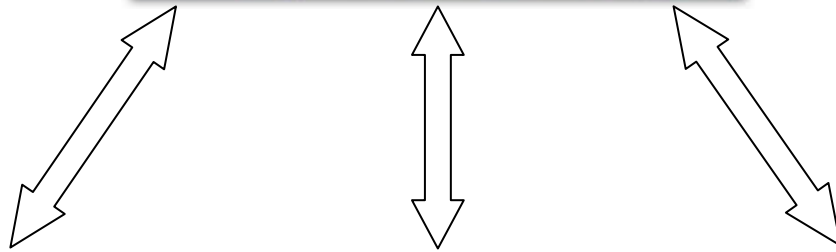


# Summers County, West Virginia Community Health Assessment - Phone Survey Form and Results



**National Association of Counties Project**  
Funded by Federal Office of Rural Health Policy

September 2008

**Summers County, West Virginia  
Health Care Telephone Survey and Results**

Prepared for:

Summers County ARH Hospital, Hinton, Summers County, West Virginia

through

National Association of Counties Project

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September 2008

**Summers County, West Virginia Health Care  
Telephone Survey Form**

Survey Date: July 28, 2008 through August 3, 2008

**NOTE TO INTERVIEWER:** All questions are optional and respondent may, of course, choose not to answer. All answers provided on this form are for facilitation purposes only. If an answer does not "fit" into one of the provided answers, please take down the exact answer given. Thank you.

**Introduction and screener:**

Hello. My name is \_\_\_\_\_ with \_\_\_\_\_. I am calling on behalf of the Summers County Health and Economic Development Committee. We are conducting a brief survey on the topic of health care in Summers County. The community is reviewing the health care situation in Summers County. It is very important that we include the opinion of you or someone in your household in this brief but important survey. To ensure confidentiality, all responses are completely

Qualifier 1: May I ask, are you over the age of 18?

- Yes
- No (*Ask to speak to someone over the age of 18. TERMINATE if there is no one over the age of 18 in the household.*)

1. What is your zip code?

- |   |  |
|---|--|
| <input type="checkbox"/> 24935, Forest Hill           | <input type="checkbox"/> 25976, Meadow Bridge            |
| <input type="checkbox"/> 24962, Pence Springs         | <input type="checkbox"/> 25977, Meadow Creek             |
| <input type="checkbox"/> 24981, Talcott               | <input type="checkbox"/> 25978, Nimitz                   |
| <input type="checkbox"/> 25951, Hinton                | <input type="checkbox"/> 25979, Pipestem                 |
| <input type="checkbox"/> 25965, Elton                 | <input type="checkbox"/> 25985, Sandstone                |
| <input type="checkbox"/> 25966, Green Sulphur Springs | <input type="checkbox"/> Other _____( <i>TERMINATE</i> ) |
| <input type="checkbox"/> 25969, Jumping Branch        |  |

2a. Do you use a family doctor for most of your routine health care?

- Yes (*Skip to Q.3a*)
- No
- (*Do not read*) Don't know/Refused (*Skip to Q.3a*)

2b. If no, then what kind of medical provider do you use for routine care? (*Record exact response. Probe for clarification. Do not read list.*)

- |  |   |
|--|---|
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Rural Health Clinic            |
| <input type="checkbox"/> Health Department       | <input type="checkbox"/> Specialist                     |
| <input type="checkbox"/> Emergency Room/Hospital | <input type="checkbox"/> Other ( <i>Specify</i> ) _____ |
| <input type="checkbox"/> Medicaid                |   |



3a. Which city do you go to for most of your family's routine health care needs? *(Do not read list)*

- |   |  |
|---|--|
| <input type="checkbox"/> Beckley                      | <input type="checkbox"/> Lewisburg   |
| <input type="checkbox"/> Bluefield                    | <input type="checkbox"/> Princeton   |
| <input type="checkbox"/> Charleston                   | <input type="checkbox"/> Ronceverte  |
| <input type="checkbox"/> Clifton Forge, VA            | <input type="checkbox"/> Other <i>(Specify)</i> _____                                  |
| <input type="checkbox"/> Hinton <i>(Skip to Q.4a)</i> | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused <i>(Skip to Q.4a)</i> |

3b. Why do you or someone in your household use a medical provider for routine health care needs outside of Summers County? *(Record exact response. Probe for clarification. Do not read list.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Better quality of providers               | <input type="checkbox"/> Speed of getting an appointment                         |
| <input type="checkbox"/> Closer/Convenient location                | <input type="checkbox"/> Approved provider for insurance/Health benefits program |
| <input type="checkbox"/> Have used for years/Personal relationship | <input type="checkbox"/> Other <i>(Specify)</i> _____                            |
| <input type="checkbox"/> Nicer facilities                          | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused                 |
| <input type="checkbox"/> Specialist                                |  |

4a. Have you or someone else in your household been to a family doctor in Summers County in the past 24 months?

- Yes
- No *(Skip to Q.5)*
- (Do not read)* Don't know/Refused *(Skip to Q.5)*

4b. How satisfied were you or someone in your household with the quality of care received in Summers County? Would you say that you were...*(Read List)* ?

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused *(Skip to Q.5)*

4c. Why do you say that? *(Record exact response. Probe for clarification.)*

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5. Do you think there are enough family doctors in Summers County?

- Yes
- No
- (Do not read)* Don't know/Refused

6. Are you able to get an appointment with your medical provider when you need one?

- Yes
- No
- (Do not read)* Don't know/Refused

- 7a. Have you or someone in your household been to a specialist in the past 24 months?
- Yes
  - No (*Skip to Q.8*)
  - (*Do not read*) Don't know/Refused (*Skip to Q.8*)

- 7b. What type of specialist have you or someone in your household been to and in which city are they located?

Type of Specialist	City

- 7c. Did the specialist request further testing or laboratory work?
- Yes
  - No (*Skip to Q.7f*)
  - (*Do not read*) Don't know/Refused (*Skip to Q.7f*)

- 7d. In which city were the tests or laboratory work conducted? (*Record response below*)

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- 7e. Are you aware that you can have your tests and/or laboratory work performed at Summers County ARH Hospital regardless of the location of your specialist?
- Yes
  - No
  - (*Do not read*) Don't know/Refused

- 7f. Did the specialist prescribe medication(s)?
- Yes
  - No (*Skip to Q.8*)
  - (*Do not read*) Don't know/Refused (*Skip to Q.8*)

- 7g. In which city was the pharmacy located that filled your prescription(s)? Or did you use mail-order? (*Record response below*)

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8. How many people live in your household? **(Record response below)**  
 \_\_\_\_\_ *(If respondent is the only person who lives in household, ask for "you" only in Q.9).*

9. What type of health insurance covers you and your family? *(Read list if needed. Ask for "you" and "family" (if applicable). Can provide more than one response.)*

	<u>You</u>	<u>Family</u>
Champus/TriCare Program	<input type="checkbox"/>	<input type="checkbox"/>
Insurance through Employer/Previous employer	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
CHIPS	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part D (Prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Advantage (Private pay)	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Supplement (Private pay)	<input type="checkbox"/>	<input type="checkbox"/>
Self-Paid Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>
VA benefits	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
* Do Not Have Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you or someone in your household used the non-emergency services of a hospital in the past 24 months?

- Yes
- No *(Skip to Q.16)*
- (Do not read)* Don't know/Refused *(Skip to Q.16)*

11. At which hospital(s) were services received? *(Do not read list unless prompt is needed. Record exact responses. Allow for responses for more than one hospital.)*

- Beckley ARH Hospital - Beckley
- Beckley VA Medical Center - Beckley
- Bluefield Regional Medical Center - Bluefield
- Charleston Area Medical Center - Charleston
- Greenbrier Valley Medical Center - Lewisburg/Fairlea
- Princeton Community Hospital - Princeton
- Raleigh General Hospital - Beckley
- St. Francis Hospital - Charleston
- Summers County ARH Hospital - Hinton *(Skip to Q.13)*
- Other *(Specify)* \_\_\_\_\_
- (Do not read)* Don't know/Refused

12. *(If any hospital other than Summers County ARH Hospital was indicated in Q.11, ask Q.12, Q.13a, Q.13b, Q.13c, and Q.13d; otherwise, skip to Q.14)* You mentioned that you or someone in your household received care at a hospital other than Summers County ARH Hospital. Why did you or your family member choose this/these hospital(s)? *(Record exact response. Probe for clarification.)*

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13a. What hospital services were used there? *(Do not read list unless prompt is needed. Record exact response.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Birthing services                    | <input type="checkbox"/> MRI                                     |
| <input type="checkbox"/> Bone density                         | <input type="checkbox"/> Outpatient surgery                      |
| <input type="checkbox"/> CT Scan (CAT Scan)                   | <input type="checkbox"/> Physical therapy                        |
| <input type="checkbox"/> Dietary services/Diabetic counseling | <input type="checkbox"/> Radiology (X-Ray)                       |
| <input type="checkbox"/> Emergency room                       | <input type="checkbox"/> Respiratory therapy                     |
| <input type="checkbox"/> Inpatient stay                       | <input type="checkbox"/> Sleep study                             |
| <input type="checkbox"/> Inpatient surgery                    | <input type="checkbox"/> Specialty doctor                        |
| <input type="checkbox"/> Laboratory (blood) tests             | <input type="checkbox"/> Ultrasound                              |
| <input type="checkbox"/> Mammogram                            | <input type="checkbox"/> Other <i>(Specify)</i> _____            |
| <input type="checkbox"/> Mental health/Substance abuse        | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |

13b. How satisfied were you or someone in your household with the services you received at this hospital? Would you say you were... *(Read list)*

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused *(Skip to Q.17)*

13c. Why do you say that? *(Record exact response. Probe for clarification.)*

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13d. Why did you use a hospital outside of Summers County?

- |  |  |
|--|--|
| <input type="checkbox"/> Better quality of providers                         | <input type="checkbox"/> Specialist                      |
| <input type="checkbox"/> Closer/Convenient location                          | <input type="checkbox"/> Speed of getting an appointment |
| <input type="checkbox"/> Have used for years/Personal relationship           | <input type="checkbox"/> Approved provider for insurance |
| <input type="checkbox"/> Nicer facilities                                    | <input type="checkbox"/> Other <i>(Specify)</i> _____    |
| <input type="checkbox"/> Physician does not have privileges at this hospital |  |

14. *(If Summers County ARH Hospital is mentioned in Q.11, ask Q.14, Q.15a, and Q.15b; otherwise, skip to Q. 16.)* What hospital services were used at Summers County ARH Hospital? *(Do not read list unless prompt is needed. Record exact response.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Birthing services                    | <input type="checkbox"/> Physical therapy                          |
| <input type="checkbox"/> Bone density                         | <input type="checkbox"/> Radiology (X-Ray)                         |
| <input type="checkbox"/> CT Scan (CAT Scan)                   | <input type="checkbox"/> Respiratory therapy                       |
| <input type="checkbox"/> Dietary services/Diabetic counseling | <input type="checkbox"/> Sleep study                               |
| <input type="checkbox"/> Emergency room                       | <input type="checkbox"/> Specialty doctor                          |
| <input type="checkbox"/> Inpatient stay                       | <input type="checkbox"/> Ultrasound                                |
| <input type="checkbox"/> Inpatient surgery                    | <input type="checkbox"/> _____                                     |
| <input type="checkbox"/> Laboratory (blood) tests             | <input type="checkbox"/> _____                                     |
| <input type="checkbox"/> Mammogram                            | <input type="checkbox"/> _____                                     |
| <input type="checkbox"/> Mental health/Substance abuse        | <input type="checkbox"/> _____                                     |
| <input type="checkbox"/> MRI                                  | <input type="checkbox"/> Other ( <i>Specify</i> ) _____            |
| <input type="checkbox"/> Outpatient surgery                   | <input type="checkbox"/> ( <i>Do not read</i> ) Don't know/Refused |

15a. How satisfied were you or someone in your household with the services you received at Summers County ARH Hospital? Would you say you were...*(Read list)*

- Satisfied
- Dissatisfied
- (*Do not read*) Don't know/Refused (*Skip to Q.16*)

15b. Why do you say that? *(Record exact response. Probe for clarification.)*

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16. Have you or someone in your household used emergency room services in the past 24 months?

- Yes
- No (*Skip to Q.22a*)
- (*Do not read*) Don't know/Refused (*Skip to Q.22a*)

17. At which hospital(s) were emergency room services received? *(Do not read list unless prompt is needed. Record exact responses. Allow for responses for more than one hospital.)*

- Beckley ARH Hospital - Beckley
- Beckley VA Medical Center - Beckley
- Bluefield Regional Medical Center - Bluefield
- Charleston Area Medical Center - Charleston
- Greenbrier Valley Medical Center - Lewisburg/Fairlea
- Princeton Community Hospital - Princeton
- Raleigh General Hospital - Beckley
- St. Francis Hospital - Charleston
- Summers County ARH Hospital - Hinton *(Skip to Q.20)*
- Other *(Specify)* \_\_\_\_\_
- (Do not read)* Don't know/Refused

18. *(If any hospital other than Summers County ARH Hospital was indicated in Q.17, ask Q.18, Q.19a, and Q.19b; otherwise, skip to Q.20)* You mentioned that you or someone in your household received emergency room care at a hospital other than Summers County ARH Hospital. What type of emergency room services have you or someone in your household used in the past 24 months at this hospital? *(Do not read list unless prompt is needed. Record exact response.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiac evaluation/Heart                    | <input type="checkbox"/> Stroke/TIA                              |
| <input type="checkbox"/> Laboratory                                  | <input type="checkbox"/> Trauma care                             |
| <input type="checkbox"/> MVA (motor vehicle accident)                | <input type="checkbox"/> Radiology (X-Ray)                       |
| <input type="checkbox"/> Orthopedic care                             | <input type="checkbox"/> Other <i>(Specify)</i> _____            |
| <input type="checkbox"/> Respiratory distress/Breathing difficulties | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |
| <input type="checkbox"/> Routine illness                             |  |

19a. How satisfied were you or someone in your household with the services you received at the emergency room in this hospital? Would you say you were... *(Read list)*

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused *(Skip to Q.22a)*

19b. Why do you say that? *(Record exact response. Probe for clarification.)*

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20. *(If Summers County ARH Hospital is mentioned in Q.177, ask Q.20, Q.21a, and Q.21b; otherwise, skip to Q. 22a)* What type of emergency room services have you or someone in your household used in the past 24 months at Summers County ARH Hospital? *(Do not read list unless prompt is needed. Record exact response.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiac evaluation/Heart                    | <input type="checkbox"/> Trauma care                             |
| <input type="checkbox"/> Laboratory                                  | <input type="checkbox"/> Radiology (X-Ray)                       |
| <input type="checkbox"/> MVA (motor vehicle accident)                | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Orthopedic care                             | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Respiratory distress/Breathing difficulties | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Routine illness                             | <input type="checkbox"/> Other ( <i>Specify</i> ) _____          |
| <input type="checkbox"/> Stroke/TIA                                  | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |

21a. How satisfied were you or someone in your household with the services you received at the emergency room in Summers County ARH Hospital? Would you say you were...*(Read list)*

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused *(Skip to Q.22a)*

21b. Why do you say that? *(Record exact response. Probe for clarification.)*

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22a. Have you or someone in your household used the services of the local health department in the past 24 months?

- Yes
- No *(Skip to Q.23)*
- (Do not read)* Don't know/Refused *(Skip to Q.23)*

22b. How satisfied were you or someone in your household with the services you received at the local health department? Would you say you were...*(Read list)*

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused

23. What concerns you most about health care in your community? *(Record exact response.)*

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- 23a. Are you aware of the prescription discount drug card?
- Yes
  - No (*Skip to Q.24*)
  - (*Do not read*) Don't know/Refused (*Skip to Q.24*)

- 23b. Do you use the prescription discount drug card?
- Yes
  - No
  - (*Do not read*) Don't know/Refused

The last few questions are for statistical purposes only and like any of the other questions, respondents may choose not to answer.

24. What is your age?
- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> 18-20 | <input type="checkbox"/> 61-70                                     |
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> 71-80                                     |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 80+                                       |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> ( <i>Do not read</i> ) Don't know/Refused |
| <input type="checkbox"/> 51-60 |  |

25. What is your ethnicity?
- |   |  |
|---|--|
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Native American                           |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Other ( <i>Specify</i> ) _____            |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> ( <i>Do not read</i> ) Don't know/Refused |
| <input type="checkbox"/> African American |  |

26. What is your annual household income?
- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$75,000 to \$99,999                      |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$100,000 to \$149,999                    |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$150,000 to \$199,999                    |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$200,000 or more                         |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> ( <i>Do not read</i> ) Don't know/Refused |
| <input type="checkbox"/> \$50,000 to \$74,999 |  |

27. **INTERVIEWER: RECORD ANSWER BASED ON OBSERVATION ONLY. DO NOT ASK.**
- Male
  - Female
  - Unknown (Can't Tell)

That completes the survey. Thank you for your time!

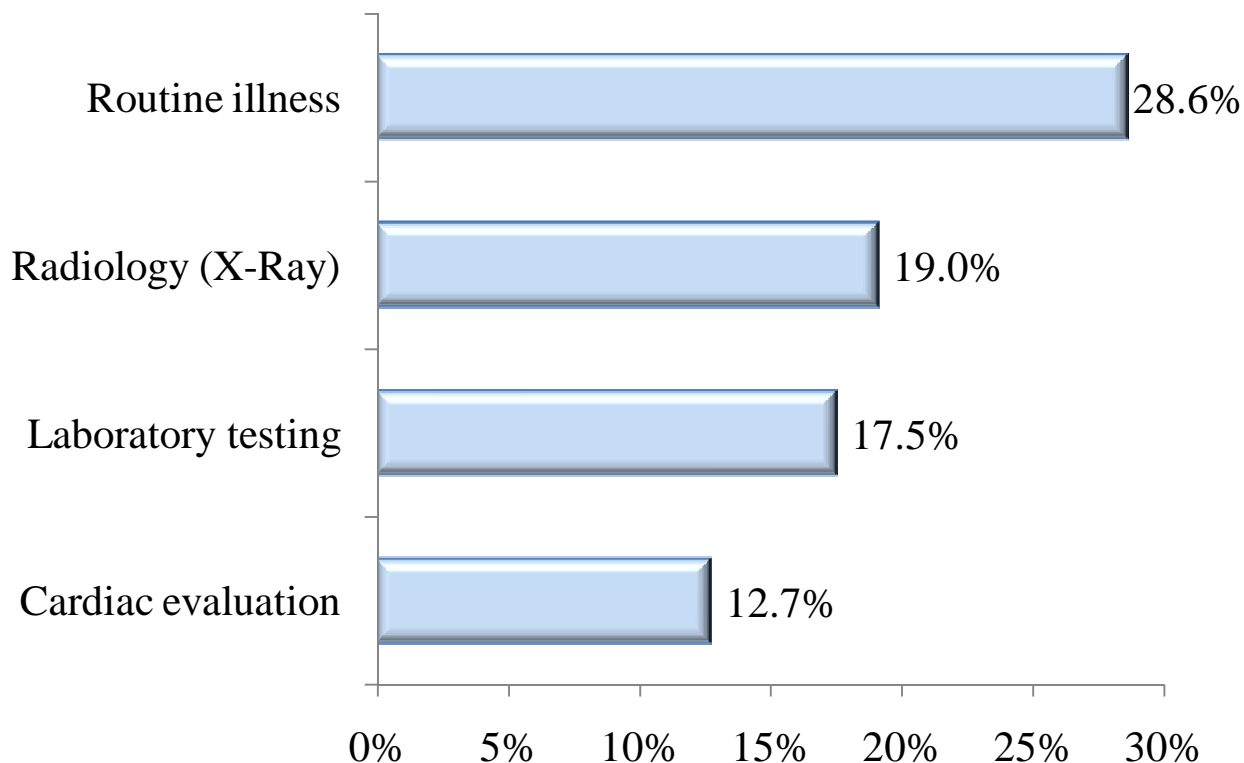


**Summers County, West Virginia Health Care  
Telephone Survey Results**

**Q18. You mentioned that you or someone in your household received emergency room care at a hospital other than Summers County ARH Hospital. What type of emergency room services have you or someone in your household used in the past 24 months at this hospital?**

Response Category	No.	Percent
Routine illness	18	28.6%
Radiology (X-Ray)	12	19.0%
Laboratory testing	11	17.5%
Cardiac evaluation	8	12.7%
Trauma care	5	7.9%
Respiratory therapy/Breathing difficulties	3	4.8%
MVA (motor vehicle accident)	2	3.2%
Orthopedic care	2	3.2%
Don't know/No response	<u>2</u>	<u>3.2%</u>
Total	<u>63</u>	<u>100.0%</u>

Some respondents answered more than once.



