Community Health Needs Assessment

Prepared for
HAMPSHIRE MEMORIAL HOSPITAL
of Valley Health

By
VERITÉ HEALTHCARE CONSULTING, LLC

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ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves as a national resource that helps hospitals conduct community health needs assessments and develop implementation strategies that address priority needs. The firm also helps hospitals, associations, and policy makers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt healthcare organizations are being required to meet.

The community health needs assessment prepared for Hampshire Memorial Hospital was directed by the firm's Vice President and managed by a senior-level consultant. Associates and research analysts supported the work. The firm's senior-level consultants and associates hold graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.VeriteConsulting.com

Verité Healthcare Consulting's work reflects a fundamental goal to assist in strengthening the health of communities and vulnerable populations, and the organizations that serve them

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EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Hampshire Memorial Hospital (Hampshire or the hospital) to identify community health needs and to inform the subsequent development of an implementation strategy to address identified priority needs. The hospital's assessment of community health needs also responds to community benefit regulatory requirements.

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. Need can be established by conducting a community health needs assessment.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to "conduct a [CHNA] every three years and adopt an implementation strategy to meet the community health needs identified through such 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 organization can best use its limited charitable resources to address priority needs will be the subject of the hospital's separate implementation strategy.

[1] Instructions for IRS form 990 Schedule H, 2012.

Methodological Summary

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.

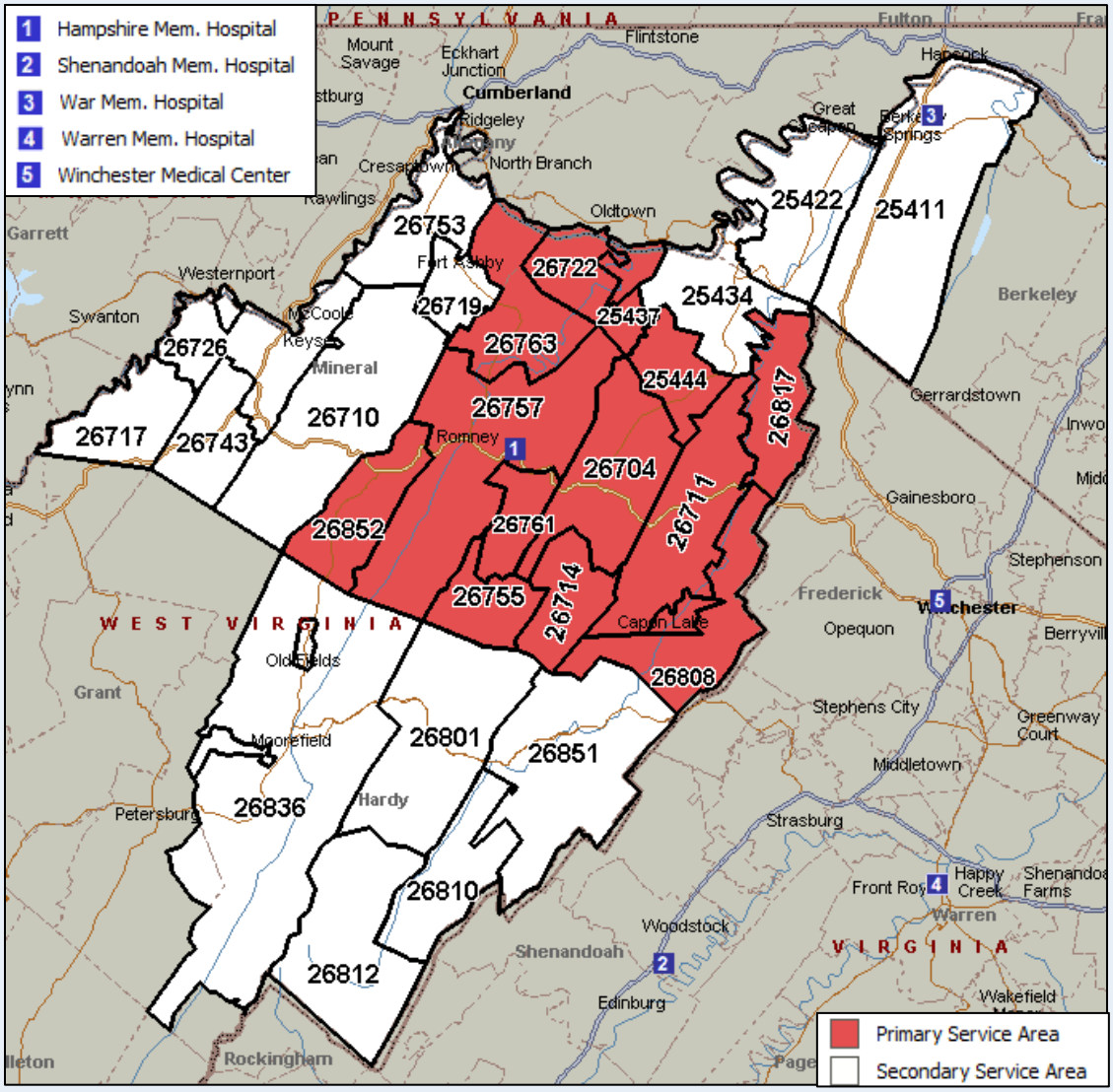
Input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, were taken into account via interviews and a community response session with 43 key informants and a community survey with 147 respondents.

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

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

Hampshire Memorial Hospital 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



Hampshire Memorial Hospital Community by the Numbers

- Community includes four counties in West Virginia: Hampshire, Hardy, Mineral, and Morgan
- Total population in 2013: 81,311
- Projected population change between 2013 and 2018: -1.2%
- Comparatively high rates of poverty, unemployment , and uninsurance in Hampshire County
- 93.8% of inpatient discharges and 94.3% of emergency department visits originated from the community
- Demographics:
  - Projected growth of 12% in 65+ population
  - 96% White in 2013, with projected growth in non-White populations
  - Comparatively low rates of high school graduation

Prioritized Description of Community Health Needs

The CHNA identified and prioritized several community health needs using the data sources, analytic methods, and 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.

List of Prioritized Health Needs

1. Access to Primary and Specialty Health Care
2. Mental and Behavioral Health
3. Substance Abuse and Tobacco Smoking
4. Physical Activity, Nutrition, and Obesity-related Chronic Diseases
5. Financial Hardship and Basic Needs Insecurity
6. Oral Health and Dental Care
7. Teen Pregnancy

To provide insight into trends, a comparison to findings from Hampshire Memorial Hospital's July 2010 CHNA is included below the description and key findings of each priority need.

1. Access to Primary and Specialty Health Care

Access to primary and specialty 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 for helping the community's residents to be healthy. 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, and reliable personal or public transportation.

Key Findings

- Mineral and Morgan Counties are designated Health Professional Shortage Areas (HPSA) for primary medical care. Medically Underserved Areas (MUA) are present in Hampshire, Hardy, and Mineral Counties. Primary care physician availability is below the West Virginia average in all counties.
- Hampshire, Hardy, and Morgan Counties were ranked in the bottom half of all West Virginia counties for "access to care" in the County Health Rankings, and Hampshire was ranked 53 out of 55 counties. Hardy County's ratio of population to primary care physicians was more than 75 percent worse than the U.S. average.
- Hampshire, Hardy, and Morgan Counties had higher uninsurance rates than the West Virginia and U.S. averages. At nearly 21 percent, Hampshire County had the highest uninsurance rate in the community.
- Concern about access to both primary and specialty care was the most frequently mentioned factor contributing to poor health in key informant interviews.

- 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.
- Twenty-two percent of survey respondents reported not being able to always get needed primary care. Thirty-one percent reported not being able to always get medical specialty care.

Comparison to July 2010 CHNA: Greater access to specialists and access to affordable health care generally were two of the three priority issues identified in Hampshire's July 2010 CHNA, for reasons including: the presence of HPSAs and MUAs; low standing on County Health Rankings' "access to care" metric; high rates of uninsurance; and being among the top three priorities of focus group participants.

2. Mental and Behavioral Health

Mental and behavioral health includes both mental health conditions (e.g., depression, autism, 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 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

- Hampshire, Hardy, and Mineral Counties are Health Professional Shortage Areas for mental health.
- Suicide rates in Hampshire, Mineral, and Morgan Counties were worse than the West Virginia average and the Healthy People 2020 goal. The rate in Hampshire County is 39 percent worse than for West Virginia as a whole and 116 percent worse than the Healthy People 2020 goal.
- Mental and behavioral health was the most frequently mentioned health status issue by key informant interview participants. Interviewees generally reported that the community's mental health needs have risen, while mental health service capacity has not.
- Interview participants described a wide range of mental health issues, including for example: bullying among youth, autism spectrum symptoms and diagnoses, 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 diagnoses of mental health problems and substance abuse.

Comparison to July 2010 CHNA: Mental health care and substance abuse together was one of the three priority issues identified in Hampshire's July 2010 CHNA, for reasons including: the presence of mental health HPSAs; unfavorable suicide rates compared to the state and national

averages; frequent mentions by interview participants of mental and behavioral health needs and a lack of treatment options; and focus groups identifying substance abuse and mental health as the highest health priority.

3. Substance Abuse and Tobacco Smoking

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 the abusing individuals, but also those around them with negative impacts on health, safety and risky behaviors, risks of violence and crime, adults' productivity, students' 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 use based on binge and heavy drinking placed Hampshire, Hardy, and Mineral Counties in the bottom (worst) quartile of all West Virginia counties, according to County Health Rankings. Hampshire County was ranked 51 of 55 counties.
- Rates of adult tobacco use in Hampshire and Morgan Counties placed them in the bottom (worst) half of counties in the state, according to County Health Rankings. Smoking across the community averaged over 25 percent.
- Substance abuse was the second most frequently mentioned health status issue by key informant interview participants, and was portrayed as both growing and serious. Interviewees reported perceived increases in methamphetamine use in particular, the abuse of prescription pain medications, and drug-seeking behavior in physicians' offices and hospital emergency departments. Abuse of over-the-counter medications by youth was mentioned, as well.
- Interviewees cited a lack of local treatment services, particularly inpatient facilities, for people with substance abuse problems. Some interviewees reported that substance abuse and addiction among pregnant women is creating more perinatal and neonatal health problems. As noted above for mental health needs, dual diagnoses of substance abuse and mental health problems are not uncommon.
- Tobacco use and substance abuse were two of the five most frequently mentioned "top health-related issues" in the community by survey respondents.

Comparison to July 2010 CHNA: Substance abuse and mental health care together was one of the three priority issues identified in Hampshire's July 2010 CHNA, for reasons including: all four counties ranked in the state's bottom quartile for alcohol use; interview participants frequently mentioning substance abuse in the community and schools, as well as a lack of treatment options; and focus groups identifying substance abuse and mental health as the highest health priority.

4. Physical Activity, Nutrition, and Obesity-related Chronic Diseases

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

Key Findings

- Mortality rates from diseases of the heart in Hardy, Mineral, and Morgan Counties were at least 10 percent worse than for West Virginia as a whole, and approximately double the rate in Virginia.
- Hampshire and Mineral Counties were ranked in the bottom half of all West Virginia counties for diet and exercise, with Hampshire ranked 41 out of 55 counties, in County Health Rankings.
- Food deserts – 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 – exist in the community in and around the municipalities of Capon Lake, Moorefield, Lost City, and Great Cacapon.
- Twenty-nine schools in the Hampshire community, located in every county, had 40 percent or more of their students eligible for free and reduced-price lunches, indicating risks of poor nutrition and hunger.
- In key informant interviews, obesity and overweight was the fourth most frequently mentioned health status issue as being important to the community, and diabetes was the fifth most frequent.
- Commenting on the contributing factors to poor health status, interview participants mentioned nutrition and diet, low physical activity and exercise, and food insecurity and hunger all in the top ten. Informants commented on the relative lack of affordable, healthy food choices in some parts of the community, and on children experiencing hunger. Obesity was reported to be rising among children and youth.
- In the survey, 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.
- In the survey, 28.1 percent of respondents reported not being physically active, 41.1 percent reported eating less than the recommended amount of fruit, and 64.4 percent reported eating less than the recommended amount of vegetables.

Comparison to July 2010 CHNA: Physical activity, nutrition, and obesity-related chronic diseases was not one of the top health priority areas identified in Hampshire's July 2010 CHNA, but chronic disease and obesity were among the top two health status issues reported in that

assessment's survey and the need for health education and outreach programs that focus on healthy habits was a key theme from the 2010 assessment's interviews and focus groups.

5. Financial Hardship and Basic Needs Insecurity

Income levels, employment and degrees of economic self-sufficiency are known to be highly correlated with the prevalence of a range of health problems and factors that contribute to poor health. People with lower income or who are unemployed or underemployed are less likely to have health insurance or to be able to afford health care expenses paid out-of-pocket. Lower income is also associated with increased difficulties securing reliable transportation, including to medical care visits, and with 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 community as a whole has experienced a 38 percent increase in the percentage of households with incomes under $25,000 since 2009. Hampshire County reported the lowest average household income, at $33,871, and the highest percentage of households with incomes under $25,000, at 47.9 percent.
- Hampshire, Hardy, and Morgan Counties had higher percentages of uninsured residents than the West Virginia and U.S. averages, according to the U.S. Census.
- The State of West Virginia's budget for the Bureau of Medical Services declined 6.2 percent, and for the Bureau of Public Health declined 7.3 percent, in fiscal year 2014.
- Low income and poverty was the fourth most frequently-mentioned issue believed to be contributing to poor health status and to access to care difficulties, by participants in key informant interviews. Other income-related factors noted to be contributing to poor health include difficulty with transportation access, homelessness, and food insecurity and hunger.
- The economic downturn of the past several years was mentioned by interview participants as taking a toll on health in numerous ways, reducing access to health care and the ability to maintain a healthy lifestyle, and increasing stress and social instability.
- In the survey, low income and financial challenges was the most frequently mentioned "top health-related issue" in the community, ahead of every other factor. For survey respondents who reported not being able to always get the care they needed, affordability and a lack of insurance coverage were the most frequently stated reasons.

Comparison to July 2010 CHNA: Financial hardship and basic needs insecurity was not one of the top health priority areas identified in Hampshire's July 2010 CHNA, but that assessment did note several financial hardship measures relevant to health, including the impact of the economic recession. The study reported that 27 percent of households in the community had annual incomes below $25,000, and that poverty and unemployment was comparatively high in significant parts of the region. Lack of access to affordable health care was considered the third highest priority in the 2010 assessment's focus groups.

6. Oral Health and Dental Care

Oral health and dental health care is important for overall health, and poor dental health can have negative social, employment and economic consequences for individuals, as well. Income levels and the presence or lack of insurance coverage for dental care are important determinants of the ability to obtain preventive and restorative dental care.

Key Findings

- Mineral and Morgan Counties are Health Professional Shortage Areas for dental care, as are Capon and Lost River districts and the Baker area in Hampshire and Hardy. The ratios of population-to-dentists in Hampshire and Morgan Counties were greater than 50 percent worse than the U.S. average, according to County Health Rankings.
- Oral health and dental care was the third most frequently mentioned health status issue by key informant interview participants. The issue was discussed in terms of poor dental hygiene, tooth decay in children and youth in addition to adults, and a lack of affordable, preventive dental health services.
- Interview participants stated access to dental care is very difficult for low income and uninsured individuals, particularly in less populated areas. Interview participants noted that Medicaid covers dental care only for children and youth, and that not all dentists accept Medicaid patients. For low-income, uninsured adults needing expensive restorative care, tooth extractions are sometimes the only practical option.
- Oral health challenges were reported by interview participants as affecting people across the age spectrum, with some reporting increasing incidence of severe decay among children and others stating that access to dental care – as for access to other care – was particularly difficult for elderly members of the community who may have transportation limitations and be socially isolated.
- Lack of dental insurance (24.6 percent) and lack of affordability (44.3 percent) were cited by survey respondents as the principal barriers to dental care, by those who reported not always being able to get such care.

Comparison to July 2010 CHNA: Oral health and dental care were not one of the top health priority areas identified in Hampshire Memorial Hospital's July 2010 CHNA, but Hampshire, Hardy, and Morgan Counties were dental HPSAs, and a limited supply of dentists and a lack of access for low-income residents were noted as among the "biggest issues" in stakeholder interviews.

7. Teen Pregnancy

The rate of teen pregnancy is an important health statistic in any community for reasons that include concerns for the health and the mother and child, the financial and emotional ability of the mother to care for the child, and the ability of the mother to complete her secondary education and to earn a living. Teen pregnancy also adds burdens on the educational system and on the families of teen mothers.

Key Findings

- The teen birth rate in Hampshire County was nearly 14 percent higher than the West Virginia average. The rates in the community's four counties were universally higher than in neighboring Virginia, by 33 to 132 percent.
- Concerns about perceptions of rising teen pregnancy, including a lowering of the ages at which some girls are becoming pregnant and a lack of adequate support systems for these young women, were raised in key informant interviews.

Comparison to July 2010 CHNA: Teen pregnancy was not one of the top health priority areas identified in Hampshire's July 2010 CHNA.

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 to assist in identifying the highest-priority health needs.

Statistics for numerous health status, health care access, and related indicators were analyzed, including from local, state, and federal public agencies, community service organizations in the Hampshire community, and from 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 taken into account via: interviews with 37 key informants in April and May 2013; a community survey with 147 respondents; and one "community response session" with interviewees and six additional community stakeholders in June 2013 where preliminary findings were discussed. Interviews and the community response session included: individuals with special knowledge of or expertise in public health; local and state health and other departments, and agencies with current data or information about the health needs of the community; and leaders, representative and members of medically underserved, low-income, and minority populations, and populations with chronic disease needs. Feedback from community response session participants helped to validate findings and prioritize identified health needs.

Prioritization Process and Criteria

Verité applied a ranking methodology to help prioritize the community health needs identified by the assessment, incorporating both quantitative and qualitative data throughout. Scores were calculated for each category of data (secondary data, previous assessments, survey, and interviews) based on the number of sources that measured 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 session 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.

Collaborating Organizations

Hampshire Memorial Hospital 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.

Hampshire's internal project team included Mark Merrill, Valley Health President and Chief Executive Officer, and President of Winchester Medical Center; Neil McLaughlin, President of Hampshire and War Memorial Hospitals, and Vice President of Valley Health; Wes Williams, Vice President of Marketing and Public Relations; Todd Way, Senior Vice President of Regional Operations; Chris Rucker, Vice President of Community Health and Wellness and President of Valley Regional Enterprises; Tom Urtz, Corporate Director of Marketing and Public Relations; Gregory Hudson, Corporate Director of Planning and Business Development; and Mary Zufall, Community Health Coordinator.

Hampshire also collaborated with a variety of individuals through Valley Health's five workgroups that focus on access to primary care; health, outreach, and prevention; mental health and substance abuse; family developmental and social health; and the local environment and social work.

Additionally, lists of the interviewees and community response session participants are provided in **Exhibits 50** through **53** of the report.

DEFINITION OF COMMUNITY ASSESSED

This section identifies and describes the community assessed by Hampshire Memorial Hospital and how it was determined.

