

NEW RIVER HEALTH ASSOCIATION

NEEDS ASSESSMENT

2021 - 2023

NEEDS ASSESSMENT OVERVIEW

A Needs Assessment is a systematic process for identifying and addressing community needs, and gaps between current conditions and desired conditions. Understanding the discrepancy between the current situation and the desired state requires a clear understanding of the current condition. Understanding the problem allows for appropriate solutions to improve the current performance or to correct a deficiency found through the assessment process.

New River Health Association, Inc. (NRHA) was established in 1976, as a rural, community-based, not-for-profit, primary health care center located in Scarbro, West Virginia. NRHA is now recognized as a Federally Qualified Health Center (FQHC), and has expanded to five main clinical sites, seven school-based health centers, three 340B Pharmacies, and two dental clinics.

The mission of New River Health is...”To promote the health, human and economic development, and well-being of individuals and our community through caring and competent health services, education, creativity, and teamwork.” To this day, the mission of NRHA continues to drive the management and staff to provide quality, affordable and accessible health care to the residents of Fayette, Raleigh and Nicholas Counties.

NRHA’s primary service area of Fayette County is situated in the middle of the Appalachian mountain range in south-central West Virginia. Fayette County covers 661.61 square miles of rural, mountainous terrain. The total population for Fayette County is 43,576.

In regards to addressing the needs of NRHA’s service area, the culture of poverty contributes to its health disparity. West Virginia ranks high among the majority of states in the nation for prevalence in chronic diseases. The culture of poverty in West Virginia correlates to its many barriers to care such as low household income, poor education, lack of employment opportunities, lack of personal transportation, and behavioral health issues.

The purpose of this Needs Assessment is to determine where there are gaps in service delivery so that NRHA can plan and participate in building the health care infrastructure to service its target population. The Needs Assessment considers the needs of Fayette County and the needs of the target population putting into context the populations served by NRHA and the need for access to affordable, high quality health care.

NEEDS ASSESSMENT SUMMARY

In general, NRHA's service area has a highly homogenous and decreasing population, while over the same time period national and state populations are increasing. As well as a decline in total population, the service area population is more aged and aging faster than the state and national populations. While the area is rich in heritage and natural beauty, the area is marked by under-development, poverty, and isolation. The population in the service area shares a similar culture to many other Appalachian communities and has a strong heritage of independence and loyalty to family and kinsmen. Residents are generally friendly and polite, but not trustful of outsiders. Relationships are considered important and trust develops slowly over years. Much of the way of life, outlook, attitudes, and personal ties remains constant from generation to generation. This population is typically conservative and resistant to activities that imply government or external interference. Consistent with these behaviors and community culture, residents often hesitate to enter the mainstream medical system except in emergencies. NRHA does not receive special population funding and its populations historically and currently do not include Migrant and Seasonal Farm Workers.

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 resources provides a foundation for a healthy community.

About 9% of the service area households have no motor vehicle, slightly higher than state and national averages. Due to the rural, mountainous terrain, and lack of a reliable public transportation system, patients not having reliable transportation available to them creates a barrier to health care services. The area is characterized by mountainous terrain served by narrow, winding roads which are as a whole poorly maintained. The area experiences harsh winters and occasional flooding which make roads hazardous to travel on. Along with weather concerns, the roads are often narrow and shared with commercial trucks, such as logging and coal trucks. Because of these travel concerns, it often takes longer to get from point A to point B as compared to the length of time on roads that are wider and more easily traveled. Distance in mountainous areas is commonly measured in travel time instead of mileage. There is limited public transportation and taxi service in the area.

Geography and transportation significantly reduce the likelihood of residents utilizing outside resources except in case of emergency. Likewise, the transportation and geographic concerns make it especially unlikely that residents have the ability to travel the distances required to reach other service providers and specialists located outside of the service area.

