

Grafton City Hospital

Community Health Needs Assessment 2016



Grafton City Hospital

ABOUT US

Grafton City Hospital (Hospital) is a governmental not-for-profit organization that was created and is owned by the City of Grafton, West Virginia. First opening its doors to the public over 100 years ago, Grafton is a critical access hospital in Taylor County, is committed to providing patient friendly, quality health care to its communities. The Hospital provides a continuum of care that includes acute and long term care services in addition to ancillary services. These services include rural health clinic, cardio-pulmonary therapy, diagnostic imaging, laboratory services, physical therapy and fitness center. The Hospital is essential to the community and continues to explore ways to be effective and efficient in providing necessary healthcare services.

Mission

Our goal is to provide excellent care and hospitality to the residents and guests of Taylor County and the surrounding communities.

Values

- Compassionate Care
- Excellent Care and Hospitality
- Patient-Centered Environment
- Commitment to Staff
- Accountability

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INTRODUCTION

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

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

The study considered services offered by healthcare providers in the area, population trends, socio-economic demographics and the region's overall sufficiency of healthcare providers in the community. Data was obtained from numerous health organizations as well as interviews with community leaders and hospital staff. This information was used to determine the Community's future health needs. The study also reviewed the prior implementation plan to assess the progress and community feedback related to the Hospital's plan.

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

needs. Furthermore, and as mandated by IRS section 501(r)(3)(B)(ii), the assessment, as well as the Hospital's strategy to meet the Community's health needs, will be made widely available to the public on the Hospital's website.

The significant components of the CHNA include:

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

Research Process

- Statistical data profile of Taylor County, West Virginia and surrounding areas
- Online survey
- Key Informant interviews with community stakeholders

Key Areas of Opportunity

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

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

The data collection process utilized the following sources:

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

Quantitative Data:

- Statistical Data Profile was compiled to depict the population, household, economic, education, income, vital, and other healthcare statistics.
- An anonymous survey was conducted online. The survey collected demographic information and health related information to assess the health status, health care access, and other needs of the community.

Qualitative Data:

- Interviews were conducted with key community leaders between April and May 2016. Participants represented a variety of sectors including public health and medical providers, children and youth services, community resources, and a religious organization.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

HOSPITAL & COMMUNITY PROFILE

Hospital Profile

Grafton City Hospital is committed to providing patient friendly, quality health care to its communities. The governmental, not-for-profit critical access hospital was created and is owned by the City of Grafton, West Virginia. First opening its doors to the public over 100 years ago, the Hospital provides a continuum of care that includes the following services:

- ◇ Acute Care
- ◇ Behavioral Medicine
- ◇ Cardio-pulmonary Therapy
- ◇ Computed Tomography (CT)
- ◇ Diagnostic Imaging
- ◇ Emergency Department
- ◇ Internal Medicine
- ◇ Laboratory Services
- ◇ Long-term care
- ◇ Mammography
- ◇ Physical Therapy and Fitness Center
- ◇ Rural Health Clinic
- ◇ Sleep Lab
- ◇ Surgery
- ◇ Ultrasound

Community Profile

The Hospital and surrounding communities are located in north-central West Virginia, approximately three and one-half hours east of Columbus, Ohio, two hours south of Pittsburgh, Pennsylvania, and two hours north of Charleston, West Virginia. The Hospital and surrounding communities are accessible by secondary roads.



SERVICE AREA, POPULATION, AND VITAL STATISTICS

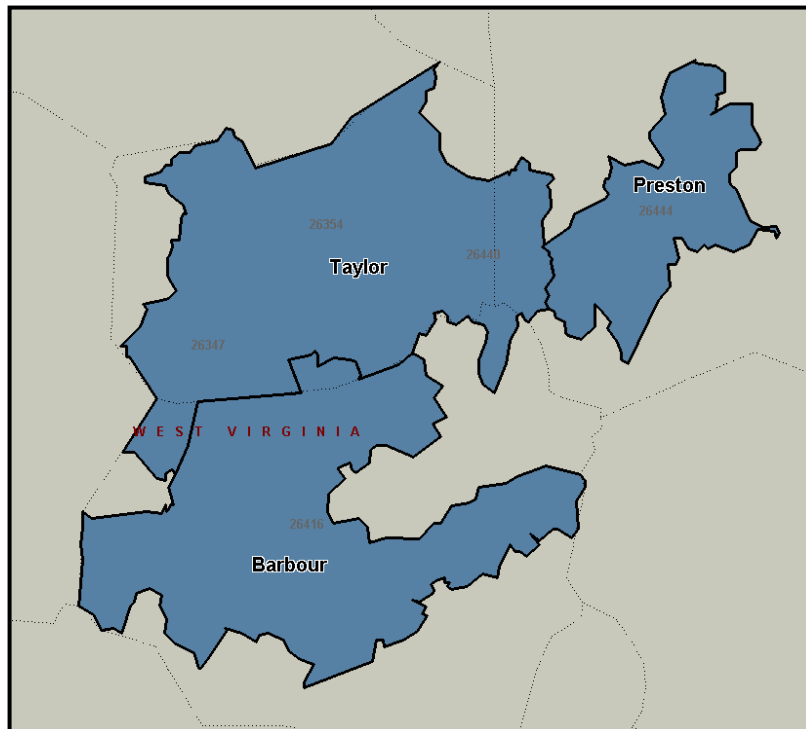
SERVICE AREA

Grafton City Hospital defined their service area based upon the geographical area in which a majority of their patients reside. As shown in Exhibit 1, 80% of the Hospital's patients reside in Taylor County, the Hospital's location. For purposes of the needs assessment, the Hospital's primary service area included Taylor, Barbour and Preston County in West Virginia.

