



Community Health Needs Assessment

Hampshire Memorial Hospital

 **ValleyHealth**
Hampshire Memorial Hospital

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EXECUTIVE SUMMARY

Introduction

Hampshire Memorial Hospital (HMH or ‘the hospital’) conducted the Community Health Needs Assessment to identify community health needs and to inform the subsequent development of an Implementation Strategy to address those needs. The hospital’s assessment of community health needs also responds to regulatory requirements.

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

Valley Health System includes two acute care hospitals (Warren Memorial Hospital and Winchester Medical Center), and four critical care access hospitals. Two are located in Virginia (Page Memorial Hospital and Shenandoah Memorial Hospital), and the other two are located in West Virginia (Hampshire Memorial Hospital and War Memorial Hospital). Valley Health System operates a range of other facilities and services in Virginia, West Virginia and Maryland.



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

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

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

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

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

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

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

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

Community Health Needs Assessment Adoption

This community health needs assessment was adopted by the Valley Health Board of Trustees on December 13, 2022.

¹ Instructions for IRS form 990 Schedule H, 2018.

Methodological Summary

The existing Valley Health Community Advisory Committee was used along with other chosen individuals to help guide the hospital's Community Health Needs Assessment (CHNA) process. This committee included former board members from each hospital, the health director from the Lord Fairfax Health District, which serves Clarke, Frederick, Page, Shenandoah, Warren counties and the City of Winchester in Virginia. Community members included representatives from across Valley Health System.

Input from 172 individuals was received through 63 key informant interviews. These informants represented the broad interests of the community and included individuals with special knowledge of, or expertise, in public health.

A community health survey was administered between the months of November 1, 2021 and extended through April 20, 2022. The survey was translated into Spanish. A total of 1,852 completed surveys from across the region were received. Among those, 108 surveys were received from the Hispanic community.

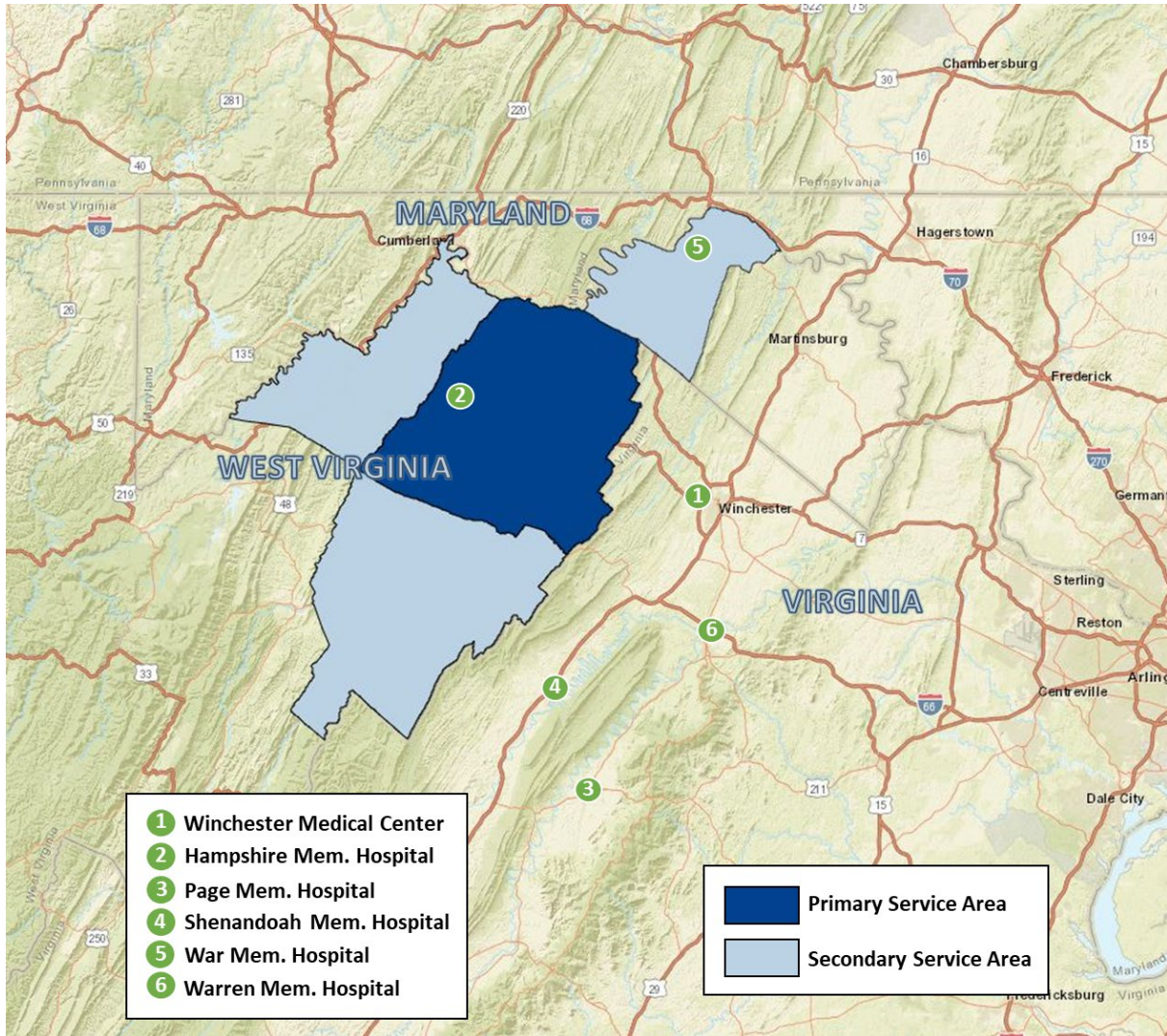
Valley Health applied a ranking methodology to prioritize the community health needs identified, incorporating both quantitative and qualitative data throughout. Scores for the severity and scope of identified health needs were assigned and calculated using weighted averages and took into account multiple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

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

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

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

Definition of the Community



Source: ESRI 2021, Created by Planning and Business Development

Hampshire Memorial Hospital Community by the Numbers

Hampshire Memorial Hospital's Primary Service Area (PSA) and Secondary Service Area (SSA) includes four counties: Hampshire, Hardy, Mineral and Morgan counties in West Virginia. Darker blue shading is Hampshire Memorial Hospital's primary service area.

Total population 2021: 87,050

Projected population change between 2021 and 2026 is 0.4%.

Demographics:

1. 23.5% of the population are 65+
2. 78.3% of inpatient discharges originate from Hampshire Memorial Hospital's primary service area, while 16.2% comes from HMMH's secondary service area.

Significant Community Health Needs

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

Prioritized Health Needs

1. Social and Economic Factors
2. Health Behaviors and Chronic Disease
3. Access to Primary, Preventive, and Clinical Care
4. Mental Health and Substance Abuse
5. Physical Environment
6. Health Outcomes

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

1. Social and Economic Factors (Financial Hardship and Basic Needs Insecurity)

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

Key Findings

- Hampshire, Hardy, and Morgan counties in West Virginia had higher percentages of non-graduates than the state average of 13.8 percent (**Exhibit 12**).
- Berkeley and Mineral counties reported the highest percentage of student completing high school (**Exhibits 12**).
- Poverty rates were higher than the national average for Hampshire County at 16.9 percent (**Exhibit 13A**).
- Higher percent of children reported in poverty for Berkeley in HMH's community.
- In West Virginia, Hardy, Morgan, and Mineral counties also reported median household income levels below the state and national averages (**Exhibit 15**).
- **Exhibit 16A** shows unemployment rates for December 2019-July 2022. Post-pandemic unemployment rates are higher than pre-pandemic rates across all counties in our region with the exception of Page County.

- In 2019, Hardy County reported the highest unemployment rate for West Virginia counties. (**Exhibit 16B**).
- Hardy and Morgan counties reported the highest violent crime rates for HMH’s community (**Exhibit 18**).
- Children in single households were reported to be higher for Mineral County (**Exhibits 22D**).
- Participants in interviews believed that substandard housing and poverty were the top issues contributing to poor health status and limited care. Other income-related factors noted include difficulty with securing transportation to medical appointments and homelessness.
- The survey reported low income and financial challenges . For survey respondents who reported not being able to always get the care they needed, affordability and lack of insurance coverage were the reasons most frequently mentioned.

Comparison to HMH’s 2016 CHNA: Financial Hardship and Basic Needs Insecurity was one of the top priorities identified in HMH’s CHNA. Low income and poverty was the fourth most frequently mentioned issue believed to contribute to poor health status and access to care difficulties by participants in key informant interviews. From the interview and survey data collected, the COVID-19 pandemic was cited as a major contributor to financial hardship.

2. Health Behaviors and Chronic Disease

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

Key Findings

- Berkeley, Mineral and Morgan counties reported higher percentages of excessive drinking that the state average of 15 percent.
- Alcohol-impaired driving deaths were reported higher than state averages for Hampshire, and Morgan counties in West Virginia (**Exhibit 22B**).
- Higher teen birth rates were reported in Hampshire and Hardy counties than the West Virginia stage average (**Exhibit 22B**).
- Morgan County reported higher percentages of excessive drinking than the West Virginia average of 15 percent (**Exhibits 22B**).
- Alcohol-impaired driving deaths were reported higher than state averages for Hampshire, and Morgan counties in West Virginia (**Exhibit 22B**).
- Mortality due to cancer, heart disease, chronic lower respiratory diseases, nephritis and nephrosis, influenza and pneumonia, and suicide rates were greater than West Virginia and national averages (**Exhibit 24**).
- Hampshire, Mineral, and Morgan counties reported unintentional, injury-related mortality at a higher rate than both the West Virginia and national averages for that cohort.
- Hampshire and Morgan County residents experienced cancer mortality rates higher than the West Virginia and national averages for colorectal cancer. Hampshire and Morgan counties reported Cancer Mortality rates higher than West Virginia and national averages for both lung and bronchus. Mineral County showed the highest rates for Breast cancer in the HMMH community (**Exhibit 27**).
- Food deserts are defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. HMMH's community contains nine census tracts identified as food deserts. These are located in Hampshire, Hardy, Mineral and Morgan counties (**Exhibit 38**).
- Commenting on the contributing factors to poor health status, interview participants mentioned nutrition and diet, low physical activity and exercise, and food insecurity. Many commented on the lack of affordable, healthy food choices in some parts of the community.
- Morgan County showed a higher rate of access to exercise opportunities than the other two counties that represent the HMMH community as reported by *County Health Rankings* (**Exhibit 24B**).
- Physical inactivity was prominent in Hampshire, Hardy, and Morgan counties, all of which showed rates higher than the West Virginia average (**Exhibit 24B**).

Comparison to August 2016 CHNA: Physical Activity, Nutrition, and Obesity-related Chronic Diseases was one of the top health priority areas identified in Hampshire Memorial Hospital's August 2013 CHNA. Participants in key informant interviews in 2016 reported obesity and diabetes as 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.

3. Access to Primary, Preventive, and Specialty Care

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

Key Findings

- Hampshire and Morgan counties have a higher adult obesity rate than the state averages (**Exhibit 22B**)
- The HMH community is experiencing lower ratio rates when it comes to the number of primary care physicians per 100,000 populations, number of dentists available within the region: in addition, there is a great need for mental health providers in Hampshire, Hardy, Mineral, and Morgan counties (**Exhibit 23C**).
- Primary care physician rates are below West Virginia averages for Hampshire County (**Exhibit 23C**).
- Access to basic medical care was identified by a vast number of interviewees as an issue. Interviewees indicated that some residents rely on the emergency department as their primary care physician.
- Hampshire and Morgan counties had uninsured population percentages higher than the West Virginia state average of 5.9% (**Exhibit 17B**).
- West Virginia's leaders opted to expand Medicaid under the Affordable Care Act (ACA) starting on January 1, 2014, providing coverage to low-income adults, most of whom have jobs but no option for employer-sponsored health insurance. As of May 2022, West Virginia has enrolled 622,788 individuals in Medicaid and CHIP — a net increase of 75.7% since the first Marketplace Open Enrollment Period.
- In WV, the uninsured rate decreased from 6.5 percent to 5.9 percent, and Medicaid expansion was adopted for WV counties (**Exhibit 17B**).

Comparison to HMH's 2019 CHNA: Access to Primary and Preventative Care was one of the top priorities identified in HMH's 2019 CHNA. Access to affordable health care was one of the priority issues identified in HMH's 2019 CHNA, for reasons including: a lack of providers relative to the population; affordability and uninsured; and the challenges of unemployment and low income.

4. Mental Health and Substance Abuse

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

Substance abuse includes the use of illicit substances (e.g., cocaine, heroin, methamphetamine, and marijuana); misuse of legal over-the-counter and prescription medications; and abuse of alcohol. Substance abuse affects not only substance abusers, but those around them; negatively impacting health, safety and risky behaviors, including violence and crime, adult productivity, students' ability to learn, and families' ability to function. Tobacco smoking is a well-documented a risk factor for various forms of cancer, heart disease and other ailments, and poses health risks for those exposed to secondhand smoke.

Key Findings

- In HMH's community, all counties are designated as a Medically Underserved Area (MUA), or Medically Underserved Population. Mineral and Morgan counties reported shortages in all three categories for dental, mental, and primary care services.
- Mineral and Morgan counties reported higher percentages of excessive drinking than the state average of 15 percent (**Exhibit 22C**).
- In HMH's community, all counties are designated as a Medically Underserved Area (MUA), or Medically Underserved Population. Morgan County reported shortages in all three categories for dental, mental, and primary care services (**Exhibit 22 C**).
- Mental and behavioral health was mentioned as a health status issue by key informants. Interviewees generally reported that the community's mental health needs have grown, while the mental health service capacity has not. Lack of available resources was reported.
- The major concern mentioned by key informants was the need for more providers to care for adults and children with mental and behavioral health issues. Many children are transported out of the community for services.
- Another concern mentioned by key informants was the inability to connect patients with needed services. Wait times for patients to see a clinician are very long, especially for a specialist.
- Alcohol-impaired driving deaths were reported higher than state averages for Berkeley, Hampshire, and Morgan counties in West Virginia.
- Substance abuse was a major concern and mentioned frequently by key informant interview participants. It was portrayed as a growing and serious issue within the community.
- Survey respondents reported substance abuse and mental health as top health issues for the HMH community.

Comparison to HMH's 2019 CHNA: Mental and Behavioral Health was one of the top priorities identified in HMH's 2019 CHNA. Interview participants described a wide range of mental health

issues, including: depression among senior citizens, adult and family stress and coping difficulties associated with unemployment and under-employment, a lack of affordable outpatient mental health professionals, and a lack of local inpatient treatment facilities. Interviewees also noted frequent dual diagnosis of mental health problems and substance abuse.

CHNA DATA AND ANALYSIS

METHODOLOGY

Data Sources and Analytic Methods

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

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

Input from persons representing the broad interests of the community was collected through: 63 individual/group interviews with over 172 key informants (January-March 2022); 133 low-income population interviews at local food banks and the Valley Health Wellness Festival were collected, a community health survey with 1,852 respondents; and six community response sessions (April 2022) comprised of 49 additional community stakeholders where preliminary findings were discussed. Interviews and community response sessions included: individuals with special knowledge of, or expertise in, public health; local and state health agencies with current data or information about the health needs of the community; and leaders, representing the medically underserved, low-income, and minority populations, and populations with chronic disease needs. Feedback from community response session participants helped validate findings and prioritize identified health needs.

Collaborating Organizations

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

Valley Health's internal project team included Mark Nantz, president and CEO, Valley Health System; Grady (Skip) Philips, senior vice president, Valley Health and president of Winchester Medical Center; Dr. Jeff Feit, Valley Health Population Health and Community Health Officer, and Chris Rucker, Chief Strategy Officer and Chief of Staff, Valley Health, Tracy Mitchell, VHS director, Community Health & Wellness services, Michael Wade, operations manager; Marketing and Communications; and Mary Welch-Flores, manager, Business Intelligence.

The Valley Health Community Health Needs Assessment (CHNA) Steering Committee was developed to provide insight regarding the needs of the communities participating in the 2022 CHNA. The steering committee guides the process to ensure alignment with organizational mission and vision and support of legislative mandates regarding CHNA reporting. Members of the committee make sure those components of the CHNA are being adequately compiled and addressed and that the project is completed with prioritized health needs.

Valley Health System's Community Advisory Council steering committee included:

Gwen Borders-Walker, vice president, NAACP (Winchester, VA)
Pastor George Bowers, faith-based community member
Travis Clark, vice president, Valley Health; President, Shenandoah Memorial Hospital and Page Memorial Hospital
Jennifer Coello, vice president, Operations and Administrator, Warren Memorial Hospital
Jason Craig, director, VHS Community Health
Miranda Delmerico, president, WMC Auxiliary
Dr. Jeff Feit, Valley Health Population and Community Health Officer
Dr. Ray Grimm, former member, WMH Board of Trustees (Front Royal, VA)
Sharen Gromling, executive director, Our Health (Winchester, VA)
Jenny Grooms, executive director, Valley Health Foundations
Henry (Mac) Hobgood, former chairman, WMH Board of Trustees (Front Royal, VA)
Diane Kerns, former member, WMC Board of Trustees (Winchester, VA)
Thomas Kluge, senior vice president, Valley Health Critical Access Hospitals, and president, War and Hampshire Memorial Hospital
Richard (Dick) L. Masincup, former member, PMH Board of Trustees (Luray, VA)
Tracy Mitchell, VHS director, Community Health & Wellness Services
Mark Nantz, president and CEO, Valley Health
Grady (Skip) Philips, III, senior vice president, Valley Health; president Winchester Medical Center
Dr. Iyad Sabbagh, chief physician executive and president, Valley Physician Enterprise
Elizabeth Savage, senior vice president/chief human resource officer (CHRO) and vice president of community health & wellness
Ethel Showman, former member, SMH Board of Trustees (Front Royal, VA)
Michael Wade, operations manager, Valley Health Marketing & Communications
Cathy Weaver, former member, PMH Board of Trustees (Luray, VA)
Mary Welch-Flores, business intelligence manager, Valley Health
Karen Whetzel, former member, SMH Board of Trustees (Woodstock, VA)

Additionally, lists of the interviewees and community response session participants are provided in **Exhibits 55** through **58** of this report.

Prioritization Process and Criteria

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

Information Gaps

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

DEFINITION OF COMMUNITY ASSESSED

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

In 2021, the HMH community was estimated to have a population of 87,050 persons. Approximately 29.2 percent of the population resided in the primary service area (**Exhibit 1**).

Exhibit 1: Community Population, 2021

2021	County/City	Total Population 2021	Percent of Total Population
PSA		25,447	29.2%
	Hampshire County, WV	25,447	29.2%
SSA		61,603	70.8%
	Hardy County, WV	14,805	17.0%
	Mineral County, WV	28,019	32.2%
	Morgan County, WV	18,779	21.6%
	Total	87,050	100.0%

Sources: Projections: 2021 ESRI Community Profiles for all PSA and SSA Counties

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

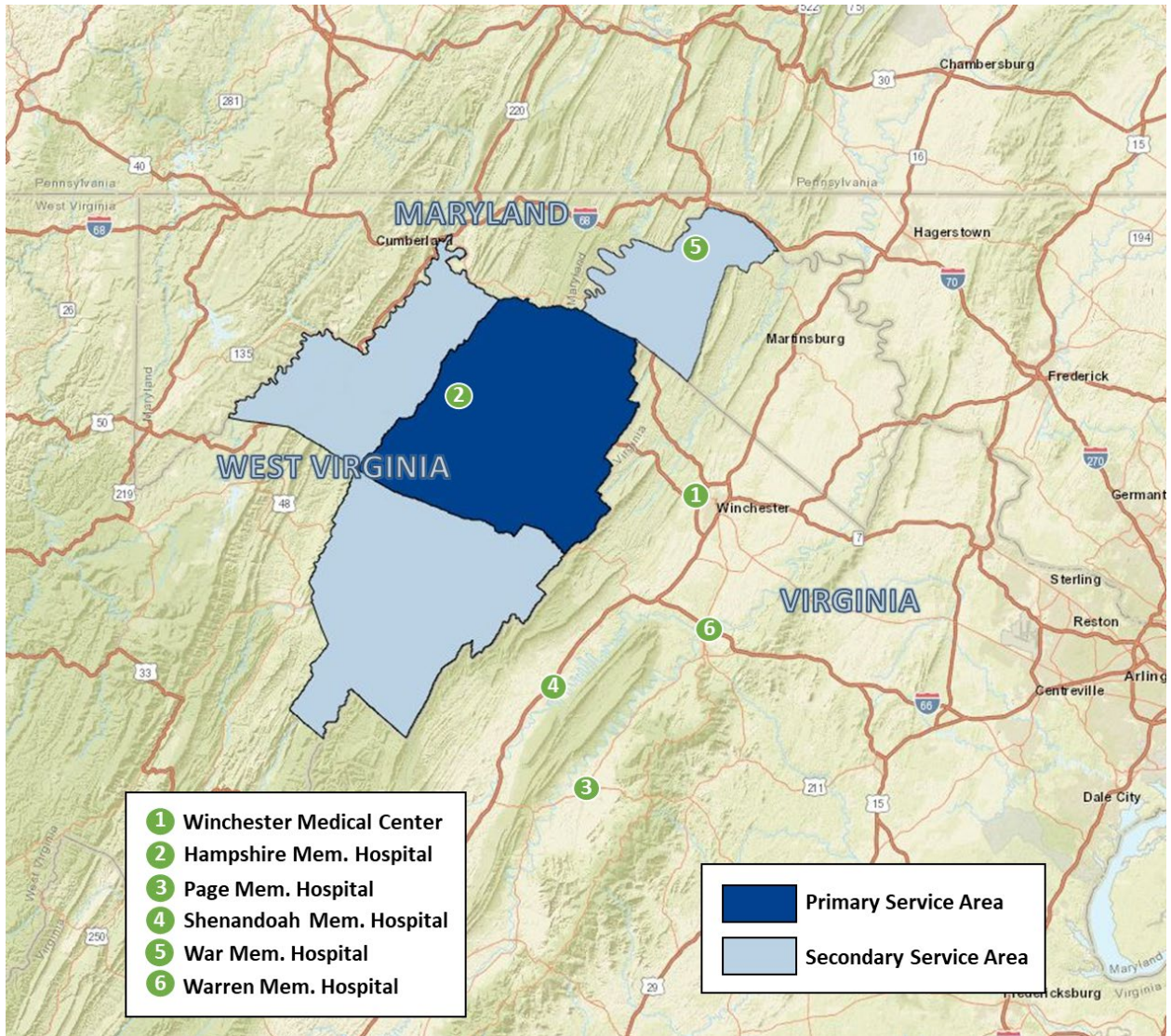
Exhibit 2: HMH Inpatient and Emergency Department Discharges, 2021

2021	Number of Inpatient Discharges	Percent of Patient Discharges	Number of ED Discharges*	Percent of ED Discharges
PSA	314	78.3%	6612	80.1%
Hampshire County, WV	314	78.3%	6612	80.1%
SSA	65	16.2%	918	11.1%
Hardy County, WV	32	8.0%	381	4.6%
Mineral County, WV	24	6.0%	339	4.1%
Morgan County, WV	9	2.2%	198	2.4%
PSA and SSA Total	379	94.5%	7530	91.3%
Other areas	22	5.5%	720	8.7%
Total Discharges	401	100.0%	8,250	100.0%

Source: Hampshire Memorial Hospital Patient Discharge Volumes IP and ED, 2021 (Tableau)

In 2021, the community accounted for approximately 80 percent of the hospital’s inpatients and emergency department discharges. The majority (78.3 percent) of the hospital’s inpatients originated from the primary service area. Approximately 11.1 percent of emergency department inpatient visits originated from HMH’s secondary service area (**Exhibit 2**).

Exhibit 3: Hampshire Memorial Hospital Community: four counties comprise HMH's primary and secondary service areas.



Source: ESRI 2021, Created by Planning and Business Development

SECONDARY DATA ASSESSMENT

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

Demographics

Population characteristics and change play a role in influencing the health issues of and service needed by communities. The total population in the HMH’s community is expected to increase by 0.4 percent from 2021 to 2026 (**Exhibit 4**).

