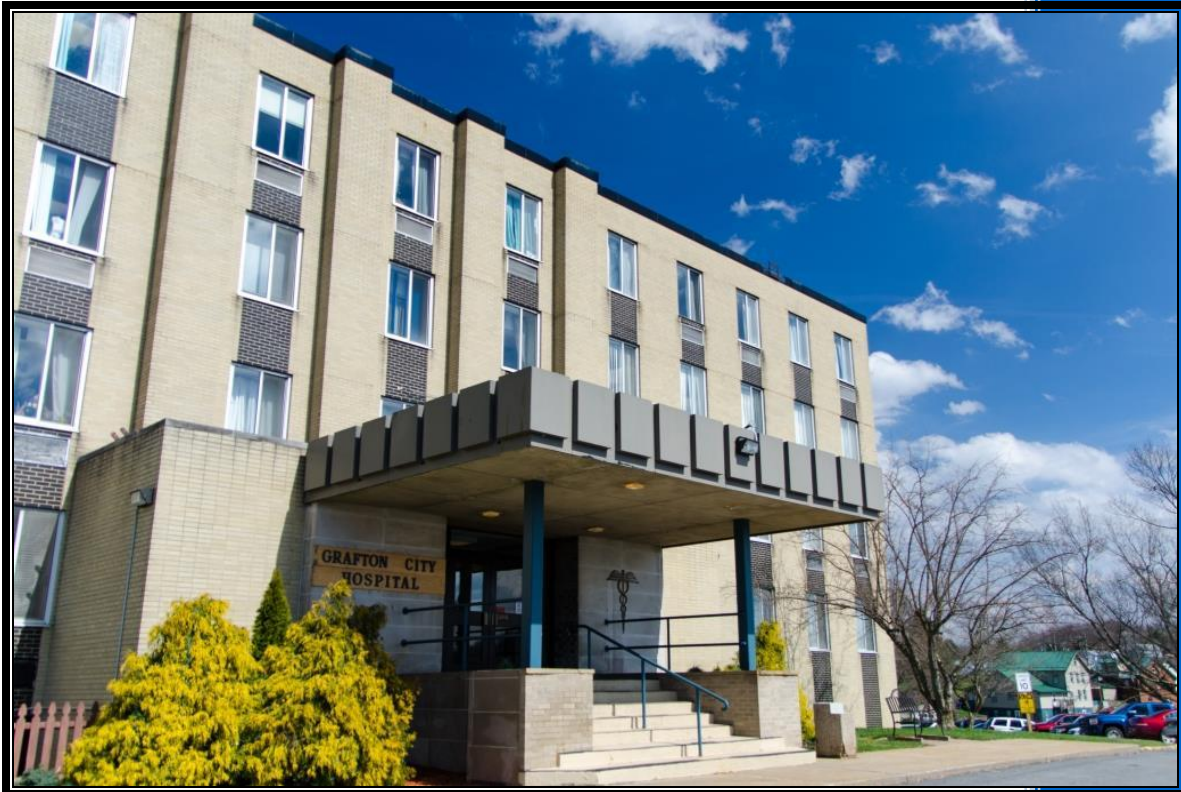


Grafton City Hospital

Community Health Needs Assessment 2019



Grafton City Hospital

ABOUT US

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

Mission

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

Values

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

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INTRODUCTION

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

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

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

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

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

The significant components of the CHNA include:

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

Research Process

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

Key Areas of Opportunity

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

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

The data collection process utilized the following sources:

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

Quantitative Data:

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

Qualitative Data:

- Interviews were conducted with key community leaders between April and June 2019. Participants represented a variety of sectors including public health and medical providers, children and youth services, community resources, and a religious organization.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

HOSPITAL & COMMUNITY PROFILE

Hospital Profile

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

- ◇ Acute Care
- ◇ Behavioral Medicine
- ◇ Intensive Outpatient Program
- ◇ Cardio-pulmonary Therapy
- ◇ Computed Tomography (CT)
- ◇ Diagnostic Imaging
- ◇ Emergency Department
- ◇ Internal Medicine
- ◇ Laboratory Services
- ◇ Substance Abuse Medication Assisted Treatment
- ◇ Mammography
- ◇ Physical Therapy and Fitness Center
- ◇ Rural Health Clinic
- ◇ Sleep Lab
- ◇ Surgery
- ◇ Ultrasound

