

# WVU Medicine Thomas Hospitals

## Community Health Needs Assessment

Prepared for: WVU Medicine Thomas Hospitals, South Charleston, WV

Prepared by: West Virginia University Health Affairs Institute

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November 14, 2024

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## Document Acronyms

*The following acronyms are used throughout this document:*

Acronym	Definition
ACA	Affordable Care Act
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
Health Affairs	West Virginia University Health Affairs Institute
KCCHI	Kanawha Coalition for Community Health Improvement
MATCH	Mountain State Health Assessment of Trends in Community Health
SUD	Substance Use Disorder
WVU	West Virginia University

# 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 WVU Medicine Thomas Hospitals CHNA identifies the following prioritized needs

- Mental Health and Substance Use Disorder (SUD)
- Wellness Promotion: nutrition, obesity, chronic disease prevention, employer wellness programs
- Wellness Resources: education, transportation, promotion of community activities

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 Thomas Hospitals and community partners, available resources, anticipated steps, and a plan for evaluating these activities. Thomas Hospitals partnered with West Virginia University's Health Affairs Institute to complete this CHNA using a community-based process designed to engage a broad representation of community members. A CHNA leadership team including hospital and community representation was convened by Thomas Hospitals to inform and guide the process.

## 1.1 About Thomas Hospitals

Thomas Hospitals formed in 2007, forging a partnership based on the strength of two established hospitals—Thomas Memorial and Saint Francis, now known as the Thomas Orthopedic Hospital. Bringing the two hospitals under the umbrella of Thomas Hospitals allowed for innovative and cost-effective healthcare for the Kanawha Valley. With their combined years of service, Thomas Hospitals brings nearly 170 years of service to the region. Thomas Hospitals is a 383-bed hospital system with 1,812 employees and an estimated 450 physicians, making it the 17th largest private employer in West Virginia.

## 1.2 Previous CHNA Findings

The most recent CHNA was adopted in 2020 and was completed as part of a long-standing collaboration with the Kanawha Coalition for Community Health Improvement ([KCCHI](#)). It included a review of secondary data to assess socioeconomic characteristics, as well as key risk factors facing the community. KCCHI and the Putnam County Health Department facilitated primary data collection through multiple avenues: community surveys, focus groups, telephone calls, and key informant interviews to identify key areas of need.

The final report identified five main health priorities, with goals and strategies for each:

- Engaging in sustainable and equitable partnerships with community leaders to address the COVID19 pandemic, in terms of prevention and treatment

- Effectively distributing COVID-19 vaccines to targeted populations, and phasing such distribution to enable the general public to readily obtain COVID-19 vaccines
- Pandemic fallout: addressing overlay of mental health, drug abuse, and domestic violence
- Addressing a lack of access to health promotion and chronic disease prevention and education; and
- Addressing social determinants of health to prevent unnecessary emergency room visits as well as hospital admission and readmissions.

### 1.3 Definition of the Community Served

For the 2024 process, the CHNA leadership team defined the community served as Kanawha and Putnam counties in West Virginia