Exhibit 4: Percent Change in Population by County, 2021-2026

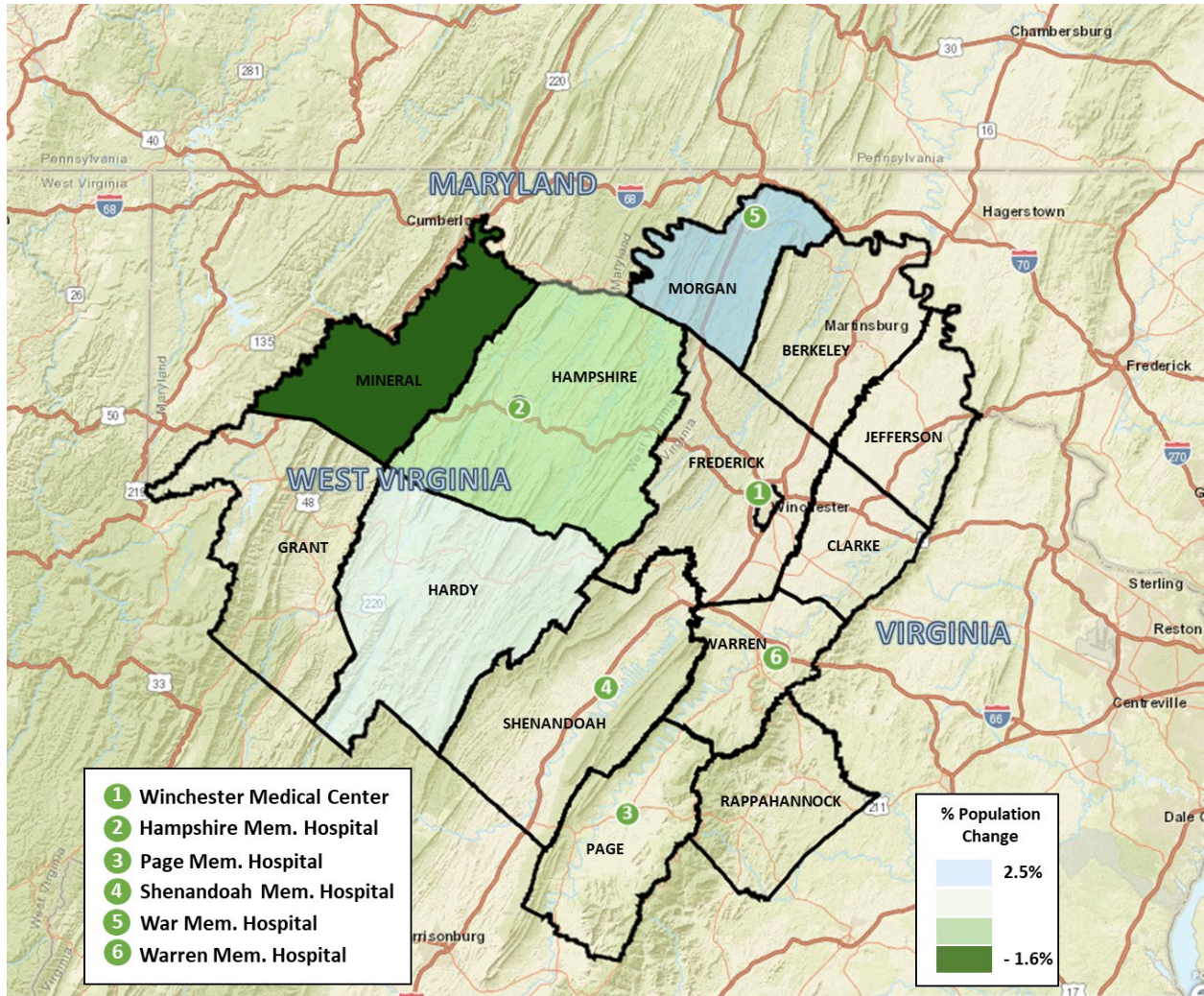
2021	County/City	Total Population 2021	Total Population estimates 2026	Percent Change in Population 2021-2026
PSA		25,447	25,436	0.0%
	Hampshire County, WV	25,447	25,436	-0.04%
SSA		61,603	61,972	0.6%
	Hardy County, WV	14,805	15,162	2.4%
	Mineral County, WV	28,019	27,561	-1.6%
	Morgan County, WV	18,779	19,249	2.5%
	Total	87,050	87,408	0.4%

Sources: Projections: 2021 ESRI Community Profiles for all PSA and SSA Counties

West Virginia’s population is expected to increase by 0.40 percent between 2021 and 2026.² Morgan County has the largest projected population growth at 2.5 percent for HMH’s community (**Exhibit 4**).

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

Exhibit 5: Population Change by County, 2021-2026



Source: ESRI 2021, Created by Planning and Business Development

Hardy and Morgan counties in West Virginia are expected to grow faster than the HMH community as a whole (approximately 2.4 –and 2.5 percent respectively), while Hampshire and Mineral counties in West Virginia are projected to experience population declines (**Exhibits 4 and 5**).

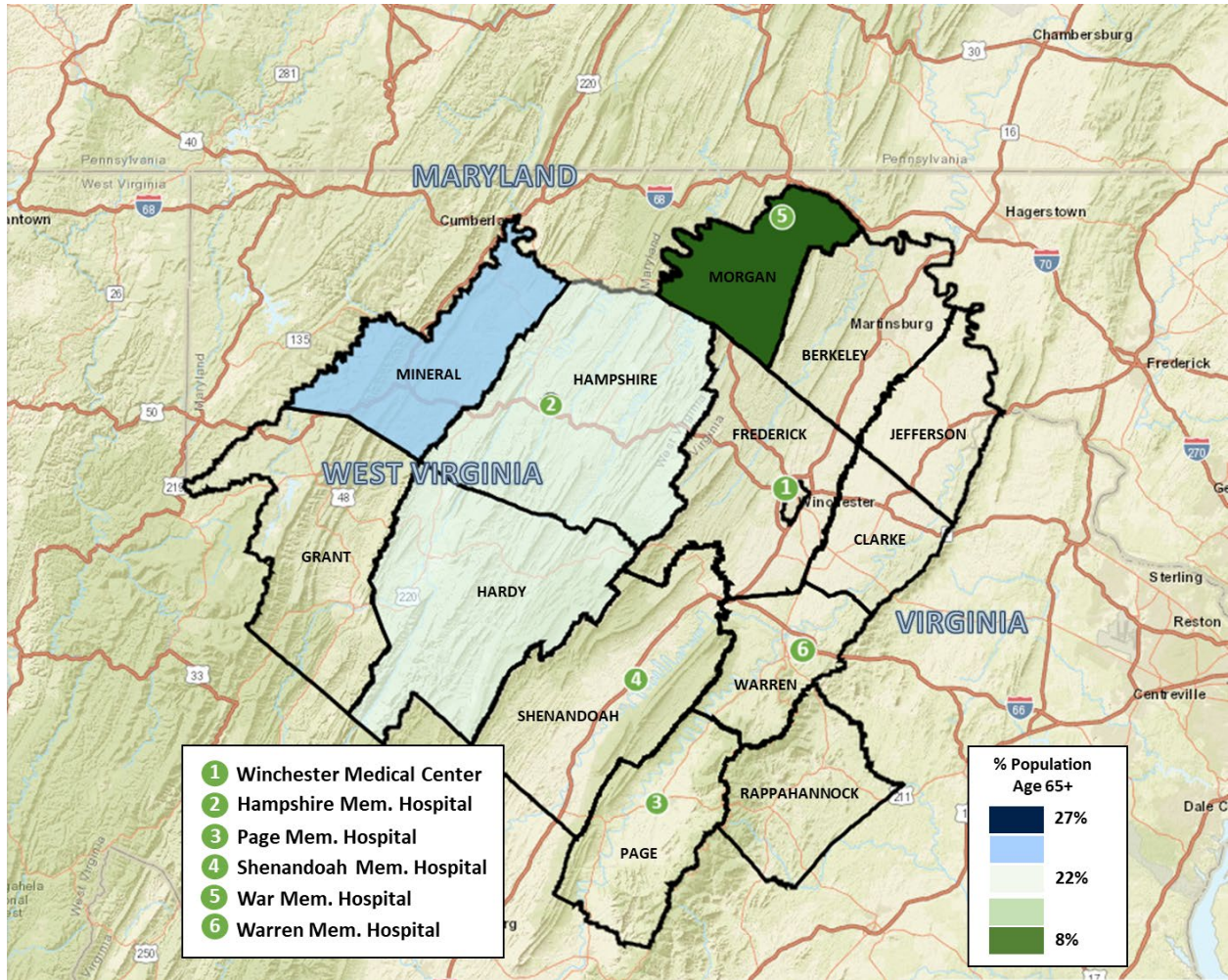
Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2021-2026

Age/Sex Total Population	Population 2021	Population 2026	5 Year % Change	% total 2021 Population
Female 0-19	8,630	8,665	0.4%	9.9%
Male 0-19	9,401	9,544	1.5%	10.8%
Female 20-44	11,789	11,075	-6.1%	13.5%
Male 20-44	12,266	11,695	-4.7%	14.1%
Female 45-64	12,347	11,861	-3.9%	14.2%
Male 45-64	12,537	12,108	-3.4%	14.4%
Female 65+	10,585	11,804	11.5%	12.2%
Male 65+	9,495	10,656	12.2%	10.9%
Total	87,050	87,408	0.4%	100.0%

Sources: Projections: 2021 ESRI Community Profiles for all PSA and SSA Counties

The number of residents aged 44 years and younger is expected to decreased by 2.7 percent by 2026, while the 45 and older age cohort, in total, is expected to increase of 3.2 percent. The 65+-age cohort is expected to increase 10.6 percent.

Exhibit 7: Percent of Population Aged 65+ by County, 2021



Source: ESRI 2021, Created by Planning and Business Development

At 23 percent, Mineral County had the highest percentage of people aged 65 and over. Hampshire County (22 percent) had the lowest percentage of people aged 65 and over at 6.3 percent (**Exhibit 7**).

Exhibit 8A: Distribution of Population by Race, 2021-2026

Race/Ethnicity	2021 Total	2026 Total	Percent Change in Population 2021-2026	Percent of Total 2021 Population	Percent of Total 2026 Population
American Indian and Alaska Native	223	250	12.1%	0.3%	0.3%
Asian	464	530	14.2%	0.5%	0.6%
Black or African American	1,774	1,861	4.9%	2.0%	2.1%
Native Hawaiian/Pacific Islander	22	23	4.5%	0.03%	0.03%
Some other Race	528	620	17.4%	0.6%	0.7%
Two or more Races	1,405	1,599	13.8%	1.6%	1.8%
White	82,634	82,525	-0.1%	94.9%	94.4%
Total	87,050	87,408	0.4%	100.0%	100.0%
Hispanic or Latino	1,882	2,217	17.8%	2.2%	2.5%
Not Hispanic or Latino	85,168	85,191	0.0%	97.8%	97.5%
Total	87,050	87,408	0.4%	100.0%	100.0%

Sources: Projections: 2021 ESRI Community Profiles for all PSA and SSA Counties

About 94.9 percent of the community’s population is White compared to the previous assessment in 2019 at 94.9 percent. Overall population for the Hampshire Memorial community is expected to increase 0.4 percent by 2026. According to the ESRI Community Profiles, the Hispanic or Latino population is expected to increase 17.1 percent between 2021 and 2026 (**Exhibit 8A**).

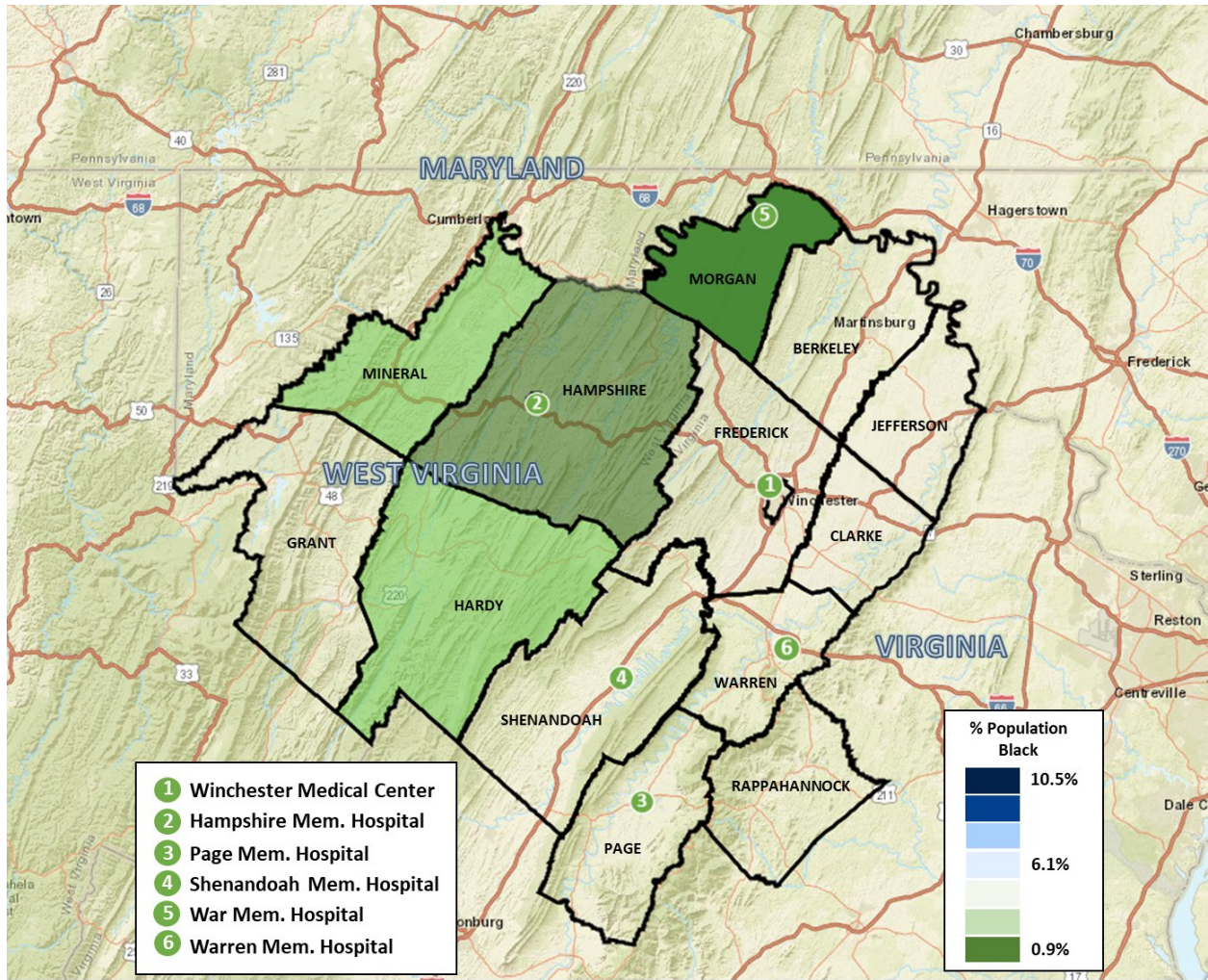
Exhibit 8B: West Virginia Counties Distribution of Population by Race, 2018-2023

Race/Ethnicity	Hampshire, WV		Hardy, WV		Morgan, WV		Mineral, WV	
	2021	2026	2021	2026	2021	2026	2021	2026
American Indian and Alaska Native	52	52	31	35	72	82	68	81
Asian	84	84	91	75	85	105	204	266
Black or African American	354	354	434	481	176	214	810	812
Native Hawaiian/Pacific Islander	15	15	1	1	5	6	1	1
Some other Race	72	72	341	419	61	72	54	57
Two or more Races	376	376	155	169	373	467	501	587
White	24,494	24,483	13,752	13,982	18,007	18,303	26,381	25,757
Total	25,447	25,436	14,805	15,162	18,779	19,249	28,019	27,561
Hispanic or Latino	429	429	795	988	352	445	306	355
Not Hispanic or Latino	25,018	25,007	14,010	14,174	18,427	18,804	27,713	27,206
Total	25,447	25,436	14,805	15,162	18,779	19,249	28,019	27,561

Sources: Projections: 2021 ESRI Community Profiles for all PSA and SSA Counties

Exhibits 9 and 10 illustrate the locations in the community where the percentage of the population that is Black (2.0%) and Hispanic or Latino (2.2%) were highest. The percentages of Black residents are highest in Hardy and Mineral counties. The percentage of Hispanic or Latino residents is highest in Hardy County.

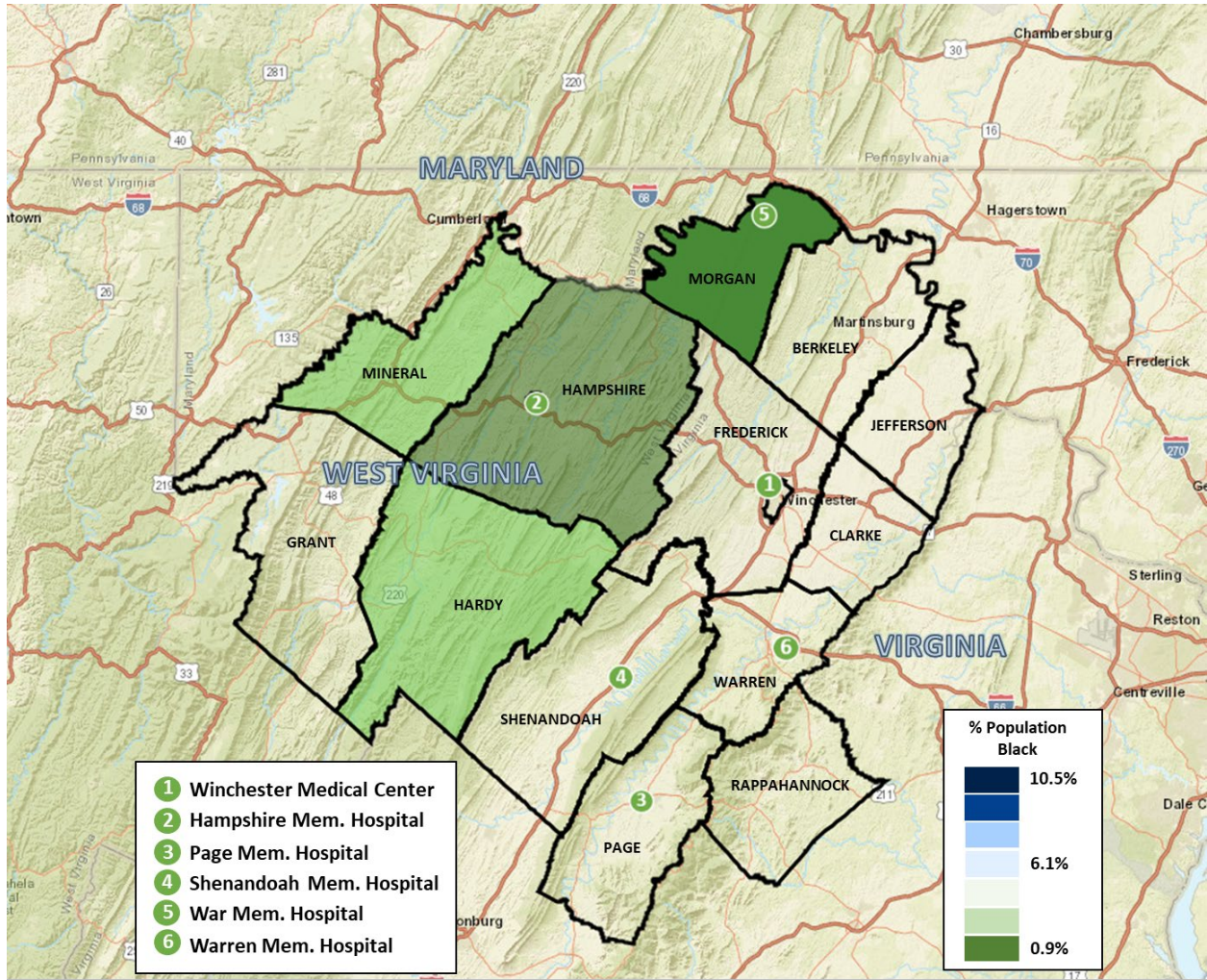
Exhibit 9: Percent of Population – Black, 2021



Source: ESRI 2021, Created by Planning and Business Development

Hardy and Mineral counties reported the highest percentages of Black residents

Exhibit 10: Percent of Population – Hispanic or Latino, 2021



Source: ESRI 2021 Created by Planning and Business Development

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

Exhibit 11A: West Virginia Counties Percent of Population – Not proficient in English, 2020

	West Virginia			Berkeley County, West Virginia			Grant County, West Virginia			Hampshire County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
2020 Census Data		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Label	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Population 5 years and over	1,729,763	12,764	0.7%	106,435	1,360	1.3%	11,064	166	1.5%	22,329	70	0.3%
Speak only English	1,686,899	(X)	(X)	100,887	(X)	(X)	10,812	(X)	(X)	22,111	(X)	(X)
Speak a language other than English	42,864	12,764	29.8%	5,548	1,360	24.5%	252	166	65.9%	218	70	32.1%
Spanish	17,189	5,818	33.8%	2,747	949	34.5%	164	138	84.1%	111	35	31.5%
5 to 17 years old	2,905	1,026	35.3%	568	72	12.7%	35	35	100.0%	50	35	70.0%
18 to 64 years old	12,852	4,296	33.4%	2,037	814	40.0%	117	91	77.8%	41	0	0.0%
65 years old and over	1,432	496	34.6%	142	63	44.4%	12	12	100.0%	20	0	0.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Exhibit 11A: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)

2020 Census Data	West Virginia			Berkeley County, West Virginia			Grant County, West Virginia			Hampshire County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Other Indo-European languages	12,751	2,588	20.3%	1,456	221	15.2%	82	28	34.1%	107	35	32.7%
5 to 17 years old	1,377	191	13.9%	233	0	0.0%	0	0	-	13	9	69.2%
18 to 64 years old	8,955	1,602	17.9%	1,125	203	18.0%	68	14	20.6%	73	14	19.2%
65 years old and over	2,419	795	32.9%	98	18	18.4%	14	14	100.0%	21	12	57.1%
Asian and Pacific Island languages	8,877	3,259	36.7%	811	158	19.5%	0	0	-	0	0	-
5 to 17 years old	958	105	11.0%	201	0	0.0%	0	0	-	0	0	-
18 to 64 years old	6,845	2,734	39.9%	556	148	26.6%	0	0	-	0	0	-
65 years old and over	1,074	420	39.1%	54	10	18.5%	0	0	-	0	0	-

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Exhibit 11A: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)

2020 Census Data	West Virginia			Berkeley County, West Virginia			Grant County, West Virginia			Hampshire County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Other languages	4,047	1,099	27.2%	534	32	6.0%	6	0	0.0%	0	0	-
5 to 17 years old	471	67	14.2%	116	0	0.0%	0	0	-	0	0	-
18 to 64 years old	2,933	838	28.6%	418	32	7.7%	0	0	-	0	0	-
65 years old and over	643	194	30.2%	0	0	-	6	0	0.0%	0	0	-

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Exhibit 11B: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)

2020 Census Data	Hardy County, West Virginia			Jefferson County, West Virginia			Mineral County, West Virginia			Morgan County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Label	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Population 5 years and over	13,075	651	5.0%	53,078	713	1.3%	25,881	436	1.7%	16,888	101	0.6%
Speak only English	12,343	(X)	(X)	49,735	(X)	(X)	25,255	(X)	(X)	16,568	(X)	(X)
Speak a language other than English	732	651	88.9%	3,343	713	21.3%	626	436	69.6%	320	101	31.6%
Spanish	262	210	80.2%	1,677	356	21.2%	389	362	93.1%	278	88	31.7%
5 to 17 years old	101	85	84.2%	245	61	24.9%	70	70	100.0%	62	44	71.0%
18 to 64 years old	158	122	77.2%	1,224	222	18.1%	304	277	91.1%	145	9	6.2%
65 years old and over	3	3	100.0%	208	73	35.1%	15	15	100.0%	71	35	49.3%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Out of the Hispanic population residing in Mineral County (389 people), approximately 93.1 percent (362 people) of their total Hispanic population does not speak English.

Exhibit 11B: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)

2020 Census Data	Hardy County, West Virginia			Jefferson County, West Virginia			Mineral County, West Virginia			Morgan County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Other Indo-European languages	122	93	76.2%	943	100	10.6%	83	46	55.4%	29	0	0.0%
5 to 17 years old	0	0	-	150	0	0.0%	0	0	-	0	0	-
18 to 64 years old	63	34	54.0%	578	40	6.9%	40	10	25.0%	3	0	0.0%
65 years old and over	59	59	100.0%	215	60	27.9%	43	36	83.7%	26	0	0.0%
Asian and Pacific Island languages	219	219	100.0%	474	218	46.0%	147	23	15.6%	13	13	100.0%
5 to 17 years old	0	0	-	9	0	0.0%	0	0	-	0	0	-
18 to 64 years old	219	219	100.0%	383	195	50.9%	124	23	18.5%	13	13	100.0%
65 years old and over	0	0	-	82	23	28.0%	23	0	0.0%	0	0	-

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Exhibit 11B: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)

2020 Census Data	Hardy County, West Virginia			Jefferson County, West Virginia			Mineral County, West Virginia			Morgan County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Other languages	129	129	100.0%	249	39	15.7%	7	5	71.4%	0	0	-
5 to 17 years old	31	31	100.0%	5	0	0.0%	0	0	-	0	0	-
18 to 64 years old	98	98	100.0%	179	39	21.8%	2	0	0.0%	0	0	-
65 years old and over	0	0	-	65	0	0.0%	5	5	100.0%	0	0	-

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Data regarding residents without a high school diploma, those who have a high school diploma, residents that have had some college, and those that have earned a college degree are presented in **Exhibit 12** for counties in the HMH community.

Exhibit 12: Population 25+ by Educational Attainment, WV-2021

	Hampshire County	Hardy County	Mineral County	Morgan County
Less than 9th Grade	4.8	7.2	1	3.7
9th-12th Grade, No Diploma	10.5	11.9	6.5	9.9
High School Graduate	38.2	38.3	43	33.6
GED/Alternative Credential	7.8	6.3	5.8	6.6
Some College, No Degree	18.2	13.9	17.7	18.7
Associate Degree	7.6	7.2	9.7	9.8
Bachelor's Degree	7.7	8.4	9.7	10
Graduate/Professional Degree	5.2	6.8	6.4	7.7

Sources: Projections: 2021 ESRI Community Profiles for all PSA and SSA Counties

Key findings include:

- Mineral County reported the highest percent of high school graduates at 43 percent (**Exhibit 12**).
- Morgan County had the highest percentages of residents who completed a college degree from the HMH community at 27.5 percent.

