

Summersville Regional Medical Center

# 2018 Community Health Needs Assessment (CHNA)

Summersville, WV

Prepared by Thomas Bias and Emily Sarkees  
West Virginia University Health Research Center  
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## Background and Introduction

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. To facilitate this goal, SRMC partnered with West Virginia University's School of Public Health (WVU SPH) to complete this Needs Assessment using a robust community based process designed to engage a broad swath of community members. This process was led by Dr. Tom Bias and Emily Sarkees in the Health Research Center within the school. A CHNA leadership team was convened by SRMC including hospital and community leadership to inform and guide the process.

The 2018 Summersville Regional Medical Center (SRMC) CHNA incorporates the requirements described above and identifies the following prioritized needs:

1. Substance Use/Abuse
2. Cancer
3. Obesity and Chronic Disease

This document serves as a roadmap for the Implementation Plan, which will be developed during the months following the completion of the 2018 CHNA and specifies planned actions to be taken by SRMC and collaborators, available resources, anticipated actions, and a plan for evaluating these activities. In addition to the requirement to conduct a CHNA, hospital leadership expressed the desire to go beyond regulatory requirements in serving patients and the community at large.

## About Summersville Regional Medical Center

The Summersville Convalescent Home was founded in 1967, later adding hospital and obstetrical care and changing its name to Summersville Memorial Hospital. Throughout the years, it has grown to include the Ambulatory Care Center - home to physician offices, rehabilitation, and many other services - and was renamed Summersville Regional Medical Center in 2010. Fifty years after first opening their doors, SRMC is a non-profit organization boasting 49 acute beds, 52 extended care beds, and more than 500 employees who provide acute, emergency, outpatient, clinic, long-term, and primary care to the residents of Central West Virginia.

## Previous CHNA Findings

The most recent CHNA was conducted by SRMC in 2015 and included a review of secondary data to assess socioeconomic characteristics and key risk factors facing the county. Additional information was provided by a group of local expert advisors via online survey tool. The final report identified prevalent community “significant need areas” and outlined strategies for each for reducing risk and improving health outcomes:

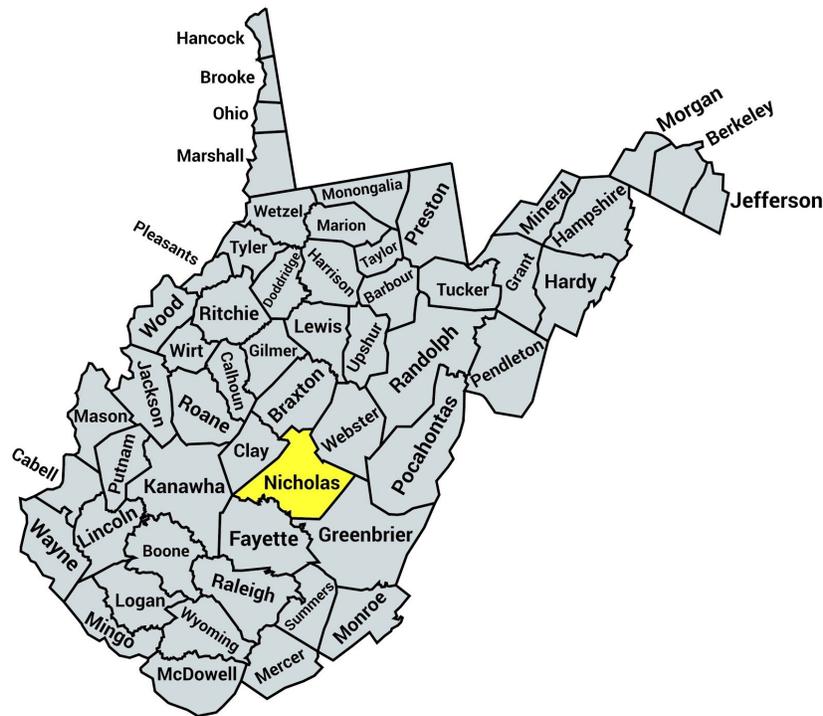
- **Obesity**
  - Breastfeeding education
  - School Marathon Scholar
  - Cardiac rehabilitation
  - Diabetes education classes
  - Health fair
  - Sponsor community activities (i.e. “Spud Run”)
  - Senior Citizen Center - Dietary education, etc.
  
- **Heart Disease**
  - Cardiac rehabilitation program
  - Diagnostic and treatment services for heart disease
  - Cardiologist services
  - Diabetes education services to address heart disease problems
  
- **Diabetes**
  - Diabetes education classes
  - SRMC Pharmacy “face to face” program
  - Inpatient bedside education
  - Visiting nephrologist clinic - every other month
  
- **Cancer**
  - October Breast Cancer Awareness promotion for mammography
  - Health fair screenings
  - Colonoscopy screenings
  - Public service announcements sponsored by the hospital (i.e. smoking cessation PSA)
  - Public school tobacco awareness education

- **Marketing** (to increase awareness of local service of the hospital)
  - Current promotion and marketing programs anticipate development of growth
  
- **Mental Health**
  - SRMC chose not to respond to mental health at the time in implementation strategy planning, as resources were focused on physical health issues and other providers were seen as better-suited to respond to this need.

