



**Kanawha Coalition
for Community Health Improvement**

Kanawha County

2017

Community Health Assessment Report

**Summary of Findings
March 28, 2017**

Our Mission: To identify and evaluate health risks and coordinate resources to measurably improve the health of the people of Kanawha County.

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Acknowledgements

The Kanawha Coalition for Community Health Improvement extends its sincere gratitude to the University of Charleston's Capito Department of Nursing and faculty for allowing fourth year nursing students to experience hands-on community health research by conducting focus groups and administering household phone interviews for the Coalition's seventh triennial Community Health Needs Assessment.

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Special Thanks to these Individuals and Organizations

The Kanawha Coalition would like to thank the staff of the Kanawha-Charleston Health Department, Deb Koester with West Virginia Local Health Inc., and the Charleston Area Medical Center Planning Department for assisting with the assessment process. And we thank the following individuals for arranging focus groups in their communities: Diana Hughes, Michele Bowles, Barbara Miller, Gloria Fridell, Reverend Gary Nelson, Tom Kuhn, Jason Bibbee, and Janeene Whanger-Foster.

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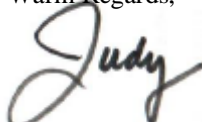
Dear Kanawha County Residents,

The Kanawha Coalition for Community Health Improvement is honored to have your continued trust and confidence in our sustained efforts to improve the health of the people of Kanawha County. Since our inception in 1994, the Kanawha Coalition has believed that people need to participate in making decisions that affect them and has been committed to including input from community members when making decisions about our future areas of focus. Every three years we conduct a countywide Community Health Needs Assessment (CHNA) to identify the issues that you feel impact health in Kanawha County. Our Steering Committee, listed to the left, guides this assessment process. We are pleased that the University of Charleston's Bert Bradford School of Health Sciences, once again allowed their senior nursing students to assist us with our health assessment. The students helped conduct community focus groups, telephone interviews with randomly selected households, and plan and host our 2017 Community Health Issues Forum where priorities are set for the Coalition for the next three years.

Additionally, we would like to thank the 291 randomly selected households and 87 community leaders for taking part in this year's assessment. We also thank the 51 individuals who participated in our focus groups. Your thoughtful consideration about the health needs and special challenges that face our County enriched our process.

The Kanawha Coalition will pull together groups of people to explore and address challenges and opportunities identified through our CHNA. This Community Health Improvement Plan will be owned by our community, not by organizations, and you will be informed and engaged along the way. We invite and encourage you to join in these efforts. We know that with all of us working together, we can create a healthier, safer community.

Warm Regards,



Judith M. Crabtree
Executive Director

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Introduction, Purpose and Methodology

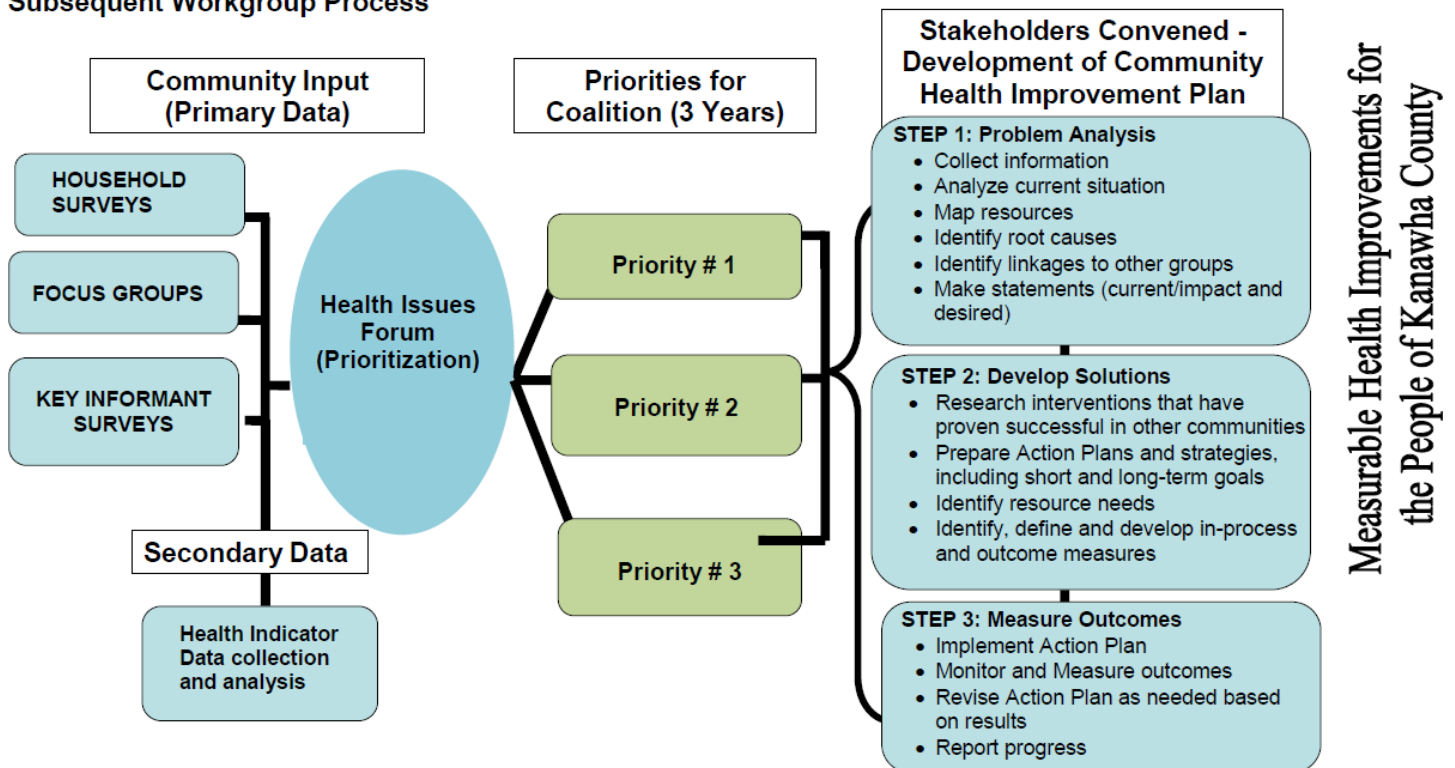
The Kanawha Coalition for Community Health Improvement conducts a comprehensive, county-wide health needs assessment every three years to:

- Clearly identify the needs of Kanawha County residents,
- Identify the extent to which those needs are being met,
- Identify opportunities to improve overall health status, and
- Utilize a comprehensive needs assessment tool that all member organizations and the community can use to guide their strategic planning.

The Kanawha Coalition’s assessment process encompasses the following:

- The collection, compilation and analysis of existing secondary county health data
- A randomized household telephone survey to gain community input
- Focus groups
- Key informant interviews to gain input from professionals representative of key sectors of the community
- A health issues forum to set priorities for the Coalition’s work

Kanawha Coalition for Community Health Improvement's Triennial Health Assessment Process and Subsequent Workgroup Process



Social Determinants of Health

The World Health Organization defines Social Determinants of Health as circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

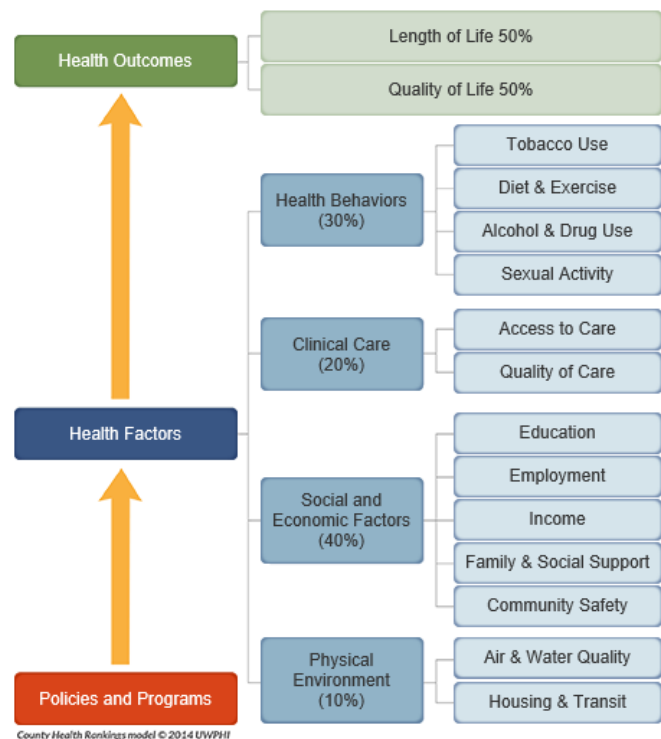


Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The

conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be. (www.healthypeople.gov)

The [County Health Rankings \(CHR\)](#) program measures the health of nearly all counties in the Nation. CHR is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

This report shares findings from the Kanawha Coalition’s 2016-2017 Community Health Needs Assessment (CHNA) which include surveying community key informants, a randomly selected household survey, and holding community focus groups. The report will provide these findings within the context of the Social Determinants of Health and include data measured by the 2016 County Health Rankings. By aligning the primary data collected through our CHNA with secondary data measured by the County Health Rankings, we strive to present a more robust interpretation. (See Appendix E for further information.)



Household Survey

This report summarizes the data derived from the randomized household telephone survey completed by 291 households from February 13 through March 9, 2017.

Method:

The household surveys were conducted using appropriate quality controls which included involving research experts in the design of the survey instrument, thorough and consistent training of interviewers, and the use of reputable survey-analysis software. The principal investigator provided oversight to the surveying process including data collection and entry. Data was collected and entered using a web-based survey. This report was compiled and verified for accuracy by members of the Kanawha Coalition for Community Health Improvement. This survey sample size results in a statistically significant 95% confidence interval with an error of margin of plus or minus 5.73%. Not all respondents answered every question therefore the margin of error was adjusted and reported for each question, based on the number of respondents. Numbers too small to be statistically significant are noted as such in this report.

An independent sampling firm randomly selected landline telephone numbers for Kanawha County households. The random landline sample consisted of 8,600 numbers which was screened for disconnects and businesses, resulting in a list of 4,568 numbers. A total of twenty-six nursing students received training and administered the phone survey.

Early release of estimates from the National Health Interview Survey, January – June 2015, National Center for Health Statistics, December 2015 (<http://www.cdc.gov/nchs/nhis.htm>), indicate that the number of American homes with only wireless telephones continues to grow. Nearly one-half of American homes (47.4%) had only wireless telephones (also known as cellular telephones, cell phones, or mobile phones) during the first half of 2015 — an increase of 3.4 percentage points since the first half of 2014. More than two-thirds of all adults aged 25-34 and of adults renting their homes were living in wireless-only households. Furthermore, the report indicated that adults living in poverty (59.3%) and near poverty (54.4%) were more likely than higher income adults (45.7%) to be living in households with only wireless telephones. Based on this information, the Kanawha Coalition attempted to increase the number of responses among younger residents and lower income residents by doubling its acquired address based sample of households with only wireless telephones. This randomly selected sample of 5,600 households received postcards in the mail directing them to the online survey or to call the Kanawha Coalition to arrange a convenient time to take the survey by telephone.

As with any telephone survey, there are certain limitations. The result of the survey depends on the accuracy of the responses given by the persons interviewed. Self-reported behavior must be interpreted with caution. To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on the U.S. Census QuickFacts five year estimates 2010-2015. This comparison reveals an over-representation of respondents who were female, over age 55, widowed, those without children in the home and Caucasian. There was an underrepresentation of African Americans, people with lower-educational attainment (high school or less), households with children in the home, and those who had never been married. (See Appendix D for a detailed report of Kanawha County demographics.)

The chart below illustrates the number of respondents and how they were referred to the household survey. 71% (207) can be attributed to calls made by volunteer interviewers either leaving messages directing them to the survey (17%) or conducting the survey in person over the phone (54%). Another 29% reported having taken the survey in response to receiving an invitation (postcard) in the mail. Finally, to safeguard the random samples, an option was made available for those who heard about the survey from other means (friends, family or neighbors). Any responses from this category were removed and not included in the findings included in this report.

Answer Choices	Responses	
I received a postcard in the mail directing me to this survey	28.87%	84
Someone called my home and asked me to take the survey	16.84%	49
I heard about this survey from a friend, family member or neighbor	0.00%	0
I am a KCCHI Volunteer Interviewer and I am entering responses for someone without Internet access	54.30%	158
Total		291

Report of Findings:

The household survey instrument was comprised of standardized questions to ensure consistent information was solicited on specific topics. The survey covered a wide variety of health topics and was designed to determine the community's perception of health needs and concerns, and to provide some indication of actual health-related behaviors. The survey also addressed a number of social, economic and environmental concerns. The survey has remained mostly unaltered since its first use in 1995 to allow for trending. Over the years, a few questions have been added and removed for evaluation purposes or as special health issues arose. (See Appendix A: Household Survey Instrument.)

Not all of the respondents answered every question thus the total number of respondents is noted above each table or chart along with the adjusted margin of error. When responses by sub-groups are reported both the percentage and total number of respondents are indicated.

Demographics of Household Respondents

Gender	2017	2014	2011	2006	2002-03	1998	1995	2015 County Census (Estimates)
Male	33%	32%	30%	26%	25 %	34%	31%	48%
Female	67%	68%	70%	74%	75%	66%	69%	52%

Race	2017	2014	2011	2006	2002-03	1998	1995	2015 County Census (Estimates)
White	93%	92%	93%	93%	92%	93%	96%	89%
African-Am.	5%	5%	4%	4%	7%	6%	4%	7%
Other	2%	3%	3%	3%	1%	1%	0	4%

Marital Status	2017	2014	2011	2006	2002-03	1998	1995	U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates
Married	46%	54%	51%	63%	51%	63%	57%	44%
Divorced	18%	19%	18%	13%	17%	10%	14%	16%
Widowed	20%	15%	11%	16%	11%	9%	14%	8%
Separated	1%	1%	2%	1%	2%	2%	1%	1%
Never	13%	8%	16%	5%	16%	13%	16%	27%
Unmarried Couple	2%	2%	2%	0.89%	3%	3%	NA	3%
Refused	0.35%	0.30%	0.40%	0.44%	NA	NA	NA	-----

Education (of respondent)	2017	2014	2011	2006	2002-03	1998	1995	U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates
High School or under	37%	36%	24%	48%	31%	50%	52%	49%
Some College	31%	21%	31%	26%	39%	25%	25%	26%
Bachelors or higher	31%	33%	45%	26%	32%	25%	28%	25%
Refused	1%	*	*	*	*	*	*	

*Not asked

Ages (years)	2017	2014	2011	2006	2002-03	2015 County Census (Estimates)
Under 19	0%	NA*	1%			-----
20-24	2%	2%	1%	1 %	5 %	6%
25-34	7%	8%	11%	9 %	17 %	12%
35-44	8%	12%	12%	13 %	15 %	12%
45-54	11%	15%	12%	25%	25 %	14%
55-64	30%	29%	28%	20%	15 %	15%
65 & over	42%	34%	34%	32 %	23 %	18%

* Not asked

Household Description	2017	2014	2011	2006	2002-03	1998	1995	2010 U.S. County Census
An adult living alone	36%	31%	32%	24%	26%	17%	25%	32.5%
Two or more adults w/o children	39%	45%	46%	46%	38%	41%	36%	29.7%
Single-parent household	5%	4%	5%	3%	2%	7%	5%	8.9%
Two or more adults with children	20%	20%	17%	27%	34%	5%	34%	14.6%

Employment Status	2017	2014	2011	2006	2002-03	1998	1995
Employed (FT/PT/Self)	37%	39%	45%	43%	63%	72%	58%
Out of Work more than 1 year	1%	3%	1%	1%	4%	2%	0%
Out of Work less than 1 year	1%	2%	5%	2%	1%	1%	0%
Homemaker	4%	8%	6%	11%	9%	10%	10%
Student	1%	1%	2%	1%	2%	1%	1%
Retired	42%	36%	34%	33%	18%	9%	24%
Unable to Work	13%	12%	7%	9%	3%	5%	0%

Income	2017	2014	2011	2006	U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates
\$10,000 or less	5%	8%	8%	9%	8%
\$10,000-\$15,000	8%	9%	7%	10%	6%
\$15,000-\$35,000	22%	25%	21%	28%	24%
\$35,000-\$50,000	15%	19%	19%	16%	16%
\$50,000-\$100,000	22%	27%	19%	22%	30%
\$100,000-\$200,000	7%	12%	12%	5%	13%
\$200,000 or more	0%	0%	2%	2%	3%
Refused	21%	NA	12%	6%	-----

Household Survey Respondents were from the following areas in Kanawha County:


- | | | |
|-------------|-----------|------------------|
| Alum Creek | Drybranch | Miami |
| Belle | Dunbar | Nitro |
| Blount | Elkview | Pratt |
| Charleston | Glasgow | Quick |
| Chesapeake | Hansford | Sissonville |
| Clendenin | Hernshaw | South Charleston |
| Cross Lanes | Hugheston | Spring Hill |
| Crown Hill | Jefferson | Tad |
| Decota | Marmet | |

Key Informant Survey

This report summarizes the qualitative data derived from the key informant surveys conducted with 87 key informants in Kanawha County during April 2016.

Method: Key informants were identified by the Kanawha Coalition’s Steering Committee and of those identified 87 completed the online survey. The survey included both standardized questions and open ended questions, to elicit a full range of responses. (See Appendix B: Key Informant Survey Instrument.)

Chart 1: Key Informants by Sector



Area of Expertise	Response Percent	Response Count
Nonprofit Services/Organization	16.1%	14
Health Care Organization	11.5%	10
Government	8.0%	7
Public Health	8.0%	7
Business	6.9%	6
Health Care Provider	6.9%	6
Mental/Behavioral Health	5.7%	5
Academia	4.6%	4
Advocacy	1.1%	1
Education	4.6%	4
Faith-Based Organization	4.6%	4
First Response	4.6%	4
Funder	4.6%	4
Human Services and/or Charity	3.4%	3
Legal	2.3%	2
Youth Development	2.3%	2
Economic/Philanthropic	1.1%	1
Law Enforcement	1.1%	1
Pharmacy	1.1%	1
Veterans' Services	1.1%	1
Media	0.0%	0
Disability Services	0.0%	0
Recreation & Arts	0.0%	0
<i>answered question</i>		87
<i>skipped question</i>		0

Reporting of Findings: Key informants were asked to identify what they believe are the top three populations in Kanawha County with unmet needs. They also were asked to share what they thought were the biggest concerns in Kanawha County regarding health risk behaviors, clinical care, social and economic factors and the physical environment. They were asked to share what challenges and barriers they believe exist, along with their thoughts on what needs to happen to overcome these challenges and barriers. Finally, key informants were asked what they thought were the “top three” issues overall in Kanawha County and to name what they believed to be the top three health-related “assets and strengths” for the county.

Key Informants

Pamela L. Alderman	University of Charleston
Alex Alston	Roark Sullivan Life Center
Jennifer Bailey	Kanawha Co. Circuit Court / Kanawha County Adult Drug Court
John Ballengee	United Way of Central West Virginia
Vicki Ballengee	Community Development Outreach Ministries
Marie Beaver	Rea of Hope, Inc.
Darick Biondi	Mount Juliet United Methodist Church
Elliott Birckhead	WV DHHR-BBHHF
Gary Bledsoe	Town of Clendenin
Michele Bowles	Regional Family Resource Network
Michael Brumage, MD	Kanawha Charleston Health Department
Steve Burton	First Choice
Dick Callaway	City of St. Albans
Samuel Carroll, MD	Veterans Administration
Martha Carter	FamilyCare Health Centers
Mary Caldwell	Valley Health WIC Program
Kelli Caseman	West Virginia School Based Health Assembly
Kristin Chandler	Behavioral Health, Charleston Area Medical Center
Mark Chandler	Triana Energy
Christine Compton	American Heart Association
Patty Deutsch	PSIMED / Private Practice
Stephanie DeWees	Kanawha Charleston Health Department
Steve Dexter	Thomas Health System
Dr. Michelle R. Easton	University of Charleston School of Pharmacy
Loren Farmer	Bob Burdette Center, Inc.
Karmin Ford	Alzheimer's Association
Dan Foster, MD	Charleston Area Medical Center
Dr. Michelle Foster	The Greater Kanawha Valley Foundation
Lynne Fruth	Fruth Pharmacy
Justin Gaull	Charleston Area Alliance
Ed Gaunch	WV State Senate
Bradley Henry, MD	Drs. Henry, Kinder and Associates
Steve Hewitt	United Way of Central WV
Paige Hill	Big Brothers Big Sisters
David Hodges	Charleston Fire Dept.
Brenda C. Isaac	Kanawha Charleston Health Department
Jamie Jeffrey, MD	KEYS4HealthyKids; HealthyKids Clinic at CAMC
Kim Johnson	Kanawha County Emergency Ambulance Authority
Michael Jones	The Kanawha Institute for Social Research & Action
Kristi Justice	Kanawha Communities That Care
Paulette Justice	Kanawha Valley Senior Services, Inc.
Sky Kershner	KPCC Counseling

Tricia Kingery	Kingery & Company
Major Darrell Kingsbury	The Salvation Army
JF Lacaria	WV Conference / The United Methodist Church
John D. Law	Kanawha-Charleston Health Department
Barbara Mallory	United Way of Central WV
Brienne Marco	Spilman Thomas & Battle
Jeri Matheny	Appalachian Power
Stanley Mills	Kanawha-Charleston Health Department
Lillian Morris	Charleston Area Medical Center
Bobbi Steele Muto	Marshall University School of Medicine
Chad Napier	Appalachia High Intensity Drug Trafficking Area
Duane F. Napier	University of Charleston
Anna Nicoloudakis	West Virginia University
Cynthia Persily	Highland
Gail Pitchford	Charleston Area Medical Center Foundation
Vicki Pleasant	Daymark
Renate Pore	West Virginians for Affordable Health Care
Amelia J. Potesta, DDS	Kanawha County Dental Health Council
Robin Rector	Charleston Area Medical Center
Louise Reese	West Virginia Primary Care Association
Larry E. Robertson	Kanawha Hospice Care, Inc.
Jason Roush	WVDHHR
Susie Salisbury	Charleston Area Alliance
Dr. Elizabeth J. Scharman	WV Poison Center and WVU School of Pharmacy
Sue Sergi	Charles and Mary Fayne Glotfelty Foundation
Angie Settle	West Virginia Health Right, Inc.
C.W. Sigman	Kanawha Emergency Management
Robin L. Tabor	WV State University
Kim Tieman	Benedum Foundation
Tom Tinder	WV Bar Foundation
Steve Tuck	Children's Home Society of West Virginia
Daniel Walker	Highland Hospital
Chris Walters	WV Senate
T. Welch	Charleston Job Corps Center
Barbara Wessels	UniCare Health Plan
Bill White	Rand Volunteer Fire Department
Taya R. Williams	West Virginia Department for Health and Human Resources
Adrienne Worthy	Legal Aid of WV
Karen Yost	Pretera Center
Kim Zwier	United Way/Fifth Third

Focus Groups

To understand community needs, focus groups were held throughout Kanawha County in November 2017. As one component of the Coalition’s five-part assessment, focus groups offer insight into the needs, concerns and experiences of people whose voice is not often heard. Typically, focus groups are comprised of a small group of individuals, usually a vulnerable or target population. In this case focus groups were organized in communities located in different geographical locations in the county. It is important to note that the results reflect the perceptions of some community members, but may not necessarily represent all community members in Kanawha County.

Method:

A series of six focus groups were convened. Participants received gift cards for their completion of the focus group. The purpose of the discussion was to obtain input on issues that could impact the health of the residents of their communities. A total of 51 community members participated in focus groups in the following communities:

- Cross Lanes
- Elkview
- Kanawha City
- Marmet
- Miami
- London

The Kanawha Coalition provided training to fourth year University of Charleston – School of Health Science’s nursing students with the University of Charleston - School of Health Sciences to enable them to facilitate the groups. The students also compiled the results and prepared reports of the findings for the Kanawha Coalition. Highlights from these reports are included in this document.

Report of Findings:

Participants were provided with a map of a sample community along with a table that outlined the various social determinants of health. (See Figure 2 below) The group facilitator asked participants to imagine walking through their own communities and to consider the various determinants. Topics discussed included economic stability, physical environment, education, food, social support and the health care system. Pages 57 through 62 of this report share the findings from the community focus groups.

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Key Informant Findings

UNMET NEED

A total of 86 partners responded to identifying the top three target populations having the greatest unmet need or in need of additional public health/health care resources in Kanawha County. Of those, 54 (62.8%) identified mental health/addiction as the top target population having unmet needs. Also identified were individuals of low income (34.9%) and children (32.6%).

Target Populations with Greatest Unmet Need

Top Target Populations with Unmet Need	# Respondents	% Respondents
Mental Health/Addictions	54	62.8%
Low Income	30	34.9%
Children	28	32.6%

Challenges/Barriers Preventing Changes or Improvements in Needs of Specific Populations

Of the 86 respondents, 81 provided a text response for challenges/barriers preventing change or improvements in unmet needs. The four most common themes identified were: 1) lack of affordability or ability to pay for health care services, 2) lack of awareness and/or existing misperceptions about the needs of populations with unmet need, 3) lack of employment options in Kanawha County, and 4) lack of adequate funding, resources, facilities, and capacity to adequately address unmet needs of specific populations. Other themes that were identified included stigma associated with populations having unmet need, lack of/poor role models for children, lack of coordination of care, and lack of insurance coverage. The text analysis for barriers/challenges is provided below.

Text Analysis for Barriers/Challenges



Suggestions for Areas of Improvement

Respondents were also asked what needed to happen to meet the needs of specific populations and 81 provided a text response for suggested improvements. Responses focused on the following themes. First, the most commonly cited recommendation was to identify additional funding resources. Second, there was an overwhelming number of suggestions to establish a strategic plan of action consisting of clearly identifying problems, and developing specific goals and strategies for populations having unmet needs. This was further supported by recommendations to build networks, to increase coordination and communication within the system, and gain community buy-in. Additional strategies related to this theme included utilizing community-based outreach, focusing on prevention/screening, and providing education on available resources and how to access them. Third, increasing awareness and highlighting to the community issues around unmet needs was identified, with recommendations for obtaining more information from the populations experiencing unmet need and working to reduce stigmas. Fourth, the theme of increasing job opportunities for those with unmet need was again recommended.

Text Analysis for Areas of Improvement for Populations with Unmet Need



All Responses for Identifying Populations with Greatest Unmet Need

Answer Options	Response Percent	Response Count
Mental Health/Addictions	62.8%	54
Low Income	34.9%	30
Children	32.6%	28
Seniors	25.6%	22
Uninsured/Underinsured	22.1%	19
Adolescents	18.6%	16
Homeless	14.0%	12
Adults	11.6%	10
Victims of Abuse/Neglect	11.6%	10
Developmentally Disabled/Cognitively Disabled	3.5%	3
Veterans	10.5%	9
Homebound Persons	9.3%	8
Disabled - Unable to Work	8.1%	7
End of Life (individuals with end of life needs)	7.0%	6
Lesbian/Gay/Bisexual/Transgender	3.5%	3
Persons with HIV/AIDS/Hepatitis	2.3%	2
Pregnant Women	2.3%	2
Visually/Hearing Impaired	2.3%	2
Low income needing dental care	1.2%	1
Parents	1.2%	1
Publically intoxicated	1.2%	1
Racial/ethnic minorities	1.2%	1
Single parents	1.2%	1
Unemployed/Under-employed	1.2%	1
answered question		86

HEALTH RISKS AND RISKY BEHAVIORS

Health Risks/Risky Behaviors

A total of 87 partners responded to identifying the top three health risks/risky behaviors that are most significant in Kanawha County. Of those, 79.31% identified drug use (illicit) as a top priority, 60.92% identified drug use (prescription medications) as a top priority, and 39.08% identified obesity as a top priority health risk.

