

St. Joseph's Hospital

2019 Community Health Needs Assessment (CHNA)

Buckhannon, WV

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Contents

Background and Introduction	2
About St. Joseph’s Hospital	2
Previous CHNA Findings	3
Definition of the Community Served & Secondary Data	3
Methodology and Community Input Process	5
Primary Methods of Collecting and Analyzing Information	5
Community Health Needs Prioritization	8
Resources Potentially Available to Address the Significant Health Needs Identified	11
Conclusion	14
Appendices	15

List of Tables

Table 1 Select Demographic Data	4
Table 2 Community Health Concerns Survey Results	8
Table 3 Access to Healthcare and Medical Needs	9
Table 4 Identified Potential Resources/Ideas - Substance Use/Abuse	11
Table 5 Identified Potential Resources/Ideas - Disease Prevention and Management	12
Table 6 Identified Potential Resources/Ideas - Access/Transportation	13

Background and Introduction

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

The 2019 St. Joseph's Hospital CHNA incorporates the requirements described above and identifies the following prioritized needs:

- 1. Substance Use and Abuse**
- 2. Disease Prevention and Management (obesity, chronic disease, cancer)**
- 3. Access to Care/Transportation**

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

About St. Joseph's Hospital

Founded in 1838, the Pallottine Missionary Society was created to assist Roman Catholic Priest Vincent Pallotti with his life's mission of serving the sick and poor. The first Pallottine Sisters made their way to the United States in 1912, passing the wreckage of the Titanic as their own ship, the Bremen, made its way safely between the icebergs and debris field.

In 1920, they were invited to open a hospital in Buckhannon, West Virginia. Four Sisters followed the call and on February 15, 1921, purchased the beautiful Barlow estate on a hilltop overlooking the town. "The Overlook" consisted of a four-story wooden building faced with

yellow brick on nine acres of land. The rather large private home was converted into an eight-bed hospital and convent for the Sisters with the help of good friends and benefactors.

Over the past 98 years, St. Joseph's Hospital has evolved from an eight-bed hospital to a medical community dedicated to serving the needs of the residents of central West Virginia. In the fall of 2015, St. Joseph's joined forces with WVUHS/United Hospital Center as part of WVU Medicine to ensure long-term sustainability, commitment to its mission and to servicing the long-term needs of the community.

Previous CHNA Findings

The most recent CHNA was adopted in 2016. It included a review of secondary data to assess socioeconomic characteristics, as well as key risk factors facing the community. Primary data was collected using a survey of community members' perceptions of health issues, and a community event focused on community assets that impact population health. The final report identified two main community health priorities:

- **Access to wellness opportunities**
- **Obesity and diabetes**

Definition of the Community Served

For the 2019 process, the CHNA leadership team defined the community served as the Upshur County geographic area when it comes to the provision of community benefit, though the hospital also serves many patients from portions of Barbour, Lewis, Randolph, Webster, and other surrounding counties. Data collection took place county-wide, and secondary data from the entire area was also analyzed for the purpose of this process. See highlighted county in Figure 1 below for a picture of St. Joseph's main service area.

Figure 1. St. Joseph’s Hospital’s Service Area



The following table contains information from the US Census Bureau and shows the most current Quickfacts¹ for Upshur County. It outlines some basic demographics about the population of the county, as well as information about health insurance coverage, education, and poverty levels as context for interpreting the survey data. Appendix A includes the full list of Quickfacts for Upshur County, and tools for interpreting this information can be found here: <https://www.countyhealthrankings.org/explore-health-rankings/use-the-data/explore-your-snapshot>

Table 1. Select Demographic Data

	Upshur County, West Virginia
Population	24,415
Residents under the age of 18	20.6%
Non-white or more than one race	3.1%

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

Hispanic or Latino	1.4%
High School education or higher (ages 25+)	83.8%
Bachelor's degree or higher (ages 25+)	18.1%
Under 65 years old and uninsured	8.0%
Persons living in poverty	22.7%

Methodology and Community Input Process

The CHNA process began with a thorough review of the previous cycle's needs assessment report and included a review of publicly available secondary data related to Upshur County, including census data and County Health Rankings Data (Appendix A). Using these reports as a springboard, the leadership team started the initial discussion around critical health needs. Primary data collection was comprised of a survey of community members' perceptions of health issues and a community event focused on reviewing survey data, discussing community resources and assets that impact population health in Upshur County, and working as a group to outline possible implementation strategies for each area of concern.