Community Profile

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

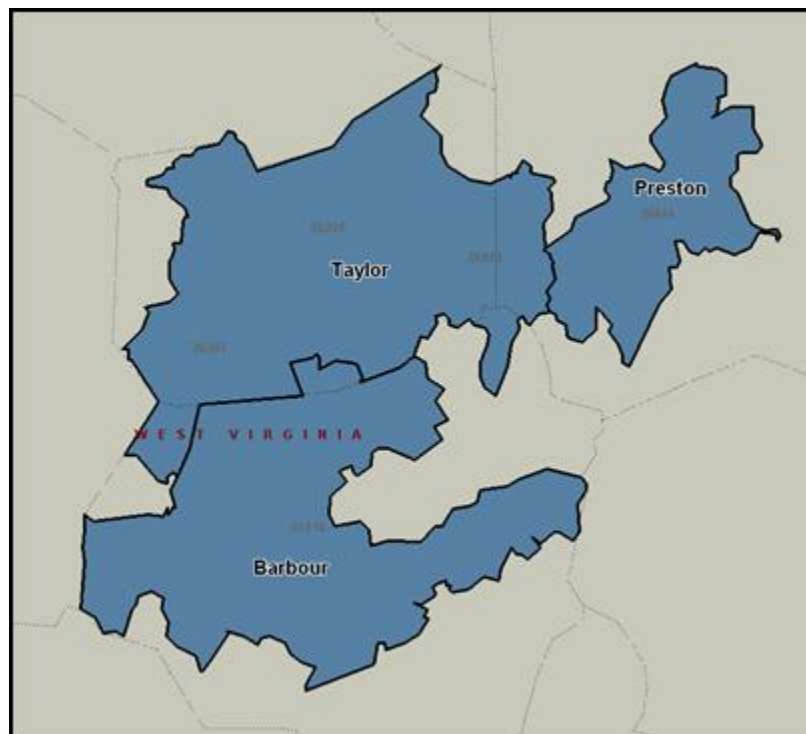


SERVICE AREA, POPULATION, AND VITAL STATISTICS

SERVICE AREA

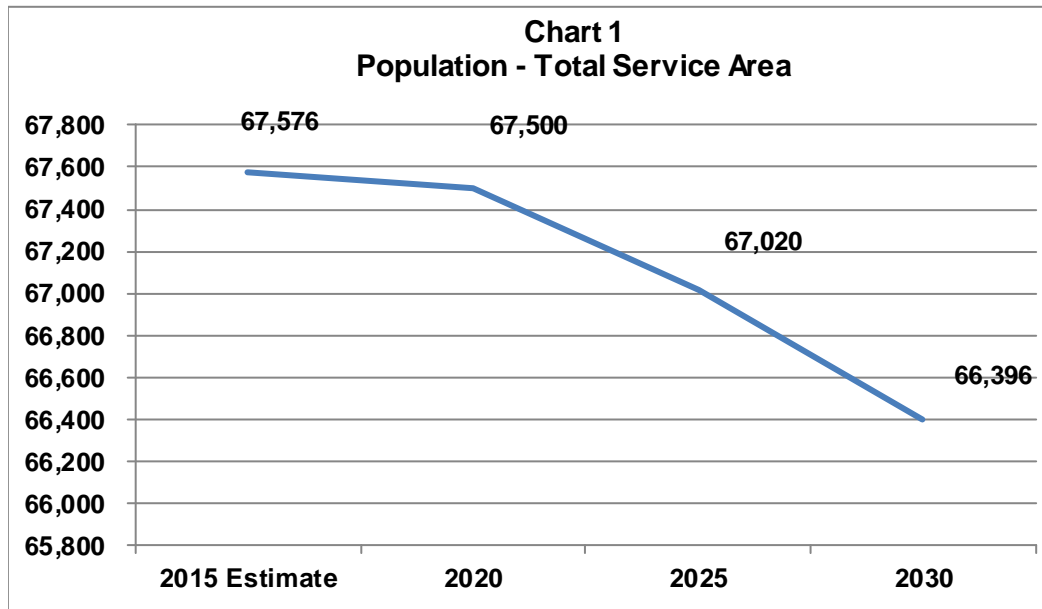
Grafton City Hospital defined their service area based upon the geographical area in which a majority of their patients reside. As shown in Exhibit 1, 80% of the Hospital's patients reside in Taylor County, the Hospital's location. For purposes of the needs assessment, the Hospital's primary service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

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



POPULATION

As shown in Chart 1, the population of the total service area is projected to steadily decrease through 2030 with only a slight increase to 2020.



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

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

Table 1: Population Projections

County	2015 Estimate	2020	2025	2030
Taylor	16,864	16,846	16,573	16,252
Preston	33,744	33,793	33,519	33,177
Barbour	16,968	16,861	16,928	16,967
Total Service Area Population	67,576	67,500	67,020	66,396

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

<https://business.wvu.edu/centers/bureau-of-business-and-economic-research/data/population-data>

State Table Released March 2017

DEMOGRAPHIC PROFILE

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

Exhibit 2			
Quick Facts	Service Area	West Virginia	United States
Age			
Persons under 5 years, percent	5.2	5.4	6.1
Persons under 18 years, percent	19.8	20.4	22.6
Persons 65 Years and over, percent	19.6	19.4	15.6
Race and Hispanic Origin			
White alone, percent	97.2	93.6	76.6
Black or African American alone, percent	1.2	3.6	13.4
American Indian and Alaska Native alone, percent	0.3	0.2	1.3
Asian alone, percent	0.4	0.8	5.8
Native Hawaiian and Other Pacific Islander alone, percent	0.0	0.0	0.2
Two or more Races, percent	1.0	1.7	2.7
Hispanic or Latino, percent	1.1	1.6	18.1
White alone, not Hispanic or Latino, percent	96.3	92.2	60.7
Housing			
Median value of owner-occupied housing units, 2013-2017	103,400	111,600	193,500
Median selected monthly owner costs- with a mortgage, 2013-2017	953	997	1515
Median selected monthly owner costs- without a mortgage, 2013-2017	316	309	474
Median gross rent, 2013-2017	604	681	982
Families and Living Arrangements			
Households, 2013-2017	19,036	737,671	118,825,921
Persons per household, 2013-2017	2.51	2.42	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	89.2	88.3	85.4
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	2.3	2.5	21.3
Education			
High school graduate or higher, percent of persons age 25 years+, 2013-2017	86.3	85.9	87.3
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	16.8	19.9	30.9
Health			
With a disability, under age 65 years, percent, 2013-2017	13.6	14.4	8.7
Persons without health insurance, under age 65 years, percent	7.1	7.5	10.2
Economy			
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	115,374	12,259,395	2,040,441,203
Total retail sales, 2012 (\$1,000)	345,444	22,637,923	4,219,821,871
Total retail sales per capita, 2012	13,460	12,201	13,443
Transportation			
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	30.2	25.7	26.4
Income and Poverty			
Median household income (in 2017 dollars), 2013-2017	46,295	44,061	57,652
Per capita income in past 12 months (in 2017 dollars), 2013-2017	23,112	24,774	31,177
Persons in poverty, percent	16.8	19.1	12.3

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

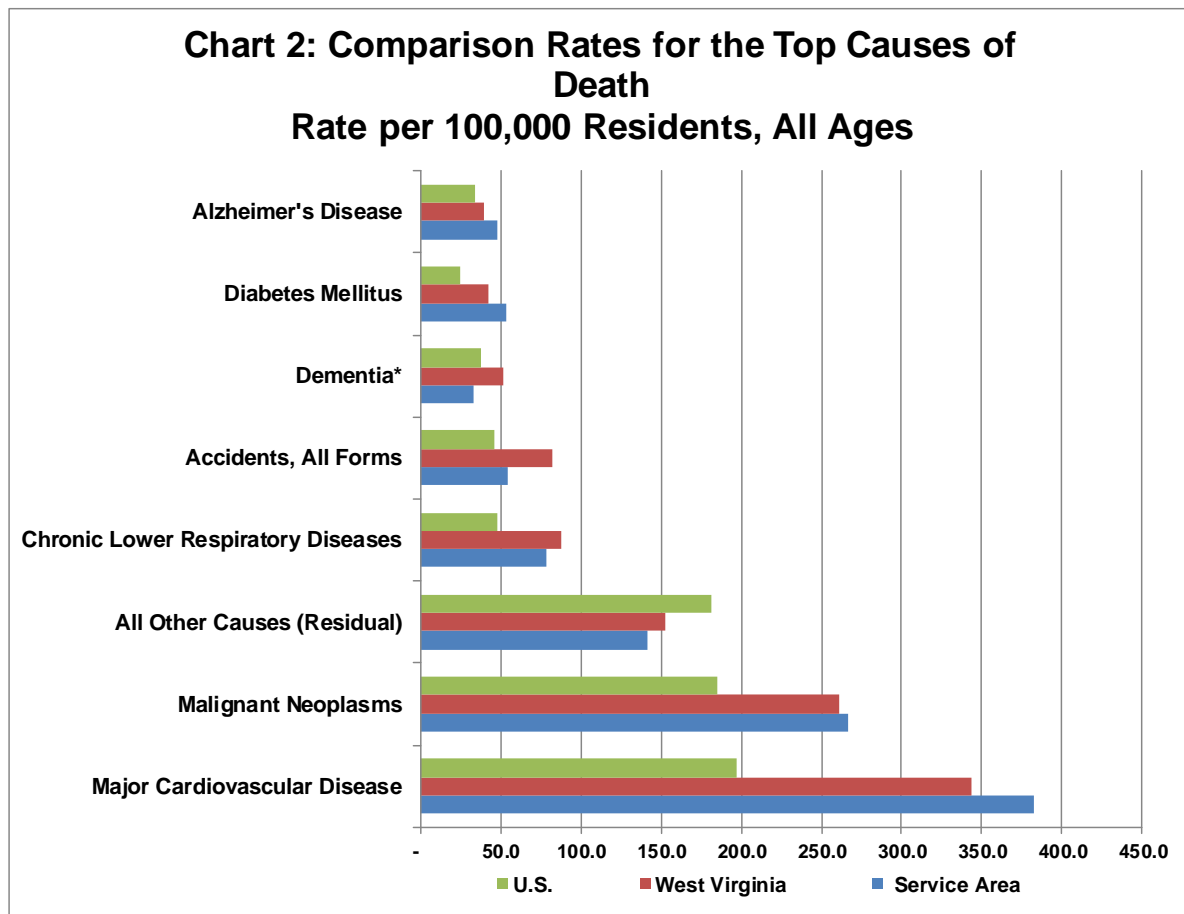
Source: U.S. Census Bureau-QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business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