Top Health Risks/Risky Behaviors	# Respondent Comments	% Respondent Comments
Drug Use – Illicit Drugs	69	79.31%
Drug Use – Prescription Medications	53	60.92%
Obesity	34	39.08%

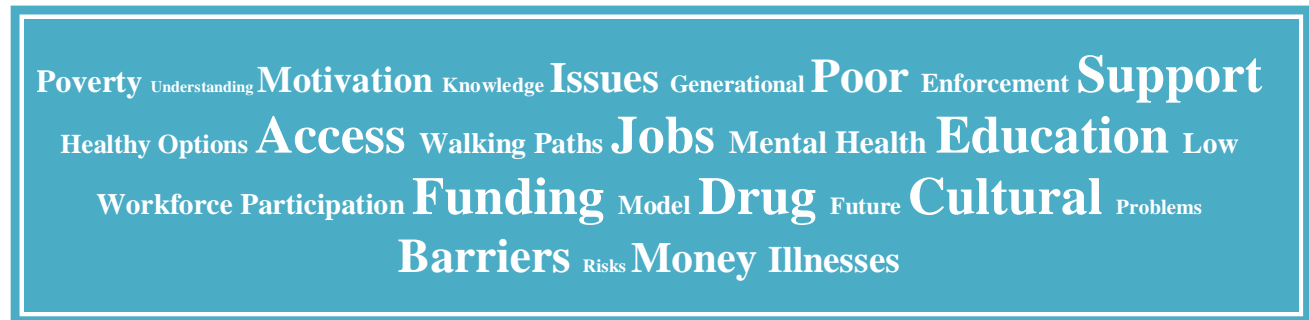
Challenges/Barriers Preventing Changes or Improvements in Health Risks/Risky Behaviors

Of the 87 respondents, 81 provided a text response for challenges/barriers preventing change or improvements for the top identified health risks/risky behaviors.

Substance Abuse: The most common themes challenges/barriers related to substance abuse were: 1) lack of options, resources and/or access to treatment, and 2) factors influencing decision to use, such as lack of role model, parents using and children affected, lack of motivation to change, economic environment (poverty, jobs, low education level, etc.) and tendency to relapse.

Obesity: The most common challenges/barriers related to obesity were: 1) the need for additional exercise opportunities and education on healthy choices, 2) lack of healthy options for eating and an environment not conducive to an active lifestyle, and 3) access to safe walking trails.

Text Analysis of Challenges/Barriers Preventing Changes or Improvements in Health



Risks/Risky Behaviors

Suggestions for Areas of Improvement of Health Risks/Risky Behaviors

A total of 81 responses were received with suggestions for improvement of the identified health risks/risky behaviors and focused largely on substance abuse.

Substance Abuse: Areas of improvement focused primarily on four themes. The first theme was education, which included community awareness, targeting youth and parents, addressing stigmas, education of alternatives, and the use of educational and marketing campaigns. The second theme was the use of policy and law to address substance abuse in terms of an enhanced drug court program, higher tax on tobacco and vaping products and stricter law on prescribing by physicians. The third theme was the need for a system level collaborative approach with strong leadership and the community working together in a coordinated manner. The need for funding from all levels and improving economic opportunities was also identified.

Obesity: Suggestions for improvement related to obesity focused on incentivizing healthy behaviors and a stronger push for fresh fruits and vegetables.

Text Analysis for Areas of Improvement of Health Risks/Risky Behaviors

Economic Culture Health Government Increased Healthy Treatment Facilities
 Community Risks Drugs Children Education Address Funding Better
 Role Models Schools Approach Jobs Tighter Tobacco Plans Programs

All Responses for Identification of Top Health Risks/Risky Behaviors

Answer Options	Response Percent	Response Count
Drug Use - Illicit drugs	79.3%	69
Drug Use - prescription medications	60.9%	53
Obesity	39.1%	34
Tobacco Use - smoking	34.5%	30
Child abuse/neglect	23.0%	20
Alcohol abuse	18.4%	16
Sedentary lifestyle	16.1%	14
Poor nutrition habits	10.3%	9
Suicide ideation/depression	5.7%	5
Unsafe driving habits	5.7%	5
Teen pregnancy	4.6%	4
Sexual promiscuity	3.4%	3
Tobacco Use - smokeless tobacco products	3.4%	3
Education (dropout rates, low completion)	2.3%	2
Inadequate immunizations	2.3%	2
Domestic Violence	1.1%	1
Good Insecurity	1.1%	1
Gang activity	1.1%	1
Lack of family environment	1.1%	1
Unemployment/Underemployment	1.1%	1
Unsafe structures (sewage discharges)	1.1%	1
Other	1.1%	1
	answered question	87

ACCESS TO HEALTH CARE SERVICES

CLINICAL CARE

Key respondents were asked to rate a set of barriers to health care as being “not significant”, “significant”, or “highly significant” in Kanawha County. A total of 85 key informants responded. Those services where respondents identified the barriers as the most significant were lack of access to mental health and/or addiction services, as well as lack of access to long term care services and lack of access to dental services. However, it should be noted that at least 50% of respondents identified all 9 of the health care services as having “significant” or “highly significant” barriers.

Answer Options	Not Significant 1	Significant 2	Highly Significant 3	% Identifying Services as Having Significant or Highly Significant Barriers	Rating Average Scale 1 to 3	Response Count
Lack of access to mental health and/or addiction services	4	24	57	95.3%	2.62	85
Lack of access to long term care services	17	47	19	77.6%	2.02	83
Lack of access to dental services	22	43	20	74.1%	1.98	85
Lack of access to health care specialist services	24	38	22	70.6%	1.98	84
Lack of access to preventive health screenings/services	26	46	12	68.2%	1.83	84
Lack of access to primary care services	33	39	11	58.8%	1.73	83
Lack of access to end of life care/services	35	36	12	56.5%	1.72	83
Lack of access to prescription drug services	35	34	12	54.1%	1.72	81
Lack of access to vision care services	37	35	9	51.8%	1.65	81
<i>answered question</i>						85
<i>skipped question</i>						2

Challenges/Barriers Preventing Access to Appropriate Clinical Care

Of the 87 respondents, 51 provided a text response for challenges/barriers preventing access to appropriate clinical care. The greatest challenges/barriers identified were transportation and cost/affordability of care in Kanawha County. Key informants also identified lack of coordination across health care settings and an ineffective ‘system of care’ and lack of Medicaid providers to manage the demand created by Medicaid expansion. Less frequent, but still cited challenges/barriers, included inadequate specialty care, lack of health care coverage for dental and vision care, wait times, high co-pays and deductibles, lack of knowledge about the populations that need to be served, and inappropriate use of 911 and emergency departments due to lack of another alternative to receive care.

Text Analysis for Challenges/Barriers Preventing Access to Appropriate Clinical Care

Education Salaries Unemployment Employment Poverty Substance
Abuse **Drug** Industries **Jobs** Health **Economy** Living
Addiction Economic

Suggestions for Areas of Improvement Related Access to Appropriate Clinical Care

A total of 52 responses were received with suggestions for improvement regarding access to appropriate clinical care with a number of themes arising. These included: 1) increase education to those in need on the resources available; 2) refocus care on prevention and healthy lifestyles and including youth and schools; 3) increase alternatives for transportation to receive care; 4) enhance capacity for the provision of care by increasing utilization of pharmacists, nurse practitioners, and professional volunteers, increasing the number of rural providers, increasing the number of providers willing to accept Medicaid, and implementing telehealth technology; 5) strengthening the coordination of care across the health care system, including medical homes and utilization of electronic health records; and 6) increasing resources and availability of vision and dental care services. Additional suggestions less frequently cited included taking care out into the community, the need for additional funding for all services among low income individuals/families, and the need for community involvement.

Text Analysis for Suggestions for Improvement Related Access to Appropriate Clinical Care

Transportation Community Education Medical Care Healthy
Services Providers Health Low Income Families **Preventive**
Resources **Increase**

SOCIAL AND ECONOMIC FACTORS

Key informants were provided opportunity to answer an open-ended question to identify the most pressing social and economic factors facing Kanawha County and its residents. A total of 71 key informants provided a response to this question. From those responses, the following themes emerged: 1) jobs - lack of jobs and high unemployment, low wages and lack of good jobs, and the need for job training and job skills development; 2) addiction - the prevalence of drug addiction and substance abuse with associated social stigmas, impact on families, and child abuse; 3) the economic environment - poor economy, high rate of poverty, loss of economic drivers (e.g. coal), economic disparities, diminishing population base, and difficulty affording housing; 4) education - lack of education and low educational attainment rates; 5) barriers to health - high health care costs, high disease rates, mental illness, lack of adequate access to care, and the need for a focus on prevention; and 6) lack of a vision for a better future.

Challenges/Barriers Preventing Changes or Improvements to Social and Economic Factors

Of the respondents, 64 provided additional identification of challenges and/or barriers that prevent change or improvement in the identified social and economic barriers. The key challenges/barriers were: 1) The economic environment, which encompassed overall poor economic conditions, poverty, a depressed job market without enough good paying jobs, no new industries, and no plan or vision for long term

economic development and the monumental magnitude of change needed; 2) Culture – including multigenerational behaviors/issues, lack of personal responsibility, lack of role models, broken family unit, lack of emphasis on education, poor life decisions, lack of motivation for change, addiction, hopelessness, disengagement, and characterization as being ‘deep-rootedness’; and 3) the political/funding climate, including recent budget cuts as contributing challenges/barriers.

Text Analysis for Challenges/Barriers Preventing Changes or Improvement in Social and



Economic Factors Facing Kanawha County

Suggestions for Improvement of Social and Economic Factors

Key informants were also provided an opportunity to offer suggestions for improvement of social and economic factors, for which 60 provided a response. Key themes were: 1) economic development, including jobs and job training; 2) coordination of assets and resources at a systems level, 3) leadership, and 4) addiction treatment.

Text Analysis for Suggestions for Improvement of Social and Economic Factors



COMMUNITY ASSETS AND STRENGTHS

Key informants were provided opportunity to identify health care and/or public health issues being well addressed in Kanawha County. A total of 59 provided a response.



Key informants were asked to rate a set of health issues on a scale of 1 to 5 with 1 being no problem and 5 being a big problem. The top five health issues identified as being the biggest problems were Addiction, Obesity/Overweight, Diabetes, Heart Disease and High Blood Pressure.

HEALTH ISSUES

Answer Options	1	2	3	4	5	Percent Identifying Issue as 4 or 5	Rating Average	Response Count
Addiction	1	0	2	6	76	96.50%	4.84	85
Obesity/Overweight	0	2	5	19	59	91.80%	4.59	85
Diabetes	0	1	9	27	44	87.70%	4.41	81
Heart Disease	0	1	13	38	27	82.30%	4.15	79
High Blood Pressure	0	2	16	37	23	76.90%	4.04	78
Cancer	0	3	16	32	30	76.50%	4.10	81
Depression	0	2	17	36	26	76.50%	4.06	81
Other Mental Health Problem	0	4	22	22	31	67.10%	4.01	79
Dental Problems	3	8	18	36	17	64.60%	3.68	82
Chronic Pain	0	11	31	27	12	60.50%	3.49	81
COPD	1	8	25	35	10	57.00%	3.57	79
Stroke	2	10	24	27	13	52.60%	3.51	76
Hepatitis	4	16	27	17	14	39.70%	3.27	78
Suicide	1	13	33	23	8	39.70%	3.31	78
Anxiety	0	12	37	28	3	38.80%	3.28	80
Car Accidents	1	18	36	20	4	30.40%	3.10	79
ATV Accidents	3	18	35	20	2	28.20%	3.00	78
Asthma	3	21	33	18	4	27.80%	2.99	79
Arthritis	3	13	44	13	4	22.10%	3.03	77
HIV Infections/AIDS	9	29	28	10	2	15.40%	2.58	78
Infant Deaths	7	31	28	9	1	13.20%	2.55	76
Sexually Transmitted Disease	6	15	38	13	4	22.40%	2.92	76
answered question								85

Key respondents were asked to identify the single greatest public health issue in Kanawha County. Of the 79 respondents for this questions, 52 (66.6%) overwhelmingly identify drug addiction as the single greatest public health threat.

GREATEST PUBLIC HEALTH ISSUE

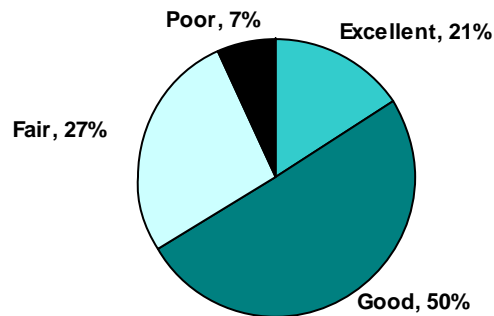
Response Text	No. Responses	% Responses
Drug addiction	53	66.6%
Obesity	6	7.6%
Depression	2	2.5%
Mental health services	2	2.5%
Adult oral health	1	1.3%
Cancer	1	1.3%
Diabetes	1	1.3%
Dissolving of the family unit/structure	1	1.3%
Getting people who need services connected to those available	1	1.3%
Hepatitis	1	1.3%
Intergenerational child abuse/neglect/dysfunction	1	1.3%
Lack of coordination in systems of care	1	1.3%
Lack of proper sewage disposal in answered areas	1	1.3%
Low education attainment	1	1.3%
Pediatric Diabetes	1	1.3%
Poor nutrition for children	1	1.3%
Related chronic diseases	1	1.3%
Smoking	1	1.3%
Smoking in pregnancy	1	1.3%
Unhealthy lifestyles	1	1.3%

Household Findings

Social and Economic Factors

Telephone survey participants were asked how they would describe Kanawha County, in general, as a place to live. The chart below depicts their responses.

How would you describe Kanawha County as a place to live?



Comparison table of previous survey responses
 2017: 282 Respondents with margin of error 5.83 (+ or -)

	2017	2014	2011	2006	2002-03	1998	1995
Excellent	16%	16%	21%	24%	16%	20%	15%
Good	50%	46%	55%	53%	55%	51%	59%
Fair	27%	29%	20%	19%	25%	24%	24%
Poor	7%	9%	4%	4%	4%	5%	3%

HOUSEHOLD STATUS

Are you and your household better off than you were a year ago?

2017: 245 Respondents with margin of error 6.25 (+ or -)

Better off	2017	2014	2011	2006	2002-03	1998	1995
Yes	52%	54%	52%	61%	64%	67%	62%
No	48%	46%	48%	39%	36%	33%	38%

SELF-SUFFICIENCY

Telephone respondents were asked to consider the degree to which individuals and families are able to be self-sufficient in Kanawha County. They were asked to rate their level of agreement with the following statements on a scale of 1 to 5, with 1 being “totally disagree” and 5 being “totally agree”.

2017: 279 Respondents with margin of error 5.86 (+ or -)

1 = Totally Disagree 5 = Totally Agree	1	2	3	4	5	Total	Weighted Average
People in Kanawha County....							
can get help with food, shelter and financial aid	6.45% (18)	14.34% (40)	27.96% (78)	32.62% (91)	18.64% (52)	279	3.43
with disabilities maintain independent living and well-being	9.68% (27)	18.28% (51)	40.50% (113)	24.01% (67)	7.53% (21)	279	3.01
have housing that is safe, affordable and appropriate	9.32% (26)	17.20% (48)	46.24% (129)	20.43% (57)	6.81% (19)	279	2.98
are prepared to handle unexpected crises	17.56% (49)	21.86% (61)	29.39% (82)	22.22% (62)	8.96% (25)	279	2.83
have the resources to be able to maintain a high quality of life	16.85% (47)	22.22% (62)	34.77% (97)	20.43% (57)	5.73% (16)	279	2.76
have steady jobs and financial stability	15.25% (43)	21.63 % (61)	45.39% (128)	15.25% (43)	2.48% (7)	282	2.68

FOOD

Are there people in Kanawha County who have problems with hunger?

2017: 251 Respondents with margin of error 6.18 (+ or -)

Answer Choices	Responses
Yes	80.88% 203
No	8.76% 22
Don't know	10.36% 26
Total	251

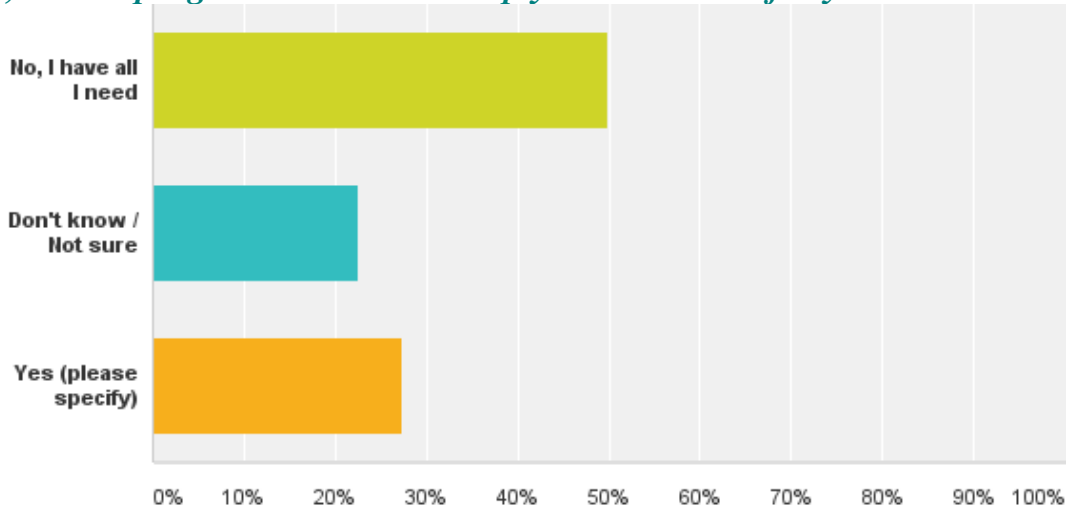
What some reasons for hunger in Kanawha County?

Answer Choices	Responses
Not enough money left over each month after paying bills	82.27% 167
Poor money management; spend money irresponsibly	77.83% 158
Can't afford transportation (bus fare, gas, taxi) to get to and from a grocery store or market	43.35% 88
Food costs too much	63.05% 128
Not enough food pantries for people with low incomes	42.86% 87
Not enough free meals in the community (churches, community centers)	36.45% 74
Other (please specify)	15.27% 31
Total Respondents: 203	

Other: Too proud to ask for help, need more meals for elderly shut-ins, ignorance, laziness, don't qualify for food stamps, lack of jobs/income

62 (21%) of survey respondents had children under age 18 living in their households. To learn if there were any perceived gaps in services or lack of resources, those respondents were asked the following:

As a parent or guardian of children under the age of 18, are there any resources, tools, and/or programs that could help you better care for your children?



The following additional resources, tools and/or programs were recommended:

- Parenting skills
- Drug testing in schools
- Better marketing of community events
- Better access to after-school programs
- After school programs for middle school age youth
- Better access to school playgrounds (outside school hours)
- Additional community-based financial assistance programs
- More sports and activities not connected with schools (community-based)
- More services for children with autism
- More outdoor activity centers (hunting, fishing, etc.)
- College preparation

EDUCATION

How would you rate the quality of the educational system in Kanawha County?

2017: 247 Respondents with margin of error 6.23 (+ or -)

	2017	2014	2011	2006	2002-03	1998	1995
Excellent	5%	7.5%	5%	7%	7%	9%	5%
Very Good	16%	19.1%	17%	27%	21%	16%	18%
Good	33%	40.2%	39%	45%	42%	38%	49%
Fair	21%	22.7%	18%	14%	23%	23%	21%
Poor	11%	10.4%	9%	7%	6%	14%	8%
Don't know	14%						

Do you believe children in Kanawha County are safe at school?

2017: 250 Respondents with margin of error 6.19 (+ or -)

	2017	2014	2011	2006	2002-03	1998	1995
Yes	67%	62%	61%	62%	58%	45%	36%
No	14%	18%	17%	19%	20%	34%	35%
Don't know	19%	20%	23%	19%	22%	21%	29%



Do you personally believe the topics below are problems in Kanawha County?

Respondents were read a list of **social, environmental and economic topics** and asked to identify if the topic was a “problem” or “not a problem” in Kanawha County. The three most frequently cited problems were **poverty (84%), unemployment/lack of jobs (82%), and crime (12%)**. Poverty, violence in the community and lack of substance abuse treatment and recovery services were rated at an all-time high.

2017: 269 Respondents with margin of error 5.97 (+ or -)

Social, Environmental, Economic Topics	Percentage “yes”							
	2017	Percent difference from 2014	2014	2011	2006	2002-03	1998	1995
Poverty	84%	2%	82%	82%	79%	81%	76%	77%
Unemployment/lack of jobs	82%	(1%)	83%	81%	66%	74%	56%	84%
Crime	81%	11%	70%	82%	85%	70%	77%	86%
Juvenile delinquency	68%	2%	67%	70%	74%	64%	78%	76%
Violence in the community	67%	16%	50%	*	*	*	*	*
Hunger	66%	*	*	*	*	*	*	*
Child abuse	64%	10%	54%	69%	76%	57%	65%	69%
Lack of job skills training	59%	*	*	*	*	*	*	*
Teenage pregnancy	57%	(5%)	63%	64%	67%	76%	81%	*
Lack of substance abuse treatment and recovery services	55%	6%	49%	*	*	*	*	*
Illiteracy	54%	(6%)	61%	70%	61%	66%	66%	68%
High school dropout rate	53%	(12%)	65%	60%	52%	58%	53%	58%
Lack of employment opportunities for people with past criminal records	50%	*	*	*	*	*	*	*
Lack of mental health services for adults	49%	(1%)	50%	*	*	*	*	*
Violence in the home	49%	9%	40%	64%	66%	53%	59%	69%
Racial or ethnic discrimination	46%	7%	39%	33%	33%	38%	55%	*
Gambling	45%	4%	42%	52%	49%	*	*	*
Lack of services for elderly population	45%	(5%)	50%	*	*	*	*	*
Services for individuals with disabilities	43%	(9%)	52%	42%	46%	39%	48%	44%
Lack of mental health services for children	43%	(2%)	45%	*	*	*	*	*
Violence in schools	42%	(2%)	44%	54%	53%	39%	60%	*
Access to affordable, quality childcare	37%	4%	33%	*	*	*	*	*
Access to affordable, quality after school care	37%	6%	31%	*	*	*	*	*
Lack of public transportation	32%	*	*	*	*	*	*	*
Violence in the workplace	18%	(1%)	19%	16%	15%	15%	12%	*

*Not asked

All time high

The Physical Environment

HOUSEHOLD SURVEY FINDINGS

2017: 269 Respondents with margin of error 5.97 (+ or -)

The Physical “Built” Environment	Percentage “yes”							
	2017	Percent difference from 2014	2014	2011	2006	2002-03	1998	1995
Water pollution	74%	(12%)	86%	46%	41%	41%	57%	56%
Air pollution	59%	(4%)	63%	70%	75%	72%	80%	89%
Shortage of affordable housing	54%	(3%)	58%	55%	55%	60%	70%	64%
Access to healthy foods	54%	11%	43%	*	*	*	*	*
Access to physical activity opportunities in community	45%	(4%)	49%	*	*	*	*	*
Lack of public transportation	32%	(1%)	33%	25%	24%	27%	22%	18%

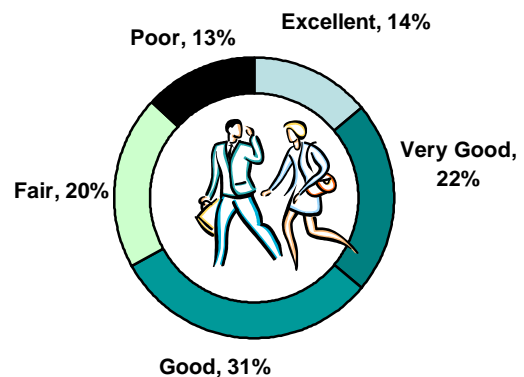
*Not asked

All time high

Overall how would you rate your community on the availability of safe places for children to play?

	2017	2014	2011
Excellent	7%	12%	11%
Very Good	19%	19%	16%
Good	30%	35%	27%
Fair	25%	19%	27%
Poor	19%	15%	19%

Overall how would you rate your community for walking?



Do any of the following keep you from walking? (Check all that apply)

2017: 250 Respondents with margin of error 6.19 (+ or -)

	Percent “yes”					
	2017	2014	2011	2006	2002-03	1998
Health problem	38%	30%	30%	33%	29%	26%
No sidewalks	35%	49%	39%	31%	*	*
Family responsibilities	34%	23%	28%	30%	23%	31%
Ice/snow	30%	49%	*	*	*	*
No one to walk with	30%	26%	28%	27%	*	*
Work schedule	26%	24%	26%	23%	28%	38%
Unsafe street traffic	26%	29%	29%	25%	*	*
Lack of lighting	23%	25%	23%	19%	*	*
No facilities/trails nearby	22%	26%	28%	19%	19%	16%
Too hilly or steep	20%	23%	20%	22%	*	*
An unsafe neighborhood due to crime	18%	29%	15%	14%	12%	14%
Lack of crosswalks	15%	23%	24%	18%	*	*
Loose dogs	15%	19%	19%	*	*	*
No scenery to enjoy	10%	13%	11%	7%	*	*
Other	9%	6%	13%	2%	*	*

* Not asked

HOUSING

Regarding the topic of housing in Kanawha County, the top three concerns expressed by household respondents were the **homelessness (77%), cost of utility and rent deposits (70%), and homes or apartments that are in substandard condition (66%)**.

2017: 269 Respondents with margin of error 5.97 (+ or -)

	Percent “yes”	
	2017	2014
Homeless people evident in communities	78%	*
Cost of utility/rent deposits	70%	71%
Homes or apartments in substandard condition	65%	*
Cost of rent/house payments	64%	58%
High housing costs putting people into poverty	63%	*
Lack of resources to help people find and/or maintain housing	53%	*
Lack of shelter for emergency situations (natural disasters)	46%	55%
Lack of shelters for emergency situations (domestic violence)	41%	48%

Access to Healthcare

HOUSEHOLD SURVEY FINDINGS

ACCESS TO HEALTH CARE INFORMATION

Where do you access health information? (Check all that apply)

2017: 258 Respondents with margin of error 6.09 (+ or -)

	Percent “yes”
	2017
Speak with my health care provider when I am at his/her office	71%
Search the Internet	57%
Telephone my doctor, a nurse-on-call, or other health care provider	53%
Books, magazines, brochures or other printed materials	31%
Send and/or receive texts on my cell phone from my health care provider	10%

Other:

Home health nurse	Medicare booklet
Family members in healthcare field	Attend a class
Word of mouth	Television
Social media	Church

Do you use the Internet to access health information?

From the Internet	2017	2014	2011	2006	2002-03	1998	1995
Yes	57%	63%	84%	65%	72%	31%	*

* Not asked

Do you have access to a secure patient portal that allows you 24/7 access to your personal health information?

2017: 155 Respondents

	Percent “yes”	
	2017	2014
Yes	60%	34%
No	28%	54%
Don’t know	12%	12%
Refused	0.39%	0.00%

What services do you use when visiting your patient portal?

	Percent “yes”
	2017
View health records	36%
View tests results (lab, X-ray, etc.)	36%
Communicate with doctor or nurse	16%
Refill prescriptions	14%
Make or change an appointment	13%
Find information about a health issue	10%
Pay a bill	9%
Request a referral	6%

Other: 16 (11%) of the 155 survey respondents who said they have patient portals but do not use them or do not know how to use them

WORKSITES

96 of the 2017 household survey respondents were employed. The percentage of worksites offering the following programs increased in every area compared to prior survey years.

Worksite Wellness Programs	Percentage reporting “yes”						
	2017	2014	2011	2006	2002-03	1998	1995
Obtain health care screening	70%	41%	28%	47%	50%	46%	*
Increase physical activity	64%	31%	24%	*	*	*	*
Improve dietary habits	61%	45%	25%	45%	39%	38%	*
Obtain health information at the worksite	61%	28%	23%	46%	48%	43%	*
Smoking cessation	59%	39%	19%	*	*	*	*

* Not asked

All time high

When asked if workplace wellness programs resulted in a change in their behavior, respondents who said “yes” exceeded those who said “no” in all categories except “smoking cessation”.

