

COMMUNITY HEALTH NEEDS ASSESSMENT

2026-2029



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WILLIAMSON MEMORIAL HOSPITAL FACILITIES

Williamson Memorial, Inc. (WM) hospital facilities have served Mingo County, West Virginia, and surrounding rural communities since 1921. There was a hospital fire in the winter of 1926. In 1939, a replacement hospital was built and financed by selling bonds to local businesspeople. Acquired by Health Management Associates in 1979, WM moved to a new facility, adding an Emergency Department and Surgical Suite in 1988 and expanding the lab and fourth floor in 2005.

Williamson Health & Wellness Center (WHWC), a local Federally Qualified Health Center (FQHC), bought the hospital facilities in 2020. A new charitable organization was established to operate the hospital as Williamson Memorial, Inc. in January 2022. From 2021-2023, WHWC invested in construction and renovations to deliver quality care. A new HVAC system and air quality system; upgraded plumbing, electrical, and completed interior and exterior renovations.

In 2022, Kathy Ireland Recovery Center opened on the 3rd floor of Williamson Memorial facilities. In 2023, WHWC opened an integrated care clinic on the first floor of the hospital.

CURRENT SERVICES

Since earning hospital licensure in August 2024, WM has provided inpatient care, laboratory, and radiology services to southern West Virginia's underserved population.

In 2025, the Radiology Department was recognized by the National Institute for Occupational Safety and Health (NIOSH) as an official Black Lung testing center. WM supports an extensive regional referral network of more than 26 providers who rely on accessible high-quality radiology and laboratory services.

The hospital is active in building community partnerships. In 2025, more than 50 area providers placed orders for radiology services at WM, and 33 providers referred their patients for lab services. The hospital hosts two business occupants: WHWC, offering primary care and behavioral health on the first floor, and Wise Path Recovery Center, operating a detox program on the third floor.



Mission & Values

Williamson Memorial's mission is

Health for Everyone

We value Compassion,
Teamwork, Service,
Resilience, and Innovation

Strategic Priorities

CARE

Provide easily accessible,
high-quality, integrated
health services.

PREVENT

Offer innovative programs
that focus on disease
prevention and wellbeing.

CONNECT

Establish partnerships that
build the economy, foster
trust, and empower our
community.

SERVICE AREA

Williamson Memorial is the sole hospital in Mingo County, in the City of Williamson (pop. 2,968) in Mingo County, where most residents travel to for their daily shopping, banking, health care, and other commerce needs. According to 2023 U.S. Census American Community Survey (ACS) data, Mingo County's population density is 54.3 persons/ sq. mile, which has declined in the past decade from 63.4 persons / sq. mile given the high unemployment rates and layoffs of the coal mining companies during this time. Many residents travel to the City of Williamson to buy groceries or access health care.

Mingo County, located in the heart of Appalachia, has 423.1 square miles of land area and is the 26th largest county in West Virginia by total area. The City of Williamson, the Mingo County seat, is home to the largest coal marshaling yards in the world that comprise a six-mile-long train-switching yard where raw coal is processed and transported across America.

Population has been on the decline in Mingo County like much of West Virginia. According to the 2023 US Census data, Mingo County's population (22,573) is primarily comprised of non-Hispanic White (95.9%), Black or African American (1.7%) and American Indian (0.1%) residents. The City of Williamson has a higher degree of diversity than Mingo County as the coalfields and rail yard industries attracted individuals to move to the area for work opportunities. The City of Williamson is more diverse than Mingo County, historically, due to coal and rail yard industries attracting many workers to move to the area. Williamson's population is primarily comprised of non-Hispanic White (83.8%) and African American/Biracial (15.4%) residents, and ~1.0% individuals of Hispanic/Latino background. West Virginia has a veteran population rate above the national average, with approximately 1,141 veterans in Mingo County.

Over 77% of the population is over the age of 18 and 21.2% are 65 years and older. With a median age of 43.1, Mingo County's population is significantly older than the national (38.2) population. In the past 10 years, the number of individuals aged 65+ has grown by 5.4% points from 13.5%. In contrast, there are many families with young children in the service area. There are 6,950 total families in Mingo County with an average family size of 2.3 people. Approximately 17.2% of families have children under the age of 6 and another 64.1% of families have children between the ages of 6 and 17. Mingo County has 583 children in kinship care or living with a grandparent.