### Definition of the Community Served

SRMC’s service area is defined as the entirety of Nicholas County, which is comprised of twenty six individual zip codes. The overall population of the county is 25,043, and the Census Bureau estimates that it has lost 4.5% of its population between April 2010 - July 2017.

**Figure 1. Summersville Regional Medical Center’s Service Area**



The following table is from the US Census Bureau and shows the most current Quickfacts<sup>1</sup> for Nicholas County. It outlines some basic demographics, as well as information about health insurance coverage and poverty levels.

**Table 1. Select Demographic Data**

	Nicholas County, WV
Population	25,043
Persons under 18 years	20.5%
Persons 65 years and over	21.6%
Two or more races	1.1%
Hispanic or Latino	0.8%
High school graduate or higher	83.7%
Bachelor’s degree or higher	15.3%
Under 65 years old and uninsured	6.6%
Persons in poverty	21.4%

**Methodology and Community Input Process**

The CHNA process began with a thorough review of the previous cycle’s needs assessment report and included review of publicly available secondary data. Primary data collection was comprised of a survey of community members’ perceptions of health issues, interviews with identified key stakeholders, and a community event focused on reviewing this collected data, The primary data collection included discussing both community health needs and community assets that impact population health in SRMC’s service area.

**Secondary Data**

The leadership team reviewed secondary data related to counties within SRMC’s service area including Census data and County Health Rankings Data (Appendix A). Using these reports as a springboard, the leadership team started the initial discussion around critical health needs.

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<sup>1</sup> <http://www.census.gov/quickfacts>, July 2017 estimates

## Primary Methods of Collecting and Analyzing Information

Three primary sources of data were used to inform the CHNA: (1) a public input survey, (2) a community meeting, and (3) interviews with key stakeholders. The public input survey was developed by the WVU SPH with the leadership team following an iterative process. Survey topics included questions about specific health issues, thoughts on overall health of the community, quality of life, access to healthcare and medical needs (including specialist care), risky behaviors, and demographic information including geographic location and income.

The survey (Appendix B) was collected both online and through hard copies. The survey link was distributed through email lists, social media, and the hospital website. Hard copies were distributed at SRMC (registration, ED registration, and ancillary services such as lab, radiology and pharmacy), clinic offices (Rural Health Clinic, Surgical Services Clinic, and Urology Clinic), and via other local entities (Police station, Sheriff's office, Mason Lodge, City Hall, and the Court House).

The survey was not intended to be a representative, scientific sample of residents of Nicholas County, but rather a mechanism to solicit the community's perception of their health needs. A total of 475 surveys were completed by community members from the area.

Six interviews were conducted with key stakeholders identified by SRMC in the community. These interviews served as an opportunity to ask stakeholders about health issues they saw in the community and resources available to address these issues.

Additional information was collected through a community meeting hosted by SRMC on August 21, 2018. This session, open to the public and with varied stakeholder representation, solicited input on community health needs and sought to identify groups and organizations already providing essential services. Eleven participants attended this event. More detail on the makeup of this session and of the interviews can be found in the section below.

The survey results were reported back to the leadership team in aggregate, but also broken down by income, age, and education to ensure there were no significant differences in responses between differing groups. Community input from the event was compiled into a document summarizing the work of that day. Feedback was categorized by health concern - along with community input about existing resources, ideas and suggestions for each - for dissemination to the leadership group and those in attendance at the meeting.

## Community Organizations Involved

The following organizations were represented on SRMC's CHNA leadership team and provided input throughout the process of developing the CHNA. These individuals informed the public input survey and were instrumental in dissemination. Additionally, they identified and invited members of the community to the community meeting held on August 21st and were charged as a group with collaborative discussion of primary and secondary data to determine health priorities.

### Leadership Team

- Karen Bowling, CEO
- Robin Eckhart, CFO
- Tim Lewis, CNO/COO
- Dr. Stan Morris, ED Medical Director
- Peggy Williams, VP of Operations
- Jeri Kirkland, Risk Manager/Corporate Compliance/Clinic Manager
- Judy Sentz, Board Member
- Dr. Bandy Mullens, Chief of Staff
- Robert Shafer, Mayor of Summersville
- Aaron Yanuzo, WVUM/SRMC Director of Operations

Additionally, input was collected at the community meeting held in Summersville on August 21st and via telephone interviews with key stakeholders (highlights summarized in Appendix C). The following organizations from local government, business, and non-profit organizations were represented.

### Organizations Represented at Community Meeting/via Stakeholder Interviews

- Camden on Gauley Medical Center - CEO
- City Government - Mayor
- Columbia Forest Products
- County Commission
- Sheriff's Office - Director of Emergency Management
- Summersville Baptist Church - Pastor
- SRMC - CEO, VPO, CNO/COO, Life Safety/Network Engineer, Hospital Board
- United Way of Southern WV

## Community Health Needs Prioritization

The leadership team met in following the community meeting to review the data collected through the survey and community event and identify priorities. The WVU SPH presented survey data (Appendix D), including responses to the three most important health problems or issues in Nicholas County (see table below).

