United Hospital Center

2019 Community Health Needs Assessment (CHNA)

Bridgeport, WV

Prepared by Thomas Bias, Christiaan Abildso, and Emily Sarkees West Virginia University Health Research Center November 24, 2019

Contents	
Background and Introduction	2
About United Hospital Center	3
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	11
Resources Potentially Available to Address the Significant Health Needs Identified	13
Conclusion	18
Appendices	19
List of Tables	
Table 1 Select Demographic Data	5
Table 2 Community Health Concerns Survey Results	9
Table 3 Access to Health Care and Medical Needs	10
Table 4 Identified Potential Resources/Ideas - Substance Use/Abuse	13
Table 5 Identified Potential Resources/Ideas - Disease Prevention and Management	15
Table 6 Identified Potential Resources/Ideas - Access/Transportation	16

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 United Hospital Center (UHC) CHNA incorporates the requirements described above and identifies the following prioritized needs:

- 1. Substance Use and Abuse (addressing drugs, alcohol, smoking, and vaping)
- 2. Obesity & Chronic Disease (addressing diet/exercise, obesity and co-morbid chronic diseases)
- 3. Cancer

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 UHC and collaborators, available resources, 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, as well as to build upon work done in previous cycles wherever applicable. To facilitate this goal for this cycle, UHC partnered with West Virginia University's School of Public Health (WVU SPH) to complete this Needs Assessment. Using a robust community-based process, the leadership team engaged broad representation of community members, many already committed to this process through involvement in previous cycles' work and impact on community health outcomes. This process was led by Dr. Tom Bias in the Health Research Center within the school. A CHNA leadership team including hospital and community leadership was convened to inform and guide the process.

About the Hospital

United Hospital Center is the result of a merger between St. Mary's and Union Protestant hospitals in 1970. The new UHC opened in 2010 along Interstate 79 in Bridgeport, and is an acute care facility with 292 private inpatient rooms. UHC's medical staff consists of more than 381 physicians and extenders. UHC employs more than 2,400 employees and is a member of WVU Medicine, providing north central West Virginia with a regional community hospital that offers a vast array of services.

Previous CHNA Findings

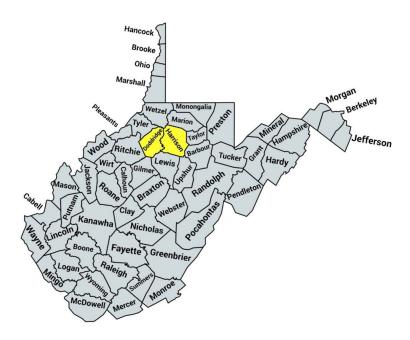
The most recent CHNA was adopted in 2016. Working with the WVU SPH, the leadership team prioritized and implemented action plans and strategies that addressed priorities similar to those seen again during this current cycle:

- Cancer
- Obesity/Diabetes/Heart disease
- Drug addiction (including opioid use and Neonatal Abstinence Syndrome)

Definition of the Community Served

For the 2019 process, the CHNA leadership team defined the primary community served as Harrison and Doddridge counties, though UHC also draws patients from many other counties in the region. Data collection took place via online survey collection, as well as collection of paper copies in the community. Secondary data from the two counties was also analyzed for the purpose of this process. See highlighted area in Figure 1 below for a picture of the hospitals' main service area.





The following table contains information from the US Census Bureau and shows the most current Quickfacts¹ for each county. It outlines some basic demographics about the population of the counties, 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 these counties.

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

Table 1. Select Demographic Data

	Harrison County, West Virginia	Doddridge County, West Virginia
Population	67,554	8,406
Residents under the age of 18	21.4%	15.6%
Non-white or more than one race	4.4%	4.2%
Hispanic or Latino	1.7%	0.8%
High School education or higher (ages 25+)	88.2%	80.2%
Bachelor's degree or higher (ages 25+)	22.6%	14.9%
Under 65 years old and uninsured	7.6%	8.0%
Persons living in poverty	16.8%	20.1%

Methodology and Community Input Process

The CHNA process began with a thorough review of the previous cycle's needs assessment report and implementation plan. It also included a review of publicly available secondary data related to both counties, including census data and County Health Rankings Data (Appendix B). Primary data collection was comprised of a survey of community members' perceptions of health issues followed by a community event focused on reviewing survey data, discussing community resources and assets that impact population health in the area, and working as a group to outline possible implementation strategies for each area of concern. Early data collection saw a significant gap in representation from Doddridge County, which hospital leadership responded to by further connecting to partners in the area and gaining a more accurate representation of that population.

Primary Methods of Collecting and Analyzing Information

Two primary sources of data informed the CHNA: (1) a public survey and (2) a community meeting. The public 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, personal behaviors and habits, and demographic information including age, education, and income.

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

- Bridgeport Health Fair
- Bridgeport Pediatric Practice
- Bridgeport / Shinnston Physicians Care location
- Doddridge Clinic
- Doddridge County general community collection
- Doddridge County Shop n' Save
- First Energy Fair Shinnston
- Spinal Treatment Center
- UHC registration
- UHC staff email lists and personal contacts
- Whitehall Medical Fairmont

This survey was not intended to be a representative, scientific sample of residents of the counties' populations, but rather a mechanism to solicit the community's perception of their health needs, concerns, and "things that are working well" in and around UHC's catchment area. More than 1,400 respondents took the survey, with about 25% residing outside the primary service area - this provided more than 1,000 completed surveys. The survey results were reported back to the leadership team in aggregate (Appendix D), but also broken down by income, age, education and other factors to ensure there were no significant differences in responses between differing demographics. Noteworthy limitations included disproportionate response representation from the lower-income population making less than \$30k/year (Appendix E) and from those with children in the home. Despite these limitations, there were not noteworthy variations in health concerns reported by these subpopulations, and each of these populations was well-represented at the community meeting.

In addition to the survey, information was collected at a community meeting hosted by UHC leadership in November of 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. The group discussed the outcomes of the survey collection data and provided input regarding the gaps in demographic representation. After the survey data were reviewed, strategies for improving health outcomes in the

most-reported topic areas were discussed, and feedback about existing programs and resources was provided by the community. A summary of these resources (Appendix F) can be considered a springboard of potential collaborators when the leadership team begins implementation planning (as can Appendix G, which summarizes similar and relevant community survey data). More than forty community members participated in this event - more detail on the makeup of this meeting is found below.

Leadership Team and Community Organizations Involved

The following roles were represented on the UHC 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 October and were charged as a group with collaborative discussion of primary and secondary data to determine health priorities.

<u>Leadership Team</u>

- John Fernandez, UHC VP of Operations
- John Paul Nardelli, ED Healthy Harrison
- Matt Chisler, UHC Director of Public Relations
- Lori Ice, UHC Assistant
- Angela Ammons, Harrison County Schools
- Chad Bundy, Harrison County Health Department
- Adam Cheeseman, Doddridge County Schools
- Suzanne Whitney Courtney, DO, UHC
- Beth Fitzgerald, Harrison County Seniors
- Jim Harris, Health Access
- Tina Kopp, United Way of Harrison County
- Alisha Madia, Harrison County CASA
- Brock Malcom, Bowles Rice Health Care Practice Group
- Mark Manchin, Harrison County Schools
- Rick Rock, Harrison County EMS
- Jim Rutkowski, UHC CFO
- Michael Tillman, UHC President and CEO

A community meeting was held in Bridgeport in November to get more input from the public, especially from organizations who provide social services to individuals within the service area

of UHC. 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, in addition to raising questions and providing information and perspective during overall discussion of the survey data results. They also worked in their small groups and as part of a larger discussion to formulate some new suggestions to address each health area.

Organizations Represented at Community Meeting

- City of Bridgeport
- Clarksburg Mission
- Community Resources
- Doddridge County Board of Education
- Doddridge County Senior Center
- Fairmont State University
- Family Services
- Harrison County Board of Education
- HCEDC
- Health Access, Inc.
- Healthy Harrison
- Highland Hospital
- HOPE
- IC Parish Nurses
- Northwestern Mutual
- Salem Church of God/ACTS
- Shinnston Economic Development
- UHC
- United Summit Center
- VAMC
- WV Prevention Solutions

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.

With leadership and the community meeting group, WVU SPH reviewed summarized survey data, including overall responses to the three most important health problems or issues.

"Health problems" pertains to mainly clinical items such as health and disease topics; however, when creating the survey tool, hospital leadership saw value in asking about factors affecting health outcomes. For this reason, topics were grouped into three questions: clinical health and disease items (e.g. heart disease, addiction, cancer), quality of life and built or natural environmental factors (e.g. air quality, availability of sidewalks, cost of medications), as well as things seen as personal choices or behaviors (e.g. vaping, distracted driving, poor eating choices). This allowed the leadership team to cross-reference clinical items with the life factors and personal choices for a deeper understanding of the common themes, and a snapshot perspective of where in life the hospital might be able to implement strategies that will impact many.

Table 2. Community Health Concerns Survey Results

Health & Disease	Quality of Life & Environment	Personal Choice & Risky Behaviors
Drug addiction/dependence - 70.3%	Low income - 34.2%	Drug abuse - 84.8%
Obesity - 53.3%	Lack of access to recreation spaces for all ages - 33.2%	Bad eating choices - 31.1%
Cancers - 35.5%	Food insecurity - 29.6%	Alcohol abuse - 29.2%

Health issues were largely consistent across the population by age, gender, income level, and other demographic variables. For example, drug abuse consistently appeared at the top across counties, genders, income levels, education levels, and in homes both with and without children. Health concern varied slightly in priority when analyzed in these ways, but not to an extent that concerns were raised during community meeting discussion or during prioritization decisions. Those serving and working with populations of residents in these counties agreed that the outcomes of this survey accurately represent the concerns and struggles of their clients, patients, etc.