Overview of the Community

- The residents of the Grafton City Hospital service area are predominately White/Caucasians (96.3%) followed by Black or African American (1.2%).
- English is the primary language, though 2.3% speak other than English at home.
- The service area has a lower percentage of those with a high school diploma as compared to the U.S.
- 16.8% of those in the service area hold a bachelor's degrees or higher as compared to the state average of 19.9%. However, both are significantly less than the U.S. average of 30.9%.
- Housing is generally stable and comparable between the service area and the state with 89.2% and 88.3% living in the same house 1 year and over, respectively.
- The service area and the State of West Virginia have a higher percentage of those below the poverty level than of the United States.



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



Source: West Virginia Department of Health & Human Resources Bureau for Public Health, "West Virginia Vital Statistics 2015"

http://www.wvdhhr.org/bph/hsc/pubs/vital/2015/vital2015_minus_divorce_data.pdf

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

SOCIOECONOMIC CHARACTERISTICS

WAGES

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

Table 2: Wages

Area	Average Weekly	
	Wage (1)	Annualized
United States (2)	1021	53,092
West Virginia	826	42,952
Preston	739	38,428
Taylor	765	39,780
Barbour	894	46,488

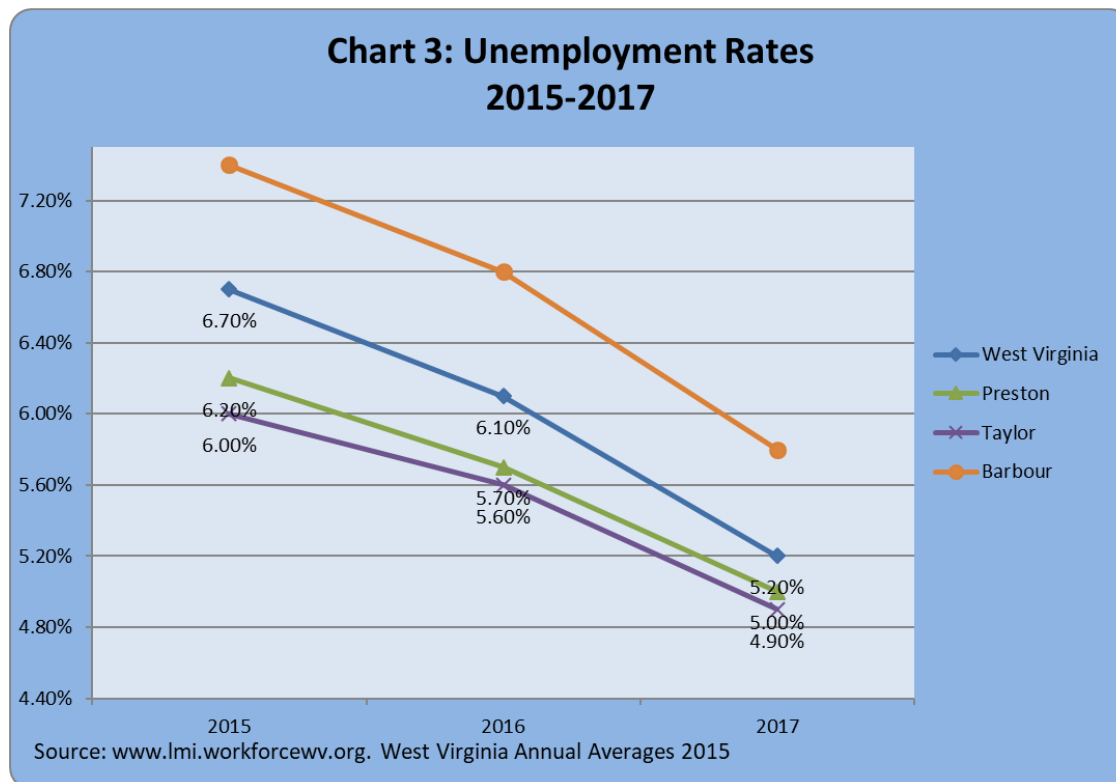
(1) Average weekly wages were calculated using unrounded data.

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

Source: Bureau of Labor Statistics. County Employment and Wages in West Virginia-Third Quarter 2017

UNEMPLOYMENT

As shown in Chart 3, the Unemployment rate for West Virginia decreased significantly during the three year period. All counties in the service area experienced a decrease in the unemployment rate from 2015-2017.



INCOME

Chart 4 presents the percentage of adults living in poverty in 2016-2017 for the service area counties, West Virginia, and the United States. As Chart 4 illustrates, Taylor County experienced an increase for the two year period, Preston County experienced a slight decrease and Barbour County remained unchanged from 2016 to 2017. The service area is below the West Virginia average of 17.7% and 17.8%, but above the national level of 15.1% and 14.6% for the two year period.