Primary Methods of Collecting and Analyzing Information

Two primary sources of data informed the CHNA: (1) a public input survey and (2) a community meeting. The public input survey was developed by the WVU SPH with the leadership team following an iterative process. Survey topics included questions about perceptions of overall health of the community, quality of life, access to healthcare and medical needs, risky personal behaviors, and demographic information including age, education, and income.

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

- SJH employees
- SJH website
- SJH board members
- Spring Health Fair

- Partners in Care Council Meeting
- Chamber of Commerce
- Create Buckhannon and other community groups
- Hospital lobby, PromptCare lobby, and clinics
- Press release
- Upshur County Economic Development Authority

This survey was not intended to be a representative, scientific sample of residents of the county's population, but rather a mechanism to solicit the community's perception of their health needs, concerns, and "things that are working well" in and around Buckhannon. Over 230 surveys were completed by community members from the area. Noteworthy limitations included disproportionate response representation from the lower-income population making less than \$30k/year and from those with children in the home. Despite these limitations, when analyzed closely, there was not noteworthy variation in health concerns reported by these demographics (Appendix C), and each of these populations was represented at the community meeting.

Additional information was collected at a community meeting hosted by St. Joseph's leadership on August 8, 2019. This session, open to the public and with broad stakeholder representation, solicited input on community health needs and sought to identify groups and organizations already providing essential services. As a group, the survey data was reviewed and strategies for improving health outcomes in the most-reported topic areas were discussed. About 15 community members participated in this event. More detail on the makeup of this session is found below.

The survey results were reported back to the leadership team in aggregate, but also broken down by income, age, education and other factors to ensure there were no significant differences in responses between differing demographics. Community input from the event was compiled into a document summarizing the work of that day. Feedback was categorized by health concern - along with community input about existing resources, ideas and suggested new strategies and policy for each - for dissemination to the leadership team and those in attendance at the meeting.

Leadership Team and Community Organizations Involved

The following roles were represented on St. Joseph's CHNA leadership team and provided thorough input throughout the process of developing the CHNA. These individuals informed the public input survey and were instrumental in dissemination. Additionally, they identified and invited members of the community to the community meeting held in August and were

charged as a group with collaborative discussion of primary and secondary data to determine health priorities.

Leadership Team

- Key Contact: Skip Gjolberg, President
- Coordinator: Paula Cutright, Assistant to the President
- Hospital Foundation, Community Outreach: Lisa Wharton, VP Marketing, Public Relations & Foundation
- Vulnerable Population Representation: Gloria Burr, EMS Director; Jeffrey Harvey, EMS Board Member; Kathy McMurray, ED, Mountain Cap of WV
- Reporting of Community Benefit: Russ Plywaczynski, Director of Finance
- Community-oriented Physician: Dr. Susan Long, Chief of Surgical Services
- Other hospital and community Leaders:
 - Shannon Shawgo, WVWV Intern
 - Shawn Hanifan, SJH Board Member
 - Larry Carpenter, Health Department Board Member
 - Brian Williams, Web Services & IT Manager

Much information was collected at the community meeting held in Buckhannon in August. In addition to a number of private citizens and St. Joseph's patients who attended, the following organizations from local government, business, and non-profit organizations were represented at this meeting. Representatives from these organizations held discussions in small groups to compile a working list of existing resources, programs, policies, and ideas to address each area of concern. They also worked in their small groups and as part of a larger discussion to formulate some new suggestions to address each.

Organizations Represented at Community Meeting

- 2nd Congressional District Office
- HealthRight
- JH Consulting, Inc.
- Mountain CAP of WV
- ResCare HomeCare
- St. Joseph's Hospital
- Upshur County EMS
- Upshur County Senior Citizens Center
- West Virginia Wesleyan College

Community Health Needs Prioritization

Following the community meeting, the leadership team discussed the totality of information collected through the survey and community event, working to identify priority areas for developing implementation strategies.

