
Low crime/safe neighborhoods	700	28.3%
Healthy behaviors and lifestyles	572	23.1%
Excellent schools	569	23.0%
Affordable housing	541	21.9%
Strong family life	421	17.0%
Religious/spiritual values	405	16.4%
Clean environment	346	14.0%
Parks/recreation facilities	174	7.0%
Healthy race relations	158	6.4%
Low level of child abuse	110	4.4%
Low adult death/disease rates	81	3.3%
Arts and cultural events	61	2.5%
Low infant death rate	59	2.4%
Other (please specify)	52	2.1%

Source: Valley Health System, 2019

Over 40 percent of respondents indicated jobs, a stable economy, and access to care were among the most important factors for a healthy community. Affordable housing, excellent schools, healthy behaviors and lifestyles, low crime/safe neighborhoods, and safe place to raise children were identified by over 20 percent of respondents as among the most important factors (**Exhibit 60A**).

Exhibit 60B Spanish Survey Respondents

Question: Which of the following do you believe are the three most important factors for a healthy community? Check only 3.

Issue	Count	Percent Responded
Safe place to raise children	50	14.0%
Access to health care (e.g., family doctor)	44	12.3%
Jobs and stable economy	42	11.8%
Clean environment	35	9.8%
Low crime/safe neighborhoods	32	2.9%
Healthy behaviors and lifestyles	21	5.9%
Affordable housing	21	5.9%
Excellent schools	20	5.6%
Strong family life	20	5.6%
Healthy race relations	13	3.6%
Low level of child abuse	13	3.6%
Parks/recreation facilities	12	3.4%
Arts and cultural events	12	3.4%
Religious/spiritual values	11	3.1%
Low infant death rate	7	2.0%
Low adult death/disease rates	4	1.1%

Source: Valley Health System, 2019

Over 50 percent of respondents indicated that a safe place to raise children, access to care, jobs and a stable economy were among the most important factors for a healthy community. A clean environment, low crime/safe neighborhoods, healthy behaviors and lifestyles, and affordable housing were identified by over 30 percent of respondents as among the most important factors (**Exhibit 60B**).

Exhibit 61A English Survey Respondents

Question: Which of the following do you believe are the three most significant health problems in our community? (Those problems which have the greatest impact on overall community health)? Check only 3.

Issue	Count	Percent Responded
Being overweight	751	30.4%
Mental health (depression, bipolar)	741	30.0%
Low income/financial issues	683	27.6%
Cancer	437	17.7%
Access to healthy food	299	12.1%
Diabetes	296	12.0%
Affordable housing	289	11.7%
Heart disease	282	11.4%
Tobacco use/smoking	265	10.7%
Not enough exercise	260	10.5%
Poor dietary choices	248	10.0%
Homelessness	247	10.0%
High blood pressure	189	7.6%
Domestic violence	137	5.5%
Childhood obesity	122	4.9%
Alzheimer's or dementia	119	4.8%
Suicide	101	4.1%
Vaping/juuling	100	4.0%
Dental health	95	3.8%
Other (please specify)	94	3.8%
Respiratory/lung disease	65	2.6%
Teenage pregnancy	50	2.0%
Sexually transmitted diseases (STDs)	45	1.8%
Motor vehicle crash injuries	42	1.7%
Asthma	35	1.4%
Poor air quality	34	1.4%
Stroke	24	1.0%

Source: Valley Health System, 2019

Over 30 percent of respondents indicated being overweight, cancer, low income/financial issues, and mental health among the most significant health problems in the community. Access to healthy foods, diabetes, affordable housing, and heart disease were identified by over 11 percent of respondents as among the most significant health problems (**Exhibit 61A**).

Exhibit 61B Spanish Survey Respondents

Question: Which of the following do you believe are the three most significant health problems in our community? (Those problems which have the greatest impact on overall community health)? Check only 3.

Issue	Count	Percent Responded
Being overweight	40	12.5%
Diabetes	40	12.5%
Access to healthy food	24	7.5%
Cancer	22	6.9%
High blood pressure	15	4.7%
Childhood obesity	14	4.4%
Domestic Violence	14	4.4%
Not enough exercise	14	4.4%
Teen Pregnancy	14	4.4%
Dental health	13	4.0%
Substance Abuse	12	3.7%
Low income/financial issues	11	3.4%
Poor dietary choices	12	3.7%
Tobacco use/smoking	11	3.4%
Heart disease	9	2.8%
Respiratory/lung disease	9	2.8%
Affordable housing	8	2.5%
Asthma	6	1.9%
Homelessness	6	1.9%
Mental health (depression, bipolar, autism)	5	1.6%
Sexually transmitted diseases (STDs)	5	1.6%
Stroke	5	1.6%
Alzheimer's or dementia	3	0.9%
Poor air quality	3	0.9%
Vaping/juuling	3	0.9%
Motor vehicle crash injuries	2	0.6%
Suicide	1	0.3%

Source: Valley Health System, 2019

Over 40 percent of Spanish survey respondents indicated being overweight, having diabetes, access to healthy foods, and cancer were the most significant health problems in the community. High blood pressure, childhood obesity, domestic violence, not enough exercise, and teen pregnancy were identified by over 15 percent of respondents as among the most significant health problems (**Exhibit 61B**).

4. Health Behaviors

Exhibit 62A

Question: Which of the following do you believe are the three most frequent risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health). Check only 3.

Issue	Count	Percent Responded
Drug abuse	375	15.2%
Alcohol abuse	237	9.6%
Poor eating habits	162	6.6%
Tobacco use/smoking	129	5.2%
Racism or other form of bigotry	98	4.0%
Lack of exercise	89	3.6%
Unsafe sex	69	2.8%
Dropping out of school	69	2.8%
Not getting recommended vaccines	38	1.5%
Vaping/juuling	36	1.5%
Not using birth control	23	0.9%
Not using seat belts/child safety seats	17	0.7%
Other (please specify)	13	0.5%

Source: Valley Health System, 2019

Over 15 percent of respondents indicated being drug abuse was the most risky health behaviors in the community. When asked to identify the top risky health behaviors in the community, English survey respondents most often indicted alcohol abuse, poor eating habits, tobacco use and smoking, racism or other form of bigotry, lack of exercise, and unsafe sex were also identified by respondents (**Exhibit 62**).

Exhibit 62B

Question: Which of the following do you believe are the three most frequent risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health). Check only 3.

Issue	Count	Percent Responded
Alcohol abuse	66	21.0%
Drug abuse	56	17.8%
Tobacco use/smoking	46	14.6%
Racism or other form of bigotry	35	11.1%
Lack of exercise	27	8.6%
Not getting recommended vaccines	25	7.9%
Not using seat belts/child safety seats	20	6.3%
Dropping out of school	16	5.1%
Unsafe sex	12	3.8%
Not using birth control	8	2.5%
Vaping/juuling	4	1.3%

Source: Valley Health System, 2019

The top risky health behaviors in the Spanish community indicated by the survey respondents are drug abuse, alcohol abuse, tobacco use/smoking, racism or other form of bigotry, and lack of exercise. These are followed by not getting shots to prevent disease, not using seat belts/child safety seats, dropping out of school, and unsafe sex (**Exhibit 62B**).

Summary of Interview Findings, 2019

Valley Health and Our Health, Inc. conducted both face-to-face informant interviews and telephone interviews during the months of March and April 2019. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by War Memorial Hospital, including those with special knowledge of or expertise in public health.

Fifty-six individual and group interviews were conducted, including: persons with special knowledge of or expertise in public health; health and other public departments or agencies with data or information relevant to the health needs of the community; and leaders, representatives and members of medically underserved, low-income, and minority populations, and of populations with chronic disease needs; and representatives of the education and business communities. An annotated list of individuals providing community input is included the following section of this report.

Interviews were conducted using a structured questionnaire. Informants were asked to discuss community health issues and encouraged to think broadly about the social, behavioral and other determinants of health. Interviewees were asked about issues related to health status, health care access and services, chronic health conditions, populations with special needs, and health disparities.

The frequency with which specific issues were mentioned and interviewees' perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed. The following health status issues and contributing factors were reported to be of greatest concern. The items in each list are presented in order of stated importance, although the differences in some cases are relatively minor.

