

Braxton County Memorial Hospital and Summersville Regional Medical Center

Community Health Needs Assessment

Prepared for: Braxton County Memorial Hospital, Gassaway, WV and Summersville Regional Medical Center, Summersville, WV

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Document Acronyms

The following acronyms are used throughout this document:

Acronym	Definition
ACA	Affordable Care Act
BCMH	Braxton County Memorial Hospital
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
Health Affairs	West Virginia University Health Affairs Institute
SRMC	Summersville Regional Medical Center
WVU	West Virginia University
WVUHS	West Virginia University Hospital System

1 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 a Community Health Improvement Plan (CHIP) at least every three years. The regulations for the CHNA include defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community, including public health professionals; identifying resources; and prioritizing community health needs. The 2024 Braxton County Memorial Hospital (BCMh) and Summersville Regional Medical Center (SRMC) CHNA identifies the following prioritized needs

- Obesity and Chronic Disease
- Substance Use and Abuse
- Poverty
- Tobacco and Vaping

This document serves as a roadmap for the CHIP, which will be developed following the completion of the 2024 CHNA and will specify planned actions to be taken by the hospitals and their community partners, available resources, anticipated next steps, and a plan for evaluating these activities. To facilitate this goal, BCMh and SRMC partnered with West Virginia University's Health Affairs Institute to complete this CHNA using a robust community-based process designed to engage a broad representation of community members. A CHNA leadership team including hospital and community representation was convened by BCMh and SRMC to inform and guide the process.

1.1 About Braxton County Memorial Hospital

Established in 1981, Braxton County Memorial Hospital is a non-profit, critical access hospital that serves Braxton County, as well as parts of Clay, Gilmer, Lewis, Nicholas, and Webster counties. It is located in Gassaway, West Virginia, and is conveniently accessible from I-79.

Braxton County Memorial Hospital offers 24-hour emergency care, as well as inpatient care, respite care, inpatient and outpatient surgery, and home health. Outpatient primary care and women's health services are available in the Braxton Community Health Center.

1.2 About Summersville Regional Medical Center

Summersville Regional Medical Center has served patients from all over southern West Virginia since 1967. Located in Nicholas County, SRMC works to deliver individualized patient care and improve the lives of those in its community. Originally an extended care facility called the Summersville Convalescent Home, the facility became known as Summersville Memorial Hospital when hospital services and obstetrical care were added. Through the years, the campus has grown to include the Ambulatory Care Center, home to several physician offices, patient rehabilitation, and many other services. Summersville Memorial Hospital became Summersville Regional Medical Center in 2010. It currently has 25 acute care beds and employs more than 500 people. SRMC offers a complete array of services including surgical procedures, imaging services, outpatient and inpatient laboratory testing, rehabilitation, an outpatient infusion facility, 24-hour emergency care, and a retail pharmacy.