**Table 2. Community Health Concerns Survey Results**

Nicholas County
Drug Abuse (61.2%)
Obesity (44.1%)
Cancer (27.1%)
Heart Disease/Stroke (25.6%)
Diabetes (21.8%)
Low Income (20.0%)

Health issues were largely consistent when comparing Nicholas County to counties who are completing or who have recently completed the same process. Also worth noting is that health problems in aggregate varied slightly across age, income levels, and education (reflected in Appendix D).

Quality of life issues were perceived similarly when broken down by various demographics. Respondents expressed overall agreement that Nicholas County is a good place to raise children, but overall slight disagreement with all other statements about quality of life, neighborhood safety (including safety when walking and biking), access to adequate resources, and other statements related children (schools meet health needs, and there are safe places for children to play). Most noteworthy areas of improvement are public transportation/adequate sidewalks, and availability of jobs and fresh food.

In terms of access to healthcare and other medical needs, residents of Nicholas County expressed greater overall satisfaction with their ability to get medical care in general than with their ability to access specialists, and agreed that they sometimes cannot afford their medical

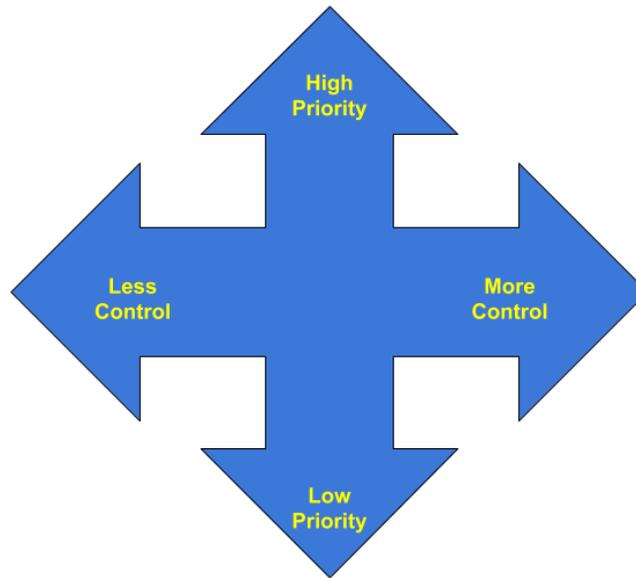
care almost to almost the same degree that they agreed that they can access care when needed.

**Table 3. Access to Healthcare and Medical Needs**

	Nicholas County (level of agreement)
I have access to specialists	18.7%
I am very satisfied with my medical care	37.4%
I have access to adequate care	36.6%
At times I can't pay for my portion of my medical care	37.2%
At times I can't pay for my portion of my medication	32.7%
I am able to get medical care when I need it	37.7%

At the August prioritization meeting, leadership team members revisited common priority areas as indicated by survey results. The group then discussed the degree to which the hospital can realistically affect health outcomes for each, as well as level of importance relative to the reach of their impact.

**Figure 2. Prioritization Matrix**



The prioritization matrix (Figure 2) was worked through by the group. Within this discussion of where and how the hospital can have an impact, the list of top health concerns was pared down to the three that will be the focus moving forward with implementation planning.

- 1.) **Substance Use/Abuse** – Although the prioritization process produced some concern with the ability of the hospital to make an impact on this issue, the leadership team recognized it as a top priority in light of overwhelming community, state, and national concern. The Leadership team felt it was prudent to choose this as a priority for implementation moving forward. Additionally, although drugs were specifically mentioned as the top priority, primary data collection also showed significant challenges with alcohol and tobacco use so these were rolled into one substance abuse category for prioritization purposes.
- 2.) **Cancer** – The leadership team understood there was significant challenges in making an impact on cancer, but felt this was a high priority area for implementation. The hospital has a history of performing cancer screenings and felt it would be possible to expand

these efforts into various varieties of cancer.

**3.) Chronic Disease (obesity, diabetes, & heart disease)** – Chronic disease was seen as both highly within the control of the hospital to have an impact and also as an extremely high priority within the community. Much like substance abuse, while obesity was highlighted as the major issue among the data, the related issues of heart disease and diabetes are also significant within the community. The hospital chose to roll these into one Chronic Disease category.

One other issue, **Low Income** was discussed by the leadership team. Although it did not show up as a major problem among the primary data as a whole, it was identified as the third most significant issue by *young adults* in the survey. The leadership team took time to discuss it as an important but separate issue. Ultimately, the team decided the hospital lacked the ability to move the needle on this issue even though it was a moderately high priority in the community. Additionally, many existing resources were found to already exist in Nicholas County to help with the issue so the hospital chose to focus on the other issues where they might be filling a more needed niche and have more opportunity to impact the health concerns.