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

Exhibit 1: Community Population, 2013

County and Town	Population 2013	Percent of Total Population
PSA	**22,798**	**28.0%**
Hampshire	**22,798**	**28.0%**
Augusta	4,247	5.2%
Bloomery	1,340	1.6%
Capon Bridge	2,032	2.5%
Capon Springs	N/A	N/A
Delray	1,038	1.3%
Green Spring	757	0.9%
High View	1,507	1.9%
Junction	N/A	N/A
Levels	292	0.4%
Points	171	0.2%
Purgitsville	1,080	1.3%
Rio	401	0.5%
Romney	6,219	7.6%
Shanks	975	1.2%
Slanesville	883	1.1%
Springfield	1,653	2.0%
Yellow Spring	203	0.2%
SSA	**58,513**	**72.0%**
Hardy	**14,212**	**17.5%**
Baker	1,560	1.9%
Fisher	299	0.4%
Lost City	596	0.7%
Mathias	1,397	1.7%
Moorefield	8,083	9.9%
Old Fields	183	0.2%
Wardensville	2,094	2.6%
Mineral County	**27,763**	**34.1%**
Burlington	4,118	5.1%
Elk Garden	973	1.2%
Fort Ashby	2,555	3.1%
Keyser	9,538	11.7%
New Creek	1,609	2.0%
Piedmont	977	1.2%
Ridgeley	7,042	8.7%
Wiley Ford	951	1.2%
Morgan County	**16,538**	**20.3%**
Berkeley Springs	12,731	15.7%
Great Cacapon	1,741	2.1%
Paw Paw	2,066	2.5%
Total	**81,311**	**100.0%**

Source: Nielsen-Claritas, via Valley Health, 2013.
* Demographic data were unavailable for Capon Springs and Junction.

The Hampshire community included 81,311 people in 2013

…

The primary service area accounts for 28% of the total community's population

In 2013, the Hampshire community was estimated to have a population of approximately 81,000 persons. Twenty-eight percent of the population resided in the primary service area (**Exhibit 1**).

Exhibit 2 presents the geographic origins by county of Hampshire's inpatients and emergency department encounters.

Exhibit 2: Inpatient and Emergency Department Discharges, 2012

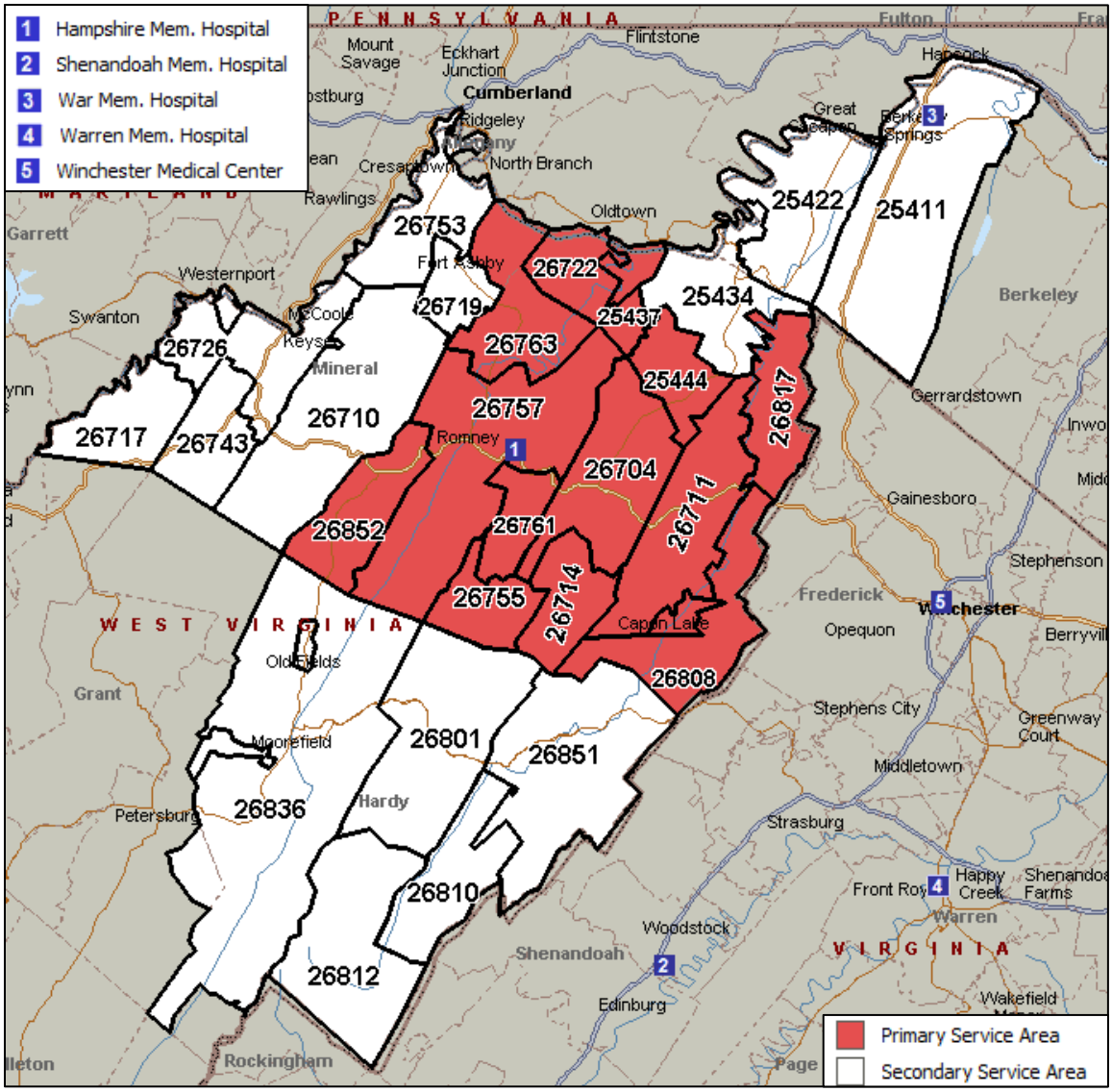
County	Number of Inpatient Discharges	Percent of Total Inpatient Discharges	Number of ED Discharges	Percent of ED Discharges
PSA	**384**	**81.7%**	**7,927**	**85.9%**
Hampshire	384	81.7%	7,927	85.9%
SSA	57	**12.1%**	**773**	**8.4%**
Hardy	20	4.3%	221	2.4%
Mineral	21	4.5%	375	4.1%
Morgan	16	3.4%	177	1.9%
PSA and SSA Total	**441**	**93.8%**	**8,700**	**94.3%**
Other Areas	**29**	**6.2%**	**530**	**5.7%**
Total Discharges	**470**	**100.0%**	**9,230**	**100.0%**

Source: Valley Health, 2012

In 2012, the community collectively accounted for 94 percent of the hospital's inpatient discharges and emergency department discharges. The majority (82 percent) of the hospital's inpatients originated from Hampshire County, the primary service area (**Exhibit 2**).

Exhibit 3 presents a map displaying the four counties and 30 ZIP codes that comprise Hampshire's community, including its primary and secondary service areas.

Exhibit 3: Hampshire Memorial Hospital Community



Sources: Microsoft MapPoint and Valley Health, 2013.

SECONDARY DATA ASSESSMENT

This section presents secondary data regarding health needs in Hampshire Memorial Hospital's community.

Demographics

Population characteristics and changes play a role in influencing the health issues of and services needed by communities (**Exhibit 4**).

Exhibit 4: Percent Change in Population by County and Town, 2013-2018

County and Town	Total Population 2013	Total Population 2018	Percent Change in Population 2013-2018
PSA	**22,798**	**22,352**	**-2.0%**
Hampshire	**22,798**	**22,352**	**-2.0%**
Augusta	4,247	4,235	-0.3%
Bloomery	1,340	1,349	0.7%
Capon Bridge	2,032	2,086	2.7%
Capon Springs	N/A	N/A	N/A
Delray	1,038	1,038	0.0%
Green Spring	757	736	-2.8%
High View	1,507	1,461	-3.1%
Junction	N/A	N/A	N/A
Levels	292	291	-0.3%
Points	171	160	-6.4%
Purgitsville	1,080	1,054	-2.4%
Rio	401	385	-4.0%
Romney	6,219	5,955	-4.2%
Shanks	975	917	-5.9%
Slanesville	883	861	-2.5%
Springfield	1,653	1,629	-1.5%
Yellow Spring	203	195	-3.9%
SSA	**58,513**	**57,981**	**-0.9%**
Hardy	**14,212**	**13,859**	**-2.5%**
Baker	1,560	1,531	-1.9%
Fisher	299	292	-2.3%
Lost City	596	561	-5.9%
Mathias	1,397	1,341	-4.0%
Moorefield	8,083	7,889	-2.4%
Old Fields	183	185	1.1%
Wardensville	2,094	2,060	-1.6%
Mineral	**27,763**	**27,651**	**-0.4%**
Burlington	4,118	4,149	0.8%
Elk Garden	973	939	-3.5%
Fort Ashby	2,555	2,553	-0.1%
Keyser	9,538	9,394	-1.5%
New Creek	1,609	1,585	-1.5%
Piedmont	977	915	-6.3%
Ridgeley	7,042	7,261	3.1%
Wiley Ford	951	855	-10.1%
Morgan	**16,538**	**16,471**	**-0.4%**
Berkeley Springs	12,731	12,667	-0.5%
Great Cacapon	1,741	1,758	1.0%
Paw Paw	2,066	2,046	-1.0%
Total	**81,311**	**80,333**	**-1.2%**

Source: Nielsen-Claritas via Valley Health, 2013.

The total community population is expected to decrease 1% from 2013 to 2018

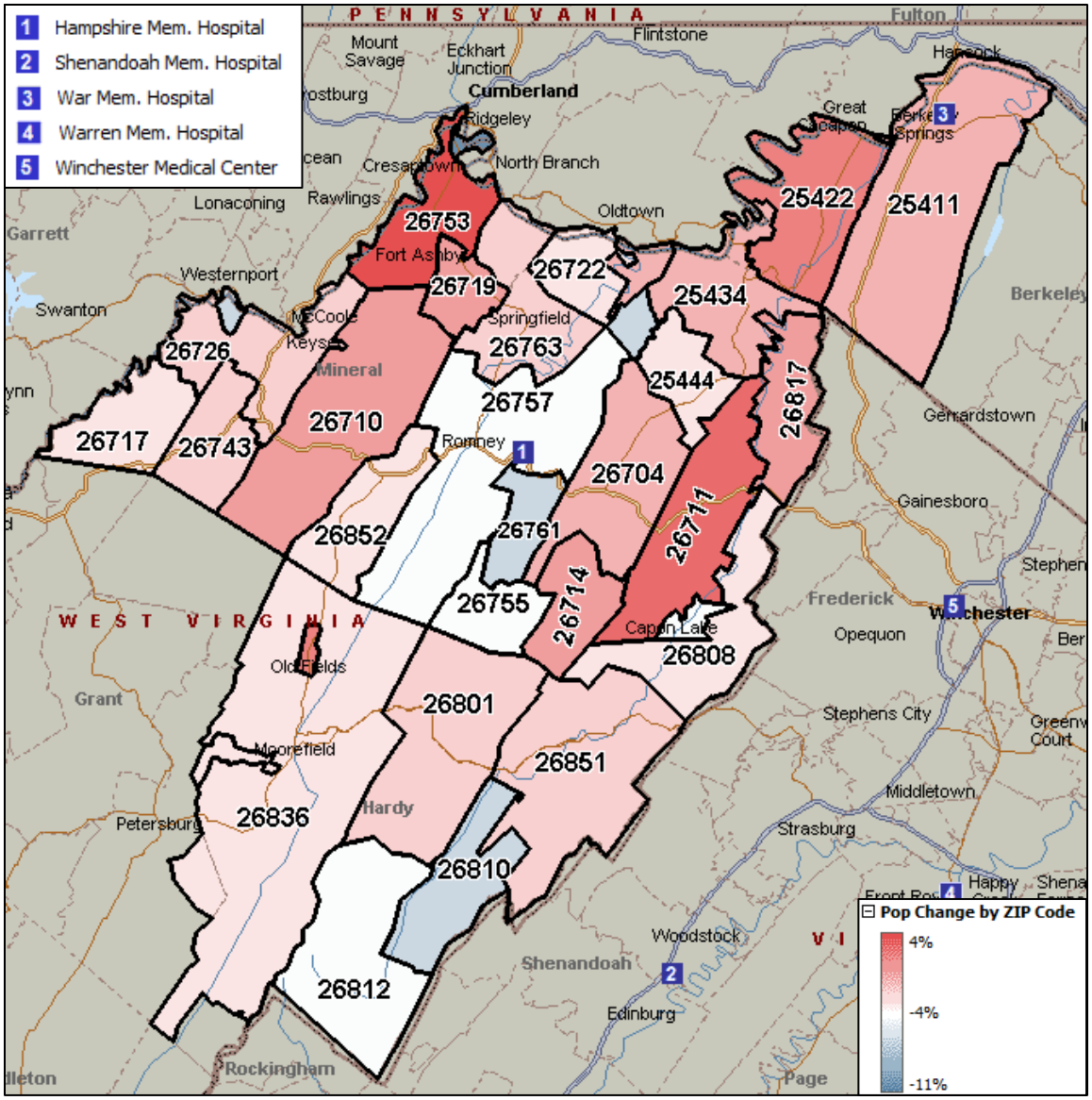
…

The primary service area is expected to decline more rapidly than the secondary service area

Overall, the population living in the Hampshire community is expected to decrease by 1.2 percent between 2013 and 2018 (**Exhibit 4**). West Virginia's total population is expected to increase by 2.2 percent between 2010 and 2020.[2]

Rates of projected population change vary by county and ZIP code **(Exhibits 4 and 5)**.

Exhibit 5: Population Change by ZIP Code, 2013-2018



Sources: Microsoft MapPoint and Nielsen-Claritas via Valley Health, 2013.

ZIP codes 25437 (Points), 26761 (Shanks), and 26810 (Lost City) are expecting the steepest declines while ZIP codes 26753 (Ridgeley) and 26711 (Capon Bridge) are expecting the highest levels of growth in the community **(Exhibits 4 and 5)**.

[2]University of West Virginia College of Business and Economics. (2013). *West Virginia Population Projection by Age and Sex*. Retrieved from: http://www.be.wvu.edu/demographics/populationprojection.htm

Exhibit 6 illustrates the number of residents by age and sex in 2013 and projected for 2018.

Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2013-2018

Age/Sex Cohort	Total Population 2013	Total Population 2018	Percent Change in Population 2013-2018
Female 0-17	8,107	7,761	-4.3%
Male 0-17	8,790	8,384	-4.6%
Female 18-44	12,244	11,791	-3.7%
Male 18-44	12,729	12,259	-3.7%
Female 45-64	12,237	11,577	-5.4%
Male 45-64	12,047	11,537	-4.2%
Female 65+	8,087	9,107	12.6%
Male 65+	7,070	7,917	12.0%
Total	**81,311**	**80,333**	**-1.2%**

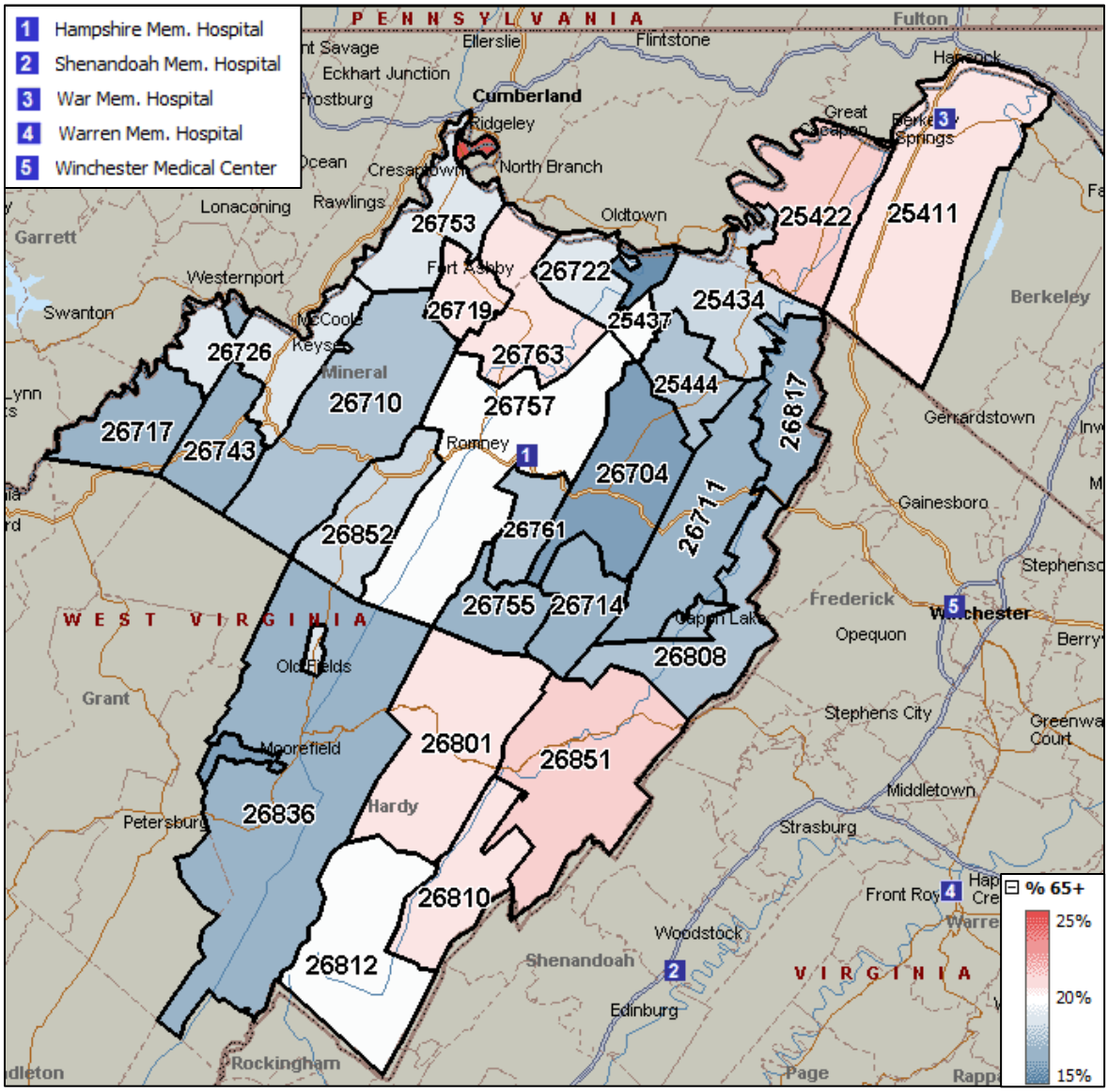
Source: Nielsen-Claritas via Valley Health, 2013.

The community population is aging

The number of residents aged 65 years and over is expected to increase rapidly while all other cohorts are expected to decline. The aging of the population, coupled with the impact of anticipated health insurance coverage expansions associated with health reform, may increase demand for health services (**Exhibit 6**).

Exhibit 7 indicates the percent of the population aged 65 years and over in the community.

Exhibit 7: Percent of Population Aged 65+ by ZIP Code, 2013



Sources: Microsoft MapPoint and Nielsen-Claritas via Valley Health, 2013.

The ZIP codes with the highest percentages of people aged 65 and over are 26767 (Wiley Ford), 25422 (Great Cacapon), and 26851 (Wardensville) (**Exhibit 7**).

Exhibit 8 indicates the distribution of the population by race in the Hampshire community.

Exhibit 8: Distribution of Population by Race, 2013

Race	Total Population 2013	Total Population 2018	Percent Change in Population 2013-2018
American Indian/Alaska Native	164	173	5.5%
Asian	403	471	16.9%
Black or African American	1,480	1,500	1.4%
Native Hawaiian/Pacific Islander	24	28	16.7%
Some Other Race	362	415	14.6%
Two or More Races	1,041	1,167	12.1%
White	77,837	76,579	-1.6%
Total	**81,311**	**80,333**	**-1.2%**

Source: Nielsen-Claritas via Valley Health, 2013.

The community was 96% White in 2013

Nearly 96 percent of the community's population is White. Non-White populations are expected to grow from 4.3 percent to 4.7 percent of the total population from 2013-2018 (**Exhibit 8**). The gradually growing diversity of the community is important to recognize given the presence of health disparities and barriers to access to services experienced by different groups.