	Health Screening	Dietary Habits	Health Information	Smoking Cessation	Physical Activity
Yes	61%	52%	58%	30%	56%
No	39%	46%	42%	70%	44%

The following percent of employed respondents reported that wellness programs were not offered:

	Health Screening	Dietary Habits	Health Information	Smoking Cessation	Physical Activity
Not offered	32%	39%	40%	41%	36%

ACCESS TO HEALTH CARE

Eighty-six percent (221) of the respondents in 2017 indicated that they and their families receive quality health care in Kanawha County. In previous surveys the question asked “*Do you believe you receive good health care in Kanawha County?*” and in 2014 was changed to read “*Do you believe you and your family receive quality healthcare in Kanawha County?*”

Twelve percent (30) reported that the services they needed were not available to them in Kanawha County.

Do you believe you and your family receive quality healthcare in Kanawha County?

2017: 257 Respondents with margin of error 6.10 (+ or -)

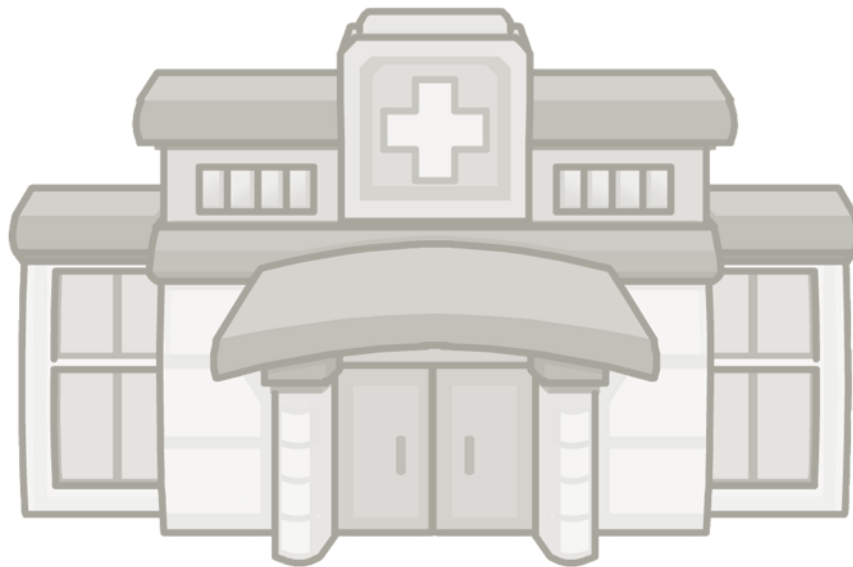
	2017	2014
Yes	86%	83%
No	11%	14%
Don't know	3%	3%

Prior survey results:

Do you believe you receive good health care in Kanawha County?

	2011	2006	2002-03	1998	1995
Yes	87%	87%	88%	86%	89%
No	10%	13%	12%	14%	12%
Don't know	3%	*	*	*	*

* Not asked



HEALTH INSURANCE

How would you best describe your health insurance status? Are you:

2017: 257 Respondents with margin of error 6.10 (+ or -)

	2017	2014
Well-insured	37%	38%
Adequately insured	46%	45%
Under-insured	12%	8%
Uninsured	3%	6%
Not sure	2%	3%

What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

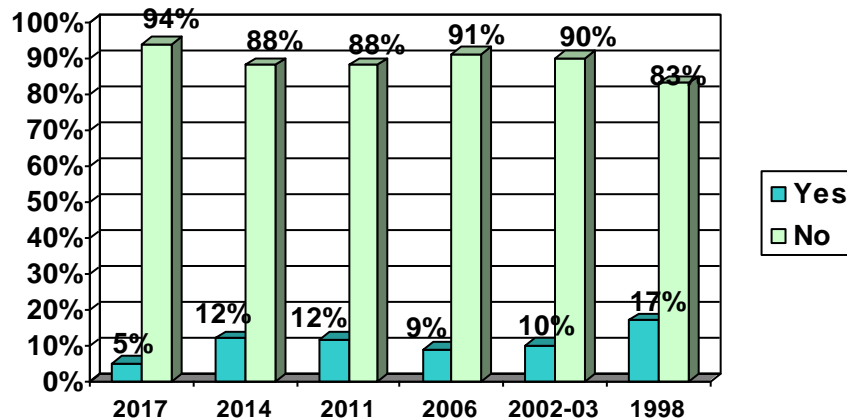
2017: 256 Respondents with margin of error 6.12 (+ or -)

Type of Healthcare Coverage	2017	2014	2011	2006	2002-03	1998	1995
Medicare	39%	35%	30%	35%	28%	20%	19%
Employer (Private plan)	20%	27%	33%	35%	22%	34%	*
PEIA	16%	18%	17%	6%	15%	6%	*
Medicaid	11%	8%	10%	6%	10%	7%	5%
Someone else's employer (Private Plan)	5%	4%	9%	10%	*	*	*
Some other source	4%	2%	3%	2%	18%	33%	75%
Military (CHAMPUS, TriCare, or the VA)	2%	3%	2%	2%	0%	0%	1%
Don't know/not sure	2%	2%	*	*	*	*	*
Refused	1%	*	*	*	*	*	*
WV Marketplace (Exchange)	0.39%	1%	*	*	*	*	*
COBRA (health insurance from an old employer that you now pay 100% yourself)	0.39%	0%	*	*	*	*	*

* Not asked

During the past 12 months, was there any time that you did not have any health insurance or coverage?

2017: 255 Respondents with margin of error 6.13(+ or -)



The next question was changed in 2017 to read “Do you or members of your household take medications prescribed to you by your health care provider?” The question in 2014 asked whether they took prescription drugs which could have included medications not prescribed to them personally.

Do you or members of your household take medications prescribe to you by your health care provider?

2017: 255 Respondents with margin of error 6.13 (+ or -)

	2017	2014
Yes	90%	76%
No	10%	24%
Refused	0.0%	0.4%

Was there any time during the past 12 months you needed prescription drugs but couldn't afford them?

	2017	2014
Yes	20%	19%
No	80%	81%

Was there any time during the past 12 months that you or a member of your household skipped doses or took smaller amounts of a prescription to make them last longer?

	2017	2014
Yes	20%	23%
No	80%	77%

How do you and your family members MOST OFTEN dispose of unused or expired medications?

Answer Choices	Responses	
Throw them in the trash	22.37%	51
Flush them down the toilet	13.16%	30
Share them with friends or family members who may need them	0.00%	0
Save them in case you may need them in the future	15.35%	35
Take them to a permanent prescription drug drop box in your community	11.40%	26
Save them up and take them to a drop off site during a DEA Take Back Day	18.42%	42
Other (please specify)	19.30%	44
Total		228

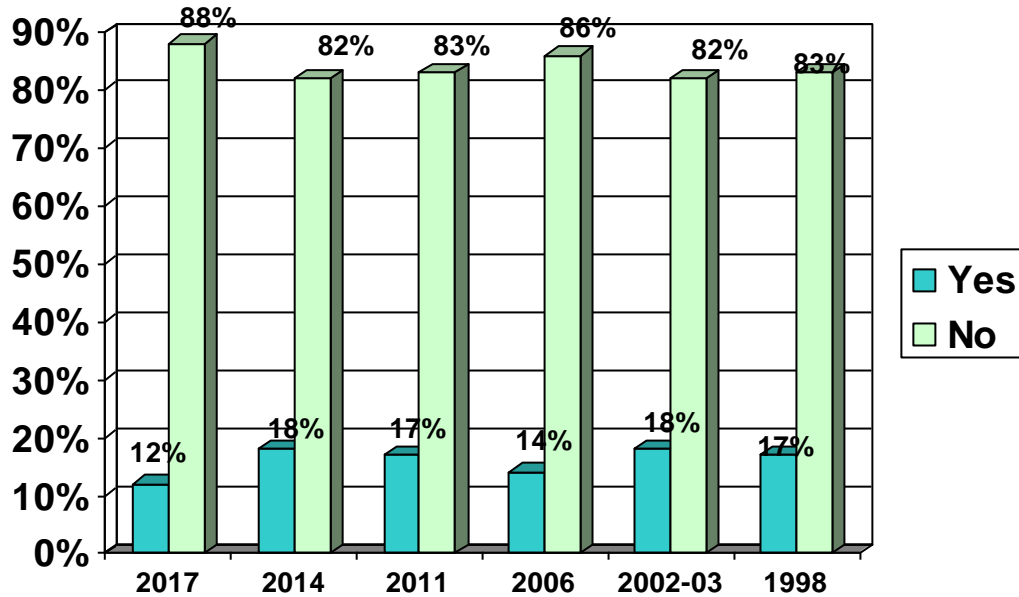
Other responses included:

- Put them in coffee grounds
- Put them in kitty litter
- Take to a free clinic or take back to doctor
- Take them back to pharmacy
- Burn them
- Put them down the garbage disposal

- Put them in a bleach bottle and put bleach on them
- Don't ever have any leftovers, use them all

Was there a time during the last 12 months you needed to see a doctor, but you could not because of cost?

2017: 255 Respondents with margin of error 6.13 (+ or -)



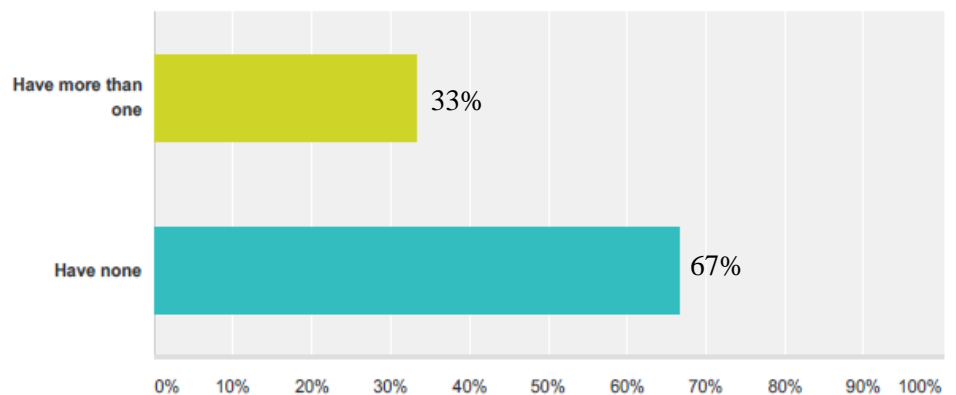
USUAL SOURCE OF CARE

Do you have one person you think of as your personal doctor or primary healthcare provider?

2017: 254 Respondents with margin of error 6.14 (+ or -)

Answer Choices	Responses	
Yes	89.37%	227
No	7.87%	20
Not sure	2.36%	6
Refused	0.39%	1
Total		254

Was this because you....



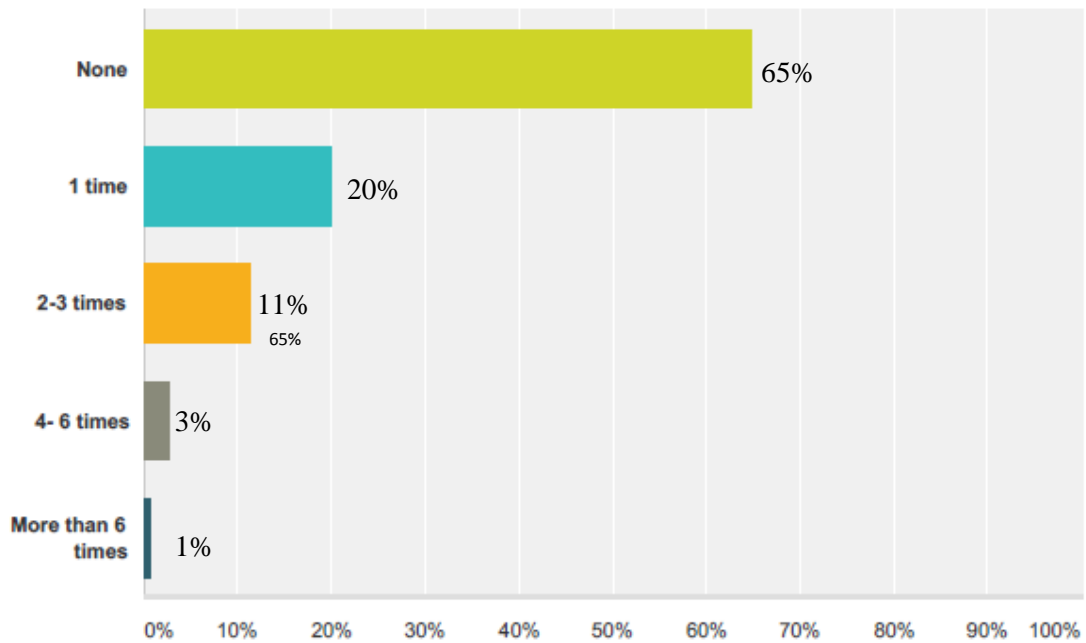
When you or someone in your family is ill or requires medical care, where do you usually go?

2017: 254 Respondents with margin of error 6.14 (+ or -)

Answer Choices	Responses	
A private doctor's office	59.06%	150
A clinic or health center	7.09%	18
Hospital outpatient clinic	1.18%	3
Hospital emergency room	12.20%	31
Walk-in urgent care center	18.11%	46
Other	1.97%	5
Doesn't apply (no one ever requires treatment)	0.39%	1
Refused	0.00%	0
Total		254

During the past 12 months, how many times have you sought care at an emergency room?

2017: 254 Respondents with margin of error 6.14 (+ or -)



Have you ever been told by a doctor, nurse, or other health professional that you have any of the any of the following health conditions?

	Yes	No	Don't know	Refused	Total
Asthma	20.87% 53	78.35% 199	0.79% 2	0.00% 0	254
Depression or anxiety	37.80% 96	60.24% 153	1.57% 4	0.39% 1	254
High blood pressure	59.45% 151	40.55% 103	0.00% 0	0.00% 0	254
High cholesterol	44.88% 114	53.15% 135	1.97% 5	0.00% 0	254
Diabetes	26.59% 67	72.62% 183	0.79% 2	0.00% 0	252
Osteoporosis	23.72% 60	74.31% 188	1.98% 5	0.00% 0	253
Overweight or Obesity	42.13% 107	57.48% 146	0.39% 1	0.00% 0	254
Angina / Health disease	15.75% 40	83.86% 213	0.39% 1	0.00% 0	254
Cancer	16.60% 42	83.00% 210	0.40% 1	0.00% 0	253

During the last three years, has your doctor or other health professional talked to you about any of the following?

2017: 254 Respondents with margin of error 6.14 (+ or -)

	Percent "yes"						
	2017	2014	2011	2006	2002-03	1998	1995
Exercise	51%	62%	53%	53%	58%	65%	61%
Nutrition / Diet	51%	70%	52%	44%	54%	62%	57%
Weight Control	43%	61%	43%	42%	42%	46%	50%
Diabetes	32%	51%	29%	29%	37%	27%	*
Quitting Smoking	55%	53%	18%	20%	28%	33%	31%
Quitting Smokeless Tobacco	2%	2%	2%	4%	5%	5%	8%

* Not asked

All time high

If your doctor or other health professional talked to you about any of the following did it result in you changing your behavior?

Yes, my behavior changed...	2017
Diabetes	73%
Weight Control	70%
Nutrition / Diet	69%
Exercise	63%
Quitting Smoking	31%
Quitting Smokeless Tobacco	27%

About how long has it been since you last visited a doctor for a routine check-up? (A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition.)

2017: 259 Respondents with margin of error 6.08 (+ or -)

Answer Choices	Responses	
Less than 12 months	90.35%	234
1 year but less than 2 years	6.18%	16
2 years but less than 5 years	0.77%	2
5 years or more	2.32%	6
Never	0.00%	0
Don't know	0.00%	0
Refused	0.39%	1
Total		259

Dental Care

Do you visit a dentist regularly?

2017: 254 Respondents with margin of error 6.14 (+ or -)

	2017	2014	2011	2006	2002-03	1998	1995
Yes	69%	63%	68%	65%	70%	72%	71%
No	31%	37%	32%	35%	30%	28%	29%

If not, why?

Reason	2017		2014		2011	
	% responses	# respondents	% responses	# respondents	% responses	# respondents
Cost/Expense	26%	21	45%	47	38%	20
Dentures	37%	30	29%	30	27%	14
No Insurance	16%	13	15%	16	19%	10
Health Insurance doesn't cover dental care	12%	10	18%	19	*	*
Don't care	9%	7	4%	4	2	4%
Frightened	4%	3	6%	6	1	2%
Don't know	10%	8	7%	7	1	2%
Refused	5%	4	4%	4	1	2%

*Not asked

Behavioral Health and Substance Abuse Services

Has anyone in your family needed mental health services and/or substance abuse services in the last year?

2017: 259 Respondents with margin of error 6.08 (+ or -)

Answer Choices	Responses
Yes, and we received them	22.01% 57
No, these types of services were not needed	71.04% 184
We needed these types of services but COULD NOT get them	3.47% 9
Don't know/Not sure	3.09% 8
Refused	0.39% 1
Total	259

Of the 259 household survey respondents, 57 said they or someone in their family had needed and received either behavioral health or substance abuse treatment services in the last year.

Where did they receive these services?

Answer Choices	Responses
School	1.75% 1
Outpatient doctors office	36.84% 21
Therapists office	36.84% 21
Community mental health center	14.04% 8
Detox Center	15.79% 9
Hospital	15.79% 9
Other (please specify)	12.28% 7
Total Respondents: 57	

Other: 7 respondents indicated they had gone out of state for services or the individual had started services locally then dropped out. One respondent stated that these services were received through the Veteran’s Administration (VA).

Only 9 respondents said they or a family member had needed behavioral health or substance abuse treatment services and not received them. They cited the following as reasons for services not being received:

- No health insurance
- Our insurance or Medicaid was not accepted
- The services were not available in Kanawha County
- Began treatment but was provided no follow-up care upon release
- Did not want to seek help because of the stigma attached to these types of services
- Didn’t know where to go

Are the health care services that you need available to you in Kanawha County?

2017: 257 Respondents with margin of error 6.10 (+ or -)

	2017	2014	2011	2006	2002-03	1998	1995
Yes	86%	85%	86%	88%	93%	90%	92%
No	12%	10%	12%	12%	7%	10%	8%
Don't know	3%	5%	2%	*	*	*	*

* Not asked

30 respondents said that there were health care services they had needed but were not available to them in Kanawha County. These included the following:

Answer Choices	Responses
Dentist	16.67% 5
Primary Care Provider	20.00% 6
Eye care / optometrist / ophthalmologist	10.00% 3
Pharmacy / prescriptions	6.67% 2
Pediatrician	0.00% 0
OB/GYN	6.67% 2
Health Department	3.33% 1
Hospital	6.67% 2
Urgent Care Center	6.67% 2
Medical Clinic	10.00% 3
Mental Health Provider	13.33% 4
Specialist (please specify)	53.33% 16
Total Respondents: 30	

Lack of Specialists:

- Neurologists (4)
- Autism specialist (2)
- Oncology surgeons (2)
- Pain doctor (1)
- Rheumatologist (1)

Lack of Services:

- Alzheimer's disease
- Genetic Issues
- Hemochromatosis
- Home health
- Tumor evaluation
- Liver transplants
- Spina Bifida Clinic

What prevented you or family member from getting the necessary health care?

Answer Choices	Responses	
No health insurance	6.67%	2
Insurance didn't cover what I/we needed	20.00%	6
My/our share of the cost (deductible/co-pay) was too high	13.33%	4
Doctor would not take my/our insurance or Medicaid	3.33%	1
Hospital would not take my/our insurance	0.00%	0
Pharmacy would not take my/our insurance or Medicaid	3.33%	1
Dentist would not take my/our insurance or Medicaid	0.00%	0
No way to get there	0.00%	0
Didn't know where to go	6.67%	2
Other (please specify)	46.67%	14
Total		30

Other: Services not available in Kanawha County, no specialists here, had to go out of town/state for services.

Health Behaviors

Vaccinations

Of the households surveyed, 62 (21%) reported having children under age 18 in their household. Below are their responses to questions pertaining to their children’s health and well being.

Do your children have all of their recommended vaccinations?

	2017	2014	2011	2006	2002-03	1998	1995
Yes	94%	96%	93%	88%	96%	94%	*
No	0%	4%	4%	6%	4%	6%	*
Don’t know	2%	0%	0%	6%	0%	0%	*
Refused	5%	0%	4%	*	*	*	*

*Not asked

Do you believe vaccinations cause or contribute to autism in children?

	2017	2014	2011
Yes	16%	13%	7%
No	58%	57%	63%
Don’t know	23%	29%	26%
Refused	3%	1%	4%

Human Papilloma Virus, also called HPV, is a common sexually transmitted disease known to cause cervical cancer in women. A vaccine to prevent HPV is available for teens and adults to age 26. Would you get your son or daughter vaccinated?

	2017	2014	2011
Yes	68%	70%	72%
No	18%	15%	15%
Don’t know	11%	13%	9%
Refused	3%	3%	4%

In the 2017 household survey a question was added to learn the degree to which parents and/or guardians of children under age 18 believed it was acceptable for children to participate in the following activities. The scale used was 1 through 5, with 1 being “totally acceptable” and 5 being “totally unacceptable”. Among the 62 respondents who were parents and/or guardians of children under age 18, most agreed that it was totally unacceptable for children to use prescription medications not prescribed to them (90%), use tobacco (87%), smoke marijuana (79%) and drink alcohol (79%).

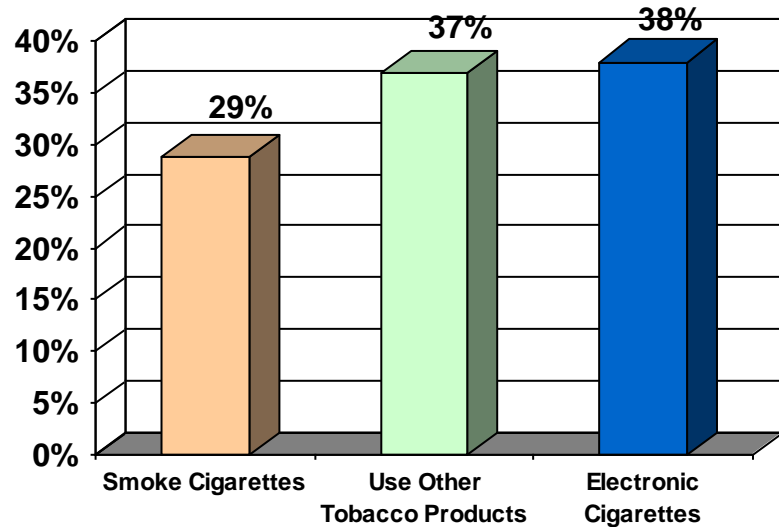
	1	2	3	4	5	Total
Drink alcohol?	3.23% 2	1.61% 1	6.45% 4	9.68% 6	79.03% 49	62
Use tobacco?	3.23% 2	1.61% 1	3.23% 2	4.84% 3	87.10% 54	62
Smoke marijuana?	4.84% 3	1.61% 1	8.06% 5	6.45% 4	79.03% 49	62
Use prescription medications NOT prescribed to them?	4.92% 3	1.64% 1	0.00% 0	3.28% 2	90.16% 55	61

Tobacco Use

19% (48) of those responding to the Kanawha County telephone survey said they currently smoked cigarettes. 5% (12) said they currently used other types of tobacco products. 6% (16) said they currently used electronic cigarettes. Of the 253 respondents who answered this question, 25% (64) said they smoked cigarettes in the past but quit, 6% (14) had quit using other types of tobacco products, and 6% (16) had quit using electronic cigarettes.

Among those respondents who had smoked during the last 12 months, 15% (14) said they had tried to quit smoking during the past year.

Do you currently



If you or someone you know wanted to quit using tobacco, where would you suggest going?

Answer Choices	Responses	Count
Call a Quit Line	17.39%	44
Go to the doctor	37.94%	96
Talk to someone at church	2.37%	6
Talk to a Pharmacist	1.58%	4
Go to a private counselor / therapist	2.77%	7
Go to the Health Department	1.58%	4
I don't know	18.58%	47
Not applicable; I don't want to quit	5.14%	13
Other (please specify)	12.65%	32
Total		253

Other: Purchase cessation medicine, just quit “go cold turkey”.

Healthy Eating

On an average day, about how many sodas (Coke, Pepsi, etc.) or sweetened drinks such as Gatorade, Red Bull or sweetened tea do you drink? Do not include diet sodas or sugar-free drinks. Please count a 12-ounce can, bottle or glass as one drink.

2017: 251 Respondents with margin of error 6.18 (+ or -)

Reason	2017		2014		2011	
	% responses	% responses	% responses	# respondents	% responses	# respondents
Zero (0)	53%	133	54%	152	62%	153
1-2 drinks	34%	85	32%	91	23%	57
3-5 drinks	11%	28	9%	26	12%	29
6 + drinks	2%	4	3%	9	2%	5
Don't know	0%	0	0.7%	2	0.4%	1
Refused	0.40%	1	0.4%	1	0.4%	1

During an average week, how many times do you eat any food, including meals and snacks, from a fast food restaurant, like McDonalds, Taco Bell, Kentucky Fried Chicken or another similar type of place?

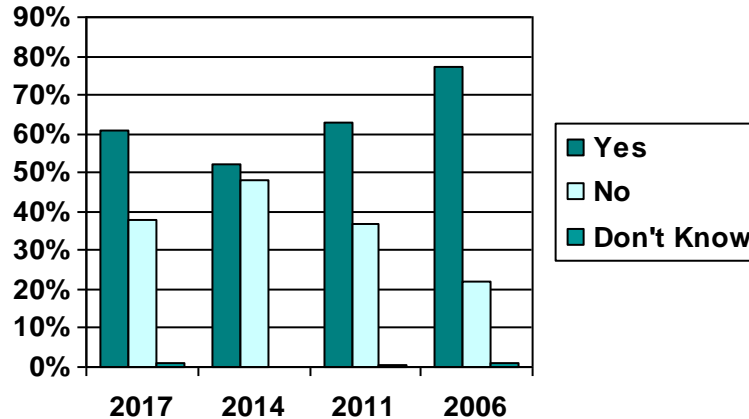
2017: 251 Respondents with margin of error 6.18 (+ or -)

Reason	2017		2014		2011	
	% responses	% responses	% responses	# respondents	% responses	# respondents
4+ times per week	5%	12	9%	25	9%	23
1-3 times per week	44%	111	37%	104	33%	80
Less than 1 time per week	50%	125	53%	148	55%	135
Don't know	1%	3	0.7%	2	2%	5
Refused	0%	0	0.7%	2	1%	3

Physical Activity

During the past month, did you participate in any leisure time or recreational activities such as walking, biking, gardening or golf?

Leisure Time or Recreational Activities



2017: 251 Respondents with margin of error 6.18 (+ or -)

	2017	2014	2011	2006
Yes	61%	52%	63%	77%
No	38%	48%	37%	22%
Don't know	1%	0%	0.04%	1%

Approximately how many times per week do you engage in these types of leisure time or recreational activities?

Times/week	2017	2014	2011	2006
3 or more	62%	62%	58%	63%
1 to 2 days	33%	29%	36%	24%
Less than once	4%	8%	5%	10%
Never	0%	1%	0%	1%
Don't know	1%	0%	1%	2%

In the past month did you engage in any vigorous activities that caused a large increase in your breathing or heart rate, for example, swimming, aerobics, weight lifting, jogging, dancing?

2017: 251 Respondents with margin of error 6.18 (+ or -)

Vigorous activity during past month	2017	2014	2011	2006
Yes	33%	27%	37%	39%
No	66%	72%	63%	60%
Don't know	1%	0%	0%	0%

Approximately how many times per week do you engage in these types of vigorous activities?