*Figure 1: Thomas Hospitals Service Area*

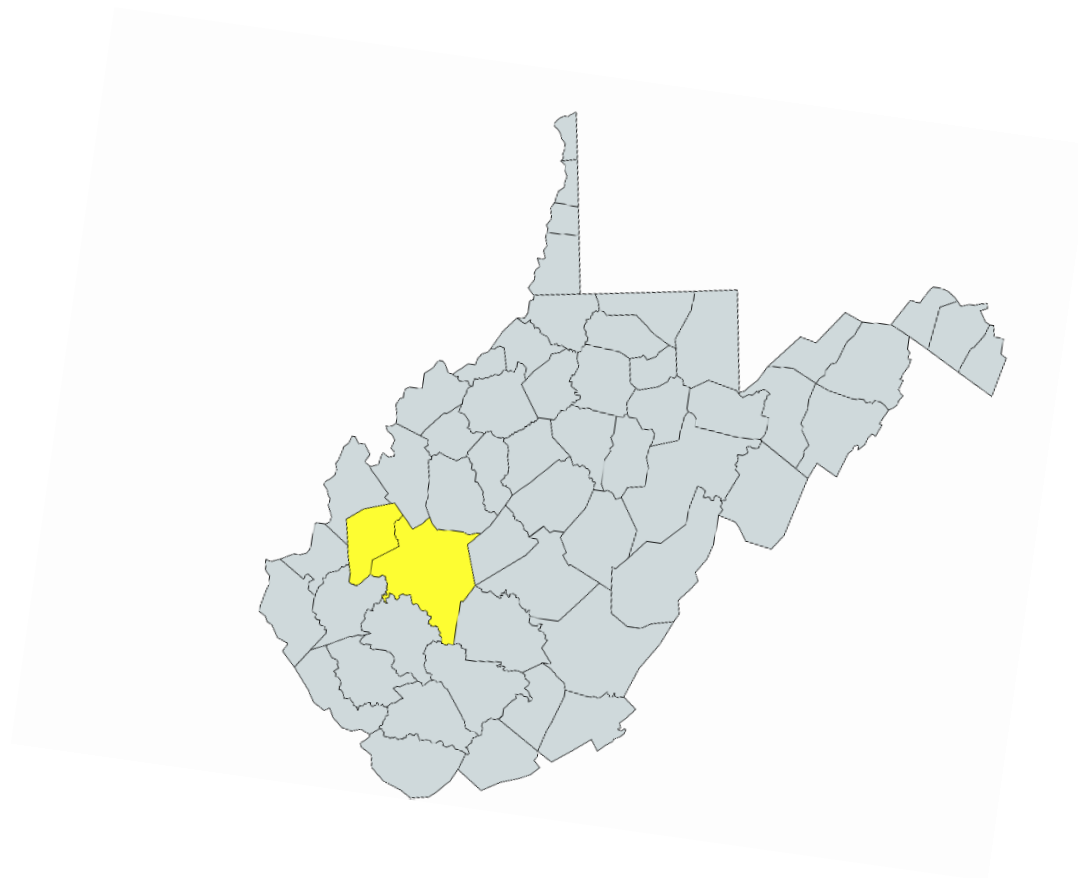


Table 1 contains information from the US Census Bureau and shows the most current Quickfacts<sup>1</sup> (Appendix A) for the two counties in Thomas Hospitals' service area. It outlines some basic demographics, as well as information about health insurance coverage and poverty levels.

Tables 2 and 3 contain a snapshot of pertinent Mountain State Health Assessment of Trends in Community Health ([MATCH](#)) data. MATCH is a biennial survey that collects information about the health and well-being of West Virginians.

*Table 1: US Census Quickfacts*

	Kanawha County	Putnam County
Population	174,805	56,962
Residents under 18	19.7%	21.2%
Non-white or +1 race	11.6%	4.2%
Hispanic or Latino	1.6%	1.6%
High school education or more	90.6%	93.6%
Bachelor's degree or more	28.2%	29.5%
Under 65 yrs. and no insurance	7.5%	6.0%
Persons living in poverty	17.7%	10.4%

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

*Table 2: 2021 MATCH Data - Nutrition*

	Kanawha County	Putnam County
How often purchase fresh produce:		
Always	26.8%	22.9%
Usually	26.2%	35.3%
Sometimes to never	47%	24.7%
Reasons for not purchasing:		
Too expensive	37.3%	33.2%
Poor quality	24.2%	34%
Not available at my store	5.8%	10.5%
Other reasons	41%	33.9%
Received free groceries from food banks in last 30 days	8.5%	3.6%
Skipped or cut food due to money in past 30 days	15.5%	13.8%

**Table Notes:** <https://wvmatchsurvey.org/>

Table 3: 2021 MATCH Data – Substance use and Health

	Kanawha County	Putnam County	WV
Substance use:			
Any drug use in past 12 months	28.2%	24.6%	25.9%
Ever overdosed	2.7%	NA	3.2%
Anyone in family in WV in past 12 months overdosed	4.6%	2.9%	4.6%
Felt need to see provider for SUD problems (past 12 months)	3.1%	NA	2.8%
At least 1 drink of alcohol in past 30 days	33.6%	36.8%	33.3%
Binge drinking in past 30 days	14.7%	10.5%	16%
Health			
Difficulty performing daily activities	19.7%	14.2%	20.4%
General health status Fair or Poor	26.5%	20.6%	24.2%

**Table Notes:** <https://wvmatchsurvey.org/>

NA indicates a prevalence estimate deemed unreliable and unstable

## 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 Thomas Hospitals as it was incorporated into a new health system. This placed extra burden on the hospital staff charged with overseeing this process and altered their reporting timeline in a way that placed them just out of sync with data collection undertaken on KCCHI's existing cadence. To accommodate, a modified process was developed and carried out by the leadership team and WVU HAI partners. Thomas Hospitals remains in collaboration with KCCHI, and the Executive Director participated in the modified CHNA process as a member of the leadership team, outlined below. Thomas Hospitals intends to use the next iteration of CHNA reporting to realign more closely with KCCHI's primary data collection efforts.