**Q9a. What type of health insurance covers you?**

Response Category	All Categories	Percent	Major Categories	Percent
<b><i>All Medicare</i></b>			<u>94</u>	<u>33.7%</u>
Medicare	52	18.6%		
Medicare Part D	23	8.2%		
Medicare Supplement	16	5.7%		
Medicare Advantage	<u>3</u>	<u>1.1%</u>		
Insurance through				
employer/Previous employer	77	27.6%	77	27.6%
Medicaid	24	8.6%	24	8.6%
Self-paid insurance plan	19	6.8%	19	6.8%
Champus/TriCare Program	6	2.2%	6	2.2%
VA benefits	10	3.6%	10	3.6%
CHIPS	1	0.4%	1	0.4%
Other	1	0.4%	1	0.4%
None/Not covered by health insurance	<u>47</u>	<u>16.8%</u>	<u>47</u>	<u>16.8%</u>
<b>Total</b>	<b><u>279</u></b>	<b><u>100.0%</u></b>	<b><u>279</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

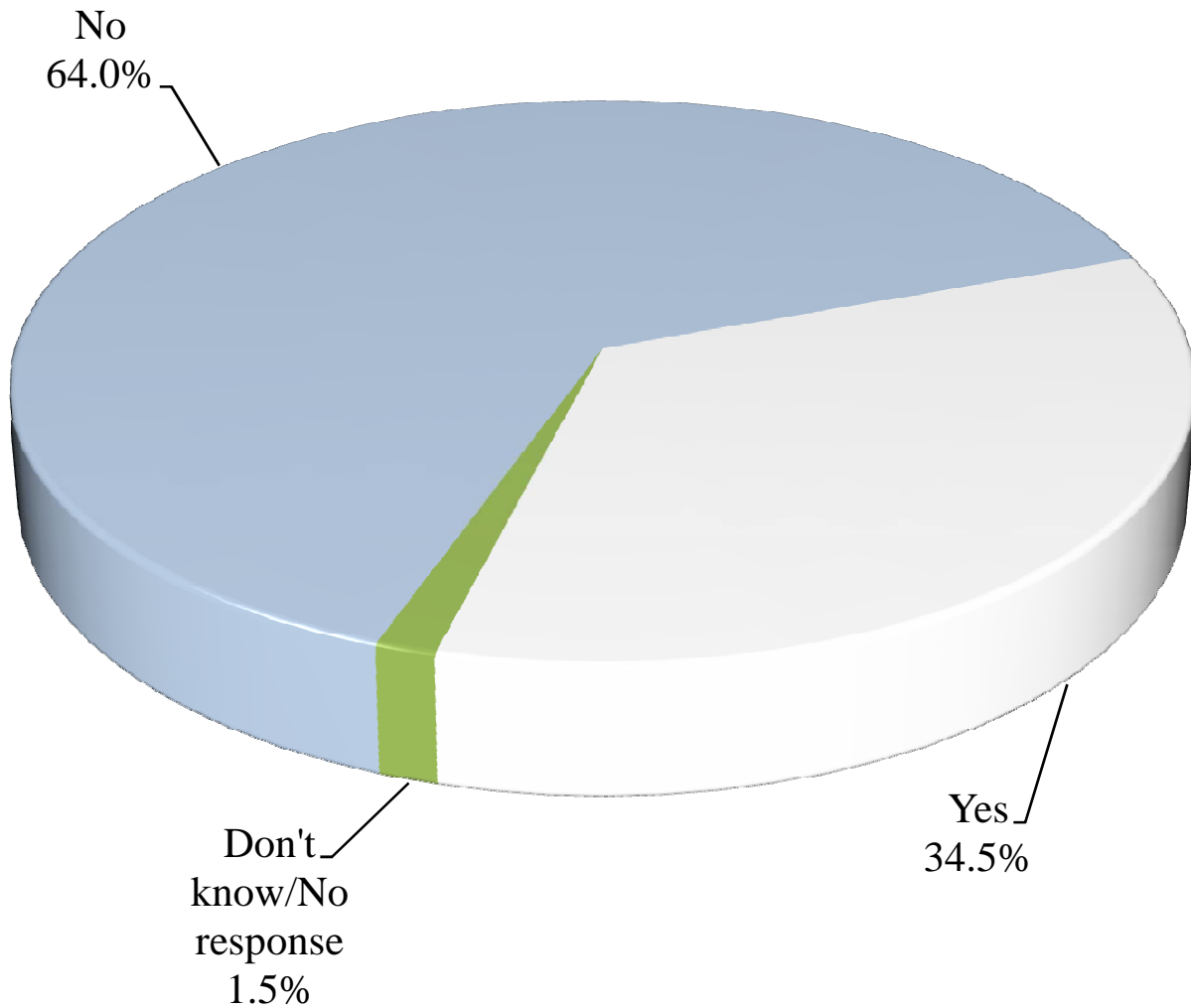
**Q9a. What type of health insurance covers your family?**

Response Category	All Categories	Percent	Major Categories	Percent
<b><i>All Medicare</i></b>			<u>74</u>	<u>34.1%</u>
Medicare	44	20.3%		
Medicare Part D	17	7.8%		
Medicare Advantage	4	1.8%		
Medicare Supplement	<u>9</u>	<u>4.1%</u>		
Insurance through employer/Previous employer	77	35.5%	77	35.5%
Medicaid	20	9.2%	20	9.2%
Self-paid insurance plan	16	7.4%	16	7.4%
VA benefits	15	6.9%	15	6.9%
Champus/TriCare Program	8	3.7%	8	3.7%
CHIPS	6	2.8%	6	2.8%
Other	1	0.5%	1	0.5%
None/Not covered by health insurance	<u>20</u>	<u>9.2%</u>	<u>20</u>	<u>9.2%</u>
<b>Total</b>	<b><u>217</u></b>	<b><u>100.0%</u></b>	<b><u>217</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q10. Have you or someone in your household used the non-emergency services of a hospital in the past 24 months?**

Response Category	No.	Percent
No	128	64.0%
Yes	69	34.5%
Don't know/No response	<u>3</u>	<u>1.5%</u>
Total	<u>200</u>	<u>100.0%</u>



**Q11. At which hospital(s) were services received?**

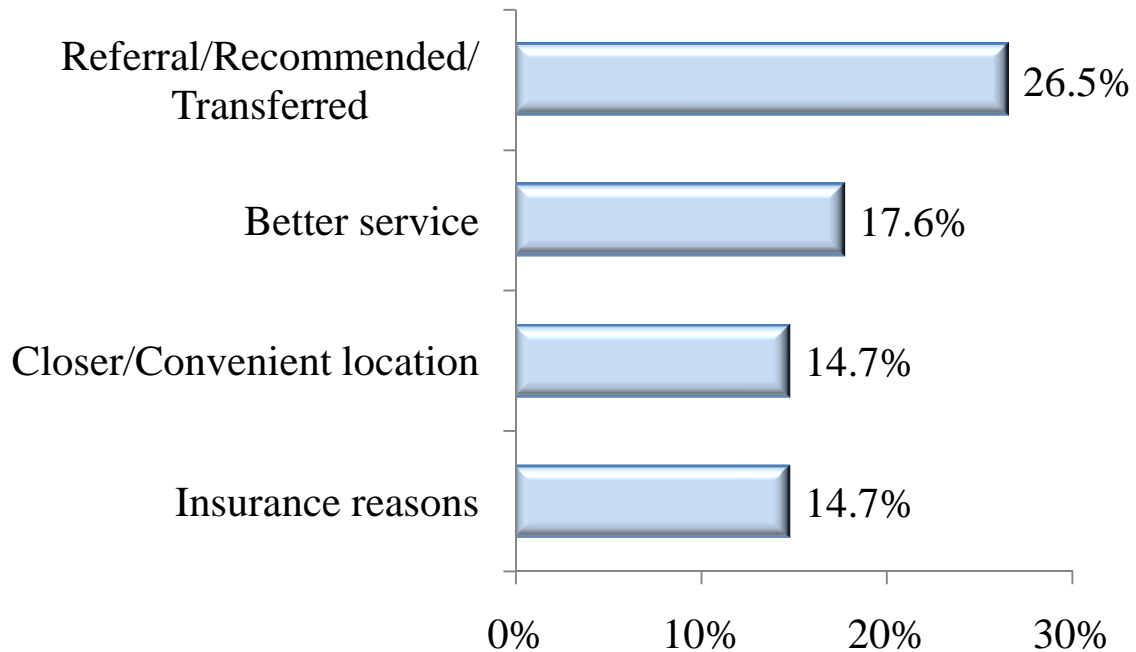
Response Category	Location	No.	Percent
Summers County ARH Hospital	Hinton	41	50.6%
Greenbrier Valley Medical Center	Lewisburg/Fairlea	10	12.3%
Raleigh General Hospital	Beckley	7	8.6%
Princeton Community Hospital	Princeton	6	7.4%
Beckley ARH Hospital	Beckley	4	4.9%
Beckley VA Medical Center	Beckley	4	4.9%
Charleston Area Medical Center	Charleston	2	2.5%
Women's and Children's Hospital	Charleston	1	1.2%
Richmond VA Hospital	Richmond, VA	2	2.5%
Salem VA Hospital	Salem, VA	2	2.5%
Duke University Hospital	Durham, NC	1	1.2%
University of Texas Hospital	San Antonio, TX	1	1.2%
<b>Total</b>		<b><u>81</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q12. You mentioned that you or someone in your household received care at a hospital other than Summers County ARH Hospital. Why did you or your family member choose this/these hospital(s)?**

Response Category	No.	Percent
Referral/Recommended/Transferred	9	26.5%
Better service	6	17.6%
Closer/convenient location	5	14.7%
Insurance reasons	5	14.7%
Different services	3	8.8%
Specialty doctor	3	8.8%
Where my doctor works	3	8.8%
Total	<u>34</u>	<u>100.0%</u>

Some respondents answered more than once.



**Q13a. What hospital services were used there?**

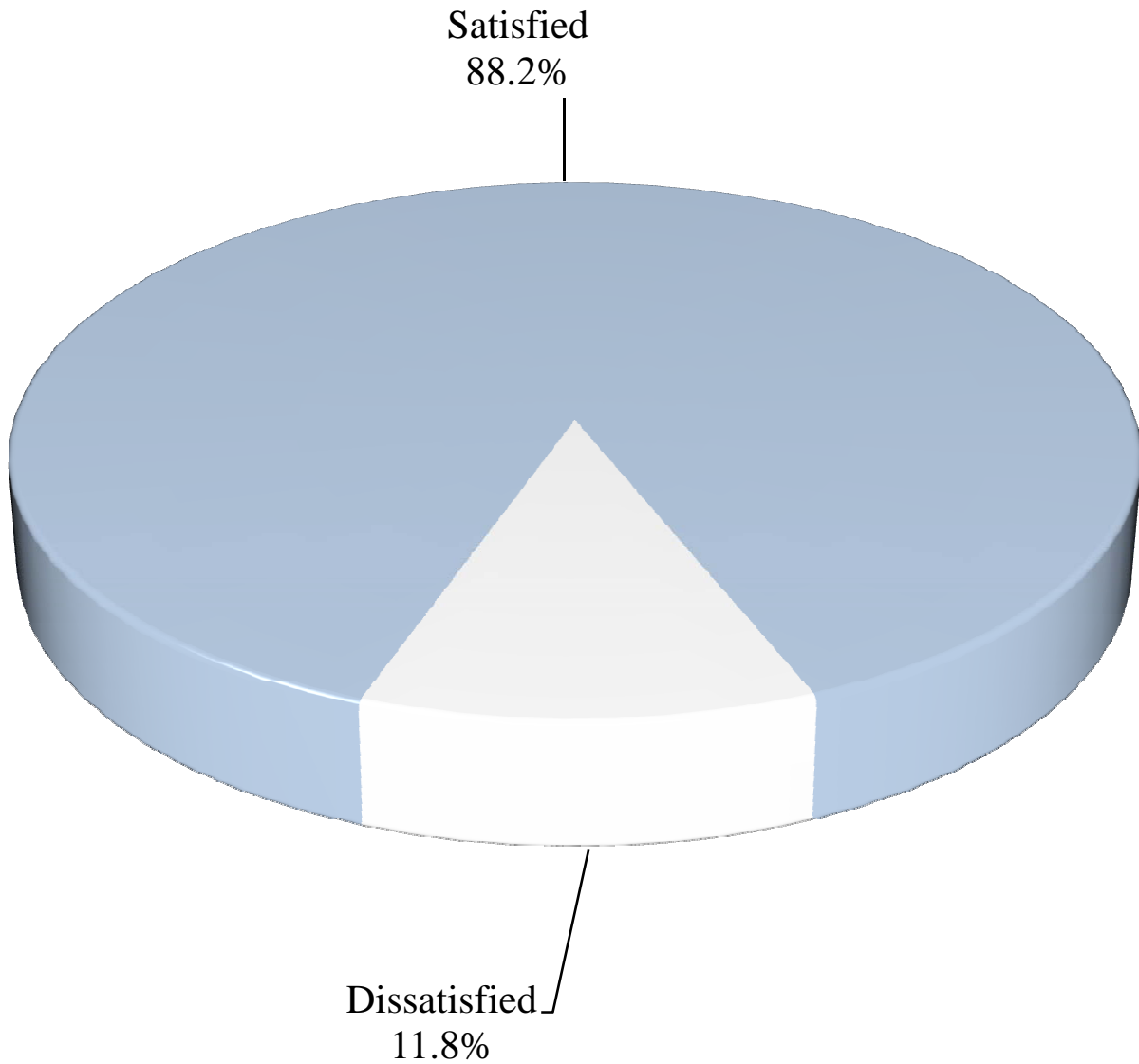
Response Category	Subcategories	All Categories	Percent
<b><i>All Diagnostic Imaging</i></b>		40	37.0%
X-ray (Radiology)	18		
MRI	12		
CT scan	3		
Mammogram	3		
Ultrasound	3		
Bone density	<u>1</u>		
Laboratory (blood) tests		24	22.2%
Specialty doctor		11	10.2%
Inpatient stay		8	7.4%
Inpatient surgery		8	7.4%
Outpatient surgery		7	6.5%
Birthing services		2	1.9%
Emergency room		2	1.9%
Respiratory therapy		2	1.9%
Dietary services/Diabetic counseling		1	0.9%
Mental health/Substance abuse		1	0.9%
Don't know/No response		<u>2</u>	<u>1.9%</u>
<b>Total</b>	<b><u>40</u></b>	<b><u>108</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.



**Q13b. How satisfied were you or someone in your household with the services you received at this hospital? Would you say you were...**

Response Category	No.	Percent
Satisfied	30	88.2%
Dissatisfied	<u>4</u>	<u>11.8%</u>
Total	<u>34</u>	<u>100.0%</u>



**Q13c-1. Why do you say that you are satisfied  
with the services received?**

Response	No.	Percent
Good treatment/care	22	66.7%
Satisfied, no reason given	3	9.1%
Service was good	2	6.1%
Satisfied with doctors/Physician assistants/Nurses	2	6.1%
Resolved medical issue(s)	2	6.1%
Short waiting time	1	3.0%
Knowledgeable	<u>1</u>	<u>3.0%</u>
Total	<u>33</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q13c-2. Why do you say that you are dissatisfied  
with the services you received?**

Response	No.	Percent
Incompetent/Uncaring medical professionals	4	80.0%
Long wait	<u>1</u>	<u>20.0%</u>
Total	<u>5</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q13d. Why did you use a hospital outside of Summers County?**

Response	No.	Percent
Better quality of providers	16	32.7%
Have used for years/Personal relationship	9	18.4%
Specialist	9	18.4%
Closer/Convenient location	7	14.3%
Approved provider for insurance	4	8.2%
Nicer facilities	2	4.1%
Physician referral	<u>2</u>	<u>4.1%</u>
Total	<u>49</u>	<u>100.0%</u>

Some respondents answered more than once.