The following issues were identified by external informants as those of greatest concern to the community health in the War Memorial's community, and are presented in alphabetical order.

Health Status Issues

1. **Chronic Illness (i.e. Cholesterol, Diabetes, and Hypertension)**: Diabetes was the most frequently mentioned chronic disease in the interviews, and was often paired with discussion about obesity and overweight. This was true for all ages, but these health issues were noted to be rising among children and youth. Commenting on related contributing factors, interview participants mentioned nutrition and diet, low physical activity and exercise levels, and food insecurity and hunger. Access to healthy foods was mentioned as a barrier, including that some do not have money to purchase fresh produce. There was widespread recognition of the toll a chronic illness has on health, its impact on the health care system, and the importance of not only treatment but also behavioral change in addressing the chronic disease.

2. **Drug and substance abuse**: Substance abuse was the most frequently mentioned health status issue, and was portrayed as both growing and serious throughout the region. Heroin was mentioned most often; however, alcohol, marijuana, and methamphetamine use were also mentioned. Interviewees reported that women who use illicit drugs and compromise the health of babies is of significant importance.

3. **Hepatitis A Outbreak**: Hepatitis outbreak was mentioned as a concern in the community. Hepatitis means inflammation. When the liver is inflamed it cannot function properly. It is a common disease that is highly contagious and can make a person ill for months. Hepatitis A disease typically spreads when someone unknowingly ingests it through contaminated food, drinks, or undetectable fecal matter from another infected person.

4. **Mental and behavioral health**: Mental and behavioral health was the second most frequently- mentioned health issue in the community. Interviewees reported that the community's mental health needs have risen, while mental health service capacity has not. They described a wide range of mental health issues, including bullying among youth, depression among senior citizens, adult and family stress and coping difficulties, lack of affordable outpatient mental health professionals, and a lack of local inpatient treatment facilities. Interviewees also noted frequent dual diagnoses of mental health problems and substance abuse.

5. **Smoking and tobacco**: Smoking and tobacco use were frequently mentioned in the context of concerns about drug and substance abuse. Smoking was viewed as a significant, long-lasting health issue that has become notably worse since the launch of electronic cigarettes (e-cigarettes).

Factors Contributing to Health Status and Access to Care

In addition to discussing health status issues and health conditions in the community, interview participants addressed the factors or conditions they believe most contribute to poor health status. Responses were similar to the 2016 Community Health Needs Assessment reports. A rank-ordered list of the major contributing factors raised, some of them inter-related, is below:

1. **Access to health care (physicians/specialists)**: Interview participants cited a wide range of difficulties regarding access to care, including availability of providers (physicians/specialists), cost and affordability of care, significant transportation barriers for low-income and elderly populations, and language or cultural barriers for some members of the community. Some interviewees mentioned that there are community residents that do not seek medical care due to their immigration status in the country.

2. **Affordable Housing/Assisted Living**: Interview participants frequently mentioned the need for affordable housing and assisted home care for senior citizens. Some interview participants highlighted the particular health risks experienced by older residents in the community. Seniors have lower incomes, transportation barriers, advanced chronic diseases, and social isolation that can negatively affect health status.

3. **Financial insecurities and poverty**: It was frequently stated that issues related to income and financial resources limit access to care, contribute to poor diet and nutrition, and create stresses that negatively impact health.

4. **Homelessness:** Homelessness is a risk factor for poor health, and creates stresses and challenges to maintaining one's health and seeking or obtaining needed health care

5. **Lack of physical activity and exercise**: Among health behaviors that contribute to or inhibit good health, a lack of physical activity and exercise was mentioned as a concern for all age groups. Interview participants recognized that reasons for limited activity and strategies to increase activity differ across the life span.

6. **Poor nutrition and diet**: Among health behaviors, dietary habits and nutrition were mentioned most frequently as major factors in obesity, diabetes, heart disease and related conditions, and chronic diseases. Interview participants mentioned this is due to a lack of access to affordable healthy foods for lower income families.

Individuals Providing Community Input

The CHNA took into account input from many people who represent the broad interests of the community served by the hospital. This was done via interviews with over 200+ individuals and six "community response sessions" that included 20 participants. These 200+ stakeholders included public health experts; individuals from health or other departments and agencies; leaders or representatives of medically underserved, low-income, and minority populations; and other individuals representing the broad interests of the community (**Exhibits 63-66**).

1. Public Health Experts

Individuals interviewed with special knowledge of or expertise in public health, some of whom also participated in a community response session, include those in **Exhibit 64**:

Exhibit 63: Public Health Experts

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Chris Petsko	District Administrator	Lord Fairfax Health District	Expertise in the public health needs of Lord Fairfax Health district residents	Interview
Dr. Colin Greene	District Director	Lord Fairfax Health District	Expertise in the public health needs of Lord Fairfax Health district residents	Interview
Dr. Thomas Daugherty	Health Officer	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Interview
Leea Shirley	Public Health Nurse Supervisor	Virginia Department of Health Lord Fairfax Health District	Expertise in the public health needs of Lord Fairfax Health district residents	Interview
Stephanie Shoemacker	Local Health Administrator	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Interview

2. Health or Other Departments or Agencies

Several interviewees were from departments or agencies with current data or other information relevant to the health needs of the community (**Exhibit 64**). This list excludes the public health experts identified in **Exhibit 63**, who also meet this criterion.

Exhibit 64: Individuals from Health or Other Departments or Agencies

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Brandon Jennings	Executive Director	Sinclair Health Clinic	Special knowledge regarding health needs of the indigent populations in the community	Interview
Cheryl Reames	Executive Director/Manager	Greater Winchester Area Parkinson's Support Group	Expertise in Parkinson's Disease and community resident	Both
Cosby Potter-Davis	Executive Director	Good Samaritan Free Clinic	Special knowledge regarding health needs of the indigent populations in the community for Berkeley County	Interview
Debbie Dart	Executive Director/Manager	Choices, Council on Domestic Violence	Special knowledge regarding domestic violence	Interview
Dennis Morris	Board of Supervisor	Shenandoah County Board of Supervisors	Shenandoah County	Interview
Donald K. Price	Executive Director	Access Independence, Inc.	Special knowledge regarding patients with disabilities	Interview
Dr. Barbara Walter	VP, Medical Affairs	Page Memorial Hospital	Page County	Interview
Dr. Greg Byrd	VP, Medical Affairs	Shenandoah Memorial Hospital	Shenandoah County	Interview
Dr. Iyad Sabbagh	Senior VP, Chief Physician Executive, and President, Valley Physician Enterprise	Valley Health	Frederick County	Interview
Dr. James Wiedower	Physician	Valley Physician Enterprise	Special knowledge regarding Bariatrics	Interview
Dr. Jeff Feit	VP, Population Health, Valley Health, Chief Operating Officer, Valley Physician Enterprises	Valley Health	Population Health	Interview
Dr. Madhur Solanki	Associate Medical Information Officer	Winchester Medical Center	City of Winchester	Interview
Dr. Nicolas Restrepo	VP, Medical Affairs	Winchester Medical Center	City of Winchester	Interview
Dr. Robert Meltvedt	VP, Medical Affairs, Warren Memorial Hospital	Warren Memorial Hospital	Warren County	Interview
Gay Rice	Director	Worth Waiting 4	Special knowledge of teen pregnancy	Interview

