

Grant Memorial Hospital

2019 Community Health Needs Assessment (CHNA)

Petersburg, WV

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Background and Introduction

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Plan at least every three years. The regulations for the CHNA include defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community, including public health professionals; identifying resources; and prioritizing community health needs.

The 2019 Grant Memorial Hospital (GMH) CHNA incorporates the requirements described above and identifies the following prioritized needs:

- 1. Cancer**
- 2. Substance Use and Abuse**
- 3. Obesity and Co-morbid Issues**

This document serves as a roadmap for the Implementation Plan, which will be developed during the months following the completion of the 2019 CHNA and specify planned actions to be taken by Grant Memorial and collaborators, available resources, anticipated actions, and a plan for evaluating these activities. In addition to the requirement to conduct a CHNA, hospital leadership expressed the desire to go beyond regulatory requirements in serving patients and the community at large. To facilitate this goal, GMH partnered with West Virginia University's School of Public Health (WVU SPH) to complete this Needs Assessment using a robust community based process designed to engage a broad representation of community members. This process was led by Dr. Tom Bias in the Health Research Center within the school. A CHNA leadership team was convened by GMH including hospital and community leadership to inform and guide the process.

About Grant Memorial Hospital

Grant Memorial Hospital is a not-for-profit critical access facility located in Petersburg, WV, and serving the valley of the Potomac Highlands. GMH has a combined 25 inpatient beds. The facility is supported by more than 350 employees and a medical staff of over 15. Facilities, services, and programs of the hospital are available to all individuals.

Previous CHNA Findings

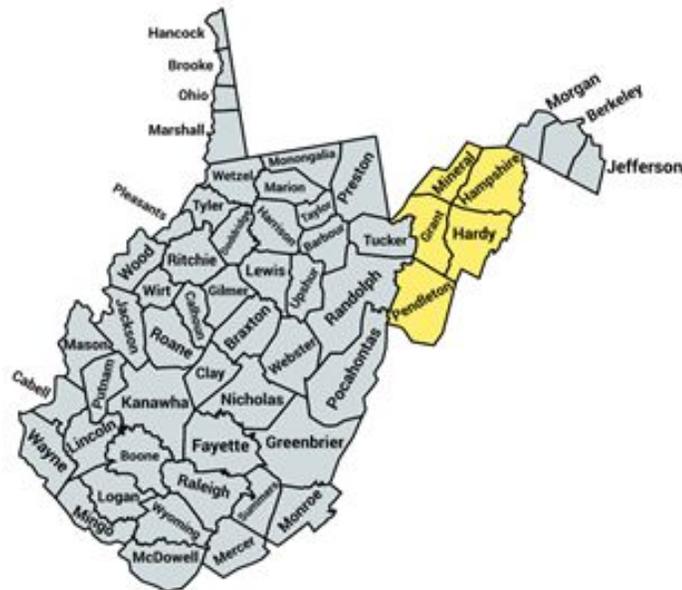
The most recent CHNA conducted by GMH was adopted in 2016. It included a review of secondary data to assess socioeconomic characteristics and population trends in the counties served, considered services offered in the area, key risk factors facing the county, and progress made on the previous implementation plan. Primary data was collected via interviews with community leaders and hospital staff. The final report identified three main community health priorities:

- Chronic Disease Management (including diabetes and heart disease)
- Unhealthy Lifestyles (including obesity and tobacco use)
- Drug and Alcohol Abuse

Definition of the Community Served

For the 2019 process, the CHNA leadership team expanded the community served to include Grant, Hampshire, Hardy, Mineral, and Pendleton counties. Data collection was structured to allow the WVU team to analyze each county individually, acknowledging that reported needs of those living in towns or closer to the hospital may differ significantly from those living in more rural areas of the service area.

Figure 1. Grant Memorial Hospital's Service Area



The following table contains information from the US Census Bureau and shows the most current Quickfacts¹ for the counties served. It outlines some basic demographics, as well as information about health insurance coverage and poverty levels.

Table 1. Select Demographic Data

	Grant	Hampshire	Hardy	Mineral	Pendleton
Population	11,626	23,347	13,775	26,940	6,997
Residents under the age of 18	19.9%	19.4%	20.4%	20.1%	17.7%
Non-white or more than one race	2.4%	3.0%	5.9%	5.2%	3.9%
Hispanic or Latino	1.3%	1.4%	4.6%	0.9%	1.1%
High School education or higher (ages 25+)	80.8%	80.5%	80.6%	90.2%	81.6%
Bachelor's degree or higher (ages 25+)	14.5%	12.6%	14.4%	12.7%	13.9%
Under 65 years old and uninsured	8.1%	9.5%	9.8%	7.0%	9.2%
Persons living in poverty	14.5%	16.9%	14.4%	13.6%	15.3%

Methodology and Community Input Process

The CHNA process began with a thorough review of the previous cycle's needs assessment report and included review of publicly available secondary data related to each county, including census data and County Health Rankings Data (Appendix A). Using these reports as a springboard, the leadership team started the initial discussion around critical health needs. Primary data collection was comprised of a survey of community members' perceptions of health issues, access to care, and quality of life, followed by a community event focused on

¹ <http://www.census.gov/quickfacts>, 2018 estimates

reviewing survey data, discussing community resources and assets that impact population health in the GMH catchment area, and working as a group to outline possible implementation strategies for each area of concern.

