

2016

Pocahontas Memorial Hospital
Community Health Needs Assessment



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Executive Summary

In 2013, Pocahontas Memorial Hospital conducted its first Community Health Needs Assessment to identify health issues and community needs impacting the health of Pocahontas County residents. This follow-up assessment was completed in 2016. The results of this Community Health Needs Assessment will be used to inform Pocahontas Memorial Hospital's staff and board with regard to how the hospital can positively impact the health of residents in its service areas as part of the hospital's strategic planning process.

To assist with the initial assessment, Pocahontas Memorial Hospital contracted the Center for Rural Health Development, Inc. In conjunction with the board, leadership, and staff, the needs assessment team sought the participation of a wide circle of interested Pocahontas County residents through the use of interviews and surveys.

Both Community Needs Health Assessments used multiple data collection tools and methods, both qualitative and quantitative, to conduct an epidemiological needs assessment of the factors that impact the health of Pocahontas County residents. Key points of this report include the influence of the county's demographic, geographic, socio-economic, clinical care, and physical environments on the health outcomes of Pocahontas County residents.

Pocahontas Memorial Hospital sought to be as inclusive as possible and incorporated the perspectives of diverse members of the community in terms of age, race/ethnicity, gender, profession, and geographic location. Meaningful partnerships have been developed with local agencies and community individuals in an effort to identify and mobilize community assets that will be used in the longer term strategic process.

Hospital Profile

Marlinton Hospital and Infirmary was first established by the County Court in 1926. It became known as Pocahontas Memorial Hospital as a tribute to the men and women who served in the military from Pocahontas County. After nearly 70 years, the hospital was moved out of the floodplain to Buckeye in October 1995. Pocahontas Memorial Hospital is licensed as a 25 bed Critical Access Hospital with Level IV Four Trauma Center and provider based Rural Health Clinic designations.

Pocahontas Memorial Hospital's mission is to be "committed to excellence in delivering compassionate health care and promoting healthy life styles."

In pursuing this mission, Pocahontas Memorial Hospital strives to:

- Be a collaborative partner to improve the health of our communities.
- Be a leader in patient education, prevention and outreach.
- Utilize evidence based practices in the delivery of care.
- Foster a culture that exceeds expectations.
- Sustain financial viability in a changing healthcare environment.

Pocahontas Memorial Hospital's commitment to their mission is carried out through six operational pillars and nine principles that guide their work. The six pillars are People, Service, Quality, Finance, Growth and Community. The principles are:

Principle 1: *Commit to Excellence.*

Principle 2: *Use Measurement to Diagnose Problems and Improve Processes.*

Principle 3: *Build a Culture around Service*

Principle 4: *Create and Develop Leaders*

Principle 5: *Focus on Employee Satisfaction*

Principle 6: *Build Individual Accountability*

Principle 7: *Align Behaviors with Goals and Values*

Principle 8: *Communicate at All Levels*

Principle 9: *Recognize and Reward Success*

Pocahontas Memorial Hospital is a licensed 25 bed Critical Access Hospital including these additional services:

- Acute care
- Ambulance services
- Community outreach services and programs
- Diabetes education
- Emergency services
- Laboratory services
- Outpatient nursing center including wound care and infusion services
- Radiology services

- Rehabilitation services including Physical, Occupational, and Speech Therapies
- Respiratory therapy
- Respite care
- Retinopathy exams through telemedicine
- Rural Health Clinic, with total family health care, including physical exams, chronic disease management, family practice, immunizations, and women's and children's services
- Specialty clinics

Community Profile

Pocahontas Memorial Hospital is located in Buckeye, near the county seat of Marlinton, West Virginia in Pocahontas County. Pocahontas County is known as the Birthplace of Rivers, as it is the location of the headwaters of eight rivers: Cherry River, Cranberry River, Elk River, Gauley River, Greenbrier River, Tygart Valley River, Williams River, and Shavers Fork of the Cheat River. The county has the highest average elevation of any county east of the Mississippi and has the largest concentration of public lands in West Virginia of which 349,000 acres is either state or federal property. More than 800 miles of hiking and biking trails are located in the county with more than 1/3 of the Monongahela National Forest located within county borders. Given its beautiful natural landscape, over one million tourists visit the county each year, although the county is one of the smallest in terms of population in the entire state. The most popular attraction is Snowshoe Mountain, a ski resort that sees 480,000 skiers each winter and is quickly becoming popular for summer activities such as mountain biking and cross country racing. Pocahontas County is also the home of the Green Bank Observatory and is part of the National Radio Quiet Zone.

