



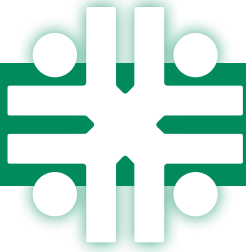
CABELL HUNTINGTON HOSPITAL
2013 COMMUNITY HEALTH NEEDS ASSESSMENT

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COMMUNITY HEALTH NEEDS ASSESSMENT**

TABLE OF CONTENTS

1	Assessment
7	Primary Data Summary
18	Secondary Data Summary
54	Priorities and Conclusions
55	Open-Ended Questions
61	Appendix
70	Glossary
75	References

Assessment



CABELL HUNTINGTON HOSPITAL

2013 COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Message to the Community

Cabell Huntington Hospital (CHH) is pleased to present the 2013 Community Health Needs Assessment (CHNA) Report for the community it serves: Cabell, Lincoln, Wayne counties in West Virginia, and Lawrence County Ohio, the counties which have historically been identified as CHH's primary service area. This report includes a comprehensive review and analysis of data regarding the health issues and needs of the four counties.

The purpose of this study was to identify the health needs and issues of the area and better inform stakeholders such as public health and health care providers in improving the health status of the region. The results enable the county public health departments, health systems and other providers to more strategically establish priorities, develop interventions and commit resources to improve the health of these communities. Cabell Huntington Hospital acknowledges the resources and commitment of the many agencies named throughout this report who join together to improve the health status of our community.

CORPORATE MISSION, VISION & VALUES

Our Mission

To meet your lifetime healthcare needs

To provide an atmosphere of service, quality and efficiency

To maintain an emphasis on healthcare education

Our Vision

To be the hospital of choice for all ages in the communities we serve

Our Values

Caring - Anticipating and meeting the needs of others in a compassionate manner

Integrity - Acting honestly and responsibly in everything we do

Respect - Honoring and holding in high esteem those with whom we work and serve

Commitment - Taking individual responsibility for fulfilling our mission

Loyalty - Being devoted to our customers and our organization

Excellence - Achieving the highest standards of performance

BACKGROUND AND ACCOMPLISHMENTS

Cabell Huntington Hospital is a not-for-profit, regional referral center with 303 licensed beds. Located in Huntington, West Virginia, Cabell Huntington cares for patients throughout West Virginia and southern Ohio. Opened in 1956, it is also affiliated with Marshall University Schools of Medicine and Nursing and is a teaching hospital.

Cabell Huntington Hospital share a common value - providing excellent care that promotes lifelong good health. Medical care at CHH includes very personal attention to the details that help make all patients and their families feel at home. CHH has a long tradition for caring for the needs of the communities it serves. CHH continually assesses how it serves communities and, as part of its mission, is dedicated to on-going education regarding health and well-being. CHH provides a number of outreach activities on a regular basis.

Community Health Needs Assessments (CHNA) meet the regulatory requirements and guidelines for not-for-profit health care organizations, according to the community benefit provisions for tax-exempt hospitals recently established by the Internal Revenue Service, and the Patient Protection and Affordable Care Act. Not-for-profit health providers must conduct a community health assessment at least once every three years. A CHNA must account for the community's broad interests and must include individuals with expertise in public health. The CHNA must be made widely available to the public and an action plan must be developed that identifies how the assessment findings are being formally implemented.

In 2012 CHH elected to conduct its CHNA with a third party, the Center for Entrepreneurial Studies and Development, Inc. (CESD) located in Morgantown, West Virginia, to augment its earlier assessments. An opportunity to work with surrounding county public health departments was seen as an important step in linking CHH's efforts with those at the local level. The external CHNA data received also informed CHH planning served as an important source of information to ensure CHH was identifying and addressing areas expressed as important by the community.

Per Cabell Huntington Hospital's 2011 Schedule H (Form 990), the hospital's community building activities promote the health of the community or communities

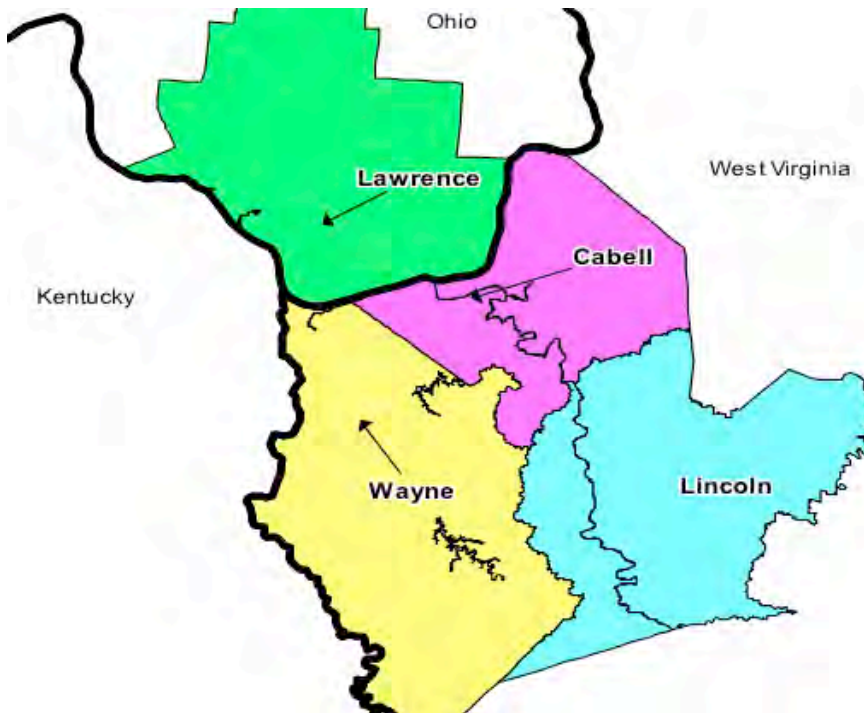
the organization services. During FY 2012, the hospital community building activities reached out to over 42,000 individuals within the communities served. The hospital welcomes input from the communities as to which events it should pursue. Future events are determined based upon the community needs assessment and other factors. Many of the activities performed meet the criteria for community health improvement services. A request from a public agency or community group was the basis for initiating or continuing the activity or program; activities or programs that seek to achieve objectives, including: improving access to health services, enhancing public health, and relief of government burden; available to the public and serve low- income consumers; address federal, state or local public health priorities, leverage or enhance public health department activities ; and otherwise would become the responsibility of government or other tax-exempt organization. Some of the highlights include a significant effort to promote healthy lifestyles in the tri-state region by partnering with Ebenezer Outreach Center to promote healthy eating choices. This project continues with Huntington's Kitchen and allows residents of our area to take healthy cooking classes to help eliminate some of the local health problems. Along the same lines, we continue to partner with the Huntington Mall to open a healthy kids play place that allows children to have a safe and healthy place to exercise and be reminded of healthy lifestyles.

The hospital assesses the health care needs of the communities it serves by conducting its own needs assessments and consulting with community health care providers, such as the Marshall University Joan C. Edwards School of Medicine, and community agencies. A needs assessment was performed during FY 2009 as part of the hospital's strategic planning process in order to identify services needed by the community. In addition, the hospital has provided support to community agencies with programs such as community pharmacies in order to meet community needs that the hospital is not directly able to meet. The senior leadership and/or board members of the hospital play an active role in the needs assessment and have reviewed the findings of healthcare needs assessments and factored those findings into strategy and policy development. There will be a needs assessment performed in September 2012 in conjunction with Cabell County Health Department.

THE COMMUNITY SERVED BY CHH

For purposes of the CHNA, CHH has identified the community it serves as its Primary Service Area. The CHH Primary Service Area has a population of 220,890 with 30.5% 55 years of age or older.

Cabell Huntington Hospital's Primary Service Area



To determine the “community” for CHH’s assessment coverage, the core planning team looked at the number of discharges from CHH from different counties in 2010, the latest official data available. Based on the discharge data, the community served by CHH includes Cabell County, WV, Wayne County, WV, Lawrence County, Ohio, and Lincoln County, WV. The percentage of the total discharges in 2010 for each county is listed below:

- Cabell County 31%
- Wayne County 16%
- Lawrence County 12%
- Lincoln County 6%

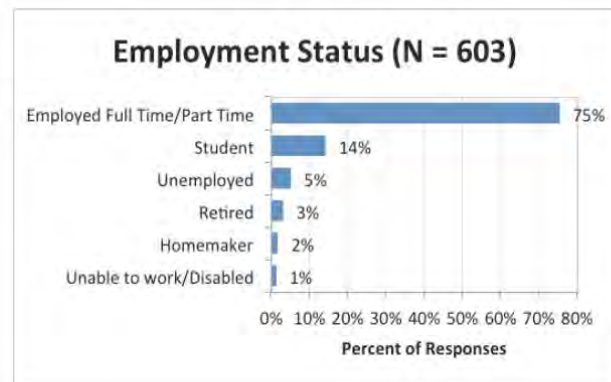
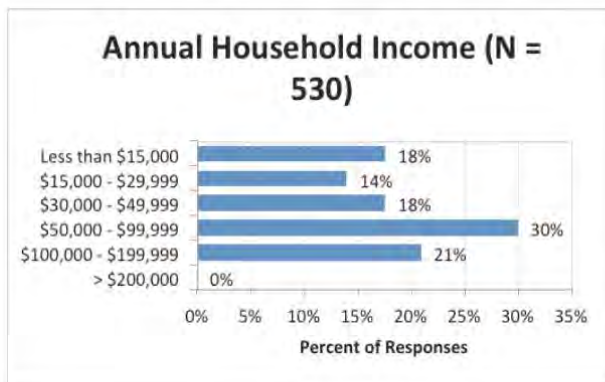
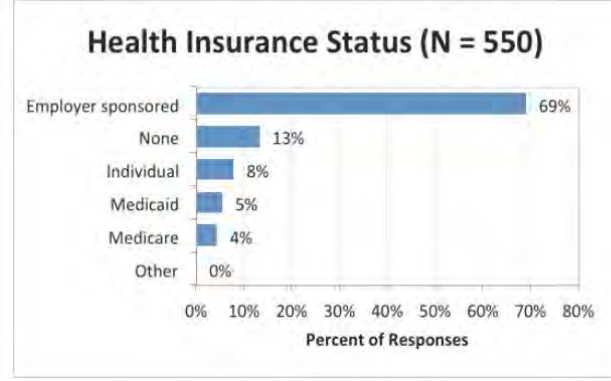
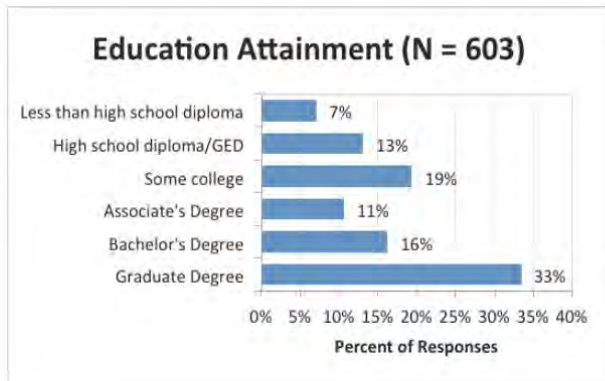
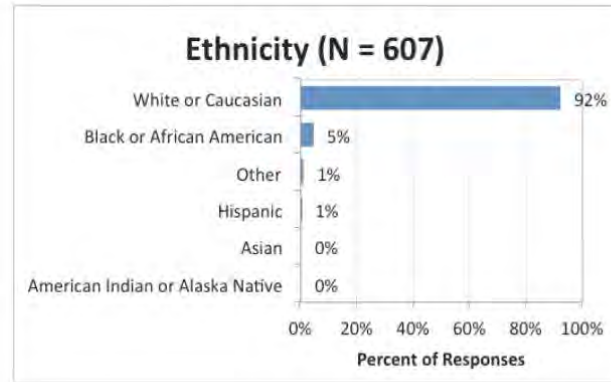
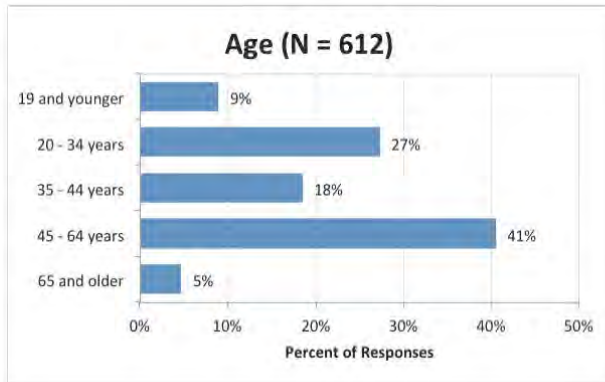
PROJECT GOALS

Cabell Huntington Hospital 2013 Community Health Needs Assessment (CHNA) purpose was to:

- Involve the community by examining state and national data and gain local perspective about health needs,
- Identify current health problems or issues and make recommendations for future health planning priorities and
- Participate as a partner in the larger health services community.

DEMOGRAPHICS

The following graphs summarize the demographic statistics of the individuals who answered each demographic question.



PLANNING TEAMS

Cabell Huntington Hospital Core Planning Team

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Primary Data Summary

Process methods & community input

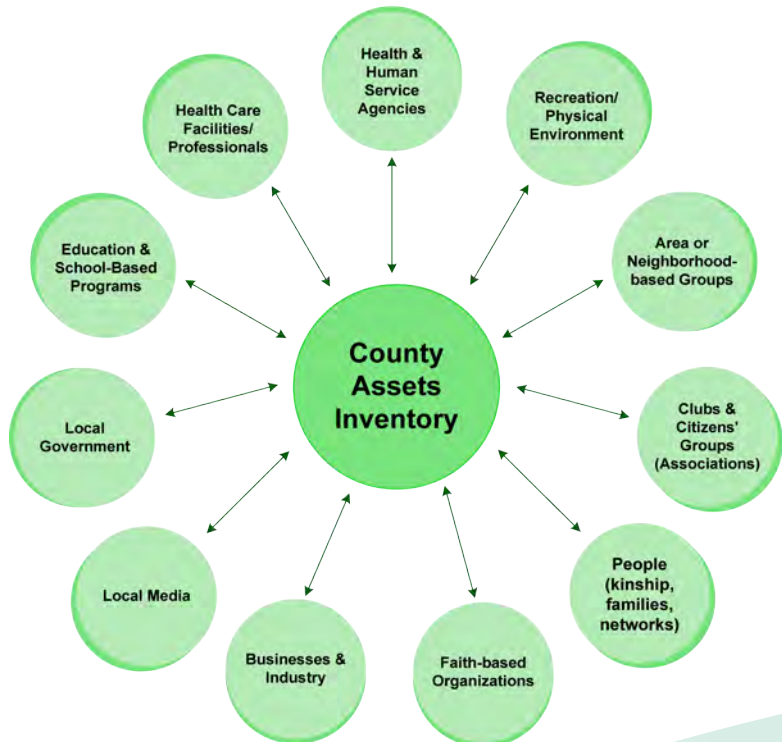
PROCESS, METHODS, AND COMMUNITY INPUT

The following paragraphs describe the process and methods used to conduct the Community Health Needs assessment, as well as how CHH took into account input from individuals and organizations that represent the broad interests of the community.

COUNTY ASSET MAPPING PROCESS

As part of the planning process, county asset mapping was completed for Cabell, Lincoln and Wayne counties to identify available resources that contribute in some way to their health and well-being. Further, asset mapping helped identify potential community partners with whom CHH might work in the future. As expected, some assets identified were already working with CHH in some capacity. In addition, asset mapping was used to identify key informants for interviews as well as those who could logistically support the Community Health Needs Assessment.

County Asset Mapping Framework



METHODOLOGY

Cabell Huntington Hospital and the local health departments in its service area followed a comprehensive process in preparing the Community Health Needs Assessment.

QUALITATIVE AND QUANTITATIVE DATA COLLECTION

In an effort to examine the health related needs of the residents of Cabell Huntington's primary market and meet all of the known guidelines and requirements of the IRS 990 standards that had been published to date, the hospital and consulting team utilized qualitative and quantitative data collection and analysis methods. Qualitative methods ask questions such as interviews and focus groups that gain narrative data. Quantitative data is information expressed in numbers. In addition, both primary and secondary data were collected. Primary data is original data that was collected specifically for this study. Secondary data includes data and information that has been previously collected and published.

COMMUNITY SURVEYS

An assessment survey with a short and a long version was developed to collect information from citizens in each of the four counties – Cabell, Lawrence (Ohio), Lincoln and Wayne. The survey was posted online and paper copies were distributed. This survey focused on a number of topics, including health priorities, barriers, and activities.

More than 800 individual surveys were collected during November and December 2012. Approximately, 548 individual surveys were collected from Cabell County citizens from November 23, 2012 through January 15, 2013; 88 individual surveys were collected from Lawrence County citizens from November 23, 2012 through February 14, 2013; 52 individual surveys were collected from Lincoln County citizens from November 23, 2012 through December 31, 2012; and 146 individual surveys were collected from Wayne County citizens from November 23, 2012 through January 3, 2013. All written responses to the open-ended questions have been listed within each question and were organized in a report that can be found under separate cover. This report summarizes the responses to the open-ended questions.

KEY INFORMANT INTERVIEWS

To augment the survey process, key informants were identified as individuals living or working in Cabell, Lincoln, and Wayne Counties that had considerable involvement in the community. Selected responses are included from one-on-one telephone interviews with the key informants. Overall, these interviews often confirmed the results of the survey responses.

CESD conducted key informant interviews to seek feedback to address minorities, 5% of the population, low income households and specific groups' needs. The total responses reinforce secondary data.



Input from persons
who represent the
board interests of
the community
served by the
hospital facility

County	Key Informant Interviews
Cabell	Hospital Administration
Cabell	State Government Commissioner (acting) for Bureau for Families and Children
Cabell	Retired State Health Officer, health one consultant
Cabell	Marshall University
Cabell	Director of Organizational Development and Learning
Cabell	Interim Director of Case Mgmt (St. Mary's) Director of Med Surgery
Cabell	Director of Spiritual Care
Cabell	Hospital Services Representative
Cabell	Orthopedic Surgeon
Cabell	Surgical Oncology
Cabell	Hospital Board Member
Cabell	Hospital Board Member
Cabell	Hospital Board Member
Cabell	Hospital Member
Cabell	Hospital Member
Lincoln	Community action organization representative
Lincoln	Primary Care Physician
Lincoln	Family resource network representative
Lincoln	Board of Education
Wayne	Family resource network representative
Wayne	Executive behavioral health center
Wayne	Executive behavioral health center
Wayne	County Commission member
Wayne	County Administrator
Wayne	County Administrator
Wayne	Emergency Manager



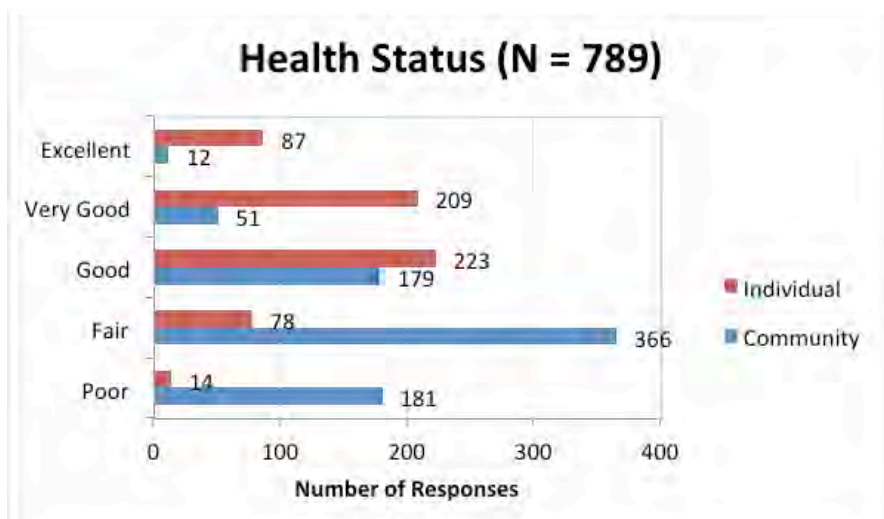
85% of individuals surveyed responded that they felt their health & well-being are good, very good or excellent.

SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY & MEASURES AND RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

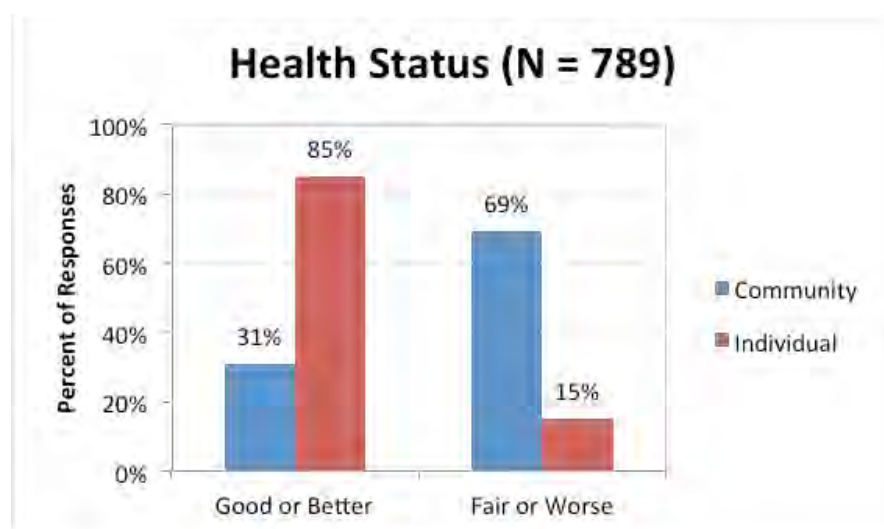
Primary Data Summary

Combined County Results About You and the Community

On the following scale, how would you rate your present state of health and well-being (consider general quality of life, non-smoking, exercise, access to quality foods, sick days, environmental safety, etc.)?



On the following scale, how would you rate the present state of health and well-being for your county as a whole (consider general quality of life, non-smoking, exercise, access to quality foods, sick days, environmental safety, etc.)?

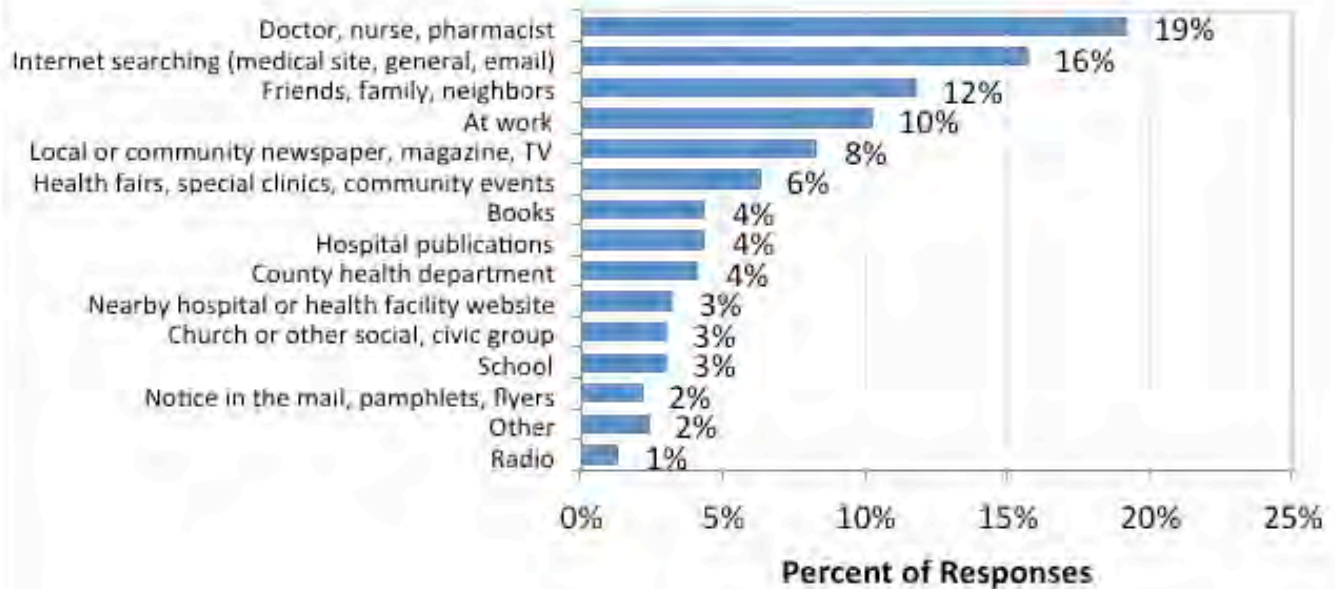


COUNTY HEALTH PRIORITIES

The following is a prioritized description of the significant health needs of the community that have been identified through the Community Health Needs Assessment.

Health Need, Concern or Focus Area (consider for all ages from youth to seniors)	Importanc e Average	Importanc e S.D.	Effectiveness Average	Effectiveness S.D.
• Access to Health Services (Ability to Get Care You Need, Including Transportation)	4.4	1.1	3.4	1.2
• Affordability of Health Insurance and/or Services	4.4	1.1	2.9	1.3
• Chronic Disease Treatment (Asthma, Cancer, Diabetes, Heart Disease, etc.)	4.4	1.1	3.2	1.2
• Communicable & Infectious Disease (Hepatitis, HIV, STDs, etc.)	4.2	1.2	3.3	1.2
• Domestic Violence, Child Abuse & Neglect	4.4	1.1	3.0	1.2
• Environmental Safety (Air, Food, Water, etc.)	4.3	1.1	3.2	1.2
• Health Education & Literacy (Understanding Health Information & Medications)	4.3	2.2	3.0	1.1
• Injuries, Accidents & Community Safety	4.1	1.1	3.3	1.1
• Long Term Care & Aging Population	4.2	1.1	3.0	1.2
• Mental Health (Addictions, Anxiety, Depression, Suicide)	4.2	1.1	2.9	1.2
• Nutrition and Obesity (Healthy Eating, Weight Control, Access to Quality Foods)	4.4	1.1	2.6	1.3
• Obesity and Exercise (Physical Activity, Recreation Opportunities, etc.)	4.4	1.1	2.7	1.3
• Oral Health & Dental Services	4.2	1.1	3.0	1.2
• Poverty, Homelessness & Unemployment	4.2	1.1	2.7	1.2
• Prenatal & Infant Health	4.4	1.1	3.6	1.1
• Prevention Services (Immunizations, Screenings, etc.)	4.3	1.1	3.6	1.2
• Substance Abuse (Alcohol, Illegal Drugs, Prescription Drugs, Underage Drinking)	4.2	1.2	2.7	1.3
• Teen Pregnancy	4.1	1.2	2.8	1.9
• Threat Preparedness (Bio-terrorism, Infectious Disease Outbreak, Pandemic)	3.9	1.2	3.1	2.0
• Tobacco Use & Smoking	4.2	1.2	2.8	1.2

Sources for Health Information



Nineteen percent of respondents shared that they rely on their doctor, nurse or pharmacist for health care information. The other significant sources that community members rely on for information are Internet (16%); friends, family and neighbors (12%); and employer (10%).

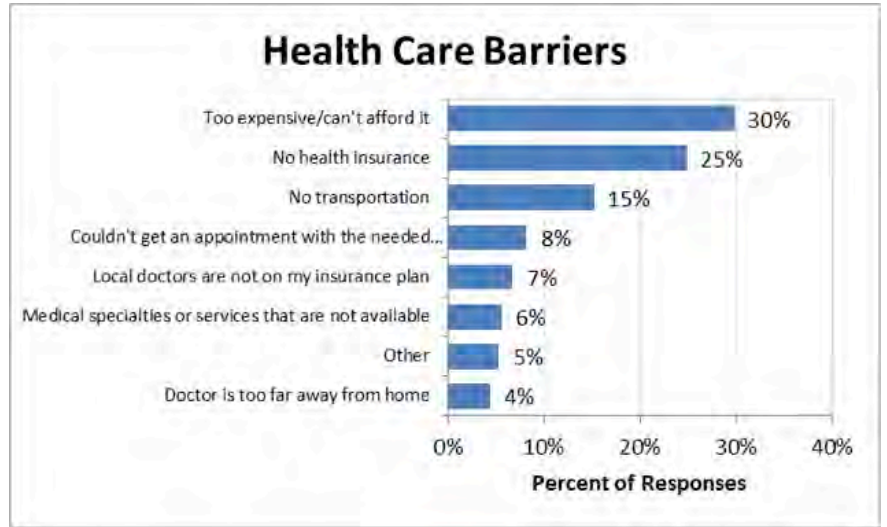


The main barriers to healthcare are cost, insurance and transportation.

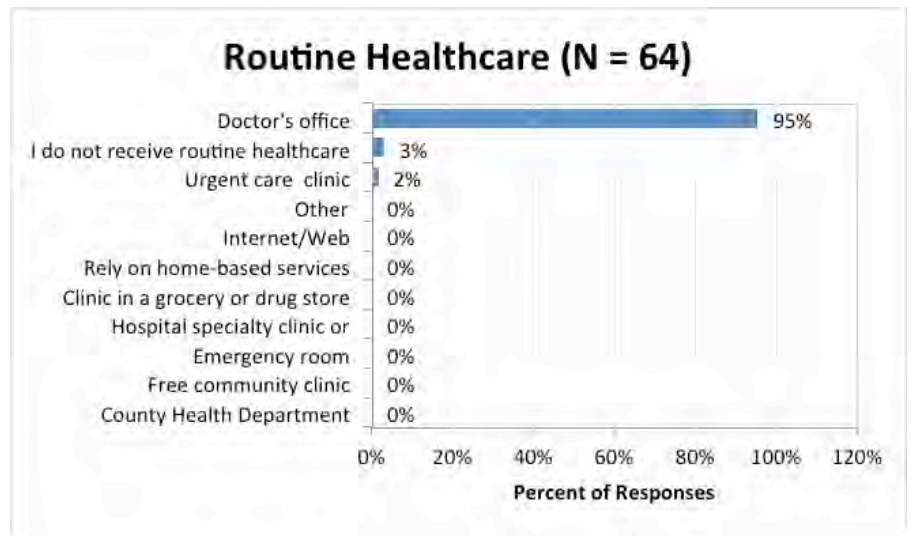
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Almost all survey respondents indicated that they go to their doctor's office for routine care.

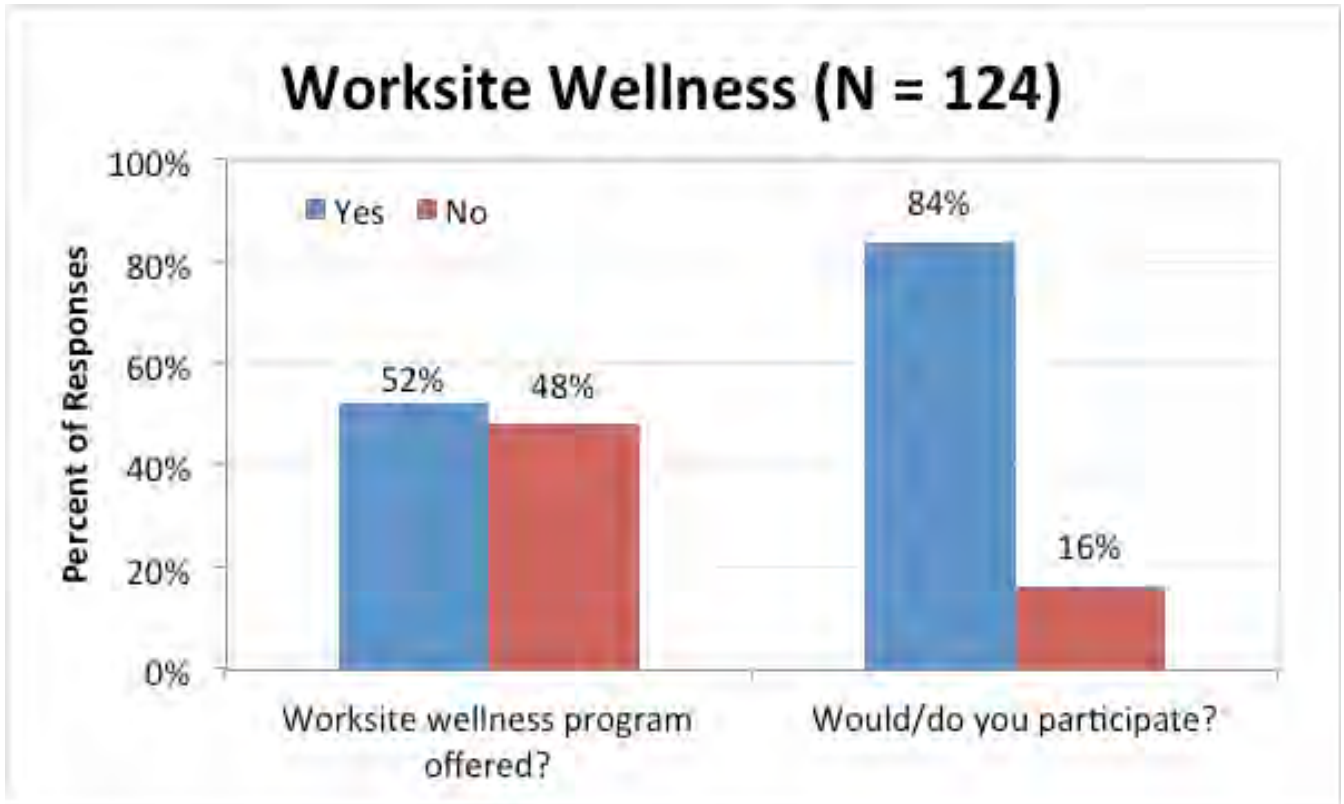
What do you think are the concerns that keep you or other citizens in your county from getting the health care they need?