1.3 Previous CHNA Findings

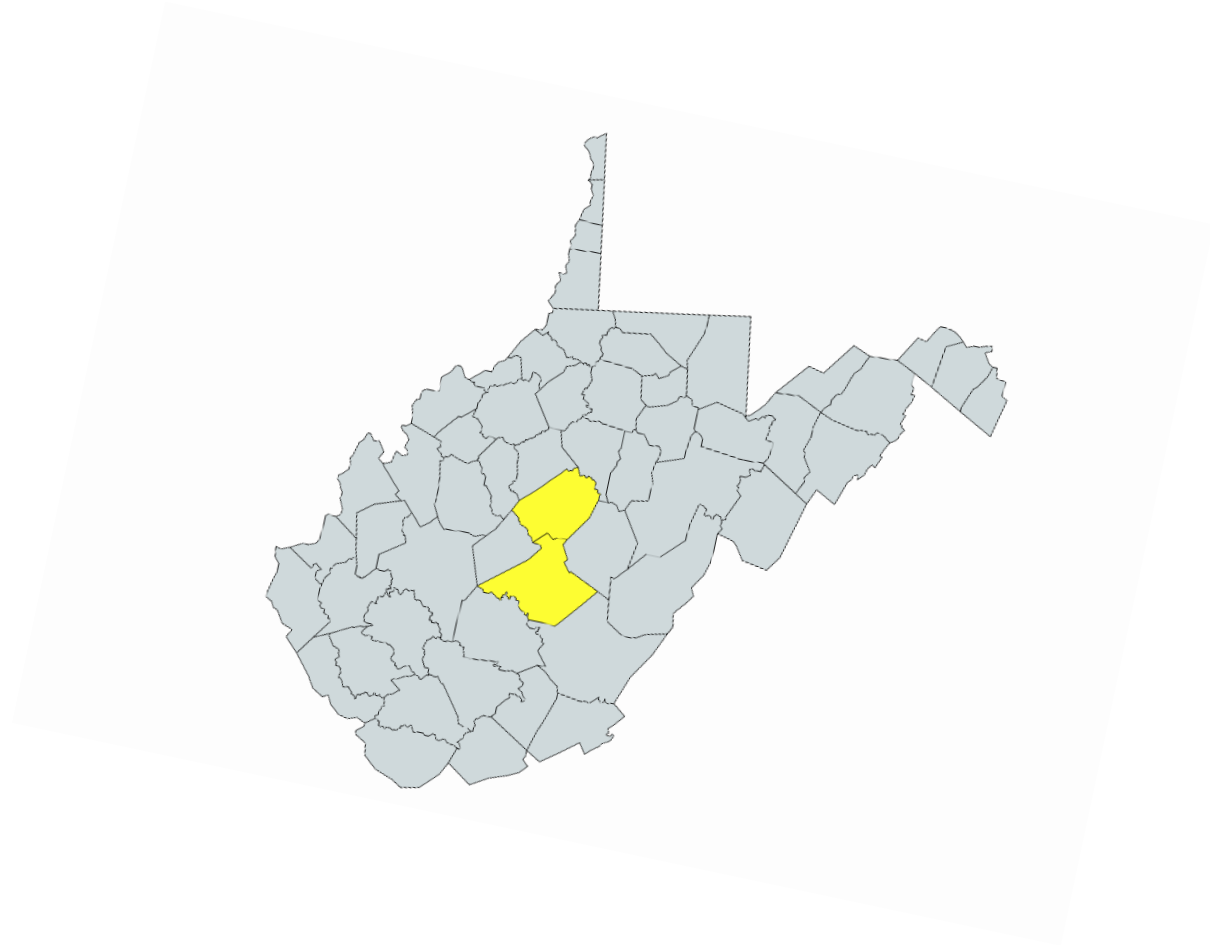
The most recent CHNA was adopted in 2021. It included a review of secondary data to assess socioeconomic characteristics, as well as key risk factors facing the community. Additional information was provided through collection of survey data in the hospitals' service areas. The final report identified three main health priorities, with goals and strategies for each:

- Healthy Living: Obesity, Chronic Disease, Physical Activity, and Nutrition
- Substance Use and Abuse
- Poverty

1.4 Definition of the Community Served

For the 2024 process, the CHNA leadership team defined the community served as Braxton and Nicholas Counties in West Virginia .

Figure 1: Service Area



The following table contains information from the US Census Bureau and shows the most current Quickfacts¹ (Appendix A) for the two counties in BCMH and SRMC service areas. It outlines some basic demographics, as well as information about health insurance coverage and poverty levels.

Table 1: US Census Quickfacts - Select Demographic Data

	Braxton County	Nicholas County
Population	12,162	24,169
Residents under 18	18.2%	20.2%
Non-white or +1 race	3.1%	2.7%
Hispanic or Latino	0.7%	1.0%
High school education or more	82.6%	89.1%
Bachelor’s degree or more	11.7%	18.4%
Under 65 yrs. and no insurance	8.2%	7.9%
Persons living in poverty	21.0%	18.7%

Table Notes: ¹ <https://www.census.gov/quickfacts/fact/table/US/PST045219>

2 Methodology and Community Input Process

2.1 Primary Methods of Collecting and Analyzing Information

The 2024 CHNA reporting process overlapped with an administrative transition period for this hospital pair, which placed extra burden on the hospital staff charged with overseeing this process. To accommodate, a modified process was developed and carried out by the leadership team and Health Affairs partners.

This year’s CHNA process began with a review of neighboring Davis Health System’s 2022 CHNA to determine health priorities in the area for these communities. It also included a review of publicly available secondary data related to Nicholas and Braxton counties including US Census data (above), County Health Rankings Data (Appendix B), and select [Mountain State Assessment of Trends in Community Health](#) (MATCH) data from Nicholas and Braxton counties.