Methodology

The purpose of the community health needs assessment and follow-up was to compile current data on the key health issues faced by residents of Pocahontas County. The needs assessment included both qualitative and quantitative assessments.

Quantitative Assessment: Data was collected to create a profile of the following characteristics of the county:

- Demographic factors
- Physical environment
- Health behaviors
- Social and economic factors
- Clinical care
- Health outcomes

Qualitative Assessment: Key informants from 2013, as well as new participants for the 2016 follow-up, were all interviewed via key informant interviews and an online survey. These informants represented a variety of sectors including local government, agriculture, education, industry and business, civic groups, public health, law enforcement, and the service industry.

Service Area

The service area is the geographic area from which a significant number of people using the hospital's services reside. Hospital utilization data has shown that the bulk of patients discharged from Pocahontas Memorial Hospital resided in Pocahontas County. Thus, Pocahontas County was defined as the service area for this Community Health Needs Assessment.

Data Sources

US Census Bureau, American Community Survey, "Quick Facts"
West Virginia Annual Average 2015, WorkForce West Virginia

United States Department of Agriculture Economic Research Service
National Vital Statistics Reports, Vol. 64, No. 7, July 27, 2015
West Virginia Bureau for Public Health, Health Statistics Center, 2013
County Health Rankings and Roadmaps; Pocahontas County
Information for Improving Community Health, Centers for Disease Control and Prevention; Pocahontas
County
Community Needs Assessment Data Report; Pocahontas County

Demographic Profile

People	Service Area
Population	
Population estimates, July 1, 2015, (V2015)	8,607
Population estimates base, April 1, 2010, (V2015)	8,722
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	-1.3
Population, Census, April 1, 2010	8,719
Age and Sex	
Persons under 5 years, percent, July 1, 2015, (V2015)	5.4
Persons under 5 years, percent, April 1, 2010	4.5
Persons under 18 years, percent, July 1, 2015, (V2015)	17.6
Persons under 18 years, percent, April 1, 2010	17.9
Persons 65 years and over, percent, July 1, 2015, (V2015)	23.2
Persons 65 years and over, percent, April 1, 2010	19.3
Female persons, percent, July 1, 2015, (V2015)	48.4
Female persons, percent, April 1, 2010	48.7
Race and Hispanic Origin	
White alone, percent, July 1, 2015, (V2015) (a)	97.1
White alone, percent, April 1, 2010 (a)	97.8
Black or African American alone, percent, July 1, 2015, (V2015) (a)	1.1
Black or African American alone, percent, April 1, 2010 (a)	0.7
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	0.3
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	0.2
Asian alone, percent, July 1, 2015, (V2015) (a)	0.1
Asian alone, percent, April 1, 2010 (a)	Z
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)	Z
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)	Z
Two or More Races, percent, July 1, 2015, (V2015)	1.3
Two or More Races, percent, April 1, 2010	1.0
Hispanic or Latino, percent, July 1, 2015, (V2015) (b)	1.5
Hispanic or Latino, percent, April 1, 2010 (b)	0.8
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)	95.7
White alone, not Hispanic or Latino, percent, April 1, 2010	97.3
Population Characteristics	
Veterans, 2010-2014	825
Foreign born persons, percent, 2010-2014	0.3
Housing	
Housing units, July 1, 2015, (V2015)	8,833
Housing units, April 1, 2010	8,847
Owner-occupied housing unit rate, 2010-2014	80.9
Median value of owner-occupied housing units, 2010-2014	107,400
Median selected monthly owner costs -with a mortgage, 2010-2014	839
Median selected monthly owner costs -without a mortgage, 2010-2014	246
Median gross rent, 2010-2014	538

Building permits, 2015	3
Families and Living Arrangements	
Households, 2010-2014	3,719
Persons per household, 2010-2014	2.25
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	92.0
Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	0.9
Education	
High school graduate or higher, percent of persons age 25 years+, 2010-2014	84.7
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	15.8
Health	
With a disability, under age 65 years, percent, 2010-2014	16.2
Persons without health insurance, under age 65 years, percent	12.5
Economy	
In civilian labor force, total, percent of population age 16 years+, 2010-2014	52.6
In civilian labor force, female, percent of population age 16 years+, 2010-2014	47.3
Total accommodation and food services sales, 2012 (\$1,000) (c)	51,385
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	24,224
Total manufacturers shipments, 2012 (\$1,000) (c)	38,091
Total merchant wholesaler sales, 2012 (\$1,000) (c)	D
Total retail sales, 2012 (\$1,000) (c)	75,687
Total retail sales per capita, 2012 (c)	8,708
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	26.7
Income and Poverty	
Median household income (in 2014 dollars), 2010-2014	34,761
Per capita income in past 12 months (in 2014 dollars), 2010-2014	21,120
Persons in poverty, percent	17.6

This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates. Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable.