Over 77% of the population is over the age of 18 and 21.2% are 65 years and older. With a median age of 44.3, Mingo County's population is significantly older than the national (38.2) population. In the past 10 years, the number of individuals aged 65+ has grown by 5.4% points from 13.5%. In contrast, there are many families with young children in the service area. Mingo County has approximately 9,013 total households, with an average household size of about 2.5 people. Broader West Virginia trends indicate that roughly 25–30% of households have children under 18. Mingo County has a notably high rate of grandparent-led households and kinship care arrangements, particularly influenced by socioeconomic factors such as the opioid crisis.

Over 32.7% of families in Mingo County live in mobile homes or other temporary structures, which can contribute to high rates of asthma and other health conditions related to limited access to clean water, inadequate indoor plumbing, as well as poor heating and cooling systems. Almost half of female-led families live in rental units (42.4%), primarily in the City of Williamson and often in the public housing and affordable housing units that are adjacent to the Williamson Health and Wellness Center. Almost one in four families (22.9%) live below federal poverty, which significantly rises to 83.5% for single-mother households with children under the age of five. This indicates many families with young children earning minimum wage and struggling to make ends meet, often choosing between putting food on the table or taking a sick child to the doctor.

Poverty, unemployment, and low educational attainment are disproportionately experienced by the target populations in Mingo County and contribute to poor health outcomes, unmanaged chronic disease and illness, excessive use of the Emergency Room for primary care, and a high need for affordable primary care access delivered in the service area. According to the 2020 American Community Survey, Mingo County has the second highest rate of poverty among all 55 counties in WV. More than one in four residents in Mingo County are living in poverty, which has increased from 25.8% five years ago to the current rate of 28.7%. More than a third of residents in Williamson (38.9%) live below federal poverty, which is significantly higher than the state (17.6%) and national (13.4%) percent of poverty.

According to Appalachian Regional Commission FY23 data, Mingo County is the 36th most “Distressed” county in the nation and the 3rd. most “Distressed” county in West Virginia based on calculations using unemployment, per capita income and poverty rates. Based on the 2019-2023 American Community Survey (ACS) 5-year estimates, Mingo County, the population has declined over the past decade, and the downward trend is estimated to continue through the 2026-2029 period.



NEEDS ASSESSMENT METHODOLOGY & APPROACH

Every three years, Williamson Memorial conducts a Community Health Needs Assessment (CHNA) to evaluate community health status and identify priority needs. This process draws on diverse input from data sources, staff, patients, healthcare providers, social services, and community leaders to ensure responsive programming aligned with our mission of "Health for Everyone."

The assessment integrated multiple data sources, including organizational and partnership records, publicly available data, surveys, and interviews. Findings from this CHNA will inform the 2026–2029 Community Health Improvement Plan (CHIP), with three key priorities identified and formally adopted by the Board of Directors.

To maximize reach and inclusiveness, the survey was distributed through varied channels:

- Online via the Mingo Central High School website, Mingo County Health Department networks, and through Family Resource Network emails.
- Emails to partners including representatives from Logan Regional Medical Center, Pikeville Medical Center, Tug Valley Appalachian Regional Hospital and Wise Path Recovery Center.
- Paper versions placed in high-traffic locations such as the health department lobby, health clinic, hospital offices, and Mingo County Courthouse.
- In-person distribution at a Local Emergency Planning Committee meeting (attended by first responders, utility companies, fire and police departments) and through door-to-door outreach by hospital staff in Williamson businesses and neighborhoods.
- Connections with Coalfield Community Action Partnership involved review of the Coalfield CAP needs assessment which focused on broader community needs, whereas the Williamson Memorial CHNA targeted community health needs specifically.
- Home Health contributed to the survey and provided an updated community resource inventory.
- Internal emails to reach employees at Williamson Health & Wellness Center (WHWC) and Williamson Memorial (WM).

This multifaceted approach helped gather robust, representative feedback from Mingo County and surrounding areas in West Virginia and Kentucky, ensuring the CHNA reflects evolving community health needs.