Exhibit 9 indicates the distribution of the population by ethnicity.

Exhibit 9: Distribution of the Population by Ethnicity, 2013

Ethnicity	Total Population 2013	Total Population 2018	Percent Change in Population 2013-2018
Hispanic or Latino	1,204	1,370	13.8%
Not Hispanic or Latino	80,107	78,963	-1.4%
Total	**81,311**	**80,333**	**-1.2%**

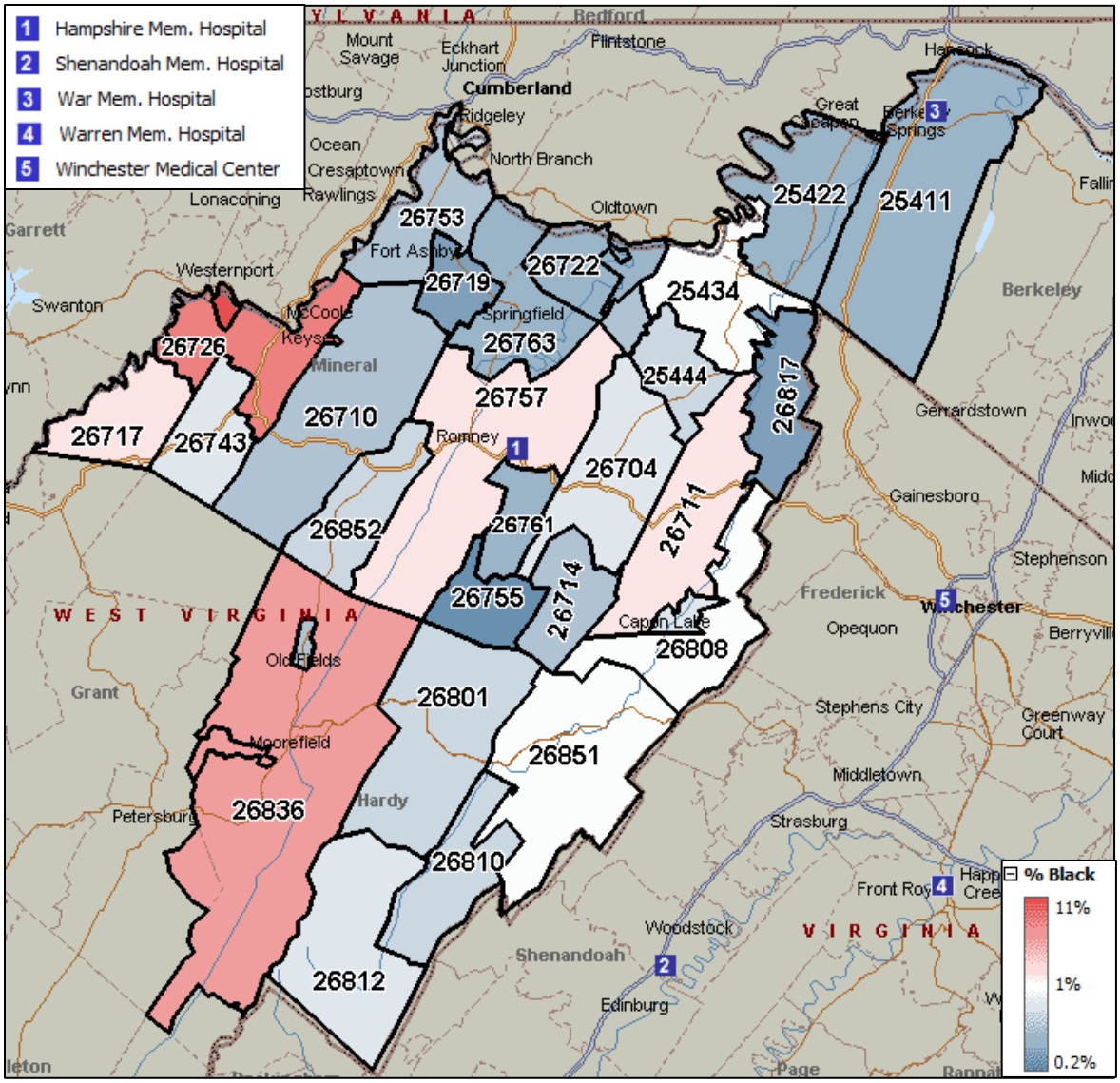
Source: Nielsen-Claritas via Valley Health, 2013.

1.5% of the community identified as Hispanic or Latino

Projections indicate that the Hispanic or Latino population is expected to increase more rapidly than the non-Hispanic or Latino population, and to increase from 1.5 percent to 1.7 percent of the total community from 2013 to 2018 (**Exhibit 9**).

Exhibits 10 and **11** illustrate the locations in the community where the percentage of the population that is Black and Hispanic or Latino is highest. The percentage of Black residents is highest in ZIP codes 26726 (Keyser) and 26740 (Piedmont) in Mineral County. The percentage of Hispanic or Latino residents is highest in Hardy County ZIP codes 26836 (Moorefield) and 26818 (Fisher).

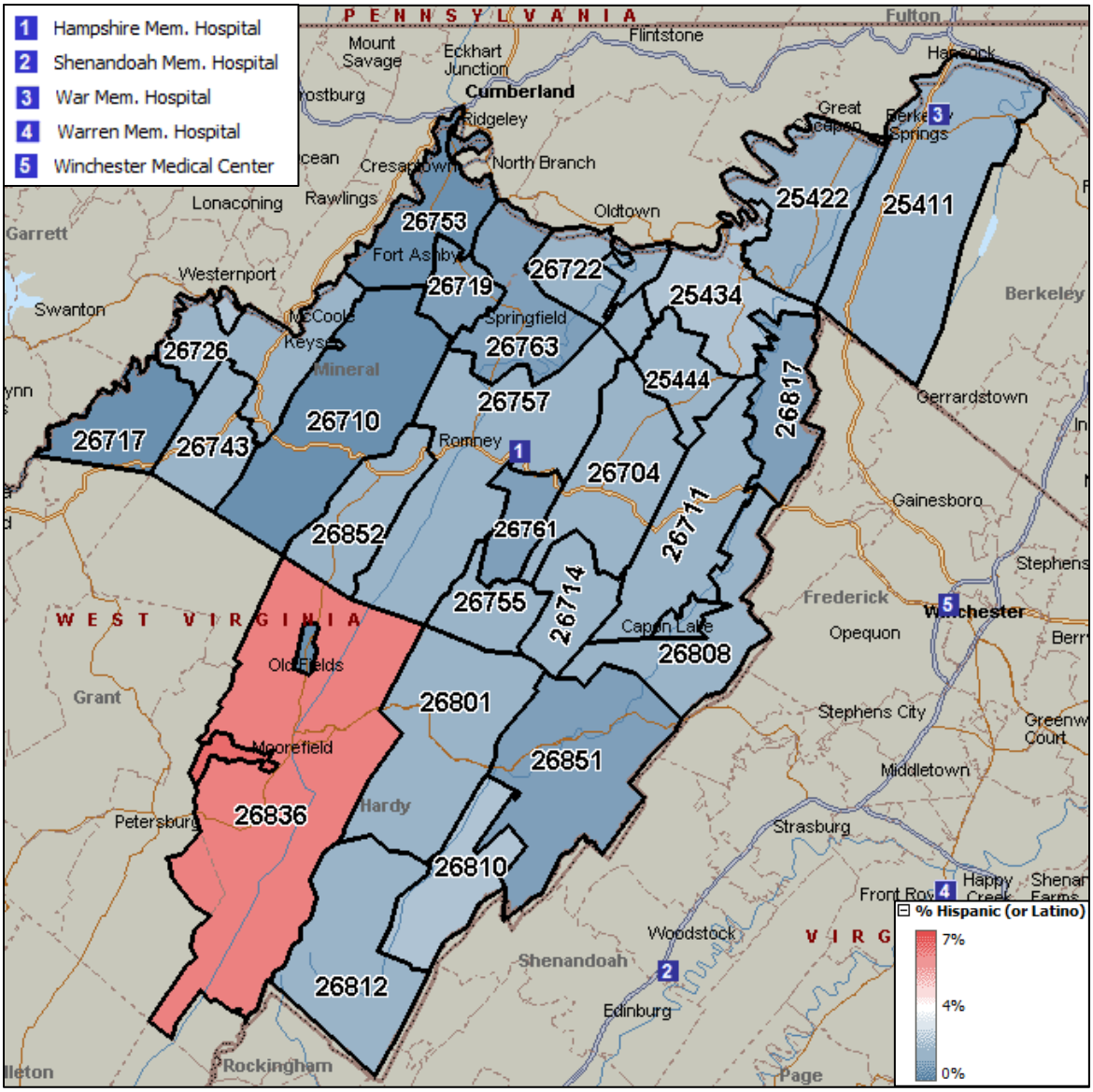
Exhibit 10: Percent of Population – Black, 2013



Sources: Microsoft MapPoint and Nielsen-Claritas via Valley Health, 2013.

At 5.3% of the population, ZIP codes 26726 (Keyser) and 26740 (Piedmont) had the highest proportion of Black residents

Exhibit 11: Percent of Population – Hispanic (or Latino), 2013



Sources: Microsoft MapPoint and Nielsen-Claritas via Valley Health, 2013.

Hardy County ZIP codes 26836 (Moorefield) and 26818 (Fisher) had the highest percentages of Hispanic or Latino residents in the community

Other demographic indicators are presented in **Exhibit 12**.

Exhibit 12: Demographic Indicators, 2011

County	Population 25 + Without a High School Diploma	Population 5+ Who are Linguistically Isolated
PSA		
Hampshire	22.4%	0.4%
SSA		
Hardy	20.2%	3.0%
Mineral	14.1%	0.6%
Morgan	15.9%	0.1%
West Virginia	**17.4%**	**0.7%**
U.S.	**14.6%**	**8.7%**

Source: U.S. Census Bureau, ACS 5 year estimates, 2011.

Hampshire and Hardy Counties had higher rates of residents aged 25+ who did not graduate from high school than the West Virginia or U.S. averages

Key findings include:

- Hampshire and Hardy Counties had higher rates than the state and U.S. averages of residents aged 25 and older who did not graduate high school. West Virginia as a whole compares poorly to the U.S. average for this measure. Although Morgan County compares favorably to the state average, it has a higher rate of non-graduates than the U.S.
- Comparatively few community residents were linguistically isolated. Linguistic isolation is defined as the population aged five and older who speak a language other than English and speak English less than "very well." At three percent, Hardy County reported the highest rate of linguistic isolation.

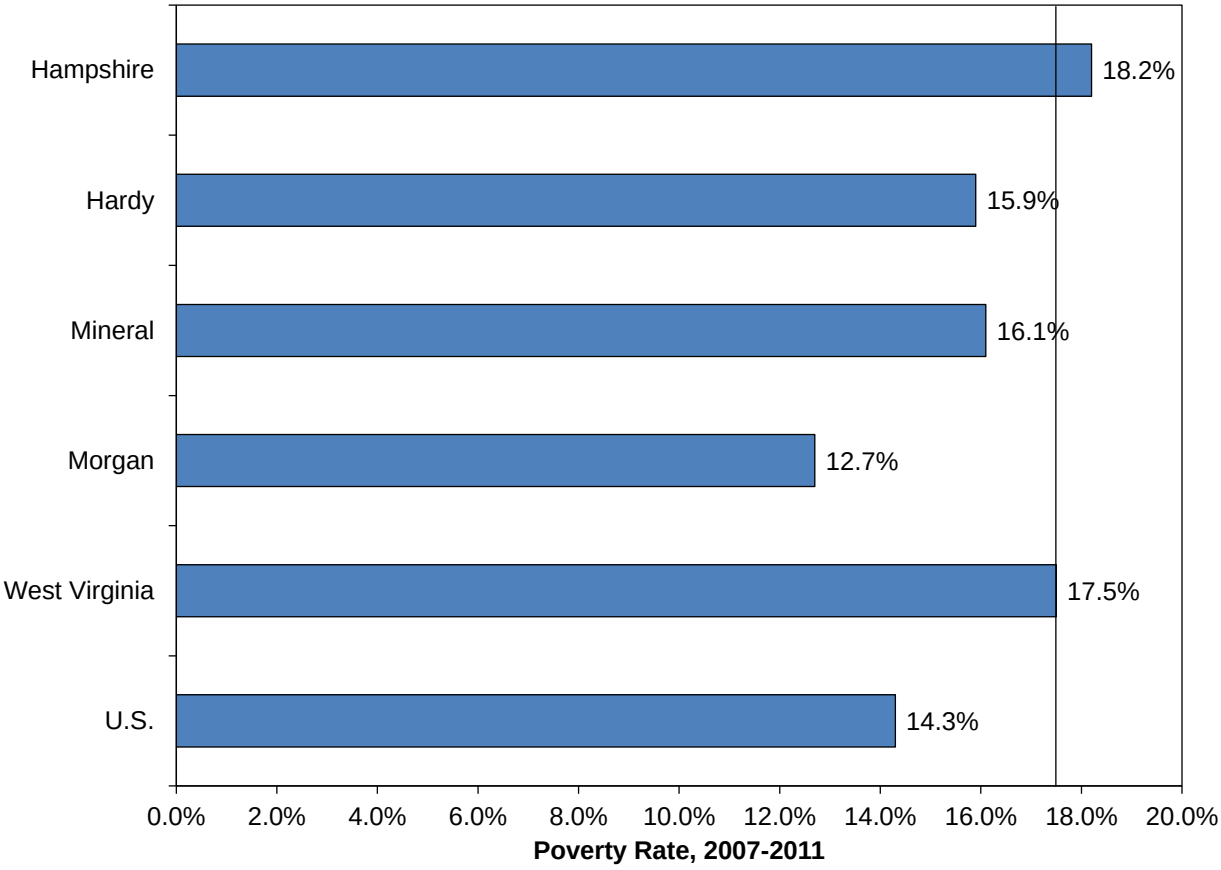
Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty; (2) household income; (3) unemployment rate; (4) crime; (5) utilization of government assistance programs; (6) insurance status; and (7) West Virginia and local budget adjustments.

1. People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2011 approximately 14 percent of people in the U.S. and nearly 18 percent of people in West Virginia lived in poverty (**Exhibit 13**).

Exhibit 13: People in Poverty by County, 2007-2011

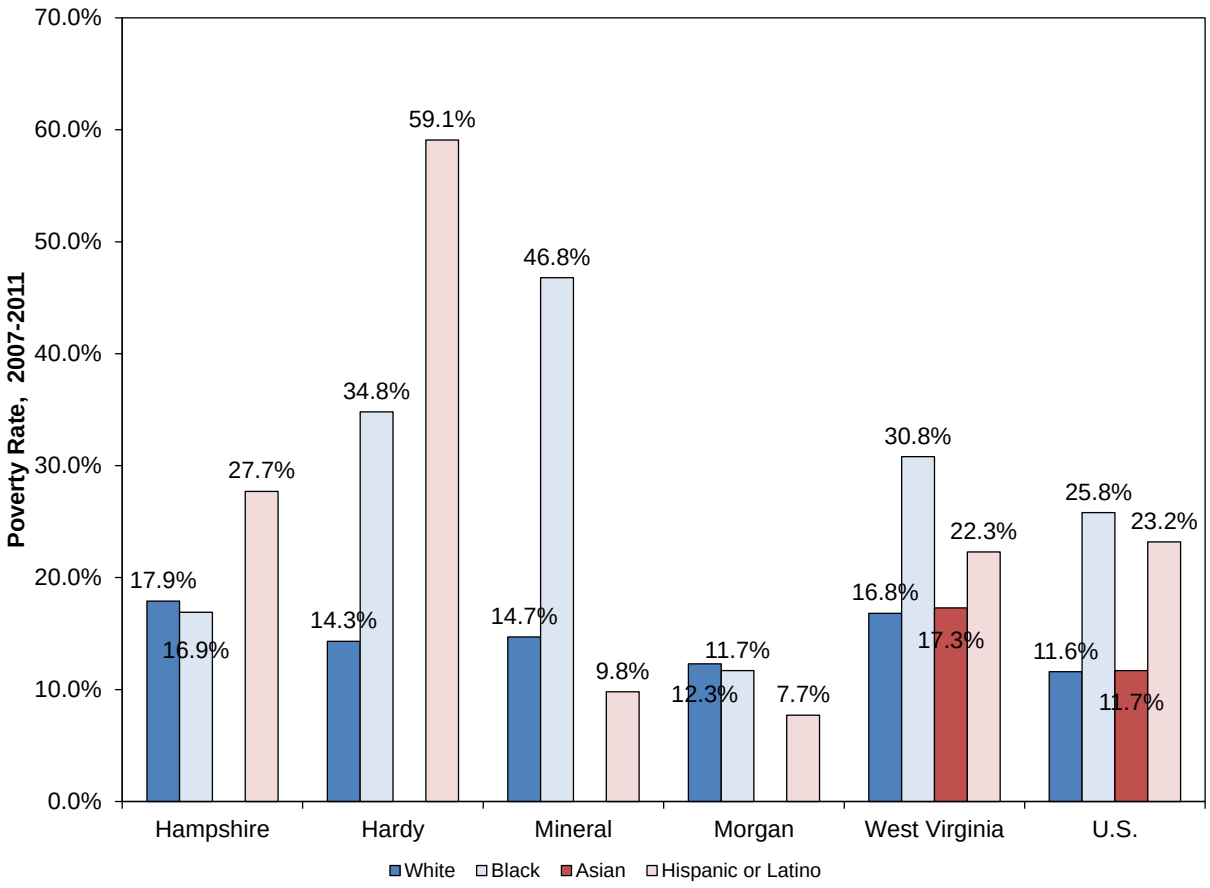


Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.
The vertical line signifies the poverty rate in West Virginia.

Hampshire County reported poverty rates higher than the West Virginia average. West Virginia's poverty rate, as well as Hampshire, Hardy, and Mineral Counties' rates, were higher than the U.S. average (**Exhibit 13**).

Exhibit 14 presents poverty rates by race for each county in the community.

Exhibit 14: People in Poverty by Race and County, 2007-2011



Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.
Poverty data were not available for the Asian population at a county level.

All four counties' poverty rates for the White population were higher than the U.S. average in 2011. The poverty rate for the Hispanic (or Latino) population in Hampshire and Hardy Counties were higher than other cohorts and also above the state and national averages. The poverty rates for the Black populations were higher than the West Virginia and U.S. averages in Hardy and Mineral Counties, and were well above the poverty rates of the White populations (**Exhibit 14**).

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 2013, 40 percent of all households in Hampshire Memorial Hospital's total community, and 48 percent of households in the PSA, had incomes below $25,000, an approximation of the federal poverty level (FPL) for a family of four. The community as a whole has experienced a 38 percent increase in the percentage of households with incomes under $25,000 since 2009. Hampshire County reported the lowest average household income and the highest percentage of households with incomes under $25,000 (**Exhibit 15**).

