

hospital closure



Ain't No Grave Gonna

A care desert is a community located at least thirty miles away from its nearest trauma center.

Appalachia has been hard hit by rural hospital closures, both preceding and as a result of the pandemic. 2020 was a record-breaking year for closures in the region, with eight hospitals permanently shutting their doors. The suspension of outpatient care and elective procedures during COVID-19 pushed rural hospitals teetering on the edge of bankruptcy to financial collapse. This crisis is far from over – nearly 500 rural hospitals across the country are still vulnerable to closure.

Rural communities have some of the nation's poorest health outcomes with disproportionately high rates of heart disease, obesity, and diabetes. People in rural communities are also more likely to be elderly, at risk of hospitalization, or uninsured. Delays in emergency care cost lives.

The economic impact of these closures can be devastating to a community. Oftentimes, hospitals are the largest employer and offer the highest paying jobs in the counties they serve. New industries are less likely to be established in communities without hospitals – as a result, development of the local economy stalls, further exacerbating poverty in rural communities.

What prompted these closures?

- A trend toward corporate hospital ownership over community hospital ownership favors the interests of shareholders over community members. Often, profit is prioritized over community health needs.
- People living in rural communities tend to be older, have higher rates of chronic health problems, live off of a lower income, and have less access to resources than urban populations. These compounding factors make it more likely that they are insured through Medicare/Medicaid or have no insurance at all. This often results in rural hospitals being reimbursed at lower rates for the same care as urban hospitals, where patients are more likely to have better insurance.
- Declining populations in rural communities makes it difficult for rural hospital to be a profitable business.
- States that did not expand Medicaid under the Affordable Care Act have seen the most hospital closures. Rural hospitals serve greater numbers of patients with Medicaid and who are uninsured, which leaves rural hospitals providing frequent uncompensated care.





With God's help,
We
will be
back!!

Dr. CLAPP



THIS HOSPITAL IS
NOW
CLOSED

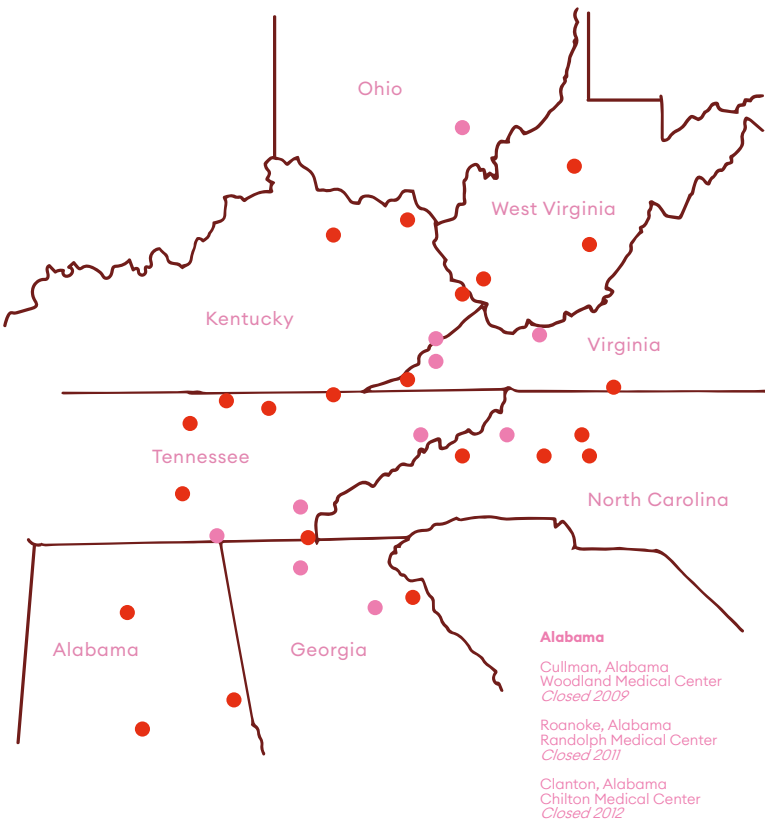
FOR EMERGENCIES,
CALL
911

DUE TO LACK OF FUNDING, THIS
HOSPITAL FACILITY IS NOW
CLOSED
EFFECTIVE 8/7/20 @ 12:00.

CUMBERLAND RIVER MEDICAL CLINIC SERVICES REMAIN
OPEN, AND IS LOCATED AT THE FRONT OF THE
BUILDING.

FOR QUESTIONS REGARDING
YOUR MEDICAL RECORDS,
PLEASE CALL 931-243-3581.
LEAVE A MESSAGE, AND YOUR
CALL WILL BE RETURNED
DURING BUSINESS HOURS

- **Converted closure** - A converted closure is a hospital that has been closed but has reopened as a stand-alone emergency room. These facilities have limited services and do not hold patients overnight but can stabilize patients and arrange transfer to a nearby hospital.
- **Closed** - A completely closed hospital has no urgent or emergency care.