CHNA PRIORITIES 2026-2029

The needs assessment priorities, align with the strategic priorities at WM and include:

#1 Early Detection Smoking, poor diet, and inactivity reinforce the value of early detection via screenings and education to prevent escalation to severe diseases like heart issues or cancer.

#2 Strengthening Partnerships Surveys highlight gaps in "continual care," check-ups, and support often leading to worsened outcomes for diabetes, heart disease, COPD, obesity, addiction, and mental health. WM anchors care with inpatient services, labs, and imaging, within a network of more than 50 area providers.

#3 Access to Health Services The survey responses underscore the need for greater access to care to reduce hardship and reliance on distant services to meet the health care needs of the service area.

COMMUNITY HEALTH INFORMATION & SPECIAL POPULATIONS

The following information was collected from agencies such as the Appalachian Regional Commission and the Center for Disease Control and publicly available resources including America’s Health Rankings and the national census.

CANCER & CHRONIC DISEASE RATES

Mingo County has the second highest rate of incidence of all cancers (580.7 per 100,000 residents) and the highest rate of lung/bronchus cancer in the State at 119.3/100,000 – which is more than double the national rate of 53.6 (American Lung Association, 2022 West Virginia Cancer Burden Report). Other cancers that have higher incidences rates in the service area include colon/rectum (75/100,000 2nd highest in WV); kidney/renal (27.5/100,000 5th highest in WV) and Non-Hodgkin Lymphoma (22/8/100,000 5th highest in WV).

In the United States, breast cancer is among the most common cancers for women, accounting for about 30% (or 1 in 3) of all new female cancers each year. According to the American College of Obstetricians and Gynecologists, “Proportionately fewer rural women receive recommended preventive screening services for breast and cervical cancer. Rural African American, Hispanic, Asian, and white women are less likely to have cervical cancer screening. African American, Hispanic, and white women are less likely than their urban counterparts to have mammograms.

Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) is the most common form of liver disease in the U.S., affecting 30% of adults. In Appalachia, hospitals estimate that up to 60% of patients are at risk of MASLD, which is twice the national average. Individuals with obesity and diabetes are more likely to be diagnosed.

Mingo County bears a disproportionate burden of chronic diseases, amplified by rural challenges including limited access to healthy foods, transportation barriers, and socioeconomic factors. West Virginia maintains the nation's highest adult obesity rate at 41.4% (2024 data), In Mingo County, approximately 42% of adults struggle with obesity, 37% are physically inactive, and 28% smoke—all rates exceeding state and national averages (America's Health Rankings analysis of federal data, cited in American Heart Association reporting, 2024).West Virginia also has elevated diabetes prevalence (approximately 17% of adults) and cardiovascular disease (15% of adults), the highest national rates, contributing to risks for heart disease, stroke, and other comorbidities (America's Health Rankings 2024).

STORY OF EARLY DETECTION

Mingo County, West Virginia, has the state's highest overall cancer incidence rate, and rural barriers such as transportation, costs, and insurance gaps sometimes delay breast cancer screenings. Statewide services such as Bonnie’s Bus deliver mobile mammography screening services directly to underserved communities. Abnormal results often require timely follow-up diagnostic procedures—including additional imaging, ultrasounds, biopsies, and lab tests. One resident shares her story: “It was my screening with Bonnie's Bus that led to my DCIS diagnosis (lumpectomy and 20 rounds of radiation). I make sure that everyone knows how important early detection is for this exact reason.” Since 2021, Bonnie’s Bus has conducted over 200 screenings in Mingo County, with more than one-third requiring further imaging. This high rate of abnormal findings underscores substantial local demand for accessible follow-up diagnostic care to support cancer treatment and prevention.

RESPIRATORY DISEASE & HEART HEALTH

There are high rates of Chronic Obstructive Pulmonary Disease (COPD), black lung disease, and other respiratory diseases in Mingo County, and 13.3% adults are diagnosed with COPD, which is more than four times greater than the national rate of 3.8% (CDC).