At the community meeting and subsequent discussion with leadership, WVU SPH reviewed collected survey data (Appendix C), including responses to the three most important health problems or issues.

Table 2. Community Health Concerns Survey Results

Health & Disease	Quality of Life & Environment	Personal Choice & Risky Behaviors
Drug addiction/dependence - 69.0%	Employment access/good jobs - 13.9%	Drug addiction/dependence - 26.6%
Obesity - 58.6%	Low income - 12.9%	Alcohol abuse - 11.9%
Diabetes - 42.3%	Food insecurity - 12.5%	Tobacco (smoking/vaping) - 9.9%

Health issues were largely consistent when data was analyzed by age, gender, income level, and more. For example, drug abuse consistently appeared in the top two across genders, ages, income levels, education levels, and in homes both with and without children. Health problems in aggregate varied slightly when analyzed in these ways (Appendix C), but not to an extent that affected community meeting discussion or prioritization decisions.

Respondents across the county expressed similar perceptions of community health in other ways: the large majority rated residents as “unhealthy” or “somewhat unhealthy”. When asked in an open-ended way what things help keep themselves and those around them practicing good health, the majority gave answers in line with the themes of exercise (including specifics like walking and the River Trail), healthy eating, health education, and preventative care/quality doctors.

In terms of access to healthcare and other medical needs (see Table 3 below), the majority of respondents report having access to adequate medical care when needed, overall satisfaction with the quality of care received, and the ability to typically be able to afford their portion of medical care. (Note that some respondents reported that these questions were not applicable to them.) Survey results indicated that transportation is not an issue for most respondents when accessing medical care but is a barrier for some, and discussion at the community meeting revealed that this is perhaps more of an issue when trying to access specialty care.

Table 3. Access to Healthcare and Medical Needs

	Agree	Disagree
Transportation is an issue when accessing care	31.2%	44.3%
I am very satisfied with my medical care	83.0%	11.5%
I have access to adequate healthcare	89.8%	6.9%
At times I can't pay for my portion of my medical care	37.2%	44.2%

During the prioritization process that followed the community meeting, leadership team members revisited common priority areas within the context of discussions and feedback from the morning. Utilizing a prioritization matrix (Figure 2, below) to guide discussion, the group considered the degree to which the hospital can realistically affect health outcomes for each priority health concern, endeavors already underway for each (within SJH, the overarching hospital system, and within other county entities), as well as level of importance relative to the reach of their impact.

Figure 2. Prioritization Matrix



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

- 1.) Substance use and abuse** – This topic is of very high importance according to the survey data from the community, the available secondary data pertinent to the area, and discussions with community members. SJH has programming underway to address facets of this issue, as well as some quickly-identified opportunity for community collaboration. In light of all of the above, this topic was identified for strategy development.
- 2.) Disease prevention and management (chronic disease/obesity/cancer)** – Among the top health concerns revealed in all of the data were obesity, associated co-morbid chronic diseases, and cancers. Because SJH has new clinical cancer-related efforts underway and existing programming in place to help aid in prevention of obesity and chronic disease, the team sees opportunity to address these issues as a whole, potentially with some strategies the community is asking for: things like educational speaker series and supporting improvements to the walking trails.
- 3.) Access/transportation** - Lastly, in light of community discussion and awareness that there is potential for unique capacity-building and collaboration to address this issue within Upshur County, medical access/transportation was prioritized by the team. Though this is not something SJH can handle on their own at this time, the team quickly

identified ways in which referral data from the overarching hospital system could inform efforts to connect patients with specialty care. Though transportation is not a barrier for most survey respondents, the team is aware of the profound impact this problem has on the lives of the many patients who are affected by an inability to access needed treatments when referred by SJH to United Hospital Center, VA, Ruby Memorial Hospital, and Mon General.