Times/week	2017	2014	2014	2011
3 or more	52%	55%	55%	46%
1 to 2 days	35%	34%	34%	28%
Less than once	12%	9%	9%	13%
Never	0%	1%	1%	10%
Don't know	0%	1%	1%	3%

On an average day, how many hours do you watch television or play video games?

2017: 251 Respondents with margin of error 6.18 (+ or -)

Reason	2017		2014		2011	
	% responses	% responses	% responses	# respondents	% responses	# respondents
More than 6 hours a day	24%	60	16%	46	8%	20
4-6 hours a day	30%	75	24%	68	22%	55
1-3 hours a day	40%	101	47%	131	57%	139
Less than 1 hour a day	6%	14	9%	24	9%	21
Never	0%	0	3%	9	4%	9
Don't know	0.40%	1	1%	3	1%	2

OPINIONS ON TAXES AND POLICIES RELATED TO HEALTH

The 2017 household survey respondents were asked if they would consider any of the following tax increases to help alleviate the State of West Virginia’s budget deficit of more than \$500 million dollars.

Tobacco

Do you support an increase in the state sales tax on cigarettes?

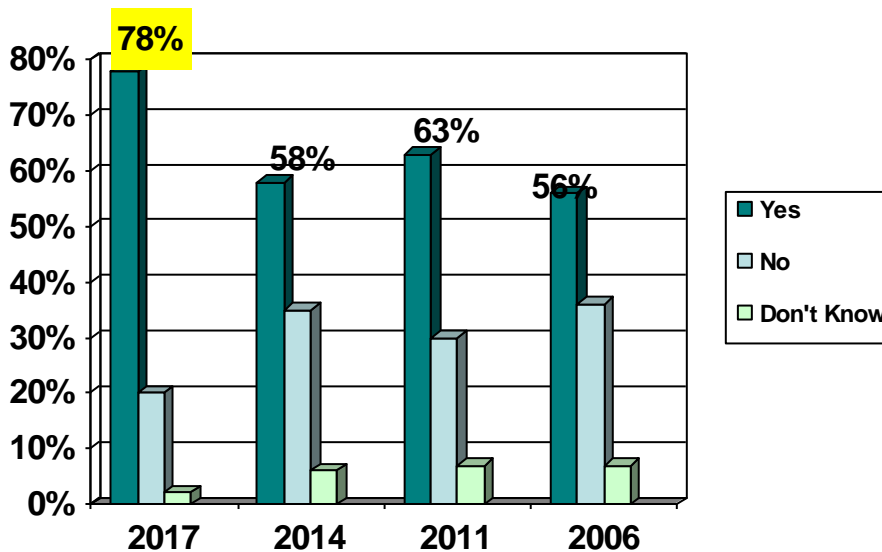
2017: 252 Respondents with margin of error 6.16 (+ or -)

Support Increase Cigarette Tax	2017	2014	2011	2006	2002-03	1998	1995
Yes	76%	56%	59%	51%	63%	60%	*
No	21%	37%	34%	37%	37%	40%	*
Don't know	3%	6%	7%	11%		*	
Refused	----	---	---	1%		*	

*Not asked

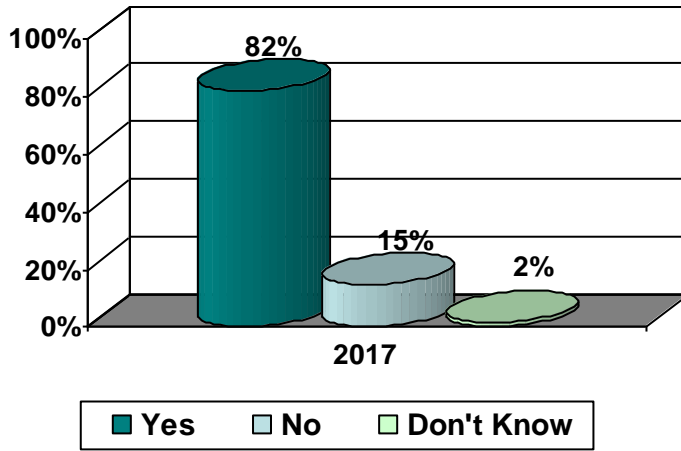
All Time High

Do you support an increase in the state sales tax on smokeless tobacco products (snuff, chew tobacco)?



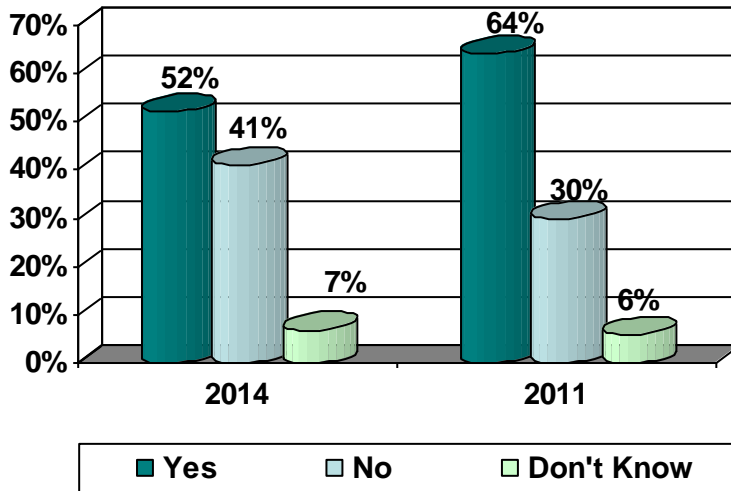
Do you support an increase in the state sales tax on alcohol?

2017: 252 Respondents with margin of error 6.16 (+ or -)

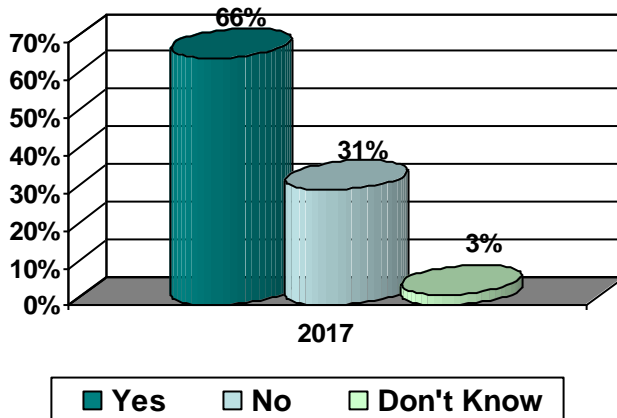


In assessment years 2011 and 2014 this question read “beer” instead of alcohol.

Do you support an increase in the state sales tax on beer?

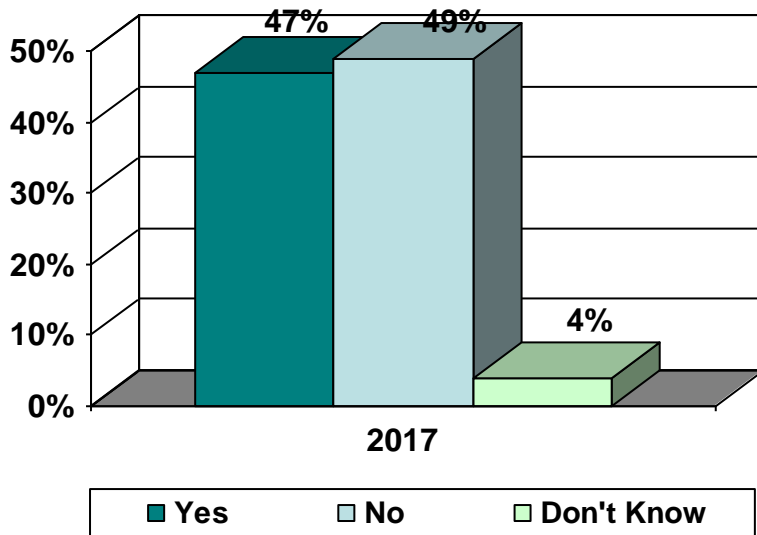


Do you support an increase in the state sales tax on sugary drinks includes regular sodas and any other drinks with added sugar)?



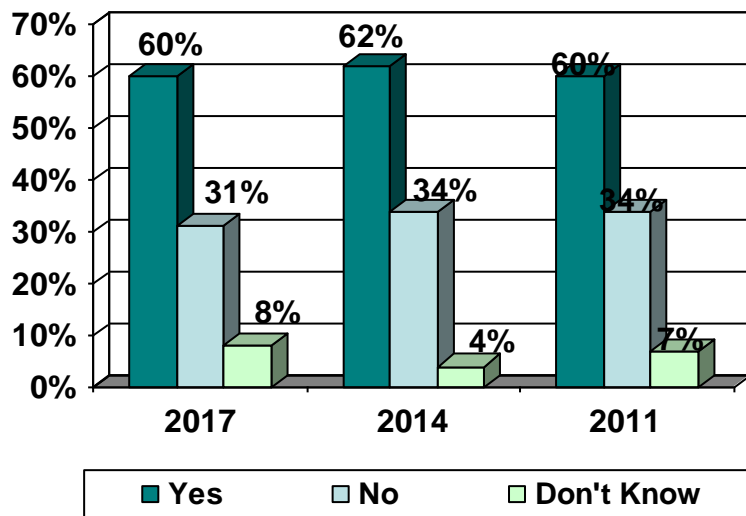
Do you support a one percent increase in the consumer sales tax in West Virginia?

2017: 252 Respondents with margin of error 6.16 (+ or -)



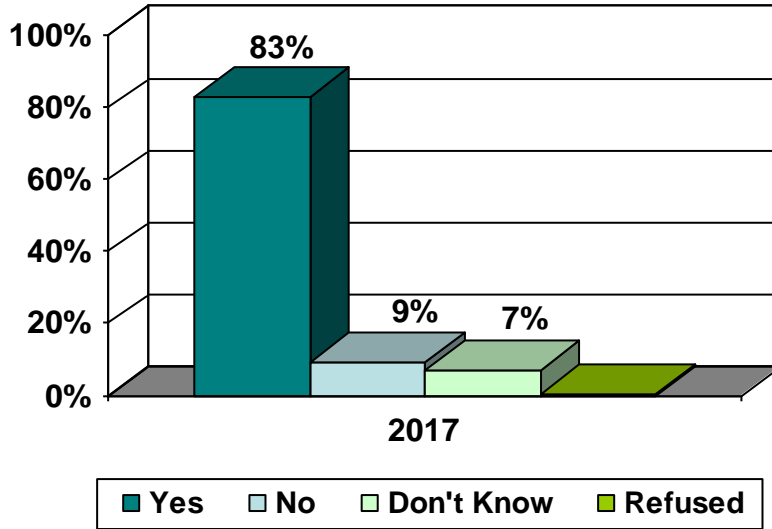
Do you support the elimination of secondhand tobacco smoke from all outdoor public spaces (parks, playgrounds, outdoor concert venues, etc.)?

2017: 252 Respondents with margin of error 6.16 (+ or -)



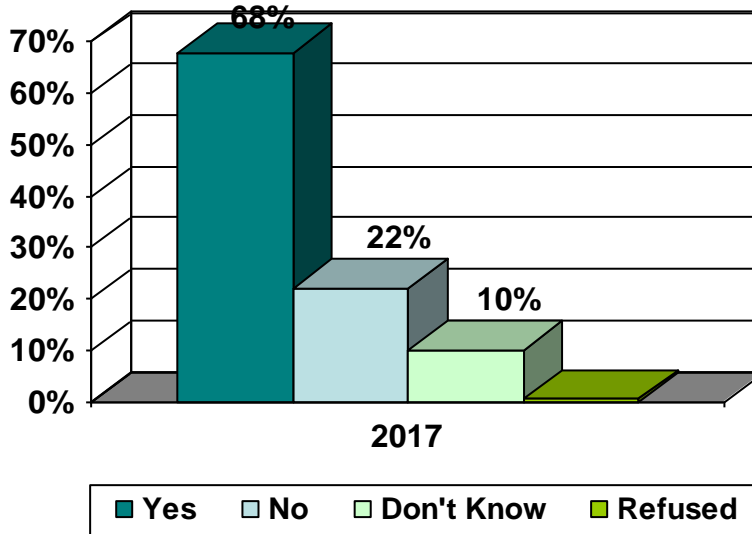
Do you support stiffer penalties for parents/guardians who host events where alcohol is provided to minors?

2017: 252 Respondents with margin of error 6.16 (+ or -)



Do you support legalization of marijuana for medical purposes?

2017: 252 Respondents with margin of error 6.16 (+ or -)



Healthy Behaviors - Safety

Bike helmet usage

How often do your children use a safety helmet when riding a bicycle?

In 2017, 43% (27) of the 62 telephone respondents with children in their household said their children always or almost always used safety helmets when riding a bicycle, a 10% decrease from 2014.

	2017	2014	2011	2006	2002-03	1998	1995
Always	38%	44%	32%	45%	44%	46%	21%
Almost always	5%	9%	7%	5%	5%	10%	9%
Occasionally	6%	12%	11%	1%	6%	4%	5%
Rarely	6%	3%	7%	4%	6%	0%	6%
Never	6%	4%	7%	16%	13%	13%	23%
Does not ride a bicycle	37%	29%	35%	28%	25%	27%	35%

Seat belt usage

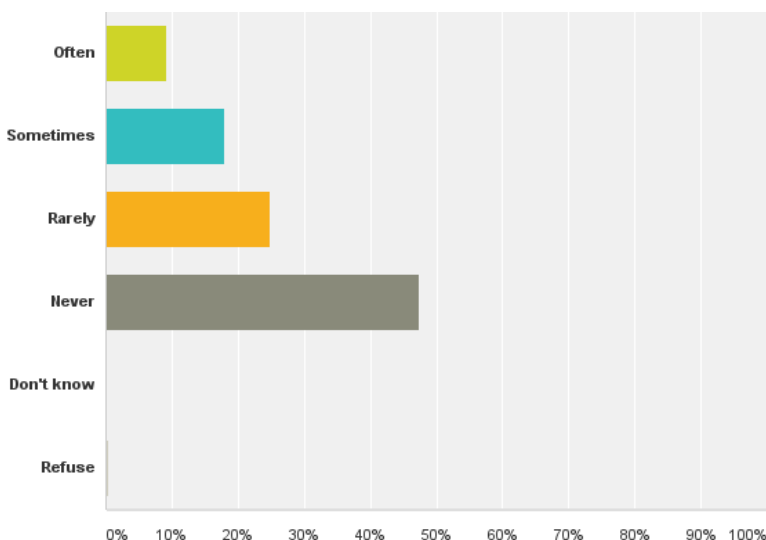
How often do members of your family use seat belts when riding in a car?

2017: 250 Respondents with margin of error 6.19 (+ or -)

	2017	2014	2011	2006	2002-03	1998	1995
Always	91%	90%	89%	88%	82%	84%	*
Almost always	6%	7%	8%	9%	11%	9%	*
Occasionally	3%	1%	1%	1%	5%	3%	*
Rarely	0%	0.7%	0.4%	1%	1%	2%	*
Never	0.40%	1%	1%	1%	1%	2%	*

*Not asked

Cell Phone Use While Driving



Among 217 respondents who drove a car in the last year:

- 9% (20) said they had either answered or made a phone call while driving
- 18% (39) said they sometimes answered or made calls while driving
- 25% (54) said they do so rarely

66% (75) of those said they had answered or made calls while driving indicated they used a hands-free option. 31% (35) said they did so manually.

Helmet usage on all-terrain vehicles (ATVs)

Within the last 12 months, did you or someone in your household drive or ride as a passenger on an ATV (All Terrain-Vehicle)?

2017: 250 Respondents with margin of error 6.19 (+ or -)

	2017	2014	2011	2006	2002-03	1998	1995
Yes	16%	18%	17%	19%		*	
No	84%	82%	83%	81%		*	

*Not asked

Were any of these riders under age 18?

	2014	2011	2006	2002-03	1998	1995
Yes	46%	39%	37%		*	
No	54%	61%	63%		*	

*Not asked

There has been a steady decline in the percent of helmet use by riders under age 18. Only 37% (7) of respondents in 2017 reported that ATV passengers under age 18 always wore safety helmets, a 19% decrease from 2014 and 36% decrease from 2011.

Helmet use by youth ATV passengers	2017	2014	2011
Always	37%	56%	73%
Almost always	11%	11%	13%
Occasionally	11%	11%	0%
Rarely	21%	0%	0%
Never	21%	22%	13%

Adults ATV passengers were less likely to wear helmets than passengers under age 18.

Helmet use by adult ATV passengers	2017	2014	2011
Always	20%	32%	21%
Almost always	5%	12%	5%
Occasionally	5%	12%	8%
Rarely	54%	4%	16%
Never	0%	40%	47%

Household Ranking for Risky Behaviors

Below are various types of behavior that could affect health or be a risk to good health. Please rate these risky behaviors on a scale of 1 to 5, with 5 being a big problem in Kanawha County and 1 being no problem?

Being overweight (95%), lack of exercise (88%), and misuse of prescription drugs (88%), were the top rated risky behaviors by survey respondents, exceeding the ratings in all previous surveys.

2017: 259 Respondents with margin of error 6.08 (+ or -)

Risky Behavior	Percentage Ranking as “ 4 or 5” (big problem)							
	2017	Percent difference from 2014	2014	2011	2006	2002-03	1998	1995
Being Overweight	95%	4%	91%	90%	92%	92%	86%	80%
Lack of exercise	88%	3%	85%	86%	84%	84%	79%	77%
Misuse prescription drugs	88%	7%	81%	76%	59%	*	*	*
Poor eating habits	86%	2%	84%	84%	82%	86%	81%	76%
Smoking	82%	5%	77%	77%	85%	87%	91%	79%
Heroin use	81%	*	*	*	*	*	*	*
Illegal drug use (other than heroin and marijuana)	81%	*	*	*	*	*	*	*
Drinking & Driving	78%	5%	74%	71%	81%	74%	82%	80%
Alcohol use among adults**	75%	3%	72%	53%	60%	71%	81%	76%
Use of smokeless tobacco	75%	8%	66%	68%	75%	71%	73%	65%
Alcohol use youth under age 21**	71%	4%	67%	59%	69%	*	*	*
Exposure to Secondhand Tobacco Smoke	70%	7%	63%	58%	58%	53%	*	*
Driving or riding on ATV without helmet	69%	(5%)	74%	*	*	*	*	*
Marijuana use	63%	*	*	*	*	*	*	*
Illegal drug use (all)	*	*	66%	72%	79%	65%	77%	72%

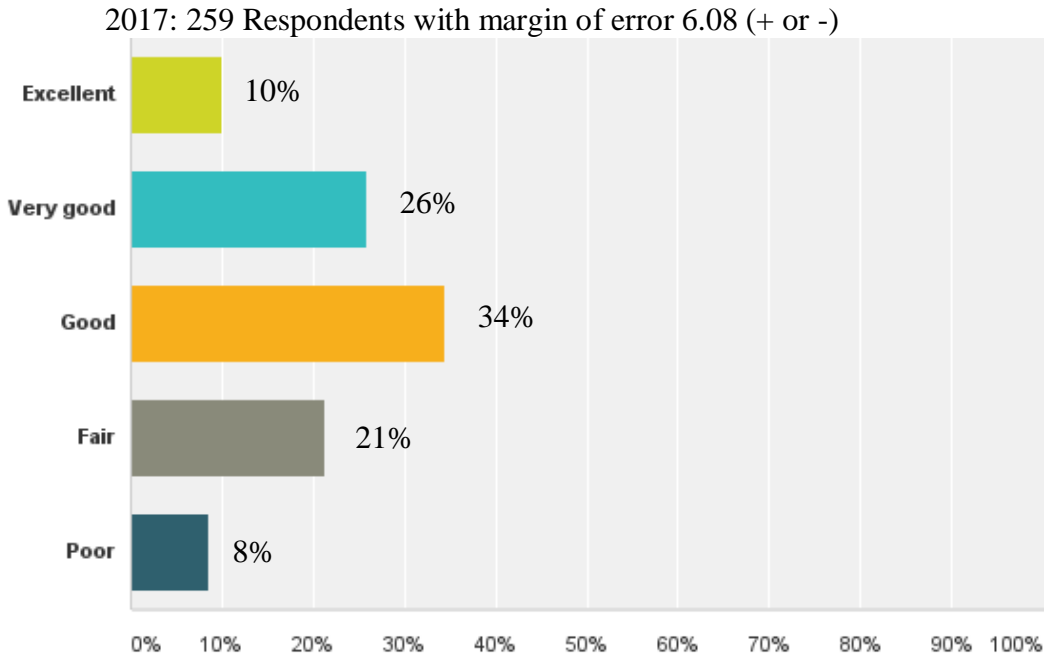
*Not asked

**1995-2003 surveys included all ages under alcohol use

All time high

Health Status

Would you say that in general your health is excellent, very good, good, fair or poor?



The percentage of Kanawha County survey respondents that reported their health status to be either fair or poor is 29%, compared to the overall percent in West Virginia (24%) and the top U.S. performing county (12%) according to the 2016 County Health Rankings.

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Answer Choices	Responses	Count
0 days	58.69%	152
1-2 days	11.97%	31
3-5 days	8.49%	22
6-10 days	5.41%	14
11-20 days	4.63%	12
20+ days	10.81%	28
Total		259

CHILD HEALTH STATUS (Household respondents with children)

Have you ever been told by a doctor, nurse, or other health professional that you have any of the health conditions?

	Yes	No	Don't know	Refused	Total
Asthma	20.87% 53	78.35% 199	0.79% 2	0.00% 0	254
Depression or anxiety	37.80% 96	60.24% 153	1.57% 4	0.39% 1	254
High blood pressure	59.45% 151	40.55% 103	0.00% 0	0.00% 0	254
High cholesterol	44.88% 114	53.15% 135	1.97% 5	0.00% 0	254
Diabetes	26.59% 67	72.62% 183	0.79% 2	0.00% 0	252
Osteoporosis	23.72% 60	74.31% 188	1.98% 5	0.00% 0	253
Overweight or Obesity	42.13% 107	57.48% 146	0.39% 1	0.00% 0	254
Angina / Health disease	15.75% 40	83.86% 213	0.39% 1	0.00% 0	254
Cancer	16.60% 42	83.00% 210	0.40% 1	0.00% 0	253

62 respondents reported having children under the age of 18 living in their home. They were asked the following question:

Has a medical doctor ever told you that anyone in your household, under the age of 18, had any of the following?

	Yes	No	Refused	Total
Asthma	29.03% 18	70.97% 44	0.00% 0	62
Diabetes or pre-diabetes	9.68% 6	90.32% 56	0.00% 0	62
Overweight or obesity	20.97% 13	79.03% 49	0.00% 0	62
Autism, Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) or any other developmental delay	27.42% 17	72.58% 45	0.00% 0	62
Other mental health issue like anxiety or depression	22.58% 14	77.42% 48	0.00% 0	62

RANKINGS OF TOP HEALTH-RELATED PROBLEMS

Please rate these health problems on a scale of 1 to 5, with 5 being a big problem in Kanawha County and 1 being no problem?

2017: 260 Respondents with margin of error 6.07 (+ or -)

Top Health Problems	Percentage Ranking as “4 or 5” (big problem)							
	2017	Percent difference (From 2014)	2014	2011	2006	2002-03	1998	1995
Obesity	93%	3%	90%	90%	87%	*	*	*
Substance Use Disorder (addiction)	92%	*	*	*	*	*	*	*
Cancer	85%	6%	79%	77%	81%	84%	87%	86%
Diabetes	83%	(1%)	84%	78%	75%	75%	57%	45%
High Blood Pressure	82%	(2%)	84%	79%	84%	75%	85%	76%
Heart Disease	77%	(3%)	80%	80%	84%	81%	85%	79%
Depression***	71%	3%	68%	*	*	*	*	*
Lung Disease	70%	----	70%	60%	70%	74%	75%	72%
Dental Problems	70%	8%	62%	62%	49%	48%	42%	35%
Anxiety***	66%	8%	58%	*	*	*	*	*
Stroke	65%	7%	58%	53%	59%	49%	56%	47%
Asthma/COPD	62%	(2%)	64%	*	*	*	*	*
Arthritis	58%	(2%)	61%	42%	62%	49%	53%	46%
Other mental health problems ***	58%	5%	53%	*	*	*	*	*
Car accidents	55%	4%	51%	46%	59%	59%	58%	50%
Suicide	41%	8%	33%	23%	28%	12%	22%	18%
ATV accidents	40%	(14%)	54%	53%	78%	57%	*	*
Sexually transmitted diseases	28%	(2%)	30%	23%	28%	23%	38%	23%
Infant death	17%	3%	14%	13%	12%	12%	25%	17%
HIV infection/AIDS	16%	1%	15%	14%	17%	12%	16%	13%
Mental problems /Depression**	*	*	*	55%	61%	35%	33%	24%

*Not asked **All time high**

** Depression was listed with mental problems in in 2011 and prior years

***Depression, anxiety, other mental health problems were listed separately beginning in 2014

RANKINGS OF TOP HEALTH-RELATED PROBLEMS

What do you believe is the biggest health problem in Kanawha County?

Top Health Problem	2017	2014	2011	2006
Obesity/Overweight	75	70	93	77
Drugs (includes RX)	51	21	14	19
Pollution (water/air)	11	52	11	14
Cancer	11	21	20	26
Nutrition / Diet	10	4	3	6
Heart disease	7	9	9	19
Smoking	7	9	9	14
Diabetes	5	16	9	20
Alcohol	5	----	2	5
Lack of exercise	5	3	2	2
Mental health	4	3	2	1
Lung disease	2	10	3	4
Education	2	4	----	----
Apathy/laziness	2	----	3	----
Lack of Health Insurance	2	2	3	12
Poverty	2	----	----	----
Growing old	1	----	----	----
No dental care	1	1	2	1
Crime	1	1	----	----
Healthcare professional shortages	1 (nursing)	1	----	----
Pneumonia	1	----	----	----
High blood pressure	1	----	----	2
Lack of health education	1	----	----	3
Safe places for children to play	1	----	----	----
Culture	1	----	----	----
Lack of medical marijuana	1	----	----	----
Infrastructure (not defined)	1	----	----	----
Unprotected Sex	1	----	----	----
Sense of despair / hopelessness	1	----	----	----
Cost of care	----	3	3	----
Elderly care	----	3	----	----
Infection control	----	1	----	----
Lack of in-home health care	----	----	1	1
Arthritis	----	----	1	3
Infection / Virus / Flu	----	----	1	2
Allergies	----	----	----	2

Stroke	----	----	----	2
Lack of places to be active/walk	----	----	----	1
Child safety	-----	-----	-----	1
People not taking advantage of health services	-----	----	-----	1
Local & state government	-----	----	1	1
Ignorance	-----	----	1	-----
Environment (not defined)	-----	----	-----	1

-----Not listed as top problem

All time high

Your
Opinion
matters

Focus Group Findings

Economic Stability					
Employment	Income	Expenses	Debt	Medical Bills	Support

Opinions about economic stability of residents varied from community to community.

Elkview focus group participants said their community had been impacted by the flooding during the past summer. They expressed gratitude for all of the support they had received from other West Virginia communities and even from out of state. They felt that community members helped support one another during those difficult times and said that the flood actually brought more people together. They said there were fewer jobs due to businesses closing due to the flood and expressed a high need for employment opportunities.

Participants from the **Kanawha City** area generally had a positive outlook about the economy there. They said there was a great amount of employment for those in the medical field and numerous jobs for those without a college education. They indicated a need for more available management positions, saying that most of the jobs available were low paying. They also said that busy street traffic in Kanawha City could potentially have a negative impact on the economy. Many local residents hesitate to walk to area businesses due to safety issues.

London focus group participants felt that the loss of coal jobs had negatively impacted their community. They expressed concern about county level government not understanding the local economy in their part of the Kanawha Valley. They said they had been disappointed by promises for potential businesses that could bring jobs which had never materialized. Participants shared that they felt “*abandoned*” and “*only good for votes and taxes*”. They would like to see more stores and restaurants; follow-through by leadership on promises of new jobs; and more commitment from higher education institutions.