Primary Methods of Collecting and Analyzing Information

We utilized two primary sources of data to inform the CHNA: (1) a public input survey and (2) a community meeting. The public input survey was developed by the WVU SPH with the leadership team following an iterative process. Survey topics included questions about specific health and disease issues, thoughts on overall health of the community, quality of life, access to healthcare and medical needs, perceptions of risky behaviors and personal choices, and demographic information including geographic location and income.

The survey (Appendix B) was collected both online and through hard copies from residents who are 18 or older. The survey link was distributed through email lists and social media and made available as hard copies in the community. Collection points included:

- Hospital staff and events (email lists, webpage, social media avenues, Healthy Saturdays)
- School system in each county
- Health department in each county, including WIC offices and waiting rooms
- Public library in each county
- Burlington United Methodist Family Services offices
- Eastern Regional FRN
- Summit Community Bank/Financial Group
- Grant County - Commission on Aging Family Services, Chamber of Commerce, Potomac Highlands Guild, Spring Mountain Festival, Grant County Press, Grant County Bank, Grant County Courthouse, Grant County Nursing Home, Grant County Task Force
- Hardy County - Commission on Aging, Chamber of Commerce, Hardy County Medical, Pilgrim's Tour, American Woodmark, Moorefield Examiner
- Pendleton County - Pendleton Community Care Clinic, Chamber of Commerce, North Fork Primary Care, Pendleton Senior and Family Services, EMC chairperson, Pendleton Times, Pendleton Community Bank
- Mineral County- WMHS Primary Care Center, Mountain View Primary Care, Aging and Family Services of Mineral County, Mineral County FRN, Mineral Times Tribune, Mineral County Health Department

This survey was not intended to be a representative, scientific sample of residents, but rather a mechanism to solicit the community’s perception of their health needs, concerns, and “things that are working well” in the area. About 350 surveys were completed by community members from the area. Noteworthy limitations included low response representation from males and from the lower-income population making less than \$30k/year, as well as an uneven distribution across all of the counties. Despite these limitations, when analyzed closely, there was not noteworthy variation in health concerns reported by these demographics (Appendix C).

Additional information was collected through a community meeting hosted by GMH leadership at the beginning of June. This session, open to the public and with broad stakeholder representation, solicited input on community health needs and sought to identify groups and organizations already providing essential services. As a group, the survey data was reviewed and strategies for improving health outcomes in the most-reported topic areas were discussed. Fourteen community members participated in this event. More detail on the makeup of this session is found below.

The survey results were reported back to the leadership team in aggregate, but also broken down by income, age, education, and more to ensure there were no significant differences in responses between differing groups. Community input from the event was compiled into a document summarizing the work of that day. Feedback was categorized by health concern along with community input about existing resources, ideas and suggested new strategies for each, which will be used as a springboard in the implementation planning stage.

Leadership Team and Community Organizations Involved

The following roles were represented on GMH’s CHNA leadership team and provided thorough input throughout the process of developing the CHNA. These individuals informed the public input survey and were instrumental in dissemination. Additionally, they identified and invited members of the community to the community meeting held in June and were charged as a group with collaborative discussion of primary and secondary data to determine health priorities.

Leadership Team

- Vulnerable Population Representation: Paula Combs, Customer Service Coordinator/Director of Social Services
- Key Contact: David Applewood, CFO
- Coordinator: Debbie Miller
- Other hospital and community Leaders:
Bob Milvet, CEO

Gayann Veach, Chief Quality Officer, Risk Manager, Employee Health Nurse
Ronnie Arbaugh, HR Director
Kim Linville, CNO

Additionally, input was collected at the community meeting held in Petersburg in June. The following organizations from local government, business, and non-profit organizations were represented at this meeting. Representatives from these organizations held discussions in small groups to compile a working list of existing resources, programs, policies, and ideas to address each area of concern. They also worked in their small groups and as part of a larger discussion to formulate some new suggestions to address each.