Where do you primarily go for routine healthcare?



Does your employer offer a worksite wellness program? Would/do you participate in health promotion or wellness programs at work, if offered?



While half of all participants indicated their employer offers a worksite wellness program, the vast majority indicated that they would participate if one were available.

Summary of Responses to Open Ended Questions

What is the <u>best way</u> for the health department and the nearby hospitals to provide <u>you</u> with health education and tell you about available health programs and services for your county.	# of Responses
Cabell	
1. TV	115
2. Newspaper	79
3. Web	57
4. E-Mail	50
5. Radio	43
6. Newsletters	30
7. Mail	28
8. Health Fairs	21
9. Social Media	16
10. Billboards	15
11. Schools	15
12. In-Services	10
13. Doctors' offices/clinics/hospitals	9
14. Churches	9
15. Miscellaneous	9
16. Marshall University	8
17. Facebook	8
18. Public Meetings	6
19. Word of Mouth	3
20. App for smartphones/tablets	3
21. Gym	2
22. Hospital Websites	1
23. Local Service Clubs	1
24. Tidbits	1
Lawrence	
1. Advertising	14
2. Newspaper	14
3. Publications	12
4. Television	12
5. Outreach	10
6. Mail	8
7. Email	5
8. Doctors, Nurses, Staff	3
9. Website	3
10. Local Media	2
11. Radio	2
12. Schools	2
13. Social Media	2
14. Church	1
15. Employer	1
16. Internet Search	1
17. Library	1

Lincoln	
1. Outreach	9
2. Advertising	8
3. Internet Search	7
4. Social Media	7
5. Mail	4
6. Phone	4
7. Email	3
8. Newspaper	3
9. Publications	3
10. Schools	3
11. Television	3
12. Website	3
Wayne	
1. Outreach	26
2. Mail	23
3. Publications	16
4. Television	15
5. Advertising	13
6. Email	13
7. Newspaper	13
8. Media	11
9. Schools	10
10. Internet Search	9
11. Radio	6
12. Website	5
13. Social Media	4
14. Doctors, Nurses, Staff	1
15. Employer	1
16. Phone	1
17. Text	1

What should hospitals (Cabell Huntington Hospital and St. Mary's Medical Center) do to improve the health and well-being of citizens in your county?	# of Responses
Cabell	
1. Affordable, Free Health Care	10
2. Educational Awareness	4
3. Outreach	3
4. Quality of Care	3
5. Access to Health Services	2
6. Advertising Awareness	2
7. Exercise	2
8. Health Insurance	2
9. Wait Time – Reduce	2
10. Doctors, Nurses, Staff	1
11. Drug Abuse	1
12. Healthy Food Programs	1
13. Immunizations	1
14. Incentives to Be Healthy	1
15. Mental Health	1
16. Prescription Drug Abuse	1
17. Preventative Care	1
Lawrence	
1. Affordable, Free Health Care	4
2. Educational Awareness	4
3. Access to Health Services	3
4. Advertising Awareness	2
5. Doctors, Nurses, Staff	2
6. Economic	1
7. Immunizations/Shots	1
8. Preventative Care	1
9. Quality of Care	1
10. Wait Time	1
11. Website	1
Lincoln	
1. Quality of Care	4
2. Access to Health Services	2
3. Educational Awareness	2
4. Cleanliness	1
5. Crime and Enforcement	1
6. Medical Equipment, Facilities	1
7. Outreach	1
8. Schools	1

Wayne	
1. Affordable, Free Health Care	6
2. Doctors, Nurses, Staff	5
3. Emergency Services	4
4. Outreach	4
5. Access to Health Services	3
6. Cleanliness	2
7. Preventative Care	2
8. Schools	2
9. Wait Time	2
10. Family – Child Abuse, Domestic Violence	1
11. Healthy Food Programs	1
12. Medical Equipment, Facilities	1
13. Obesity	1
14. Recreation Facilities	1
15. Smoking/Tobacco	1

What specific community activities are you aware of that Cabell Huntington Hospital does or has done that benefit the health and well-being of citizens in your county?	# of Responses
Cabell	
1. Outreach	61
2. Geriatrics	15
3. Access to Health Services	10
4. Cancer Care	9
5. Affordable, Free Health Care	8
6. Educational Awareness	8
7. Healthy Food Programs	8
8. Pediatrics	8
9. Women's Health	7
10. Schools/Marshall University	5
11. Advertising Awareness	3
12. Chronic Diseases	3
13. Quality of Care	3
14. Doctors, Nurses, Staff	2
15. Immunizations/Shots	2
16. Smoking/Tobacco	2
17. Exercise	1
18. Infrastructure	1
19. Obesity	1
20. Recreation Facilities	1
Lawrence	
1. Geriatrics	2
2. Cancer Care	1
3. Obesity	1
4. Outreach	1
Lincoln	
1. Geriatrics	1
Wayne	
1. Outreach	6
2. Access to Health Services	3
3. Cancer Care	1
4. Exercise	1
5. Healthy Food Programs	1
6. Immunizations/Shots	1

Secondary Data Summary



Cabell County, WV
Lincoln County, WV
Wayne County, WV
Lawrence County, OH

SECONDARY DATA SUMMARY

Foreword

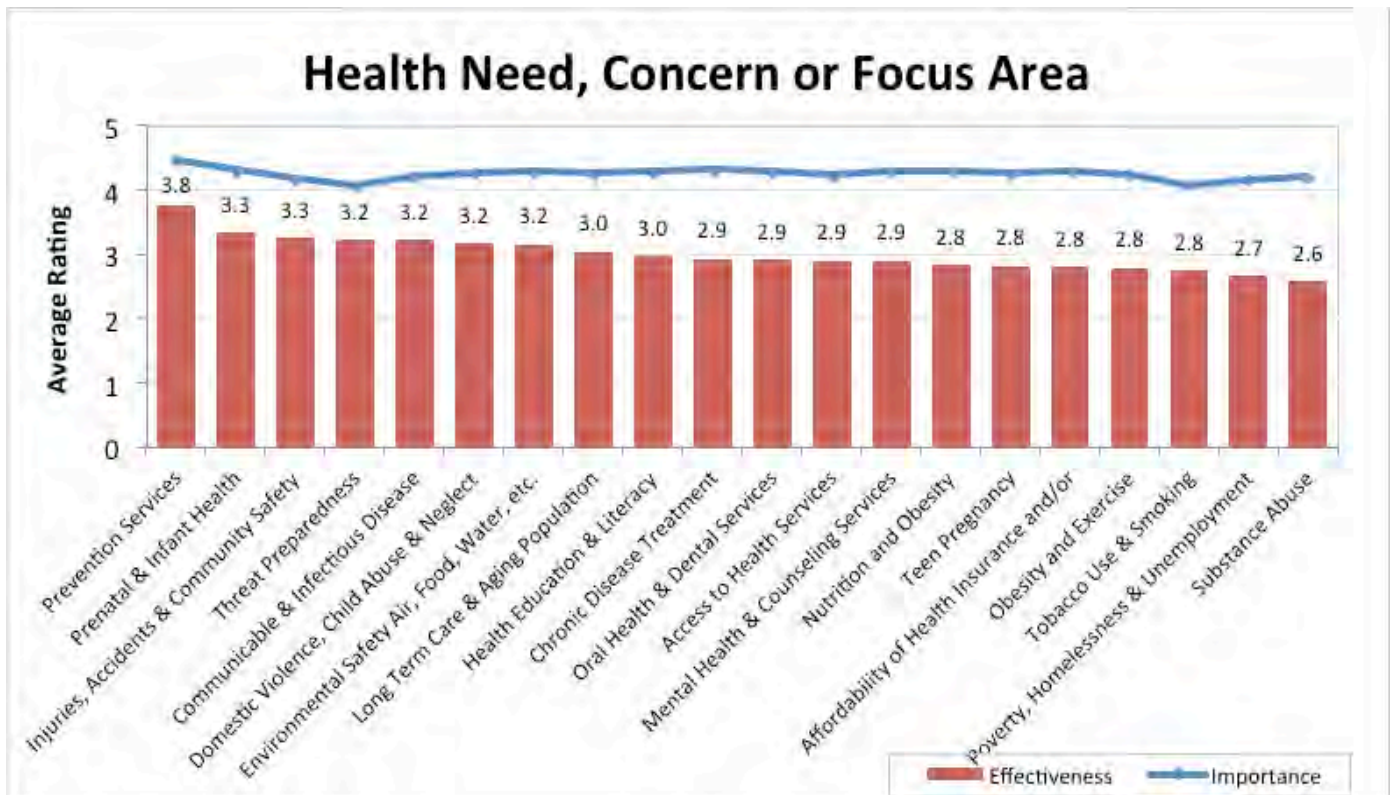
This section contains summarized data collected on more than thirty health indicators divided into six sections. The sections cover socioeconomic demographics, behavioral and intermediate risk factors, chronic disease prevalence, communicable disease prevalence, and causes of death. Within each section, data for each indicator compares Cabell, Lawrence, Lincoln and Wayne Counties with West Virginia and the United States. These comparisons are done over a period of ten years from 2000 to the most recent data – which is usually 2010. The sources used in the collection of data are listed in the appendix of this document in a source list. Additional secondary data was used as a reference and includes: County Health Rankings and Roadmaps, RWJF; 2009 County Health Rankings, West Virginia Higher Education Policy Commission; and Cabell County Behavioral Health County Profile.

SECONDARY DATA AND ANALYSIS

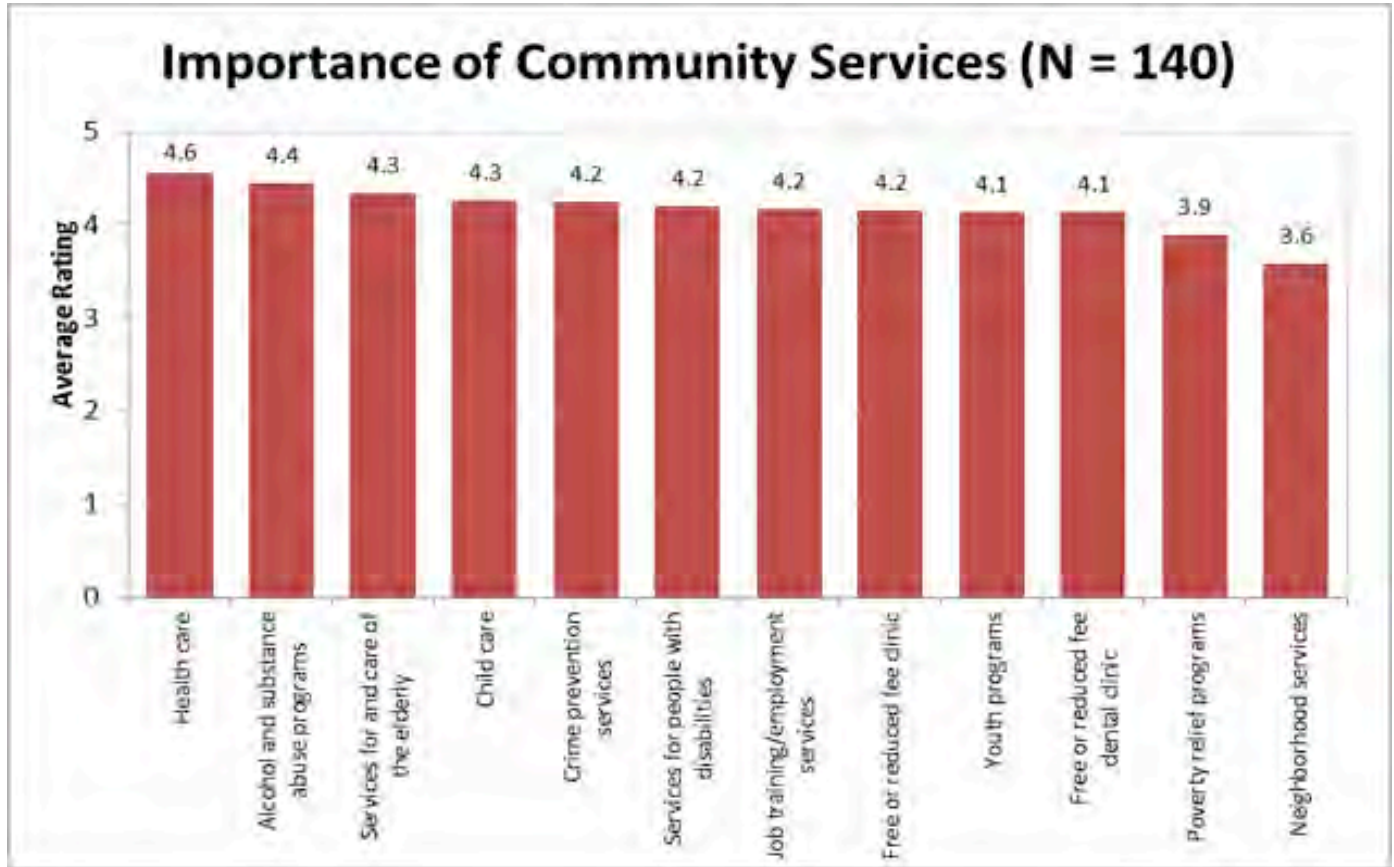
In addition to the community assessment survey and interviews, secondary data was collected using a variety of sources. The secondary data section contains summarized data collected on more than thirty health indicators divided into six sections. The sections cover socioeconomic demographics, behavioral and intermediate risk factors, chronic disease prevalence, communicable disease prevalence, and causes of death. Within each section, data for each indicator compares Cabell, Lawrence, Lincoln and Wayne Counties with West Virginia and the United States. These comparisons are done over a period of approximately ten years from 2000 to the most recent data – which is usually 2010. The sources used in the collection of data are listed in the appendix of this document in a source list. Additional secondary data was used as a reference and includes: County Health Rankings and Roadmaps, RWJF; 2009 County

Health Rankings, West Virginia Higher Education Policy Commission; and County Behavioral Health County Profiles.

Various summaries and graphs were produced from the results. A major outcome for this assessment is compiled in Diagram 5, which is an analysis of how respondents rated two aspects of a list of health needs, concerns, or focus areas. First was a rating of how important the item was for the county's health and well-being. The second was to rate how effectively those needs, concerns, or focus areas are currently addressed. The blue line shows the averages of the Importance, while the red bars show the average effectiveness of each. The graph is presented from most effective item (left) to the least effective item (far right).



About General Health Issues, Topics and Barriers



SOCIOECONOMIC INDICATORS SUMMARY

According to the CDC, socioeconomic measures such as income, level of education, and nature of employment are accurate indicators of individual and group access to social and economic resources. The federal government itself uses such data every 10 years to update their Healthy People report, the latest of which is Healthy People 2020. These reports monitor progress in order to identify health improvement priorities and increase public awareness by providing measurable goals applicable at the national, state, and local levels.

SNAPSHOT OF RECENT DATA

Table 1: Socioeconomic Indicators

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Poverty Rate	20.6%	17.7%	26.6%	20.2%	18.1%	15.3%
HS Diploma or Higher	85.7%	81.9%	66.4%	78.1%	83.2%	85.6%
Unemployment Rate	7.4%	8.6%	10.8%	8.7%	8.5%	9.6%
Median Household Income	\$34,492	\$37,540	\$30,868	\$35,079	\$38,218	\$50,046
Total Population	95,526	62,450	21,720	42,481	1,840,802	308,745,538
0-19	23%	26%	25%	25%	24%	27%
20-39	35%	31%	30%	30%	31%	34%
40-64	26%	28%	30%	29%	29%	26%
65+	16%	16%	26%	26%	16%	13%

ANALYSIS SUMMARY

The latest statistics available were used to create this snapshot of national, state, and local demographics. The poverty rate is a solid predictor of citizens' access to resources—the information and infrastructure necessary for effective health care and security—needed to care for themselves and their families. The poverty rate in West Virginia is higher than the national average, and in most of the counties served by Cabell Huntington Hospital, it is higher still. In addition, all of the counties served by Cabell Huntington Hospital have lower median household income than average households throughout West Virginia, which has a household median income only 76.4% of national household income levels. Poverty correlates highly to greater health and security challenges, and the

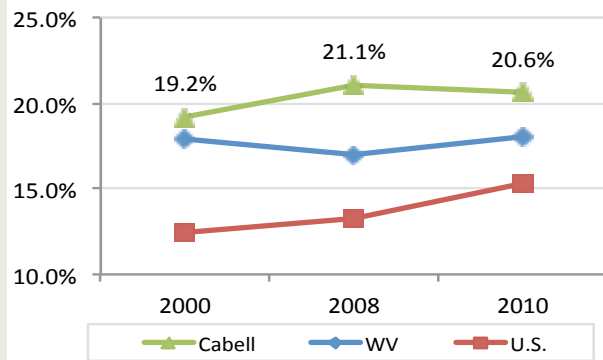
generally low educational attainment of these four West Virginia counties may magnify that effect.

While the trends of the primary socioeconomic indicators in Cabell, Lawrence, Lincoln, and Wayne counties followed the same trajectory as national trends, with the exception of the population's age distribution, the statistics indicate that the population served by Cabell Huntington Hospital is disadvantaged. More poverty and lower household income combine with lower educational attainment, high unemployment, and residents concentrating in the higher age brackets speak of a population facing moderate to severe challenges now and in the near future.

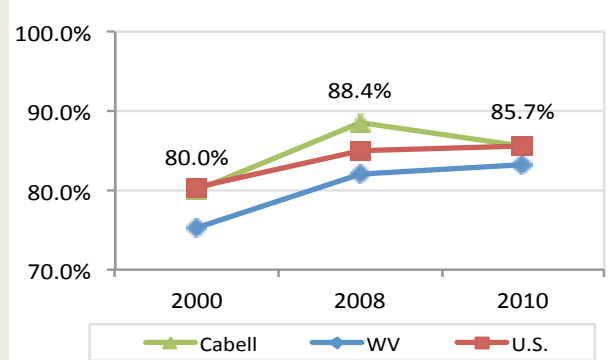
SOCIOECONOMIC INDICATORS - CABELL

Trends Charts

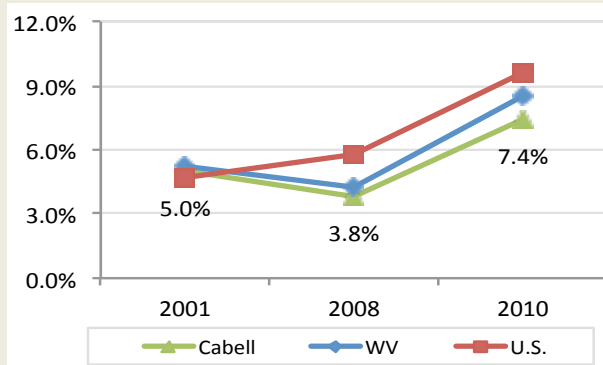
Poverty Rate



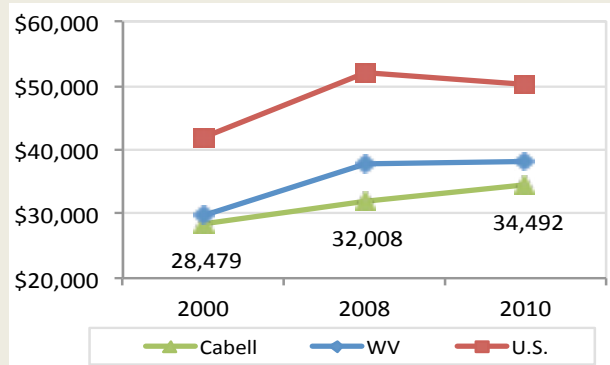
High School Diploma or Higher



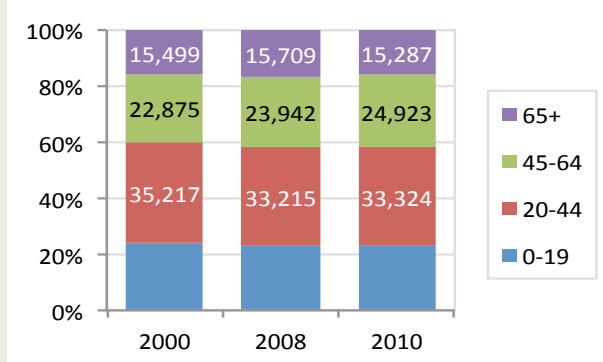
Unemployment Rate



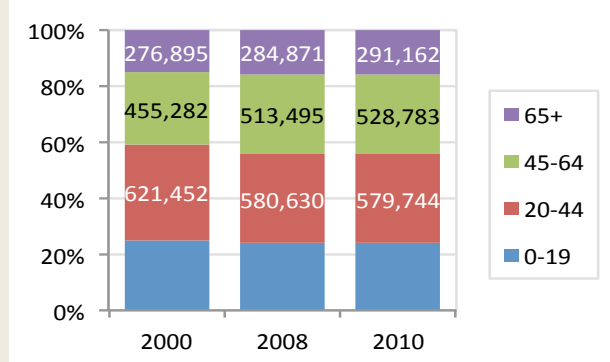
Median Household Income



Cabell County Age Distribution



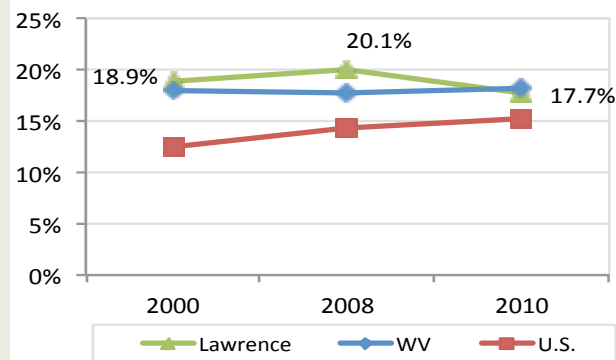
WV Age Distribution



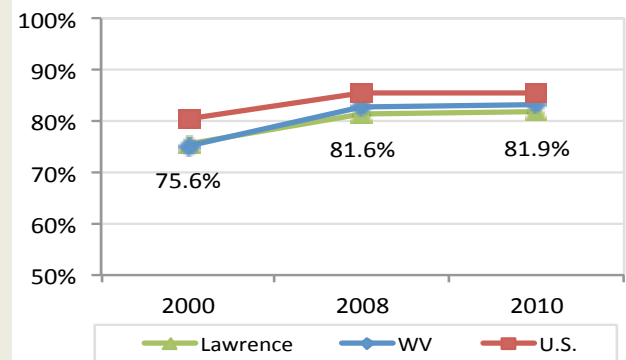
SOCIOECONOMIC INDICATORS - LAWRENCE

Trends Charts

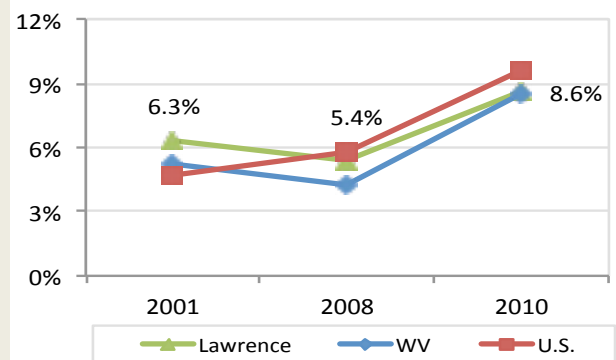
Poverty Rate



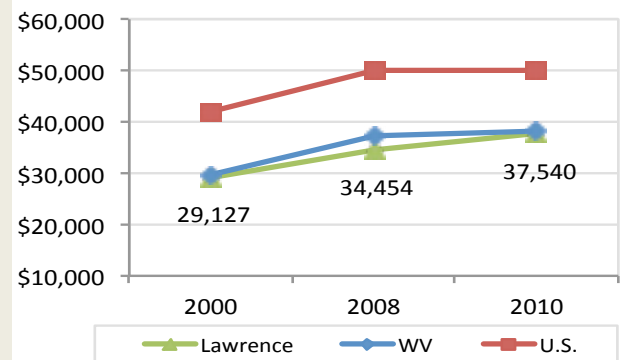
High School Diploma or Higher



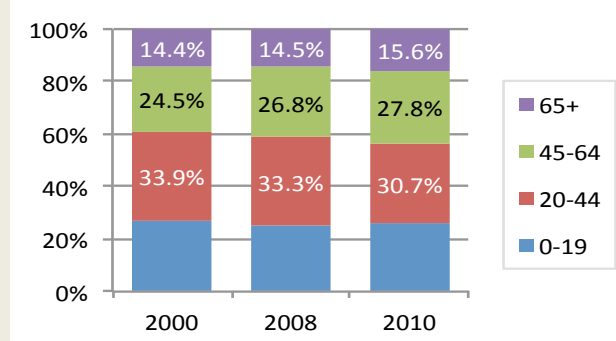
Unemployment Rate



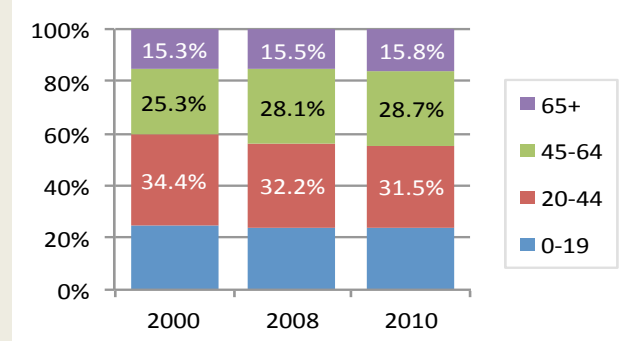
Median Household Income



Lawrence County Age Distribution



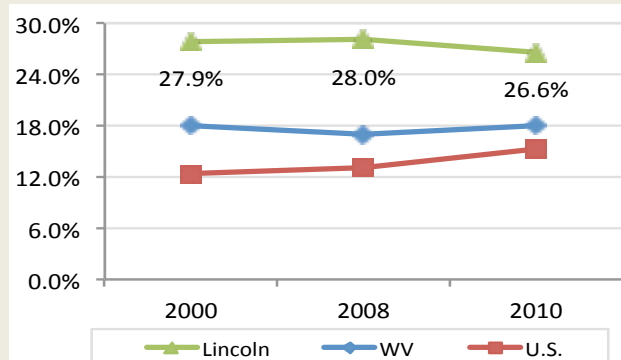
WV Age Distribution



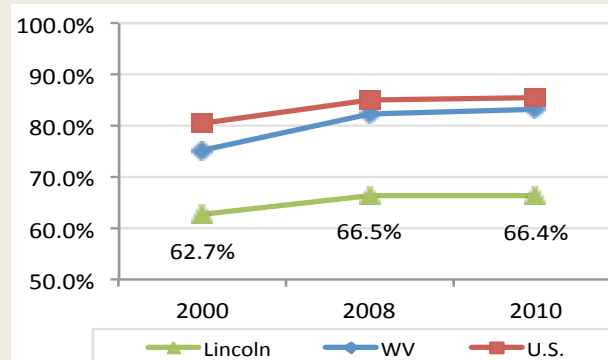
SOCIOECONOMIC INDICATORS - LINCOLN

Trends Charts

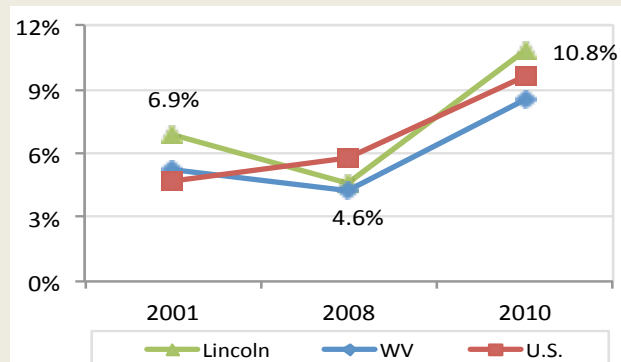
Poverty Rate



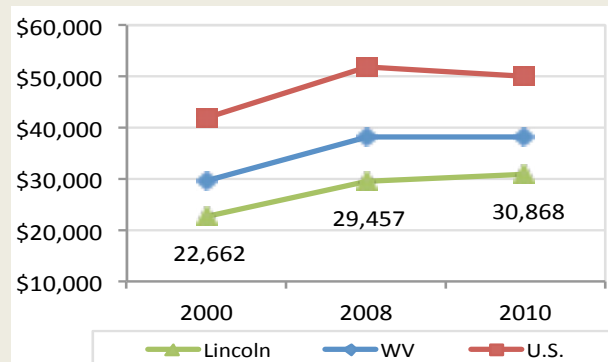
High School Diploma or Higher



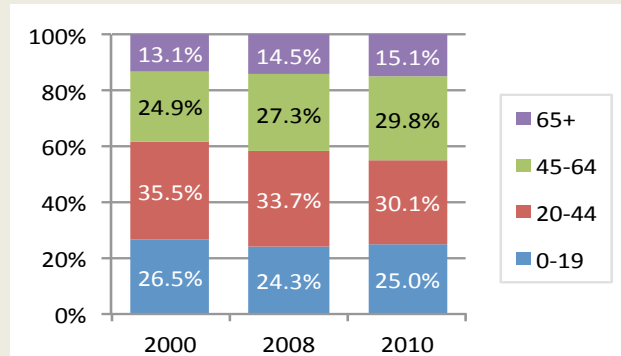
Unemployment Rate



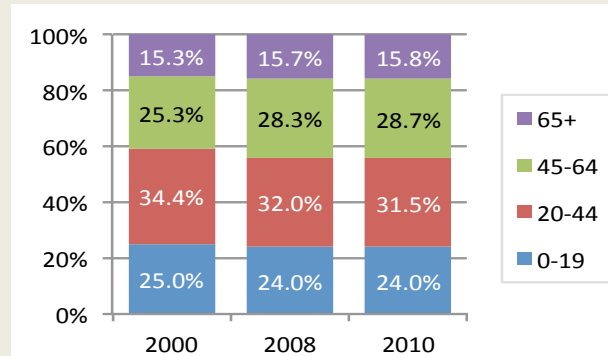
Median Household Income



Lincoln County Age Distribution



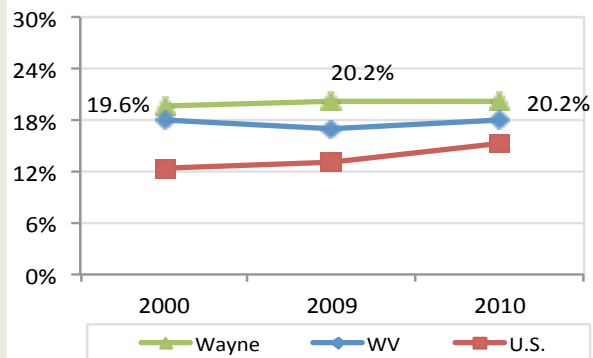
WV Age Distribution



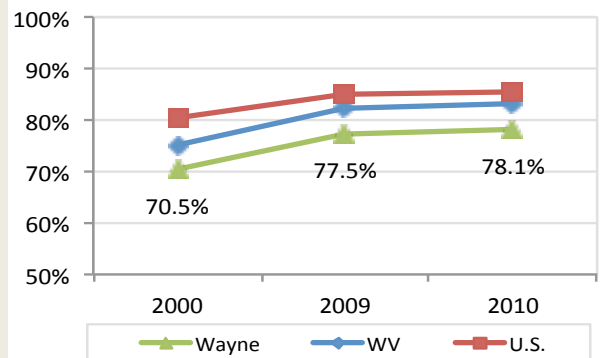
SOCIOECONOMIC INDICATORS - WAYNE

Trends Charts

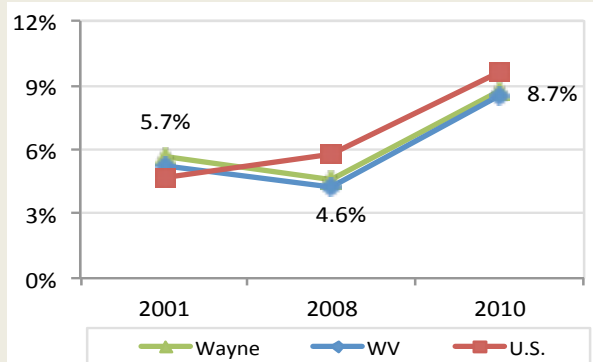
Poverty Rate



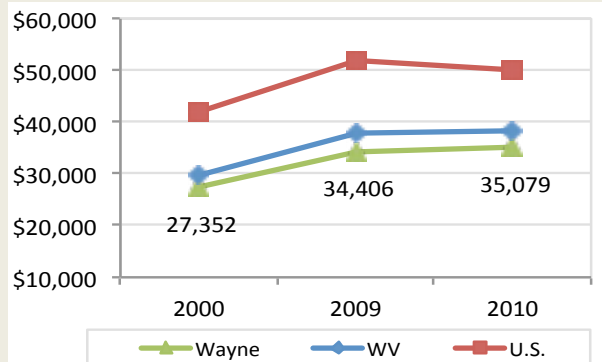
High School Diploma or Higher



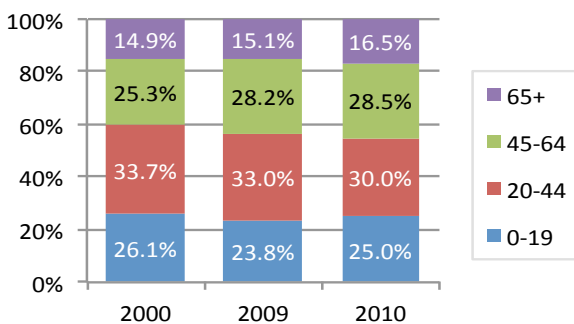
Unemployment Rate



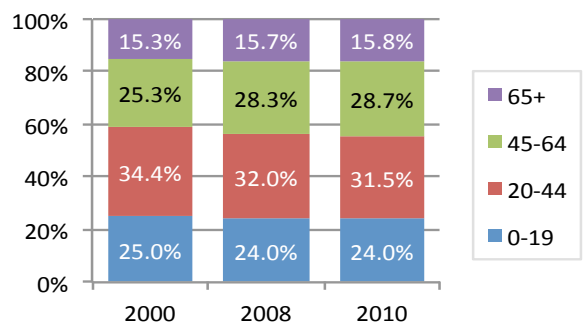
Median Household Income



Wayne County Age Distribution



WV Age Distribution



CAUSES OF DEATH SUMMARY

According to the CDC, differences in death rates among various grouping may reflect “differences in factors such as socioeconomic status, access to medical care, and the prevalence of specific risk factors.” In other words, by comparing the rates of causes of death in the four counties that make up the Cabell Huntington service area to causes of death in the state or the nation can suggest where researchers might look for weaknesses in a healthcare system or the prevalence of risky behaviors in a population.