Exhibit 64: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
John Nagley	Executive Director	AIDS Response Effort	Special knowledge regarding health needs of population in community with AIDS	Interview
Kim Shrum	Clinical Manager	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
Leslie Hardesty	SA Program Coordinator	TLC	Special knowledge regarding seniors needs in Shenandoah county	Interview
Lisa Herbaugh	Program Coordinator	The Laurel Center	Special knowledge regarding domestic violence	Interview
Maria Lorenson	Development Director	Hospice of the Panhandle	Special knowledge end-of-life care	Interview
Mary Presley	Physical Therapy	Warren Memorial Hospital	Warren County	Interview
Megan Gordon	Program Director	Page Alliance Community Action	Page County	Interview
Michaela Zaraszczak	Executive Assistant	Access Independence, Inc.	Special knowledge regarding patients with disabilities	Interview
Natalie Cline	Marketing and Events Assistant	Berkeley County Chamber	Berkeley County	Interview
Nicole Foster	President	Front Royal Chamber of Commerce	Warren County	Interview
Pam Murphy	Executive Director	Shenandoah County Free Clinic	Special knowledge regarding health needs of indigent population in community	Interview
Rachel Carlson	Director, Advanced Practice Clinician Services	Valley Physician Enterprise	Clinician Services	Interview
Robin Stevens	Services Coordinator	Choices, Council on Domestic Violence	Special knowledge regarding domestic violence	Interview
Sharon Baroncelli	Executive Director	Shenandoah Chamber of Commerce	Shenandoah County	Interview
Sharon Stanfield	Eligibility Worker Supervisor	Frederick County Dept. of Social Services	Expertise in the social services	Interview
Stephanie Grubb	Coordinator Psychiatrics	Valley Health Behavioral Health	Special knowledge regarding behavioral health needs in community	Interview
Susan Sanders	Office Manager	Berkeley County Chamber	Berkeley County	Interview
Tammy Gasper	VP, Shenandoah Memorial Hospital; Southern Region Medical Staff Services & Clinical Program Development	Shenandoah Memorial Hospital	Shenandoah County	Interview
Teresa Rhodes	Executive Director/Manager	AbbaCare, Inc.	Special knowledge regarding teen pregnancy	Interview

3. Community Leaders and Representatives

The following individuals were interviewed because they are leaders or representatives of medically underserved, low-income, and/or minority populations (**Exhibit 65**). This list excludes the public health experts identified in **Exhibit 63**.

Exhibit 65: Community Leaders and Representatives

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Abbey Remold	Manager, HR Business Partner	VHS Southern Region Warren Memorial Hospital	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Allen Sibert	TOVRC	Winchester City Sheriff's Office	Law Enforcement	Interview
Amanda Behan	Lieutenant	Winchester Police Department	Law Enforcement	Interview
April McClain-Clower	Director	Shenandoah Memorial Hospital	Special knowledge regarding health needs of the Shenandoah County populations in the community	Interview
Bartley Hoffman	Director, Surgical Services	Shenandoah Memorial Hospital	Shenandoah County	Response Session
Becky Whetzel	Medical Transport Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Benjamin Dolewski	Medical Practice Manager	Page Rural Health Center	Special knowledge regarding health needs of the indigent populations in the community	Both
Brandon Truman	Education and PI Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Brian Sewtle	Capt. Mental Health CBI	Winchester Police Department	Law Enforcement	Interview
Carolyn Knowles	Operations Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Cathy Weaver	Member, Community Advisory Committee	Community	Page County Community	Interview
Chaz Niang	Officer/CRT	Winchester Police Department	Law Enforcement	Interview
Chris Rucker	President, Valley Regional Enterprises; VP, Valley Health Ambulatory Services	Valley Health	Special knowledge regarding ambulatory health needs and transportation services	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Christa Shifflett	Executive Director	Warren County Coalition	Warren County	Response Session
Christopher S. Hale	Med/Surg. Clinical Manager	Page Memorial Hospital	Special knowledge regarding health needs of the Page County populations	Interview
Claire McDonald	Executive Director	The Independent School of Winchester	Special knowledge in education	Interview
Courtney Miller	Wellness Services	Valley Health	Special knowledge regarding nutrition and wellness	Both
Crystal Larson	Administrator	Lynn Care Center	Special knowledge regarding health needs of long-term care patients	Interview
DeAnna Cheatham	Director	Warren County Social Services	Warren County	Interview
Diane Kerns	Chair, Community Advisory Committee	Community	Winchester Community	Interview
Doug Stanley	County Administrator	Local Government-Warren County	Warren County	Interview
Dr. David T. Sovine	Superintendent	Frederick County Public Schools	Special knowledge in education	Interview
Dr. Jason Van Heukelum	Superintendent	Winchester City Schools	Special knowledge in education	Interview
Dr. Mark Johnston	Superintendent	Shenandoah County Public Schools	Special knowledge in education	Interview
Dr. Shannon Grimsley	Superintendent	Rappahannock County Public Schools	Special knowledge in education	Interview
Dr. Wendy Gonzalez	Superintendent	Page County Public Schools	Special knowledge in education	Interview
Erich May	Superintendent	Morgan County Public Schools	Special knowledge in education	Interview
Ethel Showman	Member, Community Advisory Committee	Community	Shenandoah County Community	Interview
Faith Power	Member, Community Advisory Committee	Community	Winchester Community	Interview
Floyd Heater	VP, Valley Health Southern Region, President, Warren Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Grady (Skip) Philips	President	Valley Health Winchester Medical Center	Special knowledge regarding health needs of indigent populations in the community	Interview
Jake Meza	VHS Director, UC/OH/QC	Valley Regional Enterprise/ VHS	Special knowledge regarding health needs of indigent populations in the community	Interview
Jane Bauknecht	Executive Director	Adult Care Center of NSV, Inc.	Special knowledge regarding adult day care needs	Interview
Janice Boserman	PI/Quality	War Memorial Hospital	Morgan County	Interview
Jessica Watson	Director CDRC & WRC	Winchester Medical Center Chronic Disease Resource Center	Special knowledge regarding health needs of indigent patients	Interview
Jill Williams	Program Supervisor	Healthy Families Northern Shenandoah Valley	Experience providing parenting support to at-risk families in the community	Both
JoAnne Winschel	Social Worker	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
John Piper	Chief of Police	Winchester Police Department	Law Enforcement	Interview
John Robben	Director	Valley Medical Transport	Special knowledge in patient transportation	Interview
John Van Wyck	Director of Student Services & Federal Programs	Page County Public Schools	Special knowledge in education	Interview
Julie Horak	Pharmacy Manager	War Memorial Hospital	Morgan County	Interview
Julie Larrick	Clinical Team Manager	Valley Health Home Health	Special knowledge regarding home health care	Interview
Julie Zigler	Executive Director	Division of Aging and Rehabilitative Services	Special knowledge regarding rehabilitative services	Interview
K.C. Bohrer	Sheriff	Morgan County Sheriff's Department	Law Enforcement	Interview
Kaili Flick	Operations Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Karen Poff	Executive Director	Virginia Tech Extension	Special knowledge in education	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Karen Schultz, PhD	Director & Professor, Center for Public Service and Scholarship	Shenandoah University	Special knowledge regarding health needs of the indigent populations in the community.	Response Session
Katy Pitcock	Co-Chair and Coordinator Community Prenatal and Language Access	Virginia Medical Interpreting Collaborative	Special knowledge of health needs of populations that have limited in English proficiency.	Community Health Survey
Keith Nixon	Officer/Drug Court	Winchester Police Department	Law Enforcement, Drug Court	Interview
Kelly Rice	Deputy Chief	Winchester Police Department	Law Enforcement	Interview
Kerry L. "Kahle" Magalis, II	Chief of Police	Front Royal	Law Enforcement	Interview
Kim Shrum	Clinical Manager	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
L. Gregory Drescher	Superintendent	Warren County Public Schools	Special knowledge in education	Interview
Lauren Cummings	Executive Director	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Linda Holtzapple	Executive Director	Shenandoah Area Agency on Aging	Special knowledge regarding senior populations	Interview
Lisa Hyde	Warrants Clerk	Winchester Police Department	Law Enforcement	Interview
Mark Lahman	Corporal Oldtown	Winchester Police Department	Law Enforcement	Interview
Mark Merrill	President and Chief Executive Officer	Valley Health	Special knowledge of health needs of populations	Both
Mike Ackerman	Sergeant/ CRT	Winchester Police Department	Law Enforcement	Interview
Misty Warren	Women's and Children's Coordinator	Valley Health	Expertise women's and children outreach	Interview
Nicky Fadley	Executive Director	Strength In Peers	Special knowledge of mental health needs in community	Interview
Patty Fields	Office Data Specialist	Hampshire Memorial Hospital	Hampshire County	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Philip Graybeal	Chief Financial Officer	Chief Financial Officer at Page Memorial Hospital	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Portia Brown	Director of Quality and Regulatory Affairs	Page Memorial Hospital	Special knowledge regarding health needs of the Page County populations	Interview
Rachel Payne	Clinical Team Manager	Valley Health Home Health	Special knowledge regarding home health care	Interview
Samantha Greenfield	Placement Counselor	Division of Aging and Rehabilitative Services	Special knowledge regarding rehabilitative services	Interview
Sara Kuykendall	Dietician	Valley Health Wellness Services	Special knowledge regarding nutrition	Interview
Scott Mallery	Executive Director	Aging & Family Services	Special knowledge regarding senior populations	Interview
Sharen Gromling	Executive Director	Our Health, Inc.	Special knowledge regarding health needs of the indigent populations in the community.	Both
Sharon Rigney	Director Women's & Children	Winchester Medical Center	Special knowledge regarding health needs of women and children in the community.	Interview
Sonia M. Conrad	LPN Office Intake Specialist	Valley Health Home Health	Special knowledge regarding home health care	Interview
Stacey Heavner	Executive Director	Senior Community Service Employment Program	Special knowledge regarding senior populations	Interview
Stephanie Fisher	Clinical Manager	Valley Health Home Health	Special knowledge regarding home health care	Interview
Tabitha Keyser	Case Management	Page Memorial Hospital	Special knowledge regarding health needs of Page County indigent populations	Interview
Taryn Logan	Planning Director	City of Warren	Warren County	Interview
Tom Kluge	President, Hampshire Memorial Hospital and War Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Thomas Noser	Imaging/Cardiopulmonary Manager	Page Memorial Hospital	Page County	Response Session
Tina Combs	President and Chief Executive Officer	Berkeley County Chamber	Berkeley County	Interview
Tracy Mitchell	Valley Health Director	Valley Health Wellness Services	Special knowledge regarding wellness services	Interview
Tracey Ramey	Education Department Coordinator	Warren Memorial Hospital	Special knowledge in education	Interview
Travis Clark	VP, Operations, Valley Health Southern Region	Valley Health	Special knowledge regarding health needs of Page, Shenandoah, and Warren County populations	Both
Trina Cox	Director	Hampshire Wellness	Special knowledge regarding wellness services	Interview
Victoria Johnson	Marketing Liaison	Valley Health Home Health	Special knowledge regarding home health care	Interview