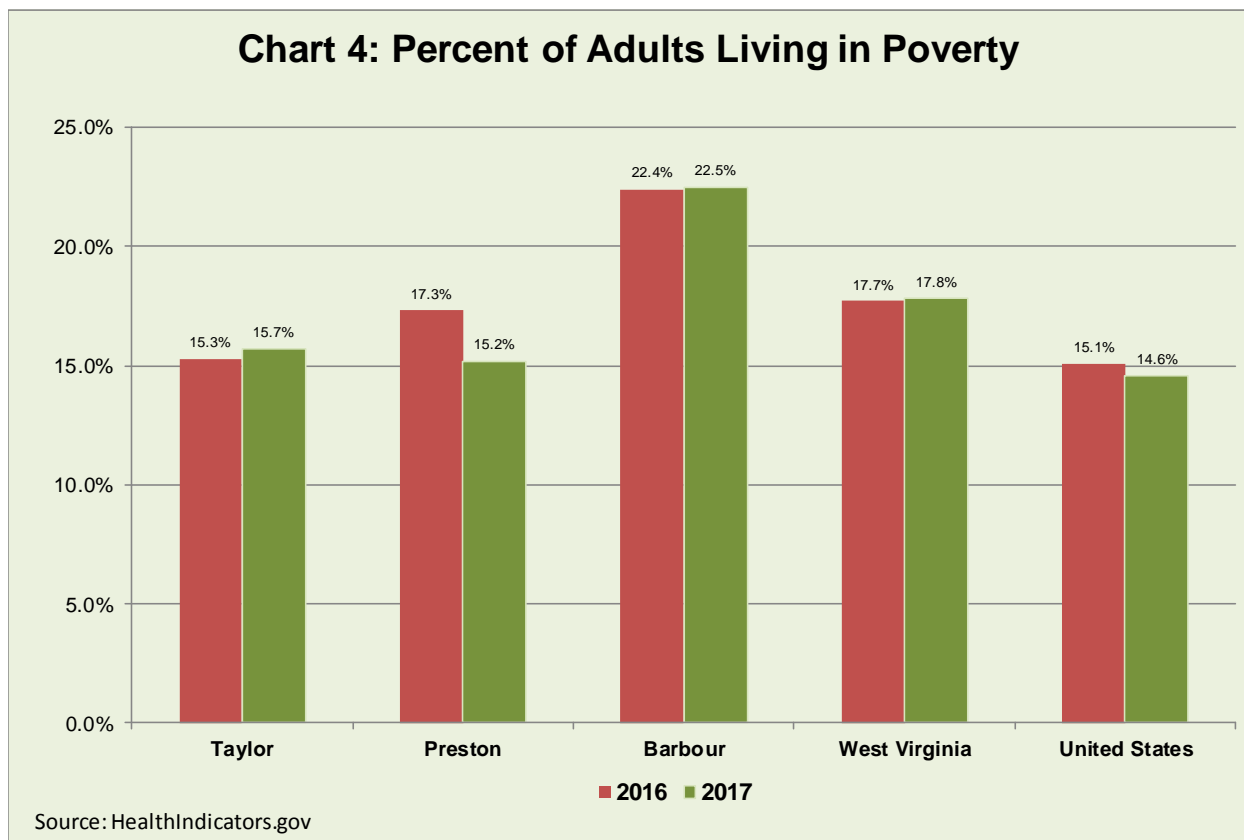


Exhibit 3 presents the median household income for the service area counties, the State of West Virginia and the United States. The service area counties were higher than the state average but lower than the national level.

Exhibit 3
Median Household Income
2013-2017

County	State	Median Household Income	
Taylor	WV	\$	45,916
Preston	WV	\$	46,673
Barbour	WV	\$	47,125
Total Service Area		\$	46,571
State of West Virginia		\$	44,061
United States		\$	57,652

SOURCE: U.S Census Bureau, 2013-2017 American Community Survey

EDUCATION

Exhibit 4
Highest Level of Education Attained
2013-2017

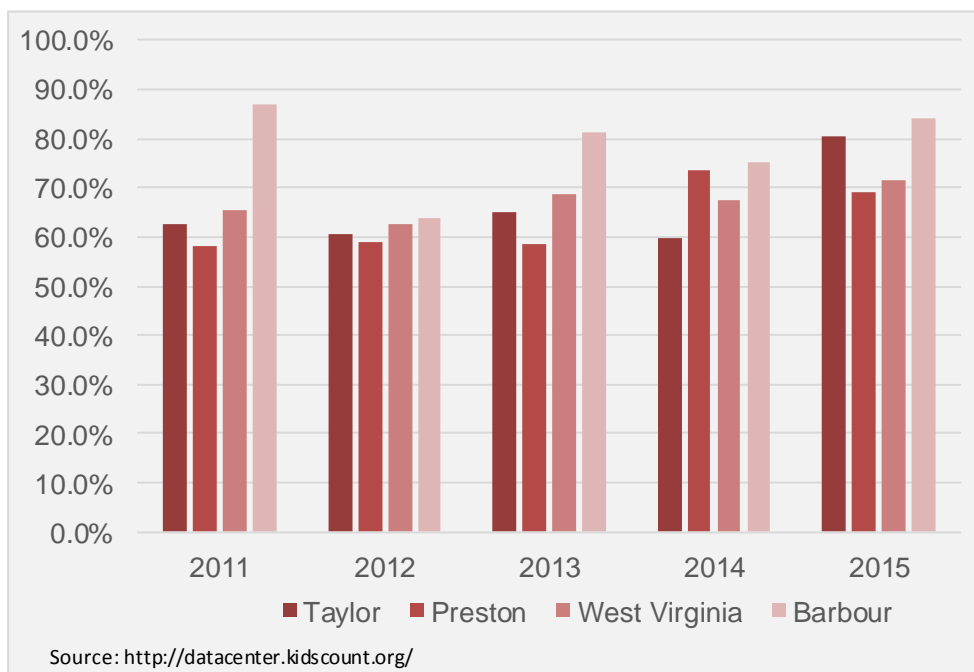
	Service Area	West Virginia	United States
Less than a high school diploma	14.3%	14.1%	12.7%
High school diploma only	47.4%	40.6%	27.3%
Some college or associate's degree	22.1%	25.5%	29.1%
Bachelor's degree or higher	16.2%	19.9%	30.9%

SOURCE: US Census Bureau / USDA

The education levels of a population have been shown to correlate to its overall health and welfare. Exhibit 4 presents the distribution of education levels for those 25 years and over in the service area, State of West Virginia and the United States for 2013-2017. The service area had a higher level of those with a high school diploma only when compared to both the State of West Virginia and the United States average, however the attainment of a college degree was lower in the service area than the State of West Virginia and United States average.

Access and participation in early education programs is another important determinant in the future success of students in a population. Chart 5 provides the percent off our-year olds enrolled in a pre-kindergarten program as of 2015. Enrollment rates for the counties in the service area average approximately 70% of the population which indicates that their four-year old children were enrolled in a qualified pre-kindergarten program. The data shows that the service area is higher than the State average by the year 2015.

Chart 5
Percent of Four-Year-Olds Enrolled in a
Qualified Pre-Kindergarten Program
2015



HEALTH STATUS INDICATORS

County Health Rankings

Exhibits 5 and 6 include selected data from the University of Wisconsin Population Health Institute, County Health Rankings 2016 for the service area, State of West Virginia, and U.S. median. Exhibit 5 includes unfavorable indicators as the percentage of adults in poor/fair health, who smoke or are obese, in addition to a favorable indicator of those with access to exercise. As shown in Exhibit 5, all counties within the service were either at or within 3% of the state performance for the negative indicators. Approximately 21% of the adults in the service area counties and the state are reportedly in poor/fair health or smoke while one-third are obese. With regards to access to exercise opportunities, only 26% reported adequate access in Preston County and 73% indicated adequate access in Taylor County. Barbour County was the highest in poor health, Adult smoking and obesity.

Exhibit 5
Health Behaviors/Outcomes

Health Status Indicator	U.S. Median	West Virginia	Taylor	Barbour	Preston
Adults in poor or fair health	16%	24%	21%	24%	21%
Adult smoking	17%	25%	22%	23%	22%
Adult obesity (BMI ≥ 30)	28%	36%	35%	37%	35%
Access to exercise opportunities	83%	63%	73%	36%	26%

Source: County Health Rankings & Roadmap 2018

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

Exhibit 6 Physical Environment

Environmental Factor	U.S. Median	West Virginia	Taylor	Barbour	Preston
Air Pollution ¹	8.7	9.5	9.3	8.7	9.2
Drinking Water Violations	*	*	Yes	No	Yes
Severe Housing Problems	0.19	11%	10%	12%	8%
Driving Alone to Work	0.76	82%	88%	78%	81%
Long Commute - Driving Alone	35%	33%	45%	42%	47%

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

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

Source: University of Wisconsin Population Health Institute. County Health Rankings 2018

Clinical Care

Exhibit 7 includes clinical care statistics and rankings for the service area counties, state and the United States. The service area compared favorably to the state and U.S. for uninsured, mammography screening and Diabetic Monitoring. Preston and Barbour Counties were comparable to the U.S. for preventable Hospital stays and Taylor County was higher than both the U.S. and State of West Virginia rankings.