Virginia

Pennington Gap, Virginia
Lee County Community Hospital
Closed 2013

Norton, Virginia
Mountain View Regional
Closed 2020, converted closure

Stuart, Virginia
Pioneer Community Hospital of Patrick County
Closed 2017

Tennessee

Jamestown, Tennessee
Jamestown Regional Medical Center
Closed 2019

Carthage, Tennessee
Riverview Regional Medical Center South
Closed 2012

Greenville, Tennessee
Takoma Regional Hospital
Closed 2019, converted closure

Etowah, Tennessee
Starr Regional Medical Center
Closed 2013, converted closure

Celina, Tennessee
Cumberland River Hospital
Closed 2020

Jellico, Tennessee
Jellico Medical Center
Closed 2020

Copperhill, Tennessee
Copper Basin Medical Center
Closed 2017

Jasper, Tennessee
Parkridge West Hospital
Closed 2015, converted closure

Manchester, Tennessee
United Regional Medical Center
Closed 2015

Kentucky

Jenkins, Kentucky
Jenkins Community Hospital
Closed 2009, converted closure

Carlisle, Kentucky
Nicholas County Hospital
Closed 2014

Ashland, Kentucky
Our Lady of Bellefonte Hospital
Closed 2020

West Virginia

Richwood, West Virginia
Riverside Addition
Closed 2008

Williamson, West Virginia
Williamson Memorial Hospital
Closed 2020

Fairmont, West Virginia
Fairmont Regional Medical Center
Closed 2020, converted closure

Bluefield, West Virginia
Bluefield Regional Medical Center
Closed 2020, converted closure

Logan, West Virginia
Guyan Valley Hospital
Closed 2006

Ohio

Nelsonville, Ohio
Doctors Hospital of Nelsonville
Closed 2014, converted closure

North Carolina

Blowing Rock, North Carolina
Blowing Rock Hospital
Closed 2013, converted closure

Mocksville, North Carolina
Davie Medical Center
Closed 2017

Burnsville, North Carolina
Mission Family Health Center
Closed 2006

Taylorsville, North Carolina
Frye Regional Medical Center
Closed 2007

Yadkinville, North Carolina
Yadkin Valley Community Hospital
Closed 2015

Georgia

Ellijay, Georgia
North Georgia Medical Center
Closed 2018, converted closure

Commerce, Georgia
Northridge Medical Center
Closed 2020, converted closure

Hartwell, Georgia
Hart County Hospital
Closed 2012







Resources

Call - * 211 connects individuals in need with community-based organizations and government agencies that can help them access medical care. The helpline is available 24/7 and provides information about:

- prescription payment assistance
- help affording medical treatment
- finding transportation to get to a doctor's appointment
- learning about low-cost or free health services in the area
- help finding a nearby health center that provides medical options on a sliding scale according to your ability to pay
- substance use treatment programs
- mental health services
- meal delivery services

Federally Qualified Health Center's are outpatient clinics set up to serve underserved populations. These clinics qualify for enhanced reimbursement from Medicare and Medicaid and offer an income-based sliding fee scale to patients. These clinics provide primary and preventative care to patients, but are not equipped to handle emergency care. You can use the Health Resource and Service Administration searchable database to find a FQHC in your area: www.findahealthcenter.hrsa.gov

Freestanding Emergency Department's differ from urgent care centers in that they are open 24 hours, have laboratories, X-ray machines, and CT scanners, and hire emergency-trained doctors and nurses. These centers can coordinate a patient's transfer to a hospital if necessary. It is important to double-check whether the freestanding emergency care center near you accepts your insurance before visiting.

Telehealth allows rural patients to save gas, money, and time by talking to a doctor or medical specialist virtually. Many rural communities lack access to mental health services which telehealth enables online.

Transportation may be available if you need to seek non-emergency treatment at a hospital that is now farther away because your hospital is closed. You may be eligible for fare cards with Uber or Lyft through grant funds that hospitals give out to patients when asked. Check if your insurance provider is also able to help with transportation costs.

Rural Health Information Hub provides a state-by-state guide of rural health resources and funding opportunities. The site also offers information about new grant programs that offer healthcare assistance and benefits that were not previously available. Check the site regularly to stay aware of free pop-up clinics in your community that provide vision clinics, dental care, behavioral health services, and programs to screen and monitor chronic health conditions: www.ruralhealthinfo.org

Hold
My
Body
Down

Acknowledgments

**Project Development,
Photography, and Text**
Stacy Kranitz

**Art Direction, Design,
and Publishing**
Homie House Press

Editor
Lauren Stroh

Funders
We Women, Ella Lyman Cabot Trust

Printed in Sussex, UK
by PurePrint
July 2021

Edition of 500