Organizations Represented at Community Meeting

- Grant Memorial Hospital
- Grant Memorial Home Care
- Grant Memorial Hospice
- Highlands Bankshares, Inc.
- Hardy County Health Department
- Judicial System
- Love Memorial Clinic
- Eastern WV Community Action Agency
- Grant County Commission
- Grant County Bank

Community Health Needs Prioritization

The leadership team reconvened after the community meeting to review the data collected through the survey and the event, and to identify priority areas for developing implementation strategies. The WVU SPH reviewed survey data (Appendix C), including responses to the three most important health problems or issues by county (see Table 2 below).

Table 2. Community Health & Disease Concerns - Survey Results

Grant (182)	Hampshire (10)	Hardy (78)	Mineral (13)	Pendleton (67)
Substance use and abuse - 66.7%	Obesity - 100%	Substance use and abuse - 69.6%	Obesity - 62.5%	Substance use and abuse - 54.6%
Cancers - 53.7%	Diabetes - 66.7%	Obesity - 60.9%	Substance use and abuse - 50.0%	Diabetes - 49.1%
Obesity - 46.3%	Substance use and abuse - 66.7%	Cancers - 43.5%	Heart disease and stroke - 37.5%	Cancers - 47.3%
Diabetes - 41.5%	Cancers - 33.3%	Diabetes - 39.1%	Cancers Diabetes High BP Mental health issues Lung disease - All 25.0%	Obesity - 43.6%
Heart disease and stroke - 30.5%	Mental health problems - 33.3%	Mental health problems - 26.1%		Heart disease and stroke - 36.4%

Health issues were largely consistent when comparing the five counties, considering the number of respondents from each:

- Grant County - 182
- Hampshire County - 10
- Hardy County - 78
- Mineral County - 13
- Pendleton County - 67

For example, substance abuse appeared in the top three for each county, with cancers, obesity, and co-morbid health issues also appearing in the top five for all. Similar questions about quality of life/environment and personal choice/risky behaviors also supported concern for these topics (see Appendix C for other results and demographic breakdowns) - things like lack of access to recreation spaces for all ages, lack of exercise, and bad eating choices reflect an overarching concern about obesity and need for a more active lifestyle for many. Drug abuse, alcohol abuse, and smoking/vaping are selected topics that reinforce the overall heightened concern regarding substance use and abuse in the Grant Memorial community.

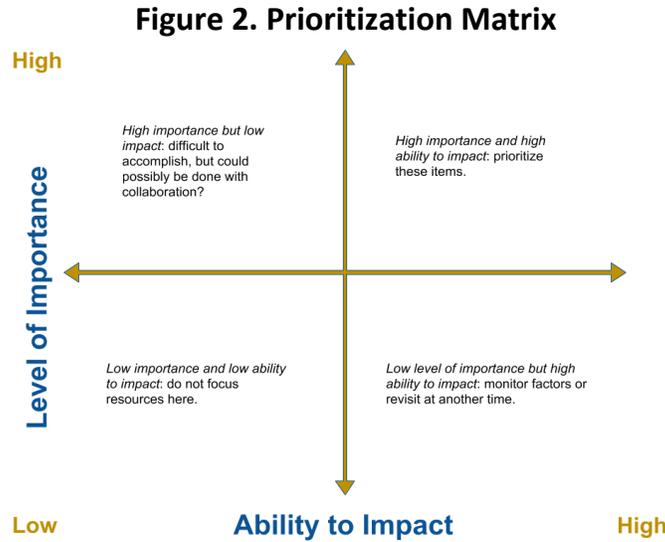
Health problems in aggregate varied slightly across age, income levels, and education (Appendix C), but not in a way that affected prioritization decisions.

Respondents were mostly in agreement about perceptions of health - 89.3% of residents perceive the overall population to be some degree of unhealthy. In terms of access to healthcare and other medical needs (see Table 3 below), the majority of respondents report having access to adequate medical care when needed, though **not** to specialist care, overall satisfaction with the quality of care received, and the ability to access medical care when needed. By a small amount, the majority of respondents reported that it is sometimes a problem for them to cover their share of the cost of care, but **not** the cost of medications.

Table 3. Access to Healthcare and Medical Needs

	Agree	Disagree
I have access to the specialists I need	38.3%	58.3%
I am very satisfied with my medical care	70.6%	27.7%
I have access to adequate healthcare	71.4%	27.3%
At times I can't pay for my portion of my medical care	47.4%	42.6%
At times I can't pay for my portion of my medication	37.8%	50.8%
I am able to get medical care when I need it	59.4%	35.4%

At the prioritization meeting, leadership team members revisited common priority areas as indicated by survey results. Utilizing a prioritization matrix (Figure 2, below) to guide discussion, the group considered the degree to which the hospital can realistically affect health outcomes for each, endeavors already underway for each, as well as level of importance relative to the reach of their impact.



Within this discussion of where and how the hospital can realistically have an impact, what they could accomplish with collaboration with partners, and what topics to monitor and revisit at a later time, the list of top health concerns was pared down and reconfigured to the three that will be the focus moving forward with implementation planning.