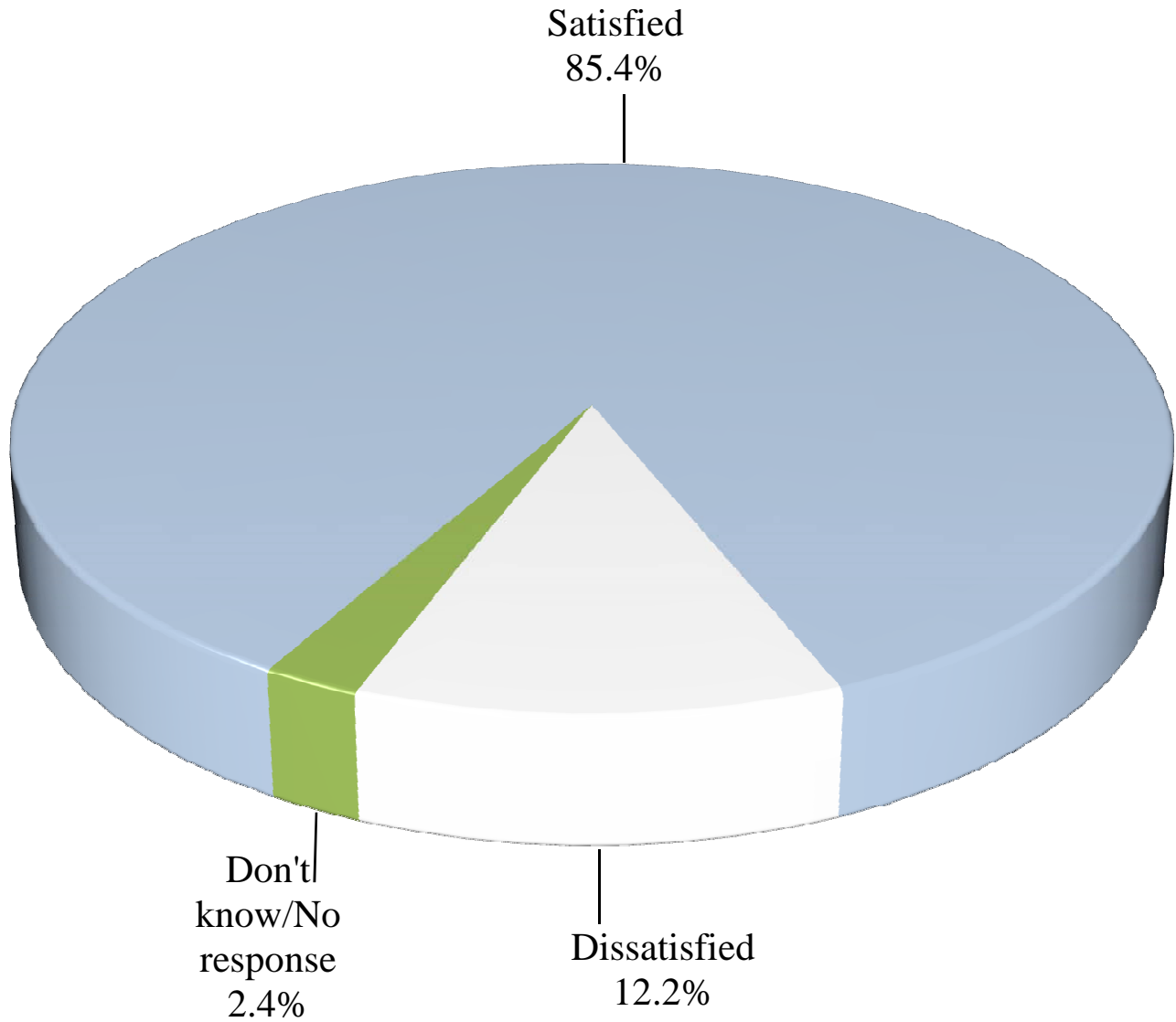
**Q14. What hospital services were used at  
Summers County ARH Hospital?**

Responses	Subcategories	All Categories	Percent
<b><i>All Diagnostic Imaging</i></b>		38	58.5%
Radiology (X-Ray)	21		
Ultrasound	5		
Mammogram	4		
CT scan	4		
MRI	3		
Bone density	<u>1</u>		
Laboratory (blood) test		8	12.3%
Emergency room		6	9.2%
Inpatient stay		4	6.2%
Outpatient surgery		2	3.1%
Physical therapy		2	3.1%
Respiratory therapy		2	3.1%
Specialty doctor		1	1.5%
Stress test		1	1.5%
Don't know/No response		<u>1</u>	<u>1.5%</u>
<b>Total</b>	<b><u>38</u></b>	<b><u>65</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q15a. How satisfied were you or someone in your household with the services you received at Summers County ARH Hospital? Would you say that you were...**

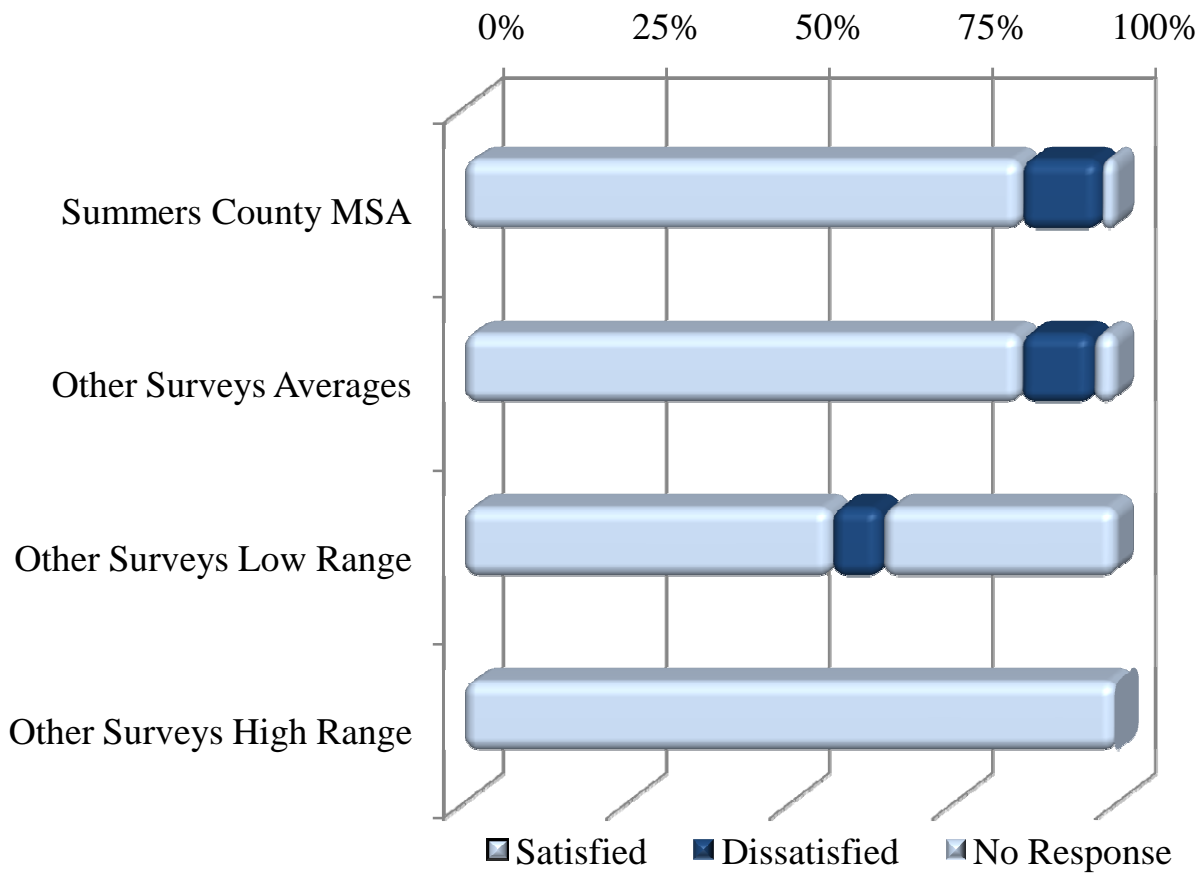
Response Category	No.	Percent
Satisfied	35	85.4%
Dissatisfied	5	12.2%
Don't know/No response	<u>1</u>	<u>2.4%</u>
Total	<u>41</u>	<u>100.0%</u>



**Q15a-1. How satisfied were you or someone in your household with the services you received at your local hospital?**

**Compared to Other Studies**

Survey Area	Satisfied	Dissatisfied	No Response
Summers County MSA	85.4%	12.2%	2.4%
Other Surveys Averages	85.3%	11.1%	3.6%
Other Surveys Low Range	56.4%	7.7%	35.9%
Other Surveys High Range	100.0%	0.0%	0.0%



**Q15b-1. Why do you say that you are satisfied with the services received at Summers County ARH Hospital?**

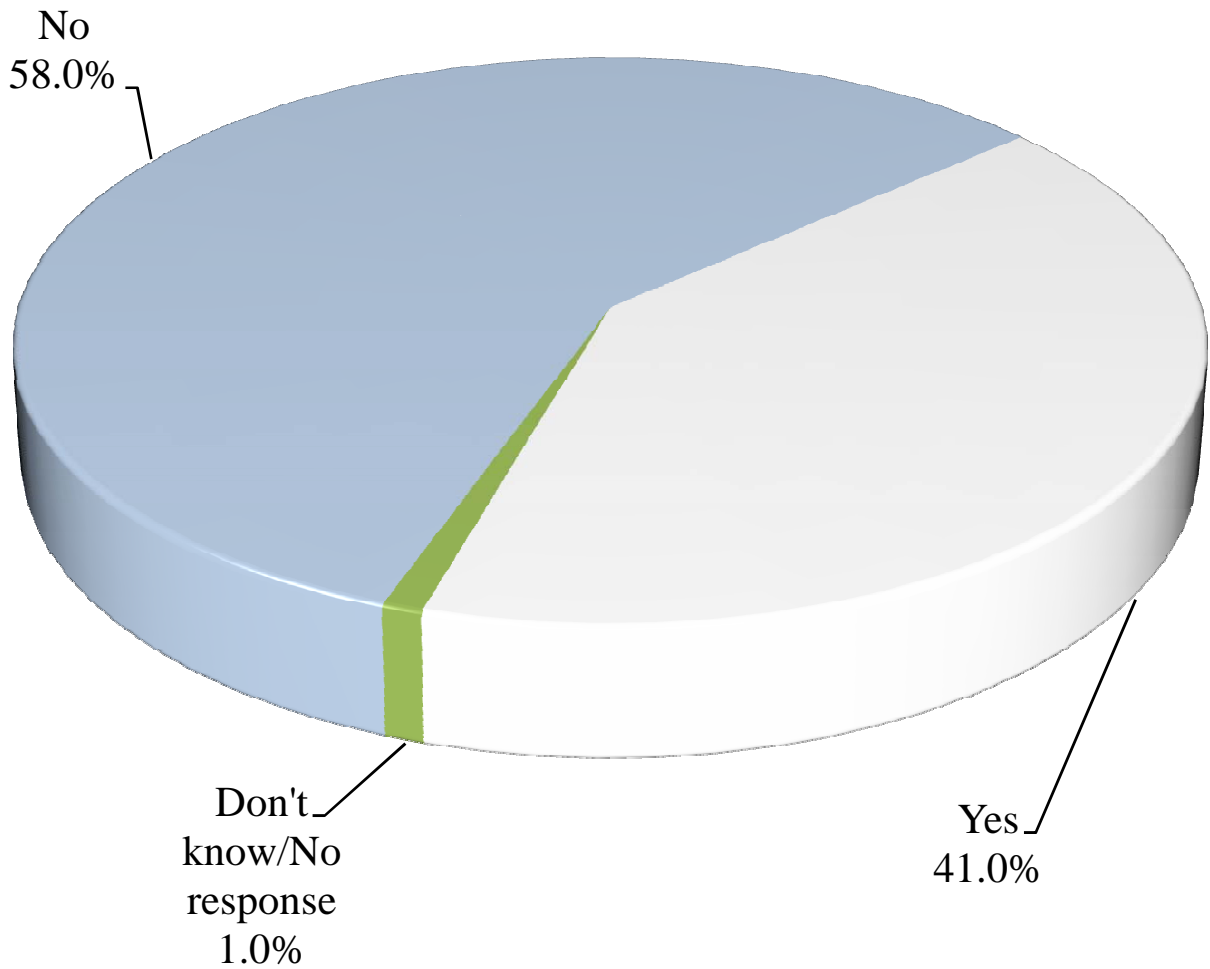
Response	No.	Percent
Short waiting time	12	34.3%
Service was good	7	20.0%
Satisfied, no reason given	5	14.3%
Satisfied with doctors/Physician assistants/Nurses	4	11.4%
Good treatment/care	3	8.6%
Resolved medical issue(s)	2	5.7%
Easy access	1	2.9%
Satisfied, because the services were local and personal	<u>1</u>	<u>2.9%</u>
Total	<u>35</u>	<u>100.0%</u>

**Q15b-2. Why do you say that you are dissatisfied with the services you received at Summers County ARH Hospital?**

Response	No.	Percent
Bad service	4	80.0%
Long wait	<u>1</u>	<u>20.0%</u>
Total	<u>5</u>	<u>100.0%</u>

**Q16. Have you or someone in your household used emergency room services in the past 24 months?**

Response	No.	Percent
No	116	58.0%
Yes	82	41.0%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>





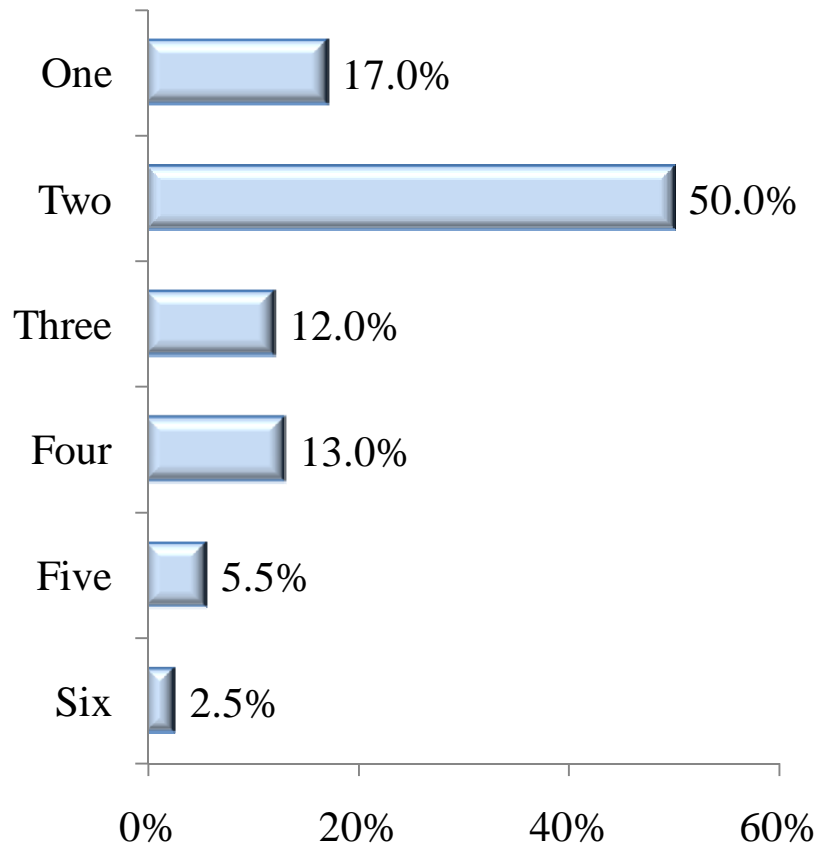
**Q17. At which hospital(s) were emergency room services received?**

Response Category	Location	No.	Percent
Summers County ARH Hospital	Hinton	50	56.8%
Beckley ARH Hospital	Beckley	11	12.5%
Greenbrier Valley Medical Center	Lewisburg/Fairlea	9	10.2%
Beckley VA Medical Center	Beckley	6	6.8%
Princeton Community Hospital	Princeton	5	5.7%
Raleigh General Hospital	Beckley	4	4.5%
Charleston Area Medical Center	Charleston	1	1.1%
Giles County Hospital	Pearisburg, VA	<u>2</u>	<u>2.3%</u>
Total		<u>88</u>	<u>100.0%</u>

Some respondents answered more than once.

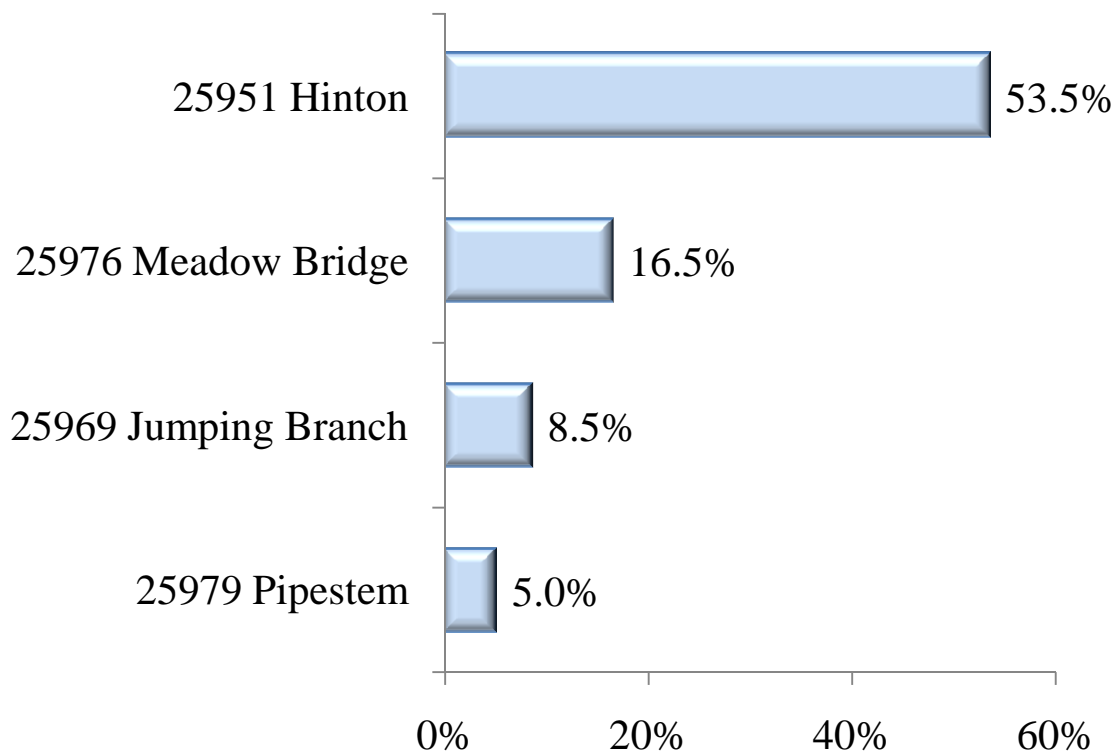
**Q8. How many people live in your household?**

Response Category	No.	Percent
One	34	17.0%
Two	100	50.0%
Three	24	12.0%
Four	26	13.0%
Five	11	5.5%
Six	<u>5</u>	<u>2.5%</u>
Total	<u>200</u>	<u>100.0%</u>



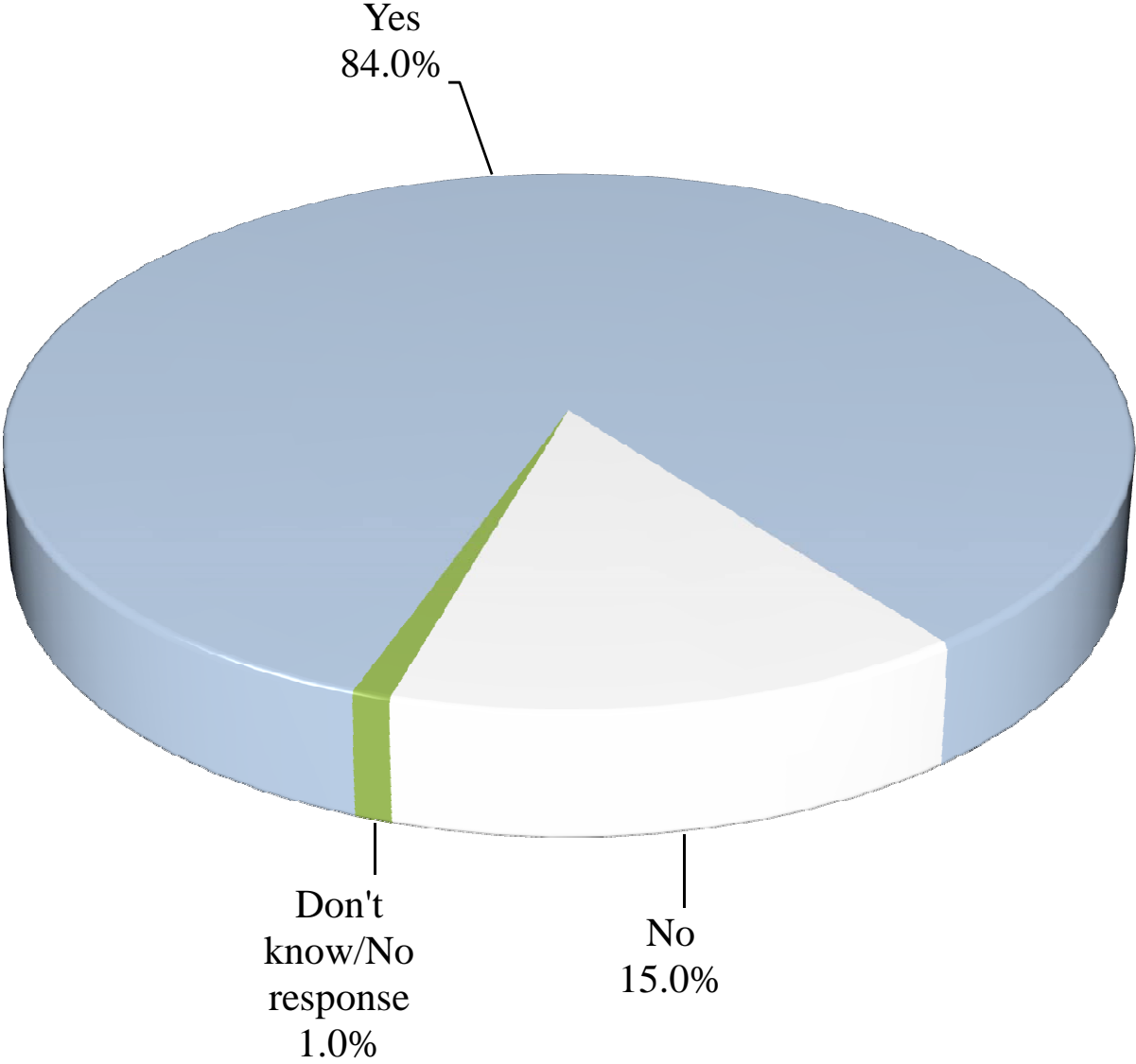
### Q1. What is your zip code?