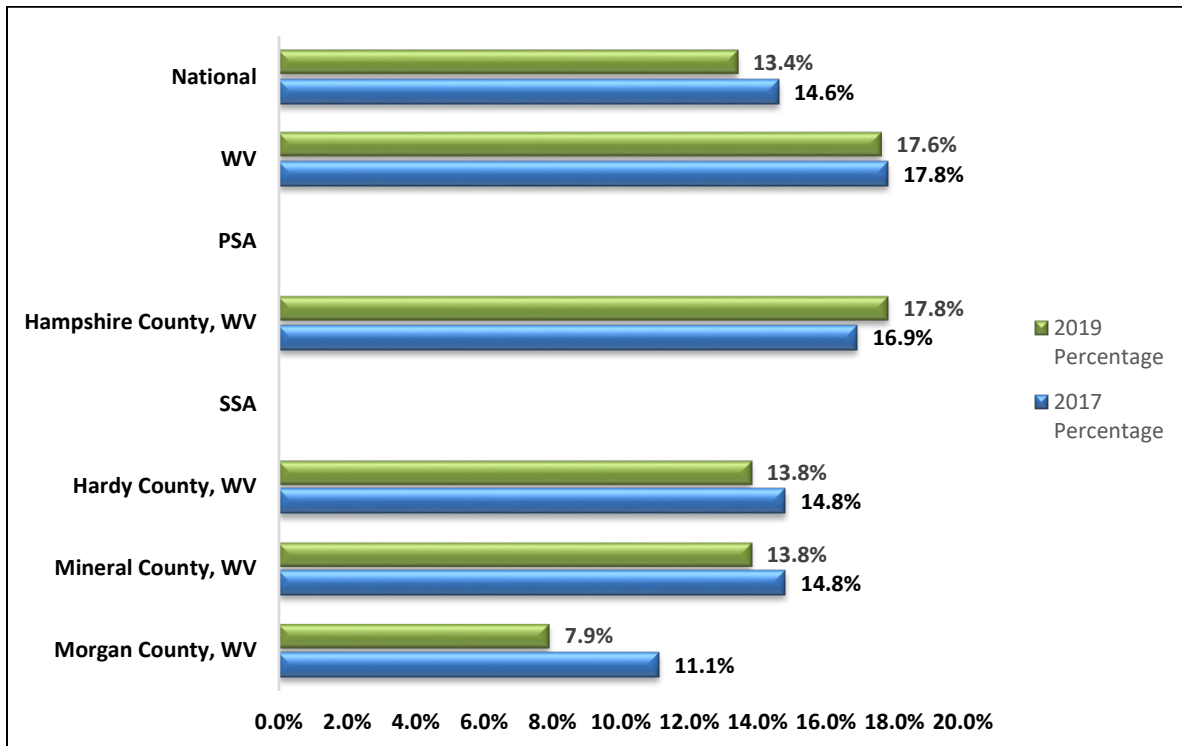
Economic Indicators

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

1. People in Poverty

Many health needs are associated with poverty. In 2019 approximately 13.4 percent of people in the U.S., and 17.6 percent of people in West Virginia reported living in poverty (**Exhibit 13**).

Exhibit 13A: Percent of Family & People below Poverty, West Virginia Counties, 2019



Source: U.S. Census Bureau, ACS estimates, 2019. Retrieved from: <http://www.data.census.gov>.

Hampshire, Hardy, and Mineral counties reported higher poverty rates than the national average. The poverty rates for all counties were lower than the West Virginia average (**Exhibit 13A**).

Exhibit 13B: Percent of People in Poverty by Race/Ethnicity, by County, 2019

% of Families & People Income Past 12 Months Below Poverty Level-By County and Ethnicity/Race				
County/City	Poverty Level 2019			
	White	Black	Asian	Hispanic or Latino
PSA				
Hampshire County, WV	17.1%	69.7%	20.2%	19.9%
SSA				
Hardy County, WV	13.2%	19.4%	0.0%	10.6%-
Morgan County, WV	7.6%	31.6%	52.9%	7.1%
Mineral County, WV	13.5%	23.0%	0.0%	66.3%
WV	16.90%	29.20%	16.80%	21.50%
National	11.1%	23.0%	10.9%	19.6%

Source: U.S. Census Bureau, ACS estimates, 2019. Retrieved from: <http://factfinder.census.gov>

The Black population in Hampshire, Hardy, Mineral, and Morgan counties reported higher poverty rates than the White population. The Asian population in Morgan County also reported higher poverty rates than the national and state averages. The Hispanic or Latino population in Mineral County reported highest poverty rates within the HMH Community (**Exhibit 13B**).

2. Household Income

The Federal Poverty Level (FPL) is used by many public and private agencies to assess household needs for low-income assistance programs. In the HMH community in 2021, 3 of the 4 counties (Hampshire, Hardy and Mineral counties) were above the national average for percent of families with incomes below \$25,000, an approximation of the federal poverty level (FPL) for a family of four. **Exhibit 14** indicates the percent of lower-income households in the community.

Exhibit 14: Percent Lower-Income Households by County/City, 2021

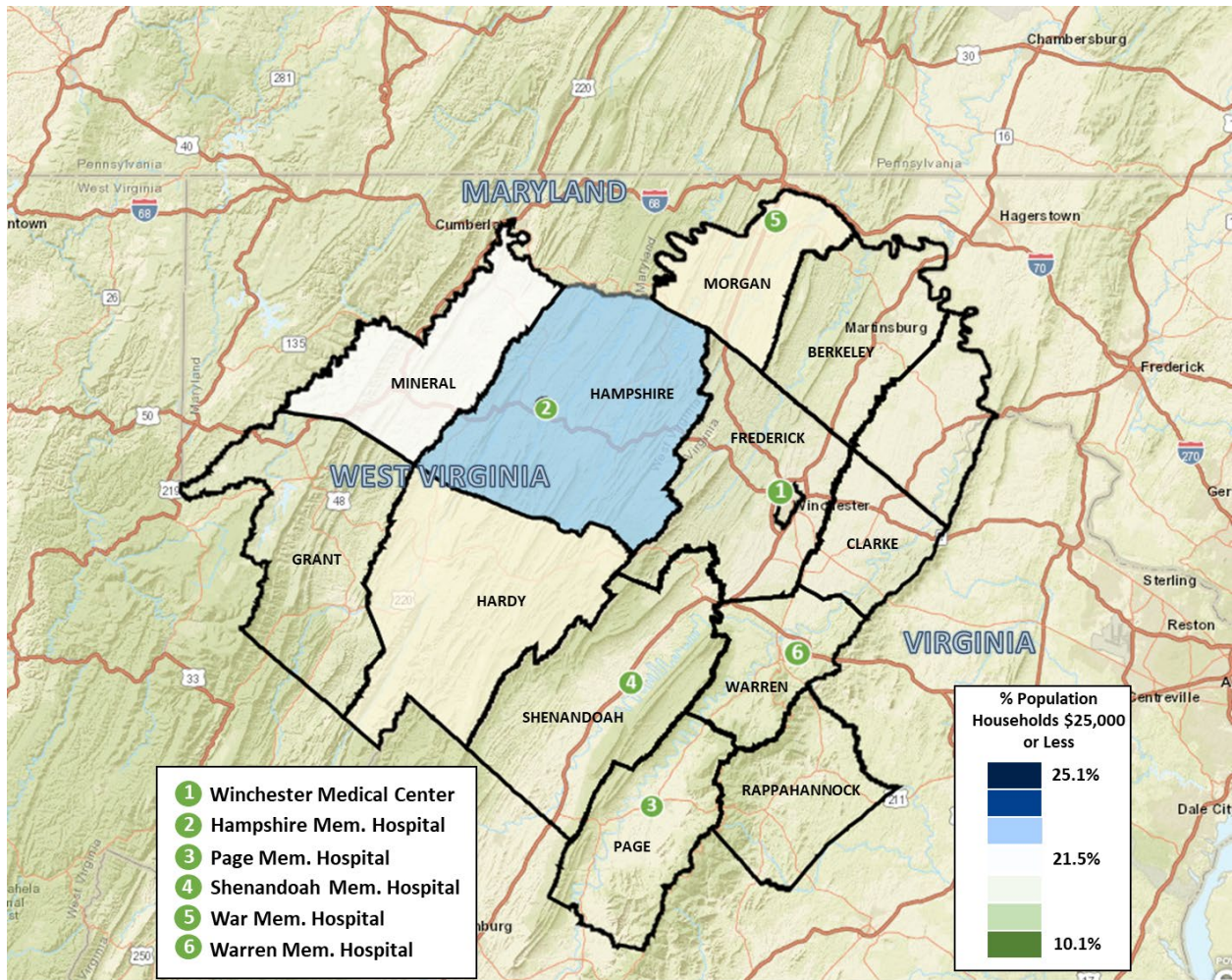
2021 DATA		
County/City	Median Household Income	Percent of Households Less than \$25,000 in 2018 ³
PSA		
Hampshire, WV	\$50,030.00	23.0%
SSA		
Hardy, WV	\$48,762.00	20.0%
Morgan, WV	\$53,638.00	17.8%
Mineral, WV	\$51,995.00	21.5%
West Virginia	\$48,509.00	25.8%
US	\$64,730.00	18.0%

Sources: Projections: 2021 ESRI Community Profiles for all PSA and SSA Counties

In Hampshire, Hardy, Morgan and Mineral counties, all reported household making less than \$25,000 for a family of four (**Exhibit 14**).

³ ESRI Community Profiles for all PSA and SSA Counties. Total is from 2021 Households by Income Category, Add <\$15,000 and \$15,000-\$24,000 lines

Exhibit 15: Percent of Households with Incomes under \$25,000 by County, 2021



Source: ESRI 2021, Created by Planning and Business Development

The highest proportions of households with incomes under \$25,000 in 2018 were located in Hampshire and Mineral counties (**Exhibit 15**).

3. Unemployment Rates

Exhibit 16 shows unemployment rates for 2019-July 2022. Unemployment is problematic because many receive health insurance coverage through their (or a family member's) employer. If unemployment rises, employer based health insurance can become less available. The national unemployment rates have increased during the COVID-19 pandemic from 2019-2020 for all counties reported.

Exhibit 16: Unemployment Rates, West Virginia Counties, December 2019 - July 2022

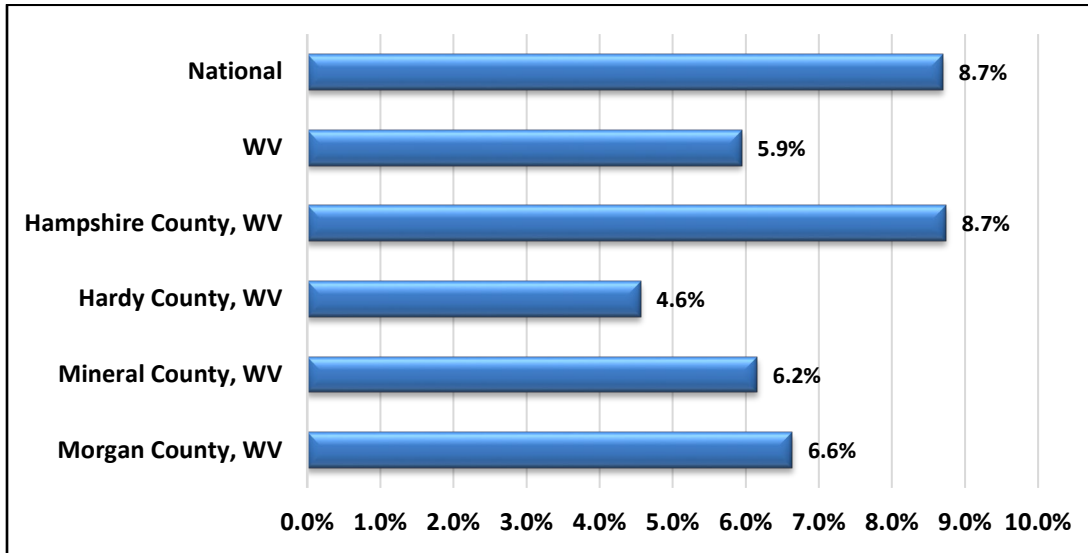
Unemployment Rates By County	Dec.2019	Dec. 2020	Dec. 2021	Jul-22
Hampshire County	3.5	4.5	2.3	2.9
Hardy County	5.1	6.3	3.9	4.2
Mineral County	5.7	6.2	3.3	4
Morgan County	3.3	4.2	2.4	2.9

Source: Local Area 2022 Unemployment Statistics Map, Retrieved from: <https://www.bls.gov>.

The highest unemployment rates were reported in 2020 during the COVID-19 pandemic. Hardy County in West Virginia reported the highest unemployment rates during the pandemic compared to all other counties within HMH's community. As of July 2022, West Virginia was at 3.7% and the national rate was also reported at 3.7%. (**Exhibit 16**).

4. Insurance Status

Exhibit 17A: Uninsured Population, 2019



Source: Projections: ESRI 2021 Community Profiles for all counties in PSA and SSA, VA and WV State and National Profiles

- **Exhibit 17A** demonstrates that Hampshire, Mineral, and Morgan counties have higher uninsured rates than state averages.
- In WV, the uninsured rate decreased from 6.5% in 2019 to 5.9% during the reporting period since Medicaid expansion was adopted for all WV counties.

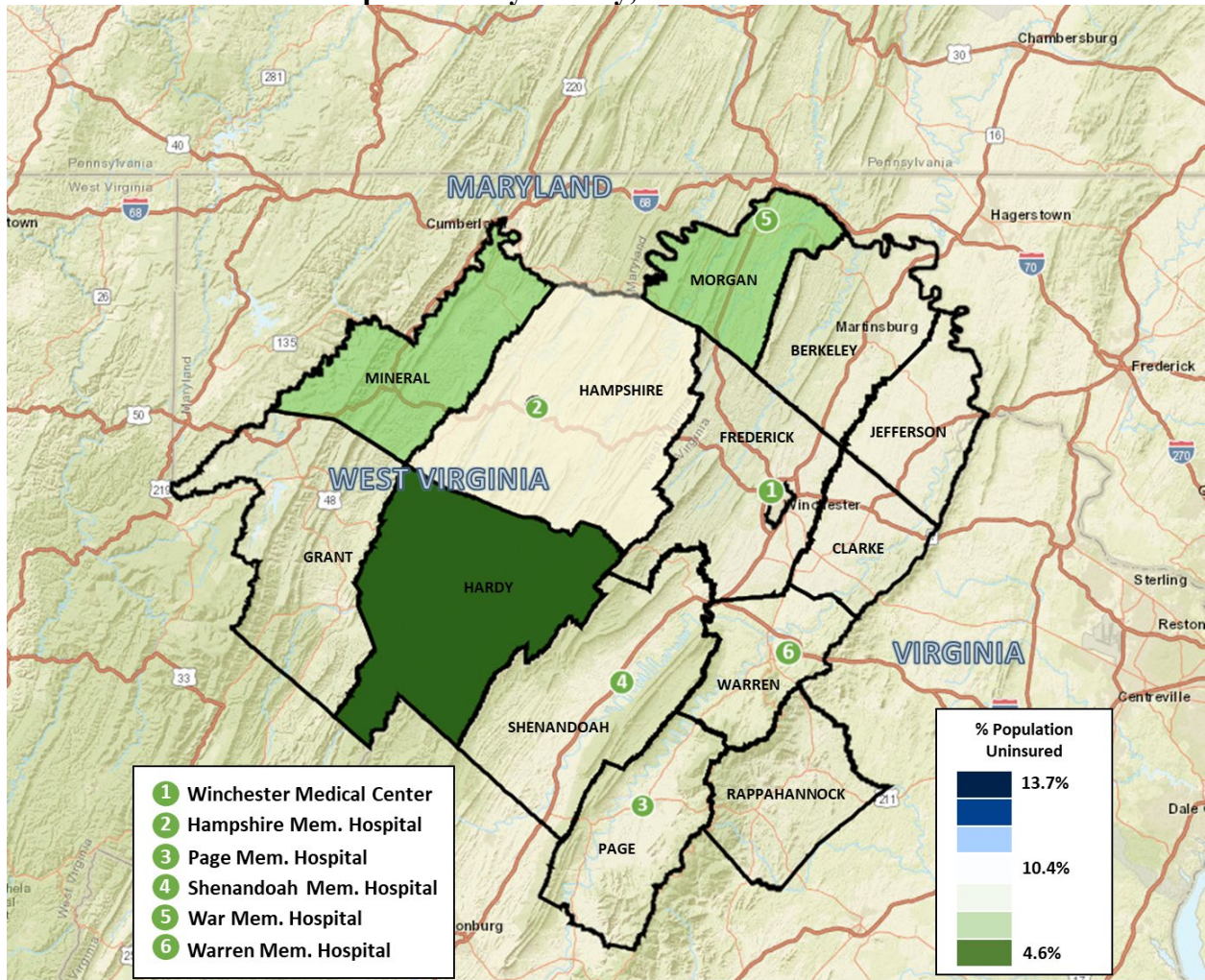
Exhibit 17B: Uninsured Rates by County, State, and National, 2019

Uninsured Rates by County , State, National, 2019	
County/City	% of Population
PSA	
Hampshire County, WV	8.7%
SSA	
Hardy County, WV	4.6%
Mineral County, WV	6.2%
Morgan County, WV	6.6%
WV	5.9%
National	8.7%

Source: Projections: ESRI 2021 Community Profiles for all counties in PSA and SSA, VA and WV State and National Profiles

Hampshire County reported uninsured rates the same as national averages (**Exhibit 17B**).

Exhibit 17C: Uninsured Populations by County, 2021



Source: ESRI 2021, Created by Planning and Business Development

In the HMH Community, the lowest percent of uninsured people was located in Hardy County at 4.6 percent (**Exhibit 17C**).

5. Crime

Exhibit 18: Violent and Property Crime Rates per 100,000 Population, 2016

Crime Rates 2016											
County/City	Population	Violent crime	Murder and non-negligent manslaughter	Rape (revised definition) ⁴	Robbery	Property crime	Burglary	Larceny-theft	Aggravated assault	Motor vehicle theft	Arson
PSA	25,575										
Hampshire	25,575	25	0	2	1	118	42	61	22	15	1
SSA	62,701										
Hardy	15,308	33	0	0	0	13	5	5	33	3	0
Mineral	28,531	2	0	0	0	40	8	32	2	0	0
Morgan	18,862	59	0	4	2	71	15	50	53	6	0
West Virginia Total	1,895,632	1,532	25	109	48	4,276	1,304	2,487	1,350	485	50

Sources: Violent crime counts retrieved from the Federal Bureau of Investigation, Uniform Crime Reports, 2019. Projections: ESRI Detailed Age Profiles PSA and SSA All counties. Retrieved from: [FBI — Virginia](#) & [FBI — West Virginia](#)

*Caution should be used when interpreting these rates; represents fewer than 10 incidents.

**Violent crime includes murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault; property crime includes burglary, larceny-theft, motor vehicle theft, and arson.

Hampshire, Hardy, and Morgan counties had higher numbers of offenses for violent crimes, and larceny-theft, aggravated assault and violent crimes. Hampshire County had higher rates of offenses for property crimes, including burglary, and larceny-theft, than Morgan County (Exhibit 18).

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

Community Eligibility Provision (CEP) in West Virginia Public Schools

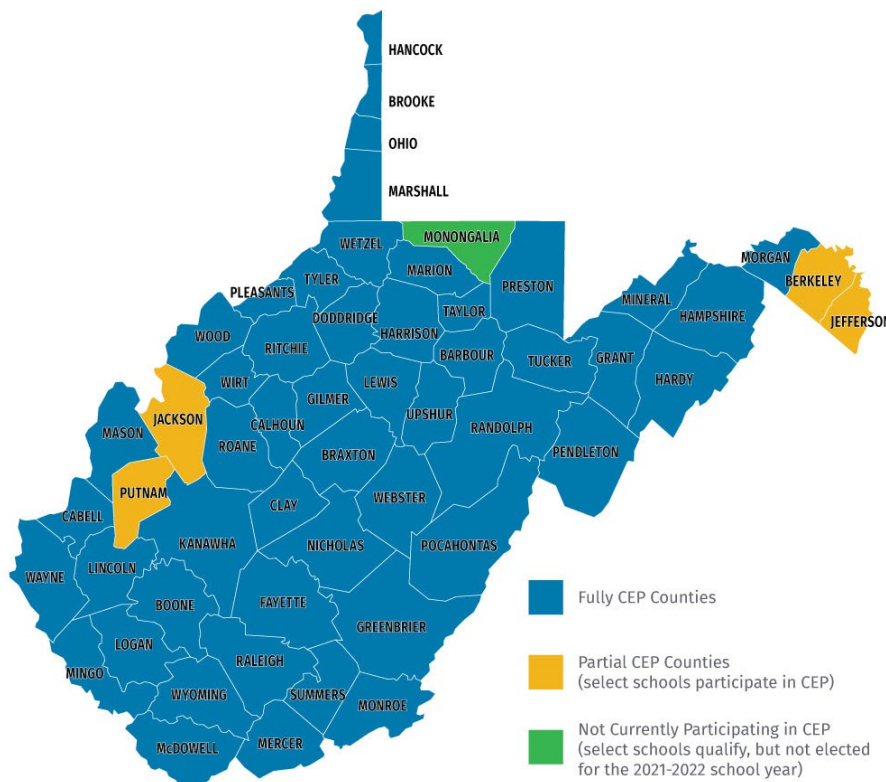
Community Eligibility Provision (CEP) is a federal meal pricing benefit. CEP allows schools in areas of high need to serve breakfast and lunch to all enrolled students at no cost and without collecting household applications.

For more information on which counties and schools in West Virginia have elected CEP for the 2021-22 school year, please see the map below and keep this in mind:

- Blue counties on the map mean all public schools in these areas are 100% CEP and those public school students all qualify for free school meals through NSLP.
- Gold counties on the map mean that certain public schools are CEP in the 2021-22 school year.

The National School Lunch Program state allocation for Virginia was \$593,545. West Virginia was \$213,153. In the WMC community, there were 57 schools in Virginia and 86 schools in West Virginia that were eligible for Title 1 funds (**Exhibit 19**).

Exhibit 19: West Virginia Department of Education County CEP Counties (2021)



Source: West Virginia Department of Education, Retrieved from: <https://www.fns.usda.gov/>

6. Changing Health Care

West Virginia Medicaid

As of May 2022, West Virginia has enrolled 622,788 individuals in Medicaid and CHIP — a net increase of 75.7% since the first Marketplace Open Enrollment Period and related Medicaid program changes in October 2013. There are 622,788 enrolled members for both Medicaid and CHIP in the state of West Virginia.

Exhibit 20: Medicaid Members as of August 2022, WV

Metric	West Virginia	National Totals
Total Medicaid & CHIP Enrollment (Preliminary)	622,788	88,978,791
Net Change in Enrollment July-September 2013	268,244	31,122,628
% Change in Enrollment July-September 2013	75.66%	55.05%

Source: [Medicaid/CHIP Enrollment](#)

Coronavirus Disease 2019

COVID-19 was identified in Wuhan, China in December 2019. COVID-19 is caused by the virus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness that can be spread from person-to-person. Early in the outbreak, many patients were reported to have a link to a large seafood and live animal market; however, later cases with no link to the market confirmed person-to-person transmission of the disease. Additionally, travel-related exportation of cases occurred.

There are three main ways that COVID-19 can spread:

1. By breathing in air carrying droplets or aerosol particles that contain the SARS-CoV-2 virus when close to an infected person or in poorly ventilated spaces with infected persons
2. By having droplets and particles that contain the SARS-CoV-2 virus land on the eyes, nose, or mouth – especially through splashes and sprays like a cough or sneeze
3. By touching the eyes, nose, or mouth with hands that have the SARS-CoV-2 virus particles on them

The droplets that contain the SARS-CoV-2 virus are released when someone with COVID-19 sneezes, coughs, or talks. Infectious droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. CDC recommends maintaining a physical distance of at least 1.8 meters (6ft) between persons. Respiratory droplets can land on hands, objects, or surfaces around the person when they cough or talk, and people can then become infected with COVID-19 from touching hands, objects or surfaces with droplets and then touching their eyes, nose, or mouth. Additionally, transmission can occur from those with mild symptoms or from those who do not feel ill.

As the region's healthcare leader, Valley Health has a responsibility to help protect the community's health and prevent the spread of disease. Valley Health is closely monitoring COVID-19 and working with the Virginia and West Virginia Department s of Health as well as internal committees representing departments from across the system to keep our patients and employees safe. Valley Health Chief Physician Executive Iyad Sabbagh, MD had been appointed as the lead for the system-wide COVID-19 response team. The response team worked closely with government and public health departments, medical hospitals, long-term care and other resources to coordinate and stay informed about COVID-19.

While Valley Health is planning to care for patients affected by COVID-19, staff was encouraged to take step to assure readiness for normal routines to be disrupted. These disruptions may include; an ill family member requiring your assistance; an ill childcare provider; and the closure of schools or day care centers. CDC suggested creating a household plan of action to help better prepare for such circumstances. In order to prepare for potential increase in the need for COVID-19 testing, Valley Health had established a referral-based outpatient testing sites across our service area. It was encouraged that any person who met the criteria for testing to contact the Department of Health in their state.

As of March 14, 2020, COVID-19 was declared a global pandemic. The emerging virus has been declared a worldwide pandemic and National Emergency. Fear and uncertainty cause record plunges in the U.S. stock market. In an effort to reduce contact between people and curb the spread of disease, large-scale social disruption began in this county with international travel suspension, event suspension, closings and cancellations of collegiate and professional sports events, Broadway plays, festivals, theme parks, schools, and more. Based upon advice from the American College of Surgeons and the Centers for Medicare and Medicaid Services, Medical Staff and administrative leaders decided to postpone all elective and non-essential procedures and surgeries across Valley Health.

Local Health Status and Access Indicators

This section examines health status and access to care data for the WMC community. Data sources include: (1) *County Health Rankings*; (2) the Centers for Disease Control and Prevention, (3) Virginia Department of Health; (4) West Virginia Department of Health; and (4) Behavioral Risk Factor Surveillance System. Indicators also were compared to Healthy People 2020 goals.