Miami focus group participants said that community members supported one another in times of need. They said parents often got together to hold playgroups for children and that if someone ever needed anything due to low income or lack of transportation “*you could always go knock on a neighbor’s door and they would help you*”. In terms of job opportunities in the Miami area, participants said there were few. However, they were encouraged about a new small retail store that was slated to open that would provide a few more jobs. Participants thought property taxes were too expensive in their area and that high medical bills made it difficult on those with low incomes. Several expressed concern that families struggled to pay for health care and other basic needs for their families. There was little income left after these expenses yet they found that their incomes exceeded the eligibility requirements to qualify for assistance for health insurance through the Affordable Health Care Act.

Focus group participants in **Marmet** had divided opinions about the employment situation in their community. Half of the group thought there were no good paying jobs and the other half believed that the jobs were there but some people did not want to work and preferred to rely on government assistance. Participants mentioned several businesses had closed in their area and as a result, there is an increased burden on local churches and a few community organizations to help provide basic needs for families. Participants said they would like to see more jobs that offered affordable insurance with reasonable co-pays and an increased motivation among community members to find work and contribute to their community.

Cross Lanes focus group participants felt that there had been an increased need for basic services such as food and clothing for families. They believe this increase resulted from lack of income and homelessness due to increased drug addiction. They also expressed concerns about illegal immigrants who seemed to be able to get free healthcare whereas working families who had jobs that didn’t provide adequate health insurance found themselves in debt due to the cost of healthcare.

Food	
Hunger	Access to healthy options

Elkview focus group participants said that recent flooding had washed away many of the local gardens. Also due to the floods, the community can no longer access one of its major grocery stores, limiting their options. They said at the time of the floods a food pantry had been established but was only temporary and has since closed down. They were happy that children in their community were able to get meals while they were at school. They would like to see access to their grocery store and mall restored by repairing the bridge that leads to the mall. They also see a need for a permanent food pantry for their community.

Participants from the **Kanawha City** focus group said there are an abundance of fast food restaurants in their community. They shared that there is a lack of access to healthy and locally grown food. They would like to see restaurants offer healthier “*home cooked*” meals. There is a food pantry that serves their area. They also would like their own farmers’ market. One participant expressed concern that there was a lack of food for senior citizens living in Kanawha City. They suggested expansion of a “meals on wheels type program” into the area.

London focus group participants said people have personal gardens since the land in their area is rich. They said there is a community garden in the Montgomery area. There was some confusion as to whether the Meals on Wheels program still delivered food to senior citizens. Participants expressed disappointment that there was not a farmers’ market in their community. The only grocery store access they mentioned was a Save-A-Lot four miles away and Kroger 6 miles away. They said both of those stores were very little and had few options of fresh produce. Several participants commented on the quality of school meals saying that “*kids don’t eat it*”. They would like to see their local community center find a grant to help put in their own community garden; get a farmers’ market in their area, and ensure that seniors had free meals if they needed them.

Miami focus group participants said there are several food pantries in their community for those in need. They said it is difficult for community members to access healthy food because they are only available in stores in Kanawha City, which is a 25 minute drive. They said the KRT (Kanawha Regional Transit) buses only ran twice a day and some people did not have the resources to pay the bus fares. The community does have a dollar store but it only supplies processed foods. Participants said they would like to see more local markets with more healthy food options; for healthy foods to be more affordable; and a farmers’ market in their community.

Focus group participants in **Marmet** said there are programs in their community to help those who need food. The local elementary school has a backpack program where children can take food home on the weekends. There is a senior meal program, a food pantry and churches that provide meals. They also hold an annual community Thanksgiving dinner. They did say there was a lack of fresh produce. There is no farmers’ market in the area and the community garden at the local elementary school is only seasonal. They would like to see a farmers’ market and a year-round approach that would provide access to fresh produce to community members.

Cross Lanes focus group participants said their community held food drives and had community meals available to those in need. There is a program that sends food and supplies home with children who are in need. One church community meal fed close to 200 on Wednesday evenings. The church also provided a bus to pick people up and take them to the meal. They have access to grocery stores in their community.

Education

Literacy

Language

Early Childhood
education

Vocational
Training

Higher Education

Elkview focus group participants felt the community had done its best at accommodating high school and elementary school students when their schools were washed away in the major floods last summer. They would like to see new schools built to replace those lost. They also indicated a need for another childcare facility in their area since the existing ones are *“too packed”*.

Overall the participants from the **Kanawha City** focus group had positive comments pertaining to education. One participant said she and her family had relocated to Kanawha City for the schools. Most agreed that the schools in the area did a great job. They said there are ample childcare centers and schools and even a university in Kanawha City. Beyond the public schools, there are also private schools. Participants were concerned that some families in their community were struggling financially and that this impacted their children’s ability to do well academically. They also cited a number of *“broken families”* that, in their opinion, made it even harder for children to succeed. Participants felt that the school system could do a better job reaching out to children who need help. They suggested the creation of a community partnership with public schools and the University of Charleston to provide peer-tutoring programs.

London focus group participants shared that their local elementary school has a magnet program in music and children are bussed to the school for this every Wednesday. They said there was a lack of after school programs for children. They believed that these types of programs would provide a place for children to be safe and away from drugs, receive tutoring and encourage them to pursue higher education. They felt children in their community were missing out on opportunities for scholarships for higher learning. They would like to see satellite classes in the London area through West Virginia State University; a soccer league; and better funding for area schools. They said the existing community center could provide some of these activities but lack the funding and volunteers to make it happen.

Miami focus group participants said they were happy they recently had a good number of high school graduates. They also said they had a very good pre-school in their community. Whereas participants felt that most residents have a high school education, very few had a college education. They believed that residents would pursue higher education if they had the funds and means of transportation. Transportation was one of the biggest concerns. There are some buses however participants said they did not run *“up the creek”*. And many in the community cannot afford the bus fare. They would like to see a better transportation system and better paying jobs that would allow for community members to pursue higher education.

Focus group participants in **Marmet** were happy that local school administrators were motivated to improve the lives of the children and the community. There is a library, a high school and elementary school serving their community. Additional resources are a vocational technical school, a daycare, and a preschool through a local church. Participants agreed that the loss of their community middle school had resulted in less *“community pride”* in general. They would like to see a larger library and to have shop and home economic classes returned to schools.

Cross Lanes focus group participants said they had adequate access to schools but they would like to see more funding to improve the educational system. One participant said *“More money was spent within the prison system than the educational system this past year”*.

Neighborhood and Built (Physical) Environment

Housing

Transportation

Safety

Parks &
Playgrounds

Walkability

Elkview focus group participants felt that their community did not experience as much crime or drug abuse problems as other communities. However, they have noticed an increase in drug use in the area since the floods last summer. They also expressed concerns over the condition of their roads and sidewalks since the flooding. The transportation system (busses) is good for their area. Housing has improved with the opening of a new apartment complex. They would like to see a park in their community since the closest is 15 minutes away; sidewalk and street repairs, and the addition of wheelchair and stroller access on sidewalks.

Overall the participants from the **Kanawha City** focus group believed there was a lack of extracurricular activities for middle and high school age youth. They said there was already a strong support system for preschool and elementary school age students. They would like to see the creation of a “community hub” for social engagement. This “hub” would have multiple functions which would include a community garden and a playground.

London focus group participants said that although KRT (Kanawha Regional Transit) was available in their area it is on limited routes and schedules. They were concerned about a lack of police patrol in town and the lack of training received by local police. They expressed worry about long response times when police are called. Participants felt there is a general lack of interest by law enforcement in addressing drugs and other crimes in their community. They would like the leadership in the law enforcement community to do a “walk through” of their community to become better acquainted with the area; and additional after school programs to help “get kids off the streets”.

Miami focus group participants said that a very nice playground was provided by a local church and that it was well used by children in the community. A skating facility is open on Saturdays in nearby Campbell’s Creek. The town of East Bank has a park with a pool and gazebo. Unfortunately it was badly vandalized. There is also a walking track in the community however it is on the route of coal trucks so “you constantly have to watch out”. Some participants cited loose dogs as a problem on the track and that some children had found discarded needles used for drugs near the track. They would like to see a community center built in a central location for use by families from Cabin Creek, East Bank, Campbell’s Creek, etc. They feel this would attract youth and keep them from unhealthy behaviors such as drug use and violence. They said the community center could house batting cages, tennis courts, a pool, exercise equipment, and rooms that could be rented for meetings and parties.

Focus group participants in **Marmet** were pleased with the work by new city leadership to clean up their town from drug activity and address abandoned and/or houses in poor condition. They feel the safety of their community has improved due to these efforts. However, some participants said they still would not feel safe walking in their community after dark. The school playgrounds are open to the public during non-school hours in the evenings. And there is a transit bus route in town. Participants mentioned a problem of animals being dropped off and not cared for in their community, especially cats. They would like to see a taxi service in Marmet; better lighting for waking paths; a way to address their animal control problem; and the transformation of vacant property into useful spaces such as for a dog park or skate park.

Cross Lanes focus group participants expressed concerns about safety as a result of the growing drug problems in their community. They mentioned several robberies having occurred in the area. They would like to see busses run throughout their community after 6:00 p.m. Participants shared that there was a need to come together as a community to seek improvements since they were unincorporated and did not have their own government.

Community and Social Context

Social Integration

Support Systems

Community Engagement

Discrimination

Elkview focus group participants said there is a senior center that provides seniors not only meals but a place to socially interact. A local sports center helped tremendously during the flooding by providing a safe place for children in their community. They would like to see another venue to hold public events to help bring more people together.

The participants from the **Kanawha City** focus group shared positive comments about the police involvement in their community. They said police frequently patrol and are quick to respond when called. They did note that there was no physical police station located in Kanawha City. They added that Kanawha City faced problems with people abusing drugs. They said there is a lack of community resources for “homeless and alcoholics” in their area. There is also a problem with prostitution at the truck stops off the Interstate. They would like to see a police station in their community, resources for people with addictions and/or are homeless; and better police patrol to deter prostitution and drug deals.

London focus group participants said that the local post office often served as the community “*meeting place*” to provide social interaction, however, its hours of operation have been cut back to only 4 hours a day. There are several churches in the community but participants expressed concerns that not all were welcoming to outsiders. Participant said that some in the community had lost trust in the way its previous Community Center had been operated and that “*stigma*” has carried over to today. New leadership is trying to regain the trust of the community so residents will begin to take full advantage of the facility. The reopened center is operated by a newly formed non-profit organization. Even though its building is in disrepair it has real potential and could serve as a place for senior citizens to socialize and a place that would allow for caregivers to have some much needed respite.

Miami focus group participants said that one of the biggest reasons people like living in their community is the “*neighborhood feel*”. People are willing to help others when a need arises. There is no real discrimination within the community according to focus group participants. However, they feel as a community they are discriminated against by people outside of their area. They often feel “*forgotten about*”. They expressed concern that the elected officials who represent their community really know very little about it and its people. There is little law enforcement presence. A participant shared “*When the law is called, they sometimes get lost and have to ask residents for directions*”. They admitted that members of their community need to take better care of their parks and keep them from getting vandalized. Participants noted a lack in community pride. Participants said that some parents are afraid to let their children go play in the park due to discarded needles used for illegal drugs. They would like to see elected officials who know their community; law enforcement who know their community; more community pride; and safer parks.

Focus group participants in **Marmet** said there are social and community clubs and organizations in their community. There are also efforts to “*beautify*” the community. Town meetings are well attended. There are activities and dances at the Marmet Community Center. And there are local parades, community dinners and fundraisers to help support community events. Participants agreed that more people would become engaged in these community activities if the drug situation was under better control. They also cited a lack of communication about upcoming activities and events that might help increase participation. They would like to see events draw more people out into the community; and better communication such as a community newsletter.

Cross Lanes focus group participants said that their community is home to several different churches which provide a place for social interaction. Their community also has a number of other non-profit organizations that provide support to community members. They feel there is a lack of community “*unity*” due to the fact that they have no organized leadership structure.

Health Care System

Health Coverage

Provider Availability

Provider Linguistic and
Cultural Competency

Quality of Care

Elkview focus group participants said that access to health care is not a problem in their community. They are 15 minutes from Charleston where hospitals are located and have access to a clinic in the Cabin Creek area. There school has a school-based health clinic and there are numerous pharmacies in their area. They would like to see the addition of a “walk-in, urgent care” facility.

Participants from the **Kanawha City** focus group noted an abundance of doctor’s offices, dentists, outpatient rehabilitation facilities and hospitals in their community. They said this is great for residents who have insurance and/or jobs to pay for health care. Participants said to their knowledge there is not a free clinic in Kanawha City and no health fair that offers free screenings for underprivileged residents lacking insurance. They would like to see a health clinic and health fairs in their community for residents who are uninsured or underinsured.

London focus group participants said the clinic in Cabin Creek has short to no wait times for care. Participants said a nearby hospital is less accommodating and doesn’t offer the quality and types of services needed by the community. “Most of the time they just refer us out to the hospitals in Charleston”, said one participant. There was some speculation as to whether their nearby hospital would remain open when West Virginia Technical College closes. They would like to see OB/GYN services open in their community, more clinics from larger health care providers, and more health fairs in their area.

Miami focus group participants said their community has a clinic that is easily accessible. However, participants had differing opinions as to the quality of the services and providers at the clinic. Some commented that this could be due to the high physician turnover at the clinic. One participant elaborated, saying “physicians do not want to come and stay in their community because they make less money here”. Participants said this high turnover could attribute to the long wait times at the clinic, too. And some expressed frustration at having to continuously give their full health history each time they are seen. They suggested that this might be caused by outdated technology at the clinic. Overall there seemed to be a general distaste for the Affordable Care Act among focus group participants. They believed the prices for health care were “astronomical” and sited the ACA as the reason. One participant stated that she is supposed to visit the doctor every month for her condition but can only afford to go once a year due to the financial burden of insurance. As far as specialties go, such as dentists and optometrists, participants said they had to travel several miles to get that type of care. One participant shared that she had not had a new pair of glasses in over four years due to the cost of an eye exam and correctional lenses. All of the participants agreed that the emergency ambulatory services were stellar in their care and attentive to all of the community needs.

Focus group participants in **Marmet** said there was a doctor’s office located in town. They were unsure if there was a dentist office there. They mentioned a school-based health clinic at the high school which is located outside of the Marmet area, and a clinic ten miles away in Cabin Creek. Participants expressed concerns that the clinics are not accessible at all hours and are not within walking distance for those without transportation. They agreed that some residents prefer to go to the hospital emergency room instead of making appointments. They would like improved access to existing clinics and/or a clinic within the town of Marmet.

Cross Lanes focus group participants said that access to health care services was not a problem for members of their community. There are several doctor’s offices and clinics. They expressed concern about the increasing price of prescription medications.

APPENDIX A: Household Survey

* 6. Are you:

Married Never Married

Divorced A member of an unmarried couple

Widowed Refused

Separated

* 7. What is the last grade you completed in school or highest degree received?

High school or less Masters degree

One year of college or trade school PHD or above

Two years of college or trade school Refused

Three years of college Does not apply

Four years of college

* 8. What is your employment status?

Employed, full time Homemaker

Employed, part time Student

Self employed Retired

Out of work for more than one year Unable to work / Disabled

Out of work for less than one year Refused

3. Worksite Wellness

* 9. You indicated that you are employed. Does the company you work for have a health or wellness program that encourages employees to do any of the following?

	Yes, this is offered but I DID NOT CHANGE my behavior	Yes, this is offered and I DID CHANGE my behavior	No, this is not offered
Obtain health care screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve dietary habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain health information at the worksite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Kanawha Coalition for Community Health Improvement Community Health Assessment

The Kanawha Coalition for Community Health Improvement is a community organization that conducts a needs assessment every three years and uses its findings to identify top health issues in Kanawha County. By completing the survey you are helping to make Kanawha County a healthier place to live, work and play. Workgroups will be developed to address the top health issues. All survey results are confidential and no names or phone numbers are associated with responses. If you have any questions, please call (304) 388-7557 or email kcchi@camc.org. In appreciation for your time and effort upon completion of the survey you will be directed on how to register to win a \$50 gas gift card.

* 1. I was referred to this online survey through:

I received a postcard in the mail directing me to this survey

Someone called my home and asked me to take the survey

I heard about this survey from a friend, family member or neighbor

I am a KCCHI Volunteer interviewer and I am entering responses for someone without internet access

2. Demographics

First, here are several questions for statistical purposes.

* 2. What is your 5 digit zip code?

* 3. In what year were you born?

* 4. Are you:

Male Female

* 5. Which one of these groups would you say best represents your race?

White Native Hawaiian or other Pacific Islander

Black or African American American Indian or Alaska Native

Hispanic or Latino Other

Asian or Native of India Refused

4. Opinion

* 10. How would you describe Kanawha County as a place to live?

- Excellent
- Fair
- Good
- Poor

* 11. Please think about the degree to which individuals and families are able to be self-sufficient in Kanawha County. Please rate your level of agreement or disagreement as I read the following statements using a scale of 1 to 5, with 5 being TOTALLY AGREE and 1 being TOTALLY DISAGREE.

1- Totally Disagree 5 - Totally Agree

- People in Kanawha County have steady jobs and financial stability 1 2 3 4 5
- People in our county can get help with food, shelter and financial aid
- People in our county have housing that is safe, affordable and appropriate
- People in our county have resources to be able to maintain a high quality of life
- People with disabilities in our county maintain independent living and well-being
- People in our county are prepared to handle unexpected crises

5. Issues Facing Kanawha County

Here is a list of topics, for each one please indicate whether you personally believe it is a problem in Kanawha County.

* 12. Please tell me whether you personally believe the topics below are problems in Kanawha County. Please answer Yes, No or Don't know for each item.

- Access to affordable, quality after school care Yes No Don't know
- Access to affordable, quality childcare
- Access to healthy foods
- Access to physical activity opportunities in the community
- Air Pollution
- Water Pollution

	Yes	No	Don't Know
Child Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School Drop Out Rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illiteracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Juvenile Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of mental health services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of mental health services for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Public Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of services for the elderly population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of substance abuse treatment and recovery services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial or Ethnic Discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for People with Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortage of Affordable Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment/Lack of Jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of employment opportunities for people with past criminal records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of job skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in the Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in the Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in Workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. Please consider the following potential HOUSING concerns and indicate whether you believe they are a problem in Kanawha County. Please answer Yes, No or Don't know, for each item.

	Yes	No	Don't know
Cost of rent/house payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of utility/rent deposits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High housing costs putting people into poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless people are evident in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homes or apartments are in substandard conditions (poor condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of resources to help people find and/or maintain housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of shelters for emergency situations (domestic violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of shelter for emergency situations (natural disaster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Health Problems

* 14. Here are some common health problems. Please rate the health problems below on a scale of 1 to 5, with 5 being a big problem in Kanawha County and 1 being no problem.

HEALTH PROBLEMS

1 - NO Problem.....5 - BIG Problem

	1	2	3	4	5
Asthma, COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ATV accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV infection/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted diseases such as gonorrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder (Addiction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Risks to Good Health

* 15. Below are various types of behavior that could affect health or be a risk to good health. Please rate the risky behaviors below on a scale of 1 to 5, with 5 being a big problem in Kanawha County and 1 being no problem.

BEHAVIORS THAT COULD AFFECT HEALTH

1 - NO Problem.....5 - BIG Problem

	1	2	3	4	5
Alcohol abuse (excess drinking) among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol use under age 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking and driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving or riding on an ATV without a helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to secondhand tobacco smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illegal drug use (other than heroin or marijuana)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misuse or abuse of prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 16. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

8. Health Status

* 17. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- 0 days
- 1-2 days
- 3-5 days
- 6-10 days
- 11-20 days
- 20+ days

9. Access to Health Care

* 18. About how long has it been since you last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition.

- Less than 12 months
- 1 year but less than 2 years
- 2 years but less than 5 years
- 5 years or more
- Never
- Don't know
- Refused

* 19. Has anyone in your family needed mental health services and/or substance abuse services in the last year?

- Yes, and we received them
- No, these types of services were not needed
- We needed these types of services but COULD NOT get them
- Don't know/not sure
- Refused

10. Access to Healthcare

* 20. Where did they receive these services. (Check all that apply)

- School
- Outpatient doctors office
- Therapists office
- Community mental health center
- Detox Center
- Hospital
- Other (please specify)

11. Access to Healthcare

* 21. You indicated that someone in your family needed mental health services and/or substance abuse services but could not receive them. Please indicate why they could not get these services. (check all that apply)

- No health insurance
- Insurance didn't cover these services
- The deductible /co-pay was too high
- Our insurance or Medicaid wasn't accepted
- The services we needed were not available in Kanawha County
- Had no way to get there
- The wait list for services was too long
- Did not want to seek help because of the stigma attached to these type of services
- Did not want to be embarrassed
- Didn't know where to go
- Other (please specify)

12. Health Information

* 22. Where do you access health information? (Check all that apply)

- Search the Internet
- Books, magazines, brochures or other printed materials
- Telephone my doctor, a nurse on-call, or other health care provider
- Send and/or Receive texts from my health care provider on my cellular phone
- Speak with my health care provider when I am at his/her office
- Other (please specify)

* 23. Do you have access to a secure patient portal that allows you 24/7 access to your personal health information?

- Yes
- No
- Don't know
- Refused

13. Access to Healthcare

* 24. When you used your Patient Portal, for which services did you use it? (check all that apply)

- Communicate with doctor or nurse
- Refill prescriptions
- View health records
- Find information about a health issue
- Other (please specify)
- Request a referral
- View test results (lab, X-ray, etc.)
- Make or change an appointment
- Pay a bill

14. Access to Healthcare

* 25. Please answer the following statements based on your own experiences. My family and I receive quality health care in Kanawha County.

- Yes
- No
- Don't know
- Refused

* 26. The health care services my family and I need are available here in Kanawha County.

- Yes
- No
- Don't know
- Refused

15. Access to Healthcare

* 27. You indicated that there were health care services you needed but were unable to get in Kanawha County. What type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to. If there was a provider that you needed to see but we do not have listed, enter it under "other"

- Dentist
 - Primary Care Provider
 - Eye care / optometrist / ophthalmologist
 - Pharmacy / prescriptions
 - Pediatrician
 - OB/GYN
 - Specialist (please specify)
- Health Department
 - Hospital
 - Urgent Care Center
 - Medical Clinic
 - Mental Health Provider

28. List any other types of providers or facilities not listed above that you had trouble getting services from.

* 29. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to. If you had a problem that we do not have listed here, please add it other "other"

- No health insurance
- Insurance didn't cover what I/we needed
- My/our share of the cost (deductible/co-pay) was too high
- Doctor would not take my/our insurance or Medicaid
- Hospital would not take my/our insurance
- Other (please specify)

16. Access to Healthcare

* 30. How would you best describe your health insurance status? Are you:

- Well-insured
- Adequately insured
- Under-insured
- Uninsured
- Not sure

17. Access to Healthcare

* 31. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

- Private plan through employer
- Private plan through someone else's employer
- PEIA (public employees)
- Medicare
- Medicaid
- The military, CHAMPUS, TriCare, or the VA
- WV Marketplace (Exchange)
- COBRA (health insurance from an old employer that you now pay 100% yourself)
- Some other source
- Don't know/not sure
- Refused

18. Access to Healthcare

* 32. If the requirements for individual insurance in the Affordable Care Act go away, what will you do for health insurance?

- Go without insurance
- Try to find health insurance from somewhere else
- Not sure what I would do
- Other (please specify)

19. Access to Healthcare

* 33. Please answer the following questions based on your personal experience.

Yes No Don't know

Was there any time during the last 12 months that you did not have health insurance?

Was there a time during the last 12 months you needed to see a doctor, but could not because of cost?

* 34. Do you or members of your household take medications prescribed to you by your health care provider?

- Yes
- No
- Refused

20. Access to Healthcare

* 35. You indicated that you or a member of your household takes prescription drugs. Please answer the following based on your personal experience.

Yes No Don't know Refused

Was there any time during the past 12 months you or a member of your household needed prescription drugs but couldn't afford them?

Was there a time during the past 12 months that you or a member of your household skipped doses or took smaller amounts of a prescription to make them last longer?

* 36. How do you and your family members MOST OFTEN dispose of unused or expired medications?

- Throw them in the trash
- Flush them down the toilet
- Share them with friends or family members who may need them
- Save them in case you may need them in the future
- Take them to a permanent prescription drug drop box in your community
- Save them up and take them to a drop off site during a DEA Take Back Day
- Other (please specify)

21. Access to Healthcare

* 37. Do you have ONE PERSON you think of as your personal doctor or primary healthcare provider?

- Yes
- No
- Not sure
- Refused

22. Access to Healthcare

* 38. You indicated that there was no "one" person you thought of as your personal doctor or primary healthcare provider, was this because you:

- Have more than one
- Have none

23. Access to Healthcare

* 39. During the past 12 months, how many times have you sought care at an emergency room?

- None
- 1 time
- 2-3 times
- 4- 6 times
- More than 6 times

* 40. When you or someone in your family is ill or requires medical care, where do you usually go?

- A private doctor's office
- A clinic or health center
- Hospital outpatient clinic
- Hospital emergency room
- Walk-in urgent care center
- Other
- Doesn't apply (no one ever requires treatment)
- Refused

24. Health

* 41. Have you ever been told by a doctor, nurse, or other health professional that you have any of the health conditions I am going to read? Please answer Yes, No, or Don't Know.

	Yes	No	Don't know	Refused
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight or Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina / Health disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 42. During the last three years, has your doctor or other health professional talked to you about any of the following? If you don't have any of these, just answer "doesn't apply".

	Yes, we discussed but I DID NOT CHANGE my behavior	Yes, we discussed and I DID CHANGE my behavior	No, we have not discussed this	Doesn't apply
Nutrition/diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quitting smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quitting smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 43. Have you visited a dentist in the past 12 months?

Yes
 No

25. Health

* 44. You indicated that you do not visit the dentist regularly. Why not? (Check all that apply)

Cost/Expense
 Have dentures (no natural teeth)
 No insurance
 Insurance doesn't cover dental care
 Frightened or embarrassed
 Don't care
 Don't know
 Refused

Other (please specify)

26. Tobacco

* 45. Do you currently smoke cigarettes, use other tobacco products, or use electronic cigarettes?

	Yes	No, Never used	No, I quit
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use other types of tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 46. If you or someone you know wanted to quit using tobacco, where would you suggest going?

Call a Quit Line
 Go to the doctor
 Talk to someone at church
 Talk to a Pharmacist
 Other (please specify)

Go to a private counselor / therapist
 Go to the Health Department
 I don't know
 Not applicable; I don't want to quit

27. Opinions

* 47. With the State of West Virginia facing a budget deficit of approximately 500 million dollars, would you consider any of the following to help alleviate this shortfall?

	Yes	No	Don't Know
I would support an additional increase in the state sales tax on cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support an additional increase in the state sales tax on other tobacco products (snuff, chew tobacco, E-cigarettes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support an increase in the state sales tax on alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support a tax increase on all sugary drinks (includes regular sodas and any other drinks with added sugar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support a one percent increase in the consumer sales tax (from 6% to 7%)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 48. Would you consider supporting the passage of any of the following:

	Yes	No	Don't know	Refused
The elimination of secondhand tobacco smoke from all outdoor public spaces (parks, playgrounds, etc) in Kanawha County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stiffer penalties for parents/guardians who host events where alcohol is provided to minors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legalization of marijuana for medical purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Food

* 49. The Next Questions are About Diet and Nutrition.

On an average day, about how many sugary drinks such as regular sodas or other sweetened drinks such as Gatorade, Red Bull, or sweetened tea or coffee do you drink? Do not include diet sodas or sugar-free drinks. Please count a 12-ounce can, bottle or glass as one drink.

- Zero (0) 3-5 drinks Don't know
 1-2 drinks 6 or more drinks Refused

* 50. During an average week, how many times do you eat any food, including meals and snacks, from a fast-food restaurant, like McDonalds, Taco Bell, Kentucky Fried Chicken or another similar type of places?