Exhibit 1
Grafton City Hospital Service Area
Summary of IP and OP volume by zip code and county
(descending order)
3/1/2015 - 2/29/2016

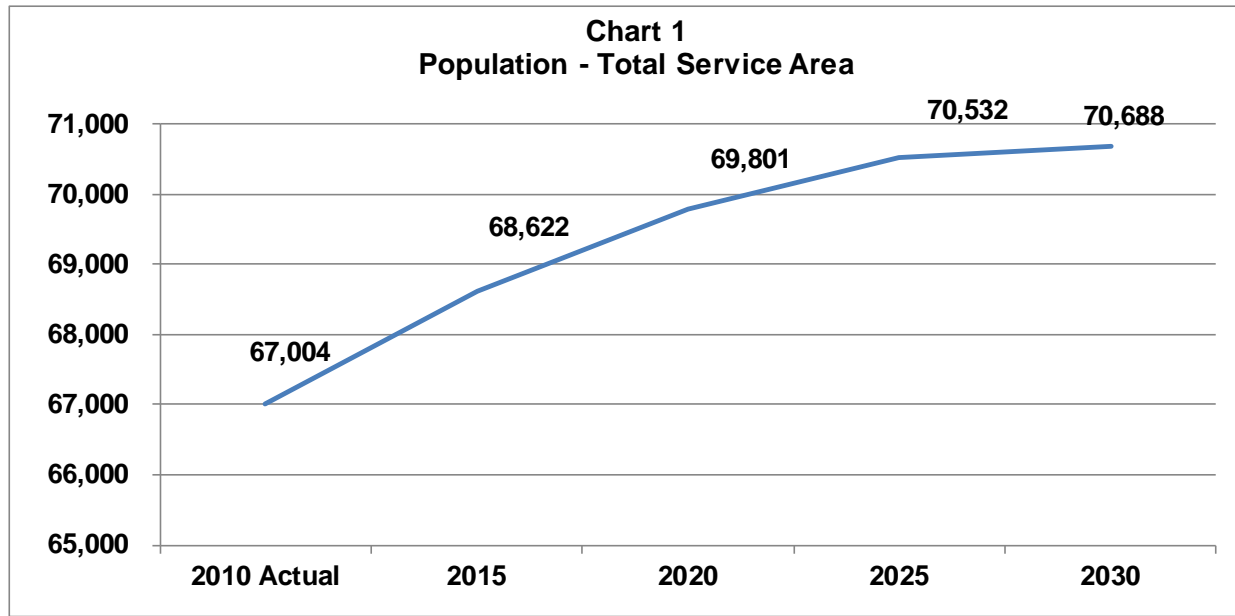
| Zip Code | State | County | Volume | % Total | Cumulative Percent |
|-----------|-------|---------|---------------|---------|--------------------|
| 26354 | WV | TAYLOR | 23,249 | 68% | 68% |
| 26347 | WV | TAYLOR | 2,072 | 6% | 74% |
| 26440 | WV | TAYLOR | 1,899 | 6% | 80% |
| 26416 | WV | BARBOUR | 660 | 2% | 82% |
| 26444 | WV | PRESTON | 600 | 2% | 84% |
| All Other | | | 5,603 | 16% | 100% |
| | | | 34,083 | | |

The following map identifies the geographic location of the service area zip codes and counties.



POPULATION

As shown in Chart 1, the population of the total service area is projected to steadily increase through 2025 with only a slight increase to 2030.



Source: 2014 WV Population Projection, Bureau of Business and Economic Research

Table 1 includes the population detail by service area county. As shown below, Preston County has the highest population in the service area.

Table 1: Population Projections

| County | 2010 Actual | 2015 | 2020 | 2025 | 2030 |
|--------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Taylor | 16,895 | 16,951 | 16,900 | 16,740 | 16,494 |
| Preston | 33,520 | 35,054 | 36,335 | 37,379 | 38,065 |
| Barbour | 16,589 | 16,617 | 16,566 | 16,413 | 16,129 |
| Total Service Area Population | 67,004 | 68,622 | 69,801 | 70,532 | 70,688 |

Source: 2014 WV Population Projection, Bureau of Business and Economic Research

DEMOGRAPHIC PROFILE

Exhibit 2 presents quick facts data for the service area, state of West Virginia and the United States.

| Exhibit 2 | | | |
|--|--------------|---------------|---------------|
| Quick Facts | Service Area | West Virginia | United States |
| Age | | | |
| Persons under 5 years, percent, July 1, 2014, (V2014) | 5.2 | 5.5 | 6.2 |
| Persons under 18 years, percent, July 1, 2014, (V2014) | 20.2 | 20.5 | 23.1 |
| Persons 65 years and over, percent, July 1, 2014, (V2014) | 17.8 | 17.8 | 14.5 |
| Race and Hispanic Origin | | | |
| White alone, percent July 1, 2014, (V2014) (a) | 97.1 | 93.7 | 77.4 |
| Black or African American alone, percent, July 1, 2014, (V2014) (a) | 1.1 | 3.6 | 13.2 |
| American Indian and Alaska Native alone, percent, July 1, 2014, (V2014) (a) | 0.3 | 0.2 | 1.2 |
| Asian alone, percent, July 1, 2014, (V2014) (a) | 0.3 | 0.8 | 5.4 |
| Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2014, (V2014) (a) | 0.0 | 0.0 | 0.2 |
| Two or More Races, percent, July 1, 2014, (V2014) | 1.2 | 1.6 | 2.5 |
| Hispanic or Latino, percent, July 1, 2014, (V2014) (b) | 0.9 | 1.5 | 17.4 |
| White alone, not Hispanic or Latino, percent, July 1, 2014, (V2014) | 96.3 | 92.5 | 62.1 |
| Housing | | | |
| Median value of owner-occupied housing units, 2010-2014 | 94,100 | 100,200 | 175,700 |
| Median selected monthly owner costs -with a mortgage, 2010-2014 | 912 | 971 | 1522 |
| Median selected monthly owner costs -without a mortgage, 2010-2014 | 298 | 292 | 457 |
| Median gross rent, 2010-2014 | 547 | 630 | 920 |
| Families and Living Arrangements | | | |
| Households, 2010-2014 | 25,590 | 742,359 | 116,211,092 |
| Persons per household, 2010-2014 | 2.52 | 2.43 | 2.63 |
| Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014 | 88.6 | 88.3 | 85.0 |
| Language other than English spoken at home, percent of persons age 5 years+, 2010-2014 | 1.6 | 2.4 | 20.9 |
| Education | | | |
| High school graduate or higher, percent of persons age 25 years+, 2010-2014 | 82.2 | 84.4 | 86.3 |
| Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014 | 13.7 | 18.7 | 29.3 |
| Health | | | |
| With a disability, under age 65 years, percent, 2010-2014 | 14.6 | 14.4 | 8.5 |
| Persons without health insurance, under age 65 years, percent | 11.0 | 10.4 | 12.0 |
| Economy | | | |
| Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c) | 159,024 | 12,259,395 | 2,040,441,203 |
| Total retail sales, 2012 (\$1,000) (c) | 435,020 | 22,637,923 | 4,219,821,871 |
| Total retail sales per capita, 2012 (c) | 18,891 | 12,201 | 13,443 |
| Transportation | | | |
| Mean travel time to work (minutes), workers age 16 years+, 2010-2014 | 30.0 | 25.6 | 25.7 |
| Income and Poverty | | | |
| Median household income (in 2014 dollars), 2010-2014 | 40,697 | 41,576 | 53,482 |
| Per capita income in past 12 months (in 2014 dollars), 2010-2014 | 20,137 | 23,237 | 28,555 |
| Persons in poverty, percent | 18.6 | 18.3 | 14.8 |