8. County Health Rankings

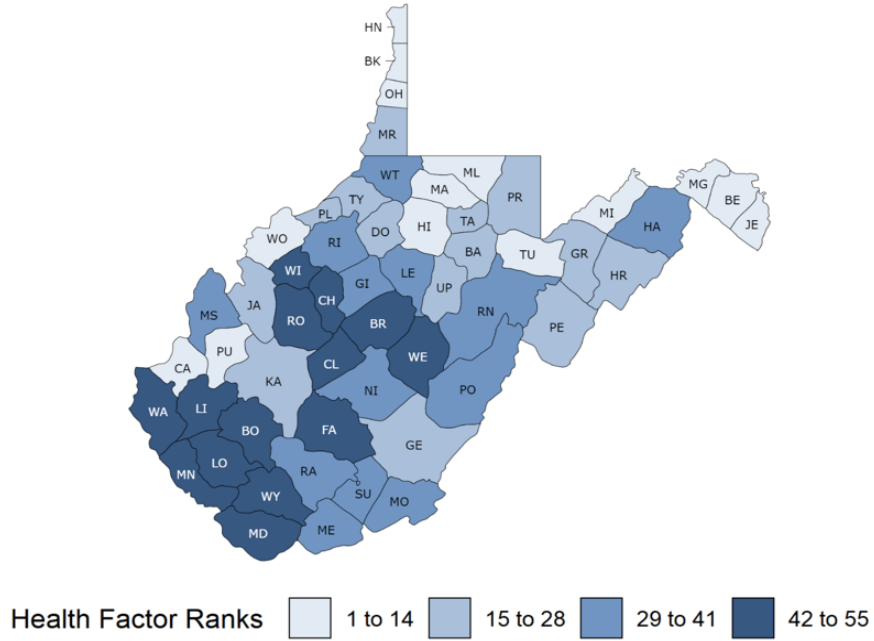
County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county/city within each commonwealth or state in terms of “health factors” and “health outcomes.” These health factors and outcomes are composite measures based on several variables grouped into the following categories: length of life (years of potential life lost before age 75), quality of life (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days), health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and physical environment (air & water, housing & transit). *County Health Rankings* is updated annually. *County Health Rankings* relies on data from 2018 to 2020.

Exhibits 21 and 22 provides data for each underlying indicator of the composite categories in the County Health Rankings.⁵ The *County Health Rankings* methodology provides a comparison of counties within a state or commonwealth to one another. It also is important to analyze how these same indicators compare to the national average; this information is illustrated in Exhibits 20 & 21A-E (for West Virginia). For example, Hampshire, Hardy and Jefferson counties Clinical Care physical environment was more than 75 percent worse than the U.S. average, and the cell in the table for the county was shaded to reflect this. Cells in the tables below are shaded if the indicator for a county/city in the HMH community exceeded the national average for that indicator by more than ten percent.

⁵ *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

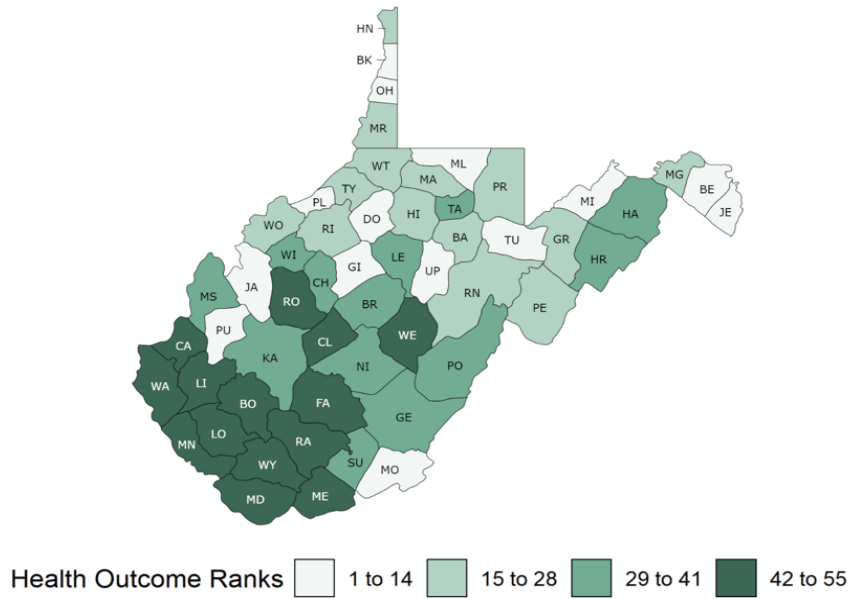
Exhibit 21A: County Rank among 55 West Virginia Counties, 2022

2022 Health Factors – West Virginia



County Health Rankings & Roadmaps
Building a Culture of Health, County by County

2022 Health Outcomes – West Virginia



County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Exhibit 21B: County Rank among 55 West Virginia Counties, 2022

Indicator Category	Berkeley		Grant		Hampshire		Hardy		Jefferson		Mineral		Morgan	
	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022
Health Outcomes	25	8	21	26	32↓	35	13	31	1	2	10	10	35	27↓
Length of Life (50%)	30	26↓	5	18	35↓	38	15	28	3	5	10	16	38	32↓
Quality of Life (50%)	18	6↓	36	32↓	21↓	29	12	31	12	1↓	20	10↓	24	19↓
Health Factors⁶	9	7↓	11	15	32	32	22	23	3	2↓	6	5↓	5	11
Health Behaviors (30%)	34	6↓	20	26	24↓	29	12	9↓	12	1↓	11	10	3	7
Clinical Care (20%)	13	16	25	38	46	47	49	50	49	11↓	9	8↓	32	44
Social & Economic Factors (40%)	4	3↓	15	9	26	16	22	27	22	1↓	8	7↓	5	5
Physical Environment (10%)	27	52	2	4	24	46	6	5↓	6	50	5	13	15	33

Source: County Health Rankings, 2022↓ = If ranking has changed from previous 2019 assessment.

WV Health Outcomes Key	
Rank 1-14	
Rank 15-28	
Rank 29-41	
Rank 42-55	

WV Health Factors Key	
Rank 1-14	
Rank 15-28	
Rank 29-41	
Rank 42-55	

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

Exhibit 22A: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Health Outcomes	8	26	35	31	2	10	27	
Length of Life	26	18	38	28	5	16	32	
Premature Death (Years of Potential Life Lost Rate)	10210	9502	12205	10495	8096	9425	10843	11318
Quality of Life	6	32	29	31	1	10	19	
Poor or Fair Health (Percent Fair/Poor)	22%	26%	25%	26%	20%	23%	23%	24%
Poor Physical Health Days (Physically Unhealthy Days)	4.9	5.6	5.5	5.5	4.6	5.1	5.3	5.3
Poor Mental Health Days (Mentally Unhealthy Days)	5.9	6.5	6.4	6.3	5.6	6.1	6.2	6.6
Low Birthweight (Percent LBW)	8%	9%	9%	9%	8%	9%	9%	9%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 22B: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Health Factors	7	15	32	23	2	5	11	
Health Behaviors	6	26	29	9	1	10	7	
Adult Smoking (Percent Smokers)	22%	26%	26%	24%	20%	23%	24%	26%
Adult Obesity (Percent Obese)	38%	42%	40%	37%	36%	40%	39%	40%
Food Environment Index	8.0	8.2	7.1	8.1	8.9	7.8	8.8	6.6
Physical Inactivity (Percent Physically Inactive)	30%	34%	33%	34%	25%	33%	30%	30%
Access to Exercise Opportunities (Percent with Access)	38%	52%	24%	60%	37%	45%	32%	50%
Excessive Drinking (Percent)	16%	15%	15%	15%	16%	16%	16%	15%
Alcohol-impaired Driving Deaths (Percent driving deaths with alcohol involvement)	38%	22%	28%	18%	25%	14%	33%	26%
Sexually Transmitted Infections (Chlamydia Rate)	279.4	112.4	164.0	188.7	215.2	141.4	139.8	313.0
Teen Births Rate	25	37	32	32	16	25	20	28

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 22C: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Clinical Care	16	38	47	50	11	8	44	
Uninsured (Percent)	8%	9%	10%	10%	7%	7%	10%	8%
Primary Care Physicians (Ratio)	2249:1	1653:1	3863:1	6888:1	1905:1	3359:1	1987:1	1270:1
Dentists (Ratio)	2035:1	1918:1	2899:1	2727:1	3026:1	3026:1	2672:1	1740:1
Mental Health Providers (Ratio)	553:1	1439:1	1449:1	1239::1	1027:1	1215:1	1375:1	670:1
Preventable Hospital Stays (Rate)	4483	6439	4219	4737	3735	4812	4235	5472
Mammography Screening (Percent with Annual Mammogram)	36%	42%	39%	37%	37%	52%	34%	41%
Flu vaccinations (Percent vaccinated)	47%	35%	37%	32%	42%	43%	34%	42%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 22D: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Social and Economic Factors	3	9	16	27	1	7	5	
High School Graduation (Percent Completed High School)	90%	83%	87%	81%	91%	92%	88%	88%
Some College (Completion Rate)	59%	54%	48%	38%	67%	55%	50%	57%
Unemployment (Percent unemployed)	6.2%	6.5%	5.5%	7.2%	5.9%	7.6%	6.0%	8.3%
Children in Poverty (Percent in Poverty)	14%	19%	23%	19%	9%	18%	16%	20%
Income Inequality (Income Ratio)	3.7	4.1	3.9	3.5	4.1	3.8	3.3	5.0
Children in single-parent households	22%	17%	23%	19%	16%	28%	15%	24%
Social Associations (Association Rate)	7.7	13.8	8.2	8.0	8.4	13.0	13.4	13.1
Violent Crime (Rate)	168	224	227	429	187	242	407	330
Injury Deaths (Rate)	141	110	155	103	112	103	159	133

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 22E: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
Physical Environment	52	4	46	5	50	13	33	
Air Pollution - Particulate Matter (Average Daily PM2.5)	8.1	6.3	7.0	6.5	8.3	7.0	7.7	7.6
Drinking Water Violations (Presence of Violations)	Yes	No	Yes	Yes	Yes	Yes	No	
Severe Housing Problems (Percent Severe Housing Problems)	13%	9%	11%	5%	13%	6%	12%	11%
Driving Alone to Work (Percent Driving Alone to work)	83%	82%	86%	80%	79%	84%	82%	82%
Long Commute-Driving Alone (Percent Long Community Drives Alone)	41%	27%	60%	29%	52%	33%	57%	34%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 23 highlights the following comparatively unfavorable indicators:

- Poor physical health days were reported higher for Grant, Hampshire and Hardy counties in West Virginia (5.3).
- Poor health days (percent fair/poor) were reported higher Grant, Hampshire, and Hardy counties in West Virginia (24%).
- Grant County in West Virginia reported adult obesity rates higher than state average.
- Physical Inactivity was reported higher four out of seven counties reported higher than the West Virginia average of 30 percent.
- Counties that reported higher access to exercise opportunities included Grant, and Hardy counties.
- Berkeley, Jefferson, Mineral and Morgan counties reported higher percentages of excessive drinking than the state average of 15 percent.
- Alcohol-impaired driving deaths were reported higher than state averages for Berkeley, Hampshire, and Morgan counties.
- Teen birth rates reported for Grant, Hampshire and Hardy counties were higher than the West Virginia state average of 28.
- Uninsured percentages were higher than West Virginia state average (8%) for Grant, Hampshire, Hardy, and Morgan counties.
- The need of mental health providers was higher than the state average in Berkeley County.
- Preventable hospital stay rate is higher than the state average for Grant County in West Virginia.
- Percent of female Medicare enrollees that received mammography screenings in Grant and Mineral counties in West Virginia percentages were higher than the state average of 42 percent.
- Berkeley and Mineral counties reported higher flu vaccination rates than the state average of 42 percent in West Virginia.
- Jefferson and Mineral counties reported the highest percentage of student completing high school.
- Higher percent of children in poverty was reported in Berkeley County in West Virginia.
- Children in single households were reported higher for Mineral County in West Virginia.
- Hardy and Morgan counties reported the highest violent crime rates.
- Injury death rate was reported higher in Berkeley, Hampshire and Morgan counties in West Virginia.
- Severe housing problems were reported for Berkeley, Jefferson, and Morgan counties.
- Percent of workforce that drives alone to work in Berkeley, Hampshire, and Mineral counties in West Virginia were higher than the state average.
- Percent of workforce that commute alone, and drive more than 30 minutes was reported for Berkeley, Hampshire, Jefferson, and Morgan counties.

9. West Virginia Department of Health and Human Resources

The Centers for Disease Control and Prevention data includes indicators regarding a number of health issues. In **Exhibits 24** through **32**, cells are shaded if the mortality rate for a county in the HMMH community exceeded the West Virginia average by more than ten percent for that condition. Supplemental cancer incidence data were also gathered from the Centers for Disease Control and Prevention.

Exhibit 24: Leading Causes of Death by West Virginia County/City, 2019

Rates per 100,000	Berkeley, WV	Grant, WV	Jefferson, WV	Hampshire, WV	Hardy, WV	Morgan, WV	Mineral, WV	WV	National
Total Deaths All Ages									
Total Deaths Rate									
Malignant Neoplasms (Cancer) Rate	204.22	150.64	194.87	198.52	166.62	205.06	196.86	174.98	152.4
Diseases of Heart Rate	213.07	224.46	214.47	201.91	233.18	200.79	237.44	197.39	161.52
Cerebrovascular Diseases Rate	48.12	38.25	47.95	38.73	51.79	39.63	46.13	40.25	36.96
Chronic Lower Respiratory Diseases Rate	55.32	48.99	48.88	50.96	48.32	45.99	52.67	61.97	38.18
Unintentional Injury Rate	68.56	53.61	55.89	79.29	59.62	71.66	47.24	96.91	49.29
Alzheimer's Disease Rate	26.82	14.43	29.16	17.58	20.5	38.79	23.25	32.29	29.85
Diabetes Mellitus Rate	29.27	15.31	27.26	35.63	28.47	26.81	31.01	36.21	21.59
Nephritis and Nephrosis Rate	17.59	17.96	15.69	18.14	18.23	22.12	18.38	16.22	12.71
Influenza and Pneumonia Rate	19.92	14.54	15.15	14.36	25.45	19.16	16.88	16.07	12.32
Suicide Rate	15.81	16.3	12.06	15.23	17.01	19.08	17.44	18.49	13.94
Chronic Liver Disease Rate	11.43	8.65	10.91	12.24	10.51	10.67	12.08	16.89	11.34
Primary Hypertension & Renal Disease Rate	8.76	4.09	7.03	10.11	7.67	5.74	13.45	11.97	8.91

Source: West Virginia World Life Expectancy, 2019

According to West Virginia World Life Expectancy, Mineral and Morgan counties compared unfavorably to the national level on nine indicators reporting 10 – 49 percent worse than the national average.

Mortality due to cancer, heart disease, chronic lower respiratory diseases, nephritis and nephrosis, influenza and pneumonia, and suicide rates were greater than West Virginia and national averages. **(Exhibit 24).**

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

Exhibit 25: Motor Vehicle Injury-Related Mortality and Suicide Rates by County, 2020

2020					
County/City	Crashes	Fatalities	Injuries	Death Rate Per 1,000 Drivers ⁷	Suicide Rate ⁸
PSA					
Hampshire County, WV	~	~	~	0.79	21
SSA					
Hardy County, WV	~	~	~	0.60	14
Mineral County, WV	~	~	~	0.47	32
Morgan County, WV	~	~	~	0.72	27
WV	~	~	~	0.97	19
National	~	~	~	0.49	14

Source: Virginia Department of Transportation, 2020, and World Life Expectancy, 2020.

The overall populations of West Virginia counties reported lower rates of mortality related to suicide than the state average (**Exhibit 25**).

⁷ Virginia data retrieved from https://www.dmv.virginia.gov/safety/crash_data/crash_facts/crash_facts_17.pdf

West Virginia data retrieved from: <https://www.worldlifeexpectancy.com/usa/west-virginia-accidents>

⁸ West Virginia data retrieved from: <https://www.worldlifeexpectancy.com/usa/west-virginia-accidents>

Exhibit 26: Cancer Mortality Rates by County, 2020

Cancer Mortality Rates by County, 2020 Data									
	Berkeley, WV	Grant, WV	Hampshire, WV	Hardy, WV	Jefferson, WV	Morgan, WV	Mineral, WV	WV	National
All Cancers	186.6	139.8	188	148.5	181.7	193.7	183.6	180.2	152.4
Colorectal	17.9	~	18.2	~	16.8	20.3	15.8	17.0	13.4
Lung and Bronchus	52.9	30.9	57.6	31.2	48.9	65.3	44.5	51.6	36.7
Breast	23.3	~	~	~	28	~	27.4	21.6	19.9
Prostate	18.8	~	~	~	22.6	~	24.1	16.8	18.9

Source: State Cancer Profiles retrieved from: [State Cancer Profiles > Death Rates Table](#), 2020. Rates are per 100,000 population.

Key – Rates higher than both WV & National Averages	
Colorectal	~
Lung and Bronchus	
Breast	
Prostate	
Rates unreliable due to small sample size	~

Berkeley, Hampshire, and Morgan County residents experienced cancer mortality rates higher than the West Virginia and national averages for colorectal cancer. Berkeley, Hampshire, and Morgan counties reported Cancer Mortality rates higher than both West Virginia and national averages for lung and bronchus. Berkeley, Jefferson, and Mineral counties showed the highest rates for Breast cancer in the **WV**MC’s community (**Exhibit 26**).

Exhibit 27: Cancer Incident Rates by County, 2018

Cancer Incidence Rates by County, 2018 Data									
	Berkeley, WV	Grant, WV	Hampshire, WV	Hardy, WV	Jefferson, WV	Morgan, WV	Mineral, WV	WV	National
All Cancers	478.8	399.7	450.5	381.1	453.3	423.9	449.7	483.5	487.4
Colorectal	47.1	41.5	49.3	48.1	38.4	46.1	38.3	46.1	38
Lung and Bronchus	79	48.8	81.2	52.3	67.8	87.2	61.5	79	57.3
Breast	125.3	91.7	103.1	82.4	129.8	84.1	101.5	118.7	126.8
Prostate	102.4	69	63.9	73.3	105.9	70.5	94.5	94.3	106.2

Source: State Cancer Profiles retrieved from: [State Cancer Profiles > Incidence Rates Table](#), 2020. Rates are per 100,000 population.

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

Berkeley, Hampshire, and Hardy County residents experienced cancer incident rates higher than the West Virginia and national averages for colorectal cancer. Jefferson County also reported high incidence rates for breast cancer. Lung and Bronchus have been reported in two of the seven counties to be higher than West Virginia and the national averages (**Exhibit 27**).

Exhibit 28: Communicable Disease by County and Health District, 2020

Communicable Diseases by County, Virginia and West Virginia 2020		
County/Region	Chlamydia	Gonorrhea
PSA		
Hampshire County, WV	30	5
SSA		
Hardy County, WV	26	1
Morgan County, WV	19	2
Mineral County, WV	53	7
West Virginia (2019)	310.6	98.1
National (2019)	552.8	188.4

Source: Source: West Virginia Lyme Disease Incidence Rate, MSN, 2020

In 2020, Hampshire, Hardy, Mineral and Morgan counties reported incidence rates lower than the state and national averages for HMH’s community (**Exhibit 28**).

10. Behavioral Risk Factor Surveillance System

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

Exhibit 29 compares BRFSS indicators to state and U.S. averages for the community's West Virginia counties. Data for Grant County was unavailable.

Exhibit 29: BRFSS Indicators and Variation from the State of West Virginia, 2020

Indicator 2015		Berkeley, WV	Grant, WV	Jefferson, WV	Hampshire, WV	Hardy, WV	Morgan, WV	Mineral, WV	WV
Health Behaviors	Binge drinkers**			9.9%	DSU	10.1%	7.2%	7.2%	9.3%
	Excessive drinkers***	11.4%	15.6%	11.4%	11.4%	12.0%	12.5%	12.5%	11.8%
	Current smoker	21.2%	18.8%	21.6%	20.4%	20.4%	22.2%	22.2%	24.8%
	No physical activity in past 30 days	29.9%	25.3%	36.1%	29.4%	25.3%	26.0%	26.0%	27.8%
Access	Unable to visit doctor due to cost							~	14.8%
	Rate of primary care providers (PCP) per 100,000	51	53	21	22	51	33	33	79
	Do not have health care coverage under 65	6.6%	6.1%	8.7%	8.0%	7.4%	6.0%	6.0%	6.5%
	Overweight or obese	37.3%	38.4%	38.0%	36.5%	38.4%	33.9%	33.9%	36.3%
Health Conditions	Told have diabetes ***	14.5%	8.8%	11.4%	10.9%	12.5%	12.3%	12.3%	12.7%
	* Poor mental health > number of days/month	5.1%	4.5%	5.1%	4.9%	4.9%	4.9%	4.9%	5.2%
Mental Health	** Poor physical health > number of days/month	5.2%	4.4%	4.9%	4.8%	5.0%	5.2%	5.2%	5.2%
Overall Health	Social-emotional support lacking: Adults (percent)			14.9%	23.8%	21.2%	15.6%	15.6%	19.1%
	Reported poor or fair health	22.2%	18.2%	21.8%	20.6%	19.7%	22.6%	22.6%	24.1%

Source: CDC BRFSS, 2020, DSU=Data Statistically Unreliable

In Jefferson, Hardy, Morgan and Mineral counties, the percentage of people who reported being excessive drinkers or heavy drinkers was higher than the West Virginia average. Berkeley, and Hardy counties had four or more indicators that were worse than the West Virginia average. The obesity indicator was higher in five of the seven West Virginia counties compared to the West Virginia state average (**Exhibit 29**).

Ambulatory Care Sensitive Conditions

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

ACSC are eighteen health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”⁹ As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes. In Exhibits 30, 32, and 33 cells are shaded if the value is at all worse than West Virginia averages, with darker shading indicating the value is more than 25 percent worse than West Virginia.

⁹ Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, accessed online at <http://archive.ahrq.gov/data/hcup/factbk5/factbk5d.htm> on June 28, 2013.

1. County-Level Analysis by Payer

Exhibit 30: HMH Discharges for ACSC by County and Payer¹⁰, 2021

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

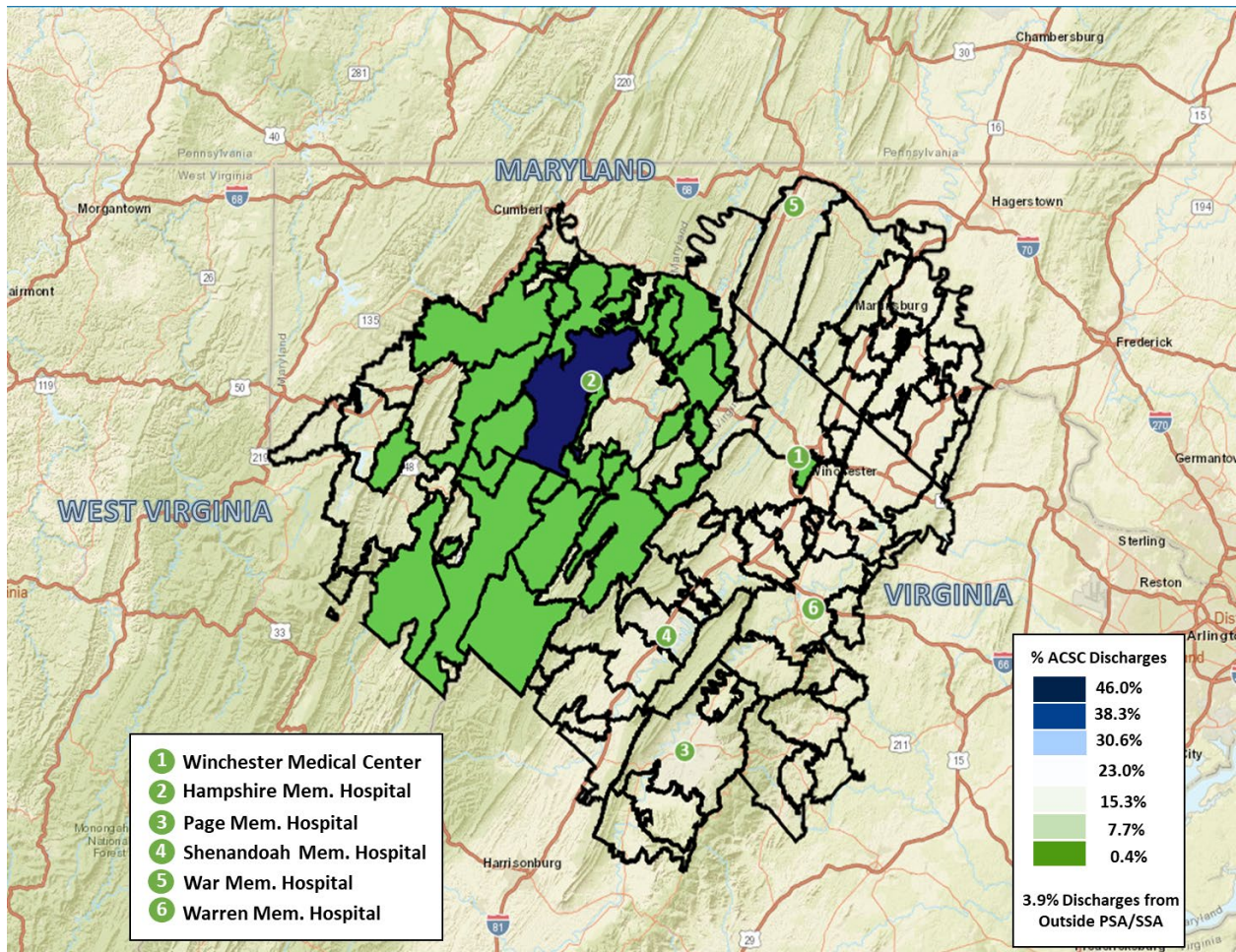
Source: Hampshire Memorial Hospital, 2021 Inpatient Data.