4. Persons Representing the Broad Interests of the Community

Exhibit 66: Other Interviewees Representing the Broad Interests of the Community

Name	Title	Affiliation or Organization	Interview or Response Session
Alexis LaPorte	TOVRC	TWG Insurance-The Winchester Group Inc.	Interview
Andre Miller	VA Dept. of Veteran Services	United Way Housing Coalition	Interview
Anita Schill	Mayor's Office	City of Winchester	Response Session
Anne Norton	Volunteer	WMC Auxiliary	Interview
Aaron Grisdale	City of Winchester	United Way Housing Coalition	Interview
Avery Ramspeck	Volunteer	WMC Auxiliary	Interview
Beth Falu	TOVRC	Navy Federal Credit Union Contact Center	Interview
Bethany Searfoss	NSV Substance Abuse Coalition	United Way Housing Coalition	Interview
Beverly Pearce	Wyck, LLC	United Way Housing Coalition	Interview
Brandon Jennings	TOVRC	Sinclair Health Clinic	Interview
Breannan Lloy	TOVRC	Bank of Clarke County	Interview
Bonnie Paulsen	Volunteer	WMC Auxiliary	Interview
Carl Chapman	TOVRC	Welltown United Methodist Church	Interview
Carmen Richmond	TOVRC	Heart of the Home Design-Build	Interview
Carmen Silvious	The Kirland Image	Non-Profit Council of Shenandoah County	Interview
Cathy Philips	Education Chair	WMC Auxiliary	Interview
Charly Franks	Concern Hotline	United Way Housing Coalition	Interview
Cheryl Dellinger	NVD	Non-Profit Council of Shenandoah County	Interview
Chris Monroe	NWCSB	United Way Housing Coalition	Interview
Cindy Greenya	UWNSV	United Way	Interview
Coressa Hubbard	Workforce Virginia	Virginia	Response Session
Courtney Cox	TOVRC	United Bank	Interview
Cyndy Walsh	Shenandoah Education Foundation	Non-Profit Council of Shenandoah County	Interview
Danielle Cullers	Volunteers of America	United Way Housing Coalition	Interview
Danielle Tyler	Volunteer	WMC Auxiliary	Interview
David Smith	Mayor	Winchester City	Interview
Debbie Dart	Director	Choices, Page County	Response Session
Diane Lockhart	TOVRC	County of Frederick	Interview
Dick W. Meyer	Director	Emergency Management and Homeland Security	Interview
Doris Trant	Director	WMC Volunteer Services	Interview
Doug Norell	Valley Interfaith Council	United Way Housing Coalition	Interview
Ed Smith	TOVRC	Winchester Public Schools	Interview
Ericka Strosnyder	TOVRC	Lyle P. Strosnider, Inc.	Interview
Faith Carter	TOVRC	NW Works, Inc.	Interview
Frank Murphy	Community Representative	NAACP	Interview
Gay Rice	Director	Worth Waiting4	Both
Gwen Borders-Walker	Vice President	NAACP	Interview
Helen Ritchie	Volunteer	WMC Auxiliary	Interview
Heather Buonocore	Physical Therapist	FREE	Response Session

Exhibit 66: Other Interviewees Representing the Broad Interests of the Community (continued)

Name	Title	Affiliation or Organization	Interview or Response Session
Heather Kovaly	TOVRC	Thermo Fisher Scientific	Interview
Ingrid Thompson	Shenandoah Paco Industries	Non-Profit Council of Shenandoah County	Interview
Jean Martin	Humane Society of Shenandoah County	Non-Profit Council of Shenandoah County	Interview
Jean Westfall	Community Representative	United Way Housing Coalition	Interview
Jennie Morrow	TOVRC	Morgan Stanley-Wealth Management - Winchester	Interview
Jennifer Hall	Director of Community Engagement	Valley Assistance Network	Response Session
Jenny Castor	Volunteer	WMC Auxiliary	Interview
Joanne Altenburg	Volunteer	WMC Auxiliary	Interview
Joanne Dietz	Braddock Street UMC	United Way Housing Coalition	Interview
Jody Wall	TOVRC	Director of Program Development of TOVRC	Interview
Joe Litterio	First Bank	Non-Profit Council of Shenandoah County	Interview
John Copenhaver	Valley Interfaith Council	NAACP	Interview
Joseph Jablorish	Valley Assistance Network	United Way Housing Coalition	Interview
Judy Franz	Shenandoah County Search, Inc.	Non-Profit Council of Shenandoah County	Interview
Julian Berger	TOVRC	Loudon County Sheriff's Office	Interview
Kate Simpson	Community Representative	United Way Housing Coalition	Interview
Katherine Morrison	Community Foundation	Non-Profit Council of Shenandoah County	Interview
Keith Fleury	Housing and Real Estate Investments, LLC	United Way Housing Coalition	Interview
Kelli Dayrit	TOVRC	Lord Fairfax Community College	Interview
Kelli Williams	Lord Fairfax Community College	Non-Profit Council of Shenandoah County	Interview
Kelliann Harris	TOVRC	The Laurel Center	Interview
Kelly Bober	Childsafe Center	United Way Housing Coalition	Interview
Kim Herbstritt	NSV Community Foundation	United Way Housing Coalition	Both
Kevin Hay	TOVRC	Romney Presbyterian Church	Interview
Kimberly Wilt	Blue Ridge Habitat for Humanity	United Way Housing Coalition	Interview
La Tasha Do'zia-Early	Executive Director, Youth Development Center	NAACP	Interview
Latasha Thompson	Community Representative	Non-Profit Council of Shenandoah County	Interview
Linda Caley	Volunteer	WMC Auxiliary	Interview
Lindsey Douglas	Big Brothers Big Sisters	Non-Profit Council of Shenandoah County	Interview
Lois Hitchcock	Volunteer	WMC Auxiliary	Interview
Lynn McKee	Response	Non-Profit Council of Shenandoah County	Response Session
Mary Anton	TOVRC	Handley Regional Library	Interview
Marshall Henson	NW Works	United Way Housing Coalition	Interview
Mary Dale Jackson	Community Representative	NAACP	Interview
Matt Peterson	Blue Ridge Habitat for Humanity	United Way Housing Coalition	Response Session
Melissa Miller Piselli	Shenandoah County Pregnancy Center	Non-Profit Council of Shenandoah County	Interview
Michael Funk	Shenandoah County Foundation	Non-Profit Council of Shenandoah County	Interview