### Potential Resources

Each of the top priorities identified in the 2018 CHNA are consistent with concerns raised in 2015. Although differing in ranking and prioritization this time around, obesity and associated chronic disease, cancer, and substance use and abuse all continue to be reported as prevalent health concerns in the area. Thus, resources identified in the 2015 CHNA may be relevant to address needs identified in 2018. For example, continuing public outreach regarding cancer screenings could address priority area number two, and resuming health fairs at SRMC (the loss of which was raised by a key informant) could address priority area number three, as was determined in 2015. Substance abuse was ranked as the 8th area of significant need in 2015, and has risen to priority area number one since completion of the last CHNA. Though the 2015 CHNA provides no building blocks for this current process since substance abuse was not a priority item at the time, much has taken place in the community in the interim. For the past several months, DHHR has been hosting a round table of key informants to address this issue, and community officials have solid ideas that can certainly be used as building blocks for implementation. (Much of this information is summarized in Appendix C.)

In addition to resources already available at SRMC, the following table documents organizations with missions aimed at addressing top health concerns identified during the community meeting. Where noted, these organizations could aid in addressing the health priorities identified in this Needs Assessment. Appendix E is a full resource guide with more information

about the essential health services and each organization, including contact information. This list is not meant to be exhaustive, but rather a starting off point for drafting potential interventions in the forthcoming implementation plan.

**Table 4. Identified Potential Resources**

Organization	Health Priority
Active Southern WV	3
Bonnie’s Bus	2
Camden Clinic	1
Nicholas County Health Department	3
Seneca Health	1
Seventh Day Adventist	3
Summersville Regional Medical Center	1, 2, 3

## Conclusion

The 2018 CHNA identified three health priorities to guide SRMC’s efforts to improve the health of community members. These priorities are:

1. Substance Use/Abuse
2. Cancer
3. Obesity and Chronic Disease

This succinct list of priorities will guide the implementation planning process. Implementation activities will aim to address these issues using existing resources and partnerships with other community organizations where possible and building upon past success, including past efforts to address health needs identified in the 2015 CHNA. In the coming weeks, this process will lead to the completion of an implementation plan for activities centered on these health needs.

# Appendices

- A. Secondary Data for Nicholas County
- B. Copy of Community Survey
- C. Summary of Key Informant Interview Highlights
- D. Survey Data Summary
- E. Full Resource Guide

**Nicholas (NI)**

**County Demographics**

	<b>County</b>	<b>State</b>
Population	25,311	1,831,102
% below 18 years of age	20.4%	20.5%
% 65 and older	21.0%	18.8%
% Non-Hispanic African American	0.3%	3.5%
% American Indian and Alaskan Native	0.3%	0.2%
% Asian	0.4%	0.8%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%
% Hispanic	0.8%	1.5%
% Non-Hispanic white	97.2%	92.3%
% not proficient in English	0%	0%
% Females	50.6%	50.5%
% Rural	87.2%	51.3%

	<b>Nicholas County</b>	<b>Error Margin</b>	<b>Top U.S. Performers</b>	<b>West Virginia</b>	<b>Rank (of 55)</b>
<b>Health Outcomes</b>					<b>45</b>
<b>Length of Life</b>					<b>45</b>
Premature death	11,700	10,100-13,300	5,300	9,800	
<b>Quality of Life</b>					<b>41</b>
Poor or fair health **	23%	22-24%	12%	24%	
Poor physical health days **	5.2	5.0-5.4	3.0	5.2	
Poor mental health days **	5.6	5.3-5.8	3.1	5.2	
Low birthweight	9%	8-10%	6%	9%	
<b>Additional Health Outcomes (not included in overall ranking)</b>					
Premature age-adjusted mortality	510	460-550	270	480	
Child mortality	70	40-110	40	60	
Infant mortality	10	6-16	4	7	
Frequent physical distress	15%	15-16%	9%	17%	
Frequent mental distress	16%	15-16%	10%	17%	
Diabetes prevalence	14%	11-17%	8%	14%	
HIV prevalence	28		49	113	
<b>Health Factors</b>					<b>40</b>
<b>Health Behaviors</b>					<b>34</b>
Adult smoking **	22%	21-23%	14%	25%	
Adult obesity	38%	33-43%	26%	36%	
Food environment index	7.8		8.6	7.0	
Physical inactivity	34%	29-39%	20%	29%	
Access to exercise opportunities	50%		91%	63%	
Excessive drinking **	13%	12-13%	13%	12%	
Alcohol-impaired driving deaths	36%	25-46%	13%	32%	
Sexually transmitted infections	58.1		145.1	268.0	
Teen births	43	37-49	15	39	
<b>Additional Health Behaviors (not included in overall ranking)</b>					
Food insecurity	15%		10%	15%	
Limited access to healthy foods	3%		2%	7%	
Drug overdose deaths	47	33-65	10	40	
Drug overdose deaths - modeled	26-27.9		8-11.9	52.0	
Motor vehicle crash deaths	19	13-26	9	16	
Insufficient sleep	39%	37-40%	27%	40%	
<b>Clinical Care</b>					<b>24</b>
Uninsured	7%	6-9%	6%	7%	
Primary care physicians	1,110:1		1,030:1	1,270:1	
Dentists	2,810:1		1,280:1	1,920:1	
Mental health providers	1,580:1		330:1	890:1	
Preventable hospital stays	78	67-89	35	75	
Diabetes monitoring	86%	78-95%	91%	84%	
Mammography screening	49%	41-58%	71%	59%	
<b>Additional Clinical Care (not included in overall ranking)</b>					
Uninsured adults	9%	7-10%	7%	9%	
Uninsured children	3%	2-4%	3%	3%	
Health care costs	\$9,552			\$10,179	
Other primary care providers	1,205:1		782:1	796:1	