This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates
The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.
(a) Includes persons reporting only one race
(b) Hispanics may be of any race, so also are included in applicable race categories
(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data
D: Suppressed to avoid disclosure of confidential information

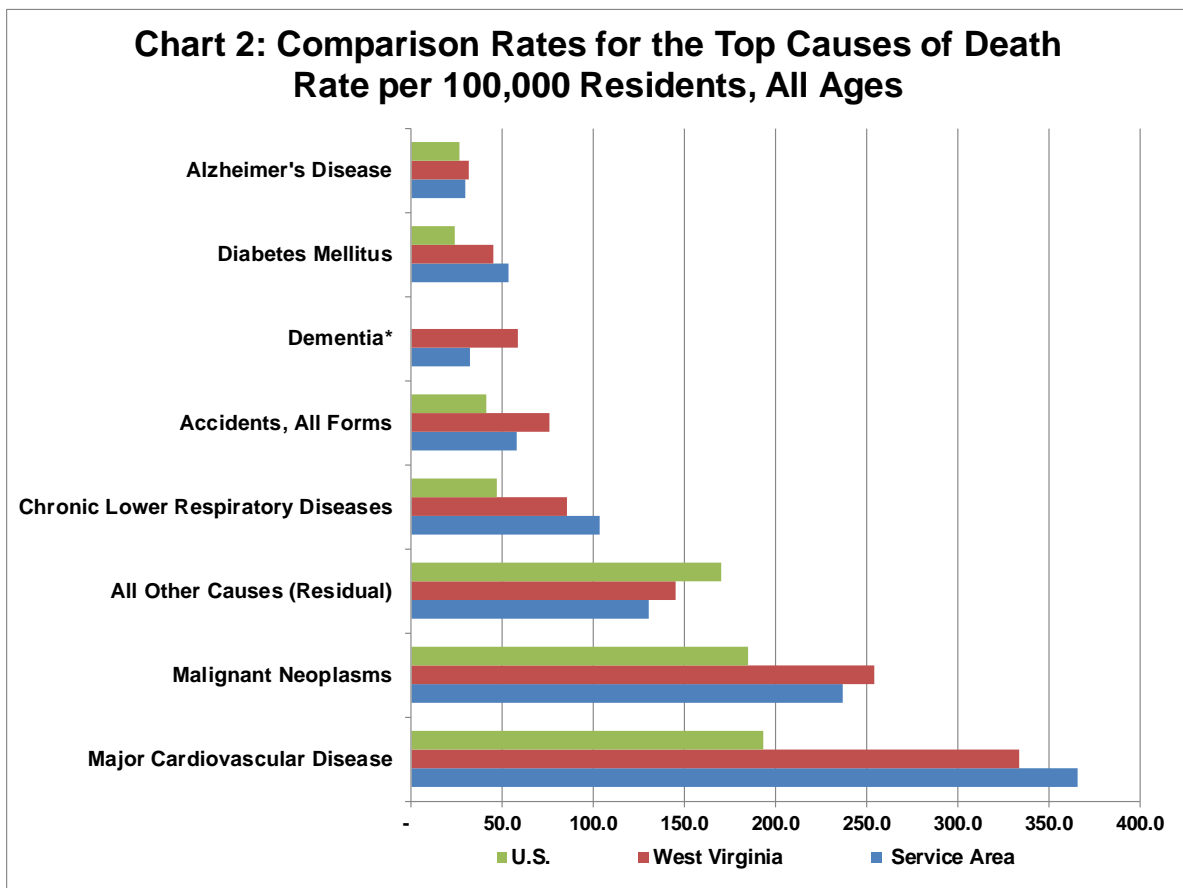
Source: U.S. Census Bureau-QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

Overview of the Community

- The residents of the Grafton City Hospital service area are predominately White/Caucasians (97.1%) followed by Two or More Races (1.2%).
- English is the primary language, though 1.6% speak other than English at home.
- The service area has a lower percentage of those with a high school diploma as compared to the state and the U.S.
- 13.7% of those in the service area hold a bachelor's degrees or higher as compared to the state average of 18.7%. However, both are significantly less than the U.S. average of 29.3%.
- Housing is generally stable and comparable between the service area and the state with 88.6% and 88.3% living in the same house 1 year and over, respectively.
- The service area and the State of West Virginia have a higher percentage of those below the poverty level than of the United States.



Chart 2 reflects the leading causes of death for residents of the service area, the State of West Virginia and the United States. The leading causes of death are determined by the average rate per thousand residents. Diseases of the heart ranks highest among the causes with malignant neoplasms as second highest. Alzheimer's Disease ranks lowest among the selected top causes of death in West Virginia while Major Cardiovascular Disease ranks the highest.



Source: West Virginia Department of Health & Human Resources Bureau for Public Health, "West Virginia Vital Statistics 2013"

Source: http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_07.pdf, P. 17

*Dementia: N/A for the U.S.

SOCIOECONOMIC CHARACTERISTICS

WAGES

Table 2 includes the Average Weekly Wage for the service area counties, the state and the United States. All counties and the State of West Virginia were below the wages of the United States. The highest wage among service area counties was reported in Preston while Barbour County reported the lowest.

Table 2: Wages

| Area | Average Weekly Wage (1) | Annualized |
|-------------------|-------------------------|------------|
| United States (2) | 974 | 50,648 |
| West Virginia | 785 | 40,820 |
| Barbour | 648 | 33,696 |
| Preston | 714 | 37,128 |
| Taylor | 698 | 36,296 |

(1) Average weekly wages were calculated using unrounded data.