The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015). Different vintage years of estimates are not comparable.

(a) Includes persons reporting only one race

(b) Hispanics may be of any race, so also are included in applicable race categories

(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

D: Suppressed to avoid disclosure of confidential information

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

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

Social and Economic Factors

Social and economic factors are examined as part of a community health needs assessment as economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic recourses provides a foundation for a healthy community.

Unemployment

The state of West Virginia recorded an annual average unemployment rate of 6.7% in 2015, up 1/10 of a percentage point from the 2014 rate of 6.6%. The following chart shows employment and unemployment for Pocahontas County.

	2013	2014	2015
Labor Force	3,600	3,550	3,600
Total Employment	3,290	3,240	3,300
Total Unemployment	310	310	300
Unemployment Rate	8.6%	8.7%	8.2%

West Virginia Annual Average 2015, WorkForce West Virginia

Poverty

	2000	2014
Pocahontas County	17.1%	17.6%
West Virginia	17.9%	18.3%
United States	13.1%	14.8%

United States Department of Agriculture Economic Research Service

Education

	No High School	High School Only	Some College	Associates Degree	Bachelor's Degree	Graduate or Professional
Pocahontas Co	15.4%	47.9%	16.7%	4.4%	9.9%	5.9%
West Virginia	15.6%	40.9%	18.4%	6.4%	11.6%	7.2%
United States	13.7%	28.0%	21.2%	7.9%	18.3%	11.0%

US Census Bureau, American Community Survey

Physical Environment

A community’s health is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. Pocahontas County is fortunate to have two community health centers as well as several state and national parks, including the Greenbrier River Trail running throughout the county to provide recreational and physical activity.

Pocahontas County and the state show very close ratings in environmental factors such as air pollution, housing problems, and work commute information. Air pollution in West Virginia is measured on a range of 12.9 – 14.1 by the Centers for Disease Control and Prevention. Measured at a 13.1, Pocahontas County has one of the best air qualities in the state.

	Air Pollution	Severe Housing Problems	Driving Alone to Work	Long Commute	Ranking*
Pocahontas County	13.1	11.0%	79.0%	35.0%	3 (out of 55)
West Virginia	13.2	11.0%	82.0%	33.0%	
United States	9.5	9.0%	71.0%	15.0%	

County Health Rankings and Roadmaps

**Ranking is by county of 1 (best) to 55 (worst).*

Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g. poor diet and exercise) with outcomes (e.g. high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

The following chart shows the top ten causes of death in Pocahontas County, calculated per rate of 100,000 to provide a direct comparison to state and national numbers. The leading cause of death is malignant neoplasms (cancers), with diseases of the heart second highest.

	Malignant Neoplasms (Cancers)	Diseases of Heart	Cerebrovascular Disease (Stroke)	Accidents, All Forms	Alzheimers Disease	Chronic Lower Respiratory Disease	Poisonings	Influenza/Pneumonia	Nephritis	Suicide (including ODs)
Pocahontas County (per 100,000)	298.2	217.9	103.2	91.8	91.8	80.3	45.9	22.9	22.9	22.9
West Virginia (per 100,000)	251.4	264.4	60.0	68.3	32.1	80.6	26.6	22.5	23.1	15.9
United States (per 100,000)	185.1	191.5	41.4	40.6	27.3	45.9	No data	17.3	14.6	12.7

National Vital Statistics Reports, Vol. 64, No. 7, July 27, 2015

West Virginia Bureau for Public Health, Health Statistics Center, 2013

Clinical Care

A lack of access to care presents significant barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

The following table shows how Pocahontas County relates to West Virginia and the nation in terms of the factors impacted by access to clinical care services.

	Primary Care Providers	Mammo-graphy Screening	Uninsured	Diabetic Monitoring	Preventable hospital stays	Ranking for Clinical Care*
Pocahontas County	1730:1	58.0%	22.0%	85.0%	60	39 (out of 55)
West Virginia	1290:1	58.0%	17.0%	84.0%	81	
United States	1040:1	71.0%	11.0%	90.0%	38	

County Health Rankings and Roadmaps

**Ranking is by county of 1 (best) to 55 (worst).*

Current Health Care Providers

Pocahontas Memorial Hospital's Rural Health Clinic is designated as being located in a Health Professions Shortage Area (HPSA). In addition, the northern and southern regions of Pocahontas County are both designated as a Medically Underserved Area (MUA). The following table lists the providers located in Pocahontas County in December 2016.