	Nicholas County	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
High school graduation	91%		95%	87%	
Some college	46%	39-53%	72%	54%	
Unemployment	8.8%		3.2%	6.0%	
Children in poverty	27%	20-34%	12%	24%	
Income inequality	4.6	4.0-5.3	3.7	4.9	
Children in single-parent households	30%	21-39%	20%	34%	
Social associations	12.9		22.1	13.0	
Violent crime	752		62	306	
Injury deaths	136	116-156	55	107	
<b>Additional Social &amp; Economic Factors (not included in overall ranking)</b>					
Disconnected youth	20%		10%	17%	
Median household income	\$37,400	\$33,800-40,900	\$65,100	\$43,200	
<b>Household Income</b>	<b>\$37,400</b>				
Household income (Hispanic)	\$77,400				
Household income (White)	\$39,700				
Children eligible for free or reduced price lunch	65%		33%	49%	
Residential segregation - black/white			23	61	
Residential segregation - non-white/white	37		14	48	
Homicides			2	5	
Firearm fatalities	21	14-31	7	16	
<b>Physical Environment</b>					20
Air pollution - particulate matter **	8.9		6.7	9.5	
Drinking water violations	No				
Severe housing problems	10%	8-12%	9%	11%	
Driving alone to work	89%	84-93%	72%	82%	
Long commute - driving alone	40%	34-46%	15%	33%	

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.  
 Note: Blank values reflect unreliable or missing data  
 \*\* Data should not be compared with prior years

2018

# Summersville Regional Medical Center Community Health Perceptions Survey

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**Q1** Please take a moment to complete the following survey - it should take less than 10 minutes to complete. The purpose of this survey is to get your input about community health concerns in your county. This survey will be used to help guide the Community Health Needs Assessment taking place in your county for the Summersville Regional Medical Center. Community partners will use the results of this survey, along with other information, to identify the most pressing health issues which can be addressed through community action. **Your responses will not be associated with you in any way.** In order to be eligible to participate, you should be at least 18 years old and a resident of Nicholas County. If you have previously completed this survey, please disregard. Remember, your opinion is important to us!

Thank you for your time and please contact us if you have any questions concerning this survey or need help completing it. Emily Sarkees, WVU School of Public Health - [edillama@hsc.wvu.edu](mailto:edillama@hsc.wvu.edu)

Are you a resident of Nicholas County?

Yes

No

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**Q2** Are you 18 years old or older?

Yes

No

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**Q3** In your opinion, what is the most important health problem or health issue for residents of your County?

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**Q4** Thinking about your county overall, what helps keep residents healthy?

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**Q5** Thinking specifically about your own experience, what local places, programs, or organizations have helped you or someone close to you focused on personal wellbeing?

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**Q6** How would you rate your County as a "Healthy Community"?

- Very Unhealthy
- Unhealthy
- Somewhat Unhealthy
- Healthy
- Very Healthy

**Q7** In the following list, what do you think are the 3 most important "health problems" or "health issues" in your County? **Please choose ONLY 3.**

Air quality	Food insecurity/hunger	Obesity
Aging problems (e.g. arthritis, hearing/vision loss)	Gun-related injuries	Physical/cognitive ability
Alcohol abuse	Heart disease/stroke	Respiratory/lung disease/asthma
ATV (4-wheeler) crashes	High blood pressure	Sexually transmitted diseases and infections
Bicycle & pedestrian safety	HIV/AIDS	Suicide
Cancers	Homelessness	Teenage pregnancy
Child abuse/neglect	Inadequate housing	Tobacco use – smoking/vaping

Dental problems	Income (low income)	Tobacco use – chewing tobacco
Diabetes (“sugar”)	Infant death	Transportation
Drug abuse	Infectious disease	Violence (e.g. crime, sexual assault, domestic violence, rape, homicide)
Elderly support (in-home care, nursing facilities, etc.)	Mental health problems	Water quality
Employment access	Motor vehicle crash injuries	Other:

**Q8** Please indicate your level of agreement with each of the following statements about your County:

<b>Quality of life in your County</b>					
	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/Not applicable
I am satisfied with the quality of life in my County.	<input type="radio"/>				
All residents believe that they, individually or collectively, can make your County a better place to live.	<input type="radio"/>				
There is sufficient, safe, and affordable housing in my County.	<input type="radio"/>				
There are jobs available in my County.	<input type="radio"/>				
There is quality childcare available in my county.	<input type="radio"/>				
My County is a safe place to live.	<input type="radio"/>				
Neighbors know and trust one another and look out for one another.	<input type="radio"/>				
There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need.	<input type="radio"/>				
My County is a good place to raise children.	<input type="radio"/>				
The public education system in my County adequately meets the physical health needs of our children. (e.g. school food, physical education/PE, etc.)	<input type="radio"/>				
The public education system in my County adequately meets the health education needs of our children. (e.g. hygiene and personal care, pregnancy and STI prevention, etc.)	<input type="radio"/>				
There are an adequate number of safe places for children to play and exercise in my County.	<input type="radio"/>				
My County has adequate and safe access to recreation and exercise opportunities for adults.	<input type="radio"/>				
My County has adequate access to affordable healthy foods.	<input type="radio"/>				
My County has adequate health and wellness activities.	<input type="radio"/>				
My County is a safe place to walk and bike.	<input type="radio"/>				
My County has sufficient public transportation.	<input type="radio"/>				
There are adequate sidewalks in my County.	<input type="radio"/>				