VETERANS

Mingo County, West Virginia, is home to approximately 1,141 veterans (6.4% of the adult population, based on 2023 U.S. Census Bureau American Community Survey 5-year estimates). Veterans in Mingo County face significant gaps in access to comprehensive health care and specialized services. The nearest full VA medical centers are in Huntington (serving southern WV) or Beckley, requiring long travel distances amid transportation barriers common in rural Appalachia. While benefits assistance is available through accredited Veterans Service Officers, and some community-based outpatient services exist in the region, limited local specialty care, mental health resources, and broadband access for telehealth contribute to disparities in quality care for rural veterans.

AN AGING POPULATION

The multi-county service area represents an aging population, a declining population, and high rates of individuals with disabilities. West Virginia is the 2nd “oldest” state in the nation and Mingo County’s percent of population age 65+ has doubled between 1950 – 2013 according to WV DHHR Health Statistics Center, which leads to higher health care utilization rates. There is also a high rate of disability among residents; one-third of Mingo County residents report having a disability (33%) according to U.S. Census data. Almost one-fifth of people 18-34 report a disability and 41.6% in the 35-64 age group. Cognitive disabilities are a significant concern in the service area, where 12% of residents ages 18-34 report this type of disability and 19% of people ages 35-64. Nationally, only 12.9% of the population report a disability, with 4.7% of people 18 to 64 years reporting cognitive difficulty.

SUBSTANCE USE DISORDER & PEOPLE IN RECOVERY

According to ARC’s Appalachian Diseases of Despair 2025 report, residents in the service area are significantly affected by increased death related to alcohol use, opioid/substance use, suicide and alcoholic liver disease/cirrhosis of the liver. Mingo County is located in the heart of America’s opioid crisis and Mingo County’s drug overdose death rate more than four times as high as the U.S. rate (120/100,000 vs 31/100,000) in a State that has the highest drug overdose rate in the nation (County Health Rankings, CDC).

According to County Health Rankings, almost one in four adults experience frequent mental distress in Mingo County (25%), which has one of the highest rates of all counties in WV and is significantly higher than State and U.S. rates (23% and 16% respectively). WV compared to all states has the highest rate of frequent mental distress in the entire nation at 22% (America’s Health Rankings) – essentially indicating that Mingo County has the one of the highest rates of adults experiencing frequent mental distress in the nation. The average number of poor mental health days is increasing for Mingo County residents from 5.3 days in 2017 to the current rate of 8.2 days out of the past 30, and compares to 6.7 days in West Virginia and 5.1 in U.S.

DIAGNOSTIC SERVICES & TECHNOLOGY

According to the U.S. Bureau of Labor Statistics, Radiology and MRI Technologists expect a growth by 5% between 2024 and 2034, which is faster than average. Demand for Laboratory Technicians is expected to grow by 2% over the same time. Within West Virginia, according to IBIS World data on Diagnostic and Medical Laboratories, the market size is \$202.4M with an expected 2.8% growth from 2020-2025 and there are 142 businesses in the field that have seen an average annual growth rate of 1.8% from 2020-2025. There are 1,119 employees in this industry in WV, which grew at an average annual rate of 8.6% between 2020 to 2025. With an aging population and increasing rates of chronic disease, the demand for radiological and lab services is expected to continue to grow.



LOCAL ECONOMY & WORKFORCE

According to ARC FY26 data, Mingo County, WV is the 35th most “Distressed” of 3,106 Appalachian counties based on calculations using unemployment, per capita income and poverty rates. The City of Williamson, the Mingo County seat, is home to one of the largest coal marshaling yards in the world. Mingo County has been impacted by the closure of mines and massive layoffs.

Poverty and unemployment are disproportionately experienced by residents in Mingo County (Pop. 23,466) and the City of Williamson (Pop. 3,035). Mingo County residents have experienced persistent poverty year after year with one of the highest rates of poverty among all 55 counties in WV. More than one in four residents are living in poverty and almost a third of residents in Williamson (32%) live below federal poverty, which is significantly higher than the state (16.8%) and national (12.5%) percent of poverty. Mingo County has experienced devastating job losses, with almost half of non-farm payroll employment lost between 2013 and 2020 (Workforce WV) and only 37.6% of county adults participating in the labor force (U.S. 63.5%) according to U.S. census data. The 7.5% unemployment rate in Mingo County is the 2nd highest in West Virginia and is higher than the State rate of 4.3% (U.S. Bureau of Labor Statistics, August 2025). The per capita annual income in Mingo County is \$21,342, with a median household income of \$38,305, which are both significantly below national statistics (\$41,261 and \$75,149 respectively). Perhaps the most concerning rate in the service area, is that only 37.6% of county adults participate in the labor force, which means that local employers looking to hire have a small labor pool to choose from. Nationally, two-thirds of adults participate in the labor force (63.5%) (U.S. Census Bureau).