Respondents across the counties 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 helps residents keep themselves and those around them practicing good health, answers were coded into categories (Appendix G). The top response categories could also be considered by hospital leadership when exploring strategy ideas, potential partners for collaboration, and "what's working well" in their community:

- None/nothing (97 responses)
- My doctor's office/office staff/nurses (59 responses)

- YMCA (44 responses)
- Public Schools (40 responses)
- UHC (36 responses)

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.)

Table 3. Access to Healthcare and Medical Needs

	Agree	Disagree
I have easy access to the specialists I need (including substance abuse and/or mental health, if applicable)	76.1%	21.0%
I can get medical care whenever I need it	77.1%	20.7%
I am very satisfied with my medical care	76.7%	13.4%
I have access to adequate healthcare	84.9%	13.4%
At times I can't pay for my portion of my medical care	47.9%	42.0%
At times I can't pay for my portion of medications	42.9%	48.2%

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), as well as level of importance relative to the reach of their impact.

Figure 2. Prioritization Matrix High High importance but low High importance and high impact: difficult to ability to impact: prioritize accomplish, but could these items. Level of Importance possibly be done with collaboration? Low importance and low ability Low level of importance but high to impact: do not focus ability to impact: monitor factors or resources here. revisit at another time. **Ability to Impact** Low High

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 (addressing drugs, alcohol, tobacco, and vaping) 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 stakeholders. Within existing community relationships are already many potential partners and much structure is already in place. Hospital leadership's initial thoughts include addressing vaping among youth, possibly through education, with the thought that ordinances pertinent to adults do not necessarily affect youth habits. Additionally, a significant gap has been left by the closure of the Harrison County Health Department's Harm Reduction Clinic. In light of all of the above, this topic was identified as high priority for strategy development.
- 2.) Obesity and chronic disease (including addressing diet/exercise) Among the top health concerns revealed in all of the data were obesity, associated chronic diseases like diabetes and heart problems, and the lack of exercise and poor nutrition that can affect these issues. These concerns were supported elsewhere in the data by an expressed lack

of recreation spaces for all ages, and community concern about poor eating choices and perceived lack of access to fresh food and food insecurity in general. Thinking about potential strategies, hospital leadership recognizes that UHC has many related partners and efforts underway and existing programming in place to help aid in the prevention of obesity and chronic disease. The team sees much opportunity to address these issues as a whole and has included this category in their priority items.

3.) Cancer - Lastly, community concern about cancer was very evident in the survey data and discussion. Hospital leadership discussed the prevalence of smoking-realated deaths in WV, in particular, as well as an ability to succinctly quantify the impact of cancer-related strategies and build out efforts throughout the cycle. Pressing need and capacity to address these issues in various settings lead the hospital leadership team to prioritize this as one of the top three issues for strategy development.

Hospital leadership did take the time to discuss some of the issues beyond the "top three" identified at the community meeting. Mental health problems, low income, employment access, and transportation, for example, are something that the hospital recognizes as a community and statewide concern. However, the team agrees that these are larger problems that cannot be addressed with the resources and tools available to the hospitals right now. Similarly, cost of care and health insurance appear repeatedly 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 UHC, 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 H is a full resource guide including each organization and 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 and Ideas: Substance use and abuse

Substance Use and Abuse
12-step meetings
AA/NA Meetings
Al-Anon/Al-Anon Teen
Celebrate Recovery
Childhood crisis counseling & intervention
Community Care of WV MAT program
Counseling support
D.A.R.E.
Faith community (potential partner)
Family Resource Network
Grandfamilies assistance via United Way
Grandparents' program / community resources
Health Access Clinic
1-800-Help4WV
helpandhopewv.org
Highland Hospital
Increased access to Naloxone trainings
Law enforcement (potential partner)
Local pharmacies
Long-term residential treatment centers - available and affordable
MAT in the ED
Methadone clinic
More services needed for meth addiction in particular
Prayer groups

Prevention First Network

Prevention programs - alternative choices to using substances

Provide basic need assistance to children of abuse victims

Public information about how to get help without stigma and about available treatment options

RAZE school program

Recovery coaches in the ED

School-based education

School-based peer groups

School-based programming to strengthen families

Suggestion: better transition of care between jail/inpatient care/treatment center to outpatient care

Suggestion: harm reduction program is needed

Suggestion: Medicaid reimbursement for SA mental health services at a rate that is realistic

Suggestion: UHC working more closely with service providers (such as HOPE Inc.) regarding trauma

Suggestion: use ED wing for holding area for long-term treatment

Teen Challenge

Tobacco-free quitline

United Summit Center

VA Hospital

WV Prevention Solutions (resources, individual education, environmental strategies)

WVU Health Sciences Center and Prevention Resource Center (potential partner)

Youth Education - separating behavior from individual

Table 5. Identified Potential Resources and Ideas: Obesity, chronic disease, and diet/exercise

Obesity, chronic disease, and diet/exercise
4-H Extension Office
Access to nutrition
Better school lunches
CDC curriculum/government resources
Community cooking classes
Community gardens with programing
Cooking for Heart
Culinary Medicine Consultation
Dining with Diabetes
Eat whole foods
Educational programs for daycare facilities
Exercise
Family Medicine's 5-2-1-0
Farmer's Market
Farmer's Market on campus
Fresh fruit & vegetables - grant
Goal-oriented physical education
Healthy eating courses
Healthy Harrison
Mobile Farmer's market
Overeaters Anonymous
Prayer groups
Rail Trail

School-based: extension offices

School-based: gym class several times a day

Silver Sneakers

Smoking cessation programs

Suggestion: Access to fresh food

Suggestion: Find a way to get people to make health a priority

Suggestion: Health department education

Suggestion: Home Ec. Education

Suggestion: Increased physical activity

Suggestion: Local "Hello Fresh"-style education

Suggestion: Offer free fitness membership

Suggestion: Proactive Primary Prevention

Suggestion: Screenings at local parks

Table 6. Cancer

Tax soft drinks

Try This WV

Walking trail

WVU Extension nutritional outreach program

Cancer
Address vaping epidemic
Bonnie's bus
Distribute newsletter/info to churches & community organizations
Education and support groups in all areas
Education: how to get get checked, how to proceed, options for care
Eliminate environmental toxins: power plant in Lumberport (air) and fracking (water)

Eliminate tobacco abuse Existing cancer navigators are great resource Faith community offering cancer screenings Free cancer screenings Genetic screening indication Health Department Health fairs Increase free screenings Payment help Prayer groups Provide sunblock at parks and pools Public Broadcasting advertising - education and awareness Raise tobacco tax and purchase age to 21 Sharon Scott - 2nd Grade A&P to prevent smoking, etc. Smoking cessation Survivor support groups / Reach to Recovery WV Breast & Cervical Cancer Screening

Conclusion

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

- 1. Substance use and abuse (addressing drugs, alcohol, smoking, and vaping)
- 2. Obesity and chronic disease (addressing diet/exercise as well)
- 3. Cancer

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 Full Quickfacts for each county
- B. Secondary Data Health Rankings & Roadmaps for each county
- C. Community Health Perceptions Survey
- D. Data update to leadership team/Overall summary of data
- E. Summary of respondents making income of <\$30k/year
- F. Summary of information gathered at community meeting
- G. Summary of qualitative places/programs question "What's working well"
- H. Full resource guide of information gathered at community meeting



QuickFacts

Harrison County, West Virginia; Doddridge County, West Virginia

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

Table

All Topics	Harrison County, West Virginia	Doddridge County, West Virginia
opulation estimates, July 1, 2018, (V2018)	67,554	8,406
♣ PEOPLE		
Population		
Population estimates, July 1, 2018, (V2018)	67,554	8,406
Population estimates base, April 1, 2010, (V2018)	69,108	8,201
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, V2018)	-2.2%	2.5%
Population, Census, April 1, 2010	69,099	8,202
ge and Sex		
Persons under 5 years, percent	▲ 5.5%	▲ 3.8%
Persons under 18 years, percent	a 21.4%	1 5.6%
Persons 65 years and over, percent	1 9.5%	å 21.7%
emale persons, percent	▲ 50.9%	4 5.0%
Race and Hispanic Origin		
White alone, percent	4 95.6%	\$ 95.8%
Black or African American alone, percent (a)	1.8%	1 .9%
American Indian and Alaska Native alone, percent (a)	▲ 0.2%	▲ 0.4%
Asian alone, percent (a)	▲ 0.6%	▲ 0.4%
Native Hawaiian and Other Pacific Islander alone, percent (a)	≜ z	▲ 0.1%
Two or More Races, percent	1 .7%	1 .4%
Hispanic or Latino, percent (b)	1 .7%	▲ 0.8%
White alone, not Hispanic or Latino, percent	▲ 94.1%	a 95.1%
Population Characteristics		
/eterans, 2013-2017	5,339	612
Foreign born persons, percent, 2013-2017	0.9%	0.7%
lousing		
Housing units, July 1, 2018, (V2018)	31,769	3,908
Owner-occupied housing unit rate, 2013-2017	74.5%	84.0%
Median value of owner-occupied housing units, 2013-2017	\$110,000	\$105,900
Median selected monthly owner costs -with a mortgage, 2013-2017	\$963	\$872
Median selected monthly owner costs -without a mortgage, 2013-2017	\$317	\$265
Median gross rent, 2013-2017	\$700	\$558
Building permits, 2018	151	0
families & Living Arrangements	101	•
Households, 2013-2017	27,542	2,662
Persons per household, 2013-2017	2.45	2.98
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	88.6%	86.1%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.9%	1.3%
Computer and Internet Use		
Households with a computer, percent, 2013-2017	80.4%	77.6%
Households with a broadband Internet subscription, percent, 2013-2017	72.7%	62.4%
Education		
High school graduate or higher, percent of persons age 25 years+, 2013-2017	88.2%	80.2%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	22.6%	14.9%
lealth		
With a disability, under age 65 years, percent, 2013-2017	14.5%	15.0%
Persons without health insurance, under age 65 years, percent	A 7.6%	▲ 8.0%
conomy		
n civilian labor force, total, percent of population age 16 years+, 2013-2017	58.6%	41.9%
n civilian labor force, female, percent of population age 16 years+, 2013-2017	52.9%	38.8%
Total accommodation and food services sales, 2012 (\$1,000) (c)	155,321	D

Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	666,514	4,152
Total manufacturers shipments, 2012 (\$1,000) (c)	D	0
Total merchant wholesaler sales, 2012 (\$1,000) (c)	381,815	D
Total retail sales, 2012 (\$1,000) (c)	1,314,734	22,816
Total retail sales per capita, 2012 (c)	\$19,015	\$2,790
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	22.3	31.6
Income & Poverty		
Median household income (in 2017 dollars), 2013-2017	\$48,315	\$44,437
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$27,162	\$21,164
Persons in poverty, percent	▲ 16.8%	▲ 20.1%
BUSINESSES		
Businesses		
Total employer establishments, 2017	1,834	66
Total employment, 2017	28,679	1,297
Total annual payroll, 2017 (\$1,000)	1,250,545	146,135
Total employment, percent change, 2016-2017	2.6%	-8.2%
Total nonemployer establishments, 2017	3,763	255
All firms, 2012	5,633	265
Men-owned firms, 2012	3,051	92
Women-owned firms, 2012	1,702	78
Minority-owned firms, 2012	226	F
Nonminority-owned firms, 2012	5,080	240
Veteran-owned firms, 2012	602	F
Nonveteran-owned firms, 2012	4,602	196
⊕ GEOGRAPHY		
Geography		
Population per square mile, 2010	166.1	25.7
Land area in square miles, 2010	416.01	319.72
FIPS Code	54033	54017

About datasets used in this table

Value Notes

Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info 10 icon to row in TABLE view to learn about sampling error.

The vintage year (e.g., V2018) refers to the final year of the series (2010 thru 2018). Different vintage years of estimates are not comparable.

Fact Notes

- Includes persons reporting only one race
- Hispanics may be of any race, so also are included in applicable race categories Economic Census Puerto Rico data are not comparable to U.S. Economic Census data (c)

Value Flags

- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper open ended distribution.
- Suppressed to avoid disclosure of confidential information
- Fewer than 25 firms
- FN Footnote on this item in place of data
- NA Not available
- Suppressed; does not meet publication standards
- Not applicable
- Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income an Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

ABOUT US	FIND DATA	BUSINESS & INDUSTRY	PEOPLE & HOUSEHOLDS	SPECIAL TOPICS	NEWSROOM
Are You in a Survey?	QuickFacts	Help With Your Forms	2020 Census	Advisors, Centers and	News Releases
FAQs	American FactFinder	Economic Indicators	2010 Census	Research Programs	Release Schedule
Director's Corner	2010 Census	Economic Census	American Community	Statistics in Schools	Facts for Features
Regional Offices	Economic Census	F-Stats	Survey	Tribal Resources (AIAN)	Stats for Stories
History	Interactive Maps	International Trade	Income	Emergency Preparedness	Blogs
Research	Training & Workshops	Export Codes	Poverty	Statistical Abstract	Diogo
		•	Population Estimates	Special Census Program	
Scientific Integrity	Data Tools	NAICS	'	,	
Census Careers	Developers	Governments	Population Projections	Data Linkage Infrastructure	
Diversity @ Census	Catalogs	Longitudinal Employer-	Health Insurance	Fraudulent Activity & Scams	
Business Opportunities	Publications	Household Dynamics (LEHD)	Housing	USA.gov	
Congressional and		Survey of Business Owners	International		
Intergovernmental		•	Genealogy		
Contact Us					

CONNECT WITH US

Accessibility | Information Quality | FOIA | Data Protection and Privacy Policy | U.S. Department of Commerce

Compare Counties 2019 Rankings

	West Virginia	Harrison (HI), WV X	Doddridge (DO), WV X
Health Outcomes		31	4
Length of Life		31	2
Premature death	10,500	9,700	7,100
Quality of Life		30	13
Poor or fair health	24%	20%	21%
Poor physical health days	5.2	5.0	4.9
Poor mental health days	5.2	5.1	4.9
Low birthweight	9%	10%	8%
Health Factors		7	15
Health Behaviors		9	29
Adult smoking	25%	20%	23%
Adult obesity**	36%	34%	39%
Food environment index**	6.9	8.0	8.6
Physical inactivity**	28%	30%	27%
Access to exercise opportunities	60%	73%	37%
Excessive drinking	12%	13%	14%
Alcohol-impaired driving deaths	31%	26%	25%
Sexually transmitted infections**	261.4	267.8	110.1
Teen births	36	39	35
Clinical Care		4	24
Uninsured	7%	6%	7%
Primary care physicians	1,270:1	870:1	4,210:1
Dentists	1,860:1	1,170:1	
Mental health providers	830:1	510:1	8,560:1
Preventable hospital stays	5,683	5,158	3,458
Mammography screening	38%	44%	41%
Flu vaccinations	41%	41%	38%
Social & Economic Factors		14	12
High school graduation	89%	88%	96%
Some college	55%	60%	41%
Unemployment	5.2%	4.8%	4.2%
Children in poverty	24%	21%	28%
Income inequality	4.9	4.9	4.1
Children in single-parent households	34%	30%	17%
Social associations	12.9	17.1	7.1
Violent crime**	330	212	271
Injury deaths	114	100	81
Physical Environment		32	11
	I		

	West Virginia	Harrison (HI), WV X	Doddridge (DO), WV X
Air pollution - particulate matter	9.6	9.6	9.9
Drinking water violations		Yes	No
Severe housing problems	11%	11%	9%
Driving alone to work	82%	83%	77%
Long commute - driving alone	33%	26%	55%

** Compare across states with caution Note: Blank values reflect unreliable or missing data

United Hospital Center 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 UHC. 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

with	you in any way. If you have recently completed this survey, please disregard. Remember, your
opir	ion is important to us! Thank you for your time and please contact us if you have any questions
con	cerning this survey or need help completing it. Emily Sarkees, WVU School of Public Health -
<u>edill</u>	ama@hsc.wvu.edu
1.)	In which county do you currently live?
±٠,	Harrison
	 Doddridge
	 Somewhere else
	O Somewhere else
2.)	Which of these locations is closest to your home?
	0
	 Bridgeport
	 Clarksburg
	o Lost Creek
	o Salem
	 Shinnston
	 West Union
3.)	Are you a permanent resident who always lives here?
·	o Yes
	 No, I am here temporarily for work or another reason
4.)	In your opinion, what is the most important health problem or health issue for residents of your county?
5.)	Thinking about your community, what helps keep residents healthy?
6.)	Thinking specifically about your own life, what local places, programs, or organizations have helped you or someone close to you be more healthy or learn about healthier habits?
7.)	How would you rate your county as a "healthy community"?
	 Very unhealthy
	 Unhealthy

	0 0	Somewhat unhealthy Healthy Very healthy		
8.)		following list, which do you think are th	ne 3 most impo	ortant issues related to health
	and diseas	e in your county? Please choose only 3 .		
	0			
	0	Aging problems (e.g. arthritis,		
		hearing or vision loss)		
	0	Cancer		
	0	Dental problems		
	0	Diabetes ("sugar")		
	0	Drug addiction/dependence		
	0	Heart disease/stroke		
	0	High blood pressure		
	0	HIV/AIDS		
	0	Mental health problems		
	0	Obesity		
	0	Respiratory/lung		
		disease/asthma		
	0	Sexually transmitted diseases		
		and infections		
	0	Other		
9.)		following list, which do you think are the environment in your county? Please cho	-	ortant issues related to quality
	0	Access to public	0	Help for individuals and
		transportation		families during times of need
	0	Access to recreation facilities,	0	Help for the elderly
		play spaces, and healthy	0	Help for those with
		activities for children and		physical/cognitive limitations
		adults		
	0	Air quality	0	Homelessness
	0	Bicycle and pedestrian	0	Inadequate housing
		safety/adequate sidewalks	0	Low income
	0	Employment access/good jobs	0	Safety of neighborhoods,
		available		schools, playgrounds, etc.
	0	Food insecurity/hunger/access	0	Quality of schools' health
		to healthy foods		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

10.) 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.				
0				
0	Alcohol abuse			
0	ATV/4-wheeler crashes			
0	Bad eating choices			
0	Child abuse/neglect			
0	Crime			
0	Distracted driving (texting/cell			
	use)			
0	Domestic violence			
0	Drug abuse			
0	Exclusion or discrimination			
	based on race, religion,			
	gender, sexual orientation,			
	etc.			
0	Gun-related injuries			
0	Impaired driving			
	(drugs/alcohol)			
0	Lack of exercise			
0	Not getting vaccinations to			
	prevent disease			
0	Not using seatbelts and/or			
	child safety seats			
0	Overeating			
0	Sexual assault/rape			
0	Suicide			
0	Tobacco – smoking/vaping			
0	Tobacco – chewing			
0	Unsafe/unprotected sex			
0	Other			
11.) Please	indicate whether you agree (A) or disagree (D) with each of the following			
statement	s, or whether it is not applicable (NA) to you:			
•	I have easy access to the medical specialists I need			
•	I am very satisfied with the medical care I receive			
•	I have access to adequate healthcare			
•	Sometimes it is a problem for me to cover my share of the cost for a medical care			
	visit			
•	Sometimes it is a problem for me to cover my share of the cost of medication			