Medicare patients had the highest proportion of discharges for ACSCs. Self-pay patient (typically uninsured individuals) had shown a slight increase from 0.4 percent in 2019 to 0.5 percent for ACSC. Hardy County in West Virginia, had the highest percentage of Medicaid discharges for HMH's community (**Exhibit 30**).

¹⁰ Discharges from all Valley Health System hospitals.

2. County-Level Analysis

Exhibit 31: Inpatient Discharges¹¹ for ACSC by County and Zip for HMH, 2021



Source: ESRI 2021, Created by Planning and Business Development

The highest percentage of ACSC discharges within the HMH community were from zip code 26757 in Hampshire County (Romney, 46%) (**Exhibit 31**).

¹¹ 2021 Discharges are from all Valley Health hospitals.

3. Hospital-Level Analysis

Exhibit 32: ACSC Inpatient (IP) Discharges by Hospital, 2018

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

Source: Hampshire Memorial Hospital, 2021 Inpatient Data.

Page Memorial and War Memorial Hospitals had the lowest percent of ACSC discharges of all hospitals in Valley Health System. Shenandoah Memorial Hospital had the highest percent of ACSC discharges for 2015 (**Exhibit 32**).

Exhibit 33: Discharges for ACSC by Condition and Age, Hampshire Memorial Hospital, 2021

Discharges for ACSC by Condition and age for HMH, 2021					
Condition	0 to 17	18 to 39	40 to 64	65 +	Total
Heart failure	~	~	2	12	14
Pneumonia	~	1	7	20	28
Asthma	~	~	~	~	0
Urinary tract infection	~	~	1	13	14
Diabetes	~	1	1	5	7
Dehydration	~	~	~	6	6
Hypertension	~	~	~	~	0
Angina	~	~	~	~	0
Appendix	~	~	~	~	0
Total	0	2	11	56	69
Percent Total	0.0%	2.9%	15.9%	81.2%	100.0%

Source: Hampshire Memorial Hospital, 2021 Inpatient Data.

The top two ACSC conditions at HMH were bacterial pneumonia, urinary tract infection, and heart failure for patients aged 65+ years old. Patients aged 65 years and over had the highest percentage of discharges for ACSC conditions (**Exhibit 33**).

Community Need Index™ and Food Deserts

2. Dignity Health Community Need Index™

Dignity Health, a California-based hospital system, developed and has made available for public use a *Community Need Index*™ (CNI) that measures barriers to health care access by county/city and ZIP code.¹² The index is based on five social and economic indicators:

1. Income Barrier

- Percentage of households below poverty line, with head of household age 65 or more
- Percentage of families with children under 18 below poverty line
- Percentage of single female-headed families with children under 18 below poverty line

2. Cultural Barrier

- Percentage of population that is minority (including Hispanic ethnicity)
- Percentage of population over age 5 that speaks English poorly or not at all

3. Education Barrier

- Percentage of population over 25 without a high school diploma

4. Insurance Barrier

- Percentage of population in the labor force, aged 16 or more, without employment
- Percentage of population without health insurance

5. Housing Barrier

- Percentage of households renting their home

The CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. **Exhibit 34** presents the *Community Need Index*™ (CNI) score of ZIP codes in the community by each county in the Winchester Medical Center Campus community, weighted by the CNI score and population of each.

¹² Accessed online at <http://cni.chw-interactive.org/> on June 28, 2013.

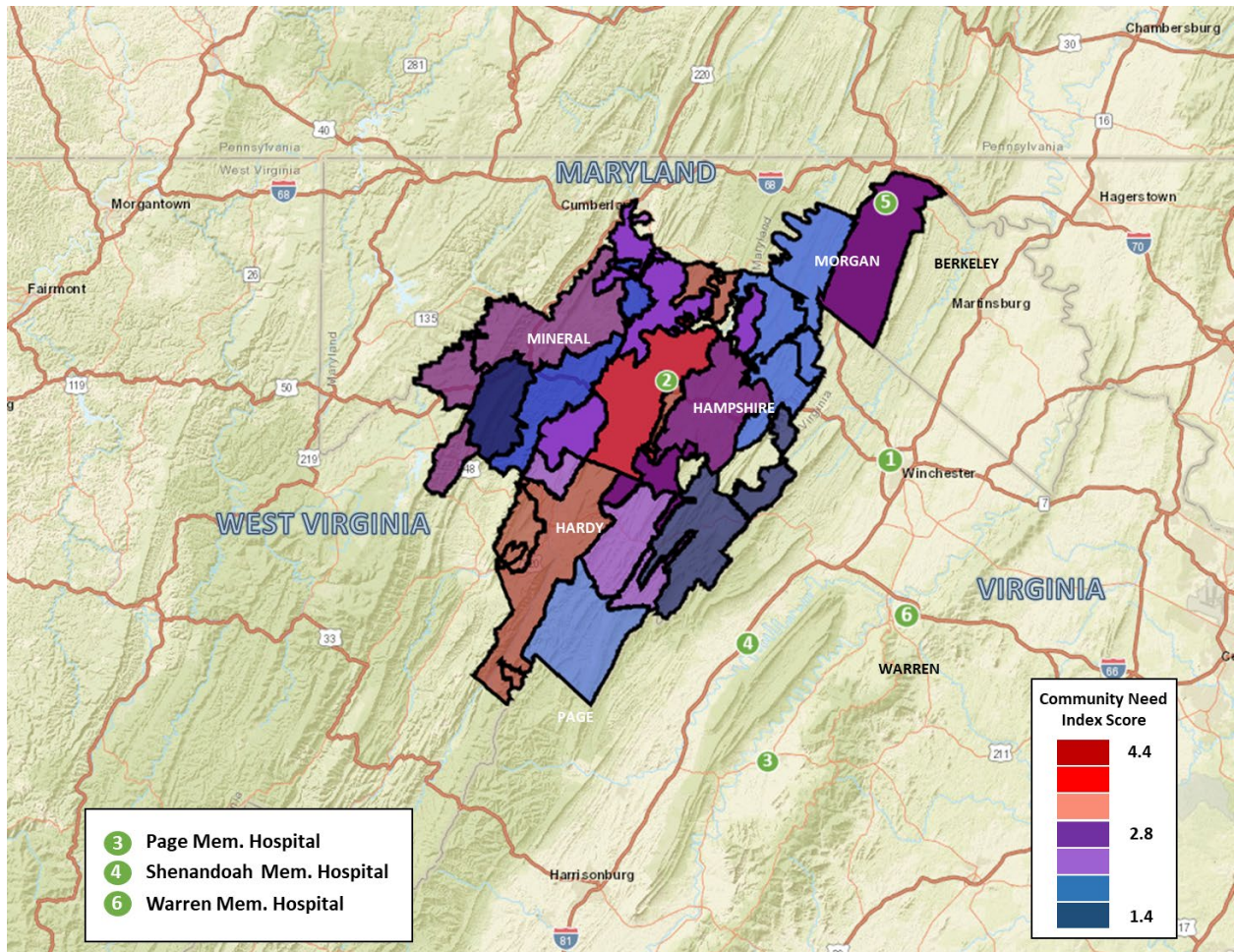
Exhibit 34: Community Need Index™ Score by County and ZIP Code, 2021

SERVICE AREA	COUNTY	CITY/TOWN NAME	ZIP	CNI SCORE
Primary	Winchester, VA	Winchester	22601	3.6
Primary	Shenandoah, VA	New Market	22844	3.6
Primary	Page, VA	Stanley	22851	3.8
Primary	Shenandoah, VA	Woodstock	22664	4
Primary	Shenandoah, VA	Mount Jackson	22842	3.2
Primary	Page, VA	Luray	22835	3.8
Primary	Hampshire, WV	Romney	26757	3.6
Primary	Page, VA	Rileyville	22650	2.8
Primary	Clarke, VA	Berryville	22611	3
Primary	Warren, VA	Front Royal	22630	3.4
Primary	Page, VA	Shenandoah	22849	3.4
Primary	Hardy, WV	Moorefield	26836	3.2
Primary	Clarke, VA	Paris	20130	3
Primary	Clarke, VA	White Post	22663	2.8
Primary	Shenandoah, VA	Quicksburg	22847	3.2
Primary	Shenandoah, VA	Edinburg	22824	2.8
Primary	Rappahannock, VA	Sperryville	22740	3.2
Primary	Rappahannock, VA	Washington	22747	3.6
Primary	Hampshire, WV	Shanks	26761	3
Primary	Frederick, VA	Winchester	22603	2.2
Primary	Shenandoah, VA	Strasburg	22657	3.2
Primary	Rappahannock, VA	Huntly	22640	3.2
Primary	Rappahannock, VA	Chester Gap	22623	3.2
Primary	Hardy, WV	Fisher	26818	3
Primary	Morgan, WV	Paw	25434	2.8
Primary	Hampshire, WV	Rio	26755	2.8
Primary	Clarke, VA	Bluemont	20135	2.6
Primary	Clarke, VA	Boyce	22620	2.6
Primary	Warren, VA	Bentonville	22610	2.8
Primary	Rappahannock, VA	Woodville	22749	2.8
Primary	Rappahannock, VA	Castleton	22716	2.6
Primary	Morgan, WV	Berkeley Springs	25411	2
Primary	Hardy, WV	Lost City	26810	2.4
Primary	Hampshire, WV	Augusta	26704	2.6
Primary	Frederick, VA	Winchester	22602	2.4
Primary	Shenandoah, VA	Lebanon Church	22641	2.4

Primary	Rappahannock, VA	Flint Hill	22627	2.8
Primary	Hardy, WV	Old Fields	26845	2.4
Primary	Hardy, WV	Milam	26838	3.2
Primary	Hampshire, WV	Levels	25431	3
Primary	Hardy, WV	Baker	26801	2.4
Primary	Frederick, VA	Stephens City	22655	2.4
Primary	Frederick, VA	Clear Brook	22624	2
Primary	Frederick, VA	Stephenson	22656	1.8
Primary	Frederick, VA	Gore	22637	1.6
Primary	Frederick, VA	Middletown	22645	2.4
Primary	Warren, VA	Linden	22642	2
Primary	Shenandoah, VA	Maurertown	22644	2.2
Primary	Shenandoah, VA	Basye	22810	1.6
Primary	Hardy, WV	Mathias	26812	2.2
Primary	Morgan, WV	Great Cacapon	25422	1.8
Primary	Hardy, WV	Wardensville	26851	1.8
Primary	Hampshire, WV	Springfield	26763	2.4
Primary	Hampshire, WV	Purgitsville	26852	2.4
Primary	Hampshire, WV	Green Spring	26722	3
Primary	Hampshire, WV	Capon Bridge	26711	2
Primary	Hampshire, WV	Slanesville	25444	2.4
Primary	Shenandoah, VA	Toms Brook	22660	2.4
Primary	Hampshire, WV	High View	26808	2.2
Primary	Frederick, VA	Cross Junction	22625	1.4
Primary	Warren, VA	Middletown	22649	2.2
Primary	Shenandoah, VA	Fort Valley	22652	1.8
Primary	Shenandoah, VA	Star Tannery	22654	2
Primary	Shenandoah, VA	Orkney Springs	22845	1.8
Primary	Hampshire, WV	Bloomery	26817	2
Secondary	Mineral, WV	Piedmont	26750	3.8
Secondary	Berkeley, WV	Martinsburg	25401	4.4
Secondary	Mineral, WV	Keyser	26726	2.8
Secondary	Jefferson, WV	Charles Town	25414	3.4
Secondary	Jefferson, WV	Ranson	25438	3.4
Secondary	Mineral, WV	Elk Garden	26717	2.8
Secondary	Berkeley, WV	Martinsburg	25404	3.4
Secondary	Grant, WV	Petersburg	26847	3.2
Secondary	Jefferson, WV	Summit Point	25446	2.6

Secondary	Jefferson, WV	Kearneysville	25430	3
Secondary	Jefferson, WV	Millville	25432	2.2
Secondary	Berkeley, WV	Falling Waters	25419	2.2
Secondary	Mineral, WV	Wiley Ford	26767	2.2
Secondary	Jefferson, WV	Shenandoah Junction	25442	2.8
Secondary	Berkeley, WV	Bunker Hill	25413	2.6
Secondary	Berkeley, WV	Inwood	25428	2.8
Secondary	Grant, WV	Gormanias	26720	2.8
Secondary	Mineral, WV	Ridgeley	26753	2.4
Secondary	Jefferson, WV	Shepherdstown	25443	2.2
Secondary	Jefferson, WV	Harpers Ferry	25425	2.4
Secondary	Berkeley, WV	Martinsburg	25403	2.2
Secondary	Berkeley, WV	Martinsburg	25405	2.8
Secondary	Berkeley, WV	Glengary	25421	2.4
Secondary	Berkeley, WV	Hedgesville	25427	1.8
Secondary	Grant, WV	Mount Storm	26739	2.6
Secondary	Mineral, WV	Burlington	26710	1.6
Secondary	Mineral, WV	Fort Ashby	26719	2
Secondary	Grant, WV	Maysville	26833	2.2
Secondary	Grant, WV	Cabins	26855	1.6
Secondary	Mineral, WV	New Creek	26743	1.6
Secondary	Berkeley, WV	Gerrardstown	25420	1.4

Exhibit 35: Community Need Index™ Score by County and ZIP Code, 2021



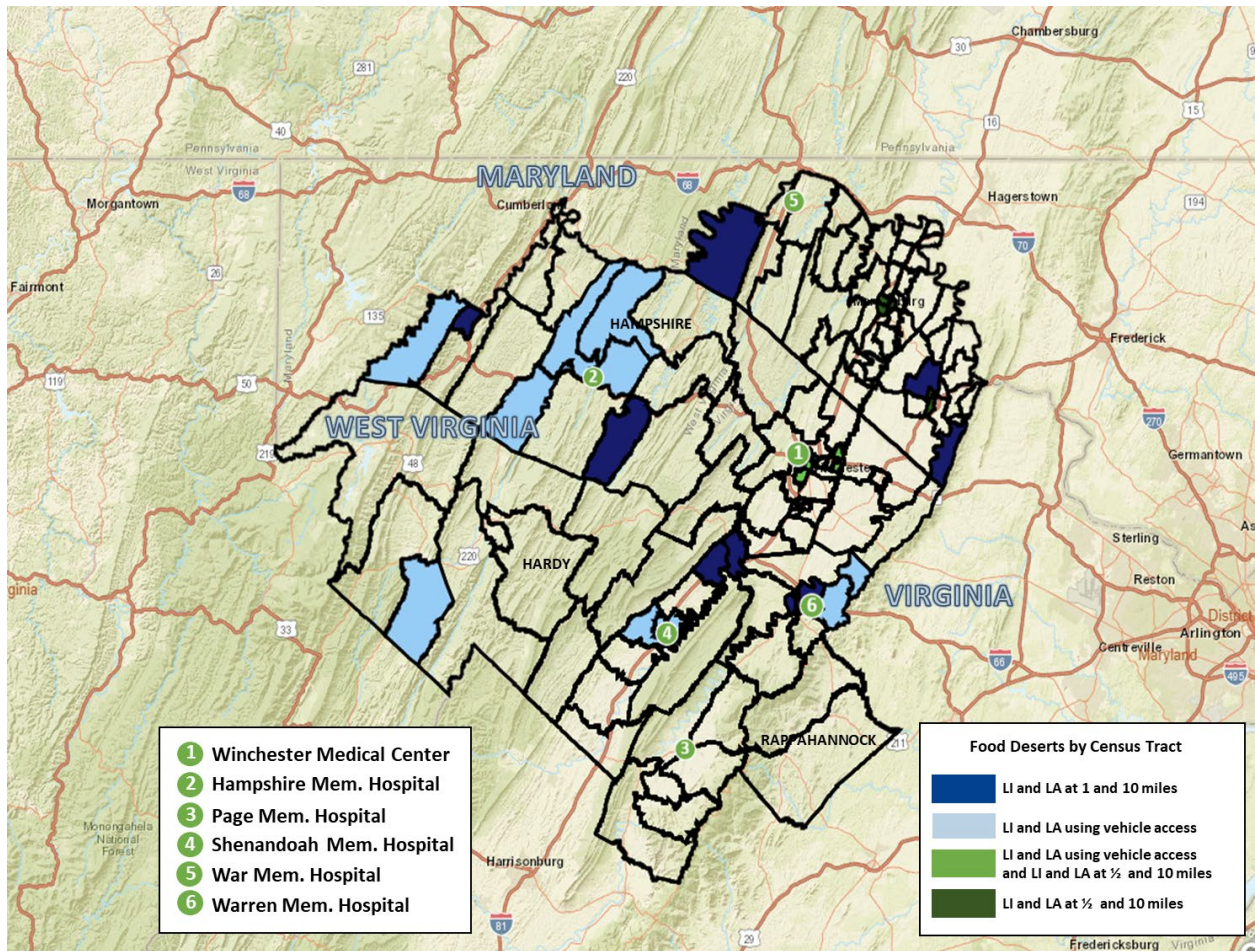
Source: ESRI 2021, Created by Planning and Business Development

ZIP codes 26750, (Piedmont, Mineral County at 3.8%), and 26757 (Romney, Hampshire County at 3.6%) scored in the “Highest Need” category (ranges from 3.6 – 4.4). Areas of middle to high need are located in substantial parts of Hampshire, Hardy, Mineral and Morgan counties (Exhibit 35).

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 HMH community.

Exhibit 36: Food Deserts by Census Tract, 2021



Source: ESRI 2021, Created by Planning and Business Development

HMH’s community contains nine census tracts identified as food deserts. These are located in Hampshire, Hardy, Mineral and Morgan counties (**Exhibit 36**).

Overview of the Health and Social Services Landscape

This section identifies geographic areas and populations in the community that may face barriers accessing care due to medical underservice or a shortage of health professionals.

The section then summarizes various assets and resources available to improve and maintain the health of the community.

1. Medically Underserved Areas, Communities, and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice (IMU).” The IMU calculation is a composite of the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population age 65 or over. Areas with a score of 62 or less are considered “medically underserved”.¹³

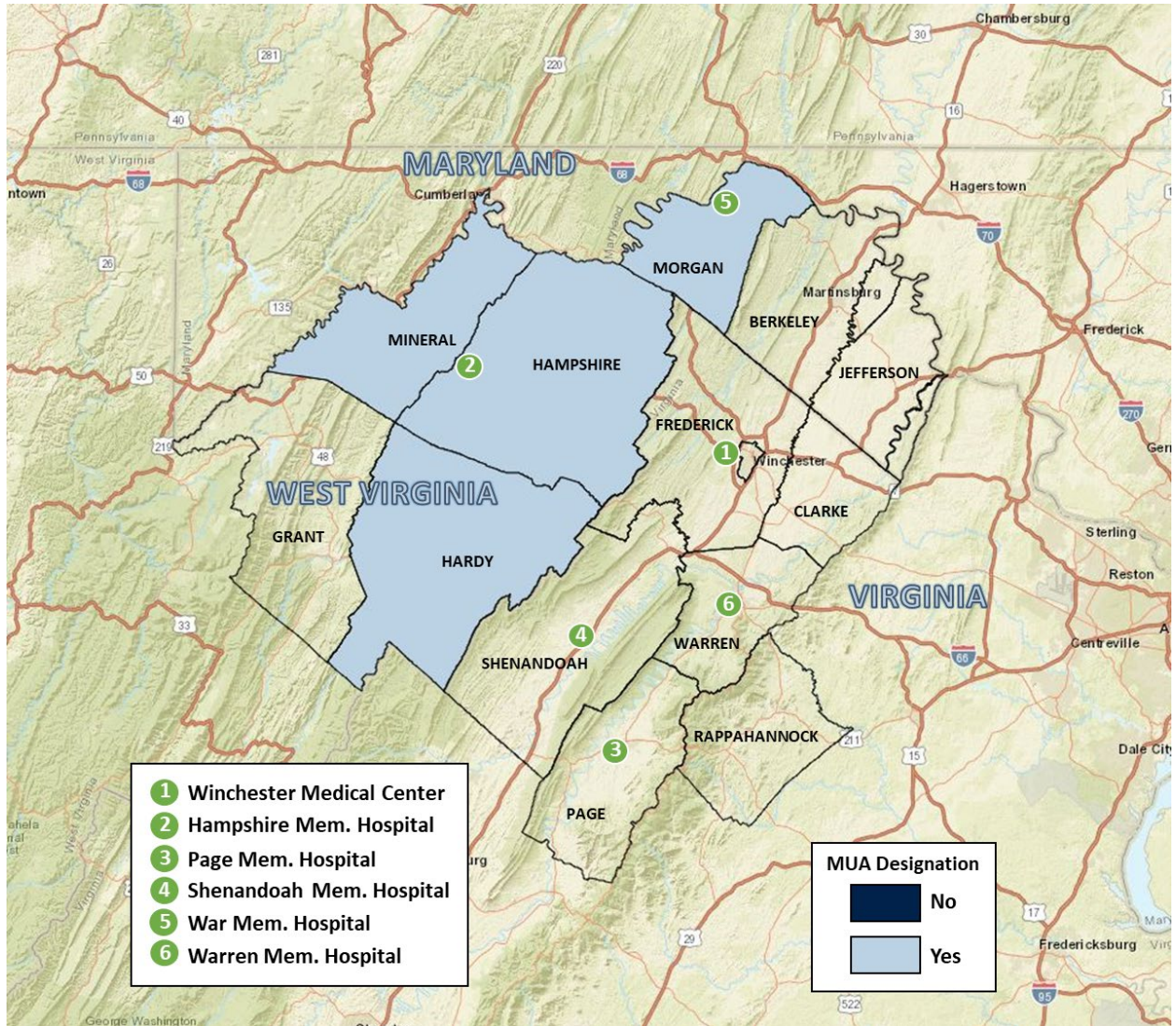
Medically Underserved Area (MUA) – counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.

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

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

¹³ U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/muaps/index.html>.

Exhibit 37: Medically Underserved Areas and Populations, 2021



Source: ESRI 2021, Created by Planning and Business Development

Exhibit 37 shows areas designated by HRSA as medically underserved for mental, dental, and primary care professionals.

Exhibit 38 Medically Underserved Areas and Populations and Health Professional Shortage Areas (WV), 2022 ¹⁴

Service Area	MUA/P Source ID	Designation Type	Index of Medical Underservice Score	State	Status
Hampshire County	03710	Medically Underserved Area	61.6	WV	Designated
HARDY SERVICE AREA	03711	Medically Underserved Area	49.9	WV	Designated
Low Income - Mineral County	07954	Medically Underserved Population	63.6	WV	Designated
Low Income - Morgan County	07907	Medically Underserved Population	60.7	WV	Designated
West Augusta Service Area	07523	Medically Underserved Area	55.7	WV	Designated

Source: Data by Geography (hrsa.gov), 2022, Retrieved: 8/9/2022.

The HMH Community contains four MUAs located in Hampshire, Hardy, Mineral and Morgan Counties (**Exhibit 38**).

Health Profession Shortage Area

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 healthcare 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.”¹⁵

Exhibits 39A-C shows Health Professional Shortage Areas (HPSA) designations that indicate health care provider shortages in primary care, dental health, or mental health.