- 1.) **Cancer** - Both primary and secondary datasets reflect that cancer is a pervasive health concern in the hospital's catchment area, and the GMH leadership team is in full agreement. They see the hospital as having a high ability to impact health outcomes in this area, and with the support of further data can develop implementation strategies surrounding the types of cancer that are of greatest concern.
- 2.) **Substance use/abuse** - This topic is of the greatest concern across most demographics and geographic areas surveyed, and hospital leadership is in agreement that it is one of the key health areas that needs to be addressed through provision of community benefit. Though importance is high, the leadership team knows that their ability to impact health outcomes will at least partly rely on community partnerships. Moving forward, the team will work to plan collaborative strategies to address this health topic, assisting efforts already underway wherever possible.
- 3.) **Obesity/co-morbid issues** - Also of heightened community concern is a broad category of obesity and related issues like diabetes and heart disease. These concerns are reinforced by perceptions of poor dietary choices and lack of exercise among residents. The leadership team sees this as a complex problem, pieces of which can be addressed

via community partnerships to create strategies that will address this issue. Though it is a multi-faceted issue, the team quickly tossed around initial ideas of things like support for walking/running events and farmer’s markets.

Hospital leadership did take the time to discuss some of the issues beyond the “top three” identified at the community meeting. Transportation issues and the distance to treatment, for example, are things that the hospital recognizes as a real issue for many in the counties which they serve. However, the team recognizes that it is a larger problem that cannot be addressed with the resources and tools available to GMH right now. Similarly, low income and lack of resources for families in times of need are in the top concerns of the community, but the leadership team acknowledges that these are systemic issues over which they have little control. They are choosing to focus GMH’s resources on the areas where it can have the most widespread impact on residents and families. Leadership has not discounted these other topics entirely, and will keep them in mind to revisit at a later time, recognizing that potential collaborations with future partners could change the scope of their impact.

Potential Resources

Each of the top priorities identified in the 2019 CHNA are consistent with or related to concerns raised in 2016. The following tables document programs and organizations with missions aimed at addressing top health concerns identified during the community meeting, as well as ideas for each topic (Tables 4-6 below). Appendix D is a full resource guide with more information about the essential health services and each organization, including contact information. This list is not meant to be exhaustive, but rather a starting point for drafting potential interventions in the forthcoming implementation plan.

Table 4. Identified Potential Resources: Cancer

Cancer	
Resources / Policy / etc.	Ideas
GMH’s Healthy Saturdays	Cancer walks
GMH to offer cancer clinic/treatment	HPV vaccinations
Health Departments	Prevention - early detection
	Screenings

Table 5. Identified Potential Resources: Substance Abuse

Substance Abuse	
Resources / Policy / etc.	Ideas
Celebrate Recovery	Assistance in schools
Day Report	Drug diversion program
GMH to introduce telemed psychiatry for use/abuse issues in ER	Education at an early age
On Track	School-based clinics
PITAR	Security offices
Potomac Highlands Guild	
Recovery coach program with the Guild	
Regional Youth Services	
Russ Recovery Center	

Table 6. Identified Potential Resources: Obesity & Co-morbid Issues

Obesity & Co-morbid Issues	
Resources / Policy / etc.	Ideas
Judy's Drug Education	Farm to school
Gym membership for employees	Home health referrals
Grant School - Tamara Gossard	Increase gym/play time at school
Hardy Wellness Center	Low cost gym or exercise locations
Project Equip	Provide education
Right From the Start	School home economics
WIC	Sponsor 5k races
WVU Extension - Vicky Fertig	Sponsor walks

Conclusion

The 2019 CHNA identified three health priorities to guide GMH's efforts to improve the health of community members. These priorities are:

- 1. Cancer**
- 2. Substance use and abuse**
- 3. Obesity and co-morbid issues**

This succinct list of priorities will guide the implementation planning process. Implementation activities will aim to address these issues using existing resources and partnerships with other community organizations where possible, build upon past success, and include past efforts to address health needs identified in the 2016 CHNA. In the coming months, this process will lead to the completion of an implementation plan for activities centered on these health needs.