	•	I am able to get medical care wi	nenever I need i	t	
12.)	With v	which gender do you identify?			
	0	Female			
	0	Male			
13.)	What	s your age range?			
	0	,			
	0	18 to 25 years			
	0	26 to 39 years			
	0	40 to 54 years			
	0	55 to 64 years			
	0	65 to 80 years			
	0	More than 80 years			
		,			
14.)					
15.)	What	s your marital status?			
	0				
	0	Married, partnered, or			
		cohabitating			
	0	Divorced			
	0	Never married			
	0	Separated			
	0	Widowed			
	0	Other			
16.)	How n	nany children under the age of 18	live in your hou	usehold, if any?	
17.)	Are vo	u of Hispanic or Latino origin or d	lescent?		
±,.,	0	Yes, Hispanic or Latino	icocciic.		
	0	No, not Hispanic or Latino			
		,			
18.)	Which	of these best describes your race	? Please select	all that apply.	
	0				
	0	White/Caucasian		Other	
	0	Asian			
	0	Black/African American			
	0	American Indian or Alaskan	19.)		
		Native			
	0	Native Hawaiian or other			
		Pacific Islander			

20.)	What	is your approximate yearly household income?
	0	
	0	Less than \$20,000
	0	\$20,000 to \$29,000
	0	\$30,000 to \$49,999
	0	\$50,000 to \$74,999
	0	\$75,000 to \$99,999
	0	More than \$100,000
	0	Prefer not to answer
21.)	What	is the highest level of education you have completed?
	0	Less than high school graduate
	0	High school diploma or equivalent
	0	College degree or higher
	0	Other
22.)	Do you	u see a healthcare provider on a regular basis for physicals, screenings, or other
pr	eventat	ive medicine?
	0	Yes
	0	No (if no, why not?)
23.)	How d	o you pay for healthcare? Please select all that apply.
	0	I pay cash
	0	I have private health insurance through my own employer, my spouse's employer,
		or my parents
	0	Medicaid
	0	Medicare
	0	Veterans Administration
	0	Indian Health Services
	0	Other
24.)	During	the past year, have you had a lapse in insurance coverage?
	0	No
	0	Yes (if yes, why?)
25.)	-	you ever been told by a doctor, nurse, or other health professional that you have high
bl	ood pres	ssure?
	0	Yes
	0	No

26.) cho	Have you ever been told by a doctor, nurse, or other health professional that your blood plesterol is high? • Yes • No
27.)	Have you ever been told by a doctor that you have diabetes ("sugar")? O Yes No
28.)	How many days a week do you eat vegetables?
29.)	How many days a week do you eat fruit (not counting juice)?
30.)	How many days a week do you drink soda or eat sugary foods?
31.) gar	How many days a week do you get a least 30 minutes of exercise such as walking, bicycling, dening, or anything else that causes some increase in breathing and heart rate?
32.)	Do you smoke cigarettes every day, some days, or not at all? o Every day o Some days o Not at all
33.)	Have you smoked at least 100 cigarettes in your life? • Yes • No
34.)	About how tall are you (in feet and inches)?
35.)	About how much do you weigh (in pounds)?
36.) con	Is there anything else you would like to say about health problems or healthcare in your nmunity?

UHC Community Health Perceptions Survey

Data Collection Results

August 2019

Overview (n=1419)

- Harrison County = 944 responses
- Doddridge County = 127 responses
- 98% are permanent residents
- 81.7% are female
- 55.7% fall in the 40-64 age range
- 63.1% have no children living in the home
- 50.5% report a household income of greater than \$50k/year
- 56.4% are college graduates
- 60.7% have private insurance

Overview of health and health coverage of respondents

- 85.3% see a PCP on a regular basis for preventative medicine
- 7.5% have had a lapse in coverage in the past year
- 48.8% have (or have had) high blood pressure
- 52.1% have (or have had) high cholesterol
- 18.5% have diabetes
- 42.3% eat vegetables daily
- 53.1% drink soda or eat other sugary foods 4+ days a week
- 46.3% get 30 minutes or more of exercise 4+ days a week
- 83.3% are non-smokers

	Harrison (n=944)	Doddridge (n=127)
Top 5 Health/Disease	Drugs - 72.5% Obesity - 56.1% Cancer - 33.8% Diabetes - 33.5% Mental health - 29.8%	Drugs - 57.3% Cancers - 44.7% Diabetes - 40.8% Obesity - 35.9% Aging problems - 31.1%
Top 5 Quality of Life/Environment	Low income - 11.4% Access to recreation spaces - 11.3% Homelessness - 10.5%	Transportation - 12.5% Low income - 11.9% Access to recreation spaces - 10.2%

	Food insecurity - 10.4% Employment access - 9.6%	Employment access - 10.2% Help for the elderly - 7.9%
Top 5 Personal Choice	Drugs - 28.8% Bad eating choices - 10.2% Alcohol abuse - 9.4% Child abuse/neglect - 8.8% Lack of exercise - 7.4%	Drugs - 25.0% Bad eating choices - 12.3% Alcohol abuse - 12.1% Child abuse/neglect - 9.1% Tobacco use - 8.1%

	Males (n=141)	Females (n=626)
Top 5 Health/Disease	Drugs - 64.0% Obesity - 56.1% Cancers - 36.7% Heart disease - 36.0% Diabetes - 29.5%	Drugs - 72.2% Obesity - 52.7% Cancers - 35.0% Diabetes - 34.9% Mental health - 30.7%
Top 5 Quality of Life/Environment	Employment access - 10.5% Low income - 10.5% Access to recreation spaces - 9.8% Homelessness - 9.8% Food insecurity - 9.1%	Low income - 11.6% Access to recreation spaces - 11.4% Food insecurity - 10.2% Employment access - 9.7% Homelessness - 9.3%
Top 5 Personal Choice	Drugs - 29.5% Alcohol abuse - 11.5% Bad eating choices - 11.3% Lack of exercise - 8.6% Overeating - 6.5%	Drugs - 28.4% Bad eating choices - 10.5% Child abuse - 9.8% Alcohol abuse - 9.4% Tobacco use - 7.4%

	Less than HS (n=25)	HS Diploma or Equivalent (n=257)	College or Higher (n=433)
Top 5 Health/Disease	Drugs - 60.0% Cancers - 48.0% Aging problems - 40.0% Mental health problems - 40.0%	Drugs - 69.7% Cancers - 44.1% Obesity - 41.3% Diabetes - 33.9% Heart problems - 28.7%	Drugs - 71.5% Obesity - 62.7% Diabetes - 33.5% Mental health - 33.0% Cancers - 30.0%

	Dental problems - 24.0%		
Top 5 Quality of Life/Environment	Employment access - 16.2% Transportation - 14.9% Food insecurity - 10.8% Low income - 10.8% Homelessness - 9.5%	Homelessness -10.2% Low income - 10.2% Access to recreation spaces - 9.4% Employment access - 9.2% Help/resources in times of need - 9.2%	Access to recreation spaces - 12.6% Low income - 12.0% Food insecurity - 10.7% Employment access - 10.1% Homelessness - 8.7%
Top 5 Personal Choice	Drugs - 20.0% Alcohol abuse - 18.7% Bad eating choices - 9.3% Crime - 8.0% Tobacco use - 8.0%	Drugs - 29.4% Alcohol - 12.4% Child abuse - 8.4% Bad eating choices - 7.5% Tobacco use - 6.7%	Drugs - 28.2% Bad eating choices - 11.9% Child abuse - 9.2% Lack of exercise - 8.2% Alcohol abuse - 8.0%

	Less than \$30k/year (n=173)	More than \$75k/year (n=213)
Top 5 Health/Disease	Drugs - 64.3% Obesity - 42.7% Cancers - 36.8% Diabetes - 33.3% Heart problems - 27.5%	Drugs - 67.9% Obesity - 67.0% Mental health - 34.9% Cancers - 30.6% Diabetes - 30.6%
Top 5 Quality of Life/Environment	Low income - 13.0% Employment access - 10.8% Homelessness - 9.7% Food insecurity - 9.3% Access to transportation - 8.5%	Access to recreation spaces - 13.3% Food insecurity - 11.0% Low income - 10.8% Employment access - 10.5% Homelessness - 8.7%
Top 5 Personal Choice	Drugs - 28.8% Alcohol abuse - 13.4% Child abuse - 8.6% Bad eating choices - 7.3% Tobacco use - 6.0%	Drugs - 28.1% Bad eating choices - 11.4% Lack of exercise - 9.5% Child abuse - 8.9% Tobacco use - 8.6%

	Under age 40	40-64	65+
	(n=207)	(n=430)	(n=135)
Top 5 Health/Disease	Drugs - 77.2%	Drugs - 72.1%	Drugs - 55.2%
	Obesity - 60.4%	Obesity - 52.3%	Cancers - 49.3%

	Mental health - 40.6% Diabetes - 30.7% Heart problems - 26.2%	Cancers - 37.6% Diabetes - 34.8% Mental health - 29.3%	Obesity - 44.0% Diabetes - 38.1% Aging problems - 34.3%
Top 5 Quality of Life/Environment	Low income - 12.6% Access to recreation spaces - 12.3% Employment access - 10.0% Food insecurity - 9.8% Homelessness - 9.5%	Access to recreation spaces - 12.0% Low income - 11.2% Employment access - 9.8% Food insecurity - 9.7% Homelessness - 9.1%	Help for the elderly - 11.7% Food insecurity - 11.2% Homelessness - 9.9% Low income - 9.7% Employment access - 9.4%
Top 5 Personal Choice	Drugs - 28.8% Alcohol abuse - 11.5% Bad eating choices - 8.6% Child abuse - 8.6% Tobacco use - 6.1%	Drugs - 28.1% Bad eating choices - 11.2% Alcohol abuse - 9.5% Child abuse - 8.8% Lack of exercise - 8.0%	Drugs - 28.9% Child abuse - 10.1% Bad eating choices - 9.9% Alcohol abuse - 8.1% Tobacco use - 7.6%

