May 2014

Dear Kanawha County Residents,

As the Kanawha Coalition for Community Health Improvement enters its 20th year, we continue to align our work with the health issues that are of greatest concern to Kanawha County residents. Since our beginning in 1994, the Kanawha Coalition has conducted a countywide Community Health Needs Assessment (CHNA) every three years to identify the needs of Kanawha County residents, the extent to which those needs are being met, and to identify opportunities to improve the overall health status of our county. Our Steering Committee, lower right, guides this assessment process. We rely on community volunteers to carry out the components of the assessment which include: (1) household opinion surveys, (2) a survey of key community leaders, (3) focus groups and (4) the analysis of statistical data. We just completed our 6th triennial CHNA in April 2014.

On behalf of the Kanawha Coalition, I would like to thank the amazing community volunteers for their hours of work over the past few months. This includes the support provided by the University of Charleston, School of Health Sciences who allowed their Senior Nursing Students to make phone calls, conduct focus groups and assist with the Health Issues Forum.

Community input is an important component of the Kanawha Coalition’s Community Health Needs Assessment. We would like to thank the 302 randomly selected households and 85 community leaders for taking part in this year’s assessment. We also thank the 39 individuals who participated in our focus groups to help us learn more about the concerns among our African American community members, single-parents and senior citizens. Your thoughtful consideration about the health needs and special challenges that face our County enriched our process.

As a result of our comprehensive assessment we were able to bring to light many factors that influence health. At our County Health Issues Forum in April, community members took into consideration issues including educational attainment, high school drop-out, unemployment, jobs and poverty, along with the many chronic diseases that are prevalent in our community such as cancer, heart disease, high blood pressure, lung disease, and asthma, and health risk behaviors such as obesity, overweight, poor eating habits, lack of physical activity and tobacco use. The top priorities for the Kanawha Coalition are 1) Obesity/Nutrition; 2) Drug Abuse; and 3) the Lack of Physical Activity.

We will use the findings of our CHNA to develop strategies that address our community’s priorities and improve the health of the people of Kanawha County. We know that with all of us working together, we can create a healthier, safer community. Please read this overview and consider joining our efforts!

Warm Regards,

Judith M. Crabtree
Executive Director, Kanawha Coalition

Matthew Ballard
Charleston Area Alliance
John Ballengee
United Way of Central West Virginia
Martha Cook Carter
FamilyCare HealthCenter
Adam Flack
Wellness Council of West Virginia

Stephen Dexter
Thomas Health Systems
Ronald Duerring, Ph.D.
Kanawha County Schools
Rahul Gupta, M.D.
Kanawha-Charleston Health Department
Brenda Grant
Charleston Area Medical Center

Brenda Isaac
Kanawha County Schools
Drema Pierson
Thomas Health Systems
Cynthia Persily
Highland Hospital
David Ramsey
Charleston Area Medical Center
David Shapiro
Spilman Thomas & Battle, PLLC
Kanawha County is BETTER than the state average for the following health indicators:

Social and/or Economic Factors
- Unemployment rate
- Population in poverty
- Children in poverty
- Per capita income
- Uninsured (adult & child)
- Violent crime

Health Behaviors
- Excessive drinking
- Tobacco usage
- Physical inactivity
- Fruit/vegetable consumption

Clinical Care
- Access to primary care
- Federally Qualified Health Centers
- Health professional shortage areas
- Preventable hospital events

Health Screenings
- Cervical cancer screening
- Colon cancer screening

Dental Care
- Dental care utilization (adult)

Vaccinations
- Pneumonia vaccines (Age 65+)

Physical Environment
- Air quality
- Liquor store access
- Park access
- Recreation and fitness facility access
- Use of public transportation

Health Outcomes
- Asthma prevalence
- Diabetes prevalence
- Heart disease mortality
- Infant mortality
- Lung disease mortality
- Motor vehicle crash death
- Obesity (adult)
- Dental health
- General health (self-reported)
- Population with any disability

2014 Household Survey Respondents
How would you describe Kanawha County as a place to live?

- Poor, 9%
- Fair, 29%
- Good, 46%
- Excellent, 21%

How would you rate the quality of the educational system in Kanawha County?
69% rated the educational system as Good, Very Good, or Excellent. This is consistent with prior assessment results.