Using this information as a springboard, the leadership team discussed critical health needs, changes in the community over the previous few years and with the recent administrative changes to area hospitals, and lessons learned from the last CHNA cycle’s health topic prioritization and development of implementation activities.

The team discussed this data alongside known health issues in the community, experiences at their own clinical and other professional settings, resources already in place to address some of the top issues, and initial thoughts about further addressing the most prevalent community concerns.

2.2 Leadership Team and Community Partners

The following organizations were represented on the CHNA leadership team and provided input throughout the process of developing the CHNA. These individuals served as a steering

CHNA-2024

Braxton County Memorial Hospital and Summersville Regional Medical Center

committee for the WVU HAI team, worked with the team to develop a modified CHNA process and ensure representation across subpopulations of the service area, and were charged as a group with collaborative discussions of secondary data to determine health priorities. Additionally, this group worked to compile a starting list of resources, programs, and policies, as well as new ideas or potential partnerships for addressing each area of concern.

Leadership Team

Braxton County Memorial Hospital

Summersville Regional Medical Center

Braxton County Health Department

Nicholas County Health Department

3 Community Health Needs Prioritization

3.1 Prioritization Process

The existing secondary data, input from partners, and lessons learned from the last CHNA cycle all factored into the hospitals' prioritization decisions. The group considered the degree to which the hospitals may affect health outcomes for each topic, projects or programs already underway for each, as well as level of importance placed on each by the community relative to the reach of the hospital's impact.

The team discussed where and how the hospital can realistically affect community well-being and health outcomes, what could be accomplished in collaboration with new and existing partners, and what topics to monitor and revisit later. The list of top health concerns was organized into the following areas that will be the focus moving forward with implementation planning.

- **Obesity and Chronic Disease**

The hospital leadership team sees a lot of opportunity to impact health through community benefit strategies related to physical activity and nutrition, working to impact obesity and related chronic disease. The team discussed a lack of places to safely exercise in the area, and efforts underway to provide these sorts of places for community recreation. There was recently a groundbreaking for a new sports complex in the area, and other places and ways the hospitals can provide support to things already underway in the area.

- **Substance Use and Abuse**

The hospital leadership team is aware of these ongoing issues in their service area and state. The team has chosen to continue placing priority focus on community benefit strategies in this area, working to provide prevention, treatment, education, and information. The hospital team also discussed ways to support families facing challenges as a result of substance use, including grandparents and great grandparents raising grandchildren.

- **Poverty**

Hospital leadership sees opportunity to address issues related to poverty by working to increase access to services, information and education, transportation, and more.

- **Tobacco and Vaping**

Hospital and community partners see opportunity to address smoking cessation, as well as vaping education and prevention, especially for youth.

3.2 Potential Resources

The following table documents ideas for community benefit strategy development, as well as organizations identified during the data presentation whose missions are aimed at addressing top health concerns. These organizations could potentially aid in addressing health concerns identified in this CHNA.

Table 2: Potential Community Resources

Potential Community Resources
Former school sites - potential for recreation space
Senior center - putt putt golf and walking trail
Seneca Health Systems
City of Summersville Homeless Commission
Rail Trail development/expansion
Free screening options - prevention
Affordable fresh food
Partnership with foodbanks
Mobile health units to increase access and meet transportation needs
Blessing boxes and resources to address homelessness
Nicholas Intervention Coalition
FQHC Health Educators and SUD Services
Diabetes Educator

4 Conclusion

Each of the top priorities identified in the 2024 CHNA are consistent with concerns raised in the previous CHNA. The 2024 CHNA identifies the following priorities to guide efforts to improve the health and well-being of community members:

- Obesity and Chronic Disease
- Substance Use and Abuse
- Poverty
- Tobacco and Vaping

5 Appendices

Appendix A - US Census Bureau Quickfacts



Appendix B - County Health Rankings & Roadmaps















Compare Counties

Select from all counties or choose based on demographic, social and economic indicators.