Snapshot of Recent Data

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Heart Disease	237.4	243.3	270.9	243.2	276.8	195.2
Cancer	245.8	193.7	325.1	250.5	263.0	184.9
Chronic Lower Respiratory Disease/COPD	76.7	79.0	81.3	92.4	81.9	44.7
Accidents	55.7	51.3	90.3	46.2	51.8	38.4
Suicides	11.6	8.0	18.1	19.5	13.9	12
Homicides	6.3	5.6	9.0	19.5	5.1	5.5

ANALYSIS SUMMARY

Direct breakdowns of the leading causes of death help describe some of the health needs of the population, as well as clarify the general state of well-being in the counties served by Cabell Huntington Hospital. As Table 2 reveals, all four counties in the survey are at greater risk in five leading causes of mortality in West Virginia.

The rates of **heart disease**, **cancer**, and **COPD** in all four counties are strikingly higher than the national rates, although these rates are consistent with West Virginia statewide. All four counties also parallel the statewide rates of **homicide** and, to a certain extent, **suicide**.

In other words, both the directly health-related conditions—**heart disease**, **cancer**, and **COPD**—and the causes of death that are not, strictly speaking, health related—**accidents**, **suicides**, and **homicide**—threaten all four counties at rates more serious than

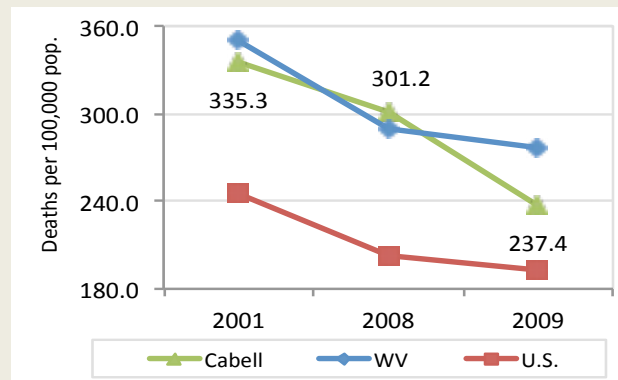
the national average, with only one exception. A closer look at the mortality trends in West Virginia and the four counties reveals some factors worth considering.

- Compared to statewide rates, heart disease occurs at a lower rate in all four counties, cancer occurs at a lower rate in three of the four counties (exception: Lincoln County), and COPD occurs at a lower rate in three of the four counties (exception: Wayne County).
- West Virginia's statewide homicide rate is 92.7% of the national rate; unfortunately, the homicide rate in the four counties served by Cabell Huntington is higher in all four cases, and the Wayne County rate is 3.5 times as high as the national homicide rate.
- The suicide rate, while higher than the statewide rate in three of the four counties, is lower in Lawrence County, Ohio: only two-thirds the national average.

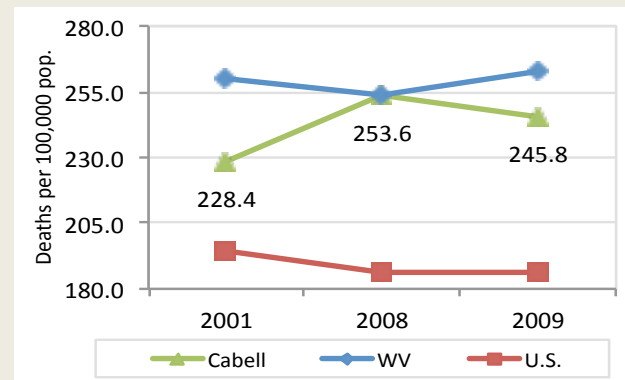
CAUSES OF DEATH - CABELL

Trends Charts

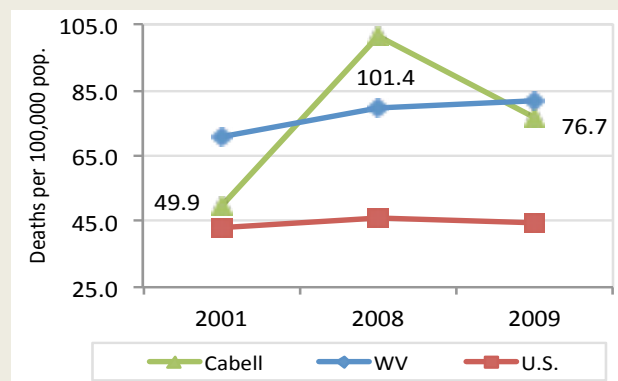
Heart Disease



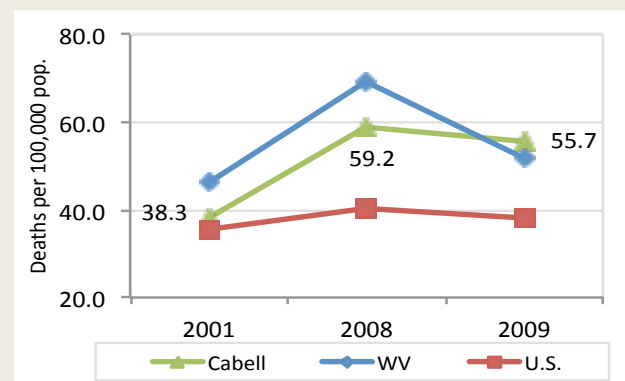
Cancer



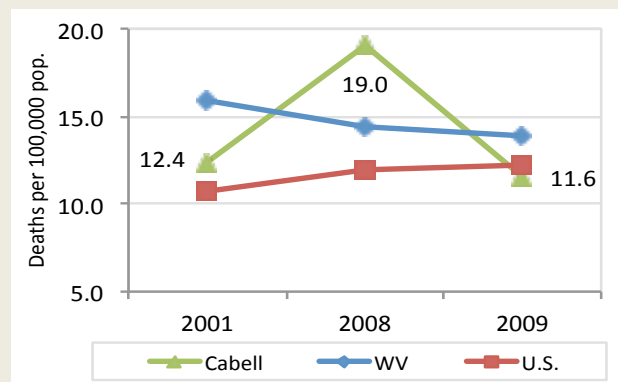
Chronic Lower Respiratory Disease/COPD



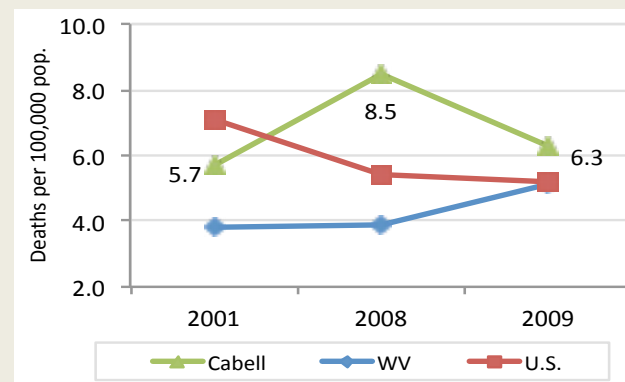
Accidents



Suicides



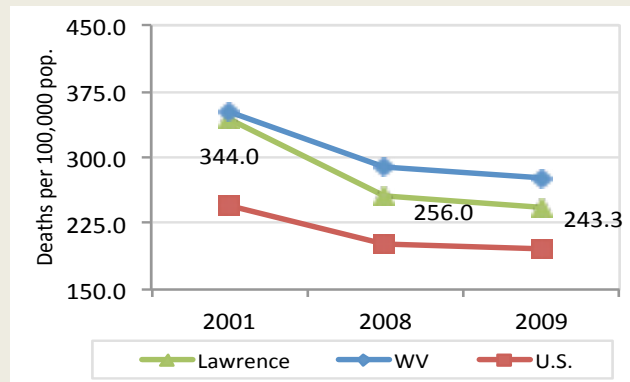
Homicides



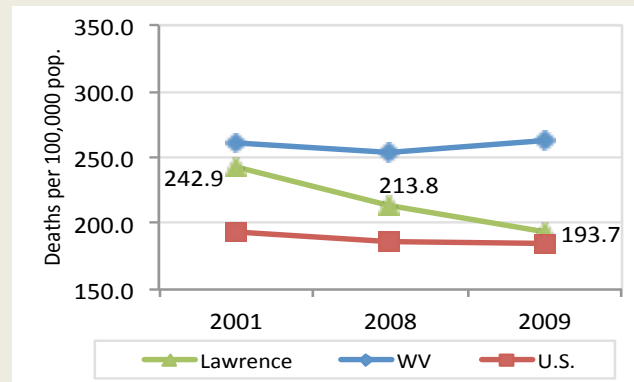
CAUSES OF DEATH - LAWRENCE

Trends Charts

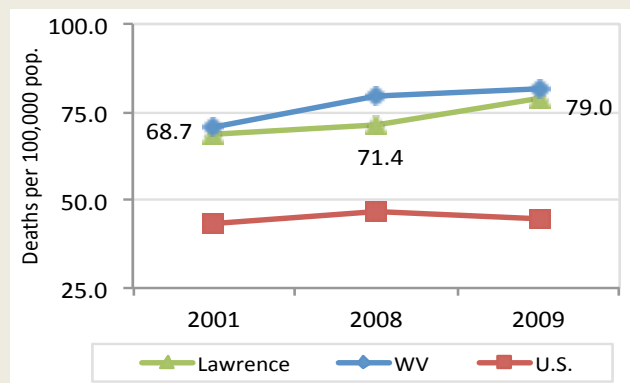
Heart Disease



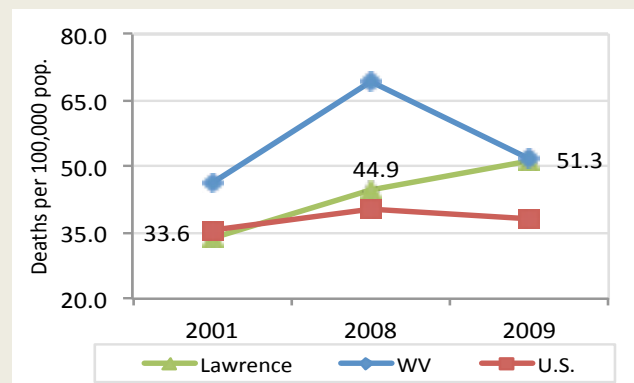
Cancer



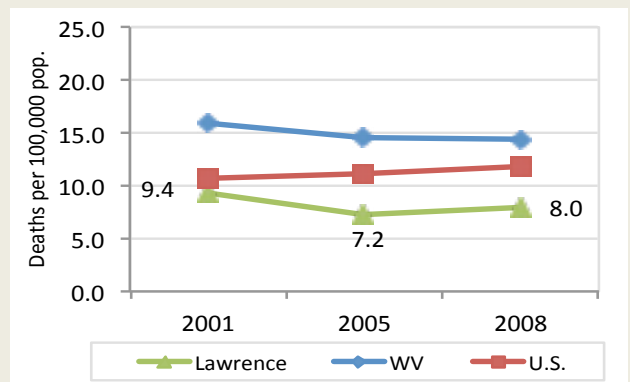
Chronic Lower Respiratory Disease/COPD



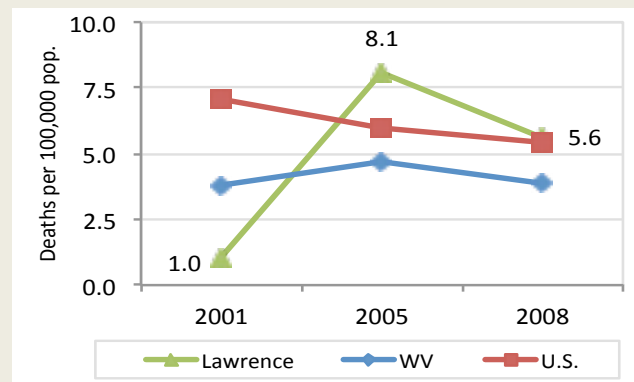
Accidents



Suicides



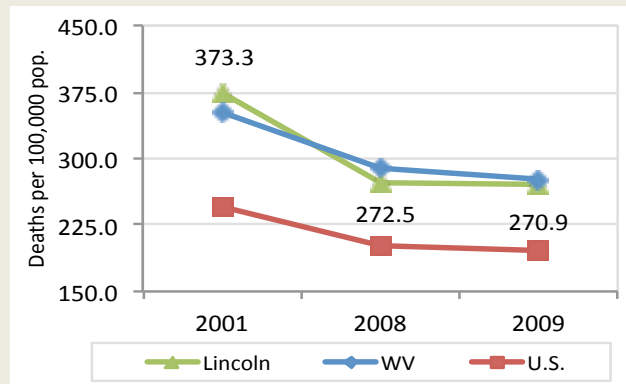
Homicides



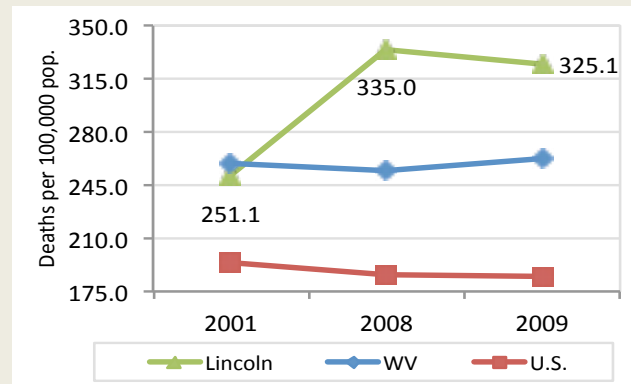
CAUSES OF DEATH - LINCOLN

Trends Charts

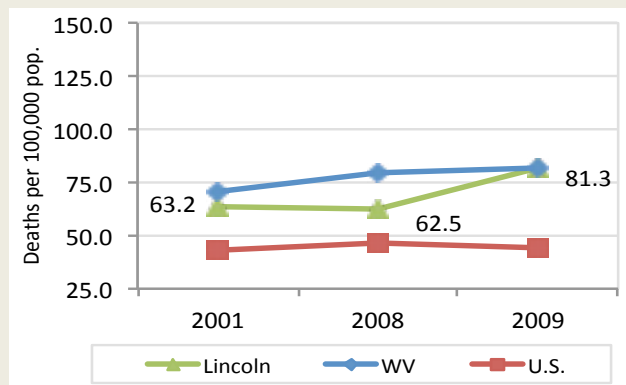
Heart Disease



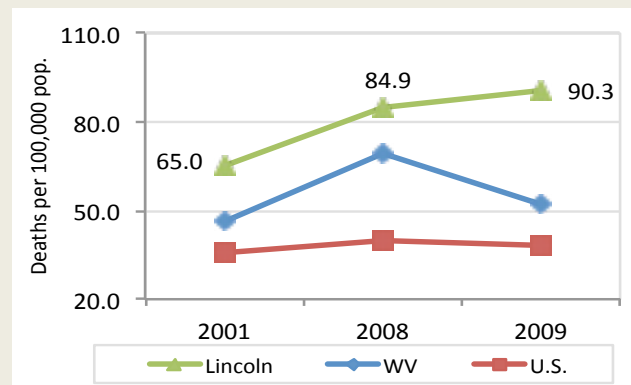
Cancer



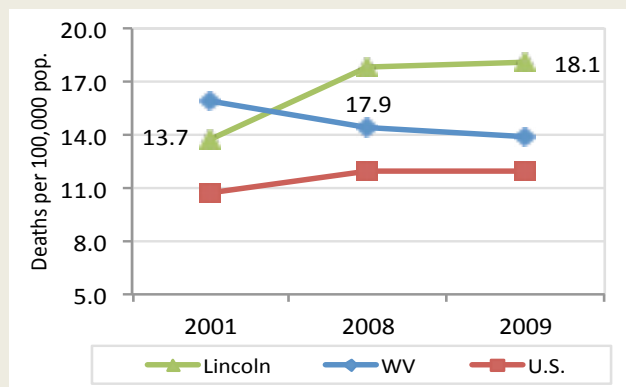
Chronic Lower Respiratory Disease/COPD



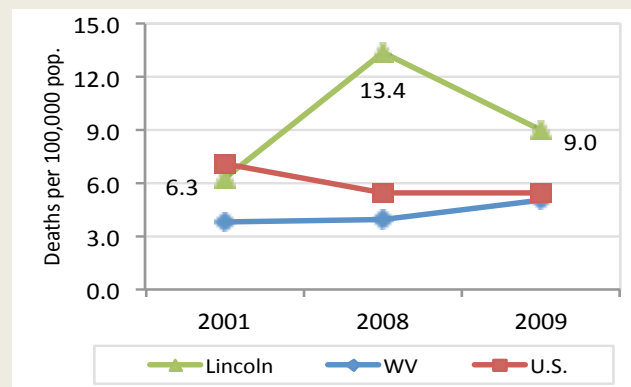
Accidents



Suicides



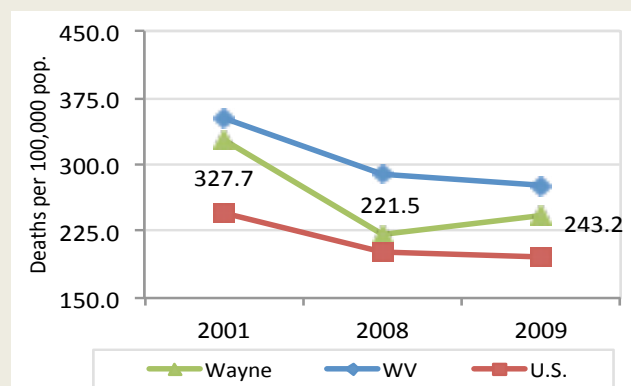
Homicides



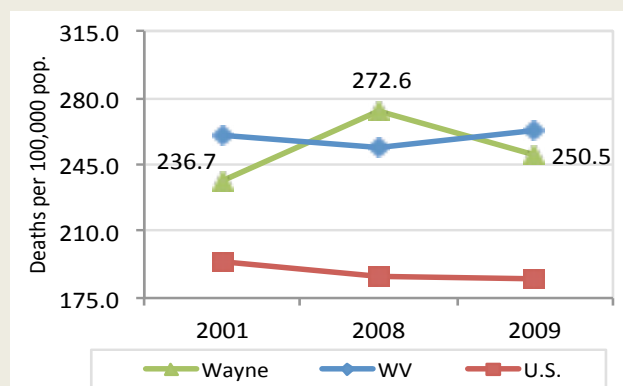
CAUSES OF DEATH - WAYNE

Trends Charts

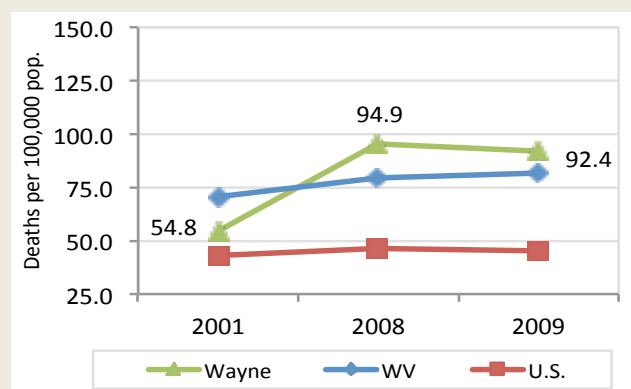
Heart Disease



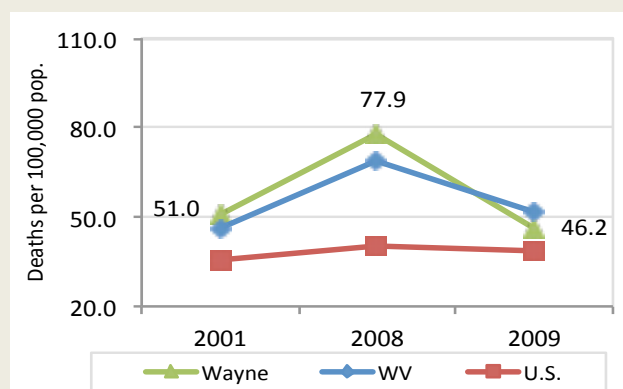
Cancer



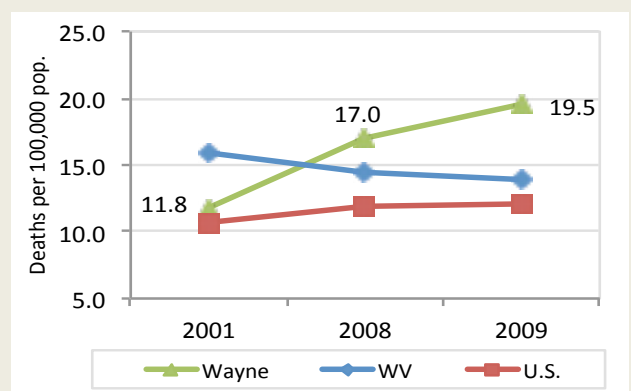
Chronic Lower Respiratory Disease/COPD



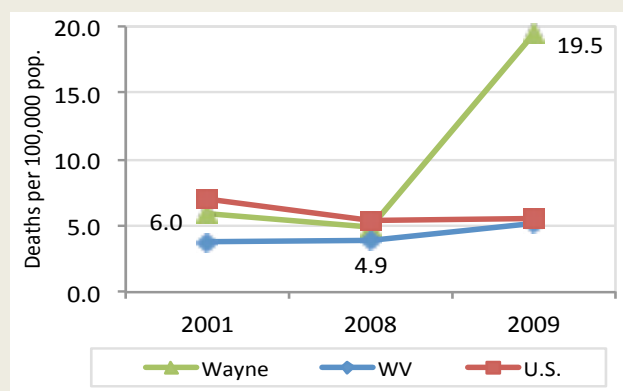
Accidents



Suicides



Homicides



CHRONIC DISEASE PREVALENCE SUMMARY

The Centers for Disease Control and Prevention defines chronic illnesses as “non-communicable illnesses that are prolonged in duration, do not resolve spontaneously, and are rarely cured completely.” Illnesses and conditions such as heart disease, stroke, cancer, diabetes, and arthritis fall into this category.

Snapshot of Recent Data

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Diabetes	13.2%	12.5%	14.0%	11.0%	11.7%	8.7%
Heart Disease	12.7%	17.2%	14.4%	14.4%	15.8%	11.0%
Asthma	7.9%	8.4%	11.2%	9.7%	7.3%	9.1%
Arthritis	33.0%	32.6%	40.5%	41.4%	33.9%	26.0%
Invasive Cancer	580.4	457.1	537.5	356.4	470.9	457.6

ANALYSIS SUMMARY

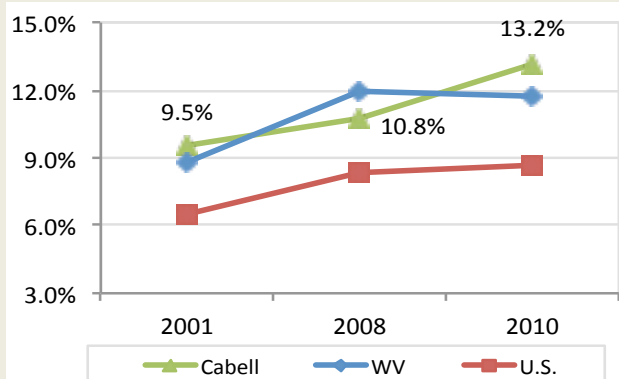
In West Virginia, **every chronic disease** examined, except **asthma**, occurs at higher rates than the national average. Even **asthma** occurs at a higher rate in two out of four counties, Lincoln and Wayne, than the national average.

- In three out of four counties (Exception: Lawrence) the rates of **heart disease** are lower than the statewide rate, even though still well above the national rate.
- In two counties, Cabell and Lawrence, the **arthritis** rate is lower than the statewide rate, but only slightly; in the other two counties, Lincoln and Wayne, the arthritis rates are, respectively, 119% and 122% of the statewide rate.
- West Virginia has a **diabetes** rate that is 135% of the national average, and in Lincoln County the rate of **diabetes** is 161% of the national rate. This may well be tied to West Virginia's overweight and obese population (see “Intermediate Risk Factor Prevalence”).
- The rates of **invasive cancer** in Lawrence and Wayne counties are much lower than state- or nationwide. However, this is contrasted with the invasive cancer rates in Cabell and Lincoln counties, which are 127% and 117.5% of the national rate, respectively.