- 4 or more times per week
 1-3 times per week
 Less than once a week
 Don't know
 Refused

* 51. In your opinion, are there people in Kanawha County who have problems with hunger; not being able to put enough food on their tables.

- Yes
 No
 Don't know

29. Food

* 52. What are some of the reasons people might suffer from hunger in Kanawha County? (check all that apply)

- Not enough money left over each month after paying bills
 Poor money management; spend money irresponsibly
 Can't afford transportation (bus fare, gas, taxi) to get to and from a grocery store or market
 Food costs too much
 Not enough food pantries for people with low incomes
 Not enough free meals in the community (churches, community centers)
 Other (please specify)

30. Physical Activity

* 53. On an average day, how many hours do you watch television, play video games, use a computer or other electronic device such as an I-Pad?

- More than 6 hours a day
 4-6 hours a day
 1-3 hours a day
 Less than one hour a day
 Never
 Don't know

* 54. During the past month, did you participate in any leisure time or recreational activities such as walking, biking, gardening, or golf?

- Yes
 No
 Don't know

31. Physical Activity

* 55. Approximately how many times per week do you engage in these types of leisure time or recreational activities?

- 3 or more days/week
- 1 to 2 days/week
- Less than once a week
- Never
- Don't know

32. Physical Activity

* 56. In the past month did you engage in any vigorous activities that caused a large increase in your breathing or heart rate, for example: swimming, aerobics, weight lifting, jogging, dancing?

- Yes
- No
- Don't know

33. Physical activity

* 57. On average, how many days per week do you engage in these vigorous types of activities?

- 3 or more days/week
- 1 to 2 days/week
- Less than once a week
- Never
- Don't know

* 58. Have any of the following conditions ever kept you from walking?

	Yes	No	Don't know
No facilities/trails nearby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An unsafe neighborhood due to crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe street traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice/snow on sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of crosswalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too hilly or steep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No scenery to enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one to walk with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loose dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 59. Overall how would you rate your community for walking?

- Excellent
- Very Good
- Good
- Fair
- Poor

* 60. Overall how would you rate your community on the availability of safe places for children to play?

- Excellent
- Very Good
- Good
- Fair
- Poor

34. Household

* 61. Which of the following describes your household best?

- An adult living alone
- Two or more adults without children
- Single-parent household
- Two or more adults with a child(ren)

35. Health & Safety

* 62. Now here is a list of health problems that children and adolescents often experience. Has a medical doctor ever told you that anyone in your household, under the age of 18, had any of the following: Please answer Yes or No after I read each item.

	Yes	No	Refused
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes or pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight or obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism, Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) or any other developmental delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other mental health issue like anxiety or depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 63. How often do your children use a safety helmet when riding a bicycle?

- Always
- Almost always
- Occasionally
- Rarely
- Never
- Does not ride a bicycle

36. Health & Safety

* 64. Do your children have all of their recommended vaccinations?

- Yes
- No
- Don't know
- Refused

* 65. Do you believe vaccinations cause or contribute to autism in children?

- Yes
- No
- Don't know
- Refused

* 66. Human Papilloma Virus, also called HPV, is a common sexually transmitted disease known to cause cervical cancer in women. A vaccine to prevent HPV is available for teens and adults to age 26. Would you get your son or daughter vaccinated?

- Yes
- No
- Don't know
- Refused

37. Health & Safety

* 67. On a scale of 1 to 5, with 1 being VERY ACCEPTABLE and 5 being VERY UNACCEPTABLE, in your opinion, how acceptable is it for children under age 18 to do any of the following:

	1	2	3	4	5
Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription medications NOT prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 68. As a parent or guardian of children under age 18, are there any resources, tools, programs that could help you better care for them? Please list below.

- No, I have all I need
- Don't know / Not sure
- Yes (please specify)

38. Education

* 69. How would you rate the quality of the public educational system in Kanawha County?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

39. Safety

* 70. Now, here are some questions about safety. About how often do members of your family use seat belts when riding in a car?

- Always
- Almost always
- Occasionally
- Rarely
- Never

40. Safety

* 71. Have you driven a vehicle within the past 12 months?

- Yes
- No

41. Safety

* 72. How often do you RECEIVE or MAKE a phone call while you are driving?

- Often
- Sometimes
- Rarely
- Never
- Don't know
- Refuse

42. Safety

* 73. How do you USUALLY ANSWER or MAKE a call while driving?

- Use a hands-free option, such as Bluetooth
- Manually answer or place calls using my cell phone
- Refuse

43. Safety

* 74. Within the last 12 months did you or someone in your household drive or ride as a passenger on an ATV?

- Yes
- No

44. Safety

* 75. Were any of these riders under age 18?

- Yes
- No

45. Safety

* 76. When riding on the ATV do those under age 18 wear a safety helmet:

- Always
- Almost always
- Occasionally
- Rarely
- Never
- Refused

* 77. When riding on the ATV do the adults wear a safety helmet:

- Always
- Almost always
- Occasionally
- Rarely
- Never
- Refused

46. Safety

* 78. Do you believe children in Kanawha County are safe at school?

- Yes
- No
- Don't know
- Refused

47.

* 79. What do you believe is the biggest health problem in Kanawha County?

- Don't know
- List 1 Top Health Problem Only

* 80. Do you believe you and members of your household are better off than you were one year ago?

- Yes
- No

* 81. For statistical purposes, please indicate your annual household income:

- Less than \$10,000
- More than \$10,000 but less than \$15,000
- More than \$15,000 but less than \$35,000
- More than \$35,000 but less than \$50,000
- More than \$50,000 but less than \$100,000
- More than \$100,000 but less than \$200,000
- \$300,000 or more
- Refused

Thank you for taking this survey. To enter the drawing for the \$50 gas gift card, either send your full name and contact information by email to kochi@CAMC.org OR call 304-398-7657.

APPENDIX B: Key Informant Survey

4. Please select one response that best represents your primary area of professional expertise and/or practice.

- Academia
- Advocacy
- Business
- Disability Services
- Economic/Philanthropic
- Education
- Faith-Based Organization
- First Response
- Funder
- Government
- Health Care Organization
- Health Care Provider
- Human Services and/or Charity
- Law Enforcement
- Media
- Mental/Behavioral Health
- Nonprofit Services/Organization
- Pharmacy
- Public Health
- Recreation & Arts
- Veterans' Services
- Youth Development
- Other (please specify)

Dear Community Leader

In 2014, the Kanawha Coalition for Community Health Improvement (KCCHI), including the Kanawha-Charleston Health Department (KCHD), conducted a community needs assessment. As ongoing efforts continue to support county-wide efforts focused on improving health, KCCHI and KCHD are conducting this key informant survey to further understand issues related to access to health care.

As a key community leader in Kanawha County, we are asking you to complete this brief survey to gain your perspective. Your responses will help identify the most significant issues, what challenges/barriers prevent changes or improvement in those issues, and what you believe needs to happen to make improvements. With your help, KCCHI and KCHD will be able to develop additional priorities to improve access to care.

Thank you in advance for participating in our survey process. Should you have any questions please contact Judy Crabtree at Judy-Crabtree@camc.org.

We appreciate your participation in completing this survey and look forward to sharing results with you!

1. Key Informant Name (Your name will not be associated with your comments. All comments will be reported in aggregate form only).

2. Organization.

3. Do you live in Kanawha County?

No

Yes

5. UNMET NEED

Please identify the top three target populations having the greatest unmet need or in need of additional public health/health care resources in Kanawha County.

- Adolescents
- Adults
- Children
- Developmentally Disabled/Cognitively Disabled
- Disabled - Unable to Work
- End of Life (Individuals with end of life needs)
- Homebound Persons
- Homeless
- Lesbian/Gay/Bisexual/Transgender
- Low Income
- Mental Health/Addictions
- Persons with HIV/AIDS/Hepatitis
- Pregnant Women
- Seniors
- Uninsured/Underinsured
- Veterans
- Victims of Abuse/Neglect
- Visually/Hearing Impaired
- Other (please specify)

6. What challenges/barriers prevent changes or improvement in the needs of specific populations?

7. What do you think needs to happen to meet the needs of specific populations?

8. HEALTH RISKS AND RISKY BEHAVIORS

Please use the list below to identify the top three health risks/risky behaviors that are most significant in Kanawha County from your perspective.

- Alcohol abuse
- Child abuse/neglect
- Domestic violence
- Drug Use - illicit drugs
- Drug Use - prescription medications
- Gang activity
- Inadequate immunizations
- Obesity
- Poor nutrition habits
- Sedentary lifestyle
- Sexual promiscuity
- Suicide Ideation/Depression
- Teen pregnancy
- Tobacco Use - smoking
- Tobacco Use - smokeless tobacco products
- Unsafe driving habits
- Other (please specify)

9. What challenges or barriers prevent changes or improvement in these health risk behaviors?

10. What do you think needs to happen to address health risks/risky behaviors?

11. COMMUNITY AND ENVIRONMENTAL FACTORS

How would you describe Kanawha County as a place to live?

- Excellent
- Good
- Fair
- Poor

12. Please use the list below to identify the top five topics you believe to be problems in Kanawha County.

- Access to affordable, quality after school care
- Access to affordable, quality child care
- Access to healthy foods
- Access to physical activity opportunities in the community
- Addiction
- Affordable housing, shortage of
- Bullying
- Child abuse
- Crime
- Elderly, lack of services for
- End of life resources and education
- Gambling
- High school drop out rate
- Homelessness
- Illiteracy
- Juvenile delinquency
- Lead exposure
- Life skills, lack of
- Mental health, lack of adult services
- Mental health, lack of children's services
- Pollution, air
- Pollution, water
- Poverty
- Public safety - unsafe neighborhoods

- Public transportation, lack of
- Racial or ethnic discrimination
- Services for people with disabilities
- Smoking/secondhand smoke
- Substance abuse treatment and recovery services, lack of
- Teenage pregnancy
- Unemployment/lack of jobs
- Violence in schools
- Violence in the community
- Violence in the home
- Violence in the workplace
- Workplace wellness, lack of
- Other (please specify)

13. Please consider the following potential HOUSING concerns and select those which you believe are a problem in Kanawha County.

- Availability of affordable housing
- Costs of utility/rent deposits
- Lack of housing/shelters for homeless
- Lack of shelters for emergency situations (domestic violence)
- Lack of shelters for emergency situations (natural disaster)
- Lack of temporary housing
- Need for weatherization
- Need for repairs (roof, foundation, plumbing, etc.)
- Unsure
- Other (please specify)

14. What challenge or barriers prevent us from changing or improving these community and environmental factors?

15. What do you think needs to happen to address these community and environmental factors in Kanawha County?

16. CLINICAL CARE

For each of the barriers to health care listed below, please rate each as being not significant, significant, or highly significant in Kanawha County.

	Not Significant	Significant	Highly Significant
Lack of access to dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to end of life care/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to health care specialist services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to long term care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to mental health and/or addiction services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to preventive health screening/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to prescription drug services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to primary care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to vision care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. What other challenges or barriers prevent access to appropriate clinical care?

18. What improvements need to be made to address concerns regarding access to care?

19. SOCIAL AND ECONOMIC FACTORS

What are the most pressing social and economic factors facing Kanawha County and its residents?

20. What challenges/barriers prevent changes or improvements to these social and economic factors?

21. What do you think needs to happen to address these social and economic challenges and barriers?

22. COMMUNITY ASSETS AND STRENGTHS

From your perspective, please use the space below to identify health/public health related issues that are being well-addressed in Kanawha County.

23. Please list the top 3 health-related assets or strengths in Kanawha County.

24. HEALTH ISSUES

Here are some common health problems. Please rate the health problems below on a scale of 1 to 5, with 1 being no problem in Kanawha County and 5 being a big problem.

	1	2	3	4	5
Addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ATV Accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car Accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Infections/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant Deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity/Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Mental Health Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

25. GREATEST PUBLIC HEALTH ISSUE

From your perspective, please identify the single greatest public health/health related issue in Kanawha County.

26. If you would be willing to provide additional information please include your contact information below.

APPENDIX C: Focus Group Questions

The Kanawha Coalition for Community Health Improvement believes that all Kanawha Countians should have the opportunity to make the choices that allow them to live a long, healthy life.

The opportunity for health begins in our families, neighborhood, schools and jobs. The social determinants of health are the conditions in the environments in which people are born, live, learn, work, play, worship and age, that affect our health, our abilities to function day to day, and our quality-of-life.

The Kanawha Coalition is interested in your opinions about the community in which you live. You have been given a map of a community. (Refer to handouts) Let's use this map as a guide to discuss your own communities. Today "your community" is defined as the place you live, learn, work, play, worship and age. (Refer to the back of handout) Flip your map over and you'll see a table that shows the social determinants of health by category. (Read through these quickly) We will refer to this table as we have our discussion about your own communities.

Let's begin our journey at the Top Left Hand Corner of the Map – In the area of Economic Stability

You'll see at the top left hand corner of the map a line of people seeking employment, a multi-unit housing complex that represents stable housing, and a man holding a sign that reads 'poverty'. Let's take some time to discuss what the economic stability of your community looks like. (Again, refer to the list on the Social Determinants Table)

1. Considering this list under Economic Stability, are there any of these areas where you feel your community is doing a good job? How do you measure success in these areas?
2. Are there areas that need improvement? If so, what would that look like?

Prompt: What would need to happen to make those improvements?

If we look across from the area of Economic Stability we will find some billboards that are marketing fast food restaurants, and nearby is Pop's Market (a corner market). In this section we will discuss "Food".

You may have also already noticed a community garden. Who noticed the garden on the map? (Ask for raised hands) On the Social Determinants of Health table we see that the area on Food refers to "hunger and access to healthy options".

3. In regards to food security ----which means people have enough food and have access to healthy foods---- what is working in your community?
4. What is not working?

Prompt: What needs to happen to make it so all people in your community have access to healthy food?

Let's now envision ourselves walking further down the path to “education”.

In this part of our community we see a school building representing high school graduation, it also mentions enrollment in higher education (i.e. community college, technical school, or university), literacy (the ability to read and comprehend), and early childhood education and development, such as childcare centers and pre-Kindergarten classes.

5. Considering the list under education on our Social Determinates of Health Table, (Read list from SDOH Table) is there one or more areas where you feel your community is doing a good job? How do you measure success in these areas?
6. Are there areas that need improvement? If so, what would that look like?

Prompt: What would need to happen to make those improvements?

Let's travel now to the middle of the map, where we will find Neighborhood and Built Environment.

Next to Pop's Market we see a liquor store. There is a police station behind the liquor store. This area mentions crime and violence---represented here by gang activity—but crime and violence may mean something different in your own communities. The map also shows a city bus that represents access to transportation, and a deteriorating street and litter on the sidewalks.

Take a look at the list under Neighborhood and Physical Environment on our Social Determinants of Health Table. (Read through them again)

7. Considering the list under Neighborhood and Physical Environment (also known as Built Environment), is there one or more areas where you feel your community is doing a good job? How do you measure success in these areas?
8. Are there areas that need improvement? If so, what would that look like?

Prompt: What would need to happen to make those improvements?

Now, let's make our way to the lower right hand corner of our map---the area marked Social and Community Context

---we see a person in prison--representing community members that may be incarcerated. This area also speaks to how socially connected community members are to one another, and if community members are engaged in their community and have input into decisions that affect their community. Notice that there is a City Hall building in this community. And there is also a place to worship in this community.

This area also includes any concerns about discrimination based on race, income, or any other factors.

Let's read the list on the SDOH Table under Social and Community Context (refer to SDOH table)

9. Are there any of these areas that your community is doing a good job? How is that measured?
10. Where can your community do a better job?

Prompt: What would need to change to make that happen?

As we end our tour of the community on the map, we come to the area of Health and Health Care.

This area shows a health clinic with people waiting outside and an ambulance transporting someone from their apartment building as their family watches.

On our SDOH Table, under Health Care System we will find several items on the list. (Read list from SDOH Table)

11. Considering this list, which ones are working well in your own communities?

How do you know they are working?

12. Which ones are not working?

Prompt: What needs to happen to make these areas better?

APPENDIX D: County Demographics and Community Commons Health Indicator Report (Excerpts)

Kanawha County Demographics

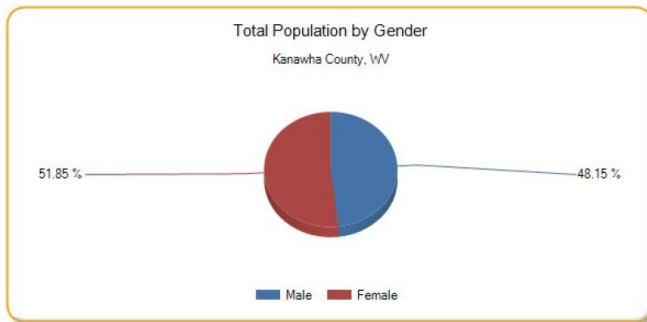
Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Total Population

A total of 190,781 people live in the 901.92 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2011-15 5-year estimates. The population density for this area, estimated at 211.53 persons per square mile, is greater than the national average population density of 89.61 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Kanawha County, WV	190,781	901.92	211.53
West Virginia	1,851,420	24,041.26	77.01
United States	316,515,021	3,532,070.45	89.61

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract



Total Population by Age Groups, Total

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65
Kanawha County, WV	10,741	28,309	15,085	23,435	23,465	26,638	29,338	33,770
West Virginia	102,759	279,614	170,929	218,370	231,198	257,855	271,389	319,306
United States	19,912,018	53,771,808	31,368,672	42,881,648	40,651,912	43,895,856	39,417,628	44,615,476

Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Kanawha County, WV	88.72%	4.48%	1.1%	0.17%	0%	0.19%	5.34%
West Virginia	93.56%	3.31%	0.73%	0.16%	0.03%	0.25%	1.95%
United States	73.6%	12.61%	5.13%	0.81%	0.17%	4.7%	2.98%

Change in Total Population

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area fell by 7,010 persons, a change of -3.5%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Kanawha County, WV	200,073	193,063	-7,010	-3.5%
West Virginia	1,808,345	1,852,994	44,649	2.47%
United States	280,405,781	307,745,539	27,339,758	9.75%

Data Source: US Census Bureau, [Decennial Census](#), 2000 - 2010. Source geography: Tract

Families with Children

According to the most recent the American Community Survey estimates, 26.48% of all occupied households in the report area are family households with one or more child(ren) under the age of 18. As [defined](#) by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Households	Total Family Households	Families with Children (Under Age 18)	Families with Children (Under Age 18), Percent of Total Households
Kanawha County, WV	82,250	50,964	21,781	26.48%
West Virginia	740,890	479,803	200,395	27.05%
United States	116,926,304	77,260,544	37,419,208	32%

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Median Age

This indicator reports population median age based on the 5-year American Community Survey estimate.

Report Area	Total Population	Median Age
Kanawha County, WV	190,781	42.8
West Virginia	1,851,420	41.8
United States	316,515,008	37.6

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Kanawha County, WV	189,041	36,895	19.52%
West Virginia	1,822,400	353,649	19.41%
United States	311,516,320	38,601,896	12.39%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Percent Population with a Disability



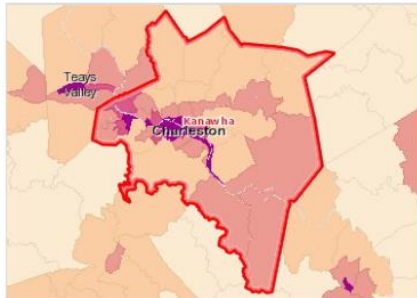
- Kanawha County, WV (19.52%)
- West Virginia (19.41%)
- United States (12.39%)

Urban and Rural Population

This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Report Area	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Kanawha County, WV	193,063	144,434	48,629	74.81%	25.19%
West Virginia	1,852,994	902,810	950,184	48.72%	51.28%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, [Decennial Census](#), 2010. Source geography: Tract



Urban Population, Percent by Tract, US Census 2010



Social & Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Children Eligible for Free/Reduced Price Lunch

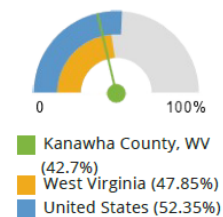
Within the report area 4,513 public school students or 42.7% are eligible for Free/Reduced Price lunch out of 28,395 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Kanawha County, WV	28,395	4,513	42.7%
West Virginia	280,958	80,479	47.85%
United States	50,195,195	26,012,902	52.35%

Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2013-14. Source geography: Address

Percent Students Eligible for Free or Reduced Price Lunch

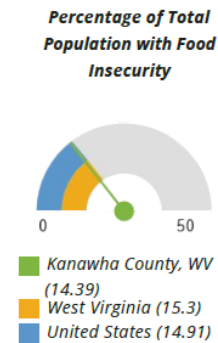


Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Kanawha County, WV	191,765	27,590	14.39%
West Virginia	1,850,326	282,900	15.3%
United States	318,198,163	47,448,890	14.91%

Note: This indicator is compared with the state average.
Data Source: [Feeding America](#), 2014. Source geography: County



This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEAP).

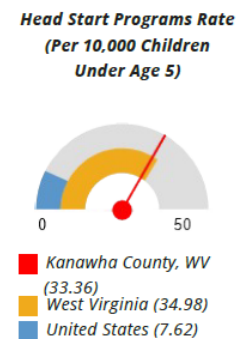
Report Area	Food Insecure Population, Total	Percentage of Food Insecure Population Ineligible for Assistance	Food Insecure Children, Total	Percentage of Food Insecure Children Ineligible for Assistance
Kanawha County, WV	26,350	39%	7,800	35%
West Virginia	292,500	34%	89,880	33%
United States	48,770,990	29%	17,284,530	31%

Head Start

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2015 Head Start locator. Population data is from the 2010 US Decennial Census.

Report Area	Total Children Under Age 5	Total Head Start Programs	Head Start Programs, Rate (Per 10,000 Children)
Kanawha County, WV	10,790	36	33.36
West Virginia	104,060	386	34.98
United States	20,426,118	17,442	7.62

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, [Administration for Children and Families](#), 2014. Source geography: Point



Population Receiving SNAP Benefits (ACS)

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrolment.

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Kanawha County, WV	82,250	12,368	15.04%
West Virginia	740,890	119,272	16.1%
United States	116,926,304	15,399,651	13.17%

Percent Households Receiving SNAP Benefits



- Kanawha County, WV (15.04%)
- West Virginia (16.1%)
- United States (13.17%)

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Food Access - Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Kanawha County, WV	193,063	190	98.41
West Virginia	1,852,994	1,261	68.1
United States	312,732,537	228,677	73.1

Fast Food Restaurants, Rate (Per 100,000 Population)



- Kanawha County, WV (98.41)
- West Virginia (68.1)
- United States (73.1)

Note: This indicator is compared with the state average.

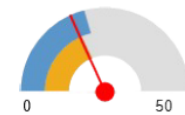
Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by [CARES](#), 2014. Source geography: County

Food Access - Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Kanawha County, WV	193,063	35	18.13
West Virginia	1,852,994	349	18.8
United States	312,732,537	65,975	21.1

Grocery Stores, Rate (Per 100,000 Population)



- Kanawha County, WV (18.13)
- West Virginia (18.8)
- United States (21.1)

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by [CARES](#), 2014. Source geography: County

Food Access - Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Kanawha County, WV	193,063	53,973	27.96%
West Virginia	1,852,994	398,848	21.52%
United States	308,745,538	72,905,540	23.61%

Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#), 2010. Source geography: Tract

Percent Population with Low Food Access



■ Kanawha County, WV (27.96%)
■ West Virginia (21.52%)
■ United States (23.61%)

Food Access - Low Income & Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Kanawha County, WV	193,063	16,192	8.39%
West Virginia	1,852,994	140,742	7.6%
United States	308,745,538	19,347,047	6.27%

Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#), 2010. Source geography: Tract

Percent Low Income Population with Low Food Access



■ Kanawha County, WV (8.39%)
■ West Virginia (7.6%)
■ United States (6.27%)

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Kanawha County, WV	82,250	7,851	9.55%
West Virginia	740,890	65,130	8.79%
United States	116,926,304	10,628,474	9.09%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Percentage of Households with No Motor Vehicle



■ Kanawha County, WV (9.55%)
■ West Virginia (8.79%)
■ United States (9.09%)

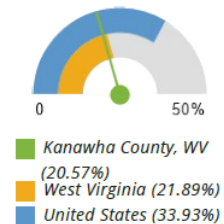
Housing Cost Burden (30%)

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Kanawha County, WV	82,250	16,918	20.57%
West Virginia	740,890	162,158	21.89%
United States	116,926,312	39,670,112	33.93%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Percentage of Households where Housing Costs Exceed 30% of Income



Unemployment Rate

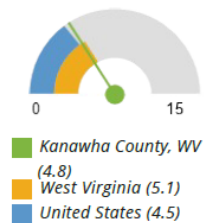
Total unemployment in the report area for the current month was 4,162, or 4.8% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Kanawha County, WV	86,348	82,186	4,162	4.8
West Virginia	786,681	746,220	40,461	5.1
United States	160,573,550	153,384,193	7,189,357	4.5

Note: This indicator is compared with the state average.

Data Source: US Department of Labor, [Bureau of Labor Statistics](#), 2016 - November. Source geography: County

Unemployment Rate



Income - Median Family Income

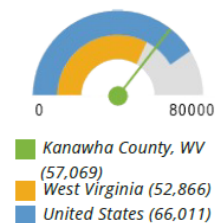
This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

Report Area	Total Family Households	Average Family Income	Median Family Income
Kanawha County, WV	50,964	\$75,874	\$57,069
West Virginia	479,803	\$67,421	\$52,866
United States	77,260,544	\$88,153	\$66,011

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Median Family Income



Income - Public Assistance Income

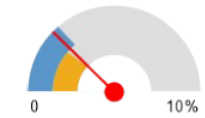
This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Kanawha County, WV	82,250	2,033	2.47%
West Virginia	740,890	17,130	2.31%
United States	116,926,304	3,223,786	2.76%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Percent Households with Public Assistance Income



■ Kanawha County, WV (2.47%)
 ■ West Virginia (2.31%)
 ■ United States (2.76%)

Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Kanawha County, WV	189,041	168,978	38,426	22.74%
West Virginia	1,822,400	1,613,621	392,332	24.31%
United States	311,516,320	271,070,080	57,557,804	21.23%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Percent of Insured Population Receiving Medicaid



■ Kanawha County, WV (22.74%)
 ■ West Virginia (24.31%)
 ■ United States (21.23%)

Insurance - Uninsured Adults

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Kanawha County, WV	114,931	101,236	88.08%	13,695	11.92%
West Virginia	1,107,599	963,348	86.98%	144,251	13.02%
United States	193,600,545	161,899,011	83.63%	31,701,534	16.37%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#), 2014. Source geography: County

Percent Population Without Medical Insurance



■ Kanawha County, WV (11.92%)
 ■ West Virginia (13.02%)
 ■ United States (16.37%)

Insurance - Uninsured Children

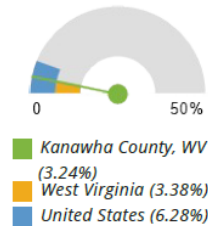
The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Kanawha County, WV	39,904	38,611	96.76%	1,293	3.24%
West Virginia	388,739	375,591	96.62%	13,148	3.38%
United States	76,146,139	71,365,802	93.72%	4,780,337	6.28%

Note: This indicator is compared with the state average.
Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#), 2014. Source geography: County

Percent Population Without Medical Insurance



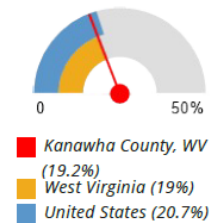
Lack of Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Total Population Age 18	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Kanawha County, WV	152,884	29,048	19%	19.2%
West Virginia	1,458,378	278,550	19.1%	19%
United States	232,556,016	48,104,656	20.7%	20.7%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#), 2006-12. Source geography: County

Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted)



Poverty - Population Below 100% FPL

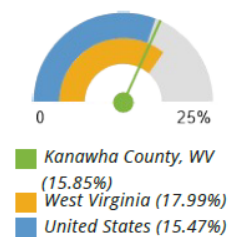
Poverty is considered a key driver of health status.