**Q9** Please indicate your level of agreement with each of the following statements about your County:

<b>Access to healthcare and medical needs in your County</b>					
	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know/Not applicable
I have easy access to the medical specialists I need.	<input type="radio"/>				
I am very satisfied with the medical care I receive.	<input type="radio"/>				
I have access to adequate healthcare.	<input type="radio"/>				
Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	<input type="radio"/>				
Sometimes it is a problem for me to cover my share of the cost of medication.	<input type="radio"/>				
I am able to get medical care whenever I need it.	<input type="radio"/>				

**Q10** In your opinion, from the following list, what do you think are the most important "risky behaviors" in your County? Risky behaviors have the greatest impact on the overall health of the community.

Bad eating choices	Hand hygiene (washing)	Overeating
Alcohol abuse	Impaired driving (drugs/alcohol)	Texting/cell phone while driving
Dropping out of school	Lack of exercise	Tobacco use/e-cigarette use
Drug abuse	Not getting "shots" to prevent disease	Unsafe sex
Exclusion or discrimination based on race, religion, gender, sexual orientation, etc.	Not using seatbelts and/or child safety seats	Other (please specify):

**Q11** What gender do you identify as?

Female

Male

Other

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**Q12** What is your age range?

18 to 25 years

26 to 39 years

40 to 54 years

55 to 64 years

65 to 80 years

Over 80 years

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**Q13** What is your marital status?

Married/cohabitating

Divorced

Never married

Separated

Widowed

Other (please specify) \_\_\_\_\_

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**Q14** How many children under the age of 18 live in your household? \_\_\_\_\_

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**Q15** Do you care for a live-in elderly adult in your household?

Yes

No

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**Q16** Which of these groups would you say best describes your race and ethnicity? Please check all that apply.

- White/Caucasian
  - Asian
  - Black or African American
  - American Indian or Alaskan Native
  - Native Hawaiian or Other Pacific Islander
  - Hispanic or Latino
  - Other (please specify) \_\_\_\_\_
- 

**Q17** What is your approximate average annual household income?

- Less than \$20,000
  - \$20,000 to \$29,999
  - \$30,000 to \$49,999
  - \$50,000 to \$74,999
  - \$75,000 to \$99,999
  - Over \$100,000
  - Prefer not to answer
-

**Q18** What is the highest level of education you have completed?

- Less than high school graduate
  - High school diploma or equivalent
  - Some College, no degree
  - Associate Degree
  - Bachelor Degree
  - Master Degree
  - Professional Degree
  - Doctorate Degree
  - Other (please specify) \_\_\_\_\_
- 

**Q19** Do you see a healthcare provider on a regular basis for physicals, screenings, or other preventative medicine?

- Yes
  - No (if no, why not?) \_\_\_\_\_
-

**Q20** Do you currently have health insurance?

Yes

No

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**Q21** How do you pay for healthcare? Please select all that apply.

I pay cash

I have health insurance through my employer

I purchase my own non-employer sponsored health insurance (through the Health Insurance Marketplace or other individual plan)

I use a health savings account (HSA)

Medicaid

Medicare

Veterans Administration

Indian Health Services

Other (please specify) \_\_\_\_\_

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**Q22** Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?

Yes

No

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**Q23** Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Yes

No

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**Q24** Have you ever been told by a doctor that you have diabetes ("sugar")?

Yes

No

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**Q25** How many days a week do you eat vegetables? \_\_\_\_\_

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**Q26** Not counting juice, how many days a week do you eat fruit? \_\_\_\_\_

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**Q27** How many days a week do you consume soda or other processed, sugary foods?  
\_\_\_\_\_

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**Q28** How many days a week do you get at least 30 minutes of moderate physical activity such as brisk walking, bicycling, gardening or anything else that causes some increase in breathing and heart rate? \_\_\_\_\_

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**Q29** Do you smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all
- 

**Q30** Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No
- 

**Q31** About how tall are you (in feet and inches)?

\_\_\_\_\_

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**Q32** About how much do you weigh (in pounds)?