Select year: 2024 

Select Additional

		Braxton, WV	Nicholas, WV	West Virginia	-----
		Remove Location <input type="checkbox"/>	Remove Location <input type="checkbox"/>	Remove Location <input type="checkbox"/>	Add Location <input type="checkbox"/>
Health Outcomes					
Length of Life		Braxton, WV	Nicholas, WV	West Virginia	
Premature Death		10,600	13,300	12,600	
Quality of Life		Braxton, WV	Nicholas, WV	West Virginia	
Poor or Fair Health		25%	21%	21%	
Poor Physical Health Days		5.2	4.6	4.3	
Poor Mental Health Days		6.6	6.2	6.2	
Low Birthweight		9%	11%	10%	
Health Factors					
Health Behaviors		Braxton, WV	Nicholas, WV	West Virginia	
Adult Smoking		27%	22%	24%	
Adult Obesity		41%	44%	41%	
Food Environment Index		7.2	7.7	6.8	
Physical Inactivity		34%	30%	28%	
Access to Exercise Opportunities			49%	58%	
Excessive Drinking		11%	12%	14%	





















































Appendix B - County Health Rankings					
Alcohol-Impaired Driving Deaths		14%	24%	26%	
Sexually Transmitted Infections		253.1	234.6	293.1	
Teen Births		22	28	24	
Clinical Care		Braxton, WV	Nicholas, WV	West Virginia	
Uninsured		10%	8%	8%	
Primary Care Physicians		2,040:1	1,160:1	1,320:1	
Dentists		2,030:1	1,740:1	1,710:1	
Mental Health Providers		1,220:1	810:1	560:1	
Preventable Hospital Stays		3,471	4,237	3,958	
Mammography Screening		43%	43%	40%	
Flu Vaccinations		27%	39%	39%	
Social & Economic Factors		Braxton, WV	Nicholas, WV	West Virginia	
High School Completion		83%	89%	88%	
Some College		33%	54%	57%	
Unemployment		6.1%	4.6%	3.9%	
Children in Poverty		27%	26%	23%	
Income Inequality		3.6	4.7	5.1	
Children in Single-Parent Households		17%	25%	24%	
Social Associations		9.0	10.7	12.7	
Injury Deaths		147	146	142	
Physical Environment		Braxton, WV	Nicholas, WV	West Virginia	
Air Pollution - Particulate Matter		6.9	7.0	7.3	
Drinking Water Violations		No	No		
Severe Housing Problems		7%	9%	11%	
Driving Alone to Work		82%	85%	80%	
Long Commute - Driving Alone		44%	33%	35%	

Note: Blank values reflect unreliable or missing data.

QuickFacts


Braxton County, West Virginia; Nicholas County, West Virginia; West Virginia


QuickFacts provides statistics for all states and counties. Also for cities and towns with a *population of 5,000 or more*.

All Topics 	Braxton County, West Virginia	Nicholas County, West Virginia	West Virginia
Population estimates, July 1, 2023, (V2023)	 12,162	 24,169	 1,770,071
PEOPLE			
Population			
Population estimates, July 1, 2023, (V2023)	 12,162	 24,169	 1,770,071
Population estimates base, April 1, 2020, (V2023)	 12,449	 24,603	 1,793,713
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	 -2.3%	 -1.8%	 -1.3%
Population, Census, April 1, 2020	12,447	24,604	1,793,716
Population, Census, April 1, 2010	14,523	26,233	1,852,994
Age and Sex			
Persons under 5 years, percent	 4.1%	 4.6%	 4.9%
Persons under 18 years, percent	 18.2%	 20.2%	 19.9%
Persons 65 years and over, percent	 25.1%	 24.5%	 21.5%
Female persons, percent	 48.4%	 50.3%	 50.1%
Race and Hispanic Origin			
White alone, percent	 96.9%	 97.3%	 92.8%
Black or African American alone, percent (a)	 0.8%	 0.7%	 3.8%
American Indian and Alaska Native alone, percent (a)	 0.6%	 0.4%	 0.3%
Asian alone, percent (a)	 0.3%	 0.4%	 0.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	 Z	 Z	 Z
Two or More Races, percent	 1.4%	 1.1%	 2.1%
Hispanic or Latino, percent (b)	 0.7%	 1.0%	 2.2%
White alone, not Hispanic or Latino, percent	 96.4%	 96.4%	 90.9%
Population Characteristics			
Veterans, 2018-2022	1,066	1,484	114,894
Foreign born persons, percent, 2018-2022	0.1%	1.5%	1.6%
Housing			
Housing Units, July 1, 2023, (V2023)	6,252	12,561	863,745
Owner-occupied housing unit rate, 2018-2022	81.5%	80.2%	74.2%
Median value of owner-occupied housing units, 2018-2022	\$95,100	\$110,600	\$145,800
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,007	\$955	\$1,180
Median selected monthly owner costs -without a mortgage, 2018-2022	\$286	\$341	\$371
Median gross rent, 2018-2022	\$595	\$664	\$831
Building Permits, 2023	3	0	4,014
Families & Living Arrangements			
Households, 2018-2022	4,567	9,644	716,040
Persons per household, 2018-2022	2.64	2.54	2.43
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	91.1%	92.1%	88.9%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	0.2%	1.0%	2.5%
Computer and Internet Use			
Households with a computer, percent, 2018-2022	83.8%	88.2%	88.8%
Households with a broadband Internet subscription, percent, 2018-2022	76.4%	83.2%	82.7%
Education			
High school graduate or higher, percent of persons age 25 years+, 2018-2022	82.6%	89.1%	88.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	11.7%	18.4%	22.7%
Health			
With a disability, under age 65 years, percent, 2018-2022	12.8%	17.2%	13.8%
Persons without health insurance, under age 65 years, percent	 8.2%	 7.9%	 7.5%