Exhibit 66: Other Interviewees Representing the Broad Interests of the Community (continued)

Name	Title	Affiliation or Organization	Interview or Response Session
Michael Starling	TOVRC	Randolph-Macon Academy	Interview
Michael Wade	TOVRC	Valley Health	Interview
Nadine Pottinga	UWNSV	United Way	Both
Niki Wilson	Director of Development, Valley Health Foundation	Non-Profit Council of Shenandoah County	Interview
Nikki Morelli	AbbaCare	Berkeley, WV, Clarke, Frederick, Warren, and the City of Winchester	Response Session
Oscar Cerrito Mendoza	A.R.E.	United Way Housing Coalition	Interview
Pamela Lam-Allen	TOVRC	Shenandoah Valley Discovery Museum	Interview
Pat Bowers	Volunteer	WMC Auxiliary	Interview
Patrick Barker	Frederick County EDA	United Way Housing Coalition	Interview
Patty Fadeley	Blue Ridge Hospice	Non-Profit Council of Shenandoah County	Interview
Pete Fravel	TOVRC	Habitat for Humanity	Interview
Rebekah Dehaven	Community Representative	NAACP	Interview
Rebekah Schennum	Shenandoah Valley Lutheran Ministries	Non-Profit Council of Shenandoah County	Interview
Richard Kennedy	TOVRC	Top of VA Regional Chamber	Interview
Robin Stevens	Services Coordinator	Choices, Page County	Response Session
Robert Hitchcock	Volunteer	WMC Auxiliary	Interview
Rodney Culbreath	Director, I'm Just Me Movement	NAACP	Interview
Rhonda VanDyke	TOVRC	Shenandoah University	Interview
Sarah Downs	Lord Fairfax Outreach	Non-Profit Council of Shenandoah County	Interview
Scott Terndrup	Coordinator	Shenandoah Area on Aging	Interview
Sherry Avery	Family Promise of Shenandoah County	Non-Profit Council of Shenandoah County	Interview
Sherry Ritenour	Thrivent Financial	Non-Profit Council of Shenandoah County	Interview
Shontya Washington	TOVRC	Frederick County Public Schools	Interview
Sue Dietz	Musterworks Chorus	Non-Profit Council of Shenandoah County	Interview
Tara Helsley	Community Representative	NAACP	Interview
Teri Merrill	Community Representative	NAACP	Interview
Thea Thomas	President	NAACP	Interview
Tim Youmans	Planning Director	Winchester City Planning Department	Interview
Traci Toth	Executive Director	Faith in Action	Interview
Tyson Gilpin	Community Representative	NAACP	Interview
Rev. Dave Cunsolo	Lead Pastor	Victory Church	Interview
Veronica Olko	Brian Injury Connections of Shenandoah Valley	Non-Profit Council of Shenandoah County	Interview
Vickie Davies	Executive Director	St. Luke Community Clinic	Interview
Vivian Walker	Community Representative	NAACP/ Non-Profit Council of Shenandoah County	Interview
Zanata Fenn	A.R.E.	United Way Housing Coalition	Interview

Appendix A – Community Interviews and Survey

5. Area Community Health Survey (English and Spanish)

✔ ValleyHealth
Healthier, together.

2019 Community Health Survey

Please take a few minutes to complete the survey below. The purpose of the survey is to get your opinions about community health needs in Valley Health System's service area. The survey results and other information will be used to identify the most pressing concerns that can be addressed through community action. If you have previously completed the 2019 Community Health Survey, please disregard this request.

Remember, your opinion is important! If you have any questions, please contact us at the address provided at the end of the survey. Thank you for sharing your opinions.

1. Which of the following do you believe are **the three most important factors** for a healthy community? (Those factors which most improve the quality of life in a community.) Please check only three:

   ○ Safe place to raise children
   ○ Jobs and stable economy
   ○ Clean environment
   ○ Affordable housing
   ○ Low crime/safe neighborhoods
   ○ Excellent schools

   ○ Healthy race relations
   ○ Parks/recreation facilities
   ○ Arts and cultural events
   ○ Religious/spiritual values
   ○ Strong family life
   ○ Access to health care (e.g., family doctor)

   ○ Low level of child abuse
   ○ Healthy behaviors and lifestyles
   ○ Low adult death/disease rates
   ○ Low infant death rate
   ○ Other: _____

2. Which of the following do you believe are **the three most significant health problems** in our community? (Those problems which have the greatest impact on overall community health) Please check only three:

   ○ Access to healthy food
   ○ Asthma
   ○ Alzheimer's or dementia
   ○ Affordable housing
   ○ Being overweight
   ○ Cancer
   ○ Childhood obesity
   ○ Dental health
   ○ Diabetes
   ○ Domestic violence

   ○ Heart disease
   ○ High blood pressure
   ○ Homelessness
   ○ Low income/financial issues
   ○ Mental health (depression, bipolar, autism)
   ○ Motor vehicle crash injuries
   ○ Not enough exercise
   ○ Poor air quality
   ○ Poor dietary choices

   ○ Respiratory/lung disease
   ○ Sexually transmitted diseases (STDs)
   ○ Stroke
   ○ Substance abuse
   ○ Suicide
   ○ Teenage pregnancy
   ○ Tobacco use/smoking
   ○ Vaping/juuling
   ○ Other: _____

3. Which of the following do you believe are **the three most frequent risky behaviors** in our community? (Those behaviors which have the greatest impact on overall community health) Please check only three:

   ○ Alcohol abuse
   ○ Dropping out of school
   ○ Drug abuse
   ○ Lack of exercise
   ○ Poor eating habits

   ○ Not getting recommended vaccines
   ○ Racism or other form of bigotry
   ○ Tobacco use/smoking
   ○ Vaping/juuling

   ○ Not using birth control
   ○ Unsafe sex
   ○ Not using seat belts/child safety seats
   ○ Other: _____

4. How would you rate our community as a healthy community?

   ○ Excellent   ○ Very Good   ○ Good   ○ Fair   ○ Poor

5. How would you rate your own personal health?

   ○ Excellent   ○ Very Good   ○ Good   ○ Fair   ○ Poor

6. When do you see a medical doctor or nurse?

   ○ Routinely for annual exam, check-up, and/or preventative care
   ○ When I and/or a family member is ill/injured/sick/not feeling well
   ○ Regular visits directed by a medical professional for the care of chronic disease (diabetes, high blood pressure, asthma, etc.)
   ○ Rarely
   ○ Never

7. Where or with whom do you and your family receive routine medical care? Please select all that apply.

   ○ Traditional medical office (MD, APN, PA)
   ○ Urgent care facility or store-based walk-in clinic
   ○ Free or low-cost clinic or health center
   ○ Local Health Department clinic

   ○ Provider of alternative medicine
   ○ Hospital emergency room
   ○ No routine medical care received
   ○ Other: _____

8. Are you and all of your family members able to get needed care?

	Always	Sometimes	Rarely	Never	N/A
Basic medical care	○	○	○	○	○
Dental care	○	○	○	○	○
Mental health care	○	○	○	○	○
Medical specialty care (cardiology, neurology, etc.)	○	○	○	○	○
Medicine and medical supplies	○	○	○	○	○
Pregnancy care	○	○	○	○	○
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	○	○	○	○	○

9. If you did not answer "Always" to any item in question 8, why? Please check all that apply.

	No Insurance	Can't get appointment	Can't afford it/ too expensive	Inconvenient hours	Lack of transportation	Lack of trust in medical providers	Language barrier	Other	N/A
Basic medical care	O	O	O	O	O	O	O	O	O
Dental care	O	O	O	O	O	O	O	O	O
Mental health care	O	O	O	O	O	O	O	O	O
Medical specialty care	O	O	O	O	O	O	O	O	O
Medicine and medical supplies	O	O	O	O	O	O	O	O	O
Pregnancy care	O	O	O	O	O	O	O	O	O
Routine screenings	O	O	O	O	O	O	O	O	O

If you answered "Other," please specify: _____

10. How do you pay for your health care? Please check all that apply.
- O Cash (no insurance)
- O Private health insurance (for example: Anthem Blue Cross, HMO)
- O Medicare
- O Medicaid
- O Veterans Administration
- O Charity care
- O Other: _____

11. How many days a week do you …

	0	1	2	3	4	5	6	7
Exercise for 30 or more minutes	O	O	O	O	O	O	O	O
Eat five or more servings of fruits and vegetables	O	O	O	O	O	O	O	O
Eat whole-grain breads, cereals or noodles	O	O	O	O	O	O	O	O
Drink more than two alcoholic drinks	O	O	O	O	O	O	O	O
Smoke one or more cigarettes	O	O	O	O	O	O	O	O
Vape or juul	O	O	O	O	O	O	O	O

General Demographic Questions: Your responses will be kept confidential and will not be shared.