Medically Underserved Areas

Mingo County has existing Medically Underserved Area (MUA) designations, demonstrating insufficient primary care providers, high infant mortality, high poverty, and a high elderly population.

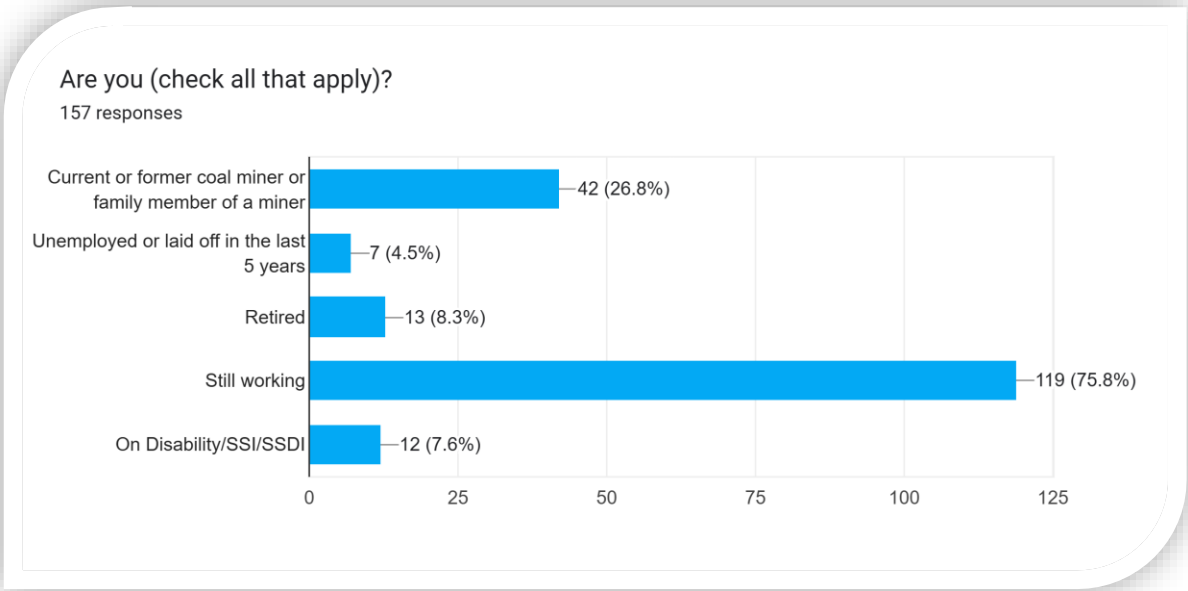
TECHNOLOGY & TRAINING

Technology presents significant challenges for the regional health sector. Rural health care providers face high costs when investing in advanced systems like electronic medical records, AI-driven diagnostic tools, and revenue cycle management automation. Many rural facilities rely on manual processes for sharing patient information, which is time-consuming and prone to errors, reducing staff productivity and delaying care delivery. Limited access to high-speed internet and technical support in rural areas further complicates technology adoption. Without adequate training, staff may struggle to utilize new systems effectively, leading to underuse of investments and missed opportunities for revenue enhancement. Health care organizations that fail to adopt or optimize these technologies risk falling behind.



SURVEY RESULTS

The 2025 Community Health Needs Assessment survey collected 157 responses from residents primarily in Mingo County, West Virginia, and surrounding areas. Respondents were mostly female (106 out of 157), with ages concentrated in the 45-54 (44), 55-64 (35), and 35-44 (33) ranges. A majority reported no disabilities (119), and employment status was dominated by those still working (92), including many with ties to coal mining (over 40).