Exhibit 7 Clinical Care

Measure	U.S. Median	West Virginia	Taylor	Barbour	Preston
Uninsured	11%	7%	7%	8%	7%
Preventable Hospital Stays	49	75	82	62	61
Diabetic Monitoring	85%	84%	80%	86%	86%
Mammography Screening	63%	59%	57%	64%	57%
Ranking for Clinical Care			39	23	22

SOURCE: <http://www.countyhealthrankings.org>. 2018

Mental Illness

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services, is

charged with reducing the impact of substance abuse and mental illness on America's communities. Each year, SAMHSA publishes the most recent annual results from the National Survey on Drug Use and Health (NSDUH) is a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 or older. The NSDUH also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems. An adult with Any Mental Illness (AMI) was defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs). Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Exhibit 8 presents statistics of mental illness taken from the NSDUH for those aged 18 or older at a national level and for West Virginia for 2015-2016. West Virginia compared unfavorably to the nation for those with SMI or AMI.

Exhibit 8
Past Year Mental Health Issues among Persons Aged 18 or Older
2015-2016

Location	Serious Mental Illness %	Any Mental Illness %
<i>National Average</i>	4.38	18.57
<i>West Virginia</i>	5.18	20.90

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.

Pregnancy and Birth Data

The well-being of mothers and babies is a critical component of a community's overall health. Healthy pregnancies help to provide a better start in life and improve the health of future generations. A review of public health data available included prenatal care, pregnancy risk factors, percentage of low birth-weight births and teen pregnancy. Exhibit 9 illustrates pregnancy and birth data for the service area and West Virginia. The percentage of low birthweight births in the service area were slightly higher than the state percentage. The service area counties reported drug use during pregnancy at or below the State rate, while the service area reported a higher than average rate for tobacco use during pregnancy.



Prenatal care during the first, second and third trimesters was comparable to State averages, including no prenatal care at or below 1.0% of the population.

Serious risks to babies whose mothers smoked during their pregnancy include Sudden Infant Death Syndrome (SIDS), low birth-weight, birth defects, attention deficit/hyperactivity disorder, neurodevelopmental disorders and behavioral/psychiatric disorders.

Exhibit 9
Pregnancy and Birth Data
2015

Selected Factors	Taylor	Preston	Barbour	WV
Birth Rate per 1,000 Population	11.4	9.5	9.8	10.7
Number of Births	192	322	163	19,778
% of Births Delivered in Hospital	98.9%	100.0%	99.0%	99.4%
% of Low Birthweight Births	10.4%	11.8%	9.8%	9.6%
% Births to Mothers Under 18	1.6%	0.9%	1.8%	2.1%
% of Births - Prenatal Care Began in First Trimester	76.0%	80.7%	73.0%	78.6%
% of Births - Prenatal Care Began in Second Trimester	19.3%	13.1%	22.7%	16.1%
% of Births - Prenatal Care Began in Third Trimester	3.6%	5.3%	4.3%	4.2%
% of Births - No Prenatal Care	1.0%	0.9%	0.0%	1.0%
Pregnancy Risk Factor: Drug Use	5.2%	3.7%	8.6%	5.9%
Pregnancy Risk Factor: Tobacco Use	26.6%	30.7%	30.7%	25.3%

Source: West Virginia Vital Statistics

<http://www.wvdhhr.org/bph/hsc/vital/>

ACCESS TO CARE

FEDERALLY DESIGNATED AREAS

The criteria used to determine shortage designations is developed by The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Designations are for health professional shortage areas, medically underserved areas and medically underserved populations. The following is a brief description of these designations:

- **Health Professional Shortage Area (HPSA):** HPSA designations are based on general HPSA designation criteria, plus additional guidelines specific to each of the three types of designations: primary care, dental and mental health services.
- **Medically Underserved Area (MUA):** MUAs consider several health and welfare statistics of a population, including poverty, age, and infant mortality, in addition to the number of physicians serving the area.

• **Medically Underserved Populations (MUP):** areas that do not meet the qualifications of MUA designation can qualify for MUP status if there are unusual local conditions that are a barrier to access for healthcare services.

As shifts occur in the population and of the practicing locations of healthcare professionals, the criteria used for initial Federal shortage designations is periodically reevaluated. Some areas previously designated as a shortage area may have seen an influx of healthcare professionals and no longer meet the requirements for designation. Conversely, if an area sees an out-migration of healthcare professionals, this area may qualify for a health shortage designation. Exhibit 12 illustrates the shortage designations for the areas comprising the primary and secondary service areas. While this exhibit presents the counties within the service area, the designation may only include portions within that county.

Exhibit 12
Federal Shortage Designations
As of March 18, 2019

County	Health Professional Service Area			Medically Underserved Area / Medically Underserved Population
	Primary Care	Dental	Mental Health	
Taylor County	Yes	Yes	Yes	Yes
Preston County	No	Yes	Yes	Yes
Barbour County	Yes	Yes	Yes	Yes

SOURCE: <http://www.hrsa.gov/shortage/>

Estimated Demand for Primary Care and Emergency Services

Utilization can be projected using national averages and population estimates. An important indicator regarding the future utilization of hospital outpatient and physician services is the size of the market for those services as determined by applying national average use rates to the population of the service area. Exhibits 13 and 14 shows projected physician office and emergency department visits using national average use rates from the National Center for Health Statistics. As shown in Exhibit 13, the 65 and older age group generates the highest number of physician office visits per person. This equates to the highest number of estimated visits for the service area population. While the same age group also has the highest number of emergency department visits per person, the 15-44 age group is estimated to have the highest number of emergency department visits due to the higher service area population for this age group. Using the estimated population statistics for 2020 in Exhibit 14, the 65 and older age group is again estimated to have the highest number of physician office visits, but the 15-44 year olds will continue having the highest number of projected emergency department visits.

Exhibit 13
Physician Office Visits and Emergency Department Visits
Estimated Year 2017

Age	Estimated 2017 Service Area Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Estimated Emergency Department Visits
0-14	8,237	2.06	16,935	0.39	3,204
15-44	18,143	2.05	37,114	0.45	8,117
45-64	14,329	3.66	52,487	0.37	5,287
65+	9,900	6.58	65,122	0.48	4,732
Total	50,609		171,659		21,341

Population Projections (2017)

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPAGESEX&prod

Physician & Emergency visits:

http://www.cdc.gov/nchs/data/ahcd/namcs_summary/2015_namcs_web_tables.pdf

http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2013_ed_web_tables.pdf

Exhibit 14
Physician Office Visits and Emergency Department Visits
Projected Year 2020

Age	Year 2020 Service Area Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Projected Emergency Department Visits
0-14	8,645	2.06	17,774	0.39	3,363
15-44	19,644	2.05	40,184	0.45	8,788
45-64	15,635	3.66	57,272	0.37	5,769
65+	9,311	6.58	61,250	0.48	4,451
Total	53,235		176,480		22,371

Population Projections for West Virginia

West Virginia University College of Business & Economics, "Population Trends in West Virginia through 2030"

Physician & Emergency visits:

http://www.cdc.gov/nchs/data/ahcd/namcs_summary/2015_namcs_web_tables.pdf

http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2013_ed_web_tables.pdf

Exhibit 15 summarizes the short term, long-term, and specialty care services for the acute care hospitals in the service area.