Response Category	No.	Percent
25951 Hinton	107	53.5%
25976 Meadow Bridge	33	16.5%
25969 Jumping Branch	17	8.5%
25979 Pipestem	10	5.0%
24981 Talcott	8	4.0%
25978 Nimitz	8	4.0%
24935 Forest Hill	7	3.5%
25985 Sandstone	7	3.5%
24962 Pence Springs	1	0.5%
25966 Green Sulphur Springs	1	0.5%
25977 Meadow Creek	1	0.5%
<b>Total</b>	<b><u>200</u></b>	<b><u>100.0%</u></b>



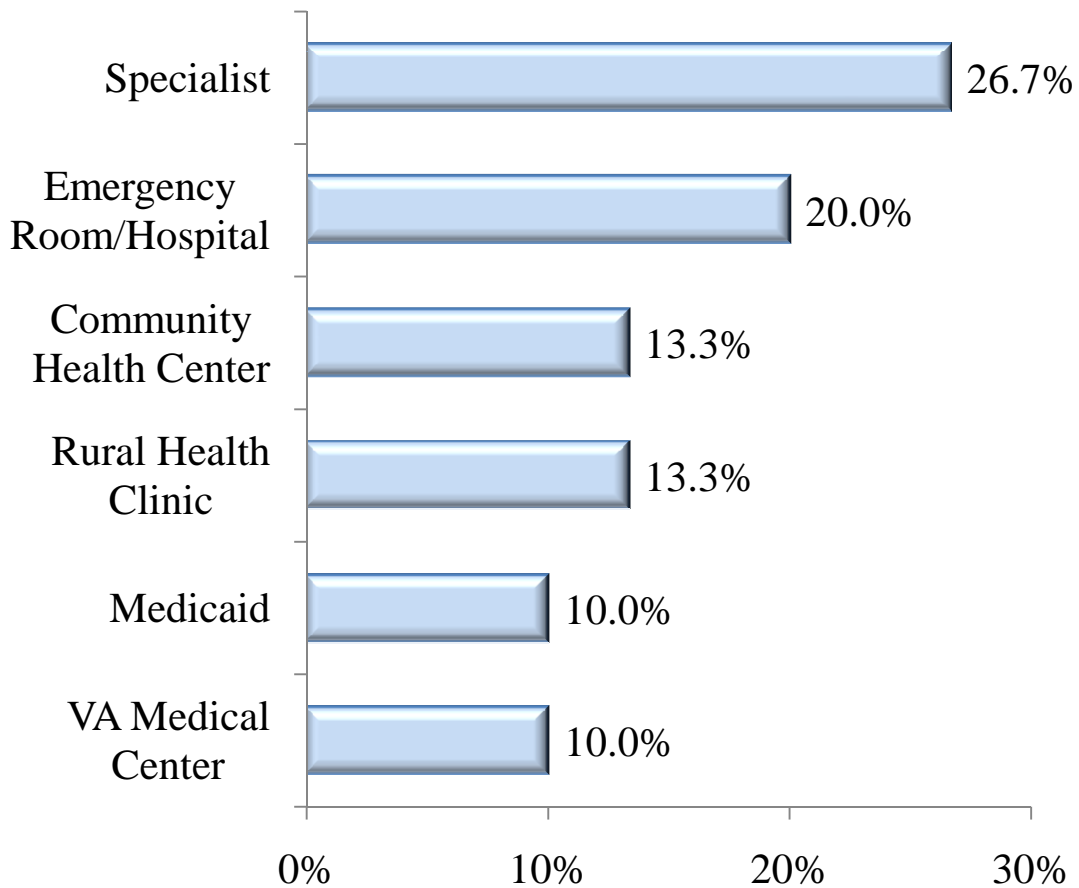
**Q2a. Do you use a family doctor for most of your routine health care?**

Response Category	No.	Percent
Yes	168	84.0%
No	30	15.0%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>



**Q2b. If no, then what kind of medical provider  
do you use for routine care?**

Response Category	No.	Percent
Specialist	8	26.7%
Emergency room/Hospital	6	20.0%
Community health center	4	13.3%
Rural health clinic	4	13.3%
Medicaid	3	10.0%
VA Medical Center	3	10.0%
Health department	1	3.3%
Don't know/No response	<u>1</u>	<u>3.3%</u>
<b>Total</b>	<b><u>30</u></b>	<b><u>100.0%</u></b>



**Q3a. Which city do you go to for most of your family's  
routine health care needs?**

Response Category	County	No.	Percent	No. by County	% by County
Hinton	Summers	94	47.0%	<u>103</u>	<u>51.5%</u>
Raleigh	Summers	7	3.5%		
Hilldale	Summers	1	0.5%		
Lockbridge	Summers	<u>1</u>	0.5%		
Beckley	Raleigh	36	18.0%	<u>37</u>	<u>18.5%</u>
Forest Hill	Raleigh	<u>1</u>	0.5%		
Lewisburg	Greenbrier	21	10.5%	<u>32</u>	<u>16.0%</u>
Alderson	Greenbrier/Monroe	4	2.0%		
Rainelle	Greenbrier	4	2.0%		
Ronceverte	Greenbrier	<u>3</u>	1.5%		
Princeton	Mercer	<u>12</u>	6.0%	<u>12</u>	<u>6.0%</u>
Meadow Bridge	Fayette	<u>8</u>	4.0%	<u>8</u>	<u>4.0%</u>
Charleston	Kanawha	<u>3</u>	1.5%	<u>3</u>	<u>1.5%</u>
Peterstown	Monroe	1	0.5%	<u>2</u>	<u>1.0%</u>
Union	Monroe	<u>1</u>	0.5%		
Pikeville, KY	Pike	<u>1</u>	0.5%	<u>1</u>	<u>0.5%</u>
Richland, VA	Tazewell	<u>1</u>	0.5%	<u>1</u>	<u>0.5%</u>
Don't know/No response		<u>1</u>	<u>0.5%</u>	<u>1</u>	<u>0.5%</u>
Total		<u>200</u>	<u>100.0%</u>	<u>200</u>	<u>100.0%</u>

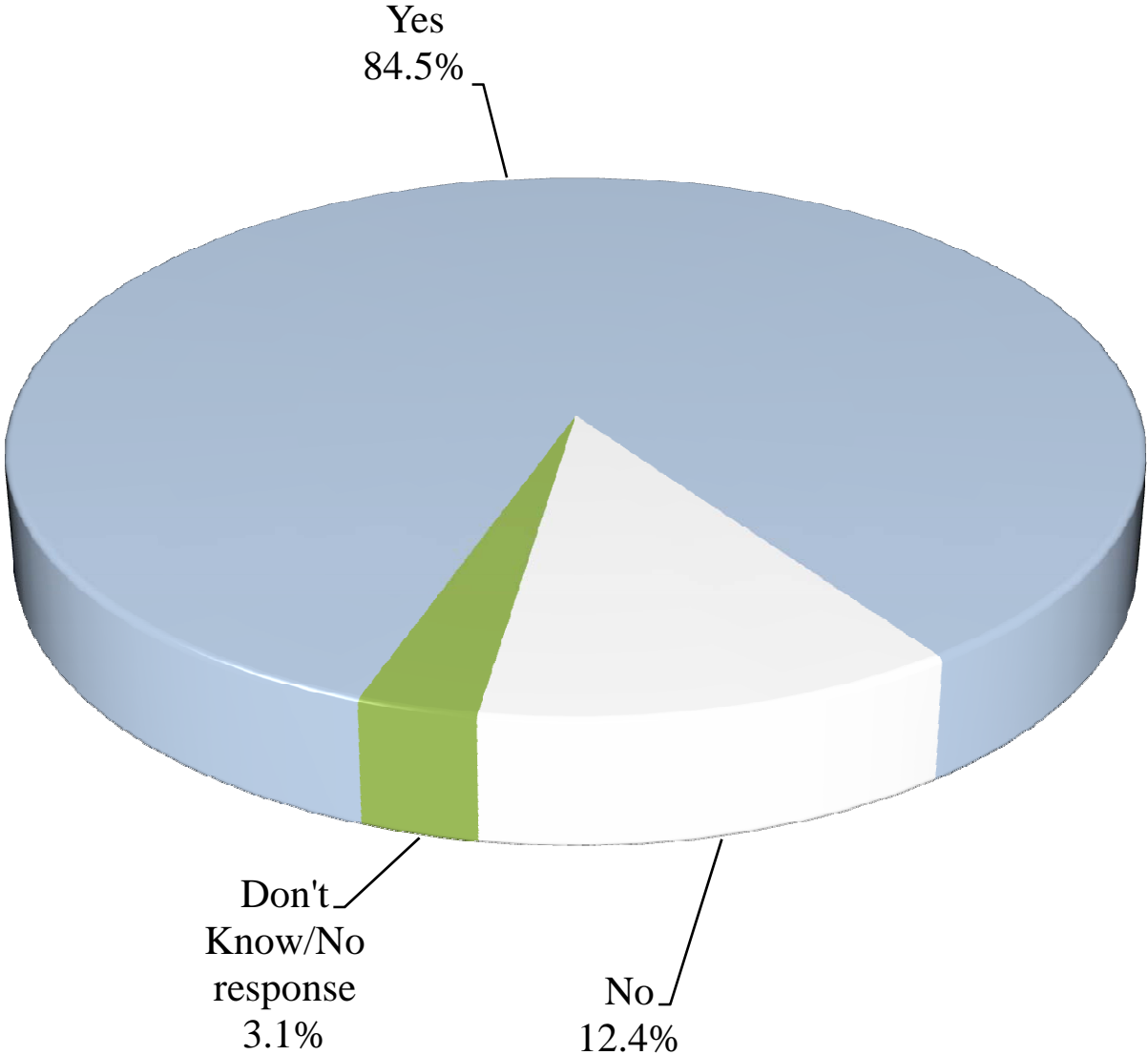
**Q3b. Why do you or someone in your household use a medical provider for routine health care needs outside of Summers County?**

Response Category	No.	Percent
Have used for years/Personal relationship	44	31.2%
Closer/Convenient location	39	27.7%
Better quality of providers	31	22.0%
Specialist	13	9.2%
Approved provider for insurance/Health benefits program	9	6.4%
Speed of getting an appointment	1	0.7%
Cost	1	0.7%
Don't know/No response	<u>3</u>	<u>2.1%</u>
<b>Total</b>	<b><u>141</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q4a. Have you or someone else in your household been to a family doctor in Summers County in the past 24 months?**

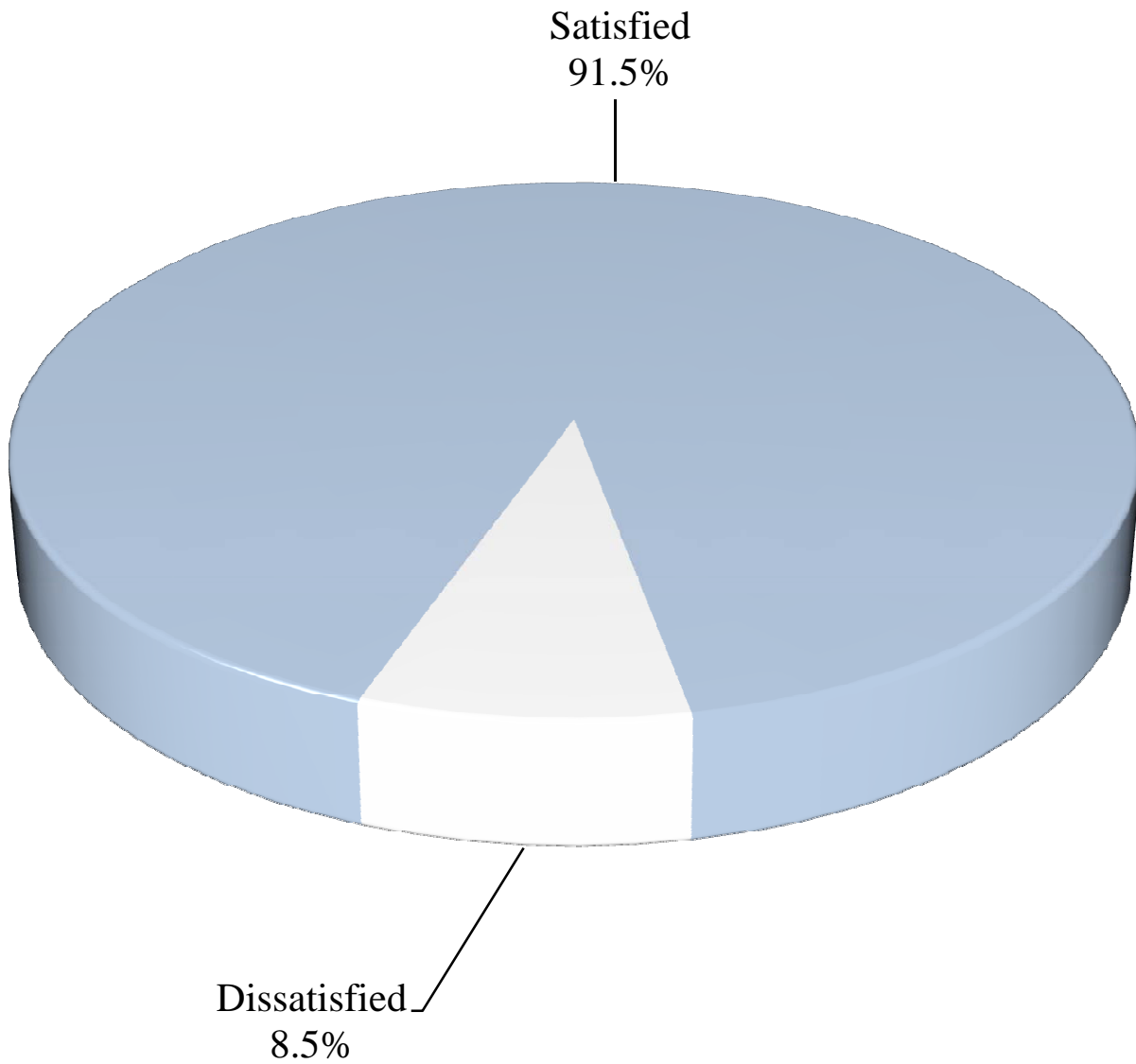
Response Category	No.	Percent
Yes	82	84.5%
No	12	12.4%
Don't Know/No response	<u>3</u>	<u>3.1%</u>
Total	<u>97</u>	<u>100.0%</u>





**Q4b. How satisfied were you or someone in your household  
with the quality of care received in Summers County?  
Would you say that you were...**

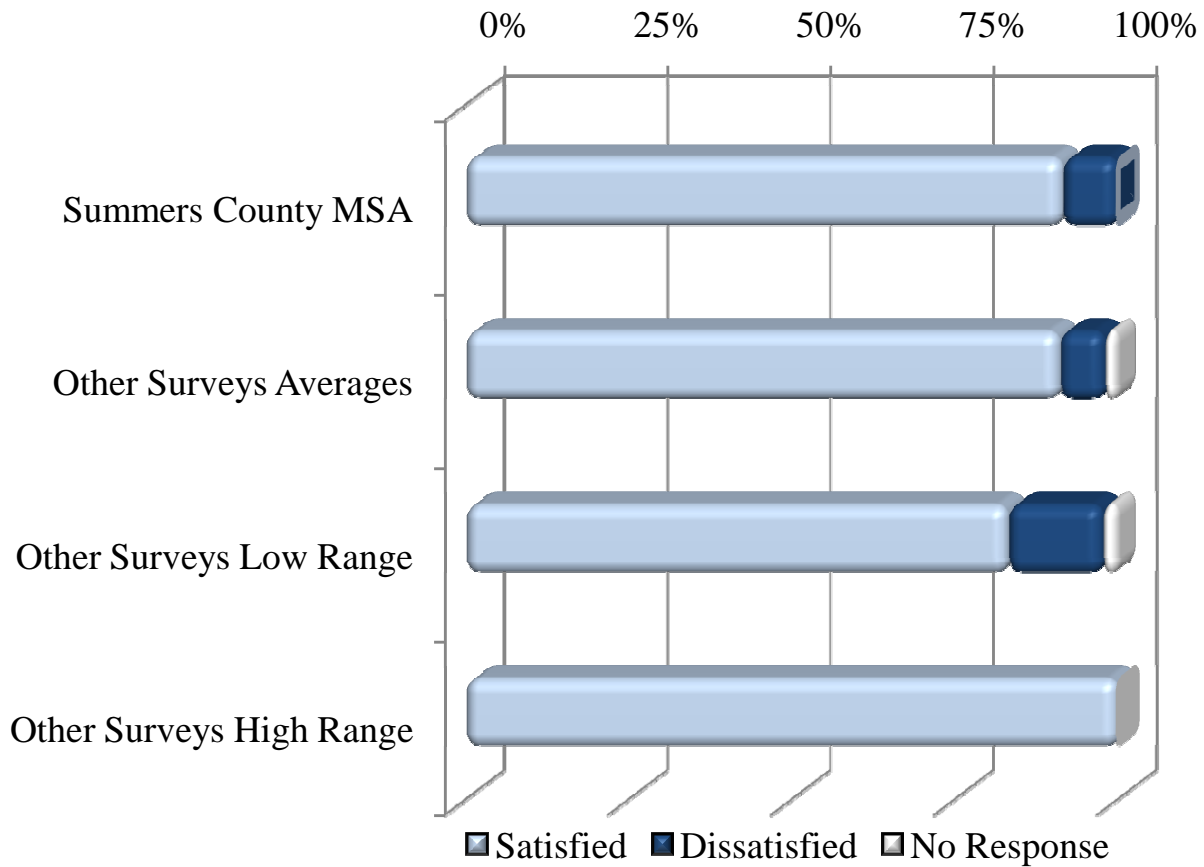
Response Category	No.	Percent
Satisfied	75	91.5%
Dissatisfied	7	8.5%
Total	<u>82</u>	<u>100.0%</u>