Facility	Providers	Services
Pocahontas Memorial Hospital, Buckeye	Luke McElwain, DO Justin Jeffries, DO Jeff Pilney, DO Brian Gullett, DO	Hospitalist and Emergency Medicine
PMH Rural Health Clinic, Buckeye	Julie Hare, MD Isaac Alexis, MD Valarie Monico, PA-C Donna Lidel-Burley, FNP	Family Practice
Community Care, Marlinton and Hillsboro	Jennifer Rose, DO Josh Rhodes, PA-C	Family Practice
Community Care, Green Bank	Andrew Bee, FNP Rachel Wayne-Taylor, PA-C	Family Practice, school based health care
Big Springs and Deer Creek Clinics, Green Bank and Slatyfork	John Eilers, DO	Family Practice
Buckeye	Luis Soriano, MD	Family Practice

Health Behaviors

Health behaviors such as poor diet, lack of exercise, and substance abuse contribute to poor health status and thus are important to understand in planning for future health services in the service area.

The following table shows how Pocahontas County relates to West Virginia and the nation in terms of selected health behaviors. Pocahontas County's food environment index ranks a 6.0, which is calculated based on access to healthy foods (living close to a grocery store) and food insecurity.

	Adult Heavy Drinkers	Poor or Fair Health	Adult Smokers	Adult Obesity	Physical Inactivity	Food Environment Index*
Pocahontas County	10.0%	22.0%	23.0%	32.0%	28.0%	6.0
West Virginia	10.0%	24.0%	27.0%	34.0%	32.0%	7.3
United States	12.0%	12.0%	14.0%	25.0%	20.0%	8.3

County Health Rankings and Roadmaps

**Food Environment Index ranges from 0 (worst) to 10 (best).*

Peer Counties

As part of the Community Health Needs Assessment, information was collected from the Centers for Disease Control and Prevention to identify “peer counties” across the country to Pocahontas County. Peer counties were stratified on the basis of the following factors: frontier status, population size, poverty, age, and population density.

Peer counties, on average, have:

Population Size: 3,369 – 32,463

Population density (per square mile): 1 – 70

Median household income: \$28,029 - \$49,346

Age distribution:

Under 18: 11.4% - 21.5%

Age 18 – 64: 51.7% - 68.1%

Over 65: 20.5% - 33.5%

Race/Ethnicity:

White: 48.1% - 97.3%

Black: 0.1% - 49.4%

Am Indian: 0.2% - 17.3%

Asian: 0.1% - 0.7%

Hispanic: 0.5% - 28.9%

Counties identified as Peer Counties to Pocahontas County were:

Arkansas:	Marion
Florida:	Dixie, Glades
Georgia:	Towns
Idaho:	Clearwater
Kentucky:	Lyon
Michigan:	Alcona, Alger, Arenac, Cheboygan, Crawford, Glafwin, Huron, Iosco, Iron, Lake, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Schoolcraft
Minnesota:	Aitkin
Missouri:	Hickory, Morgan, Ozark
Montana:	Mineral
New Mexico:	Catron, Sierra
North Carolina:	Cherokee, Clay, Mitchell
Ohio:	Noble
Oregon:	Wallowa
Pennsylvania:	Forest, Sullivan
South Carolina:	McCormick
Texas:	Real
Virginia:	Patrick
Washington:	Wahkiakum
Wisconsin:	Adams, Bayfield, Burnett, Iron, Price

The following table provides a comparison of Pocahontas County to the **peer counties** identified on Page 15 in terms of health indicators. Pocahontas County ranks *better* than peer counties in the first column, *moderately* in the second column, and *worse* than in the third column.