This year's CHNA process began with a review of the 2020 Thomas Hospitals CHNA and 2022 KCCHI reporting. It also included a review of publicly available secondary data related to Kanawha and Putnam counties including US Census data (above), County Health Rankings Data (Appendix B), and select MATCH data from Kanawha and Putnam 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.

A brief supplemental survey for select key partners (Appendix C) was developed using an iterative process. The survey was aimed to remind respondents of the 2022 KCCHI survey outcomes and prioritized health topics, ask them to reflect on these in a fall 2024 context, and to provide their overall perceptions of current health issues in Kanawha and Putnam counties. This survey was developed, hosted, and analyzed using Qualtrics, and data was collected from a small group of participants using a single anonymous link. This link was shared by hospital leadership directly to their selected partners. It was not intended to be representative of any one population or perspective, but rather a mechanism for incorporating the community's robust 2022 KCCHI data into this transitional 2024 CHNA reporting.

At the conclusion of this data collection, analysis was conducted by the WVU Health Affairs team. Primary data results and secondary data were presented back to the leadership team. 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 Thomas Hospitals' CHNA leadership team and provided input throughout the process of developing the CHNA. These individuals served as a steering committee for the WVU HAI team, worked with the team to develop a modified CHNA process that would maintain existing community collaboration and ensure representation across subpopulations of the service area, informed the supplemental survey disseminated to key partners, and were charged as a group with collaborative discussions of primary and 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

#### Thomas Hospitals

- Administration
- Compliance
- Physician
- Board Member
- Foundation
- Pastoral Care
- Patient Family Representative
- Behavioral Health
- Community-Based Programs
- Marketing

#### Kanawha Coalition for Community Health Improvement

The following were represented in supplemental data collection from select partners. They were asked to speak to the experiences of the populations whom they serve or represent and to reflect on and provide feedback about the 2022 KCCHI data in a fall 2024 context.

- Hospital administration or board
- Health care provider
- A state, local, or regional public health department, or public health entity
- Those working with medically under-served, low-income, and/or minority populations

### 3 Community Health Needs Prioritization

Hospital leadership reviewed all primary and secondary data and worked to identify priority areas to address through implementation strategies. The 2022 KCCHI data carried forward some of the top health concerns from 2020, including substance use, abuse, and chronic disease.

Moving beyond the early years of COVID-19 led to a shift away from some pandemic-centric priorities of the 2020 CHNA, and 2022 found KCCHI identifying opportunities related to wellness promotion and chronic disease prevention, mental health, workforce development, and sharing of existing opportunities for recreation, education, and other community and social activities.

Partners who responded to the supplemental survey indicated that in the fall of 2024, mental health and chronic disease prevention remain at the top of their minds from among these 2022 community concerns. Additionally, substance use disorder treatment, transportation, and access to nutritious foods were raised as among their top concerns at this time.

#### 3.1 Prioritization Process

The existing secondary data, most recent KCCHI data, new supplemental primary data from partners, and lessons learned from the last CHNA cycle all factored into Thomas Hospitals' prioritization decisions. There was group consensus that KCCHI priorities should remain as such, and the leadership team considered these priorities from their hospital and community perspectives.

The group considered the degree to which the hospital 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.

- **Mental Health and Substance Use Disorder (SUD)**

The hospital leadership team is aware of these ongoing and often-related issues in their service area and state. Team members shared perspective that in their area, providers often accept private insurance but not public insurance options, wait times can be very long, and there are not enough providers to meet these needs in general – all limiting access to these services. Key partner feedback showed that access to SUD treatment and stigma related to mental health and SUD are concerns of theirs. The team has chosen to continue placing priority focus on community benefit strategies in these areas.