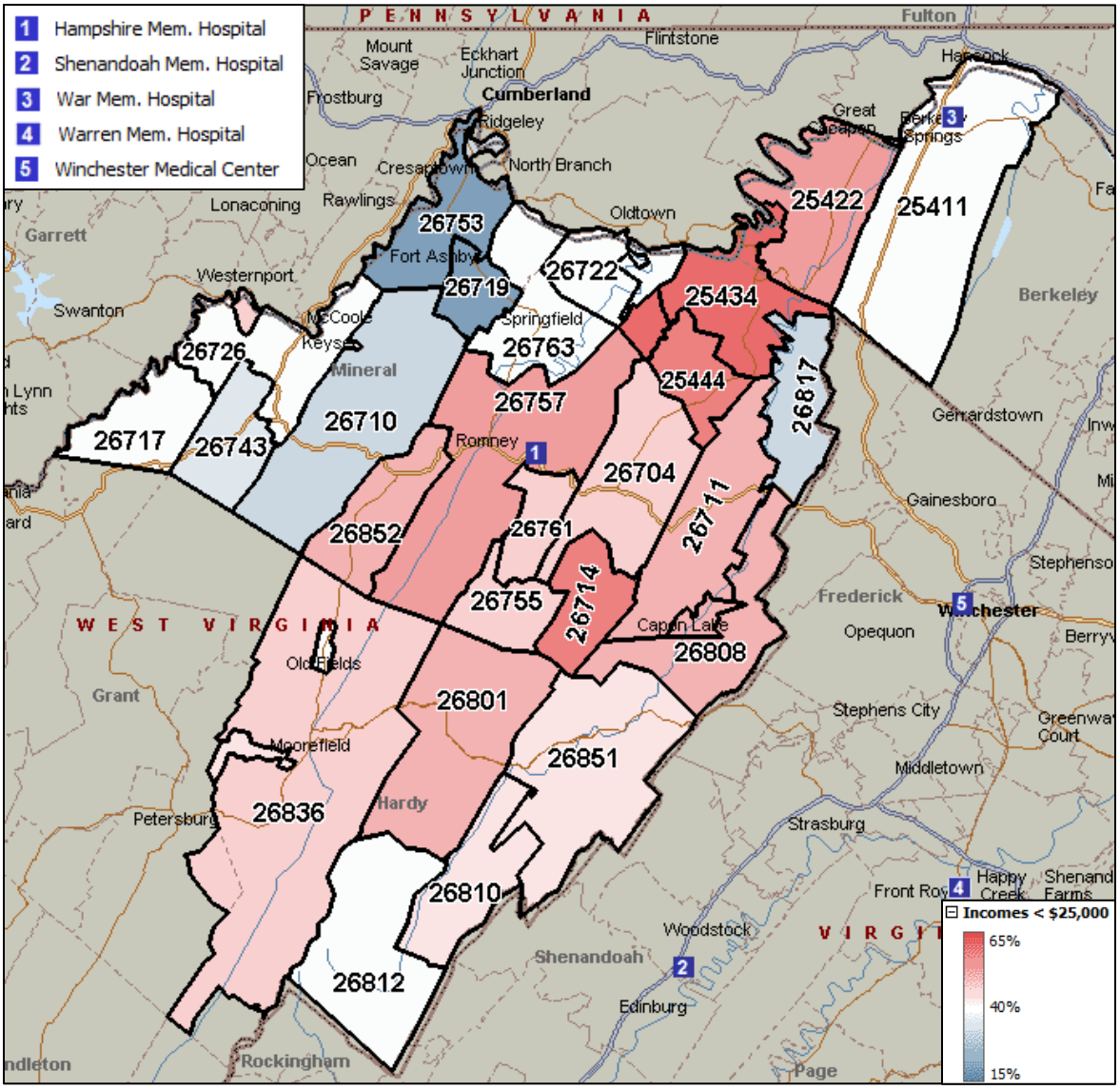
Exhibit 15: Percent of Lower-Income Households by County and Town, 2013

County and Town	Average Income	Percent Less Than $25,000 2009	Percent Less Than $25,000 2013	Percent <25,000 Increase or (Decrease) 2009-2013
PSA	**33,871**	**29.8%**	**47.9%**	**61.0%**
Hampshire	**33,871**	**29.8%**	**47.9%**	**61.0%**
Augusta	34,616	31.4%	46.4%	47.6%
Bloomery	43,651	27.7%	31.2%	12.7%
Capon Bridge	34,821	18.3%	47.2%	157.8%
Capon Springs	N/A	N/A	N/A	N/A
Delray	31,734	30.4%	55.6%	83.3%
Green Spring	34,252	29.2%	38.9%	33.1%
High View	34,507	16.2%	50.5%	212.0%
Junction	N/A	N/A	N/A	N/A
Levels	33,083	25.7%	38.3%	49.1%
Points	28,808	23.6%	58.5%	147.3%
Purgitsville	34,798	29.9%	49.8%	66.3%
Rio	35,613	29.9%	46.5%	55.7%
Romney	29,935	36.4%	53.8%	47.8%
Shanks	35,365	30.5%	46.2%	51.2%
Slanesville	31,468	22.8%	56.5%	148.4%
Springfield	38,247	32.3%	36.9%	14.2%
Yellow Spring	35,976	16.5%	48.8%	196.2%
SSA	**44,496**	**28.7%**	**37.0%**	**28.8%**
Hardy	**39,122**	**30.6%**	**43.4%**	**42.2%**
Baker	36,752	27.2%	48.7%	79.2%
Fisher	40,642	24.0%	42.5%	77.3%
Lost City	40,665	26.9%	41.8%	55.4%
Mathias	43,274	29.8%	36.2%	21.5%
Moorefield	37,769	33.6%	44.1%	31.3%
Old Fields	39,212	33.3%	39.7%	19.2%
Wardensville	42,338	23.4%	43.0%	83.8%
Mineral	**49,746**	**31.2%**	**31.3%**	**0.2%**
Burlington	49,969	21.0%	30.1%	43.0%
Elk Garden	40,932	38.1%	39.6%	4.1%
Fort Ashby	59,860	32.3%	19.3%	-40.3%
Keyser	43,423	39.8%	39.6%	-0.3%
New Creek	48,641	23.0%	35.2%	52.9%
Piedmont	34,244	48.7%	46.3%	-4.9%
Ridgeley	58,171	23.8%	21.1%	-11.1%
Wiley Ford	48,403	27.2%	29.9%	9.8%
Morgan	**40,440**	**23.2%**	**41.1%**	**77.1%**
Berkeley Springs	43,131	22.6%	36.2%	60.5%
Great Cacapon	34,186	27.5%	52.4%	90.6%
Paw Paw	29,783	23.7%	60.2%	153.6%
Total	**41,596**	**29.0%**	**40.0%**	**37.8%**

Source: Nielsen-Claritas via Valley Health, 2013.

Exhibit 16 presents a map of the percent of households with incomes under $25,000 in the community.

Exhibit 16: Percentage of Households with Incomes under $25,000 by ZIP Code, 2013



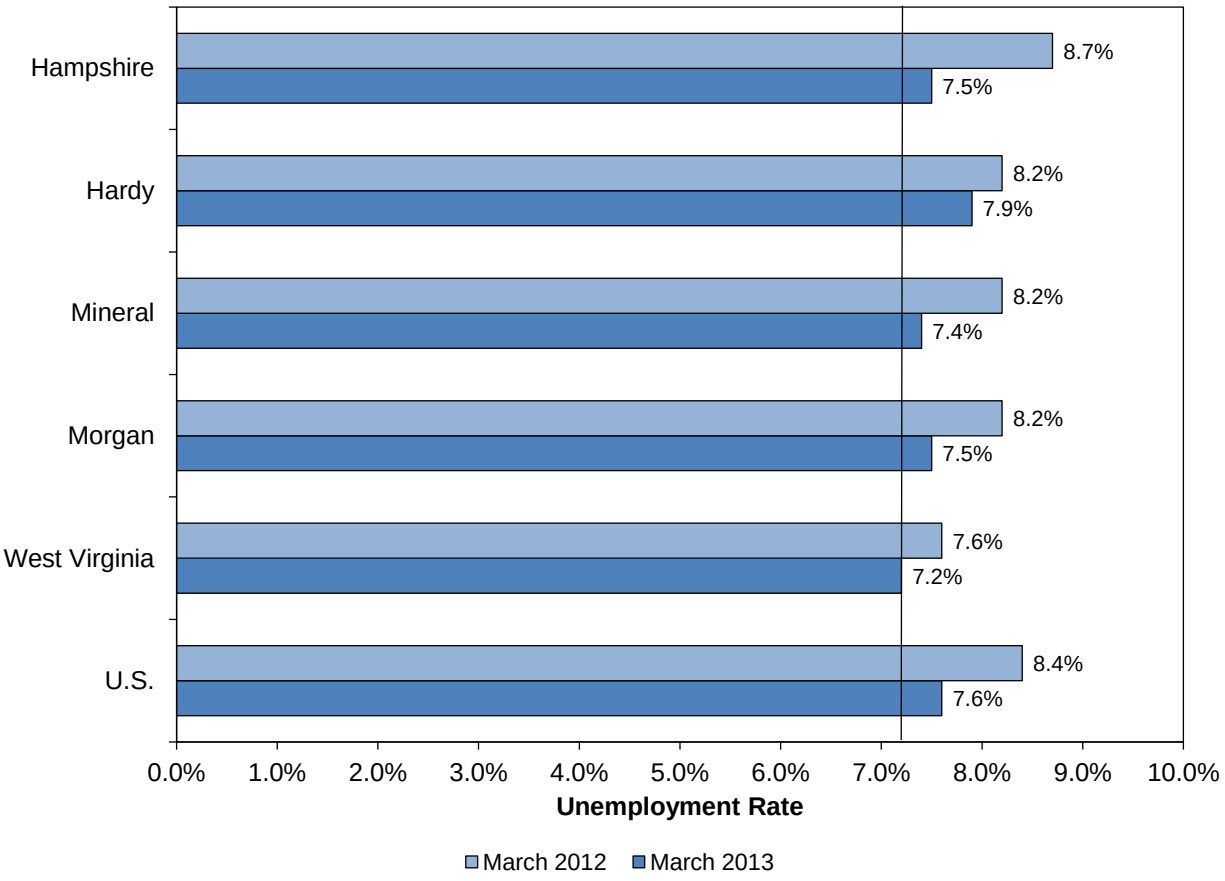
Sources: Microsoft MapPoint and Nielsen-Claritas via Valley Health, 2013.

The highest proportions of households with incomes under $25,000 in 2013 were located in Hampshire, Hardy, and Morgan Counties, particularly ZIP codes 25434 (Paw Paw) 25437 (Points) and 25444 (Slanesville) (**Exhibit 16**).

3. Unemployment Rates

Exhibit 17 shows the unemployment rate for each county compared to West Virginia and national averages.

Exhibit 17: Unemployment Rates by County, 2012 and 2013



Source: Bureau of Labor Statistics, 2013.
The vertical line signifies the unemployment rate in West Virginia in March 2013.

Each county in the community reported slightly higher unemployment than the West Virginia average in 2013. Hardy County's unemployment rate was higher than both the state and national averages (**Exhibit 17**).

4. Crime

The Federal Bureau of Investigation reports data on violent crime in the United States (**Exhibit 18**).

Exhibit 18: Violent and Property Crime Rates per 100,000 Population, 2011

County	Population	Violent crime**	Property crime	Burglary	Larceny-theft
PSA	**23,750**	**307.4**	**311.6**	**181.1**	**113.7**
Hampshire	23,750	307.4	311.6	181.1	113.7
SSA	**59,376**	**111.2**	**323.4**	**134.7**	**165.0**
Hardy	13,893	50.4*	251.9	108.0	108.0
Mineral	27,970	175.2	135.9	50.1	82.2
Morgan	17,513	57.1	679.5	291.2	342.6
West Virginia	**1,846,372**	**40.8**	**165.5**	**55.3**	**100.6**

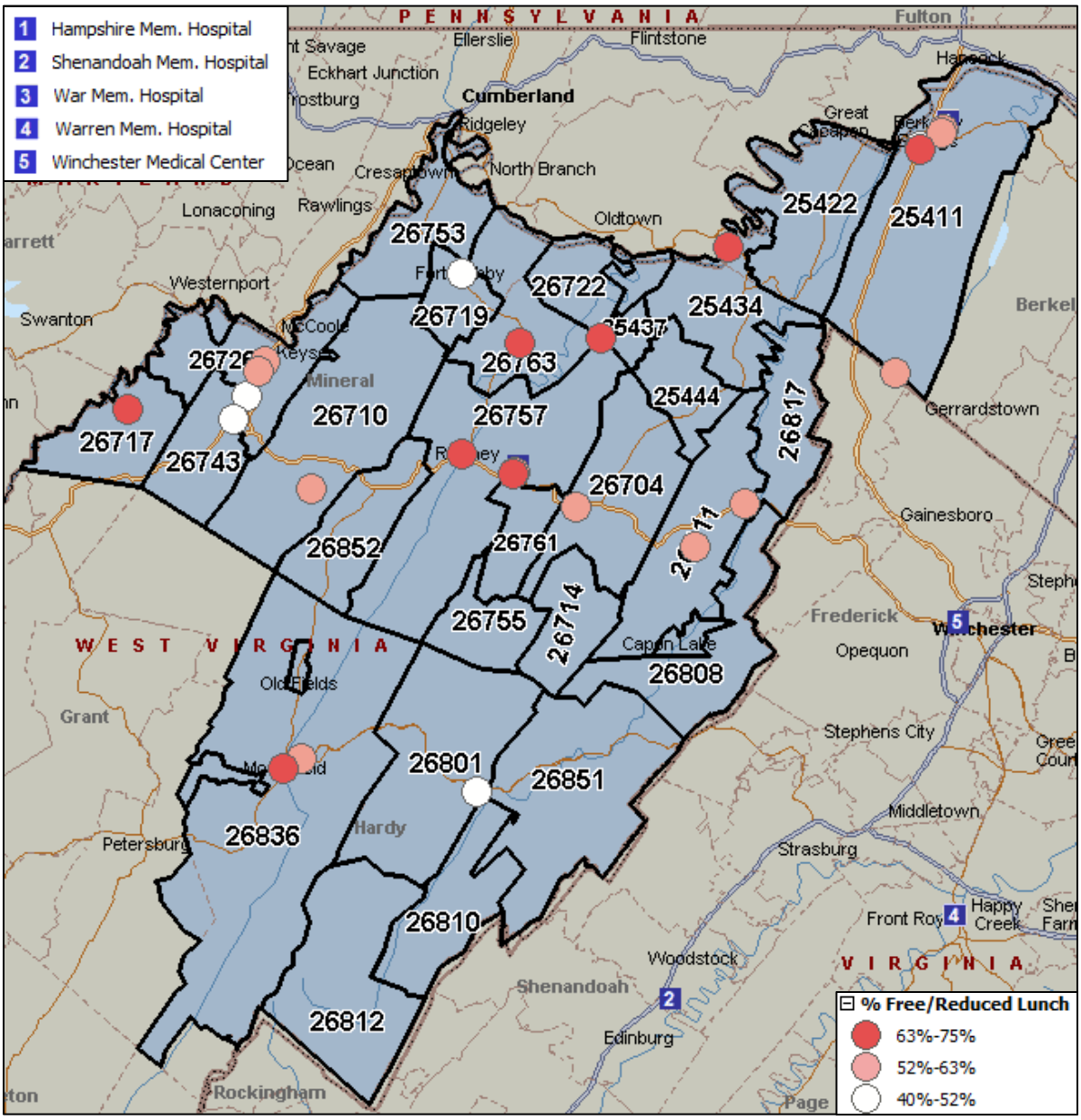
Sources: Violent crime counts retrieved from the Federal Bureau of Investigation, Uniform Crime Reports, 2012. Population 2011 estimates obtained from the U.S. Census Bureau, ACS 5 year estimates, 2007-2011. Rates calculated by Verité.
*Caution should be used when interpreting this rate; represents fewer 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.

All counties reported higher rates of violent crime than the West Virginia average. Property crimes, including burglary and larceny, were higher than the state average in Hampshire, Hardy, and Morgan Counties **(Exhibit 18)**.

5. 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 19**).

Exhibit 19: Public Schools with over 40 Percent of Students Eligible for Free or Reduced-Price Lunches, School Year 2012-2013



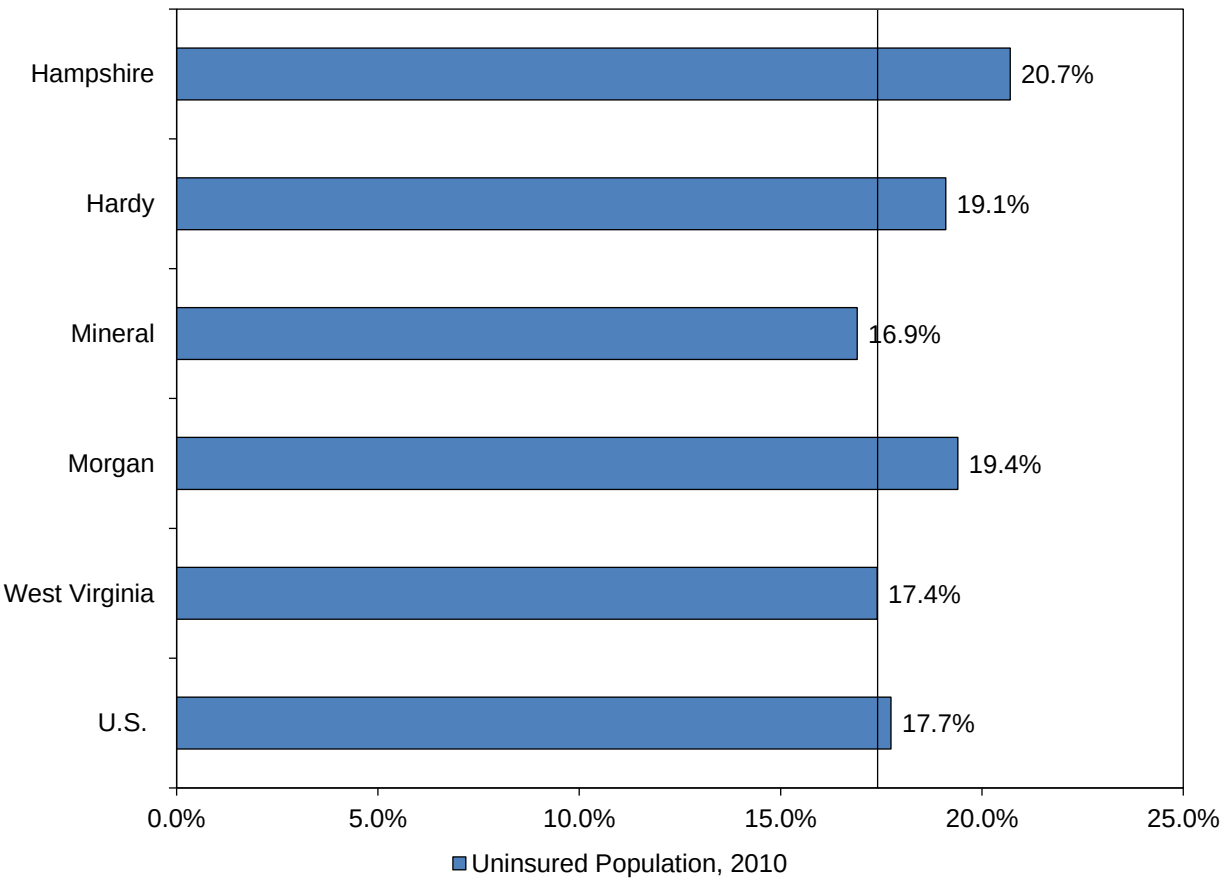
Sources: Microsoft MapPoint, Office of Child Nutrition, West Virginia Department of Education, 2012, and Office of School Nutrition Programs, West Virginia Department of Education, 2012.
* Although 29 schools have over 40 percent of their student body eligible for free or reduced lunch, due to the proximity of certain schools, only 22 icons can be seen on the map.

In the Hampshire community, 29 schools, located in every county, were eligible for Title 1 funds (**Exhibit 19**).

6. Insurance Status

Exhibit 20 displays the percent of the population that is uninsured by county in the Hampshire community.

Exhibit 20: Uninsured Population by County, 2010



Source: U.S. Census Small Area Health Insurance Estimates (SAIHE), 2010.