	Better  (most favorable quartile)	Moderate  (middle two quartiles)	Worse  (least favorable quartile)
Mortality		<u>Cancer deaths</u> <u>Coronary heart disease deaths</u> <u>Diabetes deaths</u> <u>Female life expectancy</u> <u>Male life expectancy</u>	<u>Chronic kidney disease deaths</u> <u>Chronic lower respiratory disease (CLRD) deaths</u> <u>Stroke deaths</u> <u>Unintentional injury (including motor vehicle)</u>
Morbidity	<u>Cancer</u> <u>Older adult asthma</u> <u>Syphilis</u>	<u>Adult diabetes</u> <u>Adult obesity</u> <u>Alzheimer's diseases/dementia</u> <u>Gonorrhea</u> <u>Older adult depression</u> <u>Preterm births</u>	<u>Adult overall health status</u>
Health Care Access and Quality		<u>Cost barrier to care</u>	<u>Older adult preventable hospitalizations</u> <u>Primary care provider access</u> <u>Uninsured</u>
Health Behaviors	<u>Adult physical inactivity</u>	<u>Adult binge drinking</u> <u>Adult female routine pap tests</u> <u>Adult smoking</u> <u>Teen Births</u>	
Social Factors	<u>High housing costs</u> <u>Inadequate social support</u> <u>Violent crime</u>	<u>Children in single-parent households</u> <u>On time high school graduation</u> <u>Poverty</u> <u>Unemployment</u>	
Physical Environment	<u>Housing stress</u>	<u>Access to parks</u> <u>Annual average PM2.5 concentration</u> <u>Living near highways</u>	<u>Limited access to healthy food</u>

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](http://www.cdc.gov)

Community Input

Input was solicited from those representing many interests of the community, including Chamber of Commerce members, county school employees, local business leaders, other health care professionals, parents, and various community organization leaders.

Twenty eight community stakeholders participated in an online survey with follow-up interviews with ten conducted by email and phone.

Perception of Pocahontas Memorial Hospital

65% of participants have used or do use PMH services, while 35% do not. Of those using PMH services, all reported being satisfied with the healthcare they received. The majority of people using PMH are patients of the Rural Health Clinic or the Emergency Department.

Participants were asked to rate their level of satisfaction on a variety of aspects. Receiving overall high ratings are the quality of care and the trust and competency of the staff and doctors. Receiving the lowest ratings are the number of services available and financial soundness of the hospital.

Community Health Concerns

The most cited health concerns are a lack of specialists (including women and children's care, dialysis, and cancer treatment), lack of mental health and drug addiction treatment options, and the ability of the county in general to recruit and retain qualified health care providers.

A large number of participants expressed frustration at the "turn over" rate for primary care providers in Pocahontas County and how hard it is to establish a steady relationship with a provider. This was also a concern in the 2013 Needs Assessment. Although many indicated being pleased with their health care provider, they are concerned about what would happen if their provider leaves or retires, as many feel there are very few alternatives.

Quality and Access to Services

Most participants are pleased with the overall health services available in Pocahontas County.

However, nearly 50% of those surveyed reported using a hospital other than PMH and 40% reported using a primary care provider outside the county due to lack of in-depth testing services and specialties. This is the same view expressed in 2013.

The top health services seen as lacking in Pocahontas County are the availability of mental health and alcohol addiction, as well as the availability of healthy food options. Health care for both women and children are also areas of concern with many reporting they travel outside the county for routine appointments.

Challenges to Health Care

Participants were asked what they saw as challenges to health care service providers in Pocahontas County. Many of the participants recognized the vast challenges facing health care providers today. Participants cited increasing federal regulations and insurance requirements, as well as collection of payment from patients and insurance companies as the top challenges. They also recognized the difficulties for health care organizations in being able to recruit and retain qualified medical providers and staff. In a rural county such as this, transportation issues were identified as problems for many patients seeking health care.

Future of Pocahontas Memorial Hospital

Participants expressed appreciation for PMH and the services provided, even if at times limited. They believe that hospital care has improved vastly over the years, and its reputation improved greatly. Appreciation was expressed for the hospital's increased marketing and presence in the community, particularly at county fairs and festivals. Many expressed that they hope the hospital can maintain the services and capabilities currently offered, due to the decreasing population of the county.

Summary of Findings

The goal of the needs assessment was to identify health issues and community needs as well as provide information to the board and management team to make positive changes for the health of Pocahontas County. Statistical research was conducted and data compiled to complete the demographic and economic profiles. Surveys and follow-up interviews were completed to provide feedback from community members and stakeholders on the community perception of Pocahontas Memorial Hospital, general health needs of the community, and challenges related to the healthcare industry.