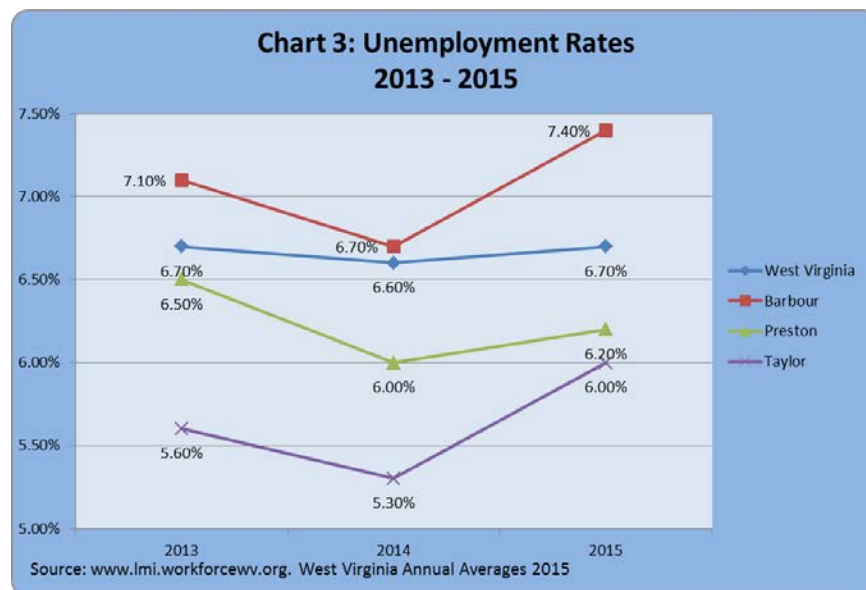
(2) Totals for the United States do not include data for Puerto Rico or the Virgin Islands.

NOTE: Includes workers covered by Unemployment Insurance (UI) and Unemployment Compensation for Federal Employees (UCFE) programs. Data are preliminary.

Source: Bureau of Labor Statistics. County Employment and Wages in West Virginia-Third Quarter 2015

UNEMPLOYMENT

As shown in Chart 3, the Unemployment rate for West Virginia remained relatively constant during the three year period. All counties in the service area experienced a decrease in the unemployment rate from 2013-2014, but then an increase from 2014-2015. The only county in the service area to experience a higher rate than the state was Barbour County.



INCOME

Chart 4 presents the percentage of adults living in poverty in 2012-2013 for the service area counties, West Virginia, and the United States. As Chart 4 illustrates, two counties experienced a decrease for the two year period. Barbour County had the highest percentage of adults living in poverty in 2013 at 21.4% with Preston County as the lowest at 17.0%. The service area and the state were above the national level of 15.9% and 15.8% for the two year period.

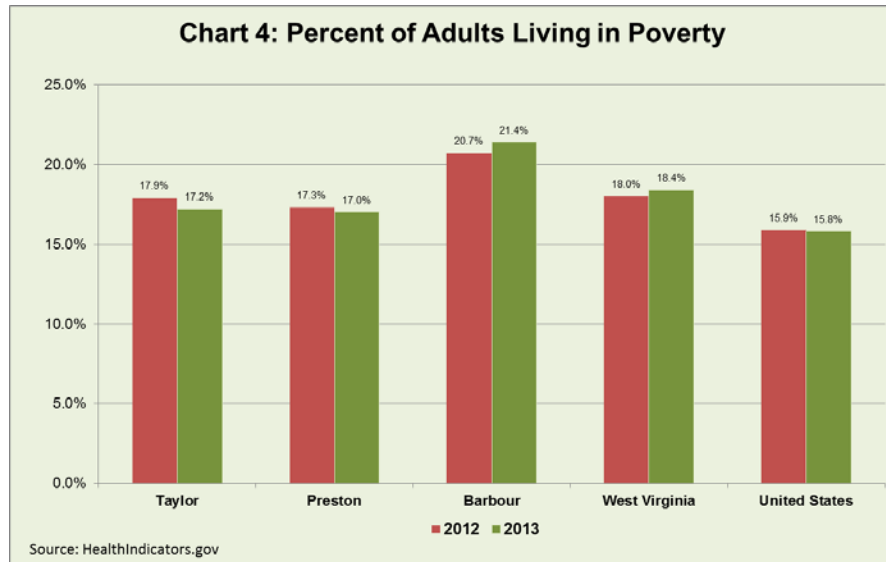


Exhibit 3 presents the median household income for the service area counties, the State of West Virginia and the United States. Two of the service area counties were below the state and national level. Preston County was not only higher than the other service area counties, but also the state level.

Exhibit 3 Median Household Income 2009-2013

| County | State | Median Household Income |
|-------------------------------|-------|-------------------------|
| Taylor | WV | \$ 39,536 |
| Preston | WV | \$ 45,413 |
| Barbour | WV | \$ 37,327 |
| Total Service Area | | \$ 40,759 |
| State of West Virginia | | \$ 41,043 |
| United States | | \$ 52,250 |

SOURCE: U.S. Census Bureau American FactFinder, Economic Characteristics

EDUCATION

The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 4 presents the distribution of education levels for those 25 years and over in the service area, State of West Virginia and the United States for 2009-2014. Although the service area and the state had a higher level of those with a high school diploma only when compared to the United States average, the attainment of a college degree was lower in the service area than the United States average.



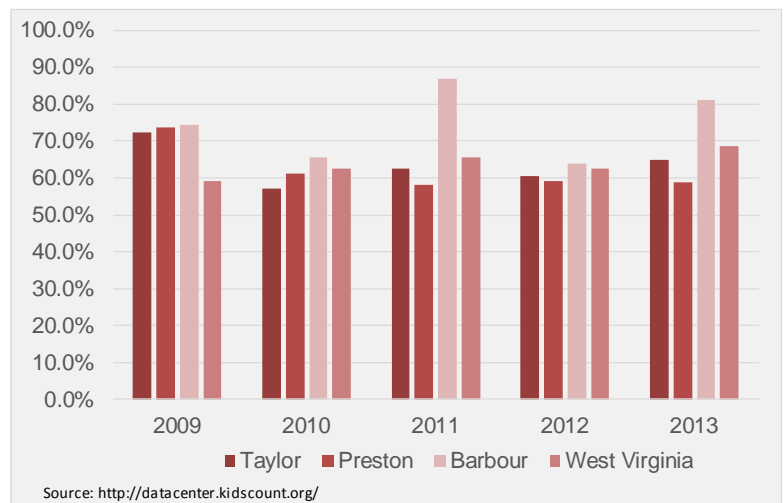
Exhibit 4
Highest Level of Education Attained
2009-2014

| | Service Area | West Virginia | United States |
|------------------------------------|--------------|---------------|---------------|
| Less than a high school diploma | 17.6% | 15.6% | 13.7% |
| High school diploma only | 46.5% | 40.9% | 28.0% |
| Some college or associate's degree | 22.4% | 24.8% | 29.1% |
| Bachelor's degree or higher | 13.4% | 18.7% | 29.3% |