	Children in the home (n=280)	No children in the home (n=474)
Top 5 Health/Disease	Drugs - 75.2% Obesity - 58.4% Mental health - 38.3% Diabetes - 32.1% Cancers - 29.2%	Drugs - 67.6% Obesity - 50.1% Cancers - 39.2% Diabetes - 34.3% Heart problems - 29.0%
Top 5 Quality of Life/Environment	Access to recreation spaces - 15.2% Low income - 11.6% Employment access - 10.9% Food insecurity - 9.8% Homelessness - 9.2%	Low income - 11.2% Food insecurity - 10.1% Homelessness - 9.4% Access to recreation facilities - 9.1% Employment access - 9.0%
Top 5 Personal Choice	Drugs - 29.1% Alcohol abuse - 10.2% Bad eating choices - 10.0% Child abuse - 9.8% Tobacco use - 7.2%	Drug abuse - 28.2% Bad eating choices - 10.3% Alcohol abuse - 9.5% Child abuse - 8.5% Lack of exercise - 7.8%

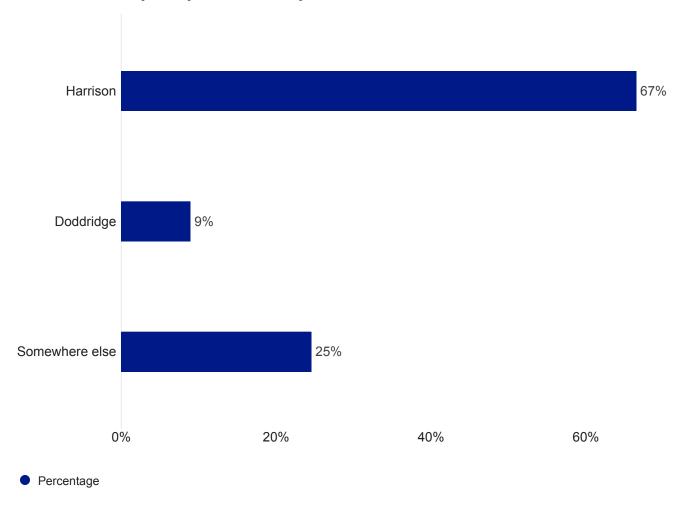
	White (n=751)	Non-white (n=19)
Top 5 Health/Disease	Drugs - 70.7% Obesity - 52.8%	Obesity - 73.7% Drugs - 68.4%

	Cancers - 35.5% Diabetes - 34.3% Mental health - 29.7%	Diabetes - 26.3% High blood pressure - 26.3% Mental health - 26.3%
Top 5 Quality of Life/Environment	Access to recreation spaces - 11.1% Low income - 11.1% Food insecurity - 10.2% Employment access - 9.8% Homelessness - 9.5%	Low income- 19.3% Access to recreation facilities - 14.0% Access to public transportation - 10.5% Safety of neighborhoods - 10.5% Employment access - 8.8%
Top 5 Personal Choice	Drugs - 28.4% Bad eating choices - 10.3% Alcohol abuse - 9.9% Child abuse - 9.0% Tobacco use - 7.4%	Drugs - 33.3% Crime - 10.5% Alcohol abuse - 8.8% Child abuse - 8.8% Bad eating choices - 7.0%

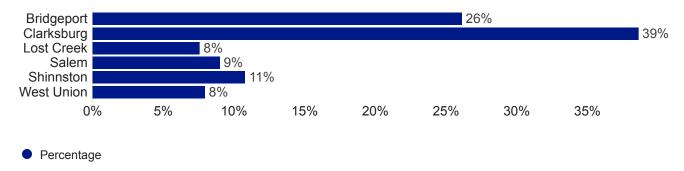
Overall Data Summary

Q1 - Thank you for taking the following survey, which should take less than 10 minutes to complete. We would like to get your input about health concerns in your county - your opinion is very important to us! Results will be used to help guide the Community Health Needs Assessment taking place at UHC and, along with other information, will be used to identify residents' main concerns that can be addressed through community benefit provided by the hospital. Your responses will not be associated with you in any way. If you have recently completed this survey, please disregard. Thank you for your time and please contact us if you have any questions or need help completing this survey. Emily Sarkees, WVU School of Public Health - edillama@hsc.wvu.edu

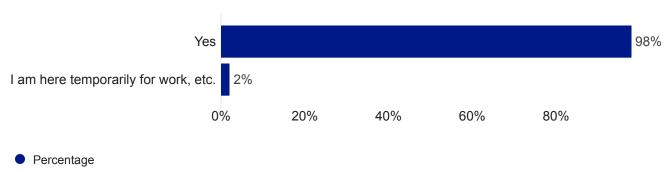
In which county do you currently live?



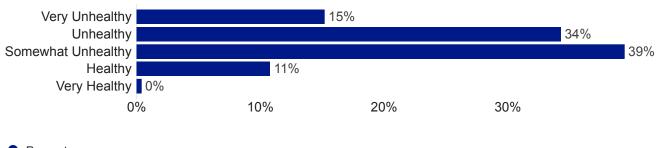
Q2 - Which of these locations is closest to your home?



Q3 - Are you a permanent resident who always lives here?

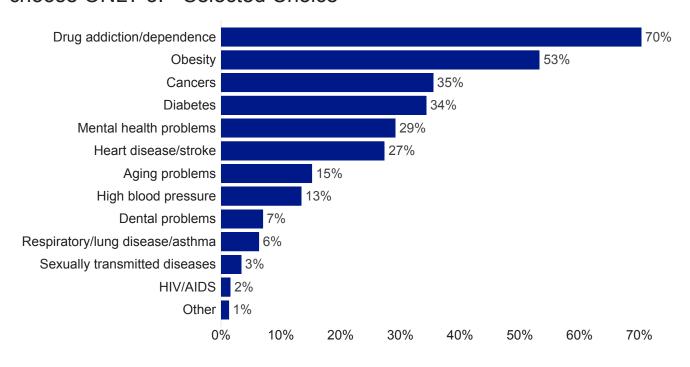


Q7 - How would you rate your county as a "healthy community"?

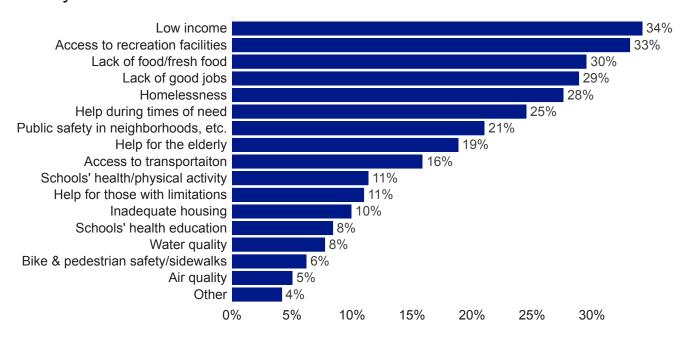


Percentage

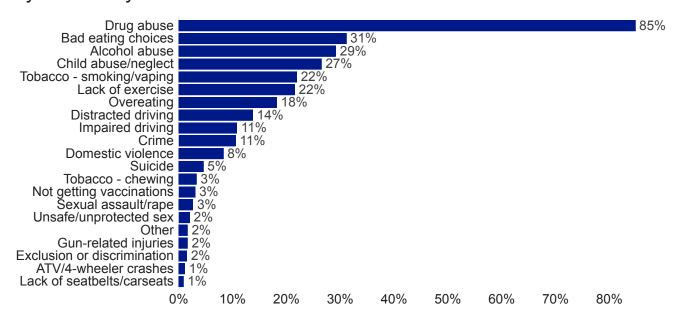
Q8 - From the following list, which do you think are the 3 most important problems/issues related to health and disease in your county? Please choose ONLY 3. - Selected Choice



Q9 - From the following list, which do you think are the 3 most important problems/issues related to quality of life and environment in your county? Please choose ONLY 3. - Selected Choice



Q10 - From the following list, which do you think are the 3 most important problems/issues related to personal choices or risky behaviors in your county? Please choose ONLY 3. - Selected Choice



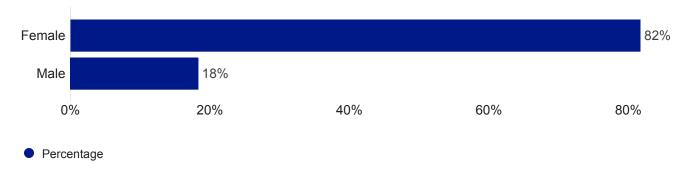
Q10#1 - Access to healthcare and medical needs in your County.

Field	Agree	Disagree	Not applicable
I have easy access to the medical specialists I need.	76.13%	21.03%	2.84%
I am very satisfied with the medical care I receive.	76.74%	20.54%	2.71%
I have access to adequate healthcare.	84.88%	13.44%	1.68%
Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	47.93%	41.99%	10.08%
Sometimes it is a problem for me to cover my share of the cost of medication.	42.89%	48.19%	8.91%
I am able to get medical care whenever I need it.	77.14%	20.65%	2.21%

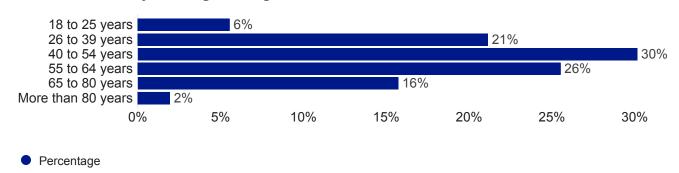
Overall Data Summary

6

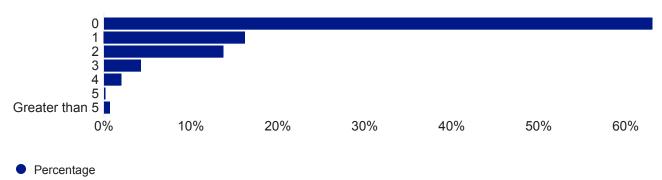
Q12 - With which gender do you identify?