**Exhibit 15
Hospital Services**

Primary Service Area							
Hospital	Davis Memorial Hospital	Fairmont General	Louis A Johnson VA Medical Center	Monongalia County General	Preston Memorial	United Hospital Center	West Virginia University Hospital
WV County	Randolph	Marion	Harrison	Monongalia	Preston	Harrison	Monongalia
Hospital Type	General Acute	General Acute	General Acute	General Acute	Critical Access	General Acute	General Acute
Emergency Services							
Emergency Department	X	X		X	X	X	X
Other Services							
Behavioral Health		X	X				X
Community Outreach		X					X
Home Health	X	X		X		X	
Hospice			X	X		X	
IV Therapy	X			X		X	X
Lithotripsy	X	X		X		X	
Obstetrics	X	X		X		X	X
Respite Care							
Rural Health Clinic							
Sleep Studies	X	X		X	X	X	X
Wound Care		X		X		X	X
Surgery							
Inpatient Surgery	X	X	X	X	X	X	X
Orthopedics	X		X	X		X	X
Special Care							
Intensive Care Unit (ICU)	X	X		X		X	X
Diagnostic Imaging							
Computerized Tomography (CT)	X	X	X	X	X	X	X
DEXA Scan Bone Densitometry	X	X		X		X	X
Digital Mammography	X	X		X	X	X	X
Digital X-Ray	X	X		X	X	X	X
Echocardiography	X	X	X	X	X	X	X
General Radiology	X	X	X	X	X	X	X
Magnetic Resonance Imaging (MRI)	X	X		X		X	X
Nuclear Imaging	X	X		X	X	X	X
Position Emission Tomography (PET)	X	X		X		X	X
Tomography (SPECT)				X		X	X
Ultrasound	X	X	X	X	X	X	X
Oncology Services							
Cancer Program	X	X	X	X		X	X
Chemotherapy	X	X	X	X		X	X
Orthopedic Services							
Joint Replacement	X		X	X		X	X
Subprovider Units							
Skilled Nursing						X	X
Swing Beds					X		X
Cardiovascular Services							
Cardiac Rehab	X	X	X	X		X	X
Rehabilitation							
Physical Therapy	X	X	X	X	X	X	X
Occupational Therapy	X	X	X	X		X	X
Respiratory Therapy	X			X	X	X	X
Speech Therapy	X	X	X	X		X	X

Sources: Individual facilities websites, Uniform Financial Reports on file at the West Virginia Health Care Authority, American Hospital Directory

West Virginia Health Care Authority:
YODA to retrieve the uniform report
<http://www.hcawv.org/vs5FileNet/>

American Hospital Directory
<http://ahd.com/>

Services Provided

The market share of a hospital relative to that of others in the market area may be based largely on the services required by patients and the availability of those services at each facility. While all hospitals in the service area provide short-term acute care services, some of these hospitals provide specialized inpatient and outpatient services that meet the specific needs of residents in the community. These specialized services complement other services provided within the facility and other health care providers operating in the service area.

Inpatient Services

Grafton City Hospital provides short-term acute care services to adult and pediatric patients in addition to inpatient detox program. Exhibit 16 presents the FY 2017 inpatient discharges by type of service.

Exhibit 16
Inpatient Discharges by Hospital by Patient Type
2017

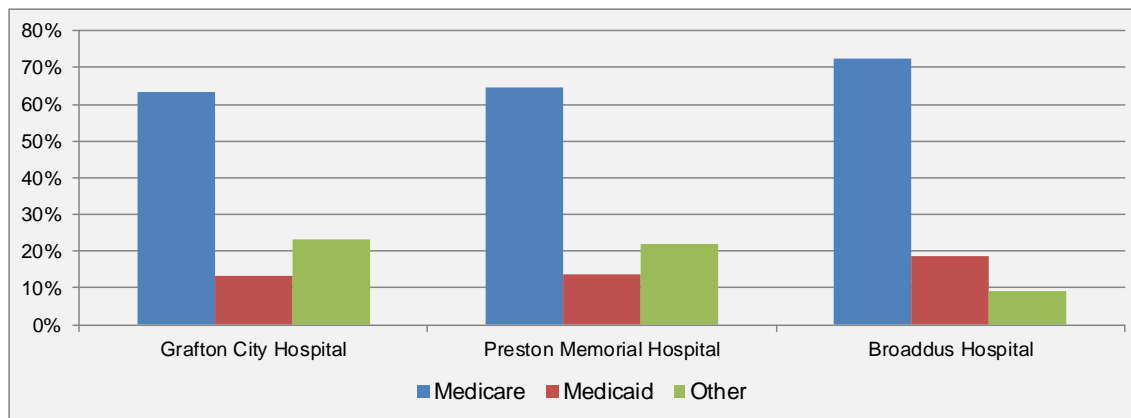
	Grafton City Hospital	Preston Memorial Hospital	Broadbudd Hospital	TOTAL
Adults and pediatrics	298	645	35	978
ICU				-
CCU				-
Nursery				-
Skilled Nursing Facility	-		57	57
Swing Bed - SNF	142	115	107	364
Nursing Facility	87			87
Other LTC				-
				-
Total	527	760	199	1,486

Source:

<http://www.hcawv.org/vs5FileNet/>

Chart 10 presents the payer distribution of inpatient discharges at Grafton City Hospital. For FY 2017, the hospital experienced an increase in Medicaid while Medicare remained stable. As shown in the chart, Medicare patients comprise a significant portion of the hospital's discharges. This composition follows the general trend of an older population which would be covered under the Medicare program. As the population ages, the percentage of Medicare recipients will increase and therefore, an increase of Medicare discharges is expected.