SOURCE: US Census Bureau / USDA

Access and participation in early education programs is another important determinant in the future success of students in a population. Chart 5 provides the percent of three and four-year-olds enrolled in a pre-kindergarten program as of 2011. Enrollment rates for the counties in the service area average approximately 60% of the population which indicates that their three and four-year old children were

Chart 5
Percent of Four-Year-Olds Enrolled in a Qualified Pre-Kindergarten Program
2013



enrolled in a qualified pre-kindergarten program. The data shows that the service area is in line with the State average.

HEALTH STATUS INDICATORS

County Health Rankings

Exhibits 5 and 6 include selected data from the University of Wisconsin Population Health Institute, County Health Rankings 2016 for the service area, State of West Virginia, and U.S. median. Exhibit 5 includes unfavorable indicators as the percentage of adults in poor/fair health, who smoke or are obese, in addition to a favorable indicator of those with access to exercise. As shown in Exhibit 5, all counties within the service were either at or within 3% of the state performance for the negative indicators. Approximately one-fourth of the adults in the service area counties and the state are reportedly in poor/fair health or smoke while one-third are obese. With regards to access to exercise opportunities, only 21% reported adequate access in Barbour and Preston County reported but 63% indicated adequate access in Taylor County.

Exhibit 5
Health Behaviors/Outcomes

| Health Status Indicator | U.S. | West | Taylor | Preston | Barbour |
|----------------------------------|--------|----------|--------|---------|---------|
| | Median | Virginia | | | |
| Adults in poor or fair health | 16% | 24% | 21% | 21% | 24% |
| Adult smoking | 18% | 27% | 24% | 24% | 25% |
| Adult obesity (BMI ≥ 30) | 31% | 34% | 36% | 36% | 35% |
| Access to exercise opportunities | 62% | 58% | 63% | 21% | 21% |

Exhibit 6 includes environmental factors such air pollution, drinking water violations, housing problems and work commute information. The service area and the state compared unfavorably for air pollution and commuting to work, while comparing favorably with regards to housing problems.

Exhibit 6
Physical Environment

| Environmental Factor | U.S. | West | Taylor | Preston | Barbour |
|------------------------------|--------|----------|--------|---------|---------|
| | Median | Virginia | | | |
| Air Pollution ¹ | 11.9 | 13.2 | 13.4 | 13.4 | 13.3 |
| Drinking Water Violations | * | * | No | No | No |
| Severe Housing Problems | 14% | 11% | 8% | 9% | 11% |
| Driving Alone to Work | 80% | 82% | 86% | 80% | 80% |
| Long Commute - Driving Alone | 29% | 32% | 41% | 45% | 49% |

*Violations reported for counties: Yes - indicates the presence of a violation, No - indicates no violation.

¹Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)

Clinical Care

Exhibit 7 includes clinical care statistics and rankings for the service area counties, state and the United States. The service area compared unfavorably to the state and U.S. for those uninsured and preventable hospital stays. Barbour County was comparable to the state for Diabetic Monitoring while Preston County was comparable to the U.S. for Mammography Screening. Preston also performed better than other service area counties for the clinical care state ranking.

**Exhibit 7
Clinical Care**

| Measure | U.S. Median | West Virginia | Taylor | Preston | Barbour |
|----------------------------|----------------|------------------|--------|---------|---------|
| Uninsured | 17% | 22% | 23% | 24% | 19% |
| Preventable Hospital Stays | 60 | 93 | 75 | 102 | 88 |
| Diabetic Monitoring | 85% | 13% | 12% | 10% | 13% |
| Mammography Screening | 61% | 58% | 53% | 61% | 56% |
| Ranking for Clinical Care | | | 40 | 31 | 42 |

Mental Illness

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services, is charged with reducing the impact of substance abuse and mental illness on America's communities. Each year, SAMHSA publishes the most recent annual results from the National Survey on Drug Use and Health (NSDUH) is a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 or older. The NSDUH also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems. An adult with Any Mental Illness (AMI) was defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs). Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Exhibit 8 presents statistics of mental illness taken from the NSDUH for those aged 18 or older at a national level and for West Virginia for 2013-2014. West Virginia compared unfavorably to the nation for those with SMI or AMI.

Exhibit 8
Past Year Mental Health Issues among Persons Aged 18 or Older
2013-2014

| Location | Serious Mental Illness % | Any Mental Illness % |
|------------------|--------------------------|----------------------|
| National Average | 4.15 | 18.29 |
| West Virginia | 5.46 | 21.15 |

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013 and 2014.

Pregnancy and Birth Data

The well-being of mothers and babies is a critical component of a community's overall health. Healthy pregnancies help to provide a better start in life and improve the health of future generations. A review of public health data available included prenatal care, pregnancy risk factors, percentage of low birth-weight births and teen pregnancy. Exhibit 11 illustrates pregnancy and birth data for the service area and West Virginia. The percentage of low birthweight births in the service area were at or below the state percentage. All service area counties reported alcohol use during pregnancy at or below the State rate, while only one county reported a rate below the State average for tobacco use during pregnancy. Serious risks to babies whose mothers smoked during their pregnancy include Sudden Infant Death Syndrome (SIDS), low birth-weight, birth defects, attention deficit/hyperactivity disorder, neurodevelopmental disorders and behavioral/psychiatric disorders.