- While the population of Pocahontas County has decreased, those living in poverty have increased, from 17.1% in 2000 to 17.6% in 2014.
- Pocahontas County experiences a significantly higher number of deaths due to malignant neoplasms (cancers), cerebrovascular disease (stroke), general accidents, and Alzheimer's disease compared to both state and national rates.
- 32.0% of those in Pocahontas County suffer from obesity and 28.0% report physical inactivity. These are both higher numbers than national averages of 12.0% and 20.0%, respectively.
- West Virginians, as a whole, report being in "poor or fair health" with a county average of 22.0% compared to the national average of 12.0%.
- Pocahontas County is designated as a Health Professions Shortage Area and has very few health care providers for its population. For every 1,730 residents there is only one provider. The national ratio is 1,040:1.
- Pocahontas County has a higher number of preventable hospital stays (60) when compared to the national average (38); however it is lower than the state average (81).
- 23.0% of adults in Pocahontas County are tobacco smokers, compared to national average of 14.0%.

Community Health Priorities

After careful review of the data presented in this report, the findings above, 2013's needs assessment, as well as community feedback, the following health needs have been identified as priorities for the purposes of this Community Health Needs Assessment:

- Mental Health and Drug Addiction
- Lack of Specialty Care
- Chronic Disease Management

Mental Health and Drug Addiction

The data on page 11 of this report shows that Pocahontas County has high suicide and overdose rates. Community input verified a true concern of the availability of mental health and drug addiction treatment options. Rural areas, in general, have very few facilities for mental health and drug addiction treatment. Because of the scarcity of mental health providers, primary care providers often provide mental health services, even while facing barriers on time and reimbursement. Mental health and drug

addiction problems not only harm the individual, but the individual's family and friends. The abuse of drugs leads to many acute and chronic health conditions for the individual, as well as an increased risk for criminal activity and automobile accidents.

Resources: Pocahontas Memorial Hospital is committed to researching the possibility of treating and rehabilitating those seeking treatment for addictions. A licensed social worker was recently hired to help facilitate this process. PMH is also active in county tobacco and drug prevention efforts, holding a seat on the board for the Pocahontas County Prevention Coalition. PMH staff members work with other community organizations to provide addiction education to local schools, as well as adults.

Lack of Specialty Care

Access to healthcare services is extremely critical for rural residents. Ideally, residents should have convenient and confident access to services like primary care, dental, behavioral health, emergency, and public health services. However, rural residents, especially in an area like Pocahontas County, experience significant barriers to getting the care they need. The simple inconvenience of traveling to receive care often prevents residents from seeking out care at all. This is especially true when someone needs a type of specialty care, such as gynecology, obstetrics, cardiology, neurology, etc.

Resources: Pocahontas Memorial Hospital currently offers a Podiatry specialty clinic to offer podiatry services to county residents twice a month. Other specialty clinic possibilities are being explored. PMH currently offers Retinal Eye Exams through a special telemedicine partnership with Charleston Area Medical Center. PMH will continue to expand its line of telemedicine services including neurology. Telemedicine can allow patients to see a specialist without leaving the community, permits local providers at PMH to take advantage of distant expertise, and improves the timeliness of care.

Chronic Disease Management

Priority conditions for Pocahontas County include obesity, heart disease and stroke, and diabetes. Obesity is an underlying cause of many chronic conditions including diabetes, high blood pressure, high cholesterol and triglycerides, coronary artery disease, stroke, sleep apnea and respiratory problems, osteoarthritis, and gynecological problems. A large factor in the management of chronic diseases is health literacy, which impacts a patient's ability to understand the conditions of their disease and instructions for care. This can be a particular factor in rural communities, where residents may have lower education levels and higher rates of poverty.

Resources: Pocahontas Memorial Hospital provides numerous community education opportunities on chronic diseases such as "Heart Healthy Cooking" workshops, "Dining with Diabetes," free glucose and blood pressure checks, and "Wear Red" heart awareness events. PMH will continue to provide these free outreach and education opportunities to the county and surrounding areas and increase participation through marketing and outreach. PMH offers monthly community CPR classes and also provides hands-only CPR training for Pocahontas County High School seniors as part of the new West Virginia state requirements for graduation. New educational opportunities are continually being sought out and made available to the public.

PMH will also continue to offer spring “Health Fairs” which provides low cost blood panels to anyone interested, without a doctor’s order. These blood panels have caught many health conditions that patients were not aware of because they do not see a regular healthcare provider. Our Rural Health Clinic has also implemented new processes and education to help patients in managing chronic diseases.

PMH also hosts a monthly “Senior Luncheon” for senior citizens with guest speakers who cover topics ranging from diabetes and heart health to home health services and hospice care. PMH also has a weekly column in the local newspaper which allows educational pieces on a variety of topics to be made available to the public.