\_\_\_\_\_

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Thank you for your time and response! If you would like to participate in a community event to share additional feedback or learn about the data collected with this survey tool, please contact us for further information:

Emily Sarkees  
edillama@hsc.wvu.edu  
WVU School of Public Health  
PO Box 9190, Health Sciences Center  
Morgantown, WV 26505

# Key Informant Interviews Summary

## Populations served by interviewees:

- Nicholas County
- City of Summersville
- Surrounding hospital catchment area of Webster, Braxton, Fayette and Clay counties

## Strengths and resources present in the community:

- Closure of clinics and units, and discontinuation of health fairs and programs “has started to improve now that WVU is in the door”
- SRMC and associated clinics provide a good foundation for care: Camden Health and Fairview Health; Seneca Health provides some outpatient mental health services
- Summersville Rotary Club and Nicholas County Community Foundation could be potential good partners
- Three active food pantries - “*especially Bread of Life food pantry in Summersville*”
- There are some health services provided by volunteers
- Active Southern WV and associated activities
- Two gyms with free weights and a 24 hour fitness center
- The National Guard has been working with Nicholas County to create an apple orchard that would employ about 200 people, and a Winchester-based canning company is interested in moving their operation to Nicholas County if this comes to fruition.
- Nicholas County Family Resource Network
- Starting Points
- There are (or used to be) diabetic classes at the hospital

## Health-related projects being successfully implemented in the community:

- None
- “*Community health projects have been distinctly lacking in our community.*”
- Health Department provides some screenings
- Hospital, churches, and some services organizations provide screenings
- Cardiac Rehabilitation through SRMC
- School-based programs out of New River Health

## Three most prevalent health concerns among Nicholas County residents:

- Opioid crisis, meth labs; physical fitness/obesity and heart disease; cancer - “*no local cancer clinic*”
- Cancer care, cardiovascular care, drug crisis
- Obesity and associated chronic disease, smoking/tobacco use, addiction problems
- Drug abuse, cancer, heart disease, diabetes
- Lack of transportation leading to lack of access to healthy food; breakdown of fresh food preparation across generations is affecting childhood nutrition; lack of access to

healthcare, especially for children's well-child visits, related to transportation; lack of access to preschools

- Cancer, drug crisis and related issues, obesity and diabetes

#### Which is seen as most important of these three:

- Drug crisis
- "Access to adjunctive oncology care stands out to me as the most problematic in terms of the travel barriers for our population. Particularly travel when they are at their sickest."
- All are important, but "if I have to pick, the worst problem is lack of education"
- Drugs - county-wide
- Lack of transportation and all it exacerbates
- Most of the focus is on the opioid crisis - no relief in sight, from a treatment standpoint

#### Strategies for improvement related to these:

- Apply for grants to fund some of the programs that have been cut or put new things in their place; in particular, a drug abuse program and an OB program
- Access: use providers that can hold clinics in the area, traveling to Nicholas County for office hours
- Access: ability to provide infusion services for chemotherapy
- Continue/improve health screenings and education at hospital, health clinics, service organizations, and in the schools at all grade levels
- One interviewee is looking into funding/promotion source for this idea: Maintain a list of prospective employees who have been receiving regular/random drug tests and maintain a drug-free lifestyle. This "verified list" of employees could be made available to places like Workforce WV and DHHR.
- School-based STEM programs focused on food growth, preparation and nutrition
- Advocating in Charleston for the continuation of CHIP
- Advocating for residents who fall into the "Asset Limited Income Constrained Employed" category - those who work full time and make just enough that they do not qualify for any assistance, but who still do not bring home a living wage

#### Barriers to wellbeing:

- Lack of transportation
- Food insecurity
- Limited ability to travel and limited financial resources
- Travel is the biggest barrier to oncology care - chemotherapy and radiation often require travel of significant distances. "Radiation therapy is a particular problem since it is often daily for weeks at a time and some residents just simply cannot do it. Some residents already travel an hour just to get to the hospital in Summersville. ...was diagnosed with stage three adenocarcinoma of the right upper lung had to live in Charleston in a motel for 7 weeks for radiation/chemo treatment. She then had 2 courses of standard chemo medications that required frequent travel to Charleston. She is now on a biologic medication that is infused every 2 weeks and has been on this medication for over 2

*years now. She must travel to Charleston every 2 weeks for this medication. As it currently stands, the medication infusion cannot be given in our county or even the surrounding counties.”*

- *“Cardiovascular care is also problematic. Most persons travel far and wide to receive care. There is a satellite cardiology clinic on the hospital campus that was started by CAMC... It typically requires 4 to 6 weeks or more to get a patient in to be seen. As such, most persons seek their cardiovascular care outside of our service area.”*
- *“There are few to zero projects for outreach and/or rehab... not only in our service area but around the state of seems.”*
- *“However what makes all these problems difficult to prevent and treat is poverty, education, culture (family hx and abuse) and environmental pressures.”*
- Lack of knowledge, lack of education, lack of financial resources
- *“The often suspicious/backward familial culture.”*
- Quality jobs that pay a living wage
- Wait times and quality of care at the SRMC ER
- Lack of health insurance
- Prevalence of jobs that do not provide health insurance to employees