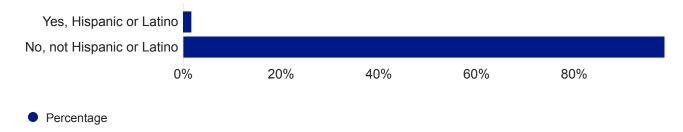
Q13 - What is your age range?



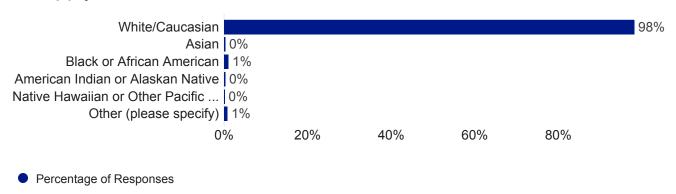
Q15 - How many children under the age of 18 live in your household, if any?



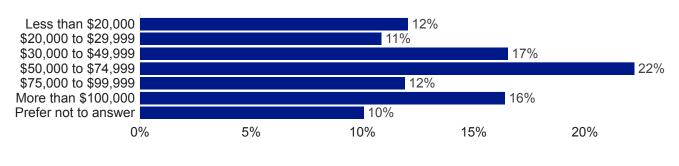
Q16 - Are you of Hispanic or Latino origin or descent?



Q17 - Which of these groups best describes your race? Please select all that apply. - Selected Choice

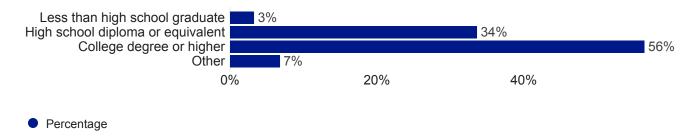


Q18 - What is your approximate yearly household income?



Percentage

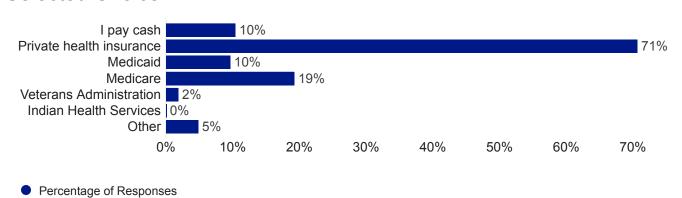
Q19 - What is the highest level of education you have completed? - Selected Choice



Q20 - Do you see a healthcare provider on a regular basis for physicals, screenings, or other preventative medicine? - Selected Choice



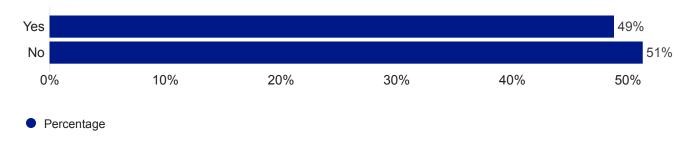
Q21 - How do you pay for healthcare? Please select all that apply. - Selected Choice



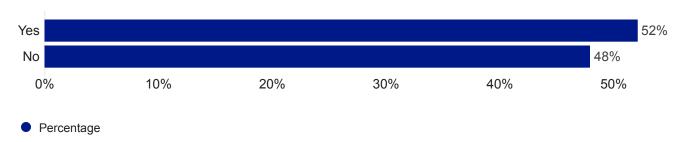
Q22 - During the past year, have you had a lapse in insurance coverage? - Selected Choice



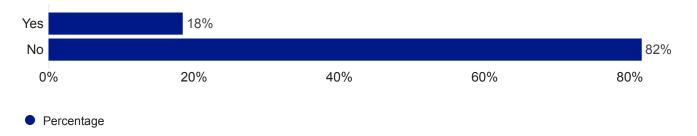
Q23 - Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?



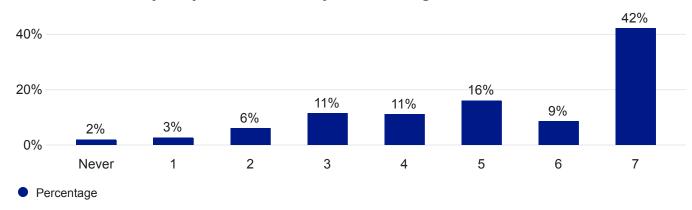
Q24 - Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?



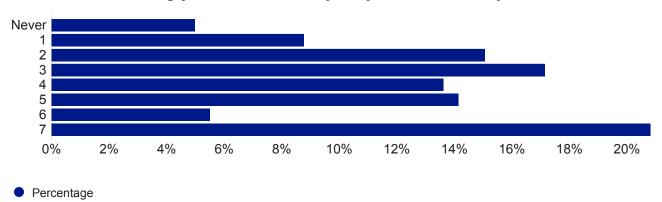
Q25 - Have you ever been told by a doctor that you have diabetes ("sugar")?



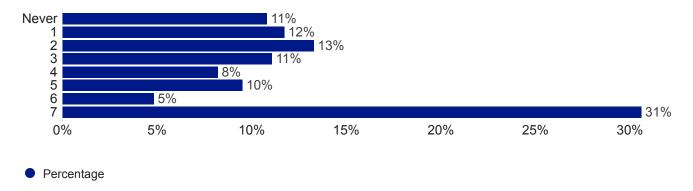
Q26 - How many days a week do you eat vegetables?



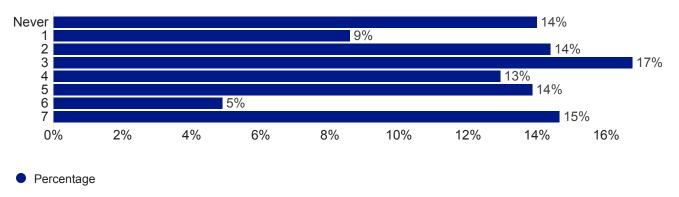
Q27 - Not counting juice, how many days a week do you eat fruit?



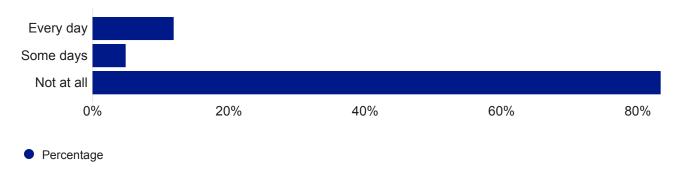
Q28 - How many days a week do you consume soda or other processed, sugary foods?



Q29 - How many days a week do you get at least 30 minutes of moderate physical activity such as brisk walking, bicycling, gardening, or anything else that causes some increase in breathing and heart rate?

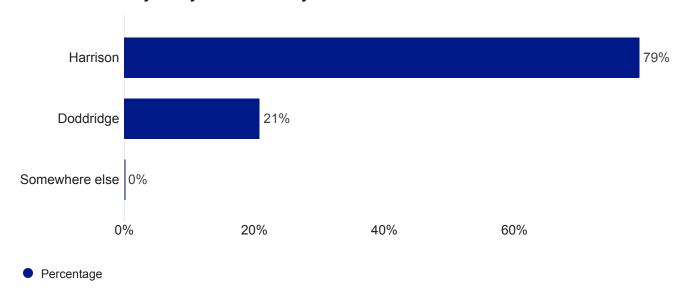


Q30 - Do you smoke cigarettes every day, some days, or not at all?

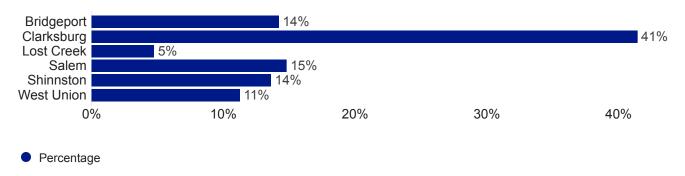


Q1 - Thank you for taking the following survey, which should take less than 10 minutes to complete. We would like to get your input about health concerns in your county - your opinion is very important to us! Results will be used to help guide the Community Health Needs Assessment taking place at UHC and, along with other information, will be used to identify residents' main concerns that can be addressed through community benefit provided by the hospital. Your responses will not be associated with you in any way. If you have recently completed this survey, please disregard. Thank you for your time and please contact us if you have any questions or need help completing this survey. Emily Sarkees, WVU School of Public Health - edillama@hsc.wvu.edu

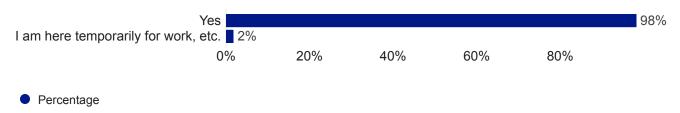
In which county do you currently live?



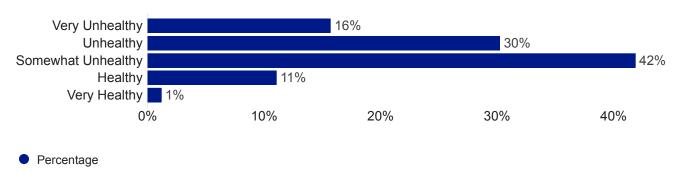
Q2 - Which of these locations is closest to your home?



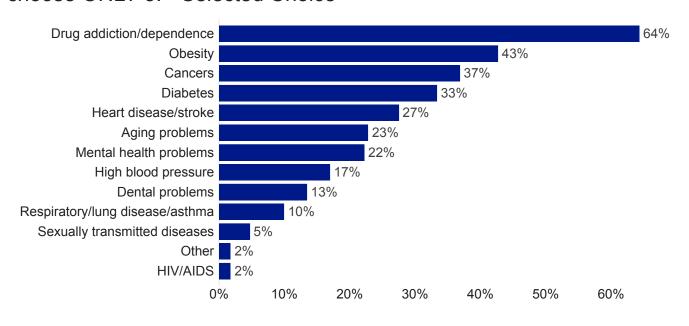
Q3 - Are you a permanent resident who always lives here?