Chart 10
Inpatient Discharges by Hospital by Payor
2017

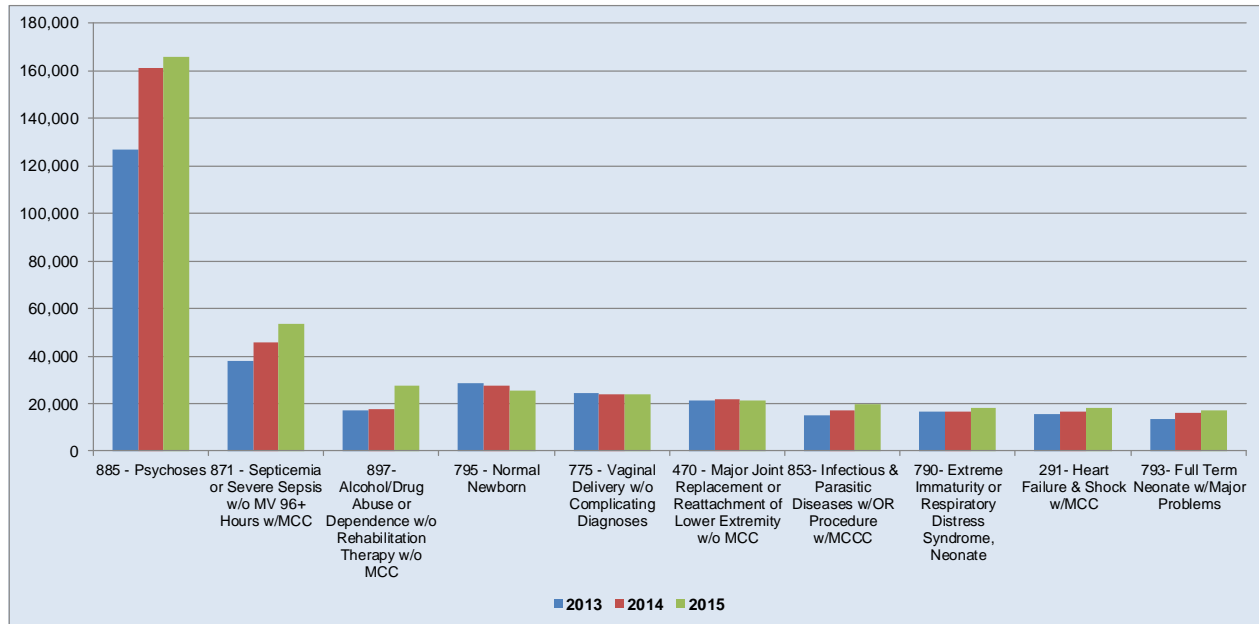


	Medicare	Medicaid	Other	Medicare	Medicaid	Other	Total
Grafton City Hospital	63%	13%	23%	334	71	122	527
Preston Memorial Hospital	65%	14%	22%	491	103	166	760
Broaddus Hospital	72%	19%	9%	144	37	18	199

SOURCE: UFR via WVHCA (YODA), Annual Reports

Chart 11 represents the Top-10 Diagnosis-Related Groups (MSDRGs) of all inpatient discharges from West Virginia hospitals for 2013-2015. As shown in the chart, MSDRG 885-Psychoses is by far, the highest diagnosis based on discharge volume. This is another indication that mental health is a major problem in West Virginia and maintaining the demand for mental health services.

Chart 11
West Virginia Top 10 Diagnosis-Related Groups (MSDRGs) by Patient Days
2013-2015



SOURCE: WVHCA Annual Report 2016

COUNTY HEALTH DEPARTMENTS

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

Exhibit 18 provides a summary of the services provided by the county health departments located in the service area:

Exhibit 18			
Health Department Services			
Health Department Service:	Taylor County	Preston County	Barbour County
Breast and cervical cancer screenings		X	
Cancer Information Specialist			X
Community education	X	X	X
Dental services			
Environmental services	X	X	X
Epidemiology	X	X	X
Family planning	X	X	X
General Health			X
HIV / Aids		X	X
Immunizations	X	X	X
Lab screening		X	
Right from the Start		X	X
Sexually transmitted diseases	X	X	
Threat Preparedness	X	X	X
Tuberculosis	X	X	X
Wise Woman Program			
Women, Infants, and Children			
http://www.barbourhealthwv.com/			
http://www.prestoncountyhealthdepartment.com/home.html			
http://www.wvdhhr.org/lhd/taylor/default.aspx			

ONLINE SURVEY RESULTS

The community health needs assessment includes anonymous survey results using an online survey website, which was disseminated to employees, patients and the community. Survey responses were collected between April and May 2019.

Respondent Zip Codes

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

26330	26354	26416	26542
26301	26404	26250	26554

Respondent Age Groups

The survey requested that participants provide various demographic data. The ages of participants who responded were 18-24 (0.0%), 25-40 (9.52%), 41-64 (90.48%) and 65 or older (0.0%).

Gender, Marital Status and Race

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

- Gender: 15% were male and 85% were female.
- Marital Status: 10%-Single, 62%-Married, 19%-Divorced, and 9%-Separated/Civil union
- Race: 95% indicated Caucasian.

Household

Respondents indicated the following household characteristics:

- 40% have children under the age of 18 in their household
- Number in household ranged from 1 to 6:

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

Household income varied among survey-takers:

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

\$25,000-\$49,999: 14%

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

\$75,000-\$99,999: 24%

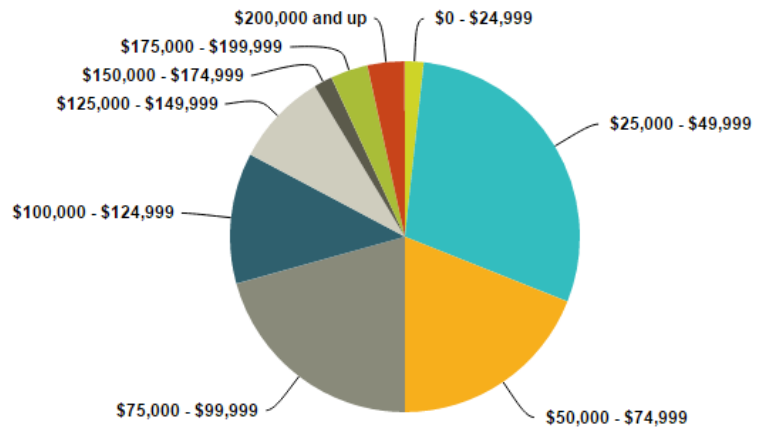
\$100,000-\$124,999: 5%

\$125,000-\$149,999: 19%

\$150,000-\$174,999: 5%

\$175,000-\$199,999: 9%

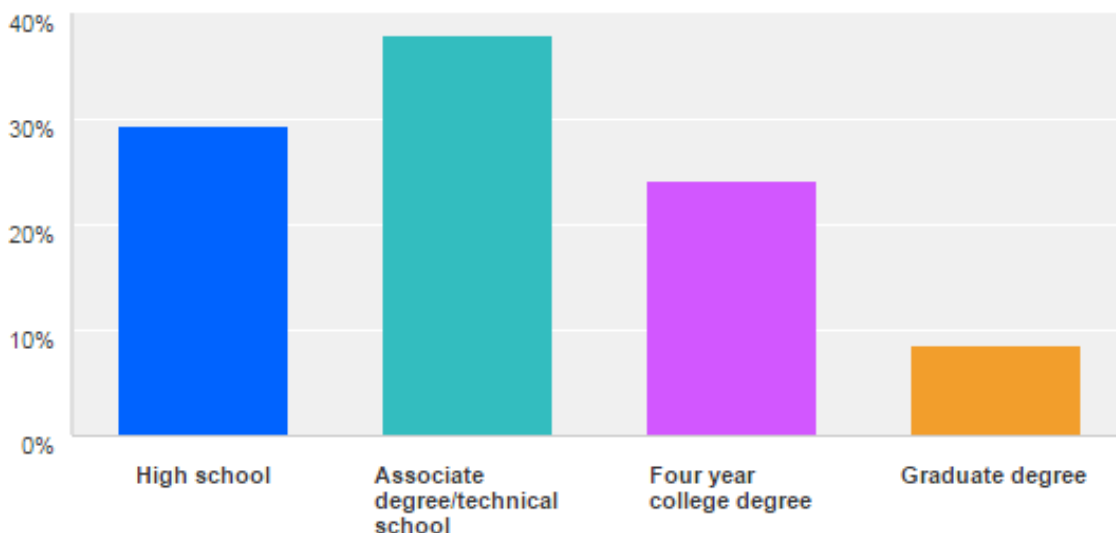
\$200,000 and up: 5%



Education

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

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



Employment

In a separate question, surveyors were asked to provide their employment status. 100% of respondents indicated they are employed full time.