Appendices

- A. Secondary Data - Health Rankings for each county
- B. Community Health Perceptions Survey
- C. Survey Data Summary (including demographic and other breakdowns)
- D. Full Resource Guide

Compare Counties

2019 Rankings

	West Virginia	Grant (GR), WV X	Hampshire (HA), WV X	Hardy (HR), WV X PEER COUNTY	Mineral (MI), WV X	Pendleton (PE), WV X
Health Outcomes		21	32	13	10	14
Length of Life		5	35	15	10	21
Premature death	10,500	7,400	10,500	8,800	8,000	9,200
Quality of Life		36	21	12	20	9
Poor or fair health	24%	22%	22%	21%	23%	22%
Poor physical health days	5.2	5.2	4.9	4.8	5.2	5.1
Poor mental health days	5.2	5.1	5.1	4.9	4.9	4.9
Low birthweight	9%	10%	9%	9%	8%	8%
Health Factors		11	32	22	6	10
Health Behaviors		20	24	12	11	21
Adult smoking	25%	21%	22%	20%	22%	21%
Adult obesity**	36%	37%	38%	37%	34%	39%
Food environment index**	6.9	7.7	6.8	7.3	7.7	6.9
Physical inactivity**	28%	30%	26%	29%	26%	31%
Access to exercise opportunities	60%	37%	48%	67%	62%	87%
Excessive drinking	12%	11%	11%	11%	13%	11%
Alcohol-impaired driving deaths	31%	29%	32%	35%	20%	44%
Sexually transmitted infections**	261.4	144.5	81.4	151.6	189.4	96.8
Teen births	36	46	40	37	32	36
Clinical Care		25	46	49	9	30
Uninsured	7%	7%	9%	8%	6%	8%
Primary care physicians	1,270:1	1,960:1	4,660:1	4,630:1	3,050:1	2,350:1
Dentists	1,860:1	2,330:1	2,930:1	1,960:1	3,020:1	1,170:1
Mental health providers	830:1	1,300:1	1,680:1	2,290:1	1,240:1	1,750:1
Preventable hospital stays	5,683	6,071	4,815	5,984	4,620	5,074
Mammography screening	38%	44%	39%	39%	49%	42%
Flu vaccinations	41%	38%	38%	30%	43%	38%
Social & Economic Factors		15	26	22	8	11
High school graduation	89%	95%	84%	93%	97%	98%
Some college	55%	45%	41%	46%	51%	36%
Unemployment	5.2%	5.6%	3.9%	5.0%	5.4%	3.6%
Children in poverty	24%	22%	26%	22%	22%	24%
Income inequality	4.9	4.5	4.2	4.0	4.2	4.5
Children in single-parent households	34%	26%	39%	39%	34%	30%
Social associations	12.9	11.9	9.9	11.5	14.2	12.8
Violent crime**	330	224	227	429	242	
Injury deaths	114	72	122	91	84	125
Physical Environment		2	24	6	5	1

	West Virginia	Grant (GR), WV X	Hampshire (HA), WV X	Hardy (HR), WV X PEER COUNTY	Mineral (MI), WV X	Pendleton (PE), WV X
Air pollution - particulate matter	9.6	8.1	8.6	8.2	8.7	7.9
Drinking water violations		No	Yes	Yes	No	No
Severe housing problems	11%	9%	11%	8%	9%	11%
Driving alone to work	82%	82%	80%	79%	82%	70%
Long commute - driving alone	33%	33%	56%	30%	37%	41%

** Compare across states with caution

Note: Blank values reflect unreliable or missing data

Grant Memorial Community Health Perceptions Survey

Thank you for taking the following survey - it should take less than 10 minutes to complete. The purpose of this survey is to get your input about community health concerns in your county. This survey will be used to help guide the Community Health Needs Assessment taking place at Grant Memorial. The community partners will use the results of this survey, along with other information, to identify the most pressing health issues that can be addressed through community action. **Your responses will not be associated with you in any way.** If you have recently completed this survey, please disregard.

Remember, your opinion is important to us! Thank you for your time and please contact us if you have any questions concerning this survey or need help completing it. Emily Sarkees, WVU School of Public Health - edillama@hsc.wvu.edu

1.) In which county do you currently live?

- Grant
- Hardy
- Pendleton
- Mineral
- Hampshire
- Other _____

2.) In your opinion, what is the most important health problem or health issue for residents of your county? _____

3.) Thinking about your community, what helps keep residents healthy?

4.) Thinking specifically about your own life, what local places, programs, or organizations have helped you or someone close to you be more healthy or learn about healthier habits?

5.) How would you rate your county as a "healthy community"?

- Very unhealthy
- Unhealthy
- Somewhat unhealthy
- Healthy
- Very healthy

6.) From the following list, which do you think are the **3** most important issues related to health and disease in your county? **Please choose only 3.**

- Aging problems (e.g. arthritis, hearing or vision loss)
- Cancer
- Dental problems
- Diabetes (“sugar”)
- Heart disease/stroke
- High blood pressure
- HIV/AIDS
- Mental health problems
- Obesity
- Respiratory/lung disease/asthma
- Sexually transmitted diseases and infections
- Substance abuse/dependence
- Other _____

7.) From the following list, which do you think are the **3** most important issues related to quality of life and environment in your county? **Please choose only 3.**