**Q4b-1. How satisfied were you or someone in your household with the quality of care you received in your medical service area?**

**Compared to Other Studies**

Survey Area	Satisfied	Dissatisfied	No Response
Summers County MSA	91.5%	8.5%	0.0%
Other Surveys Averages	91.0%	7.0%	2.0%
Other Surveys Low Range	83.1%	14.6%	2.3%
Other Surveys High Range	100.0%	0.0%	0.0%



**Q4c-1. Why do you say that you are satisfied with the quality of care in Summers County?**

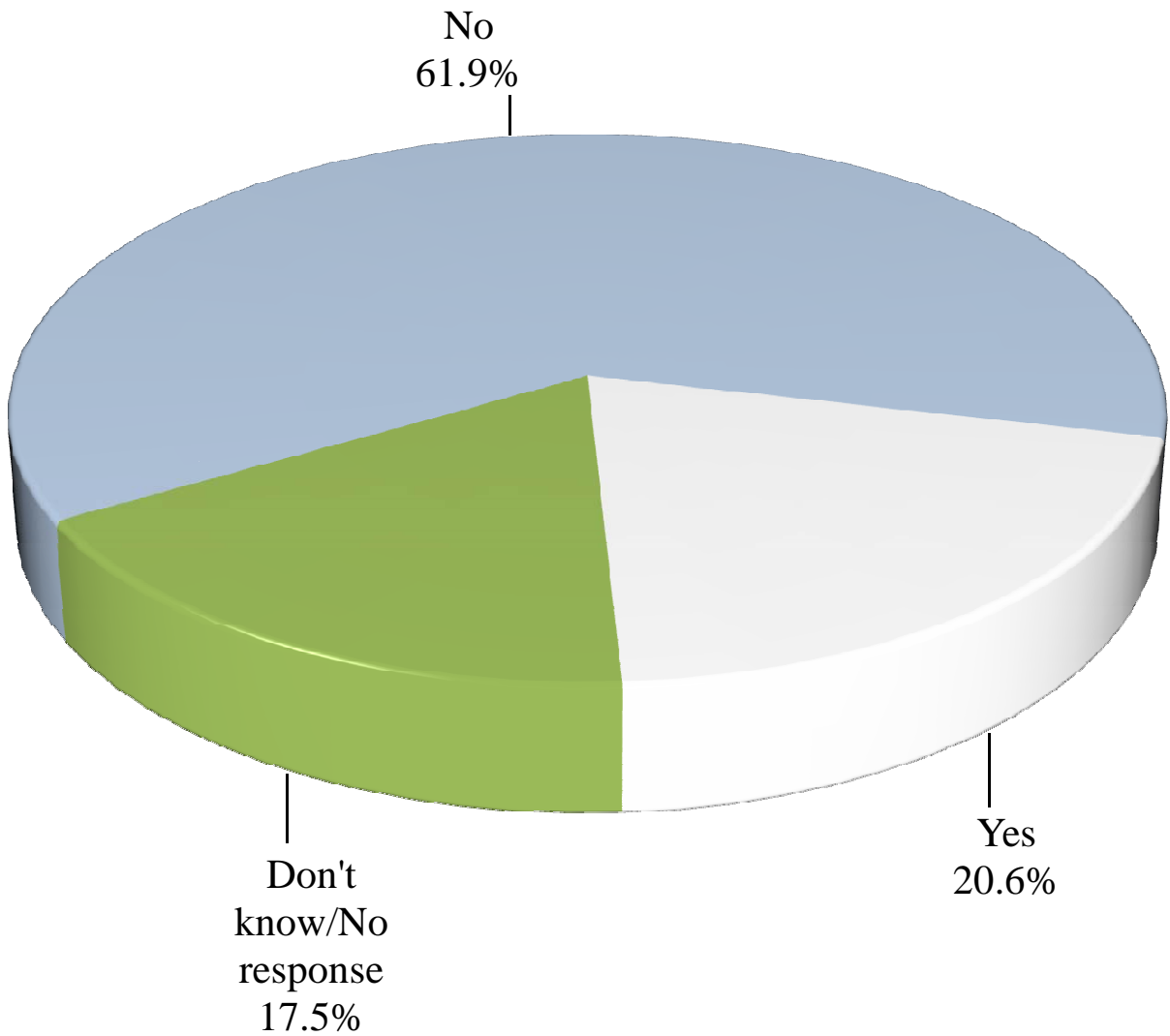
Response Category	No.	Percent
Good treatment/Care	33	39.8%
Established relationship with doctor	17	20.5%
Assistants/Nurses	10	12.0%
Resolved medical issue(s)	7	8.4%
Short waiting time	4	4.8%
Easy access	4	4.8%
Good service	3	3.6%
Satisfied, no reason given	3	3.6%
Knowledgeable	<u>2</u>	<u>2.4%</u>
Total	<u>83</u>	<u>100.0%</u>

**Q4c-2. Why do you say that you are dissatisfied with the quality of care in Summers County?**

Response Category	No.	Percent
Incompetent/uncaring medical professionals	4	57.1%
Disparity of skill between doctors	2	28.6%
Long wait	<u>1</u>	<u>14.3%</u>
Total	<u>7</u>	<u>100.0%</u>

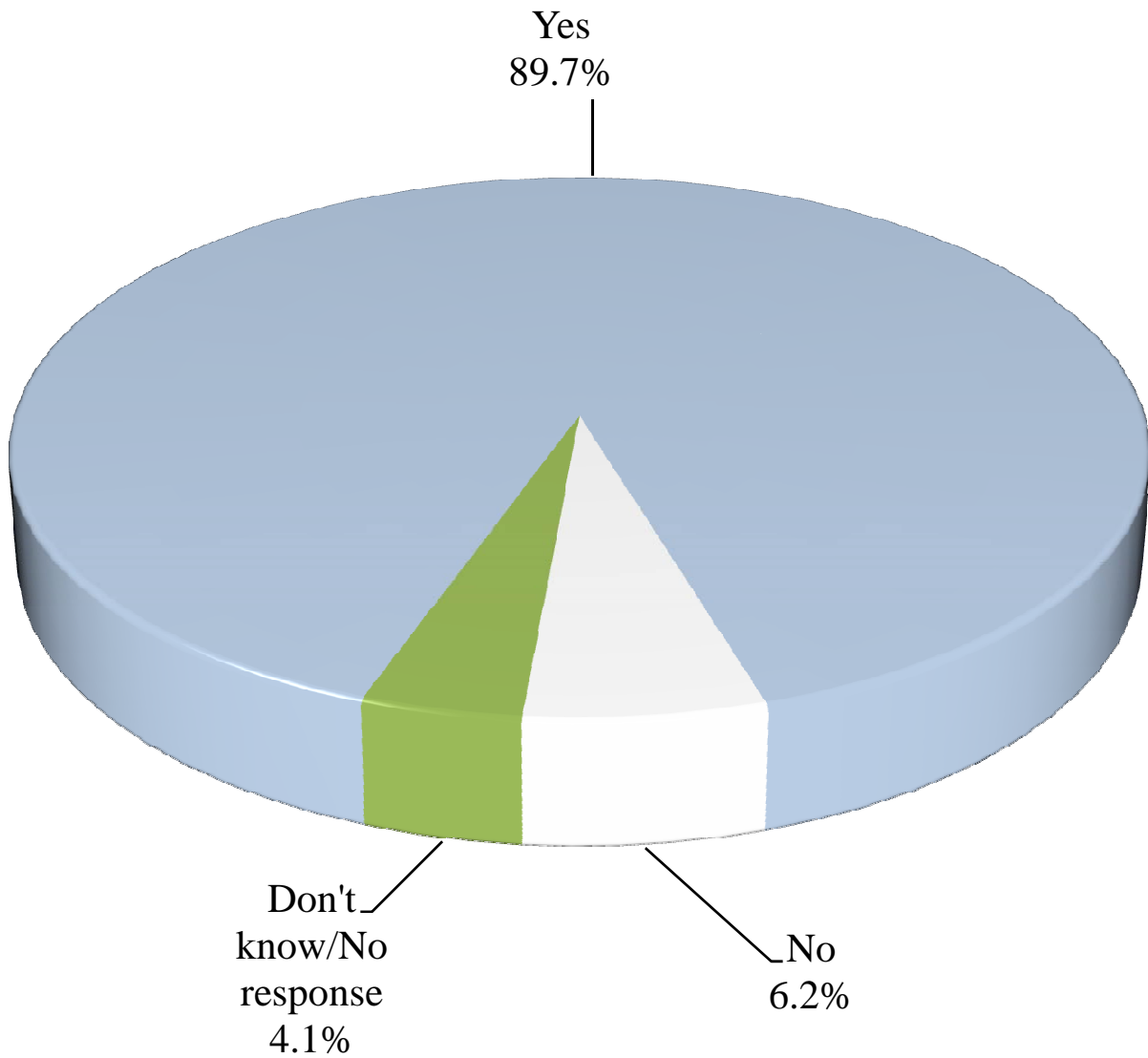
**Q5. Do you think there are enough family doctors in Summers County?**

Response Category	No.	Percent
No	60	61.9%
Yes	20	20.6%
Don't know/No response	17	17.5%
Total	97	100.0%



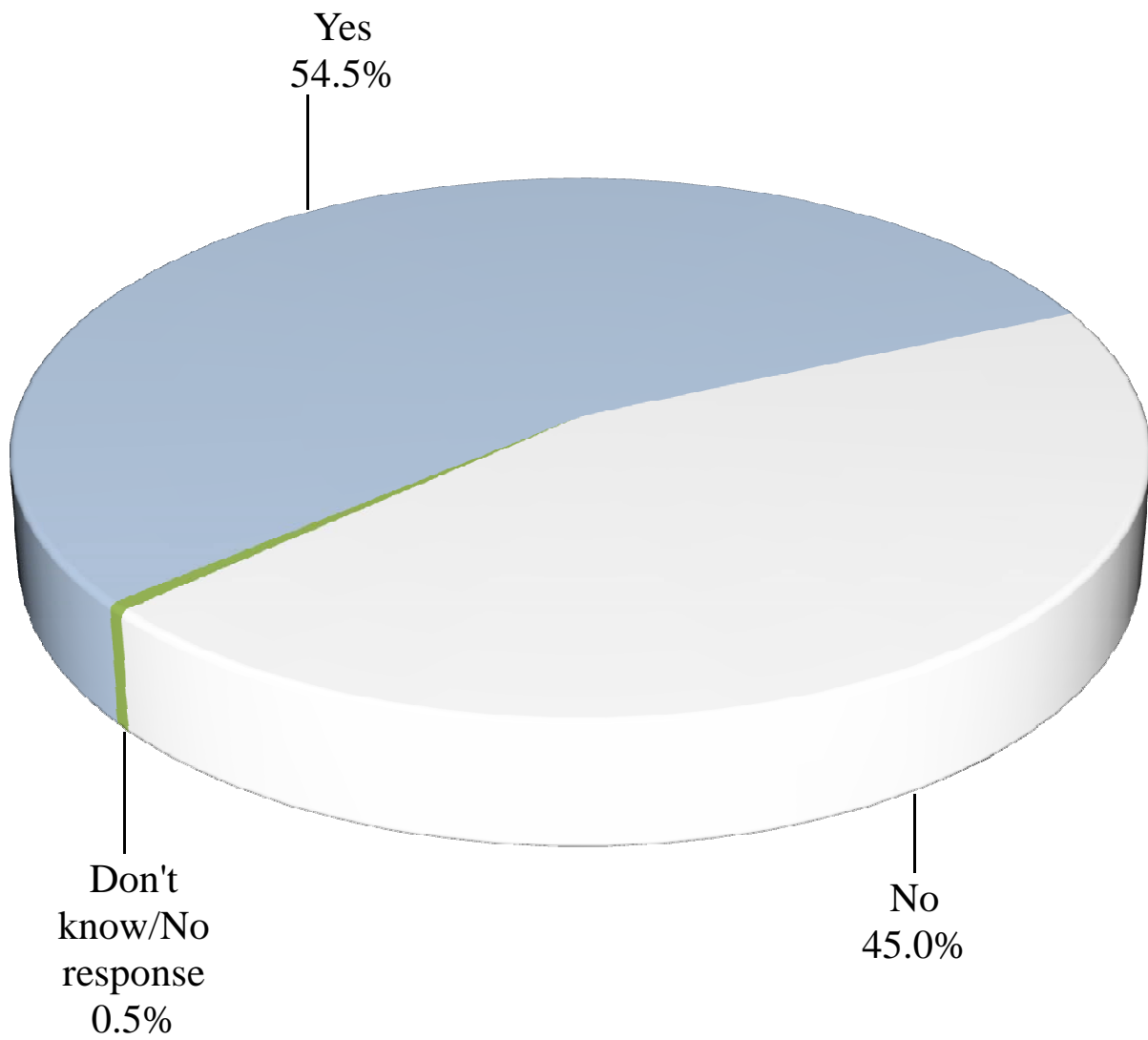
**Q6. Are you able to get an appointment with your medical provider when you need one?**

Response Category	No.	Percent
Yes	87	89.7%
No	6	6.2%
Don't know/No response	4	4.1%
Total	97	100.0%



**Q7a. Have you or someone in your household been to a specialist in the past 24 months?**

Response Category	No.	Percent
Yes	109	54.5%
No	90	45.0%
Don't know/No response	<u>1</u>	<u>0.5%</u>
Total	<u>200</u>	<u>100.0%</u>



**Q7b-1. What type of specialist have you or someone in your household been to?**

Type of Specialist	No.	Percent
<i><b>Top 7 Responses</b></i>		
Cardiologist	26	16.9%
Orthopedist	13	8.4%
Neurologist	11	7.1%
Urologist	11	7.1%
Gastroenterologist	9	5.8%
Ophthalmologist	8	5.2%
Surgeon	8	5.2%
All others	<u>68</u>	<u>44.2%</u>
<b>Total</b>	<b><u>154</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q7b-2. What type of specialist have you or someone in your household been to and in which city are they located?**

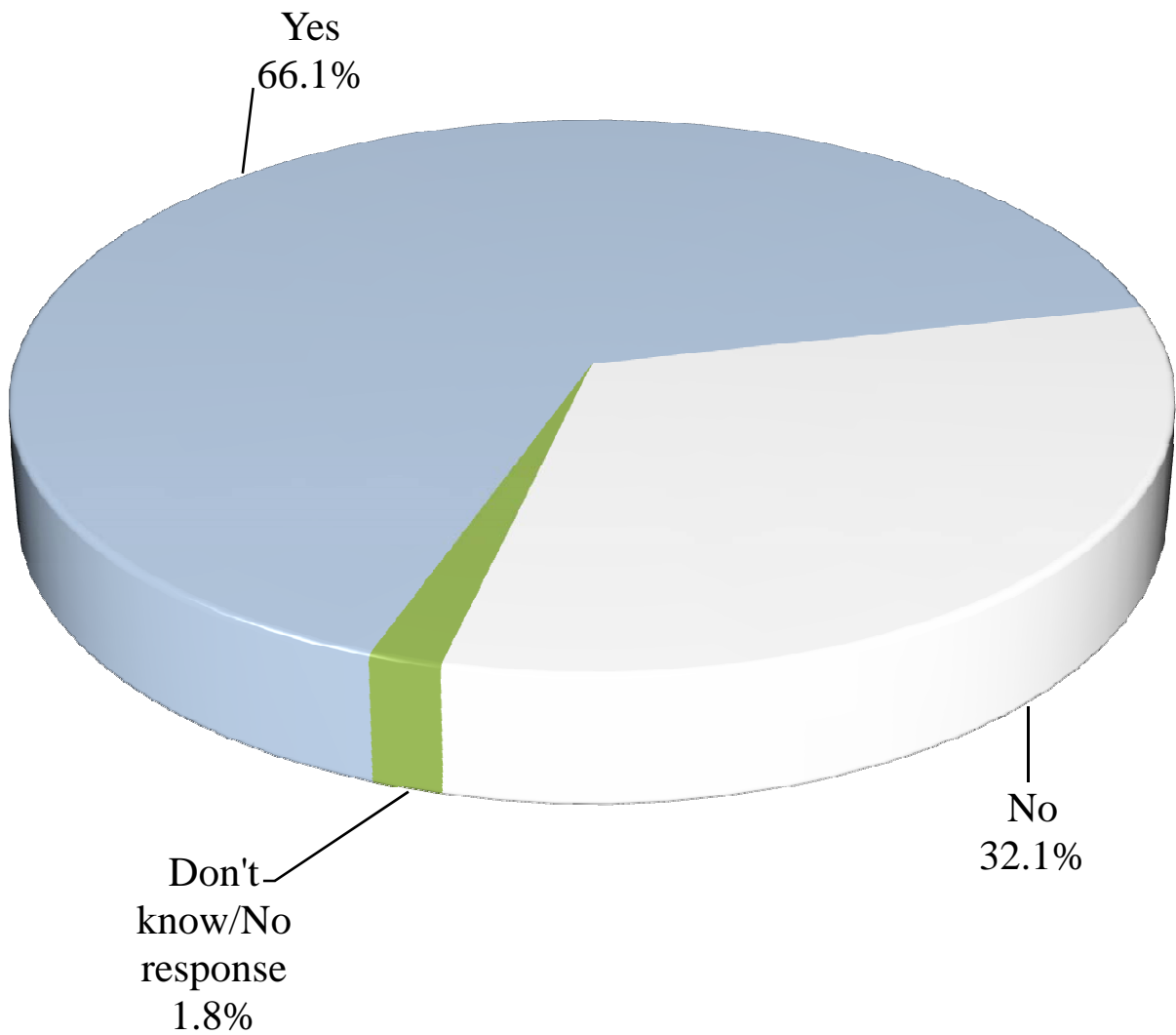
Type of Specialist	City	No.	Percent
Cardiologist	Charleston (12); Hinton (5); Beckley (4); Princeton (3); Durham, NC (1), None given, KY (1)	26	16.9%
Orthopedist	Princeton (5); Beckley (4); Charleston (1); Durham, NC (1); Fairlea (1); Lewisburg (1)	13	8.4%
Neurologist	Beckley (4); Charlottesville (3); Princeton (2); Bluefield (1); Durham, NC (1)	11	7.1%
Urologist	Lewisburg (6); Beckley (3); Charlottesville (1); Fairlea (1)	11	7.1%
Gastroenterologist	Princeton (4); Beckley (1); Bluefield (1); Charleston (1); Lewisburg (1); Oak Hill (1)	9	5.8%
Ophthalmologist	Beckley (5); Lewisburg (2); Charlottesville (1)	8	5.2%
Surgeon	Beckley (2); Princeton (2); Fairlea (1); Palm Beach, FL (1); Roanoke, VA (1); Salem (1)	8	5.2%
Oncologist	Beckley (4); Charleston (2); San Antonio, TX (1)	7	4.5%
Rheumatologist	Beckley (2); Charleston (1); Cincinnati, OH (1); Lewisburg (1); Roanoke (1); Salem (1)	7	4.5%
ENT	Beckley (5); Charleston (1)	6	3.9%
OB/GYN	Beckley (3); Princeton (2); Lewisburg (1)	6	3.9%
Dermatologist	Lewisburg (3); Beckley (1); Roncerverte (1)	5	3.2%
Orthopedic Surgeon	Princeton (2); Beckley (1); Greenville, NC (1); Lewisburg (1)	5	3.2%
Nephrologist	Lewisburg (2); Beckley (1); Durham, NC (1)	4	2.6%
Neuro Surgeon	Baltimore, MD (1); Morgantown (1); Princeton (1)	3	1.9%
Pulmonologist	Beckley (2); Welch (1)	3	1.9%
Endocrinologist	Beckley (2)	2	1.3%
Internist	Beckley (1); Princeton (1)	2	1.3%
Oral Surgeon	Charleston (1); Princeton (1)	2	1.3%
Podiatrist	Hinton (1); Princeton (1)	2	1.3%
Psychiatrist	Lewisburg (2)	2	1.3%
Vascular Surgeon	Beckley (1); Charleston (1)	2	1.3%
Don't know/No response		2	1.3%
One response each*		8	5.2%
<b>Total</b>		<b><u>154</u></b>	<b><u>100.0%</u></b>

\* Allergist (Beckley); Geneticist (Charleston); Geriatrician (Lewisburg); Hematologist (Princeton); Orthodontist (Beckley); Pediatrician (Cincinnati, OH); Proctologist (Princeton); Sleep Specialist (Princeton).  
Some respondents answered more than once.