Hospital leadership did take the time to discuss some of the issues beyond the “top three” identified at the community meeting. Low income and employment access, for example, are something that the hospital recognizes as a community and statewide concern. However, the team recognizes that it is a larger problem that cannot be addressed with the resources and tools available to SJH right now. Similarly, food insecurity and concerns related to dietary habits and choices appear in the community data, but the leadership team acknowledges that these are also in many ways systemic issues over which they have little control. Leadership has not discounted these other issues, however, and will revisit at a later time, recognizing that potential collaborations with future partners could change the scope of their impact.

Potential Resources

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

Table 4. Identified Potential Resources: Substance use and abuse

Substance Use and Abuse
AA/AI Anon - Chapel Hill
Appalachian Community Health Center
Appalachian Impact (new community church)
Buckhannon Alliance Church - athletic activities for youth
Buckhannon PD - implementing program called PACS

CBD research and education - create positive public opinion
Celebrate Recovery
Community Care - pilot program with mental health initiative in schools
Help for WV hotline
Highland Hospital
Opioid grant opportunities - city & STJ/CCWV
Opportunity House - Matt Kerner
Stokert Youth and Community Center
Summit Center - Bridgeport
Tobacco Prevention Coalition - Juul awareness
Tobacco - Tar War - Joe Reed, 4th-5th grade
Tobacco - Tim Higgins - American Lung Association
Tobacco - Quitline

Table 5. Identified Potential Resources: Disease Management and Prevention

Access information - WVU Cancer Center, UHC, Rural Health System
Access to and cost of fresh produce - initiative to offset
Access to medications for pain and other drugs with time limit - days ahead of due date
Anytime Fitness
Bariatric program
Bike trail by high school
Buckhannon Fitness
Buckhannon Housing Authority - education amongst residents?
Cancer pain management and finding a cure through access to new approaches such as Right to Try Act
Cardiac rehab

Change public perception of nutritional eating
Clean indoor air regulation
Colonoscopy screening at SJH
Create Buckhannon - community garden
CrossFit - downtown
Dr. Brager
Education for children and adults about nutrition/obesity
FARMacy - Community Care - A1C lowering through provision of fresh produce
Fish Hawk Acres - healthy eating/cooking classes and information
Fitness center in Buckhannon similar to Belington - with indoor pool, equipment, various classes, open to the public Monday-Sunday
Group effort for patient wellbeing - collaboration and communication between doctors
Health Right
Lack of specialists locally
Local Weight Watchers
Oncology clinic / chemo clinic
Parish House (meals from community garden)
Pastoral care at SJH for chemo patients
Relay for Life
River Walk
Rotary blood screenings and health fair
Routine education and supervision of individual diet/exercise routines, especially where personal motivation is not working
Shriner's for Children
St. Joe's Wellness
Stage IV cancer patients need communication between doctors due to pharmacy policies
TOPS - Taking off Pounds Sensibly
Wings of Hope shirt program

Table 6. Identified Potential Resources: Access/Transportation

Country Roads Transit
Oncologist needed in Buckhannon
SJH - cardiology, ENT, oncology, orthopedics, podiatry, rheumatology, urology
Transportation for specialized health visits out of county / shuttle service
Senior care

Conclusion

The 2019 CHNA identified three health priorities to guide St. Joseph’s Hospital’s efforts to improve the health of community members. These priorities are:

- 1. Substance use and abuse**
- 2. Disease prevention and management (obesity/chronic disease/cancer)**
- 3. Access to care/transportation**

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

Appendices

- A. Secondary Data - Health Rankings for Upshur County
- B. Community Survey
- C. Survey Data Summary
- D. Full Resource Guide

**Upshur (UP)
2019 Rankings**

County Demographics

	County	State
Population	24,465	1,815,857
% below 18 years of age	20.6%	20.4%
% 65 and older	19.9%	19.4%
% Non-Hispanic African American	0.8%	3.5%
% American Indian and Alaskan Native	0.3%	0.2%
% Asian	0.5%	0.8%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%
% Hispanic	1.4%	1.6%
% Non-Hispanic white	96.1%	92.2%
% not proficient in English	0%	0%
% Females	50.5%	50.5%
% Rural	64.0%	51.3%