Overall how would you rate your community for walking?

- Poor, 14%
- Fair, 18%
- Good, 29%
- Very Good, 22%
- Excellent, 17%

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

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Very Good</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Good</td>
<td>35%</td>
<td>27%</td>
</tr>
<tr>
<td>Fair</td>
<td>19%</td>
<td>27%</td>
</tr>
<tr>
<td>Poor</td>
<td>15%</td>
<td>19%</td>
</tr>
</tbody>
</table>

WORKSITE WELLNESS 39% (115) of the 2014 phone survey respondents were employed compared to 45% in 2011. Although fewer respondents were employed, a larger percent said they had worksite wellness programs where they worked.

<table>
<thead>
<tr>
<th>Worksite Wellness Programs</th>
<th>2014</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain regular medical checkups</td>
<td>46%</td>
<td>26%</td>
</tr>
<tr>
<td>Obtain health care screening</td>
<td>41%</td>
<td>28%</td>
</tr>
<tr>
<td>Improve dietary habits</td>
<td>45%</td>
<td>25%</td>
</tr>
<tr>
<td>Obtain health information at the worksite</td>
<td>28%</td>
<td>23%</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>39%</td>
<td>19%</td>
</tr>
<tr>
<td>Increase physical activity</td>
<td>31%</td>
<td>24%</td>
</tr>
</tbody>
</table>
HEALTH CONCERNS

The Kanawha Coalition for Community Health Improvement asked residents and community leaders their top environmental, community issues, risky behaviors, health problems and clinical care issues.

They are:

Environmental Issues (The “built” environment)
1. Chemicals/Pollution
2. Infrastructure (water, sewage, electric, roads)
3. Parks, greenspace, walking and biking paths
4. Housing (Cost of utilities/rent deposits)

Community Issues (Social & Economic)
1. Unemployment/Jobs
2. Educational obtainment
3. Poverty
4. Crime

Risky Behaviors
1. Drugs
2. Lack of exercise
3. Poor eating habits
4. Tobacco use

Health Problems
1. Obesity/overweight
2. Diabetes
3. Heart Disease/High Blood Pressure
4. Lung Disease

Clinical Care
1. Healthcare professional shortages
2. Health insurance
3. Need for free clinics
4. Affordability of healthcare services

Kanawha County is WORSE than the state average for the following health indicators:

Social Economic Factors
- Education
- Households receiving public assistance
- Adequate social support

Health Screenings
- Breast cancer screening
- HIV screening

Physical Environment
- Fast food restaurant access
- Grocery store access
- SNAP-authorized food store access
- WIC-authorized food store access

Health Outcomes
- Accident mortality
- Breast cancer incidence
- Cancer mortality
- Chlamydia incidence
- Colon and rectum cancer incidence
- Gonorrhea incidence
- Heart disease prevalence
- HIV prevalence
- Homicide
- Low birth weight
- Lung cancer incidence
- Overweight (adult)
- Pedestrian motor vehicle death
- Premature deaths
- Prostate cancer incidence
- Stroke mortality
- Suicide
Health Priorities