A higher percentage of residents of the service area lack a high school diploma when compared to state and national populations, and, consequently, a lower percentage of residents of the area have obtained a Bachelor Degree or higher than the state and national averages. Educational attainment has been linked to positive health outcomes. Many of NRHA's patients have limited literacy and specifically limited health literacy. The lack of a complete high school education can impact the success of preventive health care strategies and patient chronic disease self-management. Education also impacts employment opportunities and wage levels and thus is directly related to poverty status.

It should come as no surprise when reviewing educational attainment, that the Per Capita Income and Median Family Income in the service area are substantially lower than both the state and national averages. In turn, the percentage of children and families living in poverty and lacking health insurance in the service area far exceed state and national averages. In addition to the low per capita income and the

number of residents living in poverty, the latest unemployment rate show the service area has a higher unemployment rate than both the state and the nation. In the service area, local opportunities for employment have proven scarce with the instability of the coal mining industry. Outside of the local governments, school districts, and hospitals, there are few large employers in the service area. NRH is one of the larger employers in the primary service area. Recent efforts have been made to place more efforts on job creation in tourism, however, most of these are seasonal, and rarely offer health care benefits.

The Teen Birth Rate of 69.8 per 1,000 for the service area is substantially higher than the state (45.4) and national (36.6) rates. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices

In the service area, resident's access to quality health care is difficult, and resident's health outcomes tend to be poorer than that of folks living outside of the service area and nationally. These differences in access, quality, cost and outcomes are referred to as health disparities. Access to dentists and primary care services are both below state and national averages, access to mental health providers is substantially lower to both state and national averages. Mammography and Cervical Cancer screenings are in line with state and national averages, however, Colon Cancer screening is well below the national averages. Percent of adults without any regular primary care doctor in the service area is higher than both the state and national averages.

Health behaviors including alcohol consumption and tobacco use in the service area are higher than both state and national averages. In addition, the number of adults who do not participate in physical activity is higher than both state and national averages.

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health 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 relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

The service area exceeds national averages for incidents in colon and rectum cancer, lung cancer, depression in adults, adult diabetes, heart disease, adult high blood pressure, low weight births, lung disease, obesity, and poor dental and general health. The death rate related to drug poisoning in the service area is similar to the state average, but almost three times the national average. This indicator clearly illustrates the opioid epidemic's impact to area being served by NHRA.

Increased health care costs, high unemployment in the service area, poorly understood changes to Medicare, Medicaid and the Federal Health Insurance Marketplace, and reductions in employers offering employer funded health care for employees have left gaps in third-party access for some residents. High co-pays, high deductibles, and high monthly premiums keep some residents from seeing their doctor on a regular basis. There is a general lack of access to health care providers in the service area and difficulties accessing existing facilities due to physical, cultural, and financial access.

The closest hospital to NRHA is Plateau Medical Center located in Oak Hill. Plateau is a small, community hospital that does not provide care in all specialties. For specialty care, residents need to travel to Beckley to Raleigh General Hospital or Beckley Area Regional Hospital. In many incidents, residents need to travel to a hospital in Charleston for care, a drive of over an hour.

Along with travel concerns and reduced alternate sources of care, the income and insurance status of residents also impacts their ability and willingness to seek routine health care in a traditional setting due to expenses. Routine and consistent medical care is necessary to prevent and treat chronic health conditions.

CONCLUSION

West Virginia continues to be a State of high levels of poverty, lower education, poor health, increasing mental health issues, and experiencing an epidemic in opioid overdoses. The population of NRHA's service area is in great need of preventative health avenues to address the current health status of the community. Geographic/transportation, in addition to educational disparities, are major gaps in getting patients the services they need.

NRHA's service area demonstrates the unacceptable trends in health disparities and outcomes, in most cases surpassing state and national averages. NRHA will continue to focus on a standard of quality and care for its patients, identifying trends and addressing areas of improvement as needed. The external environment is more uncertain and challenging than ever before, but NRHA will internally monitor and manage the health of its patients to strive for better outcomes. NRHA will use the data of this assessment to make informed decisions that allow adherence to NRHA's mission.