- **Wellness Promotion: nutrition, obesity, chronic disease prevention, employer wellness programs**

Hospital leadership sees broad opportunity to impact inter-related health topics including nutrition, chronic disease, and obesity. Employer wellness programs are already active in this area and will continue to be a focus. Access to nutritious foods is also something that Thomas Hospitals will continue to work to address.

- **Wellness Resources: education, transportation, promotion of community activities**

The hospital has a broad audience for sharing information and has chosen to focus on how it may use its existing social media and other avenues to share educational information, promote community activities and partner resources, and more. Transportation is a barrier that touches many health topics including those among the community's top concerns, and Thomas Hospitals will look for ways to link community members to these resources wherever possible. Leadership discussed that the Kanawha County Board of Education conducts outreach to families of incoming young students each spring, which is a potential way of sharing information within the community.

### 3.2 Potential Resources

The following table documents ideas for implementation 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 4: Potential Community Resources*

Potential Community Resources
Active Southern WV
American Job Center
Charleston Parks and Recreation
FARMacy WV
Food is Medicine
Dr. Jane Jeffries – existing programming addressing obesity and weight loss
Kanawha County Health Department
Kanawha County Schools or school nurses
Putnam County Health Department
School systems (either county) – Board of Education; food distribution programs
West Virginia Health Right – various clinical resources; food resources

## 4 Conclusion

Each of the top priorities identified in the 2024 CHNA are consistent with concerns raised by the community in 2022's KCCHI data collection, and in Thomas Hospitals' previous CHNA in 2020. The 2024 CHNA identifies the following priorities to guide efforts to improve the health and well-being of community members:

- Mental Health and Substance Use Disorder (SUD)
- Wellness Promotion: nutrition, obesity, chronic disease prevention, employer wellness programs
- Wellness Resources: education, transportation, promotion of community activities

## 5 Appendices

Appendix A – US Census Bureau Quickfacts



















































Appendix B – County Health Rankings & Roadmaps

Appendix C – Supplemental Survey for Key Partners



## QuickFacts

### Kanawha County, West Virginia; Putnam 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 	Kanawha County, West Virginia	Putnam County, West Virginia	West Virginia
<b>In civilian labor force, female, percent of population age 16 years+, 2018-2022</b>	<b>51.5%</b>	<b>52.0%</b>	<b>49.3%</b>
 <b>PEOPLE</b>			
<b>Population</b>			
Population estimates, July 1, 2023, (V2023)	 174,805	 56,962	 1,770,071
Population estimates base, April 1, 2020, (V2023)	 180,749	 57,441	 1,793,713
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	 -3.3%	 -0.8%	 -1.3%
Population, Census, April 1, 2020	180,745	57,440	1,793,716
Population, Census, April 1, 2010	193,063	55,486	1,852,994
<b>Age and Sex</b>			
Persons under 5 years, percent	 4.9%	 4.7%	 4.9%
Persons under 18 years, percent	 19.7%	 21.2%	 19.9%
Persons 65 years and over, percent	 22.6%	 20.5%	 21.5%
Female persons, percent	 51.6%	 50.5%	 50.1%
<b>Race and Hispanic Origin</b>			
White alone, percent	 88.4%	 95.8%	 92.8%
Black or African American alone, percent (a)	 7.4%	 1.4%	 3.8%
American Indian and Alaska Native alone, percent (a)	 0.2%	 0.2%	 0.3%
Asian alone, percent (a)	 1.1%	 0.9%	 0.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	 Z	 Z	 Z
Two or More Races, percent	 2.8%	 1.5%	 2.1%
Hispanic or Latino, percent (b)	 1.6%	 1.6%	 2.2%
White alone, not Hispanic or Latino, percent	 87.0%	 94.5%	 90.9%
<b>Population Characteristics</b>			
Veterans, 2018-2022	10,091	3,682	114,894
Foreign born persons, percent, 2018-2022	1.9%	1.4%	1.6%
<b>Housing</b>			
Housing Units, July 1, 2023, (V2023)	90,341	25,056	863,745
Owner-occupied housing unit rate, 2018-2022	69.7%	82.1%	74.2%
Median value of owner-occupied housing units, 2018-2022	\$131,200	\$202,300	\$145,800
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,166	\$1,453	\$1,180
Median selected monthly owner costs -without a mortgage, 2018-2022	\$418	\$431	\$371
Median gross rent, 2018-2022	\$868	\$1,007	\$831
Building Permits, 2023	151	103	4,014
<b>Families &amp; Living Arrangements</b>			
Households, 2018-2022	77,252	22,402	716,040
Persons per household, 2018-2022	2.29	2.55	2.43
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	90.4%	91.3%	88.9%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	2.4%	1.5%	2.5%
<b>Computer and Internet Use</b>			
Households with a computer, percent, 2018-2022	90.5%	91.7%	88.8%
Households with a broadband Internet subscription, percent, 2018-2022	84.8%	84.3%	82.7%
<b>Education</b>			
High school graduate or higher, percent of persons age 25 years+, 2018-2022	90.6%	93.6%	88.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	28.2%	29.5%	22.7%
<b>Health</b>			
With a disability, under age 65 years, percent, 2018-2022	14.0%	7.1%	13.8%
Persons without health insurance, under age 65 years, percent	 7.5%	 6.0%	 7.5%