Hampshire, Hardy, and Morgan Counties had higher uninsurance rates than the West Virginia and U.S. averages. Hampshire County had the highest uninsurance rate in the community **(Exhibit 20)**.

7. State of West Virginia and Local Budgets

The recent economic recession has had major implications for levels of state and county resources devoted to health care, public health, and social services.

West Virginia has significantly reduced funding appropriated to these services. Relevant highlights from the 2014 budget[3] include:

[3]The State of West Virginia Executive Budget Fiscal Year 2014. Retrieved on May 11, 2013 from http://www.budget.wv.gov/SiteCollectionDocuments/VIBR2014.pdf.

- The Department of Health and Human Resources (DHHR) saw an overall budget decrease of 5.0 percent.
- Budget changes for specific sections of DHHR include: Bureau for Medical Services (6.2 percent decrease); Bureau of Behavioral Health and Health Facilities (0.8 percent decrease); Bureau for Public Health (7.3 percent decrease); and Health Care Authority (4.9 percent decrease).

Highlights from county-level budgets include:

- **Hampshire County**:[4] Health and Sanitation expenditures for FY 2012-2013 totaled $65,000. Social Services expenditures were $5,000.
- **Hardy County**:[5] The budget for the local health department for FY 2012-2013 totaled $65,000. Social Services budget was $5,000.
- **Mineral County**:[6] The local health department's budget for FY 2012-2013 was $74,000; an additional $39,900 was allocated from the Coal Severance Tax Fund. The budget for Social Services was $13,500 for FY 2012-2013, plus an additional $10,500 from the Coal Severance Tax Fund.
- **Morgan County**:[7] The Morgan County local health department's expenditures for FY 2012-2013 were $30,000. No funds were allocated to Social Services for FY 2012-2013.

Local Health Status and Access Indicators

This section examines health status and access to care data for the Hampshire community from several sources. The data include: (1) County Health Rankings; (2) West Virginia Department of Health and Human Resources; and (3) Behavioral Risk Factor Surveillance System. Indicators also were compared to Healthy People 2020 goals.

1. 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 state or commonwealth in terms of "health factors" and "health outcomes." These health outcomes and factors are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[8] social and economic factors, and physical environment.[9] *County Health Rankings* is updated

[4] Hampshire County 2013 Budget. (2013). Retrieved 2013, from: http://www.wvsao.gov/LocalGovernment/files/levy/county_12-13/Hampshire2013.pdf
[5] Hardy County 2013 Budget (2013). Retrieved 2013, from: http://www.wvsao.gov/LocalGovernment/files/levy/county_12-13/Hardy2013.pdf
[6] Mineral County 2013 Budget. (2013). Retrieved 2013, from: http://www.wvsao.gov/LocalGovernment/files/levy/county_12-13/Mineral2013.pdf
[7] Morgan County 2013 Budget. (2013). http://www.wvsao.gov/LocalGovernment/files/levy/county_12-13/Morgan2013.pdf
[8] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.
[9] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

annually. *County Health Rankings 2013* relies on data from 2004 to 2012, with most data originating in 2007 to 2011.

Exhibit 21 illustrates each county's ranking for each composite category in 2013. Rankings indicate how each county in West Virginia ranked compared to the 55 counties in the state. A rank of 1 indicates the best county in West Virginia. Indicators are shaded based on the county's percentile for the state ranking. For example, Hampshire County compared unfavorably to other West Virginia counties for alcohol use with a rank of 51 out of 55 counties and placing in the bottom quartile of all West Virginia counties.

Exhibit 21: County Rank among 55 West Virginia Counties, 2013

Indicator Category	Hampshire	Hardy	Mineral	Morgan
Health Outcomes	5	10	19	33
Mortality	8	31	18	34
Morbidity	5	2	19	24
Health Factors	39	24	10	8
Health Behaviors	41	14	6	17
Tobacco Use	38	8	2	37
Diet and Exercise	41	14	28	10
Alcohol Use	51	52	18	42
Sexual Activity	27	22	21	7
Clinical Care	47	16	11	21
Access to Care	53	37	20	42
Quality of Care	29	5	4	2
Social & Economic Factors	26	30	20	7
Education	39	43	12	19
Employment	17	26	15	23
Income	38	13	15	7
Family and Social Support	21	52	20	37
Community Safety	21	34	55	12
Physical Environment	42	41	50	3
Environmental Quality	29	7	55	39
Built Environment	46	52	11	2

Source: County Health Rankings, 2013.

Key
Top 50th percentile of WV counties (Better)
25th to 49th percentile of WV counties
Bottom 25th percentile of WV counties (Worse)

Hampshire Memorial Hospital counties frequently ranked in the bottom half of West Virginia counties for alcohol use, access to care,[10] and physical environment, including environmental quality. [11] Hampshire County compared the least favorably, with 13 indicators ranking in the bottom half of West Virginia counties and five of those indicators ranking in the bottom 25 percent of West Virginia counties (alcohol use; clinical care, including access to care; and

[10] The percent of the population without health insurance and ratio of population to primary care physicians.
[11] The number of air pollution-particulate matter days and air pollution-ozone days.

physical environment, including built employment[12]). Hardy County ranked in the bottom 25 percent of all West Virginia counties for alcohol use, education, family and social support, and built environment. Mineral County ranked most unfavorably for community safety and physical environment, including environmental quality. Morgan County ranked in the bottom quartile for alcohol use and access to care (**Exhibit 21**).

Exhibit 22 provides data for each underlying indicator of the composite categories in the County Health Rankings.[13] The County Health Rankings methodology provides a comparison of counties within a state to one another. It also is important to analyze how these same indicators compare to the national average. For example, the ratio of the population to primary care physicians in Hardy County was more than 75 percent worse than the U.S. average. Cells in the tables below are shaded if the indicator for a county in the Hampshire community exceeded the national average for that indicator by more than ten percent.

[12] Access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.
[13] County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Exhibit 22: County Data Compared to U.S. Average, 2013

Indicator	Hampshire	Hardy	Mineral	Morgan
Health Outcomes				
Years of potential life lost per death before age 75 per 100,000	7,692.4	9,051.3	8,106.3	9,287.1
Adults reporting poor or fair health	17.8%	15.8%	15.8%	22.3%
Average number of physically unhealthy days reported in the past 30 days	4.5	3.7	4.2	4.7
Average number of mentally unhealthy days reported in the past 30 days	3.1	3.1	3.4	4.4
Live births under 2500 grams (Low birth weight)	6.7%	7.1%	9.6%	8.0%
Health Behaviors				
Adults reporting smoking 100 cigarettes or more and currently smoking	28.5%	22.3%	15.9%	28.3%
Adults reporting BMI over 30 (obesity)	35.2%	32.7%	34.1%	31.3%
Adults 20+ reporting no leisure time physical activity	31.4%	28.0%	32.0%	30.8%
Reporting Binge and heavy drinking	12.3%	10.8%	8.0%	10.4%
Motor vehicle crash death rate per 100,000	29.6	33.3	20.7	27.6
Chlamydia incidence rate per 100,000	112.7	114.1	145.3	85.5
Birth rate per 1,000 females aged 15-19	46.3	42.7	36.8	36.3
Clinical Care				
Population under 65 without insurance	20.7%	19.1%	16.9%	19.4%
Ratio of population to primary care physicians	2,995:1	7,034:1	2,822:1	2,189:1
Ratio of population to dentists	6,117:1	1,765:1	3,608:1	5,880:1
Hospitalizations for ambulatory care sensitive conditions per 1,000 Medicare enrollees	95.3	83.9	100.8	87.2
Diabetic Medicare enrollees that receive a blood glucose screening	84.2%	85.6%	85.5%	89.0%
Female Medicare enrollees that receive a mammogram	55.7%	67.0%	74.7%	64.8%
Social & Economic Factors				
Number of 9th grade cohort that graduates in 4 years	83.3%	78.7%	92.4%	85.5%
Adults 25-44 with some post-secondary education	30.4%	36.3%	39.9%	43.0%
Population 16+ unemployed but seeking work	7.8%	8.4%	7.5%	8.3%
Percent of children under 18 in poverty	28.8%	24.3%	24.8%	21.7%
Percent of adults without social/emotional support	15.6%	24.1%	15.5%	21.0%
Children in a single parent household	31.7%	33.4%	31.6%	29.9%
Violent crime rate per 100,000	192.6	226.3	548.0	128.9
Physical Environment				
Average daily measure of fine particulate matter in the air in micrograms per cubic meter	12.7	12.4	12.8	12.9
Population exposed to water with a safety violation in the past year	0.0%	0.0%	28.3%	2.0%
Recreation facilities per 100,000 population	0.0	0.0	7.1	17.1
Number of low income population not close to a grocery store	10.2%	15.5%	4.7%	5.2%
Percent of restaurants classified as fast food	41.2%	33.3%	36.7%	26.3%

Source: County Health Rankings, 2013.

Key	
Unreliable or missing data	-
Ranging from better than U.S. average up to 10% worse than U.S. average	
10%-50% worse than U.S average	
50-75% worse than U.S. average	
>75% worse than U.S. average	

Counties in the community compared poorly to national averages for post-secondary education levels, physical environment indicators, including average daily particulate matter (poor air quality), access to recreation facilities, and low food access (low-income population not close to a grocery store). Hampshire and Morgan Counties reported comparatively high ratios of population to dentists. Hardy County compares unfavorably to the U.S. average for the ratio of population to primary care physicians (**Exhibit 22**).

2. West Virginia Department of Health and Human Services

The West Virginia Department of Health and Human Resources (WVDHHR) maintains a data warehouse that includes indicators regarding a number of health issues. In **Exhibits 23 through 27**, cells are shaded if the mortality rate for a county in the Hampshire community exceeded the West Virginia average by more than ten percent for that condition. Supplemental cancer incidence data also were gathered from the Centers for Disease Control and Prevention.

Exhibit 23 displays the leading causes of death in West Virginia and by county for the Hampshire community. It also displays the Virginia average for corresponding indicators.

Exhibit 23: Leading Causes of Death by County, 2009

Selected Causes of Death	Hampshire	Hardy	Mineral	Morgan	West Virginia 2009	Virginia 2011
Malignant neoplasms	260.0	139.6	286.7	262.4	**263.3**	**169.5**
Diseases of the heart	246.8	315.9	330.8	317.4	**280.1**	**161.3**
Hypertension and renal disease	-	-	33.1	0.0	**13.1**	**6.9**
Cerebrovascular diseases (stroke)	35.3	58.8	80.9	36.6	**60.1**	**41.4**
Chronic lower respiratory disease	61.7	66.1	33.1	67.1	**83.5**	**38.4**
Diabetes	39.7	36.7	29.4	30.5	**41.6**	**19.4**
Unintentional injury	61.7	102.9	55.1	48.8	**63.2**	**33.4**
Suicide	22.0	-	18.4	18.3	**15.8**	**12.5**
Chronic liver disease and cirrhosis	-	-	-	30.5	**13.5**	**8.1**
Alzheimer's disease	22.0	-	29.4	42.7	**30.7**	**23**
Influenza and pneumonia	-	44.1	-	0.0	**22.0**	**17.4**
Motor vehicle injury	26.4	36.7	22.1	24.4	**20.2**	**N/A**

Source: West Virginia Department of Health and Human Resources, 2009. Rates are per 100,000 population.

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

West Virginia compared unfavorably to Virginia for every indicator

Hardy County reported rates of mortality related to influenza and pneumonia and motor vehicle injury more than 75 percent worse than the West Virginia averages. Mineral County reported mortality related to hypertension and renal disease more than 75 percent worse than the state average, as did Morgan County for chronic liver disease and cirrhosis. Although the Hampshire

Memorial Hospital counties compared favorably to West Virginia averages for some indicators, the state as a whole was worse than the Virginia average for every indicator **(Exhibit 23)**.

Exhibit 24 displays cancer mortality rates for West Virginia counties in the Hampshire community.

Exhibit 24: Cancer Mortality Rates by County, 2009

Cancer Mortality Rates	Hampshire	Hardy	Mineral	Morgan	West Virginia
All cancers	260.0	139.6	286.7	262.0	**263.3**
Colon	44.1	-	18.4	-	**21.2**
Pancreas	8.8	-	18.4	-	**12.7**
Trachea, bronchus, and lung	74.9	36.7	95.6	79.3	**86.4**
Breast	17.6	-	18.4	-	**15.6**
Prostate	8.8	-	-	-	**12.3**

Source: West Virginia Department of Health and Human Resources, 2009. Rates are per 100,000 population.

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

Hampshire County reported a colon cancer mortality rate more than double the West Virginia average. Mineral County reported mortality rates for cancers of the pancreas, trachea/bronchus/lung, and breast at more than 10 percent worse than the state average. Breast cancer in Hampshire County was 13 percent worse than the state. Hardy and Morgan Counties compared favorably to the state for cancer mortality (**Exhibit 24**).

Exhibit 25 displays cancer incidence rates from 2005 to 2009 in West Virginia and by county in the Hampshire community.

Exhibit 25: Cancer Incidence Rates by County, 2005-2009

Cancer	Hampshire	Hardy	Mineral	Morgan	West Virginia
All Cancers	592.6	385.3	455.8	391.2	**490.8**
Breast	149.4	77.8	95.7	89.9	**112.2**
Colorectal	58.2	45.3	54.7	38	**52.6**
Lung	107.6	43.6	84.9	90.1	**90.4**
Melanoma	19.4	-	-	-	**19.3**
Oral	26.8	19.4	-	-	**11.3**
Ovary	-	-	-	-	**12.8**
Prostate	120.6	130.6	136.6	98.8	**138.4**

Source: Centers for Disease Control and Prevention, State Cancer Profiles, 2013. Rates are per 100,000 population and are age-adjusted to the 2000 U.S. standard population.

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

Hampshire County's incidence rates for five types of cancer were higher than the West Virginia average

Hampshire County reported an oral cancer incidence rate more than 75 percent worse than the West Virginia average, and also reported somewhat higher incidence rates than the state average for breast, colorectal, and lung cancers. Other counties in the community were largely favorable to the state averages for cancer incidence (**Exhibit 25**).

Exhibit 26 displays communicable disease incidence rates in the West Virginia counties comprising the Hampshire Memorial Hospital community.

Exhibit 26: Communicable Disease Incidence Rates by County, 2012

County	Chlamydia	Latent Tuberculosis Incidence
Hampshire	162.7	-
Hardy	235.3	149.7
Mineral	191.4	0.0
Morgan	159.6	0.0
West Virginia	**258.1**	**13.4**

Source: West Virginia Department of Health and Human Services Bureau for Public Health, 2013. Rates are per 100,000 population.

Key	
Ranging from better than WV up to 10% worse than WV	
10-50% worse than WV	
50-75% worse than WV	
> 75% worse than WV	

Hardy County reported latent tuberculosis incidence rates significantly higher than the West Virginia average (**Exhibit 26**).

Exhibit 27 displays maternal and child health indicators for West Virginia counties in Hampshire's community. It also displays the Virginia average for corresponding indicators.

Exhibit 27: Maternal and Child Health Indicators by County, 2011

Indicator	Hampshire	Hardy	Mineral	Morgan	West Virginia 2009	Virginia 2011
Low birth weight infants	6.8%	5.7%	8.4%	10.5%	**9.2%**	**8.0%**
Teen birth rate (aged 15-19)*	56.0	50.0	47.6	32.0	**49.2**	**24.1**
No prenatal care in first trimester	13.6%	14.6%	18.5%	22.4%	**17.9%**	**17.3%**
Smoking during pregnancy	28.7%	29.7%	28.4%	24.8%	**27.2%**	**N/A**
Infant mortality rate**	0.0	-	-	18.5	**7.8**	**6.7**

Sources: West Virginia Department of Health and Human Resources, 2009 and U.S. Census, ACS 5-year estimates, 2005-2009.
*Rates per 1,000 females aged 15-17 were calculated by Verité using U.S. Census, ACS 5-year estimates, 2005-2009.
**Rate per 1,000 live births.

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

Although most counties compare well to the state for teen pregnancy, West Virginia's rate is double that of Virginia

Morgan County reported an infant mortality rate more than 75 percent worse than the West Virginia average. Hampshire County reported a teen birth rate that was 14 percent higher than the state average. Although most of the counties in the community compare favorably to the state for teen pregnancy, West Virginia's rate is more than double that of Virginia (**Exhibit 27**).

3. Behavioral Risk Factors Surveillance System

Data collected by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSSS) are based on a telephone survey that gathers data on various health indicators, risk behaviors, healthcare access, and preventive health measures. Data are 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 28 compares BRFSS indicators by county to state and U.S. averages.

Exhibit 28: BRFSS Indicators and Variation from West Virginia, 2011

Indicator		Hampshire	Hardy	Mineral	Morgan	WV	U.S.
Health Behaviors	Binge drinkers*	4.6%	7.3%	6.3%	4.3%	**6.9%**	**12.0%**
	Heavy drinkers**	4.6%	1.8%	1.6%	2.2%	**3.1%**	**5.3%**
	Current smoker	26.2%	25.5%	25.0%	26.1%	**23.8%**	**16.7%**
	No physical activity in past 30 days	38.5%	40.0%	29.7%	32.6%	**37.0%**	**25.7%**
	Sometimes, seldom, or never wear seat belt	9.2%	10.9%	3.1%	6.5%	**7.6%**	**5.7%**
Access	Unable to visit doctor due to cost	20.0%	12.7%	12.5%	10.9%	**17.6%**	**12.7%**
	No personal doctor/healthcare provider	13.8%	21.8%	12.5%	15.2%	**18.3%**	**14.4%**
	Do not have health care coverage	7.7%	12.7%	7.8%	21.7%	**14.6%**	**10.8%**
Health Conditions	Overweight or obese	56.9%	70.9%	57.8%	71.7%	**65.2%**	**60.6%**
	Told have asthma	13.8%	7.3%	10.9%	6.5%	**11.3%**	**12.9%**
	Told have coronary heart disease or angina	7.7%	1.8%	7.8%	10.9%	**8.3%**	**6.0%**
	Told have diabetes	6.2%	12.7%	4.7%	10.9%	**14.4%**	**12.4%**
Mental Health	Poor mental health > 21 days/month	6.2%	1.8%	7.8%	4.3%	**9.3%**	**N/A**
Overall Health	Poor physical health > 21 days/month	18.5%	5.5%	9.4%	8.7%	**12.9%**	**N/A**
	Limited by physical, mental, or emotional problems	38.5%	30.9%	37.5%	37.0%	**35.4%**	**28.5%**
	Reported poor or fair health	36.9%	10.9%	17.2%	19.6%	**27.8%**	**19.6%**

Source: CDC BRFSS, 2011.
*Adult males having five or more drinks on one occasion; adult females having four or more drinks on one occasion.
**Adult men having more than two drinks per day; adult women having more than one drink per day.

Key	
Ranging from better than WV up to 10% worse than WV	
10-50% worse than WV	
50-75% worse than WV	
> 75% worse than WV	

In the community, Hampshire County compared most unfavorably with six indicators that were worse than the West Virginia average; two indicators in Hardy and Morgan Counties were 10 to 50 percent worse than the state. No indicators were more than 50 percent worse than the state (**Exhibit 28**).

4. Healthy People 2020 Goals

Health People 2020 (HP 2020) is a project of the U.S. Department of Health and Human Services. HP 2020 identifies national health priorities and works to improve public awareness regarding problematic health concerns.