Exhibit 9
Pregnancy and Birth Data
2013

| Selected Factors | Taylor | Preston | Barbour | WV |
|---|--------|---------|---------|--------|
| Birth Rate per 1,000 Population | 10.2 | 10.7 | 10.0 | 11.2 |
| Number of Births | 173 | 361 | 167 | 20,829 |
| % of Births Delivered in Hospital | 99.4% | 99.7% | 99.4% | 99.4% |
| % of Low Birthweight Births | 6.9% | 11.9% | 9.0% | 9.4% |
| % Births to Mothers Under 18 | 1.2% | 0.8% | 2.4% | 2.7% |
| % of Births - Prenatal Care Began in First Trimester | 83.7% | 83.8% | 83.7% | 81.5% |
| % of Births - Prenatal Care Began in Second Trimester | 12.8% | 14.3% | 13.9% | 14.9% |
| % of Births - Prenatal Care Began in Third Trimester | 2.9% | 1.7% | 1.2% | 3.0% |
| % of Births - No Prenatal Care | 0.6% | 0.3% | 1.2% | 0.6% |
| Pregnancy Risk Factor: Alcohol Use | 0.0% | 0.6% | 0.0% | 0.4% |
| Pregnancy Risk Factor: Tobacco Use | 24.9% | 33.0% | 28.9% | 25.6% |

Source: West Virginia Vital Statistics

RESULTS OF COMMUNITY PARTICIPATION

ONLINE SURVEY RESULTS

The community health needs assessment includes anonymous survey results using an online survey website, which was disseminated to employees, patients and the community. Survey responses were collected between April and May 2016.

Respondent Zip Codes

The online survey results were received from residents in the following zip codes:

| | | | | |
|-------|-------|-------|-------|-------|
| 26257 | 26354 | 26416 | 26508 | 26582 |
| 26301 | 26372 | 26431 | 26542 | |
| 26330 | 26405 | 26440 | 26554 | |

Respondent Age Groups

The survey requested that participants provide various demographic data. The ages of participants who responded were 18-24 (1.7%), 25-40 (24.1%), 41-64 (69.0%) and 65 or older (5.2%).

Gender, Marital Status and Race

The survey respondents indicated the following information with regards to their gender, marital status and race:

- Gender: 14% were male and 86% were female.
- Marital Status: 17%-Single, 67%-Married, 14%-Divorced, and 2%-Widowed
- Race: 95% indicated Caucasian.

Household

Respondents indicated the following household characteristics:

- 40% have children under the age of 18 in their household
- Number in household ranged from 1 to 5:

1: 14% 2: 41% 3: 19% 4: 14% 5: 10% 6: 2%

Income

Household income varied among survey-takers:

\$0-\$24,999: 2%

\$25,000-\$49,999: 29%

\$50,000-\$74,999: 19%

\$75,000-\$99,999: 21%

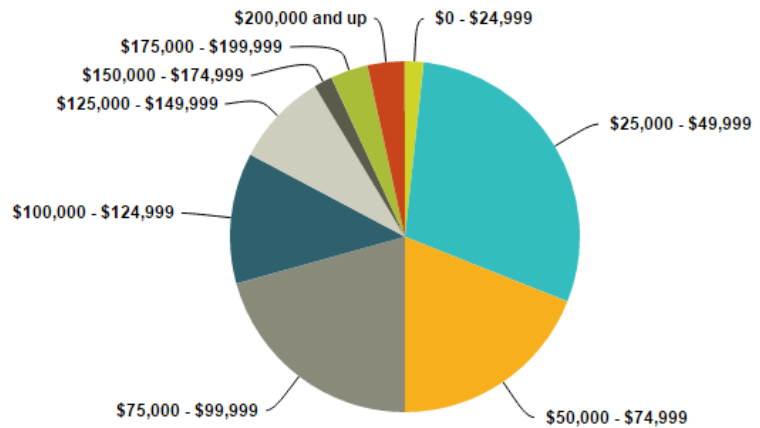
\$100,000-\$124,999: 12%

\$125,000-\$149,999: 9%

\$150,000-\$174,999: 2%

\$175,000-\$199,999: 3%

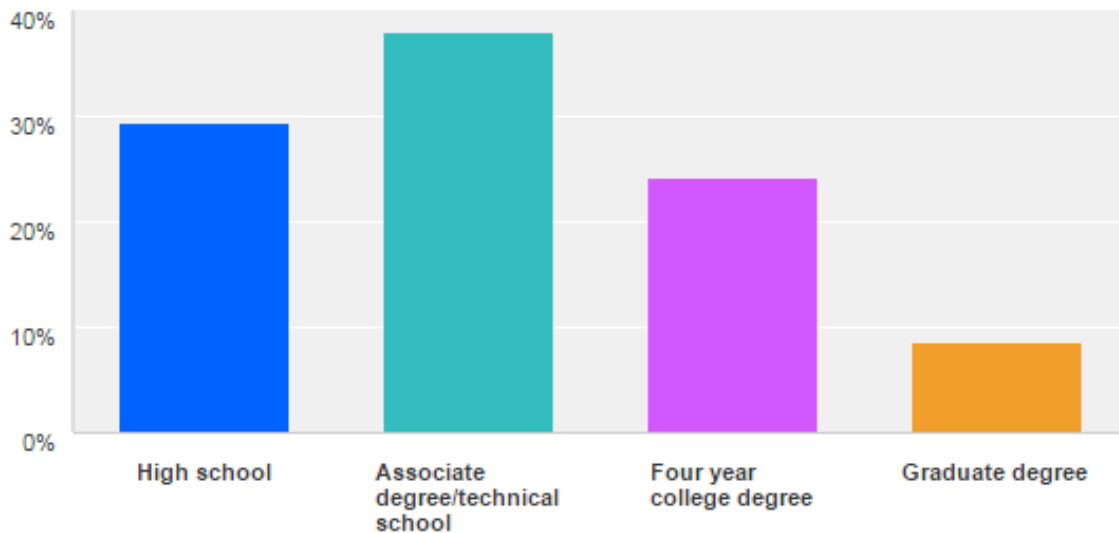
\$200,000 and up: 3%



Education

Respondents were asked: “What is the highest level of education you have completed?”

All respondents indicated an education level of high school graduate or above.



Employment

In a separate question, surveyors were asked to provide their employment status. Approximately 96.6% of respondents indicated they are employed full time, 1.7% are employed part time, and 1.7% are retired.