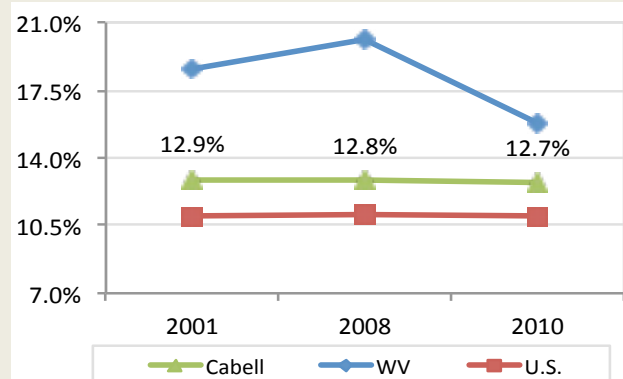
CHRONIC DISEASE PREVALENCE - CABELL

Trends Charts

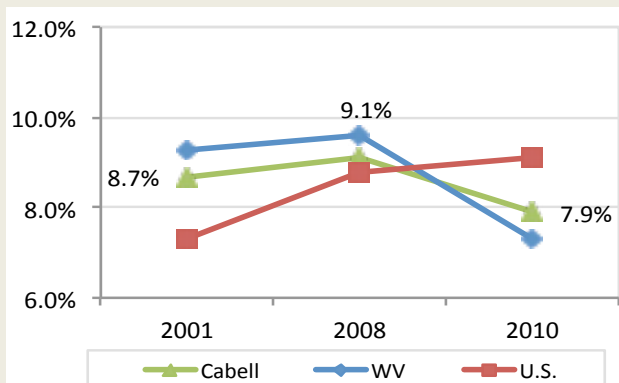
Diabetes



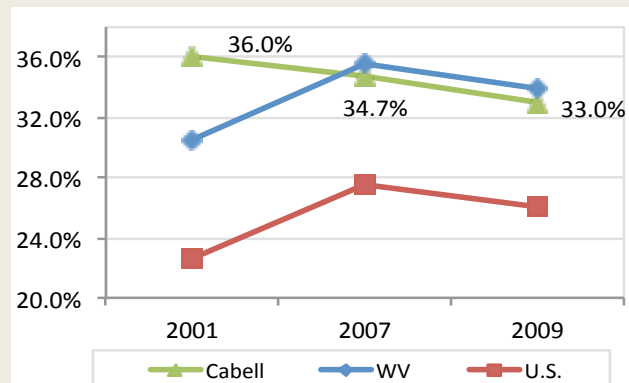
Heart Disease



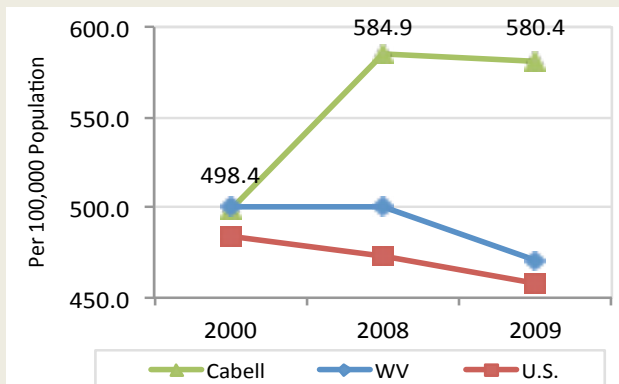
Asthma



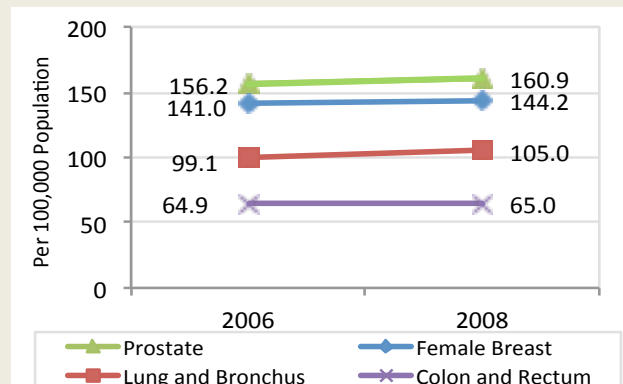
Arthritis



Invasive Cancer



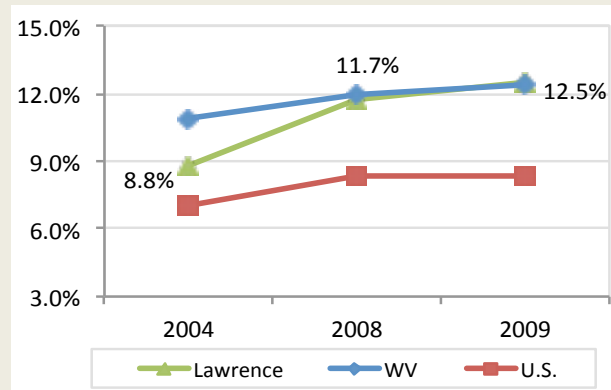
Cabell County Cancer Trends



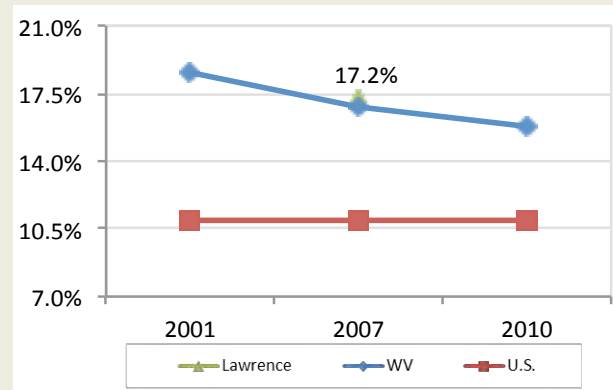
CHRONIC DISEASE PREVALENCE - LAWRENCE

Trends Charts

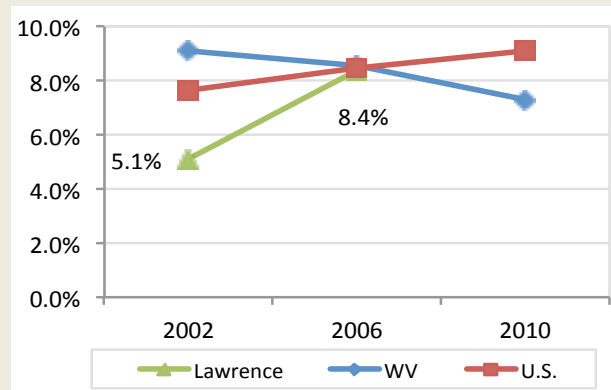
Diabetes



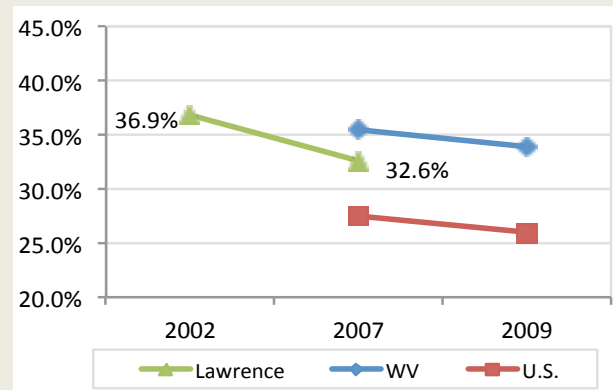
Heart Disease



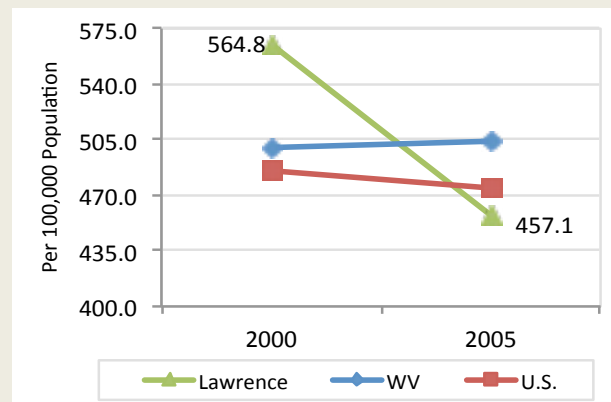
Asthma



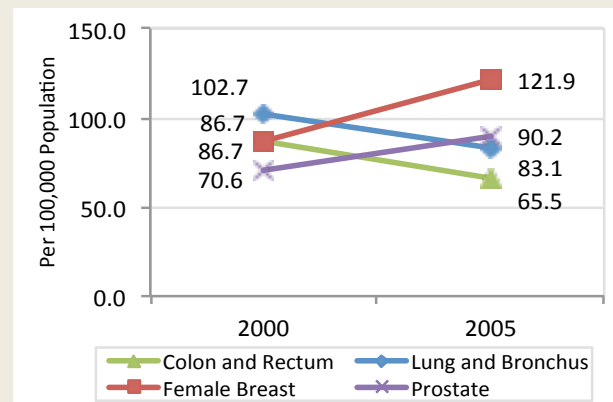
Arthritis



Invasive Cancer



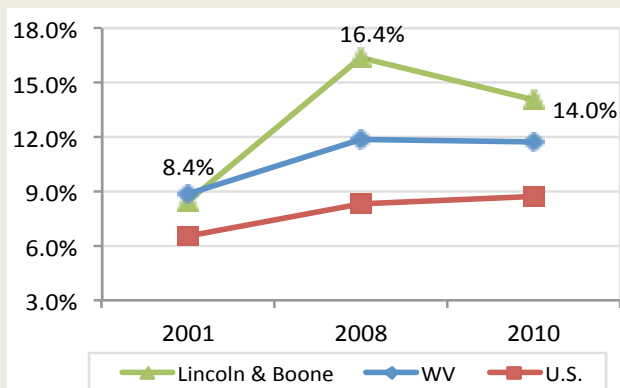
Lawrence County Cancer Trends



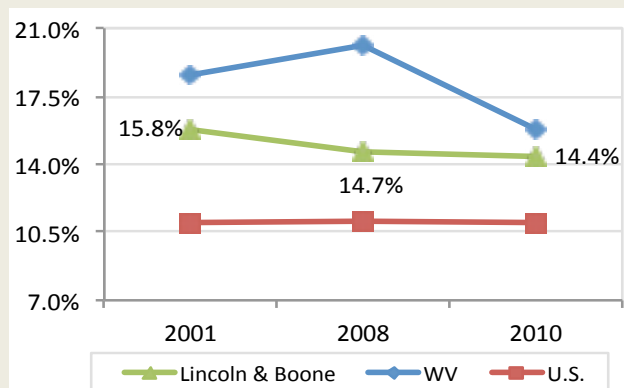
CHRONIC DISEASE PREVALENCE - LINCOLN

Trends Charts

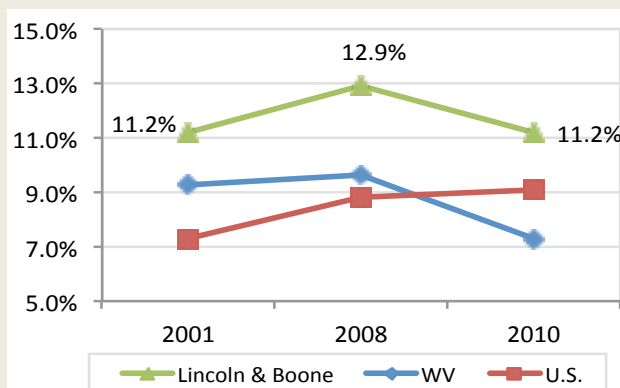
Diabetes



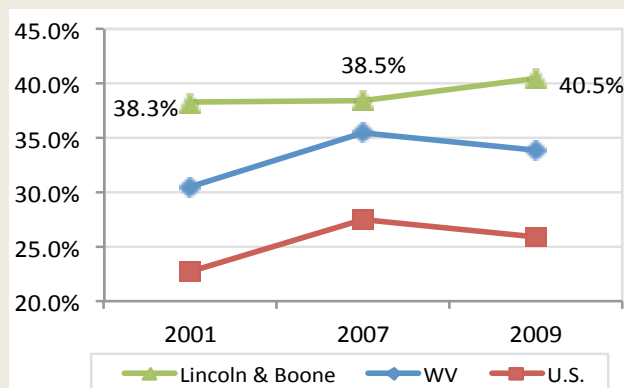
Heart Disease



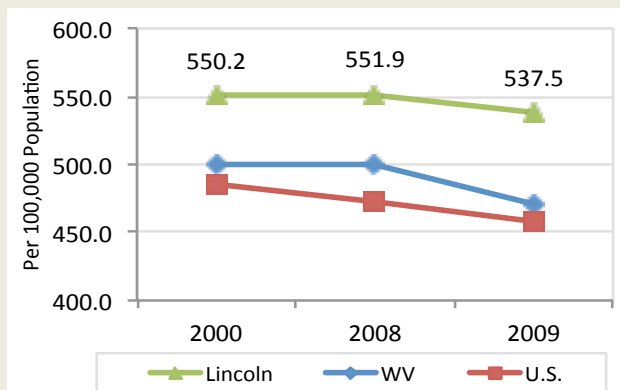
Asthma



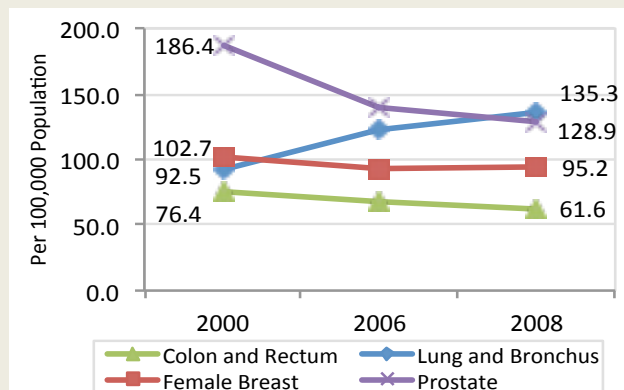
Arthritis



Invasive Cancer



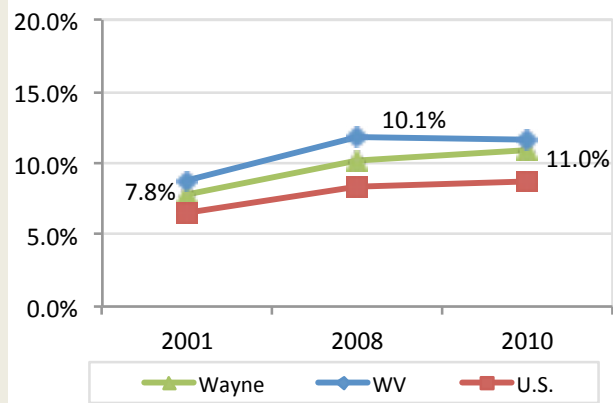
Lincoln County Cancer Trends



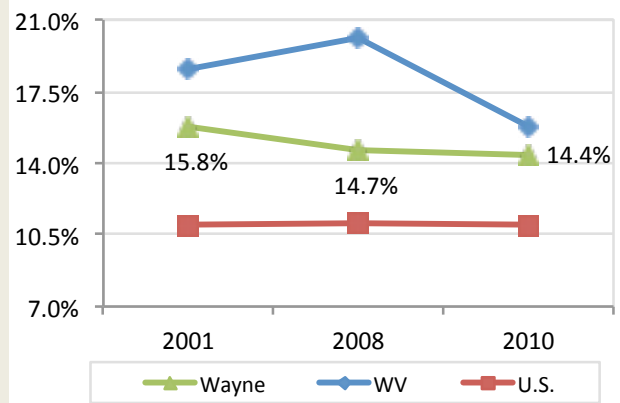
CHRONIC DISEASE PREVALENCE - WAYNE

Trends Charts

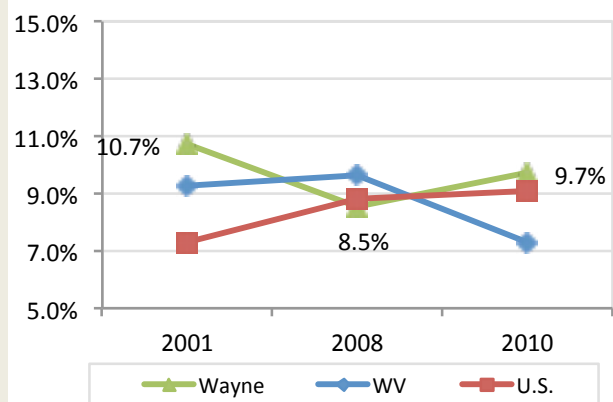
Diabetes



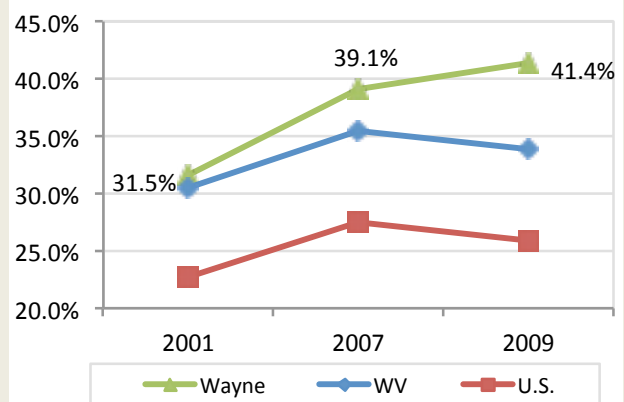
Heart Disease



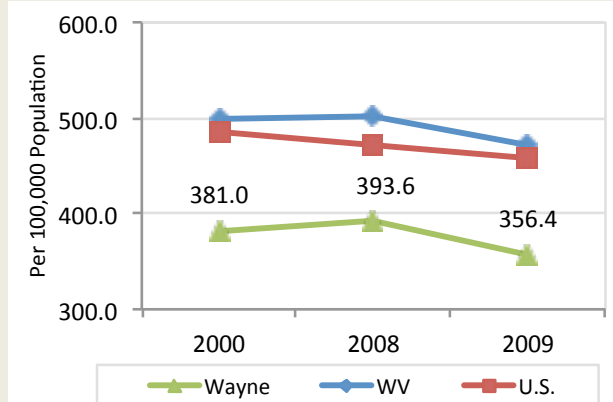
Asthma



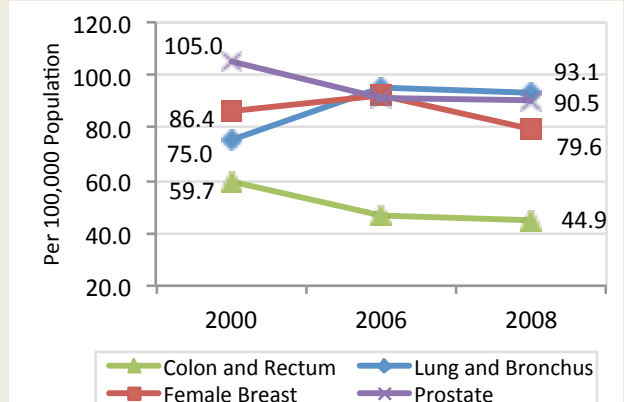
Arthritis



Invasive Cancer



Wayne County Cancer Trends



COMMUNICABLE DISEASE PREVALENCE SUMMARY

The incidence of communicable diseases in a population gives a stark picture of one aspect of communal health. In many of the categories examined in this report, from socioeconomic indicators to rates of chronic disease, West Virginia and all four counties served by Cabell Huntington Hospital fare poorly when compared to national statistics and trends. However, in many of the communicable disease rates examined, many West Virginia populations compare relatively well to national rates.

Snapshot of Recent Data

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Chlamydia	4.3	1.6	1.6	0.8	2.0	4.2
Gonorrhea	0.8	0.3	0.1	0.2	0.3	1.0
HIV/AIDS	345*	30	345*	345*	2,440	1,148,200
Hepatitis B	19*	3	2*	2*	84	3,371
Influenza	27.7		19.7	6.2	32.3	3.1
*District-Wide Data (# of Cases)						

ANALYSIS SUMMARY

With the major exception of influenza, West Virginia and three of the four counties served by Cabell Huntington Hospital are less threatened by communicable diseases. In Cabell County the **chlamydia** and **gonorrhea** rates are much higher than throughout the state, practically on par with national rates.

- Influenza rates are the primary exceptions to this. Influenza rates in the four counties served by Cabell Huntington Hospital range from twice the national rate to ten times the national rate.
- **Chlamydia** is often reported at low rates in most places in West Virginia, which may be due to lower diagnosis and reporting rates, but it also could be because the disease is less common in West Virginia than elsewhere. While much of West

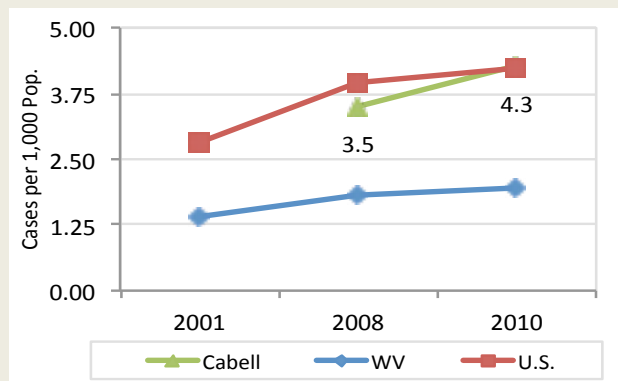
Virginia appears to have low STDs such as **chlamydia** and **gonorrhea**, Cabell County counters these trends: **gonorrhea** rates in Cabell County are nearly as high as they are nationally and the **chlamydia** rate is even slightly higher than nationally.

- **Gonorrhea** is almost nonexistent in West Virginia, but in Cabell County, the rate of gonorrhea approaches the average nationally.
- **HIV/AIDS** remains relatively low throughout West Virginia, but is even lower in Lawrence County, Ohio.
- **Hepatitis B** rates are high in West Virginia, but are especially high in Cabell County.

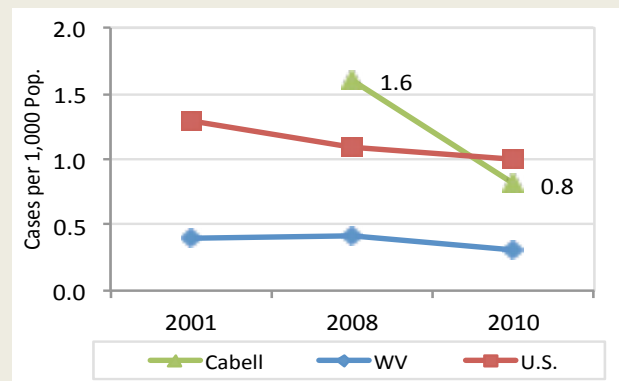
COMMUNICABLE DISEASE PREVALENCE - CABELL

Trends Charts

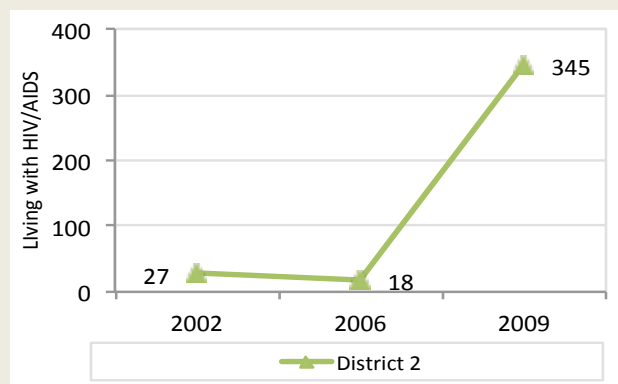
Chlamydia



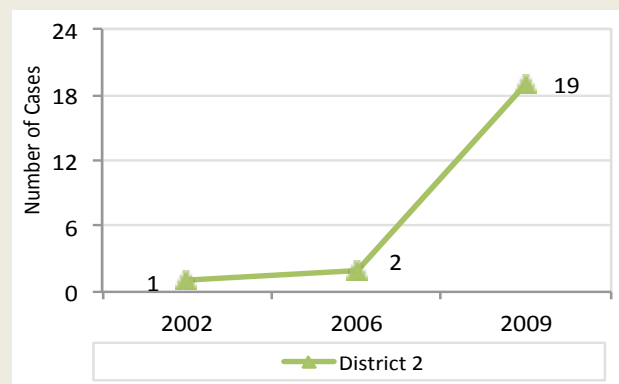
Gonorrhea



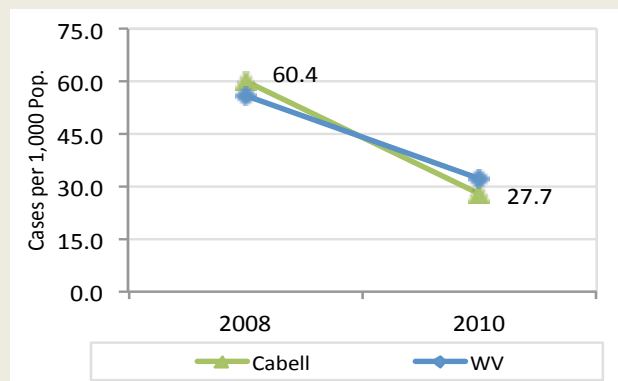
HIV/AIDS



Acute Hepatitis B



Influenza

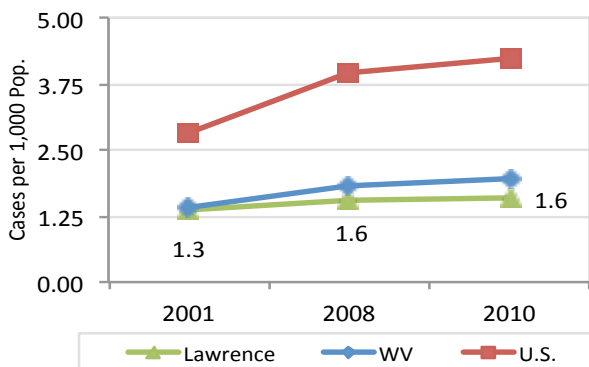


District 2 includes Cabell, Lincoln, Logan, Mason, Mingo and Wayne Counties

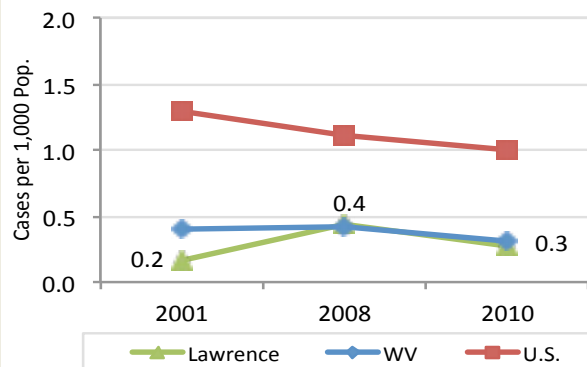
COMMUNICABLE DISEASE PREVALENCE - LAWRENCE

Trends Charts

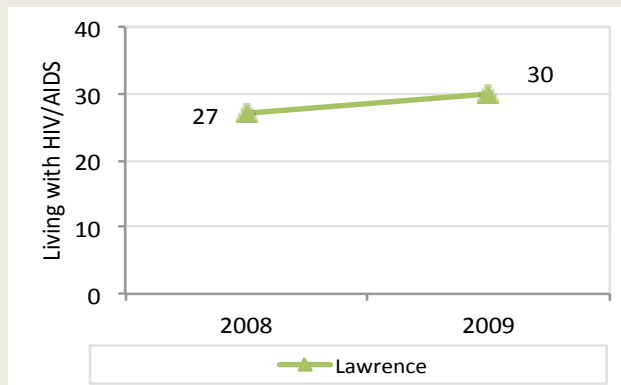
Chlamydia



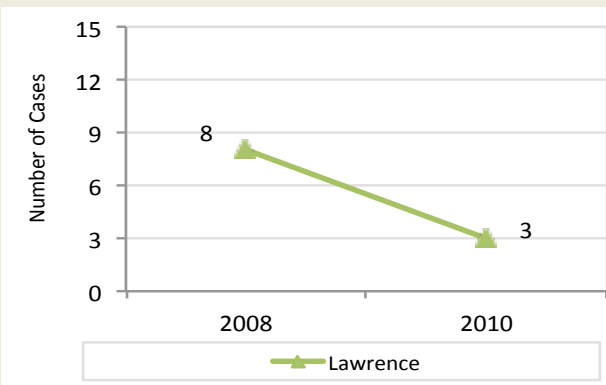
Gonorrhea



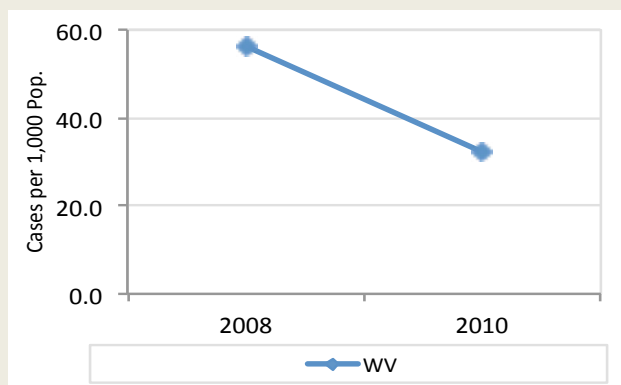
HIV/AIDS



Acute Hepatitis B



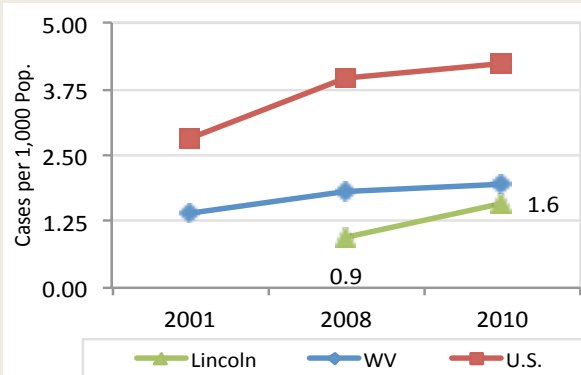
Influenza



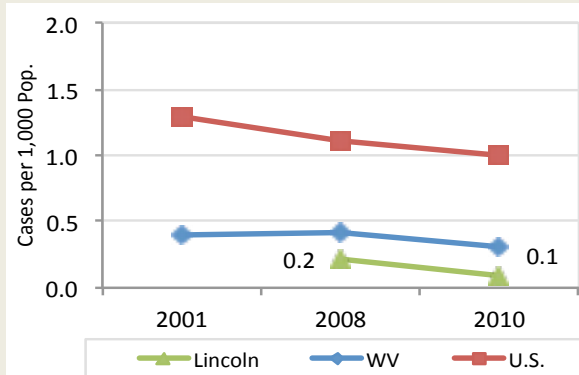
COMMUNICABLE DISEASE PREVALENCE - LINCOLN

Trends Charts

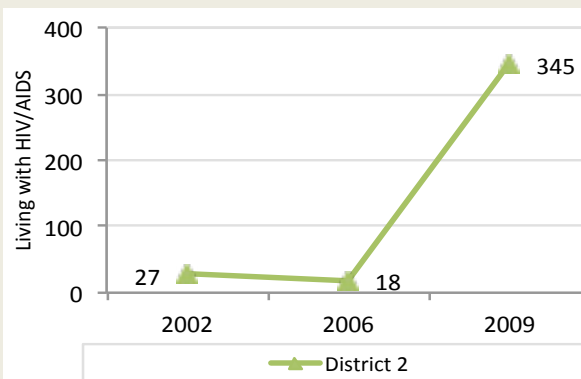
Chlamydia



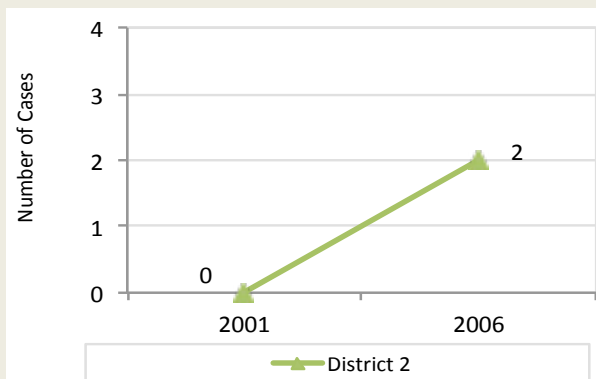
Gonorrhea



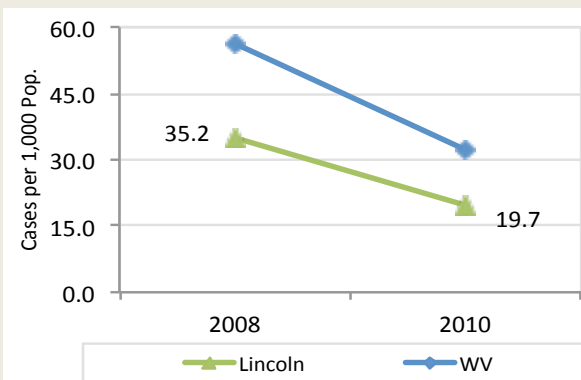
HIV/AIDS



Acute Hepatitis B



Influenza

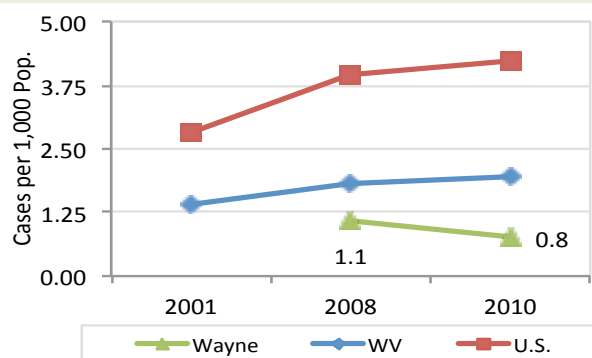


District 2 includes Cabell, Lincoln, Logan, Mason, Mingo and Wayne Counties

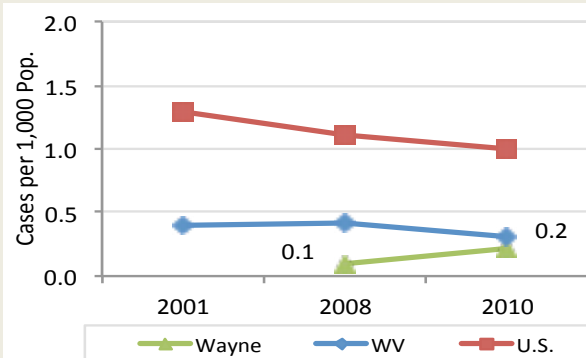
COMMUNICABLE DISEASE PREVALENCE - WAYNE

Trends Charts

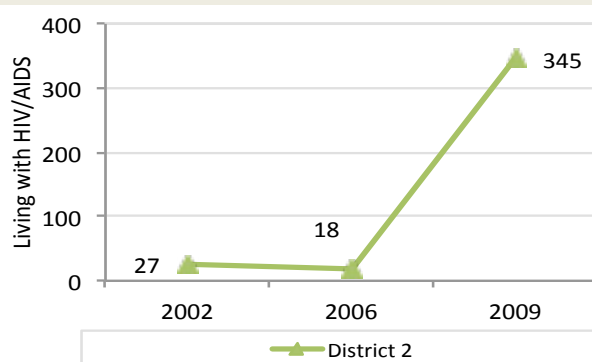
Chlamydia



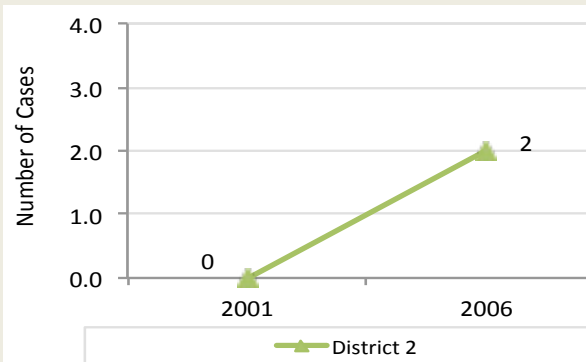
Gonorrhea



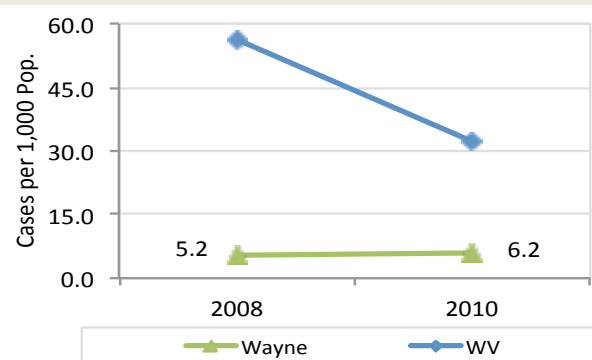
HIV/AIDS



Acute Hepatitis B



Influenza



District 2 includes Cabell, Lincoln, Logan, Mason, Mingo and Wayne Counties

INTERMEDIATE RISK FACTOR PREVALENCE SUMMARY

Certain indicators appear statistically to have a direct influence on the health of a population, although the connections and the reasons for them may not always be clear. But even where the projected outcomes are less clear, the indicator itself remains highly correlated to negative impacts on health.