- Access to public transportation
- Access to recreation facilities, play spaces, and healthy activities for children and adults
- Air quality
- Bicycle and pedestrian safety/adequate sidewalks
- Employment access/good jobs available
- Food insecurity/hunger/access to healthy foods
- Help for individuals and families during times of need
- Help for the elderly
- Other _____
- Help for those with physical/cognitive limitations
- Homelessness
- Inadequate housing
- Low income
- Safety of neighborhoods, schools, playgrounds, etc.
- Quality of schools’ health provisions (healthy food, enough physical activity for students, etc.)
- Quality of public schools’ health education (hygiene and personal care, sex education, etc.)
- Water quality

8.) From the following list, which do you think are the **3** most important issues related to personal choices or risky behaviors in your county? **Please choose only 3.**

- Alcohol abuse
 - ATV/4-wheeler crashes
 - Bad eating choices
 - Child abuse/neglect
 - Crime
 - Distracted driving (texting/cell use)
 - Domestic violence
 - Drug abuse
 - Exclusion or discrimination based on race, religion, gender, sexual orientation, etc.
 - Gun-related injuries
 - Impaired driving (drugs/alcohol)
 - Lack of exercise
 - Not getting vaccinations to prevent disease
 - Not using seatbelts and/or child safety seats
 - Overeating
 - Sexual assault/rape
 - Suicide
 - Tobacco – smoking/vaping
 - Tobacco – chewing
 - Unsafe/unprotected sex
 - Other
-

9.) Please indicate whether you agree (**A**) or disagree (**D**) with each of the following statements, or whether it is not applicable (**NA**) to you:

- I have easy access to the medical specialists I need. **A D NA**
- I am very satisfied with the medical care I receive. **A D NA**
- I have access to adequate healthcare. **A D NA**
- Sometimes it is a problem for me to cover my share of the cost for a medical care visit. **A D NA**
- Sometimes it is a problem for me to cover my share of the cost of medication. **A D NA**
- I am able to get medical care whenever I need it. **A D NA**

10.) With which gender do you identify?

- Female
- Male
- Other _____

11.) What is your age range?

- 18 to 25 years
- 26 to 39 years
- 40 to 54 years
- 55 to 64 years
- 65 to 80 years
- More than 80 years

12.) What is your marital status?

- Married, partnered, or cohabitating
- Divorced
- Never married
- Separated
- Widowed
- Other _____

13.) How many children under the age of 18 live in your household, if any? _____

14.) Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

15.) Which of these best describes your race? Please select all that apply.

- White/Caucasian
- Asian
- Black/African American
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Other _____

16.) What is your approximate yearly household income?

- Less than \$20,000
- \$20,000 to \$29,000
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- More than \$100,000
- Prefer not to answer

17.) What is the highest level of education you have completed?

- Less than high school graduate
- High school diploma or equivalent
- College degree or higher
- Other _____

18.) Do you see a healthcare provider on a regular basis for physicals, screenings, or other preventative medicine?

- Yes
- No (if no, why not?) _____

19.) How do you pay for healthcare? Please select all that apply.

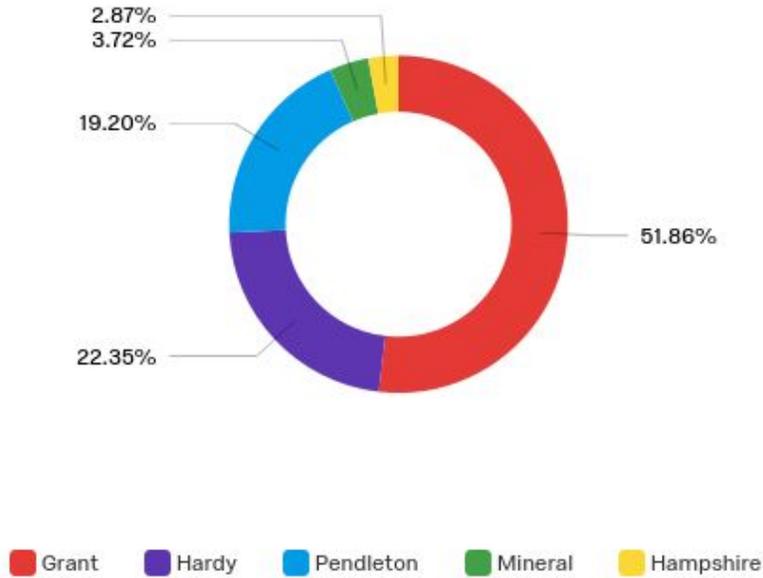
- I pay cash
- I have private health insurance through my own employer, my spouse's employer, or my parents
- Medicaid
- Medicare
- Veterans Administration
- Indian Health Services
- Other _____

20.) During the past year, have you had a lapse in insurance coverage?