Geographically, responses heavily centered on Mingo County zip codes, with the highest concentration in 25661 (Williamson, WV) at 44 responses, followed by 25670 (Delbarton area) with 18, 25678 (Matewan area) with 12, 25676 (Lenore) with 6, and several others (e.g., 25621, 25651, 25696) contributing smaller numbers. A notable portion came from adjacent Pike County, Kentucky (e.g., 41514 with 7, 41519 with 5), reflecting cross-border proximity. The vast majority (over 85%) originated from Mingo County and immediate neighboring communities in southern West Virginia and eastern Kentucky.

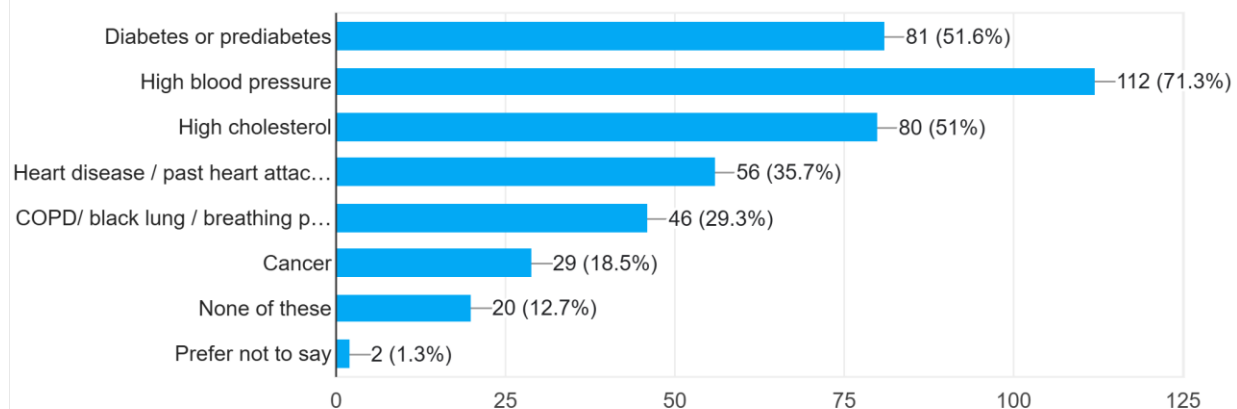
Perceived Severity of Health Issues

Respondents rated health issues on a scale where "Very big problem" = 5, "Big problem" = 4, "Moderate problem" = 3, "Small problem" = 2, "Not a problem" = 1 (excluding "Don't know"). The top concerns were lifestyle and access-related:

Health Issue	Average Severity Score
Obesity / being overweight	3.93
Cost of medicine or doctors visits	3.90
High blood pressure	3.85
Lung problems (COPD, black lung, asthma)	3.79
Diabetes	3.78
High cholesterol	3.75
Heart disease / heart attack / stroke	3.69
Cancer (including lung, colon, kidney)	3.58
Getting to a doctor appointment when needed	3.07
Transportation to the doctor or hospital	3.05

Do you or anyone in your household have any of these conditions? (Check all that apply)

157 responses



Top Health Problems in the Area

When asked for the three biggest health problems in Mingo County and surroundings, common mentions (combining similar terms like "diabetes/Diabetes") included diabetes (58 total), obesity (43), heart disease (26), cancer (19), COPD/lung issues (8+), and drug addiction (6+). Other frequent themes were high blood pressure, cost of care, and transportation barriers.

Household Health Conditions

Prevalent conditions in respondents' households (multiple selections allowed) were:

Condition	Number of Mentions
High blood pressure	112
Diabetes or prediabetes	81
High cholesterol	80
Heart disease / past heart attack or stroke	56
COPD / black lung / breathing problems	46
Cancer	29
None of these	20

Access to Care

About 64% (100) reported no issues accessing needed medical care in the past 12 months, while 26% (41) faced barriers and 10% (16) were unsure. Among those issues, key reasons (multiple allowed) were lack of insurance/coverage (34), cost (30), unavailable services (14), and appointment difficulties (7), with transportation noted less frequently (5).