The top issues identified through the Kanawha Coalition for Community Health Improvement’s Community Health Needs Assessment are listed in the table below. The top three issues will be the focus of the Coalition through Year 2017.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Issue</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obesity/Overweight/Poor Eating Habits</td>
<td>34.309</td>
</tr>
<tr>
<td>2</td>
<td>Drugs/Prescription &amp; Illicit</td>
<td>33.265</td>
</tr>
<tr>
<td>3</td>
<td>Lack of Physical Activity</td>
<td>32.853</td>
</tr>
<tr>
<td>4</td>
<td>Heart Disease/High Blood Pressure</td>
<td>31.618</td>
</tr>
<tr>
<td>5</td>
<td>Tobacco Use/Second hand Smoke Exposure</td>
<td>31.206</td>
</tr>
<tr>
<td>6</td>
<td>Educational Attainment/High School Dropout</td>
<td>30.029</td>
</tr>
<tr>
<td>7</td>
<td>Unemployment/Jobs/Poverty</td>
<td>28.838</td>
</tr>
<tr>
<td>8</td>
<td>Cancer</td>
<td>28.765</td>
</tr>
<tr>
<td>9</td>
<td>Lung Disease/Asthma/COPD</td>
<td>28.750</td>
</tr>
</tbody>
</table>

**PRIORITY # 1: Obesity/Overweight/Poor eating habits**

**State Ranking**
Source: 2014 F as in Fat Report

<table>
<thead>
<tr>
<th>Obesity rate among:</th>
<th>Rate</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>33.8%</td>
<td>4</td>
</tr>
<tr>
<td>High Schoolers</td>
<td>14.6%</td>
<td>12</td>
</tr>
<tr>
<td>10-17 yr-olds</td>
<td>18.5%</td>
<td>13</td>
</tr>
<tr>
<td>Low Income 2-4s</td>
<td>14.0%</td>
<td>21</td>
</tr>
</tbody>
</table>

**2013 Youth Risk Behavior Survey - High School Results**

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day during the past seven days</td>
<td>38.0%</td>
</tr>
<tr>
<td>Percentage of students who drank a can, bottle, or glass of soda or pop two or more times per day during the past seven days</td>
<td>29.5%</td>
</tr>
<tr>
<td>Percentage of students who were trying to lose weight</td>
<td>50.0%</td>
</tr>
<tr>
<td>Percentage of students who described themselves as slightly or very overweight</td>
<td>35.6%</td>
</tr>
<tr>
<td>Percentage of students who were overweight (i.e. at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex)</td>
<td>15.5%</td>
</tr>
<tr>
<td>Percentage of students who were obese (i.e. at or above the 95th percentile for body mass index, by age and sex)</td>
<td>15.6%</td>
</tr>
</tbody>
</table>
Household Survey Respondents

91% of respondents ranked being overweight as a big problem in Kanawha County, 84% also indicated poor eating habits as a major concern.

12% of respondents said they had over 3 sugar-sweetened drinks per day. 46% ate at fast food restaurants one or more times per week.

Focus Group Participants

African American
Lack of grocery stores within walking distance in communities where they live.

Single Parents
Lack of affordable healthy foods (too expensive). Limited information about resources for healthy foods. Need for community gardens.

Senior Citizens
Lack of information about who provides healthy foods to seniors.

Key Informants (Community Leaders)

Barriers and challenges cited by key informant respondents include:

- Deeply rooted culture and personal habits
- A “fast food” mentality
- Easy access to sugary drinks and snacks
- Lack of awareness about good nutrition
- Lack of adult roles models
- Lack of adequate funding allocated by leadership to address these issues

PRIORITY # 2: Drug Abuse (Illicit and Prescription Drugs)