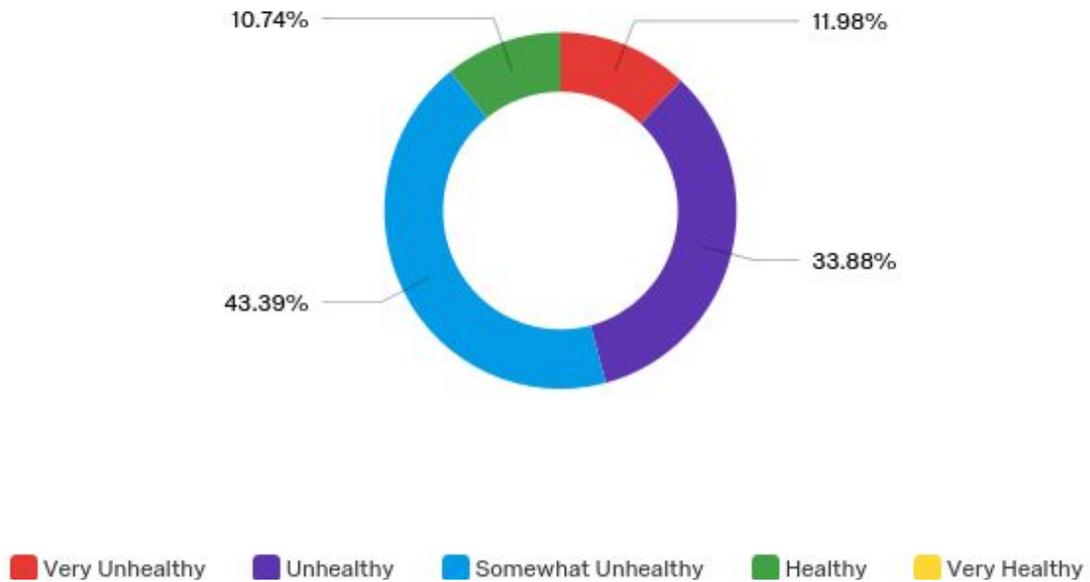
- No
- Yes (if yes, why?) _____

21.) Is there anything else you would like to say about health problems or healthcare in your community? _____

Appendix C - Summary of Data and Demographic Breakdowns



How would you rate your county as a “healthy community”?



Overall top health concerns					
Health & Disease		Quality of Life & Environment		Personal Choice & Risky Behavior	
Substance use and abuse	63.8%	Employment access/good jobs available	16.5%	Drug abuse	29.7%
Obesity	49.8%	Low income	13.4%	Bad eating choices	10.7%
Cancers	48.9%	Help for the elderly	13.3%	Alcohol abuse	10.3%
Diabetes	42.6%	Access to recreation spaces and healthy activities	10.4%	Lack of exercise	10.0%
Heart disease and stroke	29.4%	Help for individuals and families in times of need	7.8%	Tobacco - smoking/vaping	7.3%

What keeps people healthy?

Respondents were asked two open-ended questions about what keeps people in their community healthy, including specific places, programs, or organizations. Results were tallied together and these are the top five:

Exercise	38
Healthy eating choices and access to healthy food	36
Health education programs and materials	33
Grant Memorial Hospital	26
Nothing	22

Top Five Health & Disease Topics

Grant (182)	Hampshire (10)	Hardy (78)	Mineral (13)	Pendleton (67)
Substance use and abuse - 66.7%	Obesity - 100%	Substance use and abuse - 69.6%	Obesity - 62.5%	Substance use and abuse - 54.6%
Cancers - 53.7%	Diabetes - 66.7%	Obesity - 60.9%	Substance use and abuse - 50.0%	Diabetes - 49.1%
Obesity - 46.3%	Substance use and abuse - 66.7%	Cancers - 43.5%	Heart disease and stroke - 37.5%	Cancers - 47.3%
Diabetes - 41.5%	Cancers - 33.3%	Diabetes - 39.1%	Cancers Diabetes High BP	Obesity - 43.6%
Heart disease and stroke - 30.5%	Mental health problems - 33.3%	Mental health problems - 26.1%	Mental health issues Lung disease - All 25.0%	Heart disease and stroke - 36.4%

Top Five Quality of Life & Environment Topics

Grant (182)	Hampshire (10)	Hardy (78)	Mineral (13)	Pendleton (67)
Employment access and good jobs - 17.3%	Access to recreation facilities and activities - 22.2%	Low income - 12.6%	Access to public transportation - 14.3%	Employment access and good jobs - 18.9%
Help for the elderly - 14.1%	Low income - 22.2%	Employment access and good jobs - 11.8%	Employment access and good jobs - 14.3%	Help for the elderly - 15.7%
Low income - 13.6%	Access to public transportation Employment access and good jobs Help for those with physical or cognitive limitations Food insecurity Quality of public schools' health education - All 11.1%	Help for individuals and families in times of need - 10.4%	Access to recreation facilities and activities Help for the elderly Help for families and individuals in times of need Food insecurity Low income - All 9.5%	Low income - 13.8%
Access to recreation facilities and activities - 11.7%		Help for the elderly - 9.6%		Access to public transportation - 12.0%
Help for individuals and families in times of need - 7.6%		Access to public transportation - 8.2%		Access to recreation facilities and activities - 18.8%