Exhibit 29: Healthy People 2020 Indicators and Goals

Indicator	Hampshire	Hardy	Mineral	Morgan	HP 2020
Population with health insurance	79.3%	80.9%	83.1%	80.6%	100.0%
Population with a usual source of primary care	86.2%	78.2%	87.5%	84.8%	83.9%
Cancer mortality rate	260.0	139.6	286.7	262.4	160.6
Diabetes mortality rate	39.7	36.7	29.4	30.5	65.8
Heart disease mortality rate	246.8	315.9	330.8	317.4	100.8
Stroke mortality rate	35.3	58.8	80.9	36.6	33.8
Chronic liver disease and cirrhosis mortality rate	-	-	-	30.5	8.2
Unintentional injury mortality rate	61.7	102.9	55.1	48.8	36.0
Suicide mortality	22.0	-	18.4	18.3	10.2
Colorectal cancer incidence	58.2	45.3	54.7	38.0	38.6
Population reporting seat belt use	90.8%	89.1%	96.9%	93.5%	92.4%
Binge drinkers	4.6%	7.3%	6.3%	4.3%	24.3%
Heavy drinkers	4.6%	1.8%	1.6%	2.2%	25.3%
Current smokers	26.2%	25.5%	25.0%	26.1%	12.0%
Population reporting no leisure time physical activity	38.5%	40.0%	29.7%	32.6%	32.6%
Infant mortality rate	-	-	-	18.5	6.0
Low birth weight infants	6.8%	5.7%	8.4%	10.5%	7.8%
Very low birth weight infants	-	-	-	-	1.4%
Pregnant women receiving 1st trimester prenatal care	86.4%	85.4%	81.5%	77.6%	77.9%
Pregnant mothers abstaining from smoking	71.3%	70.3%	71.6%	75.2%	98.6%
Drinking water safety	100.0%	100.0%	71.7%	98.0%	91.0%

Sources: CDC BRFSS, 2012; CDC State Cancer Profiles, 2013; County Health Rankings, 2013; West Virginia Department of Health and Human Services, 2012.
Rates are per 100,000 population, aside from infant mortality, which is per 1,000 live births.

Key	
Unreliable or missing data	-
Ranging from better than HP 2020 up to 10% worse than HP 2020	
10%-50% worse than HP 2020	
50-75% worse than HP 2020	
>75% worse than HP 2020	

All counties in the community were greater than 75% worse than the Healthy People 2020 goal for heart disease mortality rate and smoking

Heart disease mortality and smoking rates were more than 75 percent worse than the Healthy People 2020 goal across all four counties. Several of the counties also benchmarked at more than 50 percent worse than the goal for cancer mortality, unintentional injury mortality, and suicide. Mineral and Morgan Counties reported five indicators each which were more than 75 percent worse than the HP 2020 goals **(Exhibits 29)**.

Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSC) throughout the counties in Hampshire Memorial Hospital's community and at the hospital.

ACSC are sixteen 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." 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.

1. County-level Analysis

Exhibit 30 indicates the percentage of hospital discharges in the Hampshire community that were for ACSCs, by payer.[14]

Exhibit 30: Discharges for ACSC by County and Payer, 2012

County	Government	Medicaid	Medicare	Other	Private	Self-Pay	Total
PSA	**9.1%**	**13.1%**	**22.8%**	**20.8%**	**12.0%**	**15.7%**	**18.0%**
Hampshire	9.1%	13.1%	22.8%	20.8%	12.0%	15.7%	18.0%
SSA	**12.5%**	**12.2%**	**19.5%**	**7.1%**	**11.2%**	**13.1%**	**16.1%**
Hardy	-	7.1%	16.9%	0.0%	8.6%	6.3%	12.5%
Mineral	0.0%	11.1%	13.6%	50.0%	8.7%	12.5%	12.0%
Morgan	25.0%	15.2%	21.9%	0.0%	13.5%	18.0%	18.9%
Total	**10.5%**	**12.7%**	**20.9%**	**15.8%**	**11.5%**	**14.5%**	**17.0%**

Source: Verité analysis of data from Valley Health, using AHRQ software, 2012.

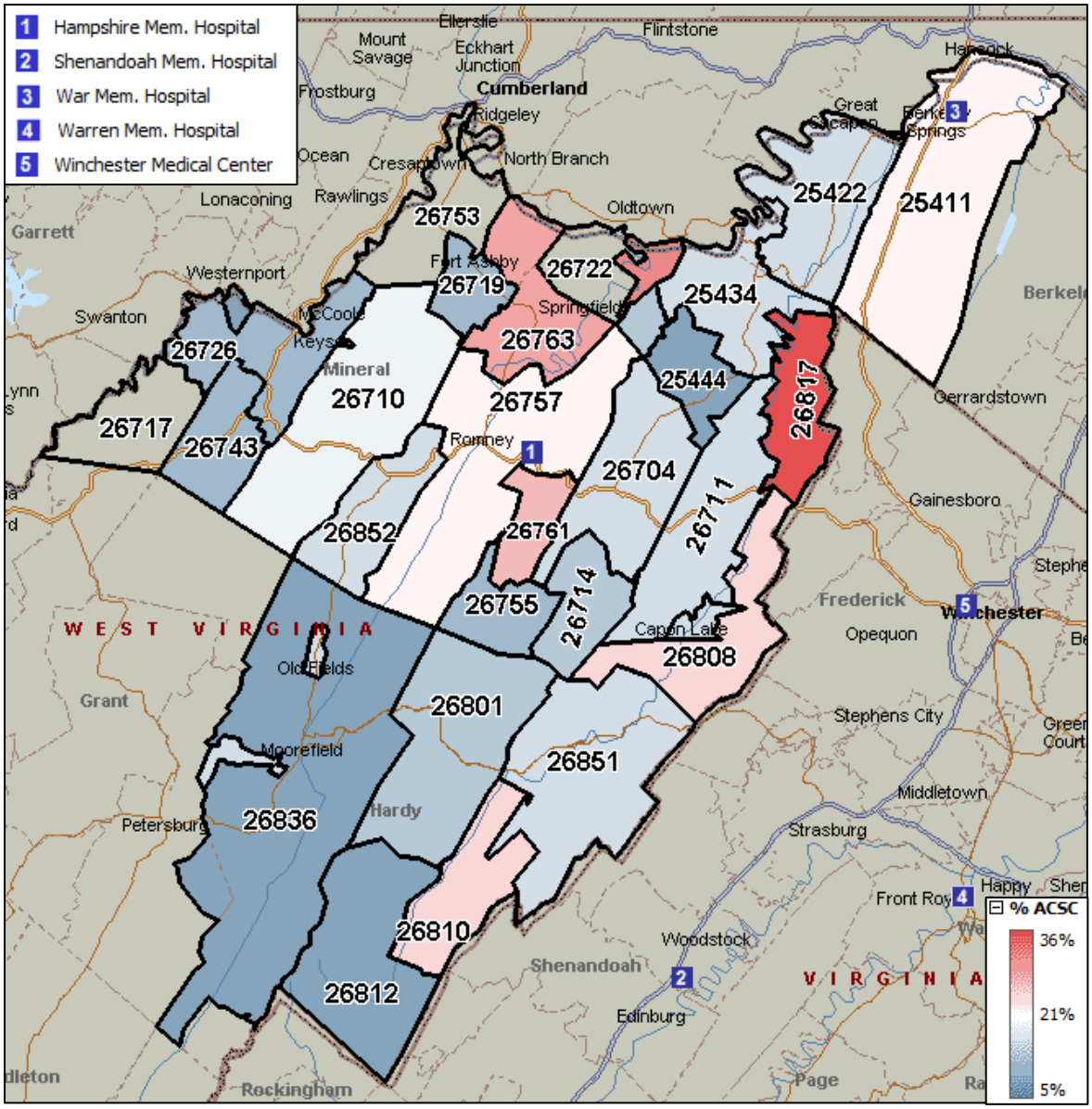
The table indicates that 17 percent of Valley Health's discharges were for ACSCs in 2012. Medicare patients had the highest proportion of discharges for ACSCs. Self-pay patients (typically uninsured individuals), had an ACSC rate slightly less than the overall figure. Morgan and Hampshire Counties had the highest percentage of discharges for ACSC (**Exhibit 30**).

[14] Discharges from all Valley Health hospitals.

2. ZIP Code-Level Analysis

Exhibit 31 illustrates the percentage of discharges for all community residents that were for ACSCs, by ZIP code.

Exhibit 31: Discharges[15] for ACSC by County/City and ZIP Code, 2012*



Sources: Microsoft MapPoint and Verité analysis of data from Valley Health, using AHRQ software, 2012.
*ZIP codes with fewer than ten discharges were excluded.

The percentage of discharges that were for ACSC was highest in Hampshire County in the following ZIP codes: 26817 (Bloomery), 25431 (Levels), and 26763 (Springfield) (**Exhibit 31**).

[15] Discharges are from all Valley Health hospitals.

3. Hospital-Level Analysis

Exhibit 32 displays the percent of discharges for ACSC from each hospital in the Valley Health system.

Exhibit 32: ACSC Discharges by Hospital, 2012

Hospital	Percent ACSC	Total Discharges
Hampshire	33.6%	470
Page	34.0%	903
Shenandoah	25.3%	1,911
War	32.5%	462
Warren	20.1%	3,145
Winchester	12.7%	26,346
Total	**15.3%**	**33,237**

Source: Verité analysis of data from Valley Health, using AHRQ software, 2012.

Of all Valley Health facilities, Hampshire Memorial Hospital had the second highest proportion of ACSC discharges

Hampshire Memorial Hospital had the second highest percent of discharges which were ACSC of all hospitals in the Valley Health system, at nearly 34 percent (**Exhibit 32**).

Exhibit 33 portrays discharges by ACSC by condition and age.

Exhibit 33: Discharges for ACSC by Condition, Hampshire Memorial Hospital, 2012

Condition	0 to 17	18 to 39	40 to 64	65+	Total
Bacterial pneumonia		9.3%	30.2%	60.5%	43
COPD or Asthma in Older Adults			42.1%	57.9%	38
Congestive heart failure			13.3%	86.7%	30
Urinary tract infection			9.5%	90.5%	21
Diabetes long-term complication			55.6%	44.4%	9
Dehydration			37.5%	62.5%	8
Uncontrolled diabetes		20.0%	80.0%		5
Diabetes short-term complication			50.0%	50.0%	2
Hypertension				100.0%	1
Pediatric urinary tract infection	100.0%				1
Total	**0.6%**	**3.2%**	**30.4%**	**65.8%**	**158**

Source: Verité analysis of data from Valley Health, using AHRQ software, 2013.

The top four ACSC conditions at Hampshire Memorial Hospital were: bacterial pneumonia, COPD or asthma in older adults, congestive heart disease, and urinary tract infection. Patients aged 65 years and over had the highest percentage of discharges for ACSC conditions (**Exhibit 33**).

Community Need Index™ and Food Deserts

1. Dignity Health Community Need Index

Dignity Health, a California-based hospital system, developed and has made widely available for public use a *Community Need Index*™ that measures barriers to health care access by county/city and ZIP code.[16] The index is based on five social and economic indicators:

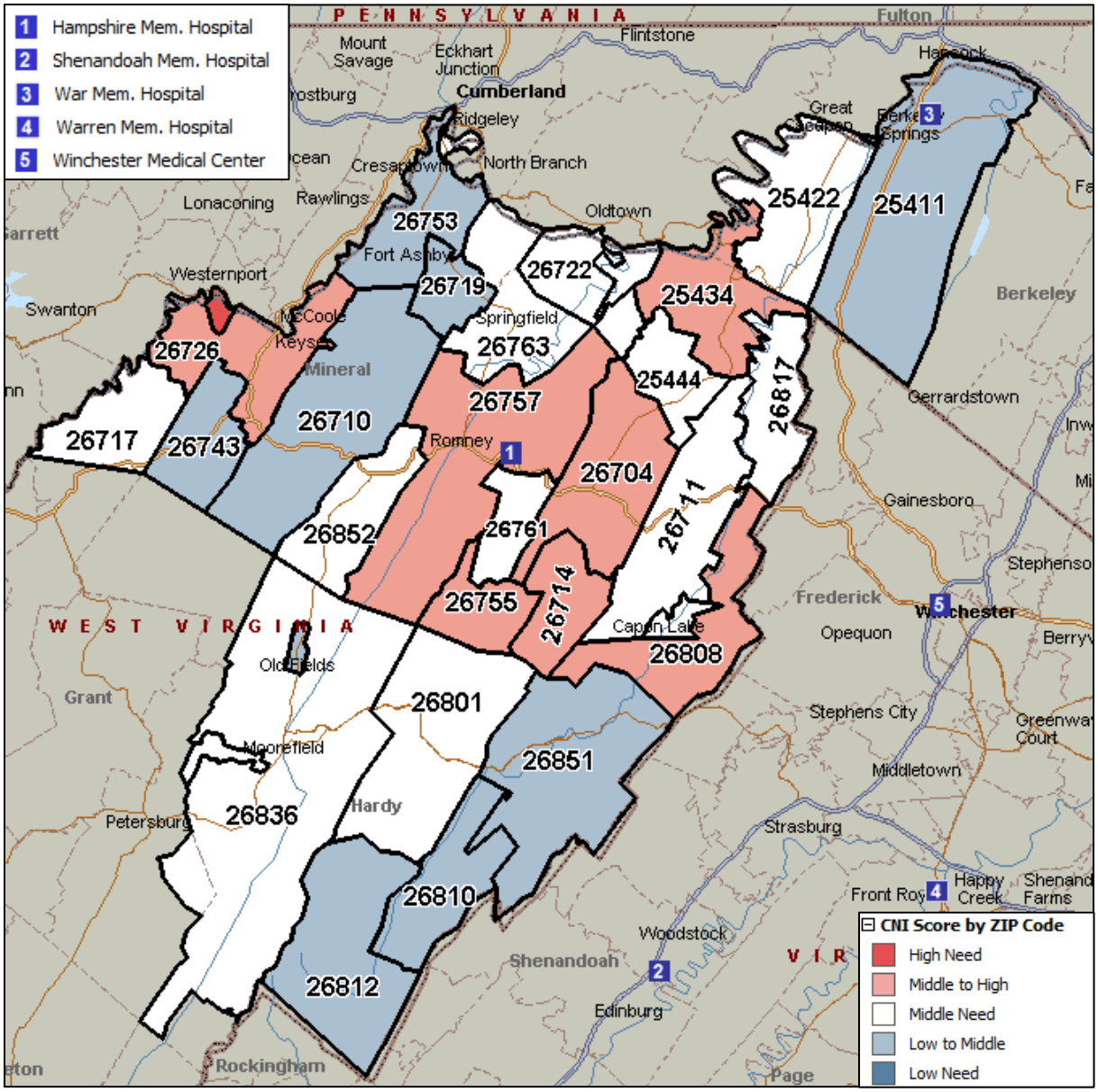
- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

The *Community Need Index*™ calculates a score for each ZIP code based on these indicators. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

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

Exhibit 34 presents the *Community Need Index*™ (CNI) score of each ZIP code in the Hampshire community.

Exhibit 34: Community Need Index™ Score by ZIP Code



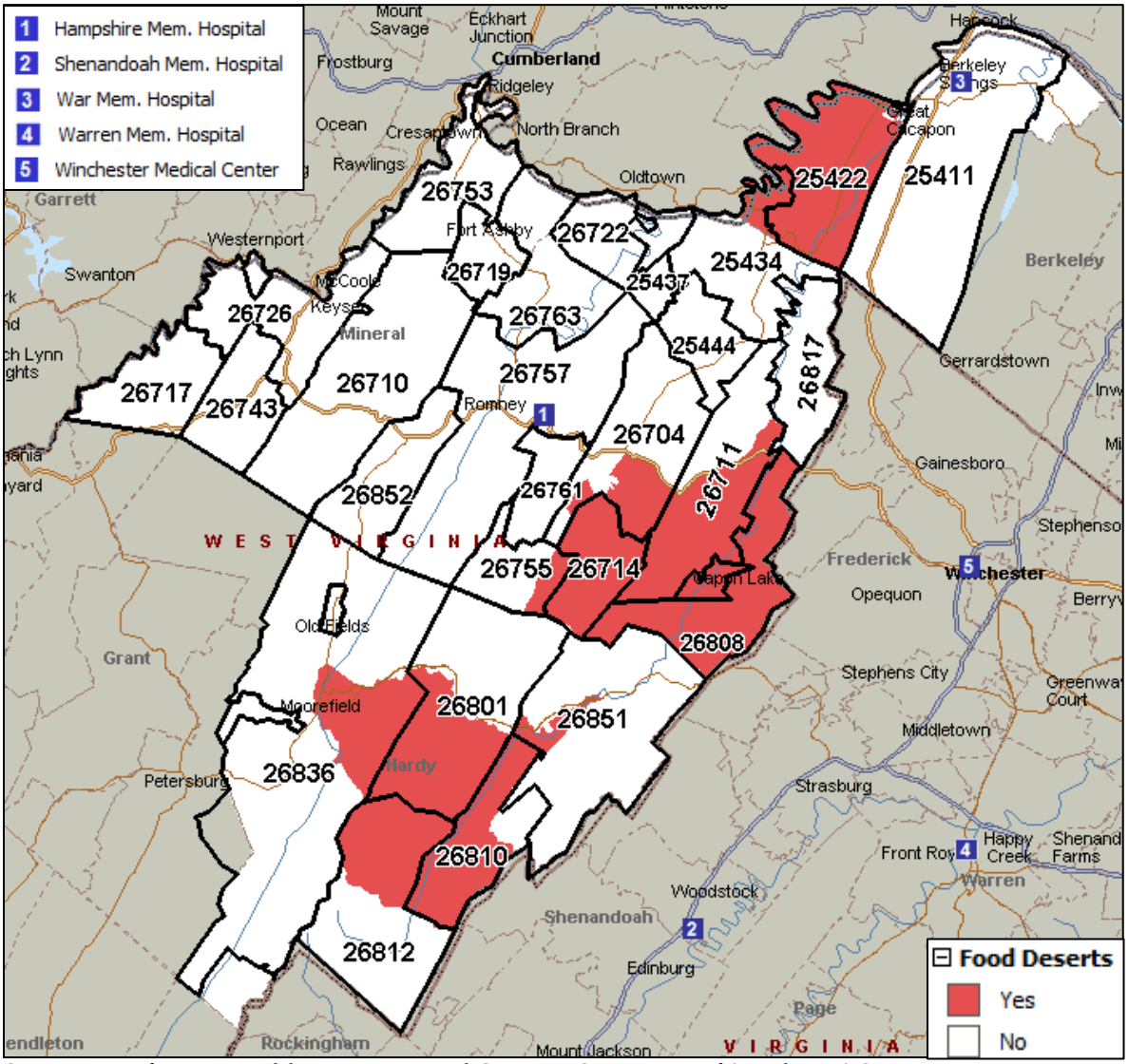
Sources: Microsoft MapPoint and Dignity Health, 2013.

ZIP codes in the Hampshire community ranged in the middle need categories with the exception of ZIP code 26750 (Piedmont) which scored as high need. Areas of middle to high need are located in substantial parts of Hampshire County (**Exhibit 34**).

2. 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 35** illustrates the location of food deserts in the Hampshire community.

Exhibit 35: Food Deserts by Census Tract



Sources: Microsoft MapPoint and the Economic Research Services, U.S. Department of Agriculture, 2013

Hampshire Memorial Hospital's community contains three census tracts identified as food deserts. These are located in and around the municipalities of Capon Lake, Moorefield, Lost City, and Great Cacapon (**Exhibit 35**).

Overview of the Health and Social Services Landscape

This section identifies geographic areas and populations in the community that may be facing 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.