<table>
<thead>
<tr>
<th>2013 Youth Risk Behavior Survey High School Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of students who used marijuana one or more times during their life</td>
<td>39.0%</td>
</tr>
<tr>
<td>Percentage of students who tried marijuana for the first time before age 13 years</td>
<td>9.1%</td>
</tr>
<tr>
<td>Percentage of students who used marijuana one or more times during the past 30 days</td>
<td>18.9%</td>
</tr>
<tr>
<td>Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during their life</td>
<td>5.2%</td>
</tr>
<tr>
<td>Percentage of students who 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</td>
<td>9.2%</td>
</tr>
<tr>
<td>Percentage of students who used heroin one or more time during their life</td>
<td>2.1%</td>
</tr>
<tr>
<td>Percentage of students who used methamphetamines one or more times during their life</td>
<td>3.6%</td>
</tr>
<tr>
<td>Percentage of students who used ecstasy one or more time during their life</td>
<td>4.9%</td>
</tr>
<tr>
<td>Percentage of students who took steroid pills or shots without a doctor’s prescription one or more times during their life</td>
<td>3.6%</td>
</tr>
<tr>
<td>Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor’s prescription one or more times during their life</td>
<td>16.5%</td>
</tr>
<tr>
<td>Percentage of students who used a needle to inject any illegal drug into their body one or more times during their life</td>
<td>2.1%</td>
</tr>
<tr>
<td>Percentage of students who were offered, sold, or given an illegal drug by someone on school property during the past 12 months</td>
<td>17.1%</td>
</tr>
</tbody>
</table>
Drug Consequences

### 2012 Morbidity Rates per 10,000 Discharges

<table>
<thead>
<tr>
<th>Drug Related Diagnosis</th>
<th>Kanawha</th>
<th>WV</th>
<th>Rank in WV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>584.0</td>
<td>506.5</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: WV Health Care Authority
*There are 55 counties in WV: 1st highest rate and 55th lowest rate

### 2006-2010 Mortality Rates per 100,000 population

<table>
<thead>
<tr>
<th></th>
<th>Kanawha</th>
<th>WV</th>
<th>Rank in WV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Related Diagnosis</td>
<td>28.0</td>
<td>26.8</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: WV Health Statistics Center, Vital Statistics System
*There are 55 counties in WV: 1st highest rate and 55th lowest rate

### Domestic Violence Abusers Served by WV Coalition Against Domestic Violence by Behavioral Health Status in Kanawha County in 2012

<table>
<thead>
<tr>
<th>Substance abuse identified as contributing to abuse</th>
<th>Number Served</th>
<th>Percent of Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>999</td>
<td>29.8%</td>
</tr>
</tbody>
</table>

Source: WV Coalition Against Domestic Violence
Note: All indicators are self-reported from the survivor.

Methamphetamine Lab Seizures

Methamphetamine lab seizures jumped 85 percent in West Virginia in 2013 as police discovered the illegal drug-making operations in 45 of West Virginia’s 55 counties.

Authorities seized 533 meth labs, compared to 288 in 2012, according to a West Virginia State Police report. Kanawha County led the state with 159 meth lab seizures, followed by 36 in Wood County, 28 in Putnam County, 27 in Upshur County, 21 in Mason County, 20 in Cabell County and 19 in Greenbrier County.

Key Informants (Community Leaders)

KEY INFORMANT COMMENTS
The barriers and challenges contributing to drug abuse mentioned most often by key informants include: lack of prevention, treatment and recovery programs; overprescribing by doctors; need for stiffer penalties or bigger consequences for those who abuse or provide drugs; poverty and lack of meaningful employment opportunities; lack of education; and a lack of coordinated efforts to address all of these issues.

A majority of key informants pointed to a need for concerted investment by leadership for drug addiction treatment and recovery programs. Also, the need for prevention education beginning in early childhood and continuing through adulthood was emphasized. They suggested stiffer penalties including required drug screenings for pregnant women and for people receiving government assistance, and closer collaboration among child protective services and the judicial system to avoid giving parental rights back to those who continue to abuse drugs. Several respondents mentioned the need for stronger regulations for doctors who over prescribe pain medications. They expressed a desire to see more viable employment options, job skills training, and a more diverse economy that did not rely so much on the coal industry. They felt these jobs would deter all types of risky behaviors.
Health Priorities

PRIORITY # 2 Continued

Household Survey Respondents
2014: 285 Respondents with margin of error 5.80 (+ or -)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Misuse prescription drugs</td>
<td>81%</td>
<td>5%</td>
<td>76%</td>
<td>59%</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Illegal drug use</td>
<td>66%</td>
<td>(6%)</td>
<td>72%</td>
<td>79%</td>
<td>65%</td>
<td>77%</td>
</tr>
</tbody>
</table>

*Not asked
**1995-2003 surveys included all ages under alcohol use

All time high

Focus Group Comments
Senior Citizens
Safety was a concern. Mentioned most often were home break-ins and drug-related crimes in the community.