**Q7c. Did the specialist request further testing or laboratory work?**

Response Category	No.	Percent
Yes	72	66.1%
No	35	32.1%
Don't know/No response	<u>2</u>	<u>1.8%</u>
Total	<u>109</u>	<u>100.0%</u>



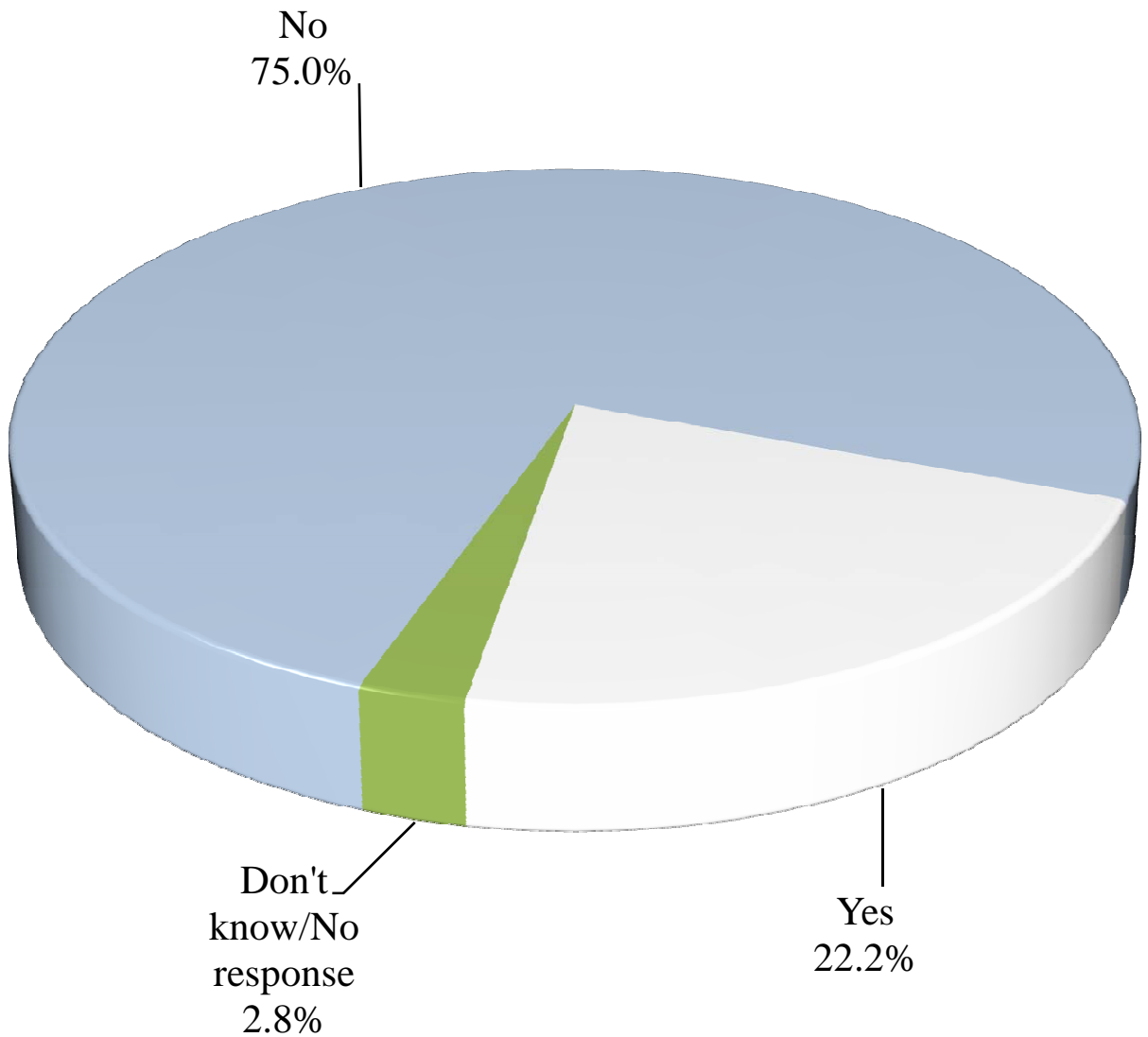
**Q7d. In which city were the tests or laboratory work conducted?**

Response Category	No.	Percent
Beckley	30	33.0%
Charleston	12	13.2%
Hinton	12	13.2%
Princeton	9	9.9%
Lewisburg	7	7.7%
Hanford	4	4.4%
Salem	2	2.2%
Alderson	1	1.1%
Bluefield	1	1.1%
Fairlea	1	1.1%
Morgantown	1	1.1%
Peterstown	1	1.1%
Welch	1	1.1%
Palm Beach, FL	1	1.1%
Baltimore, MD	1	1.1%
Duke, NC	1	1.1%
Cincinnati, OH	1	1.1%
Charlottesville, VA	1	1.1%
Richmond, VA	1	1.1%
Roanoke, VA	1	1.1%
Don't know/No response	<u>2</u>	<u>2.2%</u>
<b>Total</b>	<b><u>91</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

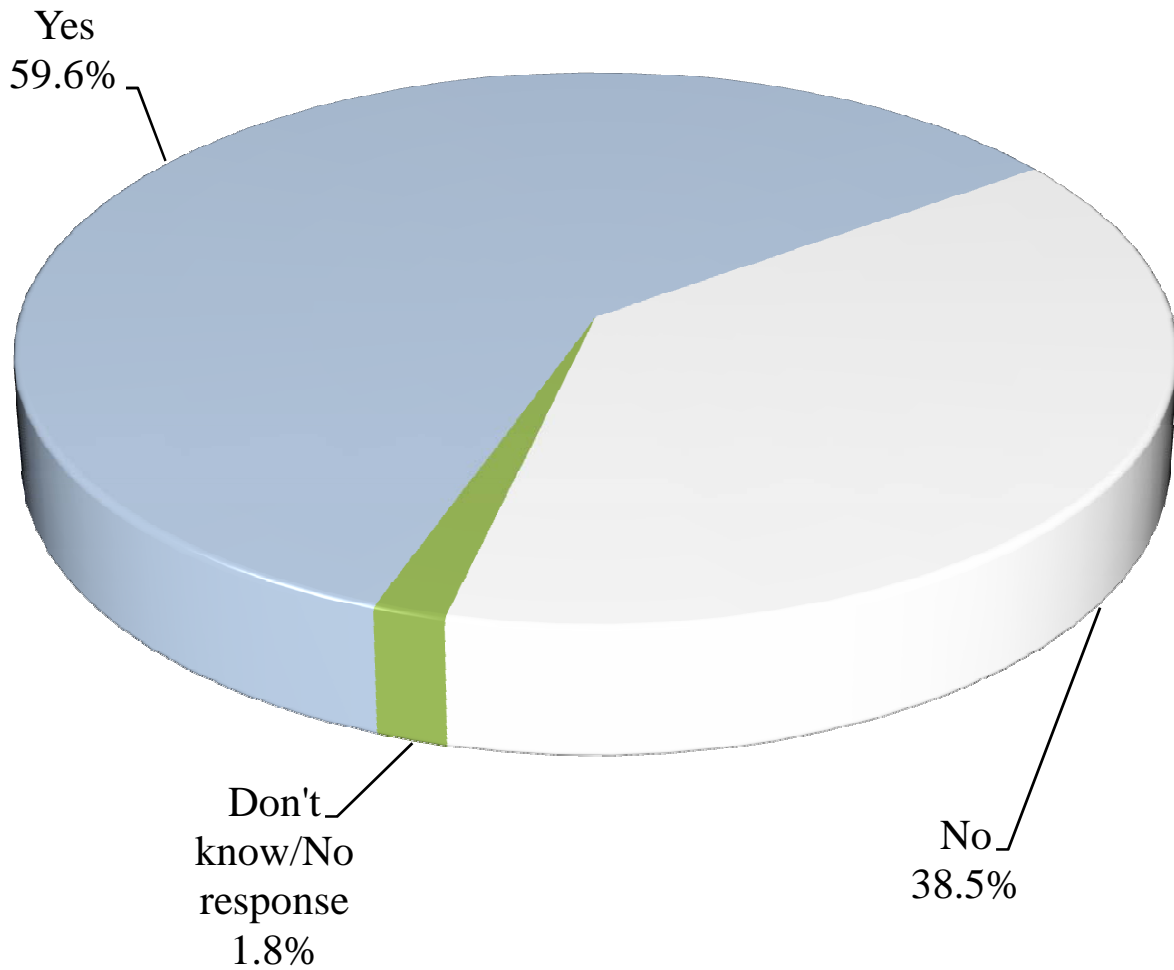
**Q7e. Are you aware that you can have your tests and/or laboratory work performed at Summers County ARH Hospital regardless of the location of your specialist?**

Response Category	No.	Percent
No	54	75.0%
Yes	16	22.2%
Don't know/No response	<u>2</u>	<u>2.8%</u>
Total	<u>72</u>	<u>100.0%</u>



**Q7f. Did the specialist prescribe medication(s)?**

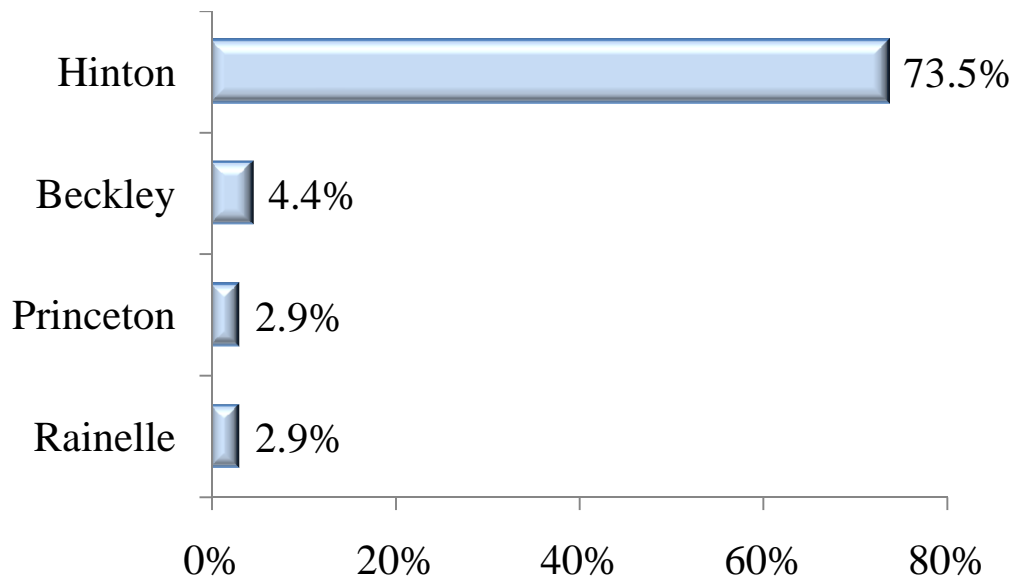
Response Category	No.	Percent
Yes	65	59.6%
No	42	38.5%
Don't know/No response	<u>2</u>	<u>1.8%</u>
Total	<u>109</u>	<u>100.0%</u>



**Q7g. In which city was the pharmacy located that filled your prescription(s)? Or did you use mail-order?**

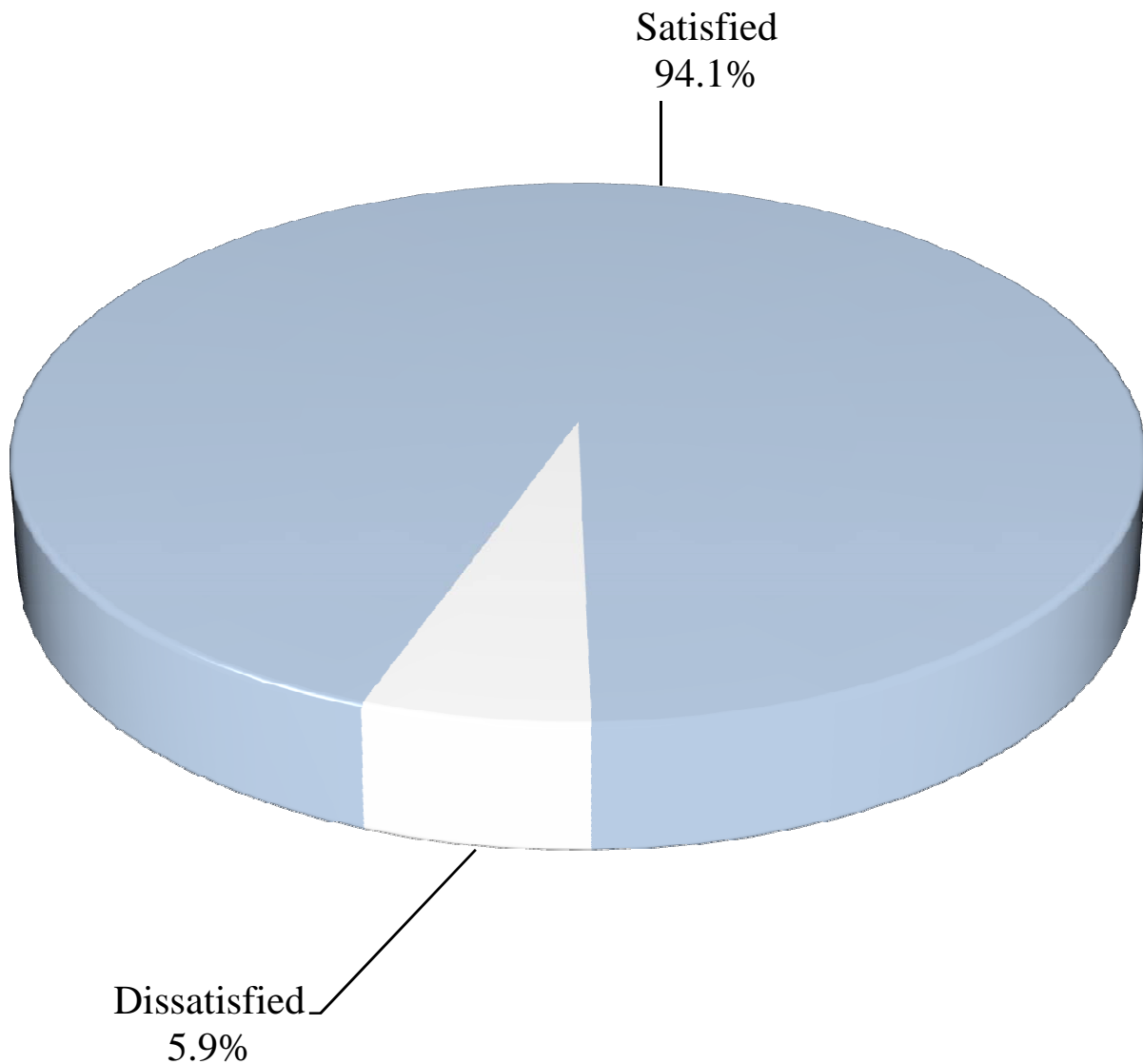
Response Category	No.	Percent
Hinton	50	73.5%
Beckley	3	4.4%
Princeton	2	2.9%
Rainelle	2	2.9%
Beaver	1	1.5%
Charleston	1	1.5%
Roncerverte	1	1.5%
Athens, GA	1	1.5%
Palm Beach, FL	1	1.5%
Mail order service	1	1.5%
Don't know/No response	5	7.4%
<b>Total</b>	<b><u>68</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.