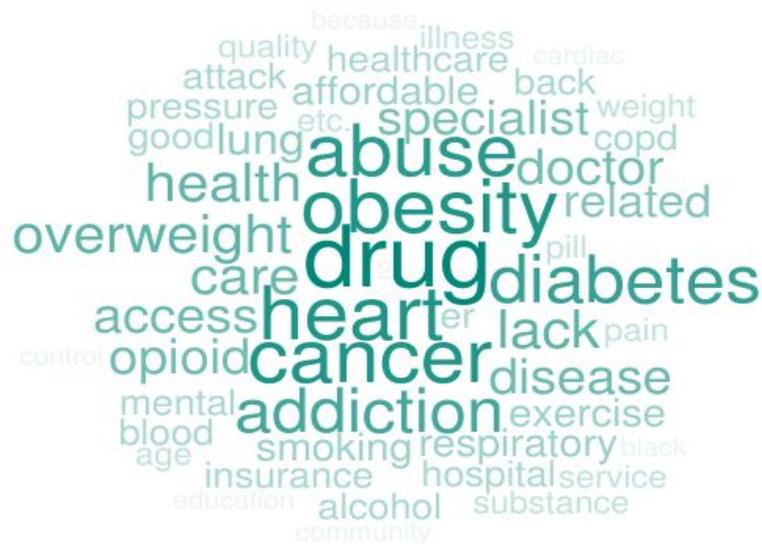
#### **Other notes/comments:**

- *“Marsha Bayles from the Health Department is working to raise grant money for a treatment program.”*
- *“I would only add that obesity and diabetes are rampant in our population and that these areas warrant equal attention as the topics above.”* (oncology care, cardiovascular care, drug crisis)
- Healthnet is a vital resource and one interviewee is concerned that it will change with WVU involvement
- *“Active Southern WV is the only one accessible to all incomes. Melanie Seiler is a wonderful Executive Director.”*
- Physicians might be able to get more patients into early intervention screenings if they would put more emphasis on it - *“early detection screenings should be routine part of doctor visits”*

# Summersville Community Health Perceptions Data Summary

Total of 482 respondents

Respondents were asked for their “top 3” most concerning health issues or problems in two different ways  
- first open-ended (word cloud) and then selections from a given list (circle chart below):



Below are some ways that we broke down the data to see if there were differences among demographics:

Top 3 Health Problems by Gender / Age							
Men (98)		Women (230)		Young Adults <40 (88)		Seniors 65+ (77)	
Drug Abuse	60.2%	Drug Abuse	63.2%	Drug Abuse	67.4%	Drug Abuse	53.3%
Obesity	40.9%	Obesity	45.3%	Obesity	48.8%	Obesity	36.0%
Cancer	30.1%	Cancer	26.9%	Low Income	25.6%	Cancer	32.0%

Top 3 Health Problems by Income / Education / Kids							
Less than 30k/year (107)		More than 75k/year (85)		College degree (156)		Kids in home (115)	
Drug Abuse	50.0%	Drug Abuse	76.5%	Drug Abuse	66.7%	Drug Abuse	64.9%
Cancer	33.7%	Obesity	64.2%	Obesity	58.3%	Obesity	47.7%
Obesity	27.9%	Cancer	29.6%	Heart disease	27.1%	Cancer	27.9%

<b>Agency</b>	<b>Contact</b>	<b>Priority Area</b>
24 Hour Drug Crisis Line	1-800-579-5844	1
Adolescent Health Initiative	304-465-3181	1, 2, 3
Adult Education Hotline	1-800-642-2670	1, 2, 3
Alcoholics Anonymous	1-800-333-5051	1
American Cancer Society	1-800-ACS-2345	2
American Diabetes Association	1-800-232-3472	3
American Lung Association	304-342-6600	2
Amity Treatment Center	304-466-1781	1
Beckley Health Right	304-252-3577	1, 2, 3
Boy Scouts of America	304-340-3663	3
Camden Medical Center	304-226-5725	1, 2, 3
Cancer Information Line	1-800-525-3777	2
Celebrate Recovery	304-252-3435	1
Charleston Area Medical Center	304-388-5432	1, 2, 3
Charleston Treatment Center	304-344-5924	1
Children with Special Health Care Needs	1-800-642-9704	2
Children's Therapy Clinic	304-340-3546	2
Community Action / Head Start	304-872-1162	1, 2, 3
DHHR	304-872-0803	1
Faith Works Mission	304-872-1057	3
Girl Scouts of Black Diamond Council	304-872-7126	3
Highland Hospital	1-800-250-3806	1, 3
Home Health Services	304-872-5328	1, 2, 3
Juvenile Diabetes Foundation	1-800-223-1138	3
Juvenile Drug Court	304-431-8515	1
Narcotics Anonymous	1-800-766-4442	1
Nicholas County Family Resource Network	304-872-4707	1, 2, 3
Nicholas County Health Department	304-872-5329	1, 2, 3
Nicholas County Literacy	304-872-7060	1, 2, 3
Richwood Food & Clothing Pantry	304-846-4343	3
River Park Hospital	1-800-992-9101	1
Southern WV Fellowship Home	304-253-1411	1
St. Luke's United Methodist Church	304-742-3463	3
Summersville Regional Medical Center	304-872-2891	1, 2, 3
WIC	304-872-0826	3
WV Birth to Three	1-800-642-8522	3
WV Tobacco Quitline	1-877-955-8784	1
WVU Extension Service	304-872-7898	3