PRIORITY # 3: Lack of Physical Activity

Physical Activity (Adult)

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults engaging in regular physical activity</td>
<td>69.9% (2010)</td>
</tr>
<tr>
<td></td>
<td>67.8% (2009)</td>
</tr>
<tr>
<td></td>
<td>74.9% (2007)</td>
</tr>
<tr>
<td></td>
<td>67.5% (2005)</td>
</tr>
<tr>
<td>Adults engaging in 30+ minutes of moderate physical activity 5 or more days/wk or</td>
<td>23.3% (2011)</td>
</tr>
<tr>
<td>20+ minutes of vigorous activity 3 or more days/wk</td>
<td>24.1% (2010)</td>
</tr>
<tr>
<td></td>
<td>15.8% (2009)</td>
</tr>
<tr>
<td></td>
<td>18.9% (2007)</td>
</tr>
<tr>
<td></td>
<td>17.5% (2005)</td>
</tr>
<tr>
<td>Exercise: During the past month, did you participate in any physical activities?</td>
<td>68.6% (2011)</td>
</tr>
<tr>
<td></td>
<td>69.9% (2010)</td>
</tr>
<tr>
<td></td>
<td>67.8% (2009)</td>
</tr>
<tr>
<td></td>
<td>69.5% (2008)</td>
</tr>
<tr>
<td></td>
<td>74.9% (2007)</td>
</tr>
<tr>
<td></td>
<td>76.8% (2006)</td>
</tr>
<tr>
<td></td>
<td>67.5% (2005)</td>
</tr>
<tr>
<td>Participated in 150 minutes or more of Aerobic Physical Activity per week</td>
<td>48.4% (2011)</td>
</tr>
<tr>
<td>Participated Muscle Strengthening exercises more than twice per week</td>
<td>20.8% (2011)</td>
</tr>
<tr>
<td>Participated in enough Aerobic and Muscle Strengthening exercises to meet guidelines</td>
<td>14.0% (2011)</td>
</tr>
</tbody>
</table>
### PRIORITY #3 Continued

#### Physical Activity (WV High School Students)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of students who were physically active for at least 60 minutes per day on 7 of the past seven days</td>
<td>31.0%</td>
<td>29.0%</td>
<td>22.6%</td>
<td>26.3%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Percent of students who did not attend physical education classes in an average week (when in school)</td>
<td>64.3%</td>
<td>67.4%</td>
<td>66.8%</td>
<td>63.8%</td>
<td></td>
</tr>
<tr>
<td>Percent of students who watch TV 3 or more hours per day</td>
<td>32.9%</td>
<td>31.2%</td>
<td>31.5%</td>
<td>32.0%</td>
<td></td>
</tr>
<tr>
<td>Percent of students who played video or computer games or used a computer for something that was not school work 3+ hours per day on an average school day</td>
<td>41.6%</td>
<td>32.2%</td>
<td>24.1%</td>
<td>27.7%</td>
<td></td>
</tr>
<tr>
<td>Youth who did not play on sports teams</td>
<td>47.9%</td>
<td>43.1%</td>
<td>47.8%</td>
<td>48.2%</td>
<td>48.1%</td>
</tr>
</tbody>
</table>
Household Survey Respondents

85% of household respondents said that lack of exercise was a top problem in Kanawha County. 52% of respondents reported having participated in leisure time or recreational activities during the past month, a decrease from 63% of respondents in 2011. Only 27% of respondents said they had participated in vigorous activities during the past month, a decrease from 37% from respondents in 2011. Of the 125 respondents in 2014 who were employed, 68% said they were mostly sedentary (sat or stood) while at work. 40% of respondents said they spent 4 or more hours per day watching television or playing video games. 16% of these respondents reported 6 or more hours of “screen time” per day, double the percent of household respondents in 2011 (8%).