Insurance Carriers

Since the Affordable Care Act's (ACA) coverage expansion began, about 16.4 million uninsured people nationwide have gained health insurance coverage. In 2014, the uninsured rate in West Virginia was 10.9%, down from 17.6% in 2013. Due to the new coverage options for young adults, employees may add or keep children on their insurance policy until they turn 26 years old. This has afforded coverage to over 2.3 million young adults nationwide that would otherwise been uninsured. As part of the ACA, states were able to expand Medicaid coverage to individuals with family incomes at or below 133% of the federal poverty level. Due to this expansion, over 170,000 West Virginians and approximately 11.2 million nationwide gained Medicaid or Children's Health Insurance Program (CHIP) coverage.



Participants of the survey were asked to identify their insurance carrier, if any. 1.7% selected Medicaid and 70.7% selected Private Insurance. No response were received for Medicare or having no insurance. The remaining 27.6% selected "Other" and entered a response. These responses included private insurance such as Employer Group Plan, Blue Cross, 4Most, and Benefit Assistance. 100% of those with Medicaid indicated that coverage was obtained through the Medicaid Expansion.

Dental Health Care

- 72% received dental care in the past 12 months.
- Barriers that prevent residents from seeing a dentist include cost and lack of insurance.



Routine Health Care

Respondents were asked:

“Did you and/or your family use a primary care physician/family doctor for most of your routine health care?” 90% indicated “Yes” while 10% indicated “No.” Over 90% with those using a primary care physician (PCP) indicated they are able to get an appointment when needed and over 92% are satisfied with the quality of care received at their PCP’s office. For those not having a primary care physician, respondents included a community health care center/clinic, urgent care center, and specialist. No responses indicated using an emergency department. 34% of respondents indicated they delayed health care due to lack of money and/or insurance.

HEALTH ISSUES

Participants were asked to indicate for which conditions have they or someone in their household received treatment. The top three responses were diabetes/high blood pressure followed by high cholesterol and depression/anxiety disorders. The least selected conditions were Long term acute care services, bariatrics / obesity, and substance abuse.

| | |
|-------------------------------------|---------------|
| DiabetesHigh blood pressure | 43.10% |
| Depression/anxiety disorders | 36.21% |
| High cholesterol | 36.21% |
| Not Applicable | 29.31% |
| Joint, bone or muscle pain | 22.41% |
| Behavioral/mental health | 12.07% |
| Sleeping disorders | 12.07% |
| Neurology disorders | 10.34% |
| Heart disease | 10.34% |
| Bariatrics/obesity | 3.45% |
| Substance abuse | 1.72% |
| Long term acute care | 1.72% |

COMMUNITY INTERVIEW RESULTS

Input was solicited from those representing the broad interests of the community in April 2016. Discussions included the health needs of the community, barriers to healthcare access, opportunities for improvement, perception of Grafton City Hospital and feedback on GCH's initiatives. The following organizations were selected to provide feedback.

Arch Coal, Inc. – Leer Mining Complex

City of Grafton

Hospital Board of Directors

Flemington EMS

Project HOP2E (Helping Our People to Eat)

Rosewood Nursing Center

Taylor County Court House

Tygart Valley Total Care Clinic

Taylor County Collaborative Family Resource Network

Taylor County EMS

Taylor County Health Department



Input from persons
who represent the
broad interests of
the community
served by the
hospital



Community Health Concerns

All stakeholders believe that there are many health related problems in the community. The most frequently identified health concerns in the community were obesity, substance abuse, mental health, along with the related illnesses. Contributing factors to these concerns include unhealthy lifestyles, physical inactivity, tobacco use, and lack of education to maintain healthy living standards.

Quality and Access to Services

In general, transportation and cost were cited as issues for many residents in the service area. While public transportation is available, it does not include routes in the rural areas. Those living in poverty, as well as the elderly can also face issues in finding transportation to doctor's appointments and medical facilities. Many calls are made to the 911 service line for Non-Emergent Medical Transport. There are, however, some specialties that those interviewed feel the service area could expand upon, such as orthopedics, urology, surgery, obstetrics and behavioral health services.

Voice from the Community:

"There's a lot Grafton City Hospital could do...but it takes money."

Perception of Grafton City Hospital

Grafton City Hospital is vital to the community it serves. Many stakeholders praised the Hospital Administration and most indicated a positive perception of the Hospital. However, limited resources are recognized and reimbursement reductions negatively affect the Hospital's ability to upgrade and update as necessary. The Tygart Valley Rehabilitation & Fitness Center provides a variety of services to the community and the new state-of-the-art sleep lab has received very positive feedback. Grafton City Hospital is not without its challenges but they have a lot to offer and will continue to operate as effectively and efficiently as they can to provide quality health care.



Progress on GCH Initiatives

Since 2013, Grafton City Hospital has recruited four full-time health care providers: two physicians, a family nurse practitioner, and a physician assistant. Although primarily employed for Tygart Valley Clinic, both physicians work occasional shifts in the Emergency Department and admit patients for acute care services in the Hospital.

→ Tygart Valley Clinic

The prior CHNA identified a need for the initiation or expansion of specialty services. GCH has collaborated with surrounding facilities including Mon General Hospital, WVU Medicine, United Hospital Center and Davis Medical Center to provide additional specialty clinics or expand existing clinics. These include Cardiology Clinic services with the WVU Heart Institute, Audiology services including hearing tests and hearing aids, expansion of Behavioral Health services through increased psychological therapy testing, and PICC (peripherally inserted central catheter) Line Insertion/Therapy.



With the aid of X-ray and ultrasound technology, vascular access procedures involve the placement of a PICC line for extended antibiotic treatments and long-term IV treatment regimens. Patients are spared from the stress of repeated needle sticks with painless access for blood draws or medication delivery.

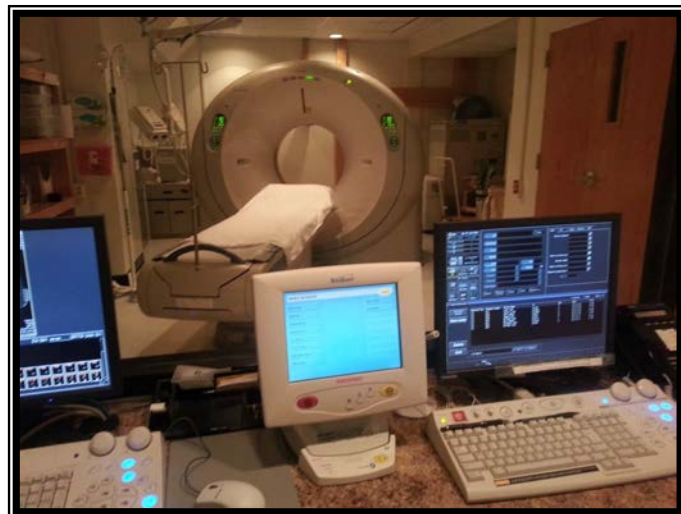


Due to a collaborative agreement with Mon General Hospital in Morgantown, West Virginia, Grafton City Hospital will soon offer specialty clinic services through telemedicine services. Initially, GCH expects to provide wound care services via telemedicine but will expand services as need arise and resources become available.