**Q19a. How satisfied were you or someone in your household with the services you received at the emergency room in this hospital?  
Would you say you were...**

Response Category	No.	Percent
Satisfied	32	94.1%
Dissatisfied	<u>2</u>	<u>5.9%</u>
Total	<u>34</u>	<u>100.0%</u>



**Q19b-1. Why do you say that you are satisfied with the services received at the emergency room in this hospital?**

Response	No.	Percent
Good treatment/Care	8	24.2%
Short waiting time	8	24.2%
Satisfied with doctors/Physician assistants/nurses	7	21.2%
Resolved medical issue(s)	5	15.2%
Satisfied, no reason given	<u>5</u>	<u>15.2%</u>
Total	<u>33</u>	<u>100.0%</u>

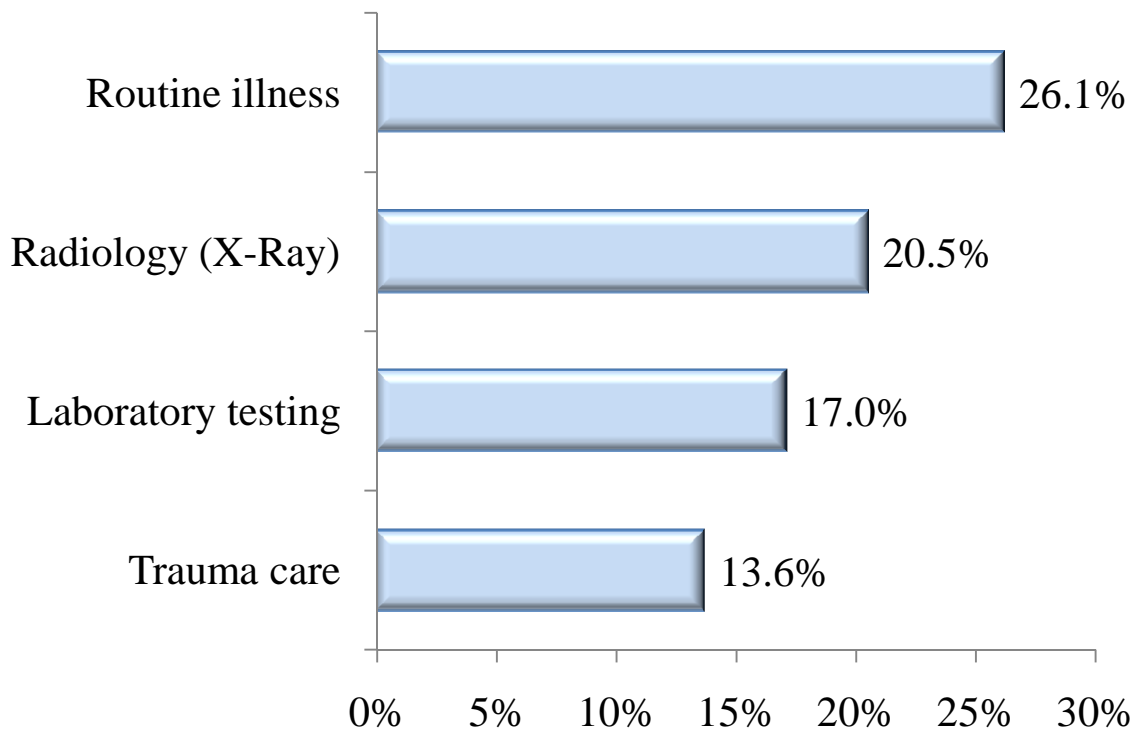
**Q19b-2. Why do you say that you are dissatisfied with the services received at the emergency room in this hospital?**

Response	No.	Percent
Did not resolve medical issue	<u>1</u>	<u>100.0%</u>
Total	<u>1</u>	<u>100.0%</u>

**Q20. What type of emergency room services have you or someone in your household used in the past 24 months at Summers County ARH Hospital?**

Response Category	No.	Percent
Routine illness	23	26.1%
Radiology (X-Ray)	18	20.5%
Laboratory testing	15	17.0%
Trauma care	12	13.6%
Cardiac evaluation	10	11.4%
Orthopedic care	4	4.5%
Respiratory therapy/Breathing difficulties	2	2.3%
MVA (motor vehicle accident)	1	1.1%
Stroke/TIA	1	1.1%
Don't know/No response	<u>2</u>	<u>2.3%</u>
<b>Total</b>	<b><u>88</u></b>	<b><u>100.0%</u></b>

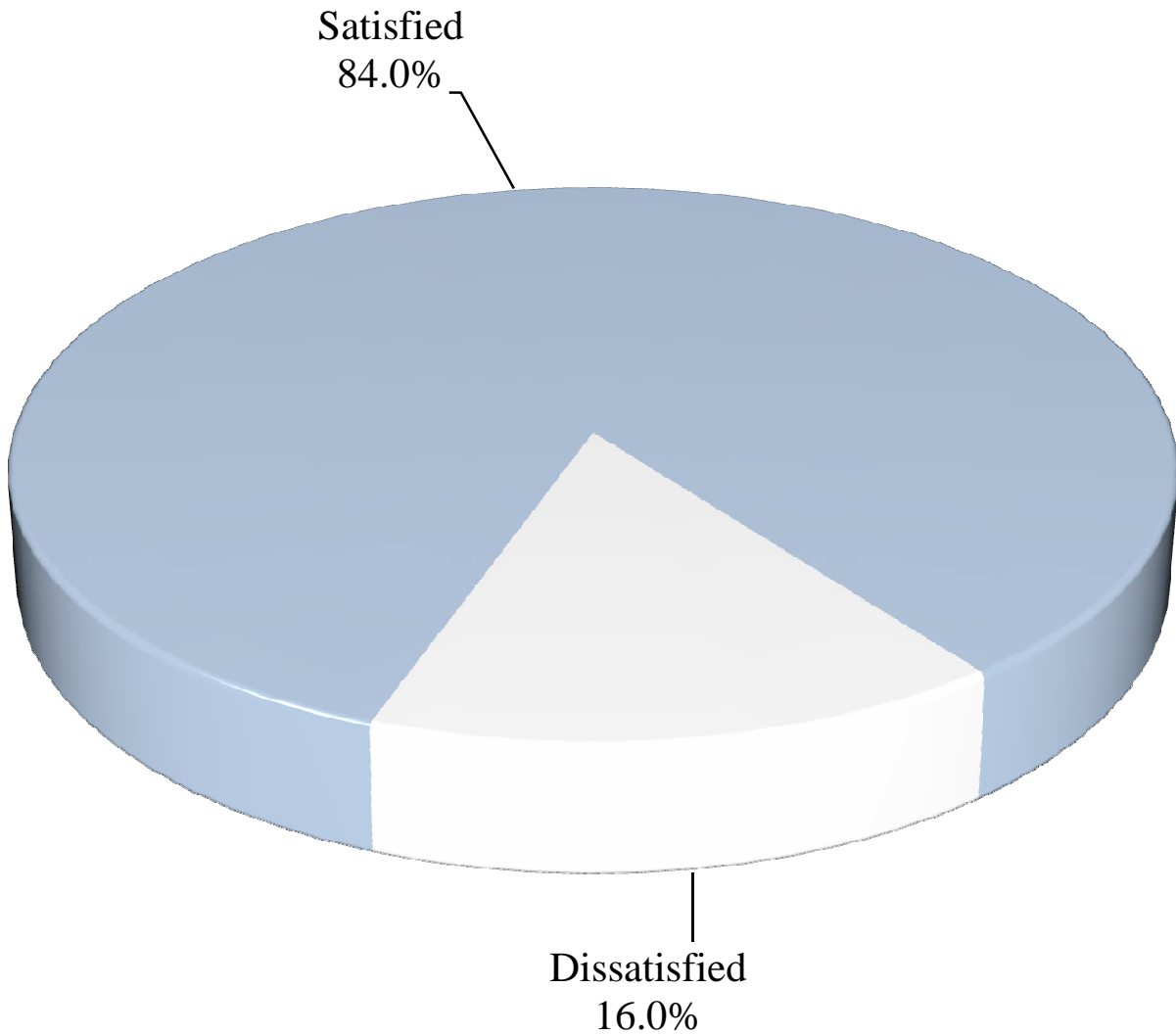
Some respondents answered more than once.





**Q21a. How satisfied were you or someone in your household with the services you received at the emergency room in Summers County ARH Hospital?  
Would you say you were.....**

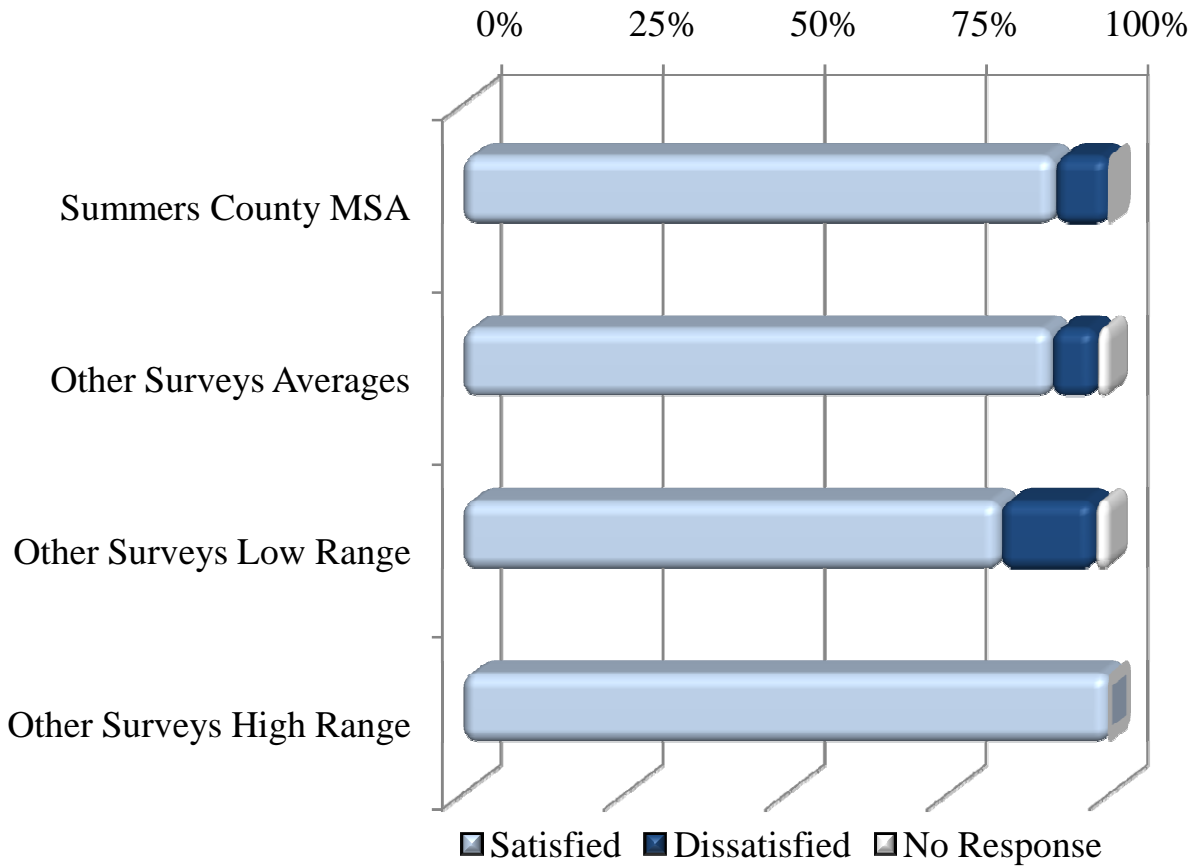
Response Category	No.	Percent
Satisfied	42	84.0%
Dissatisfied	8	16.0%
Total	<u>50</u>	<u>100.0%</u>



**Q21a-1. How satisfied were you or someone in your household with the services you received in the emergency room in your local hospital?**

**Compared to Other Studies**

Survey Area	Satisfied	Dissatisfied	No Response
Summers County MSA	84.0%	16.0%	0.0%
Other Surveys Averages	83.5%	13.4%	3.1%
Other Surveys Low Range	69.1%	25.5%	5.4%
Other Surveys High Range	96.8%	3.2%	0.0%



**Q21b-1. Why do you say that you were satisfied with the emergency room services you received in Summers County ARH Hospital?**

Response Category	No.	Percent
Satisfied with doctors/Physician assistants/Nurses	17	29.3%
Short waiting time	15	25.9%
Service was good	8	13.8%
Satisfied, no reason given	6	10.3%
Resolved medical issue(s)	6	10.3%
Good treatment/Care	5	8.6%
Satisfied, but thought doctor took too long	<u>1</u>	<u>1.7%</u>
Total	<u>58</u>	<u>100.0%</u>

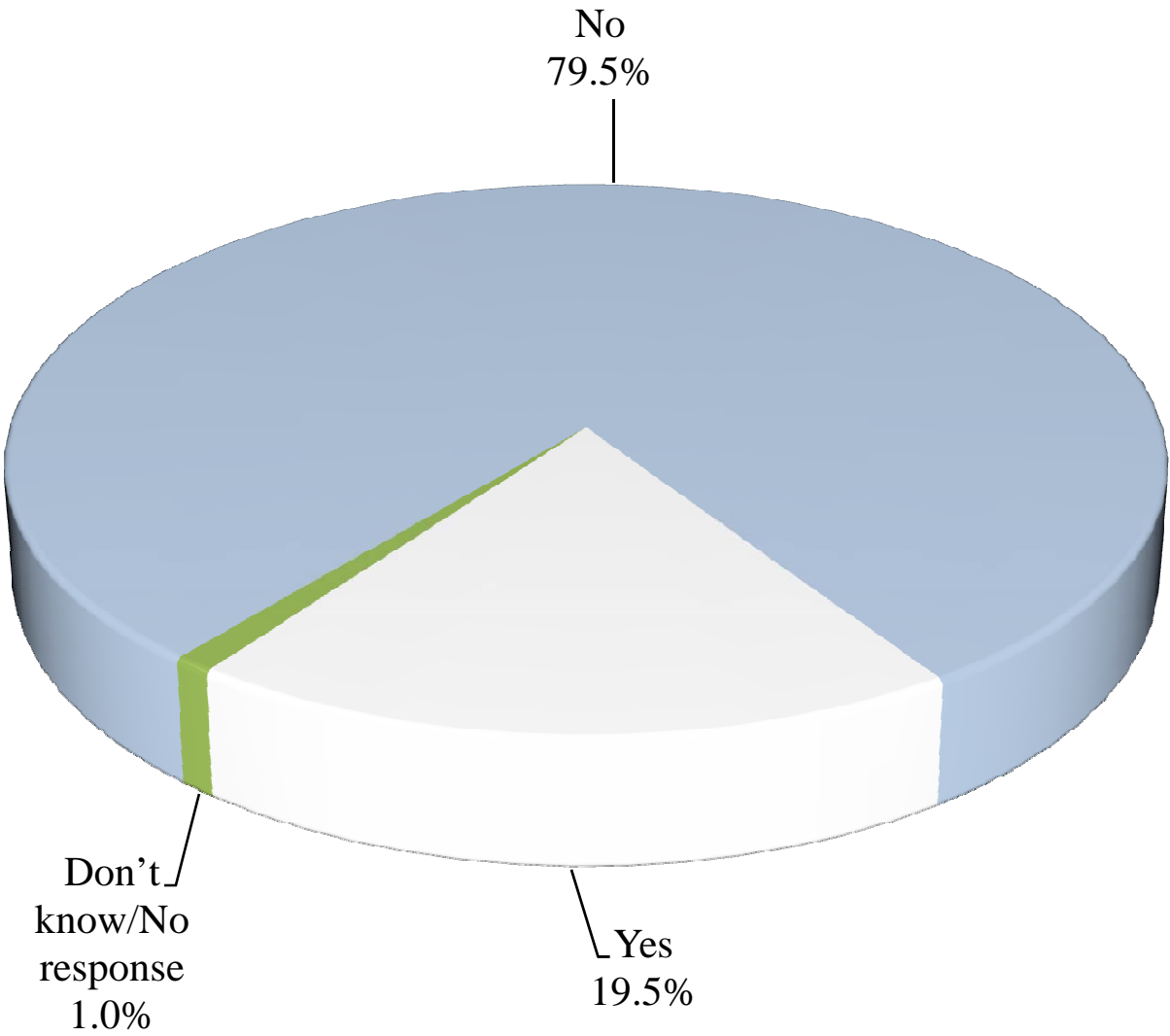
Some respondents answered more than once.

**Q21b-2. Why do you say that you were dissatisfied with the emergency room services you received in Summers County ARH Hospital?**

Response Category	No.	Percent
Incompetent doctors	4	50.0%
Rude/uncaring/unprofessional staff	<u>4</u>	<u>50.0%</u>
Total	<u>8</u>	<u>100.0%</u>

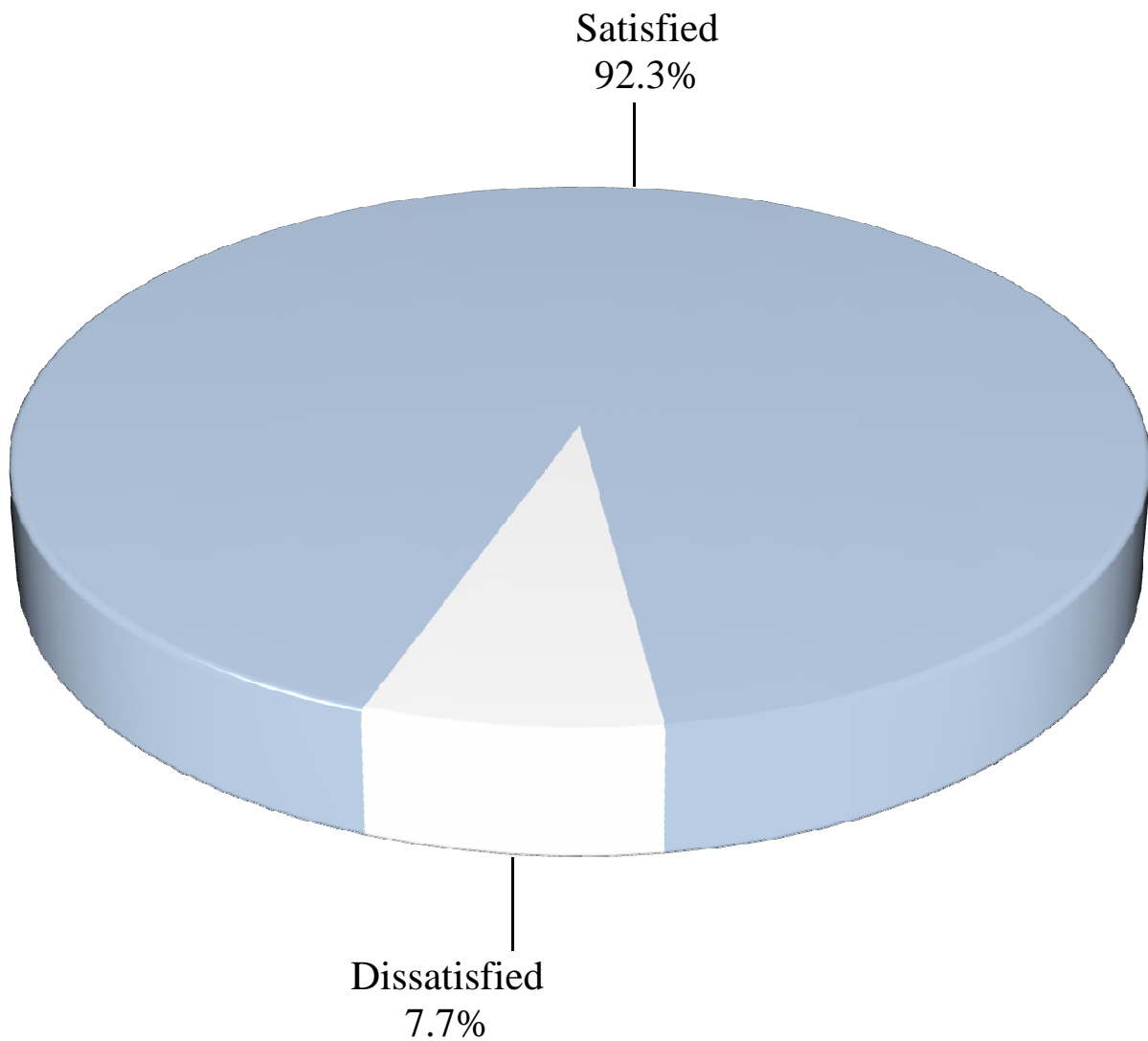
**Q22a. Have you or someone in your household used the services of the local health department in the past 24 months?**