Snapshot of Recent Data

Table 5: Intermediate Risk Factors

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Fair or Poor Health	22.3%		30.8%	29.9%	23.4%	14.7%
No Health Insurance (18-64)	17.0%	14.8%	20.0%	23.6%	21.4%	17.8%
Hypertension	31.7%	34.6%	38.9%	35.4%	37.6%	28.7%
High Cholesterol	40.9%	41.7%	39.1%	41.7%	38.5%	37.5%
Obese	30.9%	39.7%	35.8%	37.8%	32.9%	27.5%
Overweight		35.5%			35.0%	36.2%

ANALYSIS SUMMARY

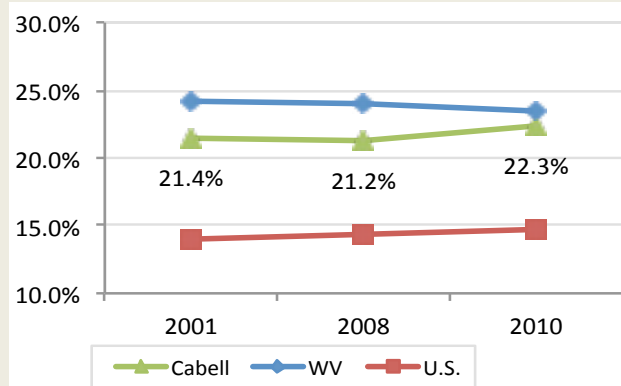
As with other categories in this survey, West Virginians tend to fare more poorly in most of these particulars than people do nationwide. In most cases, the four counties served by Cabell Huntington Hospital experience worse rates than residents statewide. For instance, West Virginians are 51.7% more likely to characterize their health as fair or poor than people nationwide, and according to the Behavioral Risk Factor Surveillance System, a phone survey system developed by the CDC, three of the four counties have rates higher than the statewide rate.

- In addition, residents of all four counties report higher rates of hypertension, high cholesterol, and obesity than either statewide or national rates. While West Virginians in general are 31% more likely to have hypertension than people nationwide, Cabell County residents are less likely.
- Perhaps the only reason that all four counties don't also report higher rates of being overweight is that statistics weren't available of three of the four counties.
- A bright spot is that the two counties, Cabell and Lawrence, more people report having health insurance than do both state and nationwide rates.

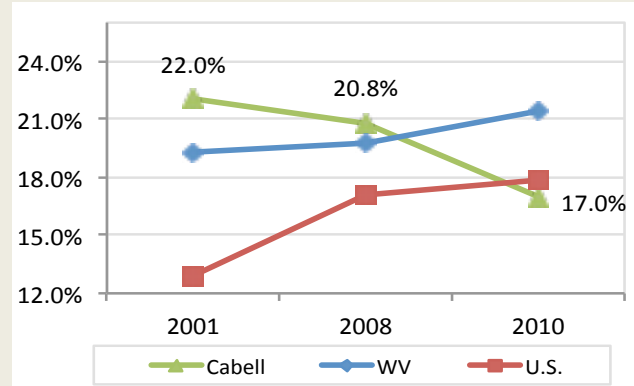
INTERMEDIATE RISK FACTOR PREVALENCE - CABELL

Trends Charts

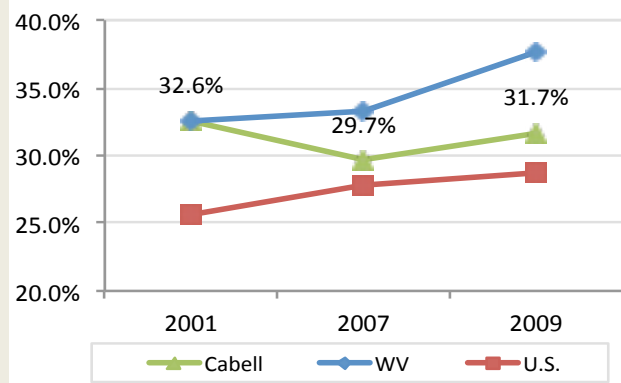
Fair or Poor Health



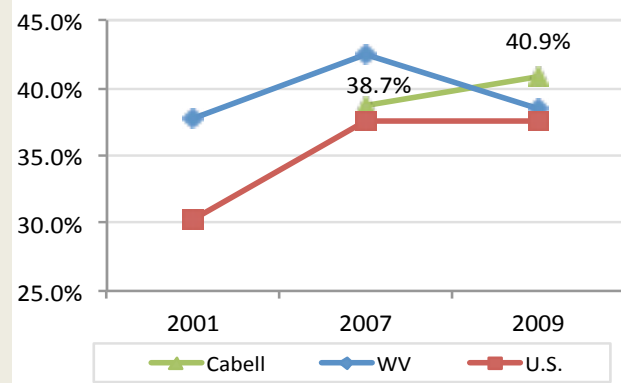
No Health Insurance (18-64)



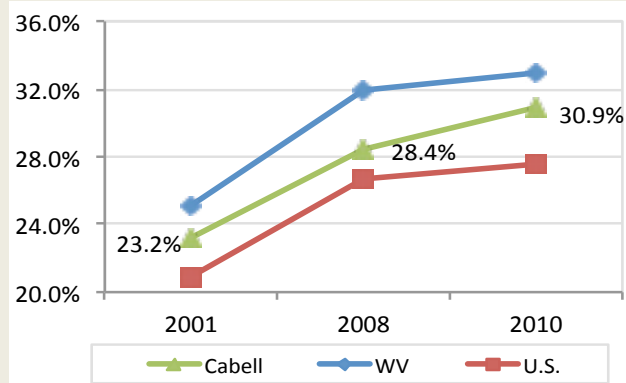
Hypertension



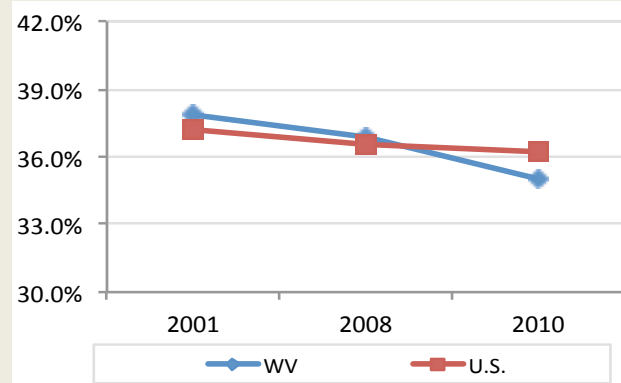
High Cholesterol



Obese



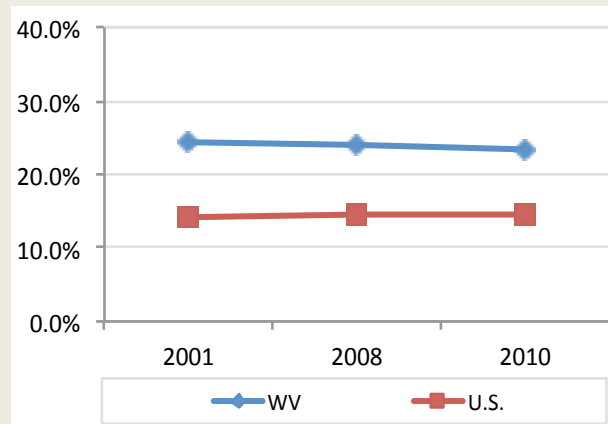
Overweight



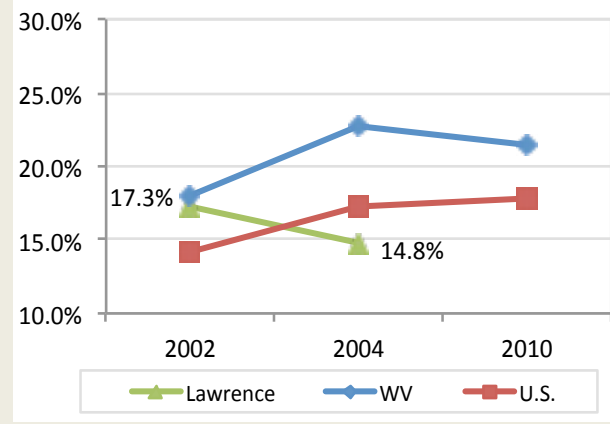
INTERMEDIATE RISK FACTOR PREVALENCE - LAWRENCE

Trends Charts

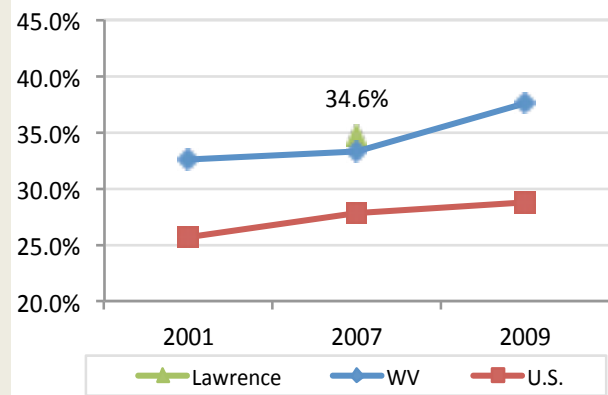
Fair or Poor Health



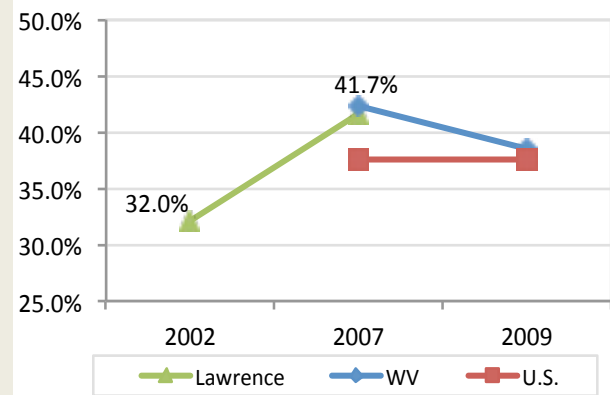
No Health Insurance (18-64)



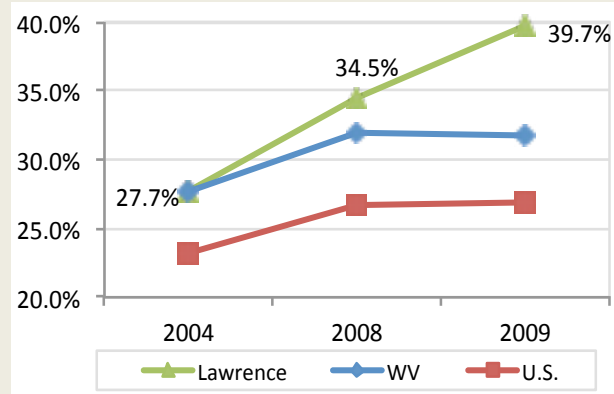
Hypertension



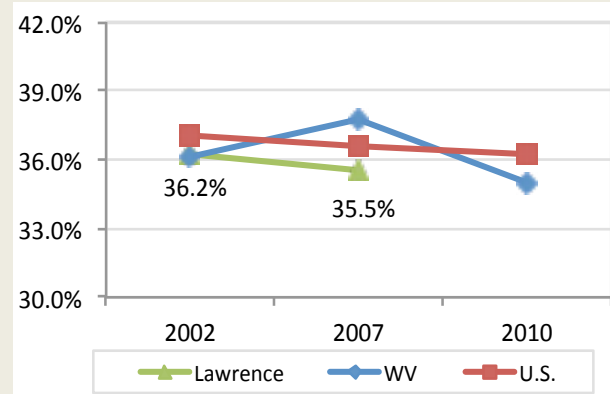
High Cholesterol



Obese



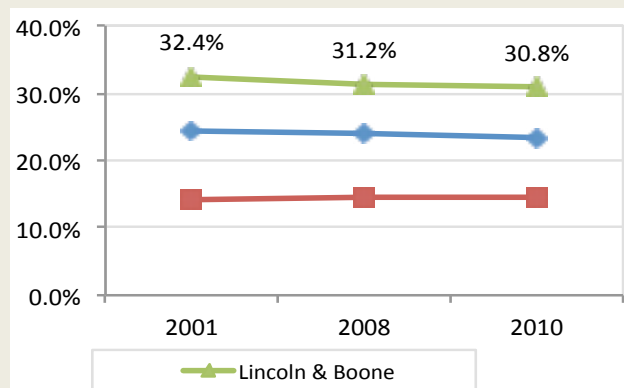
Overweight



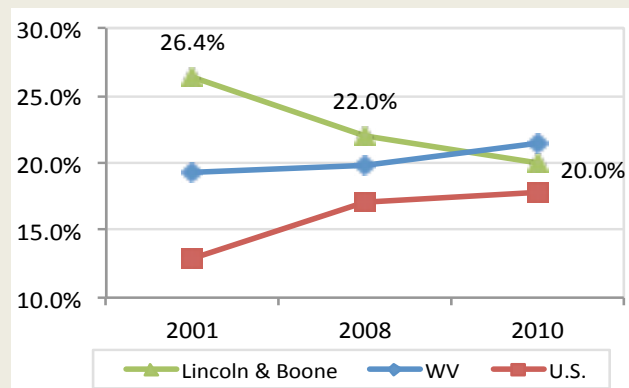
INTERMEDIATE RISK FACTOR PREVALENCE - LINCOLN

Trends Charts

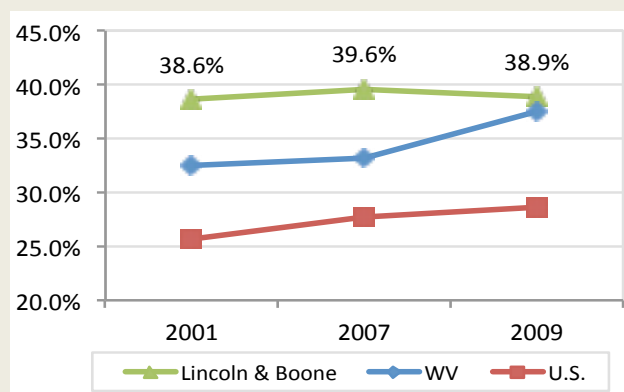
Fair or Poor Health



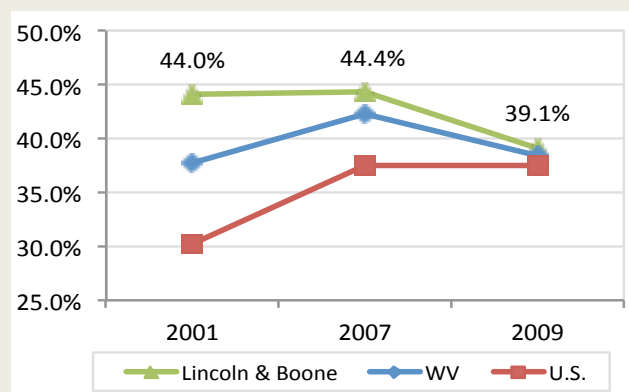
No Health Insurance (18-64)



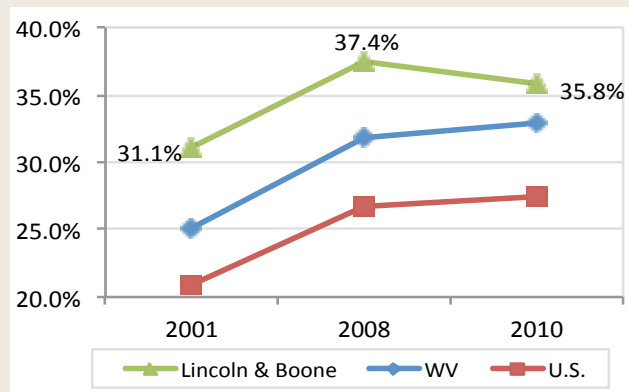
Hypertension



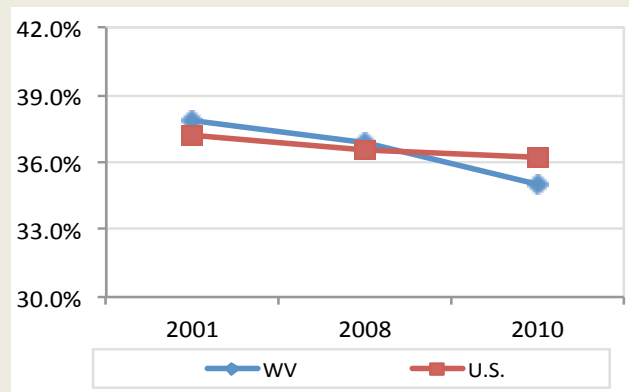
High Cholesterol



Obese



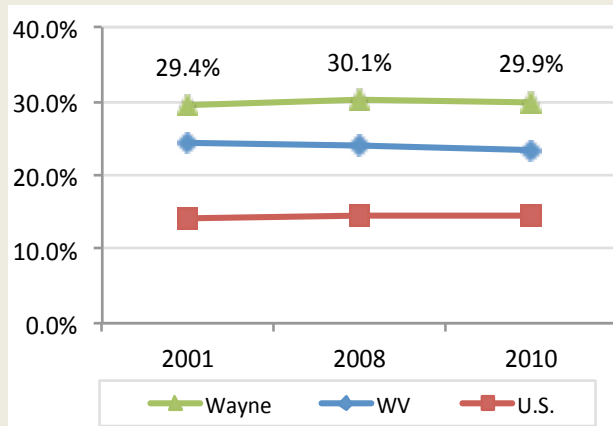
Overweight



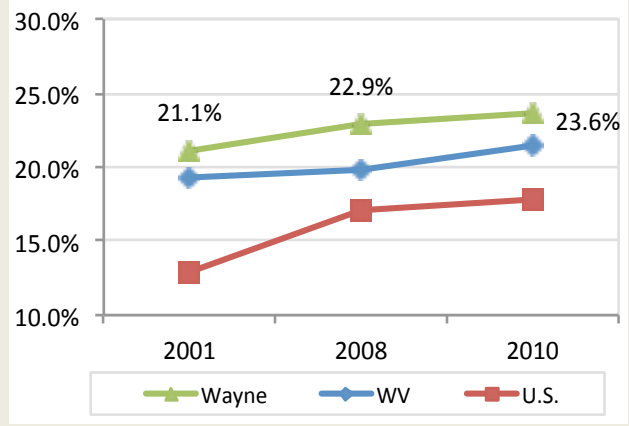
INTERMEDIATE RISK FACTOR PREVALENCE - WAYNE

Trends Charts

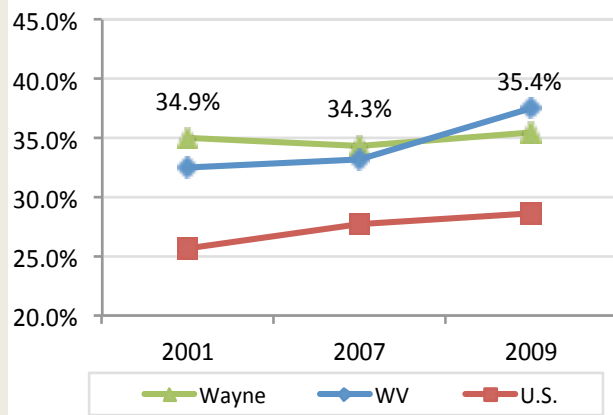
Fair or Poor Health



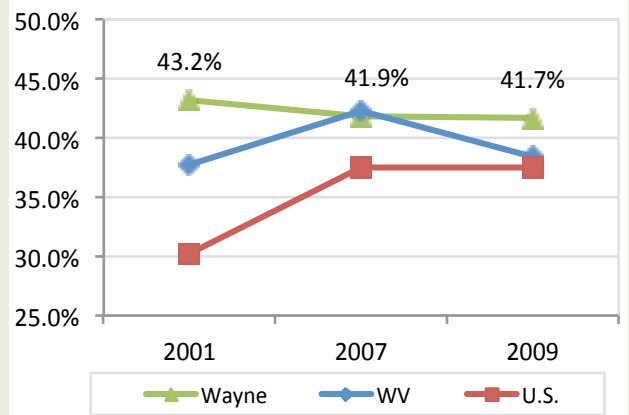
No Health Insurance (18-64)



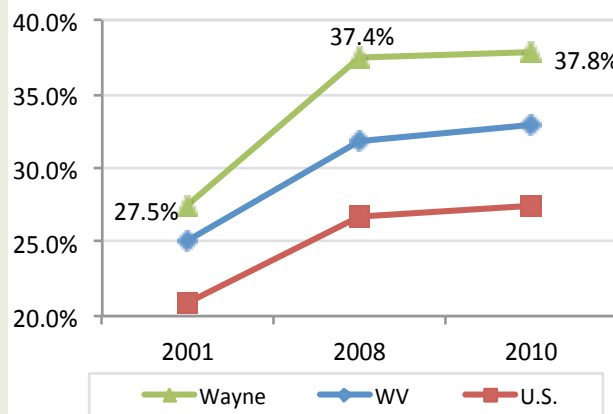
Hypertension



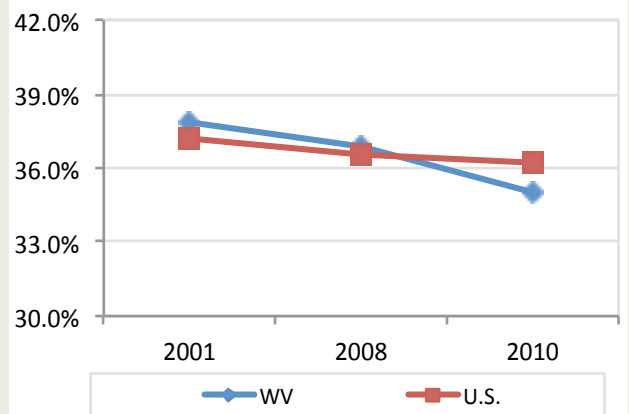
High Cholesterol



Obese



Overweight



BEHAVIORAL RISK FACTOR PREVALENCE SUMMARY

This section relates to the behavioral aspects of health in a population. Every indicator in this section has direct bearing on individual well-being, which includes physical as well as mental and emotional health.

Snapshot of Recent Data

Table 6: Behavioral Risk Factors

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Cigarette Smoking	25.2%	29.7%	29.8%	33.0%	26.8%	17.3%
Binge Drinking	10.1%	17.1%	8.9%	11.2%	9.0%	15.1%
Illicit Drug Use*	8.7%	6.5%	8.7%	8.7%	8.1%	8.9%
Lack of Exercise	27.3%	36.5%	35.1%	32.3%	32.9%	23.9%
Nutrition	80.2%	79.9%	84.3%	84.3%	83.8%	76.6%
Severe Psychological Distress	12.6%*	6.9%	12.6*	12.6%*	14.0%	11.3%

ANALYSIS SUMMARY

West Virginia and all four counties served by Cabell Huntington Hospital have high rates of poor nutritional habits, lack of exercise, cigarette smoking, and severe psychological distress; citizens of West Virginia, generally, and in most of the four counties in particular, have lower rates of binge drinking and illicit drug use than people across the country.

The higher rates of cigarette smoking in West Virginia and in all four counties probably contribute to the higher rates of lung cancer and COPD cited earlier. It is unclear why the rates of binge drinking and illicit drug use were lower statewide than nationally.

- Throughout the country, cigarette smoking is dropping but still occurs at a much higher rate throughout West Virginia than it does nationally, with Wayne County seeing the highest rate.
- The rates of reported poor nutrition in two of the four counties (Cabell and Lawrence) are actually

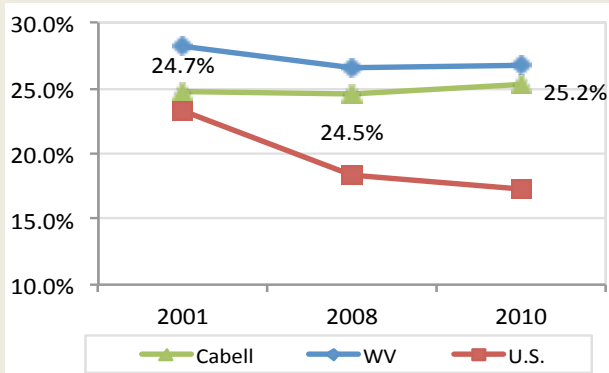
lower than statewide rate, with Lawrence County nearly equal to the national rate.

- In three of the four counties, binge drinking appears to be significantly less common than it is nationally, but in one county, Lawrence County, the rate is 113% of the national average.
- Illicit drug use is less common in West Virginia than nationally, but rates in three of the four counties (Cabell, Lincoln, and Wayne) are nearly the same as the national rate.
- West Virginians throughout the state report a lack of exercise with rates being the lowest in Cabell County (83% of the statewide rate) and the highest in Lawrence County (111% of the statewide rate).
- Although statistics are incomplete, the rates of severe psychological distress in all four counties, while still higher than the national rate, are lower than in West Virginia as a whole.

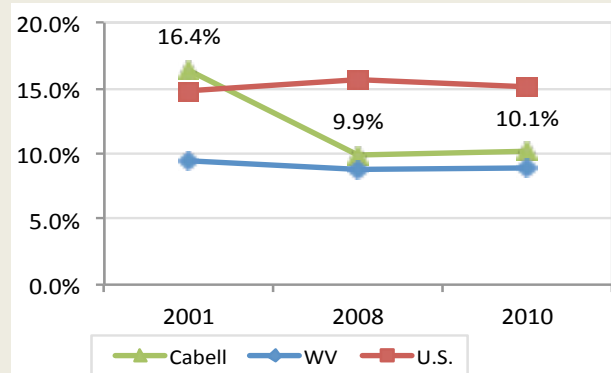
BEHAVIORAL RISK FACTOR PREVALENCE - CABELL

Trend Charts

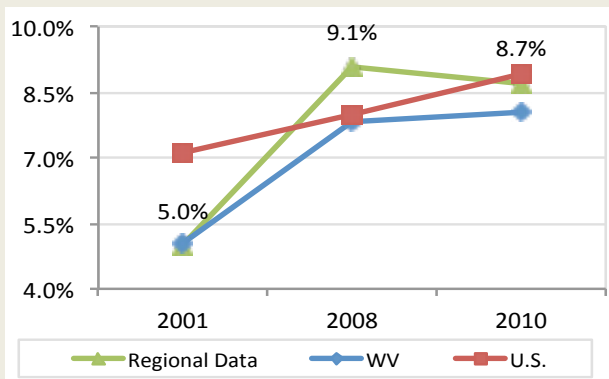
Cigarette Smoking



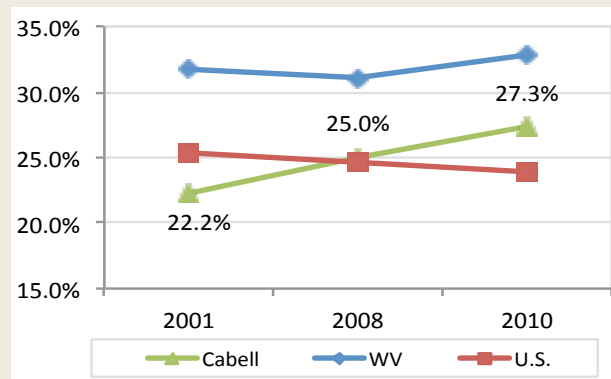
Binge Drinking



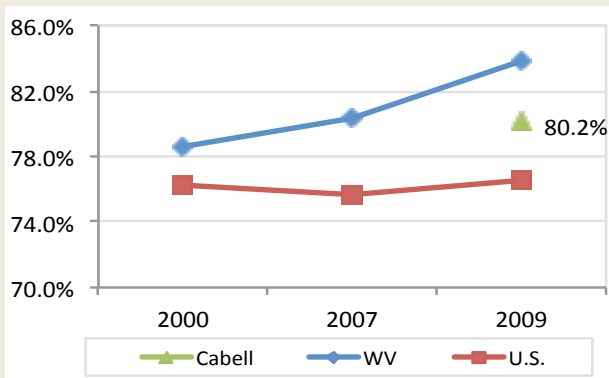
Illicit Drug Use



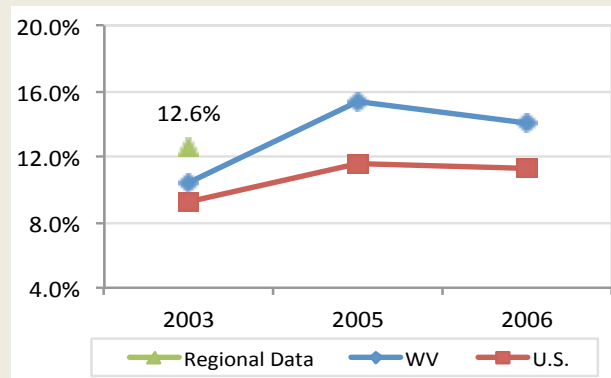
Exercise



Poor Nutrition



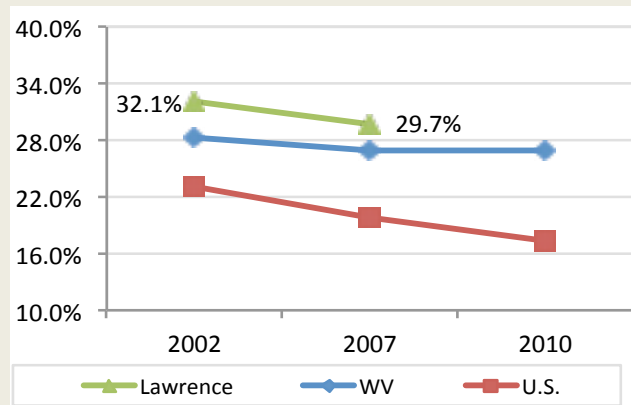
Severe Psychological Distress



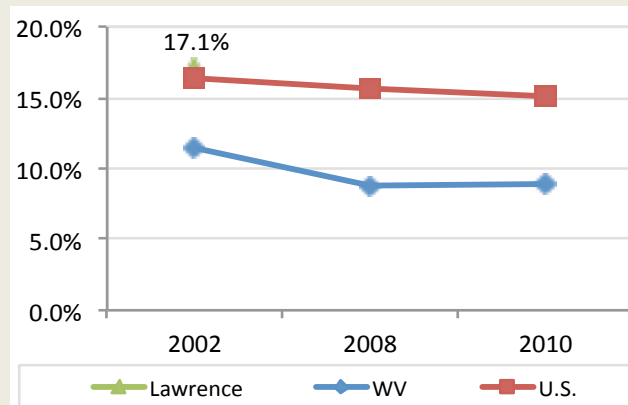
BEHAVIORAL RISK FACTOR PREVALENCE - LAWRENCE