	Upshur County	Error Margin	Top U.S. Performers ^	West Virginia	Rank (of 55)
Health Outcomes					16
Length of Life					18
Premature death	8,800	7,400-10,200	5,400	10,500	
Quality of Life					15
Poor or fair health **	23%	23-24%	12%	24%	
Poor physical health days **	5.1	4.9-5.3	3.0	5.2	
Poor mental health days **	4.9	4.7-5.1	3.1	5.2	
Low birthweight	8%	7-9%	6%	9%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	76.3	75.1-77.5	81.0	75.0	
Premature age-adjusted mortality	430	390-480	280	490	
Child mortality	70	40-120	40	60	
Infant mortality			4	7	
Frequent physical distress	15%	14-15%	9%	17%	
Frequent mental distress	15%	14-15%	10%	17%	
Diabetes prevalence	13%	10-16%	9%	14%	
HIV prevalence	33		49	113	
Health Factors					20
Health Behaviors					14
Adult smoking **	22%	21-23%	14%	25%	
Adult obesity	36%	32-41%	26%	36%	
Food environment index	8.0		8.7	6.9	
Physical inactivity	25%	21-30%	19%	28%	
Access to exercise opportunities	64%		91%	60%	
Excessive drinking **	13%	12-13%	13%	12%	
Alcohol-impaired driving deaths	8%	0-27%	13%	31%	
Sexually transmitted infections	323.1		152.8	261.4	
Teen births	36	31-41	14	36	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	14%		9%	15%	
Limited access to healthy foods	3%		2%	7%	
Drug overdose deaths	16	8-28	10	47	
Motor vehicle crash deaths	13	9-20	9	17	
Insufficient sleep	39%	38-41%	27%	40%	
Clinical Care					20
Uninsured	7%	6-8%	6%	7%	
Primary care physicians	2,240:1		1,050:1	1,270:1	
Dentists	2,720:1		1,260:1	1,860:1	
Mental health providers	1,290:1		310:1	830:1	
Preventable hospital stays	2,908		2,765	5,683	
Mammography screening	36%		49%	38%	
Flu vaccinations	40%		52%	41%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	9%	7-10%	6%	8%	
Uninsured children	2%	2-3%	3%	2%	
Other primary care providers	699:1		726:1	728:1	
Social & Economic Factors					28
High school graduation	91%		96%	89%	
Some college	42%	35-49%	73%	55%	
Unemployment	6.0%		2.9%	5.2%	
Children in poverty	28%	20-36%	11%	24%	
Income inequality	5.1	4.4-5.9	3.7	4.9	
Children in single-parent households	36%	29-44%	20%	34%	
Social associations	14.6		21.9	12.9	
Violent crime	57		63	330	
Injury deaths	75	61-92	57	114	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth			4%	9%	

	Upshur County	Error Margin	Top U.S. Performers ^	West Virginia	Rank (of 55)
Median household income	\$37,900	\$34,000-41,800	\$67,100	\$43,200	
Children eligible for free or reduced price lunch	42%		32%	45%	
Residential segregation - Black/White			23	62	
Residential segregation - non-white/white	29		15	49	
Homicides			2	5	
Firearm fatalities	9	5-16	7	17	
Physical Environment					4
Air pollution - particulate matter **	8.9		6.1	9.6	
Drinking water violations	No				
Severe housing problems	9%	7-12%	9%	11%	
Driving alone to work	81%	78-84%	72%	82%	
Long commute - driving alone	34%	28-40%	15%	33%	
Additional Physical Environment (not included in overall ranking)					
Homeownership	75%	73-76%	80%	73%	
Severe housing cost burden	9%	7-12%	7%	10%	

^ 10th/90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

St. Joseph's Hospital Community Health Perceptions Survey

Thank you for taking the following survey - it should take less than 10 minutes to complete. The purpose of this survey is to get your input about community health concerns in your county. This survey will be used to help guide the Community Health Needs Assessment taking place at St. Joseph's Hospital. The community partners will use the results of this survey, along with other information, to identify the most pressing health issues that can be addressed through community action. **Your responses will not be associated with you in any way.** If you have recently completed this survey, please disregard. Remember, your opinion is important to us! Thank you for your time and please contact us if you have any questions concerning this survey or need help completing it. Emily Sarkees, WVU School of Public Health - edillama@hsc.wvu.edu

1.) In which county do you currently live?