Exhibit 39A: Health Profession Shortage Area (HPSA) WV– Primary Care, 2022

¹⁴ HRSA, May 2022, Retrieved from: <https://bhwh.hrsa.gov/shortage-designation/muap>

¹⁵ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2019, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Primary Care	1549995469	Federally Qualified Health Center	West Virginia	Berkeley County, WV		17	Designated	Non-Rural
	Site Name		Site City	Site State	Site ZIP Code	County		Rural Status
	SCH Behavioral Health		Charles Town	WV	25414-5719	Jefferson		Non-Rural
	SCH Healthy Smiles Dental		Martinsburg	WV	25404-3800	Berkeley		Non-Rural
	SCH Martinsburg		Martinsburg	WV	25401-2890	Berkeley		Non-Rural
	SCH Migrant Outreach		Winchester	VA	22601-4929	Winchester City		Non-Rural
	SCH Mobile		Martinsburg	WV	25401-2890	Berkeley		Non-Rural
	SCH Ryan White Administration Support		Martinsburg	WV	25404-3800	Berkeley		Non-Rural
	SCH Winchester		Winchester	VA	22601-3054	Winchester City		Non-Rural
	Shenandoah Community Health Behavioral Health Berkeley Springs		Berkeley Springs	WV	25411-7457	Morgan		Rural
	Shenandoah Community Health Burke St Elementary		Martinsburg	WV	25401-2732	Berkeley		Non-Rural
	Shenandoah Community Health Martinsburg North Middle School		Martinsburg	WV	25404-4910	Berkeley		Non-Rural
	Shenandoah Community Health Tuscarora Elementary		Martinsburg	WV	25401-8811	Berkeley		Non-Rural

Exhibit 39B: Health Profession Shortage Area (HPSA) WV – Dental Care, 2022

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Dental Health	6549995441	Federally Qualified Health Center	West Virginia	Berkeley County, WV		26	Designated	Non-Rural
	Site Name	Site City	Site State	Site ZIP Code	County	Rural Status		
	SCH Behavioral Health	Charles Town	WV	25414-5719	Jefferson	Non-Rural		
	SCH Healthy Smiles Dental	Martinsburg	WV	25404-3800	Berkeley	Non-Rural		
	SCH Martinsburg	Martinsburg	WV	25401-2890	Berkeley	Non-Rural		
	SCH Migrant Outreach	Winchester	VA	22601-4929	Winchester City	Non-Rural		
	SCH Mobile	Martinsburg	WV	25401-2890	Berkeley	Non-Rural		
	SCH Ryan White Administration Support	Martinsburg	WV	25404-3800	Berkeley	Non-Rural		
	SCH Winchester	Winchester	VA	22601-3054	Winchester City	Non-Rural		
	Shenandoah Community Health Behavioral Health Berkeley Springs	Berkeley Springs	WV	25411-7457	Morgan	Rural		
	Shenandoah Community Health Burke St Elementary	Martinsburg	WV	25401-2732	Berkeley	Non-Rural		
	Shenandoah Community Health Martinsburg North Middle School	Martinsburg	WV	25404-4910	Berkeley	Non-Rural		
	Shenandoah Community Health Tuscarora Elementary	Martinsburg	WV	25401-8811	Berkeley	Non-Rural		

Exhibit 39C: Health Profession Shortage Area (HPSA) WV – Mental Health Care, 2022

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Mental Health	7549995417	Federally Qualified Health Center	West Virginia	Berkeley County, WV		17	Designated	Non-Rural
	Site Name	Site City	Site State	Site ZIP Code	County	Rural Status		
	SCH Behavioral Health	Charles Town	WV	25414-5719	Jefferson	Non-Rural		
	SCH Healthy Smiles Dental	Martinsburg	WV	25404-3800	Berkeley	Non-Rural		
	SCH Martinsburg	Martinsburg	WV	25401-2890	Berkeley	Non-Rural		
	SCH Migrant Outreach	Winchester	VA	22601-4929	Winchester City	Non-Rural		
	SCH Mobile	Martinsburg	WV	25401-2890	Berkeley	Non-Rural		
	SCH Ryan White Administration Support	Martinsburg	WV	25404-3800	Berkeley	Non-Rural		
	SCH Winchester	Winchester	VA	22601-3054	Winchester City	Non-Rural		
	Shenandoah Community Health Behavioral Health Berkeley Springs	Berkeley Springs	WV	25411-7457	Morgan	Rural		
	Shenandoah Community Health Burke St Elementary	Martinsburg	WV	25401-2732	Berkeley	Non-Rural		
	Shenandoah Community Health Martinsburg North Middle School	Martinsburg	WV	25404-4910	Berkeley	Non-Rural		
	Shenandoah Community Health Tuscarora Elementary	Martinsburg	WV	25401-8811	Berkeley	Non-Rural		

Source: [Map Tool | HPSA Data Warehouse](#)

Other Facilities and Resources

1. Federally Qualified Health Centers

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

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

Exhibit 40: Federally Qualified Health Centers, 2022

Federally Qualified Health Centers					
Health Center Name	Address	City	State	County	ZIP Code
SCH Migrant Outreach	867 Fairmont Ave	Winchester	VA	Winchester City	22601-4929
SCH Winchester	1330 Amherst St	Winchester	VA	Winchester City	22601-3054
E.A. Hawse Health Center Capon Bridge Elementary School	99 Capon School St	Capon Bridge	WV	Hampshire County	26711-9059
E.A. Hawse Health Center Capon Bridge Middle School	75 Capon School St	Capon Bridge	WV	Hampshire County	26711-9059
SCH Behavioral Health	44 Trifecta Pl	Charles Town	WV	Jefferson County	25414-5719
Shenandoah Community Health Burke St Elementary	422 W Burke St	Martinsburg	WV	Berkeley County	25401-2732
Shenandoah Community Health Tuscarora Elementary	2000 Tavern Rd	Martinsburg	WV	Berkeley County	25401-8811
SCH Mobile	99 Tavern Rd	Martinsburg	WV	Berkeley County	25401-2890
SCH Martinsburg	99 Tavern Rd	Martinsburg	WV	Berkeley County	25401-2890
Shenandoah Community Health Martinsburg North Middle School	250 East Rd	Martinsburg	WV	Berkeley County	25404-4910
SCH Healthy Smiles Dental	58 Warm Springs Ave	Martinsburg	WV	Berkeley County	25404-3800
E.A. Hawse Health Center, Inc. Wardensville	325 E Main St	Wardensville	WV	Hardy County	26851
Mountaineer Community Health Center, Inc.	783 Winchester St	Paw Paw	WV	Morgan County	25434-3258

Source: Health and Human Services Administration, 2022, retrieved from <https://findahealthcenter.hrsa.gov/?zip=&radius=5&incrementalsearch=true>

There are currently thirteen FQHC sites operating in close proximity to HMH’s community (**Exhibit 40**).

2. Local Clinics and Health Departments

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

In addition to these resources, the Lord Fairfax Health Department (services, Clarke, Frederick, Page, Shenandoah, Warren counties, and the City of Winchester), Berkeley County Health Department, Grant Health Department, Jefferson County Health Department, Hampshire County Health Department, Hardy County Health Department, Mineral County Health Department, and Morgan County Health Department, also provides an array of services at locations throughout the region.

3. Hospitals

Exhibit 41 presents information on hospitals facilities that operate in the community.

Exhibit 41: List of Hospitals in the HMH Community

County/City	Hospital Name	Number of Beds	City	Zip Code
PSA				
Hampshire, WV	Hampshire Memorial Hospital	25	Romney	26757
Morgan, WV	War Memorial Hospital	25	Berkeley Springs	25411
Page, VA	Page Memorial Hospital	25	Luray	22835
Shenandoah, VA	Shenandoah Memorial Hospital	25	Woodstock	22664
Warren, VA	Warren Memorial Hospital	36	Front Royal	22630
Winchester, VA	Winchester Medical Center	465	Winchester	22601
SSA				
Berkeley, WV	Berkeley Medical Center	170	Martinsburg	25401
	Martinsburg VA Medical Center	90	Martinsburg	25401
Grant, WV	Grant Memorial Hospital	25	Petersburg	26847
Jefferson, WV	Jefferson Medical Center	25	Charlestown	25414
Mineral, WV	Potomac Valley Hospital	25	Keyser	26726

Source: Virginia Health Information, 2022, and for WV, American Hospital Directory, 2022.

4. Health Professional Shortage Areas

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

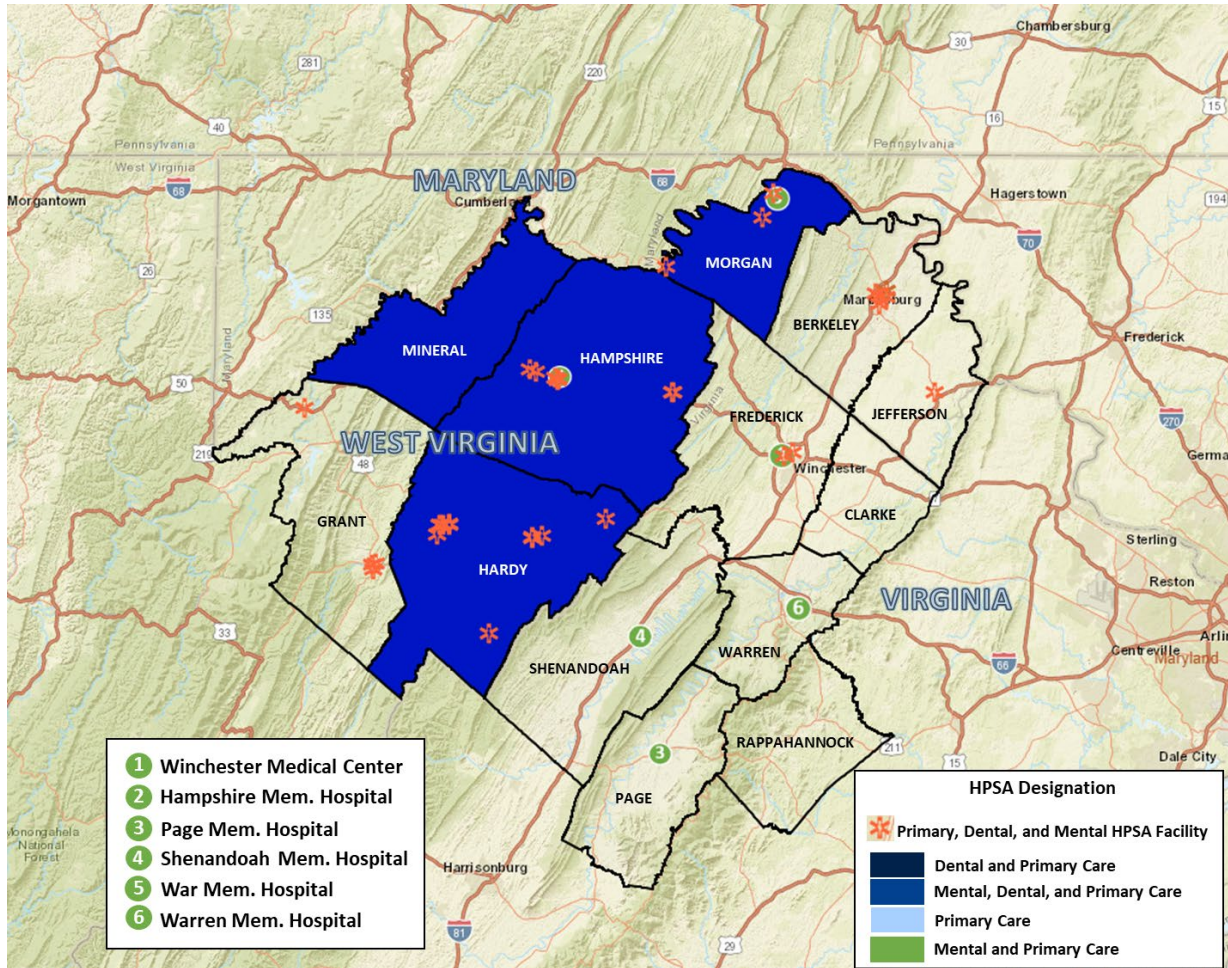
In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental,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

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”¹⁶

Areas and populations in the HMH’s community are designated as HPSAs (**Exhibit 42**). Mineral and Morgan counties are designated as primary medical care, dental, and mental health HPSAs, while Berkeley, and Grant counties are designated as mental health and dental HPSAs. Hardy, Hampshire, and Jefferson counties are designated as mental health HPSAs and parts of Hampshire and Hardy counties are also considered dental HPSAs.

¹⁶ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2019, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Exhibit 43A: Health Professional Shortage Areas Designation, 2021



Source: ESRI 2021, Created by Planning and Business Development

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

Exhibit 43B: HPSA Shortage Areas in the HMH Community, 2021

Discipline	HPSA Name	Designation Type	HPSA Score	Designation Date	Rural Status
Primary Care	E.A. Hawse Health Center	FQHC	11	10/26/2002	Rural
Dental Health	E.A. Hawse Health Center	FQHC	18	10/26/2002	Rural
Mental Health	E.A. Hawse Health Center	FQHC	14	10/26/2002	Rural
Primary Care	Elk Garden Clinic	Rural Health Clinic	0	11/12/2003	Rural
Primary Care	Grant County	Geographic HPSA	12	03/21/2017	Rural
Primary Care	Hampshire County	Geographic HPSA	9	02/24/2014	Partially Rural
Dental Health	Hampshire County	Low Income Population HPSA	20	04/13/2017	Partially Rural
Dental Health	Hampshire Memorial Hospital	Rural Health Clinic	0	01/05/2007	Rural
Primary Care	Harpers Ferry Family Medicine	Rural Health Clinic	0	09/30/2009	Non-Rural
Primary Care	Low Income-Berkeley County	Low Income Population HPSA	13	11/09/2016	Non-Rural
Dental Health	Low Income-Berkeley County	Low Income Population HPSA	11	11/14/2013	Non-Rural
Primary Care	Low Income-Hardy County	Low Income Population HPSA	18	2/23/2017	Rural
Primary Care	Low Income-Mineral County	Low Income Population HPSA	17	01/19/2010	Partially Rural
Mental Health	Low Income-Mineral County	Geographic HPSA	8	03/30/2017	Partially Rural
Dental Health	Low Income-Morgan County	Low Income Population HPSA	16	02/27/2013	Rural
Mental Health	Low Income-Petersburg	Low Income Population HPSA	17	07/21/2011	Partially Rural
Dental Health	Low Income-Grant County	Low Income Population HPSA	17	04/24/2012	Rural
Dental Health	Low Income-Hardy County	Low Income Population HPSA	18	03/28/2017	Rural
Primary Care	Low Income-Morgan County	Low Income Population HPSA	16	05/08/2012	Rural
Mental Health	Morgan County	Geographic HPSA	14	07/28/2017	Rural
Primary Care	Mountaineer Community Health Center, Inc.	Federally Qualified Health Center	0	09/30/2005	Rural
Dental Health	Mountaineer Community Health Center, Inc.	Federally Qualified Health Center	0	04/30/2007	Rural

Discipline	HPSA Name	Designation Type	HPSA Score	Designation Date	Discipline
Mental Health	Mountaineer Community Health Center, Inc.	Federally Qualified Health Center	0	04/30/2007	Rural
Primary Care	Shenandoah Valley Medical Center	Federally Qualified Health Center	14	05/23/2003	Non-Rural
Dental Health	Shenandoah Valley Medical Center	Federally Qualified Health Center	9	01/13/2004	Non-Rural
Mental Health	Shenandoah Valley Medical Center	Federally Qualified Health Center	17	01/13/2004	Non-Rural

There are seven health care facilities in the HMH community, all in West Virginia, that are designated as HPSA facilities (**Exhibit 43B**).

Exhibit 44: Health Professionals Rates per 100,000 Population by County/City, 2022

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

Source: Data provided by County Health Rankings, 2022.

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

5. Other Community Resources

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

The other organizations accessible through 2-1-1 West Virginia provide the following types of services and resources include:

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

United Way of the Eastern Panhandle Partner Agencies

Partner agency list is available at <https://www.uwayep.org/partner-agencies>.

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

6. Food Pantries and Soup Kitchens

Exhibit 45: Food Pantries and Soup Kitchens in the WMC Community, 2022

West Virginia Food Pantries		
Berkeley County	Address/Phone	Hours
Church Without Walls	Martinsburg, WV 304-260-9509	Tuesdays 10:00 am – 1:00 pm 3 rd Saturday 10:00 am – 1:00 pm
Eastern Panhandle Information and Referral Center	433 Mid Atlantic Parkway Martinsburg, WV 25404	Mondays – Fridays 9:00 am – 4:00 pm
Loaves and Fishes	Martinsburg, WV 304-267-2810	Call for hours
Martinsburg Work 4 WV Center	Martinsburg, WV 25403 304-267-0030	Mondays – Thursdays 8:30 am – 5:00 pm Fridays 9:00 am – 5:00 pm
One-Stop	Martinsburg, WV 25401 304-263-25401	Daily 9:00 am – 1:00 pm
Salvation Army	Martinsburg, WV 25401 304-267-4612 (serves Berkeley, Jefferson, and Morgan Counties)	Mondays – Fridays 9:00 am – 12:00 pm 1:00 pm – 3:00 pm
Snyder's Bible Chapel	Hedgesville, WV 25427 304-676-2786	3 rd Tuesdays 9:00 am – 12:00 pm
Mineral County	Address/Phone	Hours
Christ UMC	4th and Race St. Cumberland, MD 21502	Monday – Friday 8:00 am – 4:00 pm
Faith In Action, Inc.	71 James Street Keyser, WV 26726 304-788-5331	Monday – Friday 8:00 am – 5:00 pm
Morgan County	Address/Phone	Hours
Morgan County Emergency Assistance Team	Berkley Springs, WV 25411 304-258-2487	Tuesdays and Fridays 9:00 am – 3:00 pm
Saint Vincent De Paul Society	Berkeley Springs, WV 25411 304-258-1311	Call for available hours

Source: Homeless Shelter Director, Helping The Needy of America, 2022, Retrieved from [West Virginia Soup Kitchens, Food, Pantries, Food Banks \(homelessshelterdirectory.org\)](#)

Findings of Other Recent Community Health Needs Assessments

1. West Virginia Statewide Housing Needs Assessment, 2019

The West Virginia Housing Development Fund engaged Vogt Santer Insights to conduct a statewide housing needs assessment.¹⁷ The assessment provides a comprehensive housing assessment that focuses on the current and anticipated housing need in each of the 55 counties. A detailed analysis of each county has been conducted to include demographic trends, economic and housing market performance, household income projections and anticipated market demand with the focus on affordable housing.

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

- The three counties with Highest Quality housing stock are, in descending order, Jefferson, Putnam and Berkeley counties. A Housing Conditions Model was created to estimate the housing conditions in each county and, where appropriate, census tracts. The model utilizes data from the American Community Survey (ACS) and includes the following factors: 1) presence of incomplete plumbing, 2) age of unit, 3) median housing value, and 4) poverty levels. The output of the model is a numerical score used to classify jurisdictions' housing conditions into four categories – Lowest, Lower, Higher and Highest Quality. Classifications are based on the median score throughout the State.
- Within the state, Jefferson County was one of the five mentioned counties to have the lowest unemployment rate of 4.8 percent as of December 2013.
- Jefferson County has one of the highest projected growth rates among rental household families under age 55, and showed a high growth rate among seniors (age 55 and older).
- **Berkeley, Grant, Jefferson, and Hampshire counties** had the highest projected growth among senior (age 55 and older) renter households with incomes between 41 percent and 60 percent over Area Median Household Income (AMHI) in the next five years. Hampshire County also showed the lowest projected growth among families under age 55 for rental households.
- Even with affordable housing, lower income groups are much more likely to be cost burdened, that is, they spend over 30% of income on housing costs.
- For renters, there is a need for more affordable housing in the rental market, primarily for households with incomes in the 0-30% AMI (Area Median Income) income tier. Across the state, the unmet need ranges from 48% to 80% among renter households with incomes between 0-30% AMI. This means that within this income tier, 48% to 80% of households do not have affordable and available housing across all counties.
- For homeowners, there is significant need for affordable housing within the sales market in all income tiers. Among owner households with incomes between 0-30% AMI, the Unmet Need ranges from 42% to 85% across all counties.
- Among households with income between 0-80% AMI, eleven counties – Cabell, Hancock, Harrison, Jackson, Kanawha, Marion, **Mineral**, Preston, Raleigh, Wayne and

¹⁷ West Virginia Community Action Partnership. (2019). "Statewide Housing Needs Assessment," Retrieved, 2022 from: [Statewide Housing Needs Assessment | WVHDF](#)

Wood – go from having either minimal need or a surplus in 2019 to ranking in the top third for units of unmet need in 2024.

- Nine counties – Calhoun, Gilmer, **Grant, Hardy**, Pendleton, Pleasants, Tucker, Webster and Wirt – rank in the lowest third for all years for all income tiers including changes in units of unmet need. In some instances, there is a surplus.
- Among households with incomes between 0-30% AMI, there are declines in the units of unmet need between 2019 and 2024 for **Grant, Hardy**, Pendleton and Pocahontas counties.
- According to the ACS, almost a quarter (23.4%) of West Virginia households rent their homes compared to the entire United States where the rate is 36.2%. Over 33% of households in Cabell, **Hampshire, Mineral**, and Monongalia are renters. Monongalia has the highest rental rate in the State where 42.3% of households rent their homes.
- According to ACS data, one-half (50.2%) of West Virginia households contain at least one person who is aged 55 years or older – of these households, 83.4% are homeowners. Families with children account for 23.9% of households while 66.8% of households in this group are homeowners. Elderly households comprise a large share of renters in **Hampshire**, Nicholas, and Ritchie counties, representing 40% or more of the renters in these counties.

2. **Berkeley Medical Center and Jefferson Medical Center’s 2019-Community Health Needs Assessment**

- Substance use and abuse (including alcohol, tobacco, and vaping) – This topic is of very high importance according to the survey data from the community, the available secondary data pertinent to the area, and discussions with community stakeholders. The existing community relations structure allows for many potential partners. Hospital leadership’s initial thoughts include efforts to get more MAT-trained providers in place, support for the potential Quick Response Team being developed in Jefferson County, and the importance of work to reduce stigma and use of negative terminology surrounding addiction. This work is already somewhat underway through trainings at both hospitals’ EDs, as well as L&D and NICU units. In light of all of the above, this topic was identified as a high priority for strategy development.
- Obesity and chronic disease (including cancer) – Among the top health concerns revealed in all of the data were obesity, associated chronic diseases like diabetes and heart problems, and cancers. These concerns were supported elsewhere in the data by an expressed lack of recreation spaces for all ages, as well as community concern about poor eating choices and perceived lack of access to fresh food or healthy choices during busy times. Thinking about potential strategies, hospital leadership recognizes that BMC and JMC have many related partners and efforts underway and existing programming in place to help aid in the prevention of obesity and chronic disease. The team sees opportunity to address these issues as a whole and has included this category in their priority items.
- Mental health - Lastly, community concern about mental health was very evident in the survey data and discussion - this includes resident struggles with mental health, access to treatment options, and stigma surrounding. Hospital leadership discussed recent hospital efforts to address this issue: a total of four psychiatrists, a new clinic in Ranson, physician surveys regarding burnout, and more. Also discussed were some initial strategy ideas and pressing needs: child and adolescent services to address existing school-based

issues, initiatives addressing patients via MyChart, a need for addressing stigma and increasing suicide rates in the area. Pressing need and capacity to address these issues in various settings lead the hospital leadership team to prioritize this as one of the top three issues for strategy development.

3. Grant Memorial Hospital's 2019-Community Health Needs Assessment (Including Grant, Hardy, and Northern Pendleton Counties, West Virginia)

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Plan at least every three years. The regulations for the CHNA include defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community, including public health professionals; identifying resources; and prioritizing community health needs. The 2019 Grant Memorial Hospital (GMH) CHNA incorporates the requirements described above and identifies the following prioritized needs:

- **Cancer** - Both primary and secondary datasets reflect that cancer is a pervasive health concern in the hospital's catchment area, and the GMH leadership team is in full agreement. They see the hospital as having a high ability to impact health outcomes in this area, and with the support of further data can develop implementation strategies surrounding the types of cancer that are of greatest concern.
- **Substance use/abuse** - This topic is of the greatest concern across most demographics and geographic areas surveyed, and hospital leadership is in agreement that it is one of the key health areas that needs to be addressed through provision of community benefit. Though importance is high, the leadership team knows that their ability to impact health outcomes will at least partly rely on community partnerships. Moving forward, the team will work to plan collaborative strategies to address this health topic, assisting efforts already underway wherever possible.

Obesity/Co-morbidity issues - Also of heightened community concern is a broad category of obesity and related issues like diabetes and heart disease. These concerns are reinforced by perceptions of poor dietary choices and lack of exercise among residents. The leadership team sees this as a complex problem, pieces of which can be addressed via community partnerships to create strategies that will address this issue. Though it is a multi-faceted issue, the team quickly tossed around initial ideas of things like support for walking/running events and farmer's markets.

PRIMARY DATA ASSESSMENT

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

Community Survey Findings

From HMH's community, 200 residents had completed the community health survey.

HMH's survey of community health consisted of questions about a range of health status and access issues, as well as respondent demographic characteristics. The survey was made available from November 2021 – April 2022 on Valley Health's web site and was widely publicized at the Community Wellness Festival, Laurel Ridge Community College, at the Mexican Consulate event on the Our Health, Inc. campus.

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

1. Respondent Characteristics

Of the 200 surveys from HMH's community:

Almost 86.4 % of respondents were female, and 26.8 % were between the ages of 55 and 64. The ethnicity breakdown showed 94.4 % of the population were White, and 2.5 % identified as Black or African American. The majority of respondents reported being married (65.4 %) and obtained a college degree or higher (62.1 %). The majority of respondents speak English in the home.

Exhibits 46 through 54 summarizes responses from residents of the HMH's community.

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

County/City	Number of Respondents	Percent of Respondents
PSA	104	52.0%
Hampshire, WV	104	52.0%
SSA	96	48.0%
Hardy, WV	13	6.5%
Mineral, WV	15	7.5%
Morgan, WV	68	34.0%
Totals:	200	100.0%

Source: Valley Health Community Survey, 2022

Hampshire County had the highest percentage of respondents. Residents from the SSA accounted for 48 percent of respondents (**Exhibit 44A**).

Exhibit 46B: Spanish Survey Respondents by County/City, 2022

County/City	Number of Respondents	Percent of
PSA	37	92.5%
Frederick, VA	14	35.0%
Page, VA	1	2.5%
Shenandoah, VA	2	5.0%
Winchester City, VA	20	50.0%
SSA	3	7.5%
Berkeley, WV	1	2.5%
Jefferson, WV	2	5.0%
Totals:	40	100.0%
Outside of Market Region	0	0.0%
Grand Total	40	100.0%

Source: Valley Health Community Survey, 2022.

The total number of Spanish surveys received was 40 (**Exhibit 46B**).

Exhibit 47: Characteristics of Survey Respondents, 2022

English Survey (Page Memorial Hospital Community)	Number of Respondents	Percent of Respondents
Ethnicity		
Hispanic/Latino	5	1.3%
Not Hispanic/Latino	391	98.7%
Race		
White	374	94.4%
Black or African American	10	2.5%
Asian	0	0.0%
Two or more races	9	2.3%
American Indian/Alaskan Native	3	0.8%
Language		
English	388	98.0%
Spanish	3	0.8%
Other	5	1.3%
Sex		
Female	342	86.4%
Male	54	13.6%
Annual Household Income		
\$15,000 - \$24,999	30	7.6%
\$25,000 - \$34,999	32	8.1%
\$35,000 - \$49,999	47	11.9%
\$50,000 - \$74,999	81	20.5%
\$75,000 - \$99,999	55	13.9%
Less than \$15,000	19	4.8%
Over \$100,000	132	33.3%
Age Category		
15-24	6	1.5%
25-34	38	9.6%
35-44	49	12.4%
45-54	60	15.2%
55-64	106	26.8%
65-74	97	24.5%
75+	40	10.1%
Education		
College degree or higher	246	62.1%
Did not complete high school	6	1.5%
High school diploma or GED	49	12.4%
Some college	92	23.2%
Other	3	0.8%

Marital Status		0.0%
Co-habiting	16	4.0%
Divorced	40	10.1%
Married	259	65.4%
Not married/single	44	11.1%
Widowed	37	9.3%

Source: Valley Health Community Survey, 2022

The highest percentage of English-speaking respondents were aged 45-55 and 55-64. Approximately 10.1 % of total respondents were 75+ years old (**Exhibit 47**).