1. Medically Underserved Areas and Populations

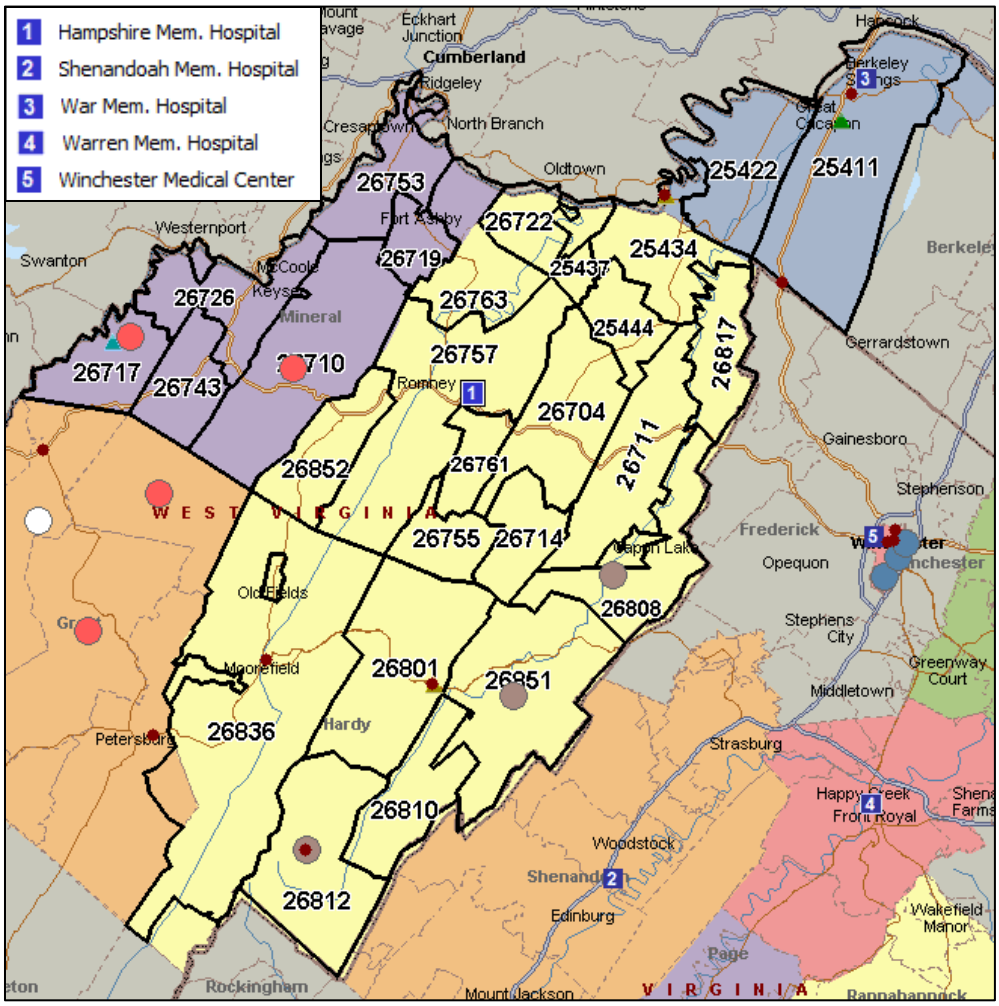
The Health Resources and Services Administration (HRSA) calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU calculation is a composite of the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.[17]

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[18]

Exhibit 36 shows areas designated by HRSA as medically underserved. Hampshire and Hardy Counties and two census tracts in Mineral County are designated as MUAs. The low-income population of Morgan County is an MUP.

[17] 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.
[18] *Ibid.*

Exhibit 36: Medically Underserved Areas and Populations and Health Professional Shortage Areas, 2012



Sources: Microsoft MapPoint and the Health Resources and Services Administration, 2013.

- FQHC Locations
- **MUA/MUP - District or Census Tract**
  - MUA
  - MUP
- **Type of HPSA and MUA/P - County**
  - Dental HPSA
  - Mental and Dental HPSA
  - Mental HPSA, MUA
  - MUA
  - Primary and Dental HPSA, MUP (low income)
  - Primary, Mental, and Dental HPSA
- **HPSA - County District**
  - Dental
  - Primary
- **HPSA Facility**
  - Mental
  - Mental and Dental
  - Primary
  - Primary, Mental, and Dental

MUAs are present in Hampshire, Hardy, and Mineral Counties; the low-income population of Morgan County is a MUP

…

All four counties in the community are designated HPSAs for primary medical care, mental health care, and/or dental health care

2. 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."[19]

Areas and populations in the Hampshire Memorial Hospital community are designated as HPSAs (**Exhibit 36**). Mineral County is designated as a primary medical care, dental, and mental health HPSA, while Morgan County is designated as a primary medical care and dental HPSA. Hampshire and Hardy Counties are mental health HPSAs. Capon and Lost River districts and the Baker area in Hampshire and Hardy Counties are also dental health HPSAs.

3. Description of Other Facilities and Resources within the Community

The Hampshire community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include facilities designated as HPSAs, hospitals, FQHCs, health professionals, and other agencies and organizations.

Exhibit 37 displays the six facilities that are designated as HPSAs in the Hampshire community.

Exhibit 37: Information on HPSA Facilities in the Hampshire Memorial Hospital Community

County	Name	Type of HPSA
PSA		
Hampshire	Hampshire Memorial Hospital	Mental Health, Dental Health
SSA		
Hardy	E.A. Hawse Health Center - 2 Locations	Primary Medical Care, Mental Health, Dental Health
Mineral	Elk Garden Clinic	Primary Medical Care
Morgan	Mountaineer Community Health Center, Inc.	Primary Medical Care, Mental Health, Dental Health
	East Ridge Health Systems - Berkeley Springs	Mental Health

Source: Health Resources and Services Administration, 2013.

[19] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Exhibit 38 identifies the hospitals in the Hampshire Memorial Hospital community.

Exhibit 38: List of Hospitals in the Hampshire Memorial Hospital Community

County	Hospital Name
PSA	
Hampshire	Hampshire Memorial Hospital
SSA	
Mineral	Potomac Valley Hospital
Morgan	War Memorial Hospital

Source: Centers for Medicare & Medicaid Services, 2013.

All three hospitals are critical access hospitals (**Exhibit 38**).

Federally Qualified Health Centers (FQHCs) were created by Congress to promote access to ambulatory care in areas designated as "medically underserved." These clinics receive cost-based reimbursement for Medicare and many also receive grant funding under Section 330 of the Public Health Service Act. FQHCs also receive a prospective payment rate for Medicaid services based on reasonable costs.

Exhibit 39: Information on Federally Qualified Health Centers in the Hampshire Memorial Hospital Community

County	FQHC Name	Ownership
SSA		
Hardy	E. A. Hawse Health Center, Inc. – 2 Locations	E. A. Hawse Health Center, Inc.
	Potomac Valley Family Medicine	E. A. Hawse Health Center, Inc.
Morgan	Mountaineer Community Health Center, Inc.	Independent
	Shenandoah Maternity- Berkeley Spring S	Shenandoah Valley Medical System
	SVMS Behavioral Health, Berkeley Springs	Shenandoah Valley Medical System

Source: Health Resources and Services Administration, 2013.

Although there are six FQHCs in the community, they are managed by three primary systems: Shenandoah Valley Medical System, E.A. Hawse Health Center, Inc., and Mountaineer Community Health Center (**Exhibit 39**).

Exhibit 40 presents the numbers of primary care physicians, mental health providers, and dentists per 100,000 population.

Exhibit 40: Health Professionals Rates per 100,000 Population by County

County	Primary Care Physicians		Mental Health Providers		Dentists	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
PSA	**8**	**33.4**	**0**	**0.0**	**4**	**16.7**
Hampshire	8	33.4	0	0.0	4	16.3
SSA	**20**	**33.4**	**0**	**0.0**	**19**	**31.8**
Hardy	2	14.2	0	0.0	8	56.6
Mineral	10	35.4	0	0.0	8	27.7
Morgan	8	45.7	0	0.0	3	17.0
West Virginia	**1,416**	**76.4**	**167**	**9.0**	**826**	**43.4**

Source: Data provided by County Health Rankings, 2013, via HRSA Area Resource File, 2011-2012.

Primary care physician and mental health provider availability is below the West Virginia average in all counties. Dentist provider availability is below the state average in all areas except Hardy County (**Exhibit 40**).

A number of other agencies and organizations are available in each county in the Hampshire Memorial Hospital community to assist in meeting health needs. In addition to the organizations listed below, see **Exhibits 50** through **53** for a listing of community organizations represented by individuals participating in key informant interviews and the community response session.

- Community organizations that provide services to specific populations:
  - Breast Cancer Awareness Cumberland Valley
  - Mary Babb Randolph Cancer Center
  - Patriots Path
- Community organizations that provide services relating to domestic violence:
  - Shenandoah Women's Center
- Community organizations that provide free or reduced cost health care:
  - Affordable Dentures
  - Eastridge Health Systems
  - Good Samaritan Free Clinic
  - Potomac Highland Mental Health Guild
  - St. Vincent de Paul
- Community organizations that provide housing support or shelter for homeless residents:
  - Bethany House

    - Immanuel's House
    - Keyser Housing Authority
    - Martinsburg Housing Authority
    - Martinsburg Union Rescue Mission
    - Piedmont Housing Authority
    - St. Vincent de Paul
- Community organizations that provide hunger reduction services:
    - Amazing Grace Baptist Church
    - Angel Food Ministries First United Methodist Church
    - Community Fellowship Church
    - Community Food Pantry in Great Cacapon
    - God's Storehouse
    - MCIEC Food Pantry
    - Meal Time Communion Kitchen
    - Morgan County Interfaith Emergency Care
    - One Hope Ministries International Church
    - Romney First United Methodist Church
- Community organizations that provide family planning, maternal, and child health services:
    - Abba Care
    - Care Pregnancy Center of the Eastern Panhandle
    - Healthy Families of Northern Shenandoah Valley
    - Petersburg Elementary and High School-Based Health Center
    - Preventive Women's Health
- Local chapters of national organizations, such as the American Cancer Society, American Kidney Association, American Red Cross, Habitat for Humanity, Boys and Girls Club, Meals on Wheels, and United Way
- Local first responders, including fire departments, police departments, and Emergency Medical Services (EMS)
- Local government agencies, Chambers of Commerce, and City Councils
- Local public health departments
- Local schools, colleges, and universities

Findings of Other Recent Community Health Needs Assessments

Verité also considered the findings of other needs assessments published since 2012. Five such assessments conducted in the Hampshire Memorial Hospital area are referenced here, with highlights and summary points below.

1. AmeriMed Consulting, 2012

AmeriMed Consulting produced a "Physician Needs Assessment"[20] on the patient market, medical staff, and physician market to help Valley Health evaluate and plan for the community's medical staffing needs. Primary data included physician interviews and medical staff interviews, while secondary data was from the U.S. Census and Medical Group Management Association (MGMA).

Key findings relevant to this CHNA include:

- Thirteen percent of primary care physicians reported no longer accepting new Medicaid patients, and between 31 and 57 percent (depending on the state payor type) reported not accepting new Medicare patients;
- Among medical specialties, there is a need for psychiatry, obstetrics/gynecology, cardiology and dentistry; and
- Nearly 30 percent of physicians have reached age 55, and many retire or leave their careers early.

2. Bartlett and Buck, 2013

Bartlett and Buck completed the "Mobilizing for Action through Planning and Partnerships: Berkeley, Jefferson and Morgan Counties, West Virginia Community Health Status Assessment" on health status, quality of life, and risk factors.[21] Secondary sources for the assessment included U.S. Census and county health department websites. Primary sources included a community survey, informant interviews, and focus groups.

The study identified the following eight priority subjects for planning and intervention:

1. "Strategies to reduce disparities in maternal/child health, particularly in the area of infant mortality;
2. Access to and the quality of behavioral health providers and services, including substance use prevention and intervention;
3. Regional economic development that includes the creation of higher paying jobs with insurance benefits…;
4. Strategies to improve citizen safety, including targeted interventions in higher crime areas, improved road safety and illicit substance use and abuse;

[20] AmeriMed Consulting. (2012). *Physician Needs Assessment*. Retrieved 2013, from Valley Health.
[21] Bartlett, Tina and Buck, Joy. (2013, February). *Mobilizing for Action through Planning and Partnerships: Berkeley, Jefferson and Morgan Counties West Virginia*. Retrieved 2013, from: www.hsc.wvu.edu/eastern/SON/Bridges/Forms/Mapp-Form.aspx

5. Chronic illness self-management, particularly acute and community-based diabetes care, heart failure and chronic obstructive pulmonary disease (COPD).
6. Early detection and timely intervention in cancer targeting both breast cancer and the links between environment, behavior and the incidence of lung cancer among women;
7. Enhanced collaboration with public health and community-based initiatives…;
8. Better access to healthy foods, including community gardens, increased access to farmer's markets and healthier options in restaurants and schools."

3. Morgan County, West Virginia, 2012

Morgan County produced the "Morgan County Behavioral Health Profile"[22] that details various health conditions, behaviors, and risk factors of the county. Secondary data included West Virginia Behavioral Risk Factor Survey, West Virginia Bureau for Public Health, and the Fatality Analysis Reporting System.

The document compares Morgan County, West Virginia to Berkeley, Hampshire and Mineral Counties on a range of health risk behaviors and health status indicators, documenting county-by-county differences and comparisons with statewide averages and rates. Specific topics include: smoking and smokeless tobacco use; binge drinking and DUI arrests; substance abuse; diabetes; cancer; mental health (including suicide); and homelessness.

Because it draws from some of the same data sources as this CHNA, many of its findings are comparable. Two items of particular note:

- Since 2001, Hampshire County has seen an increase of 300 percent in deaths from prescription drug overdose, Morgan County has seen a 200 percent increase, Berkeley County has seen a 150 percent increase, and West Virginia has seen an increase of 230 percent.
- The study documented the association of poor mental health and substance abuse with homelessness. Nearly 68.2 percent of the homeless population in Morgan County was identified as having poor health status from substance abuse, compared to 43.2 percent of Berkeley County, and 17.7 percent of Hampshire County. About 11.5 percent of the homeless population was referred to a mental health provider in Morgan County, compared to 15.0 percent of the homeless population in Berkeley County.

[22] Morgan County. (2012). Morgan County Behavioral Health Profile. Retrieved 2013, from: http://www.dhhr.wv.gov/bhhf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Research/Documents/Morgan%20County.pdf

4. West Virginia Community Action Partnership, 2012

The West Virginia Community Action Partnership assessed the priority needs of two regions, Jefferson and Berkeley Counties and Grant, Hampshire, Hardy, Mineral, Morgan, and Pendleton Counties, in "Believing in West Virginia"[23] by grouping counties that were in close proximity to each other. The assessment incorporated secondary data from sources such as the U.S. Census.

Key findings relevant to this CHNA include:

- The top poverty-related issues in Jefferson and Berkeley Counties were affordable housing, services for the homeless, and health and dental care. The top issues in the other counties were employment, job training, and transportation.
- The three most problematic health diseases for West Virginia residents were heart disease at 24.6 percent of the population, cancer at 21.5 percent of the population, and chronic lower respiratory disease, at 7.4 percent.
- About 20.0 percent of the employed residents in West Virginia do not have health insurance.
- The obesity rate in West Virginia is the second highest in the U.S., at 32.5 percent.

5. West Virginia Health Statistics Center, 2012

The West Virginia Department of Health and Human Resources and Bureau for Public Health conducted a telephone survey of West Virginia households and published a report of findings:[24] the "Believe in West Virginia: Assessment of Needs Report." The survey asked about health status, health care access, rates of physical inactivity, nutrition, obesity and overweight, tobacco use, hypertension, cholesterol, alcohol consumption, oral health, immunization, and other health indicators. The secondary data included were from Behavioral Risk Factor Surveillance System data. Comparisons were made between 2009-2010 survey data and data from 1984 to 2010.

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

- There are strong correlations between low income, low educational attainment and high rates of uninsurance, lesser affordability of care, higher smoking rates and lesser consumption of fruits and vegetables.
- Obesity and overweight prevalence did not vary dramatically by age, income, or education.
- Alcohol consumption did not differ significantly by income or educational attainment.

[23] West Virginia Community Action Partnership. (2012). *Believing in West Virginia.* Retrieved 2013, from: http://www.wvcommunityactionpartnership.org/pdfs/2012needsassesment.pdf

[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 Survey Findings

Hampshire Memorial Hospital'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 for six weeks in April and May 2013 on Valley Health's web site and was widely publicized via mailings, e-mail lists, newspaper and local media ads, and dissemination through partner health and community service organizations. The questionnaire was available in English and Spanish, and paper copies were available on request.

1. Respondent Characteristics

The survey questionnaire was completed by 147 residents from the Hampshire Memorial Hospital community. Survey responses were received from residents of 24 of the Hampshire Memorial Hospital community's 35 ZIP codes.

About 80 percent of respondents were female, and 71 percent were between the ages of 35 and 64. Ninety-three percent were White, and one percent identified as Hispanic (or Latino). The majority of respondents reported being in good, very good, or excellent overall health (90 percent), married (75 percent), employed full time (58 percent), privately insured (67 percent), and having an undergraduate degree or higher (54 percent). The majority (99 percent) of respondents speak English in the home. One percent of respondents reported that they spoke multiple languages at home. Fourteen percent of residents reported living alone, and 45 percent of those living alone did not receive any emotional or financial support.

Exhibit 41 presents the percentage of respondents by county.

Exhibit 41: Survey Respondents by County, 2013

County	Number of Responses	Percent of Respondents	Percent of Total Population 2013
PSA	**81**	**55.1%**	**28.0%**
Hampshire	81	55.1%	28.0%
SSA	**66**	**44.9%**	**72.0%**
Hardy	7	4.8%	17.5%
Mineral	11	7.5%	34.1%
Morgan	48	32.7%	20.3%
Total	**147**	**100.0%**	**100.0%**

Source: Valley Health Community Survey, 2013.

Hampshire had the highest percentage of respondents. Residents from the PSA accounted for 55 percent of respondents (**Exhibit 41**).

2. Access Issues

The majority of survey respondents reported visiting a primary care provider regularly. Fourteen percent had a primary care provider but did not go regularly. Twelve percent of respondents reported not having a primary care provider.

Exhibit 42 indicates where respondents usually received care.

Exhibit 42: Locations Where Respondents Received Routine Healthcare

Response	Number of Responses	Percent of Responses
No routine healthcare received	9	4.8%
Free or low-cost clinic or health center	14	7.4%
Private doctor's office	124	66.0%
Urgent care facility or store-based walk-in clinic	24	12.8%
Hospital emergency room	12	6.4%
School-based clinic	0	0.0%
Soup kitchen	0	0.0%
Homeless shelter	0	0.0%
Other	5	2.7%

Source: Valley Health Community Survey, 2013. Total community responses (N=188).

Exhibit 42 shows that 66 percent of families received routine (non-emergency, non-specialty) healthcare services from a private doctor's office and 13 percent received routine care from an urgent care facility or store-based walk in clinic. Approximately 14 percent received services from a free or low-cost clinic or health center, hospital emergency room, school-based clinic, soup kitchen, or homeless shelter.

Exhibit 43 indicates whether respondents felt that they were able to get needed care.

Exhibit 43: Respondent Ability to Receive Needed Care, by Type of Care

Response	Primary Care	Vision Care	Dental Care	Mental Health Care	Medical Specialty Care	Medicine, Medical Supplies, and Equipment	Prevention and Wellness Services
Total Community							
Always	78.1%	69.6%	72.0%	59.6%	68.9%	78.7%	54.6%
Sometimes	16.4%	16.7%	18.9%	13.5%	17.5%	14.8%	22.2%
Rarely	4.8%	9.4%	7.0%	5.8%	6.8%	4.1%	13.9%
Never	0.7%	4.3%	2.1%	21.2%	6.8%	2.5%	9.3%

Source: Valley Health Community Survey, 2013. Primary Care (N=146), Vision Care (N=138), Dental Care (N=143), Mental Health Care (N=52), Medical Specialty Care (N=103), Medicine, Medical Supplies, and Equipment (N=122), Prevention and Wellness Services (N=108).