Response Category	No.	Percent
No	159	79.5%
Yes	39	19.5%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>



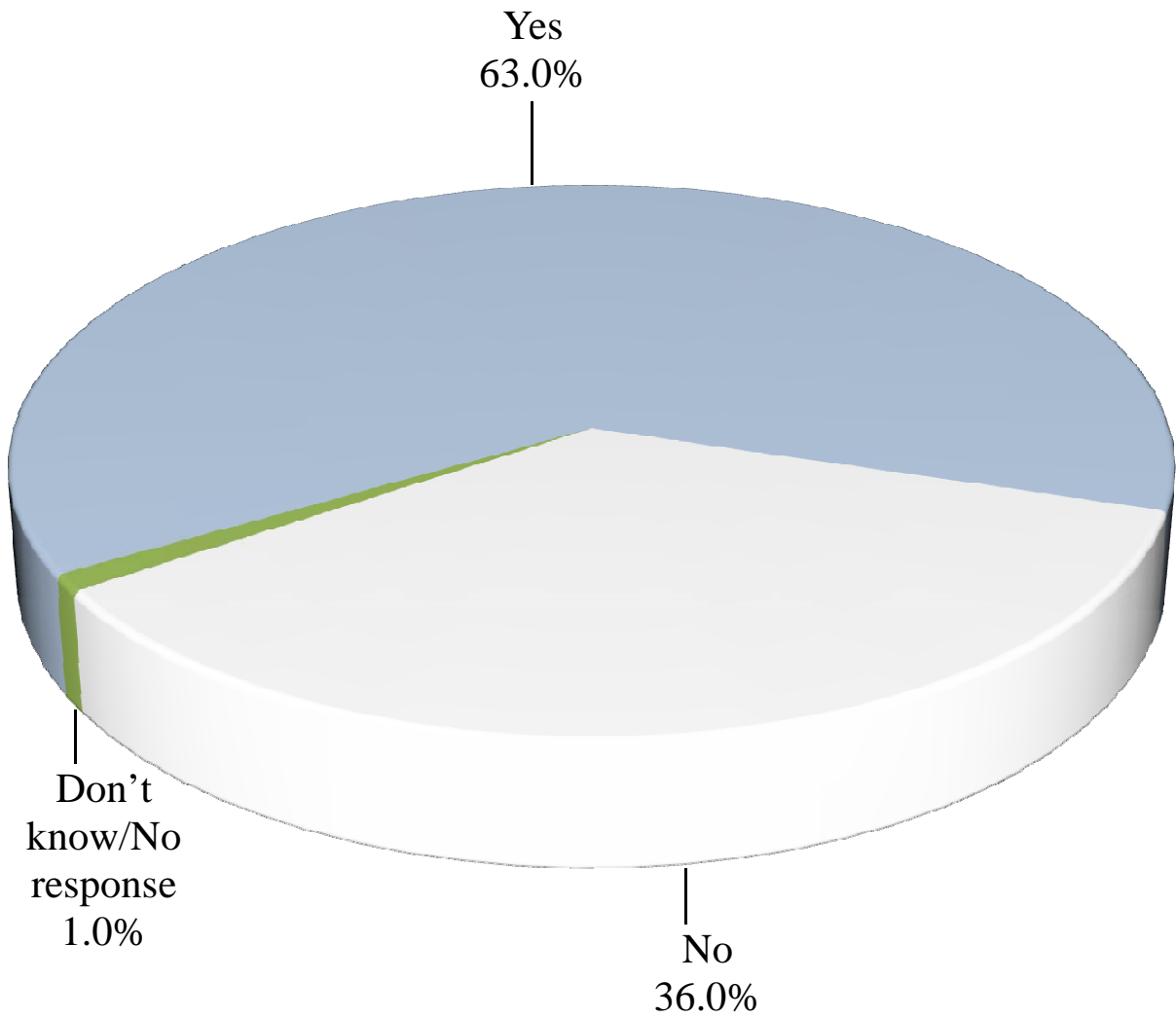
**Q22b. How satisfied were you or someone in your household with the services you received at the local health department?**

Response Category	No.	Percent
Satisfied	36	92.3%
Dissatisfied	<u>3</u>	<u>7.7%</u>
Total	<u>39</u>	<u>100.0%</u>



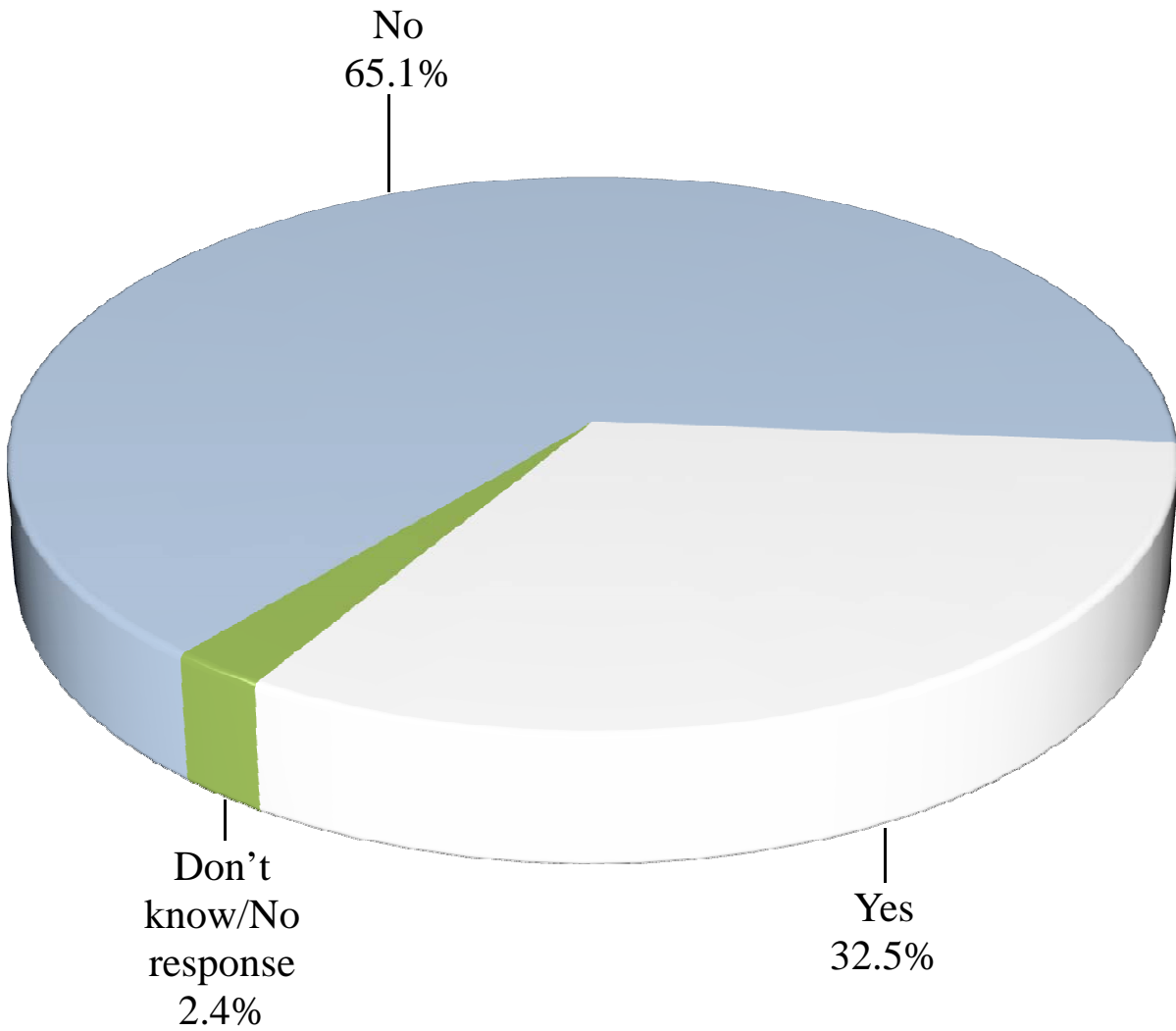
**Q23a. Are you aware of the prescription discount drug card?**

Response Category	No.	Percent
Yes	126	63.0%
No	72	36.0%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>



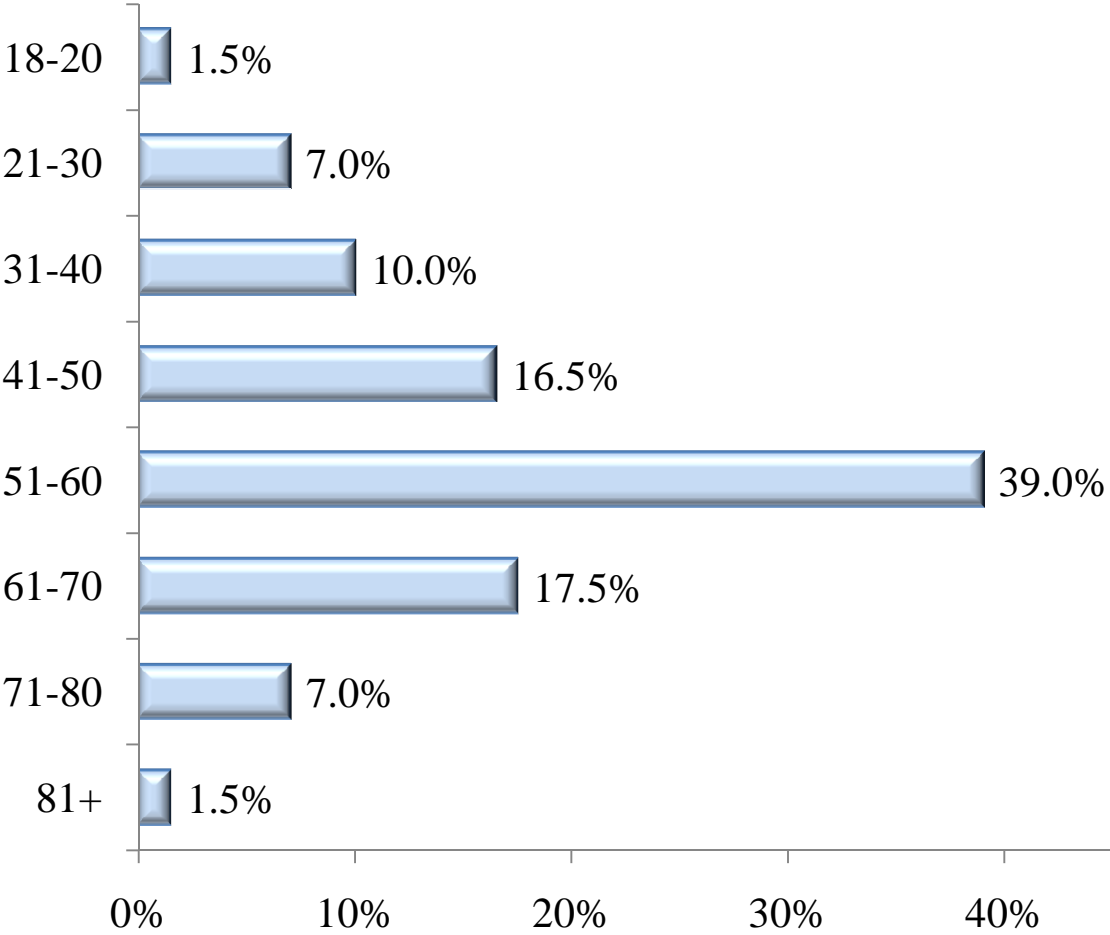
**Q23b. Do you use the prescription discount drug card?**

Response Category	No.	Percent
No	82	65.1%
Yes	41	32.5%
Don't know/No response	<u>3</u>	<u>2.4%</u>
Total	<u>126</u>	<u>100.0%</u>



**Q24. What is your age?**

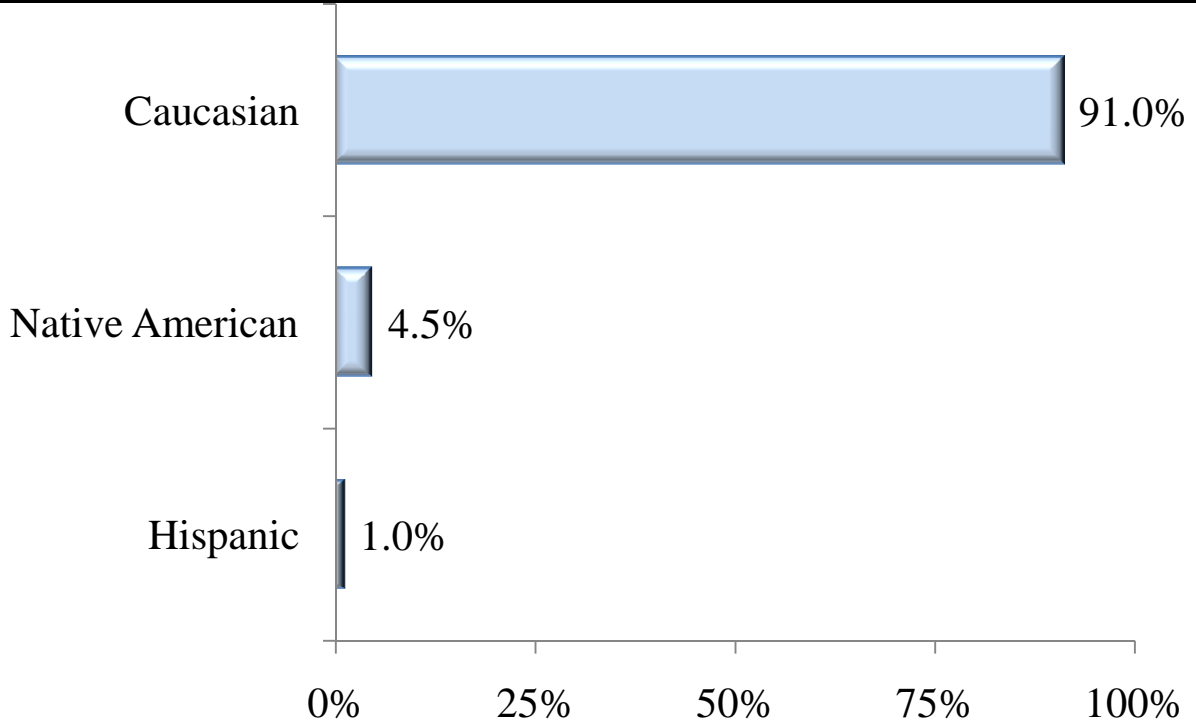
Response Category	No.	Percent
18-20	3	1.5%
21-30	14	7.0%
31-40	20	10.0%
41-50	33	16.5%
51-60	78	39.0%
61-70	35	17.5%
71-80	14	7.0%
81+	<u>3</u>	<u>1.5%</u>
Total	<u>200</u>	<u>100.0%</u>





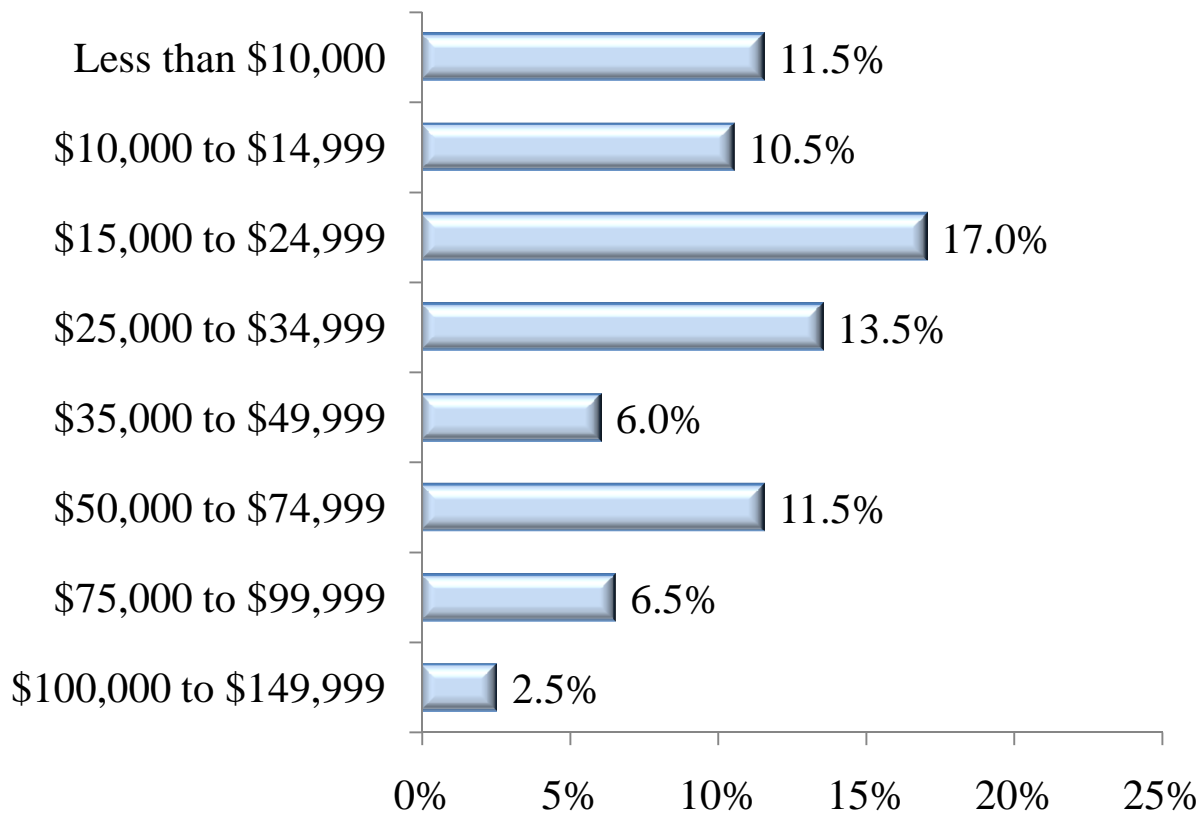
**Q25. What is your ethnicity?**

Response Category	No.	Percent
Caucasian	182	91.0%
Native American	9	4.5%
Hispanic	2	1.0%
Caucasian/Hispanic	1	0.5%
Caucasian/African American/Native American	1	0.5%
Don't know/No response	<u>5</u>	<u>2.5%</u>
Total	<u>200</u>	<u>100.0%</u>



**Q26. What is your annual household income?**

Response Category	No.	Percent
Less than \$10,000	23	11.5%
\$10,000 to \$14,999	21	10.5%
\$15,000 to \$24,999	34	17.0%
\$25,000 to \$34,999	27	13.5%
\$35,000 to \$49,999	12	6.0%
\$50,000 to \$74,999	23	11.5%
\$75,000 to \$99,999	13	6.5%
\$100,000 to \$149,999	5	2.5%
\$150,000 to \$199,999	1	0.5%
\$200,000 or more	0	0.0%
Don't know/No response	<u>41</u>	<u>20.5%</u>
Total	<u>200</u>	<u>100.0%</u>



### Q27. What is your gender?

Response Category	No.	Percent
Female	140	70.0%
Male	59	29.5%
Don't know/No response	<u>1</u>	<u>0.5%</u>
Total	<u>200</u>	<u>100.0%</u>