2. Access Issues

Exhibit 48: Locations Where Respondents Received Routine Healthcare

Response	Response Count
Traditional medical office (MD, APN, PA)	196
Urgent care facility or store-based walk-in clinic	6
Free or low-cost clinic or health center	4
Local Health Department clinic	2
Provider of alternative medicine	6
Hospital emergency room	3
No routine medical care received	2
Other (please specify)	1

Source: Valley Health Community Survey, 2022.

Survey question #7 asked about access to care and where patients choose to go for routine care. The majority of the survey respondents stated that they went to a traditional medical office for routine care (**Exhibit 48**).

Exhibit 49: Respondent Ability to Receive Needed Care, by Type of Care

Response	Always	N/A	Never	Rarely	Sometimes
Basic medical care	190	1	~	5	24
Dental care	158	6	10	19	27
Mental health care	80	82	16	16	26
Medical specialty care (cardiology, neurology, etc.)	126	39	7	12	36
Medicine and medical supplies	168	11	4	5	32
Pregnancy care	60	151	4	2	3
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	171	11	6	8	24

Source: Valley Health Community Survey, 2022.

Exhibit 49 suggests that most survey respondents indicated that they “always” had the ability to access needed care. Basic medical, dental care, mental health, access to proper medicines, routine screenings, and pregnancy care were identified for HMH’s community.

Exhibit 50: Access Barriers to Receiving Needed Care, by Service Type

Response	Can't afford it / too expensive	Can't get appointment	Inconvenient hours	Lack of trust in medical providers	No Insurance	Transportation	N/A / Other
Basic medical care	8	5	3	4	6	~	35
Dental care	22	4	~	1	18	~	41
Mental health care	11	11	3	5	4	~	65
Medical specialty care	15	13	3	1	5	~	45
Medicine and medical supplies	19	2	3	~	4	~	42
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	8	8	3	1	6	1	40

Source: Valley Health Community Survey, 2022.

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

Exhibit 50 summarizes reasons why respondents have been unable to access these services. Cost and lack of insurance were the most frequently identified access barriers. [Respondents also identified they were unable to get appointments, hours were not convenient for basic medical care]. Among those choosing “other,” most responses cited either cost or a lack of need for services as the reason they did not access care.

Exhibit 51: Respondents

Question #10: How do you pay for healthcare?

Response	Response Count	Response Percent
Cash (no insurance)	18	8.2%
Medicaid	18	8.2%
Medicare	36	16.4%
Other (please specify)	3	1.4%
Private health insurance (for example: Anthem, Blue Cross, HMO)	140	63.6%
Veterans' Administration	5	2.3%
Totals	220	100.0%

Source: Valley Health Community Survey, 2022.

Exhibit 51 shows that 63.6 % of survey respondents have private health insurance coverage and 16.4 % have Medicare coverage. Those without health insurance were much more likely to use free or low-cost clinics and health centers or hospital emergency rooms for routine healthcare.

3. Health Issues

Exhibit 52: Survey Respondents

Question #1: Which of the following do you believe are the three most important factors for a healthy community?

Issue	Count	Percent Responded
Jobs and stable economy	95	43.2%
Safe place to raise children	70	31.8%
Healthy behaviors and lifestyles	16	7.3%
Affordable housing	9	4.1%
Clean environment	9	4.1%
Healthy race relations	6	2.7%
Low level of child abuse	5	2.3%
Parks/recreation facilities	3	1.4%
Religious/spiritual values	3	1.4%
Arts and cultural events	2	0.9%
Low crime/safe neighborhoods	1	0.5%
Low adult death/disease rates	1	0.5%
Totals	220	100.0%

Source: Valley Health System, 2022

Over 75.1 percent of respondents indicated jobs, a stable economy, and safe place to raise children were among the most important factors for a healthy community. Healthy behaviors and lifestyles, affordable housing, clean environment, healthy race relations, low level of child abuse, parks/recreation facilities, and religious/spiritual values were identified by over 7% of respondents as among the most important factors (**Exhibit 52**).

Exhibit 53: Survey Respondents

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

Issue	Count	Percent Responded
Being overweight	74	33.6%
Cancer	29	13.2%
Low income/financial issues	26	11.8%
Affordable housing	18	8.2%
Access to healthy food	18	8.2%
Diabetes	12	5.5%
Mental health (depression, bipolar, autism)	9	4.1%
Alzheimer's or dementia	9	4.1%
Heart disease	8	3.6%
Dental health	6	2.7%
Childhood obesity	5	2.3%
Not enough exercise	3	1.4%
Substance Abuse	1	0.5%
High blood pressure	1	0.5%
Asthma	1	0.5%
Total	220	100.0%

Source: Valley Health System, 2022

Over 70% of respondents indicated being overweight, cancer, low income/financial issues, affordable housing, and access to healthy foods were among the most significant health problems in the community. Diabetes, mental health, Alzheimer's or dementia, and heart disease were identified by over 17% of respondents as among the most significant health problems (**Exhibit 53**).

4. Health Behaviors

Exhibit 54: Survey Respondents

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

Issue	Count	Percent Responded
Alcohol abuse	99	45.0%
Drug abuse	95	43.2%
Dropping out of school	11	5.0%
Lack of exercise	10	4.5%
Not getting recommended vaccines	4	1.8%
Poor eating habits	1	0.5%
Total	220	100.0%

Source: Valley Health System, 2022.

Over 88% of respondents indicated alcohol and drug abuse were the most risky health behaviors in the community. Dropping out of school and lack of exercise were also identified by respondents (**Exhibit 54**).

Summary of Interview Findings, 2022

Valley Health System and Our Health, Inc. conducted face-to-face informant interviews and group interviews during the months of March and April 2022. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by HMH, including those with special knowledge of or expertise in public health.

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

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

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

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

Health Status Issues

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

- 2. Drug and substance abuse:** Substance abuse was the most frequently mentioned health status issue, and was portrayed as a growing, serious problem throughout the region. Heroin was mentioned most often; however, alcohol, marijuana, and methamphetamine use were also mentioned. Interviewees reported that women who use illicit drugs and compromise the health of babies is of significant importance.
- 3. Mental and behavioral health:** Mental and behavioral health was the second most frequently-mentioned health issue in the community. Interviewees reported that the community's mental health needs have risen, while mental health service capacity has not. They described a wide range of mental health issues, including bullying among youth, depression among senior citizens, adult and family stress and coping difficulties, lack of affordable outpatient mental health professionals, and a lack of local inpatient treatment facilities. Interviewees also noted frequent dual diagnoses of mental health problems and substance abuse.
- 4. 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, long-lasting health issue that hasn't become notably worse since the launch of electronic cigarettes (e-cigarettes).

Factors Contributing to Health Status and Access to Care

In addition to discussing health status issues and health conditions in the community, interview participants addressed the factors or conditions they believe most contribute to poor health status. Responses were similar to the 2019 Community Health Needs Assessment reports. A rank-ordered list of the major contributing factors raised, some of them inter-related, is below:

- 1. Access to health care (physicians/specialists):** Interview participants cited a wide range of difficulties regarding access to care, including availability of providers (physicians/specialists), cost and affordability of care, significant transportation barriers for low-income and elderly populations, and language or cultural barriers for some members of the community. Some interviewees mentioned that there are community residents that do not seek medical care due to their immigration status in the country.
- 2. Affordable Housing/Assisted Living:** Interview participants frequently mentioned the need for affordable housing and assisted home care for senior citizens. Some interview participants highlighted the particular health risks experienced by older residents in the community. Seniors have lower incomes, transportation barriers, advanced chronic diseases, and social isolation that can negatively affect health status.
- 3. Financial insecurities and poverty:** It was frequently stated that issues related to income and financial resources limit access to care, contribute to poor diet and nutrition, and create stresses that negatively impact health.
- 4. Homelessness:** Homelessness is a risk factor for poor health, and creates stresses and challenges to maintaining one's health and seeking or obtaining needed health care.
- 5. Lack of physical activity and exercise:** Among health behaviors that contribute to or inhibit good health, a lack of physical activity and exercise was mentioned as a concern for all age groups. Interview participants recognized that reasons for limited activity and strategies to increase activity differ across the life span.
- 6. Poor nutrition and diet:** Among health behaviors, dietary habits and nutrition were mentioned most frequently as major factors in obesity, diabetes, heart disease and related conditions, as well as chronic diseases. Interview participants mentioned this is due to a lack of access to affordable healthy foods for lower income families.

Individuals Providing Community Input

The CHNA took into account input from many people who represent the broad interests of the community served by the hospital. This was done via interviews with over 200+ individuals and six “community response sessions” that included 20 participants. These 200+ stakeholders included public health experts; individuals from health or other departments and agencies; leaders or representatives of medically underserved, low-income, and minority populations; and other individuals representing the broad interests of the community (**Exhibits 55-58**).

5. Public Health Experts

Individuals interviewed with special knowledge of, or expertise in, public health, some of whom also participated in a community response session, include those in **Exhibit 56**.

Exhibit 55: Public Health Experts

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Leea Shirley	Public Health Nurse Supervisor	Virginia Department of Health Lord Fairfax Health District	Expertise in the public health needs of Lord Fairfax Health district residents	Interview
Dr. Terrence Reidy	Health Officer	Jefferson County Health Department	Expertise in the public health needs of Hampshire County residents	Interview
Eileen Johnson	Staff	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Response
Tamitha Wilkins	Local Health Administrator	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Interview
Sandria Glascock	Local Health Administrator	Grant County Health Department	Expertise in the public health needs of Hampshire County residents	Interview

6. Health or Other Departments or Agencies

Several interviewees were from departments or agencies with current data or other information relevant to the health needs of the community (**Exhibit 56**). This list excludes the public health experts identified in **Exhibit 55**, who also meet this criterion.

Exhibit 56: Individuals from Health or Other Departments or Agencies

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Amanda Palmer	Acting Executive Director	Shenandoah County Free Clinic	Special knowledge regarding health needs of indigent population in community	Interview
Andrea Cosans	Executive Director	CCAP	Special knowledge of socioeconomic needs of the community to include housing	Both
April McClain-Clower	Director	Shenandoah Memorial Hospital	Special knowledge regarding health needs of the Shenandoah County populations in the community	Response Session
Allena Kovak	Director of Nursing	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration and community needs	Interview
Bartley Hoffman	Director, Surgical Services	Shenandoah Memorial Hospital	Special knowledge regarding health needs of the Shenandoah County populations in the community	Response Session
Brandon Jennings	Executive Director	Sinclair Health Clinic	Special knowledge regarding health needs of the indigent populations in the community	Interview
Brenda Atkins	Manager	Warren Memorial Hospital	Special knowledge regarding health needs of the Warren County	Response
Bonnie Zampino	Center Manager	Shenandoah Workforce Development Board	Special knowledge regarding workforce development	Interview
Candi Middleton	Nursing Supervisor	Hampshire Memorial Hospital	Special knowledge regarding health needs of the Hampshire County populations	Interview
Chris Guynn	Operations Manager	Valley Medical Transport	Special knowledge of patient transport and needs for Hampshire, Mineral, Grant, and Morgan Counties	Interview
Christina Parsons	Director Emergency Department	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
Courtney Miller	Wellness Services	Valley Health	Special knowledge regarding nutrition and wellness	Both
Dannette Keeler	Rehab	Page Memorial Hospital	Special knowledge of patient rehabilitation	Response

Exhibit 56: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Dawn Clark	Associate Director of Community Engagement	People, Inc.	Special knowledge of socioeconomic needs of the community to include housing	Interview
Dawn Devine	Executive Director	Shenandoah Valley Discovery Museum	Special knowledge in child development and learning	Interview
Doug Anderson	Retired Veteran	Health and Human Services Collaborative	Special knowledge regarding health needs of indigent populations in the community for Berkeley and Jefferson Counties	Both
Dr. Cyril Barch	Retired Physician	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Frederick County	Both
Dr. David Blount	Warren County Resident	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Warren County	Interview
Dr. David Kliever	Vice President Medical Affairs	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Interview
Dr. Jeff Feit	VP, Population Health, Valley Health, Chief Operating Officer, Valley Physician Enterprises	Valley Health	Population Health	Interview
Dr. Robert Meltvedt	VP, Medical Affairs, Warren Memorial Hospital	Warren Memorial Hospital	Warren County	Interview
Dr. William Major	Physician	Retired	Winchester, Frederick County	Interview
Elesia VanBuren	Director of Mental Health	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration and community needs	Interview
Emily Burner	Senior Development Director	Valley Health Foundations		Response
Glendora Rockwell	340B Analyst	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
George Donovan, Jr.	Adult & Dislocated Worker Career Coach	Shenandoah Workforce Development Board	Special knowledge regarding workforce development	Interview
Heather Sigel	Vice President, War Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Both

Exhibit 56: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Jackie Blaylock	Patient Access Manager	Page Memorial Hospital	Special knowledge regarding health needs of indigent populations in the community for Page County	Interview
James Stewart	CEO	Grafton	Special knowledge regarding patients with mental health issues	Interview
Jeff Stern	Director of Community Engagement	Sinclair Health Clinic	Special knowledge regarding health needs of indigent patients	Response
Jennifer Allen	Development and Data Coordinator	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Jennifer Hall	Senior Director of Community Investment	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Jessica Watson	Director CDRC & WRC	Winchester Medical Center Chronic Disease Resource Center	Special knowledge regarding health needs of indigent patients	Interview
Karen Newell	Executive Director	Good Samaritan Free Clinic	Special knowledge regarding health needs of the indigent populations in the community for Berkeley County	Interview
Katie Vance	Executive Director	AIDS Response Effort	Special knowledge regarding health needs of community population	Response
Katrina McClure	Executive Director	Sinclair Health Clinic	Special knowledge regarding health needs of indigent patients	Both
Kaycee Childress	President, CEO	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Kent Houchins	COO Community Based Services	Grafton	Special knowledge regarding patients with mental health issues	Interview
Kim Ack	Case Manager	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
Kyla Sine	Director Rehab Services	Shenandoah Memorial Hospital	Special knowledge regarding health needs of patients in Shenandoah County	Response
LaDawn See	Performance Improvement Specialist	Hampshire Memorial Hospital	Special knowledge regarding health needs of population in community for Hampshire, Hardy, and Mineral	Interview

Exhibit 56: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Lauren Sterling	Community	Telemon Organization Housing Coalition	Special knowledge of socioeconomic needs of the community to include housing	Interview
Linda Gibson	Assistant Director	Frederick County Dept. of Social Services	Special knowledge regarding health needs of indigent patients	Response
Margaret Cogswell	President	Hospice of the Panhandle	Special knowledge of home care in the Eastern Panhandle	Interview
Mark Nantz	President and Chief Executive Officer	Valley Health	Special knowledge of health needs of populations	Interview
Maria Lorensen	Development Director	Hospice of the Panhandle	Special knowledge end-of-life care	Interview
Mary Presley	Physical Therapy	Warren Memorial Hospital	Warren County	Interview
Mary Sas	VP Hampshire Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Both
Megan Parsons	Nursing Supervisor	Hampshire Memorial Hospital	Special knowledge regarding health needs of indigent populations in the community for Hampshire, Hardy, and Mineral Counties	Interview
Nancy Rose	Community	St. Luke's Community Clinic	Special knowledge regarding health needs of Warren County populations	Response
Natalie Cline	Marketing and Events Assistant	Berkeley County Chamber	Berkeley County	Interview
Nicole Foster	President	Front Royal Chamber of Commerce	Warren County	Interview
Philip Graybeal	Chief Financial Officer	Page Memorial Hospital	Special knowledge regarding health needs of indigent populations in Page, Shenandoah, and Warren counties	Interview
Portia Brown	Director of Quality and Regulatory Affairs	Page Memorial Hospital	Special knowledge regarding health needs of the Page County populations	Both
Randy Jacobs	Director of Administration	Shenandoah Community Health Center	Special knowledge regarding health needs of the Berkeley, and Jefferson County populations	Response
Sandy Lewis	HIM Supervisor	Hampshire/War Memorial Hospitals	Special knowledge regarding health needs of the Hampshire and Page County populations	Interview

Exhibit 56: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Samantha Barber	Director of Community Engagement	People, Inc.	Special knowledge of socioeconomic needs of the community to include housing	Interview
Scott Zeiter	Business Development	Grafton	Special knowledge regarding patients with mental health issues	Interview
Shane Hinkle	Case Manager	Hampshire Memorial Hospital	Special knowledge regarding health needs of the Hampshire County populations	Both
Shawn Carrico	Director of Finance	Valley Health	Special knowledge regarding health needs of indigent populations in the community.	Interview
Grady (Skip) Philips	SVP, Valley Health Acute Care Hospitals, President, Winchester Medical Center	Valley Health System	Special knowledge regarding health needs of indigent populations in the community	Interview
Stacy Shultz	Clinical Staff	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Both
Tammy Gasper	VP, Shenandoah Memorial Hospital; Southern Region Medical Staff Services & Clinical Program Development	Shenandoah Memorial Hospital	Shenandoah County	Both
Tana Jones	Captain of Support Services	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration	Interview
Tara Broschart		Horizon Goodwill	Special knowledge of socioeconomic needs of the community to include housing	Interview
Tom Kluge	VHS SVP Critical Access Hospitals and President, War Memorial Hospital, Hampshire Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan counties.	Interview
Vickie Davies	Executive Director	St. Luke's Community Clinic	Special knowledge regarding health needs of indigent patients	Both
Tracy Mitchell	Valley Health Director	Wellness Services	Special knowledge regarding wellness services	Interview
Travis Clark	VP, Operations, Valley Health Southern Region	Valley Health	Special knowledge regarding health needs of Page, Shenandoah and Warren County populations	Both
Trina Cox	Director	Hampshire Wellness	Special knowledge regarding wellness services	Both

Exhibit 56: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Vanessa Lane	COO Information Systems	Grafton	Special knowledge regarding patients with mental health issues	Interview
Vicki Culbreth	Development Coordinator	Winchester Rescue Mission	Special knowledge of socioeconomic needs of the community to include housing	Interview
Vickie Davies	Executive Director	St. Luke's Community Clinic	Special knowledge regarding health needs of Warren County populations	Interview

7. Community Leaders and Representatives

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

Exhibit 56: Community Leaders and Representatives

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Allen Sibert	TOVRC	Winchester City Sheriff's Office	Law Enforcement	Interview
Allison	Community Representative	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Alton Echos	Community Resident	Housing Coalition	Special knowledge of housing needs of the community	Interview
Amanda Behan	Lieutenant	Winchester Police Department	Law Enforcement	Interview
Benjamin Dolewski	Medical Practice Manager	Page Rural Health Center	Special knowledge regarding health needs of the indigent populations in the community	Both
Beth Ogle	Response, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Bill Dudley	Foundation Chair	PMH Foundation	Community	Response
Blake Curtis	Sr. Vice President	First Bank	Financial Industry	Interview
Brandon Thomas	Executive Director	Winchester Rescue Mission	Special knowledge regarding health needs of the homeless populations in the community	Response
Brandon Truman	Education and PI Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Bernadine Dykes	Associate Dean & Professor of Management	Shenandoah University School of Business	Special knowledge of Higher Education	Interview
Carolyn Knowles	Operations Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Carter Knapp	Community	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Cathy Weaver	Member, Community Advisory Committee	Community	Page County Community	Interview
Chief James Bonzano	Fire and Rescue Chief	Warren County Fire and Rescue	Special knowledge in safety and rescue	Interview
Christa Shifflett	Executive Director	Warren County Coalition	Warren County	Response Session
Cynthia Schneider	CEO	Top of Virginia Regional Chamber	Special knowledge of socioeconomic needs of the community to include housing	Interview

Exhibit 56: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Daniel Comer	Lead Coordinator of Student Safety	Berkeley County Public Schools	Education & school safety	Interviews
Danielle Cullers	Dept. of Veterans Services	Shenandoah County Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
DeAnna Cheatham	Director	Warren County Social Services	Warren County	Interview
Delores Gehr	Director of Patient Care Services – CNO	Valley Health System	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Diane Kerns	Chair, Community Advisory Committee	Community	Winchester Community	Interview
Diane Pence	Family Promise of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Dick Masincup	Foundation Member	PMH Foundation	Community	Response
Dominick Halse	Executive Director/Manager	NAMI-Winchester	Special knowledge of mental health services	Interview
Dr. David T. Sovine	Superintendent	Frederick County Public Schools	Special knowledge in education	Interview
Dr. Jim Angelo	Assistant Superintendent	Frederick County Public Schools	Special knowledge in education	Interview
Vern Bock	Assistant Superintendent for Administration	Frederick County Public Schools	Special knowledge in education	Interview
Dr. Donna Michel	Internal Medicine	Winchester Medical Center	Walk with the Doc Winchester and Frederick County	Interview
Dr. Jason Van Heukelum	Superintendent	Winchester City Schools	Special knowledge in education	Interview
Dr. Len Burdick	Music Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Dr. Mark Johnston	Superintendent	Shenandoah County Public Schools	Special knowledge in education	Interview
Dr. Peter Chickovich	President	Blue Ridge Technical College	Special knowledge in higher education	Interview
Dr. Shannon Grimsley	Superintendent	Rappahannock County Public Schools	Special knowledge in education	Interview
Dr. Wendy Gonzalez	Superintendent	Page County Public Schools	Special knowledge in education	Interview
Erich May	Superintendent	Morgan County Public Schools	Special knowledge in education	Interview
Erin Kalbach	Fitness Manager	Valley Health	Special knowledge in Fitness	Response

Exhibit 56: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Ethel Showman	Member, Community Advisory Committee	Community	Shenandoah County Community	Interview
Gwen Borders-Walker	Community	Winchester Area NAACP	Special knowledge of socioeconomic needs of the community to include housing	Interview
Faith Power	Executive Director	The Laurel Center	Special knowledge of domestic and sexual violence Clarke, Frederick, Warren	Interview
Harry Smith	Sr. Market President	United Bank	Special knowledge of financial services	Interview
Heidi David-Young	Shenandoah Valley Lutheran Ministries	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Jason Aikens	Manager	Aikens Group	Property Management Winchester, Frederick, Clarke and Warren	Interview
Jennifer Coello	VP, Operations and Administrator, Warren Memorial Hospital	Valley Health System	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Jeanie Alexander	Vice President of Human Resources	Shockey Companies	General Contracting and real-estate Management Company – Winchester, Frederick	Interview
Jenna Barsotti	Recovery Program Coordinator	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Jennifer Rydholm	Executive Director of Human Resources	Frederick County Public Schools	Special knowledge in education	Interview
Karen Whetzel	Community	Community Advisory Committee	Shenandoah County	Both
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Jim Belson	Plant Manager	Axalta Coating Systems	Warren County	Interview
JoAnne Winschel	Social Worker	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
Johnny Craig	Executive Director	TEENS, Inc.	Special knowledge of Adolescents	Interview

Exhibit 56: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
John Piper	Chief of Police	Winchester Police Department	Law Enforcement	Interview
John Van Wyck	Director of Student Services & Federal Programs	Page County Public Schools	Special knowledge in education	Interview
Judy Frans		Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Karen Caspersen	Just Because, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Karen Poff	Executive Director	Virginia Tech Extension	Special knowledge in education	Interview
Katie Furneisen	Shenandoah Alliance for Shelter	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Keith Cross	Lead Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Keith Nixon	Officer/Drug Court	Winchester Police Department	Law Enforcement, Drug Court	Interview
Kelly Rice	Deputy Chief	Winchester Police Department	Law Enforcement	Interview
Kerry L. "Kahle" Magalis, II	Chief of Police	Front Royal	Law Enforcement	Interview
Kim Blosser	President	Laurel Ridge Community College	Special knowledge regarding higher education	Interview
Kim Herbstritt	Executive Director	Blue Ridge Habitat for Humanity	Special knowledge for housing needs	Both
L. Gregory Drescher	Superintendent	Warren County Public Schools	Special knowledge in education	Interview
Lana Westfall	Constituent Services and Community Outreach	Congresswoman Wexton's Office	Special knowledge of housing needs of the community	Interview
Lauren Cummings	Executive Director	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Lauren McCauley	Therapist/Case Manager	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Lori Cockrell	Councilman	The Town of Front Royal Virginia	Warren County	Response
Lynn McKee	Response, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Manuel Ferradas	Seniors First - Shenandoah Area on Aging	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview

Exhibit 56: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Major General Henry M. Hobgood, USAG, Ret.	Community	VH Corporate Board	Warren County	Both
Maria Bowman	Director Health Initiatives	Blue Ridge Food Bank	Special knowledge of socioeconomic needs of populations	Interview
Margaret Goodyear	Community	Tuesday's Table	St. Luke's Community Clinic	Interview
Marla Boulter	Shenandoah Community Foundation	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Megan Bly	Shenandoah Alliance for Shelter	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Melissa Miller	Human Society of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Michael Funk	Shenandoah Community Foundation	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Mike Ackerman	Sergeant/ CRT	Winchester Police Department	Law Enforcement	Interview
Nancy Craun	Community	Encore Elite Partners	Expertise in food insecurity	Interview
Paul Cleveland		Winchester Police Department	Law Enforcement	Interview
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Patty Fadeley	Blue Ridge Hospice	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Penny Porter	CEO	United Way of Eastern Panhandle	Special knowledge of socioeconomic needs of the community for Berkeley, Jefferson and Morgan Counties	Interview
Pete Duncanson	Children's Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Robyn Miller	Executive Director	WATTS	Special knowledge of the homeless population	Interview
Sabrina Shirkey		Response, Inc.	Special knowledge of socioeconomic needs of the community	Interview
Sarah Huff	Youth Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Scott Arthur	Commercial Marketing Executive	Atlantic Union Bank	Special knowledge of financial services	Interview