Insurance Carriers

Since the Affordable Care Act's (ACA) coverage expansion began, about 16.4 million uninsured people nationwide have gained health insurance coverage.

Participants of the survey were asked to identify their insurance carrier, if any. 26.8% selected HMO type of insurance plan and 76.2% selected Private Insurance. No response were received for Medicare, Medicaid or having no insurance. The 26.8% that selected "Other" and entered a response. These responses included private insurance such as Employer Group Plan, Blue Cross, 4Most, and Benefit Assistance.



Dental Health Care

- 81% received dental care in the past 12 months.
- Barriers that prevent residents from seeing a dentist include cost and lack of insurance.

Routine Health Care

Respondents were asked:

"Did you and/or your family use a primary care physician/family doctor for most of your routine health care?" 90% indicated "Yes" while 10% indicated "No." 100% of patients using a primary care physician (PCP) indicated they are able to get an appointment when needed and 68% were extremely satisfied and over 32% were satisfied with the quality of care received at their PCP's office. For those not having a primary care physician, respondents included a community health care center/clinic, urgent care center, and specialist. No responses indicated using an emergency department. 24% of respondents indicated they delayed health care due to lack of money and/or insurance.



HEALTH ISSUES

Participants were asked to indicate for which conditions have they or someone in their household received treatment. The top three responses were high blood pressure followed by depression/anxiety disorders and joint, bone or muscle pain. The least selected conditions were bariatrics/obesity, Neurology disorders and sleeping disorders.

High Blood Pressure	66.67%
Depression/anxiety disorders	42.86%
Joint, bone or muscle pain	38.10%
High cholesterol	23.81%
Diabetes	14.29%
None of the Conditions Listed	14.29%
Cancer	9.52%
Bariatrics/obesity	9.52%
Heart disease	9.52%
Neurology disorders	9.52%
Sleeping disorders	4.76%
Long term acute care	0.00%
Substance abuse	0.00%
Behavioral/mental health	0.00%
Sexually transmitted diseases	0.00%
Hepatitis A	0.00%
Hepatitis B	0.00%
Hepatitis C	0.00%
Alcohol Abuse	0.00%
Opioid Abuse	0.00%
Other Drug Abuse	0.00%
Not Applicable	0.00%

COMMUNITY INTERVIEW RESULTS

Input was solicited from those representing the broad interests of the community in May 2019. Discussions included the health needs of the community, barriers to healthcare access, opportunities for improvement, perception of Grafton City Hospital and feedback on GCH's initiatives. The following organizations were selected to provide feedback.

Jerry's Restaurant

Espresso Yourself Coffee House

City of Grafton - City Manager

City of Grafton – Mayor

Grafton City Hospital – Board Finance Committee Chair

Home Away From Home Nursing Center

Rosewood Nursing Home

Taylor County Court House

Taylor County Board of Education

Taylor County Collaborative Family Resource Network

Taylor County Commissioner

Taylor County EMS

Taylor County Family Resource Center

Taylor County Health Department

Taylor County Senior Center

Tygart Valley Total Care Clinic

Preston-Taylor Community Health Center

Valley Community Mental Health

WV Caring – Hospice Care



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



Community Health Concerns

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

Quality and Access to Services

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

Perception of Grafton City Hospital

Grafton City Hospital is vital to the community it serves. Many stakeholders praised the Hospital Administration and most indicated a positive perception of the Hospital. However, limited resources are recognized and reimbursement reductions negatively affect the Hospital's ability to upgrade and update as necessary. Several stakeholders expressed the long-term viability of the Hospital and the threat of West Virginia University Hospital and United Hospital as a concern for the future of Grafton City Hospital.

Progress on GCH Initiatives

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

The prior CHNA identified a need for the initiation or expansion of specialty services. GCH continues to collaborate with surrounding facilities including Mon General Hospital, Davis Medical Center, WVU Medicine and United Hospital Center to provide additional specialty clinics or expand existing clinics. These include Cardiology Clinic services with the WVU Heart Institute, Audiology services including hearing tests and hearing aids, PICC (peripherally inserted central catheter) Line Insertion/Therapy, and an Inpatient Detox Program.

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

Grafton City Hospital has recently opened an Inpatient Detox Program for substance abuse. This intensive, short-stay inpatient program readies patients to transfer to a long-term inpatient program or to transition to an intensive outpatient program at Grafton City Hospital. One of the major components of the outpatient program is counseling and behavioral medicine services. The hospital has also collaborated with WVU to offer a Medication Assisted Treatment Program to assist with substance abuse, which will begin in the summer of 2019.

Due to a collaborative agreement with Mon General Hospital in Morgantown, West Virginia, Grafton City Hospital continues to offer limited specialty clinic services through telemedicine services. GCH continues to expand services as needs arise and

resources become available. One of the services currently being utilized is Telemedicine Psych for the Detox Program patients.

The Sleep Lab Services at Grafton City Hospital allows patients; adult and pediatric, to be evaluated for sleep disorders, such as sleep apnea. Sleep Apnea is a medical disorder that causes a person to stop breathing for periods of time during sleep. Sleep studies are scheduled at the state-of-the-art sleep lab located on the hospital's campus or in the comfort of the patient's own home as home studies are now available for appropriate patients. In addition to sleep disorder evaluation, patients may also be fitted and tested for CPAP/BiPAP masks and machines. The Sleep Lab recently received accreditation from the American Academy of Sleep Medicine.

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

SUMMARY OF FINDINGS

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

- The aging population will contribute to the highest growth in the 65 and over age category. An increase in the 65 and older age category contributes to an increase of Medicare beneficiaries with an increased need of services.
- While unemployment is down in the service area the average wage for the service area is over 10% below the State of West Virginia average and over 25% below the national average wage.
- Taylor and Preston Counties had low birthweight rates higher than the State average and higher rates of tobacco use during pregnancy than the State average..
- The highest percentage of births to mothers under the age of 18 was 2.4% in Barbour County, West Virginia.
- Cigarette smoking was 22% for the service counties which is under the state of West Virginia at 25%, but over the U.S. average of 17%.
- The health status indicator with the highest percentage within all service areas is adult obesity. The service area and state ranged from 35%-36%, above the national rate of 28%.

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

- Preventive care service and education - Diabetes;
- Substance abuse rehabilitation facilities;
- Behavioral Health Services;
- Lack of Specialists available.

COMMUNITY HEALTH PRIORITIES

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

- Chronic Disease Management
- Unhealthy Lifestyles
- Drug and Alcohol Abuse
- Mental Health Services

Chronic Disease Management

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

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

Unhealthy Lifestyles

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

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

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

Drug and Alcohol Abuse

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

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

Resources: GCH has opened a short stay, inpatient substance abuse program in late 2018.

NEXT STEPS

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