Exhibit 43 suggests that most respondents in the community felt that they did not "always" receive needed prevention and wellness services and mental health care. More residents responded that they always received primary care, dental care, and medicine, medical supplies, and equipment.

Exhibit 44 presents the percentage of respondents who reported "not always" being able to get needed care by county. Data indicate that access varies by type of care and locality.

Exhibit 44: Respondents Not Always Able to Receive Care, by County

County	Primary Care	Vision Care	Dental Care	Mental Health Care	Medical Specialty Care	Medicine, Medical Supplies, and Equipment	Prevention and Wellness Services
PSA	**19.8%**	**30.3%**	**25.0%**	**37.0%**	**27.3%**	**14.3%**	**37.7%**
Hampshire	19.8%	30.3%	25.0%	37.0%	27.3%	14.3%	37.7%
SSA	**24.6%**	**30.6%**	**31.7%**	**44.0%**	**35.4%**	**28.8%**	**55.3%**
Hardy*	-	-	-	-	-	-	-
Mineral	36.4%	-	30.0%	-	-	36.4%	-
Morgan	23.4%	28.3%	29.8%	42.9%	36.1%	29.3%	55.9%
Total	**21.9%**	**30.4%**	**28.0%**	**40.4%**	**31.1%**	**21.3%**	**45.4%**

Source: Valley Health Community Survey, 2013. Primary Care (N=146), Vision Care (N=138), Dental Care (N=143), Mental Health Care (N=52), Medical Specialty Care (N=103), Medicine, Medical Supplies, and Equipment (N=122), Prevention and Wellness Services (N=108). A "-" indicates that percentages are unreliable due to small sample size.

Across all counties, respondents reported not always being able to access prevention and wellness services (45 percent), mental health care (40 percent), and medical specialty care (31 percent) more than for other services. The highest percentage of respondents reporting that they are not always able to receive prevention and wellness services was in Morgan County (56 percent) (**Exhibit 44**).

Respondents indicating that they were not always able to get care were asked to identify barriers to access (**Exhibit 45**).

Exhibit 45: Barriers to Receiving Needed Care

Response	Primary Care	Vision Care	Dental Care	Mental Health Care	Medical Specialty Care	Medicine, Medical Supplies, and Equipment	Prevention and Wellness Services
I don't have insurance	19.1%	26.0%	24.6%	11.4%	13.7%	17.6%	10.9%
I can't get an appointment	2.1%	2.0%	3.3%	0.0%	3.9%	0.0%	0.0%
I can't afford it / too expensive	31.9%	42.0%	44.3%	27.3%	21.6%	47.1%	29.7%
The hours are inconvenient	10.6%	6.0%	8.2%	2.3%	9.8%	0.0%	12.5%
These services are not available in my area	2.1%	4.0%	3.3%	6.8%	13.7%	5.9%	10.9%
I don't have transportation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
I don't trust the doctor	6.4%	4.0%	3.3%	4.5%	5.9%	5.9%	3.1%
The doctors and staff do not speak my language	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
I can't take time off from work or from caring for others	10.6%	4.0%	3.3%	0.0%	7.8%	2.9%	7.8%
Other	17.0%	12.0%	9.8%	47.7%	23.5%	20.6%	25.0%

Source: Valley Health Community Survey, 2013. Primary Care (N=47), Vision Care (N=50), Dental Care (N=61), Mental Health Care (N=44), Medical Specialty Care (N=51), Medicine, Medical Supplies, and Equipment (N=34), Prevention and Wellness Services (N=64).

Key	
Top two barriers by care type	

Cost and lack of insurance were the most frequently reported barriers to care. Among those choosing "other," most responses cited a lack of need for services as the reason they did not access care (**Exhibit 45**).

3. Health Issues

Exhibit 46 presents the top health issues identified by survey respondents.

Exhibit 46: Top Health Issues

Health Issue	Total Community
Low income / financial challenges	13.4%
Obesity	10.9%
Diabetes	8.5%
Substance abuse / addiction	7.7%
Tobacco use	7.4%
Heart disease	7.1%
Cancer	6.4%
Poor dietary choices	6.3%
Not enough exercise	6.1%
Unemployment	5.6%
Mental health (such as depression, bipolar, autism)	3.7%
Access to healthy food is limited	3.3%
Chronic obstructive pulmonary disease (COPD)	2.6%
Dental health issues	2.6%
Alzheimer's or dementia	2.1%
Affordable housing	2.1%
Unsafe sex	0.9%
Homelessness	0.7%
Stroke	0.7%
Asthma	0.6%
Domestic violence	0.6%
Unsafe neighborhoods	0.2%
Other (please specify)	0.2%
Birth defects	0.1%

Source: Valley Health Community Survey, 2013. The N varies for each answer, as people were able to select several issues as top concerns. Total Number of Responses: Community (N=808).

Key	
Top five health issues	

Respondents most often chose low income / financial challenges, obesity, diabetes, substance abuse / addiction, and tobacco use (**Exhibit 46**).

Exhibit 47 indicates, of survey respondents who have certain health conditions, whether they are getting needed care, choose not to get care, or do not know where or how to get care. For example, 94 percent of the 32 respondents who said they have asthma felt as if they are getting the care they need.

Exhibit 47: Receiving Care for Health Conditions

Health Condition	Receiving Needed Care	Choose not to Get Care at this Time	Don't Know Where or How to Get Care for this Condition
Asthma	93.8%	0.0%	6.3%
Alzheimer's / dementia	57.1%	0.0%	42.9%
Cancer	100.0%	0.0%	0.0%
Congestive Obstructive Pulmonary Disease (COPD)	93.3%	0.0%	6.7%
Diabetes	95.7%	2.2%	2.2%
High blood pressure	99.0%	0.0%	1.0%
Heart disease	97.1%	0.0%	2.9%
Mental health issues	87.8%	2.4%	9.8%
Obesity / overweight	73.2%	12.2%	14.6%
Substance abuse / addiction	28.6%	57.1%	14.3%

Source: Valley Health Community Survey, 2013. Asthma (N=32), Alzheimer's / dementia (N=7), Cancer (N=26), Chronic obstructive pulmonary disease (N=15), Diabetes (N=46), High blood pressure (N=98), Heart disease (N=34), Mental health issues (N=41), Obesity / overweight (N=82), Substance abuse / addiction (N=7).

Care was accessed most for cancer (100 percent), high blood pressure (99 percent), heart disease (97 percent), and diabetes (96 percent). Many respondents stated not choosing to get care and / or not knowing where to get care for substance abuse / addiction, Alzheimer's / dementia, and obesity / overweight (**Exhibit 47**).

4. Health Behaviors

Exhibit 48 portrays various health behaviors reported by survey respondents in the Hampshire Memorial Hospital community.

Exhibit 48: Health Behaviors

Health Behavior	Total Community
Not Physically Active	28.1%
Eat Less than Recommended Amounts of Fruit	41.1%
Eat Less than Recommended Amounts of Vegetables	64.4%
Never or Rarely Shop at Farmer's Market	59.7%
Travel 5 Miles or More for Fresh Produce	64.4%
Drank Alcohol 10+ Days in the Past Month	10.3%
Ever Used Prescription Drugs Belonging to Friends or Family	9.7%

Source: Valley Health Community Survey, 2013. Not physically active (N=146), Eat less than recommended amounts of fruit (N=146), Eat less than recommended amounts of vegetables (N=146), Never or rarely shop at farmer's market (N=144), Travel 5 miles or more for fresh produce (N=146), Drank alcohol 10+ days in the past month (N=146), Ever used prescription drugs belonging to friends or family (N=145).

Twenty-eight percent of respondents reported not being physically active. A large percentage of respondents reported that they were not eating the recommended amount of vegetables, never or rarely shopped at a farmer's market, and traveled five miles or more for fresh produce. The principal reasons stated for not shopping at a farmer's market were that respondents found the hours inconvenient, the markets were too far away, and the food was too expensive. Most respondents (53 percent) reported purchasing their groceries in a grocery store, while respondents were least likely to buy groceries at a convenience store (one half percent) (**Exhibit 48**).

Respondents were asked to identify health topics that children in various age groups needed to know more about. **Exhibit 49** examines the health topics that respondents chose for children in the Hampshire community.

Exhibit 49: Important Health Information Topics for Children and Youth

Topic	Ages 0-5	Ages 6-10	Ages 11-15	Ages 16-19
Dental hygiene	22.3%	10.0%	5.8%	5.7%
Nutrition	17.0%	10.4%	6.7%	6.6%
Getting enough sleep	11.5%	7.8%	6.4%	6.5%
Bullying	12.5%	9.9%	6.6%	6.4%
Asthma management	4.7%	6.9%	4.7%	4.5%
Diabetes management	5.1%	6.5%	5.2%	5.1%
Eating disorders	5.9%	7.6%	6.7%	6.8%
Tobacco	6.4%	8.4%	7.1%	7.1%
Alcohol	4.7%	7.1%	7.1%	6.9%
Drug abuse	4.9%	8.2%	7.3%	6.9%
Mental Health Issues	1.4%	4.8%	7.1%	7.2%
Suicide prevention	1.0%	3.8%	7.4%	7.2%
Sexual intercourse	0.8%	3.9%	7.5%	7.4%
Sexually transmitted diseases	0.6%	3.4%	7.8%	7.4%
Reckless driving / speeding	0.6%	1.0%	6.4%	7.9%
Other	0.4%	0.4%	0.5%	0.3%

Source: Valley Health Community Survey, 2013. Ages 0-5 (N=488), Ages 6-10 (N=1,034), Ages 11-15 (N=1,503), Ages 16-19 (N=1,411).

Key	
Top three issues by age group	

Among children aged 0 to 10 years, health topics such as dental hygiene, nutrition, and bullying were seen as important. Suicide prevention was one of the primary suggested educational topics for youth aged 11 to 15, and information relating to reckless driving / speeding was recommended for youth aged 16 to 19. Information regarding sexual intercourse and sexually transmitted diseases was recommended for youth aged 11 to 19 (**Exhibit 49**).

Summary of Interview Findings

Key informant interviews were conducted face-to-face and by telephone by Verité Healthcare Consulting in April and May 2013. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by Hampshire Memorial Hospital, including those with special knowledge of or expertise in public health.

Interviews were held with 37 individuals (some in group interviews), 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 educational and business communities. An annotated list of individuals providing community input is in 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.

Health Status Issues

1. **Mental and behavioral health**: Mental and behavioral health was the most frequently-citied health issue in the community, and one with significant severity. Interviewees generally 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 for example: bullying among youth, autism spectrum symptoms and diagnoses, depression among senior citizens, adult and family stress and coping difficulties, a 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.
2. **Drug and substance abuse**: Substance abuse was the second most frequently mentioned health status issue, and was portrayed as both growing and serious. In addition to use of illicit substances (with methamphetamine a growing concern), interviewees reported recent increases in the abuse of prescription pain medications, and drug-seeking behavior in physicians' offices and hospital emergency departments. Abuse of over-the-counter medications by youth was mentioned. Interviewees cited a lack of local treatment services, particularly inpatient facilities, for people with substance abuse problems. Some interviewees reported that substance abuse and addiction among pregnant women is creating more perinatal and neonatal health problems. As noted above for mental

health needs, dual diagnoses of substance abuse and mental health problems are not uncommon.

3. **Oral health and dental care**: Oral health and dental care for all ages was the third most frequently mentioned health status issue by key informant interview participants. The issue was discussed in terms of poor dental hygiene, tooth decay in children and youth in addition to adults, and a lack of affordable, preventive dental health services. Interview participants stated that access to dental care is very difficult for low income and uninsured individuals, particularly in less populated areas. While Medicaid covers dental care for children and youth, not all dentists accept Medicaid patients. For low income, uninsured adults needing expensive restorative care, tooth extractions are sometimes the only available or practical option.
4. **Obesity**: Obesity and overweight was the fourth most frequently mentioned health status issue. This was true for all ages, but noted to be rising among children and youth. Commenting on related contributing factors, interview participants mentioned nutrition and diet, low physical activity and exercise, and food insecurity and hunger.
5. **Diabetes**: Diabetes was the most frequently mentioned chronic disease in the interviews, and was often paired with a discussion of the condition of obesity and overweight. There was widespread recognition of the toll it takes on health, its impact on the health care system, and the importance of not only treatment but also health behavior change in addressing the disease, as well as concern about younger adults and youth beginning to be diagnosed with the condition.
6. **Smoking and tobacco**: Smoking and tobacco use was frequently mentioned in the context of concerns about drug and substance abuse. Smoking was viewed as a significant health issue that has been in existence for some time, but that is not becoming notably worse.
7. **Pregnancy-related health issues**: Interview participants raised two primary concerns with respect to pregnancy health and related perinatal and neonatal health. The first is a perceived increase in teen pregnancies and a lowering of the ages at which some girls are becoming pregnant. The other is concern about the effects of substance use and abuse by pregnant women on their unborn and newborn children, which was stated to cause serious and potentially lifelong health deficits in these children.
8. **Cancer**: There was some concern about increasing prevalence of some cancers, about ensuring adequate early screening and detection, and about people having to or choosing to leave the immediate community for some cancer treatments.

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. A rank-ordered list of the major contributing factors raised, some of them inter-related, is below:

1. **Access to health care**: Interview participants cited a wide range of difficulties with access to care, including availability of primary care and specialty providers, cost and affordability of care, significant transportation barriers in Hampshire Memorial Hospital's largely rural community, and language or cultural barriers for a small portion of the community.

2. **Preventive health services and preventive health behaviors**: Interview participants raised prevention of illness and disease in two distinct but related ways, which are connected to other factors on this list. First was a lack of use of preventive health services such as regular physical exams and health screenings – due variously to access difficulties and to a tendency not to seek care unless one is experiencing an acute condition. Second was a lack of preventive health behaviors, including but not limited to specific ones on this list. In both cases, the lack of prevention was viewed as contributing to more advanced stages of illness.
3. **Poor nutrition and diet**: Among health behaviors that contribute to or inhibit good health, dietary habits and nutrition were mentioned most frequently as major factors in obesity, diabetes, heart disease, and related conditions and chronic diseases.
4. **Low income and poverty**: Issues related to income and financial resources were frequently stated to limit access to care, contribute to poor diet and nutrition, and create stresses that negatively impact health.
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, from youth through senior citizens. Interview participants recognized that reasons for limited activity and strategies to increase it differ across the life span.
6. **Low educational levels and a lack of health education and knowledge**: Factors linked generally to educational attainment and specifically to health education were noted by interview participants as impeding both the ability to effectively seek and manage health care, and to adopt and practice healthy behaviors.
7. **Homelessness**: Interview participants mentioned homelessness as a risk factor for poor health, and some made particular note of those who are newly homeless as a consequence of the recent economic recession. Homelessness creates stresses and practical challenges to maintaining one's health and seeking or obtaining needed health care.
8. **Risk-factors among Elderly Residents**: Some interview participants highlighted the particular health risks experienced by older residents in the community. Seniors not uncommonly experience lower incomes, transportation barriers, advanced chronic diseases, and social isolation that can negatively impact health status.
9. **Food insecurity and hunger**: Closely linked to, but different from, poor nutrition and diet was interview participants' observations that low income – brought on by unemployment, underemployment, and other economic insecurity – can contribute to malnourishment and to obesity, with significant health consequences.

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, via interviews with 37 individuals and one "community response session" that included some interviewees and six additional participants. These 43 stakeholders were comprised of a public health expert; 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 50, 51, 52,** and **53**).

1. Public Health Experts

An individual with special knowledge of or expertise in public health was interviewed, and also participated in the community response session (**Exhibit 50**).

Exhibit 50: Public Health Expert Interviewed

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Carol Lindsey	Local Health Administrator	Hampshire County Health Department	Expertise in public health needs of Hampshire County residents	Both

2. Health or Other Departments or Agencies

One interviewee was from a department or agency with current data or other information relevant to the health needs of the community (**Exhibit 51**). This list excludes the public health expert identified in **Exhibit 50**, who also meets this criterion.

Exhibit 51: Individual from Health Departments or Agencies Interviewed

Name	Title	Affiliation or Organization	Interview or Response Session
Cynthia Hinkle	Specialist, Adolescent Pregnancy Prevention Initiative	West Virginia Department of Health and Human Resources	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 52**). This list excludes the individuals identified in **Exhibits 50 and 51**.

Exhibit 52: Community Leaders and Representatives Interviewed

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Dianna Herionimus	Office Manager	Winchester Family Health Center	Special knowledge regarding health needs of the indigent populations in the community.	Interview
Dr. Timothy Caraher	Physician	Winchester Family Health Center	Special knowledge regarding health needs of the indigent populations in the community.	Interview
Holly Cowie	West Virginia Affiliate	Susan G. Komen	Special knowledge of breast cancer-related health needs 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.	Both
Kevin Tephabock	State Vice President	American Cancer Society (ACS)	Special knowledge of cancer-related health needs in the community.	Response Session
Pamila Wilsor	Clinical Nurse Manager	Winchester Family Health Center	Special knowledge regarding health needs of the indigent populations in the community.	Interview
Steve Herring	SVMS Finance Director	Shenandoah Valley Medical Systems	Special knowledge regarding health needs of the indigent populations in the community.	Interview
Tina Burns	Director, Clinical Recruitment	Shenandoah Community Health Center	Special knowledge regarding health needs of the indigent populations in the community.	Interview

4. Persons Representing the Broad Interests of the Community

Exhibit 53: Other Interviewees Representing the Broad Interests of the Community

Name	Title	Affiliation or Organization	Interview or Response Session
Anita Scandurra	Director	Wellness Services	Interview
Bill Haire	Chief Operating Officer	Winchester Medical Center	Interview
Bryan Rosati	Operations Manager - Winchester	Valley Regional Enterprise	Interview
Carolyn Knowles	Dispatch Manager	Valley Medical Transport	Interview
Chris Rucker	VP Community Health and Wellness, President of Valley Regional Enterprises	Valley Health	Both
Connie Nutter	President	NAMI Winchester	Interview
David Cunsolo	Lead Pastor	Victory Church	Interview
Dena Kent	President, Valley Regional Enterprises (retired)	Valley Health	Interview
Desiree Brunell	Director, Nursing Resources	Winchester Medical Center	Interview
Donald (Don) Price	Executive Director	Access Independence	Interview
Dr. Charles Bess	Physician, Family Practice	Private Practice	Interview
Dr. Gerald Bechamps	Vice President of Medical Affairs	Hampshire Memorial Hospital and War Memorial Hospital	Interview
Dr. Jack Potter	Medical Director of Emergency Services	Valley Health	Interview
James Keresztury	Director, Cancer Prevention and Control	Mountains of Hope Cancer Coalition	Response Session
Jeff Jeran	Director	Valley Health Wellness and Fitness	Both
Jodi Young	Clinical Manager	Winchester Medical Center	Interview
Julie Alexander	Outreach Coordinator	Winchester Medical Center	Both
Kari Spaid	Director of Nursing	Hampshire Memorial Hospital	Response Session
Lisa Wells	Trauma Coordinator	Winchester Medical Center	Interview
Lisa Zerull	Academic Liaison & Program Manager Faith-Based Services	Winchester Medical Center	Interview
Lyn Goodwin	Community Relations Manager	War Memorial Hospital	Interview
Neil McLaughlin	President	Hampshire Memorial Hospital and War Memorial Hospital	Both
Patty Fields	Office Data Specialist	Hampshire Memorial Hospital	Interview
Randy Reed	Program Director	Winchester Medical Center	Interview
Reen Markland	Regional Parish Nurse Coordinator	Winchester Medical Center	Both
Renee Smith	Membership Director & Peer Recovery Expert	NAMI Winchester	Interview

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