# Appendix A - US Census Bureau Quickfacts

<b>Economy</b>			
In civilian labor force, total, percent of population age 16 years+, 2018-2022	54.8%	57.7%	53.1%
<b>In civilian labor force, female, percent of population age 16 years+, 2018-2022</b>	<b>51.5%</b>	<b>52.0%</b>	<b>49.3%</b>
Total accommodation and food services sales, 2017 (\$1,000) (c)	577,522	97,893	4,069,148
Total health care and social assistance receipts/revenue, 2017 (\$1,000) (c)	D	247,138	15,236,903
Total transportation and warehousing receipts/revenue, 2017 (\$1,000) (c)	1,021,549	73,928	3,068,787
Total retail sales, 2017 (\$1,000) (c)	3,151,412	752,407	23,057,778
Total retail sales per capita, 2017 (c)	\$17,172	\$13,269	\$12,678
<b>Transportation</b>			
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	22.0	28.3	26.3
<b>Income &amp; Poverty</b>			
Median household income (in 2022 dollars), 2018-2022	\$55,226	\$75,725	\$55,217
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$34,976	\$38,589	\$31,462
Persons in poverty, percent	⚠ 17.7%	⚠ 10.4%	⚠ 16.7%
 <b>BUSINESSES</b>			
<b>Businesses</b>			
Total employer establishments, 2022	4,483	1,231	35,530
Total employment, 2022	74,108	17,916	540,468
Total annual payroll, 2022 (\$1,000)	3,996,901	1,004,071	26,501,437
Total employment, percent change, 2021-2022	3.9%	5.4%	4.1%
Total nonemployer establishments, 2021	9,069	3,258	91,015
All employer firms, Reference year 2017	3,624	971	24,430
Men-owned employer firms, Reference year 2017	2,030	602	14,791
Women-owned employer firms, Reference year 2017	434	69	3,728
Minority-owned employer firms, Reference year 2017	208	S	1,116
Nonminority-owned employer firms, Reference year 2017	2,551	767	20,383
Veteran-owned employer firms, Reference year 2017	219	93	1,872
Nonveteran-owned employer firms, Reference year 2017	2,460	636	19,020
 <b>GEOGRAPHY</b>			
<b>Geography</b>			
Population per square mile, 2020	200.5	166.2	74.6
Population per square mile, 2010	214.1	160.5	77.1
Land area in square miles, 2020	901.65	345.68	24,041.15
Land area in square miles, 2010	901.59	345.67	24,038.21
FIPS Code	54039	54079	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
  - 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
- N** an open end
  - Data for this geographic area cannot be displayed because the number of sample cases is too small.

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 Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

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# Compare Counties

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

Select year: 2024 ▼

SelectAdditional

		Kanawha, WV	Putnam, 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		Kanawha, WV	Putnam, WV	West Virginia	<div></div>
Premature Death	<div></div>	14,600	9,100	12,600	
Quality of Life		Kanawha, WV	Putnam, WV	West Virginia	<div></div>
Poor or Fair Health		20%	18%	21%	
Poor Physical Health Days		4.6	4.1	4.3	
Poor Mental Health Days		6.1	5.8	6.2	
Low Birthweight		11%	8%	10%	
Health Factors					
Health Behaviors		Kanawha, WV	Putnam, WV	West Virginia	<div></div>
Adult Smoking		21%	19%	24%	
Adult Obesity		40%	44%	41%	
Food Environment Index		7.6	9.0	6.8	
Physical Inactivity		30%	27%	28%	
Access to Exercise Opportunities		72%	67%	58%	
Excessive Drinking		13%	14%	14%	