12. City: _____ Zip Code: _____

13. Age:
- O 15-24
- O 25-34
- O 35-44
- O 45-54
- O 55-64
- O 65-74
- O 75+

14. Sex: O Female   O Male

15. Ethnic group you most identify with:
- O White
- O Black or African American
- O Hispanic or Latino
- O Asian
- O Two or more races
- O Other: _____

16. Marital Status
- O Married
- O Co-habiting
- O Not married/Single
- O Divorced
- O Widowed

17. Education
- O Did not complete high school
- O Highest grade level completed: _____
- O High school diploma or GED
- O Some college
- O College degree or higher
- O Other

18. Household income
- O Less than $15,000
- O $15,000 - $24,999
- O $25,000 - $34,999
- O $35,000 - $49,999
- O $50,000 - $74,999
- O $75,000 - $99,999
- O Over $100,000

19. Employment Status
- O Full time
- O Part time (one job)
- O Part time (2 or more jobs)
- O Student
- O Retired
- O Unemployed
- O Other: _____

20. What language do you usually speak at home?
- O English
- O Spanish
- O Other: _____

21. How many children under 18 live in your household? _____

22. How many times a week do your children engage in physical activity (sports, outdoor play, etc.)
- O Every day (7 days a week)
- O 5-6 days a week
- O 3-4 days a week
- O 1-2 days a week
- O Less than 1 day a week

23. Where/how did you receive this survey? Check one.
- O Church
- O Community meeting
- O Retail store/shopping mall
- O Mail
- O Newspaper
- O Personal contact
- O Social media (Facebook)
- O Workplace
- O Other: _____

Thank you for your responses. Please return completed surveys to the address below by February 28, 2019.
If you would like more information about this community project, please contact us at 540-536-2504.

Mary Zufall, Business Development Manager
Valley Health System
220 Campus Boulevard, Suite 402
Winchester, VA 22601

ValleyHealth
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2019 Encuesta de salud comunitaria

Tómese unos minutos para completar la encuesta a continuación. El propósito de la encuesta, es conocer sus opiniones sobre las necesidades de salud de la comunidad en el área de servicio de Valley Health System. Los resultados de la encuesta y otra información se utilizarán para identificar las inquietudes más inmediatas que se pueden abordar a través de la acción comunitaria. Si ya completó la encuesta de salud comunitaria de 2019, ignore esta solicitud.

Recuerde, su opinión es importante! Si tiene alguna pregunta, comuníquese con nosotros a la dirección que se proporciona al final de la encuesta. Gracias por compartir sus opiniones.

1. ¿Cuáles de los siguientes son los tres factores más importantes para una comunidad saludable?
   (Los factores que mejoran la calidad de vida en una comunidad). Marque solo tres:
   - Un lugar seguro para criar niños
   - Trabajos y una economía estable
   - Ambiente limpio
   - Vivienda asequible
   - Baja delincuencia / seguridad en los vecindarios
   - Excelentes escuelas
   - Relaciones raciales saludables
   - Parques e instalaciones recreativas
   - Eventos de arte y culturales
   - Valores religiosos Valores y espirituales
   - Lazos familiares fuertes
   - Acceso a asistencia médica (por ejemplo, médico de familia, clínica.)
   - Bajo nivel de maltrato infantil
   - Comportamientos y estilo de vida saludables
   - Tasa de mortalidad baja en adultos/ y enfermedades
   - Baja tasa de mortalidad infantil
   - Otros: _____

2. ¿Cuáles de los siguientes son los tres problemas de salud más importantes en nuestra comunidad?
   (Aquellos problemas que tienen el mayor impacto en la salud general de la comunidad.) Por favor marque solo tres:
   - Acceso a alimentos saludables
   - Asma
   - Alzheimer o demencia
   - Vivienda asequible
   - Exceso peso
   - Cancer
   - Obesidad infantil
   - Salud Dental
   - Diabetes
   - Violencia Domestica
   - Enfermedades cardiacas
   - Presion alta
   - Falta de vivienda
   - Ingresos bajos/problemas financieros
   - Salud mental (depresión, autismo, bipolaridad)
   - Accidentes automovilísticos
   - No suficiente ejercicio
   - Calidad deficiente del aire
   - Hábitos de alimentación poco saludables
   - Enfermedades respiratorias/Pulmones
   - Enfermedades de transmission sexual (ETS)
   - Derrame cerebral
   - Abuso de sustancias
   - Suicidio
   - Embarazos de Adolescentes
   - Tabaco/fumar
   - Usa cigarrillos electrónicos o juul
   - Otros:_____

3. ¿Cuáles de los siguientes son los tres comportamientos de riesgo más frecuentes en nuestra comunidad? (Aquellas conductas que tienen el mayor impacto en la salud general de la comunidad) Marque solo tres:
   - Abuso de alcohol
   - Abandono de la escuela
   - Drogadicción
   - Falta de ejercicio
   - Falta de vacunas para prevenir enfermedades
   - Racismo/otra forma de intolerancia
   - Uso de Tabaco/Fumar
   - Usar cigarillos electronicos o juul
   - No usar control de la natalidad
   - Sexo sin protección
   - No usar el cinturón de seguridad/asientos de seguridad para niños
   - Otros: _____

4. ¿Cómo calificaría a nuestra comunidad, como una comunidad saludable?
   - Excelente
   - Muy buena
   - Buena
   - Rasonable
   - Mala

5. ¿Cómo calificaría su propia salud personal?
   - Excelente
   - Muy buena
   - Buena
   - Rasonable
   - Mala

6. ¿Cuándo usted visita a un médico o enfermera?
   - Rutinariamente para exámenes anuales, chequeos y / o cuidados preventivos
   - Cuando alguien de mi familia o Yo, está enfermo, herido, o no se siente bien.
   - Visitas regulares dirigidas por un profesional médico para el cuidado de enfermedades crónicas (diabetes, presión arterial alta, asma, etc.)
   - Raramente
   - Nunca

7. ¿Dónde o con quién recibe atención médica de rutina usted y su familia? Por favor seleccione todas las respuestas válidas.
   - Oficina de un doctor
   - Centro de atención de urgencias o clínica sin citas.
   - Clínica o centro de salud gratuito o de bajo costo.
   - Departamento de salud local
   - Proveedor de medicina alternativa.
   - Sala de Emergencia del Hospital
   - No se recibe atención médica de rutina.
   - Otros:_____

8. ¿Usted y todos los miembros de su familia, pueden obtener la atención necesaria?