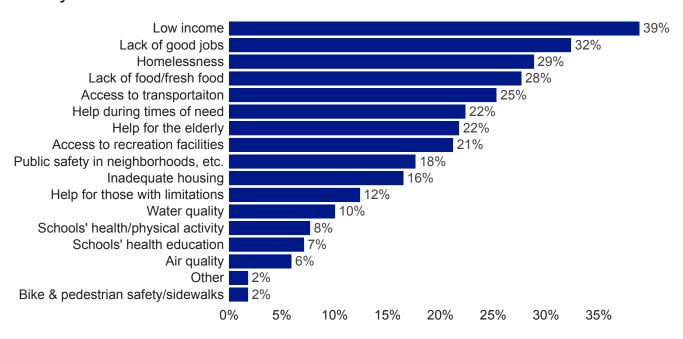
Q7 - How would you rate your county as a "healthy community"?



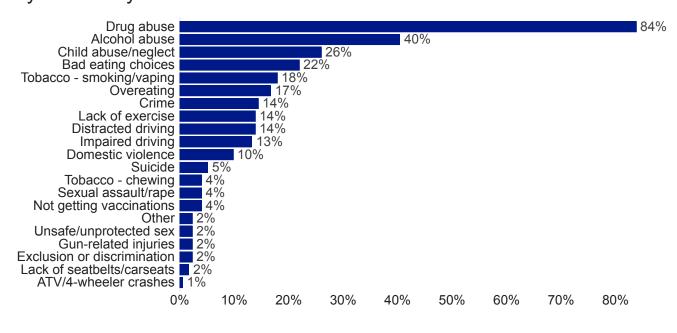
Q8 - From the following list, which do you think are the 3 most important problems/issues related to health and disease in your county? Please choose ONLY 3. - Selected Choice



Q9 - From the following list, which do you think are the 3 most important problems/issues related to quality of life and environment in your county? Please choose ONLY 3. - Selected Choice



Q10 - From the following list, which do you think are the 3 most important problems/issues related to personal choices or risky behaviors in your county? Please choose ONLY 3. - Selected Choice



Percentage of Responses

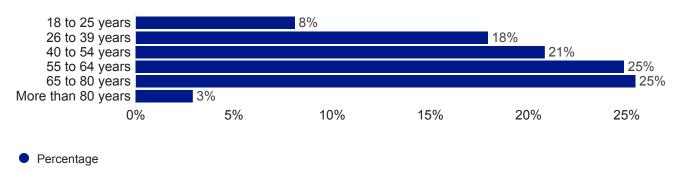
Q10#1 - Access to healthcare and medical needs in your County.

Field	Agree	Disagree	Not applicable
I have easy access to the medical specialists I need.	66.86%	28.99%	4.14%
I am very satisfied with the medical care I receive.	68.64%	27.22%	4.14%
I have access to adequate healthcare.	74.56%	22.49%	2.96%
Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	57.14%	28.57%	14.29%
Sometimes it is a problem for me to cover my share of the cost of medication.	57.06%	31.76%	11.18%
I am able to get medical care whenever I need it.	63.25%	34.34%	2.41%

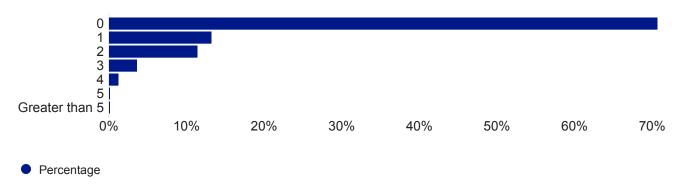
Q12 - With which gender do you identify?



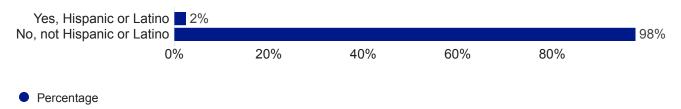
Q13 - What is your age range?



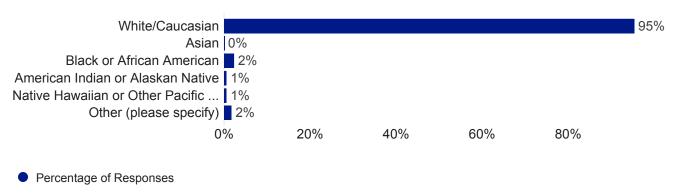
Q15 - How many children under the age of 18 live in your household, if any?



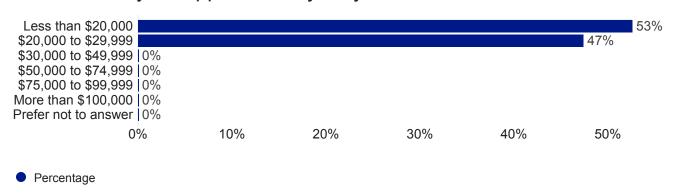
Q16 - Are you of Hispanic or Latino origin or descent?



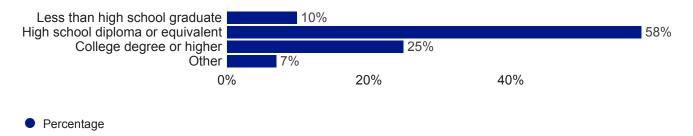
Q17 - Which of these groups best describes your race? Please select all that apply. - Selected Choice



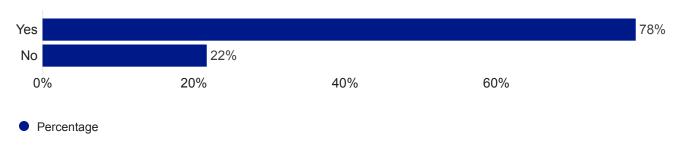
Q18 - What is your approximate yearly household income?



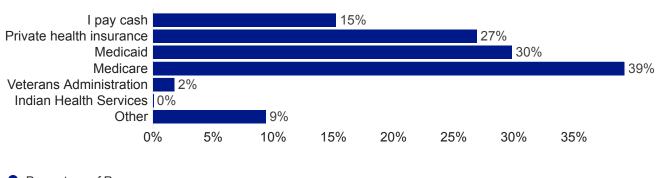
Q19 - What is the highest level of education you have completed? - Selected Choice



Q20 - Do you see a healthcare provider on a regular basis for physicals, screenings, or other preventative medicine? - Selected Choice



Q21 - How do you pay for healthcare? Please select all that apply. - Selected Choice



Q22 - During the past year, have you had a lapse in insurance coverage? - Selected Choice



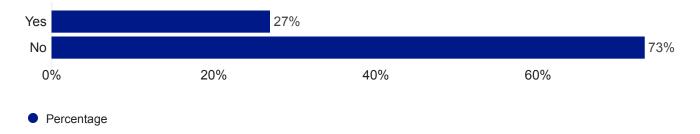
Q23 - Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?



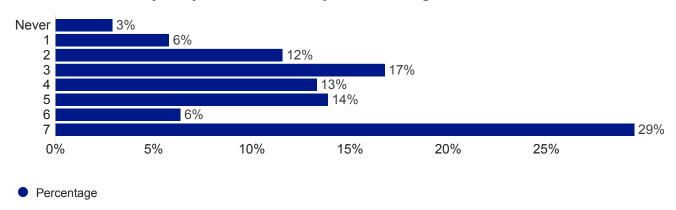
Q24 - Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?



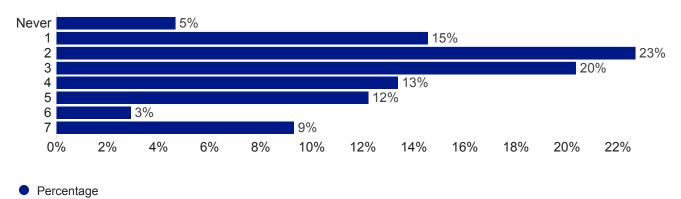
Q25 - Have you ever been told by a doctor that you have diabetes ("sugar")?



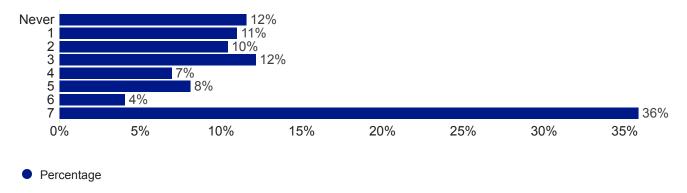
Q26 - How many days a week do you eat vegetables?



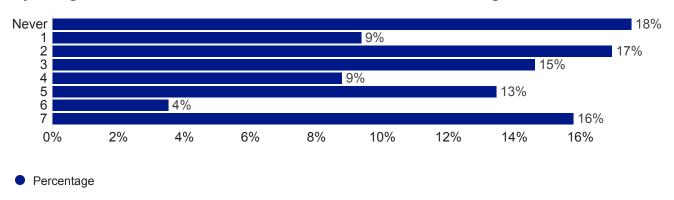
Q27 - Not counting juice, how many days a week do you eat fruit?



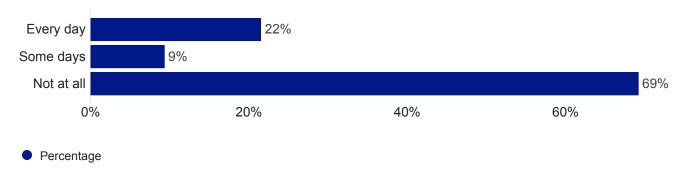
Q28 - How many days a week do you consume soda or other processed, sugary foods?