Trend Charts

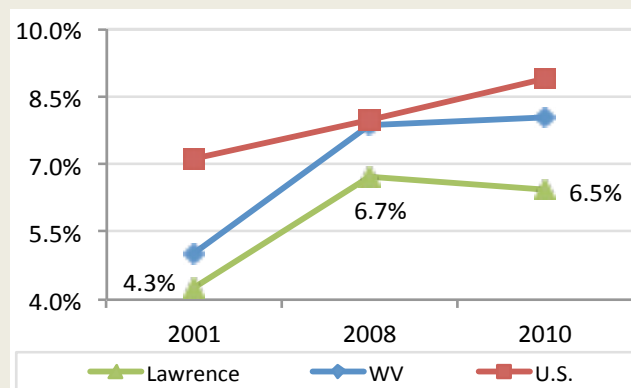
Cigarette Smoking



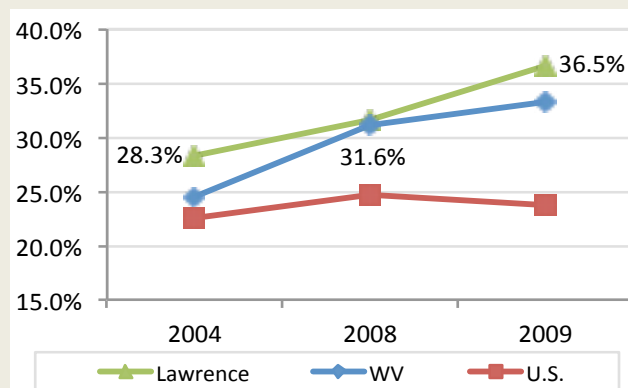
Binge Drinking



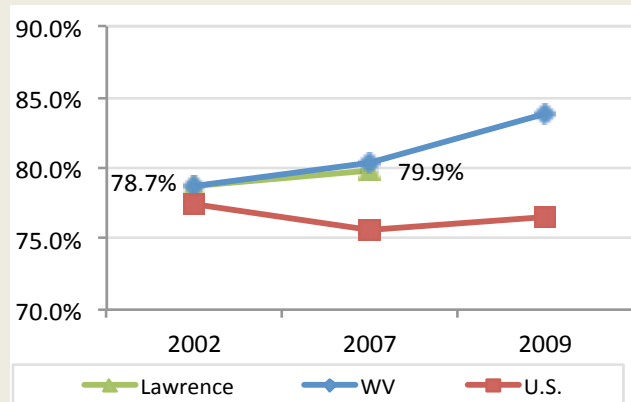
Illicit Drug Use



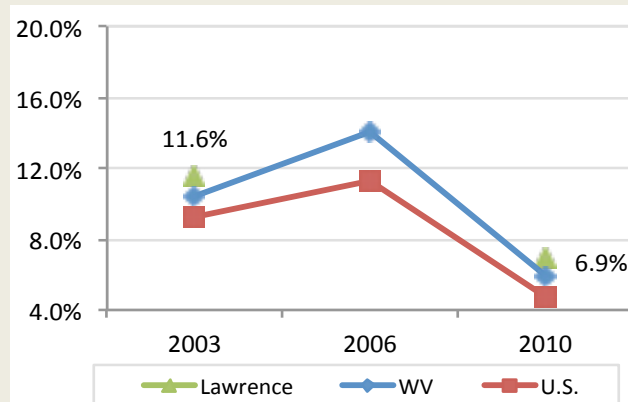
Exercise



Nutrition



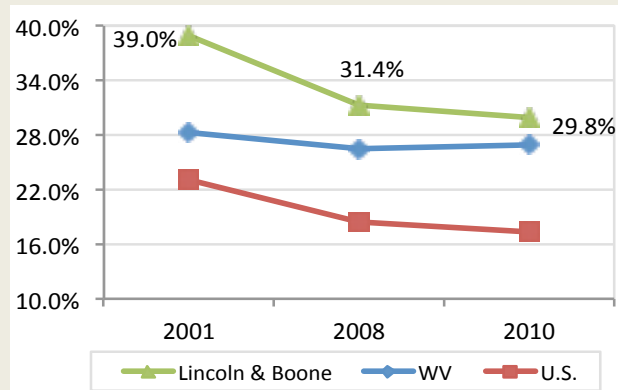
Serious Mental Illness



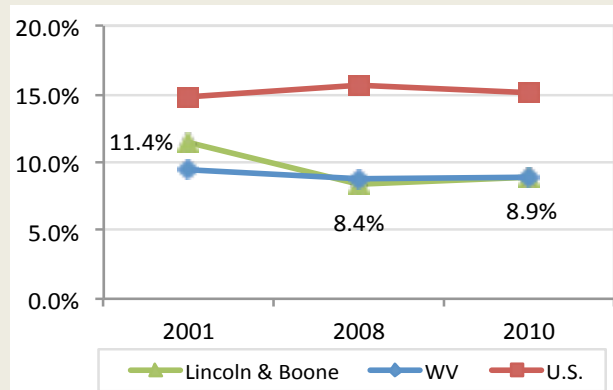
BEHAVIORAL RISK FACTOR PREVALENCE - LINCOLN

Trend Charts

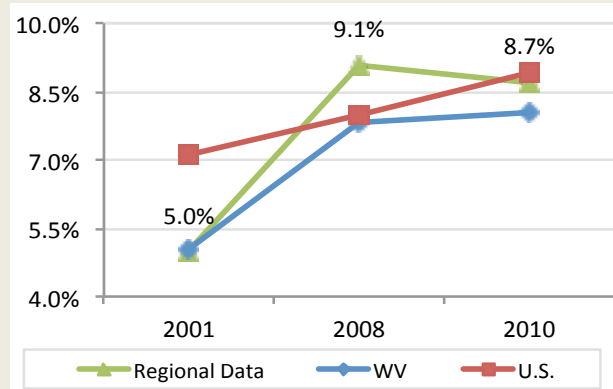
Cigarette Smoking



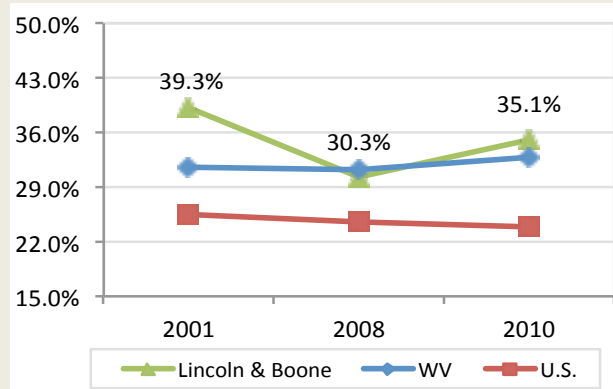
Binge Drinking



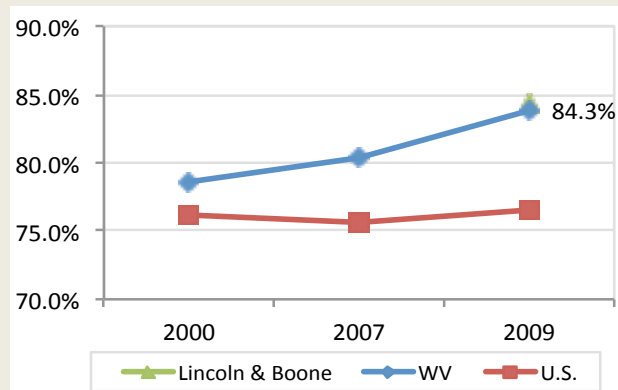
Illicit Drug Use



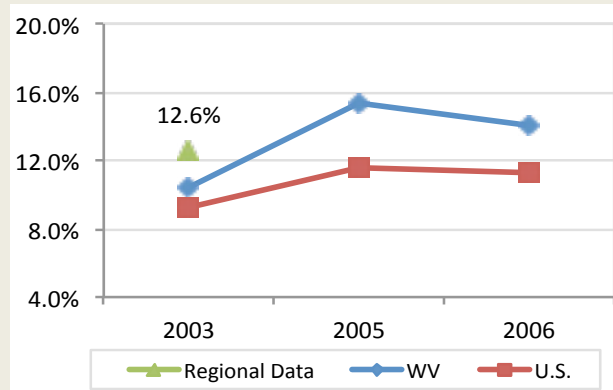
Exercise



Nutrition



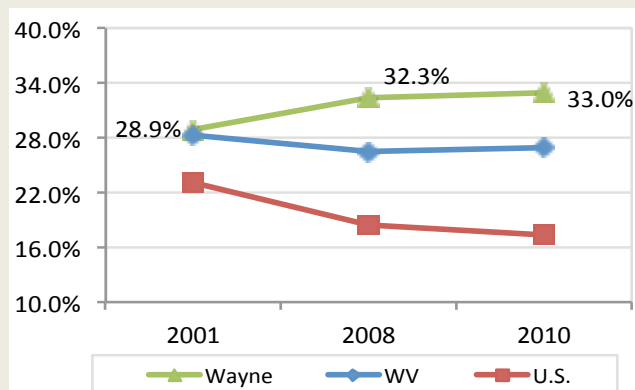
Serious Mental Illness



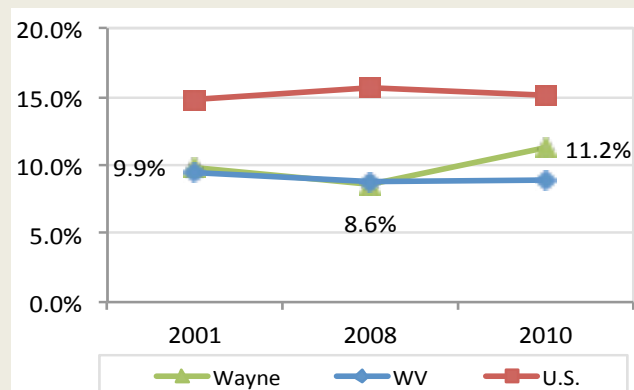
BEHAVIORAL RISK FACTOR PREVALENCE - WAYNE

Trend Charts

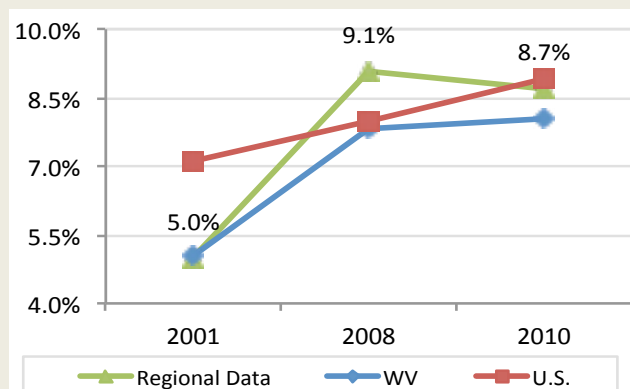
Cigarette Smoking



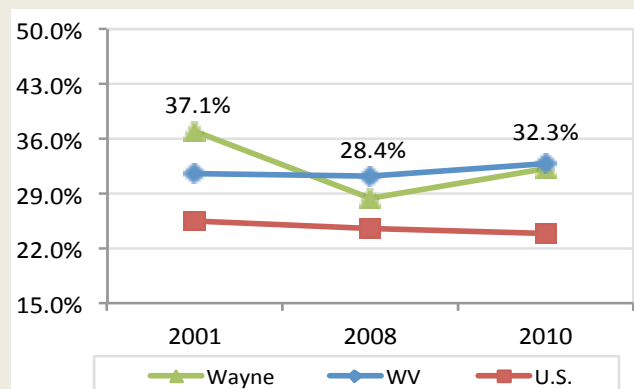
Binge Drinking



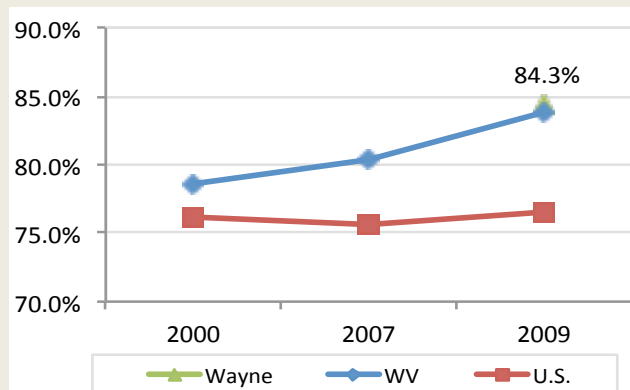
Illicit Drug Use



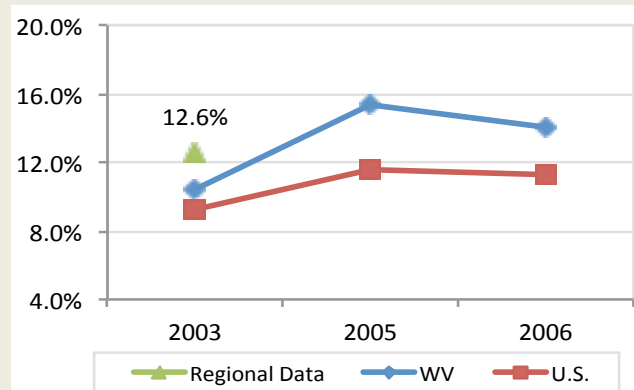
Exercise



Nutrition



Serious Mental Illness



OTHER INDICATORS SUMMARY

Both infant mortality rates and the rate of infants born to teenage mothers together illustrate the quality of life for the very young. Besides the most obvious effects of a high infant mortality rate, teenage mothers are often underserved in terms of health care and less secure financially. Infants born to teenage mothers are often more at risk for a variety of childhood dangers, from malnutrition to physical or psychological abuse.

Snapshot of Recent Data

Table 7: Other Indicators

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Infant Mortality	9.7	4.0	5.8	8.5	7.7	7.8
Teen Birth Rate	49.6	58.1	65.4	47.9	44.8	34.3

ANALYSIS SUMMARY

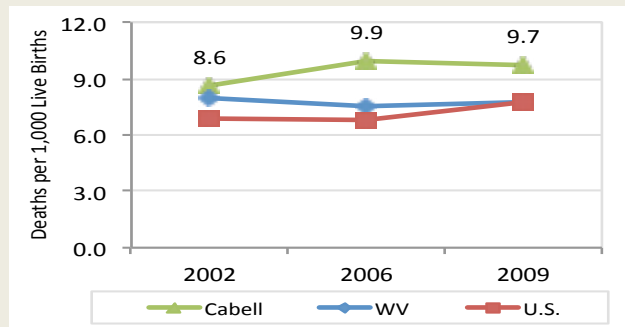
The infant mortality numbers represent the number of infants per thousand births who died at birth or soon thereafter. The teen birth rate is the number of births per 1,000 women age 15-19. Infant mortality is often used to indicate the state of health care in a nation or locality, and although some progress has been made in the last decade, the United States as a whole continues to have a higher infant mortality rate than many developed countries. The infant mortality rate in West Virginia is consistent with the United States as a whole.

- However, infant mortality rates in Cabell and Wayne counties are 124% and 109% of the national rates.
- While the teen birth rate in West Virginia is high (131% of the national average), all four counties served by Cabell Huntington Hospital have teen birth rates higher than the statewide average. In Lawrence County, which has the highest teen birth rate, the rate is 169% of the national average.

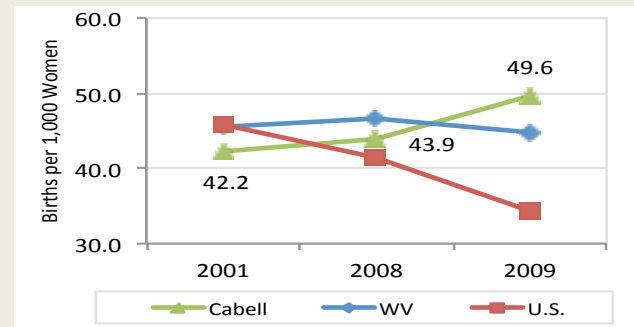
OTHER INDICATORS - CABELL

Trends Charts

Infant Mortality



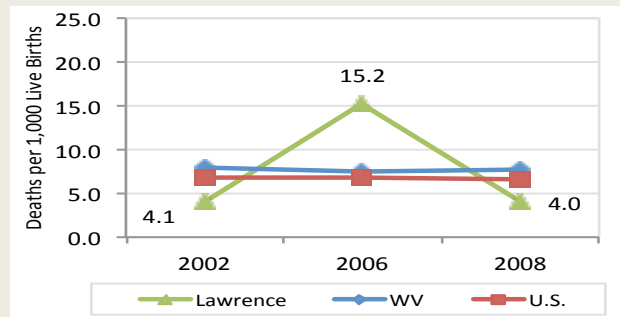
Teen Birth Rate



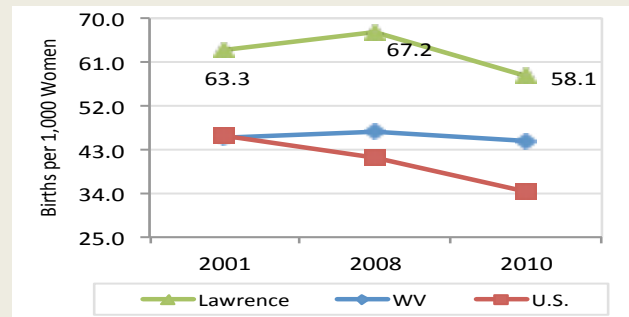
OTHER INDICATORS - LAWRENCE

Trends Charts

Infant Mortality



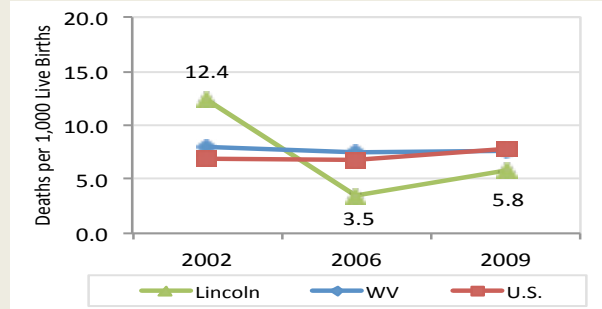
Teen Birth Rate



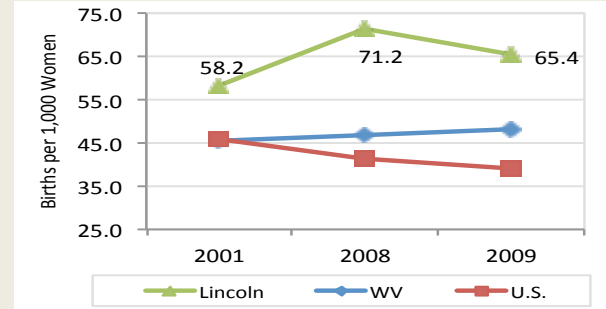
OTHER INDICATORS - LINCOLN

Trends Charts

Infant Mortality



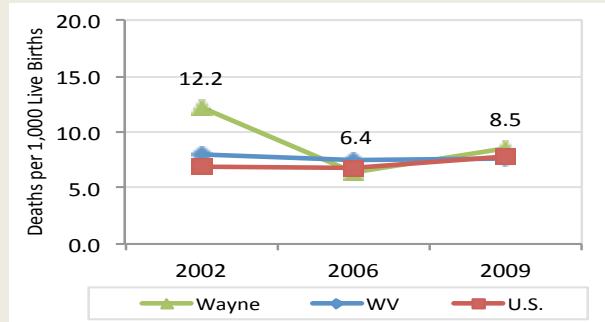
Teen Birth Rate



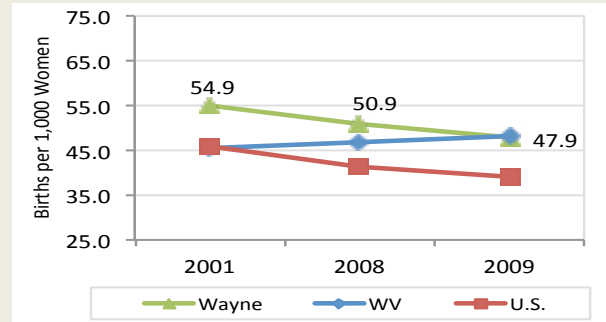
OTHER INDICATORS - WAYNE

Trends Charts

Infant Mortality



Teen Birth Rate



Priorities and Conclusions

PRIORITIES AND CONCLUSIONS

Community Priorities

The following description identifies the potential measures and resources through the CHNA to address the significant health needs. The following is a description of the potential measures and resources that have been identified through the CHNA to address those health needs identified above as significant. Staff members from Wayne, Lincoln and Cabell-Huntington Health Departments reviewed the primary and secondary data summaries for each of their respective counties to identify common themes and priority areas. The primary data summary included the survey results and key informant interview notes specific to their programs and services. Priorities for Lawrence County were interpolated by the assessment facilitators. The priority areas below repeatedly showed up in both qualitative and quantitative responses for each of the counties. The Community Priorities chart [The bar chart with red bars and labeled Health Need, Concern or Focus Area in the document we provided.] was referenced as a key indicator of the Community's preferred priorities.

1. Obesity, Nutrition and Exercise
2. Substance Abuse and Mental Health
3. Poverty, Homelessness, Unemployment
4. Tobacco Use and Smoking
5. Teen Pregnancy

Members of the planning team at Cabell Huntington Hospital also reviewed the primary and secondary data from each of the four counties in its community. Taking into account the data reviewed and the priorities identified by each of the counties, CHH identified the following priority areas: nutrition, youth obesity prevention and intervention, health and wellness screenings, and influenza vaccinations.

Staff members reviewed the primary and secondary data summaries to identify common themes and priority areas. The primary data summary included

the survey results and key informant interview notes specific to their programs and services. The priority areas below repeatedly showed up in both qualitative and quantitative responses for each of the counties.

Cabell-Huntington: County Health Priorities

- Obesity, Nutrition and Exercise
- Tobacco Use and Smoking
- Teen Pregnancy
- Substance Abuse and Mental Health
- Threat Preparedness
- Poverty, Homelessness, Unemployment

Wayne: County Health Priorities

- Obesity, Nutrition and Exercise
- Tobacco Use and Smoking
- Teen Pregnancy
- Substance Abuse
- Chronic Disease
- Poverty, Homelessness, Unemployment
- Health Education and Literacy

Lawrence: County Health Priorities

- Threat Preparedness
- Mental Health and Counseling Services
- Nutrition, Obesity and Exercise
- Tobacco Use and Smoking
- Substance Abuse
- Affordability of Health Insurance and/or Services
- Access to Health Services

Lincoln: County Health Priorities

- Teen Pregnancy
- Prenatal and Infant Health
- Obesity, Nutrition and Exercise
- Poverty, Homelessness and Unemployment
- Domestic Violence, Child Abuse and Neglect
- Substance Abuse
- Access to Health Services

Open-Ended Questions



“Endless” how
hospitals work with
the community.

KEY INFORMANT INTERVIEWS – RESPONSES TO OPEN-ENDED QUESTIONS

Cabell County

The following are selected statements from one-on-one telephone interviews from individuals living or working in Cabell County. The individuals may have viewpoints representative of the hospitals and/or Cabell-Huntington Health Department. The interviews were designed to add detail and clarification to the results of the Community Health Needs Assessment.

Positives

- Marshall University Medical Center and its relationship with the school; active county health department; competition between hospitals with advertising drives awareness about obesity, etc.
- Hospital (CHH) is extremely physician friendly – “Unusual in this day and age” to give them the tools and allow them to make decisions. It’s why physicians come to Cabell County.
- A wide variety of medical specialties that a person can go to. A lot of urban people with the University. YMCA. Student activity center encourages healthy lifestyles.
- CHH – works hard to improve quality of care – accountability takes place – work hard at expanding capabilities with improved equipment.
- They have developed a program to give advice to the obese on diet and exercise, as well as access to a bariatric surgeon. People are trying to lose the weight naturally versus going to surgery first.
- Broad range of specialty services and good hospital care
- Opportunities given to people for screenings, such as mammograms, with minimal cost or no cost
- The Ambrose Trail is a positive.
- Work with school system – Jamie Oliver – changed the complexion of how we serve food in the State
- Hospitals, especially CHH, work closely to help educate students – had Geneva Kids Health Fair – worked on multiple sclerosis education, exercising education, and washing hands/germ education; Also working on a Community Day where CHH volunteers to give children a goodie bag with stickers against poisons, etc.
- “Endless” how hospitals work with the community.
- More diversity; More specialties – they don’t have to

transfer out as much as in the past.

- Incredible medical people who work in the community from nursing to specialists.
- CHH does a ton of charity work.
- We “have an awesome medical community.”
- Level of medical care with the medical school has greatly increased in the last 20 years
- There is more awareness of health issues than ever before.
- Schools focusing on nutrition
- Seems to be more local and fresh foods – choices
- Nice facility for the CHH

Concerns

- Awareness of issues, but people ignore them in terms of obesity and tobacco use – “Behavior is very slow to change.” It’s a cultural issue.
- Obesity is #1. Increases risks associated with surgery and morbidity.
- 1. Obesity. 2. Diabetes. 3. Smoking/Tobacco.
- More obesity in Cabell County specifically and West Virginia.
- Not everyone takes advantage of the parks and rec.
- With more obesity, there is more diabetes. Fatalism with doctors who treat diabetes. They accept less stringent controls for their patients.
- High percentage of population still smoking. Need a way to impact positively. The hospital (CHH) is smoke free though. Be more proactive with trying to get people to quit.
- Need more information technology businesses; More opportunities for dedicated green space for recreation; Need more of a broad range of services such as eateries, when physicians come to the area, their spouses may not have all the services available in other communities, such as IT
- Lack of insurance. Daughter does not have health insurance and it makes it difficult to take care of herself. Also, mental health.
- “Get out to the community the importance of movement” which will “stimulate the brain.” Work with the children on how more exercise with our bodies will benefit you mentally as well. If stressed, walking and running will make an amazing difference in how they feel.
- Those without insurance, those with no means to

get medicine, and those without sufficient income.

- Access to healthcare, raising awareness that healthcare is available – do have the access.
- General lack of physical activity in the County and smoking is heavy
- “Less health conscious than other places.”
- Obesity and Smoking.
- Obesity/inactivity

Priorities

- Diet and Exercise. People will feel the benefits of wellness and will be more likely to quit smoking, etc.
- Going in the right direction by getting rid of vacated housing – causes neighborhoods to go downhill. Noticed when a house is foreclosed, it sits for 2 years and by the time anything is done, it becomes a health issue with high grass, mold, and vermin. Doesn’t understand letting the houses sit – it brings values down and puts others at risk.
- Certainly a disconnect between available health care and those that need health care. There is a way for everyone to receive health care, even those with little money through charity care. People can afford to do many things, but health care is not a priority to them. Need to get the availability of care to those that need it.
- Obesity – need to get control of child and adult obesity.
- Good access to care even though somewhat rural, Technology is a priority – patient should be able to access information – website; Better community education on illnesses such as obesity, diabetes, heart disease, stroke – more prevention and wellness programs
- Make it “all inclusive,” from children to elderly. Faith in Action is a good program that has volunteers to take the elderly to doctor’s appointments.
- Also a priority should be to encourage exercise. Amazed at how few sidewalks in Huntington. It’s the property owner’s responsibility to take care of the sidewalks, and it is expensive and people can’t afford to put in or repair sidewalks. It’s also dangerous and a safety concern because of the accessibility. In her previous city, the city took care of the sidewalks.



CHH embraces its people, whether a patient or visiting a patient. They are working really hard to make you feel welcome and a part of the community.

- More funds to work with giving teachers the opportunity to implement what needs addressed. All work together to educate.
- A priority could be a forum to discuss what works well and what needs to be done differently. All stakeholders working together results in a positive change – need everybody.
- Homeless people and those people with no means to pay for medicine.
- School system should address tobacco use and dietary education.
- Healthy environment to support good health practices (example, bike lanes)
- Biggest issue recently has been substance abuse – hear more about prescription drugs – and paternal issues.
- A lot of issues seem to be around this – truancy, school dropout, tough to be in school with home issues. I have seen first-hand, the challenges in the school system—the family stories are tough.

General Comments

- We are “scratching the surface of providing information on wellness.” We’ve got a lot of work to do there.
- CHH – Top subspecialties of joint replacement and orthopedics. Thinks of the ER and Bariatric.
- CHH communicates very well with him.
- Feels organizations such as SMMC and CHH work together by trading off on trauma days, which is a wonderful thing. They work together, but they also compete.
- The hardest thing to deal with is grief. The grace/grief group is not well attended at the hospital (SMMC), but she thinks this is saturated in Huntington so many organizations offer grief sessions, which is a good thing.
- Goes “incognito” or “undercover” to other hospitals and other healthcare facilities, and she notices that CHH embraces its people, whether a patient or visiting a patient. They are working really hard to make you feel welcome and a part of the community. The hospital comes to you. For example, when the health place in the mall opened, CHH made sure that every child from Geneva Kent could attend the ribbon cutting. Also, retired teachers volunteer. CHH has exhibited itself in such a way that people want to be a part of it.
- The community is very aware of CHH, and the hospital communicates very well.
- Thinks CHH should be more of a resource in the community — a strong resource.

LINCOLN COUNTY

The following are selected statements from one-on-one telephone interviews from individuals living or working in Lincoln County. The interviews were designed to add detail and clarification to the results of the Community Health Needs Assessment.

Positives

- The main positive is the healthier lunches for kids at schools.
- “More people asking questions about what they can do to improve their health.” More of an interest in the community.
- Positives include the medical facilities, facilities in schools, public transportation for those without a vehicle to get to doctor’s appointments.
- Lincoln Primary Care Clinic – without them, they would really be in desperate shape, also have a school based health clinic
- LCHD is very visible in the community, citing the Kindergarten recreation event, in which the LCHD had a table and met with children and the family.
- Organizations in the County work well together. There are new coalitions that have been formed, and the agencies are represented well in the community.
- The community is very aware of the services of the Health Department, and they have excellent communication.
- The organizations work very well together, and regional folks offer funding to address needs. The Lincoln Primary Care Center writes grants.

Concerns

- The Health Department should give free flu shots to everyone.
- Even though more people are concerned about their health, still feels more people need to “buy in” and expand knowing about health issues.
- Awareness needs to be increased.
- Concerns for community include 1) High diabetes 2) High substance abuse and 3) Obesity.
- Obesity and Smoking

Priorities

- The community needs more facilities for exercise and athletics.
- Proper diet is a concern/priority.

- Physical activity and nutrition are areas of importance that need addressed. People need to increase awareness of what they are eating. Many people still cook as Grandma used to cook with a lot of fried foods because it’s the south.
- Priorities include increasing awareness of nutrition and physical activity. People need to understand the alternative methods for exercise and where they can find a place to exercise. We need an increase in community centers offering activities for exercise.
- Priorities in the community include more forums and public events about diabetes, dangers of substance abuse, and obesity. A lack of funding is also an issue.
- Obesity and Smoking Cessation should be priorities because of their relationship with heart disease, diabetes, and hypertension.

General Comments

- “The health department is more active than it used to be.”
- They worked with the Health Department and coordinated with them on an emergency plan.
- The organizations in the county are working fairly well together. “It’s getting better.” Said the recent power outages in the State have made the community work together more.
- Most people are aware of the Health Department, but works in a healthcare clinic so said might be biased.
- Has good experience working with the LCHD, and said they work together well, especially with the Derecho and snow in October.
- More individuals need to be trained to get out into different areas of the County. The Health Department has a limited # of staff, and the County needs more trained volunteers to go and get the County active.
- H.D. – thinks of immunizations and inspections – work with certifying the swimming pool
- Organizations work pretty well together – just need good leadership once you understand the problems
- The visibility of the Health Department is not as high as it could be. The Clinic really dominates the field in the area.
- The community needs a lot of work to improve the situation, and is glad that the Lincoln County Health Department is taking on the challenge.



More concern as
you move away
from Huntington,
the outskirts of
Wayne are more
concerning

WAYNE COUNTY

The following are selected statements from one-on-one telephone interviews from individuals living or working in Wayne County. The interviews were designed to add detail and clarification to the results of the Community Health Needs Assessment.