	Siempre	Aveces	Raramente	Nunca	N/D
Cuidado medico básico	O	O	O	O	O
Cuidado dental	O	O	O	O	O
Salud mental	O	O	O	O	O
Cuidado médico especial(cardiólogo, neurólogo, etc.)	O	O	O	O	O
Medicina y suplementos médicos	O	O	O	O	O
Cuidado prenatal	O	O	O	O	O
Exámenes de rutina (mamografías, pruebas de laboratorio, exámenes adecuados para la edad y el género)	O	O	O	O	O

9. Si no respondió "Siempre" a alguna de la pregunta 8, ¿por qué? Por favor marque todos los que apliquen.

	No seguro	No puede obtener una cita	Muy caro/no lo puedo pagar	Horas Inconvenientes	Flata de Transporte	Falta de confianza en los médicos.	Barrera de Lenguaje	Otros	N/D
Atención médica básica	O	O	O	O	O	O	O	O	O
Cuidado dental	O	O	O	O	O	O	O	O	O
Cuidado de la salud mental	O	O	O	O	O	O	O	O	O
Especialidad medica	O	O	O	O	O	O	O	O	O
Medicina y suministros médicos.	O	O	O	O	O	O	O	O	O
Cuidado prenatal	O	O	O	O	O	O	O	O	O
Exámenes de rutina	O	O	O	O	O	O	O	O	O

Si usted respondió otros, especifique: _____

10. ¿Cómo paga por su atención médica? Por favor marque todos los que apliquen.
- O Efectivo (sin seguro medico)
- O Seguro Médico privado (por ejemplo: Anthem Blue Cross, HMO)
- O Medicare
- O Medicaid
- O Administración de Veteranos
- O Cuidado caritativo
- O Otros:_____

11. Cuántos dias a la semana hace …

	0	1	2	3	4	5	6	7
Hacer ejercicio por 30 minutos o más	O	O	O	O	O	O	O	O
Comer cinco o más porciones de frutas y verduras	O	O	O	O	O	O	O	O
Comer pan integrals, cereales o fideos	O	O	O	O	O	O	O	O
Beber dos o más bebidas alcóholicas	O	O	O	O	O	O	O	O
Fuma uno o más cigarrillos	O	O	O	O	O	O	O	O
Usa cigarillos electrónicos o juul	O	O	O	O	O	O	O	O

Preguntas demográficas generales: Sus respuestas se mantendrán confidenciales y no se compartirán.

12. Ciudad/pueblo _____ Código postal:_____

13. Edad:
- O 15-24
- O 25-34
- O 35-44
- O 45-54
- O 55-64
- O 65-74
- O 75+

14. Sexo: O Femenino O Masculino

15. Grupo étnico con el que se identifica más:
- O Blanco
- O Negro o africano Americano
- O Hispano o Latino
- O Asiático
- O De dos o más razas
- O Otro

16. Estado civil:
- O Casado
- O Co-habiado
- O Viudo
- O Soltero/no casado
- O Divorciado

17. Educación:
- O No complete la secundaria
- O Nivel que termino: _____
- O Diploma de Bachillerato o GED
- O Some college
- O College degree or higher
- O Otro :_____

18. Ingreso Familiar
- O Menos de $15,000
- O $15,000 - $24,999
- O $25,000 - $34,999
- O $35,000 - $49,999
- O $50,000 - $74,999
- O $75,000 - $99,999
- O Más de $100,000

19. Estatus de Empleo:
- O Tiempo completo
- O Media jornada(Un trabajo)
- O Media jornada (más de un trabajo)
- O Jubilado
- O Estudiante
- O Desempleado
- O Otro:_____

20. ¿Qué idioma habla en casa?
- O Ingles   O Español   O Otro:_____

21. ¿Cuántos niños menores de 18 años viven en su vivienda? _____

22. ¿Cuántas veces por semana sus niños participan en actividades físicas (deportes, juegos a aire libre, etc.)?
- O Todos los días (7 días a la semana)
- O 5-6 días a la semana
- O 3-4 días a la semana
- O 1-2 días a la semana
- O Menos de 1 día a la semana

23. ¿Dónde o cómo recibió esta encuesta?
- O Iglesia
- O Junta Comunitaria
- O Tienda de comestibles o centro comercial
- O Correo
- O Periódico
- O Contacto Personal
- O Medios de comunicación social (Facebook)
- O Trabajo
- O Otro: _____

Gracias por sus respuestas. Por favor, devuelva las encuestas completadas a la dirección a continuación antes del 28 de Febrero 2019. Si desea obtener más información sobre este proyecto comunitario, comuníquese con nosotros al número de teléfono a continuación:

Mary Welch-Flores, Gerente de Desarrollo de Negocios
Valley Health System, 220 Campus Boulevard
Suite 402, Winchester, VA 22601
540-536-2504

6. Target Population Interview Questions

Valley Health System

Community Health Needs Assessment (CHNA)

Interview Questions

Interviewee Name: _____

Organization: _____

Title: _____

Date and Location Held: _____

Is Interviewee a Public Health Expert (Y/N)? _____

Interviewer will begin the interview with:
- brief background on Valley Health's CHNA process and how results will be used;
- individual responses will be aggregated and will be kept confidential;
- how interviewees will be identified in the report; and
- the interview is strictly voluntary, and by agreeing to proceed, interviewee is indicating consent.

Questions:
1. **Organizational Mission/Issues, Area and Population (if relevant).** If Interviewee is employed/affiliated with an organization: what is your organization's mission/what are its services; geographical area (town or county) or population group (uninsured, racial/ethnic minority, congregation) served? If yes, please elaborate.

2. In your opinion, what are the **biggest issues or concerns** facing the people served by your organization (or populations about which you have particular knowledge)? The biggest issues or concerns in your community?
   (If necessary: What are the **biggest health-related issues or concerns**?)

3. Over the past couple years, have these issues been **improving, staying the same or getting worse**? Why? How do you know? Please provide an example.

4. **Where** and for what **population groups** in the community are each of these issues most pronounced? (City/Town, County, road corridor, hospital service area, …)

5. Please discuss the kinds of issues that people served by your organization (or population groups about which you have particular knowledge) encounter when attempting to **access health or social services** for themselves and/or their families.
   - **Where** (in what locations/areas) are these problems most pronounced?
   - For **what population groups** are these problems most pronounced (low-income, minorities, uninsured, and people with chronic disease)?

6. Do residents leave the local community to **access** certain services? If so, which residents and for what? What services are not readily accessible locally? Why do residents need to travel for care? Where do they go for care?

7. Please discuss the principal **factors that are contributing to (driving) poor health status** among people served by your organization (or population groups about which you have particular knowledge).
   - **Where** (in what locations/areas) are these problems most pronounced?
   - For **what population groups** are these problems most pronounced (low-income, minorities, uninsured, and people with chronic disease)?

8. What organizations (including coalitions and informal groups) are working to address these health care access and health status problems? What community assets could play a role in addressing these needs?

9. What specific initiative(s) would you recommend be implemented to address the most pressing access or health status problems in the community (or for population groups about which you have particular knowledge)?

Appendix B – Actions Taken Since 2016 CHNA

This appendix discusses community health improvement actions taken by Valley Health - Winchester Medical Center since its last CHNA reports were published, and based on the subsequently developed Implementation Strategies. The information is included in the 2019 CHNA reports to respond to final IRC 501(r) regulations, published by the IRS in December 2014.

Priority Strategic Initiatives

1. Access to Primary and Preventative Care
   a. Provided financial assistance through both free and discounted health care services, consistent with Valley Health's financial assistance policy. This policy is intended in part to reduce financial considerations as a barrier to primary and preventative care, thereby managing health in the most cost effective manner.
   b. Assisted patients in determining eligibility for federal, state, or local entitlement programs and in enrolling in the appropriate programs, including actual completion of necessary paperwork on-line.
   c. Provided information on the locations of and the eligibility requirements for follow-up health services to vulnerable populations receiving health screenings via the mobile Health Coach. The Mobile Health Coach is a medium to provide screenings and follow- up referral to the community free of charge. Examples of screenings include blood pressure checks and cholesterol screenings.
   d. Subsidized efforts to recruit additional healthcare providers (Internal Medicine and Family Practice) in identified health professional shortage areas (HPSAs).
   e. Enhanced cardiology services by expanding physician capabilities to four days per month. Enhance cardiology services at the hospital to include cardiac nuclear medicine and cardiac rehabilitation.
   f. Provided financial and in-kind support of training programs for physical therapy, occupational therapy, physician assistant, nurse practitioner nursing, and certified nursing assistants to attract and retain healthcare professionals in these key disciplines.