- Upshur
- Somewhere else

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

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

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

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

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

- | | |
|---|--|
| <input type="radio"/> Aging problems (e.g. arthritis, hearing or vision loss) | <input type="radio"/> Mental health problems |
| <input type="radio"/> Cancer | <input type="radio"/> Obesity |
| <input type="radio"/> Dental problems | <input type="radio"/> Respiratory/lung disease/asthma |
| <input type="radio"/> Diabetes ("sugar") | <input type="radio"/> Sexually transmitted diseases and infections |
| <input type="radio"/> Drug addiction/dependence | <input type="radio"/> Other |
| <input type="radio"/> Heart disease/stroke | _____ |
| <input type="radio"/> High blood pressure | |
| <input type="radio"/> HIV/AIDS | |

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

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

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

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

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

- Transportation is an issue in my access to medical care. A D NA
- I am very satisfied with the medical care I receive. A D NA
- I have access to adequate healthcare. A D NA
- Sometimes it is a problem for me to cover my share of the cost for a medical care visit. A D NA

9.) With which gender do you identify?

- Female
- Male

10.) What is your age range?

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

11.) What is your marital status?

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

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

13.) Which of these best describes your race/ethnicity? Please select all that apply.

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

14.) What is your approximate yearly household income?

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

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

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

St. Joseph's Hospital

Community Health Needs Assessment

Data Collection Summary

June 13, 2019

Prepared by Thomas Bias and Emily Sarkees

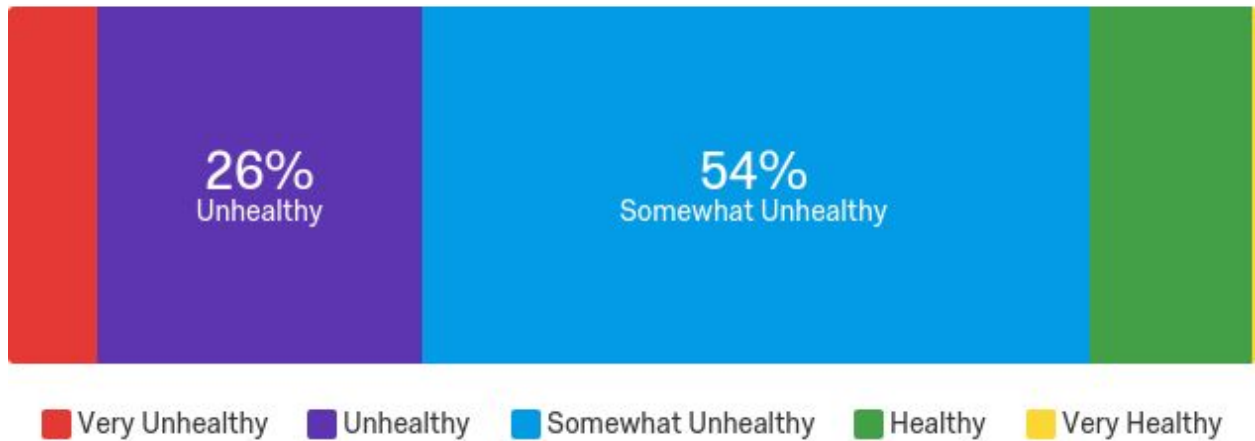
WVU School of Public Health

Health Research Center

Of the 239 Upshur County respondents:

- 66% were female
- 20% were age 39 or younger
- 21% reported an annual income of less than \$30k/year
- 50% were college graduates
- 70% reported no children living in their home

Q6 - How would you rate your County as a "Healthy Community"?