Positives

- Good health department offering good services
- Opportunities with State Forest, lakes, and parks to get outside and make yourself exercise.
- Great in-home healthcare system through the Health Department and Social Services.
- Immunizations and shots are a positive by the Health Department.
- Violence is down.
- Peaceful and quiet, low crime, nice neighborhood.
- Have a good senior citizens program in the county from what I know, a number of activities for them.
- Dedicated staff of the Health Department to provide healthcare services – great staff – the Health Department's biggest asset.
- Organizations work together very well.
- The Health Department is very open.
- The WCHD is very well attended by residents, especially for low income residents, so the public is very aware of the Health Department.
- Organizations work very well together.
- The Health Department is very "community oriented." They attend coalition meetings, have PSAs in the newspaper, and use social media. They are "really community involved."
- Organizations work well together.

Concerns

- South of Wayne – the living conditions are poor, sewage and garbage is a big problem
- Prescription pill addiction – "rotting from the inside out." Obesity problem and still have a high number of smokers, which leads to heart disease and lung disease. Diabetes is also a problem.
- Substance abuse, Tobacco use, and Obesity.
- Addressing the drugs and prostitution. It is not as open and in your face as it used to be.
- More concern as you move away from Huntington, the outskirts of Wayne are more concerning

- Wayne County lacks access to preventive education, not doing as much from my view to educate the citizens of good health practices, healthy eating. Would think this should start with the kids.
- Many of our citizens have to travel outside the county to get health care.
- Substance abuse is a critical negative issue – this is especially true in prescription drugs misuse – use to be a safe county, not so much as before with break-in and crime, a lot related to drugs—this is eating up our people, it is a real concern.
- There is really no good place for people, especially seniors to walk in the county or get outdoor exercise in an area dedicated to it.
- Real lack of transportation in our county.
- Accessibility to the Health Department could be improved, need more advertising on services available at the Health Department, which would be beneficial to the public, and need to get out more into the rural areas of Wayne County
- Need more educational activities and a focus on the elderly with their health issues – also educate on what resources are available in the County.
- “Wayne doesn’t really have a lot.”
- The hospitals are addressing the issues as they come, but the problem is portability.
- County, especially the town of Wayne has lost a lot of what it had.

Priorities

- Help the south of the county, the north area is a bedroom community of Huntington, but the south is an older community with no employment opportunities and poor educational opportunities.
- If it is possible, the Health Department should probably set up a satellite clinic in the south, where transportation is poor and offer services there.
- Increased opportunities for hiking trails and walking trails and also community based exercise facilities/ gyms. In the southern part of Wayne, there is not even a for profit exercise facility – no physical activity opportunities.
- Clean indoor air; Youth and obesity – through education and youth programs
- Urgent care center – don’t have to go to Huntington for stitches or cold medicine – but don’t want a pill mill, but a place to get antibiotics
- Getting out into the rural community and educating the public.
- Would like to see more rehab places for addicts. They now have a drug court – instead of just locking up in jail, send them to rehab to get help and hopefully stop using.

General Comments

- Health Department – “a well-kept secret.” Very slim budget. There is so much they could and would do, but underutilized in the community. People don’t know they can get shots or blood tests at the health department. It struggles to operate because of lack of funding. Maybe cure with advertisement.
- When she thinks of the Health Department, she thinks of health screenings available to those who are uninsured or underinsured.
- The community used to be well aware of WCHD, but now it seems the advertisements have gone down.
- Not up on the current practices of the Health Department, but says “I’m glad we have a health department.”
- Think WCHD can raise awareness that they are there.
- As to the Huntington Hospitals, hear a lot about them, they seem to both have good programs, think people in our area tend to go where their doctor practices.
- Would like to see them do some health screenings, I would send my employees there if they did and we knew about it, I think they might consider doing this in a mobile fashion to get in the more rural areas. Again, there should be more focus on education regarding health and wellness.
- Best way to communicate is through email. The agencies should have activity schedules or a monthly calendar of events and clinics.

Appendix

SURVEY SHORT FORM

CABELL-HUNTINGTON HEALTH DEPARTMENT

CABELL HUNTINGTON HOSPITAL

ST. MARY'S MEDICAL CENTER

Hello, the above organizations are working together to hear your voice concerning your county's health and well-being. Please take this 10-minute survey which gives you the unique opportunity to provide insight into what you think are the most important and pressing health needs of the county. We will combine your responses in a summary Community Health Needs Assessment report. **Thanks!**

Please check your current residence county.

☐ Cabell

☐ Lawrence (OH)

☐ Lincoln

☐ Wayne

☐ Other _____

About Your County

1. On the following scale, how would you rate the present state of health and well-being for your county as a whole (consider general quality of life, non-smoking, exercise, access to quality foods, sick days, environmental safety, etc.)?

☐ Poor

☐ Fair

☐ Good

☐ Very good

☐ Excellent

2. What are the 2 or 3 most positive things that make your county a healthy place to live?

3. What are the top 2 or 3 priorities that should be addressed to improve the health and well-being of your county?

4. How often do you go outside your county for any of the following?

	Never	Sometimes	Often	Always
a. Family Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Specialty Physicians and Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospital – Inpatient and Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency Department or Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health Education and/or Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rehabilitation including Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Laboratory Testing and Diagnostics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Prescription Drugs and Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list the reasons why you go outside your county for health services, if applicable, or other related comments.

5. What is the best way for the health department and the nearby hospitals to provide you with health education and tell you about available health programs and services for your county?

6. What should each of the following organizations do to improve the health and well-being of citizens in your county?

Your Local County Health Department:

Hospitals (Cabell Huntington Hospital and St. Mary's Medical Center):

Other organizations, please specify:

SURVEY SHORT FORM

County Health Priorities										
7. Please rate the importance and effectiveness of <u>current efforts</u> in your county for the following health needs, concerns or focus areas on a scale ranging from 1 to 5. Circle the number for how important it is to your county: 1 = very unimportant up to a 5 = very important and how effective are organizations in your county at addressing it: 1 = very ineffective up to a 5 = very effective. Circle NS , if not sure of effectiveness.										
Health Need, Concern or Focus Area (consider for all ages from youth to seniors)	Importance 1 = very unimportant 5 = very important					Effectiveness 1 = very ineffective 5 = very effective				
a. Access to Health Services (Ability to Get Care You Need, Including Transportation)	1	2	3	4	5	1	2	3	4	5 NS
b. Affordability of Health Insurance and/or Services	1	2	3	4	5	1	2	3	4	5 NS
c. Chronic Disease Treatment (Asthma, Cancer, Diabetes, Heart Disease, etc.)	1	2	3	4	5	1	2	3	4	5 NS
d. Communicable & Infectious Disease (Hepatitis, HIV, STDs, etc.)	1	2	3	4	5	1	2	3	4	5 NS
e. Domestic Violence, Child Abuse & Neglect	1	2	3	4	5	1	2	3	4	5 NS
f. Environmental Safety (Air, Food, Water, etc.)	1	2	3	4	5	1	2	3	4	5 NS
g. Health Education & Literacy (Understanding Health Information & Medications)	1	2	3	4	5	1	2	3	4	5 NS
h. Injuries, Accidents & Community Safety	1	2	3	4	5	1	2	3	4	5 NS
i. Long Term Care & Aging Population	1	2	3	4	5	1	2	3	4	5 NS
j. Mental Health & Counseling Services (Addictions, Anxiety, Depression, Suicide)	1	2	3	4	5	1	2	3	4	5 NS
k. Nutrition and Obesity (Healthy Eating, Weight Control, Access to Quality Foods)	1	2	3	4	5	1	2	3	4	5 NS
l. Obesity and Exercise (Physical Activity, Recreation Opportunities, etc.)	1	2	3	4	5	1	2	3	4	5 NS
m. Oral Health & Dental Services	1	2	3	4	5	1	2	3	4	5 NS
n. Poverty, Homelessness & Unemployment	1	2	3	4	5	1	2	3	4	5 NS
o. Prenatal & Infant Health	1	2	3	4	5	1	2	3	4	5 NS
p. Prevention Services (Immunizations, Screenings, etc.)	1	2	3	4	5	1	2	3	4	5 NS
q. Substance Abuse (Alcohol, Illegal Drugs, Prescription Drugs, Underage Drinking)	1	2	3	4	5	1	2	3	4	5 NS
r. Teen Pregnancy	1	2	3	4	5	1	2	3	4	5 NS
s. Threat Preparedness (Bio-terrorism, Infectious Disease Outbreak, Pandemic)	1	2	3	4	5	1	2	3	4	5 NS
t. Tobacco Use & Smoking	1	2	3	4	5	1	2	3	4	5 NS
u. Other (Specify & Rate) _____	1	2	3	4	5	1	2	3	4	5 NS
About You										
8. On the following scale, how would you rate <u>your</u> present state of health and well-being (consider general quality of life, non-smoking, exercise, access to quality foods, sick days, environmental safety, etc.)?										
<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent										
9. To help better understand the results based on a few key variables, we request the following information.										
Primary Residence:					Gender:					
Zip Code _____ (List Hometown, if zip code unknown: _____)					<input type="checkbox"/> Male <input type="checkbox"/> Female					
Age:			Education:			Annual Household Income:				
<input type="checkbox"/> ≤ 19 years <input type="checkbox"/> 20 - 34 years <input type="checkbox"/> 35 - 44 years <input type="checkbox"/> 45 - 64 years <input type="checkbox"/> 65 and older			<input type="checkbox"/> Less than high school diploma <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree			<input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000 - \$29,999 <input type="checkbox"/> \$30,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> Greater than \$200,000				
Race/Ethnicity			Your Health Insurance (Check all that apply):			Employment Status:				
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other			<input type="checkbox"/> Employer sponsored (At work) <input type="checkbox"/> Individual (Paid 100% by you) <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> None			<input type="checkbox"/> Employed Full Time/Part Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work/Disabled <input type="checkbox"/> Student <input type="checkbox"/> Unemployed				

SURVEY LONG FORM

CABELL-HUNTINGTON HEALTH DEPARTMENT

CABELL HUNTINGTON HOSPITAL

ST. MARY'S MEDICAL CENTER

Hello, the above organizations are working together to hear your voice concerning your county's health and well-being. Please take this survey which gives you the unique opportunity to provide insight into what you think are the most important and pressing health needs of the county. We will combine your responses in a summary Community Health Needs Assessment report. **Thanks!**

Please check your current residence county.

☐ Cabell ☐ Lawrence (OH) ☐ Lincoln ☐ Wayne ☐ Other _____

About Your county

1. On the following scale, how would you rate the present state of health and well-being for your county as a whole (consider general quality of life, non-smoking, exercise, access to quality foods, sick days, environmental safety, etc.)?

☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

2. What are the 2 or 3 positive things that make your county a healthy place to live?

3. What are the top 2 or 3 priorities that should be addressed to improve the health and well-being of your county?

4. How often do you go outside your county for any of the following?

	Never	Sometimes	Often	Always
a. Family Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Specialty Physicians and Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospital – Inpatient and Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency Department or Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health Education or Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rehabilitation including Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Laboratory Testing and Diagnostics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Prescription Drugs and Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list the most common reasons why you go outside your county for health services, if applicable, or other related comments.

About Cabell-Huntington Health Department (Leave blank, if not applicable)

5. a. Regarding the health and well-being of your county, when you hear the name **Cabell-Huntington Health Department**, what comes to your mind first?

- b. What specific community activities are you aware of that **Cabell-Huntington Health Department** does or has done that benefit the health and well-being of citizens in your county?

SURVEY LONG FORM

- c. What should **Cabell-Huntington Health Department** do in the future to improve the health and well-being of citizens in your county?

About Cabell Huntington Hospital

6. a. Regarding the health and well-being of your county, when you hear the name **Cabell Huntington Hospital**, what comes to your mind first?
- b. What specific community activities are you aware of that **Cabell Huntington Hospital** does or has done that benefit the health and well-being of citizens in your county?
- c. What should **Cabell Huntington Hospital** do in the future to improve the health and well-being of citizens in your county?

About St. Mary's Medical Center

7. a. Regarding the health and well-being of your county, when you hear the name **St. Mary's Medical Center**, what comes to your mind first?
- b. What specific community activities are you aware of that **St. Mary's Medical Center** does or has done that benefit the health and well-being of citizens in your county?
- c. What should **St. Mary's Medical Center** do in the future to improve the health and well-being of citizens in your county?

SURVEY LONG FORM

County Health Priorities												
<p>8. Please rate the importance and effectiveness of <u>current efforts</u> in your county for the following health needs, concerns or focus areas on a scale ranging from 1 to 5. Circle the number for how important it is to your county: 1 = very unimportant up to a 5 = very important and how effective are organizations in your county at addressing it: 1 = very ineffective up to a 5 = very effective. Circle NS, if not sure of effectiveness.</p>												
Health Need, Concern or Focus Area (consider for all ages from youth to seniors)		Importance 1 = very unimportant 5 = very important					Effectiveness 1 = very ineffective 5 = very effective					
a.	Access to Health Services (Ability to Get Care You Need, Including Transportation)	1	2	3	4	5	1	2	3	4	5	NS
b.	Affordability of Health Insurance and/or Services	1	2	3	4	5	1	2	3	4	5	NS
c.	Chronic Disease Treatment (Asthma, Cancer, Diabetes, Heart Disease, etc.)	1	2	3	4	5	1	2	3	4	5	NS
d.	Communicable & Infectious Disease (Hepatitis, HIV, STDs, etc.)	1	2	3	4	5	1	2	3	4	5	NS
e.	Domestic Violence, Child Abuse & Neglect	1	2	3	4	5	1	2	3	4	5	NS
f.	Environmental Safety (Air, Food, Water, etc.)	1	2	3	4	5	1	2	3	4	5	NS
g.	Health Education & Literacy (Understanding Health Information & Medications)	1	2	3	4	5	1	2	3	4	5	NS
h.	Injuries, Accidents & Community Safety	1	2	3	4	5	1	2	3	4	5	NS
i.	Long Term Care & Aging Population	1	2	3	4	5	1	2	3	4	5	NS
j.	Mental Health (Addictions, Anxiety, Depression, Suicide)	1	2	3	4	5	1	2	3	4	5	NS
k.	Nutrition and Obesity (Healthy Eating, Weight Control, Access to Quality Foods)	1	2	3	4	5	1	2	3	4	5	NS
l.	Obesity and Exercise (Physical Activity, Recreation Opportunities, etc.)	1	2	3	4	5	1	2	3	4	5	NS
m.	Oral Health & Dental Services	1	2	3	4	5	1	2	3	4	5	NS
n.	Poverty, Homelessness & Unemployment	1	2	3	4	5	1	2	3	4	5	NS
o.	Prenatal & Infant Health	1	2	3	4	5	1	2	3	4	5	NS
p.	Prevention Services (Immunizations, Screenings, etc.)	1	2	3	4	5	1	2	3	4	5	NS
q.	Substance Abuse (Alcohol, Illegal Drugs, Prescription Drugs, Underage Drinking)	1	2	3	4	5	1	2	3	4	5	NS
r.	Teen Pregnancy	1	2	3	4	5	1	2	3	4	5	NS
s.	Threat Preparedness (Bio-terrorism, Infectious Disease Outbreak, Pandemic)	1	2	3	4	5	1	2	3	4	5	NS
t.	Tobacco Use & Smoking	1	2	3	4	5	1	2	3	4	5	NS
u.	Other (Specify & Rate) _____	1	2	3	4	5	1	2	3	4	5	NS
<p>9. Please think about the following community services and rate the importance of each for citizens in your county on a scale ranging from 1 to 5. Circle the number for how important it is to your county: 1 = very unimportant up to a 5 = very important.</p>												
Community Service		1 = Very Unimportant	2 = Unimportant	3 = Neutral	4 = Important	5 = Very Important						
a.	Alcohol and substance abuse programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
b.	Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
c.	Crime prevention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
d.	Free or reduced fee clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
e.	Free or reduced fee dental clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
f.	Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
g.	Job training/employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
h.	Neighborhood services (property upkeep, noise & traffic control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
i.	Poverty relief programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
j.	Services for and care of the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
k.	Services for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
l.	Youth programs (such as after school, summer, weekends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

SURVEY LONG FORM

10. Regarding the local community or neighborhood where you live, what would you say is its biggest problem?

11. How prepared do you think your county is to face a public health emergency (bio-terrorism, infectious disease outbreak, pandemic)?

- ☐ Very prepared ☐ Somewhat prepared ☐ Not very prepared ☐ Not at all prepared ☐ Don't know/not sure

12. How prepared do you think you and your family are to face a public health emergency (bio-terrorism, infectious disease outbreak, pandemic)?

- ☐ Very prepared ☐ Somewhat prepared ☐ Not very prepared ☐ Not at all prepared ☐ Don't know/not sure

About General Health Issues, Topics and Barriers

13. What do you think are the concerns that keep you or other citizens in your county from getting the health care they need? Please check all that you think apply.

- ☐ No health insurance
☐ Too expensive/can't afford it
☐ Couldn't get an appointment with the needed doctor
☐ No transportation
☐ Doctor is too far away from home
☐ Medical specialties or services that are not available at nearby hospitals (Cabell Huntington Hospital and St. Mary's Medical Center)
☐ Local doctors are not on my insurance plan
☐ Other, please list _____

14. What are your primary sources for medical and general health information? Please check all that apply.

- ☐ Friends, family, neighbors
☐ Church or other social, civic group
☐ School
☐ Local or community newspaper, magazine, TV
☐ Doctor, nurse, pharmacist
☐ Internet searching (medical site, general, email service)
☐ County health department
☐ Hospital publications
☐ At work
☐ Health fairs, special clinics, community events
☐ Books
☐ Radio
☐ Notice in the mail, pamphlets, flyers
☐ Nearby hospital or health facility website
☐ Other, please list _____

SURVEY LONG FORM

15. If you use a computer, tablet, or mobile device for obtaining health and wellness information, how do you usually access or select the information you want or need?

16. What is the best way for the health department and the nearby hospitals to provide you with health education and tell you about available health programs and services for your county?

17. Who or what influences you the most for each of the following:

a. Obtaining healthcare at nearby hospitals (Cabell Huntington Hospital and St. Mary's Medical Center)?

b. Specific information on health and wellness?

c. Eating healthy and better nutrition?

d. Participating in physical activity and exercising?

e. Participating in improving the health or wellness in your county?

18. What healthcare, health education or public health programs or services would you like to see your county offer in the next 1 to 2 years?

19. Does your employer offer a worksite wellness program?

☐ Yes

☐ No

SURVEY LONG FORM

20. Would/do you participate in health promotion or wellness programs at work, if offered?

- ☐ Yes
- ☐ No

21. If yes, check what you would be willing to contribute annually to a health promotion or wellness program at work.

- ☐ \$0
- ☐ Less than \$100
- ☐ \$100 - \$250
- ☐ \$250 - \$500

About You

22. On the following scale, how would you rate your present state of health and well-being (consider general quality of life, non-smoking, exercise, access to quality foods, sick days, environmental safety, etc.)?

- ☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

23. What would be most beneficial for you to do, if anything, to improve you or your family's health or well-being?

24. Where do you primarily go for routine healthcare?

- ☐ Doctor's office
- ☐ County Health Department
- ☐ Free community clinic
- ☐ Emergency room
- ☐ Urgent care clinic
- ☐ Hospital specialty clinic or outpatient service
- ☐ Clinic in a grocery or drug store
- ☐ Rely on home-based services
- ☐ Internet/Web
- ☐ I do not receive routine healthcare
- ☐ Other (please specify _____)

25. What 1 or 2 health issues come to mind that are not being fully addressed or being done (unmet need) in your county that most concern you or your family?

SURVEY LONG FORM

26. To help better understand the results based on a few key variables, we request the following information.

Primary Residence:

Zip Code _____ (List Hometown, if zip code unknown: _____)

Gender:

☐ Male ☐ Female

Age:

- ☐ ≤ 19 years
- ☐ 20 - 34 years
- ☐ 35 - 44 years
- ☐ 45 - 64 years
- ☐ 65 and older

Education:

- ☐ Less than high school diploma
- ☐ High school diploma/GED
- ☐ Some college
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate Degree

Annual Household Income:

- ☐ Less than \$15,000
- ☐ \$15,000 - \$29,999
- ☐ \$30,000 - \$49,999
- ☐ \$50,000 - \$99,999
- ☐ \$100,000 - \$199,999
- ☐ Greater than \$200,000

Race/Ethnicity

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic
- ☐ White or Caucasian
- ☐ Other

Your Health Insurance (Check all that apply):

- ☐ Employer sponsored (At work)
- ☐ Individual (Paid 100% by you)
- ☐ Medicare
- ☐ Medicaid
- ☐ Other
- ☐ None

Employment Status:

- ☐ Employed Full Time/Part Time
- ☐ Homemaker
- ☐ Retired
- ☐ Unable to work/Disabled
- ☐ Student
- ☐ Unemployed

What did we miss?

27. What did we not ask that we should have? If there are areas you wish to comment on that we missed regarding the health and well-being of your county, please do so here.

Glossary



Cabell Huntington
Hospital
Your Partners for Life

GLOSSARY

A

Access to Health Services

The timely use of personal health services to achieve the best possible outcomes.” It can include, but is not limited to, availability of information, care, public or private insurance coverage, transportation, culturally and linguistically competent care, and other factors that affect personal and cultural decisions related to seeking health care services.

Assessment

One of public health’s three core functions, the others are policy development and assurance. It is the regular collection, analysis and sharing of information about health conditions, risks and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.

Asset Mapping

A tool for mobilizing community resources. It is the process by which the capacities of individuals, civic associations, and local institutions are inventoried.

B

Behavioral Risk Factors

Behaviors which are believed to cause, or to be contributing factors to, accidents, injuries, disease, and death during youth and adolescence and significant morbidity and mortality in later life.

C

Capacity

The ability of an individual, organization or system to effectively complete specific tasks over time and across issues.

CDC

The Centers for Disease Control and Prevention.

Coalition

A group of individuals and/or organizations that join together for a common purpose.

Communicable Disease

An illness which is caused by a specific infectious agent or its toxic products and which arises through transmission of that agent or its products from a reservoir to a susceptible host – either ‘directly’, as from an infected person or animal, or ‘indirectly’, through the agency of an intermediate plant or animal host, vector, or the inanimate environment.

Community

The aggregate of persons with common characteristics such as geographic, professional, cultural, racial, religious, or socio-economic similarities; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds.

Community Health

A perspective on public health that assumes community to be an essential determinant of health and the indispensable ingredient for effective public health practice. It takes into account the tangible and intangible characteristics of the community, its formal and informal networks and support systems, its norms and cultural nuances, and its institutions, politics, and belief systems.

Community Health Needs

Traditionally defined as the gaps and deficiencies identified through a community health assessment that needs to be addressed. However, there is increasing recognition that gaps and deficiencies must be balanced with recognition of building on strengths identified in the community.

Community Health Needs Assessment (CHNA)

The Department of Health (DOH) requests that each county prepare a community health needs assessment on a regular basis, usually every four years. The community health needs assessment, or CHNA, identifies those health issues of most concern in the county. Among those issues, a smaller number usually are selected as priority health issues. For those priority health issues, additional detail is provided, additional data collection occurs, stakeholders are identified and invited to participate, and action items are formulated. Progress is charted over the next four years and reported on in the next CHNA document.

County Health Department

An administrative or service unit of local or state government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than the state. Functionally, a local (county, multicounty, municipal, town, other) health agency, operated by local government, often with oversight and direction from a local board of health, that carries out public health's core functions throughout a defined geographic area. A more traditional definition is an agency serving less than an entire state that carries some responsibility for health and has at least one full time employee and a specific budget.

D

Death, Illness, and Injury

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age adjusted rates; by degree of premature death (Years of Productive Life Lost); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted incidence of cancer and chronic disease. This is a category of data recommended for collection within the Community Health Status Assessment.

Demographics

Demographics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and

sub-populations are located, and the rate of change in population density over time, due to births, deaths and migration patterns. This is a category of data recommended for collection within the Community Health Status Assessment. Characteristic data such as size, growth, density, distribution, and vital statistics that are used to study human population. Demographic characteristics of your jurisdiction include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and sub populations are located, and the rate of change in population density over time, due to births, deaths and migration patterns.

E

Environmental Risk

The likelihood of eating, drinking, breathing, or contacting some unhealthy factor in the environment and the severity of the illness that may result; the probability of loss or injury; a hazard or peril.

F

Family

A group of two or more people who reside together and who are related by birth, marriage, or adoption.

H

Health

A dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity. The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is recognized, however, that health has many dimensions (anatomical, physiological, and mental) and is largely culturally defined. The relative importance of various disabilities will differ depending on the cultural milieu and on the role of the affected individual in that culture. Most attempts at measurement have been assessed in terms of morbidity and mortality.

Health Care

The prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

Health Indicator

A health indicator is numeric value for a specific health-related occurrence, such as the percentage of smokers or the number of people diagnosed with cancer within a given population. Health indicators are documented overtime to assess trends and compare values in the local population to state and national averages. While health indicators are important for understanding the depth and breadth of a health problem, data alone cannot solve health problems. Solutions require health experts and community stakeholders working together to understand the context and influences on the problem, including the demographic, social, environmental, and economic characteristics within the population.

Health Issues

Health issues summarize or categorize the health indicators of most concern within a population. A health issue can be a particular disease such as chronic or infectious disease. A health issue also can be the social, economic, or behavioral conditions that are causing or exacerbating a disease. For example, tobacco use, poor diet and lack of physical fitness are health issues because they are known to directly contribute to diseases of the heart, lungs, and circulatory system. Health issues usually are comprised of multiple health indicators and efforts to address and improve a health issue require broad-based community attention and support.

Health Promotion

Any planned combination of educational, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities. An intervention strategy that seeks to eliminate or reduce exposures to harmful factors by modifying human behaviors. Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health. This process enables individuals and communities to control and improve their own health. Health promotion approaches provide opportunities for people to identify problems, develop solutions, and work in partnerships that build on existing skills and strengths. Any combination of educational, organizational,

environmental, and economic interventions designed to encourage behavior and conditions of living that are conducive to health.

Healthy People

A national health promotion and disease prevention initiative that brings together national, state, and local government agencies; nonprofit, voluntary, and professional organizations; businesses; communities; and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life. In Healthy People 2010, 467 health promotion and disease prevention objectives are identified for achievement by the year 2010. There will be a Health People 2020 initiative.

Household

One person or a group of people living in a housing unit.

I**Incidence**

A measure of the health condition in the population; generally the number of new cases occurring during a specified time period.

Indicator

A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, and the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same. A measure of health status or a health outcome. An element used to measure health status, risk, or outcome. See also "Health Indicator"

Intervention

A public health program intended to improve the health of a specific population or the overall population. The focus of a public health intervention is to prevent rather than treat a disease through surveillance of cases and the promotion of healthy behaviors. Interventions can be used to create change in different settings, including: communities, work sites, schools, health care organizations, faith-based organizations or at home. Interventions may be most effective when they include multiple settings.

L**Leading Causes of Death/mortality**

The leading causes of death in the United States are heart disease, cancer, stroke, and respiratory disease, in that order.

M**Median**

The measure of central location which divides a set of data into two equal parts.

Mental Health

A term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. Cultural differences, subjective assessments, and competing professional theories all affect how “mental health” is defined.

Morbidity

The condition of being sick or diseased, the prevalence of a disease in a population.

Mortality Rate

The number of deaths from a given condition in a defined population in a specified time period, the ratio of deaths in an area to the population of that area, can be crude or age-adjusted.

P**Pandemic**

A widespread epidemic disease affecting several countries or continents.

Prevalence

The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.

Prevention

An active process that promotes the personal, physical and social well-being of individuals and families to reinforce positive health behaviors and lifestyles that minimize morbidity and maximize the overall quality of life. Primary care can be viewed as a form of prevention as its proper use can result in fewer hospitalizations for conditions such as asthma, diabetes, chronic obstructive pulmonary disease, and congestive heart failure, which are affected by the level of care given on an outpatient basis.

Preventive Care

A set of measures taken in advance of symptoms to prevent illness or injury. This type of care is best exemplified by routine physical examinations and immunizations. The emphasis is on preventing illnesses before they occur.

Q**Quality of Life**

A construct that connotes an overall sense of well-being when applied to an individual and a supportive environment when applied to a community. While some dimensions of quality of life can be quantified using indicators that research has shown to be related to determinants of health and community well-being, other valid dimensions include the perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

R

Race/Ethnicity

Race and ethnicity are social, not biological constructs, referring to social groups often sharing cultural heritage and ancestry. Race and ethnicity are not valid biological or genetic categories. As per the U.S. Census, prior to 1980, race was determined either solely by the observation of the enumerator or by a combination of enumerator observation and self-identification. These categories reflect social usage and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national origin groups.

Rate

A measure of some event, disease or condition in relation to a unit of population where time and place are stated. A true rate can be determined only if the numerator is included as part of the denominator if the denominator represents the entire population at risk and a unit of time is specified.

Determinants (or Risk Factors)

Direct causes and risk factors which, based on scientific evidence or theory, are thought to influence directly the level of a specific health problem. Broad causal factors involved in influencing health and illness, including social, economic, genetic, perinatal, nutritional, behavioral, and environmental characteristics. A primary risk factor (causative factor) associated with the level of health problem.

V

Values

The fundamental principles and beliefs that guide a community driven process. These are the central concepts that define how community members aspire to interact. The values provide a basis for action and communicate expectations for community participation.