2. Physical Activity, Nutrition, and Obesity-related Chronic Diseases
   a. Provided free cholesterol screenings at community events throughout the year.
   b. Hampshire Wellness & Fitness center provided the Next Steps medically integrated fitness program for individuals with chronic disease with an accompanying referral from their physician.
   c. Hosted the Hampshire County Diabetes Coalition monthly support groups at the Hampshire Wellness Center and provided blood test screenings for community residents at Hampshire Memorial Hospital through part-time diabetes educators.
   d. Hosted a two-day summer camp for children with diabetes to provide education on proper nutrition, exercise, and medication use. Sponsored by Hampshire Memorial Hospital in collaboration with the Hampshire County Diabetes Coalition. The hospital supports the camp by providing two dietitians. A nurse from the diabetes management program at HMH will attend the camp, as well
   e. Participated in community events such as the Hampshire County Fair, providing education and screenings to promote awareness and detection of cardiovascular disease. Valley Health's Heart Attack Risk Program will be offered at multiple locations throughout the service area during the year.
   f. Host community mammogram screenings, such as "Monday Night Mammograms, along with other Valley Health hospitals at a discounted rate to promote screenings for low income and underinsured women.

3. Financial Hardship and Basic Needs Insecurity
    a. Provide healthy snacks and meals to assist local schools with the Weekend Backpack Program, which sends food home on weekends with elementary-aged children who receive Title 1 funding. Backpacks usually include snacks as well as full meals for the family.
    b. Provide support to area United Way programs addressing financial insecurity through their partnerships with local non-profit organizations.
4. Substance Abuse and Tobacco Smoking
    a. Implemented scholarships at Hampshire Wellness & Fitness for patients with substance abuse diagnoses and accompanying referrals from their physician recommending exercise, based on a program currently in place at Winchester Medical Center.
    b. Provided education to each patient upon discharge through the Tobacco Cessation Program.
    c. Participated in the Great American Smoke Out and promote the event within the community to encourage smokers to use the date to make a plan to quit. By quitting, even for one day, smokers will be taking an important step towards a healthier life reducing cancer risks.

SOURCES

Arnold & Porter, 2018. "*Affordable Care Act "Repeal and Replace*". Retrieved 2019, from
https://www.arnoldporter.com/en/perspectives/publications/2018/01/5-health-care-policy-issues-to-follow-in-2018.

Becker's Hospital Review, 2018. "*Michael Dowling: 4 most important healthcare trends in 2018*. Retrieved 2019, from https://www.beckershospitalreview.com/hospital-management-administration/michael-dowling-4-most-important-healthcare-trends-in-2018.html.

Centers for Disease Control, 2016. "*Sexually Transmitted Disease Surveillance 2014*". Retrieved 2016, from
https://www.cdc.gov/std/stats17/default.htm.

Commentary: Focus on People, Not Pre-Existing Conditions
https://www.usnews.com/news/healthcare-of-tomorrow/articles/2019-06-12/commentary-focus-on-people-not-pre-existing-conditions.

Dignity Health. (n.d.), 2018. "*Community Needs Index*". Retrieved 2019, from http://cni.chw-interactive.org/.

Economic Research Service (ERS), U.S. Department of Agriculture (USDA). (2017). *Food Access Research Atlas*. Retrieved 2019, from http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx.

ElationHealth, 2018. "*Health policy trends for 2018*". Retrieved 2019, from
https://www.elationhealth.com/healthcare-innovation-policy-news-blog/trends-2018/.

ESRI Community Profiles for all PSA and SSA Counties. 2018. Demographic Data: *2018 Population by Age & Sex*.

ESRI Community Profiles for all PSA and SSA Counties. 2018. Demographic Data: *2018 Uninsured Rates*.

Federal Bureau of Investigation. (2016). *Uniform Crime Reports: Violent and Property Crime Offenses*. Retrieved 2019, from https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/tables/table-8/table-8-state-cuts/virginia.xls.

Health Insurance & Health Reform Authority, 2018. "*Virginia and the ACA's Medicaid expansion*". Retrieved 2019, from https://www.healthinsurance.org/virginia-medicaid/.

Health Insurance.org, November 2, 2018. "*Virginia and the ACA's Medicaid Expansion*." Retrieved 2019, from: https://www.healthinsurance.org/virginia-medicaid/

Internal Revenue Service. (2018). Instructions for Schedule H (Form 990).

Knowledgte@Wharton, 2018. "Beyond Obamacare: What's Ahead for U.S. Health Care in
2018". Retrieved 2019, from https://knowledge.wharton.upenn.edu/article/the-future-of-the-aca/.

Commentary: Focus on People, Not Pre-Existing Conditions
https://www.usnews.com/news/healthcare-of-tomorrow/articles/2019-06-12/commentary-focus-on-people-not-pre-existing-conditions.

National Pride Survey Data (2017-2018). "Grades 6-12 Pride Surveys National Summary".
Retrieved July 23, 2019, from
http://www.pridesurveys.com/index.php/reports-on-student-behavior-perceptions-2/

Office of School Nutrition Programs, Virginia Department of Education. (2018-2019). *National School Lunch Program (NSLP) Free and Reduced Price Eligibility Report.* Retrieved 2016, from
http://www.doe.virginia.gov/support/nutrition/statistics/

Page Alliance for Community Action. (2017-2018). Page County Student Pride Survey Results. Retrieved 2019.

The Winchester Star, (September 5, 2017). "*Lord Fairfax Health District leads state in Lyme disease rates*",
https://www.winchesterstar.com/news/clarke/lord-fairfax-health-district-leads-state-in-lyme-disease-rates/article_d3a33cec-d798-5aa5-b61b-b9f4d3f7e97c.html

United Way of Northern Shenandoah Valley (2014-2017). "Community Needs Assessment".
Retrieved 2019, from
http://www.unitedwaynsv.org/sites/unitedwayshenandoah.oneeach.org/files/pictures/Community%20Needs%20Update%202014-2017.pdf.

United Way of Northern Shenandoah Valley (2015). "ALICE Asset Limited, Income Constrained, Employed". Retrieved 2019, from https://www.unitedwaynsv.org.

U.S. Census Bureau. (2017). Demographic Data: *Community Facts, Table: Selected Economic Characteristics 2013-2017 American Community Survey 5 Year Estimates.* Retrieved 2019, from
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table.

U.S. Census Bureau. (2017). Demographic Data: *Poverty Level-By County and Ethnicity/Race.* Retrieved 2019, from
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1701&prodType=table.

U.S. Census Bureau. (2017). Demographic Data: *Unemployment Rates.* Retrieved 2019, from
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table.

U.S. Centers for Disease Control and Prevention. (2016). *Behavioral Risk Factor Surveillance System.*
Retrieved 2013, from http://www.cdc.gov/brfss/

U.S. Center for Disease Control and Prevention's National Program of Cancer Registries Cancer Surveillance System. (2016). State Cancer Profiles: Incidence Rates Report Retrieved 2019, from
http://statecancerprofiles.cancer.gov/incidencerates/index.php.

USDA Report to Congress. (June 2019). Access to Affordable and Nutritious Food. Measuring and Understanding Food Desserts and their Consequences. Retrieved 2019, from https://www.ers.usda.gov/webdocs/publications/42711/12698_ap036fm_1_.pdf?v=41055

U.S. Health Resources and Services Administration. (2016). *Shortage Areas.* Retrieved 2016, from https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx.

University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. (2019). *County Health Rankings: Mobilizing Action Toward Community Health*. Retrieved 2019, from http://www.countyhealthrankings.org/

Valley Health System. (2018). Emergency Department Data.

Valley Health System. (2018). Inpatient Discharge Data.

Virginia Department of Health (2016). Reportable Disease Surveillance Data. Retrieved 2019, from http://www.vdh.virginia.gov/Epidemiology/Surveillance/SurveillanceData/AnnualReports/index.htm

Virginia Department of Health. (2017). *2017 Communicable Disease Report*. Retrieved 2019, from http://www.vdh.virginia.gov/content/uploads/sites/89/2018/07/LFHD-2017-Annual-CD-Report.pdf.

West Virginia Department of Health and Human Resources, Office of Epidemiology and Prevention Services. (2017). STD Surveillance Data. Retreived 2019, from https://oeps.wv.gov/std/pages/std_data.aspx.

West Virginia Life Expectancy. (2019). West Virginia Causes of Death by Age and Gender. Retrieved 2019, from https://www.worldlifeexpectancy.com/west-virginia-cause-of-death-by-age-and-gender.

Winchester Department of Social Services. (2017). Winchester Department of Social Services FY 2013 Annual Report. Retrieved 7/25/2019, from https://www.winchesterva.gov/sites/default/files/documents/pio/2017-annual-report-web.pdf.