Within the report area 15.85% or 29,703 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Kanawha County, WV	187,422	29,703	15.85%
West Virginia	1,797,793	323,384	17.99%
United States	308,619,552	47,749,044	15.47%

Note: This indicator is compared with the state average.
Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Percent Population in Poverty



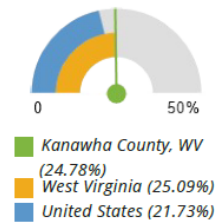
Poverty - Children Below 100% FPL

In the report area 24.78% or 9,480 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Kanawha County, WV	187,422	38,251	9,480	24.78%
West Virginia	1,797,793	372,473	93,437	25.09%
United States	308,619,552	72,540,824	15,760,766	21.73%

Note: This indicator is compared with the state average.
 Data Source: US Census Bureau, [American Community Survey](#). 2011-15. Source geography: Tract

Percent Population Under Age 18 in Poverty



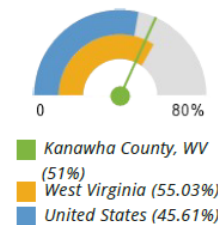
Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Report Area	Total Students with Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Kanawha County, WV	1,961	49%	51%
West Virginia	19,918	44.98%	55.03%
United States	3,393,582	49.67%	45.61%

Note: This indicator is compared with the state average.
 Data Source: US Department of Education, [EDFacts](#). Accessed via [DATA.GOV](#). 2014-15. Source geography: School District

Percentage of Students Scoring 'Not Proficient' or Worse



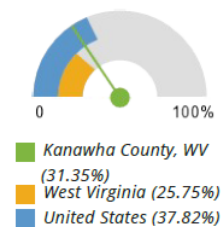
Population with Associate's Level Degree or Higher

31.35% of the population aged 25 and older, or 42,833 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
Kanawha County, WV	136,646	42,833	31.35%
West Virginia	1,298,118	334,231	25.75%
United States	211,462,528	79,981,744	37.82%

Note: This indicator is compared with the state average.
 Data Source: US Census Bureau, [American Community Survey](#). 2011-15. Source geography: Tract

Percent Population Age 25 with Associate's Degree or Higher



High School Graduation Rate (EdFacts)

Within the report area 76% of students are receiving their high school diploma within four years. Data represents the 2014-15 school year for all states except California and Texas. In these states, data from the 2013-14 school year is reported.

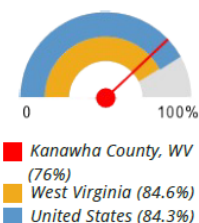
This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007).

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Kanawha County, WV	2,004	1,523	76
West Virginia	19,779	16,741	84.6
United States	3,127,886	2,635,290	84.3

Note: This indicator is compared with the state average.

Data Source: US Department of Education, [EDFacts](#). Accessed via [DATA.GOV](#). Additional data analysis by [CARES](#). 2014-15. Source geography: School District

Cohort Graduation Rate



Population with No High School Diploma

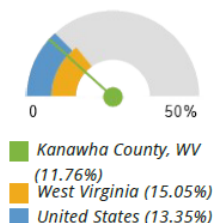
Within the report area there are 16,065 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 11.76% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25	Population Age 25 with No High School Diploma	Percent Population Age 25 with No High School Diploma
Kanawha County, WV	136,646	16,065	11.76%
West Virginia	1,298,118	195,354	15.05%
United States	211,462,528	28,229,094	13.35%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2011-15. Source geography: Tract

Percent Population Age 25 with No High School Diploma



Recreation and Fitness Facility Access

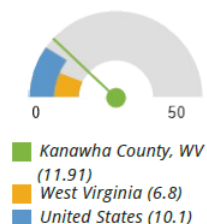
This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Kanawha County, WV	193,063	23	11.91
West Virginia	1,852,994	126	6.8
United States	312,732,537	31,715	10.1

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by [CARES](#). 2014. Source geography: County

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Kanawha County, WV	82,083	1,616	1.97%
West Virginia	735,009	6,040	0.82%
United States	143,621,168	7,362,038	5.13%

Percent Population Using Public Transit for Commute to Work



- Kanawha County, WV (1.97%)
- West Virginia (0.82%)
- United States (5.13%)

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Kanawha County, WV	190,223	304	159.81
West Virginia	1,850,326	1,697	91.7
United States	318,857,056	279,871	87.8

Primary Care Physicians, Rate per 100,000 Pop.



- Kanawha County, WV (159.81)
- West Virginia (91.7)
- United States (87.8)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2014. Source geography: County

Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Kanawha County, WV	188,332	147	78.05
West Virginia	1,844,128	939	50.9
United States	321,418,820	210,832	65.6

Dentists, Rate per 100,000 Pop.



- Kanawha County, WV (78.05)
- West Virginia (50.9)
- United States (65.6)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2015. Source geography: County

Access to Mental Health Providers

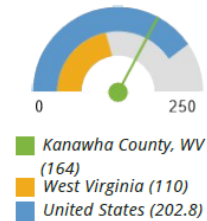
This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Kanawha County, WV	190,221	312	609.7	164
West Virginia	1,850,315	2,037	908.4	110
United States	317,105,555	643,219	493	202.8

Note: This indicator is compared with the state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#), 2016. Source geography: County

Mental Health Care Provider Rate (Per 100,000 Population)



Cancer Screening - Mammogram

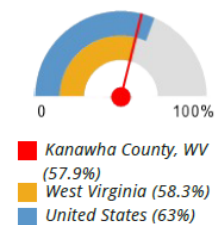
This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Kanawha County, WV	20,359	1,554	900	57.9%
West Virginia	203,307	17,171	10,008	58.3%
United States	53,131,712	4,402,782	2,772,990	63%

Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#), 2012. Source geography: County

Percent Female Medicare Enrollees with Mammogram in Past 2 Year



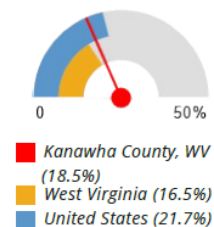
High Blood Pressure Management

Report Area	Total Population (Age 18)	Total Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Kanawha County, WV	152,840	28,212	18.5%
West Virginia	1,458,378	241,171	16.5%
United States	235,375,690	51,175,402	21.7%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#), 2006-10. Source geography: County

Percent Adults with High Blood Pressure Not Taking Medication



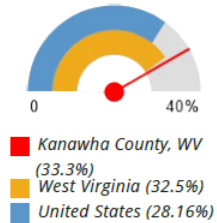
High Blood Pressure (Adult)

50,910, or 33.3% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Kanawha County, WV	152,884	50,910	33.3%
West Virginia	1,458,378	473,973	32.5%
United States	232,556,016	65,476,522	28.16%

Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#), 2006-12. Source geography: County

Percent Adults with High Blood Pressure



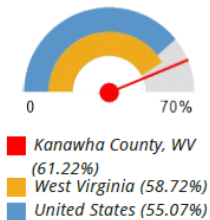
High Blood Pressure (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Kanawha County, WV	29,650	18,151	61.22%
West Virginia	290,946	170,856	58.72%
United States	34,096,898	18,775,968	55.07%

Note: This indicator is compared with the state average.
 Data Source: [Centers for Medicare and Medicaid Services](#), 2014. Source geography: County

Percentage of Medicare Beneficiaries with High Blood Pressure



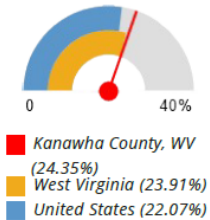
Lack of a Consistent Source of Primary Care

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Report Area	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Kanawha County, WV	167,325	40,749	24.35%
West Virginia	1,461,779	349,449	23.91%
United States	236,884,668	52,290,932	22.07%

Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#), 2011-12. Source geography: County

Percent Adults Without Any Regular Doctor

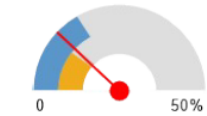


Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population Age 18	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Kanawha County, WV	152,884	15,441	10.1%	12.1%
West Virginia	1,458,378	145,838	10%	11%
United States	232,556,016	38,248,349	16.4%	16.9%

Estimated Adults Drinking Excessively (Age-Adjusted Percentage)



- Kanawha County, WV (12.1%)
- West Virginia (11%)
- United States (16.9%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

Cancer Incidence - Breast

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Kanawha County, WV	13,793	160	116
West Virginia	122,814	1,405	114.4
United States	18,056,679	222,845	123.41

Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)



- Kanawha County, WV (116)
- West Virginia (114.4)
- United States (123.41)

Note: This indicator is compared with the state average.

Data Source: [State Cancer Profiles](#). 2009-13. Source geography: County

Cancer Incidence - Cervical

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Kanawha County, WV	10,344	12	11.6
West Virginia	99,000	99	10
United States	16,137,921	12,299	7.62
HP 2020 Target			<= 7.1

Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)



- Kanawha County, WV (11.6)
- West Virginia (10)
- United States (7.62)

Note: This indicator is compared with the state average.

Data Source: [State Cancer Profiles](#). 2009-13. Source geography: County

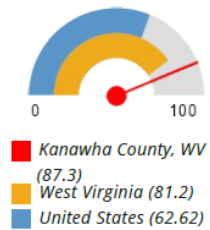
Cancer Incidence - Lung

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Kanawha County, WV	26,460	231	87.3
West Virginia	246,674	2,003	81.2
United States	33,999,704	212,905	62.62

Note: This indicator is compared with the state average.
Data Source: [State Cancer Profiles](#). 2009-13. Source geography: County

Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)



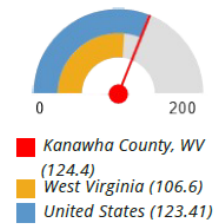
Cancer Incidence - Prostate

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Kanawha County, WV	12,138	151	124.4
West Virginia	118,949	1,268	106.6
United States	16,301,685	201,179	123.41

Note: This indicator is compared with the state average.
Data Source: [State Cancer Profiles](#). 2009-13. Source geography: County

Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)



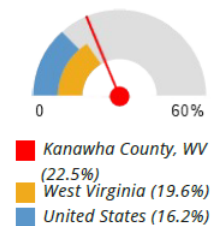
Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Kanawha County, WV	29,650	6,667	22.5%
West Virginia	290,946	57,073	19.6%
United States	34,096,898	5,537,063	16.2%

Note: This indicator is compared with the state average.
Data Source: [Centers for Medicare and Medicaid Services](#). 2014. Source geography: County

Percentage of Medicare Beneficiaries with Depression

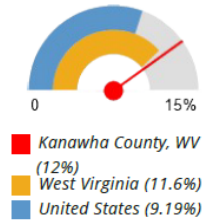


Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Kanawha County, WV	148,199	20,896	14.1	12%
West Virginia	1,425,248	191,524	13.44	11.6%
United States	236,919,508	23,685,417	10	9.19%

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



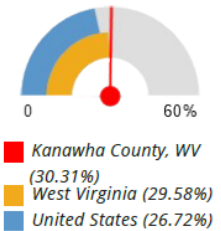
Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2013. Source geography: County

Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Kanawha County, WV	29,650	8,988	30.31%
West Virginia	290,946	86,052	29.58%
United States	34,096,898	9,110,725	26.72%

Percentage of Medicare Beneficiaries with Diabetes



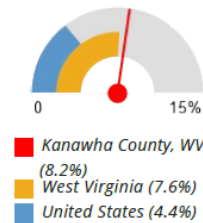
Note: This indicator is compared with the state average.
 Data Source: [Centers for Medicare and Medicaid Services](#). 2014. Source geography: County

Heart Disease (Adult)

13,646, or 8.2% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Report Area	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Kanawha County, WV	166,578	13,646	8.2%
West Virginia	1,450,446	110,104	7.6%
United States	236,406,904	10,407,185	4.4%

Percent Adults with Heart Disease



Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#). 2011-12. Source geography: County

Heart Disease (Medicare Population)

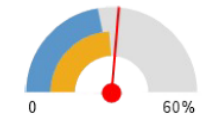
This indicator reports the percentage of the Medicare fee-for-service population with ischaemic heart disease.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
Kanawha County, WV	29,650	9,345	31.52%
West Virginia	290,946	85,522	29.39%
United States	34,096,898	9,202,548	26.99%

Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#). 2014. Source geography: County

Percentage of Medicare Beneficiaries with Heart Disease



■ Kanawha County, WV (31.52%)
■ West Virginia (29.39%)
■ United States (26.99%)

High Cholesterol (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol.

Report Area	Survey Population (Adults Age 18)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Kanawha County, WV	132,196	55,680	42.12%
West Virginia	1,163,149	471,265	40.52%
United States	180,861,326	69,662,357	38.52%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#). 2011-12. Source geography: County

Percent Adults with High Cholesterol



■ Kanawha County, WV (42.12%)
■ West Virginia (40.52%)
■ United States (38.52%)

High Cholesterol (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Kanawha County, WV	29,650	14,648	49.4%
West Virginia	290,946	138,443	47.58%
United States	34,096,898	15,234,051	44.68%

Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#). 2014. Source geography: County

Percentage of Medicare Beneficiaries with High Cholesterol



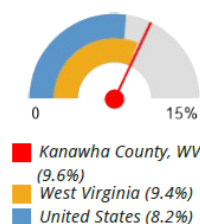
■ Kanawha County, WV (49.4%)
■ West Virginia (47.58%)
■ United States (44.68%)

Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Kanawha County, WV	16,639	1,597	9.6%
West Virginia	148,344	13,944	9.4%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Percent Low Birth Weight Births



Note: This indicator is compared with the state average.

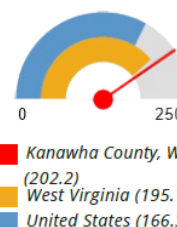
Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#), Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2006-12. Source geography: County

Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummared for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Kanawha County, WV	191,807	533	277.67	202.2
West Virginia	1,853,628	4,750	256.24	195.1
United States	313,836,267	581,919	185.42	166.3
HP 2020 Target				<= 160.6

Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.

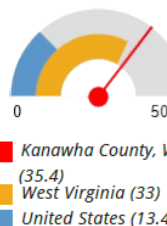
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2010-14. Source geography: County

Mortality - Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummared for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Kanawha County, WV	191,807	65	33.99	35.4
West Virginia	1,853,628	580	31.31	33
United States	313,836,267	42,432	13.52	13.4
HP 2020 Target				<= 10.2

Overdose Death, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.

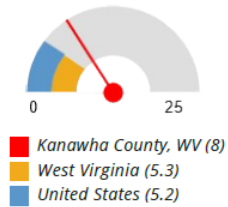
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2010-14. Source geography: County

Mortality - Homicide

This indicator reports the rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Kanawha County, WV	191,807	14	7.3	8
West Virginia	1,853,628	93	5.04	5.3
United States	313,836,267	16,221	5.17	5.2
HP 2020 Target				<= 5.5

Homicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



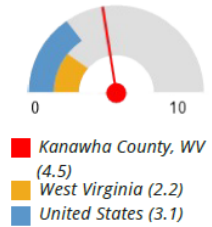
Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2010-14. Source geography: County

Mortality - Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Population (2010)	Total Pedestrian Deaths, 2011-2015	Average Annual Deaths, Rate per 100,000 Pop.
Kanawha County, WV	193,063	26	4.5
West Virginia	1,852,994	122	2.2
United States	312,732,537	28,832	3.1
HP 2020 Target			<= 1.3

Pedestrian Motor Vehicle Mortality, Crude Death Rate (Per 100,000 Pop.)



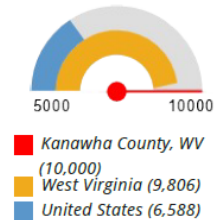
Note: This indicator is compared with the state average.
 Data Source: US Department of Transportation, National Highway Traffic Safety Administration, [Fatality Analysis Reporting System](#), 2011-2015. Source geography: County

Mortality - Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population, Census 2010	Total Premature Deaths, 2011-2013 Average	Total Years of Potential Life Lost, 2011-2013 Average	Years of Potential Life Lost, Rate per 100,000 Population
Kanawha County, WV	193,063	1,110	19,307	10,000
West Virginia	1,852,994	10,352	181,698	9,806
United States	312,732,537	1,119,700	20,584,925	6,588

Years of Potential Life Lost, Rate per 100,000 Population



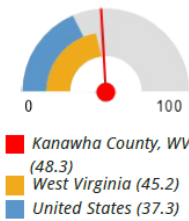
Note: This indicator is compared with the state average.
 Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2011-13. Source geography: County

Mortality - Stroke

Within the report area there are an estimated 48.3 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Kanawha County, WV	191,807	128	66.53	48.3
West Virginia	1,853,628	1,076	58.04	45.2
United States	313,836,267	129,754	41.34	37.3
<u>HP 2020 Target</u>				<= 33.8

Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



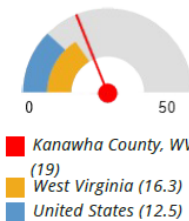
Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2010-14. Source geography: County

Mortality - Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Kanawha County, WV	191,807	39	20.23	19
West Virginia	1,853,628	319	17.19	16.3
United States	313,836,267	40,466	12.89	12.5
<u>HP 2020 Target</u>				<= 10.2

Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



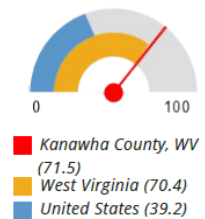
Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2010-14. Source geography: County

Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Kanawha County, WV	191,807	148	77.06	71.5
West Virginia	1,853,628	1,362	73.5	70.4
United States	313,836,267	128,295	40.88	39.2
<u>HP 2020 Target</u>				<= 36.0

Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



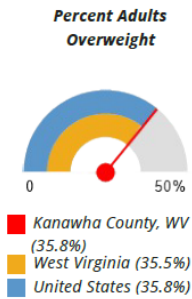
Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2010-14. Source geography: County

Overweight

35.8% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Survey Population (Adults Age 18)	Total Adults Overweight	Percent Adults Overweight
Kanawha County, WV	158,755	56,806	35.8%
West Virginia	1,384,791	492,077	35.5%
United States	224,991,207	80,499,532	35.8%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES. 2011-12. Source geography: County

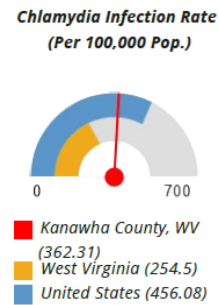


STI - Chlamydia Incidence

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Kanawha County, WV	191,275	693	362.31
West Virginia	1,854,224	4,719	254.5
United States	316,128,839	1,441,789	456.08

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). 2014. Source geography: County

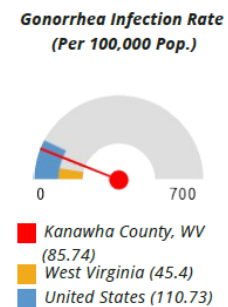


STI - Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Kanawha County, WV	191,275	164	85.74
West Virginia	1,852,423	841	45.4
United States	316,128,839	350,062	110.73

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). 2014. Source geography: County

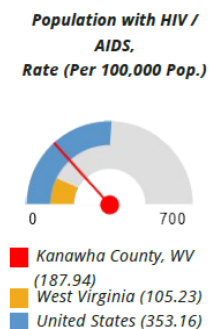


STI - HIV Prevalence

This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Report Area	Population Age 13	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Kanawha County, WV	163,354	307	187.94
West Virginia	1,581,327	1,664	105.23
United States	263,765,822	931,526	353.16

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). 2013. Source geography: County



APPENDIX E: County Health Rankings

The Kanawha Coalition for Community Health Improvement adopted a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The *Community Health Rankings*, a Robert Wood Johnson Foundation program collects, compiles and reports county-level health related data based on a similar model. Below is a description of the County Health Rankings model. For a detailed County Health Rankings Snapshot for Kanawha County see Appendix D: Kanawha County Health Rankings.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

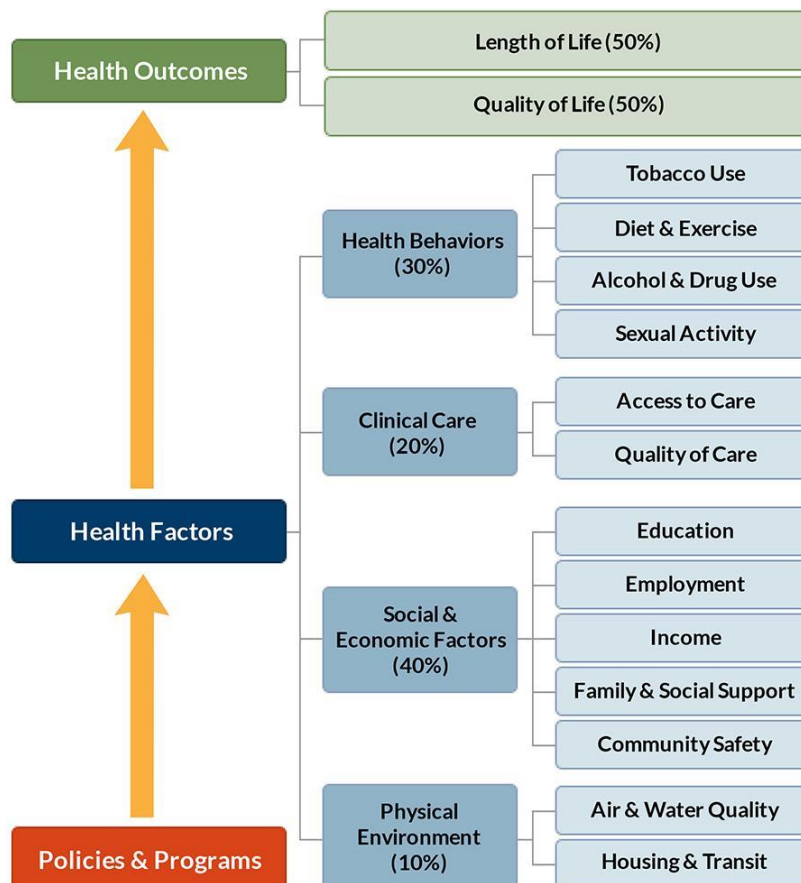
Rankings Methods

The *County Health Rankings* measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures

are standardized and combined using scientifically-informed weights.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state. These are calculated and ranked as eight summary composite scores.

1. Overall Health Outcomes
2. Health Outcomes – Mortality
3. Health Outcomes – Morbidity
4. Overall Health Factors
5. Health Factors – Health behaviors
6. Health Factors – Clinical care
7. Health Factors – Social and economic factors
8. Health Factors – Physical environment



Kanawha (KA) 2016

	Kanawha County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Health Outcomes						36

Length of Life




Premature death	10,000		9,500-10,500	5,200	9,700	
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Quality of Life

Poor or fair health	20%		19-20%	12%	24%	
Poor physical health days	5.0		4.8-5.2	2.9	5.0	
Poor mental health days	4.7		4.6-4.9	2.8	4.7	
Low birthweight	10%		9-10%	6%	9%	





Health Factors

Health Behaviors




Adult smoking	23%		23-24%	14%	27%	
Adult obesity	32%		30-34%	25%	34%	
Food environment index	7.3			8.3	7.3	
Physical inactivity	30%		28-32%	20%	32%	
Access to exercise opportunities	74%			91%	58%	
Excessive drinking	12%	(Click for info)	11-12%	12%	10%	
Alcohol-impaired driving deaths	29%		25-34%	14%	33%	

	Kanawha County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Sexually transmitted infections	430.3			134.1	277.0	
Teen births	50		48-53	19	45	

Clinical Care 2


Uninsured	15%		14-17%	11%	17%	
Primary care physicians	740:1			1,040:1	1,290:1	
Dentists	1,290:1			1,340:1	2,030:1	
Mental health providers	610:1			370:1	910:1	
Preventable hospital stays	65		61-68	38	81	
Diabetic monitoring	83%		80-87%	90%	84%	
Mammography screening	56%		52-60%	71%	58%	

Social & Economic Factors 28

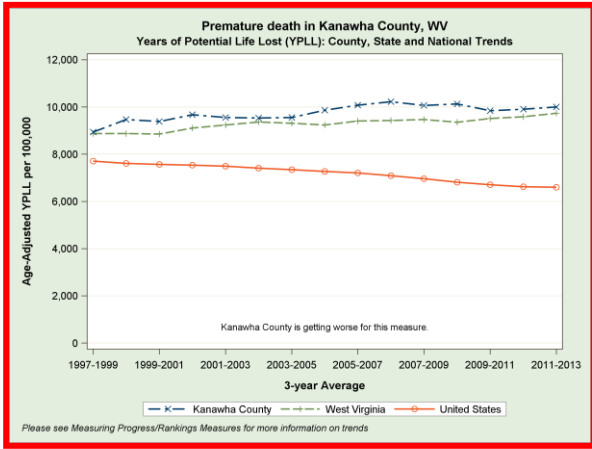
High school graduation	71%			93%	82%	
Some college	59%		56-62%	72%	53%	
Unemployment	5.9%			3.5%	6.5%	
Children in poverty	26%		21-31%	13%	25%	
Income inequality	4.6		4.3-4.8	3.7	4.9	
Children in single-parent households	38%		34-41%	21%	33%	
Social associations	18.3			22.1	13.1	
Violent crime	471			59	311	

	Kanawha County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
Injury deaths	98		92-105	51	93	

Physical Environment 22

Air pollution - particulate matter	13.1			9.5	13.2	
Drinking water violations	Yes			No		
Severe housing problems	10%		9-11%	9%	11%	
Driving alone to work	80%		79-81%	71%	82%	
Long commute - driving alone	22%		20-24%	15%	33%	