Interest in Proposed Services

Strong interest was shown in expanded services at Williamson Memorial Hospital, with "Yes, definitely" responses highest for emergency and after-hours options:

Service	Yes, definitely	Maybe	No
After-hour clinic for non-emergencies	125	23	9
Emergency Services	123	23	11
Blood pressure, cholesterol, or diabetes screenings	124	26	7
Expanded lab or Xray hours	115	31	11
Physical therapy	110	34	13
Video doctor's visits from home (telehealth)	105	36	16
Diabetes or blood pressure classes	96	41	20
Exercise or walking groups	92	47	18
Mental health services / counseling	91	42	24
Nutrition counseling	83	46	28
Healthy eating classes	80	48	29
Home health visits	80	39	38
Remote patient monitoring	79	47	31
Help quitting smoking	68	24	65
Veteran services	68	23	66

Suggestions for Improvement

Open-ended suggestions for one key improvement emphasized reopening or expanding emergency services (e.g., "ER," "Open a fully functional Emergency Room" mentioned multiple times), increasing telehealth and mental health access, reducing costs, and enhancing local care options like extended hours and community programs. Other ideas included building supportive health networks, recreational activities, and awareness for early disease detection.

The combination of publicly available data, surveys and interviews has led to the adoption of three key priorities including Hospital Access, Early Detection and building the Continuum of Care in our community.

HOSPITAL ACCESS

The 157 survey responses strongly highlight barriers to healthcare access, with "Cost of medicine or doctors' visits" rated as one of the most severe community issues (average severity near the top at 3.9/5). Affordability challenges are further evidenced by 41 respondents reporting that they or a family member needed but could not obtain medical care in the past 12 months, primarily due to lack of insurance coverage (26 mentions) or inability to pay (21 mentions).

Transportation emerges as a notable but secondary barrier, rated lower in overall severity (3.05/5), with few direct mentions in access denials (3 for "no ride / too far") or improvement suggestions. However, lack of local services is a prominent concern, reflected in frequent calls for a fully functional Emergency Room (multiple explicit suggestions, including "Open a fully functional Emergency Room" and "Emergency Room"), expanded after-hours clinics, extended lab/X-ray hours, and more telehealth options to reduce reliance on distant facilities. Combined with the region's economic challenges, these responses underscore the need for enhanced local hospital access to alleviate financial burdens and geographic hardships.

EARLY DETECTION

Responses emphasize highly prevalent and preventable conditions, with diabetes identified as a top community health problem (58 aggregated mentions across open-ended responses), high blood pressure (frequent in ratings and household reports at 112 cases), obesity (43 mentions, rated highest severity at ~3.93/5), and related lifestyle factors (e.g., poor nutrition, lack of exercise). Household data reinforces this, showing diabetes/prediabetes in 81 homes and high cholesterol in 80. Additional concerns include heart disease, cancer, and COPD/black lung (46 household mentions), often linked to smoking, diet, and inactivity. Strong community interest in preventive services—such as blood pressure/cholesterol/diabetes screenings (124 "Yes, definitely"), diabetes/blood pressure classes (96), nutrition counseling, and healthy eating classes—highlights the value of early detection through expanded screenings and education to prevent progression to severe chronic diseases.

CONTINUUM OF CARE: STRENGTHENING PROVIDER NETWORKS

Surveys reveal gaps in ongoing and coordinated care, contributing to worsened outcomes for prevalent conditions like diabetes, high blood pressure, heart disease (56 household mentions), COPD, obesity, addiction, and mental health (with calls for more accessible counseling). Respondents express support for services that build a stronger care continuum, including physical therapy (110 "Yes, definitely"), home health visits, remote monitoring, telehealth (105), and mental health services (91). Williamson Memorial serves as a core anchor with inpatient services, labs, and imaging, integrated within a network of more than 50 area providers, positioning it to address these gaps through enhanced coordination, specialty integration, and community-based support programs.

COMMUNITY HEALTH IMPROVEMENT PLAN

The Community Health Improvement Plan (CHIP) is currently in development based on the findings of this CHNA and is anticipated to be released in early 2026. Drawing from the three key priorities—Hospital Access, Early Detection, and Continuum of Care: Strengthening Provider Networks—the CHIP will feature actionable strategies to enhance community health, such as targeted programs to improve affordability and local service availability, expanded preventive screenings and education, and fortified regional provider collaborations.



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