Key Informants (Community Leaders)

Key informants expressed a need for additional safe walking and biking paths (sidewalks, bike trails, etc.) in Kanawha County. The lack of green spaces and parks within walking distance of neighborhoods was also a concern. They acknowledged that some places in Kanawha County’s geography makes it more difficult to walk and bike and that in rural communities the lack of space and money to build recreational facilities was probably a factor. However, respondents indicated that they mostly felt the barriers to improvements were the cost of improvements, the lack of investment by city and county leaders and competing priorities. Key informants also pointed to a general apathy among the public and lack of interest by residents.

Key informants suggested better cooperation and interaction among city, county and state officials. A countywide plan that could be accomplished in stages was recommended. Several said the County Commission and other sources should make it a priority for their funding. It was suggested that funding be made available to towns that will spend it specifically on safe places for children to be active, such as parks, playgrounds, and community gyms.

Focus Group Participants

African American

- Need for safe places to walk (poor lighting, lack of sidewalks, speeding traffic)
- Lack of police presence made them “uneasy” about letting children play outside
The Kanawha Coalition’s Assessment Process

Community Input (Primary Data)
- Household Surveys
- Focus Groups
- Key Informant Surveys

Secondary Data
- Health Indicator Data collection and analysis

Health Issues Forum (Prioritization)

Priorities for Coalition (2014-17)
- Obesity / Nutrition
- Lack of Physical Activity
- Drug Abuse

Workgroup Process

STEP 1: Problem Analysis
- Collect information
- Analysis current situation
- Map resources
- Identify root causes
- Identify linkages to other groups
- Make statements (current/impact and desired)

STEP 2: Develop Solutions
- Research interventions that have proven successful in other communities
- Prepare Action Plans and strategies, including short and long-term goals
- Identify resource needs
- Identify, define and develop in-process and outcome measures

STEP 3: Measure Outcomes
- Implement Action Plan
- Monitor and Measure outcomes
- Revise Action Plan as needed based on results
- Report progress

Measurable Health Improvements for the People of Kanawha County
What’s Next?

It is not surprising that the top issues identified through the 2014 assessment remain the same as from the 2011 assessment. The Kanawha Coalition’s workgroups have been working hard over the past three years to address obesity, nutrition, lack of physical activity and drug abuse. Workgroup accomplishments include:

- The creation of an online Healthy Choices at Work guide to help worksites implement environmental and policy changes to help employees eat healthier and be more physically active.
- The implementation of drug prevention programming for Kanawha County youth.
- Public education about prescription drug abuse, and advocacy on a local and state level to address the meth lab epidemic in communities across West Virginia.

There is still much work to be done before we begin to see a shift in population health surrounding these particular health issues. We will build upon past successes and continue to identify new and innovative evidence-based strategies to make measurable improvements.

We can’t do it alone. We are counting on you to get involved!

1. Pick an area or issue that interests you and let us know you want to help by:
   - Volunteering your time & expertise
   - Linking us to other communities & organizations
   - Helping us find resources to address these issues

2. Tell your family, neighbors, co-workers, faith groups, community organizations, and business associates about the Community Health Needs Assessment. Encourage them to read the information and get involved.

3. Stay involved and informed. Check the HealthyKanawha.org website for updates on progress of the Community Health Needs Assessment action planning process.

Call (304) 388-7557 or email Judy.Crabtree@camc.org for more information.

Hard copies of the full 2014 Community Health Needs Assessment and Executive Summary are available upon request. The report can also be viewed and downloaded at www.healthykanawha.org.
MISSION: To identify and evaluate health risks and coordinate resources to measurably improve the health of the people of Kanawha County.