Q29 - How many days a week do you get at least 30 minutes of moderate physical activity such as brisk walking, bicycling, gardening, or anything else that causes some increase in breathing and heart rate?



Q30 - Do you smoke cigarettes every day, some days, or not at all?



Summary of Resources & Ideas from Community Meeting

Substance Use and Abuse
12-step meetings
AA/NA Meetings
Al-Anon/Al-Anon Teen
Celebrate Recovery
Childhood crisis counseling & intervention
Community Care of WV MAT program
Counseling support
D.A.R.E.
Faith community (potential partner)
Family Resource Network
Grandfamilies assistance via United Way
Grandparents' program / community resources
Health Access Clinic
1-800-Help4WV
helpandhopewv.org
Highland Hospital
Increased access to Naloxone trainings
Law enforcement (potential partner)
Local pharmacies
Long-term residential treatment centers - available and affordable
MAT in the ED
Methadone clinic
More services needed for meth addiction in particular
Prayer groups
Prevention First Network

Prevention programs - alternative choices to using substances

Provide basic need assistance to children of abuse victims

Public information about how to get help without stigma and about available treatment options

RAZE school program

Recovery coaches in the ED

School-based education

School-based peer groups

School-based programming to strengthen families

Suggestion: better transition of care between jail/inpatient care/treatment center to outpatient care

Suggestion: harm reduction program is needed

Suggestion: Medicaid reimbursement for SA mental health services at a rate that is realistic

Suggestion: UHC working more closely with service providers (such as HOPE Inc.) regarding trauma

Suggestion: use ED wing for holding area for long-term treatment

Teen Challenge

Tobacco-free quitline

United Summit Center

VA Hospital

WV Prevention Solutions (resources, individual education, environmental strategies)

WVU Health Sciences Center and Prevention Resource Center (potential partner)

Youth Education - separating behavior from individual

Obesity, chronic disease, and diet/exercise

4-H Extension Office

Access to nutrition

Better school lunches

CDC curriculum/government resources

Community cooking classes

Community gardens with programing Cooking for Heart **Culinary Medicine Consultation** Dining with Diabetes Eat whole foods Educational programs for daycare facilities Exercise Family Medicine's 5-2-1-0 Farmer's Market Farmer's Market on campus Fresh fruit & vegetables - grant Goal-oriented physical education Healthy eating courses Healthy Harrison Mobile Farmer's market Overeaters Anonymous Prayer groups Rail Trail School-based: extension offices School-based: gym class several times a day Silver Sneakers Smoking cessation programs Suggestion: Access to fresh food Suggestion: Find a way to get people to make health a priority Suggestion: Health department education Suggestion: Home Ec. Education Suggestion: Increased physical activity

Suggestion: Local "Hello Fresh"-style education

Suggestion: Offer free fitness membership

Suggestion: Proactive Primary Prevention

Suggestion: Screenings at local parks

Tax soft drinks

Try This WV

Walking trail

WVU Extension nutritional outreach program

Cancer
Address vaping epidemic
Bonnie's bus
Distribute newsletter/info to churches & community organizations
Education and support groups in all areas
Education: how to get get checked, how to proceed, options for care
Eliminate environmental toxins: power plant in Lumberport (air) and fracking (water)
Eliminate tobacco abuse
Existing cancer navigators are great resource
Faith community offering cancer screenings
Free cancer screenings
Genetic screening indication
Health Department
Health fairs
Increase free screenings
Payment help
Prayer groups
Provide sunblock at parks and pools

Public Broadcasting advertising - education and awareness

Raise tobacco tax and purchase age to 21

Sharon Scott - 2nd Grade A&P to prevent smoking, etc.

Smoking cessation

Survivor support groups / Reach to Recovery

WV Breast & Cervical Cancer Screening

Q6 -	Parent	Topics
------	--------	---------------

Field **Choice Count** None/nothing 97 My doctor/doctor's office/office staff 59 **YMCA** 44 Schools 40 UHC 36 Gym 32 25 **Health Department** Uncategorized 24 21 Work 19 Healthy Harrison 19 Internet resources Parks & recreation 19 Weight Watchers 19 Church 18 **Health Access** 16 Trails 15 Reading/literature/research 13 WIC 13 Planet Fitness 12 Dietician 11 Diabetic classes 9

1

Family	8 2
Senior Center	8
Television	8
WVU Medicine	8
Exercise	7
Hospital	7
Healthy eating	6
Main Street Fitness	6
4-H	5
CEOs	5
DHHR	5
Farmers market	5
Health education	5
Health fairs	5
Public library	5
Rival Fitness	5
Sports	5
Workplace Wellness programs	5
Exercise classes	4
Friends	4
School nurses	4
UHC Nutrition class	4
Walking	4

5k races	3 3
American Red Cross	3
Celebrate Recovery	3
News	3
Preventative care	3
Ritchie County Health Center	3
Ruby Memorial	3
Schools' health education	3
United Summit Center	3
VA Hospital	3
Bridgeport Express Care	2
Cardiac rehab	2
College	2
Community Action	2
Community Care WV	2
Community outreach	2
Community resources	2
Education	2
Extension service	2
Fairmont State	2
FRN	2
Grocery store	2
Hinkle and Deegan Lakes	2

Home health	2
Meals on Wheels	2
My insurance company	2
Personal trainer	2
Physical therapy	2
Prison	2
Safe places to walk	2
Salem Family Meidicine	2
TOPS	2
UHC diabetic educator	2
United Way	2
Unknown	2
Volunteering at UHC	2
WV Fitness	2
WVU Extension	2
Yoga	2
AA	1
Acupuncture	1
Advertising	1
Amedisys Home Health	1
American Diabetes Association	1
American Heart Association	1
Beach Body	1

Bike riding	1 5
Bonnie's Bus	1
Boyscouts	1
Bridgeport Civic Center summer excercise classes	1
Bridgeport Juniors	1
Bridgeport Physical Therapy	1
Bridgeport Physicians Care	1
Bridgeport Road Warriors	1
Cancer screenings	1
Chestnut Ridge Hospital	1
Childbirth classes and breastfeeding classes	1
Clarksburg Treatment Center	1
Clemens Physical Therapy	1
Clinic	1
Clubs	1
Coaches	1
Cooking classes	1
Cornerstones	1
Counselors	1
CRISIS	1
CrossFit	1
Dental Clinic	1
Doctor Calhoun	1

Doctor Dominick Woofter	1 6
Doctor Isha Woofter	1
Doctor Josalyn Mann	1
Doctor Murray	1
Doctor Negri	1
Doctor Paul Davis	1
Doddridge County Medical Center	1
Dog Run Lake	1
Enliven Wellness	1
Family Matters Psychological Service	1
FFA	1
Fishing	1
Fitness 24/7 gym	1
Food pantries	1
Free screenings	1
Geocaching	1
Go Red for Women Campaign	1
Golf	1
Gorilla Strength	1
HAPI Project	1
Harmony Roots	1
Having health insurance	1
Head Start	1

Health South	1 7
Healthy Bodies Healthy Spirits	1
Hope & Healthy Start	1
Hope Inc	1
Hospital cancer program	1
Hunting	1
In-Step	1
Infinith Health Care	1
InStep Dance and Fitness	1
Interim Health Care	1
Law enforcement	1
League for Service	1
Leaving WV	1
Lee Ann Romeo	1
Lions Club	1
Loselt app	1
Manchin Clinic	1
Massage	1
Medical school	1
Mountainstate Nutrition	1
MSF	1
Needle Exchange	1
Nurse navigators	1

Nursing school	1 8
Nutrition Made Easy	1
Nutter Fort Park	1
Outdoor activities	1
Panera Bread	1
Parents	1
Parish Nurse Ministry	1
Peers	1
Public health	1
Public service announcements	1
Raw Grit Crossfit	1
Recreation for seniors	1
Relay for Life	1
Restaurants with healthy options	1
Right From the Start	1
Ronin Fitness	1
Rotary	1
RRH Center	1
Ruby Heart and Vascular	1
Rural living	1
School programs	1
School wellness center	1
Shinnston Medical	1

Silver Sneakers	1 9
Skin cancer screenings	1
Social media	1
Social Workers	1
Strength Balance	1
Support groups	1
Susan Dey Dental Clinic	1
Temple Challenge	1
Texas Healthcare System	1
The Change Initiative	1
The Clarksburg Mission	1
The Daniel Plan	1
Travis Physical Therapy	1
Try This WV	1
UHC Cancer Center	1
UHC classes	1
United Rehab	1
United Technical Center	1
Valley Healthcare	1
Volunteering	1
We Fitness	1
Wellness programs	1
WV 2U Fitness	1

NV Healthy Start	1 10
WVU Medicine social worker	1
MVU Orthopedics	1
You First Fitness - Melissa Romano	1

Information
extension.wvu.edu./harrison
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5573793/
https://www.aawv.org/
http://wvafg.org/
http://wvucancer.org/cancer-prevention-control/bonnies-bus/
https://locator.crgroups.info/
https://www.cdc.gov/HealthyLiving/
http://www.communitycarewv.org/
https://dare.org/
https://extension.wvu.edu/food-health/diabetes/dining-with-diabetes
https://www.harrisoncountyfrn.org/
(304) 624-6337
(304) 623-9308
(304) 622-2708
(681) 342-3645
1-800-Help4WV
helpandhopewv.org
(304) 969-3100
https://oa.org/
https://www.preventionfirstwv.org/
https://www.razewv.com/
https://www.cancer.org/treatment/support-programs-and-services/reach-to-recovery.html
https://www.silversneakers.com/
(304) 933-3209
1-800-QUIT-NOW
https://trythiswv.com/
304-623-5661
(304) 623-3461
(304) 345-8786
https://www.wvpublic.org/#stream/0

Organization/Program	Information
WVU Prevention Resource Center	https://prc.hsc.wvu.edu/