Exhibit 56: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Scott Carlson		SV Workforce Development	Special knowledge of socioeconomic needs of the community	Interview
Scott Mallery	Executive Director	Aging & Family Services	Special knowledge regarding senior populations	Interview
Sharon Baroncelli	President/CEO	Shenandoah County Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sharen Gromling	Executive Director	Our Health, Inc.	Special knowledge regarding health needs of the indigent populations in the community.	Both
Sharon Hetland	Director Adult Education	Laurel Ridge Community College	Special knowledge regarding higher education	Interview
Sheila Orndorff	Shenandoah County Chamber of Commerce	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sherry Arey	Family Promise of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sonia M. Conrad	LPN Office Intake Specialist	Home Health	Special knowledge regarding home health care	Interview
Stephanie George	Manager	Navy Federal	Special knowledge regarding wellness clinics	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Stephen Slaughter	President and Owner	Frederick Block, Brick & Stone	Frederick County	Interview
Steven Hicks	Town Official	Town of Front Royal Virginia	Warren County	Response
Sue Perkins		Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Susan Brooks	Sr. Vice President	Navy Federal	Financial Institution	Interview
Tracey Fitzsimmons	President	Shenandoah University	Special knowledge of higher education	Interview
Tiffany Cadoree	Drug Court Coordinator	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Thomas Powell	Caroline Furnace Lutheran Camp and Retreat Center, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Tom Fowl	CFLC	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Tina Combs	President and Chief Executive Officer	Berkeley County Chamber	Berkeley County	Interview
Tracy Mitchell	Valley Health Director	Wellness Services	Special knowledge regarding wellness services	Interview

Exhibit 56: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Vern Bock	Assistant Superintendent for Administration	Frederick County Public Schools	Special knowledge in education	Interview
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Victoria Johnson	Marketing Liaison	Valley Health Home Health	Special knowledge regarding home health care	Interview
Walter Mabe	BOS Shenandoah District	County of Warren	Warren County	Response

8. Persons Representing the Broad Interests of the Community

Exhibit 57: Other Interviewees Representing the Broad Interests of the Community


Name	Title	Affiliation or Organization	Interview or Response Session
Cheryl Hamilton	CEO & President	Blue Ridge Hospice	Interview
Sue Valentine	Executive Director	Dementia Matters	Both
Ellie Wilson	Executive Director	Dementia Matters	Response
Kelly Story	Associate Director	Family Promise of Shenandoah County	Interview
Sherry Arey	Executive Director	Family Promise of Shenandoah County	Interview
Robin Cardillo	Director	Foundation of the State Arboretum	Interview
Robert Shickle	Community Resident	Frederick County	Interview
Sara Schoonover-Martin	Executive Director	Healthy Families	Interview
Maddie Shah	JMU Student	Healthy Families – Page	Interview
Mandy Duley	Supervisor	Healthy Families – Page	Interview
Mikaela Jones	JMU Student	Healthy Families – Page	Interview
Yvonne Frazier	Program Manager	Healthy Families	Interview
Mercedes de la Cruz	Staff	Hospice of the Panhandle	Response
Andy Gail	Executive Director	Literacy Volunteers	Response
Mary Falu	Administrative Secretary	Our Health	Interview
Sharen Gromling	Executive Director	Our Health	Interview
Carla Taylor	PT Grant Writer	Our Health	Interview
Diane Shipe	Board Member	Our Health	Interview
Sue Killian	Board Member	Our Health	Response
Abby Zimmerman	Manager	Valley Assistance Network	Interview
Paul Rush	Manager, VAN South – Woodstock	Valley Assistance Network	Interview
Traci Toth	Executive Director	Wheels for Wellness	Both
Ann Lamanna	Board Member	Wheels for Wellness	Response
Robert Fitz	Community Resident	Westminster Canterbury	Interview
Bruce Jackson	Community Resident	Westminster Canterbury	Interview
Kay Jones	Community Resident	Westminster Canterbury	Interview
Buddy Lloyd	Community Resident	Westminster Canterbury	Interview
Lynn Marthinuss	Community Resident	Westminster Canterbury	Interview
Katherine Perry	Community Resident	Westminster Canterbury	Interview
Cathie Russell	Community Resident	Westminster Canterbury	Interview
Jane Sweeney	Community Resident	Westminster Canterbury	Interview
Sylvia Wilson	Community Resident	Westminster Canterbury	Interview
William Young	Community Resident	Westminster Canterbury	Interview
Niki Wilson	Foundation and Marketing Director	Westminster Canterbury	Interview

Exhibit 58: Top of Virginia Regional Chamber CLP Representatives, 2022

Name	Affiliation or Organization	Interview or Response Session
Marcus Adhikusuma	Integrity Home Mortgage	Response Session
Sandra Bosley	Preservation of Historic Winchester	Response Session
Tiffany Cadoree	Amazon	Response Session
Oscar Cerrito-Mendoza	Aids Response Effort, Inc.	Response Session
Vicki Culbreth	Winchester Rescue Mission	Response Session
Michael Daddario	Frederick County Public Schools	Response Session
Jill Edlich	Ravenwood Foundation	Response Session
Kylie Feiring	Bowman Library	Response Session
Jasmine Frye	Valley Health & WMC	Response Session
Rebecca Gibson	Shenandoah University	Response Session
Rebecca Horton	Ingenium BCS, Inc.	Response Session
Will Lawrence	Edward Jones Investments	Response Session
Christina Lawson	Rappahannock Electric Cooperative	Response Session
Kelly Menk	Valley Health	Response Session
Amanda Neff	Integrus Holdings - Fortessa	Response Session
Jonathan Reimer	F&M Bank	Response Session
Ben Savory	Repeatable DJ	Response Session
Nancy Sawle	Navy Federal Credit Union WOC	Response Session
Kevin Sheppard	Valley Health & Winchester Medical Center	Response Session
Sara Sims Valentine	Winchester Medical Center Foundation	Response Session
Carly Stoliker	NW Works, Inc.	Response Session
Christy Taggart	Wells Fargo Bank – Old Town Winchester	Response Session
Seth Thatcher	Commissioner of Revenue – Frederick County	Response Session
Janet Tully	H.N. Funkhouser & Co / Handy Mart	Response Session

Appendix A – Community Interviews and Survey

1. Area Community Health Survey (English and Spanish)



ValleyHealth
Healthier, together.

2022 Community Health Survey

Please take a few minutes to complete the survey below. The purpose of the survey is to get your opinions about community health needs in Valley Health System's service area. The survey results and other information will be used to identify the most pressing concerns that can be addressed through community action. If you have previously completed the 2022 Community Health Survey, please disregard this request.

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

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

<input type="radio"/> Safe place to raise children	<input type="radio"/> Healthy race relations	<input type="radio"/> Low level of child abuse
<input type="radio"/> Jobs and stable economy	<input type="radio"/> Parks/recreation facilities	<input type="radio"/> Healthy behaviors and lifestyles
<input type="radio"/> Clean environment	<input type="radio"/> Arts and cultural events	<input type="radio"/> Low adult death/disease rates
<input type="radio"/> Affordable housing	<input type="radio"/> Religious/spiritual values	<input type="radio"/> Low infant death rate
<input type="radio"/> Low crime/safe neighborhoods	<input type="radio"/> Strong family life	<input type="radio"/> Other: _____
<input type="radio"/> Excellent schools	<input type="radio"/> Access to health care (e.g., family doctor)	

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

<input type="radio"/> Access to healthy food	<input type="radio"/> Heart disease	<input type="radio"/> Respiratory/lung disease
<input type="radio"/> Asthma	<input type="radio"/> High blood pressure	<input type="radio"/> Sexually transmitted diseases (STDs)
<input type="radio"/> Alzheimer's or dementia	<input type="radio"/> Homelessness	<input type="radio"/> Stroke
<input type="radio"/> Affordable housing	<input type="radio"/> Low income/financial issues	<input type="radio"/> Substance abuse
<input type="radio"/> Being overweight	<input type="radio"/> Mental health (depression, bipolar, autism)	<input type="radio"/> Suicide
<input type="radio"/> Cancer	<input type="radio"/> Motor vehicle crash injuries	<input type="radio"/> Teenage pregnancy
<input type="radio"/> Childhood obesity	<input type="radio"/> Not enough exercise	<input type="radio"/> Tobacco use/smoking
<input type="radio"/> Dental health	<input type="radio"/> Poor air quality	<input type="radio"/> Vaping/juuling
<input type="radio"/> Diabetes	<input type="radio"/> Poor dietary choices	<input type="radio"/> Other: _____
<input type="radio"/> Domestic violence		

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

<input type="radio"/> Alcohol abuse	<input type="radio"/> Not getting recommended vaccines	<input type="radio"/> Not using birth control
<input type="radio"/> Dropping out of school	<input type="radio"/> Racism or other form of bigotry	<input type="radio"/> Unsafe sex
<input type="radio"/> Drug abuse	<input type="radio"/> Tobacco use/smoking	<input type="radio"/> Not using seat belts/child safety seats
<input type="radio"/> Lack of exercise	<input type="radio"/> Vaping/juuling	<input type="radio"/> Other: _____
<input type="radio"/> Poor eating habits		

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

Excellent Very Good Good Fair Poor

5. How would you rate your own personal health?

Excellent Very Good Good Fair Poor

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

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

- Traditional medical office (MD, APN, PA)
- Provider of alternative medicine
- Urgent care facility or store-based walk-in clinic
- Hospital emergency room
- Free or low-cost clinic or health center
- No routine medical care received
- Local Health Department clinic
- Other: _____

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

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

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

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

If you answered "Other," please specify: _____

10. How do you pay for your health care? Please check all that apply.

- Cash (no insurance)
- Medicaid
- Private health insurance (for example: Anthem Blue Cross, HMO)
- Veterans Administration
- Medicare
- Charity care
- Other: _____

11. How many days a week do you ...

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

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

12. City: _____ Zip Code: _____
13. Age:
- 15-24 55-64
 25-34 65-74
 35-44 75+
 45-54
14. Sex: Female Male
15. Ethnic group you most identify with:
- White
 Black or African American
 Hispanic or Latino
 Asian
 Two or more races
 Other: _____
16. Marital Status
- Married
 Co-habiting
 Not married/Single
 Divorced
 Widowed
17. Education
- Did not complete high school
 Highest grade level completed: _____
 High school diploma or GED
 Some college
 College degree or higher
 Other
18. What is your primary source for healthcare information? Check all that apply.
- Primary care provider Newspaper
 Television Facebook/Instagram
 News Websites Other: _____
 Healthcare Websites _____
19. Household income
- Less than \$15,000 \$50,000 - \$74,999
 \$15,000 - \$24,999 \$75,000 - \$99,999
 \$25,000 - \$34,999 Over \$100,000
 \$35,000 - \$49,999
20. Employment Status
- Full time Retired
 Part time (one job) Unemployed
 Part time (2 or more jobs) Other: _____
 Student
21. What language do you usually speak at home?
- English
 Spanish
 Other: _____
22. How many children under 18 live in your household? ____
23. How many times a week do your children engage in physical activity (sports, outdoor play, etc.)
- Every day (7 days a week)
 5-6 days a week
 3-4 days a week
 1-2 days a week
 Less than 1 day a week
24. Where/how did you receive this survey? Check one.
- Church Personal contact
 Community meeting Social media (Facebook)
 Retail store/shopping mall Workplace
 Mail Other: _____
 Newspaper

Thank you for your responses. Please return completed surveys to the address below by February 28, 2022.
If you would like more information about this community project, please contact us at 540-536-2504.

Mary Welch-Flores, Business Development Manager
Valley Health System
220 Campus Blvd, Suite 402
Winchester, VA 22601



2022 Encuesta de salud comunitaria

Tómese unos minutos para completar la encuesta a continuación. El propósito de la encuesta, es conocer sus opiniones sobre las necesidades de salud de la comunidad en el área de servicio de Valley Health System. Los resultados de la encuesta y otra información se utilizarán para identificar las inquietudes más inmediatas que se pueden abordar a través de la acción comunitaria. Si ya completó la encuesta de salud comunitaria de 2022, ignore esta solicitud.

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

- ¿Cuáles de los siguientes son los tres factores más importantes para una comunidad saludable?
(Los factores que mejoran la calidad de vida en una comunidad). Marque solo tres:

<input type="radio"/> Un lugar seguro para criar niños	<input type="radio"/> Relaciones raciales saludables	<input type="radio"/> Bajo nivel de maltrato infantil
<input type="radio"/> Trabajos y una economía estable	<input type="radio"/> Parques e instalaciones recreativas	<input type="radio"/> Comportamientos y estilo de vida saludables
<input type="radio"/> Ambiente limpio	<input type="radio"/> Eventos de arte y culturales	<input type="radio"/> Tasa de mortalidad baja en adultos/ y enfermedades
<input type="radio"/> Vivienda asequible	<input type="radio"/> Valores religiosos/Valores y espirituales	<input type="radio"/> Baja tasa de mortalidad infantil
<input type="radio"/> Baja delincuencia / seguridad en los vecindarios	<input type="radio"/> Lazos familiares fuertes	<input type="radio"/> Otros: _____
<input type="radio"/> Excelentes escuelas	<input type="radio"/> Acceso a asistencia médica (por ejemplo, médico de familia, clínica.)	
- ¿Cuáles de los siguientes son los tres problemas de salud más importantes en nuestra comunidad?
(Aquellos problemas que tienen el mayor impacto en la salud general de la comunidad.) Por favor marque solo tres:

<input type="radio"/> Acceso a alimentos saludables	<input type="radio"/> Enfermedades cardíacas	<input type="radio"/> Enfermedades respiratorias/Pulmones
<input type="radio"/> Asma	<input type="radio"/> Presión alta	<input type="radio"/> Enfermedades de transmisión sexual (ETS)
<input type="radio"/> Alzheimer o demencia	<input type="radio"/> Falta de vivienda	<input type="radio"/> Derrame cerebral
<input type="radio"/> Vivienda asequible	<input type="radio"/> Ingresos bajos/problemas financieros	<input type="radio"/> Abuso de sustancias
<input type="radio"/> Exceso peso	<input type="radio"/> Salud mental (depresión, autismo, bipolaridad)	<input type="radio"/> Suicidio
<input type="radio"/> Cáncer	<input type="radio"/> Accidentes automovilísticos	<input type="radio"/> Embarazos de Adolescentes
<input type="radio"/> Obesidad Infantil	<input type="radio"/> No suficiente ejercicio	<input type="radio"/> Tabaco/fumar
<input type="radio"/> Salud Dental	<input type="radio"/> Calidad deficiente del aire	<input type="radio"/> Usa cigarrillos electrónicos o Juul
<input type="radio"/> Diabetes	<input type="radio"/> Hábitos de alimentación poco saludables	<input type="radio"/> Otros: _____
<input type="radio"/> Violencia Doméstica		
- ¿Cuáles de los siguientes son los tres comportamientos de riesgo más frecuentes en nuestra comunidad?
(Aquellos conductas que tienen el mayor impacto en la salud general de la comunidad) Marque solo tres:

<input type="radio"/> Abuso de alcohol	<input type="radio"/> Falta de vacunas para prevenir enfermedades	<input type="radio"/> No usar control de la natalidad
<input type="radio"/> Abandono de la escuela	<input type="radio"/> Racismo/otra forma de intolerancia	<input type="radio"/> Sexo sin protección
<input type="radio"/> Drogadicción	<input type="radio"/> Uso de Tabaco/Fumar	<input type="radio"/> No usar el cinturón de seguridad/asientos de seguridad para niños
<input type="radio"/> Falta de ejercicio	<input type="radio"/> Usar cigarrillos electrónicos o Juul	<input type="radio"/> Otros: _____
- ¿Cómo calificaría a nuestra comunidad, como una comunidad saludable?

Excelente Muy buena Buena Razonable Mala
- ¿Cómo calificaría su propia salud personal?

Excelente Muy buena Buena Razonable Mala
- ¿Cuándo usted visita a un médico o enfermera?

Rutinariamente para exámenes anuales, chequeos y / o cuidados preventivos

Cuando alguien de mi familia o Yo, está enfermo, herido, o no se siente bien.

Visitas regulares dirigidas por un profesional médico para el cuidado de enfermedades crónicas (diabetes, presión arterial alta, asma, etc.)

Raramente

Nunca
- ¿Dónde o con quién recibe atención médica de rutina usted y su familia? Por favor seleccione todas las respuestas válidas.

<input type="radio"/> Oficina de un doctor	<input type="radio"/> Proveedor de medicina alternativa.
<input type="radio"/> Centro de atención de urgencias o clínica sin citas.	<input type="radio"/> Sala de Emergencia del Hospital
<input type="radio"/> Clínica o centro de salud gratuito o de bajo costo.	<input type="radio"/> No se recibe atención médica de rutina.
<input type="radio"/> Departamento de salud local	<input type="radio"/> Otros: _____
- ¿Usted y todos los miembros de su familia, pueden obtener la atención necesaria?

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

9. Si no respondió "Siempre" a alguna de la pregunta 8, ¿por qué? Por favor marque todos los que apliquen.	No seguro	No puede obtener una cita	Muy caro/lo puedo pagar	Inconvenientes	Horas	Falta de Transporte	Falta de confianza en los médicos.	Falta de Lenguaje	Barra de Lenguaje	Otros	N/D
Atención médica básica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado de la salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Especialidad médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicina y suministros médicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exámenes de rutina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Si usted respondió otros, especifique: _____

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

11. Cuántos días a la semana hace ...	0	1	2	3	4	5	6	7
Hacer ejercicio por 30 minutos o más	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comer cinco o más porciones de frutas y verduras	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comer pan integrales, cereales o fideos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beber dos o más bebidas alcohólicas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fuma uno o más cigarrillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usa cigarrillos electrónicos o juul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

12. Ciudad/pueblo _____ Código postal: _____
13. Edad: 15-24 55-64
 25-34 65-74
 35-44 75+
 45-54
14. Sexo: Femenino Masculino
15. Grupo étnico con el que se identifica más:
 Blanco
 Negro o africano Americano
 Hispano o Latino
 Asiático
 De dos o más razas
 Otro _____
16. Estado civil:
 Casado Soltero/no casado
 Co-habitado Divorciado
 Viudo
17. Educación:
 No complete la secundaria
 Nivel que terminó: _____
 Diploma de Bachillerato o GED
 Some college
 College degree or higher
 Otro: _____
18. ¿Cuál es su fuente principal de información médica? Marque todo lo que corresponda:
 Proveedor de atención primaria
 Televisión
 Sitios web de noticias
 Sitios web de atención médica
 Periódico
 Facebook/Instagram
 Otro: _____
19. Ingreso Familiar
 Menos de \$15,000 \$50,000 - \$74,999
 \$15,000 - \$24,999 \$75,000 - \$99,999
 \$25,000 - \$34,999 Mas de \$100,000
 \$35,000 - \$49,999
20. Estatus de Empleo:
 Tiempo completo Jubilado
 Media jornada(Un trabajo) Estudiante
 Media jornada Desempleado
(más de un trabajo) Otro: _____
21. ¿Qué idioma habla en casa?
 Inglés Español Otro: _____
22. ¿Cuántos niños menores de 18 años viven en su vivienda? _____
23. ¿Cuántas veces por semana sus niños participan en actividades físicas (deportes, juegos a aire libre, etc.)?
 Todos los días (7 días a la semana)
 5-6 días a la semana
 3-4 días a la semana
 1-2 días a la semana
 Menos de 1 día a la semana
24. ¿Dónde o cómo recibió esta encuesta?
 Iglesia
 Junta Comunitaria
 Tienda de comestibles o centro comercial
 Correo
 Periódico
 Contacto Personal
 Medios de comunicación social (Facebook)
 Trabajo
 Otro: _____

Gracias por sus respuestas. Por favor, devuelva las encuestas completadas a la dirección a continuación antes del 28 de Febrero 2022.
Si desea obtener más información sobre este proyecto comunitario, comuníquese con nosotros a 540-636-2504.
Mary Welch-Flores, Gerente de Desarrollo de Negocios
Valley Health System
220 Campus Boulevard, Suite 402, Winchester, VA 22601

2. Target Population Interview Questions

Valley Health System Community Health Needs Assessment (CHNA) Interview Questions

Interviewee Name: _____

Organization: _____

Title: _____

Date and Location Held: _____

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

Interviewer will begin the interview with:

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

Questions:

1. **Organizational Mission/Issues, Area and Population (if relevant).** If Interviewee is employed/affiliated with an organization: what is your organization’s mission/what are its services; geographical area (town or county) or population group (uninsured, racial/ethnic minority, congregation) served? If yes, please elaborate.
2. In your opinion, what are the **biggest issues or concerns** facing the people served by your organization (or populations about which you have particular knowledge)? The biggest issues or concerns in your community?
(If necessary: What are the **biggest health-related issues or concerns**?)
3. Over the past couple years, have these issues been **improving, staying the same or getting worse**? Why? How do you know? Please provide an example.
4. **Where** and for what **population groups** in the community are each of these issues most pronounced? (City/Town, County, road corridor, hospital service area, ...)

5. Please discuss the kinds of issues that people served by your organization (or population groups about which you have particular knowledge) encounter when attempting to **access health or social services** for themselves and/or their families.
 - **Where** (in what locations/areas) are these problems most pronounced?
 - For **what population groups** are these problems most pronounced (low-income, minorities, uninsured, and people with chronic disease)?
6. Do residents leave the local community to **access** certain services? If so, which residents and for what? What services are not readily accessible locally? Why do residents need to travel for care? Where do they go for care?
7. Please discuss the principal **factors that are contributing to (driving) poor health status** among people served by your organization (or population groups about which you have particular knowledge).
 - **Where** (in what locations/areas) are these problems most pronounced?
 - For **what population groups** are these problems most pronounced (low-income, minorities, uninsured, and people with chronic disease)?
8. What organizations (including coalitions and informal groups) are working to address these health care access and health status problems? What community assets could play a role in addressing these needs?
9. What specific initiative(s) would you recommend be implemented to address the most pressing access or health status problems in the community (or for population groups about which you have particular knowledge)?

3. Low-Income Population Interview Questions



2022 Community Health Low-Income Interview

The purpose of the interview is to get your opinions about the need within your community. The interview results and other information will be used to identify the most pressing concerns that can be addressed through community action. Remember, your opinion is important! Thank you for sharing your opinions.

What do you believe are the three most important factors for a healthy community?

- | | | |
|--|---|--|
| <input type="radio"/> Safe place to raise children | <input type="radio"/> Healthy race relations | <input type="radio"/> Healthy behaviors and lifestyles |
| <input type="radio"/> Jobs and stable economy | <input type="radio"/> Parks/recreation facilities | <input type="radio"/> Low adult death/disease rates |
| <input type="radio"/> Clean environment | <input type="radio"/> Arts and cultural events | <input type="radio"/> Low infant death rate |
| <input type="radio"/> Affordable housing | <input type="radio"/> Strong family life | <input type="radio"/> Other: |
| <input type="radio"/> Low crime/safe neighborhoods | <input type="radio"/> Access to health care (e.g., family doctor) | |
| <input type="radio"/> Excellent schools | <input type="radio"/> Low level of child abuse | |

What are the biggest health issues for you and your family?

What presents the biggest risk to you and your family's health?

What are some things that you think could be changed within your community to make it healthier?

Does your household income fall above or below 50k?

Zip Code:

If you would like more information about this community project, please contact us at 540-536-2504.

Mary Welch-Flores, Business Development Manager

Valley Health System

220 Campus Blvd, Suite 402

Winchester, VA 22601

Appendix B – Actions Taken Since The Previous CHNA (2019)

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

Priority Strategic Initiatives

Prioritized Health Need #1: Behavioral and Health Status Factors

Physical Activity, Obesity and Chronic Disease

Hampshire Memorial Hospital intends to address physical activity, obesity and chronic disease by taking the following actions:

- The hospital will partner with Hampshire Wellness & Fitness, (an affiliate of Valley Health) to continue to provide the Next Steps medically integrated fitness program for individuals with chronic disease.
- Hampshire Wellness & Fitness will provide the Fit4Kidz program to area youth (ages 10 to 14). Fit4Kidz, a 10-week program focused on increasing overall health, features structured exercise sessions and age appropriate nutrition information.
- Scholarships will be provided to Hampshire Wellness & Fitness for those individuals who have been diagnosed with diabetes mellitus.
- The hospital will explore partnership opportunities with the local Parks & Recreation Department to highlight physical fitness opportunities available throughout the community

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

Primary, Specialty, Dental Care and Home Health

Hampshire Memorial Hospital intends to address access to primary, specialty and dental health care by taking the following actions:

- Hampshire Memorial Hospital will provide financial assistance through both free and discounted health care services, consistent with Valley Health’s financial assistance policy. This policy is intended in part to reduce financial considerations as a barrier to primary and preventive care, thereby managing health in the most cost effective manner.
- Hampshire Memorial Hospital will assist patients in determining eligibility for federal, state, or local entitlement programs and in enrolling in the appropriate programs, including actual completion of necessary paperwork online.
- Hampshire Memorial Hospital will complete a demonstration project to provide free transportation for patients of Hampshire Memorial Hospital and affiliated clinics several days each week for health care services.
- Hampshire Memorial Hospital will explore referral partnerships with area providers, including EA Hawse, to extend

Prioritized Health Need #3: Mental Health and Substance Abuse

Smoking, Alcohol, and Drug Abuse and Mental Health Services

Hampshire Memorial Hospital intends to address mental and behavioral health by taking the following actions:

- Utilize the Hampshire Memorial Hospital Respiratory Therapy department team to support anti-vaping education program within the schools.
- Support the Hampshire County Health Department's *Harm Reduction Program*, an evidenced-based program that includes syringe exchange services and peer recovery coaching.
- Explore possible referral partnerships to expand access to mental health providers.
- Explore and support opportunities with school-based clinics that provide mental health services to high school and middle school students.
- Explore opportunities to offer tele-mental health services and consults hospital-wide
- Support the *Peer Recovery Program*, a partnership with Hampshire County Pathways, which helps members of our community with a substance abuse disorder.

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