Appendix A US Census Quickfacts			
Economy			
In civilian labor force, total, percent of population age 16 years+, 2018-2022	42.5%	48.2%	53.1%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	39.9%	44.8%	49.3%
Total accommodation and food services sales, 2017 (\$1,000) (c)	D	39,641	4,069,148
Total health care and social assistance receipts/revenue, 2017 (\$1,000) (c)	63,627	105,939	15,236,903
Total transportation and warehousing receipts/revenue, 2017 (\$1,000) (c)	8,497	25,917	3,068,787
Total retail sales, 2017 (\$1,000) (c)	200,673	403,054	23,057,778
Total retail sales per capita, 2017 (c)	\$14,114	\$16,041	\$12,678
Transportation			
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	29.8	32.2	26.3
Income & Poverty			
Median household income (in 2022 dollars), 2018-2022	\$42,245	\$48,826	\$55,217
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$21,948	\$27,744	\$31,462
Persons in poverty, percent	△ 21.0%	△ 18.7%	△ 16.7%
BUSINESSES			
Businesses			
Total employer establishments, 2022	236	554	35,530
Total employment, 2022	2,732	5,786	540,468
Total annual payroll, 2022 (\$1,000)	104,134	245,035	26,501,437
Total employment, percent change, 2021-2022	-0.4%	4.2%	4.1%
Total nonemployer establishments, 2021	506	1,193	91,015
All employer firms, Reference year 2017	299	500	24,430
Men-owned employer firms, Reference year 2017	185	S	14,791
Women-owned employer firms, Reference year 2017	S	92	3,728
Minority-owned employer firms, Reference year 2017	S	S	1,116
Nonminority-owned employer firms, Reference year 2017	246	389	20,383
Veteran-owned employer firms, Reference year 2017	S	30	1,872
Nonveteran-owned employer firms, Reference year 2017	231	S	19,020
GEOGRAPHY			
Geography			
Population per square mile, 2020	24.4	38.0	74.6
Population per square mile, 2010	28.4	40.6	77.1
Land area in square miles, 2020	510.74	646.85	24,041.15
Land area in square miles, 2010	510.81	646.82	24,038.21
FIPS Code	54007	54067	54

Value Notes

 Methodology differences may exist between data sources, and so estimates from different sources are not comparable.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info  icon to the left of each row in TAB learn about sampling error.

The vintage year (e.g., V2023) refers to the final year of the series (2020 thru 2023). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2018-2022 ACS 5-year estimates to other ACS estimates. For more information, please visit the [2022 5-year ACS Comparison Guidance](#) page.

Fact Notes






- (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

Value Flags

- D** Suppressed to avoid disclosure of confidential information
- F** Fewer than 25 firms
- FN** Footnote on this item in place of data
- NA** Not available
- S** Suppressed; does not meet publication standards
- X** Not applicable
- Z** Value greater than zero but less than half unit of measure shown

- N** Data for this geographic area cannot be displayed because the number of sample cases is too small.
- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open end

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, Stat

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