Note: Blank values reflect unreliable or missing data



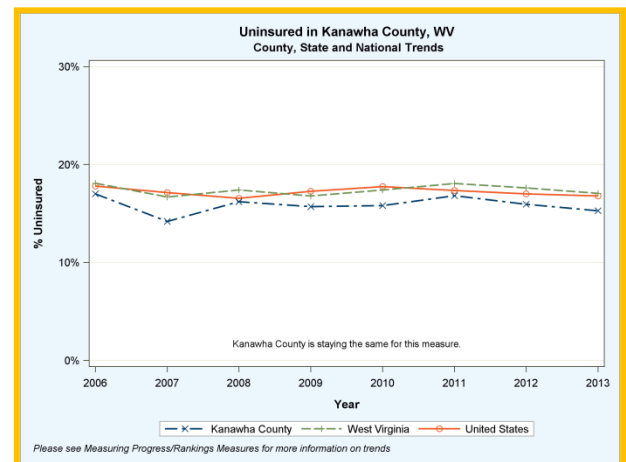
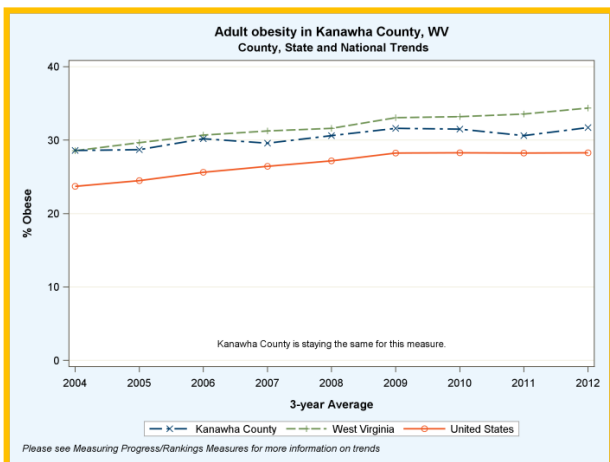
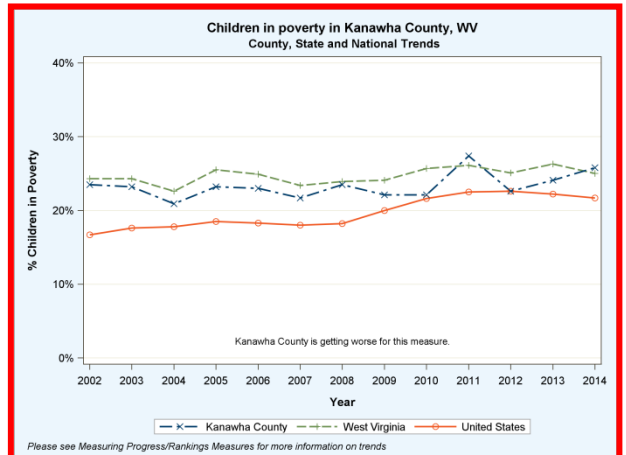
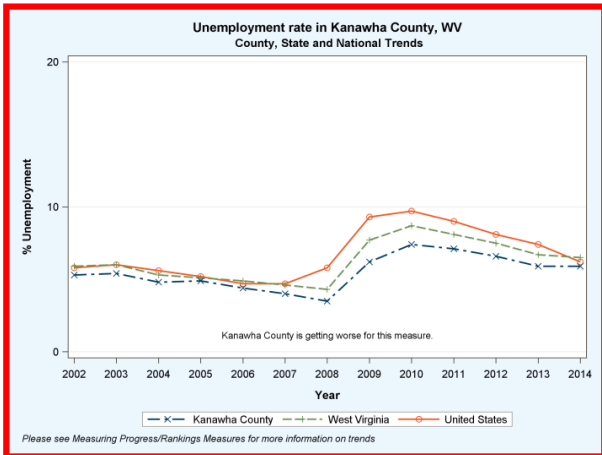
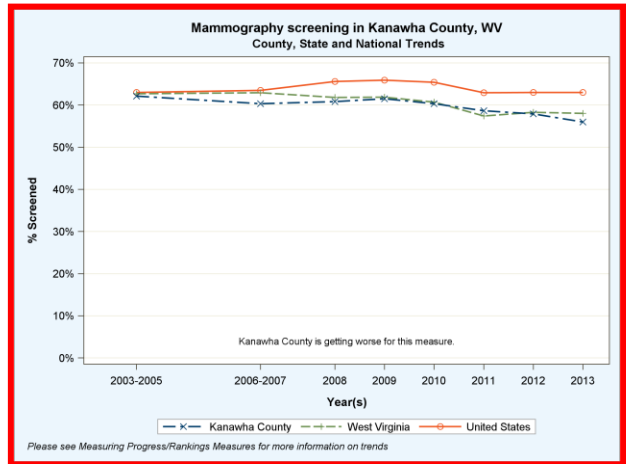
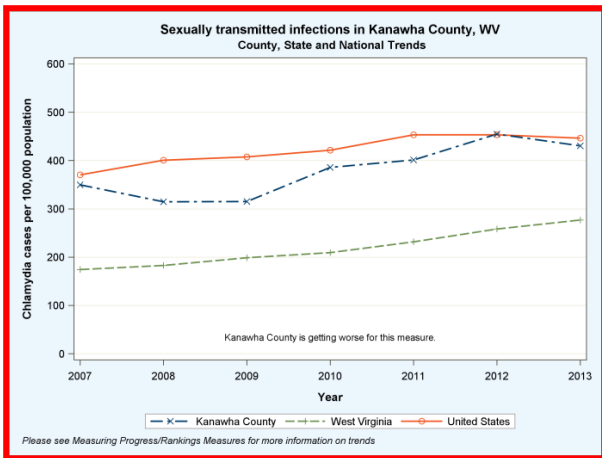
Kanawha County is getting worse for this measure

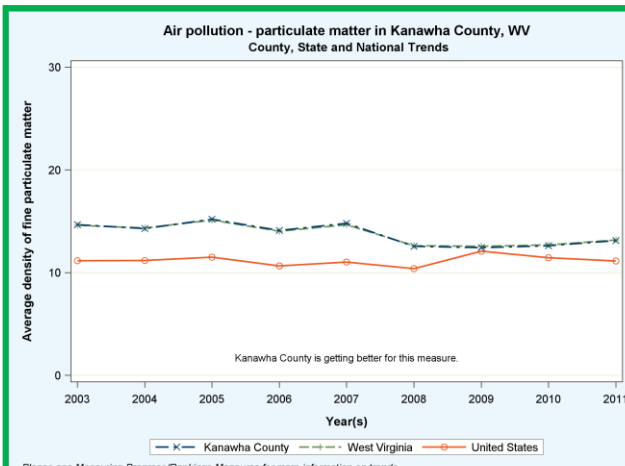
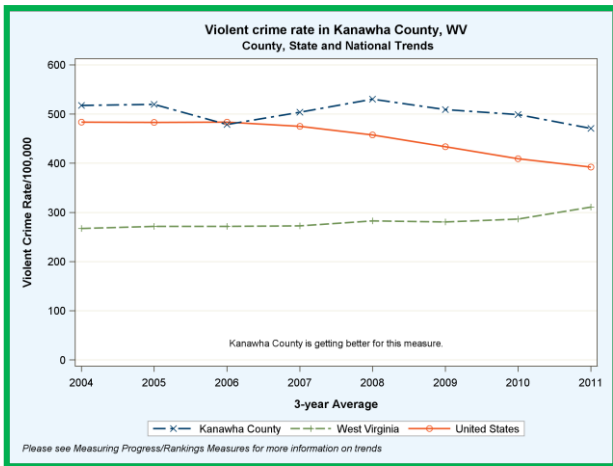
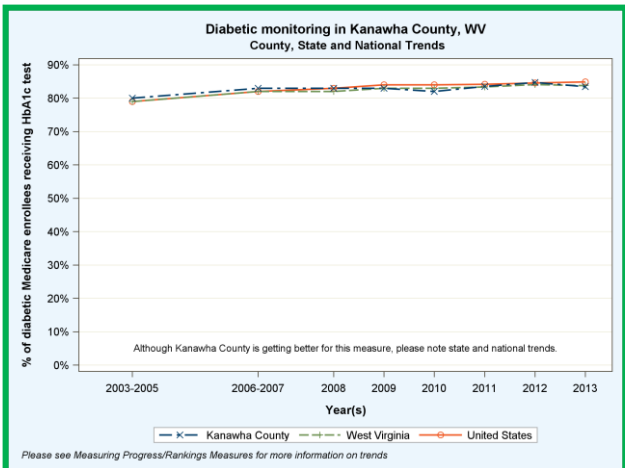
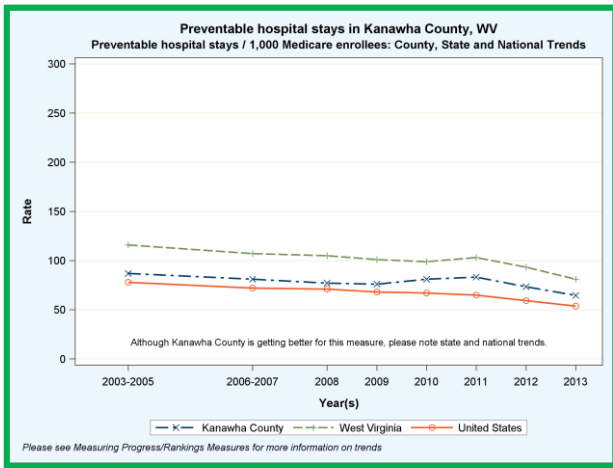
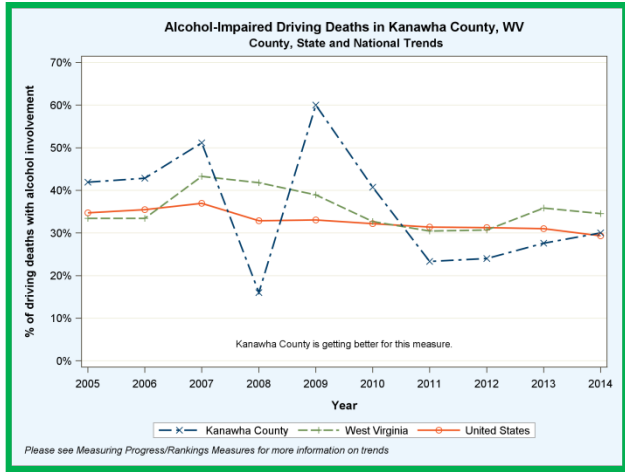
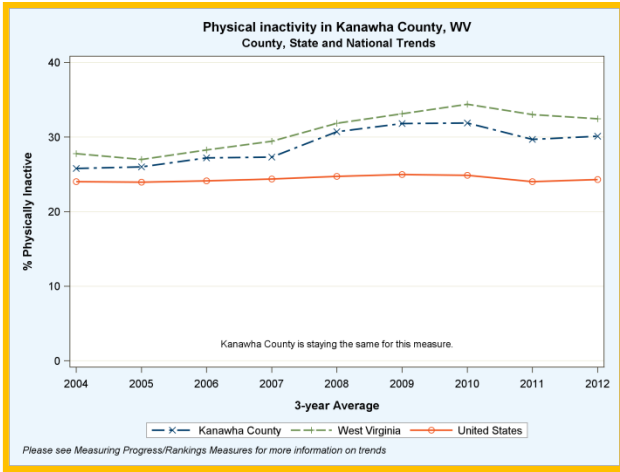


Kanawha County is staying the same for this measure



Kanawha County is getting better for this measure





APPENDIX F: Leading Causes of Death

Selected Causes of Resident Deaths: Number and Rate*

Selected Causes of Death	Kanawha		West Virginia	
	Number and Rate		Number and Rate	
Total Deaths, All Causes	2,433	12.8	22,164	12.0
Major Cardiovascular Disease	605	318.0	4,689	253.9
Cancer	519	272.8	4,873	270.3
Dementia	184	96.7	966	52.2
Chronic Lower Respiratory Disease	153	80.4	1,576	85.2
Accidents, All Forms	159	83.6	1,924	104.0

Source: West Virginia Vital Statistics, 2014

West Virginia Bureau for Public Health, Health Statistics

*Rates for total deaths are per 1,000 population.
All other rates are per 100,000 population.

Leading Causes and Total 5-Year Incidence of Child Deaths by Age Group, West Virginia, 2008-2012

Rank	Age Groups						
	<1	1-4	5-9		10-14	15-19	20-24
1	Congenital Anomalies 156	Unintentional Injury 43	Unintentional Injury 20		Unintentional Injury 30	Unintentional Injury 192	Unintentional Injury 353
2	SIDS 99	Congenital Anomalies 22	Homicide ****		Malignant Neoplasms 14	Suicide 52	Suicide 102
3	Short Gestation 90	Homicide 21	Malignant Neoplasms ****		Congenital Anomalies ****	Homicide 21	Malignant Neoplasms 45
4	Placenta Cord Membranes 31	Malignant Neoplasms 12	Congenital Anomalies ****		Homicide ****	Malignant Neoplasms 15	Homicide 38
5	Unintentional Injury 29	Heart Disease ****	Septicemia ****	Benign Neoplasms ****	Suicide ****	Heart Disease 13	Heart Disease 21

Note: **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes.

SOURCE: Children's Safety Network, West Virginia 2015 Fact Sheet

APPENDIX H: High School Youth Risks Behavior Survey WV

High School Youth Risk Behavior Survey						
Question	West Virginia 2015	United States 2015	p-value	West Virginia 2015 More Likely Than United States 2015	United States 2015 More Likely Than West Virginia 2015	No Difference
Unintentional Injuries and Violence						
Never or rarely wore a bicycle helmet (among students who had ridden a bicycle during the 12 months before the survey)	84.2 (77.8–89.1) [†]	81.4 (77.0–85.1)	0.39			●
Never or rarely wore a seat belt (when riding in a car driven by someone else)	11.2 (9.4–13.4)	6.1 (4.9–7.6)	0.00	●		
Rode with a driver who had been drinking alcohol (in a car or other vehicle one or more times during the 30 days before the survey)	16.7 (14.7–18.9)	20.0 (18.4–21.6)	0.01		●	
Drove when they had been drinking alcohol (in a car or other vehicle one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	6.3 (4.6–8.6)	7.8 (6.8–9.0)	0.16			●
Texted or e-mailed while driving a car or other vehicle (on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	35.1 (30.1–40.5)	41.5 (38.9–44.1)	0.03		●	
Carried a weapon (such as, a gun, knife, or club, on at least 1 day during the 30 days before the survey)	26.1 (22.9–29.5)	16.2 (14.4–18.1)	0.00	●		
Carried a gun (on at least 1 day during the 30 days before the survey)	7.6 (6.3–9.3)	5.3 (4.6–6.1)	0.00	●		
Carried a weapon on school property (such as, a gun, knife, or club, on at least 1 day during the 30 days before the survey)	6.5 (4.9–8.6)	4.1 (3.5–4.7)	0.01	●		
Were threatened or injured with a weapon on school property (such as, a gun, knife, or club, one or more times during the 12 months before the survey)	6.9 (5.8–8.2)	6.0 (5.2–6.8)	0.18			●
Were in a physical fight (one or more times during the 12 months before the survey)	20.5 (17.7–23.6)	22.6 (20.9–24.4)	0.19			●
Were injured in a physical fight (one or more times during the 12 months before the survey and injuries had to be treated by a doctor or nurse)	2.7 (2.1–3.6)	2.9 (2.5–3.4)	0.67			●
Were in a physical fight on school property (one or more times during the 12 months before the survey)	7.2 (5.1–10.1)	7.8 (6.7–8.9)	0.69			●
Did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day during the 30 days before the survey)	8.9 (7.0–11.2)	5.6 (4.8–6.5)	0.00	●		
Were electronically bullied (counting being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting during the 12 months before the survey)	20.2 (17.0–23.8)	15.5 (14.5–16.6)	0.01	●		
Were bullied on school property (during the 12 months before the survey)	24.4 (22.0–27.0)	20.2 (18.8–21.7)	0.00	●		
Were ever physically forced to have sexual intercourse (when they did not want to)	10.0 (7.8–12.8)	6.7 (5.6–8.0)	0.01	●		

Experienced physical dating violence (counting being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	10.1 (8.2-12.3)	9.6 (8.8-10.6)	0.70			●
Experienced sexual dating violence (counting kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	9.0 (7.5-10.9)	10.6 (9.5-11.7)	0.13			●
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)	32.9 (29.5-36.4)	29.9 (28.0-31.8)	0.12			●
Seriously considered attempting suicide (during the 12 months before the survey)	18.7 (16.3-21.4)	17.7 (16.7-18.8)	0.47			●
Made a plan about how they would attempt suicide (during the 12 months before the survey)	15.4 (13.2-17.7)	14.6 (13.4-15.8)	0.54			●
Attempted suicide (one or more times during the 12 months before the survey)	9.9 (8.5-11.5)	8.6 (7.6-9.6)	0.13			●
Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	3.2 (2.1-4.8)	2.8 (2.2-3.5)	0.55			●

Tobacco Use						
Ever tried cigarette smoking (even one or two puffs)	47.3 (43.2-51.5)	32.3 (28.9-35.8)	0.00	●		
Smoked a whole cigarette before age 13 years (for the first time)	13.0 (10.2-16.4)	6.6 (5.5-7.9)	0.00	●		
Currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	18.8 (15.5-22.5)	10.8 (9.4-12.4)	0.00	●		
Currently smoked cigarettes frequently (on 20 or more days during the 30 days before the survey)	7.4 (6.1-9.0)	3.4 (2.6-4.3)	0.00	●		
Smoked more than 10 cigarettes per day (on the days they smoked during the 30 days before the survey, among students who currently smoked cigarettes)	10.1 (7.2-14.0)	7.9 (6.2-9.9)	0.22			●
Currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	5.4 (4.4-6.6)	2.3 (1.7-3.0)	0.00	●		
Usually obtained their own cigarettes by buying them in a store or gas station (during the 30 days before the survey, among students who currently smoked cigarettes and who were aged <18 years)	11.7 (8.1-16.7)	12.6 (9.7-16.1)	0.74			●
Usually obtained their own cigarettes by buying on the internet (during the 30 days before the survey, among students who currently smoked cigarettes and who were aged <18 years)	3.8 (1.1-12.4)	1.0 (0.4-2.1)	0.21			●
Did not try to quit smoking cigarettes (during the 12 months before the survey, among students who currently smoked cigarettes)	51.6 (44.4-58.8)	54.6 (50.5-58.7)	0.46			●

Currently used smokeless tobacco (chewing tobacco, snuff, or dip on at least 1 day during the 30 days before the survey)	13.4 (10.9–16.3)	7.3 (6.1–8.6)	0.00	●		
Currently smoked cigars (cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey)	13.9 (11.6–16.5)	10.3 (9.0–11.8)	0.01	●		
Ever used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	49.1 (45.0–53.3)	44.9 (41.9–48.0)	0.09			●
Currently used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens on at least 1 day during the 30 days before the survey)	31.2 (27.8–34.9)	24.1 (22.1–26.2)	0.00	●		
Currently smoked cigarettes or cigars (on at least 1 day during the 30 days before the survey)	24.2 (20.9–27.9)	16.0 (14.2–18.0)	0.00	●		
Currently used cigarettes, cigars, or smokeless tobacco (on at least 1 day during the 30 days before the survey)	29.2 (25.5–33.2)	18.5 (16.5–20.8)	0.00	●		
Currently used tobacco (current cigarette, smokeless tobacco, cigar, or electronic vapor product use on at least 1 day during the 30 days before the survey)	40.8 (36.8–44.9)	31.4 (29.1–33.8)	0.00	●		

Alcohol and Other Drug Use						
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	65.1 (61.1–68.8)	63.2 (60.6–65.8)	0.42			●
Drank alcohol before age 13 years (for the first time other than a few sips)	18.4 (16.5–20.4)	17.2 (16.0–18.4)	0.28			●
Currently drank alcohol (at least one drink of alcohol on at least 1 day during the 30 days before the survey)	31.1 (28.1–34.2)	32.8 (30.4–35.2)	0.36			●
Usually obtained the alcohol they drank by someone giving it to them (during the 30 days before the survey, among students who currently drank alcohol)	39.7 (36.5–43.1)	44.1 (41.9–46.4)	0.03		●	
Drank five or more drinks of alcohol in a row (within a couple of hours on at least 1 day during the 30 days before the survey)	19.8 (17.8–21.9)	17.7 (15.8–19.8)	0.14			●
Reported that the largest number of drinks they had in a row was 10 or more (within a couple of hours during the 30 days before the survey)	7.4 (6.1–8.9)	4.3 (3.6–5.1)	0.00	●		
Ever used marijuana (one or more times during their life)	34.7 (30.2–39.4)	38.6 (35.5–41.8)	0.15			●
Tried marijuana before age 13 years (for the first time)	8.4 (6.0–11.6)	7.5 (6.5–8.7)	0.54			●
Currently used marijuana (one or more times during the 30 days before the survey)	16.5 (13.4–20.3)	21.7 (19.3–24.2)	0.02		●	
Ever used synthetic marijuana (also called "K2", "Spice", "fake weed", "King Kong", "Yucatan Fire", "Skunk", or "Moon Rocks", one or more times during their life)	14.6 (12.3–17.3)	9.2 (7.9–10.8)	0.00	●		
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	4.6 (3.0–6.9)	5.2 (4.3–6.2)	0.56			●
Ever used ecstasy (also called "MDMA," one or more times during their life)	6.7 (5.0–9.0)	5.0 (4.3–5.8)	0.11			●

Ever used heroin (also called "smack," "junk," or "China white," one or more times during their life)	3.5 (2.4–5.1)	2.1 (1.5–2.8)	0.05			●
Ever used methamphetamines (also called "speed," "crystal," "crank," or "ice," one or more times during their life)	4.7 (3.1–7.1)	3.0 (2.4–3.8)	0.10			●
Ever took steroids without a doctor's prescription (pills or shots, one or more times during their life)	4.6 (3.5–6.2)	3.5 (2.8–4.3)	0.12			●
Ever took prescription drugs without a doctor's prescription (such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, one or more times during their life)	15.5 (12.4–19.2)	16.8 (15.4–18.2)	0.46			●
Ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	9.4 (7.5–11.6)	7.0 (6.2–8.0)	0.03	●		
Ever injected any illegal drug (used a needle to inject any illegal drug into their body one or more times during their life)	3.5 (2.4–5.0)	1.8 (1.3–2.3)	0.01	●		
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	25.9 (22.9–29.2)	21.7 (19.4–24.2)	0.03	●		
Usually used marijuana by smoking it (in a joint, bong, pipe, or blunt during the 30 days before the survey)	–	90.0 (87.5–92.1)	~			
Ever used hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms, one or more times during their life)	–	6.4 (5.3–7.7)	~			

Sexual Behaviors						
Ever had sexual intercourse	46.7 (41.0–52.5)	41.2 (37.5–45.0)	0.10			●
Had sexual intercourse before age 13 years (for the first time)	5.1 (3.8–6.9)	3.9 (3.2–4.8)	0.15			●
Had sexual intercourse with four or more persons (during their life)	13.4 (11.0–16.1)	11.5 (9.9–13.3)	0.21			●
Were currently sexually active (had sexual intercourse with at least one person during the 3 months before the survey)	35.5 (30.4–40.9)	30.1 (27.4–32.9)	0.06			●
Did not use a condom (during last sexual intercourse, among students who were currently sexually active)	48.5 (43.4–53.7)	43.1 (40.2–46.1)	0.06			●
Did not use birth control pills (before last sexual intercourse to prevent pregnancy, among students who were currently sexually active)	71.8 (66.8–76.3)	81.8 (79.5–83.9)	0.00	●		
Did not use an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon) (before last sexual intercourse to prevent pregnancy, among students who were currently sexually active)	96.6 (94.6–97.8)	96.7 (95.6–97.5)	0.90			●
Did not use a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing) (before last sexual intercourse to prevent pregnancy, among students who were currently sexually active)	95.0 (91.7–97.0)	94.7 (93.4–95.7)	0.83			●

Did not use birth control pills; an IUD or implant; or a shot, patch, or birth control ring (before last sexual intercourse to prevent pregnancy, among students who were currently sexually active)	63.4 (56.9–69.4)	73.2 (70.4–75.7)	0.00		●	
Did not use both a condom during and birth control pills; an IUD or implant; or a shot, patch, or birth control ring (before last sexual intercourse to prevent pregnancy, among students who were currently sexually active)	88.4 (85.4–90.9)	91.2 (89.4–92.7)	0.08			●
Did not use any method to prevent pregnancy (during last sexual intercourse, among students who were currently sexually active)	12.0 (9.2–15.6)	13.8 (11.8–16.1)	0.35			●
Drank alcohol or used drugs (before last sexual intercourse, among students who were currently sexually active)	18.5 (14.8–22.9)	20.6 (18.9–22.5)	0.32			●
We were never tested for HIV (not counting tests done when donating blood)	86.9 (84.3–89.1)	89.8 (88.2–91.3)	0.03		●	

Dietary Behaviors						
Did not eat fruit or drink 100% fruit juices (during the 7 days before the survey)	8.1 (6.4–10.3)	5.2 (4.4–6.0)	0.00		●	
Did not eat vegetables (green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables, during the 7 days before the survey)	8.3 (6.2–11.1)	6.7 (6.0–7.5)	0.19			●
Did not drink milk (during the 7 days before the survey)	21.2 (18.9–23.8)	21.5 (19.8–23.4)	0.83			●
Drank a can, bottle, or glass of soda or pop (not counting diet soda or diet pop, during the 7 days before the survey)	78.2 (75.5–80.6)	73.8 (71.1–76.4)	0.02		●	
Drank a can, bottle, or glass of soda or pop one or more times per day (not counting diet soda or diet pop, during the 7 days before the survey)	30.1 (27.6–32.7)	20.4 (18.1–23.0)	0.00		●	
Drank a can, bottle, or glass of soda or pop two or more times per day (not counting diet soda or diet pop, during the 7 days before the survey)	22.1 (19.8–24.6)	13.0 (11.1–15.2)	0.00		●	
Drank a can, bottle, or glass of soda or pop three or more times per day (not counting diet soda or diet pop, during the 7 days before the survey)	13.5 (12.3–14.8)	7.1 (5.8–8.6)	0.00		●	
Drank a can, bottle, or glass of a sports drink (not counting low calorie sports drinks during the 7 days before the survey)	–	57.6 (54.6–60.5)	~			
Drank a can, bottle, or glass of a sports drink one or more times per day (not counting low calorie sports drinks during the 7 days before the survey)	–	13.8 (12.1–15.8)	~			
Drank a can, bottle, or glass of a sports drink two or more times per day (not counting low calorie sports drinks during the 7 days before the survey)	–	8.3 (7.1–9.8)	~			
Drank a can, bottle, or glass of a sports drink three or more times per day (not counting low calorie sports drinks during the 7 days before the survey)	–	4.8 (3.9–5.9)	~			
Did not drink water (during the 7 days before the survey)	–	3.5 (2.8–4.3)	~			
Did not eat breakfast (during the 7 days before the survey)	14.8 (12.3–17.6)	13.8 (12.4–15.4)	0.53			●
Did not eat breakfast on all 7 days (during the 7 days before the survey)	65.7 (63.1–68.3)	63.7 (60.9–66.3)	0.26			●

Physical Activity						
Did not participate in at least 60 minutes of physical activity on at least 1 day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	17.2 (14.8–19.8)	14.3 (12.9–15.8)	0.04	●		
Were not physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	55.1 (51.7–58.5)	51.4 (48.8–54.0)	0.07			●
Were not physically active at least 60 minutes per day on all 7 days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	74.2 (71.5–76.8)	72.9 (71.2–74.6)	0.40			●
Played video or computer games or used a computer 3 or more hours per day (for something that was not school work on an average school day)	43.4 (39.3–47.5)	41.7 (39.3–44.2)	0.48			●
Watched 3 or more hours per day of television (on an average school day)	26.8 (23.6–30.2)	24.7 (22.7–26.9)	0.30			●
Did not attend physical education classes on 1 or more days (in an average week when they were in school)	63.2 (55.7–70.2)	48.4 (42.6–54.1)	0.00	●		
Did not attend physical education classes on all 5 days (in an average week when they were in school)	74.8 (67.4–81.0)	70.2 (63.8–76.0)	0.31			●
Did not play on at least one sports team (run by their school or community groups during the 12 months before the survey)	48.3 (44.5–52.0)	42.4 (38.8–46.0)	0.02	●		
Did not participate in muscle strengthening activities on 3 or more days (such as, push-ups, sit-ups, or weight lifting, during the 7 days before the survey)	–	46.6 (44.4–48.9)	~			

Obesity, Overweight, and Weight Control						
Had obesity (>= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	17.9 (15.1–21.2)	13.9 (12.5–15.5)	0.02	●		
Were overweight (>= 85th percentile but < 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	17.0 (15.0–19.1)	16.0 (15.2–16.9)	0.38			●
Described themselves as slightly or very overweight	32.7 (30.4–35.0)	31.5 (30.2–32.9)	0.37			●
Were not trying to lose weight	50.5 (48.1–52.9)	54.4 (52.7–56.0)	0.01		●	

Other Health Topics						
Had ever been told by a doctor or nurse that they had asthma	25.9 (23.1–29.0)	22.8 (21.5–24.1)	0.04	●		
Did not see a dentist (for a check-up, exam, teeth cleaning, or other dental work during the 12 months before the survey)	26.7 (23.0–30.8)	25.6 (22.9–28.4)	0.63			●
Did not have 8 or more hours of sleep (on an average school night)	82.5 (79.3–85.3)	72.7 (70.4–74.9)	0.00	●		
Used an indoor tanning device (such as a sunlamp, sunbed, or tanning booth (not counting getting a spray-on tan) one or more times during the 12 months before the survey)	–	7.3 (6.0–8.9)	~			
Had a sunburn (one or more times during the 12 months before the survey, counting even a small part of the skin turning red or hurting for 12 hours or more after being outside in the sun or after using a sunlamp or other indoor tanning device)	–	55.8 (51.2–60.3)	~			
Avoid foods because eating the food could cause an allergic reaction (such as skin rashes, swelling, itching, vomiting, coughing, or trouble breathing)	–	16.0 (14.8–17.2)	~			

Footnotes

†	Percentage, confidence interval
–	Data not available
~ = P-value not available	

Notes

Notes



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