Appendix B - County Health Rankings & Roadmaps					
Alcohol-Impaired Driving Deaths		15%	27%	26%	
Sexually Transmitted Infections		447.3	200.8	293.1	
Teen Births		26	12	24	
Clinical Care		Kanawha, WV	Putnam, WV	West Virginia	
Uninsured		7%	6%	8%	
Primary Care Physicians		770:1	950:1	1,320:1	
Dentists		1,080:1	2,380:1	1,710:1	
Mental Health Providers		350:1	1,000:1	560:1	
Preventable Hospital Stays		3,792	3,092	3,958	
Mammography Screening		41%	43%	40%	
Flu Vaccinations		45%	48%	39%	
Social & Economic Factors		Kanawha, WV	Putnam, WV	West Virginia	
High School Completion		91%	94%	88%	
Some College		62%	69%	57%	
Unemployment		3.8%	3.3%	3.9%	
Children in Poverty		26%	13%	23%	
Income Inequality		5.1	4.1	5.1	
Children in Single-Parent Households		30%	23%	24%	
Social Associations		17.4	10.0	12.7	
Injury Deaths		179	120	142	
Physical Environment		Kanawha, WV	Putnam, WV	West Virginia	
Air Pollution - Particulate Matter		7.8	8.5	7.3	
Drinking Water Violations		Yes	No		
Severe Housing Problems		12%	9%	11%	
Driving Alone to Work		79%	83%	80%	
Long Commute - Driving Alone		23%	43%	35%	

*Note: Blank values reflect unreliable or missing data.*

## Thomas Hospitals Community Health Needs Assessment - Stakeholder Survey - October 2024

Q1 Thomas Hospitals is conducting a Community Health Needs Assessment, a process required of all non-profit hospitals and regulated by the IRS. Please take a few minutes to complete this brief survey, which will provide valuable insight to leadership as they work to determine which areas of community concern will be addressed through community benefit efforts. Thank you for your time and please contact us if you have any questions or need help completing this survey. - Emily Sarkees, WVU Health Affairs Institute, [emily.sarkees@hsc.wvu.edu](mailto:emily.sarkees@hsc.wvu.edu)

As a partner or stakeholder in the community, which of the following describes you or your work? Please check all that apply.

- ☐ Hospital Administration or Board of Directors
- ☐ Health care provider
- ☐ Member of state, local, or regional governmental public health department, or other public health entity (e.g. State Office of Rural Health)
- ☐ Work with medically under-served, low-income, and/or minority populations
- ☐ Local government official
- ☐ Local school district representative
- ☐ Something else \_\_\_\_\_

Q2 In your opinion, what are the three most pressing health problem or related issues for members of your community?

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Q3 Kanawha Coalition for Community Health Improvement (KCCHI) 2022 survey data indicate that the topics below were the most pressing health or health-related concerns for respondents. How would you rank these topics in 2024, from 1 (highest) to 6 (lowest)?

- \_\_\_\_\_ Poverty
- \_\_\_\_\_ Access to health promotions
- \_\_\_\_\_ Prevention of chronic disease
- \_\_\_\_\_ Disease prevention education
- \_\_\_\_\_ Substance Use Disorder treatment
- \_\_\_\_\_ Affordable housing

Q4 KCCHI outlined the following priorities as a result of this 2022 data. How would you rank these topics in 2024, from 1 (highest) to 5 (lowest)?

- \_\_\_\_\_ Wellness promotion and chronic disease prevention education (addressing obesity)
- \_\_\_\_\_ Mental health (children and adults)
- \_\_\_\_\_ Educating families on the importance of early childhood education
- \_\_\_\_\_ Employee wellness programs
- \_\_\_\_\_ Expand usage and knowledge of community center for social and recreational activities

Q5 If you feel comfortable doing so, please indicate the name of your organization. This information will not identify respondents but will be incorporated into the final CHNA report to help summarize the extent of community organization input into this process. As required, this final report will be posted publicly on the hospital website following formal adoption by the Board of Directors by the end of 2024.

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