The Sleep Lab Services at Grafton City Hospital allows patients to be evaluated for sleep disorders, such as sleep apnea. Sleep Apnea is a medical disorder that causes a person to stop breathing for periods of time during sleep. Sleep studies are scheduled at the state-of-the-art sleep lab located on the hospital's campus. In addition to sleep disorder evaluation, patients may also be fitted and tested for CPAP/BiPAP masks and machines.



Grafton City Hospital offers full service radiology. Our newest addition and great benefit to our community is the Hologic Selenia Digital mammography Unit. We also have numerous other diagnostic imaging modalities including, 32 Slice Toshiba CT Scanner, 1.5 Tesla MRI (mobile), General X-Ray, Fluoroscopy, Bone Densitometry, Ultrasound, and Nuclear Medicine.



SUMMARY OF FINDINGS

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

- The aging population will contribute to the highest growth in the 65 and over age category. An increase in the 65 and older age category contributes to an increase of Medicare beneficiaries with an increased need of services.
- While only one of the service area counties experienced an increase in the percentage of adults living in poverty, the percentage was at least 17% of each county. Many find themselves without insurance and seeking assistance from Medicaid, other programs, or simply delay medical treatment.
- Preston County had the highest percentage of low birthweight births within the service area along with the highest rate of tobacco use during pregnancy.
- The highest percentage of births to mothers under the age of 18 was 2.4% in Barbour County, West Virginia.
- Cigarette smoking was 24%-25% for all service counties but just under the state of West Virginia at 27%.
- The health status indicator with the highest percentage within all service areas is adult obesity. The service area and state ranged from 34%-36%, above the national rate of 31%.

The results of the community health needs assessment's quantitative and qualitative analysis, along with the input from members of the community, appears to indicate common themes in the health needs of the Grafton area and surrounding communities. These focus areas include the need for the following:

- Preventive care services;
- Substance abuse rehabilitation facilities;
- Additional Community events focusing on health related issues;
- General health education for the primary service area.

COMMUNITY HEALTH PRIORITIES

The results of the CHNA will enable the Hospital as well as other community providers to collaborate their efforts to provide the necessary resources for the community. After reviewing data sources providing demographic, population, socioeconomic, and health status information in addition to community feedback, health needs of the community were prioritized. The following community health issues were also identified in the prior CHNA of GCH. These issues have been selected again as the priority health issues to be addressed:

- Chronic Disease Management
- Unhealthy Lifestyles
- Drug and Alcohol Abuse

Chronic Disease Management

Priority conditions include obesity and diabetes. Obesity and unhealthy eating and activity habits give individuals a higher risk for liver and gallbladder disease, type 2 diabetes, high blood pressure, high cholesterol and triglycerides, coronary artery disease (CAD), stroke, sleep apnea and respiratory problems, osteoarthritis, and gynecological problems, among other conditions. Children who are obese are at risk for many of the same long-term health problems. If you have healthier habits or lose weight, your risk for these conditions is reduced.

Resources: The Hospital will continue to provide outreach and education to the residents of Grafton and the surrounding communities. With a Registered Dietician on staff, GCH will continue to provide diabetic and weight loss education to the community. The Hospital will continue to hold health fairs to provide low cost preventive and educational services to the community. With the implementation of telemedicine services, GCH expects to provide wound care services including those for diabetics.

Unhealthy Lifestyles

Unhealthy lifestyle choices contribute to other health conditions. Smoking, poor nutrition, and physical inactivity are prevalent among residents in the service area. Tobacco is the leading cause of preventable illness and death in the United States. It causes many different cancers as well as chronic lung diseases, such as emphysema and

bronchitis, and heart disease. Community culture, lack of health care coverage, and low income can lead to unhealthy lifestyle choices.

Resources: The Hospital will continue to provide outreach and education for smoking cessation, proper nutrition and the importance of physical activity. GCH's Registered Dietician and the Tygart Valley Rehabilitation & Fitness Center will continue to assist with health and wellness programs and provide the necessary resources for those seeking a healthy lifestyle through diet and exercise.

Drug and Alcohol Abuse

Abuse of alcohol and illicit drugs is costly to our nation, exacting over \$400 billion annually in costs. The toll that drug and alcohol problems have on individuals is significant, as they are at increased risk for serious health problems, criminal activity, automobile crashes, and lost productivity in the workplace. But individuals with drug and alcohol problems are not the only ones who suffer. The families, friends, and communities also suffer greatly. The abuse of alcohol and drugs leads to multiple acute and chronic adverse health outcomes, as well as a variety of negative consequences within the family unit, poor performance in school, or difficulties at work. Alcohol abuse leads to decreased inhibitions and impaired judgments that influence reckless and sometimes aggressive behavior. It also leads to high rates of motor vehicle accidents and injuries/deaths. On a chronic basis, it can lead to anemia, hepatitis and cirrhosis, pancreatitis, cognitive effects due to brain damage, fetal alcohol syndrome, low birthweight, and other poor health outcomes. Substance abuse problems commonly occur in conjunction with mental health issues.

Illicit drug use was a recurring issue of concern in many of our interviews with community members. The problems of substance abuse involve three levels of intervention : prevention, screening, and detection. These three opportunities require determined, collaborative action involving public health, education, health care, and criminal justice systems at the community level.

Resources: The Hospital will maintain its collaboration and referral network to address patients' needs with regards to addiction and abuse. GCH will continue to provide outreach and education to the residents of Grafton and the surrounding communities.

NEXT STEPS

With the completion of the Health Needs Assessment, Grafton City Hospital will establish an implementation plan which will use the Hospital's individual strengths and resources to best address their community's health needs and improve the overall health and wellbeing of residents of its service area.