References



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WEST VIRGINIA

Indicators	WV
Socioeconomic	
Poverty Rate	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2010 American Community Survey
HS Diploma or Higher	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2010 American Community Survey
Unemployment	2001, U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics 2008, U.S. Bureau of Labor Statistics Local Area Unemployment Statistics 2010, U.S. Bureau of Labor Statistics Local Area Unemployment Statistics
Median Household Income	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2010 American Community Survey
Population	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2006-2010 American Community Survey
Causes of Death	
Heart Disease	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012 2008, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012 2009, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
Cancer	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012 2008, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012 2009, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012

Indicators	WV
Chronic Lower Respiratory Dis	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2008, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2009, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
Accidents	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2008, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2009, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
Suicides	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2005, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2008, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
Homicides	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2005, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2008, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012

Indicators	WV
Chronic Diseases	
Diabetes	<p>2004, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001</p> <p>2008, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008</p> <p>2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009</p>
Heart Disease	<p>2005, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001</p> <p>2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007</p> <p>2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010</p>
Asthma	<p>2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2002</p> <p>2006, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006</p> <p>2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010</p>
Arthritis	<p>2001, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001</p> <p>2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007</p>

Indicators	WV
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009
Invasive Cancer	2000, Cancer Registry Incidence Public Information Data: 1999 – 2002 Archive, WONDER On-line Database. United States Department of Health and Human Services, National Program of Cancer Registries, Centers for Disease Control and Prevention. December 2005
	2005, National Program of Cancer Registries: 1999 - 2009 Incidence, WONDER On-line Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute, 2011
Communicable	
Chlamydia	2001, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
	2008, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
	2010, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
Gonorrhea	2001, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
	2008, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
	2010, Table 14, STD Surveillance 2010, Division of Sexually Transmitted Diseases, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Department of Health and Human Services, 2011, available at http://www.cdc.gov/std/stats10/tables/14.htm .
HIV/AIDS	2002, WVDHHR Epidemiologic Profile of HIV/AIDS in West Virginia 2006
	2006, WVDHHR Epidemiologic Profile of HIV/AIDS in West Virginia 2006
	2009, West Virginia Bureau for Public Health, West Virginia HIV/AIDS Surveillance Report, 2009 Update
Hepatitis B	2001, National Notifiable Diseases Surveillance System; MMWR Summary of Notifiable Diseases, United States, 2001

Indicators	WV
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009
Invasive Cancer	2000, Cancer Registry Incidence Public Information Data: 1999 - 2002 Archive, WONDER On-line Database. United States Department of Health and Human Services, National Program of Cancer Registries, Centers for Disease Control and Prevention. December 2005 2005, National Program of Cancer Registries: 1999 - 2009 Incidence, WONDER On-line Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute, 2011
Communicable	
Chlamydia	2001, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention 2008, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention 2010, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
Gonorrhea	2001, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention 2008, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention 2010, Table 14, STD Surveillance 2010, Division of Sexually Transmitted Diseases, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Department of Health and Human Services, 2011, available at http://www.cdc.gov/std/stats10/tables/14.htm .
HIV/AIDS	2002, WVDHHR Epidemiologic Profile of HIV/AIDS in West Virginia 2006 2006, WVDHHR Epidemiologic Profile of HIV/AIDS in West Virginia 2006 2009, West Virginia Bureau for Public Health, West Virginia HIV/AIDS Surveillance Report, 2009 Update
Hepatitis B	2001, National Notifiable Diseases Surveillance System; MMWR Summary of Notifiable Diseases, United States, 2001

Indicators	WV
	2006, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
	2009, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
Influenza	No Data
	2008, Influenza Like Illness by Month 2007 - 2010, InstantAtlas
	2010, Influenza Like Illness by Month 2007 - 2010, InstantAtlas
Intermediate Risk Factors	
Fair or Poor Health	2001, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2008, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
No Health Insurance (18-64)	2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2004, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Hypertension	2001, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007

Indicators	WV
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009
High Cholesterol	2001, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009
Obese	2004, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2008, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Overweight	2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Behavioral Risk Factors	
Cigarette Smoking	2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001

County Sources

Indicators	OHIO
Socioeconomic	
Poverty Rate	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2006-2010 American Community Survey
HS Diploma or Higher	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2006-2010 American Community Survey
Unemployment	2001, Labor Force Data by County, 2001 Annual Averages, U.S. Bureau of Labor Statistics 2001 2008, Labor Force Data by County, 2008 Annual Averages, U.S. Bureau of Labor Statistics 2008 2010, Labor Force Data by County, 2010 Annual Averages, U.S. Bureau of Labor Statistics 2010
Median Household Income	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2006-2010 American Community Survey
Population	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2006-2010 American Community Survey
Causes of Death	
Heart Disease	2001, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics 2008, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics 2009, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics
Cancer	2001, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics 2008, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics 2009, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics

Indicators	OHIO
Chronic Lower Respiratory Dis	2001, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics
	2008, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics
	2009, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics
Accidents	2001, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics
	2008, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics
	2009, Leading Causes of Death, Number and Average Age Adjusted Death Rates Per 100,000 Population, Ohio and Counties, 2009 Ohio Department of Health, Center for Public Health Statistics and Informatics
Suicides	2001, Ohio Department of Health Information Warehouse - Vital Statistics
	2005, Ohio Department of Health Information Warehouse - Vital Statistics
	2008, Ohio Department of Health Information Warehouse - Vital Statistics
Homicides	2001, Ohio Department of Health Information Warehouse - Vital Statistics
	2005, Ohio Department of Health Information Warehouse - Vital Statistics
	2008, Ohio Department of Health Information Warehouse - Vital Statistics

Indicators	OHIO
Chronic Diseases	
Diabetes	2004, Centers for Disease Control and Prevention (CDC), Diabetes Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
	2008, Centers for Disease Control and Prevention (CDC), Diabetes Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
	2009, Centers for Disease Control and Prevention (CDC), Diabetes Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
Heart Disease	No Data
	2007, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.
	No Data
Asthma	2002, 2002 Ohio Department of Health Data Warehouse, Ohio Behavioral Risk Factor Survey, Lawrence County
	2006, Ohio Department of Health, Asthma in Ohio and Lawrence County.
	No Data
Arthritis	2002, 2002 Ohio Department of Health Data Warehouse, Ohio Behavioral Risk Factor Survey, Lawrence County
	2007, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.

Indicators	OHIO
	No Data
Invasive Cancer	<p>2000, Ohio Department of Health Information Warehouse - Cancer Incidence</p> <p>2005, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.</p>
Communicable	
Chlamydia	<p>2000, Ohio Department of Health Information Warehouse - Chlamydia Incidence</p> <p>2008, Ohio Department of Health, STD Surveillance Program. Data reported through 03/18/12.</p> <p>2010, Ohio Department of Health, STD Surveillance Program. Data reported through 03/18/12.</p>
Gonorrhea	<p>2000, Ohio Department of Health Information Warehouse - Gonorrhea Incidence</p> <p>2008, Ohio Department of Health, STD Surveillance Program. Data reported through 03/18/12.</p> <p>2010, Ohio Department of Health, STD Surveillance Program. Data reported through 03/18/12.</p>
HIV/AIDS	<p>No Data</p> <p>2008, Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through September 30, 2012.</p> <p>2009, Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through September 30, 2012.</p>
Hepatitis B	No Data

Indicators	OHIO
	2008, Ohio Department of Health, Reported cases of selected notifiable diseases by county of Residence, Ohio, 2008
	2010, Ohio Department of Health, Reported cases of selected notifiable diseases by county of Residence, Ohio, 2010
Influenza	No Data
	No Data
	No Data
Intermediate Risk Factors	
Fair or Poor Health	No Data
	No Data
	No Data
No Health Insurance (18-64)	2002, 2002 Ohio Department of Health Data Warehouse, Ohio Behavioral Risk Factor Survey, Lawrence County
	2004, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.
	No Data
Hypertension	No Data
	2007, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.

Indicators	OHIO
	No Data
High Cholesterol	2002, 2002 Ohio Department of Health Data Warehouse, Ohio Behavioral Risk Factor Survey, Lawrence County
	2007, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.
	No Data
Obese	2004, Centers for Disease Control and Prevention (CDC), Obesity Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
	2008, Centers for Disease Control and Prevention (CDC), Obesity Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
	2009, Centers for Disease Control and Prevention (CDC), Obesity Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
Overweight	2002, 2002 Ohio Department of Health Data Warehouse, Ohio Behavioral Risk Factor Survey, Lawrence County
	2007, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.
	No Data
Behavioral Risk Factors	
Cigarette Smoking	2002, 2002 Ohio Department of Health Data Warehouse, Ohio Behavioral Risk Factor Survey, Lawrence County

Indicators	OHIO
	2007, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.
	No Data
Binge Drinking	2002, 2002 Ohio Department of Health Data Warehouse, Ohio Behavioral Risk Factor Survey, Lawrence County
	No Data
	No Data
Illicit Drug Use	2001, SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 1999, 2000, and 2001
	2008, SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006, 2007, and 2008
	2010, SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008, 2009, and 2010
Exercise	2004, Centers for Disease Control and Prevention (CDC), Physical Activity Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
	2008, Centers for Disease Control and Prevention (CDC), Physical Activity Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
	2009, Centers for Disease Control and Prevention (CDC), Physical Activity Public Health Resource - Diabetes Interactive Atlases - County-level Data, http://www.cdc.gov/diabetes/atlas/countydata/atlas.html
Nutrition	2002, 2002 Ohio Department of Health Data Warehouse, Ohio Behavioral Risk Factor Survey, Lawrence County
	2007, Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus Ohio. December, 2008.

Indicators	OHIO
	No Data
Serious Mental Illness	2003, SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004
	No Data
	2010, SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008, 2009, 2010
Other	
Infant Mortality	2002, Ohio Department of Health Information Warehouse - Infant Mortality
	2006, Ohio Department of Health Information Warehouse - Infant Mortality
	2008, Ohio Department of Health Information Warehouse - Infant Mortality
Teen Birth Rate	2001, West Virginia KIDS COUNT Fund
	2008, West Virginia KIDS COUNT Fund
	2009, West Virginia KIDS COUNT Fund

US Sources

Indicators	U.S.
Socioeconomic	
Poverty Rate	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2010 American Community Survey
HS Diploma or Higher	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2010 American Community Survey
Unemployment	2001, U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics 2008, U.S. Bureau of Labor Statistics Local Area Unemployment Statistics 2010, U.S. Bureau of Labor Statistics Local Area Unemployment Statistics
Median Household Income	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2010 American Community Survey
Population	2000, U.S. Census Bureau, Census 2000 2008, U.S. Census Bureau, 2008 American Community Survey 2010, U.S. Census Bureau, 2010 American Community Survey
Causes of Death	
Heart Disease	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012 2008, National Vital Statistics Reports Volume 60, Number 6 June 6, 2012 Deaths: Leading Causes for 2008 2009, National Vital Statistics Reports, Volume 60, Number 3, December 29, 2011, Deaths: Final Data for 2009
Cancer	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012 2008, National Vital Statistics Reports Volume 60, Number 6 June 6, 2012 Deaths: Leading Causes for 2008 2009, National Vital Statistics Reports, Volume 60, Number 3, December 29, 2011, Deaths: Final Data for 2009

Indicators	U.S.
Chronic Lower Respiratory Dis	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2008, National Vital Statistics Reports Volume 60, Number 6 June 6, 2012 Deaths: Leading Causes for 2008
	2009, National Vital Statistics Reports, Volume 60, Number 3, December 29, 2011, Deaths: Final Data for 2009
Accidents	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2008, National Vital Statistics Reports Volume 60, Number 6 June 6, 2012 Deaths: Leading Causes for 2008
	2009, National Vital Statistics Reports, Volume 60, Number 3, December 29, 2011, Deaths: Final Data for 2009
Suicides	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2005, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2008, National Vital Statistics Reports Volume 60, Number 6 June 6, 2012 Deaths: Leading Causes for 2008
Homicides	2001, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2005, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012
	2008, National Vital Statistics Reports Volume 60, Number 6 June 6, 2012 Deaths: Leading Causes for 2008

Indicators	U.S.
Chronic Diseases	
Diabetes	<p>2004, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2004</p> <p>2008, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008</p> <p>2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009</p>
Heart Disease	<p>2005, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001</p> <p>2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007</p> <p>2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010</p>
Asthma	<p>2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2002</p> <p>2006, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006</p> <p>2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010</p>
Arthritis	<p>2001, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001</p> <p>2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007</p>

Indicators	U.S.
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009
Invasive Cancer	2000, Cancer Registry Incidence Public Information Data: 1999 - 2002 Archive, WONDER On-line Database. United States Department of Health and Human Services, National Program of Cancer Registries, Centers for Disease Control and Prevention. December 2005 2005, National Program of Cancer Registries: 1999 - 2009 Incidence, WONDER On-line Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute, 2011
Communicable	
Chlamydia	2001, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention 2008, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention 2010, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
Gonorrhea	2001, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention 2008, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention 2010, Table 14, STD Surveillance 2010, Division of Sexually Transmitted Diseases, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Department of Health and Human Services, 2011, available at http://www.cdc.gov/std/stats10/tables/14.htm .
HIV/AIDS	2002, HIV/AIDS Surveillance Report, Volume 14, 2002 Report 2006, HIV/AIDS Surveillance Report, Volume 18, 2006 Report 2009, Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas—2010. HIV Surveillance Supplemental Report 2012;17(No. 3, part A). http://www.cdc.gov/hiv/topics/surveillance/resources/reports/ . Published June 2012.
Hepatitis B	2001, National Notifiable Diseases Surveillance System; MMWR Summary of Notifiable Diseases, United States, 2001

Indicators	U.S.
	2006, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
	2009, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention
Influenza	2001, U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) National Summary 2000-01
	2008, U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) National Summary 2007-08
	2010, U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) National Summary 2009-10
Intermediate Risk Factors	
Fair or Poor Health	2001, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2008, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
No Health Insurance (18-64)	2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2004, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Hypertension	2001, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007

Indicators	U.S.
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009
High Cholesterol	2001, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009
Obese	2004, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2008, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Overweight	2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Behavioral Risk Factors	
Cigarette Smoking	2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001

Indicators	U.S.
	2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Binge Drinking	2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2008, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2010, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Illicit Drug Use	2001, SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 1999, 2000, and 2001
	2008, SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006, 2007, and 2008
	2010, SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008, 2009, and 2010
Exercise	2004, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001
	2008, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008
	2009, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010
Nutrition	2002, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2000
	2007, Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007

Implementation Strategy

CABELL HUNTINGTON HOSPITAL
COMMUNITY HEALTH NEEDS – IMPLEMENTATION STRATEGY

TABLE OF CONTENTS

2	Executive Summary
3	Prioritization Process
3	Description of Prioritized Needs
4	Community Resources to Address Needs
4	Needs Identified in the CHNA being addressed by Cabell Huntington Hospital
5	Nutrition Awareness and Education
7	Youth Obesity Prevention & Intervention
9	Screenings
10	Influenza Immunizations

I. EXECUTIVE SUMMARY

To conduct its community needs assessment and better understand how to meet the significant health care needs of its geographic area: Cabell, Lincoln, Wayne counties in West Virginia, and Lawrence County Ohio, Cabell Huntington Hospital (CHH) collaborated with a third party, the Center for Entrepreneurial Studies and Development, Inc. (CESD) located in Morgantown, West Virginia, to conduct its community health needs assessment, as well as the planning and development process for the Community Health Needs Assessment. The assessment was led by CESD, in partnership with Cabell Huntington Hospital; St. Mary's Hospital; and the Cabell-Huntington, Lincoln, Wayne County Health Departments in West Virginia and the Lawrence County Health Department in Ohio.

The assessment includes both qualitative and quantitative data including community survey data, written questionnaires, telephone and electronic interviews, key informant and opinion leader interviews to gain input from persons who represent the broad interests of the community it serves. Public health input, demographic data and other statistical secondary data were also gathered. This information was gathered to identify and prioritize health problems and risk factors for residents in CHH's service area. Efforts were

focused on ensuring that all geographic regions of the county and socio-demographic groups, including underserved and/or vulnerable populations. The complete Community Health Needs Assessment 2013 was approved by the Hospital's Board and is posted on CHH's website at www.cabellhuntington.org

The CHH Implementation Strategy was conducted using the following steps (McKenzie, Neiger, & Thackeray, 2013)

1. Determining the purpose and scope
2. Gathering data
3. Analyzing data
4. Identifying risk factors linked to the health problem
5. Identifying the program focus
6. Validating the need

Process

To best align with U.S. national health goals and *Healthy People 2020*, CHH has chosen the MAP-IT Model as the framework to best achieve its objectives (McKenzie et al., 2013). MAP-IT, also known as mobilize, assess, plan, implement and track, is the model for the national health agenda. By adopting the *Healthy People 2020* blueprint, CHH strives to model its initiatives in its specific service area.



II. PRIORITIZATION PROCESS

From November 2012 through March 2013, the needs assessment included gathering and analyzing the primary and secondary data. CHH then analyzed the information based upon the scope and severity of the the health need and aligned CHH's estimated feasibility and effectiveness based on resources to address the need. Using research results, CHH identified community health needs following criteria to understand: the size of the problem; seriousness of the problem; impact; and propriety, economics, acceptability, resources and legality (PEARL). In March 2013, the CHH core planning team met to review the results and identify the needs and issues that, as a health care provider, it is best able to address, based on capacity and resources currently available, as well as those that most closely align with CHH.

The health departments of each county in the service area have outlined plans to meet their county priorities. Each of the county health departments have identified plans to address

- Obesity, nutrition and exercise
- Substance abuse
- Tobacco use and smoking
- Teen pregnancy

CHH does not have a formal mental health program and poverty, homelessness and unemployment extend beyond the scope of its mission.

III. DESCRIPTION OF PRIORITIZED NEEDS

CESD primary research results, secondary data and CHH core planning team input regarding the hospital's potential to have an impact on the issues were identified, CHH evaluated each score to determine how it can help based on the severity and magnitude of the problem and the capacity of systems and resources to address the problem. Guided by CHH's Mission and *Healthy People 2020*, CHH leadership analyzed the Community Health Needs Assessment 2013 and identified the following strategies for 2014-2016:

- Healthy Lifestyles: Nutrition Education for disease and obesity prevention
- Youth Obesity Prevention and Intervention
- Access to free or low cost screenings to encourage earlier detection and awareness of disease
- Access to free or low cost Influenza Immunizations

The CHH Board of Directors has determined that the health needs identified in the Community Health Needs Assessment 2013 should be addressed through the following implementation strategies, which were approved in September 2013.

IV. COMMUNITY RESOURCES TO ADDRESS NEEDS

A strategic approach to community health improvement involves the collection and analysis of data regarding health status and factors contributing to poor health; combined with capacity building and collaborative efforts between diverse stakeholders to address both the symptoms and underlying causes of health issues. As such, CHH will seek to address the health needs of our primary service area: Cabell, Lincoln, Wayne counties in West Virginia, and Lawrence County Ohio.

Based on the relevant facts and circumstances, CHH intends to implement these evidenced-based, community preventive health activities to help reduce chronic disease rates and prevent the development of secondary conditions. The hospital's activities include strategies to assist in addressing the needs of vulnerable populations. As a not-for-profit hospital, CHH will partner with local public health agencies to develop and implement a multi-pronged approach to impact these issues and establish metrics and systems to monitor community health improvement initiatives. Many of our community health improvement initiatives foster good working relationships with community stakeholders and other collaborative partners to achieve the strategic allocation of charitable resources, develop appropriate interventions, and establish

metrics and systems to monitor community health improvement initiatives.

CHH's Implementation Plan identifies needs and resources, plans/redesigns services, tracks outcomes, and shares accountability in order to facilitate effective programming to improve the health of the residents within its primary service area.

V. NEEDS IDENTIFIED IN THE CHNA BEING ADDRESSED BY CABELL HUNTINGTON HOSPITAL

This portion of the CHNA, the Implementation Strategy, will explain how CHH will address health needs identified by continuing existing programs and services, and by implementing new strategies. It will also explain why the hospital cannot address all the needs identified in the CHNA, and if applicable, how CHH will support other organizations in doing so. It also should be noted that many of the strategies and activities outlined address risk factors associated with multiple health problems. For example, strategies to promote healthy eating and physical activity affect obesity and chronic disease, as well as potentially having a positive impact on mental health and/or reducing substance abuse.

A. NUTRITION

STATEMENT OF PROBLEM/DESCRIPTION OF NEED: Unhealthy eating is associated with a higher risk of:

- Chronic diseases, such as Type 2 diabetes, hypertension, heart disease and certain cancers
- Overweight and obesity
- Target population (children, women, aged)
- Principal functions

CHNA FINDINGS AND RECOMMENDATIONS: The CHH primary service area has a high percentage of obesity and sedentary behavior compared to the nation. The percentage of obese adults who live in the four-county area is alarming. The average percentage is 3.15% greater than the WV state average and 8.55% greater than the national average. The need for better awareness and education for healthier food choices was identified as a top community need related to nutrition by survey respondents. In addition to primary needs and secondary data results, nutrition, food choices and obesity were top concerns of survey respondents.

Table 1: Intermediate Risk Factors

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Fair or Poor Health	22.3%		30.8%	29.9%	23.4%	14.7%
No Health Insurance (18-64)	17.0%	14.8%	20.0%	23.6%	21.4%	17.8%
Hypertension	31.7%	34.6%	38.9%	35.4%	37.6%	28.7%
High Cholesterol	40.9%	41.7%	39.1%	41.7%	38.5%	37.5%
Obese	30.9%	39.7%	35.8%	37.8%	32.9%	27.5%
Overweight		35.5%			35.0%	36.2%

West Virginians tend to fare more poorly in most of these indicators than people do nationwide. In most cases, the four counties served by Cabell Huntington Hospital experience worse rates than residents statewide. For instance, West Virginians are 51.7% more likely to characterize their health as fair or poor than people nationwide, and according to the Behavioral Risk Factor Surveillance System, a phone survey system developed by the CDC, three of the four counties have rates higher than the statewide rate.

- In addition, residents of all four counties report higher rates of hypertension, high cholesterol, and obesity than either statewide or national rates.
- Perhaps the only reason that all four counties don't also report higher rates of being overweight is that statistics weren't available of three of the four counties.

Table 2: Behavioral Risk Factors

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Nutrition	80.2%	79.9%	84.3%	84.3%	83.8%	76.6%

GOAL: To work with community partners and launch Huntington's Kitchen, a community kitchen to broaden community access to nutrition education, alert people to the real impact of obesity; thus positively impacting the rates of consumption of healthy foods in the CHH Service Area.

On August 1, 2013, Cabell Huntington Hospital assumed Huntington's Kitchen to expand the number of class offerings, increase enrollment and, most important, measurably improve the health of the Huntington/Tri-State community through its efforts. Partnering more strategically with Marshall University Joan C. Edwards School of Medicine and its Charles H. McKown, Jr., MD, Translational Genomic Research Institute, and actively pursuing opportunities to conduct clinical studies, Cabell Huntington Hospital will establish accurate, effective measurement tools to track improvement in areas such as weight, blood pressure, blood sugar, cholesterol, triglycerides and other general health measures.

OBJECTIVES: Using evidence-based approaches described, specific activities include:

Nutrition Education

- Providing increased opportunities for and community education about the importance of healthy nutrition as a significant disease prevention tool
- Increasing nutrition education for and/or access to healthy meal preparation classes for vulnerable populations through Huntington's Kitchen
- Increasing presence of nutrition educators as community resources

Obesity Prevention

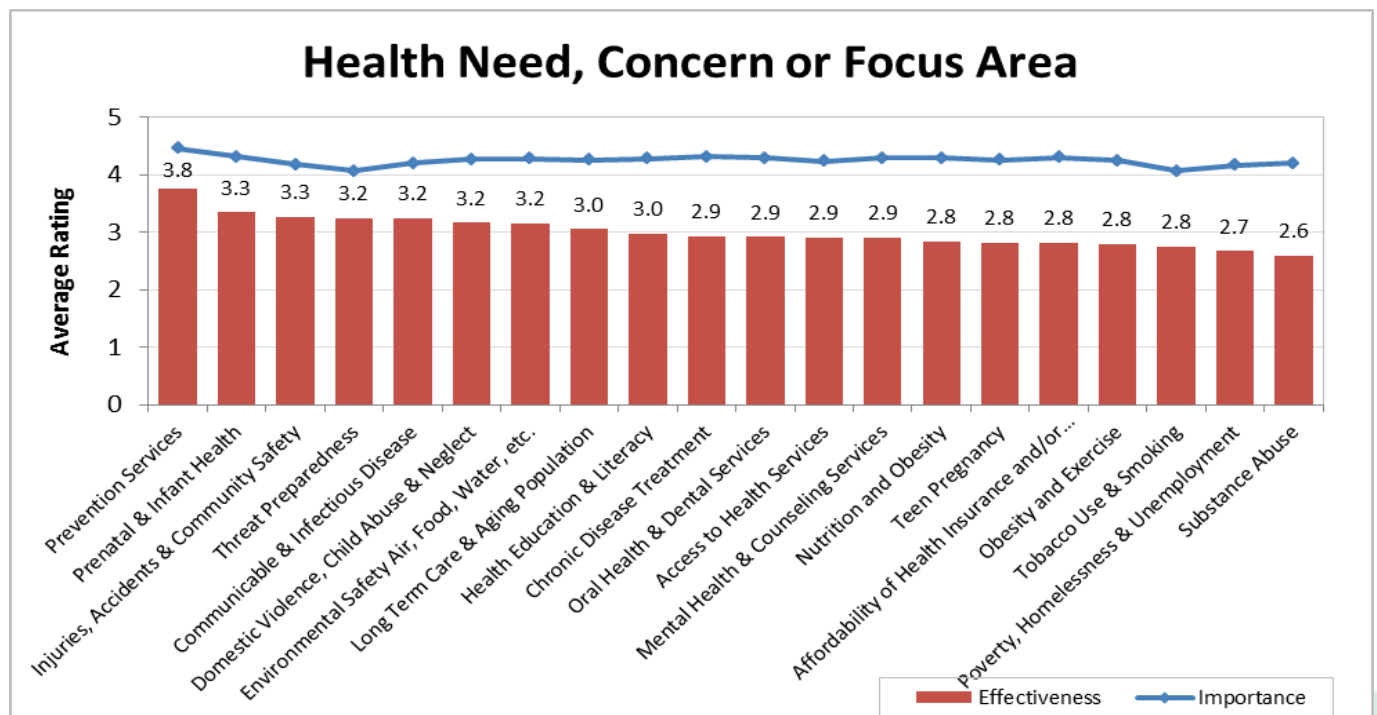
- Increasing physician education to the community to create awareness regarding obesity prevention strategies
- Increasing public education via print and social media to create awareness regarding the importance of obesity prevention
- Dedicating resources to nutrition and obesity prevention action steps
- Evaluating community benefit program metrics to determine the number of programs and participants reached

B. YOUTH OBESITY PREVENTION AND INTERVENTION

STATEMENT OF PROBLEM/DESCRIPTION OF NEED: West Virginia leads the nation in childhood obesity rates with 14.2% of youth under the age of 18 years of age reported as being obese (CDC, 2012). Childhood obesity is associated with wide-ranging health problems in childhood and in later adulthood, and not only results from unhealthy eating, but from a lack of regular exercise.

CHNA FINDINGS AND RECOMMENDATIONS: The following table from the Cabell Huntington Hospital 2013 Community Health Needs Assessment represents secondary data over a period of approximately ten years from 2000 to the most recent data – which is usually 2010. First was a rating of how important the item was for the county's health and well-being. The second was to rate how effectively those needs, concerns, or focus areas are currently addressed. The blue line shows the averages of the Importance, while the red bars show the average effectiveness of each. The graph is presented from most effective item (left) to the least effective item (far right). This graph demonstrates that obesity and exercise are highly important, yet data suggests that these needs have not been effectively met.

Table 3: Primary Service Area Identified Needs



GOALS: To work with community partners, including Cabell County Schools, Marshall University Joan C. Edwards School of Medicine, the Huntington YMCA and St. Mary's Medical Center, to launch "Kids in Motion," an exercise program designed to identify and provide appropriate counsel and intervention to obese and at-risk children (and their parents) from the Cabell County Schools system. Additionally, during the Fall 2013 semester, Cabell Huntington Hospital will partner with Marshall University Joan C. Edwards School of Medicine and Cabell County Schools on a study to determine if the hospital's 2010 grant of \$100,000 to fund the overhaul of the Cabell County Schools lunch menu has resulted in measurable student health improvement and reduction in body mass index (BMI).

1.) Kids in Motion: Understanding that nutrition and exercise habits begin at youth, Cabell Huntington Hospital is partnering with the Huntington YMCA, St. Mary's Medical Center and the Cabell County Board of Education to implement a planned physical activity and eating habits program targeted to children, ranging in age from 5 to 12, and their parents. Under supervision, the children will participate in a series of fun exercise activities in a newly created YMCA facility outfitted with more than a dozen pieces of new EXERGAME equipment. Activity levels for each child will also be monitored by a MOV band, worn on the child's wrist. In addition to the exercise component of the program, children will also receive nutritional instruction at Huntington's Kitchen. The overall goals are to teach the importance of everyday exercise and how to make healthy eating decisions.

OBJECTIVES: Following national guidelines the program will seek to increase activity and educate about diet that will:

- Help participants reduce their BMI/Body Fat by 10%
- Help participants decrease LDL levels to a near ideal range of 100-129 mg/dL
- Reduce the number of children who are obese

2.) Cabell County School Lunch Program: In 2010, Cabell Huntington Hospital, as part of the ABC Television series "Jamie Oliver's Food Revolution," and at a cost to the hospital of \$100,000, hired chef consultants from Sustainable Food Systems to assess school lunch menus in all Cabell County schools; develop alternative menus requiring school cooks to prepare lunches made from scratch, using whole (and preferably fresh) ingredients; and to train all school cooks how to prepare these meals within their time restraints and budgets. At the end of the project, all 26 Cabell County schools were compliant. Now, as the Fall 2013 semester begins, Cabell Huntington Hospital, Marshall University Joan C. Edwards School of Medicine and Cabell County Schools are partnering on a research project to determine if those changes to school lunch have had any impact on student health and BMI. To obtain this information, Marshall Pediatrics and Cabell County Schools will link their databases and compare data between students from the 2008 school year and students from the 2012 school year.

OBJECTIVES: Through this study, researchers will attempt to determine if the school lunch changes initiated in the 2010 school year:

- Were effective in reducing student weight
- Were effective in improving overall student health
- Should be implemented in other school systems in West Virginia and other states
- Are not sufficient alone to result in meaningful, positive outcomes

C. SCREENINGS: CANCER, HEART DISEASE AND LUNG DISEASE

STATEMENT OF PROBLEM/DESCRIPTION OF NEED: The rates of heart disease, cancer, and COPD in all four counties are strikingly higher than the national rates. Cancer, heart disease, and chronic lower respiratory disease are the leading causes of death in CHH's primary service area. The four-county area's cancer rates are far higher than the national average. The service area also has a higher proportion of adults with heart disease as compared to the US average. Finally, the four-county average for chronic lower respiratory disease is almost double the national average.

Table 4: Causes of Death Summary

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Heart Disease	237.4	243.3	270.9	243.2	276.8	195.2
Cancer	245.8	193.7	325.1	250.5	263.0	184.9
Chronic Lower Respiratory Disease/COPD	76.7	79.0	81.3	92.4	81.9	44.7

CHNA FINDINGS AND RECOMMENDATIONS: In West Virginia, every chronic disease examined, except asthma, occurs at higher rates than the national average. Even asthma occurs at a higher rate in two out of four counties, Lincoln and Wayne, than the national average.

- Rates of heart disease are well above the national rate.
- West Virginia has a diabetes rate that is 135% of the national average, and in Lincoln County the rate of diabetes is 161% of the national rate. This may well be tied to West Virginia's overweight and obese population (see "Intermediate Risk Factor Prevalence").
- The rates of invasive cancer rates in Cabell and Lincoln counties are 127% and 117.5% of the national rate, respectively.

Table 5: Chronic Disease Prevalence Summary

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Heart Disease	12.7%	17.2%	14.4%	14.4%	15.8%	11.0%
Asthma	7.9%	8.4%	11.2%	9.7%	7.3%	9.1%
Invasive Cancer	580.4	457.1	537.5	356.4	470.9	457.6

GOAL: To reduce causes of death and positively impact the rates of chronic disease in the CHH service area

OBJECTIVES:

- Provide increased community education regarding chronic disease prevention
 - o Increase awareness and support preventive or early screenings
 - o Increase physician education to the community to create awareness regarding chronic disease and prevention
 - o Increase public education via print and social media to create awareness regarding chronic disease and prevention
- Conduct disease-specific, community-based screenings
 - o Increase number of community-based cancer screenings related to heart disease, cancer and chronic lung disease
 - o Continue providing low-cost lung cancer screening opportunities
 - o Increase community-based opportunities to receive free/low-cost screenings
- Expand disease management opportunities
 - o Evaluate community benefit program metrics to determine the number of programs and participants reached
 - o Utilize Huntington's Kitchen as a community health hub, offering free health screenings for early disease detection, flu shots and vaccinations, community health meetings, wellness initiatives, information and referrals

D. INFLUENZA IMMUNIZATIONS

STATEMENT OF PROBLEM/DESCRIPTION OF NEED: CHH's primary service area has a very high influenza rate compared to national rates. The incidence of communicable diseases in a population gives a stark picture of one aspect of communal health.

CHNA FINDINGS AND RECOMMENDATIONS: In many of the categories examined in this report, from socioeconomic indicators to rates of chronic disease, West Virginia and all four counties served by Cabell Huntington Hospital fare poorly when compared to national statistics and trends. However, in many of the communicable disease rates examined, many West Virginia populations compare relatively well to national rates with the major exception of influenza. Influenza rates are the primary exceptions to this. Influenza rates in the four counties served by Cabell Huntington Hospital range from twice the national rate to ten times the national rate.

Table 6: Communicable Disease

Indicator	Cabell County	Lawrence County	Lincoln County	Wayne County	West Virginia	United States
Influenza	27.7		19.7	6.2	32.3	3.1

GOAL: To positively impact the rates of morbidity and mortality related to influenza in the CHH Service Area by:

OBJECTIVES:

- Increase community demand for vaccinations
- Enhance access to vaccinations
 - o Expand access in health care settings
 - o Offer interventions in non-medical settings to improve vaccination coverage, including vaccination programs at local community events, churches and in partnerships with area home health care providers
- Offer provider-based interventions and provide site-specific interventions to the targeted populations aged >65 and vulnerable populations
 - o Reduce missed opportunities for vaccination through provider assessment and identification, standing orders, and provider education
 - o Target funds for FY 2014 and FY 2015 dedicated to chronic disease prevention action steps

REFERENCES

McKenzie, J.F., Neiger, B.L., & Thackeray, R. (2013). Planning, Implementing, and Evaluating Health Promotion Programs: A Primer. Boston, MA: Pearson, Benjamin and Cummings Publishing.