Top Five Personal Choice & Risky Behavior Topics

Grant (182)	Hampshire (10)	Hardy (78)	Mineral (13)	Pendleton (67)
Drug abuse - 31.1%	Drug abuse - 22.2%	Drug abuse - 27.7%	Drug abuse - 23.8%	Drug abuse - 29.3%
Bad eating choices - 10.9%	Lack of exercise - 22.2%	Alcohol abuse - 13.1%	Bad eating choices - 19.1%	Lack of exercise - 12.2%
Alcohol abuse - 9.5%	Alcohol abuse Bad eating choices Child abuse and neglect Overeating Suicide - All 11.1%	Lack of exercise - 11.0%	Lack of exercise - 14.3%	Alcohol abuse - 10.4%
Lack of exercise - 8.2%		Bad eating choices - 10.2%	Tobacco - smoking or vaping - 14.3%	Bad eating choices - 9.8%
Overeating - 7.4%		Overeating - 8.8%	Overeating - 9.5%	Tobacco - smoking or vaping - 7.9%

Breakdown by Gender (F = 192 / M = 39)

Health & Disease		Quality of Life/Environment		Personal Choice/Risky Behavior	
Female	Male	Female	Male	Female	Male
Substance use and abuse - 66.7%	Obesity - 56.4%	Employment access - 15.1%	Employment access - 23.7%	Drug abuse - 29.9%	Drug abuse - 29.2%
Cancers - 48.4%	Cancers - 53.8%	Help for the elderly - 13.9%	Low income - 18.4%	Bad eating choices - 10.4%	Alcohol abuse - 13.3%
Obesity - 48.4%	Diabetes - 51.3%	Low income - 12.3%	Help for the elderly - 10.5%	Lack of exercise - 10.4%	Bad eating choices - 11.7%
Diabetes - 40.6%	Substance use and abuse - 48.7%	Access to recreation and activities - 10.9%	Access to recreation and activities - 7.9%	Alcohol abuse - 9.5%	Lack of exercise - 8.3%
Heart disease and stroke - 29.7%	Heart disease and stroke - 30.8%	Access to public transportation - 8.3%	Help in times of need - 7.9%	Smoking/vaping - 8.3%	Overeating - 8.3%

Breakdown by Children in Home (n=83) vs. No Children (n=148)

Health & Disease		Quality of Life/Environment		Personal Choice/Risky Behavior	
Kids	No Kids	Kids	No Kids	Kids	No Kids
Substance use and abuse - 68.8%	Substance use and abuse - 61.5%	Employment access - 16.7%	Employment access - 16.6%	Drug abuse - 29.9%	Drug abuse - 29.7%
Obesity - 49.4%	Cancers - 50.0%	Help for the elderly - 13.1%	Help for the elderly - 13.4%	Lack of exercise - 13.2%	Alcohol abuse - 12.3%
Cancers - 47.0%	Obesity - 50.0%	Low income - 13.1%	Low income - 13.4%	Bad eating choices - 12.4%	Bad eating choices - 9.6%
Mental health problems - 33.7%	Diabetes - 48.0%	Access to recreation and activities - 12.7%	Access to recreation and activities - 9.1%	Child abuse/neglect - 8.4%	Lack of exercise - 8.2%
Diabetes - 32.5%	Heart disease and stroke - 33.8%	Access to public transportation - 7.8%	Help in times of need - 9.1%	Overeating - 7.6%	Tobacco - smoking or vaping - 8.2%

Resource Guide - Suggestions from Community Meeting	
Organization/Program	Contact Information
Celebrate Recovery (First Baptist Church of Petersburg)	304-851-6988 Betty Christensen
Grant County Health Department	304-257-4922
Grant School	Tamara Gossard
Hampshire County Day Report	304-822-3009
Hampshire County Health Department	304-496-9641
Hardy County Health Department	304-530-6355
Hardy County Health and Wellness Center	304-538-7380
Judy's Drug Store	304-257-1044
Mineral County Day Report	304-788-0593
Mineral County Health Department	304-788-1321
On Track	
Pendleton County Health Department	304-358-7565
Potomac Highlands Guilt / PITAR	304-257-1155
Right From the Start	via GCHD
Russ Hedrick Recovery Resource Center	304-257-5200
WIC	304-257-4936
WVU Extension	Vicky Fertig