Thinking about your county overall, what helps keep residents healthy?
(open-ended question)

1. Exercise (n=57)
2. Healthy eating habits (n=30)
3. Awareness/knowledge/education and health education (n=26)
4. River Walking Trail (n=17)
5. Preventative care (n=16)
6. Walking (n=10)
7. Good doctors (n=9)
8. Outdoors (n=9)
9. Gyms (n=7)
10. St. Joseph's Hospital (n=7)

Top Health & Disease	
Drug addiction/dependence	68.9%
Obesity	58.6%
Diabetes	42.3%
Cancers	38.7%
Heart disease/stroke	23.0%

Top Quality of Life & Environment	
Employment access/good jobs available	13.9%
Low income	12.9%
Food insecurity/hunger/access to healthy foods	10.5%
Help for the elderly	10.2%
Access to recreation/play spaces for all ages	10.0%

Top Personal Choice & Risky Behavior	
Drug abuse	26.6%
Alcohol abuse	11.9%
Tobacco - smoking/vaping	9.9%
Bad eating choices	9.4%
Lack of exercise	7.9%

Top Health & Disease Problems by Gender / Age							
Men (n=74)		Women (n=138)		Young Adults <40 (n=42)		Seniors 65+ (n=48)	
Drug abuse	72.4%	Drug abuse	68.8%	Obesity	79.1%	Cancers	52.2%
Obesity	51.3%	Obesity	62.3%	Drug abuse	76.7%	Drug abuse	52.2%
Cancers	40.8%	Diabetes	46.4%	Diabetes	44.2%	Obesity	52.2%
Diabetes	35.5%	Cancers	37.0%	Heart disease & stroke	30.2%	Aging problems	39.1%
High blood pressure	26.3%	Heart disease & stroke	23.2%	Mental health issues	23.3%	Diabetes	37.0%
Aging problems	23.7%	Aging problems	16.0%	Cancers	16.3%	Heart disease & stroke	23.9%

Top Health & Disease Problems by Income / Education / Kids							
Less than 30k/year (n=44)		More than 75k/year (n=59)		No college degree (n=100)		Kids in the home (n=61)	
Obesity	58.5%	Drug abuse	90.5%	Drug abuse	62.2%	Drug abuse	81.3%
Drug abuse	53.7%	Obesity	68.3%	Cancers	53.1%	Obesity	68.8%
Cancers	46.3%	Diabetes	34.9%	Obesity	48.0%	Diabetes	37.5%
Diabetes	46.3%	Cancers	31.8%	Diabetes	38.8%	Cancers	31.3%
Aging problems	26.8%	Heart disease & stroke	30.2%	Aging problems	25.5%	Heart disease & stroke	21.9%
Heart disease & stroke	22.0%	Mental health issues	15.9%	Heart disease & stroke	21.4%	Mental health issues	18.8%

Organization/Program	Contact/Information
AA/AI-Anon	https://www.aawv.org/district-7
American Lung Association	Tim Higgins
Anytime Fitness	304-473-1126
Appalachian Community Health Center	304-472-2022
Buckhannon Alliance Church	304-472-6499
Buckhannon Fitness	304-472-8845
Buckhannon Housing Authority	304-472-1305
Buckhannon Police Department	304-472-5723
Celebrate Recovery	304-472-2029
Community Care	304-473-5600
Country Roads Transit	304-636-6472
Create Buckhannon	https://www.facebook.com/CreateBuckhannon/
Fish Hawk Acres	304-473-7741
Help for WV	844-435-7498
Highland Hospital - Clarksburg	304-969-3100
Opportunity House	304-472-2327 - Matt Kerner
Parish House	304-472-0743
Relay for Life	https://www.facebook.com/UpshurCountyRelayforLife/
Shriners	
Stockert Youth and Community Center	304-473-0145
Tobacco Prevention Coalition	
Tobacco Quitline	1-800-QUIT-NOW
TOPS - Taking Pounds off Sensibly	www.tops.org
United Summit Center - Bridgeport	304-241-1708
Wings of Hope shirt program - UHC	681-342-1000
Weight Watchers	www.weightwatchers.com
WVU Extension	304-473-4208